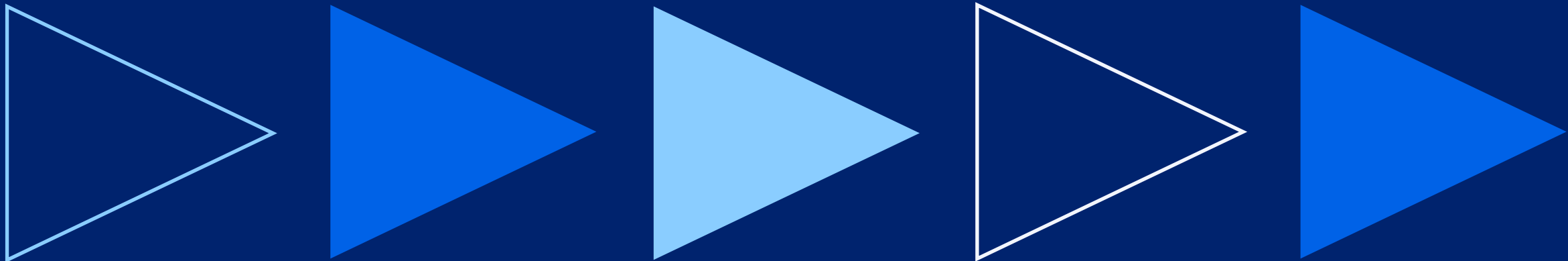


Understanding the Substance Use Landscape in Massachusetts

Claire Hoffman, MPH



Substance Use Disorder (SUD) in MA

- Approximately 9% of Massachusetts population over the age of 12 has a substance use disorder
- Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home
- “Substance use” applies to alcohol, marijuana, misuse of prescription drugs, and illicit drugs (including opioids, stimulants, inhalants, benzodiazepines, hallucinogens, etc.)

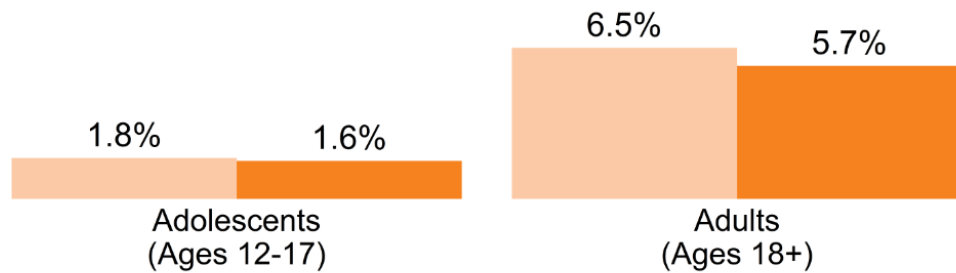
Source: [SAMHSA, Behavioral Health Barometer](#)



MA Reports Higher Prevalence of Alcohol and Drug Use Disorder than US

Individuals in Massachusetts Reporting Alcohol Use Disorder in the Past Year, 2018-2019

Massachusetts United States



NOTE: In this state, there are no statistically significant differences from the U.S.
SOURCE: SAMHSA, 2018-2019 NSDUH State Estimates of Substance Use and Mental Disorders.



Individuals in Massachusetts Reporting Illicit Drug Use Disorder in the Past Year, 2018-2019

Massachusetts United States



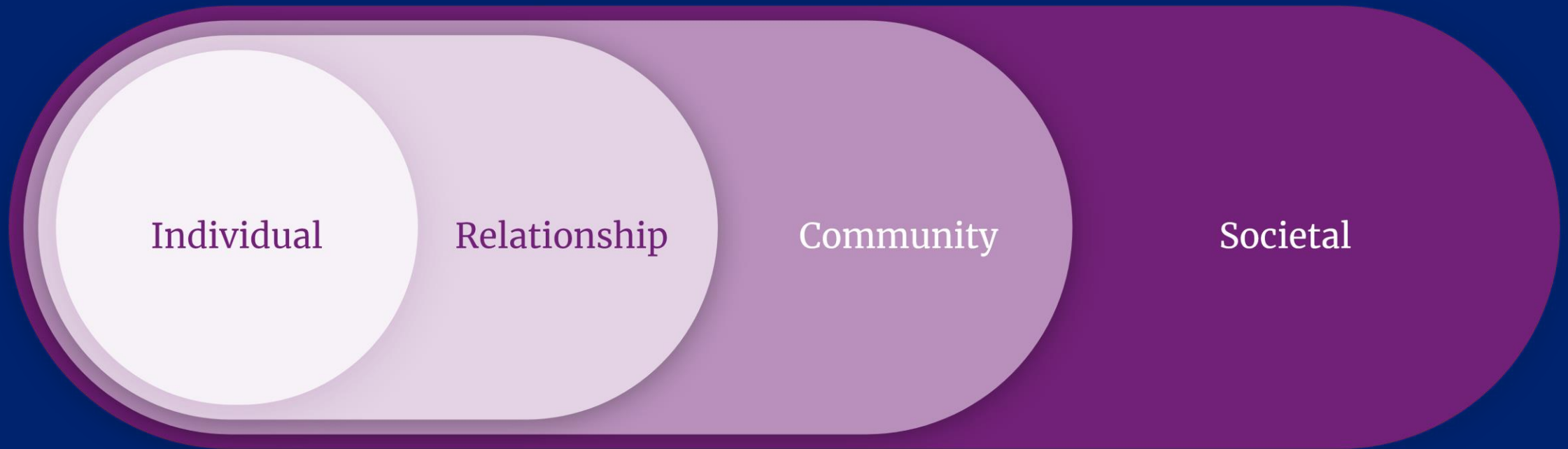
NOTE: In this state, there are no statistically significant differences from the U.S.
SOURCE: SAMHSA, 2018-2019 NSDUH State Estimates of Substance Use and Mental Disorders.



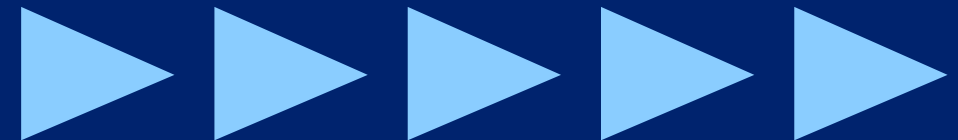
Note: Since this data is from a federal survey, illicit drug use disorder includes marijuana.



Public health approaches to substance use disorder are critically needed



Source: [Centers for Disease Control and Prevention](#)

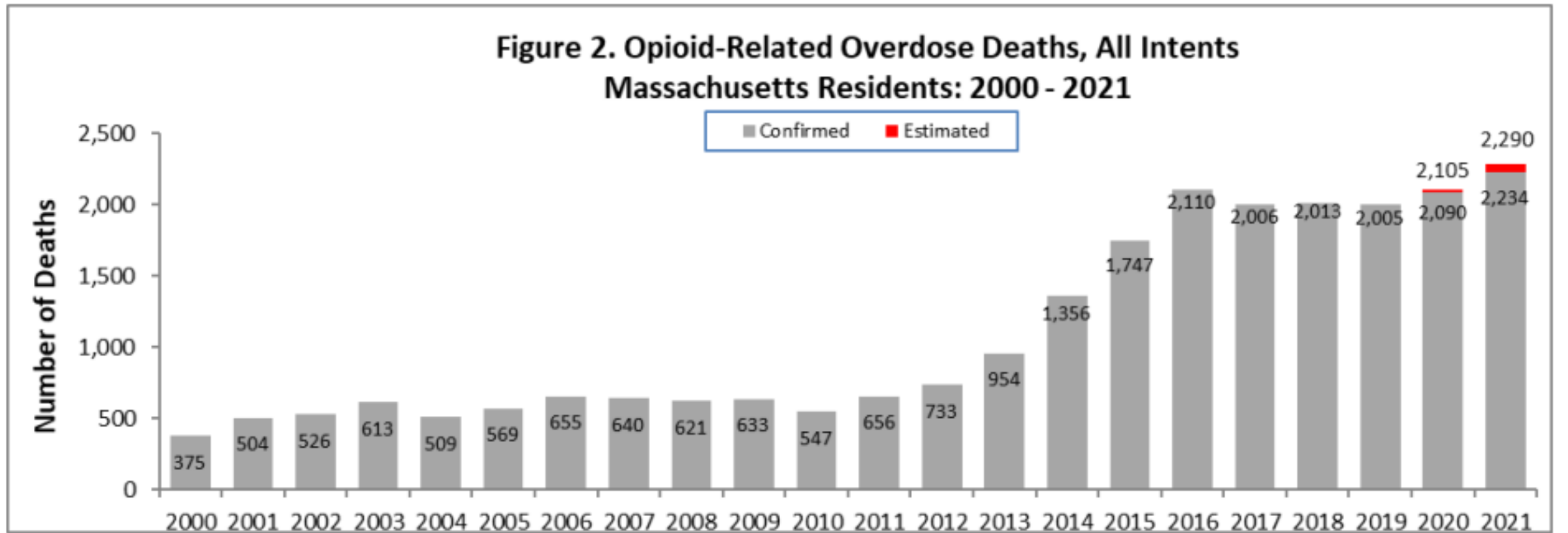


Opioid-Related Incidents in MA



MA Opioid-Related Overdose Deaths Increased by 9% in 2021

Figure 2. Opioid-Related Overdose Deaths, All Intent
Massachusetts Residents: 2000 - 2021

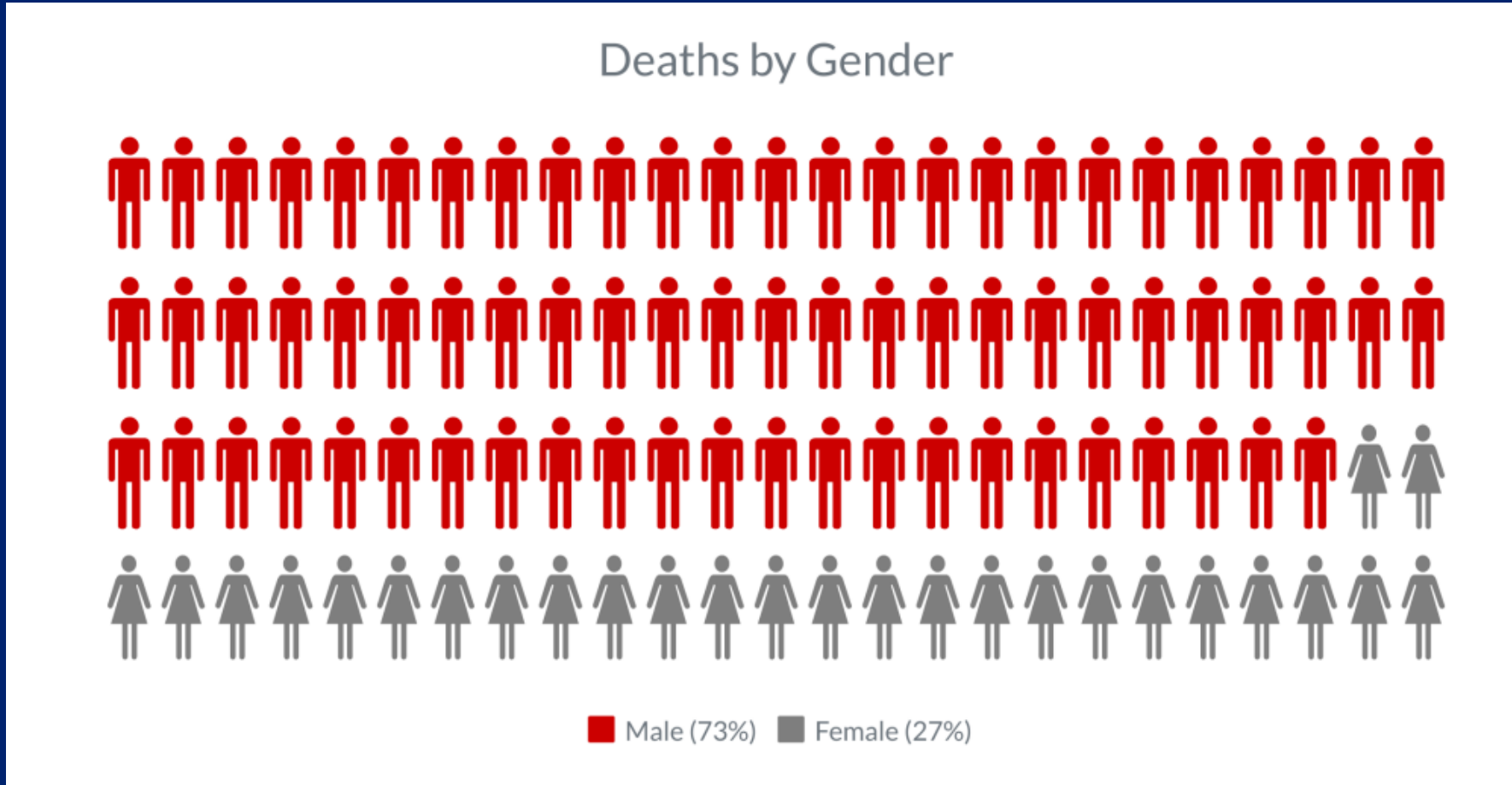


Prescription Opioids

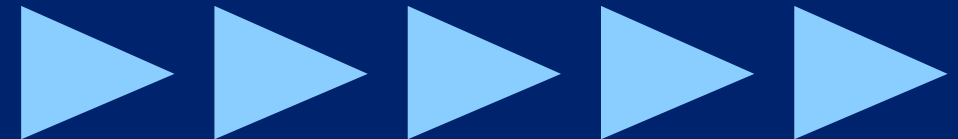
Heroin

Fentanyl

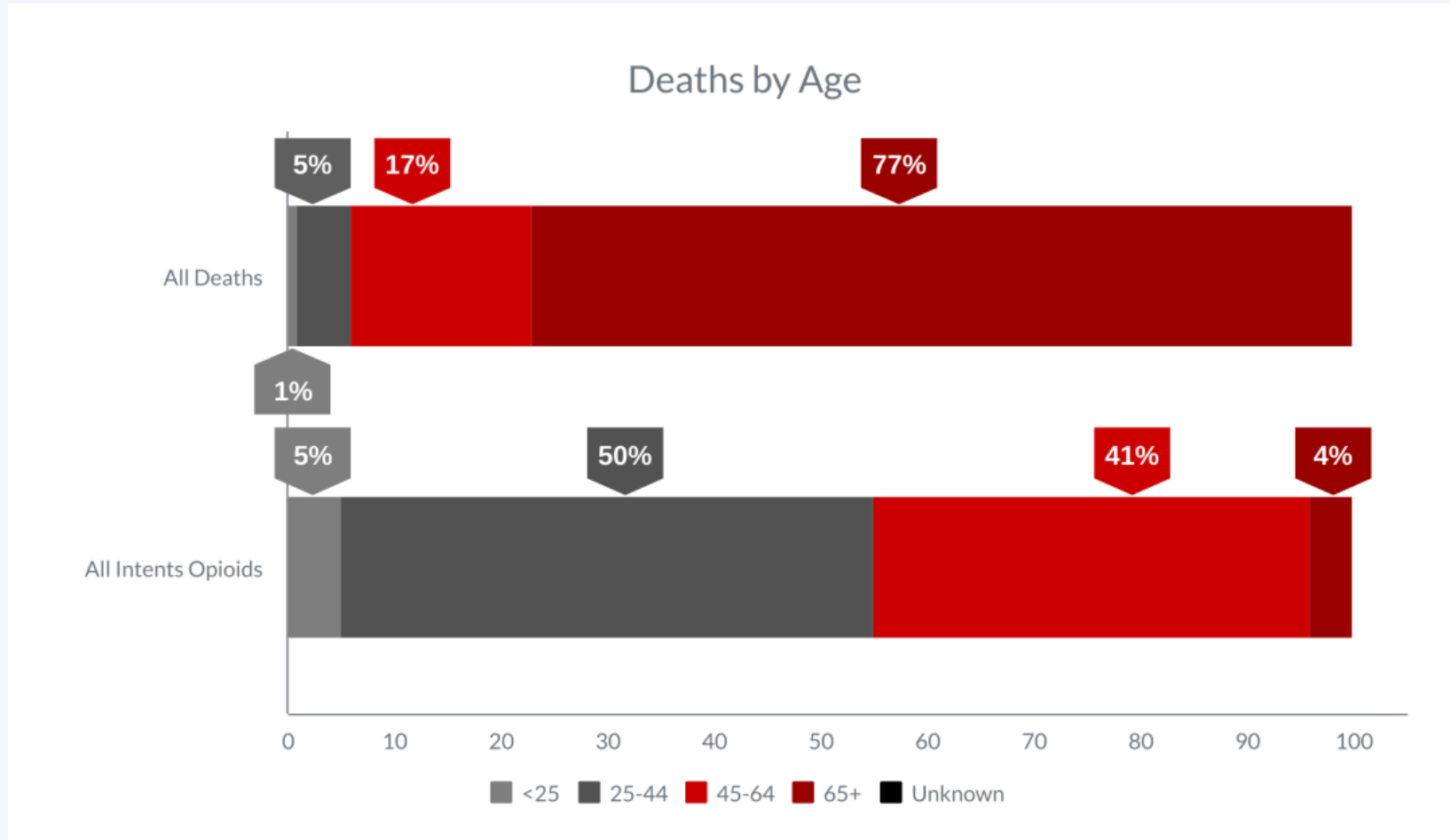
MA Opioid-Related Overdose Deaths Disproportionately Involve Men



Source: [Massachusetts Department of Public Health](#)



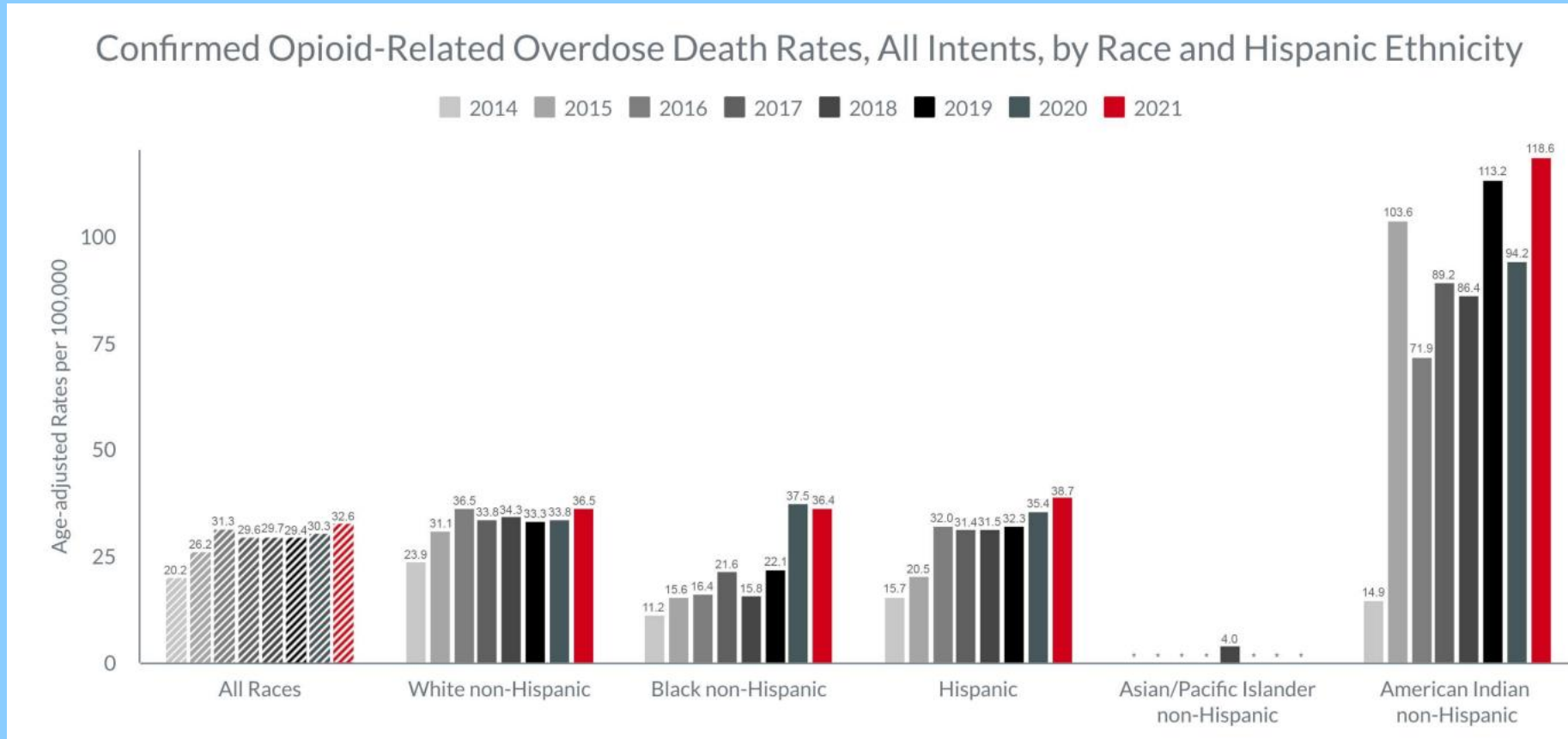
MA Opioid-Related Overdoses Cause Premature Mortality



Source: [Massachusetts Department of Public Health](#)



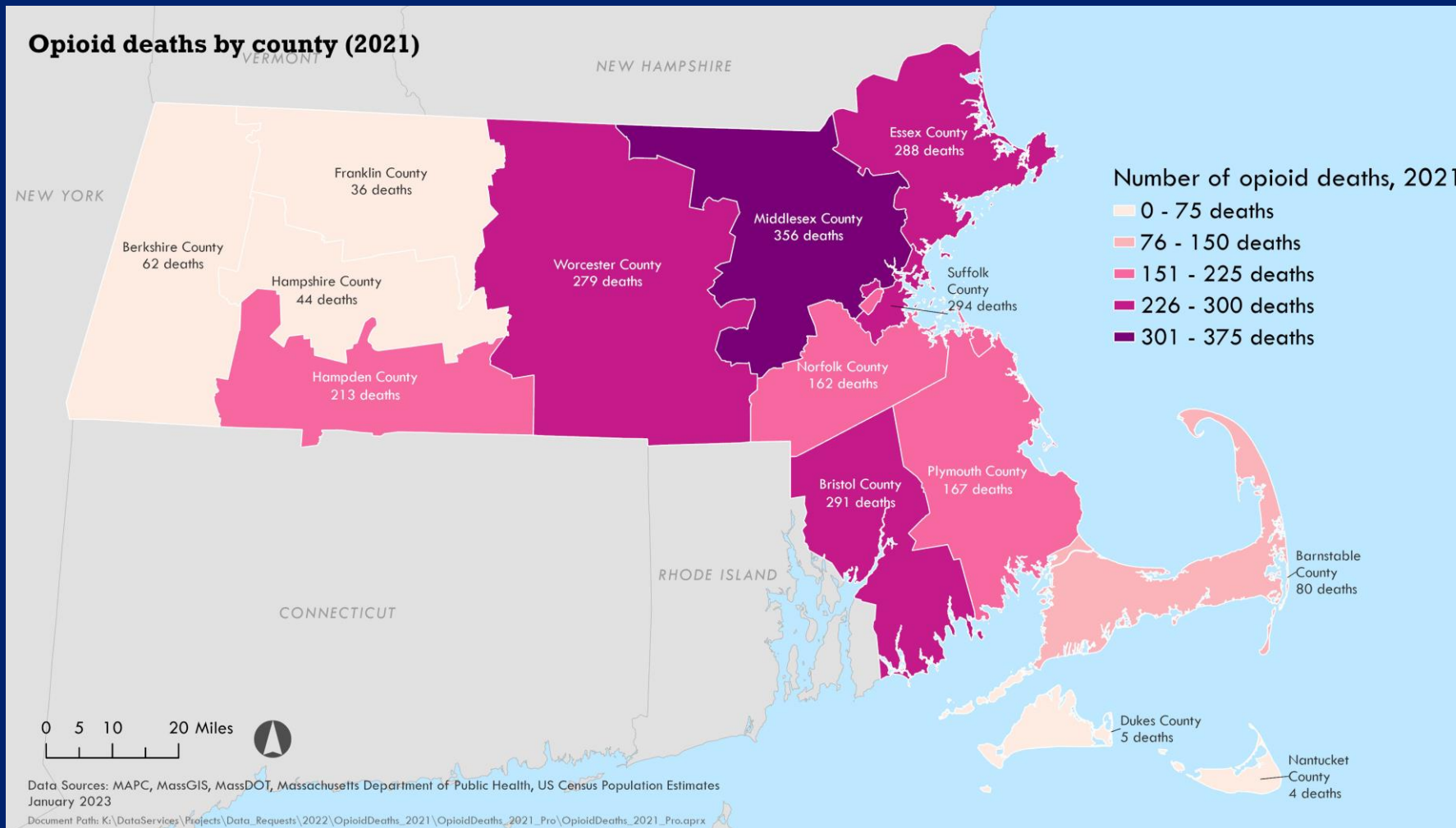
MA Opioid-Related Overdose Deaths Have Been Increasing More Rapidly among Black non-Hispanic and Hispanic Populations



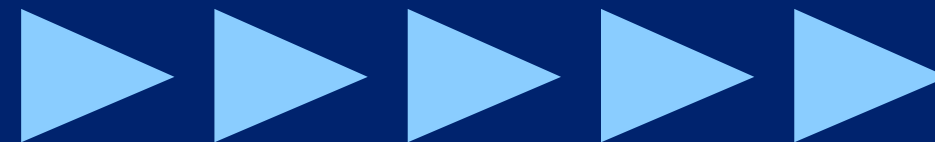
Source: [Massachusetts Department of Public Health](#)



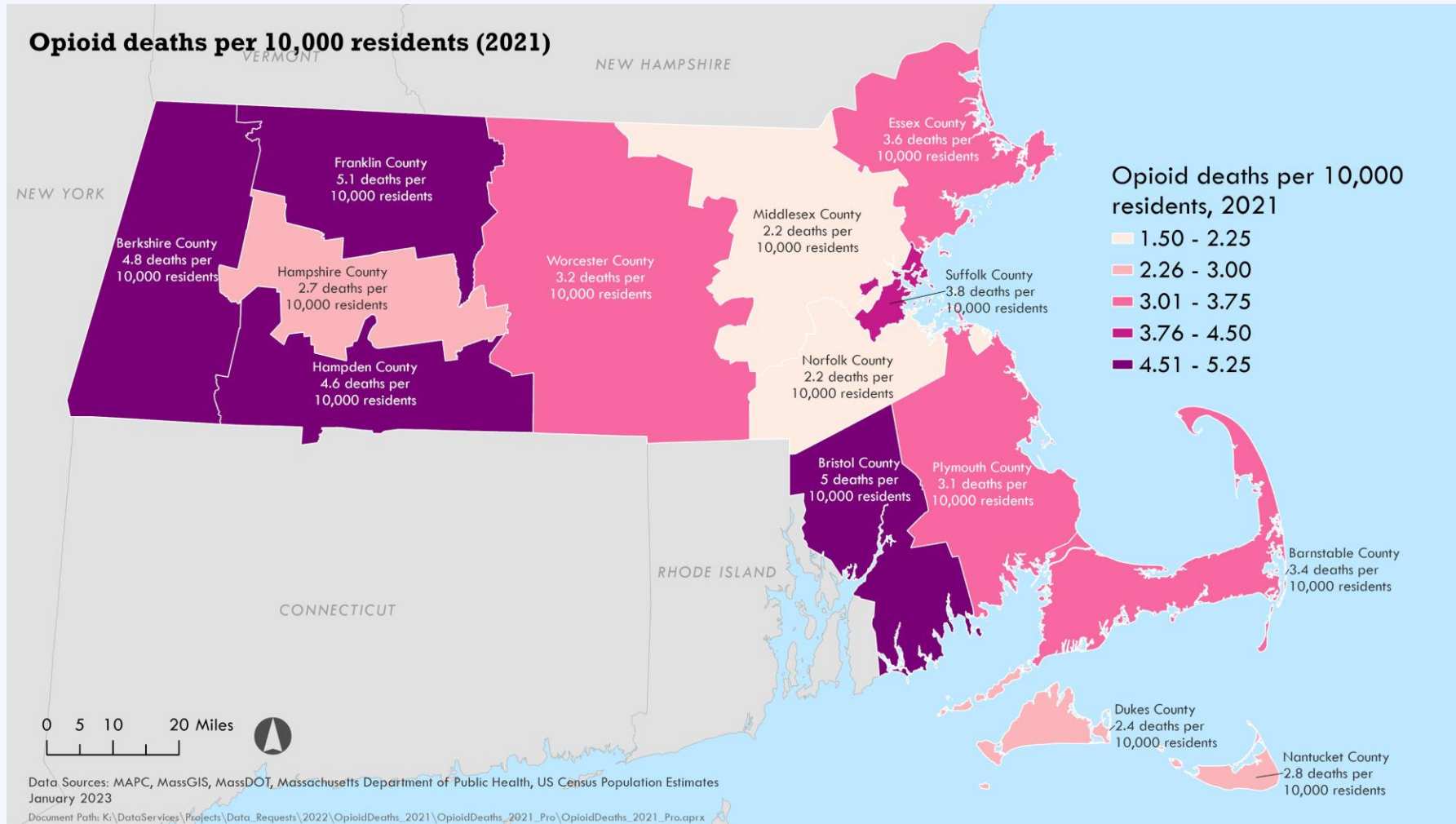
Middlesex, Suffolk, Bristol, Essex, and Worcester Counties Experienced the Most Opioid-Related Overdose Deaths



Source: [Massachusetts Department of Public Health](#)



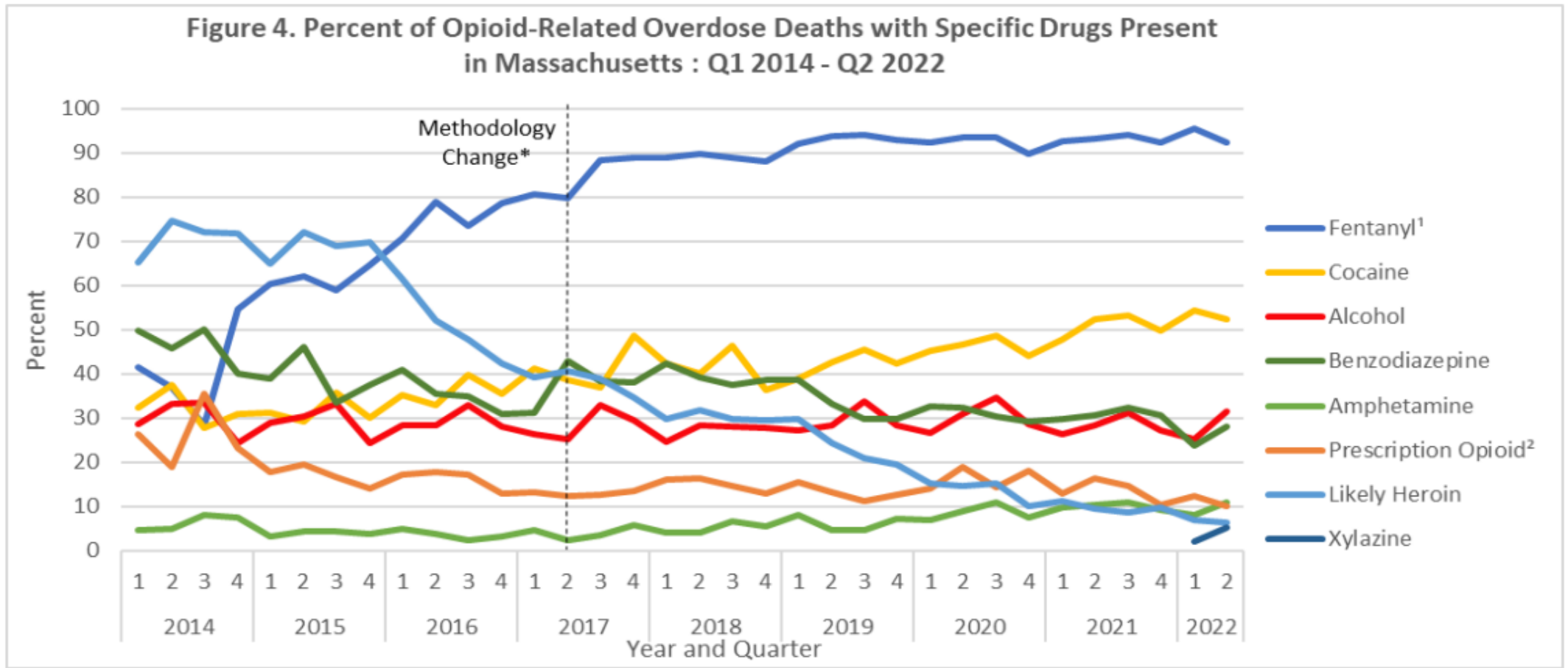
But Franklin, Bristol, Hampden, and Berkshire Counties Experienced the Highest Opioid-Related Overdose Deaths per Capita



Source: [Massachusetts Department of Public Health](#)



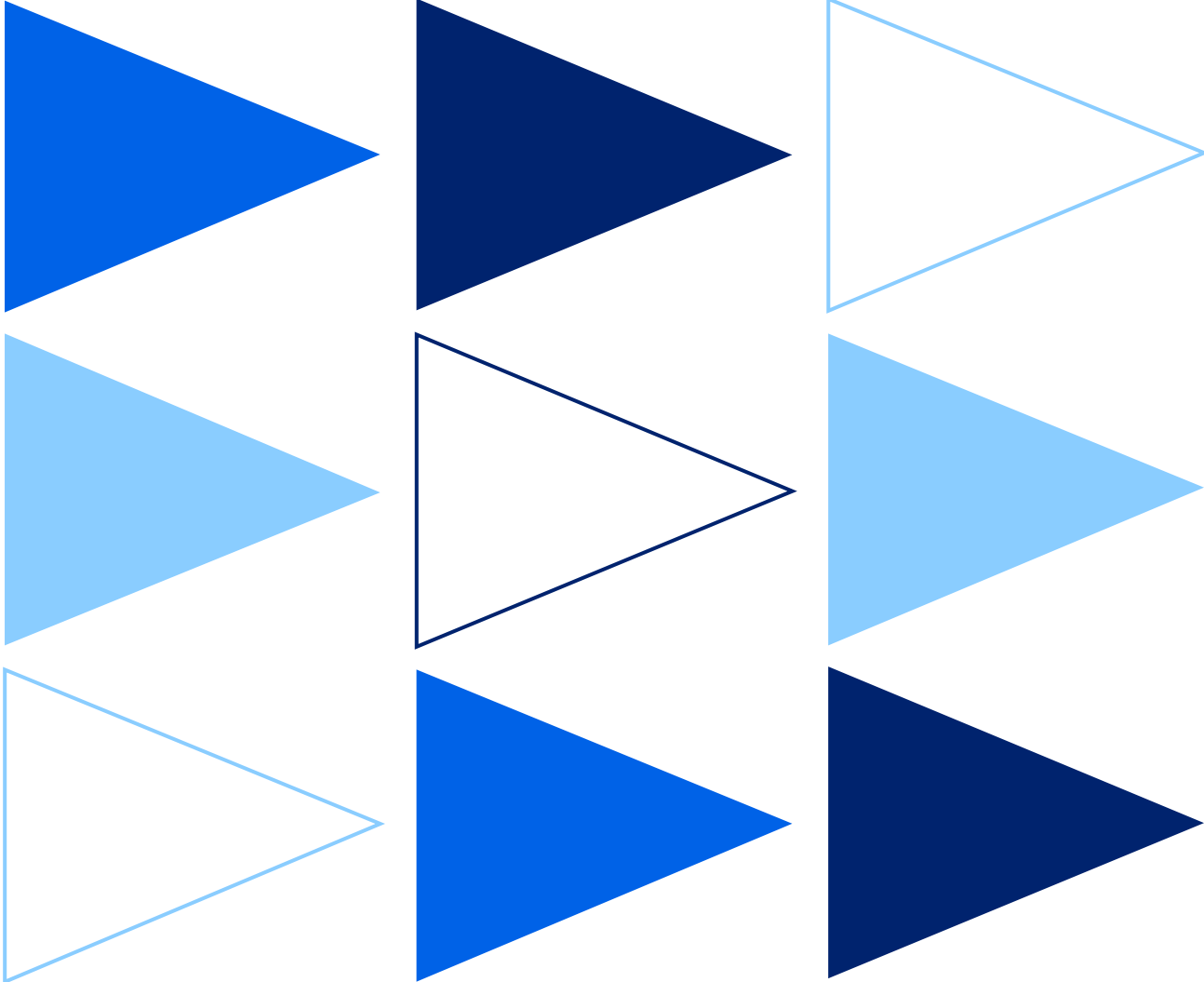
Polysubstance use, not just opioid use, is leading to overdose deaths



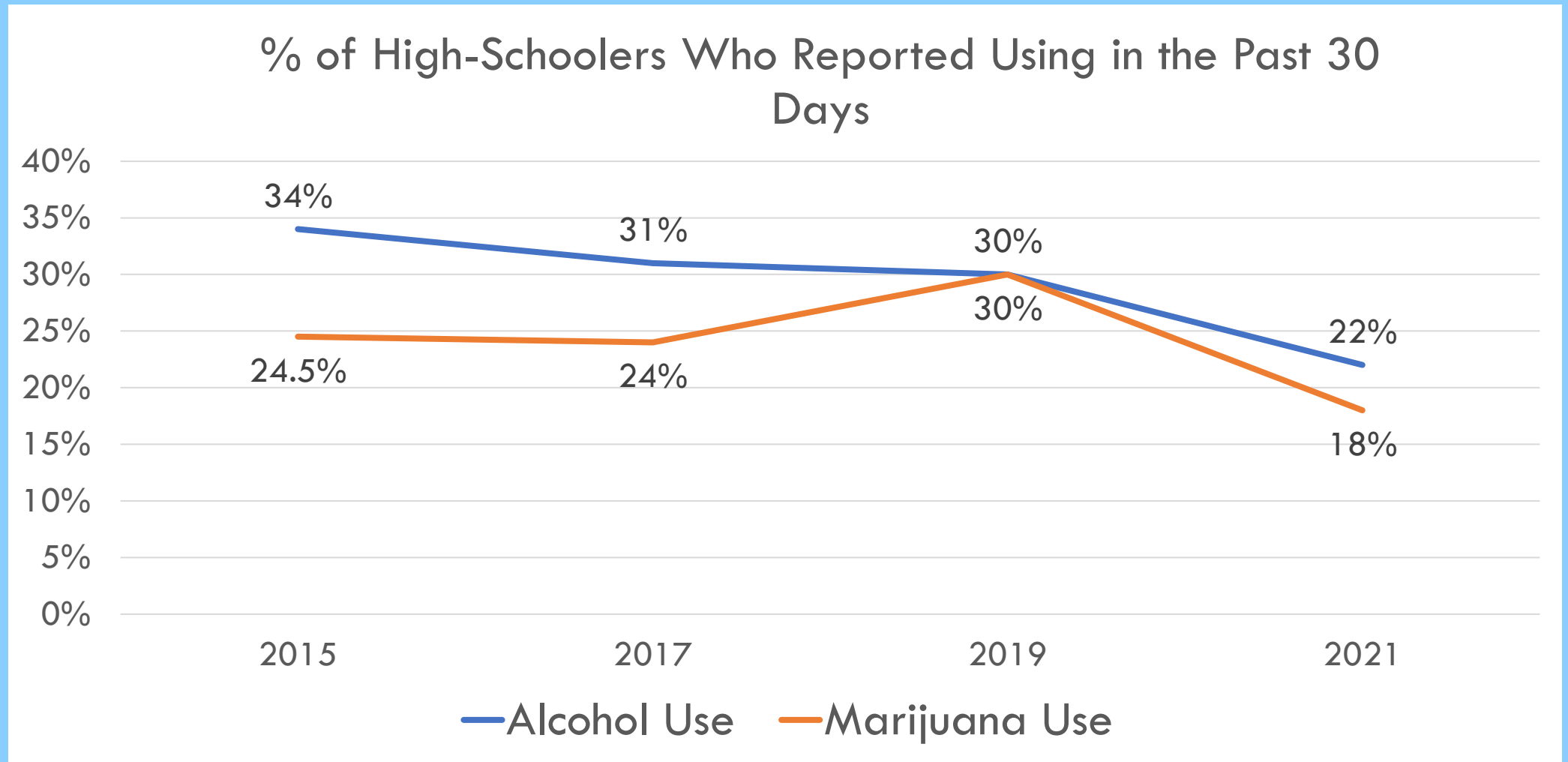
Source: [Massachusetts Department of Public Health](#)



Youth Substance Use

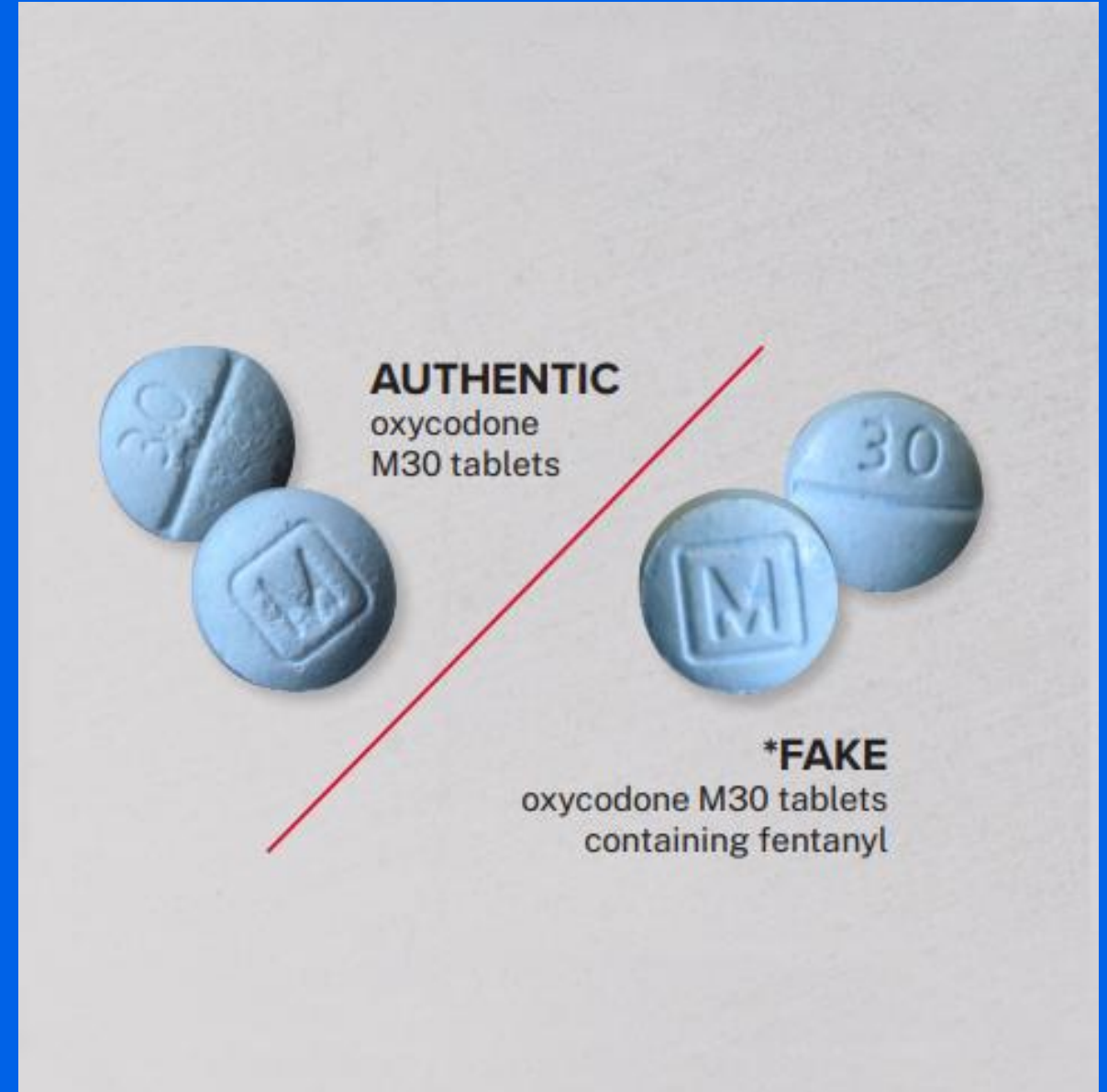


One in Five MA High-Schoolers Report Using Substances



Source: [Massachusetts 2021 Youth Health Survey](#)

- More teens and young adults are using social media to purchase illicit pills
- In the United States, 4 in every 10 counterfeit pills contain fentanyl
 - Includes fake Percocet, Xanax, Vicodin, and Adderall

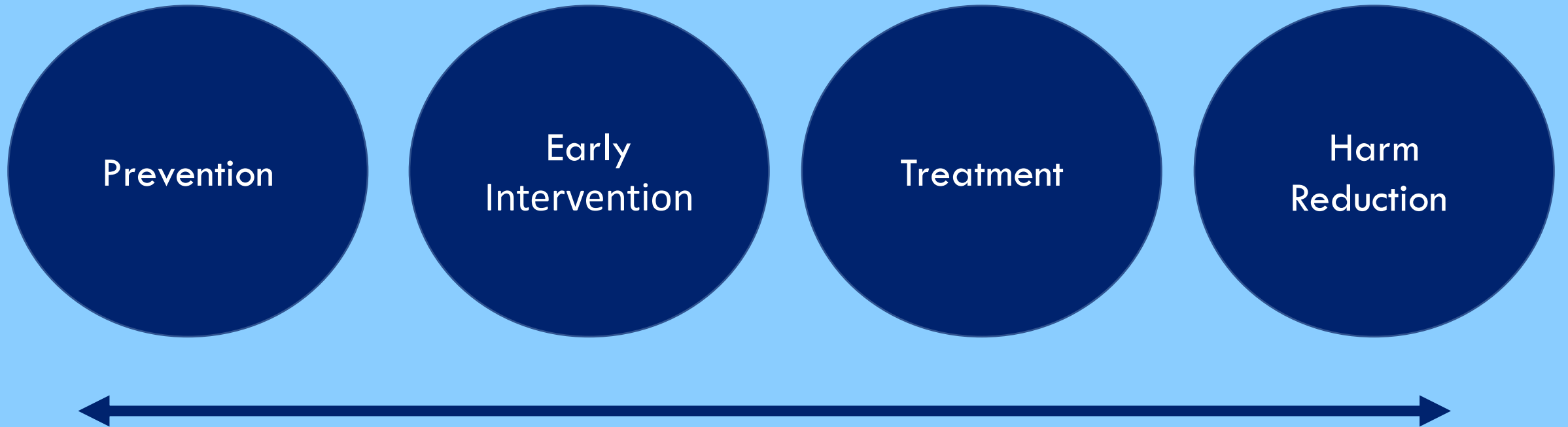


Overdoses among 10-19 year olds in the US increased 109% between 2019 and 2021

- Majority of deaths involved illicitly manufactured fentanyl
- Nearly 1 in 4 deaths included evidence of counterfeit pills
- 2 in 3 cases had a potential bystander present, although most provided no overdose response
- Approximately 40% of individuals had a history of mental health conditions or treatment

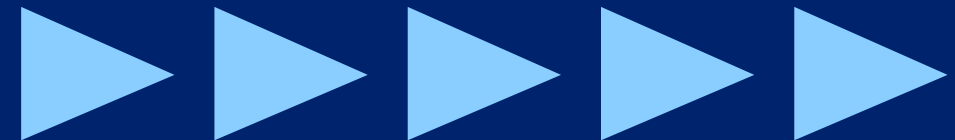


Continuum of Interventions



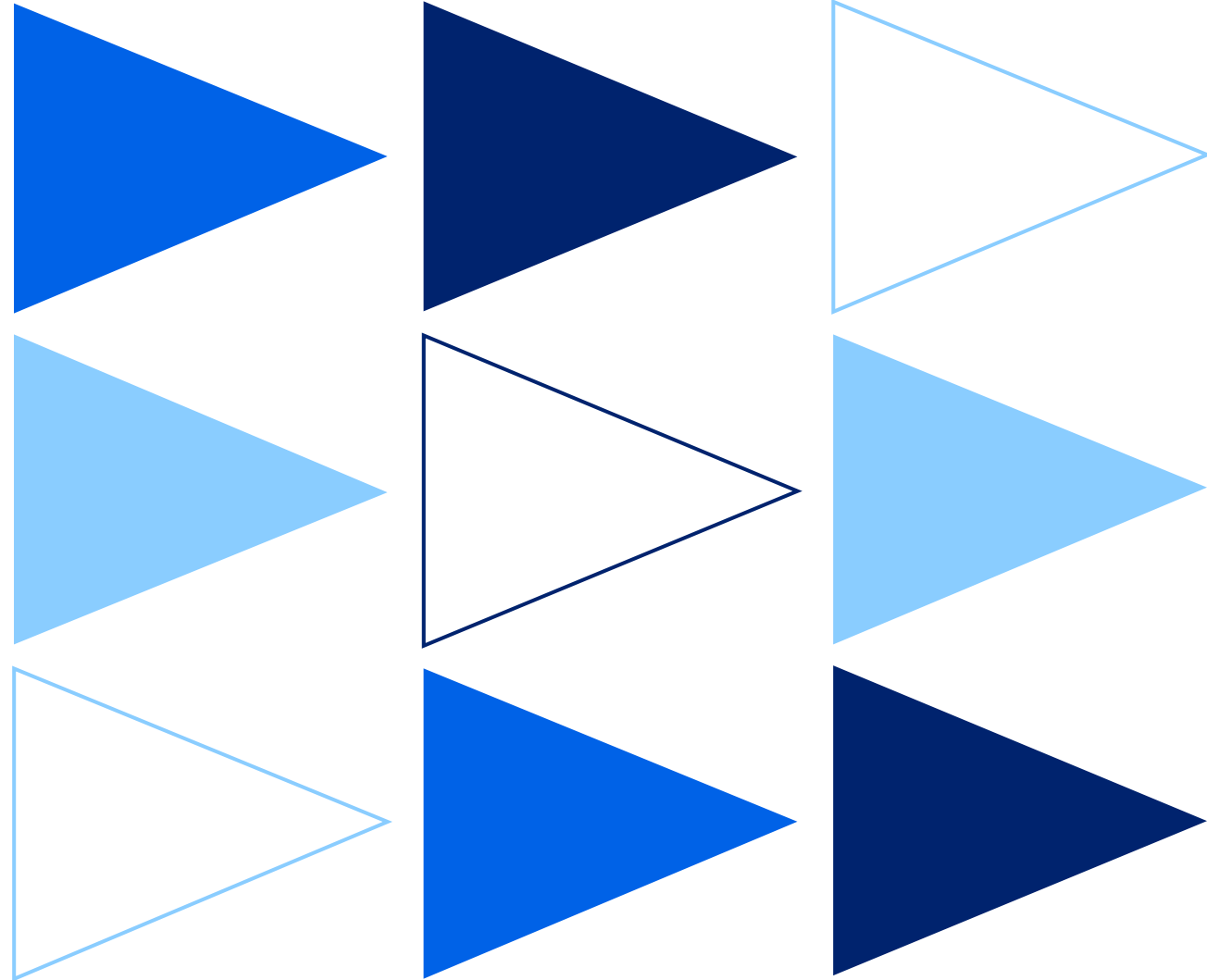
Key Takeaways

- Alcohol use disorder is the most prevalent form of SUD among MA adults
- Polysubstance use, not just opioid use, is driving overdoses among youth and adults
- Racial and ethnic inequities persist in terms of who is accessing life-saving services
- There are many, many effective interventions!



Questions?

choffman@mapc.org





Massachusetts Department of Public Health

**Bureau of Substance
Addiction Services (BSAS)
Prevention Overview**

**Jose Morales
Director of Prevention**

BSAS Prevention Unit Vision

Substance use prevention is like a house that our entire community is working to construct, building a strong and lasting foundation of lifelong health and well-being for Massachusetts. To fortify this foundation, we use the tools and practices of prevention science, anticipating and counteracting potential risks and reinforcing effective protections.



Mission

*We empower communities using a **public health approach** to promote and **support healthy decisions** around substance use among youth.*

Objectives

1. Promote a **public health approach** to empower communities.
2. Enhance **local prevention infrastructure** to enable healthy decisions around substance use through guidance, support, and technical assistance to those who receive our funding.
3. Support the development of a **comprehensive prevention plan** using SAMHSA's Strategic Prevention Framework (SPF), which is an evidence-based framework that provides community members with guidance around thoughtful planning, implementation, and evaluation of community prevention strategies.

Federal Strategic Planning Tools/Guidance

SAMHSA's Strategic Prevention Framework (SPF)



Approach

- Strength/asset-based
- **Centered on relationship, responsive to community need, and restorative in nature**
- Prevention strategies will be:
 - ✓ **Data-informed**
 - ✓ **Culturally responsive**
 - ✓ **Evidence-informed**
 - ✓ **Sustainable**

Funding Sources

- Massachusetts Collaborative for Action, Leadership, and Learning (MassCALL3) – Substance Use and Prevention Block Grant
 - Part A – Capacity Building (5)
 - Part B – Implementation (33)
 - Part C – Innovation (3)
- State Opioid Response – Prevention In Early Childhood (SOR-PEC, 15)
- Overdose Data to Action (OD2A, 20) - CDC
- SPF-Rx – Assessment and Planning
- Special Projects (MIAA, YMCA, B&G Club, Argus Communications, LifeSkills Training, MA Clearinghouse, DESE Pilot, Native/Indigenous Partnerships) – Multiple Sources

Grantees: All Funded Communities



76

Grant-Funded
Programs



200

Unique
Municipalities

Community/Grantee Support

- **Strategic Prevention Support/Technical Assistance:** BSAS funds the Center for Strategic Prevention Support Services (CSPS) at Education Development Center (EDC), which provides grant-specific assistance, resources, and support to MassCALL3 and SOR-PEC prevention grantees.
- **Evaluation Support:** BSAS funds Social Science Research & Evaluation, Inc. (SSRE) to provide grant-specific evaluation assistance and support to BSAS prevention grantees and conducts periodic assessments of the prevention system to inform continuous quality improvement.

Program Implementation/Community Strategies

1. Environmental Strategies and Policies
2. Prevention Education
3. Information Dissemination/Communication
4. Community-Based Process

Environmental Strategies and Policies

Sample Prevention Strategies:

- **Commercial Access** of Alcohol, Tobacco, and Other Drugs
Examples: server training for bar and restaurant staff; ID check training and supporting materials for liquor store staff
- **Municipal Regulation, Ordinance, and Policy** Development
Examples: increasing penalties for noncompliance; nip bans; zoning to control outlet density; advertising restrictions
- **School Policies** for Alcohol, Tobacco, and Other Drugs
Examples: changing/adjusting suspension policies related to substance use; offering alcohol alternative activities; peer leadership programs; utilizing other DPH resources such as the 84.org
- **Social Access** of Alcohol, Tobacco, and Other Drugs
Examples: sticker shock; party patrols; social host ordinance enforcement; keg registration

Prevention Education

Sample Prevention Strategies:

- **Evidence-Based Curricula**

Examples: LifeSkills Training; Good Behavior Game Program; AlcoholEdu; other integration of evidence-based curricula

- **Parent Workshops**

Examples: Convening parents prior to/around school events such as Homecoming, New Years, Prom, Graduation, and Athletics/Extra Curricular (via MIAA)

Information Dissemination/Communication

Sample Prevention Strategies:

- **Social Marketing** Campaigns

Examples: Importance of Talking to your Kids about Alcohol and Other Drugs (Tips); increasing awareness of existing, laws, policies, and potential penalties; safe storage/disposal Information for Rx medications, alcohol, and other drugs

- **Social Norms** Campaigns

Examples: promotion of a community's positive social norms (e.g., highlighting the high percentage of community youth who choose not to drink); addressing harmful community perceptions (e.g., providing a "safe" place for youth to drink in homes is a "responsible" alternative); promoting pro-social norms (the benefit of family dinner, setting expectations and consequences for substance use, beginning conversations about healthy decisions around substances early/young)

Community-Based Process

Sample Prevention Strategy:

- Building **Coalition Capacity**

Examples: use of comprehensive strategic planning tools such SAMHSA's Strategic Prevention Framework; providing training around use evidence-based practice, and data collection and analysis; promotion of the Certified Prevention Specialist (CPS) certification

Wisdom of Practice

Community Considerations

- Overall rates of youth substance use are trending down and have been for some time.
- Prevention is a science and should be honored as such.
- There are seldom quick or easy solutions.
 - *The benefits of effective prevention work are realized over time.*
- The most effective decisions are always guided by data (qualitative, quantitative, lived experience).
- Engage a diverse group of relevant stakeholders in decision making.
 - *Diverse perspectives allow for informed, creative, and responsive solutions.*

Prevention Best Practices

- **Strength-based approaches are more effective in the long run**
 - Build knowledge, develop skills, empower through positive frames and a strength-based approach
- **Make the healthy choice the easy choice**
 - Consider policies or practices that impact the environment in which youth live, work, and play
- **Language is important** — Consider whether stigma may be a result of your efforts or part of the problem that you are seeking to address
 - *“Legal/Illegal” vs. “Good/bad”*
 - *“Healthy/Unhealthy” vs. “Clean/Dirty”*
 - *“Centered” vs. “Targeted”*

Prevention Best Practices

- **ALWAYS** consider your audience
- ***“Something is better than nothing”*** is not always true
 - Avoid “one-off” events or piecemeal approaches
- **Our prevention work does not have to be substance specific** (and oftentimes it shouldn't be!)
- **Feelings ≠ facts**
 - What data are you using to help confirm (or not) how you feel and does it tell the whole story?
- **Good intentions don't always yield good results**
 - Prevention efforts should always be driven by the population you are seeking to support and grounded in well-established practice

Prevention Programming Considerations

- ✓ Work within your capacity
- ✓ Quality over quantity
- ✓ Use both data and evidence informed approaches
- ✓ Maintain as much fidelity as possible
- ✓ It's not about *what* you are doing as much as it is about *why* you are doing it, *who* you are doing it with, and *how* you are affecting change over time

Connect with DPH



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Massachusetts Department of Public Health



mass.gov/dph

Practical Solutions to Addressing Substance Use

Sarah M Bagley, MD, MSc

Associate Professor of Medicine and Pediatrics

Boston University Chobanian & Avedisian School of Medicine

January 11, 2023

Agenda

1. Using compassionate and non-stigmatizing language when we talk about substance use and substance use disorder
2. General approaches to treatment of teens and adults with substance use disorders

Substance use and substance use disorders are highly stigmatized

- Stigma is a set of negative and unfair beliefs that a society or group of people have about a particular circumstance, quality, or person
- When a person with a substance use disorder experiences stigma, they are seen as less than because of their addiction
- Two main factors impact stigma:
 - Perceived control that a person has over the condition:
“They would stop using drugs if they really wanted to.”
 - Perceived fault in acquiring the condition:
My addiction is all my fault and I deserve what I get.”

Shift in thinking about substance use disorder

- Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.
- There are **effective** interventions that can prevent initiation of substance use, the consequences of substance use, and treat people with substance use disorder

What is substance use disorder? What are we trying to treat?

American Society of Addiction Medicine:

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Different ways to approach thinking about treatment

- Kinds of treatment: behavioral and pharmacologic
- Levels of care: inpatient, residential, outpatient

Behavioral Treatments

- Behavioral treatments treatment are effective for treating substance use disorders
- These can include strategies such as cognitive behavioral therapy, relapse prevention, and contingency management
- Motivational interviewing is a common guiding approach to communication integrated into these interventions
- Co-occurring treatment for behavioral health disorders can also be integrated into SUD treatment and happen co-currently

Medications to treat opioid use disorder

- Three FDA approved medications to treat opioid use disorder (opioid addiction): naltrexone, buprenorphine, methadone
- Methadone and buprenorphine are the most potent tools to prevent fatal overdose
- Need to take the same approach to medications we use to treat cardiovascular disease, diabetes etc

Medications to treat opioid use disorder

Medication	Settings	How it works
Methadone	Opioid treatment program	Blocks effects of opioids, reduces cravings
Buprenorphine	Any trained health care provider	Blocks effects of opioids, reduces cravings
Naltrexone	Any health care provider	Blocks effects of opioids

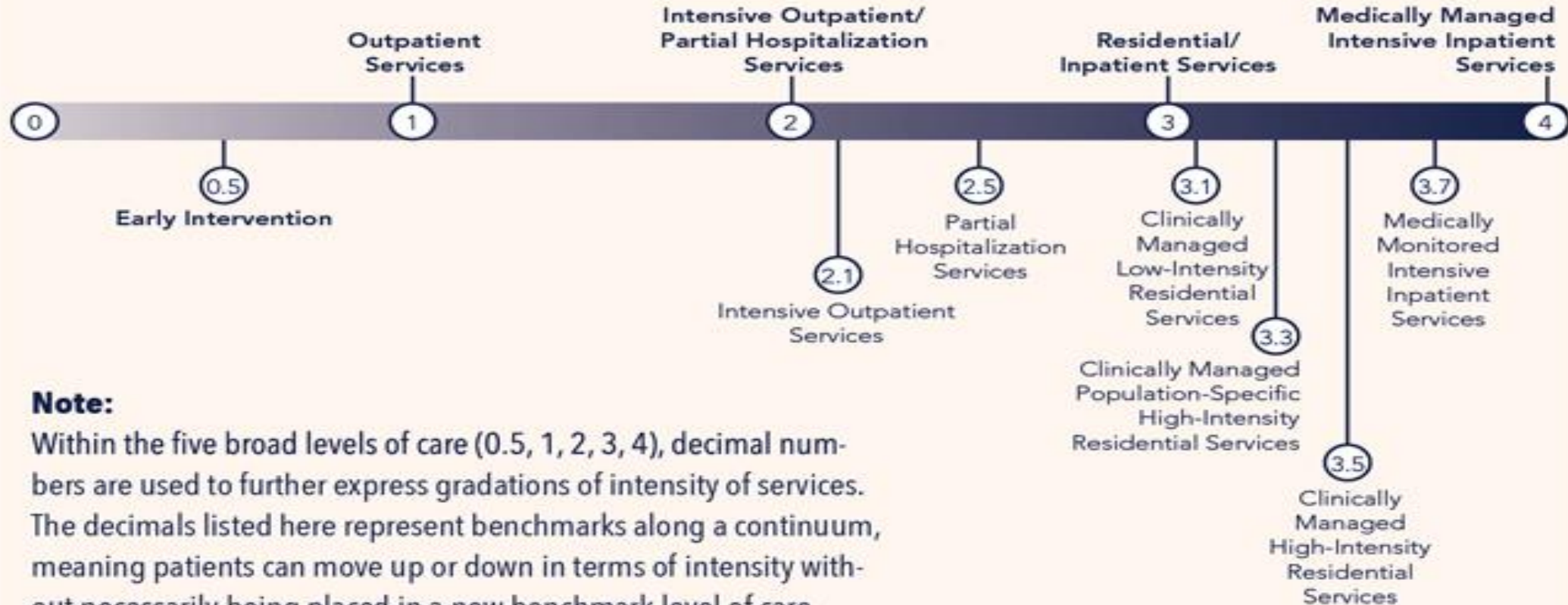
Medications to treat alcohol use disorder

- Three FDA approved medications to treat alcohol use disorder: naltrexone, acamprosate, disulfiram
- Other off-label options as well
- These are all available through any health care provider and can be used on their own or as adjunct to behavioral treatment

What is harm reduction?

- Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
- These can include providing overdose education, naloxone kits, sterile needles, HIV prevention, drug checking
- Lots of high-quality evidence that these strategies reduce harms and save lives
- Harm reduction approach can be integrated into treatment

REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

Outpatient settings

- Outpatient treatment*
- Intensive outpatient programs (IOP)
- Partial hospitalization program (PHP)

*Outpatient treatment can be initiated in the emergency department or hospitals

Acute Treatment Services (detox)

- 24-hour, seven-day-a week, medically supervised addiction treatment that provides evaluation and withdrawal management.
- Services delivered by nursing and counseling staff under a physician-approved protocol and physician-monitored procedures
- Sometimes patients with risk for more complicated withdrawal must be cared for in a hospital setting

CSS (Clinical Support Services)

- 24 hour treatment following detox
- CSS is typically 2-4 weeks
- CSS provides nursing support, case management, SUD education, counseling, and aftercare planning

TSS (Transitional Support Services)

- TSS is very similar to CSS (24 hour treatment)
- It is often called “a holding”
- TSS is 2-4 weeks

- TSS Programs in MA:
Transitions, High Point, Lynn TSS

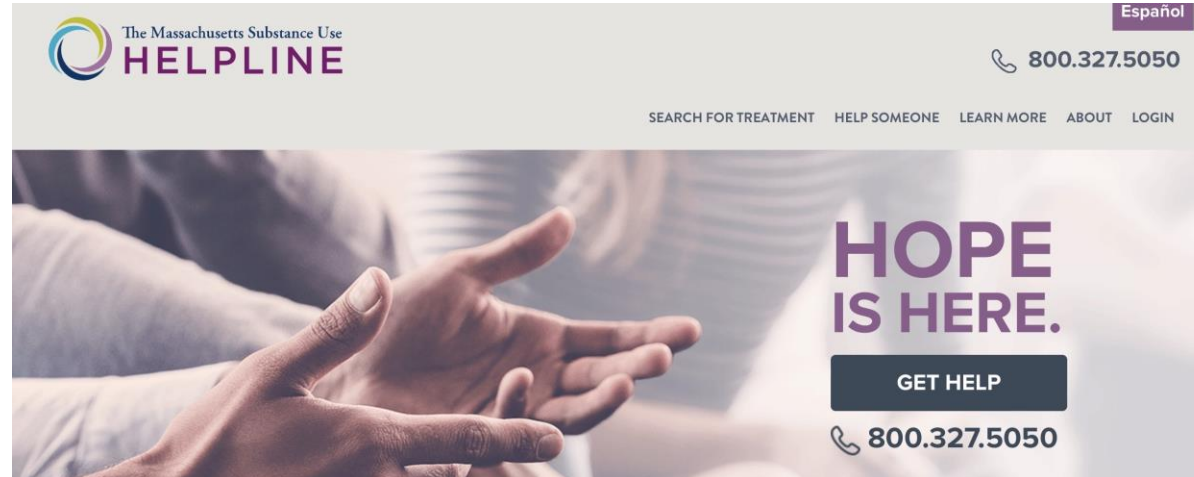
Engaging the family

- Family members are key players to successful treatment
- Often not explicitly involved in treatment planning

Adjuncts to treatment

- Mutual help groups for individuals and their families
- Recovery supports like recovery coaches, recovery navigators, peer support
- Critical components of providing comprehensive, holistic support for people impacted by substance use

Resources



The Massachusetts Substance Use HELPLINE

800.327.5050

SEARCH FOR TREATMENT HELP SOMEONE LEARN MORE ABOUT LOGIN

HOPE IS HERE.

GET HELP

800.327.5050

Behavioral Health Treatment Services Locator

Welcome to the Behavioral Health Treatment Services Locator, a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance use/addiction and/or mental health problems.

PLEASE NOTE: Your personal information and the search criteria you enter into the Locator is secure and anonymous. SAMHSA does not collect or maintain any information you provide.

Find treatment facilities confidentially and anonymously.

Enter an Address, City, or ZIP code

Search facilities

Get Help

FindTreatment.gov

Millions of Americans have a substance use disorder. Find a treatment facility near you.

988 Suicide & Crisis Lifeline

Call or text 988

Free and confidential support for people in distress, 24/7.

National Helpline

1-800-662-HELP (4357)

Treatment referral and information, 24/7.

Disaster Distress Helpline

1-800-985-5990

Immediate crisis counseling related to disasters, 24/7.

Finding naloxone in MA

- Behind the counter access at pharmacies
- Overdose education and naloxone distribution programs
- Prescription from health care provider
- Learn to Cope meetings