



Opioid Response Work Group Meeting

Meeting Summary, 6/6/2017

Support and Backbone Staff: Jennifer Brackeen – *CHOICE*, Laura Spoor – *CHOICE*, Victor Colman – *Uncommon Solutions*

In Attendance: Dr. Diana Yu, Dr. Lucinda Grande, Malika Lamont, Meg Martin, Ramona Leber, Rosanne McPhail

I. Welcome and Introductions

Malika Lamont, the workgroup chair, welcomed the attendees and facilitated introductions. Vic Colman reviewed the agenda and meeting objectives, and they were accepted by the group.

II. Role of Opioid Workgroup

Vic provided a brief overview of the Cascade Pacific Action Alliance (CPAA) to give some context to the work this group will be doing. The CPAA is our region's Accountable Community of Health (ACH), which is composed of representatives from multiple community sectors and independent stakeholders from all seven counties in the region. Together they work to improve health for the entire region's population. Through the Medicaid Demonstration Project, an agreement between the Washington State Health Care Authority (HCA) and the federal government, the CPAA has an opportunity to take on several projects to improve and transform the lives of the Medicaid-eligible population in the CPAA's seven county region. One of these projects, which is required, is to address the opioid crisis. The role of this workgroup will be to support and provide recommendations to the CPAA as they take on this work.

The workgroup briefly reviewed the draft of the workgroup charter. Several attendees agreed that the charter should include a section about prioritizing not just providers but consumer voice as well. CHOICE staff will continue accepting feedback on the charter until Friday, June 16th. The group then discussed who else needs to be included in the group. Several ideas were proposed, including representatives from Managed Care Organizations (MCOs) and hospitals. Participants may send contacts to CHOICE staff. Vic then reviewed the draft of the decision-making criteria worksheet, which will be used later on to help decide which projects this workgroup should pursue.

III. Review Current Data

Malika presented data about opioid usage rates and opioid-related deaths in Washington State. During the mid-2000s, there was a sharp increase in the number of prescription opioids distributed to hospitals and pharmacies. This number peaked in 2011, and has only slightly decreased since then. The number of deaths in the state due to prescription opioids has decreased overall in the last decade, while the number of deaths due to heroin overdoses has increased sharply over the last few years. The age of onset of heroin use and the age of death from heroin overdose has been falling as well. Compared to the rest of the state, the CPAA region has a high concentration of opioid related deaths. There is also a dramatic disparity among racial/ethnic groups. The rate of opioid overdose deaths among the American Indian/Alaska Native population in Washington State is almost three times that of the white population.



Malika then spoke to the group about Harm Reduction, which is a strategy aimed at reducing the negative impacts associated with opioid use. Harm Reduction requires a non-judgmental view of injection drug users (IDUs) and a willingness to consider their point of view. It replaces the focus on abstinence from drugs with a focus on reducing the harm caused by the drug use. The harm reduction approach has been shown to increase the likelihood that IDUs will seek treatment, reduce the rate of blood-borne diseases, and decrease the number of overdose deaths.

Harm reduction can also be applied to drug use prevention. Education about the effects of drug use as well as access to resources may be an effective way to reduce the number of people who start using in the region.

IV. Addressing Opioid Use

With this information in mind, the group discussed potential strategies to address the opioid problem in the CPAA region. One strategy that surfaced was to educate leaders, policy makers, and those in law enforcement about harm reduction. Malika also offered to provide a harm reduction training to workgroup members at the next meeting to ensure that everyone in the group has an adequate understanding of this approach. She will also demonstrate how to effectively engage with others about harm reduction principles, since the concept of harm reduction related to drug use is still a controversial topic.

This workgroup will also begin collecting data in the region about what efforts are already underway to address the opioid crisis, and then assess where the gaps in service are.

V. Next Steps & Closing

- Workgroup members will review the Charter and send feedback to CHOICE staff by June 16th
- Support staff will develop a gap analysis document
- Workgroup members will send names of people to invite to the group to CHOICE staff
- Next meeting: June 22nd, 2017