



California Health Care Foundation

HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

Spreading the Word

How to reach audiences and inspire action

July 27, 2016

California Health Care Foundation Opioid Safety Coalitions Network

— Presentation by —
i.e. communications

Housekeeping

- This session will be **recorded**
- Slides and recording will be posted **within a week** on the CHCF website: www.chcf.org/oscn
- All attendees will be **muted** for the duration of the presentation
- **To ask a question:**
 - Logistical questions: Use CHAT to the Host
 - Questions for Speakers : Use CHAT to ALL
- **Survey:** please take a moment at the end of the webinar to give feedback

Webinar Objectives

- Understand the role of communications in achieving your goals through reaching and engaging audiences.
- Share sample distribution tools and strategies.
- Offer direction on tools/materials for communicating messages to various audiences.

Agenda

- What is communications for change?
- Setting goals
- Key messages
- Messengers
- Methods
- Sample tools
- Questions

- Throughout: chime in in the chat box with:
 - -What has worked for you?
 - -What's most challenging for your coalition?
- We'll troubleshoot in real time!

Communications for change

For What? So What?

Target Audiences

Messages

Actions

Changes

Culture

↑ Awareness ≠>
↑ Understanding + Behavior change

Complex issue : stigma, apathy, etc.

Need: Data + Emotion => Action

Oliver Munday



Process

Set goals

Identify target audience(s)

Create messages, identify messengers

Choose tactics, create tools and determine timing

Evaluate

Coalition Goals

Are there other goals your coalition has outlined?

- Reduction in opioids overdose deaths (measurable)
 - Fewer overall opioids prescribed or more judicious/safe prescribing (CURES data)
 - Greater access to MAT (# of x licenses, bump in EDs)
- Increased naloxone access
- Decrease in addiction stigma (media analysis)
- Greater public awareness of alternative pain management

Identifying Target Audiences

- What organizations/individuals are critical to your success?
 - Local policymakers, e.g., your board of supervisors
 - Providers
 - Pharmacists
 - Public health workers, addiction clinics
 - Judicial and law enforcement leaders
 - Families, community members
 - Media

CHAT:
Which audiences are hardest to reach for your coalition?
Which audience is priority for you? Why?

Understand Your Target Audiences

What is their current opinion of your coalition?

What are the barriers to their involvement or support?

Who do they respect? (identify best messengers)

Where do they get their information?

What events, publications reach them?

Where Do They Get Information?

- News outlets
- Local radio, podcasts
- Trade publications
- Academic journals
- Grand rounds
- Listservs, newsletters
- Social media

Key Messages

Opioid abuse is a community-wide epidemic that will require a community-wide response

Opioids are not a panacea for pain, patients deserve better

Public health approach: reduce access, address stigma

Sample tools

Op-eds

Visuals/infographics

Fact sheets/overviews

Newsletters

Websites

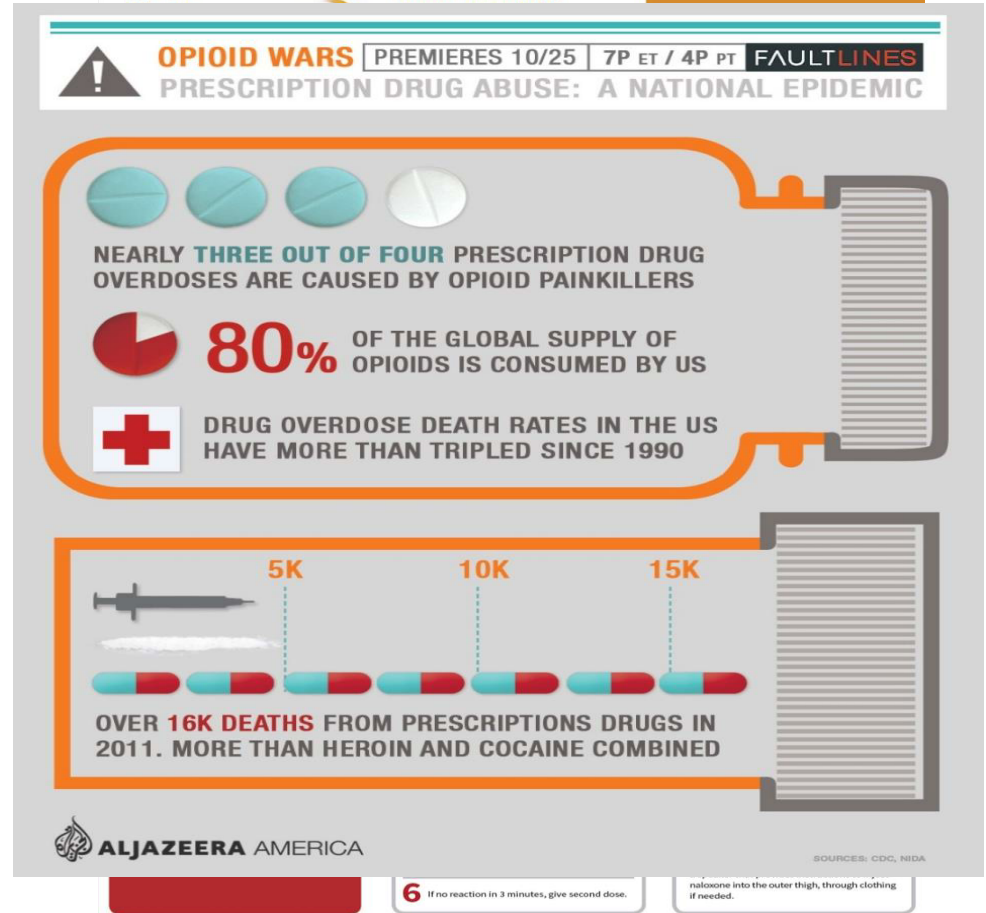
Postcards, posters, etc.

Talking points, Speeches,
FAQs

Media releases, briefings

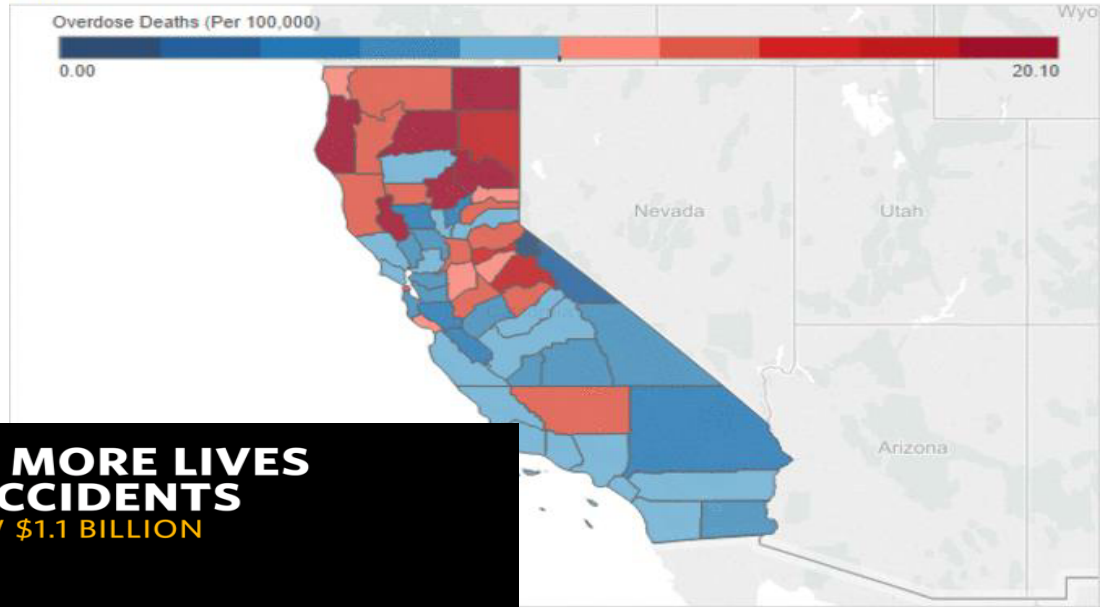
Video

Polling



Maps and GIFs

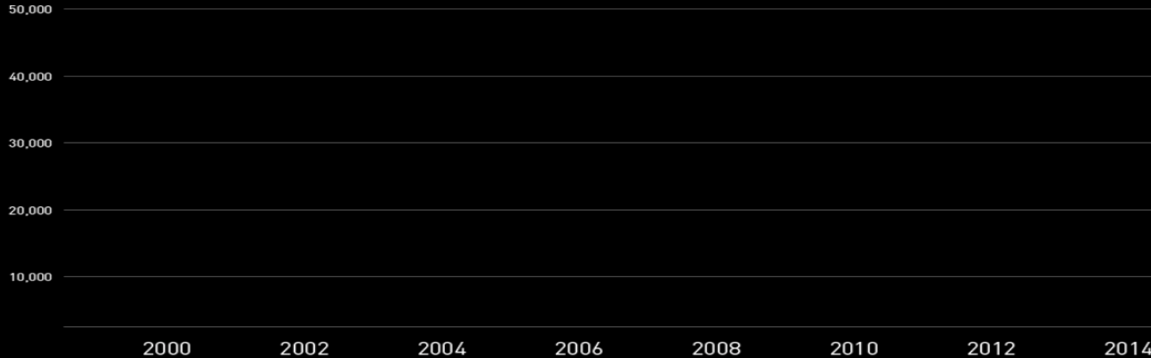
2004



DRUG OVERDOSES NOW TAKE MORE LIVES EVERY YEAR THAN TRAFFIC ACCIDENTS

PRESIDENT OBAMA'S BUDGET CALLS FOR NEW \$1.1 BILLION INVESTMENT TO EXPAND TREATMENT

Deaths per year



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics [NCHS]. Multiple Cause of Death 1999-2014 on CDC WONDER Online Database, released 2015.

Coalition Materials

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 are here to treat emergencies. We use our best judgment when treating pain. These recommendations follow medical, legal and ethical advice.
2. You should have only one provider and one pharmacy helping you with chronic pain. We do not usually prescribe additional pain medication if you are already receiving pain medicine from another health care provider.
3. If prescription pain medication is needed, we generally give you a small amount until you can follow up with your primary care provider.
4. We do not refill lost or stolen prescriptions.
5. We do not prescribe long-acting medicines: Oxycotin, 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 coordinate your medical care and share information with other health care providers who are treating you.
9. We will 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 Humboldt County Alcohol & Other Drugs Services (707) 476-4054 or 211 Humboldt (707) 441-1001 for confidential referral and treatment.



Opioid Facts

Side Effects of Opioids

- Fatigue
- Depression
- Anxiety
- Chronic Constipation
- Inability to Sleep
- Breathing Problems
- Irregular Heartbeat
- Loss of Strength
- Decreased Sex Drive
- Infertility
- Low Testosterone in Males
- Menstrual Irregularities & Breast Feeding Issues in Females
- Compromised Immune System

Did You Know

1. If you take an opioid for more than one month there is an increased risk you may stay on opioids for life
2. Mendocino county has 2 deaths from unintentional prescription opioid overdose each month, twice the California average
3. After only two months, opioids usually stop working and can cause you to feel more pain.

If an opioid is prescribed for acute pain, only a small dose will be given. If you are prescribed an opioid, your doctor will repeatedly evaluate you to ensure that the medication is providing functional

improvement in pain, and that you are receiving medication from only one prescriber to keep you safe. If you have children or youth living in your home, prescription

lock bags are available for free by contacting The Arbor Youth Resource Center located at 810 North Main Street, Ukiah, CA - 707.462.7267.



Safe Prescribing of Opioids in the Primary Care Clinics of Santa Clara County



Our goal is to treat your chronic pain effectively, 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.

Did you know that new studies have shown that chronic low back pain, chronic headaches, fibromyalgia and neuropathy do not respond to opioid therapy long term?

Did you know that the reason many patients are still in pain even though they take high doses of opioids is because they are taking high doses of opioids? These patients get better only when they are taken off opioids!

For your SAFETY, we routinely follow these rules when helping you with your chronic pain.

1. We strive to treat your chronic pain effectively using a variety of proven methods such as physical therapy, balms, medicines that lessen inflammation, medicines used to treat depression and seizures, meditation, counseling and if necessary, opioids.
2. We ask that you have only ONE provider and ONE pharmacy helping you. We do not prescribe opioid medication if another provider is already prescribing them.
3. We routinely check the state database CURES, showing all controlled medicines you have received and we check urine to look for substances that may make opioid prescribing unsafe.
4. We do not refill lost or stolen prescriptions. Please keep your medication safe and locked up at home.
5. We strongly advise against combining opioids with benzodiazepines and if you are taking this combination of medications, we will help you taper off one or the other (or both) safely.
6. The Center for Disease Control (CDC) has recommended an upper limit on opioid doses for your safety. We aim to comply and reduce your dose to the safest levels possible.
7. Health care laws, including HIPAA, allow us to ask for all of your medical records. These laws allow us to share information with other health care providers who are treating you.
8. Because unintentional overdoses from opioid medication are common, we will give you a prescription and instructions for use of Naloxone, a life saving medication that can reverse opioid overdose.
9. If we believe the medication is not helpful or dangerous to you, we will assist you in finding a safer alternative. This may require referral to a substance use or pain specialist.

Opioid safety at home:

- Do not combine opioids with alcohol or other sedative substances.
- Protect family and visitors by storing opioids in a locked box.
- Do not share your medication. One pill can kill a person who has not taken opioid medication before.
- Dispose of unused medications promptly and safely-visit the Don'tRushToFlush web site.

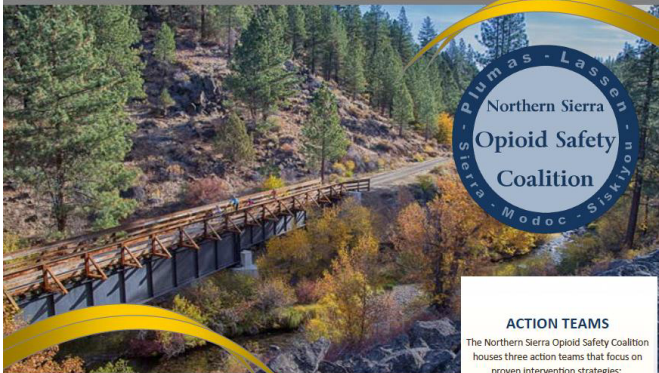
If you need help with confidential referral for treatment for substance abuse or addiction, call

Gateway
1-800-488-9919

or 1-800-662-HELP
(4357)

Northern Sierra Opioid Safety Coalition

"To reduce opioid misuse and abuse in Plumas, Lassen, Sierra, and Modoc Counties."



About the coalition...

The Northern Sierra Opioid Safety Coalition is leading the way in the Northern Sierras to reduce misuse of prescription opioids and reduce deaths due to overdose. Though the problem is grim, especially in our rural region, it is important to remember that this is a solvable issue. With the collaborative efforts of a diverse group of community partners, we can reverse this devastating trend.

In 2015, a number of concerned citizens in the Northern Sierras began to notice an increase in the amount of overdoses among our rural population. In a study conducted from 2008 to 2012, Lassen County was tragically ranked the number-three county in California for death rates related to prescription-opioid overdoses. In Lassen County, there are enough opioids prescribed to keep every man, woman, and child medicated around the clock for 15 weeks each year.

Plumas County Public Health Agency received funding from the California Health Care Foundation and the California Department of Public Health to form a coalition to work towards reversing the rate of overdoses. The Northern Sierra Opioid Safety Coalition was formed in early 2016 with partners from Lassen, Sierra, and Modoc Counties to address the issue of opioid abuse regionally.

The coalition will tackle this problem head on using three proven interventions: promoting safe prescribing practices, increasing access to medication-assisted addiction treatment, and increasing access to Naloxone, the life-saving opioid blocker that reverses the effects of an opioid overdose. The Northern Sierra Opioid Safety Coalition is committed to reducing opioids prescribed in Lassen County by 15% over the next three years.

ACTION TEAMS

The Northern Sierra Opioid Safety Coalition houses three action teams that focus on proven intervention strategies:

- promoting safe prescribing practices;
- increasing access to medication-assisted addiction treatment; and
- increasing access to Naloxone, a life-saving opioid blocker that reverses the effects of an overdose.

Action Team Leaders:

Safe Prescribing

Andrew Woodruff

Medication-Assisted Treatment

James Wilson

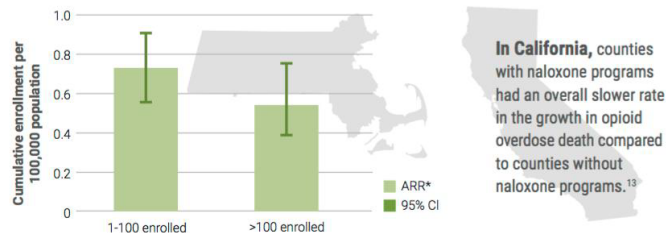
Naloxone Access

Megan Miller

To join the coalition, or to receive updates on the work done in the region, contact James Wilson. (530) 283-7099

Naloxone is effective

FIGURE 5. FATAL OPIOID OVERDOSE RATES BY NALOXONE IMPLEMENTATION IN MASSACHUSETTS¹³



* Adjusted Rate Ratios (ARR) adjusted for population age <18, male; race/ethnicity; below poverty level; medically supervised inpatient withdrawal, methadone and buprenorphine treatment; prescriptions to doctor shoppers, year

...and cost-effective¹⁴

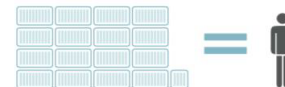
A manuscript in the *Annals of Internal Medicine* indicated that providing naloxone to heroin users is robustly cost-effective and possibly cost-saving. Investigators believe similar results apply to other opioid users.

Cost:

\$421 / per quality-adjusted life-year gained

Benefit:

164 naloxone scripts = 1 prevented death



Emerging data suggests that providing naloxone may encourage patients to be safer with their opioid use. If this is the case, the intervention would be cost-saving and **36 prescriptions** would prevent one death.

Newsletters

- Internal communication counts, too. Do
- you send regular emails/newsletters?
- How about listservs?



RxSafe Marin is a coalition of community members and experts collaboratively addressing the local prescription drug misuse and abuse epidemic.

For more information download our booklet, visit www.rxsafemarin.org/ or email RxSafeMarin@gmail.com.



The President was joined by hip hop artist Macklemore to discuss the opioid addiction epidemic in America. Learn more here: <http://bit.ly/WHAddiction>.

PRESCRIPTION DRUG ABUSE MEDICAL TASK FORCE

JANUARY 2016: Summarizing the January 8, 2016 Meeting Discussion.
www.sandiegosafeprescribing.org

In this Issue

- CURES 2.0 Update1
 - How to Use CURES in Your Workplace?
 - CDC Guidelines
- Pharmacy Committee2
- Turning off the Faucet with Health Plans3
- Pediatricians on the Safe Prescribing Team3
- Medical Examiner: Closing the Feedback Loop3
- Patient Satisfaction Scores3
- San Diego at the National RX Abuse Summit4
- Prescription Drug Abuse Task Force Updates4
- Next Meeting: Exchange on Working with Difficult Patients5
- One San Diego Vision5

Next Meeting: April 8, 2016 at noon, right after EMOG, San Diego County Medical Society, 5575 Ruffin Road, San Diego.

CURES 2.0 NOW LIVE!

CURES 2.0 officially launched on January 8. All providers must be registered by June of this year. Registration will take you 5 minutes. You no longer have to print any forms or get anything notarized. Simply enter your social security number, California license, and DEA. The hardest part is coming up with the 5 security questions, such as who was your first girlfriend? It would be a worthwhile mini QI project to make sure that all your providers are registered. CURES 1.0 is still available on the old browsers.

Last year the San Diego County Public Health Department was deputized by the CURES to manage applications without a notary. Many providers took advantage of this service. Sayone **Thihalajapavan**, MD, the County Deputy Public Health Officer, observed with no notary, and online authentication, that the County's CURES registration process is now obsolete. The online CURES registration is much simpler. Alicia Munoz with the Hospital Association reported that members of the Medication Safety committee were very pleased with CURES 2.0.

The Medical Task Force (MTF) created a user's guide to CURES 2.0 that is available on our web site. CURES has educational material and videos on their official web site. The MTF guide is a clinical supplemental guide. The new CURES 2.0 features include:

- Easy registration
- Changing user profile
- Dashboard - doctor shopping, morphine equivalents, methadone
- Save reports
- Excel or Standard printing of reports
- Delegate feature - may assign others to upload report, but they may not access the report
- Assign Compact - let others know that patient has medication agreement with you
- Communicate with providers - this is possible only with shared patients

The DEA will no longer be able to investigate doctor shopping due to a new subpoena standard from the California Attorney General's office. DEA will continue to investigate fraudulent prescriptions, pharmacies, and providers. The



Flyers


CONSIDER YOUR OPTIONS when addressing pain

Myths vs. Facts

<p>MYTH: Prescription narcotics are the best treatment for chronic pain.</p>	<p>FACT: Exercise, sleep, and mindfulness are proven therapy for chronic pain.</p>
<p>MYTH: Prescription narcotics have proven long term benefits in managing chronic pain.</p>	<p>FACT: There is no good evidence that narcotics effectively manage chronic pain.</p>

Be in control of your body, emotions, and health

Make informed choices for better quality of life



Learn more at rxsafemarin.org

KNOW THE RISKS

Prescription narcotics pose significant health risks beyond addiction

Mind and mood changes:
changes in emotions
diminished judgment
and self-control
increased aggressive
behavior

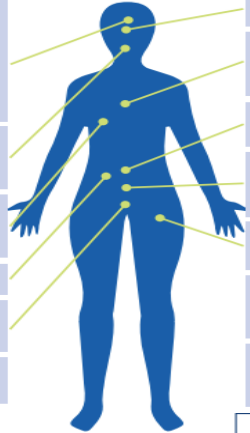
**Chronic dry
mouth and tooth
decay**

**Impaired
breathing,
low oxygen**

Fatigue

**Sexual
problems**

**Increased pain
sensitivity**



Disturbed sleep

**Increased risk for
stroke and
heart attack**


**Chronic
constipation**

**Hormone
problems
feminization in males**

**Greater risk of
osteoporosis**

**Unintentional
overdose and
death**

**Increased risk of
falls and
car accidents**



Learn more at rxsafemarin.org

Useful Frames

Did you know?

10 Facts

Fact/Myth

Where you live

What if...

FAQs

Who, What, When, Where, Why

Ask a question

How have you organized information,
what do you think could work with your
target audiences?

- Who is the target audience for these?
- What do you like?
- How could they be stronger?

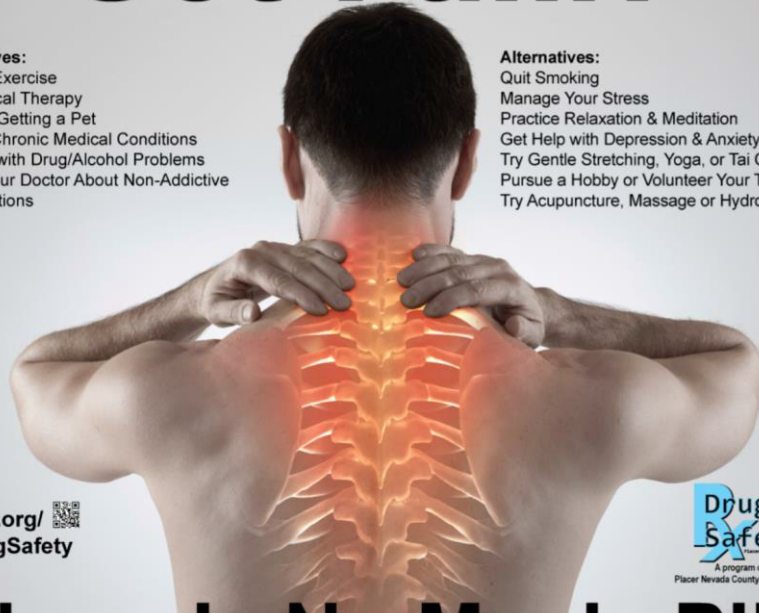
Got Pain?

Alternatives:

Diet and Exercise
 Try Physical Therapy
 Consider Getting a Pet
 Manage Chronic Medical Conditions
 Get Help with Drug/Alcohol Problems
 Talk To Your Doctor About Non-Addictive Medications

Alternatives:

Quit Smoking
 Manage Your Stress
 Practice Relaxation & Meditation
 Get Help with Depression & Anxiety
 Try Gentle Stretching, Yoga, or Tai Chi
 Pursue a Hobby or Volunteer Your Time
 Try Acupuncture, Massage or Hydrotherapy



pncms.org/
 RXDrugSafety

Drug Safety
 A program of the
 Placer Nevada County Medical Society

There Is No Magic Pill

A Message from Humboldt's Opiate Safety Coalition, RxSafe Humboldt

There's been a shift in the Standard of Care for the Treatment of Pain...

- ❖ In the past, providers were criticized by regulators for not prescribing enough strong pain medications
- ❖ In the past, providers were falsely reassured that some strong pain medications had low risk for addiction and overdose

But evidence now shows us...

- That many medications for pain and anxiety are very addicting and put patients at high risk for fatal overdose
- That dependence on prescription pain meds is how up to 80% of heroin addicts get started
- That opiates are not effective for many chronic pain conditions
- That most people who reduce or stop their chronic opiates have LESS pain and a BETTER quality of life

And we are working to improve patient care, by...

- ✓ Keeping patients from getting started on dangerous, long-term prescription medications
- ✓ Reducing their dosages if they are already at a dangerous level of these medications
- ✓ Caring for patients' pain and anxiety in safer & more effective ways
- ✓ Encouraging patients to keep their medications safely locked away, and to properly dispose of leftover meds (check for pharmacies with special disposal bins)
- ✓ Helping patients and their loved ones to recognize signs of a medication overdose, know who is at risk, and learn how to provide life-saving reversal medication

Because we all care about both safety and quality of life for our patients

Rx Safe Humboldt - Safer Care and Better Outcomes

For more information, www.rxsafehumboldt.org



PRESCRIPTION DRUG ABUSE

Prescription drug abuse is now one of the fastest growing public health concerns in the U.S. Prescription drugs include a variety of medications, such as opioids for moderate-to-severe pain and sedative-hypnotic medications for anxiety and sleep disorders. When used appropriately, medications can be immensely helpful. However, in recent years a dramatic increase in the misuse of these drugs has resulted in an epidemic of addiction, poor outcomes, and overdose deaths.

1 in 5 started illicit drug use with prescription drugs



4 in 5 new heroin users had previously misused Rx opioids



PRESCRIPTION DRUG ABUSE COALITION

Given the complexities of prescription drug abuse, no one agency, system, or profession is solely responsible for addressing the problem. A solution requires a broad and coordinated coalition of active participants.

The LA County Prescription Drug Abuse Coalition is a broad, cross-sector coalition that is taking a coordinated effort to comprehensively address the prescription drug abuse epidemic to ensure the health, welfare, and safety of our communities.

PRESCRIPTION DRUG ABUSE STATISTICS

According to a joint report by the Trust for America's Health and the Robert Wood Johnson Foundation, drug overdose deaths have more than doubled in the past 14 years, and half of these deaths (approximately 22,000 per year) are related to prescription drugs. Drug overdoses have surpassed motor vehicle accidents as the leading cause of injury deaths in the U.S.

JOINING THE COALITION

The Steering Committee will meet on a quarterly basis, and all members of the coalition will convene at least annually to assess progress. The frequency and focus of Action Team meetings will vary and is dependent on its leadership and needs of the group.

Help reduce the toll of prescription drug misuse and abuse! For more information to join the Los Angeles County Prescription Drug Abuse Coalition, please contact Marghot Carabali at (626) 299-4147 or mcarabali@ph.lacounty.gov

VIEW THE FULL STRATEGIC PLAN

The LA County Prescription Drug Abuse Strategic Plan is available online at <http://publichealth.lacounty.gov/sapc/Plan/DrugAbuseStrategicPlan.pdf>

www.SafeMedLA.org



Working together to reduce prescription drug abuse & overdose deaths



STRATEGIC PLAN

LA County Department of Public Health, Substance Abuse Prevention and Control has developed a five-year strategic plan that utilizes a multifaceted approach to reduce prescription drug abuse and overdose deaths. The work of the coalition will be guided by the strategic plan and led by the Prescription Drug Abuse Steering Committee, which will oversee the work of the nine, priority-specific action teams focused on various key aspects to address prescription drug abuse.

GOAL
• Reduce prescription drug abuse deaths by 20% over the five-year course of the plan.

Action Teams have been formed to identify and implement measurable and actionable goals for each of the objectives, and your participation will help ensure the coalition makes progress towards these objectives and goals.

COALITION STRUCTURE

The overarching Steering Committee, comprised of 1-2 lead members from each action team, will guide coalition efforts to ensure coordination and leverage synergies among teams. Action teams will focus on specific action items within the key objectives of the strategic plan.



COALITION MEMBERS

The coalition includes a broad spectrum of stakeholders:

- LA County health departments
- Health plans
- Community clinics
- Hospitals
- Pharmacies
- Emergency physician groups
- Medical Associations
- Medical groups and Independent Physician Associations
- Law enforcement and corrections
- Medical examiner
- Urgent care or retail clinics
- Addiction treatment providers
- Others impacted by the opioid epidemic (schools, educators, advocates, etc.)

PRIORITY I: EDUCATION & TRAINING

Objective 1: Increase public awareness of the risks of prescription drug abuse, safe use/storage/disposal, and available resources for help.

Objective 2: Educate health care professionals on best practices for safe prescribing and identifying prescription drug misuse through screenings.

Objective 3: Provide training to help the criminal justice community better understand prescription drug abuse and navigate the interface between public health and law enforcement.

PRIORITY II: TREATMENT & OVERDOSE PREVENTION

Objective 4: Expand access to medication-assisted treatment for individuals addicted to prescription drugs.

Objective 5: Expand access to naloxone for overdose prevention.

PRIORITY III: TRACKING, MONITORING, & DATA EXCHANGE

Objective 6: Promote increased utilization of California's Controlled Substance Utilization Review and Evaluation System (CURES) to decrease misuse and diversion of prescription drugs.

Objective 7: Increase data collection and information sharing across agencies and organizations to enhance safe practices.

PRIORITY IV: SAFE DRUG DISPOSAL

Objective 8: Support convenient, safe and free prescription drug disposal programs to help decrease the supply of unused drugs.

PRIORITY V: ENFORCEMENT

Objective 9: Collaborate with law enforcement to identify and address improper practices, such as indiscriminate prescribing by "pill mills" and inappropriate "doctor shopping."

PRIORITY VI: COMMUNITY TRENDS & POLICY

Objective 10: Positively influence policy, at all levels, by identifying and communicating community factors contributing to prescription drug abuse.

Brochure

THINGS YOU MAY NOT KNOW ABOUT ACCIDENTAL OPIOID OVERDOSE

238M PRESCRIPTIONS for opioid medications were filled in 2011, up from 82M in 2001!

If you're going to Rx, you're going to Rx.



DRUG POISONING has now surpassed **AUTOMOBILE COLLISIONS** as the leading cause of accidental death in the US, driven largely by prescription opioids!

In 2010, there were **16,651 DEATHS CAUSED BY OPIOID OVERDOSE** more than 13,000 of which were unintentional!

California's Youth Overdose Rate (ages 12-25) has nearly **tripled** in the last ten years.



The heroin mortality rate has increased by 270% from 2010-2013.

- Increase Knowledge
- Enhance Awareness
- Carry Naloxone and Save a Life!

Know your rights!

California state law encourages Naloxone prescribing and distribution.

CA AB635, The Overdose Treatment Act

Effective 1/1/14

- Licensed healthcare prescribers can issue standing orders and prescribe Naloxone to patients and laypersons.
- Lay persons can possess and administer Naloxone to others during an overdose.

CA AB472, 9-1-1 Good Samaritan Law

Effective 9/17/12

- Witnesses of an overdose who seek medical help by calling 9-1-1 are provided legal protection from arrest and prosecution for minor drug and alcohol violations (like being under the influence at the time).

This is great! How do I get Naloxone?

- Speak to your local medical provider. Naloxone is **FREE** with Medi-Cal, and CVS Pharmacies across the County are carrying the intranasal Naloxone version.
- SLO Bangers Syringe Exchange has intramuscular Naloxone for **FREE** and upon arrival. They are open Wednesdays, 5:30-7:30PM at the Public Health Department. Call (805) 458-0123 for more info.
- SLO County Drug and Alcohol provides free education sessions and prescribes Naloxone. Call Katie Grainger (805)781-4756 for info.
- CVS in SLO's Marigold Center carries Naloxone over the counter; no prescription is needed. Just walk in and request it.
- **Pricing:** Naloxone is **FREE** with Medi-Cal, and costs \$5 with insurance. Those without any insurance pay \$40.69 out of pocket.

NALOXONE for opioid safety

PREVENT DRUG OVERDOSE

Even though America is only 5% of the world's population, we consume 80% of the world's prescription opioid medication.

This brochure will tell more about accidental opioid overdose, risk factors, and how to acquire Naloxone and potentially save someone's life.

Accidental opioid overdose is preventable

...however, the majority of prescription opioid users do not think they are at risk. Having a conversation about Naloxone and preventing overdose is the first step in saving lives.

Patients prescribed opioids (including high-risk persons with a history of overdose) reported their risk of "overdose" was 2 out of 10.



Perception of risk (2 out of 10) is lower than the reality (8 out of 10).

So what is an opioid?

Drugs derived from, or similar to, opium

- Heroin
- Morphine (named after Morpheus - Greek god of sleep)
- Methadone
- Oxycotin (long acting oral opioid)
- Oxycodone (Percocet)
- Hydrocodone (Lortab, Vicodin)
- Fentanyl
- Many others

NOT Opioids:

- Cocaine or crack
- Methamphetamines
- Benzodiazepines (Xanax, valium, Ativan, Klonopin)
- Phenergen
- Serenidol
- Neurontin
- Muscle Relaxers (Soma, Flexeril)
- Alcohol

However, many overdoses contain one or more of the drugs on the right, in combination with opioids. Naloxone is still to be administered.

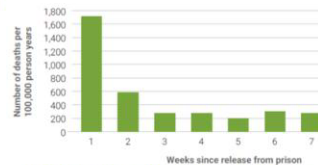
What factors put me at risk of an overdose?

Factors that increase risk of overdose:

- **Reduced Tolerance:** period of abstinence (such as going through detox, drug and alcohol treatment, or having a baby), change in prescription dose, release from prison or jail.
- Genetic predisposition (such as having a history of respiratory conditions—asthma, COPD, or sleep apnea)
- Combining multiple use of substances (legal or illegal) such as opioids with benzodiazepines, alcohol, or cocaine. **Over 75% of overdoses that occur are because of a mixture of two or more substances.**
- Variation in strength and content of 'street' drugs, or high dosage of opioid medication.

Overdose Mortality Rate by Week Since Prison Release

An example of overdose risk if opioids are discontinued and restarted*

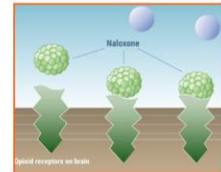


When a patient reduces or stops opioid use, there is an increased risk of overdose death if opioid use increases again.

What is Naloxone?



- Naloxone, also called by its brand name "Narcan," is a safe, effective medication that can save a life by stopping an opioid overdose.
- This opioid antagonist has a higher affinity to the opioid receptors than opioids like heroin or oxycodone, so it knocks other opioids off the receptors for 30-90 minutes. This reverses the overdose and allows the person to breathe.
- The medication can be safely administered by laypersons via intramuscular or intranasal routes, with virtually no side effects.
- Naloxone is not a controlled substance, is non-addictive, and has no potential for abuse. There is no high effect.



Places to acquire Naloxone are listed on the back of this brochure. Naloxone is FREE with Medi-Cal!

Surveys and Polls

Providers operating under institutionalized guidelines are

8 times more likely to use random drug screenings

12 times more likely to use a medication agreement

17 times more likely to utilize CURES



68% referred one or more patients for opioid addiction in the past year

80% want resources for non-pharmacological management of chronic pain

Source: Marin County Narcotic Prescribers Survey, 2015. Unpublished raw data



Community Prescription Use Survey
Northern Sierra Opioid Safety Coalition - (530) 283-7099

About this survey:

The Northern Sierra Opioid Safety Coalition is conducting a survey on community health and health behaviors in Plumas, Modoc, Sierra, Lassen, and Siskiyou counties. As an adult who lives in one of those counties, you are being invited to complete the survey.

If you choose to participate, please complete the following survey. This survey will take no more than 15 minutes to complete. The knowledge gained from this survey may help local agencies understand the health needs of our community and adapt the services provided to meet those needs.

All of the answers that you provide are completely anonymous. You are free to withdraw your consent, skip any questions, and/or discontinue your participation in this survey at any time. Thank you for your help!

1. Which county do you live in?

- Sierra
- Lassen
- Plumas



Data Points and FAQ

Opioid Use Data Talking Points: Anticipated Qs and As

Coalitions publicizing CDPH and CURES data should be prepared to respond to queries and explain the numbers. Media coverage on opioids revealed certain critiques and questions (here are [a few examples](#)). Below are some anticipated questions regarding opioid prescription and overdose data with suggested responses (talking points), with the goal of better informing the wider community.

CURES DATA

What is the CURES database?

California Department of Justice's Controlled Substance Utilization Review and Evaluation System (CURES) collects all Schedule II, III and IV controlled substance dispensation records in the state. CURES provides prescribers and dispensers with prescription histories for individuals under their direct care to assist with safe prescribing and dispensing. Among other things, CURES also aggregates de-identified data for research and statistical trending analysis and reporting.

How reliable is CURES and what is it used for?

- All controlled substances dispensed in California are included in the CURES database. This excludes administrations of opioids or any other controlled substance in emergency departments, hospitals, clinics, or in the VA system. The database does not include prescriptions dispensed out of state.
- CURES can help doctors and pharmacists identify, intervene and treat patients with high-risk behaviors, such as using multiple prescribers or multiple pharmacies for controlled substances.
- CURES does not track opioids obtained outside the legitimate prescription dispensation system.

Does everyone in California who prescribes medication use CURES?

- Not all prescribers or dispensers have registered on the CURES system.
- Approximately 20% of CURES registered users use the system on a regular basis.
- As of July 1, state law requires all licensed pharmacists and all prescribers who possess a California medical license and a Drug Enforcement Administration Controlled Substances Registration Certificate must be registered to use CURES.

Do all pharmacies have to submit data?

All pharmacies and direct dispensers are mandated to report all dispensed Schedule II, II and IV medications to DOJ within 7 days of the dispensation.

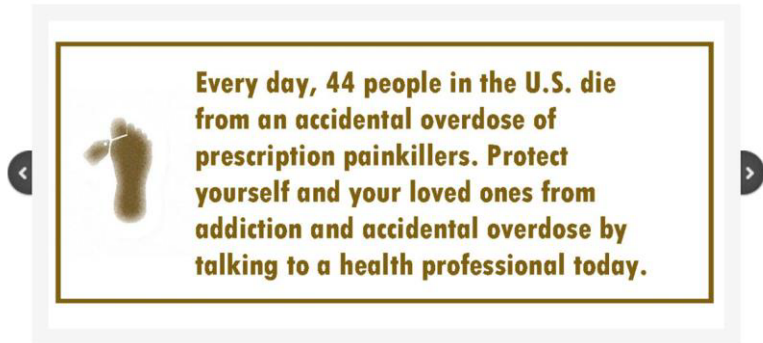
Can anyone tell if individual doctors or pharmacies are actually looking at CURES?

Frequency-of-use data will be reported in aggregate by CURES, but not at the individual level.

Can you link rates of opioid prescriptions on CURES to individual doctors?

No. To protect doctor privacy, one can only look at county-wide data, or data by zip code. Health plans, public health departments, and other third parties do not have access to identified prescriber data, and this will not change unless legislation changes. CURES datasets de-identifies patient, prescriber and pharmacy names.

Know the Risks



FAQs and Talking Points

Top 10 Things You Can Do to Treat Pain More Safely and Effectively

1. **Prevent future problems.** Long-term opioid use often begins with treatment of acute pain. IF opioids are deemed necessary for acute pain, THREE days -worth or less of the lowest effective dose of immediate-release opioid will often be sufficient. Rarely will more than seven days be needed. This CDC guideline pertains to office-based care, emergency room care, and dental care.
2. **Don't start opioid medications for conditions for which there is no evidence of long-term efficacy:** chronic headaches, fibromyalgia, axial back pain, etc. The decision to use opioid medication should always be based on an analysis of expected benefit for improving pain and function, vs. risk.
3. **Discuss with your patient** your jointly created, realistic treatment goals for pain and function, and how opioids may be discontinued if benefits do not outweigh risks. Documented, informed consent is important to protect both your patient and your practice. Make sure your patient understands the potential side effects of ongoing opioid use: depression and anxiety, fatigue, sleep-cycle disturbance and obstructive sleep apnea, constipation, low testosterone and sexual and reproductive dysfunction, cardiac complications, etc. These are in addition, of course, to the risks of opiate dependency, tolerance, hyperalgesia, and accidental overdose.
4. **Avoid the dangerous combination of opioids and benzodiazepines.** It's easy to understand why these are commonly found together on many patients' med lists. Underlying mood disorders may drive patients to seek more pain medications, and opiate use can worsen anxiety and insomnia. Many patients end up with dependency to both these classes, and if they use alcohol as well, the combination of three CNS depressants can be deadly.
5. **Help your patients taper down from high opioid doses.** It's likely that many of your patients on opioids were inherited from another provider and you must deal with a problem you didn't create. There are scripting suggestions available for potentially difficult conversations. It's important to assure your patients that you're not abandoning them and want to work



List is good!

Aim for bullets

Simple headers

Try to include data

Action statements

help



Images

Videos



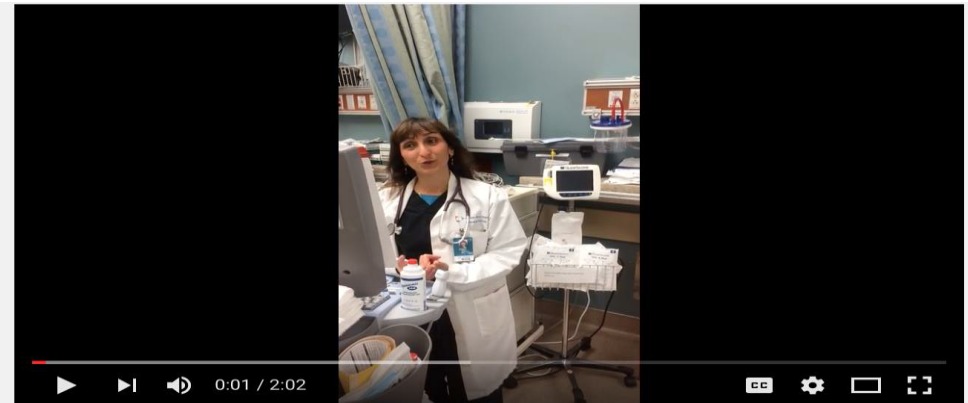
ConsumerReports

Like 4.7K Share Tweet G+ Pin it

The Dangers of Painkillers: A Special Report

Every year, Percocet, Vicodin, and other opioids kill 17,000 Americans and acetaminophen sends 80,000 people to the ER

Published: July 2014



Dr. Roneet Lev encourages Buprenorphine prescribing

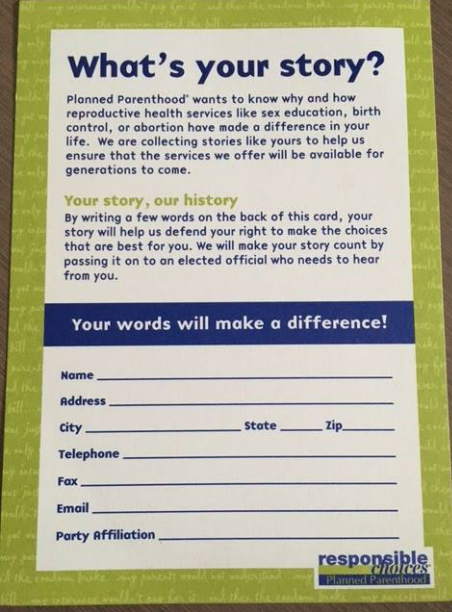
Personal Storytel



“One person can make a difference. All of us can make a real difference.”
-April Rovero

Gathering the Word

- Discuss issues and solicit feedback
- Community or provider survey
- Solicit stories



What's your story?

Planned Parenthood® wants to know why and how reproductive health services like sex education, birth control, or abortion have made a difference in your life. We are collecting stories like yours to help us ensure that the services we offer will be available for generations to come.

Your story, our history

By writing a few words on the back of this card, your story will help us defend your right to make the choices that are best for you. We will make your story count by passing it on to an elected official who needs to hear from you.

Your words will make a difference!

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Fax _____

Email _____

Party Affiliation _____

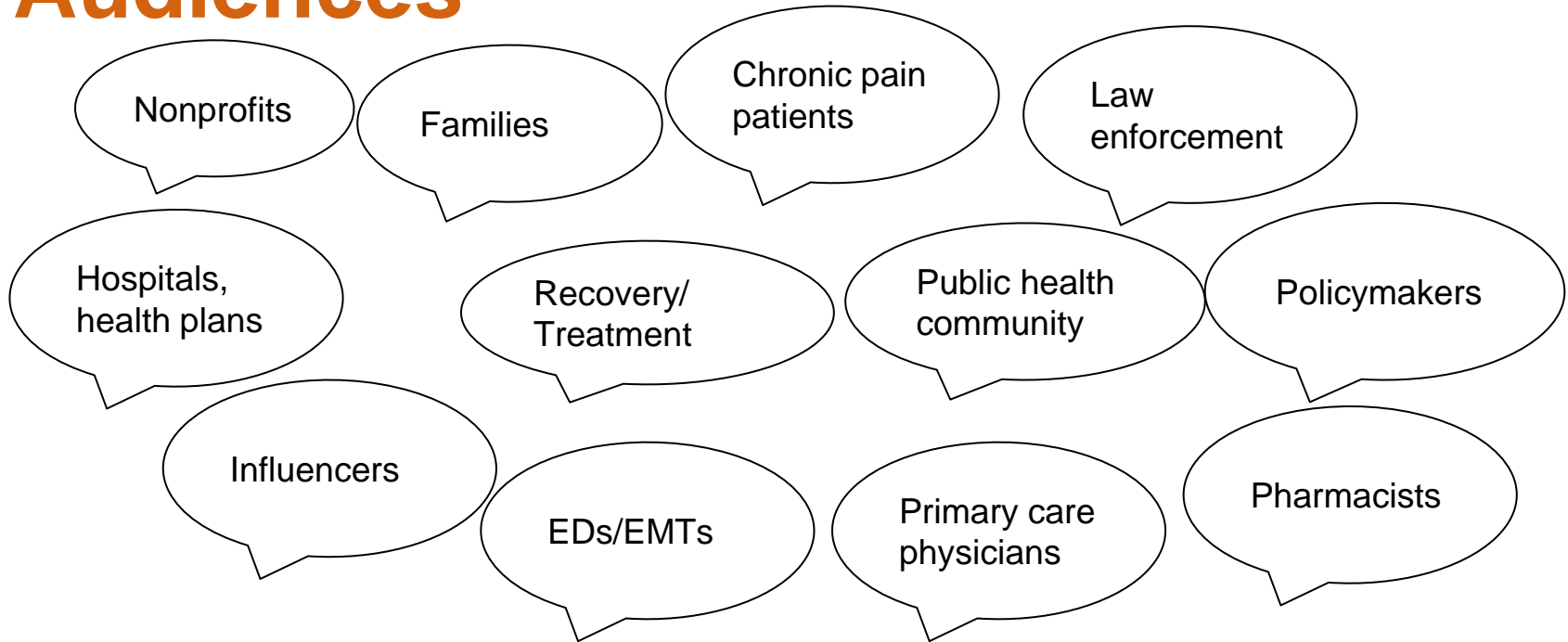
responsible choices
Planned Parenthood

Messengers and Methods

It could be that people aren't moved to action because of WHO is delivering the message and HOW your information is presented.

Let's talk about the who and how...

Different Messengers for Different Audiences



Target Messengers

- Who is most trusted by a given community?
- Who are “notables and quotables,” those who media likely to see as spokespeople?



Methods

What has worked for you? Enter comments in the chat box.

- What do you think is the best way to reach people?
 - Door to door? Brochures, flyers, where?
 - text, postcards, bus ads, Snapchat, Instagram



Traditional Medi

MANAGED
Care



Finally, Attention Switches To Progressive Multiple Sclerosis



New Drug Entresto for Heart Failure Drums Up a Lot of Enthusiasm



Health Insurers Struggle to Manage Number, Cost of Genetic Tests

[Home](#) [News](#) [Current Issue](#) [Editor's Desk](#) [PharmD Corner](#) [Voices](#) [Archives](#) [Original Research](#) [Subscribe](#) [About](#)

- Build a list
- News outlets + industry pubs
- Local and regional
- Target reporters
- Email, twitter

- What method has worked best for your coalition?
- Where do you feel like you get the least traction?

See What's Possible With COSENTYX  Learn more FULL PRESCRIBING INFORMATION

California Hospital Cuts Opioid Prescriptions by Half, Recurring ED Visits by 60%

County-wide initiative addresses overdose crisis

June 1, 2016

[in Share](#)
[Tweet](#)
[Share](#)

Every day, 44 people die of overdose from prescription opioids in the United States. Community Hospital of Monterey Peninsula (CHOMP) in California has taken action to address the crisis in its county of approximately 415,000 residents. The community-wide effort, called Prescribe Safe, includes the county's four hospitals, the district attorney's and sheriff's offices, public health clinics, and urgent care centers.

The initiative has led to a sharp decline in the number of patients coming to the emergency department (ED) because of opioid abuse and in the number of prescriptions for opioid painkillers, according to an article in *AHA News*.


The Prescribe Safe group established guidelines for prescribing pain medications in the ED that are followed by all hospitals in the county. It has contributed to a 50% decline in opioid prescribing by physicians.

"It is not that we don't want to treat pain; we don't want to treat every pain with opioids as we used to," said CHOMP emergency physician Casey Grover, MD.

Every patient who comes into an ED in the county is given a handout—in English and Spanish—about prescribing safe pain medications. They also receive a list of community resources for drug and alcohol counseling and providers of alternative pain treatments, such as acupuncture.

In addition, Prescribe Safe taught providers how to talk to patients

See What's Possible With COSENTYX  Learn more FULL PRESCRIBING INFORMATION

 **Tanzeum**
albiglutide CSK

Learn more about TANZEUM

Click to see full Safety and Prescribing Information, including Boxed Warning.

[MORE INFO >](#)

LATEST ISSUE

MANAGED
Care 2016 JUNE ISSUE

Newspaper Inserts

What causes **MORE DEATHS**
than motor vehicle accidents in
Santa Clara County?

It Could Be in
**Your Medicine
Cabinet**




INSIDE:


- The problem of prescription drugs
- How they affect our health, safety and water quality
- What YOU can do about it

A Special Advertising Supplement

Alameda County LEADS THE WAY



Join members from across our community who are working together to reduce demand for prescription medications and dispose of them safely



Back row from left: Doug Tomaskovic, Union Secretary District 522, Brent Schaefer, Alameda County Sheriff's Office, Nina Wong, Alameda County Supervisor - District 4, Corbin Williams, Health Care Worker, and the Municipal Utility District One Executive, Robert Crawford. Together: Placido Luc, Castro Valley Senior Center, Sutter Home Health, Bill, Bob, Deborah, and Pauline Van Dine, MDCS, California member. PHOTOS BY KATE MILLER

A Special Advertising Supplement

Social Media Methods



Carmen Balber
@carmenbalber



Follow

California has a bill [#SB482](#) by [@senricardolara](#) to mandate use of our PDMP, called CURES. Will [@ONDCP](#) endorse? [#opioidepidemic](#)



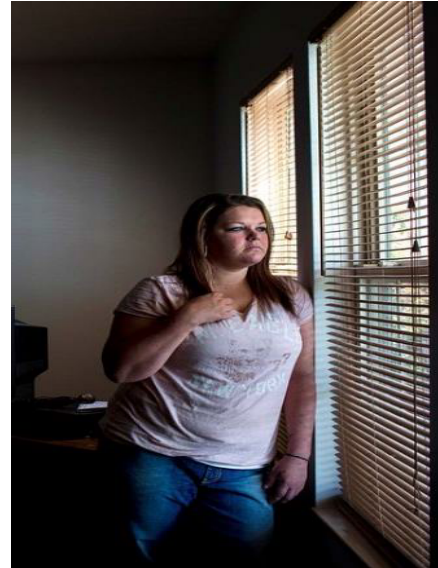
aptapics Follow

345 views 2w

aptapics Opioids only mask the pain. PTs diagnose and treat pain through movement.

[#ChoosePT](#) for safe pain relief.
ruttrutt50 🍌🍌🍌

Add a comment... ...



time

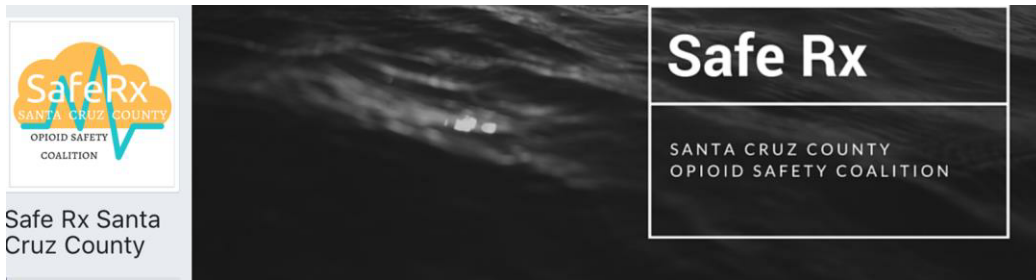
Follow

4,553 likes

50w

time The Price of Relief – Picture 1 of 4
This is not a story about dark alleys and drug dealers. It starts in doctors' offices with everyday people seeking relief from pain and suffering. Around the nation, doctors frequently prescribe the drugs known as opioids for chronic pain from conditions like arthritis, migraines and lower-back injuries. The longer patients stay on the drugs, the higher the chances users will become addicted. And when doctors, regulators and law-enforcement officials try to curb access, addicted patients will seek relief on the black market. Tiffany Turner (pictured here) is one of them. When her doctor cut off her pain medication two years after a car accident, she turned to the black market. Read her story and that of many other Americans in this week's issue of TIME and on TIME.com. (Photograph by Natalie Keyssar for TIME – follow her on Instagram

Add a comment... ...



Safe Rx
SANTA CRUZ COUNTY
OPIOID SAFETY COALITION

Safe Rx Santa Cruz County

Home
About
Photos
Events
Likes
Videos
Posts
Create a Page


Like Message More

Status Photo / Video

Write something on this Page...

Safe Rx Santa Cruz County
July 11 at 4:33pm · 🌐

Santa Cruz is ahead of the game! "Santa Cruz County is the fourth county in California approved to expand coverage for those dealing with substance use disorder...The county said the program will also include case management and follow-up care for people going through acute treatment."



Community Organization · Santa Cruz, California

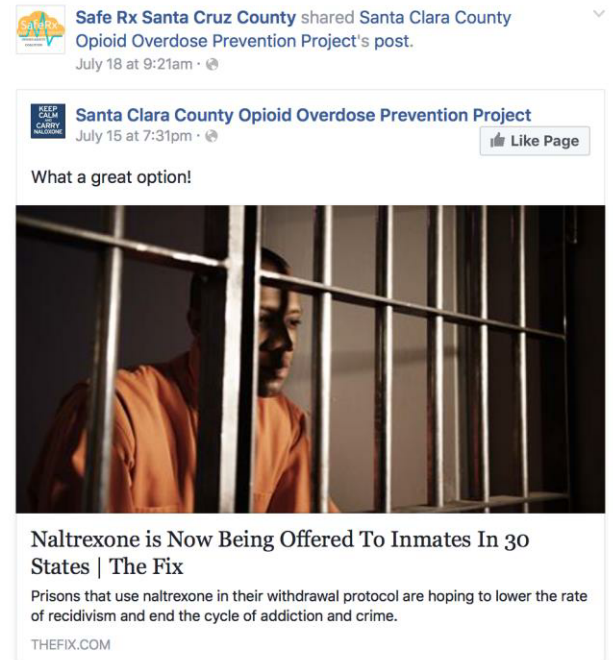
Search for posts on this Page

60 people like this

Invite friends to like this Page

ABOUT


- Ask for Safe Rx Santa Cruz County's address
- Ask for Safe Rx Santa Cruz County's phone
- Ask for Safe Rx Santa Cruz County's hours
- Ask for Safe Rx Santa Cruz County's website



Safe Rx Santa Cruz County shared Santa Clara County Opioid Overdose Prevention Project's post.
July 18 at 9:21am · 🌐

KEEP CALM CARRY ON
Santa Clara County Opioid Overdose Prevention Project
July 15 at 7:31pm · 🌐 Like Page

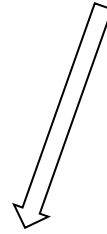
What a great option!



Naltrexone is Now Being Offered To Inmates In 30 States | The Fix

Prisons that use naltrexone in their withdrawal protocol are hoping to lower the rate of recidivism and end the cycle of addiction and crime.

THEFIX.COM



Platforms



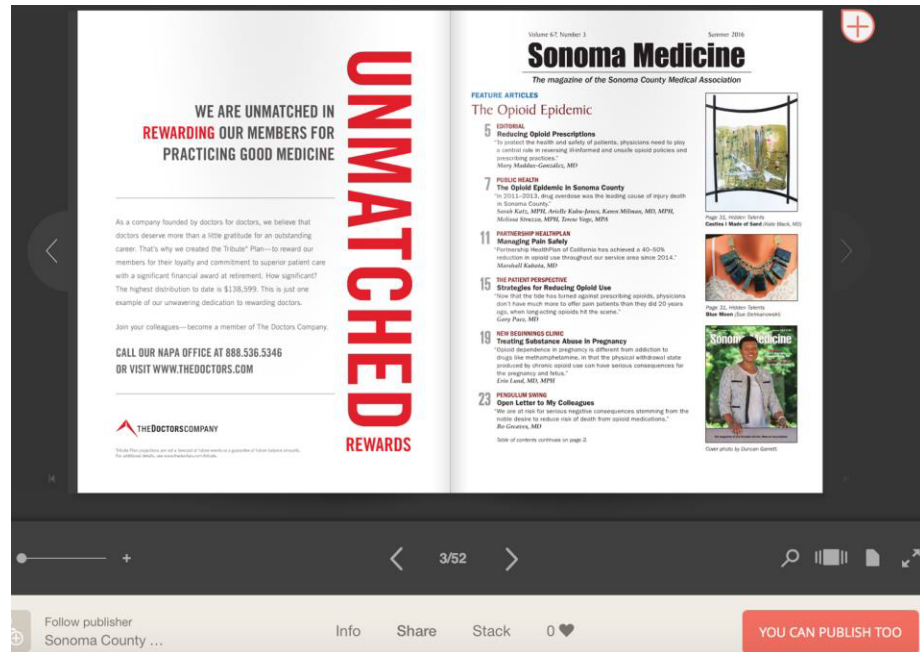
Philly Public Health [Follow](#)

Dedicated to serving the public's health in Philadelphia
Jun 2 · 6 min read

The Epidemic of Overdoses From Opioids in Philadelphia



Growth in the use of opioids, including prescription painkillers and heroin, is fueling a nationwide epidemic of deaths from drug overdose. This first issue of *CHART* summarizes the problem nationally and in Philadelphia, and



LiveStories



The Coalition

The SLO County Opioid Safety Coalition was established in January 2016 to reduce prescription drug misuse and abuse. A kick off event was held on January 21, 2016 as a call-to-action. The Initiative is driven by a diverse coalition of community members, including law enforcement, physicians, pharmacists, treatment professionals, Public Health Department, Behavioral Health Department, educators and others who are working to collaboratively address the problem in San Luis Obispo County.

Interested in getting involved? Click on the link next to each action team for upcoming meeting dates and information related to the topic area.

ACTION TEAMS

Data Collection and Monitoring. In order to fully address the problem in San Luis Obispo County, the Coalition first needs an understanding of the issue based on accurate, relevant data. The Data Collection and Monitoring Team addresses this need by determining what data best describes prescription drug misuse in the County, as well as the community behaviors and prescribing practices that can impact them. Click [here](#) to learn more.



Community Prevention and First Responders. Prescription drug misuse is often tied to the belief that Rx drugs are safer and less addictive than street drugs. They can also be easier to get and have less stigma attached to their use. The Community Prevention and First Responders Action Team is committed to changing these beliefs by educating the community about prescription drugs and raising awareness about the dangers associated with misuse. The team will also focus on safe in-home storage and appropriate disposal methods in the County. Click [here](#) to learn more.



Safe Prescribing and Health Care. Studies show that prescribing guidelines based on best practices can help improve patient



Evaluate

- Refer to goal metrics
- Analytics for digital tools: clicks, read time
- Press coverage
- Pickup by stakeholders
- Growth of coalition

To Sum Up

- Set goals
- Identify your audiences
- Create the materials that will move them
- Figure out messengers and methods
- Diversify your distribution tactics
- Share and network
- Assess and learn

My Contact Information

- If you have any additional comments or questions, please get in touch:
 - Liz Galicia: egalicia@chcf.org

Upcoming Events and Webinars

Opioid Safety Coalition Fall Convenings (similar agendas so please register for one):

Northern California Sep. 22, 2016 8:30 AM - 4:30 PM

IN-PERSON at the Oakland Airport Hilton

LIVE STREAMING locations with local facilitator:

Dunsmuir, Eureka, Fairfield, Redding, Santa Rosa

Cohosted by Partnership Health Plan

Southern California Nov. 1, 2016 8:30 AM - 4:30 PM

IN-PERSON at Fairmont Newport Beach

4500 McArthur Blvd., Newport Beach

Register here:

<http://www.chcf.org/events/2016/events-opioid-safety-coalitions-fall-convenings>

Thank you for joining!

Please take a moment to fill out the evaluation form.