King County

Heroin and Opiate Addiction Task Force
Friday, April 22, 2016, 1-4 p.m. ~ YMCA Downtown Seattle

<table>
<tr><td>Attendees in person</td><td colspan="2">Brad Finegood, Andy Adolfson, Caleb Banta-Green, Chelsea Baylen, Tim Bondurant, Dan Cable, Frank Chaffee, Mark Cooke, Lisa Daugaard, David Dickinson, Roger Dowdy, Jeff Duchin, Charissa Fotinos, Natalie Green, Steve Gustaveson, Darcy Jaffe, Norm Johnson, Penny Legate, Scott Lindsay, Daniel Malone, Suzan Mazor, Robert Merner, Shilo Murphy, Michael Ninburg, Ryan Oftebro, Thea Oliphant-Wells, Jim Pugel, Mark Putnam, Tom Rea, Jeff Sakuma, Steve Stocker, Milena Stott, Mary Taylor, Jim Walsh, Marcee Kerr</td></tr>
<tr><td>Guests and Minute-taker</td><td colspan="2">Guests: Laurie Sylla, Taylor Watson, Dan Otter, Alyson Mclean, Jonathan Larsen, Alan Lee, Wee Chua, Michael Langer, Helen Chatalas, Dan Sears
Minute-taker: Caresse Tarver</td></tr>
<tr><td>Issues</td><td>Discussion</td><td>Recommendations/ Outcomes</td></tr>
<tr><td>Introductions and Purpose of meeting</td><td>The Heroin and Opiate Addiction Task Force has three charges (a fourth will be added):
1. Primary Prevention, which includes prescriber education, public education, secure medicine return program, prescription drug take-back.
2. Treatment expansion and enhancement, treatment on demand, innovative Suboxone prescribing practices, medication-assisted treatment, and harm reduction treatment services.
3. User Health Services and Overdose Prevention, expanding access to Naloxone and establishing safe injection facilities.
The Task Force will apply an Equity and Social justice lens to all of its work.</td><td></td></tr>
<tr><td>Important Dates</td><td>At the June 3rd meeting, the Task Force will present their primary recommendations for discussion. The final report is due August 12th. A public forum will be held May 31st at the Renton Community Center, 6:30-8:30, to discuss user health services and treatment expansion/enhancement.</td><td></td></tr>
<tr><td>Equity and Social Justice Task Force Charge
and Community Police Commission Report</td><td>Each work group needs to look through an Equity and Social Justice (ESJ) lens, by asking:
1. How is the work that is being done impacting racial and ethnic disparities?
2. Is implementation of Task Force recommendations going to exacerbate existing disparities or is it going to help improve them?
The Community Police Commission is a commission that is supported under the Department of Justice (DOJ) consent agreement made several years ago. Its composition is diverse. It involves human service providers, civil rights activists, public safety leaders, small business owners, and two active police employees.</td><td></td></tr>
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	One of the charges to the Community Police Commission (CPC) is to collaborate with the Seattle Police Department (SPD) to revise the Bias-Free Policing Policy, which was developed by the CPC in 2013. This policy, unique in the country, requires the SPD to find alternative approaches to enforcement in areas characterized by a high degree of racial disparity when alternatives can be identified that do not compromise public safety. Civil citations for public consumption of alcohol and marijuana were concentrated in the west precinct and to a significant degree on African Americans and Native Americans. The Community Police Commission along with SPD would like to explore options for supervised, regulated public consumption of these substances, in a context where individuals can be connected to health services and other support. Recommendations for Safe Consumption Sites: • Wet parks for alcohol • Any facility where it would be legal to drink • Wet encampments	
Workgroup Report-Outs: Health Services and Overdose Prevention Workgroup	**The Health Services and Overdose Prevention workgroup** reviewed Naloxone availability in King County and brainstormed potential options for expanded access. There isn't a lot of data that helps us to understand what the most effective strategies for distributing Naloxone are. There are two generic concepts of naloxone distribution: 1. Professional distribution (first responders, pharmacists, and social service providers). 2. Community-based distribution. Another major issue is Safe Consumption Facilities and Safe Injection Facilities. The workgroup looked at liability issues regarding of these facilities. There is still some concern in the medical and health care community, as well as among users. The workgroup will survey needle exchange clients in focus groups to get a better understanding of the preferences they have for such a facility. Many more details will be forthcoming concerning the siting of this facility: staffing, supervision, sponsorship, services, and legal concerns.	A draft of prioritized options for expanding naloxone availability will be reviewed at the next meeting.
Treatment Expansion & Enhancement Workgroup	**The Treatment Expansion and Enhancement Workgroup** provided an overview of current substance use disorder treatment in King County: Non-medication and harm reduction-based treatment, detox, case management, intensive outpatient, co-occurring, and residential treatment are currently provided. Medicaid doesn't fund outreach to people who not enrolled in services. 87% of adults receiving services are on Medicaid Medication-Assisted Treatment of Opiate Use Disorders (Agonist Treatment, including methadone and buprenorphine) can be clinic-	

	based and office based. The federal and state cap for clinics is 350, and the current wait list, which is managed by the Needle Exchange, has 107 people on it. MDs can prescribe buprenorphine up to a limit of 30 in their first year and 100 thereafter; there is no statewide or central coordination. Therapeutic Health Services and the King County jails downtown and at the Regional Justice Center in Kent methadone to people in jail who are already on methadone. South Corrections Entity (SCORE) does not provide this service. An attempt was made to establish a methadone facility in Des Moines, but there was lots of public scrutiny. The Naloxone program in Snohomish County has accomplished 34 overdose reversals. Task Force participants discussed issues around availability of prescribers in community health centers and in housing services. Challenges related to funding and land use were also discussed. There is a need to better understand where services are currently being offered in the County and how this corresponds with treatment needs across the County. Instead of requiring people to travel far for treatment; we want treatment-on-demand sites. This is a way to get people into treatment much faster: The County can also raise the cap: the THS site in Shoreline has a census of 600, and Evergreen Treatment Services has a census of 1,500 at its three sites. They are having trouble finding a new site for the Mobile unit, which is currently located on the Evergreen site.	
Primary Prevention Workgroup	**Primary Prevention Workgroup** reported on adolescent use of opiates. One possibility is using physical therapy instead of prescription opiates for adolescents. Raising awareness and increasing knowledge of secure medication return, disposal, safeguarding them in the home, and monitoring their use/misuse in youth were all discussed. There is a new grant from the Center for Disease Control and the Department of Health.	
Opiate Epidemiology Update and Overview of Naloxone Program Availability in King County	A meeting is planned for June 9th with the King County Sheriff's Department. DCHS is partnering with medical, University, pharmacy, treatment, law enforcement and housing providers to prevent opioid overdoes. Naloxone kits: DCHS and Kelley-Ross Pharmacy will coordinate to make available naloxone (Narcan) kits and refill kits to King County homeless housing and service providers who are interested in being a part of this prevention partnership. There will be 44 providers, and approximately 90 naloxone kits will be distributed to training participants. DCHS, Behavioral Health and Recovery Division (BHRD) is working with contracted mental health and substance use disorder (SUD) providers to identify individuals in behavioral health	

	treatment agency will coordinate with the identified pharmacy so these individuals in treatment can obtain naloxone kits and OD Prevention training. DCHS is interested in partnering with law enforcement agencies to make naloxone available for law enforcement departments. Snohomish County has recorded 34 saves in one year, with 67% of these saves occurring in Everett and other saves in Marysville, Monroe, Lake Stevens, Sultan and Stanwood. SPD had its first overdose reversal in April 2016.	
Overview of Secure Medication Return	Unwanted, unused, expired, and leftover drugs accumulate in homes and increase the risk of drug abuse, overdose, and preventable poisonings. Unwanted medicines flushed down toilets and sinks or thrown in the trash can end up in the environment. One solution is proper disposal of unused medicines via secure medicine return. The King County Board of Health passed secure medicine return regulations on June 20, 2013 for prescription and non-prescription drugs. Some of the details of the regulations are: • Establishing an industry-funded product stewardship model. • Convenient and equitable collection. • Funded, operated and promoted by drug manufacturers. • Collection sites participate voluntarily. • Program oversight to ensure compliance; civil penalties for non-compliance through Seattle-King County Public Health. • Mail-back envelopes are available to residents who are differently-abled or homebound, at no cost to them. • Twice yearly collection events provide collection in underserved areas at no cost to residents. The program is expected to be available this summer.	King County will promote these services through print and a toll-free number.
Summary of Literature and Data on Safe Consumption Facilities	Focus on women: There are a high number of women in treatment sites, and 40% of women in the needle exchange program are women. In Europe, users of Safe Consumption Site are 10-25% females. Safe consumption facilities in Europe: The first successful facility was in Switzerland in 1988, and there are now sites in Germany, Australia (2001), Canada (2003), Luxembourg, The Netherlands, Norway, and Spain. In Germany, studies showed users would smoke rather than inject if equipment was available. Objectives of safe consumption facilities are to provide an environment for safer drug use, improve the health status of the target group, and reduce public disorder. Models of safe consumption facilities: • Integrated: Consumption facility is housed in the same building as other services. • Specialized: Consumption site is located in the vicinity of other treatment services.	

	• Mobile: Fewer resources, more intense energy levels. Staff is comprised of social workers, nurses, doctors, peers, and security. Nurses and others are not allowed to inject users.	
Overview of President Obama's Opiate Initiative	The Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic. On October 21, 2015 there was a White House press release where President Obama announced federal, state, local and private sector efforts aimed at addressing the prescription drug abuse and heroin epidemic. He issued a memorandum to federal departments and agencies directing them to take two important steps to combat the prescription drug abuse and heroin epidemic: prescriber training and improved access to treatment. President Obama's budget will invest $1.1 billion to help address the opioid epidemic by: • Helping ensure that all Americans who want treatment can get the treatment they need. • Expanding access to medication-assisted treatment for opioid use disorder. • Expanding access to substance use treatment providers. Another White House press release on March 29, 2016 announced the President would join individuals in recovery, family members, medical professionals, law enforcement officials and other leaders at the National Rx Drug Abuse and Heroin Summit in Atlanta, Georgia.	
Buprenorphine RX: Proposed Federal Ruling ~ SAMHSA Request for Comment on Proposed Changes to DATA 2000	Buprenorphine NPRM The Department of Health and Human Services (HHS) is issuing a proposed rule to increase the current patient limit from 100 to 200 patients for qualified physicians who prescribe buprenorphine to treat opioid use disorders, with the goal of expanding access to this evidence-based treatment while preventing diversion of the medication to unlawful use. Physicians who qualify would be required to deliver/refer to counseling and ancillary support, certify that they have a diversion control plan, have appropriate addiction training credentials, report annually and reapply every three years. SAMHSA's Assumptions • Benefit of expanding buprenorphine access outweighs costs • Expanding patient limits and creating specialty requirements will increase the numbers of practitioners interested in becoming buprenorphine prescribers • Counseling/ancillary services necessary • Need to be conservative due to diversion concerns • Providers requesting increase will increase 20-40 patients on average SAMHSA is seeking comments on the proposed changes, and Laurie Sylla (BHRD) will draft a response making the following points regarding limits, requirements, assumptions, costs, and balancing of access and safety:	

	• We would like to see SAMHSA go further, • We agree with some sort of expertise requirement, • 2+ years seems long for ramp-up of 200, • Cost to provide care exceeds reimbursement in public sector, • We believe there would be greater actual impact in the public sector if expanded prescribing authority included mid-levels, • There is a need to address Medicaid rates/services costs in order to encourage practitioner expansion.	Laurie Sylla will send the full response to Task Force members via email so they can give feedback. The due date for comments to HHS is May 31, 2016, 5pm EST.
Other federal actions and opportunities	HRSA Funding to Expand Medication-Assisted Treatment (MAT) HHS released $94 million in new funding to 271 community health centers across the country in March to increase substance use disorder treatment services, with a specific focus on expanding medication-assisted treatment for opioid use disorders in underserved communities. SAMHSA Actions and Grants • The Substance Abuse and Mental Health Services Administration (SAMHSA) is releasing a new $11 million funding opportunity for up to 11 States to expand their medication-assisted treatment services. • SAMSHA also is distributing 10,000 pocket guides for clinicians that include a checklist for prescribing mediation for opioid use disorder treatment and integrating non-pharmacologic therapies into treatment. • SAMHSA also will coordinate trainings to increase the number of doctors qualified to prescribe buprenorphine in targeted States. • People can go to the Google store and download an app that helps family or friends of people who are taking or are addicted to pain medication administer naloxone. • SAMHSA has new prescription drug overdose grants for $12,000,000 in 10 states, to purchase, equip, and train and Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA) grants for $25,000,000 in 23 states, with a focus on high-need communities. CMS Final Rule On MHPAEA Implementing Mental Health and Substance Use Disorder Parity in Medicaid: HHS is finalizing a rule to strengthen access to mental health and substance use services for people enrolled in Medicaid and Children's Health Insurance Program (CHIP) plans by requiring that these benefits be offered at parity (comparable to medical and surgical benefits). These protections are expected to benefit more than 23 million people in Medicaid and CHIP. Preventing Opioid Overdoes Deaths SAMHSA is releasing a new $11million funding opportunity to States to purchase and distribute the opioid overdose reversal drug naloxone and to train first responders and others on its use, along with other overdose prevention strategies.	

	<u>Office of National Drug Control Policy</u> • The Office of National Drug Control Policy is expanding its heroin initiative among regional High Intensity Drug Trafficking Areas (HIDTAs) by adding Ohio and Michigan to the effort. • These states will join in the Appalachia, New England, Philadelphia/Camden, New York/New Jersey, and Washington/Baltimore HIDTAs in accelerating local partnerships between law enforcement and their counterparts in public health to combat heroin use and overdose. <u>Department of Justice</u> The Department of Justice's COPS program is announcing a $7million funding opportunity called the COPS Anti-Heroin Task Force Program to advance public safety and to investigate the distribution of heroin, unlawful distribution of prescription opioids and unlawful heroin and prescription opioid traffickers. <u>Department of Agriculture</u> • Department of Agriculture announced that its $1.4 million Rural Health and Safety Education Grant Program to enhance the quality of life in rural areas through has been expanded to include a focus on the critical challenges related to substance use disorders. • HHS is issuing guidance for HHS-funded programs regarding the use of federal funds to implement or expand syringe services programs for people who inject drugs. <u>Centers for Disease Control and Prevention</u> Centers for Disease Control and Prevention released the new Guideline for Prescribing Opioids for Chronic Pain. More than 60 medical schools have announced that, beginning in fall 2016, they will require their students to take some form of prescriber education in line with these new guidelines, in order to graduate. <u>Partnership with Pharmacies</u> • Rite Aid has trained over 8,400 pharmacists on naloxone and is dispensing naloxone to patients without needing in individual prescription in 10 states with plans to expand to additional states. • Kroger currently dispenses naloxone without in individual prescription at its pharmacies in 7 states with plans to expand to at least 12 more by the end of the year.	
Closing Remarks	Co-chairs Jeff Duchin and Brad Finegood closed the Task Force meeting with remarks regarding the upcoming workgroup meetings which would be frequent throughout the next month. The next Task Force meeting is scheduled for Friday, June 3, 2016, Bellevue City Hall.	