

HEROIN & OPIATE ADDICTION TASK FORCE

Seattle & King County

Heroin & Opiate Addiction Task Force – *Charge*

The Task Force members are charged with developing recommendations to the Task Force sponsors to rapidly address the epidemics of heroin and prescription opioid addiction and overdose in King County.

Recommendations will identify steps to both prevent opioid addiction and improve opioid use disorder outcomes including among the most vulnerable people in the County.

Heroin & Opiate Addiction Task Force – *Charge*

The Task Force will focus on recommendations in the areas of opiate abuse prevention, expanded treatment resources, and opiate user health services and overdose prevention.

The recommendations will prioritize evidence-based and evidence-informed tools and interventions that will have the greatest impact on the problem.

The final report of the Task Force will be delivered to the sponsors by September 30, 2016.

Heroin & Opiate Addiction Task Force – *Ground Rules*

- **Process**
- **Expectations**
- **Media**
- **Website development**

Heroin & Opiate Addiction Task Force - *Logistics*

- **Task Force Meeting Schedule**
 - 3/25, 4/22, 6/3, 7/22, 8/26, 9/9 (1-4pm)
 - Possibly two Community Meetings
- **Product - Report**
 - September 2016

Introductions

- **Name and Affiliation**
- **Interest in the Heroin and Opiate topic**
- **What can you contribute**
- **What outcomes do you want to see from the Task Force**



JHU: RECOMMENDATIONS FOR ACTION

- ◎ **PRESCRIBING GUIDELINES**
 - Repeal existing permissive and lax prescription laws and rules.
 - Require oversight of pain treatment.
 - Provide physician training in pain management and opioid prescribing* and establish a residency in pain medicine for medical school graduates.

* Mentioned in 2016 Washington State Interagency Opioid Working Plan

JHU: RECOMMENDATIONS FOR ACTION

◎ **PRESCRIPTION DRUG MONITORING PROGRAMS (PDMP)***

- Mandate prescriber PDMP use.
- Proactively use PDMP data for enforcement and education purposes.
- Authorize third-party payers to access PDMP data with proper protections.
- Empower licensing boards for health professions and law enforcement to investigate high-risk prescribers and dispensers.

JHU: RECOMMENDATIONS FOR ACTION

◎ **PHARMACY BENEFIT MANAGERS (PBMs) AND PHARMACIES**

- Inform and support evaluation research.
- Engage in consensus process to identify evidence-based criteria for using PBM and pharmacy claims data to identify people at high risk for abuse and in need of treatment.
- Expand access to PDMPs.
- Improve management and oversight of individuals who use controlled substances.
- Support restricted recipient (lock-in) programs.
- Support take-back programs.
- Improve monitoring of pharmacies, prescribers and beneficiaries.
- Incentivize electronic prescribing.

JHU: RECOMMENDATIONS FOR ACTION

◎ **ENGINEERING STRATEGIES**

- Convene a stakeholder meeting to assess the current product environment (e.g., products available, evidence to support effectiveness, regulatory issues) and identify high-priority future directions for engineering-related solutions.
- Sponsor design competitions to incentivize innovative packaging and dispensing solutions.
- Secure funding for research to assess the effectiveness of innovative packaging and designs available and under development.
- Use research to assure product uptake.

JHU: RECOMMENDATIONS FOR ACTION

◎ **OVERDOSE EDUCATION AND NALOXONE DISTRIBUTION***

- Engage with the scientific community to assess the research needs related to naloxone distribution evaluations and identify high-priority future directions for naloxone-related research.
- Partner with product developers to design naloxone formulations that are easier to use by nonmedical personnel and less costly to deliver.
- Work with insurers and other third-party payers to ensure coverage of naloxone products.*
- Partner with community-based overdose education and naloxone distribution programs to identify stable funding sources to ensure program sustainability.
- Engage with the healthcare professional community to advance consensus guidelines on the co-prescription of naloxone with prescription opioids.

JHU: RECOMMENDATIONS FOR ACTION

◎ ADDICTION TREATMENT

- Invest in surveillance of opioid addiction.*
- Expand access to buprenorphine treatment.*
- Require federally-funded treatment programs to allow patients access to buprenorphine or methadone.
- Provide treatment funding for communities with high rates of opioid addiction and limited access to treatment.
- Develop and disseminate a public education campaign about the important role for treatment in addressing opioid addiction.*
- Educate prescribers and pharmacists about how to prevent, identify and treat opioid addiction.*
- Support treatment-related research.

JHU: RECOMMENDATIONS FOR ACTION

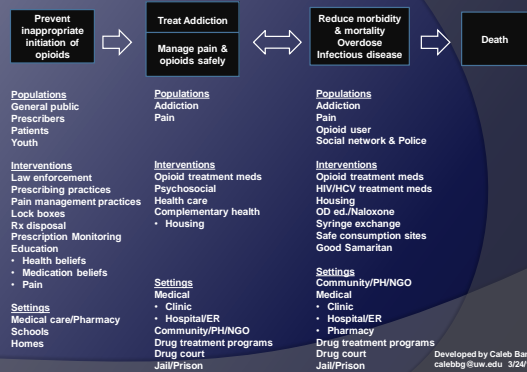
◎ COMMUNITY-BASED PREVENTION STRATEGIES

- Invest in surveillance to ascertain how patients in treatment for opioid abuse and those who have overdosed obtain their supply.
- Convene a stakeholder meeting to create guidance to help communities undertake comprehensive approaches that address the supply of, and demand for, prescription opioids; implement and evaluate demo projects that model these approaches.
- Convene an inter-agency task force to ensure that national public education campaigns about prescription opioids are informed by available evidence and that best practices are shared.
- Provide clear and consistent guidance on safe storage of prescription drugs.*
- Develop clear and consistent guidance on safe disposal of prescription drugs; expand access to take-back programs.*
- Require that federal support for prescription drug misuse, abuse and overdose interventions include outcome data.

Caleb Banta-Green

Local Epidemiology of Opioid Drug Problem and DOH Opioid Response Plan

Continuum of care for opioid misuse



Developed by Caleb Banta-Green
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Current Activities

- CDC Prescriber Guidelines
- SPD Carrying Naloxone
- Naloxone distribution
- MAT expansion
- Prescription Drug Collection
- Insite events this past week
- Others

Heroin & Opiate Addiction Task Force

- **Product:** Key short and long term (not exhaustive) recommendations
- **Priorities:** Actions for local implementation; greatest impact; avoid redundancy with other activities
- **Evidence-based** and **Evidence-informed** practices
- **Leverage other activities, partnerships** where appropriate
- **Resources** required

Heroin & Opiate Addiction Task Force – Workgroups

1. **Primary Prevention**
 - Prescriber Education
 - Public Education (*Adult & Youth*)
 - Secure Medication Return Program (Prescription Drug Take Back)
2. **Treatment Expansion & Enhancement**
 - Treatment on Demand (*Abstinence-based & Medication Assisted*)
 - Innovative Suboxone Prescribing Practices
3. **User Health Services & Overdose Prevention**
 - Expand Access to Naloxone
 - Safe Injection Facilities

Proposed Workgroup Assignments

Primary Prevention - Caleb	Treatment Expansion and Enhancement- Brad	User Health and OD Prevention- Jeff
Pegil McEvoy	Scott Lindsay	Jim Pugel
Pat Sanders	Dan Cable	Frank Chaffee
Annie Hetzel	Molly Carney	Mark Putman
Susan Mazor	Norm Johnson	Thea Oliphant -Wells
Penny Legate	Daniel Malone	Shilo Murphy
David Dickinson	Mary Taylor	Ryan Otebro
Charissa Fotinos	Roland Akers	Michael Ninburg
Jeff Sakuma	Roger Dowdy	Mark Cooke
Kevin Milosevich	Darcy Jaffe	Reba Gonzales
Andy Adolfsen	Tim Bondurant	Steve Stocker
	Robert Mermer	Patricia Sully
	Tom Rea	Annette Hayes
	Catherine Lester	
	Mark Larson	
	Jim Walsh	
	Lisa Daugaard	

Workgroup Considerations

- ⦿ Review workgroup main charge
- ⦿ What else do we want to accomplish in the focus area?
- ⦿ Considerations for guiding the work:
 - Current Actions (Leverage)
 - Needed Actions
 - Policy Changes
 - Funding Recommendations
- ⦿ Determine operating format for ongoing work