INTRODUCTION

Washington State is currently experiencing an opioid abuse and overdose crisis involving prescription opioids and heroin. In 2015, more than 700 individuals died from an opioid-related overdose. This high mortality is due to the increase in heroin overdose deaths even though prescription opioid overdose deaths have decreased. The largest increase in heroin overdose deaths from 2004 to 2014 occurred among younger people ages 15 to 34 years. 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.[1]

State government agencies, local health departments, professional groups and community organizations across Washington State have been actively building networks and capacity to reduce morbidity and mortality associated with opioids. In 2015, several agency members of the Department of Health's Opioid Response Workgroup (formally the Unintentional Poisoning Workgroup) collaborated to develop a statewide working plan for opioid response. On September 30, 2016, Governor Jay Inslee signed Executive Order 16-09, *Addressing the Opioid Use Public Health Crisis*, formally directing activities and state agencies in accordance with the Washington State Opioid Response Plan. In November 2016, agency members revised the WA State Opioid Response Plan to align with the executive order and activities directed by federal grants received in 2016.

The **WA State Interagency Opioid Response Plan** outlines the goals, strategies and actions that are being implemented by a number of stakeholders across diverse professional disciplines and communities. This working plan outlines both current efforts as well as new proposed actions to scale up response and will be regularly updated as the epidemic and response evolve over time.

PLAN OVERVIEW

The WA State Interagency Opioid Working Plan includes four priority goals:

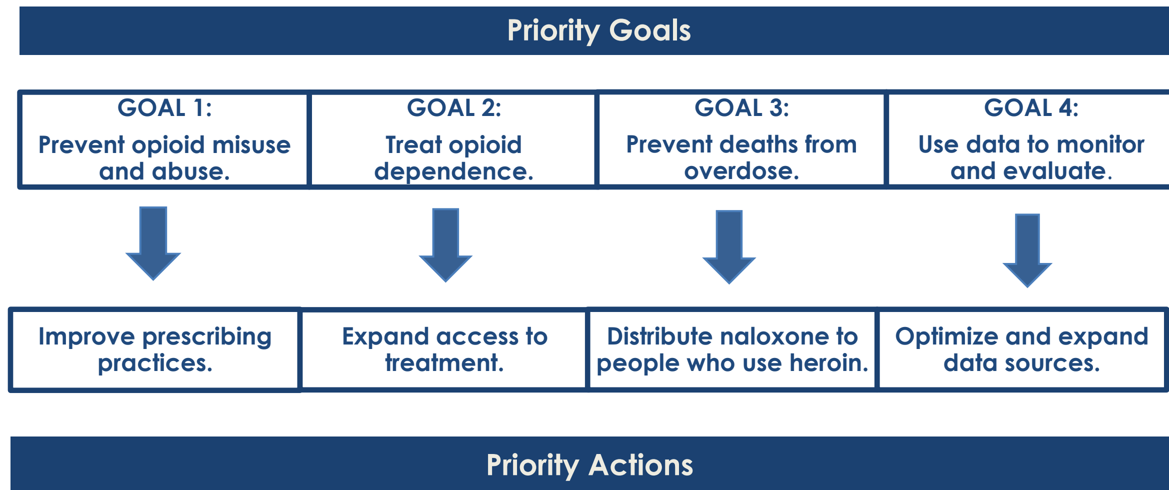
1. Prevent opioid misuse and abuse.
2. Identify and treat opioid use disorder.
3. Prevent deaths from overdose.
4. Use data to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.

Collectively, the strategies and specific actions to achieve these goals target:

- Individuals: Those who use prescription opioids and/or heroin at any level of use or dependence. Special populations include pregnant women, adolescents and clients of syringe exchange programs.

[1] 2015 Drug Injector Health Survey, University of Washington and Public Health – Seattle & King County.

- Professionals: Includes health care providers, pharmacists, first responders/law enforcement, social service providers and chemical dependency professionals.
- Communities: Includes family members, tribes, local municipalities, schools, community prevention coalitions and citizen groups.
- Systems: Includes policies, financing structures, and information systems in medical, public health, criminal justice and other fields.



COORDINATION AND IMPLEMENTATION

Partners from all sectors are driving implementation of these strategies forward. Included are state-level agencies and policy makers, professional associations, law enforcement, local health departments, tribal authorities, service providers, community coalitions and many others. The following stakeholders have expressed a particular interest and commitment to addressing opioid use and overdose prevention:

Federal and tribal partners:

Northwest High Intensity Drug Trafficking Area (NWHIDTA)
US Attorney General's Office (USAG)
Tribal authorities

State partners:

Department of Health (DOH), including
- Dental Quality Assurance Commission (DQAC)
- Board of Osteopathic Medicine and Surgery (BOMS)
- Podiatric Medical Board (PMB)

Medical Quality Assurance Commission (MQAC)
Nursing Care Quality Assurance Commission (NCQAC)
Department of Labor & Industries (L&I)
Department of Social and Health Services (DSHS) Division of Behavioral Health and Recovery (DBHR)
Health Care Authority (HCA)
WA Poison Center (WAPC)
Office of Superintendent of Public Instruction (OSPI)
WA State Patrol (WSP)
Department of Corrections (DOC)
Administrative Office of the Courts (AOC)
Prevention Enhancement Policy Consortium
Bree Collaborative (Bree)
Agency Medical Directors' Group (AMDG)

Professional associations:

WA State Medical Association (WSMA)
WA State Hospital Association (WSHA)
WA State Nurses Association (WSNA)
WA Chapter-American College of Emergency Physicians (WA-ACEP)
WA State Pharmacy Association (WSPA)
WA State Dental Association (WSDA)
WA Society of Addiction Medicine (WSMA)
WA State Association of Police Chiefs (WASPC)
WA Association of Prosecuting Attorneys (WAPA)

Academic institutions:

University of Washington: Alcohol and Drug Abuse Institute (UW ADAI)
Center for Opioid Safety Education (COSE)
University of Washington Division of Pain Medicine

Local entities:

Local Health Jurisdictions
County drug and alcohol services coordinators
Drug treatment and mental health service providers
Syringe exchange programs
Community drug prevention coalitions and task forces

Four workgroups have been designated to coordinate the action steps under each of the four goals of the plan. Workgroups communicate and meet regularly to assess progress and identify emerging issues that require new actions. The lead contacts for each workgroup are:

- **Prevention Workgroup** (Goal 1):

  Julia Havens, Division of Behavioral Health and Recovery *julia.havens@dshs.wa.gov*

Jaymie Mai, Department of Labor & Industries *maij235@lni.wa.gov*

- **Treatment Workgroup** (Goal 2):

  Thomas Fuchs, Division of Behavioral Health and Recovery *fuchstj@dshs.wa.gov*

  Ahney King, Division of Behavioral Health and Recovery ahney.king@dshs.wa.gov

- **Naloxone Workgroup** (Goal 3):

  Allison Newman, UW Center for Opioid Safety Education *alison26@uw.edu*

- **Data Workgroup** (Goal 4):

  Jennifer Sabel, Department of Health *Jennifer.sabel@doh.wa.gov*

GOALS AND STRATEGIES

GOAL 1: Prevent inappropriate opioid prescribing and prevent opioid misuse and abuse.			
STRATEGY 1: Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain.	**Lead Party**	**Status**	**EO***
Educate health care providers on the 2015 Agency Medical Directors' Group Interagency Guideline for Prescribing Opioids for Pain, the Washington Emergency Department Opioid Prescribing Guidelines and the CDC Guideline for Prescribing Opioids for Chronic Pain to ensure appropriate opioid prescribing.	L&I	Ongoing	Goal 1, section 1
Promote the use of the Prescription Drug Monitoring Program (PMP), including use of delegate accounts, among health care providers to help identify opioid use patterns, sedative co-prescribing, and indicators of poorly coordinated care/access.	DOH, Bree	Ongoing	
Train, coach and offer consultation with providers on guideline-adherent opioid prescribing and non-opioid alternatives for pain management (e.g., TelePain video conferencing and opioid consultation hotline).	HCA, UW	Ongoing	Goal 1, section 3
Partner with professional associations, teaching institutions, boards and commissions and insurers to reduce unnecessary opioid prescribing for acute pain conditions especially in the adolescent population.	L&I, Bree	Ongoing	
Enhance medical, nursing, and physician assistant school curricula on pain management, PMP, and treatment of opioid use disorder	DOH	Ongoing	
Build enhancements in the electronic medical record systems to default to recommended dosages, pill counts, etc.	Bree	Ongoing	
Require health plans contracted with the Health Care Authority to follow guideline best practices on opioid prescribing.	Bree, HCA	Ongoing	
Advocate for reimbursement of non-opioid pain therapies	L&I	Ongoing	
Encourage licensing boards of authorized prescribers to mandate continuing education units (CEU) on opiate prescribing and pain management guidelines.	Bree, HCA	Ongoing	
STRATEGY 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, and focus on reducing the stigma of opiate use disorder.	**Lead Party**	**Status**	**EO***
Distribute counseling guidelines and other tools to pharmacists, chemical dependency professionals, and health care providers and encourage them to educate patients on prescription opioid safety (storage, disposal, overdose prevention and response). *stopoverdose.org/docs/Naloxone_PRO_brochure.pdf* *doh.wa.gov/YouandYourFamily/PoisoningandDrugOverdose/TakeAsDirected/ForPainPatients.aspx*	DBHR, COSE	Ongoing	Goal 1, section 2
Provide targeted and culturally appropriate health education to opioid users and their social networks through print	COSE	Ongoing	Goal 2,

* Indicates activity is also part of Washington State Executive Order 16-09, *Addressing the Opioid Use Public Health Crisis*

and web-based media.			section 2
Promote accurate consistent and culturally appropriate messaging about opioid safety and addiction.	COSE	Ongoing	Goal 1, section 2
As available, promote national social marketing campaigns on the potential harms of prescription medication misuse and abuse and secure home storage for local application.	DBHR	Ongoing	
Conduct an inventory of existing patient materials on medication safety for families and children. Develop new materials as needed as tools for health care providers and parents.	DBHR	Ongoing	
STRATEGY 3: Prevent opioid misuse in communities, particularly among youth.	**Lead Party**	**Status**	**EO***
Work with community coalitions to implement strategies to prevent youth prescription drug misuse from the Substance Abuse Prevention and Mental Health Promotion Five-Year Strategic Plan. (theathenaforum.org/sites/default/files/SPE%20Strategic%20Plan%20Update%20FINAL-%20v03%2028%2013%20printed.pdf)	DBHR	Ongoing	Goal 1, Section 2
Provide prevention funds from which mini grants can be awarded to organizations and coalitions to implement key actions of the State Opioid Response Plan.	DBHR	Ongoing	
STRATEGY 4: Promote safe home storage and appropriate disposal of prescription pain medication to prevent misuse.	**Lead Party**	**Status**	**EO***
Educate patients and the public on the importance and ways to properly store and dispose of prescription pain medication.	DBHR	Ongoing	Goal 1, Section 2
Promote the use of home lock boxes to prevent unintended access to medication.	DBHR	Ongoing	
Explore funding and regulatory enhancements to sustain and evaluate Drug Take Back programs.	DBHR	Ongoing	Goal 1, Section 2
STRATEGY 5: Decrease the supply of illegal opioids.	**Lead Party**	**Status**	**EO***
Partner with law enforcement to decrease illicit distribution of opioids.	DOH	Inactive	
Educate local law enforcement on handling reports of illegal prescribing. If necessary, develop and monitor an anonymous tip line for health providers, pharmacists and the public to report unlawful prescribing practices.	WSP	Inactive	
Increase the number of investigations on unlawful prescribing practices. Coordinate with law enforcement if prescribers are arrested so that patients can be adequately treated.	WSP	Inactive	
Educate law enforcement about PMP and how it works.	DOH	Inactive	

* Indicates activity is also part of Washington State Executive Order 16-09, *Addressing the Opioid Use Public Health Crisis*

GOAL 2: Link individuals with opioid use disorder to treatment support services.			
STRATEGY 1: Build capacity of health care providers to recognize signs of possible opioid misuse, effectively screen for opioid use disorder, and link patients to appropriate treatment resources.	**Lead Party**	**Status**	**EO***
Educate providers on the effectives of Medicaid Assisted Treatment as a tool to reduce the misuse of opioid by offering six MAT presentation in locations across the state of Washington.	HCA	Ongoing	
Educate providers across all health professions on how to recognize signs of opioid misuse among patients and how to use appropriate tools to screen for opioid use disorder.	HCA	Ongoing	
Strengthen addiction education in all health teaching institutions and residency programs.	TBD	Inactive	
Give pharmacists tools on where to refer patients who may be misusing prescription pain medication.	HCA, Pharmacy Commission	Ongoing	
Build skills of health care providers to have supportive patient conversations about problematic opioid use and treatment options.	BHA	Ongoing	
STRATEGY 2: Expand access to and utilization of opioid use disorder medications in communities.	**Lead Party**	**Status**	**EO***
Identify policy gaps and barriers that limit availability and utilization of buprenorphine, methadone, and naltrexone and develop policy solutions to expand capacity.	HCA	Ongoing	
Provide technical assistance to county health officers to advocate for expanded local access to opioid use disorder medications.	COSE	Ongoing	
Build up supports (e.g., case management capacity) to help medical providers and staff implement and sustain buprenorphine treatment. • Consider use of “hub and spoke” and Center of Excellence models. • Leverage funding and human resources for telemedicine support.	DBHR, ADAI	Ongoing	Goal 2, Section 2
Increase the number of opioid treatment programs (existing or new) that offer methadone and/or buprenorphine.	DBHR	Ongoing	Goal 2, Section 2
Pilot new models of community-based buprenorphine to prevent overdose (e.g., stabilizing individuals on buprenorphine without mandates counseling, urinalysis, etc.).	ADAI	Ongoing	Goal 2, Section 2
Encourage family medicine, internal medicine, OB/GYN residency programs to train residents on care standards of care and medications to treat opioid use disorder.	*TBD*	Ongoing	
Develop and pilot a model to stabilize individuals on buprenorphine while in residential substance use treatment.	DBHR, HCA	Inactive	

* Indicates activity is also part of Washington State Executive Order 16-09, *Addressing the Opioid Use Public Health Crisis*

Expand peer-based recovery support/coach programs within medication-assisted treatment programs.	DBHR	Ongoing	
Identify critical workforce gaps in the substance use treatment system and develop new initiatives to attract and retain skilled professionals in the field.	DBHR	Ongoing	
STRATEGY 3: Expand access to and utilization of opioid use disorder medications in the criminal justice system.	**Lead Party**	**Status**	**EO***
Train and provide technical assistance to criminal justice professionals to endorse and promote opioid agonist therapies for people under criminal sanctions.	DBHR	Ongoing	
Optimize access to chemical dependency treatment services for offenders who have been released from prison into the community and for offenders living in the community under correctional supervision.	DBHR, HCA	Ongoing	Goal 2, Section 3
Work with jails and prisons to initiate and/or maintain incarcerated persons on medications for opioid use disorder.	DBHR, HCA	Ongoing	
Incentivize state-funded drug and other therapeutic courts to provide access to a full range of medications for opioid use disorder.	DBHR	Ongoing	
STRATEGY 4: Increase capacity of syringe exchange programs (SEP) to effectively provide overdose prevention and engage clients in support services, including housing.	**Lead Party**	**Status**	**EO***
Regularly collect primary data to document current health needs of individuals who inject heroin.	COSE	Ongoing	
Frequently map SEP services and funding levels to determine critical gaps and unmet levels of need among people who inject drugs.	COSE, DOH	Ongoing	
Identify and leverage diversified funding for SEPS to adequately provide supplies, case management, health engagement services, and comprehensive overdose prevention education.	DOH, DBHR	Ongoing	Goal 2, Section 2
Provide technical assistance to local health jurisdictions and community-based organizations to organize or expand syringe exchange and drug user health services.	DOH, DBHR, COSE	Ongoing	Goal 2, Section 2
STRATEGY 5: Identify and treat opioid abuse during pregnancy to reduce withdrawal symptoms in newborns.	**Lead Party**	**Status**	**EO***
Educate maternity care providers to identify and refer for treatment those women with opioid use disorders who are pregnant or parenting. Disseminate the *Substance Use during Pregnancy: Guidelines for Screening and Management* best practice guide.	DOH, DBHR	Ongoing	
Offer pregnant and parenting women overdose education and take-home naloxone training.	DBHR	Completed	
Educate pediatric and family medicine providers to recognize and appropriately refer newborns with Neonatal Abstinence Syndrome.	DOH	Ongoing	
~~Add overdose education (including how and where to obtain naloxone) to care recommendations in the *Substance*~~	~~DOH~~	~~**Completed**~~	

* Indicates activity is also part of Washington State Executive Order 16-09, *Addressing the Opioid Use Public Health Crisis*

~~*Use during Pregnancy: Guidelines for Screening and Management* best practice guide.~~			
Disseminate the *WA State Hospital Association Safe Deliveries Roadmap* standards to health care providers to improve screening and referral of substance use disorders in pre-pregnancy, pregnancy, and post-partum care.	WSHA, DOH	Ongoing	
Create a DBHR/WSHA partnership to provide SBIRT training to obstetric and primary care clinicians.	DBHR, WSHA, DOH	Ongoing	
Add overdose education (including how and where to obtain naloxone) to the Parent-Child Assistance Program and Safe Babies Safe Moms websites and websites of host agencies.	PCAP	Ongoing	

GOAL 3: Intervene in opioid overdoses to prevent death.

STRATEGY 1: Educate individuals who use heroin and/or prescription opioids, and those who may witness an overdose, on how to recognize and appropriately respond to an overdose.	**Lead Party**	**Status**	**EO***
Provide technical assistance to opioid treatment programs to provide overdose education and naloxone to clients.	COSE	Ongoing	Goal 3, Section 2
Provide technical assistance to jails, prisons, and drug courts to implement overdose education and naloxone for people under criminal sanctions.	COSE	Ongoing	
Provide technical assistance to first responders/law enforcement on opioid overdose response training and naloxone programs.	COSE	Ongoing	Goal 3, Section 2
Educate law enforcement, prosecutors and the public about the Good Samaritan Law.	COSE	Ongoing	
Collaborate with the BHOs to provide residential, outpatient and withdrawal management programs with guidelines, training and tools to provide overdose prevention education to all clients.	DBHR	Ongoing	
Assist emergency departments to develop and implement protocols on providing overdose education and take-home naloxone to individuals seen for opioid overdose.	COSE, ACEP	Ongoing	
Mandate overdose education in all state-contracted detox, residential and outpatient treatment programs.	DBHR	Inactive	
STRATEGY 2: Make system-level improvements to increase availability and use of naloxone.	**Lead Party**	**Status**	**EO***
Establish standing orders in counties to authorize community-based naloxone distribution and lay administration.	DOH	Ongoing	
Create a centralized naloxone procurement and distribution process at the state level.	AMDG	Inactive	
Increase access to naloxone through pharmacies. Encourage pharmacies distributing naloxone to post signs regarding its availability.	WSPA, COSE	Ongoing	
Evaluate the utilization and health impacts of naloxone administered by police, fire department, and emergency	DOH, ADAI	Ongoing	

medical technicians.			
Promote co-prescribing of naloxone for pain patients as best practice per AMDG guidelines. Add prompts to PMP to encourage providers to prescribe naloxone to patients on high doses of opioids.	DOH, L&I	Ongoing	
GOAL 4: Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.			
STRATEGY 1: Improve PMP functionality to document and summarize patient and prescriber patterns to inform clinical decision making.	**Lead Party**	**Status**	**EO***
Increase PMP reporting frequency by pharmacies from weekly to daily to reduce the lag between opioid dispensing and viewing the prescription in the PMP from 10 to 4 business days.	DOH	Complete	
Provide easy access to the PMP data for providers through electronic medical record systems.	DOH	Ongoing	
Reduce current policy and technical barriers amongst border states to enable sharing of PMP data with border states.	DOH	Ongoing	
Consider providing MED calculations within the PMP for chronic opioid patients with automated program alerts for providers.	DOH	Ongoing	
Explore methods and possibilities for further increasing reporting frequency towards 'real-time' from dispensers.	DOH	Ongoing	
STRATEGY 2: Utilize the PMP for public health surveillance and evaluation.	**Lead Party**	**Status**	**EO***
Develop measures using PMP data to monitor prescribing trends.	DOH	Ongoing	
Link PMP data to overdose death data to determine relationships between prescribing, patient risk behavior, and overdoses.	DOH, ADAI	Ongoing	
Disseminate PMP and other opioid measures at the county and accountable community of health level at least annually; and working towards quarterly dissemination and sub county, where appropriate.	DOH	Ongoing	
Explore options to aggregate and analyze PMP data by health plan/payer.	DOH	Ongoing	
STRATEGY 3: Continue and enhance efforts to monitor opioid use and opioid-related morbidity and mortality.	**Lead Party**	**Status**	**EO***
Monitor and publish data on opioid-related hospitalizations and deaths, including neonatal abstinence syndrome (DOH); treatment admissions (DBHR) and police evidence data (UW ADAI).	ADAI	Ongoing	
Improve the quality of data on death certificates.	DOH	Ongoing	
Develop a plan to use new data sources (e.g., statewide ER and EMS data) to support public health surveillance and impact assessment.	DOH, ADAI	Ongoing	
Publish Information Briefs to promote evidence-based policymaking and service planning.	DOH	Ongoing	
STRATEGY 4: Monitor progress towards goals and strategies and evaluate the effectiveness of our interventions.	**Lead Party**	**Status**	**EO***

* Indicates activity is also part of Washington State Executive Order 16-09, *Addressing the Opioid Use Public Health Crisis*

Evaluate policy interventions for effectiveness and impact (e.g., connecting the PMP to the Emergency Department Information Exchange, pain management rules).	UW, DOH	Ongoing	Goal 4, section 4
Develop and track performance measures to monitor progress towards work plan goals and strategies.	DOH	Inactive	

* Indicates activity is also part of Washington State Executive Order 16-09, *Addressing the Opioid Use Public Health Crisis*