A REPORT BY
THE 2017-2018 CONTRA COSTA COUNTY GRAND JURY
725 Court Street
Martinez, California 94553

Report 1806

The Opioid Crisis

Dying for Treatment

APPROVED BY THE GRAND JURY

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ACCEPTED FOR FILING

Date May 25, 2018

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Contra Costa County Grand Jury Report 1806

The Opioid Crisis

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TO: Contra Costa County Board of Supervisors, Contra Costa County Office of Education

SUMMARY

According to news reports and numerous studies, approximately eighty percent of the global opioid supply is consumed in the United States. More than two million Americans suffered from opioid addiction in 2016, and more than 600,000 have died from overdoses since 2000. In 2016 alone, more than 64,000 Americans died from this epidemic, up 22% from 2015.

The Contra Costa County Civil Grand Jury (Grand Jury) investigated the effect the opioid crisis is having in Contra Costa County (County) and the programs currently available to address the crisis. The Grand Jury found that whether directly through the loss of a loved one or indirectly through adverse consequences to the community, County residents are suffering from the effect of this crisis.

The Urban Institute and County senior healthcare officials reported that in 2015-2016 over 100 Contra Costa residents died from opioid overdoses and an estimated 54,000 county residents currently suffer from Opioid Use Disorder (OUD). County deaths mirror the alarming trend and the national epidemic of misuse and abuse of opioids, particularly prescription painkillers. (www.urban.org/sites/default/files/contra_costa.pdf)

The Grand Jury found that a common response for combating the opioid epidemic is an approach designated as the Four Pillars Strategy: Prevention, Harm Reduction, Enforcement, and Treatment adopted by municipalities and agencies nationwide. The County has devoted significant resources to Enforcement and has supported efforts in Prevention and Harm Reduction. This investigation focused specifically on Treatment.

The Grand Jury also found that limited implementation, lack of funding, inadequate availability, and insufficient accessibility have resulted in treatment being the least

supported of the strategies. There are not enough programs in place to enable first responders to provide treatment immediately when sought. There is a need for on-demand treatment, but delays in access to medical care result in missed opportunities to reduce harm, aid recovery, and prevent overdose deaths.

Based on its findings, the Grand Jury recommends that the County Board of Supervisors (BOS) consider seeking funds for expansion of addiction treatment programs. The BOS may also consider encouraging more medical care providers to become Medication-Assisted Treatment (MAT) certified, hire more MAT clinicians, provide in-county residential treatment facilities for adolescents, and place more certified professional addiction clinicians within the County's three detention facilities. The Grand Jury also recommends that the Contra Costa County Office of Education consider making overdose antidotes available in public high schools.

METHODOLOGY

In the course of its investigation, the Grand Jury:

- Interviewed recovering opioid addicts
- Conducted internet and document research
- Interviewed staff from County Health Services and County Office of Education
- Interviewed the Medical Director of a private opioid treatment center in the county
- Interviewed members of the National Coalition Against Prescription Drug Abuse
- Attended Nar-Anon and Narcotics Anonymous 12-Step recovery meetings related to opioid addiction

BACKGROUND

According to news media, more than two million Americans suffered from an opioid addiction in 2016, and over 600,000 have died from overdoses since 2000. There were more than 64,000 drug deaths in 2016, up 22% from the previous year. Opioids killed more Americans in 2016 than HIV/AIDS at its 1995 peak. Media reports estimate that over 70,000 deaths occurred in 2017. Approximately 80% of the global opioid supply produced worldwide is consumed in the United States.

The 2017 Contra Costa Health Services Health Advisory publication reported that over 100 Contra Costa residents died from opioid overdoses in 2015-2016. County deaths mirror the alarming trend and national epidemic of misuse and abuse of prescription opioids and illegal opioids. In 2016, over 760,000 opioid prescriptions were issued for the county's population of 1.1 million. There were over 100 opioid overdose emergency department visits in the county in 2015. Opioid overdose has now replaced automobile accidents as the leading cause of accidental death among individuals ages 25 to 64.

The Urban Institute and County senior healthcare officials reported that an estimated 54,000 county residents currently suffer from Opioid Use Disorder (OUD).

More individuals use controlled prescription opioids than heroin, cocaine, methamphetamine, MDMA (ecstasy) and PCP combined.

According to County healthcare officials, the current opioid epidemic will persist for the next decade or longer. These officials say there will be increasingly greater treatment needs and a growing death rate.

Opioids

Opioids are drugs naturally found in the opium poppy plant. Some prescription opioids are made directly from the plant, while others are produced by scientists in laboratories using the same chemical structure. Heroin, one of the world's most dangerous opioids, is illegal to possess in the United States without a license from the Drug Enforcement Administration. The following pain-relieving opioids are legal and available by prescription:

- Hydrocodone (Vicodin)
- Oxycodone (OxyContin and Percocet)
- Oxymorphone (Opana)
- Morphine (Kadian and Avinza)
- Codeine
- Fentanyl

Treatment

Opioid addiction is a chronic, lifelong medical condition. It cannot be cured, but it can be arrested, managed, and treated. Taking medication for opioid addiction compares to taking medication to control heart disease or diabetes. It helps the person manage their addiction so the benefits of recovery can be maintained.

The following are commonly used treatments for reversing opioid overdoses and as part of long-term recovery maintenance programs:

> **Naloxone:** sold under the brand name NARCAN and is used by hospitals and emergency medical technicians. There is now a movement to expand access and get it into the hands of first responders, drug users, and their family members. Approximately 130 members of the Contra Costa County Sheriff's office have access to kits and have been trained to use naloxone on an opioid overdose emergency.

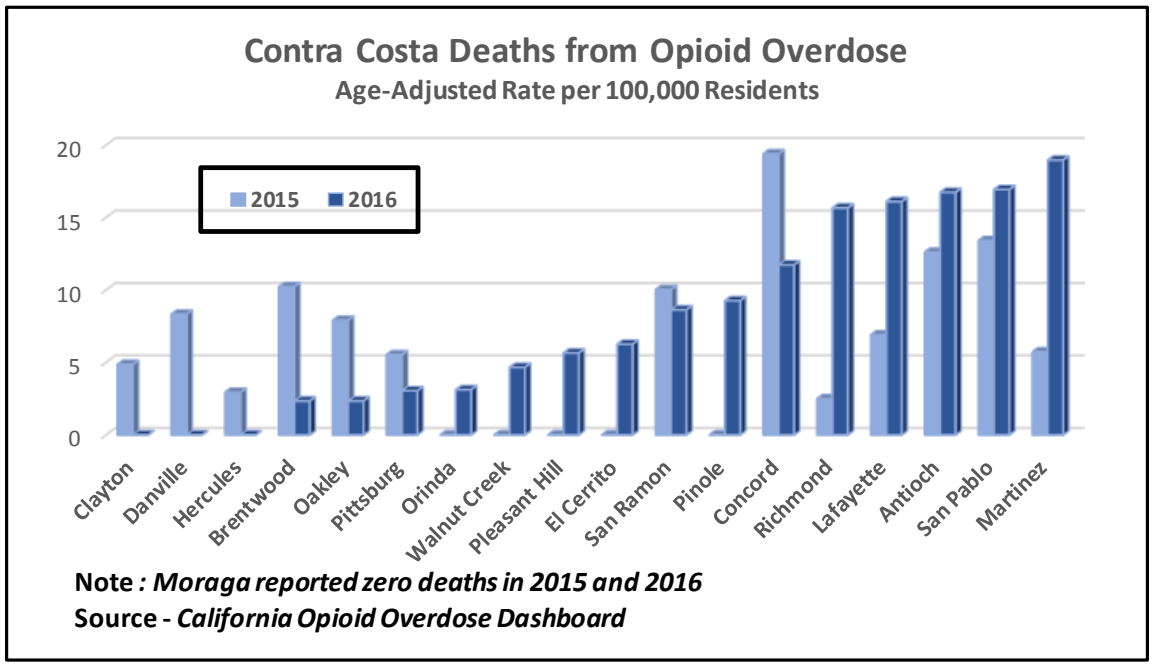
Naltrexone: sold as ReVia and Vivitrol and used to manage opioid and alcohol dependence. Beneficial effects to counter cravings start within 30 minutes after taking it.

Methadone: an opioid prescribed under controlled circumstances to treat the symptoms of heroin withdrawal without causing the "high" associated with drug addiction. It is part of addiction detoxification and recovery maintenance programs.

Buprenorphine: a medication used to treat opioid dependence and relieve drug cravings.

DISCUSSION

Communities and families in the County are facing the losses associated with opioid addiction (jobs, health, family, premature death, and other). The following chart presents the 2015 and 2016 reported deaths from opioid overdose in cities within the County. The data do not show any correlation between the reported deaths and geographic location or economic status. Furthermore, about half of the cities experienced a decrease in deaths from 2015 to 2016, while the other half showed an increase in deaths over the same period highlighting the complexity of the opioid epidemic



Note *: Moraga reported zero deaths in 2015 and 2016*
Source - *California Opioid Overdose Dashboard*

No community is immune to this epidemic, according to the County's Medication Education and Disposal Safety (MEDS) Coalition. The MEDS Coalition is an organization formed by a diverse group of public and private County stakeholders.

Individuals with OUD tend to be white males, between the ages of 18-49 with access to medical care and to doctors who prescribe opioids.

There is a misperception that opioid deaths affect only individuals with substance dependency issues. The National Institute of Drug Addiction reports that combining fentanyl with other illicit drugs, such as cocaine or ecstasy, is exposing recreational users and young people experimenting with party drugs to the same risk of death as habitual addicts.

Altered Opioids

A mounting number of opioid addicts are encountering a more lethal supply of drugs. The new and deadlier drugs are altered opioids that bind in more powerful ways to the brain's receptors and act more quickly. The combination of factors makes these drugs hundreds of times deadlier.

All opioids connect to particular brain and nervous system receptors that upon activation release the body's natural pain killer, endorphins. In medicine and law enforcement, the relative strength of various opioids is measured in comparison to morphine. Oxycodone, the opioid in Oxycontin and Percocet, is about 50% stronger than morphine. Marketed in the 1800s as a solution to morphine addiction, heroin ranges from twice as strong to five times as strong as morphine. Fentanyl is over 50 times stronger than morphine or heroin. Unlike many medically prescribed opioids, the street supply of fentanyl comes primarily from illegal production.

Heroin users often do not know what has been mixed with the powder. This unknown mixture increases the risk of unknowingly receiving more powerful opioids or other toxic chemicals. Because fentanyl is so cheap and readily available, it is often mixed with heroin, creating a deadlier dosage.

Lethal doses of heroin and fentanyl

Rehabilitation

No single form of care is effective for all individuals with opioid dependence. Diverse treatment options are needed.

Detoxification

Drug detoxification is the intervention in a case of physical dependence to a drug. A detoxification by itself does not address the elements of addiction, social factors, psychological addiction, or the complex behavioral issues that intermingle with addiction.

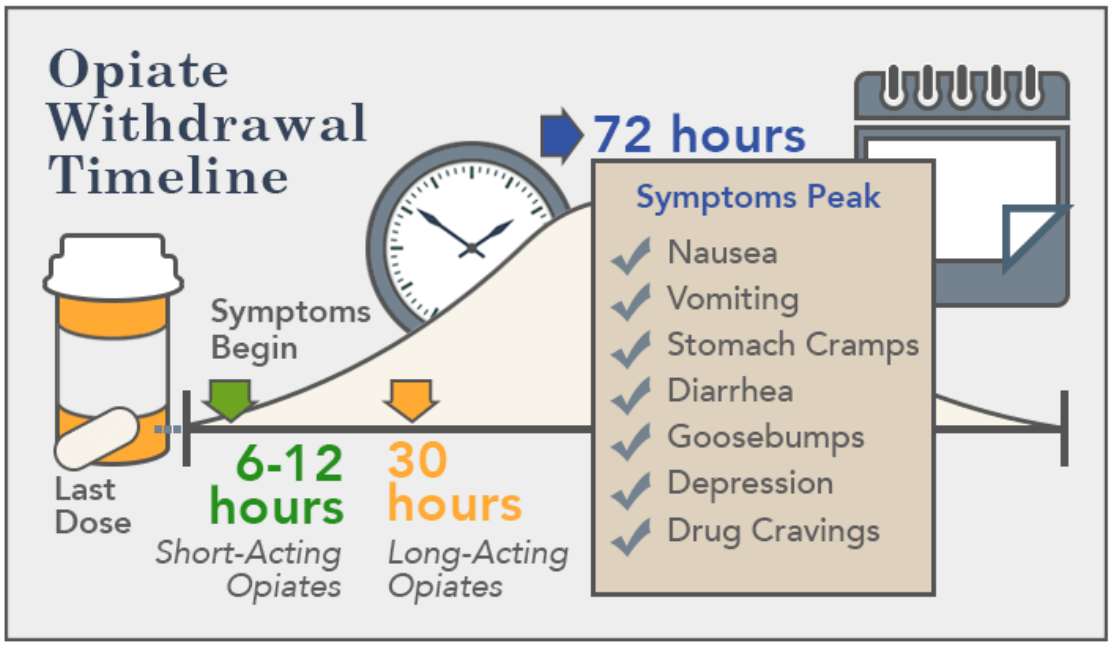
Drug detoxification is the first step for many forms of longer-term abstinence-based treatment. Detoxification includes a way for addicted persons or first responders to gain immediate access to treatment. This treatment includes withdrawal management and access to acute addiction treatment. (World Health Organization, www.who.int)

Detoxification is known to prevent fatal consequences resulting from sudden cessation of use and can aid the patient in becoming abstinent from drugs.

Relapse following detoxification is common. Detox alone does not typically induce lasting behavioral changes. According to County senior health care officials, among opioid addicts limited to a 28-day in-patient detoxification program, 80-90 percent are likely to relapse in a matter of weeks or days.

Withdrawal Management

Opioid withdrawal includes a wide range of symptoms that occur after stopping or dramatically reducing the dose of opioid drugs following heavy and prolonged use. For short-acting opioids such as oxycodone and heroin, withdrawal symptoms usually emerge within 12 hours of the last opioid use. Withdrawal will peak within 24-48 hours and diminish over 3-5 days.



For long-acting opioids such as fentanyl and morphine, withdrawal symptoms may last up to 10 days. Opioid withdrawal syndrome is rarely life-threatening. Abrupt discontinuation of opioids may precipitate withdrawal symptoms, leading to continued cravings and resulting in relapse.

Medication-Assisted Treatment

Most afflicted individuals cannot escape on their own from the misery and risks of drug addiction. One important component used for rehabilitation is called Medication-Assisted Treatment (MAT), the goal of which is to save lives and foster recovery.

In May 2017, the BOS approved Resolution 2017/87 recognizing that access to MAT should be expanded to assist people recovering from their Substance Use Disorder (SUD).

Treatment for Adolescents

According to the 2017 California Student Survey conducted by WestEd, use of drugs increases in the middle and high school years. The survey further shows that high-school staff see drug use as a moderate to severe problem among 64% of students. (www.kidsdata.org)

Opioid drug use often begins with teens taking medications prescribed for a family member or friend. When that supply is exhausted, teens seek outside drug sources. Senior officials indicated when addicts cannot afford prescription opioids, they often turn to more affordable heroin.

In the County, demand for treatment of addicted adolescents overwhelms the limited resources, with no residential in-patient options available. Residential opioid addiction treatment centers are useful for teens who need to be separated from their drug source environment and focus solely on recovery. They require that the teen live at the facility for the duration of the recovery program. Programs typically last between 30 and 90 days, but they can be extended to accommodate needs. They often provide dual diagnoses to see if the teen suffers from a co-occurring mental or behavioral health disorder.

Naloxone can reverse an opioid overdose. Treatment professionals recommend making naloxone available to public schools. Health care professionals use the analogy of naloxone as the EpiPen of opioid overdoses.

Known as the California Marijuana Tax Fund, Assembly Bill 1748 requires that a portion of the taxes from legal marijuana sales be used for youth drug abuse treatment programs. These funds could be an option for the creation of in-county residential in-patient treatment. Additionally, the Bill authorizes school districts to make naloxone available to school nurses and trained personnel to provide emergency medical aid to persons suffering from an opioid overdose.

Treatment in Adult Detention Facilities

The criminality associated with addiction follows directly from the need to purchase drugs. Addicts are known to shoplift, steal, and rob as ways to obtain funds to pay the drug supplier.

Contra Costa County Alcohol & Other Drug Services (AODS), a division of Behavioral Health Services, informed the Grand Jury that it is difficult to motivate incarcerated individuals to enter treatment. Assembly Bill 109 and Proposition 47 transferred responsibility for supervising certain kinds of felony offenders from state prisons to county jails, which strained the County's SUD treatment resources. According to the 2015 "Jail Needs Assessment" report conducted for the County Office of the Sheriff, County's jails offer limited support to address SUD because they do not have the number of clinicians needed to meet the treatment demand.

The American Association for the Treatment of Opioid Dependence stresses the importance of keeping clinical decision-making about medications in the hands of SUD clinicians. Deciding on the appropriate medication is a matter of clinical discretion.

Treatment Long-Term

The scientific and medical communities acknowledge that OUD is a chronic, recurrent disorder with patterns of adherence to treatment and relapse. This disorder is similar to other chronic disorders such as hypertension, diabetes, and asthma. Limiting the time needed for treatment is inconsistent with the course of OUD. Treatment interruption can increase the risk of death and underlies serious effects associated with OUD.

Addiction sufferers often need specific treatment programs addressing the addiction itself and withdrawal symptoms. Associated disorders of anxiety and depression can accompany withdrawal. In the nation, an estimated eight million adults suffer both SUD and mental illness simultaneously. Less than 9% receive both mental health care and substance use treatment. Over half receive no treatment. (Substance Abuse and Mental Health Services Administration 2017)

The Contra Costa County Behavioral Health Services Division (CCBHS), oversees the AODS system of care. Treatment for SUD is delivered through contracts with community-based and County-operated SUD treatment programs. In the current system, addicts can either get direct access or a referral to treatment providers who complete an initial assessment and conduct the intake screening process. (Contra Costa County Drug Medi-Cal Organized Delivery System Implementation Plan, 2016)

The County's Choosing Change Clinics provide out-patient opioid treatment services. Persons who are doctor-approved to receive buprenorphine can be helped with detoxification and maintenance therapy. Choosing Change groups meet weekly and are led by an addiction medicine specialist. Currently, there are Choosing Change Clinics located at the County health centers in Concord, West County, Pittsburg, and Antioch, and the Wellness Center in Martinez.

The Choosing Change Clinics in Antioch, San Pablo, and Pittsburg are open one day each week for four hours. The Concord clinic is open two days each week for four hours, and the Martinez clinic is open three days each week for four hours.

Healthcare professionals, County staff, and recovering addicts interviewed by the Grand Jury all emphasized that treatment models that support acute addiction care through to long-term recovery warrant expansion. More sobering centers, detoxification beds, and sober living environments are needed.

Senior health care officials indicated that in the County's detention facilities more mental health positions are needed to be able to cover the facilities 24/7. Some positions are staffed weekdays only and none on Saturday or Sunday, when the need is greatest.

Barriers to Treatment

OUD sufferers who do not get access to required treatment when they need it most end up having poor outcomes. They are more likely to die prematurely as a result of lack of access and care coordination. In a 2018 Substance Abuse and Mental Health Services Administration federal study of patients seeking medical care and entering a rehabilitation in-take center, the average wait time to enter a treatment program after initial contact with a provider was 42 days. Approximately one third received an appointment within 24 hours. (Substance Abuse and Mental Health Services Administration survey 2018)

There is a gap between the number of people who need SUD treatment and the number of people who receive any type of treatment. In a recent year, only 18% of opioid addiction sufferers received treatment from self-help groups or emergency care.

Among Contra Costa's estimated 54,000 individuals with opioid use disorder, fewer than 10% can be treated long-term given current care capacity. (www.urban.org/sites/default/files/contra_costa.pdf)

This rate of treatment is lower compared to other common health conditions such as hypertension (77%), diabetes (73%), and major depression (71%).

A federal Substance Abuse and Mental Health Services Administration survey in 2017 identified obstacles individuals face when seeking OUD treatment:

- 40% say they are not ready to stop using
- 37% have no health coverage and cannot afford the cost of treatment
- 9% do not know where to go for treatment
- 7% have health coverage that does not cover treatment or costs
- 7% say treatment is inconvenient or they lack transportation

Other challenges complicate the efforts to offer same-day services that include: application obstacles, long waiting periods, too much paperwork, lack of referrals, loss of child custody, fear, community resistance, and privacy concerns. For homeless addicts, one major barrier can be having no place to stay while beginning treatment.

Federal regulations require that clinicians seeking to prescribe buprenorphine must undergo specialized training. The County does not have enough healthcare professionals who have been legally authorized to prescribe buprenorphine for opioid addiction patients. Providers eligible for specialized training include doctors of general and osteopathic medicine, nurse practitioners, and physician assistants. Of the 5,585 public and private potential prescribers practicing throughout the County, only 3.2% have a buprenorphine waiver. (County-Level Estimates of Opioid Use Disorder and Treatment Needs in California, The Urban Institute, 2016)

Stigmatization of Opioid Dependence

What is often keeping the patient from agreement to treatment is embarrassment. It is generally recognized that just as there is a social stigma around mental illness, so there is shame being identified as a drug addict or drug-dependent. Treatment professionals point out that people addicted to substances exist in every walk of life regardless of gender, sexual orientation, race, ethnicity, employment, or economic status. Opioid addiction is a condition that can affect anyone.

The stigma of opioid dependence is a major hurdle to getting addicts into treatment. Health professionals emphasize to patients and their families that long-term opiate habits change the brain, it becomes a biomedical problem, and it's not about being a weak person or some other issue.

FINDINGS

F1. The availability of MAT in the County's emergency rooms, medical offices, County health clinics, and the County's detoxification sites does not meet the needs of people with OUD.

F2. Only 3.2% of the nearly 5,600 private and public medical providers in the County have acquired the Drug Enforcement Agency waiver to prescribe buprenorphine, creating a MAT gap for people seeking treatment.

F3. The limited open hours at the County-operated Choosing Change Clinics are a barrier to treatment for OUD users.

F4. The 2016 California Marijuana Tax Fund (AB 1748) requires that a portion of taxes paid be used for youth drug abuse treatment programs.

F5. The demands for programs addressing high-school drug abuse throughout the County exceed the resources available.

F6. The demand for programs throughout the county to educate high school students and their parents on overdose prevention, the dangers of opioid use, and responses to overdoses exceed the available supply.

F7. There are no in-County adolescent residential treatment facilities. Youth requiring residential treatment are directed to seek care outside the County.

F8. Stigma of drug addiction is a barrier to treatment, and presents barriers to providing more in-County recovery facilities.

F9. For incarcerated opioid addicts, there are staffing gaps in the detention facilities during the week for intake screening, withdrawal management, and clinical treatment.

F10. The majority of those who abuse opioid prescription medications do not get them from the street. Instead, they obtain these from the homes of family and friends. The danger is exacerbated by the lack of sufficient public awareness.

F11. In a 2018 Substance Abuse and Mental Health Services Administration study of patients seeking medical care and entering a rehabilitation intake center, the average wait time to enter a treatment program after initial contact with a provider was 42 days. Only about a third received an appointment within 24 hours.

F12. Among the County's estimated 54,000 persons with opioid use disorder, fewer than 10% can be treated long-term, given current care capacity.

RECOMMENDATIONS

R1. The BOS should consider requesting Behavioral Health Services to develop a plan by December 2018 to motivate more physicians to complete their qualifications for a waiver to prescribe and dispense buprenorphine starting in 2019.

R2. The BOS should consider seeking funds, in the FY2019-2020 budget, for Behavioral Health Services to offer the course "Buprenorphine Treatment: Training for Multidisciplinary Addiction Professions" or equivalent to all of the County's public medical care providers starting July 1, 2019.

R3. The BOS should consider seeking funds, in the FY2019-2020 budget, for Behavioral Health Services to hire more buprenorphine clinicians beginning July1, 2019.

R4. The BOS should consider requesting the Alcohol and Other Drugs Services (AODS) division of Behavioral Health Services to use funds available under the California Marijuana Tax Fund legislation (AB 1748) for in-county adolescent outpatient and residential inpatient treatment.

R5. The Contra Costa County Office of Education should consider seeking funds, in the FY2019-2020 budget, to provide free NARCAN kits in all County school districts.

R6. The BOS should consider seeking funds, in the FY2019-2020 budget, for Behavioral Health Services to develop a plan to increase clinical treatment of substance use disorders in the three detention facilities.

R7. The BOS should consider seeking funds, in the FY2019-2020 budget, for Behavioral Health Services to develop and deliver educational campaigns to improve public awareness of the County's opioid addiction crisis and available treatment options, starting July 1, 2019.

R8. The BOS should consider seeking funds, in the FY2019-2020 budget, for Behavioral Health Services to use multiple modes of communication such as news media, social media, community TV/Radio, and billboards, with a positive message to help alleviate the stigma of OUD, starting July 1, 2019.

REQUIRED RESPONSES

	Findings	Recommendations
Contra Costa County Board of Supervisors	F1, F2, F3, F4, F5, F7, F8, F9, F10, F11, and F12	R1, R2, R3, R4, R6, R7, and R8
Contra Costa County Office of Education	F6	R5

These responses must be provided in the format and by the date set forth in the cover letter that accompanies this report. An electronic copy of these responses in the form of a Word document should be sent by email to ctadmin@contracosta.courts.ca.gov and a hard (paper) copy should be sent to:

Civil Grand Jury – Foreperson
725 Court Street
P.O. Box 431
Martinez, CA 94553-0091

ACRONYMS

AODS – Alcohol and Other Drugs Services

BHS – Behavioral Health Services

BOS – Board of Supervisors

MAT – Medication-Assisted Treatment

MEDS – Medication Education and Disposal Safety

OUD – Opioid Use Disorder

SUD – Substance Use Disorder