

It's Not Working

*Addressing Inefficacies of Response to the Fentanyl/
Opioid Crisis in Ventura County, CA*

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INTRODUCTION

Despite efforts to address the rapid increase in opioid-, in particular fentanyl-, related fatalities and hospitalizations in recent years, efforts to quell the surge have fallen flat. Expansions of programming across state and regional public health departments have consequently yielded mixed, or no, results. In at least one case (that of reducing opioid prescriptions dispensed), the result has been (Ventura County Public Health, 2024)¹ to meet policy goals, but make the problem worse. One notable concern has been in the expansion of programs built upon the CA Bridge plan, which contains several elements to identify early addiction patterns and risks in patients, including (CA Bridge Treatment Protocols, n.d.)²: (a) the use of education programs, (b) Substance Use Navigators in hospital and medical settings, and (c) expansions of illegal drug sting operations across countywide law enforcement. While funding has grown exponentially in recent years for this programming, the limited net positive impact, and near blackout of availability of information to ascertain efficacy, calls into question insufficiencies in these particular responses as a methodology for meeting the crisis of the moment. This White Paper will discuss drivers of opioid and fentanyl use and complications, and identify a potential solution to this shortfall in meeting or evaluating program goals.

ABSTINENCE FROM NARCOTICS AS A METHODOLOGY

Perhaps the most glaring example of a methodology to address the program that has not only been insufficient, but harmful, is the (CA Bridge Treatment Protocols,

¹ Ventura County Public Health. (2024, July 1). <https://www.vchca.org/agency-divisions/public-health>

² CA bridge treatment protocols. (n.d.). <https://bridgetotreatment.org/wp-content/uploads/protocol-packet.pdf>

n.d.) policy or norm to reduce prescribing of narcotics by physicians in a variety of healthcare settings. The premise of this shift in colloquial policy is that (Biassotti, 2023)³by prescribing less, patients will instead turn to alternative methods of pain control, for example therapy, physical training, or non-narcotic alternatives. Ventura County's policies are matched in almost every other county across the contiguous United States. Prescribing of opioids continues to be on the precipitous decline, with regional and state policymakers now suggesting laws or legislation to further this trend.

Years into this shift in prescribing, however, we see numerous factors have changed as unintended consequences, including (Ventura County Public Health, 2024):

- 1 - Increase in narcotics taken that have been acquired illegally. These illegally obtained narcotics are often unreliable as to their origin and contents, and have led to significant increases in accidental overdoses of opioids, in particular fentanyl;
- 2 - Patients increasing use of non-narcotic, over the counter medications without a full understanding of appropriate dosages, limitations, and side effects; and,
- 3 - An alarming increase in suicides among patients reporting chronic pain or illness.

Fundamentally, pain is a complex issue to diagnose, treat, and manage. While an observed over-prescribing of narcotic pain medications in recent decades has been monitored closely, requiring some sort of response, sacrificing entire groups of patients and patient care by forcing a "one size fits all" abstinence from narcotics as a methodology was clearly done in haste, error, and - in some cases - fear.

³ Biasotti, T. (2023, March 15). Fentanyl deaths hit new peak in 2022 in Ventura County. Ventura County Star. <https://www.vcstar.com/story/news/local/2023/03/15/opioid-overdoses-killed-more-than-200-people-in-ventura-county-in-2022/70005291007/>

ADDITIONAL METHODOLOGIES

Though abstinence from narcotics is not the only methodology that has been deployed by physicians, policymakers, and law enforcement in recent years. CA Bridge - the State of California's approach to opioid use and addiction - and other similar programming across the country - has built a multi-pronged framework for approaching the opioid, especially fentanyl, crisis, which includes (CA Bridge Treatment Protocols, n.d.): (a) increasing education programming, (b) deploying more Substance Use Navigators to hospitals and medical care facilities, and (c) expanding law enforcement operations to counter drug trafficking and sales. Millions of dollars have been dispersed (Biasotti, 2023; Ventura County Civic Alliance, n.d.)⁴ in the form of federal and state grants to fund these types of epidemic responses, especially in the employment and deployment of Substance Use Navigators. Navigators are (CA Bridge Treatment Protocols, n.d.; Ventura County Public Health, 2024) essentially tasked with recognizing the symptoms of patients that are at risk of addiction or addiction-related mental health consequences, including overdose, homelessness, and death. However, in spite of massive increases in funding and training, the expansion of SUNS across the healthcare ecosystem have had (Biasotti, 2023; CA Overdose Dashboard, n.d.)⁵ a negligible impact on solving the crisis; in fact, since programming expansion, the problem has only worsened.

We need look no further than the metrics we are attempting to correct to evaluate the inefficacy of our responses to the opioid, in particular fentanyl, crisis (CA Overdose Dashboard, n.d.):

1 - Emergency room visits for opioid related reasons remain above baseline. In Ventura County, CA, ED visits remain at a per capita rate above 70/100K. Hospitalizations (a

⁴ Ventura County Civic Alliance. (n.d.). *State of the region report 2023*. <https://publuu.com/flip-book/111925/659299/page/1>

⁵ CA overdose dashboard. (n.d.). <https://skylab.cdph.ca.gov/ODdash/>

patient's issues being unresolvable in the ED (and requiring admissions) continue to rise to a per capita rate of 12.9/100K;

2 - Overdoses and deaths continue to rise. In some states, such as Washington, Oregon, and California, overdoses have increased by (Staff, 2023)⁶ between 1400%-1500% since 2020.

In many ways, this may be due to similar reasoning as the failure of under-prescribing legitimate pain conditions: a one size fits all approach is insufficient and may cause harm. Especially in the context of other, external factors: it's not working.

MENTAL HEALTH, LIVING CONDITIONS

There are additional considerations when evaluating reasons why the response to the opioid, in particular fentanyl, crisis is not being quelled as sufficiently, or as quickly, as policymakers, healthcare professionals, and citizen stakeholders may find acceptable.

When we go back to the data presented by (Ventura County Civic Alliance n.d.; Ventura County Public Health, 2024) the public health department in Ventura County, CA, age ranges of overdose deaths suggest to us a picture that is more nuanced, and demands more qualitative research as to the problems overall that may be impacting opioid use. Specifically, the (CA Overdose Dashboard, n.d.) greatest use of opioids, and subsequent overdoses and fatalities, occur in middle aged adults. This suggests other, additional factors may be increasing drug use and complications - working conditions, mental health and isolation, living conditions, housing insecurity, stress

⁶ Staff, F. 12. (2023, September 26). Oregon, Washington see largest increases in *fentanyl deaths since last year*. <https://www.kptv.com>. <https://www.kptv.com/2023/09/26/oregon-washington-see-largest-increases-fentanyl-deaths-since-last-year/>

related to work or financial pressures, and more (211 Ventura County, 2024)⁷. Though, without any meaningful research or transparency by county, state, and federal agencies about programming and benchmarking, understanding and factoring for these other drivers of opioid, in particular fentanyl, use will remain elusive.

CONCLUSION: SOLUTIONS

Einstein is commonly held to have said that insanity is doing the same thing over and over again and expecting different results (paraphrased). And yet, in the context of responding to the fentanyl/opioid crisis, we are doing just that. This is not to suggest that physicians should resume prescribing increasing more, and stronger, opioids to patients, or that all Substance Use Navigators and drug-related law enforcement professionals and experts should be fired. Rather, the solution is in developing a bigger and better picture of the myriad of factors that are impacting drug trafficking, sales, illegal and legal use, and complications, overdose, and death. And instead, look for strategies to address those all - in tandem, and head on. This may only be done, though, with a more thorough, qualitative analysis; one which rejects a one size fits all narrative, and one with complete access to available data, programming, and benchmarks across various agencies and organizations involved in solving this crisis. Cynics will argue that the task is too big to take on, that funding for such an investigations lacking; or that (Kelner, 2023)⁸ one community does not represent a universal truth through out the fabric of America, or the world. However, as we see (Kelner, 2023) similarities in the data surrounding fentanyl/opioid problems replicated over and over again in different communities, it is clear that as we apply similar

⁷ 211 Ventura County. (2024, June 6). <https://211ventura.org/>

⁸ Kelner, M. (2023, May 4). The million dollar streets strewn with bodies contorted by the effects of Fentanyl. Sky News. <https://news.sky.com/story/the-million-dollar-streets-strewn-with-bodies-contorted-by-the-effects-of-fentanyl-12871961>

ineffective methodologies to solve the crisis, similar outcomes (both positive and negative) are being realized across varying populations. Thus, expanded studies on what is going in to this crisis will help to articulate more effective strategies to bring an end to the crisis. Another famous Einstein quote if you always do what you always did you will always get what you always got (again, paraphrased). As this applies to the fentanyl/opioid crisis, what we are doing is not working and yet we are always doing more of the same.

We must discover now something that is new.

