ATTENDEES

Jolene Kron, SBH-ASO; Jim Novelli, Discovery Behavioral Health; Tim McKern, Quilcene Fire; Bret Black EJFR; Gabbie Caudill, Believe In Recovery; Tom Olson, Port Townsend Police Dept; Allison Berry, Public Health Information Officer; Susan O'Brien, JCPH – SBHC; Stephen Echols, Mental Health Navigator – JCSO; David Carlbom, Convener and JeffCo EMS Medical Program Director; Lori J. Fleming, Meeting Coach.

CLICK FOR ACCESS TO:

10/23/2024 Meeting Packet, Yellow Card: Providers' Resource Bklt; Crisis Response Flow Graphic

Data Presentation's Key Takeaways:
Review of NW Region EMS Overdose Data, EMS Office data, & Unrestricted Opioid Dashboard

Data Slide : Leading Causes of Injury Deaths by Age Group (NW EMS Region, 2019-2023)

- Unintentional poisoning is the leading cause of death for ages 25-64, with falls predominating among those 65 and older.
- **Key Points:** Summarizes the leading causes of injury deaths by age, indicating unintentional injuries (e.g., falls, motor vehicle accidents) and poisoning as top causes across age groups. Highlights trends in firearm-related suicides.

Data Slide: Leading Causes of Injury Hospitalizations by Age Group (NW EMS Region, 2019-2023)

- Unintentional falls remain the leading cause of injury hospitalizations across most age groups.
- **Key Points:** Presents data on hospitalizations by cause, with unintentional falls as the predominant cause, especially among older adults. Younger groups have higher rates of drug poisoning-related hospitalizations.

Data Slide: Confirmed Overdose Deaths (NW EMS Region, 2018-2023)

- Synthetic opioids, mainly fentanyl, have shown a marked increase in overdose deaths.
- **Key Points:** Tracks overdose deaths in the NW EMS Region, showing a steady increase in fatalities, especially those involving opioids and synthetic opioids like fentanyl. Methamphetamine and prescription opioids also contribute significantly.

Data Slide: Drug Overdose Death Rates by County (2021-2023)

- Jefferson County shows a rate near the state average. (Note: Clallam County's overdose rate shows as being significantly above the state average, at 60.3 per 100,000, though this may be a data input error.)
- **Key Points:** Highlights drug overdose rates across counties in Washington, with specific focus on areas with high overdose rates, such as Clallam, Grays Harbor, and Mason counties. Jefferson County shows a rate near the state average.

Data Slide: Overdose ED Visit Rate: Jefferson (2024 Q2)

- Overdose ED visits provide insight into the immediate impact of drug use trends in Jefferson County. This slide provides emergency department visit rates for overdoses in Jefferson County, with a focus on changes over time to monitor local opioid-related incidents.
- **High Demand on Emergency Services:** Jefferson County's ED experiences a significant number of overdose-related visits, indicating a high demand for emergency services specifically related to substance misuse. This could suggest that opioids, especially synthetic opioids, are posing a regular, acute risk to the population.
- **Continuous Community Impact:** The ED visit rate reflects a persistent issue within the community, suggesting that overdoses are not isolated incidents but a continuing public health concern.
- **Systemic Considerations:** Continue to monitor the currently rising trend and focus on developing strategic approaches to overdose prevention, particularly tailored for the local demographics of Jefferson County to create data-driven, targeted responses to improve emergency health outcomes related to overdoses.

Medications for Opioid Use Disorder – Dr. Berry

Dr. Berry's presentation focused on medications for opioid use disorder, with a particular emphasis on **buprenorphine and methadone.** Her discussion covered the purpose, efficacy, and processes surrounding these treatments, including community-based application and challenges.

Opioid Use Disorder and Medication Introduction:

- Dr. Berry explained the workings of opioid receptors and how opioid use disorder (OUD) develops, including how long-term opioid use results in receptor overgrowth, leading to dependency and withdrawal.
- Emphasized the role of medications like **buprenorphine** and **methadone** in managing cravings, preventing overdoses, and supporting individuals' functionality and recovery processes.

Buprenorphine:

- Described as a **partial agonist** that binds to opioid receptors to block other opioids' effects.
- Discussed the advantages, such as decreased overdose potential and effective craving reduction.
- Mentioned the sublingual (film) and injectable versions of buprenorphine, with injectables offering 28-day coverage, which can be beneficial in certain patient care settings.
- **Challenges**: Requires withdrawal prior to administration, which can deter individuals in active addiction.

Methadone:

- Introduced as a **full agonist** that allows immediate treatment for patients who are unable to withdraw before starting a medication.
- Benefits include better suitability for those with chronic pain and high tolerance.

- Discussed the structured administration through methadone clinics due to federal regulations.

Comparison of Medication Efficacy:

- Presented data showing higher treatment retention rates with methadone and buprenorphine compared to non-medication treatments, underscoring the critical role of medication in sustaining recovery efforts.

Community and Jail-Based Treatment Programs:

- Dr. Berry highlighted Clallam County's successes with in-jail treatment programs and post-release planning, which include medication for OUD and support for reducing recidivism.

Q&A

Regarding Withdrawal and Buprenorphine:

- **Question**: Is there a way to reduce opioid receptors in the brain without medication?
- **Answer**: Yes, over a span of years, the brain can remodel itself. However, for some, especially those who started heavy opioid use at a young age, full recovery may not be possible without ongoing medication support.

Methadone and Buprenorphine Comparison:

- **Question**: Is there similar data for methadone's efficacy?
- **Answer**: Dr. Berry affirmed that both methadone and buprenorphine show high efficacy for treatment retention, with methadone showing slightly higher rates. Treatment needs to be tailored to individual needs.

Handling of Fentanyl Overuse:

- **Question:** How does buprenorphine interact with fentanyl, and can patients overdose if they relapse?
- **Answer:** Buprenorphine partially blocks opioid receptors, reducing the risk of overdose if patients use fentanyl on top of their medication.

Field Administration of Buprenorphine:

- **Question**: Is buprenorphine viable for field use by EMS?
- **Answer**: Dr. Berry acknowledged that in post-naloxone scenarios, buprenorphine could stabilize patients, preventing further overdose. However, injectables are more suited for those with prior trust and engagement with providers rather than as an immediate intervention by EMS.

Jail Programs and Insurance Challenges:

- **Question**: How does insurance access impact medication availability in jail settings?
- **Answer**: Dr. Berry highlighted barriers, explaining that lack of Medicaid coverage for incarcerated individuals limits access to costly medications like methadone, complicating consistent treatment.

Summary of Insights

Dr. Berry's presentation and subsequent Q&A provided a comprehensive look at the complexity of managing opioid use disorder, emphasizing both the effectiveness of medications and the systemic obstacles. Her insights emphasized:

- **Importance of Medication**: Acknowledging both buprenorphine and methadone as essential for maintaining sobriety, with each suited to different patient needs.
- **Need for Jail Support Systems**: Demonstrated through Clallam County's reduction in overdose deaths and recidivism, underscoring the potential for systemic impact with adequate support.
- **Field Application Challenges**: Practical considerations for EMS use of buprenorphine to prevent immediate overdoses, though with limitations for full implementation without established provider-patient relationships.

Dr. Berry's approach underscored the need for a multi-faceted strategy in both clinical and community settings, pairing medication with supportive structures to foster sustained recovery.

Field Application Discussion

The discussion around field application of medications like buprenorphine in Jefferson County weighed the benefits, logistical challenges, and current practices in neighboring counties.

Potential Benefits

- **Dr. Berry** mentioned that buprenorphine, especially in field settings after a naloxone reversal, could be effective in managing withdrawal symptoms, thus stabilizing the individual temporarily and potentially reducing the immediate risk of a subsequent overdose.
- **Longer-Term Engagement**: Administering buprenorphine post-reversal could offer patients a positive experience with the medication, which might increase their openness to future, longer-term treatment.

Challenges and Limitations

- **Patient Withdrawal Requirement**: Dr. Berry highlighted that buprenorphine typically requires a 16-hour withdrawal period before administration, which is often not feasible in the field.
- **Protocol and Paramedic Constraints**: Since buprenorphine is a controlled substance, its administration in the field would require paramedics to follow strict protocols, and only paramedics would be authorized to administer it. Chief Brett Black noted that any such implementation would need alignment with existing EMS protocols.
- **Availability of Resources**: Jefferson County's EMS currently lacks the capacity to dedicate paramedics for extended scene times, which might be necessary for observation after administering buprenorphine.

Learnings from Neighboring Counties

- Dr. Berry discussed **Clallam County's community paramedicine model** as a working example. Clallam County paramedics administer buprenorphine through a pilot program, which includes close coordination with local treatment providers for rapid follow-up.
- **Limitations of Existing Protocols**: In Clallam County, initial protocols were very conservative, restricting buprenorphine use only to cases without concurrent stimulant use. However, Dr. Berry shared that they are exploring ways to relax these restrictions to enhance accessibility.

Next Steps for Jefferson County

- Dr. Carlbom expressed interest in learning from existing models, like those in Clallam County and other Washington locations, that have introduced pre-hospital buprenorphine.
- **Community Care Partnerships**: Chief Black and others suggested that Jefferson's CARES program, which already involves community paramedics, could potentially serve as a bridge to implement this model, given its capacity for more extended on-scene care and engagement.
- **Integration with Primary Care and Mental Health Services**: There was consensus that any field application would benefit from having immediate access to treatment providers for rapid follow-up, ideally through next-day appointments, to support continuity of care.

The discussion indicated a cautious, but interested approach to potentially providing field applications of buprenorphine in Jefferson County, using neighboring Clallam County's experience as a model. Jefferson County would likely need to establish strong protocols, secure partnerships with local healthcare providers for rapid follow-up, and assess paramedic availability and EMS capacity to proceed thoughtfully.

NEXT MEETING

- Set for 1/22/2025 @3pm. Save the date evites have been sent.