

Technical Information

SAMHSA

Substance Abuse and Mental Health
Services Administration

This training was developed under the Substance Abuse and Mental Health Services Administration's Prevention Technology Transfer Center task order. Reference # 1H79SP081018.

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Funding for this presentation was made possible by SAMHSA grant no. 1H79SP081018. The views expressed by speakers and moderators do not necessarily reflect the official policies of HHS; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



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LIVE

This webinar is now live.



It is being recorded.



Please remain muted.

Welcome

Central East PTTC Webinar

The Ongoing Opioid Epidemic

Part 1: The Current Landscape of Opioid Use and Consequences

The Central East PTTC is housed at the Danya Institute in Silver Spring, MD

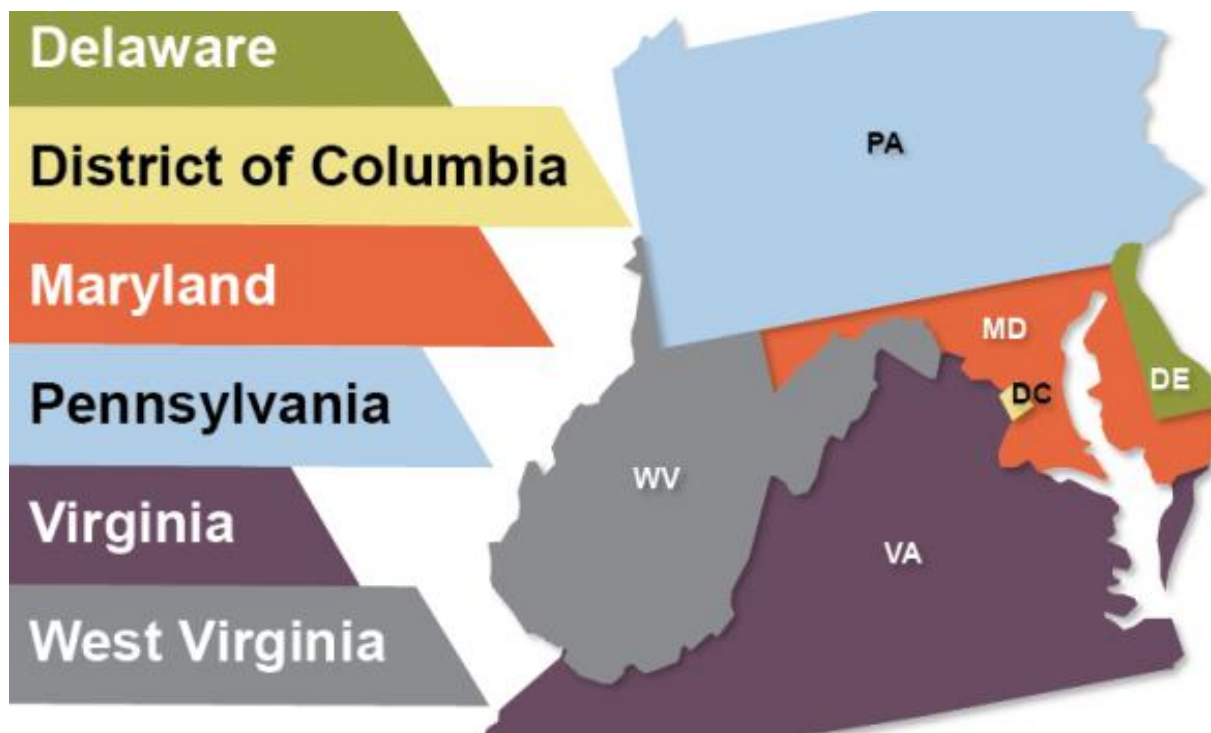
Oscar Morgan
Executive Director

Deborah Nixon Hughes
Project Director



Central East Region

SAMHSA REGION 3



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The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.

ethnicity spirituality
orientation practices
normalize experiences expression
standard create
Ethnic stories terror identity
race share injustices
change care Matter shootings
Racial education
space
seem normal
powerful
NASW self Black
gender affected Lives hate
Diversity uncertainty
sexual advocacy
religious competency
cultural
humility



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PTTC Mission



To Strengthen the Capacity of the Workforce

1

To Deliver Evidence-Based Prevention Strategies

2

Facilitate Opportunities for Preventionists to Pursue New Collaboration Opportunities, which include Developing Prevention Partnerships and Alliances

3



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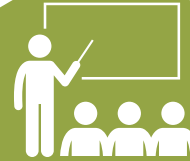
Services Available



Online Courses



Technical Assistance



Skill Based Training



Webinar



Toolkits



Facilitate Prevention Partnership & Alliances



Research Learning Collaborative



Newsletter



Technology Driven Models



Literature Searches



Virtual Meeting



Research Publication



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Other Resources in SAMHSA Region 3



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ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



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MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



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DBH
DEPARTMENT OF
BEHAVIORAL HEALTH





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Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The Ongoing Opioid Epidemic

Part 1: The Current Landscape of Opioid Use and Consequences

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August 8, 2023

SAMHSA
Substance Abuse and Mental Health
Services Administration

THE DANYA INSTITUTE

Presenters



Josh Esrick



Emily Patton



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Learning Objectives

- Describe the latest opioid use and trend data
- Identify the scope of opioid overdoses and the most impacted populations
- Evaluate the latest information on polysubstance use and types of substances being used together
- Assess the research on opioid-related risk and protective factors

Opioid Use Trends

- Heroin
- Prescription Opioids
- Fentanyl
- Impact of COVID-19



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The Changing Opioid Epidemic

- Heroin use has generally remained low & steady
- Prescription opioid misuse has been overall declining for over a decade
- Emergence of new synthetic opioids
- Fatal opioid overdoses continue to rise significantly



Discussion Question



What trends are occurring in your community around opioid use/misuse?

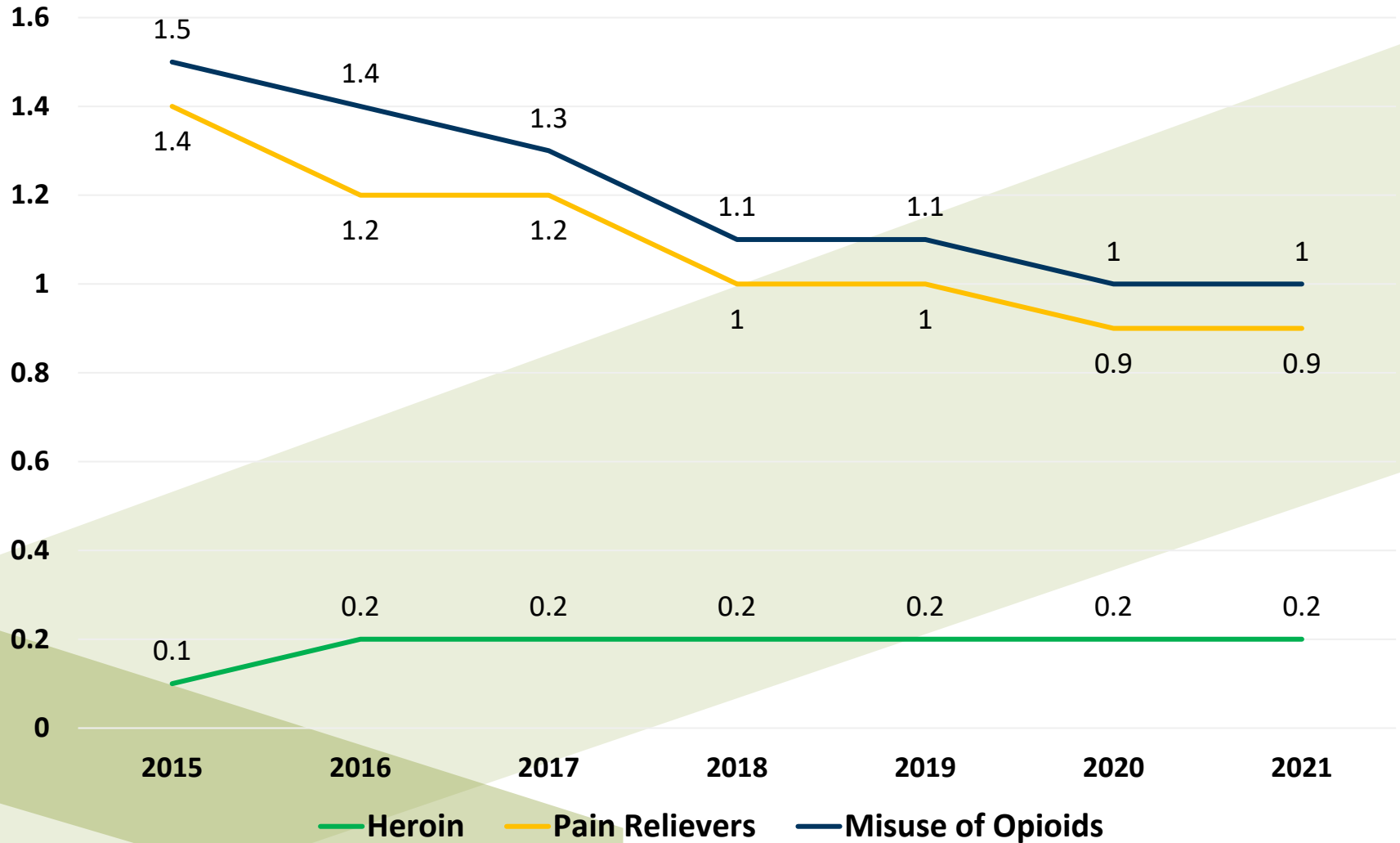
How has this changed from prior years?



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Past Month Opioid Use Ages 12+ (%)

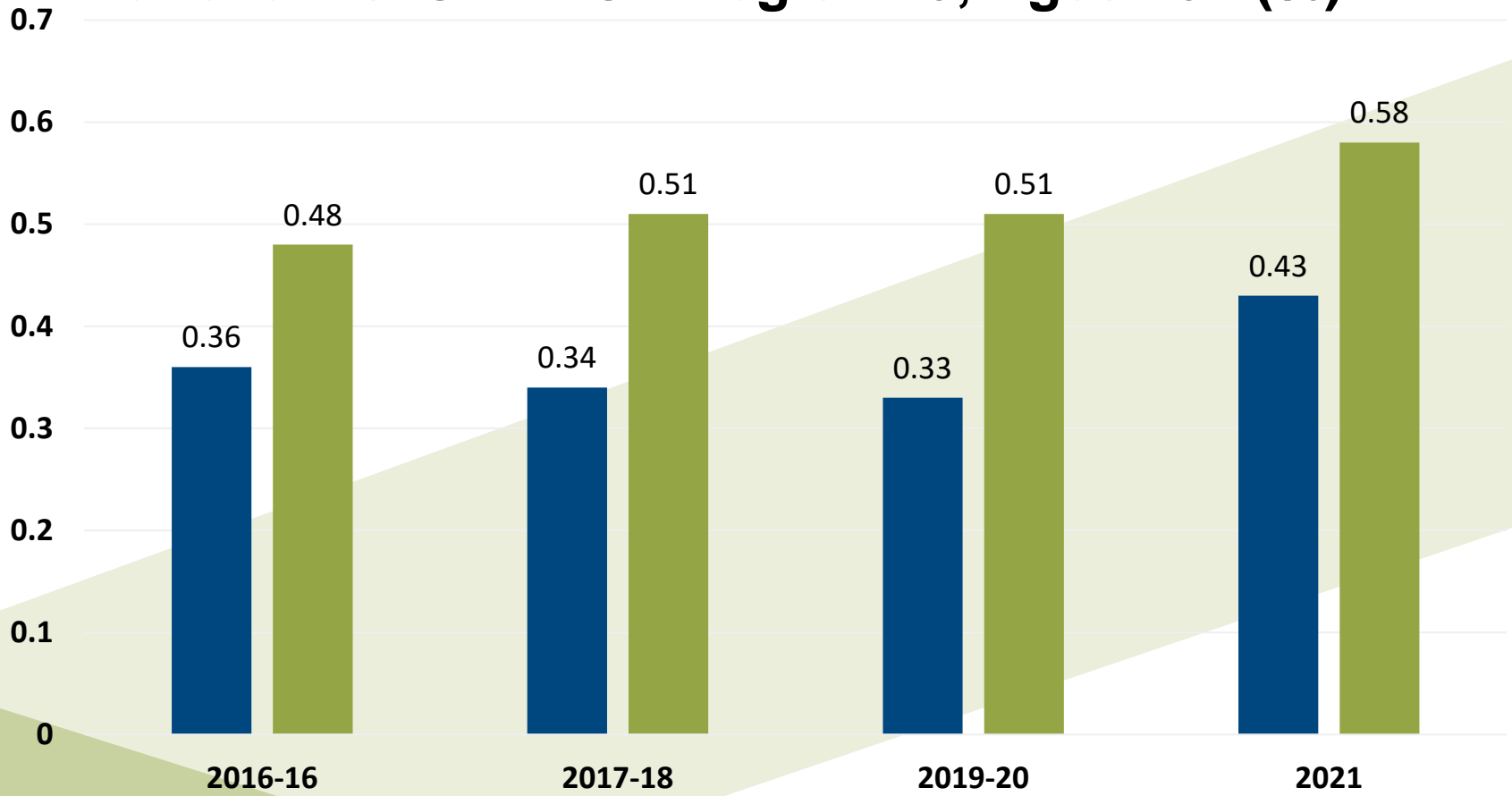


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Heroin Use

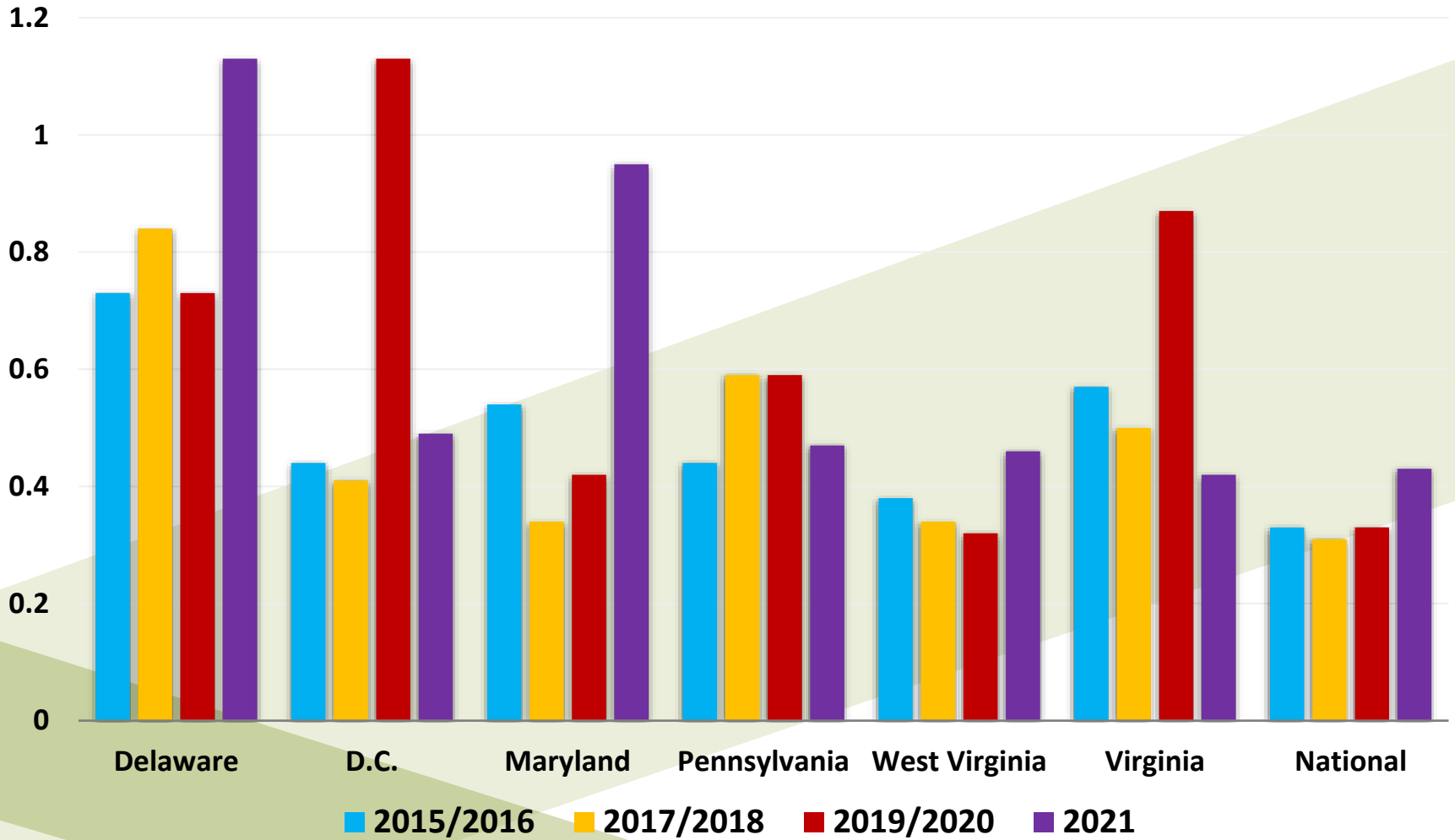
National vs. SAMHSA Region #3, Ages 18+ (%)



■ United States ■ HHS Region #3

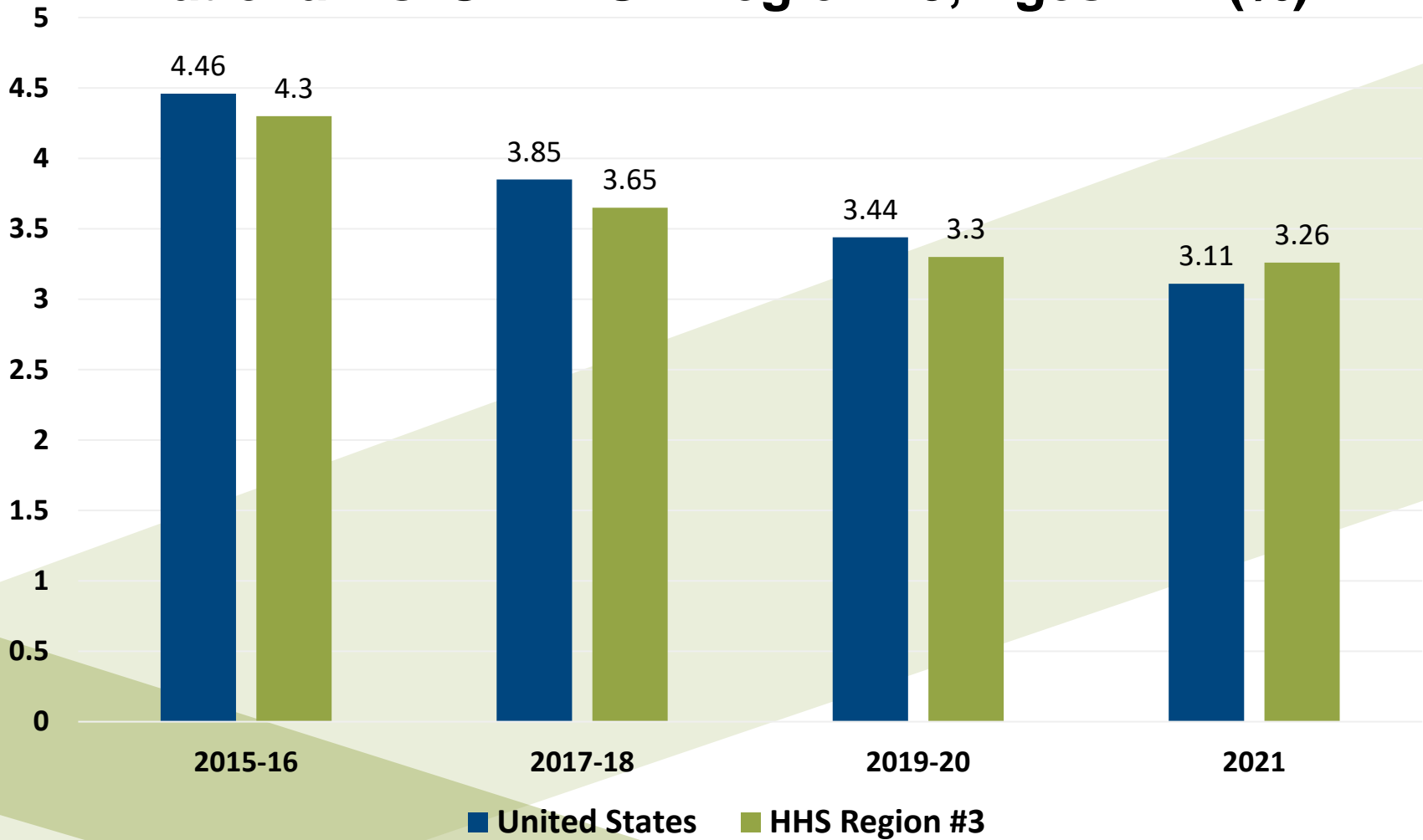
Past Year Heroin Use

Ages 18+ (%)



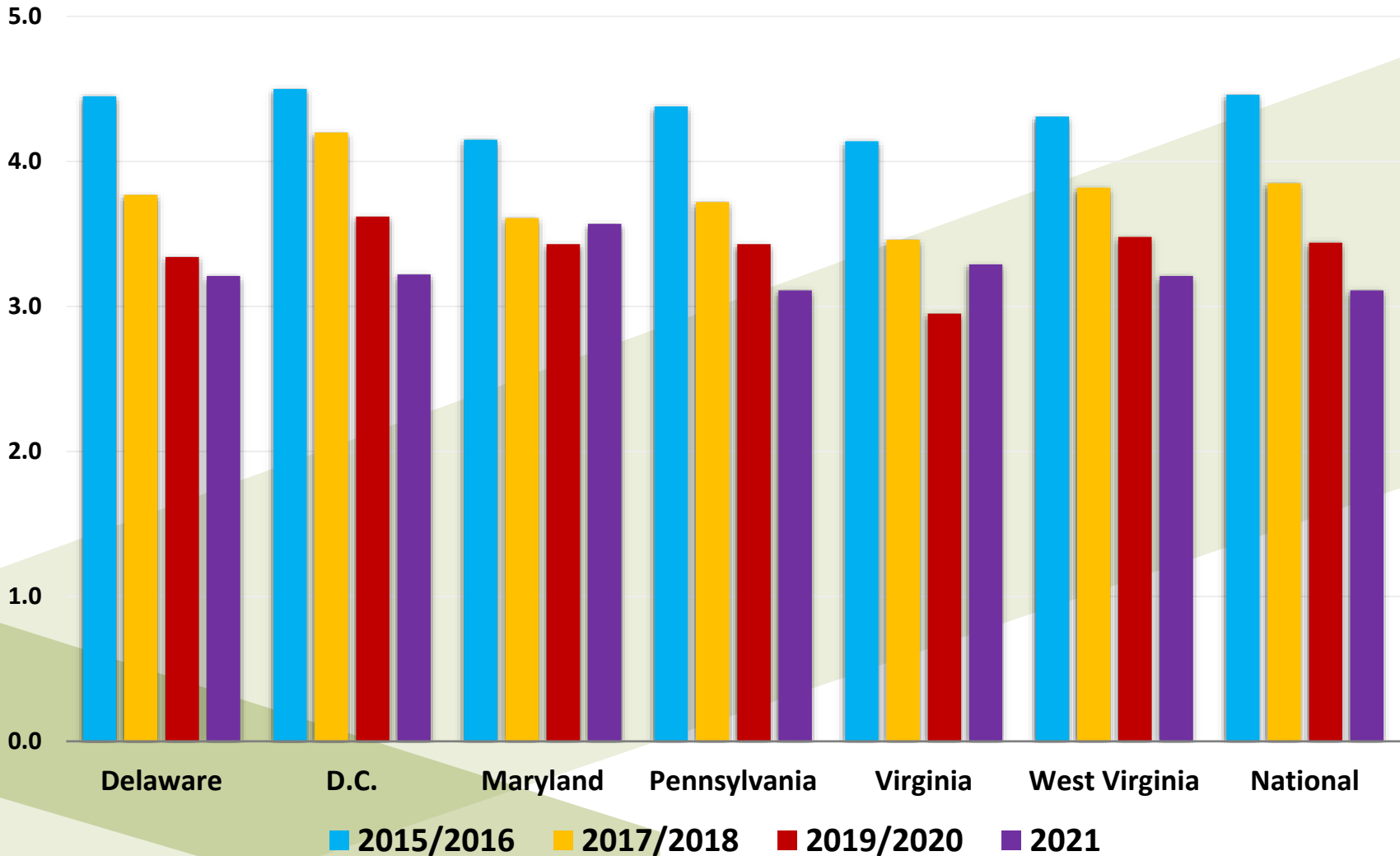
Pain Reliever Misuse

National vs. SAMHSA Region #3, Ages 12+ (%)



Past Year Pain Reliever Misuse

Ages 12+ (%)



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Fentanyl Use

- Often added to heroin to increase its potency or disguised as highly potent heroin
- Many users believe that they are purchasing heroin and don't know that it includes fentanyl
- Synthetic fentanyl is sold illegally as a powder, dropped onto blotter paper, put in eye droppers and nasal sprays, or pills that look like other prescription opioids



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Opioid Threat Assessment (DEA)

- Fentanyl and illegally sourced prescription opioids readily available across most of the United States
- Transnational Criminal Organizations (TCOs) in Mexico mass-produce illicit fentanyl and fentanyl-laced fake pills with chemicals sourced largely from China
- COVID may have temporarily disrupted illicit opioid supply chains earlier in the pandemic
 - However, it may have also forced people to turn to substances they are less familiar with



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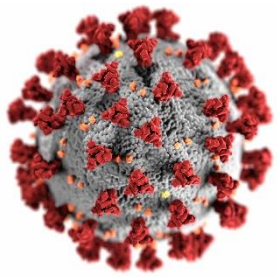
Causes and Impact of Opioid Changes

- Causes
 - Strategies successfully addressing supply issues and not demand issues leading to substitution effect (RAND)
 - Tolerance build-up (NIDA)
- Impacts
 - Increases in overdoses and need for more harm reduction
 - Better understanding of the importance of addressing root causes of demand



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Impacts of COVID-19 on Opioid Use

- Data shows increases in substance use since the COVID-19 pandemic began
- Increases in the number of positive urine drug screens ordered by health care providers and legal systems
- Significant impacts on opioid risk and protective factors
- Lack of access to treatment opportunities or medication
- Harsher impacts felt by communities already hardest hit by the opioid epidemic
- Changes in the drug supply chain can increase risks

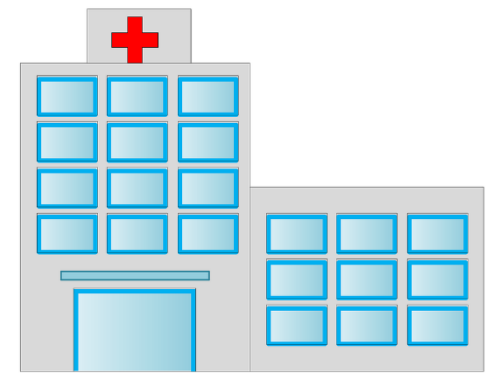


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Opioid Consequence Trends

- Fatal Overdoses
- Impacted Populations
- Economic Costs
- Crime Rates
- Other



Discussion Question



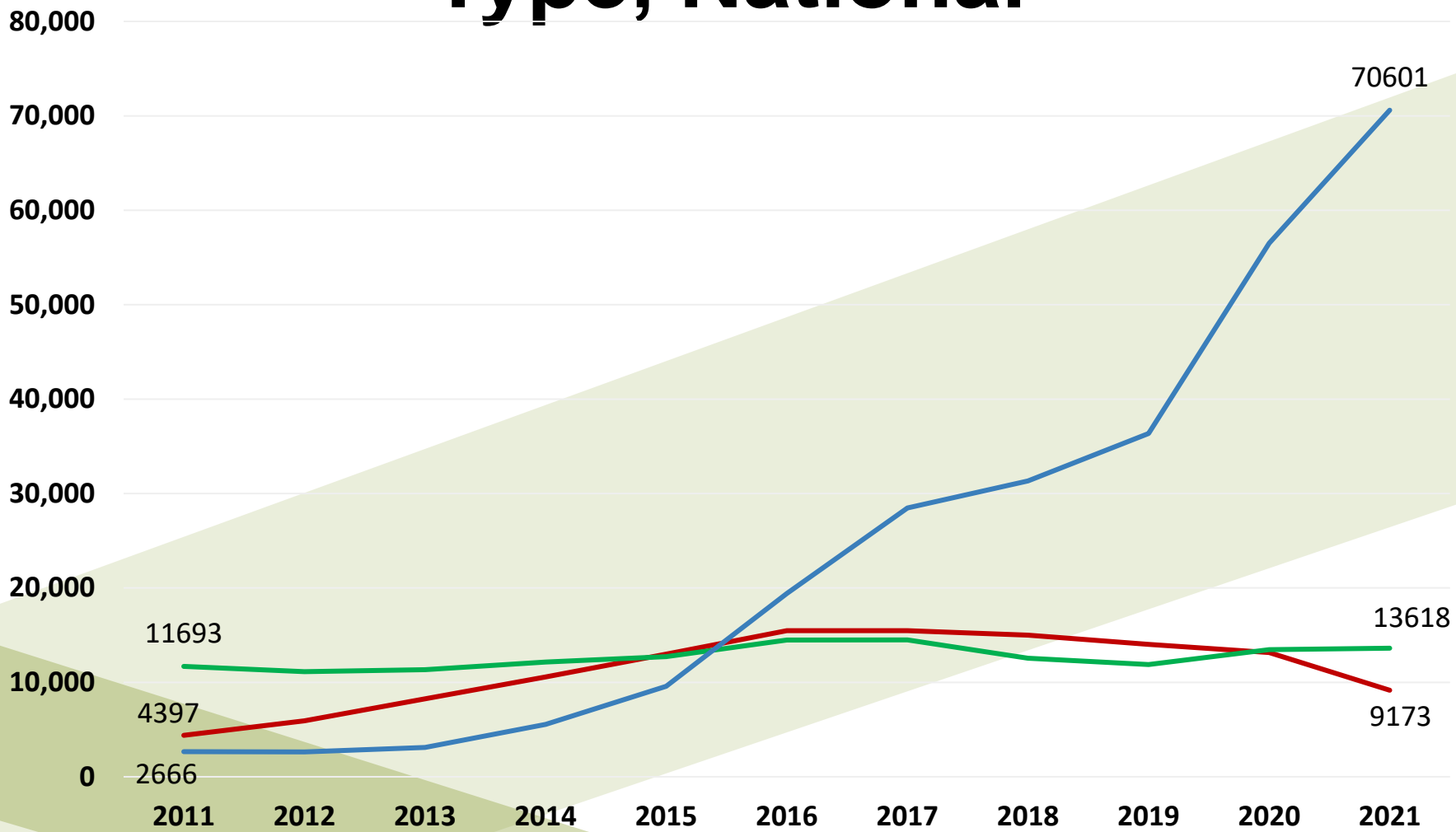
What changes or trends in opioid overdoses have you seen in your community?



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Opioid-Involved Overdose Deaths by Type, National



— Heroin — Prescription Opioids — Fentanyl

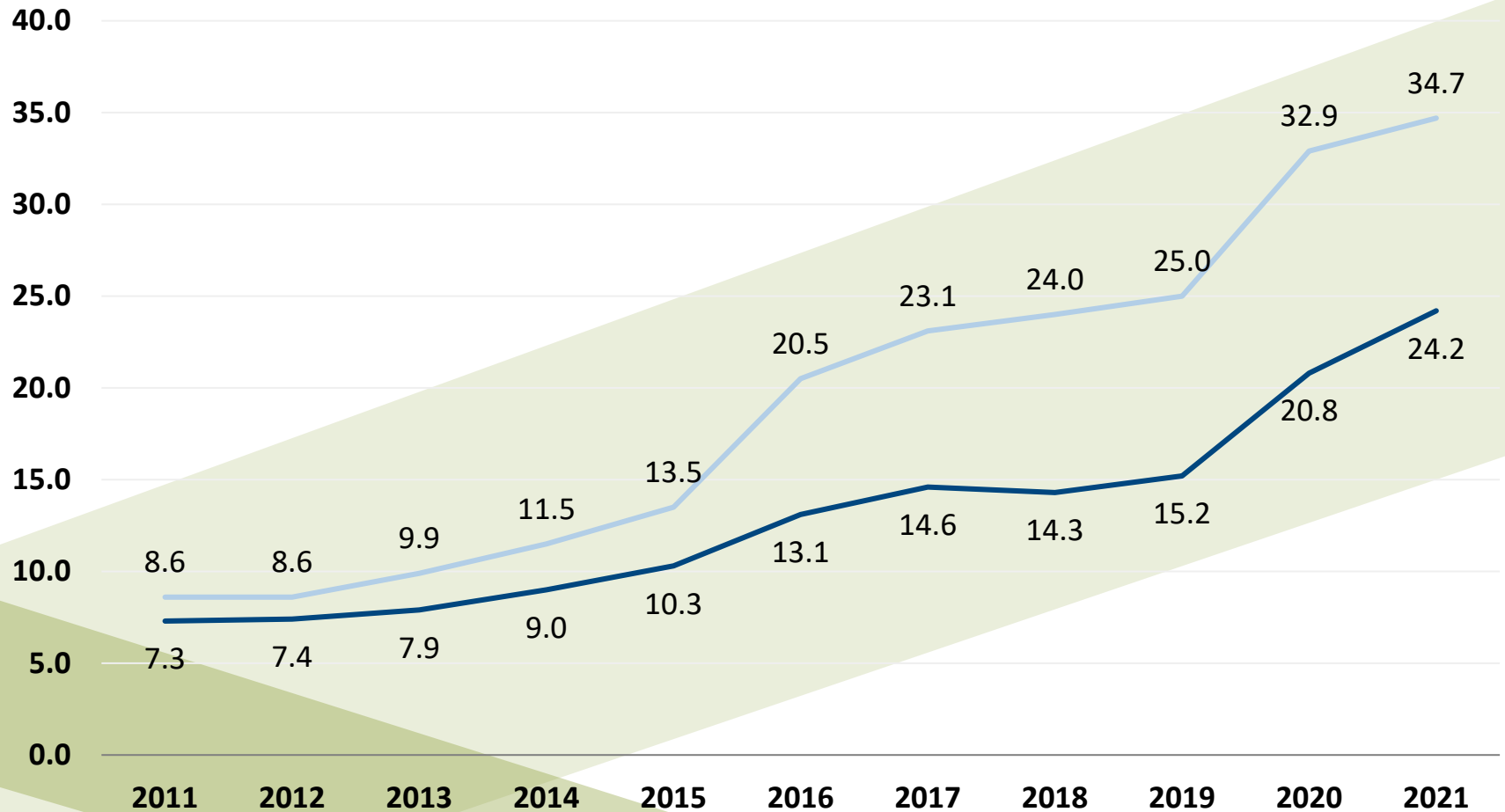


Percent of Opioid-Involved Overdoses by Type

	Prescription Opioids	Heroin	Fentanyl	Methadone & Others
2010	51.9%	14.4%	14.3%	33.0%
2015	38.4%	39.3%	28.9%	18.3%
2020	19.7%	19.2%	82.3%	7.6%

Percentages add up to more than 100% because overdoses can involve multiple substances

Opioid-Involved Overdose Deaths Per 100,000 People



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— National

— HHS Region #3

Opioid Overdose Rate by Type

SAMHSA Region 3 States, 2021

State	Heroin	Prescription Opioids	Fentanyl
Delaware	6.7	4.8	41.0
DC	7.5	3.9	49.3
Maryland	1.0	4.5	37.3
Pennsylvania	3.6	4.8	29.2
Virginia	4.6	3.4	23.9
West Virginia	2.3	11.6	66.7



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Other Region 3 Opioid Overdose Data, 2021

Race/Ethnicity	Per 100,000 People
African American	51.3
White	33.8
Hispanic/Latino Origin	21.2
Multiracial	9.3
Asian American	2.9

Age Range	Per 100K People
15 - 24	16.3
25 -34	60.9
35 -44	69.5
45 - 54	57.6
55 -64	47.4
65 -74	15.7
75 - 84	1.9

Gender	Per 100K People
Male	49.8
Female	19.8



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Economic Costs

In 2017 (most recent year with complete data)

- The opioid epidemic cost the US \$1.021 trillion
 - \$550 billion related to overdoses
 - \$471 billion related to opioid use disorder
- Cost components
 - Overdoses: health care, lost productivity, statistical value of life
 - OUD: health care, substance use treatment, criminal justice, lost productivity, statistical value of reduced quality of life



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Crime Rates

- Substance-involved crime rates are complicated to analyze and should be viewed with caution
- Opioid-involved crime rate (Chen et al):
 - 2005: 32.0 per 100,000 people
 - 2016: 91.4
 - 2018: 78.3



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Polysubstance Use



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Polysubstance Use

- Intentional
 - Wide variety of combinations of substances that people choose to use
 - Xylazine is an emerging threat is increasingly being found in the illicit drug supply
- Unintentional
 - Frequently the result of fentanyl unknowingly being consumed due to its presence in other substances
 - 42% of all fentanyl seized by the DEA in 2019 was mixed with other substances (NDTA)



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Why Does Polysubstance Use Occur?

- Suppliers seeking to cheaply increase potency of products (DEA)
- Consumers self-medicating (e.g., trying to “balance” depressants and stimulants), seeking multiple sensations, or having multiple use disorders (CDC)
- Consumers accidentally/unthinkingly mixing substances (CDC)
 - E.g., consuming alcohol alongside another substance



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Importance of Addressing Polysubstance Use

- Polysubstance use is associated with significantly higher risks of (Conner et al):
 - Co-occurring behavioral disorders
 - Cognitive disorders
 - Physical health problems
- More common among populations that suffer from discrimination and prejudice (Banks et al)
- Prevention a key step to improving health outcomes and reducing disparities



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Discussion Question

What does polysubstance use look like in your community?



Scope of Polysubstance Use

- 42.9% of substance use treatment admissions are for polysubstance use (TEDS)
 - Polysubstance use may be even higher among the over 80% of people in need of treatment but do not receive it
- Percentage of opioid overdoses involving other substances (i.e., stimulants, alcohol, cannabis, or hallucinogens are rising)

	National	HHS Region #3
2015	32.3%	29.4%
2020	51.0%	49.3%

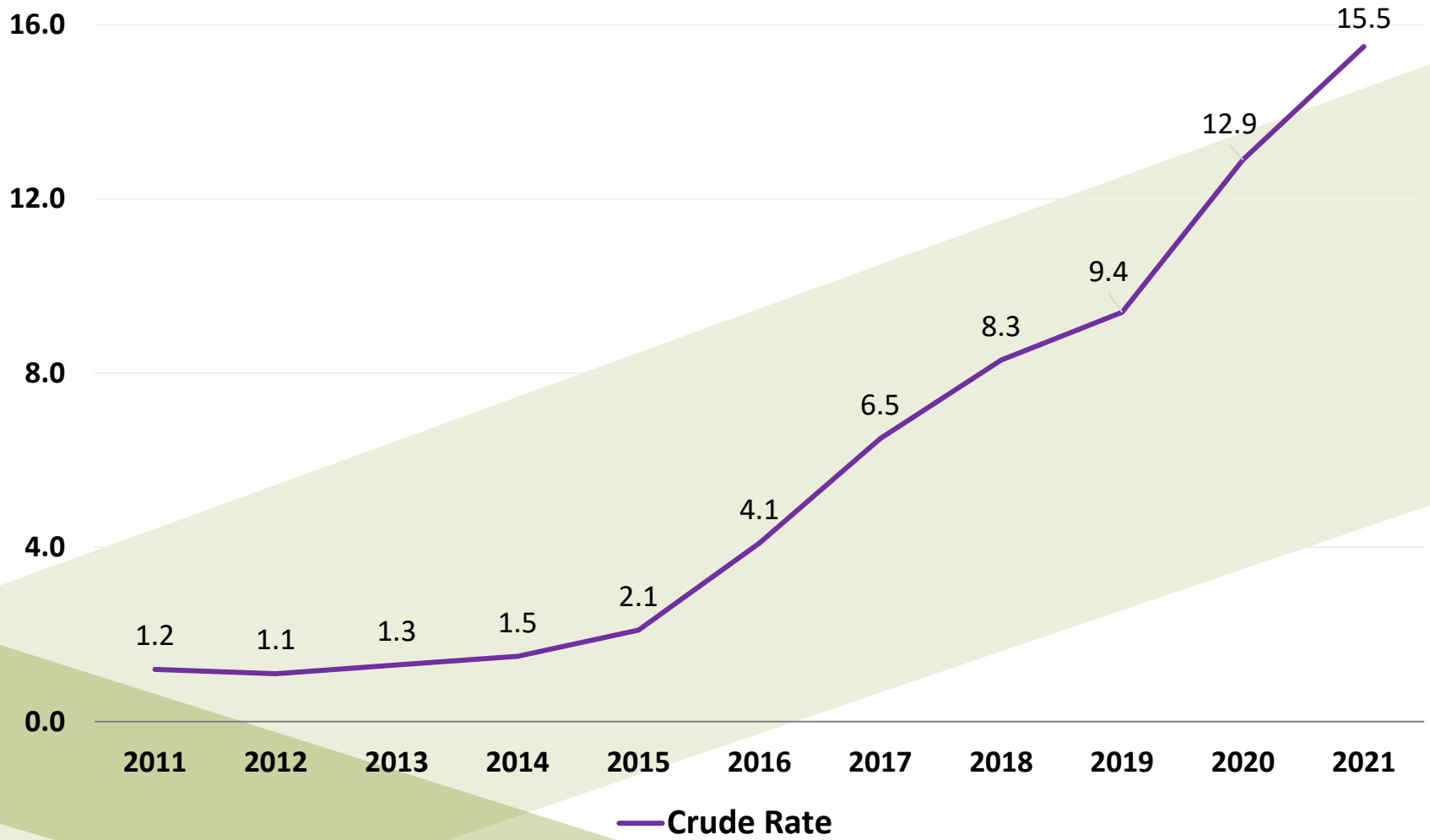
Scope of Polysubstance Use

2021 Opioid-Involved Overdoses

	National	HHS Region #3
TOTAL	80,410	10,822
Involve Cocaine	19,250 (24%)	3,184 (29%)
Involve Methamphetamine	21,371 (27%)	2,003 (19%)
Involve Alcohol	12,363 (15%)	1,679 (16%)
Involve Cannabis	891 (1%)	164 (2%)

Overdoses without opioids involved are also on the rise, indicating that this is a multi-faceted issue

Fatal Opioid Overdoses Per 100,000 People that include Cocaine or Meth, Region 3



Opioid Risk and Protective Factors



Risk Factors for Opioid Use

- Past and current substance use
- Mental health disorder
- Male gender
- Younger age
- Opioid pain relievers misuse or dependence (Heroin)
- High level of pain or chronic pain
- Experiencing discrimination
- Personality characteristics, such as cynicism, or a high level of anger toward self and others (Heroin)
- History of polysubstance use (Heroin)
- Having ever been in jail or a detention center (Heroin)
- History of child abuse (Heroin)
- High dose, prolonged duration, extended-release opioids



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Protective Factors Against Opioid Use

- Positive connections to family, friends, or community strong coping and problem-solving skills
- Cultural or religious beliefs that value self-preservation
- Availability of and access to clinical services and medical treatment
- Willingness to get treatment
- Having a long-acting opioid prescription
- Greater perception of substance abuse risks
- Community norms against use



General Substance Use Risk Factors

- Early initiation of substance use
- Peer substance use
- Genetic predictors
- Early and persistent problem behavior
- Family conflict
- Poor grades in school
- Lack of commitment to school
- High availability of substances
- Low neighborhood attachment
- Community disorganization
- Low socioeconomic status
- Transitions and mobility



General Substance Use Protective Factors

- Self-efficacy
- Spirituality
- Resiliency
- Opportunities for positive social involvement
- Bonding
- Healthy beliefs and standards for behavior
- Positive norms
- Adequate socioeconomic resources for the family
- Positive partnering between school and family
- Opportunities for engagement within school and community
- Presence of mentors and support for development of skills and interests



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Social Determinants of Health

The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks



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Conclusion

- The opioid epidemic has changed in recent years, but remains a major public health issue
- New challenges have arisen from many of these changes, such as needing to understand and address polysubstance use
- Fatal overdoses are rising dramatically, largely driven by fentanyl use (knowingly or unknowingly)
- We'll talk about strategies for addressing the epidemic in the next webinar on Thursday!

Q & A

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Contact Us



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Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

a program managed by



Central East PTTC website:
www.pttcnetwork.org/centraleast

Danya Institute website:
www.danyainstitute.org

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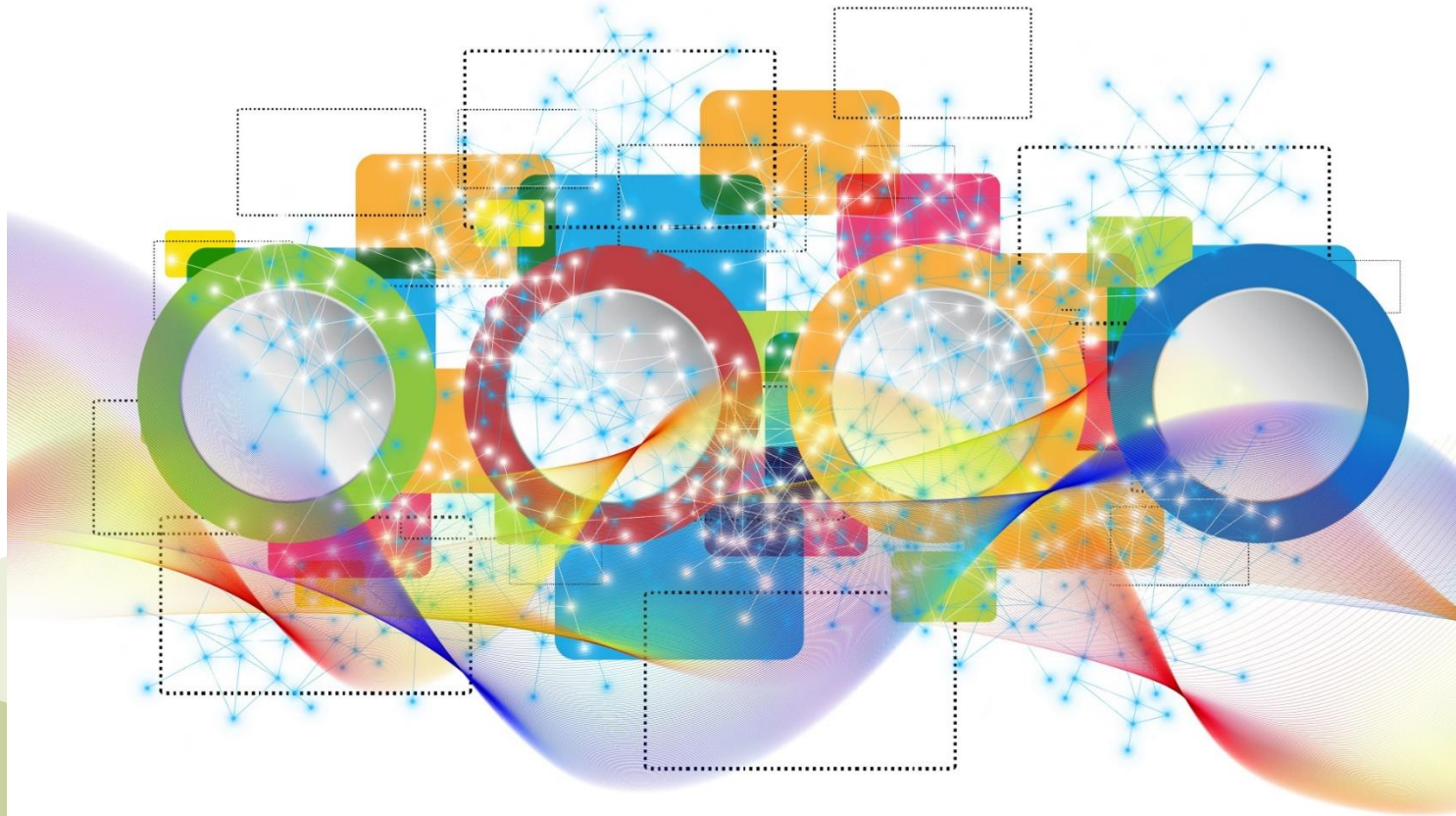
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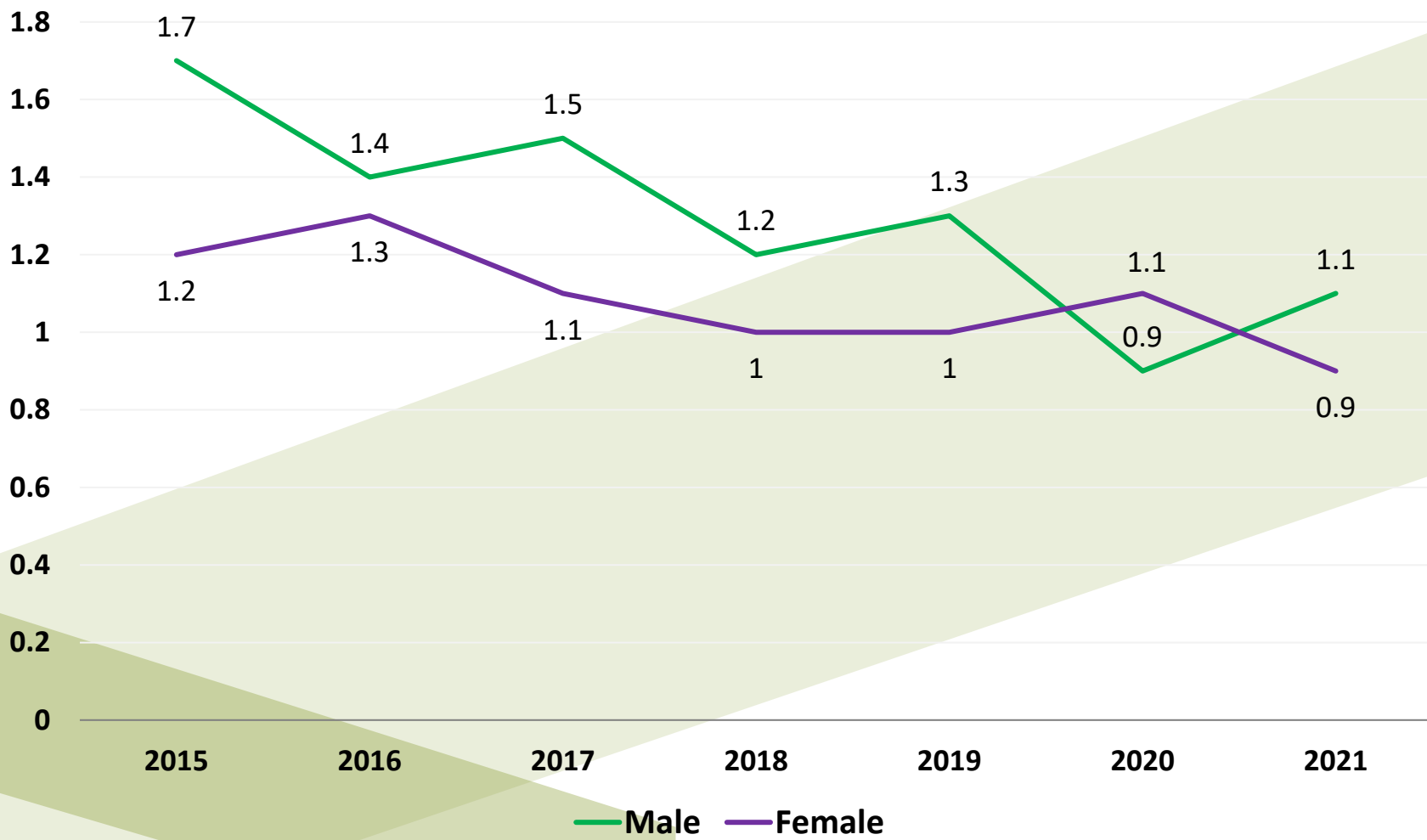
Data Appendix



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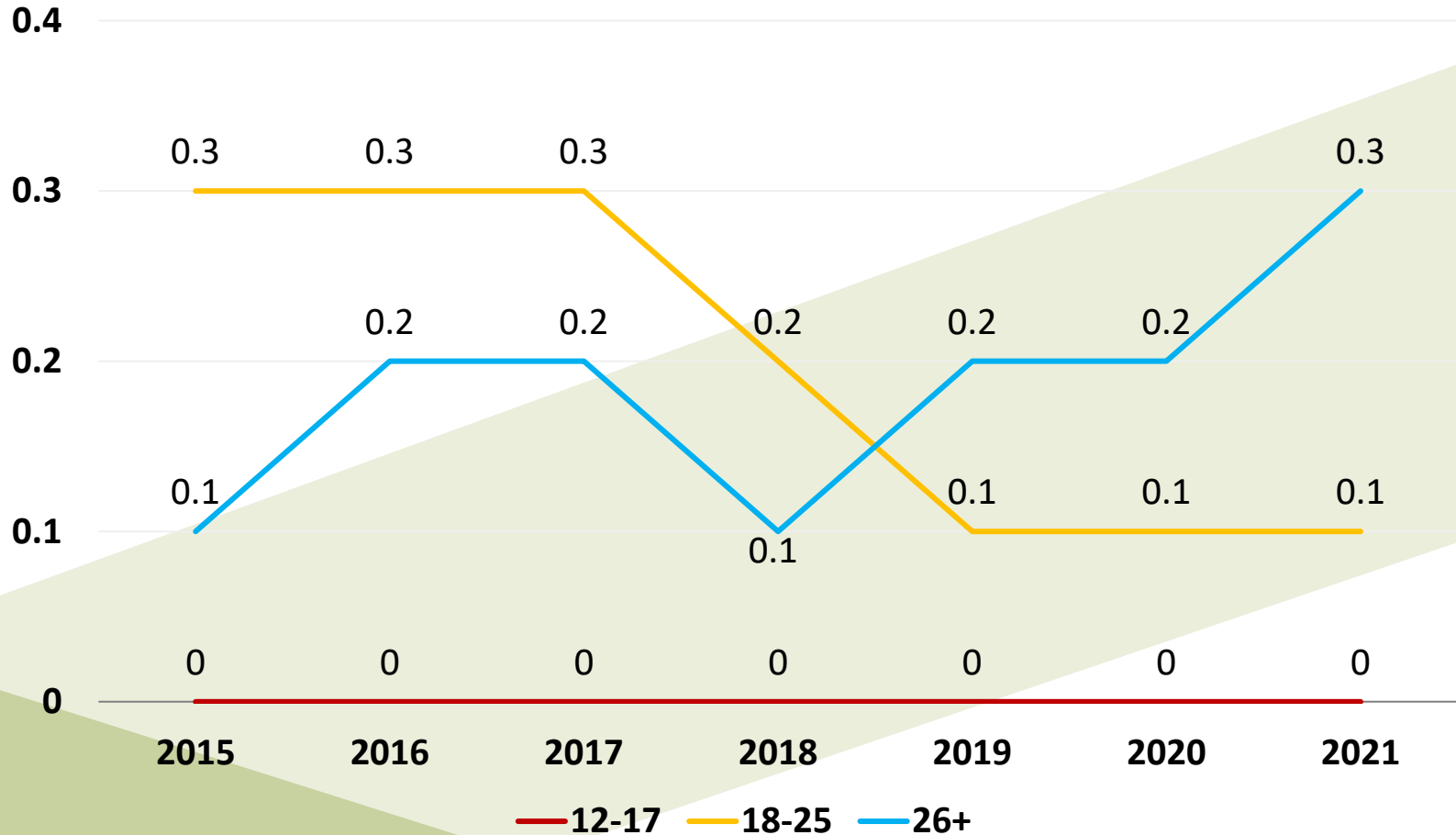
Past Month Opioid Use By Gender (%), Ages 12+



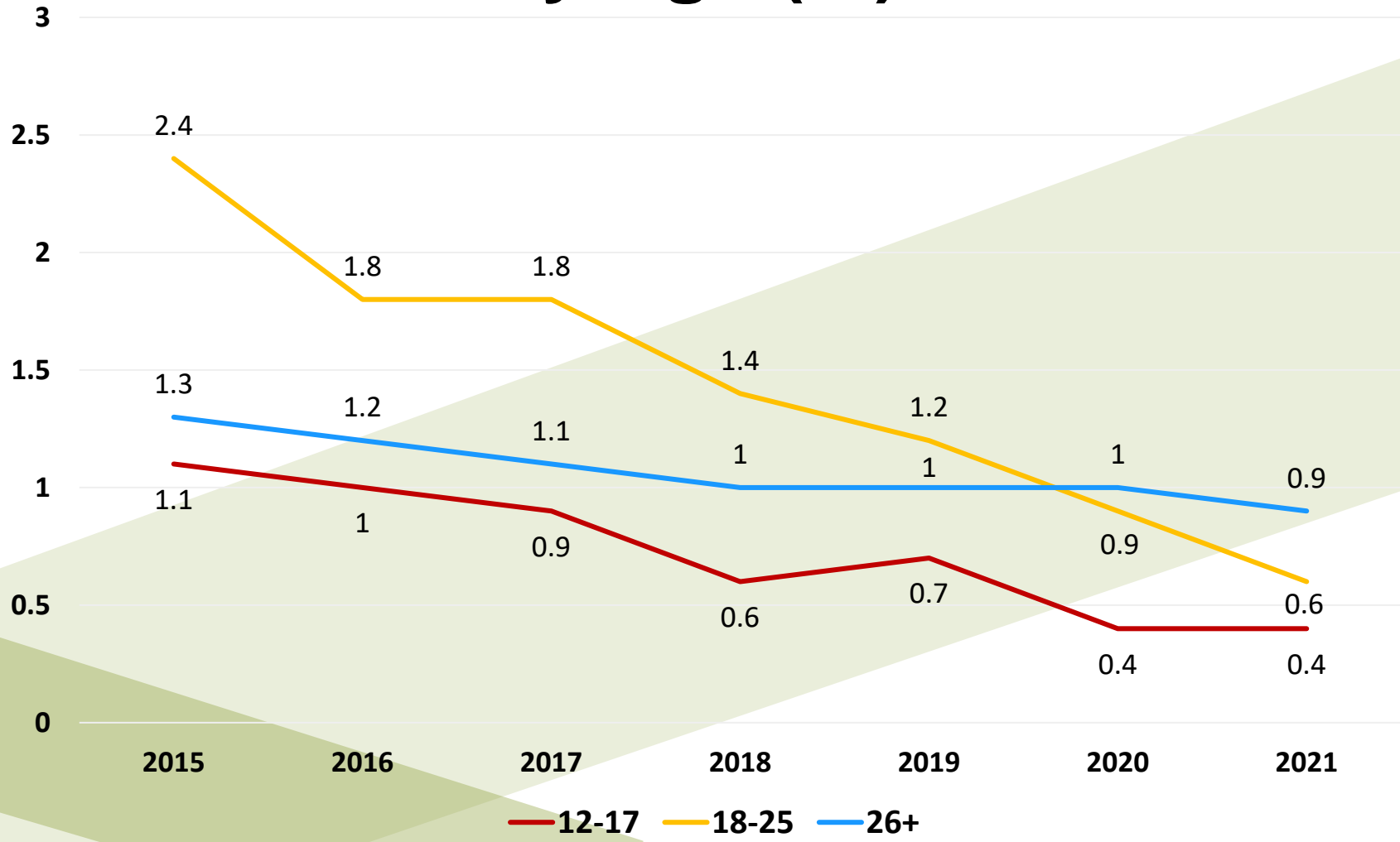
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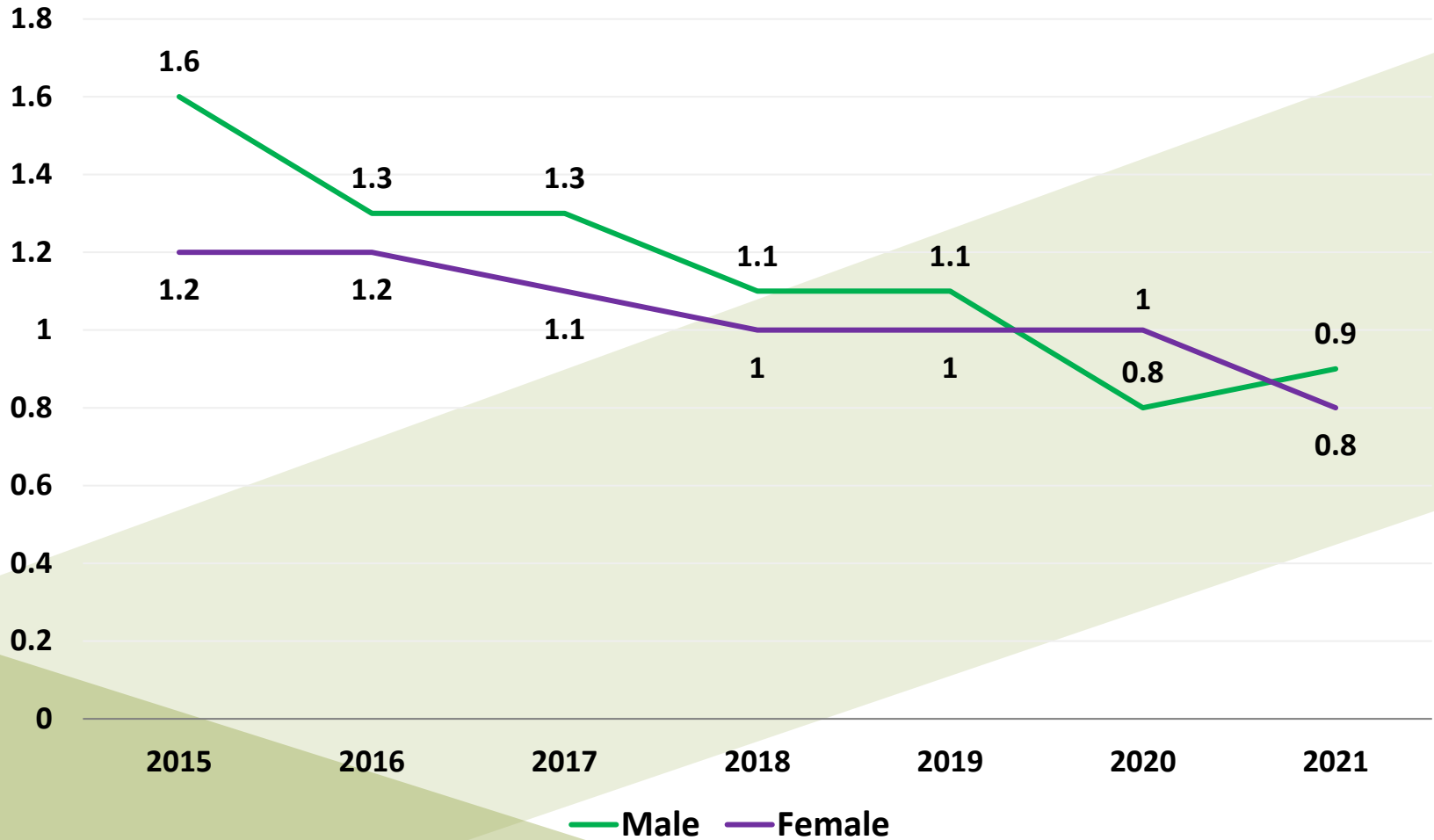
Past Month Heroin Use By Age (%)



Past Month Pain Reliever Misuse By Age (%)

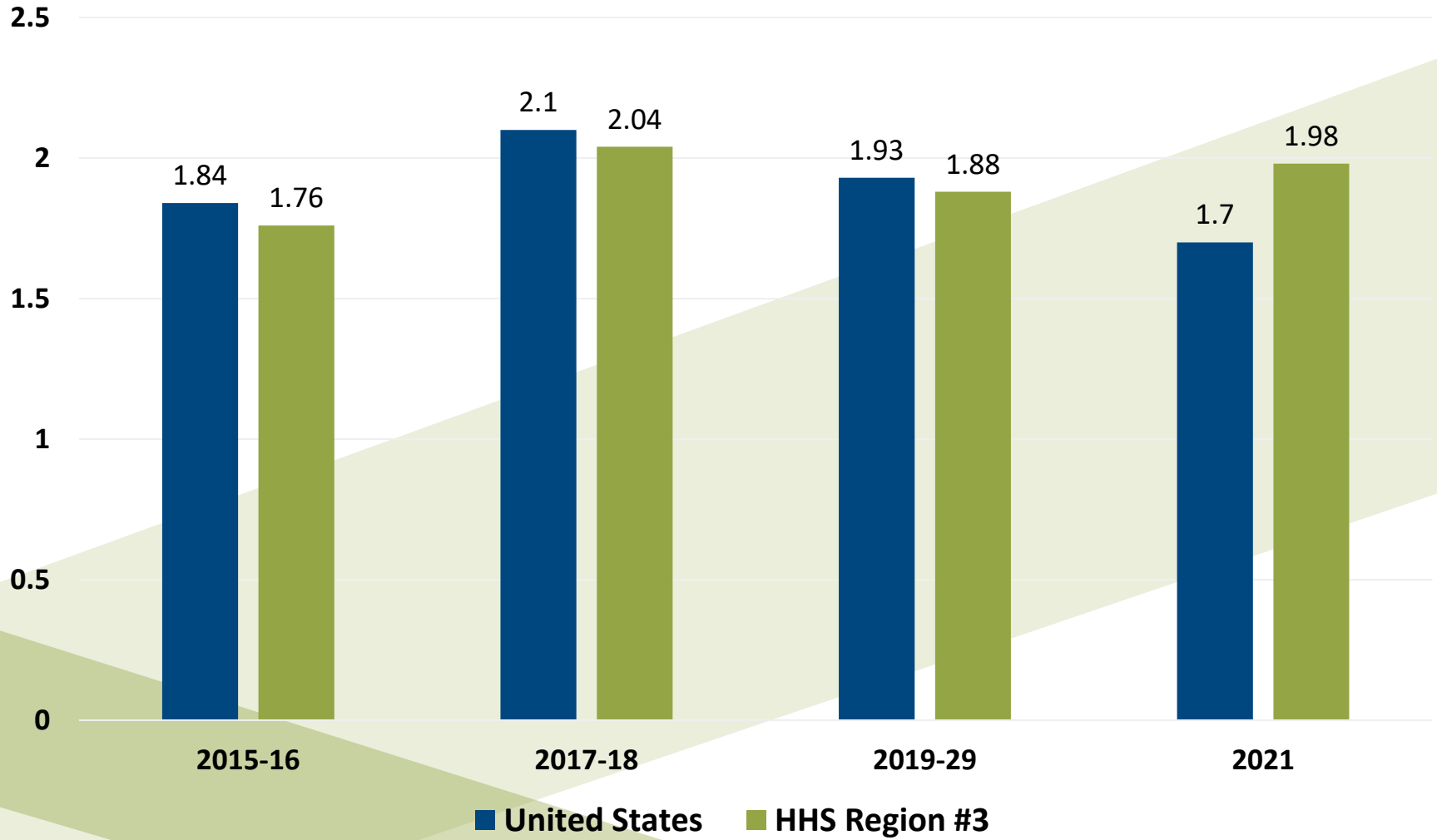


Past Month Pain Reliever Misuse By Gender (%), Ages 12+



Cocaine Use

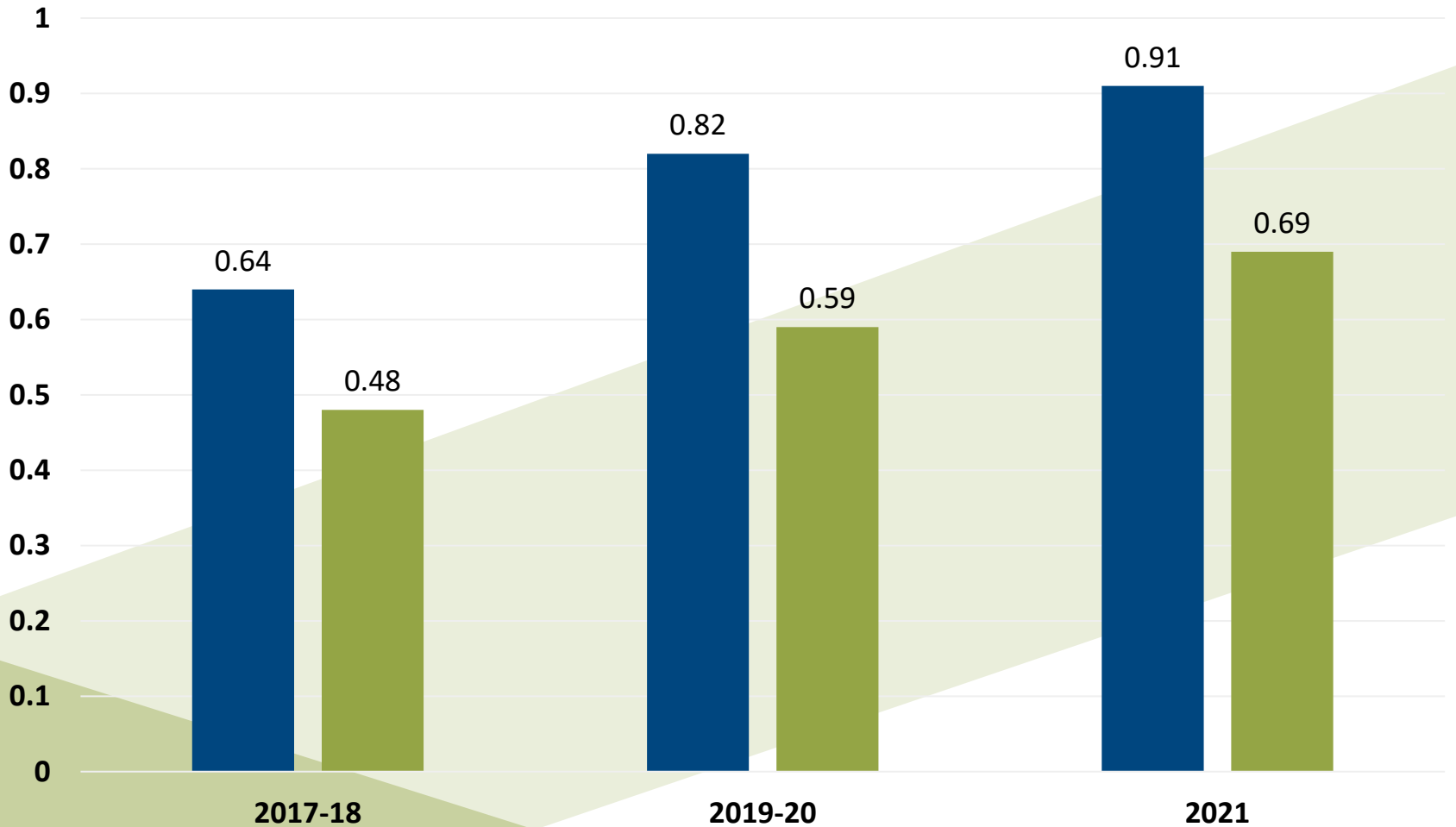
Ages 12+ (%)



■ United States ■ HHS Region #3

Methamphetamine Use

Ages 12+ (%)



■ United States ■ HHS Region #3



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National Opioid Data (NSDUH)

Among People Age 12+

- Note that numbers are in thousands

	Heroin Use	Prescription Opioid Use	Perceive Great Risk of Harm*
2020	513	2,536	225,613
2021	589	2,401	225,591
Change	+76	-135	-22

*Heroin, Try Once or Twice

Total and Per Capita Combined Costs (2017)

	Total	Per Capita
Delaware	N/A	N/A
District of Columbia	\$3.26 billion	\$4,968
Maryland	\$29.56 billion	\$4,884
Pennsylvania	N/A	N/A
Virginia	\$28.27 billion	\$3,337
West Virginia	\$13.16 billion	\$7,247

The cost of reduced quality of life and of loss of life are by far the largest components

Note: Costs were only calculated for 38 states + DC



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