King County

Heroin and Opiate Addiction Task Force
Friday, June 3, 2016, 1-4 p.m. ~ Bellevue City Hall

Attendees in person	Andy Adolfson, Caleb Banta-Green, Chelsea Baylen, Tim Bondurant, Frank Chaffee, Mark Cooke, Lisa Daugaard, Roger Dowdy, Jeff Duchin, Brad Finegood, Charissa Fotinos, Natalie Green, Steve Gustaveson, Darcy Jaffe, Mark Larson, Penny Legate, Daniel Malone, Suzan Mazor, Robert Merner, Kevin Milosevich, Shilo Murphy, Michael Ninburg, Ryan Oftebro, Thea Oliphant-Wells, Jeff Sakuma, Steve Stocker, Milena Stott, Patricia Sully, Mary Taylor, Marcee Kerr	
Guests and Minute-taker	Guests: Karyn Poblocki, Laurie Sylla Minute-taker: Mary Paterson	
Issues	**Discussion**	**Recommendations/ Outcomes**
Introductions and Purpose of meeting	Co-chair Jeff Duchin (Public Health) welcomed people to the meeting and thanked them for the time they were devoting in work groups to develop recommendations. The point of today's meeting is not to make formal recommendations but to discuss and get Task Force members' feedback on possible recommendations. it's important that the recommendations being developed by the workgroups are understood by all task force members; ultimately, the recommendations must be voted on by the entire Task Force membership in order to be approved. The Task Force is invited to please speak up with their responses today or contact the chairs after the meeting. Co-chair Brad Finegood (King County Behavioral Health and Recovery Division, BHRD) appreciated everyone's ability to channel a unified message at the many events taking place regionally.	
Renton Community Meeting Debrief	120 people participated in the community meeting at the Renton Community Center. Steve Gustaveson (BHRD) is compiling the notes taken by scribes at the different tables, Takeaways from the discussions include the importance of education about opiate addiction, potential fatality, treatment options and how to navigate the system, in lay language, how raves "normalize" drug use, and how the monitoring of pain meds is affecting people with chronic pain. The group discussed the need to include the voices of homeless users in the discussion, as they are currently being dislocated from Seattle; users from the Greenbelt/Jungle dislocation need to be connected to treatment strategizing, for example. Also missing from the Renton discussion was the Urban Survivors Union; Renton was hard to get to for Seattle people. The task force could try to organize discussions or focus groups near outdoor hotspots. Indoor use is diffuse throughout the County. Five focus groups in the last three weeks, totaling 35 people, have focused on supervised sites.	Renton Community discussion notes will be shared with the Task Force and then posted on the website and shared with attendees. Workgroups will have the notes to work with. Notes from focus groups will be ready by the next Task Force meeting.

Primary Prevention Workgroup: discussion of possible recommenda-tions	Using a PowerPoint presentation, Caleb Banta-Green (University of Washington) led a discussion of the Primary Prevention Workgroup's discussion of possible recommendations: • Raising awareness of heroin and opiate addiction • The importance of doctors conveying the risks of dependency, addiction, and overdose from pharmaceutical opiates • Promoting safe storage and destruction of opiates • Coordination with the state on regulations Discussion: • Language should be "prescribers" rather "doctors," since nurse practitioners also prescribe opiates: "educate providers and pharmacists" • Chronic pain management for new users ("initial") and users who have been using more than 90ml equivalent: is the distinction helpful? • Prescription monitoring program measuring decrease of use is problematic because the decrease can trigger addiction The presentation focused next on recommendations for local government (City, County, and State), including supporting the state in an e-prescription program (we could provide some references and supporting information). Another topic was the importance of a meaningful exchange of information among prescribers, pharmacists, educators, parents, youth, and the media about opiates, including safe storage and disposal, the Good Samaritan law, and the reasons people start using both heroin and opiates. Flyers, social media, graphic novels, infographics, and videos could be used. Marijuana education (and marijuana stores) could be a source for ideas about usage. The children of parents who use need the messaging the most.	
Treatment Expansion & Enhancement Workgroup: discussion of possible recommenda-tions	Brad Finegood (BHRD) facilitated a discussion of possible recommendations from the Treatment Expansion and Enhancement Workgroup. The workgroup has met weekly with guests and teleconferenced with San Francisco's OPIS program which centralizes induction and uses clinics for services once the client is stable. There is also a nurse care management model, with the buprenorphine model being most common. Treatment on demand is the goal for all treatment modalities (detox, medication-assisted treatment, abstinence), available where people are; expansion is also slated to be recommended for all types of treatment. The high acuity modality has to be available in at least a couple of places. The first recommendation being considered has three levels: 1) having a central location for induction with lowered barriers (a hospital or jail where jail MDs could be used, 2) three or four community health centers, 3) behavioral health clinics where people could be stabilized close to where they are. Funding must be found from the County, Cities, and State.	

	Discussion: • Maintenance has to be expanded alongside induction. Bupe prescribers include Neighborcare, Harborview (SAMHSA grant funding), and Evergreen Treatment Services. But we don't have a complete picture of capacity. • Concerns were voiced for low-income people who are not on Medicaid finding it difficult to pay even the co-pays: Mental Illness and Drug Dependency (MIDD) I and possibly II provides funding for low-income, non-Medicaid clients. • Concerns were also voiced for undocumented people whose fear of detention and deportation may keep them from treatment. • Concerns were voiced for incarcerated people needing evaluations and medication-assisted therapy • Will a sliding fee scale cover undocumented people and non-Medicaid, low-income people? • We need a centralized system where providers can indicate how many referrals they can take; some providers are not taking the maximum they can. • Prescriptions: the limit on the number of prescriptions Bupe prescribers can write has been raised to 500. Suboxone and Naloxone are also important prescriptions and benefits. • It is important for doctors to be educated and to sign on to this work. It is also important for the State to bring the tiers closer together.	
Policy/Legal Workgroup: discussion of possible recommenda-tions	Lisa Daugaard (The Defender Association Division) facilitated discussion of the progress of the Policy/Legal Workgroup. One of the first steps will be to identify a site for a safe consumption facility. It will be easier to insure if the site is connected with a local government than if it is connected to a non-government agency. Some of the questions from a legal perspective are: • How will a safe consumption facility intersect with the state's criminalization of many of the activities taking place in the facility, considering the different state, federal, and local law enforcement policies regarding enforcement? • South Correctional Entity (SCORE) doesn't permit methadone, and local governments have regulatory barriers that discourage methadone and other MATs. We could encourage cities who do allow MATs. • Will it be easier legally to provide safe consumption sites for opiates because of health issues surrounding unsafe consumption? (Policies developed by local law enforcement will be based on health care concerns.) • 70% of drug overdose deaths are opiates (40% involve heroin, 20-30% involve meth, oxycodone, and other opiates).	
User Health & Overdose Prevention recommenda-tions	Jeff Duchin led a PowerPoint-based discussion of the drafted primary and secondary goals developed by the User Health and Overdose Prevention Workgroup. Success will be measured through academic-type evaluations with numerous indicators.	

	Discussion: • Replace the word “inject” with “use.” • There should be a stakeholder group and a control group if possible. Reviews could happen two or three times a year and as needed during the three-year plot. Establishing a baseline of detailed law enforcement dispatch data is important. • Dr. Duchin reviewed a short list of possible third party evaluators. • Strike the phrase “in public and private areas” in reference to where most overdoses occur. The Insite statistic regarding overdoses that occur within four blocks of access may not pertain to Seattle. • Should community members, neighbors, and businesses be incorporated into the planning group earlier or later in the process? One suggestion was to evaluate community impact of safe consumption sites after multiple sites are established. One caution was that impacts can be hard to measure (longitudinal cohort studies across range of outcomes, and comparison of neighborhoods). If businesses and communities are strongly opposed, can the safe consumption site be located somewhere nearby? • How to define “hotspots”: absolute number of deaths or rates of overdoses? • Questions were raised about whether a safe consumption site at one hotspot would draw people away from other hotspots and whether safe consumption sites improve the areas they are in. How does human behavior change when safe consumption sites are situated in certain locations? • How have communities been impacted by experiences of needle exchanges? The needle exchange that has been at 2nd and Pike for 15 years has had no impact up or down; eight years ago, it moved eight blocks away where they are serving lots of people without changing 2nd and Pike. In Boston, three methadone clinics in a 1.5 mile radius had a disparate impact on Mass Ave. Needle exchanges are not the same as safe consumption sites, and our community is not the same as other communities: there is no hard data to guide us, and that’s why we need really good evaluation strategies. • Clinics could work with their clients to get their buy-in by asking them, for example, not to use near the needle exchange facility, or by consulting them on how their behavior impacts the community around the facility. • Services provided at a safe consumption site: the Task Force discussed recommending business practices, what licensure and qualifications would be required of facility workers, the possibility of dedicating space within the facility for safe use of other illicit drugs (for health and equity and social justice reasons), the question of smoking vs. injecting, and laws prohibiting smoking indoors. • Staffing: the Task Force discussed medical monitors of individuals as distinct from medical supervision of the whole clinic, the ratio of staff to users, and clinic licensure concerns in regard to illegality of using.	The recommendation for evaluation only after multiple sites are established will be passed on to evaluators. If possible, we should consult current users. Laura Hitchcock could be consulted on smoking questions. The Policy/Legal Workgroup could look at the question of whether it is a criminal activity to be on site when someone is using.

	• Funding Sources: In addition to sources listed on the PowerPoint slide, task force members mentioned Open Society Foundation. Members also suggested that the recommendation regarding funding be lifted out of this workgroup's possible recommendations and moved into the overall recommendations. Vancouver's Insite safe consumption site was funded in part by Coastal Health but mostly by government. • Another suggestion was a rearrangement of the partners listed in the Service Providers Partners section. Jeff Duchin concluded by remarking that he believes the safe consumption facility is a very reasonable thing to pursue and evaluate, and Brad Finegood spoke to the importance of stigma reduction and political will in the success of this venture.	
Next Steps / Timeline	Formulation of final recommendations will be the task of the workgroups in June and July. When the workgroups do not agree or reach full consensus on specific recommendations, how will they indicate this? Concern was voiced that if recommendations were somehow ranked in terms of how much agreement they elicited within the workgroups, that would weaken some of them.	
Next meeting	1pm-4pm, Friday, July 29, 2016, Seattle City Hall	