Seattle and King County Heroin & Prescription Opiate Addiction Task Force Final Recommendations

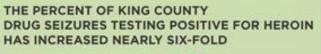
Brad Finegood

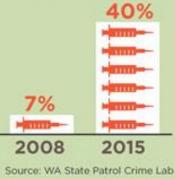


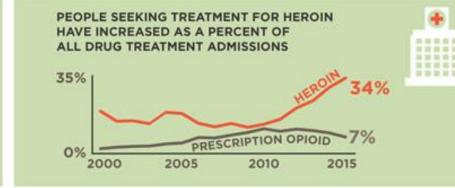
HEROIN AND OPIOID USE ARE AT CRISIS LEVELS

DEATHS FROM WHILE DEATHS FROM PRESCRIPTION OPIOID HEROIN OVERDOSE HAVE TRIPLED **OVERDOSE HAVE DECREASED** 167 49 2009 2009 156 97 2014 2014 Source: C. Banta-Green, ADAI, drug tends data Overdose is now the leading cause of injury-related death for 25-65 year olds nationwide. Source:CDC

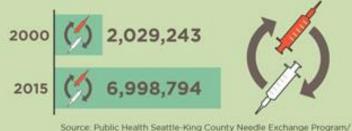








THE NUMBER OF NEEDLES EXCHANGED HAS MORE THAN TRIPLED



People's Harm Reduction Alliance



YOUNG ADULTS ARE LARGEST GROWING GROUP SEEKING OPIATE DETOX

People Under 30 Seeking Detox for All Drugs



PEOPLE WHO ARE HOMELESS HAVE MEDICATION-ASSISTED TREATMENT LESS SUCCESS ACCESSING METHADONE SAVES LIVES TREATMENT THAN THOSE WHO ARE Medication-Assisted STABLY HOUSED HOMELESS HOUSED not in treatment Source: Needle Exchange Program **Current Methadone Treatment Slots: 3,025** Source: bhrd

Treatment cuts risk of death from overdose in half compared to people in counseling alone or

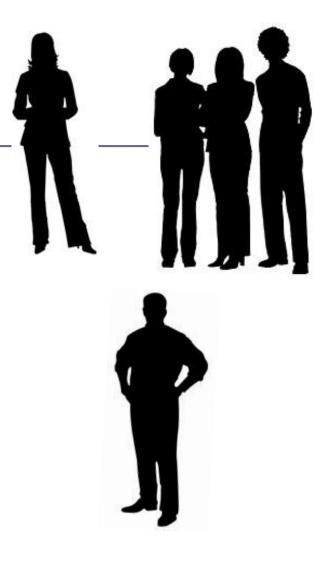
Source: Pierce, M., Bird, S. M., Hickman, M., Marsden, J., Dunn, G., Jones, A., and Millar, T. (2016) Impact of treatment for opioid dependence on fatal drug-related poisoning: a national cohort study in England. Addiction. 111: 298-308. doi: 10.1111/add.13193

WHAT KING COUNTY IS DOING

King County has convened the Heroin and Prescription Opiate Addiction Task Force that includes individuals from across many disciplines who will come together over a period of six months to develop both short and long-term strategies to prevent abuse and addiction, prevent overdose, and improve access to different types of treatment for opioid addiction. For more information, visit: kingcounty.gov/heroin-opioids-task-force

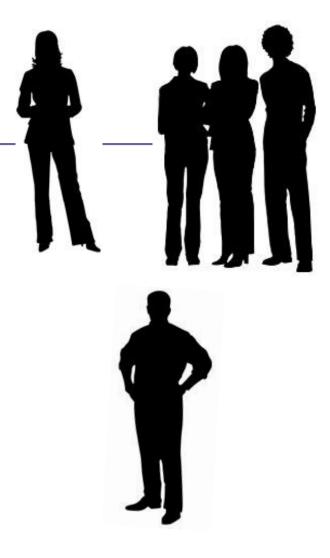
Equity and Social Justice Charge

The Task Force will apply an Equity and Social Justice (ESJ) lens to all of its work. We acknowledge that the "War on Drugs" has disproportionately adversely impacted some communities of color, and it is important that supportive interventions now not inadvertently replicate that pattern. Interventions to address the King County heroin and opiate problem will or could affect the health and safety of diverse communities, directly and indirectly (through reallocation of resources). Measures recommended by the Task Force to enhance the health and well-being of heroin and opiate users or to prevent heroin and opiate addiction must be intentionally planned to ensure that they serve marginalized individuals and communities. At the same time, the response to heroin and opiate use must not exacerbate inequities in the care and response provided among users of various drugs.



Equity and Social Justice Charge (Continued)

All recommendations by the Taskforce will be reviewed using a racial impact statement framework. The Task Force will not seek to advance recommendations that can be expected to widen racial or ethnic disparities in health, healthcare, other services and support, income, or justice system involvement. Whenever possible, these concerns should lead to broadening the recommendations of the Task Force, rather than leaving behind interventions that are predicted to enhance the health and well-being of heroin and opiate users.





Increase awareness of the possible adverse effects of opioid use, including overdose and opioid use disorder.

RIP

Promote safe storage and disposal of medications.



Work with schools and health care providers to improve screening practices so we can prevent and identify opioid use.



King County HEROIN AND OPIATE ADDICTION TASK FORCE RECOMMENDATIONS



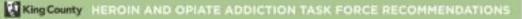
Make buprenorphine more accessible and available in communities with the greatest need.



Make treatment on demand available for all types of substance-use disorders.

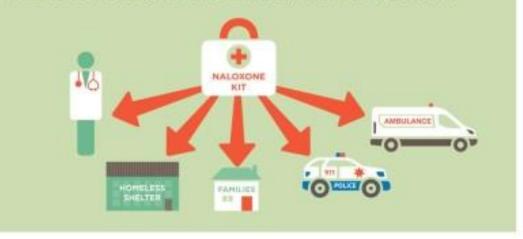


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Continue to distribute naloxone kits to reverse the effects of heroin overdose to more locations such as treatment providers, homeless shelters, law enforcement, and first responders.



Create at least two locations where adults with substance-use disorders will have access to on-site services while safely consuming opioids or other substances under the supervision of trained healthcare providers.

