

Current Trends in the Opioid Epidemic: Legal & Policy Implications

2025 Washington Behavioral Healthcare Conference
June 12, 2025



Washington State
Health Care Authority

Speaker Information

Eric Nelson

Senior Counsel
Office of the Attorney General

Sara Multanen-Karr

Opioid Treatment Programs Administrator
Health Care Authority

No disclosures to make

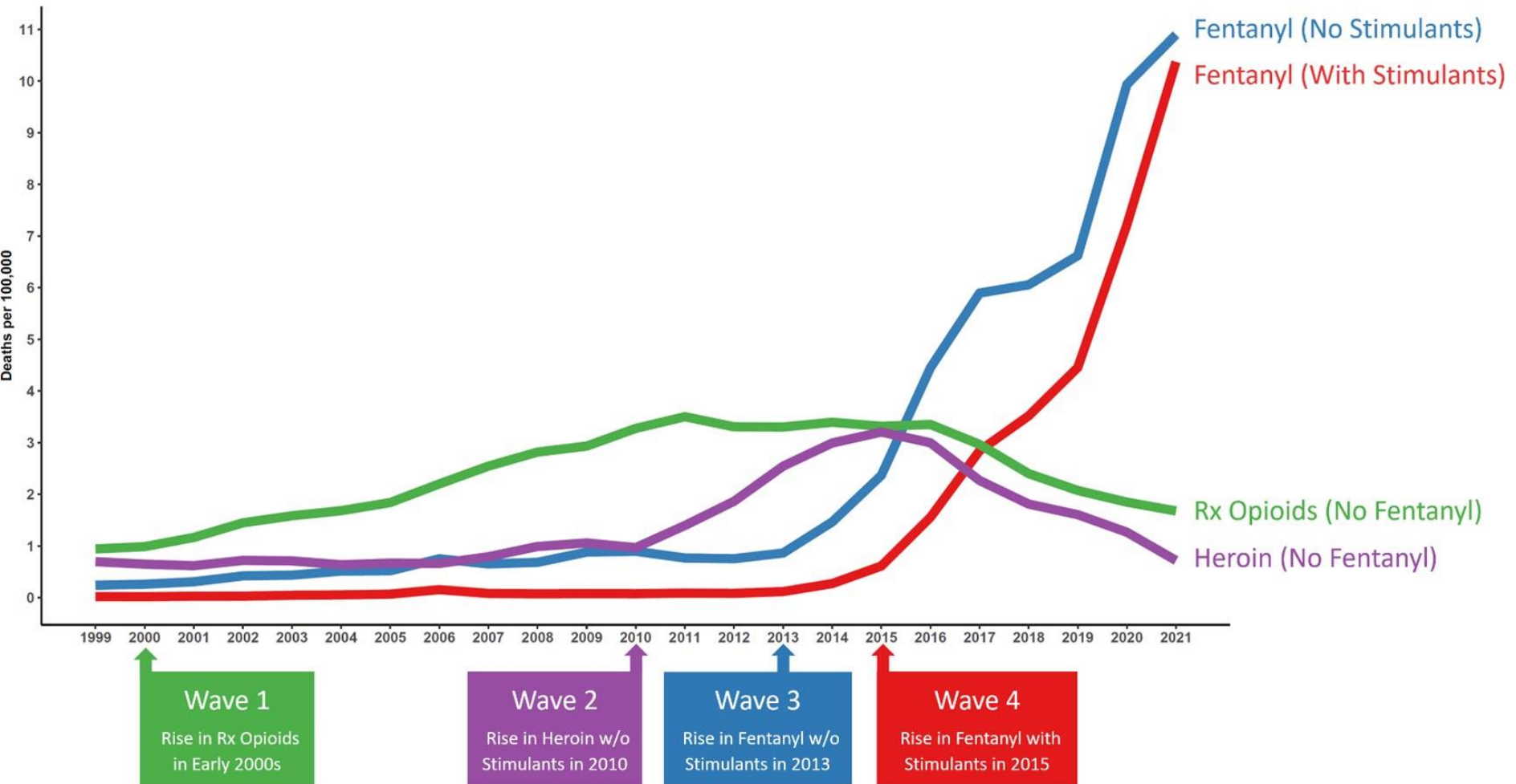


Discussion for today

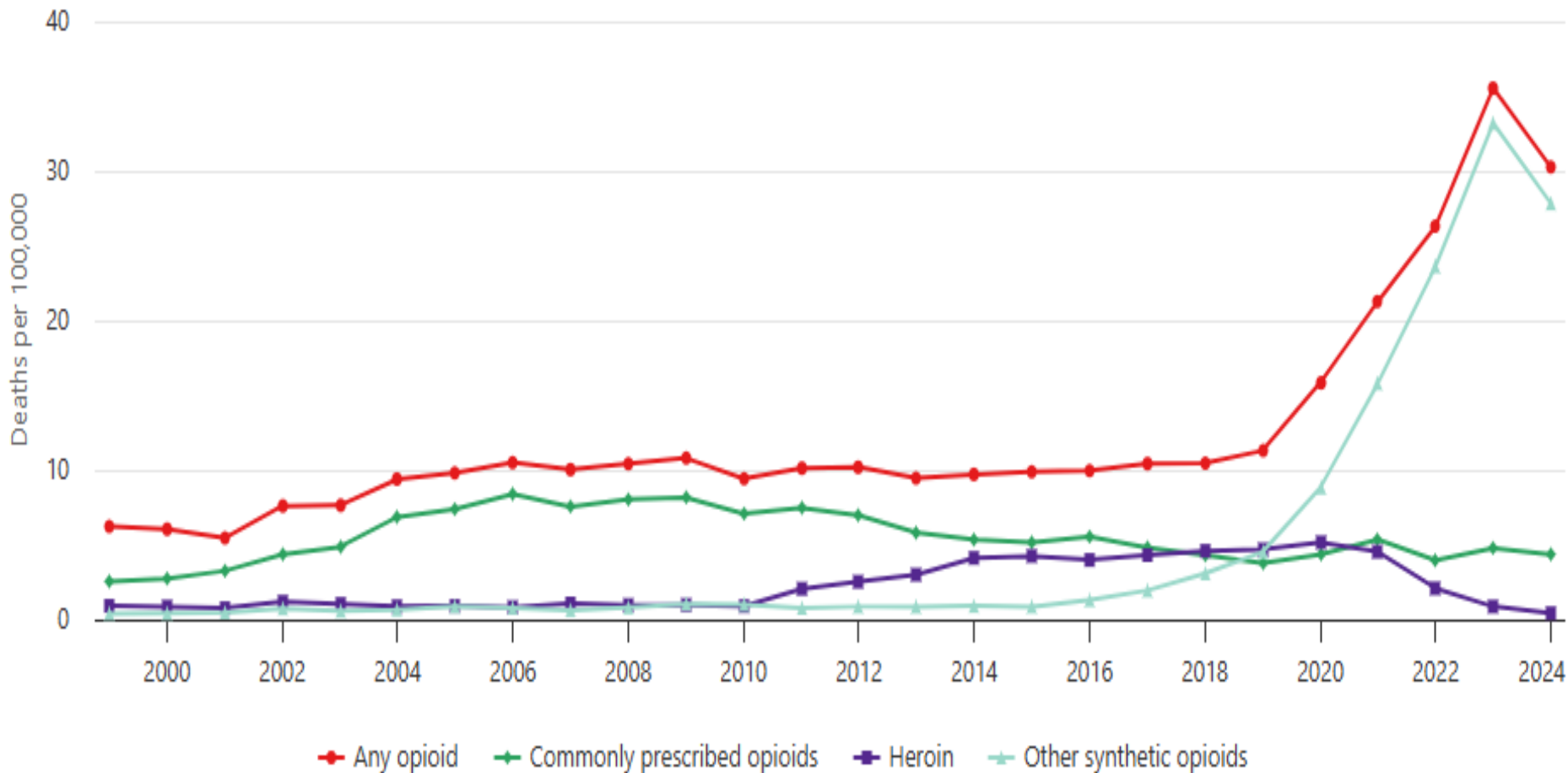
- ▶ Opioid Epidemic
- ▶ Fentanyl concerns
- ▶ State response
- ▶ Opioid use disorder treatment
- ▶ Observations and implications
- ▶ Questions



Wave 4 of Opioid Epidemic



Statewide Opioid Death Rates

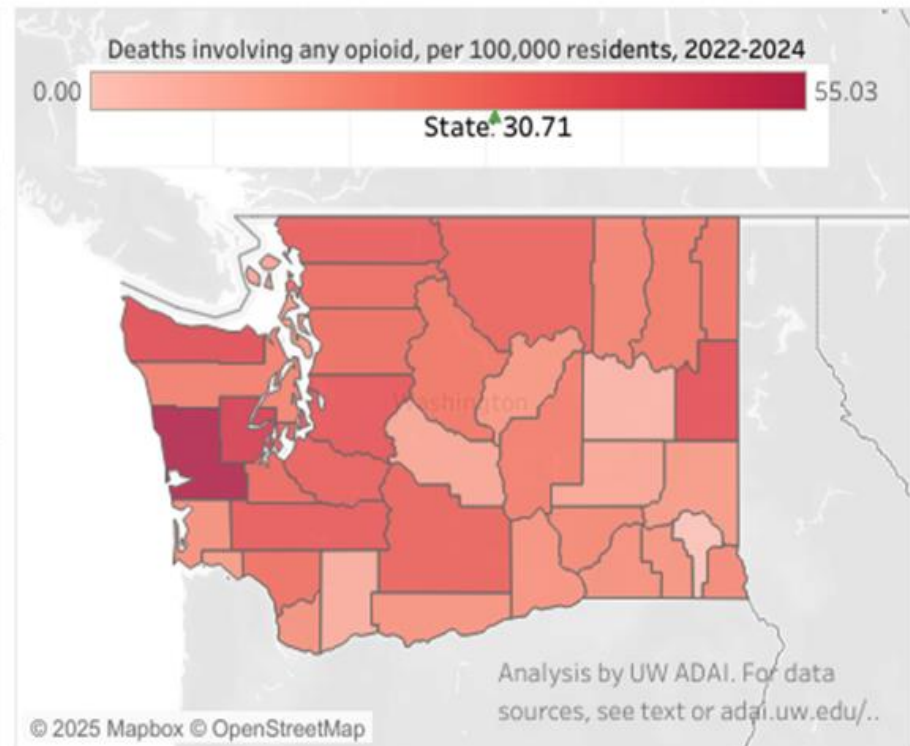


Analysis by UW ADAL. For data sources, see text or adai.uw.edu/WAdata

Data sources: Washington State Department of Health (deaths), state Office of Financial Management (population). 2024 death data are preliminary.

20-year comparison

Overdose deaths involving any opioid



Washington state opioid trends: Deaths

Per 100,000 residents

County	2002-2004	2022-2024	% Increase
Benton	4.17	17.81	327.60%
Clallam	8.58	38.42	347.60%
Grays Harbor	9.1	55.03	504.50%
King	5.35	35.85	570.30%
Kittitas	0.94	11.18	1093.60%
Mason	3.84	43.85	1041.40%
Okanogan	2.5	31.81	1173.90%
Pierce	5.55	33.14	496.80%
Spokane	9.69	37.6	287.90%
Thurston	6.41	30.52	376.30%
Walla Walla	2.4	18.51	672.60%
Whatcom	5.66	33.6	494.00%
Yakima	3.37	32.28	861.30%



Fentanyl addiction poses unique treatment challenges

- ▶ Collects in fatty tissue and releases slowly ("lipophilicity")
- ▶ Prolonged opioid withdrawal with acute systems
- ▶ Buprenorphine requires patients to be in mild to moderate withdrawal
 - ▶ Microdosing can be complicated and hard to manage
- ▶ Methadone
 - ▶ No state of withdrawal before initiation
 - ▶ More potent than buprenorphine
- ▶ Methadone is an important treatment modality, indicated in a NIH-funded study to reduce odds of overdose death by 59%

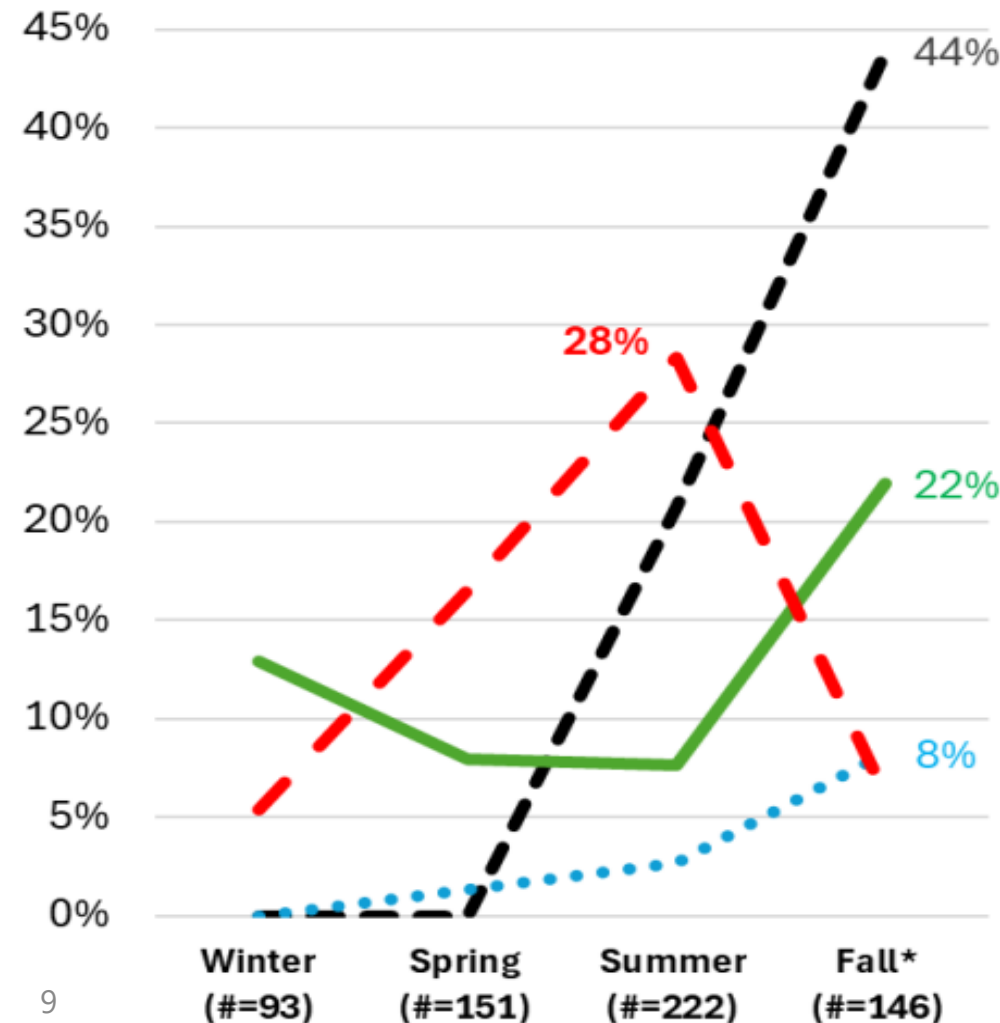


What's in the "fentanyl" in WA State?

Substances detected in drugs sold as "fentanyl" in WA State in 2024*

(Most samples contained multiple substances)

These data can't be interpreted as what is in the overall drug supply. Samples are from a tiny percentage of the drug supply & often tested because of concerns about the contents.



BTMPS (Industrial chemical):
Increased rapidly

Xylazine (Animal tranquilizer):
Regularly detected, increased
in the Fall

Strong fentanyl analogue:
Increased from 0% to 8%
[Carfentanil in 12 Fall samples]

No fentanyl-type drug:
Varied greatly

*Sample results are from 1/1/2024 to 11/26/2024

Washington State Response

- ▶ Office of Attorney General
 - ▶ Litigation updates
 - ▶ Opioid Abatement Settlement Funds
 - What are approved uses?
- ▶ Health Care Authority
 - ▶ Funding for treatment and recovery
- ▶ Department of Health
 - ▶ Funding for naloxone, prevention, and flexible use



Opioid Litigation—AGO Recovers \$1.1 billion for Washington State over 18-year period

- ▶ Distributors, pharmacies, and manufacturers (McKesson, Cardinal Health, Amerisource Bergon, McKinsey, Kroger, Safeway/Albertson's case pending with trial scheduled Feb. 2026).
- ▶ 2024—SCOTUS overturns \$6 billion settlement with Purdue and Sackler family. Bankruptcy court cannot immunize Sackler family against future claims for OxyContin liability. \$183m less for Washington State. Negotiations on a new Purdue Settlement may be announced in Summer 2025.
- ▶ Funds in Opioid Abatement Account
- ▶ Split 50/50 between local governments (all 39 counties, 86 cities) and state.



Opioid Abatement Core Strategies and Approved Uses

- ▶ Medication-assisted treatment, including MOUD
- ▶ SBIRT for pregnant and post-partum individuals
- ▶ Warm hand-off and recovery services
- ▶ Treatment for incarcerated population
- ▶ Prevention, Treatment, and other strategies
 - ▶ First responders, planning & coordination, training, research
- ▶ Syringe Service Programs
- ▶ Naloxone



Opioid Treatment in WA State

▶ Opioid Treatment Programs (OTPs)

The only type of outpatient BHA facility to access all three FDA-approved medications for opioid use disorder.

- 43 OTP clinics, including one jail OTP
- 16 OTP mobile medication units

Month/Year	Enrolled OTP Patients
September 2021	13,040
September 2022	12,720
September 2023	13,237
September 2024	16,992
June 2025	19,093



Opioid Treatment Program Directory



Opioid Treatment Program Medication Units

Mobile Medication Units—16 active MMUs

- ▶ **We Care Daily (Muckleshoot Tribe)**—4 MMUs serving Seattle (U District), Tacoma (Freighthouse Square), SODO District Seattle (Recovery Care), and Spanaway
- ▶ **Evergreen Treatment Services**—4 MMUs serving Seattle and Shelton
- ▶ **WCHS, Inc. Acadia Healthcare**—2 MMUs serving Spokane (Deer Park Community) and Lynnwood
- ▶ **didg^wálič Wellness Center (Swinomish Tribe)**—2 MMUs serving Bellingham
- ▶ **Jamestown Healing Clinic (Jamestown S’Klallam Tribe)**—Clallam County
- ▶ **Hope & Healing Clinic (Chehalis Tribe)**—Lacey/Olympia
- ▶ **Camas Healing & Recovery (Kalispel Tribe)**—Airway Heights
- ▶ **Comprehensive Healthcare**—Yakima, serving correctional population

Fixed Site Medication Units—1 pending application

- ▶ **New treatment setting type in WA as of January 31, 2025**



Opioid Treatment Program Expansion Efforts

- ▶ Opioid Abatement Settlement funds for OTP expansion, \$3.768M
 - ▶ Request for Applications released Sept 2024
 - ▶ Opportunity prioritized rural Washington with no existing OTP access
 - ▶ Contracts to successful bidders awarded Winter 2024
 - ▶ OTP facility builds currently underway:
 - ➔ WCHS Inc., Acadia Healthcare
 - Wenatchee—Fall 2025
 - ➔ ORTC LLC, Walla Walla Treatment Center
 - Walla Walla—Fall/Winter 2025



WA State Opioid Treatment Programs



Opioid Treatment Program Regulations

- ▶ 42 CFR Part 8—new OTP rules summary of changes—see [Final Rule](#) for details
 - ▶ Published Feb 2, 2024; effective April 2, 2024; enforced Oct 2, 2024
[First substantial update for OTP federal rules in over 20 years!](#)
 - **Admissions**
 - Higher starting dose when appropriate
 - Eliminates the one-year OUD requirement
 - **Treatment Standards**
 - “shared decision making”
 - **Take-home doses**
 - **Telehealth**
 - **Counseling**
 - **Scope of practice expansion**

WA DOH State rules for licensed OTPs are aligned to federal rules.
[WAC 246-341-1000:](#)



Maintaining methadone access for OTP patients in alternate settings

[21 CFR 1306.07\(b\)](#) aka “72-hour rule”—DEA provision that 3 days of MOUD can be dispensed at one time *“for the purpose of initiating maintenance treatment or detoxification treatment (or both).”*

[21 CFR 1306.07\(c\)](#) DEA provision that hospitals can use methadone *“as an incidental adjunct to medical or surgical treatment of conditions other than addiction.”*

- ▶ Hospitals
- ▶ Correctional settings
- ▶ Long-term care facilities
- ▶ Residential treatment facilities

- ▶ *BHAs cannot deny entry of patients into the BHA because the client is on MOUD; BHAs must facilitate access to MOUD, and coordinate care upon discharge.*

[WAC 246-341-1108](#)

[WAC 182-502-0016](#)

[RCW 71.24.585](#)

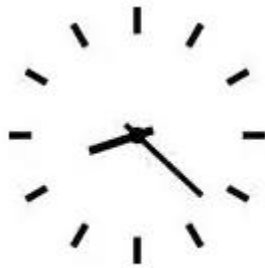


Observations & Implications

- ▶ Current downward trend of opioid overdose deaths
- ▶ Barriers continue to exist, even with recent rule changes
- ▶ Continued stigma and bias against methadone and MOUD
- ▶ Storm clouds brewing – proposal to eliminate SAMSHA and attempts to cut federal funds
- ▶ Medicaid cuts will have a significant impact



Thank you!



Q & A time



Contact Information

Eric Nelson

Senior Counsel
Office of the Attorney
General

Eric.Nelson@atg.wa.gov

Sara Multanen-Karr

Opioid Treatment
Programs Administrator
Washington State
Health Care Authority

Sara.Multanen-karr@hca.wa.gov

