

Ongoing Efforts to Address the Opioid Crisis, Part 2

Dr. Mia Shim, Chief Medical Officer, Community Health Services, PHSKC

Caleb Banta-Green, Director, UW Center for Community-Engaged Drug Education, Epidemiology and Research

Esther Lucero, President and Chief Executive Officer, Seattle Indian Health Board

Brad Finegood, Strategic Advisor, Overdose Prevention and Response, PHSKC

Karen Hartfield, HIV/Sexually Transmitted Infections/Hepatitis C Virus Program Administrator, PHSKC

Susan McLaughlin, Director, Behavioral Health & Recovery Division, Department of Community and Human Services

Overdose Prevention Approaches to Substance Use Disorder



Cross Cutting Capabilities: Communications, Data, Policy, Outreach and Engagement



How harm reduction, treatment & recovery work together

Caleb Banta-Green, PhD, MPH, MSW

Research Professor

Director- Center for Community-Engaged Drug Education, Epidemiology & Research
at the Addictions, Drug & Alcohol Institute

Department of Psychiatry & Behavioral Sciences, School of Medicine



Conflict of Interest Disclosure

I have no conflicts of interest to report.

I have never received funding from pharmaceutical companies.

Current funding includes

WA Health Care Authority (State funds & US DHHS SAMHSA)

State opioid response TA; Nurse care manager; Epi/OD education/Web; Drug checking

NIH National Institute on Drug Abuse

Paul G. Allen Family Foundation

Outline

- Care needs for people who use drugs
 - What do people say they want and need?
- How and why treatment, recovery, and harm reduction must co-exist
 - Recovery timelines for various substances
- Harm reduction and treatment co-location and staffing
 - Utilization of harm reduction and treatment services

**Findings from the 2023 Public Health – Seattle & King County
Syringe Services Program Survey
PHSKC HIV/STI/HCV Program
March 2024**

Key Findings

- The Public Health – Seattle & King County syringe services program (SSP) conducted a survey of 496 clients in December 2023.
- Methamphetamine use was reported by 86% of participants who used drugs, and fentanyl use was reported by 76%. Fentanyl was the most common “main” drug.
- 59% of participants who used drugs reported that they had only smoked drugs in the past seven days, while 35% reported any injection drug use.
- 45% of participants who used drugs reported any type of substance use treatment in the past year; 21% reported current methadone treatment, and 7% reported current buprenorphine treatment.
- 77% of participants were homeless or had unstable housing, and 71% of these participants said they would use less or quit their drug use completely if they had stable housing.

Questions? Contact:

Sara Glick, PhD, MPH
Epidemiologist, PHSKC HIV/STI/HCV Program
sara.glick@kingcounty.gov

Figure 6. How main drug use would change with stable housing among participants without permanent housing; 2023 PHSKC SSP Survey

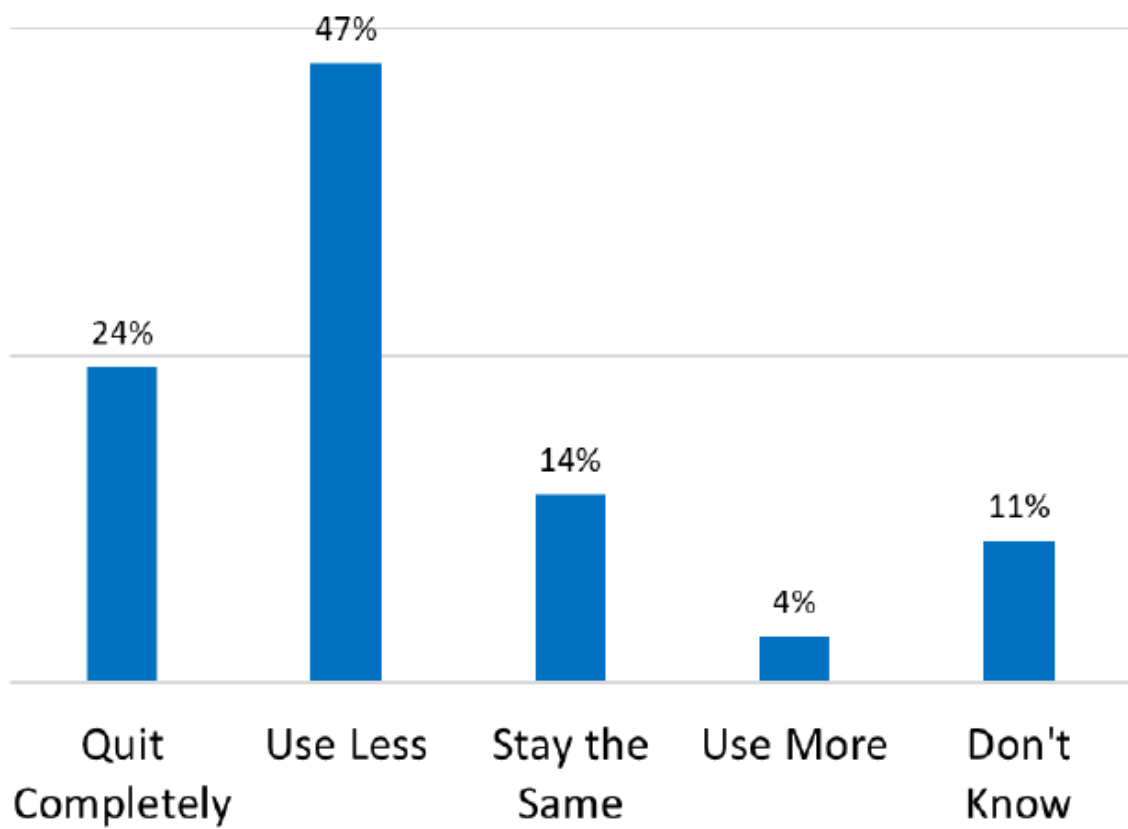


Figure 14. Interest in reducing or stopping drug use among participants who used opioids or stimulants; 2023 PHSKC SSP Survey

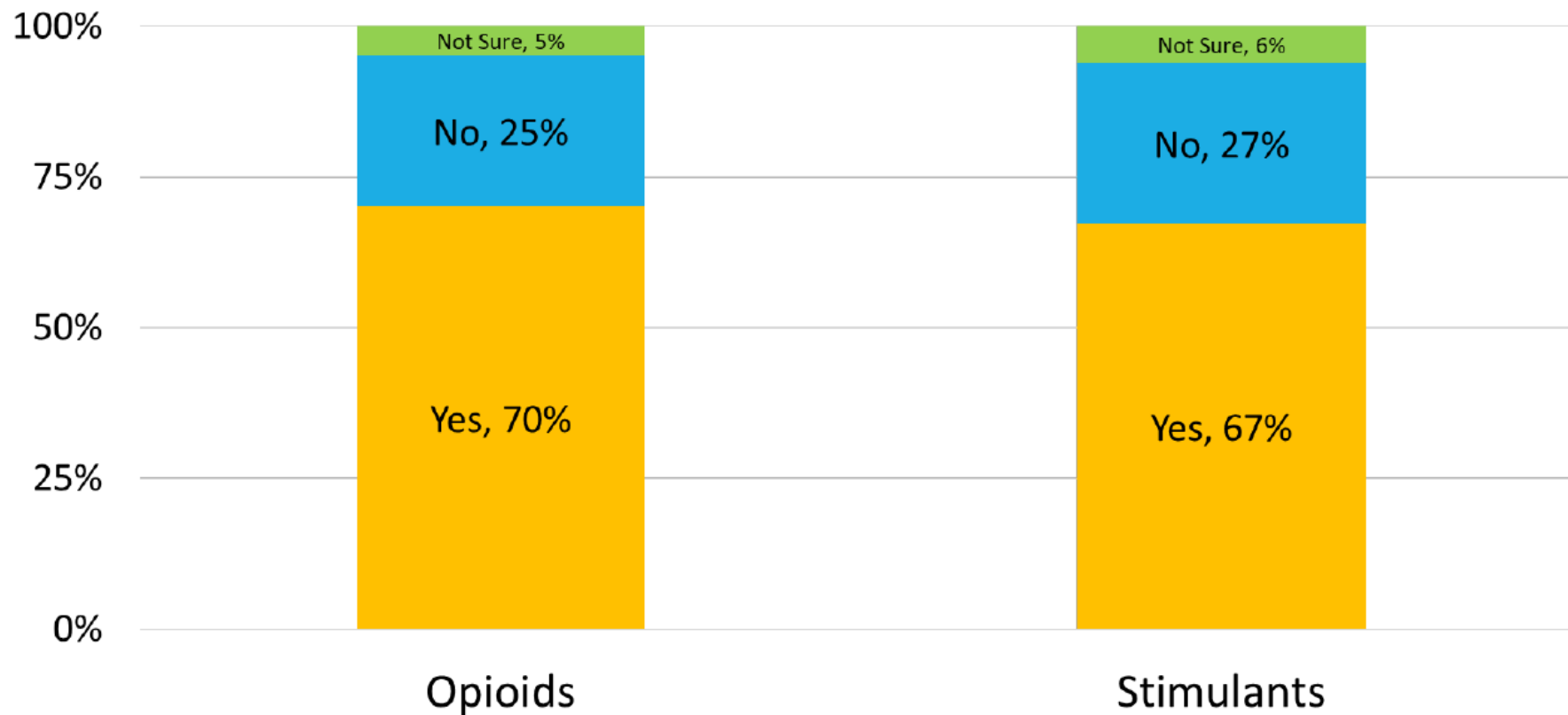
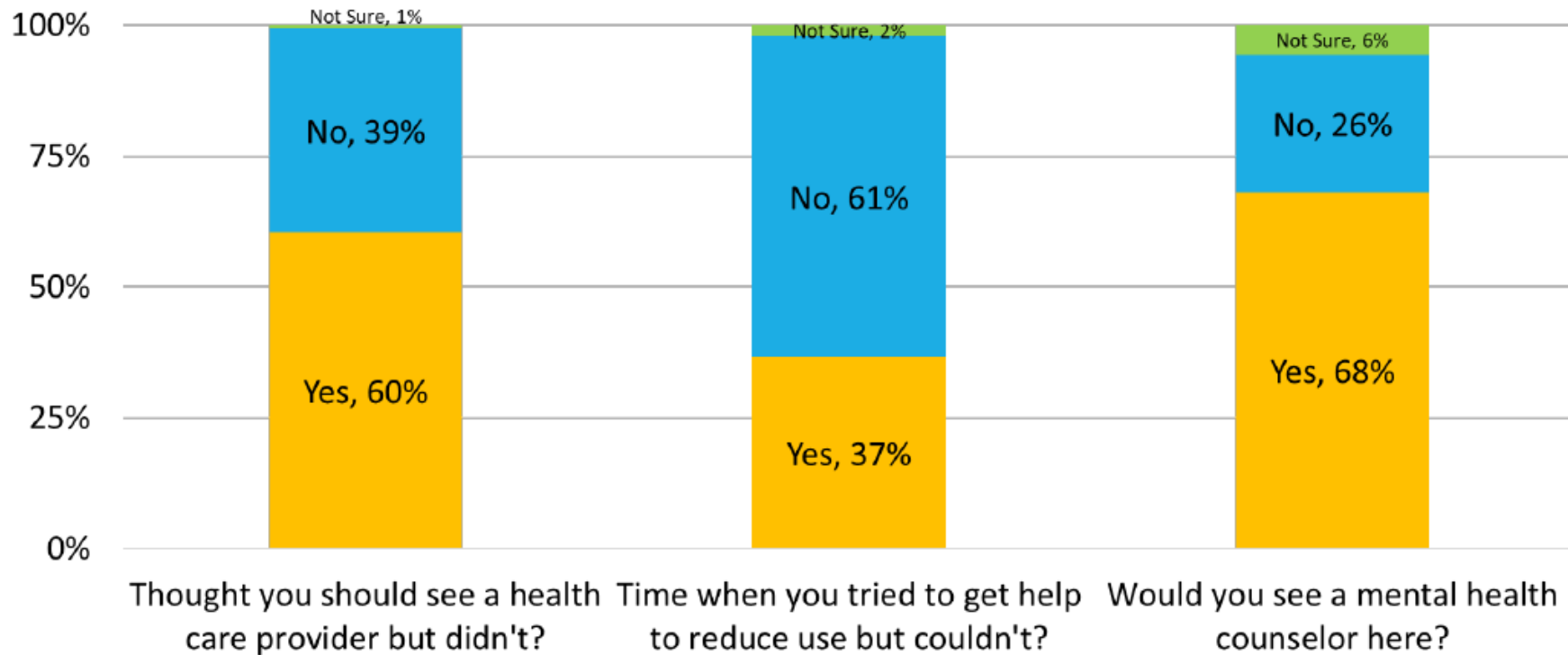




Figure 20. Unmet health needs among participants who used drugs in the past three months; 2023 PHSKC SSP Survey



Perspectives of People Who Use Meth

- June 2021, ADAI conducted qualitative interviews with syringe service program (SSP) participants (n=30)
- Most participants saw both benefit and harm from their methamphetamine use.
- Almost 2/3rds had interest in stopping their methamphetamine use, while others were interested in reducing their use or changing how they used methamphetamine.
- Many participants lacked stable housing, employment, or other practical needs like transportation, childcare, and primary health care.
- Regardless of their level of interest in reducing or stopping their methamphetamine use, participants wanted social and health care services *beyond* substance use disorder treatment to help them reduce or stop their methamphetamine use.

Perspectives of People Who Use Fentanyl

- 30 syringe services program (SSP) participants in WA State who reported recent fentanyl use. Interviewed in Q1 2023.
- **Rapid change in the drug supply** from heroin to fentanyl affected their substance use.
- **Complex motivations for using fentanyl** including physical pain, mental health issues, trauma, homelessness, opioid use disorder, and easy availability of fentanyl.
- The majority of respondents were unhoused for whom meeting basic needs like housing, food, and employment were a priority.

Perspectives of People Who Use Fentanyl

- The majority (70%) of participants were **interested in reducing or stopping their fentanyl use.**
- When asked about **the “ideal place” to receive medical care** and/or help with substance use, people described holistic and individualized care that was affordable and easy to access.
- Specific services of interest included: programs to help meet basic needs, medical care, mental health care, care navigation, and support from people with lived experience of substance use.

Perspectives of People Who Use Fentanyl

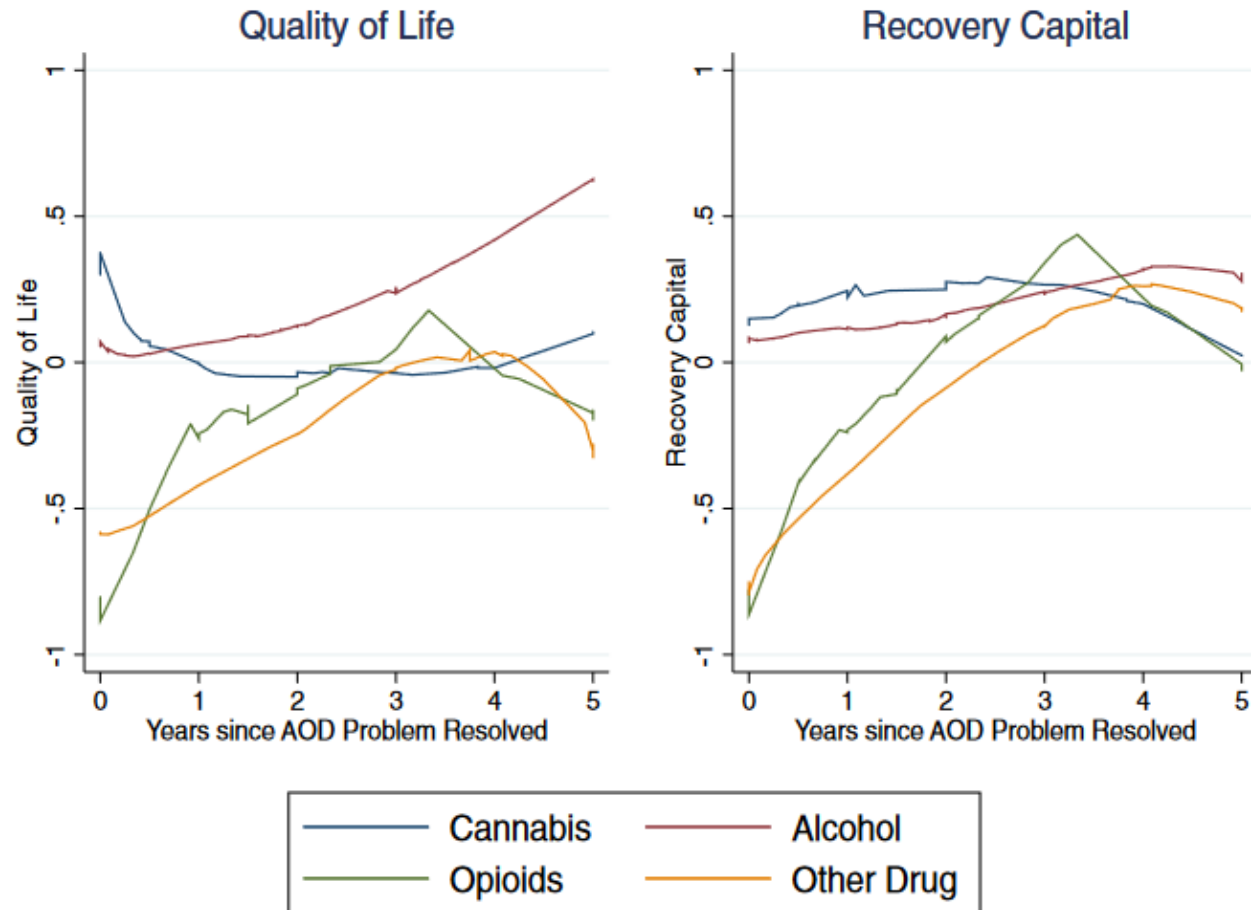
- Many respondents were interested in or had previous positive experiences with **methadone or buprenorphine** for opioid use disorder. However, administrative and other barriers limited access to these medications.
- The combination of healthcare barriers, social determinants of health, the strength and half-life of fentanyl, and individual physical and mental pain produce a **significant challenge for care systems** to respond to the complex needs of many people who use fentanyl.

Persistent treatment & harm reduction gaps

- The minority of people with substance use disorder are receiving any treatment, let alone evidence based treatment
- Treatment capacity has expanded recently including State Opioid Response projects (which can now also be used for stimulants). Many lessons learned during scale up.
- Methamphetamine use, use disorder, and fatal overdoses are increasing to new highs in the West & emerging in the Eastern US. Cocaine use and consequences persist.
- Fentanyl & methamphetamine use and consequences are increasing much faster than our services

Recovery gaps

Recovery Indices by Years Since Problem Resolution



- Recovery from opioid and stimulant use disorders takes significantly longer than for alcohol and cannabis (3 years vs 1 year)
- Many in recovery continue to use substances

Beyond Abstinence: Changes in Indices of Quality of Life with Time in Recovery in a Nationally Representative Sample of U.S. Adults
John F Kelly;M Claire Greene;Brandon G Bergman
DOI: 10.1111/acer.13604 Alcoholism: clinical and experimental research. , 2018, Vol.42(4), p.770-780

Fig. 5. Locally Weighted Scatterplot Smoothing (LOWESS) analysis of recovery indices by years since problem resolution stratified by primary substance.

Catalysts for a new way

- People DO want to reduce chaos and often their use
 - They DO want effective care ^(1 2)
- Brief interventions in ED often have modest, short term impact ^(3 4)
- People who use drugs often do NOT feel welcome in traditional health care or SUD treatment settings ^(5 6 7)
- Mandated treatment is generally not effective ⁽⁸⁾
- Treatment, harm reduction, and recovery **can** overlap
- What about a new way that is truly person-centered, community-based care?

1 Frost et al. 2018 doi: 10.1097/ADM.0000000000000426

2 McMahan et al. 2020 doi: 10.1016/j.drugalcdep.2020.108243

3 D'Onofrio et al. 2017 doi: 10.1007/s11606-017-3993-2

4 Banta-Green et al. 2019 doi: 10.1136/injuryprev-2017-042676

5 Wakeman et al. 2018 doi: 10.1080/10826084.2017.1363238

6 Biancarelli et al. 2019 doi.org/10.1016/j.drugalcdep.2019.01.037

7 <http://adai.uw.edu/pubs/pdf/2017syringexchangehealthsurvey.pdf>

8 <https://adai.uw.edu/ask-an-expert-mandated-tx/>

Pilot program- *Buprenorphine Pathways*



Substance Abuse



ISSN: 0889-7077 (Print) 1547-0164 (Online) Journal homepage: <https://www.tandfonline.com/loi/wsub20>

Engaging an unstably housed population with low-barrier buprenorphine treatment at a syringe services program: Lessons learned from Seattle, Washington

Julia E. Hood, Caleb J. Banta-Green, Jeffrey S. Duchin, Joseph Breuner, Wendy Dell, Brad Finegood, Sara N. Glick, Malin Hamblin, Shayla Holcomb, Darla Mosse, Thea Oliphant-Wells & Mi-Hyun Mia Shim

To cite this article: Julia E. Hood, Caleb J. Banta-Green, Jeffrey S. Duchin, Joseph Breuner, Wendy Dell, Brad Finegood, Sara N. Glick, Malin Hamblin, Shayla Holcomb, Darla Mosse, Thea Oliphant-Wells & Mi-Hyun Mia Shim (2019): Engaging an unstably housed population with low-barrier buprenorphine treatment at a syringe services program: Lessons learned from Seattle, Washington, Substance Abuse, DOI: [10.1080/08897077.2019.1635557](https://doi.org/10.1080/08897077.2019.1635557)

Bupe Pathways Takeaways

- High client demand
- High needs population-82% homeless/unstably housed
- Most use multiple substances initially and ongoing
- Buprenorphine was almost always documented in urine drug screen- (increasing from 33% to 96%, $P < .0001$)
- Significant decrease in illicit opioid use (90% to 41%, $P < .0001$)

Community Based Meds First Study

- Adapted buprenorphine pathways
 - added care navigators to the nurse care manager role
 - 6 month duration-medication start and protracted stabilization
- 6 sites across WA State (3 each in Eastern and Western WA)
- Syringe services programs and/or services for unhoused people
- Extensive implementation support from UW clinician-researchers with site staff and administrators

Natural partners- Harm reduction & Treatment

Care Navigation at Harm Reduction Programs: Community-Based “Meds First” Buprenorphine Program Preliminary Data

06/22/2022



ADAI Report by Susan Kingston & Caleb Banta-Green

In 2019, the Addictions, Drug & Alcohol Institute (ADAI) at the University of Washington launched the “Meds First” program to provide onsite, low-barrier access to buprenorphine in partnership with six syringe services programs across WA State.

A key component of the Meds First service model was the addition of care navigation to support client engagement and retention in OUD treatment.



- **Key Findings**
- Care navigation fits flexibly and productively within community-based harm reduction programs.
- Participants of harm reduction programs want—and use—care navigation services, especially in-person support.
- Providing opioid use disorder treatment with a harm reduction orientation supports honest conversations about drug use.
- Care navigation services could be an important feature of a broader, low-barrier, “one-stop” model of health care available at harm reduction programs for people who use drugs and are not adequately served by traditional health care settings.

Health engagement hubs & ORCA

These models have evolved into:

- WA State supported Health engagement hubs
- ORCA- Overdose Recovery Care Access/ sub-acute stabilization program (UW ADAI NIDA Grant with PHSKC and DESC)
- These are a 3rd model of care alongside Specialty SUD care and Primary care
- SAMHSA issued a Dear colleague letter May 2023 in support of Medications First*

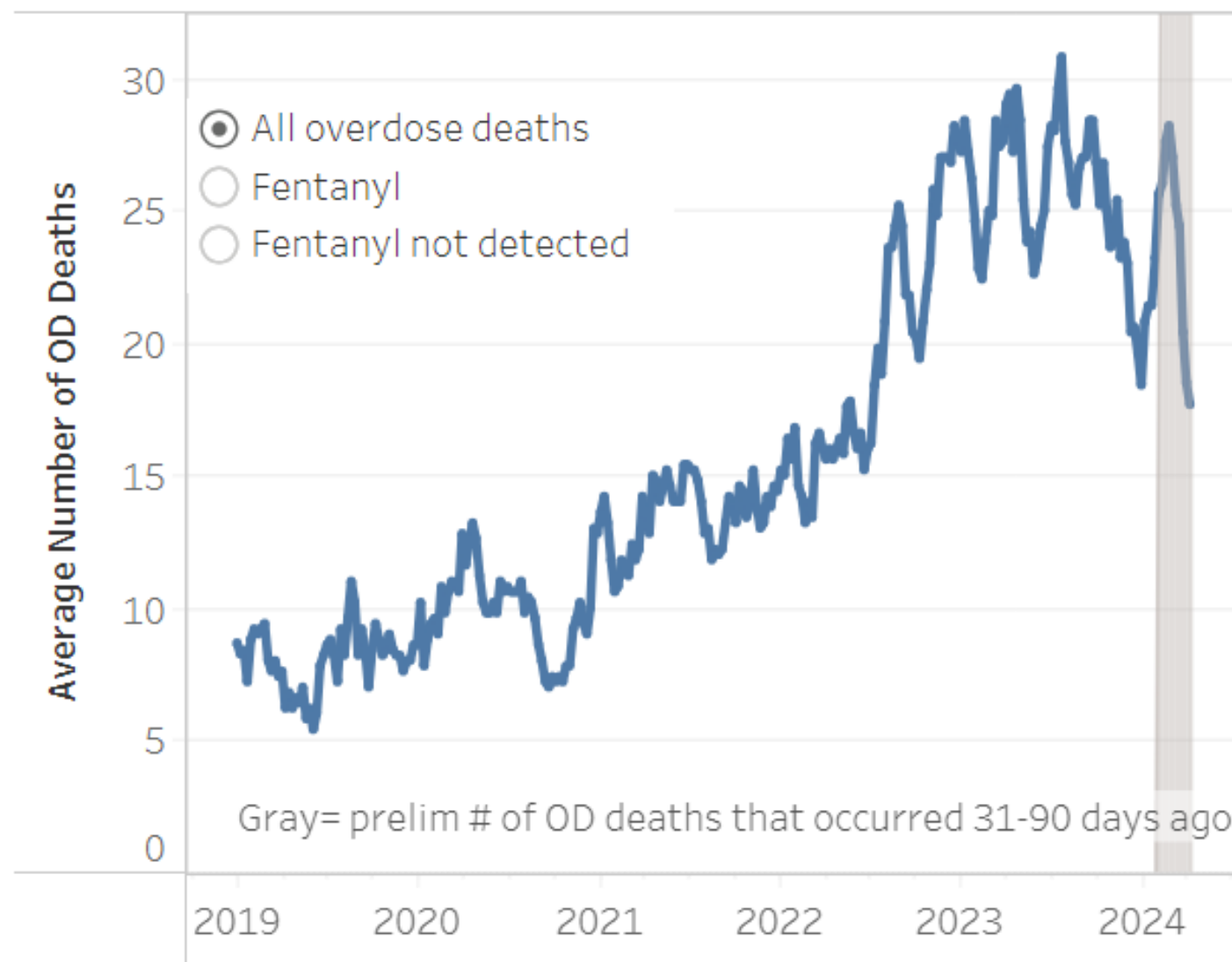
Key takeaway: Harm reduction + Treatment + Health care is where substance use services for opioids and stimulants are headed

Coming soon: Seattle Indian Health Board slides

Ave Weekly # of Confirmed Overdose Deaths

Switch data view:

Overdose deaths by week (rolling average) ▼



Five Priorities for Action to Prevent Overdoses in 2024

PRIORITY 1

Treatment and community-based, recovery-focused care for all.

PRIORITY 2

Behavioral health beds and facilities.

PRIORITY 3

Overdose reversal medication and fentanyl testing.

PRIORITY 4

A robust, diverse behavioral health workforce.

PRIORITY 5

Reduced disproportionality in overdoses.

Questions?

Contact Joy Carpine-Cazzanti
Board of Health Administrator
KCBOHAdmin@kingcounty.gov