Seattle and King County Heroin & Prescription Opiate Addiction Task Force Final Recommendations

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HEROIN AND OPIOID USE ARE AT CRISIS LEVELS





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WHILE DEATHS FROM PRESCRIPTION OPIOII **OVERDOSE HAVE DECREASED**



Source: C. Banta-Green, ADAI, drug tends data

Overdose is now the leading cause of injury-related death for 25-65 year olds nationwide.







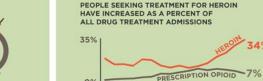
Source: WA State Patrol Crime Lab

THE NUMBER OF NEEDLES EXCHANGED HAS MORE THAN TRIPLED



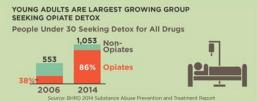


Source: Public Health Seattle-King County Needle Exchange Program/ People's Harm Reduction Alliance





0% 2000 2005 2010 2015 YOUNG ADULTS ARE LARGEST GROWING GROUP



PEOPLE WHO ARE HOMELESS HAVE LESS SUCCESS ACCESSING METHADONE TREATMENT THAN THOSE WHO ARE STABLY HOUSED



Source: Needle Exchange Program

Current Methadone Treatment Slots: 3,025

Source: bhrd



MEDICATION-ASSISTED TREATMENT SAVES LIVES

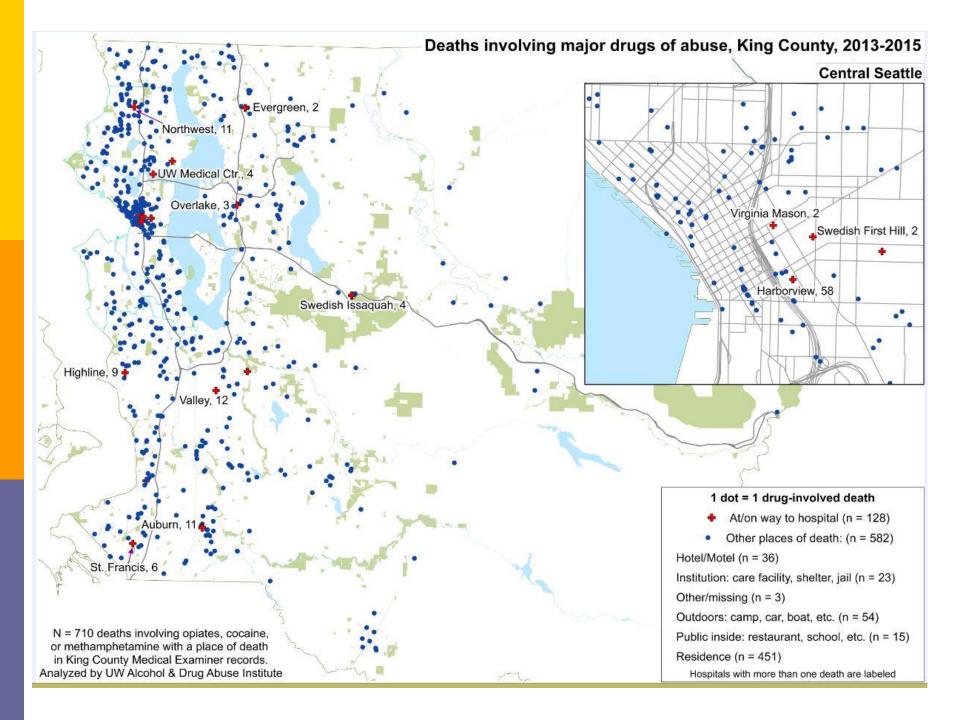
Medication-Assisted Treatment cuts risk of death from overdose in half compared to people in counseling alone or not in treatment



Source: Pierce, M., Bird, S. M., Hickman, M., Marsden, J., Dunn, G., Jones, A., and Millar, T. (2016) impact of treatment for opioid depen-dence on fatal drug-related poisoning: a national cohort study in England. Addiction, III. 288–308. doi: 10.1111/add13593

WHAT KING COUNTY

King County has convened the Heroin and Prescription Opiate Addiction Task Force that includes individuals from across many disciplines who will come together over a period of six months to develop both short and long-term strategies to prevent abuse and addiction, prevent overdose, and improve access to different types of treatment for opioid addiction. For more information, visit: kingcounty.gov/heroin-opioids-task-force



Task Force Participants

American Civil Liberties Union; Auburn Police Department; City of Bellevue Emergency Medical Services; City of Seattle Mayor's Office; Department of Community and Human Services; Downtown Emergency Services Center; Evergreen Treatment Services; Harborview Medical Center; Hepatitis Education Project; Kelley-Ross Pharmacy; King County Adult Drug Diversion Court; King County All Home; King County Emergency Medical Services; King County Needle Exchange; Neighborcare Health; King County Prosecuting Attorney's Office; King County Sheriff's Office; Muckleshoot Tribe; People's Harm Reduction Alliance; Public Defender Association; Public Health – Seattle & King County; Puget Sound Educational Service District; Recovery Community; Renton Police Department; Seattle Children's; Seattle Fire Department; Seattle Human Services Department; Seattle Police Department; Seattle Public Schools; Swedish Hospital, Pregnant and Parenting Woman Program; Therapeutic Health Services; United States Attorney for Western Washington's Office; United States Department of Veterans Affairs, Veterans Health Administration; United States Substance Abuse and Mental Health Services Administration (SAMHSA); University of Washington Alcohol and Drug Abuse Institute (ADAI); and Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery.



Increase awareness of the possible adverse effects of opioid use, including overdose and opioid use disorder.



Promote safe storage and disposal of medications.



Work with schools and health care providers to improve screening practices so we can prevent and identify opioid use.









Make buprenorphine more accessible and available in communities with the greatest need.



Make treatment on demand available for all types of substance-use disorders.

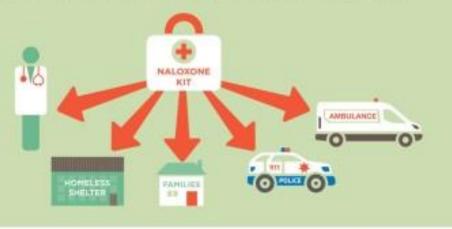


Alleviate artificial barriers placed upon opioid treatment programs.





Continue to distribute naloxone kits to reverse the effects of heroin overdose to more locations such as treatment providers, homeless shelters, law enforcement, and first responders.



Create at least two locations where adults with substance-use disorders will have access to on-site services while safely consuming opioids or other substances under the supervision of trained healthcare providers.





Community Health Engagement Locations (CHEL sites)

- The Task Force will refer to sites that provide harm reduction services where supervised consumption occurs as Community Health Engagement Locations for individuals with substance use disorders (CHEL sites).
- This terminology recognizes that the primary purpose of these sites is to engage individuals experiencing opioid use disorder using multiple strategies to reduce harm and promote health, including, but not limited to, overdose prevention through promoting safe consumption of substances and treatment of overdose.
- The Task Force's equity and social justice (ESJ) charge emphases the importance of providing support and services to the most marginalized individuals experiencing substance use disorders in the County.
- The Task Force asserts that the designation CHEL sites is a nonstigmatizing term that recognizes that these sites provide multiple health interventions to decrease risks associated with substance use disorder and promote improved health outcomes.