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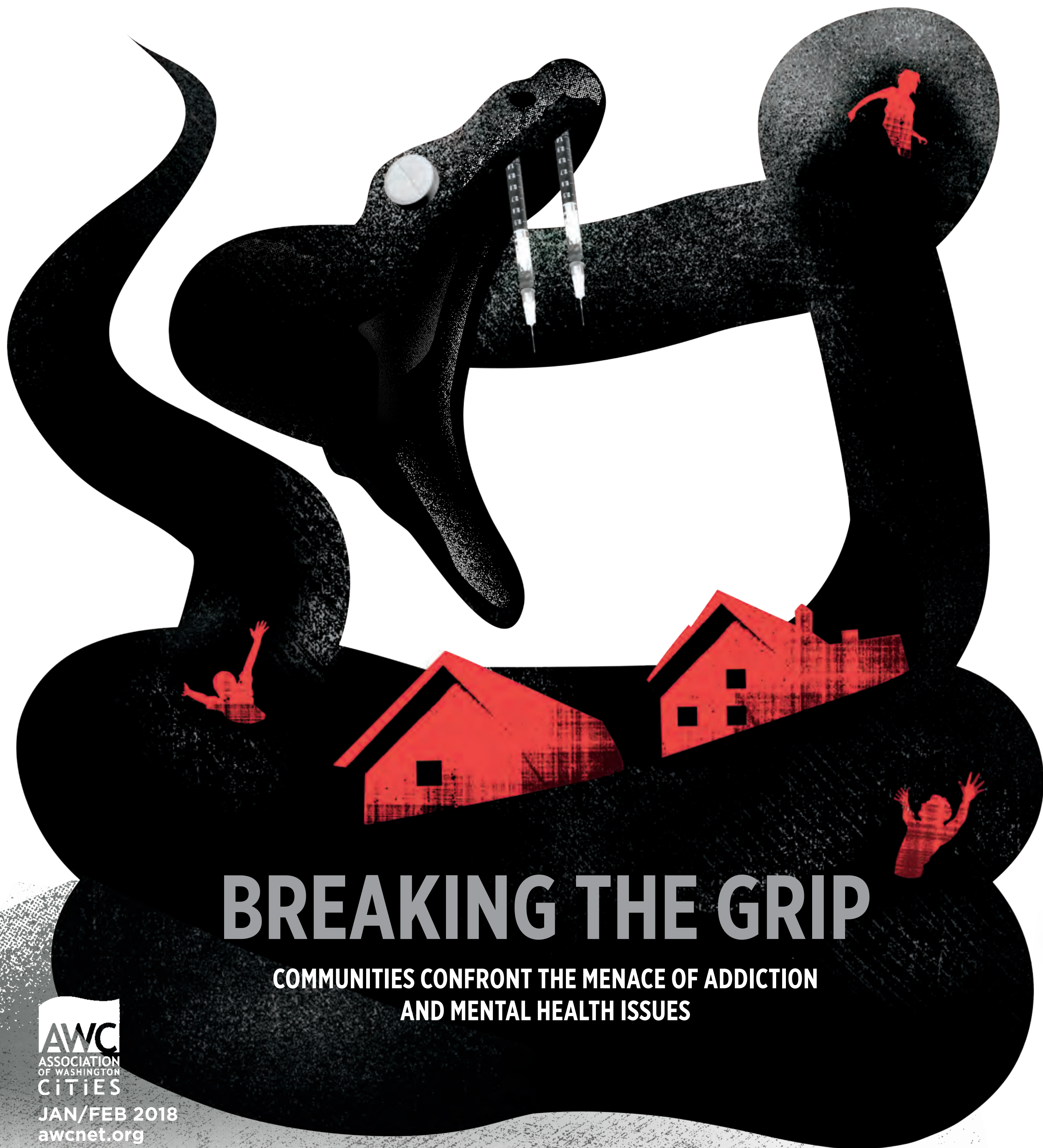
THE ASSOCIATION OF WASHINGTON CITIES MAGAZINE



BREAKING THE GRIP

COMMUNITIES CONFRONT THE MENACE OF ADDICTION AND MENTAL HEALTH ISSUES

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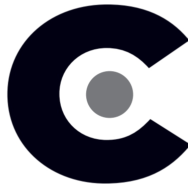

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FROM THE PRESIDENT

Every day, we hear about the opioid crisis, mental health, and homelessness. You probably know someone or of someone who is hooked on drugs, lives on the streets, or has some form of mental illness. Yet we rarely speak openly about mental illness or addiction. It is treated as a character flaw, as if that person were weak or crazy. Suicide is the no. 2 killer of young men between 18 and 45, and they fight their demons largely alone.

WE RARELY SPEAK OPENLY ABOUT MENTAL ILLNESS OR ADDICTION.

Powerful painkillers sometimes are easy to come by; how many times have you seen an advertisement for a drug that would make you feel pain-free? So often, when a person with a mental illness or drug addiction is spiraling out of control, they lose their housing or jobs and end up on the streets. But the crisis produces more questions than answers. Is drug addiction a form of mental illness? Why are so many people who are addicted to drugs or suffer from mental illness also homeless? And whose problem is it anyway?

I never knew my paternal grandmother, because she spent most of her adult life in Western State Hospital. She was committed in the early 1950s, and she may as well have died that day because no one ever spoke of her again. Mental illnesses like hers are diseases, as are drug addiction and alcoholism.

As elected officials, we are on the front line of the opioid crisis, the mental health crisis, and the homelessness issues facing our cities and towns. We need to start talking and doing. We need many more beds and professionals for those who suffer from mental illness. When we break an arm, we go to the doctor. If we have poor eyesight, we wear glasses. How do we get over the stigma that is attached to drug addiction and mental illness? I wish I had all of the answers, but I do know that we cannot solve one of these issues without solving the other two.

Sincerely,

Pat Johnson
Mayor, Buckley

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The City of Everett battles the opioid epidemic. See "Crisis. Response." p. 14.

Welcome note 1

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Cities tackle addiction and mental health issues by advocating stress reduction, aiding the disposal of unused pills, and offering services for addicts. And in our popular **NOTED** feature, we assess a possible funding solution for housing and behavioral health.

FEATURE

Crisis. Response. 14
The opioid scourge affects all Washington cities, but Everett has suffered a particularly devastating blow. Here's the story of how it happened—and how the community is fighting back. ***By Ted Katauskas***

CityWise 21
Expert perspectives on the origins of the opioid crisis, the challenges of mental health releases, and the state's Accountable Communities of Health.

CityScape 28
With creative approaches, cities can help light a path beyond addiction and mental health struggles.

PHOTOGRAPH BY DANIEL BERMAN

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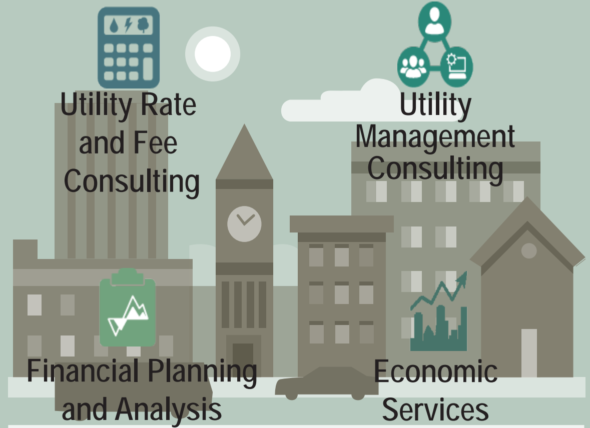

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CITYBEAT

INSIDE:

NOTED Tax options to fund affordable housing
THE QUESTION Where do you need behavioral health funding?
TRAINING Paid sick leave advice and more

Survival Skills

Hoquiam and Grays Harbor battle the opioid scourge.

ASK HOQUIAM CITY Administrator Brian Shay how the opioid epidemic has affected his community, and he'll tell you about a case he witnessed recently at the municipal courthouse: a young Hoquiam woman who, two days after being released on bail on a warrant for drug possession and trespassing, was arrested for allegedly assaulting an 82-year-old man in his home with a hatchet in a drug-induced state of violence.

"That's the kind of stuff that happens when people are hooked on drugs in our county," says Shay. "It's the collateral damage to innocent citizens."

Jeff Myers, Hoquiam's police chief, cites the case of a 30-year-old Hoquiam woman who was charged with first-degree murder in July after she allegedly bludgeoned and fatally stabbed a 95-year-old neighbor whose bank checks she had been stealing and forging to pay for her drug habit.

"This is a national epidemic, but the responsibility for dealing with it has been put at the local level, to cities and counties barely able to provide essential services," Myers says. "It's not sustainable."

continued on page 10 →

FRESH IDEA

Resilience Training

Shoreline helps a grassroots campaign reduce stress among local youth.

FIVE YEARS AGO, when the Puget Sound community of Shoreline experienced a devastating rash of suicides, the city responded by sponsoring a first aid class on youth mental health to train adults to intervene with youth. Since then, the city and the community have been working together to provide additional services to improve the quality of young lives.

Within the past year and a half, Shoreline has joined with a group of civic-minded people called the Movie Mamas, four women who came together to screen a series of movies that highlight issues around kids going through adolescence and the stress that comes with it. The original plan, according to Rob Beam, Shoreline's community services manager, was "to see how far it goes, and hopefully continue to develop a core of people in town who value this kind of work—and continue the events and conversation in such a way that they bring some support to kids and families dealing with anxiety and stress."

But the program really took off: the first movie night brought a packed house of 300 people to a local school auditorium. So the city has been helping the Movie Mamas publicize their activities and assisting with some sponsorships for the two most recent screenings. "I thought it was important to be there supporting strong, homegrown activities in the community," says Beam. "The city isn't able to mount a massive, citywide effort—I'm the city's human services department."

So going forward, Shoreline plans to continue to sponsor these quarterly movies, as well as develop some workshops that teach both self-calming to recognize stress and anxiety and self-regulation to promote stress reduction. The cost is relatively marginal—less than $2,500 for the workshops and $500–$800 per movie—and putting the weight of the city behind these efforts helps to validate some of the great work that people are already doing.

What's more, the grassroots, city-supported initiatives have led to lasting results. Thanks in part to the efforts of the Movie Mamas, the school district is implementing a (non-classroom-based) three-year, peer-to-peer suicide prevention program aimed at training adults and teens to take the lessons they learn in the program to school and make them a part of school culture.

"A lot of is it to get people to realize that life, for teenagers, has a lot of anxiety in it. That's just how it is," says Beam. "There are a lot of ways to help teens cope with the stress that aren't self-destructive." With the energy of active citizens, Shoreline seems well on its way to promoting them.

—*Rachel Sandstrom Morrison*

BITTER PILLS

Opioid abuse in Washington state continues to devastate communities and families.

REPORTED OPIOID OVERDOSE DEATHS IN WASHINGTON
(*may include multiple types; preliminary data)

2016

694 All opioids*

382 Prescription opioids

90 Synthetic opioids

278 Heroin

2010

649 All opioids

532 Prescription opioids

66 Synthetic opioids

67 Heroin

6 of 10 drug overdose deaths involve an opioid

Fetanyl **50x** more potent than heroin

86% increase in fentanyl-related overdose deaths from 2015 to 2016

4,500 12th graders used prescription drugs to get high in any given month

3,600 Tried heroin at least once

1 IN 4 Teens believe "little or no risk" in using prescription drugs

Source: WA State 2016 Healthy Youth Survey

SOURCES OF OPIOIDS USED NON-MEDICALLY

54% Friend and family
36% Doctor
5% Drug dealer/stranger
5% Other

Source: National Survey on Drug Use & Health, 2015

Source: WA State Department of Health (2017), Opioid-related Deaths in Washington State, 2006–2016

For more information:
cehstrategies.com

TOOL KIT

Excess RX

Several counties are requiring pharmaceutical companies to pay for the secure take-back of leftover medicines.

FOR MORE THAN A DECADE, stakeholders around the state have worked to ensure safe, secure, and environmentally sound disposal of leftover or expired prescription and over-the-counter medicine. With the opioid epidemic recently declared a public health crisis in Washington, those efforts have intensified—because a lot of drug abuse starts at a medicine cabinet.

"It's an issue that local police departments and local solid waste agencies and local public health departments have been struggling to solve for many years," says Margaret Shield, a public health policy consultant who has advocated for solutions to the problem. "We know how to operate medicine take-back programs, but the problem was: How do you find a stable funding source, and how do you make the program convenient for everyone?"

> "How do you find a stable funding source, and how do you make the program convenient for everyone?"

King, Snohomish, Kitsap, Pierce, Clallam, and Whatcom counties have found a solution that is convenient and sustainably paid for: they have passed local ordinances that require drug manufacturers to take back leftover or expired medicines and to cover all costs associated with the transport and safe disposal of the drugs. These costs include the installation of drop boxes in convenient locations, secure collection, supervised transport, and proper disposal by authorized personnel. Drug manufacturers are also required to have a toll-free number and a website that promotes the program and enables homebound or senior citizens to send their medicines in a prepaid mailer instead of getting them to a drop box.

But this solution hasn't come easy. Alameda County in California, the first county in the United States to attempt these laws, was sued by pharmaceutical manufacturers. The case went through the federal courts, but Alameda County won at every level. A similar suit against King County was dropped. There have not been further lawsuits, and the manufacturers are complying. "These programs are already up and running in King and Snohomish counties, and other counties are implementing them," Shield says. "The program in Pierce County is expected to launch in March of this year, with Kitsap a little behind that."

Though the ordinance is a significant piece of legislation, the momentum and familiarity with the issue are really building, making it easier for other counties in the state, and around the country, to follow suit. Cities or counties wishing to implement similar programs can get started by studying the secure medicine return policies that have been passed in other counties, and then considering how to adapt those regulations to their communities.

"It's been such a great learning experience and a proof of concept to see these policies work at the local level," Shield says. "I hope that the state Legislature will move to pass a law, but if they don't, I predict that more local governments will keep passing these local ordinances. Because we have to solve this problem."

—Rachel Sandstrom Morrison

HOUSING, HOMELESSNESS, AND MENTAL HEALTH

RCW 82.14.530

SALES AND USE TAX

(1)(a) A county legislative authority may submit an authorizing proposition to the county voters at a special or general election and … impose a sales and use tax. […]

(b)(i) If a county with a population of one million five hundred thousand or less has not imposed the full tax rate authorized under (a) of this subsection within two years of October 9, 2015, any city legislative authority located in that county may submit an authorizing proposition to the city voters at a special or general election and … impose the whole or remainder of the sales and use tax rate. […]

(ii) If a county with a population of greater than one million five hundred thousand has not imposed the full tax authorized under (a) of this subsection within three years of October 9, 2015, any city legislative authority located in that county may submit an authorizing proposition to the city voters at a special or general election and … impose the whole or remainder of the sales and use tax rate. […]

(c) If a county imposes a tax authorized under (a) of this subsection after a city located in that county has imposed the tax authorized under (b) of this subsection, the county must provide a credit against its tax for the full amount of tax imposed by a city.

[…]

(2)(a) […] A minimum of sixty percent of the moneys collected under this section must be used for the following purposes:

(i) Constructing affordable housing, which may include new units of affordable housing within an existing structure, and facilities providing housing-related services; or

(ii) Constructing mental and behavioral health related facilities; or

(iii) Funding the operations and maintenance costs of new units of affordable housing and facilities where housing-related programs are provided, or newly constructed evaluation and treatment centers.

(b) The affordable housing and facilities providing housing-related programs in (a)(i) of this subsection may only be provided to persons within any of the following population groups whose income is at or below sixty percent of the median income of the county imposing the tax:

(i) Persons with mental illness;
(ii) Veterans;
(iii) Senior citizens;
(iv) Homeless, or at-risk of being homeless, families with children;
(v) Unaccompanied homeless youth or young adults;
(vi) Persons with disabilities; or
(vii) Domestic violence survivors.

(c) The remainder of the moneys collected under this section must be used for the operation, delivery, or evaluation of mental and behavioral health treatment programs and services or housing related services.

Counties have not acted on this tax. Cities have the opportunity to put this on the ballot and support local services with local revenue.

ESHB 2263 grants cities tax authority to invest in their communities where people are being left behind, helping individuals with housing and mental health barriers.

The City of Ellensburg became the first municipality to put RCW 82.14.530 to a vote of the people, and the voters supported the measure by a 62% approval.

Ellensburg's Housing Needs Assessment identified that over a third of households spend more than 50% of their income on housing. Average rents rose 17%, or $335 per month, between 2013 and 2016.

Between 2010 and 2016, in the City of Ellensburg, new multifamily housing starts accounted for only 16% of all new housing.

In the 2012 Community Health Profile for Kittitas County, the ratio of residents to mental health care providers was 4,894:1, compared to a statewide average of 2,513:1.

Housing, homelessness, and mental and behavioral health are intertwined. This bottom-up approach applies a larger proportion of the revenue to directly address local issues.

These individuals do not have the means to participate in the economic growth that is occurring within the state and are economically and socially disenfranchised.

For more information: awcnet.org

The Question

Where do you need behavioral health funding?

CLIFF MOORE
City Manager, Yakima

Our needs exceed supply. Yakima and our region need more investment in trained mental health practitioners embedded with the police force; more mental health training for first responders; more community education so the early signs of destructive mental health are recognized sooner; more housing options for youth and adults while their treatment or situation is resolved; and a more robust expansion of local and regional crisis response systems.

JORD WILSON
City Administrator, Pateros

We have a nonprofit, the Resource Center, that coordinates critical services for the community. As the center faces a growing number of clients, more behavioral health funding would help the center keep its doors open. We need in-school and in-community counseling for behavioral health issues. The nearest counselors are at least a 45-minute drive away, and it's difficult for people who need help to meet with counselors.

GLENN JOHNSON
Mayor, Pullman

I would work with our innovative Pullman Regional Hospital and help establish a training program for police and fire paramedics on recognizing and dealing with citizens who exhibit mental health issues. I see the training extending to our colleagues in the county, since our jails are now housing some patients with mental health issues who were previously cared for under a state program.

TRAINING HIGHLIGHTS

WASHINGTON PAID SICK LEAVE

Recorded webinar

Is your organization's paid sick leave program compliant with Washington's new paid sick leave statute, which took effect January 1, 2018? Many public employers already offer paid sick leave accruals that are more generous than what the new law will require, but employers also need to ensure that their administration of this leave benefit complies in all respects with the new law.

- Learn key requirements of the new paid sick leave law, including employee eligibility, reasons for which leave must be permitted, and limits on sick leave documentation.
- Review a checklist for compliance.
- Understand practical considerations and options for modifying existing sick leave policies to conform to the new legal requirements.

HEALTHY WORKSITE SUMMIT

MARCH 21–22 Lynnwood

Healthy Worksite Summit is dedicated to making workplaces healthy places. Employers come together to learn, share, and explore the latest trends in workplace health promotion in an information-rich environment. Attendees include wellness coordinators, benefits and human resources leaders, safety and risk management professionals, management at public and private worksites, and health and insurance industry professionals.

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MAY 2–4 Yakima

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Labor Relations Institute is the premier training event for public-sector human resources professionals in Washington. The institute offers important legal updates, practical guidance, labor relations strategies, and networking opportunities to help attendees navigate the complex and ever-changing world of HR.

TRAININGS

FEBRUARY

8 **Drug-Free Workplace Act**
East Wenatchee

15 **Exercising Your Core Values**
Wellness webinar

21 **Mayors Exchange**
Olympia

MARCH

21–22 **Healthy Worksite Summit** Lynwood

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Survival Skills *continued from page 5*

This corner of the state, which has experienced the scourge of opioid addiction for nearly two decades, has long sought innovative solutions. Grays Harbor County has had a needle exchange program in place since 2004—in 2016 alone, it took 759,818 used syringes off the street—and in 2017, the Grays Harbor Overdose Prevention Project, a five-year pilot program funded with a federal grant, distributed 667 kits stocked with naloxone (a compound that temporarily blocks the effects of opioids) to opioid users, friends, families, and first responders. Three years ago, $600,000 a year that had been used to transport 40 or 50 Grays Harbor opioid addicts daily to and from an Olympia methadone clinic was diverted to open a methadone clinic in Hoquiam. Today, the clinic, operated by Evergreen Treatment Services, has nearly 500 enrolled patients who receive daily doses of methadone or another less intensive anti-addiction treatment, as well as addiction counseling and drug use monitoring—care that is paid for by Great Rivers Behavioral Health, an agency created in 2016 that manages publicly funded drug-addiction treatment in Grays Harbor and four other counties.

"There's a common misperception that if you build a treatment program, you will bring more addicts to the area and increase crime," says Molly Carney, executive director of Evergreen Treatment Services, which also operates methadone clinics in Olympia, Renton, and Seattle. "Grays Harbor has been at the forefront of communities in Washington state that understand the value of coordinating closely with a local opioid treatment program."

Hoquiam, and the county, have also partnered with Evergreen to become two of the first jurisdictions in the state to provide offenders in treatment access to methadone while in jail—an approach that, Carney notes, reduces addicts' risk of overdose upon release by 50 percent. And in 2018, Grays Harbor County plans to use a $400,000 Department of Justice grant to open a therapeutic court, offering opioid-addicted offenders access to mental health services and addiction treatment in lieu of incarceration.

"It takes a lot of work to create these partnerships," says Kristina Alnajjar, public health manager at the Grays Harbor Public Health & Social Services Department. "We're optimistic, but we're also realistic that this crisis won't be solved in a year or two."

"The folks that actually recognize the need to get treatment and follow through with it and become productive citizens who can look back and say, 'Yes, I survived,'" says Chief Myers, "those are the small victories."

—Ted Katauskas

For more information: cityofhoquiam.com

Poulsbo Mayor Becky Erickson

Fight for Life

Poulsbo Mayor Becky Erickson talks about lessons learned after four years of waging war on opioid addiction and promoting mental health in her community.

Q&A

You just won another election and started your third term as Poulsbo's mayor. Did you have a career before politics?
I was a financial professional before I became mayor, the chief finance officer of the Bainbridge Graduate Institute.

You were born in Seattle and raised in Kent, graduated with an economics degree from the University of Washington in 1979, and have been a resident of Poulsbo since 2004. What brought you to Poulsbo?
My husband was born and raised here. When he and I got married, Poulsbo became our home; after my mother-in-law passed away, we took over the family farm, 10 acres on Noll Road. It's not as active as it has been in the past, but we have chickens, goats, and bees.

The City of Poulsbo annexed your farm in 2006, and that prompted you to run for public office.
Within a very short period of time, our farm was literally surrounded by survey tape. Properties all around us were being scheduled for development. The city

PHOTOGRAPH BY AMELIA VAUGHN

Q&A

had not taken into consideration the impacts that this growth would have, so I got involved with politics. I said, “If we are going to grow, we are going to do it in a way that is correct for this town and addresses impacts as growth occurs.”

Have you been able to do that on council and as mayor?
We’ve changed a lot of city codes and impact fees and channeled money to infrastructure improvements, parks, schools, and sewer and water improvement so that as growth occurs, growth pays for itself. We have great buildings, beautifully landscaped open space with walkways that have made Poulsbo a more vibrant place to live.

Yet five years ago, a crack appeared in that veneer.
In November 2013, we started finding used syringes in our parks, and arrest rates were increasing. This was way before anybody was talking about heroin. There was no recipe book that said, “If you’re a small town and you have this happen, this is what you do.”

What actions did Poulsbo take?
The city council passed strong ordinances prohibiting camping in public places, but also called on us to provide services. We started working with social service agencies and behavioral health specialists. On first contact, offenders were given notice about where service providers were, and if they did not want to take advantage of our help, they would be given a misdemeanor fine.

What else?
Our public works department started tracking where they were finding needles and giving that information to our police department so that they could increase patrols in those areas. We limbed up trees and cut back vegetation to improve lighting, locked up our parks at night, and used cameras to monitor activity.

Mayor Erickson (right) with Behavioral Health Outreach Program Manager Kimberly Hendrickson

There was no recipe book that said, “If you’re a small town and you have this happen, this is what you do.”

What role did you play as mayor?
I went door to door in neighborhoods, meeting with people, explaining what the problem was, letting them know they were still safe, but that they needed to be vigilant and alert and lock their doors and cars. People formed neighborhood block watches, looking for drug activity. We sent a clear message that this kind of behavior wasn’t going to be tolerated in Poulsbo.

And did it work?
It worked. Did we cure the problem? No. But we made a big dent in it. Arrest rates for opioids have stabilized, and we’re not finding as many needles in our parks anymore.

One key element to Poulsbo’s success with opioid addiction is the Behavioral Health Outreach Program you founded with Kimberly Hendrickson, a local community policing activist who now is the program’s project manager. How does it work?
Many people with addiction issues have underlying mental illness. Our “behavioral health navigators” have worked with prosecutors and judges to connect people to mental health and addiction services as part of jail diversion agreements. Our program was instrumental in creating the county’s new Behavioral Health Court, which has helped us move even more people with co-occuring disorders toward treatment and away from the criminal justice system.

Lessons learned, now that you have funding for three behavioral health navigators?
We found that while being in the courts helps, intervention needs to happen earlier. Now our navigators work with police in Poulsbo, Bremerton, Bainbridge Island, and the Kitsap County sheriff to identify people in need of behavioral health services before they commit a crime or experience their next crisis.

The moral of this story?
If you do not address things like opioid addiction and mental health, it can really eat at the core of what your community is. Nobody wants that to happen. Not only is this the moral thing to do, but it is the appropriate thing to do for the vitality of your community as a whole.

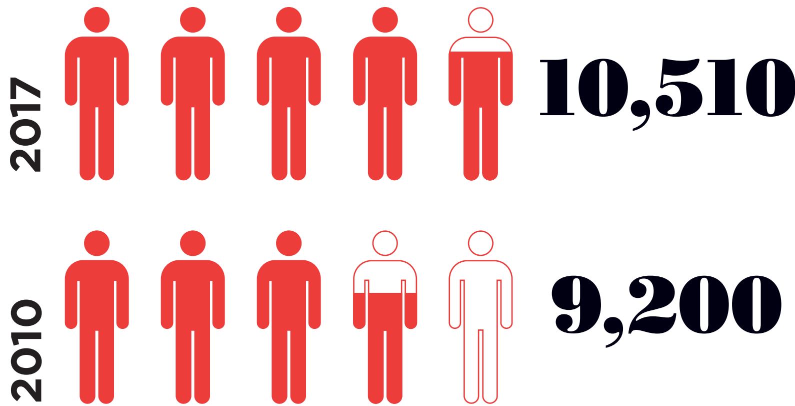
PHOTOGRAPH BY DANIEL BERMAN

By the Numbers

Cityvision looks at how Poulsbo helps serve its surrounding region.

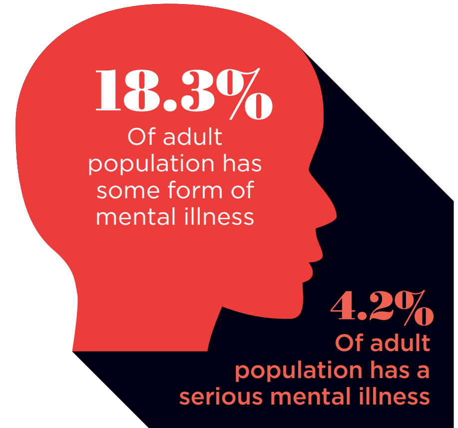
POPULATION DATA FROM THE 2010 US CENSUS, UNLESS OTHERWISE INDICATED

Population



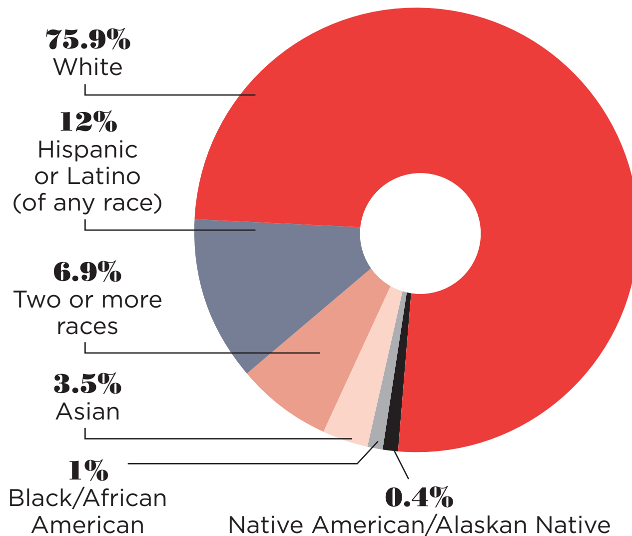
2017 SOURCE: WA OFM

States of Mind



SOURCE: NATIONAL INSTITUTE OF MENTAL HEALTH

Demographics

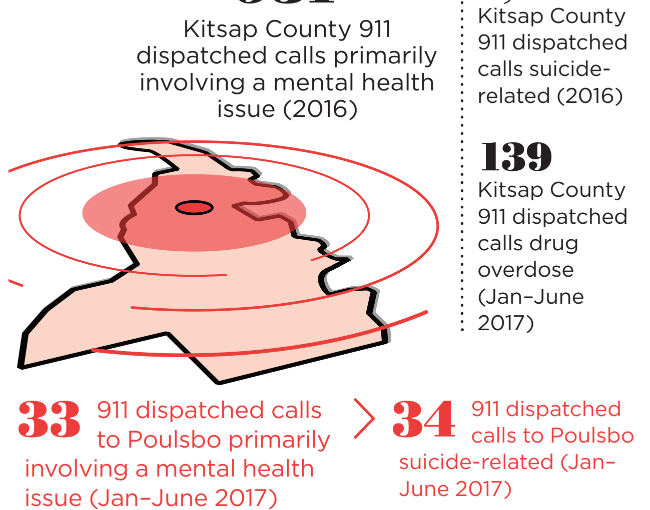


On Call

931 Kitsap County 911 dispatched calls primarily involving a mental health issue (2016)

1,987 Kitsap County 911 dispatched calls suicide-related (2016)

139 Kitsap County 911 dispatched calls drug overdose (Jan–June 2017)

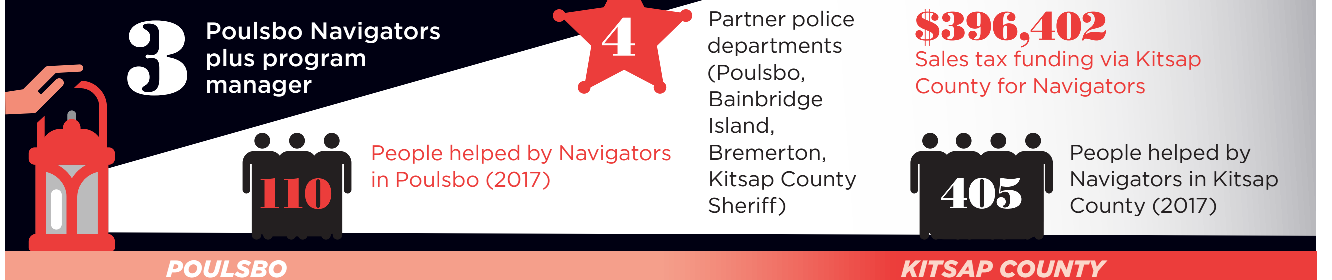


33 911 dispatched calls to Poulsbo primarily involving a mental health issue (Jan–June 2017)

34 911 dispatched calls to Poulsbo suicide-related (Jan–June 2017)

SOURCE: KITSAP 911

Guiding Lights



SOURCE: POULSBO BEHAVIORAL HEALTH OUTREACH PROGRAM

CRISIS.

THE OPIOID SCOURGE AFFECTS ALL WASHINGTON CITIES, BUT EVERETT HAS SUFFERED A PARTICULARLY DEVASTATING BLOW. HERE'S THE STORY OF HOW IT HAPPENED—AND HOW THE COMMUNITY IS FIGHTING BACK.

By **TED KATAUSKAS**

Photographs by **DANIEL BERMAN**

THIS PAGE: A used syringe lies in a patch of woods behind a Home Depot in south Everett.
OPPOSITE (left to right): Catholic Housing Services Housing Development Manager Patrick Tippy, Everett Mayor Cassie Franklin, Catholic Community Services VP – Agency Director Will Rice, and Everett Director of Public Health and Safety Hil Kaman at the site of the future Everett Safe Streets Supportive Housing complex

RESPONSE.

Chances are you've seen *Opioid USA: The Small Town Fight Against Big Pharma*. The nine-minute documentary about the City of Everett by NowThis Reports, a series that airs weekly on Facebook, has been viewed more than 2.8 million times since October.

"Everett, Washington, sits just 25 miles from Seattle with a population of over 100,000," a NowThis producer intones as the camera pans across the city's picturesque Puget Sound waterfront. "But amid the postcard images of evergreens and snowcapped

A sign on Everett's Broadway Avenue promoting a Snohomish County opioid response program

mountains is a town that is slowly being eaten away by opioid addiction."

Fade to a downtown city street populated with homeless addicts wandering as aimlessly as zombies from *The Walking Dead*.

"Our paramedics and emergency rooms were treating more and more people," explains a voiceover by Ray Stephanson, who in October was completing his third and final term as the longest-serving mayor in the city's history. "It seemed like an incredibly increasing rate. It just didn't seem normal."

Next, security footage from a public bus in Delaware: a young man rubs a heroin injection track mark on his arm and then collapses into the aisle as horrified passengers look on. Grim statistics follow: in 2016, nationwide, more people died from drug overdoses in the United States than during the Vietnam and Iraq wars combined; Snohomish County, home to 10 percent of the state's population, accounts for 20 percent of Washington's overdose deaths. NowThis explains that the City of Everett is suing Purdue Pharma—the manufacturer of OxyContin, a synthetic form of opium that is 1.5 times more potent than morphine—alleging that the company reaped enormous profits as the drug was being widely distributed on the black market.

"It wasn't an easy decision to say our community has a problem," says Stephanson, alone in Everett's council chambers. "We were just an everyday town where people work hard."

The Facebook video made a splash, but Everett had been swimming against the opioid tide for some time—and more than a year prior had first been cast into the national opioids spotlight. A *Los Angeles Times* investigative report published on July 10, 2016, detailed how in 2008 a convicted felon had opened a sham medical office in Los Angeles and paid an indebted physician to prescribe OxyContin, in its most potent formulation, to homeless people who were hired to masquerade as patients and secure pills for distribution on the black market. Despite warnings from alarmed pharmacists and the company's own employees who suspected illegal activity, the *LA Times* alleged, Purdue Pharma officials failed to notify authorities and continued to supply OxyContin to the rogue clinic, which flooded the black market with as many as 1.1 million pills until it was shut down in 2011. And a companion article published that same day chronicled how gang members from the Inland Empire Crips transported enormous quantities of pills from the clinic up Interstate 5 to Everett.

"Illicit OxyContin devastated the entire Everett region," the *LA Times* concluded. "At the height of the drug's popularity, it was a factor in more than half of the crimes in Snohomish County. Abuse of the drug touched off an epidemic of painkiller and heroin addiction, which continues to this day."

Transmitted digitally, the article elicited outrage throughout Everett and across Snohomish County, culminating in a city council meeting on July 13, 2016, that Councilmember Brenda Stonecipher opened with a diatribe.

"The articles—I encourage everyone to read them—they're really alarming, a pretty disgusting course of events that has happened in our community," she said. "What incenses me the most about this is that the pharmaceutical company, Purdue Pharma, was aware of the extensive distribution of OxyContin in the area. . . . We are seeing the fallout of all of this, the terrible toll that Oxy has placed on our community."

Stonecipher wondered aloud whether Everett's law enforcement officials and prosecutors had prior knowledge of the trafficking, and whether the city might have established a basis for taking legal action against Purdue for the alleged role it had played in the city's opioid crisis. City Attorney Jim Isles assured Stonecipher that his office was monitoring the situation and exploring potential remedies.

"We had been doing our due diligence and were well into our investigation to determine whether or not we had legal recourse against Purdue," recalls former mayor Stephanson. "That story cemented everything we were seeing and had concerns about."

HIL KAMAN NOTES THAT HE first became aware of the impact that OxyContin was having on the community when he started working for the City of Everett as assistant city attorney in 2007.

"Previously, meth had been our major issue, but once Oxy took off, it was everywhere in our courts," says Kaman, who became the city's lead prosecutor in 2013 and is now its director of public health and safety. "From 2007 until 2010, OxyContin was a factor in many, many cases; it was the majority of shoplifting cases, drug possession cases. People were smoking OxyContin. That was a big thing back then."

What made OxyContin ripe for abuse was its patented extended-release formulation: crushing the drug negated the extended-release effect, so that when inhaled, smoked, or injected, a single pill produced an intense euphoria. Like all opioids, OxyContin was extremely addictive, requiring ever stronger doses as the body built a tolerance to the drug; once a user became addicted to Oxy, going without the drug produced intolerable withdrawal symptoms, including violent physical sickness. Then in 2010, responding to concerns that OxyContin was easily abused, Purdue reformulated

METH HAD BEEN OUR MAJOR ISSUE, BUT ONCE OXY TOOK OFF, IT WAS EVERYWHERE IN OUR COURTS. —HIL KAMAN *City of Everett*

the drug so that it no longer could be crushed to produce a euphoric effect. That, and the drug's price ($80 for 80mg), led OxyContin abusers to switch en masse to heroin, a more readily available opioid that sold on the street for $5 a dose. Suddenly, Everett was awash with heroin addicts, and the homelessness, criminal activity, and public health crisis that widespread addiction spawned.

Then in 2014, a dire situation grew worse when the county sheriff assumed control of the jail and introduced booking restrictions that limited the city's ability to refer low-level offenders charged with opioid-related crimes. Overnight, the municipal jail's population, which had averaged 1,100, dropped to 800, sending a surge of homeless opioid addicts onto the streets and public spaces of downtown Everett.

"The sheriff said, 'I don't want our jail to be the city's default detox and mental health center,'" says Kaman. "Jail really was not the right place for them. This is when I began to realize that the role of a prosecutor from a sense of justice and public safety is to expand treatment, housing, diversion, workforce opportunities, social connections, and education for these people."

With no human services department, it was up to the city (led by personnel from Everett's communications, fire, legal, planning, and police departments) to bootstrap a solution. One of the first innovations was partnering with Bridgeways, a local mental health services provider, to establish Everett Municipal Court's Mental Health Alternatives Program (MAP), a therapeutic court where judges, prosecutors, and defense attorneys work together to offer defendants charged with minor crimes like theft or trespassing the opportunity to forgo prosecution in exchange for successfully completing a yearlong treatment plan. Individually tailored, the plans address underlying opioid use disorder, mental health issues, or other factors that may have contributed to the defendant's criminal activity. Of the first 10 MAP graduates, who had a combined 125 criminal charges on their records prior to the program, only one had a single criminal charge added to his docket a year after completing the program.

Buoyed by such program successes, Everett's then-mayor Stephanson, initially a not-in-our-backyard skeptic, became the city's foremost champion in galvanizing the community to respond collectively to the problem.

"I saw this epidemic of drug use and homelessness growing on our streets, and it was pretty foreign to those of us born and raised here to see that," Stephanson recalls. "There wasn't a lot of empathy for those who were on the streets. Honestly, my first reaction was that if I could have chartered a bus and taken them somewhere else, I would have done that because my citizens were approaching me in the grocery store or on the streets and complaining; business owners were complaining about the effect that homelessness was having on their businesses. I realized that I wasn't smart enough alone to figure this out. I needed help from people in the community who live and breathe this."

In July 2014, Stephanson convened the Community Streets Initiative Task Force, a 23-member panel composed of city and county public safety and health officials, leaders

CARE TACTICS

Q&A WITH GINNY WEIR

Bree Collaborative Program Director Ginny Weir discusses how a think tank of health care professionals named for a doctor who crusaded against medically unnecessary CAT scans can help reverse the state's opioid epidemic.

What is the Bree Collaborative?
The Washington State Legislature established the Bree Collaborative in 2011 to provide a mechanism through which public and private health care stakeholders can improve the quality, outcomes, and cost effectiveness of health care in the state. It was named in honor of the late Dr. Robert Bree, a Harborview radiologist who helped develop guidelines to limit overuse of advanced medical imaging.

How does it work?
Every year, 23 health care experts who were appointed by the governor identify health care services that do not lead to better care or patient health, or have patient safety issues. Then, work groups are convened to analyze each issue and develop recommendations to improve patient health, health care service quality, and the affordability of health care service.

What topics has the collaborative studied?
Everything from obstetric care and high rates of caesarian sections to end-of-life care.

From December 2016 through November 2017, a Bree Collaborative work group met to study the treatment of opioid use disorder. What was the concern?
Opioid overdose is a leading cause of death. However, access to appropriate, evidence-based treatment is not typically readily available due to lack of resources, lack of a referral infrastructure, lack of reimbursement, and other barriers.

What were the recommendations?
The work group endorses a "no wrong door" approach for patients wanting to access opioid use disorder treatment. The goal for all settings is that patients receive the care they need at the time and in the setting of their choice, and to reduce illicit opioid use and have no overdose events.

There also are recommendations about how opioids are prescribed.
The guidelines are around more appropriate prescribing, not prescribing opioids for lower-impact procedures, not prescribing for things like low back pain. The opioid epidemic is really different from some of the other issues we've tackled because it really was started

continued on page 19 →

of faith-based social services, mental health providers, nonprofit social service agencies, neighborhood organizations, and business leaders to assess the situation and draft a list of recommendations. In November that year, the task force issued a 54-page report that eventually became the basis for the Safe Streets Initiative Stephanson unveiled in September 2015: a comprehensive action plan that implemented task force recommendations and oriented the city's response around three principles (diversion, housing, and enforcement and outreach), dedicating $1 million from Everett's general fund to the cause.

"If we did nothing, it was going to cost more," observes Cassie Franklin, who succeeded Stephanson as Everett's mayor in January and as a councilmember and CEO of Cocoon House (a social services nonprofit serving homeless youth) had served on the Community Streets Initiative Task Force. "Previously, we were trying to arrest our way out of this problem, but that does not work. A multitiered approach is the only way to make an impact. If we can really build partnerships with social service providers and the health district and bring all of those key voices and minds to the table, we can move the city in the right direction."

W**ITH DIVERSION ALREADY UNDERWAY** in its courts, the city started tackling the housing pillar of its Safe Streets Initiative. Spurred by a robustly attended local presentation from Lloyd Pendleton, director of Utah's homelessness task force, Everett embraced the tenets of Housing First, a model that puts homeless people into publicly financed permanent housing without first requiring sobriety or treatment, then surrounds tenants with social services to treat the underlying cause of their homelessness (e.g., opioid abuse disorder, mental illness) as they are ready. Using US Department of Housing and Urban Development funding to develop a tenant-based rental assistance program, the city began sheltering its most vulnerable homeless people in apartments while it courted developers to build supportive housing in a place where vacancy rates hover near zero.

The city eventually donated a 1.4-acre parcel of city land to Catholic Housing Services of Western Washington (a nonprofit that has created and manages 2,000 units of housing, many using the Housing First model) to build the city's first Safe Streets Supportive Housing facility: 65 one-bedroom units with supportive services provided by the nonprofit's Everett social services facility. The $17 million project (funded by state and county loans and low-income housing tax equity) broke ground in late January and will be ready for its first permanent residents by spring 2019.

"No one municipality can do this," stresses Patrick Tippy, Catholic Housing Services' housing development manager. "It's a partnership between the city, the county, the housing authority, the state Department of Commerce, and elected officials who can be advocates in Olympia.... While cities might not have cash, they can waive impact fees to incentivize this type of housing and advocate for rental vouchers to support residents."

Already, there's been a ripple effect. Compass Health, a social services agency that operates a downtown Everett mental health treatment center with 40 units of low-barrier housing, expects to break ground this year on another 82 units of supportive housing and round-the-clock services for homeless people with mental illness next door to that facility, a $21 million project. And in 2018, just across the street, HopeWorks (a nonprofit that manages a city program that gives homeless people who commit low-level crimes like shoplifting a chance to make amends by picking up trash on local rights-of-way) will break ground on HopeWorks Station II, an annex to a job skills training center that will add 65 units of low-barrier homeless housing to the city's pool, jump-started with a $1.5 million grant from the Gates Foundation.

And those developments in turn are attracting an influx of social service providers. In 2017, Ideal Option, which operates 28 opioid addiction treatment centers across the United States, opened a clinic in downtown Everett not far from HopeWorks.

"In Everett, they're using a hub-and-spoke model of recovery that has been very effective," says Geoffrey Godfrey, a nurse practitioner who moved from Anacortes to run Everett's Ideal Option clinic after reading a story about the Purdue Pharma lawsuit and speaking with Hil Kaman. "Hil is brilliant. He is tying in all of the separate pieces and bringing them together. By having people who want to see a therapeutic community, we start looking less askance at community members who have a debilitating disease and say, *How can we help these people?* Instead of putting them in a place that's almost like a leper colony, how do we reintegrate them into society?"

To that end, many of the patients Ideal Option treats are referred by Everett's Community Outreach & Enforcement Team (COET), a pilot program that has become the third pillar of the city's Safe Streets Initiative. A month before Dan Templeman joined the city's Community Streets Initiative Task Force in the summer of 2014, he had been sworn in as the city's police chief.

"Our officers were being overwhelmed by the same individuals committing the same low-level crimes," recalls Templeman. "We started to look at creative ways to address this so that we were addressing not just the symptoms but the root cause of the problem."

A year earlier, Templeman had sent two Everett police officers to Santa Monica to observe how that city dealt with its homelessness problem by embedding social workers with patrol officers conducting outreach in homeless camps. Based on that experience and with the support of the mayor and city council, Templeman created COET—staffed with a sergeant, four patrol officers, and two embedded social workers—whose sole duty was to ally with residents of Everett's homeless encampments, offering referrals to social services like housing and treatment for mental health issues and drug addiction. The experiment exceeded expectations, in 2017 making 1,836 contacts with new and recurring clients who were connected to treatment programs for mental health (37) and substance abuse (102) and provided with services like housing (88) and transportation (238)—and saving 21 lives with the administration of naloxone to reverse overdoses. As for enforcement, for those

Everett Mayor Cassie Franklin

PREVIOUSLY, WE WERE TRYING TO ARREST OUR WAY OUT OF THIS PROBLEM, BUT THAT DOES NOT WORK. A MULTITIERED APPROACH IS THE ONLY WAY TO MAKE AN IMPACT.

—CASSIE FRANKLIN *Mayor, City of Everett*

who declined to avail themselves of city services, officers issued 169 warnings and made 39 arrests for illegal behavior.

"We still have many repeat violators, but some of our most chronic cases, our most stubborn individuals, are no longer on the streets and no longer creating the drain on the different systems, whether it's our hospitals or court system or fire and EMS," says Templeman, who notes that Everett's police department is one of only two in Washington that requires all officers to attend the state's 40-hour crisis intervention team training, which is also offered to members of the community. "Twenty-five years ago when I started at the department, the last person I would have expected to sit next me in a patrol car was a social worker, because of how we used to define roles in policing. Today, I can't see us operating without them."

"I've learned a lot from our social workers," echoes Officer Kevin Davis, a 13-year department veteran who has been on COET for a year, doing everything from shuttling "clients" in his burgundy patrol car to mental health and addiction treatment appointments to helping them run errands at the local Wal-Mart. "There's always some personal investment of emotion.

by the medical system with overprescribing. And that gives the medical system the responsibility to do more to help address this crisis.

What's the biggest challenge for the treatment of opioid use disorder?
How can we build a better treatment system so that when people do become addicted to opioids they have somewhere to go, a referral process is in place, they will feel supported and comfortable, and clinicians will feel supportive and comfortable in screening for and talking about opioid addiction? It's not the state telling the medical system what to do, but rather the medical system itself deciding what makes the most sense in terms of the next step for a really complicated topic.

What's one important resource for cities struggling with opioid use disorder in their communities?
We've been networking a lot with the Accountable Communities of Health (ACH). They're meant to work with the Washington State Health Care Authority and the Department of Health to try to develop strategies and communications protocols and partnerships to help address the crisis.

Cities don't have a lot of resources; what role can they play?
Cities can partner with the ACH and their local public health jurisdictions around education, reaching out to patients and people in the community and talking about what responsible prescribing is, about how to talk to your kids about opioid abuse and opioid use disorder.

What else can cities do?
Cities can play a big role in helping encourage dropping off unused medication, which is a big piece of this since prescribing has been so plentiful in the past; there is a ton of leftover medication that people aren't using.

What is something that surprised you about Washington's opioid crisis?
Nobody has been untouched by the opioid epidemic. It is every community; it's urban; it's rural; it crosses race and class. It really is everybody being affected by this. That's a powerful thing that can motivate people to want to make a difference.

Your message to city leaders?
We are always open; our meetings are open to the public. We are a tool that is meant to help address these big issues that no one system or no one medical group can address by themselves. Get involved: be part of the conversation. If you're interested in being part of our next work group, we're interested in that, too.

What's the focus of the Bree Collaborative's next work group?
It started in January: Collaborative Care for Chronic Pain, trying to answer the question, *If not opioids, then what?* This will hopefully address that knowledge gap of how we help people who come in with chronic pain without necessarily using opioids—acknowledging that chronic pain is a real problem that many people face, and thinking about ways to address it that won't contribute to an epidemic.

Everett Police Chief Dan Templeman with Community Outreach and Enforcement Team (COET) social workers Kaitlyn Dowd, left, and Kelli Roark

You get attached and laugh and cry with them at times. It's like having another officer with you on patrol. It's the same relationship, the same trust."

EVEN WITH ALL OF ITS PROGRESS to date—and with no clear picture as to whether the lawsuit against Purdue Pharma will come to anything—not a day goes by when Everett isn't engaged in response to the opioid crisis. Kaitlyn Dowd, a former Child Protective Services caseworker who has been a COET embedded social worker for 18 months, likens her first week on the job to drinking from a fire hose.

"I didn't know what I was signing up for, to be honest," says Dowd, who estimates that 90 percent of the homeless people she encounters are in their mid- to late twenties and addicted to heroin, many of them formerly abusers of OxyContin or other opioids. "It's more heroin than I ever imagined. Heroin addiction is so controlling, and the window of opportunity for this population is so small. One moment you can be, 'I'm so sick, I'm so done'; the next minute you're like, 'This isn't so bad. I'm all right.'

"Probably the most frustrating days are the ones when you have someone who's ready to commit to long-term residential treatment, but there aren't any beds available," she adds. "To have someone who is so ready to change and so willing to do anything to change, but our services can't provide it."

To help avoid those situations, the department has partnered with the Police Assisted Addiction and Recovery Initiative (PAARI), a Massachusetts-based nonprofit that offers scholarships to out-of-state opioid treatment centers. One beneficiary is Felecia Davidson, a 28-year-old former heroin user from neighboring Marysville who had been using opioids since being diagnosed with scoliosis as an 18-year-old. Couch surfing in Everett after being kicked out of her dad's home last year, she heard about the COET program from friends and was connected with Dowd. They met at a coffee shop, where Davidson told her life story and said she wanted to get clean. Because no beds where available at local detox centers, Dowd helped her apply for a PAARI scholarship, and she was accepted at a treatment center in Florida. From there, Davidson says, things happened really fast. Dowd booked her flight and drove her to the airport. That was six months ago. After spending a month at a detox center, she found a job as a customer service agent at a call center and now earns enough to afford her own apartment. The decade she spent drifting through the fog of opioids she likens to a former life.

> **I DIDN'T KNOW WHAT I WAS SIGNING UP FOR, TO BE HONEST. IT'S MORE HEROIN THAN I EVER IMAGINED.**
>
> —**KAITLYN DOWD** *COET Embedded Social Worker, City of Everett*

"I'm eternally grateful. I get really emotional about it," she says. "It still shocks me that six months ago, I was homeless in Everett, struggling, just wanting to die, and now I'm like living the life. I have a life.... Before, my day was all about how I would get my next fix, not to get high, just to feel well. I don't have to think about that anymore.

"Sometimes you need somebody to help you because you're not strong enough to help yourself. You're down and out, and somebody takes notice and gives you an opportunity."

Luckily for Davidson, that somebody happened to be the City of Everett.

"Thank you," she says, "for giving me a life I never thought I'd have."

CITYWISE

22 MENTAL HEALTH RELEASES **24** COMMUNITY HEALTH OPPORTUNITIES
26 THE ORIGINS OF AND PROGRESS ON THE OPIOID EPIDEMIC

“Washington has probably done more than any other state to reverse the epidemic. We have had a nearly 50 percent sustained reduction in unintentional prescription opioid deaths since 2008, as well as a 15 percent reduction since 2016 in overall opioid deaths, including those from heroin and fentanyl.”

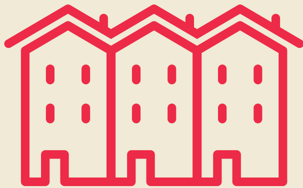
city 101, p.26 | →

LEGAL AFFAIRS

HEIDI ANN WACHTER, *City Attorney, Lakewood*

PLACE VETTINGS

CITIES COPE WITH CHALLENGES FROM MENTAL HEALTH RELEASES.



Living Side by Side

A SNAPSHOT OF WESTERN WASHINGTON CITIES WITH A CONCENTRATION OF ADULT FAMILY HOMES

LYNNWOOD
133 homes
3.5 homes per 1,000 people

SHORELINE
85 homes
1.5 homes per 1,000 people

VANCOUVER
271 homes
1.5 homes per 1,000 people

LAKEWOOD
73 homes
1.2 homes per 1,000 people

SHOULD A MAN accused of killing his roommate and charged with assaulting his father with the intent to kill live alongside a 95-year-old grandmother or an adult with "functional limitations," as defined by the state? The City of Lakewood doesn't think so, and we're trying to find a way to stop it.

Over the summer, the city learned that an accused killer who was found incompetent to stand trial three times for the 2010 murder of his roommate was set to be released from Western State Hospital into an adult family home in one of our residential neighborhoods—despite mental health evaluations stating that the 61-year-old is a high risk to commit dangerous behavior again. By the time Lakewood discovered that the placement was going forward without input from city officials, remaining options to prevent it from happening were limited.

Our legal department quickly pulled together an emergency legal action against the state Department of Social and Health Services (DSHS) to stop the release. Meanwhile, city officials involved elected officials at the state level, which ultimately led to political intervention by the governor's office, which oversees DSHS, to stop the man's discharge into Lakewood.

This problem is not isolated to our city. By law, cities and counties must permit adult family homes as residential uses, which means local jurisdictions must generally allow the homes in the same manner and in the same areas they allow single-family homes. As a result, thousands of adult family homes exist throughout the state. The problem for many communities is that DSHS appears to be stretching the definition of the adult family home resident beyond what the Legislature originally intended, placing people with a history of violence or predation with those who are, by statute, considered vulnerable to abuse.

As established, these homes are meant to offer residential housing to aging adults and those with intellectual and physical disabilities who aren't able to live on their own, but who still desire and have the capacity to live as independent a life as possible. But because the state regulates adult family homes, there's little to no way for cities to know exactly how these homes are being used.

The state's interpretation of the law no longer seems on par with the original vision; some of the people placed by the state into these homes have severe mental illness, predatory behaviors, or violent histories. As a result, these homes are morphing from safe residential settings for adults to receive occasional assistance into a version of institutional housing meant for those requiring, but not receiving, far more intensive care and supervision.

A single-family home where six adults live in a group setting is not the place for a man who previously spent 20 years committed to Western State Hospital after being found not guilty by reason of insanity on first-degree assault charges. The last time this man was released by DSHS into a residential setting, his roommate was killed, and he was charged with the murder. Seven years later, DSHS was prepared

For more information: cityoflakewood.us

DSHS appears to be stretching the definition of the adult family home resident beyond what the Legislature originally intended, placing people with a history of violence or predation with those who are, by statute, considered vulnerable to abuse.

to release the accused killer into Lakewood.

And we have since learned of at least three registered sex offenders placed by the state locally in adult family homes. Like the man who is alleged to have killed his roommate, these registered sex offenders no doubt have functional limitations that may qualify them for an adult family home, but these limitations should not overshadow other defining characteristics.

While the problem may seem easy to identify, a solution is harder to find. Part of what makes it difficult is the fact that cities have little regulatory authority when it comes to adult family homes. Still, better notifications around the release of potentially violent offenders would help, as would making sure they go into settings equipped to handle their level of threat to public safety. Typically, enhanced service facilities, which are designed to address the care needs of violent offenders, are better suited for these placements.

What can you do to prevent this from happening in your city? The short answer is not much, but here are some starting points:

- **Understand the dynamic.** Cities largely have no authority over adult family homes. They are regulated by the state, which establishes criteria, performs oversight, and issues licenses for the facilities. Attempts by cities to regulate adult family homes are generally unsuccessful because of federal fair housing rules.
- **Educate yourself.** Know what notification the state is required to give about the release of patients and how that information will come in. For example, prior to the release of someone civilly committed following dismissal of a sex, violent, or felony harassment offense, DSHS must notify the police chief of the city in which the person will reside.
- **Advocate for change.** Work with your state legislative delegation and advocate for a change in the law. As it relates to the case in Lakewood, a state Public Safety Review Panel should have reviewed DSHS's plan to release the accused killer into our community pursuant to RCW 10.77.270 and RCW 71.05.280(3)(b), but that didn't happen. The statutory authority does not clearly articulate who is responsible for ensuring that such review takes place, an oversight that should be fixed.

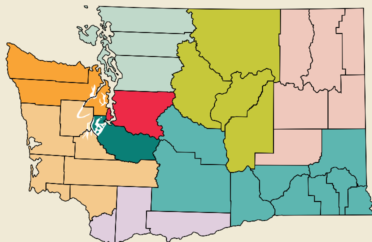
Heidi Ann Wachter *has been Lakewood's city attorney since 2002, practicing in administrative law and procedure, open public meetings, public records and disclosure, and parliamentary procedure.*

For more information: cityoflakewood.us

CITY 101

ReACH Out

Washington's Medicaid transformation demonstration project allows the state to test new and innovative approaches to providing health coverage and care through regional Accountable Communities of Health (ACHs). A map of the state's ACHs is below.



Better Health Together
Adams | Ferry | Lincoln | Pend Oreille | Spokane | Stevens

Cascade Pacific Action Alliance
Cowlitz | Grays Harbor | Lewis | Mason | Pacific | Thurston | Wahkiakum

Greater Columbia ACH
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King County ACH
King

Olympic Community of Health
Clallam | Jefferson | Kitsap

Pierce County ACH
Pierce

North Central ACH
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Southwest Washington ACH
Clark | Klickitat | Skamania

JEB SHEPARD, *Washington State Medical Association (WSMA)*

TAKING CARE

HOW CITIES CAN HELP TRANSFORM COMMUNITY HEALTH

OPEN THE NEWSPAPER or scroll your news feed, and you're guaranteed to see reports on how opioid-related abuse is impacting cities across the country. The news is deeply troubling for physicians, who are committed to "do no harm." They are distressed that substances intended to relieve human suffering have contributed to the epidemic and caused such pain.

That's why we are actively responding. Since the peak of prescription drug overdose death in 2008, our efforts have helped produce a 44 percent sustained decline in the number of prescription opioid deaths in Washington state (see "Off Peak," p. 26). Seeking to build upon this success, the state Department of Health is writing rules aimed at providing greater access to the state's Prescription Monitoring Program and improving patient safety when treating all phases of pain with opioids, effective Jan. 1, 2019. It must be noted, however, that success with prescription opioids is greatly tempered by the fact that overdose death and injury from illicit drugs—including heroin—has increased dramatically over the past decade.

What can cities do to address the opioid epidemic at the local level?

Part of the answer may be found in the Health Care Authority's (HCA) Medicaid transformation demonstration: a five-year agreement between the state and the federal government that provides up to $1.5 billion for regional health system transformation projects that benefit Apple Health (Medicaid) clients. For the first time in our state's history, HCA will seek to improve population health by addressing the whole person, including social determinants of health like supportive housing, employment, and transportation.

The project divides the state into nine Accountable Communities of Health (ACHs), based on the belief that people on the local level understand the population, have knowledge of the available and needed resources, and can better coordinate activities between health care organizations and, for example, housing advocates. Each ACH is required to submit a targeted strategy to address the opioid crisis. The WSMA has been involved in these efforts by convening subject-matter experts to identify promising strategies focused on prevention, appropriate prescribing, and access to treatment.

A project that contemplates housing, employment, and other human needs to improve population health, coordinated by people at the local level, is one in which cities should have a voice. Determine your priorities, your questions, and what resources you bring to the table, and reach out to the ACH where your city is located to begin the discussion.

By working together, we can make enormous gains. Investments, programs, and partnerships you make here and now will ensure improved health for your citizens years after we've defeated the opioid epidemic.

***Jeb Shepard**, the WSMA's associate director of policy & regulatory affairs, is currently the association's lead staff for work addressing the opioid epidemic.*

For more information: wsma.org

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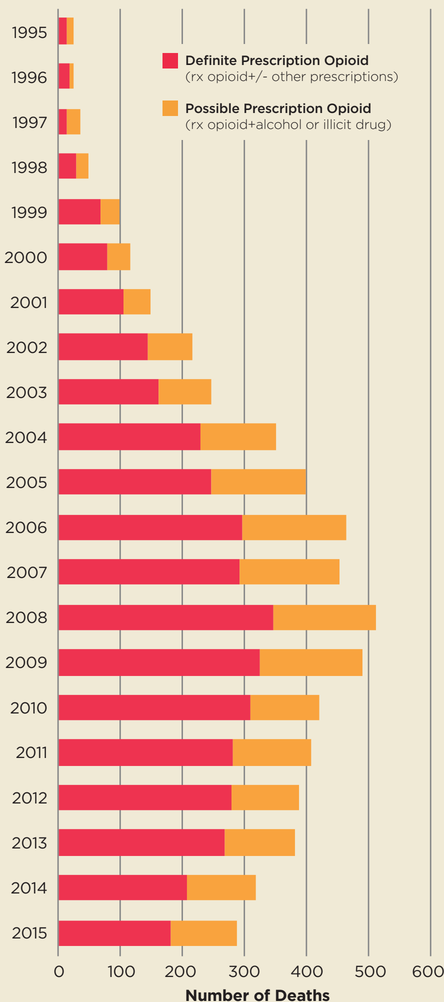
CITY 101

Off Peak

After years of startling increases, Washington's number of unintentional deaths from prescription opioids has decreased 44% in recent years, although the epidemic persists.



Source: Washington State Department of Health

GARY FRANKLIN, *MD, MPH*

KINGS OF PAIN

HOW DRUG COMPANIES DUPED US INTO AN UTTERLY AVOIDABLE EPIDEMIC

HAVE YOU EVER gone into the Sackler Wing at the Metropolitan Museum of Art in New York City? Or visited one of the many other famous museums or galleries funded by the family that privately owns Purdue Pharma, the designer and maker of OxyContin, a long-acting opioid? (An in-depth *Esquire* article from October 2017 chronicles the family's history and its role in the opioid epidemic.) If you do, you'll begin to get an idea of how much money has been made on the backs of working Americans, cities, and workers' compensation systems.

The *Esquire* article and a growing number of others like it assert that opioid makers and their surrogates lied their way to this most tragic path in American health care history—and now they are doing the same thing in developing countries via their international affiliate, Mundipharma (at least according to a *Los Angeles Times* report from late 2016). While Purdue settled with multiple states in 2007 for $700 million related to misbranding, nothing happened to stem the tide of harm to our society. Over 200,000 people have now died from prescription opioids per se, and many times that have been admitted for overdoses but didn't die; became disabled from dependence with routine problems like low back pain, headaches, or fibromyalgia; or are now irretrievably addicted.

> "Original lies" were legion: addiction is rare; there is no ceiling on dose.

We are talking about pills so addictive that 20 to 30 percent of patients taking them for more than three months are addicted (opioid use disorder), and it probably doesn't take longer than days to weeks for someone to become so dependent that they may never be able to come off the drugs. A recent epidemiological study found that the risk of long-term opioid use goes up by 1 percent per day starting with just the third day of use, and 6 to 8 percent of adults and nearly 5 percent of kids undergoing elective surgery remain on opioids indefinitely, even when they weren't taking these drugs prior to surgery. Did the drug companies know about these highly addictive properties when they had their drug-detail people going into doctors' offices extolling the drug's benefits? We don't know, but it does sound an awful lot like the "big tobacco" situation regarding nicotine.

The "original lies" were legion: addiction is rare, less than 1 percent; the way to treat tolerance is to keep increasing the dose; there is no ceiling on dose. Purdue, through its medical director, even coined a new term: pseudoaddiction, meaning that the patient may look addicted, but really what they need is more opioid. Then one of the nation's largest professional pain societies lobbied the organization that monitors quality for hospitals to add three questions to a hospital survey indicating whether patients in pain were adequately comforted—meaning, did they get

For more information:
agencymeddirectors.wa.gov

enough opioids. Medicare would then ding doctors whose patient satisfaction ratings were not good. This came to be called the "pain as the fifth vital sign" effect, you know, along with such clearly quantifiable things as temperature, blood pressure, and pulse.

Along with these drug company–sponsored efforts came the coup de grâce: getting state regulations changed in more than 20 states to make opioid prescribing much more permissive. In Washington in 1999, these new regulations at the medical board level included language like, "No disciplinary action will be taken against a practitioner based solely on the quantity and/or frequency of opioids prescribed." A doctor could be handing out bags of opioids, yet if they had a lawyer in tow, this language made it extremely difficult for state boards to take action. Thankfully, our Legislature repealed this language in 2010, introducing new standards based on the Washington Agency Medical Directors' Group's opioids guidelines.

In fact, Washington has probably done more than any other state to reverse the epidemic. We have had a nearly 50 percent sustained reduction in unintentional prescription opioid deaths since 2008, as well as a 15 percent reduction since 2016 in overall opioid deaths, including those from heroin and fentanyl. The governor is displaying leadership by introducing badly needed legislation to get addiction treatment to those who need it. And state agencies and the Bree Collaborative have recently introduced new dental prescribing guidelines to reduce the opioid pipeline to adolescents—the most vulnerable potential users—from minor surgical procedures. The state's medical boards and commissions are now developing new rules on reducing acute prescribing and on mandatory use of Washington's Prescription Monitoring Program.

But we are all in this together, with a common understanding of the best paths forward: on one hand, reduce inappropriate acute prescribing to prevent the next cohort of our citizens from getting addicted; on the other, get the needed treatment to our citizens who are already addicted. We can and will beat this tragic and completely preventable epidemic.

__Gary Franklin__, MD, MPH, is a research professor in the Departments of Environmental Health, Neurology, and Health Services at the University of Washington and the medical director of the Washington State Department of Labor and Industries.

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With collaborative and creative approaches, cities can help light a path beyond addiction and mental health struggles.

THERE'S NO EASY WAY to progress for people with addiction or mental health issues. It's a daunting journey, and there's no road map or clearly identified detours.

The same can be said for the communities in which these people live, faced ever more with people in the streets, with people struggling in their own lives, with behavioral health issues that affect every generation. What steps can cities take to help combat this growing public health crisis and make a real difference? Communicate and educate to build awareness and start dialogue, using whatever tools resonate with community groups: website, social media, events, newsletters, nontraditional advertising. Act as a clearinghouse for resources and referrals. Partner with local schools to talk to students and parents about the dangers of prescription drugs—and create pathways for young citizens to develop the skills and self-confidence that can reduce future risky behavior.

Most cities don't have the resources or expertise to manage the challenge alone, so collaboration and coalitions are part of the solution. Develop partnerships that can help you innovate and think outside the box, looking at need and available services. Different perspectives can help destigmatize behavioral health issues, which in turn can facilitate a transition away from a criminal justice approach to a more holistic focus on intervention and prevention.

It may seem a long road, but the destination can change. Together, with strong and empathetic leadership, we can develop alternate routes.

Aurora Avenue in Seattle, circa 1960s

PHOTOGRAPH COURTESY ARTIFACTS CONSULTING

2018 City Legislative Priorities

The Legislature must take action on the following city priorities to help our communities and state thrive.

Strengthen city tools to address housing conditions in our communities

Direct funds to mental health, chemical dependency, and social safety net programs

Enhance economic development tools and programs that foster business development in cities

Preserve state-shared revenues with cities and increase law enforcement training funds

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