

HMA

Safe Supply Work Group

Work Group Meeting

Sept. 05, 2024

8:30 a.m. to 10:30 a.m.

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Photo source: <https://filtermag.org/people-who-use-drugs-safer-supply/>

Land Acknowledgement

We stand on the lands of the Chehalis, Chinook, Colville, Cowlitz, Duwamish, Hoh, Jamestown S’Klallam, Kalispel, Lower Elwha Klallam, Lummi, Makah, Muckleshoot, Nisqually, Nooksack, Port Gamble S’Klallam, Puyallup, Quileute, Quinault, Samish, Sauk-Suiattle, Shoalwater Bay, Skokomish, Snoqualmie, Spokane, Squaxin Island, Stillaguamish, Suquamish, Swinomish, Tulalip, Upper Skagit, Wanapum, and Yakama tribes.





AGENDA

- » Introductions
- » Personal Stories from the Field
- » Inquiry Request
- » Presentation: Dr. Marlene Haines
- » Review Survey Data
- » Recommendation Discussion
- » Public Comment
- » Next Steps

HMA TEAM INTRODUCTIONS



Charles Robbins, MBA

(he/him/his)

Principal

Health Management
Associates



Erin Russell

(she/her/hers)

Principal

Health Management
Associates



Megan Beers

(she/her/hers)

Senior Consultant

Health Management
Associates



Cami Collins

(she/her/hers)

Consultant

Health Management
Associates

MEMBER INTRODUCTIONS *(NOT GENERAL PUBLIC)*

- Name
- Pronouns *(optional)*
- Affiliation



PERSONAL STORIES FROM THE FIELD

>> Speaker: LaVonnie

REQUEST FOR INQUIRIES

- » [SAFER Initiative](#) site visit on September 27th
 - » Offer pharmaceutical alternatives to the toxic unregulated drug supply, prioritizing people who are unhoused

What kind of information would you like the team to bring back for consideration?



Photo source: <https://www.catie.ca/programming-connection/victoria-safer-initiative>

IN-PERSON MEETING – ROLL CALL!

- » September 23, 2024 / 9:00am – 11:00am (PST)
 - » 8:30am coffee and networking
- » Health Care Authority, Sue Crystal Conference Rooms A/B
 - » 626 8th Avenue S.E. Olympia, WA 98501
- » Travel reimbursement is available!

RECORDING

The presentation will be recorded at this time



PRESENTER



Dr. Marlene Haines

Marlene Haines RN, PhD
University of Ottawa

*—Researcher and Nurse Practitioner student.
Faculty of Health Sciences, School of Nursing
University of Ottawa*



uOttawa

- » Marlene Haines RN PhD is a researcher and nurse practitioner student in the School of Nursing at the University of Ottawa. Dr. Haines program of research focuses on the drug poisoning crisis, harm reduction, and drug policy.
- » She also has clinical expertise in safer supply programs, injectable opioid agonist therapy, and working with individuals who use substances as well as those who are homeless or unstably housed.
- » Safer Supply Publications:
 - » Haines, Tefoglou, & O'Byrne. (2022). Safer Supply Ottawa evaluation: Fall 2022 report. <https://safersupplyottawa.com/research/>
 - » Haines, Tefoglou, & O'Byrne. (2023). Safer Supply Ottawa evaluation: Spring 2023 report. <https://safersupplyottawa.com/research/>
 - » Haines, Hill, Kerwin, Tefoglou, & O'Byrne. (2023). Safer Supply Ottawa evaluation: Fall 2023 report. <https://safersupplyottawa.com/research/>

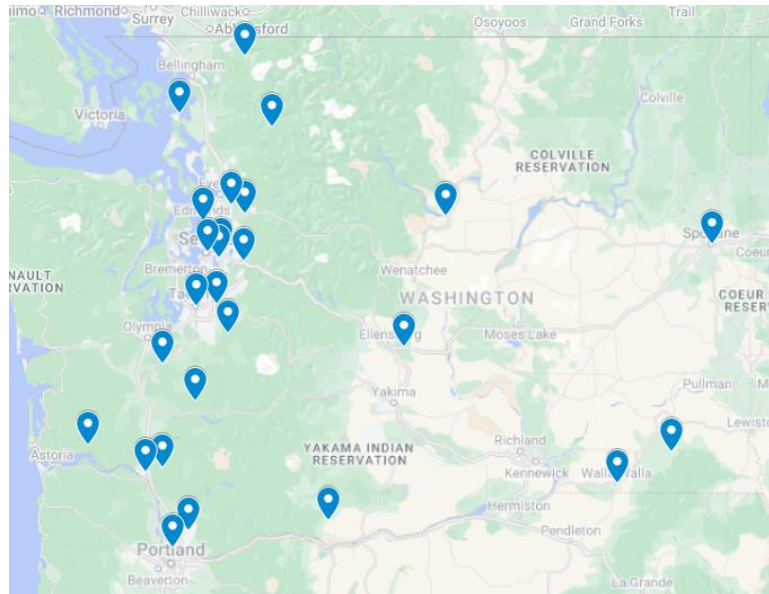
DISCUSSION

SURVEY RESPONSES

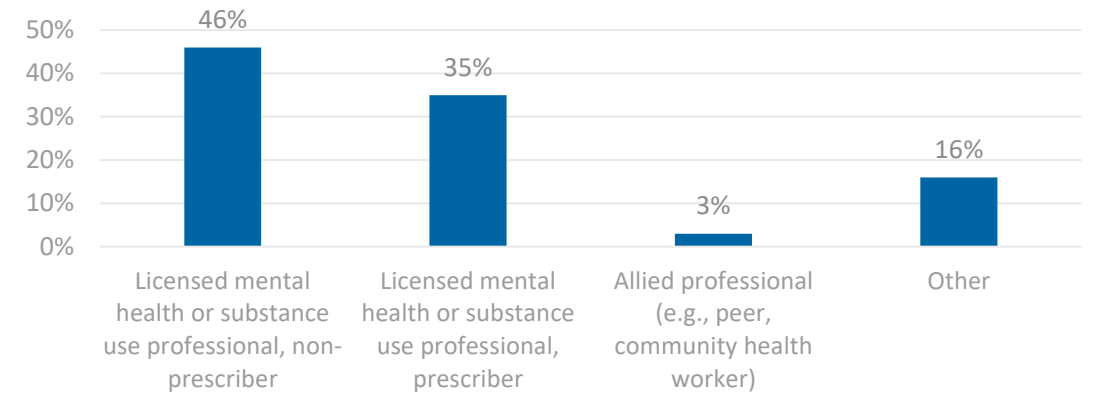
SAFER SUPPLY SURVEY RESPONDENTS (N=35)

- 97% of respondents currently or have previously worked in substance use disorder treatment in Washington State.
- 24% of respondents are currently or have previously been a medical director of a substance use disorder treatment program.

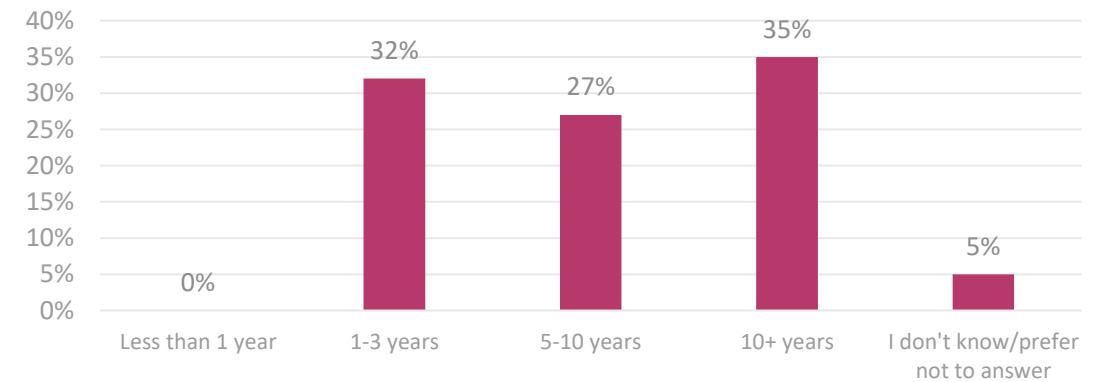
- Bellevue
- Chelan
- Clark County
- Columbia County
- Cowlitz County
- Edmonds
- King County
- Kittitas
- Klickitat
- Lewis County
- Longview
- Mercer Island
- Monroe
- Pacific
- Pierce County
- Seattle
- Skagit County
- Snohomish
- Spokane
- Tacoma
- Thurston County
- Vancouver
- Wahkiakum County
- Walla Walla
- Whatcom County



Respondents current professional roles:



Number of years respondents have been working in the BH field:



SAFER SUPPLY SURVEY HIGHLIGHTS

- Total survey responses: 35
- Survey responses indicated that 57% of respondents had a **good, very good, or excellent understanding** of Safer Supply Models
- Respondents have the following concerns about an organization implementing a safer supply program:
 - **Cost and Funding**
 - **Social Stigma**
 - **Risk of Increased Drug Use**
- From slightly positive to exceptionally positive, **68% of survey respondents believe access to a safer supply program would positively impact their community**
- 68% of respondents believe **Buprenorphine (Suboxone)** is most appropriate for safer supply

Would your clients/patients benefit from access to additional options for the treatment of opioid use disorder and/or safer supply?

Yes	27 (77%)
No	4 (11%)
I don't know/prefer not to answer	4 (11%)

Do you think having additional pharmacological treatment options available for the treatment of Opioid Use Disorder would support better outcomes for your clients/patients?

Yes	31 (89%)
No	4 (11%)
I don't know/prefer not to answer	0

Would you be interested in participating in a safer supply program?

Yes, actively	9 (26%)
Yes, but in a supportive role	8 (23%)
No	8 (23%)
I don't know/prefer not to answer	10 (29%)

SAFER SUPPLY AFFIRMATIONS

Do you have any suggestions for how a safer supply program should be implemented in Washington?

“Carefully, with lots of consultation, ongoing assessment, and...humble bravery!”

“I think there is a lot of education for prescribers before considering”

“Thanks for your consideration and efforts”

“I think having the state health department involved and research tracking results of a pilot program outcome would lend more widespread acceptance in the medical community”

“Educate providers about addiction in a view to stop stigmatizing people and to understand pain management”

“Educate the public in community meetings of what safe supply means and how it is implemented /used in a safer manner to reduce negative effects of substance use”

“It would be wonderful to be able to offer individuals other options and to de-stigmatize substance use”

“There needs to be options for stimulant use. We have MAT for opioid use, but not stimulant. I feel as though there needs to be options for that.”

“I think this could save a lot of lives, thank you for your efforts”

SAFER SUPPLY CONCERNS

Do you have any suggestions for how a safer supply program should be implemented in Washington?

“Suboxone only.”

“Methadone is currently being incorrectly prescribed and the companies doing it need far more oversight. Methadone companies our state care about the money and not the clients. They are keeping them sick, and the methadone is a supplement for active addicts”

“None. I think it would be a disaster and the Communities we all live in will stigmatize person's with a substance use problem horribly. This reminds me of "Safe Injection Sites" - when speaking to the general public, they were horrified.”

“Suboxone only. Stop methadone and any other safer supply substances.”

“It should not be implemented. A bad idea”

“It would need to be mandated by law in this state, as my county's commissioners are against even proven methods of harm reduction such as sterile syringe exchange programs.”

THREE CATEGORIES/GROUPS

Injectable Opioid Agonist Treatment (iOAT)

- Clinical trial for diacetylmorphine, hydromorphone, etc.

Prescribed Safe Supply

- FDA petition
- Approval or off-label use of short-acting opioids (i.e., fentanyl, hydrocodone)

Criminalization Carve-out

- Allow for testing and redistribution for public health purposes
- Compassion club

DISCUSSION QUESTIONS

1. What do we know about this safer supply model?
2. In what ways would this mode be helpful for people in Washington?
3. What are the barriers to implementing this safer supply model?
4. What are the steps that would need to be taken to address barriers?
5. If we could only do one thing to make progress on this item, what would it be?
6. Can we identify other policies that would support the implementation of this safer supply method? (harm reduction policies, social services and supports, etc.)

CONSENSUS TO DATE

1. People deserve more options for the treatment of opioid use disorder
2. Safer supply is an effective opioid overdose reduction strategy
3. We can dream big while being practical and realistic

PUBLIC COMMENT

- » The workgroup meetings of the Safe Supply Work Group are not subject to the WA Open Public Meetings Act
- » Members have requested the ability for non-members to participate, but in listen mode only
- » We would like to offer 15 minutes for public comment at this time. Please be respectful and brief in your remarks.
- » Please know that future meetings may be closed at the discretion of membership
- » Members may request a link to view recordings of missed meetings. Presentation PDFs will be shared with members after the meeting.

NEXT STEPS

- » Upcoming meetings:
 - » September 23, 2024 / 9:00am – 11:00am (PST) [**in-person**]
 - » October 3, 2024 / 8:30am – 10:30am (PST)

APPENDIX

SAFER SUPPLY SURVEY RESULTS

In your role currently or in past roles, have you been a prescriber of pharmacological treatment for individuals with substance use disorders? (This includes methadone and/or buprenorphine.)

Yes	17 (46%)
No	20 (54%)
I don't know/prefer not to answer	0

If new MOUD treatment options were available, would you consider prescribing them?

Yes	18 (51%)
No	2 (6%)
Not applicable – I am not a prescriber	13 (37%)
I don't know/prefer not to answer	2 (6%)

On a scale of 1-10, what is your level of understanding about models of safer supply?

1 - Not at all	2 (6%)
2 - Very Little	4 (11%)
3 - Slight	3 (9%)
4 - Limited	3 (9%)
5 - Moderate	3 (9%)
6 - Fair	6 (17%)
7 - Good	5 (14%)
8 - Very Good	6 (17%)
9 - Excellent	3 (9%)
10 - A Great Deal	0

On a scale of 1-10, how do you think access to a safer supply program would impact the community you serve?

1 – Very Negatively	2 (6%)
2 - Negatively	2 (6%)
3 – Somewhat Negatively	2 (6%)
4 – Slightly Negatively	0
5 - Neutral	5 (14%)
6 – Slightly Positively	4 (11%)
7 – Somewhat Positively	6 (17%)
8 - Positively	8 (23%)
9 – Very Positively	5 (14%)
10 – Exceptionally Positively	1 (3%)

Do you have the following concerns about prescribing new MOUD treatment options to your clients/patients?

Legal issues	6 (18%)
Ethical concerns	5 (15%)
Risk of increased drug use	5 (15%)
Cost and fundings	18 (55%)
Social stigma	11 (33%)
Other	3 (9%)
I don't know/prefer not to answer	7 (21%)

Where did you first learn about safer supply?

Professional training	9 (26%)
Conferences or seminars	9 (26%)
Colleagues	7 (21%)
Media	3 (9%)
I have never learned about safe supply	4 (12%)
Other	1 (3%)
I don't know/prefer not to answer	1 (3%)

In thinking about your practice setting, which medications would be most appropriate for safer supply (select all that apply)?

Diacetylmorphine	1 (3%)
Dilaudid	6 (17%)
Methadone	17 (49%)
Buprenorphine (Suboxone)	24 (69%)
Fentanyl Patches	7 (20%)
Slow-release oral morphine	10 (29%)
I don't know/prefer not to answer	7 (20%)

Do you have the following concerns about an organization (nonprofit organization, hospital, or clinic) implementing a safer supply program (e.g., Compassion Club)?

Legal issues	11 (31%)
Ethical concerns	13 (37%)
Risk of increased drug use	15 (43%)
Cost and fundings	19 (54%)
Social stigma	19 (54%)
Other	2 (6%)
I don't know/prefer not to answer	5 (14%)

SAFER SUPPLY SURVEY RESULTS

On a scale of 1-10, how comfortable would you be with clients/patients taking new options of medications (like long acting hydromorphone) at home unsupervised?

1 – Not at all comfortable	1 (3%)
2 – Very Uncomfortable	4 (11%)
3 –Uncomfortable	2 (6%)
4 – Somewhat Uncomfortable	5 (14%)
5 - Neutral	7 (20%)
6 – Somewhat Comfortable	6 (17%)
7 – Comfortable	5 (14%)
8 – Very Comfortable	2 (6%)
9 – Extremely Comfortable	2 (6%)
10 – Totally Comfortable	1 (3%)

On a scale of 1-10, how comfortable are you with clients/patients taking MOUD medications (like methadone) at home unsupervised?

1 – Not at all comfortable	1 (3%)
2 – Very Uncomfortable	2 (6%)
3 –Uncomfortable	2 (6%)
4 – Somewhat Uncomfortable	0
5 - Neutral	3 (9%)
6 – Somewhat Comfortable	5 (14%)
7 – Comfortable	8 (23%)
8 – Very Comfortable	2 (6%)
9 – Extremely Comfortable	3 (9%)
10 – Totally Comfortable	9 (26%)

What would motivate you to implement/work within a safer supply program? (Select all that apply)

It was supported/ endorsed by the leadership of the organization I work within	16 (46%)
It was supported by a client advocacy group	9 (26%)
It was supported by my professional organization	14 (40%)
There was more research	16 (46%)
I knew more about the purpose and benefits of the program	20 (57%)
Other	0
I don't know/prefer not to answer	5 (14%)

What do you think are the biggest challenges in implementing a safer supply program? (Select all that apply)

Funding and resources	22 (63%)
Training for healthcare providers	15 (43%)
Regulatory and legal barriers	23 (66%)
Community acceptance	24 (69%)
Monitoring and evaluation	18 (51%)
Other	4 (11%)
I don't know/prefer not to answer	2 (6%)

On a scale of 1-10, how comfortable would you be with clients/patients injecting medications instead of taking them orally?

1 – Not at all comfortable	5 (14%)
2 – Very Uncomfortable	6 (17%)
3 –Uncomfortable	2 (6%)
4 – Somewhat Uncomfortable	3 (9%)
5 - Neutral	9 (26%)
6 – Somewhat Comfortable	5 (14%)
7 – Comfortable	3 (9%)
8 – Very Comfortable	1 (3%)
9 – Extremely Comfortable	0
10 – Totally Comfortable	1 (3%)

Do you believe research from other countries present evidence that (select all that apply)

Safer supply options reduced overdose deaths	19 (54%)
Safer supply options decreased transmission of infectious diseases	20 (57%)
Safer supply options reduced crime rates	16 (46%)
Safer supply options improved overall population health	18 (51%)
Other	2 (6%)
I don't know/prefer not to answer	10 (29%)