

## MIDD 2 Initiative CD-07: Multipronged Opioid Strategies (NEW)

*How does the program advance the adopted MIDD policy goals?*

This initiative primarily addresses the adopted MIDD policy goal of “divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals.”

Opioid prescribing has increased significantly since the mid-1990s and has been paralleled by increases in pharmaceutical opioid misuse and opioid use disorder, heroin use, and fatal overdoses.<sup>71</sup> These increases in morbidity and mortality were seen among those who were prescribed opioids and those who were not. When opioid prescribing began decreasing between 2005-2010, the number of teens in Washington State reporting use of these medicines to “get high” also decreased. As pharmaceutical opioids became less available, some people with opioid use disorder switched to heroin because of its greater availability and lower cost.<sup>72</sup> Heroin, however, brings with it higher risks for overdose, infectious disease and, because it is illegal, incarceration.<sup>73</sup>

While these dynamics have affected individuals of all age groups, the impact is particularly striking for adolescents and young adults, with research indicating that youth ages 14-15 represent the peak time of initiation of opioid misuse.<sup>74</sup> Since 2005, this young cohort has represented much of the increase in heroin-involved deaths and treatment admissions in King County and Washington State.<sup>75</sup>

In King County, heroin use continues to increase, resulting in a growing number of fatalities. In 2013, heroin overtook prescription opioids as the primary cause of opioid overdose deaths. By 2014, heroin-involved deaths in King County totaled 156, “their highest number since at least 1997 and a substantial increase since the lowest number recorded, 49, in 2009.”<sup>76</sup> Increases in heroin deaths from 2013 to 2014 were seen in all four regions of the county, with a total increase from 99 to 156.<sup>77</sup> Heroin-involved

---

<sup>71</sup> Jones, C. M., Mack, K. A. & Paulozzi, L. J. Pharmaceutical overdose deaths, United States, 2010. *JAMA* 309, 657–9 (2013); Paulozzi, L. J., Budnitz, D. S. & Xi, Y. Increasing deaths from opiate analgesics in the United States. *Pharmacoepidemiol. Drug Saf.* 15, 618–27 (2006); Paulozzi, L. J., Zhang, K., Jones, C. M. & Mack, K. A. Risk of adverse health outcomes with increasing duration and regularity of opiate therapy. *J. Am. Board Fam. Med.* 27, 329–38 (2014); and Jones, C. M., Paulozzi, L. J. & Mack, K. A. Sources of prescription opiate pain relievers by frequency of past-year nonmedical use United States, 2008-2011. *JAMA Intern. Med.* 174, 802–3 (2014).

<sup>72</sup> Jones, C. M., Logan, J., Gladden, R. M. & Bohm, M. K. Vital Signs: Demographic and Substance Use Trends Among Heroin Users – United States, 2002-2013. *MMWR. Morb. Mortal. Wkly. Rep.* 64, 719–25 (2015); and Jones, C. M. Heroin use and heroin use risk behaviors among nonmedical users of prescription opiate pain relievers – United States, 2002-2004 and 2008-2010. *Drug Alcohol Depend.* 132, 95–100 (2013).

<sup>73</sup> Jenkins, L. M. *et al.* Risk Factors for Nonfatal Overdose at Seattle-Area Syringe Exchanges. *J. Urban Heal.* 88, 118–128 (2011); and Cedarbaum, E. R. & Banta-Green, C. J. Health behaviors of young adult heroin injectors in the Seattle area. *Drug Alcohol Depend.* (2015). doi:10.1016/j.drugalcdep.2015.11.011

<sup>74</sup> McCabe, S. E., West, B. T., Teter, C. J. & Boyd, C. J. Medical and nonmedical use of prescription opiates among high school seniors in the United States. *Arch. Pediatr. Adolesc. Med.* 166, 797–802 (2012); and Meier, E. A. *et al.* Extramedical Use of Prescription Pain Relievers by Youth Aged 12 to 21 Years in the United States. *Arch. Pediatr. Adolesc. Med.* 166, 803 (2012).

<sup>75</sup> Banta-Green, Caleb J., Kingston, Susan, Ohta, John, Taylor, Mary, Sylla, Laurie, Tinsley, Joe, Smith, Robyn, Couper, Fiona, Harruff, Richard, Freng, Steve, Von Derau, K. *2015 Drug use trends in King County Washington* (2016) at <http://adai.uw.edu/pubs/pdf/2015drugusetrends.pdf>

<sup>76</sup> Drug Abuse Trends in the Seattle-King County Area: 2014. Banta-Green, C *et al.* Alcohol & Drug Abuse Institute, Univ. of Washington, June 17, 2015. [http://adai.washington.edu/pubs/cewg/Drug%20Trends\\_2014\\_final.pdf](http://adai.washington.edu/pubs/cewg/Drug%20Trends_2014_final.pdf)

<sup>77</sup> Drug Abuse Trends in the Seattle-King County Area: 2014. Banta-Green, C *et al.* Alcohol & Drug Abuse Institute, Univ. of Washington, June 17, 2015. [http://adai.washington.edu/pubs/cewg/Drug%20Trends\\_2014\\_final.pdf](http://adai.washington.edu/pubs/cewg/Drug%20Trends_2014_final.pdf)

overdose deaths in King County remain high with 132 deaths in 2015.<sup>78</sup> Although prescription opioid-involved deaths have been dropping since 2008, many individuals who use heroin, and the majority of young adults who use heroin, report being hooked on prescription-type opioids prior to using heroin.<sup>79</sup>

Opioid treatment programs (OTP) that dispense methadone and buprenorphine in King County have been working to expand capacity, and the number of admissions to these programs increased from 696 in 2011 to 1,486 in 2014.<sup>80</sup> As of October 1, 2015, there were 3,615 people currently maintained on methadone at an OTP in King County.<sup>81</sup>

This initiative aims to address the trend by supporting the September 2016 recommendations of the Heroin and Prescription Opioid Addiction Task Force jointly convened by the King County Executive and the mayors of Seattle, Auburn, and Renton.<sup>82</sup> Specifically, recommended interventions were developed in the following areas:

- Primary Prevention
- Treatment and Service Expansion and Enhancement
- User Health and Overdose Prevention.

These recommendations will promote equity in access to limited treatment resources, while also ensuring that residents whose heroin use is chaotically and expensively impacting other publicly-funded resources (such as emergency medical care, psychiatric hospitalizations, criminal courts and incarceration facilities) have access to less expensive and responsive treatment services.

## 1. Program Description

### ◇ A. Service Components/Design (Brief)

MIDD funds may support any or all of the Heroin and Prescription Opiate Addiction Task Force's recommendations, which include the following:

#### Primary Prevention:

- Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose and opioid use disorder.
- Promote safe storage and disposal of medications.

---

<sup>78</sup> Drug Abuse Trends in the Seattle-King County Area: 2015. Banta-Green, C et al. Alcohol & Drug Abuse Institute, Univ. of Washington, July 2016. <http://adai.uw.edu/pubs/pdf/2015drugusetrends.pdf>

<sup>79</sup> Peavy KM, Banta-Green CJ, Kingston S, Hanrahan M, Merrill JO, Coffin PO. "Hooked on Prescription-Type Opiates Prior to Using Heroin: Results from a Survey of Syringe Exchange Clients," *Journal of Psychoactive Drugs*, 2012;44(3):259-65, and Cedarbaum ER, Banta-Green CJ, "Health Behaviors of Young Adult Heroin Injectors in the Seattle Area," *Drug Alcohol Depend* [Internet] 2015 [cited 2015 Dec 18]; available from <http://www.ncbi.nlm.nih.gov/pubmed/26651427>

<sup>80</sup> TARGET database, Washington State Publically funded treatment, Division of Behavioral Health and Recovery.

<sup>81</sup> TARGET database, Washington State Publically funded treatment, Division of Behavioral Health and Recovery.

<sup>82</sup> <http://kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/task-forces/heroin-opiates-task-force.aspx>. Task Force recommendations were issued on September 15, 2016.

- Leverage and augment existing screening practices in schools and health care settings to prevent and identify opioid use disorder.

Treatment and Service Expansion and Enhancement:

- Create access to buprenorphine in low-barrier modalities close to where individuals live for all people in need of services.
- Develop treatment on demand for all modalities of substance use disorder treatment services.
- Alleviate barriers placed upon opioid treatment programs, including the number of clients served and siting of clinics.

User Health and Overdose Prevention:

- Expand distribution of naloxone in King County.
- 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.

This initiative also continues the MIDD 1-funded PHSKC needle exchange social work staff to engage clients and link them to needed treatment services.

◇ *B. Goals*

Broad goals of this initiative include reduced heroin or opioid-linked overdose fatalities, and an improved continuum of health care services, treatment and supports for opioid users in King County.

◇ *C. Preliminary Performance Measures (based on MIDD 2 Framework)<sup>83</sup>*

*1. How much? Service Capacity Measures*

The social work staff at PHSKC serves 700 unduplicated individuals per year, refers 300 clients per year to Medication Assisted Treatment (MAT), and successfully places 200 clients in treatment.

Targets for the number of individuals to be served will be identified in 2017 in collaboration with MIDD staff and with task force workgroups. As the initiative's varied approaches are likely to yield interventions across the continuum of care, some potential interventions may come into contact with many people, while others may have a more focused impact on a smaller number of participants.

---

<sup>83</sup> Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

2. *How well? Service Quality Measures*

- Increased use of prevention (outpatient) services
- Improved wellness self-management.

3. *Is anyone better off? Individual Outcome Measures*

- Improved wellness and social relationships
- Reduced unnecessary incarceration, hospital, and emergency department use
- Reduction of crisis events.

◇ *D. Provided by: County and/or Contractor*

Some funding for the task force recommendations will support County direct service staff, while many other aspects will be contracted to community providers.

**2. Spending Plan**

As noted in the Service Improvement Plan, the County recognizes that it is not always possible to begin spending on all MIDD initiatives as soon as budget authority is granted. This initiative is among a group of programs expected to be implemented via a staged approach, to allow for thoughtful planning and procurement processes. This is reflected in the spending plan below via different expenditure amounts for the first and second years of the 2017-2018 biennium.

| <b>Year</b>                    | <b>Activity</b>  | <b>Amount</b>      |
|--------------------------------|--|--------------------|
| 2017                           | Task Force-recommended service enhancements to address opiate addiction            | \$667,000          |
| 2017                           | Continuation of needle exchange social work staff to engage clients with treatment | \$83,000           |
| <b>2017 Annual Expenditure</b> |  | <b>\$750,000</b>   |
| 2018                           | Task Force-recommended service enhancements to address opiate addiction            | \$1,456,000        |
| 2018                           | Continuation of needle exchange social work staff to engage clients with treatment | \$83,000           |
| <b>2018 Annual Expenditure</b> |  | <b>\$1,539,000</b> |
| <b>Biennial Expenditure</b>    |  | <b>\$2,289,000</b> |

### **3. Implementation Schedule**

#### *◇ A. Procurement and Contracting of Services*

- **Primary Prevention:** For any prevention work to be contracted to providers, requests for proposals (RFPs) will be issued during the third quarter of 2017.
- **Treatment Expansion and Enhancement:** An RFP for buprenorphine expansion services will be issued in third quarter 2017.
- **User Health and Overdose Prevention:** A contract is in place with Kelley-Ross Pharmacy to provide naloxone medication to behavioral health providers. At the time of this report, the County does not yet know by whom any future CHEL site(s) will be operated. Finally, social worker engagement services to link clients of PHSKC's needle exchange to needed treatment services are continuing from MIDD 1, distributed via a Memorandum of Understanding (MOU).

Adjustments to these procurement plans may occur as opioid task force implementation workgroups continue planning efforts.

#### *◇ B. Services Start date (s)*

Primary prevention services are expected to start in third quarter 2017. Treatment expansion and enhancement service start dates will likely be in third quarter 2017. User health and overdose prevention naloxone and needle exchange social worker services began in the first quarter of 2017. The start date for CHEL services is unknown at the time of this report.

### **4. Community Engagement Efforts**

During the course of the task force process, a series of community meetings was held in order to provide public education about heroin and opioid addiction, treatment and health services, and/or to obtain community input as the Task Force developed strategies and meaningful solutions to the problem of addiction and overdose in King County. The Task Force also conducted an extensive media effort to discuss the heroin epidemic and efforts to address it. Between February and April 2017, the task force sponsored community-learning events throughout the County in partnership with the King County Library System.