

# Second Substitute Senate Bill 5195

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Lunch & Learn:

*Clinical Considerations  
for WA State Behavioral  
Health Agencies*

*Part 2 of 2*

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# Recording Notice

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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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*Washington State Health Care Authority*

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*Public Health- Seattle and King County*

# Agenda

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- ▶ 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

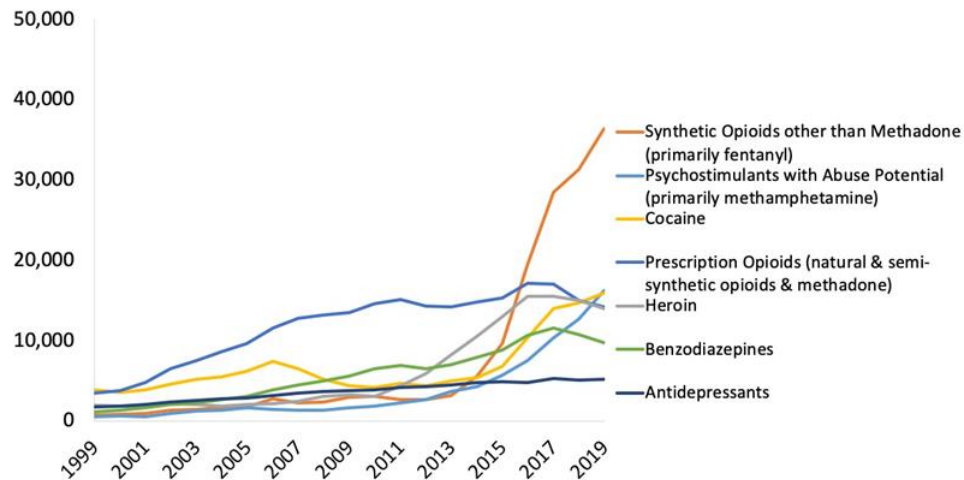
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# Why SB 5195?

- ▶ 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.

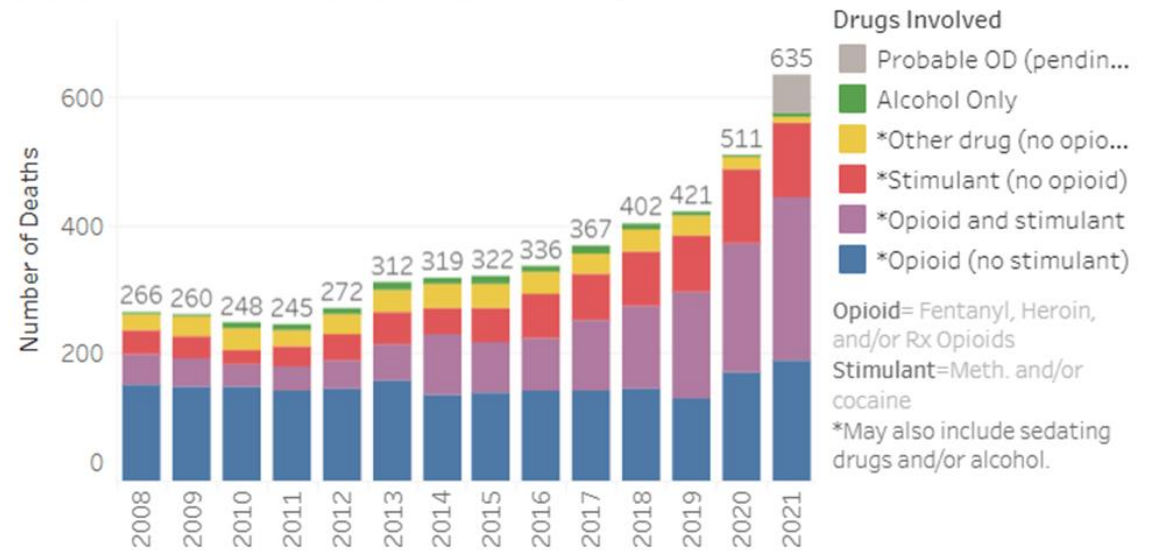
**Figure 2. National Drug-Involved Overdose Deaths\*, Number Among All Ages, 1999-2019**



\*Includes deaths with underlying causes of unintentional drug poisoning (X40-X44), suicide drug poisoning (X60-X64), homicide drug poisoning (X85), 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.

**Drug & Alcohol Poisoning Deaths, King County**

(Note: Bar chart can be viewed in terms of counts or rates; each decedent with a toxicology-confirmed overdose death is represented once.)



**Drugs Involved**

- Probable OD (pending...)
- Alcohol Only
- \*Other drug (no opioid)
- \*Stimulant (no opioid)
- \*Opioid and stimulant
- \*Opioid (no stimulant)

**Opioid= Fentanyl, Heroin, and/or Rx Opioids**  
**Stimulant= Meth. and/or cocaine**  
 \*May also include sedating drugs and/or alcohol.

# Substance Use Disorder (SUD)

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- ▶ *Treatable* medical condition
  - ▶ Complex interactions between brain, genetics, environment, and individual life experience.<sup>1</sup>
  - ▶ 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).<sup>2</sup>
- ▶ 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.

# Clinical Best Practices

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For the prevention of opioid overdose





# Staff training

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Overdose recognition & response.

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Identifying at-risk clients.

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

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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)

# Resource

## 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](http://kingcounty.gov/overdose)

### NALOXONE IS RECOMMENDED FOR PERSONS WHO:

- Use opioids illicitly, including heroin and fentanyl
- Are in treatment for opioid use disorder (OUD), including those prescribed buprenorphine or methadone
- Chronically use prescribed opioids at higher dosages or use extended-release or long-acting preparations
- Are friends with, family members of, or service providers of people who use opioids

### Patients at highest risk for opioid overdose are those who:

- Have survived a prior opioid overdose
- Have reduced opioid tolerance due to recent hospitalization, incarceration, or OUD treatment
- Use opioids concurrently with benzodiazepine, alcohol, or other sedating drug

### PATIENT EDUCATION AND COUNSELING ON NALOXONE:

When prescribing or dispensing naloxone, refer to [stopoverdose.org brochure](http://stopoverdose.org/brochure) or [video](#) and discuss the following:

#### How to recognize an overdose:

- Signs include slow or no breathing, unresponsiveness, pinpoint pupils, and cyanosis.
- If an overdose is suspected but unconfirmed, use naloxone. Naloxone is a safe medication that can reverse the effects of opioid overdose and has no effect on a person who has not taken opioids.

#### How to respond to an overdose:

1. Call 911 and try to wake the person.
2. *If pulse is present*, perform rescue breathing and administer naloxone.  
*If pulse is absent*, perform CPR and administer naloxone.
3. Give a second dose of naloxone in 2-3 minutes if there is little or no improvement following initial administration.
4. Repeat steps 2-3 above if the person is still unresponsive and stay with the person until emergency responders arrive.

#### Need for a safety plan:

- Counsel patients to educate friends and family on where naloxone is stored, how to recognize an overdose, and how to respond to an overdose.

#### Good Samaritan Law:

- People who seek or receive medical assistance for an overdose cannot be prosecuted for drug possession.

### OTHER RECOMMENDATIONS:

- Be non-judgmental about opioid use.
- Naloxone can be described as:
  - Important to have "just in case" – "it's like having a fire extinguisher"
  - A tool to save a life of a friend or family who uses opioids
- Caution patients about the risk of mixing opioids with benzodiazepine, alcohol, or other sedating drug.
  - Check Prescription Monitoring Program
- Caution patients that naloxone can cause acute opioid withdrawal.
- Discuss the risks of fentanyl. Mention that fentanyl is a potent opioid and can be present in varying concentrations and in any form, including powders and counterfeit pills. Fentanyl-involved overdoses may require additional administrations of naloxone. Find more information here: [www.kingcounty.gov/fentanyl](http://www.kingcounty.gov/fentanyl)

#### For patients who use prescribed opioids:

- Avoid the term "overdose." Patients taking opioids for chronic pain may not identify with the term. Instead, ask if they have "ever had trouble breathing or waking up" while taking the medication.
- Discuss safe storage and disposal of medications and refer to: [www.takebackyourmeds.org](http://www.takebackyourmeds.org)

#### For patients who use opioids illicitly:

- Discuss strategies to reduce risk of overdose:
  - Do not use alone
  - Start low and go slow
  - Watch and wait before next person uses
- Provide information about the medications to treat OUD and refer to: [www.warecoveryhelpline.org](http://www.warecoveryhelpline.org) (Tel: 1-866-789-1511)

### RESOURCES:

- Public Health–Seattle & King County Overdose Prevention & Response: <https://kingcounty.gov/overdose>
- Washington Recovery Help Line: <http://www.warecoveryhelpline.org> (Tel: 1-866-789-1511)
- Safe Medicine Disposal: <http://www.takebackyourmeds.org>
- King County Overdose Data: <https://kingcounty.gov/idents/health/examiner/overdose.aspx>
- Prescribe to Prevent: <https://prescribetoprevent.org>
- SAMHSA Opioid Overdose Prevention Toolkit: <https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA1R-4742>
- WA State Overdose Prevention and Response Video: <http://stopoverdose.org/section/take-the-online-training>
- Opioid Overdose Brochure: <http://stopoverdose.org/docs/Opioid-OverdoseBrochure.pdf>

# Patient/client Counseling

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- 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

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

# Communicate Risk Factors

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- ▶ 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

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- 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

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- ▶ Try not to use alone. If you must...
  - ▶ Use a confidential service (e.g., [neverusealone.com](https://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](http://Learnabouttreatment.org)
- HCA 2SSB 5195 webpage for HCA translated brochures

# Safety Plans

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Harm  
Reduction  
Safety Plan

Early Recovery  
Safety Plan

# Case Examples

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# 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

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# HCA Client Brochures

## Opioid Overdose Prevention & Directions for Use

### 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.

## Opioid Overdose Prevention & Directions for Naloxone Use



**Anyone who uses opioids can overdose and should carry naloxone**

<https://www.hca.wa.gov/about-hca/behavioral-health-recovery/distributing-opioid-overdose-reversal-medications-2ssb-5195>

# HCA Client Brochures

## Harm Reduction Strategies & MOUD



### reduction?

ys to get and stay healthy  
ou don't want to quit, or  
want to quit, harm reduction  
In harm reduction the focus  
hange\* and you decide what

### ce Use Disorder Peers

order (SUD) peers can help  
, or help you improve your  
of life. They also have  
stance use disorder and  
ery. SUD Peers support you  
changes. Locate SUD Peers  
or by following this link:  
[ne.org/moud-locator/](https://www.wa.gov/health/behavioral-health-recovery/distributing-opioid-overdose-reversal-medications-2ssb-5195)

### ervice Programs (SSPs)

people who use drugs  
provide clean syringes and

### Treatment for Hepatitis C

In Washington State, anyone with Medicaid  
can get free treatment for hepatitis C. Newer  
treatments are usually two months long, have no  
or few side effects, and work — almost everyone  
who is treated is cured!

To get help accessing treatment visit this website:  
[hepeducation.org/what-we-do/medical-case-management](https://www.wa.gov/health/behavioral-health-recovery/distributing-opioid-overdose-reversal-medications-2ssb-5195)

### HIV Testing and Prevention

For locations that offer HIV testing you can search  
this web address : [bit.Ly/hiv\\_testing](https://www.wa.gov/health/behavioral-health-recovery/distributing-opioid-overdose-reversal-medications-2ssb-5195)

There are medications that can prevent HIV before  
or after a potential exposure. Learn more on the  
DOH website at: Pre-Exposure Prophylaxis (PrEP)  
[bit.ly/DOH\\_PrEP](https://www.wa.gov/health/behavioral-health-recovery/distributing-opioid-overdose-reversal-medications-2ssb-5195) and PrEP Drug Assistance  
Program (PrEPDAP) [bit.ly/DOH\\_PrEPDAP](https://www.wa.gov/health/behavioral-health-recovery/distributing-opioid-overdose-reversal-medications-2ssb-5195)

## Harm Reduction Strategies



## Want to quit, cut back, or make a change?

There are treatment and support options  
available in Washington State.

<https://www.hca.wa.gov/about-hca/behavioral-health-recovery/distributing-opioid-overdose-reversal-medications-2ssb-5195>

# Additional Resources

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## Order these free materials from ADAI

[submit request to [adaiclr@uw.edu](mailto:adaiclr@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](http://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

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## 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

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**crisis  
connections**  
support • resources • training  
*formerly known as crisis clinic*

*Washington*  
**Recovery Help Line**  
24-Hour Help for Substance Abuse, Problem Gambling & Mental Health  
**1.866.789.1511**  
(206.461.3219 ttx)

# Marketing Materials – via RHL Website



Poster

[DOWNLOAD](#)



Business Cards

[ORDER](#)



Rack Cards

[ORDER](#)



**crisis connections**  
support • resources • training  
formerly known as crisis clinic

Q&A

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