



Northwest (HHS Region 10)

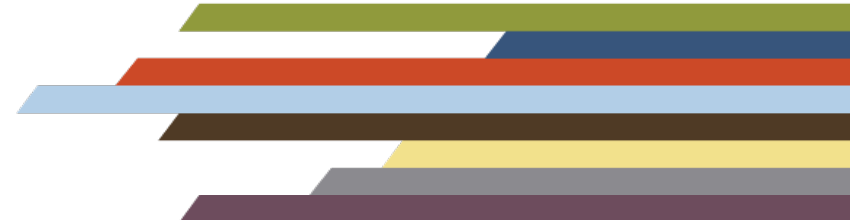
**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

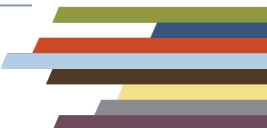
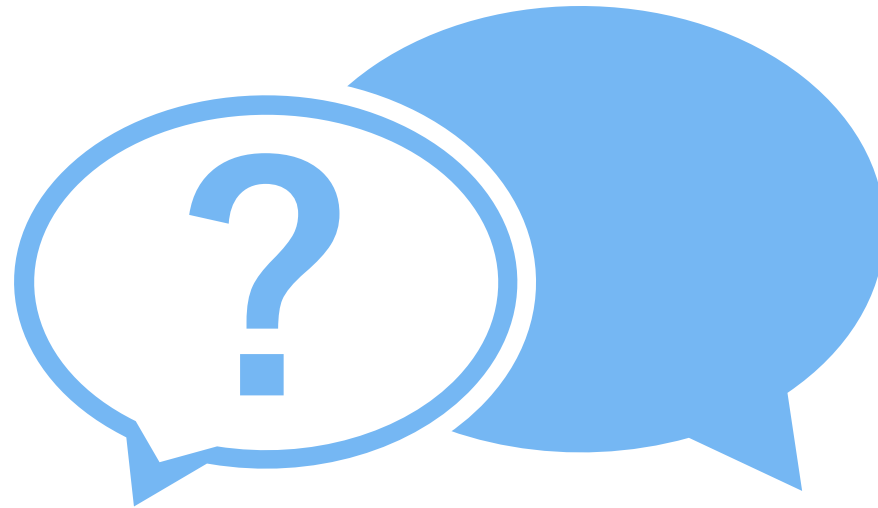
Northwest ATTC presents:  
**Becoming a Harm Reductionist**

**Thank you for joining us!  
The webinar will begin shortly.**

- **Participants are automatically muted during this presentation**
- **Got questions?** Type them into the chat box at any time and they will be answered at the end of the presentation.
- An ADA-compliant recording of this presentation will be made available on our website at:  
<http://attcnetwork.org/northwest>



**Questions? Please type them in  
the chat box!**



# Surveys

Look for our surveys in your inbox!

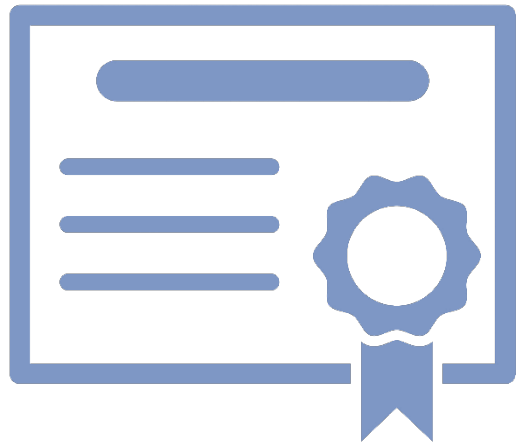
**We greatly appreciate your feedback!**

Every survey we receive helps us improve and continue offering our programs.

It only takes **1 minute** to complete!



## Certificates of Attendance are available for live viewers!



### Viewing Groups:

Please send each individual's **name** and **email address** to **[northwest@attcnetwork.org](mailto:northwest@attcnetwork.org)** within 1 business day.

Your certificate will be emailed within a week to the address you registered with.



# Becoming a Harm Reductionist

Callan Elswick Fockele, MD, MS

Acting Instructor and Population Health Research Fellow

Department of Emergency Medicine

University of Washington

UW Medicine

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# Tribal Land Acknowledgement

In applying a lens of cultural humility to issues of diversity, equity, and inclusion, Northwest ATTC offers this land acknowledgement for today's event.

Our work intends to reach the addiction workforce in HHS Region 10: Alaska, Idaho, Oregon, and Washington. This area rests on traditional territories of many indigenous nations, including tribal groups with whom the United States signed treaties prior to the granting of statehoods.

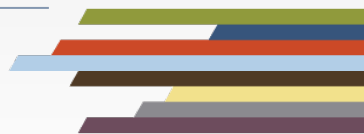
Please join us in support of efforts to affirm tribal sovereignty and in displaying respect and gratitude for our indigenous neighbors.

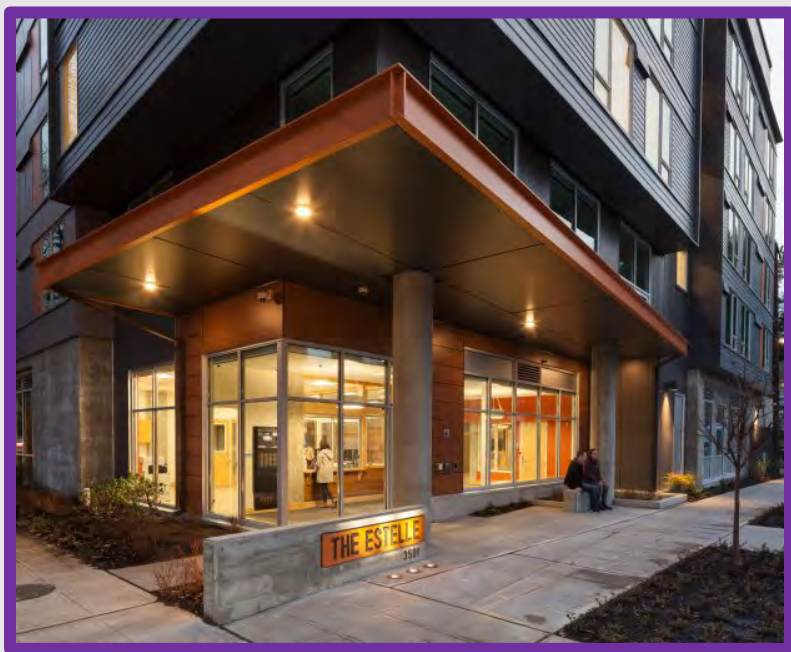


Northwest (HHS Region 10)

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# Agenda

- Case
- King County ED Learning Collaborative
- ED Programs
- First Responder Programs
- Council of Expert Advisors on Drug Use (CEADU)
- Co-design Methods
- Recent Legislation
- Research Launch



# CASE

# EMERGENCY

HARBORVIEW  
MEDICAL  
CENTER  
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EMERGENCY

Main Hospital Entry

P1 Hospital  
Garage

P2 NIB  
Garage

P3 Patricia Steel  
Garage



+



6 hours later



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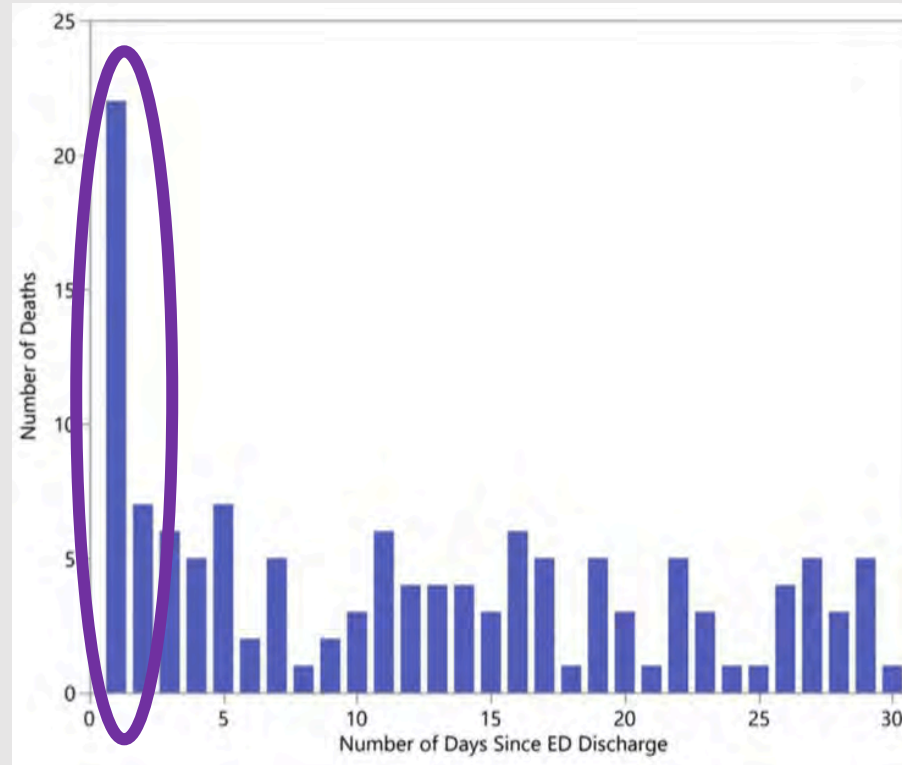
# One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose

Scott G. Weiner, MD, MPH\*; Olesya Baker, PhD; Dana Bernson, MPH; Jeremiah D. Schuur, MD, MHS

**5.5% for nonfatal  
opioid overdose**



**7% for ST-segment  
elevation myocardial  
infarction treated with  
percutaneous  
coronary intervention**

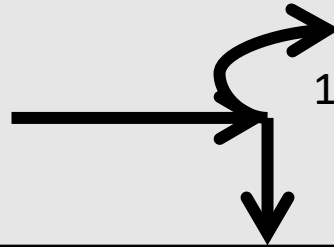




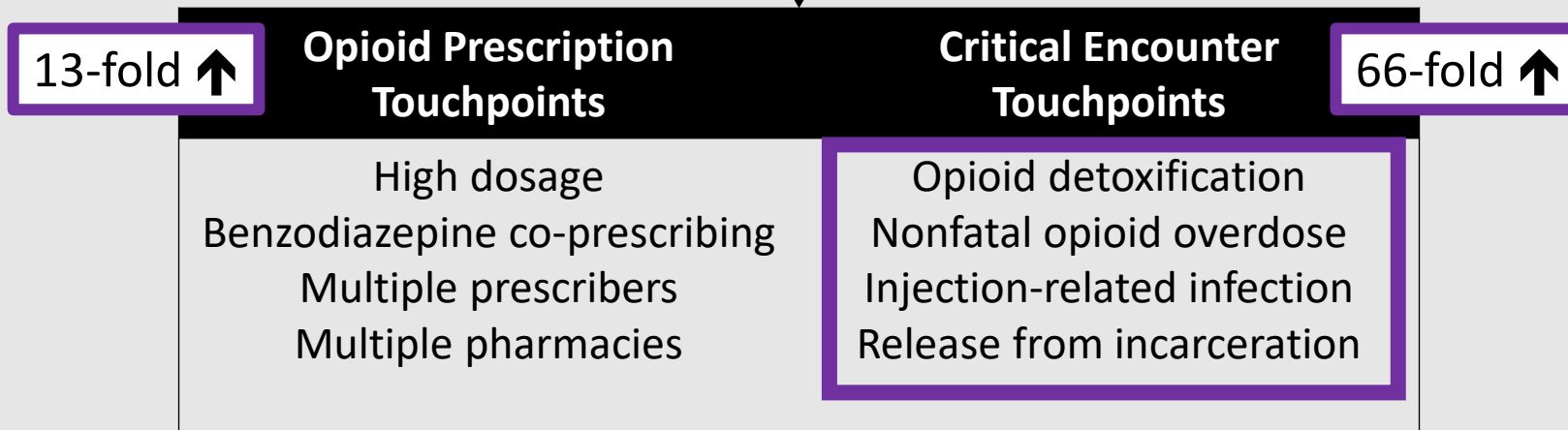
## Touchpoints – Opportunities to predict and prevent opioid overdose: A cohort study

Marc R. Larochelle <sup>a, \*</sup>, Ryan Bernstein <sup>a</sup>, Dana Bernson <sup>b</sup>, Thomas Land <sup>c</sup>, Thomas J. Stopka <sup>d</sup>, Adam J. Rose <sup>e</sup>,  
Monica Bharel <sup>b</sup>, Jane M. Liebschutz <sup>f</sup>, Alexander Y. Walley <sup>a, b</sup>

Massachusetts residents > 11  
years old linked to 8 state  
governmental agency  
datasets



Outcome = **Opioid Overdose Death**  
12-month historical exposure window to  
assess for touchpoint exposure



# Encounters with EMS Prior to Fatal Overdose: An Opportunity to Intervene?

Allison Rollins<sup>1</sup>, Leslie Barnard<sup>2</sup>, Mauricio Sadinle<sup>3</sup>, Richard Harruff<sup>2</sup>, Catherine Counts<sup>1</sup>, Thomas Rea<sup>1,4</sup>, Julia Hood<sup>2,3</sup>

<sup>1</sup>University of Washington School of Medicine

<sup>3</sup>University of Washington School of Public Health

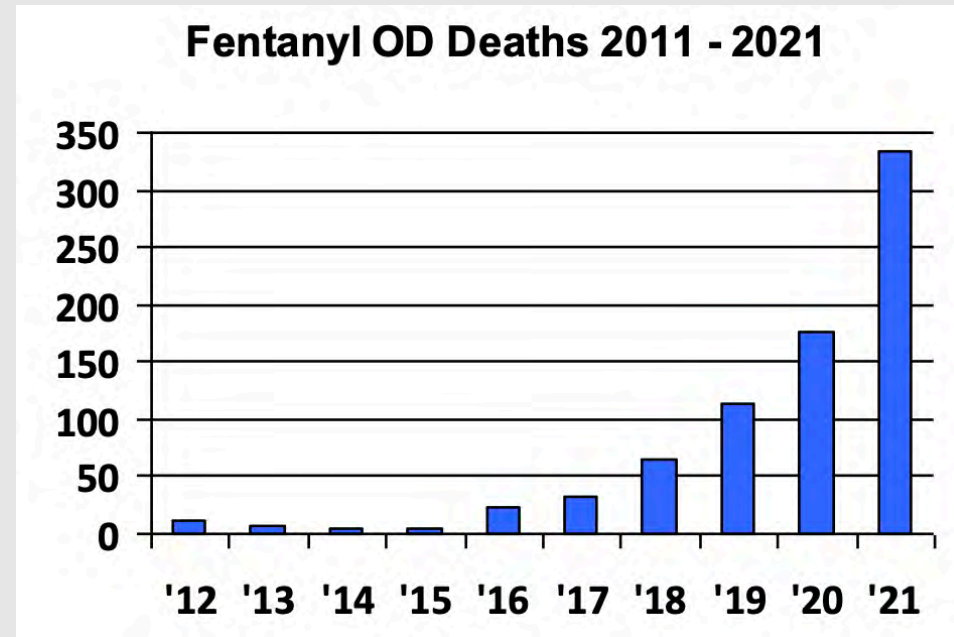
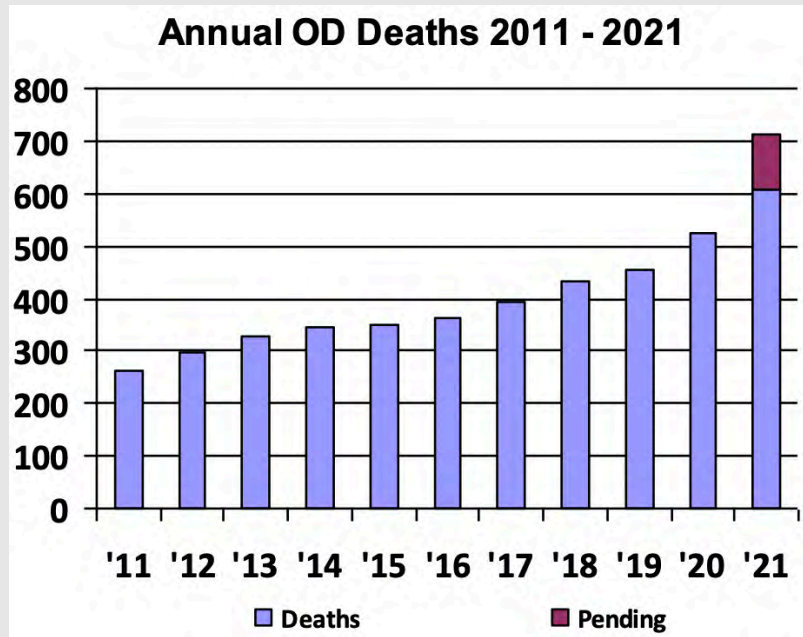
<sup>2</sup>Public Health: Seattle & King County

<sup>4</sup>King County Emergency Medical Services

- Retrospective cohort study conducted of all King County residents who had a **fatal overdose** in 2018
- Evaluated the **frequency of emergency medical services (EMS) involvement** in the year prior to an overdose death and characterized their interactions
- **40%** had at least 1 EMS encounter in the year prior to overdose, 37% of whom received EMS services **within a month** of death
- 63% with an EMS encounter had at least 1 encounter presenting with **drug/alcohol use**, 36% of these had this type of encounter **within a month** of death
- Nearly 90% of all encounters received **basic life support care** only, and **19% were not transported**

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2021 Confirmed OD Deaths: 606

- 76% opioid related

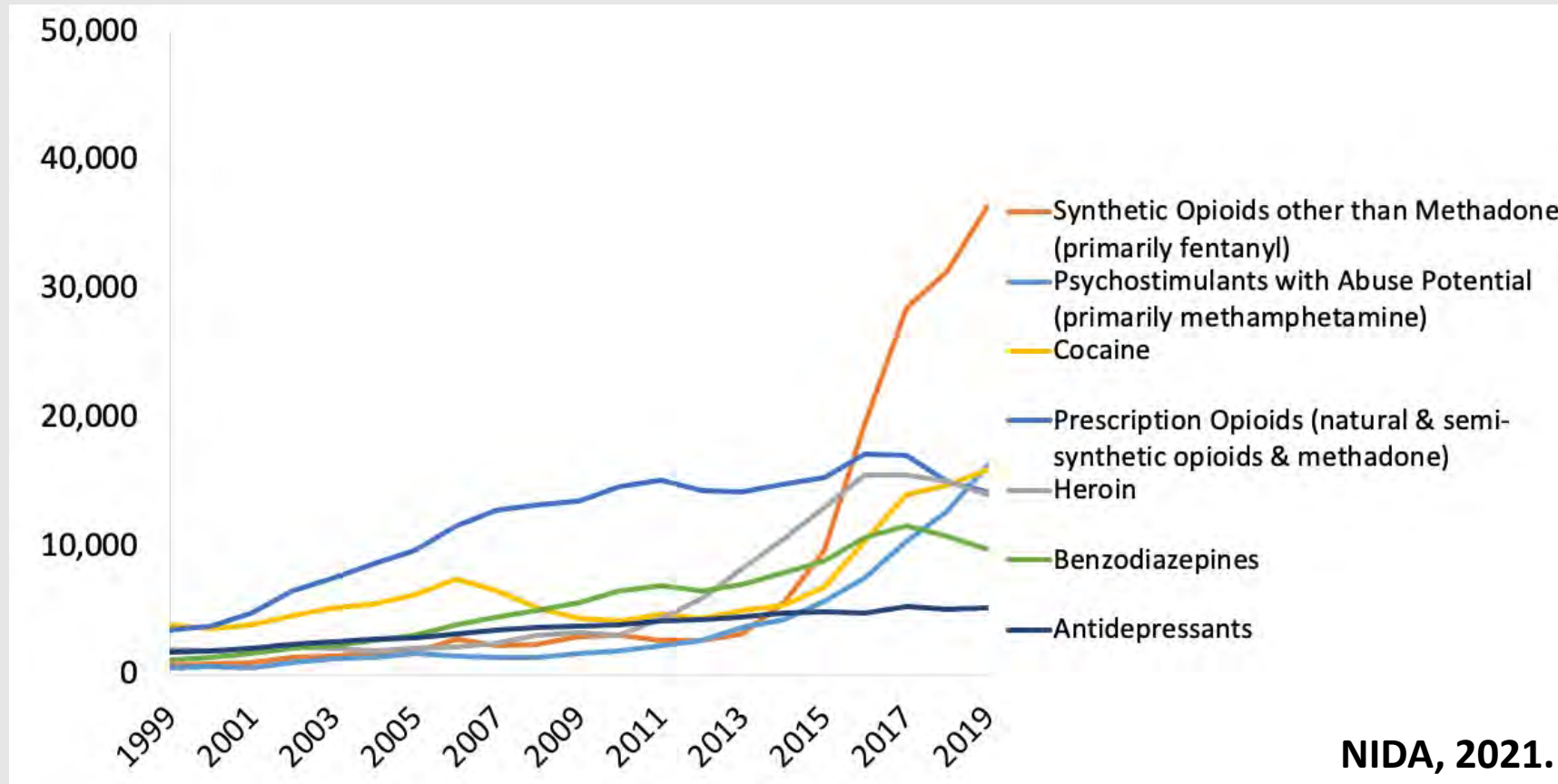
34 King County residents died from fentanyl drug overdose in July

Fentanyl Deaths:

- 2021: 333\*\*
- 2020: 177
- 2019: 113

\*\*72% of opioid-related deaths

# U.S. Drug-Involved Overdose Deaths Number Among All Ages, 1999-2019







# **NATIONAL** **HARM REDUCTION** **COALITION**



Is a set of **practical strategies and ideas aimed at reducing negative consequences** associated with drug use.

Is a **movement for social justice** built on a belief in, and respect for, the rights of people who use drugs.

Establishes **quality of individual and community life and well-being**—not necessarily cessation of all drug use—as the criteria for successful interventions and policies.

Understands drug use as a complex, multi-faceted phenomenon that encompasses a **continuum of behaviors** from severe use to total abstinence and acknowledges that **some ways of using drugs are clearly safer than others.**

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**KING COUNTY  
ED OPIOID LEARNING  
COLLABORATIVE**

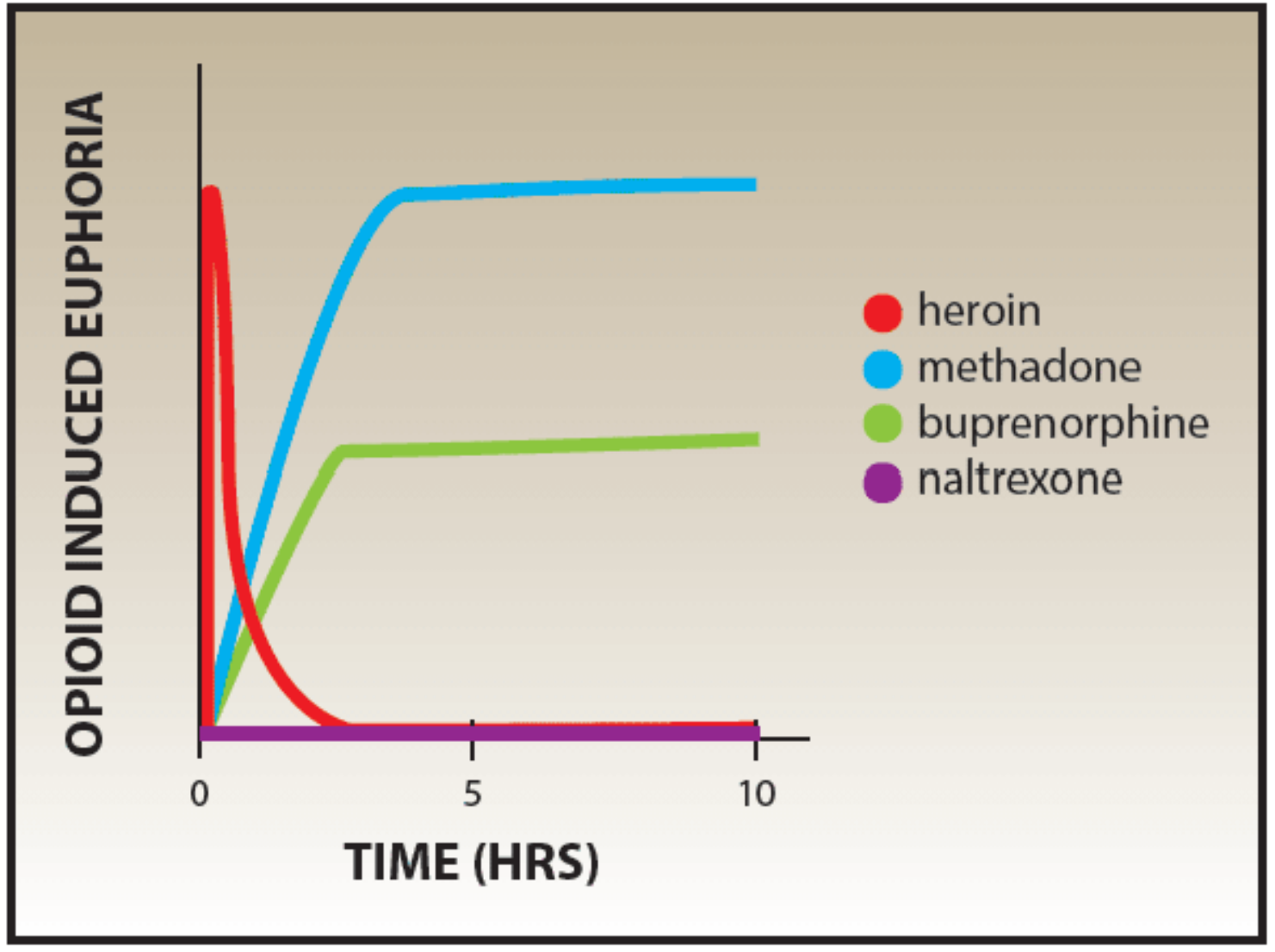
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Medications for  
opioid use disorder  
are the gold standard.

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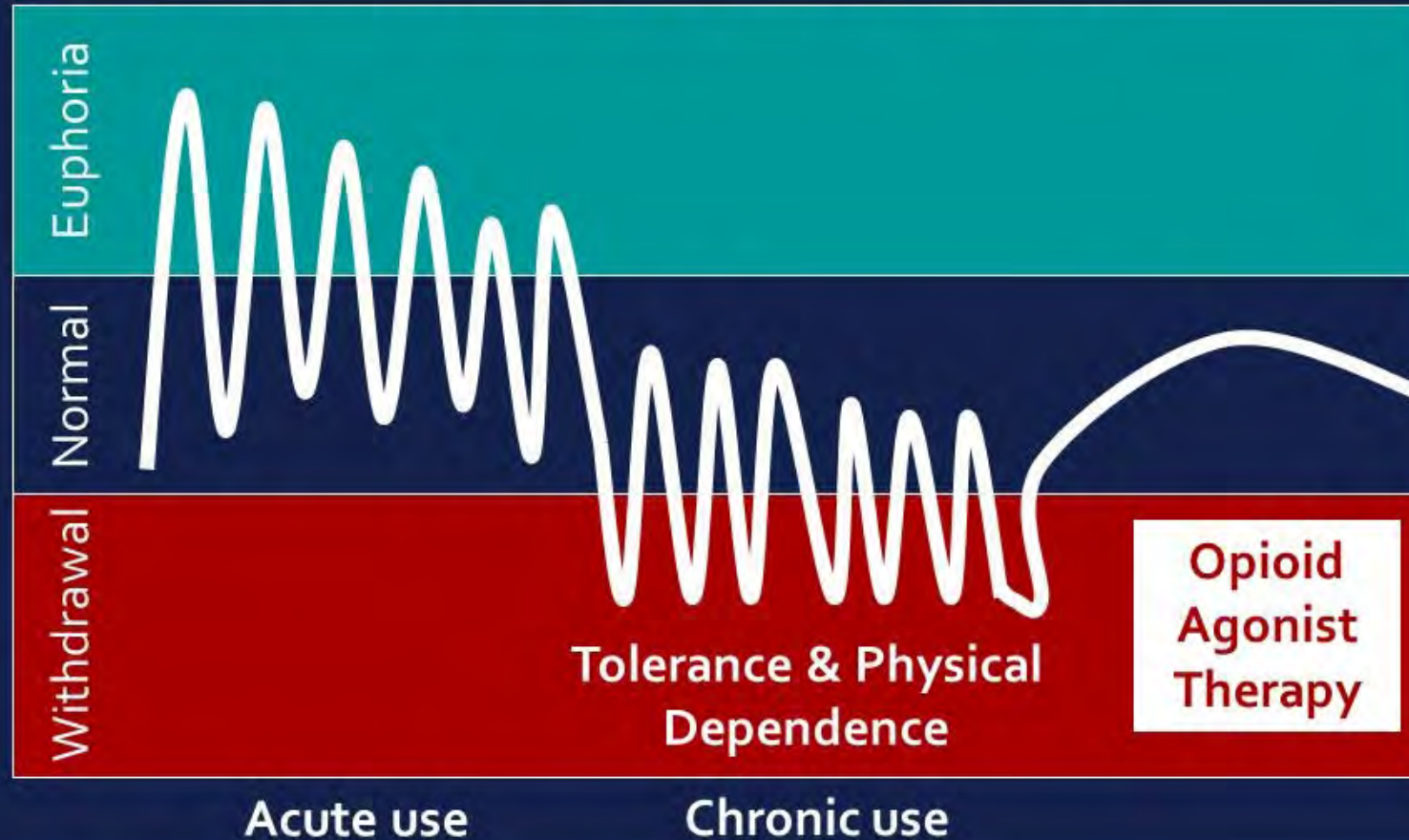
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# Opioid Agonist Therapy (Methadone and Buprenorphine)



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Article | Published: 22 June 2018

## Effects of medication-assisted treatment on mortality among opioids users: a systematic review and meta-analysis

Jun Ma, Yan-Ping Bao , Ru-Jia Wang, Meng-Fan Su, Mo-Xuan Liu, Jin-Qiao Li, Louisa Degenhardt, Michael Farrell, Frederic C. Blow, Mark Ilgen, Jie Shi  & Lin Lu 

*Molecular Psychiatry* 24, 1868–1883(2019) | Cite this article

**Buprenorphine  
and Naloxone  
Sublingual Film**

**4 mg/1 mg**

**Vivitrol<sup>®</sup>**  
(naltrexone for extended-release  
injectable suspension)



**versus**



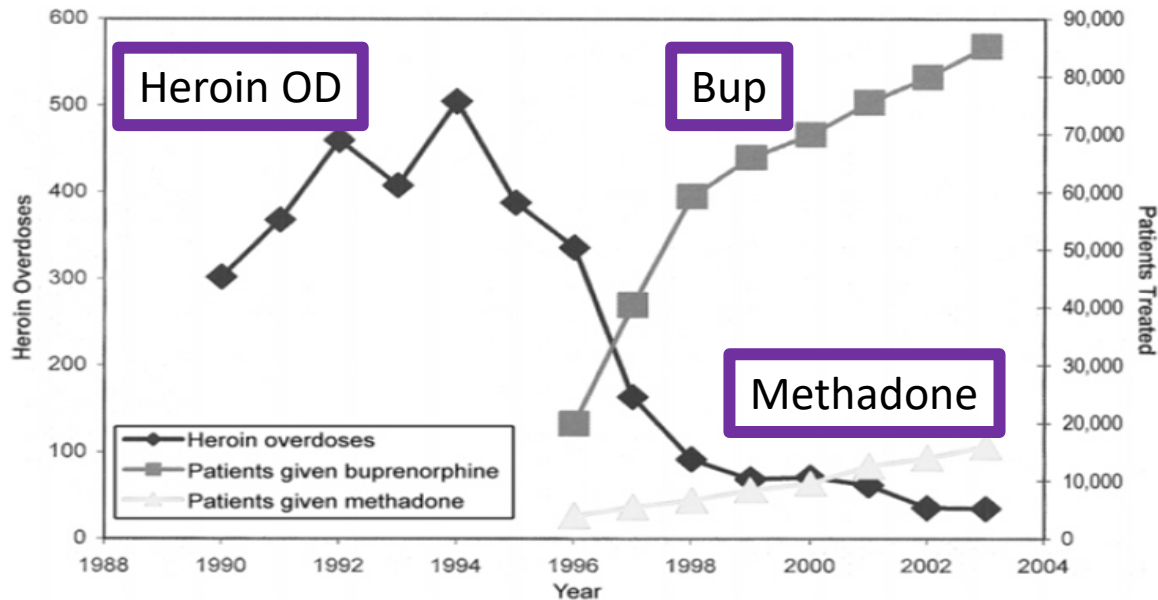
**> 2.5 x all-cause mortality  
> 8 x overdose mortality**

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## French Field Experience with Buprenorphine

Marc Auriacombe M.D., M.Sc. ✉, Mélina Fatséas M.D., M.Ph., Jacques Dubernet M.D., Jean-Pierre Daulouède M.D., Jean Tignol M.D.



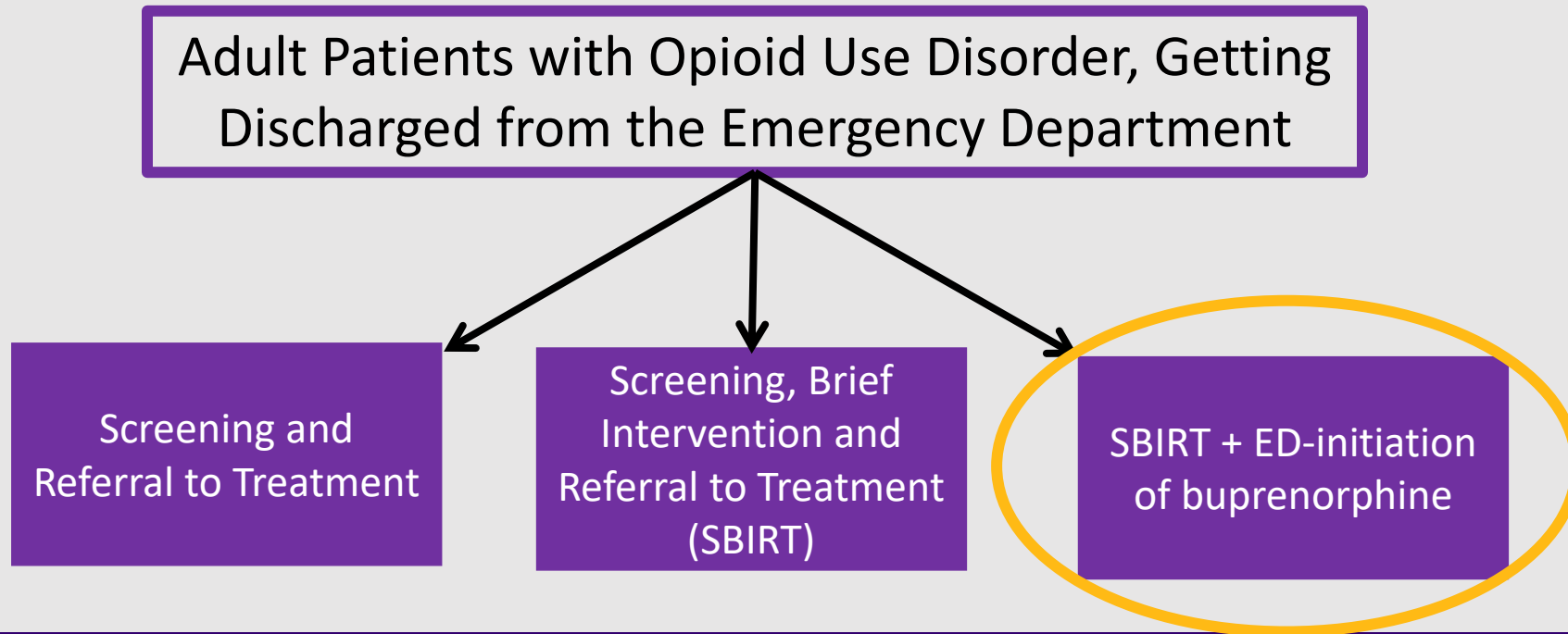
- All physicians allowed to prescribe buprenorphine without any special education or licensing since **1995**
- More than 8 years later ...
  - 10x more patients on buprenorphine than methadone
  - **Fatal opioid overdose deaths have declined by 79%**



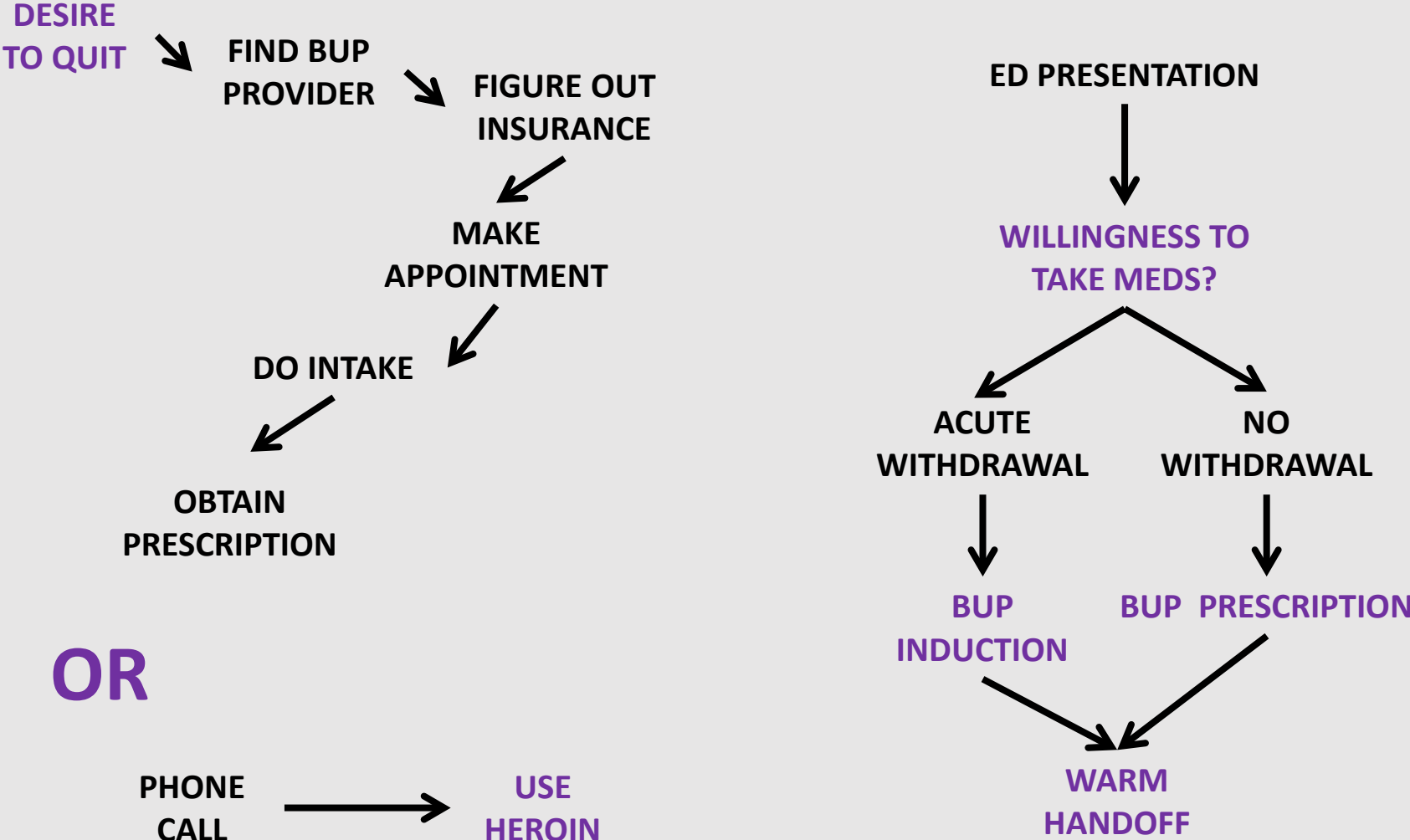
# Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence

## A Randomized Clinical Trial

Gail D'Onofrio, MD, MS; Patrick G. O'Connor, MD, MPH; Michael V. Pantalon, PhD; Marek C. Chawarski, PhD;

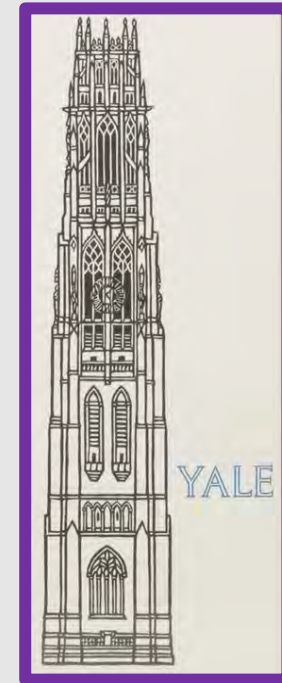
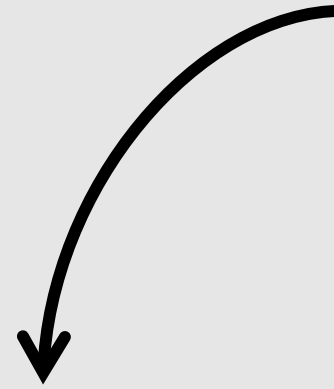


# PROBLEM → INTERVENTION





Expectations



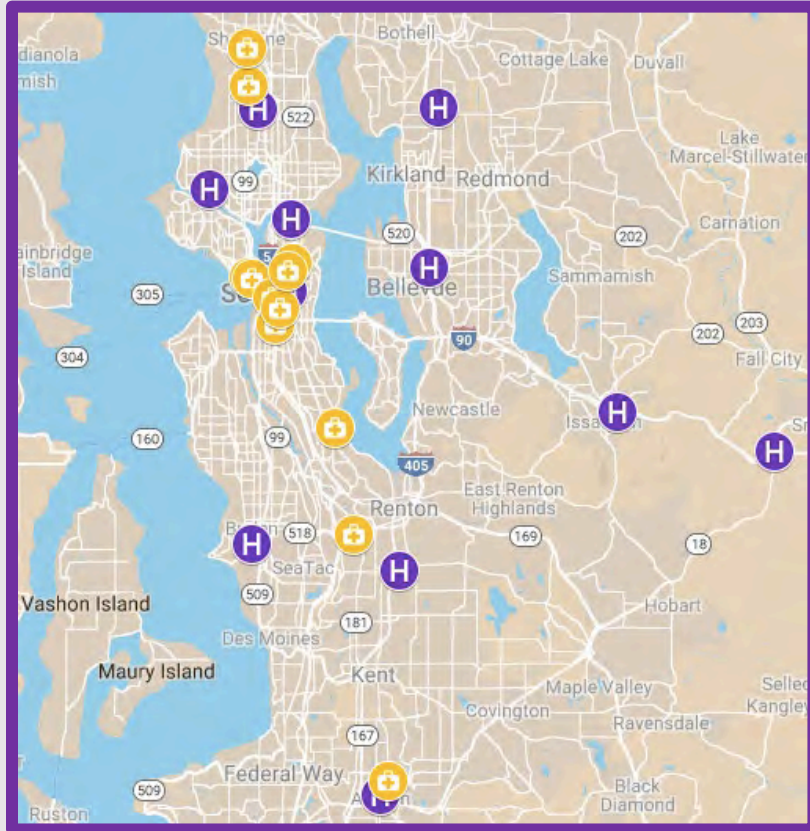
Reality

# MENTOR-FACILITATED TRAINING AWARD IN SUBSTANCE USE DISORDERS SCIENCE DISSEMINATION

The **overarching goal of this project** is to promote the dissemination and adoption of evidence-based treatment practices around ED-initiated buprenorphine for OUD in King County, Washington.



# GRANT AIMS



(1) Implement a **standing work group** of emergency departments

(2) Develop a **referral system** for warm handoffs

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J Am Coll Emerg Physicians Open. 2021 Apr; 2(2): e12408.

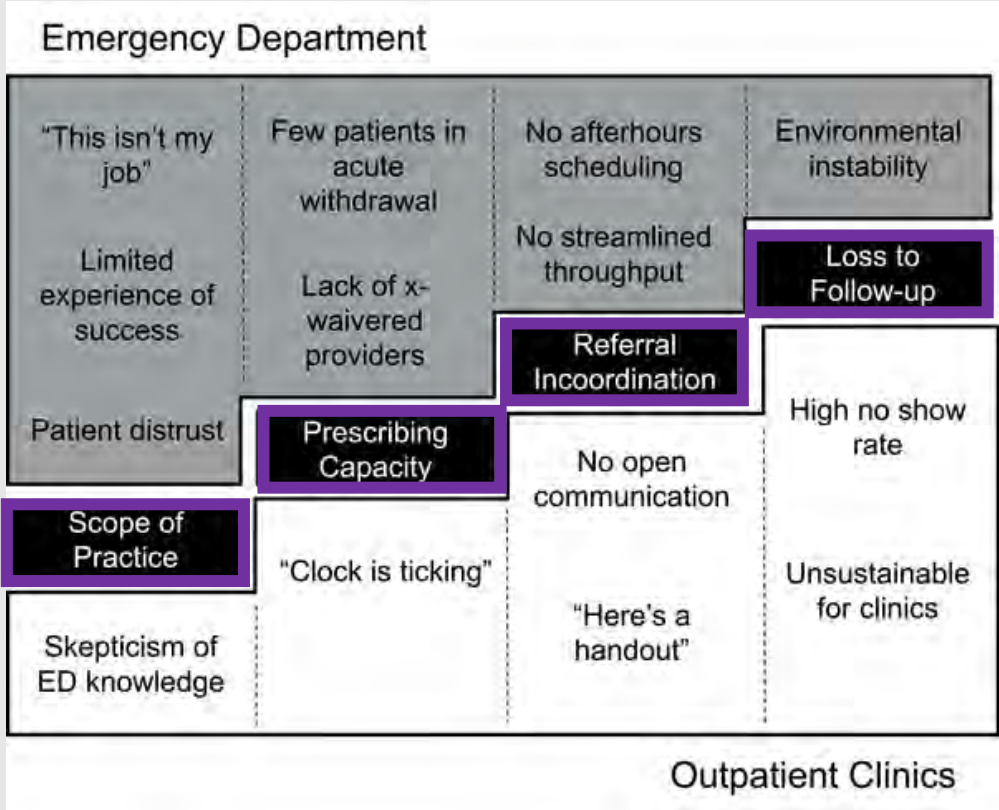
PMCID: PMC7987236

Published online 2021 Mar 23. doi: [10.1002/emp2.12408](https://doi.org/10.1002/emp2.12408)

PMID: [33778807](https://pubmed.ncbi.nlm.nih.gov/33778807/)

### Improving transitions of care for patients initiated on buprenorphine for opioid use disorder from the emergency departments in King County, Washington

Callan Elswick Fockele, MD, MS,<sup>1,2</sup> Herbert C. Duber, MD, MPH,<sup>1</sup> Brad Finegood, MA, LMHC,<sup>2</sup> Sophie C. Morse, BA, BS,<sup>1</sup> and Lauren K. Whiteside, MD<sup>1</sup>



# ED PROGRAMS


# The history of Harborview Medical Center and the Washington State Trauma System

Eileen M Bulger,<sup>1</sup> Janet Griffith Kastl,<sup>2</sup> Ronald V Maier<sup>1</sup>

## Box 1 Harborview Medical Center mission populations

- ▶ Persons who are non-English-speaking poor
- ▶ Persons who are uninsured or underinsured
- ▶ Persons who experience domestic violence
- ▶ Persons who experience sexual assault
- ▶ Persons incarcerated in King County jails
- ▶ Persons with mental illness, particularly those treated involuntarily
- ▶ Persons with substance abuse
- ▶ Persons with sexually transmitted diseases
- ▶ Persons who require specialized emergency care
- ▶ Persons who require trauma care
- ▶ Persons who require burn care





*Open 7 days a week!*

	MON	TUE	WED	THUR	FRI	SAT	SUN
<b>DOWNTOWN</b> Robert Clewis Center 2124 4th Avenue (4th and Blanchard in Belltown)	1-5 pm	1-5 pm	1-5 pm	1-5 pm	1-5 pm	2-4 pm	
<b>CAPITOL HILL</b> Robert Clewis Center 2 1161 11th Avenue (between Madison and Union)	6:30-8:30 pm	6:30-8:30 pm	6:30-8:30 pm	6:30-8:30 pm	6:30-8:30 pm	6:30-8:30 pm	
<b>U-DISTRICT - People's Harm Reduction Alliance (PHRA)</b> Table in alley behind Post Office NE 43rd & University Way NE		5-7 pm ♀		5-7 pm	1-5 pm		1-5 pm
<b>SCORE - South County Outreach Referral &amp; Exchange</b> To schedule a delivery, call 206-214-6040		✓	✓		✓		
<b>NORTH &amp; EAST KING COUNTY PHRA</b> To schedule a delivery, call 530-454-5410	9am-4pm						
<b>Hepatitis Education Project</b> 1621 S Jackson St Ste 201 Exchange and Hep C testing For more information, call 206-732-0311		1-5 pm		1-5 pm			

Patchwork of times and places

VERSUS



Anyone, Anything, Anytime, 24/7/365

- Buprenorphine prescription
  - HIV/HCV testing
  - Naloxone distribution
- Safe injection/inhalation gear distribution

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# Recognition of patients with opioid use disorder



## Original Investigation

July 12, 2010

## A Single-Question Screening Test for Drug Use in Primary Care

Peter C. Smith, MD, MSc; Susan M. Schmidt, BA; Donald Allensworth-Davies, MSc; [et al](#)

» [Author Affiliations](#) | [Article Information](#)

*Arch Intern Med.* 2010;170(13):1155-1160. doi:10.1001/archinternmed.2010.140

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# DSM-5 Criteria for Opioid Use Disorder

Category	Criteria
<b>Impaired Control</b>	<ul style="list-style-type: none"><li>• Opioids used in larger amounts, or for longer than intended</li><li>• Unsuccessful efforts or desire to cut back</li><li>• Excessive amount of time spent obtaining, using or recovering from use</li><li>• Craving to use Opioids</li></ul>
<b>Social Impairment</b>	<ul style="list-style-type: none"><li>• Failure to fulfill major role obligations at work/school/home as a result of recurrent use</li><li>• Persistent or recurrent social or interpersonal problems that are exacerbated by opioids</li><li>• Reduced or given up important activities because of opioid use</li></ul>
<b>Risky Use</b>	<ul style="list-style-type: none"><li>• Opioid use in physically hazardous situations</li><li>• Continued opioid use despite knowledge of persistent physical or psychological problem that is likely caused by opioid use</li></ul>
<b>Physiologic Properties*</b>	<ul style="list-style-type: none"><li>• Tolerance as demonstrated by increased amounts needed to achieve desired effect</li><li>• Withdrawal</li></ul>

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# Emergency Department Documentation

This is a \*\*\*-year-old M/F with hx of **IV/smoking/muscling opioids** x \*\*\* years who presents with \*\*\*

**History** with patient reporting:

- Cravings, desire to cut back
- Social/interpersonal problems from opioid use disorder (e.g., jail, homelessness)
- Risky behaviors (e.g., sharing needles)
- Tolerance, withdrawal

**Physical exam** with evidence of IVDU

**Diagnosis of opioid use disorder, prescribed buprenorphine**

Opioid withdrawal?

YES ↓

Acute liver failure?

Pregnant ≥ 20 weeks?

NO ↓

Methadone > 48 hrs?

Other opioids > 12 hours?

YES ↓

4-8 mg SL BUP



Improvement?

YES ↓

More 4-8 mg SL BUP?



Prescribe naloxone & BUP

Consult SW

Place referral

## Beginning Buprenorphine Treatment

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MEDICAL CENTER

Before beginning Buprenorphine (Bup), you want to feel very sick from withdrawal symptoms.

Has it been at least...

- 12 hours since last used heroin/fentanyl?
- 12 hours since last snorted pain pills?
- 16 hours since last swallowed pain pills?
- 48-72 hours since you used methadone?

Do you have at least 3 of the following symptoms?

- Restlessness
- Chills or sweating
- Heavy yawning
- Anxious or irritable
- Enlarged pupils
- Goose bumps
- Runny nose
- Stomach cramps, nausea, vomiting, or diarrhea
- Body aches
- Tremors/twitching

Taking Buprenorphine (Bup) too soon can result in severe withdrawal symptoms.

The worse you feel when you begin the medication, the better the medication will work.

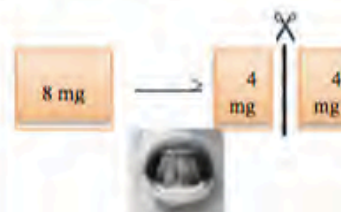
Once you know you are ready, follow the instructions below:

### Day 1

Most people feel better the first day after 8-12 mg.

#### Step 1:

Take the first dose 4 mg of Bup under the tongue (a full film is 8 mg, cut full film in half, this is your first dose)



Do not swallow and keep it there until it is fully dissolved (about 15 minutes). No food or drinks during this time.

Wait 1-3 hours.

#### Step 2:

Feeling better? Good, the medicine is working. Don't take any more!

Still feel sick? Take an additional 4 mg Bup strip 1-3 hours after first dose by placing it under the tongue.

Wait 6-12 hours.

\*Most people will feel better after this dose.

#### Step 3:

If you are feeling better, no more medication is needed.

Still not feeling better? Take an additional 4 mg Bup strip 6-12 hours after first dose by placing it under the tongue.

STOP after this dose.

\*Do not take more than 12 mg of Bup on Day 1.

### Day 2 onward

Take 16 mg of Buprenorphine once a day or as directed by your doctor. Repeat this dose until your next follow-up appointment.

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**GILEAD**

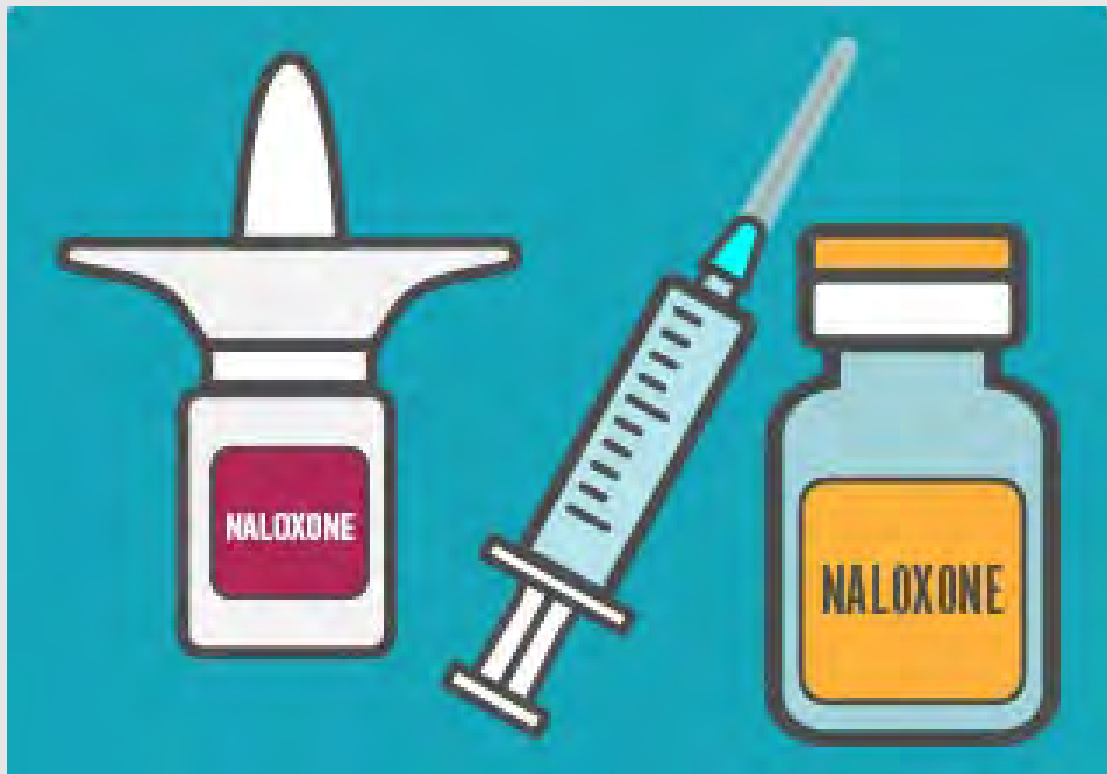
Creating Possible

**Patient  
Navigator**



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**We had FREE naloxone in the Pyxis  
(donated by WA DOH).**

**Providers ask nurses to pull it for any  
patient without a prescription or  
order.**

**Give the naloxone kit and a  
resource folder.**

HMC ED has distributed 200 take-home kits since the program launched in October 2020

**“Now that you have this, where  
will you put it and who are you  
going to tell?”**

# Safer Use Kits





# EMERGENCY

HARBORVIEW  
MEDICAL  
CENTER  
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EMERGENCY

Main Hospital Entry

P1 Hospital  
Garage

P2 NIB  
Garage

P3 Patricia Steel  
Garage

MM is a 41-year-old man with history of **IV drug use** who presents with suspected **heroin overdose**.

He was **released from jail** this morning and injected what he thought was some leftover **heroin** upon return to his mother's house **after 18 days without any use**.

His **mother** found him unresponsive and **administered 4 mg of intranasal Narcan** prior to calling 911.

Upon arrival, the patient is **asymptomatic** and not 100% sure what exactly he injected earlier today. He reports that he has previously used methamphetamine and heroin concurrently.

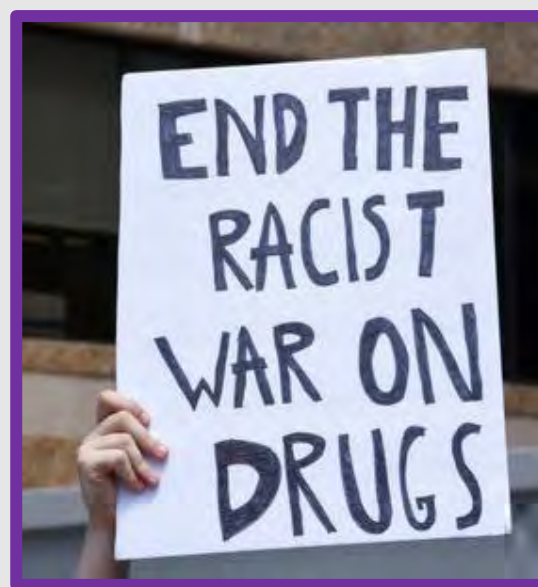
Underwent **HIV testing** → Discharged with **prescriptions for naloxone and buprenorphine** and a follow-up appointment at the **After Care Clinic**.

He followed-up at the **After Care Clinic**, referred to the **OBOT Clinic**, and continued on **buprenorphine**.

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# FIRST RESPONDER PROGRAMS



**ADDICTION IS NOT A MORAL FAILING.**

It is a chronic disease that requires medical and professional help.

 Foundations



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### Buprenorphine Field Initiation of ReScue Treatment by Emergency Medical Services (Bupe FIRST EMS): A Case Series

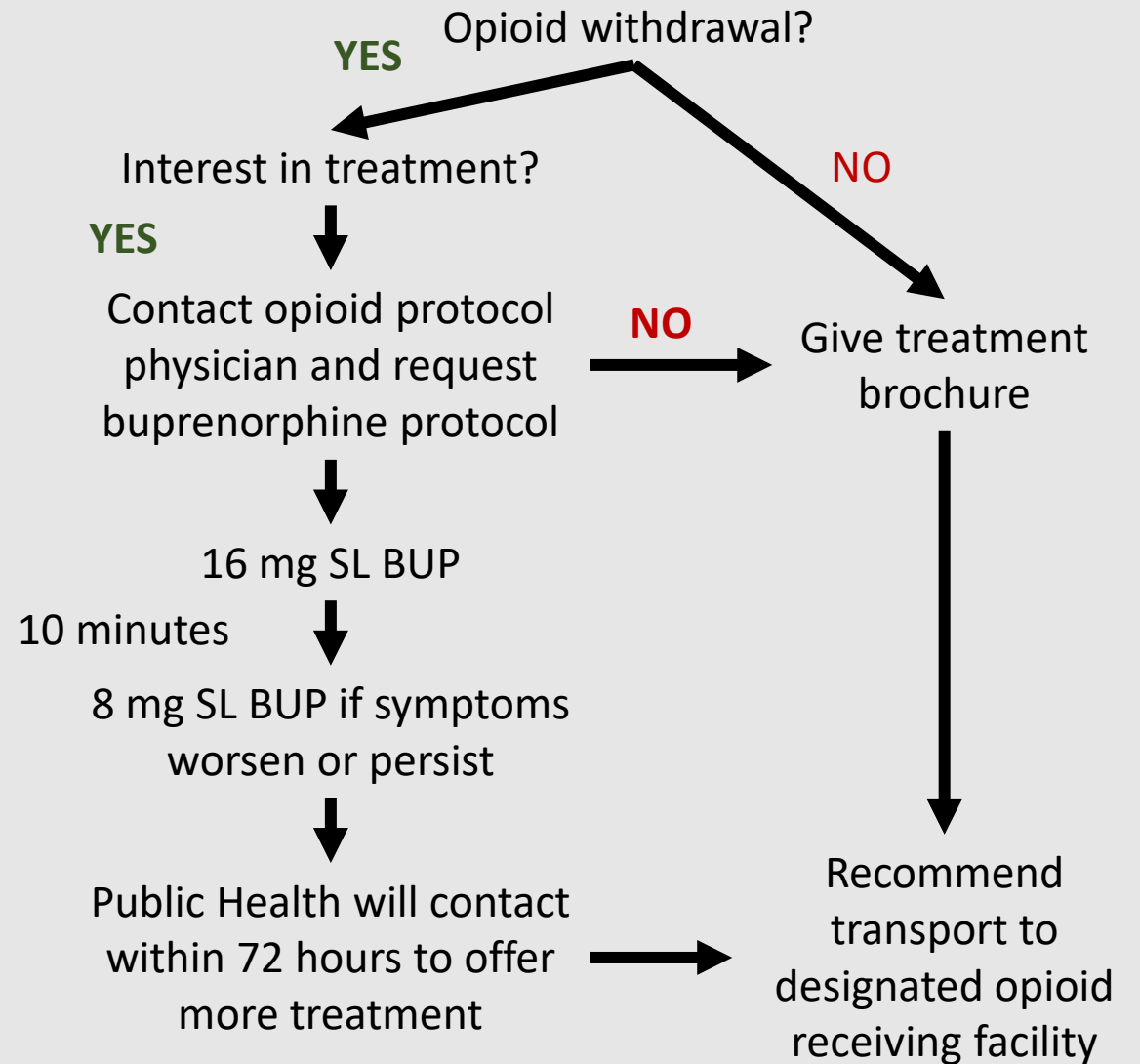
Gerard G. Carroll, MD FAAEM EMT-P, Deena D. Wasserman, MD FAWM, Aman A. Shah, MD, Matthew S. Salzman, MD, Kaitlan E. Baston, MD MSc DFASAM, Rick A. Rohrbach, BSN CFRN CCRN-K MICP, Iris L. Jones, MA LPC, LCADC, and Rachel Haroz, MD, FAACT



### Prehospital Initiation of Buprenorphine Treatment for Opioid Use Disorder by Paramedics

H. Gene Hern, MD, MS<sup>a</sup>, David Goldstein, MD<sup>b</sup>, M Kalmin, PhD<sup>c</sup>, S Kidane, MD<sup>b</sup>, S Shoptaw, PhD<sup>c</sup>, Ori Tzvieli, MD<sup>d</sup>, and Andrew A Herring, MD<sup>a</sup>

<sup>a</sup> Alameda Health System, Highland Hospital, Emergency Medicine, Oakland, CA; <sup>b</sup> Emergency Medical Services, Contra Costa County, California; <sup>c</sup> UCLA Center for Behavioral and Addiction Medicine, Los Angeles, CA; <sup>d</sup> Public Health Agency, Contra Costa County, California



FIRE DEPARTMENT

STREET CRISIS RESPONSE TEAM



- Facilitate **low-barrier access** to addiction treatment
- Meet a **Public Safety Officer**
- Connect to a **mobile crisis response team**
- Rolled out across the country

**STRUGGLING** TN Mental Health & Substance Abuse

**With Opioid Addiction?**

**Your connection to recovery is here!**

CFD and Nu-Start can connect you and your family with treatment and recovery services

**Any firehouse • Any hour • Any day** Nu-Start **Safe Station**

STATION	ADDRESS
1	1264 N JACKSON
2	7114 N WEST
3	1406 FRESNO
4	3065 E IOWA
5	3131 N FRESNO
6	4343 E GETTYSBURG
7	2571 S CHERRY
8	1428 S CEDAR
9	2340 N VAGEDES
10	5545 AIRCORP WAY
11	5544 N FRESNO
12	2874 W ACACIA
13	815 E NEES
14	6239 N POLK
15	5630 E PARK CIRCLE
16	2510 N POLK
17	10512 N MAPLE
18	5938 N LA VENTANA
19	3187 W BELMONT
20	4537 N WISHON
AR	5065 E ANDERSEN

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City & County of San Francisco  
**Street Overdose Response Team**

- Includes a community paramedic, a street medicine clinician, and peer counselors
- Will have **24/7 coverage** to respond **immediately** after an overdose and again **72-hours later**
- Provide naloxone kits, buprenorphine, supportive housing, and guidance getting treatment and shelter



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- Work in partnership with the **police department** in Eugene, Oregon
- Composed of an EMT and a crisis intervention worker
- Respond to **~20% total public safety call volume**
- 60% of their contacts are **unhoused**
- Saves the city **~\$8.5 million/year**
- Recently introduced the **CAHOOTS Act** to expand access across the state



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## 2020 BEHAVIORAL UNIT

691

DISPATCHES

40

Patients who recieved  
life-saving Narcan

188

Medication Assisted  
Treatment Started

368

Individuals Assessed  
for Treatment

42

Safe Station  
Walk-Ins

149

Individuals recieved  
Support Medications

- Provide non-emergency medical services beyond a traditional 911 call
- Became **first** fire department to become a **licensed behavioral health agency**
- **Co-respond** or **self-dispatch** with first responders
- Provide buprenorphine inductions, outpatient referrals, and case management

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Crisis Response Team



Mobile Crisis Team (MCT)



Street Medicine Team

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**COUNCIL OF EXPERT  
ADVISORS ON DRUG  
USE (CEADU)**

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# TRANSFORMING OUR COMMUNITIES

*Health, Equity, and Justice for People Who Use Drugs*

BC COLAB PEER 2 PEER OCTOBER 1,  
2020



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**Boundary REDUN**  
(**Rural Empowered Drug Users Network**)



## From One Ally to Another

Practice Guidelines to Better Include People who Use Drugs at your Decision-making Tables



International Journal of Drug Policy  
Volume 85, November 2020, 102922



Research Paper

'Peer' work as precarious: A qualitative study of work conditions and experiences of people who use drugs engaged in harm reduction work

A. Greer<sup>a,\*,</sup> V. Bungay<sup>b,</sup> B. Pauly<sup>c,</sup> J. Buxton<sup>d</sup>

Journal of  
MENTAL HEALTH and  
ADDICTION NURSING



DOI: 10.22374/jmhan.v3i1.33

SOWING A SEED OF SAFETY: PROVIDING CULTURALLY SAFE CARE IN ACUTE CARE SETTINGS FOR PEOPLE WHO USE DRUGS

Jane McCall, PhD, MSN, RN<sup>1</sup> and Bernie Pauly, RN, PhD<sup>2</sup>

<sup>1</sup>Nurse Educator

<sup>2</sup>Associate Professor in the Faculty of Nursing at the University of Victoria

## CREATING CULTURALLY SAFE CARE

in Hospital Settings for People who use(d) Illicit Drugs

ADDICTION

SSA SOCIETY FOR THE STUDY OF ADDICTION

Research Report

Advancing patient-centered care for structurally vulnerable drug-using populations: a qualitative study of the perspectives of people who use drugs regarding the potential integration of harm reduction interventions into hospitals

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# Public Health

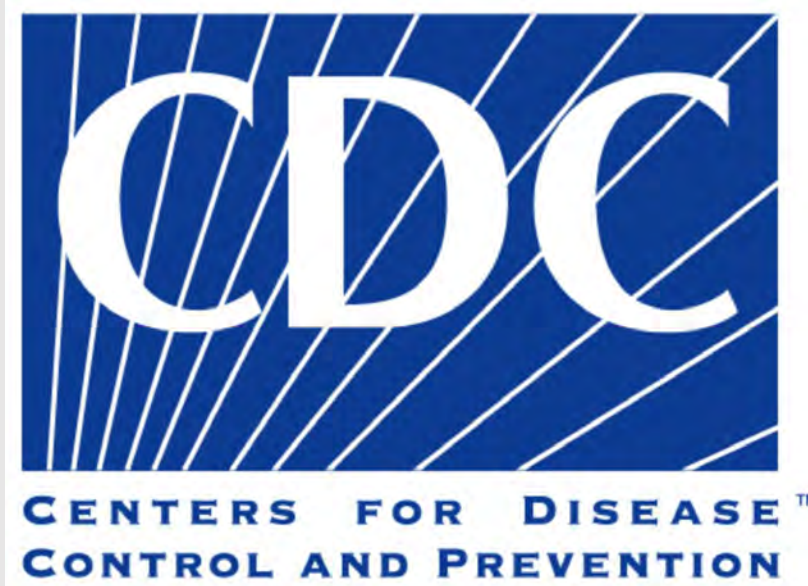
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## Seattle & King County



**NACCHO**

National Association of County & City Health Officials



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Thea Oliphant-Wells  
and Brad Finegood



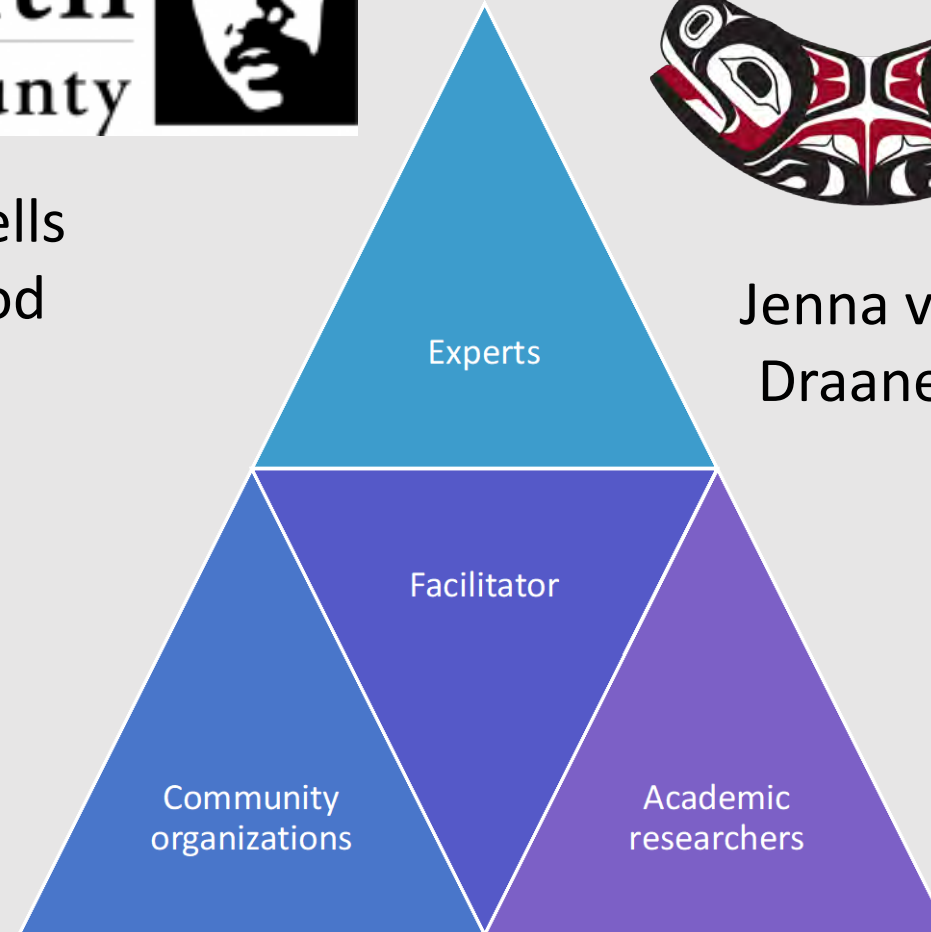
Jenna van  
Draanen



Tessa Frohe



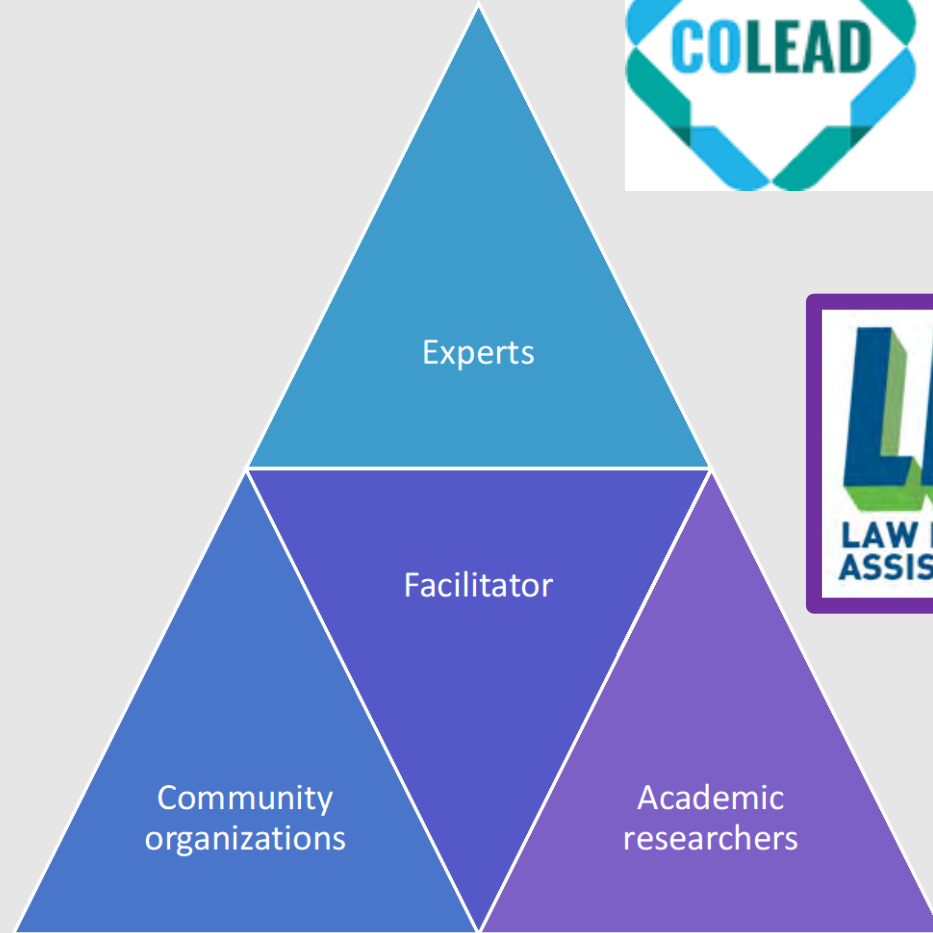
Caleb Banta-Green,  
Susan Kingston, and  
Mandy Owens



Callan Fockele



Malika Lamont and  
Adam Palayew

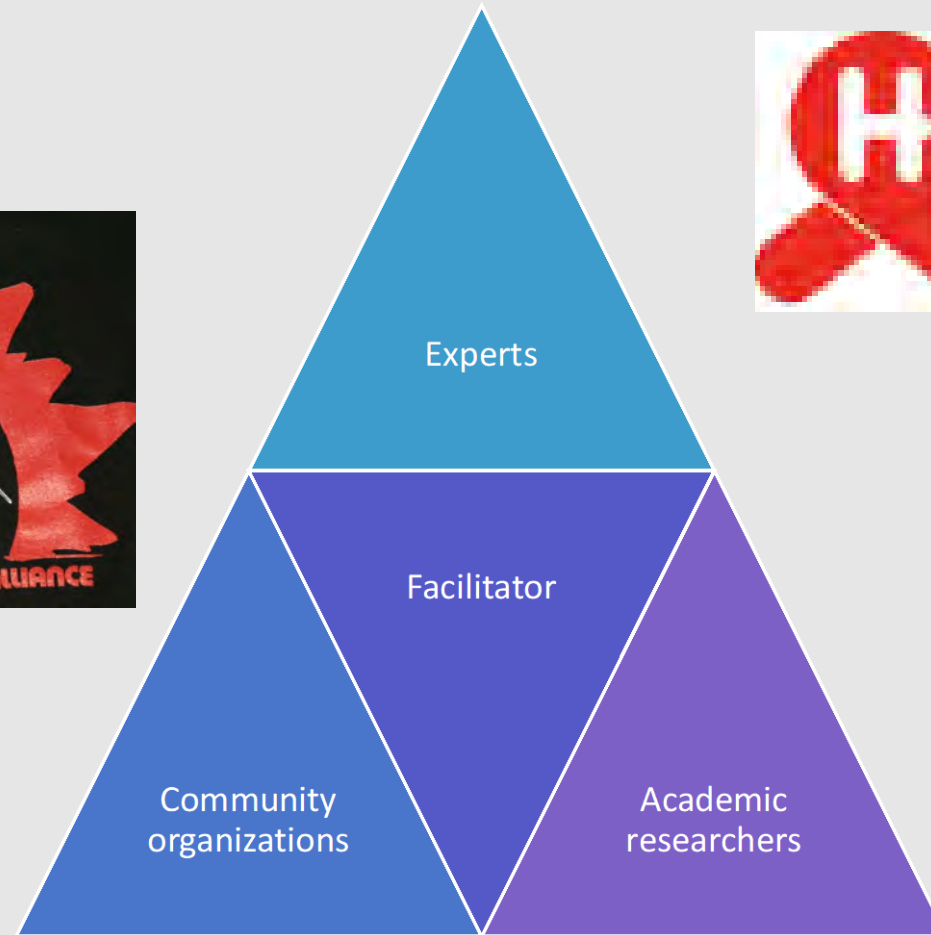


LET EVERYONE  
ADVANCE WITH DIGNITY  
LAW ENFORCEMENT ASSISTED DIVERSION  
COVID-19 | CO-RESPONDER



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Facilitator

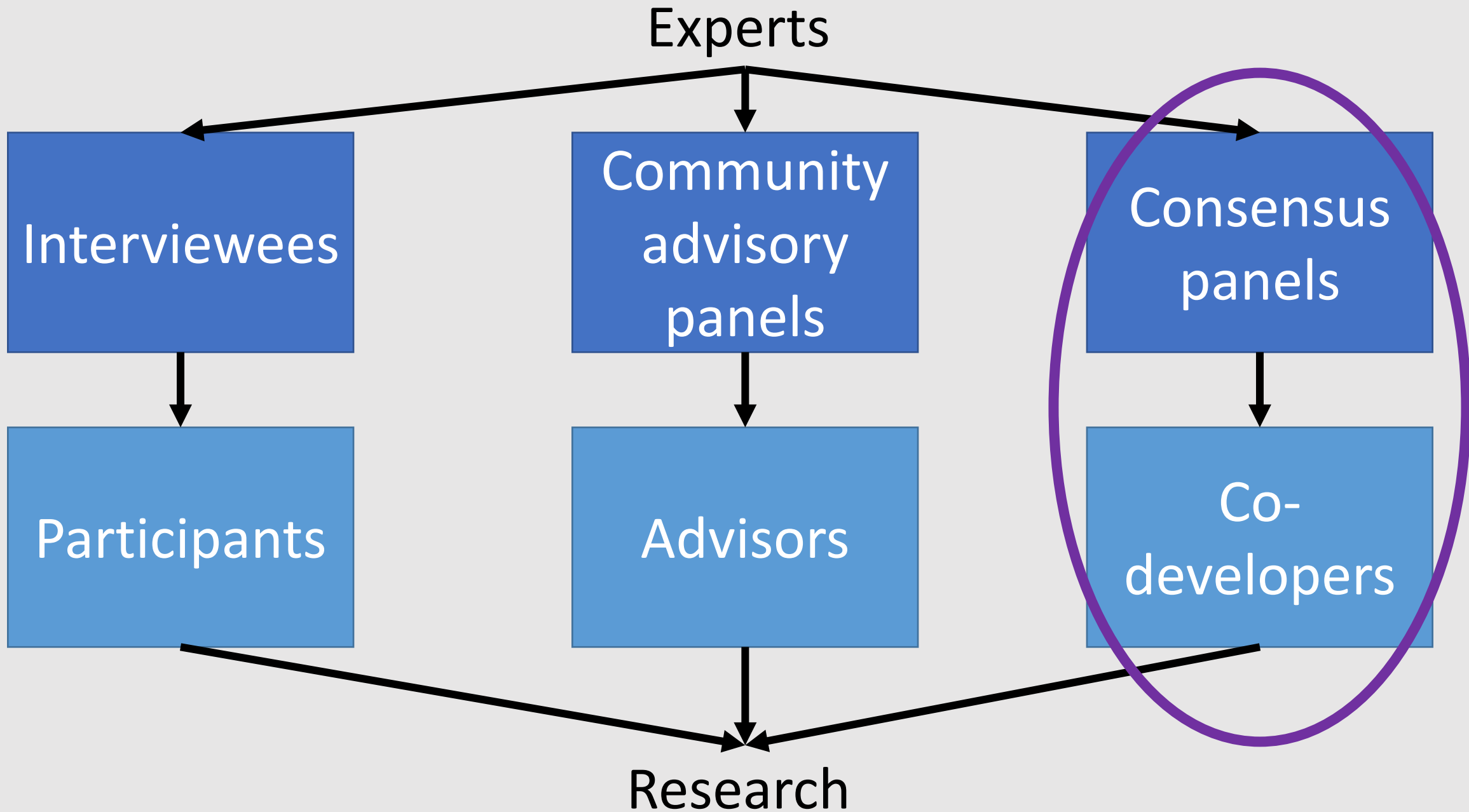


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Community  
Organizations



# CO-DESIGN METHODS



University of Washington “Stigma Study” and “Services Study”

Community-Based Researcher Role Description

**Description**

*Who are we recruiting?* 3-5 people who use or have used drugs and who have had contact with first responders (EMS, police, firefighters) because of their drug use. These people will help plan and carry out a research study with us as co-researchers.

*What type of work are we doing?* There are two research studies to work on (details below). We will try to match people with their preferred study.

*What will be required in this role?*

- Join bi-weekly team meetings (in person in Seattle or via phone/video conference)
- Create questionnaires and interview guides
- Help with team-based analysis
- Help figure out what research findings mean

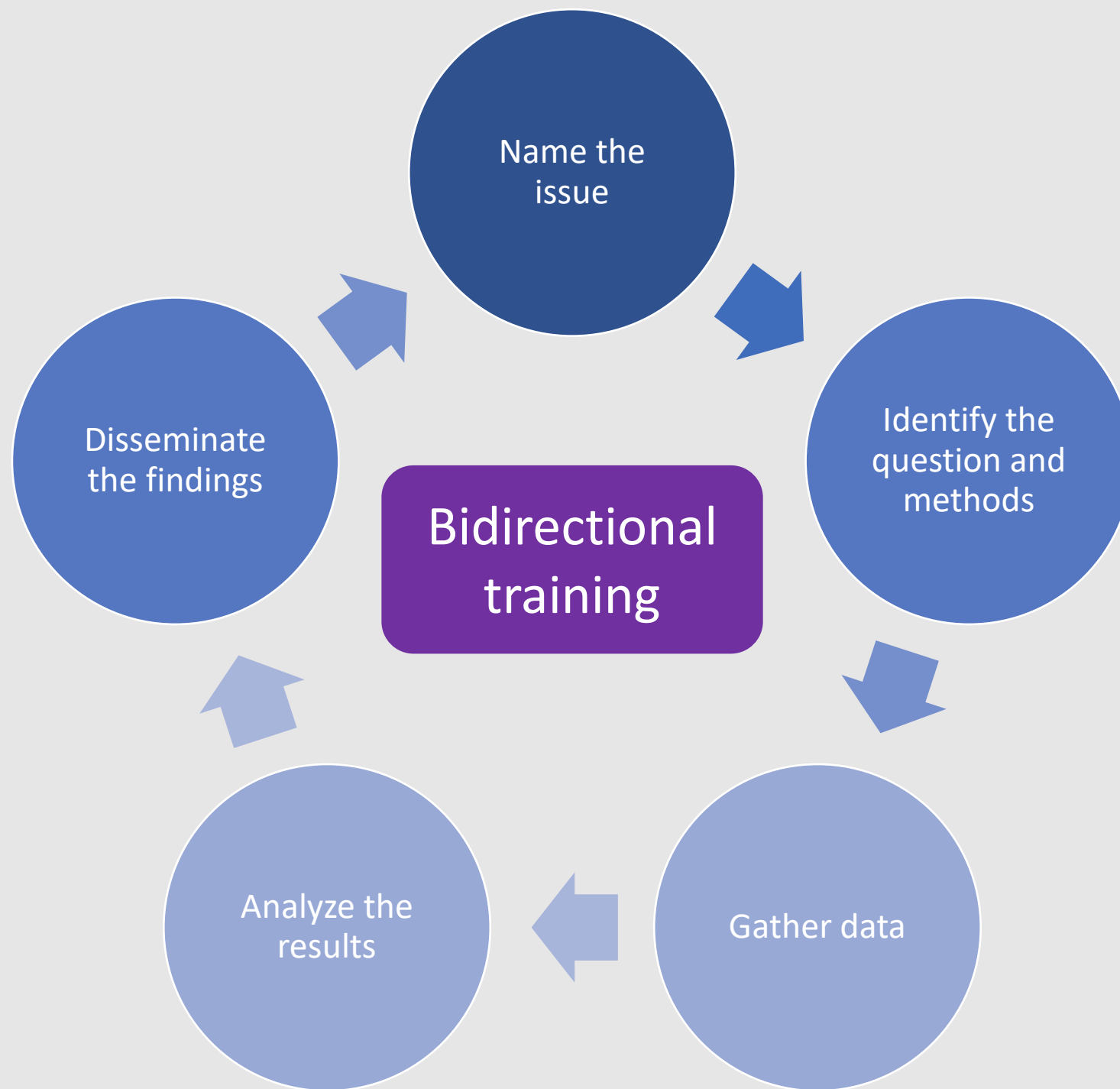
*What training will be provided?* No prior experience with research is required. Training on research procedures and methods will be part of the experience. Team members with lived experience will help train the team on how to engage ethically and sensitively with people who use drugs. Team members with formal research training will train the team on research methods

- Received intramural pilot funds
- Hired 5 co-researchers with lived experience for 5 hours/week
  - Involved in every step of the process
  - Paid \$25/hour plus \$50/week for food and technology support

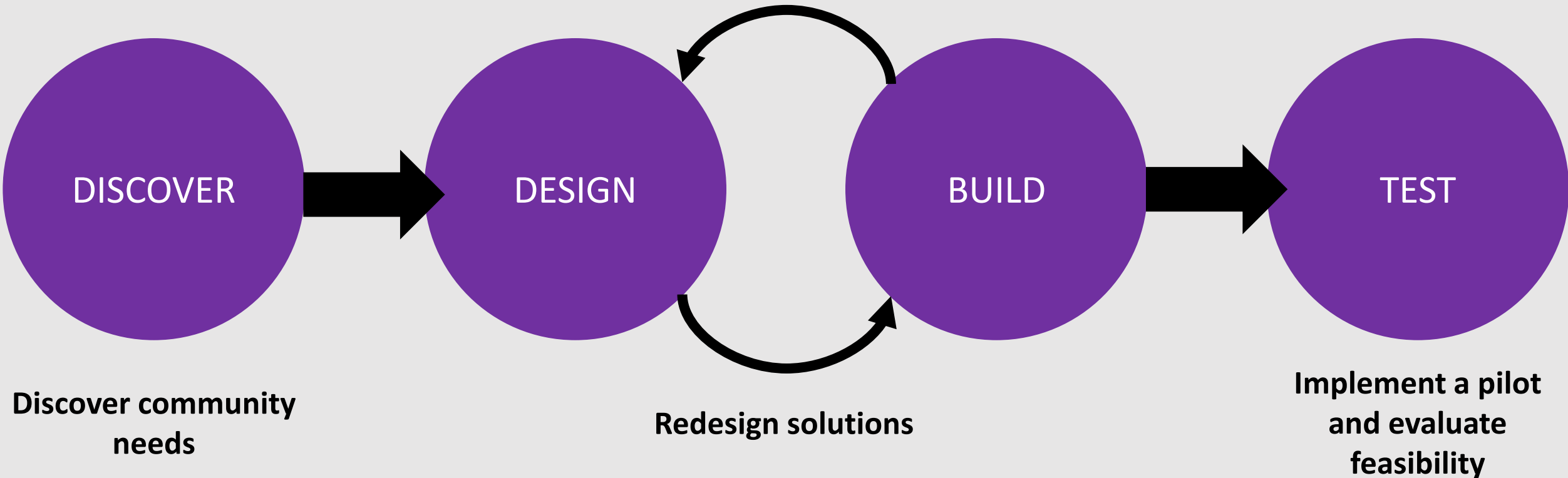
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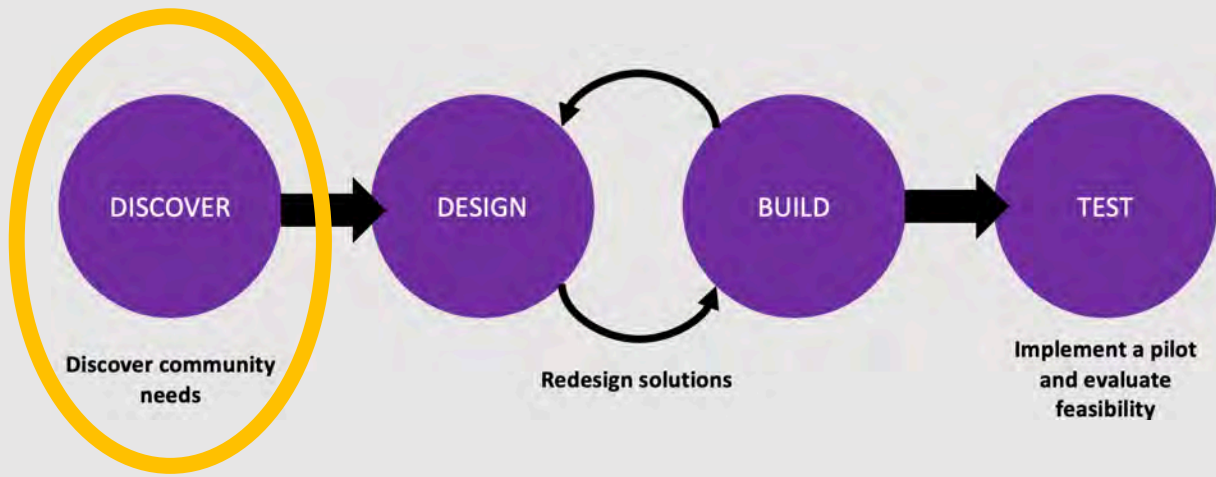


# Discover, Design/Build, and Test (DDBT) Framework



Understand *how things are* to  
imagine *how things might be.*

Frog Design's definition of Design Research

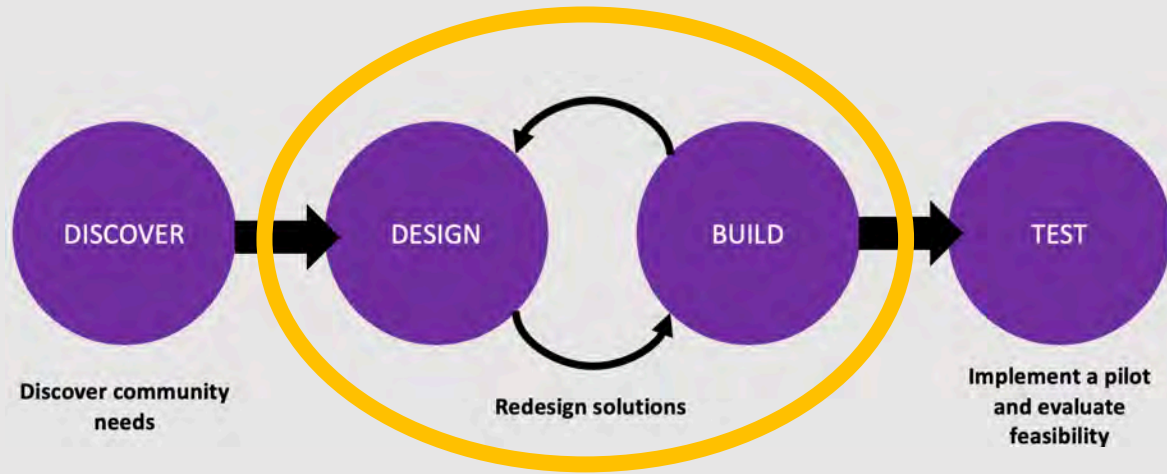


Team meetings

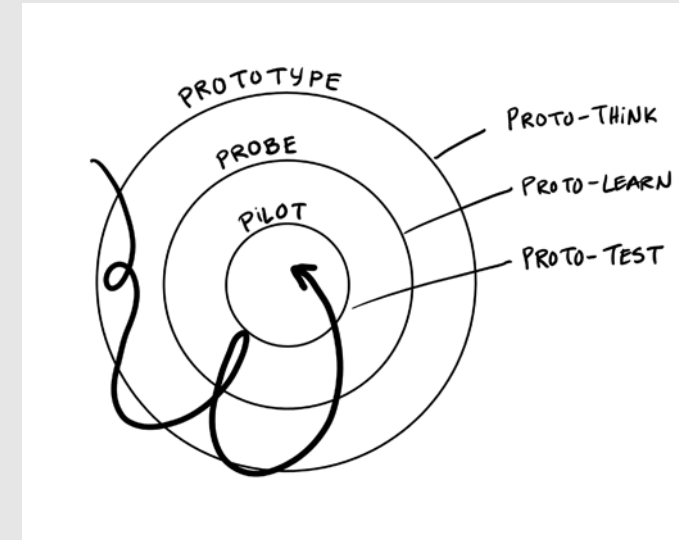
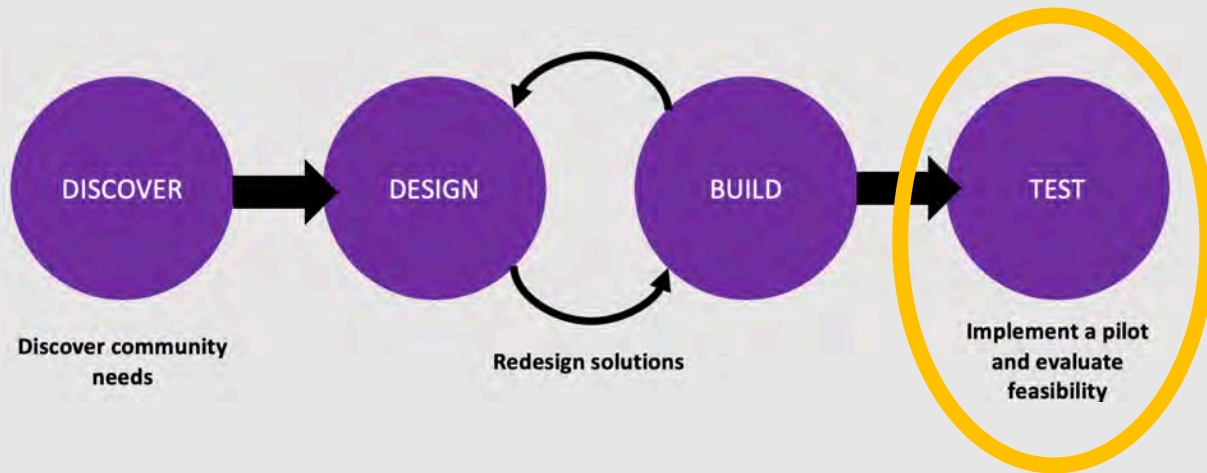
Interviews



Community pop-ups



Design workshops



High-fidelity prototypes

# RECENT LEGISLATION



**State v. Blake**



**SB 5476: Addressing the  
State v. Blake decision**



CERTIFICATION OF ENROLLMENT

ENGROSSED SENATE BILL 5476

Chapter 311, Laws of 2021

(partial veto)

67th Legislature  
2021 Regular Session

DRUG POSSESSION—STATE V. BLAKE DECISION



1. Designated crisis responder or triage facility for involuntary hold
2. Crisis stabilization unit
3. Mobile crisis response services
4. Voluntary outpatient treatment
5. Safe Station model with fire departments

Drug possession is now a  
**misdemeanor**



Law enforcement  
encouraged to **divert to  
treatment and services**  
in lieu of booking

### **6. Recovery navigator program**



Located in every region of the state  
Modeled on the **law enforcement  
assisted diversion (LEAD) program**  
Associated with newly funded homeless  
outreach stabilization transition  
programs

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CERTIFICATION OF ENROLLMENT

**ENGROSSED SENATE BILL 5476**

Chapter 311, Laws of 2021

(partial veto)

67th Legislature  
2021 Regular Session

DRUG POSSESSION—STATE V. BLAKE DECISION



Training on **law enforcement interaction** with persons with substance use disorders will be incorporated into **basic training**

Developed with the Behavioral Health Institute at Harborview



Health Care Authority position to support **ED-initiated buprenorphine programs**

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As of July 25, 2021, it is **NOW LEGAL** to be in possession of drug paraphernalia used to:

- (1) Test or analyze (e.g., **fentanyl test strips**)
- (2) Inject, ingest, inhale, or otherwise introduce into the human body (e.g., **safer use kits**)

**Sec. 14.** RCW 69.50.412 and 2019 c 64 s 22 are each amended to read as follows:

(1) It is unlawful for any person to use drug paraphernalia to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, or prepare (~~(test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body)~~) a controlled substance other than marijuana. Any person who violates this subsection is guilty of a misdemeanor.

(2) It is unlawful for any person to deliver, possess with intent to deliver, or manufacture with intent to deliver drug paraphernalia, knowing, or under circumstances where one reasonably should know, that it will be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, or prepare (~~(test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body)~~) a controlled substance other than marijuana. Any person who violates this subsection is guilty of a misdemeanor.

# RESEARCH LAUNCH

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State v. Blake



SB 5476: Addressing the State v. Blake decision



- (1) Training on law enforcement interaction with PWUD
- (2) Diversion in lieu of jail booking for drug possession

(1) Piloting a **contact and training intervention** for first responders to **reduce overdose stigma**

(2) Adapting **evidence-based interventions** from clinical medicine to the **first responder system**

# Piloting a **contact and training intervention** for first responders to **reduce overdose stigma**



**Behavioral health →  
Opioid overdose**

Recovery navigator program referral	Etiology of SUDs	Barriers to treatment engagement
Indicators of SUD	Conflict resolution and de-escalation	Language usage
Alternatives to lethal force	Principles of recovery	Community and state resources

# Piloting a **contact and training intervention** for first responders to **reduce overdose stigma**



Behavioral health →  
Opioid overdose

(1) Discover the needs of first responders and their perceptions of people who use drugs

→ Interviews

(2) Adapt to include content on opioids delivered by people who use drugs

→ Community pop-ups and design workshops

(3) Test the adapted intervention on first responders' perceptions of people who use drugs

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# Adapting evidence-based interventions from clinical medicine to the first responder system





# Adapting evidence-based interventions from clinical medicine to the first responder system



(1) Adapt to meet the needs of people who use drugs

→ Community pop-ups

(2) Assess the barriers/facilitators to adoption by first responders

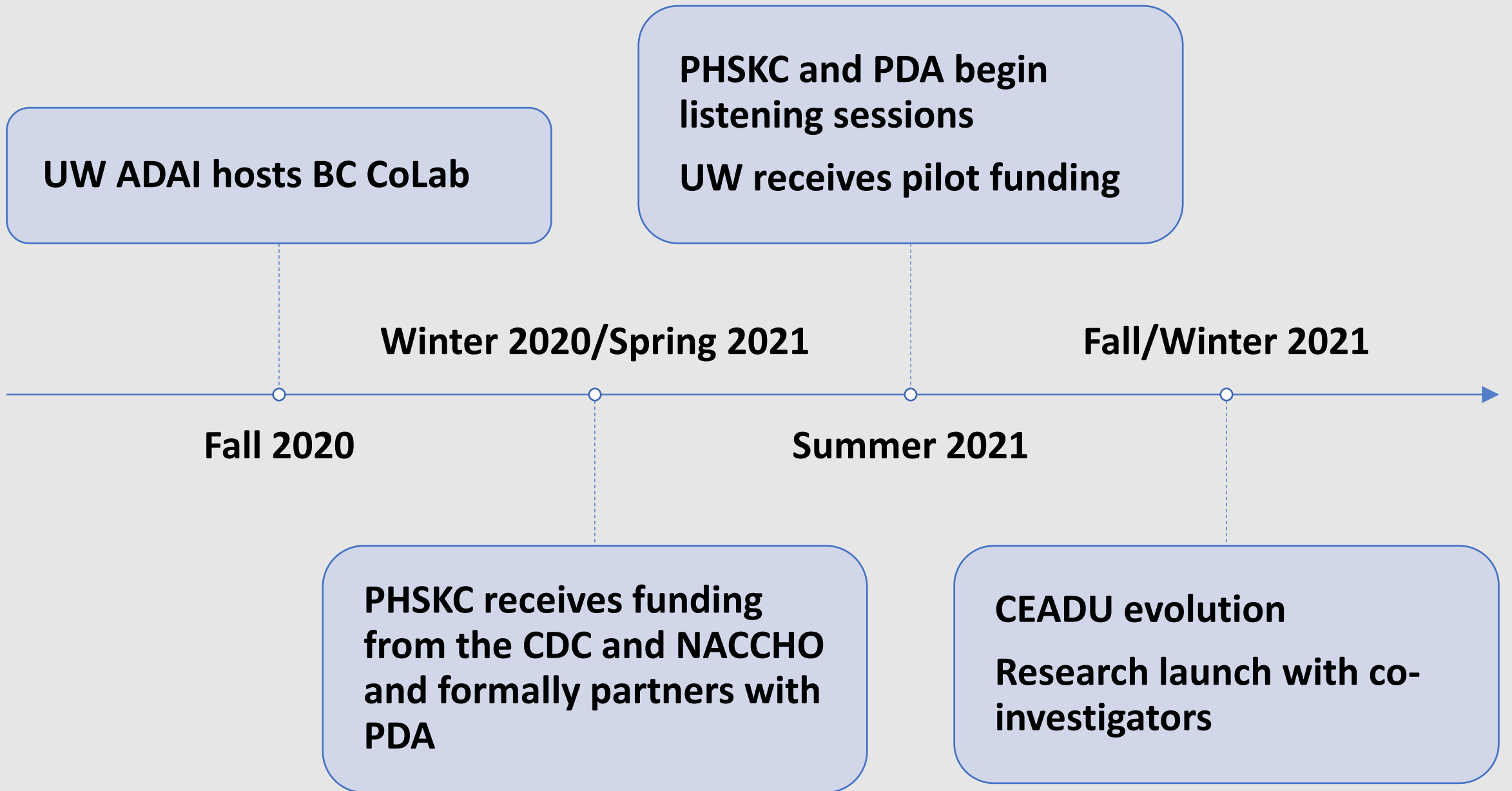
→ Interviews

(3) Create an implementation toolkit

→ Design workshops

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THANK YOU!



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[cfockele@uw.edu](mailto:cfockele@uw.edu)

# Surveys

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**We greatly appreciate your feedback!**

Every survey we receive helps us improve and continue offering our programs.

It only takes **1 minute** to complete!

