



Board Study Session

“The Opioid & Fentanyl Crisis: An Overview”



**SAN MATEO
COUNTY HEALTH**



PRESENTERS

Jei Africa, Behavioral Health & Recovery Services (BHRS) Director

Clara Boyden, BHRS Deputy Director, Alcohol & Other Drug Services

Mary Taylor Fullerton, BHRS Clinical Services Manager

Scott Morrow, San Mateo County Public Health Officer

Debbie Van Olst, San Mateo County Epidemiology

Tasha Souter, BHRS Medical Director

Kris Shouse, San Mateo County Assistant Superintendent of Schools

AGENDA

- **Introduction**
- **Overview:** evolution & extent of opioid crisis
- **Current State** in San Mateo County
- **Client Perspective**
- **What is Working** in San Mateo County
- **The Disconnect:** gap analysis
- **Recommendations** and action steps



OVERVIEW

How we got here



SAN MATEO
COUNTY HEALTH

WHY DO PEOPLE USE DRUGS?



What are opioids?

- Type of drug used to induce pleasure & reduce pain
- Produce a temporary state of euphoria or high, and are extremely addictive
- More opioid use = More tolerance

Need higher levels to achieve same effect

Common Opioids Include:

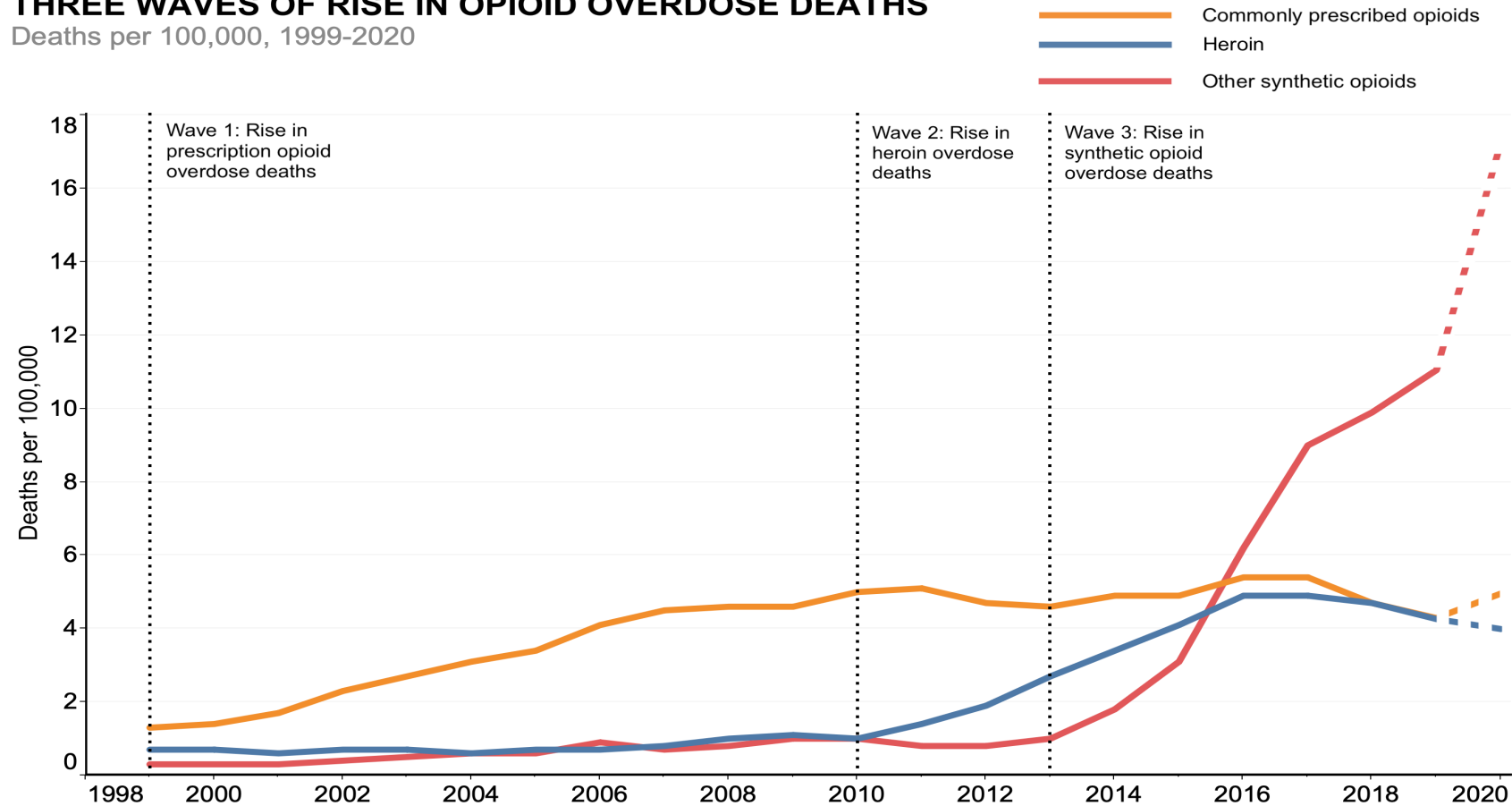
Generic	Brand Name
Hydrocodone	Vicodin, Lorcet, Lortab, Norco, Zohydro
Oxycodone	Percocet, OxyContin, Roxicodone, Percodan
Morphine	MSContin, Kadian, Embeda, Avinza
Codeine	Tylenol with Codeine, TyCo, Tylenol #3
Fentanyl	Duragesic, Actiq
Hydromorphone	Dilaudid
Oxymorphone	Opana
Meperidine	Demeral
Methadone	Dolophine, Methadose
Buprenorphine	Suboxone, Subutex, Zubsolv, Bunavail, Butrans

*Heroin is also an opioid



THREE WAVES OF RISE IN OPIOID OVERDOSE DEATHS

Deaths per 100,000, 1999-2020



Note: Dotted portion of each line represents preliminary data from the CDC
Source: National Vital Statistics, Mortality File

EconoFact econofact.org

Wave 1: The "Perfect" storm

- 1996 Oxycontin was introduced
- Pain defined as the 5th vital sign

Wave 2: Transition to heroin

- Most available substitute at time
- White powder (E) / black tar (W)

Wave 3: Move to synthetics / fentanyl

- Cheaper, easier to manufacture

Wave 4: Fentanyl + Stimulants



National Picture 2023

- Overdose deaths are at the highest levels ever recorded and continue to rise year over year
- Of these deaths, **more than half are now attributed to synthetic opioids** (mainly fentanyl) nationwide
 - 4/12/23 DEA issues “Emerging Drug Threat” related to Xylazine
- Initially the opioid epidemic severely impacted white Americans in rural and suburban areas, today **Black Americans** are suffering disproportionately.
 - Also reflected in San Mateo County data



Lethal dose of heroin vs. fentanyl

Fentanyl – “Drug of Mass Destruction”

- Fentanyl is a manufactured opioid drug used for pain management
- Extremely strong & highly addictive

100x stronger than Morphine, 50x stronger than Heroin

- Forms: injectable, lozenges, and patches
- Most street Fentanyl is tasteless, odorless, and colorless

Making it nearly impossible to detect

- Added to or used with other street drugs

Sometimes unknown to the user

- Fourth Wave of Epidemic: Fentanyl + stimulant overdose deaths



**FENTANYL IS BEHIND
1 IN 5 DEATHS**

**AGES 15-24
IN CALIFORNIA**

FactsAboutFentanyl.org



OUTFRONT

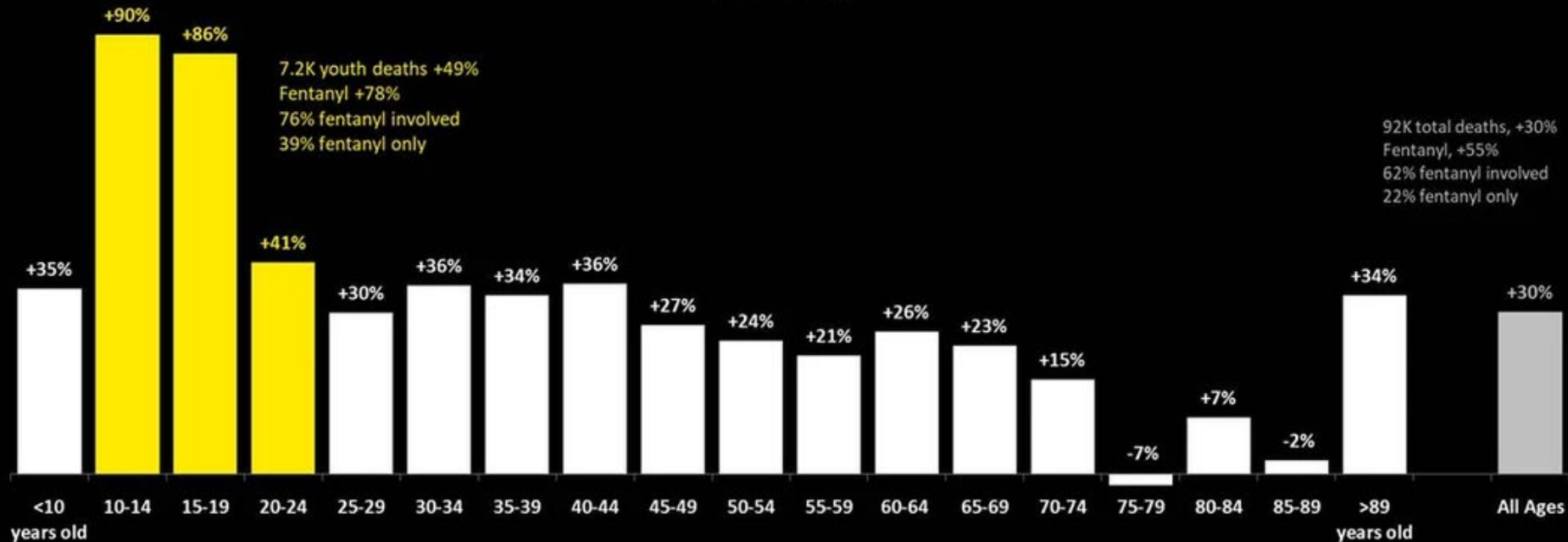
Awareness is key. You can help.

Now that you know, who will you tell?

Youth & Fentanyl

2020: Youth Drug Deaths Now Growing Faster than All Others

Annual Growth of U.S. Drug-induced Deaths by Age Group
2020 v 2019



Derived from: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death 2018-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd101010expanded.html> on Dec 26, 2021 9:28:37 AM. NCHS has defined selected causes of death groups for analysis of all ages mortality data. Drug overdose deaths are identified using underlying cause of death codes from the Tenth Revision of ICD (ICD-10): X40-X44 (suicidal), X50-X54 (suicide), X85 (homicide), and Y10-Y14 (undetermined). Drug overdose deaths involving selected drug categories are identified by specific multiple cause of death codes. Drug categories presented include: heroin (T40.1); natural opioid analgesics, including morphine and codeine, and semisynthetic opioids, including drugs such as oxycodone, hydrocodone, hydromorphone, and oymorphone (T40.2); methadone, a synthetic opioid (T40.3); synthetic opioid analgesics other than methadone, including drugs such as fentanyl and tramadol (T40.4); cocaine (T40.5); benzodiazepines (T42.4); and psychostimulants with abuse potential, which includes methamphetamine (T43.6). Rates are per 100K, age adjusted for all ages. "Opioids" uses T40.2+T40.3. "Fentanyl involvement" uses T40.4 and "Fentanyl % of all drug deaths" is (MCD T40.4/Drug overdose deaths). "Fentanyl-only" uses (Any T40.4 minus (Any T40.4 AND any involvement of T40.1 AND OR T40.2 AND OR T40.3, AND OR T40.5, AND OR T42.4 AND OR T43.6)). Multiple drugs may be involved in one drug death. State rankings are based on death rates and growth in rates for states where data exist.



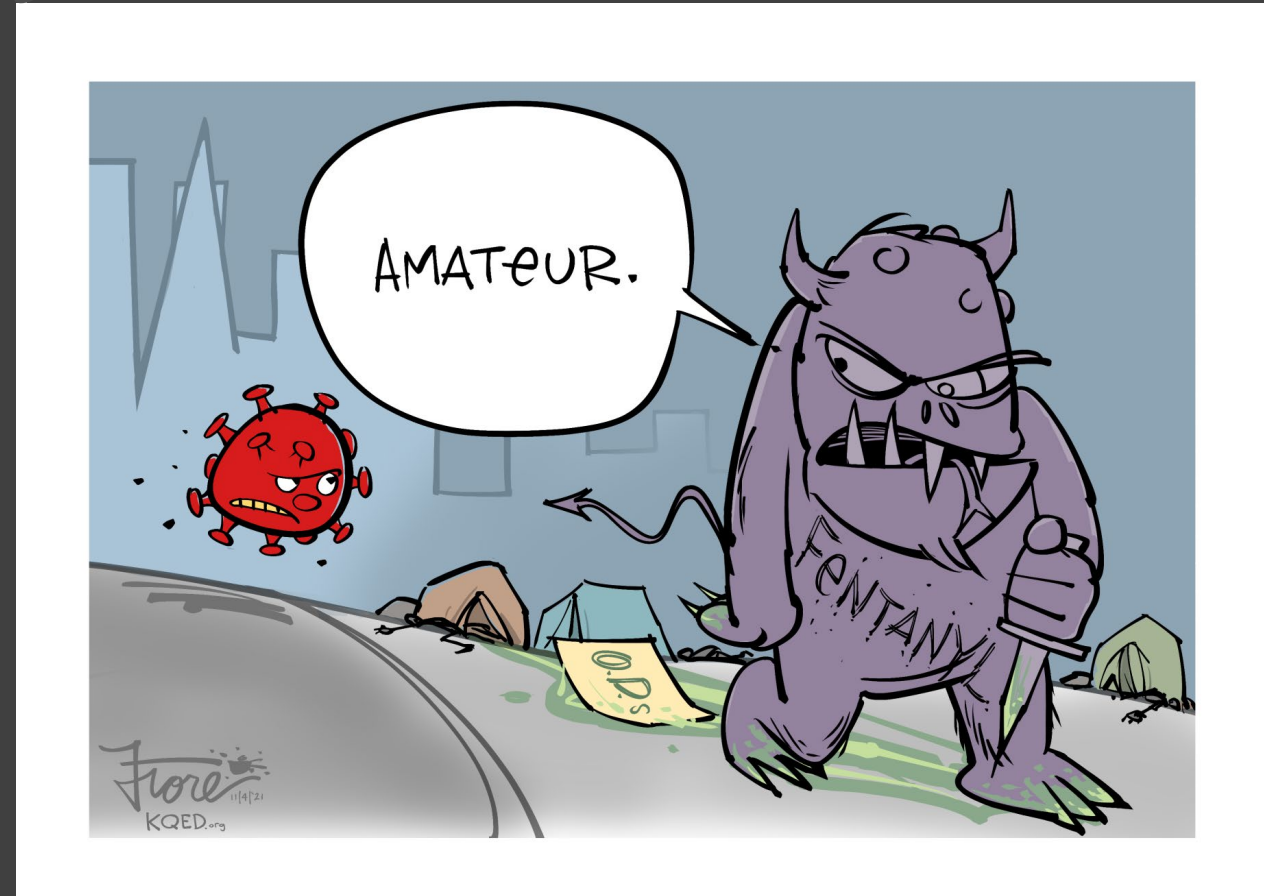


Can you tell which are real and which are fake?

Everyone of these pills is counterfeit and contains fentanyl except for the 30 mg IR Adderall

Summary: A Rocky Landscape

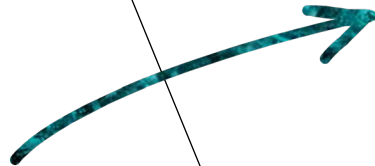
- Increasing overdose deaths nationwide
 - SMC increasing but not at same rate
- Spike in fentanyl related deaths
 - *now fentanyl + stimulants (meth and/or cocaine)*
- Youth drug-related deaths and internet sales of drugs on the rise nationally
- Federal & State efforts ramping up
 - Promotion of Naloxone (OTC) & Fentanyl Test Strips
 - Jan '23 DEA removed X-Waiver requirement for prescribers
 - Mar '23 Governor Newsom released Master Plan
 - Apr '23 DEA issues Emerging Drug Threat for Xylazine
- Opioid lawsuits against pharmaceutical manufacturers and pharmacies
 - Initial opioid settlements funds being distributed

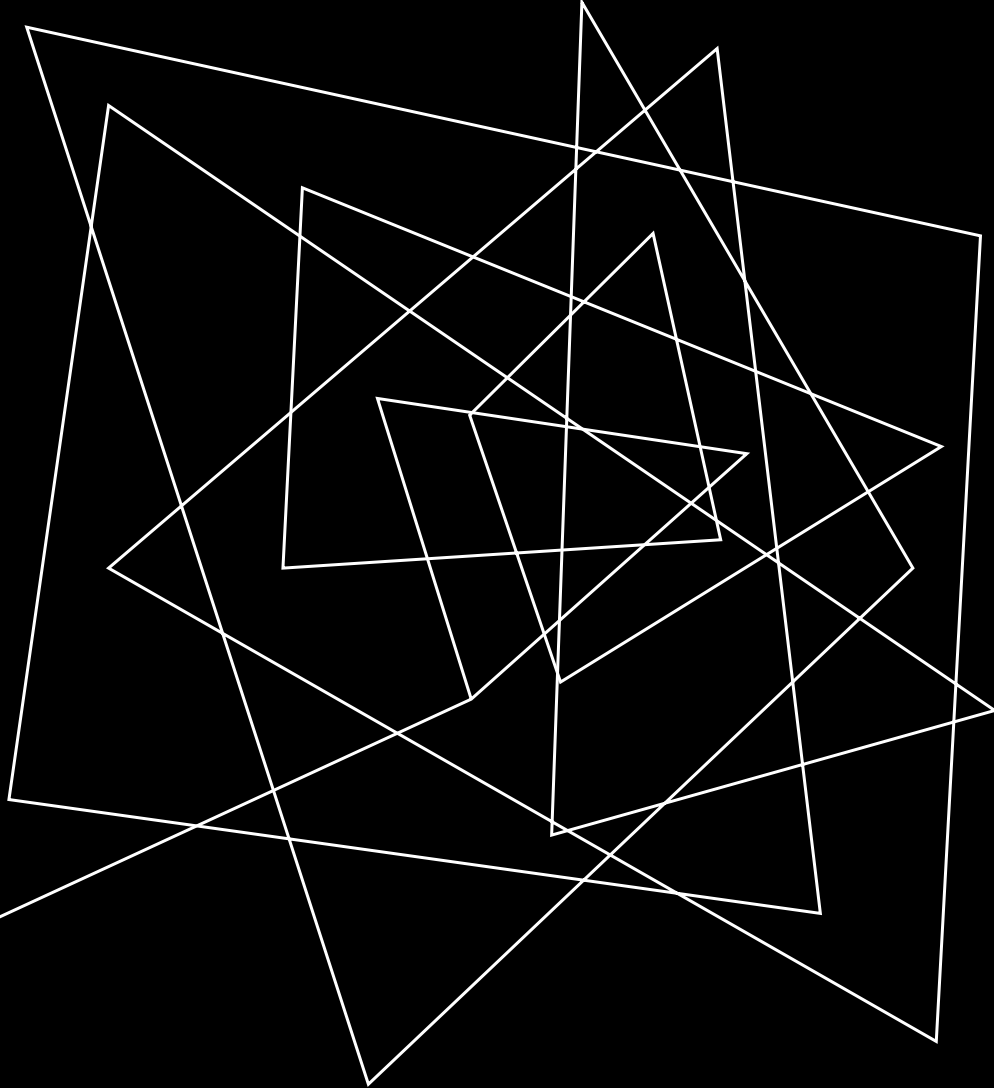


QUESTIONS?

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Up next





CURRENT STATE

San Mateo County

Scott Morrow

Debbie Van Olst



SAN MATEO
COUNTY HEALTH

*"Substance abuse is one of the biggest threats
to the health of our community!"* *Dr. Scott Morrow*

Join us for a presentation by
Scott Morrow, M.D.
Public Health Officer
as he reports on Healthy San Mateo 2000,
substance abuse issues in our county

February 17, 1999

9-11 a.m. (registration: 8:30 a.m.)
Clarion Hotel, Nob Hill Room
401 E. Millbrae Avenue, Millbrae
Phone: (650) 692-6363

RSVP by February 12, 1999 to Carrie Avritt at (650) 802-6434

Presented by: San Mateo County Substance Abuse Network, Alcohol and
Drug Services, and Treatment Providers Coalition



Current State: San Mateo County

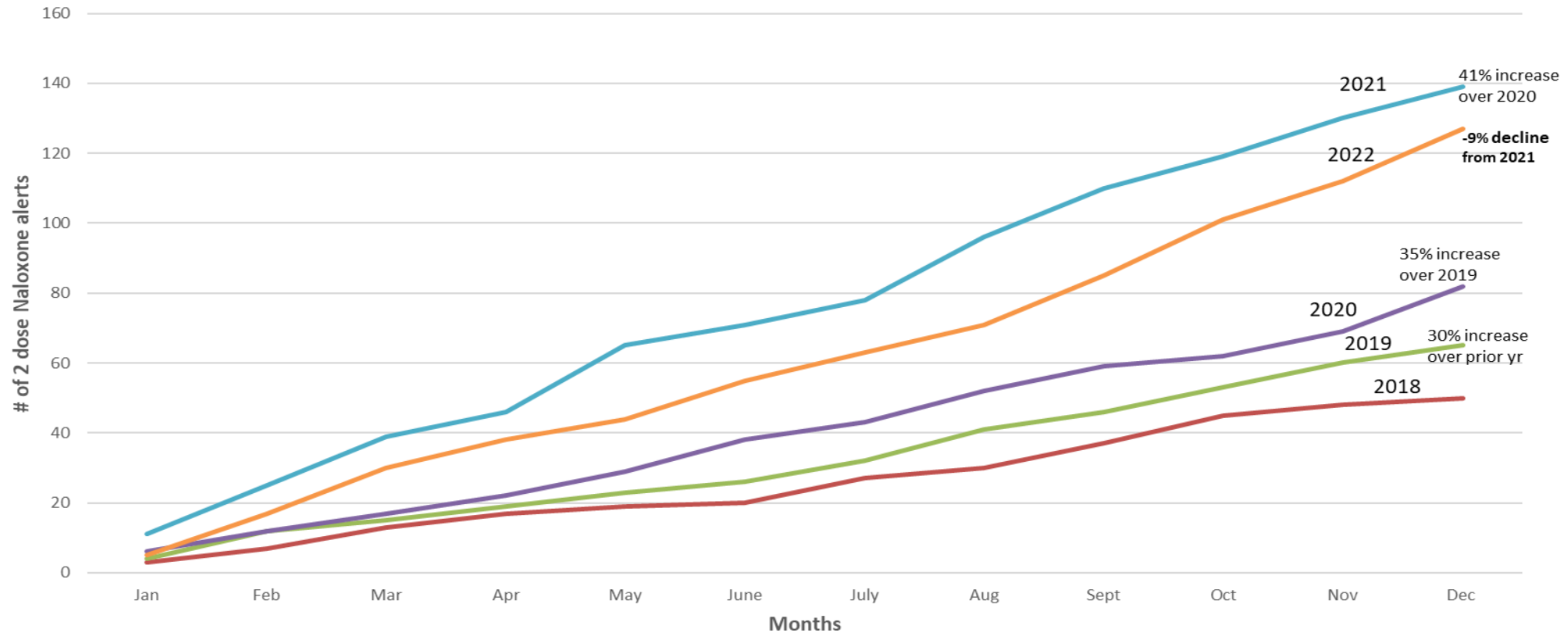
- **Data systems, nationally and locally, are flawed**
 - Inconsistent documentation, data collection, and analysis methods = misinterpretation
- **Fentanyl - involved deaths are increasing in San Mateo County**
 - Fentanyl only deaths were 2% (2) in 2017, peaked in 2020 at 21% (24) and declined to 10% in 2021 (13)
 - Fentanyl + stimulant deaths have been increasing across the U.S. for many years and increased in SMC in 2021
 - Fentanyl + stimulant deaths were 11% (13) in 2020 and increased to 31% (40) in 2021
- **Demographics for drug-related deaths in San Mateo County**
 - White and Asian residents are under-represented as a percent of residents
 - Black residents are over-represented as a percent of residents
 - Male resident deaths were over 70% annually (2017 to 2021)
 - 2021 deaths ranged in age from 16 to 72 years old
 - 81% of deaths were in ages 20 to 59, 3% in 16 to 19, 16% over 60 years old



Emergency Medical Services



San Mateo County Trended 2-dose Naloxone Alerts Cumulative total by month (2017 - 2022)

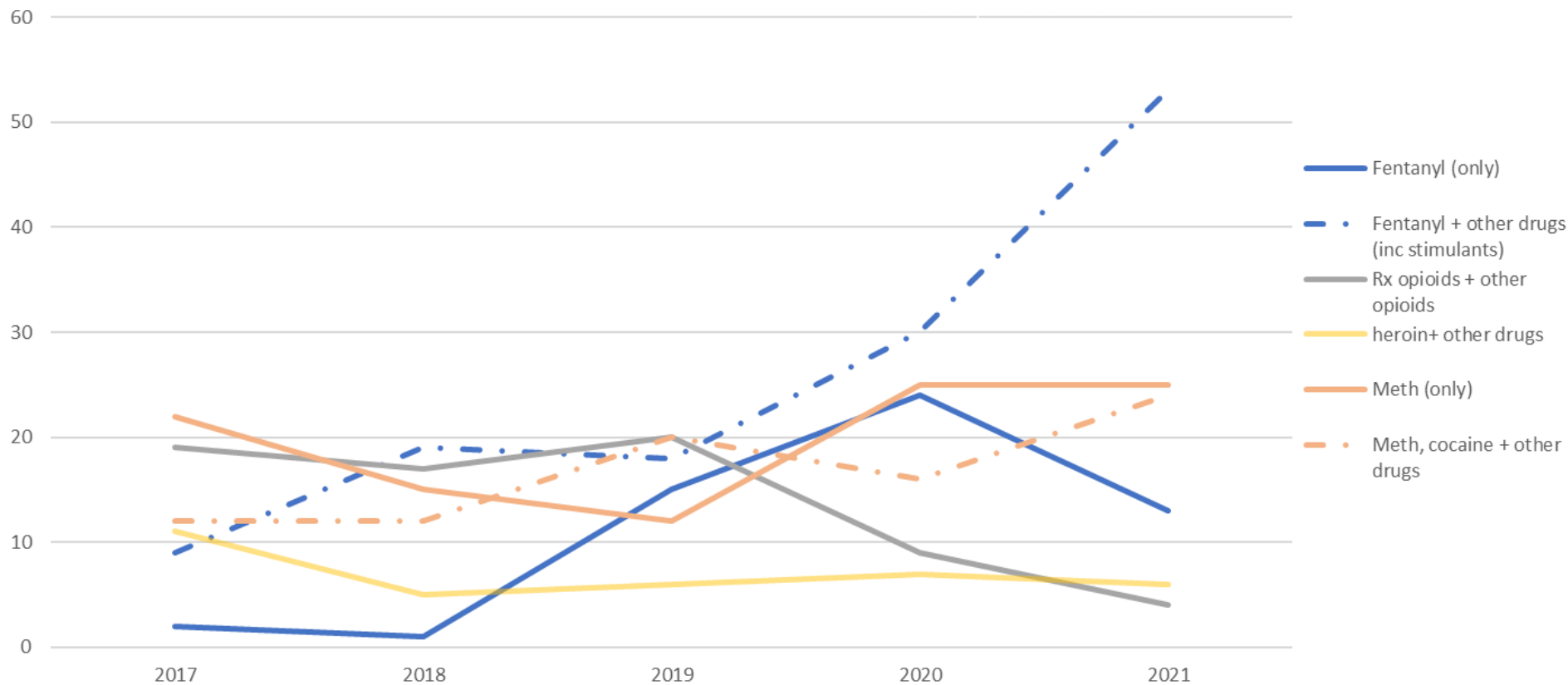


Source: FirstWatch (MEDS ePCR - First responder 2 doses of naloxone)

Coroner Drug Toxicology Review



San Mateo County Drug-related Deaths by Drug
2017 to 2021



Source: VRBIS/EDRS death certificate, Coroner toxicology and summary

Note: Drug category causing death is exclusive

Notes:
Total Fentanyl-
involved deaths were
66 in 2021

Fentanyl + other drugs
category includes
Meth + all opioids and
Fentanyl + all
stimulants

SMC lagged the
national trend through
2019 but 2021 shows
dramatic increase.

Drug trends travel
from East to West
• tends to be marker
of “trend” to come.

WHAT IS COMING

Xylazine, an animal tranquilizer, street name “tranq dope” is being mixed with fentanyl

- Serious health problems occur including skin lesions and necrosis
- Narcan/naloxone does not reverse Xylazine overdoses
- SMC crime lab had 2 positive cases in 2022
 - SMC had one drug-related death tested positive in 2021
 - SF had 4 drug-related deaths test positive between December 2022 and January 2023
 - Santa Clara County had one drug-related positive at end of February 2023
- **New** test strips for xylazine – **availability imminent, cost unknown**

Naloxone approved Over the Counter (March ‘23) – availability imminent, cost unknown

Regional and National trends continue to increase

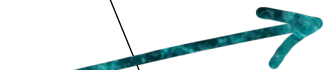
- Youth use and deaths involving fentanyl
- Fentanyl & stimulants (meth and cocaine) mainly due to co-use or adulteration of fentanyl

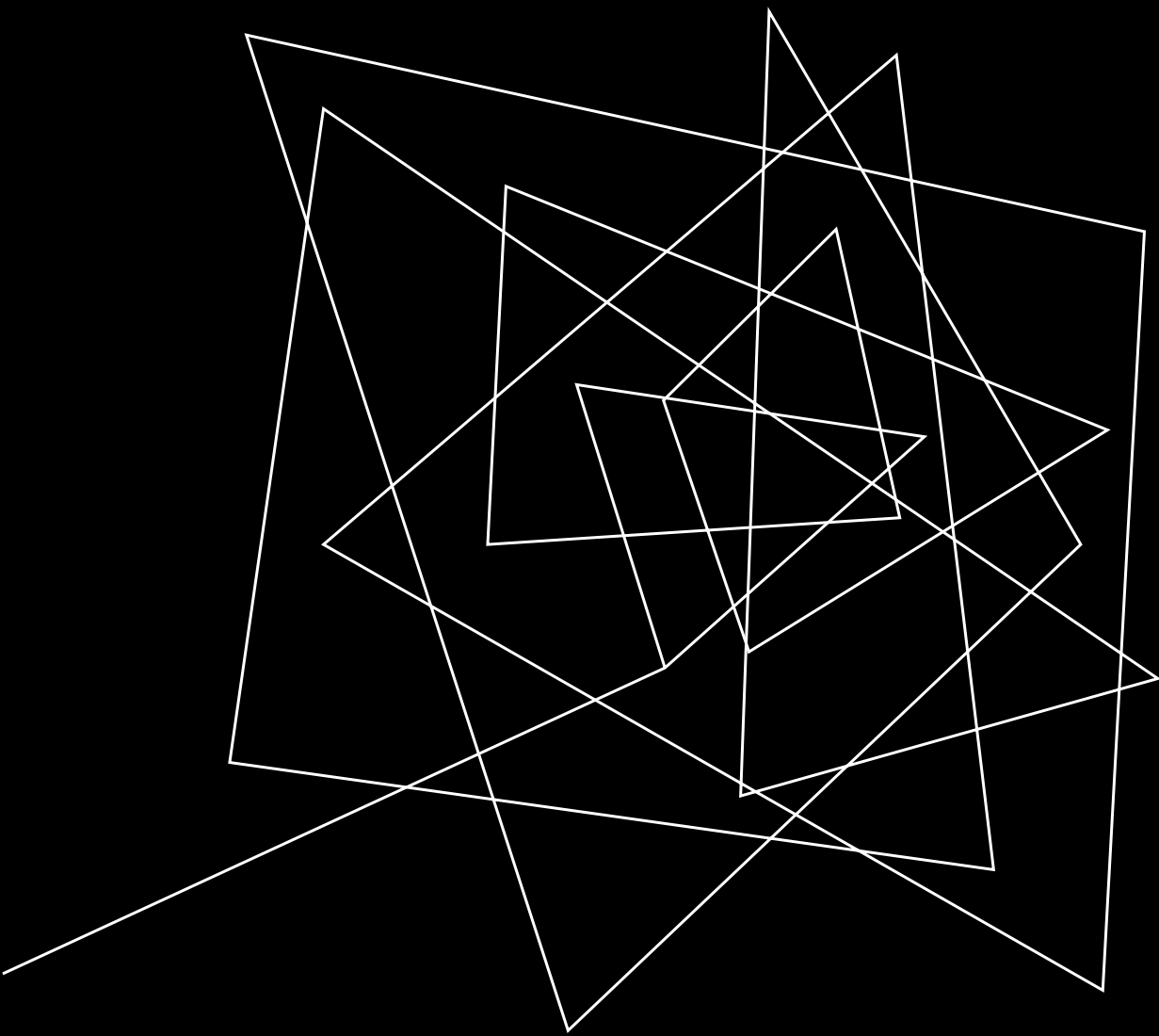
We need to be prepared for what is happening nationally

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CLIENT/FAMILY PERSPECTIVE

Bonnie Macnamara



TASHA SOUTER, MD, FASAM

Medical Director, BHRS
San Mateo County

CLINICAL ASSOCIATE PROFESSOR (AFFILIATE)
Stanford University School Of Medicine
Dept. of Psychiatry and Behavioral Sciences

WHAT IS WORKING

Medication Assisted Treatment (MAT) is considered the “gold standard” treatment for Opioid Use Disorders.

– U.S. Surgeon General’s Report: [Spotlight on Opioids](#)

Treatment Works

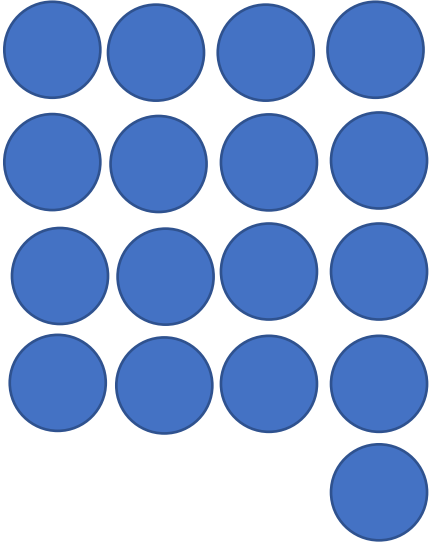
- Psychosocial Interventions
- Coaching and Counseling
- Medication Assisted Treatment (MAT)



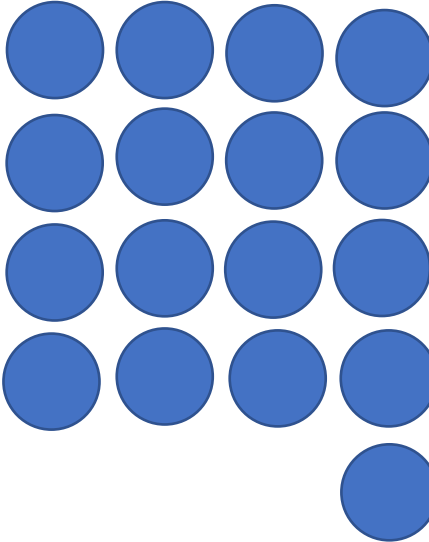
Medication Assisted Treatment (MAT) Study


*Gunne and Gronbladh 1981

- Pretreatment MAT Group



- Pretreatment Control Group

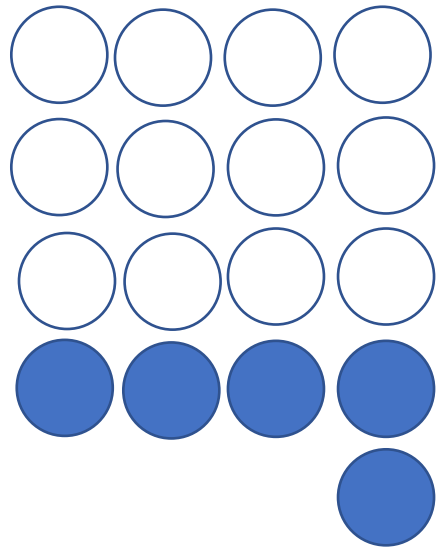


 = ongoing daily heroin use

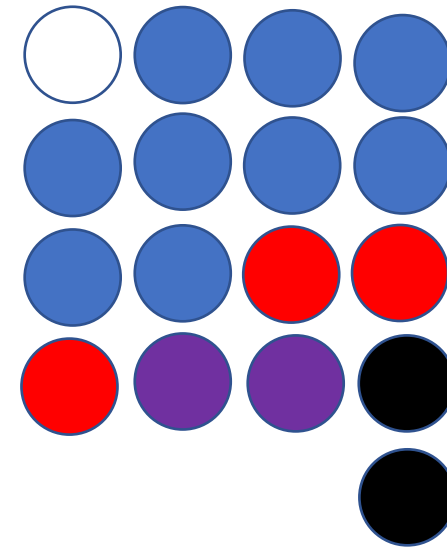
Medication Assisted Treatment (MAT) Study

*Gunne and Gronbladh 1981

2 years later Treatment Group
(with MAT)



2 years later Control Group
(without MAT)



- = ceased substance use and started work or school.
- = ongoing daily heroin use.
- = deceased.
- = incarcerated.
- = life threatening medical complications.

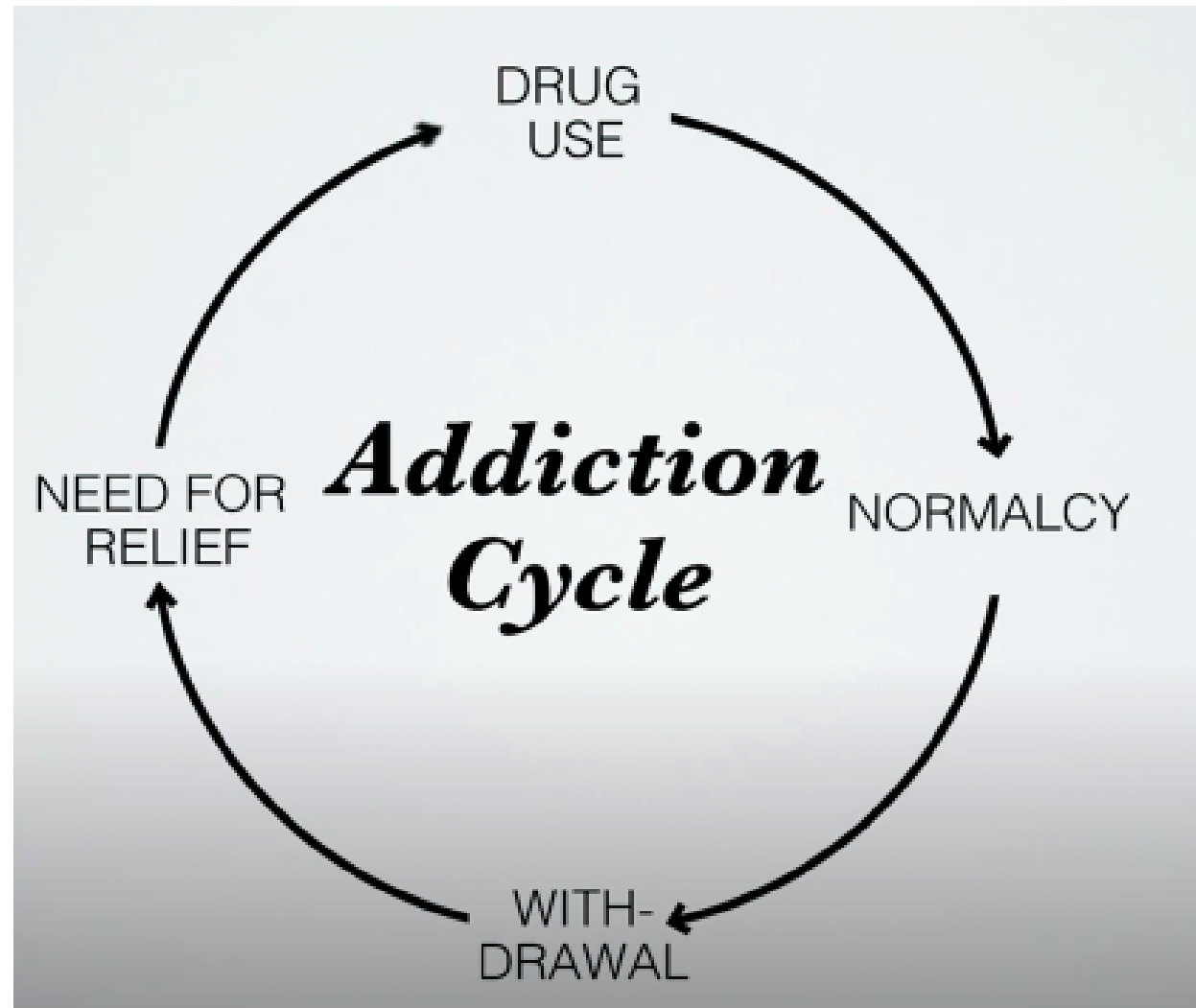
Medication Assisted Treatment (MAT)

- **Decreases**

- Opioid use.
- Opioid-related overdose deaths.
- Infectious disease transmission.
- Criminal activity.

- **Increases**

- Retention in treatment.
- Social functioning.
- Maternal and fetal health.





NATIONAL SHERIFFS' ASSOCIATION



JAIL-BASED MAT: PROMISING PRACTICES, GUIDELINES AND RESOURCES

"Jails are on the front lines of this epidemic, and they also are in a unique position to initiate treatment in a controlled, safe environment."

Treatment using MAT, particularly when coupled with evidence-based behavioral therapy, improves medical and mental health outcomes and reduces relapses and recidivism."

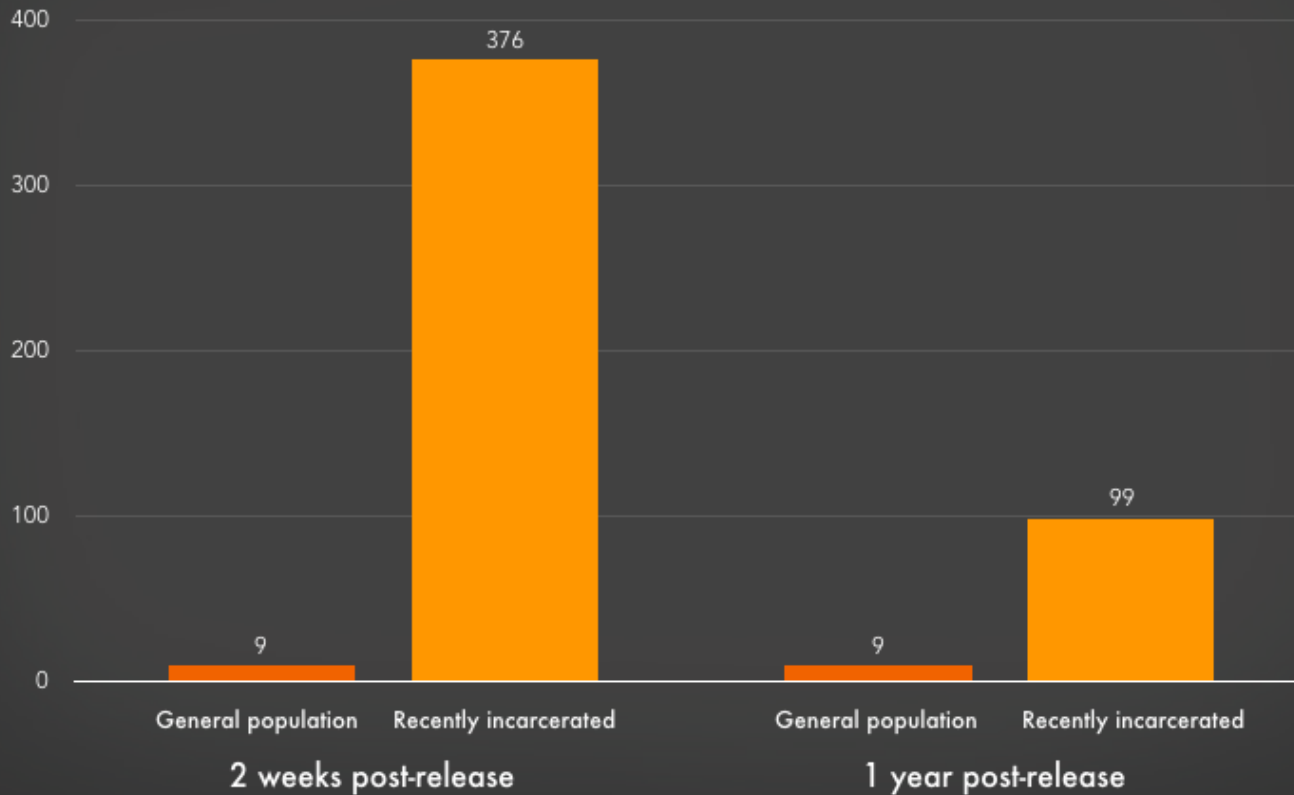


JAIL-BASED MEDICATION-ASSISTED TREATMENT

PROMISING PRACTICES, GUIDELINES,
AND RESOURCES FOR THE FIELD

Recently incarcerated people are over 40 times more likely to die from an opioid overdose

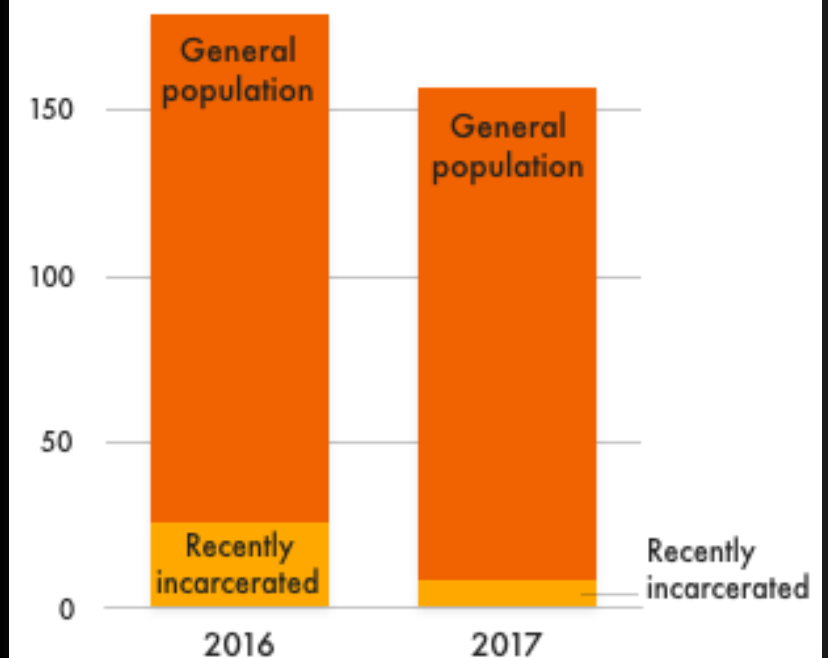
Number of opioid overdose deaths per 100,000 recently incarcerated people in North Carolina compared to rate among the general population in North Carolina



Rhode Island MAT Program Fatal overdoses cut by >60%

Medication-Assisted Treatment helps reduce fatal overdoses

Fatal overdoses in the first 6 months of the year fell after the Rhode Island DOC implemented a MAT program in 2016



People Experiencing Homelessness

*Padwa et al 2022

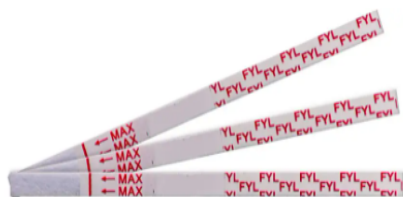
- *Increased risk for overdose.*
- *More likely to have co-occurring mental health disorders.*
- *Lower rates of treatment engagement and completion.*

- ✓ Availability and utilization of housing services, such as transitional housing/recovery residences, improve substance use outcomes.
- ✓ Integrating housing resources and treatment (MAT, Contingency Management, mental health treatment) improves outcomes.



DRUGS DO NOT COME WITH
AN INGREDIENTS LIST.
MANY CONTAIN DEADLY
DOSES OF FENTANYL.

FENTANYL TEST STRIPS



[25 Pack] Fentanyl Strips for Rapid Detection, Urinary Drug Testing, One-Step Quick Results, Easy-Read Urine Drug Test Strip...

25 Count (Pack of 1)

★★★★☆ ~ 258

\$25⁰⁰ (\$1.00/Count)

✓prime FREE One-Day

Coming Soon



5 STEPS TO RESPOND TO AN OPIOID OVERDOSE

STEP 1		SHOUT & SHAKE their name & their shoulders
STEP 2		CALL 9-1-1 If unresponsive.
STEP 3		GIVE NALOXONE: 1 spray into nostril or inject 1 vial or ampoule into arm or leg.
STEP 4		PERFORM RESCUE BREATHING AND/OR CHEST COMPRESSIONS.
STEP 5		IS IT WORKING? If no improvement after 2-3 minutes, repeat steps 3 & 4. Stay with them.



*Get naloxone. Give naloxone.
Save a life.*

RECOVERY POSITION

If the person begins breathing on their own, or if you have to leave them alone, put them in the recovery position.

head should be tilted back slightly to open airway



hand supports head

knee stops body from rolling onto stomach

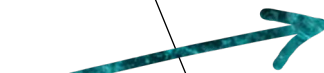
SIGNS OF OPIOID OVERDOSE

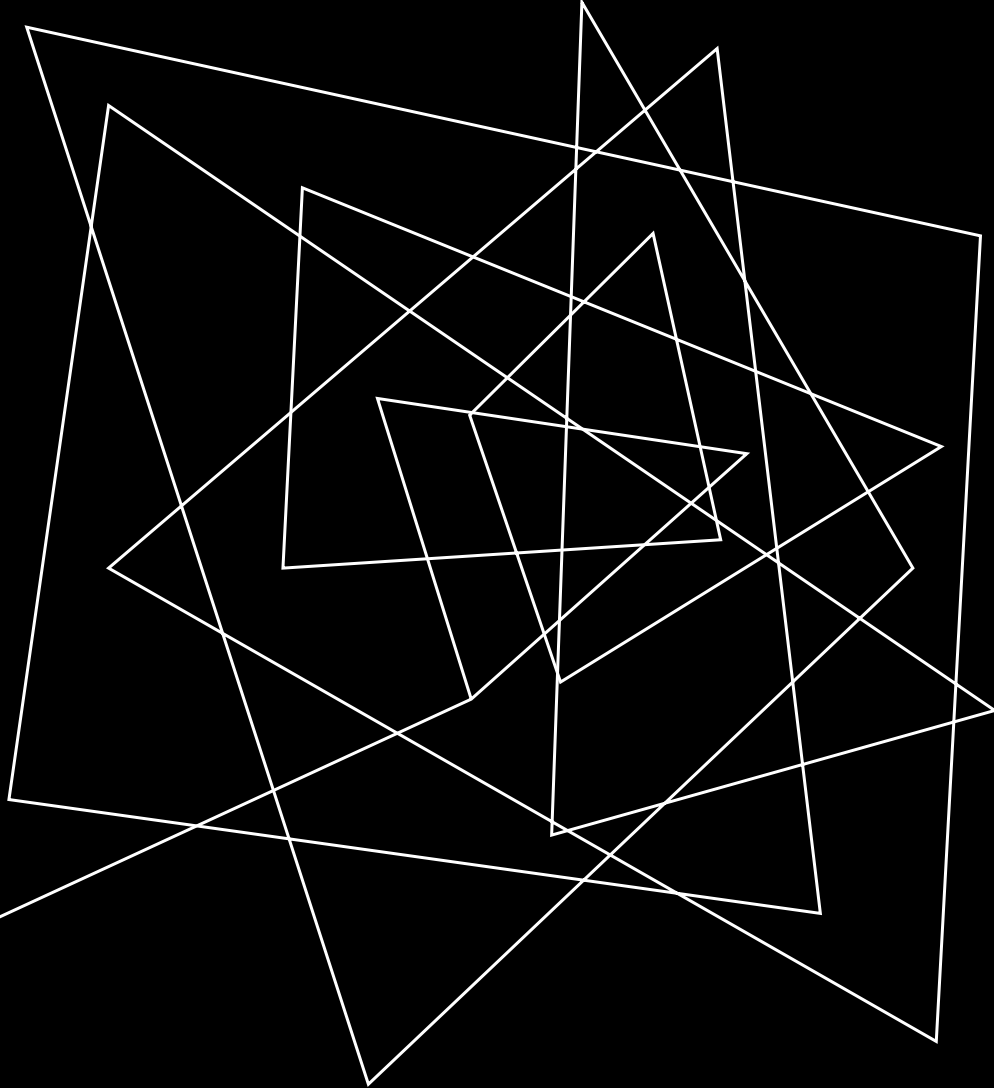
- Person can't be woken up
- Breathing is slow or has stopped
- Snoring or gurgling sounds
- Fingernails and lips turn blue or purple
- Pupils are tiny or eyes are rolled back
- Body is limp

QUESTIONS?

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- **More on: What is Working in San Mateo County**
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WHAT IS WORKING: SAN MATEO COUNTY



SAN MATEO
COUNTY HEALTH

Harm Reduction and Overdose Prevention for Opioids & Alcohol.

**NEED
HELP**



USING **FENTANYL** or **OPIOIDS**?
DRINK TOO MUCH **ALCOHOL**?

7 DAYS
A WEEK

IMAT can help

CALL: San Mateo Medical Center

650.573.2735

SMC^{HEALTH}.ORG



Integrated Medication Assisted Treatment (IMAT).

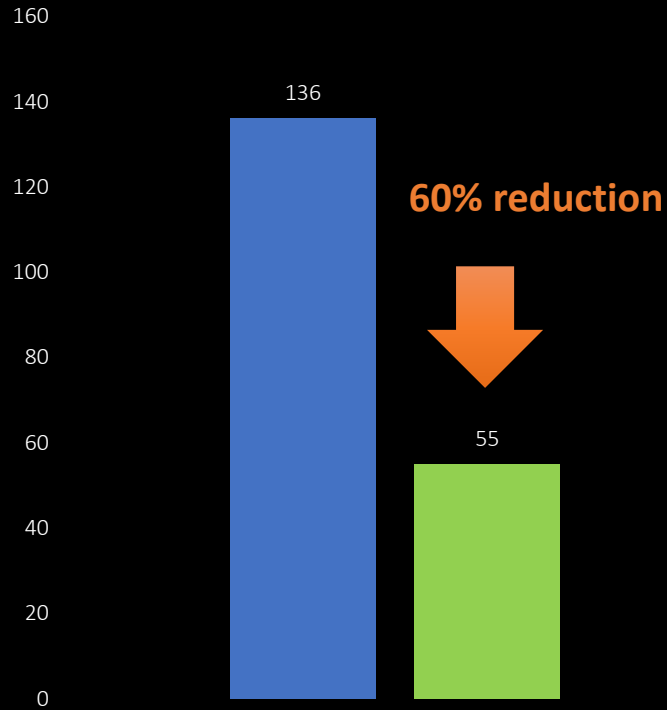


SAN MATEO
COUNTY HEALTH

IMAT:
Integrated
Medication
Assisted
Treatment

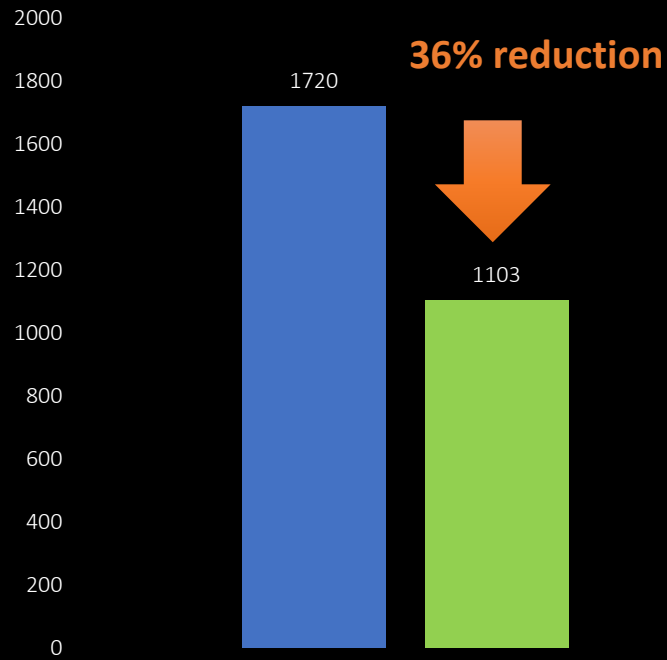
San Mateo Medical Center
Emergency Department

Inpatient Hospitalization All IMAT Clients FY15-22



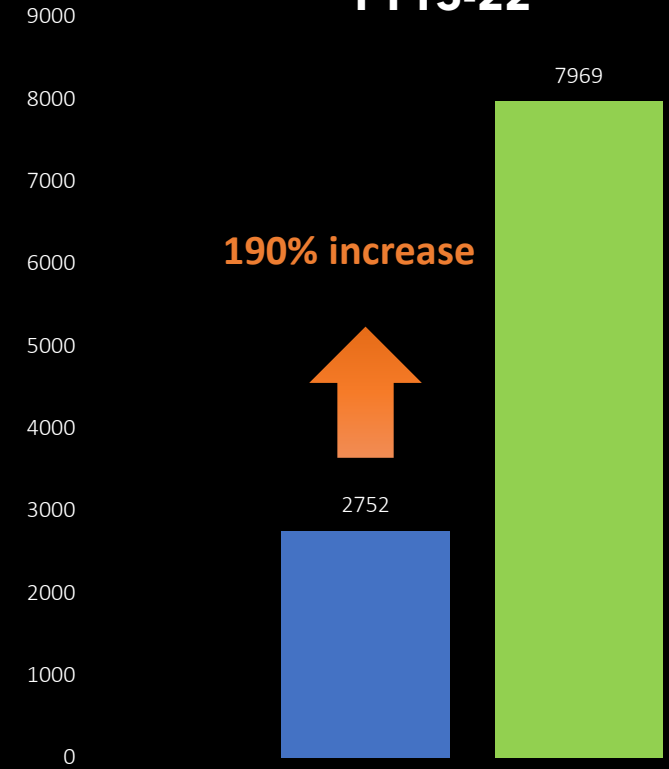
■ Six Months Before IMAT ■ Six Months After IMAT

ED/PES Services All IMAT Clients FY15-22



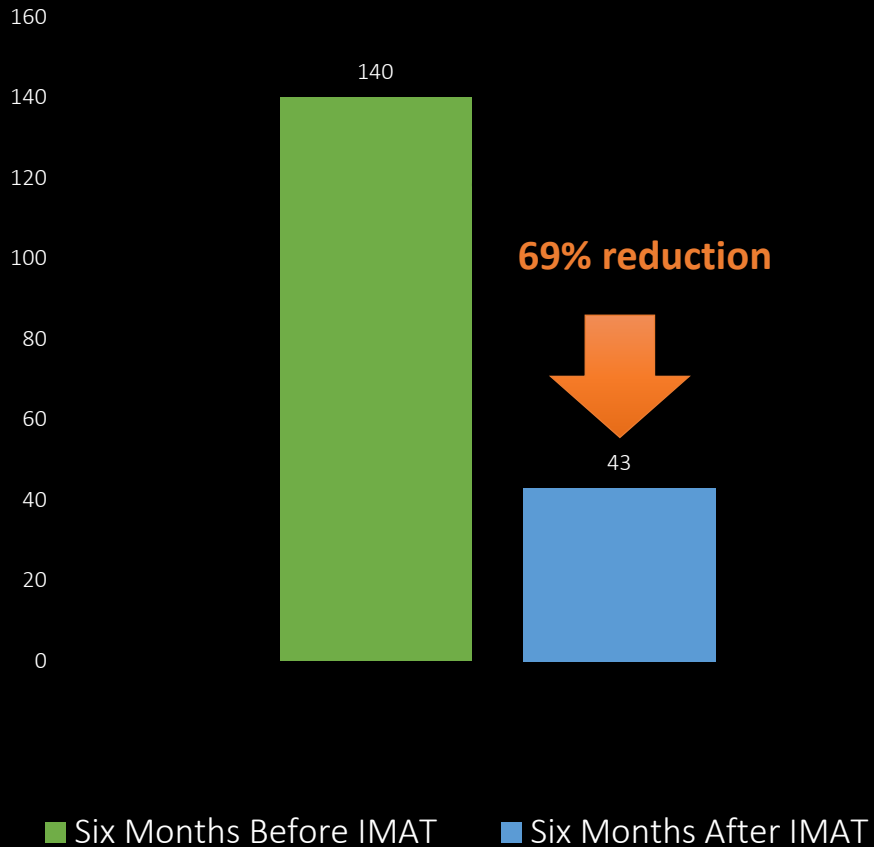
■ Six Months Before IMAT ■ Six Months After IMAT

Outpatient Services All IMAT Clients FY15-22

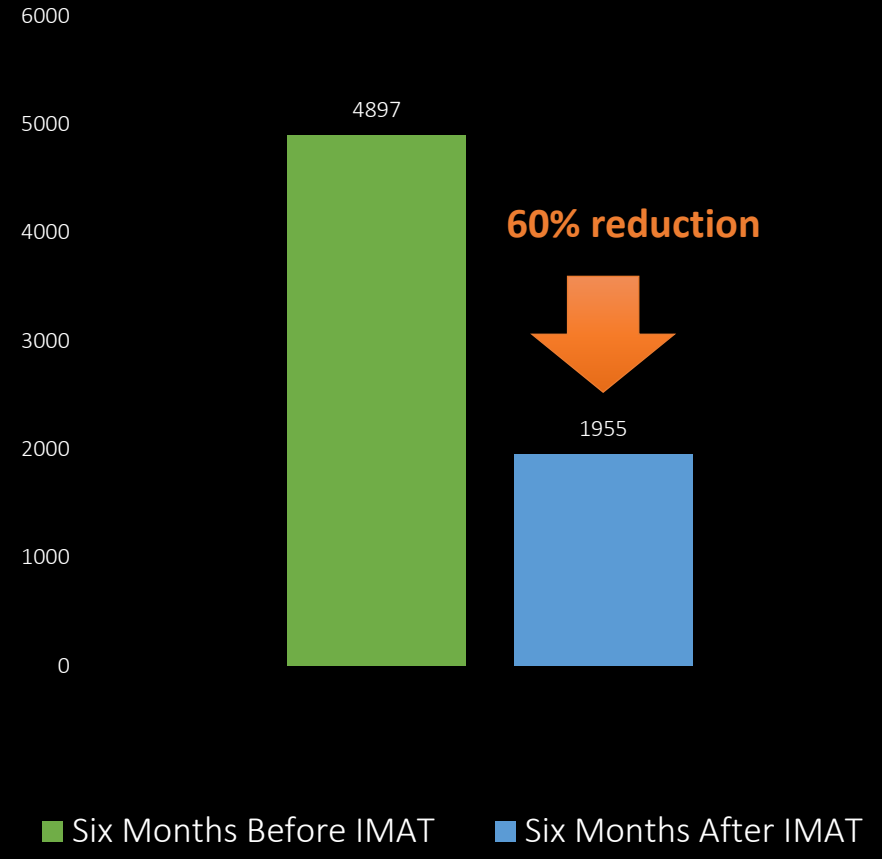


■ Six Months Before IMAT ■ Six Months After IMAT

Number of IMAT Clients with Any Incarceration FY18-22



Total Number of Days Incarcerated among IMAT Clients FY18-22





Opioid Settlements

State, local and tribal governments across the United States have participated in lawsuits against pharmaceutical manufacturers and drug distributors in response to the opioid epidemic.

On July 21, 2021, a \$26 billion offer to settle was made by opioid manufacturer Janssen and the "big three" distributors to resolve their liabilities in over 3,000 opioid crisis-related lawsuits.

California:

- Funds deposited into the Opioid Settlement Fund (OSF)
- Overseen by the Department of Health Care Services (DHCS)

San Mateo County Opioid Settlement Funds:

SMC Behavioral Health & Recovery Services 2022
Add two new Case Management / Assessment Specialists
and one Psychiatric Social Worker

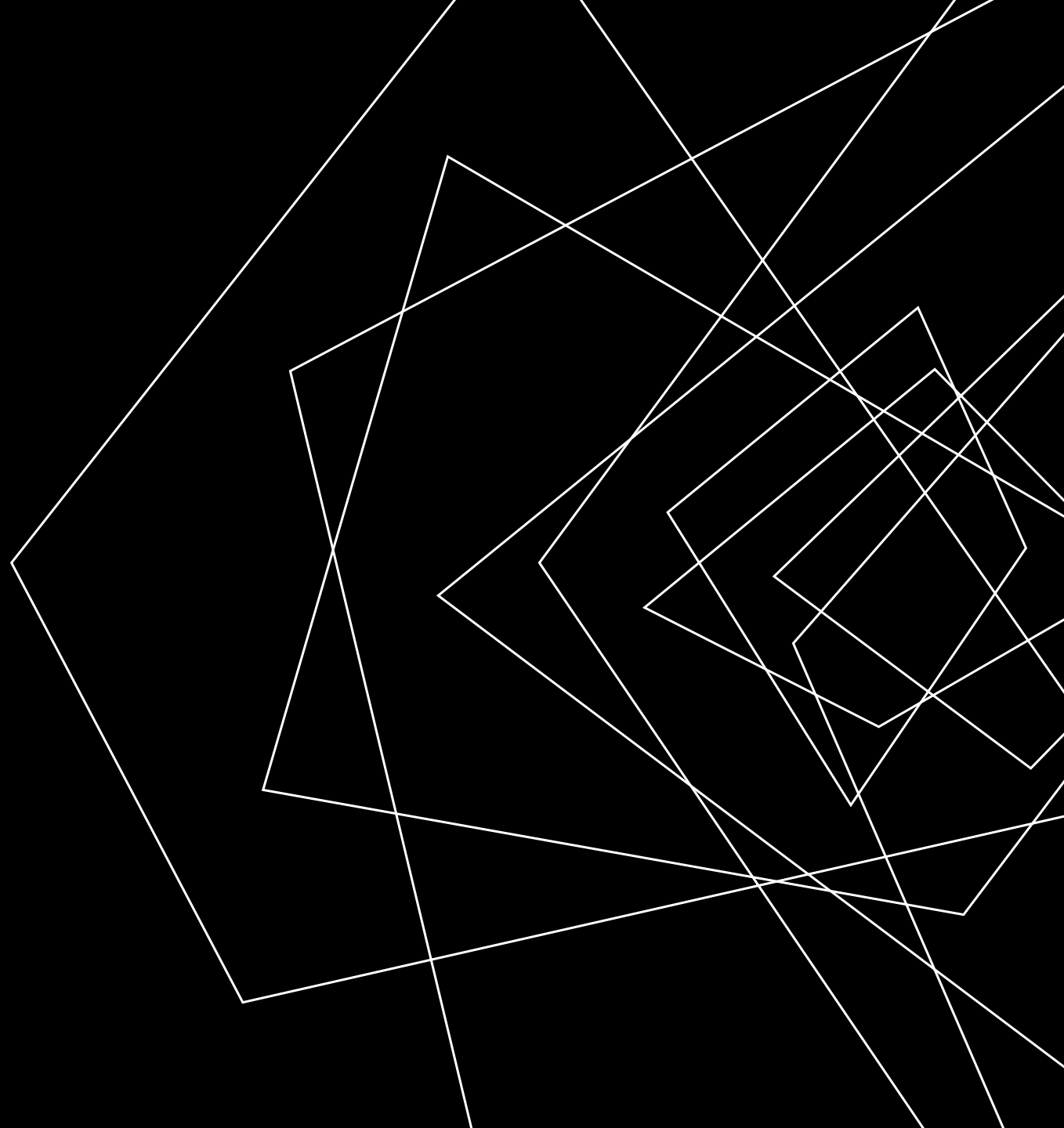
- Embedded in community settings
(Jails, Navigation Center, Detox, etc.)
- Conduct outreach and evaluation,
- Increase engagement and linkage of:
Individuals with or at risk of opioid use disorders,
who are experiencing homelessness and/or justice
involved

KRIS SHOUSE

San Mateo County
Associate Superintendent of Schools



SAN MATEO
COUNTY
OFFICE OF
EDUCATION



San Mateo County
Coalition for Safe Schools and Communities

Naloxone For Schools

TOOLKIT

December 16, 2022



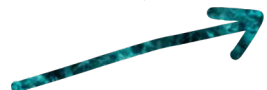
District /School Participation

The Coalition for Safe Schools and Communities supports LEA participation in the Naloxone Distribution Program as a best practice for student/staff safety and wellness. We encourage and support local efforts to educate leaders, staff, and community, and to fully implement the program as described in the toolkit.

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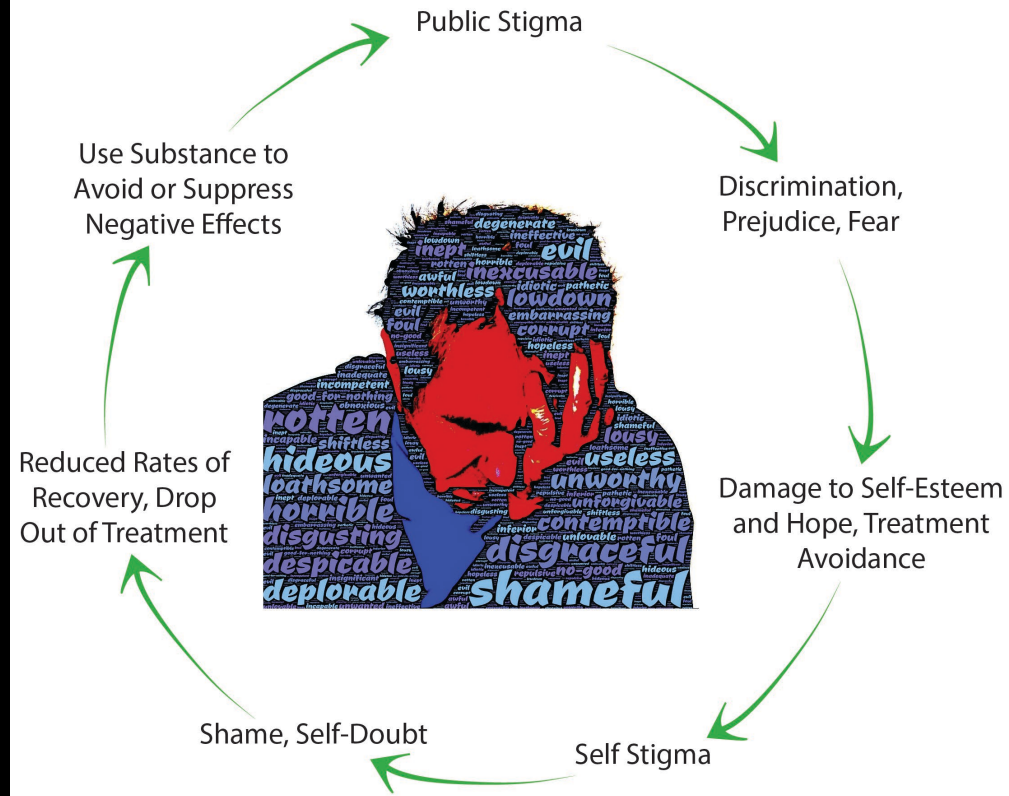




THE DISCONNECT

System Gaps

Cycle of Stigma



Corrigan et al., 2017a; 2017b; da Silveira et al., 2018

“NEVER FORGET THAT THE FACES OF ADDICTION ARE REAL PEOPLE. THEY ARE BELOVED FAMILY MEMBERS, CLOSE FRIENDS AND COLLEAGUES. THEY ARE US.”



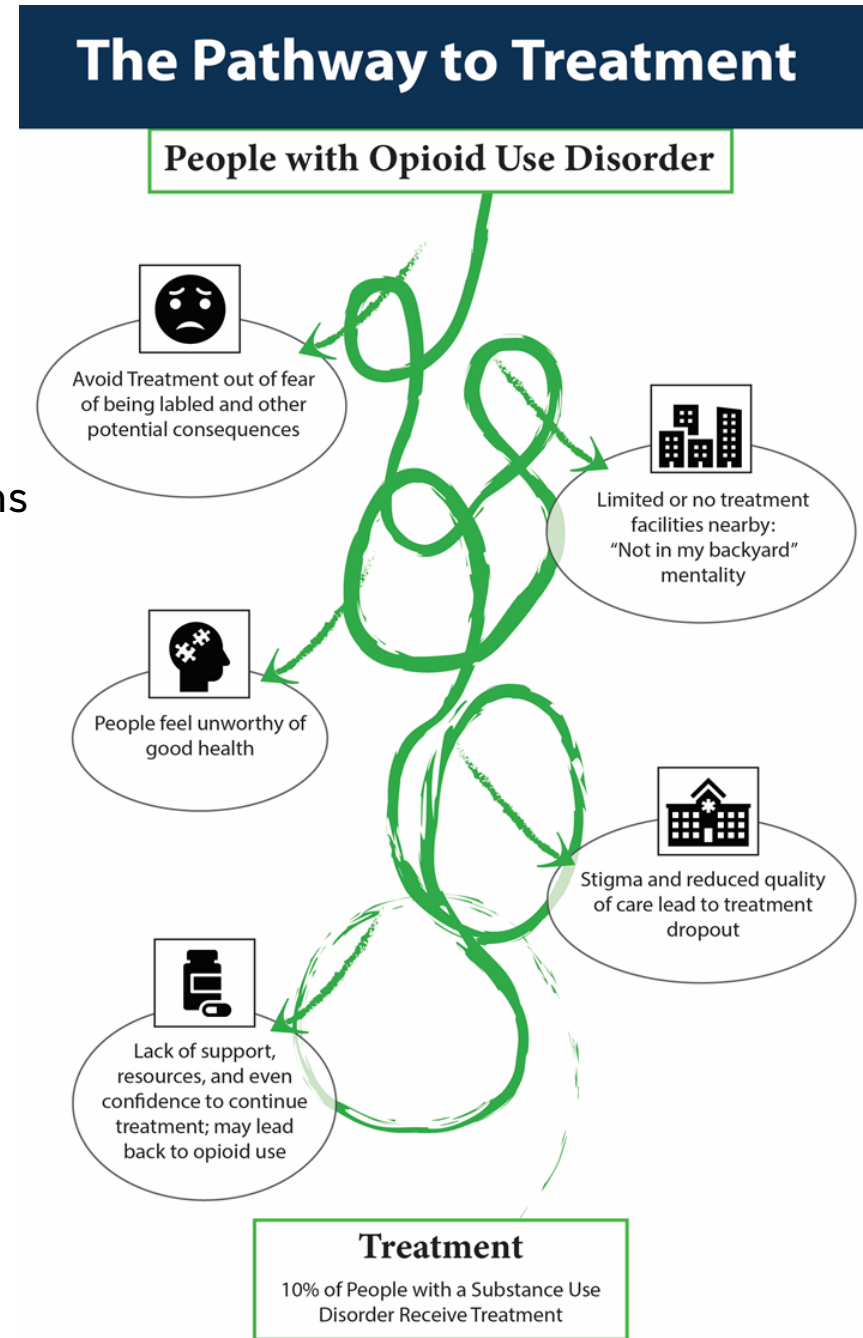
US Surgeon General Dr. Vivek H. Murthy

#FacingAddiction



GAPS

- Stark differences in treatment approaches for Chronic Health Conditions
- Health criteria and insurance gaps
 - o SMC Health as 'Safety Net'
 - o Medi-Cal, undocumented, uninsured
- Scarcity for specialized Addiction Medicine providers
- Treatment Continuum inequities
 - o Largely abstinence-based models
 - o No 'immediate' medication resources beside Emergency Services

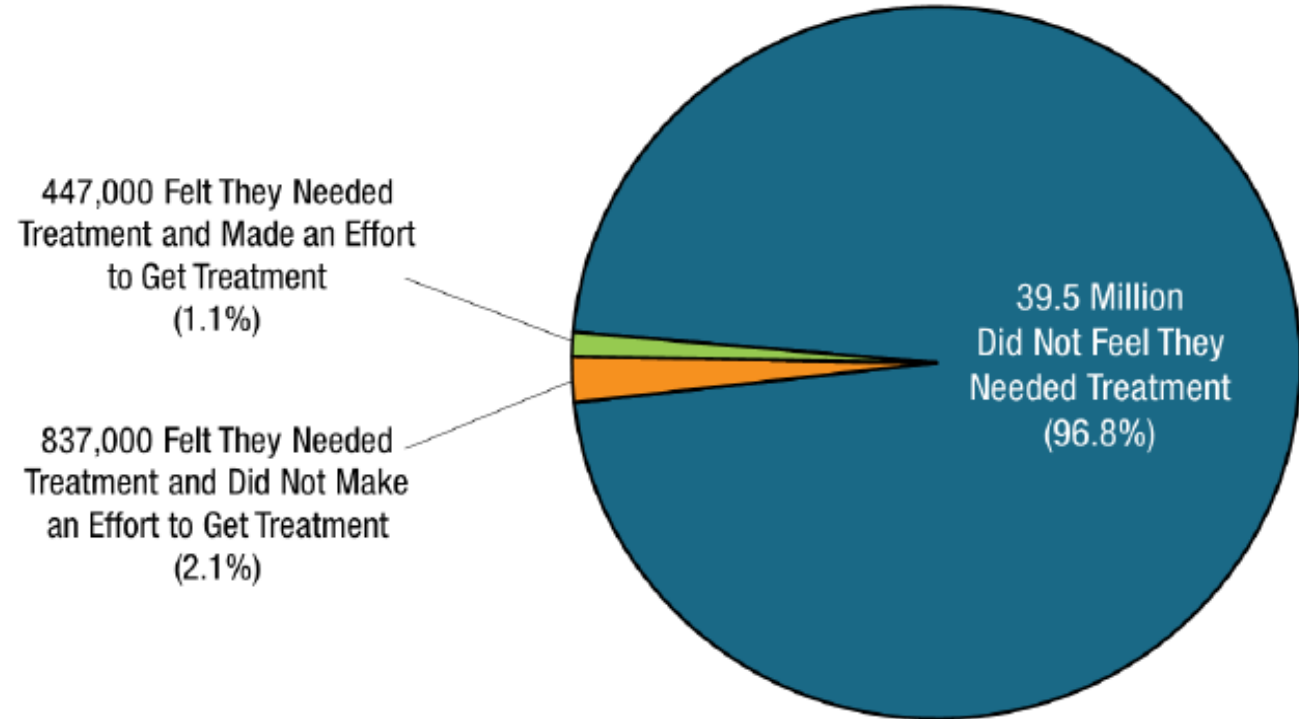


2021 National Survey of Drug Use and Health

Perceived Need for Substance Use Treatment:

People 12 or older with past year illicit Drug or Alcohol Use Disorder who did not receive Substance Use Treatment at Specialty Facility in past year

**43.7 million people
needed Substance Use
Treatment in 2021**



40.7 Million People with an Illicit Drug or Alcohol Use Disorder Who Did Not Receive Substance Use Treatment at a Specialty Facility

Continuum of Evidence Based Services

“I don’t have a problem”



Precontemplation

- ✓ Emergency Services response
- ✓ Criminal justice system

“Ok, maybe it’s a problem”



Contemplation / Preparation

- ✓ Intermittent Outreach
- ✓ Social Model Detox

“I’m Ready to Change”



Action

- ✓ Residential, Outpatient and Intensive Outpatient Treatment services
- ✓ Support Groups
- ✓ Medication Assisted Treatment (MAT)
- ✓ Case Management
- ✓ Access to shelter / temp housing

“I’m in Recovery”



Maintenance

- ✓ Sober Living
- ✓ Behavioral counseling
- ✓ Case Mgmt “tune ups”
- ✓ Community groups
- ✓ Recovery Services
- ✓ Housing opportunities



Community Education & Overdose Prevention

- Service promotion
- Active Stigma reduction campaign
- Robust, county-wide community based education

Evidenced based Harm Reduction Services

- Street outreach (MAT focus)
- Free Naloxone distribution programs / vending machines
- Fentanyl Test Strips

**often non-reimbursable*

Low-barrier SUD Treatment

- Ramp housing
- Incarceration alternatives
- Judgment-free engagement & flexible programming
- Community outreach and education

More Addiction Specialists

Linguistic capacity

Medical Detox

AB2096 passed, unclear if Mills will seek licensure

The 96.8%

Expanded MAT

Public & Private Primary Care settings

Stability Pathways

- School based treatment
- Affordable housing
- Employment opportunities

Sense of community belonging & purpose

Equitable access



Prevention, Education & Community Opioid Response



**SAN MATEO
COUNTY HEALTH**
All together better.

Youth Substance Use Treatment
Messaging and Outreach Project

- Early Intervention with youth, school partnerships
- Peer health & peer to peer education models to reduce stigma, expand knowledge (addiction verses treatment)
- Non-judgmental counseling onsite at schools
- Media education campaign to for youth, parents, and communities.
- Examples of topics: one pill can kill, counterfeit “fenta-pills” and rainbow fentanyl accidental poisonings, treatment resources, and stigma.



I HAVE ALWAYS HAD A LOT OF ANXIETY AND I'VE SEEN MY FRIENDS GET SO PARANOID WHEN THEY'RE HIGH. I CHOOSE NOT TO USE BECAUSE I DON'T WANT TO RISK MAKING MY ANXIETY WORSE.

DAVID, 17

[HEALTH] DECODED

<https://cannabisdecoded.org/>

QUESTIONS?

- Introduction
- **Overview:** evolution & extent of opioid crisis
- **Current State** in San Mateo County
- **Client Perspective**
- **What is Working** in San Mateo County
- **The Disconnect:** gap analysis
- **Recommendations** and action steps

Up next



Recommendations

1. Prevention: Community Opioid Response

- Root cause analysis including social determinants of health
- Community based substance use education for schools, community leaders and health providers
- Social support, outreach & person-centered engagement at all stages of change
- Implement a media education campaign addressing youth, parent and community needs, concerns, stigma

2. Harm Reduction Tools

- Reaching the 95% through expanded MAT: Medication Assisted Treatment (public & private) including street outreach and field-based coordination
- Expand access to Fentanyl & Xylazine test strips, Naloxone distribution, including community-based vending machines
- Expand access to wet/damp housing units

3. Increase availability and accessibility of full continuum of treatment services

- Expand public & private provider MAT education and implementation support
- Invest in workforce development, training, recruitment and retention, to build quality and increase CBO capacity
- Expand access to services which reflect community demographics, language and cultural needs



Recommendations, continued

4. Invest in expanded surveillance and data monitoring efforts

- Invest in capacity building and training of Epidemiologist(s) related to mental health and substance use
- Implementation of a data warehouse to facilitate analysis of increasing quantities of data

5. Policy & Advocacy

- Advocacy at federal level - privacy data to address 42 CFR Part 2 confidentiality rules that inhibit coordination of care, especially for the 95% (Already on BOS leg agenda);
 - Advocate for flexibility in definition of 'medical emergency' which is too narrow
 - Align to HIPAA to share with any treating provider
- SB 641, over the counter Naloxone advocacy for generic availability to increase access given tight supplies
- Medicaid services and constraint on rates impact provider capacity, workforce and quality
- Expand access to wet/damp housing
- AB1288 (Reyes): would prohibit health insurers from requiring prior authorization to provide MAT services



THANK YOU



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COUNTY HEALTH