



December 18, 2018

Fighting to Reverse the Opioid Overdose Death Rate

The huge increase in deaths from overdoses to opioids - like heroin and fentanyl - is THE public health crisis and THE epidemic of our time.

In Illinois, more people die of overdoses than the number of people who die in car accidents or even of homicides. The West Side is especially hard hit. The opioid overdose rate in some areas of the West Side is up to THREE TIMES that of Chicago as a whole, and up to SEVEN TIMES that of the state of Illinois. I believe that if the West and South Sides of Chicago are doing better, then the whole city will do better. I believe in a healthier Chicago for all.

And, my own family has been affected by addiction to heroin, now called opioid use disorder, over many, many years. We know how many families are affected by this disease, and my own family has not been spared.

For all of these reasons, I co-founded the West Side Heroin Task Force in August 2016 to come up with real solutions, and we have had several successful Town Hall and community meetings. On October 26, 2017 the full Illinois House of Representatives voted in favor of a resolution I introduced, HR 592, to urge Governor Bruce Rauner to declare a Heroin State of Emergency in Illinois, and I continue to work hard on this issue.

I would like to outline 8 main points that we can use to reverse the trend and deal with this epidemic:

1. **Get Narcan to Save a Life.** All families or community members in touch with people with opioid use disorder, should have Narcan (naloxone) available in their homes or close by so they could possibly save a life by giving the person Narcan in case someone has an overdose. The general public can pick up their own Narcan from Chicago Recovery Alliance (see their website www.anypositivechange.org for where you can pick your free Narcan antidote), and many pharmacies can also use your insurance to pay for Narcan, even if you don't have opioid use disorder yourself. The Illinois Department of Public Health has issued a standing order so you can get Narcan at most pharmacies WITHOUT a prescription. Get Narcan and Save a Life!
2. **There is HOPE with treatment.** Medication Assisted Treatment (MAT), using medications like methadone or the newer Suboxone or Vivitrol, can be very effective, along with behavioral health treatment, groups, 12 step meetings, etc., in helping people leave their heroin habit behind. People who are retained in treatment die less often, not only from overdoses, but from all causes. More people have insurance now with Obamacare, and are able to access the medications and counseling that they need to achieve their goals of staying away from heroin. Talk with your doctor or health care provider if someone in your family might need MAT.

3. **People in recovery need more safe and supportive places to stay.** Legislation that I introduced, passed and then was signed into law, Public Act 100-1065, states that health insurance policies may provide coverage for residential extended care services and supports or recovery homes for persons with substance use disorders who are at risk of a relapse following discharge from a health care facility. We need more places for people to stay to achieve success in their recovery.
4. **People with the “lived experience” of recovery should be hired as Recovery Coaches to help others in recovery.** People early in their recovery need the support of others to increase their success, and we need to hire people who themselves have been through the recovery process to act as mentors, guides and sponsors.
5. **The flow of fentanyl into our communities needs to be stopped.** City, state and federal law enforcement officials have to work hard to stem the flow of deadly fentanyl into our communities. Fentanyl is 50 times stronger than heroin, and is the cause of many of the deadly overdoses, especially on the West Side. Why is so much fentanyl flowing into the West Side? It has to be stopped.
6. **Hospital “detox” programs need a full and complete review and over-haul.** In the past, we used to tell someone they needed to go to “detox” to “clean up” and get off of drugs. We now know that a three-day “detox” may not always help and may even be dangerous if the person is not linked to on-going care. We need to concentrate on initiating MAT, stabilizing the person, and continuing their treatment. We need better coordination from inpatient programs to outpatient treatment in our fight for lives in this heroin epidemic.
7. **We need to fight for our fair share of federal, state and private funding.** Funding is vitally needed to support MAT, mental health services, care for PTSD, housing, and other programs for those in recovery, and I want to work with all stakeholders to make sure that we get what we need.
8. **All community members, including churches and community organizations, should be encouraged to support those in recovery.** Churches could host 12 step meetings and help their members to increase their spirituality in their recovery process. Decreasing stigma and recognizing opioid use disorder as a brain disease that can improve with treatment will encourage more people to get help.

Finally, language DOES matter. We no longer say “heroin addict” or “junkie” or “dope fiend” – we speak of the person who has an opioid use disorder that can be treated. Let’s all work together to get people the treatment that they need so we can save lives during this epidemic of overdose deaths.

Sincerely,



La Shawn K. Ford
State Representative-Eighth District