

Executive Summary

The drug epidemic impacts every resident, business, and visitor in Snohomish County. The epidemic continues to evolve as new substances, such as xylazine, emerge. This brief provides an overview of policies that create constraints on our ability to address this issue.

Key Points

- ▶ Snohomish County residents continue to suffer the devastating effects of the drug epidemic, especially as the prevalence of fentanyl use expands and other substances, such as xylazine, emerge.
- ▶ While all communities desperately need more resources, especially in behavioral health and substance use treatment, significant impact could be made by changes to state and federal policies.
- ▶ The complexities of current (e.g., fentanyl) and emerging (e.g., xylazine) trends in drug use and abuse make some federal, state, and local regulations obsolete.

Federal



Update the Medicare and Medicaid Act of 1965

This law precludes the federal government providing reimbursement for inpatient care at psychiatric and substance use treatment facilities with more than 16 beds and means Medicaid will generally not pay for medical items and services for incarcerated persons.



Change the Standards for Management of Opioid Withdrawal

- The initial dose of methadone allowed by 42 CFR § 8.12 does not adequately mitigate withdrawal symptoms (i.e., dope sickness) for people who use fentanyl. Under the standards, "For each new patient enrolled in a program, the initial dose of methadone shall not exceed 30 milligrams and the total dose for the first day shall not exceed 40 milligrams, unless the program physician documents in the patient's record that 40 milligrams did not suppress opioid abstinence symptoms." (Subparagraph (h)(iii)(3)(ii))
- We strongly believe that physicians should be authorized the discretion to prescribe methadone in an amount they deem medically necessary. This would be analogous to pain management, when the physician can prescribe pain medication in the amount needed to manage the patient's level of pain.



Improve Access to Opioid Treatment by Expanding Take-home Programs

- There are currently 1,909 patients in the four Opioid Treatment Programs (previously known as methadone clinics) located in Snohomish County. Using 2021 SAMHSA data, our best estimate is that 20,640 Snohomish County residents are addicted to opioids. Given the explosion of opioid addiction in 2022 and even more so in 2023, it's likely that the actual number today is much higher than 20,640 county residents.
- Senate Bill 644 (S.644) expands access to methadone for an individual's unsupervised use to treat opioid use disorder (OUD). This would revise outdated regulations on methadone treatment for OUD by reducing the time in treatment required for patients to receive take-home doses of medication and allowing pharmacies to dispense methadone for OUD treatment for the first time. It also would codify a recent federal regulation allowing opioid treatment programs (OTPs) to add mobile treatment clinics and would require the Substance Abuse and Mental Health Services Administration (SAMHSA) to study existing regulatory flexibilities on accessing treatment for OUD.

Washington State



Remove Unnecessary Barriers that Inhibit Access to Care

- Managed care organizations (MCOs) currently limit medical withdrawal management (i.e., detox) for up to five (5) days without pre-authorization. It would be beneficial to contractually obligate MCOs to authorize up to ten (10) days, especially for those addicted to fentanyl.
- MCOs current limit substance use disorder (SUD) inpatient treatment to twenty-eight (28) days without pre-authorization. It would be beneficial to contractually obligate MCOs to authorize up to sixty (60) days, especially for those addicted to fentanyl.



Make Necessary Changes to Strengthen Ricky's Law

- Per Ricky's Law, individuals must meet involuntary detention criteria after an evaluation by a designated crisis responder and must be treated at a state-certified secure detoxification facility. If no bed capacity exists, the law does not provide other options for involuntary detention and/or treatment.
- The law should specify that a person with a history of fentanyl addiction and experiencing a life-threatening overdose should be assumed to be gravely disabled and subject to involuntary detention.
- Snohomish County needs additional secure detox facility space. Currently, King County offers our closest secure detox facility, which is often at capacity. Statewide there are just 77 total secured withdrawal management and stabilization (SWMS) beds: King County (16 beds), Clark County (16 beds), Lewis County (21 beds), and Spokane County (24 beds)



Update Educational Standards to Address the Drug Epidemic in Schools

- Current learning standards specifically address marijuana but not opioids such as fentanyl. RCW 28A.150.210 lists four goals for basic education. Goal 2 is for students to, "Know and apply the core concepts and principles of mathematics; social, physical, and life sciences; civics and history, including different cultures and participation in representative government; geography; arts; and **health and fitness** [emphasis added]."
- Enact legislation (Ohio HB 367 as an example, require "boards of education from each local district to select a K-12 - health curriculum that includes instruction on the dangers of prescription opioid abuse." We believe K-12 curriculum should include instruction on the dangers of all opioids, natural and synthetic.