

Heroin and Prescription Opiate Addiction Task Force Meeting
Identified Gaps in Opioid Response
February 22, 2019

Prevention	Treatment	User Health
Still many gaps in utilizing the full range of primary, secondary and tertiary prevention messaging	EMS needs options for referring/transporting overdose survivors other than hospital EDs	Focus on the 95% of overdoses that do not result in death – what is our response to those? Burdens include people in vegetative state or with chronic health conditions and we may want to begin tracking these outcomes in addition to deaths
Need more community education about what substance use and opioid use disorders are	There has not been a satisfactory focus on OUD in the elder population	Develop more effective ways to talk about user health as part of the continuum of services rather than antithetical to prevention and treatment. Too many people misunderstand what “drug user health” and “harm reduction” is – the public sector can do more
Address where to distribute for maximal community penetration and distribution of prevention materials (Ideas include using after visit/discharge summaries)	Need a focus on the housed population with OUD, not just the unhoused	Provide support for clinics with on-site pharmacies to have standing orders for medication and the resources to walk client to pharmacy for naloxone
Include messaging in pharmacy consultation and engage the state pharmacy association	Ongoing lack of “whole person” care and models for that care – treatment must focus on polysubstance use, especially methamphetamine use along with opioid use	Look for more medication options for fentanyl overdose
	Ongoing need for community-based treatment including more support for prescribing by primary care providers and availability of care navigation resources	Utilize smoking and foils to reduce harm from opioid use
	Need to address non-arrested individuals encountered by police and where police can take them or refer them to for transport (participants	Engage in more long-term sustainable user health and recovery efforts

	mentioned the Recovery Helpline, the Hand Up Project peer support transportation approach, need for more outreach teams and additional sobering centers) May consider linking peer support with police as a resource	
	Expand of buprenorphine initiation in in-patient clinics for those with OUD who are hospitalized for secondary medical issues	
	There are a lack of long-term residential treatment options for fathers	
	Office-based treatment administrative/support staff need training on appropriate engagement of and service to clients of all backgrounds and experiences	
	Need more accessible MAT dispensing options for clients	
	Need more OUD treatment access at infectious disease treatment locations	
	Must continue to develop more methadone treatment options (including mobile dispensing vans, ancillary services vans, more staffing resources for vans)	
	Need more focus on long-term recovery	
	Police departments require more education about the role of the Crisis Connections Recovery Helpline	