



OPIOID WORK GROUP KICK-OFF MEETING

JUNE 6, 2017

Welcome and Introductions

Introduce yourself: Name, organization, and county

WELCOME



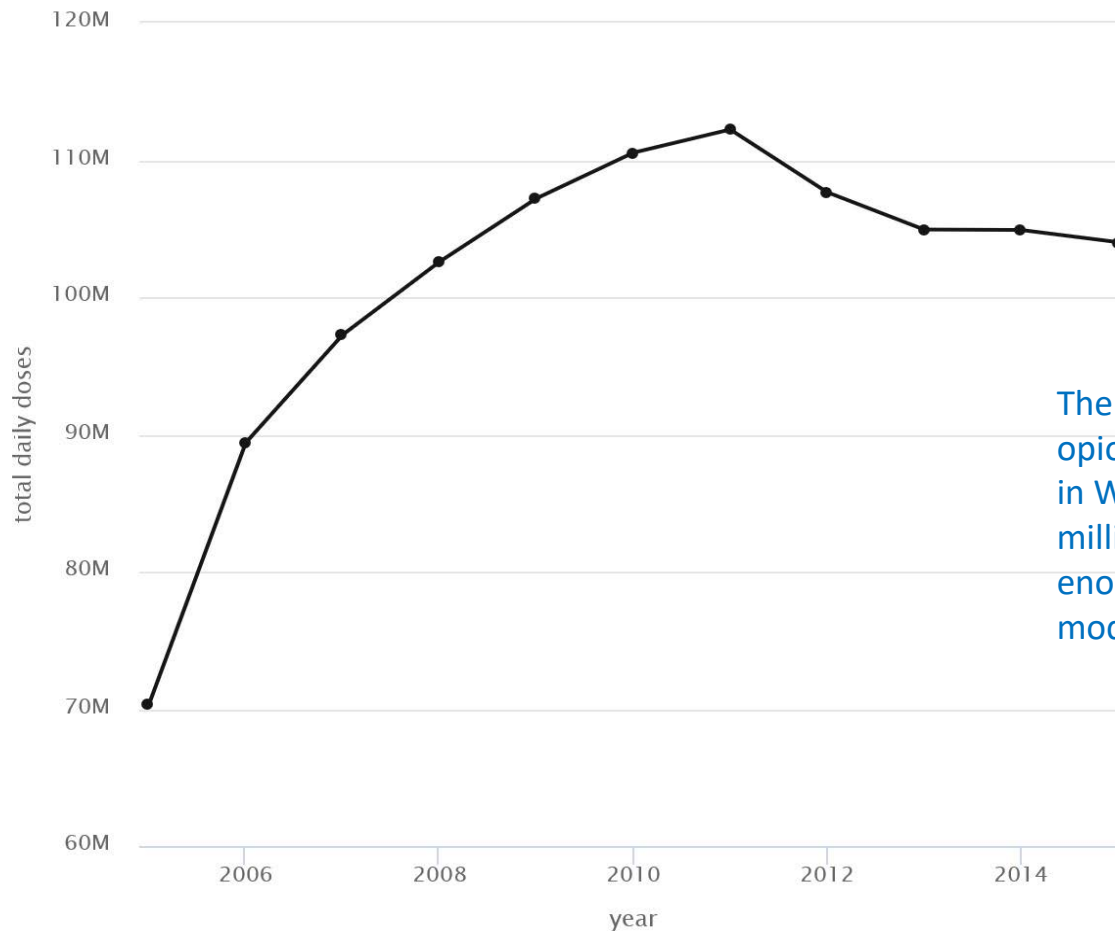
Review Desired Meeting Outcomes

- ✓ Launch the Opioid Response Work Group
- ✓ Review and provide feedback on Opioid Response Charter
- ✓ Review Decision Making Criteria
- ✓ Review Data for the CPAA Region & Identify Gaps
- ✓ Surface Potential Priority Projects

Role of Opioid Response Work Group

- ✓ Medicaid Transformation Project Demonstration
 - ✓ Why develop this work group?
- ✓ Review Draft Charter
- ✓ Review Decision Making Criteria

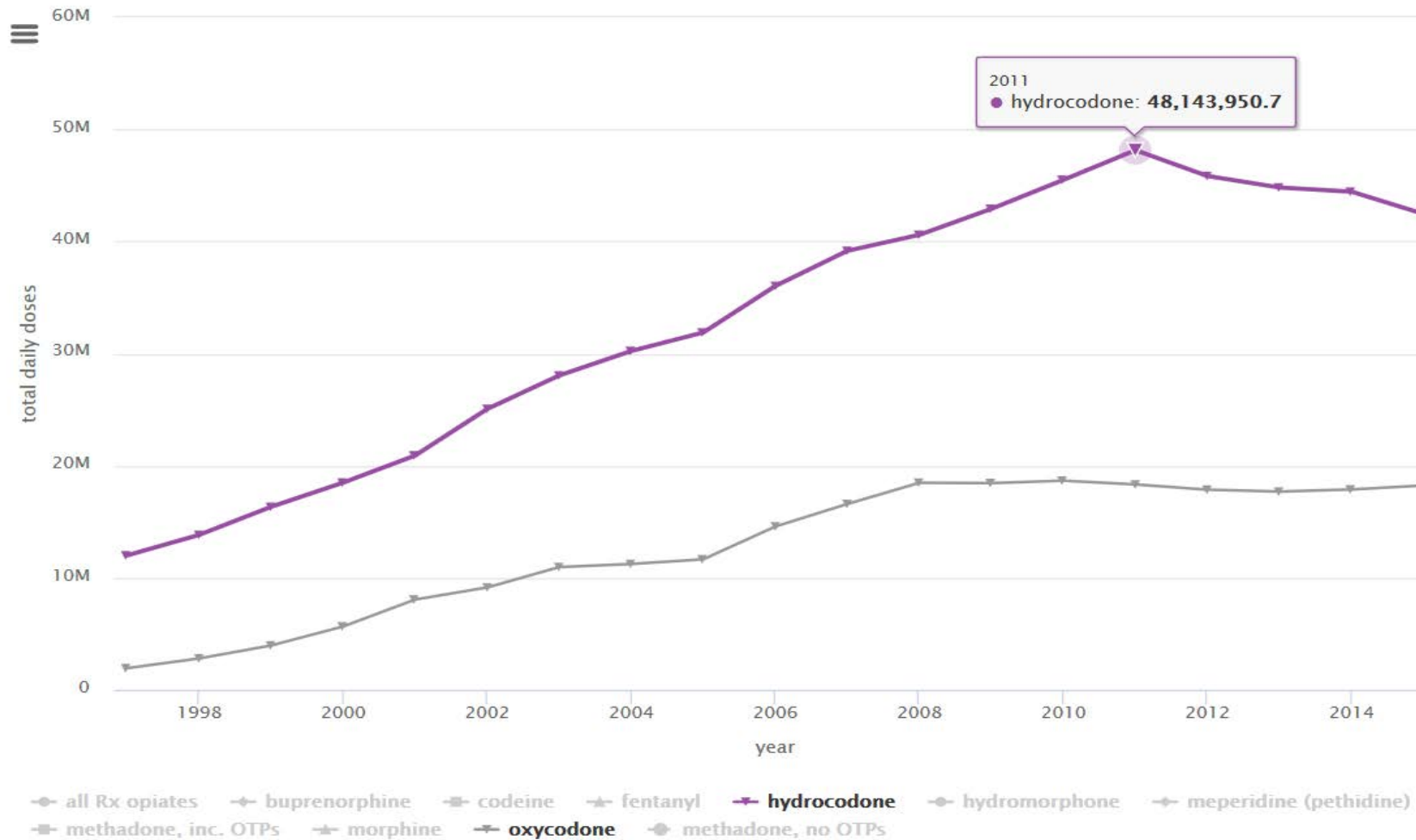
Prescription Opioids Distributed in WA State



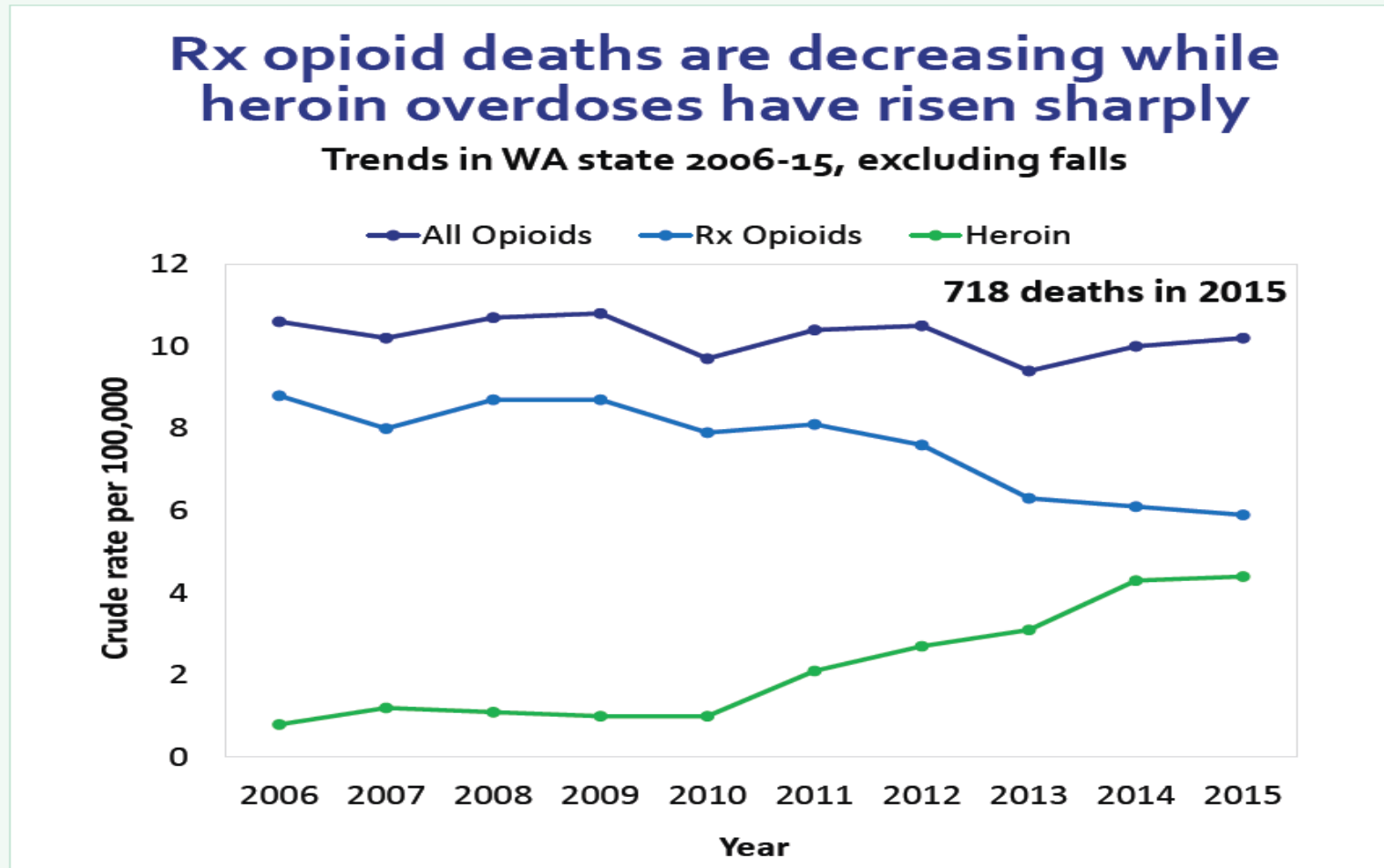
The total number of daily doses of opioids sold to hospitals and pharmacies in WA State peaked in 2011 at 112 million. The increase over time was enormous, it has since declined modestly.

<http://adai.washington.edu/wadata/ARCOSopiates.htm>

Daily doses distributed to retail level in Washington



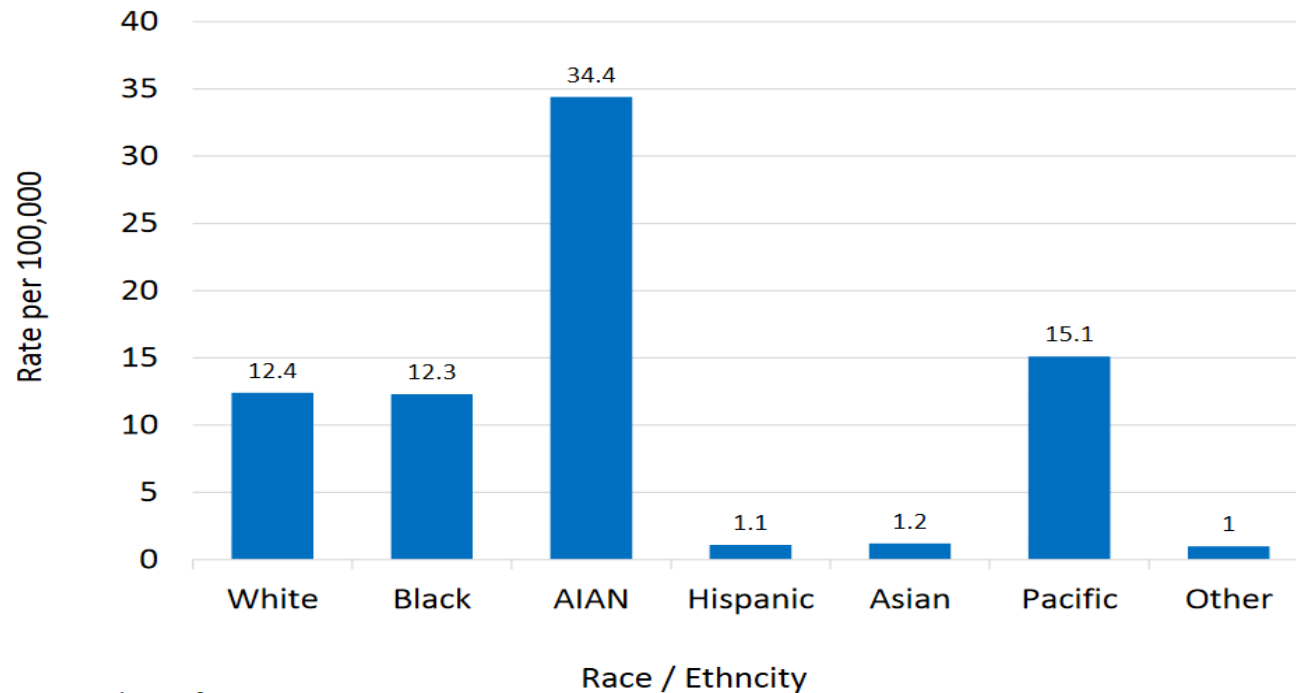
WA Heroin vs Rx Opioid Deaths Over Time



Source: Department of Health death certificates

WA Deaths by Race/Ethnicity

Rates of Opioid Overdose Deaths by Race/Ethnicity, WA State 2011–2015

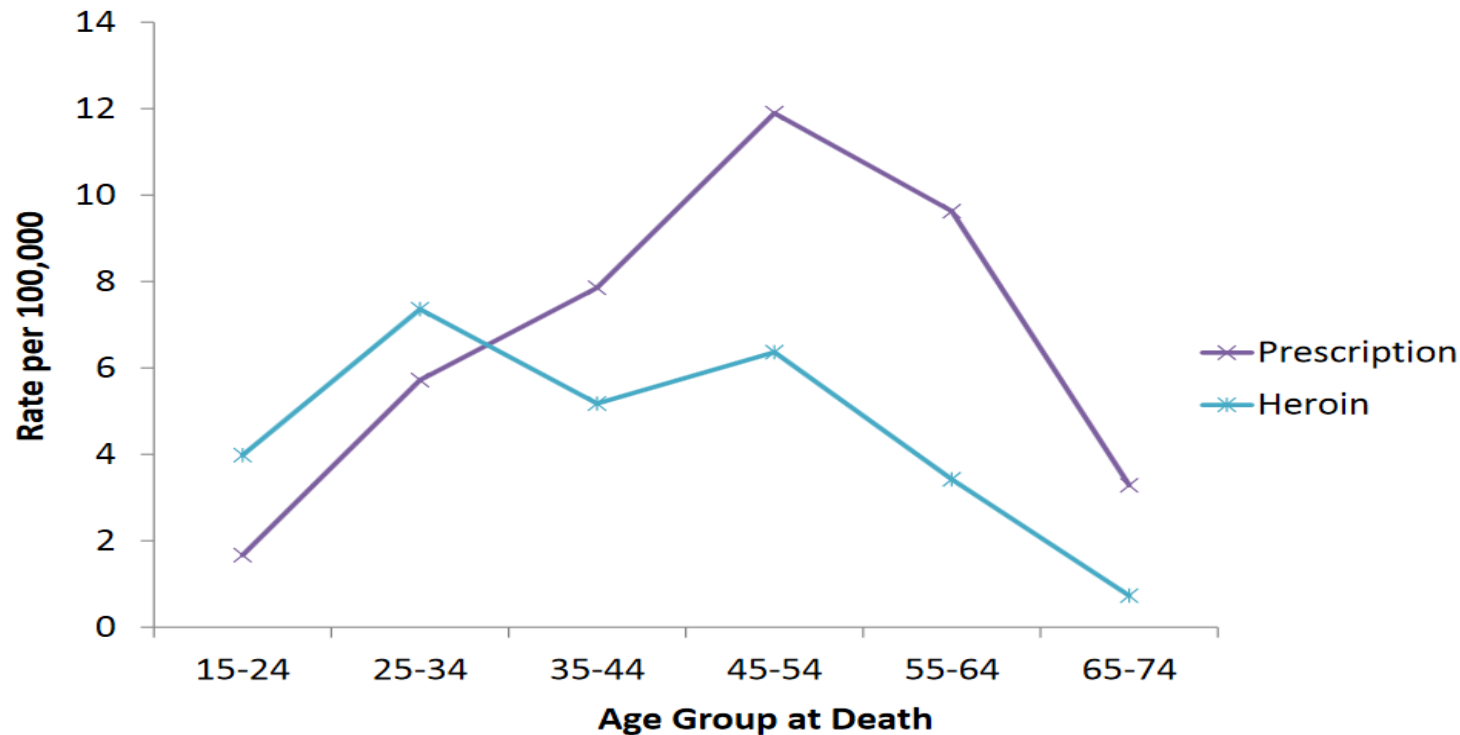


Source: DOH Death Certificates

* Includes all intent of drug-related deaths with the additional ICD-10 codes of T40.0, T40.1, T40.2, T40.3, T40.4, or T40.6

WA Unintentional Deaths

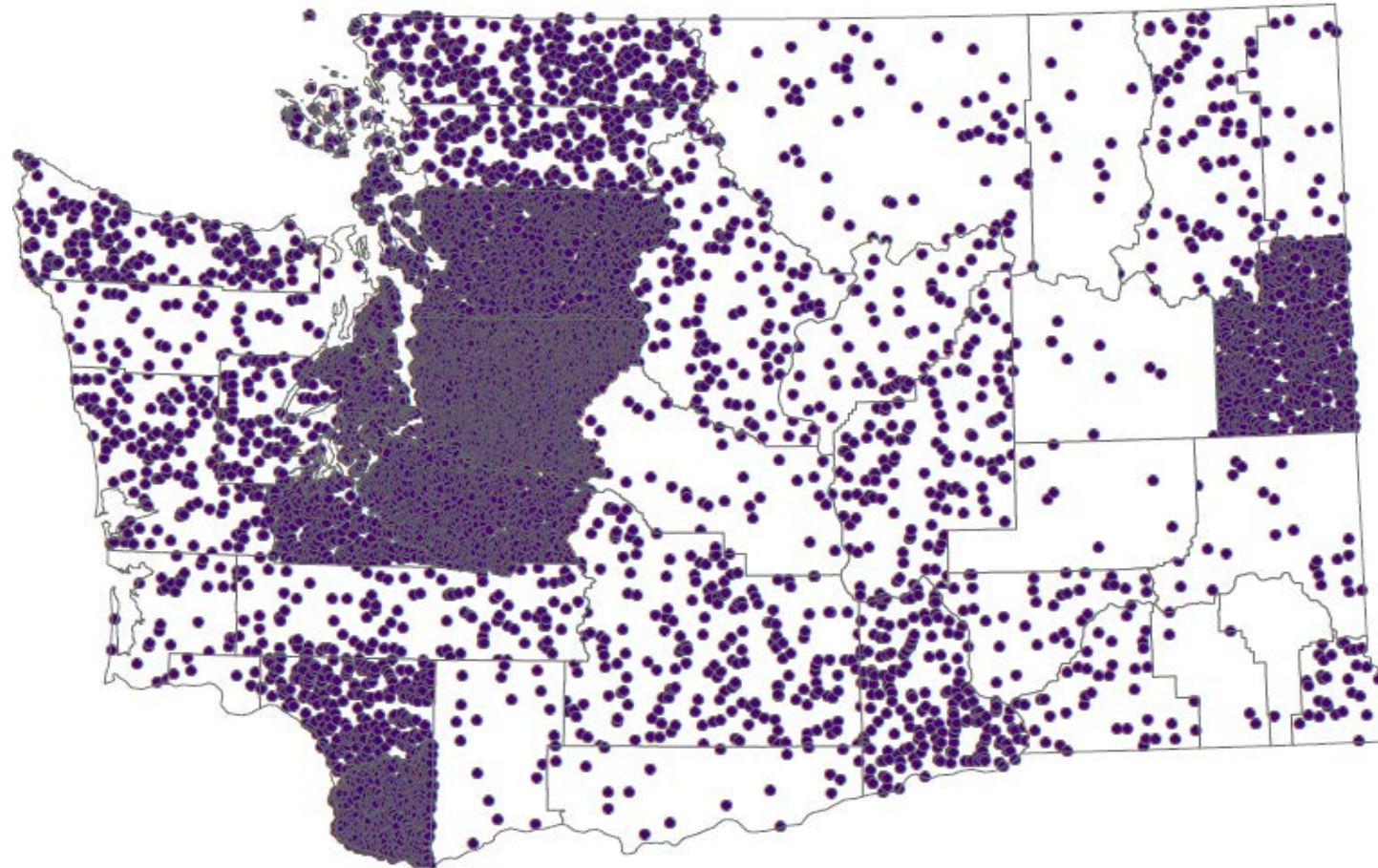
Rates of Unintentional Opioid Overdose Deaths by Age Group, WA 2012–14



Source: DOH Death Certificates, methodology identifies opioid deaths using both ICD-10 codes and the literal text on the death certificate, and excludes intentional deaths due to opioid overdose

Mapping of Opioid Deaths

1 Dot = 1 death attributed to any opiate in the 17-year period
1999 - 2015: deaths state-wide = 9798

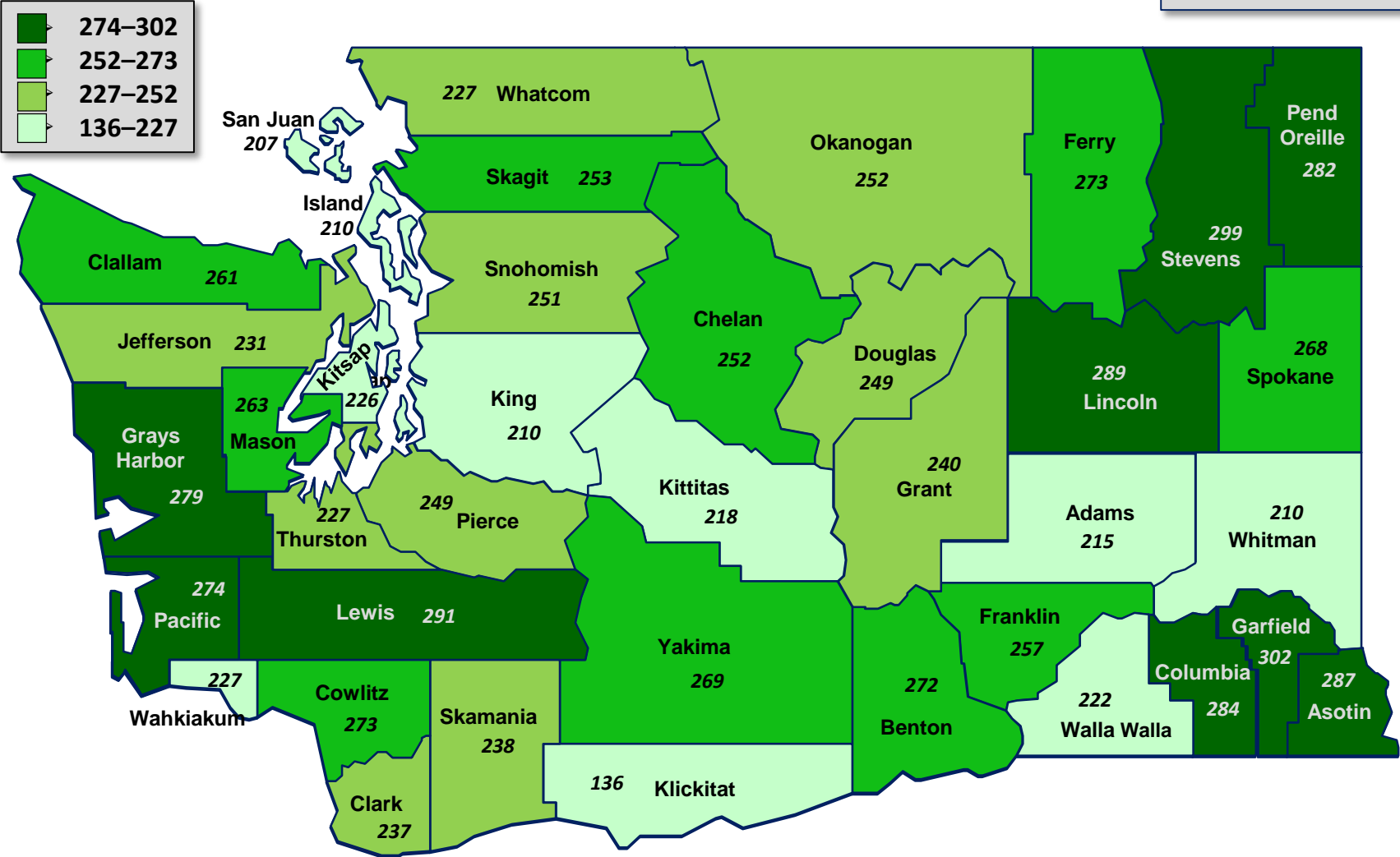


Data from Center for Health Statistics, Washington State Department of Health.
Dots randomly placed in county. Residents who died outside Washington excluded.

Map created by Alcohol & Drug Abuse Institute, Univ. of Washington.

Opioids Rx by County, 2014: Recipients per 1,000 Residents (Age-Gender adjusted)

Statewide Rate
= 232



Source: WA Dept of Health

What Is Harm Reduction?

Harm Reduction for IDU's requires a unique set of principles:

- ① **Pragmatism:** Result Based, Cost Effective
- ② **Focus on Harm:** Drug User, Community, and Public Safety
- ③ **Human Rights Focused:** Non-Judgmental, Equity and Dignity Based Treatment
- ④ **Maximizing Intervention Options:** Increase Use of SSP to Engage in Health Services
- ⑤ **Priority of Immediate Goals:** Treatment on Demand, No Coercive Withholding of Services
- ⑥ **Involvement of People Who Use Drugs:** Recognition of Expertise of IDU in Development of Services

A Thought To Consider...

Addiction vs Dependence

“Aren’t you substituting one addiction for another?”

Addiction impacts:

- Behavioral
- Social
- Psychological
- Physical

Dependence is:

- Physical/Psychological

M.A.T. addresses physical dependence so the person can deal with behavioral, social, and psychological issues

A person doing well on M.A.T. is in recovery and their physical dependence is being addressed

The purpose of the Opioid Workgroup is to provide:

To provide recommendations and support to the Cascade Pacific Action Alliance (CPAA) in furtherance of CPAA priority goals and objectives, specifically regarding prevention, treatment and recovery supports relating to opioid morbidity and mortality.