

## Prescription drug and opioid misuse prevention

### Program overview

Washington Health Care Authority's Division of Behavioral Health and Recovery (HCA/DBHR) and partnering agencies support opioid and prescription medication prevention strategies that align with the Washington State Opioid and Overdose Response Plan. [Plans addressing the opioid crisis in Washington State](#) were laid out by HCA in 2021.

Prescription drug/opioid misuse is a critical health issue. Young adults ages 18-25 are the largest group misusing opioid pain relievers and other medications. Opioid misuse can lead to opioid use disorder and an increased risk of death from overdose. Most young people who misuse prescription drugs are taking medications prescribed to others, often friends or family members. Up to sixty percent of prescribed medications are unused by patients, and much of this unused medication remains in private homes. Often medications are not stored securely, which provides easy access to young people and others seeking medications.

HCA's Division of Behavioral Health and Recovery (DBHR) is leading efforts to address the risks misusing prescription drugs. DBHR is implementing a collaborative, strategic plan with prevention campaign messaging, evidence-based prevention education, prescriber education, and increased utilization of the Prescription Monitoring Program (PMP).

### Prevention projects

#### Strategic plan development and opioid prevention workgroup

Prevention campaigns begin with workgroups of experts who create and evaluate a coordinated strategic plan among state agency partners to prevent prescription drug and opioid use.

DBHR staff are key members and leads of the Opioid Prevention Workgroup implementing the following goals and strategies of the Washington State Opioid Response Plan:

- Engaging our community to implement strategies to prevent opioid misuse, especially among youth
- Training and supporting health care providers to use best practices when prescribing opioids
- Increasing the use of the Prescription Drug Monitoring Program among health care providers to coordinate care
- Educating the public about the risks of opioid use, including overdose, through public education campaigns, such as the Starts with One campaign: [www.getthefactorsrx.com](http://www.getthefactorsrx.com) and [www.watribalopioidsolutions.com](http://www.watribalopioidsolutions.com)
- Promoting safe home storage and implementing a statewide drug-take back system
- Collaborating with law enforcement and stakeholders to decrease supply of illegal opioids

### Evidence-based prevention education

Evidence-based education is proven to prevent prescription drug and opioid misuse, particularly among youth and young adults. These education activities are targeted for communities with the highest risk for opioid use disorder. Intentional, relevant, and evidence-based learning should reduce the number of youth and young adults using prescription pain relievers recreationally or using prescription drugs not prescribed to them.

### Safe storage and disposal of medications

Promoting safe home storage and appropriate disposal options of prescription medications is shown to prevent misuse. Through expanding prevention campaign messaging with a keen focus on awareness of prescription drug misuse issues, including disposal, health care settings and communities with higher risk for opioid use disorder can be safer and better informed. Objectives of this education campaign are to

increase the number of adults who report safely and securely storing medication in the home and know how to properly return unused medications.

### Prescriber education

Best practices among health care providers for prescribing opioids is promoted by expanding prescriber and public education in various healthcare settings and increasing the utilization of the PMP. Doing so will likely reduce the number of opioid prescriptions prescribed to youth and young adults and increase the utilization of the PMP.

### Community Prevention and Wellness Initiative (CPWI) coalitions and community-based organizations

DBHR, through a grant program in 2014, provides funding to qualifying CPWI coalitions; this enables grantees to purchase, install, and maintain permanent and secure medication drop boxes. This program has grown and is now imbedded in other federal grants for service expansion. With the award of the State Targeted Response (STR) to the Opioid Crisis grant in 2017, five new CPWI sites and four community-based organizations (CBOs) were funded to expand statewide opioid prevention efforts. These efforts involve implementing evidence-based direct service programs aimed at reducing opioid misuse, as well as finding participation in local, state, and national drug take-back events.

Grantees partnered with law enforcement, coalitions, and community-based organizations to collect 5,332 pounds of medication on April 20, 2022, National Drug Take-Back Day.

In 2018, DBHR expanded an additional 18 CPWI sites with funding from both the State Opioid Response (SOR) and the Partnerships for Success 2018 grants. With SOR, Washington funded nine community-based organizations to implement prevention services in high-need communities around the state.

In 2020, DBHR was awarded the SOR II grant to continue this work with 23 CPWI sites and 10 CBO grantees. In 2022, DBHR was awarded the SOR III grant to continue this work with 22 CPWI sites and

eight CBO grantees.

### Eligibility requirements

CPWI coalitions, community-based organizations, and state agency partners who have demonstrated needs are eligible. Key leaders in turn demonstrate readiness and support to implement a project.

### Authority

DBHR is authorized as the single state agency to receive and administer STR and SOR grants that focus on comprehensive opioid prevention strategies.

### Budget

The STR Grant provided \$2,355,768 per year from 2017-2019 for primary and secondary prevention.

The SOR grant provided more than \$6.3 million per year for two years for prevention activities for Washington State from 2018-2020.

The SOR II grant provided over \$5 million per year for two years from 2020-2022.

The SOR III grant provides close to \$5 million per year, 2022-2024, to continue this work.

All other prevention education and awareness efforts are unfunded and implemented with existing staff and resources.

### People served

During the first two years of implementing the SOR grant, the CPWI initiative served 4,894 participants through evidence-based programs, coalition activities, and trainings in Washington communities with a higher risk for opioid use disorder. Local coalitions served 59,198 duplicated participants through environmental (policy) and information dissemination strategies, and reached 94,861,162 individuals through public education campaigns. DBHR also served 1,351 program participants through evidence-based programs with our community-based organization (CBO) grants.

In year one of the SOR II Grant, 1,936 unduplicated participants were served through evidence-based programs, coalition activities, and trainings

through CPWI. Additionally, 185,434 were served through environmental and information dissemination strategies, and 35,414 students were served via school-based prevention and intervention services. Another 923 program participants were served through evidence-based programs with community-based organization (CBO) grants. Over 23 million people were reached through DBHR's Starts With One campaign. And through the TelePain program, 1,392 primary care providers attended case consultations.

In year two of the SOR II Grant, 5,068 unduplicated participants were served through evidence-based programs, coalition activities, and trainings through CPWI. An additional 264,052 individuals were served through environmental and information dissemination strategies, and 83,153 students were served via school-based prevention and intervention services. Also, 1,770 program participants were served through evidence-based programs with community-based organization (CBO) grants. Over 4 million people were reached through DBHR's Starts With One campaign. And through the TelePain program, 1,345 primary care providers attended case consultations.

## Partners

This coordinated opioid prevention work continues through ongoing partnerships with the Washington State Department of Health, Labor and Industries; University of Washington; Washington State University; Washington State Hospital Association; Washington State Medical Association; Washington State Poison Center; and several other state agencies and local community-based organizations and providers supporting the goals of the Washington State Opioid Response Plan.

## Oversight

Internal: Division of Behavioral Health and Recovery

External: Substance Abuse and Mental Health Services Administration/ Center for Substance Abuse Prevention

## For more information

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