HMA

Safe Supply Work Group

Final Recommendations

In-Person Meeting

Sept. 23, 2024

9:00 a.m. to 11:00 a.m.

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

WELCOME

Tony Walton, Section Manager
Adult Substance Use and Treatment
Division of Behavioral Health and Recovery

Charles Robbins, MBA
Principal
Health Management Associates

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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.

Photo source: KuleLoklo3272 - Coast Miwok - Wikipedia

AGENDA

- Welcome
- Introductions Icebreaker
- Setting the Stage
- Breakouts for Recommendations
- Report Timeline and Next Steps

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ICE BREAKER

2 MINUTES EACH PERSON:

- Introduce yourself to a person you don’t know or don’t know well.
- Provide your name, affiliation, and share one thing that you want people to know about you as it relates to this work.

15 MINUTES FULL GROUP:

- We will then ask everyone to introduce their partner to the group.

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SAFE(R) SUPPLY

"Safe Supply" refers to an expansion of regulated pharmaceutical options for people with substance use disorder. There are varying degrees of evidence for different models.

1. **Treatment model:** The strongest evidence base is for hydromorphone and diacetylmorphine as treatment options alongside methadone.
2. **Drug Supply Alternative model**: Prescribe a wider range of drugs, including short acting opioids, benzodiazepines, and stimulants, with reduced barriers to access.

Are we aligned using safer supply going forward?

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HARM REDUCTION PLACEHOLDER SLIDE

- Harm reduction is not only the provision of tools that reduce the risk of drugs, but an approach to care and treatment that is centered on non-judgment and compassion. Providers can practice harm reduction by having open conversations about someone's drug use, offering practical risk reduction education, and supporting patients with determining their own goals for treatment. Harm reduction is pragmatic, giving patients full autonomy in determining their care, accountability without termination, and embracing any positive change an individual makes in their health and wellbeing (Hawk et al., 2017).
- Safer supply programs are applying harm reduction principles when program participants are able to select their preferred treatment substance, can obtain and ingest or administer the drug in their own time, are allowed take home doses, are not required to engage in any other services to obtain access to medication, and are held accountable to self-determined goals without termination. Care can be determined by individual needs.
- The other end of the spectrum are safer supply programs (most notably iOAT) that give limited medication options to patients, require extensive intakes and participation in other services like counseling in order to access medications, do not allow take-home dosing, and available treatment options do not allow for variation in route of administration. Patients are often subjected to regular urine screening. Methadone is an example of an opioid agonist used for treatment that is highly regulated and regimented with little option for individualization. This strict approach was codified in the US by the Narcotics Treatment Act of 1974 that created opioid treatment programs.

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GROUP NORMS

- Agree to disagree
- Be respectful of all opinions
- Step up, step back
- Assume good intentions
- Strive for consensus on final recommendations
- Others?

Reminder to care for yourself, if you need to excuse yourself at any time, please do so.

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RECOMMENDATIONS

RECOMMENDATION 1: REMOVE BARRIERS TO THE IMPLEMENTATION OF A RANDOMIZED CLINICAL TRIAL OF HYDROMORPHONE FOR PEOPLE WITH OPIOID USE DISORDER IN WASHINGTON

- Researchers, with federal government cooperation, can implement randomized controlled clinical trials (RCT) for schedule I drugs such as diacetylmorphine, to demonstrate a new use of a schedule II drug, like hydromorphone.
- While a RCT has not been done before in the US, in other countries diacetylmorphine and hydromorphone were evaluated with RCTs over 20 years ago and demonstrated as effective as methadone. These options are covered by public healthcare systems in European countries like the UK, Switzerland, and Denmark.
- The Safer Supply Workgroup agreed that people with substance use disorder deserve more options than the status quo.

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RECOMMENDATION 1: REMOVE BARRIERS TO THE IMPLEMENTATION OF A RANDOMIZED CLINICAL TRIAL OF HYDROMORPHONE FOR PEOPLE WITH OPIOID USE DISORDER IN WASHINGTON

- The challenges of this recommendation include public pushback, anticipated to be similar to the resistance existing opioid treatment programs and harm reduction programs face in many parts of the state.
- Washington public health leadership can remove barriers to a RCT by 1) publicly stating support for the evaluation of these new treatments; 2) directing funding to support RCT operations; and 3) engaging other state agencies with understanding the purpose and goals of the trial.

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RECOMMENDATION 2: PROPOSE STATE LEGISLATION THAT ESTABLISHES A SCALABLE SAFER SUPPLY PILOT PROGRAM IN WASHINGTON STATE

- A state general assembly can pass a state law authorizing the establishment of a safer supply pilot program in accordance with certain rules and expectations.
- In a safer supply program, people are offered regulated, pharmaceutical grade drugs as an alternative to the volatile and deadly illicit market.
- Safer supply programs offer prescription opioids like hydrocodone and fentanyl patches, in some cases stimulants, and allow a greater amount of patient autonomy in care delivery (similar to buprenorphine).

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RECOMMENDATION 2: PROPOSE STATE LEGISLATION THAT ESTABLISHES A SCALABLE SAFER SUPPLY PILOT PROGRAM IN WASHINGTON STATE

- Nevada pursued but did not pass state legislation in 2015 and Maryland in 2017. The challenges of this recommendation include cost, workforce development, community pushback and diversion risk.

- To address barriers, a pilot program could be guided by an advisory committee, implemented pursuant to regulations established by the Health Care Authority, and available to people who meet certain criteria. Diversion can be addressed with open communication with patients and communities and increasing availability of all medications for substance use disorder treatment.

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RECOMMENDATION 3: ENHANCE EXISTING HARM REDUCTION AND SUBSTANCE USE DISORDER TREATMENT SERVICES STATEWIDE.

Washington already has unmet behavioral health and harm reduction demand. The Safer Supply Workgroup recognizes high-impact changes to increase access to the existing system of care. These include:

- Invest in provider education on safer supply and harm reduction principles
- Integrate harm reduction services and philosophy into opioid treatment programs
- Improve patient autonomy in existing opioid treatment programs in accordance with updated SAMHSA guidelines including take home dosing assessment and mobile delivery
- Increase the number of community-based syringe service programs

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BREAKOUTS

BREAKOUT PROCESS

- Three tables of 5 participants
- Each table will review each recommendation for ~10 minutes
  - Sticky notes are on each table for ideas and opinions
- Each table will have the opportunity to discuss all three recommendations

Questions to consider..

1. ***What do we need for legislators to support this recommendation?***
2. ***Are there any considerations for implementing this recommendation?***
3. ***What policies and/or laws are applicable to this recommendation?***

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QUESTIONS?