

# Evidence-Based Substance Use Treatment & Deflection



Dan Hoover, MD  
Assistant Professor of Medicine  
Addiction Medicine Section  
Oregon Health & Science University  
Addiction Medicine ECHO Director



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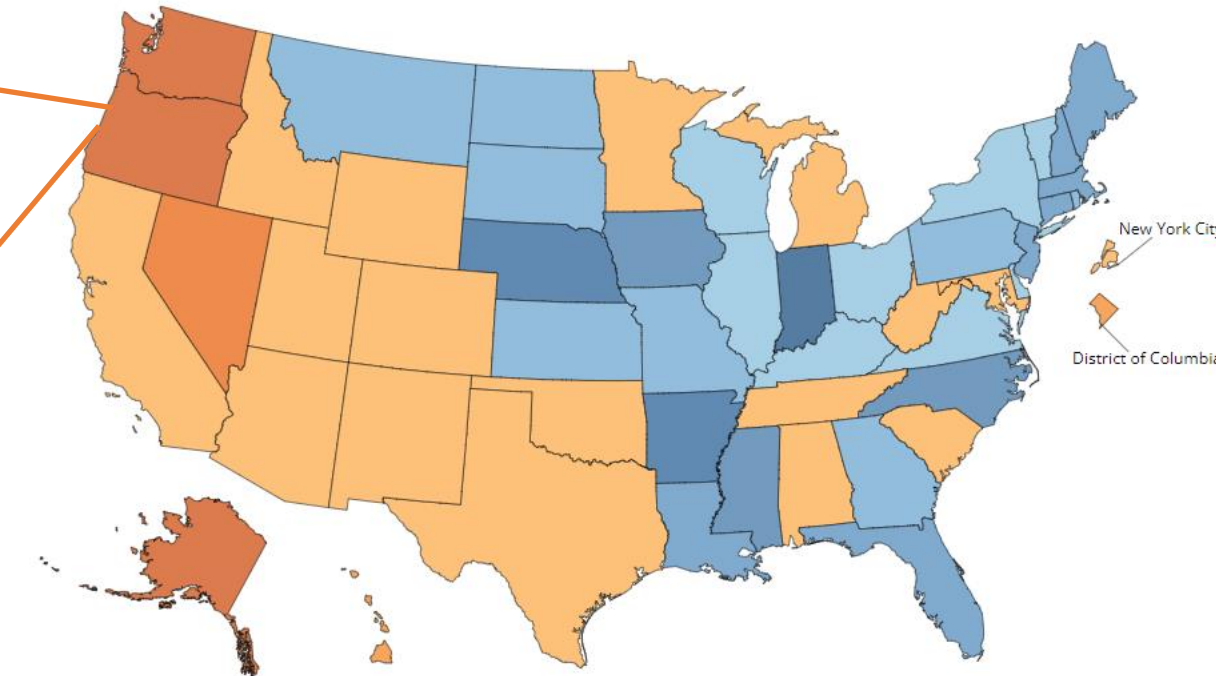
HB4002: IMPLEMENTATION AND TRAINING SYMPOSIUM

MAY 9, 2024

# Percent Change in 12-Month Overdose Deaths October 2022 – October 2023

**1,807** Oregon  
Predicted Drug  
Overdose Deaths

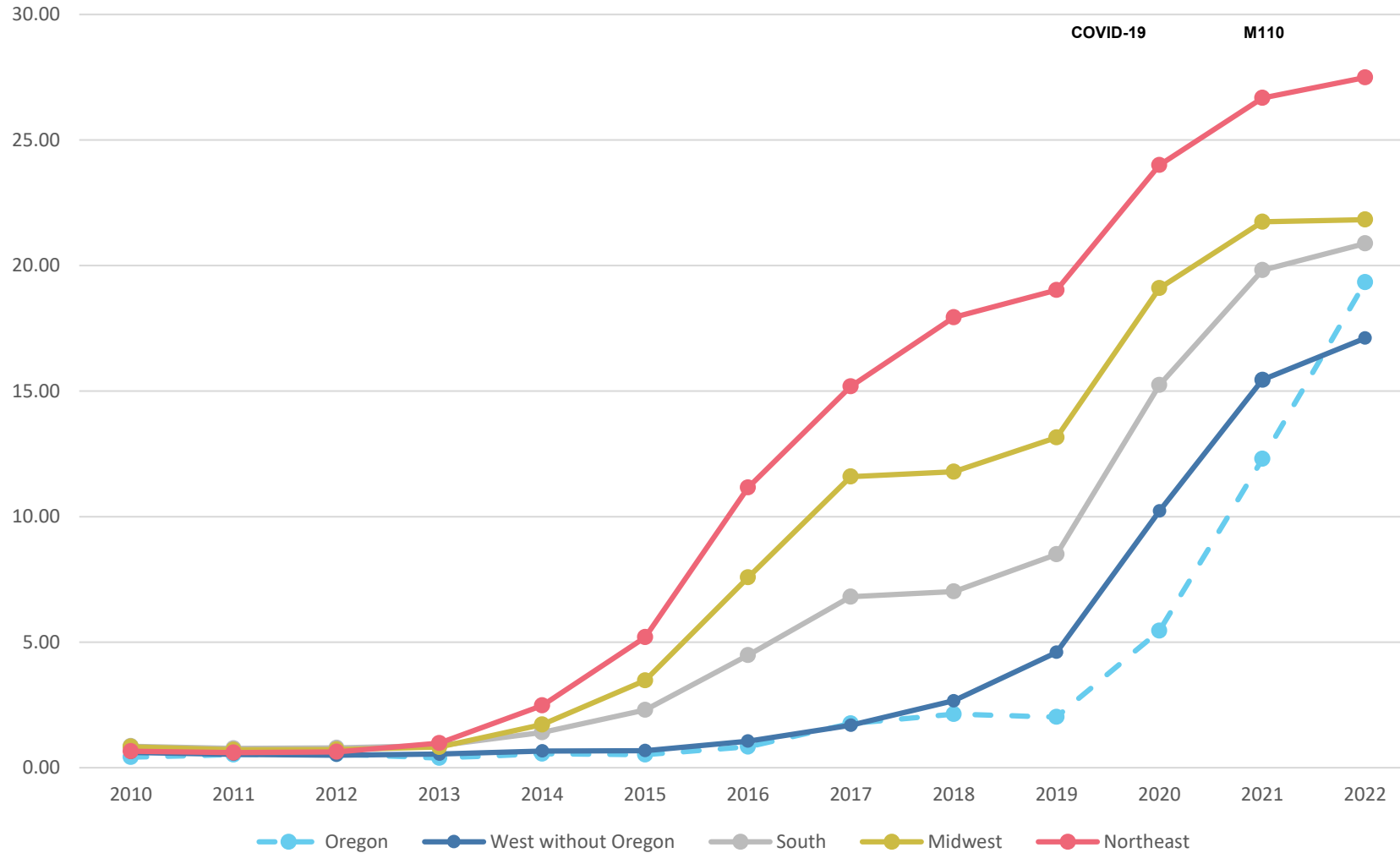
**43.9%** Increase  
from prior year



Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods  
-17.4 43.9

Ahmad FB, et al., Provisional drug overdose death counts. National Center for Health Statistics 2024  
<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm> accessed 3/28/24

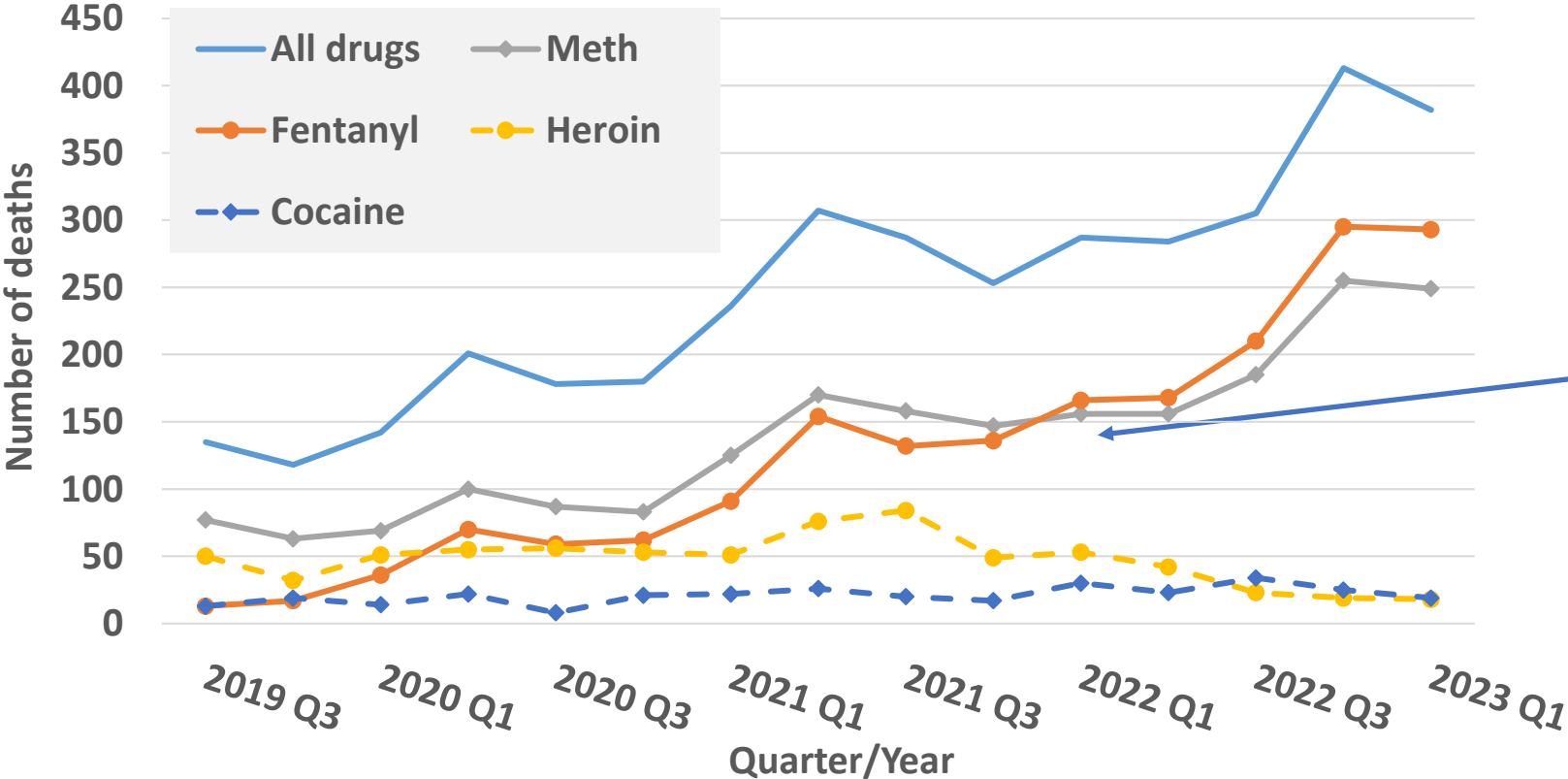
# United States Regions Synthetic Opioid Overdose Mortality Rate



Compare to  
National Forensic  
Lab  
Fentanyl Seizures.  
Del Pozo, Brown U

# Oregon Overdose Deaths, July 2019 – March 2023

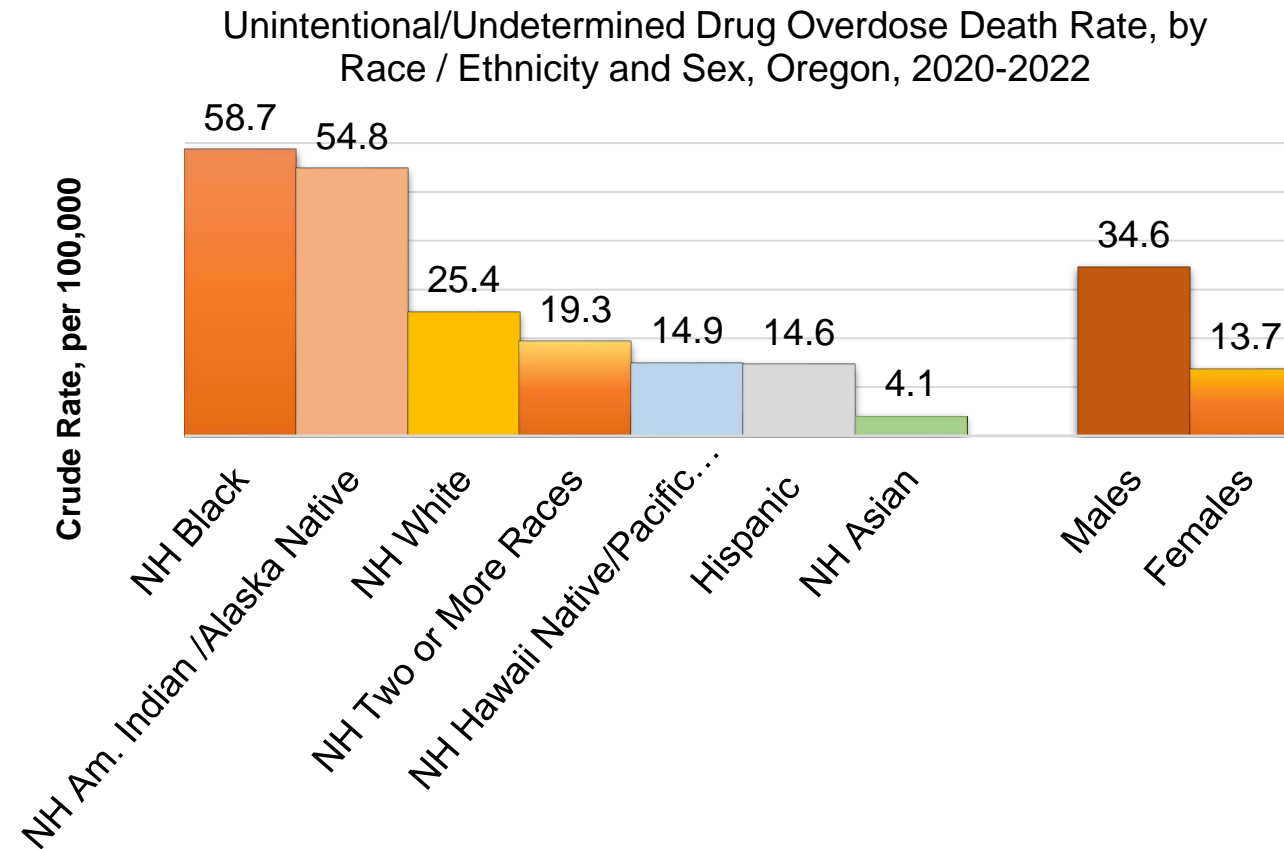
Unintentional/undetermined drug overdose deaths by drug and quarter, Oregon, July 2019 - March 2023\*



Fentanyl deaths newly exceeded methamphetamine deaths in 2022

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

# Disproportionate Burden of Overdose Deaths in Oregon

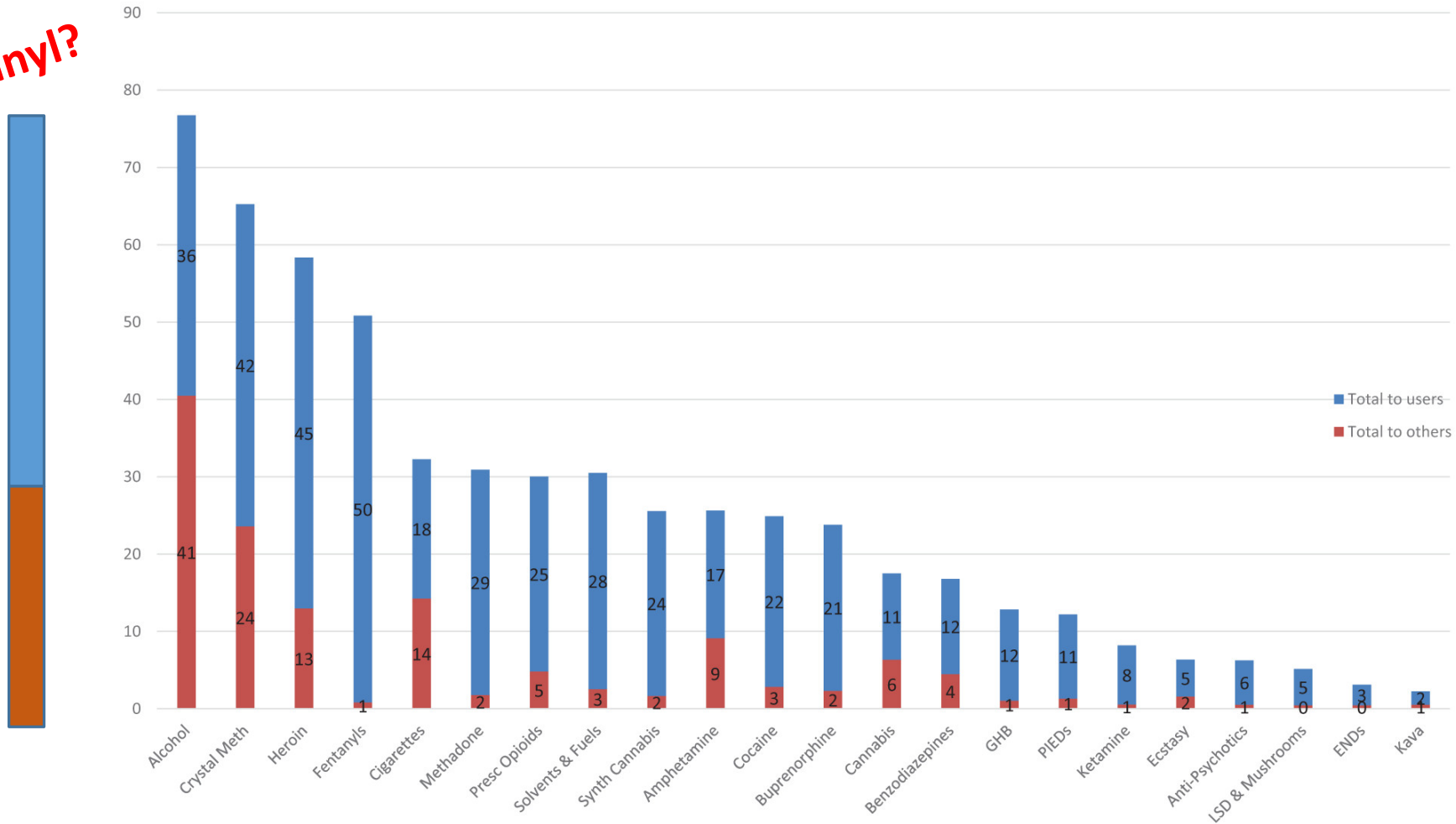


Source: Oregon State Unintentional Drug Overdose Reporting System (SUDORS) 2023

# 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

# Changes in Withdrawal Management & Treatment

## HEROIN

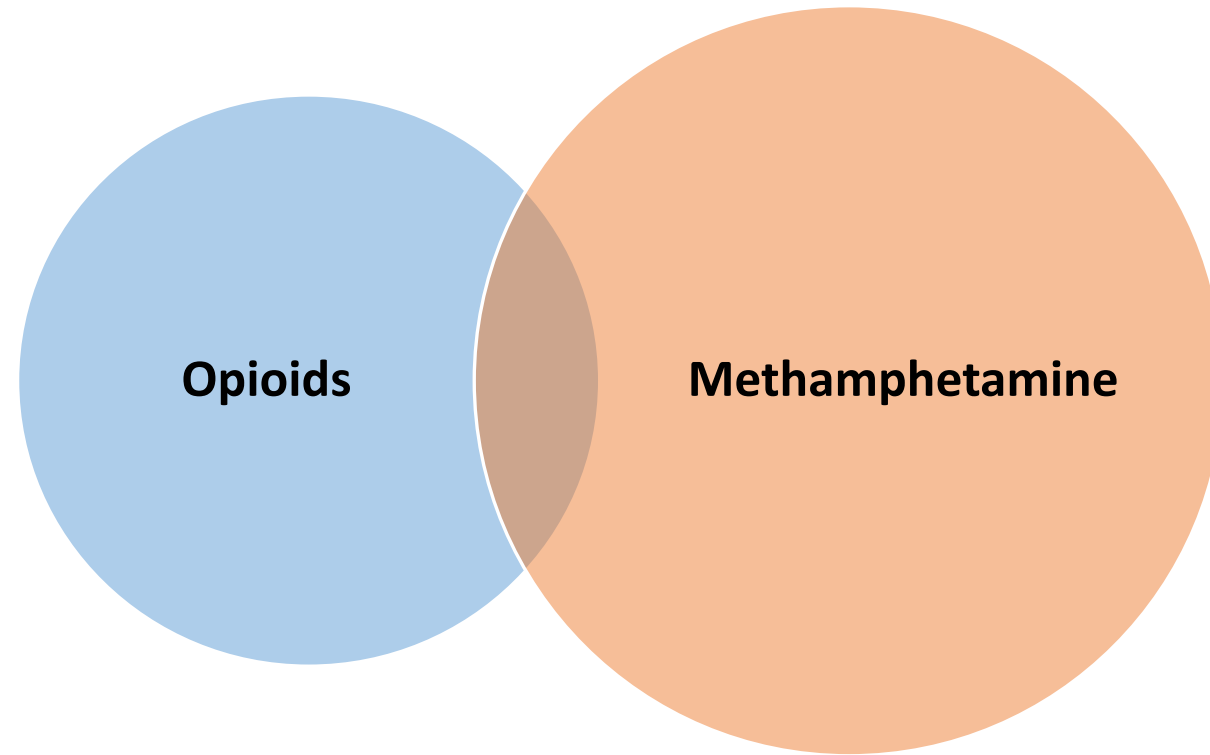
- Withdrawal starts in 8-12 hours, but symptoms quickly resolve with buprenorphine, methadone
- Supportive meds (e.g. clonidine, hydroxyzine, trazodone) rarely needed
- Precipitated withdrawal with buprenorphine uncommon

## FENTANYL

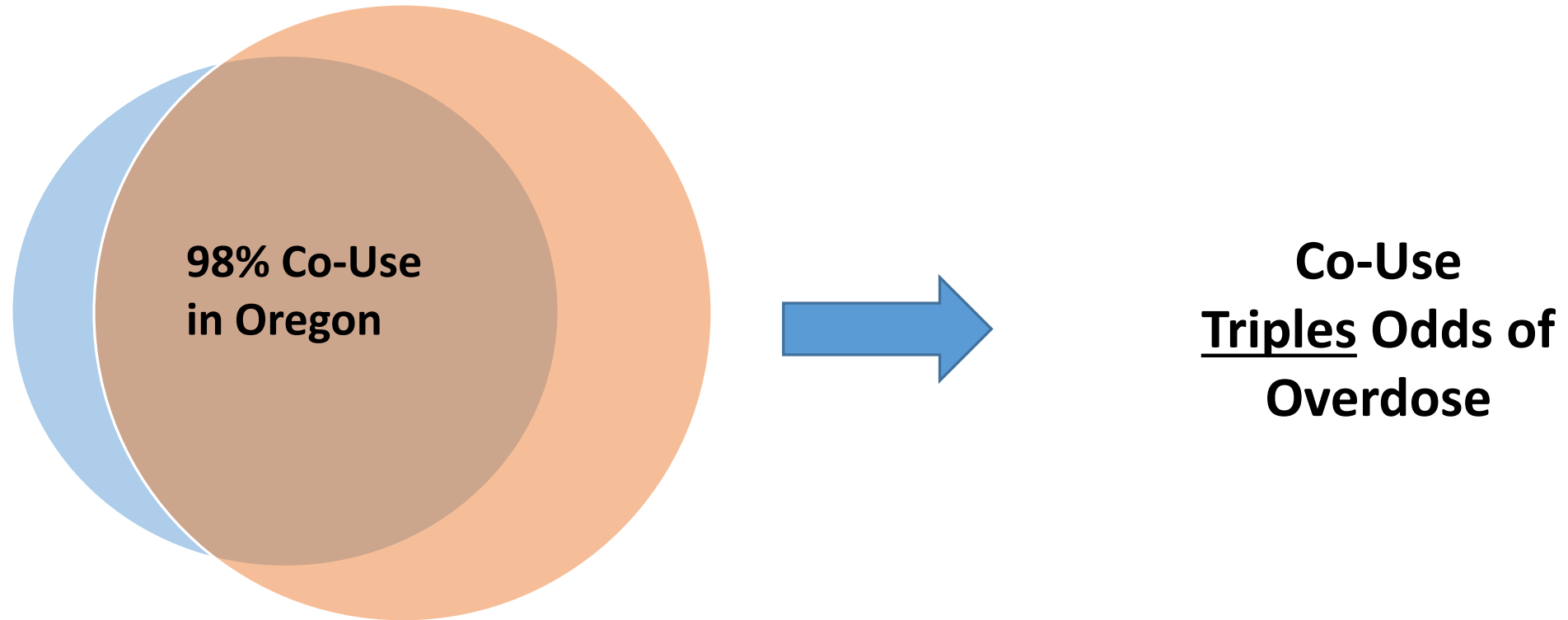
- Withdrawal starts in 2-4 hours and last 7-10 days, even with treatment
- Supportive meds usually needed
- Precipitated withdrawal with buprenorphine common
- Methadone may be easier to start and maintain than buprenorphine
- Much more challenging to maintain abstinence



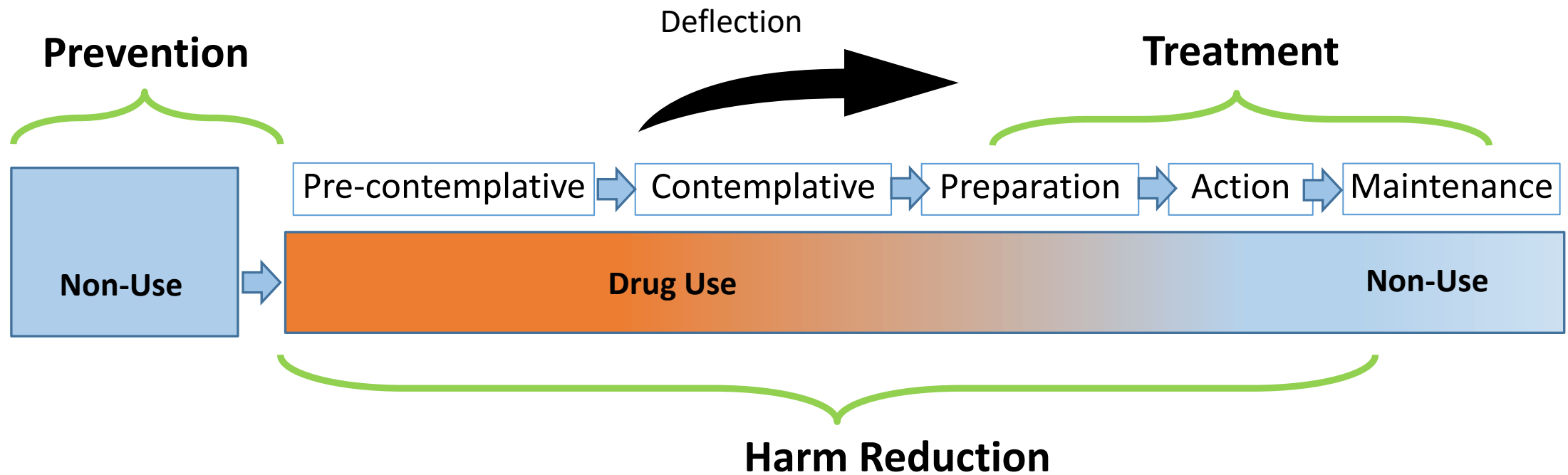
# Co-Use of Opioids & Methamphetamine



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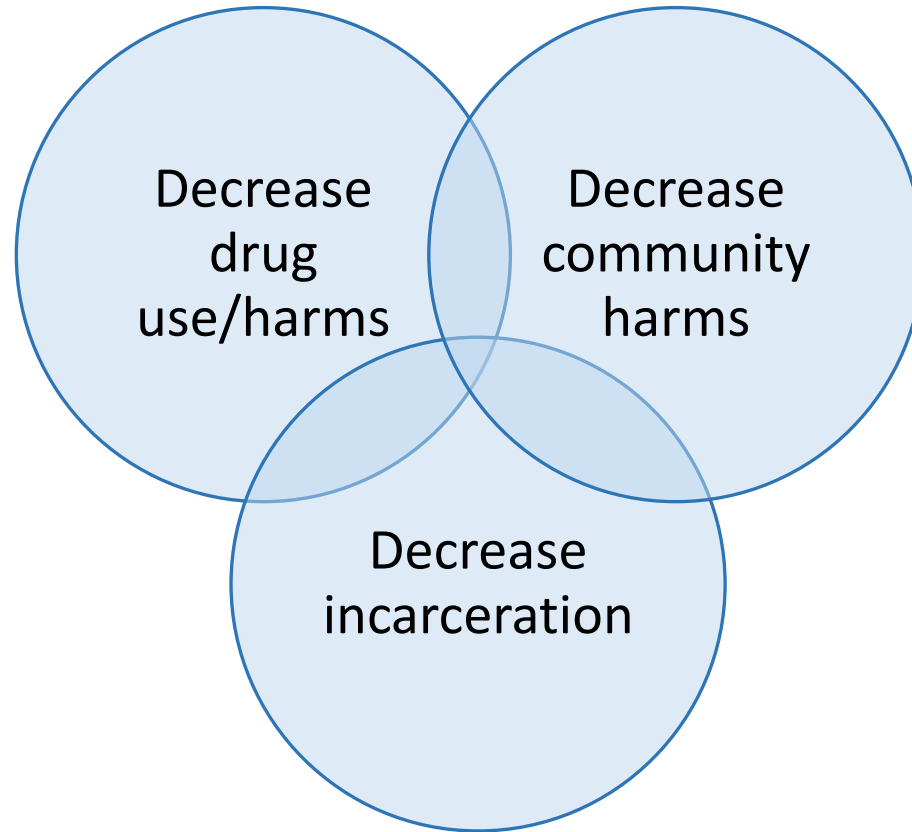
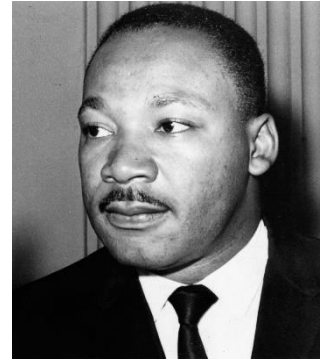


# Solutions Across the Drug Use Continuum



# Our Common Goal

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



# Interventions that Work: Medications

- **Buprenorphine**

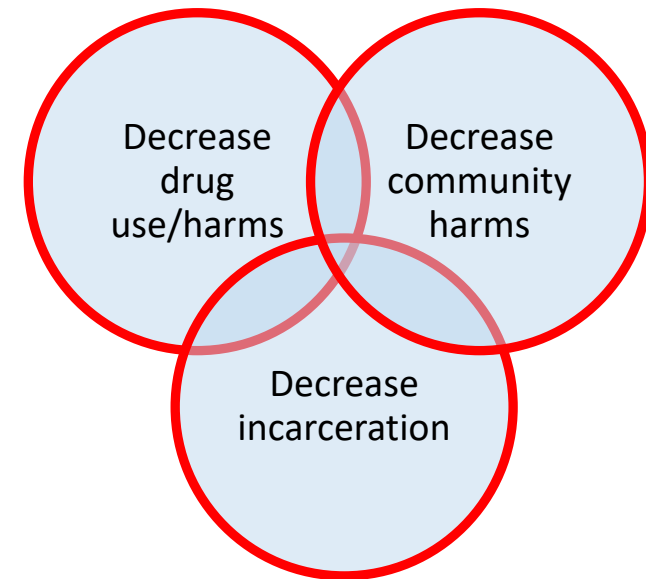
- Partial opioid agonist; complex to start from fentanyl
- Can be prescribed outside of Opioid Treatment Programs
- ER-Buprenorphine increasingly available

- **Methadone**

- Full opioid agonist; easier to start from fentanyl use
- Must be prescribed within Opioid Treatment Program
- > 40 years data support<sup>1,2</sup>
  - Safety, sustained abstinence, reduced IDU risks
  - Reduced criminal behavior including property crime<sup>3</sup>

- **Extended-release naltrexone**

- Opioid antagonist; difficult to start from fentanyl



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

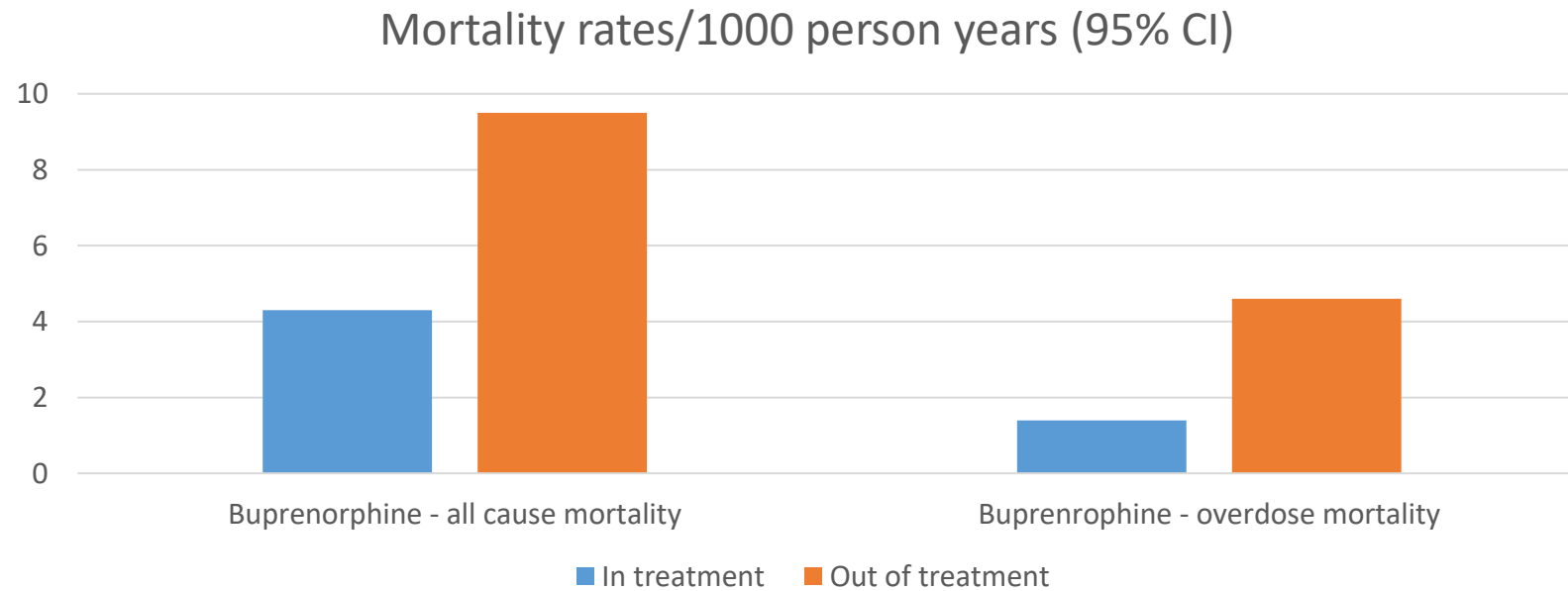
<sup>2</sup> Mattick Cochrane Rev 2008

<sup>3</sup> Marsch SSA 1998

# Interventions that Work: Medications

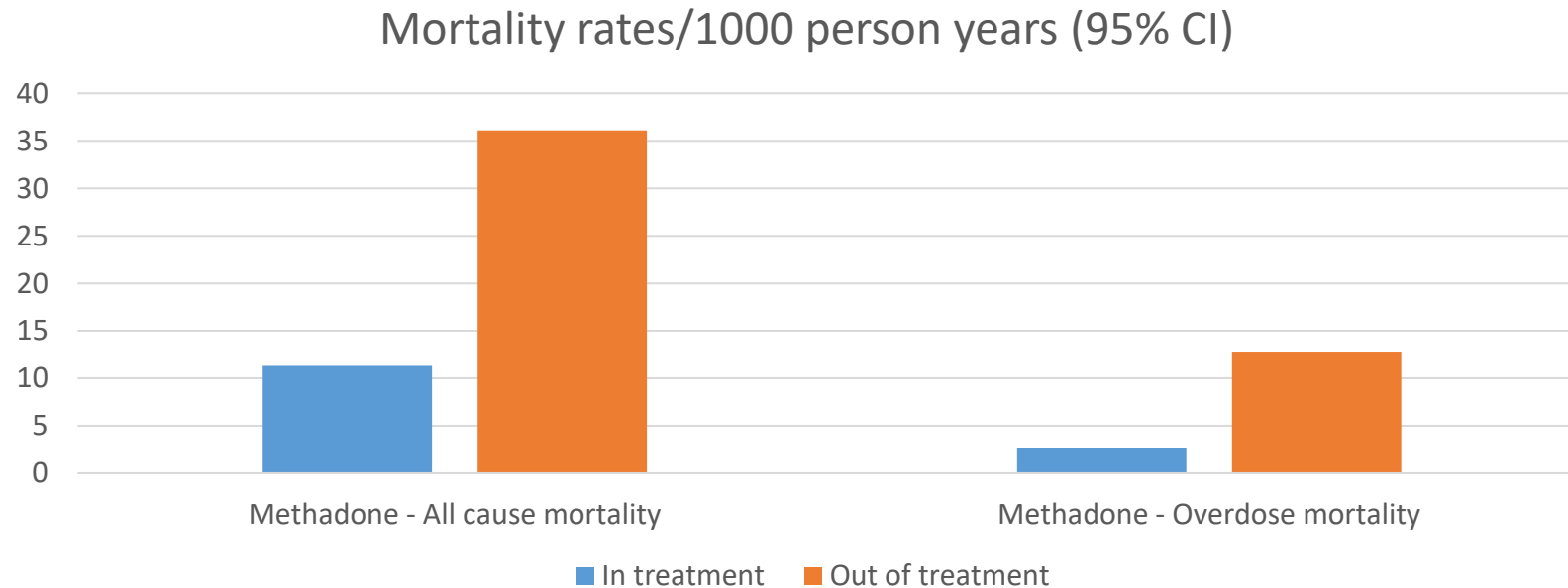
- Buprenorphine
  - Methadone
  - Extended-release naltrexone
- } Treat Opioid Withdrawal

# 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

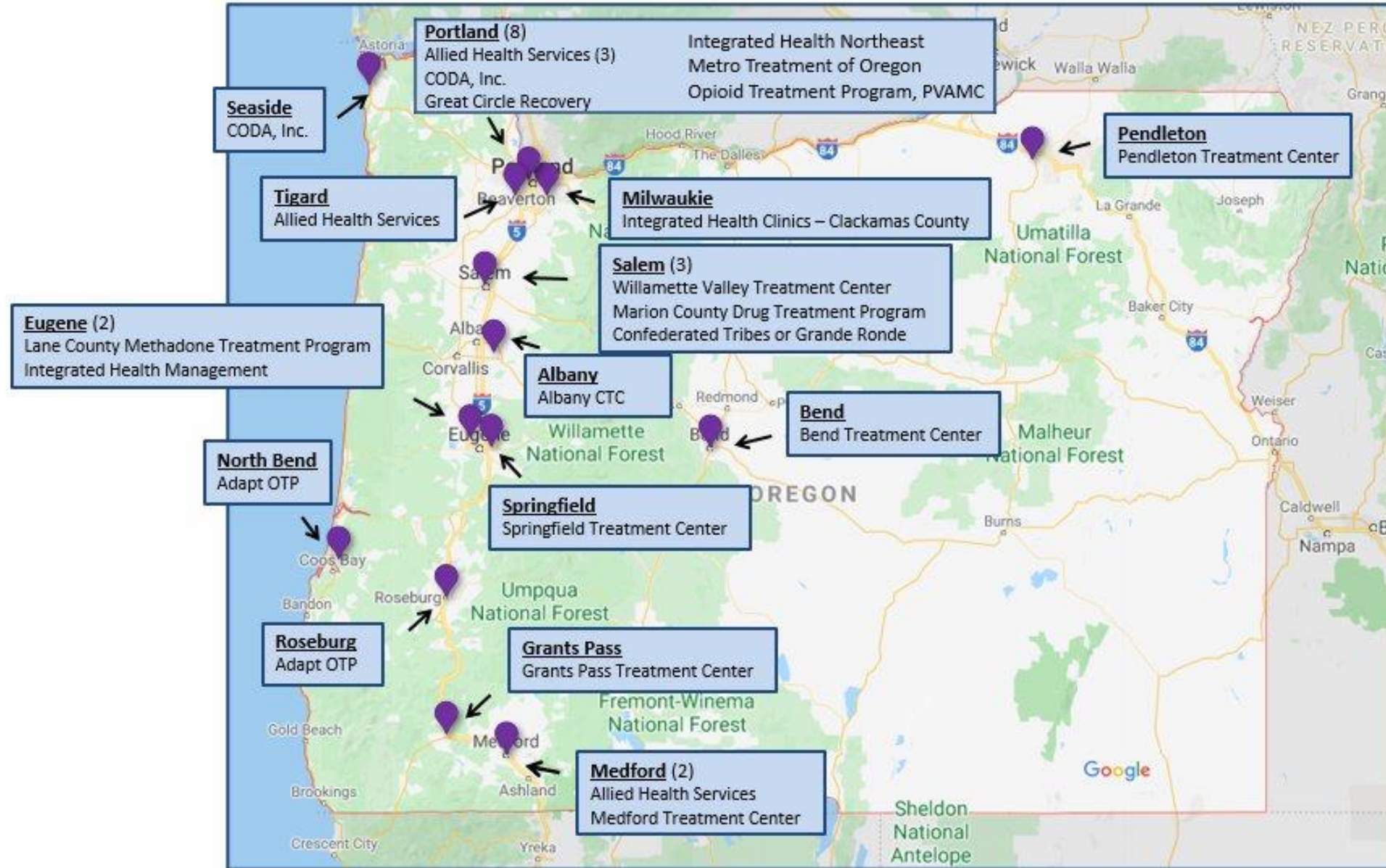
## **Accomplishments:**

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

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

- Limited access in rural counties
- Typical long waits to enter treatment
- Limited access in jails; steep regulatory barriers

## Oregon Opioid Treatment Programs (25)



# Interventions that Work: Harm Reduction

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

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

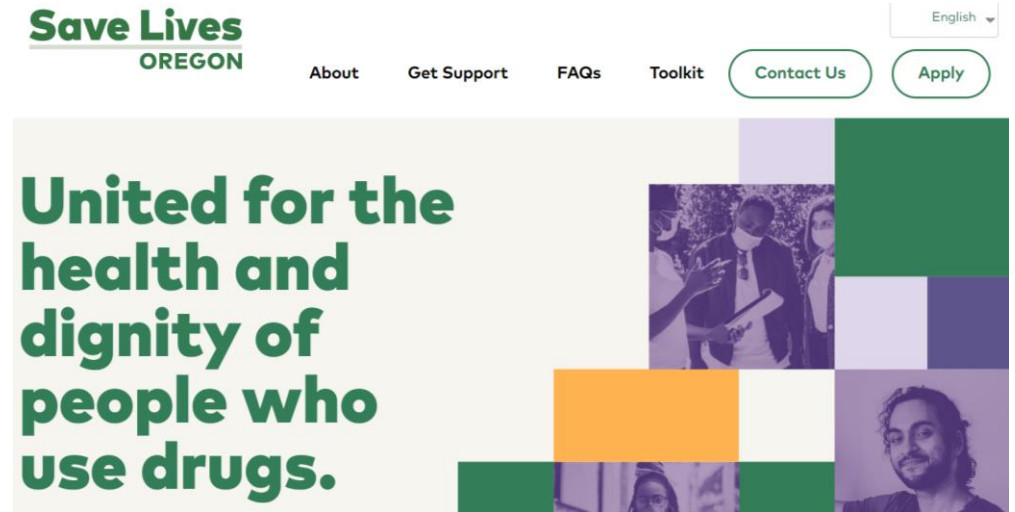


# Naloxone for Overdose Prevention

- 46% Reduction in community overdose rate in Massachusetts
- Works in fentanyl overdose, but may need multiple doses
- 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

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

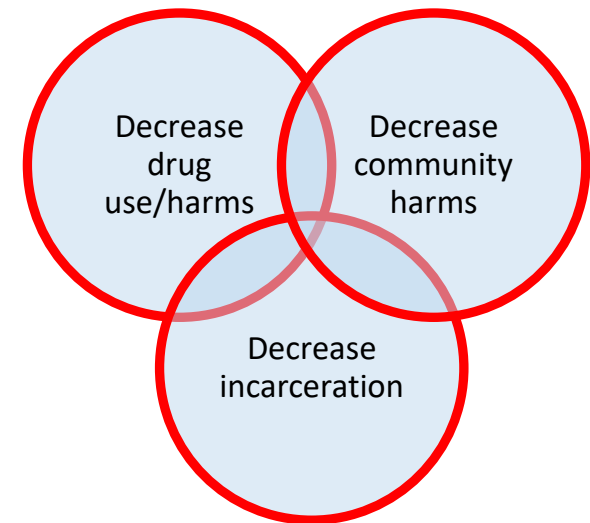
- **Oregon HOPE – Rural Peer Engagement Initiative**

- 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

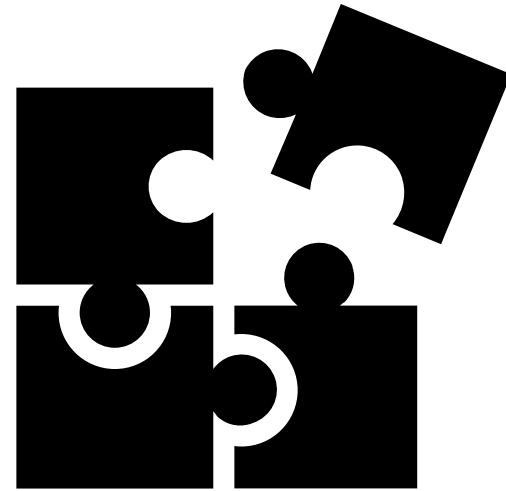


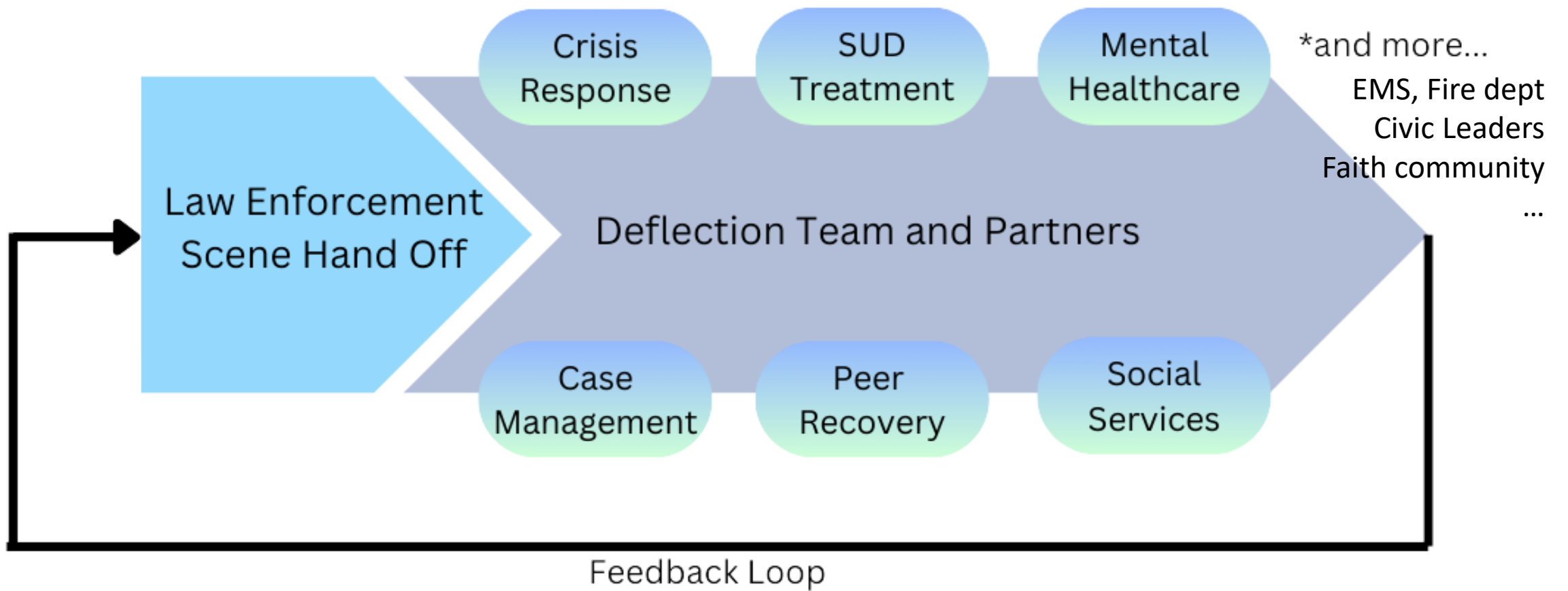
- **PRIME+**

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



# Putting It Together



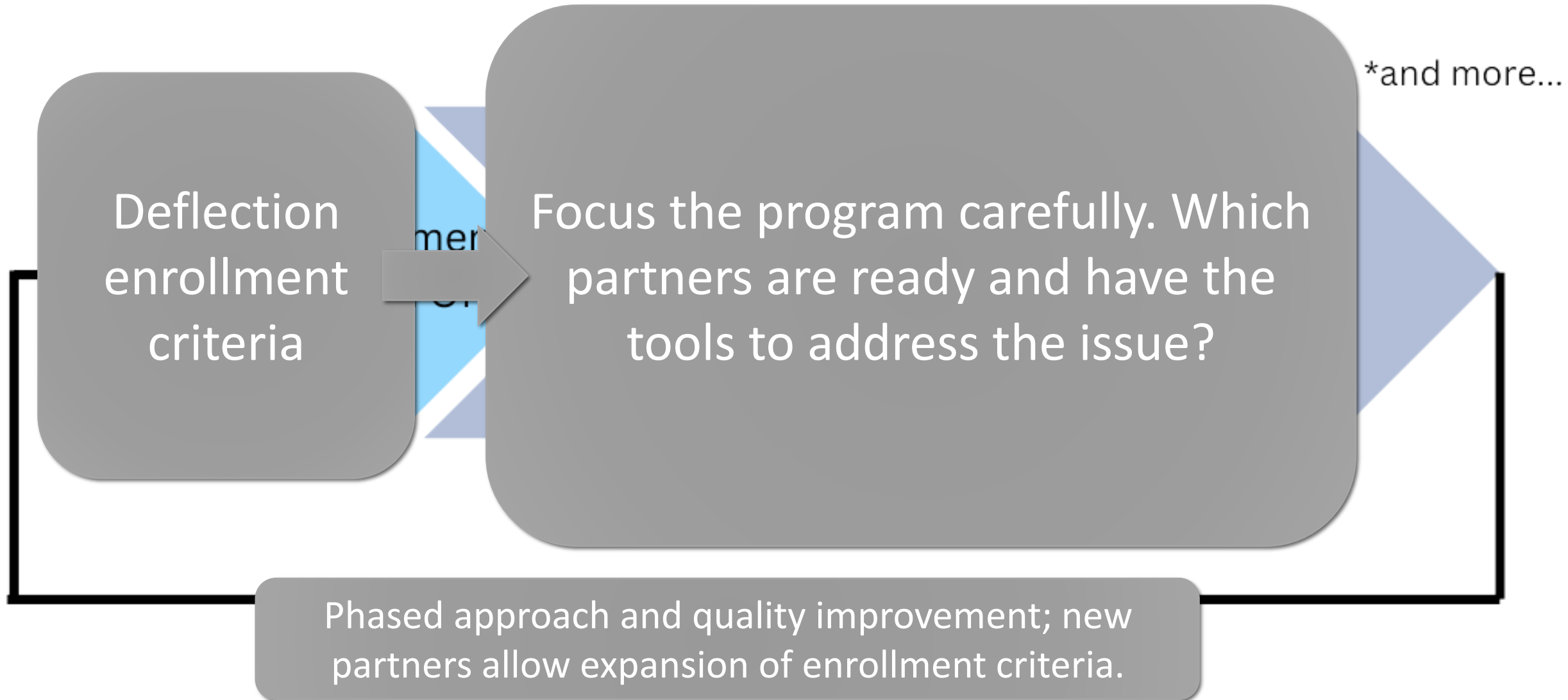




# What is the issue you're trying to address?

- Public drug use?
- Specifically fentanyl?
- A specific overdose hotspot?
- Lower risk, lower needs?
- Higher risk, higher needs? (narrower program)

# Individualizing Deflection Criteria and Outcome

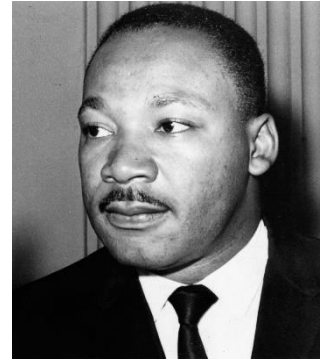


# Realistic Goals for Individuals and Systems



# Our Common Goal

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

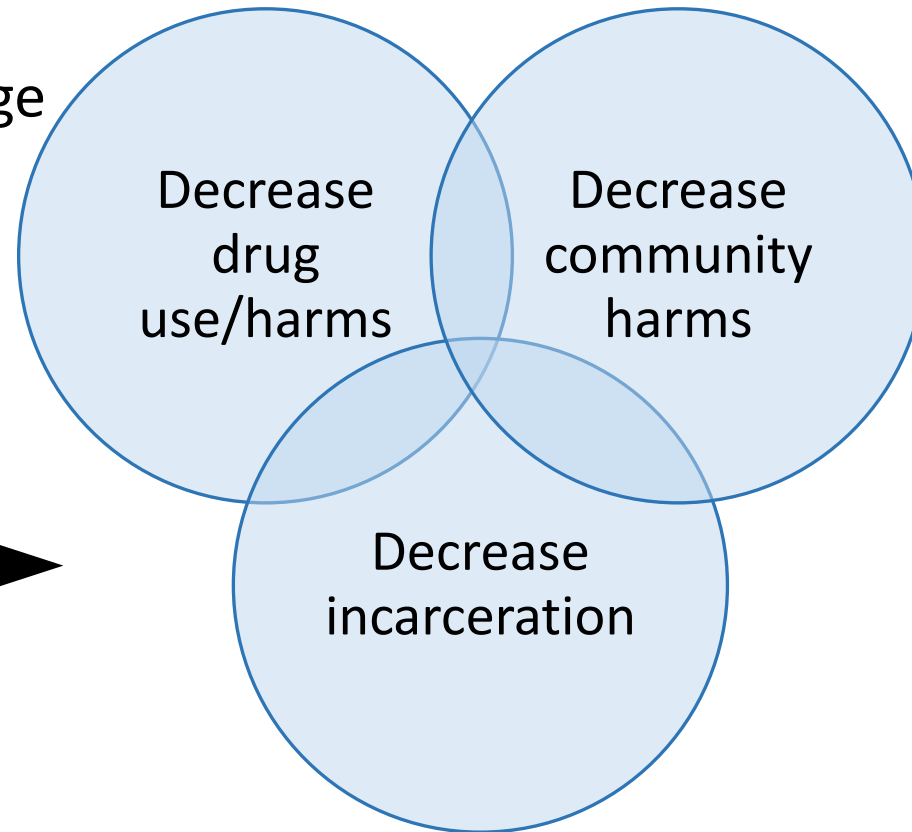


The Deflection Bridge



Strategically linking to key interventions

- **Medications**
- **Behavioral Treatment**
- **Peers**





Thank You

[hooverda@ohsu.edu](mailto:hooverda@ohsu.edu)