

Opioid Addiction, COVID-19, and Veteran Mental Health in San Francisco

Findings from the 9th Annual Veterans Mental Health Summit

Swords to Plowshares

February 2022

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BACKGROUND

At the onset of the COVID-19, pandemic researchers warned that the pandemic would result in a substantial increase in opioid overdose deaths due to a confluence of factors including isolation, poor mental health, health disparities, and homelessness among opioid users.¹ This prediction was unfortunately confirmed by a Centers for Disease Control and Prevention (CDC) report that from April 2020 to April 2021, opioid overdose deaths increased 35 percent to over 75,000.²

In San Francisco, the number of unintentional opioid overdoses increased even more sharply after the shelter in place order was issued in March 2020: the weekly median overdose deaths rose 50 percent compared to pre-COVID weekly median deaths.³ By the end of 2020, the number of overdoses exceeded the 2019 number of overdoses by 61 percent. The highest numbers of unintentional overdoses have been from fentanyl followed by methamphetamines, cocaine, and heroin.⁴

Results of a nationwide survey published in 2020 found a substantial increase in depression and anxiety since the onset of the pandemic and that trend corresponded to an increase in substance use disorders.⁵ Additional research has found that veterans may be more susceptible to these outcomes due to previous trauma and a higher rate of mental health co-morbidities.⁶

During the 9th Annual Veterans Mental Health Summit held on September 30, 2021, co-hosted by the San Francisco Department of Veterans Affairs Health Care System (SFVAHCS) and Swords to Plowshares, Kristen Marshall, Associate Director of the National Harm Reduction Coalition's San Francisco Programs and Manager of the Drug Overdose Prevention and Education (DOPE) Project, and Dr. Tauheed Zaman, Medical Director of the Opioid Safety and Addiction Consult at SFVAHCS, described this intersection of accidental opioid deaths and COVID-19 in San Francisco's veterans, communities of color, and people experiencing homelessness. The following information is based on their presentations unless otherwise noted.

OPIOIDS, COVID-19, ISOLATION AND GRIEF

“The multiple epidemics, pandemics have collided in the past year. And I’m talking about COVID. I’m talking about overdose. I’m talking about poverty. I’m talking about racial and state violence. All of these things have intersected on top of the most vulnerable communities ... Those communities are also the communities experiencing the largest set of health disparities.”

– Kristen Marshall, Associate Director of the National Harm Reduction Coalition’s San Francisco Programs and Manager of the Drug Overdose Prevention and Education (DOPE) Project

CUMULATIVE INFLUENCES ON MENTAL AND BEHAVIORAL HEALTH

What led to this collision of COVID, mental health, and drug use, and why are so many more people dying of accidental drug overdoses? Prior to the pandemic, there was already instability and a lack of access to resources. The entry of fentanyl into the drug supply has amplified risks. Added to this, COVID-19 prevention protocols, such as increased distance and isolation, contradict effective strategies for preventing overdose deaths, which emphasize community support and care.

Groups that experience greater health disparities are at higher risk for overdoses, including:

- Individuals experiencing extreme poverty and/or impacted by gentrification;
- Black and Brown, Indigenous or immigrant communities;
- LGBTQ+ individuals, women, transgender women of color, people who are pregnant; and
- People who live at the intersections of these experiences.



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THE VETERAN COMMUNITY'S COMPOUNDED TRAUMA AND GRIEF

"A lot of what we do... is to really hold people in their grief and their experiences. I know that I can't end poverty, I know that I can't end racism, but I can be with people and share in their grief and hold it, validate what people are experiencing and center them in their journeys and in their care... We deserve the resources and care to be able to equip our communities with what they need to survive, because people who use drugs, people experiencing homelessness in San Francisco prove what is possible when they have the right resources, that they can survive and even thrive."

- Kristen Marshall, Associate Director of the National Harm Reduction Coalition's San Francisco Programs and Manager of the Drug Overdose Prevention and Education (DOPE) Project

COVID deaths have compounded community trauma and grief, particularly in the veteran community. Veterans have many sources of disenfranchised grief, which is grief over unexpected deaths or deaths that are not considered socially acceptable such as overdose or violent deaths. In addition, many veterans have experienced grief over the deaths of comrades who have died by suicide. When those who are grieving are unable to process their grief, this compounds isolation and trauma.

THE DOPE PROJECT: A HARM REDUCTION MODEL

“...When we don’t center the people who are the highest risk or the people who are the most harmed ... this is the result: very preventable deaths.”

– Kristen Marshall, Associate Director of the National Harm Reduction Coalition’s San Francisco Programs and Manager of the Drug Overdose Prevention and Education (DOPE) Project

The National Harm Reduction Program’s Drug Overdose Prevention and Education (DOPE) Project, funded by the San Francisco Department of Public Health (SFDPH), works to prevent overdose deaths through community education and distribution of Naloxone, a medication that can reverse opioid overdose:

- The SFDPH is the first Public Health department in the country to fund Naloxone distribution.
- The project targets people identified as highest risk for opioid overdose and most likely to experience most of the harms related to the “war on drugs,” but who have little access to medications that can reverse overdoses such as Naloxone.

Individuals who use drugs and experience homelessness are the most successful in responding to overdoses under the DOPE program, because they are already on the scene of drug use and overdoses and are in the best position to revive someone experiencing an overdose.

- Members of these populations are often reluctant to contact emergency services because they feel they have been mistreated by first responders and health care providers, which has resulted in harm and can pose a danger.
- Although critics say that providing Naloxone and Narcan enables and encourages drug use, the lived experience of communities most impacted affirms the positive role of providing these overdose-prevention drugs.

OPIOID OVERDOSES IN PEOPLE OF COLOR, VETERANS, AND PEOPLE EXPERIENCING HOMELESSNESS

“Helping veterans with mental health issues and addictions is a team sport ... It’s not just me but it involves a psychologist, a nurse practitioner, an RN, a pharmacist, and various trainees [and the patients themselves as a partner].”

– Dr. Tauheed Zaman, Medical Director of the Opioid Safety and
Addiction Consult at SFVAHCS

DISPROPORTIONATE IMPACTS

Overdoses disproportionately affect people of color who have historically been vulnerable and affected by health crises. Current trends magnify existing inequities and show overrepresentation of marginalized communities:

- Twenty five percent of overdose deaths were among residents identifying as Black, although only 6 percent of San Francisco residents identify as Black.⁷
- Twenty seven percent of overdoses were among people who were unhoused although only 1 percent of the 2019 San Francisco population was unhoused, based on data from the 2019 San Francisco homeless count⁸ and the U.S Census Bureau.⁹
- Twenty five percent of overdoses were among residents of the Tenderloin neighborhood, which is one of the San Francisco neighborhoods with the highest rate of homelessness.¹⁰

Diagnostic and treatment disparities correlate with these trends:

- Black veterans and Black people in general are less likely to be accurately diagnosed with PTSD, pain, and substance use disorders, and are consequently less likely to receive appropriate treatment.
- Black veterans and Black people are more likely to be incarcerated than receive medical treatments.

Why is there an increase in the rate of opioid use and overdoses among veterans?

- Reduced access to treatment (including groups) because of pandemic protocols
- Increased isolation and using drugs alone
- Being unhoused
- The crises magnify pre-existing inequities and disparities

TARGETED HELP FOR VETERANS

SFVAHCS has developed an Addiction Consult Service at seven sites:

- Downtown San Francisco clinic, Oakland, Clearlake, Eureka, Ukiah, Santa Rosa, and San Bruno.
- Team of professionals includes psychiatrist, psychologist, registered nurse, nurse practitioner, pharmacist, and trainees.
- Patients consult with clinicians via telephone, video, in-Patient, and “Econsults,” (a clinician examining a patient’s electronic medical records in lieu of direct meetings).
- There are three categories of interventions:
 - Safety: taper controlled substances, screening for fentanyl, overdose education
 - Medications: Substance Use Disorder (SUD) medications or other psychiatric medications
 - Referrals: For other primary care, pain teams, mental health treatment, housing.
- The SFVAHCS is providing more services that specifically focus on LGBTQ+ veterans.
- Subgroups within the LGBTQ+ veterans may experience higher levels of minority stress, related to homophobia, intersectional issues including racism, and thus might have higher rates of substance use compared to non-LGBTQ+ individuals.

Veterans who do not qualify for VA benefits due to their Other Than Honorable (OTH) discharges or do not otherwise seek services from the VA can access resources from community organizations where they can use medical or other health benefits they may have.

The San Francisco Treatment Access Program (TAP) can connect veterans to providers, including:

- Salvation Army Harbor Light Center’s Joe Healy Detox Program
- Health Right 360, which provides a range of outpatient treatments as well as residential treatment



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NEXT STEPS

The existing systems of care were not established to address the needs of communities of color and consequently have created inequities and generations of harm. Increased research and data gathered about disparities and health risks in communities of color have not led to constructive change; unkept promises persist. If resources are funneled directly into communities of color, more effective approaches emerge.

There has been a strong effort to inform other providers about the importance and efficacy of Narcan or Naloxone and to destigmatize addiction and use of these drugs to prevent overdoses. This has resulted in systemic change; now when VA clinicians and other health care providers prescribe an opioid, they also prescribe Narcan. While prevention and harm reduction efforts should also focus on supportive services, individuals who use drugs are often first responders to a crisis or overdose and are proven to help prevent overdose deaths.

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