

*Grays Harbor County
Opioid Needs Assessment and Response Plan
February 2018*

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I. Introduction

Grays Harbor County is located on the central coast of Washington State. It covers a large geographic area with rivers, ocean beaches, wilderness areas, and wetlands that offer both high livability and ample opportunities for outdoor recreation. Over half of the County's 73,000 residents live in rural areas, with the remainder living in the population center of Aberdeen, Hoquiam, and Cosmopolis or the smaller cities to the west and east.

It is apparent when indicators of population health are examined that the County fares poorly when compared with many other areas in Washington State. These disparities are evident in both health factors such as behaviors, access to health care, and socioeconomic factors issues and health outcomes such as length and quality of life. The disadvantages are significant in both physical and behavioral health measures and are expressed profoundly in the magnitude of the current opioid crisis.

Along with Clallam County, Grays Harbor currently has the highest rate of death from opioid overdose in the State. We know that behind those rates are enormous impacts on individuals and families, and additional burden on businesses, the health care and justice systems, and other public and private entities.

While this death rate shines a light on the local opioid problem, we know that individuals, families, businesses, and the healthcare system in the community have been significantly impacted by the burden of this crisis. This work aligns with the Washington State Opioid Response Plan and our regional Accountable Communities of Health (Cascade Pacific Action Alliance) Opioid Response Plan.

This document presents Grays Harbor County's strategic plan to address the local impacts of the opioid crisis and details community involvement, a description of the scope of the problem, and the current and planned strategic activities selected.

The causes and effects of the current crisis are complex and interconnected, and no one agency or entity can effectively address the problem in isolation. A commitment of collective effort across the community is necessary to accomplish the important improvements that are needed.

II. Community Involvement

Grays Harbor Public Health and Social Services Department included a variety of allied partners in our planning efforts. From May 2017 through February 2018 our Opioid Prevention Project Coordinator worked with groups throughout the county to form our Opioid Action Team (OAT).

OAT members provide guidance and recommendations for the Grays Harbor Opioid Needs Assessment and Response to ensure the plan is responsive to the entire community. The OAT members will advise the project regarding emerging issues and problems.

OAT Member Representation:

- Law Enforcement
- Fire Departments
- Youth and Schools
- Behavioral Health Treatment Providers

- Community Service Organizations
- Religious Organizations
- Tribes
- Criminal Justice
- Health Officers
- Primary Care Providers
- Syringe Exchange Services
- Hospitals
- Elected Officials
- Recovery Community
- BHO-Great Rivers
- Tribes

OAT Operating Principles

- Membership will include partners from throughout the community.
- The Team shall respect all perspectives and be willing to listen to different viewpoints.

OAT Responsibilities

- Review data and identify gaps in the data.
- Review surveys and other data gathering tools and provide feedback to ensure tools are appropriate for Grays Harbor.
- Review proposed needs assessment and response strategies. Provide feedback to ensure they are both thorough and realistic.
- Support the selected response strategies by connecting community partners to existing resources as well as identifying gaps in resources.

OAT Timeline

- The OAT team may meet together in small groups, individually or as a large collaborative as needed; attendance via conference call may be available.
- Meetings may both be reoccurring and/or ad hoc.

III. Methods and Use

The County collected various sources of data to better understand how the Opioid Crisis is affecting our community. Data came from state and local sources and describe state-wide as well as county specific impacts. No one data source alone is sufficient to understand or measure the full impact. Below is a summary of the data sources we drew from to help us understand the scope of the problem:

- 2014 Prescription Monitoring Program, WA State Department Of Health
- 2018 Opioid Needs Assessment Survey, Grays Harbor Public Health and Social Services
- 2017 Washington State Syringe Exchange Health Survey, University of Washington Alcohol & Drug Abuse Institute
- 2016 Healthy Youth Survey, WA State Department Of Health / WA State Office Superintendent Public Instruction/ WA State Department of Social and Health Services/ WA State Liquor and Cannabis Board
- 2015-2017 Hoquiam Secure Medicine Take Back, Hoquiam Police Department
- 2017 May Stakeholder meeting, Grays Harbor Public Health and Social Services
- 2015 Opioid Trends across Washington State, University of Washington Alcohol & Drug Abuse Institute
- 2012-2017 Narcan Administration Data, Aberdeen Fire Department
- 2012-2016 Washington State Death Certificate Data, WA State Department Of Health

- 2011-2015 Washington State Hospital Discharge Data, WA State Department Of Health
- 2017 Naloxone Distribution in Grays Harbor, Grays Harbor Public Health and Social Services

The purpose of this report is to promote discussion and action between local partners around the impact of the opioid crisis, identify best practices to address it and to understand data sources currently available to define it. Each partner’s actualized role in addressing this crisis brings us one step closer to curbing the overall impact.

The data contained in this report also serves as a baseline to track efforts to address the opioid crisis over time. In the next few years, we will be able to measure whether the work taking place in our community is having the desired effect.

IV. Scope of the Problem and Current Activities

The Washington State Opioid plan has four goals: (1) Prevent Inappropriate Opioid Prescribing and Prevent Opioid Misuse and Abuse; (2) Link individuals with Opioid Use Disorder to Treatment Support Services; (3) Intervene in Opioid Overdoses to Prevent Death and (4) Use Data and Information to Detect Opioid/Misuse/Abuse. State and local information as well as local activities in each of these categories is presented below.

1. Prevent Inappropriate Opioid Prescribing and Prevent Opioid Misuse and Abuse

Opioids are a class of drugs commonly used to reduce pain. The illegal drug heroin is an opioid, as are many of the prescription pain relievers prescribed by doctors, including oxycodone, hydrocodone, codeine, morphine, and many others. Opioids can negatively affect the reward center in the brain, leading users to need more and more over time. As a result, these drugs can be highly addictive. One of the first exposures people have to opioids is through legal prescriptions.

The Washington Prescription Monitoring Program (PMP) was created in 2007 to help improve patient care and curb prescription drug misuse by patients. This online tool is available for review for all dental and medical providers. Pharmacists are required to enter dispensing

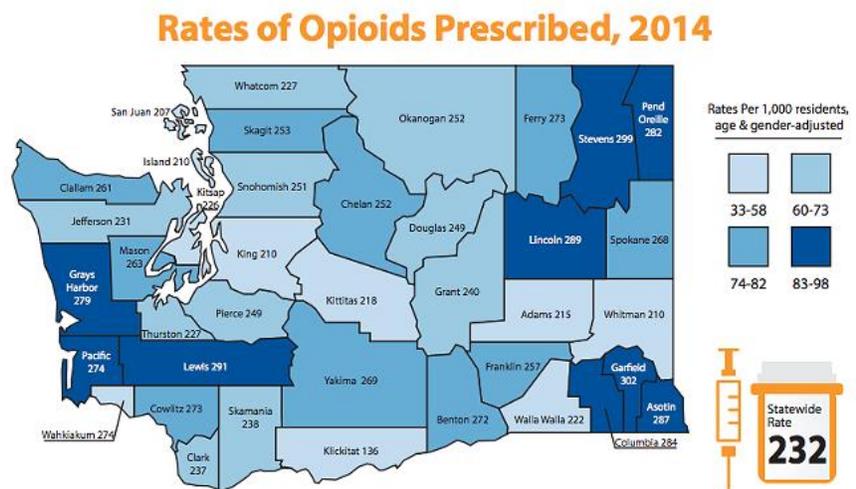


FIGURE B

SOURCE: WASHINGTON STATE DEPARTMENT OF HEALTH

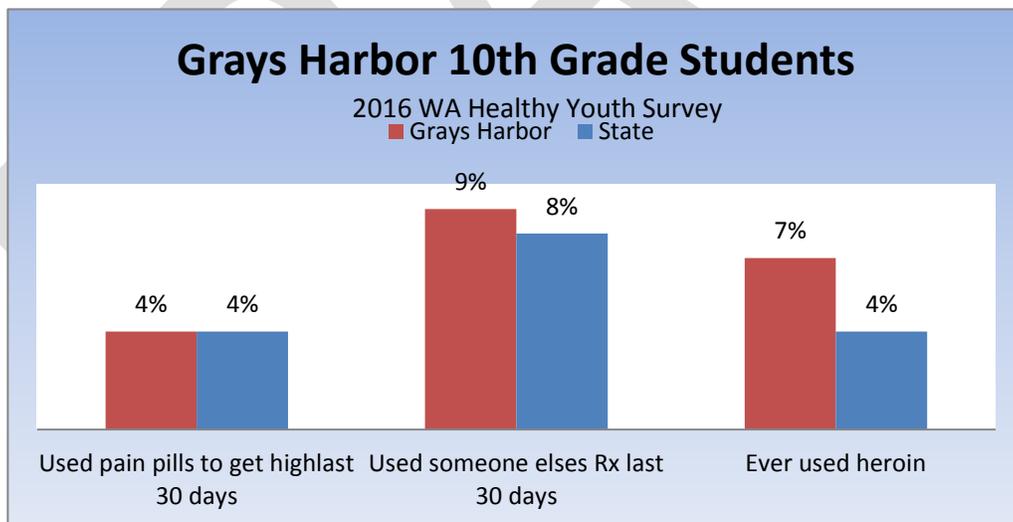
Courtesy of the Attorney General’s report “Reducing the Supply of Illegal Opioids in Washington State”

information into the PMP within a reasonable time frame. If local pharmacist had a concern regarding opioid abuse, counseling patient or contacting prescriber’s office is standard protocol according to the **2018 Opioid Needs Assessment Survey**.

Data from **2014 Prescription Monitoring Program** shows that Grays Harbor has a higher rate than the state average with regards to prescribing opioids. In recent years, medical governing bodies have taken steps to advance stricter prescribing guidelines to help reverse this statistic.

Our **2018 Opioid Needs Assessment Survey** showed that while most (**93%**) primary care physicians on the Harbor know about the PMP, only **57%** of those physicians reported they use it (statewide estimate is that only 30% of Washington’s Medical and Dental providers who prescribe controlled substances have registered for the PMP). **64%** of physicians indicated that they use an alternative system for monitoring potential opioid abuse (i.e.; internal coordination between providers and nurses, or insurance reports on individual patients); however, half of respondents are not satisfied with their current screening method.

Data generated from the **2017 Washington State Syringe Exchange Health Survey** show that **48%** of Grays Harbor participants indicated that they were “hooked” on prescription opioids before they began to use heroin. According to the **2016 Healthy Youth Survey**, **4%** of Grays Harbor 10th grade students report recent use of pain pills to get high; **9%** have misused someone else’s prescription; and **7%** report using heroin at least once.



On the **2018 Opioid Needs Assessment Survey**, **38%** of area school Administrators report knowledge of a curriculum or program that their school uses to prevent or reduce drug use among youth and **36%** say that students have specific education regarding opioid safety.

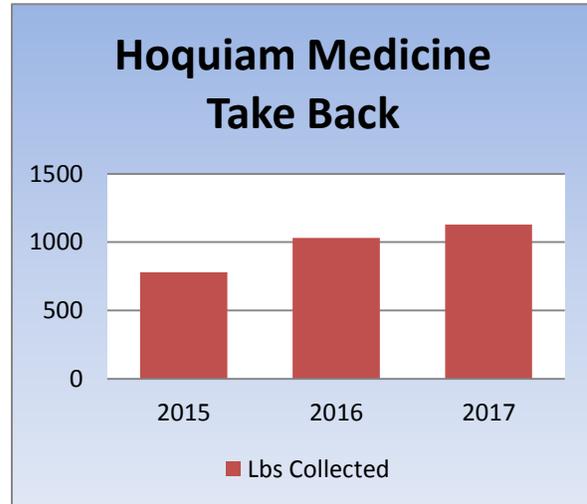
Secure Medicine Take-Back programs provide a safe way to dispose of medications. This prevents inappropriate use and is better for the environment.

2015-2017 Hoquiam Secure Medicine Take Back Data collected by the Hoquiam Police Department shows a steady increase of medicine being returned each year to their collection site.

Montesano Police Department also hosts a return box and report that they have high utilization as well, but they do not routinely weigh the contents.

In January 2018 Wal*Mart Pharmacies have begun issuing Dispose Rx with all new opioid prescriptions. This product, when mixed with unused medication and water, renders them inert and unavailable for diversion and illicit use. This process is also safe for the environment.

For many during Grays Harbor Public Health and Social Services **2017 May Stakeholder meeting**, stigma reduction around opioid use disorder was a priority. The My TOWN Coalition is participating in the statewide media campaign, Starts with One. The Starts with One campaign is designed to inform and educate young adults, their parents, and older adults about the dangers of prescription drug misuse and the importance of safe storage, use, and disposal.



CURRENT ACTIVITIES AND RESOURCES TO PREVENT INAPPROPRIATE OPIOID PRESCRIBING & OPIOID MISUSE AND ABUSE

<p>Secure Medicine Take Back</p> <ul style="list-style-type: none"> • Hoquiam PD • Montesano PD • Wal*Mart Pharmacy – Dispose Rx Kits 	<p>Comprehensive Prevention Curriculum in Schools</p> <ul style="list-style-type: none"> • LifeSkills Training (Hoquiam) • Great Body Shop (unknown location) 	<p>Community Workgroups</p> <ul style="list-style-type: none"> • GH Public Health & Social Services - OAT • My TOWN Coalition - Leadership and prevention services for the community of Hoquiam
	<p>Prescription Drug Monitoring Program</p> <ul style="list-style-type: none"> • WA Department of Health 	<p>DSHS/DBHR Statewide Media</p> <ul style="list-style-type: none"> • Starts With One Campaign

2. Link Individuals with Opioid Use Disorder to Treatment

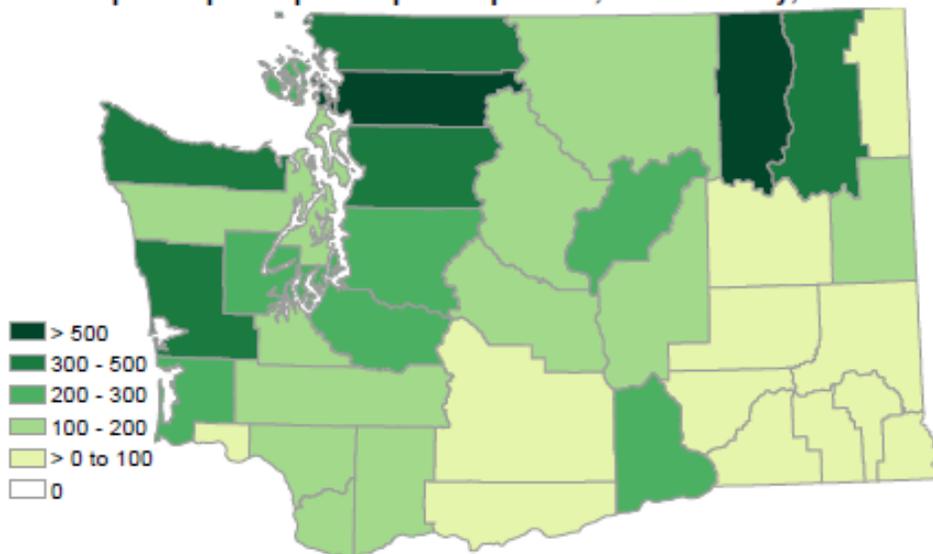
Opioid Use Disorder (OUD) is a medical condition that is characterized by the compulsive use of opioids despite the adverse consequences from continued use and the development of a withdrawal syndrome when opioid use stops. Not everyone who uses opioids will fall in to this category, and there is no one-size-fits-all treatment to manage this disease. Treatment may include medication (Methadone, Buprenorphine, or Naltrexone), traditional counseling, and/or a combination of methods. We know that managing any kind of chronic condition is difficult. Successful treatment of chronic conditions requires an individualized plan and a strong support network.

In the past decade, we have seen first admissions (meaning no prior publicly funded treatment for any drug, regardless of modality, is found for the individual) to publicly funded treatment programs for people in Grays Harbor increase by **361%** (see the **2015 Opioid Trends across Washington State Report** for more detail).

Treatment admission rates depend on users identifying and acting upon a need for treatment as well as the availability of treatment. The growth in admissions for our County is reflective of a number of factors including increased funding; increase demand for treatment; more local providers and more targeted outreach.

The **2015 Opioid Trends across Washington State Report** shows that Grays Harbor has a higher rate of Buprenorphine prescriptions, a medication that helps treat people who have OUD, compared to other counties in the state.

Buprenorphine prescriptions per 100,000 in county, 2013



Our Faith Leaders are also a valuable link to treatment for individuals. According to our **2018 Opioid Needs Assessment Survey**, the majority of respondents from this sector indicate that they feel they

have adequate information to assist someone who is seeking help for their opioid addiction. In focused conversation many also expressed the desire to access the referral network through an online platform for local medication assisted treatment and counseling options.

The **2017 Washington State Syringe Exchange Health Survey** data for Grays Harbor indicated that **70%** of respondents who use opioids want to quit. The local syringe services program provides treatment referral information to individuals seeking assistance. The table below shows the types of treatment syringe exchange program clients were interested in:

What types of help would you want if they were easy to get? (opioids)	
Detox	25%
Outpatient	18%
Inpatient/residential	25%
Methadone/bupe/naltrexone	45%
Mental health care or meds	10%
1:1 counseling for addiction	13%
Other (self or don't know)	5%
Don't want any help	17%
Pain treatment	2%

Other factors that affect this vulnerable population are poverty and housing status. The **2017 Washington State Syringe Exchange Health Survey** data reveal that **48%** of participants in Grays Harbor self-identified as *homeless* and the mean monthly income for this group was \$388.

Therapeutic Courts are a model for helping link people to treatment as well. These programs simultaneously hold individuals accountable for criminal behavior and connect them with treatment services.

CURRENT ACTIVITIES AND RESOURCES TO LINK INDIVIDUALS TO TREATMENT

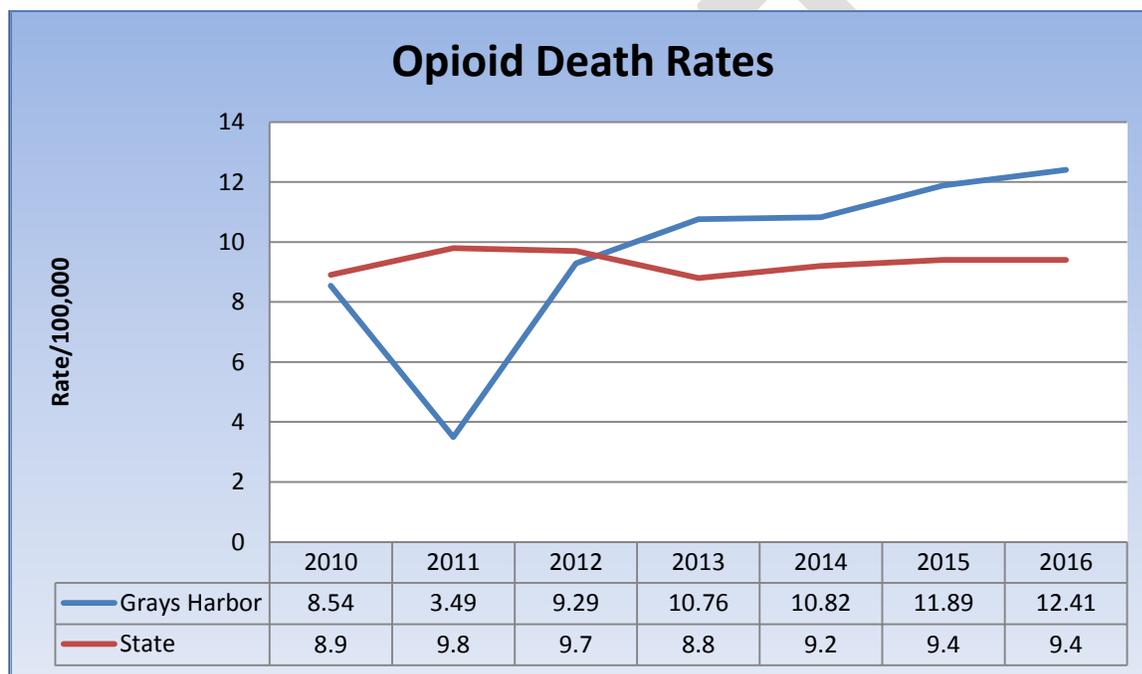
GH County Jail Opiate Intervention Program <ul style="list-style-type: none"> Grays Harbor County Jail 	Inpatient OUD Treatment <ul style="list-style-type: none"> HarborCrest (limited access) 	Detox Services <ul style="list-style-type: none"> HarborCrest (limited access)
Medication Assisted Treatment <ul style="list-style-type: none"> Evergreen Treatment Lifeline Connections Limited local Primary Care Physicians HarborCrest 	Therapeutic Courts <ul style="list-style-type: none"> Aberdeen Community Court GH County Prosecutor's Diversion Program GH County Felony Drug Court 	Syringe Services Program <ul style="list-style-type: none"> GH County Public Health & Social Services

3. Intervene in Opioid Overdose to Prevent Death

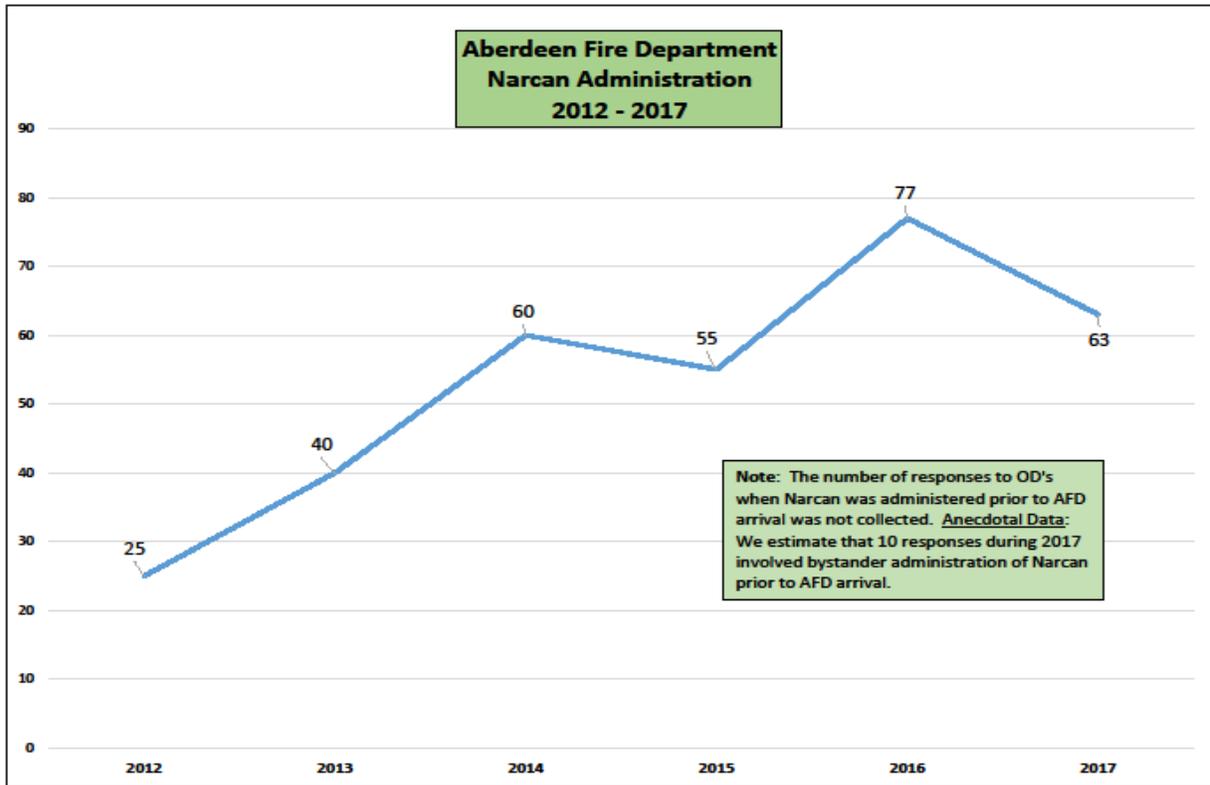
An opioid overdose causes a respiratory crisis making it hard for the lungs to bring in enough oxygen for survival. Accidental overdoses are now one of the leading causes of death in Washington State – exceeding the number of deaths by car crashes.

The most effective way to intervene in an opioid overdose is to administer a drug called naloxone and provide respiratory support. Naloxone (also identified by the brand name Narcan) temporarily blocks the effects of the opioids so that normal breathing can resume.

2012-2016 Washington State Death Certificate data reveals a total of 38 unintentional overdose deaths in Grays Harbor. Our overdose death rates during that same time period show a progressive increase over the state rates.



Paramedics have successfully been administering naloxone in response to overdose victims for many years. Below is the **2012-2017 Narcan Administration** data from Aberdeen Fire Department recorded over the last 6 years.



In 2015 Governor Inslee signed legislation that makes naloxone available to lay responders so that the drug can be more quickly administered in emergent situations. The ultimate goal of making naloxone more available in communities is to decrease overdose-related deaths so that individuals have the opportunity to seek care to manage their disorder.

According to the **2017 Washington State Syringe Exchange Health Survey** data, **62%** of local respondents indicated that they had witnessed an overdose in the previous 12 month time period; however, only **55%** of respondents reported that they had received a take-home naloxone kit in the last 3 months.

In April of 2017, Grays Harbor Public Health and Social Services started distributing naloxone to lay first responders through our Syringe Services Program. A few community partners were also trained to become distributors themselves. These partners, who are able to distribute to their own high risk clients or act as a distribution hub for the community at large, extend the reach into high-need communities. In **2017**, 665 naloxone kits were distributed in our community. 134 of those kits were reportedly used to reverse an overdose. National statistics tell us that there are about 20 non-fatal overdoses to every fatal overdose. Using those numbers, our naloxone distribution is estimated to have potentially saved 7 lives during this time period.

Along with providing immediate incident-related care, local hospitals also serve as touchstones to reach this vulnerable population. **2011-2015 Washington State Hospital Discharge** data shows 1659 overdose-related hospitalizations occurred (466.51 rate) in Grays Harbor. The state rate for hospitalizations is 209.82.

CURRENT ACTIVITIES AND RESOURCES THAT INTERVENE IN OPIOID OVERDOSE TO PREVENT DEATH

Naloxone Education and Distribution <ul style="list-style-type: none"> • Grays Harbor Public Health & Social Services (Syringe Services Program) • Out and Proud Coalition • Harbor Calvary Chapel • Chaplains on the Harbor • Lifeline Connections (established clients) • Columbia Wellness (established clients) • Pharmacies without a prescription: Rite-Aid; Safeway 	Hospitals <ul style="list-style-type: none"> • Grays Harbor Community Hospital Emergency Room • Summit Pacific Emergency Room 	First Responders <ul style="list-style-type: none"> • Local Fire/EMS • Law Enforcement who are equipped with naloxone
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4. Use Data and Information to Monitor and Evaluate the Community

Data is essential to help determine if the programs are effectively addressing the opioid crisis. Locally derived data that is relevant, accessible and timely would help many agencies better tailor and respond to our opioid crisis. For that it takes partnerships and ownership of maintaining quality data.

Current data sources for monitoring the opioid impact are gathered from a variety of state-level sources as mentioned in our Methods and Use Section. The local data sources we have collected in this report help us understand our goals and are highlighted in those sections. The Aberdeen Fire Department, the Hoquiam Police Department and Grays Harbor Public Health and Social Services are currently collecting the data described below.

CURRENT LOCAL DATA AND INFORMATION TO MONITOR AND EVALUATE COMMUNITY

<p>Aberdeen Fire Department</p> <ul style="list-style-type: none"> Tracking administration of naloxone 	<p>Grays Harbor Public Health and Social Services</p> <ul style="list-style-type: none"> 2018 Created and distributed Opioid Needs Assessment Survey to Primary Care, Pharmacists, School Administer, Substance Use Disorder Treatment Provider, and Faith Leaders. Naloxone distribution data 	<p>Hoquiam Police Department</p> <ul style="list-style-type: none"> Medicine Take Back tracking
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V. Recommended Response Strategies

1. Prevent Opioid Misuse and Abuse

- a. Educate public about prescription opioid safety, storage, disposal and stigma reduction.
- b. Promote PMP use and CDC guidelines around opioid prescribing.
- c. Adopt best practice (drug) prevention curriculum in K-12 schools.
- d. Adopt a local pharmaceutical stewardship ordinance to support, expand and sustain drug take back efforts.

2. Link Individuals w/ opioid use disorder to treatment

- a. Ensure adequate access for those seeking Medication Assisted Treatment.
- b. Strengthen link between community and criminal justice involved treatment services.
- c. Promote online resource guide for behavioral health services.
- d. Conduct follow-up outreach to individuals who have experienced an overdose.

3. Intervene in opioid overdose to prevent death

- a. Support Emergency Departments to develop and implement protocols on providing overdose education and take-home naloxone kits to individuals seen for opioid-related complications.
- b. Continue overdose education and naloxone distribution through syringe services program.
- c. Develop partnerships with community agencies around overdose education and naloxone use.
- d. Support policies to equip volunteer fire departments and law enforcement agencies with naloxone and provide overdose education.

4. Use data and information to monitor and evaluate community

- a. Develop policy to mandate reporting of overdoses.
- b. Develop local reporting system/tool for EMS to record overdose-related interactions.

VI. Conclusion

The burden of the Opioid Use Disorder Crisis on our community is great. No single organization can tackle this crisis alone and we hope the information presented and strategies shared here lay the groundwork for a comprehensive community solution. The County thanks the OAT members who have given their time to contribute to this project. Our community meeting notes, naloxone distribution lists, and various other process documents can be found in our appendix.

If you or someone you know is interested in contributing to this effort, please contact Grays Harbor Public Health and Social Services at healthygh@co.grays-harbor.wa.us or our main line at 360-532-8631 or any of the various stakeholders involved within our community.

VII. Resources

County Health Rankings & Roadmaps

<http://www.countyhealthrankings.org/app/washington/2017/rankings/factors/overall>

2018 Washington State Health Assessment

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/78945-SHA.pdf>

Opioid Trends Across Washington State <http://adai.uw.edu/pubs/infobriefs/ADAI-IB-2015-01.pdf>

Starts with One Campaign www.getthefactorsrx.com

Reducing the Supply of Illegal Opioids in Washington State

http://agportal-s3bucket.s3.amazonaws.com/uploadedfiles/Another/News/Press_Releases/OpioidSummitReport.pdf

Washington Prescription Monitoring Program

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PrescriptionMonitoringProgramPMP>

2018 Opioid Needs Assessment Survey, Grays Harbor Public Health and Social Services

www.healthygh.org (hyperlinked document)

2017 SEHS link <http://adai.uw.edu/pubs/pdf/2017syringeexchangehealthsurvey.pdf>

HYS link <http://www.askhys.net/>

Washington State Department of Health, Center for Health Statistics

Washington State Plan to Address Opioids <http://stopoverdose.org/docs/StateODResponsePlan2017.pdf>

Cascade Pacific Action Alliance Regional work <https://www.cpaawa.org/>

2017 May Stakeholder Meeting Notes www.healthygh.org (hyperlinked document)

Grays Harbor Opioid Resources www.healthygh.org (hyperlinked document)

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