

Coos County Local Alcohol and Drug Planning Committee

Summary of Alcohol and Drug Services, Needs, and Priorities. June 2023



Local Alcohol & Drug Planning Committee

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Overview of the Coos LADPC and Oregon ADPC:

The Coos County LADPC:

Every county in Oregon is mandated to have an LADPC (established in ORS 430.342). Our role is to:

- Identify needs and establish priorities for Alcohol, Tobacco, and other Drug (ATOD) Prevention, Treatment and Recovery Services
- Share findings with OHA and local Governing Bodies
- Assist in the review and evaluation of services
- Promote, encourage, and support successful community initiatives that reduce abuse of ATOD.

Our vision is that Coos County will be a healthy, safe environment where everyone will have access to resources that promote well-being and happiness.

Coos County LADPC Members include representatives from:

- Nancy Devereux Center
- South Coast Regional Early Learning Hub
- Coos Community Corrections*
- Advanced Health CCO
- Coos Health & Wellness
- ODHS – Child Welfare
- Alternative Youth Activities
- Coos Bay Police Department
- Bay Area First Step
- Coos County Juvenile*
- Adapt
- HIV Alliance
- Coos County Circuit Court
- Pacific Cascade Behavioral Health

*currently vacant seat, as of June 2023**

Our priorities over the last couple of years 2021-2022 have been to:

- Rebuild Committee after turnover during 2020 COVID-19 Pandemic
- Compile Regional Data
- Reviewed Statewide Plan & Initiatives
- Learned about Current Services
- Conduct Needs Assessment and Strategic Planning Process (Executive Summary in Appendix A)

Oregon Alcohol and Drug Policy Commission:

[The Alcohol and Drug Policy Commission \(ADPC\)](#) is an independent state government agency that was created by the Oregon Legislature to improve the effectiveness and efficiency of state and local substance use disorder (SUD) prevention, treatment and recovery services for all Oregonians. In 2020, the ADPC released the [Statewide Strategic Plan \(2020-2025\)](#). The 4 goals established in this plan include:

1. Reduce the prevalence of Substance Use Disorders ¹(SUDs) and increase recovery
2. Reduce deaths from Alcohol, Tobacco, and other Drug (ATOD) use and misuse
3. Reduce Alcohol, Tobacco, and other Drug -related health disparities
4. Reduce the economic burden of substance-use-related health and social problems

Our Coos County LADPC strategies and priorities align with this statewide strategic plan.

¹ Substance Use Disorders (SUDs) are treatable, chronic diseases characterized by a problematic pattern of use of a substance or substances leading to impairments in health, social function, and control over substance use. It is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite harmful consequences. SUDs can range in severity from mild to severe and can affect people of any race, gender, income level, or social class. Center for Disease Control and Prevention, 2022.

Understanding the Root Causes of Substance Use Disorder:

Substance use and Mental health are national and statewide issues. Data shows that substance use disorder (SUD) is strongly linked to mental health conditions, trauma, and adverse childhood experiences (ACEs).

Figure 1 shows that nationally, rates of substance use are higher for adults with any mental illness, and highest for adults with serious mental illness. This trend is consistent regardless of the substance, from cigarettes to illicit drugs.

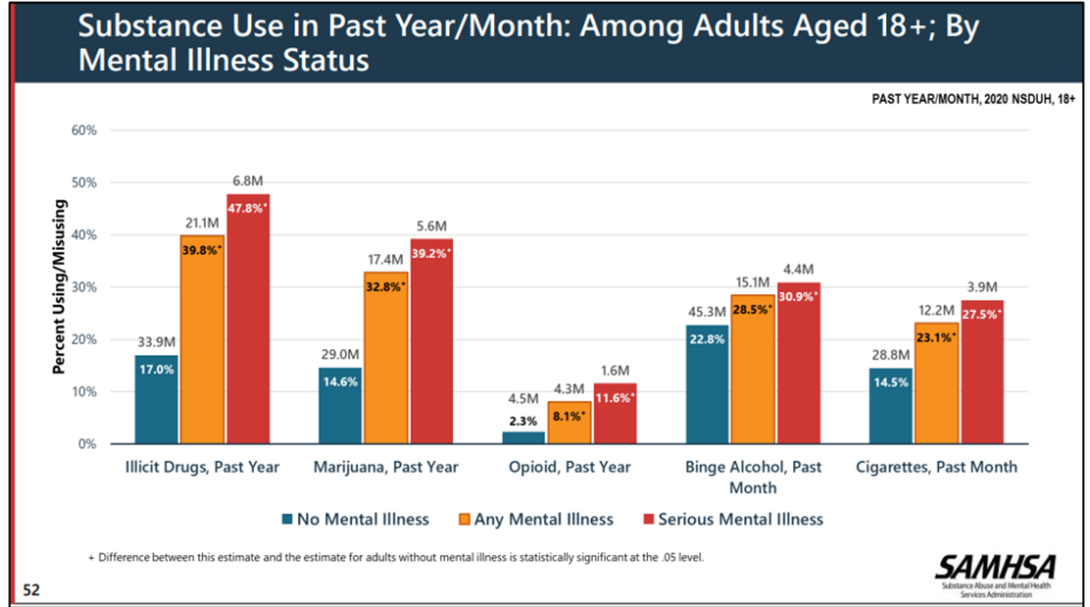


Figure 1: National rates of Substance use in Past Year/Month Among Adults Aged 18+; by mental illness status. Source- SAMHSA 2020 National Survey on Drug Use and Health

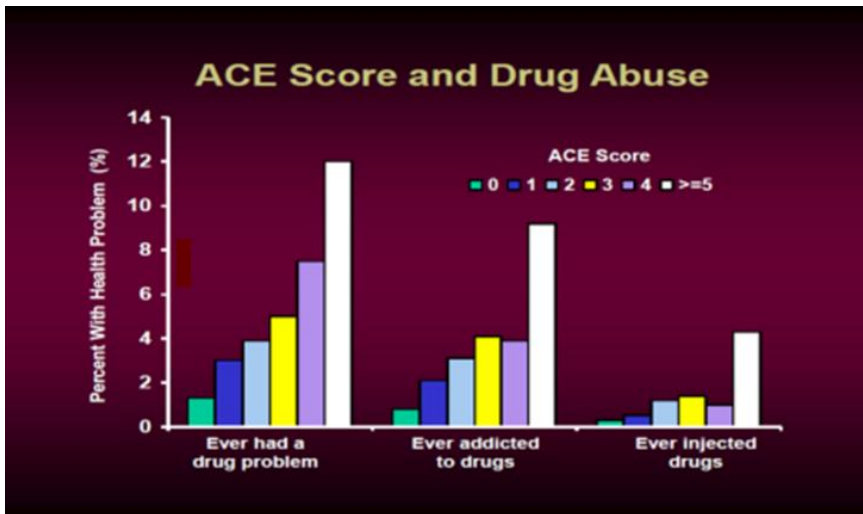


Figure 2: Drug Abuse rates by occurrence of Adverse Childhood Experiences. Source: Dube SR, Felitti VJ, Dong M, Chapman DP, Giles WH, Anda RF. Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study. Source found online at pubmed.ncbi.nlm.nih.gov

Oregon is ranked 3rd highest in the nation for adults with any mental illness. (SAMHSA NSDUH, 2018-2019)

The Adverse Childhood Experiences (ACEs) study showed that incidents of childhood trauma (including neglect, abuse, parent substance use and mental health issues, etc.) leads to a higher risk of substance use and abuse later in life.

Figure 2 displays a strong graded relationship to the risk of drug initiation and drug addiction, and the occurrence of multiple ACEs. ACEs and SUDs have also been seen to have an intergenerational effect.

In the Coos County Needs Assessment and Priority Setting, some community

partners also indicated they had either heard about or knew of children under the age of 11 using or being exposed to substances. This early age of first use or exposure to substances in the case of infants and young children was described as intergenerational or cultural.

Alcohol, Tobacco, and Drug Use rates in Oregon and Coos County

Substance misuse is widespread in Oregon. In a 2018–2019 national survey, Oregon was in the top 20% of states for a variety of substance misuse categories, including overall illicit drug use in the past month among individuals aged 12 years or older. Oregon was included in the top 10 states for cannabis, cocaine, heroin, methamphetamine, and pain reliever misuse in the past month among individuals aged 12 years or older, and in the top 20% for frequency of substance use disorder. (Opioids and the Ongoing Drug Overdose Crisis in Oregon, OHA. Data from SAMHSA NSDUH 2018-2019)

Coos County community partners reported that methamphetamine, opioids, fentanyl, marijuana, and alcohol were the most frequently used substances in Coos County. Youth tobacco vaping was also noted as an area of concern. (Needs Assessment and Priority Setting, Coos County 2022).

Tobacco Usage:

According to Smoke Free Oregon, nearly 8,000 people in Oregon die of tobacco-related diseases every year. Nationwide, more people die from tobacco than from illegal drug use, car crashes and gun deaths combined.

The rate of adult cigarette smoking in Coos County is significantly higher than the Oregon statewide average. 28% of Coos County adults reported smoking cigarettes, while only the statewide and national average is around 16%. Youth vaping rates are increasing and an estimated 29% of 11th graders in Southwest Oregon reported using e-cigarettes in 2019. (Smoke Free Oregon, 2019)

Excessive Alcohol Use Rates:

Excessive alcohol use drives many pressing health and social issues. In 2013, excessive drinking resulted in approximately 1,300 deaths and 34,000 years of potential life lost in Oregon. Oregon's per capita alcohol use rates are higher than the US average and is ranked 15th in the highest nation. (Alcohol Harms and Interim Report, Oregon Health Authority, 2021). 26% of adult Oregonians binged alcohol in past year, ² (SAMSHA NSDUH 2018-19).

Prescription Drug Use:

Many individuals are first introduced to addictive opioids through prescriptions from their doctors. While there has been progress in reducing opioid prescribing in the past 5 years, the Coos County rate is still higher than the state's average. Coos County ranked 8th among Oregon counties for the rate of opioid prescription fills.

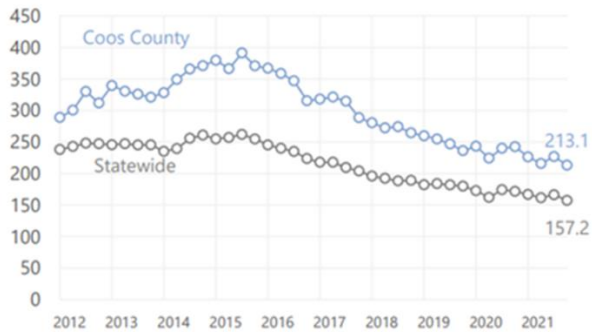
Combining opioids and benzodiazepines can be especially risky, as a significant number of opioid overdose deaths occur when the person also used benzodiazepines. Coos County, the rate of overlapping opioid and benzodiazepine prescriptions decreased, and is now comparable to the state.

Like Oregon statewide, rates of stimulant prescribing (such as Adderall, Ritalin, Dexedrine, etc.) are increasing in Coos County. However, the stimulant prescribing rate is still lower than the state average. (Needs Assessment and Priority Setting, Coos County 2022)

² Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. (SAMSHA NSDUH 2018-19)

Coos County filled more opioid prescriptions per 1,000 population than Oregon

Opioid Fills per 1,000 Residents, 2012-2021



Opioid Fills per 1,000 Residents by County, Q4 2021

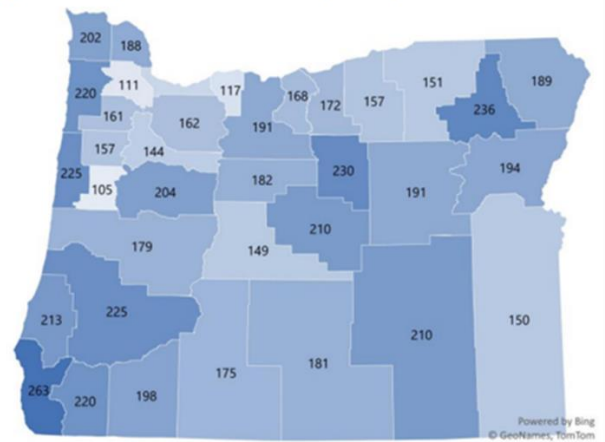


Figure 3 & 4: Needs Assessment and Priority Setting, Coos County 2022. Pulled from Prescribing and overdose data dashboard.

Overdose Data:

In the United States from 1999–2020, more than 564,000 people died from an overdose involving any opioid (both prescription and illicit). This national rise in opioid overdose deaths can be outlined in three distinct waves. The first wave began with increased prescribing of opioids (oxycodone and hydrocodone) in the 1990s, with overdose deaths involving prescription opioids (natural and semi-synthetic opioids and methadone) increasing since at least 1993. The second wave began in 2010, with rapid increases in overdose deaths involving heroin. The third wave began in 2013, with significant increases in overdose deaths involving synthetic opioids, particularly those involving illicitly manufactured fentanyl. The market for illicitly manufactured fentanyl continues to change, and it can be found in combination with heroin, counterfeit pills, and cocaine. ([CDC- Understanding the Opioid Overdose Epidemic](#))

Oregon Opioid Overdose Deaths

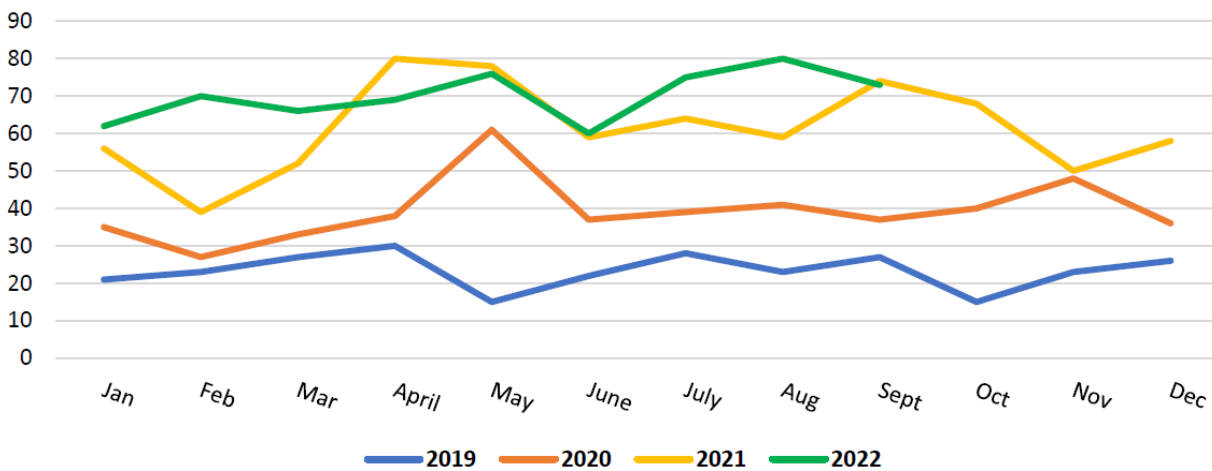


Figure 5: Opioid Overdose Public Health Surveillance Update April 20th, 2023.

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In Oregon prescription overdose deaths have been decreasing, however overdose deaths from heroin, synthetic opioids including fentanyl, and stimulants such as methamphetamine are increasing (OHA's report on Opioid Overdoses in Oregon, from 2016 to 2020).

Mortality data for 2022 are not yet complete, as a result numbers may change.

- 2019 unintentional opioid overdose deaths total 280.
- 2020 unintentional opioid overdose deaths total 472.
- 2021 unintentional opioid overdose deaths total 737.
- 2022 unintentional opioid overdose deaths currently total 631.

(Opioid Overdose Public Health Surveillance Update April 20th, 2023. SUDORS data)

Percentages of overdose deaths involving select drugs and drug classes in 2021, Oregon

68.3% of deaths involved at least one opioid and 62.8% involved at least one stimulant. Illicitly manufactured fentanyls were the most commonly involved opioids. The most common stimulant involved in overdose deaths was methamphetamine.

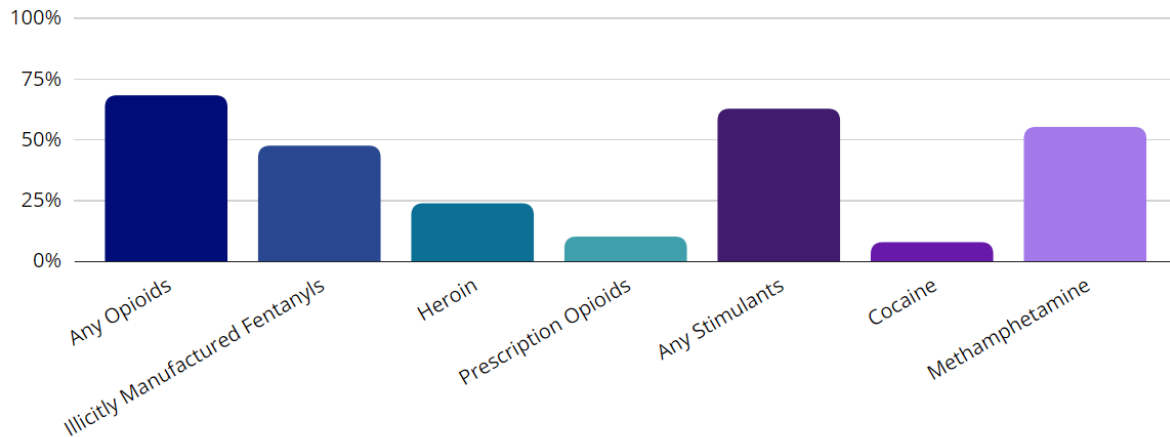


Figure 5: CDC SUDORS Dashboard, (State Unintentional Drug Overdose Reporting System) Fatal Overdose Data- Oregon

Coos County's accidental overdose deaths:

Data from Medical examiner reports (Coos County SPI Strategic Plan)

2019: 6

2020: 3

2021: 6

2022: 11 (Through July), two of which were infants and toddlers. Full 2022 data is not yet available.

Fentanyl-involved overdose deaths have been increasing across the United States and Oregon. Despite this, between 2009 and 2019, there were 0 fentanyl overdose deaths in Coos County. Coos County was among 21 other counties in Oregon that had no fentanyl overdose deaths in 2019. In 2019, the fentanyl overdose mortality rate in Oregon was 1.5. According to the Oregon State Medical Examiner Division's 2021 Annual Report, fentanyl was the cause of death, at least in part, for 230 cases in Oregon in 2020, 1 of which was in Coos County. (Needs Assessment and Priority Setting, Coos County. 2022)

The following data shows overall overdoses reported in the last year, including fatal and non-fatal.

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Coos County Overdose data from May 2022-May 2023 (ODMAPS, ESSENCE Data):

Fatal, No Naloxone: 2

Fatal, Multi Dose: 6

Total Fatal overdoses reported: 8

Non-Fatal, No Naloxone: 46

Non-Fatal, Single dose: 21

Non-Fatal, Multiple Dose: 61

Non-Fatal, Unknown: 4

Total Non-Fatal overdoses reported: 132

While increasing overdoses are concerning, this data is evidence that harm reduction strategies such as naloxone distribution are effective and saving lives here in Coos County.

Additionally, statewide data also indicates individuals receiving mental health and/or substance use treatment services were significantly less likely to die of an overdose (Opioid Overdose in Oregon, OHA, 2021). In 2020, only 8.7 percent of Oregonians who died from an unintentional drug overdose were receiving current treatment for mental health and substance use problems.

Access to Substance Use Disorder Treatment:

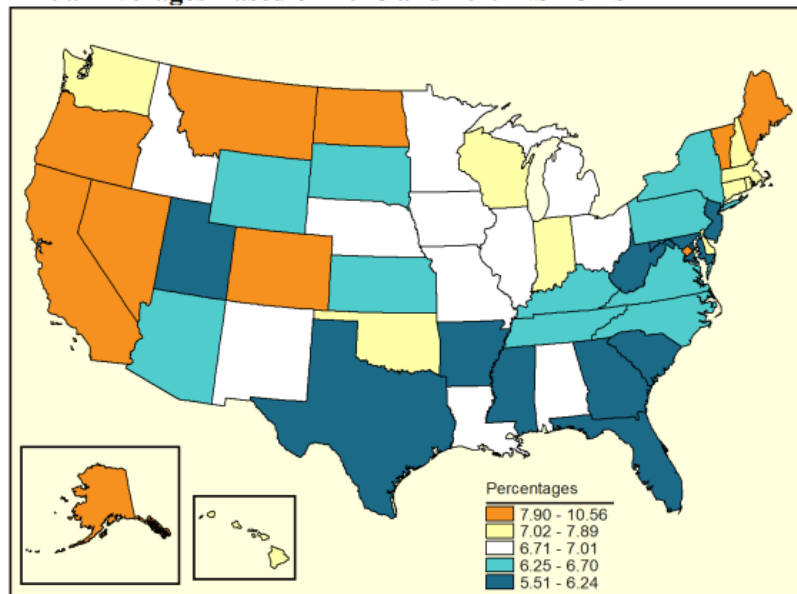
Oregon has the 4th highest rate of needing but not receiving Treatment for Substance Use in USA (SAMHSA NSDUH 2018-19).

Note: 2020 NSDUH data ranked Oregon the #1 highest rate of needing but not receiving treatment, however SAMHSA has recently retracted that data due to methodological concerns. State estimates for the years 2020-2021 are not available.

Current Treatment services available in Coos County:

- Outpatient Treatment
- Medication Assisted Treatment/Opioid Treatment
- Housing Assistance (Temporary, Treatment, and Recovery)
- Telehealth Services
- Harm Reduction (naloxone, fentanyl test strips, syringe exchange, HIV & HCV Testing)
- Peer Support Services
- Family Services (ODHS, family treatment court, home visiting services)
- Other Supportive Social Services

Needing But Not Receiving Treatment at a Specialty Facility for Substance Use in the Past Year among Individuals Aged 12 or Older, by State: Percentages, Annual Averages Based on 2018 and 2019 NSDUHs



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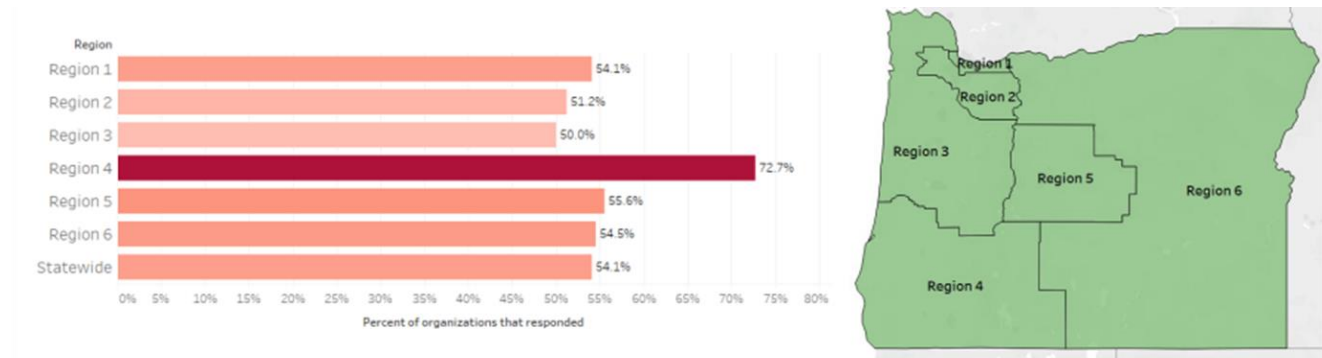
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Coos County does not currently have detoxification, inpatient, or residential treatment located within the county. However, services are available to Coos County residents through Adapt, in the Roseburg location. Additionally, outpatient detoxification services are in planning for Coos County through Adapt. Full list of programs and services are listed in Appendix B.

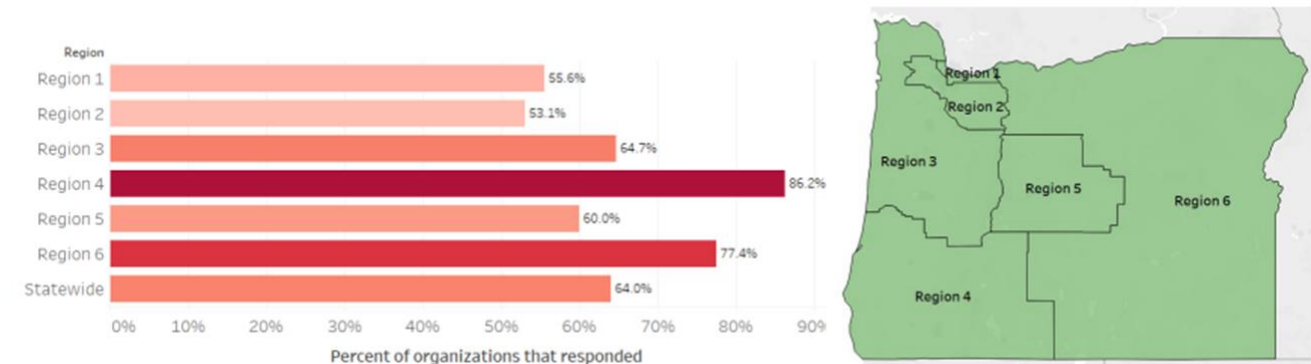
Regional Barriers to Accessing Treatment:

In Oregon Gap Analysis and Inventory Report (OHSU, 2020 data), our region (4: including Coos, Curry, Douglas Jackson, Josephine, and Klamath), reported a limited capacity for services, and transportation as major barriers to clients accessing treatment services.

Percentage of organizations that reported inadequate capacity for services:



Percentage of organizations that reported transportation or travel time as a barrier to their clients:



In the Needs Assessment and Priority Setting report, barriers to treatment reported by the community included insufficient housing, transportation, stigma, intergenerational substance use, low supplies of naloxone, youth access to substances, and a culture of self-sufficiency. At the service level, community partners spoke about needing to provide services immediately when a person is ready and motivated to seek treatment. One community partner said, “When people are ready to make the change, the community service needs to be ready to make the change with them at that time.” Community partners also mentioned a need for more behavioral health services for adults and youth. At the individual level, people who need support for SUD could be in survival mode and not have the capacity to seek

Figure 7 & 8: OHSU Oregon Gap Analysis and Inventory Report Data

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treatment, might have an aversion to technology to reach telehealth providers, and might not have a phone or internet access.



Community Impacts of Substance Use Disorder:

The impacts of drug and alcohol addiction go beyond the individual’s personal challenges. Below are some of the measurable impacts of addiction in Coos County.

Foster Care:

Parent/Caregiver Drug Abuse is the 2nd highest reason for children entering foster care in Oregon (Oregon Child Welfare Databook, ODHS. 2021)

Family Treatment Court:

in Coos County DHS petitions for custody of children, 85% allege substance use for at least one parent, as a contributing factor to the child being unsafe (DHS, Family Treatment Court. 2022)

Child Endangerment:

27 children in Coos County were reported to be drug endangered in 2022 (Kids Hope Center data, 2022)

Law Enforcement:

Coos County Sheriff’s Office reported from January 1st through March 1, 2022, at least 44 drug and alcohol related arrests were made (Needs Assessment and Priority Setting, Coos County 2022. Coos County Sheriff’s Office data only)

Department of Corrections:

Between 2014-2017, 67% of men and 84% of women released from DOC in Oregon indicated a Substance Use Treatment Need. (Department of Corrections Demographic Data, presented at Oregon ADPC)

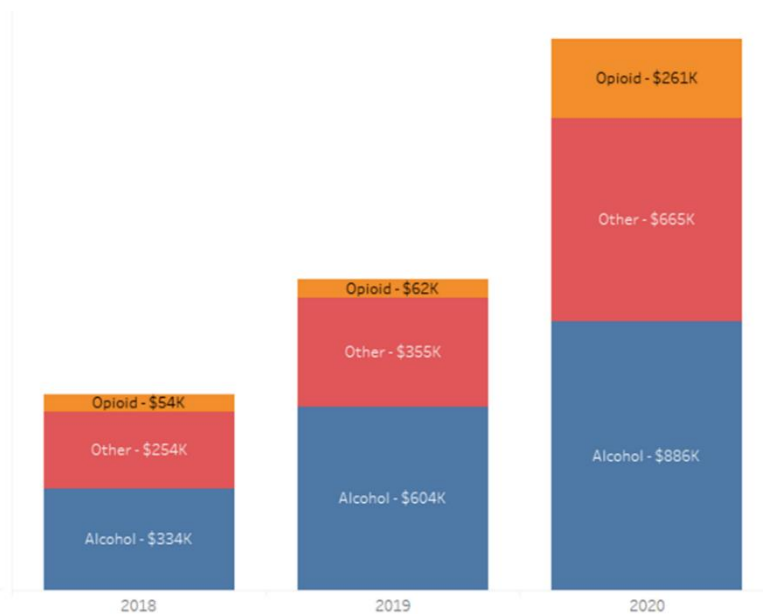
Emergency Room Visits:

Coos Bay has the 3rd highest rate of Emergency Department Mental Health/Substance Abuse Visits in the state (Areas of Unmet Healthcare Needs Report, OHSU. 2021)

These emergency room visits have a high economic cost and have been increasing over the years. Figure 9 shows Advanced Health Claims data, and these increasing costs.

Community Concern:

In many community assessments and surveys, community members often identify drug and alcohol use as a major issue in our community. For example, Drug addiction was the top Community Concern in ORCCA’s Community Assessment in 2017 (66% of responses).



Based on substance abuse diagnosis defined in the OHA measure "Initiation and engagement of alcohol and other drug abuse or dependence treatment"

Figure 9: Advanced Health Claims Data 2018-2020

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In the Coos Health & Wellness Survey on ATOD use in 2021, the community agreed to the below Statements:

- Investing in alcohol and other drug prevention programs saves lives and money.
- Schools need to be more active in dealing with alcohol, tobacco, and other drug problems.

There was even some support for raising taxes on Alcohol, Tobacco, and/or Marijuana to fund prevention programs. This shows that our community sees the value in investing in alcohol and drug prevention programs.

Ballot Measure 110 and the Opioid Settlement Funds:

BM 110: [Drug Addiction Treatment and Recovery Act](#)

Oregon Voters passed the measure in November 2020 by 58% of the vote. The vision of the measure was to establish a more health-based, equitable, and effective approach to drug addiction in Oregon by shifting the response to drug possession from criminalization to treatment and recovery. Ballot Measure 110 made the following changes:

Criminal Justice Changes	Funding Changes
<p>Decriminalization of Personal Drug possession:</p> <ul style="list-style-type: none"> • Reclassified personal/noncommercial drug possession offenses, to a misdemeanor. • Results in a \$100 fine or a completed health assessment • Individuals who manufacture or distribute illegal drugs are still subject to criminal penalty. <p>These changes became effective February 1, 2021</p>	<p>New Drug Treatment and Recovery Services Fund which has two sources:</p> <p>(1) savings to the State resulting from drug offense sentence reductions</p> <p>(2) moneys in the Oregon Marijuana Fund</p> <p>\$287.3 million allocated for 2021-2023 biennium in 2 Grant Programs:</p> <ul style="list-style-type: none"> • \$22.3 million Access to Care grants distributed in 2021 • \$265 million in Behavioral Health Resource Network (BHRN) grants, first grant contracts awarded in June 2022. <p>Grants were reviewed and selected by the Oversight and Accountability Council.</p> <p>*Important to note there were delays in funding reaching programs</p>

BM 110 Audit Findings: Published January 2023

Oregon conducted an [Audit of BM 110](#). The Audit is titled “Too Early to Tell: The Challenging Implementation of Measure 110 Has Increased Risks, but the Effectiveness of the Program Has Yet to Be Determined”. Findings include:

- Concerns we may be unable to gauge the impacts and effectiveness of M110 due to existing grant management and data collection.
- Program Governance needs to be improved (Regarding Oversight and Accountability Council)
- Existing silos and fragmentation in the delivery of mental health and substance use disorder treatment provide opportunities for greater collaboration and coordinated efforts.

In June 2023 the Oregon Legislature passed [HB 2513](#), which addresses some of the issues identified in the Audit.

The Coos County LADPC does not take a formal position in favor of or against Ballot Measure 110. Some members have expressed concern of the impacts of decriminalization of drugs in our communities. Data is not yet available to understand if drug use has increased as a result of decriminalization. Any claims of increased

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drug use are anecdotal at this time. Additional concerns around Measure 110 include the reduction of Marijuana tax dollars going to Law Enforcement, and limited options to intervene in youth drug and alcohol use.

Data does indicate an increase in overdose deaths over the last few years. This trend may be attributable, at least in part, to the effects of the COVID-19 pandemic when access to health care facilities, assistance programs and risk reduction efforts decreased or stopped. The increase in illicit fentanyl drug market has also undoubtedly contributed to the increase in overdose deaths in Oregon. As we seek to measure affects from Measure 110 in our communities, we will unfortunately not be able to separate out the impact of decriminalization, from these other factors that occurred at the same time.

Coos County Behavioral Health Resource Networks and Funding:

\$4.7 million dollars has been allocated to 5 different programs in Coos County for the 2021-23 biennium through Measure 110 BHRN Funds. After significant delays, funding has now been released to our local BHRN recipients and most organizations are now fully staffed per their initial plan and grant request. Our local BHRN consists of Coos Health & Wellness, Bay Area First Step, Adapt, HIV Alliance, and Youth Era. Each BHRN partner is utilizing funds to expand capacity and are working together to coordinate efforts. These programs are using BHRN funds in the following ways:

Adapt:

- Hired 6 Peers doing outreach to work with people who are not clients yet
 - Unhoused and others who are having difficulty getting into services
 - Housing Support to help people get and keep shelter and housing
 - Employment Support
 - Transportation to services, not just for Adapt SUD, mental health, and social services
- Low Barrier Substance Use Disorder Treatment – The BHRN funding allows them to retain and recruit front line staff making up for rates that have fallen behind costs historically
- Adapt Academy to train Peers and Certified Alcohol and Drug Counselors (CADCs) during the workforce crisis and hire locally
- Emergency housing to support access to services
- Establish office-based Medication Assisted Treatment (MAT) and Outpatient Detox in the coming months

Bay Area First Step:

- Hired 3 Peer Support Specialist, 1 Intake Coordinator, 1 Resident Manager, 1 Housing Program Manager
- Removed the insurance barrier for outpatient substance use disorder treatment
- Expanded to 24-hour access to care
- Stabilization unit (1-72 hour)
- Recovery center opened on weekends
- Purchased a 16-bed facility for transitional housing with and on-site resident manager (currently being renovated)
- Purchased 24-bed facility for transitional housing 1942 Sheridan Ave. North Bend Or. 97459 (This property would have been lost without BHRN funding allowing BAFS to purchase)

Coos Health and Wellness:

- Hired 2 Addiction Peers (peer support) that started in December 2022. They work with the 24/7 mobile response team and respond to calls with the team. For substance related crisis calls, they are able to provide resources, a warm handoff to treatment providers, and follow up supports.

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HIV Alliance:

- Hired 2- 0.5 FTE Prevention Specialists and 1 fulltime Harm Reduction Peer. This allows for expanded outreach to at-risk community members needing harm reduction services (including education, syringe services, and naloxone distribution), and expanded referrals to treatment/housing/medical care programs.
- Hired 1-0.5 FTE Naloxone Trainer to expand Naloxone resources across Coos County to prevent overdose deaths and 1- 0.5 FTE Community Health Worker (These part time positions are combined with Prevention Specialist part time positions; 2 full time staff).
- Expanded testing services for HIV/HCV/Syphilis to prevent the spread of infection in high-risk communities.

Youth Era:

- Hired 1 Youth Peer Recovery Specialist, focused on connecting youth to prevention, treatment, recovery, and other social services. In the Jan-March 2023 quarter, they served 41 individuals and connected them to 56 separate services.
- Hold weekly Youth Recovery Meetings and provide a drug and alcohol-free space for youth to build community.

BHRN Partners are also working together to expand outreach efforts to Powers, Myrtle Point, Coquille, Lakeside, and Bandon. Outreach includes brick and mortar recurring events and mobile outreach.

In the last few months, these BHRN partners are beginning to build momentum and starting to see some good initial results with an increased ability to engage people within our community with substance use disorder presentations. Local law enforcement has also been key in this area with the addition of the community officers through both Coos Bay and now North Bend. This work also dovetails into the newer efforts to address homelessness.

These program expansions and coordinated efforts are vital to expanding our community's capacity to address the substance use issues in Coos County, and to ensure clients have quicker access to care.

Statewide Interactive Dashboard on BHRN Awardees can be found here:

[Measure 110 Behavioral Health Resource Network Dashboard](#)

The Oversight and Accountability council has approved an opportunity for grant extension for the 2023-25 biennium. Qualified partners have been encouraged to apply. This extension would carry grantees through 2025 and is currently in progress.

Oregon's Opioid Settlement Funding:

In July 2021, the State of Oregon reached agreement on a national lawsuit against four companies for their role in the opioid crisis. Approximately \$325 million will be awarded to Oregon over the course of 18 years, beginning in 2022. These funds can be used for a wide variety of opioid prevention, treatment, and recovery strategies.

The [Oregon Opioid Settlement Funds](#) will be divided between the State of Oregon (45%) and local jurisdictions (55%). Cities and counties in Oregon with populations greater than 10,000 will receive 55% of the opioid settlement funds. Local jurisdictions will decide how their funds are used. Coos County and Coos Bay City are both recipients of these funds.

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Coos County has allocated Opioid Settlement funds to Bay Area First Step for 2023. These funds are being utilized to:

- Purchase a 12-passenger van for transportation
- Open a Second Stabilization unit (1-72 hour)
- Hire 1 peer to run the stabilization unit
- Purchasing \$16,800 Naloxone a year to get out into the community

[Opioid Settlement Prevention, Treatment and Recovery \(OSPTR\)](#) Board will determine how to allocate the State's portion of the opioid settlement funds for statewide and regional opioid prevention, treatment, and recovery initiatives.

Coos County Collaborations and Strategies in progress:

Various agencies and community partners are working to expand and improve prevention, treatment, and recovery services in Coos County. Some of the current projects and initiatives include:

- Improved Collaboration and Coordination between programs:
 - Connect Oregon Referral Platform- roll out began in early 2023. This platform will streamline client referrals between agencies.
 - LADPC Postcards (See copies in Appendix C). Postcards listing all treatment services in Coos County are being distributed to improve outreach and knowledge of services.
- Projects focused on expanding the workforce for treatment and recovery programs including:
 - Southwestern Oregon Community College (SWOCC) curriculum development and new education pathways to expand mental health workforce.
 - Southwestern Oregon Workforce Investment Board (SOWIB) Traditional Healthcare Worker workforce expansion program
- Advanced Health received a grant to fund a SUD Coordinator Position focused on Sobering Center Planning
- Improved Data Collection Processes and Overdose Tracking
- Coos Health and Wellness (CHW) Youth Prevention Specialist Position; Supporting School Districts Prevention Strategies
- LADPC Presentations to Community Partners on Needs and Priorities.

Comprehensive list of strategies and activities can be found in Coos County Strategic Planning Initiative, 2022

Additional Programs new to our Area:

In addition to the program expansion from BHRN recipients, there are other agencies and programs that are new to Coos County, including:

- Boulder Care
 - Telehealth, Addiction Treatment, MAT
- Pacific Cascade Behavioral Health
 - Outpatient Treatment Services, Medicated Assisted Treatment
 - Youth Treatment (in progress)
- Family Treatment Court
 - Parenting Supports for Parents in Recovery (in progress)

Needs Assessment Findings:

During the Needs Assessment and Priority Setting community partner interviews, and interviews with community members in recovery the following was identified as the highest needs for Coos County to address substance use disorder:

- **Sobering center**- Community members have been advocating for a sobering center in Coos County for years. A sobering center has a public safety focus, it is a place for publicly intoxicated people to be brought if it is unsafe for them to be in public. Once they are more sober (up to 23 hours), they then are offered the option to join a treatment program or are brought to their home.
- **Detoxification center**- Coos County community members have limited options for medically supervised detoxification. Currently They must travel outside of the county for these services.
- **Expanded treatment options** (inpatient, outpatient, residential, and telehealth)- to meet the needs of clients, treatment and recovery expansion is needs in all areas.
- **Quicker Access to care for people with SUD**. There is a short window of opportunity to get people into a treatment program when they are ready, we need to prevent waitlists to get more people into care.
- **More naloxone distribution and training** to prevent opioid overdose deaths.
- **Expanded Peer Support Services for specific groups** (Veterans, Youth, Parents, formerly incarcerated): Treatment and recovery programs need to meet the diverse needs of clients. Connecting with people in recovery with other individuals with shared experiences can lead to greater success in maintaining sobriety.

Ways for the Community to get involved:

- Bring questions and ideas to the LADPC. Meetings take place monthly on the 4th Thursday of the month. All meetings are open to the public.
- Share this report, and invite the Coos LADPC to present at local agencies, committees, or community groups.
- Help get the word out that:
 - Recovery is possible and we have programs that can help
 - Investing in Prevention, Treatment, Recovery, and Harm Reduction services saves lives, improves our local economy and quality of life
 - There are people working hard to address addiction/SUD in Coos County

Additional ATOD Informational Resources:

1. Fentanyl Information and Outreach materials: <https://www.songforcharlie.org/facts-about-fentanyl>
2. Tobacco use rates and Smoking cessation resources: <https://smokefreeoregon.com/>
3. Excessive Alcohol Consumption Information and resources: <https://www.thecommunityguide.org/topics/excessive-alcohol-consumption.html>
4. Opioid Epidemic Information and Resources: <https://www.cdc.gov/opioids/basics/epidemic.html>

Complete Sources List:

1. Oregon ADPC Statewide Strategic Plan (2020-2025). <https://www.oregon.gov/adpc/pages/index.aspx>
2. Needs Assessment and Priority Setting, Coos County. June 2022. Bloom Consulting, Comagine Health, Lines for Life, Synergy Health Consulting. Executive Summary in Appendix A.
3. Coos County Strategic Planning Initiative, 2022. Bloom Consulting, Comagine Health, Lines for Life, Synergy Health Consulting, OHA.
4. National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration (SAMHSA), 2018-2019 <https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2019>
5. Drug Abuse rates by occurrence of Adverse Childhood Experiences. Dube SR, Felitti VJ, Dong M, Chapman DP, Giles WH, Anda RF. Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study. pubmed.ncbi.nlm.nih.gov
6. Opioids and the Ongoing Drug Overdose Crisis in Oregon, Oregon Health Authority 2022. https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2479_22.pdf
7. Opioid Overdose in Oregon, OHA. 2021
8. Smoke Free Oregon, Coos County Tobacco Use 2019. <https://smokefreeoregon.com/county/coos/>
9. Alcohol Harms and Economic Burden-Interim Report, ECO Northwest, OHA. 2021 https://static1.squarespace.com/static/597fb96acd39c34098e8d423/t/62a26962b665c727f813717f/1654810983543/OHA+Alcohol+Harms+Interim+Report_FINAL.pdf.
10. Understanding the Opioid Epidemic, Center for Disease Control and Prevention. 2022 <https://www.cdc.gov/opioids/basics/epidemic.html>
11. Opioid Overdose Public Health Surveillance Update April 20th, 2023. SUDORS data
12. SUDORS Dashboard: Fatal Overdose Data. CDC 2021 <https://www.cdc.gov/drugoverdose/fatal/dashboard/index.html#print>
13. Prescribing and Overdose Data Dashboard, OHA. <https://www.oregon.gov/oha/ph/preventionwellness/substanceuse/opioids/pages/data.aspx>
14. Areas of Unmet Health Care Need Report, OHSU. 2021 <https://www.ohsu.edu/media/106436>
15. Oregon Child Welfare Databook, ODHS. 2021 <https://www.oregon.gov/dhs/CHILDREN/CHILD-ABUSE/Documents/2021-cw-data-book.pdf>
16. Oregon Gap Analysis and Inventory Report, OHSU. 2022. <https://www.oregon.gov/adpc/Pages/gap-analysis.aspx>
17. Department of Corrections Demographic Data, presented at Oregon ADPC March 2023. https://www.oregon.gov/adpc/SiteAssets/Lists/MeetingEvents/EditForm/OHSU%20ADPC%20presentation_23Mar2023.pdf
18. Community Assessment, Oregon Coast Community Action. 2017
19. Kids Hope Center, annual report pulled on child endangerment 2022.
20. DHS, Family Treatment Court 2022
21. Survey on Alcohol, Tobacco, and Drug Use. Coos Health & Wellness, 2021.

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22. Alcohol Consumption in Youth and Adults in Oregon, OHA. Presented at Oregon ADPC 2023

[https://www.oregon.gov/adpc/SiteAssets/Lists/MeetingEvents/EditForm/Alcohol%20Population%20Indicators%20ADPC%202-23-23%20\(002\).pdf](https://www.oregon.gov/adpc/SiteAssets/Lists/MeetingEvents/EditForm/Alcohol%20Population%20Indicators%20ADPC%202-23-23%20(002).pdf)

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Appendix A:

Substance Use Disorder Services Needs Assessment and Priority Setting: Executive Summary

Coos County, Oregon is a midsized coastal county. There is a large senior population; the proportion of people 65 years or older is 53% higher than the state proportion. Compared to the state, Coos County has a slightly higher unemployment rate, a 28% lower median household income, and residents are nearly half as likely to have a bachelor's degree. Regarding housing, rental units in Coos County are much less crowded compared to the state and the nation. Residents of Coos County are more likely to die from suicide and accidents compared to the state and the nation. The suicide mortality rate in Coos County is more than twice the statewide rate and the accident mortality rate is over 1.5 times higher.

Regarding prescribing and overdose patterns, compared to the state, Coos County has higher rates of:

- All opioid prescription fills
- Opioid prescriptions that were >90 daily MEU
- Overlapping opioid/benzodiazepine prescriptions
- Opioid overdose hospitalizations

Coos County has increasing trends of:

- Opioid overdose hospitalizations
- Stimulant prescribing
- Stimulant overdose mortality

To investigate further, key partners were invited to participate in interviews to collect information about current issues, resources and services available and challenges to access them, and additional resources or services needed in Coos County.

Participants discussed issues related to substance use and mental health concerns. In addition to concerns with methamphetamine, opioid, marijuana, and alcohol use, partners also were concerned about vaping among youth. Further, partners reported an increasing presence of substances in young children, including infants, and attributed early use or exposure to substances to cultural aspects, including intergenerational substance use, in Coos County.

Regarding overdose, partners reported increases in overdose with limited supplies of naloxone. To address these concerns, partners discussed a variety of services available including treatment, peer support services, and harm reduction services. Service providers described care coordination as easy and not duplicative.

Despite having some services available, challenges to accessing resources or services were at the community, service, and individual level. In addition to concerns previously mentioned, people in Coos County also face issues including insufficient recovery supports, stigma, lack of detoxification facilities and inpatient treatment options, and limited individual capacity to seek treatment while in "survival mode."

To address these barriers, most notably, partners discussed a need for additional resources or services including a detoxification center, sobering center, more expanded treatment options, quicker access to care, and more naloxone. Other needs were also identified related to the behavioral health workforce, recovery supports, harm reduction services, peer support services, and services specific for families, veterans, and people who were previously incarcerated.

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Appendix B:

Drug and Alcohol Treatment and Recovery Services in Coos County (updated as of June 2023)

Organization	Programs/Services	Website	Phone
Adapt	Outpatient SUD Care for Adults and Youth Problem Gambling DUII Treatment Services Tobacco & Nicotine Day Treatment/Fresh Start Opioid Treatment Program/Medication Assisted Treatment Outpatient Mental Health Services In-Patient/Residential Treatment and Detox (Adult and Youth) (located in Roseburg, available to Coos County residents)	adaptoregon.org	541-751-0357
Bay Area First Step	Substance use Disorder Treatment Prime + (Harm reduction) Oregon Hope (TelehepC) Recovery Center Peer Support Housing (Temporary, Treatment, and Recovery) Outreach for Harm Reduction Transportation	bayareafirststep.org	541-756-3111
Boulder Care	Telehealth Medication Assisted Treatment	boulder.care	866-901-4860
Pacific Cascade Pain and Anesthesia	Medication Assisted Treatment, Outpatient SUD treatment		541-808-3553
Coast Community Health	Outpatient Treatment		541-347-2529
HIV Alliance	HIV & HCV Testing STI Testing Syringe Exchange Overdose Response & Naloxone Training Fentanyl Test Strips Naloxone Syringe Drop Box (Details Below)	hivalliance.org	541-342-5088
North Bend Medical Center	Substance Use Disorder Treatment/Medication Assisted Treatment (Dr. Julian Ospina)		541-266-1720
Coos Health and Wellness	Mental Health Services Peer Support Services Prevention Programs	cooshealthandwellness.org	541-266-6800
The Coos Drop/Youth Era	Peer Support for Youth with SUD	youthera.org	541-735-0763
Oxford House	Transitional Housing for men in recovery		541-808-0950

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The Nancy Devereux Center	Housing (Emergency and transitional)	thedeveurexcenter.org	
Syringe Drop Boxes	North Bend Fire Department: 1880 McPherson North Bend Coos Bay Fire Department: 450 Elrod Ave. Coos Bay Coos Bay Fire Department: 189 S. Wall St. Coos Bay		
Additional Recovery Supports	Alcoholics Anonymous (AA) Meetings Narcotics Anonymous (NA) Meetings Coos Fitness for Recovery	Alcoholicsanonymous.com Na.org www.facebook.com/CoosFitnessforRecovery	
24-hour crisis hotline: 541-266-6800 or 888-543-5763 text OREGON to 741741			

Appendix C: Contact the LADPC for printed copies.

Front	Back																				
 <p>COOS COUNTY ALCOHOL & DRUG TREATMENT SERVICES</p>  <p>LADPC <small>Local Alcohol & Drug Planning Committee</small></p> <p>24 HOUR CRISIS LINE 541-266-6800</p> <table border="0"> <tr> <td>ADAPT 541-751-0357</td> <td>NORTH BEND MEDICAL CENTER 541-266-1720</td> </tr> <tr> <td>BAY AREA FIRST STEP 541-756-3111</td> <td>PACIFIC CASCADE PAIN & ANESTHESIA 541-808-3553</td> </tr> <tr> <td>BOULDER CARE 866-901-4860</td> <td>THE COOS DROP 541-735-0763</td> </tr> <tr> <td>COAST COMMUNITY HEALTH 541-347-2529</td> <td>HIV ALLIANCE 541-342-5088</td> </tr> <tr> <td>COOS HEALTH & WELLNESS 541-266-6800</td> <td>12 STEP MEETINGS: AA: 541-756-9988 NA: 541-267-0273</td> </tr> </table>	ADAPT 541-751-0357	NORTH BEND MEDICAL CENTER 541-266-1720	BAY AREA FIRST STEP 541-756-3111	PACIFIC CASCADE PAIN & ANESTHESIA 541-808-3553	BOULDER CARE 866-901-4860	THE COOS DROP 541-735-0763	COAST COMMUNITY HEALTH 541-347-2529	HIV ALLIANCE 541-342-5088	COOS HEALTH & WELLNESS 541-266-6800	12 STEP MEETINGS: AA: 541-756-9988 NA: 541-267-0273	<p>Services Offered</p> <table border="0"> <tr> <td>ADAPT: TREATMENT & RECOVERY PROGRAMS, MEDICATION ASSISTED TREATMENT</td> <td>NORTH BEND MEDICAL: DR. JULIAN OSPINA ADDICTION TREATMENT</td> </tr> <tr> <td>BAY AREA FIRST STEP: PEER SUPPORT, HOUSING ASSISTANCE, TREATMENT & RECOVERY PROGRAMS</td> <td>PACIFIC CASCADE PAIN & ANESTHESIA: MEDICATION ASSISTED & OUTPATIENT TREATMENT</td> </tr> <tr> <td>BOULDER CARE: MEDICATION ASSISTED TREATMENT, TELEHEALTH</td> <td>THE COOS DROP: PEER SUPPORT FOR YOUTH</td> </tr> <tr> <td>COAST COMMUNITY HEALTH: OUTPATIENT TREATMENT</td> <td>HIV ALLIANCE: NALOXONE, SYRINGE EXCHANGE, TESTING</td> </tr> <tr> <td>COOS HEALTH & WELLNESS: MENTAL HEALTH SERVICES</td> <td>AA/NA: SUPPORTIVE MEETINGS WITH PEERS</td> </tr> </table> <p style="text-align: right;"><small>Updated March 2023</small></p> <p style="text-align: center;"><small>Recovery is possible and there are programs that can help.</small></p>	ADAPT: TREATMENT & RECOVERY PROGRAMS, MEDICATION ASSISTED TREATMENT	NORTH BEND MEDICAL: DR. JULIAN OSPINA ADDICTION TREATMENT	BAY AREA FIRST STEP: PEER SUPPORT, HOUSING ASSISTANCE, TREATMENT & RECOVERY PROGRAMS	PACIFIC CASCADE PAIN & ANESTHESIA: MEDICATION ASSISTED & OUTPATIENT TREATMENT	BOULDER CARE: MEDICATION ASSISTED TREATMENT, TELEHEALTH	THE COOS DROP: PEER SUPPORT FOR YOUTH	COAST COMMUNITY HEALTH: OUTPATIENT TREATMENT	HIV ALLIANCE: NALOXONE, SYRINGE EXCHANGE, TESTING	COOS HEALTH & WELLNESS: MENTAL HEALTH SERVICES	AA/NA: SUPPORTIVE MEETINGS WITH PEERS
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