KITSAP PUBLIC HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-337-5235

# KITSAP PUBLIC HEALTH BOARD
# AGENDA

October 4, 2016
1:45 p.m. to 3:00 p.m.
Norm Dicks Government Center, First Floor Chambers
Bremerton, Washington

| | | |
|---|---|---|
| 1:45 p.m. | 1. | Review and Approval of Agenda |
| 1:46 p.m. | 2. | September 6, 2016, Meeting Minutes - Adoption |
| 1:47 p.m. | 3. | Approval of Consent Items and Contract Updates: See Warrant and EFT Registers and Contracts Signed Report |
| 1:48 p.m. | 4. | Public Comment |
| 1:58 p.m. | 5. | Health Officer Report / Administrator Report |

**INFORMATION/DISCUSSION ITEMS:**

| | | |
|---|---|---|
| 2:10 p.m. | 6. | New Health Risks Posed by Illicit Manufacture and Use of Fentanyl<br>*Dr. Susan Turner, Health Officer*<br>*Lisa Rey Thomas, PhD, UW Alcohol & Drug Abuse Institute* |
| 2:35 p.m. | 7. | Onsite Sewage System Design, Construction, and Permitting<br>*John Kiess, Environmental Health Director* |
| 2:50 p.m. | 8. | Executive Session: Pursuant to RCW 42.30.110(1)(g), Discussion Related To Review of Performance of a Public Employee<br>*Keith Grellner, Administrator*<br>*Karen Holt, Human Resources Manager* |
| 3:00 p.m. | 11. | Adjourn |

**KITSAP PUBLIC HEALTH BOARD**
**MEETING MINUTES**
**Regular Meeting**
**September 6, 2016**

The meeting was called to order by Board Chair, Mayor Becky Erickson at 1:45 p.m.

## REVIEW AND APPROVE AGENDA

There were no requested changes to the agenda.

## BOARD MEETING MINUTES

Mayor Rob Putaansuu moved and Mayor Patty Lent seconded the motion to approve the minutes for the July 5, 2016, regular meeting. The motion was approved unanimously.

## CONSENT AGENDA

The September consent agenda included the following contracts:

- 1294 Amendment 1, *Hood Canal Coordinating Council, Agreement Amendment*
- 1316 Amendment 9, *Washington State Department of Health, Consolidated Contract*
- 1316 Amendment 10, *Washington State Department of Health, Consolidated Contract*
- 1389 Amendment 3, *Washington State Health Care Authority, Accountable Communities of Health*
- 1449 Amendment 2, *Washington Health Benefit Exchange, Lead Navigator Organization*
- 1553, *Kitsap Mental Health Services, Professional Service Agreement*
- 1570, *Puget Sound Partnership, Interagency Agreement*
- 1595, *Ozark Laboratory, Professional Service Agreement*

Commissioner Robert Gelder moved and Commissioner Ed Wolfe seconded the motion to approve the consent agenda, including the Contracts Update and Warrant and Electronic Funds Transfer Registers for June and July. The motion was approved unanimously.

## PUBLIC COMMENT

There was no public comment.

## HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

Dr. Susan Turner, Health Officer, began by thanking the Board for the privilege of being their Health Officer and noted it has been almost two years since she first interviewed for the position.

First, Dr. Turner addressed the board with some highlights of her work over the course of 2016 and noted that a list of these highlights could be found in her memo for this month's board

packet. There is also a more detailed accounting of her work plan in the spreadsheet following the memo, in the Board's packet.

Lastly, Dr. Turner focused her Health Officer Update on the July 15 closure of Seattle Pain Clinic, including one clinic in Poulsbo, which was one of three clinics in Kitsap providing pain medication for pain management. The closure affected over 11,000 patients statewide, and 620 patients in Kitsap.

At first, there were daily statewide phone calls with the Incident Command Team, Department of Health and the Health Care Authority arranging for healthcare access for the individuals affected. Dr. Turner communicated daily with local healthcare partners and statewide agencies to provide local information on emergency department visits and access to services at the remaining pain clinics. She also played a key role in mobilization of response capacity in Kitsap County and continues to do so.

Administrator Update:
Mr. Keith Grellner, Administrator, reminded the Board that the Health District is currently underway with its 2015 audit. As part of the entrance conference, Mayor Lent, representing the board, and Mr. Grellner were interviewed by the audit lead. Mr. Grellner thanked Mayor Lent for her assistance. Once the audit is complete, Mr. Grellner will send an invitation to the Board to attend the audit exit conference, which will likely be in October.

The District is in the heart of budget planning for 2017. Mr. Grellner informed the Board that the District is still short of a balanced budget, but is in better shape than this time last year.

Mr. Grellner reminded the Board that there are several planned meetings with regarding the 2017 budget:

- September 21, 2016 – Budget hearing with the county,
- October 19, 2016 – Health Board Finance Committee meeting,
- November 22, 2016 – Finance Committee follow-up meeting (if needed).

Chair Erickson, Commissioner Garrido, and Mayor Lent are on the Finance Committee.

Lastly, Mr. Grellner informed the Board of a Policy Committee meeting scheduled for October 20, 2016 to discuss a potential drug take-back ordinance. Chair Erickson, Commissioner Gelder, Mayor Putaansuu are on the Policy Committee.

**RESOLUTION NO. 2016-11, AMENDING THE 2016 KITSAP PUBLIC HEALTH DISTRICT BUDGET – AMENDMENT 2**

Mr. Grellner addressed the board regarding a second amendment to the 2016 budget. Earlier this year, the Board approved contracts for the Hood Canal Regional Septic Repair Loan Program. In August, the District received about $1.5 million in revenues from the grant and passed the funds through to Craft3, causing the District's expenditures to exceed the approved amount. This amendment accounts for the new expenditures.

Additionally, Mr. Grellner noted the budget numbers were "real-time" as of June 30, 2016. The District deficit is currently about $200,000 less than projected in the January 2016 Amendment to the budget.

Finally, Mr. Grellner reminded the Board that the District is currently in the process of switching their phone system to a Voice Over Internet Protocol (VOIP) phone system which will take an initial capital cost of $85,000 or less. However, District monthly expenditures will decrease considerably with the new system,

Commissioner Wolfe asked Mr. Grellner what the District can attribute the lower deficit to. Mr. Grellner responded that the District has new revenues and has also held off on filling recently vacant positions.

Mayor Lent moved and Commissioner Garrido seconded the motion to approve Resolution 2016-11, Amending the 2016 Kitsap Public Health District Budget – Amendment 2. The motion was approved unanimously.

There was no further comment.

**RESOLUTION NO. 2016-10, AFFIRMING KITSAP PUBLIC HEALTH BOARD COMMITMENT FOR PAYING A PORTION OF THE KITSAP PUBLIC HEALTH DISTRICT'S NORM DICKS GOVERNMENT CENTER DEBT SERVICE COSTS**

Mr. Grellner addressed the Board regarding the Board's commitment to pay a portion of the District's Norm Dicks Government Center (NDGC) debt service costs. In summary, when the NDGC was originally built, the District's purchase agreement was based on the space expected for use, however some spaces were not accounted for. The District shares the fourth floor with two other organizations, though these offices are listed under the District's agreement. The District worked with the county's prosecutor to correct the agreement and is asking the Board to approve the corrected agreement.

Mayor Lent moved and Mayor Putaansuu seconded the motion to approve Resolution 2016-10, Affirming Kitsap Public Health Board Commitment for Repaying a Portion of the Kitsap Public Health District's Norm Dicks Government Center Debt Service Costs. The motion was approved unanimously.

Chair Erickson commented that this goes beyond a scrivener's error, and that there is no change to rental income, the agreement only clarifies ownership.

Mayor Putaansuu commented that there were several quality control issues with the original document.

There was no further comment.

**RESOLUTION NO. 2016-12, CALLING UPONG THE WASHINGTON STATE LEGISLATURE TO PASS LEGISLATION RAISING THE SALE AGE FOR TOBACCO AND VAPOR PRODUCTS TO 21 YEARS**

Dr. Turner addressed the Board regarding the District's proposal for the Board to adopt Resolution 2016-12, Calling Upon the Washington State Legislature to Pass Legislation Raising the Sale Age for Tobacco and Vapor Products to 21 Years. The Board has supported efforts to reduce tobacco use among youth and adults for several years. Tobacco-related illnesses are still the number one killer in the United States and, especially concerning, after a decade of consistent decreases in tobacco use by teenagers, the 2014 National Youth Tobacco Survey found that overall use of tobacco among youth actually rose that year. Teen smoking and access to tobacco and vapor products has been demonstrated to occur less through illegal sales and more through friends who are of similar age, and are old enough to legally buy the products. Raising the age to 21, reduces the number of individuals within younger teen social circles who can legally obtain these products.

The State Board of Health recently passed Resolution 16-01, Tobacco to 21. The District asked the Board to approve Resolution 2016-12, which closely follows the State Board of Health Resolution.

Commissioner Garrido asked if other health districts are passing similar resolutions. Mr. Grellner confirmed that other health districts are involved in similar processes and our district would be the second or third local health jurisdiction to do this.

Commissioner Gelder moved and Commissioner Wolfe seconded the motion to approve Resolution 2016-12, Calling Upon the Washington State Legislature to Pass Legislation Raising the Sale Age for Tobacco and Vapor Products to 21 Years. The motion was approved unanimously.

Commissioner Gelder inquired what the next steps are for the District. Mr. Grellner explained that the District would work with the Washington State Association of Local Public Health Officials to urge the state legislature to pass this law statewide.

There was no further comment.

**RESOLUTION NO. 2016-13, SUPPORTING COMPLETE STREETS IN KITSAP COUNTY**

Mr. Grellner addressed the Board regarding Resolution 2016-13, Supporting Complete Streets in Kitsap County. Danielle Schaeffner, a former District Built Environment employee, worked with local planning departments on comprehensive plans. Ms. Schaeffner participated with the Kingston Complete Streets committee and learned of future grants for our region to support similar efforts. Complete Streets are designed, constructed, and maintained to enable safe access for all users. Pedestrians, bicyclists, motorists and transit riders of all ages and abilities must be able to safely move along and across a Complete Street. Changing policy to routinely include the

needs of people on foot, public transportation, and bicycles would make walking, riding bikes and riding buses safer and easier. People of all ages and abilities would have more options when traveling to work, to school, to the grocery store, and to visit family.
Supporting Complete Streets aligns with Initiative 2 of the District's Strategic Plan, decreasing chronic diseases and their impacts in our community by enhancing partnerships to prevent chronic disease.

Approving this resolution would give local ordinances an advantage when applying for grant funding.

Chair Erickson commented that the City of Poulsbo follows this model, although it has not formally adopted an ordinance.

Mayor Lent noted the State passed a resolution this year for this grant money, and by passing the resolution locally within our county, the Board would be providing local jurisdictions the opportunity to receive additional grant funding that was not previously allotted for transportation. She also noted that there is currently $3 million in funding this year and there will be $17 million available in funding next year. Mayor Lent supports this and encouraged the Board to approve the resolution.

Commissioner Garrido moved and Commissioner Gelder seconded the motion to approve Resolution 2016-13, Supporting Complete Streets in Kitsap County. The motion was approved unanimously.

There was no further comment.

**CORE PUBLIC HEALTH INDICATORS REPORT FOR KITSAP COUNTY**

Dr. Turner and Siri Kushner, Epidemiologist, addressed the board regarding the District's 2016 annual Kitsap County Core Public Health Indicators Report. Dr. Turner explained that as the governmental public health agency for our jurisdiction, some of the major roles that are uniquely the District's, under the guidance of the Board, are to monitor health status to identify community health problems, and mobilize communities to identify and solve problems.

Dr. Turner noted that seventy to eighty percent of health outcomes are related to things outside healthcare.Therefore much of the data the District presents relates to that seventy to eighty percent of contributors to health, including the environment, and what are often called the "social determinants of health", or the root causes of health and ill health.

Ms. Kushner gave a brief PowerPoint presentation to provide background information on the Indicators Report and explain some changes. The District has been doing this report since 2006. This year, most of the data are through 2014, with a few indicators through 2015. In addition to updates to the format, this year's indicator report is one, rather than two reports. This is meant to be a report card to show how well Kitsap County is doing in each area. The report looks at status

and trends over time, as well as comparing Kitsap's rates to the State's. There is a broad spectrum of data sources and the report covers four broad questions, "Who are we," "How healthy are we?", "How healthy are our lifestyles and behaviors?", and "How healthy are our surroundings?"

The Board split into two discussion groups and Mr. Grellner invited the public to participate. Each group's lead, Ms. Kushner and Ms. Hunter, reviewed the report and invited the group to ask questions and make comments.

Group One Discussion:
Lead: Siri Kushner
Note Taker: Margaret Hilliard

Participants:
Karen Bevers, Public Information Officer, Kitsap Public Health District
Sarah Blossom, Councilperson, City of Bainbridge Island;
Becky Erickson, Mayor, City of Poulsbo;
Rob Gelder, Commissioner, Kitsap County;
Patty Lent, Mayor, City of Bremerton;
Tad Sooter, Reporter, Kitsap Sun;
Dr. Susan Turner, Health Officer, Kitsap Public Health District

Ms. Kushner gave a brief overview of updates and changes to the Indicators Report.

Mayor Lent commented that the indicators are great and noticed that the District added indicators that are unique to Kitsap County.

While discussing changes in comparison of Kitsap to Washington from the last release, Mayor Erickson asked why there was a change in the data source for homelessness rate. Ms. Kushner explained that this indicator uses local data from the Housing Solutions Center, which provided a better representation of the issue. Mayor Erickson responded that it has been difficult to obtain this data in the past.

Regarding the Alzheimer's Death rate, Commissioner Gelder said he thought that unless there was an autopsy, there is no way to tell that a death is caused by Alzheimer's and suggested it might be better to look at all dementias. Ms. Kushner agreed that this poses a challenge, as well as getting accurate information on the death certificate and evaluating primary cause vs. assessment of contributing causes. Commissioner Gelder posed the question, "What is truly the cause of death?"

Mayor Lent asked Dr. Turner if she signs all of the death certificates in Kitsap County. Dr. Turner responded that she does not and explained that the system for assigning cause of death is inaccurate and subjective.

Ms. Kushner explained that there has been a change to reporting of rates: instead of three year rates, the report is now using single years, which has impacted trends.

Mayor Erickson noted the metric for adults doing favors for each other and asked Ms. Kushner how that information is obtained. Mr. Kushner said the data is gathered from the Behavioral Risk Factor Surveillance System (BRFSS) survey. Mayor Erickson expressed enthusiasm for this kind of information. Dr. Turner added that is something that's been demonstrated to be related to health outcomes.

Mr. Kushner explained that the population in Kitsap County is changing and also becoming more diverse. Mayor Lent responded that she saw an article that said that twenty-five percent of the population in Kitsap County is Hispanic or non-white. Ms. Kushner shared that in the Indicators Report, the number is twenty-two percent, or a bit more than one in five people.

Councilperson Sarah Blossom asked Ms. Kushner to clarify why the report says "white, non-Hispanic, etc." Ms. Kushner explained that Hispanic is now categorized as a racial group whereas previously it was considered an ethnic category separate from race groups.

Mayor Lent commented that the high school graduation rate very surprising, because she thought that this was improving. Ms. Kushner explained that the state has standardized the calculation to a national metric only a few years ago so we're not looking at very many years of data.

Mayor Erickson found the rate of residents experiencing food insecurity surprising and commented that the use of food banks in Poulsbo is in decline. Mayor Lent replied that perhaps Poulsbo citizens are traveling to Bremerton food banks. Ms. Kushner clarified that this takes into account elements beyond needing food and that the district could not get food bank data for an indicator. She also suggested that perhaps newcomers are going down and repeat users are increasing. Councilperson Blossom commented that the Bainbridge Island Helpline is decreasing as well.

Commissioner Gelder asked if there is a relation to the distance from food sources. Ms. Kushner said no, but suggested that may be something to look into. Mayor Erickson noted that the data are older, from 2012-2014, which makes sense. She explained that food insecurity was very high in 2011-2012.

Ms. Kushner explained that the numbers of homeless youth are increasing, but are still less than 2% of population. She also explained that schools are tracking, and their definition is becoming more broadly defined. Mayor Erickson suggested that this is increasing because we are getting better at recognizing homelessness. Ms. Kushner also noted that there is an uptick in the last school year that the District will be watching.

Ms. Kushner noted that Kitsap County has the highest rate of insured adults in WA. Mayor Lent said this is wonderful news. Councilperson Blossom asked if the report tracks insurance versus actual doctor and dental visits. Ms. Kushner answered that both types of visits are tracked in BRFSS, we could look at those rates as well.

Ms. Kushner explained that prenatal care visits are assessed by low income versus "not-low" income women. Low income rates are staying the same, not-low income rates are worsening. Mayor Lent asked why this is. Ms. Bevers suggested that it could be because of limited access to doctor's appointments and explained that when she was pregnant and tried to get an appointment, her doctor told her to call back in her second trimester.

Regarding older adult fall-related hospitalizations, Commissioner Gelder suggested there may be value in breaking out fatal vs. non-fatal falls. He said that he previously worked with the elderly and explained that non-fatal falls can become an indicator of other conditions.

Ms. Kushner noted that the data shows fifty percent of babies in Kitsap County do not have the recommended set of immunizations for their age. Mayor Lent commented that she thought it was worse. Ms. Kushner added that by kindergarten entry, there is an improvement in children immunized.

Regarding continued increases in STDs, Commissioner Gelder asked what the thinking is behind these increased rates. He also suggested better reporting may be why there is an increase shown in the data. Dr. Turner responded that there is actually incomplete content reported by providers and it is hard to tell what demographics describe the populations that are experiencing the increase. She also explained that the District is working to collect more information. In other areas, increased numbers of gonorrhea and chlamydia have proceeded syphilis and then HIV outbreaks. She added that data comes from both labs and physicians.

Commissioner Gelder noted that it looks like Kitsap has the same rates as the state for obesity. Ms. Kushner also noted the shorter data timeline for adult rates compared to youth because of a change in the survey.

Ms. Kushner noted that opioid and drug deaths and hospitalizations are worsening, however, Kitsap County's opioid nonfatal hospitalization rate is better than the state. Mayor Erickson suggested that this may just mean state is ahead of us in reporting and that these numbers are really bad news.

Regarding shoreline miles open for shellfish harvesting, Mayor Erickson expressed excitement for the increase from 69% to 85%.

There was no further discussion from group one.

<u>Group Two Discussion:</u>
Lead: Kari Hunter
Note Taker: Angie Larrabee

Participants:
Charlotte Garrido, Commissioner, Kitsap County;
Keith Grellner, Administrator, Kitsap Public Health District;

John Kiess, Assistant Director, Environmental Health, Kitsap Public Health District;
Rob Putaansuu, Mayor, City of Port Orchard;
Ed Wolfe, Commissioner, Kitsap County

Ms. Hunter gave a brief overview of updates and changes to the Indicators Report and explained data as she went through the report.

Commissioner Wolfe inquired why the birth rate is higher in Kitsap County than the State of Washington. Ms. Hunter noted that we do not currently have information regarding the cause of this, but suggested it could be due to the high military population in addition to a higher number of women in the age range to give birth.

Mr. Grellner noted that our increased number of adults with higher than high school education could be due to the introductions of new programs through Olympic College and Western Washington University in our county.

Commissioner Wolfe asked if we could contribute lower levels of youth in poverty to the work of Coffee Oasis and similar organizations. Ms. Hunter noted that it would be beneficial to research the cause of these numbers.

Commissioner Wolfe asked Ms. Hunter to define "Food Insecurity". She defined it as individuals reporting that they are often hungry or not getting the nutrition needed.

Commissioner Wolfe noted that we have high numbers of overweight individuals in our local population. Ms. Hunter noted that individuals outside of a healthy weight could include those individuals who are underweight, overweight or obese.

Mr. Grellner noted that the social determinants of health play a large role in the health of our community.

Commissioner Garrido noted that our county rates of children receiving free/reduced lunch in schools are very high – which is not good.

Commissioner Garrido asked if we have a cause for the county's increase in health insured adults. Mr. Grellner responded that it is likely because of Health Navigators in the county assisting individuals to get set up with marketplace health insurance.

Commissioner Wolfe asked if there was a correlation between number of births in Medicaid and number of insured individuals.

Commissioner Wolfe said he was interested in learning how substance use rates vary by region within the county.

Mayor Putaansuu noted that the rate of Opioid users is alarmingly high, though it is still better than the state.

Commissioner Wolfe commented that it looks like overall, Kitsap County is keeping up with state trends.

Mr. Grellner noted that the Health District is working to find more Environmental Health indicators. Mr. Kiess added that it will take several years of data to see indicators.

Commissioner Garrido commented that she would like to see an analysis of "food deserts" (areas with minimal or no access to fresh, healthy food) in our county.

There was no further discussion from group two.

**ADJOURN**

There was no further business; the meeting was adjourned at 3:03 p.m.

| | |
|---|---|
| **Becky Erickson** | **Keith Grellner** |
| **Kitsap Public Health Board** | **Administrator** |

**Board Members Present:** *Council Member* Sarah Blossom; *Mayor* Becky Erickson; *Commissioner* Charlotte Garrido; *Commissioner* Rob Gelder; *Mayor* Patty Lent; *Mayor* Rob Putaansuu; *Commissioner* Ed Wolfe.

**Community Members Present:** Tad Sooter, *Kitsap Sun.*

**Staff Present:**
Karen Bevers, *Public Information Officer;* Dana Bierman, *Community Liaison;* Karen Boysen-Knapp, *Community Liaison;* Kerry Dobbelaere, *Program Manager 2, Clinical Services;* Yolanda Fong, *Public Health Nurse Supervisor, Chronic Disease Prevention;* Keith Grellner, *Administrator;* Margaret Hilliard, *Accounting Assistant 2, Accounts Receivable;* Kari Hunter, *Epidemiologist 1;* Tracey Kellogg, *Program Manager, Finance and Performance*; John Kiess, *Division Director, Environmental Health;* Siri Kushner, *Lead Epidemiologist 2;* Angie Larrabee, *Confidential Secretary, Administration;* Shelley Rose, *Community Liaison, Navigator Program*; Susan Turner, MD, *Health Officer*

KITSAP PUBLIC
HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-337-5235

# MEMO

**To:** Kitsap Public Health Board

**From:** Susan Turner MD, MPH, MS

**Date:** September 28, 2016

**Re:** New Health Risks Posed by Illicit Manufacture and Use of Fentanyl

The Board has expressed concern about drug misuse in Kitsap County. A new risk, in the form of a higher potency opiate that is often sold as heroin or other opiates, is posed by illicitly manufactured fentanyl (IMF). The purpose of this discussion is to raise the Board's awareness about the presence and dangers of IMF.

Exposure to IMF via purposeful consumption, accidental consumption, or accidental contact with powders or liquids may more likely result in overdose than other opiates. This puts not only drug users at risk, who might not know they are being exposed to this powerful opiate, but also first responders and medical personnel. In June and September, the Drug Enforcement Agency (DEA) has issued warnings to the public and police about IMF and a more powerful form of IMF, carfentanil. The Centers for Disease Control and Prevention (CDC) published a Health Alert Network Health Update in September, warning healthcare personnel and public health officials about the risks posed by IMF in all its forms.

Earlier this year, law enforcement raids in Snohomish County and in Seattle resulted in the confiscation of products containing IMF. Law enforcement officials in Kitsap have not reported similar findings as yet, but the coroner has noted an increasing number of deaths associated with fentanyl (see attached chart). During our discussion, the Health Officer will present:

- Information about why IMF is dangerous;
- What actions the Centers for Disease Control (CDC) and the US Drug Enforcement Agency (DEA) recommend;

- What is being done locally to address the issue (including a short presentation by Lisa Rey, a consultant hired by the Olympic Community of Health to develop a three county opiate response plan); and
- Additional actions the District plans to take

Please contact me with any questions or concerns about this matter at (360) 337-5250 or susan.turner@kitsappublichealth.org .

**Requested Action**

None—Information, Awareness and Discussion

Attachments:

1. Kitsap County Opioid Related Hospitalizations and Death's by Zip Code Area
2. Map of Kitsap County Certified Alcohol/Drug Treatment Agencies 2016
3. Centers for Disease Control and Prevention Health Alert Network (HAN) Health Update
4. DEA Warning to Police and Public: Fentanyl Exposure Kills
5. Opiate Response Plan Kitsap Inventory (April 27, 2016)

# Kitsap County Resident Opioid Related Hospitalizations and Deaths by Kitsap Sub County Zip Code Area

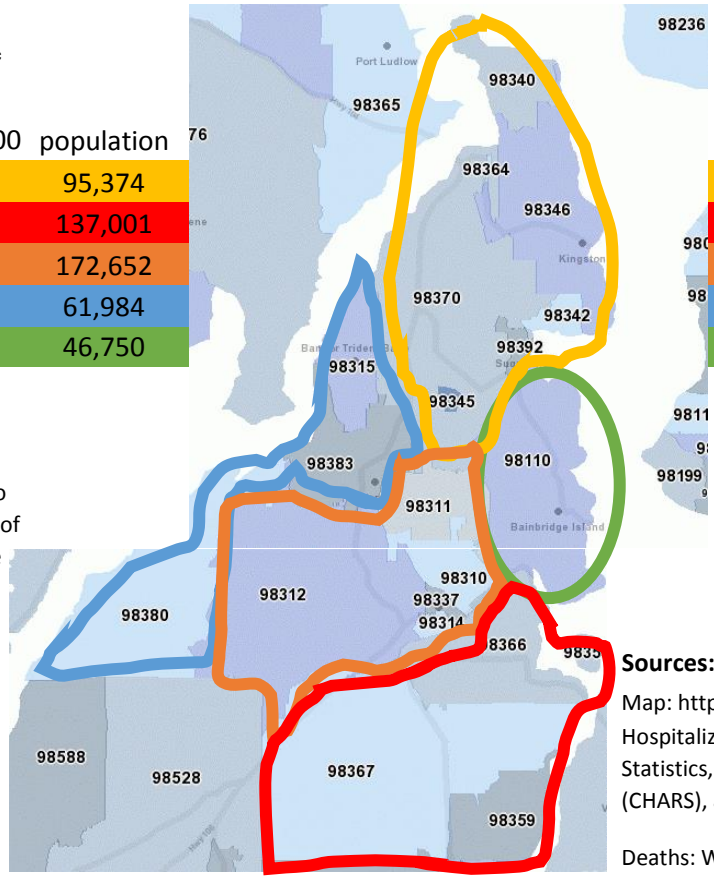
**For the 2-year period 2014-2015, rates of Kitsap County resident inpatient hospitalizations and deaths related to opioids are highest in the North Kitsap area followed by the South Kitsap and Bremerton areas. Sub county area rates are not statistically different from each other. The actual numbers of hospitalizations, deaths and population are highest in the Bremerton area.**

Both hospitalizations and deaths are counts of Kitsap residents but the event could have occurred outside of Kitsap County. Inpatient hospitalizations include fatal discharge and therefore some cases may be included in both hospitalizations and deaths. Sub county areas are comprised of multiple zip codes and are therefore not representative of individual municipalities with the exception of Bainbridge Island that has only one zip code. Inpatient hospitalizations do not include emergency department visits nor do they include federal hospitals (Naval Hospital Bremerton, for example). The category "opioid related" includes unintentional poisonings with ICD-10 codes F11.0-11.9 and T40.0-40.6.

**INPATIENT HOSPITALIZATIONS, 2014-2015***

| | number | age-adjusted rate per 100,000 | population |
|---|---|---|---|
| North Kitsap | 165 | 210.4 | 95,374 |
| South Kitsap | 241 | 179.7 | 137,001 |
| Bremerton | 288 | 160.0 | 172,652 |
| Central Kitsap | 83 | 137.3 | 61,984 |
| Bainbridge Island | 48 | 121.1 | 46,750 |

*To handle the mid-year code conversion from International Classification of Disease (ICD) version 9 to version 10, the 2015 Hospitalization data is comprised of 2015 data for the first 9 months, and 2014 data for the last 3 months.




**DEATHS, 2014-2015**

| | number | age-adjusted rate per 100,000 |
|---|---|---|
| North Kitsap | 7 | 7.0 |
| South Kitsap | 10 | 6.6 |
| Bremerton | 11 | 5.9 |
| Central Kitsap | 1 | ** |
| Bainbridge Island | 1 | ** |

**Rates are not calculated when there are fewer than 5 cases.

**Sources:**

Map: http://www.unitedstateszipcodes.org/print_this_map.php

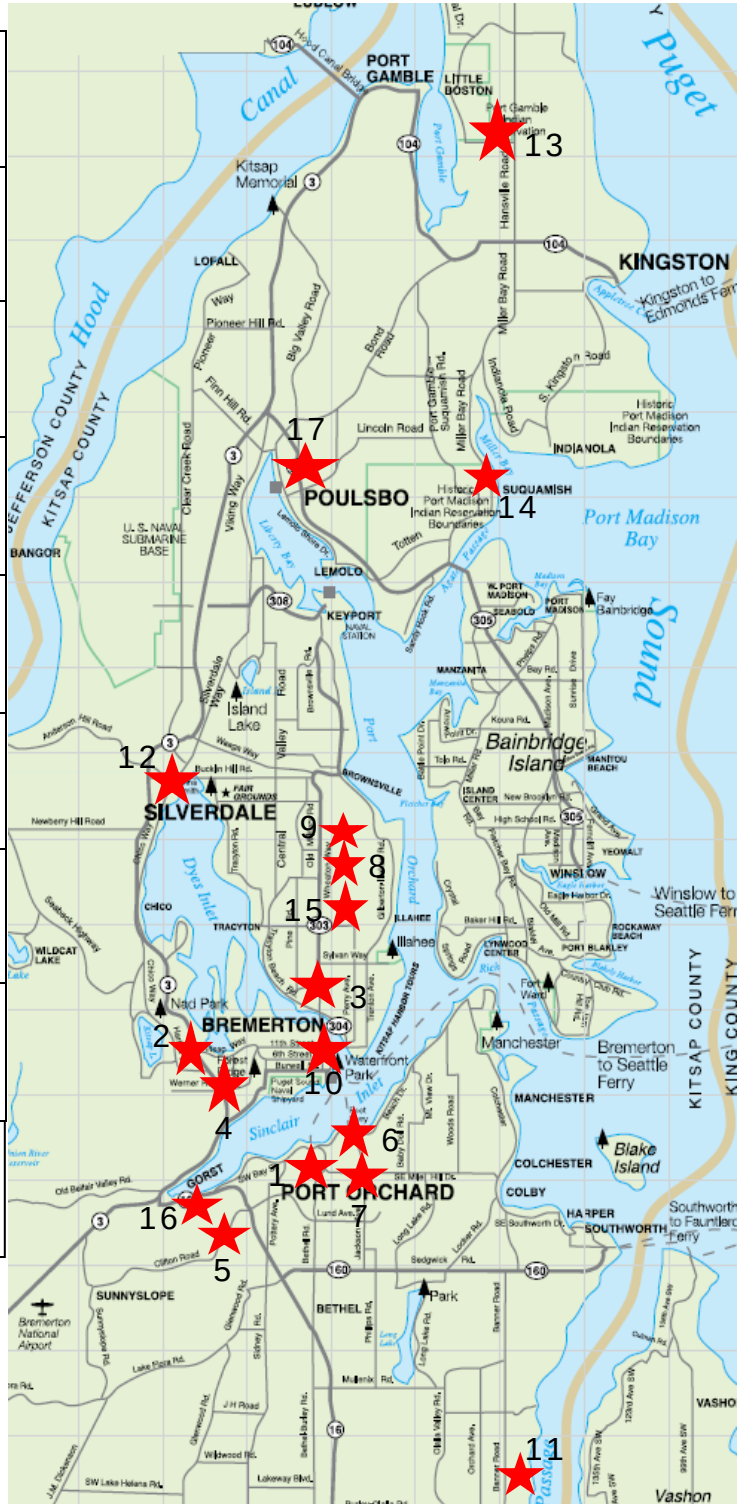
Hospitalizations: WA State Dept. of Health, Center for Health Statistics, Comprehensive Hospital Abstract Reporting System (CHARS), accessed in Community Health Assessment Tool.

Deaths: WA State Dept. of Health, Center for Health Statistics, Vital Statistics Database, accessed in Community Health Assessment Tool.

**Prepared by:**
Siri Kushner
Epidemiologist
Kitsap Public Health District
siri.kushner@kitsappublichealth.org
September 23, 2016

# Kitsap County Certified Alcohol/Drug Treatment Agencies 2016-Adult

| | | |
|---|---|---|
| 1 | **ACTION COUNSELING**<br>729 Prospect Street, Suite 200, Port Orchard<br>(360) 895-1307 Fax (360) 895-4805 | |
| 2 | **AGAPE UNLIMITED**<br>4841 Auto Center Way, Suite 101, Bremerton<br>(360) 373-1529 Fax (360) 373-4051 | |
| 3 | **CASCADIA ADDICTION TREATMENT**<br>2817 Wheaton Way, Suite 205, Bremerton<br>(360) 373-0155 Fax (360) 373-0258 | |
| 4 | ***DOC - BREMERTON FIELD OFFICE***<br>5002 Kitsap St., Bremerton<br>(360) 725-8628 Fax (360) 586-0039 | *DOC Offenders Only* |
| 5 | ***DOC - PENINSULA WORK RELEASE***<br>1340 Lloyd Park Way, Port Orchard<br>(360) 725-8602 Fax (360) 586-9060 | |
| 6 | ***DOC - PORT ORCHARD FIELD OFFICE***<br>1014 Bay Street, Suite 11, Port Orchard<br>(360) 876-7611 Fax (360) 876-2742 | |
| 7 | **HEALTHY WHOLE SOLUTIONS**<br>1014 Bay Street, Suite 24, Port Orchard<br>(360) 602-0022 Fax (360) 335-6432 | |
| 8 | **KITSAP MENTAL HEALTH SERVICES**<br>5455 Almira Drive NE, Bremerton<br>(360) 373-5031 Fax (360) 377-0458 | |
| 9 | **KITSAP RECOVERY CENTER**<br>1975 NE Fuson Rd, Bremerton<br>(360) 337-4625 Fax (360) 377-7027 | |
| 10 | **NAVY SUBSTANCE ABUSE REHAB**<br>Navy Hospital, One Boone Rd, Bremerton<br>(360) 475-5283 Fax (360) 475-5448 | |
| 11 | **OLALLA GUEST LODGE**<br>12850 Lala Cove Lane SE, Olalla<br>(253) 857-6201 Fax (360) 857-3993 | |
| 12 | **PATHWAYS FOR RECOVERY**<br>3100 Bucklin Hill Rd NW, Suite 246, Silverdale<br>(360) 516-6592 Fax (360) 516-6594 | |
| 13 | **PORT GAMBLE S'KLALLAM RECOVERY**<br>7550 Little Boston Rd NE, Port Gamble<br>(360) 297-6326 Fax (360) 297-9678 | |
| 14 | **SUQUAMISH TRIBE WELLNESS PROGRAM**<br>18490 Suquamish Way, Suite 107, Suquamish<br>(360) 394-8558 Fax (360) 598-1724 | |
| 15 | **THE RIGHT CHOICE COUNSELING**<br>1740 NE Riddell Rd, Suite 170, Bremerton<br>(360) 373-4077 Fax (360) 792-0362 | |
| 16 | **WEST SOUND TREATMENT CENTER**<br>1415 Lumsden Road, Port Orchard<br>(360) 876-9430 Fax (360) 876-0713 | |
| 17 | **WEST SOUND TREATMENT CENTER**<br>19351 8th Avenue NE, Suite 204, Poulsbo<br>(360) 598-3929 Fax (360) 598-4114 | |




This document created by Healthy Whole Solutions. For updates or changes, please fax changes to (360) 335-6432.

Updated August 2016

(360) 602-0022

# This is an official
# CDC HEALTH UPDATE

Distributed via the CDC Health Alert Network
August 25, 2016, 15:15 ET (3:15 PM ET)
CDCHAN-00395

## Influx of Fentanyl-laced Counterfeit Pills and Toxic Fentanyl-related Compounds Further Increases Risk of Fentanyl-related Overdose and Fatalities

***Summary***
On October 26, 2015, CDC issued HAN 384 (http://emergency.cdc.gov/han/han00384.asp) that alerted (1) public health departments, health care professionals, first responders, and medical examiners and coroners of the increase in fentanyl-related unintentional overdose fatalities in multiple states primarily driven by illicitly manufactured fentanyl (IMF) (i.e., non-pharmaceutical fentanyl); (2) provided recommendations for improving detection of fentanyl-related overdose outbreaks; and (3) encouraged states to expand access to naloxone and training for administering naloxone to reduce opioid overdose deaths.

The purpose of this HAN update is to alert public health departments, health care professionals, first responders, and medical examiners and coroners to new developments that have placed more people at risk for fentanyl-involved overdoses from IMF and may increase the risk of non-fatal and fatal overdose. These developments include the following: (1) a sharp increase in the availability of counterfeit pills containing varying amounts of fentanyl and fentanyl-related compounds (e.g., labeled as Oxycodone, Xanax, and Norco), (2) the potential for counterfeit pills containing fentanyl and fentanyl-related compounds to be broadly distributed across the United States which could impact states not previously impacted by IMF and persons using diverted prescription pills (i.e., licit drugs diverted for illicit purposes and involves the diversion of drugs from legal and medically necessary uses towards uses that are illegal and typically not medically authorized or necessary)[1], (3) the widening array of toxic fentanyl-related compounds being mixed with heroin or sold as heroin, including extremely toxic analogs such as carfentanil, and (4) continued increases in the supply and distribution of IMF (http://www.cdc.gov/drugoverdose/data/fentanyl-le-reports.html).

**Background**
In July 2016, the Drug Enforcement Administration (DEA) issued a nationwide report indicating that hundreds of thousands of counterfeit pills have been entering the U.S. drug market since 2014, some containing deadly amounts of fentanyl and fentanyl analogs [2]. Traditionally, fentanyl and fentanyl analogs in the illicit market have been mixed into heroin or sold as heroin, often without the knowledge of the consumer, and have primarily impacted areas where white powder heroin is prevalent, including the Northeast, Midwest, and Southeast regions of the United States. The influx of counterfeit pills, which closely resemble oxycodone [2,3], Xanax [3], and Norco [4,5], has increased the chance of fentanyl-involved overdoses among persons misusing prescription opioids or benzodiazepines who seek diverted medications on the illicit market [2], in addition to persons who inject, sniff, or snort drugs. Persons who misuse prescription pills are geographically widespread; thus, the potential risk for fentanyl overdose has spread beyond those regions previously known to be impacted by IMF, and could intensify the impact in regions already affected by IMF.

The supply, distribution, and potency of illicitly manufactured fentanyl and fentanyl-related compounds in the U.S. drug market is evolving. Carfentanil, an extremely potent fentanyl analog, has been detected in at least one state [6,7] and is currently being investigated as a possibility in a few other locations [8]. Designed in 1974, carfentanil was previously used exclusively for veterinary use with large animals and is not approved for use in humans, as it has been shown to be 100 times more potent than fentanyl in animal studies. Other fentanyl-related compounds have been reported by the DEA National Forensic Laboratory Information System (NFLIS), which systematically collects drug identification results from drug

cases submitted for analysis to forensic laboratories (referred to as drug submissions). From 2014 to 2015 the number of drug submissions testing positive for acetyl fentanyl increased substantially, rising from 463 in 2014 to 1,870 in 2015[9,10,11], and in 2016, NFLIS reported increasing drug submissions testing positive for furanyl fentanyl (244 drug submissions from January to July 2016) [9]. States should be vigilant about the possibility of highly toxic fentanyl-related compounds becoming available in the illicit drug market, as well as other highly toxic synthetic opioid derivatives, such as U47700 [2,12].

NFLIS has reported that the overall supply of illicitly manufactured fentanyl appears to have substantially increased from 2014 to 2015, with the number of drug submissions testing positive for illicitly manufactured fentanyl doubling during this period (from 5,343 to 13,882). The number of states reporting more than 100 fentanyl submissions also increased during this period from 11 to 15 (http://www.cdc.gov/drugoverdose/data/fentanyl-le-reports.html [9]). Recently, according to NFLIS and National Seizure System (NSS) reports, the amount of fentanyl seized in the United States has nearly doubled; from October 2014 to September 2015, federal, state, and local law enforcement agencies seized a total of 167.7 kilograms of fentanyl, and through June, 2016, they seized 363.8 kilograms of fentanyl [9].

**Recommendations**
CDC suggests the following actions in response to the increased risk of fentanyl overdose from IMF due to the influx of fentanyl-laced counterfeit pills, the widening array of highly toxic fentanyl-related compounds, and the continued expansion and geographic spread of the IMF supply:

**(1) Improve detection of fentanyl outbreaks to facilitate effective response.**

- *Public health departments*:
  - Explore methods for rapidly identifying drug overdose outbreaks through use of existing surveillance systems such as medical examiner data, emergency medical services data, near-real time emergency department data, and poison center data [13].
  - Consider engaging local poison centers to assist with treatment of patients (toll free phone number is 800- 222-1222).
  - Track and monitor geographic trends in fentanyl and heroin supply using DEA's National Forensic Laboratory Information System (NFLIS) reports (see NFLIS Report http://www.deadiversion.usdoj.gov/nflis/spec_rpt_opioids_2014.pdf). National Heroin Threat Assessment Summaries (see NHTA Summary https://www.dea.gov/divisions/hq/2016/hq062716_attach.pdf) and alerts on the DEA website [2] to inform prevention and response efforts.
  - Raise awareness among key partners and stakeholders to the widening profile of those at risk for fentanyl overdose, which increasingly includes persons misusing diverted prescribed oral pain and sedative medications [2].
  - Track decedent demographics and known risk factors (e.g., drug type, recent release from an institution, previous overdose) to inform prevention efforts [14].
  - Develop general public health messaging about fentanyl, including fentanyl-laced counterfeit pills and fentanyl-related compounds that emphasizes the toxicity and potential lethality of the drug versus its high "potency." The messaging should include warnings of the highly variable content of fentanyl present in illicit products, which further elevates risk of overdose [12,15].
- *Medical examiners and coroners*:
  - Screen for fentanyl in suspected opioid overdose cases in regions reporting increases in fentanyl seizures, fentanyl-related overdose fatalities, or unusually high spikes in heroin or unspecified drug overdose fatalities.
  - Screen specimens using an ELISA test that can detect fentanyl. Confirmatory gas chromatography mass spectrometry (GC-MS) of positive screens for fentanyl may either confirm the presence of fentanyl or suggest the presence of a fentanyl analog. [16]. When fentanyl screening is negative, or confirmatory testing is inconclusive, yet opioid or fentanyl overdose is highly suspected, consider specialized testing for fentanyl analogs, particularly if an increase in overdoses is occurring.

- *Law Enforcement:* Law enforcement plays an important role in identifying and responding to increases in the distribution and use of illicitly manufactured fentanyl.
  - Use extreme caution when handling suspected illicitly manufactured fentanyl, white powders, and unknown substances (see DEA warning https://www.dea.gov/divisions/hq/2016/hq061016.shtml). Use appropriate safety precautions and personal protective equipment (see NIOSH Emergency Response Card http://www.cdc.gov/niosh/ershdb/emergencyresponsecard_29750022.html)
  - Prioritize and expedite laboratory testing of drug samples taken from drug overdose scenes, if possible.
  - Share data on fentanyl and fentanyl analog drug seizures with local health departments, medical examiners, and coroners.
  - Carry a supply of naloxone so that it can be administered immediately to mitigate the effects of the overdose. (See Recommendation 2 below.)
- *Laboratories:* The following government forensic laboratories supporting law enforcement can provide assistance with reference materials or reference data on a case-by-case basis.
  - DEA Reference Materials Program- DEALabRefMaterials@usdoj.gov
  - DEA Emerging Trends Program- DEA.Emerging.Trends@usdoj.gov
  - Scientific Working Group for the Analysis of Seized Drugs - SWGDRUG.ORG

**(2) Expand Use of Naloxone and Treatment**

- *Health Care Providers:*
  - Multiple dosages of naloxone may need to be administered per overdose event, because of fentanyl's increased potency relative to other opioids. Orally-ingested counterfeit pills laced with fentanyl may require prolonged dosing of naloxone in the ED/hospital setting due to a delayed toxicity that has been reported in some cases [15].
  - Facilitate access to Medication-Assisted Treatment (MAT). MAT is a comprehensive approach to addressing the needs of persons with opioid use disorders that combines the use of medication with counseling and behavioral therapies. Providers should discuss treatment options with persons who have an opioid use disorder, and persons who have experienced an opioid-related overdose once they are stabilized.
- *Harm reduction organizations*:
  - Expand naloxone access to persons at risk for opioid-related overdose and to their friends and family members [17].
  - Train those using drugs how to effectively administer naloxone and emphasize the importance of calling 911 immediately after recognition of an overdose, because naloxone that is available in the field may be insufficient to reverse the overdose.

**For more information**

- CDC Health Advisory: Recommendations for Laboratory Testing for Acetyl Fentanyl and Patient Evaluation and Treatment for Overdose with Synthetic Opioid at http://emergency.cdc.gov/han/han00350.asp
- Canadian Centre on Substance Abuse Bulletin: Novel Synthetic Opioids in Counterfeit Pharmaceuticals and Other Illicit Street Drugs at (see CCENDU Bulletin http://www.ccsa.ca/Resource%20Library/CCSA-CCENDU-Novel-Synthetic-Opioids-Bulletin-2016-en.pdf).
- MMWR: Fentanyl Law Enforcement Submissions and Increases in Synthetic Opioid–Involved Overdose Deaths — 27 States, 2013–2014 http://www.cdc.gov/mmwr/volumes/65/wr/mm6533a2.htm?s_cid=mm6533a2_w
- MMWR: Increase in Fentanyl-Related Overdose Deaths — Ohio and Florida, 2010-2015 http://www.cdc.gov/mmwr/volumes/65/wr/mm6533a3.htm?s_cid=mm6533a3_w
- SAMHSA Opioid Overdose Toolkit at: http://store.samhsa.gov/shin/content/SMA13-4742/Overdose_Toolkit_2014_Jan.pdf

**References**


[1] "Drug Diversion in the Medicaid Program: State Strategies for Reducing Prescription Drug Diversion in Medicaid," Centers for Medicare & Medicaid Services (Baltimore, MD: January 2012), p.1, https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/MedicaidIntegrityProgram/downloads/drugdiversion.pdf

[2] Drug Enforcement Administration. Counterfeit pills fueling U.S. fentanyl and opioid crisis. July 22, 2016. https://www.dea.gov/divisions/hq/2016/hq072216.shtml

[3] Florida Department of Law Enforcement. Buyer beware – deadly super pill found in Central Florida. http://www.fdle.state.fl.us/cms/News/2016/April/Buyer-Beware-%E2%80%93-deadly-super-pill-found-in-Central.aspx

[4] Drug Overdose Health Alert. Counterfeit Norco containing fentanyl. http://www.dhhs.saccounty.net/PUB/Documents/AZ-Health-Info/ME-Fentanyl+Alert_20160401.pdf

[5] Vo KT, van Wijk XM, Lynch KL, Wu AH, Smollin CG. Counterfeit Norco poisoning outbreak — San Francisco Bay Area, California, March 25–April 5, 2016. MMWR Morb Mortal Wkly Rep 2016; 65:420–423. DOI: http://dx.doi.org/10.15585/mmwr.mm6516e1

[6] Ohio Hamilton County Heroin Coalition: heroin adulterant creating deadly combination. http://www.hamiltoncountyhealth.org/files/files/Press%20Releases/Carfentanil_7_15_2016.pdf

[7] Medical Examiner Public Health Warning Deadly Carfentanil Has Been Detected in Cuyahoga County [news release]; Cuyahoga County Medical Examiner; August 17, 2016.http://executive.cuyahogacounty.us/en-US/ME-Public-Health-Warning.aspx

[8]Unpublished data, based on communications with DEA; August, 2016

[9]National Forensic Laboratory Information System. Data query; accessed August 15, 2016.

[10] NFLIS Special Report. Opiates and related drugs reported in NFLIS, 2009-2014, Revised February 2016. https://www.nflis.deadiversion.usdoj.gov/DesktopModules/ReportDownloads/Reports/NFLIS-SR-Opioids-Rev.pdf

[11] NFLIS 2015 Midyear Report. https://www.nflis.deadiversion.usdoj.gov/DesktopModules/ReportDownloads/Reports/NFLIS_MidYear2015.pdf

[12] Canadian Center on Substance Abuse Bulletin. Novel synthetic opioids in Counterfeit pharmaceuticals and other illicit street drugs. June 2016. http://www.ccsa.ca/Resource%20Library/CCSA-CCENDU-Novel-Synthetic-Opioids-Bulletin-2016-en.pdf

[13] Jones TS, Krzywicki L, Maginnis J, et al. Nonpharmaceutical fentanyl-related deaths—multiple states, April 2005-March 2007. MMWR Morb Mortal Wkly Rep [serial online]. July 26, 2008; 57(29):793-796. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5729a1.htm.

[14] Levy B. Undetermined risk factors associated with drug overdose deaths, New Mexico. February 2014 (Epi-Aid 2012-022).

[15} Sutter ME, Gerona R, Davis MT, et al. Fatal fentanyl: one pill can kill. Acad Emerg Med. [Epub ahead of print June 20, 2016] http://onlinelibrary.wiley.com/doi/10.1111/acem.13034/abstract

[16] Centers for Disease Control and Prevention. Recommendations for laboratory testing for acetyl fentanyl and patient evaluation and treatment for overdose for synthetic opioids. HAN Health Advisory. June 20, 2013. https://stacks.cdc.gov/view/cdc/25259

[17] Jones CM, Logan J, Gladden RM, Bohm MK. Vital signs: demographic and substance use trends among heroin users — United States, 2002–2013. MMWR Morb Mortal Wkly Rep 2015; 64(26); 719-725. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a3.htm


*The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.*

**Categories of Health Alert Network messages:**

| | |
|---|---|
| **Health Alert** | Requires immediate action or attention; highest level of importance |
| **Health Advisory** | May not require immediate action; provides important information for a specific incident or situation |
| **Health Update** | Unlikely to require immediate action; provides updated information regarding an incident or situation |
| **HAN Info Service** | Does not require immediate action; provides general public health information |

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, epidemiologists, HAN coordinators, and clinician organizations##

**HEADQUARTERS NEWS**

June 10, 2016
Contact: DEA Public Affairs
(202) 307-7977

## DEA Warning to Police and Public: Fentanyl Exposure Kills

***Roll Call Video Advises Law Enforcement to Exercise Extreme Caution***

**JUN 10 (WASHINGTON)** - DEA has released a Roll Call video to all law enforcement nationwide about the dangers of improperly handling fentanyl and its deadly consequences. Acting Deputy Administrator Jack Riley and two local police detectives from New Jersey appear on the video to urge any law enforcement personnel who come in contact with fentanyl or fentanyl compounds to take the drugs directly to a lab. "Fentanyl can kill you," Riley said. "Fentanyl is being sold as heroin in virtually every corner of our country. It's produced clandestinely in Mexico, and (also) comes directly from China. It is 40 to 50 times stronger than street-level heroin. A very small amount ingested, or absorbed through your skin, can kill you."

Two Atlantic County, NJ detectives were recently exposed to a very small amount of fentanyl, and appeared on the video. Said one detective: "I thought that was it. I thought I was dying. It felt like my body was shutting down." Riley also admonished police to skip testing on the scene, and encouraged them to also remember potential harm to police canines during the course of duties. "Don't field test it in your car, or on the street, or take if back to the office. Transport it directly to a laboratory, where it can be safely handled and tested."The video can be accessed at: http://go.usa.gov/chBgh

**More on Fentanyl:** On March 18, 2015, DEA issued a nationwide alert on fentanyl as a threat to health and public safety.
Fentanyl is a dangerous, powerful Schedule II narcotic responsible for an epidemic of overdose deaths within the United States. During the last two years, the distribution of clandestinely manufactured fentanyl has been linked to an unprecedented outbreak of thousands of overdoses and deaths. The overdoses are occurring at an alarming rate and are the basis for this officer safety alert. Fentanyl, up to 50 times more potent than heroin, is extremely dangerous to law enforcement and anyone else who may come into contact with it. As a result, it represents an unusual hazard for law enforcement.

Fentanyl, a synthetic opiate painkiller, is being mixed with heroin to increase its potency, but dealers and buyers may not know exactly what they are selling or ingesting. Many users underestimate the potency of fentanyl. The dosage of fentanyl is a microgram, one millionth of a gram – similar to just a few granules of table salt. Fentanyl can be lethal and is deadly at very low doses. Fentanyl and its analogues come in several forms including powder, blotter paper, tablets, and spray.

**Risks to Law Enforcement** Fentanyl is not only dangerous for the drug's users, but for law enforcement, public health workers and first responders who could unknowingly come into contact with it in its different forms. Fentanyl can be absorbed through the skin or accidental inhalation of airborne powder can also occur. DEA is concerned about law enforcement coming in contact with fentanyl on the streets during the course of enforcement, such as a buy-walk, or buy-bust operation.

Just touching fentanyl or accidentally inhaling the substance during enforcement activity or field testing the substance can result in absorption through the skin and that is one of the biggest dangers with fentanyl. The onset of adverse health effects, such as disorientation, coughing, sedation, respiratory distress or cardiac arrest is very rapid and profound, usually occurring within minutes of exposure. Canine units are particularly at risk of immediate death from inhaling fentanyl. In August 2015, law enforcement officers in New Jersey doing a narcotics field test on a substance that later turned out to be a mix of heroin, cocaine and fentanyl, were exposed to the mixture and experienced dizziness, shortness of breath and respiratory problems. If inhaled, move to fresh air, if ingested, wash out mouth with water provided the person is conscious and seek immediate medical attention. Narcan (Naloxone), an overdose-reversing drug, is an antidote for opiate overdose and may be administered intravenously, intramuscularly, or subcutaneously. Immediately administering Narcan can reverse an accidental overdose of fentanyl exposure to officers. Continue to administer multiple doses of Narcan until the exposed person or overdose victim responds favorably.

**Field Testing / Safety Precautions** Law enforcement officers should be aware that fentanyl and its compounds resemble powered cocaine or heroin, however, should not be treated as such.

If at all possible do not take samples if fentanyl is suspected. Taking samples or opening a package could stir up the powder. If you must take a sample, use gloves (no bare skin contact) and a dust mask or air purifying respirator (APR) if handling a sample, or a self-contained breathing apparatus (SCBA) for a suspected lab.

If you have reason to believe an exhibit contains fentanyl, it is prudent to not field test it. Submit the material directly to the laboratory for analysis and clearly indicate on the submission paperwork that the item is suspected of containing fentanyl. This will alert laboratory personnel to take the necessary safety precautions during the handling, processing, analysis, and storage of the evidence. Officers should be aware that while unadulterated fentanyl may resemble cocaine or heroin powder, it can be mixed with other substances which can alter its appearance. As such, officers should be aware that fentanyl may be smuggled, transported, and/or used as part of a mixture.

Universal precautions must be applied when conducting field testing on drugs that are not suspected of containing fentanyl. Despite color and appearance, you can never be certain what you are testing. In general, field testing of drugs should be conducted as appropriate, in a well ventilated area according to commercial test kit instructions and training received. Sampling of evidence should be performed very carefully to avoid spillage and release of powder into the air. At a minimum, gloves should be worn and the use of masks is recommended. After conducting the test, hands should be washed with copious amounts of soap and water. Never attempt to identify a substance by taste or odor. Historically, this is not the first time fentanyl has posed such a threat to public health and safety. Between 2005 and 2007, over 1,000 U.S. deaths were attributed to fentanyl – many of which occurred in Chicago, Detroit, and Philadelphia.

The current outbreak involves not just fentanyl, but also fentanyl compounds. The current outbreak, resulting in thousands of deaths, is wider geographically and involves a wide array of individuals including new and experienced abusers.

In the last three years, DEA has seen a significant resurgence in fentanyl-related seizures. In addition, DEA has identified at least 15 other deadly, fentanyl-related compounds. Some fentanyl cases have been significant, particularly in the northeast and in California, including one 12 kilogram seizure. During May 2016, a traffic stop in the greater Atlanta, GA area resulted in the seizure of 40 kilograms of fentanyl – initially believed to be bricks of cocaine – wrapped into blocks hidden in buckets and immersed in a thick fluid. The fentanyl from these seizures originated from Mexican drug trafficking organizations.

Recent seizures of counterfeit or look-a-like hydrocodone or oxycodone tablets have occurred, wherein the tablets actually contain fentanyl. These fentanyl tablets are marked to mimic the authentic narcotic prescription medications and have led to multiple overdoses and deaths. According to DEA's National Forensic Lab Information System, 13,002 forensic exhibits of fentanyl were tested by labs nationwide in 2015, up 65 percent from the 2014 number of 7,864. The 2015 number is also about 8 times as many fentanyl exhibits than in 2006, when a single lab in Mexico caused a temporary spike in U.S. fentanyl availability. This is an unprecedented threat.

# 2016 DRAFT Kitsap County Interagency Opioid Working Plan

## INTRODUCTION

Washington State is currently experiencing an opioid abuse and overdose crisis involving prescription opioids and heroin. Approximately 600 individuals die each year from opioid overdose with an increasing proportion of those deaths involving heroin. 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] **In Kitsap County, in 2015, there were 29 opioid-related deaths, according to preliminary counts. Eight were associated with heroin.**

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. Several agency members of the Department of Health's Unintentional Poisoning Workgroup collaborated to develop a statewide working plan for opioid response.

The **WA State Interagency Opioid Working 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:

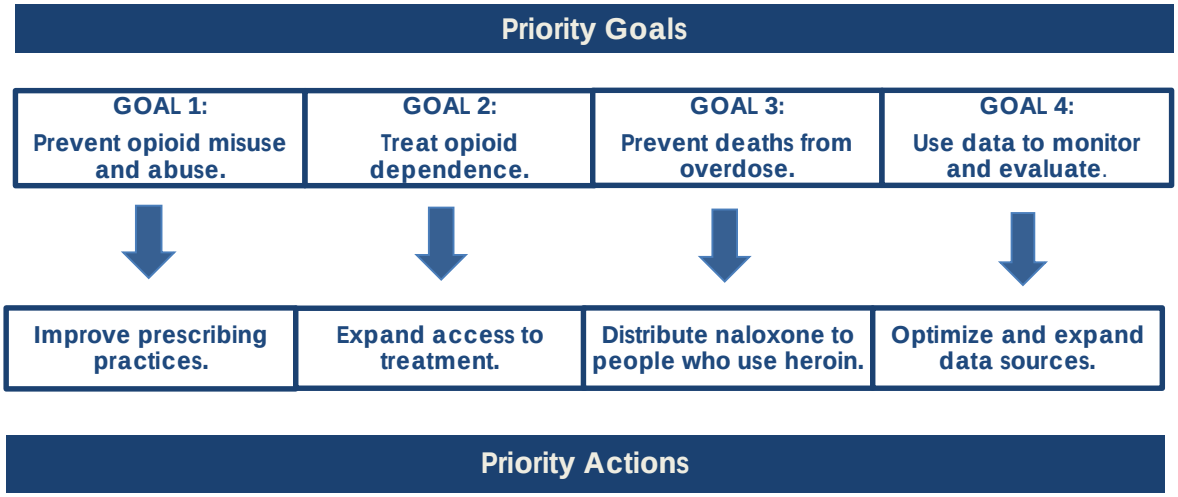
1. Prevent opioid misuse and abuse.
2. Treat opioid abuse and dependence.
3. Prevent deaths from overdose.
4. Use data to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.

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.
- 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.

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

- 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 forward implementation of these strategies including 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:

**State-level agencies:**

Department of Health (DOH)
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 (WPC)
Office of Superintendent of Public Instruction (OSPI)
WA State Patrol (WSP)
Northwest High Intensity Drug Trafficking Area (NWHIDTA)
Department of Corrections (DOC)
US Attorney General's Office (USAG)
Administrative Office of the Courts (AOC)
Prevention Enhancement Policy Consortium

**Professional associations:**

Agency Medical Directors' Group (AMDG)
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)
Dental Quality Assurance Commission (DQAC)
Medical Quality Assurance Commission (MQAC)
Nursing Care Quality Assurance Commission (NCQAC)
Board of Osteopathic Medicine and Surgery (BOMS)
Podiatric Medical Board (PMB)
Bree Collaborative (Bree)
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)

Four state level 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 *greesjr@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*

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

  Susan Kingston, UW Center for Opioid Safety Education *kingst1@uw.edu*

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

  Kathy Lofy, Department of Health *kathy.lofy@doh.wa.gov*

**Kitsap County Entities**

- **Kitsap Public Health District:**
  - **Susan Turner MD, Health Officer**
- **Kitsap County Department of Human Services:**
  - **Doug Washburn, Director**
  - **Gay Neal, Coordinator Mental Health, Chemical Dependency and Therapeutic Court Programs**
- **Salish Behavioral Health Organization:**
  - **Sam Agnew, Chemical Dependency Programs Manager**
- **Kitsap County Substance Abuse Prevention Services**
  - **Laura Hyde, Substance Abuse Prevention and Youth Coordinator**
- **Peninsula Community Health Services**
  - **Jennifer Kreidler-Moss, Chief Executive Officer**
- **Olympic Educational Service District 114**
  - **Michelle Dower, Student Services Center Program Manager**

    - **Alyson Rotter, Student Services Program Manager**
- **Kitsap Mental Health Services**
    - **Damian Uzueta, Crisis Triage Center Director**

*Last updated April 21, 2016*

**GOALS AND STRATEGIES (See Last Page for Color Key)**

| | | | |
|---|---|---|---|
| **GOAL 1: Prevent opioid misuse and abuse.** | | | |
| **STRATEGY 1: Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain.** | | **State** | **Kitsap** |
| Ongoing | Educate health care providers on revised Agency Medical Directors' Group *Interagency Guideline for Prescribing Opioids for Pain* and the *Washington Emergency Department Opioid Prescribing Guidelines* to ensure appropriate opioid prescribing | L&I (with Bree) | **TBD** |
| | 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 | **TBD** |
| NEW ACTION | Enhance medical, nursing, and physician assistant school curricula on pain management, PMP, and treatment of opioid use disorder. | *TBD* | ---------- |
| | Train, coach and offer consultation with providers on opioid prescribing and pain management (e.g., TelePain video conferencing and e-newsletters). | HCA | ---------- |
| | Partner with professional associations and teaching institutions to educate dentists, osteopaths, nurses, and podiatrists on current opioid prescribing guidelines. | *TBD* | ---------- |
| | Build enhancements in the electronic medical record systems to default to recommended dosages, pill counts, etc. | *TBD* | ---------- |
| | Require health plans contracted with the Health Care Authority to follow best practice guidelines on opioid prescribing. | HCA | ---------- |
| | Encourage licensing boards of authorized prescribers to mandate CEUs on opiate prescribing and pain management guidelines. | *TBD* | ---------- |
| | Advocate for reimbursement of non-opioid pain therapies. | *TBD* | ---------- |
| **STRATEGY 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, among opioid users.** | | **State** | **Kitsap** |
| Ongoing | 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). *www.stopoverdose.org/docs/Naloxone_PRO_brochure.pdf* and *www.doh.wa.gov/YouandYourFamily/PoisoningandDrugOverdose/TakeAsDirected/ForPainPatients.aspx* | *TBD* | **TBD** |
| | Provide targeted health education to opioid users and their social networks through print and web-based media. | COSE | **TBD** |
| | **Provide health education to clients of local syringe exchange programs** | ------ | **KPHD** |
| | Promote accurate and consistent messaging about opioid safety and addiction by public health, law enforcement, community coalitions and others. | COSE | **TBD** |
| | Promote national social marketing campaigns on prescription opiates | DBHR | **TBD** |

| | | | |
|---|---|---|---|
| NEW ACTIONS | 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. | *TBD* | ---------- |
| **STRATEGY 3: Prevent opioid misuse in communities, particularly among youth.** | | **State** | **Kitsap** |
| Ongoing | 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. **[Locally work with Kitsap County's three Substance Abuse Prevention Coalitions (South Kitsap, Bremerton, North Kitsap) and establish coalitions in Bainbridge and Central Kitsap]** (http://www.theathenaforum.org/sites/default/files/SPE%20Strategic%20Plan%20Update%20FINAL-%20v03%2028%2013%20printed.pdf) | DBHR | **KCDHS** |
| | Identify prevention funds from which mini grants can be awarded to organizations and coalitions to implement key actions of the State Opioid Response Plan. | DBHR | ---------- |
| **STRATEGY 4: Promote safe home storage and appropriate disposal of prescription pain medication to prevent misuse.** | | **State** | **Kitsap** |
| Ongoing | Educate patients and the public on the importance and ways to properly store and dispose of prescription pain medication | *TBD* | ***TBD*** |
| | Promote the use of home lock boxes to prevent unintended access to medication | *TBD* | ---------- |
| | **Educate recipients of KPHD parent-child health programs on the importance of properly storing and disposing of prescription medications** | -------- | **KPHD** |
| | **Promote drug take-back days and events (not on state plan)—may not be sustainable without additional funding** | ---------- | **KCSD** |
| NEW ACTION | Explore funding and regulatory enhancements to sustain and evaluate Drug Take Back programs | *TBD* | **TBD** |
| **STRATEGY 5: Decrease the supply of illegal opioids.** | | **State** | **Kitsap** |
| Ongoing | Partner with law enforcement to decrease illicit distribution of opioids. | DOH | ---------- |
| NEW ACTION | 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 | ---------- |
| | Educate law enforcement on the PMP and how it works. | DOH | ---------- |
| | Educate local law enforcement about how to handle 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 | ---------- |

| | | | |
|---|---|---|---|
| **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 (OUD), and link patients to appropriate treatment resources.** | | **State** | **Kitsap** |
| 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 OUD**.** | *TBD* | -------- |
| | Build skills of health care providers to have supportive patient conversations about problematic opioid use and treatment options. | *TBD* | -------- |
| | **Provide information to local healthcare providers about training on opioid use and prescribing practices** | ------ | **KPHD** |
| NEW ACTION | Strengthen addiction education in all health teaching institutions and residency programs. **[KPHD/H.O. to advocate with Harrison Family Medicine Residency]** | *TBD* | **TBD** |
| | Give pharmacists tools on where to refer patients who may be misusing prescription pain medication. | *TBD* | **TBD** |
| **STRATEGY 2: Expand access to and utilization of opioid use disorder medications in communities.** | | **State** | **Kitsap** |
| Ongoing | Identify policy gaps and barriers that limit availability and utilization of buprenorphine, methadone, and naltrexone and develop policy solutions to expand capacity. | HCA | **TBD** |
| | Provide technical assistance and resources to county health officers to advocate for expanded local access to OUD medications. | COSE | ------- |
| NEW ACTION | Build up structural supports (e.g., case management capacity) to support medical providers and staff to implement and sustain buprenorphine treatment. **[PCHS doing this within their clinics]**<br>• Consider use of "hub and spoke" and Center of Excellence models.<br>• Leverage funding and human resources for telemedicine support. | DBHR, UW, ADAI | **TBD** |
| | Increase the number of opioid treatment programs (existing or new) that offer methadone and/or buprenorphine. | DBHR | **TBD** |
| | **Increase the number of opioid treatment programs that offer medication assisted therapies for SUD** | ----- | **TBD** |
| | Encourage family medicine, internal medicine, OB/GYN residency programs to train residents on care standards/medications for OUD. **[Health Officer/KPHD to encourage Harrison Family Medicine Residency to provide this]** | *TBD* | **KPHD** |
| | Develop and pilot a model to stabilize individuals on buprenorphine while in residential substance use treatment. | DBHR, HCA | -------- |
| | Expand peer-based recovery support/coach programs within medication-assisted treatment programs. | DBHR | -------- |
| | Separate buprenorphine from existing daily reimbursement rate for opioid treatment program providers and create a differential reimbursement rate for buprenorphine. | DBHR, HCA | -------- |
| | Identify critical workforce gaps in the substance use treatment system and develop new initiatives to attract and retain skilled professionals in the field. | DBHR | **TBD** |

| | | | |
|---|---|---|---|
| **STRATEGY 3: Expand access to and utilization of opioid use disorder medications in the criminal justice system.** | | **State** | **Kitsap** |
| Ongoing | Train and provide technical assistance to criminal justice professionals to endorse and promote opioid agonist therapies for people under criminal sanctions. | *TBD* | **KCSC** |
| | **Provide MAT as an option for participants in the Adult Felony Drug Court** | ---- | **KCSC** |
| NEW ACTION | 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 | **TBD** |
| | Work with jails and prisons to initiate and/or maintain incarcerated persons on medications for opioid use disorder. | DBHR, HCA | -------- |
| | Incentivize state-funded drug and other therapeutic courts to provide access to a full range of medications for opioid use disorder. | DBHR | -------- |
| **STRATEGY 4: Increase capacity of syringe exchange programs (SEP) to effectively provide overdose prevention and engage clients in support services, including housing.** | | **State** | **Kitsap** |
| Ongoing | Regularly collect primary data to document current health needs of individuals who inject heroin. | COSE | **TBD** |
| | Frequently map SEP services and funding levels to determine critical gaps and unmet levels of need among people who inject drugs. | COSE | -------- |
| NEW ACTION | Identify and leverage diversified funding for SEPS to adequately provide supplies, case management, health engagement services, and comprehensive overdose prevention education. | DOH, DBHR | -------- |
| | 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 | -------- |
| **STRATEGY 5: Identify and treat opioid use disorder among pregnant and parenting women (PPW) and Neonatal Abstinence Syndrome (NAS) among newborns.** | | **State** | **Kitsap** |
| Ongoing | Improve ability of health care providers to effectively screen and identify PPW with opioid use disorder and refer for treatment. Disseminate the *Substance Use during Pregnancy: Guidelines for Screening and Management* best practice guide. | DOH | **TBD** |
| NEW ACTION | Add overdose education (including how and where to obtain naloxone) to care recommendations in the *Substance Use during Pregnancy: Guidelines for Screening and Management* best practice guide. | DOH | -------- |
| | 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. | DOH, WSHA | -------- |
| | Create a DBHR/WSHA partnership to provide SBIRT training to obstetric and primary care clinicians. | DBHR, WSHA | -------- |
| | 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 | -------- |
| | Educate pediatric and family medicine providers to recognize and appropriately refer newborns with NAS. | DOH | -------- |

| 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.** | | **State** | **Kitsap** |
| Ongoing | Provide technical assistance to opioid treatment programs to develop site-specific protocols to implement overdose education and naloxone access for clients. | COSE | -------- |
| | Provide technical assistance to criminal justice programs to implement overdose education for people under criminal sanctions (i.e., jail, prison, drug courts). | COSE | -------- |
| | Provide technical assistance to first responders/law enforcement on opioid overdose response training and naloxone programs. | | -------- |
| NEW ACTION | Mandate overdose education in all state-contracted detox, residential and outpatient treatment programs. | DBHR | -------- |
| | Assist emergency departments to develop and implement protocols on providing overdose education and take-home naloxone to individuals seen for opioid overdose. | COSE, ACEP | -------- |
| **STRATEGY 2: Make system-level improvements to increase availability and use of naloxone.** | | **State** | **Kitsap** |
| NEW ACTION | Establish standing orders in all counties to authorize community-based naloxone distribution and lay administration. | DOH | -------- |
| | Create a centralized naloxone procurement and distribution process at the state level. | DOH, DBHR | -------- |
| | Allocate SAMHSA block grant or other funding to scale up and sustain naloxone distribution at syringe exchange programs. | DOH, DBHR | -------- |
| | Substantially increase the number of naloxone doses paid for by Medicaid.--Ensure Medicaid contracts require naloxone with no prior authorization and promote Medicaid as a resource for naloxone | HCA | -------- |
| | Increase access to naloxone through pharmacies. Encourage pharmacies distributing naloxone to post signs regarding its availability. | WSPA, COSE | -------- |
| | Promote co-prescribing of naloxone for pain patients as best practice per Agency Medical Director Guidelines. Add prompts to PMP to encourage providers to prescribe naloxone to patients on high doses of opioids. | DOH, LNI | -------- |
| **STRATEGY 3: Promote awareness and understanding of WA State's Good Samaritan law.** | | **State** | **Kitsap** |
| Ongoing | Educate law enforcement, prosecutors and the public about the law. | COSE | -------- |
| NEW ACTION | Incorporate Good Samaritan law education into standard law enforcement academy curriculum. | WSP | -------- |

| | | | |
|---|---|---|---|
| **GOAL 4: Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.** | | | |
| **STRATEGY 1: Improve Prescription Monitoring Program (PMP) functionality to document and summarize patient and prescriber patterns to inform clinical decision-making.** | | **State** | **Kitsap** |
| NEW ACTION | Increase PMP reporting frequency from weekly to daily. | DOH | ------- |
| | Provide easy access to the PMP data for providers through electronic medical record systems. | DOH | ------- |
| | Reduce current policy and technical barriers to enable sharing of PMP data with border states. | DOH | ------- |
| | Provide MED calculations within the PMP for chronic opioid patients with automated program alerts for providers. | DOH | ------- |
| | Explore options to require health care systems to connect to the PMP through the statewide electronic health information exchange. | DOH | ------- |
| **STRATEGY 2: Utilize the PMP for public health surveillance and evaluation.** | | **State** | **Kitsap** |
| Ongoing | Link PMP data to overdose death and hospitalization data to determine relationships between prescribing, patient risk behavior, and overdoses. Disseminate results to individual counties. | DOH | ------- |
| | Develop and disseminate population-level PMP reports on buprenorphine prescribing practices. | UW ADAI *funding ended 09-15* | **KPHD** |
| **NEW ACTION** | Develop measures using PMP data to monitor prescribing trends and assess impact of interventions on prescribing practices. | DOH | ------- |
| | Explore options to aggregate and analyze PMP data by health plan/payer. | DOH | ------- |
| **STRATEGY 3: Continue and enhance efforts to monitor opioid use and opioid-related morbidity and mortality.** | | **State** | **Kitsap** |
| Ongoing | Monitor and publish data on opioid-related hospitalizations and deaths, treatment admissions and police evidence data. | UW ADAI | **KPHD** |
| | Publish Information Briefs to promote evidence-based policymaking and service planning. | UW ADAI | ------- |
| **NEW ACTION** | Develop a plan to use new data sources (e.g., statewide ER and EMS data) to support public health surveillance and impact assessment. | DOH | **TBD** |
| **STRATEGY 4: Monitor progress towards goals and strategies and evaluate the effectiveness of our interventions.** | | **State** | **Kitsap** |
| Ongoing | Evaluate policy interventions for effectiveness and impact (e.g., pain management rules, mandatory PMP registration). | *TBD* | **TBD** |
| **NEW ACTION** | Develop and track performance measures to determine whether goals and strategies of this plan are being achieved. | *TBD* | **TBD** |

## Color Key for Kitsap Plan:

**Bolded Red Font** denotes a Kitsap-only Activity (i.e. the activity is not listed in the state plan)

Blue fill denotes an activity most appropriate at the state level, and not at the local level, regardless of whether the activity is "Ongoing" or a "NEW ACTION"

Green fill denotes an activity that is "Ongoing"

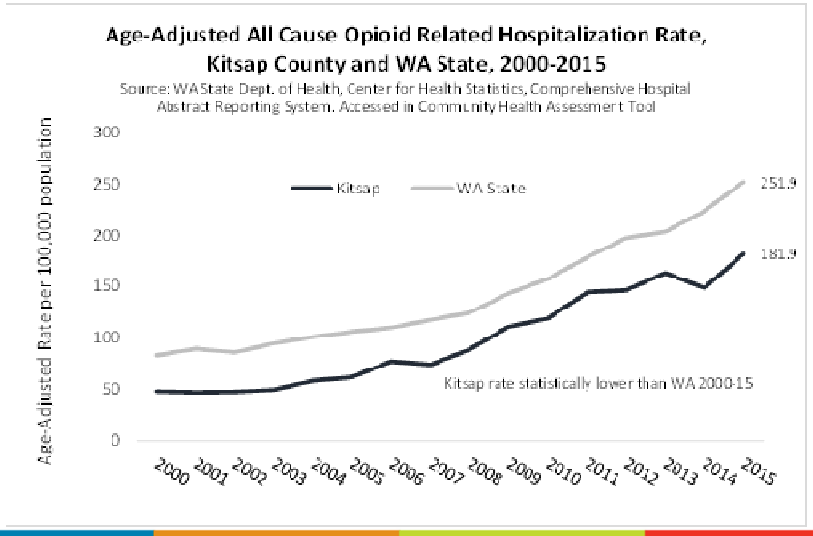
Rose fill denotes an activity that is a "NEW ACTION" in Kitsap

# New Health Risks Posed by Illicit Manufacture and Use of Fentanyl

Susan Turner MD, MPH, MS
Health Officer

KITSAP PUBLIC HEALTH DISTRICT

## Opiate-Related Hospitalizations




Comprehensive Hospital Abstract Reporting System

KITSAP PUBLIC HEALTH DISTRICT

# Substance Use Affecting Moms & Babies

Figure 1
Maternal Hospital Stays including Substance Use Dx
WA and U.S. Trend of Rates, 1990–2014

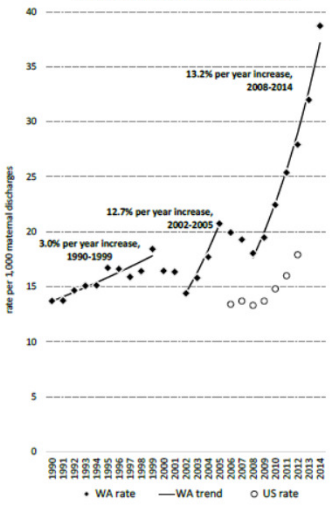
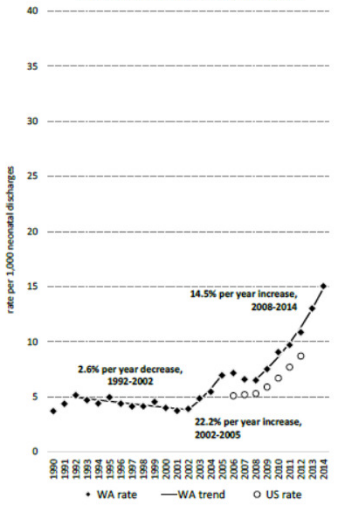


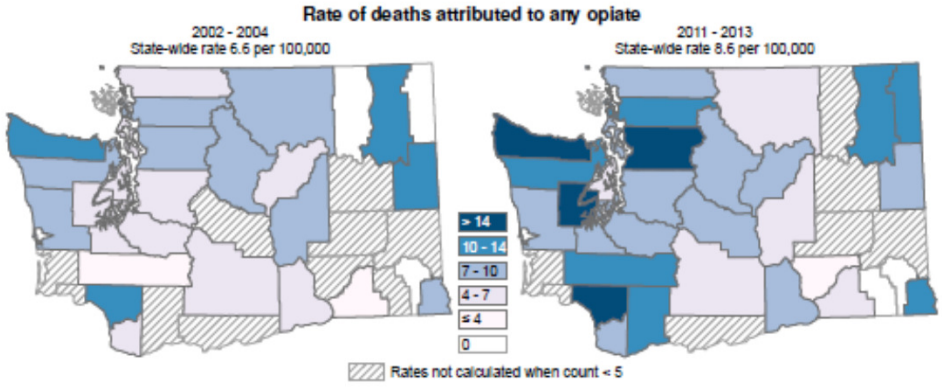

Figure 2
Newborn Hospital Stays including a Substance Use-Related Dx
WA and U.S. Trend of Rates, 1990–2014




The Office of Financial Management Health Care Research Center, February 2016

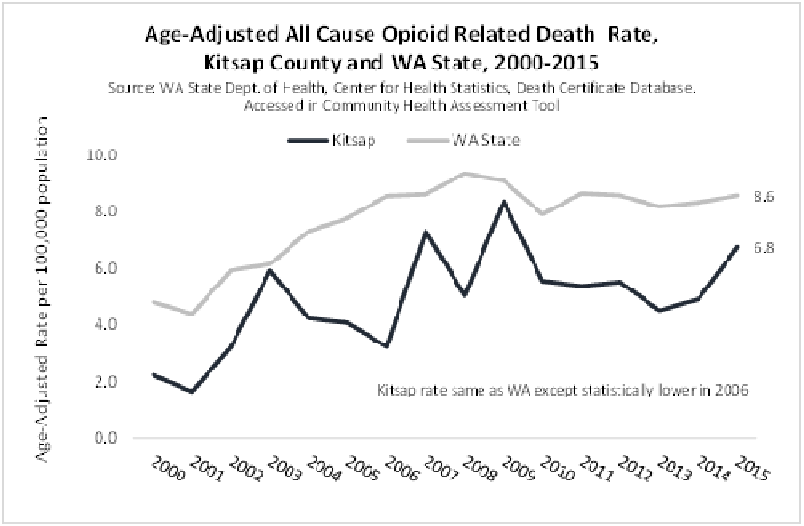
KITSAP PUBLIC HEALTH DISTRICT

# Washington Opioid Death Rates by County, Comparison 2002-2004 & 2011-2013




KITSAP PUBLIC HEALTH DISTRICT

# Opiate-Related Death Rate




Death Certificate Database

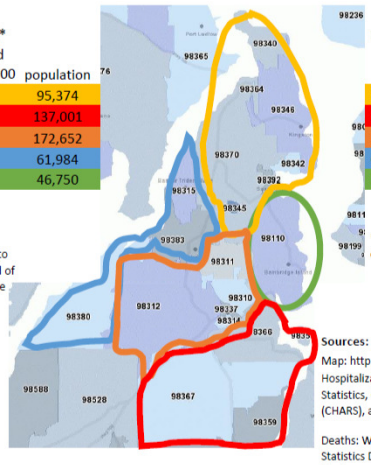
KITSAP PUBLIC HEALTH DISTRICT

# Kitsap Opioid Hospitalizations and Deaths 2014-15* by Zip and County Region

**INPATIENT HOSPITALIZATIONS, 2014-2015***

| | number | age-adjusted rate per 100,000 | population |
|---|---|---|---|
| North Kitsap | 165 | 210.4 | 95,374 |
| South Kitsap | 241 | 179.7 | 137,001 |
| Bremerton | 288 | 160.0 | 172,652 |
| Central Kitsap | 83 | 137.3 | 61,984 |
| Bainbridge Island | 48 | 121.1 | 46,750 |

*To handle the mid-year code conversion from International Classification of Disease (ICD) version 9 to version 10, the 2015 Hospitalization data is comprised of 2015 data for the first 9 months, and 2014 data for the last 3 months.




**DEATHS, 2014-2015**

| | number | age-adjusted rate per 100,000 |
|---|---|---|
| North Kitsap | 7 | 7.0 |
| South Kitsap | 10 | 6.6 |
| Bremerton | 11 | 5.9 |
| Central Kitsap | 1 | ** |
| Bainbridge Island | 1 | ** |

**Rates are not calculated when there are fewer than 5 cases.

**Prepared by:**
Siri Kushner
Epidemiologist
Kitsap Public Health District
siri.kushner@kitsappublichealth.org
September 23, 2016

**Sources:**
Map: http://www.unitedstateszipcodes.org/print_this_map.php
Hospitalizations: WA State Dept. of Health, Center for Health Statistics, Comprehensive Hospital Abstract Reporting System (CHARS), accessed in Community Health Assessment Tool.

Deaths: WA State Dept. of Health, Center for Health Statistics, Vital Statistics Database, accessed in Community Health Assessment Tool.

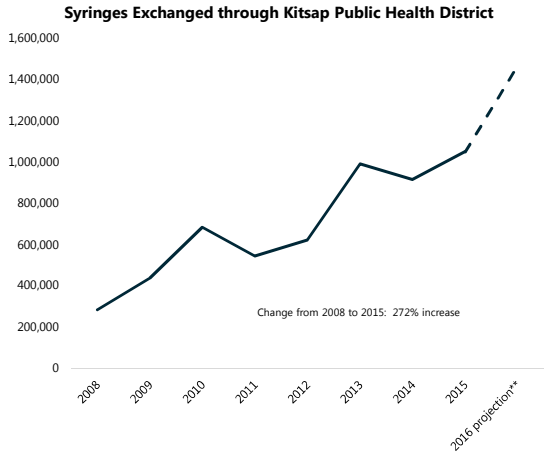
KITSAP PUBLIC HEALTH DISTRICT

# Syringes Exchanged in Kitsap

| | # of syringes exchanged | # of participants served* |
|---|---|---|
| 2008 | 282,039 | 4,546 |
| 2009 | 436,390 | 7,524 |
| 2010 | 682,462 | 9,975 |
| 2011 | 543,794 | |
| 2012 | 620,582 | |
| 2013 | 990,218 | 3,599 |
| 2014 | 914,265 | 3,294 |
| 2015 | 1,049,116 | 3,445 |
| 2016 projection** | 1,466,816 | |
| 2008-2015 % change | 272% | -24% |

**projection based on Jan-June actual 733,408

*duplicated count




KITSAP PUBLIC HEALTH DISTRICT

# Illicitly Manufactured Fentanyl (IMF)

- Increases in overdose fatalities in multiple states
- In March 2015, DEA issued a nationwide alert on fentanyl as a threat to health and public safety
- Snohomish County and Seattle law enforcement have encountered
- Kitsap law enforcement taking precautions
- Local illicit drug sellers claim local availability

KITSAP PUBLIC HEALTH DISTRICT


# Why is IMF Dangerous?

- Potency—50-100X heroin, 100X morphine
- Nanogram difference between "high" and overdose
- Toxic in small doses
- Exposure to skin or inhalation of powders
- Hidden in heroin or masquerading as Rx
- More difficult to reverse overdose
- Analogs even more toxic (e.g. carfentanil)
- Increasingly available in U.S., and potentially in Kitsap

2 milligrams of powder next to a penny.

KITSAP PUBLIC HEALTH DISTRICT

# Drug-related Deaths Involving Fentanyl: Coroner Data

**Opioid Overdose Deaths Occurring in Kitsap County***

Source: Kitsap County Coroner's Office

| Year | Total Overdose Deaths Involving At Least One Opioid | Fentanyl | % Fentanyl of Total | Multi-drug | % Multi-drug of Total |
|---|---|---|---|---|---|
| 2007 | 8 | 1 | 13% | 6 | 75% |
| 2008 | 12 | 0 | 0% | 7 | 58% |
| 2009 | 10 | 0 | 0% | 8 | 80% |
| 2010 | 2 | 0 | 0% | 1 | 50% |
| 2011 | 9 | 0 | 0% | 5 | 56% |
| 2012 | 7 | 0 | 0% | 4 | 57% |
| 2013 | 5 | 0 | 0% | 3 | 60% |
| 2014 | 12 | 1 | 8% | 8 | 67% |
| 2015 | 19 | 4 | 21% | 12 | 63% |

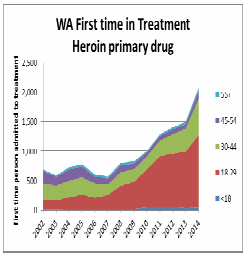
*Deaths that occured in Kitsap County; can be Kitsap residents or residents of other counties and/or states.

Table prepared by Kitsap Public Health District

September 26, 2016

KITSAP PUBLIC HEALTH DISTRICT

# Who is at risk?




- Those using heroin or any illicit street narcotic or benzodiazepine
  - Others in their environment
  - Babies in utero
- Law enforcement
- EMS/Fire
- ED personnel

KITSAP PUBLIC HEALTH DISTRICT

## CDC Health Update Recommendations: Improve Detection

- Public Health Departments:

  Explore methods for more rapidly detecting drug overdose outbreaks, including fentanyl
- Medical Examiners/Coroners:

  Screen for fentanyl in suspected opioid overdose cases in regions seeing increasing fentanyl confiscations or high spikes in overdose deaths
- Law Enforcement:

  Identify and respond to increases in the distribution and use of IMF

https://emergency.cdc.gov/han/han00395.asp

KITSAP PUBLIC HEALTH DISTRICT

## CDC Health Update Recommendations: Expand Use of Naloxone and Treatment

- Health Care Providers:

  Multiple dosages of naloxone may be needed per overdose event

- Harm Reduction Organizations:

  Conduct trainings on naloxone use to persons at risk for opioid-related overdose, and their friends and family

https://emergency.cdc.gov/han/han00395.asp

KITSAP PUBLIC HEALTH DISTRICT

## Kitsap Public Health Advisory on Fentanyl

- Health care professionals, EMT/Fire, law enforcement, coroner, behavioral health treatment providers
- Be aware of the presence of IMF in our community
- Use PPE when handling items from the scene, including victim's clothing
- Be aware that more than one dose of naloxone may be required

KITSAP PUBLIC HEALTH DISTRICT

## Health Advisory--What is Being Done?

- KPHD:
  - Exploring use of Essence ED Data for real time surveillance
  - Engaged with law enforcement and coroner to determine local level of risk
  - Raising level of awareness
  - Communicating federal recommendations to local healthcare providers
  - Champion for local implementation of state opiate response plan
- Ostrich Bay Needle Exchange
  - Makes naloxone kits available to clean syringe services clients

KITSAP PUBLIC HEALTH DISTRICT

## Health Advisory--What is Being Done?

- The Salish Behavioral Health Organization is increasing the availability of SUD treatment options, integrated with treatment of mental health disorders
- Peninsula Community Health Services has obtained certification for all physicians to provide Suboxone therapy
- Kitsap Mental Health Services Medical Director now certified to provide Suboxone
- Harrison Family Medicine Residency Director has increased Suboxone therapy cap to 100 slots, and additional faculty soon to be added
- Both tribes have physicians providing Suboxone therapy
- Group Health also provides

KITSAP PUBLIC HEALTH DISTRICT

## 2016 Washington State Interagency Opioid Working Plan

**Priority Goals**

| GOAL 1: Prevent opioid misuse and abuse. | GOAL 2: Treat opioid dependence. | GOAL 3: Prevent deaths from overdose. | GOAL 4: Use data to monitor and evaluate. |
|---|---|---|---|
| ↓ | ↓ | ↓ | ↓ |
| Improve prescribing practices. | Expand access to treatment. | Distribute naloxone to people who use heroin. | Optimize and expand data sources. |

**Priority Actions**

Washington State Interagency Working Opioid Response Plan, January 2016

KITSAP PUBLIC HEALTH DISTRICT

Questions, Thoughts, Discussion?

KITSAP PUBLIC HEALTH DISTRICT

KITSAP PUBLIC
HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-337-5235

# MEMO

**To:** Kitsap Public Health Board

**From:** John Kiess, Environmental Health Director

**Date:** September 27, 2016

**Re:** Onsite Sewage System Design, Construction, and Permitting

At the October 4, 2016, Kitsap Public Health Board meeting, I will explain the septic system permitting process and provide a brief overview of the septic system regulatory structure in Kitsap County. In Washington State, wastewater disposal rules and regulations are implemented and enforced through a multi-layered system addressing a broad range of wastewater disposal systems, from large, public utilities, to private, individual sewage systems. This presentation will focus on several key topic areas:

1. How septic systems are regulated in Kitsap County.
2. The Health District's Onsite Sewage Program services.
3. An overview of onsite sewage system permitting process.

This presentation is being provided at the request of the Board noted during the 2015 interest survey. Please feel free to contact me at any time regarding onsite sewage system issues. I can be reached at (360) 337-5290, or john.kiess@kitsappublichealth.org with any questions or comments.

# Onsite Sewage System Design/Construction/Permitting

**Presented by:**
**John Kiess**
**Environmental Health Director**

KITSAP PUBLIC HEALTH DISTRICT

## Onsite Sewage System Regulatory Overview

- Large Onsite Sewage System – 3,500 or greater gallons per day
  - Regulated by WA DOH
    WAC 246-272B
- Community OSS <3,500 gallons per day and all individual systems
  - Regulated by KPHD
    KPHB Ord. 2008A-01

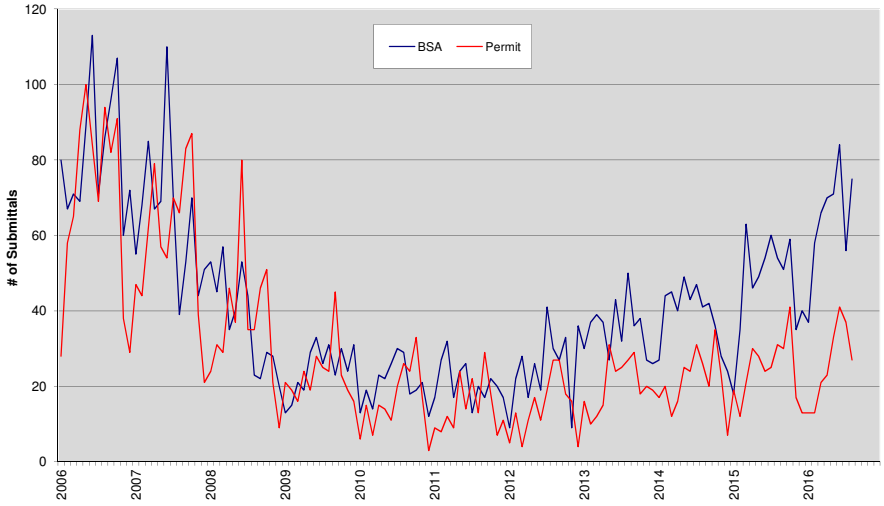
KITSAP PUBLIC HEALTH DISTRICT

## Health District Onsite Sewage Program Services

- Building permit review for an adequate wastewater disposal system
- New construction septic design review
- Septic system installation permits
- Replacement / Repair design and review
- Property Conveyance Inspection Reports
- Monitoring and Maintenance
- Certification for Installers, Maintenance Specialists, and Pumpers
- Complaint response (PIC Program)

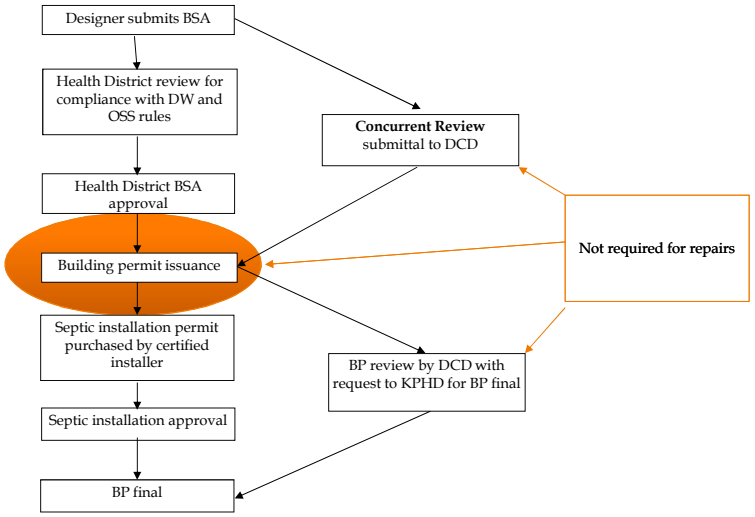
KITSAP PUBLIC HEALTH DISTRICT

## Onsite Sewage Program Workload



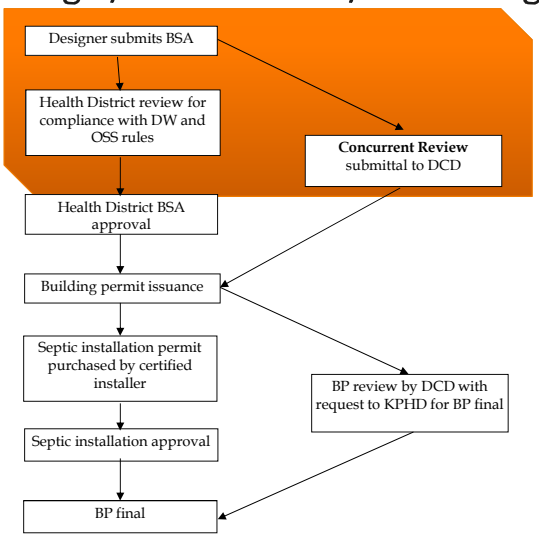

KITSAP PUBLIC HEALTH DISTRICT

## Septic Design / Construction / Permitting Process




KITSAP PUBLIC HEALTH DISTRICT

## Septic Design / Construction / Permitting Process

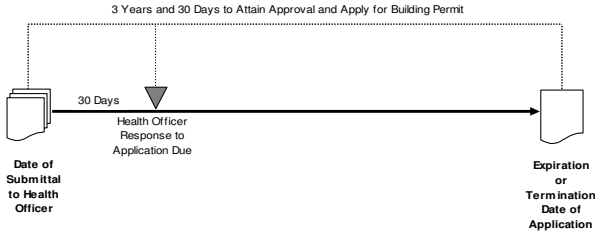



KITSAP PUBLIC HEALTH DISTRICT

# Septic Design / Construction / Permitting Process

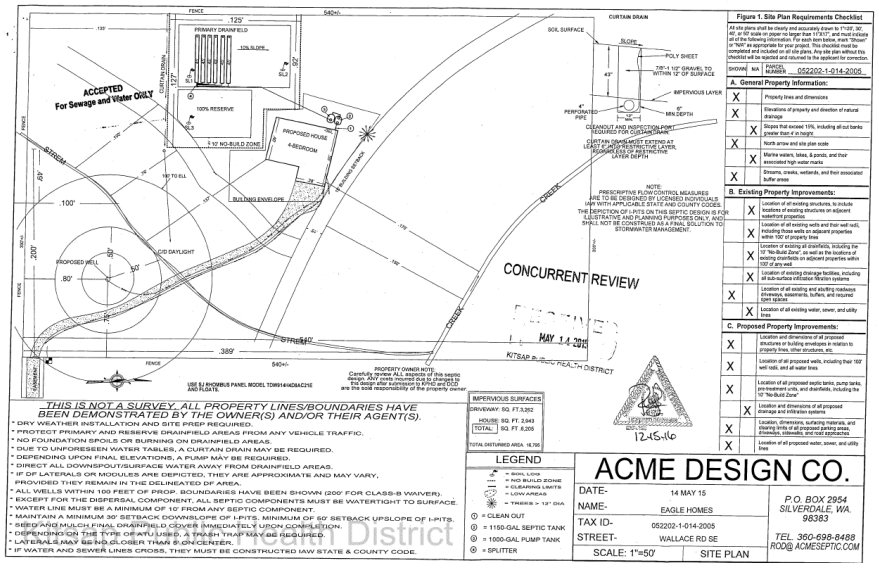
WA State Licensed Septic Designer submits a Building Site Application (DCD concurrent review can occur at this time)

**Timelines for Building Site Application Review & Validity**




Health District Review for compliance with DW and OSS codes (<u>must</u> provide response in 30 days, we average **14**)

KITSAP PUBLIC HEALTH DISTRICT




KITSAP PUBLIC HEALTH DISTRICT

KITSAP PUBLIC HEALTH DISTRICT

# Septic Design

**Minimum Treatment Performance Levels[1] and Method of Distribution**

| Vertical Separation (inches) | Soil Type 1 | 2 | 3 - 6 |
|---|---|---|---|
| 12 to < 18 | **A** - pressure with timed dosing | **B** - pressure with timed dosing | **B** - pressure with timed dosing |
| ≥ 18 to < 24 | **B** - pressure with timed dosing | **B** - pressure with timed dosing | **B** - pressure with timed dosing |
| ≥ 24 to > 36 | **B** - pressure with timed dosing | **C** - pressure with timed dosing | **E** - pressure with timed dosing |
| ≥ 36 to > 60 | **B** - pressure with timed dosing | **E** - pressure | **E** - gravity |
| ≥ 60 | **C** - pressure | **E** - gravity | **E** - gravity |

[1] The treatment performance levels correspond with those established under the product listing requirements in WAC 246-272A-0110, Table 3, and those treatment components approved for use by the Department.

KITSAP PUBLIC HEALTH DISTRICT

# Septic Design

- Standard gravity & pump-to-gravity
- Alternative (necessary when there are shallow soils, reduced setbacks to wells or surface waters, or poor soil permeability)
  - Sand-Based Treatment
  - Pressure Distribution
  - Aerobic Treatment Units
  - Drip Irrigation
  - Glendon® BioFilters

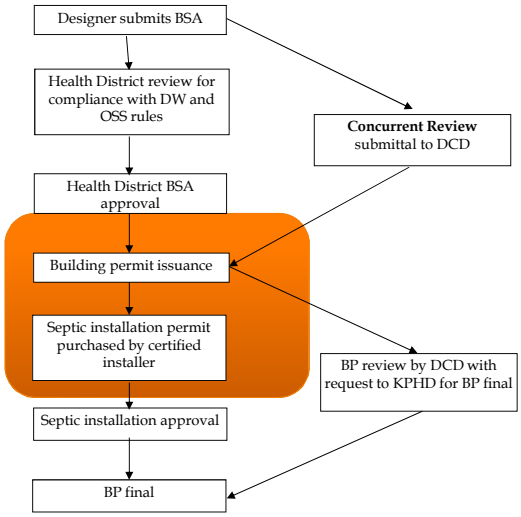
KITSAP PUBLIC HEALTH DISTRICT

## Septic Design / Construction / Permitting Process

BSAs are reviewed for both Drinking Water and Onsite Sewage

KITSAP PUBLIC HEALTH DISTRICT

## Septic Design / Construction / Permitting Process




KITSAP PUBLIC HEALTH DISTRICT

## Septic Installation and KPHD Review

- Permit purchased by KPHD Certified Installer
- Conformance with design and construction requirements
- Standard practices and methods
- Tanks / treatment vessels
- Piping
- Drainfield / Effluent Distribution System
- System installation oversight by the designer of record

KITSAP PUBLIC HEALTH DISTRICT

KITSAP PUBLIC HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-337-5235

**ONSITE SEWAGE PERMIT APPLICATION**
Onsite Sewage Disposal Systems

| Submittal Date | Memo Number | Review Fee | S.S.I. |
|---|---|---|---|
| | | | |

**BUILDING SITE ADDRESS**

Street Address: 345 6th Street
City: Bremerton
Tax Parcel Number:

**OWNER OR APPLICANT INFORMATION**

First Name: Kitsap | Last Name: Health | Contact Phone: 360-337-5290
Mailing Street Address: same
Mail City | Mail State | Mail Zip/Postal

**PERMIT INFORMATION**

Permit Type: [x] New [ ] Alteration/Repair Alt [ ] Repair [ ] Component [ ] Tank(s) Only [ ] Remediation [ ] Connection Only [ ] Curtain Drain
System Type: [ ] Standard [x] Alternative [ ] Holding Tank
Use Type: [x] Single Family [ ] Community [ ] Commercial
Other Details: KSA/SC Memo #: 320090
Building Permit #: 16-12345
Capacity: Number of Units: 1; Number of Bedrooms: 4; Daily Design Flow (GPD): 480

**RELEASE AND ACKNOWLEDGMENT**

**Designer/Engineer Release Section** *(Required for New, Alteration/Repair, Repair and Remediation Applications)*
I certify that the property site and soil conditions are conducive and suitable to install the onsite sewage system pursuant to the approved plan and Kitsap County Board of Health Ordinance 2008A-01.
Comments or Conditions:

Install in dry weather conditions only

| Designer/Engineer Name | Signature | Release Date | Contact Number |
|---|---|---|---|
| Joe Designer | | 12/12/1234 | 360-337-5290 |

**Installer Acknowledgment Section**
I agree to adhere and conform to the requirements of Kitsap County Board of Health Ordinance 2008A-01, follow and abide by the approved Building Site application or plan for the construction of this system, and / or any specified instructions from the Designer.
Comments:

| Name/Company | Signature | Date | Contact Number |
|---|---|---|---|
| Joe Installer | | 12/12/1234 | 360-337-5290 |

KITSAP PUBLIC HEALTH DISTRICT

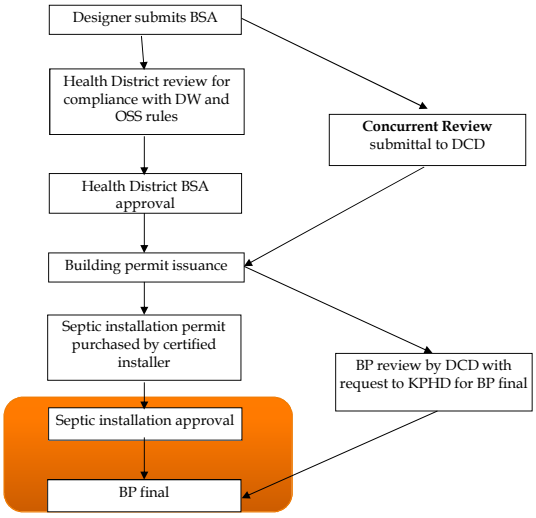
KITSAP PUBLIC HEALTH DISTRICT

KITSAP PUBLIC HEALTH DISTRICT

KITSAP PUBLIC HEALTH DISTRICT

KITSAP PUBLIC HEALTH DISTRICT

## Septic Design / Construction / Permitting Process

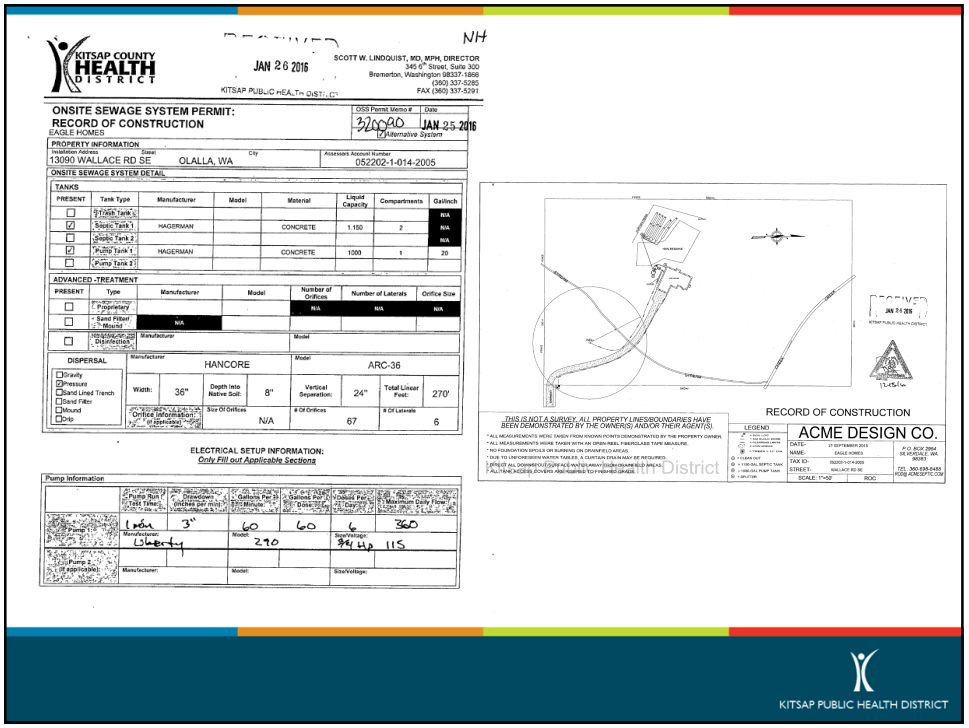



KITSAP PUBLIC HEALTH DISTRICT

# Septic Permit Approval

- Record of Construction from designer of record
- "As-Built" Drawing
- System operational settings
- Documents that become part of the Health District's permanent record for the property
- After permit approval, building permit final is okay with the Health District

KITSAP PUBLIC HEALTH DISTRICT



KITSAP COUNTY HEALTH DISTRICT

JAN 26 2016

KITSAP PUBLIC HEALTH DISTRICT

SCOTT W. LINDQUIST, MD, MPH, DIRECTOR
345 6th Street, Suite 300
Bremerton, Washington 98337-1866
(360) 337-5285
FAX (360) 337-5291

**ONSITE SEWAGE SYSTEM PERMIT:**
**RECORD OF CONSTRUCTION**
EAGLE HOMES

OSS Permit Memo #: 32080 | Date: JAN 25 2016 | ☑ Alternative System

**PROPERTY INFORMATION**

| Installation Address | City | Assessors Account Number |
|---|---|---|
| 13090 WALLACE RD SE | OLALLA, WA | 052202-1-014-2005 |

**ONSITE SEWAGE SYSTEM DETAIL**

**TANKS**

| PRESENT | Tank Type | Manufacturer | Model | Material | Liquid Capacity | Compartments | Gal/Inch |
|---|---|---|---|---|---|---|---|
| ☐ | Trash Tank 1 | | | | | | N/A |
| ☑ | Septic Tank 1 | HAGERMAN | | CONCRETE | 1,150 | 2 | N/A |
| ☐ | Septic Tank 2 | | | | | | N/A |
| ☑ | Pump Tank 1 | HAGERMAN | | CONCRETE | 1000 | 1 | 20 |
| ☐ | Pump Tank 2 | | | | | | |

**ADVANCED -TREATMENT**

| PRESENT | Type | Manufacturer | Model | Number of Orifices | Number of Laterals | Orifice Size |
|---|---|---|---|---|---|---|
| ☐ | Proprietary | | | N/A | N/A | N/A |
| ☐ | Sand Filter/ Mound | N/A | | | | |
| ☐ | Ultraviolet (UV) Disinfection | Manufacturer | | Model | | |

**DISPERSAL**

☐ Gravity
☑ Pressure
☐ Sand Lined Trench
☐ Sand Filter
☐ Mound
☐ Drip

| Manufacturer | HANCORE | Model | ARC-36 |
|---|---|---|---|
| Width: 36" | Depth into Native Soil: 8" | Vertical Separation: 24" | Total Linear Feet: 270' |
| Orifice Information: (if Pressure) | Size Of Orifices: N/A | # Of Orifices: 67 | # Of Laterals: 6 |

**ELECTRICAL SETUP INFORMATION:**
*Only Fill out Applicable Sections*

**Pump Information**

| | Pump Run Time (Min.) | Drawdown (Inches per min.) | Gallons Per Minute | Gallons Per Dose | Doses Per Day | Max. Daily Flow |
|---|---|---|---|---|---|---|
| Pump 1 | 3' | | 60 | 60 | 6 | 360 |
| Manufacturer: Liberty | | Model: 290 | | Style/Voltage: 3/4 HP 115 | | |
| Pump 2 (if applicable) | | | | | | |
| Manufacturer: | | Model: | | Style/Voltage: | | |



RECEIVED
JAN 11 2016
KITSAP PUBLIC HEALTH DISTRICT

THIS IS NOT A SURVEY. ALL PROPERTY LINES/BOUNDARIES HAVE BEEN DEMONSTRATED BY THE OWNER(S) AND/OR THEIR AGENT(S).

RECORD OF CONSTRUCTION

LEGEND

ACME DESIGN CO.
P.O. BOX 2964
SILVERDALE, WA 98383
721-555-6455
ACME@ACME.COM

DATE: 21 SEPTEMBER 2015
NAME: EAGLE HOMES
TAX ID: 052202-1-014-2005
STREET: WALLACE RD SE
SCALE: 1"=50'
ROC

Kitsap County Health District

KITSAP PUBLIC HEALTH DISTRICT

# Septic System Monitoring and Maintenance

- Tank pumping
- Maintenance inspection contracts with KPHD certified maintenance specialist for all alternative systems
- Maintenance inspection requirements for the service providers.

KITSAP PUBLIC HEALTH DISTRICT

KITSAP PUBLIC HEALTH DISTRICT

Mail To: EAGLE HOMES INC
7624 RAY NASH DR NW
GIG HARBOR, WA
98335

Use: Residential, Single Family (4 bdrm)
System Design Flow: 480
GENERAL SYSTEM TYPE: Pressure drainfield
Owner: EAGLE HOMES INC

ON ID: 1026145.0

Fold Here

**ON-SITE WASTEWATER TREATMENT SYSTEM INSPECTION REPORT**

*Inspected: 01/28/2016 - Inspection Type: STARTUP - Correction Status: No corrections needed*

| Company: | Work Performed By: | Submitted 02/11/2016 by: |
|---|---|---|
| Acme Septic Design and Maintenance | Rod Left | Alita DeLaCruz |

Fold Here

***COMMENTS & GENERAL INSPECTION NOTES***

***No Deficiencies Noted***

THE SYSTEM IS BRAND NEW AND FUNCTIONING AS DESIGNED. THE HONE IS CURRENTLY UNOCCUPIED.

***GENERAL SITE & SYSTEM CONDITIONS***

| The General Site and System Conditions were: | Fully Inspected |
|---|---|
| Components accessible for service: | YES |
| All required service performed (if no - specify omitted inspection items in notes): | YES |
| Surfacing effluent from any component (including mound seepage): | NO |
| Components appear to be watertight - no visual leaks: | YES |
| Improper encroachment (structures/impervious surfaces); cover; or settling problems observed: | NO |
| Structures connected to onsite sewage system occupied. If NO explain in comments: | NO |
| All riser lids securely fastened upon departure: | YES |
| Inspected components appear to be in good physical condition: | YES |

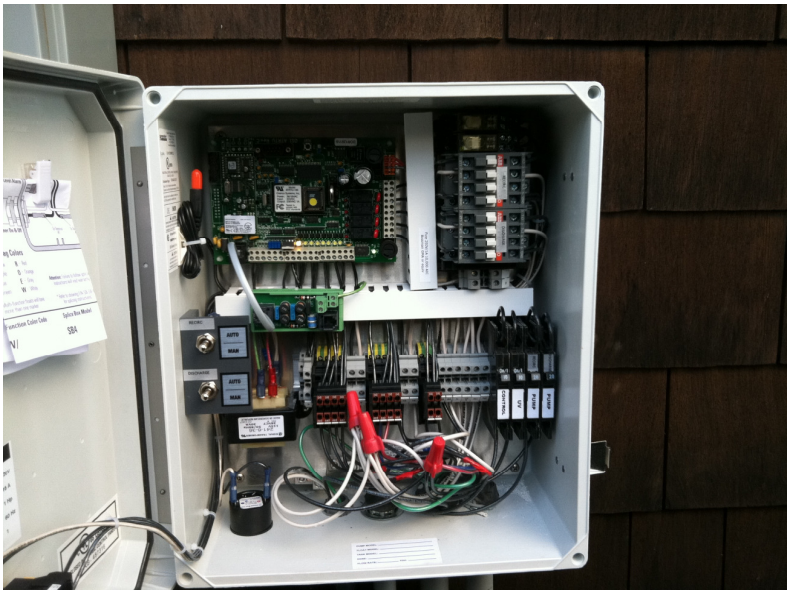
***ONSITE SEWAGE SYSTEM INSPECTION DETAIL***

***Panel: Control - T Pump***

Manufacturer: SJE Rhombus

| This component was: | Fully Inspected | |
|---|---|---|
| The panel has been setup to dose the system a maximum of _____ gpd): | 360 | |
| Panel functioning: | YES | |
| Alarm mechanism functioning as intended: | YES | |
| Pump 1: Arrival on minutes (override in parentheses - if present): | N/A | |
| Pump 1: Arrival off hours (override in parentheses - if present): | N/A | |
| Pump 1: Arrival gallons per dose (override in parentheses - if present): | N/A | |
| Pump 1: ETM hours (override in parentheses - if present): | 0000087 | |
| Pump 1: Cycle Count (override in parentheses - if present): | 999838 | |
| Pump 1: Timer setting adjustments were required (if yes indicate new timer settings below - state reason in comments): | YES | |
| Pump 1: New gallons per dose (override in parentheses - if present): | 60 | |
| Pump 1: New off hours (override in parentheses - if present): | 4 | |
| Pump 1: New on minutes (override in parentheses - if present): | 1 | |

KITSAP PUBLIC HEALTH DISTRICT



KITSAP PUBLIC HEALTH DISTRICT

# Septic System Information Initiatives

- Records updating project for our 58,000+ systems
- Online mapping system to provide septic system information to the public
- Septic Sense Workshops in conjunction with Clean Water Kitsap

KITSAP PUBLIC HEALTH DISTRICT