

Heroin and Opiate Addiction Task Force Community Cafe Renton Community Conversation Attendee Comments May 31, 2016

Primary Prevention

What is Working Well?

Adverse Childhood Experiences (ACES)

- The ACES work has also been extremely successful in identifying the key trauma areas and identifying that certain people just based on their childhood trauma may be more inclined.

Awareness, Social Norms, Education, & Training

- Education to the community has been good.
- ‘Providing Good Choices’ Parent program educates parents and gives them tools to get children to open up about issues. It works with different languages and faiths. Talking about issues allows more opportunities to address issues
- Altering points of view – debunking the illusion of ‘everybody else is using’. Show that drug use is not the social norm among the kids’ peers. This can lead to a positive ‘reverse peer pressure’.
- The community was working to relay ‘positive community norms’ through groups such as Youth Eastside Services (YES).
- These forums are working well they generate discussions, provide education, they are informative and bring community partners outside of the traditional; law enforcement, mental health, healthcare providers together. Adding all these other entities makes it much more educational.
- Awareness is growing. My daughter died four years ago and we were fighting hard to keep her alive and it was difficult. People are starting to understand it is a disease, the stigma is going away, there is a shift towards awareness and what addiction really is and what it does to someone – we still have a long way to go, but it’s getting better, for instance, there is a meeting tonight in Kirkland to discuss these issues.
- It is so amazing that it is being spoken about, it is out there and people are now talking about it openly.
- There is a lot more understanding and it has been great that people now understand that it is not just poor people that are impacted and there is also the issue that folks understand it is happening with younger and younger youth.
- In the past they did campaigns that I felt were effective; the faces of Meth, DARE and while I know many feel that was a bust, I still remember it and it was helpful to some.
- Awareness is big right now because unfortunately no community is untouched and it is becoming really frightening. Look at across the country it is a nationwide epidemic of Heroin and Opiate use.

- It is good to see that people understand that this is not a socioeconomic issue, it is not a problem in only one area, it is a problem that is impacting everyone, and it is touching all spectrum of life.
- The discussion is becoming honest. There is no longer terror or the bogey man associated with the problem – people are having honest, clear discussions.
- The discussion has become honest and moved past the bumper sticker. It has become educational and part of a broader conversation about how to address the issue and how officials can tie down the problem to really help those that need the help.
- The media has done a good job, have learned a lot about from the news about the Opiate crisis. It is a little late, but at least the story is being told now. I have been informative and it is really helpful to have them at the table. (Asked for examples)
- I am from Kentucky and would not associate the issue with them, but there so many pill factories there and now look at the big Opiate/Heroin crisis going on there. The Frontline story was also good.
- students/teachers/administrators know which substances are being used in the community and what local resources are available to assist with intervention efforts
- Training for administrators/teachers on warning signs of substance use so those interacting with school aged children can identify those at risk and can target prevention and intervention efforts accordingly
- Lots of people are here and it's because people are dying and it is starting to get people's attention.
- Many communities are "owning" the issue, realizing that this is a problem and it needs to be addressed. Though there are still some areas that are in denial.

Collaboration

- Various agencies are sharing information and training opportunities.

Continuum of Care – Comprehensive Strategies

- As I approached the table I thought the prevention meant to stop people from starting to use, but now I see it can mean several things, the prescribing habits, the reviving of people, getting people into effective treatment and other things to be done to prevent continued use.

Narcan/Naloxone

- The shift to harm reduction is great. Lots of attention on providing information to those in need and the efforts to address the overdose situation has been great. There are lots of efforts to get information out to first responders and provide the NARCAN kits. The "MARA Project" has funded the Seattle Police Department with NARCAN kits and in 6 weeks has saved 6 lives – this was so encouraging and shows the importance of these kits and getting them out to first responders.

- A study at Evergreen regarding the distribution of NARCAN to users and how and is it being used has been helpful. They are keeping stats on how often the NARCAN is being used and it has shown that it is not uncommon to have NARCAN used by someone more than once.

PDMP

- Prescription drug monitoring program and the take back program were very positive and working well.
- Prescription monitoring programs are an effective tool for any prescriber who needs or wants to use it. But it is not being used by many. If they use it they are can look at what folks are getting and prescribe smartly

Peers

- Using peers to engage other students in prevention education and identification of peer role models to assist with prevention and engagement efforts

Prevention Interventionists in Schools & Counselor Support

- The high schools have behavioral counselors who are termed 'coaches' but there is a need for more of them
- Engaging school-aged children through the school system (Boston model)
- Providing targeted prevention intervention for school-aged children who have family members with opiate use disorders or other substance use disorders
- Using prevention interventionists in schools (need more of these professionals)

Resources & Support

- Advocates being available for families have been really helpful. It has helped families to not be alone through the treatment process, and knowing where to go when they need help.
- Drug-free community grant
- Annual Prevention Conference in Kent (Kent Drug Free Coalition) and Peer to Peer Annual Education Conference
- CVS Pharmacy grant involving prescription take-back

Syringe Exchange

- Needle and syringe exchange programs have been helpful

Take Back Boxes

- Talked about prescription take back boxes in all of their schools and that there is a great deal of buy in from the mayors, police chiefs, libraries and chambers of commerce in her area. She states that there is a lot of sharing of information among these entities regarding 'the word on the street'.
- Prescription drop boxes in Police Departments are well received, but many may be intimidated by the location.

Youth Engagement

- Engaging students in the process of determining prevention content

What Needs to be Improved?

Adverse Childhood Experiences (ACES)

- ACES is a good start

Accessibility & Equity of Information

- Information needs to be in a broad spectrum of languages and written so that it is respectful of culture
- When family are immigrants the parents often do not speak English well/at all and are not culturally aware and so kids can take advantage of this.
- Need more culturally appropriate services (including services for those with English as a second language)

Addressing Mental Health & Co-Occurring Disorders

- Mental health treatment is a big issue. My daughter had several diagnoses and it made her anxious and unstable. She chose to self-medicate and even with all our efforts to help her, we could not get to her before she died.
- All agreed that Mental Health services in the county and state are lacking.

Alternative Pain & Traumatic Injury Treatments

- Alternative medication or treatments for pain from traumatic injuries

Attitudes

- 'If it makes you feel good, do it' attitude
- Past culture of opioid use – early medicines that were cure-alls, some Asian cultures where opium use was very acceptable at times in the past.

Beds & Housing

- Treatment facilities and after treatment housing needs to improve with more beds available.

Data to inform prevention efforts and policy

- Need access to community/neighborhood-centric data to impact and inform local prevention efforts and policy; also need education on where/how to access county-level and city-level data (some communities are currently utilizing national or state level data to inform local prevention efforts)
- Need access to data on young adults/transition aged-youth (18-25 year olds)

Diversion Programs

- Diversion opportunities need to be improved. There needs to be more opportunities for folks who are in a clean and sober situation to keep active whether it is a community project or just creative tasks for them to have an outlet.
- Expand the Law Enforcement Assisted Diversion (LEAD) program

Education – Information Dissemination

- Smoking heroin does not seem that bad to many , so informing early and informing accurately is important
- When we get funding we need to ensure education is a part of the requirement
- How are people teaching about it needs to be more than bumper sticker. Needs to be more than scare tactic and abstinence

Financial resources to target problem

- It feels like we are restricted in regards to how much we can do: Federal funding can be utilized, it feels like resources are there, the State is working with the Government for funding. The more we can get the better, because in the long run it will not only save lives, but money.
- Need more federal funding without strings: The problem with this is the restrictions around the funding that often hampers the ability of who you can help
- You have to wonder if the strings are meant to clutter the path for exclusionary reasons. One guess is that it is a manifestation of political fear - If one signs over funds to help people their constituents feel are not worthy, there may be fear the people who voted for you would vote you out.

Good SAM Law

- Broadcast 'Good Samaritan Laws' regarding calling 9-1-1 for overdoses – Police will not arrest person calling or victim, they just want people to get medical attention.

Legalization

- I think the best thing to do is to legalize everything – I know this is a controversial perspective, but what happens that right now we can't safely engage the issue when we drive them deeper into hiding. We would get more momentum to the legalize trade than to treatment

Mental Health Screening

- Mental health screening is important – there needs to be a variety of education in this area.
- Maybe some kind of mental health screenings in schools, in adolescents or primary schools that would help identify the issues. A screening and brief intervention in the mental health setting would be great. There really need to be a lot more screening and intervention; more of a broad based screening, need more resources, it needs to be widespread, routine and it really needs to become common practice.

Narcan/Naloxone

- Regarding Narcan in Seattle: There are some politics around this especially with Fire – there is pushback. Medic-one carries the kits but Fire doesn't and won't – something to do with first on the scene. It took a year to get Seattle Police Department (SPD) to get on board. Approached the Mayor's Office but they just kind of gave the run around and no real assistance, made lots of efforts, but could not get them on board, we just heard, "okay, yeah, we'll look at it." It did not happen until we approached Chief O'Toole and it happened – she was extremely helpful and open to the idea. The project's goal is to save lives and it was so nice and interesting to see that it was successful and the results were seen so quickly.
- We want everyone in Seattle Police Department to carry the Narcan kit, we want to get parents to understand that buying a kit could save their child's life – recommend buy a kit, give it to them and teach them how to use it to save their child's life.

National support and promotion

- Educational information is good at the local level, but really needs to also be at the national level - forums like this one need to occur at a higher level. Public Service Announcements similar to the one Obama and Macklemore did was great
- Look at the bill Obama did - one bill for the Opiate addiction and medication assisted therapy

Parent Education

- Need to train parents that prevention education will not encourage use

Patient Education

- My doctor and/or pharmacist did not tell me I could overdose

Prescription Drug Monitoring Program (PDMP)

- Prescription monitoring programs are an effective tool for any prescriber who needs or wants to use it. But it is not being used by many. If they use it they can look at what folks are getting and prescribe smartly

Prescriber Education & Prescribing Practice

- Education and cooperation by prescribing doctors needs to be better.
- Supply is an issue, but informing youth early on so young people have time to make decisions about what they are going to do.
- You can't buy Opiate prescription now, it is all in the medicine cabinet – doctors are prescribing ridiculous amounts for benign things like. I had 30 for a hurt wrist and I have 30 for a pulled wisdom tooth and that is ridiculous
- Need more info on practitioners who over-prescribe

Reduce Access/Availability of Drugs

- Availability for people to get drugs

Resource Awareness for Law Enforcement/first responders

- Better educate law enforcement (first responders) about what prevention opportunities and resources are available so they can pass info on to folks they come across in the field.

Resource Awareness - Narcan/Naloxone & Take Back Boxes/Events

- Provide better information on where to get Narcan
- Need more information about prescription take-back and prescription take-back events and permanent drop-boxes at appropriate/supervised locations

Safety

- There is no way to evaluate street drugs for safety

School Policy

- Kicking kids out of school for drug use enhances the problem – keep them in class and get them counseling.
- Random drug testing? – It is not allowed in schools; however, parents can have kids tested.

School & Youth Prevention Programming/Education, Intervention & Mentoring

- Improve education in the schools at all levels – drug abuse programs
- Informing young people about Methadone is key – we need to inform them. The thing is we focused on Crack, we focused on Meth and other types of drugs and maybe it made it look like Heroin may not be so bad, if they are focusing on the others. We need to make sure to inform youth better about heroin and opiates. People start using them and then it is on from there. They get that thing into their brain and then it is over – addiction.
- Need more prevention-interventionists in schools
- Need more healthy support networks and mentoring programs in our schools
- We need to provide alternatives to using drugs – keep the kids engaged.
- Empower children to make educated decision.

Social Norms & Media Messaging

- Social settings where drug use is the ‘norm’ and where drug use is being ‘normalized’ and where social media messaging promotes that drugs are ‘fun’
- Movies and TV showing drugs as fun
- Needs to be more education to youth through TV, social media, other sources

Training – administrators, teachers, and parents

- Need to provide more training to school administrators, teachers, and parents on early identification of at-risk youth (what are the substances being used in the community, what are red flags to be looking for, what are local resources for intervention)

What works? – Use research based approach – Address issues to reduce risk

- In regards to homeless youth and the use – there are many that don't use, so what made the difference, was it early intervention
- What works with kids not using?
 - Not being homeless – housing is a huge issue
 - Making kids excited about life
 - Employment programs
 - The availability of other options – healthy activities
 - Young people need really good non-scary tactic information
 - There needs to be engagement and the availability of all services – especially mental health

Treatment Expansion and Enhancement

What is Working Well?

Approach

- Shift in acceptance of Harm Reduction
 - Assigned police staff for community resource

Awareness, Attitudes, & Reduced Stigma

- More awareness and push to acknowledge the issue. The amount of discussion of problem
- A growing understanding that recovery is a process
- Society is coming to understand that opiate addiction is a disease, not a lifestyle
- Society is also seeing this current issue as a Public Health issue rather than a criminal justice issue.
- Shifting attitudes about medication for treatment
- Humanizing the problem
 - Schools are involved in the discussion
- Stigma is being addressed, compassion is happening
- Awareness and Education efforts are increasing.

Behavioral Health Integration & Language

- Merging of mental health and substance use treatment allows for better tracking of needs
- The County's Department of Community and Human Services Behavioral Health and Recovery Division (BHRD) name change shows emphasis on recovery and holistic wellness not "illness."

Best Practices & Science

- Identifying 'best practices'
- Emphasis on science instead of morals

Continuum of Care

- The focus on medication assisted treatment is good, seeing it explored is a popular topic because abstinence does not work. It is good to see it being recognized more as a disease model. Telling people to say “no” and “why aren’t you strong enough to say no”, is the wrong message – because all it does is cause people to beat themselves up.

Media

- Media is presenting factual information as well as the grief in the community
 - Normalizing of the topic, bringing new voices to be heard

Narcan/Naloxone Access & Promotion

- The availability of Naloxone for users and family members
- Putting Narcan into treatment plans-e.g. asking “who do you trust” to help you in an emergency and getting a plan in place just in case.

No wrong door approach

- Where it exists, the “no wrong door” approach is working.

Open Access

- Same day assessments and next day assessments are very helpful
- Next day appointments-treatment when you need it.

Opportunities and Solutions

- Feels like opportunities and new solutions are happening

Peer Support & Recovery Coaches

- Peer support, recovery support services exist, recovery houses
- Peer Bridger programs are very successful
- Recovery coaches are proving to be a promising practice
- Peer coaches seeing the community respond to peer coaches that are more client centered than sponsors “who tell you what to do instead of asking you what you’d like to work on”

Programs

- Innovation in the Law Enforcement Assisted Diversion (LEAD) program
 - Social services and law enforcement working together

Provider Communications

- Communication between providers

Treatment, Access, and Availability

- Increase in services available

- More treatment availability in pipeline
 - Greater access in areas that need it, i.e. South King County
- More treatment options are serving more people
 - Suboxone providers/opiate treatment programs
- Methadone treatment is effective.
- New treatment options and drugs are coming on line.
- More treatment centers are opening in south King County
- Methadone and Suboxone treatment
- There is a demand for treatment (which is a good thing.)
- Small pilots for treatment on demand working well. Need to bring them to scale

What Needs to be Improved?

Attitudes, Stigma, Need for Education

- The negative stigma that impacts family members of users (lack of education)
- The assumption that users come from poor, broken families (education)

Community Concerns – Service Locations

- Community concerns over siting future clinics

Criminal Justice

- What is criminal justice doing?

Funding Needs

- Lack of funding

Housing

- Housing is a big one – various options are needed, it cannot be the same for everyone there needs to be different options. There are not enough treatment options that include housing.

Lack of Comprehensive Wrap Around Systems

- Lack of a comprehensive wrap around system for users and recovering addicts. For example on going counseling, job opportunities, family support, and developing skills to transition to a drug free lifestyle.
- 24 hour “wraparound services” in a shelter setting with a (one-stop) type of approach – e.g. DSHS workers, housing workers, etc. –like the San Francisco “The Navigation Center” shelter and “radical hospitality”—and allows clients to bring with them the three P’s –pets partners and possessions” (Seattle does this some places) since king county is more spread out that there may need to be more navigators. (also Councilmember Bagshaw)

Libraries & Social Worker Support

- In Colorado, Denver employs social workers in the library or libraries to provide support, case management and this County should look at that option
- Train librarians on options for people in need as well.

Low Barrier Services & Shelter

- Develop a center like the Navigation Center in San Francisco that offers low barrier services and shelter. This center allows all genders, dogs, and a full array of services for people.

Meeting the needs of communities of color & priority populations

- What about communities of color in the data and media and workforce
 - Family supports
 - Navigating the system for families and users in a culturally relevant way
 - A need for more trauma focused care
 - Increased education across all demographics/211 system
 - Increased information about medications and side effects, esp. with various populations
 - Getting treatment to be outside of the agency- information
 - More/better relapse prevention strategies such as education and when relapse happens
 - More support services that are free; peers, youth
 - Inclusive models of care- both mental health and substance use & 1degree care
 - Have treatment options in increased varied environments, greater access
 - Increased sober housing; integration of treatment w/ housing programs; more housing first programs
 - Efficient allocation of funds- more to treatment, less to admin
 - Lower income, working class need more funding
 - Single parents, pregnant women, LGBTQ, veterans, non-native English and non-English speaking individuals - targeted programs for groups with high barrier

Negative Impacts on Environment (places)

- The negative impacts on public spaces such as a library – presence of users, needles, etc.
- The feelings from librarians that they are being forced to become social workers to respond to users and patrons of the library system.

Open Access

- Increasing the numbers of substance use next day appointments that the Crisis Clinic has to offer. Immediate access to care was something that came up as key to individual's recovery. Once someone is open to detox, having quick access to a bed would not only provide treatment, but encouragement the person is making a healthy choice the community supports with resources.

Safe Injection & Consumption Sites – Equity Measures

- Need not only safe injection sites but safe consumption sites since this is equitable given that there are more white people injecting and more African-American people consuming (smoking) (From Sally Bagshaw, City of Seattle Council member)

Shortage of Treatment Professionals & Prescribing MD's

- Shortage of Chemical Dependency Professionals (CDP)
- Nursing shortage
- Lack of doctors prescribing---how do we incentivize them? Tuition forgiveness? Other options?

Transportation Access

- Lack of transportation options

Treatment Access, Approach, & Options

- Lack of available methadone treatment centers
- Poor accessibility of current methadone treatment centers
- Lack of services outside of Seattle
- No plan for early engagement for users who have just started
- Develop standard treatment guidelines for treatment providers around overdose prevention.
- More and expanded treatment on demand
- Less focus on abstinence based treatment more harm reduction focus

User Health and Overdose Prevention

What is Working Well?

Awareness, Attitudes, & Reducing Stigma

- Awareness (PBS Frontline, Vancouver's Insite visit and other events)
- Increasing public awareness
- Decreasing stigma
- Better attitudes of treatment whole person
- Becoming less judgment and more supportive

Behavioral Health Integration

- Behavioral Health Integration
- Behavioral Health Organizations (BHO)
 - Integration of primary care with Evergreen Treatment Services/Harborview
 - Physicians on staff @ methadone clinic

Community

- Community discussions
- Voices from community members most affected such as Voices of Community Activists and Leaders (VOCAL)

Decriminalization

- Movement toward decriminalization of drugs

Law Enforcement & First Responders

- Police/first responders

Naloxone Access & Promotion

- Getting Naloxone into schools
- Narcan in housing programs
- Naloxone
 - Police are carrying, using and reversing overdoses
 - Change in law in Washington is resulting in increased access to Naloxone
- Naloxone access

Needle Exchange

- Needle exchange
- Needle exchange

Parent Involvement in Programs

- Parental involvement in treatment programs (NAVOS)

Partnerships & Collaboration

- Partnerships, like between the King County Behavioral Health Organization, Kelley Ross pharmacy, and agencies like Community Psychiatric Clinic (CPC).

Peer Models

- Peer-based models such as People HR Alliance
- Peer based support is effective

Programs

- The REACH Program of Evergreen Treatment Services
 - Outreach services to homeless
- Law Enforcement Assisted Diversion (LEAD) criminal justice diversion program

Race, Culture & Equity

- Better recognition of need to consider issue of race and culture

Resources

- Stopoverdose.org
- Connection to info about services

Treatment Expansion, Access, & Approach

- Methadone clinics expanding due to County and increased cap (Renton, Kent, eastside)
- Buprenorphine prescriptions by some docs
- Suboxone less difficult to kick than methadone
- Medical assisted treatment overall
- Harm reduction
- Medic One
- Increased treatment capacity (Renton Youth Treatment Services, Evergreen Treatment Services in Grays Harbor, etc.)
- Mobile Clinics (with limited primary care resources)
- Flexcare (Buprenorphine) medication assisted treatment
- Access to methadone for pregnant women
- Access to methadone and Suboxone

User Education & Harm Reduction

- User education re harm reduction

Wrap Around Services/Teams

- Wrap around services/teams

What Needs to be Improved?

Access to Services, Equity & Social Justice, & Increasing Providers/ Capacity

- Services needed in all cities
- Not enough access – geography, level of severity, treatment slots
- Limit on Buprenorphine prescriptions
- Mobile SCF to reach homeless people with others
- Expanded access to Suboxone
- More Suboxone prescribers

Best Practice

- Info about best practices

Care Model

- Providing comprehensive care

Education for Community/Public & Outreach

- More public education needed

- Community education to reduce “not in my back yard” responses and create “yes in my back yard” responses
- Utilize churches for outreach/education

Education for Youth

- Prevention education for kids

Education for MD Providers

- Education of next generation of doctors, those in med school
- Better education of medical professionals re: Suboxone

Equity & Social Justice, Sentencing Guidelines, medication assisted treatment in Drug Court & Public Health Focus

- Only focused on heroin because it affects white middle class
- Revisit drug sentencing guidelines
- Acceptance of Medication assisted treatment for people in drug court –education of judges
- Less criminalization, more public health focus

Expand Peer Program Resources

- Expand information/tools/recovery resources for peers

Funding

- Maintain funding support for programs
- Flexible funds for people in recovery

Homeless Population Support & Access

- Valley Cities Counseling is teamed up with the King County Library System to assist with the homeless populations that are users within the downtown Renton branch with limited success.

Integration of Recovery Discussion

- Integrate people in recovery and discussion of drugs into other committees (housing, schools, etc.)

Mental Health & Co-Occurring Support

- Mental health support for those struggling with addiction issues
- More integration of primary care with behavioral health.

Narcan/Naloxone Access & Education

- More Narcan kits into hands of active users
 - Costs have risen, reducing number given to agencies
- After naloxone, then what?
 - Use media to help educate on what to do after someone is rescued (next steps)

Narcan/Naloxone & medication assisted treatment in Jail

- Jails should give naloxone and allow people to stay on medication assisted treatment

Open Access

- Treatment on demand
- Need more treatment on demand
 - Utilize the Downtown Emergency Service Center (DESC) or other resources

Opportunities & Meeting Basic Needs

- Creating more opportunities for people in recovery (jobs, housing, education, etc.)
- Need more stable housing/affordable housing

Patient Education & Support

- Educate pharmacy on how to address addiction. How to talk to patients or doctors.

Reduce Access to Prescription Opioids

- Too easy to get prescription opiates

Reducing Stigma

- Stigma – must pay attention to use of language

Supervised Consumption Sites

- Supervised consumption sites
- Insite approach
- Safe consumption for all drugs
- Supervised consumption sites connect people to treatment
- Call it “supportive consumption facility”

Systems & Leadership

- Need to challenge prison and law enforcement systems
- More civic and law enforcement leadership
- Improve power sharing among decision makers