

Ongoing Efforts to Address the Opioid Crisis, Part 2

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Overdose Prevention Approaches to Substance Use Disorder



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



How harm reduction, treatment & recovery work together

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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:

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

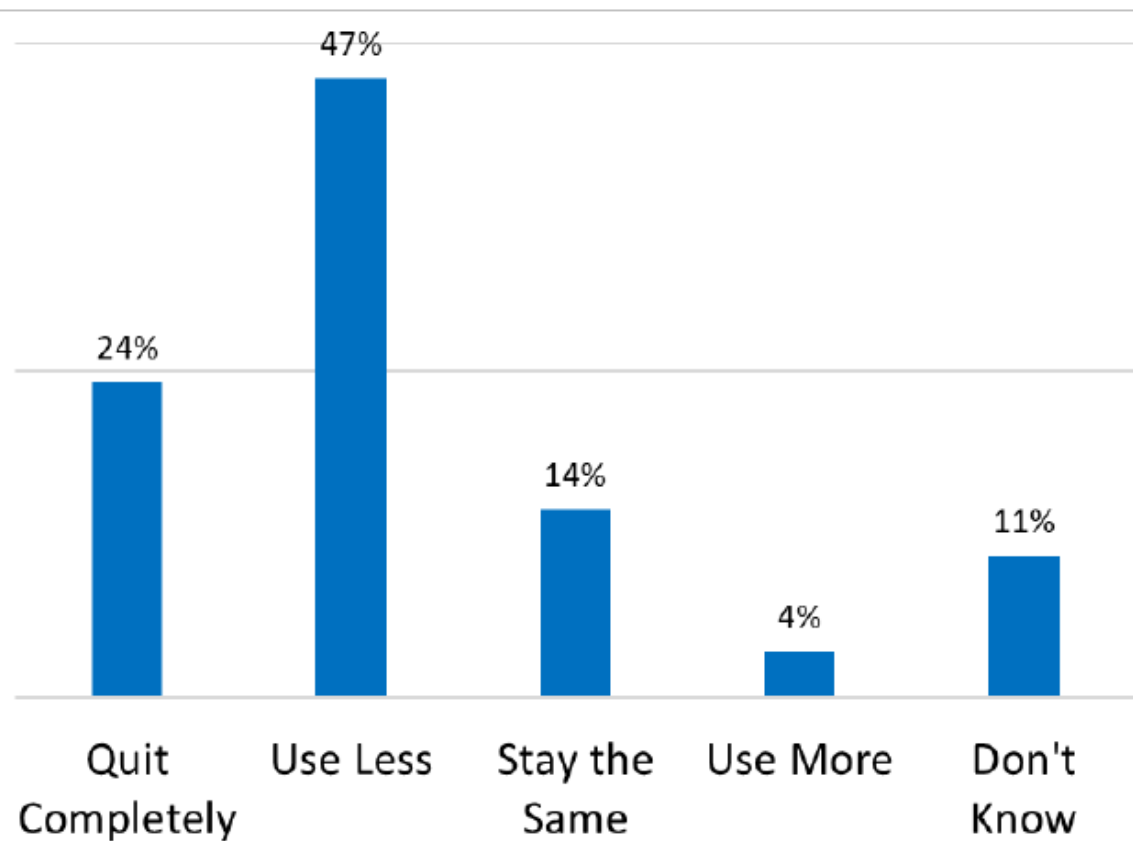


Figure 14. Interest in reducing or stopping drug use among participants who used opioids or stimulants; 2023 PHSKC SSP Survey

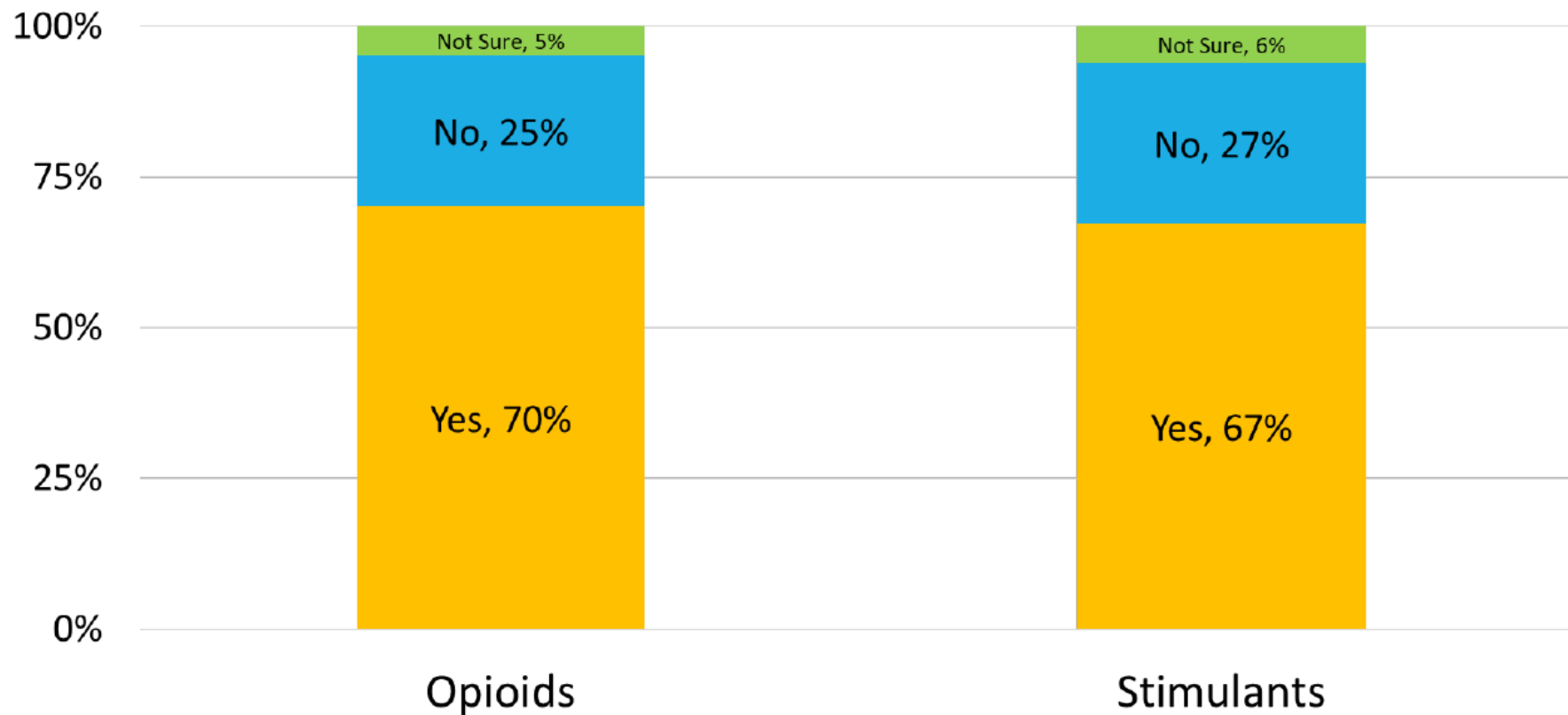
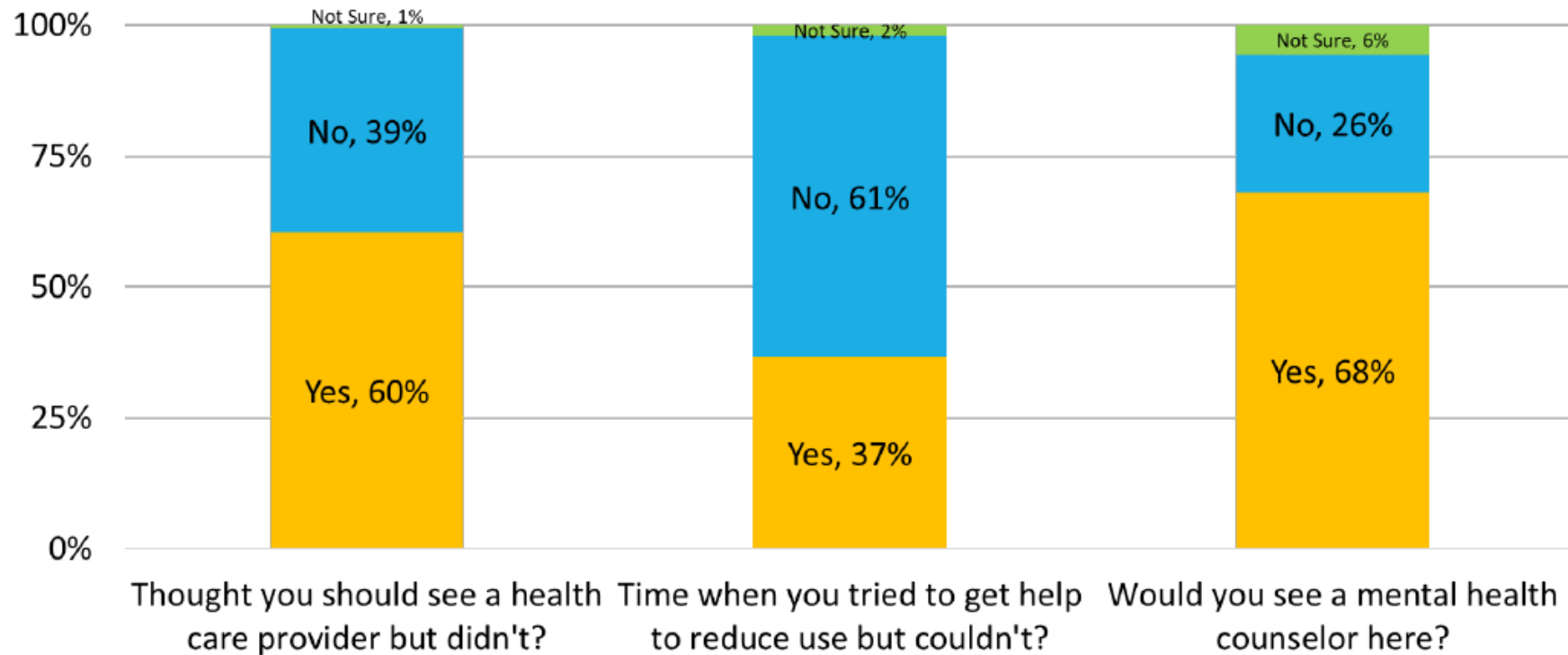


Figure 20. Unmet health needs among participants who used drugs in the past three months; 2023 PHSKC SSP Survey



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

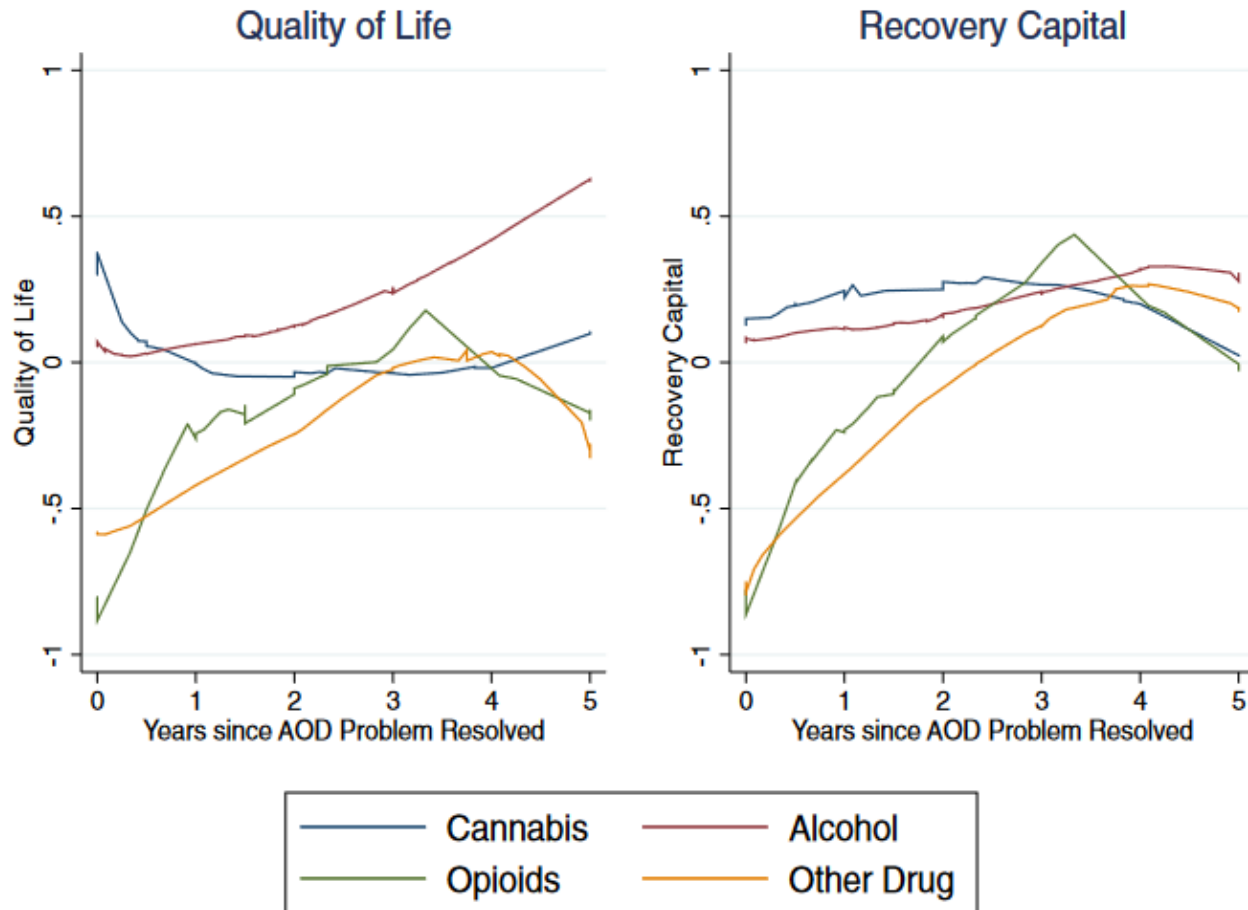
- Many respondents were interested in or had previous positive experiences with **methadone or buprenorphine** for opioid use disorder. However, administrative and other barriers limited access to these medications.
- The combination of healthcare barriers, social determinants of health, the strength 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

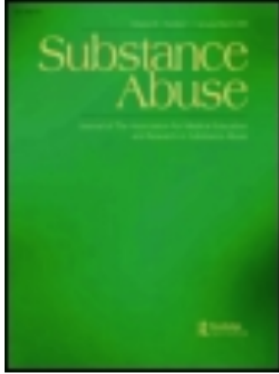
5 Wakeman et al. 2018 doi: 10.1080/10826084.2017.1363238

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



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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

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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

Five Priorities for Action to Prevent Overdoses in King County in 2024

The rapid rise of synthetic drugs that now dominate the drug supply has accelerated and worsened people's substance use disorders, leading to tragic overdoses.

King County is taking action to **prevent overdoses, save lives, and clear paths to recovery for all**. Teams across the Department of Community and Human Services and Public Health – Seattle & King County lead the regional response to this health crisis by expanding existing efforts and bringing new treatment and resources across five priority action areas.

The majority (82%) of overdose deaths in 2023 involved fentanyl, illustrating how dangerous and unprecedented the new landscape is cross the region. ([Public Health – Seattle King County Overdose Dashboards](#))

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.



Seattle Indian Health Board: Thunder bird Treatment Center



TRADITIONAL MEDICINE

Holding Traditional Medicine at our center

With Traditional Medicine informing everything we do as an organization, we are intentional in the way we support wellness for relatives. We serve all people in a Native way.

HEALTH & HUMAN SERVICES

Holistic care for all of our relatives

By fully integrating our health and human services, we can provide holistic care for our patients that pays equal attention to the mind, body, spiritual, and environmental components of a person's health.

POLICY & ADVOCACY

Advocating for the health of our people

By ensuring that the federal trust responsibility is honored, we are allowing all Native voices to be heard when it comes to policies and funding for Native people.

IMPACT

Walking in a Culture of Wellness

Leading an environment, anchored in tradition, that empowers our community to walk in a culture of wellness.

WORKFORCE DEVELOPMENT

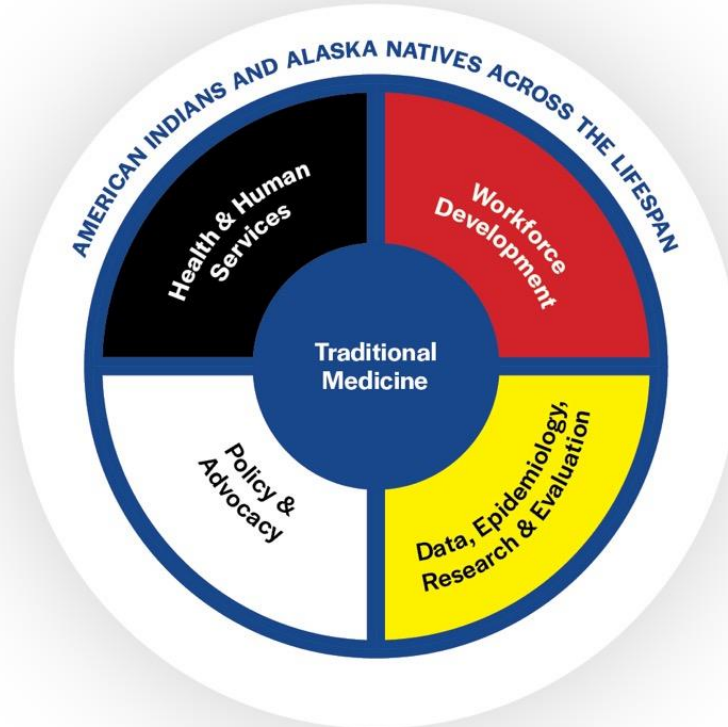
Training the next generation of health professionals

By investing in our staff and training future generations, we are promoting and expanding culturally attuned healthcare throughout Indian Country and beyond.

DATA, EPIDEMIOLOGY, RESEARCH & EVALUATION

Decolonizing data for Indigenous people by Indigenous people

By decolonizing data, we are identifying the resiliencies and gaps in our communities and addressing them by using techniques rooted in Indigenous knowledge.



ELT

Executive Leadership Team



Esther Lucero, MPP
President & Chief Executive Officer
(Diné)



Abigail Echo-Hawk, MA
Executive Vice President
(Pawnee)



Ray Oen, MBA
Chief Financial Officer



Andrew Guillen, MS
Chief Public Affairs Officer
(Cahuilla, Luiseño)



**Pam Grindley, JD,
SHRM**
Chief People Officer

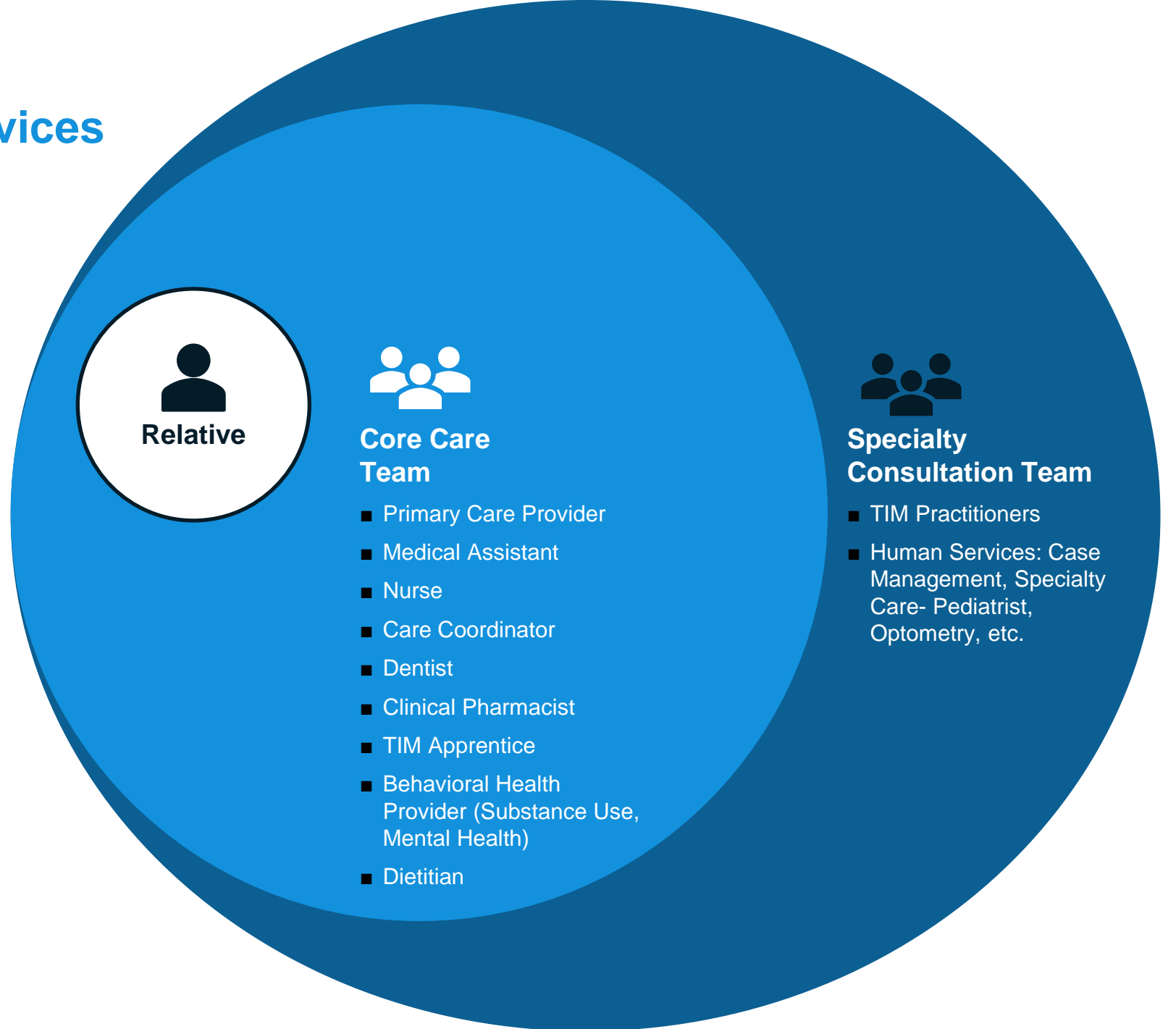


Jason Owens, MHA
Chief Operations Officer



Meriah Gille, MA, RDN
Chief Informations Officer
(Choctaw)

Culturally Attuned Services



<https://youtu.be/bmbo6VzLKMq>

Reopening Thunderbird Residential Treatment Program

In 2019, Thunderbird Residential Treatment Program had:

61%

Patients who completed the program

84%

Patients under 100% of Federal Poverty Level

69%

Patients who identified as American Indian/Alaska Native

Previous Success

WA TRIBAL MEMBERS SERVED 2021

27

Washington Tribes served

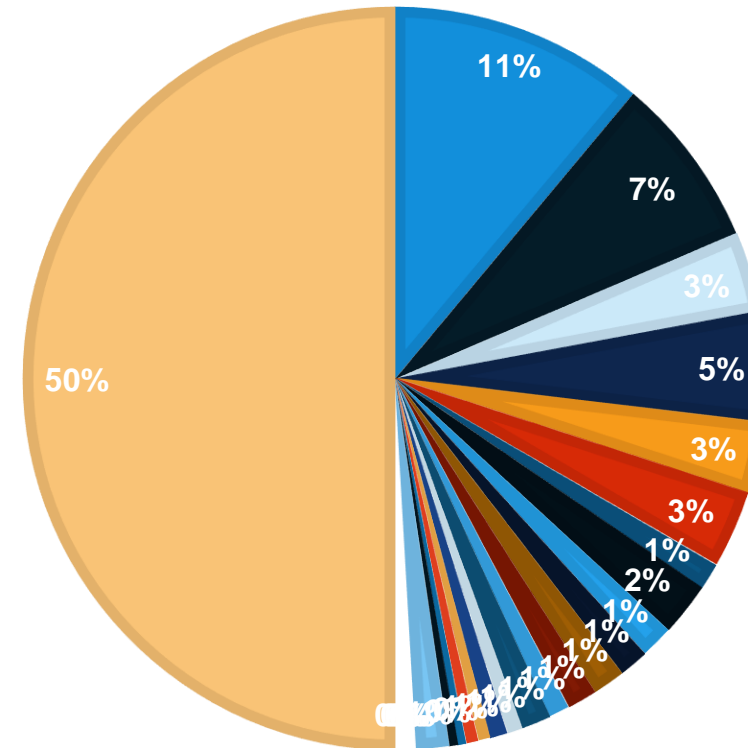
- Colville Conf Tribes of the Res WA
- Nooksack Indian Tribe of WA
- Suquamish Indian Port Madison Res WA
- Nisqually Indian Comm WA
- Skagit Upper Tribe of WA
- Quileute Tribe WA
- Klallam Jamestown Tribe of WA
- Chehalis Conf Tribes of the Res WA
- Squaxin Island Tribe WA
- Stillaguamish Tribe of WA
- Makah Indian Tribe WA
- COWLITZ
- Quinault Tribe WA
- Snoqualmie Indian Tribe
- Port Gamble Indian Com WA
- Skokomish Indian WA
- Samish Tribal Organizations
- Duwamish
- Sauk-Suiattle Tribe
- Grand Total
- Tulalip Tribes WA
- Spokane Tribe WA
- Swinomish WA
- Lower Elwha Tribal Com WA
- Muckleshoot Indian Tribe WA
- Hoh Indian Tribe WA
- Samish
- Kalispel Indian Com WA
- Shoalwater Bay WA

4090

AI/AN relatives served in 2021

10%

AI/AN from WA Tribes



Expanding Services

- 92-bed inpatient treatment facility
- 45-day intensive program model
- Traditional Indian Medicine (TIM)
- 15-bed accommodations for pregnant and parenting adults
- 15-bed VIP
- 62-beds adult (voluntary treatment)
- In-patient Medically Assisted Treatment
- Full medical clinic on site including pharmacy services (phase 2)



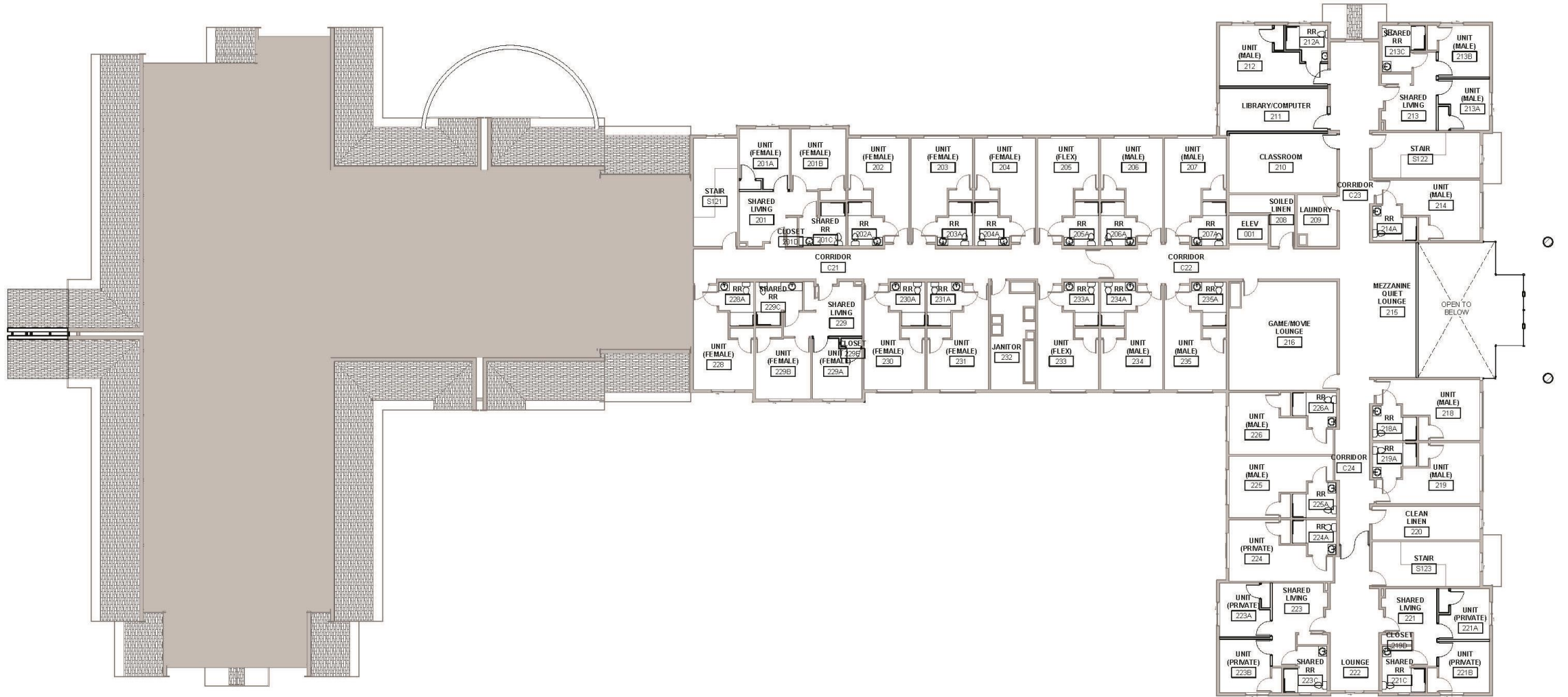


Thunderbird Treatment Center - Reception Rendering



Floor Plan

LEVEL 2



Design Drivers

AN&US



1 Community-focused 2 Healing Connection to Nature 3 Regional Inspiration 4 Warm and Welcoming 5 Respectful Representation of Native Art and Tradition

Interiors Look and Feel

WARM PALETTE


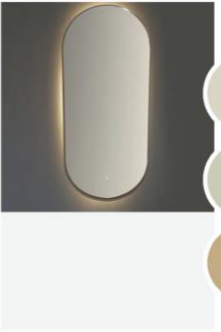









This design palette is inspired by the autumn woods in the Pacific Northwest. The palette provides a neutral backdrop that lends itself to creating a space where Native inspired patterning and artwork would shine.



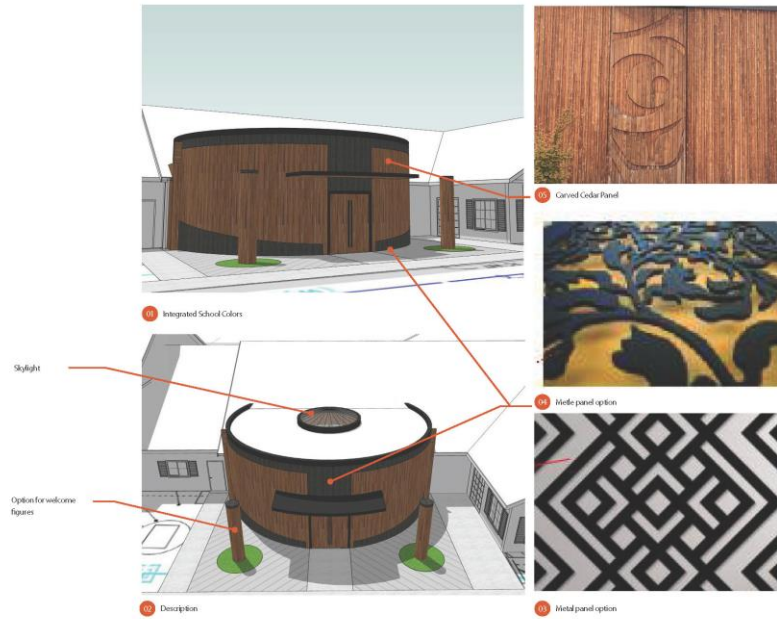
Materials Template - Guest Room

DESIGN



Ceremonial Space Studies DESIGN - EXTERIOR



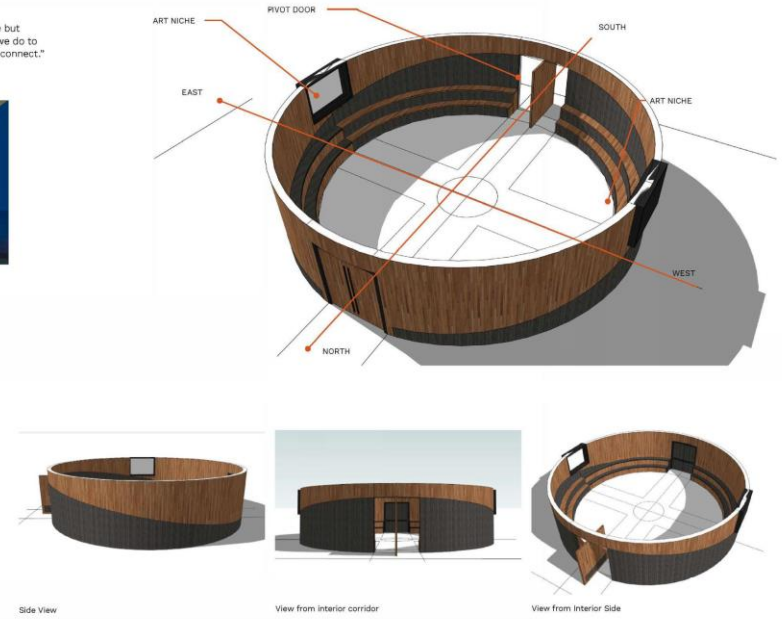
Ceremonial Space Studies DESIGN - INTERIOR

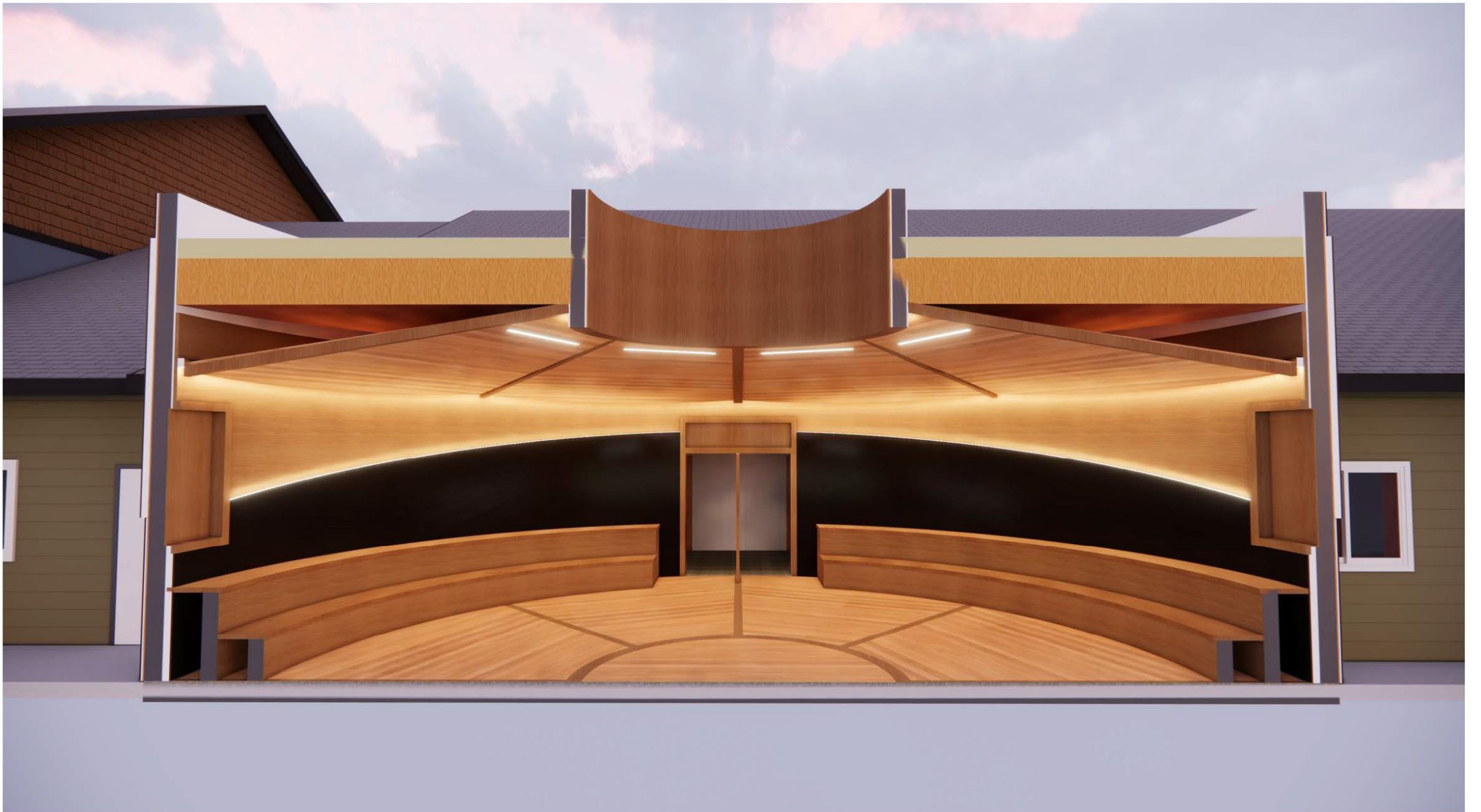


"Humankind has not woven the web of life. We are but one thread within it. Whatever we do to the web, we do to ourselves. All things are bound together. All things connect."
- Chief Seattle, 1854,



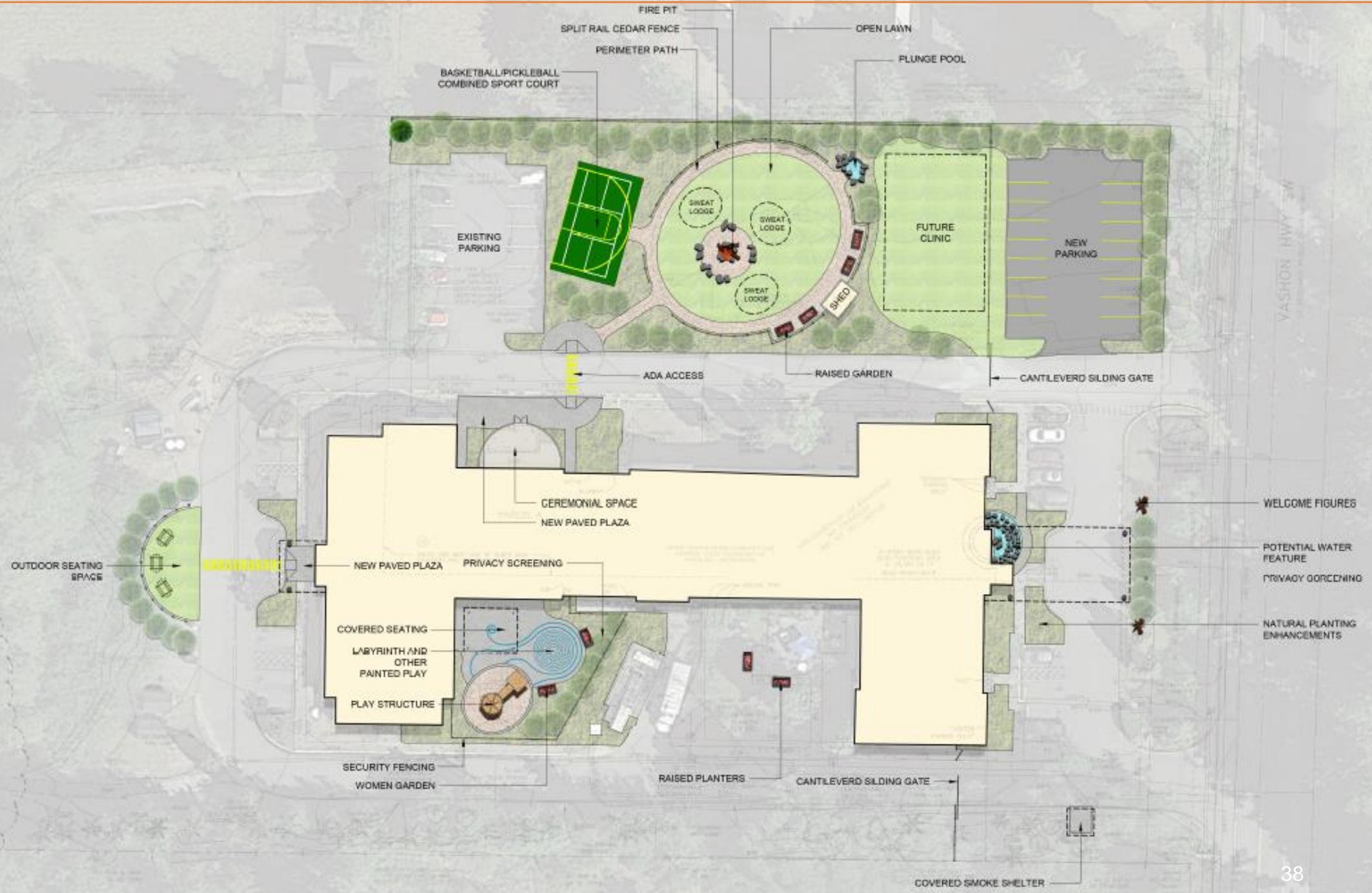
Dawn of a New Day





Thunderbird Treatment Center - Covered Play Structure Rendering





Lessons from our neighbors

- **Building relationships**
- **Grieving the loss of VCC**
- **Concerns Fears Over Public Safety (personal/family safety and property/environment)**
- **Concerns for overburdening Vashon resources**
- **Communication**
- **Service availability for Vashon residents**
- **Concerns for potential disruption from construction process**



Next Steps

- Architecture Firm Hired
- Landscape Architect Firm Hired
- Preliminary Designs completed
- Construction Fencing- coming
- Some Internal Demolition
- Permanent Fence and Gate Designs underway

- Working to solve the transportation issues
- Working to solve the workforce housing challenges
- Will advance the next stakeholder group conversations

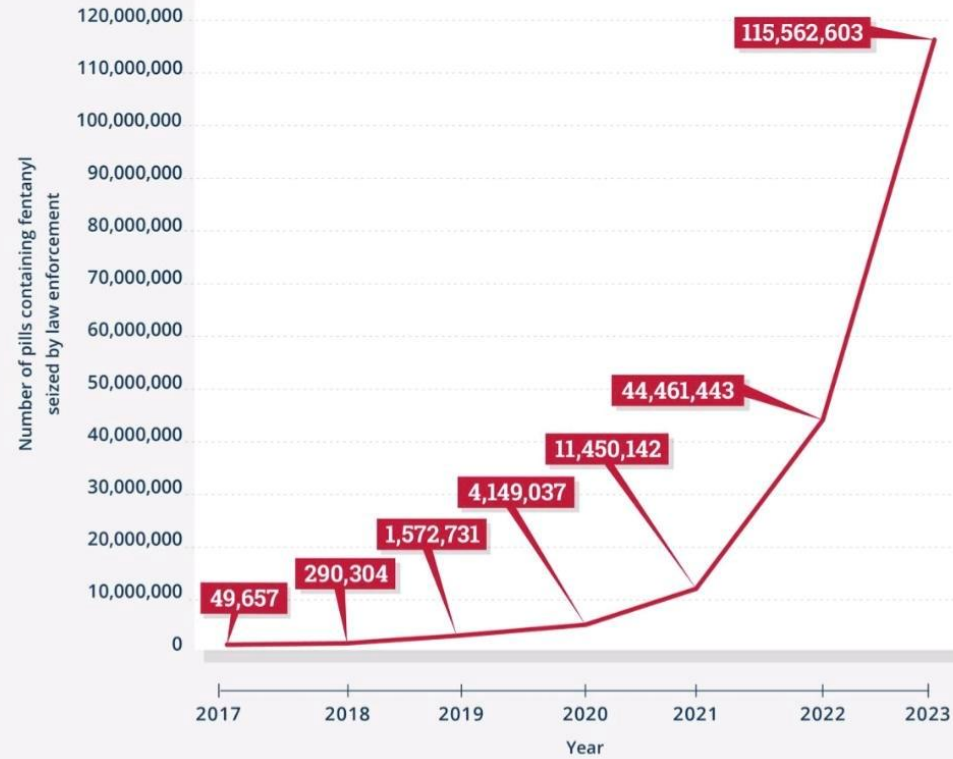
- Program Development and Staff recruitment underway



Questions?



Number of Pills Containing Fentanyl Seized by Law Enforcement in the United States, 2017 – 2023



Estimates based on data reported by the Office of National Drug Control Policy's High Intensity Drug Trafficking Areas program

Reference: JJ Palamar, et al. *International Journal of Drug Policy*. DOI: 10.1016/j.drugpo.2024.104417 (2024)

Five Priorities for Action to Prevent Overdoses in 2024

PRIORITY 1

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

PRIORITY 2

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PRIORITY 3

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PRIORITY 4

A robust, diverse behavioral health workforce.

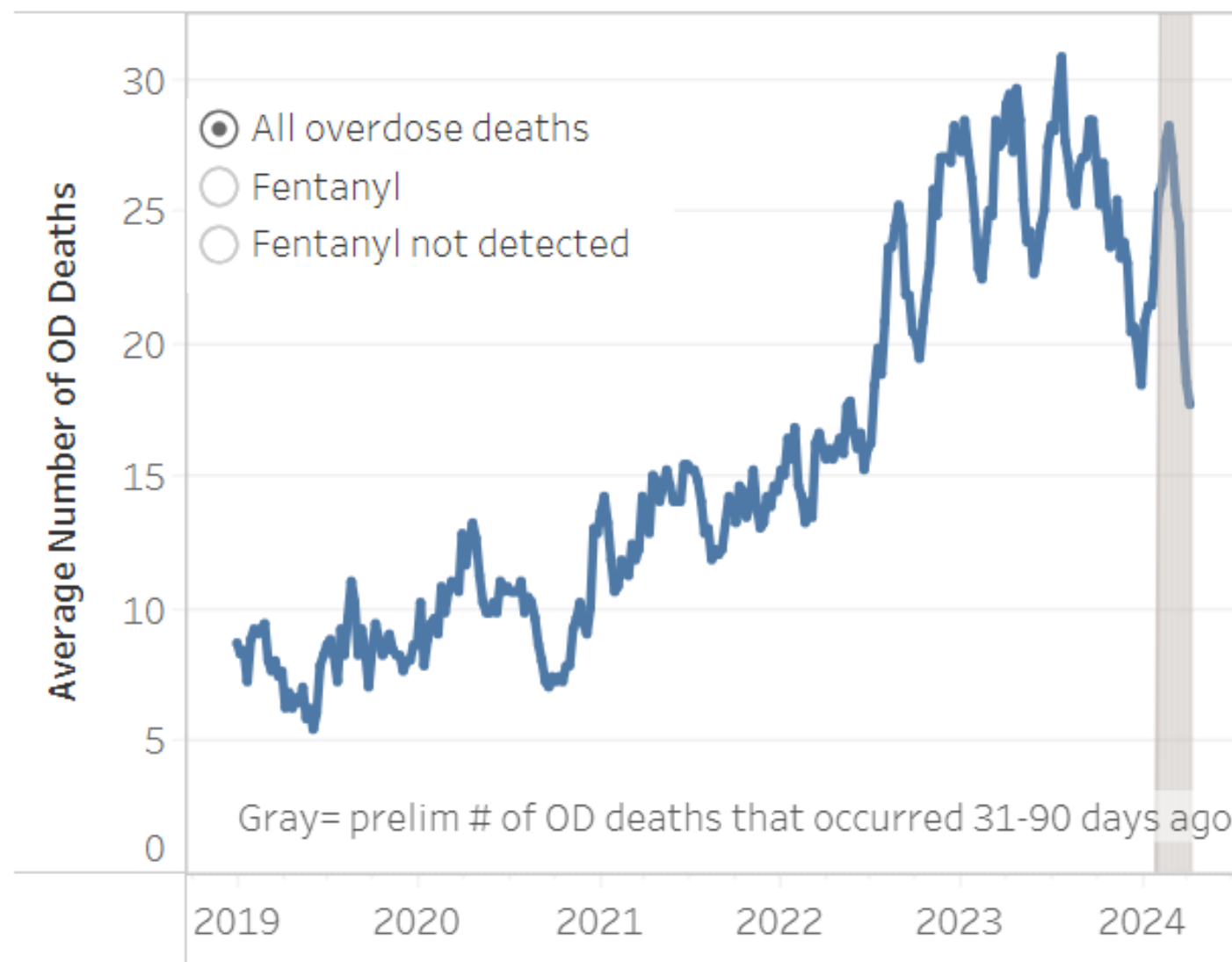
PRIORITY 5

Reduced disproportionality in overdoses.

Ave Weekly # of Confirmed Overdose Deaths

Switch data view:

Overdose deaths by week (rolling average) ▼



Questions?

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