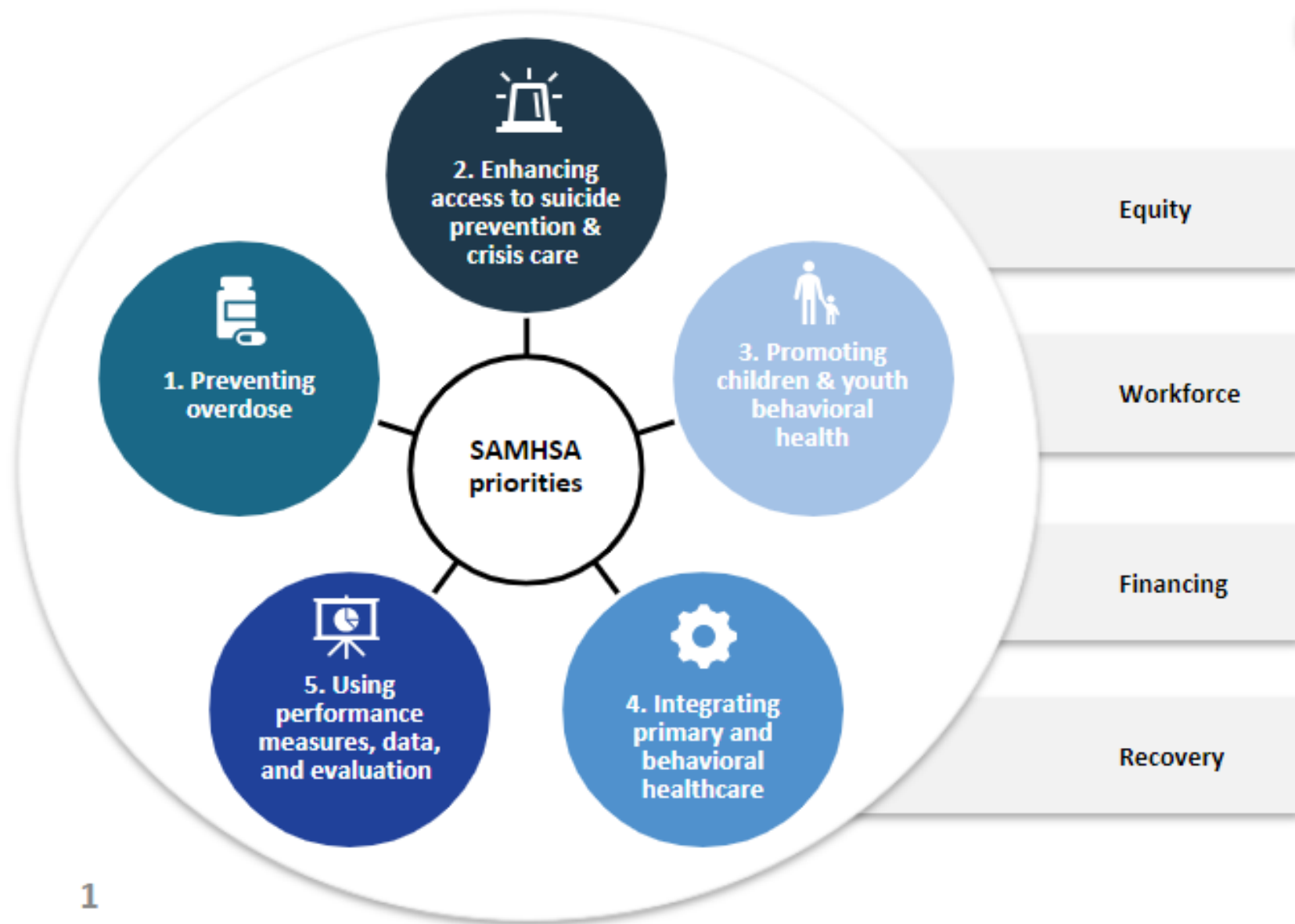


SAMHSA Drug Use Trends in Region 8 and Region 10

Lois Gillmore, LCSW-BCD, MARS, CRAADC
Region 10 (Alaska, Idaho, Oregon, Washington and 272 Sovereign Tribes
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
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SAMHSA Priorities and Cross-Cutting Principles



— Cross-cutting principles



Miriam Delphin-Rittmon, Ph.D.
Assistant Secretary for Mental
Health and Substance Use

SAMHSA National Initiative Priorities

- SAMHSA's 2023-2026 Strategic Plan
 - Strategic Plan presents a new person-centered mission and vision
 - Five priority areas are:
 - Preventing Substance Use and Overdose
 - Enhancing Access to Suicide Prevention, Mental Health Services and Crisis Care.
 - Promoting Resilience and Emotional Health for Children, Youth and Families.
 - Integrating Behavioral and Physical Health Care.
 - Strengthening the Behavioral Health Workforce

SAMHSA's Core Values

- **SAMHSA Core Values:**
- We are guided by four principles throughout each priority area: **equity, trauma-informed approaches, recovery, and commitment to data and evidence.**
- **The 4 pillars of SAMHSA:**
- Without creating the right foundation for recovery, it is harder to ensure that you will be able to avoid substance misuse in the future. SAMHSA's four pillars are **health, home, purpose and community.**
- SAMHSA's work is guided by four core principles that are being integrated throughout the Agency's activities.
- **The four core principles are:**
 - Equity
 - Trauma-Informed Approaches
 - Recovery
 - Commitment to Data and Evidence

FQHC Funding Opportunities

- <https://www.Grants.gov> will give you SAMHSA, HRSA, OASH and other Federal Grant Funding Opportunities
- SAMHSA has a Grants Dashboard that you can go to for Funding Opportunities as well: <https://www.samhsa.gov/grants/grants-dashboard>
- On this page you will find: [View SAMHSA's Funding Opportunity Forecasts for Fiscal Year 2024.](#)
- You can sign up for email announcements and updates here as well.

FQHC – Federally Qualified Health Clinic

SAMHSA Communications

- New Press Announcements
- [SAMHSA Announces New Report Describing Key Elements of a Core Curriculum for Substance Use Disorder](#)
- [Alcohol Awareness Month](#)
- New or Modified NOFOs:
 - [The National Center for Mental Health: Dissemination, Implementation, and Sustainment](#)
 - [Sober Truth on Preventing Underage Drinking Act Grants](#)

New eBlasts:

- [New Resource: Financing Peer Recovery Support: Opportunities to Enhance the Substance Use Disorder Peer Workforce](#)
- [NEW NOFO: The National Center for Mental Health: Dissemination, Implementation, and Sustainment](#)
- [NEW NOFO: Cooperative Agreements for the Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Program](#)
- [Pre-Application Webinar: Promoting the Integration of Primary & Behavioral Health Care: States](#)
- [Headlines: \\$39.4 Million in Funding Opportunities](#)

New Videos:

- [Updating the Tribal Behavioral Health Agenda](#)
- [SAMHSA Building Communities of Recovery \(BCOR\) Pre-Application Webinar](#)
- [SAMHSA Building Communities of Recovery \(BCOR\) Pre-Application Webinar 2](#)
- [Financing PRSS: Opportunities to Enhance the Peer Support Workforce](#)

FQHC Current Funding Opportunities

	Grant Name	Center	Due Date
TI-24-010 Initial	Screening, Brief Intervention, and Referral to Treatment	CSAT	4/12/2024
SM-23-021 Modified	Tribal Behavioral Health	CMHS	3/06/2024
SP-23-005 Initial	Minority AIDS Initiative: The Substance Use and Human Immunodeficiency Virus Prevention Navigator Program for Racial/Ethnic Minorities	CSAP	6/20/2023
SM-23-024 Initial	Certified Community Behavioral Health Clinic Planning, Development, and Implementation Grant	CMHS	5/22/2023
SM-23-016 Initial	Certified Community Behavioral Health Clinic Improvement and Advancement Grant	CMHS	5/22/2023
TI-23-008 Initial	Minority AIDS Initiative: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS	CSAT	5/22/2023
SM-23-005 Initial	Promoting the Integration of Primary and Behavioral Health Care	CMHS	5/22/2023

Leadership with Technology Transfer Centers

- SAMHSA Participates in TTC calls with the ATTC, MHTCC, and the PTTC
- SAMHSA presents at each Advisory Board Meeting for each TTC quarterly meeting to provide SAMHSA updates
- Regularly updating TTCs on stakeholder's priorities helps them plan their curriculum and training

Northwest Region 10 Addiction Technology Transfer Center (ATTC)

Bryan Hartzler, PI/Director

University of Washington, 206-543-8369

hartzb@uw.edu

Mitch Doig Co-Director

mdoig@uw.edu

Northwest Region 10 Mental Health Technology Transfer Center (MHTTC)

Lydia A. Chwastiak, MD, MPH, Co-Director and PI

University of Washington, School of Medicine

lchwast@uw.edu

Christina N. Clayton, LICSW, SUDP Co-Director

cclayton@uw.edu

Northwest Region 10 Prevention Technology Transfer Center (PTTC)

Kevin Haggerty, Project PI/Director

University of Washington, School of Social Work 816-235-6888

haggerty@uw.edu

Michelle Frye-Spray, Project Co-Director

mfryespray@casat.org

Brittany Cooper, Project Co-Director

brittany.cooper@wsu.edu

Practitioner Training and Resources

- <https://www.samhsa.gov/practitioner-training>
- *On this page you will find help for:* Homelessness and unhoused; Crisis care and intervention; Substance Abuse and Child Welfare; National Family Support; Addiction; Prevention; Harm Reduction; Child, Youth, and Family Mental Health; Serious Mental Health; Mental Health Recovery; Providers Clinical Support System; Rural Opioid TA; Service Members, Veterans and Families; SMI Advisor – Serious Mental Illness Clinical Support System; Suicide Prevention; Tribal TA; African American, Asian American, Native Hawaiian, and Pacific Islander TA; Peer Recovery; Tobacco Cessation and a plethora of other information.
- <https://www.store.samhsa.gov> Free toolkits, Tips, Taps, EBPs, ect

Mental Health In the US

- The US Substance Abuse and Mental Health Services Administration ([SAMHSA](#))'s annual [survey](#) shows that one in five US adults experiences mental illness each year.





**Find Support for issues with
mental health, drugs, or
alcohol**

[samhsa.gov/find-support](https://www.samhsa.gov/find-support)

National HelpLine: 1-800-662-HELP (4357)



**Millions of Americans
have mental and
substance use disorders.
Find treatment here.**

[findtreatment.gov](https://www.findtreatment.gov)

Tools Cont'd



988 serves as a universal entry point so that no matter where you live in the United States, you can reach a trained crisis counselor who can help.

You can call, text, or chat **988** for 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress.

That could be:

- Thoughts of suicide
- Mental health or substance use crises
- Emotional distress



Resources to Help Manage Unhealthy Alcohol Use

AHRQ – Agency for Healthcare Research and Quality

www.ahrq.gov

Resources to Help Manage Unhealth Alcohol Use



Nearly 29 million adults had alcohol use disorder in 2022, according to the National Survey on Drug Use and Health. The [AHRQ Academy's](#) searchable database provides nearly 600 resources for managing unhealthy alcohol use, including trainings and toolkits. An [AHRQ guide](#) answers primary care clinicians' questions about prescribing medications to treat alcohol use disorder. Access information about [AHRQ's EvidenceNOW: Managing Unhealthy Alcohol Use Initiative](#), which is helping primary care practices implement screening, brief intervention and treatment referrals for patients with unhealthy alcohol use.

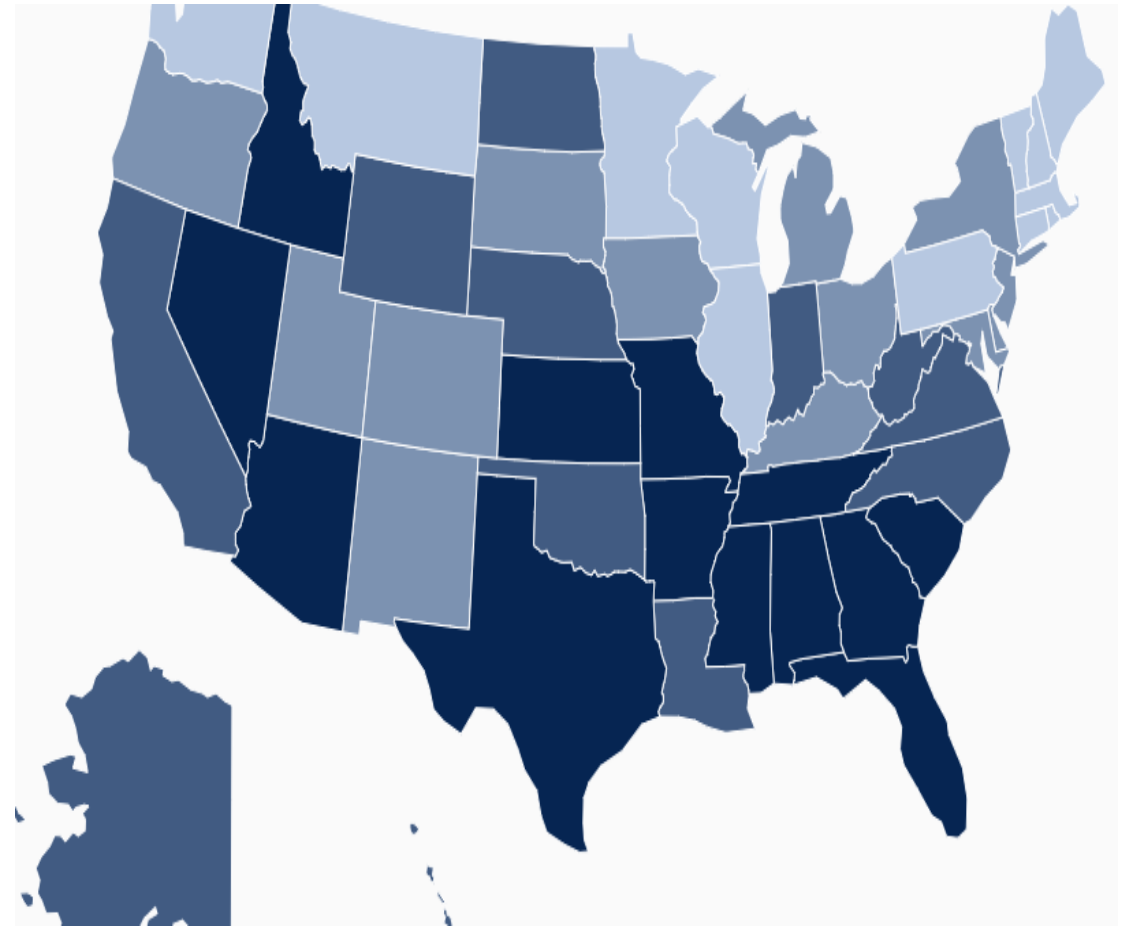
National Access to Behavioral Health Care Data

- <https://mhanational.org/issues/2022/mental-health-america-access-care-data>

On Website you can hover over the State to see ranking

They rank in access:

Oregon: 19	Colorado 21
Washington: 11	Wyoming 36
Idaho: 42	N Dakota 27
Alaska: 34	S Dakota 23
California: 30	Utah 26
Nevada: 39	

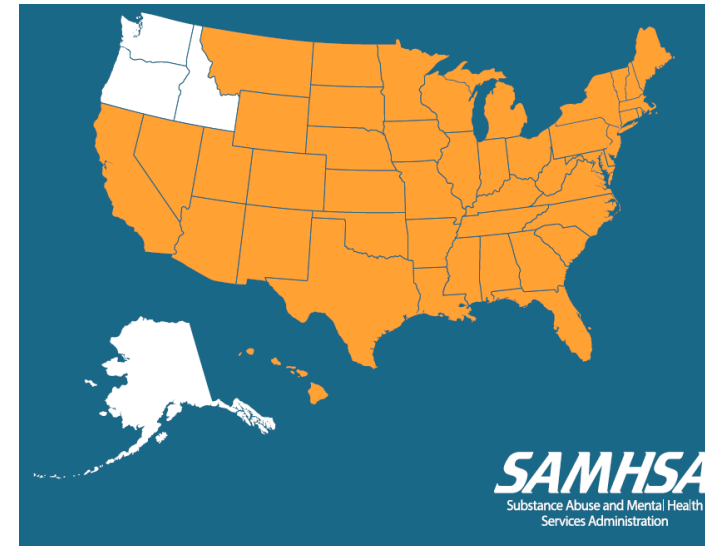
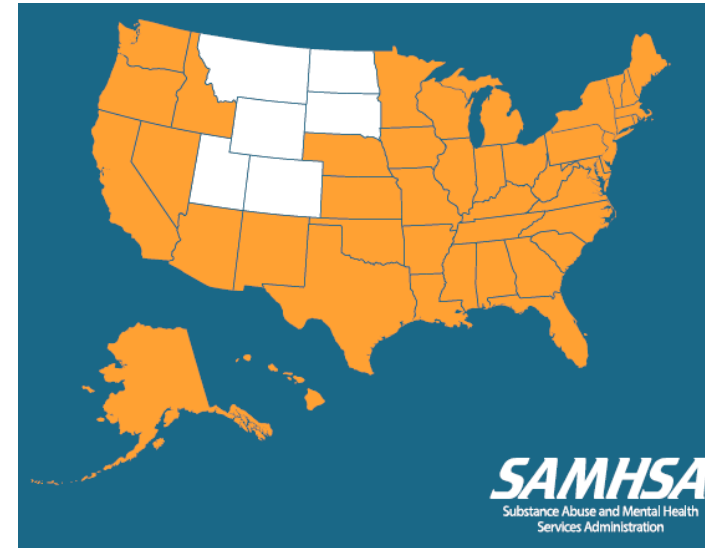


NSDUH Scope and Target Population

- Conducted by the Federal Government since 1971
- Comprehensive household interview survey of substance use, substance use disorders, mental health, and the receipt of treatment services for these disorders in the United States
- Produces estimates representative of the population at national and state levels
- Sample size: ~70,000 annually
- Covers the civilian, noninstitutionalized population, aged 12 or older in all 50 states and DC:
 - Includes: Households, college dorms, homeless in shelters, civilians on military bases
 - Excludes: Active military, long-term hospital residents, prison populations, populations experiencing homelessness not in shelters

State and Regional Prevalence Estimates

- Estimates are annual averages of **2021-2022**
- Statistically significant differences with a threshold of 0.05 were noted
- Estimates cover HHS Regions **8** (Colorado [CO], Montana [MT], North Dakota [ND], South Dakota [SD], Utah [UT], and Wyoming [WY]) and **10** (Alaska [AK], Idaho [ID], Oregon [OR], and Washington [WA]).
- Unless otherwise specified, estimates were generated using a **small area estimation (SAE)** methodology



Region 8

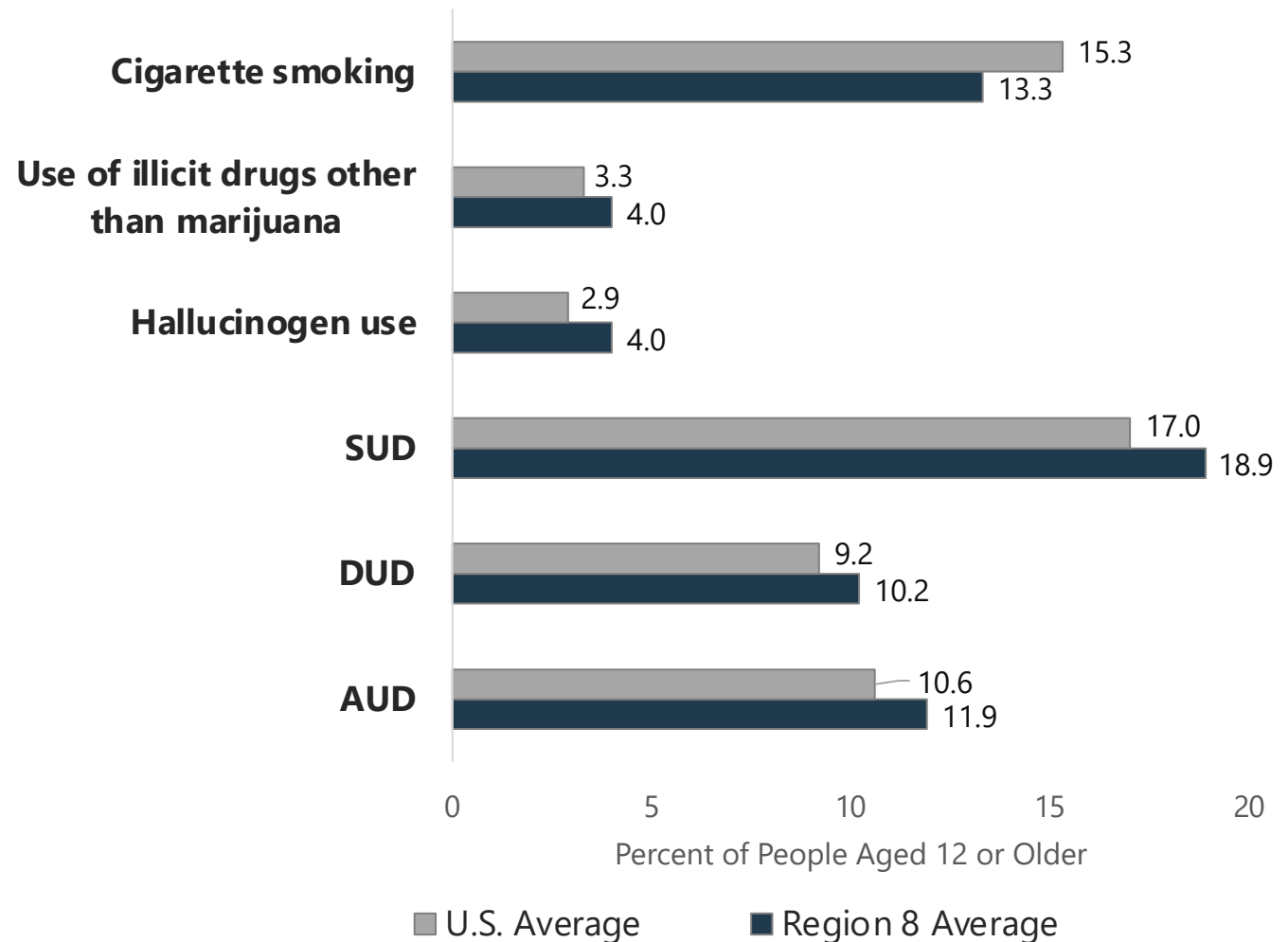
HHS Region 8: Substance Use and Substance Use Disorder Among People Aged 12 or Older

- In 2021-2022, compared to the **national average**, the prevalence in **Region 8** was:

- **Higher** for
 - Past-month use of illicit drugs other than marijuana
 - Past-year hallucinogen use
 - Past-year SUD
 - Past-year DUD
 - Past-year AUD

- **Lower** for past-month cigarette smoking

Note:* Although the prevalence of cigarette smoking was **lower among people aged 12 or older, it was **higher** among underage people 12 to 20 (R8: 4.4%, U.S.: 3.4%)



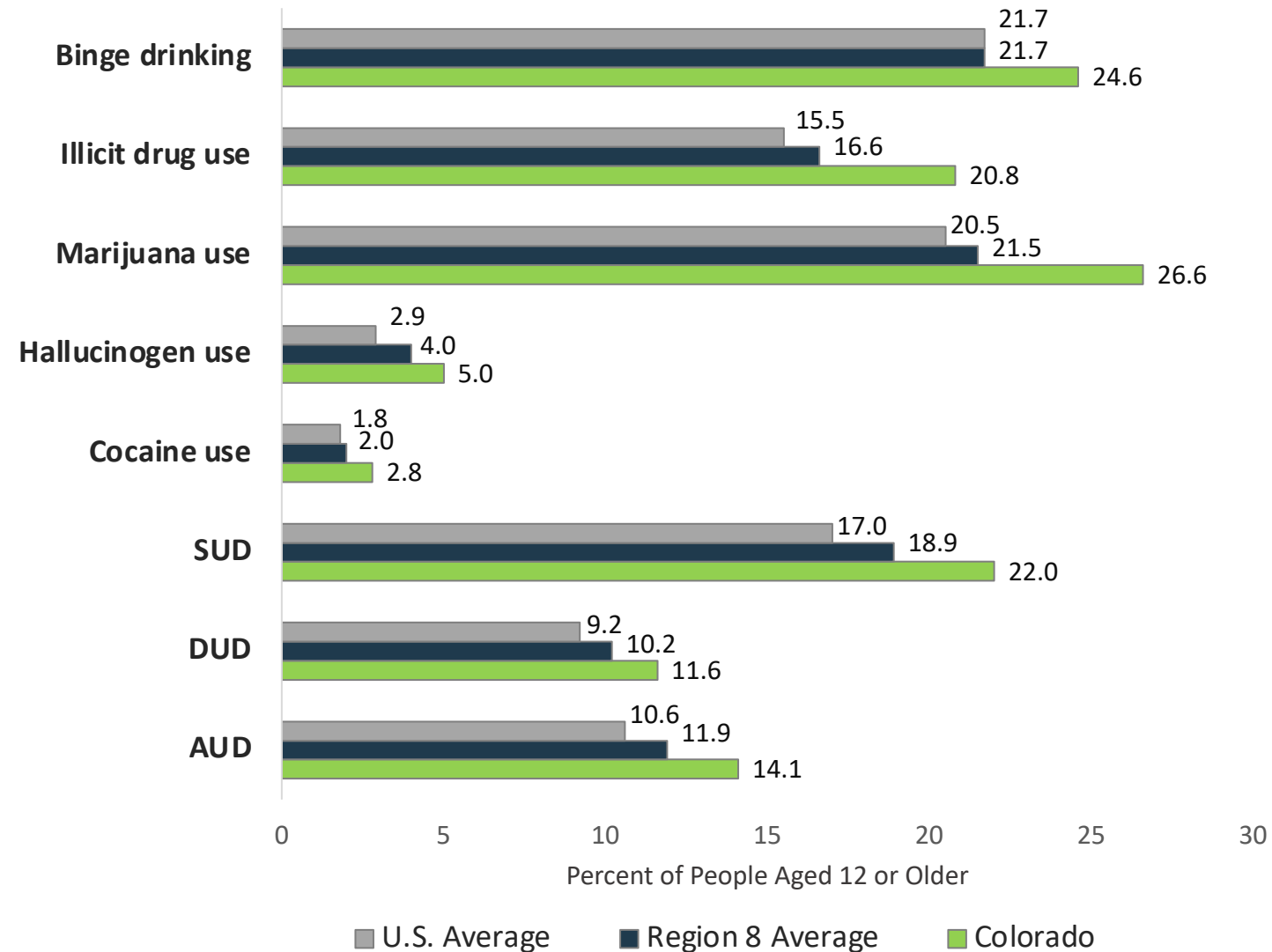
SUD=Substance use disorder, DUD=Drug use disorder, AUD=Alcohol use disorder, R8=Region 8

Region 8 includes Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2021-2022

Colorado (CO) Substance Use, Substance Use Disorder, and Substance Use Treatment Among People Aged 12 or Older

- In 2021-2022, compared to *both national and Region 8* averages, the prevalence in CO was **higher** for:
 - Past-month binge drinking
 - Past-month illicit drug use
 - Past-year marijuana use
 - Past-year hallucinogen use
 - Past-year cocaine use
 - Past-year SUD
 - Past-year DUD
 - Past-year AUD
- In 2022, compared to the **national** average, the percentage of people who received substance use treatment in the past year among those who needed it was **similar** in CO (U.S.: 24.0%, CO: 22.8%)

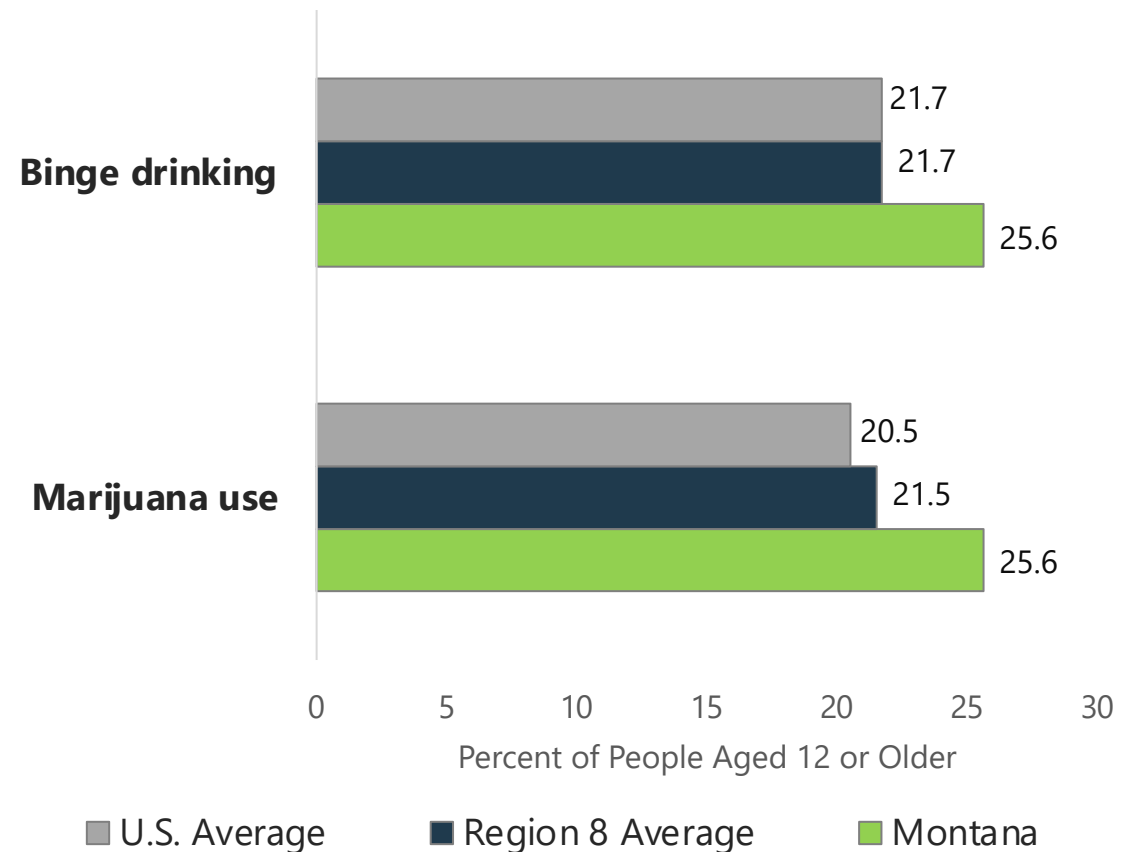


SUD=Substance use disorder, DUD=Drug use disorder, AUD=Alcohol use disorder

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2021-2022

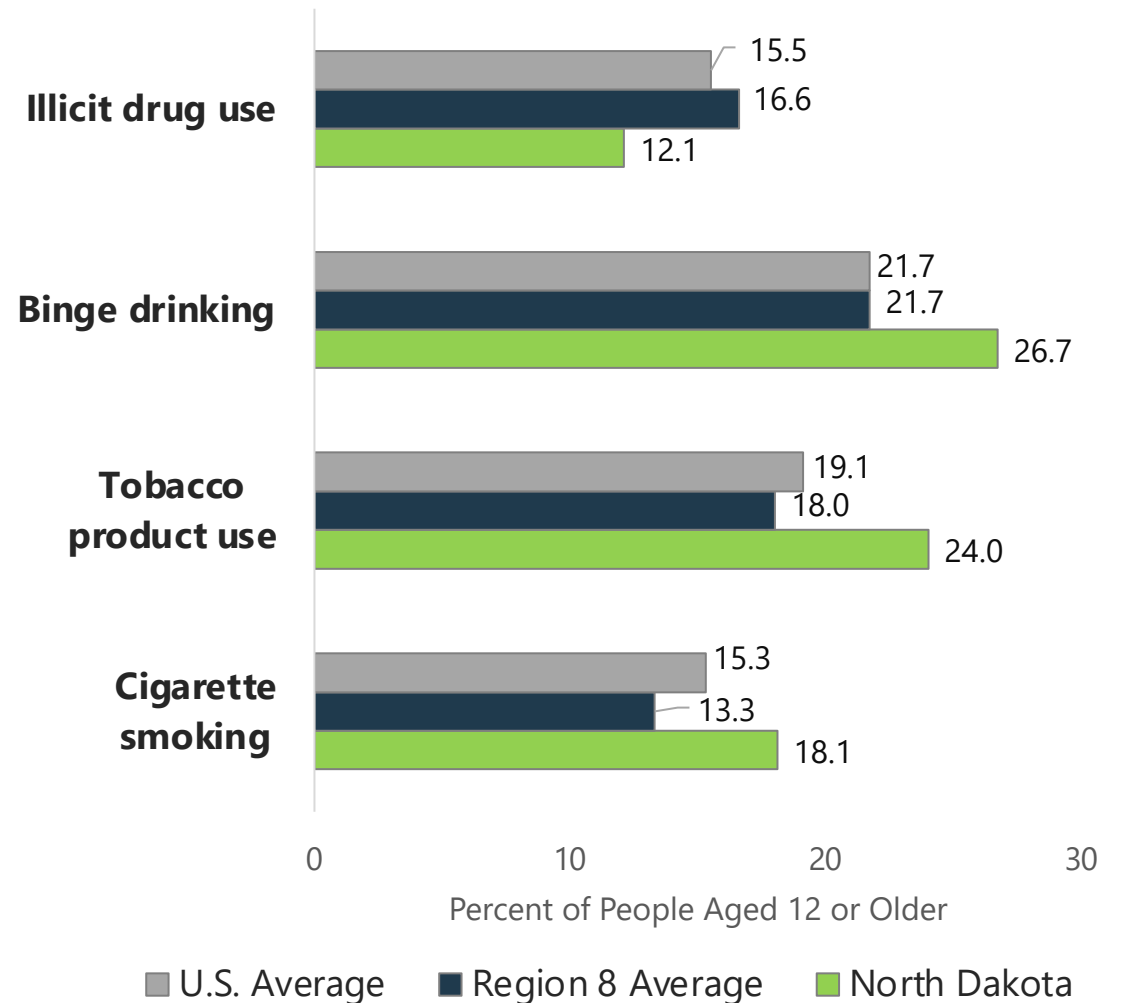
Montana (MT) Substance Use, Substance Use Disorder, and Substance Use Treatment Among People Aged 12 or Older

- In 2021-2022, compared to *both* **national** and **Region 8** averages, the prevalence in MT was **higher** for:
 - Past-month binge drinking
 - Past-year marijuana use
- In 2022, the percentage of people who received substance use treatment in the past year among those who needed it was **similar** in MT as it was nationally (U.S.: 24.0%, MT: 27.6%)



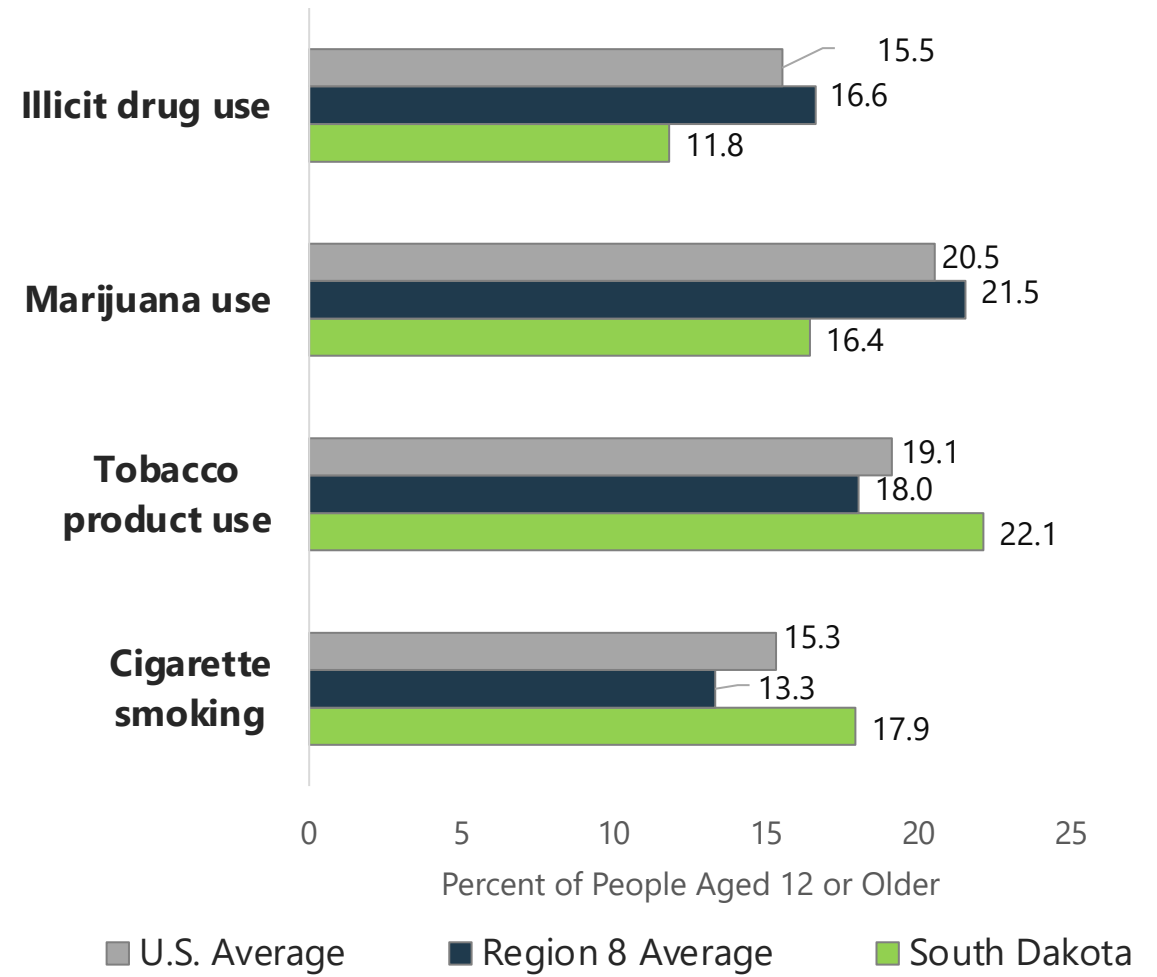
North Dakota (ND) Substance Use, Substance Use Disorder, and Substance Use Treatment Among People Aged 12 or Older

- In 2021-2022, compared to *both* **national** and **Region 8** averages, the prevalence in ND was:
 - **Higher** for
 - Past-month binge drinking
 - Past-month tobacco use
 - Past-month cigarette smoking
 - **Lower** for past-month illicit drug use
- In 2022, the percentage of people who received substance use treatment in the past year among those who needed it was **similar** in ND as it was nationally (U.S.: 24.0%, ND: 23.3%)



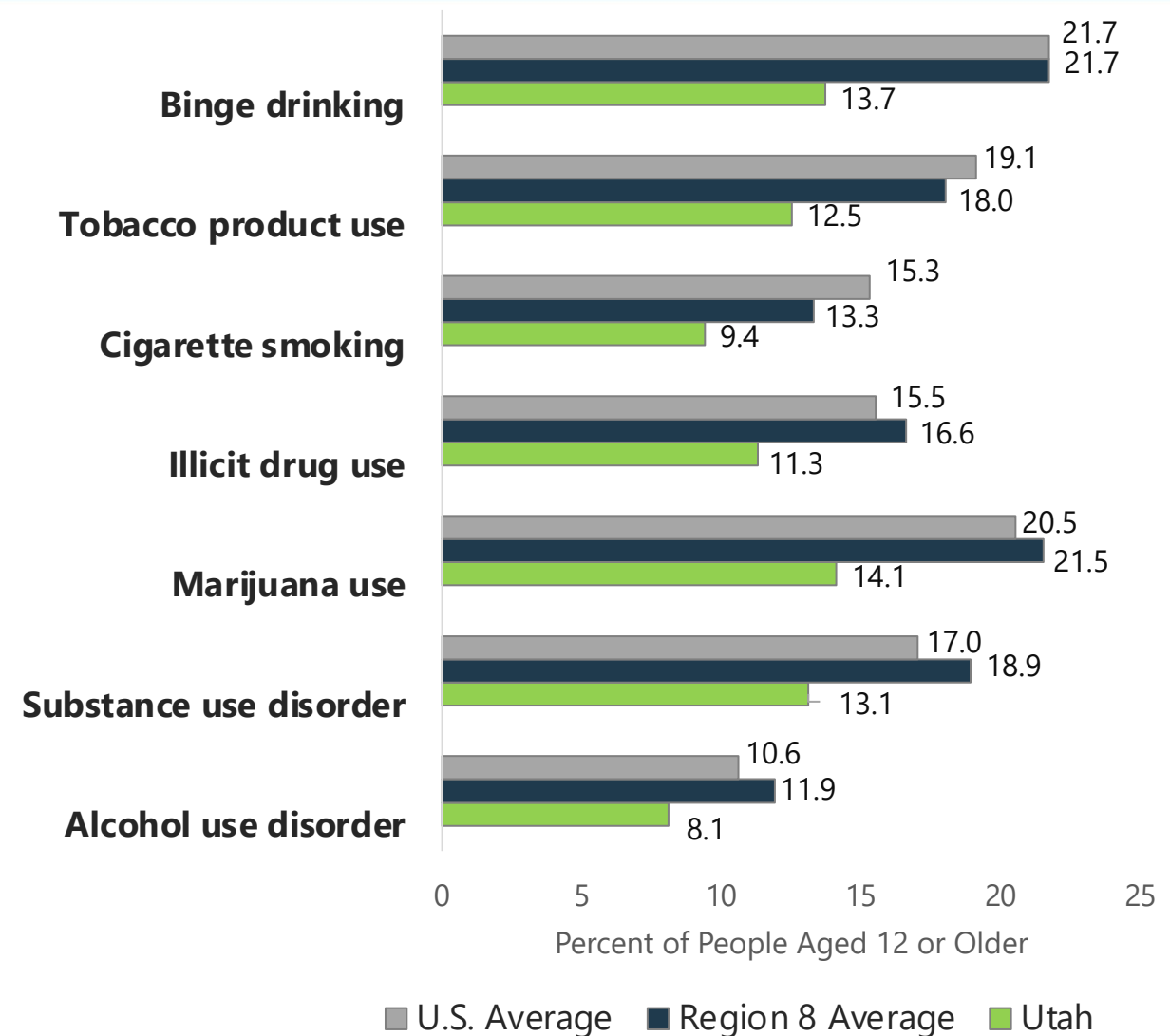
South Dakota (SD) Substance Use, Substance Use Disorder, and Substance Use Treatment Among People Aged 12 or Older

- In 2021-2022, compared to *both* **national** and **Region 8** averages, the prevalence in SD was:
 - **Higher** for
 - Past-month tobacco use
 - Past-month cigarette smoking
 - **Lower** for
 - Past-month illicit drug use
 - Past-year marijuana use
- In 2022, the percentage of people who received substance use treatment in the past year among those who needed it was **similar** in SD as it was nationally (U.S.: 24.0%, SD: 27.8%)



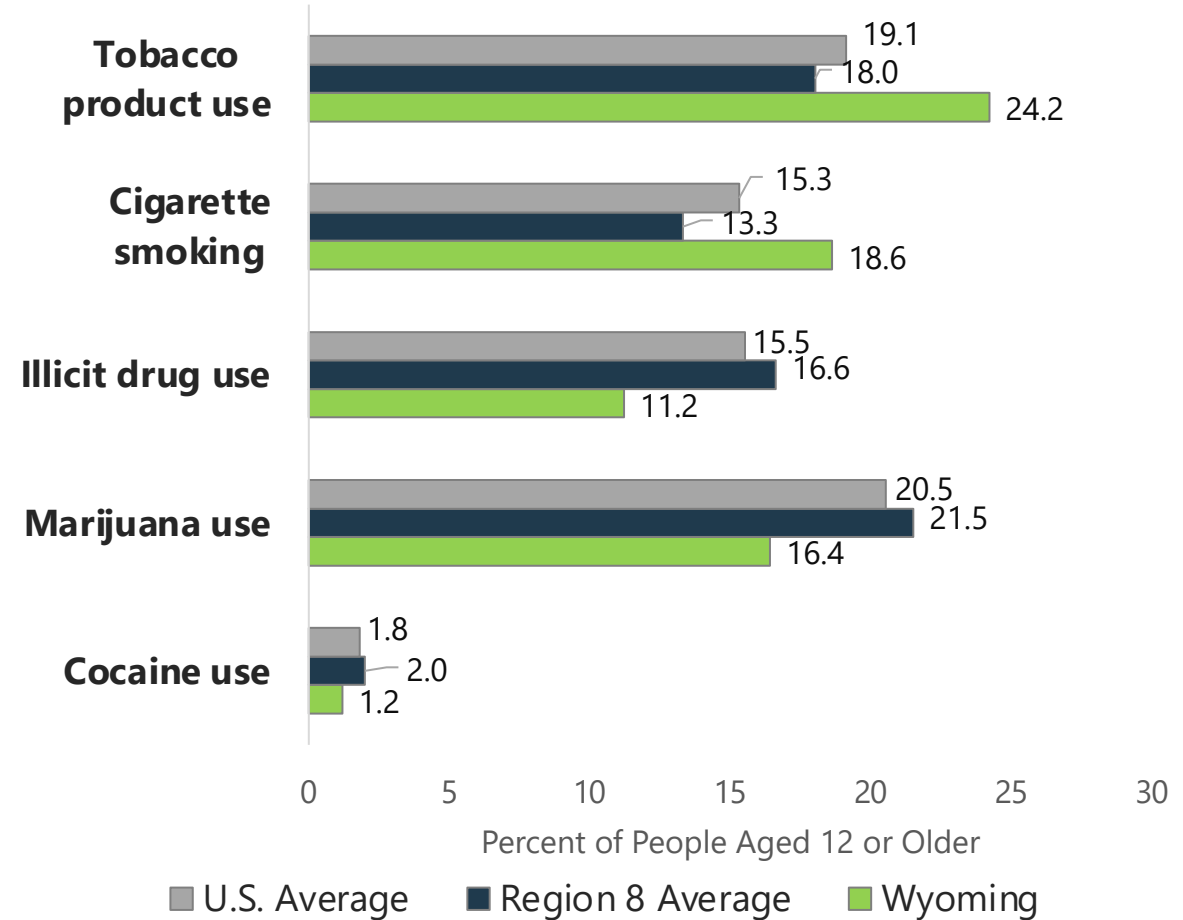
Utah (UT) Substance Use, Substance Use Disorder, and Substance Use Treatment Among People Aged 12 or Older

- In 2021-2022, compared to *both* **national** and **Region 8** averages, the prevalence in UT was **lower** for
 - Past-month binge drinking
 - Past-month tobacco use
 - Past-month cigarette smoking
 - Past-month illicit drug use
 - Past-year marijuana use
 - Past-year substance use disorder
 - Past-year alcohol use disorder
- In 2022, the percentage of people who received substance use treatment in the past year among those who needed it was **similar** in UT as it was nationally (U.S.: 24.0%, UT: 27.3%)



Wyoming (WY) Substance Use, Substance Use Disorder, and Substance Use Treatment Among People Aged 12 or Older

- In 2021-2022, compared to *both* **national** and **Region 8** averages, the prevalence in WY was:
 - **Higher** for
 - Past-month tobacco use
 - Past-month cigarette smoking
 - **Lower** for
 - Past-month illicit drug use
 - Past-year marijuana use
 - Past-year cocaine use
- In 2022, the percentage of people who received substance use treatment in the past year among those who needed it was **similar** in WY as it was nationally (U.S.: 24.0%, WY: 30.6%)



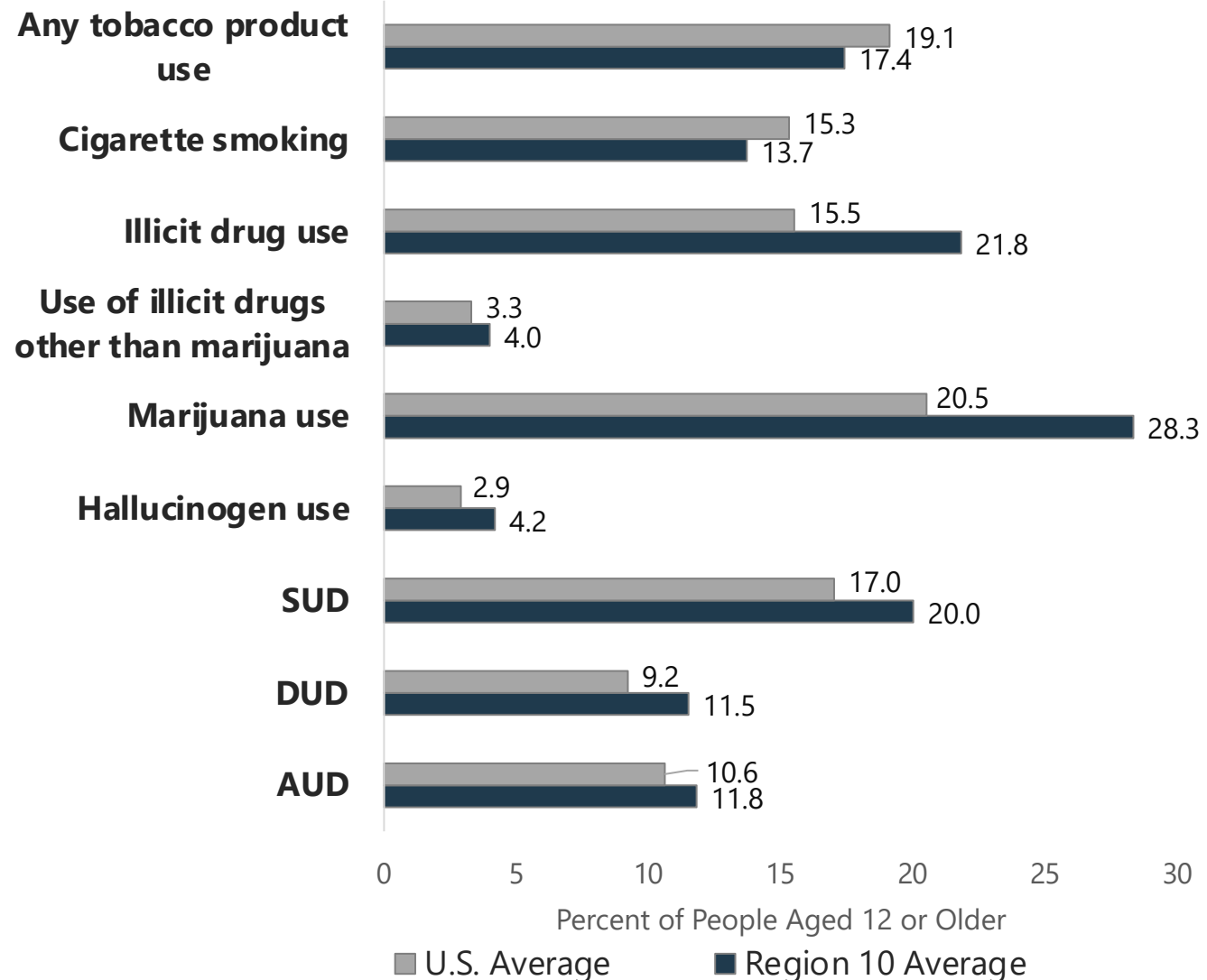
Region 10

HHS Region 10 Substance Use, Substance Use Disorder, and Substance Use Treatment Among People Aged 12 or Older

- In 2021-2022, compared to the **national** average, the prevalence in **Region 10** was:
 - **Higher** for
 - Past-month illicit drug use
 - Past-month use of illicit drugs other than marijuana
 - Past-year marijuana use
 - Past-year hallucinogen use
 - Past-year SUD
 - Past-year DUD
 - Past-year AUD
 - **Lower** for past-month tobacco product use and cigarette smoking

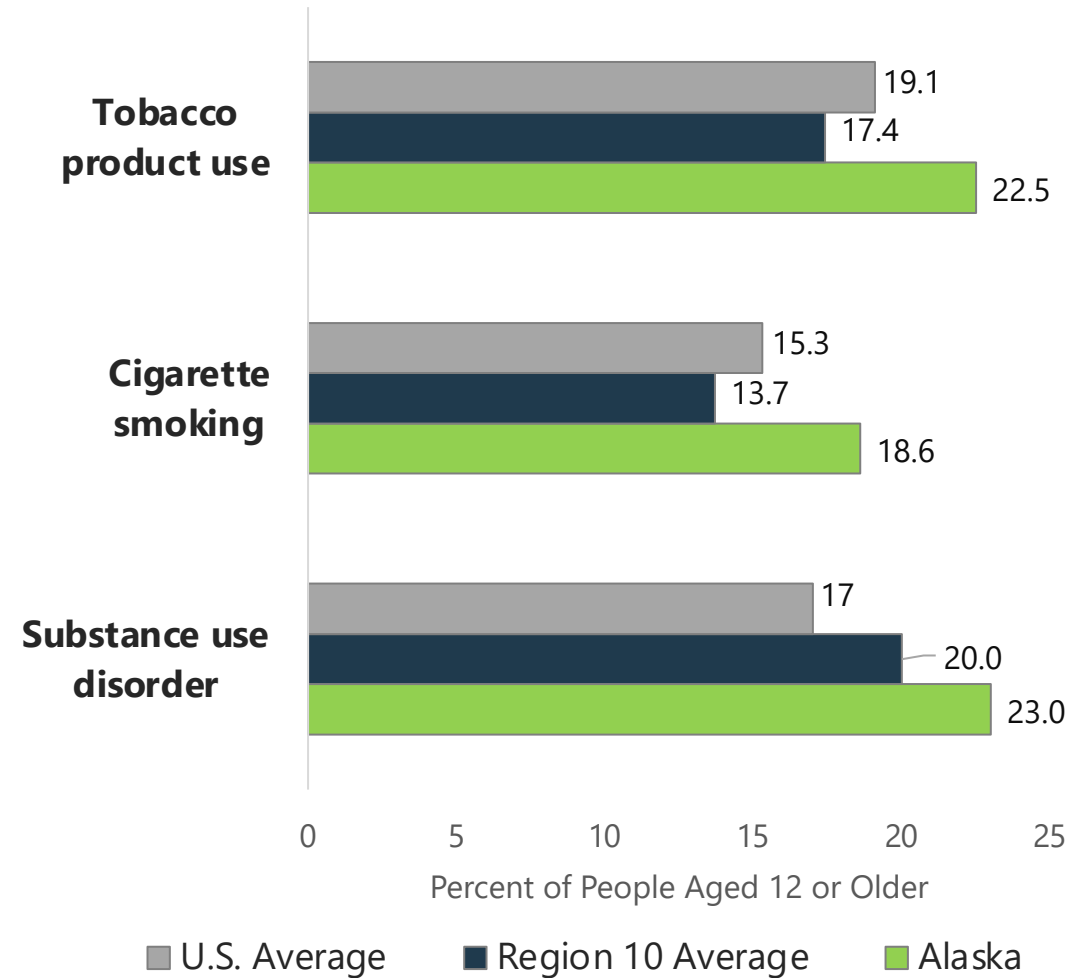
Note:* Although the prevalence of tobacco and cigarette use was **lower among people aged 12 or older, it was **higher** among underage people 12 to 20 (Any tobacco product use – R10: 6.4%, U.S.: 5.3%, Cigarette smoking – R10: 4.7%, U.S.: 3.4%)

SUD=Substance use disorder, DUD=Drug use disorder, AUD=Alcohol use disorder, R10=Region 10
 Region 10 includes Alaska, Idaho, Oregon, and Washington



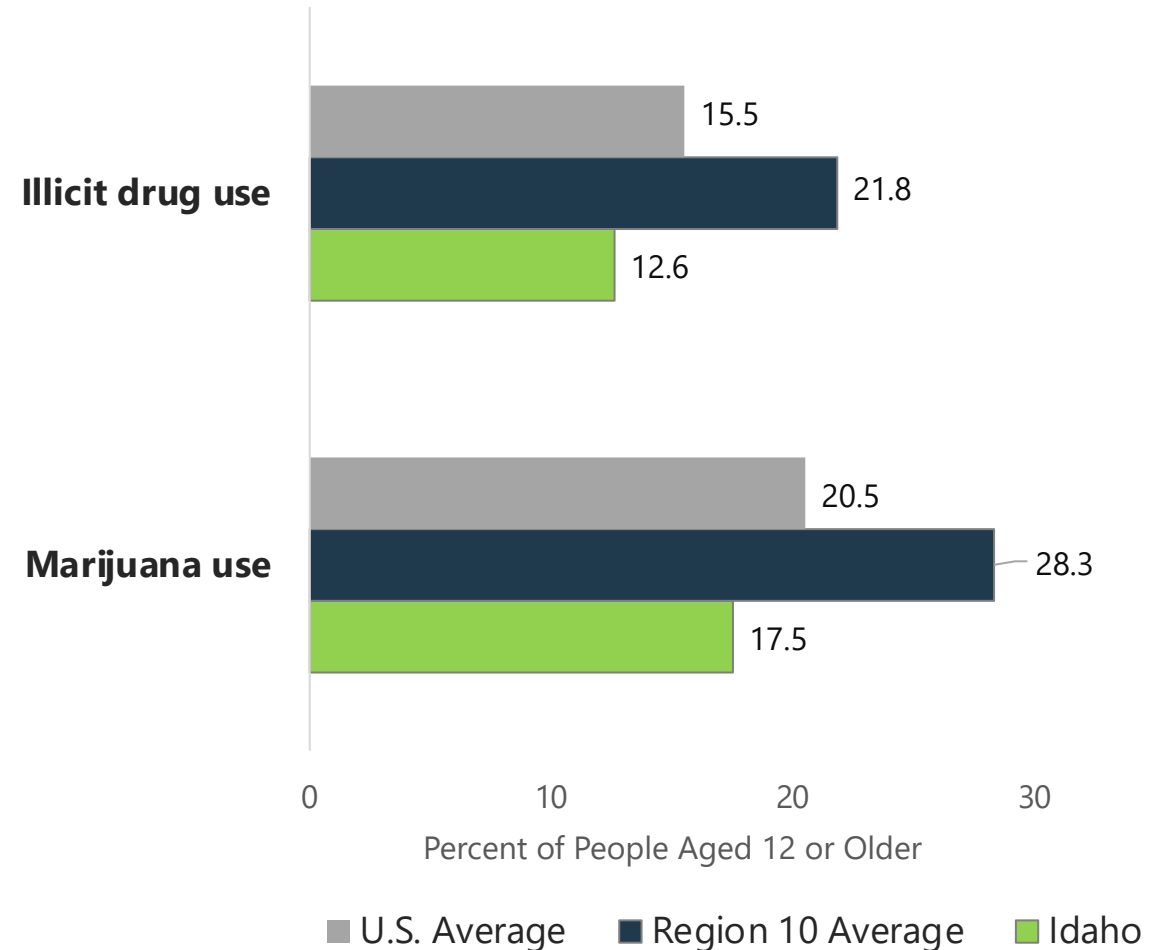
Alaska (AK) Substance Use, Substance Use Disorder, and Substance Use Treatment Among People Aged 12 or Older

- In 2021-2022, compared to *both* **national** and **Region 10** averages, the prevalence in AK was:
 - **Higher** for
 - Past-month tobacco use
 - Past-month cigarette smoking
 - Past-year substance use disorder
- In 2022, the percentage of people who received substance use treatment in the past year among those who needed it was **similar** in AK as it was nationally (U.S.: 24.0%, AK: 19.5%)



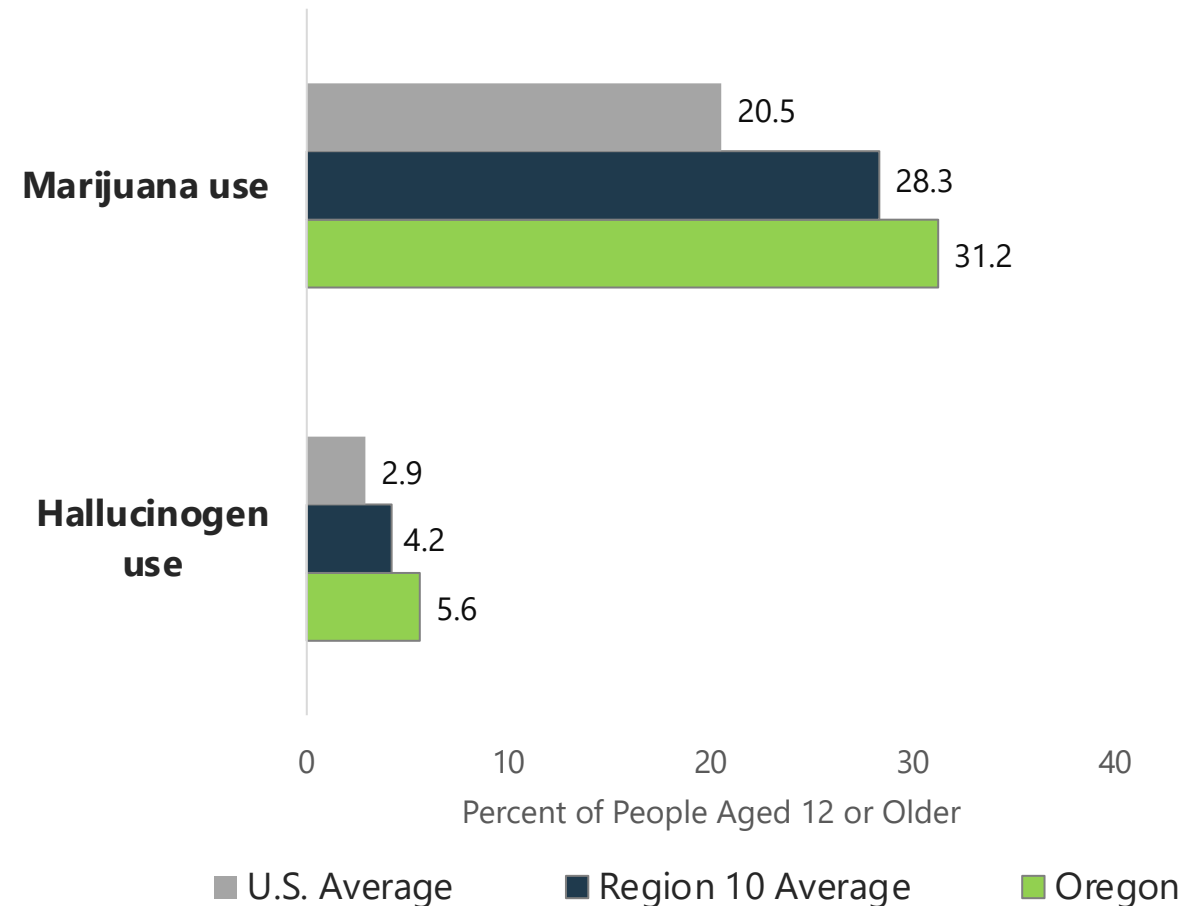
Idaho (ID) Substance Use, Substance Use Disorder, and Substance Use Treatment Among People Aged 12 or Older

- In 2021-2022, compared to *both national* and **Region 10** averages, the prevalence in ID was **lower** for:
 - Past-month illicit drug use
 - Past-year marijuana use
- In 2022, the percentage of people who received substance use treatment in the past year among those who needed it was **similar** in ID as it was nationally (U.S.: 24.0%, ID: 27.1%)



Oregon (OR) Substance Use, Substance Use Disorder, and Substance Use Treatment Among People Aged 12 or Older

- In 2021-2022, compared to *both national* and **Region 10** averages, the prevalence in OR was **higher** for:
 - Past-year marijuana use
 - Past-year hallucinogen use
- In 2022, the percentage of people who received substance use treatment in the past year among those who needed it was **similar** in OR as it was nationally (U.S.: 24.0%, OR: 20.9%)



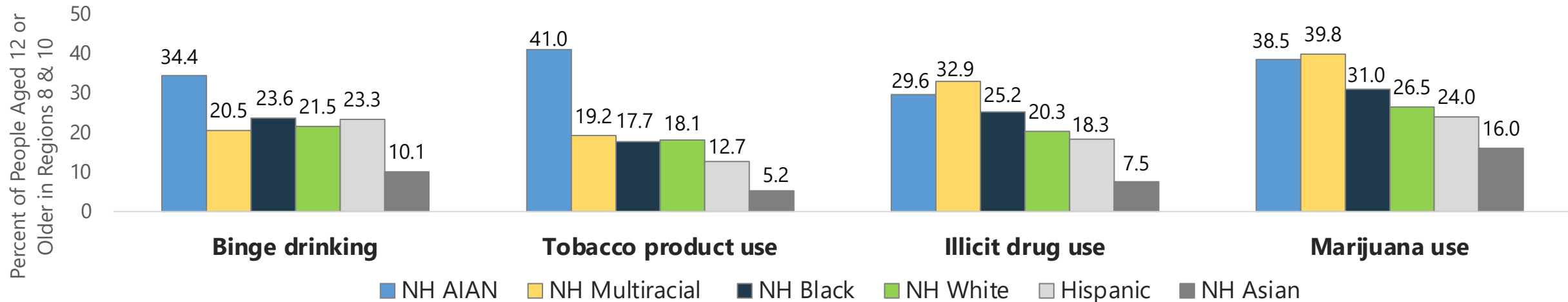
Washington (WA) Substance Use, Substance Use Disorder, and Substance Use Treatment Among People Aged 12 or Older

- In 2021-2022, no estimates examined were significantly different in WA compared to *both* **national** and **Region 10** averages
- In 2022, the percentage of people who received substance use treatment in the past year among those who needed it was **similar** in WA as it was nationally (U.S.: 24.0%, WA: 21.1%)

Estimates by Race/Ethnicity: Regions 8 & 10

Selected Substance Use Measures and Comparisons by Race/Ethnicity Among People Aged 12 or Older in Regions 8 & 10, 2021-2022

- NH **AIAN** people were **more likely** to have engaged in **binge alcohol** use in the past month compared to NH White or NH Asian people
- NH **AIAN** people were **more likely** to have used **tobacco** in the past month compared to other racial/ethnic groups examined
- NH **Multiracial** people were **more likely** to have used **illicit drugs** in the past month compared to NH White, NH Asian, or Hispanic people
- NH **Multiracial** or NH **AIAN** people were **more likely** to have used **marijuana** in the past year compared to NH White, NH Asian, or Hispanic people



NH = Not Hispanic or Latino; AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino.

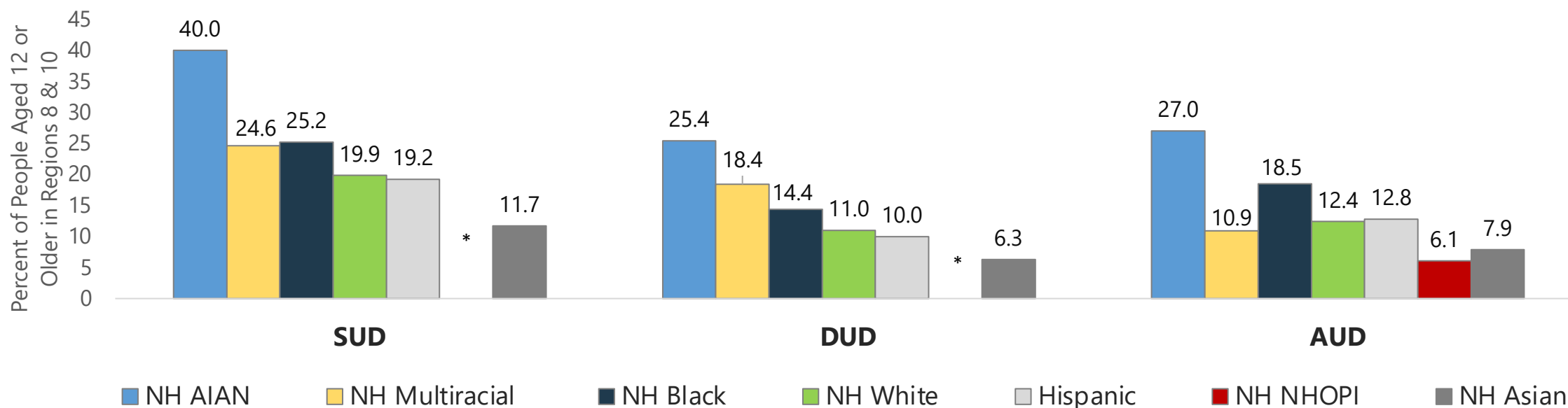
Estimates for Native Hawaiian or Other Pacific Islander people are not reported due to low precision. The race/ethnicity groups are mutually exclusive.

Estimates are design-based. A significance threshold of 0.01 was used to account for multiple comparisons.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2021-2022.

Selected Substance Use Disorder Measures and Comparisons by Race/Ethnicity Among People Aged 12 or Older in Regions 8 & 10, 2021-2022

- NH AIAN people were **more likely** to have had a **substance use disorder (SUD)**, **drug use disorder (DUD)**, or **alcohol use disorder (AUD)** in the past year compared to most other racial/ethnic groups examined



NH = Not Hispanic or Latino; AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino. NHOPI = Native Hawaiian or Pacific Islander

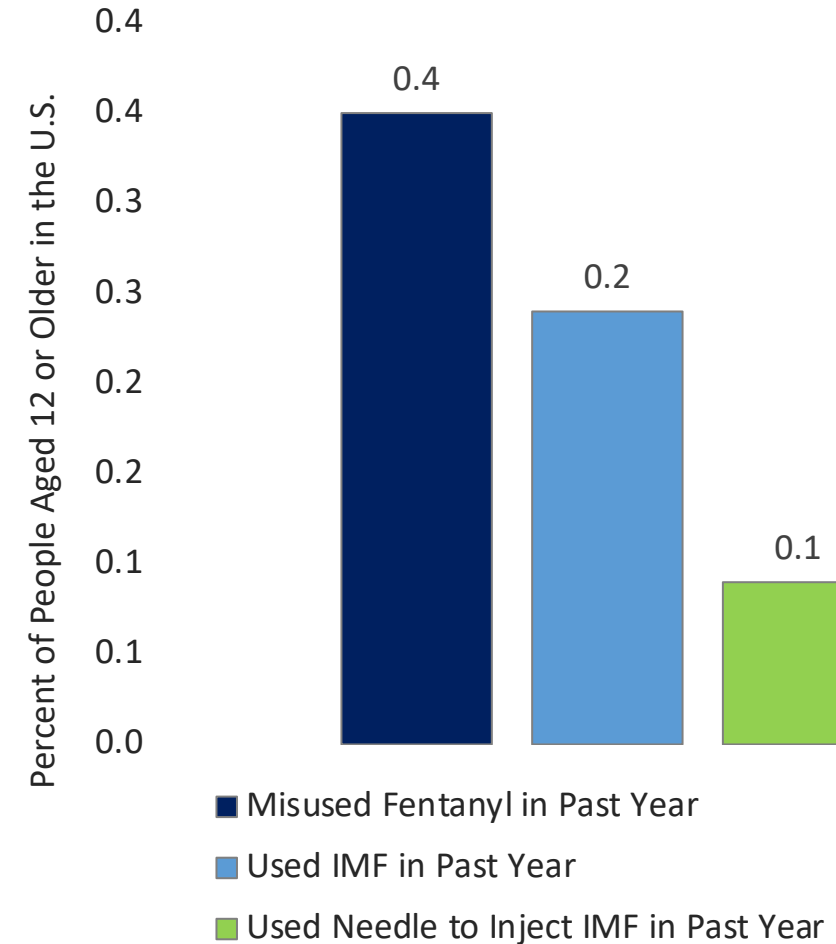
*Estimates for SUD and DUD among NH NHOPI people are not reported due to low precision. The race/ethnicity groups are mutually exclusive.

Estimates are design-based. A significance threshold of 0.01 was used to account for multiple comparisons.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2021-2022.

Fentanyl Misuse in the United States, 2022

- Fentanyl misuse is defined as either (a) misuse of prescription fentanyl, or (b) use of illegally made fentanyl (IMF)
- IMF was newly added to the NSDUH in 2022. IMF is sometimes present in products that are sold as heroin or in counterfeit prescription drugs
- People who use IMF are often not aware they are doing so. Because of this, estimates of IMF use are likely **underestimates**
- In 2022, 991,000 people aged 12 or older (or 0.4%) misused fentanyl in the past year, including:
 - 686,000 (or 0.2%) who used IMF
 - 243,000 (or 0.1%) who used a needle to inject IMF



Incomplete Fentanyl Misuse Data

- Unable to provide State and Region Comparison

We are limited in what we can look at with fentanyl for a few reasons. Starting with the 2022 NSDUH, questions were added to the emerging issues section of the questionnaire to assess the use of illegally made fentanyl (IMF). Because of this, we can't look at fentanyl with two years of data, which limits the sample size. The number of people who use IMF is also very small, which makes it difficult to look at with a small sample size, especially when looking at subregions within the nation. NSDUH also does not collect data on tribal membership.

Because of the reasons above, we cannot present IMF by geographic region, age, tribal membership, or by race/ethnicity within regions 8 and 10 at this time.

Xylazine Mixed with Illicit Drugs – Growing Threat

- Xylazine Trends (one slide) also known as “tranq” and as so-called “zombie drug”. No Opioid veterinary tranquilizer.
- Showing up in Colorado mixed with Xylazine, reported as an adulterant in an increasing number of illicit drug mixtures, has also been detected in a growing number of overdose deaths. It is commonly encountered in combination with fentanyl but has also been detected in mixtures containing cocaine, heroin, and a variety of other drugs. However, xylazine is most frequently reported in combinations with two or more substances present. It is often mixed with Meth as well.

Additional Information

- CDC Data show that women's deaths from excessive alcohol use are increasing at greater rates than men's. Rand Survey shows the rise in deaths from excessive alcohol use surpasses deaths from all drug overdoses combined.
 - Adults 65+ experienced the most significant rise in overdose deaths involving opioids and stimulants, with a 10% increase from 2021 to 2022. Routes of drug use are changing also. More people are overdosing from smoking fentanyl while fewer are from injecting heroin.
 - Barriers to receiving medications in the treatment industry finds Black enrollees are treated with lower rates through Medicaid than their White counterparts.
- From the National Institute for Health Care Management Foundation (NIHCM Foundation Data Insights)

OVERDOSE DEATHS From the National Institute for Health Care Management Foundation



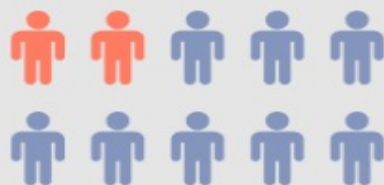
The Far-Reaching Impacts of Drug Overdose Deaths

A recent survey of US adults found:



Over **42%** of respondents personally know **at least one person** who died by an overdose.

This translates to an estimated total of **125 million** US adults who experienced this type of loss.



Nearly **19%** of respondents personally know **between two and five people** who died by an overdose.

Lives Disrupted



An estimated **13%** of US adult lives have been disrupted by an overdose loss.

*Which is more than **40 million** people.*

Source: Alison Athey, Beau Kilmer, Julie Cerel, "An Overlooked Emergency: More Than One in Eight US Adults Have Had Their Lives Disrupted by Drug Overdose Deaths", *American Journal of Public Health*, Volume 114, Issue 3 (March 1, 2024): pp. 276-279.

HealthAlerts

- **Gas Station Heroin Product** – Could Contain Synthetic Cannabis
 - **Tianeptine** used in other countries as both an antidepressant and an Opioid is being sold OTC in the US
 - Products with **Tianeptine** is linked to “cluster of severe illness”
 - Repeated use of **Tianeptine** can cause dependence and withdrawal symptoms when use is stopped.

<https://drugfree.org/drugs/tianeptine/>

Common Symptoms Associated with tianeptine exposure	Includes:
Agitation	Drowsiness
Confusion	Sweating
Rapid heartbeat	Increase blood pressure
Nausea and vomiting	Slow or stopped breathing
Coma	Death



- New Brew: Touted as a “**Happy Drink**”.
- It appears to have addictive qualities and health implications.
- **Kava** is a depressant used to treat anxiety disorders.



SAMHSA's mission is to reduce the impact of substance use and mental illness on America's communities

Thank You



 **SAMHSA**
Substance Abuse and Mental Health
Services Administration

 1-877-SAMHSA-7 (1-877-726-4727)
1-800-487-4889 (TDD)

 www.samhsa.gov

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 /samhsa  @samhsagov
@samhsa_leader

SAMHSA
Substance Abuse and Mental Health
Services Administration

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