



Overview of SUD, IDUD & OUD: What to Know, What to Share

Kathleen M. West, Dr.PH

July 10, 2023



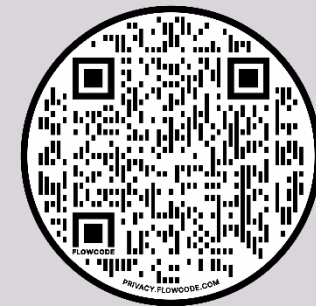
Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where indigenous nations and tribal groups are traditional stewards of the land. Our California office resides in Tongva territory.
- Please join us in supporting efforts to affirm tribal sovereignty across what is now known as California and in displaying respect, honor, and gratitude for all indigenous people.

Whose land are you on?

Option 1: Enter your location at <https://native-land.ca>

Option 2: Access Native Land website via QR Code





Advocates for Human Potential, Inc. (AHP) PWI & EPOC Team



Kathleen West
Project Director



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Deputy Director



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Operations Manager



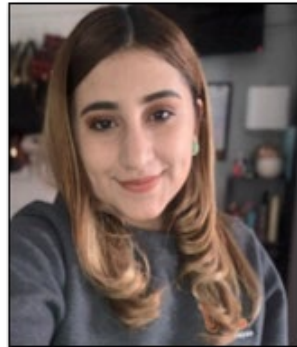
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*Quality Assurance
Coordinator*



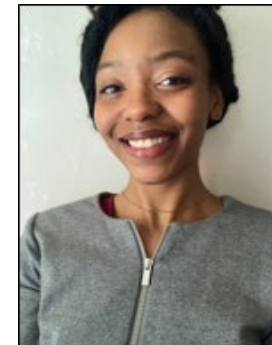
Brett Hall
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*Grantee Coach & Ops
Specialist*



Raven Nash
Grantee Coach



Vic Walker
Operations Specialist



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Learning Objectives

Participants will be able to:

Define

- Define opioid use disorder (OUD) & explain evidence-based treatment for OUD, using medications for opioid use disorder (MOUD).

Understand

- Understand the basic brain chemistry of various drugs with addictive potential causing substance use disorders (SUD).

Explain

- Explain OUD harm reduction strategies and overdose reversal.

Take Steps

- Take steps to ensure clear SUD/OUD treatment referral pathways are in place at your organization.

POLL

Does your peer organization provide services related to:

- A) Support for Mental Health challenges and recovery
- B) Support for Substance Use problems and recovery
- C) Support for *both* SUD and MH (sometimes called “co-occurring”)
- D) None of the above

[Products - Vital Statistics Rapid Release - Provisional Drug Overdose Data \(cdc.gov\)](#)

POLL

What substance is most abused by teens and young adults?

- A) Marijuana (cannabis)
- B) Prescription pain killers (opioids)
- C) Nicotine
- D) Alcohol

[Teenage Drug Use Statistics \[2023\]: Data & Trends on Abuse \(drugabusestatistics.org\)](#)
[Addiction | Health Effects | Marijuana | CDC](#)

POLL

What diseases caused more than 100,000 US deaths for the first time in 2020? (*Select all that apply*)

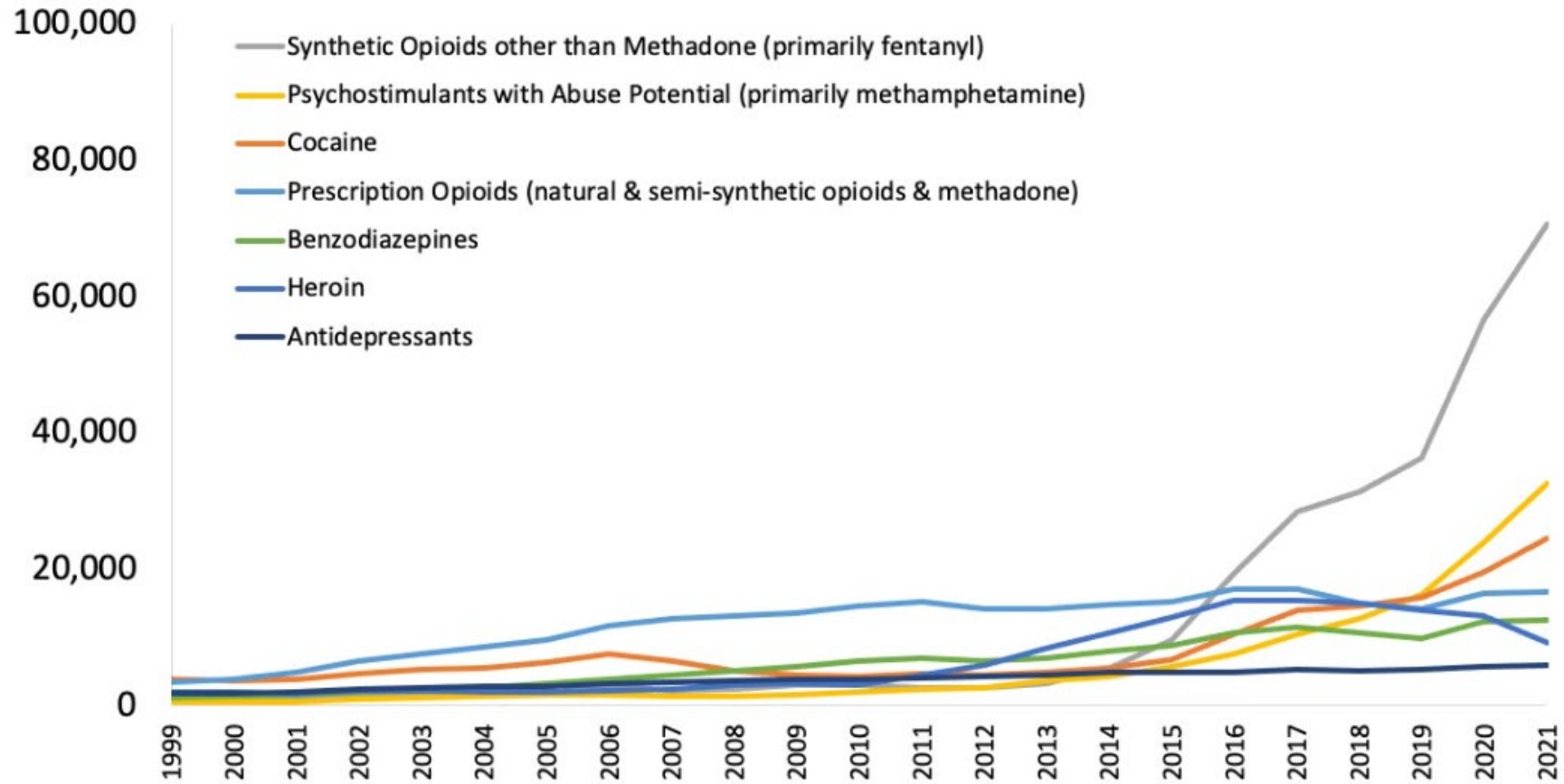
- A) Diabetes
- B) Drug Overdoses
- C) Alzheimer's Disease
- D) Cirrhosis and Chronic Liver Disease

Global Problem (2021 data)

- Over 296 million people used illicit drugs, a 23% increase over 10 years.
- 39.5 million people suffer from SUDs, a 45% increase over 10 years.
- Synthetic opioids, led by fentanyl, have changed drug markets with lethal results.
- Only 20% (1 in 5) people in need of SUD/ODU treatment were in treatment.
- Disparities in access to treatment exist worldwide.

<https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2023.html>

Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2021



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

California Quick Stats

7,175

Deaths Related to Any Opioid Overdose, 2021

5,961

Deaths Related to Fentanyl Overdose, 2021

21,016

ED Visits Related to Any Opioid Overdose, 2021

14,777,578

Prescriptions for Opioids, 2021

California Dashboard

Map

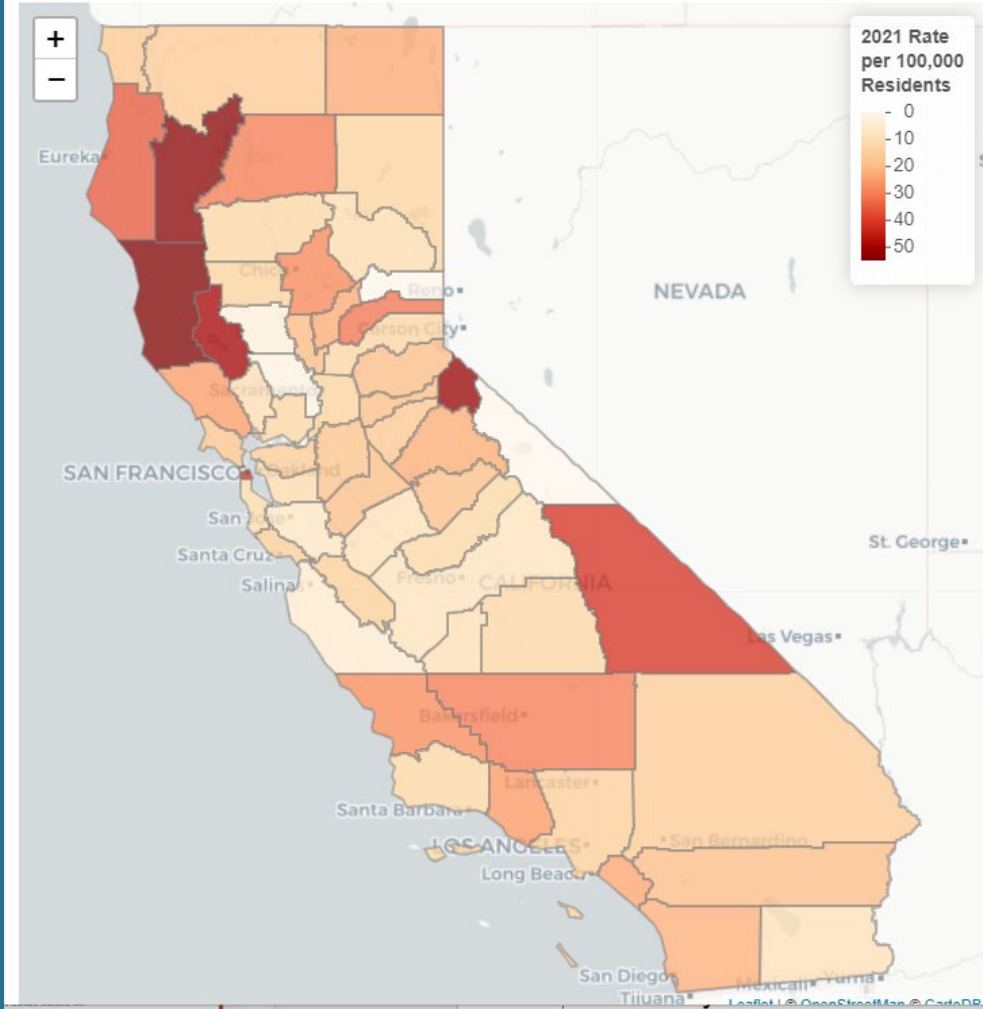
Graph

Table

Select Display Options

Geographic Distribution

Any Opioid-Related Overdose Deaths - Total Population, 2021
Age-Adjusted Rate per 100,000 Residents



<https://skylab.cdph.ca.gov/ODdash/?tab=Home>

203 (11.4 /100k)
Deaths Related to Any Opioid Overdose in Alameda County, 2021

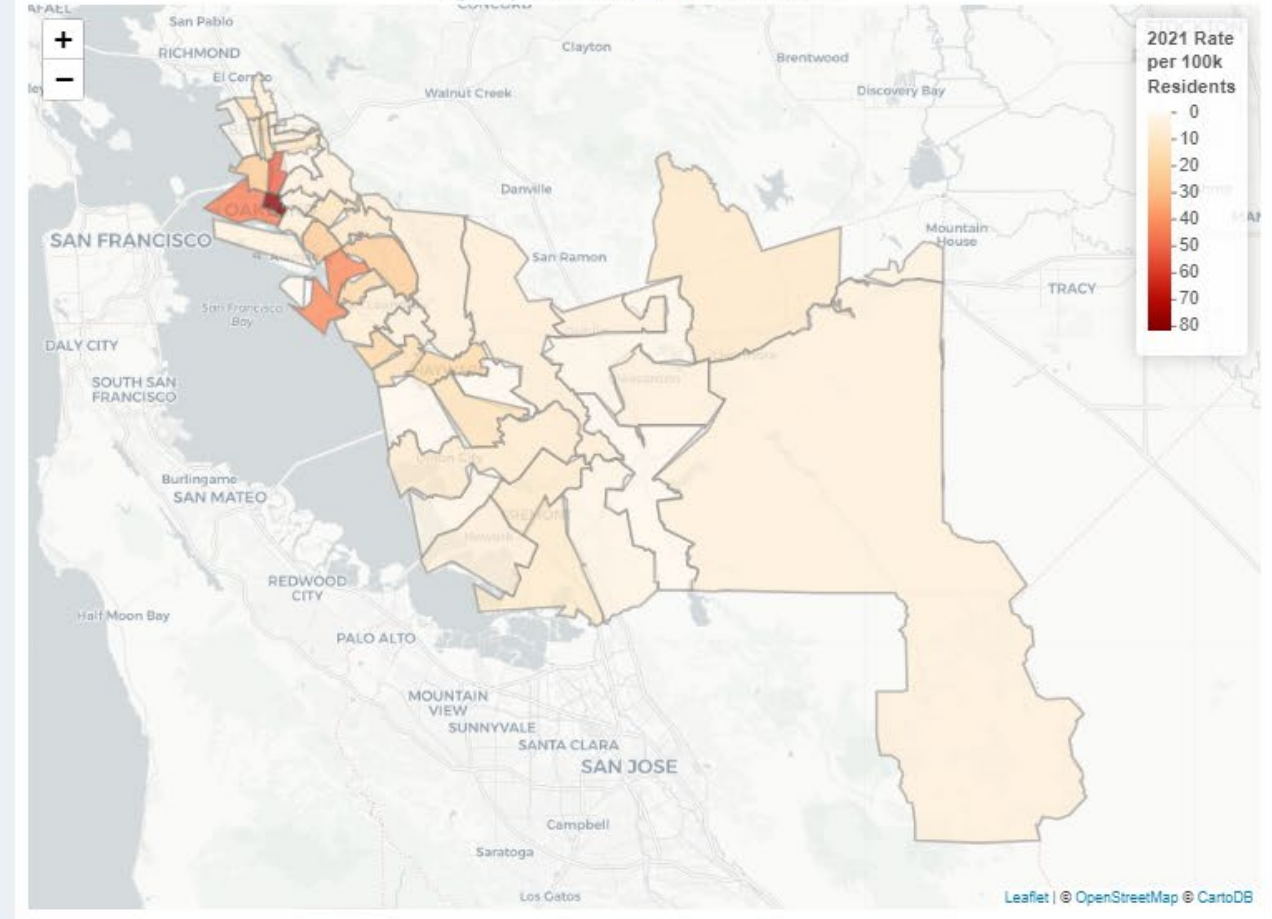
477 (27.5 /100k)
ED Visits Related to Any Opioid Overdose in Alameda County, 2021

137 (7.3 /100k)
Hospitalizations Related to Any Opioid Overdose in Alameda County, 2021

513,263 (262.5 /1k)
Prescriptions for Opioids in Alameda County, 2021

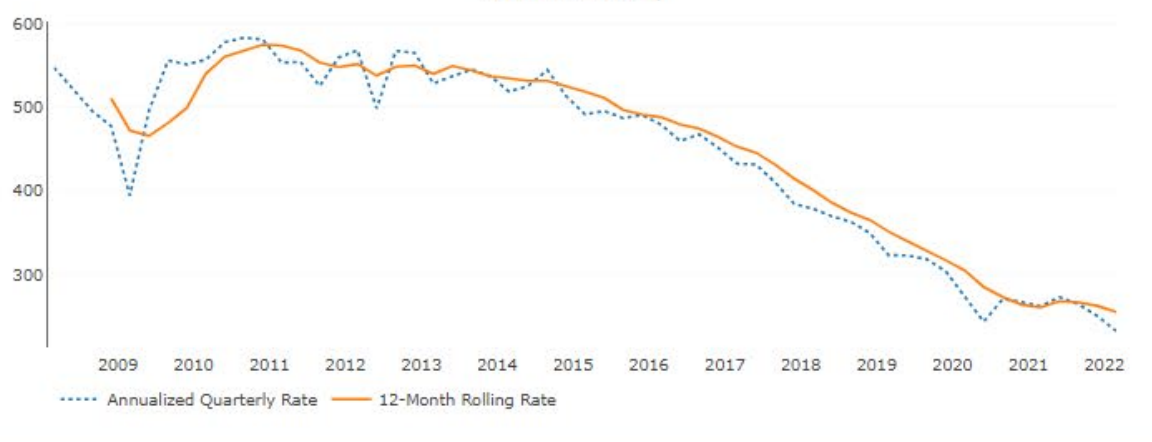
Map Graph Table Select Display Options Geographic Distribution

Any Opioid-Related Overdose Deaths - Total County Population, Alameda, 2021
Age-Adjusted Rate per 100,000 Residents



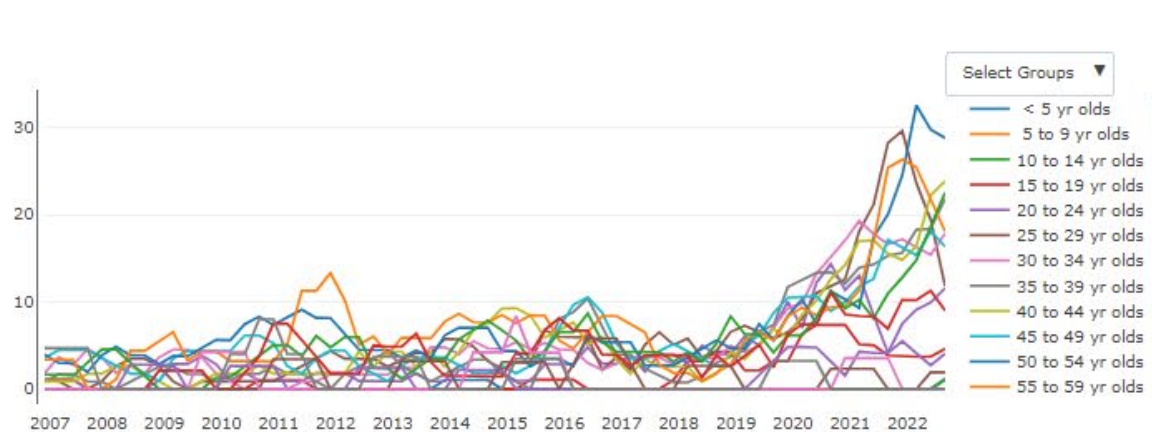
Graph Table Select Display Options Time Trend

Opioid Prescriptions by Patient Location - Total Population Age-Adjusted Rate per 1,000 Residents
Alameda County



Bar Chart Table **Graph** Select Display Options Demographic Breakdown

Any Opioid-Related Overdose Deaths by Age Groups
Crude Rate per 100,000 Residents



Why does someone use & become addicted?

Individual, Family, School, Neighborhood – Risk OR Protective Factors

Risk Factors

- **Family/Parental Addiction History/Genetics/**
- **Familial, Ethno- and Socio-cultural, community practices**
- **Trauma Exposure**
- **Developmental Competency Issues & Interpersonal Experiences**
- **Environmental Exposures in local neighborhood and access to substances**

Resilience & Protective Factors

Substance abuse or other addictive behaviors; absent in family members

Modeling & monitoring + supervision; + values; + peers; + school functioning; + education; + spiritual orientation

Absence of physical, emotional, sexual abuse, exposure to violence and traumatic loss – at home and in the community (ACEs)

Emotional regulation, self-efficacy, having supportive and understanding caregivers

Fewer alcohol and cannabis outlets, reduced marketing of nicotine, healthy food stores

The Family Disease of Drug & Alcohol Dependence

Increased Risk = Need for Increased Support to Avoid Bad Outcomes

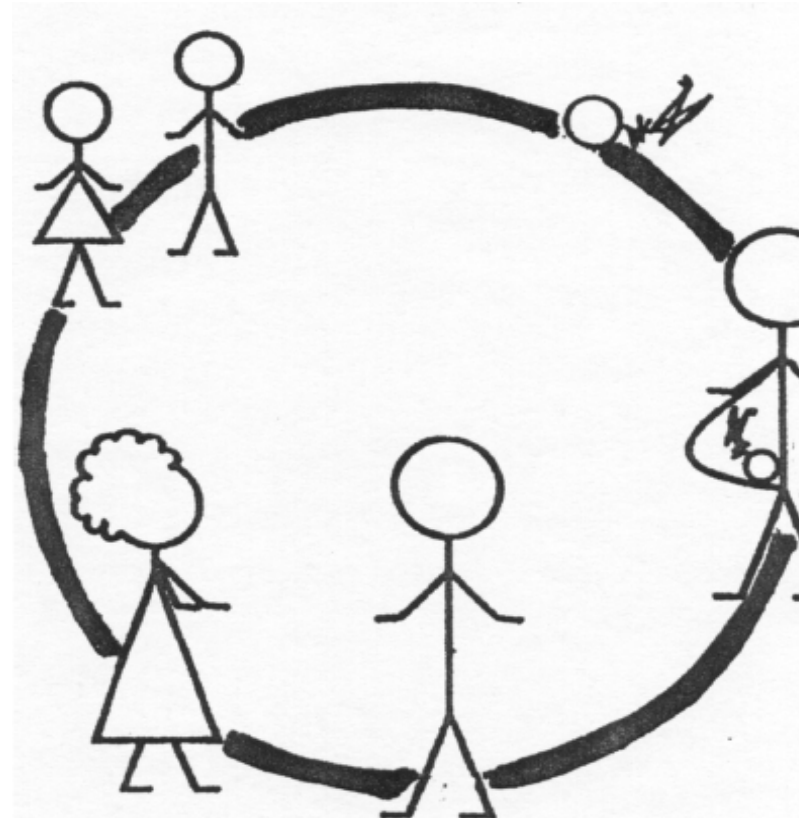
Children

COA Roles

Neglect and abuse risk

Biologic vulnerability

Homelife/community/risks



Grandma/Extended Family

Drug/alcohol dependence and codependence or enabling

Father

Drug/alcohol dependence

Fetus/Infant

Intrauterine toxicity

Neonatal toxicity / withdrawal

Increased muscle tone

Neglect/abuse

Mother

Drug/alcohol dependence and codependence

COA issues

Pregnancy complications

Genetic predisposition

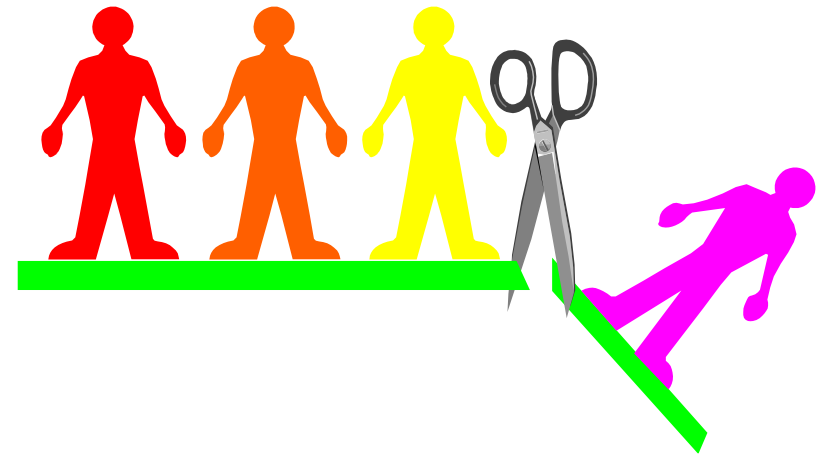
Children Exposed to Violence in their homes - between parents and others

- 60-70% of Domestic Violence cases are characterized by alcohol & drug abuse
- 80% of women in shelter recalled witnessing violence between *THEIR* parents as children
- 85% of children directly witnessed assault in domestic violence incidents with police response

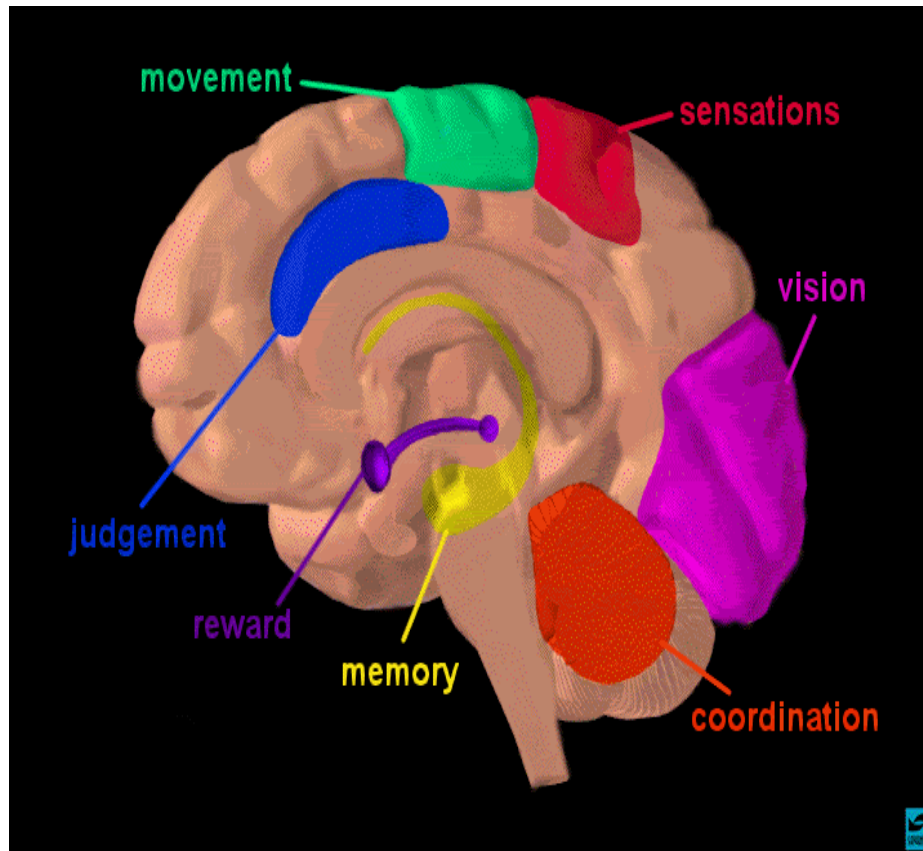


Continuum: *Use, Abuse, Physical and Psychological Dependence: Addictive Disorder*

- Tobacco
- Alcohol
- Legal & Prescription Drugs
- Illicit Drugs
- Other Behaviors (eg:
gambling, sex, internet use,
compulsive buying, unsafe
driving, etc.)



DOPAMINE REWARD SYSTEM: Essential to Neurologic Reinforcement System

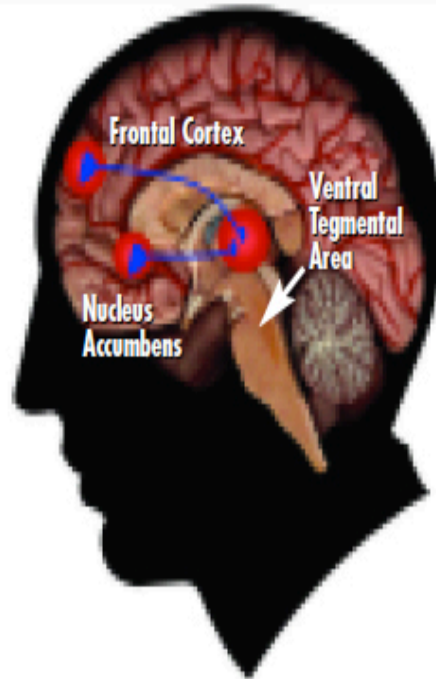


- **Every substance of abuse has some effect on the limbic (dopamine) reward system**
- **Dopamine, one of 100+ neurotransmitters, is found in several regions of the brain; is involved in pleasurable feelings, activity reinforcement, movement, motivation, & emotions**

Dopamine Action

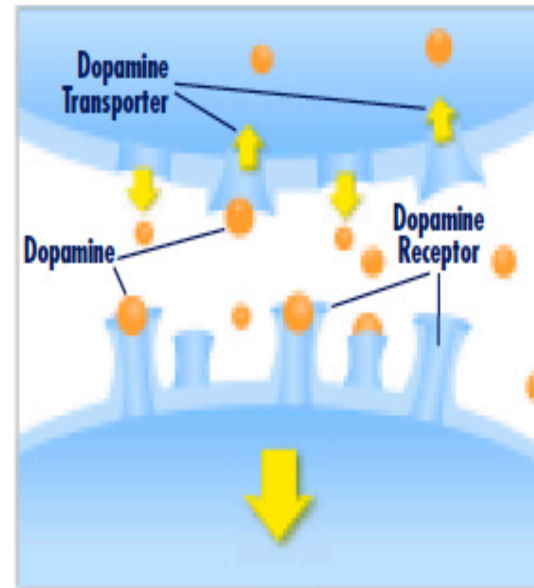
DRUGS OF ABUSE TARGET THE BRAIN'S PLEASURE CENTER

Brain reward (dopamine) pathways

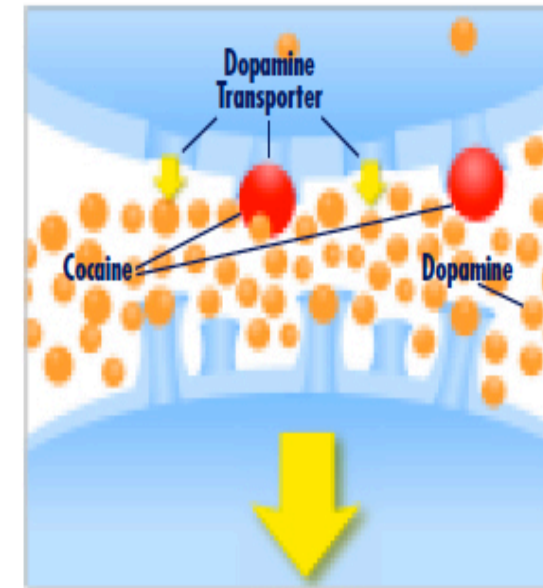


These brain circuits are important for natural rewards such as food, music, and sex.

Drugs of abuse increase dopamine

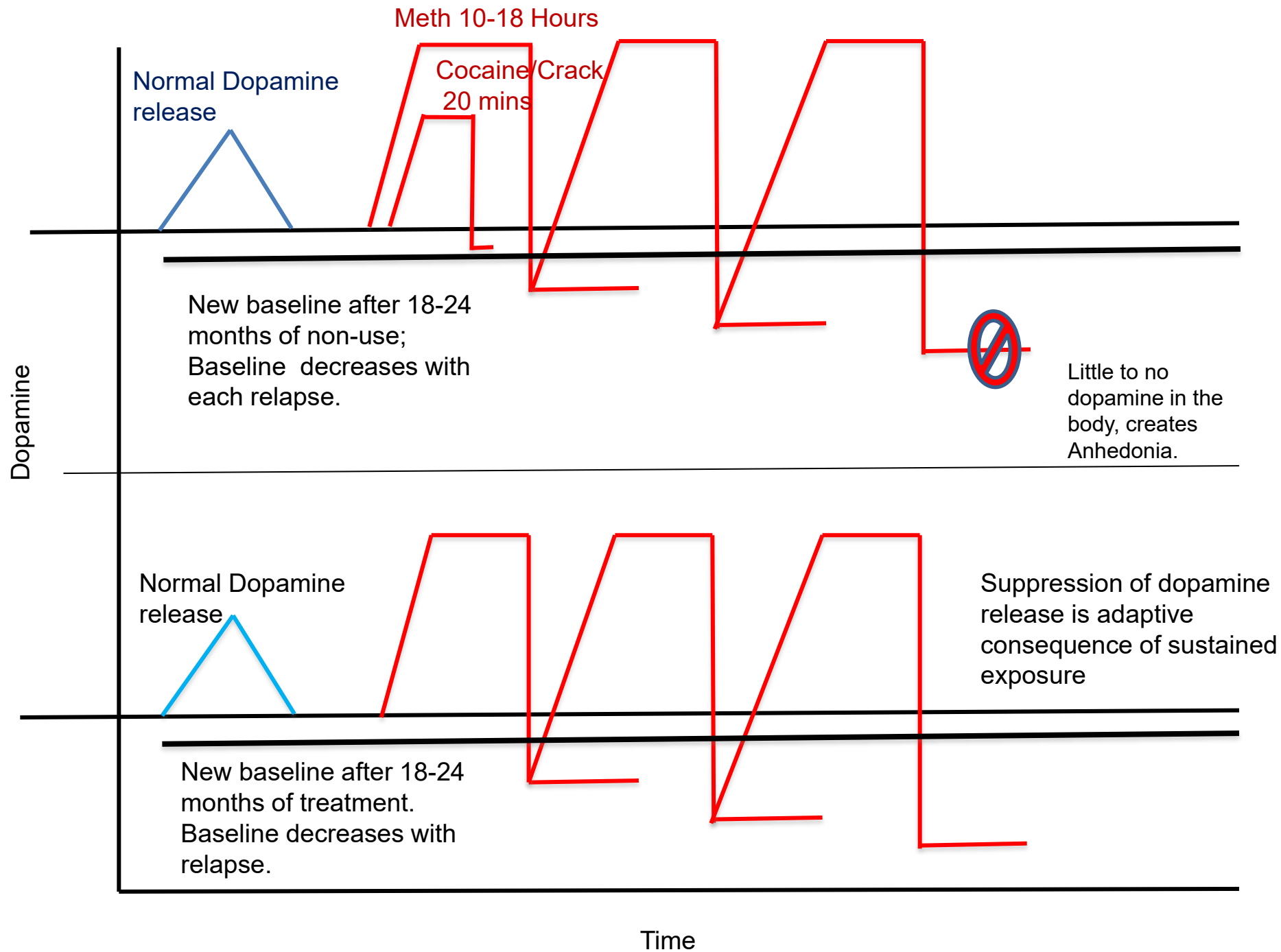


FOOD

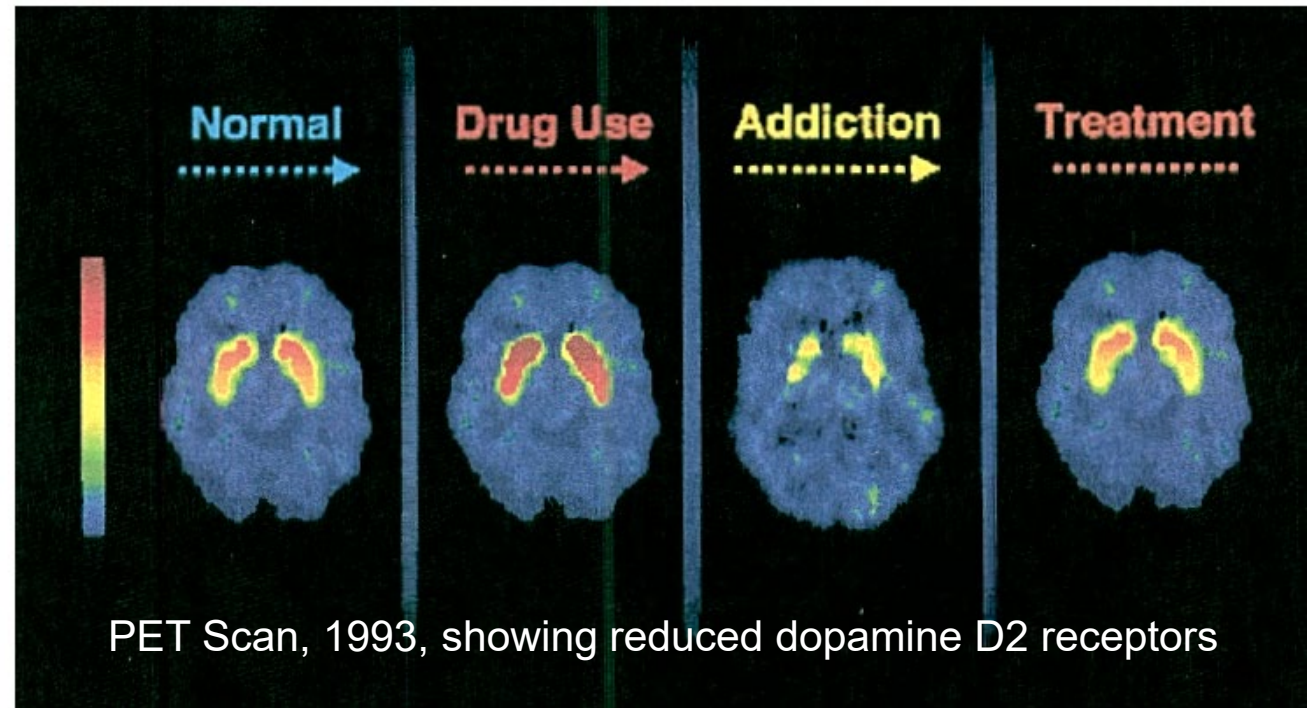
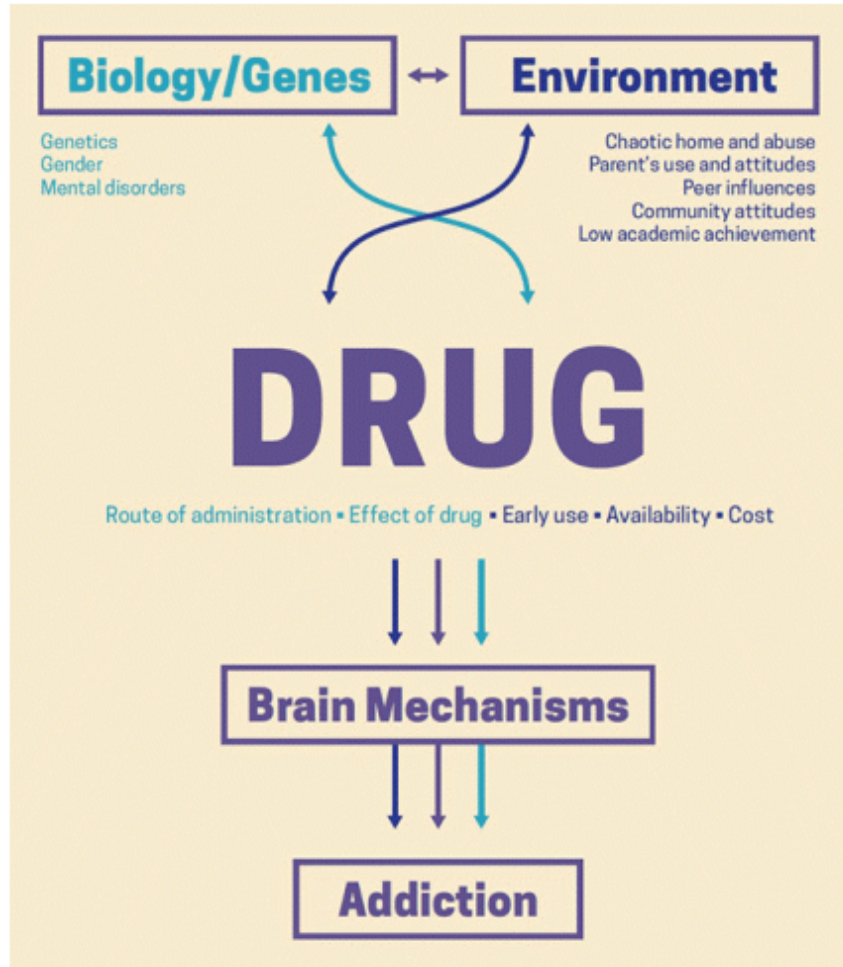


COCAINE

Typically, dopamine increases in response to natural rewards such as food. When cocaine is taken, dopamine increases are exaggerated, and communication is altered.



Bottom Line of Addiction



PET Scan, 1993, showing reduced dopamine D2 receptors

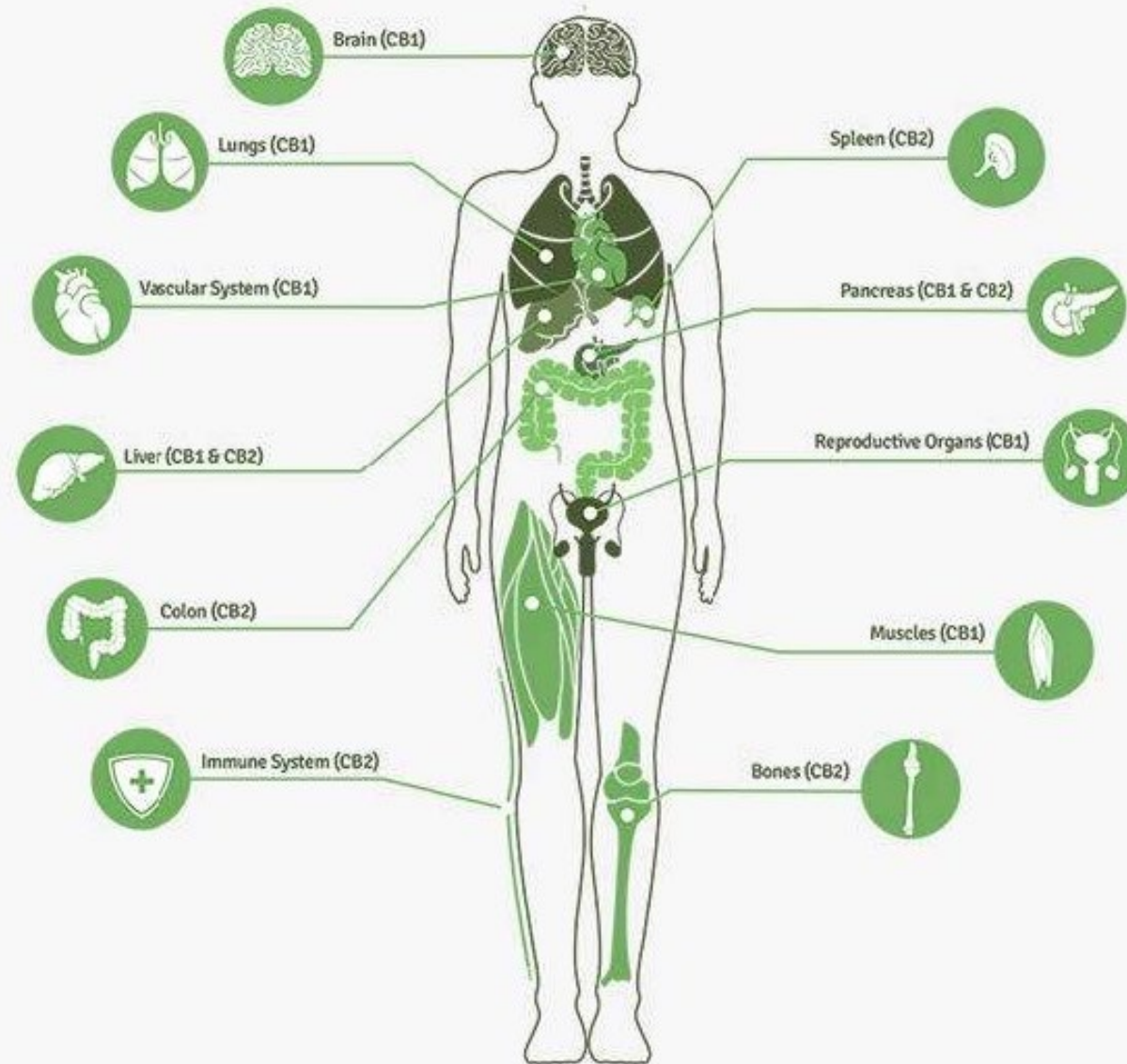
[Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health - Full Report | SAMHSA Publications and Digital Products](#)

Cannabinoids: THC and CBD

- Cannabinoids cause the plant's primary effects.
- Main cannabinoids are THC and CBD
- Bind to CB1 and CB2 receptors that are in the brain and in many places in the human body
- Endocannabinoid system



THE BODY'S ENDOCANNABINOID SYSTEM



Caution: CANNABIS

- Has high addictive potential by over-activating endocannabinoid system, but not as high physical dependency effects.
- Can cause:
 - Mental impairments; high association of co-occurring mental health problems with cannabis addiction
 - Immune system weakening
 - Hallucinations/panic attacks
 - Depression and anxiety
 - Nausea/Vomiting
 - Dry mouth
 - Dizziness
 - Numbness
- Passes through the placenta & causes fetal growth retardation
- Can be a direct trigger for schizophrenia onset among those already at risk for psychosis with family mental health history

Marijuana Edibles: Can be Problem for Teens and Children



2023 and the Future's Big Challenge:

- How to reduce overdose deaths, primarily caused by Fentanyl today
- How to keep up with new contaminants in the illegal drug supply
 - Newest one is Xylazine, AKA: Tranq

Fentanyl is the leading cause of most opioid overdoses and opioid-related deaths across the US today.



A lethal dose of heroin is alongside a lethal dose of fentanyl. (BRUCE A. TAYLOR-CRIMINALIST II/NH STATE

What information do you *currently* share with your organization's participants about SUD and OUD?

If you're using opioids,

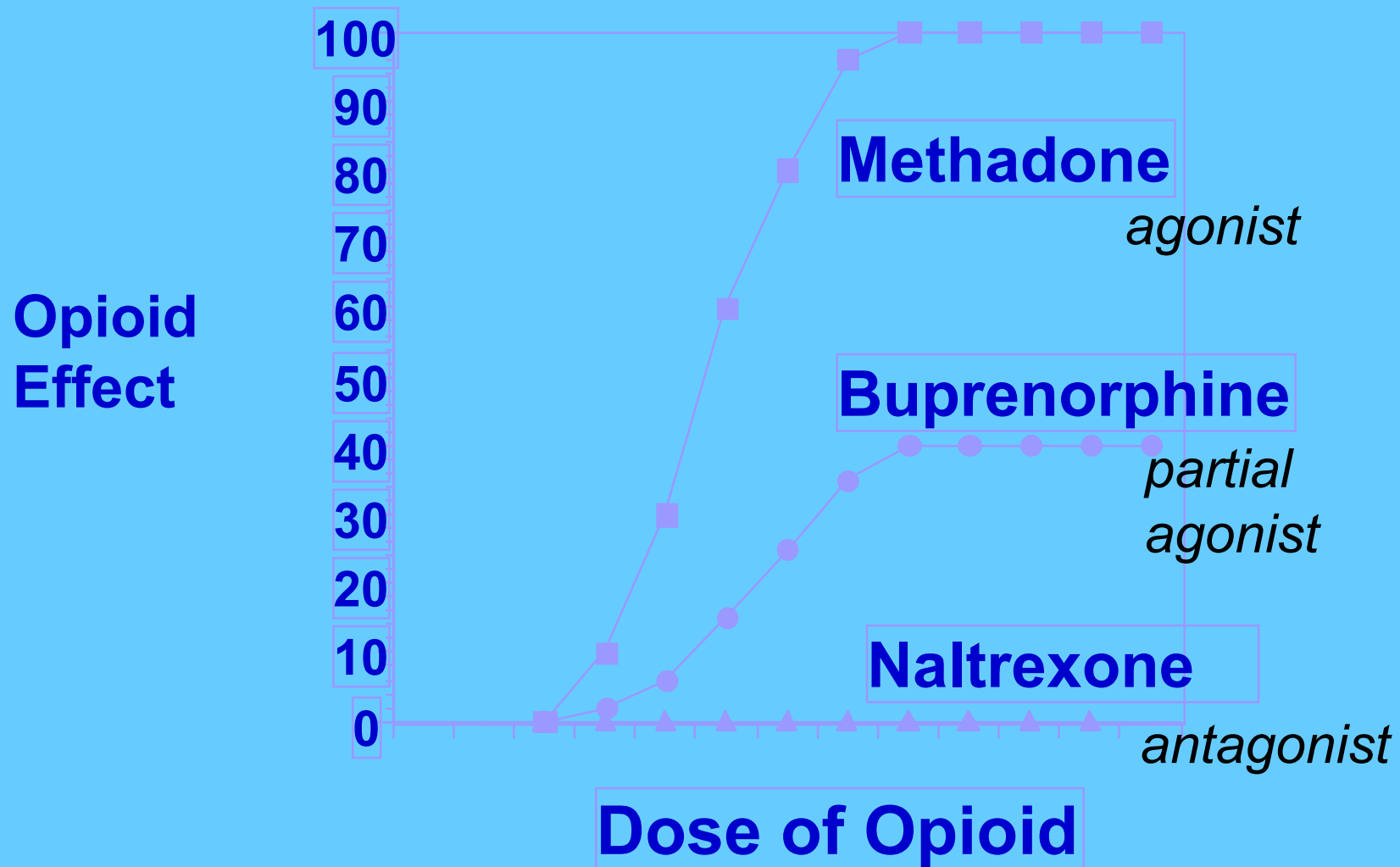
NEVER USE ALONE. ALWAYS HAVE NALOXONE (Narcan).

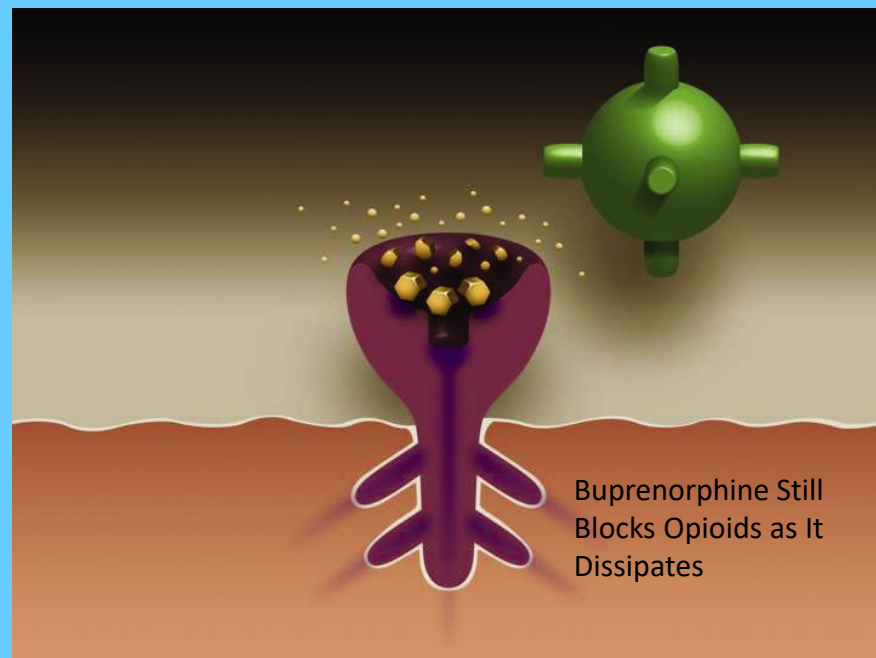
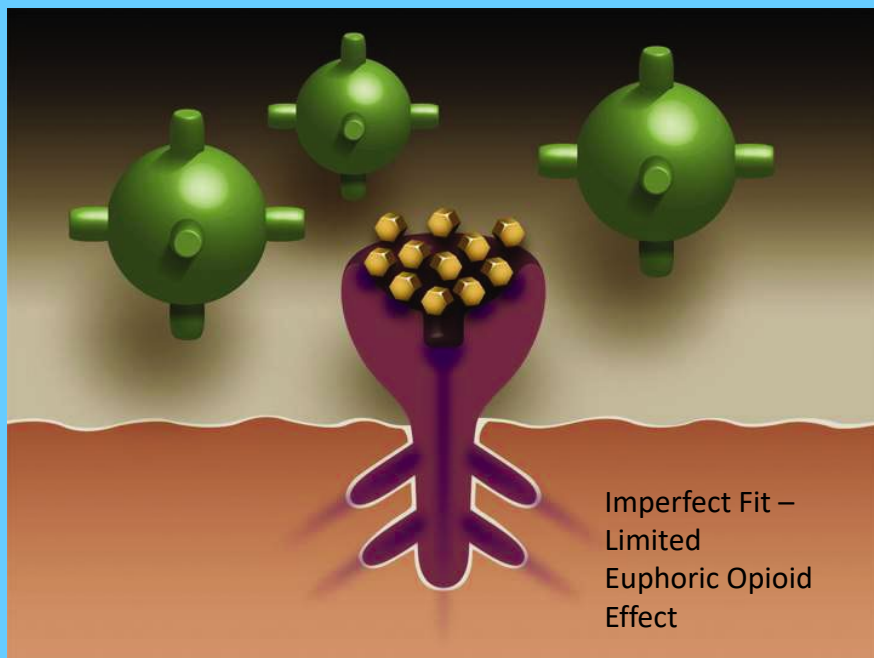
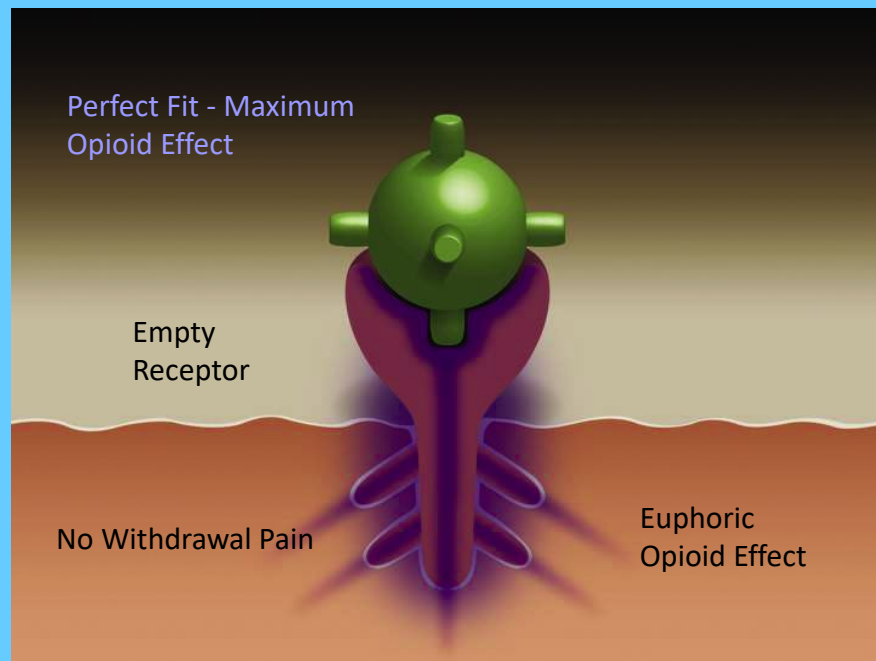
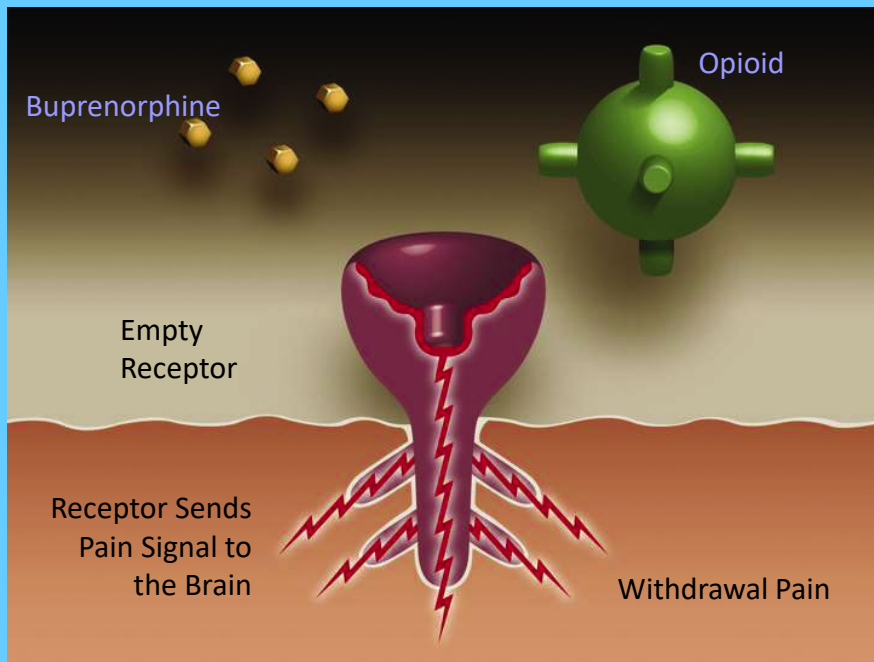
Medications for Opioid Use Disorder (MOUD), aka: MAT (Medication Assisted Treatment)

3 choices for medication to treat opioid addiction

- **Methadone** – an opioid agonist (the same)
- **Buprenorphine** (brands: subutex, suboxone) – a partial agonist (similar)
- **Naltrexone** – an antagonist (the opposite)

What is the Difference between Opioid Agonists & Antagonists?





Naloxone (brand name Narcan) Overdose Reversal Medicine



- The FDA approved Narcan for over-the-counter use in March 2023 (no pharmacist involved).
- It is expected to be on the shelves later in 2023.
- A generic form is also available and available at most pharmacies without a prescription.
- Organizations can also obtain free naloxone from the **DHCS Naloxone Distribution Project**.
https://www.dhcs.ca.gov/individuals/Pages/Naloxone_Distribution_Project.aspx

Working within Opioid Epidemic can be Traumatic



Consider establishing guidance to limit traumatogenic communication

- What is traumatogenic communication?
 - Verbal Sharing that provides images, details, descriptions of traumatic event coupled with one's response.
 - Communication that creates an unnecessary trauma exposure to another person.
 - Appropriate setting for such sharing is a professional therapeutic relationship.



Cosic, K., et al.,

Creating Your Organization's Culture of Trauma Informed Care

For both participants and staff

- **5 guiding Principles of Trauma-informed practice:**
 - ***Safety***
 - ***Trustworthiness***
 - ***Choice***
 - ***Collaboration***
 - ***Empowerment***

Resources

Treatment Locator Choose Change California

CHOOSE CHANGE CALIFORNIA

Español 中文 Hmoob About Find Treatment Locations Enter ZIP Code

Opioid Use Disorder Stimulant Use Disorder MAT Resources News

A proven treatment for opioid addiction.

Medication Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of Opioid Use Disorder (OUD). Research shows that a combination of medication and counseling can successfully treat OUD and help sustain recovery.

[Learn More About Opioid Use Disorder >](#)

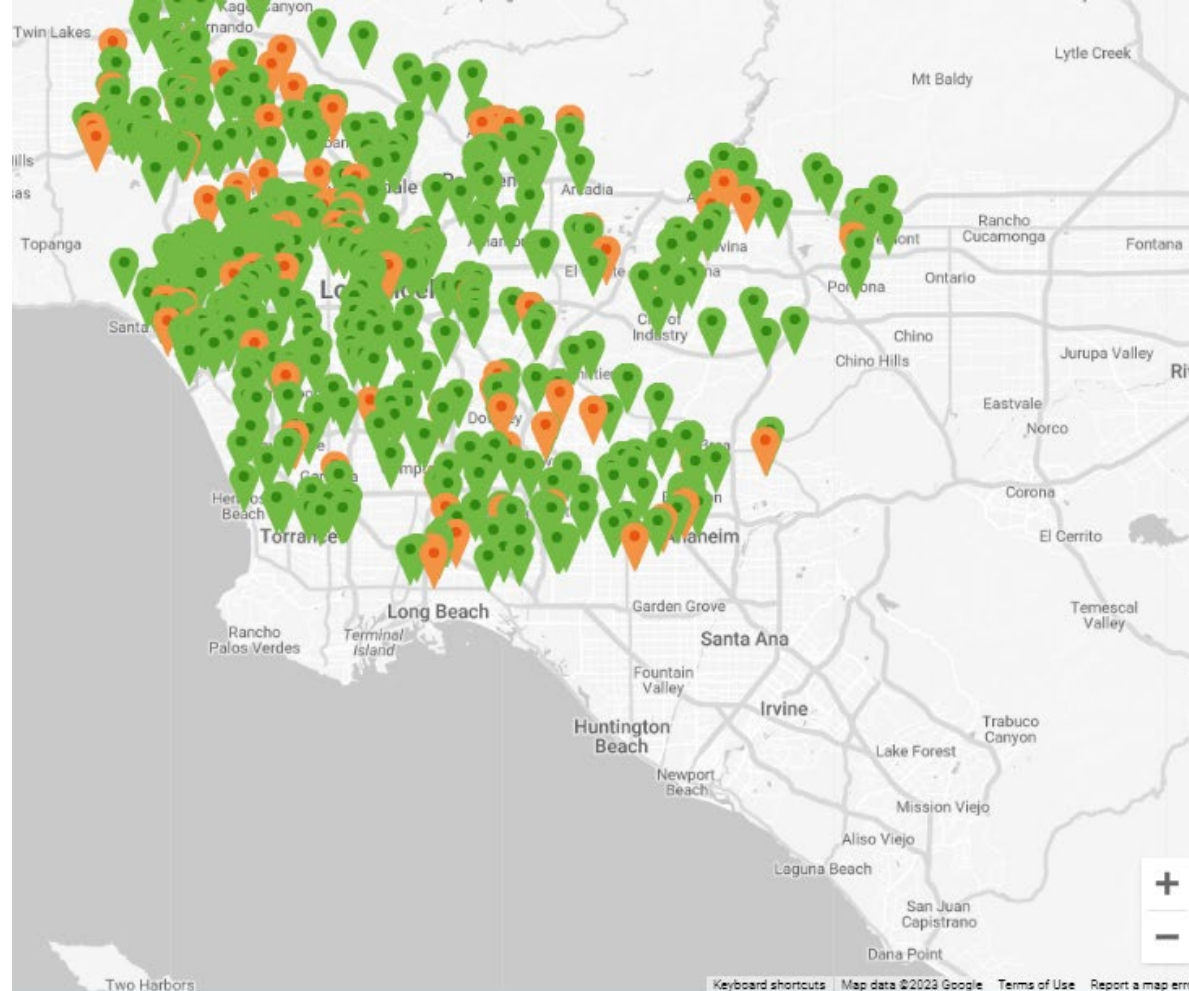
Treatment options for stimulant addiction do exist.

Medical professionals rely heavily on behavioral interventions and practices for the treatment of Stimulant Use Disorder. Once stimulant addiction has taken hold, professional care is recommended for the best chance at a complete recovery. There are four methods known to be the most effective.

[Learn More About Stimulant Use Disorder >](#)

Treatment Locator

Treatment Locations | Choose Change California



Melvin Douglas Mitchell, NP
 0.2M
 680 E. Colorado Boulevard, Suite 180
 Pasadena, CA, 91101
[404-820-9321](tel:404-820-9321)
[More Information](#) [Directions](#)

Dr. John Lee, MD
 0.4M
 4358 Chevy Chase Drive,
 La Canada, CA, 91011
[626-449-7000](tel:626-449-7000)
[More Information](#) [Directions](#)

Type of Care: Center for Substance Abuse Treatment Physician

Service Settings: Computerized treatment/telemedicine; Hospital inpatient; Outpatient; Residential; Hospital inpatient detoxification; Hospital inpatient treatment; Outpatient detoxification; Outpatient day treatment or partial hospitalization; Intensive outpatient treatment; Outpatient methadone/buprenorphine or naltrexone treatment; Regular outpatient treatment; Residential detoxification; Long-term residential; Short-term residential

Dr. Dirk De Brito, M.D.
 0.4M
 4358 Chevy Chase Dr.,
 La Canada, CA, 91011
[626-449-7000](tel:626-449-7000)

Opioid Use Disorder

- Prevention
- Addiction
- Treatment

Stimulant Use Disorder

- Prevention
- Addiction
- Treatment

MAT

- About MAT
- Medications Used in MAT
- MAT Effectiveness
- The Treatment Process
- Myths about MAT


Resources

- COVID-19 Alert
- Frequently Asked Questions
- Helpful Links
- County Contacts
- Campaign Materials

Resources

Treatment Locator
<https://findtreatment.gov/>

U.S. Department of Health & Human Services

 **FindTreatment.gov**


SAMHSA
Substance Abuse and Mental Health
Services Administration
For help finding treatment: [800-662-HELP \(4357\)](tel:800662HELP)

Search SAMHSA.gov

Home Search For Treatment State Agencies Facility Registration FAQs Help About Contact Us

Millions of Americans have mental and substance use disorders. Find treatment here.

Welcome to FindTreatment.gov, the confidential and anonymous resource for persons seeking treatment for mental and substance use disorders in the United States and its territories.



Find a Treatment Facility ⓘ

Enter your address, city, zip code, or facility name

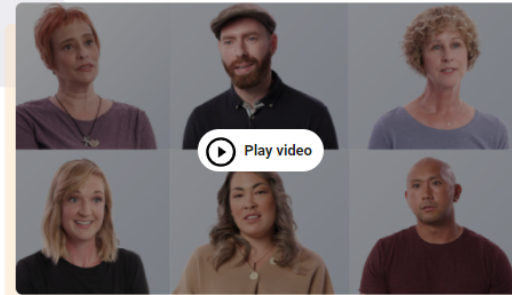
Resources

Treatment Locator

<https://treatmentatlas.org/>



Let's find treatment that's right for you.



You're not alone. • Hear from others who have been where you are.

Do I need detox?

Do I need to go away for rehab?

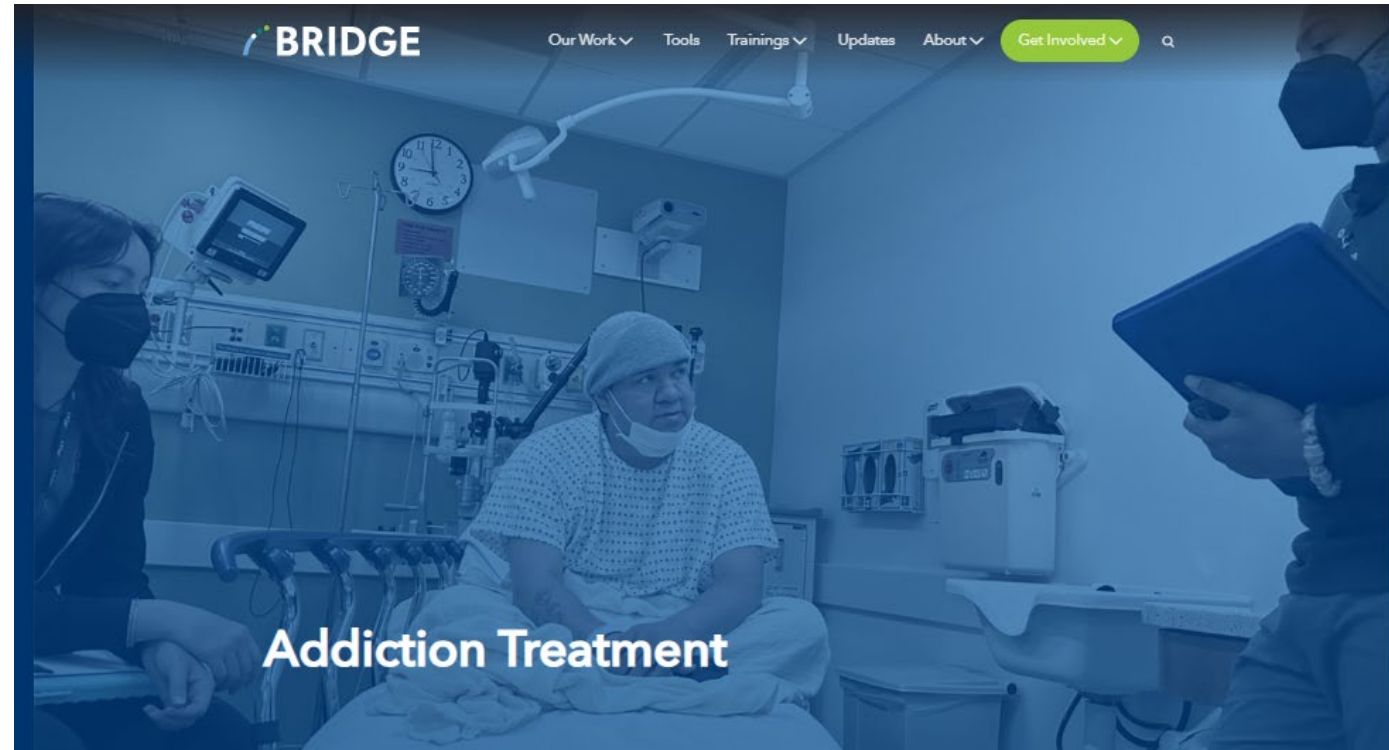
Can I live at home during treatment?

Understanding treatment can be hard but it is **vital**.
We can help you find the right type that helps...

- handle withdrawal safely
- manage emotional and physical health
- reduce the risk of relapse
- be well

Treatment Locator
<https://bridgetotreatment.org/addiction-treatment/>

Resources



HOME » ADDICTION TREATMENT

Addiction Treatment [Treat a Patient](#)

- **CA Bridge**
Creating 24/7, high-quality care for substance use disorder in all California hospitals.
- **EMS Bridge**
Engaging Emergency Medical Services in fighting overdose deaths by starting medication for addiction treatment from the ambulance.
- **National Bridge Network**
Coordinating a national strategic response for low-threshold medication for addiction treatment in Emergency Departments.

Resources

Treatment Locator

<https://bridgetotreatment.org/addiction-treatment/ca-bridge/>

The screenshot shows the CA BRIDGE website interface. At the top, there is a navigation bar with the BRIDGE logo and menu items: 'Our Work', 'Tools', 'Trainings', 'Updates', 'About', and 'Get Involved'. Below the navigation bar is a large hero image featuring a group of people in a clinical setting. Overlaid on the image is the text 'CA BRIDGE' and 'Transforming Addiction Treatment Through 24/7 Access in Emergency Departments'. Below the hero image is an orange button labeled 'Clinical Resources' with the subtext 'Search the resource directory'. Below the button is a breadcrumb trail: 'HOME » ADDICTION TREATMENT » CA BRIDGE'. On the left side, there is a vertical navigation menu with the following items: 'On-Shift', 'Overview', 'Projects', 'Issue', 'Impact', 'Resources', 'Publications', 'Fundors and Partners', and 'Contact'. The 'On-Shift' item is highlighted. The main content area displays the title 'Treat patients with opioid use disorder on-shift' and a 'Buprenorphine Emergency Department Quick Start Guide'. The guide includes a flowchart and a list of key points:

- This guidance is for the ED. We advocate for the continuation & initiation of bup in inpatient and outpatient settings. Algorithms vary based on clinical scenario.
- We encourage shared decision making with patients for dosing.
- Any prescriber can order bup in the ED/hospital. It can be prescribed as medication for opioid use disorder by any clinician with an active Drug Enforcement Agency license that includes Schedule III medications.
- Bup is a high-affinity, partial agonist opioid that is safe and highly effective for treating opioid use disorder.

Resources

A campaign to end the stigma of addiction.

[Add your voice to the conversation.](#) [Añade tu voz a la conversación.](#)

Together, we can change the conversation around addiction.

Click to view larger images for download. We encourage printing and sharing via social media!

I choose #CompassionOverStigma because...
"It's hard enough to ask for help... people can get life-saving treatment before it's too late."
The voices of our community agree: Stop the stigma of addiction. Support recovery.
Add your voice to the conversation. [CompassionOverStigma.com](#)

Yo elijo #LaCompasiónSobreLaVergüenza porque...
"El uso de sustancias es una enfermedad tratable y no un estilo de vida."
Los voces de nuestra comunidad están de acuerdo: Detén la vergüenza de la adicción. Apoye la recuperación.
Agrega tu voz a la conversación. [CompassionOverStigma.com](#)

I choose #CompassionOverStigma because...
"Our community deserves to feel safe and without judgement."
The voices of Monterey County agree: Stop the stigma of addiction. Support recovery.
Add your voice to the conversation. [CompassionOverStigma.com](#)

I choose #CompassionOverStigma because...
"People come to the hospital for medical treatment, not judgement."
The voices of Monterey County agree: Stop the stigma of addiction. Support recovery.
Add your voice to the conversation. [CompassionOverStigma.com](#)

I choose #CompassionOverStigma because...
"Seeking help should be simple. Compassion can help people find recovery sooner."
The voices of our community agree: Stop the stigma of addiction. Support recovery.
Add your voice to the conversation. [CompassionOverStigma.com](#)

I choose #CompassionOverStigma because...
"With the right support people can and do change!"
The voices of our community agree: Stop the stigma of addiction. Support recovery.
Add your voice to the conversation. [CompassionOverStigma.com](#)

I choose #CompassionOverStigma because...
"We are living examples of someone who had compassion on us. Because of that compassion we had the space to recover, heal, and now give back."
The voices of our community agree: Stop the stigma of addiction. Support recovery.
Add your voice to the conversation. [CompassionOverStigma.com](#)

Yo elijo #LaCompasiónSobreLaVergüenza porque...
"Dejar y abandonar no ayuda a quienes sufren adicciones ni a la sociedad misma. Alcanzar crea confianza y esperanza de que cualquiera pueda liberarse de la adicción."
Los voces de nuestra comunidad están de acuerdo: Detén la vergüenza de la adicción. Apoye la recuperación.
Agrega tu voz a la conversación. [CompassionOverStigma.com](#)

<https://www.compassionoverstigma.com/>

I choose #CompassionOverStigma because...

"With the right support people can and do change!"

—Danny Contreras, SUDCC III-CS, Health Services Manager, County of Santa Cruz - Health Services Agency - Clinics Division

The voices of our community agree: Stop the stigma of addiction. Support recovery.

Add your voice to the conversation.
[CompassionOverStigma.com](#)

Q & A