I have no actual or potential conflict of interest in relation to this presentation.
WHAT ARE OPIOIDS?

- Opioids: drugs that include heroin, fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin), hydrocodone (Vicodin), codeine, morphine, etc.

- Opioid pain relievers are generally safe when taken for a short time as prescribed by a doctor, but because they produce euphoria, they can be misused.

- Regular use—even as prescribed by a doctor—can lead to dependence and, when misused, opioid pain relievers can lead to overdose incidents and deaths.

OPIOIDS (NOT A COMPLETE LIST)

- Morphine
- Heroin
- Codeine
- Methadone
- Tramadol
- Meperidine (Demerol)
- Oxycodone (OxyContin)
- Hydromorphone (Dilaudid)
- Oxymorphone
- Hydrocodone (Norco, Lortab, Vicodin)
- Fentanyl, Fentanyl analogs (Carfentanil), Novel substances (Kratom)

Source: https://www.dea.gov/druginfo/fentanyl-faq.shtml
Similarities Between Illicit & Prescription Drugs

**Oxycontin (Oxycodone):**
- Opiates can depress breathing by changing neurochemical activity in the brain stem, where automatic body functions are controlled.

**Heroin:**
- Opiates can change the limbic system, which controls emotions, to increase feelings of pleasure.
- Opiates can block pain messages transmitted through the spinal cord from the body.
When used properly, medicines are important in healthcare

- Opioids used to be reserved for “the most severe forms of pain”, such as cancer and end of life care

Changes in recognition and treatment for pain

- In the late 1990’s, opioid prescribing changed for chronic pain (patient bill of rights, 5th vital sign, decade of pain control and research, CA pain management standards)

- These changes, coupled with the multi-million $$$ advertising campaigns (including direct to consumer) and lobbying efforts by the pharmaceutical agencies, led to the [more] commonplace prescribing of and use of opioids

With the increase of opioid prescriptions came an increase in opioid use and abuse.

Use and abuse → opioid use disorder (addiction).

- Opioid use disorder- “a problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria”

Risk factors for opioid misuse or addiction include past or current substance abuse, untreated psychiatric disorders, younger age, and social or family environments that encourage misuse.

3 Waves of the Rise in Opioid Overdose Deaths

3 Waves of the Rise in Opioid Overdose Deaths, San Diego County, 1999-2016

Source: CDC Wonder, National Vital Statistics System Mortality File
In the United States:

- AIDS Epidemic: Average deaths per day due to AIDS during the peak of the AIDS epidemic in 1994-1995:
  - 123 deaths

- Opioid Epidemic: Average deaths per day due to opioid overdoses during the 2016 opioid epidemic:
  - 115 deaths

- Alcohol Epidemic: Average deaths per day due to excessive alcohol use between 2006-2010:
  - 241 deaths

- Meth Epidemic: Average deaths per day due to methamphetamine overdoses in 2014:
  - 10 deaths
AIDS, OPIOID, ALCOHOL & METH DEATHS

All Alcohol-related Deaths in San Diego County

- 2002-2006: 2500
- 2007-2011: 3000
- 2012-2016: 3500

Opioid Deaths in San Diego County

- 2002-2006: 1000
- 2007-2011: 1500
- 2012-2016: 2000

AIDS Deaths San Diego County

- 1981-1990: 500
- 1996-2000: 3000
- 2001-2005: 3500
- 2006-2010: 4000

All Unintentional Methamphetamine Deaths in San Diego County

- 2002-2006: 300
- 2007-2011: 400
- 2012-2016: 500
115 Americans die from an opioid overdose each ___.

More than 1,000 Americans are treated in the emergency department for misusing prescription opioids each ___.

Over 200,000 people have lost their lives to prescription opioids this ___.

MAGNITUDE OF THE PROBLEM

THE OPIOID EPIDEMIC BY THE NUMBERS

IN 2016...

- **116** People died every day from opioid-related drug overdoses
- **11.5 m** People misused prescription opioids
- **42,249** People died from overdosing on opioids
- **2.1 million** People had an opioid use disorder
- **948,000** People used heroin
- **170,000** People used heroin for the first time
- **2.1 million** People misused prescription opioids for the first time
- **17,087** Deaths attributed to overdosing on commonly prescribed opioids
- **19,413** Deaths attributed to overdosing on synthetic opioids other than methadone
- **15,469** Deaths attributed to overdosing on heroin
- **504 billion** In economic costs

Each day, more than **1,000 PEOPLE** are treated in emergency departments for not using prescription opioids as directed.

Approximately 125 MILLION opioid pills were sold in San Diego County in 2016 (almost 38 pills per person)
OTHER CONSEQUENCES RELATED TO OPIOID EPIDEMIC

- Opioid epidemic has substantially increased the transmission risk of blood-borne viruses, including **HIV and hepatitis C**
- People who inject illicit drugs also are at risk for **wound botulism**, which can make it hard to breathe and can cause muscle weakness and even death
- Number of pregnant women with Opioid Use Disorder at labor and delivery more than quadrupled from 1999 through 2014
- Incidence of hepatitis C has seen an increase and acute hepatitis C has tripled from 2010-15 due in part to opioid epidemic

**AMERICA’S OPIOID CRISIS: THE UNSEEN IMPACT ON CALIFORNIA CHILDREN**

As California families struggle with addiction, children are caught in the fray.

**A GROWING CRISIS**

- **28% MORE** opioid-related deaths nationwide since 2015.
- **88.3%** of people in California suffering from drug dependence or abuse go untreated.
- **8.7 MILLION CHILDREN** nationwide have a parent who suffers from a substance use disorder.

**A DEVASTATING TOLL ON CHILDREN**

**FOSTER CARE PLACEMENTS ON THE RISE**
- **30,909 CALIFORNIA CHILDREN** were placed in foster care in 2016.
- **20% WERE INFANTS.**
- In 10% of these placements, parental substance use was a factor.

**MORE BABIES BORN EXPOSED TO OPIOIDS**
- Every **25 minutes** in America, a baby is born suffering from opioid withdrawal, which can mean:
  1. LOWER BIRTHWEIGHTS
  2. RESPIRATORY CONDITIONS
  3. FEEDING DIFFICULTIES
  4. SEIZURES
  5. LONGER HOSPITAL STAYS

**A LIFELONG IMPACT**

Children dealing with traumatic experiences can face social, emotional, physical, and mental health challenges that last into adulthood.

Left unaddressed, early childhood adversity can lead to **school failure**, risky behaviors like **alcohol and drug use**, and increased chance of health conditions like **obesity and heart disease**.

ZIP CODE DEATHS
Opioids - 91962 (Pine Valley)
Heroin – 91962
All drugs - 92134 (Balboa Park - Naval Medical Center)
Methadone – 92058 (Camp Pendleton)
Benzodiazepine - 92059 (Pala)

ZIP CODE RX
Buprenorphine – 92121 (Sorrento Valley)
Opioid+Benzodiazepine-91905 (Campo, Jacumba)
New Start LA Opioids – 91905

https://pdop.shinyapps.io/ODdash_v1/
Opioid Deaths
San Diego County, 2012-2016
Prescription Drug Abuse Task Force

268
259
244
248
253

OPIOID OVERDOSE DEATH RATE, 2010-2016

Opioid Overdose Death Rates, by Geography, 1999-2016

- United States
- California
- San Diego County

References: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2016 on CDC WONDER Online Database, released December, 2016. Data are from the Multiple Cause of Death Files, 1999-2016, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10.html
If Opioid Overdoses made the NCHS 113 Selected Causes of Death List, it would rank #13 in the County.
SAN DIEGO COUNTY OPIOID DEATHS VS POPULATION

Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System, 2016; SANDAG Population Files, 2016 (Received 8/13/2018)
OPIOID ABUSE, SAN DIEGO COUNTY 2011-16

Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018
In 2016, East Region had the highest rates of ED Discharges due to Opioid Abuse in those aged 25-44.

Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018
In 2016, East Region had the highest rates of hospital discharges due to Opioid Abuse in those aged 25 and older.

Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018
In 2016, East Region had the highest rates of inpatient treatment discharges due to Opioid Abuse in those aged 15-24.

Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018
In 2016, East Region had the highest rates of ED Discharges due to Opioid Abuse among Blacks.

Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018
In 2016, East Region had the highest rates of hospital discharges due to Opioid Abuse in those identifying as Other Race/Ethnicity (2 or more races or of unknown race), followed by Blacks.

Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018
In 2016, East Region had the highest rates of In-Patient Discharges due to Opioid Abuse among Whites, followed by those identifying as Other Race/Ethnicity (2 or more races or of unknown race).

Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018
A rise in opioid overdoses is detected. What now?

**Naloxone** is a drug that can reverse the effects of opioid overdoses and can be life-saving if administered in time.

- Offer naloxone and training to patients’ family and friends, in case the patient has another overdose.
- Connect patients with hospital case managers or peer navigators to link them to follow-up treatment and services.
- Plan for the increasing number of patients with opioid-related conditions, including overdose, injection-related concerns, and withdrawal.

**Medication-assisted treatment (MAT)** for opioid use disorder (OUD) can aid in preventing repeat overdoses. MAT combines the use of medication (methadone, buprenorphine, or naloxone) with counseling and behavioral therapies.

**Local Emergency Department**
- Assist in mobilizing a community response to those most at risk.
- Provide resources to reduce harms that can occur when injecting drugs, including those that offer screening for HIV and hepatitis B and C, in combination with referral to treatment and naloxone provision.

**First Responders | Public Safety | Law Enforcement Officers**
- Get adequate supply and training for naloxone administration.
- Identify changes in illicit drug supply and work with state and local health departments to respond effectively.
- Collaborate with public health departments and health systems to enhance linkage to treatment and services.

**Community Members**
- Connect with organizations in the community that provide public health services, treatment, counseling, and naloxone distribution.

**Mental Health and Substance Abuse Treatment Providers**
- Increase treatment services, including MAT for OUD.
- Increase and coordinate mental health services for conditions that often occur with OUD.

**Community-Based Organizations**
- Alert the community to the rapid increase in opioid overdoses seen in emergency departments and inform strategic plans and timely responses.
- Ensure an adequate naloxone supply.
- Increase availability and access to necessary services.
- Coordinate with key community groups to detect and respond to any changes in illicit drug use.

**Local Health Departments**
- Increase and coordinate mental health services for conditions that often occur with OUD.


WHAT IS BEING DONE

PRESIDENT’S COMMISSION ON COMBATING DRUG ADDICTION AND THE OPIOID CRISIS

- Commission declared the opioid epidemic a public health emergency

PRESCRIPTION OPIOID MISUSE & OVERDOSE PREVENTION WORKGROUP

- State agency formed in 2014 by CDPH Director to share information and develop collaborative strategies to curb Rx drug misuse, abuse, and overdose deaths
- Includes CDPH, DOJ, DHCS, Managed Health Care, Dept. of Education, Industrial Relations, Corrections and Rehabilitation, Consumer Affairs, EMS, and others
- Partnered with CHCF who established the Opioid Safety Coalitions Network (network of 17 local coalitions in 24 counties)

SAN DIEGO COUNTY PRESCRIPTION DRUG ABUSE TASK FORCE

- Formed in 2008 with representation from local/federal agencies to prevent/reduce OxyContin abuse.
- Expanded from there to today’s Prescription Drug Abuse Task Force.
- Includes pain specialists, internal medicine physicians, emergency physicians, psychiatrists, dentists, pharmacists, hospital administrators, health department administrators, and the local DEA
**Aim:** Promote healthy choices about prescription drugs

**Based on five pillars of action:**

- Media
- Education (includes medical community)
- Enforcement
- Legislation and Policy
- Prevention and Treatment

https://www.sandiegorxabusetaskforce.org/
PDATF STRUCTURE

PDATF Member Quarterly Meetings

PDATF Executive Committee

HHSA funds PT Facilitator

Medical Task Force (w/ SD Medical Society)

Safe Disposal

Pharmacy

Annual Data /Report Card Committee
Higher Ed Committee in Progress
Web Site As Needed
PDA Task Force Logic Model

**Goal**
Reduce the misuse, abuse and addiction to prescription drugs in San Diego County

**Objectives**
- Increase perception of harm related to Rx misuse
- Increase engagement of those who need drug treatment
- Reduce access to Rx for purposes other than prescribed

**Short Term Objectives**
- Increase knowledge of how to avoid misuse, among teens, young adults, parents, grandparents & coaches
- Increase peer disapproval of Rx misuse
- Increase parent communication about Rx misuse
- Promote use of Naloxone
- Promote information about access and availability of drug treatment
- Promote Safe Prescribing among prescribers and dispensers
- Increase use of Take Back & year-round collection boxes to dispose of unwanted meds
- Increase skills in home Rx management
- Increase accountability for “known docs”
- Increase use of tools and alternative methods of pain management
- Modify norms about sharing medications

**What Will We Do to Make this Change?**
- Health Professional Training
- Parent & Family Education
- Peer to Peer Intervention
- News & Social Media
- Rx Addiction Treatment
- Naloxone programs in Law Enforcement & other disciplines
- Strengthen connection between Naloxone distribution & referral to treatment
- Medical Task Force activities
- Education & Training
- Law Enforcement
- Prosecution
- Policy Change

*Updated PDATF Logic Model: July 2015*
HIGHLIGHTED LOCAL ACTIONS

- Annual Report Card and Press Release
- Safe Prescribing Guidelines
- Prescription Take Back Day (now conducted nationwide)
- Death Diaries & Letters to Prescribers
- Pharmacy Co-Prescribing & Naloxone Distribution Grant
- Prevention Efforts in Schools
- Enforcement Efforts
## 2017 Prescription Drug (Rx) Abuse Report Card

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1 Unintentional Rx-Related Deaths</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>268</td>
<td>259</td>
<td>244</td>
<td>248</td>
<td>253</td>
</tr>
<tr>
<td>(Rate per 100,000 residents)</td>
<td>(9.8)</td>
<td>(8.2)</td>
<td>(7.6)</td>
<td>(7.7)</td>
<td>(7.7)</td>
</tr>
<tr>
<td>2 Emergency Department (ED) Opiate Activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Number of Discharges</td>
<td>3,791</td>
<td>5,723</td>
<td>6,866</td>
<td>7,501</td>
<td>Not Available until 2018</td>
</tr>
<tr>
<td>(Rate per 100,000 residents)</td>
<td>(121.2)</td>
<td>(181.7)</td>
<td>(214.9)</td>
<td>(228)</td>
<td></td>
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<tr>
<td>3 11th Graders Self Report of Lifetime Rx Misuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total Adult Drug Treatment Admissions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of Prescription Pain Medication</td>
<td>4.7%</td>
<td>4.5%</td>
<td>4.5%</td>
<td>4.3%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Percentage of Heroin</td>
<td>23.1%</td>
<td>24.8%</td>
<td>27.7%</td>
<td>28.6%</td>
<td>28.2%</td>
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<tr>
<td>5 Arrestees Self Report of Rx Misuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td>38%</td>
<td>43%</td>
<td>39%</td>
<td>42%</td>
<td>49%</td>
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<tr>
<td>Juvenile</td>
<td>40%</td>
<td>37%</td>
<td>37%</td>
<td>43%</td>
<td>40%</td>
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<tr>
<td>6 Rx Prosecutions</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Rx-specific Fraud Charge</td>
<td>523</td>
<td>431</td>
<td>308</td>
<td>117</td>
<td>140</td>
</tr>
<tr>
<td>Other Charges with Rx-involved</td>
<td>1,089</td>
<td>1,064</td>
<td>1,237</td>
<td>1,353</td>
<td>1,422</td>
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<tr>
<td>7 Pharmacy Robberies/Burglaries</td>
<td>8</td>
<td>5</td>
<td>8</td>
<td>6</td>
<td>31</td>
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<tr>
<td>8 Pounds of Safely Disposed Medications</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Take Back Events</td>
<td>16,707</td>
<td>18,732</td>
<td>17,676</td>
<td>14,595</td>
<td>17,772</td>
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<tr>
<td>Sheriff's Department Collection Boxes</td>
<td>9,902</td>
<td>13,872</td>
<td>13,079</td>
<td>14,725</td>
<td>15,901</td>
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<tr>
<td>9 Annual Number of Dispensed Pills Per County Resident</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain Medication</td>
<td>37.9</td>
<td>36.3</td>
<td>39.7</td>
<td>39.1²</td>
<td>36.5</td>
</tr>
<tr>
<td>Anti-anxiety</td>
<td>13.8</td>
<td>13.7</td>
<td>13.3</td>
<td>13.1</td>
<td>12.5</td>
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<tr>
<td>Stimulants</td>
<td>4.8</td>
<td>4.9</td>
<td>4.7</td>
<td>5</td>
<td>5.2</td>
</tr>
</tbody>
</table>

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1 Prosecution numbers reported from the San Diego County District Attorney and City of San Diego City Attorney as a combined total.

2 Tramadol has been used for pain for many years, but was only added as a Schedule IV medication in August 2014, thus added to CURES. Without Tramadol, the 2016 rate is 30.2; there were 19 Tramadol deaths in both 2012/2013, 20 in 2014, 17 in both 2015 and 2016.
LOCAL COALITIONS TO ADDRESS OPIOID MISUSE AND ABUSE

- State grant to PDATF via SDC Medical Society focusing on East County, 6/2017 – 2/2019

- Goals are to
  - Increase safe prescribing, co-prescribing with naloxone, and use of CURES
  - Increase referral to medication-assisted treatment
  - Decrease number and quantity of opioid prescriptions, ED visits, and deaths

- Achieved by academic detailing to providers and pharmacies, creating and disseminating tools/resources

https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/StatewideOpioidSafetyWorkgroup.aspx
PHYSICIANS: Did You Receive a Letter From the Medical Examiner’s Office?

You may have received a courtesy communication from the San Diego County Medical Examiner Office to let you know that your patient died and that prescription overdose contributed to the death. The intent of the letter is informational as well as educational. Following are informational items:

1. CURES Registration: Click Here
2. CURES Access: Click Here
3. CDC Guidelines for Prescribing Opioids for Chronic Pain: Click Here
4. CDC Checklist for Prescribing Opioids for Chronic Pain: Click Here
5. Tips on How to Safely Taper Patients Off of Prescription Opioids: Click Here
6. Clinical Consultation Center for providers by providers for recommendations on individual difficult cases: Monday –Friday • 7am–3pm • (855) 300-3595 • Click Here
7. SAMHSA Medication-Assisted Treatment Physician Locator: Click Here
8. “The Art and Science of Tapering” by Dr. Andrea Rubinstein, Pain Specialist: Click Here
10. San Diego Addiction Treatment Resource: Crisis Line for San Diego County Addiction Services: (888) 724-7240
11. Naloxone Provider Guide Click Here
12. Naloxone Patient Guide: Click Here
13. ME Study Results: Click Here
14. One San Diego Principles for Safe Prescribing: Click Here

http://sandiego safeprescribing.org/
EMERGENCY AND URGENT CARE GUIDELINES

SAFE PAIN MEDICINE PRESCRIBING IN EMERGENCY DEPARTMENTS

We care about you. We are committed to treating you safely and in the right way.

Pain relief treatment can be complicated. Mistakes or abuse of pain medicine can cause serious health problems and death.

Our emergency department will only provide pain relief options that are safe and correct.

For your SAFETY, we follow these rules when helping you with your pain:

1. We look for and treat emergencies. We use our best judgment when treating pain. These recommendations follow legal and ethical advice.

2. You should have only ONE provider and ONE pharmacy helping you with pain. We do not usually prescribe pain medication if you already receive pain medicine from another health care provider.

3. If pain prescriptions are needed for pain, we can only give you a small amount.

4. We do not refill stolen prescriptions. We do not refill lost prescriptions. If your prescription is stolen, please contact the police.

5. We do not prescribe long acting pain medicines: OxyContin, MSContin, Dilaudid, Fentanyl (Durogesic), Methadone, Opana ER, Exalgo, and others.

6. 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.

8. Health care laws, including HIPAA, allow us to ask for your medical records. These laws allow us to share information with other health providers who are treating you.

9. We may ask you to show a photo ID when you receive a prescription for pain medicines.

10. We use the California Prescription Drug Monitoring Program called CURES. This statewide computer system tracks narcotic and other controlled substance prescriptions.

- Safe Prescribing
- Intervene in Poor Prescribing
SAN DIEGO DEATH DIARIES

254 deaths +
12 month Prescription data before death

- 254 deaths with prescribed medications in 2013
- 186 received prescription in the 12 months prior to their death as reported in Controlled Substance Utilization Review and Evaluation System (CURES)
- 80% have multiple medications
- Only 28% doctor shoppers
- 69% chronic users
- 16.5% “compliant”

713 total

**The Prescribers**

- **Primary Care** (54%): the majority of prescriptions
- **Emergency/ Urgent Care** (20%)
- **Psychiatry** (11%)
- **Dentistry** (4%)
- **Surgery** (8%)
- **Pain** (3%)

**Primary Care**

- The majority of prescriptions

**Emergency Physicians**

- Many people who die visit ED before death, many doctors – few prescriptions

**Psychiatrists**

- #2 in terms of highest number of prescriptions

**Surgeons**

- Highest number of pills per prescription (189 pill average for orthopedics)
## IT’S NOT JUST OPIOIDS!

<table>
<thead>
<tr>
<th>Medication</th>
<th>Code</th>
<th>Medication</th>
<th>Code</th>
<th>Medication</th>
<th>Code</th>
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<tbody>
<tr>
<td>Hydrocodone</td>
<td>123</td>
<td>Chlorazepoxide</td>
<td>17</td>
<td>Oxazepam</td>
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<tr>
<td>Oxycodone</td>
<td>84</td>
<td>Tempazepam</td>
<td>17</td>
<td>Oxymorphone</td>
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<tr>
<td>Clonazepam</td>
<td>44</td>
<td>Methadone</td>
<td>14</td>
<td>Phenobarbitol</td>
<td>3</td>
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<tr>
<td>Zolpidem</td>
<td>43</td>
<td>Fentanyl</td>
<td>13</td>
<td>Chloral Hydrate</td>
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<tr>
<td>Alprazolam</td>
<td>39</td>
<td>Buprenorphine</td>
<td>11</td>
<td>Dronabinol</td>
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<tr>
<td>Lorazepam</td>
<td>37</td>
<td>Amphetamine</td>
<td>7</td>
<td>Zaleplon</td>
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<td>Morphine</td>
<td>32</td>
<td>Testosterone</td>
<td>6</td>
<td>Clorazepate</td>
<td>1</td>
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<tr>
<td>Carisoprodol</td>
<td>30</td>
<td>Triazolam</td>
<td>6</td>
<td>Estrogen</td>
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<tr>
<td>Codeine</td>
<td>27</td>
<td>Lunesta</td>
<td>4</td>
<td>Lisdexamefetamine</td>
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<tr>
<td>Diazepam</td>
<td>26</td>
<td>Lyrica</td>
<td>4</td>
<td>Methylphenidate</td>
<td>1</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>20</td>
<td>Phentermine</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**33 Medications; 4366 Rx**
NALOXONE

Like giving an Epi Pen to a patient with allergies.

- 50 morphine equivalents/day
- Opioid + Benzodiazepine

**Naloxone Distribution Grant**
- State grant to allow health departments to set up infrastructure for naloxone distribution programs and provide naloxone

Image from https://www.drugs.com/pro/naloxone.html
Opioid prescribing decreases after learning of a patient’s fatal overdose

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Most opioid prescription deaths occur among people with common conditions for which prescribing risks outweigh benefits. General psychological insights offer an explanation: People may judge risk to be low without available personal experiences, may be less careful than expected when not observed, and may falter without an injunction from authority. To test these hypotheses, we conducted a randomized trial of 861 clinicians prescribing to 170 persons who subsequently suffered fatal overdoses. Clinicians in the intervention group received notification of their patients’ deaths and a safe prescribing injunction from their county’s medical examiner, whereas physicians in the control group did not. Milligram morphine equivalents in prescriptions filled by patients of letter recipients versus controls decreased by 9.7\% (95\% confidence interval: 6.2 to 13.2\%; \(P < 0.001\)) over 3 months after intervention. We also observed both fewer opioid initiates and fewer high-dose opioid prescriptions by letter recipients.
The DMC-ODS will transform the current Substance Use Disorder system to one that has:

- New and Expanded Services with timely access to care
- Better Coordination and Continuity of Care
- Tailored Treatment to Support Long-Term Recovery
DMC-ODS SERVICE IMPROVEMENTS

Withdrawal Management

Medication Assisted Treatment

Case Management

Recovery Services

Recovery Residences
FOR IMMEDIATE RELEASE

Monday, July 16, 2018

Youth are Smuggling Drugs on Behalf of Cartels; Law Enforcers Launch Education Campaign

Assistant U. S. Attorney Cindy Cipriani (619) 546-9608

NEWS RELEASE SUMMARY – July 16, 2018

SAN DIEGO – Federal and state law enforcement officials have launched a billboard campaign in San Diego and Imperial counties to prevent middle and high school students from acting as drug mules for cartels.

The billboards, located in San Diego and Imperial counties as well as one in Mexico, feature stark warnings to minors that smuggling drugs could cost them their freedom and their futures and is not worth the few hundred dollars they are being offered. They were unveiled today at two locations in San Ysidro and one in Tijuana.

Also today, a San Diego teenager pleaded guilty in federal court to charges that he recruited classmates to smuggle methamphetamine and fentanyl. Phillip Junior Webb was a senior at Castle Park High School in Chula Vista when he committed the drug offenses.
ADDRESSING THE EPIDEMIC

Socioeconomic Factors

Changing the Context to make individuals' default decisions healthy

Long-lasting Protective Interventions

Clinical Interventions

Behavioral Interventions

Frieden AJPH 2010; Framework for PH Action. The PH Action Pyramid
ONLY PULLING PEOPLE OUT OF THE RIVER WON’T END THE EPIDEMIC

Image credit: https://miami.cbslocal.com/2016/07/16/driver-pulled-from-miami-river-after-crash/
GET INVOLVED

1. Visit the PDATF website and understand local data and efforts
   - https://www.sandiegorxabusetaskforce.org/

2. Attend the PDATF Quarterly Meetings
   - Next meeting 8/17/2018 @ 5500 Overland Ave 1st Floor, Room 120
RECOMMENDATIONS FOR CLINICIANS

1. Consult the Controlled Substance Utilization Review and Evaluation System (CURES) before prescribing opioids.

2. Prescribe opioids judiciously. For acute pain where alternatives are not feasible, start with prescribing the lowest effective dose of immediate-release opioids. Three days or less will often be sufficient.

3. Taper opioids to safer doses

4. Determine whether your patient meets criteria for an opioid use disorder and connect them to treatment services. To access treatment referrals or more San Diego addiction treatment resources, call (888) 724-7240.

5. Offer naloxone to your patients that are at high risk for an opioid overdose (>50 milligrams of morphine equivalents daily).

6. Explore and integrate free resources and tools into your practice

   - The California Department of Public Health has a prescriber resource sheet including a tapering pocket guide, telephone consultation services, an opioid overdose toolkit, and more.

For more information contact:

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