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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

PRESCRIPTION MEDICATION ABUSE SUBCOMMITTEE

Ramon Castellblanch, PhD, Chairperson
Darlene Fujimoto, PharmD, Volunteer
Rosalyn Hackworth, Public Member
Lavanza Butler, PharmD
Greg Murphy, Public Member

Report of the Meeting Held November 12, 2014.

a. Summary of Report on National Coalition Against Prescription Drug Abuse

The committee heard a presentation from Ms. April Rovero, Founder and CEO of the National Coalition Against Prescription Drug Abuse and the chair of both the Contra Costa County Prescription Drug Abuse Prevention Coalition and the California Prescription Drug Abuse Workgroup.

Ms. Rovero began her work with the coalition following her son's accidental death in 2009. Her son, Joey, was a student at Arizona State University and died from a lethal mixture of alcohol and prescription drugs. The Arizona Board of Pharmacy revoked the licenses of both the pharmacy and pharmacist where her son's prescriptions were filled for failing to use corresponding responsibility; the case became a precedential decision for the board.

Ms. Rovero discussed the importance of educating the public about the dangers of opioid abuse and the need to secure and dispose of medications properly. Ms. Rovero stressed the importance of family members of opioid abusers and addicts being able to acquire Naloxone, and the key role a pharmacist plays in educating patients about the dangers of opioids. She also advocated drug take-back programs in pharmacies.

Ms. Rovero also spoke against pharmacy practices that award pharmacists for the number of prescriptions filled, as she felt it encouraged pharmacists to fill questionable narcotics prescriptions.

A committee member commented on options that may be available to provide peace officers with training with respect to controlled substances.

b. Summary of Presentation on the Connection Between The Abuses of Prescription Pain Medications and Heroin

Jason Smith, a writer, business owner and a pain medication addict, who is in recovery and has been sober for two years, spoke about the *Journal of the American Medical Association* article and *New England Journal of Medicine* articles that demonstrate the relationship between prescription opioids and heroin use. Mr. Smith recently wrote a three-part series on heroin in the foothills and a three-part series on CURES.

Mr. Smith commented that the *New England Journal of Medicine* study shows the connection between prescription drug abuse and heroin use and the *Journal of the American Medical Association* study shows who the heroin addict is today and compares it to the heroin addict of the past. He said that the articles state that users whose drug of choice is prescription drugs turn to heroin when prescription drugs become too expensive or are scarce.

Mr. Smith expressed his concern that there could be another wave of heroin addiction as CURES becomes fully operational and cuts into the supply of prescription opioids. He stated his opinion that pharmaceutical companies who created the opioid epidemic should be held accountable and made to bear the cost of addiction recovery.

c. Summary of Report on Marin County's Efforts to Fight the Opioid Epidemic, Presented by Matt Willis, M.D., MPH, Marin County Public Health Officer

Marin County Public Health Officer Dr. Matt Willis spoke on Marin County's efforts to battle the opioid epidemic and Marin County's New Community-Wide Standards for Prescribing Opioid Pain Medications. The county now has a common set of community standards for prescribing narcotics from hospital emergency departments that are voluntary and non-binding, but that offer a basic understanding for what to expect in pain medication prescribing in the emergency room.

Similar standards exist elsewhere and the elements of these are fairly standard– no long-acting medications for chronic pain, sending patients to primary care providers for chronic pain management, as few tablets as necessary for acute pain, avoiding IV pain medication and checking the CURES system. He said there is also the element of reassuring patients that their pain is taken seriously and will be addressed.

Dr. Willis stated that the county collected data that showed the growing problem of high opioid prescriptions equating to high abuse and overdose death. He said the data identified key opportunities to create collaboration among a wide range of partners and to build an infrastructure to appropriately address pain management, addiction, treatment and recovery, and results in well-aligned, comprehensive efforts. Prescription drug abuse was then treated as a public health issue and the whole community participated in helping solve the problem.

He said the county prevention group now has five action teams – community-based prevention; law enforcement; prescribers and pharmacists; intervention, treatment and recovery; and data monitoring. He said each action team has measurability, transparency and smart goals.

One of the things they discovered was that in the emergency department, the default for narcotics prescriptions was 30 tablets. They reduced it to 15. Another small but important discovery was that there were often pill bottles at crime scenes. He stated that the District Attorney has a process in place that when a medication is found at a crime scene, the doctor whose name is on the bottle is informed.

Dr. Willis said by utilizing CURES data they found that 40% of older patients in Marin County are taking both sedatives (benzos) and narcotics (opiates) together, which is unsafe for older patients. He said having that information allows them to work with prescribers to change this. He said in Marin County, they are being proactive about getting prescribers and dispensers registered in CURES.

d. Summary of Report on Orange County and Santa Clara County Lawsuits Against Five Pharmaceutical Companies for False Advertising and Unfair Competition

Greta Hansen, with the Santa Clara County Counsel's office, spoke on the lawsuit filed by the District Attorney Offices from Orange County and Santa Clara County against Purdue Pharma and a number of other pharmaceutical companies claiming they used deceptive marketing tactics in their promotion of the use of opioids for long-term use to treat chronic non-cancer pain and misrepresented the risks associated with opioid use.

Ms. Hansen said the civil law enforcement action was filed in May of 2014 after an explosion of opioid prescription use and abuse not related to an increase in sickness or pain or because of any breakthrough in research or clinical experience about the utility of opioids.

The two counties allege the increase is due to an expansive, decades-long deceptive marketing campaign by key members of the opioid industry and that products were marketed to vulnerable populations for the increased treatment of chronic, non-cancer conditions such as back and joint pain, arthritis and headaches.

The suit alleges that the defendants engaged in deceptive promotional activities while trying to convince doctors that opioids were effective in treating long-term, chronic pain, despite there being no evidence to that effect; that they misrepresented the serious risk of addiction, side effects and adverse consequences; and that they falsely claimed that opioids were better than standard, low-cost, over-the-counter treatments for these types of conditions.

They allege the pharmacy companies distributed the materials through front groups and used key opinion leaders and members of the medical community. They often used unbranded materials that touted opioids in general to vulnerable populations including the elderly, veterans and those experiencing chronic, debilitating pain.

The suit alleges their marketing targeted primary care physicians who treat the majority of chronic pain patients and are the least likely to have the time and knowledge to evaluate the defendants' claims.

They allege the marketing has been wildly successful for the pharmaceutical companies and they have made billions of dollars, but the impact to society has been devastating and the use of opioids has grown exponentially with one in five doctor office visits resulting in opioid prescriptions.

The counties brought the lawsuit because they wanted to stop the deceptive marketing practices so that doctors and patients have the correct information about opioids and the potential for addiction. They also want the court to require the companies to address the harm they've caused. The expectation is that this lawsuit could take a very long time, but the counties are in it for the long haul.

Committee members voiced the observation that pharmacy sales reps are the ones who train doctors on the medications. It was also pointed out that doctors are required to take pain management classes and then those classes are funded by the opioid manufacturers and that many of the educational class curriculums are provided by the pharmaceutical companies and may be highly influenced towards over-prescribing.

There was concern that cancer patients are being denied pain medications because of how difficult it is becoming to get prescription opioids. It was suggested that the board add a code for pharmacists to identify a patient under palliative care. It was also pointed out that there are patients who are addicted that still need the medication.

e. Update on the Medical Board's Pain Management Guidelines and California Prescription Drug Abuse Work Group Headed by the Director of the State Department of Public Health

Ms. Herold reported that in October 2014, the Medical Board approved their revised Pain Management Guidelines. This was the first update since the 1990s. She provided a brief overview and said the guidelines deal more with the long-term use of opioids and don't include much information on short-term use. The guidelines state there is a need to address pain and that treating pain is complicated. They also make it clear the guidelines are only; they are not intended to mandate care. The document mentions a pharmacist's corresponding responsibility and provides a link to the Board of Pharmacy's website.

An attendee stated that Marin County intends to implement a requirement that prescribers provide pharmacists with a way to reach them for brief conversations to verify a prescription or to answer questions.

f. Review of Additions to the Board of Pharmacy Prescription Drug Abuse Prevention Website Page

The committee discussed the update of the board's web site. Previously, the update was waiting until BreEZe had been implemented, and this has now been delayed. The committee directed staff to begin updates. The committee also suggested adding dates to website items so that viewers can identify recent updates.

g. Public Outreach to Address Prescription Drug Abuse

This item was not discussed.

Attachment 1 contains the draft minutes from the committee's November 12, 2014, meeting.

Attachment 1

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PRESCRIPTION MEDICATION ABUSE SUBCOMMITTEE
MEETING MINUTES

DATE:	November 12, 2014
LOCATION:	Elihu M Harris Building, Room 2 1515 Clay Street Oakland, CA 94612
COMMITTEE MEMBERS PRESENT:	Ramon Castellblanch, PhD, Chairperson Gregory Murphy, Board Member Lavanza Butler, PharmD
COMMITTEE MEMBERS NOT PRESENT:	Rosalyn Hackworth, Board Member Darlene Fujimoto, PharmD, Volunteer
STAFF PRESENT:	Virginia Herold, Executive Officer Joyia Emard, Public Information Officer Laura Hendricks, Staff Analyst

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Call to order

Chairperson Ramon Castellblanch called the meeting to order at 11 a.m. Committee members present were Gregory Murphy and Dr. Lavanza Butler.

1. **FOR INFORMATION: Report on National Coalition Against Prescription Drug Abuse, Presented by April Rovero, Founder/CEO of the National Coalition Against Prescription Drug Abuse**

April Rovero, Founder and CEO of the National Coalition Against Prescription Drug Abuse, started the organization after her son Joey's accidental death in 2009 from a lethal mixture of alcohol and prescription drugs while he was a student at Arizona State University. Ms. Rovero said nine days before her son died, he received prescriptions from a California doctor, now on trial for his murder, for 30-day prescriptions for Oxycontin 30 mg, Soma and Xanax, which she said he never should have received. He then went to Pacifica Pharmacy, in Huntington Beach, and the prescriptions were filled with no questions asked.

She said after her son's death, she connected with other parents who lost children to prescription drug abuse and they were shocked to find that "dirty" doctors and pharmacists existed. She said there is a huge problem and there is not education or awareness on the subject of prescription drug abuse. She said Rx Save Contra Costa was a coalition formed to define the problem and provide education. In Contra Costa County, the county coroner became involved and provided data for 2008-2012 that indicated that out of 100 suicides, prescription drugs were involved in 99; and there were 408 drug-related deaths, 307 of which were from prescription drugs.

She said it is extremely difficult for those with a family member addicted to prescription drugs and it creates many problems as they also deal with not knowing if their family member will live or die. She said drugged driving is also a problem and the financial cost of prescription drug abuse is astronomical.

She said the Danville police chief said their city's biggest crime problem is opioid abuse. She said the use of CURES, California's prescription drug monitoring system, is important. She said it is also important to educate the public about medication management to let them know they need to lock up their medications and dispose of them properly. She said there are many doctors who overprescribe.

She said through their efforts, March was established as Prescription Drug Abuse month in California and on March 23, 2015, there will be an "Enough!" rally on the state capitol steps. At the federal level, she said the "Fed Up" rally was recently held in Washington DC. She said the San Ramone organization has a Naloxone program and they are providing and distributing Naloxone to family members of opioid abusers and addicts.

She said pharmacists need to educate individual patients about opioids and about how dangerous they are. She said pharmacists should recommend that patients have Naloxone available and that they keep the medications in lockboxes. She said pharmacy staffs need to be better trained on red flags and the board should encourage pharmacies to participate in drug take-back programs. She also said pharmacy bonuses at chain pharmacies awarded for the number of drugs filled need to be eliminated because they encourage pharmacists to fill questionable narcotics prescriptions.

Discussion

Chair Castellblanch thanked her for her presentation and asked to have her suggestions added to agendas for future meetings. He asked that she share information with the board when she hears about pharmacists and doctors who are contributing to prescription drug abuse. Ms. Virginia Herold said when there is a doctor writing these prescriptions, there is also a pharmacist filling them.

Dr. Lavanza Butler said she liked the idea suggested by Jason Smith at a previous meeting about pharmacists providing information on abuse and recovery to patients who are doctor shopping.

Ms. Rovero said she would like to speak to pharmacists and asked if there are opportunities available and that she is willing to travel. Ms. Butler suggested Ms. Rovero check with the pharmacy associations and said she would check with some L.A. groups.

Chair Castellblanch said many people don't know about the problems of prescription drug abuse. Ms. Rovero stated that what is more surprising is the number of doctors who don't have that knowledge.

Gregory Brooks said there is a state entity that oversees peace officer training and there is web-based training available. He suggested that Ms. Rovero create information to be included on that website to provide education, training and awareness for new officers. He said another option is to integrate prescription drug abuse information into basic academy training. He said there is a training session on controlled substances that could work and legislation is a good route to get the information added to the mandatory training.

In regards to lockboxes for prescription medication, Chair Castellblanch said a lockbox would almost be an advertisement to thieves. Dr. Fred Mayer said that if the lockbox was taken at least the patient would realize the medication was gone. He said the lockbox also informs others that these are dangerous drugs. He said the lockbox would prevent teens from taking the medications from the home.

Jason Smith said addicts know which doctors and pharmacists to go to. He said once pharmacists are caught for indiscriminate dispensing, it takes too long for disciplinary actions by the board to take place. Ms. Herold agreed. Ms. Rovero said she was pleased with how the board handled the Pacifica Pharmacy case as the pharmacy and pharmacist lost their licenses. Smith asked if there was any way to speed it up the disciplinary process. Ms. Herold said for egregious cases, the board is able to act quickly. She said the processes that are in place determine that discipline takes a long time. She said the board's goal is to educate pharmacists to say no on questionable prescriptions, which will eliminate the need for discipline.

2. <u>FOR INFORMATION: Presentation on the Connection Between The Abuses of Prescription Pain Medications and Heroin, Presented by Writer Jason Smith</u>

Jason Smith, a writer, business owner and a pain medication addict, who is in recovery and has been sober for two years, spoke about the *Journal of the American Medical Association* article and *New England Journal of Medicine* articles that demonstrate the relationship between prescription opioids and heroin. He said he recently wrote a three-part series on heroin in the foothills and a three-part series on CURES.

He said the *New England Journal of Medicine* study shows the connection from prescription drug abuse to heroin use and the *Journal of the American Medical Association* study takes a portrait of who the heroin addict is today and compares it to the heroin addict of the past.

He said in 2010, Purdue changed the formulation of Oxycontin to make it abuse resistant. He said the data shows that when Oxycontin was reformulated its use went down and the use of other opioids went up. He said prescription drugs have become harder to find and it's the relationship between supply and demand. Users identifying prescription drugs as their drugs of choice are turning to heroin because the prescription drugs are becoming too expensive and scarce, but he said the current programs don't address the demand side of the problem – only the supply. He said the study found that heroin is cheaper and more readily available and that that heroin use is growing in rural and suburban areas.

He said the study, from 2010 to 2013, compares heroin users today with the users from the 1960s. He said then the majority of users was male and lived in urban areas, with an average age of 16. He said they were from low income areas and heroin was the first opioid they ever used. Now, he said, users are 97% white, with an average age of 23. He said for the first time use is increasing in urban and suburban areas. He said 76% of current heroin users report they started with prescription opioids. He said the indiscriminate prescribing of opioids has created a new shortcut to heroin abuse. He said in the past heroin was the last drug a user would try on the junkie train.

He said both studies came up with same results that prescription opioid abuse is leading to heroin abuse. He said the current approach to the prescription drug addiction problem is prevention and to cut into the supply side, but the treatment side requires a completely different approach.

He said prescription drug addicts, even if they are gaming the system, are in a controlled environment of the medical and pharmacy professions and there are ways to deal with them. He said once they switch to heroin there is no way to reach them. He said CURES will make it more difficult for abusers, doctor-shoppers and those with fake prescriptions and will cut into the supply, but he asked is what are we going to do with the demand? He said he is afraid there will be another wave of heroin addiction as CURES becomes fully operative and cuts into the supply. He asked what is in place to catch these people or will they be squeezed into heroin.

Discussion

Chair Castellblanch told Mr. Smith he raised the issue that there is an avalanche building up in the area of heroin abuse. Mr. Smith said he has interviewed heroin dealers and they are anticipating this upsurge in heroin demand and they are ready to supply the heroin. Chair Castellblanch said the reports Mr. Smith presented provide the science to support that the state needs to put as much effort into treatment and rehabilitation for the demand of opioids as they do cutting the supply. He said counties are drowning in the expenses related to opioid abuse. Mr. Smith said the pharmacy companies who created the opioid epidemic should be held accountable and be made to pay since addiction is a byproduct of their industry. Dr. Butler asked Smith what he suggested. Mr. Smith said too many doctors are prescribing opioids and have no idea how to get their patients off them. He said doctors need to be more careful and

better educated. He said they should have additional education to be able to prescribe opioids and should be required to show their competency in the use, prescribing, addiction and treatment of opioid addiction. He said patients are afraid to tell their doctors that they may be addicted because they are afraid their doctor will just cut them off. Chair Castellblanch pointed out that the Board of Pharmacy can't tell doctors what to do.

3. **FOR INFORMATION: Report on Marin County's Efforts to Fight the Opioid Epidemic, Presented by Matt Willis, M.D., MPH, Marin County Public Health Officer**

Marin County Public Health Officer Dr. Matt Willis spoke on Marin County's efforts to battle the opioid epidemic and Marin County's New Community-wide Standards for Prescribing Opioid Pain Medications. He said they recognize this as a multi-level problem that demands a multi-level solution.

He said Robert Wood Johnson and University of Wisconsin in February released the 2014 county health rankings, which included 30 indicators. For the fifth year in a row, Marin was number one in California and ahead of the curve on the majority of indicators. Marin's only scores below state averages were in alcohol use and drug overdose deaths.

He said the drug overdose deaths category was added to the county health rankings last year as a response to the national epidemic of prescription drug abuse. He said analyzing CURES data for Marin County allowed them to understand prescribing patterns, including one which shows that the number of narcotic prescriptions has more than doubled in the past 10 years.
He said emergency department (ED) directors were given the information that the quantity of prescription painkillers sales was four times larger in 2010 than in 1999 nationally, and continues to rise. In Marin County, the number of opioid-related ED visits more than doubled, from 196 in 2006 to 471 in 2012. The rate of adverse events is directly proportional and rises linearly, which equates to more opiates equals more opiate deaths.

Data from the Marin County Coroner showed an increase in deaths from accidental overdoses. He said for the past four years, Marin County had large increases in narcotic prescriptions, ED visits for opioid related complications and overdose deaths.

He said California For Healthy Kids data aggregated over three years showed about 1 in 5 of Marin County 11th graders, about the state average, said they used painkillers recreationally. He said the data identified key opportunities to create collaboration among a wide range of partners and to build an infrastructure to appropriately address pain management, addiction, treatment and recovery, and results in well-aligned, comprehensive efforts. He said it is a complex problem that is both a social and medical problem. He said prescription drug abuse was then treated as a public health issue. He said the whole community was invited to attend a meeting to help address the problem and 100 people showed up.

He said the group views itself as being part of a system with many parts. The final result of that system – the end user using drugs safely or not – is the product of all the steps that preceded it. He said every system is designed to get the results you get, so the Marin County system needed to be changed – including what's manufactured; how it's marketed, prescribed and dispensed; how it's handled within the community; and the laws and how they're enforced. He said each step represents opportunities to influence the end use towards safe use.

He said RxSafe Marin's goal was to have an impact at each step. He said RxSafe Marin now has five action teams – community-based prevention; law enforcement; prescribers and pharmacists; intervention, treatment and recovery; and data monitoring. He said each action team has measurability, transparency and smart goals.

He said Marin County ED directors signed off on a common set of community standards for prescribing narcotics from ED's that are voluntary and non-binding, but do offer a basic understanding for what to expect in pain medication prescribing in EDs. He said similar standards exist elsewhere and the elements of these are fairly standard– no long acting medications for chronic pain, sending patients to primary care providers for chronic pain management, as few tablets as necessary for acute pain, avoiding IV pain medication and the CURES system can be checked. He said there is also the element of reassuring patients that their pain is taken seriously and will be addressed. He said one of the things they discovered was that in the ED, the default for narcotics prescriptions was 30 tablets. They changed that to 15.

He said the DA now has a process that when a medication is found at a crime scene, the doctors whose names are on the bottles are informed.

He said CURES data allowed them to find that 40% of older patients in Marin County are taking these both sedatives (benzos) and narcotics (opiates) together, which are unsafe for older patients. He said having that information allows them to work with prescribers to change this. He said in Marin County, they are being proactive about getting prescribers and dispensers registered in CURES.

Discussion

Chair Castellblanch asked if there is a way to see if the EDs are using the new program and Dr. Willis said they can track their prescribing. Chair Castellblanch asked if the information Dr. Willis provided about the increase in opioid prescribing and the increase in related abuse, overdose and death was beneficial for physicians to have. Dr. Willis said evidence, data, charts and peer review are important to physicians, while personal narratives are more important in the community.

Dr. Castellblanch said he was fortunate that Marin's county coroner was willing to go the extra mile to gather a lot of data and he asked what steps were needed to get that data. Dr. Willis said this issue is a public health priority and this is a new problem that many offices of public

health may not have the staffing to deal with. Dr. C asked if there is a statewide effort and Dr. Willis talked about the statewide, interagency workgroup organized by the director of public health. Ms. Herold said the Board of Pharmacy has two representatives on that workgroup.

Mr. Brooks asked about the trends of youth and the numbers of 11th-graders using prescription drugs and Dr. Willis said he does not have that information. Ms. Rovero said she would be interested in the data for college students.

A pharmacist in the audience asked if pharmacists whose names are on pill bottles found at a crime scene are informed of that by the Marin County District Attorney Office. Dr. Willis said no and the pharmacist said she would want to know if prescriptions she's dispensing are being resold or abused.

Mr. Smith said he was impressed with the presentation and the community involvement was important and well-done. He said he was glad they began implementing procedures to address the issue at a county level instead of waiting for the state to set policy.

Dr. Mayer said the reason he thought Dr. Willis' program has been so successful was because they had the support of community advocates.

4. <u>FOR INFORMATION: Report on Orange County and Santa Clara County Lawsuits Against Five Pharmaceutical Companies for False Advertising and Unfair Competition</u>

Greta Hansen, with the Santa Clara County Counsel's office, spoke on the lawsuit filed by the District Attorney Offices from Orange County and Santa Clara County against Purdue Pharma and a number of other pharmaceutical companies claiming they used deceptive marketing tactics in their promotion of the use of opioids for long-term use to treat chronic non-cancer pain and misrepresented the risks associated with opioid use.

Ms. Hansen said it is a civil law enforcement action, filed in May of 2014, against the largest producers of prescription opioids after an explosion of opioid prescription use and abuse not related to an increase in sickness or pain or because of any breakthrough in research or clinical experience about the utility of opioids.

She said the two counties allege in their suit that it is due to an expansive, decades-long deceptive marketing campaign by key members of the opioid industry. She said the products were marketed to vulnerable populations for the increased treatment of chronic, non-cancer conditions such as back and joint pain, arthritis, headaches, etc.

The suit alleges that the defendants engaged in deceptive promotional activities trying to convince doctors that opioids were effective in treating long-term, chronic pain, despite evidence to that effect; that they misrepresented the serious risk of addiction and various side

effects and adverse consequences and that they falsely claimed that opioids were better than standard, low-cost, over-the-counter treatments for these types of conditions.

She said in the suit that they allege the pharmacy companies distributed the materials through front groups and key opinion leaders who are members of the medical community, often through unbranded materials, not materials that identify a particular opioid, but touted opioids, in general to vulnerable populations including the elderly, veterans and those experiencing chronic, debilitating pain.

She said their marketing mostly targeted primary care physicians who treat the majority of chronic pain patients and are the least likely to have the time and knowledge to evaluate the defendants claims.

She said the impact of this false marketing has been wildly successful for the pharmaceutical companies and they have made billions of dollars. She said the impact to society has been devastating and the use of opioids has grown exponentially with one in five doctor office visits resulting in opioid prescriptions.

She said they brought the lawsuit because they want the deceptive marketing practices so that doctors and patients have the correct information about opioids and the potential for addiction. They also want the court to require the companies to address the harm they've caused and they are not trying to take away the appropriate use of opioids. She said the defendants will vehemently argue against this and it will be up to the courts to decide.

Discussion
Chair Castellblanch asked her how long she thought it might take to complete the lawsuit and she said the expectation is that it will take a very long time, but they are in it for the long haul. Dr. Butler said as a pharmacist initially she only saw prescriptions written for these for cases of acute pain, such as cancer, but now they are being prescribed for arthritis and fibromyalgia.

Mr. Smith said pharmacy companies found the weak link in the system – the general practitioner doctors – and they exploited it. He asked what is being done with the fact that the pharmacy sales reps are the ones who train the doctors on the medications. Chair Castellblanch said doctors are required to take pain management classes and then those classes are funded by the opioid manufacturers. Dr. Willis said that many of the educational class curriculums are provided by the pharmaceutical companies. He said there needs to be awareness that these classes may be highly influenced towards over-prescribing.

Dr. Meyer asked how to separate palliative care for cancer patients from those with chronic pain or abusers and he said that Marin County hired a palliative care specialist and he suggested the board add a code for pharmacists to identify a patient on palliative care. Mr. Smith said Dr. Meyer was indicating that someone who is addicted doesn't have a legitimate

reason for taking the medication. He said sometimes patients are addicted and still need the medication. Chair Castellblanch said the Medical Board is sorting through that issue.

5. **FOR INFORMATION: Report on Medical Board's Updated Pain Management Guidelines and California Prescription Drug Abuse Work Group Headed by the Director of the State Department of Public Health**

Ms. Herold reported that at their October meeting, the Medical Board approved their revised Pain Management Guidelines, which were not yet posted on their website. She said their guidelines had not been updated since the 1990s. She said the guidelines state there is a need to address pain and that it is complicated. She said the revised documents are guidelines and not intended to mandate care. She said there are a number of links to other information provided in the document's appendix. She provided a brief overview of the guidelines and said they deal more with the long-term use of opioids, but don't include much information on short-term use.

Discussion
Chair Castellblanch asked if the guidelines deal with the relationship between pharmacists and prescribers. Ms. Herold said they do mention a pharmacist's corresponding responsibility and provide a link to the Board of Pharmacy's website. Dr. Willis said that Marin County does plan to add to their information that there needs to be a way for pharmacists to reach the prescriber to verify a prescription or if they have a question. Ms. Herold said there is information that pharmacists should provide to the prescriber's office, but care needs to be taken that prescribers aren't overloaded with too much information. Dr. Meyer disagreed and said it should be the board's responsibility to work out some way for pharmacists to communicate with prescribers.

6. **FOR INFORMATION: Review of Additions to the Board of Pharmacy Prescription Drug Abuse Prevention Website Page**

Chair Castellblanch said the Medical Board has an updated website which is much more sophisticated than the Board of Pharmacy's website. He asked when the board's website will be upgraded. Ms. Herold said that recently, the board was moved back to a group 3 rollout of BreEZe, so she said the board will not wait and will now redirect staff to update the current website. She said it will take about a year to get the website completed.

Discussion
A member of the audience suggested that the board include the date posted on documents added to the website so that viewers can know how old the information is. Ms. Rovero asked that the prescription drug abuse prevention materials stay at the top of the home page. Ms. Herold said staff would review materials and remove any dated materials and keep important information at the top of the page.

7. **FOR INFORMATION: Review and Discussion of Articles Documenting the Issues of Prescription Medication Abuse**

   There was no discussion on this item.

8. **FOR INFORMATION: Public Outreach to Address Prescription Drug Abuse**

   There was no discussion on this item.

9. **FOR INFORMATION: Public Comment for Items Not on the Agenda, Matters for Future Meetings***

   Chair Castellblanch said he would like the subcommittee to bring a list of recommendations to bring to the board. He said he would like the next subcommittee meeting to be held in March 2015.

   Dr. Meyer wants board counsel to determine if a lawsuit could be filed against the Attorney General's Office because of CURES.

   The meeting adjourned at 2:00 p.m.

NCA PDA
National Coalition Against Prescription Drug Abuse

National Coalition Against Prescription Drug Abuse (NCAPDA)

April Rovero
Founder/CEO

NCA PDA
National Coalition Against Prescription Drug Abuse

NCAPDA

- 501(c)3 Non-Profit Organization
- Founded in 2010
- Mission:

  Prevent prescription drug overdose deaths and addiction through community education, policy change and legislative advocacy.

- Target Groups
  - Students
  - Parents/Adults
  - Elderly
  - Health Care Providers
  - Pharmacies
  - Educators
  - Civic Leaders
  - Business Leaders

NCA PDA
National Coalition Against Prescription Drug Abuse

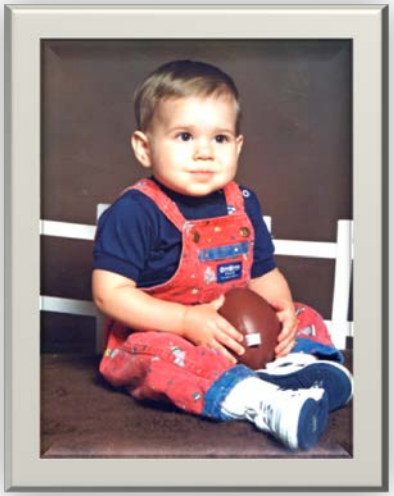
Affiliations

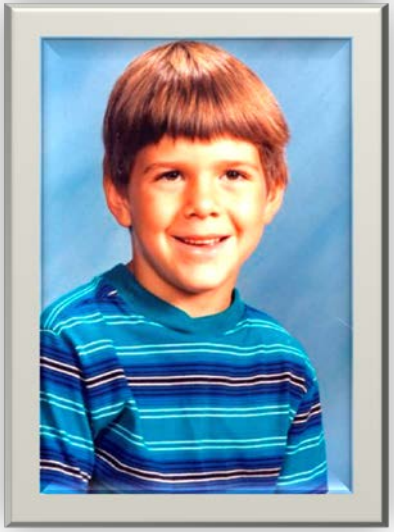
Education & Policy Change Focus

- RxSafe San Ramon Valley
- RxSafe Contra Costa County
- California PDA Prevention Workgroup
- Fed Up Coalition

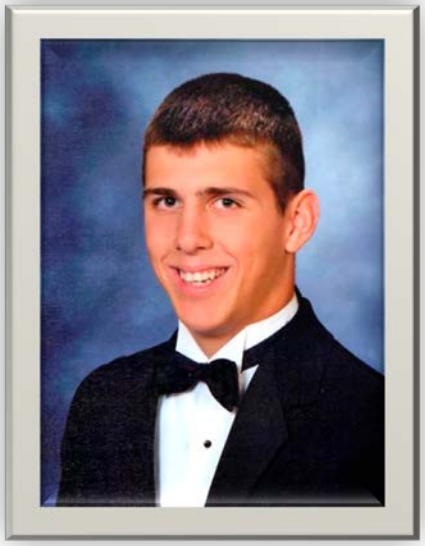
NCA PDA
National Coalition Against Prescription Drug Abuse

Joseph John Rovero, III





March 9, 1988 RIP Dec. 18, 2009



NCA PDA
National Coalition Against Prescription Drug Abuse

Impact

NCA PDA
National Coalition Against Prescription Drug Abuse

Impact

NCA PDA
National Coalition Against Prescription Drug Abuse

CCC Drug Death & Poisoning Data 2008-2012

Accidental Drug Deaths	• Total: 408 • Prescription Drug Related: 307
Non Fatal ED Visits (Drug Poisonings)	• Total: 2,595 • Opioids: 796 • Sedatives: 1,270
Non Fatal Hospitalizations (Drug Poisonings)	• Total: 1,882 • Opioids: 781 • Sedatives: 788

NCA PDA
National Coalition Against Prescription Drug Abuse

Community Impact

Death

Crime

Family Trauma

Drugged Driving Injury and Death

U.S. Financial Costs

NCA PDA
National Coalition Against Prescription Drug Abuse

National PDA Prevention Plan

Office Of National Drug Control Policy (ONDCP)

PDA Monitoring Programs

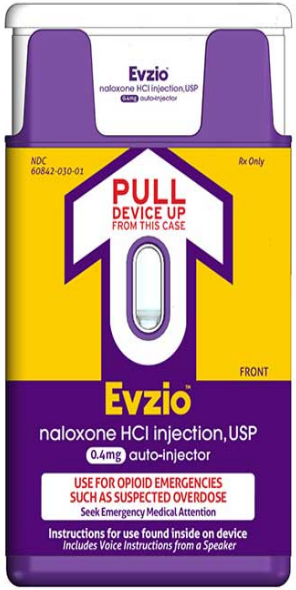
Education

Medication Management

Law Enforcement

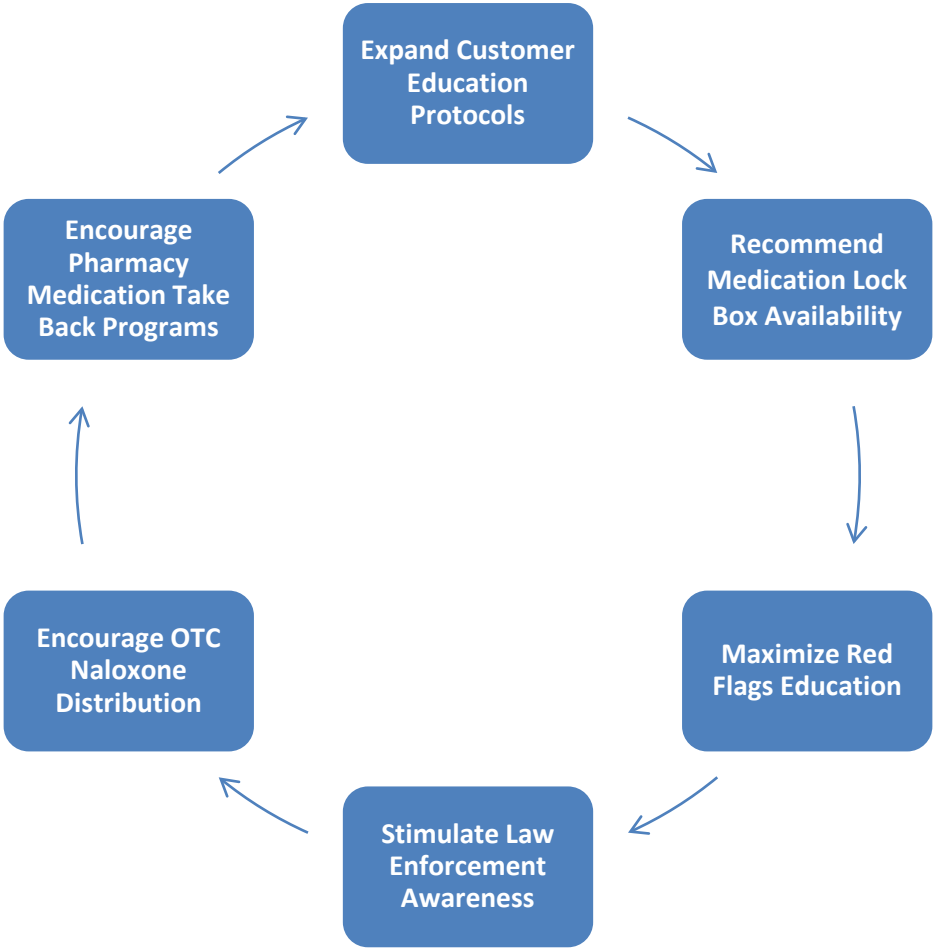
NCA PDA
National Coalition Against Prescription Drug Abuse

Naloxone Rescue Program



NCA PDA
National Coalition Against Prescription Drug Abuse

How Can The Pharmacy Board Help Curb PDA?



National Coalition Against Prescription Drug Abuse

(NCAPDA)

925-480-7723

www.ncapda.org

Spread the Word…One Pill Can Kill

County

MOBILIZING A COMMUNITY

TO PREVENT PRESCRIPTION DRUG MISUSE AND AB

County Health Rankings:
Marin Ranks High In Most Indicators

Marin County ranked in the top 5% in:
- Premature death rate
- Adults self reported health
-Mentally unhealthy days
- Adult obesity
- Teen birth rate
- Uninsured adults
- Primary care physicians per capita
- High school graduation
- Unemployment
- Children in poverty
- Physical activity
- Violent crime rate

High food environment index
-Low rate of preventable hospital stays
-Low violent crime rate

Ranked in the top 25% in:
-Low number of physically unhealthy days
- Adults without social/emotional support
- Low percent driving alone to work

Ranked in the top 10% in:
-Low percent of adults reporting fair or poor health

-Low average number of mentally unhealthy days

-High access to exercise opportunities

-High dentists per capita

-High mental health providers per capita

-High percent with some college

Ranked in the top 15% in:
-Low percent of adults who smoke
- Low percent of children in single-parent households
- Low average daily air pollution

County Health Rankings & Roadmaps
A Healthier Nation, County by County

Marin County ranked in the bottom 50% in:

- [1]Excessive Drinking

-[2]Drug poisoning mortality rate

[1] Data collected from Behavioral Risk Factor Surveillance System 2006-2012 (2005-2010 for social support indicator) and may vary from other local sources used in county health reports and factsheets.

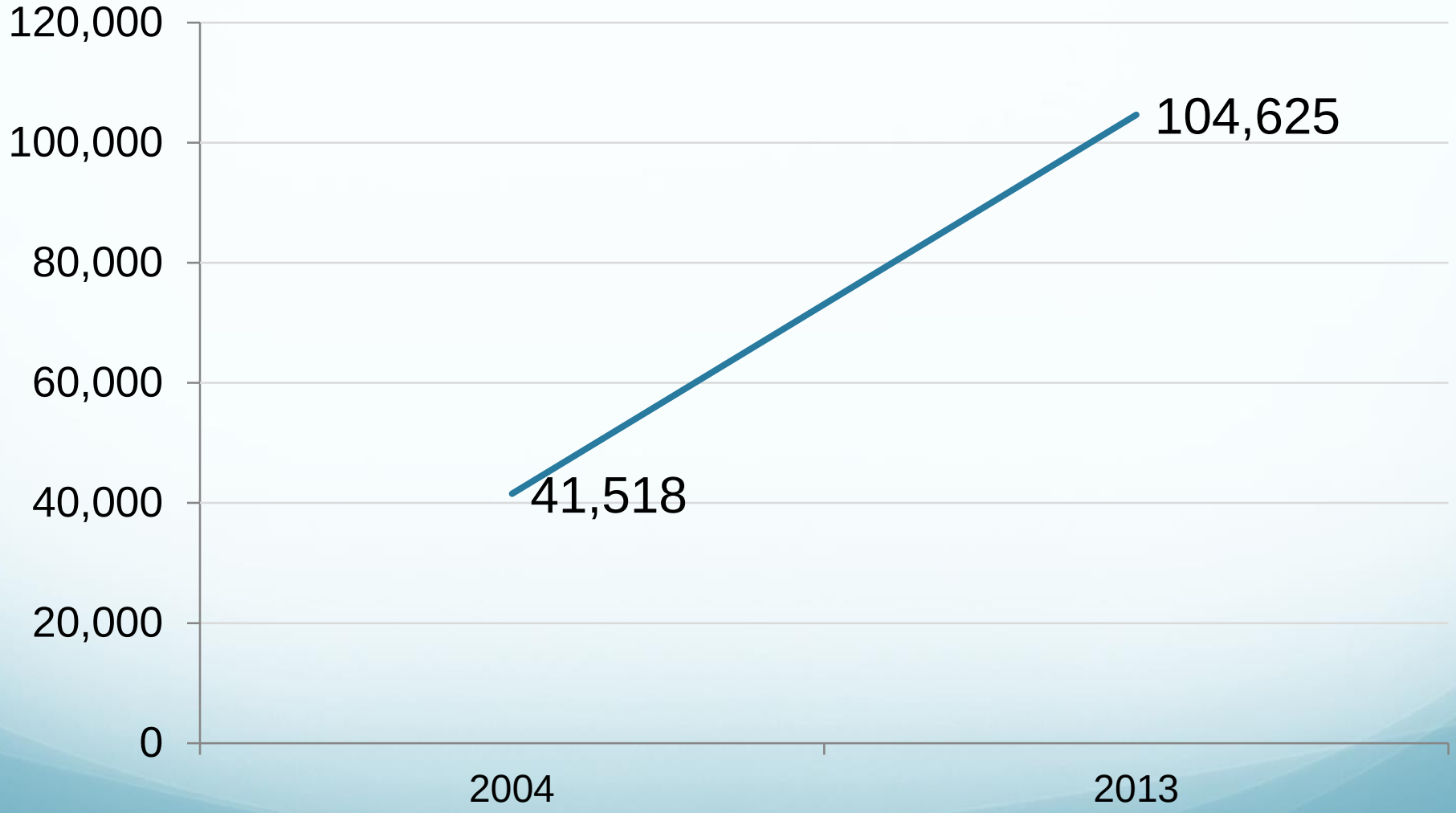
[2] Drug poisoning deaths was an additional measure and did not contribute to the overall county health rankings.

County Health Rankings & Roadmaps

A Healthier Nation, County by County

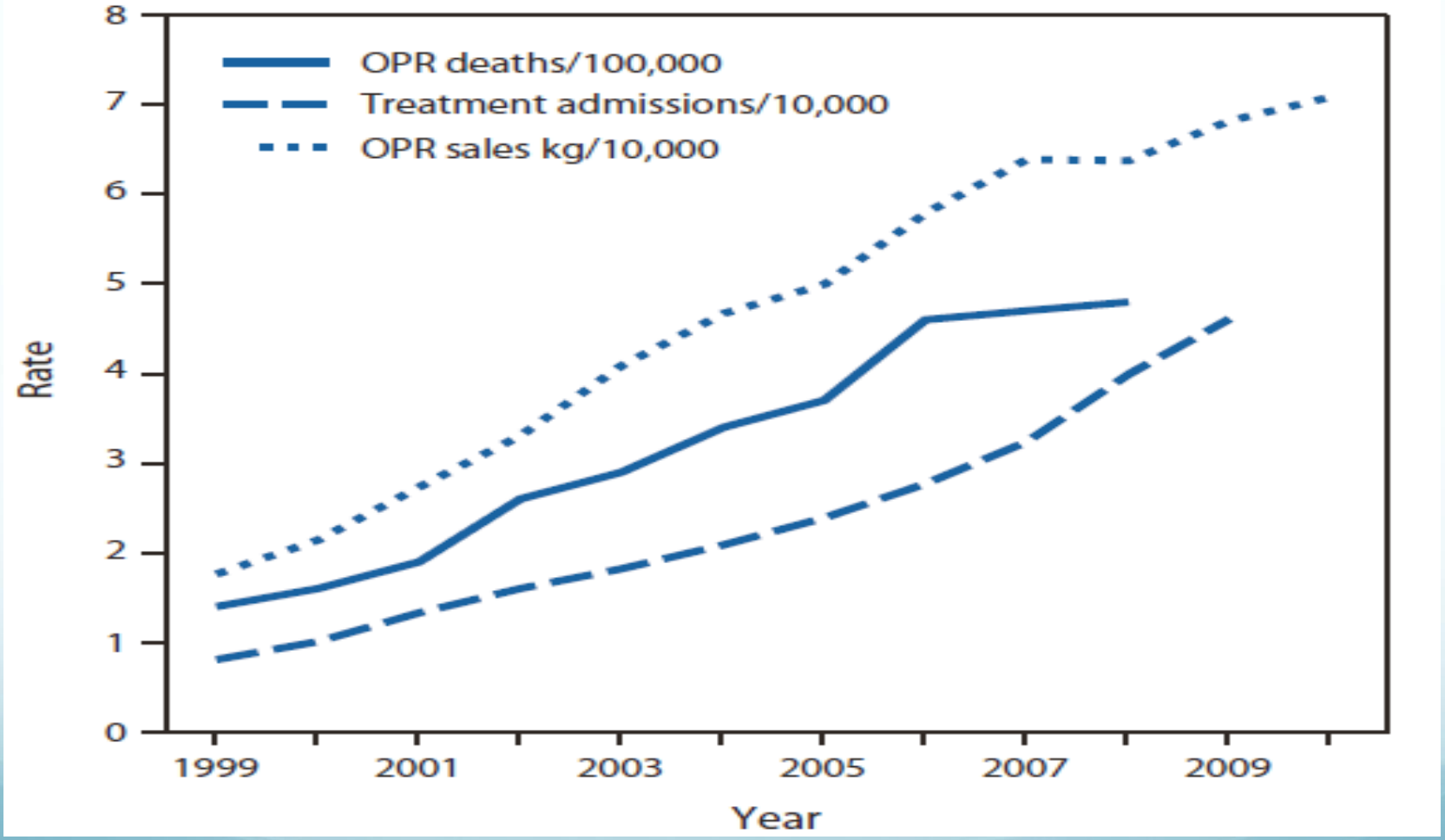
NUMBER OF SCHEDULE II NARCOTIC PRESCRIPTIONS :

MARIN COUNTY, 2004-2013



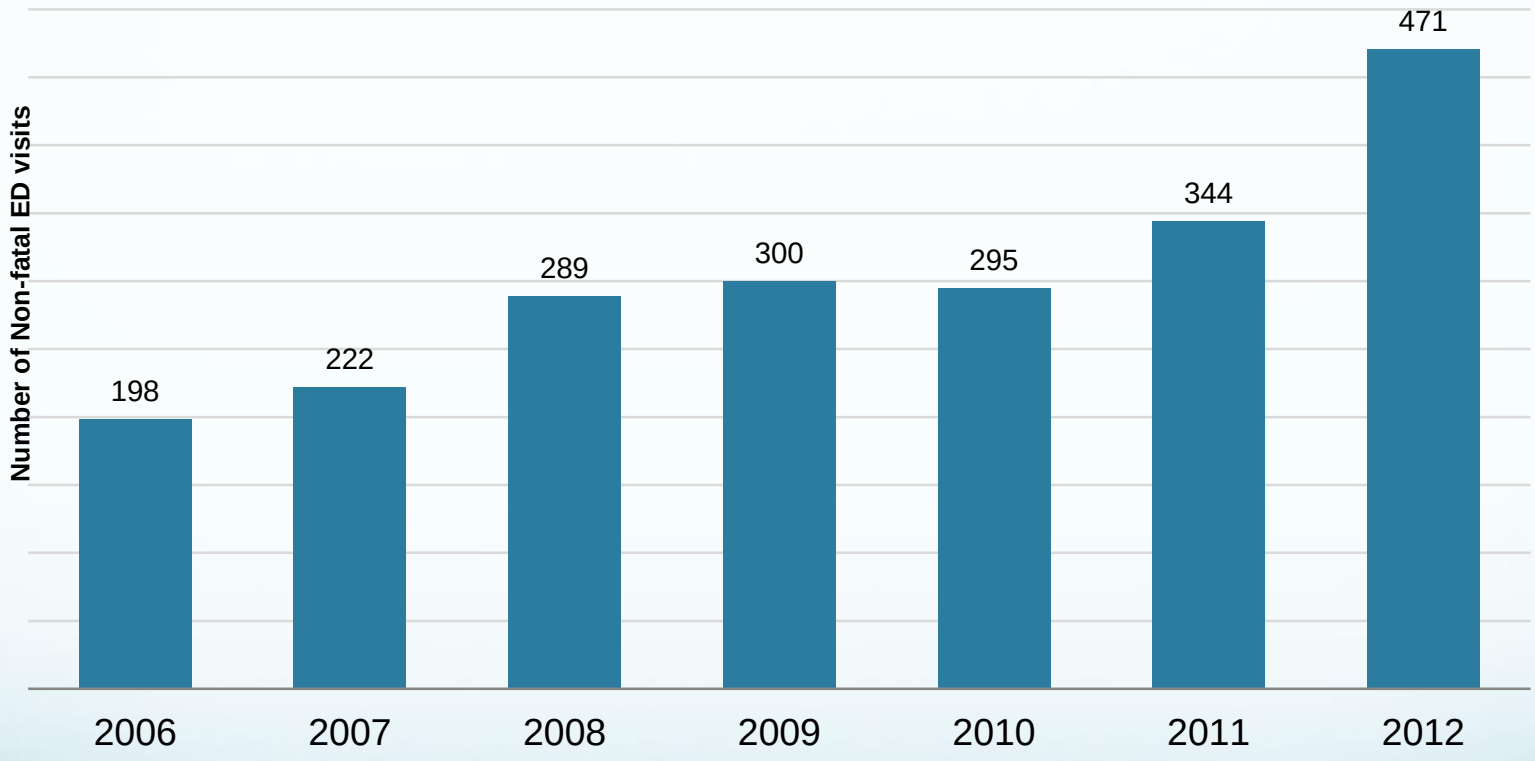
Source: California Department of Justice, Controlled Substance Utilization Review and Evaluation System (CURES)

KILOGRAMS OF OPIOIDS SOLD, OVERDOSE DEATHS AND ADDICTION, U.S. 1999-2010

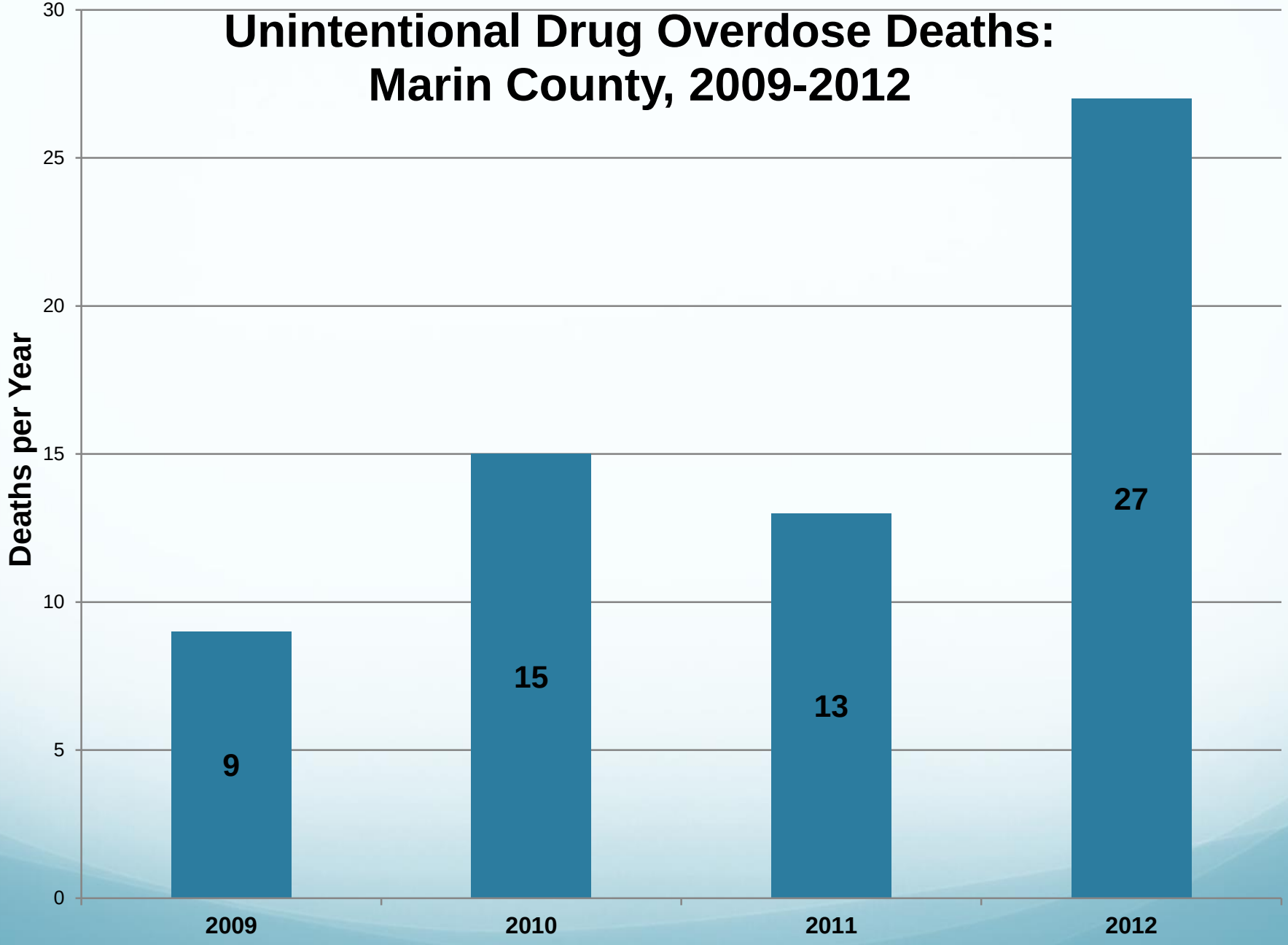


SOURCES: National Vital Statistics System, 1999-2008; Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 1999-2010; Treatment Episode Data Set, 1999-2009
http://www.cdc.gov/vitalsigns/PainkillerOverdoses/index.html

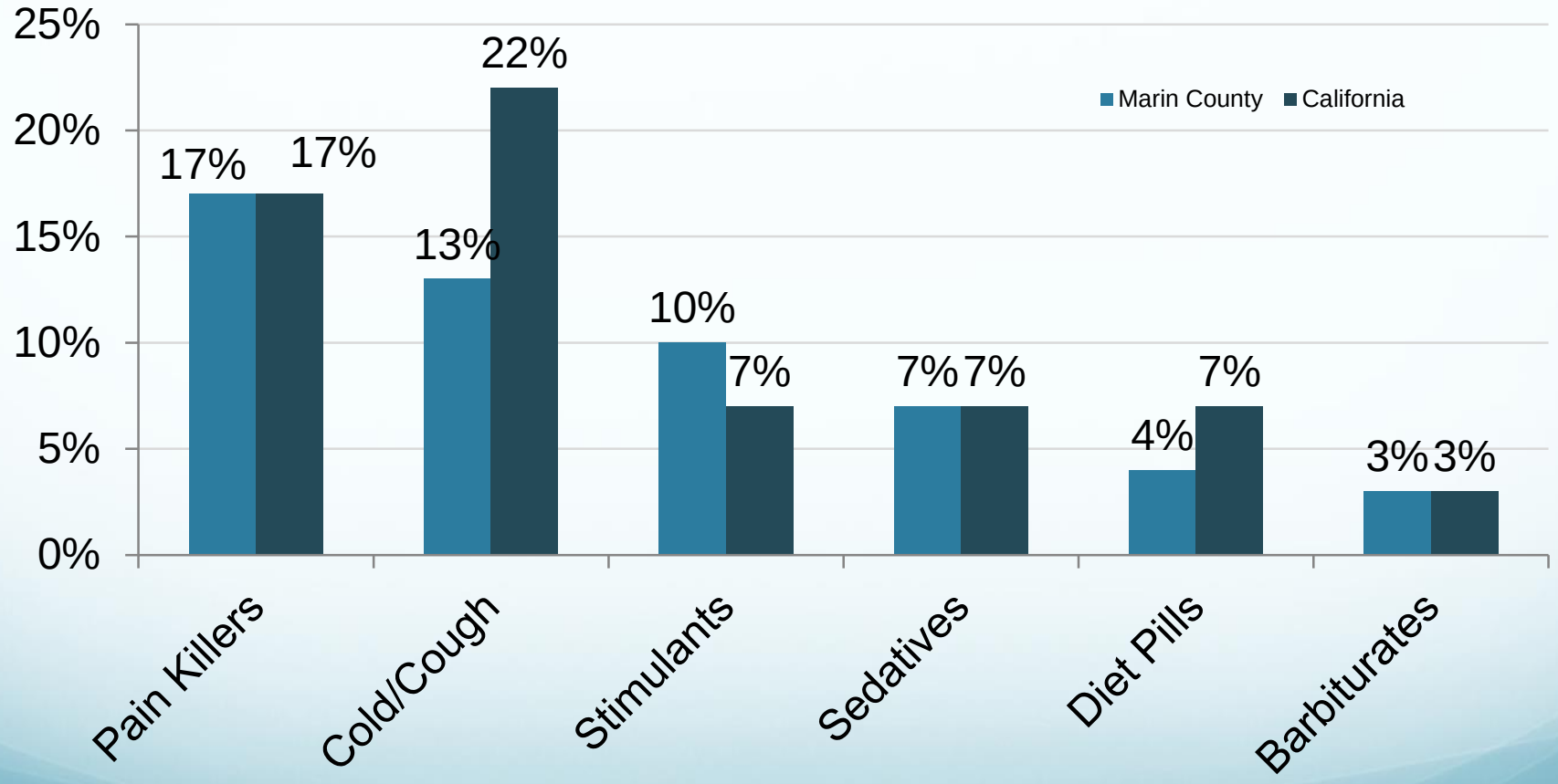
Non-Fatal Emergency Department Opioid-Related Visits: Marin County, 2006-2012



Data Source:
Office of Statewide Health Planning & Development (OSHPD). Emergency Department Data. Prepared by California Department of Public Health, Safe and Active Communities Branch


Unintentional Drug Overdose Deaths:
Marin County, 2009-2012
Deaths per Year
30
25
20
15
10
5
0
9
15
13
27
2009
2010
2011
2012

NON-MEDICAL USE of RX and OTC DRUGS AMONG 11TH GRADERS, MARIN COUNTY 2009-2011



Source: California Healthy Kids Survey, 2009-2011

Comprehensive Approach

Prevention

Education

Surveillance

Monitoring (PDMPs)

Diversion Control

Law Enforcement

Licensure

Treatment

Recovery

PRESCRIPTION
DRUG MISUSE &
ABUSE STRATEGIC PLANNING

HOSTED BY THE MARIN COUNTY HEALTH & HUMAN SERVICES PREVENTION HUB

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

WELCOME

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

SHERATON FOUR POINTS
1010 NORTHGATE DRIVE
SAN RAFAEL 94903

The Life of a Pill: Opportunities for Influence

Manufacture

Marketing

Pharmacists

Prescribers

Community

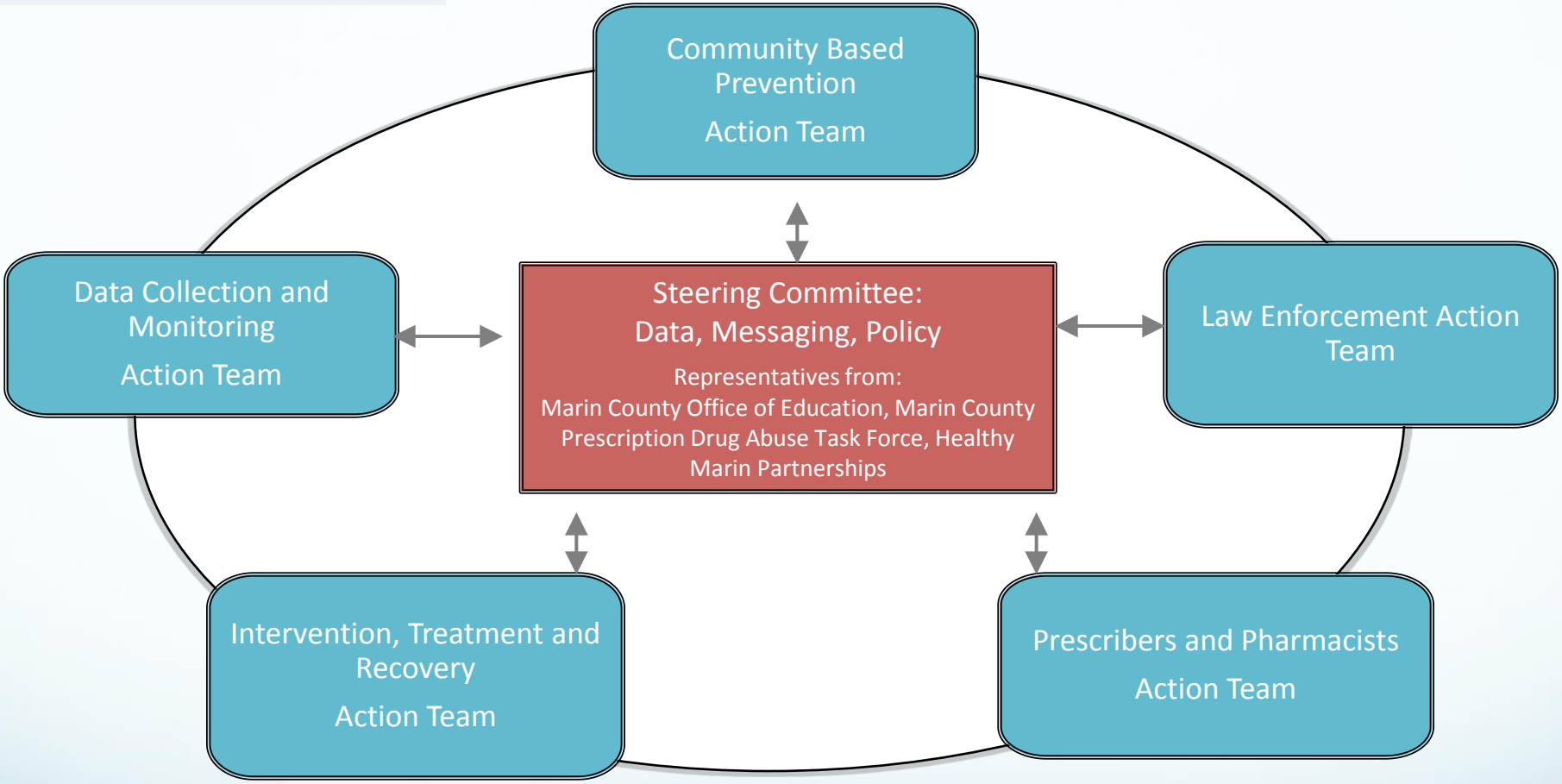
Safe Use

Disposal

Unsafe Use

Public Health Crisis: Over 31 deaths from drug overdoses in Marin Annually

Strategic Plan Implementation Structure



Backbone Support: HHS

Action Team Example: Prescribers and Pharmacists

Goal: 15% fewer narcotics will be prescribed in Marin County in 2015, compared to 2013

- 1:All Emergency Departments will have common prescribing standards by December 31, 2014
- 2: All Primary Care clinics will have common prescribing standards by June 30, 2014

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:

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 chronic pain. We do not usually prescribe pain medication if you already receive pain medicine from another health care provider.
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.
5. We do not prescribe long-acting pain medicines: OxyContin, MSContin, Fentanyl (Duragesic), 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 care 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.

If you need help with substance abuse or addiction, call

(415) 755-2345

for confidential referral and treatment.

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.

SAFE Rx MARIN

MARIN HEALTH & HUMAN SERVICES
Health, Well-being & Safety

COUNTY OF MARIN

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 (TTY) or by e-mail at: email@marincounty.org

Action Team Example: Data Collection & Monitoring

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

- A1: Report card generated and disseminated by December 31, 2014
  - A1i: Identify 5-7 common data pieces for report card
  - A1ii: Complete report card and share with stakeholders

State Data Sources

Agency	Type
Office of Statewide Health Planning and Development (OSHPD)	• ED visits • Hospitalizations
California Department of Justice/ CURES	• Controlled substance Rx
Vital Statistics	• Drug poisonings
CalOMS Treatment	• Treatment admissions

Local Data Sources

Agency	Type
Office of the District Attorney (DA)	• Drug possessions
Environmental Health Services (EHS)/ Drug Enforcement Agency (DEA)	• Safely disposed Rx
Emergency Medical Services (EMS)	• Naloxone doses administered

Potential Indicator 2: Non-Fatal Opioid-Related Emergency Department Visits

Why this matters:

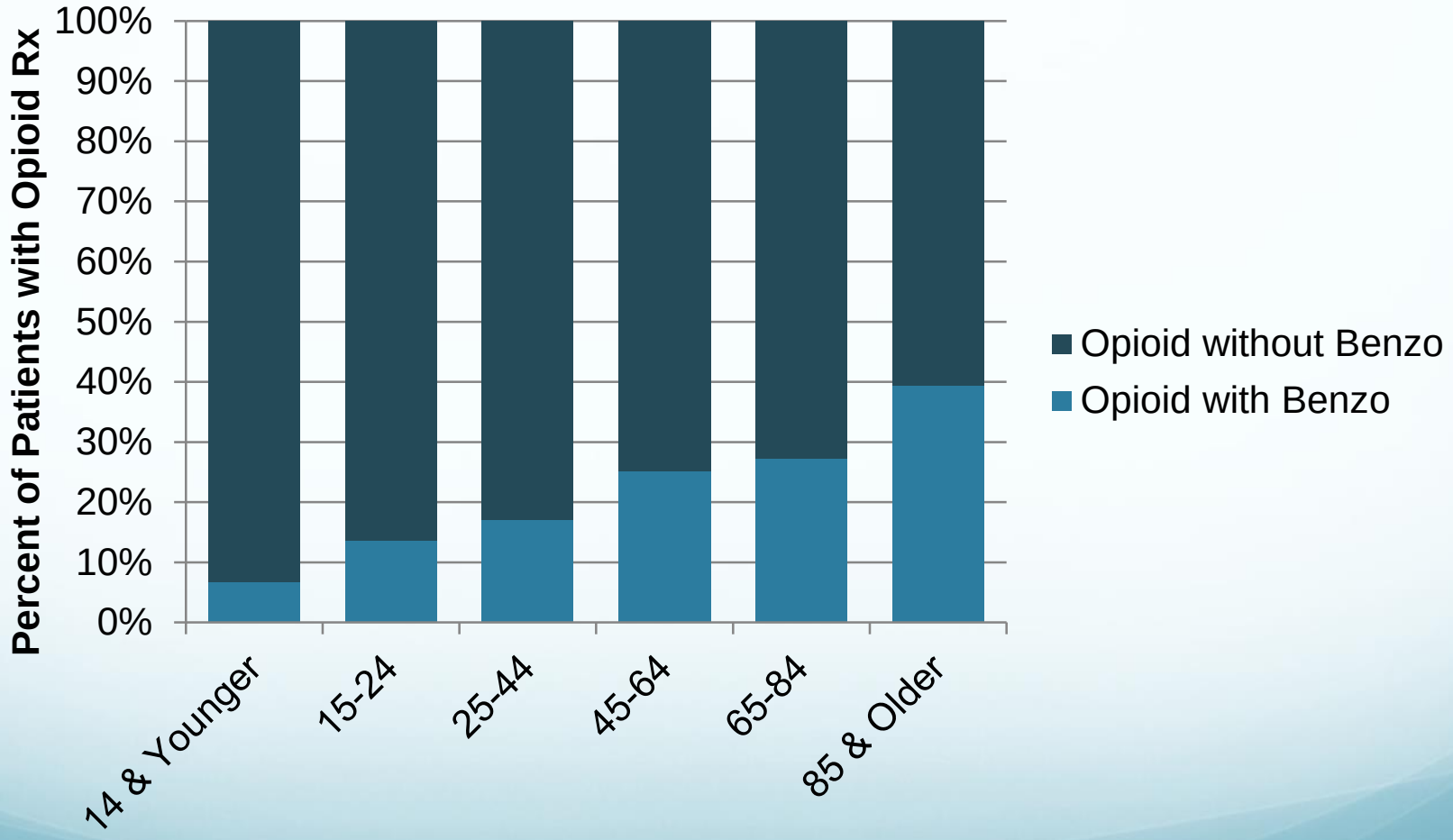
The Centers for Disease Control and Prevention (CDC) reports that in 2011, drug misuse and abuse caused about 2.5 million emergency department (ED) visits. Of these, more than 1.4 million ED visits were related to pharmaceuticals. In the United States, prescription opioid abuse costs were about $55.7 billion in 2007. Of this amount, 46% was attributable to workplace costs (e.g., lost productivity), 45% to healthcare costs (e.g., abuse treatment), and 9% to criminal justice costs.

Report Card Data:

Indicator	2006	2007	2008	2009	2010	2011	2012
Non-Fatal Opioid-Related Emergency Department Visits	198	222	289	300	295	344	471

Data Source:
Office of Statewide Health Planning & Development (OSHPD). Emergency Department Data. Prepared by California Department of Public Health, Safe and Active Communities Branch

Patients Receiving Both Opioid and Benzodiazepine Prescriptions Simultaneously — Marin County, 2010-2013



Potential Indicator 3: Total Number of Prescriptions for Controlled Substances

Why this matters:

The quantity of narcotic prescriptions in a population has been associated with abuse, diversion and overdoses in various populations. Prescriber practices, pharmaceutical companies and patient behavior (such as "doctor shopping") are all factors influencing the quantity of controlled substance prescriptions. This indicator allows us to track controlled substance prescriptions over time.

Report Card Data:

Indicator	2010	2011	2012	2013
Total Number of Prescriptions for Controlled Substances	**396,518**	**403,561**	**416,777**	**412,356**

Data Source*: Controlled Substance Utilization Review and Evaluation System (CURES), California Prescription Drug Monitoring Program (PDMP)*

RxSafe Marin Report Card: DRAFT

	Data Indicators	2009	2010	2011	2012	2013
1	**Unintentional drug poisoning deaths**	9	15	13	27	
2	**Non-fatal opioid-related emergency department visits**	300	295	344	471	
3	**Student self-report Rx painkiller use**	17%				
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 CURES** •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	**Possession of controlled substance without a prescription**		8	9	13	28
9	**Narcan administrations by Emergency Medical Services (from March 1 through December 31)**					115
10	**Adult treatment admissions (fiscal year, 2009 represents July 2008 - June 2009, etc.)** •Total adult treatment admissions •% of clients reporting opiate use (including heroin) at time of admission		2,065 29.7%	1,628 28.5%	1,399 32.6%	1,600 32.5%

Key elements:

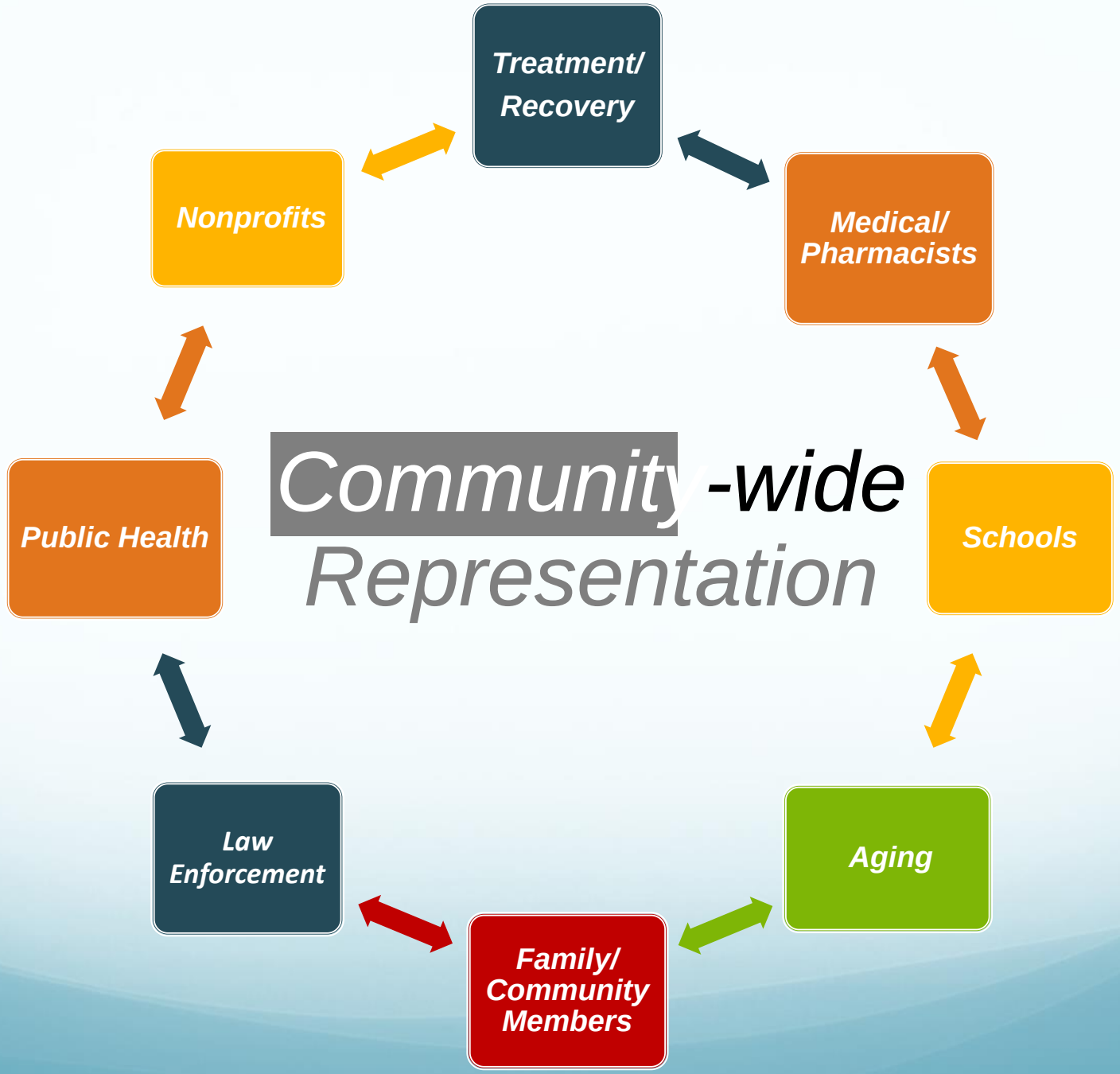
- Community as a “system” with many parts
- Data driven
- New conversations and partnerships
  - Law enforcement
- Centralized support
  - Coordinating and tracking Action Team efforts
  - Cheerleading
- Mutual accountability
  - Tracking progress with established metrics
  - Goals are transparent, measurable and public
- Acknowledge personal and professional dimension
- Political will and support

Thank you

EXTRA slides for reference from other presentation

How do we begin?

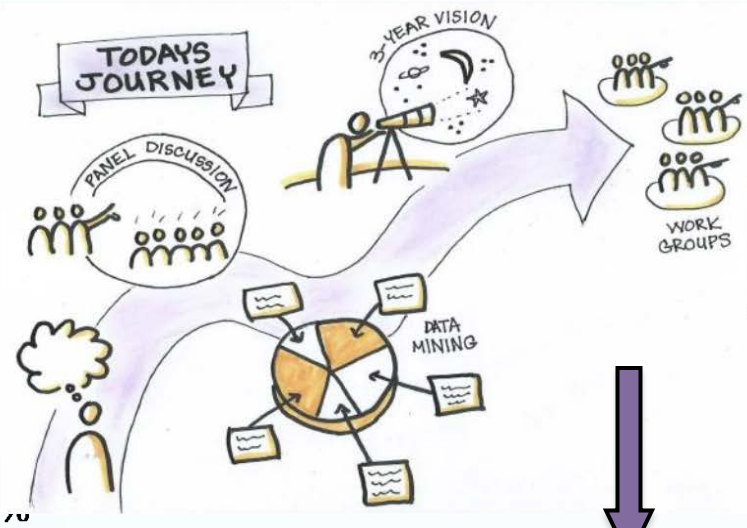
- Approach as a Public Health priority
- Recognize influences are throughout communities:
  - Law enforcement, Prescribers, Pharmacists, Schools, Families, Treatment/recovery, Waste management and others
- Address multiple factors simultaneously and in parallel
- Wide cross sector engagement

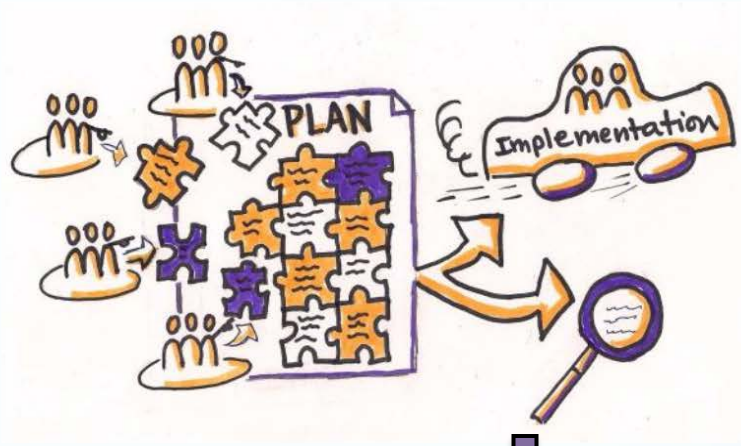

Treatment/ Recovery
Medical/ Pharmacists
Schools
Aging
Family/ Community Members
Law Enforcement
Public Health
Nonprofits
Community-wide Representation

Formation of RxSafe Marin

- Prior efforts:
  - Marin County Prescription Drug Abuse Task Force
  - Youth Leadership/Friday Night Live
- Marin County Health and Human Services
  - Mental Health and Substance Use
  - Public Health
- Marin County Office of Education
- HHS funded, facilitated initiative
- Design Team formed Fall 2013
  - Monthly meetings
  - Community Kick-off February 5, 2014

RxSafe Marin: Road Map





Feb 2014

Kick off:
1st Community Wide Meeting

- Reflected on data
- Created our 3 Year Vision
- Workgroups formed

March-May 2014

Workgroups

Part 1
- Identify driving and restraining forces
- Determine Strategic Goals

Part 2
- Asset mapping
- Identify Strategies

June 2014

2nd Community Meeting

- Preview the Strategic Framework
- Identify priorities
- Create 12 month action plans

Current

a.Action Teams
- Determine and carry out first year action plans

b.Steering Committee
- Monitor plan progress
- Media / messaging
- Policy efforts

c.HHS Backbone
- Coordinate logistical support to Implementation Teams and Steering Committee

Community Launch:
MARIN COUNTY PRESCRIPTION DRUG MISUSE AND ABUSE INITIATIVE

June 19, 2014 / 8:30am-12:30pm

Sponsoring Agencies: Marin Health and Human Services, Healthy Marin Partnership, Marin County Prescription Drug Abuse Task Force, County of Marin

Prepared by:

www.abinadergroup.com

Measurable Strategies and 12-Month Action Plans

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

County wide relevant data on Prescription drug misuse and abuse

- Report card generated and disseminated
- New prescribing data identified and collected

Fully funded continuum of services from intervention through treatment and recovery

- Full continuums of services are affordable, accessible, and individualized
- County Health Rankings on drug overdose deaths improve.

Increased coordination and alignment of prescription drug misuse and abuse prevention strategies across all sectors

- Sustainable, coordinated infrastructure supports Rx misuse/abuse prevention efforts
- Current Rx drug related policies implemented, monitored and enforced; new policies created

Cultural norm where prescription drug misuse and abuse is unacceptable

- Residents make informed, responsible Rx choices
- Rx prevention is a recommended standard of practice in all public schools
- Media outlets promote norms change

Intensive, measurable drug awareness learning and skill building across all stakeholder groups

- Community's perceptions align with Rx misuse/abuse realities

Prevention of drug diversion and availability

- Law Enforcement and Providers collaborate on drug diversion and availability
- Increased opportunities for safe, convenient disposal

Mandatory policy and procedures for physicians and pharmacists implemented and enforced

- Narcotic prescription decreased by 15%
- Pharmacists are aware of and have practices and protocols in place to minimize drug diversion

Agenda

Launch Aims:

- Celebrate and share the Strategic Framework
- Invite community input on prioritizing strategic goals and strategies
- Launch the implementation teams and move to action

Breakfast / Networking

Welcome: Moving from Plan to Action

Agenda Review

The Strategic Framework

Walkabout – Preview Strategic Framework

Prioritization and Action Planning: Action Teams

Walkabout - Preview Action Plans

Action Team Accomplishments and Next Steps

Closing Remarks

TEN RULES OF ORDER FOR CENTURY XXI

- Everyone has wisdom to share.
- We need everyone's wisdom for the best result.
- The whole picture comes through hearing and understanding all the perspectives
- There are no wrong answers
- The wisdom of the whole is greater than the sum of its parts
- The more people we engage through participation, the wiser we can all become.
- Participation blows out our images of what is possible.
- People commit to what they create. So the people who implement a plan are the best ones to create the plan.
- Participation in planning creates a sense of self-worth, enthusiasm, respect and accomplishment.

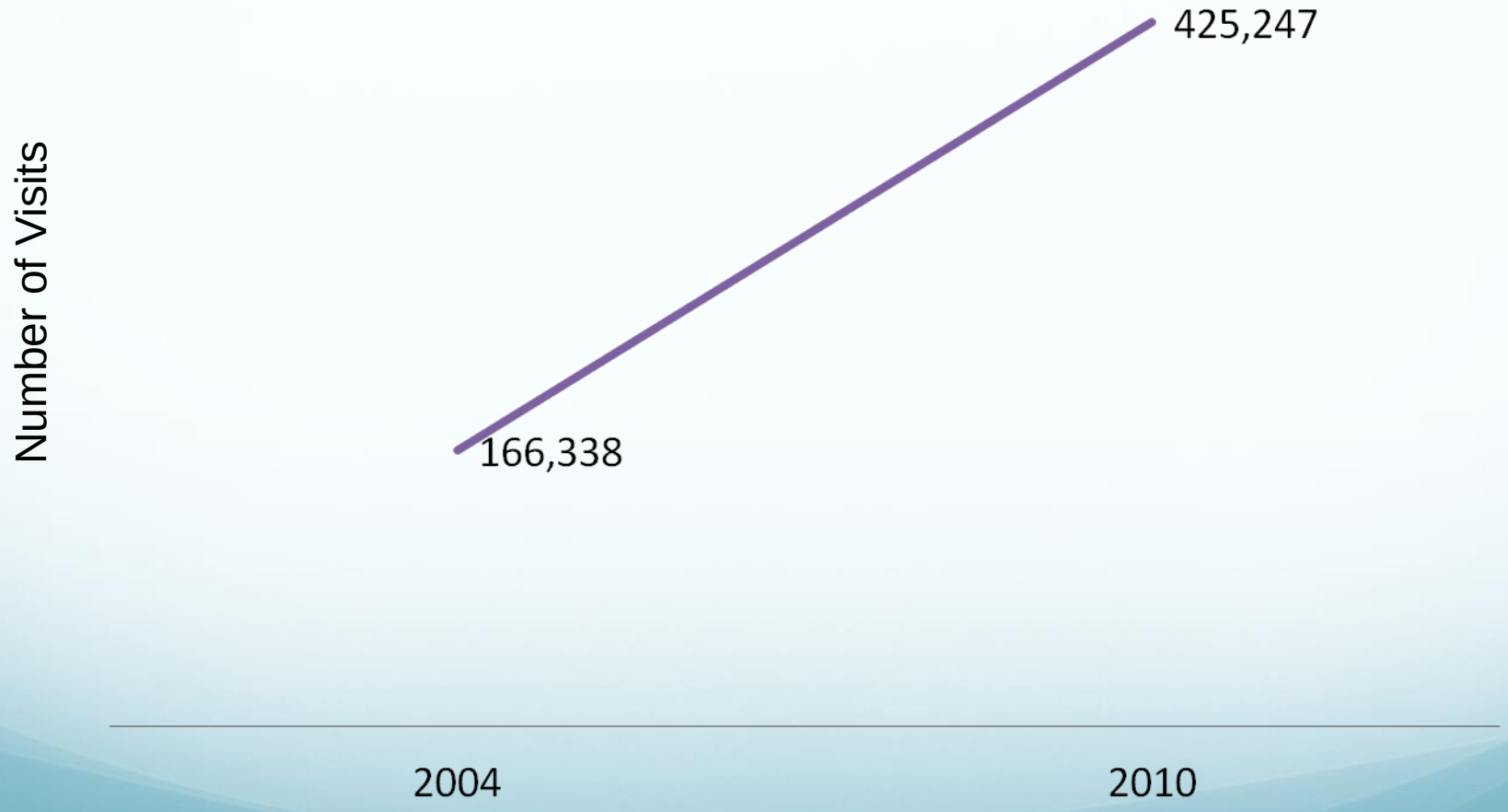
Jo Nelson and Brian Stanfield

ED Prescribing Standards Process

- ED Directors meeting May, 2014
  - Local Data and Evidence presented, discussed
  - Draft guidelines proposed
- Email and phone based co-editing of guidelines
- Adopted and disseminated July 2014
- Public Health Advisory July 10, 2014

Do you know the ER prescribing standards in your county?

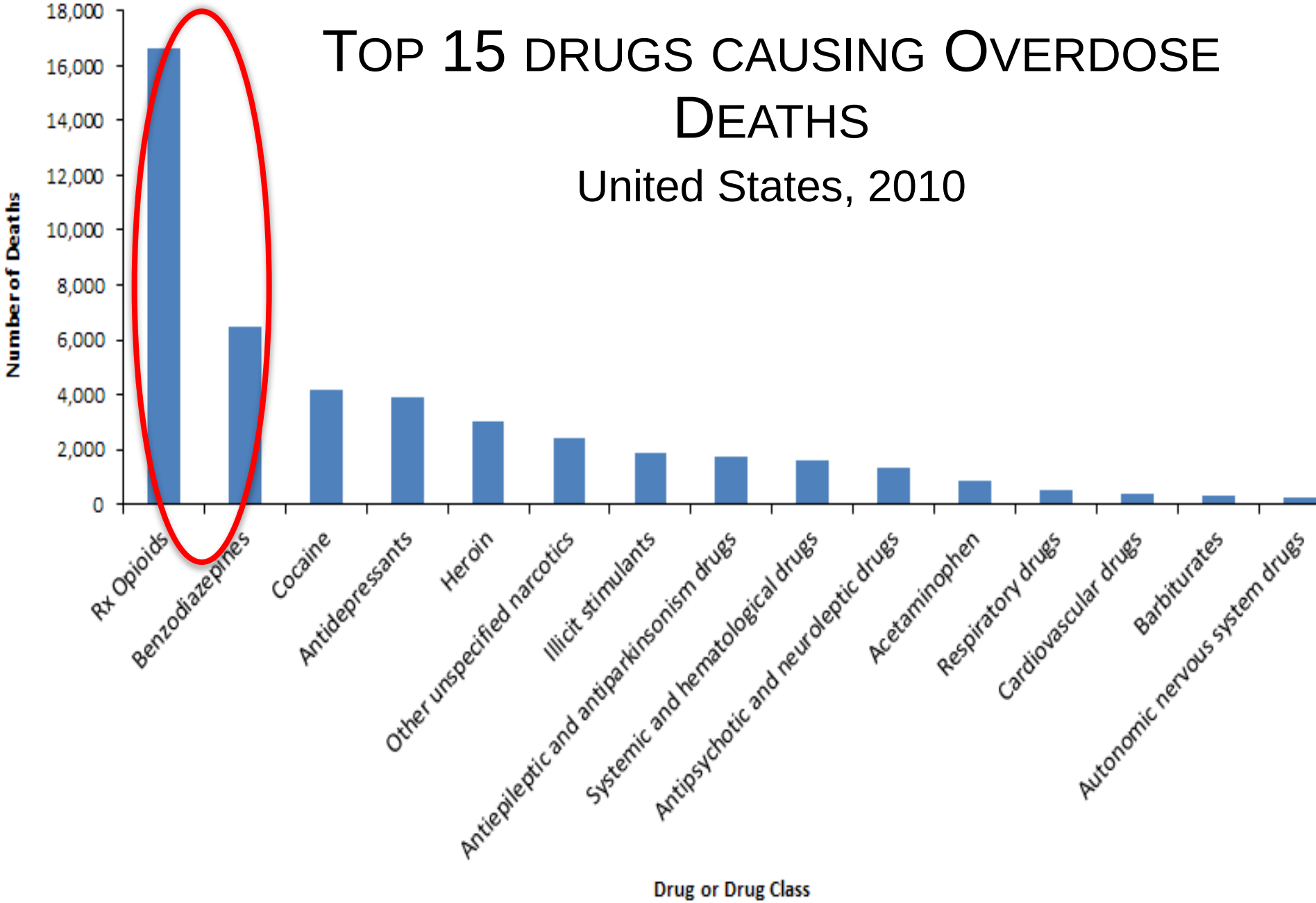
TREND IN ED VISITS FOR NONMEDICAL USE OF NARCOTIC PAIN RELIEVERS, U.S. 2004-2010



Source: SAMHSA Drug Abuse Warning Network (DAWN), 2010

Top 15 drugs causing Overdose Deaths

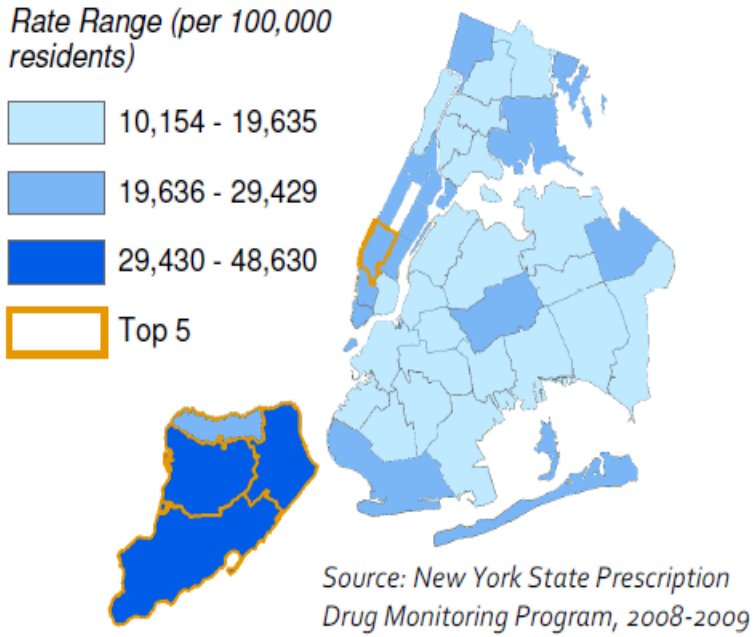
United States, 2010



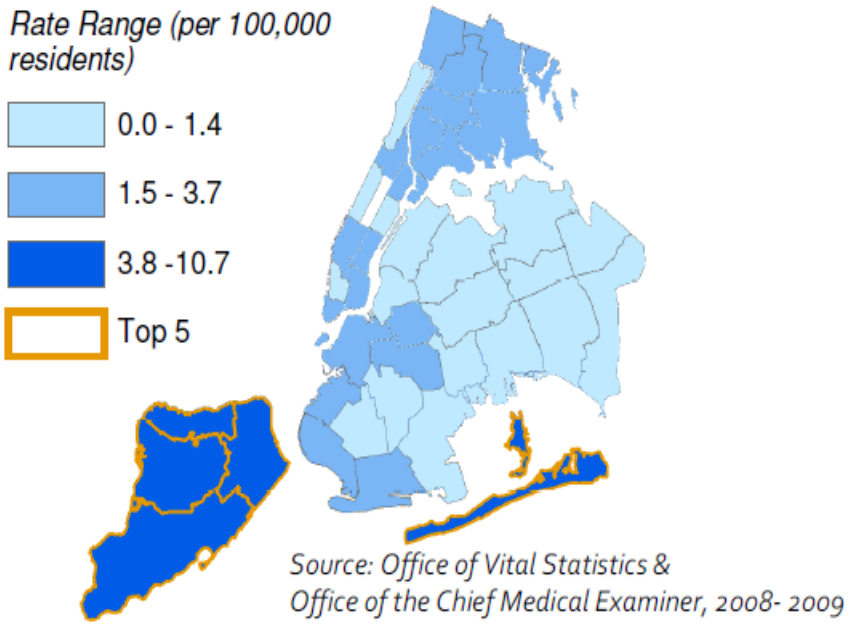
Jones et al Pharmaceutical overdose deaths, United States, 2010. JAMA 2013 and CDC/NCHS NVSS MCOD 2010.

Neighborhoods with Highest Rates of Opioid Prescriptions Also Have the Highest Rates of Overdose Deaths, 2008-2009

Rates of hydrocodone and/or oxycodone prescriptions filled by NYC neighborhood[5]



Rates of unintentional opioid analgesic poisoning (overdose) deaths by NYC neighborhood[4]

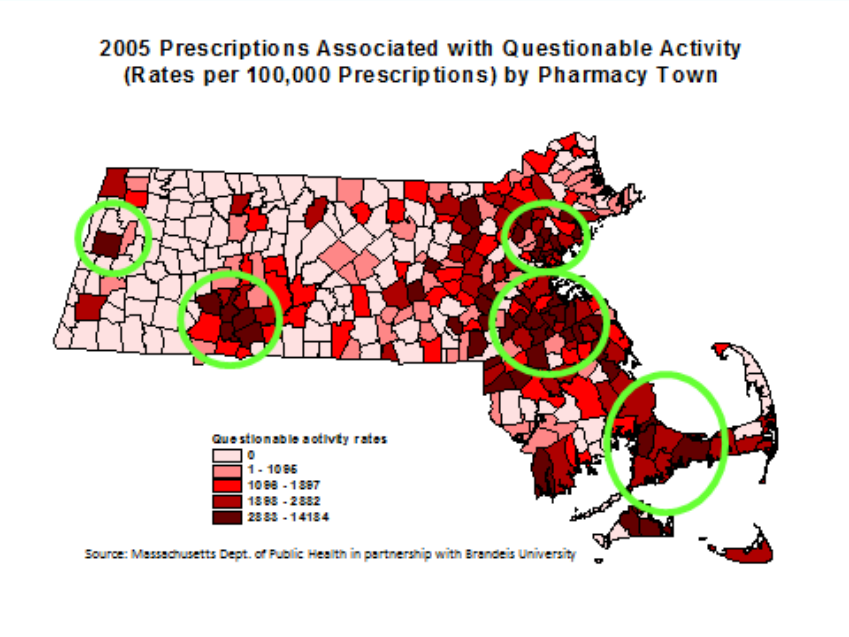


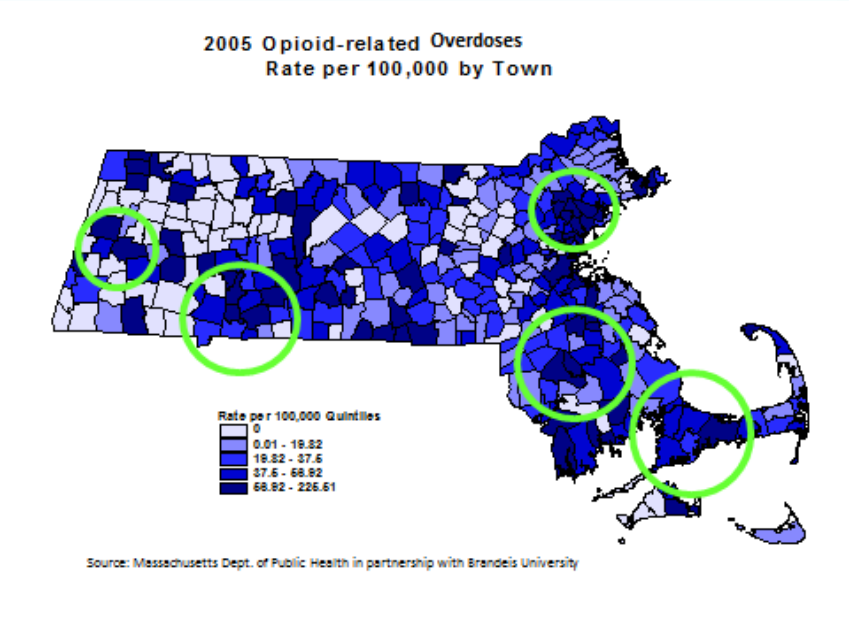
Definitions: The United Hospital Fund (UHF) classifies NYC into 42 neighborhoods, comprised of contiguous zip codes. Income is defined by the percent of households below 200% of the federal poverty level (Census 2000) and separated into three groups: low-income (43%-70%), medium-income (30%-43%) and 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

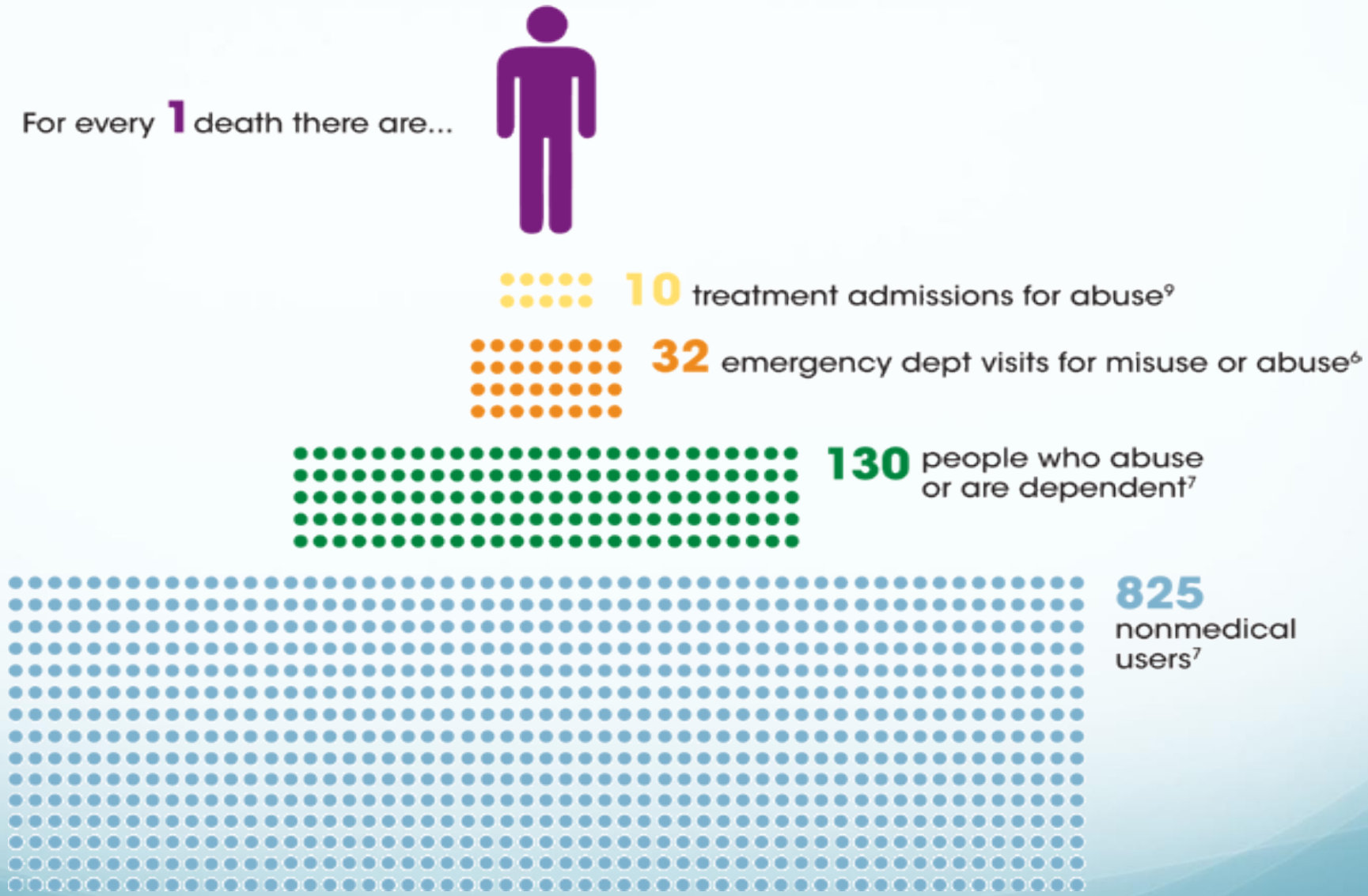
“Shopping” as a portion of all prescriptions

Overdoses in ED Data



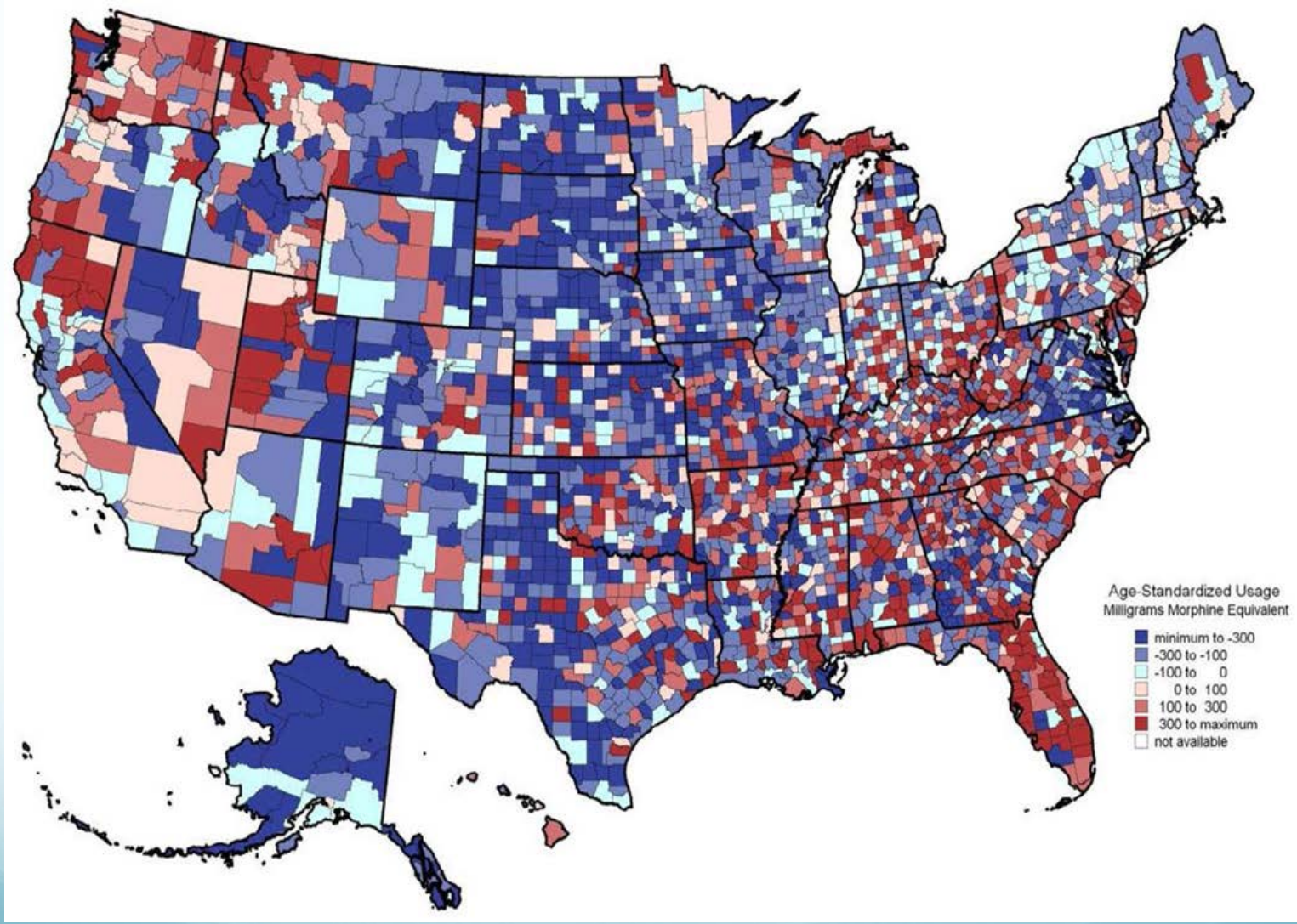


Slide provided courtesy of Peter Kreiner, PMP Center of Excellence at Brandeis. Doctor shopping, the questionable activity, was defined as 4+ prescriber s and 4+ pharmacies for CSII in six months.



Source: CDC. Vital Signs: Overdoses of Prescription Opioid Pain Relievers—United States, 1999-2008. CDC Policy Impact: Prescription Painkiller Overdoses. Available at: www.cdc.gov/homeandrecreationalsafety/rxbrief/

Regional Variation in Prescribing Norms



From OxyContin to Heroin

Tracing the roots of the Rx-to-heroin epidemic

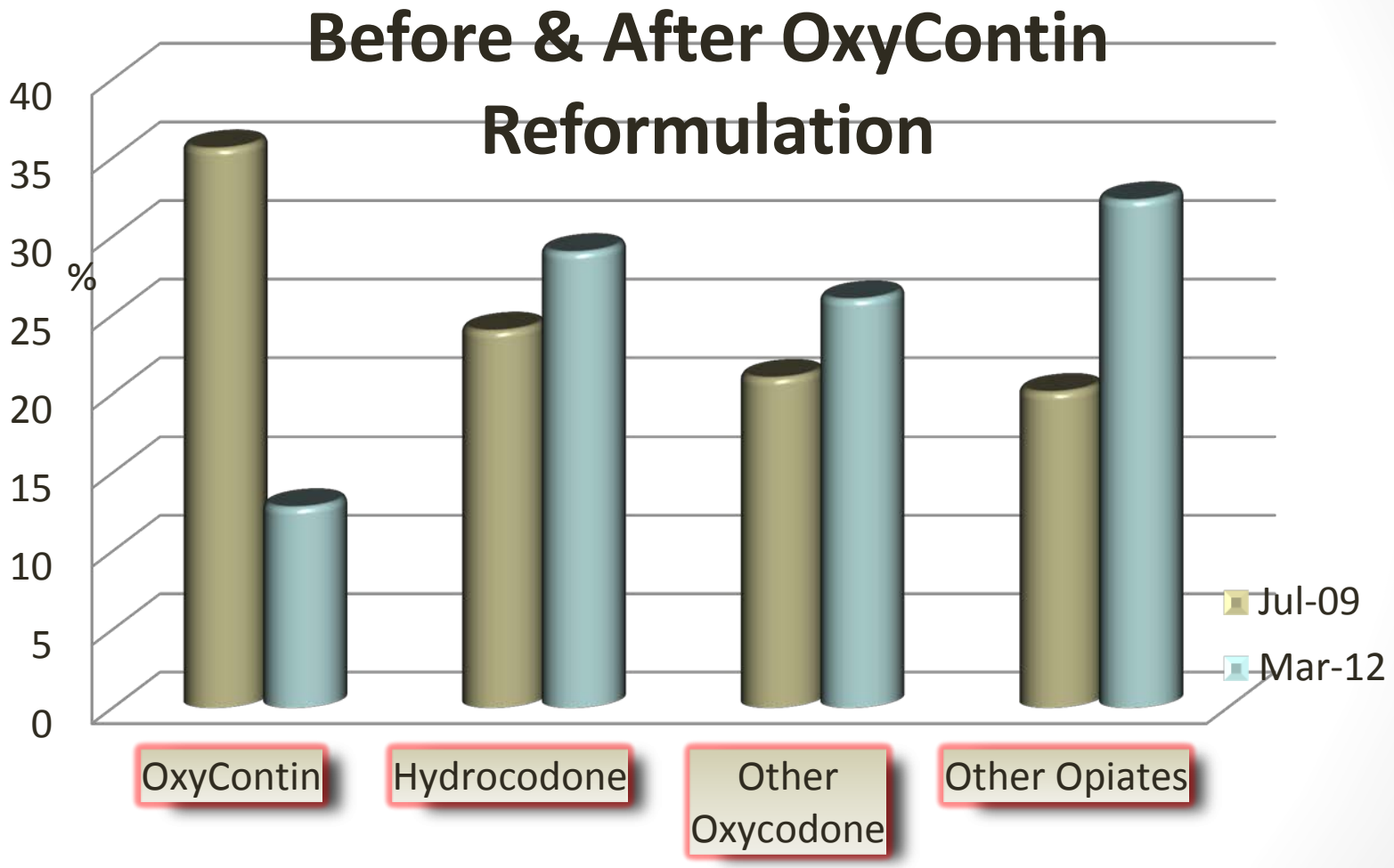
New England Journal of Medicine,
July, 2012

Journal of American Medical Association,
July, 2014

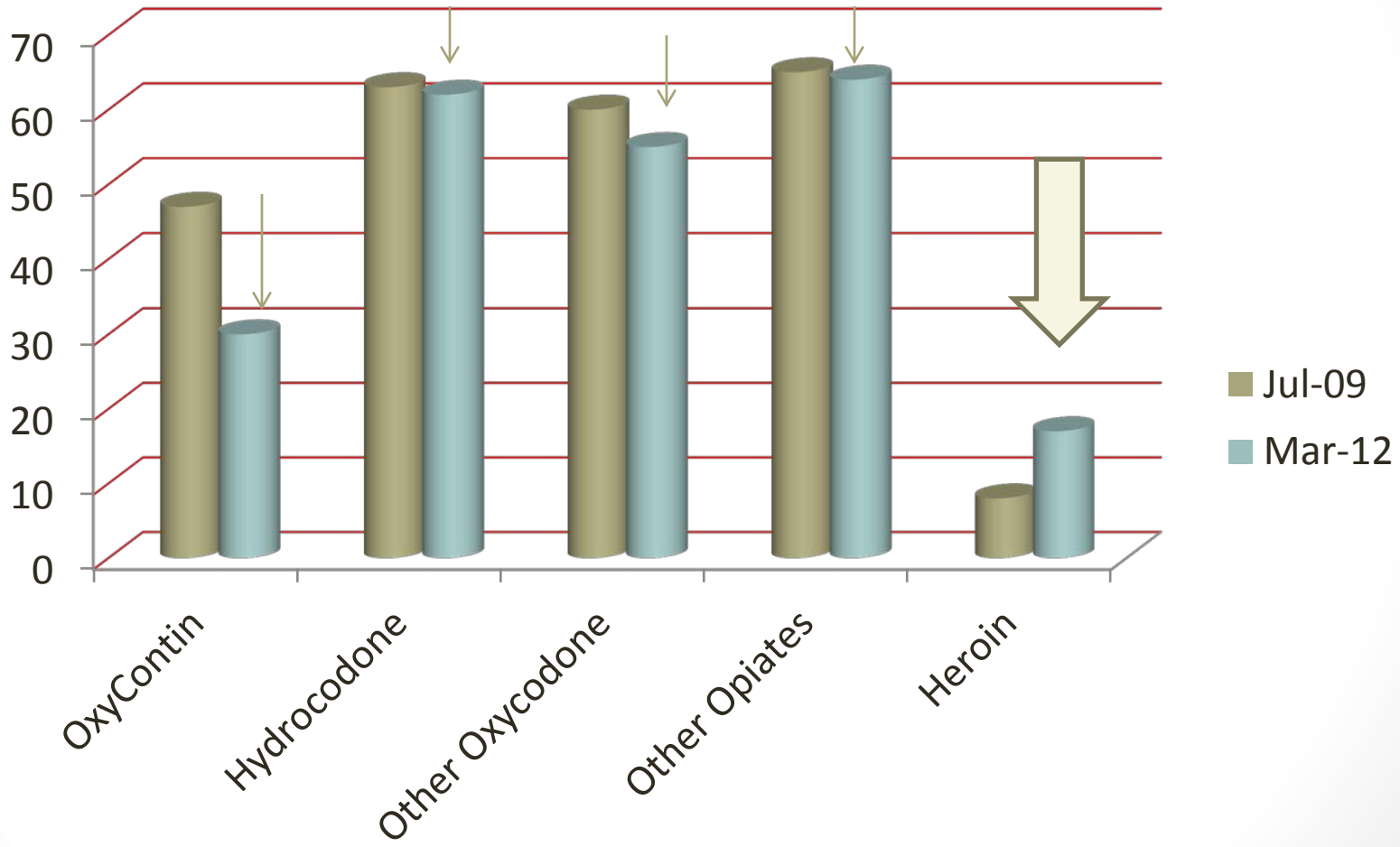
NEJM Data Collection

- Abuse-deterrent formulation released August, 2010.
- Data collected quarterly from July 1, 2009, through March 31, 2012
- 2566 patients entering treatment. Prescription opioid was the primary drug of abuse.
- Patients came from wide geographic area, stretching across the US.

Abusers of Rx Drugs of Choice



“High in last 30 Days”



NEJM Results Findings

- Illegal heroin use will rise to meet opioid demand when prescription drugs become undesirable, too expensive or scarce.

"Most people that I know don't use OxyContin to get high anymore. They have moved on to heroin [because] it is easier to use, much cheaper and easily available." – Survey Respondent

"We're now seeing reports from across the country of large quantities of heroin appearing in rural and suburban areas," said Theodore J. Cicero, vice chair of research at Washington University's department of psychiatry. "Unable to use OxyContin easily, which was a very popular drug in rural and suburban areas, drug abusers who prefer snorting or IV drug administration now have shifted to more potent opioids if they can find them, or to heroin."

A Closer Look at those who transitioned to heroin.

- *Journal of American Medical Association (JAMA) Psychiatry, May, 2014*

JAMA Data Collection

The shifting demographics of the modern heroin addict

- 9,000 opioid-dependent patients surveyed upon entering treatment for substance abuse.
- Surveys conducted in 150 drug treatment centers across the United States.
- Of 9000 surveyed, 2,797 chose heroin as drug of choice.
- Study conducted from 2010 to 2013.

Heroin User of the ’60s & ‘70s

- 80% of heroin users in the 1960s & 1970s were male minorities who lived in an urban area.
- Average age of user was 16.
- Came from low-income areas.
- On average, heroin was the first opioid/opiate they’d tried.

Heroin User since 2000

- Average age of 23
- 90% white
- On average live in rural or suburban areas.
- 76% began by using prescription drugs.
- Of 76%, more than 90% say they switched to heroin because Rx drugs more difficult to find or became too expensive.

Summary of Two Studies

New England Journal of Medicine	Journal of American Medical Association
• Illegal heroin use will rise to meet opioid demand when prescription drugs become undesirable, too expensive or scarce.	• Of 76%, more than 90% say they switched to heroin because Rx drugs more difficult to find or became too expensive.

Current Drug Addicts

Prescription Drug Abusers	Illegal Drug Abusers
• Controlled Environment • Doctor accessible • Pharmacist accessible • Treatment Options Available • Detox Procedures	

California

- CURES will cut into supply of prescription drugs, making them more scarce and (according to law of supply & demand) more expensive.

- Are we prepared?

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