

Substance Use, Fentanyl and Overdose

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Introduction

Like many places around the country, Oregon is experiencing a substance use crisis. Drug overdose deaths have gone up. It is more common to see people in our neighborhoods using drugs or experiencing the effects of drugs. Though seeing drug use in public can be scary and upsetting, it is only one part of the substance use crisis. Most people who use drugs, use them in their homes, out of public view.

Substance use is not new, but this crisis, which includes drugs like fentanyl, methamphetamine, and other opioids, has become dramatically worse in the last few years. Along with many other government agencies, health systems and community organizations, the Multnomah County Health Department has a role in responding to this crisis. Learning about the substance use crisis, what the Health Department is doing to address the issue, and how we can support people experiencing substance use problems helps us respond as a community effectively and with empathy.

Understanding Substance Use and the Overdose Crisis

What is happening with drug overdoses?

Drug overdoses and deaths from overdoses have been increasing across our region and the nation in the last few years. In *one year*—from 2019 – 2020—overdose deaths in the U.S. [increased 30%](#). Locally, overdose deaths have almost doubled since 2018. They continue to rise, and are unfairly affecting people and communities that are already experiencing health inequities.

There are many reasons for this overdose trend, including stronger, more dangerous, and more available drugs, and social problems worsened by the COVID-19 pandemic.

The Health Department monitors overdoses and overdose deaths, any spikes in overdose rates, changes in the local drug supply, and demographic data including race, sex and gender identity, age, and location. Keeping track of this information lets us know if there are especially dangerous drugs in the local drug supply, if the problem is getting worse or better, who is seeking services and who isn't, and if different communities are experiencing the problem in new ways.

What is fentanyl?

Fentanyl is a *synthetic* opioid, meaning it is created in a laboratory. An opioid is a type of drug that reduces a person's physical pain.

There are two types of fentanyl:

- **Pharmaceutical fentanyl** is legally made by pharmaceutical companies and prescribed by doctors usually for pain relief.
- **Illegally-made fentanyl** is made outside of legal channels and is distributed on the street in liquid, powder, or pill form through illegal drug sales.

It may not be possible to tell if a drug contains fentanyl by looking at it. Fentanyl test strips can help detect whether fentanyl is in a drug or not.

[CDC information on fentanyl.](#)

Why is fentanyl so dangerous?

Fentanyl is extremely powerful. It is up to 50 times stronger than heroin and 100 times stronger than morphine. This makes it more dangerous than other opioids like heroin or morphine. Fentanyl is a major contributor to fatal and non-fatal overdoses in our county and across the nation.

Fentanyl is often mixed with other drugs because of how powerful it is, which makes drugs cheaper, more powerful, more addictive, and more dangerous. Drug users can't be sure what they are getting or how much they are getting. Fortunately, because fentanyl is an opioid, naloxone (Narcan) *can* be used to reverse a fentanyl overdose.

What is polysubstance use?

Polysubstance use means a person uses more than one kind of drug *at the same time*, either on purpose or by accident. Combining substances is common, and it increases the risk for overdose. Overdoses involving more than one substance have been increasing. Many health departments and experts are now using the term "polysubstance use" to more accurately refer to the drug crisis because it is not just an "opioid crisis."

[CDC information on polysubstance use.](#)

What other substances are people using that contribute to overdoses?

- **Methamphetamine**, also known as meth, is a man-made drug that can be smoked, snorted, injected, or swallowed. It is a strong central nervous system stimulant. In our region, we have seen an increase in overdoses that involve methamphetamines. Some overdoses involve only meth, and others involve meth with one or more other substances, including fentanyl. Methadone overdose can not be reversed with naloxone, but because polysubstance use is increasingly common, naloxone should still be administered for any suspected overdose.
- **Heroin** is a highly addictive opioid. Heroin is most often injected, but is also smoked and snorted. According to the 2022 Syringe Services Survey Report, heroin use in the region continues to decrease, falling from 87% of respondents in 2011 to 69% in 2022. However, heroin is still a factor in regional overdoses either alone or combined with other drugs. Heroin overdose can be reversed with naloxone.
- **Prescription opioids** are prescribed by doctors to treat pain and can be an important part of medical treatment. Unfortunately, they are highly addictive. They are often sold or traded illegally on the street. Prescription opioids include oxycodone (OxyContin,

Percocet when combined with acetaminophen), hydrocodone (Vicodin and Norco, also in combination with acetaminophen), hydromorphone (Dilaudid) morphine, and methadone, among others. Prescription opioids are about equal to heroin in contributing to regional overdoses. Prescription opioid overdose can be reversed with naloxone.

- **Xylazine** is an animal tranquilizer that is sometimes added to drugs, especially fentanyl. Xylazine can contribute to overdose risk, and [has dangerous side effects](#). In our region we have seen some polysubstance overdoses involving xylazine, but it does not seem to be widespread in the local drug supply right now. Xylazine overdose cannot be reversed with naloxone (Narcan), but because xylazine is often mixed with opioids, **naloxone should still be given to someone who is overdosing**. If xylazine was mixed in, the person may not revive (wake-up) in the same way as with an opioid-only overdose, but naloxone will still help reverse any opioid in their system. [CDC information on xylazine](#).

Secondhand Exposure

What are the dangers of secondhand exposure to fentanyl?

It can be scary to think about accidentally touching or breathing in fentanyl. Small amounts of fentanyl can be deadly when used directly as a drug, but [experts believe that breathing in secondhand fentanyl smoke or touching small amounts of fentanyl will not cause serious side effects](#). You cannot overdose from fentanyl by briefly touching it. Secondhand fentanyl smoke can't get you high or cause an overdose.

It is safe to help others who may have used fentanyl and are in distress. Always call 9-1-1, if you witness an overdose or if someone needs medical help.

What should I do if I accidentally touch fentanyl or smell the smoke?

Everything we know right now shows that there is very little risk to bystanders, people responding to overdose, or others who may be in an area where people are using drugs.

If you think you may have fentanyl on your skin - Most fentanyl that is illegally made is a powder that won't absorb through the skin. If you think you have fentanyl or another drug on your hands, do not touch your eyes, mouth, or nose. Wash your hands with soap and water (*not* alcohol or hand sanitizer). Clean surfaces as you normally would with a spray or soap and water. This will remove any fentanyl.

If you think you may have inhaled or smelled secondhand smoke - Smelling smoke or breathing in secondhand smoke is not the same as inhaling a drug. The smell from the burning

drug and the smoke users breathe out won't get you high or cause an overdose. When a person smokes fentanyl, they heat the drug and inhale the vapor through a straw or pipe. Most of the drug has been filtered out by the user's body before they exhale smoke.

There are no known local cases of a bystander or responder suffering serious health effects from breathing in secondhand meth or fentanyl smoke.

- Any kind of smoke can irritate the eyes and airways.
- Clearing the air with ventilation is the best way to avoid breathing it in.

At this time, none of the following health professionals are aware of a serious medical event for a bystander or person responding to an overdose:

- The Multnomah County EMS medical director who is also a practicing emergency department physician.
- The Oregon Poison Control medical director who is an emergency physician and medical toxicologist.
- Multnomah County harm reduction staff who work everyday with individuals who use drugs and often reverse overdoses near their clinic.

We understand the concerns about secondhand exposure. Ongoing studies continue to help us understand more. Multnomah County is currently participating in one such study by the CDC to take a longer-term look into the risks associated with second hand exposure for library employees.

[Read more about secondhand exposure and bystander safety.](#)

Health Department substance use services

What is the Health Department's approach to substance use services?

Our commitment is to our communities. Each of us deserves dignity, choice, and support. This means meeting people where they are, with compassion, cultural humility, and without judgment.

Using proven practices, the Multnomah County Health Department works to promote healthy behaviors across our work with substance use and users. These practices include:

- Primary prevention - Public information, education, services and skill building to keep people from using drugs.
- Harm reduction/intervention - Education, services, and connections to medical and mental health support to reduce health harms to people who use drugs.

- Treatment - Services and support for people who use drugs and want to stop using them.
- Recovery support - Services and support for people in recovery to help them stay sober and build healthier lives.

Every part of the Health Department plays a role in substance use services -- Public Health, Corrections Health, Behavioral Health, and our Community Health Centers, including the Student Health Centers. We are working together across the Health Department to adapt our strategies and our services to best meet current needs. This work supports health and wellness for everyone in the County.

In addition, we rely on planning and coordination with other departments in the county, other local government agencies and programs, the hospital systems, community partners and community based organizations, and state and federal agencies. To improve both the immediate and long-term situation, we need everyone to coordinate around person-centered solutions that tackle the entire spectrum of this issue with innovation, equity, compassion, and dignity.

How does the Health Department address substance use in our community?

MCHD has a wide range of established services and programs that address substance use and overdose prevention in four general categories, some examples include:

Primary prevention

- Prevention and education materials
- Mass media campaigns
- Youth leadership activities
- Support for schools and parents
- Substance use prevention that addresses risk and protective factors for youth
- Culturally-specific prevention programming
- Substance use screenings
- Programming to reduce childhood trauma and increase resilience
- Promote healthy communities and families through all MCHD programs

Harm reduction and overdose prevention

- Overdose prevention education/naloxone training
- Widespread naloxone distribution
- Testing and referral to treatment for infections that can be acquired through drug use
- Provision of supplies for safer use to reduce infections and injury experienced by people who use drugs
- Referrals for substance use disorder treatment and other supportive services

- Referrals to other behavioral health services
- Wound care and referrals to medical care
- Behavioral Health Resource Center -- low-barrier, peer-led support services
- Collaboration to provide psychiatric emergency service triage and sobering support
- Outreach, engagement and connection to folks struggling with substance use disorder, homelessness, or who are at risk of criminal justice involvement

Treatment services

- Contracted services for withdrawal management, residential treatment, intensive outpatient treatment with housing support, and outpatient treatment
- Coordinated transitional care for people exiting custody
- Buprenorphine initiation, maintenance, and links to care for people treated for overdose
- Peer support for those seeking or contemplating treatment
- Provision of Medication Supported Recovery (MSR) and client support across multiple settings including Multnomah County Clinics and Corrections Health centers.
- Referral pathways for people exiting correctional facilities, including pregnant people
- Family Involvement Team

Recovery support

- Culturally specific recovery mentoring and support
- Linkages to housing support, prosocial/drug-free activities, basic needs, etc.
- Recovery support groups
- Peer support
- Partnerships to support pregnant people, small children and families in recovery

Multnomah County offers many of these services and programs directly. We also work with dozens of community partners and community-based organizations, as well as people with lived experience, to support, collaborate, and invite communities into this work. Community organizations are an important part of the system needed for substance use response.

Understanding harm reduction

What is harm reduction?

Harm reduction works to minimize the negative effects of risky behaviors by using small steps to improve health. We use harm reduction concepts in many areas of our lives.

Some familiar examples may be: using condoms to prevent the spread of sexually transmitted infections, alternating alcoholic beverages with water to reduce alcohol intake, or limiting ourselves to one dessert per week (or per day!). Harm reduction strategies are sometimes called “safer use” strategies. Most of us don’t improve with judgment or shame. The point of harm reduction is to work with people where they are to make the best choices they can make.

Harm reduction in drug use protects both individuals and our community by reducing the spread of infectious disease such as hepatitis C and HIV, reducing the amount of injury and infection experienced by people who use drugs, connecting people to support and healthcare, treating medical needs such as wounds, and providing pathways to treatment, mental health support services, and other needs. Harm reduction does all of these things regardless of whether the person is ready to stop using drugs.

Harm reduction is a proven approach that helps providers connect with people who use drugs. According to the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA), harm reduction gives drug users “life-saving tools and information to create positive change in their lives and potentially save their lives.”

Is harm reduction new?

Using harm reduction in response to drug use is **not new**, and is a widespread practice around the world. It is a key part of the U.S. Department of Health and Human Services' [Overdose Prevention Strategy](#) and one that the Multnomah County Health Department has used for more than 30 years.

The Health Department was a pioneer in harm reduction in 1989 when it contracted with Outside In to support needle exchange. The Health Department began directly operating a syringe services program in 1992 and opened its first field operations in 1996. The Health Department has been using some form of harm reduction strategy with people who use drugs ever since.

Does harm reduction work?

[According to the CDC](#), nearly thirty years of research shows that harm reduction through syringe services programs is safe, effective, and cost-saving. Syringe service programs do not increase illegal drug use or crime. And they play an important role in protecting the public by reducing the spread of viral hepatitis, HIV and other infections in our community.

The [U.S Department of Health and Human Services](#) and the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) promote harm reduction strategies as a vital part of overdose prevention.

According to SAMHSA, “Harm reduction is part of a comprehensive prevention strategy and the continuum of care. Harm reduction approaches have proven to prevent death, injury, disease, overdose, and substance misuse. Harm reduction is effective in addressing the public health epidemic involving substance use as well as infectious disease and other harms associated with drug use.”

What does the Health Department’s harm reduction include?

Harm reduction is an important part of the Health Department’s overall substance use strategy. It includes education, safer sex supplies, HIV/STI testing, wound care, safer injecting supplies, referrals to medical and mental health care and substance use disorder treatment, and information about reducing the risk of overdose. In addition, our harm reduction staff give out naloxone -- a drug overdose reversal medication -- and teach people when and how to use it.

The Health Department provides services from a fixed location at the Harm Reduction Clinic and from mobile vans. It coordinates closely with other organizations providing similar services across the region. It has a wide cooperative network of both government and non-profit organizations that refer people to services and to whom it refers others.

We believe everyone deserves safety and care and that everyone has the right to make their own health care decisions. The Health Department provides harm reduction services without stigma or judgment and works to meet people where they are in their readiness for change. This includes providing information about reducing health related risks while still using drugs. Our approach helps build trust with the communities we serve. Regular input from clients on what they need and want to stay safe is an important part of the process.

In 2022, Multnomah County's Syringe Services Program collected more than 3.2 million syringes for disposal, and provided more than 17,000 sharps containers for people to use to dispose of their syringes. In the last few years, Multnomah County has worked with community partners to install [syringe disposal drop boxes](#) all over the County. There are currently 18 disposal sites community wide that help keep syringe litter off the streets.

How has harm reduction changed?

Harm reduction practices shift with changes in people’s behavior. How people use drugs has changed in recent years because the drug supply has changed. Opioid use has changed from being mostly heroin and prescription opioids to more dangerous drugs like fentanyl, and [xylazine](#). This change from heroin to fentanyl means more people are smoking and snorting drugs and fewer people are injecting them.

The shift away from injecting drugs to smoking or snorting them is *positive* overall. Smoking and snorting results in less disease spread than injecting. However, this shift also means fewer people are seeking syringe services and are losing contact with important services. No contact

means no connection. And no connection means less opportunity to get people the services they need, including treatment when they are ready. A proposal to distribute safe smoking supplies through the Health Department's Harm Reduction Program is on hold at this time.

Drug use patterns change over time. The shift to smoking fentanyl suggests a change in harm reduction strategies is needed to reduce the spread of diseases and harms caused by smoking drugs. This shift to smoking fentanyl may be temporary and other parts of the country have already seen more people begin injecting fentanyl instead. Staying in contact with our clients and continuing to provide education and supplies is important if we are to keep folks from returning to more dangerous drug use through injection.

Read more about Harm Reduction strategies at [Substance Abuse and Mental Health Services Administration](#).

Substance Use and Treatment

Why do people use drugs?

People use drugs (and alcohol) for many reasons. Drug use may be once in a while (recreational or experimental), often, every day, or even multiple times a day, and may change throughout a person's life.

Some people who use drugs have a substance use disorder. According to the [National Institutes of Health](#), substance use disorder (SUD), is "a treatable mental disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications." Substance use disorder is a chronic disease, and similar to conditions like high blood pressure and diabetes, has well-established treatment guidelines including prescription medications and behavioral support.

The causes of substance use and substance use disorder might include external factors -- sometimes called social determinants of health -- such as work and housing instability, food insecurity, racism, class discrimination, stigma and access to care. They also include personal circumstances like family history, health history, or support systems. People might use substances to cope with stress, deal with the effects of trauma or to help with mental or physical health issues.

What is the solution to this problem?

There is not one single cause of substance use, nor one single solution to the problem. A range of efforts are needed to address substance use, including prevention measures, help and care through periods of substance use, treatment and addiction counseling, and long-term support

for recovery. In addition, we must address structural and cultural barriers that keep people from accessing available services.

In order to tackle our substance use crisis, our society must prioritize stable housing, access to education, economic opportunity, and low-barrier access to healthcare and mental health support. These factors will help prevent substance use in the first place, strengthen our social connections and our communities, and address the current crisis.

What is the relationship between substance use and homelessness?

Though there is some overlap between the substance use crisis and homelessness, the two issues do not always happen together. Many people who are experiencing homelessness do not have any issues with substance use, and many people experiencing substance use problems are not homeless. People experiencing homelessness have *higher rates* of overdose than people who are housed and are more likely to experience fatal overdose. Many things contribute to this, including that people who are homeless have higher rates of mental health disorders, are more isolated when they use drugs, and have less access to care.

Why don't people just go to treatment?

Everyone deserves the right to make their own health care decisions. Some people may be able to regulate their substance use and some may not. Some may be ready to enter treatment and some may not. It takes a lot of vulnerability, courage, and trust for someone to ask for help or agree to enter care for substance use disorder.

Often a person becomes ready to seek treatment after building positive relationships with advocates, peers, or harm reduction staff. Getting into treatment can be challenging if there isn't space available or there isn't anything open that fits a person's unique needs and situation. Struggling to get into care after making that decision may be deeply discouraging and change a person's mind. Additionally, even once a place is secured, many people may encounter other barriers, like finding transportation, time off from work, child or pet care, places to store belongings, and so on.

Treatment for substance use and addiction is a complex process. With any addiction, many attempts to quit are often needed. Some people may need treatment more than once. Meeting a person's foundational needs of housing, economic stability, and community support makes treatment and recovery more possible.

People in recovery need long-term support. They often need stress management skills, support for anxiety or depression, job training or referrals, secure housing, and peer support, as well as pathways to get help if they relapse.

For people who use drugs who do want to make a change or enter treatment, there are options. For people who continue their substance use, our harm reduction strategies help keep them safer.

Where can people go for treatment?

Treatment can include any or all of the following: support with detox, inpatient or outpatient treatment, medication-assisted treatment, support groups and individual counseling.

For people who have health insurance or financial resources, there are options available. Most people who seek treatment do not go through Multnomah County. They enter treatment through their doctor, their insurance company, their employer or a community organization, or go directly to a treatment provider.

Multnomah County focuses on serving underinsured and uninsured people and works to connect people with the limited resources available to these groups. Multnomah County Health Department runs 13 programs and services throughout the County that provide and support treatment for substance use disorder. Additionally, MCHD has contracts with 28 community-based organizations that provide treatment and related support services.

For people with no health insurance or few resources, there are fewer options. Our community needs more treatment beds and options for people with limited resources. This is not a problem the Health Department can fix on its own. This is a challenge that we are working on across the county with our health systems partners, other government agencies and community based organizations. It will take investment on many levels from multiple partners to provide the resources our community needs.

How can I get myself or someone I know into treatment?

If you have a doctor or insurance, start there. Ask about your options. They can help connect you with the support, medicines, counseling or treatment that is offered by your health system.

Also, the Multnomah County Behavioral Health Call Center is available 24/7 to support *anyone* in distress. You don't have to be in crisis to call. If you are looking for support and treatment options, the Behavioral Health Call Center can help connect you or your loved one to mental health and substance use resources.

- Call 503-988-4888
- Toll-free: 800-716-9769
- Hearing-impaired dial: 711

The Oregon Health Plan covers substance use treatment. The Health Department has eligibility specialists at our Community Health Center who can help get you on the Oregon Health Plan if you qualify and don't have insurance -- 503-988-5558.

To find resources in Multnomah County check out our [Addiction Treatment webpage](#).

To find resources throughout our state check out the [Oregon Substance Use Disorders Services Directory](#).

Where can I learn more?

[MCHD Overdose Prevention](#)

[Never Use Alone](#) - Overdose Prevention Lifeline

[Stopoverdose.org](#)

[Oregon Health Authority: Reducing Opioid Overdose and Misuse](#)

[Oregon Statewide Strategic Plan](#)

[Find pharmacies that distribute Naloxone](#)