

Evolving a Recovery Oriented System of Care

DDAP's Emerging Drug Trend Symposium

November 9th.

Agenda

- To start, introduce yourselves and provided a brief description of your experience in the drug and alcohol space?

The Perfect Storm of Drugs, risk factors, and conditions?

The criminalization of drug use contributes to disparities in overdoses and access to services for substance use disorder among BIPOC communities?

What can service providers do to improve access to services for BIPOC communities - from prevention and harm reduction to treatment and recovery?

Systems changes that are needed on a structural, macro level - are needed to make more sustainable changes that will help address racial disparities in the long run?

What are some strategies that should be implemented to develop more diverse leadership in the drug and alcohol space and encourage more diversity in the field?

1. Conditions represented by the data presented by the Department of Health and read reports of increasing overdose rates among Black and Latino communities?
 - Along with the consistent increases in overdose deaths has been the continual exposure to **Stress, Distress and Trauma** which has acted as an accelerant for risky behaviors like violence, preoccupation with power (powerlessness), substance use and social isolation fueled by our dependence on social media. It is reflective of a crises caused, at least in part, by inequality and the deprivation and despair that inequality creates. Higher levels of psychological distress are associated with incremental increases in drug overdose risk
 - The continued substance use and overdose deaths are becoming have more common and deadly because of drug contamination (Xylazine, a non-opioid sedative or tranquilizer detected in opioid overdose deaths) or using more than one drug (polysubstance use) and the increasing spread of illicitly manufactured fentanyl's (IMFs) in the drug supply, i.e. Nitazene analogs, a novel class of synthetic opioids more potent than fentanyl, has been detected in the Philadelphia drug supply.
 - General lack of consistent drug education and testing that results in not knowing what's in the drugs being consumed or in some cases not knowing how to test for the drug, i.e., Fentanyl test strips .

Drug Involved Overdose Deaths

Year	National	Pennsylvania	Philadelphia
2015	52,404	3,119	702
2016	63,632	4,540	907
2017	70,237	5,425	1,217
2018	67,367	4,451	1,100
2019	70,630	4,479	1,150
2020	91,799	5,176	1,214
2021	106,699	5,356	1,335
2022	109,680	5,146	1,413

Drug Overdose Death Rates. By National Institute on Drug Abuse (NIDA).

Pennsylvania ODSMP – Drug Overdose Surveillance Interactive Data Report

Philadelphia Department of Public Health. Unintentional Drug Overdose Fatalities in Philadelphia, 2022. CHART 2023; 8(3):1-7

People, Places and Things

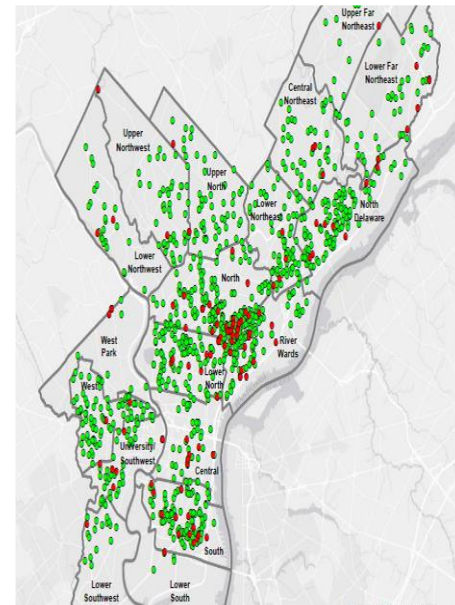
Philadelphia continues in the throes of an unprecedented drug-overdose crisis. **Over the last eight years approx. 9,038 have died in Philadelphia**, according to data from the Philadelphia Medical Examiners Office (MEO).

According to the Epidemiologic Catchment Area study, an estimated 45% of individuals with alcohol use disorders and 72% of individuals with drug use disorders had at least one co-occurring psychiatric disorder.

Coupled with the physical and emotional distress people find themselves struggling with we are in a perfect storm of drug availability and relief seeking.

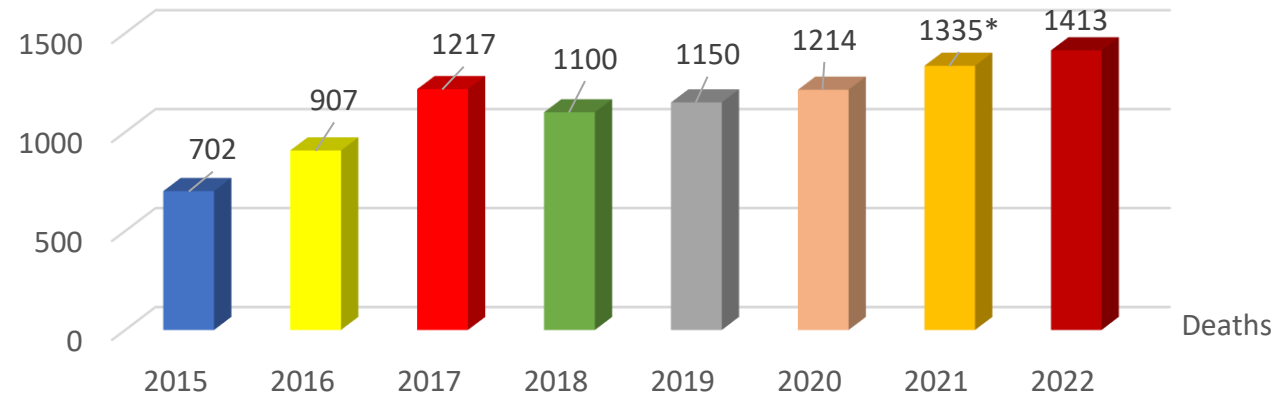
The business of America is business

How do we change the discussion?



Deaths

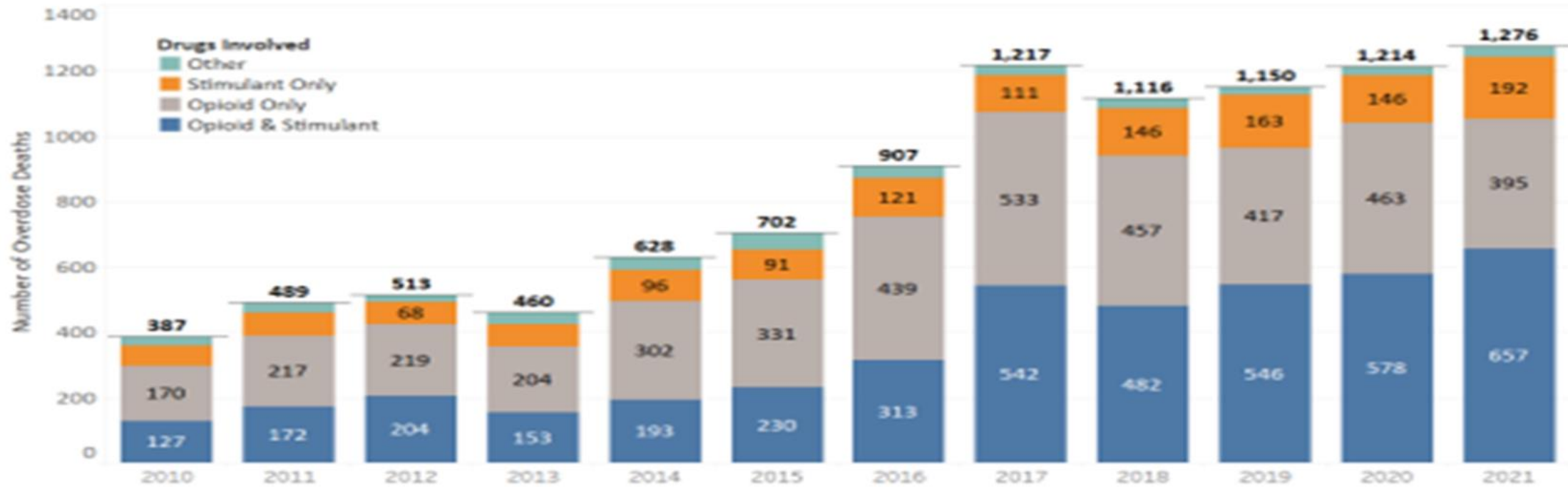
Overdose Deaths 2015 - 2018



- **907 people died of drug overdoses in 2016, an increase of 29% over 2015.**
- **1,217 people died of drug overdoses in 2017, an increase of 34% over 2016.**
- **Approx. 1100 people died of drug overdose in 2018 (2018 death total not finalized number is a projection)**
- **Approx. 1150 people died in 2019**
- **Approx. 1214 people died in 2020.**

*Projected: Fatal overdoses in the first six months of 2021 rose by nearly 10% compared with the same period last year, putting Philadelphia on track to see its highest-ever overdose death toll by year's end.

Number of Unintentional Drug Overdose Deaths by Drugs Involved, 2010 - 2021



- In 2021, 1,276 people died of an unintentional drug overdose. This represents a 5% increase from 2020, and the highest number of overdose fatalities ever reported in Philadelphia.
- Opioids, both with and without the presence of stimulants, were detected in 82% of overdose deaths in 2021. In deaths where opioids were involved, fentanyl was detected in 94% of fatalities (data not shown).
- Stimulants were detected in 67% of overdose deaths, an increase of 17% from 2020. Deaths involving only stimulants and deaths involving stimulants and opioids together increased 32% and 14% from 2020 to 2021, respectively.

Older Adults

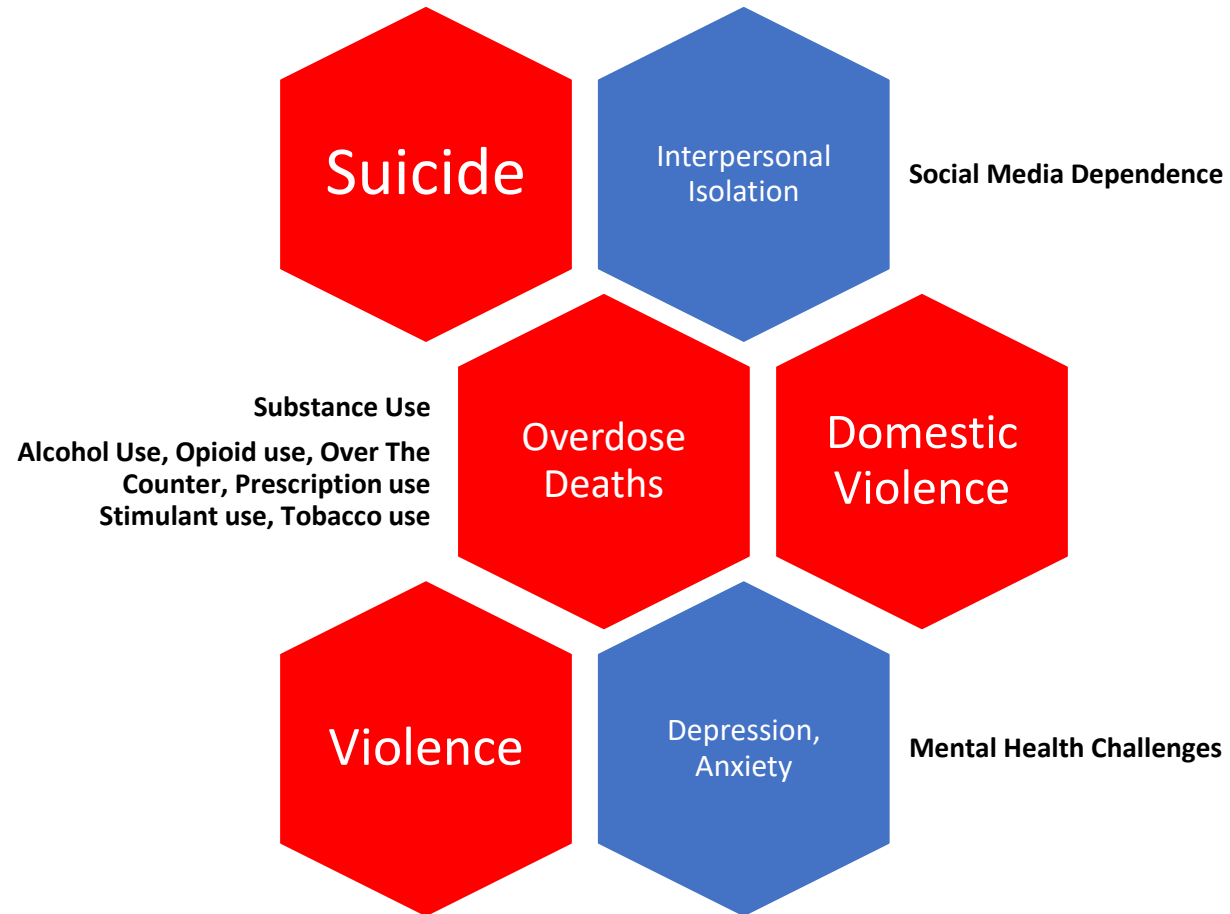
Add a subtitle here

- One study of 3,000 adults aged 57-85 showed common mixing of prescription medicines, nonprescription drugs, and dietary supplements. More than 80% of participants used at least one prescription medication daily, with nearly half using more than five medications or supplements,⁵ putting at least 1 in 25 people in this age group at risk for a major drug-drug interaction.⁵

nearly 1 million adults aged 65 and older live with a substance use disorder (SUD), as reported in 2018 data.¹

While the total number of SUD admissions to treatment facilities between 2000 and 2012 differed slightly, the proportion of admissions of older adults increased from 3.4% to 7.0% during this time.²

Stress, Distress and Trauma



U.S. national data reveal a clear increase in depression and, critically, in untreated depression.

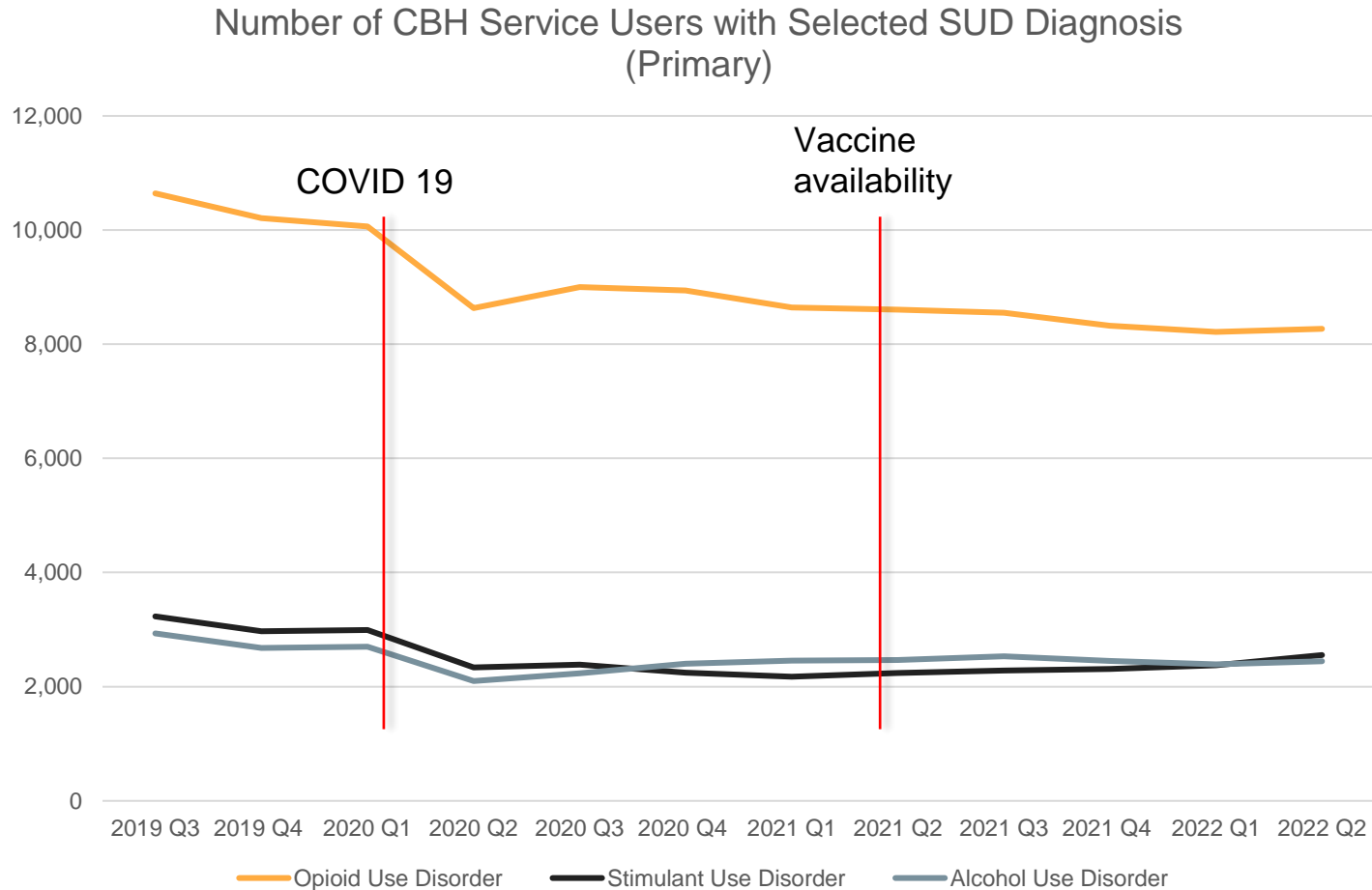
Trends in U.S. Depression Prevalence From 2015 to 2020: The Widening Treatment Gap; Renee D. Goodwin, PhD, MPH,1,2,* Lisa C. Dierker, PhD,3 Melody Wu, MPH,2 Sandro Galea, MD, DrPH,4 Christina W. Hoven, DrPH,2,5,6 and Andrea H. Weinberger, PhD7,8

2. The criminalization of drug use contributes to disparities in overdoses and access to services for substance use disorder among BIPOC communities?

"White brothers and sisters have been medicalized in terms of their trauma and addiction. Black and brown people have been criminalized for their trauma and addiction," Michael Eric Dyson, a Georgetown University sociology professor as well as minister and author, offered a similar view after an appearance in February at the University of Memphis.

- The broader environment of a structurally racist drug criminalization agenda that continues to permeate and promotes the criminalization of “illicit opioids” has enabled state-sanctioned violence against Black, Indigenous, and People of Color (BIPOC) communities and exposed them to the aggressive marketing tactics that have fueled the overprescribing of ‘pharmaceutical opioids’ in rural or working-class areas, the drivers of the overdose crisis are deeply entrenched in inequitable systems of power
- In just one year, overdose death rates (number of drug overdose deaths per 100,000 people) increased 44% for Black people and 39% for American Indian and Alaska Native (AI/AN) people. Most people who died by overdose had no evidence of substance use treatment before their deaths. In fact, a lower proportion of people from racial and ethnic minority groups received treatment, compared with White people.
- A 2021 report by HHS cites “persistent systemic social inequities and discrimination” that worsen stress and associated mental health concerns for people of color during the COVID-19 pandemic (2).

Different Diagnosis, Same Trend



Volume of CBH service users over time




Pre-pandemic:

- OUD > 10,000
- StUD ~ 3,000
- AUD ~ 2,600

End of pandemic emergency:

- OUD ~ 8,200
- StUD ~ 2,500
- AUD ~ 2,400

How Stigma Criminalizing Drug Use

<p>Inequality during the enactment of laws committed by legislators and the executive power (e.g. inequality under the law);</p>			
	<p>Inequality during the enforcement of the law committed by uninformed police officers</p>		
		<p>Inequality during the judicial process committed by prosecutors (e.g. biased prosecutorial discretion)</p>	
			<p>Inequality during the administration of punishment by correctional officers or parole boards (e.g. disparities in prison treatment, or disparities in the granting of parole).</p>
<p>Prevention, Early Intervention, Treatment and Recovery Maintenance</p>			



Prison Inmates 40 Times More Likely to Die From Opioid Overdose Two Weeks After Release

By Scottie Andrew On 7/21/18 at 8:30 AM

- For almost 80 percent of inmates, life after release often lands them back in prison. For others, that “revolving door” stops with a fatal drug overdose, usually days after their sentence ends, researchers said.
- Within the first two weeks of their release, former inmates were 40 times more likely to die of an opioid overdose than an average citizen, a study published Thursday in the American Journal of Public Health found. Researchers argue the results show how the lack of resources in and out of prison to treat substance abuse is aggravating America’s opioid crisis that claimed more than 42,000 lives in 2016.

**More than 25 million
Americans (10% of the US
population) are identified as
being in recovery.**



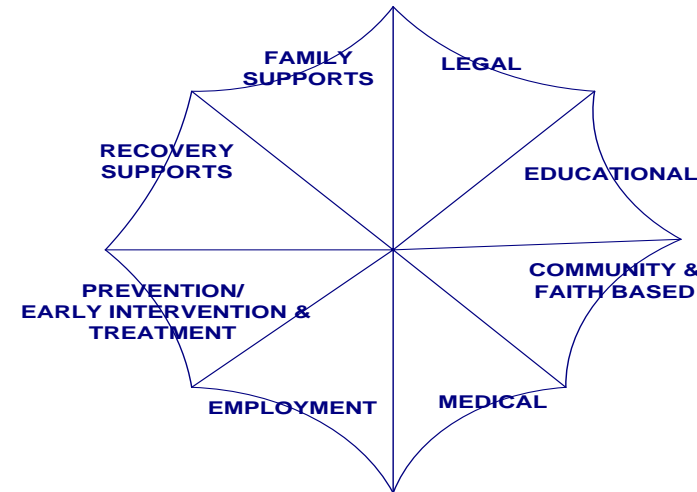
**23.1 million Americans
(9% of the US population)
meet the criteria for
treatment related to
drugs or alcohol**

**Only about
2.5 million
people
(10%)
received
treatment**

What can service providers do to improve access to services for BIPOC communities - from prevention and harm reduction to treatment and recovery?

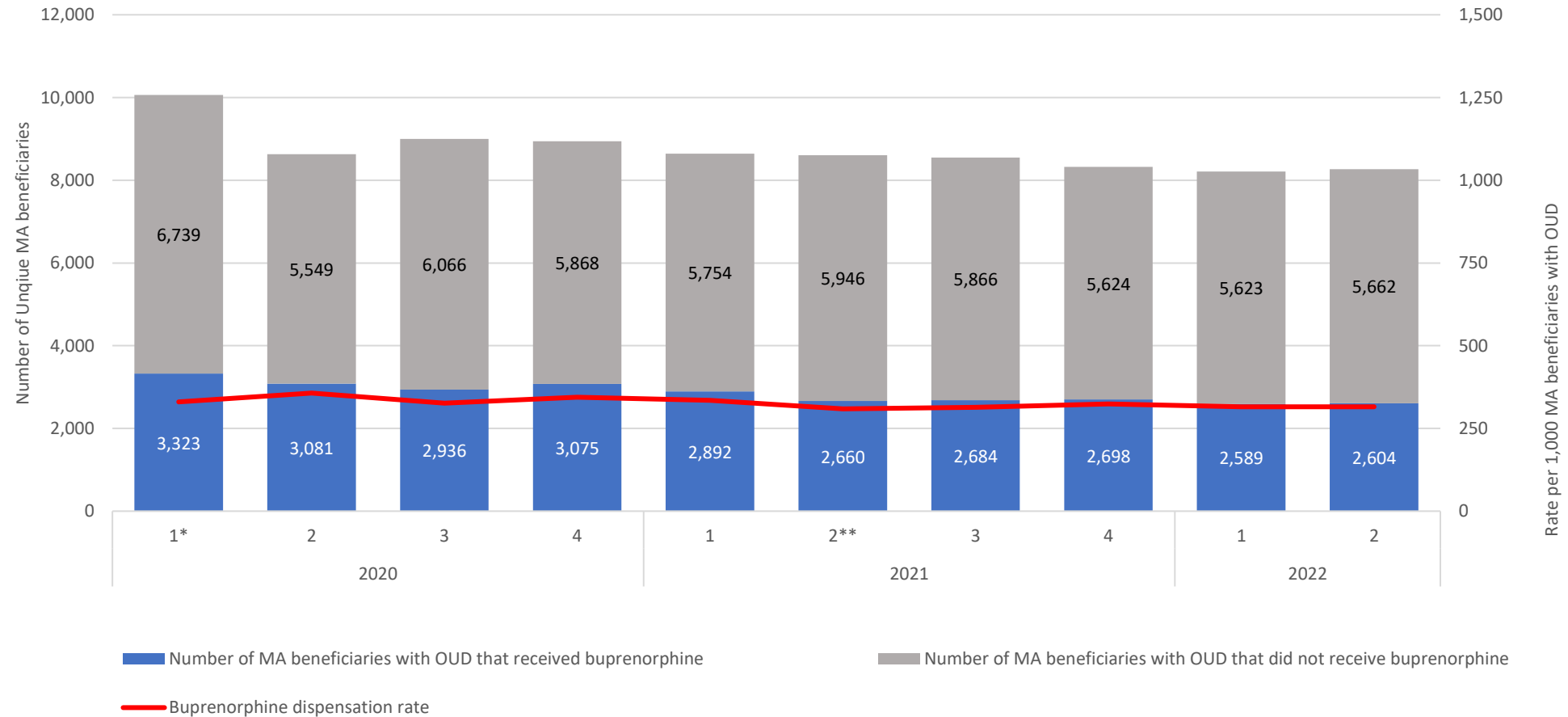
Significantly improving long-term recovery outcomes will require a radical reengineering of addiction treatment as a system of care. Rather than system refinement, they are advocating a “fundamental shift in thinking”, a “paradigm shift”, a “fundamental redesign”, “a seismic shift rather than a mere tinkering”, and a “sea change in the culture of addiction service delivery”. Bill White

- Service Providers in collaboration with those of Lived Experience must address transforming the current system of Behavioral Health Care, by:
 - De-stigmatization of behavioral health
 - Collaborating with the BIPOC communities they are in and reaching out to surrounding BIPOC communities to provide education, test strips and overdose rescue trainings.
 - Moving away from a drug centered, provider focused approach to care by making recovery the focus, i.e., the umbrella under which everything fits
 - Identifying the social determinants of health that need to be in place to insure the best opportunity for recovery like housing, supportive relationships, culturally relevant, language sensitive services, alternative activities, stress, distress and trauma mitigation and aligned justice system.
 - Coordinating financial resources in support of the above and the continuous monitoring of quality of services.



Buprenorphine dispensation rate per 1,000 MA beneficiaries with an OUD primary diagnosis

Buprenorphine dispensation rate=(Number of unique MA beneficiaries who received buprenorphine and an OUD diagnosis within 90 days of medication/ all MA beneficiaries with an OUD diagnosis)*1000



* onset of COVID-19 Pandemic

** COVID-19 vaccine became widely available to anyone 12 years old and older

DBHIDS/CBH Data

On a more structural, macro level - what systems changes are needed to make more sustainable changes that will help address racial disparities in the long run?

- Reconfiguring CMS so that funding is not based solely on a medical diagnosis, rather on a continuous Bio-psycho-social evaluation of the person, their assets and circumstance, to improving Substance Use Prevention, Assessment, and Treatment Financing to Enhance Equity and Improve Outcomes Among Children, Adolescents, and Young Adults
- Establishing Community directed, culturally relevant and language responsive programming housed in a label neutral setting.
- People First Systems! We know what kind of conditions produce at-risk circumstances, identify community standards which do not allow for communities to fall below.
- Make recovery aspirational, incentivize it by incentivizing communities to adopt it and celebrate it.
- Communities should be supported to minimize some of the adverse impacts of systemic racism.
 - They provide early childhood development resources, and encourage policies to reduce childhood poverty,
 - That focus on work and income support opportunities for adults,
 - That ensure healthy housing and neighborhood conditions.
- The healthcare system needs new emphases on ensuring access to high quality care for all, by
 - strengthening preventive health care approaches,
 - addressing patients' social needs as part of healthcare delivery,
 - diversifying the healthcare work force to more closely reflect the demographic composition of the patient population.
- New research is needed to identify the optimal strategies to build political will and support to address social inequities in health.
 - This will include initiatives to raise awareness levels of the pervasiveness of inequities in health,
 - build empathy and support for addressing inequities, enhance the capacity of individuals and communities to actively participate in intervention efforts
 - implement large scale efforts to reduce racial prejudice, ideologies, and stereotypes in the larger culture that undergird policy preferences that initiate and sustain inequities.



PHILADELPHIA BEHAVIORAL HEALTH SERVICES
TRANSFORMATION

PRACTICE GUIDELINES
FOR RECOVERY AND RESILIENCE ORIENTED TREATMENT



Arthur C. Evans Jr., Ph.D., Commissioner

4 DOMAINS

1: Assertive outreach and initial engagement

2: Screening, assessment, service planning and delivery

3: Continuing support and early Re-intervention

4: Community connection and mobilization

7 GOALS

- A.** Integrate behavioral health, primary care and ancillary support services
- B.** Create an atmosphere that promotes strength, recovery and resilience
- C.** Develop inclusive, collaborative service teams and processes
- D.** Provide services, training and supervision that support recovery and resilience
- E.** Provide Individualized Services to identify and address barriers
- F.** Promote successful outcomes through empirically supported approaches
- G.** Support recovery and resilience through evaluation and quality

10 CORE VALUES

In each domain, all of the goals for the delivery of effective care are pursued through strategies. Each of these strategies reflects one or more of the ten core values that drive this work:

- 1.** Strength-based approaches that promote hope
- 2.** Community inclusion, partnership and collaboration
- 3.** Person and family-directed approaches
- 4.** Family inclusion and leadership
- 5.** Peer culture, support and leadership
- 6.** Person-first (culturally competent) approaches
- 7.** Trauma-informed approaches
- 8.** Holistic approaches toward care
- 9.** Care for the needs and safety of children and adolescents
- 10.** Partnership and Transparency

Prioritizing to Address a Changing Environment

P.A.C.E.



A strategic framework to move us forward.

The Philadelphia Department of Behavioral Health and Intellectual Disability Services'
Strategic Framework

Spontaneous Growth

UNITY RECOVERY

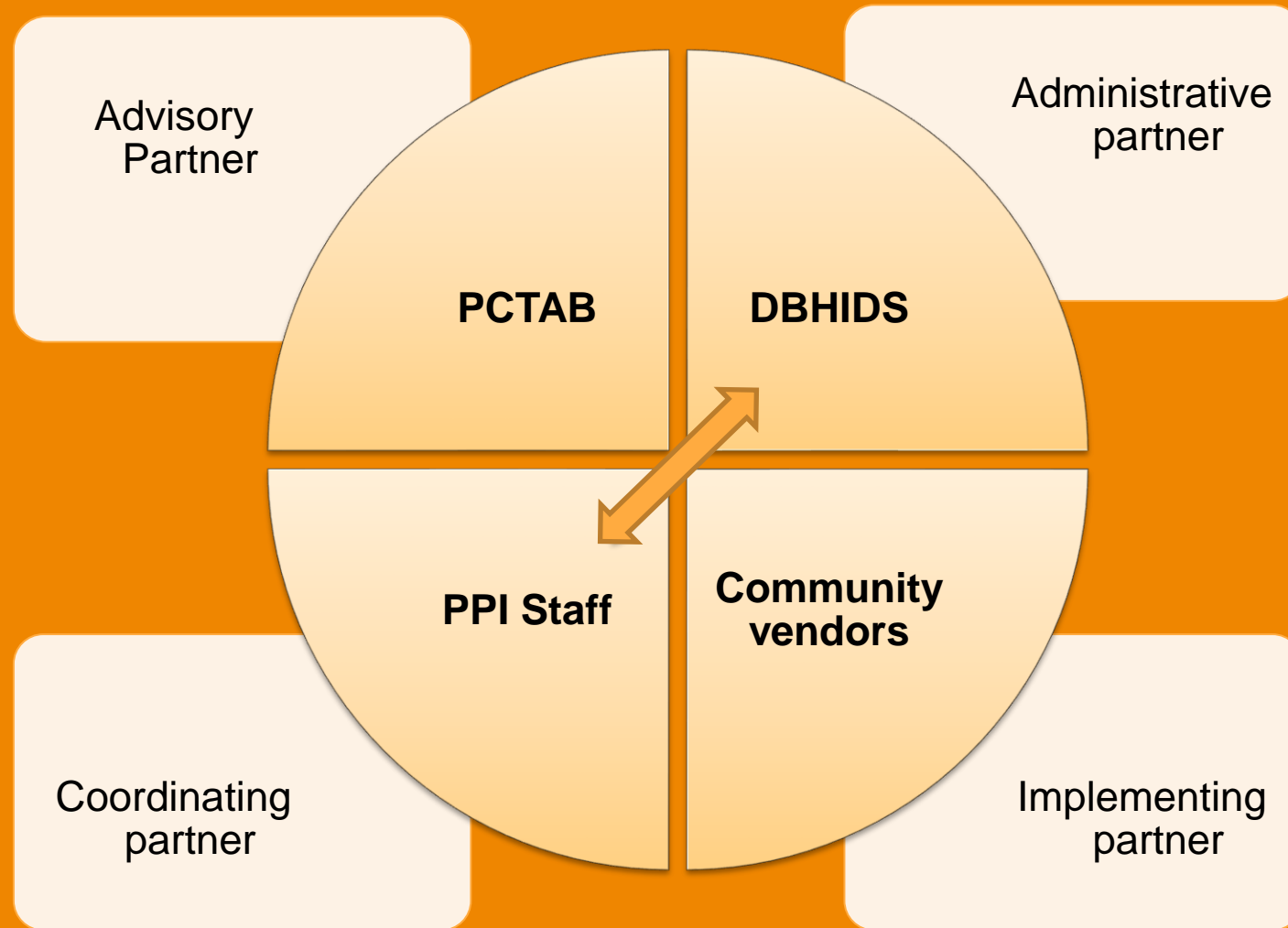
RECOVERY COMMUNITY ORGANIZATION



TRANSFORMATION
TO RECOVERY

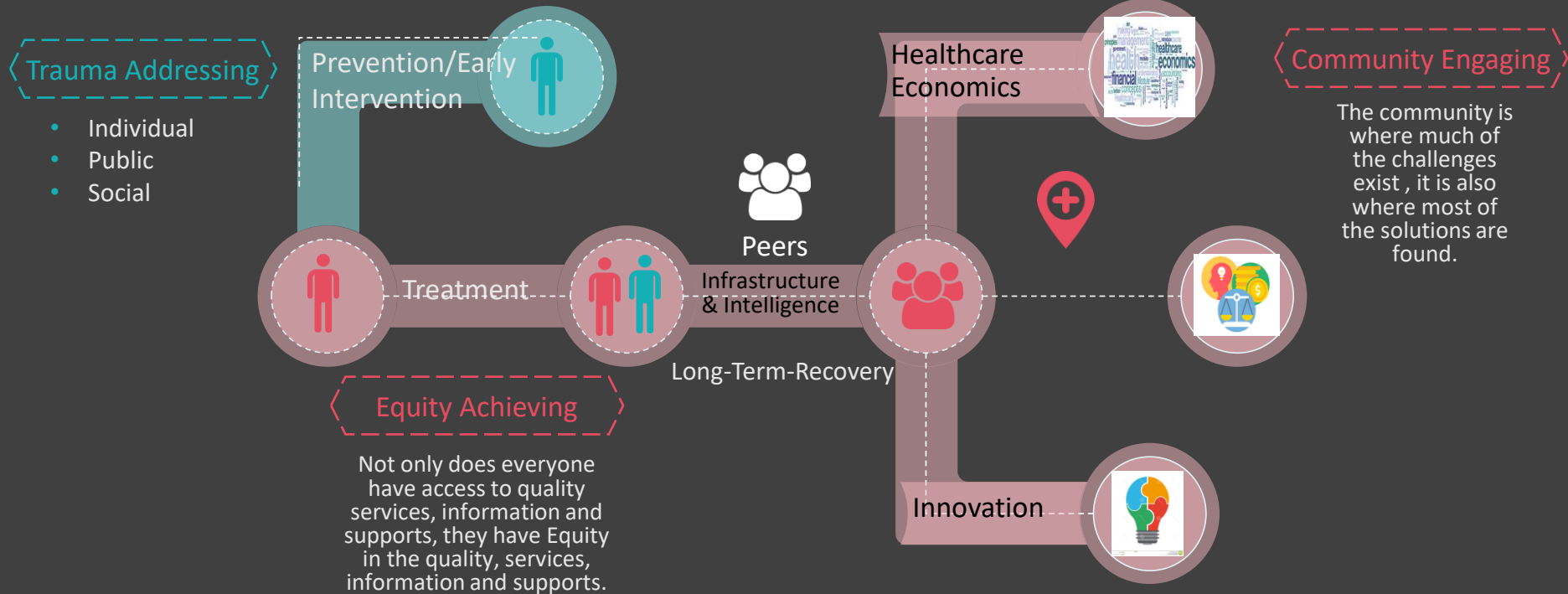
Peer Institute

A dynamic virtual organization of partners committed to enhancing Philadelphia's peer services and culture



System Focus

Prioritizing to Address a Changing Environment (P.A.C.E.)



Strategies that should be implemented to develop more diverse leadership in the drug and alcohol space and encourage more diversity in the field?

- Career development of Behavioral health care.
- **Systemness!!!!!!**
- Community sponsorship programs to encourage talent from the very communities that are being served
- Open resources to the community, i.e., become a member of the community
- Develop champions for the programs and services.
 - Celebrate the community.
 - Increase relationship building training
 - Esteem building
 - Transformational engagement
 - Shared Culture of Recovery
 - Focus on Making A Difference
 - Service

Systemness

- **21st Century healthcare will be increasingly delivered by high performing health care systems that are financed by 'global payment' methods and that are intentionally designed to demonstrate systemness by providing continuous healing relationships through consumer-aligned caregiver teams enabled with "smart" technologies to facilitate and support ready access across time and geography, collaboration, evidence-based care and systems learning.**

A Multi-Dimensional Framework For Constituent and Family Involvement

Adapted from: Engaging patients to improve quality of care: a systematic review

Yvonne Bombard, corresponding author G. Ross Baker, Elaina Orlando, Carol Fancott, Pooja Bhatia, Selina Casalino, Kanecy Onate, Jean-Louis Denis, and Marie-Pascale Pomey

