

Friday, November 16, 2018

SLOWING THE EMERGING OPIOID EPIDEMIC IN CALIFORNIA

PRESENTED BY

**University of California Los Angeles
Center for AIDS Research (UCLA CFAR)**

**Biobehavioral Epidemiology &
Substance Use Program Section**



CHIPTS
Center for HIV Identification, Prevention
and Treatment Services



CFAR
CENTER FOR AIDS RESEARCH
University of California Los Angeles

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Summary Notes

Participants

Facilitators

Jerry Zack (UCLA CFAR, Director)
Pamina Gorbach (UCLA)
Steve Shoptaw (UCLA)
Ricky Bluthenthal (University of Southern California [USC])

Brian Hurley (LAC Department of Public Health)
Adam Leventhal (USC)
Jonathan Lucas (LAC Coroner's Office)

Presenters

Ricky Bluthenthal (USC)
Pete Davidson (University of California San Diego [UCSD])
Sara Glick (University of Washington)
M-J Milloy (University of British Columbia)
David Stinnett (U.S. Drug Enforcement Agency [DEA])
Marlon Whitfield (DEA)

Attendees

Leo Beletsky (Northeastern University/UCSD)
David Goodman (UCLA)
Chris Grella (UCLA)
Marjan Javanbakht (UCLA)
Jennifer Lovrick (RTI)
Alison Ober (RAND)
Cathy Reback (Friends Research Institute/UCLA)
Stephen Sanko (City of Los Angeles Emergency Services)
Amy Ragsdale (UCLA)
India Richter (UCLA)
Brandon Love (UCLA)

Panelists

Dan Ciccarone (University of California San Francisco)
Yolanda Cordero (Los Angeles County [LAC] Department of Public Health)

Note from the Organizers

The UCLA Center for AIDS Research “Slowing the Emerging Opioid Epidemic in California: Responding to Increases in Opioid, Prescription, and Injection Drug Use” meeting explored why the opioid epidemic, which has affected so much of the Continental United States, has not exploded in California and how researchers can contribute to prevention efforts. We engaged leading HIV/AIDS research to address the impacts of opioids in the populations too often marginalized and especially vulnerable to the effects of HIV (e.g., men who have sex with men [MSM], racial/ethnic minorities, and injection drug users). The following report details our findings and articulates both policy and research recommendations for the field.

– *Pamina Gorbach, DrPH (UCLA), Steven Shoptaw, PhD (UCLA), and Ricky Bluthenthal, PhD (USC)*

Meeting Overview

Purpose:

- Convene a cross-disciplinary group of experts at UCLA to consider current science and policy considerations related to the US opioid crisis
- Discuss California opioid surveillance data and research opportunities related to preventing an outbreak in the region
- Consider the implications for vulnerable populations with a particular focus on those groups affected by HIV (e.g., people who inject drugs [PWID], substance-using minority men who have sex with men [MSM] of color)

Recommendations & Action Items

- Advocate for wide scale drug surveillance to establish real time data and identify fentanyl analogs
- Improve access to naloxone: start with drug users, families, hospitals, then first responders
- Build out specialty treatment services to ensure access to naloxone, clean needles, treatment for those ready, and Federal Drug Administration (FDA) approved medications
- Work with hospital rooms to provide buprenorphine to anyone with signs of substance use and ensure co-prescription to families
- Grow capacity of community health centers to provide medication and counseling services
- Implement a universal screening in hospitals to identify patient populations experiencing substance use
- Develop plans to determine a “risk denominator” using methods such as capture-recapture
- Expand collaborations and communication with Drug Enforcement Agency (DEA) on matters of current science, use patterns, and population trends
- Advertise availability of suboxone and treatment services in nearby clinics
- Establish sobering centers across LA and provide an effective method for emergency medical transport
- Develop targeted field learning to map hotspots and demographic changes longitudinally to better identify fluctuations in patterns of behavior
- Encourage agencies to hire people with lived experience for consultation and provide additional employment opportunities to substance users
- Mobilize leadership at the state level to leverage political action: Work with officials to Integrate statewide data systems to develop the foundation for a holistic public health response

Identified Los Angeles Collaborators

- Safe Med LA: Community needs assessment
- HEART Collaborative (Help for Addiction Recovery & Treatment): Los Angeles County response
- LA C3: Community driven response
- Los Angeles County Medical Examiner-Coroner’s Office: Drug-related death data
- Local Crime labs: Surveillance and testing
- DEA drug seizure data (locally and at the border): Patterns of movement
- LAC Fire Department & Emergency Services: Real-time data and on the ground intervention

Presentation Summaries

Opioid use in people who inject drugs in Southern California (Presenter: Ricky Bluthenthal, PhD)

Dr. Bluthenthal reviewed the significant differences in substance use and patterns found between neighborhoods in Los Angeles. He highlighted the importance of matching prevention and treatment responses to specific local needs. Notably,

he identified polysubstance use and the mixing of heroin and meth to be more common than originally anticipated. He also noted demographic changes in Los Angeles neighborhoods, as Hollywood residents have become younger, less black, and an increasingly homeless. Similarly, drug use patterns have shown predominance of poly drug use, with sizeable increase in goofball (meth/heroin) injection. Additionally, increase in receptive and distributive syringe sharing behavior has been observed. Data from San Francisco supports wide distribution of naloxone as an effective approach to lower the number of fatal overdose cases. Health care providers must hold one another accountable to reduce further neglect of PWID within the health care system. Housing or housing alternatives must be provided. Resources must be accessible to the community on demand. In searching to tackle these challenges it remains critical to address social determinants of health. Overall health and well-being characteristics of homeless PWID reflect increased rates of HCV, depression, food insecurity, violent victimization, arrest, and jail sentences. A long-term effort must be undertaken to re-enfranchise the population.

Overdose prevention and broader context of opioid use in San Diego/Tijuana (Presenter: Dr. Pete Davidson, PhD)

Dr. Davidson reviewed behavioral aspects associated with initial and ongoing substance use. He highlighted how cutting a population off from prescription opioids, either at an individual/prescriber level or at a population/pill mill level can push people to illicit markets. Expanding on this premise, he displayed how ‘tainting’ the prescription opioid supply via abuse deterrent formulations drives people to heroin. He emphasized how when clinical providers fail to provide comprehensive evidence based alternatives to prescribed opioids, opioid dependent people find their own alternatives. Furthermore, he identified the movement of the opioid epidemic to suburban regions and described the role of prescription medications as one origin of substance addiction. These medications are primarily prescribed by physicians, however opioids have been observed to be recommended by peer networks as well. The median age of recorded first opioid use is 17 and 54.6% of individuals obtained the pharmaceutical opioids for a therapeutic purpose. The intention behind substance use changes with prescription opioid misuse. Over time, individuals report a greater interest in using prescription opioids to get high or avoid withdrawal. Additionally, abuse deterrent formulations implemented by the healthcare system has shown to promote transition to heroin. Users have been observed to switch between pills and heroin based on availability. Overall, an alarming number of users have not received effective treatment. Of the sampled population 87% reported ever receiving treatment or counseling for drug or alcohol use in their lifetime. Only 37% of participants had received treatment or counseling in the last 30 days.

Opioid and injection methamphetamine use trends in Seattle, Washington (Presenter: Sara Glick, PhD)

Dr. Glick reviewed the current outbreak of HIV among non-MSM PWID in King County, Washington, which is occurring despite robust syringe services and high levels of HIV viral suppression. She found the outbreak attributable to declines in HIV testing, lack of access to local preventive services, homelessness, and an overall growing at risk population. Notably, she highlighted there is no evidence of a bridge between MSM who use meth and the new cases of HIV in non-MSM users. She cited these patterns as not isolated, but rather reflective of growing trends in other urban areas. In Seattle, urban gentrification has caused homeless encampments to emerge in northern neighborhoods. Among those experiencing homelessness, poly drug use, particularly the presence of meth, becomes a frequent aspect of public living. This fact amid the emerging contamination of drugs by fentanyl has resulted in an upswing of overdose deaths. Additionally, these outlying neighborhoods lack access to the hyper local prevention services located in urban centers. The outbreak of 26 new HIV cases in 2018 is in part attributed to a lack of access to preventive services. In response to the outbreak, the public health department has increased HIV testing and the distribution of clean injection equipment in the affected areas. One program that has been successful in engaging PWID living with HIV is the MAX Clinic, which provides walk-in services, food, and incentives for individuals who had previously fallen out of HIV care and were not virally suppressed but are now working toward achieving viral suppression.

Vancouver opioid use patterns and points of comparison to California (Presenter: M-J Milloy, PhD)

Dr. Milloy reviewed the national crisis of overdose deaths in Vancouver, Canada. He examined the spark of the crisis by fentanyl contamination of the drug supply within the context of behavioral, social, and structural risks. He emphasized the urgent need to expand the scale of evidence-based harm reduction and clinical treatments locally to reduce the number of overdose deaths. In Vancouver, 2018 marks the fourth consecutive year of record number overdose deaths caused by fentanyl. Substance use in the area is attributed to the improper management of chronic pain and the experience of childhood trauma. Overtime, changes in use have been observed as white powder heroin has largely disappeared and been replaced by illicitly manufactured opioid pills, including fentanyl and carfentanyl. In light of the severity of the opioid epidemic, a public health emergency has been declared. The declaration resulted in numerous concrete actions i.e. legalization of overdose prevention clinics, increased funding to address substance use, the creation of the Ministry of Mental Health and Addiction, and greater access to the public health care database. Presently, 75% of substance users have been identified as being sub-optimally in care. Substance users experience a variety of barriers to care including the predominance of abstinence recovery programs, high rates of criminalization, low welfare rates, limited access to mental health support, and a largely unattainable health service system. A greater demand for low barrier clinics able to provide immediate care is necessary to combat this epidemic. So far, increased distribution of take home Naloxone kits has demonstrated improved reduction of fatale overdoses. Innovative pilot studies have found success in placing knowledge regarding the presence of fentanyl in the hands of substance users via mass spec readings in order to influence use behaviors. In addition, providing injectable opioid agonist therapy among a high-risk group of users has demonstrated zero fatal overdoses since 2013 among the 140 serviced clients at one Vancouver clinic.

West Coast fentanyl distribution and use trends: DEA Perspective

David Stinnett and Marlon Whitfield provided an overview of the knowledge possessed by the federal government on the production and movement of illicit drugs into the US. Notably, Los Angeles is presently identified as the primary trans-shipment zone for drugs in the US. Additionally, Los Angeles is the primary location of money laundering with the majority occurring within the garment district. In regard to fentanyl, contamination is understood to be a choice made by drug traffickers to maximize cartel profit. Fentanyl is being transported wholesale and mixed in domestically. Traditionally, traffickers will mix fentanyl with diluents and sell it as “synthetic heroin” or use fentanyl to increase the potency of low-quality heroin. Since 2015, there has been a marked surge in the availability of non-pharmaceutical fentanyl pressed into counterfeit prescription opioids for street sales. Many users who purchase fentanyl-laced heroin have no knowledge that fentanyl is mixed into the heroin. In many cases, the shape, colorings, and markings are consistent with authentic prescription medications and the presence of fentanyl only becomes known under laboratory analysis. Fentanyl is largely received from China with anywhere from 60-600 analogs. Notably, black tar heroin remains unsuccessful in its ability to mix with fentanyl. Consequently, in the US fentanyl-related mortality is concentrated primarily in the Northeast and Midwest. Historically, cartels did not generate the patterns and cycles of substance use, however they are known to follow them.

Panel Summaries

Proactive Measures to Control the Epidemic (Panelists: Steve Shoptaw, Brain Hurley, Yolanda Cordero, Adam Leventhal)

- Nationally 10% of those with opioid use disorders make it to specialty care; max 20% touched by treatment facilities or substance use experts.
- Youth are not captured in opioid initiation studies and there may be increased rates of heroin use in the population
- Withdrawal process inhibits access to care, reimagine treatment, make highly efficacious medications accessible.
- ER equipped to treat withdrawal for blood levels for three days. Active drug users avoid ER and are often denied care. We must rebrand systems and gain community buy-in.

- Public health agencies must bridge the gap between substance use and homelessness resources. Co-location necessary but not sufficient, build resources in areas most affected.
- Vancouver found 10% drop in fatal overdose if individuals are provided housing. Housing reduces mortality and harm experienced but does not cure condition. Services provide context to thrive. Ideally, sober living would not be required.
- The VA struggles to provide housing, with high overdose, demonstrating the need to aid in development of a life past substance use, and employment of clients in meaningful ways.
- No one intervention works for everyone. Target 10% here, other 10% here. Multi-factorial approach is required.

Promising Interventions & Approaches (Panelists: Ricky Bluthenthal, Dan Ciccarone, Jonathan Lucas)

- Limited understanding of epidemic if only using biopsy/mortality data – these data are only the tip of the iceberg.
- With morgue data, suggested to identify who is overdosing (e.g., injectors or those snorting meth with fentanyl), identify pattern, and go from there.
- LA County Coroner's office identifies as a collaborative agency providing data.
- Crime lab data inexpensive to access, database built around prosecution of drug dealers.
- Public health and public safety response necessitates real-time overdose map, current opioid response team identifies opioid deaths and investigate as homicide.
- Law enforcement data accessible, able to identify upcoming changes based on drug seizure at the border
- Fire department providing acute medical care, however only compensated if brought to ER, to utilize provision of funding required to allow alternative destinations for transport, Fire department picks up 70% of 911 calls and identify as an excellent source of real-time data
- Public health responses must move away from silo responses, full level of impact achieved through collaboration
- Arm population of drug users with resources, collect information, invest in these communities, provide money to drug user union, collaborate with drug users to map regions
- Need to do drug surveillance, examine analogs

Additional Discussion Items

- A locally driven/multifaceted approach is advised if public health officials and researchers are going to curb effects of the opioid epidemic.
- Poly drug use is common if not the norm.
- Distribution of naloxone should be expanded.
- Homelessness compounds challenge of most impacted individuals and must be considered in any proposed opioid epidemic solutions.
- Community agencies and clinics should hire people with lived experience.
- Sobering centers like the one in downtown LA should be expanded.
- Research on cannabis as an effective mode of harm reduction should be explored.
- Leverage crisis to achieve structural change, address long-term endemics through intersection of addiction.
- Engage political stakeholders to make local change.