

**Fact Sheet: How DSHS is working to reduce opioid use disorders**

Updated: October 6, 2016

**Overview**

Similar to the rest of the nation, Washington State is experiencing an opioid abuse and overdose crisis involving heroin and prescription opioids. Approximately 600 people die each year in our state from opioid overdose, with an increasing number of deaths involving heroin. From 2004 to 2014, the largest increase in heroin overdose deaths occurred among young people ages 15 to 34 years old. According to a recent statewide survey of syringe exchange clients, 57% of those who inject heroin said they were “hooked on” prescription opiates before they began using heroin.

While a first-in-the-nation, our [Washington State Interagency Guidelines on Prescribing Opioids for Pain](#) has helped to reduce the amount of opioids prescribed. We recognize that more must be done to effectively implement these guidelines, offer effective treatment options for patients, and prevent overdose.

DSHS’ role in opioid misuse and abuse **prevention** is to provide subject matter expertise for implementing effective strategies to use in addressing this issue on a statewide and local level. Additionally, we provide oversight, training, and funding for effective public awareness, policy, and safe storage and disposal efforts.

DSHS’ role concerning opioid misuse and Opioid Use **Disorder** (OUD) is to work with Behavioral Health Organizations, Managed Care Organizations, and community treatment providers to increase access to treatment and recovery. DBHR also works with state and community partners using federal grants to increase access to Medication Assisted Treatment distribute naloxone to prevent overdose, and develop the [Washington State Interagency Opioid Working plan](#).

**Goal 1 - Prevent inappropriate opioid prescribing and reduce opioid misuse and abuse.**

**Accomplishments/Status:**

- Executed a contract with the Alcohol and Drug Abuse Institute (ADAI) to implement an *opioid* safety education and intervention center to address individual, community and professional needs regarding prevention, treatment, and interventions to address morbidity and mortality associated with opioid use and abuse.
- Collaborated with local health jurisdictions, law enforcement, tribal entities, community prevention coalitions, and professional organizations to promote opportunities and resources that already exist with local community coalitions, law enforcement, health care providers, patients and patient advocates, Tribal entities,

and public/individuals at risk. This included supporting efforts to implement the electronic Prescription Monitoring Program and use of the Health and Human Services/Substance Abuse Mental Health Services Administration (HHH/SAMHSA) Opioid Overdose Prevention Toolkit.

- Promoted Department of Health's Prescription Drug Monitoring Program (PMP) program among medical providers.

**Goal 2 - Treat individuals with opioid use disorder and link them to support services, including housing.**

**Accomplishments/Status:**

- Expanded Office Based Opioid Treatment (OBOT). DBHR was awarded a three-year, \$3 million SAMHSA Prescription Drug and Opioid Addiction grant that began in August 2015 and resulted in 212 individuals being treated with Suboxone within the first year.
- Adopted contract language that required treatment contractors to prioritize the admission of intravenous drug users (IDVU) for treatment. It also required that individuals seeking treatment services receive interim services within 48 hours and being admitted to treatment within 14 days of requesting treatment.

**Goal 3 - Prevent opioid overdoses.**

**Accomplishments/Status:**

- Executed a contract with the UW Alcohol and Drug Abuse Institute (ADAI) to purchase and distribute intra-muscular Naloxone kits statewide at selected local communities. To date 1,680 kits have been distributed through 10 syringe exchange programs.
- Received a five-year, \$5 million SAMHSA grant to Prevent Prescription Drug/Opioid Overdose Related Deaths in August 2016 that will provide training and naloxone kits to lay and professional first responders, individuals with an opioid use disorder, local and regional stakeholders, and health care providers.
- Required contractors to display information targeted at priority populations in public locations within their facility. Posters are also available in English, Spanish, Cambodian, Chinese, Korean, Laotian, Russian, Somali, and Vietnamese.
- Supported local need to implement a secure take-back drop box for secure medicine return and supported development of related policies and local information dissemination efforts.

**New Strategies**

- Developed a plan to address the emerging increase in heroin related deaths, including partnering with the syringe exchange programs and promoted the SAMHSA Overdose Prevention Toolkit.
- Promoted and provided education on how to prevent, recognize, and respond to opioid overdoses (including the use of take-home-naloxone) to healthcare providers, first responders, insurers, opioid users (heroin or pharmaceutical), and their social networks.
- Developed an opioid counseling guideline and other tools for pharmacists to use with patients.

	<ul style="list-style-type: none"> <li>• Collaborated with local health jurisdictions, law enforcement, tribal entities, community prevention coalitions, and professional organizations to share local data on opioid use (including heroin) in their communities and worked with them to prevent opioid misuse, abuse, overdose, morbidity, and mortality.</li> <li>• Coordinated work with the State Prevention Enhancement Policy Consortium.</li> <li>• Encouraged medical examiners and coroners to follow national recommendations regarding opioid deaths.</li> <li>• Conducted an evaluation of the Pain Management Rules effect on patients using the PMP data.</li> <li>• Monitored use of long-acting and extended-release opioids for pain management using PMP data and encouraged safe prescribing and use.</li> <li>• Encouraged health organizations to use the health information exchange to provide seamless access to PMP data for their providers.</li> <li>• Promoted the use and reimbursement for alternatives to opioids for pain management.</li> <li>• Explored potential legislative action to support workgroups strategies.</li> </ul>
<p><b>For more information</b></p>	<p><a href="mailto:Michael.Langer@dshs.wa.gov">Michael.Langer@dshs.wa.gov</a>; 360-725-3740  Website: <a href="http://www.dshs.wa.gov/bha">http://www.dshs.wa.gov/bha</a></p>