

**State Representative and Mayoral Candidate La Shawn K. Ford
Substance Use Disorder Policy Proposals – Starting the Discussion**

February 5, 2019

Opening Remarks by State Representative and Mayoral Candidate La Shawn K. Ford

As state Representative for the last 12 years representing parts of the West Side of Chicago hardest hit by the current epidemic of opioid overdose deaths, where overdose rates are as high as 7 times the overdose rate of Illinois as a whole and 3 times the overdose rate of Chicago, I was co-sponsor of House Bill 1, which became Public Act 99-0480 as the Heroin Crisis Act. I also introduced legislation that became law which permits health insurers to provide coverage for recovery housing for persons with substance use disorders (Public Act 100-1065). To respond to particular needs on the West Side of Chicago, I co-founded the West Side Heroin Task Force on August 31, 2016, Opioid Overdose Awareness Day, to promote naloxone distribution and the use of Medication Assisted Treatment (MAT) to address the epidemic of our time. Our West Side Heroin Task Force has held several Town Hall meetings to raise awareness, promote overdose treatment and MAT, and advocate for patient-centered policies. Our last Town Hall meeting HEALTH CHALLENGE was a few weeks ago on January 21, 2019 on the Dr. Martin Luther King, Jr. holiday in conjunction with The Loretto Hospital.

Heroin has been on the West Side for a long time, affecting people in my own family, and my biological mother has dealt with heroin use for years and has been in and out of treatment programs and is now taking methadone. Because of her issues, I was adopted at birth by my grandmother. I have other family members who have experienced overdoses. My family has been greatly affected by opioid use disorder (OUD). However, it is evident to me, my family, and people whom I represent that this epidemic has escalated and more deaths have occurred in the last 5 years largely due to street heroin being contaminated by fentanyl. My long-time volunteer health adviser is a family doctor who works with behavioral health providers and a team at a community health center and has 2 ½ years of experience providing Medication Assisted Treatment (MAT) to patients in East Garfield Park, including to those experiencing homelessness. We have a wealth of experts and resources at our many great universities and colleges that can be tapped not only for research but for service relevant to address this epidemic of our time. We need to encourage and publicize social science and public health research into workable interventions to address the income/opportunity gaps prevalent in communities of color so greatly affected by the opioid crisis. Chicago will be a leader in progressively, aggressively, and effectively addressing these issues. These are some of the issues that will be important in a Ford Mayoral Administration:

1. Support substance use disorder prevention efforts

- a. Preventing the starting use of disabling substances should follow proven evidence-based strategies that are adapted for Chicago’s neighborhoods. No one strategy will fit all. One example of something that works is “Life Skills Training” for 12-13 year olds.
- b. One key strategy will be to better address young people’s need for skilled treatment of mental health issues, especially related to trauma and bullying of any type.
- c. Addressing the root problem of racial discrimination regarding education, job opportunities, economic development in struggling neighborhoods, recreational opportunities, relations with law enforcement, etc. are key as social determinants of health are addressed in substance use disorder prevention efforts.

- 2. Stem the inflow of dangerous high-potency fentanyl and other synthetic opioids**
 - a. To address the true causes of the epidemic of deaths due to opioid overdoses, we also need to work to stem the flow of fentanyl and other synthetic opioids into our minority neighborhoods working with international, federal, state and local enforcement agencies
- 3. Follow up with lawsuits against drug companies who fueled the opioid epidemic**
 - a. Continue work on City of Chicago v. Purdue Pharma L.P., et al. and use any proceeds from these lawsuits to fund initiatives in this policy document
- 4. Address health provider over-prescription of opioid medication**
 - a. Working with the state Prescription Drug Monitoring Program (PMP), the state Department of Financial and Professional Regulation, health professional medical societies and other interested parties, create a plan for education and intervention for those providers who are heavy prescribers of opioids, and publicize those efforts to all providers. Notifying a health care provider that one of their patients has died of an opioid-related overdose has been shown to be effective to change prescribing behaviors.
 - b. Education campaign of health professionals to prescribe fewer opioids for shorter periods at lower dosages
 - c. Work with insurance companies so safe, effective alternatives such as physical therapy, etc. are covered by insurance so fewer pain pills are needed and prescribed.
- 5. Support naloxone distribution and overdose education**
 - a. Ensure all city pharmacies can dispense naloxone without a provider's prescription per the Illinois Department of Public Health Director's standing order, including training for pharmacists, if needed.
 - b. Work to make Chicago the most insured city in the United States to reduce barriers to obtain naloxone
 - c. Work with state policy makers and managed care organizations to minimize barriers such as copayments in obtaining naloxone
 - d. Determine which city of Chicago locations and city employees (Community Service Centers, police stations, Chicago Transit Authority (CTA) station booths, police squad cars, etc.) in which parts of the city should be trained and equipped to use naloxone, and then provide naloxone in those locations
 - e. Train and equip police in hard-hit areas on the importance and use of naloxone
 - f. Train and equip street peer educators and recovery coaches in areas of highest consumption and overdose death rates on the use of naloxone
 - g. Ensure that patients who experience overdose and go to emergency departments or are seen in emergency departments with withdrawal symptoms are provided naloxone on discharge (along with a referral for ongoing MAT – see below)
 - h. Encourage co-prescribing of naloxone with MAT or longer term opioid prescriptions
 - i. Reinforce Cook County Jail's efforts to distribute/give naloxone to high-risk inmates at their discharge (any inmate with a known OUD and/or risk for overdose)
 - j. Use public education campaign on CTA buses and trains and other locations and through social media on the use of naloxone – people are still confused about use of naloxone and MAT

- k. Use money generated from any city lawsuits against pharmaceutical companies to promote naloxone and MAT
- 6. Support expanded access to medication assisted treatment (MAT)**
- a. Encourage the use of Screening, Brief Intervention, Referral and Treatment (SBIRT) as part of screening for substance use disorder – per Substance Abuse and Mental Health Services Administration (SAMSHA)
 - b. Work to make Chicago the most insured city in the United States to reduce barriers to expand access to MAT. Medicaid expansion works.
 - c. Work with state policy makers and managed care organizations to minimize barriers such as copayments and preauthorization requirements to obtain medications in MAT (obstructions still occur)
 - d. Convene an MAT Summit including Illinois Department of Human Services (DHS)/Healthcare and Family Services (HFS), managed care organizations, and all interested parties to work together to drive policy including patient-level, hospital/residential level and system-level quality measures in MAT that can be incentivized - this summit should also suggest concrete changes so Substance Use Prevention and Recovery (SUPR; previously DASA)-licensed programs can charge for prescribing medication like buprenorphine in MAT, and office-based MAT can be reimbursed for increased behavioral health services like intensive outpatient programs (IOP), care management, recovery coaches and other needed services that MAT patients state that they need to achieve their goals. Medicaid payments for medical care is in one silo and Medicaid payments for mental health care is in a different silo, making integrated care a challenge – this needs to change.
 - e. Many if not most primary care providers are hesitant to jump into MAT because they feel they don't have the behavioral health support that they really need for an effective MAT program. As MAT includes behavioral health services, expand resources for trauma-informed patient-centered behavioral health/mental health services, including supporting the hiring of more psychiatrists and mental health professionals.
 - f. To support provider prescribing of MAT, work with federal and state officials to strengthen PMPs, including real-time entry of when controlled substance prescriptions are picked up by patients. Methadone dispensed through an opioid treatment program (OTP) or methadone clinic certified by SAMHSA does NOT appear in the PMP – and it really should appear there. Encourage a national PMP program so providers don't have to check neighboring individual state PMPs like Indiana, Wisconsin, and Missouri.
 - g. Support training for emergency department-based treatment of opioid withdrawal with buprenorphine with linkage to on-going outpatient MAT
 - h. Work with HFS and interested stakeholders to reform hospital-based “detox” programs to incentivize evidence-based initiation and follow-up with MAT rather than rapid taper and weaning which often does not help patients in their efforts in recovery. Most “detox” programs in Chicago do a poor job of immediately linking people to ongoing care, such as MAT. Giving a written referral at the time of discharge from the hospital does not do it – people need a definite appointment the day of or the day after discharge, and they need medication in their hands at the time of discharge that will last until their clinic follow up appointment.

- i. Pilot a "low threshold" center that could run 24/7 like a "detox" unit but would allow people to come in and have a bed, get their initial buprenorphine/naloxone dose(s) and link them to ongoing care
 - j. Make city funding for residential treatment for substance use disorder contingent on allowing MAT in their programs
 - k. Work with Illinois DHS/HFS and federal agencies to bring additional resources for expanding access to MAT, including recovering homes and residential support
 - l. As part of the overhaul of Chicago Police Department culture, integrate facts about opioid use disorder, overdoses, and treatment in the training of all law enforcement officials (CPD and Cook County Sheriffs), including how they can help people they encounter, prioritizing those districts most affected by overdose deaths. Many law enforcement officials such as police do not understand MAT or how patients in recovery take buprenorphine/naloxone and have even stopped people on the streets and have taken prescribed buprenorphine/naloxone away from patients, leaving them to go back to using heroin to combat their withdrawal symptoms. Emphasizing entry into treatment programs that would work for the person with substance use disorder rather than relying so much on arrest, especially for those with mental health conditions. We need to study and modify for Chicago the best aspects of diversion programs like those in Lake County, Illinois or other Police Assisted Addiction and Recovery Initiatives
 - m. Work with Cook County Jail to expand MAT, especially for those entering jail already on MAT
 - n. Expand linkage to outpatient MAT for those with OUD being discharged from Cook County Jail, as this one of the most vulnerable times for deaths due to overdose
 - o. Increase training and support for recovery coaches working with MAT patients
 - p. Encourage MAT providers to link MAT patients to community support by those with lived experience who accept MAT, including 12-step groups, Rational Recovery, community groups, churches, mosques, synagogues, temples, and other groups
 - q. Launch an MAT public education campaign on CTA buses and trains and other locations, and through social media
 - r. Use money generated from any city lawsuits against pharmaceutical companies to promote MAT
7. **Support the legalization of sterile syringe access for Chicago as well as statewide**
- a. Support the legalization and continued public funding of sterile syringe access linked with other harm reduction services including trauma-informed engagement and counseling and MAT
8. **Comments on overdose prevention centers/safer consumption sites**
- a. If it can be shown that there is a need by surveying patients what they feel would be most helpful to achieve their goals, and if misgivings and misunderstandings could be addressed, there will be support for a publicly-funded pilot on city property perhaps where persons are already injecting, coupled with trauma-informed, harm-reduction-oriented care with social supports and options for MAT
9. **Support the decriminalization of the consumption and possession of cannabis, ensuring Black and Latino-led organizations are included in all decision-making**

- a. Because Black and Latinx communities have been greatly affected by the criminalization of possession of especially marijuana, two years ago Rep. Ford introduced in the 100th General Assembly House Bill 4059 which would amend the Cannabis Control Act and would delete the provision that the knowing possession of more than 30 grams but not more than 100 grams of any substance containing cannabis is a Class 4 felony if the offense is a subsequent offense – this legislation did not advance, but Rep. Ford will continue to advocate for this change. Rep. Ford strongly supports the decriminalization of cannabis. One of his first pieces of legislation was passing House Resolution 468 (96th GA) with bipartisan sponsorship urging that social justice be the guiding principle in decision making in the House of Representatives. Rep. Ford was the Chief House Co-Sponsor of legislation that became law creating the Racial and Ethnic Impact Research Task Force to determine a practical method for the standardized collection and analysis of data on the racial and ethnic identity of arrestees by State and local law enforcement agencies (Public Act 097-0433). Rep. Ford was the Chief House Sponsor of legislation that became law as the Criminal Identification Act that requires ethnic and racial data be gathered at many points when a person encounters the criminal justice system (Public Act 098-0528). Rep. Ford introduced and passed House Resolution 396 (99th GA) that directs the Illinois Juvenile Justice Commission review the current practice of restorative justice in juvenile justice systems in Illinois. Rep. Ford has also passed legislation that became law which gives returning citizens/ex-offenders the opportunity to seal criminal records for certain Class 3 and 4 non-violent offenses, including drug-related charges. Rep. Ford also introduced legislation that became law that provides that records of charges that result in an acquittal or dismissal with prejudice, except for minor traffic offenses, may be immediately sealed after the final disposition of the case (Public Act 100-0282). Rep. Ford also introduced legislation that became law which limits bail bond costs to \$100 (in Chicago) when the accused is cleared of a crime or if charges are dropped, rather than the previously required 10% (Public Act 99-0412). Rep. Ford introduced and passed a House Resolution urging the governor and the Department of Corrections to discourage prosecutors from recommending and judges from sentencing low level drug offenders to the county jail or the Department of Corrections (HR163, 99th GA and HR5, 100th GA). Hopefully, all of these laws will help those charged with possession of substances. Too many people in minority communities have been disproportionately involved with the criminal justice system.
- b. Rep. Ford currently works with many minority-led organizations in the formation of legislation, and he will continue this practice as mayor. In fact, this is one of the most important reasons Rep. Ford states as why he is running for mayor – to give people who have been shut out of the system a voice in their own futures.

10. Eliminate drug-induced homicide laws and strengthen Good Samaritan laws

- a. People trying to save other people's lives should not be arrested. Rep. Ford will work with legislators in the General Assembly to strengthen Good Samaritan laws.