

Current Trends in the Opioid Epidemic: Legal & Policy Implications

Co-Occurring Disorder Conference
Yakima, Washington
October 8, 2024



Washington State
Health Care Authority

Speaker Information

Eric Nelson

Assistant Attorney General
Office of the Attorney General

Sara Multanen-Karr

Opioid Treatment Programs Administrator
Health Care Authority

No disclosures to make

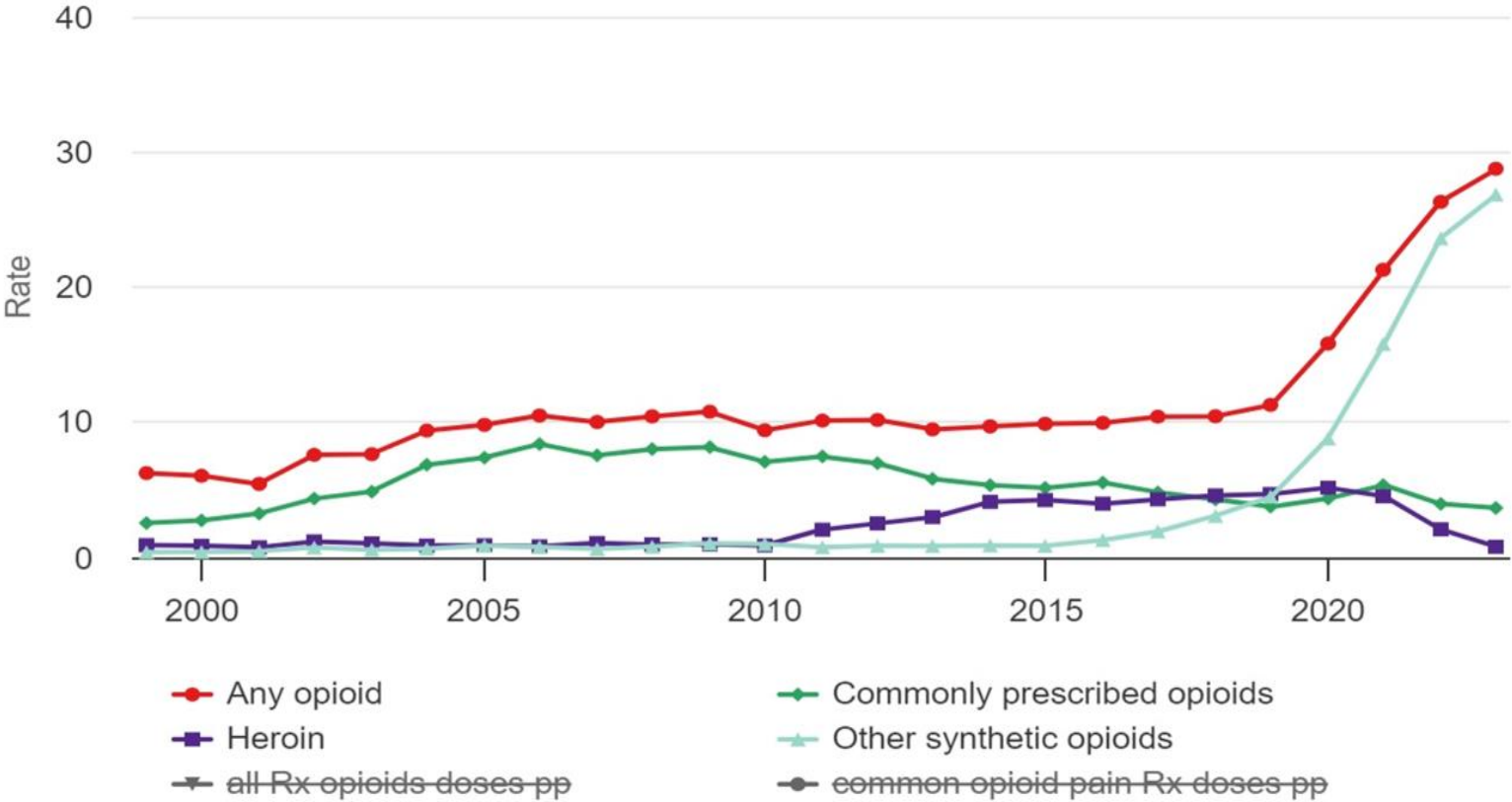


Discussion for today

- ▶ Current problem—overdose deaths, increased fentanyl use, OUD treatment access
- ▶ State response to the problem
- ▶ Federal response to the problem
- ▶ Expanded access to methadone
- ▶ Observations and Implications
- ▶ MOTA
- ▶ Questions?



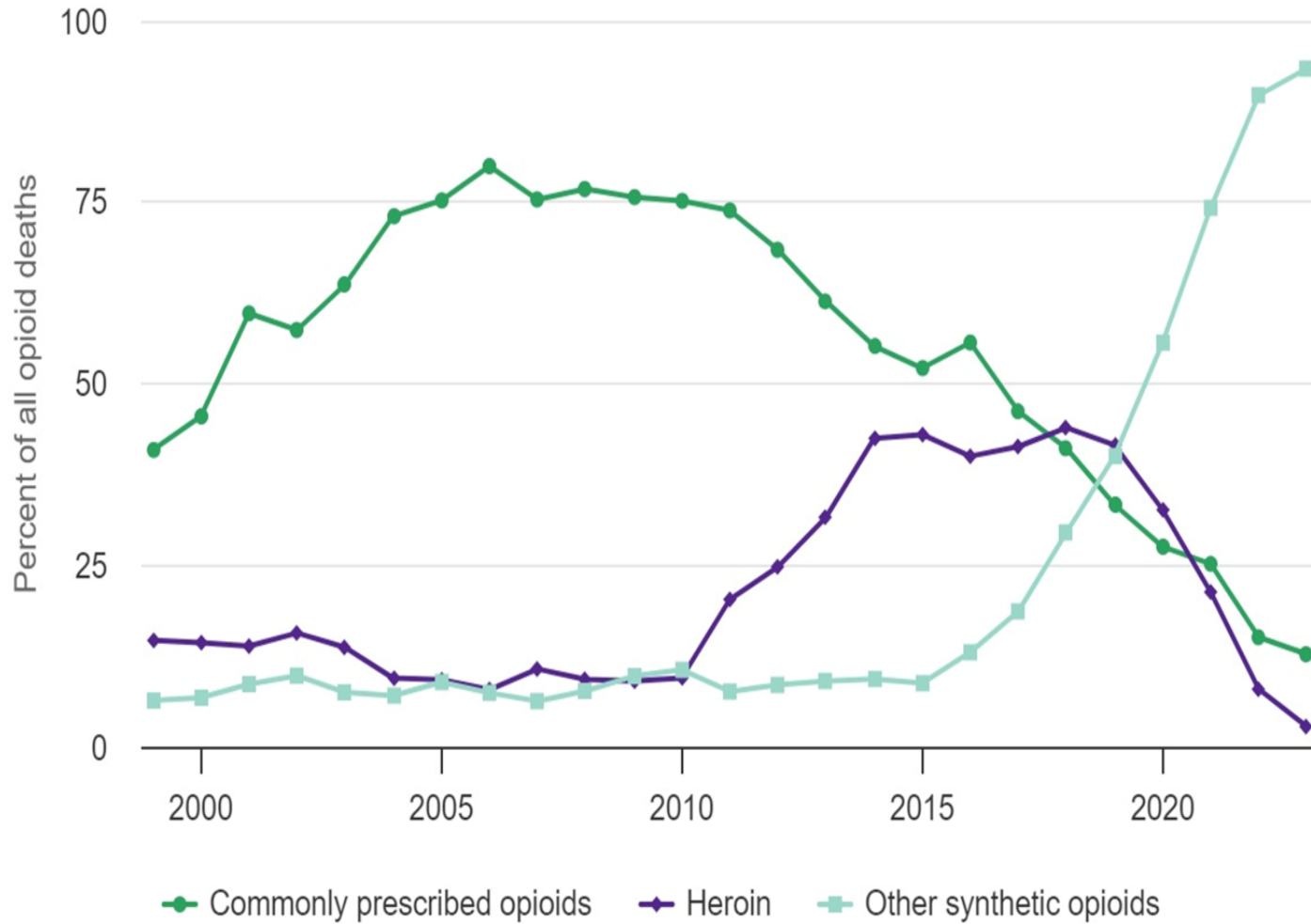
Statewide opioid death rates



Analysis by UW ADAI. For data sources, see text or adai.uw.edu/WAdata



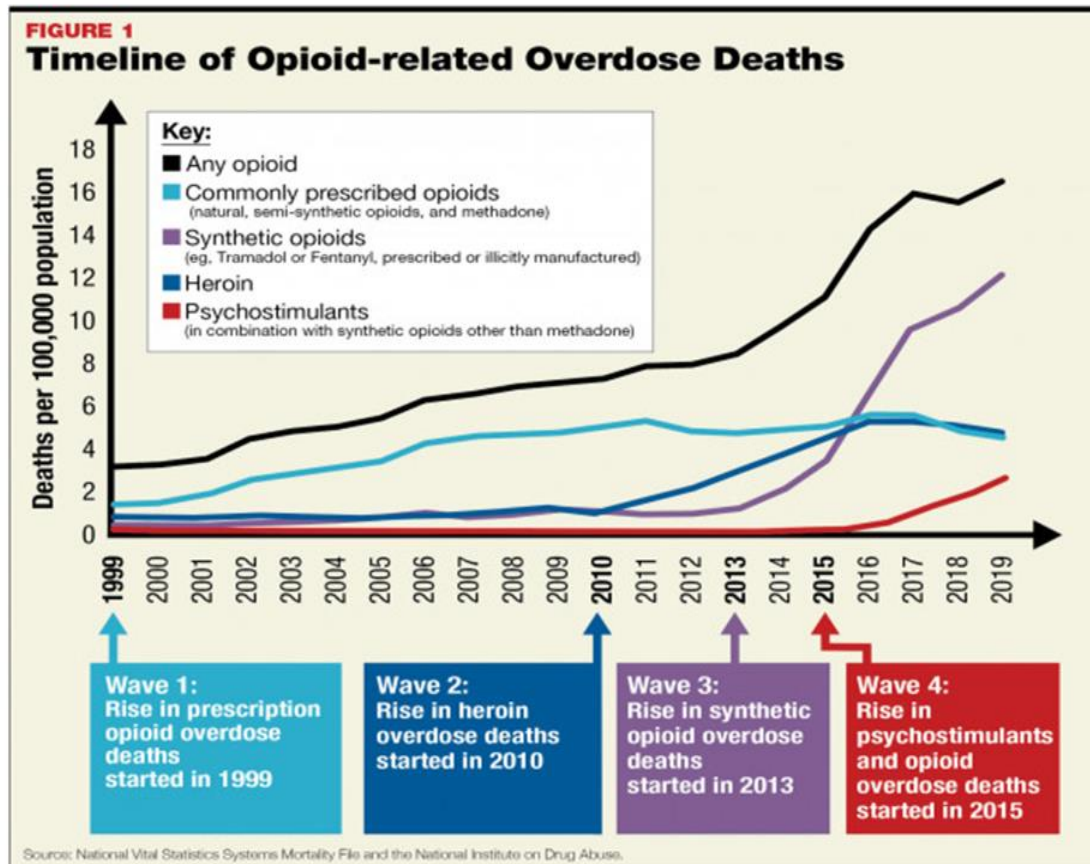
Percentage of all opioid deaths detail



Analysis by UW ADAI. For data sources, see text or adai.uw.edu/WAdata



Now in Wave Four of Opioid Epidemic



Fentanyl addiction poses unique treatment challenges

- ▶ Collects in fatty tissue and releases slowly (“lipophilicity”)
- ▶ Prolonged opioid withdrawal with acute systems
- ▶ Buprenorphine requires patients to be in mild to moderate withdrawal
 - ▶ Microdosing can be complicated and hard to manage
- ▶ Methadone
 - ▶ No state of withdrawal before initiation
 - ▶ More potent than buprenorphine
- ▶ Methadone *may* be more effective OUD treatment option for fentanyl addiction



Washington State Response

- ▶ Office of Attorney General
 - ▶ Opioid Abatement Settlement Funds
 - ▶ What are approved uses?

- ▶ Legislative Appropriations
 - ▶ HCA: 2024/ 2025 \$273M
 - ▶ DOH: 2024/2025 \$25.7M



Opioid Litigation—AGO Recovers \$1.1 billion for Washington State over 18-year period

- ▶ Distributors, pharmacies and manufacturers (McKesson, Cardinal Health, Amerisource Bergon, McKinsey, Kroger, Albertson's pending)
- ▶ 2024—SCOTUS overturns \$6 billion settlement with Purdue and Sackler family. Bankruptcy court cannot immunize Sackler family against future claims for OxyContin liability. \$183m less for Washington State. Negotiations started on a new Purdue settlement.
- ▶ Funds in Opioid Abatement Account
- ▶ Split 50/50 between local governments (all 39 counties, 86 cities) and state.



Opioid Abatement Core Strategies and Approved Uses

- ▶ Naloxone
- ▶ Medication-assisted treatment, including MOUD
- ▶ SBIRT for pregnant and post-partum individuals
- ▶ Warm hand-off and recovery services
- ▶ Treatment for incarcerated population
- ▶ Prevention, Treatment, and other strategies
 - ▶ First responders, planning & coordination, training, research
- ▶ Syringe Service Programs



Legislative Appropriations for 2024-2025

- ▶ HCA--\$273M focusing on treatment and recovery
 - ▶ Mobile OTP
 - ▶ MOUD in Jails
 - ▶ Housing vouchers
 - ▶ Recovery residences
 - ▶ Tribal grants
 - ▶ Health Engagement Hubs

- ▶ DOH--\$25.7M focusing on Drug User Health and Recovery
 - ▶ Naloxone distribution
 - ▶ Drug overdose prevention
 - ▶ Flexible use



Status of Opioid Treatment in Washington State

▶ Opioid Treatment Programs

- ▶ The only type of outpatient BHA facility to access all three FDA-approved medications for opioid use disorder.
 - ▶ 39 OTP clinics
 - ▶ 11 mobile medication units

Month/Year	Enrolled OTP Patients
September 2021	13,040
September 2022	12,720
September 2023	13,237
September 2024	16,992



Opioid Treatment Program Directory



- General opioid treatment program
- Program offers mobile treatment
- Serves Veterans Affairs members only
- Serves Tribal members only

Opioid Treatment Program Expansion Efforts

- ▶ 2024/2025 HCA facility builds for OTP clinic \$3.77M
 - ▶ Request for Applications released Sept 20
 - ▶ Monetary Awards by Winter 2024
 - ▶ This opportunity prioritizes rural central and eastern Washington with no existing OTP access.

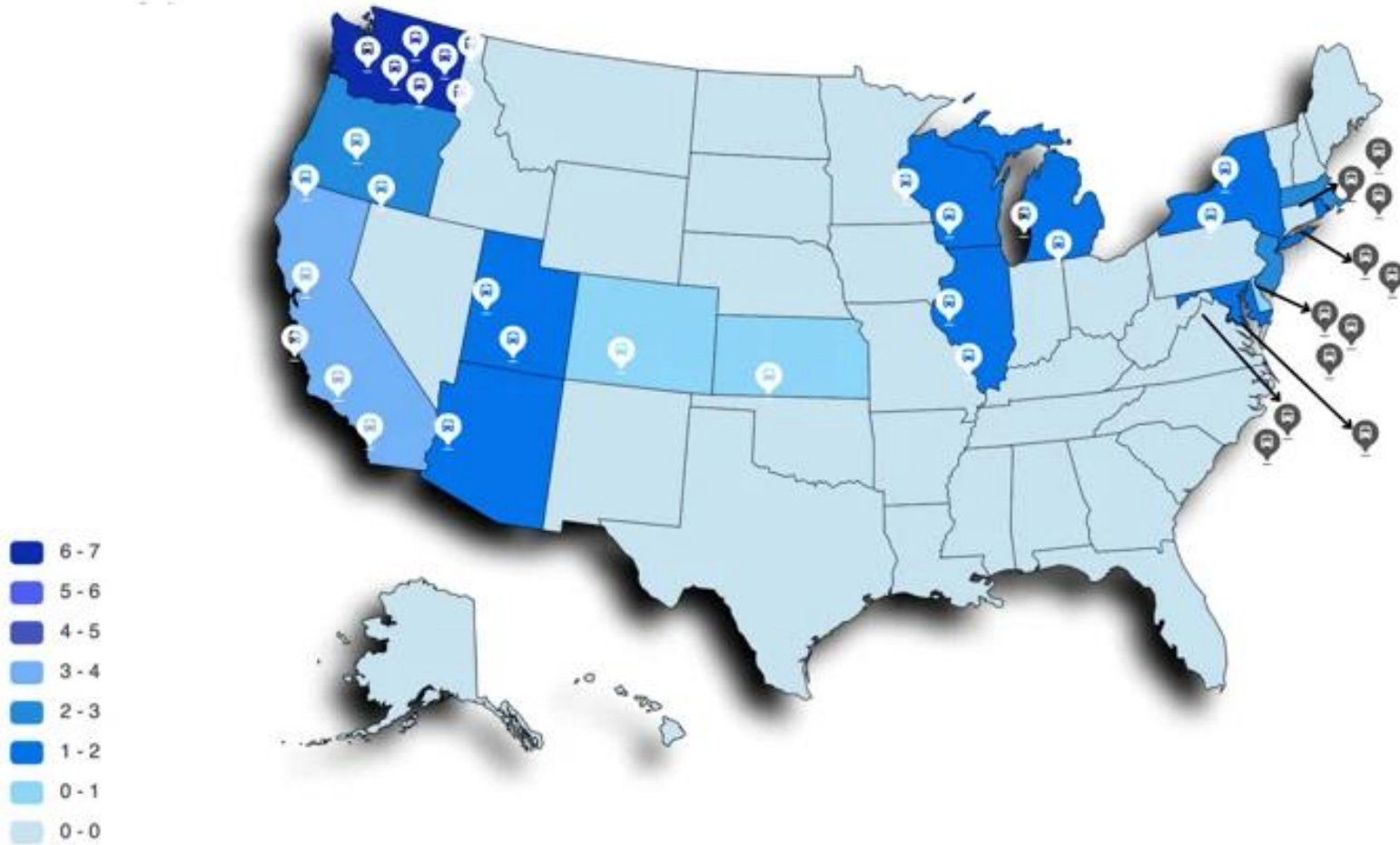
First dual RFA with Department of Commerce

Sign up on the WEBS portal to receive notifications: [WEBS \(wa.gov\)](https://webs.wa.gov) or [HCA Current Acquisitions](#) for information.

Questions for this bid opportunity must be directed to HCAProcurements@HCA.WA.GOV



DEA Approved OTP Mobile Clinics



OTP Mobile Medication Units

▶ Mobile Medication Unit Locations (11 active)

- ▶ **We Care Daily (Muckleshoot Tribe)**
 - ▶ #1 Seattle (U District)
 - ▶ #2 Tacoma (near Freighthouse Square)
 - ▶ #3 SODO District (Recovery Café)
 - ▶ #4 Spanaway
- ▶ **Evergreen Treatment Services**
 - ▶ #1 Seattle (Belltown)
 - ▶ #2 Shelton
 - ▶ #3 Downtown Seattle
- ▶ **WCHS, Inc. Acadia Healthcare**—Spokane, Deer Park Community
- ▶ **Jamestown Healing Clinic (Jamestown Tribe)**—Clallam County
- ▶ **Hope & Healing Clinic (Chehalis Tribe)**—Lacey
- ▶ **Camas Healing & Recovery (Kalispel Tribe)**—Airway Heights
- ▶ **(Pending) Comprehensive Healthcare**—Yakima, serving correctional population

DOH rulemaking is currently being finalized to create a process for application and registration of **fixed site OTP medication units**.



Federal Response

- ▶ 42 CFR Part 8—new OTP rules summary of changes—see [Final Rule](#) for details
 - ▶ Published Feb 2, 2024; effective April 2, 2024; enforced Oct 2, 2024
First substantial update for OTP federal rules in over 20 years!
 - ▶ **Admissions**
 - ➔ Higher starting dose when appropriate
 - ➔ Eliminates the one-year OUD requirement
 - ▶ **Treatment Standards**
 - ➔ “shared decision making”
 - ▶ **Take-home doses**
 - ▶ **Telehealth**
 - ▶ **Counseling**
 - ▶ **Scope of practice expansion**

*WA DOH State rules will be aligned to federal rules as much as possible.
Updated WAC estimated to be published Winter 24/25*



Alternate settings to access methadone

[21 CFR 1306.07\(b\)](#) aka “72-hour rule”—DEA provision that 3 days of MOUD can be dispensed at one time *“for the purpose of initiating maintenance treatment or detoxification treatment (or both).”*

[21 CFR 1306.07\(c\)](#) DEA provision that hospitals can use methadone *“as an incidental adjunct to medical or surgical treatment of conditions other than addiction.”*

▶ Hospitals

- ▶ Under this DEA regulation, hospitals can provide methadone to people who are receiving treatment for another medical condition.
 - ▶ [Scala NW](#)—ED Bridge

▶ **Correctional settings**—like hospitals, these settings can register with DEA as a “hospital/clinic” to provide methadone to people receiving care for another condition

▶ **Maintaining methadone access for OTP patients:**

- ▶ Residential treatment facilities
- ▶ Skilled nursing facilities
- ▶ [MOUD Know Your Rights Poster](#)



Observations & Implications

- ▶ Barriers continue to exist, even with recent rule changes
- ▶ Continued misunderstanding around recent updated federal rules
 - ▶ Many providers and patients are unaware of recent federal changes
- ▶ Continued stigma and bias against methadone and MOUD
- ▶ Keep considering how to reach special populations, such as youth, pregnant & parenting people, elderly, vulnerable populations, etc.



Modernizing Opioid Treatment Access (MOTA) Act S. 644, H.R. 1359 (2023)

- ▶ Expands access to methadone.
- ▶ Allows a physician or psychiatrist with specialty addiction certification to prescribe and dispense methadone outside OTP settings.
- ▶ DEA must register certain practitioners to prescribe methadone that is dispensed through a pharmacy for an individual's unsupervised use.
- ▶ Individuals who receive methadone for unsupervised use must continue to have access to their care through an opioid treatment program.
- ▶ Requires the exclusive use of electronic prescribing, established prescription limits, and sets out requirements for informed consent.
- ▶ Permits the use of telehealth to provide methadone treatment and related services.
- ▶ Pro: American Society of Addiction Medicine (ASAM) and 94 groups
- ▶ Con: American Assn. for the Treatment of Opioid Dependence (AATOD)



Is treatment working, or are we running out of victims?

- 20-30% declines in overdose deaths in some states
- Corresponds to drops in emergency department visits for overdose
- King County, first half 2024 -- All drug overdoses down by 15%; fentanyl overdoses down by 20%
- “We’ve almost tripled the amount of naloxone out in the community,” said Brad Finegood, King County Public Health. He noted 85% of high-risk drug users carry naloxone.
- “More people are dying than are starting to use, so the OD rate among those using is likely still high, but the number of total people who are using is getting smaller because so many people have died.” – Caleb Banta-Green, UW School of Medicine.
- Washington State: April 2022-April 2023 **13% increase**
- Spokane County: April 2022-April 2023 **18% increase (222 deaths)**



HEALTH

NPR Exclusive: U.S. overdose deaths plummet, saving thousands of lives

SEPTEMBER 18, 2024 · 5:00 AM ET

HEARD ON MORNING EDITION

Brian Mann

4-Minute Listen

+ PLAYLIST



Kevin Donaldson in Burlington, Vermont. He says more people like himself are finding ways to survive the U.S. overdose crisis. Data shows overdose deaths nationwide are falling for the first time in decades.
Credit: Guzy for NPR



Washington State
Health Care Authority

Thank you for your time today~ Questions?

Contact Information:

Eric Nelson

Assistant Attorney
General

Office of the Attorney
General

Eric.Nelson@atg.wa.gov

360-586-6533

Sara Multanen-Karr

Opioid Treatment
Programs Administrator

Washington State
Health Care Authority

Sara.Multanen-karr@hca.wa.gov

Cell: 360-643-7106

