

# **OPIOIDS: Are We Making The Grade?**

**December 1, 2015**

**8:30am – 3:15pm**

**Olympic Medical Center**

**Linkletter Hall**

**The CHIP and How We Got Here** - Iva Burks, Director of Clallam County Health & Human Services welcomed everyone.

This is a follow up to the CHA and CHIP process which began in 2012 and prioritizes community needs. The six (6) areas that were prioritized in 2013:

- Mental Health: early identification of problems, improved access to outpatient services, and a better crisis intervention system.
- Expanded chronic disease prevention/management efforts (including improved nutrition and increased physical activity)
- Promotion of medical home model of health care and increasing the availability of primary care providers
- Reduction of substance abuse (opioids, methamphetamine, alcohol, and tobacco) and their adverse consequences
- Improved access to dental care for all ages
- Increased investment in early learning and healthy parenting skills
- Recommendations were made to the Chemical Dependency/Mental Health Program Fund Advisory Board and they have funded the Case Management Services for the syringe exchange and in the jail to help people on their way to sobriety.
- The Chemical Dependency/Mental Health Program Fund Advisory Board will fund an Intervention Specialist in the Middle Schools.
- There is now a residential detox and inpatient treatment center in Port Angeles.
  - ❖ What can we do in the next 6 – 12 months?

**Local Trends and Impacts of Opioid Use** - Susan Kingston, Community Liaison, Center for Opioid Safety Education, University of Washington.

- The Center for Opioid Safety Education does trainings, education, analyzes information, and relays that information to you to use.
- They can help with resources and ideas.
- They are presenting data, statewide and for Clallam County, but it takes a long time to get the data and analyze it. They just have data for 2014.
- There are four (4) workgroups at the State level that follow the goals (see the Washington State Interagency Opioid Working Plan handout).
  - ❖ See slideshow “Clallam Forum.pdf”
  - ❖ Susan Kingston’s email: [kingst1@u.washington.edu](mailto:kingst1@u.washington.edu)

**Buprenorphine Treatment of Opioid Addition** - Ned Hammar, MD, Family Physician, North Olympic Healthcare Network.

- Medication-Assisted Treatment of Opioid Use Disorder handout attachment
- The opioid epidemic largely was contributed to and created by physicians giving out more opiates than needed.
- There is now a safe and effective treatment for opioid use disorder
- If on opiates longer than 6 weeks shows dependence and withdrawals will happen.
- People overdose on not only heroin but on pain pills. If they get a bad cold, get dehydrated (which make their pills more effective) and then take a benzodiazepine which will repress their breathing can result in an overdose.
- At risk if there is family history of substance abuse of any kind or if there is any diagnosis of ADD, mental health or anxiety.
- More likely to use if age 16-45.
- Higher risk for youth.

-Why give Suboxone?

- It is part agonist and part antagonist, and over time can shrink pain receptors back to normal numbers.
- It is a stabilizing molecule.
- Some will need to go through a degree of withdrawal to use Suboxone.
- Cannot overdose on Suboxone alone.
- Overdose can happen if it is mixed with a benzodiazepine.
- Those with arthritis pain had better pain management than on methodone.

-DSM-5 categories (from handout):

- Levels 2 through 3 is mild
- Levels 4 through 5 is modest
- Level 6 up is abusive

-A physician must take an additional 8 hours of training to be able to prescribe suboxone and in the first year can only see 30 patients. After the 1<sup>st</sup> year, they can increase to 100.

-Hospitals are not required to prescribe suboxone and they do not carry it. They carry buprinorphine.

- Suboxone can be used as treatment for bi-polar disorder in a low dose form and for obsessive/compulsive disorder.
- If someone is nodding off using suboxone, they are either taking too much or they are using other drugs and a UA should be done.
- It is not a failure if someone is on suboxone for life.
- If someone tapers down in less than a year, the relapse rate is high.
  - ❖ See drawings “ The Hitch-hikers Guide to Medication-Assisted Tx of Opioid Use Disorder”

**Clallam County Syringe Exchange Program and Naloxone** - Christina Hurst, MSW, Public Health Program Manager, Clallam County Health & Human Services

- Syringe Exchange information and education – see flyers
- Nationally Syringe Exchange originally started to decrease jaundice and abscesses

- In the 80's it addressed the HIV epidemic
- Most syringe exchanges are approved by City and jurisdiction
- The Center for Disease Control and the World Health Organization recommend syringe exchange programs or syringe service programs as best practice.
- They build rapport with people and earn their trust
- The CDC estimated an 80% decrease in transmittable diseases by using syringe exchange or syringe service programs.
- Cost to treat one HIV or Hep-C person is \$250,000 and new medications will cost \$100,000 per person per treatment.
- The syringe exchange serves mostly Medicaid clients
- The Board of Health recommended to approve the syringe exchange program in 2000 and was funded by the Washington Department of Health from 2000 to 2011. It currently is funded through County general funds and received in kind donations from the Department of Health in form of syringes for the year.
- The Board of Health has rated the Syringe Exchange Program as among the top priorities.
- The staff meets with clients one on one to do intervention, teach them how to dispose of syringes and supplies.
- Approximately 2,600 pounds is disposed and another 2,600 pounds is not
- Some clients are functioning members of the community
- Please read the Good Samaritan law on the StopOD.com website
- Now call police if there is an OD and get help
- Public Health also gives other vaccines – Tdap, etc.
- As of May 2015, the Syringe Exchange/Jail-Based Case Manager meets with syringe exchange clients and those in the jail to help connect them with treatment and other needs.
- Program participants are about 50% as heroin users and 50% meth users with some using both.
- The 2010 “Number Client Visits/# Exchanged For” amount must be an error (slide on page 4)
- Last year there was only 41 in the difference of taken in needles vs. given out
- This year is the first time more syringes than ones taken in were given out.
- Naloxone is given to clients at high risk for overdose. 14 lives have been saved so far this year by Naloxone.
- The nasal version of Naloxone is cheaper than intramuscular.
- Funding is needed - \$70,000 per year – to get people into medical care and access drug treatment.
  - ❖ See slide show by Christina Hurst.

**Improving Our Understanding of Opioid Overdoses in Clallam County** – Jeannette Stehr-Green, MD, Consulting Medical Epidemiologist and Clallam County Board of Health Member

- Make opiate overdose reporting mandatory in Clallam County.
- Rates are going up and data lags by 2 years later.

- Local Health Officer can mandate reporting in Clallam County as has legal authority.
- Could identify those in need of medication or naloxone
- Mandatory reporting would involve:
  - Educate providers
  - Data – share
  - Report fatal or non-fatal opiate overdoses
  - Individuals responsible for reporting would be the emergency rooms and the coroner
  - Collect data - who, where, what
  - Public Health responds by connecting with the person, helping person obtain Naloxone, refer to the syringe exchange and connect with the Case Manager/CDP and other services.
  
- A public hearing on this will be on December 15<sup>th</sup> at 1:30pm at the Board of Health meeting at the Board of County Commissioners meeting room in the Clallam County Courthouse. Statements and concerns will be heard at that time.

### **Group Ideas:**

**Youth** – Facilitator: Norma Turner

#### What are we doing well

- PA School district has “stepped up” and hired drug and alcohol counselors
- PA community is acknowledging the drug use issue and effectively using social media and local print media to get the message out into the community. This is the first step towards working on solutions.
- Low risk program through Juvenile Services “We’re In This Together” (WITT)
- Sequim has a new Health Community coalition
- Kids Marathon involves kids and families in participating and valuing physical activity
- Elwha Youth Coalition – “Healing the Canoe “ Curriculum

#### Actions for the next six months

- Start citizen group in Sequim to promote more resources for School District programs
- Raise more awareness in Sequim regarding the drug problem issues
- Explore giving school administrators and school nurses access to Naloxone
- Rally around a good cause - such as creating a community awareness campaign for the importance of kids and adults acknowledging each other with such simple acts as making eye contact to reduce youth feeling disengaged with the community.
- Find ways of connecting with kids not traditionally involved in school /community activities to get them involved.

- Check out Phoenix Multi-sport and work toward engaging local fitness centers in ways to involve children in more physical activity since it is a healthy activity that generates endorphins.

### Long Term goals

- Pursue more local drug treatment, preferably which involves youth and family
- Return OMC neonatal universal Home visiting program to providing home visits
- Engage families /community in planning and implementing of programs focused on youth
- Be sure youth are in involved in planning programs so it is done with them not “for” them
- Approach city/county governance to promote youth initiatives ( such as Snohomish and Spokane County youth commissions)

### **Treatment** – Facilitator: Jude Anderson

#### Draft Ideas:

- Detox
- Safe Housing
- Oxford Houses needed – West End and Sequim – Talk to Oxford House Representative
- Medical Intervention
- Suboxone
  - Need more prescribing physicians – up to approximately 20
  - Need treatment facilities to allow suboxone
- Treatment/provider connection
- Suboxone availability
- Naltrexone (Vivitrol) availability
- Training – medication assisted treatment
  - Judges, treatment providers, drug court
  - OMC and others
- Treatment centers
  - Individualized
  - Medication
  - Mental health
- Collaborate - All providers/types
  - Create MOU’s
- Treatment – multiple medications (benzo’s) and opioids
- New name for detox (term)
- Emergency Room subscribe suboxone and hand off for follow up/continuation of care
  - Select and refer to pool of physicians and clinics
- Tools / supports for after treatment
- Wrap-around services

**Final:**

- Training and protocols
- Communication
- Naloxone available outside the syringe exchange
- Detox/Provider collaboration
- Suboxone provider group to be formed

**Overdose Intervention – Facilitator: Jeanette Stehr-Green**

**Provider:**

- Routinely explore patient history for substance use through PMP (include delegation of activity)
- Use of EDIE (Emergency Department Information Exchange)
- Educate providers on how to manage patients seeking drugs
- Keep providers apprised of drug using trends
- OMC routinely connect with prescribing provider about problematic patient

**Increase Naloxone Availability:**

- Making naloxone OTC (standing order through HO)
- Encourage other agencies to talk to clients about naloxone
- Encourage other law enforcement to carry naloxone including Sequim, Forks, Tribal police, Sheriff and look for grants to support.
- Ask Port Angeles police to encourage other law enforcement.
- Health & Human Services training of other agencies about naloxone (train the trainer) including tribal clinics, high-risk moms at First Step
- Train/inform emergency room in Forks about syringe exchange and naloxone
- SSP standing order to give family members naloxone
- Give inmates naloxone on release
- OMC providing naloxone to overdose victims at emergency room discharge
- Certificate/coupon for those that have training or have trained in the use of naloxone

**Law and Justice – Facilitator: Terry Gallagher**

**Things Being Done Now:**

- Naloxone
- Drug Court
- Triage/Connection
- Mental Health Management with jail inmates
- Crisis Respite Center
- Specialty Center II
- Patrol Outreach
- Juvenile Services sentencing alternatives/DOSA

- Drug Take Back

Problem Solutions:

- Redirection of low level offenders
  - Friendship diversion
  - Via court system
  - Introduction of drug abuse alternatives
- Post jail/pre-treatment facility
- Increase provider availability
- Post release advocates (volunteer basis)
- Education/awareness for drug alternatives
- Work on perceptions toward those in treatment (labels, stigma)
- Cohesive communication within medical/law enforcement (cross discipline)
- Public marketing and awareness

**Next Steps and Wrap Up**

- Meetings and follow up on the group items.
- This will be done again December 1, 2016.