
# DPH BSAS Q1 Opiate Report Slides 5-14-2021

## Preliminary data show 507 confirmed and estimated opioid- related overdose deaths in the first three months of 2021, an estimated 2% increase compared with the same period in 2020.

**Figure 1. Opioid-Related Overdose Deaths, All Intents by Month**

**Massachusetts Residents: October 2019- March 2021**

250

200

3

5

4

7

4

4

5

150

6

27

2

79

100

176

171

191

210

176

183

173

146

141

156 150

50

86

0

Oct

Nov

Dec

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep October November December Jan

11

Feb

2

Mar

2019 2020 2021

 ~~1~~

153

 ~~1~~

155

168

177

183

185

Confirmed Estimated

**Number of Deaths**

**Estimated 498 deaths Estimated 507 deaths**


## The rate of opioid-related overdose deaths has increased 5% in 2020 compared with 2019 and is 1% lower than the 2016 peak.


## Fentanyl remains a key factor in opioid-related overdose deaths (92% present in toxicology screen in 2020).

**Figure 4. Percent of Opioid-Related Overdose Deaths with Specific Drugs Present**

**Massachusetts Residents: 2014 - 2020**

100

90

80

70

60

50

40

30

20

10

0

1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4

2014

2015

2016

2017

2018

2019

2020

**Year and Quarter**

Fentanyl¹ Likely Heroin

Prescription Opioid² Benzodiazepine Cocaine

Amphetamine3

**Percent**

## Between 2019 & 2020, the confirmed opioid-related overdose death rates for Black non-Hispanic men increased significantly at 69%.


## DPH/BSAS is implementing new investments to enhance treatment and recovery support, particularly in communities of color

* BSAS is dedicating a significant portion of supplemental funding from SAMHSA’s Substance Abuse Prevention & Treatment Block Grant towards addressing racial equity, including:
	+ Increasing **behavioral healthcare workforce diversity, recruitment, and retention** through workforce development initiatives
	+ **Funding community-led programming in communities of color** through grant making and support for increasing community-based organizations’ ability to contract with the Commonwealth
	+ **Increasing the number of culturally-specific programs** across the continuum of prevention, outreach/engagement, treatment, and recovery support services
	+ **Increasing investments in pre-arrest diversion/co-response models**, in order to divert people with SUD from the criminal justice system, in partnership with the Department of Mental Health
	+ **Increasing funding for low-threshold housing/housing first models in Suffolk County,** with program expansions expected in Merrimack Valley, Springfield, and Worcester to address communities in need


## DPH/BSAS addresses health and racial equity by continuing

## and enhancing existing programs

* Current BSAS programs dedicated to addressing overdoses in the Black/Latinx community include:
	+ **Recovery-Based Re-Entry Services for Black and Latino Men**, a pilot program for Black and Latino men leaving incarceration that will be provided by the following agencies:

ꟷ Fathers’ Uplift

ꟷ Casa Esperanza

ꟷ Legendary Legacies

ꟷ New North Citizens’ Council

ꟷ Greater Lawrence Family Health Center/Lynn Community Health Center

* + Increased investments in the **Black Addiction Counselor Education (BACE)** and **Latinx Addiction Counselor Education (LACE)** programs to support Black and Latinx people seeking to enter the SUD workforce
* BSAS is also partnering with other existing **culturally-specific agencies/programs in the Commonwealth** to expand their services and provide increased access for communities of color


## DPH/BSAS has aggressively maximized access to SUD treatment during the COVID-19 pandemic, and is continuing the fight against the opiate crisis

* Increasing access to naloxone – from March 2020 to April 2021 **over 110 thousand naloxone kits** have been distributed to Opioid Treatment Providers (OTP), Syringe Service Programs, community health centers, hospital emergency departments, and county Houses of Correction.
* Implementing a **new standing order for naloxone** allowing providers/organizations such as **first responders, co-response/jail diversion teams, criminal justice personnel, and health and human services workers** (such as those in homeless shelters, drop-in centers, and soup kitchens) to give naloxone to individuals at risk and their friends/family.
* Obtaining a **blanket exception** from SAMHSA on behalf of Massachusetts Opioid Treatment Programs (OTP) for take home doses of MOUD. As of December 2020, **48.5% of OTP patients are receiving take home doses**, compared to the pre-COVID average of 15.6% in December 2019.
* Implementing the broad adoption of a DEA waiver allowing prescriptions for **buprenorphine and naltrexone to patients for whom providers have conducted telehealth sessions**, as well as induct patients on buprenorphine and naltrexone.
* Reimbursing contracted Office Based Opioid Treatment (OBOT) providers for **cell phones and data plans** to maintain patients’ ability to keep in contact with their providers for telehealth.
* Establishing **COVID+ ATS and CSS units** to facilitate positive patient transfers and maintain capacity within the rest of the treatment system.
* Leveraging the second round of **State Opioid Response (SOR) funding** from SAMHSA to increase access in Massachusetts to all FDA-approved forms of MOUD, reduce unmet treatment needs, and reduce opioid/stimulant misuse and overdose.
* Working with programs to **prevent and mitigate the spread of COVID-19**, including distributing guidance on surveillance testing, screening and isolation of patients/staff, and increased flexibility in bed allocation between different service settings to accommodate changing patient needs at individual programs.