Second Substitute Senate Bill 5195

Lunch & Learn:
Clinical Considerations for WA State Behavioral Health Agencies
Part 2 of 2
Recording Notice

Washington State Health Care Authority is recording this training. Slides will also be available if you prefer not to participate in a recorded training.
Speakers

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Public Health - Seattle and King County
Agenda

- Opioid overdose: background and context
- Clinical best practices for overdose prevention
  - Identifying at-risk patients/clients
  - Patient/client counseling
  - Safety planning
- Staff training
- Case examples
- Resources
- Q&A
Background & Context
Why SB 5195?

- **Huge increases in opioid-related deaths** nationally and locally.
- **100,000 people dying annually** in the US from drug overdose.
- Many people at risk are not accessing naloxone or treatment.
- Widespread dissemination of **naloxone is safe and saves lives**.
- Insurance is an already available, sustainable payment method.

### Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2019

![Graph showing national drug-involved overdose deaths from 1999 to 2019.](image)

*Includes deaths with underlying causes of unintentional drug poisoning (940-954), suicide drug poisoning (960-964), homicide drug poisoning (965), or drug poisoning of undetermined intent (Y10-Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.
Substance Use Disorder (SUD)

- **Treatable** medical condition
  - Complex interactions between brain, genetics, environment, and individual life experience.\(^1\)
  - Social risk factors: ACES, trauma, social determinants of health, etc.
  - Anyone can develop SUD.

- Very common; 40.3 million (14.5%) in U.S. aged 12+ in 2020 (excluding nicotine).\(^2\)

- **Symptoms:**
  - Continued use despite negative consequences.
  - Intense cravings.
  - Compulsive use and behaviors.

- Most stigmatized health condition.
  - Stigma → discriminatory treatment, avoidance of healthcare services, poor health outcomes, death.

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1. American Society of Addiction Medicine
2. SAMHSA’s 2020 National Survey on Drug Use and Health
Clinical Best Practices

For the prevention of opioid overdose
Overdose recognition & response.

Identifying at-risk clients.

Providing client education on OD recognition, response, and prevention.

Adherence to clinical policies, procedures, and laws
Identifying at-risk clients

- Use opioids (or other drugs) illicitly.
- Are in treatment for OUD, including those rx’d MOUD.
- Use prescribed high dose/extended-release opioids.
- Survived a prior overdose.
- Have reduced opioid tolerance.
  - Restarting opioids after a break or change in type/dose
  - E.g., recent inpatient stay, supervised withdrawal ("detox"), incarceration
- Use opioids with other substances
  - Sedating substances (e.g., alcohol, sedative-hypnotics) & stimulants (e.g., meth)
Naloxone Prescribing Guidelines

A one-page reference for:

- Who should get naloxone
- Patient education & counseling
- Patient safety planning, OD prevention
- Effective communication strategies
- Resources

Find at kingcounty.gov/overdose
Patient/client Counseling

• Be non-judgmental about drug use.
• Consider where they’re coming from:
  ➢ Barriers to care
  ➢ Cultural background
  ➢ Economic and/or housing instability
  ➢ Mental illness
  ➢ History of trauma
  ➢ Feelings of stigma, shame, and low self-esteem
Patient/client Counseling

- Encourage patients to share what they already know.
- Be supportive of steps they already take to reduce risks/improve health.
- Use open-ended questions.
- Avoid hurtful labels; use person-first language and proper terminology.
### Appropriate Terminology

<table>
<thead>
<tr>
<th>Terms to avoid:</th>
<th>Use this language instead:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addict, abuser, user, junkie</td>
<td>Person with a SUD, patient/client</td>
</tr>
<tr>
<td>Drug abuse, habit</td>
<td>Drug use, Rx misuse, problematic use</td>
</tr>
<tr>
<td>Clean (person)</td>
<td>Person in recovery, abstinent (Or use is controlled/no longer problematic)</td>
</tr>
<tr>
<td>Clean (urine)</td>
<td>Urine negative for (x)</td>
</tr>
<tr>
<td>Dirty</td>
<td>Urine positive for (x)</td>
</tr>
</tbody>
</table>
Communicate Risk Factors

- Reduced tolerance
- Mixing opioids with other drugs
  - E.g., alcohol, meth, benzos, sleep aids
- Taking Rx pain medication in higher doses/more often than prescribed
- Taking someone else's pain medication
- Using any drug not obtained directly from a pharmacy or dispensary
- Heart, kidney, liver, or lung disease, which may affect the body’s ability to fight back against an overdose
- Having had a previous overdose
- Using alone
Harm Reduction

• Interventions to reduce negative effects of behaviors.

• Philosophy
  • Respect individual autonomy
  • Belief that everyone deserves to be healthy.
  • Celebration of “any positive change.”
    • Individual decides what that means.

• Examples:
  • Teaching safer drug/alcohol use.
  • Providing clean supplies.
  • Nicotine-replacement (e.g., patches, gum)
  • Non-drug related examples: Birth control, condoms, seatbelts, sunscreen

• Does NOT enable, encourage, or lead to increased drug use.

• Saves lives & makes individuals and communities safer and healthier.
  • Reduced spread of infectious disease.
  • Increased treatment initiation for SUD.
  • Increased community safety (e.g., fewer improperly discarded syringes).
  • Huge cost savings for healthcare & government.
Harm Reduction

- Try not to use alone. If you must...
  - Use a confidential service (e.g., neverusealone.com, the Brave app)
  - Have someone check on you often, or
  - Use in a place where someone is more likely to find you.

- Start with a small amount and increase slowly.

- Take turns. Watch and wait before the next person uses.

- Avoid mixing drugs.
  - If you do, use one at a time and/or use less of each drug.

- Discuss fentanyl.
  - It can be in any drug not from a pharmacy. Most often found in blue M30 pills (aka “blues”, “percs”)

- Provide resources and/or refer
  - Harm reduction programs, like syringe exchange.
  - Treatment, if interested.
Medications for OUD (MOUD)

If interested, counsel patients on...
- Treatment options
- Agonist medications for OUD
  - i.e., methadone, buprenorphine
  - Safe and effective (the “Gold standard” of care)
  - Reduces risk of death by over 50%

Provide or refer

Resources
- WA Recovery Helpline
- Learnabouttreatment.org
- HCA 2SSB 5195 webpage for HCA translated brochures
Safety Plans

Harm Reduction Safety Plan

Early Recovery Safety Plan
Case Examples
Case 1

A 45-year-old male who is stable on buprenorphine 5+ years presents for BH care to address recent mood concerns (low mood, situational anxiety). Client gets buprenorphine prescribed through his primary care provider. Remote history of daily heroin use. Takes his wife’s lorazepam prn for anxiety and has “a couple drinks or so” a few nights a week to unwind after work.
**Case 1 Clinical Considerations**

| **Ask** | - What do you already know about... (e.g., fentanyl, naloxone, MOUD & OD risk)  
- Do you have a naloxone kit? If not, offer naloxone and education. |
| --- | --- |
| **Discuss** | - Discuss specific overdose risks (ubiquity of fentanyl, mixing substances)  
- Naloxone can help reverse overdose (bup + sedating substances)  
- Naloxone is given “just in case” & can be used on someone else. |
| **Plan** | - Do you have any concerns with your recovery efforts?  
- Complete recovery & harm reduction safety planning in collaboration with client.  
- If appropriate, explore alternatives to anxiety treatment. |
Case 2

25-year-old unstably housed on the streets. Presents for BH care and housing resources. Reports IV use of methamphetamine approx. 3x/week with clean supplies, and smoking perc 30’s which knowingly contain fentanyl, daily. He’s not currently interested in making a change to his use or engaging in SUD treatment but would like abscesses drained. Reports that he used to have a naloxone kit but isn’t sure where it is. Verbalizes that he’s not worried about overdosing as he’s been “using like this for a year and been fine”
Case 2 Clinical Considerations

Offer
Offer a new naloxone kit and education on how to administer.

Discuss
- Be supportive of positive steps he’s already taking: “You’re using clean supplies; you care about your health.”
- With permission, discuss strategies to reduce risk of overdose and death.

Connect
Refer to services and community resources: syringe exchange, housing, wound care, social work services
Resources
Responding to an Opioid Overdose:

During an opioid overdose, breathing can stop in a matter of minutes. Knowing the steps to act FAST and increase oxygen could help save a life.

1. Check for a response

Shake them and call their name, rub your knuckles hard over their chest bone — perform the sternum rub for 10 seconds as hard as possible.

2. Call 9-11

Tell the operator that someone isn’t breathing and your exact location. You do not have to say anything about drugs or medicines at the scene. The WA State Good Samaritan Law offers protections when you call 9-1-1 for an overdose (RCW 69.50.315).

3. Give naloxone

4. Start rescue breathing

5. Repeat steps 3 & 4 if no response

6. You may need to give a second dose if they don’t respond after 3 minutes

7. Stay with them until help arrives

Wait with them if possible until help arrives. If you can’t wait, roll them into the recovery position in a safe place where they can be found.

If the person starts breathing, but they do not wake up, roll them on their side in the recovery position.

Harm Reduction Strategies & MOUD

Additional Resources

Order these free materials from ADAI
[submit request to adaicl@uw.edu]

- Opioid Overdose brochure
  - Available in hard copies and download: English, Chinese, Russian, Somali, Spanish, Tagalog, Tigrinya, and Vietnamese
  - Download only: Amharic, Arabic, Farsi, French, Hindi, Japanese, Khmer/Cambodian, K’iche, Korean, Laotian, Marshallese, Oromo, Punjabi, Russian, Samoan, Ukrainian

- Methamphetamine overdose flyer
  - Long version in English and Spanish
  - Short version in English and Spanish

- Good Samaritan Law posters and card

Overdose information

- Opioid overdose video
- WA DOH: opioid overdose response in multiple languages.
- Stopoverdose.org Methamphetamine page
- Stopoverdose.org Fentanyl page
- Laced & Lethal: fentanyl; youth can order free naloxone.
- Free posters: kingcounty.gov/overdose

Access naloxone for your agency

- Using pharmacies to access naloxone: a guide for community-based agencies
- Order naloxone for uninsured patients from WA Department of Health Overdose Education and Naloxone Distribution Program.
Additional Resources

Legal references and law resources
- 2SSB 5195 – An act relating to opioid overdose reversal medication
- RCW 71.24.025 – Subsection 27 – Definition of Licensed or Certified Behavioral Health Agency
- RCW 70.41.480 – Authority to prescribe prepackaged emergency medications
- Pharmacy Quality Assurance Commission (PQAC) Policy Statement Distributing Naloxone
- Department of Health News Release – Overdose deaths show alarming trend in 2020; fentanyl party to blame

Harm reduction information
- UW HaRRT Lab: print outs on safer drug use
- DOH SSP Directory: find syringe service programs (SSP)
- Harm Reduction Coalition

MOUD information
- Learnabouttreatment.org
- Talking to patients about medications for opioid use disorder
- WA Recovery Helpline: hotline & interactive map of treatment programs providing MOUD.
WA Recovery Help Line Overview and MOUD (Medications for Opioid Use Disorder) Locator
Marketing Materials – via RHL Website

POSTER

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