Snohomish Health District
Board of Health Minutes
Regular Meeting
July 12, 2016

Meeting was held at Snohomish Health District, 3020 Rucker Ave., first floor Auditorium

Members Present
Mark Bond, Councilmember, Mill Creek
Christine Cook, Councilmember, Mukilteo
Adrienne Fraley-Monillas, Councilmember, Edmonds – BOH Vice Chair
Benjamin Goodwin, Councilmember, Lynnwood
Kurt Hilt, Councilmember, Lake Stevens
Ken Klein, County Councilmember
Scott Murphy, Councilmember, Everett
Dan Rankin, Mayor, Darrington
Jeff Rasmussen, Councilmember, Monroe
Brian Sullivan, County Councilmember – BOH Chair
Donna Wright, Councilmember, Marysville

Members Absent
Hans Dunshee, County Councilmember
Seaun Richards, Councilmember, Mountlake Terrace
Terry Ryan, County Councilmember
Stephanie Wright, County Councilmember

Call to Order

The July meeting of the Board of Health was called to order at 3:03 p.m. by Board Chair Brian Sullivan in the auditorium of the Snohomish Health District Rucker Building. Roll call was taken by Linda Carl who reported there was a quorum present.

Minutes

It was moved by Vice Chair Adrienne Fraley-Monillas and seconded by Mr. Dan Rankin to approve the minutes of the regular meeting held June 14, 2016. The motion passed unanimously.

Consent Agenda

It was moved by Mr. Ken Klein and seconded by Ms. Fraley-Monillas to approve Resolution 16-011 authorizing June 2016 public health expenditures and voucher check numbers 62544 through 62681 totaling $1,240,864.63. The motion passed unanimously.

Public Comment

There were no volunteers to speak during public comment. Chair Sullivan closed the public comment period.

Committee and Standing Reports

There were no presentations or questions from the Board regarding the Finance Report and Strategic Plan second-quarter update.

Oral Report

Mr. Jeff Ketchel, Environmental Health Director, gave a brief report on the Environmental Health division. EH launched EnvisionConnect last month, which is a new data-management system, as well as the time-accounting system. This week they started using the system in the field for restaurant inspections. In the next few month they'll launch EnvisionConnect online, which will allow customers to purchase their permits online using a credit card by creating a user account.

Mr. Ketchel serves on a statewide work group that's addressing the Governor's initiative regarding lead issues. School rules were passed by the legislature in 1972; new school rules were passed by the State Board of Health in 2009. However, the legislature has not enacted the new school rules. Standards for lead testing in water are included in the new school rules, but not in those passed in 1972. The Governor has directed the State Board of Health to look into the issue.

Septic inspections have increased to the 2006 levels, creating about a four-week wait on new applications. New hires are being trained to help with the backlog.

Since December, EH has investigated a number of illnesses in a school in Monroe and are currently up to 113 illness complaints. The issues include indoor air quality, housekeeping, and poor maintenance, as well as the presence of PCBs. They're working with the EPA, the State Department of Health, the University of Washington, and the school district. There is a work plan in place with an August 31 deadline; Health District staff visit the site every two weeks.

This is a busy time for EH food program staff, including inspections of temporary food booths at festivals. Normally the District responds to 1,400 permits per year; as of last weekend, we have responded to 836. They're also investigating a salmonella outbreak at a wedding reception where they used an unlicensed caterer from Pierce County. The EH food program and staff in our Communicable Disease division are working with the State Department of Health and Pierce County.

Mr. Goodwin asked if the funding to address the Monroe school issue was coming from the school district. Mr. Ketchel responded that we charge a nominal fee for regular inspections, but it doesn't cover the entire cost.

Action Items

Secure Medicine Return Ordinance Fee Schedule (SR 16-045)

Mr. Ketchel noted that last month the Board approved the new pharmaceutical stewardship ordinance and we're moving forward with implementation. Andrea Pellham, Environmental Health Specialist, has been selected as project manager. The ordinance will take effect in July. In December, the first fees will be collected. The District will have an oversight/enforcement role.

There are two main fees. The first is the initial plan review (which will be in December) when the stewardship organization submits their plan on how they want to collect medicines. That fee is proposed at $15,621. If it runs over 200 hours (for instance, should the plan not be compliant or adequate), then the fee will be $176 per hour. The annual fee will be $18,745, which will cover all the operations for the organization. Mr. Ketchel noted that in King County there's only one stewardship organization in operation.

There are also other miscellaneous fees should there be a change in plans, an alternative disposal method requested, etc.

Mr. Ken Klein asked for clarification regarding the Health District's cost and revenue for the program. Mr. Ketchel responded that the plan review fees will be collected in December and the annual fees will be revenue in 2017. The fees will help fund the .3 FTE, but until December, the .3 FTE will be funded by the Health District. The annual cost of the program to the stewardship organization is estimated at $570,000. All fees collected will remain at the District.

Chair Sullivan asked if we looked at other counties when setting the fee structure. Mr. Ketchel responded that our program was modeled after King County's and we looked only at their fee structure.

It was moved by Mr. Kurt Hilt and seconded by Mr. Scott Murphy to approve the proposed fee schedule for the Snohomish County Secure Medicine Return program adopted by Ord. No. 16-001. The motion passed unanimously.

Chair's Report

There was no Chair's report.

Health Officer Report (SR 16-043)

Dr. Goldbaum noted that his written reports included in the packets are usually prepared several weeks prior to the Board meeting and therefore may need updating. He noted that the Health District's community health profile reports will be released soon; these reports looked at social determinants of health in 11 areas of the county. Board members should have received copies specific to their cities/area. All the reports will be available on the Health District's website as well. Board members were also given a handout summarizing all 11 reporting areas.

There have now been two cases of the Zika virus in the county, both of which were contracted elsewhere. Zika is transmitted by mosquitoes that are not resident in our county. When the Health District receives a report of infection, we make sure the health care provider knows to counsel their patient about the risks of sexual transmission and vertical transmission (from a mother to an unborn child). Most infections are asymptomatic; however, it can still be a severe infection to some individuals. One death has been

reported in the U.S., which was in Utah and was a 70-year-old man with other health issues. The Zika issue is both a global and local issue.

The Everett Herald published an editorial that Dr. Goldbaum drafted regarding gun violence and suicide. He emphasized in the editorial the need for Congress to rescind its prohibition on research into gun violence, which would help us understand the causes and then look for the most effective strategies to help reduce gun violence. Most deaths from firearms are suicide, which is a reminder that we need to invest in the resources needed to support our mental health system.

Dr. Goldbaum participated in the secured firearms event over the weekend at Cabela's. About 400 lock boxes, 50 trigger locks, and 1,000 cable locks were given away. This event demonstrated how important it is to protect families.

Ms. Christine Cook complimented Dr. Goldbaum on his editorial and added that she thought the editorial helps us to understand guns as a public health issue.

Work Session – A Closer Look at the Heroin/Opioid Epidemic in Snohomish County (SR 16-044)

Heather Thomas, Communications and Public Affairs Officer, introduced two guest speakers: Dr. Caleb Banta-Green, University of Washington Sr. Scientist with the Alcohol and Drug Abuse Institute, who will address the evolution of heroin and its physiological impacts; and Cammy Hart-Anderson, Snohomish County Human Services Division Manager for Alcohol & Other Drugs, Mental Health, and Veterans Services, will discuss Human Service's role in treatment as well as education and awareness. Ms. Thomas will then give an overview of the continued role of public health, followed by questions from the Board.

The goal of today's work session is to get the Board's thoughts on what public health should continue doing in the future, which will help inform the 2017 budget process.

Dr. Banta-Green gave his background and experience on the topic of heroin and opioid addiction. He noted he has no conflict of interest and doesn't accept money from pharmaceutical companies. He began by saying addiction is frustrating to everyone involved, included the person who's addicted, family members, police, and doctors.

He gave an explanation of how individuals go from taking pain pills to heroin addiction. About one in five adults is prescribed an opiate, and about one in ten adolescents. Half of adults take a prescription medication of any kind. It's important to not take more into your home than you'll actually need, and to start with a small prescription first. Medications should then be secured when in the home and disposed of as soon as they're not needed.

Most people who take opiates feel nauseated and tired; however, some feel "normal" or energized. To some, opiates offer an escape from physical and emotional pain. Dr. Banta-Green noted that there are also different norms about how families view medications and the messages parents send to children. Settings also make a difference – for instance, taking medication at home vs. using drugs at a party. Also, the more traumatic events a child has gone through, the greater his or her predisposition to addiction. About half of liking an opiate is genetically determined; it's a physiological response.

Repeated use of opiates leads to tolerance, which leads to needing more to get the same effect. Stopping will lead to withdrawal, which brings on flu-like symptoms, making the person feels terrible. In order to avoid this feeling, they keep using.

Opiate dependence changes the brain; this happens to anyone who takes them. Many addicts will then need treatment to stop because they've changed the opiate receptors in their brain. Addiction is technically called "opioid use disorder" and makes the user biologically dependent and psychologically compulsive. It interferes with important life activities and relationships; everything in their life is reprioritized, with the opiates at the top. They then start looking for other ways to get the shorter, more intense high and usually start snorting, smoking, and/or injecting to get the same euphoria.

Dr. Banta-Green noted that oxycodone and morphine (heroin metabolite) are biologically the same to the brain, but heroin is far cheaper and easier to get. So addicts will move from pharmaceutical opiates to heroin.

The goal of addiction treatment is to provide tools to help manage their addiction (addiction cannot be cured) and then facilitate a continuing care model because addiction is chronic. Treatment should adapt to the patient as their circumstances change.

Opioids change the endorphin system in the body, which impacts people for the rest of their lives. Because of this, opiates are different from alcohol and marijuana addiction and therefore require a different form of treatment. Most people with opioid addiction will be on medication long-term.

Medications for treatment include methadone, buprenorphine (including Suboxone), and Vivitrol. (More information can be found at www.drugabuse.gov.) A person can be on these medications and still be in recovery. Addiction is biological, social, and psychological; if a person is still physically dependent but is no longer socially and psychologically affected (they're no longer out of control), then they're stabilized.

Online overdose education can be found at www.stopoverdose.org.

Mr. Kurt Hilt asked if the EPA should relax regulations around Suboxone. Mr. Banta-Green responded that he agrees they should relax the regulations but he doesn't believe they will anytime soon due to federal regulations regarding addiction treatment. There are some organizations lobbying for this change. Suboxone can be used for both overdose prevention and treatment.

Mr. Klein noted that some doctors don't like having these types of patients, and Medicaid doesn't adequately reimburse physicians. Dr. Banta-Green responded that UW Family Medicine trains physicians, but for many reasons, including those Mr. Klein noted, few end up actually prescribing. He added that Suboxone can cause an overdose if combined with alcohol, Valium, or other sedating medications. There is street value to buprenorphine as well; addicts buy it because they can't get access to treatment, so they use it to get high, self-detox, or to prevent withdrawal.

Chair Sullivan asked if there's a political will to get buprenorphine produced and prescribed the way pharmaceutical companies may push other brand-name drugs to be prescribed in larger amounts. Dr. Banta-Green responded that yes, there are pharmaceutical reps trying to push Suboxone, and there are

some generic drugs, which right now aren't much cheaper. Suboxone is about $12 per day, but extremely cost-effective when compared to the societal costs of drug addiction.

Dr. Goldbaum asked if diabetic individuals should be denied medication simply because they're not eating properly or getting enough physical activity. Addiction is a disease, just like diabetes, and there's a physiological issue that must be addressed. We can't think of addiction as just a choice, just like we can't think of diabetes as just a choice.

Dr. Goldbaum highlighted recent national trends, including the fact that from 2002 to 2013, heroin-related overdose deaths nearly quadrupled, heroin use in 18- to 25-year olds and females of all ages doubled, and heroin use in non-Hispanic white men more than doubled. He noted the annual rate of opioid pain-reliever prescriptions dispensed by retail pharmacies in Washington is about 80 per 100 population, which is the equivalent of about every adult receiving a prescription each year. The death rate per 100,000 is about 13 to 15 each year. In Snohomish County, the death rate is greater than 15; the national is about 12 to 14.

Deaths (due to heroin and prescription opioid overdoses) in Washington per year is around 650 to 700. He noted that in the last decade there was a rise in prescription opioid deaths, which then tapered off starting in 2008. This was due partly to an unintended consequence of the effort to reduce the addictions due to prescription opioids. The pharmaceutical industry reformulated some of those products to be extended release so they were less appealing. Users, however, were still addicted and substituted heroin, which increased use and death rates due to heroin overdoses. Heroin is cheaper and widely available, making it the new drug of choice. There still remains a lot of prescription overdoses as well.

Mr. Mark Bond asked, since we've improved our ability to prevent overdoses thanks to first-responders use of naloxone, if the potential death rate would actually be much higher. Dr. Goldbaum said it's likely, but we haven't yet captured that data. Addictions will persist, but deaths hopefully will decline.

Snohomish County represents one-tenth of the state's population, but we have a disproportionately high rate of heroin-related deaths, which is one in five. Two out of three deaths in 2013 were men, mostly 18- to 29-year olds. The trend is that younger individuals are using heroin. From our Healthy Youth Survey we found that one in four tenth-graders say that drugs are wrong; among twelfth-graders, one in 17 have tried heroin (higher than the state average); and one in 20 eighth-graders reported that they're currently using prescription drugs not prescribed to them. All schools across the county participated in the Healthy Youth Survey; the survey is anonymous and voluntary (students can opt out).

Mr. Klein asked why from 1995 to 1997 the data shows no overdose deaths from prescription opioids in our county. Dr. Goldbaum responded that our ability to distinguish between heroin and prescription opioid deaths has improved greatly more recently; at that time we didn't have the tools to discriminate. Dr. Banta-Green added that in 1996 the State Medical Board determined we were under-prescribing opiates for pain and we needed to increase opiate prescriptions for pain. In more recent years, as prescribing has come down, the numbers in the Healthy Youth Surveys (gathered from high school sophomores) have also come down. Decreased misuse among adolescents is a positive intended consequence of a reduction in opiate prescribing. Individuals who were already addicted began switching to heroin.

Ms. Thomas referenced a book titled, “Dream Land,” by Sam Quinones, which talks about heavy advertising in the mid to late 1990s encouraging doctors to prescribe opioids for pain management.

Dr. Goldbaum added that Oxycotin was originally marketed as long-lasting with a lower abuse potential; however, it was quickly discovered that the result was that people were taking them several times a day and became quickly addicted.

Ms. Hart-Anderson then presented information on Snohomish County’s response to the opioid epidemic, including the challenges, prevention efforts, intervention and education opportunities, medication-assisted treatment options, detox services, evidence-based treatment, naloxone distribution, and housing and homelessness.

Funds from the one-tenth of one percent mental health and chemical dependency tax are used to fund 12 student support advocates in four local school districts (Edmonds, Mukilteo, Everett, and Granite Falls). They work with high-risk students and their families to provide them with case-management, mental health, and substance-use treatment services. Ideally, funding would be available to expand this program into all county school districts. Human Services also offers early-childhood prevention and parenting classes.

Intervention and education opportunities are offered in the county jail, including therapy appointments and substance-use treatment. They also are piloting embedded social workers in the South County Precinct to reach out to homeless individuals. Should Proposition 1 pass on Aug. 2, some of those funds will be used to expand this program. They also support one dual-certified individual at the Denney Juvenile Justice Center who provides mental health and substance-use support.

In the county there are three medication-assisted treatment (MAT) centers. In 2014 they obtained funding for a fourth clinic, but haven’t found a site. The County also sponsors two pilot Suboxone programs, which serve 74 individuals. Human Services is also advocating the State for changes in dispensing Suboxone, as well as pursuing a nurse case-manager pilot program. They’re also recruiting additional physicians to prescribe Suboxone.

Ms. Hart-Anderson said that detox is a big piece that’s needed in the county. There’s currently a seven- to 10-day wait for individuals to get into the one detox facility in the county, which is a 16-bed facility located in Everett. Of the 1,040 individuals admitted in 2015, 77% self-reported that heroin is their primary drug. A second 16-bed facility is set to open in the fall.

Ms. Hart-Anderson reviewed 2015 statistics of evidence-based treatment (inpatient and outpatient) for the county. There’s a two-month wait to obtain an adult assessment and one to two weeks for youth assessment for outpatient treatment; we simply can’t keep up with the demand. There is no adult or youth inpatient facility in Snohomish County, so individuals are sent outside the county, which averages about 60 individuals at any given time. Human Services is looking for opportunities within the county, including possibly at the Denney Juvenile Justice Center (DJJC). This is in conjunction with the North Sound Behavioral Health Organization.

Human Services staff are training law enforcement officers and other community partners (such school personnel) to administer naloxone. Earlier this year they completed the Point In Time count for homeless

individuals. To meet the need, 250 housing units are required. Sebastian's Place in Lynnwood has 20 units, and the City of Everett is working to build low-barrier housing with 50 to 70 units. Snohomish County has more Oxford Houses than any other county in the state. This model allows residents control of their housing, intending people in recovery to live together in a clean and sober environment.

Ms. Mary Jane Brell-Vujovic, Snohomish County Human Services Director, highlighted the County's partnership with the Health District to address the needs of children birth through three, as well as addressing the gap to grade school in order to address the social, biological, cognitive, and emotional development of children. It's a way to get upstream of the issue to build resilient children and families.

Ms. Thomas presented on the continued role of public health. She mentioned a recent in-depth article in the *L.A. Times* that focused on Everett's opioid issue; it talked about a doctor who prescribed over one million Oxycontin pills that were trafficked to Everett and dispersed from there. The *Times* is quoted as saying that heroin addiction is a public health crisis in Snohomish County.

Ms. Thomas highlighted several activities the Health District is currently doing: supporting the local syringe exchange, providing access to naloxone, adopting a new secure medicine-return policy, and helping to build healthy children and families.

The District currently supports a local syringe exchange (a nonprofit agency) and works with Human Services to increase access to naloxone. Dr. Goldbaum has put in place collaborative drug-therapy agreements that allow individuals to go to a local drug store to get Naloxone without having to see their doctor first; it's prescribed under Dr. Goldbaum. We also have a nurse on staff who does Hepatitis C testing at the local syringe exchange, as well as one-on-one counseling at the jail and at DJJC for HIV and Hepatitis C testing.

The District is also working with stakeholders such as DOH for a CDC grant, which is currently pending. This grant would fund a public health nurse at the District to help with notifiable conditions. Staff at the District are also partnering with local, regional, and state agencies. The District is a member of the Public Safety & Human Services Alliance that looks at how funds will be used if Proposition 1 passes, and also looks at ways to continue addressing the issue if Proposition 1 fails.

The District has been looking at ways public health can make a bigger impact, both at the community and the county level. The focus is three-fold: prevention, response, and treatment/recovery.

There is a clear need for prevention efforts. 3,600 people nationally start misusing opioid pain medications each day. To help with that, it's important to get kids off to the best start possible, including helping recovering addicts parent their children. The District also cultivates social awareness and emotional competencies through education programs, and is planning to address the need for trauma-informed toolkits for elementary schools while training middle and high school staff on evidence-based strategies. We also need to bolster our syringe exchange, and we need to create a countywide needle cleanup program.

In regards to implementing harm-reduction strategies, Dr. Goldbaum is working on making opioid overdose a notifiable condition, just like pertussis or measles, in which overdose cases would be reported by the ER to the Health District. District staff would then contact the patient and make sure they have

naloxone, then connect them with a case worker or services. Staff would work with support agencies to ensure the patient has access to treatment, housing, etc.

The District is also working to increase treatment and recovery options; we've polled schools to determine which ones would like naloxone education and training, we're working with the medical community to have more physicians able to prescribe Suboxone, and we're educating the community to prevent the cycle from continuing. Staff also collects and evaluates data and programs to make sure they're effective.

Mukilteo and Snohomish recently had heroin forums, and several cities have asked to have similar forums, so the District is working with the County to host three to four regional forums. Ms. Thomas will speak on behalf of the District at the Public Safety Innovations Forum that Everett is hosting July 19, and Lake Stevens is hosting a community forum on Sept. 22. We're also working to schedule four regional heroin forums this fall. Human Services and law enforcement personnel will also be there, and it's possible we may offer naloxone training for a limited number of attendees.

Chair Sullivan opened the floor to questions from the Board.

Ms. Fraley-Monillas asked what the project will cost. Ms. Thomas responded that the budget proposal presented to the County Executive includes a request that the County increase its funding from 86 cents to $2 per county resident. Cost is about $800,000 for countywide services, including 1 FTE that focuses on trauma-informed care at the schools, one public health nurse as the point person for notifiable conditions, one FTE to implement a countywide needle cleanup program, plus supplies. With cities potentially contributing $2 per capita, the District has been looking at programs that will support each city, such as programs in their schools, special forums, data assessments, and assistance with nuisance properties.

Mr. Scott Murphy asked about the cost of naloxone kits and if we're targeting middle and high schools. Ms. Thomas said the cost is about $100-$150, and will be determined if we'll target schools. In 2016 the District gave $3,000 worth of naloxone to the syringe exchange, so it's possible we could increase that. Ms. Hart-Anderson added that Human Services has trained nurses in the middle schools and high schools and provided them with a kit.

Mr. Hilt asked if there's anything the District can do to encourage others to participate. Dr. Goldbaum responded that he's conversing with area providers, but it comes down to inadequate reimbursement for Medicaid and the concern about being identified at the "addiction specialist" for the county. Everyone agrees that expansion is needed for those not connected to a clinic. Electeds could also help by lobbying the legislature to increase Medicaid reimbursement for treatment.

Ms. Fraley-Monillas stated that this is projected on the $2 per capita request to the cities and County; however, what happens if the District doesn't receive the full amount? Ms. Thomas responded that the budget ad hoc committee will address the issue and determine where public health can make the most impact. However, if the funding isn't available, much of this work likely won't happen.

Ms. Donna Wright asked if there's a false sense of security for those who are given naloxone before they overdose. Dr. Banta-Green said naloxone is about a one-hour overdose prevention tool, and it's necessary to figure out how to transition those people to long-term addiction treatment and recovery.

Naloxone saves the person's life, but also gives them the chance to get their life back. Everyone in the community needs to understand what opiate addiction is, that it can be fatal, and that we have medically-assisted treatments that work. Mr. Mayer added that there are socio-economic forces at play; this issue spans the entire community. We have to work through the stigma that it only affects a certain sector of the population, which affects where treatment facilities are welcome or which doctors agree to provide services. We need to figure out as a community how to work through the social stigma and address this issue. Dr. Banta-Green reiterated that it's a medical condition for which we have medical treatment. It's preferable for a community to have individuals on medical treatment as opposed to them using heroin. He noted that the misperception is that naloxone is a "safety net," but it starts withdrawal within three minutes, which is a condition individuals wish to avoid. He likened it to an airbag – it saves your life, but no one wants to have to use it.

Mr. Dan Rankin asked if there's movement to make physicians who prescribe the opiate more responsible. Dr. Banta-Green responded that Washington State is a leader in trying to address over-prescribing of opioids. There are rules for managing pain with opioids, which became state law in 2012. Studies now show that opiates are not as effective as once thought for managing pain, so there's a lot of work being done now to educate doctors as well as patients. Prescribing is coming down, but more can be done. Dr. Goldbaum added that the reportable disease model mentioned earlier (if there's an overdose, it gets reported to the Health District), is intended in part to inform practitioners that a patient of theirs overdosed. Dr. Banta-Green added that oftentimes patients who overdose are still prescribed opiates because the doctor isn't aware of the overdose.

Mr. Rankin said there's no incentive to use the drug take-back system, so people hang onto their medications. He asked if individuals should be held responsible for what may happen to that medication. Chair Sullivan said the drug take-back program currently in place is overwhelmed and we're in the process of expanding it, showing that people want to be responsible. Dr. Goldbaum added that prosecuting someone for what may happen to their medicines would be difficult. It has to start with education.

Dr. Goldbaum invited the Board to email any other questions to him. Mr. Mayer said for those Board members on the budget ad hoc committee, there will be additional dialogue to help address this and other countywide public health challenges.

Chair Sullivan noted that the Public Health Advisory Committee meets on July 27 at 7:45 a.m. and that the next Board of Health meeting is Aug. 9 at 3 p.m.

Adjournment

The meeting was adjourned at 5:14 p.m.

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Brian Sullivan, Chair Gary Goldbaum, M.D., M.P.H., Secretary