

# Evidence-Based Substance Use Treatment

## --Recent Oregon Trends and Potential Solutions



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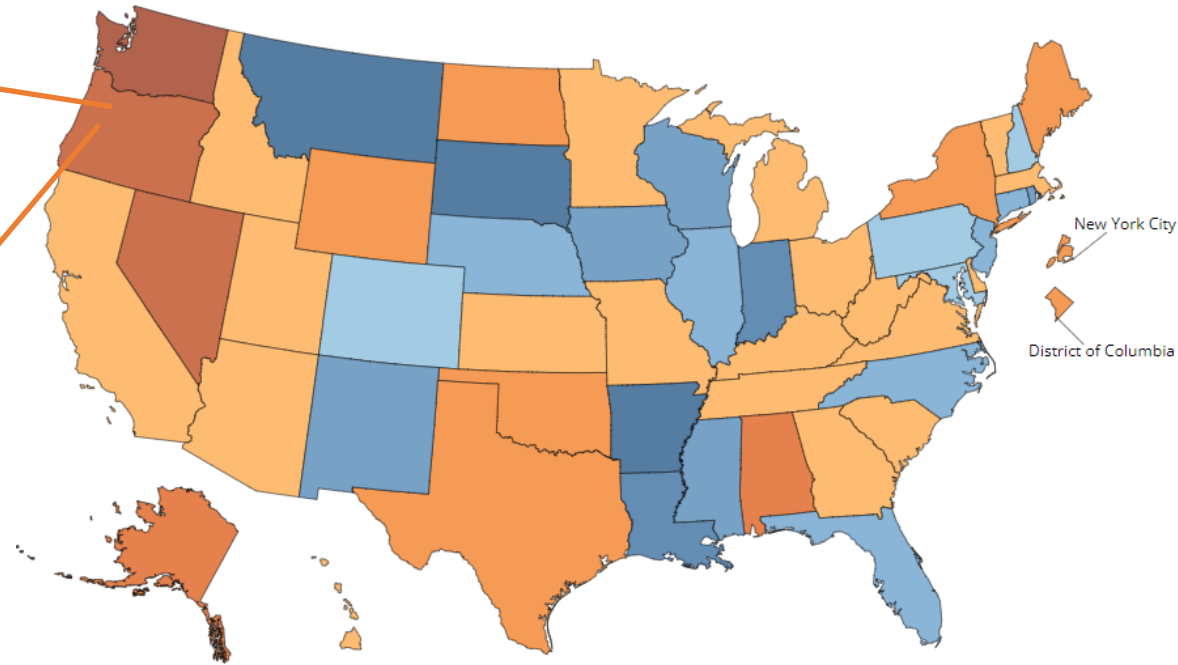
JOINT COMMITTEE ON ADDICTION AND COMMUNITY SAFETY RESPONSE  
DECEMBER 4, 2023

# Percent Change in 12-Month Overdose Deaths

## May 2022 – May 2023

**1,511** Oregon  
Predicted Drug  
Overdose Deaths

**22.6%** Increase  
from prior year

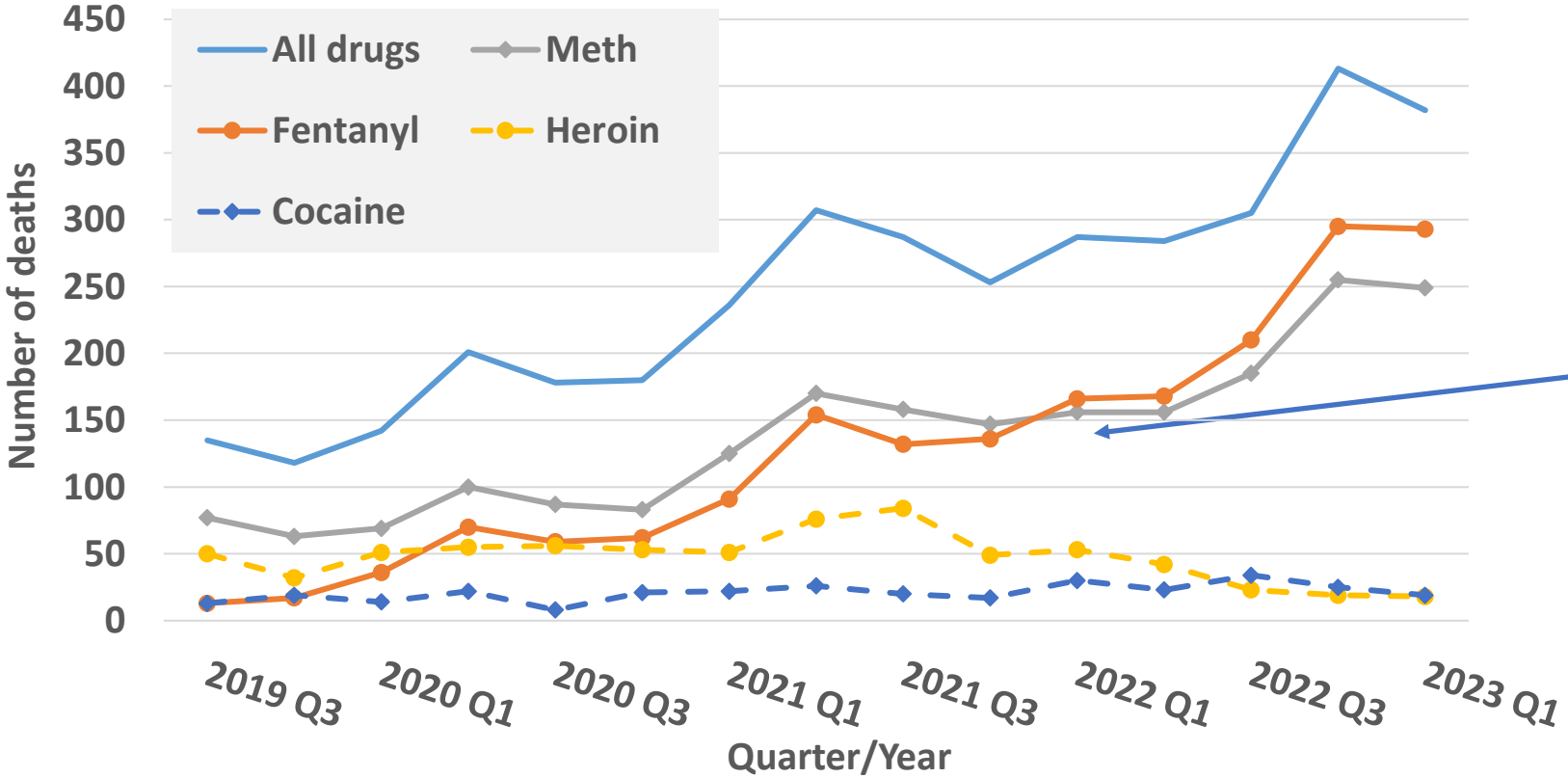


Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods  
-6 37.1

Ahmad FB, et al., Provisional drug overdose death counts. National Center for Health Statistics 2023  
<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm> accessed 12/29/22

# Oregon Overdose Deaths, July 2019 – March 2023

Unintentional/undetermined drug overdose deaths by drug and quarter, Oregon, July 2019 - March 2023\*



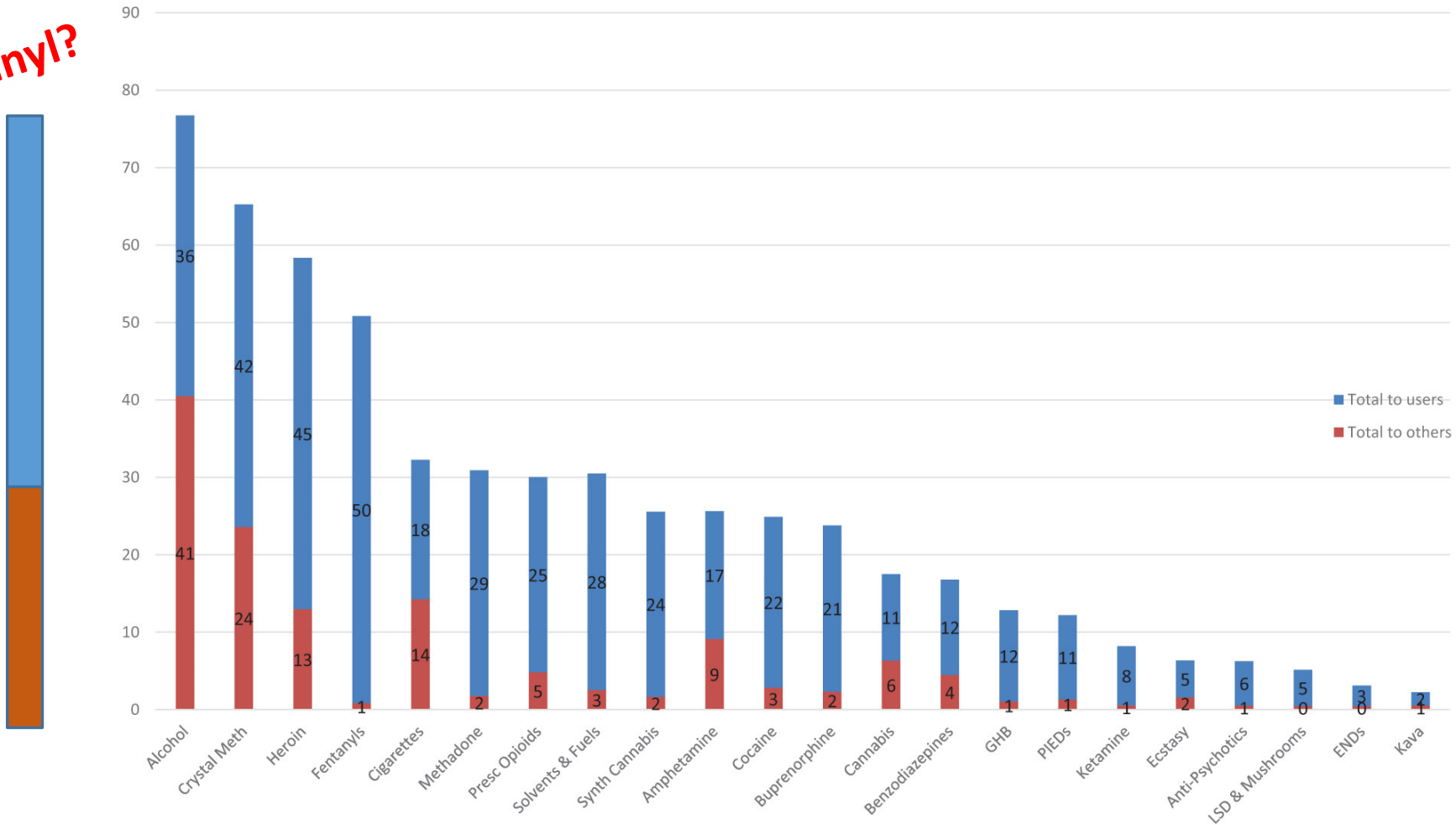
Fentanyl deaths newly exceeded methamphetamine deaths in 2022

Source: Oregon State Unintentional Drug Overdose Reporting System (SUDORS), 2023

# Not All Drugs are Equal

Harm to User vs Harm to Others

Fentanyl?



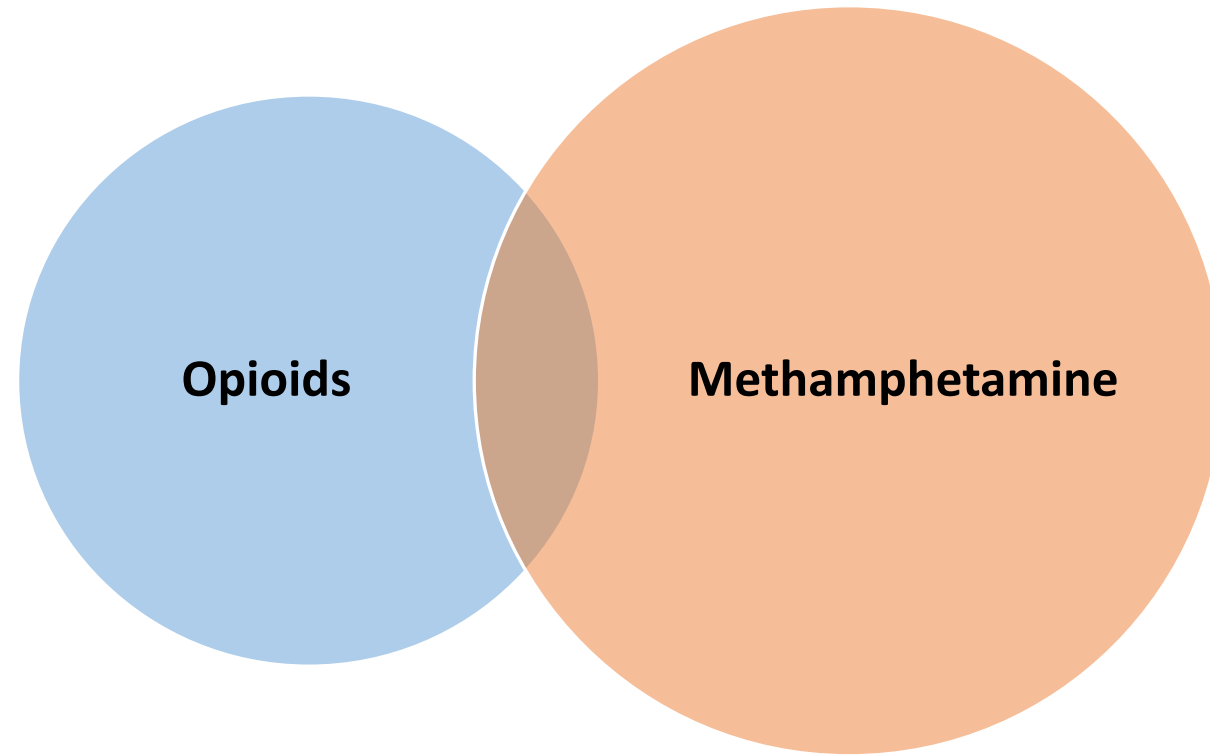
# How Is Fentanyl Different from Heroin?

- Synthesized in lab (vs. from poppies)
  - Cheaper to make/buy
- Activates opioid mu receptor
  - 50x more potent than heroin
- Shorter acting (1-2 hours)
  - Requires more frequent dosing
- Lipophilic (builds up in fatty tissues)
  - Stays in body longer

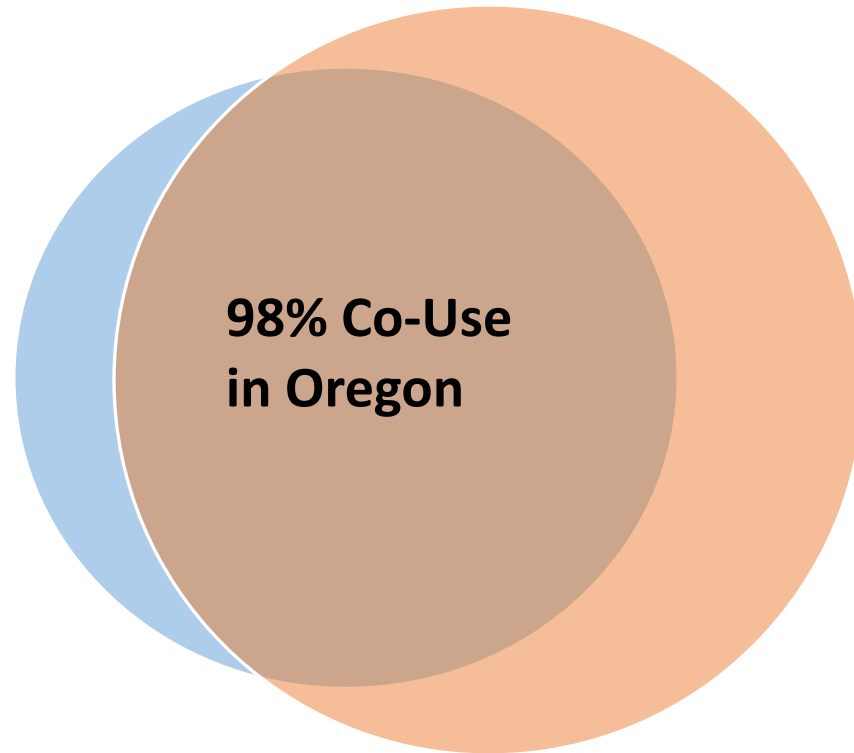


- More addictive
- Longer, more intense withdrawal symptoms

# Co-Use of Opioids & Methamphetamine

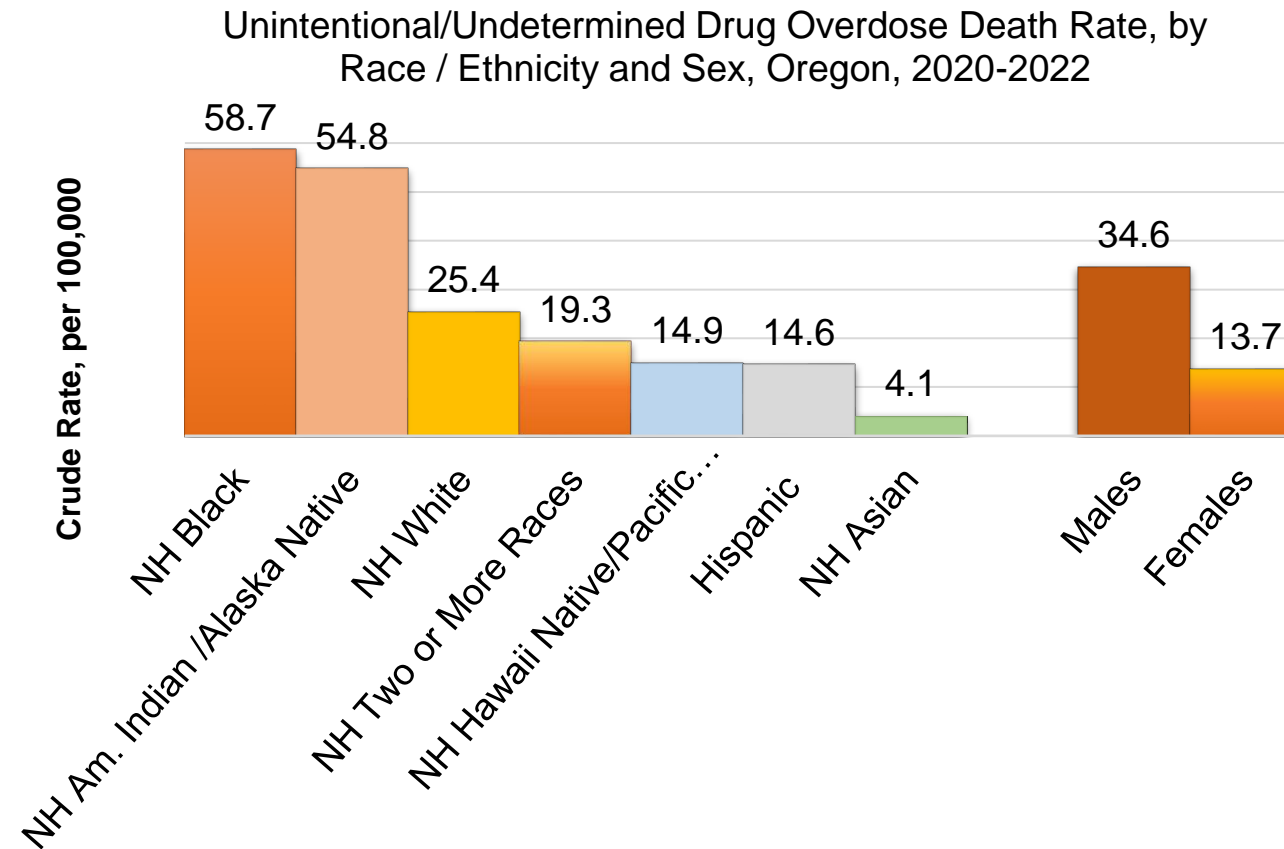


# Co-Use of Opioids & Methamphetamine



**Co-Use  
Tripled Odds of  
Overdose**

# Disproportionate Burden of Overdose Deaths in Oregon



Source: Oregon State Unintentional Drug Overdose Reporting System (SUDORS) 2023



# Incarceration and Drug Use in Rural Communities

- Survey of people who use drugs in rural counties in Oregon & 9 other states
- 42% Recently incarcerated in jail or prison
  - 85% reported opioid use
  - Only 18% received medication for opioid use disorder (MOUD)
- Those recently incarcerated more likely to:
  - Tried and failed to access treatment
  - Report a recent overdose
  - But not more likely to receive MOUD

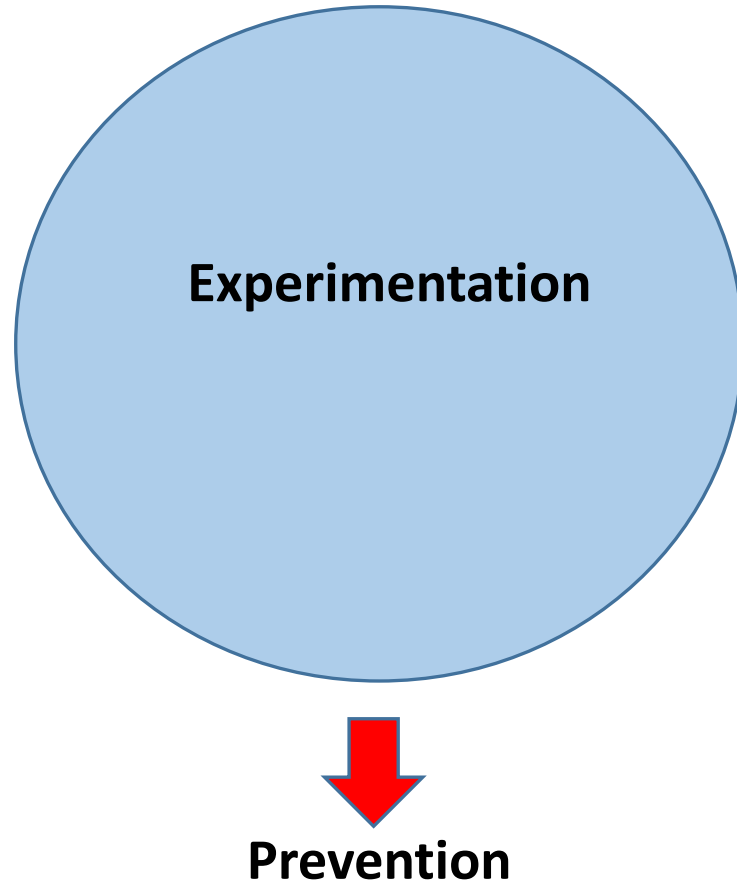
Need: Expand access to MOUD during and after incarceration

# Adolescent & Young Adults

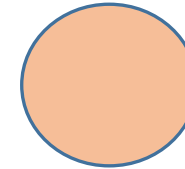


- Overlooked at-risk group
- *Oregon has fastest growing youth drug death rate in US*

# Two Adolescent Groups At-Risk of Overdose

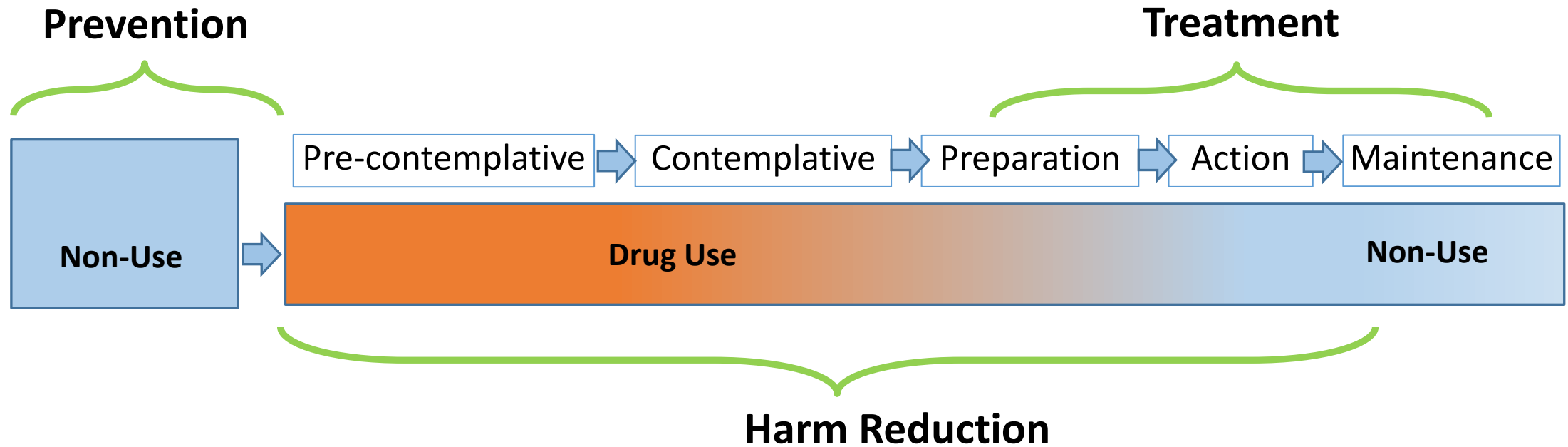


**Drug Use Disorder**



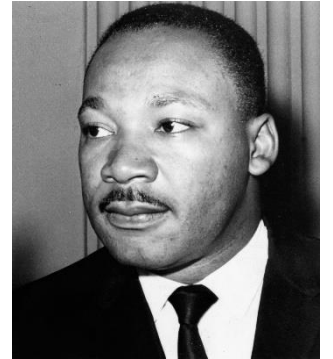
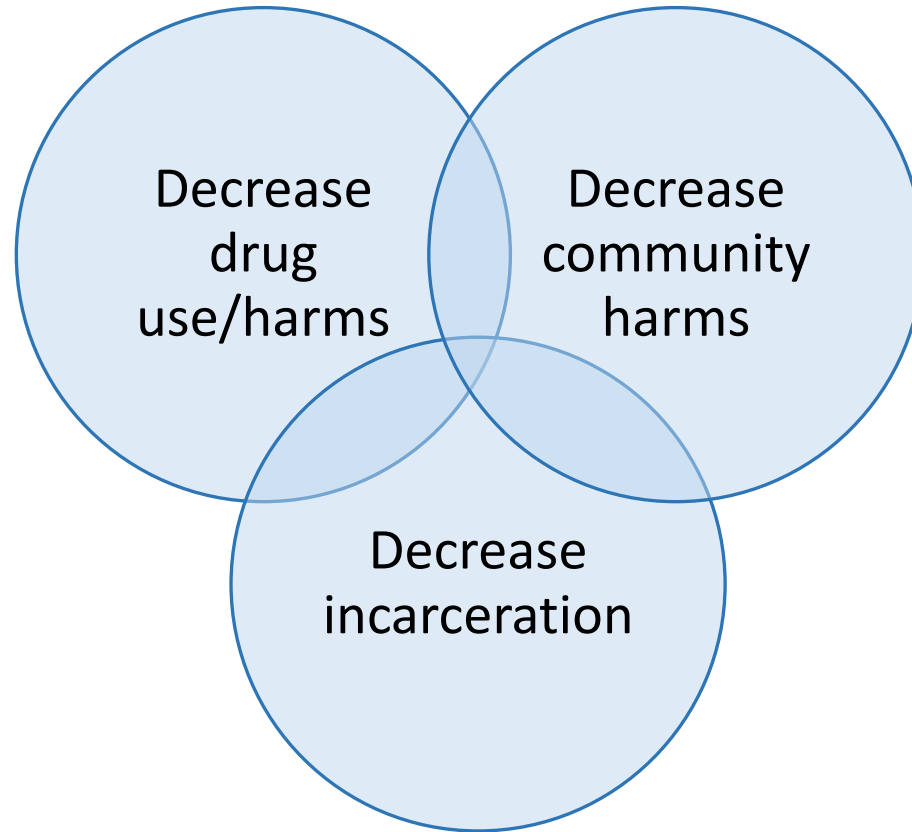
**Treatment  
Harm Reduction**

# Solutions Across the Drug Use Continuum



# Our Common Goal

*“Our ultimate end must be the creation of the beloved community.”*



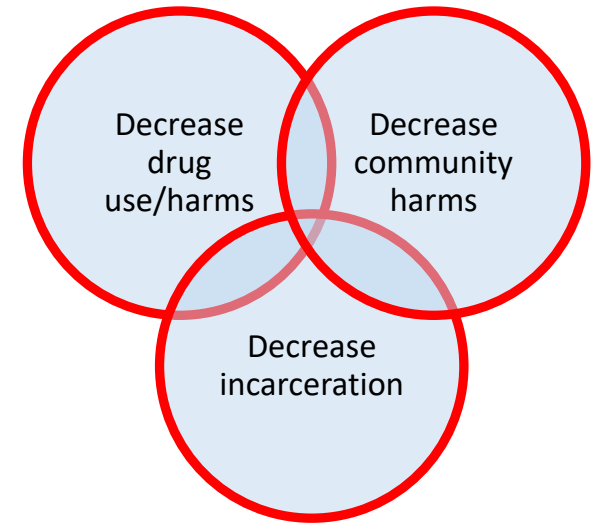
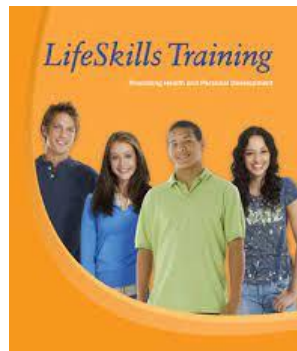
# Interventions that Work: Prevention

- **Goal**: Decrease the number of people who start drug use

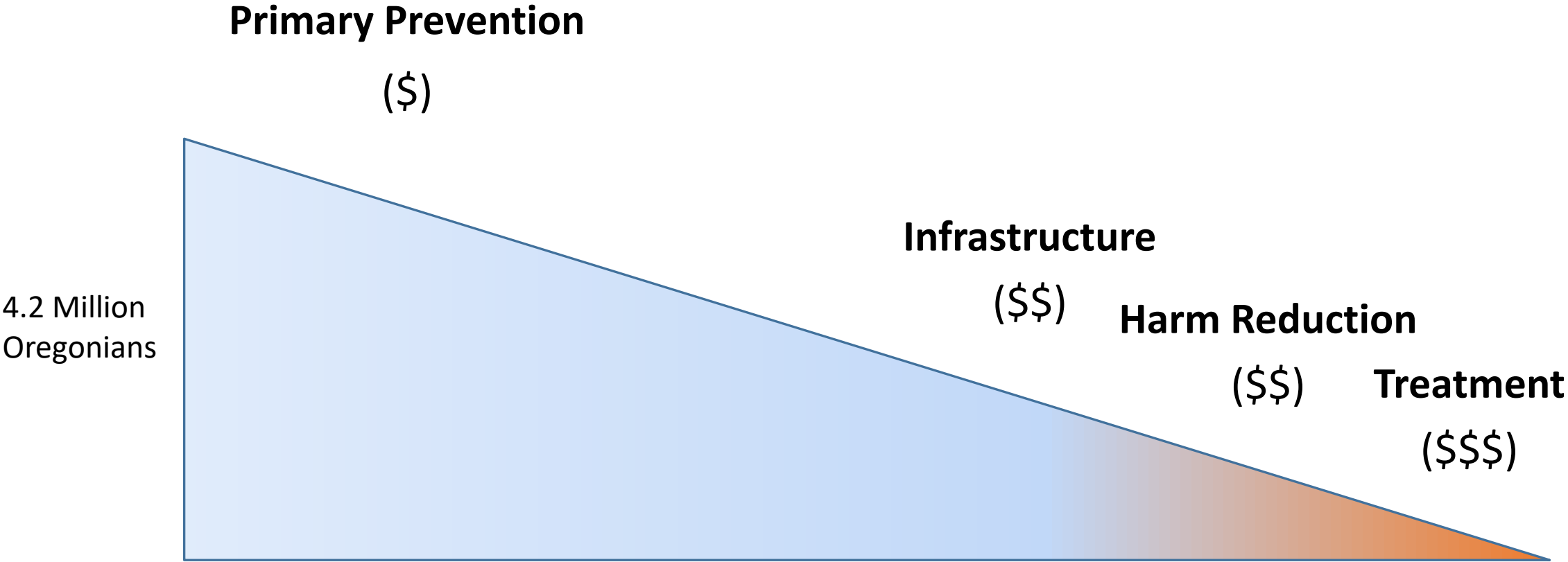
- **Public awareness campaigns**



- **School-based programs**
  - Resilience/Life skills curricula

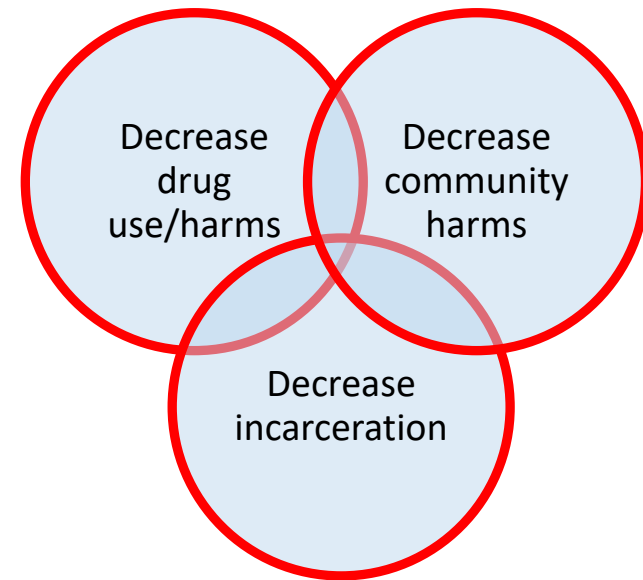


# Intervention Points in Oregon Population



# Interventions that Work: Medications

- **Buprenorphine**
  - Partial opioid agonist; risk of precipitated withdrawal
  - Can be prescribed outside Opioid Treatment Programs
- **Methadone**
  - Full opioid agonist; no precipitated withdrawal
  - Must be prescribed within Opioid Treatment Program
  - > 40 years data support<sup>1,2</sup>
    - Safety, sustained abstinence, reduced IDU risks
- **Extended-release naltrexone**
  - Opioid antagonist
  - Difficult to start from fentanyl

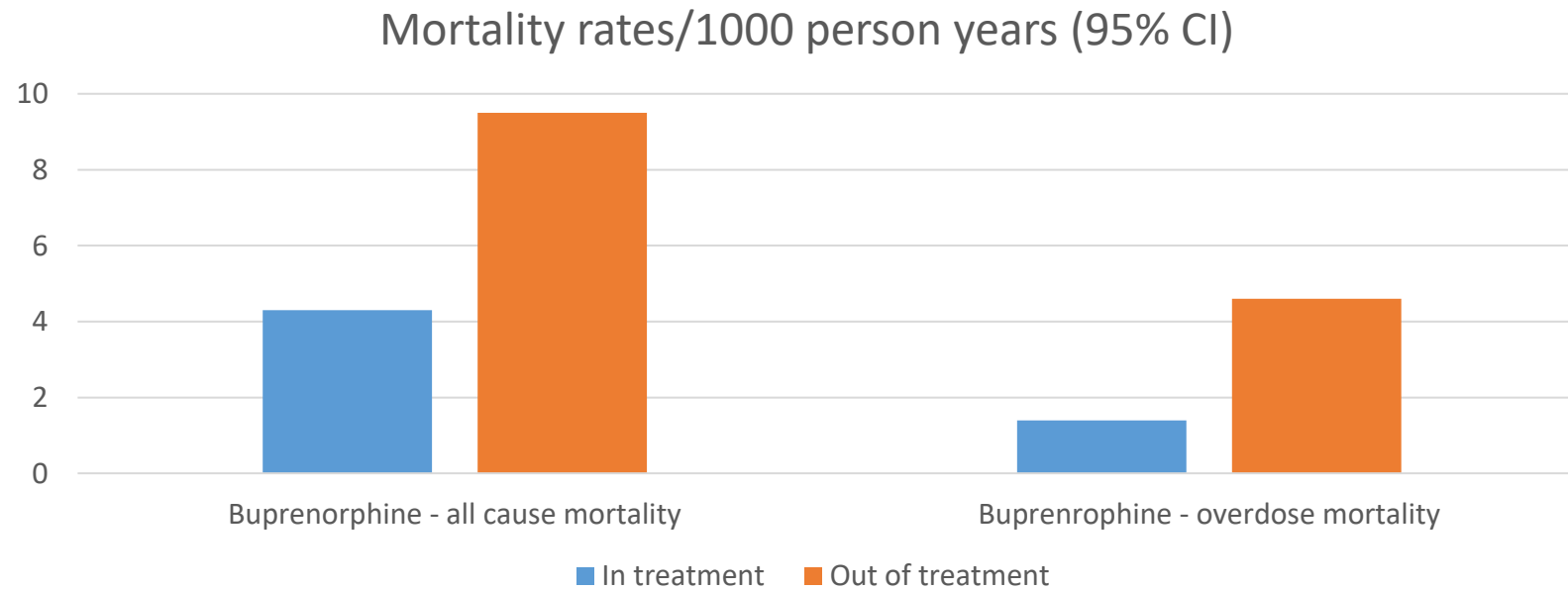


<sup>1</sup> Kreek Addict Dis 2010

<sup>2</sup> Mattick Cochrane Rev 2008

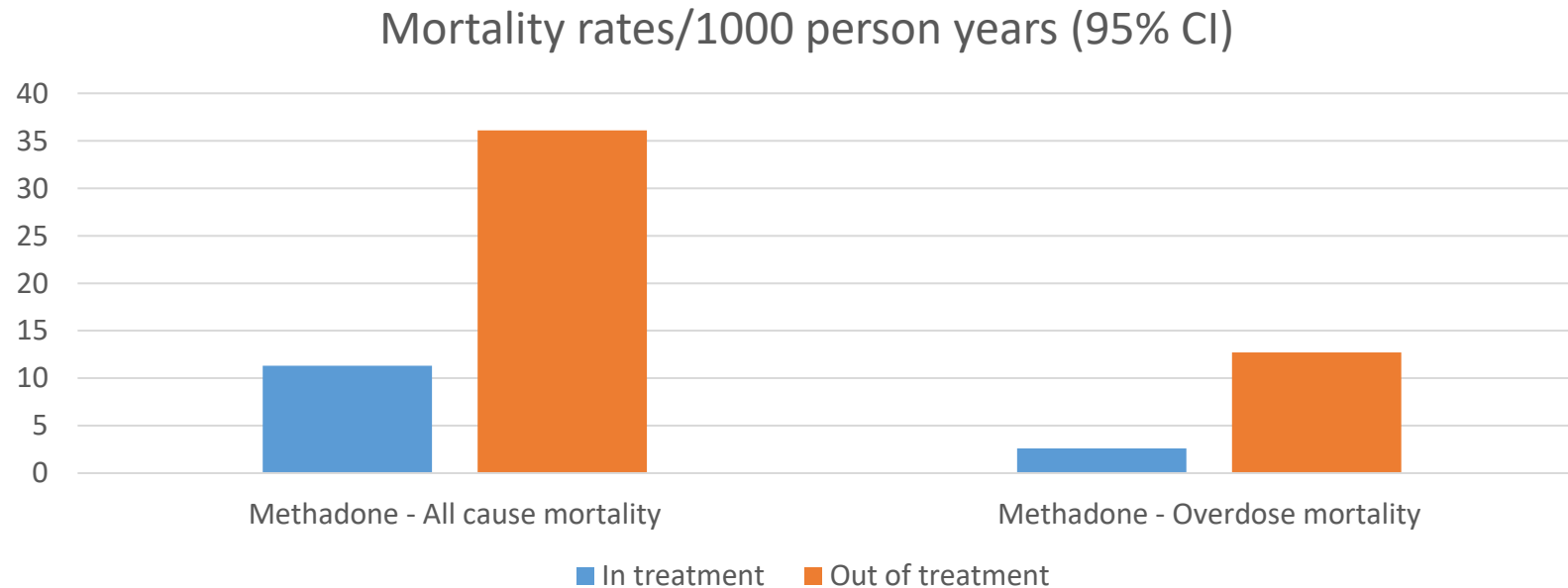


# Mortality Risk In and Out of Buprenorphine Treatment



Sordo, et al. BMJ 2017.

# Mortality Risk In and Out of Methadone Treatment



Sordo, et al. BMJ 2017.

# Methadone Treatment Gaps

## **Accomplishments:**

- Expanded number of opioid treatment programs
  - Two tribal; 5 Oregon Recovery Treatment Centers
- Two mobile methadone van being piloted

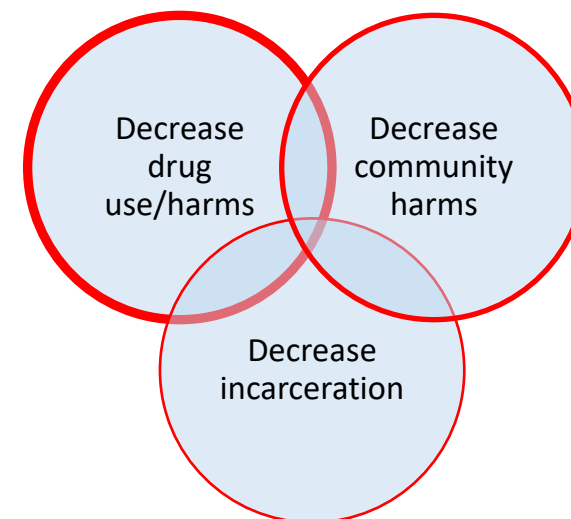
## **Challenges:** Methadone Access Typically “High Barrier”

- Limited access in rural counties
- Typical long waits to enter treatment
- Relaxed policies during COVID worked well, but are becoming more restrictive again
- Lack of coordination with hospitals, skilled nursing facilities
- Limited integration of methamphetamine treatment

# Interventions that Work: Harm Reduction

**Goal**: Improve safety/decrease harms for people who use drugs

- **Naloxone Distribution/Overdose Education**
  - Reverses opioid overdose
- **Syringe service programs**
  - Decreases HIV, hepatitis C, bacterial infections
- **Fentanyl Test Strips**
  - Identifies drugs contaminated with fentanyl
- **Medical care for consequences of use**
  - Bacterial Infections, Hepatitis C, HIV

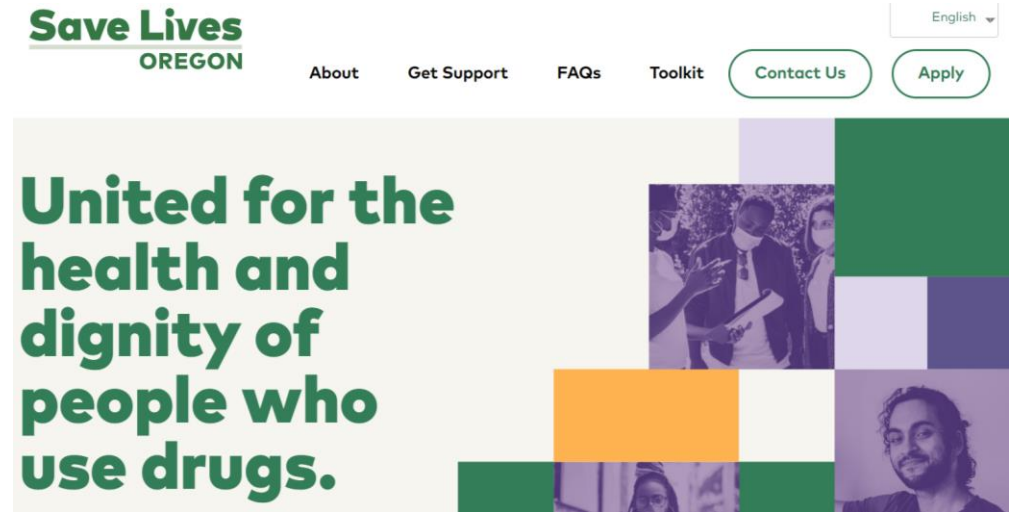


# Naloxone for Overdose Prevention

- 46% Reduction in community overdose rate in Massachusetts
- Challenge: Getting naloxone to people who need it the most



# Save Lives Oregon



- Statewide Clearing House for naloxone distribution
- 335,000 doses distributed across agencies/locations in 2022-2023
- *At least* 3,100 bystander overdose reversals since 2022

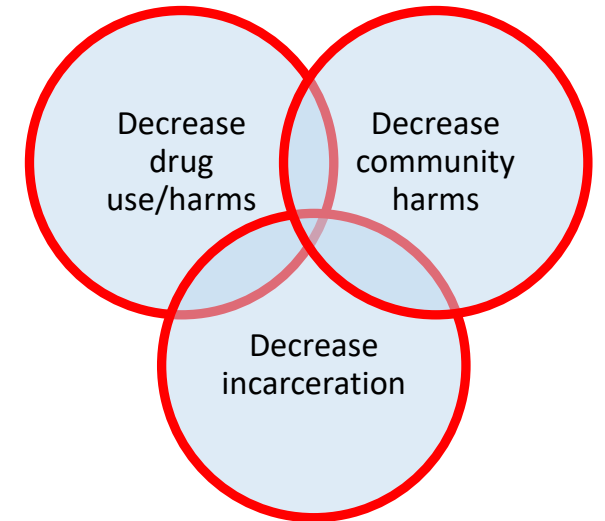
# BUT... Harm Reduction Also Means Reducing Community Harms

- Increasing affordable housing to decrease homelessness
- Decreasing crime
- Supporting families
- Creating safe environment for schools, businesses



# Interventions that Work: External Pressure for Treatment

- **Mandatory treatment** for health care providers<sup>1</sup> & airline pilots<sup>2</sup> have high rates of abstinence and job retention
- **Drug courts** decrease drug use and recidivism<sup>3</sup>
- **24/7 Sobriety Program** for repeat drunk driving decreased return to drinking and domestic violence, and decreased risk of death by 50%<sup>4</sup>



<sup>1</sup>Geuijen J Clin Med 2021

<sup>2</sup>NASEM Report 2023

<sup>3</sup>Mitchell Campbell Syst Rev 2012

<sup>4</sup>Nicosia JAMA Psych 2023



# Interventions that Work: Peer Support Specialists – Link Between Use and Treatment

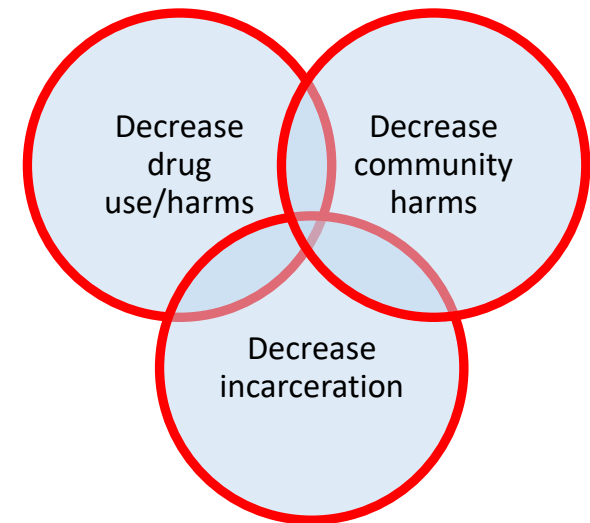
- **Oregon HOPE – Rural Peer Engagement Initiative**

- Peers with lived experience connect to people actively using drug and *not seeking treatment* (n=605)
- **78%** Accepted harm reduction and other peer services within 90 days
- **13%** Engaged in substance use disorder treatment within 90 days

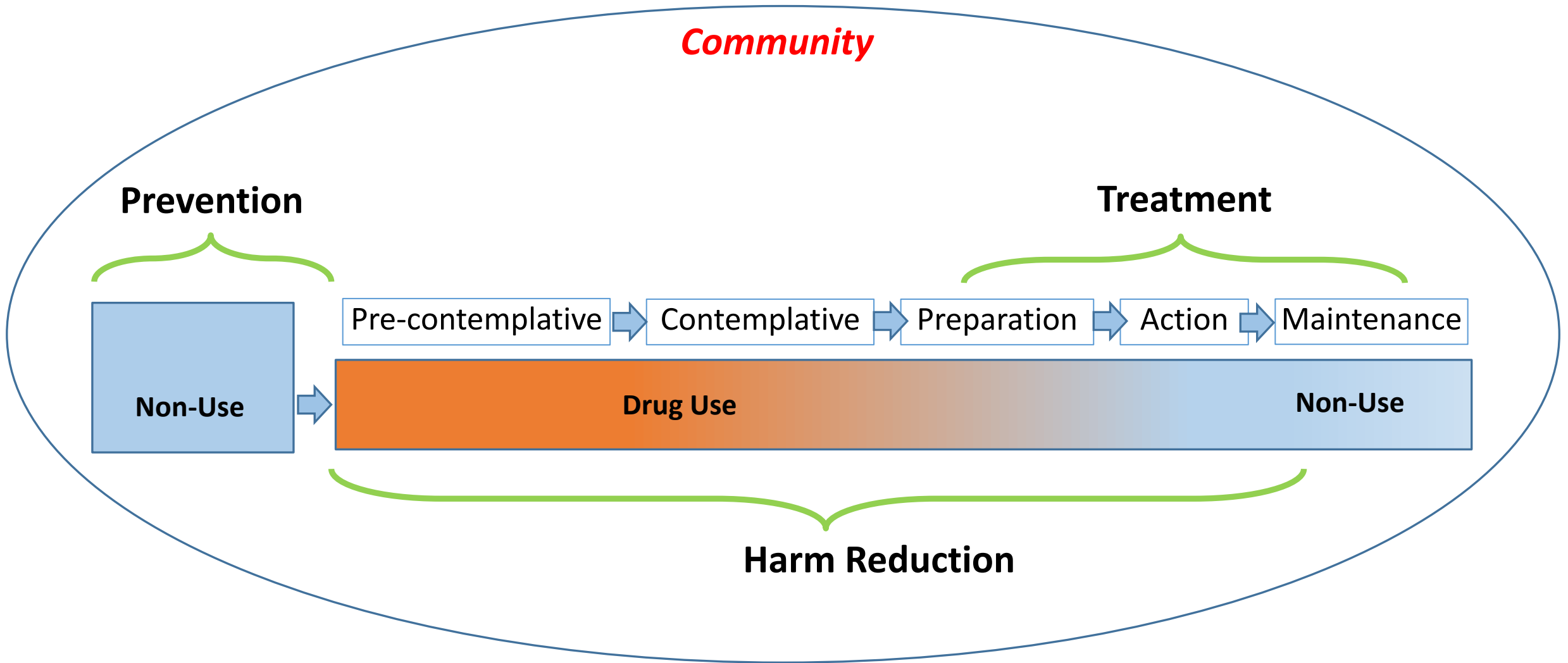


- **PRIME+**

- Expansion of peer support specialists to 24/36 Oregon counties
- Platform for overdose prevention and methamphetamine interventions

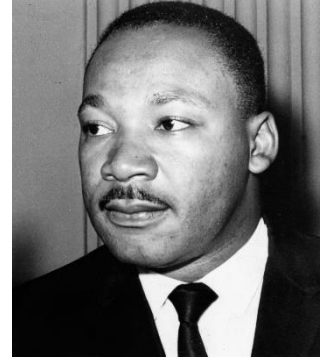


# Solutions Across the Drug Use Continuum

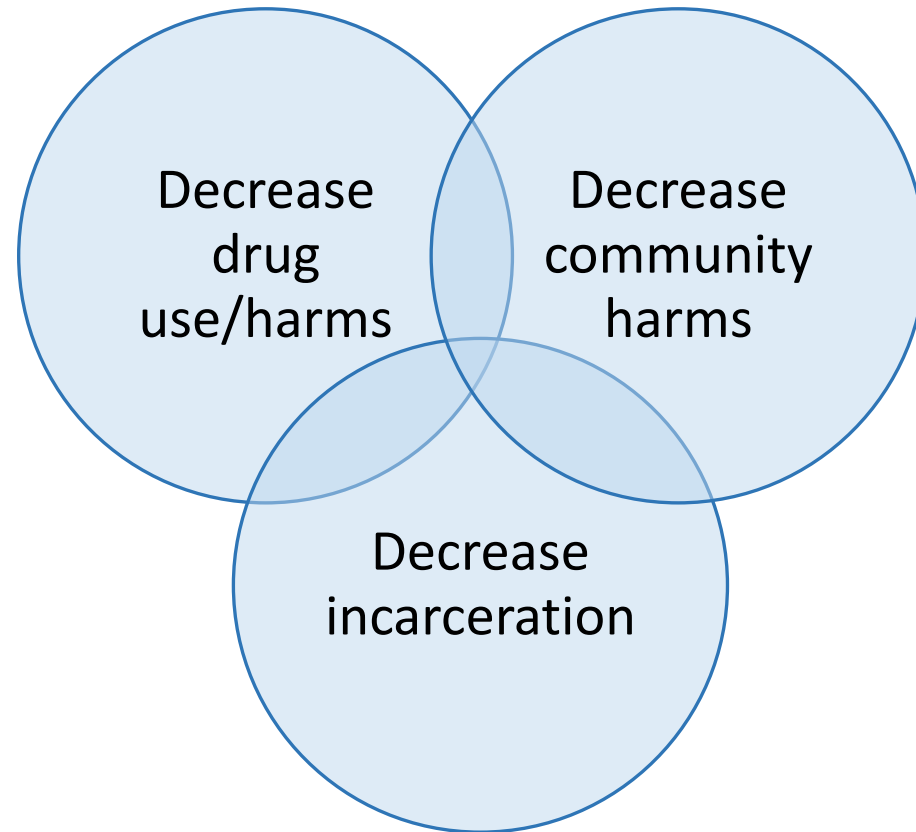
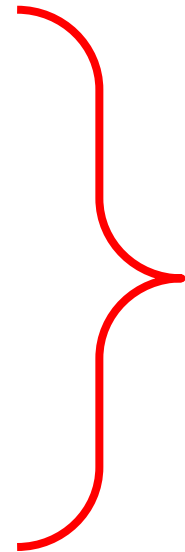


# Our Common Goal

*“Our ultimate end must be the creation of the beloved community.”*



- **Prevention**
- **Medications**
- **Harm Reduction**
- **External Pressure**
- **Peers**



Thank You

# Supplemental Slides

# “3 Action Items” to Address Fentanyl

- 1) **Strengthen role of community peers as a bridge to treatment and harm reduction for people not seeking treatment**
- 2) **Increase access to medications for opioid use disorders in jails**
- 3) **Increase community access to**
  - **Methadone**
  - **Adolescent buprenorphine and residential treatment**



# Changes in Withdrawal Management & Treatment

## HEROIN

- Withdrawal starts in 8-12 hours, but symptoms quickly resolve with buprenorphine, methadone
- Supportive meds (e.g. clonidine, hydroxyzine, trazodone) rarely needed
- Precipitated withdrawal with buprenorphine uncommon

## FENTANYL

- Withdrawal starts in 2-4 hours and last 7-10 days, even with treatment
- Supportive meds usually needed
- Precipitated withdrawal with buprenorphine common
- Methadone may be easier to start and maintain than buprenorphine
- Much more challenging to maintain abstinence

# Myth #4: External Pressure for Treatment Doesn't Help

- None offered medications
- 5/9 studies reviewed were outside U.S.
- Most focused on punitive treatment within criminal justice system
- Excluded drug court studies



Contents lists available at [ScienceDirect](#)

International Journal of Drug Policy

journal homepage: [www.elsevier.com/locate/drugpo](http://www.elsevier.com/locate/drugpo)

Editors' Choice

The effectiveness of compulsory drug treatment: A systematic review

D. Werb<sup>a,b,\*</sup>, A. Kamarulzaman<sup>c</sup>, M.C. Meacham<sup>b</sup>, C. Rafful<sup>b</sup>, B. Fischer<sup>d</sup>, S.A. Strathdee<sup>b</sup>,  
E. Wood<sup>a,b,e</sup>

## Are We Asking the Right Question?

Mandatory vs. voluntary treatment?, or...

Mandatory treatment vs. **no** treatment?



# Myth #5: Law Enforcement Has No Role in responding to people who use drugs

- Community policing necessary for safe communities
- Community corrections can promote treatment engagement
- Drug courts can decrease return to use and recidivism
- **Jail health is community health**
  - Buprenorphine
  - Methadone
  - Extended-release naltrexone

# Law Enforcement Has a Crucial Role in responding to people who use drugs

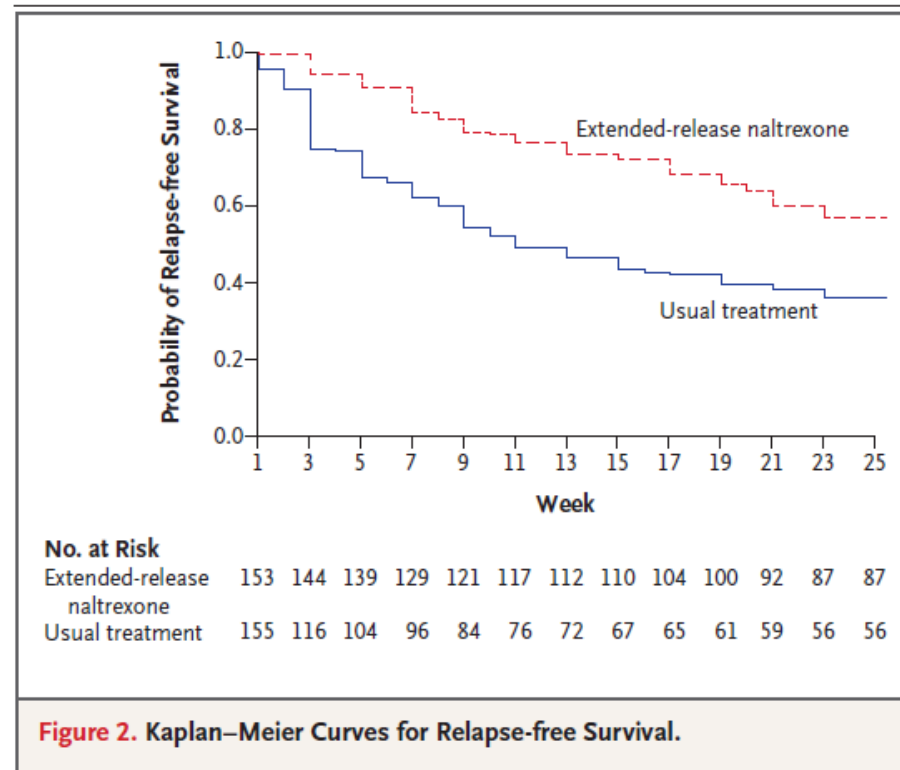
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  - Buprenorphine
  - Methadone
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**BUT...**

**Filling jails won't work.**

**Bridge to treatment *essential*.**

## Extended-Release Naltrexone to Prevent Opioid Relapse in Criminal Justice Offenders

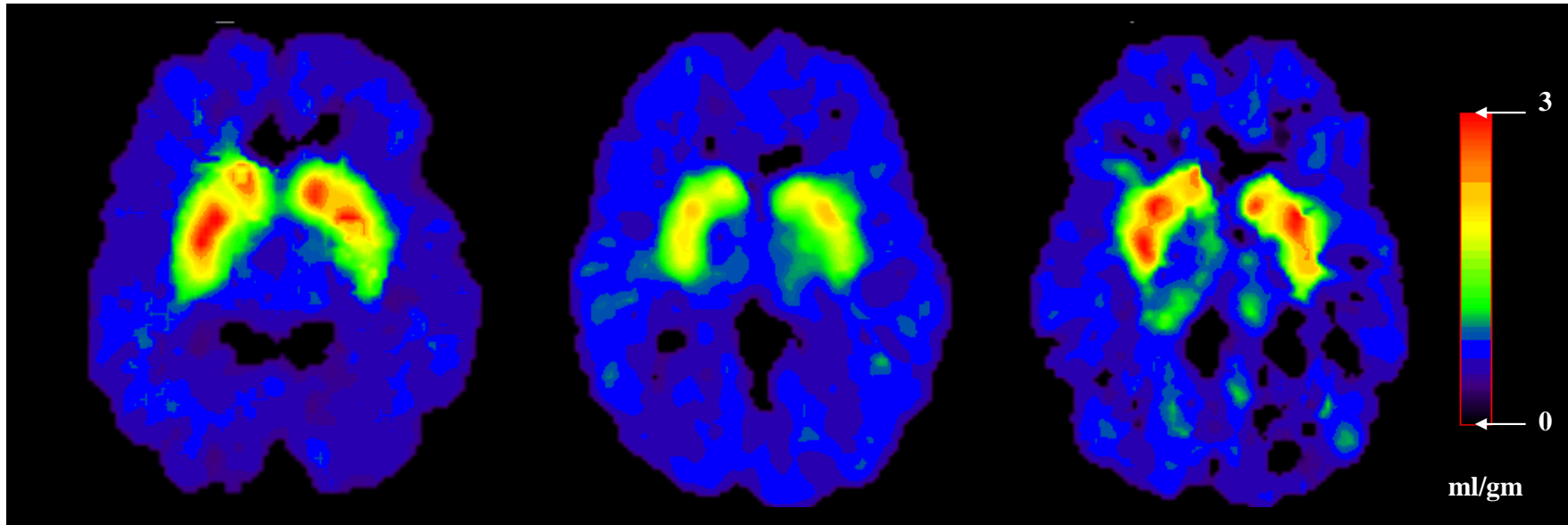


After 6 months  
*Relapse:*  
 43% Naltrexone  
 64% Usual Treatment

*Overdoses:*  
 0 Naltrexone  
 7 Usual Treatment

# People Can Change

*Recovery of Dopamine Transporters with Abstinent Methamphetamine User*



Normal Control

Meth User  
1 month detox

Same Meth User  
2 years detox