

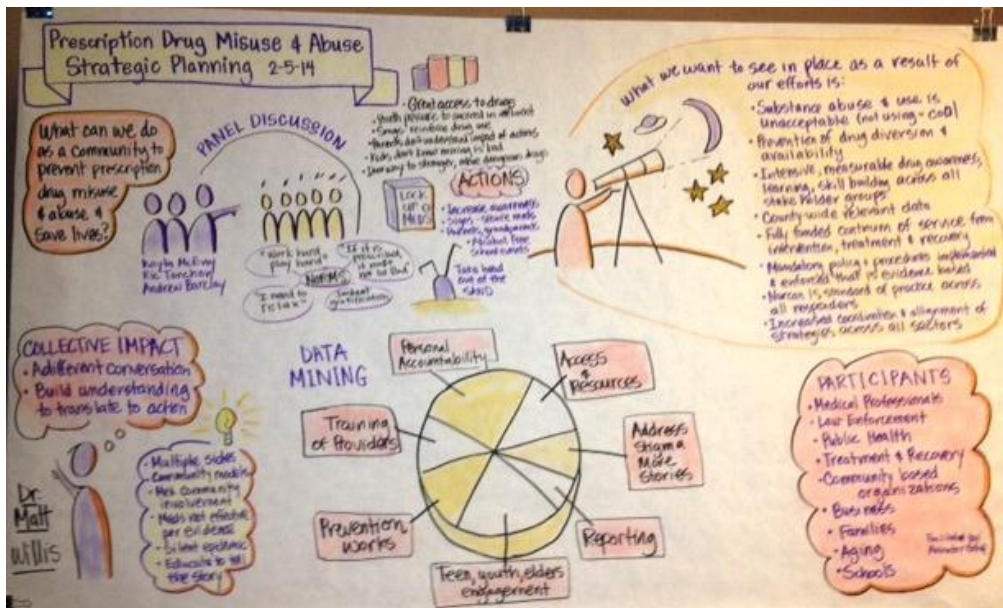
PRESCRIPTION DRUG MISUSE & ABUSE STRATEGIC PLANNING

HOSTED BY THE MARIN COUNTY HEALTH & HUMAN SERVICES PREVENTION HUB

**FEBRUARY 5TH, 2014
7:15AM - 1:00PM**

Stakeholder Meeting

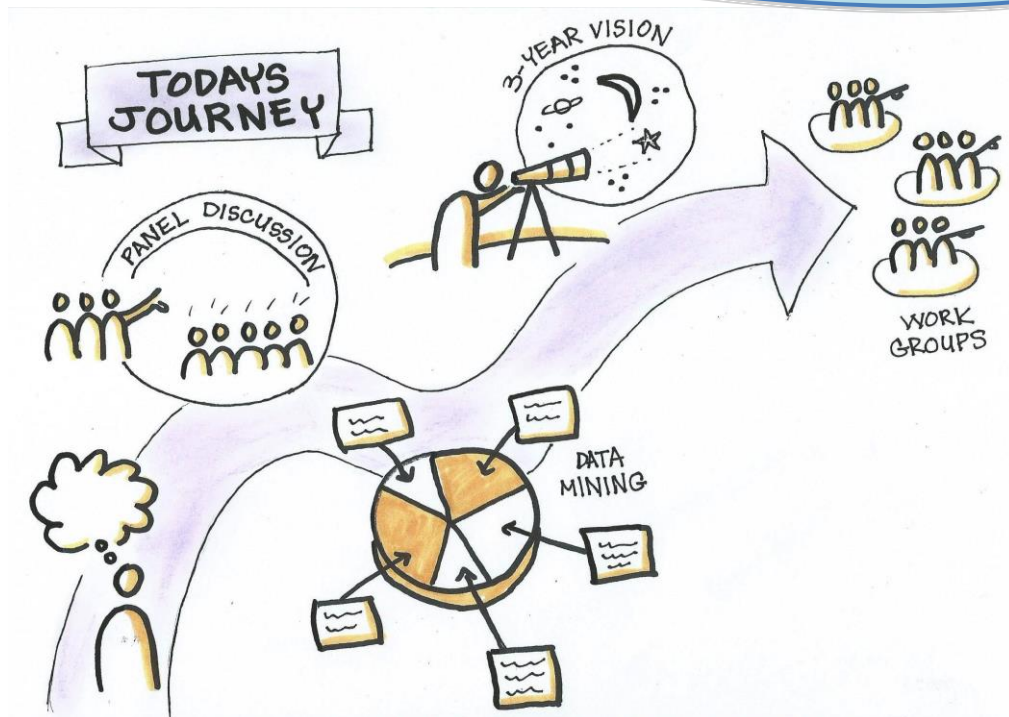
February 5, 2014



Sheraton Four Point Hotel
1010 Northgate Drive
San Rafael, CA 94903



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



Rational Aim:

To engage community stakeholders in an inclusive participatory process that results in a comprehensive collaboratively developed blueprint (plan) for reducing prescription drug misuse and abuse in Marin County. The call to action will be based on local data and informed by best practices.

Experiential Aim

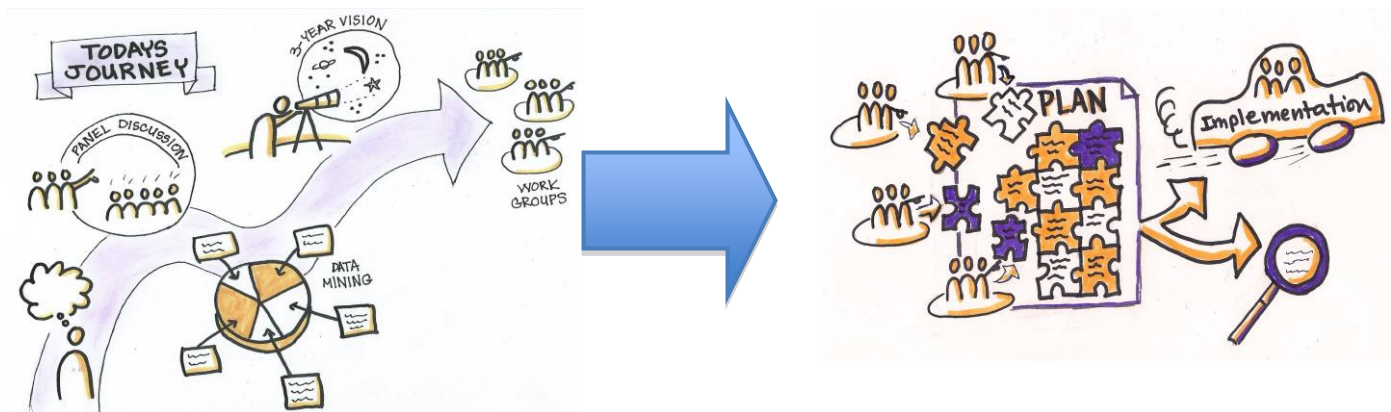
Participants will understand the scope, complexities, and damage of prescription drug misuse and abuse in Marin County and the strategies needed to prevent future harm. Participants will embrace their role and contribution to the solution.

Ingredients for Success

- **Mutually reinforcing activities** where organizations do what they do best working together in a more coordinated manner.
- **Backbone / Support Organization** supports **continuous communication** and convenes work groups charged with implementing the strategic plan.
- **Shared Measurement Systems** to track the progress of our work at the community level.
- **Commitment to Implementation** through shared ownership of the plan and uniting around actionable strategies.



Planning Process



Our 3 Year Vision:

In 3 years Marin County will reduce prescription drug misuse and abuse through:

- County-wide relevant data on prescription drug misuse and abuse
- Cultural norm where prescription drug misuse and abuse is unacceptable
- Fully funded continuum of services from intervention through treatment and recovery and Narcan is the standard of practice for first responders
- Intensive, measurable drug awareness learning and skill building across all stakeholder groups
- Mandatory policy and procedures for physicians and pharmacists implemented and enforced (that are evidence based)
- Prevention of drug diversion and availability
- Increased coordination and alignment of prescription drug misuse and abuse prevention strategies across all sectors





APPENDIX

Data Mining: What does the data tell us about the scope and complexities of prescription drug misuse and abuse in Marin County?

Added Data

- Percent of scripts written that are opioids
- Prevalence of excessive alcohol use
- Location of scripts written
- Scripts by demographics – Meals on Wheels has data on ageing
- SF DOPE's Narcan program impacts

Missing Data

- Amount of prescription per person for one time vs regular basis as pain management
- Reasons for unconfirmed or suspected deaths from prescription drug misuse / abuse
- Marin data compared to California and the Nation
- Number/percent of residents looking for treatment
- Nature of prescription drug overdoses
- Misuse and abuse of veterinarian prescriptions
- Disaggregated data (by various demographics)
- Impacts of successful strategies
- School-based policies and practices around use
- Policies and practices around prescribing
- Societal costs of prescription drug misuse and abuse
- Where do youth access and use/misuse prescription drugs
- Cultural norms and perceptions of prescription drug misuse and abuse
- Data from AI Anon and other groups
- ER visits and hospitalizations
- Mortality/toxicology screenings
- Need to understand the underlying causes of misuse and abuse
- Drug / pharmaceutical company data including profit, super impose this over time with their marketing budget
- Data on prescriptions to people with psychiatric co-morbidity – ranked by morphine equivalence per day

Population Groups

- Youth / teens
- Young adults / Transitional age youth (TAY)
- Parents

- Elderly
- Medical community: providers, doctors, pharmacists
- Institutions
- Mental Health
- People with chronic conditions
- People in treatment/recovery
- Veterans
- Homeless
- Incarcerated
- Schools

Community Conditions

- Social environment
- Economic environment
- Income / affluence
- Crime rate
- Access and Availability
- Social norms and perceptions / Culture of substance use in Marin
- Denial / awareness / education and outreach
- Stigma / shame / fear
- Addiction
- Pressure to succeed
- Ability of systems to track and communicate in real time
- CPS access to CURES
- Mandatory use of CURES

Key Insights

Community-based prevention:

- Access: legal / illegal access to prescription drugs, where do we access prescription drugs
- Prevention: acceptability, availability, accessibility, awareness
- Lock boxes
- Prescription drug drop boxes
- We need a culture shift
- Societal/broad solutions are needed – education and awareness alone will not change behavior
- Prevention works!
- Don't underestimate the power of policy change
- Where there is more prescribing, there are more problems
- Address the stigma – bring more personal stories into the public dialogue
- Need more protocols and restrictions placed on doctors and the ER – What is the role of doctors in identifying the prognosis and treatment plan with the patients?
- We need to look into how Pharm companies market

Resources

- Educate, raise awareness/STOP pharmacy signs
- Personal and community accountability and responsibility
- Role modeling to youth about misuse and abuse
- Start prevention efforts at a younger age
- System for sharing information – systematic communication across systems
- Access to treatment, availability
- Available data is the tip of the ice burg
- More data for why there are differences in alcohol and drug use / abuse in different communities
- We need a coordinated strategy
- All affected groups need to be at the table
- Engage schools in the solution – schools should address substance use issues more than once a year

Funding / Research

- Do we have enough resource to fund comprehensive solutions to the issue
- Doctors: quantity of prescription refills
- Policy advocacy
- Mandatory use and funding of CURES
- Who is benefiting from influx of these products? – let's look at Washington State's successful efforts for best practices and training of providers, counter marketing
- Cost of treating pain vs. holistic approaches (should include both treating and prescriptions)