

# Issues Facing Oregon's Addictions System

*Karen Wheeler, Addiction Programs Administrator*

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# Themes

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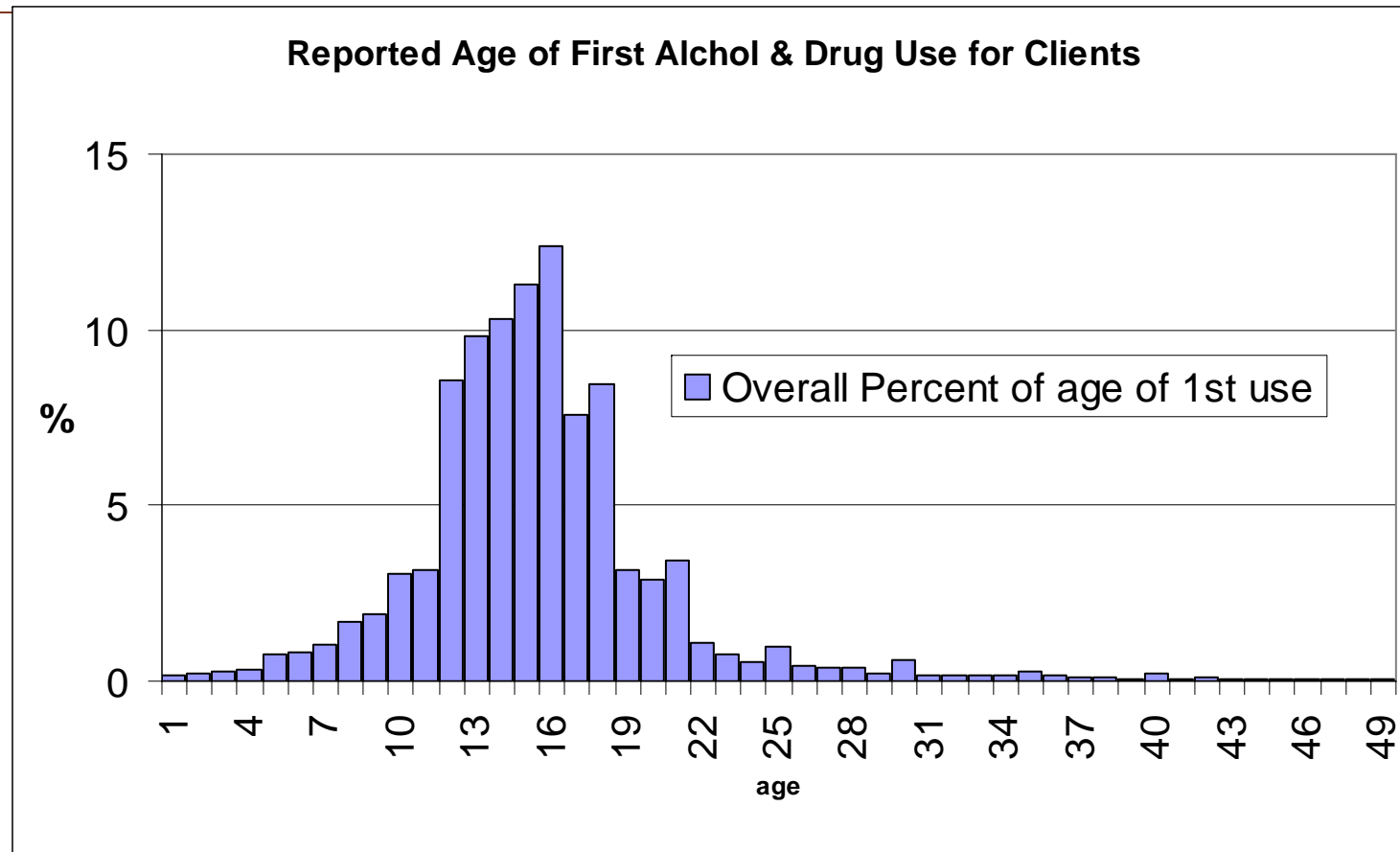
- Addiction is preventable and treatable
- Recovery is a reality for thousands of Oregonians
- People in recovery:
  - Function better in society, school and work
  - Do a better job parenting their children
  - Stop committing crimes, or never start
  - Have better physical health
- Addiction services are cost-effective
- Addiction services result in cost offsets across:
  - health care
  - criminal justice
  - other public systems
- Oregon needs to continue to build a **recovery-oriented system**

## Overview of the problem

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- Untreated addictions cost Oregon \$5.9 billion annually
  - \$813 million for health care
  - \$4.15 billion in lost earnings
  - \$967 million in other costs such as law enforcement, criminal justice and social welfare
- Oregon's overall alcohol and drug abuse and dependency rate is 8.3 percent
- Addiction is a chronic health condition that usually starts in adolescence
- Oregon meets only 25 percent of the need for treatment

# Age of Onset



By age 18, 82% of those in treatment had started using. By age 25, 95% of those in treatment had started using.

## Top 3 drugs

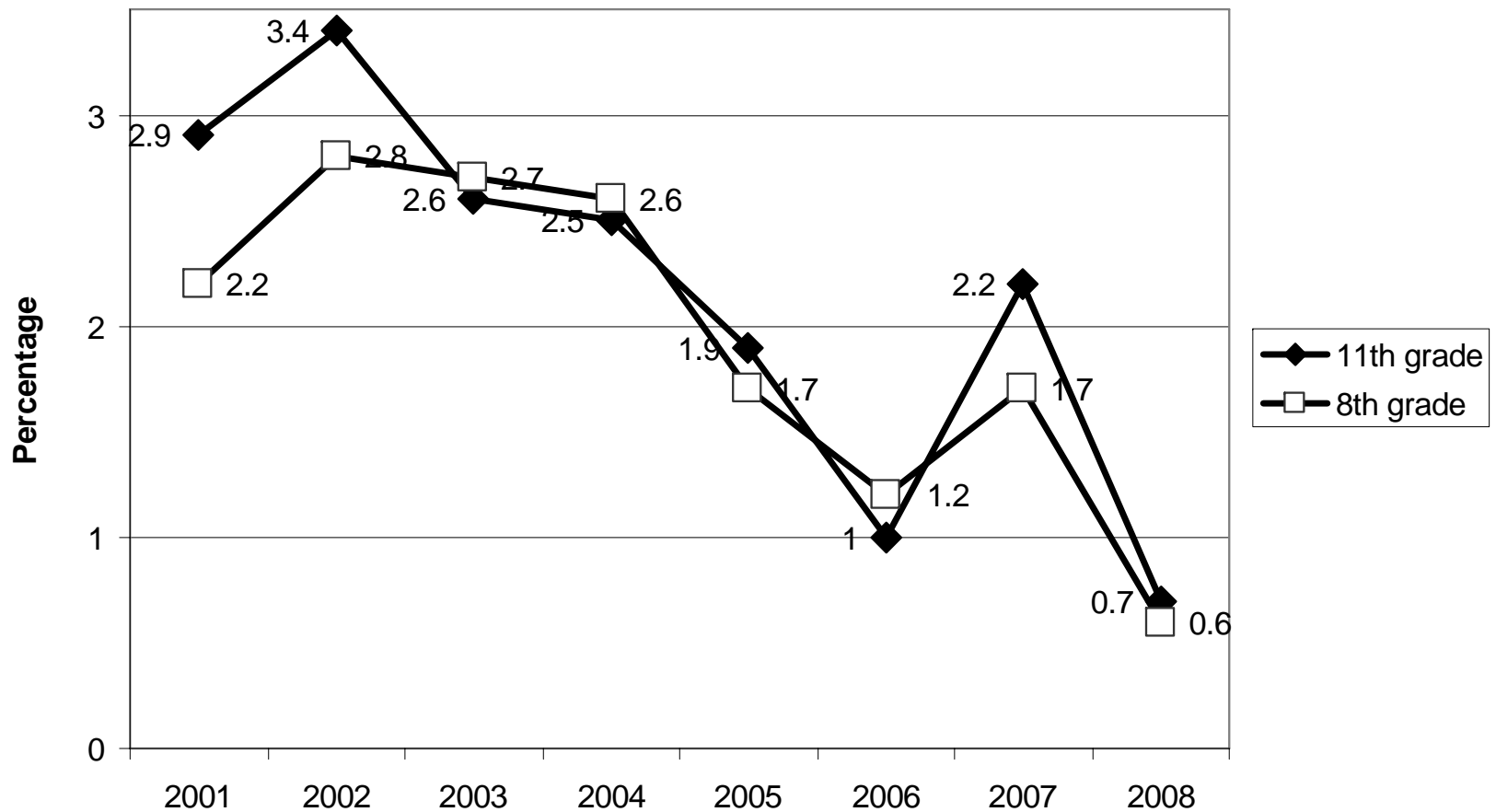
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- Since 2003, top 3 drugs of choice for those in treatment:
  - Alcohol,
  - Methamphetamine
  - Marijuana
- Prevalence use data shows:
  - Alcohol
  - Tobacco
  - Marijuana
- Prevalence is not congruent with treatment admissions due to law enforcement/court mandated treatment.
- Prescription drug abuse is an issue we are monitoring closely

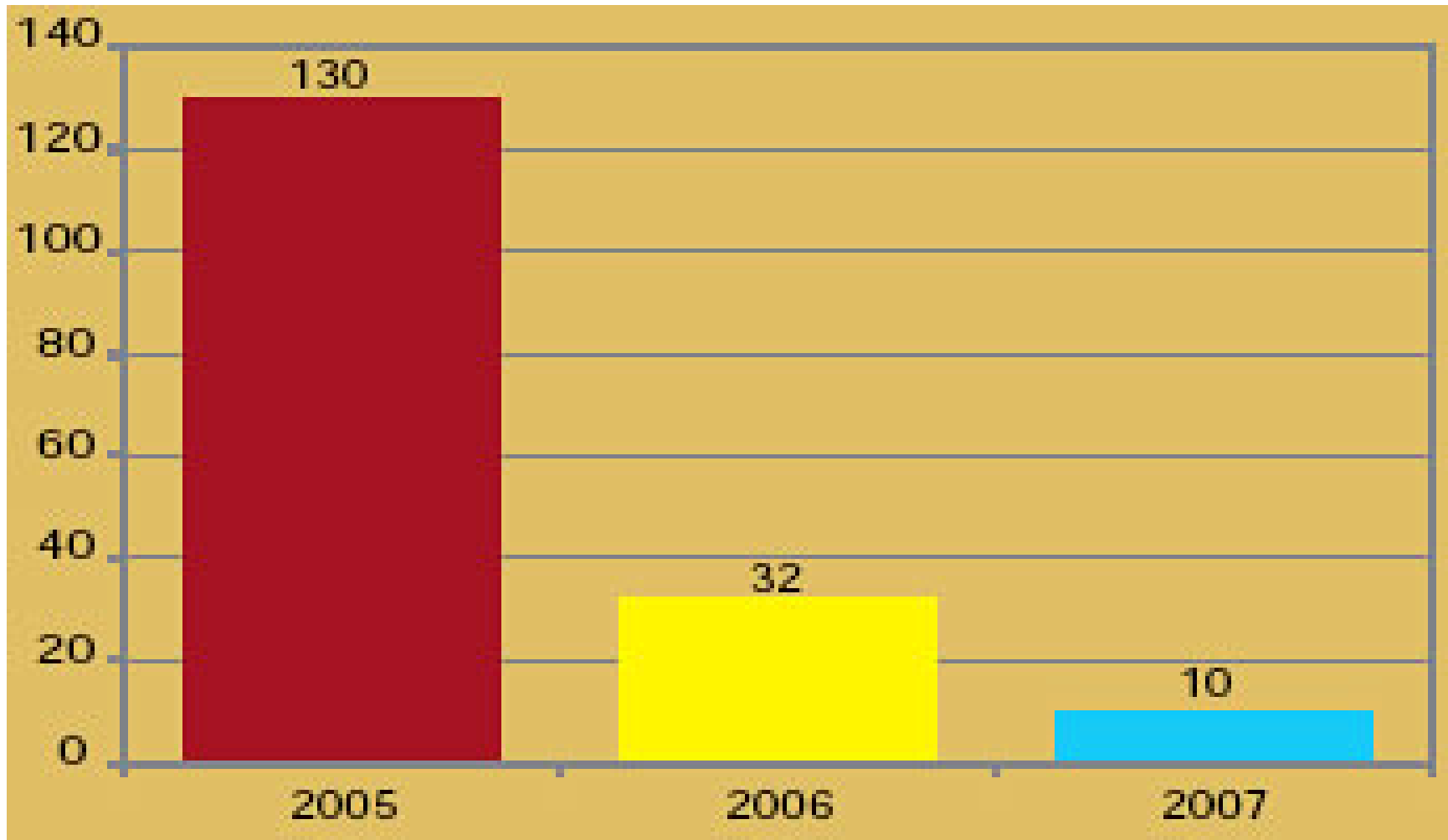
# Methamphetamine use in youth

## Methamphetamine use in the past year among Oregon youth

Data source: Oregon Healthy Teens Surveys

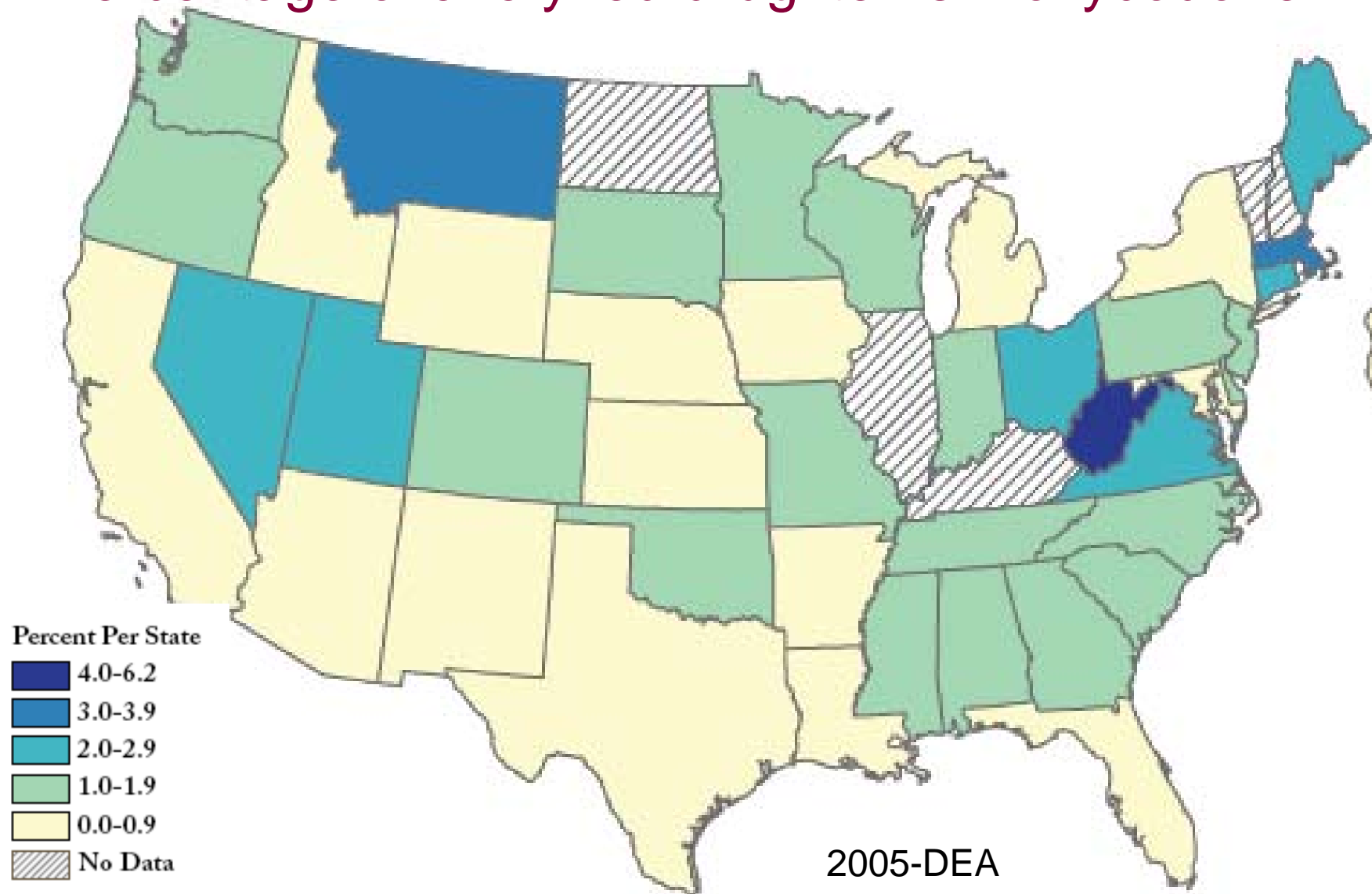


# Methamphetamine Laboratories Seized in Oregon

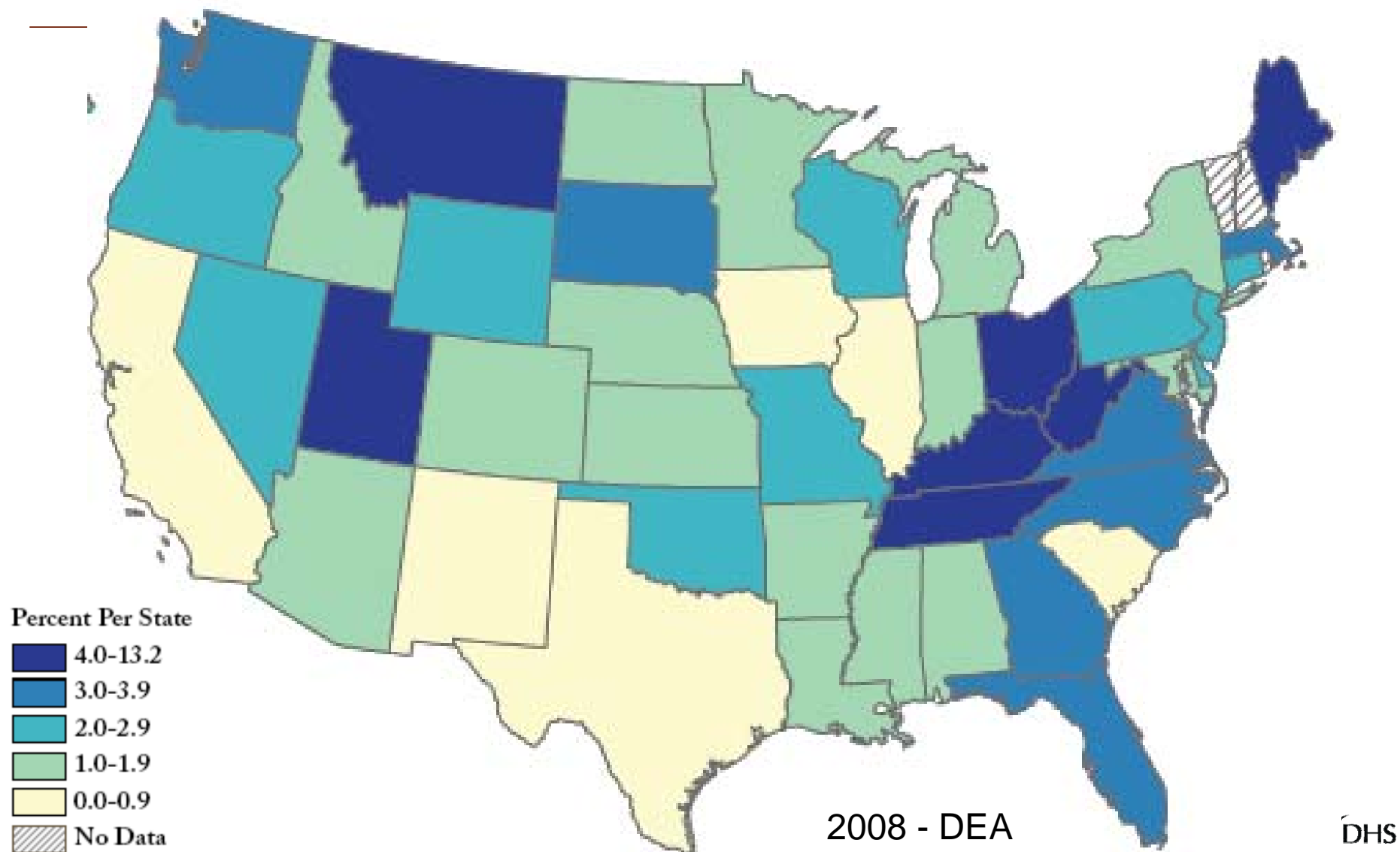


HIDTA Counties, 2005-2007

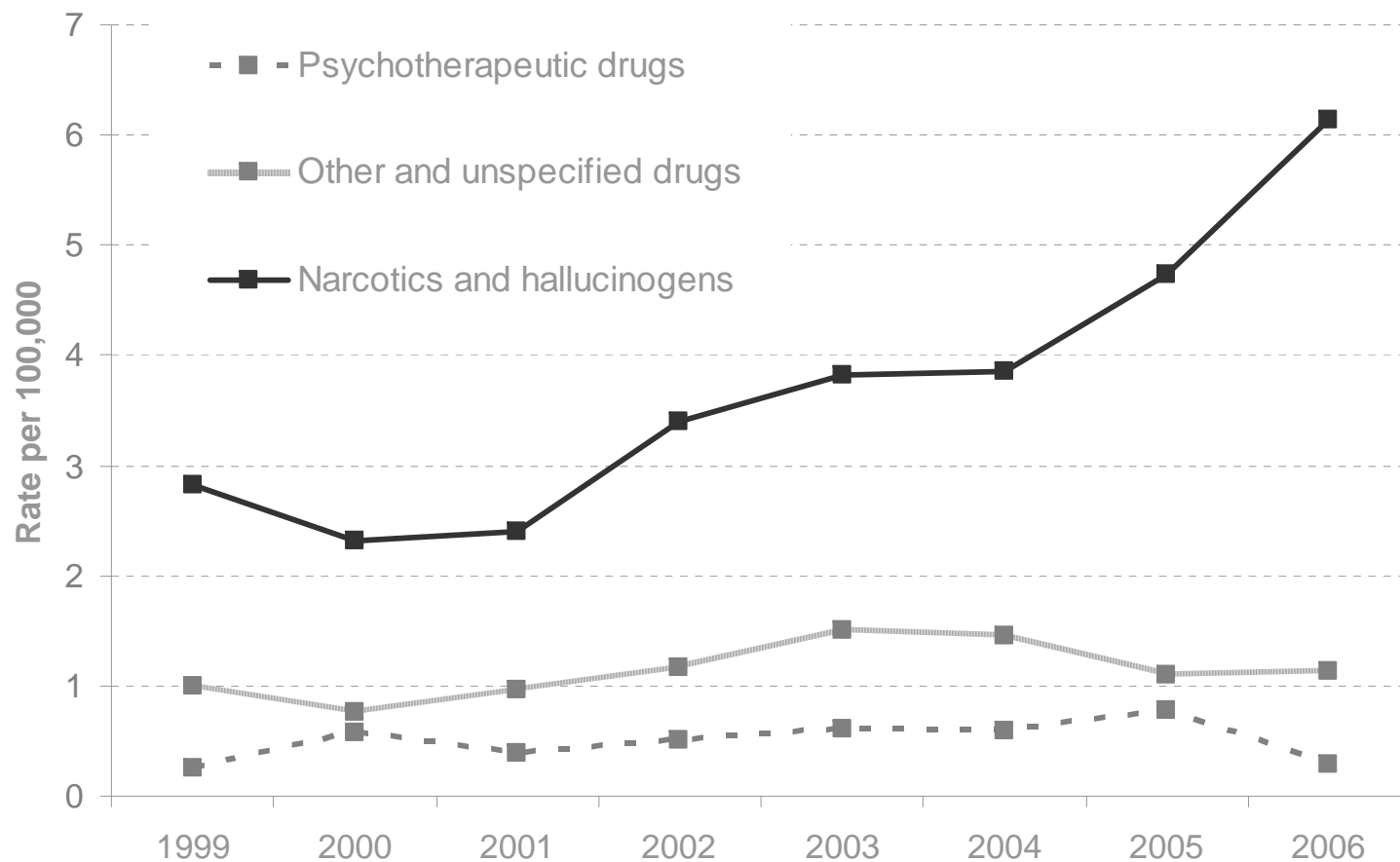
## Percentage of analyzed drug items – oxycodone



## Percentage of analyzed drug items – oxycodone



## Rate of Drug Poisoning Deaths by Year and Drug Type, Oregon, 1999-2006\*



Data source: Oregon Center for Health Statistics mortality data

\* 2006 data are provisional—records do not include deaths of Oregon residents that occurred out-of-state.

## Positive Outcomes For Oregon

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- For adults who have received addictions treatment:
  - More than 70 percent report working at the end of treatment
  - 67 percent of parents met child reunification requirements
  - 98 percent are not homeless
  - 93 percent of parents involved in the child welfare system who completed ITRS met reunification requirements
- For children who have received addictions treatment:
  - More than 80 percent reported improved school performance
  - Nearly 95 percent of those completing treatment reported improvement in academic performance

## Addiction is a Brain Disease

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- **“Decades of research have revealed addiction to be a disease that alters the brain.”** National Institute on Drug Abuse
- Alcohol and drugs will either interfere with the release of or increase production of neurotransmitters responsible for producing feelings of pleasure.
- Substance use can result in long term or permanent structural and functional changes in brain systems
- Successful treatment to repair the brain requires:
  - early intervention
  - medication when indicated and
  - long term monitoring and support

## Addiction and Health Care

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- Untreated addiction can lead to other chronic diseases
- Individuals with untreated addiction have higher medical costs especially emergency care
- Compliance with treatment plans are similar or better than other forms of chronic health conditions

# AMH Strategic Prevention Framework Grant

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- Annual \$2.1 million award for five years.
- SAMHSA's Strategic Prevention Framework aims to:
  - prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking,
  - reduce substance abuse-related problems in communities, and
  - build prevention capacity and infrastructure at the State/Tribal and community levels.
- The Strategic Prevention Framework is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be operationalized at the State/Tribal and community levels.

# SPF Process

1. Assessment      Profiling needs and response capacity
2. Capacity      Mobilizing and building needed capacity
3. Planning      Developing a prevention plan
4. Implementation      Mobilizing and building needed capacity
5. Evaluation      Considering program effectiveness and sustaining what works well.

## Need for a Recovery Oriented System of Care

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- The system is imbalanced providing services to those in acute need vs. prevention, early intervention or recovery management
- Opportunities for better linkages and coordination exist
- More emphasis and resources need to be dedicated to recovery supports
  - housing
  - recovery mentoring
  - supported education and employment

## Vision – Building a Recovery Oriented System of Care

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### Systemic Approaches

- Integrated care through early and economical screening and brief interventions (SBIRT)
- Better system coordination and sustained monitoring between specialty care episodes
- National quality standards (NQF)

### Administrative Improvements

- Provide incentives for providers who:
  - Do a better job retaining and engaging people in services
  - Who achieve better outcomes

## Vision – Building a Recovery Oriented System of Care

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### Services and Capacity Increases

- Build in continuing case management and “check in” services
- Recovery housing
- Mentoring and recovery coaching
- Expand capacity for treating offenders:
  - Diversion programs
  - Drug courts
  - Re-entry services

## Current AMH initiatives

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- Long-term Outcomes Study
- Adopting and disseminating Standards of Care
- Integration Demonstrations
- Performance based contracting - ITRS
- Student Wellness Survey – 6<sup>th</sup> grade
- New A&D Policy Commission
- Impaired Professionals program

## Support from the Legislature

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- Understand a recovery model
  - Follow up is important
  - Repeated episodes of treatment followed by stretches of less intensive supports is a normal part of the process and is not failure
- Support to include training on substance use assessment and recovery models for health care professionals
- Encourage primary care physicians and health care workers to assess individuals for substance use
- Direct law enforcement training programs to include appropriate response to people substance use disorder
- Provide support for financing changes including performance based payments

# Alcohol and Drug Policy Commission

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The Alcohol and Drug Policy Commission will provide the following deliverables: A blueprint for funding and effective delivery of alcohol and drug treatment and prevention services in Oregon. This includes:

- A strategy for organizing and delivering state-funded treatment and prevention services.
- Funding priorities for treatment and prevention services.
- Strategies to maximize accountability and measure performance of treatment and prevention services.
- Methods for standardizing data collection and reporting.
- A policy and funding strategy that supports a consolidated treatment and prevention system, reducing fragmentation in the delivery of services.
- A plan for sustaining focus and leadership on alcohol and drug services and for building a lasting constituency for continuing effective state action.
- A plan for evaluating the state action based upon the “blueprint” in future years/biennia.

## A&D Policy Commission

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- Partnership between DHS, DOC and DOJ
- Drafted proposed work plan.
- Recruiting executive director and analyst positions.
- Members have been appointed
- Preparing for first meeting planned for October 12, 2009 in Salem.