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Rising Substance Abuse and Indiana Families: What are Legislators to do?

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Rising Substance Abuse and Indiana Families: What are Legislators to do?

Indiana Family Impact Seminar
November 17, 2015

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Purpose and Presenters

Family Impact Seminars have been well received by federal policymakers in Washington, DC, and Indiana is one of several states to sponsor such seminars for state policymakers. Family Impact Seminars provide state-of-the-art research on current family issues for state legislators and their aides, Governor's Office staff, state agency representatives, educators, and service providers. One of the best ways to help individuals is by strengthening their families. Therefore, the Family Impact Seminars speakers analyze the consequences an issue, policy or program may have for families.

The seminars provide objective, nonpartisan information on current issues and do not lobby for particular policies. Seminar participants discuss policy options and identify common ground where it exists.

Rising Substance Abuse and Indiana Families: What are Legislators to do? is the eighteenth in a continuing series designed to bring a family focus to policymaking. The topic was chosen by the very legislators these seminars are intended to inform. This seminar features the following speakers:

Brian C. Kelly, PhD

*Assoc Prof of Sociology and Anthropology;
Director of the Center for Research on Young
People's Health, Purdue University*
www.purdue.edu/cryph/
bckelly@purdue.edu

As a medical sociologist, Dr. Brian C. Kelley's research has focused on the influence of social contexts on health, including the roles of social networks, neighborhoods, policy contexts, and subcultural participation. For over 15 years, he has applied this focus on contexts to the study of substance use, sexual health, and HIV/AIDS risk. He also currently serves on the Scientific Advisory Board of the United States' National Drug Early Warning System.

Carol Falkowski

Founder and CEO, Drug Abuse Dialogues
www.DrugAbuseDialogues.com
carol.falkowski@gmail.com

Carol Falkowski is the former drug abuse strategy officer for Minnesota and director of the state agency responsible for the administration of \$140 million in public funds for prevention and addiction treatment services in Minnesota. Author of the reference book, *Dangerous Drugs*, Falkowski has been part of a nationwide drug abuse surveillance network of the National Institute on Drug Abuse since 1986.

For further information on the seminar, contact the Indiana Consortium of Family Organization c/o the Center for Families at Purdue University, 1200 West State Street, Fowler Hall, West Lafayette, IN 47907-2055; (765) 494-9878; cff@purdue.edu

This briefing report and past reports can be found at Center for Families at Purdue University's website: www.purdue.edu/fis and on the Family Impact Institute's national website: www.familyimpactinstitute.org

We hope that this information is useful to you in your deliberations, and we look forward to continuing to provide educational seminars and briefing reports in the future.

Substance Abuse and Indiana Families

Both Scott County and Clark County have recently declared public health emergencies due to large numbers of HIV and Hepatitis C cases being reported¹. As of August 28th, 181 cases of HIV had been recorded in southeastern Indiana since the outbreak began, and 80% of these infections co-occurred with Hepatitis C². This outbreak has been linked to prescription opioid abuse, Oxymorphone (Opana) injections, heroin use, and needle sharing^{1,3}.

These outcomes originated with prescription drug addiction and the eventual transition to heroin and oxymorphone (Opana) injection³. Individuals often begin using prescription opioid pain killers for a legitimate medical concern, but when doctors are no longer willing to prescribe pain medications, individuals seek alternatives, including heroin and injection of the dissolved pain pill, Opana. Heroin is characteristically similar to prescription painkillers, acts similarly on the brain, produces a similar “high”, and is typically cheaper and easier to obtain⁴. Users may often share syringes with other injection drug users, which has led to the recent increases in hepatitis C and HIV infections. Although needle exchange programs were not previously legal in Indiana, recent legislation has authorized local health officials to set up temporary needle exchange programs so that users may obtain sterile syringes⁵.

Affected communities, particularly Scott County, have responded to the public health emergency by establishing a one-stop shop at a community outreach center, which has provided HIV testing, coordination of care, the aforementioned needle exchange program, and resources for obtaining substance abuse treatment⁵. In response to the outbreak, the “You are not alone” media campaign was created to promote HIV testing, needle disposal, safe sex practices, and substance abuse treatment⁶. Indiana continues its use of a prescription drug monitoring program (INSPECT), which compiles information on the controlled substances an individual is prescribed, the practitioner who prescribed them, and pharmacy from which they are obtained⁷. This program aims to address prescription drug abuse in our state by making physicians aware of potential doctor shopping, prescription fraud, and opioid abuse⁸. In April of this year, Aaron’s Law went into effect, which allows anyone to administer naloxone, an antidote that reverses opioid overdose, and which can be obtained via a physician’s prescription^{9,10}.

Beyond the adverse effects of HIV and hepatitis C infection, prolonged opioid abuse can adversely affect families, particularly infants and children. Parental substance abuse may affect children through prenatal drug exposure¹¹, exposure to drug activity in the home, and neglect or maltreatment of children by parental drug use^{12,13}. Parent drug abuse can impact a child’s home environment, the parent-child relationship, and child problem behaviors¹⁴. The ongoing prescription drug and heroin abuse surge in Indiana, as well as the increase in HIV and hepatitis C infections, has the potential to adversely affect adult users and their children through decreased family functioning and health crises in these families over the long term.

Issue Overview – References

1. Strathdee, S. A., & Beyrer, C. (2015). Threading the Needle—How to Stop the HIV Outbreak in Rural Indiana. *New England Journal of Medicine*, 373, 397-399.
2. Indiana State Department of Health (2015). Indiana State Department of Health County Profiles of HIV and HCV outbreak, syringe exchange, and substance abuse. Retrieved from http://www.in.gov/isdh/files/2015_County_Profiles%281%29.pdf
3. Conrad, C., Bradley, H. M., Broz, D., Buddha, S., Chapman, E. L., Galang, R. R., ... & Shields, J. (2015). Community outbreak of HIV infection linked to injection drug use of oxymorphone—Indiana, 2015. *MMWR Morb Mortal Wkly Rep*, 64(16), 443-444.
4. Volkow, N. D., (2014). America's Addiction to Opioids: Heroin and Prescription Drug Abuse. Retrieved from <https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2015/americas-addiction-to-opioids-heroin-prescription-drug-abuse>
5. Indiana State Department of Health (2015). Syringe Exchange Program Guidance for Local Health Departments. Retrieved from http://www.in.gov/isdh/files/ISDH_SEP_Guidance_for_LHDs_-_FINAL_-_6-5-2015.pdf
6. Indiana State Department of Health (2015). State, Local, and Federal Health Officials Respond to HIV Outbreak [Press release]. Retrieved from http://www.in.gov/isdh/files/March_27_State_Local_and_Federal_Health_Officials_Respond_to_HIV_Outbreak.pdf
7. State of Indiana (n.d.). About INSPECT. Retrieved from <http://www.in.gov/pla/inspect/2338.htm>
8. Norwood, C. W., & Wright, E. R. (2015). Integration of prescription drug monitoring programs (PDMP) in pharmacy practice: Improving clinical decision-making and supporting a pharmacist's professional judgment. *Research in Social and Administrative Pharmacy*.
9. State of Indiana (n. d.).Naloxone Training for General Population. Retrieved from <http://www.in.gov/bitterpill/naloxone-training-general-population.html>
10. Wheeler, E., Jones, T. S., Gilbert, M. K., & Davidson, P. J. (2015). Opioid overdose prevention programs providing naloxone to laypersons—United States, 2014. *Morb Mortal Wkly Rep*, 64, 631-5.
11. Bandstra, E. S., Morrow, C. E., Mansoor, E., & Accornero, V. H. (2010). Prenatal drug exposure: Infant and toddler outcomes. *Journal of Addictive Diseases*, 29, 245-258.
12. McKeganey, N., Barnard, M., & McIntosh, J. (2002). Paying the price for their parents' addiction: Meeting the needs of the children of drug-using parents. *Drugs: Education, Prevention, and Policy*, 9, 233-246.
13. Dawe, S., Harnett, P. H., & Frye, S. (2008). *Improving outcomes for children living in families with parental substance misuse: What do we know and what should we do?*. Australian Institute of Family Studies.
14. Barnard, M., & McKeganey, N. (2004). The impact of parental problem drug use on children: What is the problem and what can be done to help?. *Addiction*, 99, 552-559.

Considerations for Legislators

There are multiple pathways to addiction.

- Scientific evidence suggests that there are multiple reasons that some people get addicted to drugs and others do not, including biology (genetics, gender, mental disorders), environmental influences (chaotic home and abuse, parent's use and attitudes, peer influences, community attitudes, poor school achievement), and the type of drug being used.¹
- The most recent research indicates that the escalation in prescription drug misuse is *not* associated with social class, background, race/ethnicity, or education.²
- Studies have shown that most people who need treatment for drug or alcohol abuse do not receive it.³

Possible Policy Initiatives:

- Increase access to programs for underserved populations, geographic areas in need of services.⁴
- Public education campaigns - enhance prevention programs for those who do not use, as well as those who do.⁴
- Consider Naloxone, Good Samaritan, or other law changes.^{4,5}
- Increase access to substance abuse treatment services.⁴
- Expand treatment alternatives, including Medication-Assisted Treatment for opioid addiction.⁶
- Expanded overdose training administration.⁶
- In Pennsylvania, the public can now access an overdose-reversing drug without a prescription.⁷

Needle Exchange Programs reduce the transmission of disease.

- Research on needle exchange programs indicates that they do *not* increase drug use or injection, lead to increased crime or more used syringes found in the community.⁸
- Recent research indicates that needle exchange programs have historically been shown to be effective in reducing the number of used syringes found in communities, reducing accidental needle sticks and disease transmission to law enforcement, and reducing transmission of disease among users who would typically share needles.⁸
- Research has shown that when users transition to injecting heroin or other illegal drugs, their risk of HIV and Hepatitis C increases, and unprotected sex promotes the transmission.⁹

Possible Policy Implications:

- Communities have seen success in allowing needle exchange and opioid treatment programs to provide other services
 - testing for HIV, Hepatitis C, and STIs,
 - providing referrals for substance abuse treatment and mental health treatment,⁸
 - the provision of basic medical care, and overdose prevention training,¹⁰
 - Naloxone distribution.¹⁰

Prescription Drug Monitoring Programs decrease abuse.

As recognized by Indiana's own Drug Monitoring Program, INSPECT, current research indicates that PDMPs can aid in reducing prescription fraud and doctor-shopping because these programs give health care providers and physicians more complete information about a patient's medical history and prescription records. Besides law enforcement, data from PDMPs may be shared with health care agencies and health care providers to help identify inappropriate, suspicious, or illegal activities regarding the prescribing of prescription drugs.¹¹

Possible Policy Implications:

- Patients who were seeing multiple prescribers to obtain the same drugs in New York dropped 75% after prescribers were required to check the state's prescription drug monitoring program before prescribing painkillers.¹²
- Improve prescription drug monitoring programs (PMDP) by making timely and accessible for use.⁶
- Overdose deaths from oxycodone in Florida fell more than 50% after pain clinics were regulated and health care providers were prohibited from dispensing prescription painkillers from their offices.¹²
- Provide educational training and resources to health care providers about opioid prescribing.⁶
- Expand access to/training administering naloxone to reduce opioid overdose deaths.⁶

Consideration for Legislators – References

1. National Institute on Drug Abuse. (2014) Drug facts: understanding drug abuse and addiction. Retrieved from <http://www.drugabuse.gov/publications/drugfacts/understanding-drug-abuse-addiction>
2. Kelly, B. C., Vuolo, M., Pawson, M., Wells, B. E., & Parsons, J. T. (2015). Chasing the bean: prescription drug smoking among socially active youth. *Journal of Adolescent Health, 56*(6), 632-638.
3. Mental Health Services Administration. (2011) Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-41, HHS Publication No.(SMA) 11-4658. *Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.*
4. McKeown, K. (2014) Wisconsin State Health Officer Bimonthly Webcast. Retrieved from <https://www.dhs.wisconsin.gov/lh-depts/health-officers/sho091914.pdf>
5. Pilcher, J. & DeMio, T. (2015, March 25) Ky. heroin deal reached on last day. Cincinnati.com. Retrieved from <http://www.cincinnati.com/story/news/politics/beatng-heroin/2015/03/24/ky-heroin-deal-reached-last-day/70405676/> AND Leadership team of the Northern Kentucky Heroin Impact Response. (2013) Northern Kentucky's Collective Response to the Heroin Epidemic: our plan for recovery. Retrieved from <http://drugfreenky.org/wp-content/uploads/2013/11/Northern-Kentuckys-Collective-Response-Final.pdf>
6. White House Drug Policy. (2011) Epidemic: Responding to America's Prescription Drug Abuse Crisis. Retrieved from https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/rx_abuse_plan.pdf
7. Kennedy, K. (2015, October 30) Standing order of naloxone available across Pennsylvania. Beaver County Times. Retrieved from www.timesonline.com/news/local_news/standing-order-of-naloxone-available-across-pennsylvania/article_f7111022-7e7d-11e5-9c8c-5b03d12091f0.html
8. Hyshka, E., Strathdee, S., Wood, E., & Kerr, T. (2012). Needle exchange and the HIV epidemic in Vancouver: lessons learned from 15 years of research. *International Journal of Drug Policy, 23*(4), 261-270.
9. Wells, B. E., Kelly, B. C., Rendina, H. J., & Parsons, J. T. (2015). Prescription Drug Misuse and Sexual Behavior Among Young Adults. *The Journal of Sex Research, 52*(6), 659-668.
10. Alcorn, T. (2014). America embraces treatment for opioid drug overdose. *The Lancet, 383*(9933), 1957-1958.
11. Norwood, C. W., & Wright, E. R. (2015). Promoting consistent use of prescription drug monitoring programs (PDMP) in outpatient pharmacies: Removing administrative barriers and increasing awareness of Rx drug abuse. *Research in Social and Administrative Pharmacy.*
12. Paulozzi, L. J., Mack, K. A., & Hockenberry, J. M. (2014). Vital signs: variation among states in prescribing of opioid pain relievers and benzodiazepines—United States, 2012. *MMWR Morb Mortal Wkly Rep, 63*(26), 563-8.

Describe ■ Explain ■ Predict

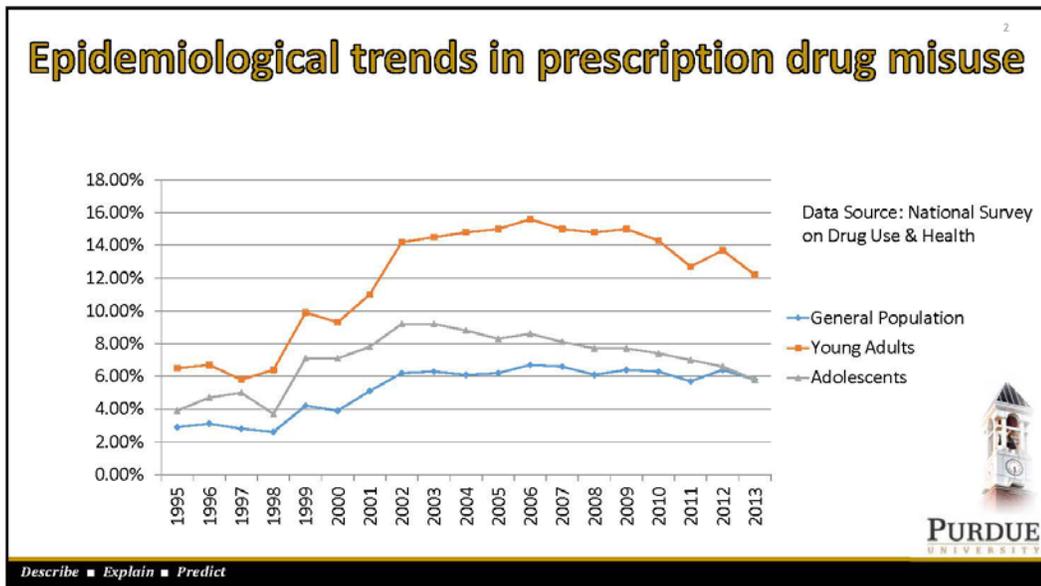
Youth Prescription Drug Misuse: Foundations and Implications for the HIV/AIDS Epidemic

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Department of Sociology

November 17, 2015
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Growth in Problems with Prescription Drug Misuse

- Drug treatment admissions for prescription opioids surged from 1995 to 2005, a 321% increase over the decade.
- Drug-related emergency room visits that involved Rx opioids had a considerable increases from 1995-2004, and continued to increase until 2011.
- In 2011, over 1.2 million ER visits related to prescription drug misuse occurred.
- From 2001-2013, there was a 3-fold increase in opioid related deaths and a 4-fold increase in benzodiazepine related deaths.



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Describe ■ Explain ■ Predict

Youth & Prescription Drugs

- During this period, the misuse of prescription drugs has grown most quickly among 18 to 25 year olds.
- Rates of recent prescription drug misuse continue to be highest among young adults aged 18-25.
- Much like with illegal drugs, prescription drugs are widely used recreationally, but in addition they serve a number of functional purposes.



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Describe ■ Explain ■ Predict

Pharmaceuticalization

- Pharmaceuticalization - a process where people increasingly perceive variations in the human condition as opportunities for pharmaceutical intervention.
- The increasing reliance on pharmaceuticals goes beyond the treatment of disease and extends to managing aspects of everyday life.



5

Describe ■ Explain ■ Predict

Impact of pharmaceuticalization on youth drug trends

- The tendency to intervene on perceived problems has led youth to combine prescription drugs with illegal drug use.
- Youth misuse prescription drugs to manage symptoms associated with side effects of illegal drug use.
- Many of these symptoms have parallels to those for which medications are often prescribed:
 - Sleeplessness, anxiety, pain, negative affect, fatigue, etc...



6

Pawson, Kelly, Wells, & Parsons, 2015

Describe ■ Explain ■ Predict

Escalation of Prescription Drug Misuse among Youth ⁷

- Some youth escalate to alternative routes of consumption.
- Males are more likely to report escalating to other forms of consuming prescription drugs.
- Heterosexual youth are more likely to report escalating to other forms of prescription drug misuse.
- Social class background, race/ethnicity, and education do not appear to influence escalating prescription drug misuse.

Kelly, Vuolo, Pawson, Wells, & Parsons, 2015.



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Describe ■ Explain ■ Predict

Escalation of Prescription Drug Misuse among Youth ⁸

- Youth who escalate to smoking prescription drugs report greater problems associated with substance use – even after accounting for their frequency of misuse.
- Similarly, youth who escalate to smoking prescription drugs report greater symptoms of drug dependence – even after accounting for their frequency of misuse.

Kelly, Vuolo, Pawson, Wells, & Parsons, 2015.



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Describe ■ Explain ■ Predict

Escalation of Prescription Drug Misuse among Youth

- Pathways to escalation are not merely reactions to increasing tolerance; these are embedded within a web of social relationships.
- Network-related factors have a primary role in the escalation of prescription drug misuse among youth.
- Such factors trump psychological variables entered into the model.

Kelly, Harris, & Vuolo, 2015.

Describe ■ Explain ■ Predict



Relationship of prescription drug misuse to HIV/AIDS

- The pathways for HIV transmission due to prescription drug misuse occur through injection drug use and sexual transmission.
- Sexual risk occurs via behaviors such as condomless sex as well as risk for sexual assault.
- Injection risk may relate to injection of prescription drugs as well as transitions to heroin use.

Describe ■ Explain ■ Predict



11

Prescription Drugs & Sexual Risk

- Nearly half of young prescription drug misusers report having sex under the influence of prescription drugs.
- White, heterosexual young men are most likely to have sex as well as condomless sex under the influence of prescription drugs.
- Beyond intoxication, some young adults describe strategic uses for prescription drugs in sexual encounters.


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Wells, Kelly, Rendina, & Parsons, 2015

Describe ■ Explain ■ Predict

12

Prescription Drugs & Injection Drug Use

- Heavy prescription drug misuse has escalated transitions to injection of pills, particularly opioids.
- Although having increased with the growth in misuse, injection of prescription drugs remains relatively low overall.
- However, prescription opioid misuse has also been identified as playing a role in the increasing heroin problem within America.


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Describe ■ Explain ■ Predict

Prescription Drugs & Transitions to Heroin Use

- Past year heroin use had been stable at about 350k-400k past year users to 2005, but rose 680k users by 2013 (at 0.3% of the population).
- Young adults are a focal point for this rise – among 18-25 year olds, the number of past year heroin users doubled between 2004 and 2013.
- The number of heroin overdose deaths has tripled from 2010 – 2013, most considerably among young men.



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Describe ■ Explain ■ Predict

Prescription Drug Misuse Policy Levers

- Prescription Drug Monitoring Programs
- Safe Disposal Programs
- Facilitate Provider Education
- Enhance prevention programs for those who do not use as well as those who do.
- Facilitate Overdose Prevention
- Needle Exchange Programs



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Describe ■ Explain ■ Predict

Fears About Needle Exchange

15

- Syringe exchange programs emerged during the 1980's.
- There were many fears about syringe exchanges expressed at that time regarding increasing drug use, increasing crime, and increasing used syringes in communities.
- These fears were reasonable in the 1980's and early 1990's because there was an absence of scientific data on these programs.
- In 2015, that is no longer the case.



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Describe ■ Explain ■ Predict

Syringe Exchange Programs: What They Do

16

- They have been proven to reduce the transmission of infectious disease.
- They also reduce the probability of infections at the injection site and a decrease in abscesses.
- They reduce the number of used syringes found in communities.
- They reduce the risks of accidental needle sticks and disease transmission to law enforcement.



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Describe ■ Explain ■ Predict

Syringe Exchange Programs As Points of Service ¹⁷

- Testing for HIV/HCV/STIs
- Referrals for substance abuse treatment
- Referrals for mental health treatment
- Treatment of Abscesses
- On-site Basic Medical Care
- Overdose prevention training/Naloxone distribution



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Describe ■ Explain ■ Predict

Syringe Exchange Programs: What They Do Not Do ¹⁸

- Needle exchange programs do not increase drug use or drug injection within a community.
- They not lead to increased crime within communities.
- They do not lead to increased used syringes found in communities.
- Needle exchange programs are not a tool of reaction.
- These programs also are not a panacea.



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Describe ■ Explain ■ Predict

Reminder When Considering Policy

19

- Drug users are not merely deviant members of society.
- Drug users are someone's child, someone's sibling, someone's parent, someone's spouse, and someone's friend.
- Outreach to drug users is not simply about changing the lives of individuals; it is about changing the lives of families and communities.



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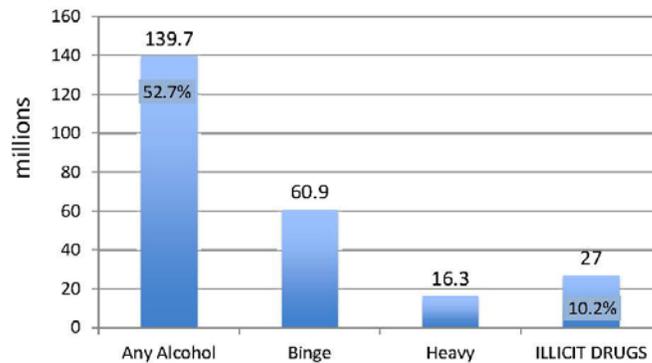
Policy responses: Substance abuse and addiction

Indiana Family Impact Seminar
Indianapolis, Indiana
11/17/15

Carol Falkowski
CEO, Drug Abuse Dialogues
St. Paul, Minnesota
Author: *Dangerous Drugs*

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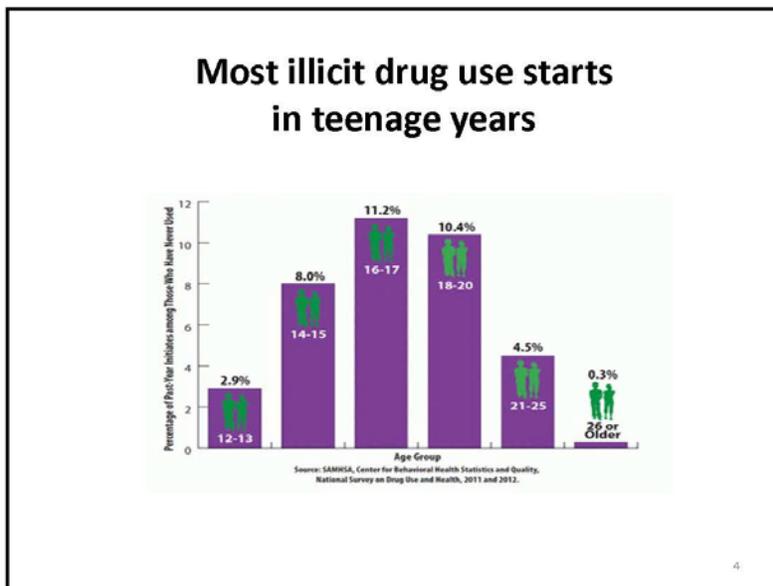
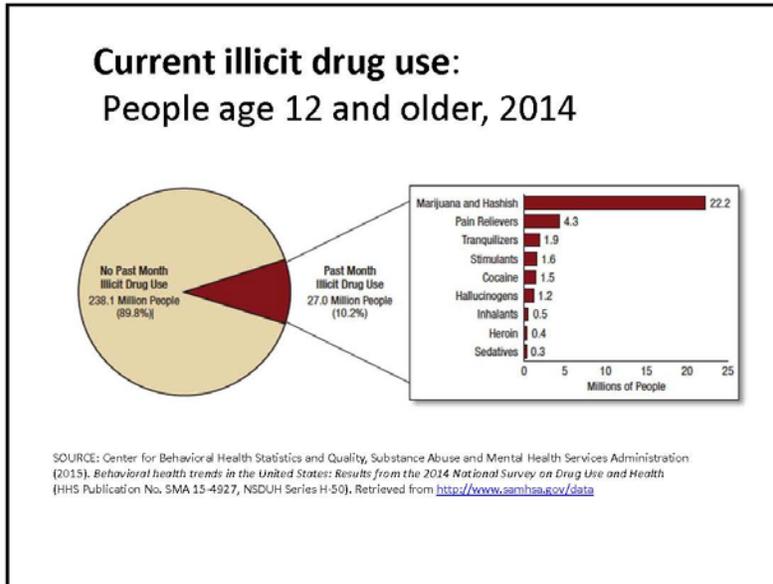
Current substance use in the US (age 12 and older, 2014)



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (HHS Publication No. SMA 15-4827, NSDUH Series M-50). Retrieved from <http://www.samhsa.gov/data>

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Carol Falkowski: Responding to the Opioid Crisis

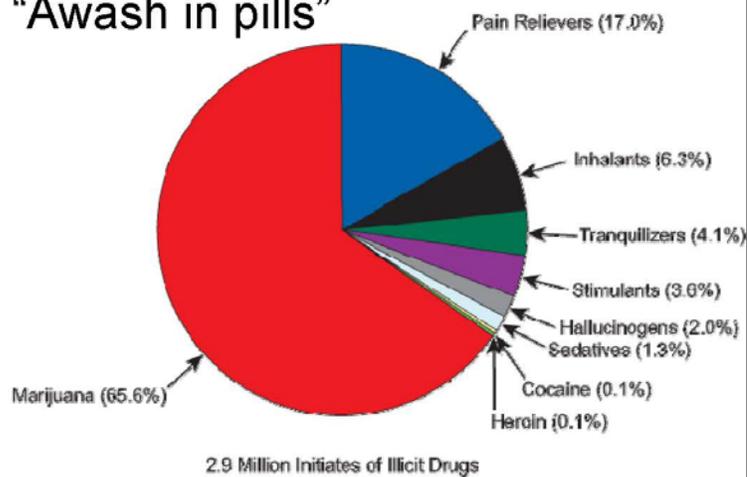


Substance Abuse “Tipping Points”

- Marijuana
- Synthetic drugs
- Resurgence of methamphetamine

5

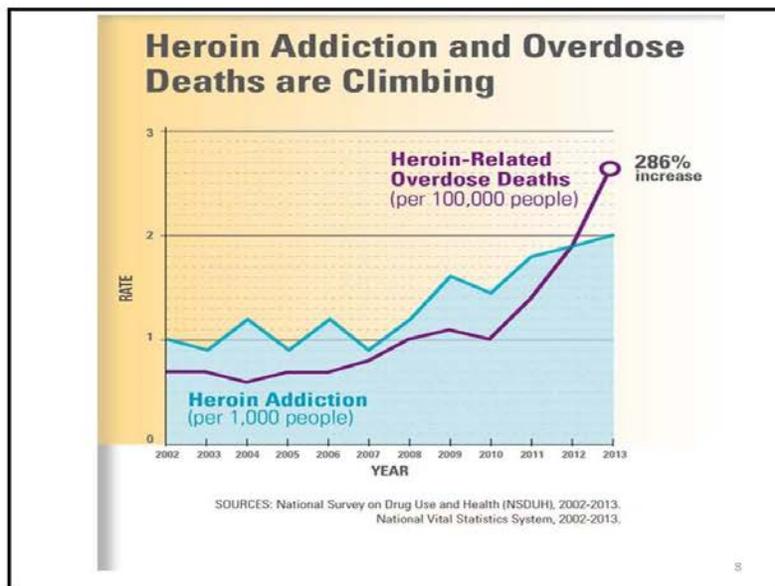
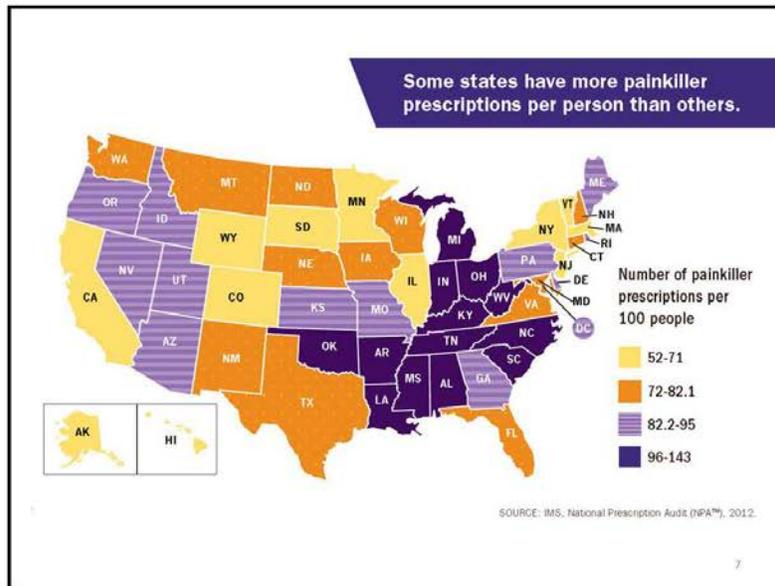
“Awash in pills”



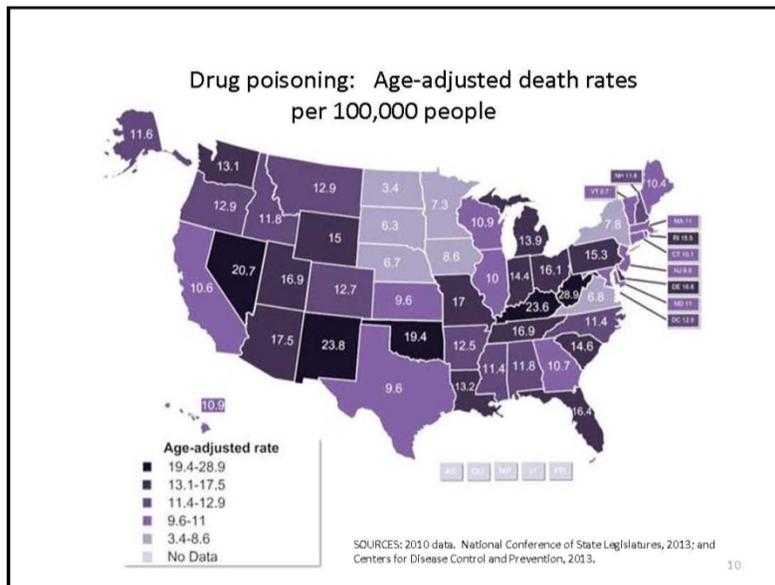
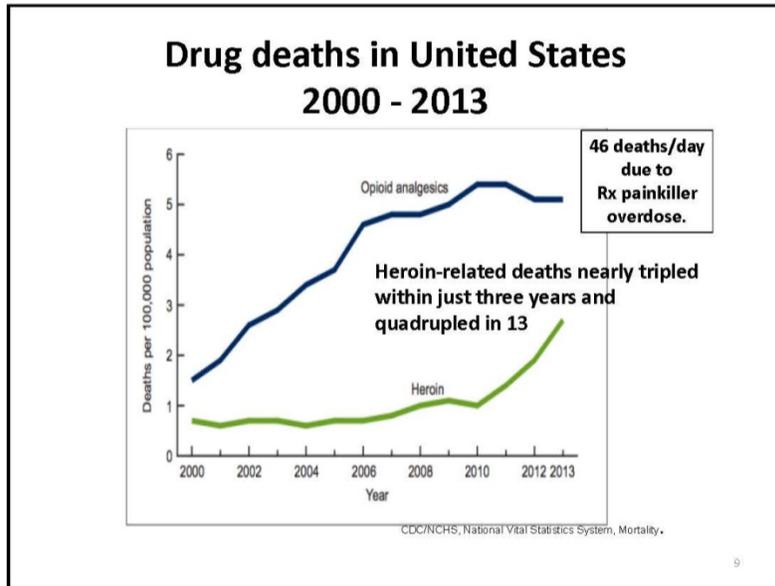
SOURCE: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

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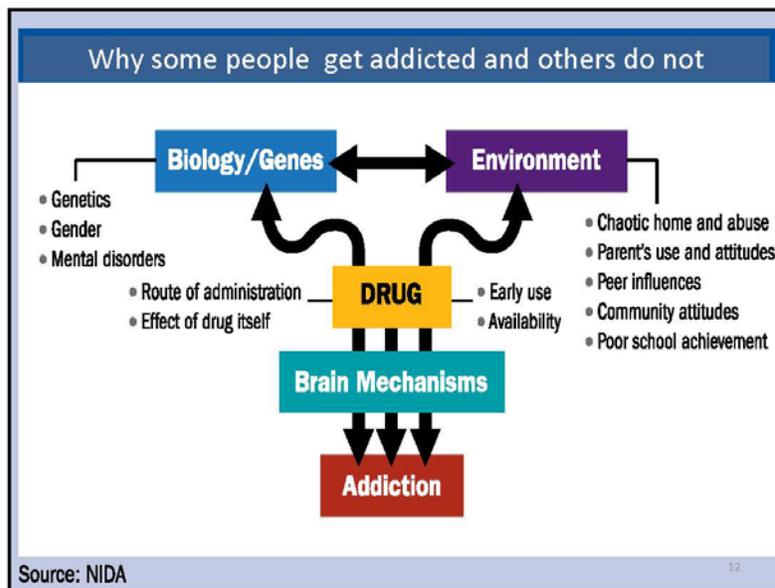
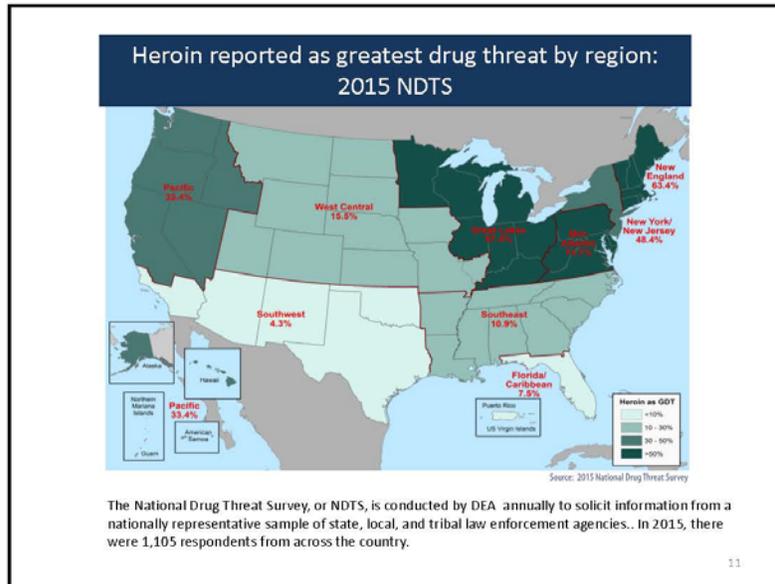
Carol Falkowski: Responding to the Opioid Crisis

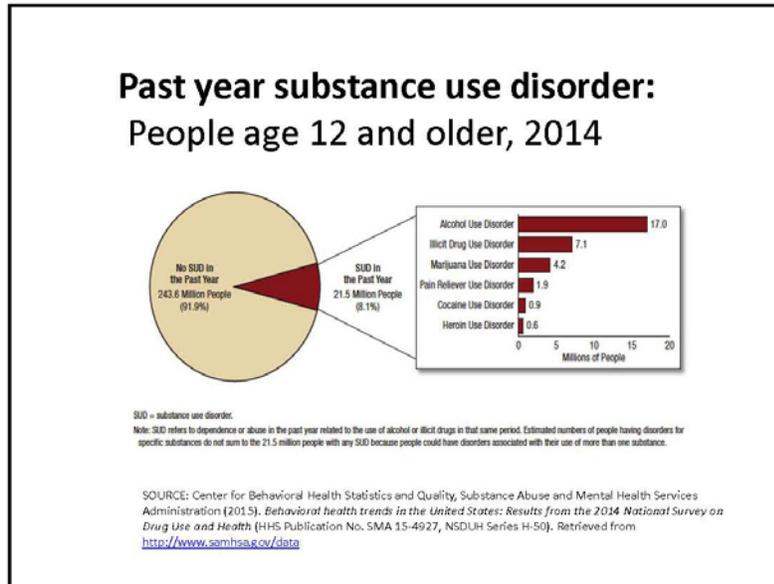


Carol Falkowski: Responding to the Opioid Crisis



Carol Falkowski: Responding to the Opioid Crisis





Most people who need specialized treatment for a drug or alcohol problem do not receive it.

According to SAMHSA's National Survey on Drug Use and Health 23.2 million persons (9.4 percent of the U.S. population) aged 12 or older needed treatment for an illicit drug or alcohol use problem in 2007.

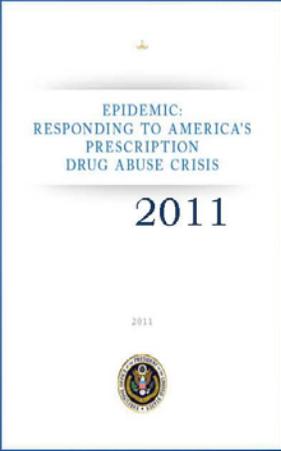
Of these individuals, 2.4 million (10.4 percent) received treatment at a specialty facility (i.e., hospital, drug or alcohol rehabilitation or mental health center). These estimates are similar to those in previous years.

SOURCE: Substance Abuse and Mental Health Services Administration. *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*. NSDUH Rockville, MD, 2011.

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Prescription Drug Abuse Prevention Plan

- Coordinated effort across the Federal government
- 4 focus areas
 - Education
 - Prescription Drug Monitoring Programs
 - Proper Medication Disposal
 - Enforcement



15

The Federal government:

- Providing educational training and resources to health care providers about opioid prescribing.
- Developing prescribing guidelines for chronic pain.
- Supporting the use of prescription drug monitoring programs (electronic databases that track the dispensing of certain drugs) as a routine part of clinical practice.
- Increasing access to treatment services through the Affordable Care Act.

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The Federal government:

- Expanding use of Medication-Assisted Treatment (MAT).
- Supporting the development/distribution of naloxone to reduce prescription opioid and heroin overdose deaths.
- Supporting the research & development of pain medications that may be less prone to abuse.
- Improving surveillance to better track trends, identify communities at risk, target prevention strategies, and measure progress.

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Federal changes in 2014

- **The FDA reclassified hydrocodone combination drugs** such as Vicodin from Schedule III to Schedule II of the Controlled Substance Act. Under schedule III doctors could prescribe a six-month supply as a 30-day prescription with up to five refills. Under Schedule II they are limited a three-month supply in 30-day increments that must be filled sequentially.
- **DEA making Rx drug disposal available at more locations**

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States can:

- Improve prescription drug monitoring programs (PMDP) by making timely and easy to use.
- Increase access to substance abuse treatment services, including MAT for opioid addiction.
- Expand access to/training for administering naloxone to reduce opioid overdose deaths.

19

State Responses:

- Task forces
- Naloxone/Good Samaritan, other law changes
- Public education campaigns
- State plans
- PDMP changes
- Increased programs for underserved populations, geographic areas in need of services

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INDIANA

The Governor's Task Force on Drug Enforcement, Treatment, and Prevention

Attorney General's Prescription Drug Abuse Prevention Task Force

Indiana Attorney General Launches Naloxone Kit Program
Grant allows state to equip first responders with overdose kits
Nov 3, 2015



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PENNSYLVANIA

10/30/2015

Pennsylvanians can now access an overdose-reversing drug without a prescription, thanks to a **statewide standing order** issued Wednesday.

Physician General Dr. Rachel Levine signed the order . . . calling it a "huge victory" in the battle against rising overdose deaths across the state.

"This forward-thinking initiative gives people the tools they need *to keep their communities and families intact*," she said

SOURCE: http://www.timesonline.com/news/local_news/standing_order-of-naloxone-available-across-pennsylvania/article_f7111022-7e7d-11e5-9c8c-5b03d12091f0.html



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OHIO

2011 Governor's Cabinet Opiate Action Team

- Ohio's Opioid Prescribing Guidelines
- Opioid Toolkit
- Opioid Rxing CMEs



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**Tri State Opiate Summit (IN, KY, OH)
February 2015**

- ✓ Expand prevention and educational efforts to prevent the abuse of opioids and heroin and to promote treatment and recovery.
- ✓ Expand the availability of naloxone to law enforcement agencies and other first responders.
- ✓ Increase funding and support for building new detox, treatment, and recovery centers.
- ✓ Launch an evidence-based opioid and heroin treatment and interventions program to expand treatment best practices throughout the country.
- ✓ Strengthen prescription drug monitoring programs to help states monitor and track prescription drug diversion.
- ✓ Expand disposal sites for unwanted prescription medications.
- ✓ Longer mandatory prison terms for predatory traffickers (not users supporting their substance use disorder).
- ✓ Funding for peer support/recovery programs.
- ✓ "Means-tested and vetted" repayment programs for those treated of governmental expense.
- ✓ Require mandatory Hepatitis C and HIV testing and counseling for all AR and arrests suspected of substance use disorders.
- ✓ "Good Samaritan" protection to expand naloxone access.

**LEGISLATIVE PRIORITIES
2015-2017**



- ✓ Use of language that recognizes substance use disorders as a disease.
- ✓ Discontinue use of language that stigmatizes substance use disorders.
- ✓ Increased funding to expand support services for pregnant women with substance use disorders.
- ✓ Allow Medication-Assisted Therapy for those with opioid substance use disorders to be covered by Medicaid.
- ✓ Allow for evidence-based infection prevention services including education, case management, and wraparound services.
- ✓ Legislation to encourage increased surveillance and cooperation among law enforcement agencies across boundaries/borders.
- ✓ Increased funding for evidence-based, prenatal through college, prevention programs.
- ✓ Increased funding for research on prevention of, treatment for, and recovery from substance use disorders.
- ✓ Expand resources to identify and treat incarcerated individuals suffering from substance use disorders promptly by collaborating with criminal justice stakeholders and by providing evidence-based treatment.

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Kentucky Legislature Passes Heroin Bill March 2015

- Treatment (mothers, jails)
- Tougher penalties
- Needle exchange
(reduce HCV and HIV)
- Naloxone/Good Samaritan
(reduce overdose)

SOURCES: <http://www.cincinnati.com/story/news/politics/beating-heroin/2015/03/24/ky-heroin-deal-reached-last-day/70405676/> and <http://drugfreeky.org/wp-content/uploads/2013/11/Northern-Kentuckys-Collective-Response-Final.pdf>

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Kentucky to receive nearly \$4 million to fight opioid epidemic Funds will be used partly for interventions in high-risk counties

WASHINGTON, D.C. (Sept. 4, 2015) — Tom Frieden, Director of the Centers for Disease Control and Prevention (CDC), announced today that the Kentucky Injury Prevention and Research Center (KIPRC) has been awarded \$940,000 each year for the next four years to combat the prescription drug abuse and heroin epidemic in Kentucky, said. Sen. Mitch McConnell.



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WISCONSIN

Gov. Scott Walker signed a package of bills known as the **H.O.P.E. (Heroin, Opiate, Prevention, and Education) Agenda**

- Narcan/Good Samaritan legislation
- A statewide heroin prevention campaign
- Require individuals to show photo identification when picking up schedule II or III narcotic/opiate prescription medication in order to address prescription fraud and diversion,
- Expand Treatment Alternatives and Diversion (TAD) programs,
- Create regional pilot programs to address opiate addiction in underserved areas.

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Making a Difference: State Successes



2012 Action:

New York required prescribers to check the state's prescription drug monitoring program before prescribing painkillers.

2013 Result:

Saw a 75% drop in patients who were seeing multiple prescribers to obtain the same drugs, which would put them at higher risk of overdose.



2010 Action:

Florida regulated pain clinics and stopped health care providers from dispensing prescription painkillers from their offices.

2012 Result:

Saw more than 50% decrease in overdose deaths from oxycodone.



2012 Action:

Tennessee required prescribers to check the state's prescription drug monitoring program before prescribing painkillers.

2013 Result:

Saw a 36% drop in patients who were seeing multiple prescribers to obtain the same drugs, which would put them at higher risk of overdose.

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SOURCES: NY, TN: PDMP Center of Excellence at Brandeis University, 2014. FL: Vital Signs Morbidity and Mortality Weekly Report, July 1, 2014.

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Addressing a drug epidemic:

- **Law enforcement/curtail supply**
- **Prevention and public and professional education**
- **Access to evidence-based addiction treatment services**

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Addressing *the opioid* epidemic:



Medical practitioners:

- medical education
- screening
- pain management Rxing
- Rx monitoring programs

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Resources

- Preventing Prescription Drug Overdose: 2014 Introduced State Legislation. National Conference of State Legislators, 2015. Online at: <http://www.ncsl.org/research/health/prevention-of-prescription-drug-overdose-and-abuse.aspx>
- DEA National Heroin Threat Assessment Summary - 2015, US Department of Justice, Drug Enforcement Administration, DEA-DCT-DIR-039-15, April 2015, Online at: http://www.dea.gov/divisions/hq/2015/hq052215_National_Heroin_Threat_Assessment_Summary.pdf
- DEA National Drug Threat Assessment Summary - 2014, US Department of Justice, Drug Enforcement Administration, DEA-DCT-DIR-002-15, November 2014. Online at: <https://info.publicintelligence.net/DEA-DrugThreats-2014.pdf>
- Epidemic: Responding to America's Prescription Opioid Crisis, White House Office of National Drug Control Policy, 2011. Online at: https://www.whitehouse.gov/sites/default/files/ondcp/issues-content/prescription-drugs/rx_abuse_plan_0.pdf
- FACTSHEET: Obama Administration Announces Private and Public Sector Efforts to Address Prescription Drug Abuse and Heroin Use, The White House, Office of the Press Secretary, October 21, 2015. Online at: <https://www.whitehouse.gov/the-press-office/2015/10/21/fact-sheet-obama-administration-announces-public-and-private-sector>
- National Alliance for Model State Drug Laws. Online at: <http://www.namsdl.org/index.cfm>
- Neonatal Abstinence Syndrome: How States Can Help Advance the Knowledge Base for Primary Prevention and Best Practices of Care, Association of State and Territorial Health Officials, (ASTHO), 2014. Online at: <http://astho.org/Prevention/NAS-Neonatal-Abstinence-Report/>
- Preventing Drug Abuse Among Children and Adolescents: A Research-Based Guide for Parents, Educators and Community Leaders, (Second Edition), National Institute on Drug Abuse, NIH Publication No. 04-4212 (A), updated October 2003. Online at: <https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents-in-brief/prevention-principles>
- Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition), National Institute on Drug Abuse. NIH Publication No.12 - 4180, updated December 2012. Online at: <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment>

Family Impact Checklist: Using Evidence to Strengthen Families

Questions policymakers can ask to bring the family impact lens to policy decisions:

- How are families affected by the issue?
- In what ways, if any, do families contribute to the issue?
- Would involving families result in more effective policies and programs?

These questions sound simple, but they can be difficult to answer. The Family Impact Checklist is one evidence-based strategy to help ensure that policies and programs are designed and evaluated in ways that strengthen and support families in all their diversity across the lifespan. This checklist can also be used for conducting a family impact analysis that examines the intended and unintended consequences of policies, programs, agencies, and organizations on family responsibility, family stability, and family relationships.

Family impact analysis is most incisive and comprehensive when it includes expertise on (a) families, (b) family impact analysis, and (c) the specifics of the policy, program, agency, or organization. Five basic principles form the core of a family impact checklist. Each principle is accompanied by a series of evidence-based questions that delve deeply into the ways in which families contribute to issues, how they are affected by them, and whether involving families would result in better solutions. Not all principles and questions will apply to every topic, so it is important to select those most relevant to the issue at hand.

The principles are not rank-ordered and sometimes they conflict with each other. Depending on the issue, one principle may be more highly valued than another, requiring trade-offs. Cost effectiveness and political feasibility also must be taken into account. Despite these complexities, family impact analysis has proven useful across the political spectrum and has the potential to build broad, bipartisan consensus.

More detailed guidelines and procedures for conducting a family impact analysis are available in a handbook published by the Family Impact Institute at www.familyimpactinstitute.org.

Principle 1. Family responsibilities.

Policies and programs should aim to support and empower the functions that families perform for society—family formation, partner relationships, economic support, childrearing, and caregiving. Substituting for the functioning of families should come only as a last resort.

How well does the policy, program, or practice:

<u>Strong</u>	<u>Adequate</u>	<u>Limited</u>	<u>N/A</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	help families build the capacity to fulfill their functions and avoid taking over family responsibilities unless absolutely necessary?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	set realistic expectations for families to assume financial and/or caregiving responsibilities for dependent, seriously ill, or disabled family members depending on their family structure, resources, and life challenges?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	address root causes of assuming financial responsibility such as high child support debt, low literacy, low wages, and unemployment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	affect the ability of families to balance time commitments to work, family, and community?

Principle 2. Family stability.

Whenever possible, policies and programs should encourage and reinforce couple, marital, parental, and family commitment and stability, especially when children are involved. Intervention in family membership and living arrangements is usually justified only to protect family members from serious harm or at the request of the family itself. How well does the policy, program, or practice:

<u>Strong</u>	<u>Adequate</u>	<u>Limited</u>	<u>N/A</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	strengthen commitment to couple, marital, parental, and family obligations, and allocate resources to help keep the marriage or family together when this is the appropriate goal?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	help families avoid problems before they become serious crises or chronic situations that erode family structure and function?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	balance the safety and well-being of individuals with the rights and responsibilities of other family members and the integrity of the family as a whole?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	provide clear and reasonable guidelines for when nonfamily members are permitted to intervene and make decisions on behalf of the family (e.g., removal of a child or adult from the family)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	help families maintain regular routines when undergoing stressful conditions or at times of transition?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	recognize that major changes in family relationships such as aging, divorce, or adoption are processes that extend over time and require continuing support and attention?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	provide support to all types of families involved in the issue (e.g., for adoption, consider adoptive, birth, and foster parents; for remarried families, consider birth parents, stepparents, residential and nonresidential parents, etc.)?

Principle 3. Family relationships.

Policies and programs must recognize the strength and persistence of family ties, whether positive or negative, and seek to create and sustain strong couple, marital, and parental relationships.

How well does the policy, program, or practice:

<u>Strong</u>	<u>Adequate</u>	<u>Limited</u>	<u>N/A</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	recognize that individuals' development and well-being are profoundly affected by the quality of their relationships with close family members and family members' relationships with each other?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	involve couples, immediate family members, and extended family when appropriate in working to resolve problems, with a focus on improving family relationships?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	assess and balance the competing needs, rights, and interests of various family members?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	take steps to prevent family abuse, violence, or neglect?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	acknowledge how interventions and life events can affect family dynamics and, when appropriate, support the need for balancing change and stability in family roles, rules, and leadership depending upon individual expectations, cultural norms, family stress, and stage of family life?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	provide the knowledge, communication skills, conflict resolution strategies, and problem-solving abilities needed for healthy couple, marital, parental, and family relationships or link families to information and education sources?

Principle 4. Family diversity.

Policies and programs can have varied effects on different types of families. Policies and programs must acknowledge and respect the diversity of family life and not discriminate against or penalize families solely based on their cultural, racial, or ethnic background; economic situation; family structure; geographic location; presence of special needs; religious affiliation; or stage of life.

How well does the policy, program, or practice:

<u>Strong</u>	<u>Adequate</u>	<u>Limited</u>	<u>N/A</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	identify and respect the different attitudes, behaviors, and values of families from various cultural, economic, geographic, racial/ethnic, and religious backgrounds, structures, and stages of life?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	respect cultural and religious routines and rituals observed by families within the confines of the law?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	recognize the complexity and responsibilities involved in caring for and coordinating services for family members with special needs (e.g., cognitive, emotional, physical, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ensure the accessibility and quality of programs and services for culturally, economically, geographically, racially/ethnically, and religiously diverse families?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	work to ensure that operational philosophies and procedures are culturally responsive and that program staff are culturally competent?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	acknowledge and try to address root causes rather than symptoms of the issue or problem (e.g., economic, institutional, political, social/psychological causes)?

Principle 5. Family engagement.

Policies and programs must encourage partnerships between professionals and families. Organizational culture, policy, and practice should include relational and participatory practices that preserve family dignity and respect family autonomy.

How well does the policy, program, or practice:

<u>Strong</u>	<u>Adequate</u>	<u>Limited</u>	<u>N/A</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	provide full information and a range of choices to families, recognizing that the length and intensity of services may vary according to family needs?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	train and encourage professionals to work in collaboration with families, to allow families to make their own decisions (within the confines of the law), and to respect their choices?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	involve family members, particularly from marginalized families, in policy and program development, implementation, and evaluation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	affirm and build upon the existing and potential strengths of families, even when families are challenged by adversity?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	make flexible program options available and easily accessible through co-location, coordinated application and reimbursement procedures, and collaboration across agencies, institutions, and disciplines?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	establish a coordinated policy and service system that allows localities and service providers to combine resources from various, diverse funding streams?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	acknowledge that the engagement of families, especially those with limited resources, may require emotional, informational, and instrumental supports (e.g., child care, financial stipends, transportation)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	connect families to community resources and help them be responsible consumers, coordinators, and managers of these resources?

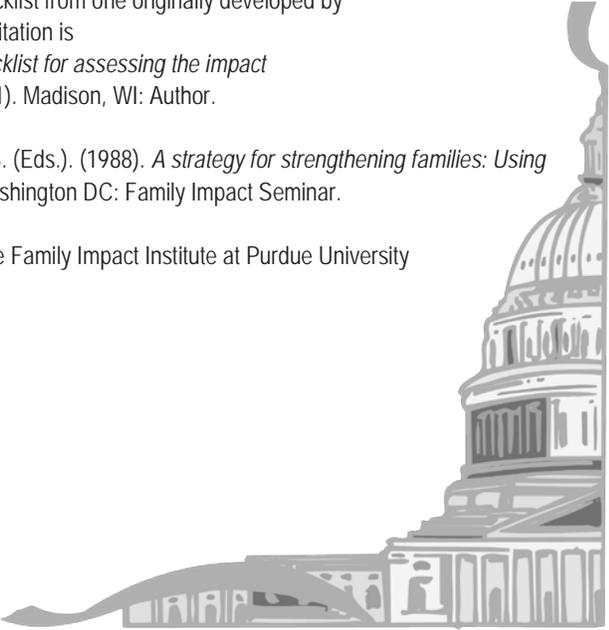
- build on social supports that are essential to families' lives (e.g., friends; family-to-family support; community, neighborhood, volunteer, and faith-based organizations)?
- consider the whole family (even if it is outside the scope of services) and recognize how family decisions and participation may depend upon competing needs of different family members?

The Institute aims to strengthen family policy by connecting state policymakers with research knowledge and researchers with policy knowledge. The Institute provides nonpartisan, solution-oriented research and a family impact perspective on issues being debated in state legislatures. We provide technical assistance to and facilitate dialogue among professionals conducting Family Impact Seminars in 26 sites across the country.

The Family Impact Institute adapted the family impact checklist from one originally developed by the Consortium of Family Organizations. The suggested citation is
 Policy Institute for Family Impact Seminars. (2000). *A checklist for assessing the impact of policies on families* (Family Impact Analysis Series No. 1). Madison, WI: Author.

The checklist was first published in Ooms, T., & Preister, S. (Eds.). (1988). *A strategy for strengthening families: Using family criteria in policymaking and program evaluation*. Washington DC: Family Impact Seminar.

For more information on family impact analysis, contact the Family Impact Institute at Purdue University
fii@purdue.edu
 (765) 494-0979
www.familyimpactinstitute.org



Sponsoring Organizations and Descriptions

The **Center for Families at Purdue University** focuses on improving the quality of life for families and strengthening the capacity of families to provide nurturing environments for their members. To accomplish this, the center works with four important groups whose efforts directly impact quality of life for families: educators, human service providers, employers, and policymakers. With informed sensitivity to family issues, these groups have the power to improve the quality of life for families in Indiana and beyond.

Ball State University Department of Family and Consumer Sciences includes a variety of majors from interior design and residential property management to nutrition and marriage and family relations. We offer courses in family relations, infant/toddler, child development, marriage, life-work management, family stress and family policy. Students are also required to take interdisciplinary coursework. In addition, students are required to complete a 400 hour internship at a family or child related facility which also includes government internships. Our curriculum has been designed to fulfill the academic requirements to become a Certified Family Life Educator (CFLE). CFLEs have received academic training in ten substantive areas related to the family, one of which is family policy, and are certified by the National Council of Family Relations, a professional organization.

Indiana Association for Child Care Resource & Referral (IACCRR) serves as a resource to the Indiana General Assembly, the Indiana State Administration, public officials, media representatives, social service providers, and others. IACCRR provides important information on the state of child care systems and resources available across Indiana. IACCRR continues to develop strategic partnerships, build innovative programs, set national standards, negotiate, advocate and effectively position the child care needs of families at the local, statewide, and national policy level.

Indiana Association for the Education of Young Children's (IAEYC) mission is to promote and support quality care and education for all young children birth through age eight in Indiana. Indiana AIEYC is the state's largest and most influential organization of early childhood care and education professionals and parents promoting and supporting quality care and education for all young children. Over 2,200 members represented through sixteen local chapters, and a budget of over \$6 million dollars. Indiana AIEYC supports early care and education professional development through the T.E.A.C.H. (Teacher Education and Compensation Helps) scholarship project, the Indiana Non Formal Child Development Associate (CDA) project and by conducting the largest statewide conference. Indiana AIEYC also supports highest level of early care and education facilities by partnering with the Indiana FSSA/DFR/Bureau of Child Care to implement Paths to QUALITY™ and the Indiana Accreditation Project for over 820 early childhood facilities statewide.

The **Indiana Association of Marriage and Family Therapy** is part of the American Association of Marriage and Family Therapy. Since the founding of AAMFT in 1942, they have been involved with the problems, needs and changing patterns of couples and family relationships. The association leads the way to increasing understanding, research and education in the field of marriage and family therapy, and ensuring that the public's needs are met by trained practitioners. The AAMFT provides individuals with the tools and resources they need to succeed as marriage and family therapists.

Indiana Extension Homemakers Association® exists to strengthen families through continuing education, leadership development, and volunteer community support. We share information on new knowledge and research with our members and communities, promote programs on developing skills and family issues, and we support projects which help children and families in today's world.

Indiana Family Services represents families and respond to their needs by strengthening member agencies and creating alliances to promote excellence in advocacy and service for families throughout Indiana. Member agencies offer a wide variety of programs, including counseling, sexual abuse assessment, homemaker services, children's programs, services for victims of domestic violence, as well as many other diverse programs for over 90,000 individuals, approximately 80 percent of whom are low income. These services are offered regardless of race, creed, or color on a sliding fee scale supported by local United Ways and governmental grants.

The programs of Human Development and Family Studies and Youth Development at the **Indiana University School of Public Health – Bloomington** are dedicated to improving public health across Indiana through workforce development, community engagement, research, with teaching at the forefront of innovative public health education in Indiana. By reimagining public health through a comprehensive approach that enhances and expands disease prevention, the school is reshaping how parks, tourism, sports, leisure activities, physical activity, and nutrition impact and enhance wellness. With nearly 3,000 students in an array of undergraduate and advanced degree programs and more than 130 faculty in five academic departments our faculty and students conduct research, learn, teach, and engage with communities across a broad spectrum of health, wellness, and disease-prevention topics.

The **Indiana Youth Institute** promotes the healthy development of Indiana children and youth by serving the people, institutions and communities that impact their well-being. It is a leading source of useful information and practical tools for nonprofit youth workers, educators, policymakers, think tanks, government officials, and others who impact the lives of Hoosier children. In addition, it is an advocate for healthy youth development on the local, state, and national level.

MCCOY champions the positive development of youth through leadership on key issues, strengthening organizational capacity, and increasing the support of the youth worker community. As advocate, resource, capacity builder, and independent convener, MCCOY works to build a community where all youth can thrive, learn, engage, and contribute and where all adults support the positive development of youth.

The mission of the **National Association of Social Workers – Indiana Chapter** is to promote the quality and integrity of the Social Work profession while supporting social workers in their mission to serve diverse populations and to ensure justice and equality for all citizens of the state.

Purdue Extension Health and Human Sciences provides informal educational programs that increase knowledge, influence attitudes, teach skills, and inspire aspirations. Through the adoption and application of these practices, the quality of individual, family, and community life is improved. Health and Human Sciences Extension is a part of the mission of the College of Health and Human Sciences at Purdue University and the Purdue Extension Service