




## Opioid Use Disorders & Medication Treatment

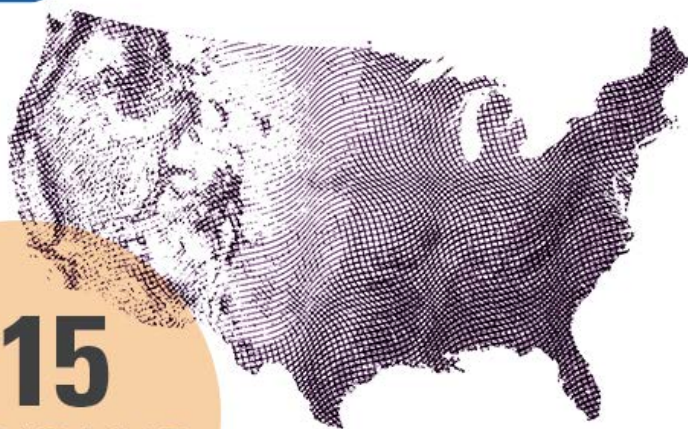
**Charissa Fotinos, MD, MSc**

Deputy Chief Medical Officer

Washington State Health Care Authority

# Discussion Objectives:

- 1) Review recent trends and consequences of the current opioid epidemic
  - 2) Describe the 'science' of opioid use disorder to better treat patients suffering from opioid use disorder
  - 3) Discuss medication treatment
- 



**115**  
AMERICANS

die every day from an  
**opioid overdose**  
(including prescription  
and illicit opioids.)

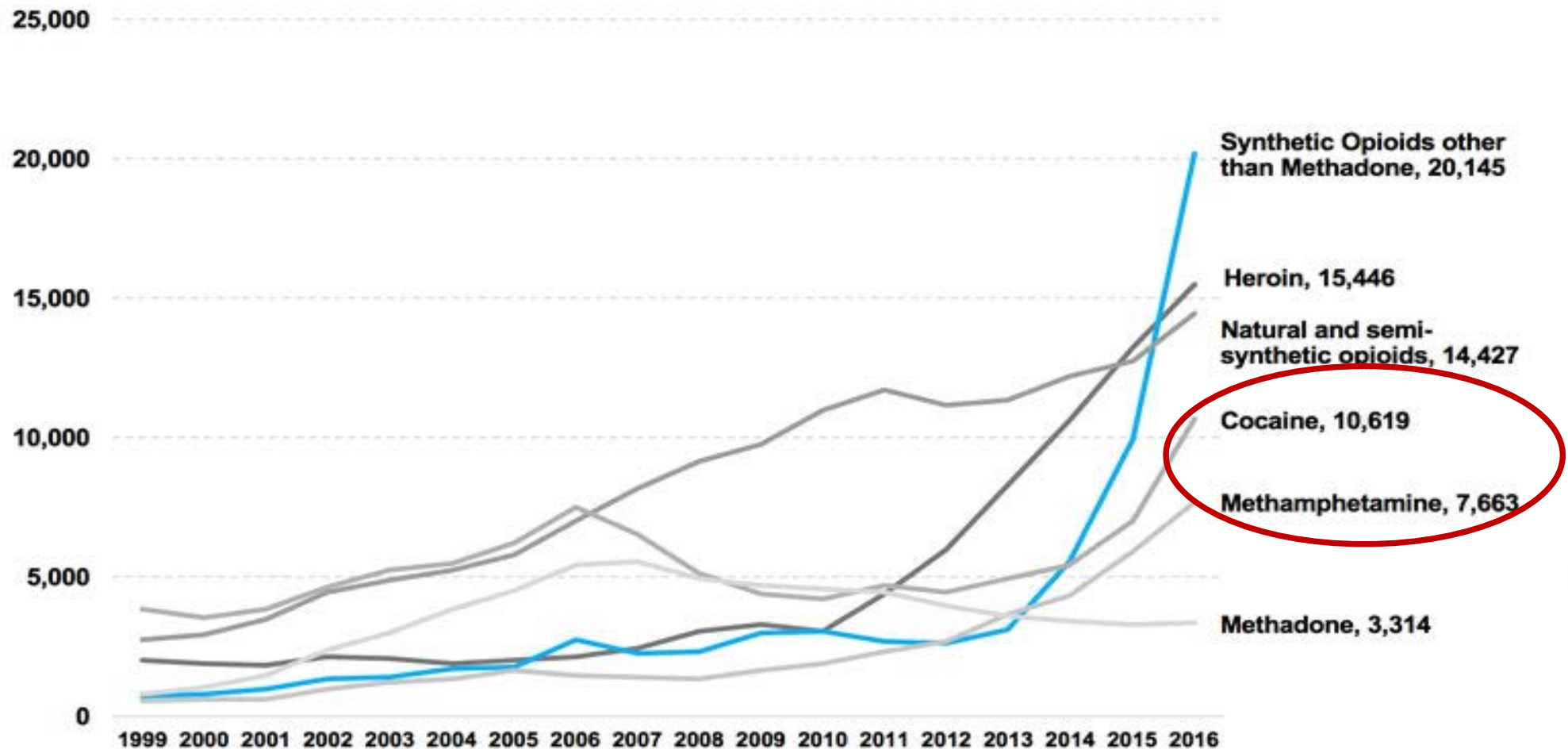


Around  
**46**  
PEOPLE



die every day from  
overdoses involving  
**prescription opioids.**

## Drugs Involved in U.S. Overdose Deaths, 2000 to 2016



Drugs Involved in U.S. Overdose Deaths\* - Among the more than 64,000 drug overdose deaths estimated in 2016, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids) with over 20,000 overdose deaths. Source: CDC WONDER

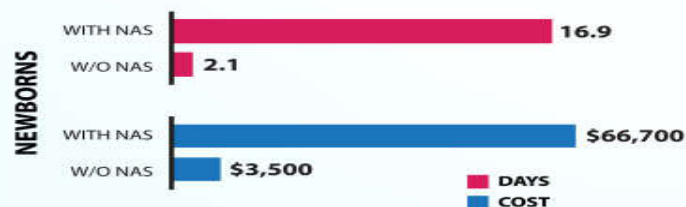
## DRAMATIC INCREASES IN MATERNAL OPIOID USE AND NEONATAL ABSTINENCE SYNDROME

THE USE OF OPIOIDS DURING PREGNANCY CAN RESULT IN A DRUG WITHDRAWAL SYNDROME IN NEWBORNS CALLED **NEONATAL ABSTINENCE SYNDROME (NAS)**, WHICH CAUSES **LENGTHY AND COSTLY** HOSPITAL STAYS. ACCORDING TO A NEW STUDY, AN ESTIMATED **21,732 BABIES** WERE BORN WITH THIS SYNDROME IN THE UNITED STATES IN 2012, A **5-FOLD INCREASE** SINCE 2000.

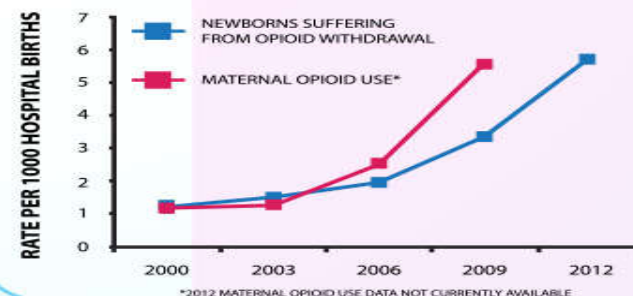


**EVERY 25 MINUTES,  
A BABY IS BORN SUFFERING  
FROM OPIOID WITHDRAWAL.**

### AVERAGE LENGTH OR COST OF HOSPITAL STAY



### NAS AND MATERNAL OPIOID USE ON THE RISE



National Institute  
on Drug Abuse

Source: [Patrick et. Al., JAMA 2012](#), [Patrick et. Al., Journal of Perinatology 2015](#)

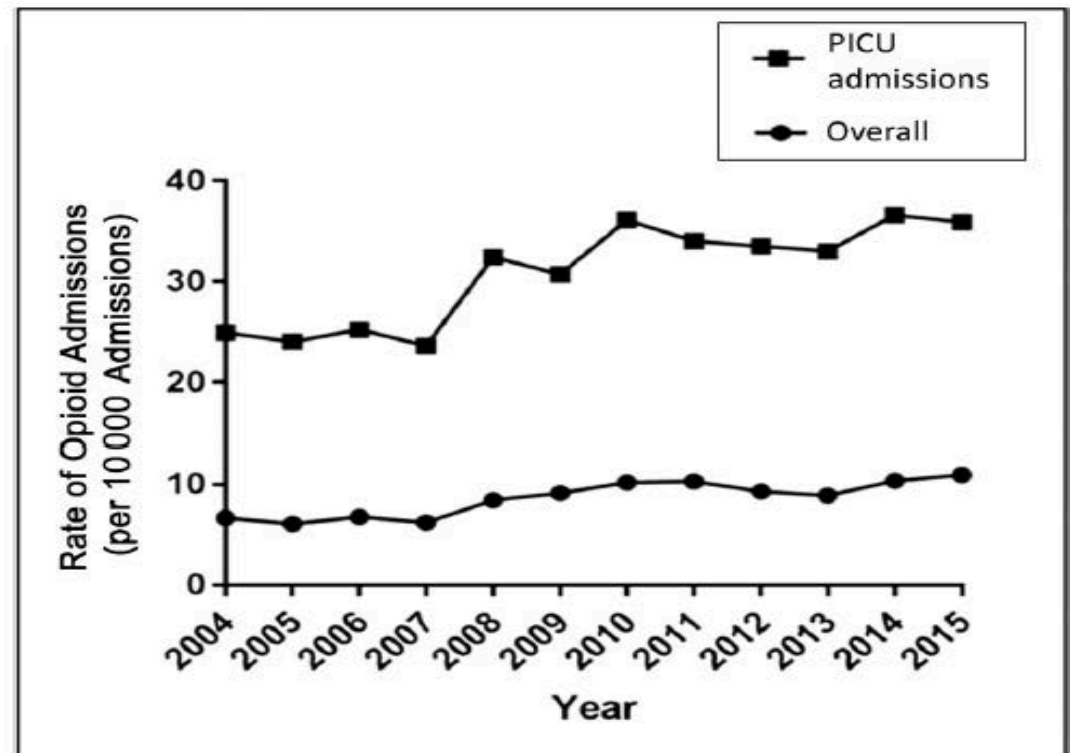


# Impacts on Children

**Percent of infants in foster care that are from families with active alcohol or drug misuse**



**Percent of older children in foster care that are from families with active alcohol or drug misuse**



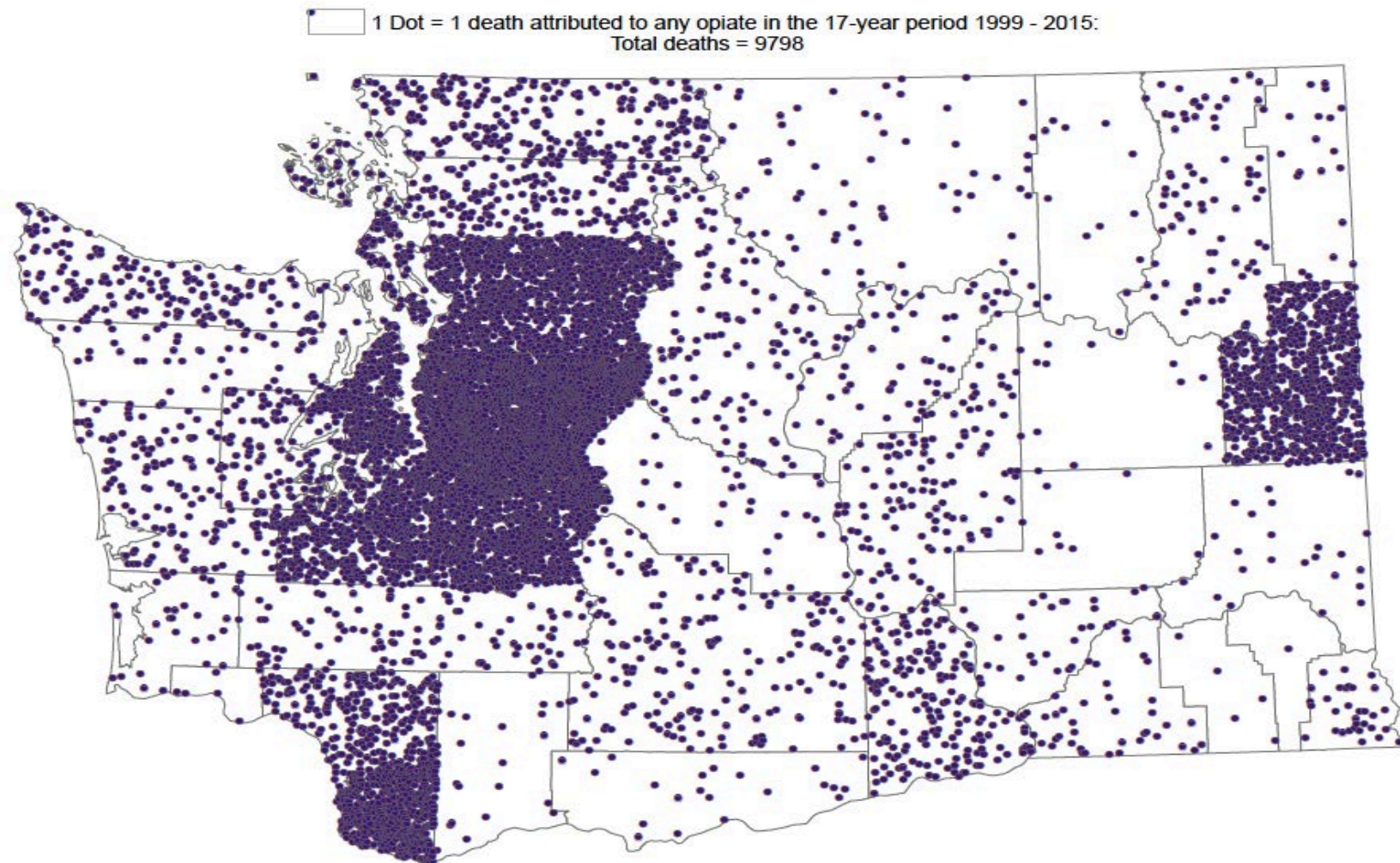
**FIGURE 1**

Rate of hospital admissions for opioid ingestion per 10,000 hospitalizations and the rate of PICU admissions for opioid ingestion per 10,000 PICU hospitalizations from 2004 through quarter 3 of 2015. Trends in the rate change over time were significant ( $P < .001$ ).

<http://healthyamericans.org/assets/files/TFAH-2018-PainNationUpdateBrief-FINAL.pdf>

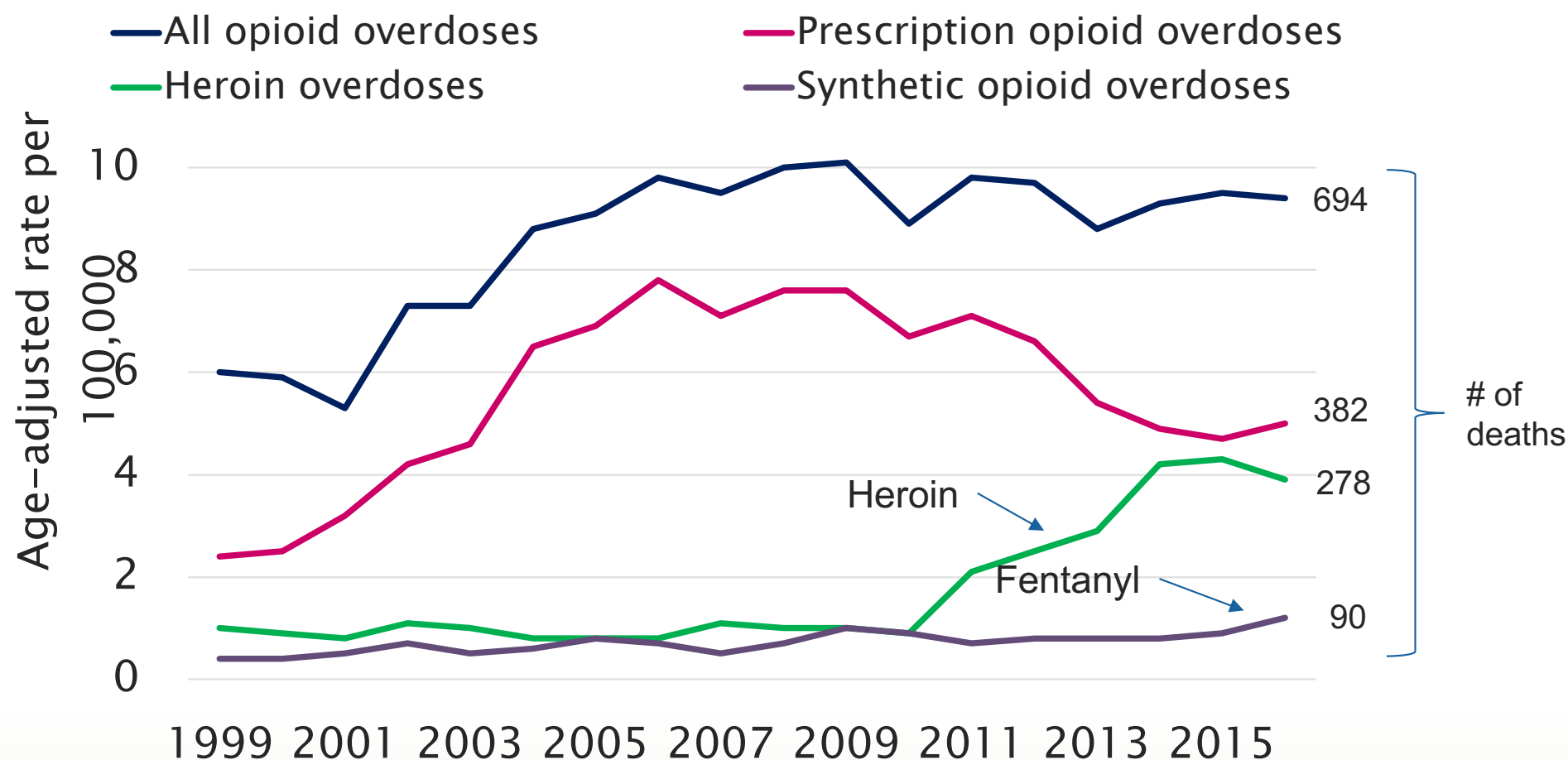
Pediatrics. 2018;141(4):e20173335

# Opioid related overdose deaths in WA 1999-2015



Data from Center for Health Statistics, Washington State Department of Health  
Dots randomly placed in county  
Residents who died outside Washington excluded.

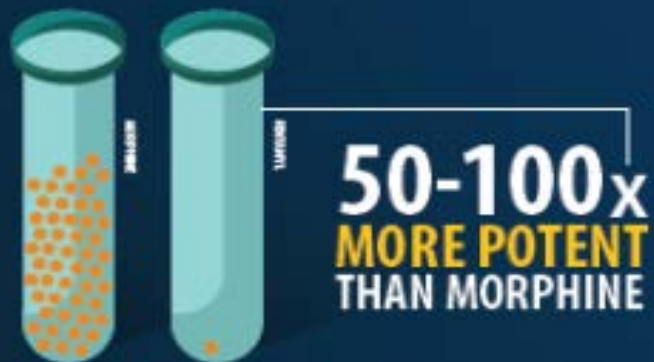
# Rate of opioid-related overdose deaths by type of opioid, WA 2000–2016



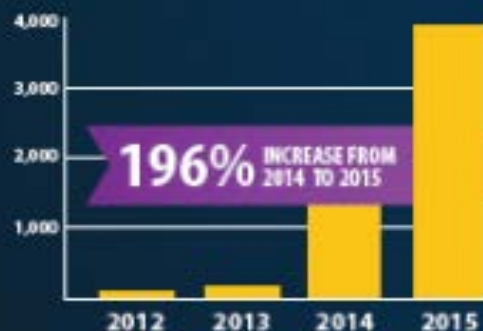


## FENTANYL: Overdoses On The Rise

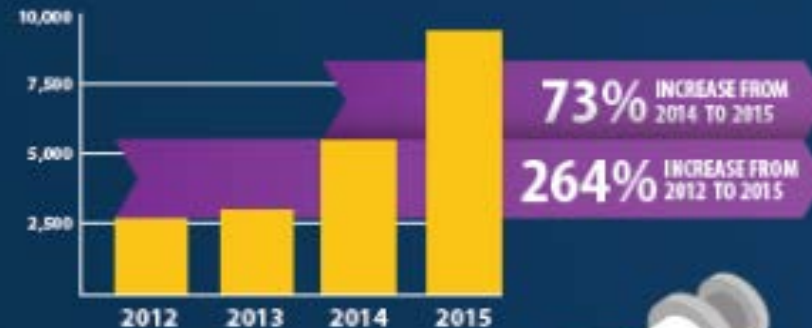
Fentanyl is a synthetic opioid approved for treating severe pain, such as advanced cancer pain. Illicitly manufactured fentanyl is the main driver of recent increases in synthetic opioid deaths.



Ohio Drug Submissions Testing Positive for Illicitly Manufactured Fentanyl



### SYNTHETIC OPIOID DEATHS ACROSS THE U.S.



### ILLICITLY MANUFACTURED FENTANYL

Although prescription rates have fallen, overdoses associated with fentanyl have risen dramatically, contributing to a sharp spike in synthetic opioid deaths.



# Words Matter

Clean

Dirty

Addict

Junkie

Harm  
reduction

Stable

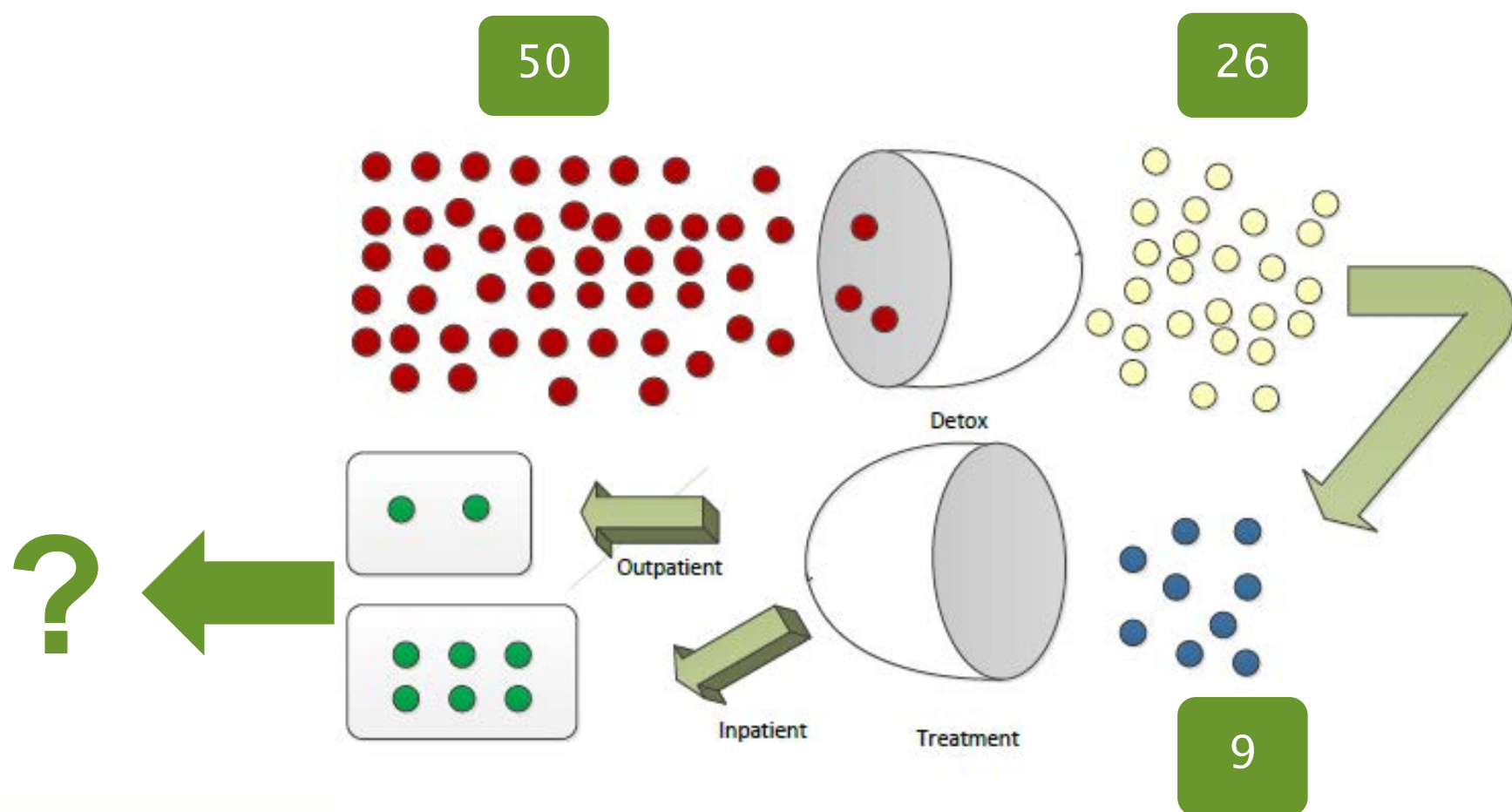
Unstable

Person w/a  
substance use  
disorder

Treatment

# Current Treatment Options

# Persons w/Opioid Use Disorder Treated in the Public SUD System





# Opioid Detoxification Outcomes

- Low rates of retention in treatment
- High rates of relapse post-treatment
  - <50% abstinent at 6 months
  - <15% abstinent at 12 months
  - Increased rates of overdose due to decreased tolerance
  - Walter Ling “Quote”

O'Connor PG *JAMA* 2005 Mattick RP, Hall WD. *Lancet* 1996 Stimmel et al. *JAMA* 1977



# **Substance Use Disorders are Chronic Brain Conditions**



# Vulnerability: “Exaggerated Response”

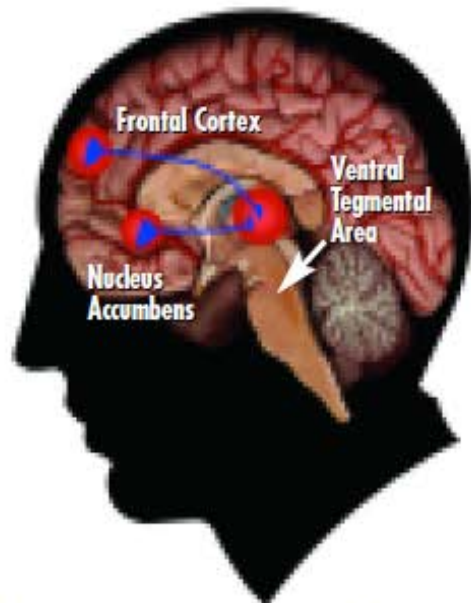
What Did It Feel Like The First Few Times?

- ♦ “All My Problems Disappeared”
- ♦ “Felt Like I Was Under a Warm Blanket”
- ♦ “Thought This is How Normal People Feel”
- ♦ “Forgot About All the Abuse”
- ♦ “Felt Like the World Was at Peace”
- ♦ “Totally Relaxed” “Not Shy”
- ♦ “Looking at a Beautiful Sunset”
- ♦ “I Was Energized!!”
- ♦ *This is a Vulnerability (Liking Opioids)*

# REWARD

## DRUGS OF ABUSE TARGET THE BRAIN'S PLEASURE CENTER

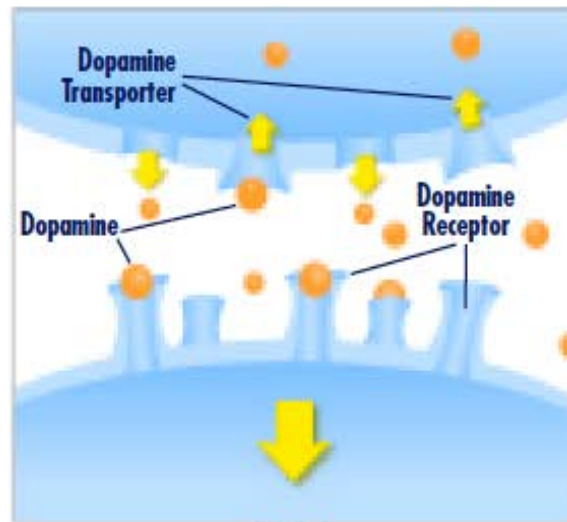
### Brain reward (dopamine) pathways



These brain circuits are important for natural rewards such as food, music, and sex.

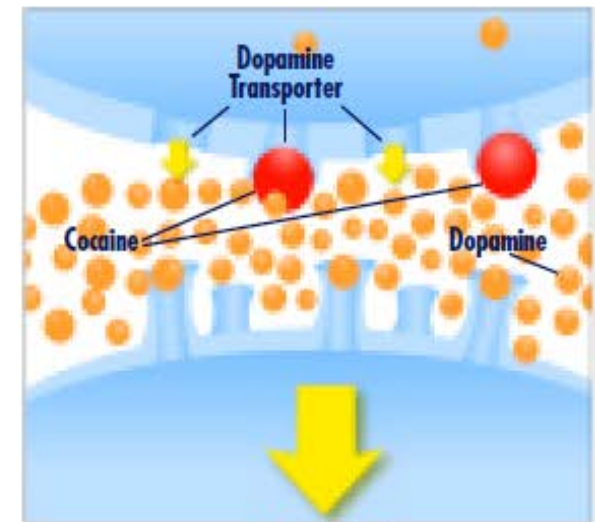
Drugabuse.org

### Drugs of abuse increase dopamine



**FOOD**

Typically, dopamine increases in response to natural rewards such as food. When cocaine is taken, dopamine increases are exaggerated, and communication is altered.



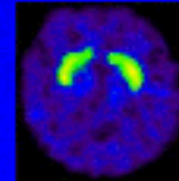
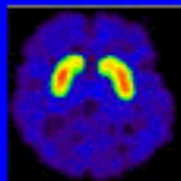
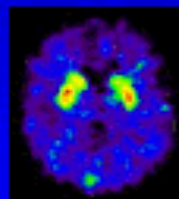
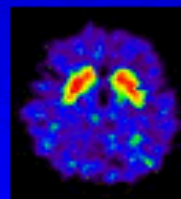
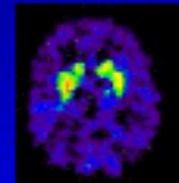
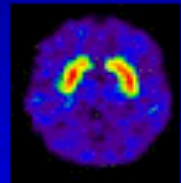
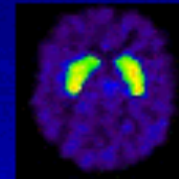
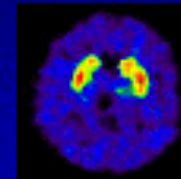
**COCAINE**



# IMPAIRMENT

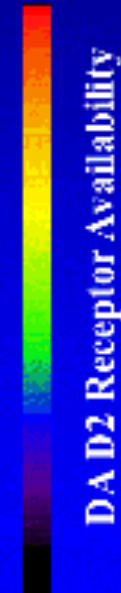
*Functionally...*

**Dopamine D2 Receptors are Decreased by Addiction**



Control

Addicted

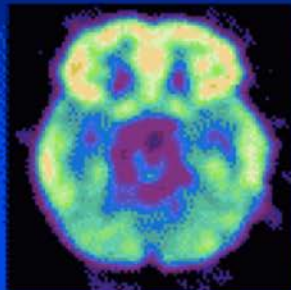


# IMPAIRMENT

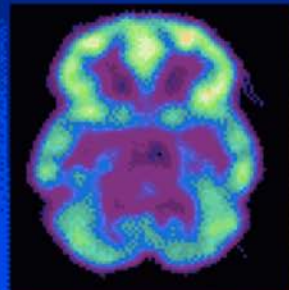
## *Addiction is Like Other Diseases...*

- It is preventable
- It is treatable
- It changes biology
- If untreated, it can last a lifetime

### **Decreased Brain Metabolism in *Drug Abuser***

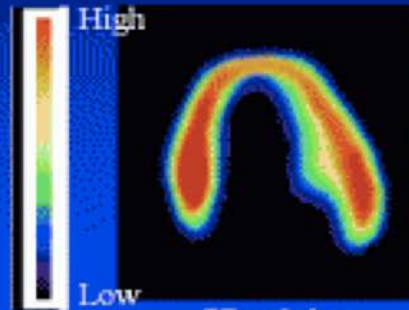


**Healthy Brain**

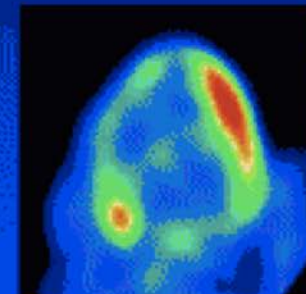


**Diseased Brain/  
Cocaine Abuser**

### **Decreased Heart Metabolism in *Heart Disease Patient***



**Healthy  
Heart**



**Diseased Heart**

*Research supported by NIDA addresses all of these  
components of addiction.*

NIDA

# Craving

## The Memory of Drugs

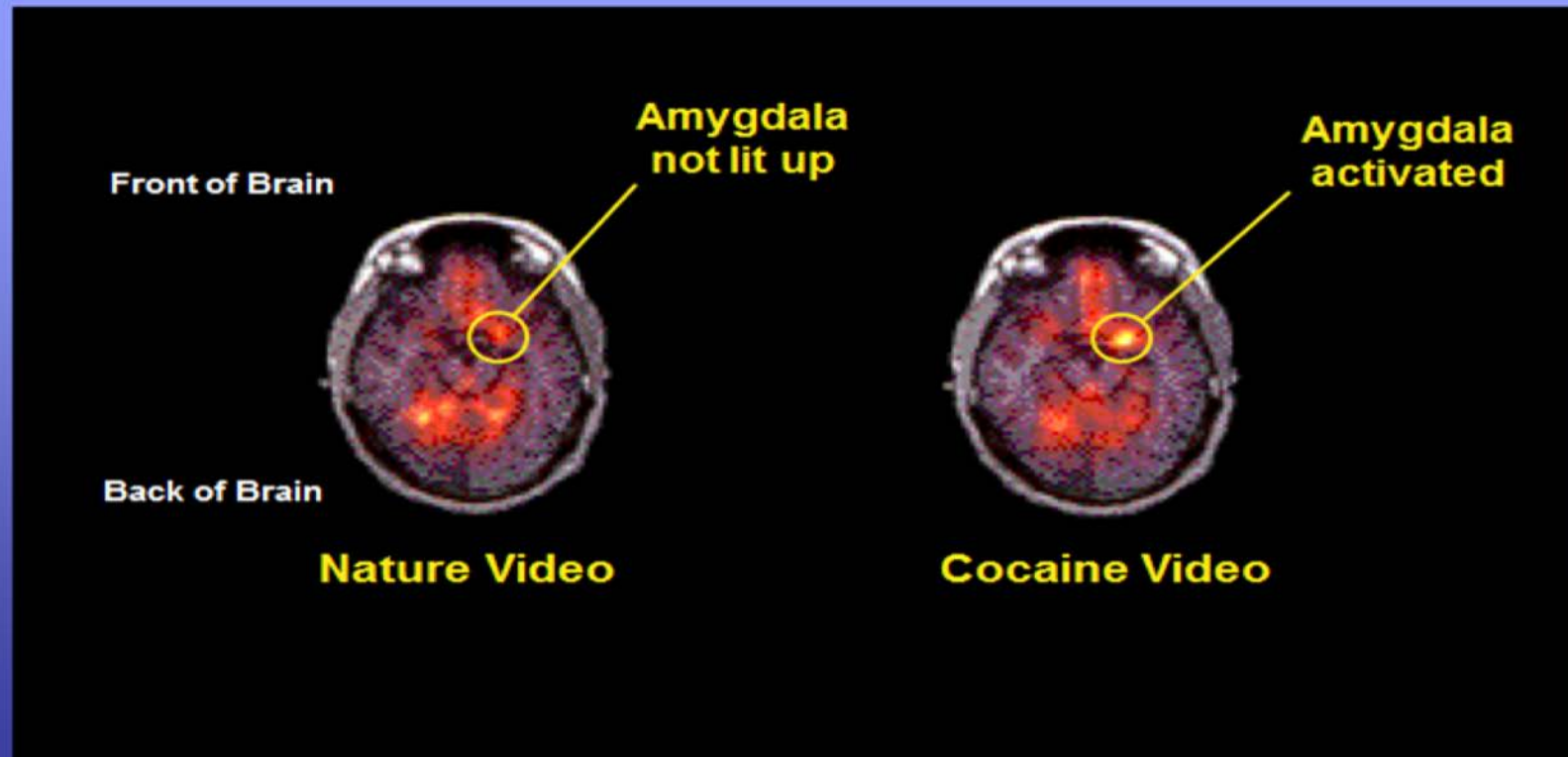


Photo courtesy of Anna Rose Childress, Ph.D.

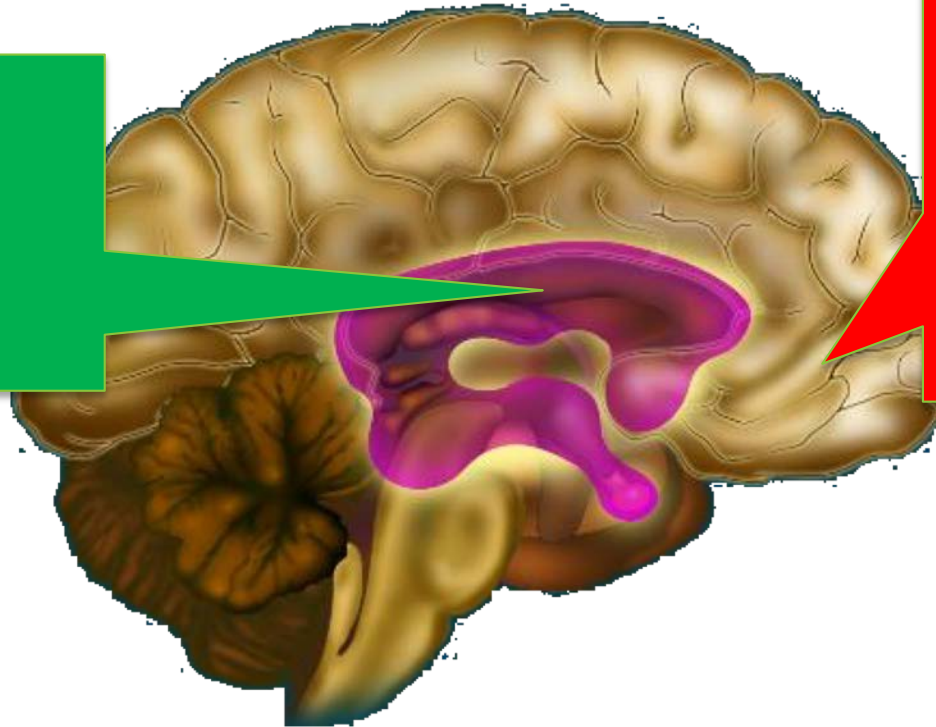
# Brain Physiology of SUD treatment

## Limbic Region

- Basic Drives
- Experience of Reward & Euphoria

## Cortex

- Decision making
- Thinking
- Reasoning
- Learning



## Interventions

- Agonist Medications
- Antagonist Medications

## Interventions

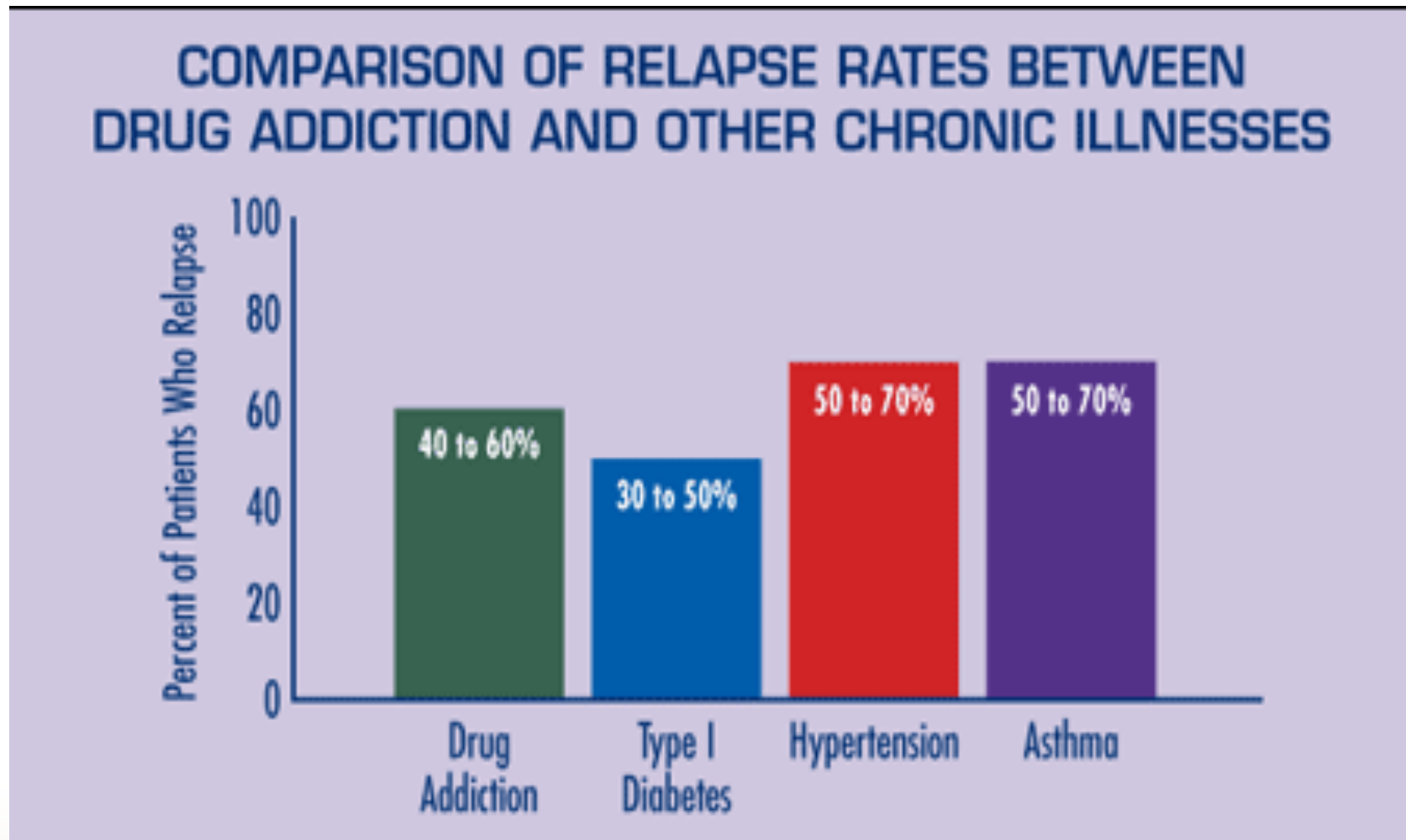
- Psychosocial Therapies
- 12 Step Programs
- Monitoring
- Contingencies

Source: NIDA Drugs, Brains, and Behavior – The Science of Addiction Website.

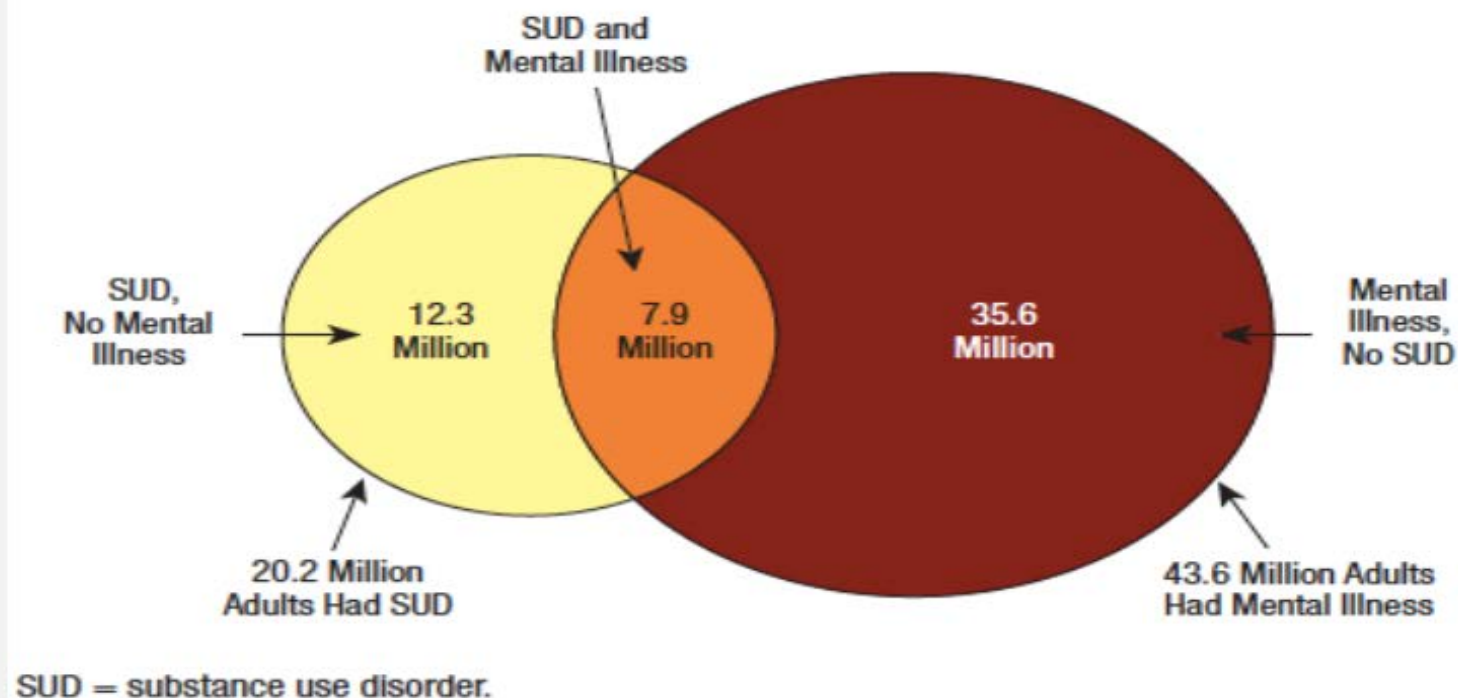
<http://www.nida.nih.gov/scienceofaddiction/brain.html>; Fowler JS et al. (2007). Sci Pract Prospect. 3;4:4-16



# RELAPSE RATES ARE FAMILIAR



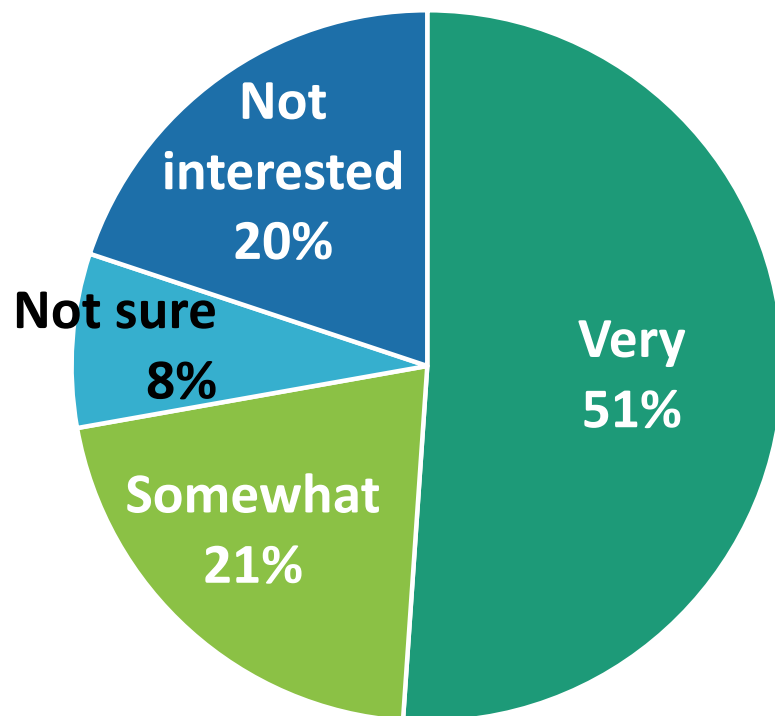
**Figure 48. Past Year Substance Use Disorders and Mental Illness among Adults Aged 18 or Older: 2014**



Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health

## Many people in WA are not getting treatment

*How interested are you in reducing or stopping your opioid use?*



*What types of help would you want if they were easy to get?*

- 56% medication treatment
- 39% detox
- 34% individual counseling for addiction

Source: UW Alcohol and Drug Abuse Institute, WA State Drug Injector Health Survey, 2017

# The State's Response



# Washington State Interagency Working Plan

## Priority Goals

Goal 1:  
Prevent  
Opioid  
Misuse and  
Abuse



Improve  
Prescribing  
Practices

Goal 2:  
Treat Opioid  
Dependence



Expand  
Access to  
Treatment

Goal 3:  
Prevent  
Deaths from  
Overdose



Distribute  
naloxone to  
people who  
use opioids

Goal 4:  
Use Data to  
Monitor and  
Evaluate

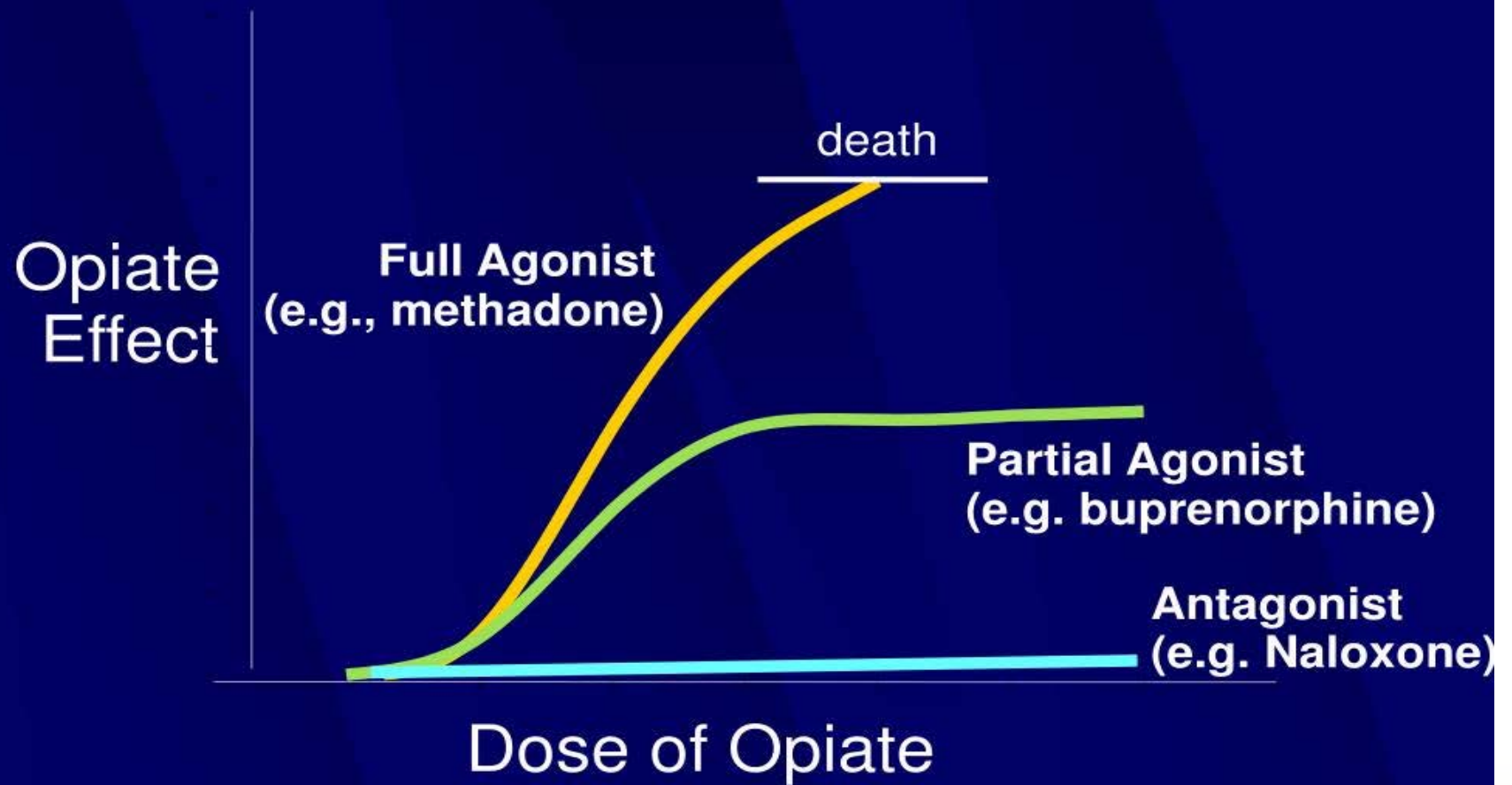


Optimize and  
expand data  
sources

## Priority Actions

# Medication Treatment

## Partial vs. Full Opioid Agonist



# Medications for Opioid Use Disorders

## Methadone

## Buprenorphine



## Naltrexone/Vivitrol®





# Buprenorphine Products

- Partial agonist, partial activator
- Most commonly used in combination w/naloxone
- Very strong receptor affinity
- Must not have opioids in system before 1<sup>st</sup> dose
- Reduces craving & withdrawal; improves treatment retention
- Overdose risk is minimal
- Any sedative hypnotic, alcohol, will add to the risk of respiratory depression, overdose and death
- If injured or in pain patients may need higher doses of opioids to treat it

# Abuse Potential of Buprenorphine

- Euphoria in non-opioid dependent individuals
- Abuse potential less than full agonists
- Abuse among opioid-dependent individuals is relatively low
- Combination product theoretically less likely to be abused by IV route
- Most illicit use is to prevent or treat withdrawal and cravings

Yokel MA et al. *Curr Drug Abuse Rev.* 2011

Lofwall MR, Walsh SL. *J Addict Med.* 2014



## Buprenorphine Efficacy Summary

- Studies (RCT) show buprenorphine more effective than placebo and equally effective to moderate doses (80 mg) of methadone on primary outcomes of :
  - Abstinence from illicit opioid use
  - Retention in treatment
  - Decreased opioid craving

Johnson et al. *NEJM* 2000

Fudala PJ et al. *NEJM* 2003

Kakko J et al. *Lancet* 2003



# Pregnancy: Benefits of Opioid Agonist Therapy


## Maternal Benefits

- 70% reduction in overdose related deaths
- Decrease in risk of HIV, HBV, HCV
- Increased engagement in prenatal care and recovery treatment

## Fetal Benefits


- 70% reduction in overdose related deaths
- Decrease in risk of HIV, HBV, HCV
- Increased engagement in prenatal care and recovery treatment

# Impact of Methadone Maintenance Treatment

- Methadone is a full agonist, full activation
  - Can only be dispensed in an Opioid Treatment Program, OTP
  - Has many drug-drug interactions
  - Reduction in death rates (Grondblat, '90)
  - Reduction in IDU (Ball & Ross, '91)
  - Reduction in crime days (Ball & Ross, '91)
  - Reduction in rate of HIV seroconversion (Bourne '88; Novick '90; Metzger '93)
  - Reduction in relapse to IDU (Ball & Ross)
  - Improved employment, health & social function
- 



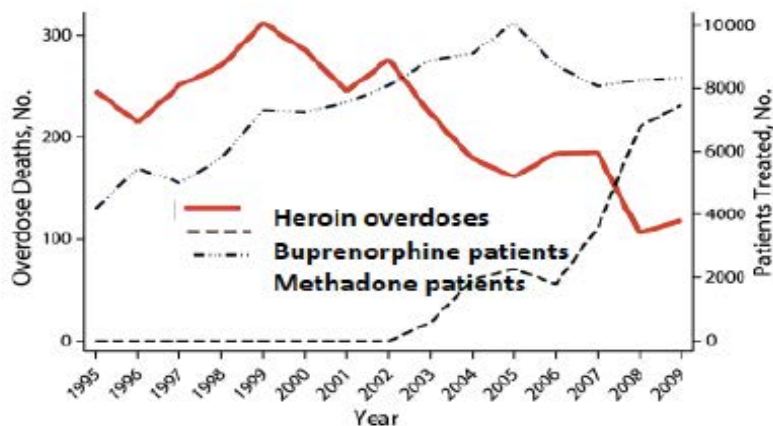
# Methadone Maintenance Treatment Limitations

- Limited Access
  - Inconvenient and highly punitive
  - Mixes stable and unstable patients
  - Lack of privacy
  - No ability to “graduate” from program
  - Stigma
- 

# Agonist Medications Decrease Heroin OD

## Agonist Treatment Reduced Heroin OD Deaths

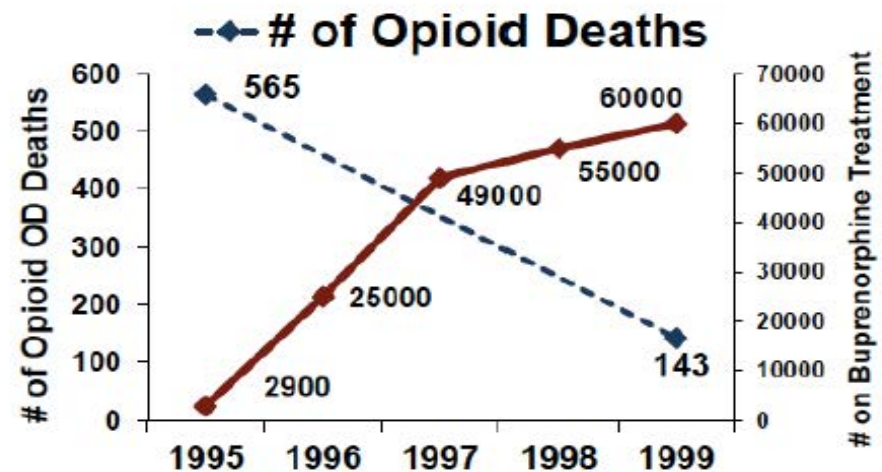
Baltimore, Maryland, 1995-2009



Schwartz RP et al., Am J Public Health 2013.

## Buprenorphine Reduced Heroin OD

France 1995-1999 (75% reduction)




Ling et al. J Subst Abuse Tx 2002;23:87-92.

Auriacombe et al. JAMA 2001;285:45.

# Vivitrol®(naltrexone)

- An opioid antagonist, blocker
- Given by injection every 4 weeks
- When using for opioid use disorder, wait 7-10 days (up to 14 for methadone)
- Most common side effects
  - Nausea, vomiting, headache, dizziness, fatigue, anxiety, somnolence
- Reduces craving
- Injection effects can be overcome with high dose opioids
- Tolerance resolves quickly and return to prior doses of opioids can lead to overdose

# Potential Naltrexone Candidates

- Occupational Obstacles: Healthcare providers
  - Not interested/Failed agonists
  - High Motivation for AA Model of Recovery
  - Currently Abstinent: High risk of relapse
  - Maybe younger, shorten duration of OUD
  - Don't want to be physically dependent
  - Tired of regulations, stigma and pressure from others
- 

# Opioid Use Disorder (OUD): Behavioral Treatment Components

- Psychosocial Services: often helpful for treatment of OUD
  - Can be delivered by physician and/or by referral when needed
- Refer patients as clinically determined to:
  - Individual and group therapy
  - Family therapy
  - 12 Step
  - Higher psychiatric severity patients more responsive to increased services



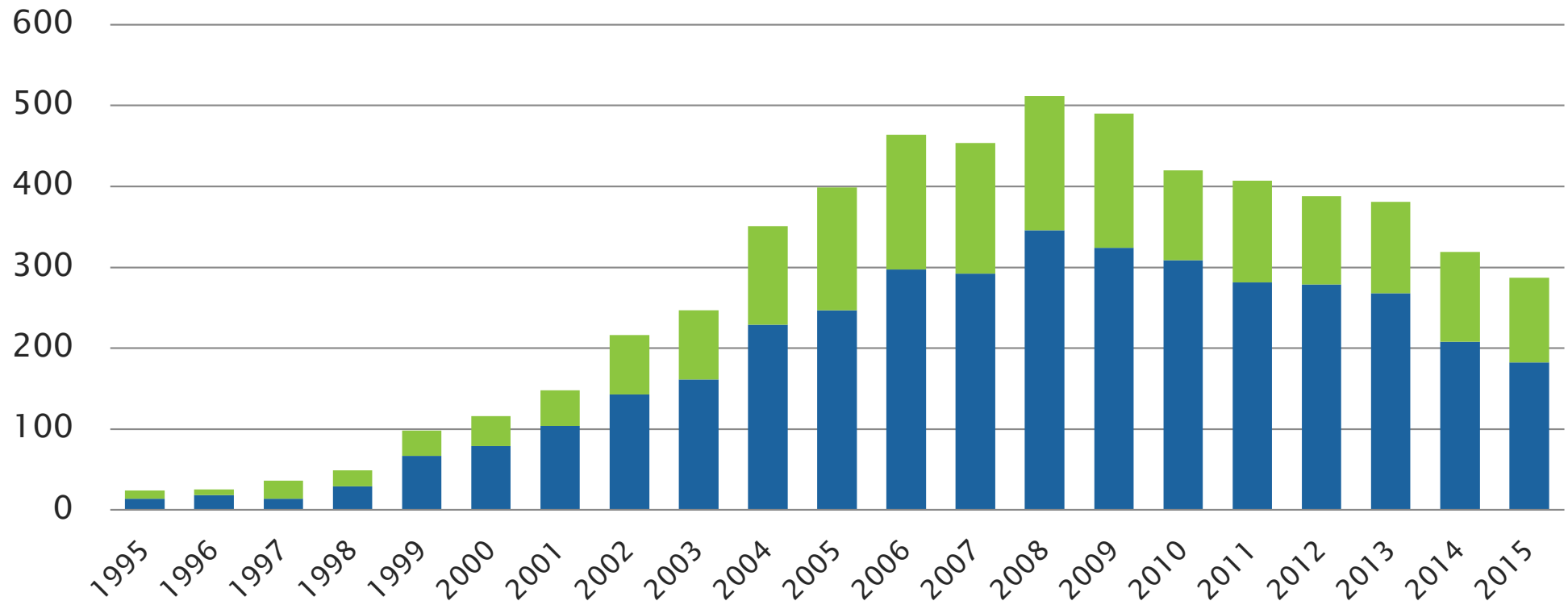
## MAT Prevents Opioid Related Deaths

- Methadone and buprenorphine reduce a person's risk of overdose by half
- Risk of treatment being in psychologic treatment alone doubled the risk of death
- 6x higher risk 1<sup>st</sup> 28 days after DC
- 3.5x higher 1<sup>st</sup> 28 days after MAT stopped
- **THE BOTTOM LINE: MAT SAVES LIVES**

## Washington Unintentional Prescription Opioid Deaths

1995 - 2015

44% sustained decline

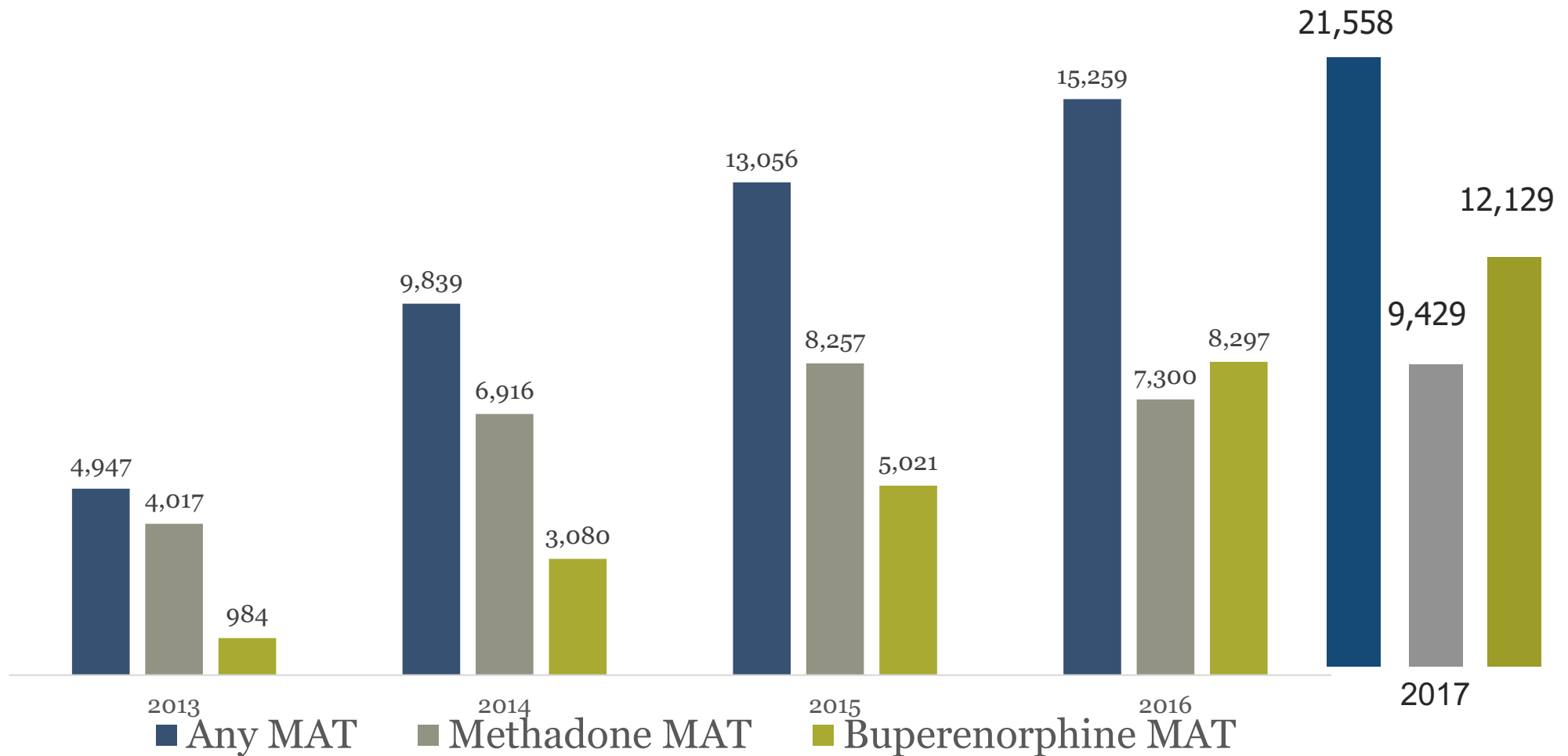


■ Possible Prescription Opioid (rx opioid+alcohol or illicit drug)

■ Definite Prescription Opioid (rx opioid+/-other prescriptions)

Source: Washington State Department of Health

# Growth in medication prescribing for opioid use disorder among Medicaid clients



SOURCE: Provider One client Eligibility tables (HCA) & Client Outcomes Database (DSHS RDA).

Note: Excludes dual eligibles and persons with third-party liability; includes all Medicaid eligibles in the year with Medication assisted treatment (MAT)

## Opioid-related overdose deaths and hospitalizations, WA State, 2016 vs. 2017

	Jan – Jun 2016	Jan – Jun 2017
<b>Deaths*</b>		
Any opioid	394	328
Rx opioid (excludes fentanyl, tramadol)	232	160
Other Synthetic (e.g., fentanyl, tramadol)	46	53
Heroin	158	146
<b>Hospitalizations</b>		
Any opioid	733	727
Non-heroin opioid	573	575
Heroin	162	154

\*Deaths from opioid overdoses may include substances from multiple opioid categories.

Source: DOH Death Certificates and CHAR5

Note: Death data available as of January 3, 2018.

# Prevent Overdose



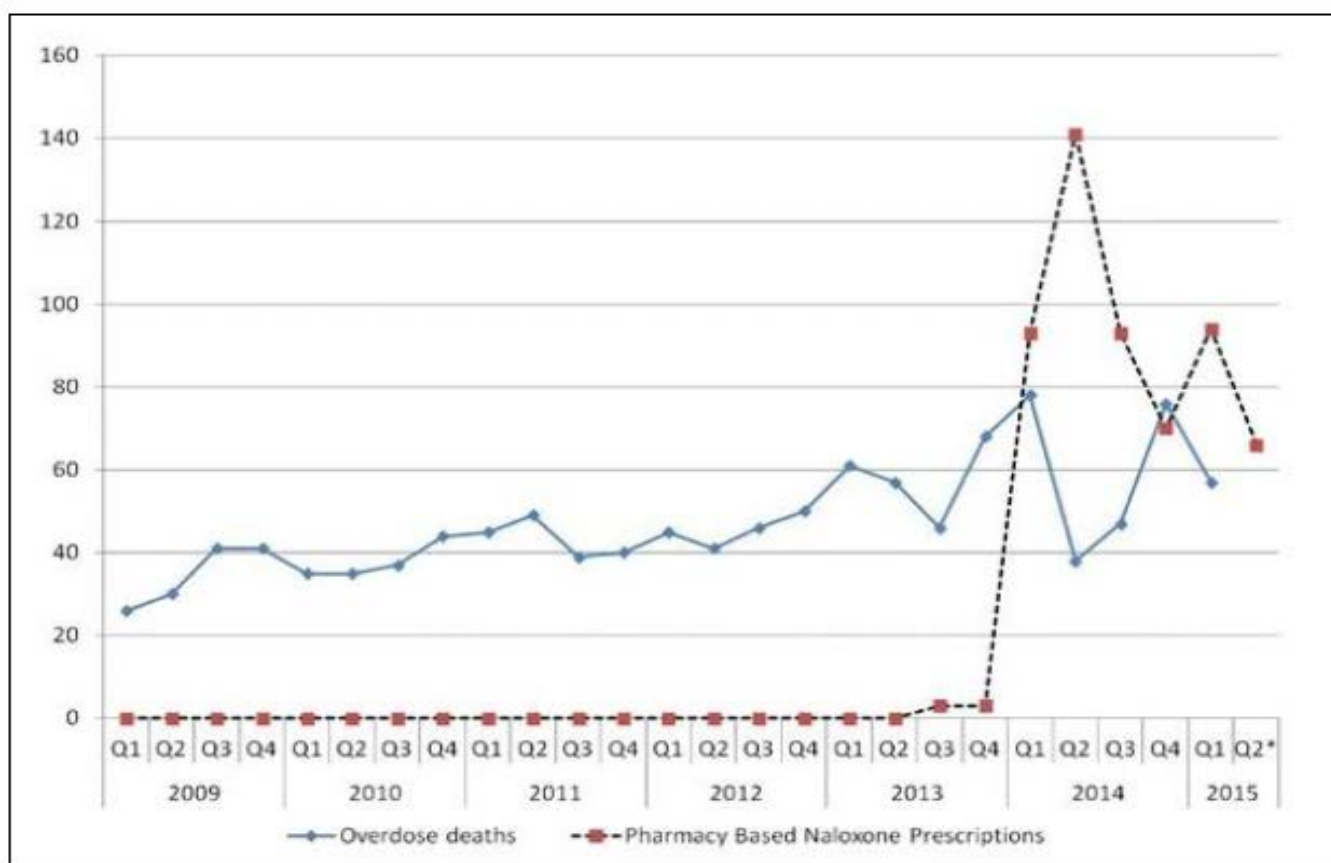
## Washington's Good Samaritan Law

- **RCW 69.41.095:** Opioid overdose medication
  - Amended in 2015
  - Licensed health care providers
  - Pharmacists
  - First responders
  - Family members
  - Any person in a position to assist persons at risk of an opioid overdose

<http://app.leg.wa.gov/RCW/default.aspx?cite=69.41.095>



## Overdose deaths and pharmacy-based naloxone prescriptions dispensed in Rhode Island



Source: Green TC et al. Orienting patients to greater opioid safety: models of community pharmacy-based naloxone. Harm Reduction J. 2015

# Naloxone Formulations

Injectable



Intranasal



EVZIO® Autoinjector



Narcan® Nasal Spray




# Recovery

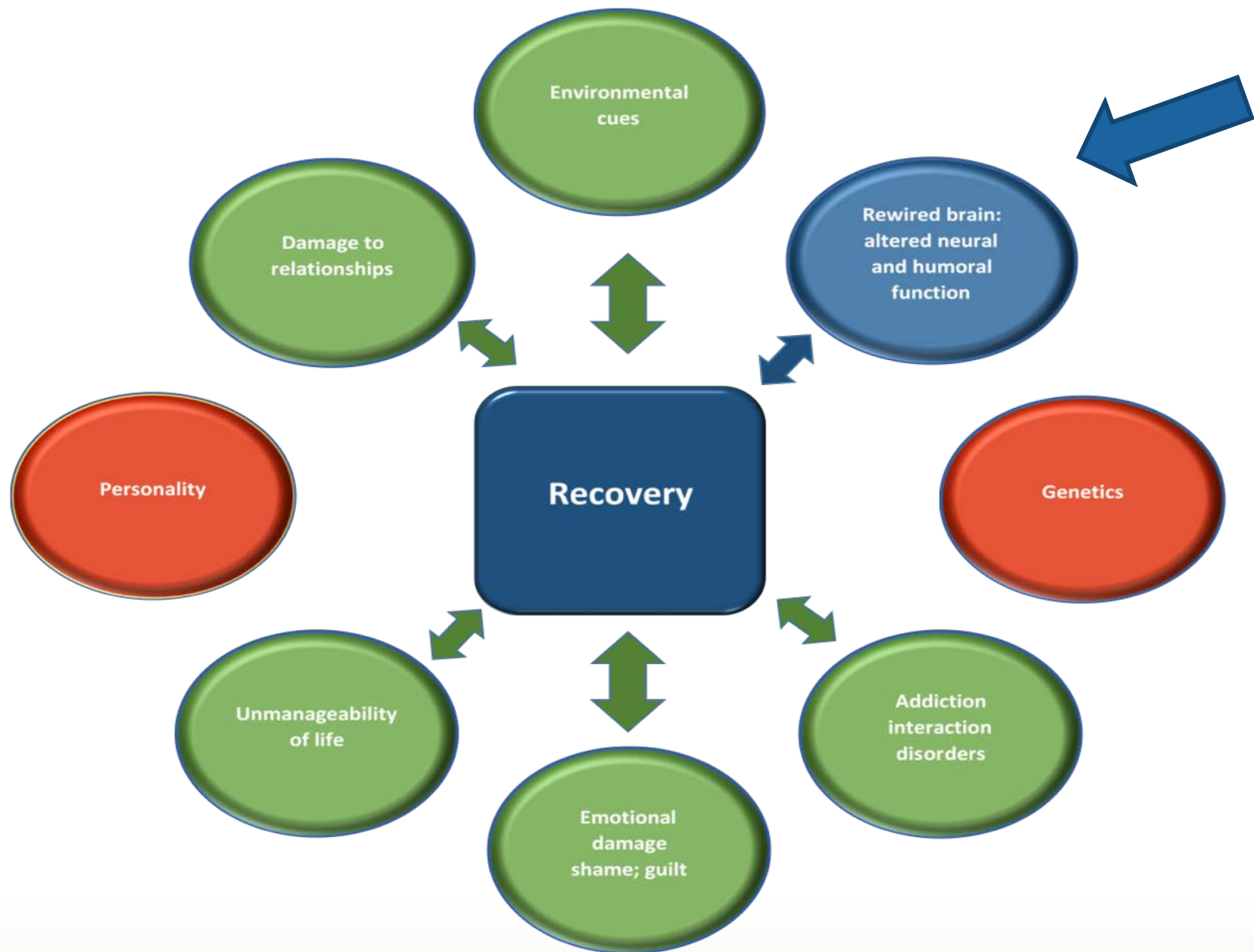
# Peer Strengths

- Empathic
- Hopeful
- Integrated
- Strength based
- Lived experience
- Health, home, purpose, community



## Peer Recovery Supports

- Reduce the risk of relapse
  - Provide hope
  - Provide experiential knowledge
  - People don't live in clinics or treatment centers
- 



Questions?



# **State Targeted Response to the Opioid Crisis Grants**

## **Short Title: Opioid STR**

Stephanie S. Endler, MPA  
Project Director, Opioid State Targeted Response

# SAMHSA STR Grant

- Part of the 21st Century Cures Act, signed December 13, 2016, by President Obama
  - Promotes and funds the acceleration of research into preventing and curing serious illnesses; accelerates drug and medical device development.
  - Addresses the opioid abuse crisis; and tries to improve mental health service delivery.
  - **STR State award allocations based on need: \$485 million in grants to help states and territories combat opioid addiction**
- May 1, 2018, year two of the STR Grant began

# Prevention #1

- **Prescriber/Provider Education (\$80,000)**
  - Goal #1 **Prevent opioid misuse and abuse**; *Strategy 1: Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain.*
- Description:
  - Host two (one east side and one west side of the State) symposium events for Washington State dental prescribers and oral health care providers who commonly treat youth and adults with injuries and acute pain.
  - The events will focus on opioid prescribing practices and guidelines. Washington State Labor and Industries (L&I) provided planning support for symposium content and speakers.
- DBHR Lead Manager: STR Prevention Manager Alicia Hughes



## Prevention #2

- **UW TelePain (\$40,619)**
  - Goal #1 **Prevent opioid misuse and abuse**; *Strategy 1: Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain.*
- Description: Provide partial funding to the University of Washington (UW) for a weekly TelePain program that provides access to a multidisciplinary panel of experts that provide didactic teaching and case consultation to primary care providers to reduce overdose related deaths by improving the knowledge and prescribing practices of primary care providers.
- DBHR Lead Manager: STR Prevention Manager Alicia Hughes

# Prevention #3

- **Public Education Campaign (\$868,149)**
  - *Goal #1 Prevent opioid misuse and abuse; Strategy 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, among opioid users.*
- Description: Work with the DSHS Communications Office and additional media vendors as needed to design, test and disseminate various public education (cable, radio, newsprint, and social media) messages that promote public education with tribes to meet community needs.
- DBHR Lead Manager(s): Billy Reamer & Tina Anderson

## Websites:

<https://www.facebook.com/WAopioidawareness/>

<http://getthefactsrx.com/>

[www.watribalopioidsolutions.com](http://www.watribalopioidsolutions.com)

## Prevention #4

- **Safe Storage Curricula and Training (\$20,000)**
  - *Goal #1 Prevent opioid misuse and abuse; Strategy 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, among opioid users.*
- Description: Innovative pilot project to integrate prescription drug misuse and abuse prevention education into existing state services that parents and caregivers receive. This project will engage state agencies to submit project proposals up to \$5,000 to establish internal capacity to provide prescription misuse/abuse prevention education and messaging.
- DBHR Lead Manager: STR Prevention Manager Alicia Hughes

# Prevention #5

- **Prevention Workforce Enhancements (\$60,000)**

- *Goal #1 Prevent opioid misuse and abuse; Strategy 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, among opioid users.*

Description: Enhance funding support to Annual Washington State Prevention Summit and Spring Youth Forum. This support will increase the availability of educational opportunities for youth and prevention professionals (and related fields) by providing presentations and workshops geared toward opioid misuse and abuse prevention.

- DBHR Lead Manager: Angie Funairole

## Prevention #6

- **Community Prevention and Wellness Initiative (CPWI) Expansion (\$752,000)**
  - *Goal #1 Prevent opioid misuse and abuse; Strategy 3: Prevention opioid misuse in communities, particularly amongst youth.*
- Description:
  - Using an evidence-based school and community process, DBHR has expanded CPWI to five additional high-need communities.
  - These CPWI sites will conduct local strategic planning and decision-making to focus on addressing local needs by implementation of evidence-based strategies and programs, as well as, initiating educational events/activities to increase community awareness about prescription drug and opioid misuse/abuse.
- DBHR Lead Manager: STR Prevention Manager Alicia Hughes

## Prevention #7

- **Analysis of Evidence-Based Practices (\$35,000)**
  - *Goal #1 Prevent opioid misuse and abuse; Strategy 3: Prevention opioid misuse in communities, particularly amongst youth.*
- Description: Contract with Washington State University (WSU) to conduct analysis of current selection of evidence-based practice with outcomes in the most salient factors related to youth misuse/abuse of prescriptions drugs.
- DBHR Lead Manager: Angie Funairole & Rebecca Grady

# Prevention #8

- **Community Enhancement Grants (\$300,000)**
  - *Goal #1 Prevent opioid misuse and abuse; Strategy 4: Promote safe home storage and appropriate disposal of prescription pain medication to prevention misuse.*
- Description: Utilize application process to fund services to 10-15 communities in Washington State to implement evidence-based programs and drug take back and educational strategies over the course of one-year with the goal of reducing or preventing prescription medicine and opiate misuse and abuse.
- DBHR Lead Manager: STR Prevention Manager Alicia Hughes

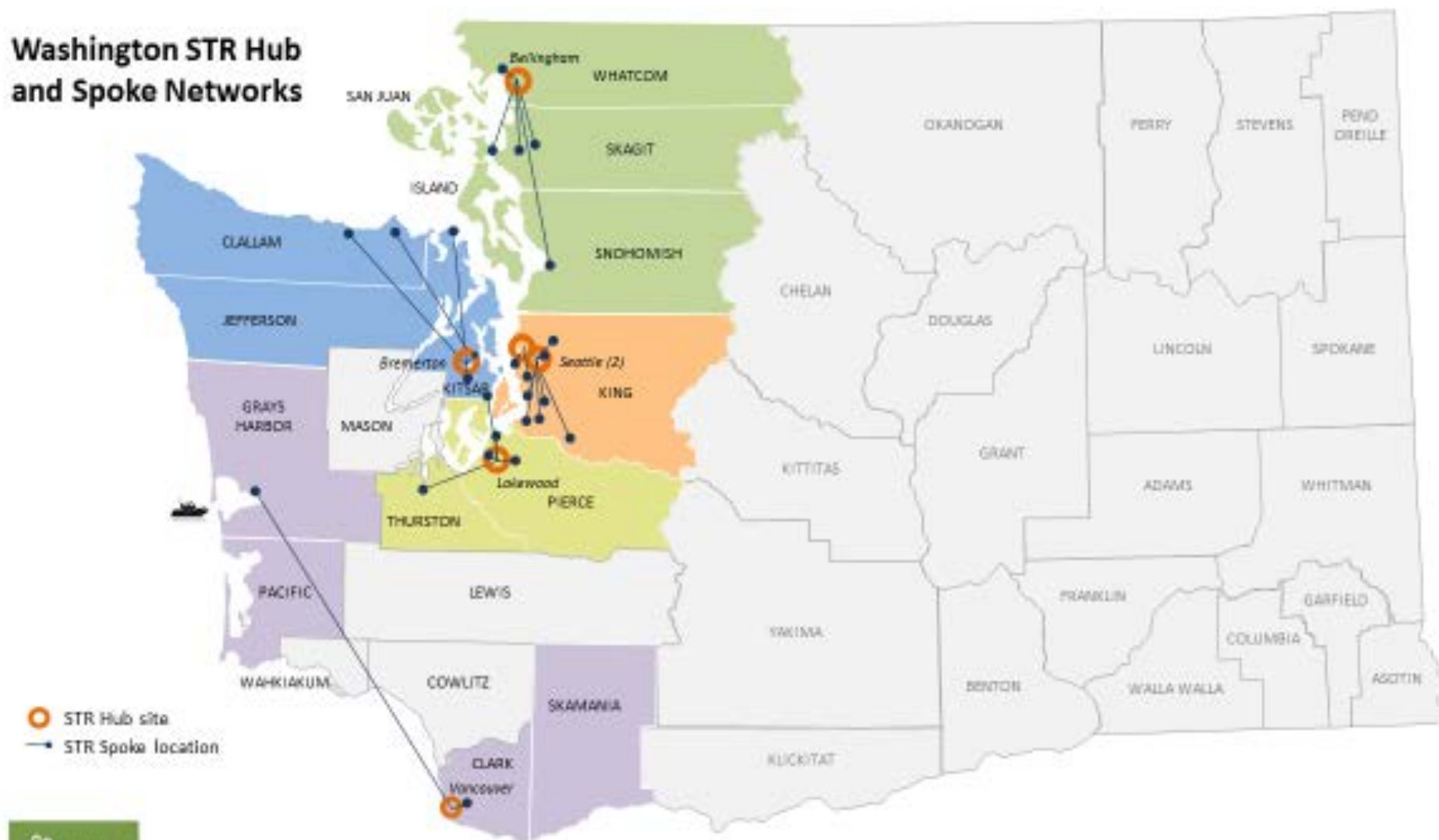


# Treatment #1

- **Hub and Spoke (\$4,995,951)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in communities*
- DBHR will expand access for statewide access to Medication Assisted Treatment (MAT) and reduce unmet need by developing and implementing six (6) hub and spoke models. Hubs are regional centers serving a defined geographical area that will support spokes.
- Hubs will be responsible for ensuring that at least two of the three Federal Drug Administration approved MAT are available. Spokes (five per hub) are facilities that will provide behavioral health treatment and/or primary healthcare services, wrap around services, and referrals to patients referred to them by the hub.

# Hub and Spoke Locations

## Washington STR Hub and Spoke Networks



DATA SOURCE: Division of Behavioral Health and Recovery.

NOTES: STR Spoke locations may represent more than one clinic or agency providing MAT services or referrals to the STR Hub site.



## Treatment #2

- **Mobile OTP Vans (\$400,000)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in communities*
- Funding will be provided to Evergreen Treatment Services to purchase, customize, and deploy a mobile van for Opioid treatment to expand services in urban areas.

## Treatment #3

- **Low-Barrier Buprenorphine Pilot (\$130,000)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in communities*
- WA-Opioid STR together with ADAI will develop a low-barrier buprenorphine model to induce and stabilize highly vulnerable people with OUD on buprenorphine in a community based setting.
- People will be provided buprenorphine quickly, typically within 1-48 hours, then will receive flexible dosing/prescribing so that they are able to stabilize over 30-60 days. They will be provided ongoing support of a nurse care manager and transitioned to maintenance at a community based health clinic.

## Treatment #4

- **PathFinder Peer Project (\$1,660,000)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in communities*
- PathFinder Peer Project will build on the already established DBHR Projects for Assistance in Transition from Homelessness (PATH) program to provide SUD peers recovery support in two environments, emergency rooms and homeless encampments. The project will link the individuals to needed MAT services and assist in navigating systems and addressing barriers to independence and recovery.

## Treatment #5

- **Tribal Treatment (\$275,000)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in communities*
  - WA-Opioid STR funding will be used to add treatment training tracks to currently established tribal conferences, provide funding for tribal participants to attend the conferences. Funding will also be used to create and distribute media campaigns for tribes to build awareness related to MAT/OD treatment options for Native Americans.

## Treatment #6

- **Treatment Payment Assistance (\$242,524)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in communities*
- Each of the 10 Regional Service Areas will receive funding to off-set the cost of providing treatment services to opioid use disorder patients who have financial barriers to treatment access. This funding is intended to offset deductible and co-pays for patients seeking treatment for OUD services but are unable to meet co-pay requirements.



## Treatment #7

- **ODU Treatment Decision Re-entry Services & COORP**  
(\$690,500)
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in the criminal justice system.*
- The reentry work-release and violator programs will be located in five communities across Washington State and provide re-entry services for discharging work-release and parole violators who have been identified as having OUD.
- The second program; Care for Offenders with OUD Releasing from Prison (COORP) will identify incarcerated individuals with OUD, expected to be released, and connect individuals to MAT services in the county of their release, and expedite their enrollment in a Medicaid health plan. Individuals with OUD will receive Naloxone upon release from incarceration.

## Treatment #8

- **Bridge to Recovery (JRA) (\$201,000)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in the criminal justice system.*
- Develop an evidenced-based Juvenile Rehabilitation model that reduces substance abuse disorders, increases education and employment opportunities for youth and addresses systemic barriers that perpetuate the cycle, and implement ACRA reentry transition activities that link youth to mainstream services.

## Treatment #9

- **Naloxone Distribution (\$200,000)**
  - **Goal 3: Intervene in opioid overdoses to prevent death** *Strategy 2: Make system-level improvements to increase availability and use of naloxone.*
- WA-Opioid STR funding will provide naloxone to vulnerable and underserved populations in partnership with ADAI. This program will help meet the need by providing naloxone to places at both high relative risk (in terms of the local opioid overdose mortality rate) and high absolute risk (in terms of the total number of fatal overdoses and estimated heroin using population).

## Treatment #10

- **Prescription Monitoring Program (\$250,000)**
  - **Goal 4: Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions** *Strategy 1: Improve Prescription Monitoring Program functionality to document and summarize patient and prescriber patterns to inform clinical decision making. Strategy 2: Utilize the PMP for public health surveillance and evaluation*
- WA-Opioid STR funding together with the Department of Health (DOH) will support PMP staffing in creating prescriber feedback reports to assist individual providers and provider groups in reviewing their prescribing practices. PMP data will also be provided to DBHR prevention data as an integral part of the developing data books in the development of the CPWI sites and other local substance use disorder planning efforts.

# Questions & Contact Information

- Questions?
- Contact Information:

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