Central City Concern

Substance Use Disorders in Oregon: Trends, Treatment Barriers, Stigma & Hot Topics!

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HOMES HEALTH JOBS

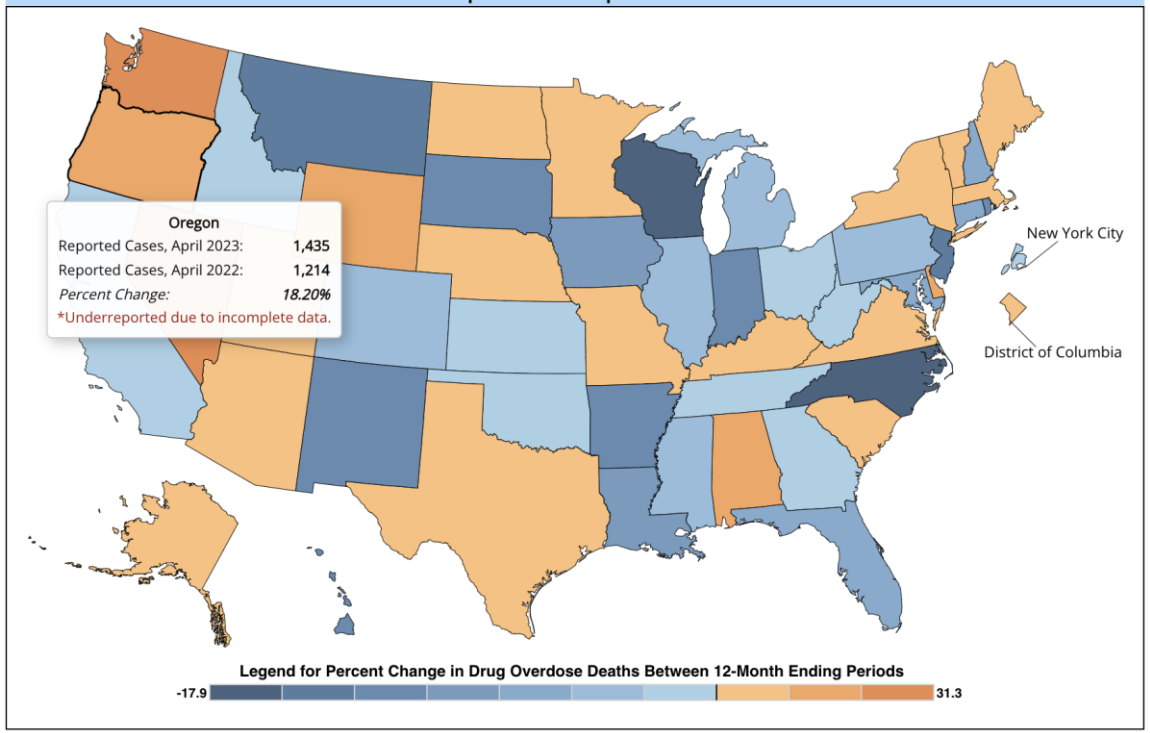
Top 3 Take Homes (OK, four…):

- Shifts in the drug supply in have changed everything about caring for people with substance use disorders in Oregon. We aren't always clear what those changes are.
- Half of the need for treatment can be met with our current capacity.
- Buprenorphine and Methadone are effective and under-utilized.
- Stigma is responsible for these astonishing treatment gaps.

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

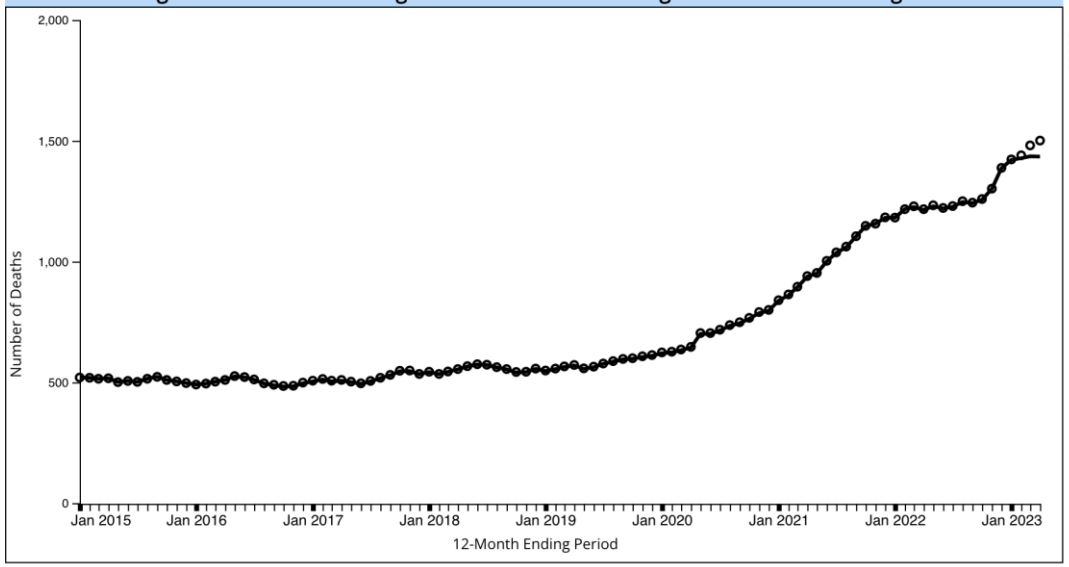
National Vital Statistics System

Figure 1b. Percent Change in Reported 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: April 2022 to April 2023



Based on data available for analysis on: September 3, 2023

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: Oregon



Opioid Overdose Public Health Surveillance Update July 19th, 2023.

- Mortality data for 2022 are not complete, as a result numbers for recent months may change. Totals by year are as follows:
  - 2019 unintentional opioid overdose deaths total 280.
  - 2020 unintentional opioid overdose deaths total 472.
  - 2021 unintentional opioid overdose deaths total 737.
  - 2022 unintentional opioid overdose deaths currently total 934.

Get full report here.

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Medical Examiner: Oregon Overdose Deaths

Wilamette Week
October 06, 2021

OREGON DRUG OVERDOSE DEATHS	
2019: *628*	2020: *872*
INCREASE: *39%*	

OREGON ALCOHOL CONSUMPTION DEATHS	
2019: *197*	2020: *337*
INCREASE: *71%*	

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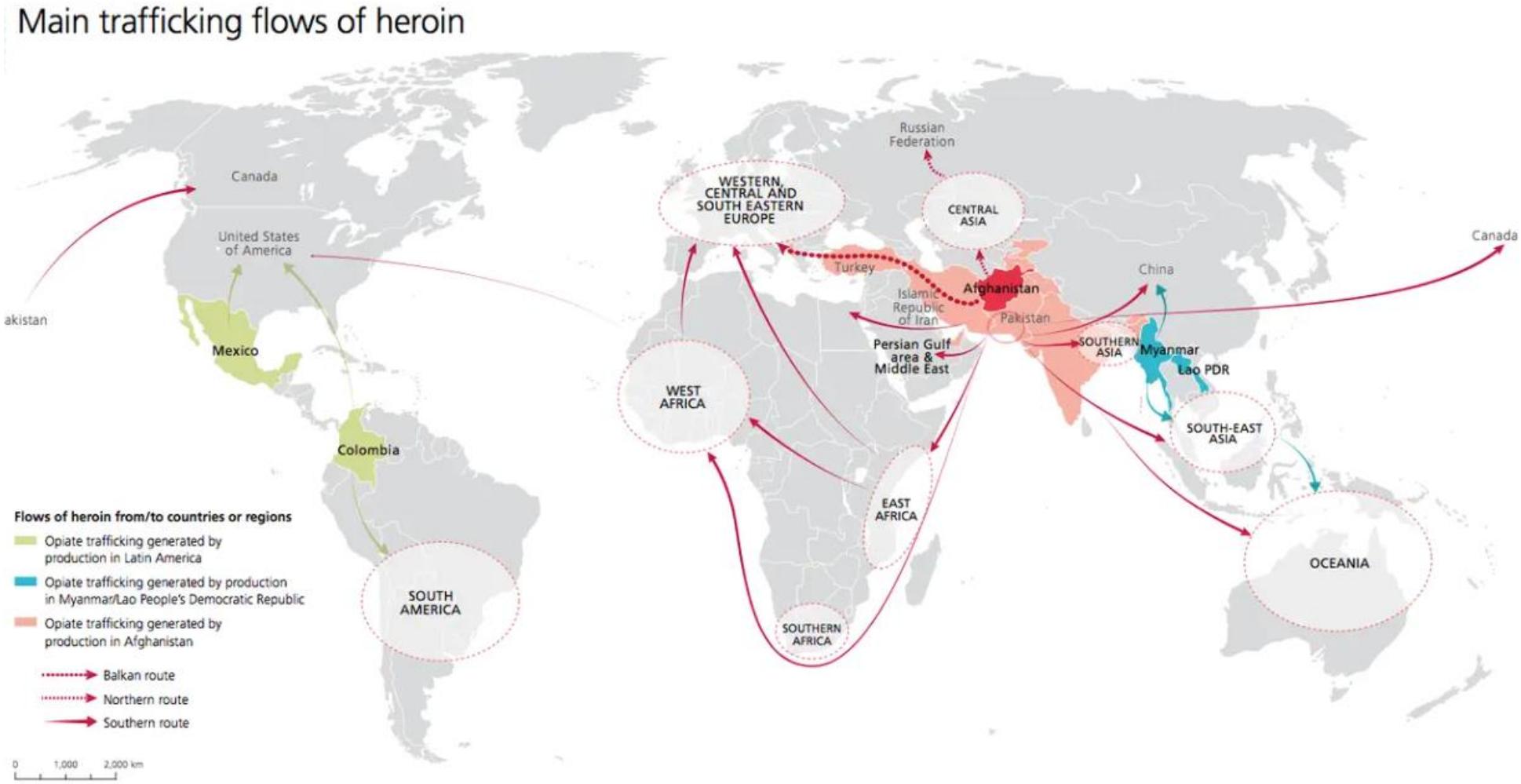
Heroin Flow

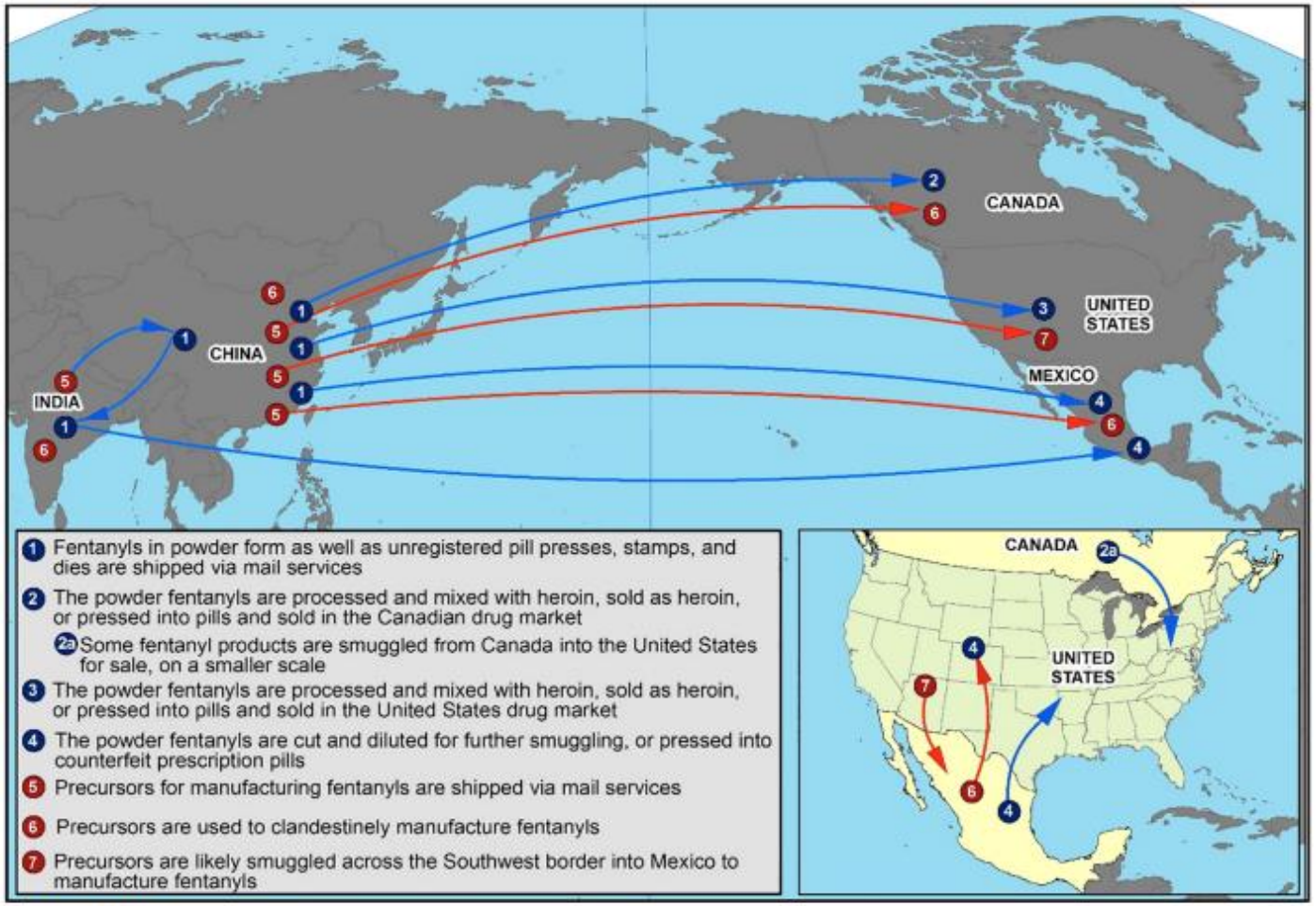


In 2015, the global opiate market appeared to be stable despite important regional changes. UN World Drug Report 2016

Fentanyl Flow

DETAILS

(U) FIGURE 1. FENTANYL FLOW TO THE UNITED STATES 2019

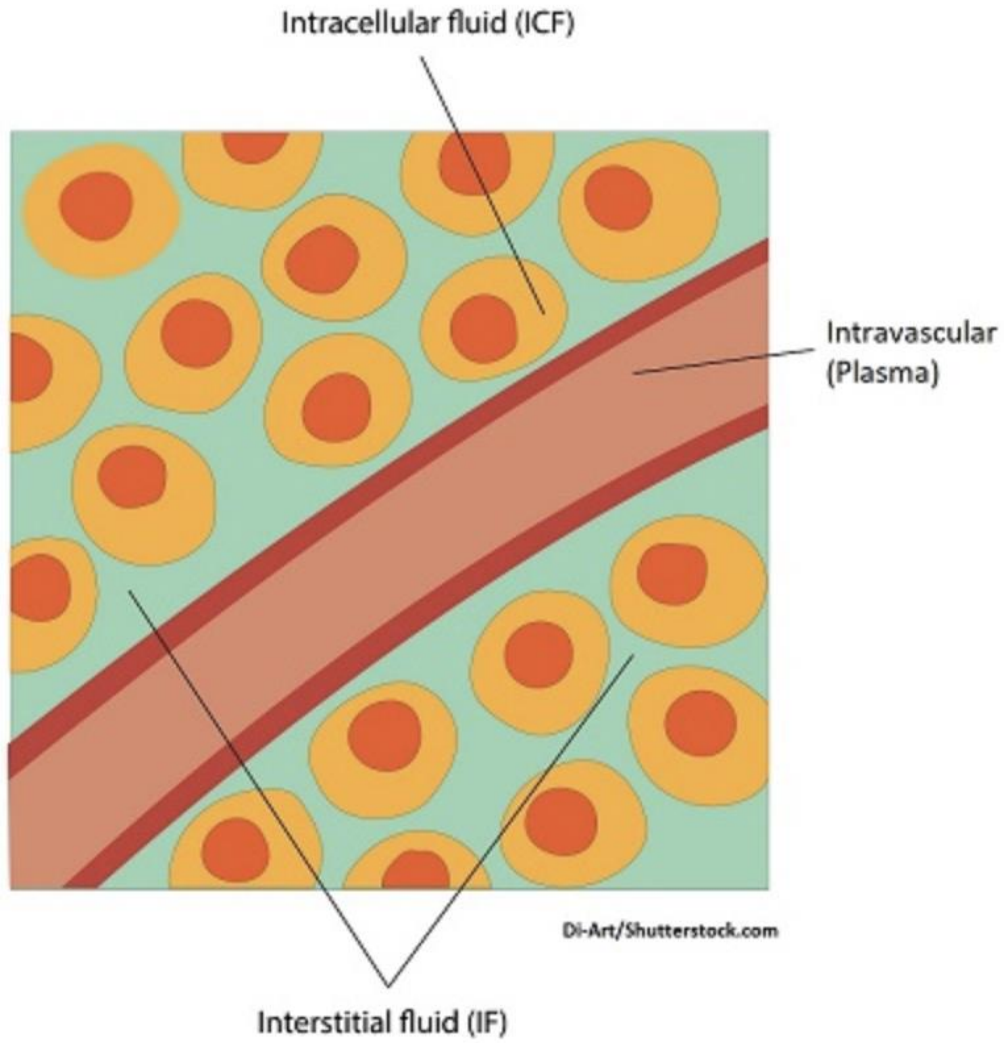


Source: DEA

Why is fentanyl so different than other opioids?

- It is short acting and potent.
- **BUT** hides in the extracellular fluid and leaks back into the plasma.
- Effects don't last long but you may need to wait 1-3 days to safely start buprenorphine.
- With heroin: 10-12 hours was sufficient to wait.

(PS that's REALLY hard)



How do people use fentanyl (now)?

- Inhaled or smoked (heated on foil, smoke inhaled through tube).
- Either in blue pill form or powdered form.
- Very frequent use (every 1-2 hours while awake).
- Used along with stimulants which can be smoked or injected.
- We are starting to see injection use.
- We expect to see more injection use.

Buprenorphine and methadone initiation is rough:

- Standard methadone initiation and up-titration needs to be accelerated.
- Buprenorphine initiation is more complicated.
- These medications remain very effective.
- Strategies for buprenorphine:
  - High dose buprenorphine
  - "Standard" dose buprenorphine
  - Low dose buprenorphine
  - Sublocade same day
  - Naloxone self-administration
  - Post naloxone treatment for nonfatal overdose

(and we keep coming up with more options- usually guided by our patients…)

What else are we seeing?

- Increasing use of stimulants (most commonly meth) along with opioids/fentanyl.
- Fear of Xylazine and lack of clarity around its presence in the drug supply. We're NOT SURE.
- Hype about P2P meth and psychiatric sequelae with over-simplification of what is being seen in our communities.
- Isotonitazene (ISO)? It seems to be in Southern Oregon.
- Regional variation of use patterns and treatment gaps that will require regionally specific solutions.

The Atlantic

OCTOBER 18, 2021

‘I DON’T KNOW THAT I WOULD EVEN CALL IT METH ANYMORE’

Different chemically than it was a decade ago, the drug is creating a wave of severe mental illness and worsening America’s homelessness problem.

By Sam Quinones

A resident of Skid Row, in Los Angeles, holding crystal methamphetamine, in August 2021 (Rachel Bujalski for The Atlantic)

Long exerpt from book The Least of Us, 2021

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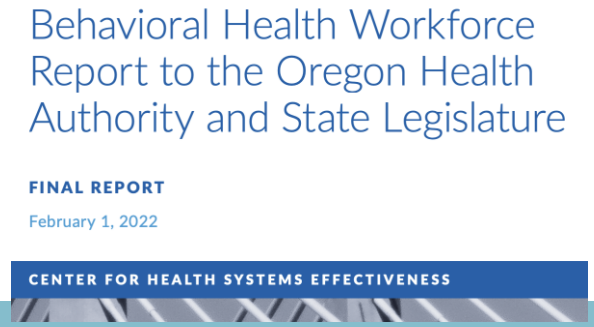
“the drug that we’re all watching across America right now is what is called P2P meth... Once you use this P2P meth, it very quickly scrambles your brain permanently — meaning some of the individuals who you see who are addicted to P2P meth, they will never be able to function on their own again. They will be institutionalized, or they will be relegated to the streets for the rest of their lives.” - Portland Mayor Ted Wheeler to Portland Business Alliance in December 2022

What is really happening?

- A tragic confluence of gaps: especially for poor, rural, youth
  - Housing crisis: being homeless worsens ALL health issues.
  - Mental health treatment crisis:
    - Workforce and systems crisis: we're only meeting 25% of the mental health needs in our state. This gap is unequally distributed regionally and across populations.
    - Psychiatric hospital beds: deficit of hundreds of beds statewide.
  - Substance use disorder treatment crisis:
    - We are only meeting 49% of the need.
  - There is NO scientific evidence to support that meth is the driver of this complex crisis or claims that it causes permanent psychatric disability, P2P has been around a while. Not new.



Check out other narratives, get really curious!

This Is Not the Zombie Apocalypse

Is a new form of methamphetamine really to blame for a host of urban problems?

By Jessica Gregg | September 8, 2023

THE AMERICAN SCHOLAR
PUBLISHED BY PHI BETA KAPPA

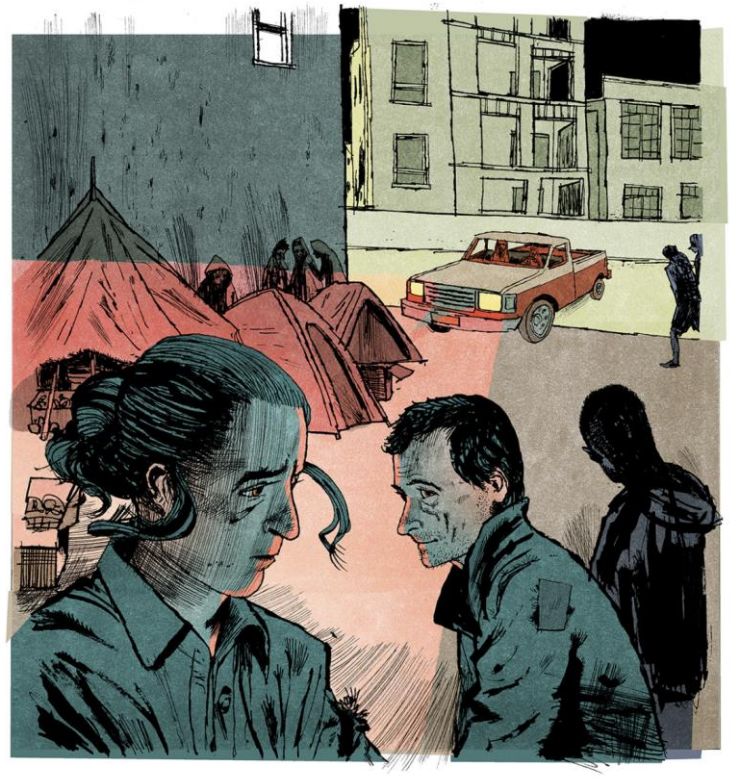


Illustration by Matt Rota

September 30, 2022
Updated January 27, 2023

OHSU | Portland State University | SCHOOL OF PUBLIC HEALTH

Oregon Substance Use Disorder Services Inventory and Gap Analysis

Estimating the need and capacity for services in Oregon across the continuum of care

Supported by the
Oregon Health Authority & Oregon Alcohol and Drug Policy Commission

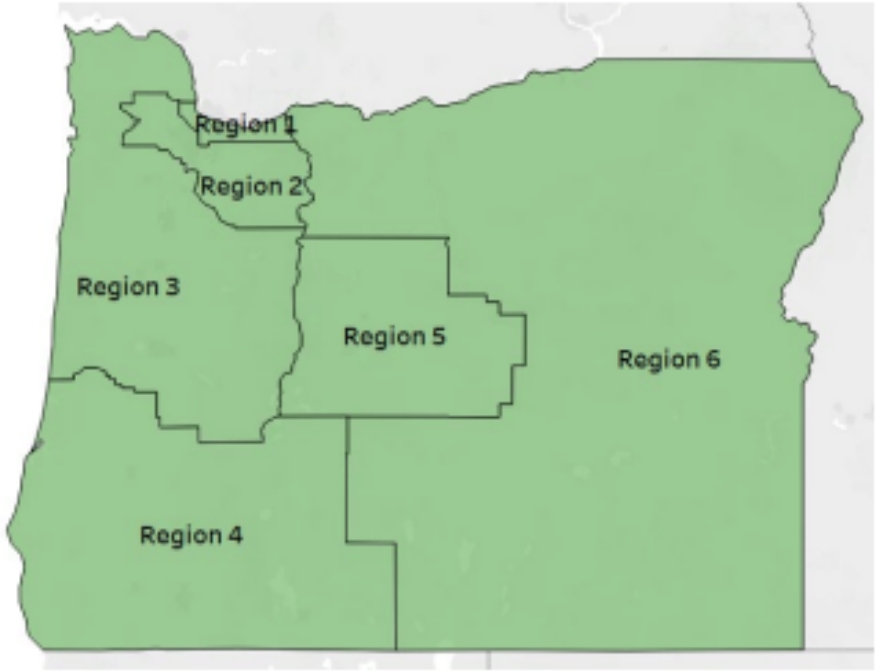
Produced by the
OHSU-PSU School of Public Health

Access HERE

Key Findings:

Table 11. CAST overall service gap, statewide and by region

	Overall service gap
Statewide	**49%**
Region 1	42%
Region 2	72%
Region 3	47%
Region 4	42%
Region 5	52%
Region 6	39%



Counties within NSDUH Regions: Region 1: Multnomah; **Region 2:** Clackamas, Washington; **Region 3:** Benton, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook, Yamhill; **Region 4:** Coos, Curry, Douglas, Jackson, Josephine, Klamath; **Region 5:** Crook, Deschutes, Jefferson; **Region 6:** Baker, Gilliam, Grant, Harney, Hood River, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler.

Key Findings

- QMHPs and QMHAs
- Prescribers with a waiver (most with waivers don't prescribe already!)
- Prevention specialists!

Table 12. Summary of CAST service gaps by service type[a]

	Estimated number of services			
Service type	**Need**	**Actual**	**Gap in services**	**Percent gap**
Workforce – statewide				**66%**
Certified Prevention Specialists	968	62	906	94%
Certified Alcohol and Drug Counselors	4,902	2,884	2,018	41%
Certified Recovery Mentors	2,177	1,565	612	28%
Qualified Mental Health Associates	20,493	2,776	17,717	86%
Qualified Mental Health Professionals	12,619	879	11,740	93%
Prescribers with a buprenorphine waiver	3,857	1,902	1,955	51%
Facilities – statewide				**54%**
Outpatient (number of facilities)	586	383	203	35%
Inpatient (number of facilities)	470	187	283	60%
Residential detox (number of facilities)	103	75	28	27%
Recovery residences (number of beds)	7,078	3,219	3,859	55%
Recovery community centers (number of facilities)	145	8	137	94%
Other programming – statewide				**30%**
Facilities with fentanyl test strip distribution	127	83	44	35%
Facilities with naloxone distribution	334	240	94	28%
Syringe exchange programs	106	45	61	58%
Prescription drug drop-off locations	545	502	43	8%
Mutual aid meetings	4,464	3,351	1,113	25%
School based prevention assemblies	2,223	1,572	651	29%
School based prevention classroom activities	17,466	12,150	5,315	30%

[a]Estimates of need and service gaps produced using the Calculating an Adequate System Tool (CAST).[20]

Highlight: access to medication

It is scientifically proven (over and over and over) that:

- Methadone and buprenorphine cut the risk of death from opioid overdose in half.
- Opioid overdose is the leading cause of death in ages18-45.
- The "number needed to treat" with buprenorphine or methadone after a non fatal overdose to save one life is less than 3.
- 90 percent of providers who have the ability to prescribe buprenorphine in the office DO NOT and methadone is only available from 20 facilities in the state. Only one rural location.

Number Needed to Treat: how many people you need to give the drug to prevent a bad outcome

condition	treatment	Outcome you want to prevent:	NNT
High blood pressure when you have diabetes	Blood pressure medictions	Death in next 10 years.	15
Clot in leg	Warfarin for one year	Clot in lung	22
High cholesterol	Statin	Death in one year	163
Non fatal opioid overdose	Start methadone or buprenorphine ASAP	Death in one year	< 3
Heart attack	aspirin	Death over next 30 days	25

We do not prescribe buprenorphine like it's a safe medication that saves lives.

Stigma! "a burn, tattoo, or mark to signify disgrace"

Stigma is connected to the belief that substance use disorders develop by choice in folks who lack willpower and are moral failures.

- A barrier to individuals seeking care and disclosing use.
- Cause of substandard health care.
- Cause of increased substance use because of guilt, self-blame, shame: "It's my own fault."
- A reason why people think that some treatment services (especially naloxone and syringe services) promote drug use.
- Not in my back yard! Or near my kid's school!
- A reason why kids blame themselves for their parent's use disorders.


Recovery Dialects
Mutual Aid Meetings
In Public
With Clients
Medical Settings
Journalists
Addict
Alcoholic
Substance Abuser
Opioid Addict
Relapse
Medication Assisted Treatment
Medication Assisted Recovery
Person w/ a Substance Use Disorder
Person w/ an Alcohol Use Disorder
Person w/ an Opioid Use Disorder
Long-term Recovery
Pharmacotherapy
STOP
Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.
SOURCE: Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. Drug and Alcohol Dependence, 189, 131–138.

Words Matter!

- Language evolves quickly and it can be hard to keep up.
- Words and language change our neural pathways.
- Terms worth getting curious about:
  - Medication Assisted Treatment
  - Abuse
  - Drug of Choice
  - Any others?

Resources:

https://nida.nih.gov/research-topics/stigma-discrimination#address

https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction

https://www.hopkinsmedicine.org/stigma-of-addiction#whatistigma

Some of my favorite resources:

- ASAM clinical guidelines

https://www.asam.org/quality-care/clinical-guidelines

- SAMSHA TIPS etc. available for free download

https://store.samhsa.gov/

- 23 and counting WONDERFUL podcasts (with written synopses)

https://thecurbsiders.com/category/addiction-medicine-podcast

Any others to share?

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