Staff Report – Making Opioid Overdose a Notifiable Condition

Background: SCPH is notified of certain diseases and conditions under authority of WAC 246-101 as determined by the state DOH. A provision of this rule allows the local health officer to declare other conditions as notifiable to the local health jurisdiction which may be adopted by the local BOH per RCW 70.050.060 to protect the public health.

Opioid use and misuse is a community concern. The Community-wide Action Plan and Call to Action developed through the Population Health Trust sets specific goals to reduce impacts from this epidemic. As one of many strategies to combat the opioid epidemic, SCPH is proposing making opioid overdose a notifiable condition in Skagit County. The timely and consistent reporting of overdoses will inform our public health response to this crisis.

We have had meetings with two different stakeholder groups for support and feedback on our proposal. We met twice with a focus group of medical professionals (Hospital ERs, EMS, law enforcement) who will be the reporters to our department. We also presented and discussed the proposed ordinance to the OWLT workgroup. We have incorporated their feedback into the development of our materials.

Findings and Conclusions

Over 300 documented opioid overdoses were reported in 2017 in Skagit County. We know that other overdoses occur outside the medical facilities. Those experiencing an overdose event may receive the reverse medication naloxone and recover from interventions by friends, family, law enforcement officers, or emergency response personnel. The clients may refuse transport to a hospital. To better respond to our community needs, we need good data from all potential sources. We can then use the data to support funding requests, provide resources to highly impacted communities and reach out to individuals through a confidential system to offer resources to recovery.

Overview of Proposed Ordinance

The ordinance requires that health care providers notify Skagit County Public Health of an opioid overdose within 72 hours of diagnosis. Public Health will collect and evaluate the data which will help develop strategies and target interventions to areas of greatest need.

On an individual level, confidential reporting of an individual overdose may include direct contact with the individual to offer resources. While the landscape of the opioid epidemic and care is always changing, we aim to keep our follow-up plans flexible to adapt to the needs in the community. Our goal is not to compete with existing care options but to augment them. Some of this care may involve:

- Providing access to naloxone
- Educating as appropriate
- Connecting to evidence-based treatment, if desired
- Connecting to other support services

On an aggregate level, Communicable Disease staff will conduct analysis of surveillance data to provide timely information to medical, prevention, and harm reduction partners to inform community efforts. Data can inform the development of new targeted or universal interventions, deployed by Public Health or partners.

Other activities will include communicating with prescribing physicians and continued data monitoring and reporting.

Communicable Disease staff will handle each confidential report in the same way they process current confidential notifiable reports within the daily workflow. There will be minimal fiscal impact to our communicable disease and epidemiology staff to manage the report surveillance.

Implementation and Timeline

If approved, the ordinance will take effect three months after adoption. The time between adoption and effective date will be used to do outreach with the reporting agencies, distribute reporting forms and/or develop secure reporting systems.

For the first three months after effective date, CD staff will review and evaluate data reported without contacting individuals who overdosed directly. The landscape of opioid referral and treatment is a rapidly changing field. Public Health needs to assess the timeliness and accuracy of the reporting system, as well as the epidemiology of opioid overdoses, to appropriately develop care coordination plans. These plans will reflect current best practices in coordination with substance use disorder professionals and practitioners.

Next Steps

Pending other feedback or guidance from the Board of Health, a public presentation of the ordinance will occur on December 11, 2018, followed by a public hearing on January 8, 2019. Public comment will be taken from December 11 – January 7 and potential vote on a final ordinance is anticipated between January 8 and February 1.

Board Authority

Article 11, Section 11 of the Washington State Constitution empowers local governing bodies to make and enforce, within their limits, local laws and regulations not in conflict with the general laws of the state. Pursuant to Chapter 70.05.060 RCW, local health jurisdictions are charged with, among other things, the responsibility to enact such local rules and regulations that are necessary in order to preserve, promote, and improve the public health and provide for the enforcement thereof.

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