



# Barnstable County Substance Use Assessment

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FEBRUARY 1, 2023

# Assessment Overview

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- The purpose of this assessment was to:
  - Describe the mortality, morbidity, and costs of substance use
  - Understand the community needs related to substance use
  - Learn how these needs are and are not being met in the community
  - Identify strengths and gaps in available resources
  
- The assessment included the following activities:
  - Community engagement (2 public launch meetings, RSAC workgroup input)
  - Qualitative data collection (19 interviews, 36 individuals)
  - Secondary data collection (existing epidemiological data, local cost data)
  - Final Report presentation and release (1 public meeting, media and in-network promotion)

# Cross-cutting Themes

## ➤ Findings (from interviews)

- Different perspectives of substance use in Barnstable County
- Limited awareness of existing resources among community members and service providers
- More collaboration and coordination is needed among existing organizations and across domains

## ➤ Recommendations

- Create awareness of these resources – using different avenues of communication
- Convene organizations working in substance use and related areas to facilitate collaboration and coordination of services
- Provide assistance in navigating and selecting appropriate resources

***“I feel that we have grown very much on Cape Cod. It’s talked about, I don’t feel strange bringing it up to people, it’s more of a fluid conversation. I can say I’m a person in recovery. It’s not a big shock to anyone and I wouldn’t have done that years ago.”***

*-Service Provider with Lived Experience*

***“Cape Cod is tourist community [with a] huge income that comes from that for people. There is a look that we need to maintain and I think that there is a lot of stigma around substance use. You encounter ‘not in my backyard’ stuff.”***

*-Service Provider*

**“Cape Cod has a huge housing crisis. Difficulty accessing general medical providers. People may not have health insurance. Transportation is poor, public transportation is really poor. All these barriers exist and affect those who use substances... General lack of resources, support structure in most of the towns on Cape.”**

*-Service Provider*

**“[We need] resources in one place. Let’s streamline it so parents, loved ones, and addicts can navigate [the] system. Let’s think about streamlining resources. Another big thing is navigating insurance companies.”**

*- Participant with Lived Experience*

# Barriers Identified

## ➤ Findings (from interviews)



**NAVIGATING  
SYSTEMS**



**SOCIAL  
DETERMINANTS  
OF HEALTH**



**STIGMA  
INDIVIDUAL &  
COMMUNITY**



**GEOGRAPHIC  
INEQUITIES**

## ➤ Recommendations

- Implement substance use services that address how the social determinants of health and stigma impact accessing these resources.
- Consider geographical distribution of services when implementing new/expanding existing substance use services

# Housing As A Barrier

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***“The other thing that comes up... is low-threshold housing [for] folks with substance use disorder... If folks have the means and desire to get into sober homes, [they] can access that treatment. If you are actively using or sliding into one of those categories, [there is] no place to hang your hat. Low threshold housing within [the] harm reduction model – that in itself is treatment. Create safety and be available to continue their health and wellness.”***

*- Service Provider*

# Cost of Substance Use in Barnstable County

	Prevention	Harm Reduction	Treatment	Recovery
	\$	\$	\$	\$
Alcohol	--	--	\$22,492,262.77	\$218,988.00
Marijuana	--	--	\$730,129.01	--
Opioids	--	\$460,263.12	\$14,529,837.56	--
Other Substances	--	--	\$2,345,548.32	\$444,612.00
Unspecified Substance	--	\$176,471.85	\$3,062,374.88	\$605,960.00
<b>Total</b>	<b>\$1,189,438.00 (2.4%)</b>	<b>\$636,734.97 (1.3%)</b>	<b>\$45,073,325.80 (93.5%)</b>	<b>\$1,323,210.00 (2.7%)</b>

**Total Estimated Cost = \$48,222,708.77**

*“When we have a guidance counselor do [a] lecture, people listen less. But we did have someone who went through rehab and had [an] incredibly different life; a lot of people [were] saying they really liked it. [It] struck a chord. Hearing it from someone who went through it and struggled through [the] ramifications works a lot better.”*

*-Participant with Lived Experience*

*“By the time we get to adolescence [and] high school, we see [young people] ... different areas: detox, court related. ... I think if we could just put as much effort into our little ones, we’d see a level of foundation our kids could have where mental health is prioritized.”*

*-Service Provider*

# Prevention

## ➤ Findings (from interviews)

- Holistic approaches are an effective form of substance use prevention particularly when provided early and consistently to young people
- There are limited services often provided through the school setting
- Young people respond well to more non-traditional approaches to substance use prevention

## ➤ Recommendations

- Focus on holistic approaches starting early in childhood (0-5 years) and provide them consistently through young adulthood
- Utilize non-traditional approaches
- Expand the services offered and explore additional venues for substance use prevention

*“Those [harm reduction] are the first people that talked to me like I was human, they didn’t shame or guilt me.... Those were the first people that interacted with me like I mattered. People walk by and judge and shame you, you’re already struggling internally. These harm reduction programs provide safety, they kept me alive.”*

*-Participant with Lived Experience*

# Harm Reduction

## ➤ Findings (from interviews)

- Different perspectives on harm reduction in the county
- Stigma is a major and multifaceted issue for providing and accessing harm reduction services
- Best offered in the spaces where people who are using are while maintaining a low profile and protecting confidentiality

## ➤ Recommendations

- Address individual level and community level stigma impacting both the ability to bring new harm reduction services to a community and access to existing harm reduction services.
- Bring resources to where higher risk populations are to make them as low barrier as possible.



***“Even though [in] our programs we really work hard for same day initiation of treatment, there aren’t a lot of opportunities for folks struggling with active use if they walked into [somewhere] using right now at this moment and wanted treatment to start. [We] need a bridge, [an] easy access clinic. Someone should walk in and be able to find options [and be] referred to whoever is the right choice..”***

*-Service Provider*

# Treatment

## ➤ Findings (from interviews)

- Existing programs/organizations have a positive impact
- Affordability is a challenge for those who have public or no health insurance
- Capacity is an issue as there are not enough beds to meet needs of the overall community and specific populations



THOSE WITH  
CO-OCCURRING CONDITIONS



YOUTH



CAREGIVERS



THOSE TRANSITIONING  
FROM INCARCERATION

## ➤ Recommendations

- Expand and build on existing long-term treatment options with a focus on these specific populations, prioritizing services address cooccurrence of mental health and substance use
- Create more access to medication-assisted treatment (MAT), specifically those for opioid use disorder such as Methadone

***“[We need] to have places where there are these options and people can choose whether or not it’s for them. We’re an intelligent group emotionally, which is very much undermined. We talk about feelings all the time, we’re very emotionally aware of our needs for each other. It’s just being heard and being provided the space. We’re told what we need a lot. That’s why I appreciate the time to be able to say what we need.”***

*-Participant with Lived Experience*

# Recovery

## ➤ Findings (interviews)

- Barnstable County has a strong recovery community with highly regarded resources that create connection in certain communities
- Grief and loss are experienced often by those in recovery as well as their family and loved ones
- There is a lack of regulation of sober homes in the community
- Services are needed for specific populations – e.g., those with public insurance and caregivers with young children

## ➤ Recommendations

- Focus on services that provide support for grief and loss for those with substance use disorder and their families/loved ones
- Expand availability of sober homes and low/no barrier housing for those in recovery, including regulation of these services

# Initial Recommendations

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- Conduct an assessment of this nature every 3 to 5 years with the goal of understanding both ongoing needs and emerging trends related to substance use.
- Conduct additional community engaged assessment work, with specific populations and topics of focus, to gain a deeper understanding of needs and trends identified as well as fill any gaps in knowledge.
- Engage with key stakeholders to emphasize the importance of this work, and their contribution to it, to the community to facilitate this type of regular data collection.
- Use these activities to guide decision-making and action planning from an evidence-informed perspective, which includes but is not limited to evidence-based practice or research as the only form of evidence.

# THANK YOU!

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Access the full report at:

[capecod.gov/departments/human-services/](https://capecod.gov/departments/human-services/)

- Click Initiatives
  - Click Substance Use & Prevention
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