

Implementation Update

Heroin & Prescription Opiate Addiction Task Force

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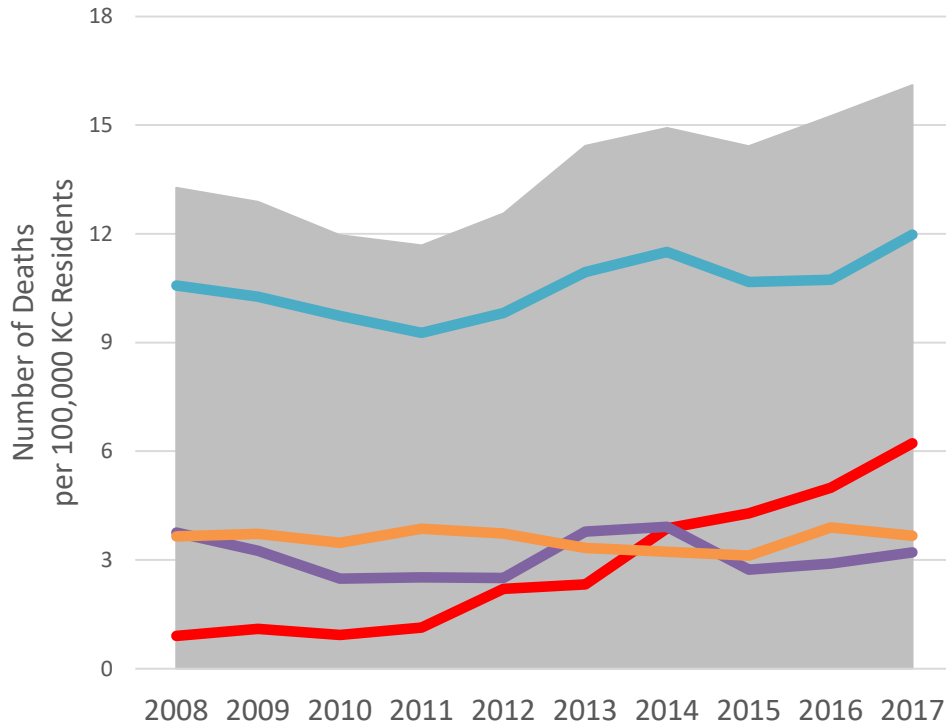
Dept. of Community & Human Services, King County

Agenda

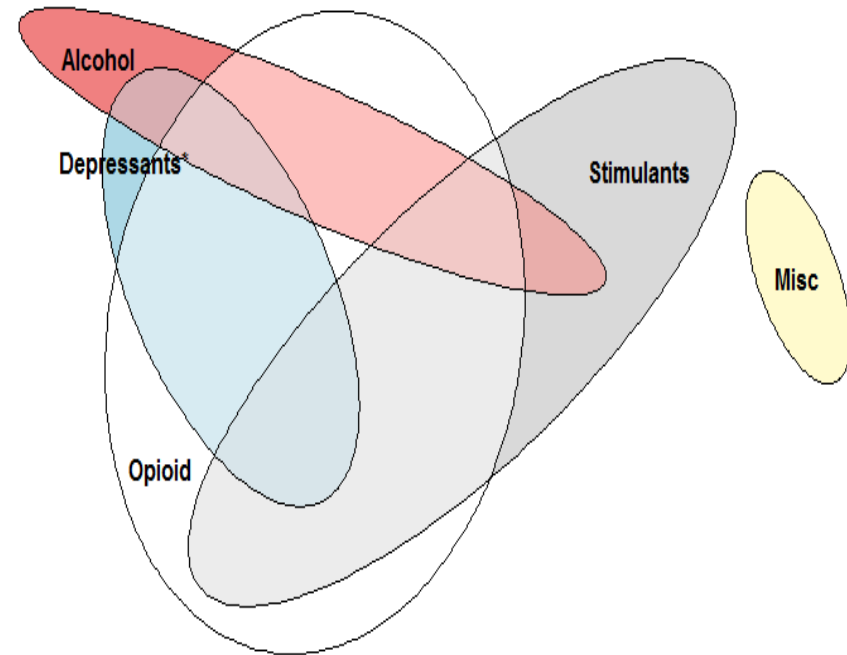
- Surveillance Updates
 - Recent trends in fatal overdose
 - Enhanced Overdose Monitoring Activities
- Task Force Recommendations: Status Update
 - Overview
 - Bupe Pathways

2017 Fatal Overdoses in King County

Rate of Fatal Overdose



Most Caused by Poly Drug Use



- Drug Overdose (overall)
- Methamphetamine
- Benzodiazepine
- Opioid
- Cocaine/Crack

Monitoring overdoses in near real-time



Detect

Report

Respond

- **Identify emerging drug threats and clusters**
- **Expedite toxicology testing**
- **Implement rapid response measures**

Gold Standard

CONFIRMED

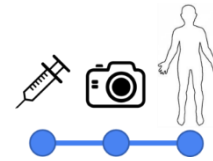
Positive toxicology result



Medical Examiner Assessment

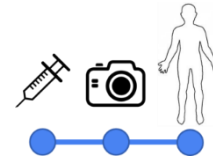
PROBABLE

Medical Examiner believes the cause of death is acute drug intoxication



SUSPECT

Medical Examiner believes the cause of death might be acute drug intoxication

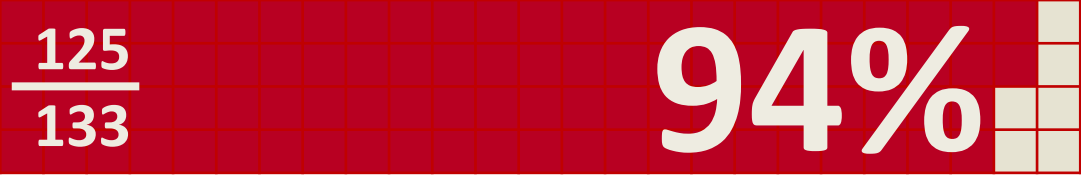


Probable Overdose

Sensitivity



Positive Predictive Value



Probable + Suspect Overdose

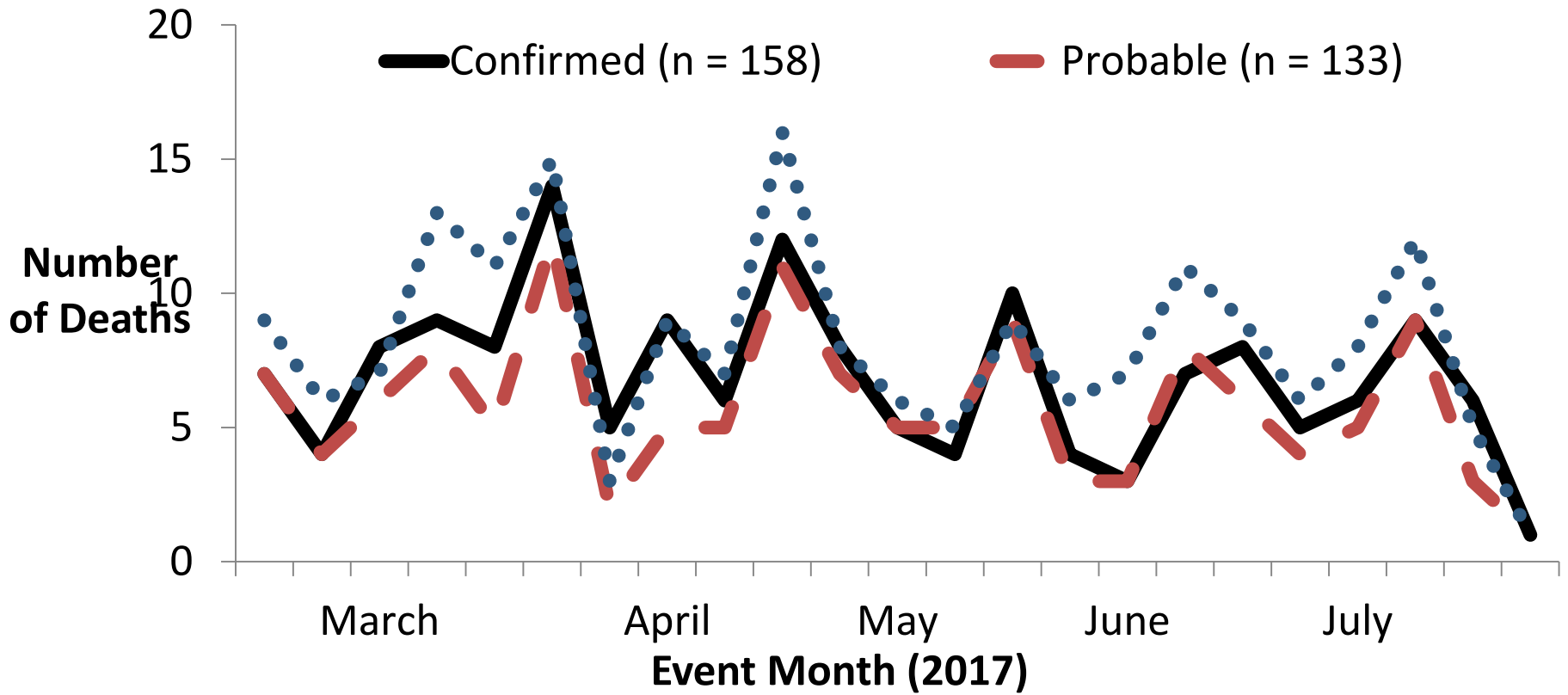
Sensitivity



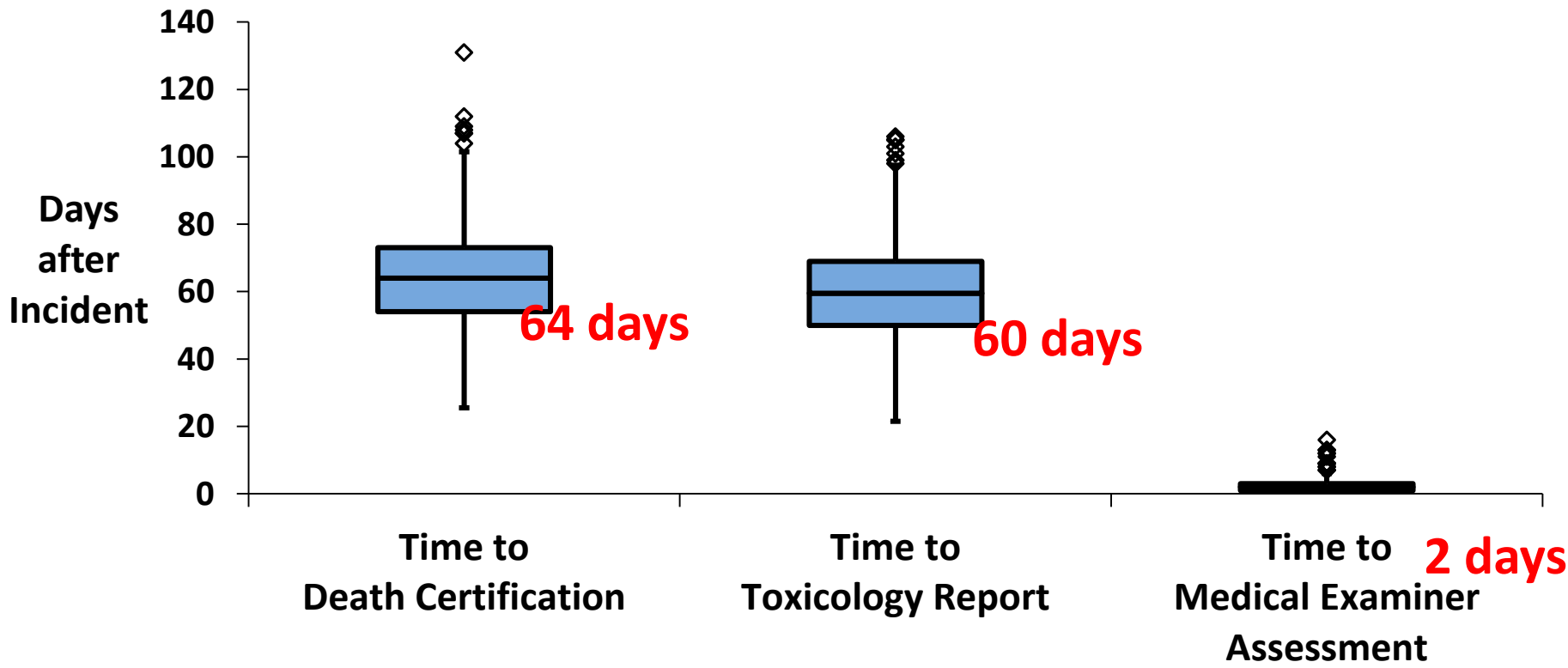
Positive Predictive Value



Probable overdose trends are well aligned with confirmed overdose trends



Probable and suspect overdoses are identified quickly after the incident



Prevention

Raise Awareness and Knowledge of the Possible Adverse Effects of Opioid Use, Including Overdose and Opioid Use Disorder

- Opioid medication and pain flyer translated into 21 languages
- Seven community library conversations about opioid epidemic

Promote safe storage and disposal of medications

- 110 secure medicine return boxes across County

Improve screening practices to prevent opioid use

- 56 middle schools developing screening plans

User Health and Overdose Prevention

Expand distribution of naloxone across King County

- 8,736 naloxone kits distributed and 2,297 overdoses reversed

Establish, on a pilot program basis, at least two Community Health Engagement Locations* (CHEL sites) where supervised consumption occurs for adults with substance use disorders in the Seattle and King County region. Given the distribution of drug use across King County, one of the CHEL sites should be located outside of Seattle

- Siting of Seattle location is underway

Treatment Expansion

Treatment Expansion

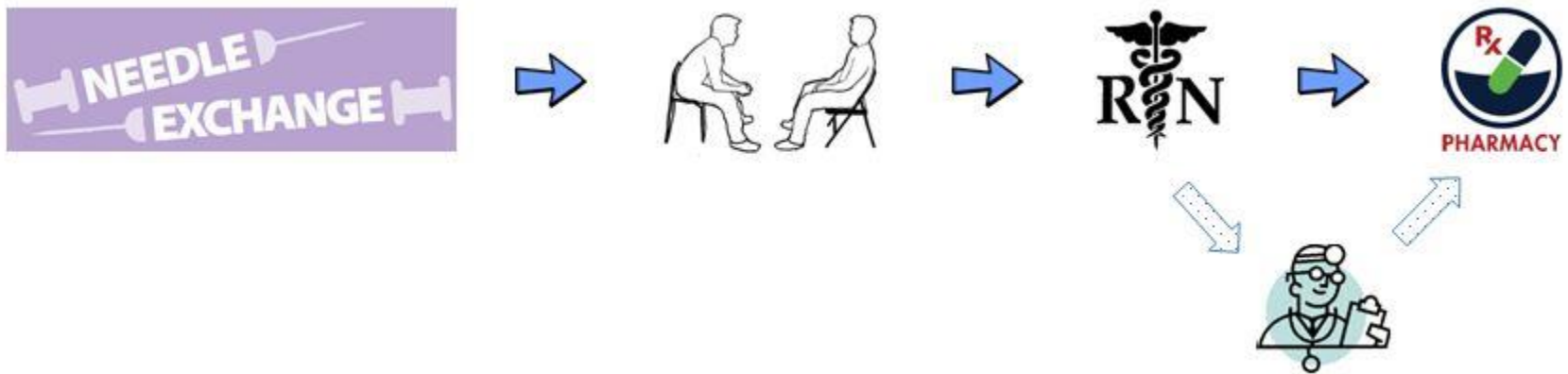
Create access to buprenorphine for all people in need of services in low-barrier modalities

- 40 + medication assisted treatment (MAT) sites
- 10+ outpatient treatment on demand agencies
- One new detoxification site

Alleviate barriers placed upon opioid treatment programs, including the number of clients served and siting of clinics

- HB 1427 eliminated barriers on MAT providers and increased prescription monitoring

Bupe Pathways Service Delivery Model



PHSKC NSEP staff approach clients to gauge interest in the program, or clients can self-present requesting buprenorphine.

Interested clients meet with a community health worker who describes the program, answers questions, completes registration documentation, and connects clients to the nurse.

The nurse conducts a clinical assessment to develop a buprenorphine induction and care plan tailored to each client.

The nurse consults with an attending physician, who orders the initial buprenorphine-naloxone prescription to be dispensed at the on-site pharmacy.

Follow-up visits are scheduled with the Bupe Pathways nurse according to the clients' care plan. When appropriate for the client, the nurse and social worker coordinate to develop a plan to transition the client to a community provider for ongoing buprenorphine management.

Treatment Demand

78% of Needle Exchange clients reported *interest in reducing/stopping opioid use*

(2017 Needle Exchange Survey)

Bupe Pathways **reached capacity** within **13 weeks** of launch.

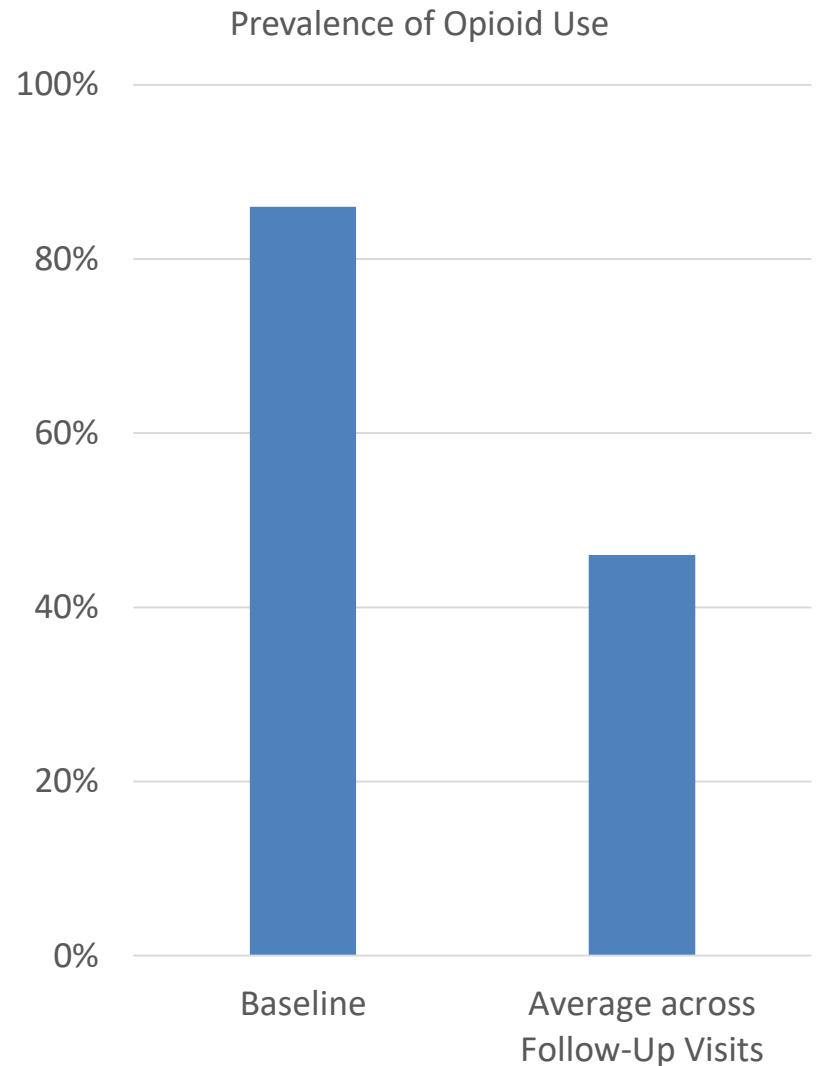
Bupe Pathways is Unique

- 83% homeless + 10% in public housing.
- Patients are enrolled regardless of :
 - Ability to pay
 - Ability to make scheduled appointments, or
 - Continued drug use

Successes

Jan 2017 – Mar 2018:

- 169 patients enrolled
- 2,406 visits completed
- 30 patients transferred elsewhere for care.
- Retention:
 - 82% completed >1 visit
 - 46% completed \geq 10 visits



Challenges

- Only 29% of patients are “optimally retained*” in the 6 months following enrollment.
- Difficulty transferring patients to other clinics for ongoing management of buprenorphine.
- Unable to provide comprehensive package of care services.

* “Optimally retained” defined as having received a buprenorphine prescription for two-thirds or more of the 180 days following enrollment.

QUESTIONS? COMMENTS?