

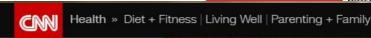
Lessons from the First Year Implementing A Local Prescription Drug Abuse Coalition

Matt Willis, MD MPH
Public Health Officer
Marin County



SAFE

MARIN COUNTY PRESCRIPTION DRUG MISUSE AND ABUSE INITIATIVE





Ditteburgh Danneyhani

U.S. Edition + D mer



Doctors must lead us out of our opioid abuse epidemic

By Dr. Sanjay Gupta, Chief Medical Correspondent

① Updated 1:54 PM ET, Thu June 2, 2016















Melania's website taken down amid controversy



Ex-beauty queen jailed

Today's Mortgage Rat

3.17%

APR

Calculate New Payment



WELCOME

What can we do as a community to prevent prescription drug misuse and abuse and save lives?

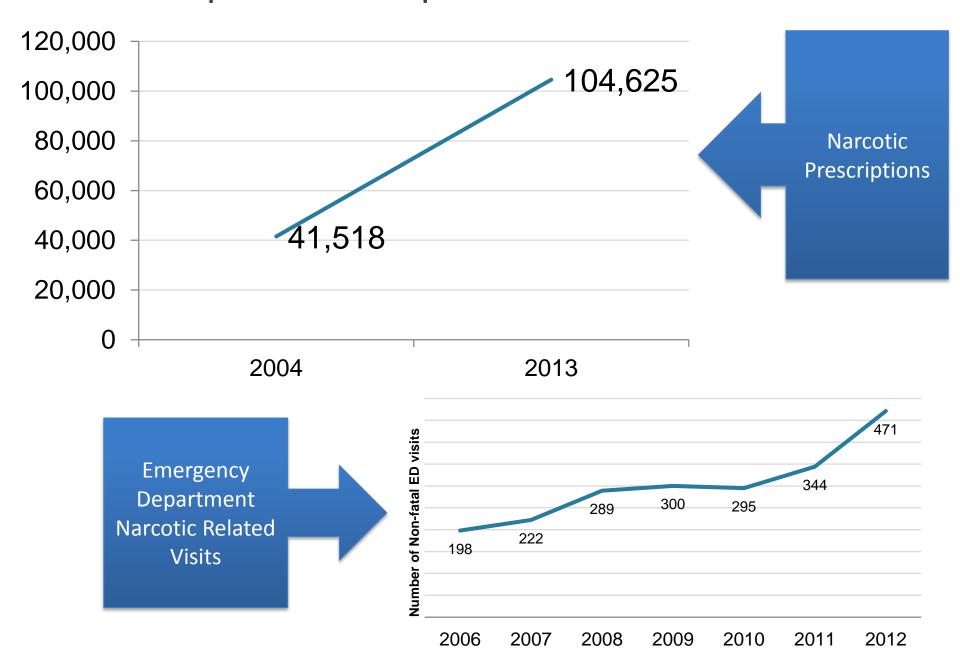


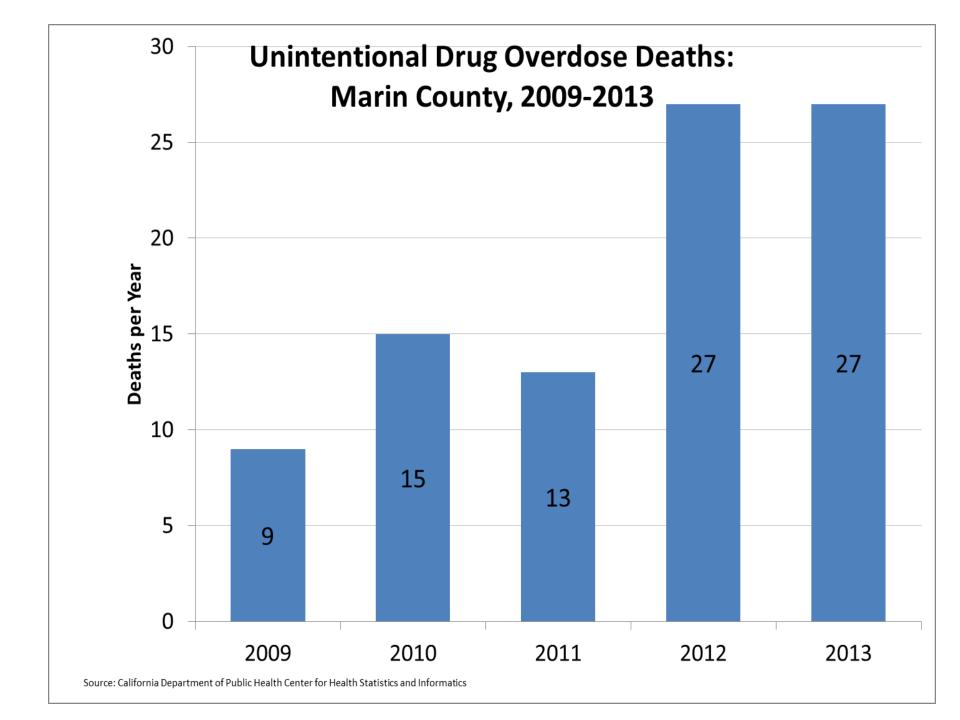






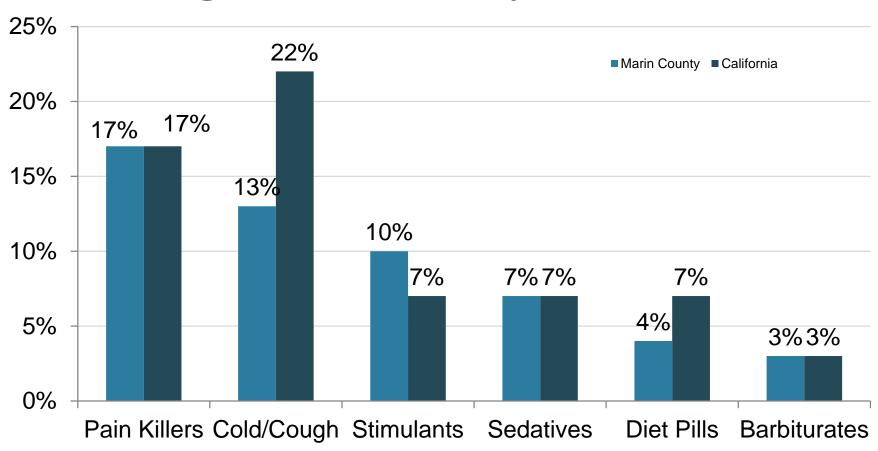
Marin: Opioid Prescriptions and Related ED Visits

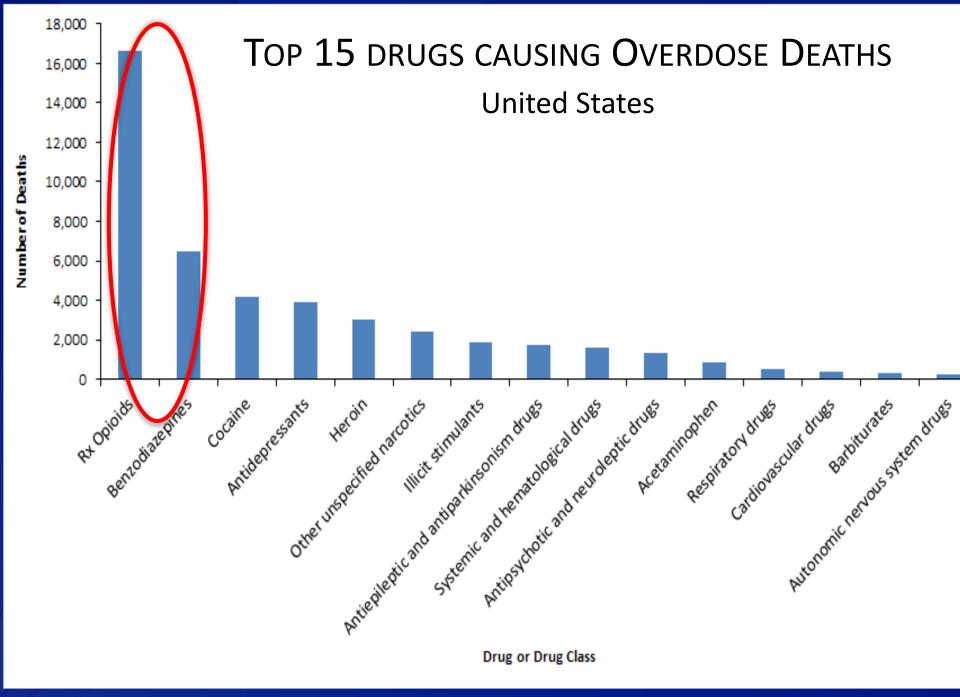




Non-Medical Use of Pharmaceuticals

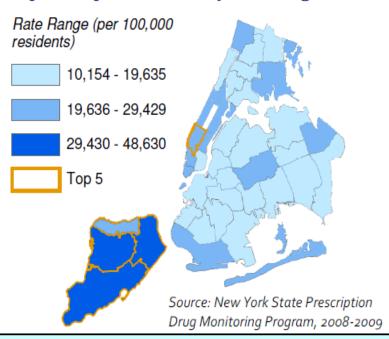
Among Marin County 11th Graders



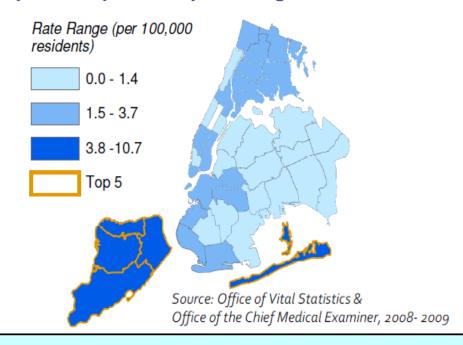


Neighborhoods with More Opioid Prescriptions Have More Overdose Deaths

Rates of hydrocodone and/or oxycodone prescriptions filled by NYC neighborhood⁵



Rates of unintentional opioid analgesic poisoning (overdose) deaths by NYC neighborhood⁴



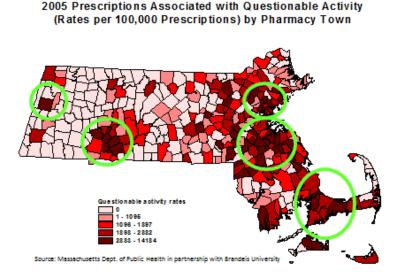
Definitions: The United Hospital Fund (UHF) classifies NYC into 42 neighborhoods, comprised of contiguous zip codes. Income is defined by the percent of households below 200% of the federal poverty level (Census 2000) and separated into three groups: low-income (43%-70%), medium-income (30%-43%) and high-income (13%-30%). To ensure rate stability, two years of prescription and death data were combined for neighborhood analyses.

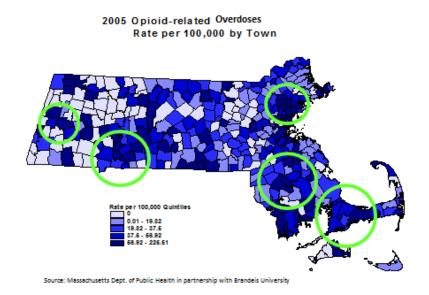
Source: http://www.nyc.gov/html/doh/downloads/pdf/epi/epi-data-brief.pdf

Using CURES When Prescribing

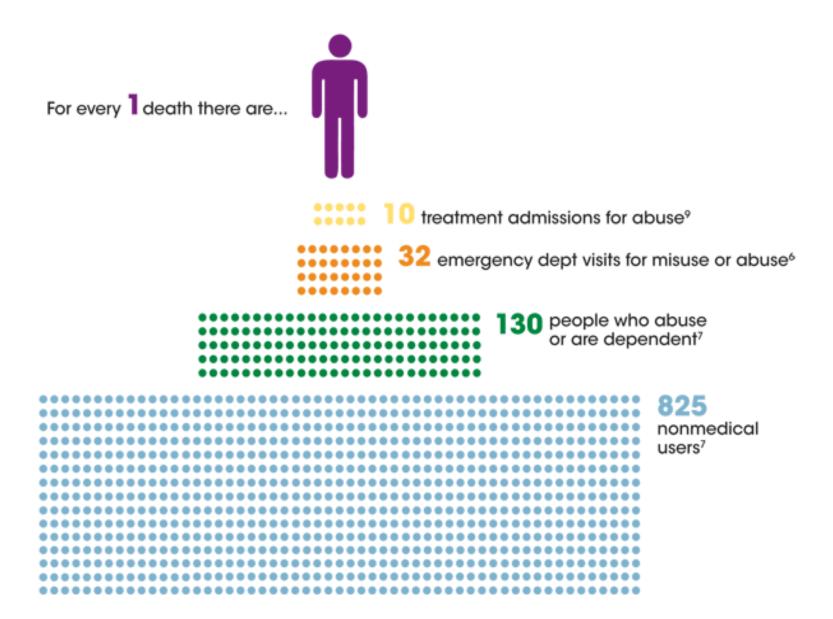
"Doctor Shopping" rates

Opioid Overdoses





Slide provided courtesy of Peter Kreiner, PMP Center of Excellence at Brandeis. Doctor shopping, the questionable activity, was defined as 4+ prescriber s and 4+ pharmacies for CSII in six months.

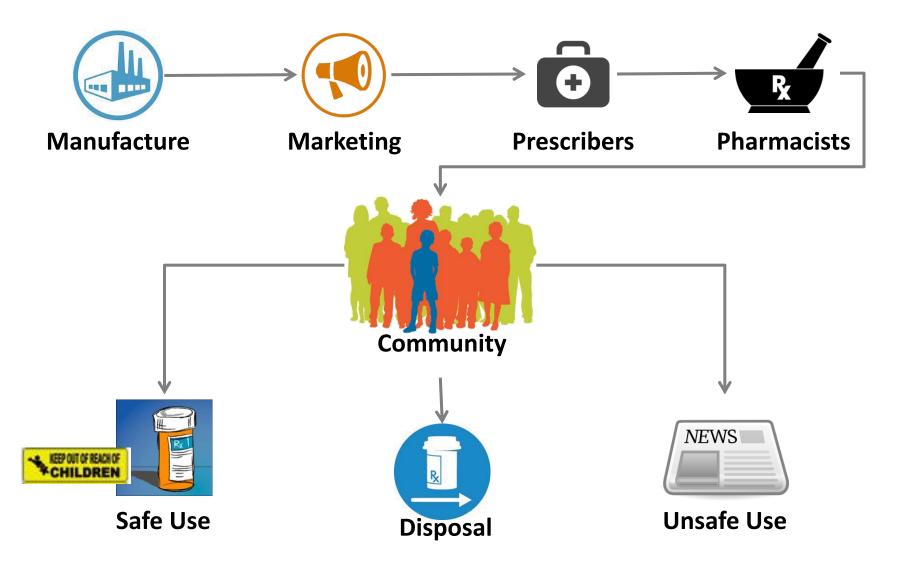


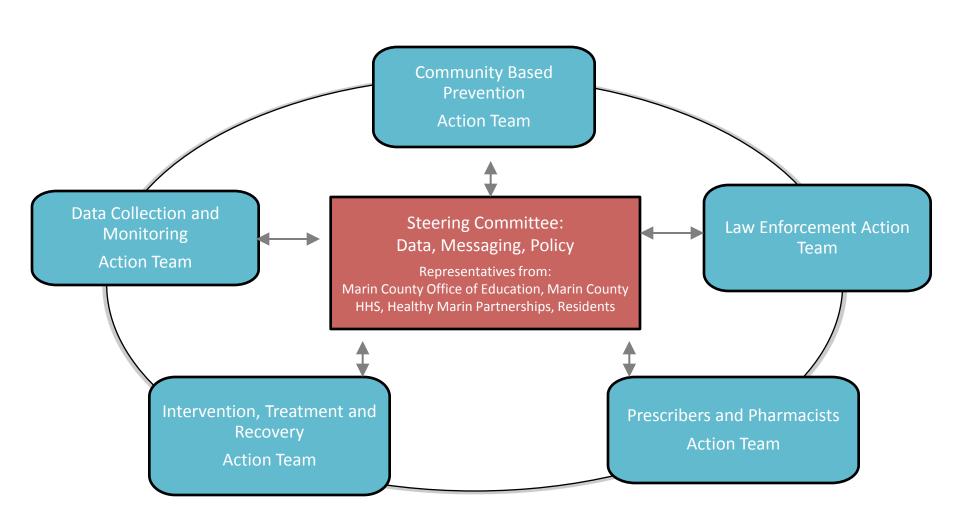


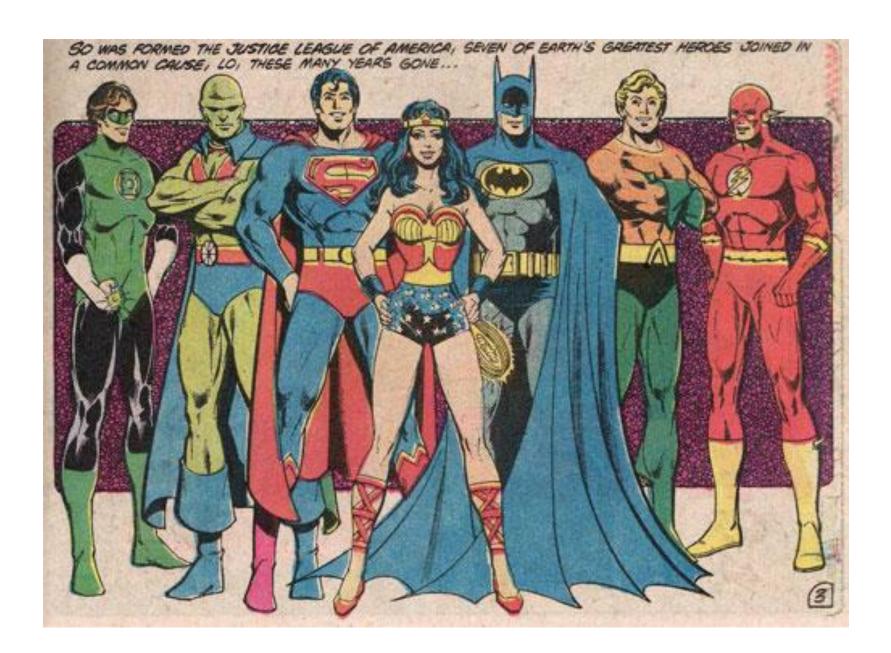
Public Health Approach

- "Every system is perfectly designed to get the results that it gets."
 - Paul Batalden, MD
- What are the key parts of the "system" in Sacramento County?
 - Healthcare, law enforcement, policymakers, community members, schools, public health, business etc.
- What are the results of the current system at work?
 - Overdose deaths
 - Addiction and dependence
 - Misuse
- How do you recreate the system to support safe medication use?

The Life of a Pill







Strategic Goal: Prescribers and Pharmacists

Goals:

 Reduce total number of narcotics prescribed in Marin County by 15% annually 2014 to 2016

Actions:

 Adopt safe prescribing guidelines for emergency rooms and clinics

SAFE PAIN MEDICINE PRESCRIBING IN EMERGENCY DEPARTMENTS



- We care about you. We are committed to treating you safely.
- Pain relief treatment can be complicated.
 Mistakes or abuse of pain medicine can cause serious health problems and even death.
- Our emergency department is committed to providing safe pain relief options. Many types of pain can be safely and effectively managed without prescription medications.

For your SAFETY, we follow these rules when treating your pain:

- We look for and treat emergencies. We use our best judgment when treating pain. These recommendations follow legal and ethical advice.
- You should have only one provider and one pharmacy helping you with chronic pain. We do not usually prescribe pain medication if you already receive pain medicine from another health care provider.

If you need help with substance abuse or addiction, call [415] 755-2345

for confidential referral and treatment.

- 3. If prescription pain medication is needed, we generally only give you a small amount.
- 4. We do not refill lost or stolen prescriptions. If your prescription is stolen, please contact the police.
- We do not prescribe long-acting pain medicines: OxyContin, MSContin, Fentanyl (Duragesic), Methadone, Opana ER, Exalgo and others.
- We do not provide missing doses of Subutex, Suboxone, or Methadone.
- 7. We do not usually give shots for flare-ups of chronic pain. Medicines taken by mouth may be offered instead.
- Health care laws, including HIPAA, allow us to ask for your medical records. These laws allow us to share information with other health care providers who are treating you.
- 9. We may ask you to show a photo ID when you receive a prescription for pain medicines.
- We use the California Prescription Drug Monitoring Program, called CURES. This statewide computer system tracks narcotic and other controlled substance prescriptions.

These standards were developed by Marin County Department of Health and Human Services, Marin County Emergency Medical Services and all Marin County hospital Emergency Departments.







If you are a person with a disability and require this document in an alternate format (example: Braille, Large Print, Audiotape, CD-ROM), you may request an alternate format by calling: (415) 473-4167(Voice)(415) 473-3232 (TTV) or by e-mail at: <a href="mailto:cmailto:

Opioid Prescribing for Chronic Pain: Guidelines for Marin County Clinicians

Although prescription pain medications are intended to improve the lives of people with pain, their increased use and misuse have led to a rise in narcotic addiction and overdoses in Marin County and across the country. These guidelines are designed to help clinicians improve patient outcomes and limit the risk of unintended harm when considering the use of opioids for the treatment of chronic non-cancer pain (CNCP). These guidelines do not address the use of opioids for acute pain, nor do they address the use of opioids for the treatment of pain at the end of life. These guidelines are intended to supplement and not replace individual prescriber's clinical judgment.

For prescribers considering opioids for the treatment of chronic non-cancer pain, these guidelines suggest key practices in the following areas:

- ASSESSMENT AND MONITORING
- PATIENT AND FAMILY INFORMATION
- PATIENT/PROVIDER AGREEMENTS
- CHRONIC NON-CANCER PAIN TREATMENT RECOMMENDATIONS
- NON-NARCOTIC ALTERNATIVES
- CAUTIONS REGARDING CO-MORBIDITIES OR INTERACTIONS
- RELATIONSHIP WITH PHARMACIES AND EMERGENCY DEPARTMENTS
- SAFE STORAGE AND DISPOSAL
- ADDICTION AND DEPENDENCE REFERRALS

These guidelines were developed in collaboration between Marin County Department of Health and Human Services, the

RxSafe Marin Prescribers and Pharmacists Committee, and the Marin Medical Society.

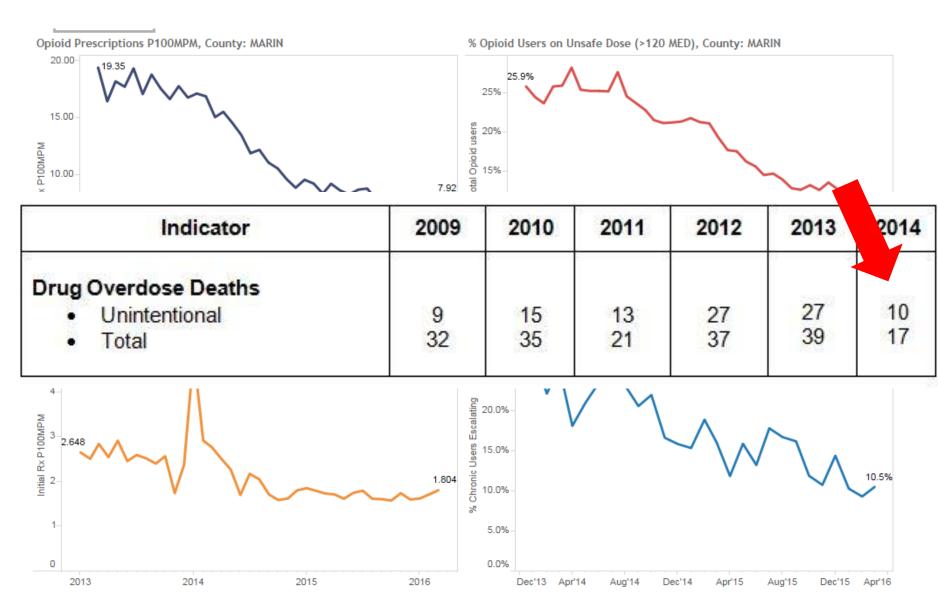








Opioid Prescriptions in Marin County



Strategic Goal: Data Action Team

• Goal:

 Marin County will have county-wide relevant data on prescription drug misuse and abuse

Actions:

- Develop a report card with 5-10 key data elements to track prospectively
- Engage community in selection of indicators of greatest relevance and disseminate through CBP Action Team

Draft Report Card

Updated: 12/17/2014

RxSafe Marin Report Card Draft

Prescription drug abuse has been named a national epidemic by the Centers for Disease Control and Prevention and the World Health Organization. Marin Country's community has been deeply affected and lives have been lost unnecessarily. RxSafe Marin is a communitywide initiative designed to address the problem. Dedicated partners from public health, treatment and prevention ductation, law enforcement and community advocacy groups are working together to address the

In order to describe prescription drug misuse and abuse in Marin County, we first identified and explored available data sources. Many of the information systems illustrate consequences of drug abuse such as hospital, drug treatment, and criminal justice data. Others, like controlled substance prescriptions and take-back data, show other aspects of the issue. A goal of the RxSafe Marin Report Card is to make findings from existing sources accessible to a wider audience. The data presented in the report card have been obtained from multiple sources, many not designed for epidemiological analysis. Therefore, observed variations may be due to institutional factors (e.g., changes in reporting or administration). Alternative explanations should be considered in the interpretation of the report card

The RxSafe Marin Report Card shows the scale of prescription drug misuse and abuse in Marin County by looking at multiple factors over the last five years. This report card gives us is an initial bench mark to track progress over time as efforts to reduce prescription drug abuse strengthen. Readers are advised not to consider a single data point alone but rather encouraged to look at all of the information as a reflection of this important issue in our community.

	Data Indicators	2009	2010	2011	2012	2013
1	Drug poisoning deaths Unintentional Total drug poisoning deaths	9 32	15 35	13 21	27 37	27 39
2	Non-fatal opioid-related emergency department visits	300	295	344	471	352
3	Student self-report Rx painkiller misuse		17% (N=1,631)			16% (N=1,734)
4	Number of controlled substance prescriptions		396,518	403,561	416,777	412,356
5	Median number of pills per narcotic prescription		50	45	50	56
6	Number of Practitioners and Pharmacists Registered with Controlled Substance Utilization Review and Evaluation System/ (CIRES), California Prescription Drug Monitoring Program (POMP) • Practitioners • Pharmacists		54 4	95 9	121 11	149 42
7	Pounds of safely disposed medications Via take back events Via EHS collection sites	2,941	4,638	390 4,555	634 5,202	1,085 6,433
8	Drug Possession Charges and Cases Number of Charges Filed Number of Cases	329 260	408 366	539 444	544 485	745 653

Page 1 of 2

Updated: 12/17/2014

	Data Indicators		2009	2010	2011	2012	2013
	9	Naloxone doses administered by Emergency Medical Services	205	186	198	171	131
	10	Adult treatment and detox admissions (fiscal year, 2009 represents July 2008 - June 2009, etc.) Total adult treatment admissions 'k of clients reporting opiate use (including heroin) at time of admission	2,026 28.9%	1,901 29.4%	1,395 32.1%	1,395 32.1%	1,800 28.2%

Report Card Indicator Sources

- 1. Unintentional drug poisoning deaths. Source: California Department of Public Health (CDPH) Vital Statistics
- Non-fatal opioid-related emergency department visits. Source: Office of Statewide Health Planning & Development (OSHPD), Emergency Department Data, prepared by California Department of Public Health, Safe and Active Communities Branch
- 3. 11th grade student self-report Rx painkiller non-medical use. Source: California Healthy Kids Survey (CHKS)
- Number of controlled substance prescriptions. Source: Controlled Substance Utilization Review and Evaluation System (CURES), California Prescription Drug Monitoring Program (PDMP)
- Median number of pills per narcotic prescription. Source: Controlled Substance Utilization Review and Evaluation System (CURES), California Prescription Drug Monitoring Program (PDMP)
- 6. Number of prescribers registered with CURES, Source: Controlled Substance Utilization Review and Evaluation System (CURES), California Prescription Drug Monitoring Program (PDMP)
- 7. Pounds of safely disposed medication. Source: County of Marin Environmental Health Services (EHS), Drug Enforcement Administration (DEA)
- 8. Number of drug-related possession charges filed in court against a defendant. Number of cases with drug related charges. Source: County of Marin District Attorney (DA)
- 9. Naloxone administrations by Emergency Medical Services. Source: Marin County Emergency Medical Services
- 10. Total adult drug and alcohol treatment and detox admissions and percent of clients reporting opiate use at the time of admission. Source: CalOMS Treatment (CalOMS Tx): California's data collection and reporting system for alcohol and other drug treatment services:

LiveStories



Strategic Goal: Community Based Prevention Action Team

• Goals:

- Patients make informed and responsible choices (reduce demand)
- Engage community in policy development, implementation and enforcement (reduce access)

Actions:

- Campaign to increase understanding of harm of Rx abuse.
- Amend existing social host ordinances in at least two jurisdictions to include consequences for Rx drugs at parties.



marinij.com

LOCAL GOVERNMENTS

News ▼

Sports *

Business ▼ Entertainment ▼

Lifestyle *

Obituaries ▼

Opinion ~

Blogs ▼

Contact:

David Zaltsman
Deputy County Co
Office of the Cour

Marin County Civi 3501 Civic Center San Rafael, CA 9 (415) 473-6127

Email: David Zalt www.marincounty

Home

Local governments

Marin cracks down on teen drug, drinking parties

By Nels Johnson, Marin Independent Journal

POSTED: 02/09/16, 5:40 PM PST

UPDATED: ON 02/09/2016

0 COMMENTS

A county "social host" ordinance designed to crack down on teen drinking parties was expanded to target use or possession of pills, pot and other controlled substances.

The Board of Supervisors enthusiastically approved the move Tuesday, imposing fines on parents of teens who hold parties at home involving drinking or drugs.

ordinance is designed to confront and mitigate the prevalent problem of underage drinking and loud or



w

an update to for juvenile

New data indicate progress in campaign to prevent opioid deaths in Marin



PHOTOGRAPH BY JEFF SINER/CHARLOTTE OBSERVER OxyContin is an opioid pain medication. Marin health officials have been trying to curtail prescription drug abuse and prevent opioid overdose deaths in the county.

By Richard Halstead, Marin Independent Journal

1 COMMENT

New data indicate efforts in Marin to reduce the number of overdose deaths from narcotic painkillers, or opioids, may be having some effect.

marinii.com SOUND OFF

Business▼ Entertainment▼

Lifestyle ▼

Obituaries ▼

Marin Voice: Abuse of prescription drugs is a Marin problem

Bu Dr. Matthew Willis

Home Sound Off

POSTED: 01/11/16, 2:14 PM PST

UPDATED: ON 01/11/2016

7 COMMENTS

Last week, Independent Journal headlines featured a Marin County physician who was charged with illegally obtaining prescription drugs. This event must be viewed in the context of the public health crisis we are facing regarding prescription drug abuse as a community.

The Centers for Disease Control and Prevention has identified prescription drug abuse as a national epidemic, and our county has been deeply affected.

In 2013, there were 27 accidental fatal drug overdoses in Marin — one every two weeks. This is more than twice the number of motor vehicle accident fatalities.

Beyond these deaths, there are many more whose lives, and those of their loved ones, are damaged by dependence and addiction. In Marin County, admissions to treatment centers for addiction to prescription narcotics - medicines like Norco, Oxycodone and morphine - have increased dramatically over the past decade, as have emergency department visits for near-fatal overdoses.

MARKETING

inclining for the Chicago.

It was Chicago's first and Asia Million was share. Also obviously seem of the linguistic less when such down after such of the last 20 of the Indian period.

Julia obviously seem of the linguistic ran period store them before protocol in the size of the last protocol in the size of the linguistic range of the linguistic range of the last of the las

one of them which go at a in the Racern Conference. Sp's Cippen each had one thickenting out in the hadron of the same and a second thickenting out in Value side.

Consult is Yamen side.

Blackhawks

Overdoses.

The stands of the

where during the control of the cont

Loss to the gene during will be at langua lay.

Chicagol immograc and per After haveling late in leaf to the hear of seen the late gene gloss were the dime which lending to the late gene gloss were the dime which lending

RxSafe Marin at 9 Marin County Board of Supervisors. Published by Anna Lebedeff [?] - February 9 at 3:40pm - @

to making it safer and healthier for all of us." Ruby Rave Clarke, an 8th grader from West Marin, and Co-Chair of the Marin County Youth Commission, and member of Communities Mobilizing for Change on

Alcohol (CMCA), addresses the Board of Supervisors during a merit hearing in which the Board unanimously adopted amendments to the

https://youtu.be/gvk1PDaYYNI #RxAbuseAware #SocialHostOrdinance

county's Social Host Ordinance. Watch the videos!

"We deserve an opportunity to learn from our mistakes, to receive support from our peers and adults, and to contribute as leaders in this community,

from against good teams," ship the games 2 and 4 and

Sharks

an noting, the world respect as including any specified was in their rown building. It was the Shakhe bone record. White suited to be seally standard by the control of the seal of the seal of the sealing the se

on game. I think employly might how shar how a to-inowether, consister where tree. And for white-we can deal to mee an and plays when you have been play to the property of the think game of the said of the white-y' deals more play. Must be presenting to the think sold out but "White-white-think tree personnes to the mail, and it is not a before game think of "White-white whiteful"; game to the mail, and it is not a before game think

Sharks were 9-2 as home. Althouse Meanlayfor their said of playing in from the against played from a wife of playing in from the control over their Medialogue. In almost two years, the New Net Rangemann. Sharks wheel operating gave on the road, we therefore the Medialogue Annual 26 as of their first and the medialogue and the cond, we therefore the medialogue and the cond, we the Nation and the Medialogue and the cond, we then the said of the cond, we then the cond of t

Sharks Sharks can be been antiqued effects by the limited can't within the east, "I than it with more of both game. The description of description is the body in the consistency of both games at the consistency of the cons

consisting at loss, state:

That work though it shows a temberature had been specified as the specified as t

and the state of t

"Well-novembert verification" games on the road, and a six of a throne games bits under the road one of the road o

disched aplayed special stated Similar attention likeling for sand to playing.

"The most to pursant but areasy brinded number in frost of a highered at thing is we play well at of thistor remaked anti-brind hos."

It's Time for Spring Cleaning! National Prescription Take-Back Day April 30, 2016 10am-2pm www.deadiversion.usdoi.go



RESEARCH & DEVELOPMENT

Another California County Wants

Pharma to Pay for Drug Take-Backs

LITIGATION

PRICING & PATIENT ACCESS

Serious Risks About Existing Drugs Aren't Given to Trial

Pharmalot. Pharmalittle.. Good Morning: We're

ALAMEDA COUNTY DRUG ABUSE INTERSTATE COMMERCE PHRMA SCOTUS



ARTICLE







COMMENTS (4)



By ED SILVERMAN

Yet another California county plans to ask the pharmaceutical industry to fund a drug take-back program. Yesterday, the Marin County Board of Supervisors that would expand an existing program and require drug makers to underwrite the cost. If the board finalizes the ordinance next month. Marin would become the fifth California county to take

The move comes two months after the

U.S. Supreme Court denied an industry request to review a lawsuit filed over a drug take-back program in Alameda County.

makers pay for take back programs, but PhRMA says don't flush. — Agence France-Presse/Getty

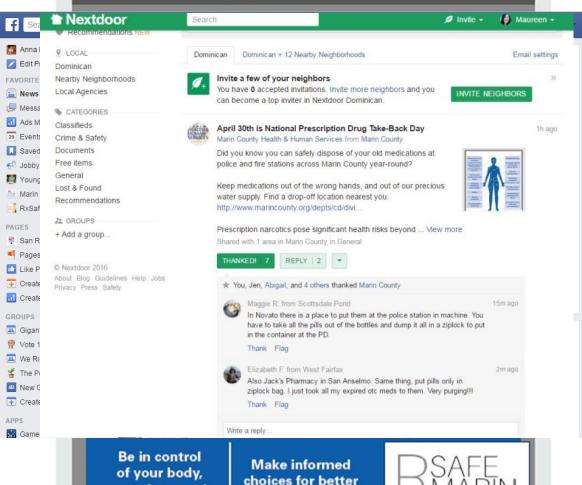


SIR MARTIN SORRELL

CONSIDER YOUR OPTIONS

when addressing pain

Myths vs. Facts



quality of life

Learn more at rxsafemarin.org

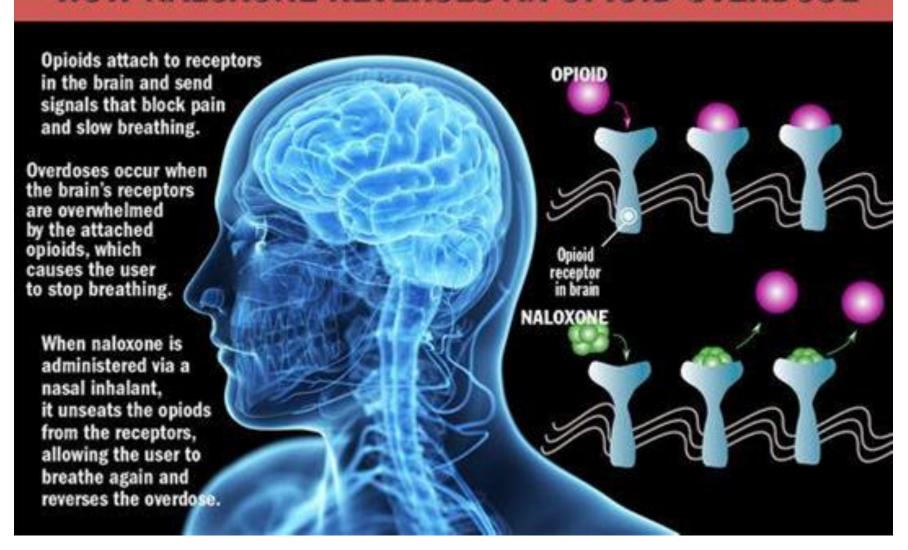
emotions, and

health

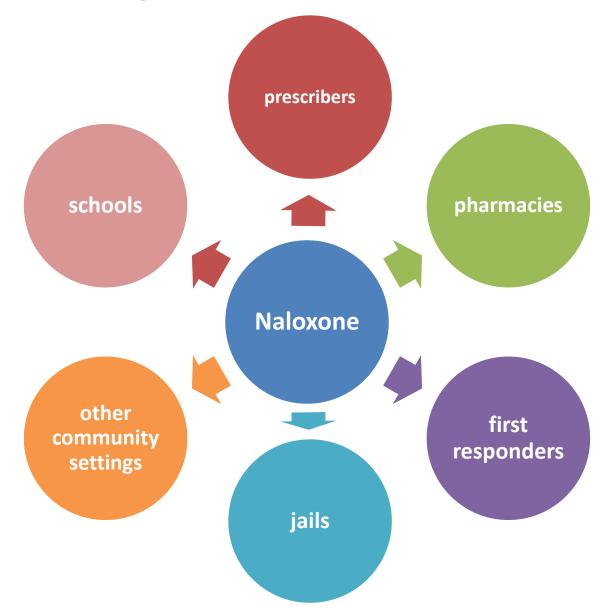
Strategic Goal: Intervention, Treatment and Recovery

- Goal:
 - Increase naloxone availability county-wide
 - Increase MAT availability county-wide
- Actions:
 - Marin County Naloxone Education and Distribution Plan
 - Recruitment and training for buprenorphine providers

HOW NALOXONE REVERSES AN OPIOID OVERDOSE



Increasing Naloxone Availability



Schools

- GOAL: By March 2017
- There will be at least one naloxone intranasal kit available in five high schools in Marin County
- At each site, there will be at least one individual trained in naloxone administration

Public Safety

- GOAL: By March 2017
- Squad cars in at least one city will carry naloxone with officers trained in its administration
- At least ten at-risk inmates will be provided with naloxone and training upon release from jail
- At least ten at-risk risk probationers will be provided naloxone and training
- County-provided first responder training will including the use of naloxone

Healthcare

- GOAL: By March 2017
- At least two primary care clinics will dispense naloxone to high risk patients who are provided an opioid prescription
- At least two CME activities to promote coprescription of naloxone will have occurred
- At least 10 pharmacies in Marin County will have naloxone on site and be trained in use
- All Substance Use Treatment Centers in Marin will have Naloxone on hand

Community settings

- GOAL: By March 2017
- Education about overdose risk and naloxone kits will be provided to:
 - homeless resource centers
 - sober living homes
 - motels and businesses in areas where high risk individuals are found
 - Transit centers will have outreach posters and media materials

Medication Assisted Treatment

 Two additional MAT prescribers for safety net clients in 2016

- Marin City FQHC-based MAT program
 - Resource for county Medi-Cal and uninsured clients
- Health and Human Services substance use clinics hiring MAT physician Sept 2016
 - Direct clinical service and county system design

Key Ingredients for Success

- See county as a "system" with many parts
- Data mobilizes partners to focus on shared priorities
- Centralized support
 - Coordinating and tracking Action Team efforts
 - Cheerleading and celebrating successes
 - Communication across partners
 - Connected to media
- Mutual accountability
 - Tracking progress
 - Goals are transparent, measurable and public
- Acknowledge personal and professional dimension
- Political will and support

- It's not easy... to cross boundaries to adopt a whole-systems approach to health. It means leaving the areas we know well and venturing into fields where we have to depend on the expertise of others. It means learning to engage complexity. It means asking people to take health into account in decisions that usually depend on other considerations. It may provoke controversy. It may make people we approach uneasy and even angry. It requires patience, imagination, courage, integrity, and a sense of humor.
 - Dr. Richard Levins, Harvard School of Public Health

THANK YOU



Stay connected!

www.RxSafeMarin.org

Facebook.com/RxSafeMarin RxSafeMarin@gmail.com