Substance Use Policy Agenda:

Creating Change through Prevention, Treatment, and Recovery

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STATE OF OREGON
Office of the Governor
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Vision

Improve the health of Oregonians struggling with substance use by becoming a model state for prevention, treatment, and recovery.

Executive Summary

Drug and alcohol misuse, abuse, overdose, addiction, and Substance Use Disorder remain persistent, costly, and devastating problems for Oregonians. The effects are far-reaching, impacting Oregon's foster care system and health care system alike. Underserved and rural communities suffer the worst of these effects, a problem compounded by the damaging stigma associated with the disease of addiction. Furthermore, our system fails to adequately address the frequent connections between addiction and mental illness.

Under Governor Brown's leadership, Oregon has made great strides in reducing both overdose deaths and prescription rates of dangerous opioid medications. However, much work remains to be done. To address the ongoing public health crisis of addiction in Oregon, Governor Brown will work with vital partners across the state to:

1. *Reduce substance use disorder for 75,000 Oregonians in five years through completion and implementation of a statewide survey and strategic plan*
2. *Improve standards of care and access to treatment for Oregonians with substance use disorder, with an emphasis on outcomes and transparency*
3. *Fix treatment structures and certification standards*
4. *Make key investments in services that support individuals in recovery*
5. *Continue to lead in the fight against the opioid epidemic*

Background

The chronic disease of Substance Use Disorder (SUD) is indiscriminate, affecting Oregon families from all backgrounds. Nationally, the abuse of tobacco, alcohol, and illicit drugs is estimated to be responsible for more than $740 billion in annual costs related to crime, lost work productivity, and health care.[1] In Oregon, it is estimated that 9.6 percent of individuals, roughly 395,000 Oregonians, suffer from SUD.[2] This includes not only illicit substances, but also legal substances such as alcohol and cannabis. Not only is this disease costly to our state, but it has significant detrimental impact on children and families.

Parents and caregivers who suffer from drug and alcohol misuse, abuse, overdose, and addiction expose their children to adverse childhood experiences, thus increasing the probability that children will suffer from the same chronic illness, among other health issues.[3] According to recent case reviews, nearly 75 percent of Oregon foster care placements involved parental substance use disorder.[4] We must break the cycle of addiction passed through generations.

Oregon has made progress recently, particularly with regards to the opioid epidemic. But while we have succeeded in reducing both over-prescription of opioids and overdose related to opioid use disorder, much work remains to be done. As overdose deaths from prescribed medications fall, Oregon is experiencing a corresponding rise in deaths related to illicit substances such as methamphetamine and fentanyl.[5] Illicit fentanyl is especially unsafe, posing a danger to both the individual suffering from SUD and law enforcement who must handle the potent and hazardous substance as part of investigations. We are just experiencing the beginnings of the fentanyl crisis, which has greatly affected other West Coast cities such as Vancouver, British Columbia,

1. Estimate made by National Institute of Drug Abuse using a variety of sources to monitor prevalence and trends regarding drug use in the United States. "Trends & Statistics." The National Institute of Drug Abuse, April 21, 2017, https://www.drugabuse.gov/related-topics/trends-statistics#supplemental-references-for-economic-costs.

2. "2015-2016 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia.)" The Substance Abuse & Mental Health Services Administration Center for Behavioral Health Statistics and Quality, 2015 and 2016.

3. Choi, N.G., DiNitto, D.M., Marti, C.N. & Choi, B. Y., Association of Adverse Childhood Experiences with Lifetime Mental and Substance Use Disorders Among Men and Women Aged 50+ Years, International Psychogeriatricts 29(3), pg. 359-372, October 26, 2017.

4. Preliminary data from the Child Welfare (CW) Capacity Project analysis – part of the CW Research Agenda – shows 71.9 percent of parents were involved with drugs or alcohol at the specific time of (continued)

> “Recovery looks different for every individual, and Oregonians need a menu of readily available treatments in communities across the state”

where the illicit drug supply is 88 percent tainted.[6] Further, in 2016, methamphetamine contributed to more overdose deaths than illicit opioids and rose to effectively match the number of overdoses from prescription drugs.

Rural and underserved communities also continue to struggle from a lack of appropriate resources. In 2015, only seven Oregon counties had at least one opioid treatment program offering medication-assisted treatment (MAT) in conjunction with counseling services, six of which were located in the I-5 corridor. While this number has since increased to 11 counties, the programs need to be expanded further to meet current needs.[7] This is but one example of the dearth of appropriate treatment resources impoverished and rural communities face.

MAT treats withdrawal symptoms without giving patients the euphoric high that is associated with heroin and other opioids. Evidence has shown that MAT is highly effective in reducing relapse rates and increasing the likelihood of long-term recovery.

However, MAT should not be the only treatment option. Recovery looks different for every individual, and Oregonians need a menu of readily available treatments in communities across the state to choose

removal and 78.8 percent of parents had a drug or alcohol induced mental state which prohibited care of the child. Publication forthcoming.

5. “Oregon Drug Overdose Deaths.” Oregon Prescription & Drug Overdose Data Dashboard, The Oregon Health Authority, https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/data.aspx.

6. “Drug Checking Reveals More than Half of all Substances on the Street Not What Expected,” British Columbia Center on Substance Use (BCCSU), https://www.bccsu.ca/news-release/drug-checking-reveals-more-than-half-of-all-substances-on-the-street-not-what-expected/.

7. “Opioid Treatment Provides Presence in Oregon Counties.” The Oregon Health Authority, May, 2018, https://www.oregon.gov/oha/ERD/Documents/OTP-Presence-Oregon-Counties.pdf.

what works best for their unique circumstances regardless of culture, geography, or demographics.

As Oregon fights the ongoing opioid epidemic, we cannot lose sight of the need to address addiction related to all dangerous substances, including alcohol, which Oregonians continue to struggle with at greater rates than other states. The Substance Abuse and Mental Health Services Administration (SAMSA) conducts a national survey of data every year aimed at an examination of SUD's impact on a state-by-state basis. According to the most recent survey, Oregon had the fifth-highest rate of alcohol use disorder between all fifty states from 2015 to 2016.[8] Oregon's rate, which roughly corresponds to 7 percent of the population, remained flat despite a corresponding drop in the national average over the same period.[9] We must do better.

As we work to address the addiction crisis in Oregon, we cannot ignore the connection between substance use disorders and mental health disorders. There is substantial research that shows about half of those who are diagnosed with a substance use disorder have also experienced mental illness.[10] In addition, a recent review by the National Institute on Drug Abuse (NIDA) demonstrates that 60 percent of adolescents in community-based SUD treatment programs also meet diagnostic criteria for another mental illness, and cites evidence which suggests that all adolescents with substance use disorders also have high rates of co-occurring mental illness.[11] Treatment programs must recognize this vital fact in order to deliver the appropriate standard of care for patients.

To succeed in becoming a national leader in the fight against drug and alcohol misuse, abuse, overdose, and addiction, Oregon must also bolster existing structures within the state so they may properly carry out their missions. The Alcohol and Drug Policy Commission (ADPC) is an independent state government agency that was

8. "2015-2016 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia.)" The Substance Abuse & Mental Health Services Administration Center for Behavioral Health Statistics and Quality, 2015 and 2016.

9. Id.

10. Santucci K. "Psychiatric Disease and Drug Abuse." Current Opinion in Pediatrics, Pg. 233-237, April 24, 2012; See Also Ross S., Peselow E., "Co-occurring psychotic and addictive disorders: neurobiology and diagnosis." Clinical Neuropharmacology, Pg. 235-243, Sept.-Oct., 2012; Kelly T.M., Daley DC. "Integrated Treatment of Substance Use and Psychiatric Disorders." Social Work and Public Health, Pg. 388-406, August 26, 2013.

11. "Common Comorbidities with Substance Use Disorders." National Institute on Drug Abuse, February, 2018. https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/1155-common-comorbidities-with-substance-use-disorders.pdf.

created by the Oregon Legislature to improve the effectiveness and efficiency of state and local alcohol and drug abuse prevention and treatment services. However, until recently the ADPC sat idle, without appropriate resources and support. Oregon needs to empower this vital commission in order to meet our goals of becoming a model state for treatment and recovery.

Recent Accomplishments

During her first term, Governor Brown has done much to improve Oregon's approach to addictions and recovery. Key accomplishments include:

Leading the national dialog on addiction and recovery

On the national stage, Governor Brown has led the charge on addiction and recovery policy. As the rising Chair of the Health and Human Services Committee of the National Governors Association, Governor Brown has already utilized her powerful voice to drive policy in the proper direction. On March 8, 2018, the Governor testified on Oregon's opioid epidemic at the United States Senate Health, Education, Labor & Pensions (HELP) Committee at a hearing entitled "The Opioid Crisis: Leadership and Innovation in the States."[12] Governor Brown also led a discussion regarding the opioid epidemic among executive leaders in British Columbia, Washington State, and California as part of the Pacific Coast Collaborative. Those discussions resulted in the signing of a statement of cooperation, outlining principles which those jurisdictions will adhere to in the sharing of information and crafting of policy related to substance use disorder.

12. US Committee on Health, Education, Labor & Pensions. "The Opioid Crisis: Leadership and Innovation in the States." Full Committee Hearing, https://www.help.senate.gov/hearings/the-opioid-crisis-leadership-and-innovation-in-the-states.

Fighting back against opioid overdose deaths

Governor Brown has spearheaded systemic policies that have placed Oregon on the appropriate path in addressing the opioid crisis, particularly surrounding the adoption of prescribing guidelines and the integration of the Prescription Drug Monitoring Program (PDMP) into information technology systems.[13] In contrast with many other states, where overdose deaths increased, Oregon experienced a 17 percent decrease in the rate of prescription opioid overdose deaths and a 3 percent decrease in any opioid overdose deaths from 2015 to 2016.[14]

Oregon has focused on three key areas to fight the chronic disease of addiction: 1) reducing the number of pills in circulation; 2) support for harm reduction strategies, recovery from SUD, and access to behavioral health treatment; and 3) reducing the risks to patients by making pain treatment safer and more effective. Some examples of innovative policies include mandated prescriber education surrounding pain management, implementation of opioid prescribing guidelines, and the aforementioned integration of the PDMP into clinical settings. In 2017, Governor Brown signed House Bill (HB) 3440, an innovative legislative effort that eliminated the requirement of prior insurance authorization for the first 30 days of treatment and conveyed civil immunity to good Samaritans administering life-saving overdose drugs.

Data demonstrates that Oregon's prescribing of controlled substances has trended down from a peak of 262.76 prescription fills per 1,000 residents to 194.77 fills per 1,000 residents while many other states have seen increases in the same time period. While Oregon has experienced an overall decline in overdose deaths related to opioid pharmaceuticals and methadone, there has been a corresponding jump in deaths associated with illicit substances like methamphetamine and heroin.

By no means is our work is complete. Lives are being tragically lost every day, and every life matters.

13. "Oregon Opioid Prescribing Guidelines: Recommendations for the Safe Use of Opioid Medications." Oregon Opioid Prescribing Guidelines Task Force, 2017-2018, https://www.oregon.gov/obnm/rules/opioidprescribingguidelines.pdf.

14. Puja S., Scholl L., Rudd R., Bacon S., "Overdose Deaths Involving Opioids, Cocaine, and Psychostimulants — United States." Morbidity & Mortality Weekly Report, Pg. 349-358, March 30, 2018.

> **"By no means is our work complete. Lives are being tragically lost every day, and every life matters"**

The Opioid Epidemic Task Force

In the wake of the 2017 legislative session, Governor Brown convened the Opioid Epidemic Task Force (OETF). The bipartisan and bicameral group is aimed at identifying and promoting meaningful and immediate policy changes to fight the ongoing opioid epidemic. In addition to members of the legislature, OETF is comprised of medical experts, treatment specialists, and state regulators. Since her convening of the OETF, utilization of similar task force models have been recommended as a best practice by influential groups, such as the National Governors Association.

Led by Governor Brown, OETF produced priority legislation for the 2018 session in the form of HB 4143. The bill contained three integral parts: 1) mandatory Prescription Drug Monitoring Program registration for all licensed prescribers; 2) the creation of an overdose intervention pilot program in Multnomah, Marion, Jackson, and Coos counties; and 3) the commissioning of a report on barriers to treatment access from the Department of Consumer and Business Services (DCBS). OETF continues to shape the agenda for legislative policy addressing opioid misuse and abuse, and is currently working on crafting their concept for 2019. Part of this concept will be based upon the recently released findings in the aforementioned HB 4143 DCBS report.

Executive Order 18-01: Building Oregon's commitment to addiction prevention, treatment, and recovery priorities

On March 27, 2018, Governor Brown signed a key executive order placing Oregon on the path toward becoming a model in the fight against SUD. Specifically, Executive Order 18-01 declares alcohol and substance addiction a public health crisis, bringing much-needed attention to addiction and recovery. The order mandates that the Oregon Health Authority, the Department of Human Services, the Department of Corrections, and other relevant agencies work with the newly empowered Alcohol and Drug Policy Commission (ADPC) to create a "Statewide Addiction, Prevention, Treatment, and Recovery Plan."

Importantly, the order sets an aggressive deadline to address this pressing crisis. Per the Governor's mandate, ADPC has already entered into memoranda of understanding with partner agencies. ADPC was required to submit preliminary recommendations to Governor Brown and the Legislature by September 15, 2018. The ultimate plan must be submitted by July 1, 2020, with updates every July 1 of even numbered years thereafter. Keeping with a streamlined approach to effective governance, the order requires that all agencies provide a single point of contact to work with ADPC on the statewide plan. Empowering ADPC in this fashion is a crucial step in securing Oregon's future as "the Recovery State."

In addition, Governor Brown has ensured that ADPC has the appropriate leadership by appointing Dr. Reginald Richardson as the new executive director. Appointed in April 2018, Dr. Richardson comes from a background working with vulnerable Oregonians. He has seen the terrible impact of addiction on families and the foster care system, and recognizes the nexus between addiction and the devastation it causes to Oregon families.

Improving the Prescription Drug Monitoring Program

A functioning Prescription Drug Monitoring Program (PDMP) is an integral component of providing information to deliver the best care to patients. Without such data, policy makers cannot properly evaluate trends in prescribing or set appropriate prescription guidelines.

Every state but Missouri now has some form of PDMP, something that policy makers have long recommended as a best practice.[15] In Oregon, rather than being a punitive measure, the PDMP is specifically intended to assist treatment providers in providing the best care for their patients.[16]

OETF has already taken steps to bolster the PDMP through HB 4143, which mandated that all licensed prescribers in Oregon register for the program. Prior to this step, Oregon was in the minority of states lacking such a requirement. HB 4143 has already had a substantial impact on not only the registration of licensed prescribers, but also the number of queries to the system. As of August 17, 27,156 users were registered with the PDMP.[17] For those Oregon licensed prescribers with a DEA license, we have already achieved 72.2 percent registration with the system. A look at the data projected since 2012 shows a sharp increase around Q1 2018, corresponding with Governor Brown's HB 4143.[18]

Oregon lacks the mandatory registration requirement statutorily present in many other states. However, pragmatic policies coupled with the integration of the PDMP with health information technology systems have also had an appreciable impact on the number of system queries. In the second quarter of 2018, there were 462,040 queries, more than six times the number from the second quarter of 2012.[19]

Governor Brown and her team will continue to evaluate updates to the PDMP in an effort to make certain it provides a meaningful tool to deliver optimum patient care.

15. Although Missouri Governor Eric Greitens ordered the creation of a statewide PDMP in 2017, the Missouri legislature has failed to move forward with funding the request. See Kite, Allison, "Every state but Missouri has opioid drug tracking. Why are senators against it?" The Kansas City Star, April 29. 2018, https://www.kansascity.com/news/politics-government/article209982404.html.

16. See ORS 431A.865, "Disclosure of Information."

17. "Oregon Prescription Drug Monitoring Program System Registration and Use." Oregon Health Authority's Injury and Violence Prevention Section, August 17, 2018.

18. Id.

19. Id.

The Governor's Strategy:

ONE: *Reduce substance use disorder for 75,000 Oregonians in five years through completion and implementation of a statewide assessment and plan*

TWO: *Improve standards of care and access to treatment for Oregonians with substance use disorder, with an emphasis on outcomes and transparency*

THREE: *Fix treatment structures and certification standards*

FOUR: *Make key investments in services that support individuals in recovery*

FIVE: *Continue to lead in the fight against the opioid epidemic*

ONE: Reduce SUD for 75,000 Oregonians in five years through completion and implementation of a statewide survey and strategic plan

Governor Brown will lead Oregon's efforts to become a model recovery state through the completion of the state's first statewide addiction and recovery assessment by the end of 2019.

Identify current baseline data and establish realistic five-year targets: By following the statewide plan outlined in Executive Order 18-01, Oregon will seek to reduce the incidence of SUD from 9.6 percent to 6.8 percent in five years.[20] Such a reduction will prevent addiction and/or promote recovery for approximately 75,000 Oregonians.

Through the use of cutting-edge practices, Governor Brown will seek to increase Oregon's recovery rate by 25 percent over the same five-year period. The plan will assess data strengths and gaps related to substance use disorder and recovery, identify current baseline data, and leverage this information to meet our goals.

Replace stigma with compassion and respect: The stigma of addiction continues to create needless hurdles for those suffering with this chronic disease, especially in the workplace. Governor Brown will build on her steps to address stigma through the declaration of addiction as a public health crisis by examining ways to make further impact, such as workplace programs that incentivize and encourage the hiring of individuals in recovery.

20. "2015-2016 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia.)" The Substance Abuse & Mental Health Services Administration Center for Behavioral Health Statistics and Quality, 2015 and 2016.

TWO: Improve standards of care and access to treatment for Oregonians with SUD, with an emphasis on outcomes and transparency

As a nation, we need to move in a direction where we view SUD not as the fault of the patient, but as a chronic disease like hypertension or diabetes, supported by shifts in policy designed to change the paradigm in Oregon.

Treat addiction as a chronic illness: Despite widespread acknowledgement that the nature and long-term course of addiction is similar to other chronic illnesses, such as hypertension and diabetes, it is still treated almost universally as an acute condition.[21] Governor Brown will ask the legislature for a formal recognition of SUD as a chronic illness, appropriately framing the conversation regarding both system parity and the setting of standards in the treatment community.

Improve addiction and recovery outcomes through the CCO 2.0 process: Finalize the next round of CCO contracts with a focus on strengthening connections to community-based services that address improving access to mental health and addiction services. As part of this, we must identify, promote, and expand programs that integrate mental health, addiction health, and oral health into primary health care to further improve health outcomes and reduce long-term costs. We must also use the Oregon Health Authority's contracting authority for CCOs, local mental health authorities (LMHAs)/community mental health programs (CMHPs), and local public health authorities (LPHAs) to establish baseline expectations for standards of care and access, accountability for outcomes and transparency while promoting and supporting local control and innovation.

21. White, W. L., Kelly, J. F., "Recovery management: What if We Really Believed that Addiction Was a Chronic Disorder?" Addiction Recovery Management, pg. 67-84, Humana Press 2011.

THREE: Fix treatment structures and certification standards

The entire treatment and recovery sector suffers from attrition and a lack of parity. This has resulted in a lower standard of care for patients with SUD, something that must change. Recognizing that recovery is different for every individual means making more treatments available, and opening up access to them. Oregon needs a treatment and recovery system that recognizes the diversity of Oregonians and is ready to stand with them as they face this disease.

Continue to expand culturally appropriate treatment and peer-delivered services: Peer-delivered services and culturally sensitive treatment represent some of the best ways to achieve our goals in the promotion of recovery.

Governor Brown created a new peer-centered overdose prevention program in 2018 through the work of her Opioid Epidemic Task Force. The Governor will continue to build on this work by expanding the delivery of peer services with an emphasis on diversity and inclusion.

Implement treatment certification standards and improve reimbursement structures: To eliminate barriers to accessing treatment, Governor Brown will charge her Opioid Epidemic Task Force with addressing cumbersome reimbursement structures and access in rural Oregon in 2019, including an examination of treatment certification standards—work that is not yet common across the country.
Rural Oregon suffers from a lack of appropriate treatment and recovery resources, including the provision of medication-assisted treatment. Governor Brown is committed to innovative solutions to solve this crisis. While appropriate funding is certainly key to these efforts, we also need to achieve the highest use of existing resources. This includes the examination of newer and more efficient forms of connecting with doctors and treatment, such as telehealth.

FOUR: Make key investments in services that support individuals in recovery

Long-term recovery encompasses much more than just treatment. To make certain families are never broken apart as a result of a treatable medical condition, we must provide additional support in other ways.

Stand with families struggling with addiction: Oregon must support culturally sensitive, family-based treatment in order to best serve our struggling families. We will better ensure family stability through the application of a multi-generational treatment approach that recognizes the unique needs of each individual family. This means comprehensive wrap-around services, not simply providing child care while caregivers attend treatment. Rather, our communities need to provide treatment informed by the developmental stages of human life and a commitment to diversity and equity.

Bolster recovery support so Oregon families thrive: The disease of addiction does not occur in a vacuum. Without housing and a job, individuals have less of a change of achieving long-term recovery. Fighting this public health crisis requires addressing the root causes of addiction.

- Oregon will invest in acquisition, preservation, and new construction of affordable homes for more than 4,000 Oregon families. Governor Brown will build an additional 200 permanent supportive housing units for chronically homeless individuals who are the hardest to house. This investment will leverage additional funds from the Oregon Health Authority to provide health care and other additional services.[22]

22. Brown, K., LaBar, J. "Governor Kate Brown Housing Policy Agenda: Housing Stability for Children, Veterans, and the Chronically Homeless and Increased Housing Supply for Urban and Rural Communities." Office of Governor Kate Brown, August 30, 2018. https://www.oregon.gov/gov/policy/Documents/Housing%20Agenda%20FINAL.pdf

- In addition to housing, individuals in recovery need gainful employment. Governor Brown will invest in new job training opportunities for Oregonians, as well as implement programs that incentivize employers to hire Oregonians in recovery.[23]

Invest in Permanent Supportive Housing for the chronically homeless: We can move people from street corners and doorways and into homes by investing in proven strategies. Permanent supportive housing (PSH) combines lease-based, affordable housing with tenancy support and other voluntary services to help individuals with high needs (including individuals with disabilities and those coming out of chronic homelessness) achieve stable housing and recovery in their communities.

PSH will allow tenants to live in their homes as long as they meet basic obligations of tenancy and provide access to support services, such as appropriate SUD treatment, so they can retain housing. Having access to a private and secure place to call home provides an essential recovery support.

FIVE: Continue to lead in the fight against the opioid epidemic

Governor Brown's Opioid Epidemic Task Force will continue to work in conjunction with partner experts, agencies, and lawmakers to bring creative and high-impact solutions to work toward ending the opioid epidemic in Oregon.

Work with the Legislature to implement innovative policies: OETF will examine ways to improve the provision of treatment services through changes to reimbursement structures and certification standards. These actions will be informed by the HB 4143 DCBS report commissioned at the request of the Governor during the 2018 legislative session.

23. Brown, K., Pirtle-Guiney, E., Hodgson, S. "Governor Kate Brown Future Ready Oregon: Supporting Oregon's Workers and Businesses by Closing the Workforce Skills Gap." Office of Governor Kate Brown, September 18, 2018. https://www.oregon.gov/gov/policy/Documents/Future%20Ready%20Oregon%20Governor%20Kate%20Brown.pdf

> “The rising cost of medication has resulted in a dearth of life-saving overdose drugs in Oregon”

Utilizing the bicameral, bipartisan structure of OETF, the Governor will continue to set the agenda for the opioid crisis. The Task Force will examine further ways to innovate policy with regards to the PDMP and the availability of peer mentorship across the state, building on the Governor’s pioneering and newly created HB 4143 pilot program.

Save More Lives: The rising cost of medication has resulted in a dearth of life-saving overdose drugs in Oregon. Naloxone has seen an exponential increase in cost over the past few years. As a result, Oregon needs to think creatively to lower the cost of these medications. In order to provide them to all first responders in Oregon, at the direction of Governor Brown, OETF will examine ways to reduce these costs, such as the creation of dedicated grant funding streams and the bulk purchasing of drugs with our neighbor states. OETF will also examine ways to provide naloxone in jails and prisons.