

Regional Law
Safety & Justice
Committee



REGIONAL LAW SAFETY AND JUSTICE COMMITTEE
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Auburn's Healthiest City in Washington Blue Ribbon Committee, Pat Bailey

When the most recent Community Health Needs Assessment was released, leaders in Auburn noticed poor health outcomes including behavior health conditions as well as low housing and economic opportunity. Last April, Mayor Nancy Backus commissioned a 48 member community committee in response.

The group developed a vision, mission, and selected three top issues to address: obesity, behavioral health, and maternal/child health. They brought on Multicare as a clinical partner and other major stakeholders including the Auburn School District, Green River College, the Muckleshoot Tribe, Public Health, Valley Cities Behavioral Health, YMCA, and HealthPoint. The City Attorney created an agreement that the partners signed.

Since one in five Americans will experience a behavioral health condition each year and 50% in a lifetime, the commission is spreading awareness of basic skills the way that CPR has been spread to the general population. In consultation with physicians and law enforcement, they made their own one-hour training to educate as many people as possible, called Real Emergency Aid Depends on You (R.E.A.D.Y.). It provides basic information about common behavioral health issues, including case studies and outlines basic skills about what to do what not to do. This helps bridge the gap until 911 arrives if needed.

The commission has been giving this training around the community including training 170 people at a kick-off which featured local news host Penny LeGate who lost her daughter to opiate dependence. The curriculum is available pro bono for anyone who wants it. Contact Pat Bailey, pbailey@auburnwa.gov for the materials.

Heroin and Prescription Opiate Addiction Task Force Recommendations – Brad Finegood, King County Department of Community and Human Services (DCHS)

The 2015 Drug Trends Report showed an all-time high of opiate deaths in King County. This growing awareness of the opiate epidemic led to the creation of the Seattle and King County Heroin & Prescription Opiate Addiction Task Force. Dr. Jeff Duchin, King County's Health Officer and Brad Finegood, Deputy Director of King County's Behavioral Health and Recovery Division co-chaired this group of 40 members from law enforcement, medicine, behavioral health, Seattle Children's Hospital, nurses, school districts, families of people in recovery, and people who identify as current/active users.

The group found that tools exist and they wanted to implement them correctly in King County. They also recognize that the previous war on drugs adversely affected communities of color. They reviewed interventions through an equity and social justice lens and are working toward reducing disparities.

Overall, the data shows a shift from prescription opiate use to heroin. Deaths from heroin have tripled from 2009 to 2014 while deaths from prescriptions have decreased. In 2012, the pharmaceutical industry

changed the formulary to make it harder to use prescription opiates to get high. Many people who were already addicted switched to heroin which is cheaper and more accessible. People are entering treatment for heroin at a higher rate now compared to prescription drugs.

It is difficult to estimate how many people are using opiates but Public Health estimates that in King County, 23,000 use intravenous drugs, or 1% of the population. From 2008 to 2015, drug seizures that had heroin present increased from 7% to 40%. Needles exchanged increased from 2 million to 7 million from 2000 to 2015.

The epidemic is impacting young people; those under 30 are the largest growing group seeking detox services. One common way that young people access opiates is through over prescribing to teens with sports injuries. The drugs get into medicine cabinets and eventually into schools.

There is growing information about what works including the importance of housing. People are more successful in treatment when they have stable housing. Additionally, medication assisted treatment saves lives by cutting mortality in half.

The Task Force had 3 Workgroups including 8 recommendations total.

1. Prevention

- Increase awareness of negative effects.
- Change prescribing guidelines and promote safe storage and disposal. Distribute naloxone along with opiate prescriptions.
- Work w/schools to screen.

2. Treatment expansion & enhancement

- Make Buprenorphine and Methadone more accessible and available in communities with the greatest need.
- Make treatment on demand available.
- Alleviate artificial barriers placed on opioid treatment programs. Working to change RCW.

3. Overdose Prevention

- Continue to distribute Naloxone kits.
- Create at least two Community Health Engagement Locations, supervised consumption sites with trained healthcare providers on-site.

There is high demand for treatment. In the first six weeks that it was offered, 60 people started buprenorphine at the Needle Exchange.