1.2.A.i: Supplemental - Decrease rate of opioid-related overdose deaths from 9.8 per 100,000 in 2015 to 9.0 per 100,000 in 2020

1.2.A.i: Decrease the rate of Opioid overdose deaths from 9.8 per 100,000 in 2015 to 9.0 in 2020

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1.2.A.i: Decrease the rate of Opioid overdose deaths from 9.8 per 100,000 in 2015 to 9.0 in 2020

**Background:**

**Rate of opioid-related overdose deaths in Washington State, 1999–2016**

To reach our target of 9.0 would mean 30 fewer opioid overdose deaths a year.

Source: DOH Death Certificates

1.2.A.i: Decrease the rate of Opioid overdose deaths from 9.8 per 100,000 in 2015 to 9.0 in 2020

**Background:**

**Rate of opioid-related overdose deaths by type of opioid, WA 2000–2016**

Source: DOH Death Certificates (Note: prescription opioid overdoses exclude synthetic opioid overdoses)
1.2.A.i: Decrease the rate of Opioid overdose deaths from 9.8 per 100,000 in 2015 to 9.0 in 2020

Background:

Rates of opioid-related overdose deaths by race/ethnicity, WA 2012–2016

![Bar chart showing age-adjusted rate per 100,000 for different racial and ethnic groups.]

*Non-Hispanic
Source: DOH Death Certificates

1.2.A.i: Decrease the rate of Opioid overdose deaths from 9.8 per 100,000 in 2015 to 9.0 in 2020

Background:

Opioid-related disease burden in Washington

![Pyramid chart showing deaths, opioid overdose hospitalizations, opioid substance abuse treatment admissions, and persons 12+ years who use prescription opioids non-medically.]

What Are We Working On:

- Preventing deaths from overdose
- Treating opioid use disorder
- Preventing opioid misuse & abuse
- Using data to monitor and evaluate

Executive Order 16-09

Partners

State agencies:
- Department of Health
- Department of Social and Health Services
- Health Care Authority
- Department of Labor & Industries
- Department of Corrections
- Washington State Patrol
- Attorney General’s Office
- Office of the Insurance Commissioner
- Office of Superintendent of Public Instruction
- UW Alcohol & Drug Abuse Institute
- UW Medicine
- Agency Medical Directors’ Group
- Prescribing Boards and Commissions
- Bree Collaborative

Federal agencies:
- Dept. of Health and Human Services
- Drug Enforcement Agency

Local and tribal agencies:
- Elected leaders
- Counties, cities and tribal governments
- Local boards of health

Other partners:
- Washington State Medical Association
- Washington State Hospital Association
- Washington State Dental Association
- Washington State Pharmacy Association
- Washington State Nurses Association
- The Washington Health Alliance
- Private practice physicians
- Clinics and hospitals
- Many others
1.2.A.i: Decrease the rate of Opioid overdose deaths from 9.8 per 100,000 in 2015 to 9.0 in 2020

**What Are We Working On:**

**Washington is implementing interventions across all 3 levels of prevention**

<table>
<thead>
<tr>
<th>Preventing Death from Overdose</th>
<th>Tertiary prevention</th>
</tr>
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<tbody>
<tr>
<td>Treating Opioid Use Disorder</td>
<td>Secondary prevention</td>
</tr>
<tr>
<td>Preventing Opioid Abuse and Misuse</td>
<td>Primary prevention</td>
</tr>
</tbody>
</table>

1.2.A.i: Decrease the rate of Opioid overdose deaths from 9.8 per 100,000 in 2015 to 9.0 in 2020

**Strategies:**

**Preventing death from overdose**

- Overdose education
  - Stopoverdose.org

- Naloxone distribution
  - Syringe service programs
  - Pharmacies
  - First responders
  - Clinics / ERs
  - Substance use disorder providers

[stopoverdose.org]

Overdose Education
- Learn about opioid overdose
- Watch training videos
- Preventing prescription opioid abuse
- Good Samaritan Law
- Check your own risks HERE

Naloxone
- The drug to reverse an opioid overdose
- Learn about naloxone
- Find naloxone nearby
- Start a naloxone program

[Getting Help]

Getting help
- Support for families
- Crisis and treatment resources

[For Professionals]

For professionals
- First responders
- Health care providers
- Information
- Treatment providers
Naloxone distribution sites in 2016*

- 14 Syringe Service Programs (SSPs)
  - 3640 kits distributed
  - 690 reversals reported
- 62% of SSP clients report they have naloxone kit, up from 30% in 2015**
- 100 pharmacies
  Over 1600 kits distributed

http://stopoverdose.org/section/find-naloxone-near-you/

*Map includes 14 SSPs and independent pharmacies
** Source: UW Alcohol & Drug Abuse Institute, Washington State Drug Injector Health Survey

Challenges and Gaps for naloxone distribution

- Cost of naloxone is a barrier for individuals
- Determining how much is needed statewide
- Gaps - Jails/Prisons and Hospital Emergency Departments
Strategy:

Treating opioid use disorder

- Traditional Opioid Use Disorder Treatment
  - Residential Detoxification
  - Inpatient Residential Treatment
  - Outpatient Counseling
  - Stand-alone Methadone Clinics

- Medication Treatment improves treatment outcomes

- Expanding provider networks essential
  - Hub & Spoke Networks (medication prescribers coordinating care with traditional Substance Use Disorder and other behavioral health providers)
  - Broadening scope of methadone clinics to include other medications
  - Primary care clinics

Medication for opioid use disorders

Methadone  Delivered by Opioid Treatment Providers (OTPs)

Buprenorphine  Delivered by providers in office-based practice & OTPs

Naltrexone  Delivered by providers in office-based practice
Opioid use disorder – Engagement and Recovery Supports

- Syringe Service Programs
- Supportive Housing and Employment
- Peer Support
- Nurse Care Managers
- Mobile Clinics
- Care Coordination/Case Management
- Recovery Café Models

Growth in medication prescribing for opioid use disorder among Medicaid clients

**SOURCE:** Provider One client Eligibility tables (HCA) & Client Outcomes Database (DSHS RDA).

Note: Excludes dual eligibles and persons with third-party liability, includes all Medicaid eligibles in the year with Medication assisted treatment (MAT)
A long way to go...

Treatment coverage for Medicaid clients with opioid use disorder by Accountable Communities of Health, 2016

Many people in WA are not getting treatment

How interested are you in reducing or stopping your opioid use?

- Very interested: 51%
- Somewhat interested: 21%
- Not sure: 8%
- Not interested: 20%

What types of help would you want if they were easy to get?

- 56% medication treatment
- 39% detox
- 34% individual counseling for addiction

Source: UW Alcohol and Drug Abuse Institute, WA State Drug Injector Health Survey, 2017
1.2.A.i: Decrease the rate of Opioid overdose deaths from 9.8 per 100,000 in 2015 to 9.0 in 2020

Strategies:

**Expanding treatment in special populations**

Native Americans
- Public education campaigns, prevention & treatment
- Cultural specific outpatient, residential and Medication Assisted Treatment programs

Pregnant/Parenting Women
- Parent Child Assistance Program (PCAP)
- Outpatient, Residential, Hospital-based treatment specifically for pregnant and parenting women

1.2.A.i: Decrease the rate of Opioid overdose deaths from 9.8 per 100,000 in 2015 to 9.0 in 2020

**Rate of babies born with neonatal abstinence syndrome is increasing in Washington**

![Graph showing the rate of babies born with neonatal abstinence syndrome from 2000 to 2016.](image)

Source: DOH Comprehensive Hospital Abstract Reporting System
Note: Includes infants born to mothers receiving appropriate treatment for drug use, receiving prescriptions for other health conditions, or misusing drugs. Use of opioids, benzodiazepines, antidepressants, barbiturates and/or alcohol can result in infant drug withdrawal. Excludes infants born with NAS after release from birth hospitalization.
Definition: 2000-Q32015 ICD9CM diagnosis code 779.5, Q42015-2016 ICD10CM diagnosis code P96.1
Challenges and Gaps for treating opioid use disorder

Environmental
- Stigma around substance abuse disorders
- Lack of Medication treatment and Counseling infrastructure in rural areas
- Prescribers not using Waivers
- Lack of affordable housing

Clinical
- Medically complicated
- Co-occurring mental health
- Polysubstance

Administrative
- Low reimbursement rates for Medication Assisted Treatment Providers
- Loss of Medicaid coverage when incarcerated

Treatment for incarcerated people

<table>
<thead>
<tr>
<th>Partnerships &amp; Grants</th>
<th>Grant</th>
<th>Target Groups</th>
<th>Funding</th>
<th>Focus Areas</th>
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<tbody>
<tr>
<td>1</td>
<td>Washington State Targeted Response to the Opioid Crisis</td>
<td>DOC violators in King County, Kent, Yakima, and Nisqually</td>
<td>WA-STR</td>
<td>Continuity of care, Provide overdose prevention kits</td>
</tr>
<tr>
<td>2</td>
<td>Washington State Targeted Response to the Opioid Crisis</td>
<td>Prison releases to Clark &amp; Skamania Counties</td>
<td>WA-STR</td>
<td>Partnering with Medicaid managed care plans to provide medication assisted treatment (MAT) services</td>
</tr>
<tr>
<td>3</td>
<td>UW/Alcohol and Drug Abuse Institute – South King County</td>
<td>Prison releases to King County with supervision requirements</td>
<td>L.J. Arnold Foundation</td>
<td>Offer MAT services, Provide overdose prevention kits</td>
</tr>
<tr>
<td>4</td>
<td>National Governors Association Center for Best Practices Learning Lab</td>
<td>DOC violators with opioid use disorders in Snohomish County</td>
<td>National Governors Association</td>
<td>Measure MAT service availability, Conduct a pilot with a plan to expand MAT services, Increase education and outreach</td>
</tr>
</tbody>
</table>

1 Washington State Targeted Response to the Opioid Crisis Grant (WA-STR)
Challenges and Gaps for incarcerated people

For justice-involved individuals:
- Co-occurring mental illness and substance abuse
- Housing, employment, medical, basic needs, and pro-social relationships

For Department of Corrections:
- Identifying individuals with an opioid use disorder
- Operationalizing medication assisted treatment (MAT) in correctional facilities
- MAT services not equally available in all communities
- Continuity of care and planning should ideally begin prior to release; however, managed care plans only cover services upon release

Strategies:

Preventing opioid misuse and abuse

Community Prevention & Wellness Initiative

Public awareness campaigns
1.2.A.i: Decrease the rate of Opioid overdose deaths from 9.8 per 100,000 in 2015 to 9.0 in 2020

**Pain killer use by 8th, 10th, 12th graders**

*Use a pain killer to get high, like Vicodin, OxyContin or Percocet in last 30 days*

![Line graph showing pain killer use by grade from 2006 to 2016](image)

Source: WA State Healthy Youth Survey provided by BHA-DSE

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**Preventing opioid misuse and abuse**

**Safe opioid prescribing**
- Opioid prescribing rules
- Dental prescribing guidelines
- Prescribing metrics
- Provider feedback reports
- Medicaid prescribing limits
- Non-opioid alternatives

**Reducing illegal supply of opioids**
- Attorney General Summit, June 2017 (follow-up report pending)
- Attorney General – “Purdue Pharma” Lawsuit for deceptive marketing
Prescriber Reports

The Department of Labor and Industry developed an opioid prescribing report for providers treating injured workers.

This report looks at three measures of opioid prescribing that may place injured workers at increased risk of harm.

- Percentage of claims prescribed high-dose opioids
- Percentage of claims prescribed concurrent opioids and sedatives
- Percentage of claims prescribed chronic opioids.

Washington Unintentional Prescription Opioid Deaths
1995 – 2015
44% sustained decline

Source: Washington State Department of Health
Challenges and Gaps for preventing opioid misuse and abuse

- Limited resources for prevention activities
  - Many high risk communities have no funding
  - Public education campaigns are very costly

- Analyzing the Prescription Monitoring Program data is resource intensive

- Difficult to stop the influx of illicitly manufactured fentanyl into our state
### Key Action Items

<table>
<thead>
<tr>
<th>Task</th>
<th>Task Lead</th>
<th>Partners</th>
<th>Expected Outcome</th>
<th>Status</th>
<th>Due Date</th>
</tr>
</thead>
</table>
| Implement HB 1427  
  - Develop prescribing rules  
  - Use PMP data to improve prescribing | DOH / Boards & Commissions | Agency Medical Directors’ Groups | New pain rules, Prescribing reports | In Progress | Rule due January 2019 |
| Implement State Targeted Response grant (18 projects)  
  - Expand Hub & Spoke and nurse care managers  
  - Implement public education campaign | DSHS | HCA UWADAIDOCDOH | Improved access to treatment and decrease overdose deaths | In Progress | Grant ends April 2019 |
| Implement Prescription Drug Overdose grant  
  - Provide overdose education  
  - Purchase/distribute naloxone | DSHS | UWADAIDOH | Increased use of naloxone use by first responders and the public | In Progress | Grant ends Sept 2021 |
| Convene Criminal Justice Work Group and develop work plan | DSHS | DOC, AG, Jails, HIDTA, Juvenile Justice | Increased use of evidence-based treatment | In Progress | Work plan due |
| Support Accountable Communities of Health with opioid-related transformation projects | HCA | DSHSDOH | Increase MAT and decrease overdose deaths | In Progress | Plans due Nov 2017 |

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### 1.2.A.i: Decrease the rate of Opioid overdose deaths from 9.8 per 100,000 in 2015 to 9.0 in 2020

#### Customer Focus

![Image of people]

**Thea Oliphant-Wells**  
Public Health of Seattle / King County

- Treatment
- Housing & Basic Needs
- Harm Reduction
- Fight Stigma!
Assistance Needed

Increase treatment and prevention
- Increase funding for treatment and reduce barriers for Medication Treatment
- Expand the “hub and spoke” model across the state
- Increase mobile Medication Treatment units
- Increase funding for programs that provide linkage to treatment such as,
  - Community Prevention and Wellness initiative
  - Parent-Child Assistance Program

Improve data and reporting
- Encourage or require healthcare systems and others to connect their electronic medical records to the Prescription Monitoring Program
- Encourage or require Emergency Medical Service reporting into WA EMS Information system

Support other policy requests
- More pre-trial treatment options and access to Medication Treatment in jails.
- Establish Drug Take Back program
- Recommendations from the AGO Opioid Summit will be shared in November
- Recommendations from Office of the Insurance Commissioner to improve insurance coverage for varied treatment options.