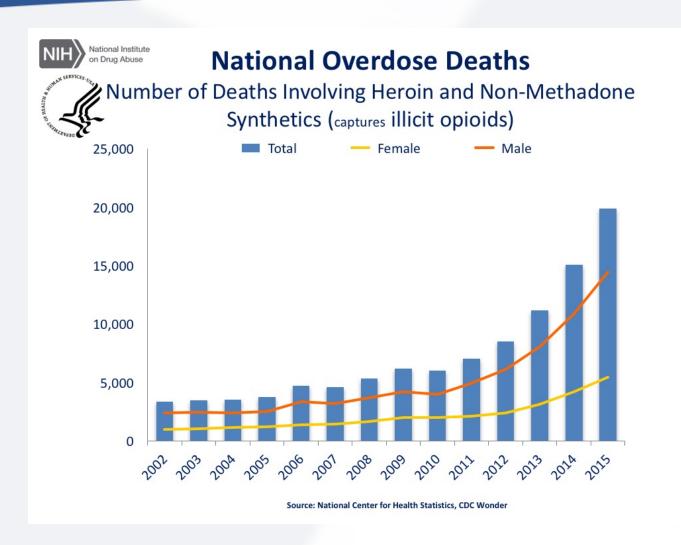


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- Washington County
 - Opiate Use Disorder
 - 70% of ADP
 - 28% increase in 2017
 - 30% increase in 1st 3 months of 2018 (Compared to same 3 months of 2017)
 - Limited options for medication assisted treatment (MAT) and abstinence counseling
 - CODA Portland, CRC Allied Tigard



- Change the way we care for opiate detox monitoring
 - Monitoring more frequently
 - Recognizing that detoxification is a medical problem requiring medical intervention
 - Preventing and treating dehydration early
 - Manage mild withdrawal
 - For more serious withdrawal symptoms treat aggressively and use proven medications to assist with lessening symptoms
 - Recognizing that detox should never be considered a punitive situation

- What we do differently
 - Prevent dehydration with electrolyte replacement
 - Early identification of risks associated with withdrawal
 - Frequent, scheduled monitoring
 - every 8 hours or more
 - Develop Collaborative relationships to maintain consistency with this population

Finally

- In 2017 we added buprenorphine (subutex) to our regular opiate detox program.
 - Buprenorphine as a taper
 - 28 mg over 5 days
 - 80% decrease in symptoms in the first 72 hours of detox program admission
 - Increased ability to participate in programs, hearings, bail/bond
 - Decreased overall morbidity within this population

Challenges

- Buprenorphine require a special endorsement for physicians and extenders
- We cannot provide continued MAT therapy within the jail
 - Referrals are made, but often the follow through is lacking
 - Risk for relapse



Thank you for your time!