



OPIOID AND SUBSTANCE USE COMMUNITY NEEDS ASSESSMENT

FOR INDIAN RIVER COUNTY



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PROJECT OVERVIEW

The opioid crisis in the U.S. originated in the late 1990s when pharmaceutical companies aggressively marketed prescription opioids as safe and effective for pain management. Driven by the overprescription of opioids and facilitated by pill mills, a surge in the availability of prescription opioids resulted in increasing rates of addiction, misuse, and overdose deaths. In 2014, as fatal opioid overdose rates continued to climb, the CDC added opioid overdose prevention to its list of top five public health challenges.¹ As regulatory measures tightened and individuals sought more and stronger quantities of opioids, there was a subsequent shift toward illicit alternatives, such as heroin and fentanyl, a synthetic opioid that is much more potent than heroin. This led to a rise in overdose deaths. In 2022, synthetic opioids such as fentanyl contributed to nearly 70% of overdose deaths.²

Many people are initially prescribed opioids or other substances to manage physical pain, but misuse can occur as a result of the desire to self-medicate emotional or psychological distress. Epidemiological factors, adverse child experiences, and cultural norms around opioids and other substances can also contribute to an individual's choice to use. Youth are especially vulnerable to opioid or other substance use because of peer pressure or a desire to fit in.^{3,4} Over time, individuals might continue to use opioids or other substances because they have developed physical or psychological dependence.^{5,6} Prolonged substance use can decrease an individual's quality of life by distorting their priorities and life choices. Opioid or other substance use disorder can cause mental and physical health, job performance, self-esteem, and relationships to suffer.

Common barriers to receiving opioid and substance use treatment include limited access to services, such as a shortage of treatment facilities or resources like specialized care for detox services or long-term rehabilitation; financial constraints and lack of insurance coverage; issues with access to reliable transportation; limited awareness and education about available treatment options and the recovery process; discrimination from the stigma of addiction; and the high frequency of co-occurring disorders, such as mental health issues alongside substance use disorder.

Communities that experience an increase in overdose rates often also see an increase in crime, social disintegration, and strains on health care and emergency services, as well as other severe social and economic consequences.^{8,9} This crisis has prompted a collaborative response by community organizations and local governments to mobilize for prevention, treatment, and recovery support. Thrive (formerly the Substance Awareness Center of Indian River County), in collaboration with the Community Advocacy Research and Evaluation Consulting Group (CARECG), conducted a multi-faceted needs assessment in Indian River County to understand the scale and pattern of use, contributing factors, consequences, and access or barriers to resources and services relating to opioid and substance use disorder.⁷

¹ Kolodny, A., Courtwright, D.T., Hwang, C.S., Kreiner, P., Eadie, J.L., Clark, T.W., & Alexander, G.C. (2016). "The prescription opioid and heroin crisis: a public health approach to an epidemic of addiction". *Annual Review of Public Health*, 36, 559-74. doi: 10.1146/annurev-publhealth-031914-122957.

² Centers for Disease Control. (2024). Overdose Prevention: Fentanyl. Retrieved November 1, 2024 from: <https://www.cdc.gov/overdose-prevention/about/fentanyl.html>

³ Kaplan, H.B., Martin, S.S., & Robbins, C. (1984). "Pathways to Adolescent Drug Use: Self-Derogation, Peer Influence, Weakening of Social Controls, and Early Substance Use". *Journal of Health and Social Behavior*, 25(3), 270-289. <https://doi.org/10.2307/2136425>

⁴ Shin, S., McDonald, S., & D. Conley. (2018). "Patterns of adverse childhood experiences and substance use among young adults: a latent class analysis". *Addictive Behaviors*, 78, 187-192. <https://doi.org/10.1016/j.addbeh.2017.11.020>

⁵ Avenevoli, S., Conway, K., & Merikangas, K. (2005). "Chapter 9 - Familial Risk Factors for Substance Use Disorders". *Psychology and the Family*, 167-192. <https://doi.org/10.1016/B978-008044449-9/50010-1>

⁶ Merikangas, K.R. and McClair, V.L. (2012). "Epidemiology of substance use disorders". *Human Genetics*, 131, 779-789. <https://doi.org/10.1007/s00439-012-1168-0>

⁷ Patel, K., Bunachita, S., Agarwal, A. A., Lyon, A., & Patel, U. K. (2021). "Opioid Use Disorder: Treatments and Barriers". *Cureus*, 13(2): e13173. doi: 10.7759/cureus.13173

⁸ Langabeer, J.R., Stotts, A.L., Bobrow, B. J., Wang, H. E., Chambers, K. A., Yatsco, A. J., Cardenas-Turanzas, M., & Champagne-Langabeer, T. (2021). "Prevalence and charges of opioid-related visits to U.S. emergency departments". *Drug & Alcohol Dependence*. 221, 108568. <https://doi.org/10.1016/j.drugaldep.2021.108568>

⁹ Maclean, J. C., Mallatt, J., Ruhm, C. J., & Simon, K. (2022). "The Opioid Crisis, Health, Healthcare, and Crime: A Review of Quasi-Experimental Economic Studies". *The ANNALS of the American Academy of Political and Social Science*, 703(1), 15-49. <https://doi.org/10.1177/00027162221149285>

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This collective effort has created a comprehensive foundation for understanding the community's needs and will guide our initiatives toward creating a healthier, safer future for all residents of Indian River County.



METHODOLOGY OF THE NEEDS ASSESSMENT

This report presents the findings from the comprehensive needs assessment focused on opioid and other substance use disorder within Indian River County, FL. The primary objective of this assessment was to evaluate the magnitude and extent of opioid and other substance use in the community, identify associated consequences, and examine contributing factors relevant to the community. Additionally, we sought to assess the availability and accessibility of community resources and treatment services addressing opioid and other substance use.

The learning questions used to guide the assessment were as follows:



What is the prevalence, severity, and emerging trends of opioid and substance use disorder, including alcohol and opioid misuse, within Indian River County?



What are the underlying factors contributing to opioid and substance use disorder, including the influence of physical and mental health conditions, trauma, and environmental or socioeconomic conditions?



What are the physical, emotional, and financial impacts of opioid and substance use disorder on individuals, their relationships with family and friends, and the broader community?



What is the current level of public awareness and access to services and resources for addressing opioid and substance use disorder in Indian River County, specifically in terms of availability, accessibility, accommodation, acceptability, and affordability?



What gaps exist in the available resources and services for people with lived experience of opioid and substance use disorder, their families, and community service providers in Indian River County?

To answer these questions, we employed a multi-faceted methodology that integrated both qualitative and quantitative data collection approaches. Integration of these diverse data collection methods allowed us to develop a comprehensive understanding of opioid and substance use disorder in Indian River County. This methodology also informed recommendations for enhancing treatment services and resource allocation to better serve those affected by opioid and other substance use. Findings can be used to help identify local strategies, guide new funding opportunities, and improve understanding for the community and local governments.

Detailed descriptions of each data collection method are provided below.

Public Data

The public data analysis component of this needs assessment involved a thorough review of accessible data sources relevant to Indian River County. Emphasizing the use of the most current data, we identified indicators that would provide a comprehensive understanding of substance use disorder, particularly opioid use disorder, in the community. Key indicators included demographic and household information, the impact of substance use on educational settings, social determinants of health, law enforcement statistics, substance use and overdose rates, and mental health data.

Descriptive statistics, including counts, percentages, and rates, were employed to summarize the findings. To enhance our understanding of trends, we conducted historical trend analysis where data were available and performed comparative analysis to juxtapose findings from the community needs assessment against broader county-level and state-level data when possible. Through this comprehensive public data analysis, we aimed to paint a detailed picture of the opioid and other substance use landscape in Indian River County, providing context to the findings from the community survey and interviews/focus groups.

Focus Groups and Interviews

To gather detailed qualitative insights and elevate the voices of those most affected by opioid and substance use disorder, Thrive worked with community partners to facilitate recruitment for participation in this phase of the assessment. Participants included people with lived experience, their family members, and direct service providers. People with lived experience were recruited from outpatient treatment programs, a women's and a men's jail, a behavioral health center, a day treatment group, and a homeless shelter.

The focus groups and interviews, which lasted between 1 – 1.5 hours, were conducted both in-person and virtually via Zoom between February and March 2024. Table 1 provides the number of focus group and interviews conducted and the total number of participants from each group. Overall, there were 22 focus groups and interviews conducted with 74 people with lived experience, 4 family members of people with lived experience, and 32 service providers.

Table 1. Characteristics of Focus Groups and Interview Participants		
Method	Sessions	Participants
People with Lived Experience and Family Members		
	N=13	N=78
People with Lived Experience Focus Groups	11	74
Family Members Focus Group	1	3
Family Member Interview	1	1
Community Service Providers		
	N=9	N=32
Executive Leaders Focus Group	2	8
Executive Leader Interview	1	1
Direct Service Providers Focus Groups	4	20
Law Enforcement Officers Focus Group	1	2
Law Enforcement Officer Interview	1	1
Total for People with lived experience, Family Members, and Direct Service Providers	N=22	N=110

Trained CARECG staff facilitated these sessions using a standardized protocol to ensure consistency and reliability. The questions for the focus groups and interviews were derived from the learning questions and developed collaboratively by Thrive and CARECG. Topics included patterns of opioid and other substance use, perceived causes of use, consequences of use, and access to resources and services.

Qualitative data from interviews and focus groups

Community Survey

Using the information from focus groups/interviews and public data analysis and the learning, Thrive and CARECG developed a community survey to gather more data on opioid and substance use in Indian River County. The community survey focused on perception of use relevance in the county, personal experiences with opioid and substance use, community impact of opioids and other substances, access to treatment services, stigma around use, support for recovery efforts, and priorities for community action.

The survey was designed to be anonymous and excluded any identifying information. The survey underwent a pilot test with people with lived experience and community service providers to ensure clarity and relevance. It was distributed community-wide in July

were analyzed using content analysis. Sessions were recorded, transcribed, and de-identified to ensure participant confidentiality. Trained staff categorized and summarized the data, identifying themes and interrelationships among responses. Additionally, direct quotes were pulled from transcripts and are highlighted throughout this report in order to amplify the voices of community members. This methodology allowed for rich, in-depth insights from people with lived experience, their families, and community service providers.

2024 through an electronic URL link and QR code, as well as in paper form by Thrive and its community partners. This approach allowed for broad participation across Indian River County. The survey was available in both English and Spanish, in order to reach out to the approximately 10% of Indian River County residents who speak Spanish at home.¹⁰

A total of 416 respondents completed the survey, surpassing the recommended sample size of 384. There was a 95% confidence interval with a 5% margin of error (based on the adult population of Indian River County, which is 136,318).¹¹ Descriptive statistics, including counts, percentages, and data visualizations, were used to summarize participant responses.

¹⁰ US Census Bureau. (2022). DP02 Selected Social Characteristics in the United States, American Community Survey 5-Year Estimates. Retrieved June 1, 2024 from: https://data.census.gov/table/ACSDP5Y2022.DP02?q=DP02&g=010XX00US_040XX00US12_050XX00US12061&moe=false

¹¹ US Census Bureau. (2022). DP05 Demographic and Housing Estimates, American Community Survey 5-Year Estimates. Retrieved June 1, 2024 from: https://data.census.gov/table/ACSDP5Y2022.DP05?q=DP05&g=010XX00US_040XX00US12_050XX00US12061

Limitations

When reviewing results of this community needs assessment, please recognize some limitations that may affect the ability to apply these findings to the entire Indian River County population. Gaps in existing public data may limit the ability to reflect current conditions and the reliance on self-reported data in focus groups/interviews and surveys can introduce bias, as participants may underreport or overreport their experiences due to stigma or social desirability. Furthermore, while the combination of qualitative and quantitative methods enriched the analysis, the variability in data collection timelines and participant demographics may affect the comparability of findings. Future assessments may benefit from longitudinal data collection to better understand trends over time.

Analysis Note

It is important to note that while CARECG aims to avoid the term “substance abuse” due to its stigmatizing connotations, we have preserved this language in direct quotes from participants to accurately reflect their expressions and in indicators pulled from existing public data sources. This approach ensures that the voices of those most impacted by opioid and substance use disorders are prioritized, highlighting the perspectives of people with lived experience, their families, and community service providers throughout the needs assessment.

CHARACTERISTICS OF PROJECT PARTICIPANTS

A total of 526 people from Indian River County participated in this project. Focus groups were conducted with 74 people with lived experience, 4 family members of people with lived experience, and 32 service providers. The community survey collected information from 416 Indian River County community members. Demographic characteristics of project participants and the overall composition of the Indian River County population are displayed in Table 2.

Among the 78 people with lived experience /families of people with lived experience focus group participants, 53% (n=41) were from outpatient treatment groups, and 10% (n=8) were from a day treatment group. Other participants came from special groups assembled for this purpose, including 13% (n=10) from a men's jail, 8% (n=6) from a women's jail, 6% (n=5) from a homeless shelter, and 5% (n=4) from a behavioral inpatient center. Four family members of people with lived experience (5%) participated in focus groups/interviews.

Service providers focus groups were comprised of direct service providers, law enforcement officials, and executive leaders of service agencies. Participants represented agencies and organizations offering mental health and substance treatment services, community

support services, law enforcement, and funders of behavioral health services.

The majority of participants identified as white (64-69%), followed by Black or African American individuals (14-18%). Less than 10% identified as Latino or Hispanic. Focus group participants were more likely to be male (59%), while survey respondents were predominantly female (56%). Only 1% of survey respondents had another gender identity and 3% preferred not to provide their gender. The most common age ranges for focus group participants were 45-55 years (22%), 35-44 years (22%), and 25-34 years (20%).

Compared to the overall population of Indian River County, there were more male participants in the focus group, but more females and people with other gender identities in the community survey respondents. There was a slightly larger representation from Black and African American residents in both the focus group and community survey, as compared to the county population, while Hispanic and Latino residents were slightly underrepresented. There was also greater representation from people under the age of 55 compared to the county population.



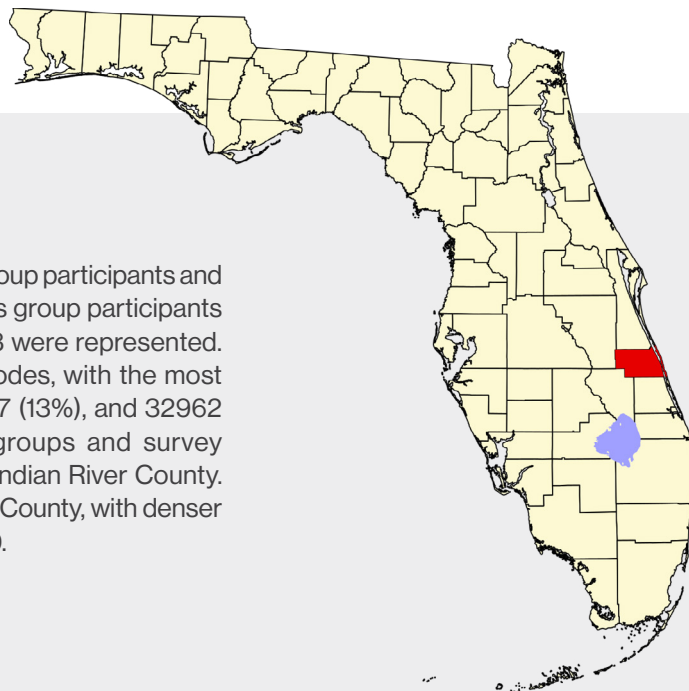
Table 2. Demographic Characteristics of Participants			
	Indian River County Population ¹²	People with Lived Experience Focus Group Participants	Community-Wide Survey Respondents
Total	160,986	78	416
Gender			
Female	50.7%	41%	56%
Male	48.1%	59%	40%
Other gender identities ¹³	1.2%	--	4%
Race / Ethnicity			
White / Caucasian	79.3%	69%	64%
Black / African American	8.2%	18%	14%
Hispanic / Latino	13.2%	9%	8%
Other race/ ethnicities	12.5%	4%	14%
Age			
19 years and under	16.9%	10.5% ¹⁴	1.3%
20 – 24 years	4.8%		4.9%
25 – 34 years	8.6%	19.7%	14.2%
35 – 44 years	9.4%	22.4%	21.7%
45 – 54 years	10.6%	22.4%	18.6%
55 – 64 years	15.8%	17.1%	23.0%
65 years+	33.9%	7.9%	16.3%

¹² U.S. Census Bureau. (2022). ACS Demographic and Housing Estimates. American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP05. Retrieved October 6, 2024, from <https://data.census.gov/table/ACSDP5Y2022.DP05?q=demographics%20indian%20river%20county%20FL>

¹³ The Williams Institute. UCLA School of Law. (2019). LGBT Demographic Data Interactive. LGBT Proportion of Population: Florida. Retrieved October 7, 2024, from <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#about-the-data>

¹⁴ Age categories for focus group participants were slightly different than the public data and survey. 10.5% of focus group participants were between ages 18-24 years. All other age categories aligned across the three methods.

The most common zip code represented by both focus group participants and survey respondents was 32960. Almost half of the focus group participants came from 32960, although all zip codes except 32963 were represented. Survey respondents also represented a range of zip codes, with the most common ones being 32960 (27%), 32958 (17%), 32967 (13%), and 32962 (11%). The geographical distribution of both focus groups and survey respondents aligns well with the population density of Indian River County. The general population is spread throughout Indian River County, with denser population in ZIP codes 32958, 32962, 32967, and 32960.



NEEDS ASSESSMENT FINDINGS

Scale and Patterns of Substance Use in Indian River County

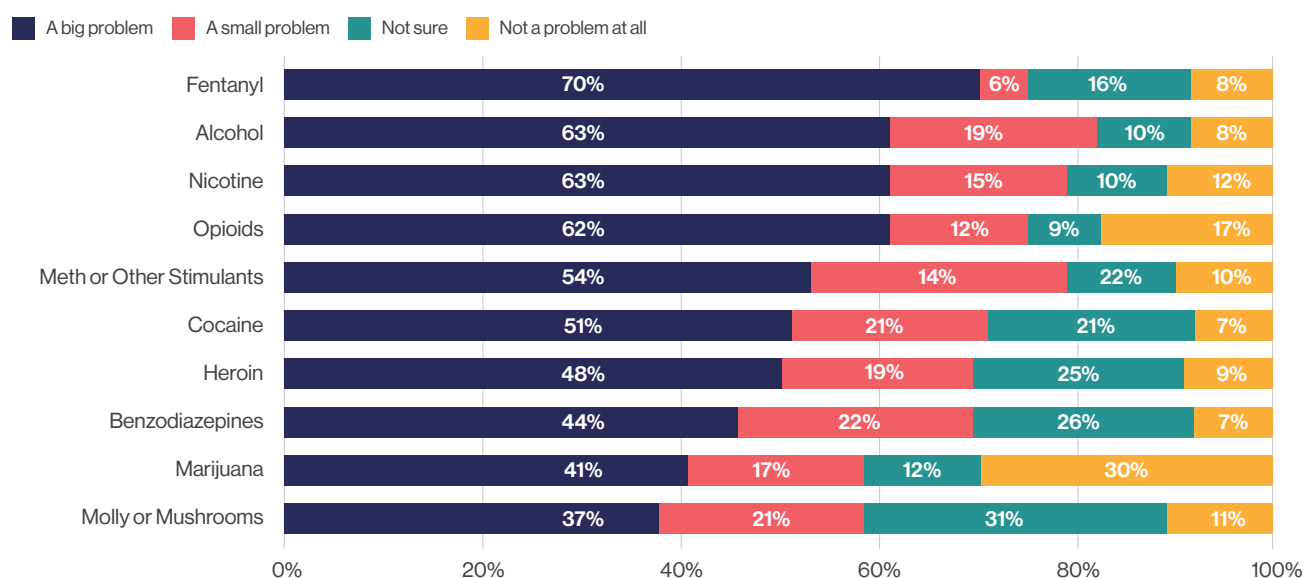
The findings from focus groups, community-wide surveys, and publicly available data indicate that opioid and other substance use in Indian River County is recognized as a widespread and serious issue, affecting various groups, including younger and older populations, veterans, and people experiencing homelessness. Focus group participants estimated that the percentage of people in Indian River County who struggle with opioid and substance use ranged from 10-80%, while 88% of community survey respondents said they know someone who has used opioids or other substances in a harmful way. Opioid and substance use disorder was described by focus group participants as “very common,” “normalized,” and affecting “everyone.” Law enforcement participants added that they deal with substance use “day in and day out.”

Both focus group participants and survey respondents identified **fentanyl, alcohol, nicotine, and methamphetamines** as major concerns in

Indian River County, which aligns with national trends showing increases in opioid-related issues.¹⁵ Seventy percent of survey respondents identified fentanyl as a “big problem” in Indian River County and over 60% said opioids, alcohol, and nicotine were also major issues in the county (Figure 1). Survey findings regarding use were similar to what was shared in focus groups, with respondents reporting misuse of alcohol (77%), nicotine (43%), and cocaine (38%), (Table 3).

Interestingly, 30% of survey respondents felt marijuana was “not a problem at all,” while one third of respondents who reported using substances in a harmful way said that they used marijuana. This highlights a divide in perception that aligns with recent findings on the normalization of marijuana use.¹⁶ Pew Research Center has conducted several surveys over the years showing a significant shift in public perception regarding marijuana. Their 2022 survey findings indicate that about 88% of Americans support legalizing marijuana in some form.¹⁷

Figure 1: Perception of Substance Use in Indian River County



¹⁵ CDC. (2021). Understanding the epidemic. Centers for Disease Control and Prevention. <https://archive.cdc.gov/#/details?q=https://www.cdc.gov/drugoverdose/epidemic/index.html&start=0&rows=10&url=https://www.cdc.gov/drugoverdose/epidemic/index.html>

¹⁶ Holliday, E. L., Brown, A. J., & Newberry, L. (2021). Normalization of marijuana use and its implications for public health. *Substance Use & Misuse*, 56(7), 998-1009.

¹⁷ <https://www.pewresearch.org/short-reads/2022/11/22/americans-overwhelmingly-say-marijuana-should-be-legal-for-medical-or-recreational-use/>

Table 3. Types of Substances Used in a Harmful Way	
Drug	Percent
Alcohol	77%
Nicotine/Tobacco products including vaping	43%
Cocaine	38%
Marijuana	32%
Methamphetamine or other stimulants (e.g., Adderall or Ritalin)	27%
Opioids (Percocet, Hydrocodone, Codeine)	26%
Benzodiazepines (e.g., Valium, Xanax, Klonopin)	22%
Heroin	20%
Fentanyl	16%

Youth substance use has also seen declines recently. The percentage of Indian River County youth who reported using alcohol in the past 30 days dropped from 15.9% in 2020 to 11.5% in 2022. Youth use of marijuana in Indian River County declined from 11.5% in 2020 to 6.7% in 2022. These decreases in youth substance use trends in Indian River County reflect a state-wide reduction in youth substance use as well.

However, overdose deaths have risen in Indian River County between 2021 and 2022 (Table 4). The age-adjusted death rate increased from 42.0 to 43.5 for drug overdoses and from 33.0 to 37.0 for opioid overdoses. Statewide, there have been decreases in both death rates during the same time period.

Table 4. Overdose Indicators, 2021-2022 ¹⁸				
	Indian River County		Florida	
	2021	2022	2021	2022
Drug Overdose Annual Age-Adjusted Death Rate, per 100,000	42.0	43.5	38.5	35.9
Opioid Overdose Annual Age-Adjusted Death Rate, per 100,000	33.0	37.0	31.2	29.0

¹⁸ Florida Department of Health, 2024. Substance Use Dashboard.

Additional details on substance use trends in Indian River County and Florida can be found in Appendix A.



Factors Contributing to Opioid and Substance Use

Research on opioid and other substance use has identified several common factors contributing to substance use, including mental illness, peer and family influence, stress, lack of social connections, and local environment.^{19,20} Findings from the focus group and community survey echo these contributing factors, which can be categorized into three distinct groups: Individual-level, social- and family-level, and community-level. Together, these perspectives underline the complex and interconnected causes of substance use in Indian River County, driven by individual struggles, social influences, and broader community challenges. Each of these levels of contributing factors are explored below, along with examples from Indian River County and Florida public data. Additional public data indicators relating to factors contributing to opioid and substance use are provided in Appendix B.

Individual-Level Factors

Participants in focus groups emphasized that many individuals resort to opioid and other substance use as a means to cope with trauma, stress, and pain. One service provider shared that “lots of people that are admitted to our facility have comorbid substance use problems with their mental health illness.” People with lived experience noted that self-medication often occurs in the absence of adequate mental health support. Service providers echoed this sentiment, stating that youth face “trauma after trauma,” leading to feelings of hopelessness and a reliance on substances for “instant relief.” This aligns with national trends indicating that trauma and mental health

issues play a role in opioid and substance use disorders. Mental health issues can serve as a driving factor to use substances, but also appear a result of substance use.²¹

Findings from the community survey mirrored the impact of individual-level factors on substance use, with 77% of respondents who said they have misused substances identifying **coping with stress, trauma, or pain** as the primary cause of their misuse. The second most common reason, cited by 66% of respondents who have misused substances, was **self-medication** (Table 5).

Table 5. Reasons for Using Substances in a Harmful Way

Coping with stress, trauma, or pain	77%
Self-medicating for depression or anxiety	66%
Curiosity about trying it or seeing what it feels like	36%
Easy access to substances	33%
Passing time or dealing with boredom	33%
Growing up in a family where substance use was common	32%
Peer pressure to fit in or be accepted	22%

¹⁹ Trucco, E. M. (2020). A review of psychosocial factors linked to adolescent substance use. *Pharmacology Biochemistry and Behavior*, 196, 172969.

²⁰ Buckley, P. F. (2006). Prevalence and consequences of the dual diagnosis of substance abuse and severe mental illness. *Journal of Clinical Psychiatry*, 67, 5.

²¹ <https://www.samhsa.gov/mental-health/mental-health-substance-use-co-occurring-disorders>



Public data on mental health symptoms, related hospitalizations, and deaths from suicide showed mental health struggles among individuals in Indian River County, with a considerable percentage of youth experiencing adverse childhood experiences (ACEs), bullying, and mental health issues. About 15% of Indian River County adults reported that their mental health was “not good” for more than 14 days and 46% of youth said they have felt depressed or sad on “most” days. Additionally, 26% of youth have experienced 4+ ACEs in their lifetime, which is 5% more than the state overall. Bullying is also more frequently reported in Indian River County, with 64% of Indian River County youth having been bullied compared to 58% of Florida youth.^{22,23}

²² County Health Rankings and Roadmaps (2024) Accessed June 11, 2024 from: <https://www.countyhealthrankings.org/health-data/florida/indian-river?year=2024>

²³ Florida Department of Health, 2024. Florida Youth Substance Abuse Survey. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SurveyData.FYSAS.Dataviewer>

While Indian River County had lower rates of non-fatal self-harm hospitalizations, with 26.8 per 100,000 compared to Florida's 34.8 per 100,000, deaths from suicide were higher in Indian River County, at 25.1 per 100,000 versus Florida's 17.2 per 100,000. There were also notable differences by race and ethnicity, with higher rates per 100,000 among White residents at 15.8, compared to Hispanic White residents at 14.1 and Black residents at 5.6. While the rates are higher in Indian River County, the trends mirror what is seen in Florida overall.¹⁷

Social and Family-Level Factors

The normalization of substance use within families and social circles was a recurring theme in the focus groups with both people with lived experience and service providers. People with lived experience described growing up in environments where substance use was commonplace, stating, “It becomes a tattoo in your brain when it is witnessed frequently.” Peer pressure also plays a critical role, particularly among younger individuals, further compounded by a societal acceptance of alcohol consumption. Service providers highlighted that alcohol use is “greatly accepted everywhere,” allowing individuals to function despite their substance use, thereby minimizing perceived consequences. Nationally, studies show that social influences, including peer behavior and familial attitudes, significantly impact substance use patterns.^{24,25} A review of the public data relating to individual-level factors found that 36% of high school youth in Indian River County experienced mental illness in their household and 34% experienced harmful substance use in their household,

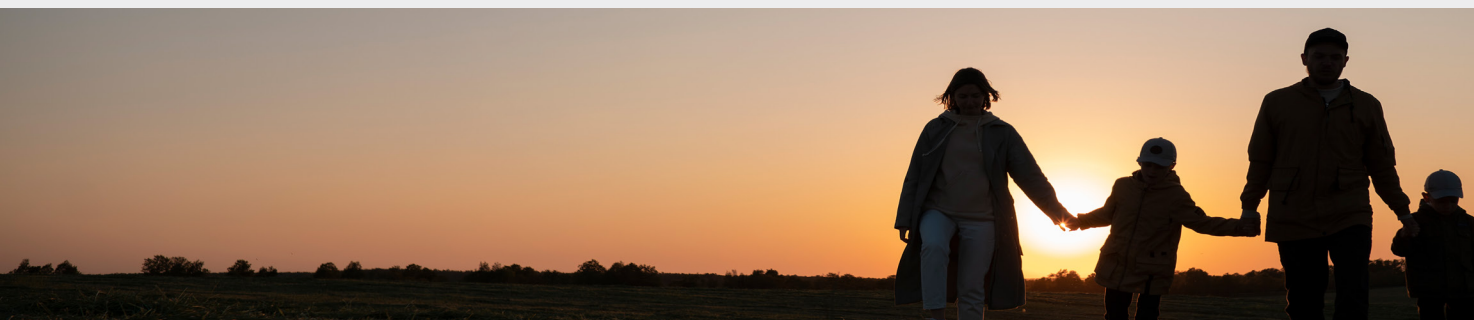
both of which are slightly higher percentages than statewide.

A positive trend that has been observed in both Indian River County and Florida is that both peer disapproval of youth substance use and youth perception of harm has increased from 2020 to 2022.²⁶ Specifically, more youth are perceiving that their peers disapprove of alcohol, marijuana, and nicotine use, which has been shown to positively influence substance use behavior, and more youth are perceiving a “great risk” of harm to use substances such as alcohol, nicotine, marijuana, and prescription drug misuse. However, it is important to note that youth perception of harm for using marijuana still below 50%. In 2022, only 48.5% of youth perceived that vaping marijuana is a great risk, 40.1% perceived using marijuana once or twice a week is a great risk, and 26.7% perceived that trying marijuana once or twice is a great risk.

²⁴ Watts, L.L., Hamza, E.A., Bedewy, D.A. et al. A meta-analysis study on peer influence and adolescent substance use. *Curr Psychol* 43, 3866–3881 (2024). <https://doi.org/10.1007/s12144-023-04944-z>

²⁵ Trucco, E. M. (2020). A review of psychosocial factors linked to adolescent substance use. *Pharmacology Biochemistry and Behavior*, 196, 172969. <https://www.sciencedirect.com/science/article/abs/pii/S0091305720301830?via%3Dihub>

²⁶ Florida Department of Health, 2024. Florida Youth Substance Abuse Survey. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SurveyData.FYSAS.Dataviewer>



Community-Level Factors

At a broader level, many focus group participants described Indian River County as a place where substance use is widespread, partly due to boredom and a lack of engaging alternative activities. One person with lived experience participant remarked, “There’s literally nothing else to do in this town.” Service providers highlighted that isolation is a common issue within Indian River County, which they believe is worsened by homelessness, a lack of affordable housing, and limited access to mental health care. They felt these factors all contribute to increasing substance use issues.

Public data indicators from Indian River County and Florida, including those on economic outlook, opioid prescriptions, access to other substances, and housing costs have highlighted some community-level factors that contribute to opioid and substance use. Indian River County’s median household income in 2022 was \$67,543, which is comparable to Florida’s, but poverty rates for individuals aged 18-64 in Indian River County were slightly higher than in Florida (13% vs. 12%). Indian River County also had a lower percentage of uninsured residents than the state (11% vs. 12%).²⁷ ALICE (Asset Limited, Income Constrained, Employed)²⁸ data from Indian River County in 2022 showed that 20% of available housing in Indian River County is in the form of renter occupied housing units (compared to owner occupied). Housing costs are 30%+ of income for 22% of homeowners and 50% of renters.²⁹

Access to opioids and other substances is another community-level factor contributing to substance use in Indian River County. Both people with lived experience and service providers agreed that accessing drugs in the county is remarkably easy, whether through social networks, local connections, or online platforms. Focus group participants reported that drugs are “everywhere” and “just a phone call away,” with specific neighborhoods identified as hotspots. Environments

like arcades, small bars, convenience stores, and gambling dens were also mentioned as locations where substances can easily be found. Some people with lived experience acknowledged that access depends on one’s social network, with one explaining, “if you know the right circles of people, you can get what you want.” Additionally, in 2023, Indian River County prescribers were dispensing 34.2 opioids, on average, with about 4 opioid prescriptions being dispensed per patient.³⁰

Service providers echoed these observations, emphasizing geographical factors as significant contributors. A provider noted that Indian River County’s proximity to major transportation routes like I-95 facilitates the movement of drugs, especially methamphetamine. Additionally, online platforms and the Dark Web were cited as sources for drugs, with some reports of fentanyl being ordered online and delivered within two days.

Local drug networks were also highlighted as playing a crucial role in easy access. A manager of direct services described what they felt seemed like an “open air drug market,” where people can buy drugs at a corner store or have them delivered like an Uber. Another provider remarked, “I have kids in junior high and high school that can get whatever they want in minutes.” A law enforcement officer noted that drug access in Indian River County is similar to other counties: “If you want them, you can find them.” However, they also emphasized that access alone does not drive substance use. Youth data from the 2022 Florida Youth Substance Abuse Survey showed that 46.4% of Indian River County high school youth got alcohol from someone they knew and 16.3% took it from a family member. Survey data also showed that county youth are typically using alcohol in their homes, with 58.0% saying they usually drank alcohol in their home and 26.7% saying they usually drank alcohol in another person’s home.³¹

²⁷ US Census Bureau (2022). DP03 Selected Economic Characteristics, American Community Survey 5-Year Estimates. Retrieved May 30, 2024 from: <https://data.census.gov/table/ACSDP5Y2022>.

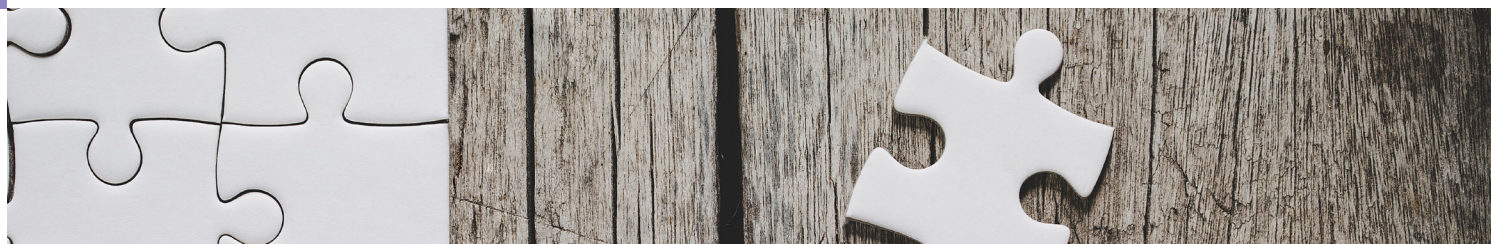
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²⁸ ALICE (Asset Limited, Income Constrained, Employed) households are defined as households that earn more than the Federal Poverty Level, but less than the basic cost of living for a county, meaning that they cannot afford the essentials like housing, child care, food, transportation, healthcare, and a basic smartphone plan, despite being employed.

²⁹ Indian River Indicators (2024). Accessed October 2, 2024 from <https://dashboards.mysidewalk.com/indian-river-cna/adult-senior-housing-safety>

³⁰ Florida Department of Health, 2024. Florida Substance Use Dashboards, Prescriptions and Treatment: <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.SubstanceUseandTreatment>

³¹ Florida Youth Substance Abuse Survey (2022). Data tables accessed on November 1, 2024 from <https://www.myflfamilies.com/sites/default/files/2022-12/Indian%20River.pdf>



Community Attitudes Towards People with Opioid and Substance Use Disorder

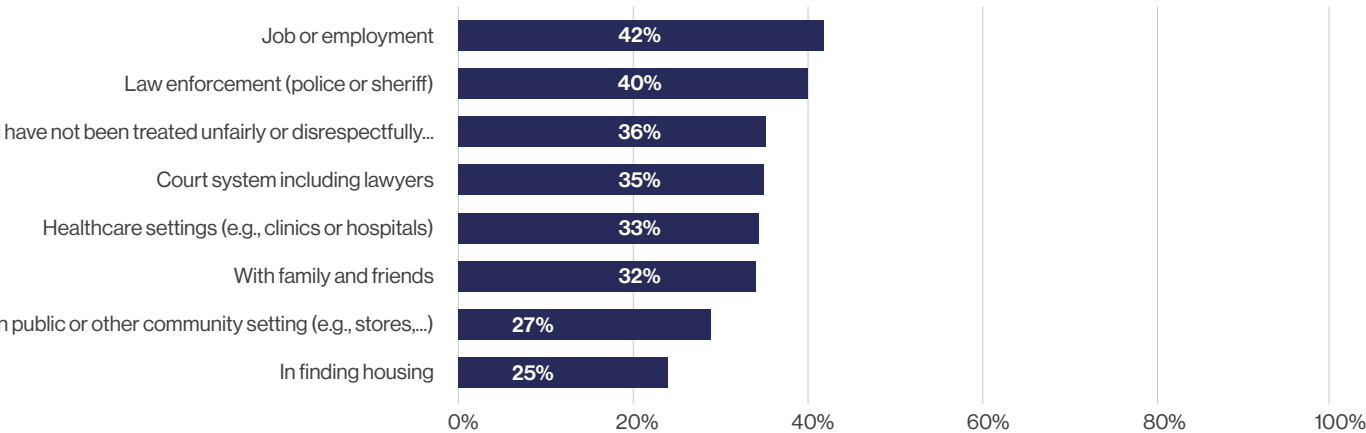
The experiences of people with lived experience reveal a complex landscape of both negative and positive interactions with service providers, law enforcement officials, and the broader community. These contrasting experiences underscore the ongoing challenges and opportunities for fostering understanding and empathy in the community. Participants emphasized the need for more empathetic service providers, enhanced education for law enforcement, and community-wide initiatives to combat stigma.

Negative Experiences

People with lived experience recounted negative interactions with service providers at times, describing moments when they felt mistreated, belittled, or dehumanized. Many reported being labeled as “low priority” or “too difficult to help,” and even after achieving sobriety, they often felt they continued to be treated with disdain. Participants also expressed feelings of stigmatization from law enforcement and local business owners. They shared experiences of being unfairly targeted, particularly when walking with backpacks, and highlighted the disproportionately high incarceration rates for drug-related offenses. One participant expressed frustration, saying, “We’re often seen as less than human—subhuman, even.”

Results from the community survey supported the focus group findings relating to negative experiences. Almost 80% of all respondents viewed stigma related to substance use as a “big” or “moderate” problem in Indian River County. Of the respondents who answered a question about being treated unfairly or disrespectfully because of their substance misuse, only 36% said they had not experienced stigma. Those who did experience stigma said that it commonly happened in their workplace (42%), during interactions with law enforcement (40%), and within the court system (35%) (Figure 2).

Figure 2. In which of the following situations have you been treated unfairly or disrespectfully because of your substance use?



Positive Experiences

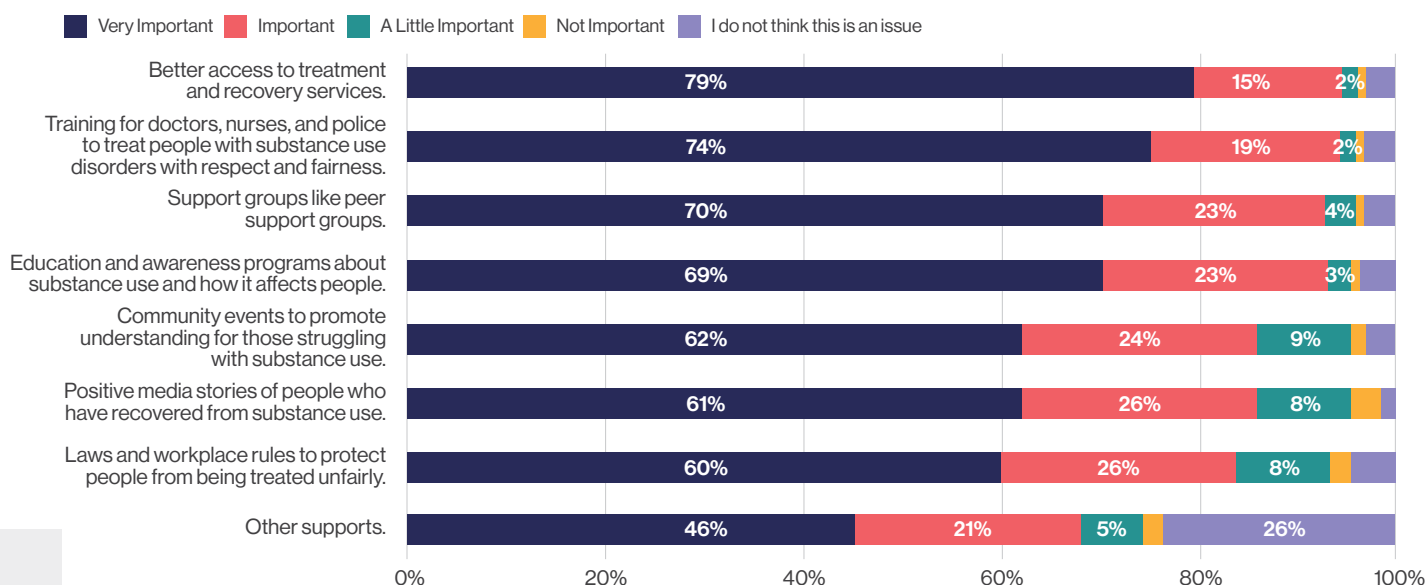
Conversely, people with lived experience also described some positive experiences within the community. They generally felt that people from younger generations tend to be more accepting of individuals struggling with substance use, contributing to a reduction in stigma. As substance use is increasingly recognized as a medical disorder, many people with lived experience have had more positive experiences with service providers. Participants specifically praised some local organizations for their respectful and compassionate approach. One participant remarked, “At [Thrive (formerly Substance Awareness Center)], they didn’t judge me. They showed that they were here to help me become a better person.”

Recommendations for Improving Perceptions

To enhance perceptions of individuals with substance use disorders, people with lived experience offered several recommendations. They advocated for changes in hiring practices to prioritize lived experience, emphasizing that those who have not experienced addiction may struggle to relate: “Someone who’s never had the disease can’t relate at all,” noted one participant. Additionally, they recommended formal education and training for law enforcement to foster greater sensitivity and support for people with opioid and substance use disorders.

Community survey respondents provided strong support for several initiatives aimed at reducing stigma and unfair treatment of people who use opioids and other substances. For example, the majority of respondents said better access to treatment and recovery, training for doctors, nurses, and police, and support groups, among other things, are all “very important” in helping to end stigma (Figure 3).

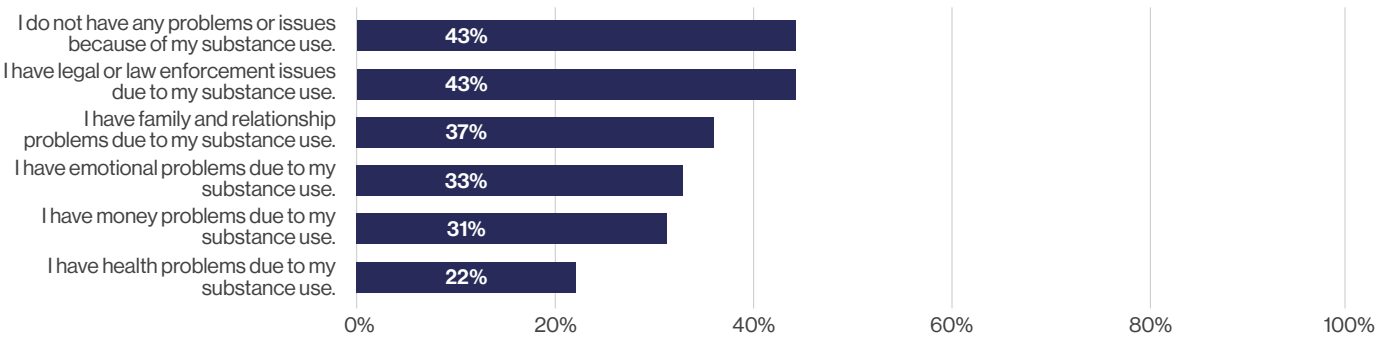
Figure 3. To help stop people who use substances in a harmful way from being treated unfairly or disrespectfully, how important is it for the Indian River County community to provide:



Harmful Effects of Substance Use

The need assessment revealed noteworthy harmful effects of opioid and other substance use on individuals, families, and the community, reflecting a deeply impactful crisis. Opioid and other substance use affect individuals' physical and mental health, strain families, and burden the community with increased crime, homelessness, and economic challenges. The county faces growing struggles with opioid-related deaths and rising juvenile drug offenses, as well as increasing fatalities from substance-involved traffic crashes. Figure 4 provides an overview of community survey respondents' perceived consequences of their own substance use and the following sections highlight findings from survey respondents, focus group participants, and public data. Detailed public data trends can be found in Appendix C.

Figure 4. Consequences of Substance Use (n=239)



Effects on Individuals

Individuals in the focus groups described a profound personal toll inflicted by substance misuse. Many spoke about how their misuse of opioids and other substances led to a deterioration in their physical and mental health, with comments highlighting neglect of responsibilities and lifestyle changes. One participant reflected, “You start to neglect family, responsibility, life, hygiene, work... Not to mention what it does to the body.” Such experiences often create a vicious cycle, where impaired judgment perpetuates a downward spiral of substance use, as captured in the repetitive behaviors described: “go to bar, obtain drugs, repeat.”

The most common negative result of substance use for community survey respondents was **legal or law enforcement issues**, which was experienced by 43% of respondents who answered the question. Public data reveals that there has been a decline in adult drug arrests in Indian River County between 2021 and 2022, but a significant rise in juvenile drug arrests during this same period. For example, adult arrest rates per 100,000 in Indian River County declined from 423.4 to 383.4, but juvenile arrest rates per 100,000 in Indian River County rose sharply from 111.4 to 233.2.³² This trend contrasts with an overall increase in drug arrests statewide.

The impact of substance use on **mental health** is troubling, with participants citing heightened feelings of anxiety, guilt, and depression that only worsen as substance use continues. As one individual articulated, “When you come down, the feelings are just so devastating... it’s a vicious cycle.” One third of community survey respondents who answered the question about consequences of their substance use reported emotional problems and 22% reported other health issues. **Physical health consequences** cited by focus group participants included infections, high blood pressure, and organ damage. County-level data on hospital visits in from 2021-2022 showed a decline in non-fatal emergency department visits and hospitalizations for all drugs, opioids, heroin, and stimulants, which reflects a similar trend across Florida overall. However, Indian River County data on opioid and all drug overdose death rates per 100k increased from 2021 to 2022, while Florida rates decreased (Table 6).

Related to physical health impacts, Indian River County saw reductions in alcohol and drug-confirmed crashes and injuries from 2021-2022, but experienced a notable increase in fatalities from crashes involving both alcohol and drugs. These statistics indicate that Indian River County is experiencing worsening trends when it comes to the most serious consequences of opioid and other substance use.

Table 6. Age Adjusted Overdose Death Rates per 100k ³³		
	2021	2022
Opioids		
Indian River County	33.0	37.0
Florida	31.2	29.0
All drugs		
Indian River County	42.0	43.5
Florida	38.5	35.9

³² Florida Department of Health, Drug Arrests, Rates per 100,000 population. (2022). <https://www.flhealthcharts.gov/Charts/SearchResult.aspx>

³³ Florida Department of Health, 2024. Substance Use Dashboard. <https://www.flhealthcharts.gov/Charts/Dashboards/rdPage.aspx?rdReport=SubstanceUse.SubstanceUseandTreatment>

Finally, the financial burden compounds these issues, with many people with lived experience facing job loss and significant debt as they struggle to maintain their lives amid their substance use. Almost one third of survey respondents who answered this question reported financial problems due to their substance use. One people with lived experience focus group participant described, “For a first-time crack user, it’s like winning the lottery. After that, you’re broke.”

Effects on Families

Families are not spared from these consequences; instead, they often bear the brunt of the fallout. Thirty seven percent of survey respondents who answered the question about consequences reported having issues with their family and relationships as a result of their substance use. Focus group participants reported experiences of divorce, loss of custody, and an erosion of trust. One family member lamented, “Addicts steal from their families sometimes... you just lose all trust.” The emotional toll is substantial, with the threat of overdose instilling constant anxiety. As one parent expressed, “I have a lot of anxiety and stress... thinking, oh my God, he’s gonna be dead.” Participants spoke of how children of those with opioid or substance use disorder faced neglect and instability, which can lead to involvement from child services and long-term mental health challenges.



Effects on the Community

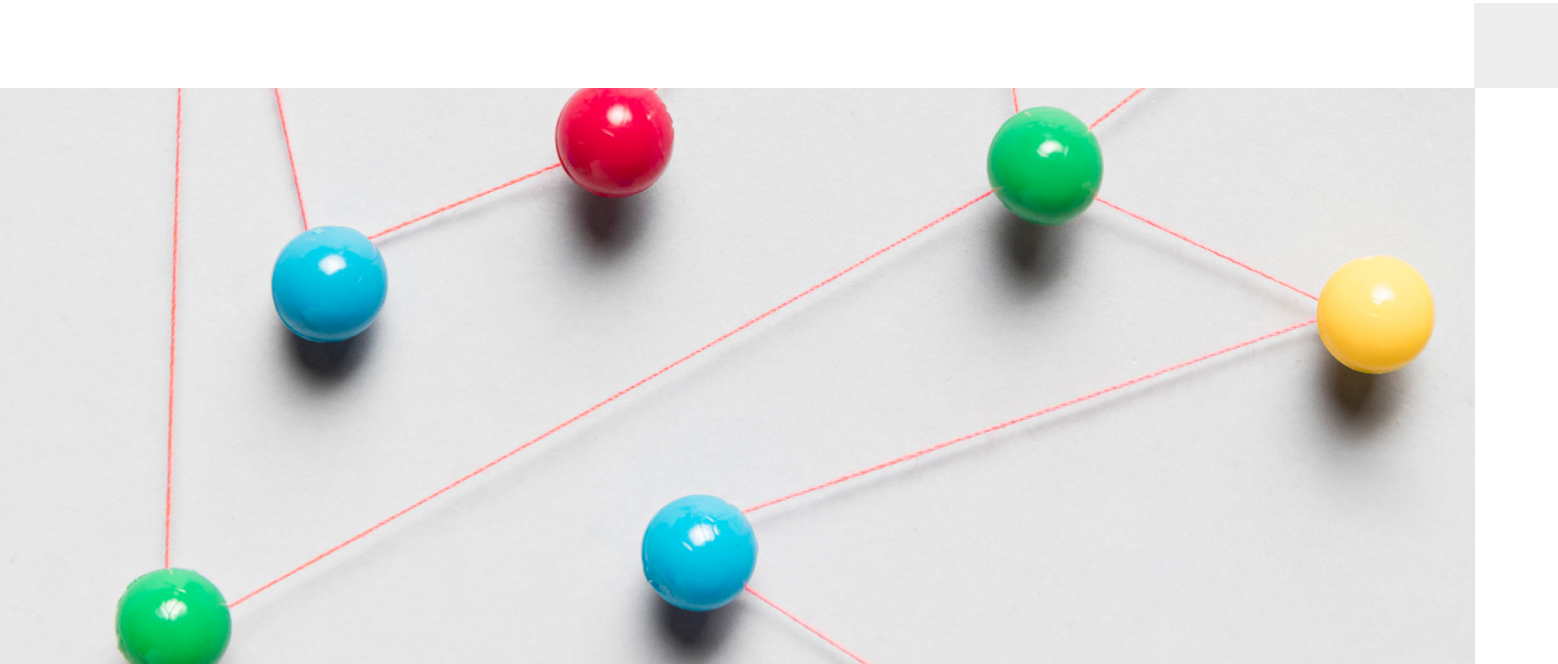
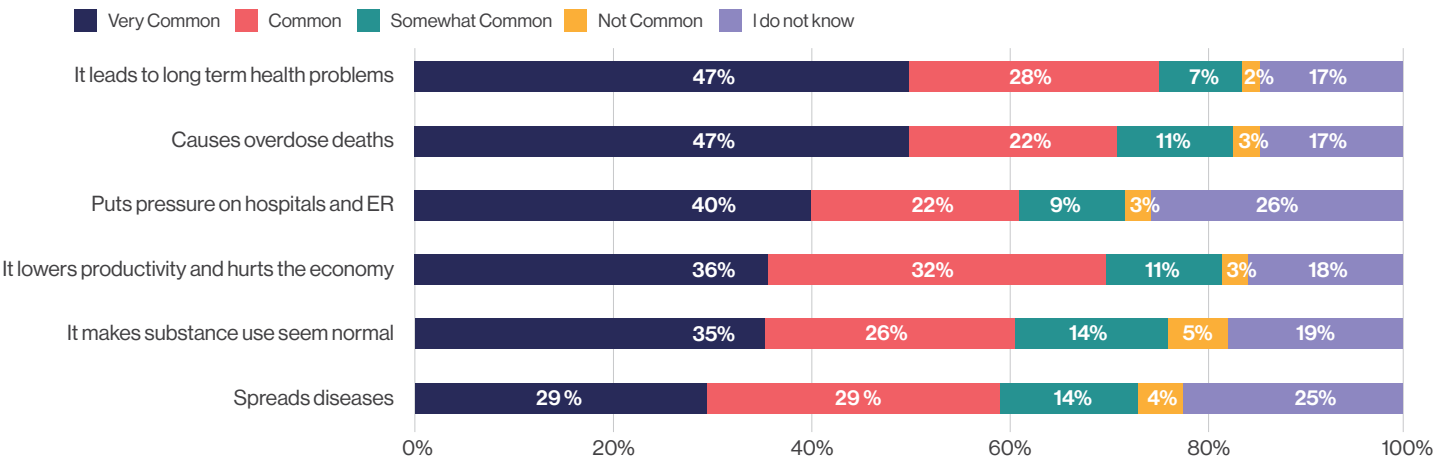
In addition to these personal effects of opioid and other substance use, both people with lived experience and service providers highlighted the impact of substance use on the overall community’s quality of life and economy. In neighborhoods where use is prevalent, residents have faced rising crime, violence, and homelessness. Service providers shared their impression that small businesses struggled with theft and loitering, which they felt not only made it difficult for businesses to thrive but also contributed to vacant storefronts and declining property values.

Opioid and other substance use has also burdened healthcare systems and law enforcement in Indian River County. One service provider expressed concern, stating, “When you have more people in the population

than beds available in a treatment facility, you have a problem.” Public health and safety was another challenge, with one local service provider remarked, “It’s disheartening... you go and see needles on the ground [in neighborhoods].”

The community’s perception of substance use’s harmful effects aligns with the experiences shared in focus groups. Nearly half of all survey respondents (48%) said that increased crime and police activity is “very common” in Indian River County because of substance use, while 40% said it’s very common for substance use to put pressure on local hospitals and ERs and 36% said it’s very common for substance use to lower productivity and hurt the local economy (Figure 5).

Figure 5. How often do these harmful effects of substance use happen in the Indian River County community?



Access to Treatments for Opioid and Substance Use

Focus group participants stressed that awareness is only part of the solution—willingness, readiness, motivation, and ability to access services are crucial for seeking help. As one participant stated, “I’ve been in and out of these places for decades... until you are ready to stop, you are not gonna stop.” Similarly, 72% of community survey respondents cited not wanting to get treatment as a possible reason for someone not accessing services for their opioid or other substance use.

Access to treatment in Indian River County was a common theme across focus groups and survey results. Of the survey respondents who reported seeking treatment, 32% attended support groups, 29% attended individual therapy, and 9% reported attending family therapy. Common reasons for seeking treatment included deciding to get help on their own (43%), getting incarcerated or arrested (35%), being told by family members or friends (28%), and experiencing an overdose (12%). Some respondents cited reasons such as losing friends and family or being exhausted from ongoing problems.

Barriers and Challenges to Accessing Services

However, there are many barriers that stand in the way of Indian River County residents who want to get help for their substance use. Both people with lived experience and service providers identified overlapping barriers in accessing treatment, including financial constraints, transportation limitations, lack of childcare, and legal complications. Additionally, the shortages of service providers, detox/inpatient facilities, and intake centers further complicates recovery efforts. In 2023, Indian River County had one mental health provider for every 600 people, while Florida had a ratio of 1:490. There is a pronounced need for more case management services, long-term recovery support, and intensive treatment options to better address the needs of individuals with severe opioid and substance use disorders. These barriers highlight the necessity for systemic changes in how services are structured and accessed in Indian River County.

The community survey provided insight into reasons why people may not get help for their opioid or other substance use (Table 7). The most common reasons that survey respondents believed would prevent people from seeking help were financial barriers (80%), no desire to get treatment (72%), and lack of transportation (63%). The common barriers that emerged from focus groups and surveys are discussed in more detail below.

Table 7. Reasons Why People Might Not Get Help to Stop Using Substances			
	Reason	Count	Percent
	Financial barriers (e.g., it is too expensive, no insurance, or insurance doesn't pay enough)	320	80%
	Don't want to get help or treatment	286	72%
	Need transportation	253	63%
	Cannot find a program with open appointments or there is always a waitlist	236	59%
	Lack of detox programs and inpatient rehab facilities	232	58%
	Location or distance of the treatment center or facility	223	56%
	Need childcare	209	52%
	Inconsistent information on available services	176	44%
	Worried information won't be kept private	176	44%
	Might be forced to stay in rehab or treatment	153	38%
	Frequent changes in service providers force patients to restart with new providers	150	38%
	People might say hurtful things or be disrespectful	146	37%

Financial and Insurance Barriers

Both people with lived experience and service provider focus groups highlighted affordability as a significant barrier to accessing treatment, with 80% of community survey respondents citing it as the most common reason people do not seek help for their opioid or other substance use disorders. ALICE (Asset Limited, Income Constrained, Employed)³⁴ data from Indian River County in 2022 revealed a median household income of \$67,407, nearly \$2,000 lower than the state average. Indian River County also has a lower labor force participation rate (49% compared to 60% for the state), but similar percentages of ALICE households and households in poverty compared to Florida overall. The age group with the largest percentage of people below ALICE thresholds were those under 25 years old (87%) and 25-44 year olds (51%).³⁵ In terms of housing, 20% of available housing in Indian River County is in the form of renter occupied housing units (compared to owner occupied). Housing costs are 30%+ of income for 22% of homeowners and 50% of renters.³⁶

The lack of free or sliding-scale services, along with the high costs of private-pay treatment centers, poses major obstacles for those attempting to access recovery services. These challenges are further exacerbated by insurance gaps and difficulties with co-payments. Approximately 17% of Indian River County residents were uninsured in 2021³⁷ and, in 2019, 13% reported that they could not see a doctor in the past year due to cost,³⁸ which contributes to limited access to healthcare and substance use disorder services. Service providers noted that distrust of federally funded services—often more accessible to uninsured and underinsured individuals—and a lack of awareness regarding insurance options also hindered people from seeking necessary support.

³⁴ ALICE (Asset Limited, Income Constrained, Employed) households are defined as households that earn more than the Federal Poverty Level, but less than the basic cost of living for a county, meaning that they cannot afford the essentials like housing, child care, food, transportation, healthcare, and a basic smartphone plan, despite being employed.

³⁵ United for Alice, 2024. Research Center: Florida. <https://www.unitedforalice.org/county-reports-mobile/florida>

³⁶ Indian River Indicators (2024). Accessed October 2, 2024 from <https://dashboards.mysidewalk.com/indian-river-cna/adult-senior-housing-safety>

³⁷ County Health Rankings and Roadmaps (2024). Accessed June 11, 2024 from <https://www.countyhealthrankings.org/health-data/florida/indian-river?year=2024>

³⁸ Florida Department of Health, 2024. Behavioral Risk Factor Surveillance System (BRFSS) Dashboard <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=BRFSS.Dataviewer&bid=0013>

Transportation Limitations

Focus group participants highlighted the widespread transportation challenges in Indian River County, particularly in rural areas. In fact, 63% of community survey respondents identified transportation issues as a barrier preventing people from seeking treatment for opioid and other substance use disorders, and county data reveals that 26% of Indian River County residents need to commute more than 30 minutes each way to work.³⁹ Public transportation, though free, was described as infrequent and unreliable, with only 0.9% of workers aged 16 and older using it for their daily commute.⁴⁰ One provider noted, “For most patients, even if they live just 5 or 6 miles away, it can take up to 90 minutes by bus to reach our facility.” Additionally, focus group participants pointed out that most services are concentrated in central and southern Indian River County, making access particularly challenging for residents in the north, some of whom reported travel times of up to two hours.

³⁹ County Health Rankings and Roadmaps (2024) Accessed June 11, 2024 from: <https://www.countyhealthrankings.org/health-data/florida/indian-river?year=2024>

⁴⁰ US Census Bureau. (2023). S0801 Commuting Characteristics by Sex, American Community Survey 1-Year Estimates. Retrieved June 1, 2024 from: <https://data.census.gov/table?q=Commuting&g=050XX00US12061120611400000>

Childcare Issues

Gender disparities, particularly following the closure of the women's sober living house, create additional barriers for Indian River County women seeking treatment. Many mothers are hesitant to pursue help due to concerns about childcare or fears of involvement by the Department of Children and Families (DCF). Childcare options in the county are both scarce and costly. There are only eight childcare centers in Indian River County for every 1,000 children under age 5, which is slightly above the state rate, but still not enough to meet the needs of all families. In 2022, the average household in the county spent 21% of its income on childcare for two children.⁴¹

Service providers have noted that the lack of childcare is a major obstacle for accessing treatment services. One provider remarked that patients often express reluctance for their children to see them undergoing substance use treatment. As a result, some patients opt out of treatment because they cannot find or afford childcare services. As a service provider stated, “[Patients] have to come daily, and patients don’t have someone to care for their children. [They] don’t want their kids to witness that.”

⁴¹ County Health Rankings and Roadmaps (2024) Accessed June 11, 2024 from: <https://www.countyhealthrankings.org/health-data/florida/indian-river?year=2024>

Gaps in Services, including Service Availability and Appointment Limitations

Focus group participants and community survey respondents identified several gaps in services, including the limited availability of substance use treatment services and long waitlists. Many service providers have restricted hours, particularly during evenings and weekends, which further complicates access for those in need. Focus group participants shared that the prolonged wait for affordable housing, sober living arrangements, or treatment programs often leads to relapse. One family member expressed frustration, stating, “That 30-day wait is forever.” Another family member highlighted the urgency, saying, “Before that 30 days [on a waitlist] was up, she was gone. If they could have taken her right in, maybe we wouldn’t

even be having this conversation right now. That’s how fast she went from being willing to seek help because she thought that was great. But just within that short timeframe...to an addict, that 30-day wait is forever.” Service providers echoed these sentiments, noting that the shortage of providers and lack of weekend services worsen the situation. As one provider put it, “We need more providers and opportunities; we can’t have 3-week wait times when someone is in crisis now.”

The other gaps in services that were highlighted in findings from the focus groups, community survey, and public data were found in the following areas:



Case Management: Participants have seen a shortage of case management services and they emphasized the importance of case managers for resource access and recovery support.



Mental Health Support: Participants said that there is a pressing need for increased mental health services, including peer mentoring and therapy, to complement existing programs like Alcoholics Anonymous (AA).



Detox and Inpatient Facilities: Both groups pointed to a lack of detox and inpatient rehab facilities. Delays in accessing detox services can hinder essential care. They felt that community opposition to new centers, often stemming from fears of increased crime, hampers expansion efforts.



Intake Facilities: Service providers stressed the necessity for dedicated intake facilities for people experiencing mental health and substance use issues. A law enforcement officer suggested repurposing vacant buildings to provide beds and triage services for individuals in crisis.



Improved Continuum of Care: Many participants criticized the short duration of detox programs, advocating for more comprehensive, long-term services. One participant remarked, “After you detox, they kick you out back on the street.” Similarly, a service provider admitted, “We don’t have good recovery and substance use services. We can detox and educate but our patients are only there for 10 days [and] recovery doesn’t happen overnight.”



Intensive Services: Outpatient programs were deemed insufficient for individuals requiring more structured environments. Family members raised concerns about the ease with which individuals can leave facilities, contributing to relapses. One family member noted, “I know for a fact: you put my daughter anywhere where she has the ability to walk out and she’s gonna be gone. Because she’s too far gone in her addiction.”



Reintegration Post-Jail: Participants highlighted the challenges faced by individuals after release from jail, noting the cycle of re-incarceration due to unaddressed addiction and punitive court penalties. One participant stated, “Seems like once you get locked up, you’re gonna get locked up again. [The cycle] is just gonna keep going.”



Unfamiliarity with Out-of-County Options: A service manager remarked on the difficulties of accessing treatment resources outside the county: “I’m very familiar with the things that we have here [in Indian River County]. It’s a little harder to be able to know outside of our usual catchment area, what types of resources are available where an individual lives. The farther that we go from an individual’s home, the more challenging and the more barriers may be in place for being able to provide follow-up care as well as manageable opportunities for their support system.”



High Turnover Rate Among Providers: Focus group participants shared that the high turnover rate among service providers poses a significant barrier because it is burdensome to have to start over with someone new and potentially re-share traumatic experiences with new providers. Participants noted that trust between individuals with opioid or other substance use disorders and their providers is crucial, but it takes time to build that trust and high turnover doesn’t allow for that time.



Awareness of Services and Treatments for Opioid and Substance Use

Most people with lived experience focus group participants felt that there was a general lack of awareness around opioid and substance use disorder services in Indian River County, although survey data showed that 63% of respondents were confident about knowing how to access services. Focus group participants said that finding resources online can be overwhelming, and many were unaware of existing platforms like unstruggle.org. Awareness often comes only when individuals are court-ordered to seek treatment. As one participant explained, “I know a lot of addicts; I tell them about resources and they didn’t know about them. I’m high functioning... others are deep in their addictions so people don’t know about resources.” People with lived experience also said that there are discrepancies in information about available services, even among providers. Service providers agreed, with

one noting that “I think clients’ knowledge depends on how long they’ve been having issues with addiction, because a lot of people can give you more information than you can give them, newer [service providers] aren’t really aware.”

Community survey results highlighted an awareness of a specific resource, Naloxone/Narcan, but while 71% of respondents knew about it generally, only 41% knew how to use it and 33% knew where to obtain it. These results point to a need for general information dissemination on treatment services and training on specific resources, such as Naloxone/Narcan.

People with lived experience had several suggestions to improve awareness of services for opioid and other substance use, such as:



Preventive and educational campaigns to reduce stigma and raise awareness of available recovery programs.



Using **diverse advertising platforms** (radio, TV, newspapers, billboards, social media) to target younger demographics and promote overdose prevention.



Encouraging **open discussions** in public forums, such as city council meetings, where personal stories can be shared to reduce stigma.



Inviting media into homes to raise awareness of the impacts of opioid or substance use disorder and using **news segments** to showcase the realities of living with the disease. One participant suggested, “If we open up our homes to [the media] and explain what’s going on, they would be much more receptive and willing to do something.”

Focus groups also revealed some gaps in communication among service providers. A coordinator of direct services mentioned that because of her participation in this focus group, she learned of a previously unknown resource to her. This suggested that direct service providers need more communication channels to share ideas and improve service coordination. One provider suggested a place for “us to get together and talk about what we do, the people who are on the front lines, not our bosses and [their] bosses,” and others agreed with having a dedicated space or hub for direct service providers to share resources and brainstorm solutions to help address opioid and substance use disorder in Indian River County.

Despite the perceived lack of awareness among community members, people with lived experience participants also spoke highly of the many community resources they knew about, particularly Thrive for its structured program and respectful staff, and the **RAP program**, which they said teaches practical skills. One participant shared: “I needed the structure and accountability that’s provided by [Thrive (formerly the Substance Awareness Center)].” Other services that people with lived experience were aware of and felt to be effective were **Alcoholics Anonymous (AA)**, **Narcotics Anonymous (NA)**, and **Al-Anon**, **The Source** for its affordable services for unhoused and marginalized individuals, **The UP Center** for providing food, vocational support, and other services, and **Hope for Families, Mental Health Association, TCCH, Drug Court, Life Builders, Barbara Galloway, New Horizons, MAT grants**, and various **halfway** and **sober houses**.

Community Support of Recovery for Individuals with Opioid and Substance Use Disorder

Findings from this needs assessment indicate strong community support for individuals facing opioid and substance use disorders. Nearly half of the survey respondents (46%) believed the community supports people in recovery from substance use and 80% said they are eager to support recovery efforts.

The community survey respondents were asked questions about prioritization and the importance of a variety of resources and services to best help people

who struggle with opioid and other substance use. Overall, there is a clear emphasis on enhancing support for individuals. More than 70% of respondents said that offering re-entry support, job and safe housing opportunities, and alternatives to jail for first-time offenders are “very important” (Figure 6). Additionally, the resources deemed the highest priority (by 80-81% of respondents) included programs for housing, jobs, and mentoring after jail, job and life skills training, and easier access to mental health professionals (Table 8).

Figure 6. Rate how important these actions are in the Indian River County community for supporting people in their recovery from substance use

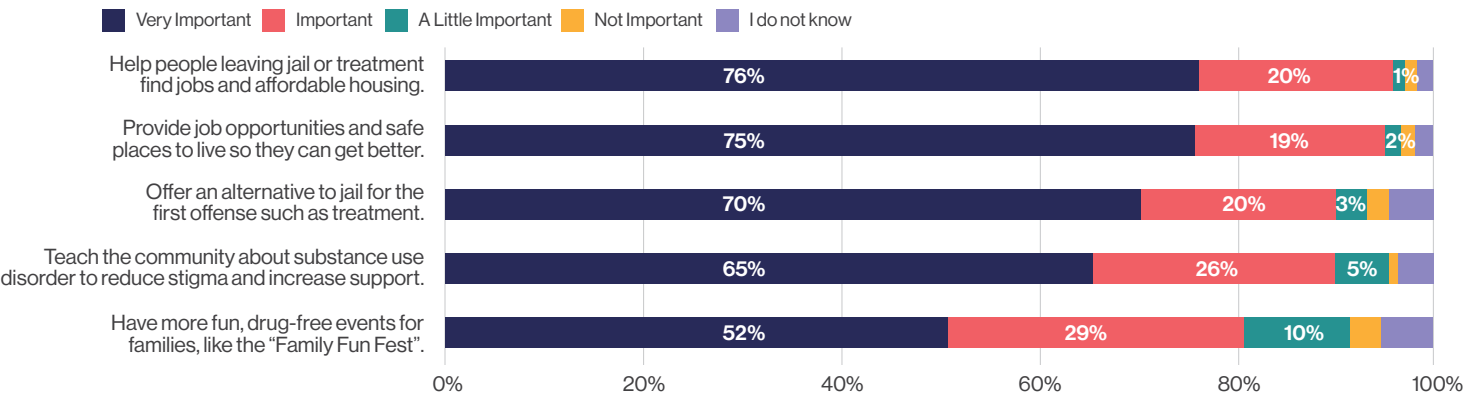


Table 8. Priorities for Help in Indian River County					
	I do not know	Not a Priority	Low Priority	Somewhat of a Priority	High Priority
Programs for Housing, Jobs and Mentoring, After Jail	4%	1%	2%	13%	81%
Job and Life Skills Training, and Job Help as Part of Recovery	4%	1%	2%	14%	80%
Easier Access to Mental Health Doctors or Therapists	3%	1%	1%	15%	80%
Mental Health Care with Drug Treatment	5%	1%	1%	15%	80%
Education, Counseling, and Support Groups for Families	4%	0%	2%	20%	75%
Long-Term Support	7%	0%	3%	16%	74%
More Treatment Choices (Inpatient, Outpatient, Residential)	3%	0%	3%	21%	72%
Outpatient Programs with More Check-Ins and Support Groups at Different Times and Places	5%	0%	4%	22%	70%
Case Management Help	6%	0%	2%	23%	69%
More Detox Centers	8%	1%	4%	22%	66%

Despite this support from community members, there is a lack of infrastructure to support recovery. Focus group participants pointed out the county's reluctance to fund recovery services, as well as a focus on punishment over rehabilitation. One person with lived experience said, "they don't deal with mental health, they just throw you in jail." Service providers reinforced the frustration with lack of funding, leading to limited resources and personnel. A law enforcement official expressed that "Everyone is short staffed; everyone is under budget. Law enforcement, mental health or substance abuse, everybody is taxed. That lack of funding and lack of personnel creates frustration. I can't tell you how many family members I've talked to out on those streets trying to get them the resources and they're frustrated that we can't do more. The reason why we can't do more is because the resources aren't there."

However, the needs assessment also revealed strengths of the Indian River County community that can support treatment and recovery efforts of people with opioid and substance use disorder. The presence of a financially privileged philanthropic community offers potential resources, although there needs to be a great focus on mental health and substance use funding. A key asset of Indian River County is the Mental Health Collaborative, a unique network dedicated to increasing access and support for mental health services in the region. Additionally, peer support specialists play a vital role in outreach efforts; as one peer specialist noted, "[People with substance use disorder] know we cause no harm." Furthermore, a service provider pointed out that stigma surrounding mental health is decreasing, particularly among younger generations. Together, these strengths create a supportive foundation for enhancing treatment and recovery initiatives in the community.

Additional Themes from Focus Groups

In addition to the themes discussed throughout this report, focus groups highlighted several other noteworthy topics, which are described below.

Engagement with Services

The dynamics of individual engagement with opioid and substance use disorder services in Indian River County reveal a complex landscape. Self-referral has been shown to enhance treatment engagement, as one service provider pointed out: "If individuals seek treatment on their own, they tend to be more receptive." However, there remains a resistance among some patients, with focus group participants seeing only a small influx of self-referrals willing to navigate the treatment process. A law enforcement officer highlighted this challenge, stating, "Until [individuals with

opioid and substance use issues] hit rock bottom, they're not usually very receptive to help." Despite these hurdles, there is a growing acceptance of treatment options, particularly in light of the more potent nature of opioids. A provider noted a shift in perspective, saying, "A year or two ago my answer would have been different, but now... [I am seeing] a much better effect with one-on-one." This evolution suggests that while barriers exist, the landscape of engagement in opioid and substance use services in Indian River County is changing in a positive direction.

Mental Health Support for Direct Service Providers

During focus groups, several direct service providers emphasized the need for mental health support for themselves and their colleagues. They described the emotional challenges of providing services to individuals with opioid and substance use struggles and their families, noting that the experience can be "emotionally

difficult." Many providers expressed that witnessing the harmful effects of opioid and substance use disorders on numerous lives can become overwhelming, making it hard for them to maintain emotional detachment.

Understanding Recovery and the Cycle of Addiction

People with lived experience focus group participants see recovery as a multifaceted process, encompassing personal growth, inner peace, and sobriety. They described it as “new beginnings,” “freedom,” and “sobriety that leads to wellness and success.” Participants also emphasized self-awareness and spiritual connection as key elements to recovery. Service providers had a similar view, noting that recovery extends beyond sobriety to include safety, stability, and the ability to live without relying on substances to cope. One provider summed it up as, “Recovery is a spectrum. Recovery is a continuum. Recovery is whatever works for you.”

Nevertheless, the cycle of addiction is a complex interplay of psychological, social, and environmental factors that can perpetuate opioid and substance use

disorders. Individuals often find themselves trapped in a repetitive pattern where temporary relief from cravings can lead to an eventual return to continuous substance use, creating a cycle that is difficult to break. Emotional and psychological triggers play a significant role in this cycle, as many individuals turn to opioids or other substances as a coping mechanism for stress, trauma, or mental health issues.⁴² A service provider likened treatment to ascending a staircase, with individuals moving from everyday life, to crisis stabilization, and then to residential care, and eventually long-term recovery. Another provider emphasized the importance of intermediate services, like Intensive Outpatient Programs (IOP), and post-detox support to prevent relapse and avoid “cycling through crisis mode without proper follow-up care.”

⁴² Marlatt, G. A., & George, W. H. (1998). Relapse prevention: Overview of conceptual issues and empirical findings. *Clinical Psychology: Science and Practice*, 5(3), 242-262.

Shifting Approaches in Law Enforcement from Punitive to Supportive

Law enforcement officers have observed a notable trend toward less punitive and more supportive approaches in addressing opioid and other substance use. As one officer remarked, “We are increasingly focused on facilitating treatment rather than arrest.” However, some officers express caution about shifting too far in this direction, citing concerns about the inherent link between substance use and crime. One officer argued that “people’s lives have been saved by their being incarcerated,” as they receive necessary services while in jail. Officers also voiced frustration over legal limitations that hinder their ability to arrest drug dealers, particularly in cases involving potent substances like fentanyl. One officer shared, “I’ve investigated many

overdose deaths, and I can tell you I know who the dealer is that sold the fatal dose of fentanyl to this individual. But the way our court system is and the way the laws work right now, I can’t put criminal charges on them without actually having 100% proof that they handed that drug to the individual. So, the laws that we have in effect are great in some regards, but they hinder us a lot as well when we know that someone is trafficking in fentanyl and they’re getting pounds of it, but we can’t arrest them.” While officers express a desire to “do more,” some feel constrained by existing laws, which, while beneficial in some respects, often impede their efforts to combat drug trafficking effectively.



RECOMMENDATIONS

This comprehensive needs assessment, which encompasses findings from focus groups with people with lived experience, their families, and service providers, as well as community surveys and analysis of county and state-level public data, has revealed several critical areas for improvement in supporting individuals affected by opioid and substance use disorders in Indian River County. To create a more cohesive and effective support system, the following recommendations focus on expanding service availability, enhancing community awareness, fostering supportive environments, and engaging stakeholders.

Recommendation #1: Expand Access to Comprehensive Care and Support Services

Centralized Intake Facilities: Establish centralized intake facilities to streamline access to appropriate care for opioid and substance use disorders and co-occurring mental health disorders.

Affordable Housing and Case Management: Increase the availability of affordable housing and comprehensive case management services to support individuals struggling with opioid and substance use disorder. Focus on creating safe environments, particularly for women and those with co-occurring mental health issues.

Comprehensive Recovery Support: Establish a full spectrum of recovery services, including detox facilities, sober houses, and both inpatient and outpatient programs, with stricter oversight to prevent early discharge and relapse.

Affordable Treatment Options: Ensure treatment and medication options are accessible, either through sliding-scale fees or free services, with a particular emphasis on expanding Medication-Assisted Treatment (MAT).

In-Jail Recovery Programs: Implement treatment and vocational programs within jails to support recovery and reduce recidivism.

Enhanced Transportation Options: Improve transportation access, especially in rural areas, through partnerships with community organizations.

Skill-Building Opportunities: Develop vocational training, apprenticeships, and volunteer programs to facilitate community reintegration and promote self-sufficiency.

Support Services: Create resources for clients and families to navigate the treatment process, including counseling, affordable childcare options for parents seeking treatment, and post-incarceration support such as housing assistance and help with court fees.

Empathy-Driven Hiring Practices: Prioritize hiring individuals with lived experience, valuing empathy and understanding in service delivery.

Provider Communication: Enhance communication between service providers, medical professionals, and law enforcement to ensure coordinated care.

Recommendation #2: Increase Public Awareness and Training/Education Programs

Directory of Resources: Maintain an updated directory of resources and create a centralized “hub” to share information and ideas across organizations, enhancing collaboration and access to support for individuals with opioid and substance use disorders, their families, and community members.

Public Awareness Campaigns: Launch campaigns to reduce stigma surrounding opioid use disorder, substance use disorder, and mental health disorders, and raise awareness of available services through diverse platforms.

Support and Training for Service Providers: Offer mental health support to service providers to prevent burnout and improve care delivery. Also provide regular training on new resources, best practices, and treatment options for opioid and substance use disorder.

Law Enforcement Training: Provide training programs for law enforcement to encourage less punitive and more supportive approaches to individuals with opioid or substance use disorder.

Youth Prevention Programs: Implement youth-focused prevention initiatives that provide positive alternatives to substance use and address adverse childhood experiences (ACEs) in schools.

Recommendation #3: Strengthen Community Engagement and Support

Family-Friendly Events: Organize substance-free recreational events that promote community engagement and foster inclusive environments.

Open Discussions on Opioid and Substance Use Disorders: Engage the community through open discussions in public forums, town hall meetings, and city council events to share personal stories about opioid and other substance use and recovery. This could help reduce stigma and increase community understanding.



Recommendation #4: Engage Stakeholders

Involvement of Peer Support Specialists: Engage peer support specialists in outreach efforts with first responders and hospitals to enhance support for individuals with opioid and substance use disorders.

Peer Support Networks: Increase the availability of peer support groups and mentoring programs in various community settings.

Philanthropic Community Engagement: Encourage the philanthropic sector to prioritize mental health and substance use needs to ensure adequate resource allocation.

Recommendation #5: Enhance Legal and Community-Based Solutions

Alternatives to Incarceration: Expand diversion programs and alternatives to incarceration for individuals with opioid and substance use disorders, focusing on treatment rather than punishment.

Innovative Solutions: Explore opportunities to repurpose vacant buildings to provide intake centers and crisis stabilization units for people with opioid and substance use disorders.



APPENDIX A: PUBLIC DATA TRENDS ON SCALE AND PATTERNS OF SUBSTANCE USE IN INDIAN RIVER COUNTY⁴³

Youth Past-30 Day Substance Use^{44,45}

- Vape Marijuana usage was 6.4% in Indian River County and 6.8% in Florida in 2022.
- Prescription Amphetamines (without doctor's orders) use decreased from 1.5% to 0.4% in Indian River County and from 1.1% to 0.9% in Florida.
- Prescription Depressants (without doctor's orders) usage dropped from 1.4% to 0.9% in Indian River County and from 1% to 0.7% in Florida.
- Prescription Pain Relievers (without doctor's orders) use remained stable in Florida at 1%, while Indian River County showed a slight decrease from 1% to 0.8%.
- Heroin use remained low in both Indian River County (0.1%) and Florida (0.2%).
- Methamphetamine use decreased in Indian River County from 0.7% to 0.2%, and in Florida from 0.4% to 0.3%.

School-Based Substance Use Incidents (2022-2023 School Year)⁴⁶

- Indian River School District reported 988 substance use incidents, primarily related to vaping (56.2%), followed by drug-related incidents (18.7%) and marijuana/hashish incidents (18.1%).
- Alcohol and other illicit drug incidents were much lower (0.4% and 0.6% of total incidents, respectively).
- Statewide, Florida showed a similar trend, with vaping being the most common issue (20.9% of total incidents), followed by drug-related (12.7%) and marijuana/hashish incidents (11.8%).

EMS Response to Suspected Opioid-Involved Overdoses⁴⁷

- In 2022, Indian River County had 244 EMS responses to suspected opioid-involved overdoses, while Florida had 40,544. By 2023, these numbers decreased to 220 for Indian River County and 36,163 for Florida, showing a reduction of 9.8% in Indian River County and 10.8% in Florida.
 - For suspected drug overdoses, including opioids, Indian River County had 624 responses in 2022, which dropped to 525 in 2023. This represents a 15.9% reduction.
 - Florida also saw a decrease from 105,490 in 2022 to 102,454 in 2023. This represents a 2.9% reduction.
- Naloxone was administered 290 times in Indian River County in 2022, reducing to 272 in 2023, while Florida dropped from 51,752 in 2022 to 47,410 in 2023. This represents a 6.2% reduction in Indian River County and an 8.4% reduction in Florida.
 - EMS-administered Naloxone also declined from 218 to 209 in Indian River County and from 38,015 to 34,722 in Florida. This represents a 4.1% reduction in Indian River County and an 8.7% reduction in Florida.
 - Pre-EMS Naloxone administrations in Indian River County went from 72 in 2022 to 63 in 2023, while Florida saw a decrease from 9,842 to 8,970. This represents a 12.5% reduction in Indian River County and an 8.9% reduction in Florida.
- In 2022, Indian River County had 16 opioid-related calls to the Florida Poison Information Network, which increased to 27 in 2023. This represents an increase of 68.8%. In contrast, Florida saw a slight decrease from 2,191 calls in 2022 to 2,105 in 2023. This represents a 3.9% reduction.

⁴³ Note that counts are provided whenever rates or percentages were unavailable.

⁴⁴ Note that this data is provided as percentages only and therefore the different measures cannot be combined.

⁴⁵ Florida Department of Health, 2024. Florida Youth Substance Abuse Survey. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SurveyData.FYSAS.Dataviewer>

⁴⁶ Florida Department of Education. Accessed June 27, 2024. <https://www.fldoe.org/safe-schools/discipline-data.html>

⁴⁷ Florida Department of Health, 2024. Substance Use Dashboard. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.Overdose&isCounty=69>

APPENDIX B: PUBLIC DATA TRENDS ON FACTORS CONTRIBUTING TO OPIOID AND SUBSTANCE USE

Individual-Level Contributing Factors

Mental Health Symptoms

- Youth who have felt depressed or sad on most days: 45.9% in Indian River County in 2022 vs. 47.3% in Florida in 2022.⁴⁸
- Percentage of adults with poor mental health for ≥14 days of the past 30 days in Indian River County in 2019 was 10.2%.⁴⁹
- Fair or poor self-rated health among adults in Indian River County in 2019 was 18.6%.⁵⁰

Mental Health Hospitalizations and Deaths (2021-2022)⁵¹

- Non-fatal self-harm hospitalizations (2021): Indian River County had a rate of 25.2 per 100k, compared to a rate of 34.7 per 100k in Florida.
- Non-fatal self-harm hospitalizations (2022): Indian River County saw a slight increase to a rate of 26.8 per 100k, while Florida had a rate of 34.8 per 100k.
- Suicide deaths (2021): Indian River County recorded a rate of 23.4 per 100k, higher than Florida's rate of 16.9 per 100k.
- Suicide deaths (2022): Indian River County had a rate of 25.1 per 100k, compared to Florida's rate of 17.2 per 100k.

Age-adjusted Deaths from Suicide by Race/Ethnicity (2021-2022)⁵²

- White suicide deaths in Indian River County were at a rate of 22.4 per 100k in 2021 and 20.3 per 100k in 2022. Florida's rate for Whites was 15.4 per 100k in 2021 and 15.8 per 100k in 2022.
- Black suicide deaths in Indian River County were at a rate of 8.4 in 2021 and 5.6 per 100k in 2022, respectively. Florida's rates for Blacks were 6.5 per 100k in both years.
- Hispanic White suicide deaths were not recorded in Indian River County for 2021 but increased to a rate of 14.1 per 100k, compared to Florida's rates of 8.0 per 100k in 2021 and 8.7 per 100k in 2022.
- Hispanic Black suicide deaths were not recorded in Indian River County for either year, while Florida's rate increased from 2.8 per 100k in 2021 to 5.7 per 100k in 2022.

⁴⁸ Florida Department of Health, 2024. Florida Youth Substance Abuse Survey. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SurveyData.FYSAS.Dataviewer>

⁴⁹ Florida Department of Health, 2024. Behavioral Risk Factor Surveillance System (BRFSS) Dashboard. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=BRFSS.Dataviewer&bid=0010>

⁵⁰ Florida Department of Health, 2024. Behavioral Risk Factor Surveillance System (BRFSS) Dashboard. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=BRFSS.Dataviewer&bid=0010>

⁵¹ Florida Department of Health, 2024. Suicide and Intentional Self-Harm Injuries. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SuicideBehavioralHealthProfile.DeathsHospED&rdRequestForwarding=Form>

⁵² Florida Department of Health, 2024. Suicide and Intentional Self-Harm Injuries. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SuicideBehavioralHealthProfile.DeathsHospED&rdRequestForwarding=Form>

Perception of Harm of Substance Use⁵³

- Perception of great risk of harm for daily alcohol use increased in Indian River County from 46.2% in 2020 to 51.8% in 2022. In Florida, it rose from 45.7% to 45.9%.
- Perception of great risk of harm for daily cigarette use increased in Indian River County from 69.1% in 2020 to 72.8% in 2022. In Florida, it decreased from 65.9% to 65.7%.
- Perception of great risk of harm for vaping nicotine increased in Indian River County from 46.1% in 2020 to 51.5% in 2022. In Florida, it decreased from 44.8% to 43.6%.
- Perception of great risk of harm for vaping marijuana increased in Indian River County from 44.4% in 2020 to 48.5% in 2022. In Florida, it decreased from 42.8% to 41.8%.
- Perception of great risk of harm for using marijuana weekly increased in Indian River County from 35.6% in 2020 to 40.1% in 2022. In Florida, it rose from 33.4% to 34.3%.
- Perception of great risk of harm for mis-using prescription drugs increased in Indian River County from 71.0% in 2020 to 72.6% in 2022. In Florida, it rose from 67.6% to 67.8%.

Social- and Family-Level Contributing Factors (2020-2022)⁵⁴

- Peer disapproval of alcohol use increased in Indian River County from 87% in 2020 to 89% in 2022. In Florida, it rose from 86.6% to 87.9%.
- Peer disapproval of smoking marijuana increased from 74.6% to 79.1% in Indian River County and from 73.3% to 77.6% in Florida.
- Peer disapproval of vaping marijuana increased from 78.2% to 82% in Indian River County and from 79.2% to 80.8% in Florida.
- Peer disapproval of vaping nicotine rose from 78.3% to 80.9% in Indian River County and from 79.3% to 80.7% in Florida.
- Peer disapproval of using prescription drugs without a prescription rose from 93.9% to 95.2% in Indian River County and from 93.1% to 94.3% in Florida.
- Youth who have experienced four or more adverse childhood experiences (ACEs): 26.3% in 2022 in Indian River County vs. 21.4% in 2022 in Florida.
- Youth who have experienced mental illness in household: 36.0% in 2022 in Indian River County vs. 32.9% in 2022 in Florida.
- High school youth who have experienced substance abuse in household: 33.5% in 2022 in Indian River County vs. 24.9% in 2022 in Florida.
- Youth who have experienced bullying: 64.1% in 2022 in Indian River County vs. 58.3% in 2022 in Florida.
- Youth who have been a victim of cyber-bullying: 32.0% in 2022 in Indian River County vs. 30.1% in 2022 in Florida.

⁵³ Florida Department of Health, 2024. Florida Youth Substance Abuse Survey. <https://www.myffamilies.com/services/samh/florida-youth-substance-abuse-survey>

⁵⁴ Florida Department of Health, 2024. Florida Youth Substance Abuse Survey. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SurveyData.FYSAS.Dataviewer>

Community-Level Contributing Factors

Economic Indicators (2022)⁵⁵

- In Indian River County, the median household income is \$67,543, which is similar to Florida's \$67,917.
- 7.5% of Indian River County households received Food Stamp/SNAP benefits, compared to 13% in Florida.
- The poverty rate for individuals under 18 is 17% in Indian River County, close to Florida's 17.7%.
- For those aged 18-64, 12.6% of Indian River County residents are below the poverty level, slightly higher than Florida's 11.9%.
- For those 65 and older, 7.2% of Indian River County residents are below the poverty level, compared to 11% in Florida.
- The unemployment rate in Indian River County is 5.9%, higher than Florida's 5%.
- In terms of health insurance, 11.1% of Indian River County residents lack coverage, compared to 12.3% in Florida.

Social Health Indicators (2022)⁵⁶

- For children eligible for free or reduced-price lunch, 50% of children in Indian River County were eligible, slightly lower than Florida's 54%.
- The child mortality rate was the same in both Indian River County and Florida, at 50 deaths per 100,000.
- In 2020, 16% of Indian River County residents reported frequent mental distress, compared to 13% in Florida. Similarly, 10% of Indian River County residents experienced frequent physical distress, compared to 9% in Florida.

Opioid Prescribing Behaviors⁵⁷

- The rate of prescriptions dispensed per provider decreased in Indian River County from 40.7 in 2019 to 34.2 in 2023, and in Florida from 146.4.7 to 129.8 during the same time period.
- The rate of prescriptions dispensed per patient decreased in Indian River County at 4.3 in 2019 to 4.0 in 2023, while Florida also decreased from 4.1 in 2019 to 3.8 in 2023.

Opioid Prescriptions Dispensed⁵⁸

- The number of opioid prescriptions dispensed in Indian River County steadily decreased from 135,059 in 2019 to 122,527 in 2023.
- Similarly, Florida saw a decline in opioid prescriptions dispensed, from 12,810,439 in 2019 to 11,411,214 in 2023.

⁵⁵ US Census Bureau (2022). DP03 Selected Economic Characteristics, American Community Survey 5-Year Estimates. Retrieved May 30, 2024 from: https://data.census.gov/table/ACSDP5Y2022.DP03?q=DP03&g=010XX00US_040XX00US12_050XX00US12061&moe=false

⁵⁶ County Health Rankings and Roadmaps (2024) Accessed June 11, 2024 from: <https://www.countyhealthrankings.org/health-data/florida/indian-river?year=2024>

⁵⁷ Florida Department of Health, 2024. Substance Use Dashboard. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.SubstanceUseandTreatment>

⁵⁸ Florida Department of Health, 2024. Substance Use Dashboard. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.SubstanceUseandTreatment>

APPENDIX C: PUBLIC DATA TRENDS ON HARMFUL EFFECTS OF SUBSTANCE USE

Drug Arrests (2021-2022)⁵⁹

- Annual drug arrest rates per 100k in Indian River County decreased from 363.0 in 2021 to 338.4 per 100k in 2022, while Florida saw an increase from 367.9 to 372.6.
- Adult drug arrest rates per 100k in Indian River County dropped from 423.4 to 383.4, whereas Florida's adult arrests rose from 448.6 to 451.1.
- Juvenile drug arrest rates per 100k in Indian River County rose sharply from 111.4 in 2021 to 233.2 in 2022, while Florida's juvenile arrests increased from 135.0 to 166.5.

Non-Fatal Emergency Department Visits (2021-2022)⁶⁰

- All drug overdose ED visits decreased from 380 in 2021 to 317 in 2022, while Florida's visits dropped from 50,803 to 45,897.
- Opioid overdose ED visits in Indian River County fell from 193 to 138, and Florida's numbers decreased from 23,540 to 19,782.
- Heroin overdose ED visits in Indian River County decreased significantly from 50 to 28, while Florida saw a similar drop from 7,026 to 3,722.
- Stimulant overdose ED visits remained relatively stable in Indian River County, decreasing slightly from 15 to 14, while Florida saw a decrease from 2,564 to 2,268.

Non-Fatal Hospitalizations (2021-2022)⁶¹

- All drug overdose hospitalizations in Indian River County decreased slightly from 216 in 2021 to 211 in 2022, while Florida saw a minor decrease from 28,283 to 28,195.
- Opioid overdose hospitalizations in Indian River County decreased from 69 in 2021 to 55 in 2022, while Florida also saw a slight decrease from 8,443 to 8,305.
- Heroin overdose hospitalizations in Indian River County increased slightly from 6 to 7, whereas Florida saw a decrease from 1,556 to 907.
- Stimulant overdose hospitalizations in Indian River County dropped from 28 to 24, while Florida's cases also decreased from 4,711 to 4,209.

⁵⁹ Florida Department of Health, Drug Arrests, Rates per 100,000 population, (2022). <https://www.flhealthcharts.gov/Charts/SearchResult.aspx>

⁶⁰ Florida Department of Health, 2024. Substance Use Dashboard. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.SubstanceUseandTreatment>

⁶¹ Florida Department of Health, 2024. Substance Use Dashboard. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.SubstanceUseandTreatment>

Opioid and Drug Overdose Deaths ⁶²

In terms of rates per 100,000 people:

- Indian River County's age-adjusted opioid overdose death rate increased from 33 in 2021 to 37 in 2022, while Florida's rate decreased from 31.2 to 29.
- Indian River County's age-adjusted drug overdose death rate rose from 42 to 43.5, while Florida's rate decreased from 38.5 to 35.9.

⁶² Florida Department of Health, 2024. Substance Use Dashboard. <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.SubstanceUseandTreatment>

Motor Vehicle Traffic Crashes (2021-2022) ⁶³

- Rates per 100k of alcohol-confirmed crashes in Indian River County decreased from 26.4 in 2021 to 21.3 in 2022, while Florida saw a slight increase from 23.2 to 23.6.
- Rates per 100k of alcohol-confirmed crash injuries in Indian River County fell from 13.5 to 11.0, while Florida's injuries increased from 13.6 to 13.8.
- Rates per 100k of alcohol-confirmed crash fatalities in Indian River County dropped from 2.5 to 0.6, while Florida saw a small rise from 1.8 to 1.9.
- Rates per 100k of drug-confirmed crashes in Indian River County decreased from 1.8 to 1.2, while Florida saw a decline from 3.4 to 2.8.
- Rates per 100k of drug-confirmed crash injuries in Indian River County fell from 1.8 to 0.6, while Florida rates remained steady at 2.4.
- Rates per 100k of drug-confirmed crash fatalities in Indian River County remained stable at 1.2 each year, while Florida's fatality rate decreased from 1.9 to 1.6.
- Rates per 100k of alcohol- and drug-confirmed crashes in Indian River County increased from 1.8 in 2021 to 3.7 in 2022, while Florida saw a slight decrease from 1.9 to 1.6.
- Rates per 100k of alcohol- and drug-confirmed crash injuries in Indian River County rose from 0.6 to 2.4, while Florida's injuries increased from 1.4 to 1.2.
- Rates per 100k of alcohol-confirmed crash fatalities in Indian River County increased from 1.8 to 4.9, while Florida saw a small decline from 1.7 to 1.5.

⁶³ Florida Department of Health, Alcohol and Drug Motor Vehicle Crashes, Injuries, and Fatalities. (2024). Accessed June 27, 2024. <https://www.flhealthcharts.gov/charts/>