



Austin Public Health



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MEMORANDUM

TO: Mayor and City Council
FROM: Stephanie Y. Hayden, Director 
DATE: August 30, 2018
SUBJECT: CIUR ID 2038 – Council Resolution 20180524-038 City Efforts Related to Opioids

This memorandum serves as a response to the City Council's request for the City Manager to address the escalating public health and safety concerns caused by opioids and other substance use and misuse in our community.

On July 18, City of Austin departments brought together key community agencies and partners to discuss opioid use and misuse within the Austin Metropolitan area, and to develop a mutual understanding of their data, initiatives and response roles, and the activities currently being conducted in the prevention and treatment for persons experiencing substance use disorders.

The group recognized that an effective response to the growing substance abuse crisis (including opioid abuse) requires a multidisciplinary, collaborative, and coordinated response. Group members represented included public safety (law enforcement, emergency medical services, Austin-Travis County Office of the Medical Director, APH, Downtown Austin Community Court (DACC), Travis County Medical Examiner, Integral Care (Mental Health), Travis County Health and Human Services, substance abuse and primary care agencies, and community organizations representing treatment, recovery, harm reduction, and overdose reversal.

The following recommendations are based on feedback from this meeting and best practices identified in communities hardest hit by the opioid epidemic:

Partnerships

- Focus on all substance use/misuse and not solely on opioids. Findings from the local, state, and national level indicate that overdose deaths are likely attributed from the use of multiple types of substances.
- Create a multidisciplinary Substance Use Disorder Taskforce/Committee to develop a coordinated strategy to reduce substance use/misuse in the Austin Metropolitan area. The Taskforce's mission should be to develop a comprehensive local plan of action that develops and prioritizes strategies related to prevention, treatment, and support services for substance use disorders.

- Host a workshop/symposium to share information, and build and leverage partnerships with stakeholders and community partners. The workshop should focus on our community's response following the U.S. Health and Human Services 5-Point Opioid Strategy:
 1. Access: Better Prevention, Treatment and Recovery Services;
 2. Data: Better Data on the Epidemic;
 3. Pain: Better Pain Management;
 4. Overdoses: Better Targeting of Overdose-Reversing Drugs; and,
 5. Research: Better Research on Pain and Addiction.

Increase Epidemiological Surveillance and Monitoring

Data is key to understanding the state of the epidemic and assessing trends of substance use/misuse in our community. Public health surveillance is not only the key in providing data on the current problem, but guides the development, implementation, and evaluation of policies and initiatives related to education, prevention, treatment and recovery, and harm reduction. The continuous sharing of this information with other city departments and community partners is key to documenting improvements across the spectrum of services and prioritizing initiatives especially when resources are limited. To improve data collection, integration and dissemination of information, and tracking inpatient and outpatient treatment availability to ensure of clients are linked to necessary services requires the development of a common technology platform.

Prevention and Education

A public health prevention strategy is key in educating the community on substance use/misuse and, associated risks of drug use, identifying high risk groups, and providing information on available community resources.

Recommendations

- The development and implementation of a public awareness campaign including educational materials that focus on the prevention of drug use, risks of substance use and misuse, and community resources available in treatment, recovery, harm reduction, and safe disposal of unused prescription drugs.
- The development and implementation of an educational campaign for health care providers about up to date and safe prescribing practices for the treatment of pain and pain management, and finding other non-opioid pain management options.
- Support expansion of street level interventions, educational outreach, and linking clients to the appropriate prevention, treatment, harm reduction, or recovery programs.

Harm Reduction

The goal of harm reduction is to engage individuals where they use drugs, and use strategies to reduce adverse health outcomes such as overdose deaths, and transmission of infectious disease

such as HIV and Hepatitis B and C. Strategies also focus on the engagement of individuals in community health services.

Recommendations

- Continue to ensure safe disposal of unused prescription drugs. Several of these activities are currently underway within the City of Austin and could also be supported by the proposed educational campaign include:
 - Expansion of drug take back locations. There are currently two drug take back kiosks located in the City of Austin. However, commercial retail pharmacies are expanding this service throughout the City of Austin. Continued expansion should also include:
 - public education on safe drug disposal practices; and,
 - ongoing support and collaboration of National Prescription Drug Take Back Day.
- The safe disposal of needles is considered a best practice and has been shown to reduce communicable diseases such as HIV and Hepatitis B and C.
- Support the expansion of access to and use of naloxone, a non-addictive drug, so that it can reverse the effects of an opioid overdose. Ensure an adequate supply of naloxone is available on all first responder vehicles.
- Educate and train first responders (EMS, Fire, and Police), health care professionals, people who use drugs, and other community members on the signs of an opioid overdose and the appropriate use of the Naloxone.
- Establish partnerships between EMS and local resources, including APH, DACC and others, to facilitate rapid assessment, screening and referral to harm reduction, medication assisted therapy (MAT), and behavioral health providers.

Treatment and Recovery

Access to treatment is the first step to recovery. However, the Substance Abuse and Mental Health Services Administration recognizes that a gap exists between the number of people who need treatment for addiction and the capacity to treat them.

Best Practices

- Support Medication-Assisted Treatment (MAT) to close the gap between treatment need and treatment availability – especially considering the strong evidence of effectiveness for such treatments.
- Expand investments in peer support/coaching services to assist people in early stages of recovery. The Texas Department of State Health Services (DSHS) will receive funding that will support train the trainer opportunities for local peer recovery coaches.
- Support 24-hour outreach case management services provided by DACC to focus on the diversion of individuals from the criminal justice system, specifically the homeless population that may otherwise be arrested or cited, and to engage and motivate them to

comply with the law while proactively linking them to substance abuse treatment and other services.

- Intercept 0: Focus on clients who do not meet criteria for the Sobering Center or hospitalization due to medical or psychiatric condition, or whose criminal justice activity warrants booking into jail.
- Identify intercept points within the EMS system continuum of care where individuals who are at risk of or have experienced an overdose can be rapidly referred to appropriate services and care from the field (Intercept 1).
- Investigate, develop and implement a process where EMS providers can provide same-day, community-based induction on medications used to treat opioid disorders to individuals that may not have immediate access to MAT services.

Outcome Measures

This work is directly connected to Strategic Direction 2023 under Health and Environment and Safety outcome areas. Some potential metrics would be:

- behavioral health treatment rate for patients with a primary diagnosis of opioid use disorder;
- doses of naloxone distributed;
- doses of naloxone administered by first responders;
- fatal overdoses; and,
- nonfatal overdoses.

Stakeholders expressed concerns that declining Medicaid expansion is a problem in supporting long-term solutions such as MAT, and behavioral and mental health.

In closing, the staff and the proposed taskforce should actively identify, pursue, or support funding opportunities available for substance use disorders. Austin/Travis County Emergency Medical System is currently working with DSHS to request funding for a pilot program to develop rapid response teams that will provide induction treatment while also linking clients to harm reduction, mental health services and treatment and recovery services.

If you have any questions, please feel free to contact me.