

Thurston County Opioid Response Task Force

February 06, 2023 from 3:00pm-5:00pm

Thurston County Public Health & Social Services Department

Zoom Meeting – Virtual Only

AGENDA

Description	Action Steps/Items
Welcome / Review Minutes / Review Agenda	Jon Tunheim welcomed everyone to the meeting. He introduced the new Co-Chair, David Bayne, who recently started as the Director of Thurston County Public Health & Social Services. The October minutes and the February agenda were approved. The group did roundtable introductions.
Legislative Updates	<p>Katie Strozyk shared an update regarding bills of interest from the current legislative session. It is still early in the legislature, so more bills may be introduced after this point. By early March, bills must pass their house of origin in order to continue forward this legislative session.</p> <p>Bills of interest include –</p> <ul style="list-style-type: none">• SB 5022 - Exempting fentanyl testing equipment from the definition of drug paraphernalia.• HB 1162 - Expanding offenses and penalties for manufacture, sale, distribution, and other conduct involving controlled substances and counterfeit substances• HB 5536 - Concerning controlled substances, counterfeit substances, and legend drug possession and treatment.• HB 1520 - Concerning fentanyl.• HB 1415 - Making the knowing possession of a controlled substance a gross misdemeanor offense under criminal violations of Title 69 RCW.• HB 1209 - Restricting the possession, purchase, delivery, and sale of certain equipment used to illegally process controlled substances.• HB 1006 - Expanding access to drug testing equipment.• SB 5313- Concerning murder in the first degree.• HB 1162 - Expanding offenses and penalties for manufacture, sale, distribution, and other conduct involving controlled substances and counterfeit substances.• HB 1635 - Limiting liability arising from the use of trained police dogs.• SB 5035 - Concerning possession of controlled substances.• SB 5010 - Including synthetic opioids in the endangerment with a controlled substance statute.• SB 5624 - Implementing the recommendations of the substance use recovery services advisory committee.

	<ul style="list-style-type: none"> • HB 1168 - Providing prevention services, diagnoses, treatment, and support for prenatal substance exposure. • HB 1116 - Providing a behavioral health response to juveniles consuming controlled substances.
Drug Checking & Emerging Trends	<p>Allison Thomson from the Addictions, Drug, & Alcohol Institute at University of Washington presented on drug checking (slides available here).</p> <p>Allison shared a brief history of overdose fatalities in Washington, which continue to rise. This growing number of fatal overdoses are primarily due to methamphetamine and synthetic opioids, primarily fentanyl.</p> <p>Drug checking is a public health intervention that have been utilized for over 50 years. There is currently a global network of drug checking services, with the current expansion having an emphasis on preventing harms from new substances – including synthetic opioids. Studies have shown that drug checking is effective and that it can contribute to changes in drug use behavior, reduction in substance use, decreased overdose risk, and other positive outcomes.</p> <p>Currently, public health often relies on crime lab data to get information on drug trends and supply. This information is then used to inform education and interventions within the community. Drug checking can act as a tool of engagement with people who use drugs and can provide an opportunity discuss an individual’s relationship with substance, offer referrals for supports, and empower people with knowledge about the drug supply so that they can make informed decisions.</p> <p>The two main technologies utilized for drug checking are Fourier-Transform Infrared (FTIR) Spectroscopy and Immunoassay strips. FTIR machines shine infrared light at a sample and measure how the light is absorbed. This mechanism for testing can detect up to 6 components in a drug sample, with a detection limit of approximately 5%. Immunoassay strips should be used in combination with FTIR, as substances can still be toxic below the 5% detection limit. The most popular immunoassay strips are fentanyl test strips and benzodiazepine test strips, which determine the presence or absence of fentanyl/benzodiazepine in a drug sample.</p> <p>Drug checking services can be offered at a point of care through a fixed site or mobile services and can be made available as pop-up events. Mail-based drug checking is an additional option, which removes the element of needing on-site analysis conducted for the sample. Implementation of drug checking programs requires funding support, staff, training, and existing programmatic infrastructure. Drug checking programs are often an added service to existing comprehensive harm reduction organizations.</p>
Naloxone Access at Local Pharmacies	<p>April Gunderson, Allyn Hershey, and Katie Strozyk, all from Thurston County Public Health & Social Services, presented information on naloxone access at local pharmacies (slides available here).</p> <p>Exploring naloxone access at local pharmacies ties to the Thurston County Opioid Response Plan through Goal 3 - Prevent deaths from overdose by working to educate and expand the distribution of naloxone to individuals who use drugs and educating individuals about the signs of an overdose.</p>

There is a standing order in Washington, which allows anyone to access naloxone at a pharmacy without needing an individual prescription from a medical provider. There is no age requirement for accessing naloxone under the standing order. Regardless of there being a standing order, community members have reported barriers to accessing naloxone at pharmacies. These barriers have included a lack of pharmacy knowledge of the standing order, stigma from pharmacy staff, needing a physical copy of the standing order, and other barriers. The Pharmacy Commission sent out a reminder notice in August to pharmacies in Washington about the details of the standing order and naloxone access, because of these barriers being communicated to the state level.

In January 2023, informational visits about naloxone access were conducted at pharmacies (5 months after reminder was sent out by the Pharmacy Commission). These informational visits were conducted by 3 staff from Public Health & Social Services and 1 Thurston County intern. In addition to Thurston County pharmacies, pharmacies in Centralia and Chehalis were included in these informational visits. As naloxone is difficult to access in rural areas from other avenues, pharmacy access is often the only option. For rural areas in the southern part of Thurston County, pharmacies in Centralia and Chehalis are often closer than pharmacies in Thurston County. These informational visits found that there has been an improvement in access from prior experiences, but that there are still inconsistencies and barriers to access.

During these informational visits, questions were asked in the following areas:

- Naloxone availability
- Prescription requirement
- Age requirement
- Limit on how many naloxone kits can be provided
- Training or instructional materials provided with naloxone kits

Of the pharmacies that had naloxone:

Prescription requirement:

- 70% said a prescription was not needed
- 25% said a prescription was needed
- 5% didn't know if a prescription was needed

Limit on number of naloxone kits that can be provided:

- 11% said there was no limit
- 74% said one box can be provided
- 14% didn't know if there was a limit

Project staff would attempt to access naloxone again at 64% of pharmacies. For the 36% of pharmacies where they would not attempt to access naloxone again, reasons included: lack of naloxone availability, lack of knowledge/misinformation about the standing order, and lack of pharmacy protocol to dispense naloxone using the standing order. Findings showed that there were inconsistencies within chains and across pharmacy type, location, and other factors. The informational visits did not find that pharmacists had burdensome training requirements for the person attempting to access naloxone.

	<p>The following solutions were shared as a result of the findings from the pharmacy naloxone project:</p> <ul style="list-style-type: none"> - Community awareness of the standing order and how to utilize it should be improved - Education should be provided to the community on insurance coverage for naloxone and how to utilize insurance benefits - Pharmacies should be promoted as a neighborhood access point for naloxone once there is increased confidence in successful referral - Targeted outreach to pharmacies should be conducted to address gaps in knowledge of the standing order - Upcoming over-the-counter naloxone availability <i>should</i> increase access
Board of Health Presentation Recap	<p>Mary Ann O’Garro gave an update on the presentation that was given to the Thurston County Board of Health in December 2022. The crisis declaration by the Board of Health requires that they be provided updates, and there were 2 update presentations given in 2022 as well as a proclamation for Overdose Awareness Day in August 2022.</p> <p>At the Board of Health update in December, it was requested that the 2021-2022 Response Plan be continued through 2023. This request was based on the Response Plan having been informed by community stakeholder input having informed the content of the plan and the strategies still matching the needs within the community. The request for extension was unanimously approved.</p> <p>Task Force progress was also shared during the Board of Health Update. Highlights included:</p> <ul style="list-style-type: none"> - Community and workplace interest in overdose education and naloxone - Prevention campaigns on safe storage and medication disposal - Community education panels - Regional and state partnerships
Looking Forward in 2023	<p>The 2021-2022 Response Plan was extended through 2023 with the following reasoning:</p> <ul style="list-style-type: none"> - Addresses needs of rural residents, who lack access to treatment, naloxone, and outreach services - Provides fact-based drug education to youth and young adults - Incorporates fentanyl and other substances to allow response to changes in drug supply - Keeps partners current and supports collaboration - Ensures Thurston County is better prepared for opioid settlement funding opportunities. <p>The following minor additions were made to the extension:</p> <ul style="list-style-type: none"> - A priority population was added: Individuals who are experiencing grief, trauma and adverse childhood experiences connected to overdose or substance use - Moved a strategy from the former legal system action area to treatment action area: T6 – Expand utilization of Peers and Community Health Workers (CHWs) to support and serve individuals with substance use issues across various settings and agencies

	<p>- Added an additional strategy to the equity action area: E6 – Explore new or emerging opportunities to address the ways in which people who use substances or have a history of substance use, interact with and are impacted by the criminal and/or legal systems, including local opportunities for diversion</p> <p>Work Groups will be setting SMART Objectives for the strategies in February and March, and these Objectives will be shared with the Task Force at the April meeting.</p>
Work Group Updates / Membership Updates / Funding & Partnership Opportunities	<p>The following updates were shared during the roundtable:</p> <ul style="list-style-type: none"> • Medications for Opioid Use Disorder Provider meeting will be discussing the changes in the X waiver and lessened restrictions for prescribing buprenorphine. The following meeting will be around how to better expand MOUD access for youth. • Two campaigns from King County that target youth and parent of youth were shared: Laced & Lethal and Talk, Even If • The next Treatment Sales Tax RFP will be released in the fall rather than the spring, with money being allocated for 2024 • Law Enforcement Assisted Diversion/Olympic Health & Recovery Services will be available to meet folks at the Resource Hub at least once a week to meet with folks
Schedule & Next Steps	<p>Next Task Force meeting: April 03, 2023 from 3:00 pm- 5:00 pm. VIRTUAL ONLY – NO IN PERSON ATTENDANCE https://us02web.zoom.us/j/85649532962 Call-in: 1 (253) 215-8782 Meeting ID: 856 4953 2962</p> <p>If you are interested in additional information regarding the Thurston County Opioid Response Task Force, would like to join a work group, or have further questions – please contact Katie Strozyk at katie.strozyk@co.thurston.wa.us or (360) 878-1261</p>