Understanding and Addressing the Opioid Epidemic and Other Substance Use Issues

October 19, 2021

Thank you for joining us today.

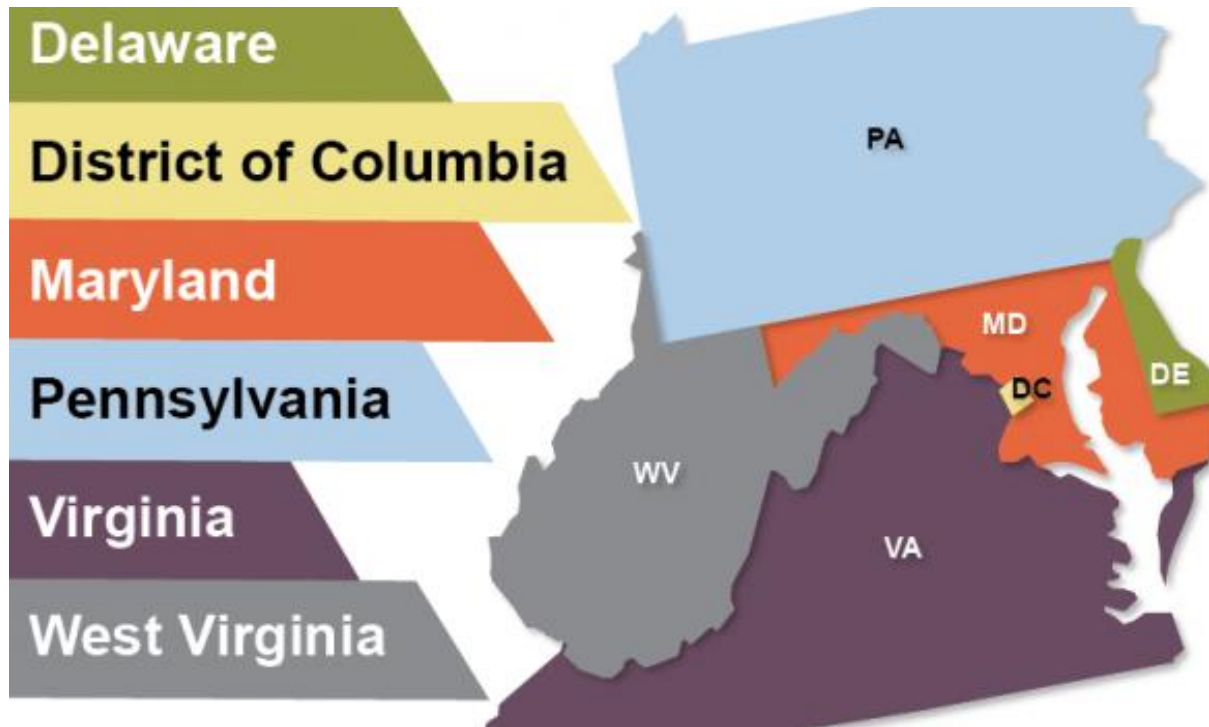**Each TTC Network includes 13 centers.***

Network Coordinating Office

National American Indian and Alaska Native Center

National Hispanic and Latino Center

10 Regional Centers (aligned with HHS regions)

ATTC

MHTTC

PTTC

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Central East Region

HHS REGION 3

Delaware
District of Columbia
Maryland
Pennsylvania
Virginia
West Virginia

Eligibility

Behavioral health and health care providers, consumers, families, state and local public health systems and other stakeholders

Consistent with Regional, State and Local Needs

No cost

Data Driven

EBPs provided by Subject Matter Experts

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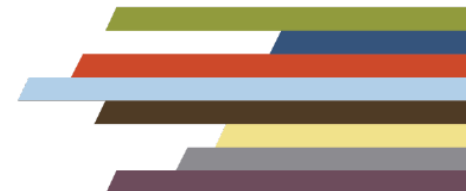
Central East (HHS Region 3)
PTTC

Understanding and Addressing the Opioid Epidemic and Other Substance Use Issues

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THE DANYA INSTITUTE

SAMHSA
Substance Abuse and Mental Health
Services Administration

Presenter

Josh Esrick
Presenter

Learning Objectives

- Summarize the latest substance use issues facing Maryland and its rural counties

- Discuss the barriers rural populations often face in accessing substance use prevention, treatment, or recovery services

- Overview how stakeholders can use strategic planning to improve behavioral health outcomes

- Provide examples of evidence-based substance use interventions for rural communities

Substance Use Issues Facing Maryland

Maryland

Counties & County Seats
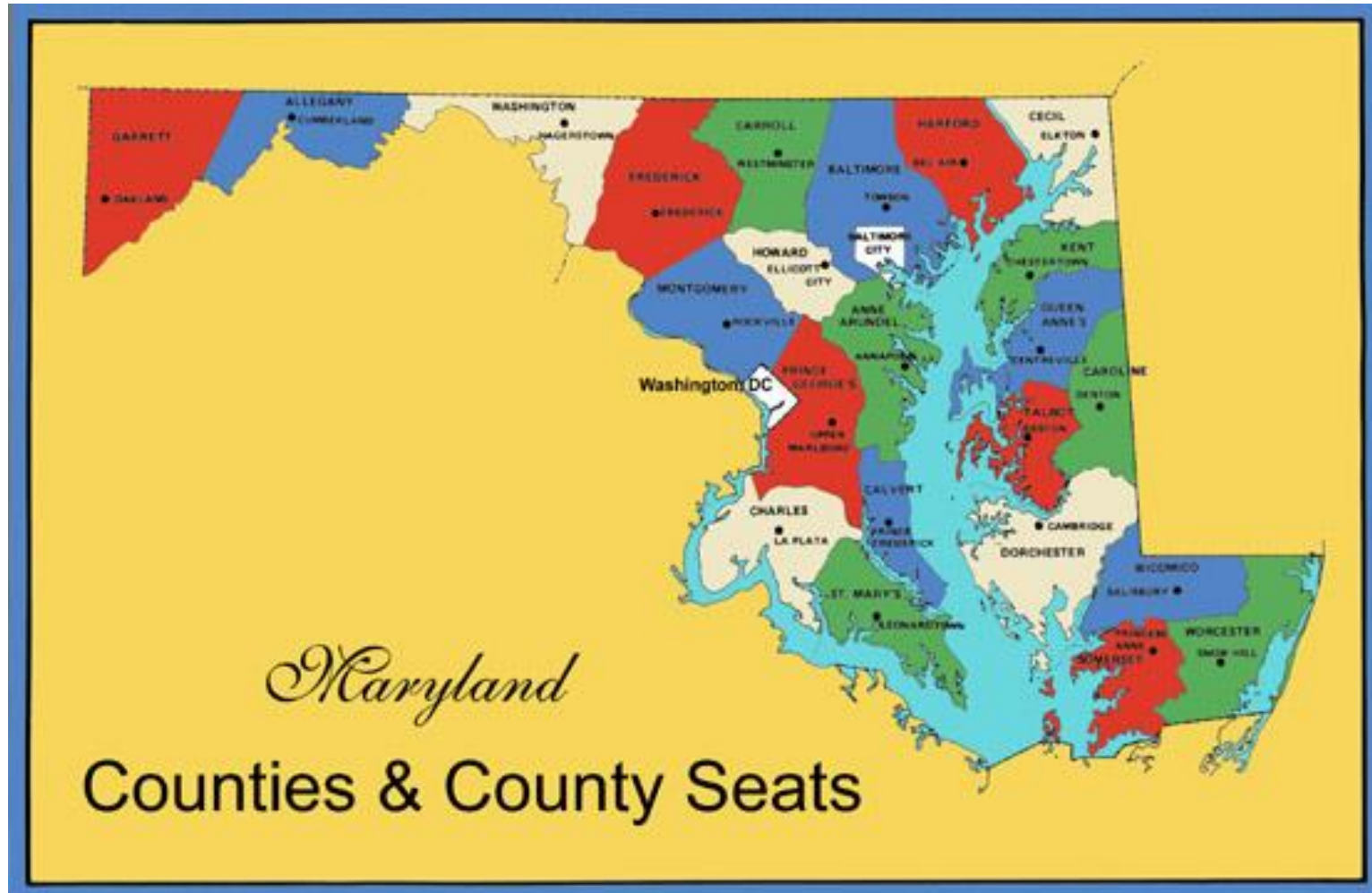
Impact of COVID-19

- Full impact of the pandemic not yet known, but early indicators reveal the severity

- Increase in substance use likely (Ornell, 2020)

- Increases in risk factors (CDC)

- Increase in fatal overdoses (CDC)

  - Provisional national data shows a 29.9% increase in 2020, compared to a 6.7% increase in 2019

- Data collection challenges may persist

Impact of COVID-19

- Decrease in treatment service access
  - Number of people receiving SUD treatment services in Maryland declined from 52,759 to 35,115 (SAMHSA)

- Changes in policies around licit substances
  - E.g., Maryland is one of many states now allowing cocktails-to-go and expanded alcohol delivery (NABCA)

- Increases in mental health disorders (CDC; Ornell, 2020)
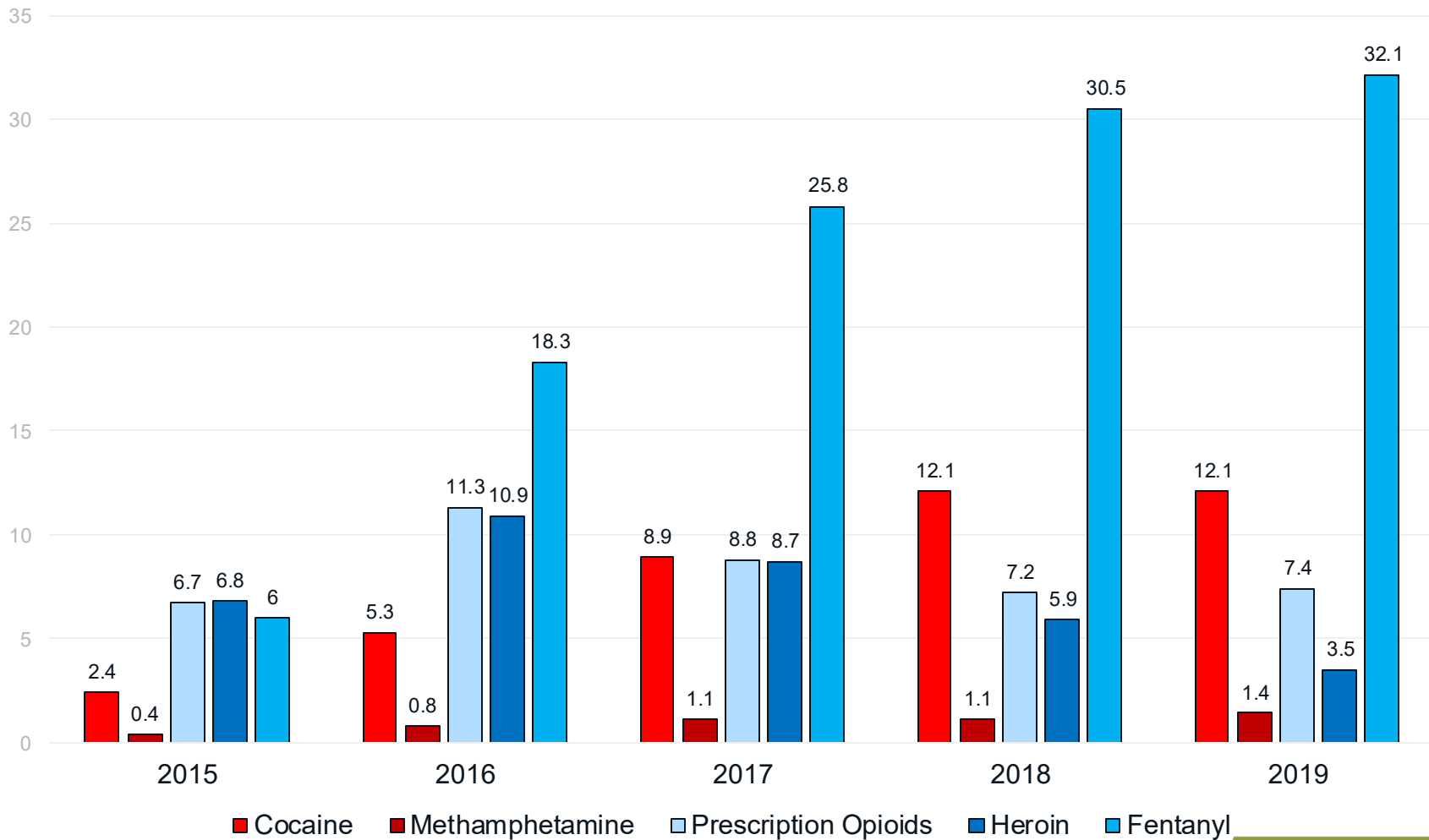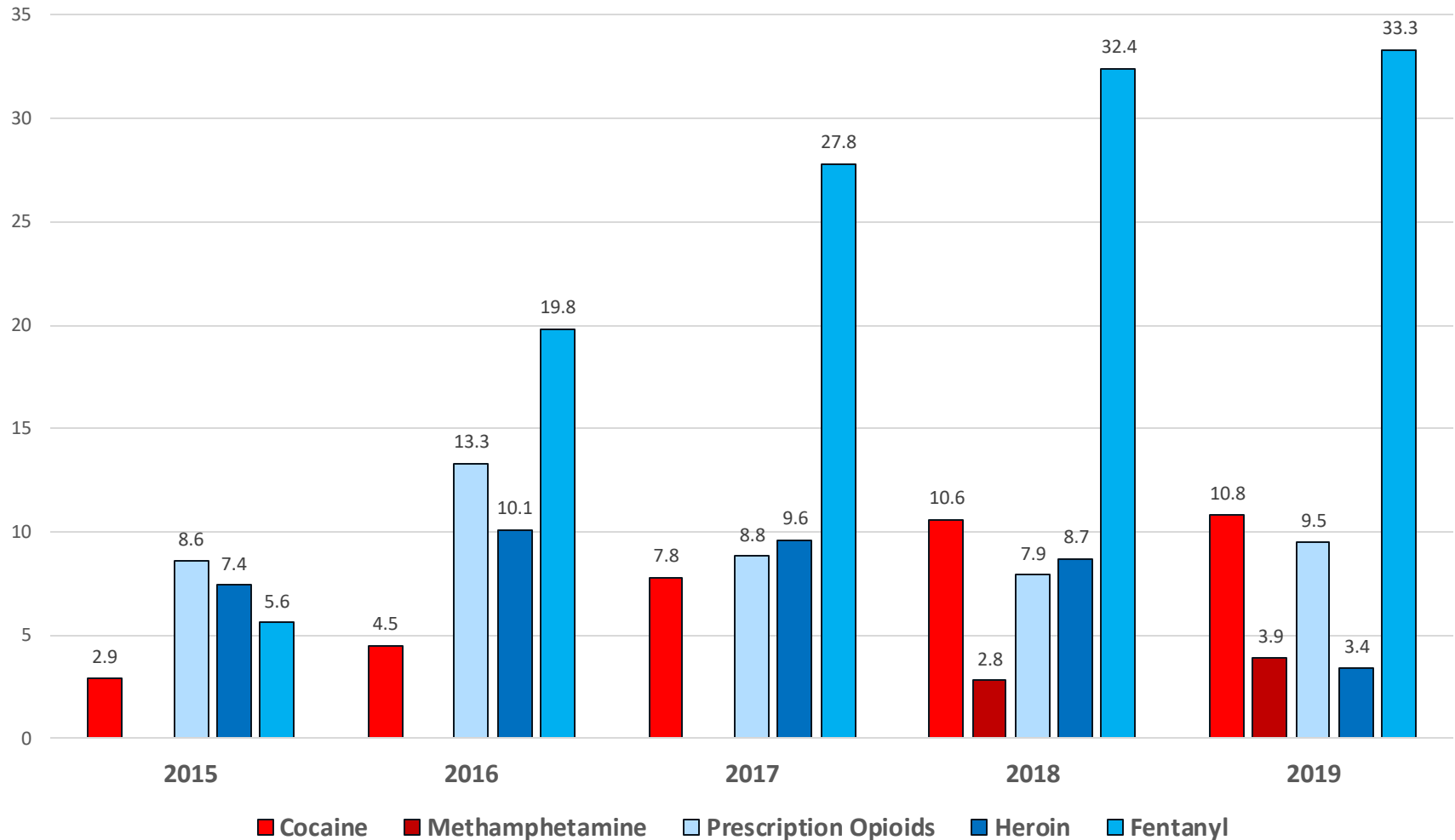
Substance Use in Maryland

- Rates of substance use above national average
  - Driven by higher use among ages 18-25
  - Excluding marijuana, Maryland at the average
- Opioids remain a major issue
- Methamphetamine use less than half the national average
- Most, but not all, student substance use trends showed improvement
- **Difficult to assess impact of COVID yet**

Maryland Drug-Involved Fatal Overdoses

Bar chart showing Maryland drug-involved fatal overdoses by year (2015–2019) for Cocaine, Methamphetamine, Prescription Opioids, Heroin, and Fentanyl.

Year	Cocaine	Methamphetamine	Prescription Opioids	Heroin	Fentanyl
2015	2.4	0.4	6.7	6.8	6
2016	5.3	0.8	11.3	10.9	18.3
2017	8.9	1.1	8.8	8.7	25.8
2018	12.1	1.1	7.2	5.9	30.5
2019	12.1	1.4	7.4	3.5	32.1

Legend: Cocaine, Methamphetamine, Prescription Opioids, Heroin, Fentanyl

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Maryland Rural Counties Only

Bar chart showing drug-related data for Maryland Rural Counties from 2015 to 2019.

2015: Cocaine 2.9, Prescription Opioids 8.6, Heroin 7.4, Fentanyl 5.6

2016: Cocaine 4.5, Prescription Opioids 13.3, Heroin 10.1, Fentanyl 19.8

2017: Cocaine 7.8, Prescription Opioids 8.8, Heroin 9.6, Fentanyl 27.8

2018: Cocaine 10.6, Methamphetamine 2.8, Prescription Opioids 7.9, Heroin 8.7, Fentanyl 32.4

2019: Cocaine 10.8, Methamphetamine 3.9, Prescription Opioids 9.5, Heroin 3.4, Fentanyl 33.3

Legend: ■ Cocaine ■ Methamphetamine ■ Prescription Opioids ■ Heroin ■ Fentanyl

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Barriers Facing Rural Populations
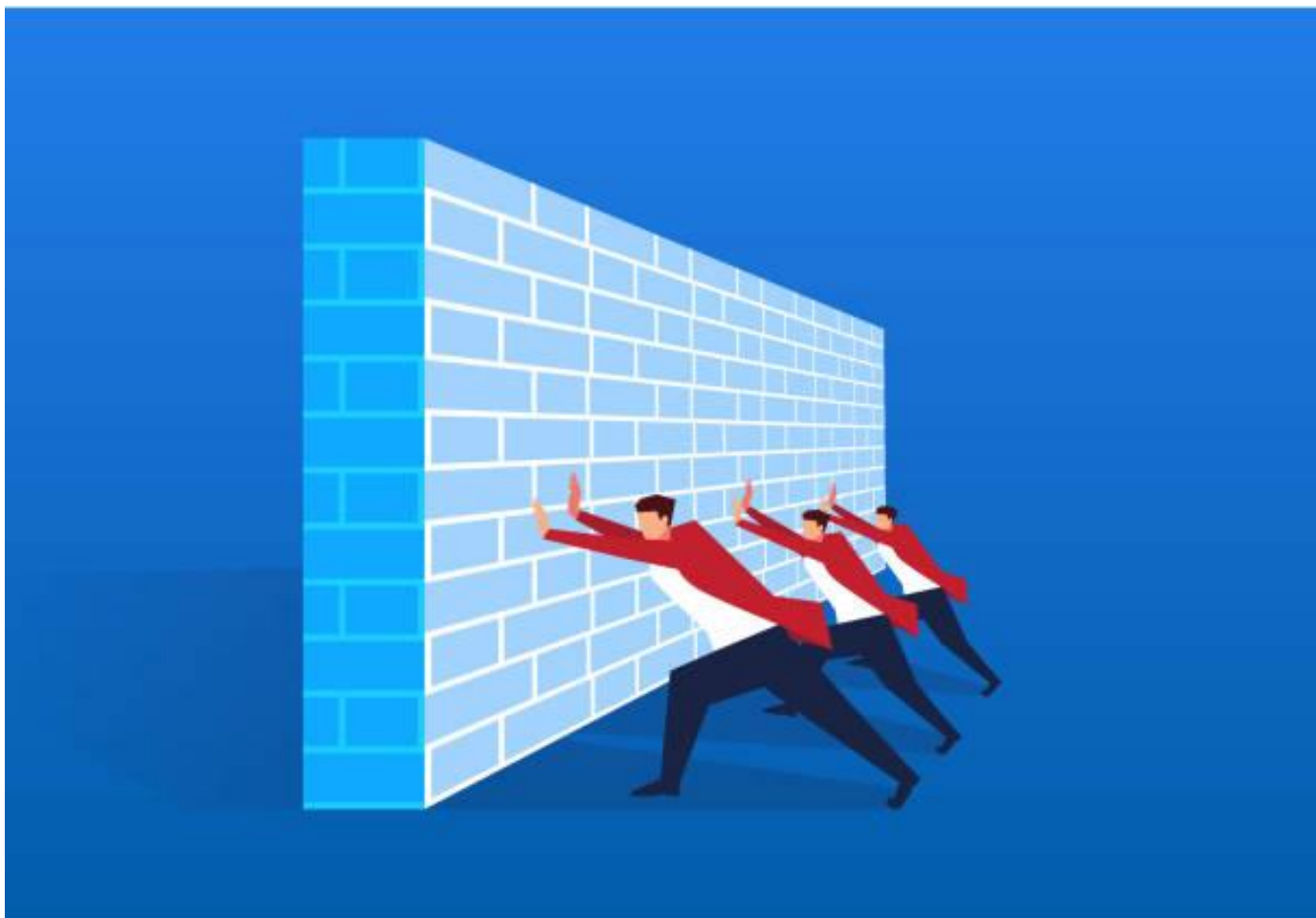
Common Substance Use Barriers

- Substance use-related services often face barriers such as:
  - Lack of coordination with physical health services
  - Stigma towards services
  - Lack of funding for services
  - Lack of access or availability of services
- These barriers are often exacerbated in rural areas
- And rural areas often face additional barriers

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Rural Substance Use Barriers (HRSA)

- Provider and facility shortages
- Coordination challenges across large geographic areas
- Hospitals less equipped to treat SUDs
- Transportation issues for patients
- Longer response times for emergency services
- Lack of anonymity in small towns can worsen stigma fears

Provider Shortage Illustrated

- Rural counties (those not in the top 10 by population density) have 15.1% of Maryland's population

- But only 9.2% of buprenorphine physicians

- SAMHSA identifies 95 certified OTPs across Maryland; 6 rural counties have 0 OTPs

- Even when there is provider parity, providers must serve much larger geographic areas
  - Which can present access barriers for clients

Strategic Planning

Importance of Strategic Planning

- Stakeholders seeking to expand substance use, or any behavioral health, services in rural areas face many barriers
- Need to have a process to:
  - Comprehensively identify and prioritize these barriers
  - Determine capacity to address barriers
  - Plan for how to address barriers
  - Implement plans
  - Evaluate how they did

Step 1: Needs Assessment

- Obtaining data on substance use prevalence in the community

    - Many potential sources of data, though obstacles exist

- Analyzing prevalence data and understanding the risk and protective factors that may be driving prevalence

- **Identifying existing programs and resources and learning about gaps in services**

- **Assessing community readiness for new action**

Step 2: Build Capacity

- Identifying existing and potential collaborative partners and other stakeholders

- Establishing or strengthening relationships with partners and stakeholders

  – Developing processes for collaborating through the rest of the Framework

- Raising community readiness for action

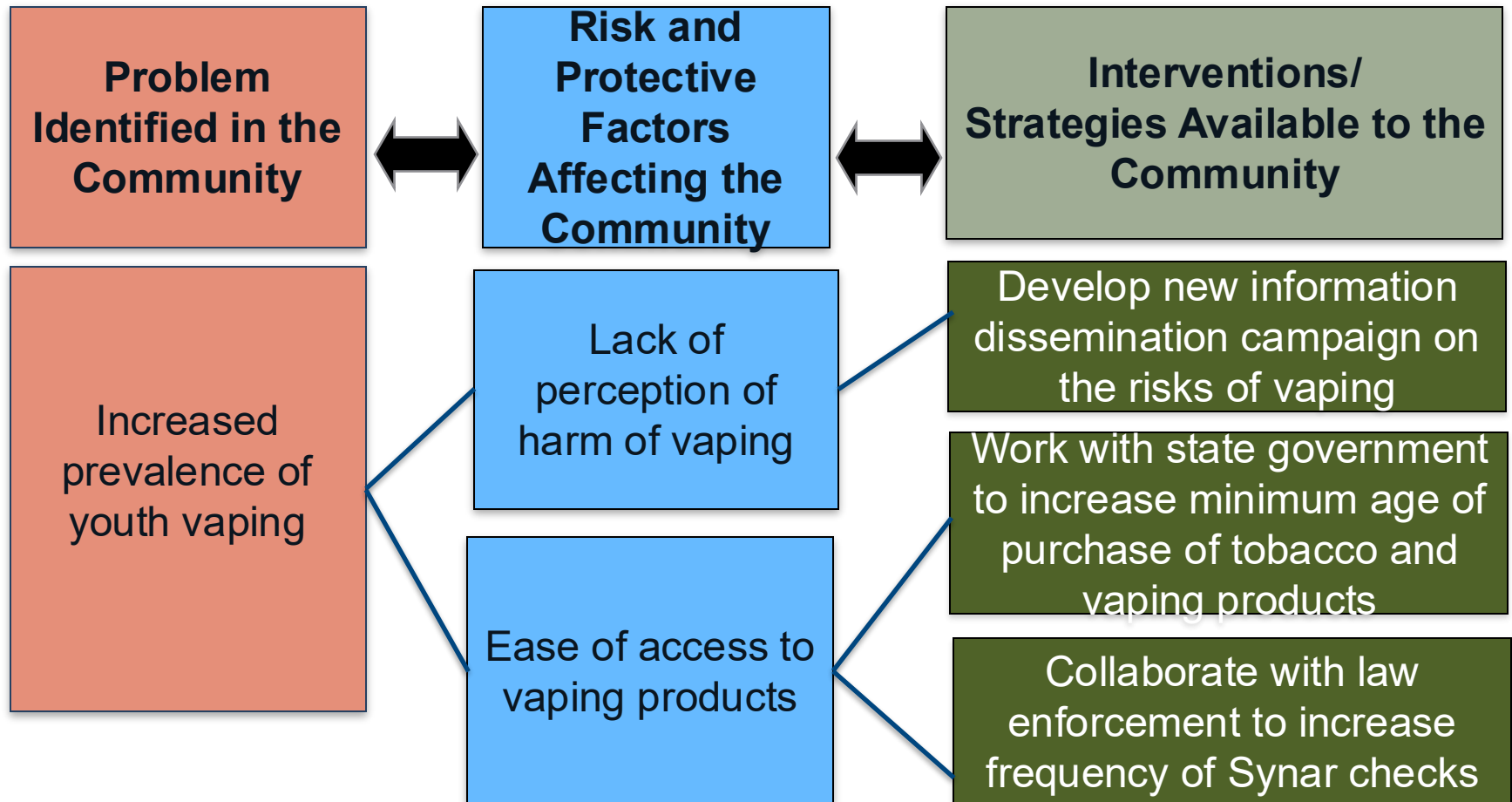- Building the behavioral health workforce

Step 3: Planning

- Prioritizing risk and protective factors to address
- Prioritizing service gaps or barriers to address
  - Building on the needs assessment
- Researching programs/policies/strategies that can address these factors
- Developing a logic model that visualizes your problems, inputs, outputs, and goals
- Selecting programs/policies/strategies as inputs that are a conceptual and practical fit

Simplified Logic Model Example

| Problem Identified in the Community | | Risk and Protective Factors Affecting the Community | | Interventions/ Strategies Available to the Community |

Problem Identified in the Community ⟷ **Risk and Protective Factors Affecting the Community** ⟷ **Interventions/ Strategies Available to the Community**

Increased prevalence of youth vaping

Lack of perception of harm of vaping

Ease of access to vaping products

Develop new information dissemination campaign on the risks of vaping

Work with state government to increase minimum age of purchase of tobacco and vaping products

Collaborate with law enforcement to increase frequency of Synar checks

Step 4: Implementation

- Creating and following an action plan derived from our logic model

- Understanding best practices on ensuring fidelity to a program/policy/strategy model versus making adaptations to local circumstances

  - Returning to the planning phase if an appropriate balance between fidelity and adaptation is not possible

- Using available resources to implement action plan

Step 5: Evaluation

- Working with internal or outside evaluators to assess processes and outcomes
    - Developing an evaluation plan
- Communicating findings internally and externally
- Ensuring feedback loop mechanisms to adjust ongoing prevention work if warranted by findings

Evidence-Based Interventions

Evidence-Based Interventions

- Many evidence-based substance use and behavioral health interventions exist
  - Clearinghouses such as SAMHSA's Evidence-Based Practices Resource Center can provide a starting point to learn more about them
- But every intervention is specific about under what conditions it has been found effective
- This is particularly true of substance use prevention, but can also impact treatment and recovery

Interventions for Rural Communities

- Infrastructure building
  - First step to expanding services is often building up the capacity to implement services
- Screenings
  - Client identification and epidemiological surveillance are vital to properly allocating resources across large areas
- Program models
  - Programs such as 'Strong African American Families' are specifically designed for rural populations

Telehealth (HRSA)

- Use of telehealth across all health care significantly increased during the pandemic
  - 154% increase just in March 2020 (CDC)
- By necessity, this expansion outstripped the evidence base for effectiveness
- However, the evidence base for telehealth in substance use services has grown (HRSA)
  - E.g., for screenings & behavioral therapy
- Expanding telehealth can help address rural barriers to services

Wrap-Up

Conclusion

- Rural counties face many of the same substance use issues as urban counties

- But often have fewer resources to address them

- Strategic planning can help public health and health care stakeholder identify and address priority needs

- Need to understand the unique challenges that rural areas can face, and adapt programs and policies as needed

Contact Us

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