King County

1200 King County
Courthouse
516 Third Avenue
Seattle, WA 98104

Meeting Agenda

Board of Health

Metropolitan King County Councilmembers: Rod Dembowski, Chair;
Kathy Lambert, Vice Chair; Joe McDermott
Alternate: Jeanne Kohl-Welles

Seattle City Councilmembers: Sally Bagshaw, Vice Chair; Lorena González, Debora Juarez
Alternate: Bruce Harrell

Sound Cities Association Members: David Baker, Vice Chair; Largo Wales
Alternates: Susan Honda, Shelley Kloba

Health Professionals: Ben Danielson, MD; Bill Daniell, MD
Non-Voting: Christopher Delecki, DDS,MBA,MPH, Vice Chair

Director, Seattle-King County Department of Public Health: Patty Hayes
Staff: Maria Wood, Board Administrator (206-263-8791)

1:30 PM **Thursday, October 20, 2016** **Room 1001**

To show a PDF of the written materials for an agenda item, click on the agenda item below.

1. **Call to Order**

2. **Roll Call**

3. **Announcement of Any Alternates Serving in Place of Regular Members**

4. **Approval of Minutes of September 15, 2016** pg 3

5. **Public Comments**

6. **Director's Report**

Sign language and communication material in alternate formats can be arranged given sufficient notice (296-1000).
TDD Number 296-1024.
ASSISTIVE LISTENING DEVICES AVAILABLE IN THE COUNCIL CHAMBERS.

Briefings

7. BOH Briefing No. 16-B17 pg 9

Heroin/Opioid Taskforce Recommendations

Jeff Duchin, Health Officer, Public Health – Seattle & King County
Brad Finegood, Assistant Division Director, King County Behavioral Health and Recovery Division

8. BOH Briefing No. 16-B18 pg 15

2017-2018 Public Health Budget Update

Dwight Dively, Director, King County Office of Performance, Strategy and Budget
Patty Hayes, Director, Public Health – Seattle & King County

9. Chair's Report

10. Board Member Updates

11. Administrator's Report

12. Other Business

Adjournment

If you have questions or need additional information about this agenda, please call 206-263-8791, or write to Maria Wood, Board of Health Administrator via email at maria.wood@kingcounty.gov

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Meeting Minutes

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Patty Hayes
Staff: Maria Wood, Board Administrator (206-263-8791)

1:30 PM **Thursday, September 15, 2016** **Room 1001**

DRAFT MINUTES

1. Call to Order

The meeting was called to order at 1:45 p.m.

2. Roll Call

Present: 10 - Ms. Bagshaw, Dr. Daniell, Dr. Danielson, Mr. Dembowski, Ms. Gonzalez, Ms. Juarez, Ms. Lambert, Mr. McDermott, Ms. Honda and Ms. Kloba

Excused: 2 - Mr. Baker and Ms. Wales

3. Announcement of Any Alternates Serving in Place of Regular Members

Boardmembers Honda and Kloba served as alternates. Boardmember Delecki was also present.

4. Approval of Minutes of July 21, 2016

Boardmember Delecki moved to approve the minutes of the July 21, 2016 meeting as presented. Seeing no objection, the Chair so ordered.

5. Public Comments

The following people spoke:

Queen Pearl
Alex Tsimerman

6. Director's Report

Ms. Hayes thanked Boardmembers for touring the mobile medical van and getting their flu shots and indicated that Public Health has a flu shot resource page on their website. She also briefed the Board on Heroin and Opioid Taskforce recommendations and the Secure Medicine Return Program.

Ms. Hayes reported that a Public Health meeting occurred to discuss ways to strengthen interactions with youth and expand efforts to improve HPV vaccination rates through school based health centers, six students participated in the Epi Scholar Program which is a ten week epidemiology internship program developed to give students experience in public health practice and Public Health received a grant from the Group Health Foundation and also from the Seattle Center. These grants enable Public Health to utilize the October Seattle – King County Clinic as an emergency preparedness drill.

Ms. Hayes also reported that the Washington State Public Health Association will honor Andrea Gerber, Kari Kesler and Heather Maisen, Public Health Employees, for their work to advance sexual education through Flash Curriculum, and indicated that the following communicable disease investigations are underway:
-One Legionnaires' disease outbreak at the UW Medical Center,
-Two separate and unrelated E. coli outbreaks at restaurants,
-One Hepatitis C infection associated with a dental clinic.

Discussion and Possible Action

7. Resolution No. 16-08

A RESOLUTION encouraging efforts to protect individuals within King County from human papillomavirus-associated cancers and other conditions by improving human papillomavirus vaccination rates and increasing knowledge and acceptance of human papillomavirus vaccines among parents and adolescents.

Dr. Jeff Duchin, MD, Public Health Officer, briefed the Board.

A motion was made by Boardmember Delecki that this Resolution be Passed. The motion carried by the following vote:

Yes: 12 - Ms. Bagshaw, Dr. Daniell, Dr. Danielson, Mr. Dembowski, Ms. Gonzalez, Ms. Juarez, Ms. Lambert, Mr. McDermott and Ms. Kloba

Excused: 3 - Mr. Baker, Ms. Wales and Ms. Honda

Briefings

8. **BOH Briefing No. 16-B15**

Human Papillomavirus (HPV) Prevention in King County

Dr. Duchin introduced the members of the panel.
-Libby Page, MPH, Communicable Disease, Epidemiology and Immunization Program, Public Health – Seattle & King County
-David Baure, MN, RN, Communicable Disease, Epidemiology and Immunization Program, Public Health – Seattle & King County
-Theresa Tamura, Group Health Foundation Executive Director, Philanthropy & Community Engagement
-Claire Furtick, HPV Champion, Nathan Hale High School
-Paul Tamura, HPV Champion, Nathan Hale High School

Dr. Duchin and Ms. Page briefed the Board on Human Papillomavirus (HPV) prevention in King County.

Ms. Furtick and Mr. Tamura spoke about their efforts to raise awareness about HPV prevention at Nathan Hale High School and answered questions of the Board.

This matter was Presented

9. **BOH Briefing No. 16-B16**

King County Health Profile with a Focus on Health Disparities

Dr. Duchin and Dr. Marguerite Ro, Chief of Public Health's Assessment, Policy Development and Evaluation, provided information about health disparities in King County.

Ms. Hayes answered questions of the Board.

This matter was Presented

10. Chair's Report

No report was given.

11. Board Member Updates

Boardmember Bagshaw acknowledged John Gilvar, Health Services Administrator I, Health Care for the Homeless Network, for his dedication and work with the homeless. Boardmember Bagshaw reported on the Opioids Task Force recommendations and Initiative 1491, Extreme Risk Protection Orders - Alliance for Gun Responsibility.

Boardmember Lambert reported that the State has removed a number of fire roads in King County making it difficult for rescue vehicles to assist injured people. Boardmember Lambert would like to have a list of roads that rescue vehicles use.

Boardmember Delecki reported on the Seattle/King County Clinic scheduled for October 27-30, 2016. Contact Maria Wood if you would like to volunteer or need more information.

Boardmember Gonzales reported that on September 14, 2016, the Gender Equity, Safe Communities, and New Americans Committee heard a presentation from Moms Demand Action on its Be Smart gun safety program.

12. Administrator's Report

No report was given.

13. Other Business

Adjournment

The meeting was adjourned at 3:47 p.m.

If you have questions or need additional information about this agenda, please call 206-263-8791, or write to Maria Wood, Board of Health Administrator via email at maria.wood@kingcounty.gov

Approved this _____ day of _____.

_____

Clerk's Signature

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King County

King County Board of Health

Staff Report

Agenda item No: 7 | Date: October 20, 2016
BOH Briefing No: 16-B17 | Prepared by: Steve Gustaveson

Subject

A briefing about the King County Heroin and Prescription Opiate Addiction Task Force recommendations contained in the report issued on September 15, 2016.

Summary

- Heroin and opioid use are at crisis levels in King County. In 2015, 229 individuals died from heroin and prescription opioid overdose in King County alone. To confront this crisis, in March 2016, King County Executive Dow Constantine, Seattle Mayor Ed Murray, Renton Mayor Denis Law and Auburn Mayor Nancy Backus convened the Heroin and Prescription Opiate Addiction Task Force.

- The Task Force, co-chaired by the King County Department of Community and Human Services and Public Health – Seattle & King County, was charged with developing both short and long-term strategies to prevent opioid use disorder, prevent overdose, and improve access to treatment and other supportive services for individuals experiencing opioid use disorder.

- This report provides a summary of the group's recommendations to both prevent opioid addiction and improve opioid use disorder outcomes in King County. Those recommendations include:

    - **Primary Prevention:**
        - Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose and opioid use disorder;
        - Promote safe storage and disposal of medications; and
        - Leverage and augment existing screening practices in schools and health care settings to prevent and identify opioid use disorder.
    - **Treatment Expansion and Enhancement:**
        - Create access to buprenorphine in low-barrier modalities close to where individuals live for all people in need of services;
        - Develop treatment on demand for all modalities of substance use disorder treatment services; and

- Alleviate barriers placed upon opioid treatment programs, including the number of clients served and siting of clinics.

- **User Health and Overdose Prevention:**
  - Expand distribution of naloxone in King County; and
  - Establish, on a pilot program basis, at least two Community Health Engagement Locations (CHEL sites) where supervised consumption occurs for adults with substance use disorders in the Seattle and King County region. Given the distribution of drug use across King County, one of the CHEL sites should be located outside of Seattle.

Background

Opioid prescribing has increased significantly since the mid-1990s and has been paralleled by increases in pharmaceutical opioid misuse and opioid use disorder, heroin use, and fatal overdoses. These increases in morbidity and mortality were seen among those who were prescribed opioids and those who were not. When opioid prescribing began decreasing between 2005-2010, the number of teens in Washington State reporting use of these medicines to "get high" also decreased. As pharmaceutical opioids became less available, some people with opioid use disorder switched to heroin because of its greater availability and lower cost. Heroin, however, brings with it higher risks for overdose, infectious disease and, because it is illegal, incarceration.

While these dynamics have affected individuals of all age groups, the impact is particularly striking for adolescents and young adults, with research indicating that youth ages 14-15 years represent the peak time of initiation of opioid misuse. Since 2005, this young cohort has represented much of the increase in heroin-involved deaths and treatment admissions in King County and Washington State.

A leading cause of preventable death

In King County, heroin use continues to increase, resulting in a growing number of fatalities. In 2013, heroin overtook prescription opioids as the primary cause of opioid overdose deaths. By 2014, heroin-involved deaths in King County totaled 156, "their highest number since at least 1997 and a substantial increase since the lowest number recorded, 49, in 2009." Increases in heroin deaths from 2013 to 2014 were seen in all four regions of the County, with a total increase from 99 to 156. Heroin-involved overdose deaths in King County remain high with 132 deaths in 2015. Although prescription opioid-involved deaths have been dropping since 2008, many individuals who use heroin, and the majority of young adults who use heroin, report being hooked on prescription-type opioids prior to using heroin.

According to the Centers for Disease Control and Prevention, more people die in the United States of drug-related overdose than from car crashes, a difference that has been growing since

2008. In 2000, there were more than 40,000 traffic-related deaths and fewer than 20,000 from drug overdose; in 2013 there were 43,982 overdose-related deaths and 32,719 traffic fatalities.

Opioid treatment programs

From 2010 to 2014 the number of people who entered the publicly funded treatment system for heroin use disorders annually in King County grew from 1,439 to 2,886. This increase occurred while the number of people receiving treatment for all other primary drugs of choice declined (except for people with methamphetamine use disorders). In fact, for the first time, heroin treatment admissions surpassed alcohol treatment admissions in 2015. The majority of those entering treatment for heroin for the first time were ages 18-29; among this age group, half reported injecting and half reported smoking heroin, a pattern that began slowly emerging in 2009. Heroin is also the most commonly mentioned drug among callers to the County Recovery Help Line, totaling 2,100 in 2015, almost double the number in 2012.

Opioid treatment programs (OTP) that dispense methadone and buprenorphine in King County have been working to expand capacity, and the number of admissions to these programs increased from 696 in 2011 to 1,486 in 2014. As of October 1, 2015, there were 3,615 people currently maintained on methadone at an OTP in King County. Statutory capacity limitations have historically resulted in up to 150 people on a waitlist. Buprenorphine is another proven opioid use disorder medication that cuts the odds of dying in half compared to no treatment or counseling only. It can be provided at an OTP but, unlike methadone, it can also be prescribed by a physician in an office-based setting and obtained at a pharmacy. Requests for buprenorphine treatment by callers to the County Recovery Help Line have increased from 147 in 2013 to 363 in 2015. Treatment capacity for buprenorphine is limited and far exceeded by demand.

In addition to being the leading reason for entering a drug treatment program, heroin is now also the primary drug used by people seeking withdrawal management (detoxification) in the King County publicly funded treatment system, surpassing alcohol. Also, people seeking opioid withdrawal management are younger than in previous years. According to the King County Substance Abuse Prevention and Treatment Annual Report, “From the first half of 2008 through the second half of 2011, there was a steady increase in the number and percentage of young adults under 30 years old entering detoxification services. The numbers and percentages of young adults leveled off during 2012, and have remained at higher levels. Among all individuals admitted in 2014, 85% of those younger than 30 years old indicated opioids are their primary drug used compared to 41% of those 30 years or older.”

Syringe exchange services remain a readily accessible effective health intervention and the demand for this service continues to grow. Close to six million clean syringes are handed out annually in King County. In a recent Washington State survey of syringe exchange users, 75% were interested in getting help reducing or stopping their use, yet only 14% were enrolled in treatment.

A variety of evidence-based interventions exist that have demonstrated effectiveness at helping individuals reduce opioid use and decrease related harms. Identifying creative ways to expand

the use of, and access to, effective interventions is paramount to curbing the effects of heroin and other opioids in the community.

Equity and Social Justice Charge

Task Force members agreed that their work and recommendations must be directly influenced by equity and social justice considerations. The Task Force developed an equity and social justice charge to avoid the War on Drugs' disproportionate adverse effect on some communities of color. All recommendations by the Task Force were reviewed using a racial impact statement framework.

Another population with a disproportionate impact from heroin and opiates are homeless individuals. While the leading cause of death among homeless Americans used to be HIV, it is now drug overdose. A study in The Journal of the American Medical Association (JAMA) Internal Medicine found that overdoses, most of which involved opioids, are now responsible for the majority of deaths among individuals experiencing homelessness in the Boston area. The same trend is occurring locally, as documented in the death reports of individuals experiencing homelessness in King County. While the causes of homelessness are multi-faceted and complex, substance abuse is both a contributing cause and result of homelessness.

Recommendations of Task Force

Task Force recommendations were generated by the Primary Prevention workgroup, Treatment Expansion and Enhancement workgroup, and User Health Services and Overdose Prevention workgroup, in collaboration with Policy and Evaluation workgroups.

- **Primary Prevention:**
  - Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose and opioid use disorder;
  - Promote safe storage and disposal of medications; and
  - Leverage and augment existing screening practices in schools and health care settings to prevent and identify opioid use disorder.
- **Treatment Expansion and Enhancement:**
  - Create access to buprenorphine in low-barrier modalities close to where individuals live for all people in need of services;
  - Develop treatment on demand for all modalities of substance use disorder treatment services; and
  - Alleviate barriers placed upon opioid treatment programs, including the number of clients served and siting of clinics.

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  - Expand distribution of naloxone in King County; and
  - Establish, on a pilot program basis, at least two Community Health Engagement Locations (CHEL sites) where supervised consumption occurs for adults with substance use disorders in the Seattle and King County region. Given the distribution of drug use across King County, one of the CHEL sites should be located outside of Seattle.

Analysis

Responding to the direction of the sponsors of the 2016 Heroin and Prescription Opiate Addiction Task Force to confront the heroin and opioid epidemic with immediate action, the Task Force acted to expand treatment before the recommendations were finalized and submitted to the sponsors. Examples include developing a "buprenorphine first" model of care and examining the feasibility of incorporating into existing service sites; expanding the number of buprenorphine prescribers; reviewing barriers in existing federal, state and local laws to service and treatment expansion; increasing naloxone distribution; and supporting the implementation of secure medicine return in King County.

The 120-page report is available at http://kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/heroin-opiates-task-force.aspx

Materials for Item #8 will be distributed at the meeting.