Senator holds fentanyl round table as WA becomes overdose epicenter

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Why is Washington the epicenter of the fentanyl crisis?

U.S. Sen. Maria Cantwell posed the question at a Seattle round table she convened Monday about the deadly drug, where speakers talked about innovations happening locally and the challenges that lay ahead. The

senator pointed to Centers for Disease Control and Prevention numbers showing the state had the biggest increase in the nation—more than 21%—in fatal overdoses reported between February 2022 and February 2023.

One big reason, explained Robert Hammer, a Homeland Security Investigations special agent in charge of the Pacific Northwest region, is that fentanyl is extraordinarily cheap in Washington. The powerful synthetic opioid sells for as little as 80 cents a pill, about 50 cents cheaper than in California.

Compounding the problem, Hammer said, is Washington's position on the Interstate 5 corridor and its ability to serve as a stop-off point on the way to smuggle drugs into Vancouver, B.C.

It might seem obvious that a crisis is at hand, but Congress has not yet officially labeled fentanyl's carnage that way. "Let's get that done," Cantwell told round table participants, including Seattle Mayor Bruce Harrell, the city's police and fire chiefs, Evergreen Treatment Services CEO Steve Woolworth, University of Washington researcher Caleb Banta-Green, and a mother who lost her 20-year-old son after he bought what he thought was a painkiller that turned out to contain fentanyl.

A congressionally declared crisis would help get support from federal agencies, including needed leeway on Medicaid reimbursement for treatment, Cantwell said after the round table, one of a series held around the state. She is working on a bill with two of her colleagues to that effect.

More federal grants for treatment may also help, the senator added. She noted innovations happening in Washington, like "health engagement hubs," places that offer people who use drugs easy access to treatment and a range of other services in a nonjudgment environment. The state

will soon launch a pilot program that will start up two of those hubs.

How widely such hubs spread may depend in part on whether they can get federal money. Current Medicaid rules allow treatment centers to bill for doctors' time but not for that of other providers considered vital to the team, like nurses and "care navigators" who typically have experience with addiction themselves, Banta-Green said.

Brad Finegood, who leads the overdose response for Public Health—Seattle & King County, agreed. "We have a huge Medicaid problem," he told Cantwell. "But our system does not pay for so many services that people will need."

The site of the round table, a Pioneer Square fire station, showcased another innovation. A few weeks ago, the Seattle Fire Department began responding to overdoses with a "Health 99" unit.

The fire department was already running the Health One program to respond to people who frequently call 911 by connecting them with social and health services. Wanting something more focused on overdoses, the department took one of its three units in that program and used it to start a three- to six-month Health 99 pilot program, said fire Chief Harold Scoggins.

Two firefighters and a social worker staff the unit, which sticks around after someone has regained consciousness and other emergency responders have left, with the goal of getting that person into treatment. Following up the next day, and the day after that, is key, Scoggins said.

The fire chief said he knows of no other program like it in the state.

Getting people to a treatment facility isn't necessarily a panacea. Woolworth, of Evergreen Treatment Services, said the nonprofit's three

clinics are having trouble keeping patients trying to overcome fentanyl addictions.

The clinics provide methadone to reduce cravings for illicit opioids. But there's a danger of overdosing on the medication, and federal regulations limit the starting dose to a certain level—one that is often not high enough to substitute for fentanyl, which is even more powerful, Woolworth said.

As with the other go-to drug for opioid treatment, buprenorphine, people may go through agonizing withdrawal symptoms and feel worse after taking a starting dose of methadone. They may not come back.

Because of the regulations, Woolworth said, "we haven't been able to adapt and adjust clinic protocols to meet the beast that fentanyl is." He and others have been working to change the federal guidelines.

Others at the round table stressed the need for more treatment beds.

James Lovell, chief community development officer for the Chief Seattle Club and a member of North Dakota's Turtle Mountain Ojibwe tribe, told of a woman who lived in a building operated by the Native American-led housing and human services agency. Every day, she would ask on-site staffers trying to connect her with treatment services if a bed had become available in a detox facility.

There never was—until a few days before the woman died of an overdose.

In another sobering tale, Gen Pehlivanian told of how she lost her son when he was suffering from a painful sore throat. He thought he was buying Percocet on the street. The next morning, his brother and a friend found the 20-year-old dead in bed. Pehlivanian said goodbye to her

oldest son in a body bag, on a gurney.

The family was told fentanyl was to blame. "What's fentanyl?" she thought.

Since then, she's been working to educate people about the dangers of the drug, and said increasing awareness among young people is crucial.

Lovell took the point. He said the round table inspired him to go home and talk about fentanyl with his 11-year-old.