COLLEGE OF HEALTH

OSU CENTER FOR HEALTH INNOVATION

A needs assessment for public health and public safety partnerships in the Oregon Idaho High Intensity Drug Trafficking Area (HIDTA).

May, 2023

Introduction

In 2022, the OSU Center for Health Innovation (OCHI) conducted a needs assessment for the 16-county Oregon-Idaho High-Intensity Drug Trafficking Area (HIDTA) with funding from the University of Baltimore Center for Drug Policy and Prevention. The goal for the project's first year was to understand local needs in such a way as to envision a forward-focused "2.0" vision for public health and public safety partnerships in the region.

Our team talked with public safety organizations and public health authorities in the Oregon-Idaho HIDTA region, about effective community-level interventions to prevent overdose. We conducted two main activities: (1) reviewed current evidence and activities involving public health and public safety partnerships to combat overdose, to create a menu or checklist of evidence-based and promising

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practices, and (2) interviewed public health and public safety leaders in the Oregon- Idaho HIDTA region, to understand current efforts, perceived future opportunities, barriers and needs for implementation.

Our review of scholarly articles and government reports identified a list of evidence-based and promising practices that public health and public safety partners could use to prevent overdoses (including opioid-involved, stimulant, or poly-drug) and reduce other harms from substance (mis)use.

At the conclusion of the literature review, we developed a checklist of the evidence-based or promising approaches. The checklist became part of our interview; we asked public health and public safety participants about each activity to understand how feasible or relevant they were for their local area. In the interviews we also asked: What would it take, in their eyes, to build a community-level intervention with real impact? How would we get there, particularly given the post-Measure 110 landscape?

In November 2020, Oregon voters passed by referendum Measure 110, or the Drug Addiction Treatment and Recovery Act. When they passed the ballot measure, the people of Oregon recognized:

- Drug addiction and overdoses are a serious problem in Oregon.
- Oregon needs to expand access to drug treatment.
- A health-based approach to addiction and overdose is more effective, humane and cost-effective than criminal punishments.
- Making people criminals because they suffer from addiction is expensive, ruins lives and can make access to treatment and recovery more difficult.

It is the policy of the State of Oregon that screening, health assessment, treatment and recovery services for drug addiction are available to all those who need and want access to those services.

https://www.oregon.gov/oha/hsd/amh/pages/measure110.aspx

The evidence-based practices (EBPs) to reduce overdose

❑ Communication or intelligence sharing between public health and public safety in communities

What: Intentional strategies to regularly communicate location, time, personal characteristics, and trends of suspected/actual opioid overdoses within the region

Example: Sharing EMS and law enforcement overdose response data with public health or other community/state agencies through routine communication and/ or regular collaboration

Half or more of respondents agreed that this EBP **is happening** in their area.

❑ Data flow/data sharing between public health and public safety

What: Such efforts may be centralized data collection systems and or overdose mapping tools used to share overdose events, responses, and trends (i.e., outbreaks) to direct interventions.

Example: Overdose detection mapping application program (ODMAP)

Half or more of respondents agreed this that EBP **is happening** in their area.

❑ Overdose reduction task force

What: Collaborative groups of community officials and service members intending to identify and promote collaborative approaches to overdose opioid prevention and response.

Example: Tri-County Opioid Safety Coalition and Overdose Fatality Review Teams (OFRT)

Half or more of respondents agreed that this EBP **is not happening** in their area or are unsure or unaware of whether the EBP is happening

❑ Drug prevention education for youth

What: Health promotion and health behavior strategies. Such programs may focus on building social, stress management, and personal skills; identifying immediate consequences of drug use; focus on healthy alternatives to drug use; and life skill building in youth.

Example: Oregon substance abuse prevention and treatment (SAPT) program, and Prevention tools: What works, what doesn't, Washington State Health Care Authority

Implementation for this EBP in the Oregon-Idaho HIDTA region remains **unclear**.

❑ Academic detailing (education or training of healthcare providers on prescribing best practices)

What: An educational strategy for healthcare providers to reduce risky opioid prescribing practices, stimulate naloxone distribution to the public, and inform community-based overdose practices. Public health professionals may conduct training sessions with healthcare providers to inform about the risks of inappropriately prescribing opioid-based medications to patients.

Example: Public health professionals may implement academic detailing for healthcare providers in urban and rural areas on safe opioid prescribing, MAT, and overdose prevention

Half or more of respondents agreed that this EBP is not happening in their area or are unsure or unaware of whether the EBP **is happening.**

❑ Hotlines or Text-lines (e.g., Lines for Life or Crisis Text Line)

What: Free, 24/7 and staffed crisis intervention lines, connecting individuals experiencing crises or requesting confidential help for drug addiction, alcohol abuse, and mental health concerns

Examples: Lines for Life (e.g., 24/7 telephone line) or Oregon Crisis Text Line (i.e., text OREGON to 741741)

Half or more of respondents agreed this EBP **is happening** in their area.

❑ Drug court (Treatment court, community court or criminal deferment)

What: Municipal and county judicial programs employing criminal diversion to substance use treatment for non-violent and drug-related offenses.

Drug court participants are provided an opportunity for education and treatment while abstaining from substance use, and may be under formal supervision (i.e., probation). This strategy often serves as an alternative to criminal penalty for drug-related crimes, providing pathways for medication assisted therapy (MAT), substance treatment, and other means.

Implementation for this EBP in the Oregon-Idaho HIDTA region remains **unclea**r.

❑ Targeted naloxone distribution

What: Naloxone is used to reverse an opioid-related overdose. Such programs or activities may seek to train and equip people most likely to encounter or witness an overdose with naloxone kits.

Example: Approaches include community distribution by public health, first responders (e.g., EMS and law enforcement), and prescribed naloxone programs.

Half or more of respondents agreed this EBP **is happening** in their area.

❑ Rapid response teams for overdose or mental health (e.g., Cahoots, Portland Street Response)

What: These are collaborative, mobile, and 24/7 crisis intervention teams that are dispatched to provide immediate stabilization for urgent medical need (e.g., overdose) or psychological crisis. Teams may be staffed by a medic (e.g., EMT/Paramedic or nurse), a mental health or crises worker, and a peace officer.

Examples: CAHOOTs (e.g., Eugene-Springfield) and Portland Street Response (e.g., greater Portland metropolitan area)

Implementation for this EBP in the Oregon-Idaho HIDTA region remains **unclear.**

❑ 911 Good Samaritan Laws

What: Local or state law providing immunity to victims and or overdose bystanders from drug related criminal charges when notifying first responders of a suspected overdose incident. Such laws provide immunity for those notifying of an overdose incident that are: in possession of drugs or drug paraphernalia; are in a location where drugs are used; in violation of probation or parole; or with outstanding warrants related to the prior.

Half or more of respondents agreed this EBP **is happening** in their area.

❑ Needle exchange or syringe services

What: Locations where persons experiencing substance use disorders can access unused equipment used for the consumption of narcotics. Such locations may simultaneously distribute and train users in naloxone administration, testing for HIV/Hepatitis C infection, and fentanyl testing strips.

Half or more of respondents agreed this EBP **is happening** in their area.

❑ Medication assisted treatment (MAT)

What: MAT is a pharmacological treatment for opioid use disorder, intended to allow substance dependency stabilization so a person can pursue lifestyle changes with reduced withdrawal effects. Such agonist pharmaceuticals, methadone and buprenorphine, reduce opioid withdrawal symptoms without causing euphoria.

Example: Approaches include MAT treatment referral to healthcare providers through outreach teams, public health, and hospitals following overdose incidents. Healthcare providers complete medication management and often, continuation of care following assignment to MAT.

Implementation for this EBP in the Oregon-Idaho HIDTA region remains **unclear**.

❑ Eliminating prior-authorization requirements for Opioid Use Disorder (OUD) treatment medications

What: Many treatment strategies for opioid and substance use disorders require authorization from insurance companies. This strategy expedites or eliminates insurance authorization.

Example: Medical or mental health professionals can prescribe medications (e.g., methadone, buprenorphine, & naltrexone) during the same day of individual treatment

Half or more of respondents agreed that this EBP is not happening in their area or are unsure or unaware of whether the EBP **is happening**.

❑ Initiating buprenorphine-based MAT in emergency departments (ED)

What: Patients are treated with initial doses of buprenorphine as MAT in emergency departments and are referred to a primary care provide for long-term MAT. Subsequent daily doses may be issued by the ED until the patient is seen by a primary care provider.

Half or more of respondents agreed that this EBP is **not happening** in their area or are unsure or unaware of whether the EBP is happening.

❑ Screening for Fentanyl or poly substance use in toxicology testing

What: Toxicology (i.e., blood and urine) testing in emergency departments and outpatient programs including fentanyl. Through communication sharing, this method may provide early warning of local supply contamination, thus enhancing surveillance in the local drug supply.

Half or more of respondents agreed that this EBP is **not happening** in their area or are unsure or unaware of whether the EBP is happening.

❑ Naloxone distribution in emergency departments, treatment centers, and criminal justice settings

What: In emergency departments, patients are educated and trained on naloxone administration prior to discharge. Naloxone is provided.

In treatment centers and criminal justice settings, people are educated on low opioid tolerance, and are provided similar training in conjunction with a naloxone kit.

Half or more of respondents agreed that this EBP is **not happening** in their area or are unsure or unaware of whether the EBP is happening.

❑ MAT in criminal justice settings and upon release

What: Incarcerated individuals experiencing opioid use disorder (OUD) receive MAT upon entering the criminal justice setting.

Those who are not initially on treatment may initiate and continue through incarceration with referral and linkage for MAT continuation of care upon release.

Half or more of respondents agreed that this EBP is **not happening** in their area or are unsure or unaware of whether the EBP is happening

Barriers and challenges to implementing evidence-based practices for overdose prevention

"...Money's always gonna be an issue...I mainly mean having enough bodies to effectively, whether it's on a task force, whether it's in the health community, whether it's in the law enforcement community, just having enough people to implement activities...could be an issue."

Interviewee

Capacity and Data

Participants frequently identified limited capacity (i.e., staffing and funding) while others noted limited two-way data sharing among partnerships, restrictive funding guidelines and COVID-19 as factors contributing to difficulties conducting overdose reduction activities.

Participants identified inconsistent data entry within information software sharing platforms, healthcare confidentiality regulations, and one-way information exchange as limiting response strategies.

Stigma

Participants described others' misconceptions or reduced awareness of substance addiction and mental illness as a process, contributing to negative viewpoints of selected harm reduction activities (i.e., naloxone distribution and prescription; fentanyl testing).

Complexities of collaborative partnerships

Many participants noted engaging in collaborative overdose reduction efforts was a complicated situation, identifying independent operations (i.e., siloing), new or infrequently maintained partnerships and politics as contributing factors.

Some participants noted how political or ideological barriers have hindered efforts.

In spite of complexity, several regional locations have functional community partnerships fostering collaborative overdose reduction activities.

Treatment access

When compared to the need presented by substance use and overdoses, participants said treatment options were sorely lacking. A bigger infrastructure for treatment, including access and availability of residential, outpatient, day treatment, detox, MAT programs and referrals for adults and youth services is needed across the state.

Public Health and Public Safety Partnerships

At the start of this project, our team endeavored to define for ourselves what it means for **public health** and **public safety** to partner for overdose prevention.

The American Public Health Association (2022) defines public health as "promoting and protecting the health of people and the communities where they live, learn, work and play". Public health professionals function across varied overdose prevention efforts. For example, some are involved with medication assisted treatment (MAT) programs that employ medication and counseling or behavioral therapy (SAMHSA, 2022). Public health outreach workers also conduct syringe exchange service programs (SSP), or needle exchange programs, provide access to sterile syringes, facilitate safe disposal of used syringes, and link clients to harm reduction and health promotion services (CDC, 2022). Harm reduction and health promotion services include but are not limited to: post-overdose care coordination (i.e., acute medical care); referral to substance use disorder treatment programs; screening for sexually transmitted diseases; naloxone education and distribution; and fentanyl test strip education and distribution.

Public safety promotes the welfare and protection of the public, serving the public across law enforcement, fire services, and emergency medical response capacities at county, municipal, state and federal levels. Independent overdose response and prevention strategies have been implemented by public safety agencies. First responders are predominantly equipped with naloxone, an opioid reversal agent and 'life-saving strategy'. Naloxone administration, distribution and education have been impactful public safety strategies to reduce overdose death and save lives. Such laws provide legal amnesty to citizens notifying public safety of overdose incidents should the citizen be under the influence or in possession of opioid- related substances. MAT has also been promoted within correctional facilities for incarcerated persons experiencing substance-use disorders.

The purpose of public health and public safety partnerships is to effectively improve overdose response efforts based on region, resources, and population need. This impact goal is to reduce overdoses, save lives, and promote public health.

Most respondents, at some point in the interview, suggested a desire to improve the strength and effectiveness of their public health and public safety partnerships.

Identified Solutions

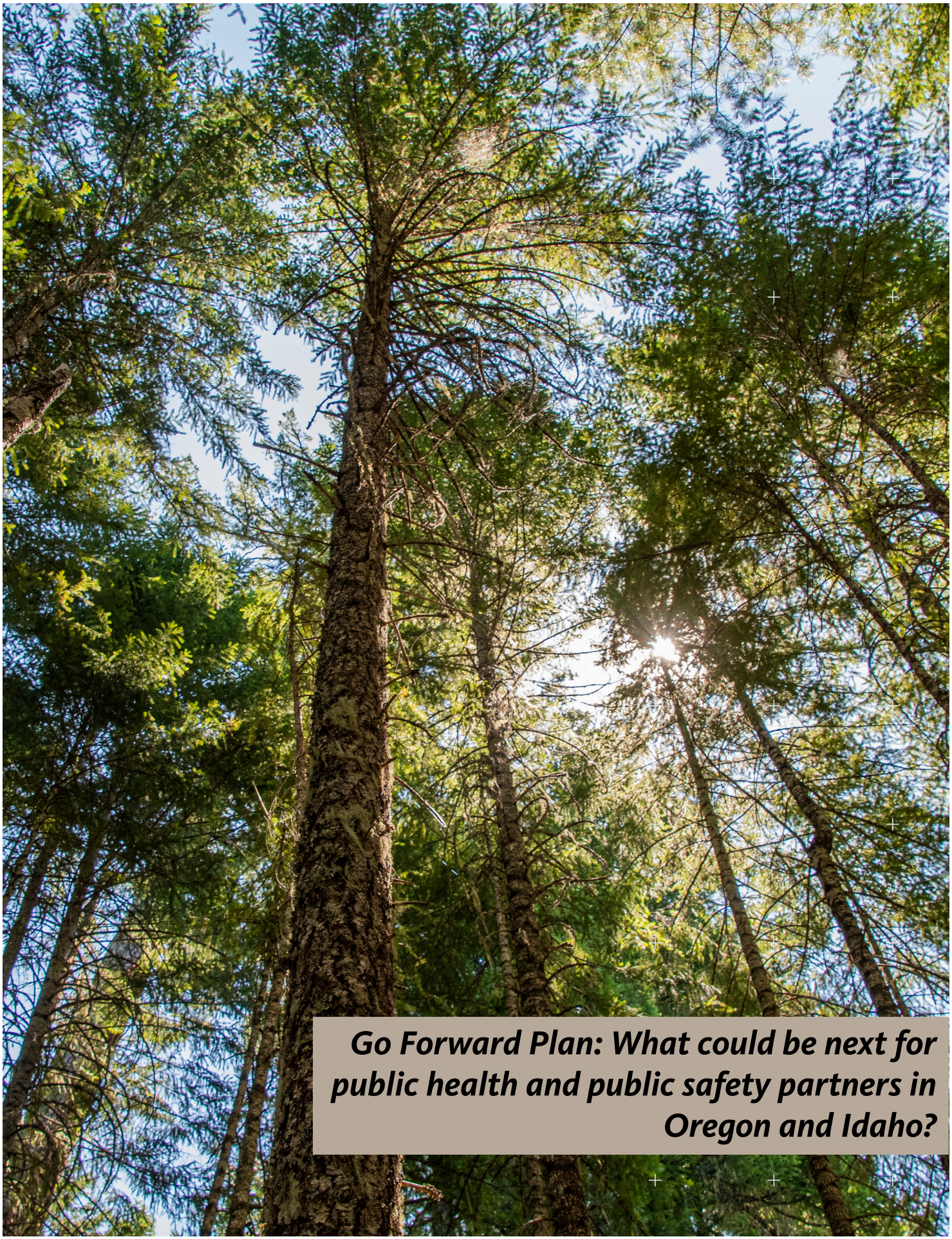
Part of each interview was to ask respondents what they thought it would take to build a community-level intervention with real impact on overdoses? One reframe of the question was to offer respondents "a magic wand" towards any solution.

- Additional funding and staffing were at the top of nearly every respondent's wish list. With adequate resources, the current supply of dangerous drugs could be reduced.
- Interviewees also generally agreed that addressing the social determinants of health, like housing, treatment access, and community education is necessary.
- Generally, most participants said that community-level intervention will require more partners as a full-spectrum collaborative effort unified by a shared mission.
- Participants suggested solutions to improve leadership and accountability through community-level, state and federal actions.
- Respondents feel that humanizing the experience of addiction by involving more voices with lived experience, loved ones, and community members would have significant impact.
- Two-way data sharing platforms (e.g.,OD-MAPS) where multiple agencies can update, access and share real-time overdose incident information among partners was suggested by participants.

Interview respondents seemed to be in consensus that preventing overdoses will require strong collaboration that begins by bringing partners together.

"I think we need to be more broad and go where the community needs it most."

Interviewee



Go Forward Plan: What could be next for public health and public safety partners in Oregon and Idaho?

Recommendations for the future related to EBPs

- Ensure public health and public safety partners are all aware of available hotline or text line resources.
- Public health and public safety practitioners would benefit from an understanding of current and best practices regarding Naloxone distribution, including who is distributing, who can distribute, and what actions that varying stakeholders can do. Special attention should be paid to differences in state law – between Oregon and Idaho.
- Support public health and public safety leaders to increase levels of formal communication and intelligence sharing.
- Clarify when, where, how, and by whom needle exchange or syringe services can be offered, and how this strategy can be coupled with other practices or otherwise optimized to prevent overdose.
- Scale and improve consistency of use of OD Map, among all partners.
- Clarify for public health and public safety partners what it really means to have an overdose reduction task force -- what it could or should look like – and what outcomes and benefits the task force can produce together.
- Medication Assisted Treatment and prior authorizations feel like unknowns for too many interview respondents. An opportunity exists to educate public health and public safety leaders about what the basics of treatments, including MAT, and where/when treatments are being implemented (or could be implemented) in their areas of service

"When we have a drug supply that's as dangerous as it is right now...we're going to have overdoses. If we could get some interventions that would make our drugs safe, that would be the ideal situation"

Interviewee

- An opportunity exists for education and training for health care providers relating best prescribing practices; public health and public safety partners would benefit from the same training.
- Train public health and public safety leaders about best practices regarding naloxone distribution in varied settings.
- Review which substance use prevention interventions are known to have long-term preventive effects for youth, and to deploy EBPs with fidelity in communities in the Oregon-Idaho HIDTA region.
- Clarify the optimized role of drug courts in a post-Measure 110 era in Oregon.
- Ensure all public health and public safety professionals in Idaho are aware of drug courts and know how to partner with them to prevent overdose.
- Clarify/understand the feasible best practices for rapid response teams in urban, rural, and frontier areas of the Oregon-Idaho HIDTA region and consider their implementation.

Recommendations for the future related to barriers, challenges, and identified solutions

> ***"I think it would need to involve voices and perspectives from all levels, whether it's...family members, community members, ...education, law enforcement, emergency services, healthcare, treatment providers and then public health all being at the table"***
>
> ***Interviewee***

An opportunity exists to engage partners in conversation about what might be possible without additional staffing or funding. In other words, in the absence of additional support or authority or policy, what can be optimized now, within the current system? Additionally, cultivation of trusting relationships that will lead to strong partnerships, and an un-siloing of the workforce will have a profound impact. Increasing collaboration as a solution was a strong, consistent theme across interviews. Special attention must be paid to which partners need to be involved in order to maximize success. For example, for this needs assessment, we have focused on public health and public safety. There is a possibility that we need to be focusing on public health, public safety, health care, and city/county administration or other systems.

Stigma is pervasive in many communities. The supply of drugs remains overwhelming, and public safety professionals continue the monumental work to fight the supply. An opportunity exists to raise awareness and consciousness of the general public about the nature of substance and opioid use disorders, about evidence-based approaches to prevention, recovery and treatment, about the challenges of finding and receiving treatment, and about how public safety and public health professionals are working to save lives.

With regard to identified solutions, a great need exists to host stakeholders in formal, structured conversation about how to partner for the greatest impact. Interview respondents seemed to be in consensus that preventing overdoses will require strong collaboration that begins by bringing partners together. We propose a set of Community Conversations for shared overdose response, with the ultimate goal of bringing diverse, needed partners together to un-silo efforts and coalesce for community-initiated problem solving. There is potential to explore feasible, helpful policy solutions regarding data sharing and data flows between partners, perhaps in the same way suicide deaths are treated in the state of Oregon.

HIDTA: High-Intensity Drug Trafficking Area

The Oregon-Idaho HIDTA consists of 16 counties. Counties in the HIDTA include Oregon's Clackamas, Deschutes, Douglas, Jackson, Josephine, Lane, Linn, Malheur, Marion, Multnomah, Umatilla and Washington counties, and Idaho's Ada, Bannock, Canyon and Kootenai counties.

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