

Grays Harbor Opioid Overdose Prevention Project (OPP)

Initial Stakeholder Meeting Summary

On May 9, 2017 Grays Harbor County Public Health & Social Services Department (GHPHSS) held a series of 3 meetings to inform stakeholders about a new initiative that we are participating in. The OPP is a multi-year, multi-faceted opportunity to ultimately impact the devastating effect of opioid abuse in our community. The first step in this grant is to distribute naloxone to those who are most at risk. [Naloxone](#) is a medication used to block the effects of opioids and reverse a potentially fatal overdose. To learn more please visit our [overdose prevention project webpage](#).

GHPHSS is the regional hub for this project in Southwest Washington and has agreed to:

- Organize and facilitate a series of local stakeholder meetings to identify local overdose prevention needs and develop a comprehensive overdose prevention strategy and naloxone distribution plan.
- Provide general information trainings on opioid use and overdose prevention for local service providers, tribes, policymakers, community groups and other organizations.
- Train professional first responders how to recognize and respond to opioid overdose and to administer naloxone.
- Train lay first responders (including clients of syringe exchange, drug treatment, criminal justice, and other social services) how to recognize and respond to opioid overdose and to administer naloxone.
Distribution and education around use of Naloxone through our Syringe Exchange Program began on April 5th 2017. Through June 7th, 2017, 192 kits have been distributed.
- Provide technical assistance to local organizations on implementing overdose education and naloxone programs.
- Connect professionals and community members with [overdose prevention materials](#), data, reports, and resources such as SAMHSA's *Opioid Overdose Prevention Toolkit*.
- Distribute naloxone, maintain inventory records, and enter distribution and refill data into an electronic database.
- Work with the local behavioral health organization and local stakeholders to develop new models of engagement and care coordination to connect individuals at risk of overdose to treatment and recovery services.

In our first stakeholder meetings we felt it was important to not only inform about the grant, but to also get feedback and input from participants around the topics of: naloxone availability and potential distribution areas in the county; opioid use prevention; and opioid impact (issues and solutions). The following is a summary of each area of discussion – **please keep in mind that these are suggestions and ideas that were generated at the meeting and in no way constitute our plan of action.**

These ideas will be vetted for partnership possibilities as our process develops.

NALOXONE AVAILABILITY AND DISTRIBUTION:

(Where is naloxone currently available; where would it make sense to have naloxone available; what other agencies could distribute naloxone; touchstone places for outreach; where do ODs occur – who should be trained to respond)

- Naloxone is available by prescription, but not covered by all insurances
- Evergreen prescribes to all clients, but only have a 20% fill rate
- Roger Sioux Clinic gives Rx
- EMS carries
- Educate prescribers to write Rx for naloxone when they prescribe opiates
- Create info sheet that pharmacies can distribute with all opiate Rx's
- Need to educate the public about naloxone – possible PSA's to help reduce stigma
- Distribute/educate at point-in-time homeless count
- Have an open Rx at local pharmacies
- Service Entry Event at CCAP each week
- Police officers (especially DTF) should carry for personal protection
- Could these agencies/people distribute, refer, and/or be trained to use:
 - Roger Sioux
 - Summit Pacific Medical Center
 - GHC Hospital
 - Social service workers/home visitors
 - Local medical practitioners to dispense to high-risk patients
 - Churches who serve homeless population (Harbor Ministries, Grace Ministries)
 - Community custody officers, DOC diversion/probation departments
 - Jails (upon release from custody)
 - Treatment facilities (since fill rate is low); Evergreen, First Place
 - Revival Grays Harbor
 - DSHS
 - Transit staff
 - Library staff
 - CCAP staff
 - Motel staff in high-risk areas (determine by OD response rates)
 - Housing first
 - Work First (and other employment agencies)

The following suggestions will be evaluated for potential inclusion in the strategic plan.

HOW CAN WE PREVENT OPIOID ADDICTION?

(What are primary ways to prevent opioid abuse/misuse; where can these strategies be implemented; what is happening locally to address prevention; how can we intervene with known opiate users; what about stigma – how can that be addressed)

- Continue to impact the number, duration and amount of opioids that are prescribed by medical community (including stronger legislation)
- Explore and embrace alternatives to opioid use including therapies (OT, PT, Chiropractic, Massage)
- Need city/county-wide prevention coalitions (akin to My TOWN coalition in Hoquiam)
- Emphasize school education programs as means of primary prevention
- Educate parents about sharing pharmaceuticals with their children
- Try to reduce stigma around addiction (disease process vs personal choice/will power)
- More locations and media exposure for drug take-back programs (helps with education and stigma)
- Syringe exchange is effective harm-reduction program and connects users to treatment
- Evergreen is pursuing a mobile outreach/treatment unit to help reduce barriers to treatment
- Pharmacies emphasizing opiate risks – especially to teens

These suggestions will be monitored to ensure accuracy as we gather data about our community.

OPIOID IMPACT (ISSUES AND SOLUTIONS):

(What are the issues in your community (work/home) around opiate use; what systems/programs seem to be working; what systems/programs need adjusting; what concerns do you have around the OPP)

- Majority of heroin use start with legal prescriptions – need to monitor prescribers
- Fentanyl (a powerful synthetic opiate) is predicted to be the next drug worry on the horizon. This can cause OD's through dermal and even airborne particle contact – law enforcement officers need to be protected and should carry naloxone kits
- Need to be strategic about distribution efforts. Naloxone is not a utopia but is a useful tool in a strategic plan to get people into recovery
- Administering naloxone without 911 call may not be “life-saving” ...OD's are a major medical event and people can still OD after being given one dose of naloxone. Many medical conditions can impact how effective naloxone is. Hopefully this won't be seen as a bypass to medical follow-up or a reason to refuse transport
- Municipal court clients site failure to access treatment on demand as a barrier to recovery. Would be nice to have a system that allows direct access when user is ready to comply
- Make sure this program can be sustainable and have a robust tracking and evaluation process to measure intended outcomes

- At this time, Police do not feel they have the bandwidth to participate in education or distribution of naloxone
- Drug dealers have a financial interest in keeping customers and it will be very hard for our efforts to overcome theirs
- Consider adding OD response to first aid training classes
- Need public awareness about grant and its components
- Concern that naloxone will become street currency for users – seems like a big investment without a precise way to measure what is happening to the kits once they are distributed
- Is it possible to have EMS track OD's and record if naloxone was used by lay persons (would be nice to have reliable data that can be cross-walked from report of lay person use to actual EMS record)
- North County is very isolated from Advanced Life Support systems – need to find a partner in that area
- Friend and family support system are the best predictors of recovery – we must be intentional about building those systems if we expect positive outcomes
- Evergreen treatment is making an impact
- Syringe Exchange program is a worthwhile harm-reduction strategy for the whole community

We thank all of you who participated in this initial process. As we continue to move forward in this funding process we will be keeping you informed and welcome your participation in the planning process.

If you have any questions please be sure to contact us:

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