

MAKING BUPRENORPHINE MORE ACCESSIBLE TO VULNERABLE POPULATIONS

A LOW BARRIER APPROACH TO THE OPIOID EPIDEMIC

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What we do:

















Principles of Harm Reduction

- Accepts, for better and or worse, that licit and illicit drug use is part
 of our world and chooses to work to minimize its harmful effects
 rather than simply ignore or condemn them.
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
- Establishes quality of individual and community life and well-being not necessarily cessation of all drug use—as the criteria for successful interventions and policies.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.













WHAT IS LOW BARRIER?

-NO MOVE IN PRECONDITIONS
-NO PROGRAMMING REQUIREMENTS
-NO ABSTINENCE REQUIREMENTS
-EASY ACCESS TO SHELTERS
-CAN BRING BELONGINGS, PETS, ETC.
-ACCESS TO SERVICES EASY FOR THE
CLIENT













Health Insurance Card

Conding Name

FIRST M LAST NAME

2234567890

Rx81N 444444

ReCop 55555555

leaver

987654321

Enrulment Date 01/01/2010

This health plan is provided by ASC likelith insurance. While coverage remains in force, members are entitled to the benefits under the terms and conditions of the plan. This start in for identification purposes only and is not a guarantee of coverage. Deductibles and colorantees may apply. Call 60:522-3331 or last to a ASC treatm insurance representative.



What Was it Like in Seattle/King County 5 Years Ago?

King County Opiate Taskforce (September 2016)

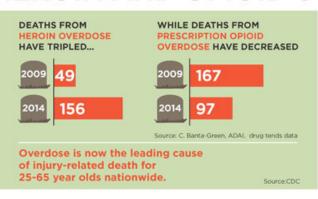
- 1. All Home
- 2. American Civil Liberties Union
- 3. Auburn Police Department
- 4. City of Bellevue Fire Department
- 5. City of Seattle Mayor's Office
- 6. Department of Community and Human Services
- 7. Department of Social and Health Services, Children's Administration
- 8. Downtown Emergency Services Center
- 9. Evergreen Treatment Services
- 10. Harborview Medical Center
- 11. Hepatitis Education Project
- 12. Kelley-Ross Pharmacy
- 13. King County Adult Drug Diversion Court
- 14. King County Emergency Medical Services
- 15. King County Needle Exchange
- 16. King County Prosecuting Attorney's Office
- 17. King County Sheriff's Office 18. Muckleshoot Tribe
- 19. Neighborcare Health

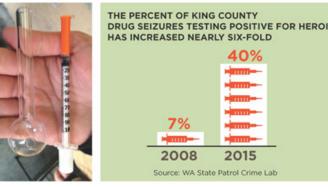
- 20. People's Harm Reduction Alliance
- 21. Public Defender Association
- 22. Public Health Seattle & King County
- 23. Puget Sound Educational Service District
- 24. Recovery Community
- 25. Renton Police Department
- 26. Seattle Children's
- 27. Seattle Fire Department
- 28. Swedish Hospital, Pregnant and Parenting Woman Program
- 29. Seattle Human Services Department
- 30. Seattle Police Department
- 31. Seattle Public Schools
- 32. Therapeutic Health Services
- 33. United States Attorney for Western Washington's Office
- 34. United States Department of Veterans Affairs, Veterans Health Administration
- 35. United States Substance Abuse and Mental Health Services Administration (SAMHSA)
- 36. University of Washington Alcohol and Drug Abuse Institute (ADAI)
- 37. Washington State Department of Social and Health Services, Behavioral Health Administration 38.
 Washington State Health Care Authority

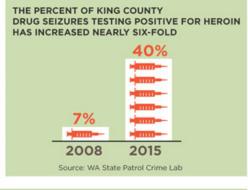
Increase in death from heroin ODs, decrease in deaths from prescription opioids.

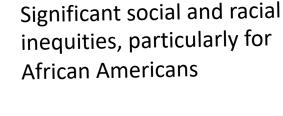
3-fold increase in syringe exchange compared to previous years.

HEROIN AND OPIOID USE ARE AT CRISIS LEVELS



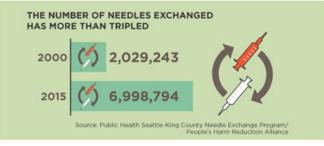


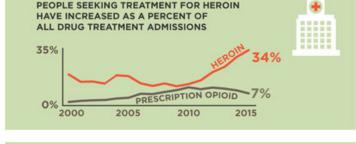




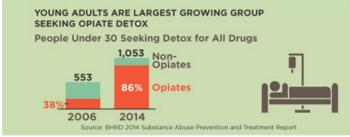
Heroin more present in

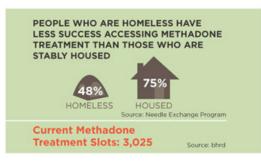
drug seizures.



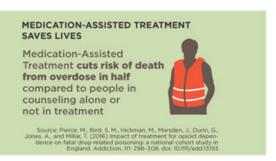












Source: 2016 KC Opiate Taskforce

Barriers to Change

1) Washington legislation

2) Prescribing limits

4) MAT services Supply < demand

5) High barrier prescribing practices as the norm.

Recommendations

Primary Prevention

- Prescriber education
- Public education
- Drug take back programs
- Screening for OUD

Treatment Expansion

- Treatment on Demand
- Innovative Bupe prescribing practices

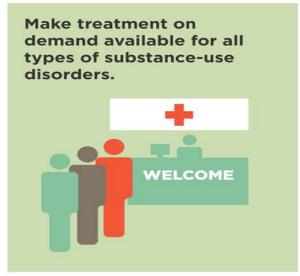
User Health and Overdose Prevention

- Expansion and access to narcan
- Safe Consumption Sites ("CHELs" – Community Health Engagement Locations)

Increase Access to Treatment!







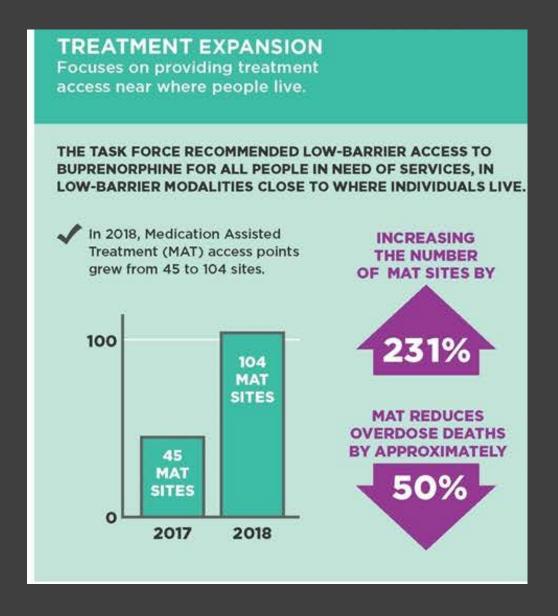


Source: 2016 KC Opiate Taskforce





King County Added 59 MAT sites in one year!



Source: 2018 KC Opiate Taskforce Update

DESC 2016 Client Zero: A Case Study

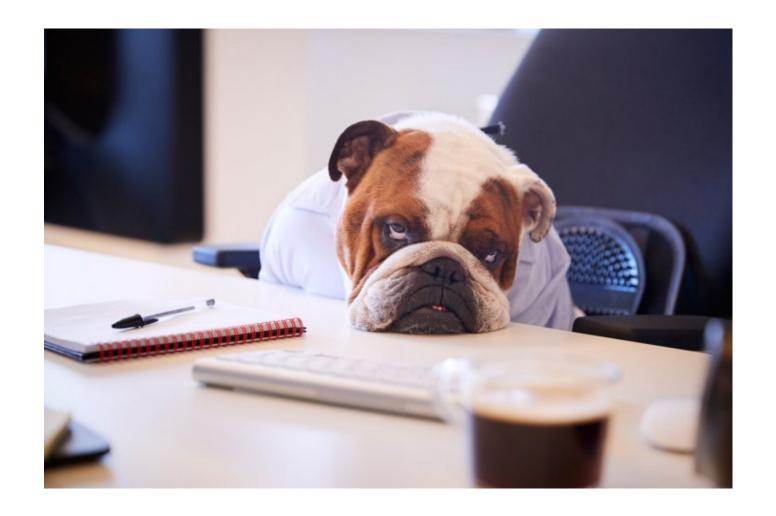
35yo M experiencing homelessness and often in perpetual crisis. Experienced severe childhood trauma, has been using opiates since he was a young child. Has not successfully been able to access MAT services. Enrolled in a DESC mental health program.

Opioid use disorder-severe stimulant (meth and cocaine) use disorder-severe cannabis use disorder-severe Bipolar I disorder PTSD 43.10 HCV (Ab+) TBI Frequent recurrent abscesses from IVDU

"This stuff saved my life."



Securing Grants



DESC'S LOW BARRIER MAT PROGRAM. TWO FUNDING SOURCES, ONE PROGRAM

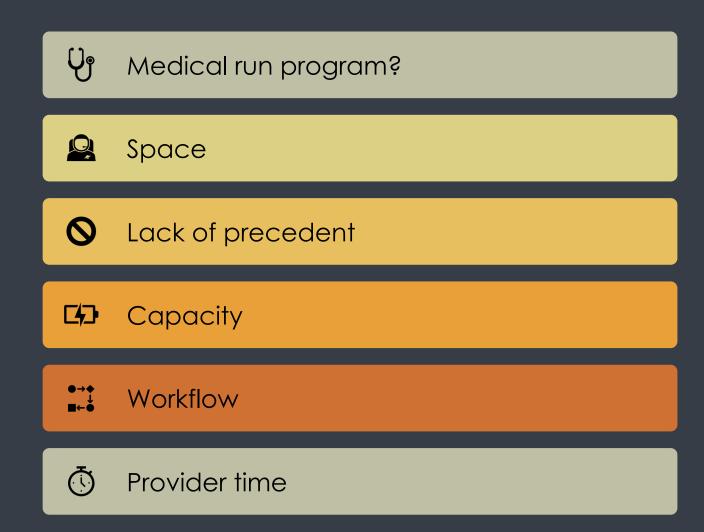
2018: KING COUNTY MIDD (MENTAL ILLNESS AND DRUG DEPENDENCY) BUP PROGRAM

- OPENED IT'S DOORS IN JULY 2018
- INCLUDED ONE FULL TIME FTE NURSE CARE MANAGER AND 0.2 FTE OF PROVIDER TIME SPLIT BETWEEN TWO PROVIDERS.
- BUILDING OUR POLICY AND PROCEDURES
- MPLEMENTATION

2019: SAMHSA (SUBSTANCE ABUSE MENTAL HEALTH SERVICE ADMINISTRATION) SOR (STATE OPIOID RESPONSE) GRANT

- Increase by 6 staff (Total of 8 with our County Bup program)
- Grant deliverables in effect by February 2019 but DIDN'T GET FULLY OFF THE GROUND UNTIL APRIL 2019.

OVERCOMING IMPLEMENTATION CHALLENGES

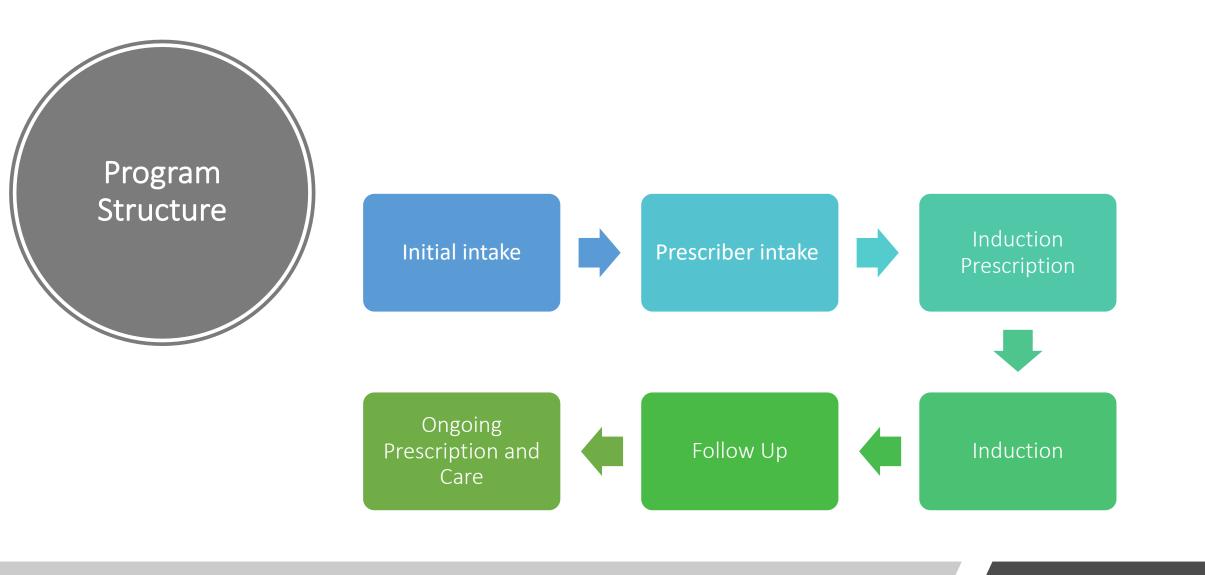




SUDOXONE SUDOXONE

DESC's Opioid Treatment Network Program

- Started in April 2019
- SAMSHA funded: Total grant \$450,000 for 2 years
- Team members: Nurse Supervisor, 2 RNs, Nurse Practitioner (part-time), Care Navigator, Substance Use Disorder Professional, Data Collection Specialist
- 80+ Clients currently: Funding dependent on adding at least 18 new clients per month
- Clients can be anywhere in Seattle. Serve people living in DESC supportive housing, independent housing, street, shelters, tent encampments.





What Makes us Low Barrier?

Low Barrier Strategies Avoid lapses in medication

Flexible appointments

Outreach

Easy communication

Harm reduction approach

Avoid Lapses in Treatment

Do not hold prescription for first missed follow-up

No firm rule on when medication will be held.

Based on individual client, history of engagement, etc.

Try different strategies to increase follow up: outreach, picking up medication in clinic

Care conferences and case consulting

Intakes and follow-ups can be either scheduled or walk-in

Flexible Appointments At least one OTN team member available for walk-in intakes at all times.

Nurse practitioner is available for walk-ins at least 3 hours per day

Outreach



Outreach to anywhere a client lives including tent encampments, shelters, street



Will outreach anyone who wants to be on Suboxone but is unable or unwilling to come to clinic



Everyone on team able to outreach including nurse practitioner



1/3 of current clients require outreach for all follow-ups

Easy Communication Clients can reach team members by text or call on work provided cell phones during working hours

Unfortunately, only about ¼ of clients have phones

Harm Reduction Approach

Focus on reduction in use, improvement in quality of life over abstinence

Monthly urine screening per HCA guidelines

Results do not effect treatment, unless negative for buprenorphine

Bup negative does not stop treatment, but may change care plan

Ongoing Challenges

- Lack of racial diversity in clientele
- Staffing and capacity
- Difficulty moving people onto longer term maintenance scripts
- Stigma and suspicion around opioid replacement medication (even among DESC staff)
- High-barrier to methadone access
- Medication monitoring