



**STATE OF CALIFORNIA STRATEGIES
TO ADDRESS
PRESCRIPTION DRUG (OPIOID)
MISUSE, ABUSE, AND OVERDOSE
EPIDEMIC IN CALIFORNIA**

June 2016

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

COLLABORATIVE EFFORTS TO ADDRESS PRESCRIPTION DRUG MISUSE, ABUSE AND OVERDOSE EPIDEMIC

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I. OVERVIEW AND STATUS OF CALIFORNIA COMMUNITIES

In California, all opioid-related deaths increased by 34% from 2006 to 2009 from an age-adjusted rate of 3.3 to 4.4 per 100,000. By 2013, there were 1,934 opioid-related deaths in California (4.2/100,000). Opioid pharmaceutical-related deaths also showed a peak of 1,616 deaths in 2009 and represented 82% of the total opioid-related deaths. In 2013, the rate was 3.1 per 100,000 but pharmaceutical opioids accounted for only 73% of all opioid-related deaths. As also seen nationally, heroin-related deaths in California have increased by 67% since 2006 with a 2013 age-adjusted rate of 1.1 per 100,000. By 2013, heroin-related deaths in California accounted for 25% of all opioid-related deaths. Table 1 displays all opioid, opioid pharmaceutical and heroin-related overdose deaths of California residents from 2006 to the most recent 2013 data. California data mirror the increasing national trends in opioid-related deaths through 2009 but have leveled off over the past five years. The exception to this trend is heroin, which appears to have spiked in 2013.

Table 1. Opioid Poisonings: Deaths Related to All Opioids, Opioid Pharmaceuticals, and Heroin, California (2006-2013)

Year	All Opioid Related		Opioid Pharmaceutical Related		Heroin-Related Deaths	
	Cases	Rates ^a	Cases	Rates ^a	Cases	Rates*
2006	1,469	3.29	1,116	2.51	268	0.62
2007	1,651	3.74	1,277	2.88	290	0.67
2008	1,784	4.00	1,443	3.23	322	0.73
2009	1,971	4.40	1,616	3.60	350	0.80
2010	1,909	4.24	1,557	3.45	322	0.73
2011	1,898	4.21	1,548	3.42	355	0.79
2012	1,712	3.77	1,318	2.89	361	0.80
2013	1,934	4.24	1,412	3.08	483	1.08
^a Age-adjusted rates per 100,000						

Table 2. Opioid Poisonings: Emergency Department Visits Related to All Opioids, Opioid Pharmaceuticals and Heroin, California (2006-2014)

Year	All Opioid Related		Opioid Pharmaceutical Related		Heroin Related	
	Cases	Rates ^a	Cases	Rates ^a	Cases	Rates ^a
2006	5,753	13.95	4,494	10.90	1,285	3.11
2007	6,301	15.06	5,075	12.13	1,259	3.01
2008	7,117	16.74	5,864	13.80	1,271	2.99
2009	8,000	18.60	6,623	15.41	1,399	3.24
2010	8,134	18.63	6,817	15.61	1,343	3.08
2011	9,109	20.64	7,429	16.84	1,706	3.85
2012	9,929	22.34	7,879	17.72	2,078	4.69
2013	10,728	23.96	8,456	18.84	2,317	5.21
2014	11,683	25.85	9,085	20.06	2,651	5.91
^a Age-adjusted rates per 100,000						

A similar disconcerting pattern can be observed among non-fatal opioid-related Emergency Department (ED) visits. Table 2 displays all opioid, opioid pharmaceutical and heroin-related overdose ED visits for California residents from 2006 to 2014. Opioid-related ED visits in California have increased dramatically from 5,753 cases in 2006 to 11,683 in 2014 (103% increase). Unlike opioid-related deaths, all opioid-related and opioid pharmaceutical ED visits appear to be increasing linearly over time. The majority of these

visits over the nine-year span involved opioid pharmaceuticals (e.g. 78% in 2014).

The pattern is slightly different for heroin ED visits, where a linear increase can be observed beginning in 2011. Pharmaceutical opioid use has been identified as a strong predictor of heroin use¹. One concern has been that efforts to change prescribing practices may have unintended consequences, which further highlights the need for enhanced surveillance of heroin-related outcomes.

Although California's overall drug poisoning and opioid-related death rates (9.7 and 4.2 respectively in 2013) are lower than the national average, as the most populous state in the country (38.8 million residents as of 2015) the raw number of individuals affected by improper prescribing and misuse is substantial. In addition, the rates vary significantly across counties and even within counties. Table 3 displays the top 15 county rates specifically for opioid pharmaceutical-related deaths based on five years of data (2009-2013). The highest rates are found in several northern California rural counties. For example, Plumas and Lake Counties have age-adjusted opioid pharmaceutical-related death rates of 24.5 and 22.5 per 100,000, respectively and (not shown) drug poisoning age-adjusted rates of 32 and 43 per 100,000. Some of these drug poisoning rates are two to three times higher than the national average drug poisoning death rate. Several large urban counties have higher than state average rates and account for a substantial number of the total number of five-year deaths: San Francisco (n = 405; rate = 6.41), Orange (n = 1,042; rate = 5.5), and San Diego (n= 1,038; rate= 5.7).

Table 3. Total Deaths Related to Opioid Pharmaceuticals for the Top 15 Counties in California (2009-2013)

County	Deaths	Rates ^a	Rank
Plumas	24	24.51	1
Lake	82	22.50	2
Lassen	34	16.78	3
Humboldt	99	13.32	4
Shasta	108	11.76	5
Siskiyou	21	10.39	6
Tuolumne	28	10.23	7
Madera	58	7.74	8
Mendocino	38	7.51	9
San Joaquin	276	7.01	10
Santa Cruz	95	6.51	11
San Francisco	405	6.41	12
Butte	71	6.18	13
Ventura	266	5.90	14
Fresno	280	5.76	15
^a Age-adjusted rates per 100,000			

II. WORKGROUP DEVELOPMENT AND EVOLUTION

In 2014, the Director of the California Department of Public Health (CDPH) launched a state agency Prescription Opioid Misuse and Overdose Prevention Workgroup (Workgroup) to share information and develop collaborative strategies to curb prescription drug misuse, abuse and overdose deaths in California. The Workgroup started as a multi-sector group consisting of more than 10 state agencies, including the Departments of Public Health, Justice, Health Care Services, Managed Health Care, Education, Industrial Relations, Corrections and Rehabilitation, Consumer Affairs (including the Medical Board, Dental Board, Pharmacy Board, and Board of Registered Nursing), Emergency Medical Services Authority, and others. The Workgroup initially commenced a multi-phase plan involving enhancement of the state's Prescription Drug Monitoring Program (PDMP), promoting the release and adoption of the Medical Board of California's (MBC) revised Guidelines for Prescribing Controlled Substances for Pain (Guidelines), and development of a comprehensive public education

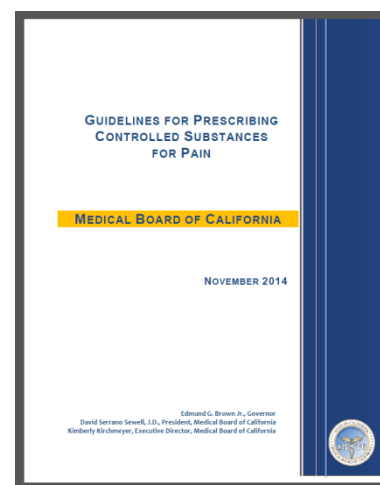
¹ Jones, C. M., Logan, J., Gladden, M., & Bohm, M. K. (July, 2015). Vital Signs: Demographic and substance use trends among heroin users — United States, 2002–2013. *Morbidity & Mortality Weekly Report*, 64(26), 719-725

campaign to increase public awareness about the potential dangers of opioid medications and to create better understanding and expectations among the public regarding their proper prescribing, use, storage and disposal.

The Workgroup was organized to develop collaborative prevention strategies to decrease levels of opioid misuse, overdose and death. Additionally, the Workgroup provided a platform for state entities working to address opioid misuse and overdose to improve coordination and expand joint efforts. Initially the Workgroup partnered with the Medical Board of California to promote the release of their “Guidelines for Prescribing Controlled Substances for Pain” through joint press releases and events, as well as alignment of our website messages and educational materials.

The workgroup identified three focus areas for collaborative efforts: data sharing, awareness and advancing policy solutions. Activities during the first year included:

- Monthly meetings for information sharing and planning
- Sharing announcements and resources through respective contact networks. For example, when the Department of Health Care Services (DHCS) added Naloxone to the Medi-Cal Formulary, they shared this information with the workgroup and CDPH then issued an All Facilities Letter to highlight this policy change for healthcare facilities licensed by CDPH.
- New pain management guidelines were issued by the Medical Board of California and the workgroup worked collectively to raise awareness through a multi-agency news release, webpage content and media coverage.
- Formation of an interagency data group (which focused on analyzing existing data sources and identifying gaps and potential linkages)



Moreover, the Workgroup helped facilitate the development of two successful grant applications (CDPH and Department of Justice) focused on increasing the use of the state PDMP (CURES), promoting safe prescribing guidelines, policies and practices, increasing the availability and use of Naloxone and access to medically assisted treatment options.

In early 2015 the Workgroup expanded its activities to include:

- Collaboration with the California Health Care Foundation (CHCF) on a statewide interactive map website displaying data on prescribing rates, opioid hospitalizations and overdose fatality data by county. This data will help to highlight areas where there may be increased opioid overdoses and target prevention efforts.

Leveraging PSAs and Media Coverage



- A stakeholder event to promote dialogue around current efforts and to share best practices. This event targeted key audiences, including: providers, health systems and health plans, California Health Executives Association of California (CHEAC) and California Conference of Local Health Officers (CCLHO).
- CDPH successful application to the Centers for Disease Control and Prevention – Prescription Drug Overdose Prevention for States grant (further details included on the following page).
- California Department of Justice (DOJ) successful application to the federal DOJ Harold Rogers grant.

III. CDC PRESCRIPTION DRUG OVERDOSE PREVENTION FOR STATES GRANT AWARD

In fall of 2015, CDPH received Centers for Disease Control and Prevention (CDC) Prescription Drug Overdose Prevention for States (Pfs) grant. The purpose of the grant is to advance and evaluate comprehensive interventions for preventing prescription drug overuse, misuse, abuse, and overdose, particularly the misuse and inappropriate prescribing of opioid pain relievers. With support from the CDC grant, the PDOP Workgroup continues to serve as a coordinating group to support state and local efforts to address opioid overdose issues. The Prescription Drug Overdose Prevention Initiative (PDOP Initiative) expanded efforts originally initiated by the CDPH Workgroup. As part of the CDC funding, CDPH developed several intervention components and an evaluation plan, including:

- Promotion of registration and use of the Department of Justice's new Controlled Substance Utilization Review and Evaluation System (CURES 2.0) prescription drug monitoring program by prescribers and dispensers of Drug Enforcement Agency scheduled drugs;

Building a Comprehensive Approach



Leveraging Multi-Sector Collaboration
at State and Local Level

- Development of policy and practice opportunities for health care systems and health insurance plans to promote safe prescribing, access to medically assisted treatment and naloxone;
- Development of a one-to-one educational outreach program (known as academic detailing) for prescribers and dispensers in high burden areas of the state to promote safe prescribing, access to medically assisted treatment and naloxone (sub-contract with San Francisco Department of Public Health);
- Providing data, technical assistance and support to Local Health Departments, coalitions and

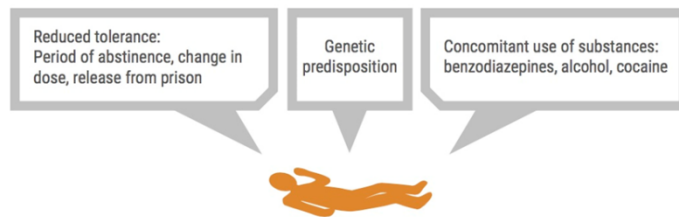
community members in translating overdose and related data into actionable information to address the opioid prescription/illicit drug problem locally.

- Conduct process and outcome evaluation of the interventions to improve practice and identify effective strategies for expansion and replication (sub contract with University of California Davis Medical Center).
- In partnership with CHCF, CDPH is supporting two County Opioid Safety Coalitions – Plumas and Tuolumne.

Accidental opioid overdose is preventable

The main risk of death from an opioid overdose is prior overdose. A patient who has previously overdosed is 6 times more likely to overdose in the subsequent year.³

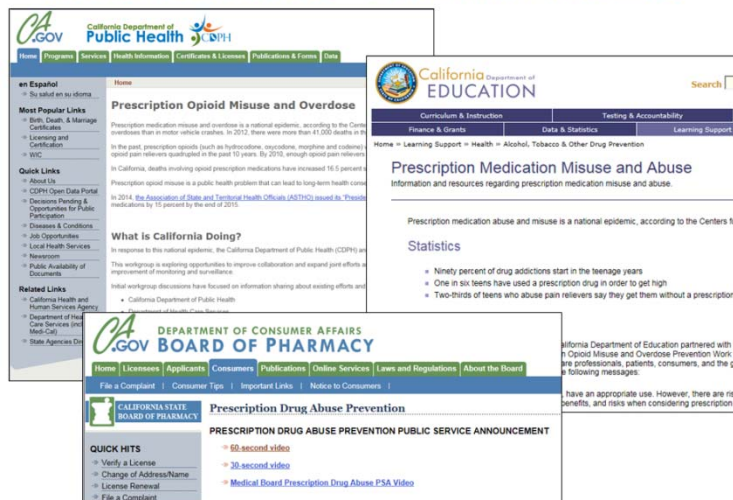
OTHER FACTORS THAT INCREASE RISK OF OVERDOSE:



➤➤ The majority of opioid overdose deaths involve at least one other drug, including benzodiazepines, cocaine or alcohol.⁴

Our multi-pronged state and local intervention effort has been supported by timely and geographically-specific data involving opioid-related outcomes, critical to directing resources, monitoring implementation, and evaluating outcomes. The collection, analysis, and dissemination of data have been undertaken by CDPH's Safe and Active Communities Branch (SACB), UC Davis evaluation team and the Department of Justice's (DOJ) CURES system. Moreover, SACB has recently partnered with the Office of Statewide Health Planning and Development (OSHPD) to co-facilitate a PDOP Initiative Data Taskforce focused on coordinating and facilitating opioid-related data efforts to support statewide interventions.

Linked Websites - Common Themes



Workgroup and PDOP Initiative expand outreach activities in 2016 – to involve new partners including internal state agencies such as the Department of Corrections and Rehabilitation Medical Services, Drug Enforcement Administration, Department of Motor Vehicles, Division of Workers' Compensation, US Health and Human Services, and UC Davis Medical Center. In early 2016, CDPH staff developed and implemented an on-line survey to poll Workgroup members to determine their

organizations': 1) top priorities for the next year within their organization; 2) how the Workgroup could support them in accomplishing those priorities; and 3) what each member perceives as the top priority for the Workgroup in the upcoming year.

After identifying top Workgroup priorities (see appendix for survey summary) the PDOP Workgroup convened four Taskforces: Communications and Outreach, Data Gathering and Sharing, Integrated Health Care and Policy, and Treatment. Participation and membership in the Workgroup has grown significantly with the formation of these Taskforces. New community partners include: Covered CA – Quality and Network Plan Management Division, California Society of Addiction Medicine, California Medical Association, Marin County Epidemiologist, Sacramento County Epidemiology Unit, San Diego County Emergency Medical Services, San Diego and Imperial County Prescription Drug Abuse Medical Task Force, DOPE –Drug Overdose Prevention and Education, Placer County Health Officer, Yuba County Health Officer, USDOJ - Central Valley HIDTA Investigative Support Center, and UCSD School of Pharmacy.

In 2016, California experienced a sharp spike in overdoses and overdose fatalities involving fentanyl (e.g., in Sacramento County 52 overdoses and 12 deaths)². These overdoses were attributed to mislabeled pills thought to be Norco. These recent events highlight the rapid and dynamic nature of the opioid epidemic and demonstrate its expansion beyond the boundaries of the health care system. CDPH does not have existing data that specifically isolates fentanyl-related overdose incidents and the International Classification of Diseases (ICD) coding system used for identifying drugs related to overdose poisoning does not allow all specific substances to be identified. To address this gap, the CDPH Director issued a statewide Health Alert to all local health departments and hospitals, urging voluntary reporting and testing of overdose cases to determine if fentanyl was present³. The voluntary reporting ended once it was clear this specific fentanyl outbreak was an isolated issue and was not spreading.



Additional grant application submissions spring 2016 – In the last three months, the Workgroup has been instrumental in the development of four additional grant applications being sought by the Departments of Health Care Services (DHCS) and Public Health to further address the opioid epidemic in California communities.

- DHCS proposed the California Prevent Opioid-Related Death Project (POD) placing opioid overdose response pilot programs in three high-need counties facilitating the use of naloxone and trainings to the Substance Abuse and Mental Health Services Administration (SAMHSA).
- DHCS proposed the Strategic Prevention Framework (SPF) Partnerships for Success (PFS) grant which will enable DHCS to enhance this multi-pronged effort by aligning additional primary prevention activities that focus on youth and community to the Substance Abuse and Mental Health Services Administration (SAMHSA).
- CDPH submitted an application for the Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality grant through the Centers for Disease Control and Prevention (CDC).

² [http://www.dhhs.saccounty.net/Pages/NR-Update-on-opioid-related-overdoses-\(May-4,-2016\).aspx](http://www.dhhs.saccounty.net/Pages/NR-Update-on-opioid-related-overdoses-(May-4,-2016).aspx)

³ <https://www.cdph.ca.gov/Documents/drug%20overdose%20health%20alert%204.18.16.pdf>

The grant goal is to address the public health problem of drug overdoses by implementing an enhanced surveillance system to collect and disseminate accurate, timely, and more comprehensive data on drug overdoses in California using CDC guidelines and web-based data entry system.

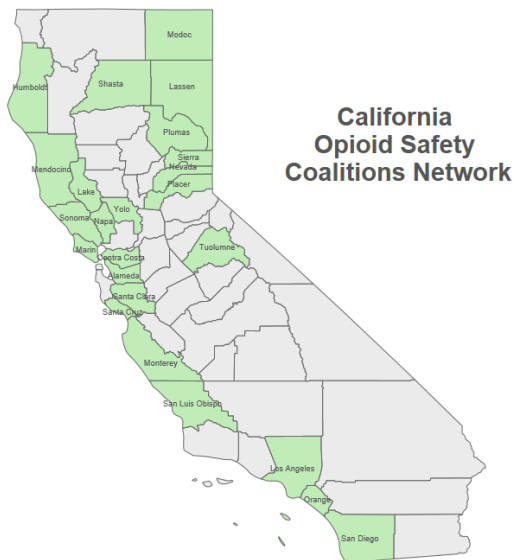
- CDPH submitted an application for the Prescription Drug Overdose Prevention for States Program Supplement grant. In this PFS Supplement, CDPH proposes to enhance and expand activities under the original two strategies to enhance and maximizes the state's Prescription Drug Monitoring Program and to implement community or insurer/health system interventions. These supplemental funds would support the workgroup's objective of overdose prevention through a comprehensive public education campaign to increase community awareness about the potential risks of opioid medications and to create better understanding and expectations among the public regarding safe prescribing, use, storage, and disposal of pain medications.

IV. COLLABORATION WITH THE CALIFORNIA HEALTH CARE FOUNDATION

The California Health Care Foundation (CHCF), a long-term Workgroup partner, informs policymaker's and industry leaders, invests in ideas and innovations, and



**California
Health Care
Foundation**



connects with change makers to create a more responsive, patient-centered health care system. CHCF is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. They work to ensure that people have access to the care they need, when they need it, at a price they can afford.

CHCF has funded 17 local coalitions in 24 counties across California to promote safe prescribing, use of Naloxone, and expansion of medically assisted treatment options. Opioid safety coalitions bring together a broad group of stakeholders committed to decreasing opioid overuse and overdose deaths. Medical societies, public health, hospitals, addiction treatment, law enforcement, advocates, health plans, and others come together to find creative ways to solve the opioid epidemic in their communities.

This map shows active coalitions supported by CHCF technical assistance in California. The coalitions were awarded to organizations in the following counties: Alameda-Contra Costa, Humboldt, Lake, Los Angeles, Mendocino, Napa, Northern Sierra (Lassen, Plumas, Sierra), Orange, Placer-Nevada, San Luis Obispo, Santa Clara, Santa Cruz, Shasta, Tuolumne and Yolo-Napa-Marin-Sonoma. To advance coalition sustainability beyond CHCF funding, CDPH is providing continued funding to Plumas and Tuolumne Local Health Departments, and if further grant funds are received, sustained funding to several more of the existing coalitions.

CHCF's coalition support includes providing access to numerous resources including governmental, journalism, clinical education tools, health plans and health systems, sample coalition websites, coalition tools, trainings, and webinars providing technical assistance to local coalitions working to reduce prescription drug overdoses. CDPH continues to collaborate with CHCF to develop a best-practices approach to promote the development and sustainability of additional regional safe prescribing coalitions, particularly in high-burden regions.

One of CHCF's additional efforts currently underway to tackle the opioid epidemic is the Care Integration Planning Grants which challenge health plans and clinics to address the needs of frequent users of emergency departments (EDs), a high percentage of who are dependent on prescription pain killers or other substances. To address these challenges, CHCF is supporting health plan/provider teams to develop new care models and funding strategies to support better care for complex patients. Selected health plan lead agency partners include: Anthem Blue Cross, HELP Pain Medical Network; BAART Community Healthcare and San Francisco Health Plan; El Dorado County Community Health Center and California Health & Wellness; Family Health Centers of San Diego and Community Health Group; Health Plan of San Joaquin, Community Medical Centers, and San Joaquin General Hospital / San Joaquin County Clinics; Los Angeles County Health Agency departments of health services, public health, and mental health; Partnership HealthPlan of California, Hill Country Health and Wellness Center, and Mendocino Community Health Clinic; and Ysidro Health Center and Community Health Group.

V. COLLABORATION WITH HEALTH PLANS

Early on the Workgroup asked the questions, who else should be at the table to help address the Opioid Epidemic in California? One of the obvious groups was the Health Plans. However, before involving them, it was suggested that they be surveyed to determine what they were already doing on the prescription drug overdose prevention front. CHCF took on the task to develop and facilitate a survey of California health plans.

Thirty out of 38 health plans completed the survey, a remarkable 79 percent participation rate. A final report summarizing the overall findings of the on-line survey of 30 California health insurance plans and interviews with 10 chief medical officers will be released publically on June 29th. Information is provided on the types of interventions already underway by health plans. Most plans are taking some actions to address the opioid epidemic, some with a narrow focus -- using formulary controls (authorization review for certain drugs or doses, and removing certain drugs from plan formularies) -- and others through broad initiatives -- focused on changing provider prescribing habits through education, training, data analysis/reporting, and incentive payments, expanding access to non-opioid treatments for patients with chronic pain, and ensuring availability of medication-assisted treatment for addiction. Most health plans are currently participating in or considering joining opioid safety coalitions in the communities they serve.



This report also highlights three case studies: Partnership HealthPlan of California, Blue Shield of California, and Kaiser Permanente Southern California. Each of these plans launched a major opioid safety initiative to address the threat to public health and to the health of their members, and each reduced opioid prescribing by 25-50% through a series of coordinated activities. According to the preliminary report, “health plans across California are tackling the opioid overdose epidemic through a variety of programs and interventions, ranging from comprehensive – focused on provider culture, patient needs, and the community – to narrow (e.g., formulary changes). All of the health plans interviewed are working on the issue in some way, and many plans indicated that they are actively planning to expand their efforts.”

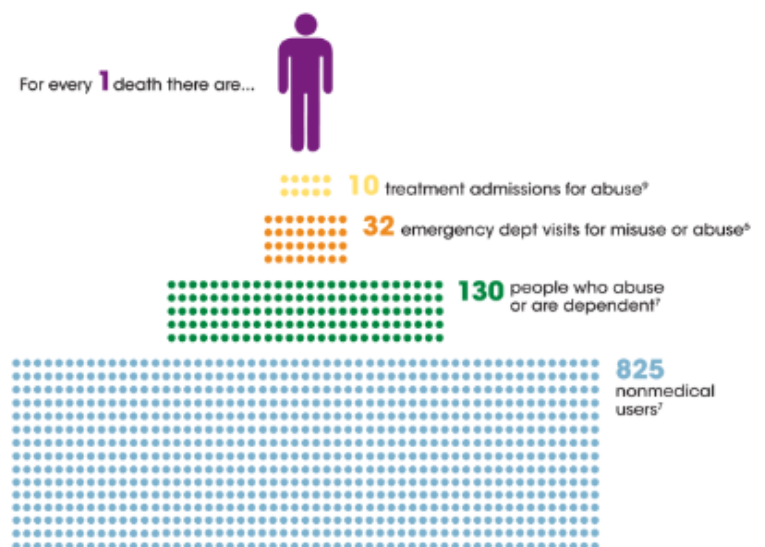
Health plan survey key findings indicate that most successful efforts used common strategies:

- Multi-faceted approach
- Support from senior leadership
- Interactive education approaches
- Use of data
- Focused on the evidence

Two health plans surveyed that reduced opioid use by 50% or more (Partnership HealthPlan of California and Kaiser Permanente Southern California) utilized an orchestrated set of intervention that included:

- Supporting safer prescribing practices through formulary changes and provider education, with a special focus on decreasing the number of new patients starting long-term use, avoiding does escalation, and tapering high-dose regimens
- Focused on members at highest risk: specifically high-dose opioids, high-risk medication combinations, and addiction
- Identified and addressed overuse, misuse, and fraud
- Supported safe communities through coalitions

This report concludes with recommendations for health plan action, with the goal of spreading effective practices across the state. Health plans have a unique opportunity to make an impact on individual lives and the health of a broad population – both upstream (preventing addiction and potential harm from long-term opioid use) and downstream (ensuring members get the treatment they need). The paper argues that health plans need to invest broadly in four areas to make a lasting difference in prescribing culture, and ultimately, in the health of the population:



1. Supporting safer prescribing practices through formulary changes and provider education

2. Improving member outcomes, especially for those at highest risk: high-dose opioid use, high-risk medication combinations, and addiction
3. Identifying and acting upon overuse, misuse and fraud, and
4. Supporting safe communities through participation in opioid safety coalitions, and promotion of naloxone.

The final report is highly anticipated by the Workgroup to identify health plans that can act as role models for other health and hospital care systems. Furthermore, the Workgroup's Integrated Health Care and Policy Taskforce will utilize the report to develop effective strategies as it promotes implementation of system changes in other health plans throughout California.

Health Plan partnerships are key allies in identifying opportunities to improve safe prescribing policies and practices. For example, **Partnership Health Plan of California (PHC)** serves 8 out of California's 10 highest burden counties and is actively working to develop and promote effective plan-based interventions and community collaborations. PHC has initiated their "Managing Pain Safely" approach, including provider education, authorization controls, technical assistance and support for county coalition efforts. PHC is committed to working with CDPH, DHCS and the broader state Workgroup to integrate the CDC and Medical Board of California's prescriber guidelines, continue to review and assess its current policies and practices, and implement policy and system changes to increase safe prescribing practices, promote appropriate pain management, and prevent negative health consequences. PHC will also provide claims data for use in identifying high volume prescribers.

VI. OTHER STATE DEPARTMENT ACTIVITIES

Department of Health Care Services - The Department of Health Care Services (DHCS) is following a three pronged approach (which aligns directly with the priorities identified by federal HHS) to improve opioid safety:



- 1.) Promotion of safe opioid prescribing
 - Select utilization controls for opioids prone to diversion, misuse, and overuse by limiting the quantity and duration of the most sought after opioids such as oxycodone and hydromorphone.
 - The Drug Utilization Review Board has produced an educational article on prescription drug abuse and diversion of controlled substances.
- 2.) Naloxone distribution
 - Naloxone was added to the State's Medicaid Formulary on July 1, 2013.
 - In April of 2014 the Office of the Medical Director sent a letter to top opioid prescribers, pharmacists, and county mental health plans to encourage the use of naloxone for all patients exposed to opioids.
 - Pharmacy Benefits Division provides outreach, education, and technical assistance to prescribers, clinics, and pharmacists in all aspects of naloxone implementation.
 - Naloxone kits will be made available to patients with opioid addiction who are being treated in State funded opioid treatment programs upon approval of the proposed Drug Medi-Cal Organized Delivery System 1115 demonstration waiver
- 3.) Access to substance abuse treatment

- Buprenorphine was added to the State's Medicaid Formulary without restrictions on June 1, 2015. As a "carve-out" medication, all Medicaid recipients have access to buprenorphine. Additionally, an all plan letter was sent to managed care organizations across the state to remind them that the prescribing and monitoring of buprenorphine was a covered benefit.
- Through the Drug Medi-Cal Organized Delivery System 1115 waiver, the State's substance abuse authority is seeking to demonstrate that an organized care delivery system for patients with substance use disorders can improve outcomes while decreasing costs. Counties that choose to participate will be required to make available a continuum of care including recovery services, residential treatment, case management, and expanded access to medication assisted treatment. The DHCS is in final negotiations with CMS and intends to begin waiver services in the fall of 2015.



Department of Justice's (DOJ) Prescription Drug Monitoring Program – The Controlled Substance Utilization Review and Evaluation System (CURES) is California's Prescription Drug Monitoring Program (PDMP) administered by the Department of Justice (DOJ). This CURES-PDMP system accumulates Schedule II through IV controlled substance prescription and dispensation information for facilitating diversion awareness and intervention. Pre-registered users including prescribers, pharmacists, law enforcement and regulatory boards can use the system to access timely information on patient controlled substance history.

Recently, California established several new provisions to enhance the capacity of the CURES:

- **Establishment of the CURES Fund:**
Since April 1, 2014, a CURES fee of six dollars (\$6) is assessed annually on prescribers of controlled substances, wholesalers of dangerous drugs, nongovernmental clinics and pharmacies to support ongoing operation of CURES and improvements to CURES.
- **Mandatory Registration:**
New mandates require all prescribers and dispensers of controlled substances and pharmacists to register for access to CURES before July 1, 2016.
- **Improvements to CURES (or 'CURES 2.0'):**
The DOJ is currently implementing an overhaul of CURES to provide a streamlined application and approval process, an improved user interface, ease of use and a more robust analytic and reporting engine that will provide authorized users with critical information concerning at-risk prescription behavior. The new system, CURES 2.0, is nearing became available during summer 2015.

DOJ will leverage the new CURES 2.0 system to mitigate unsafe prescribing through several enhanced reporting features to assist prescribers as well as through aggregate reports for use by community partners. On a daily basis, the system will generate alerts about patients in at-risk categories (including daily morphine milligram equivalent thresholds, contraindicated prescription, or multiple provider episodes). Customized regional reports using de-identified CURES data will also be available to local health departments and health system partners to support surveillance and engagement.

DOJ-CURES is an active member of the Workgroup and has integrated its data improvement and dissemination work with our CDPH and UC Davis team to provide more useful and actionable information to state and local stakeholders.



California Board of Pharmacy

California enacted legislation (AB1535) in 2014 to authorize the furnishing of naloxone hydrochloride pursuant to a protocol that was to be developed by the Board of Pharmacy and approved by the Medical Board of California. In April 2015, the California State Board of Pharmacy secured implementation of regulations that allow pharmacists to provide naloxone hydrochloride to patients or recipients who simply ask the pharmacist for this prescription product. Pharmacists were identified as highly accessible health care providers, who may be approached in their pharmacies without a scheduled appointment. Then intent is to broaden access to naloxone hydrochloride, and therefore reduce overdose fatalities.

In August 2013, the Board of Pharmacy made a precedent-setting decision to revoke the licenses of a pharmacy and pharmacist when they found that a pharmacist failed to inquire further into a case where that pharmacist had reason to believe that a prescription may not have been written for a legitimate medical purpose (as required by law). The pharmacist must not fill the prescription when the results of a reasonable inquiry do not overcome concern that a prescription was not written for a legitimate medical purpose. The precedent-setting decision of the Board of Pharmacy also highlighted potential “red flags” that should indicate caution to a pharmacist. Outreach and educational activities on corresponding responsibility and prescription drug abuse were conducted in partnership with the Medical Board of California and the Drug Enforcement Administration. A follow up conference on Appropriate Prescribing and Dispensing is planned in early 2016.

Division of Workers’ Compensation Guidelines:

California's Department of Industrial Relations, Division of Workers' Compensation, is updating their guideline documentation regarding the use of opioids to treat work-related injuries. The proposed “Medical Treatment Utilization Schedule (MTUS) Opioid Treatment Guidelines” provides a set of best practices for considering opioids in the management of acute, sub-acute, post-operative, and chronic pain related to work-related injuries. Recommendations include: using multiple modalities for treating pain; when is it appropriate to consider adding opioids to the treatment regimen; medications to avoid when using opioids; methods and tools to monitor patients on opioids; when it is appropriate to reduce or discontinue opioids by weaning; the need to educate patients about the adverse effects of opioid use; and, responsible storage and disposal of opioids. These guidelines are consistent with those published by the Medical Board of California. The MTUS is a set of evidence-based best practices. Its use is required in the workers compensation system by treating physicians, utilization review, and independent medical review.



VII. OTHER COMMUNITY PARTNER ACTIVITIES

Over the last three years several communities including, Marin, Los Angeles, San Diego, and San Francisco Counties have made substantial progress in implementing efforts to reduce opioid abuse and overdose through cross-sector opioid safety coalitions.



Marin County (RxSafe Marin)

Marin County launched RxSafe Marin in 2013 to tackle the escalation of drug overdose deaths and treatment admissions for prescription drugs. This initiative is a grassroots effort that includes members of the Marin County Department of Health and Human Services (Marin County HHS), the Marin County District Attorney's Office, the Marin County Public Defender's Office, and the Marin County Office of Education who each have officials working alongside families, youth, pharmacists and health providers.

To date, RxSafe Marin has implemented the following strategies:

- The prescriber and physician group instituted countywide guidelines to reduce the number of narcotics prescribed in local emergency rooms
- The data collection and monitoring group created a report card with data from multiple sectors to describe and provide a benchmark for tracking progress over time as prevention efforts continue
- The number of drug take back sites expanded to include county Kaiser locations and one additional police department
- RxSafe Marin's process and progress is being presented and shared with various audiences to help strengthen community prevention efforts
- Marin County HHS is providing backbone support through their media team and part-time staff, as well as securing one-time funding through the Marin County Board of Supervisors, aimed at supporting action team implementation
- RxSafe Marin committee members are providing technical assistance to other counties and organizations to help establish analogous collaborative organizations

Los Angeles County

Los Angeles County engaged emergency departments to reduce diversion and misuse. They disseminated guidelines that encourage ER doctors to:

- Use opioids as a last resort and only for non-cancer patients with severe pain
- Give the lowest dose possible
- Avoid intravenous or injectable opioids in patients already taking opioid meds
- Do not replace "lost" or "stolen" opioid prescriptions
- Only prescribe a limited supply
- Use the state's CURES database to determine if a patient is a drug seeker
- Prescribe generic painkillers, which have a lower street value

San Francisco County

San Francisco Department of Public Health (SFDPH) Substance Use Research Unit implemented clinic-based naloxone prescribing which trained primary care providers in six SFDPH safety net health care clinics on naloxone prescribing practices and provided ongoing technical support, including one-on-one trainings at each clinic.

San Diego and Imperial County Prescription Drug Abuse Medical Task Force

This coalition of medical leaders joined efforts to reduce deaths and addiction due to prescription drugs. The task force includes pain specialists, internal medicine physicians, emergency physicians, psychiatrists, dentists, pharmacists, hospital administrators, health department administrators, and the local DEA. The task force also includes broad health partners, including Kaiser Permanente, Scripps Health, Sharp HealthCare, UC San Diego Health System, Palomar Health, and the Community Clinics.

VIII. CONCLUSION

What is working? Multi-sector collaboration has been critical to the success of current efforts. It has been beneficial to bring together partners along the continuum of safe prescribing, treatment, enforcement and overdose prevention; providing all parties with a more complete picture of the challenges of the epidemic. This has also e resources, and co-develop promising strat group and expand its outreach through its partners such as the Medical Associations Health Plans and Health Systems will be jo state efforts to address California’s prescri drug overdose epidemic.

Opportunities for future focus – There are several opportunities of potential focus for future planning.

- **Understanding risk-factors:** Data are still limited on the factors that impact risk for misuse, abuse and overdose. Enhanced surveillance and analysis is needed to help proactively identify high-risk populations and target preventive interventions.
- **Upstream intervention:** Positioning policy interventions earlier in the health system to help make safe prescribing the norm. Increasing public awareness about the potential dangers of opioid medications and to create better understanding and expectations around pain treatment, proper prescribing, use, storage and disposal of pain medications
- **Transition for those currently dependent:** The magnitude of the population already impacted by overprescribing is significant; including many individuals who are currently dependent or addicted. Tools are needed (including access to treatment, and provider education) to help this population effectively transition, particularly as tighter prescribing controls and enforcement



are implemented. Planning and education are needed to help facilitate effective transition and prevent stigmatization if dependence or abuse is identified.

- **Removing the stigma associated with drug addiction:** Addiction is a disease. Educating the public, healthcare professionals, health plans and health care systems, community organizations, and law enforcement that addiction, including individuals addicted to illicit drugs, need to be treated with a comprehensive team approach will be vital to achieving full success in the fight to eliminate drug abuse and overdose in the state of California.

APPENDICES

List of Workgroup and Taskforce Member Agencies/Organizations

Prescription Opioid Misuse and Overdose Prevention Workgroup Membership Survey (March 2016)

WORKGROUP MEMBER LISTS (STATE AGENCIES)

1. California Coalition of Local Health Officers (CCLHO)
2. California Department of Corrections and Rehabilitation (CDCR)
3. California Department of Education (CDE)
4. California Department of Public Health (CDPH)
5. California Health Care Foundation (CHCF) *Only Non-State Agency*
6. County Health Executives Association of California (CHEAC)
7. California Health and Human Services Agency (CHHS)
8. Covered California (CC)
9. Department of Consumer Affairs (DCA)
10. Drug Enforcement Administration (DEA)
11. Department of Health Care Services (DHCS)
12. Department of Managed Health Care (DMHC)
13. Department of Motor Vehicles (DMV)
14. Department of Justice (DOJ)
15. Division of Workers' Compensation (DWC)
16. Emergency Medical Services Authority (EMSA)
17. Los Angeles County Public Health (LACPH)
18. Office of Statewide Health Planning and Development (OSHPD)
19. UC Davis Medical Center Research Team (UCDMC)
20. US Health and Human Services Agency (US HHS)

WORKGROUP TASKFORCE MEMBER LISTS

All organizations and individuals are welcome to participate in any of the four taskforces

- | | |
|---|---|
| 1. CC – Quality and Networks, Plan Management Division | 22. DHCS – Office of Applied Research and Analysis |
| 2. CMA – California Medical Association, Center for Health Policy and Legal Counsel | 23. DHCS – Pharmacy Benefits |
| 3. AAPM – American Academy of Pain Medicine | 24. DHCS – Substance Use Disorder Compliance Division, Policy and Prevention |
| 4. MPMC – Metropolitan Pain Management Consultants, Inc. | 25. DHCS – Substance Use Disorder Compliance Division, Narcotic Treatment Program |
| 5. CDPH – Center for Health Statistics and Informatics | 26. DMV – Driver Safety Technical Support |
| 6. CDPH – Director Office | 27. DOJ – Law Enforcement Support Program |
| 7. CDPH – Food and Drug Branch | 28. DOPE – Harm Reduction, San Francisco |
| 8. CDPH – Fusion Center | 29. HEPPAC – HIV Education and Prevention Project of Alameda County |
| 9. CDPH – Injury Surveillance and Epidemiology | 30. LACPH – LA Substance Abuse Prevention and Control |
| 10. CDPH – Office of AIDS | 31. Marin County Health Officer |
| 11. CDPH – Office of Legislative & Governmental Affairs | 32. Office of the US Attorney, San Diego |
| 12. CDPH – Safe and Active Communities Branch | 33. Placer County Health Officer |
| 13. CDPH – STD Control Branch, Office of Viral Hepatitis Prevention | 34. Shasta County Health and Human Services Agency |
| 14. CSAM – California Society of Addiction Medicine | 35. San Diego & Imperial County Rx Drug Abuse Medical Taskforce |
| 15. MBC – Medical Board of California | 36. UC Davis, Division of Pain Medicine |
| 16. CSBP – California State Board of Pharmacy | 37. UCSD – School of Pharmacy |
| 17. DEA – San Diego Opioid Safety Coalition | 38. US DOJ – Central Valley HIDTA Investigative Center |
| 18. DHCS – Managed Care Quality and Monitoring Division | 39. US DOJ – US Attorney's Office |
| 19. DHCS – Medical Director | 40. Vista Community Clinic – San Diego Prevention Coalition |
| 20. DHCS – Chief, Quality Manager | 41. Yuba County Health Officer |
| 21. DHCS – Medi-Cal Eligibility Division | |

Purpose

The purpose of the survey was to gather information from Workgroup members regarding current statewide efforts to address the prescription opioid epidemic in California. Respondents were asked to identify and describe current organizational activities. In addition, respondents were asked to describe priorities within their organization and how the workgroup can support identified goals. Finally, respondents were asked to identify the priorities for the workgroup over the upcoming year.

Total Unique Respondents: 31

(Total Possible = 75; Response rate = 41%)

Responding Agencies/Organizations: 15

(Total Possible = 18; Response rate = 83%)

Federal	County
Drug Enforcement Administration (2)	Los Angeles Department of Public Health ^a
State	Stakeholders/Partners
Corrections and Rehabilitation	California Health Care Foundation
Industrial Relations	County Health Executives Association of California (5) ^a
Department of Justice	Covered California
Public Health (6)	California Coalition of Local Health Officers
Consumer Affairs (2)	University of California, Berkeley ^b
Health Care Services (5)	
Motor Vehicles	
Managed Health Care ^b	
Emergency Medical Services Authority	

Note: Parentheses contain number of unique respondents for each organization.

^a One respondent was a member of LA DPH and CHEAC

^b One respondent indicated both DHMC & UC Berkeley

Prescription Drug Activities

Current Activities	% of Respondents
Collaboration with potential partners and stakeholders	83.9%
Education and outreach opportunities	67.7%
Data on prescription drugs	64.5%
Policy and system change options	58.1%
Evidence-based prevention and harm reduction strategies	54.8%
Access to Naloxone	51.6%
Proper pain management methods and safe prescribing policies and practices	48.4%
Access to medically assisted treatment	41.9%
Unintended consequence of increased heroin use	35.5%
Other	29.0%

Note: Table on pg. 3 contains specific activities under each category

Priorities & Support

Question #4: “What are your organization/unit’s top priorities for the next year in relation to prescription drug issues?”

The most often mentioned priority involved **decreasing prescription drug/opioid misuse or death**. However, there were a variety of priorities, with many respondents identifying multiple goals.

1. Decrease Prescription Drug/Opioid Misuse or Death
2. Policy & Systems Change
3. Developing & Promoting Prescribing Guidelines
4. Support Local Coalitions & Community Work
5. Data Preparation, Technical Assistance, and Linkage
6. Promoting Use of Naloxone
7. Expanding Medically Assisted Treatment (MAT)

Question #5: “How can this work group help support you in accomplishing your priorities?”

Leadership, collaboration, and sharing of resources and information were the three primary areas where POMOP may support members of the Workgroup. Respondents suggested that the Workgroup provide leadership with regard to the following:

1. **Convening Role**— Respondents perceived the Workgroup as a forum for the exchange of ideas, and coordination for the alignment of policy.
2. **Use of Data** —Comments suggested that the Workgroup should facilitate access and sharing of data (e.g. surveillance & CURES), and provide technical assistance in terms of analysis.
3. **Community Education** – Some responses suggested that the work group may provide assistance with reaching out to coalitions, and developing educational campaigns and media for the public.
4. **Provider Education** – Respondents also suggested that the Workgroup can assist in developing guidelines for provider outreach and education. Such guidelines might include evidence based best practices, technical assistance for pain management, use of naloxone, and medically assisted treatment.

Question #6: “Please list suggestions for Workgroup Priorities for the upcoming year.”

There were several broad priorities identified by respondents. Regardless of the particular individual priority, respondents perceived a need to establish statewide goals and plan. Moreover, the Work group should utilize high quality data (e.g. surveillance & CURES) in the effort to accomplish the following priorities. The most often mentioned priority was to **change prescribing practices**, which included;

1. **Safe Prescribing Guidelines** – Focus on promoting and alignment of safe prescribing guidelines.
2. **Policy Assessment** – Examine insurance plans and health care systems’ prescribing controls.
3. **Education of Providers** – Suggestions included providing information on alternative treatment, safe dosage, and tapering, naloxone, and MAT.

A second priority was **overdose prevention** through increased access and distribution of Naloxone and the expansion of medical assisted treatment. Finally, several respondents suggested the Workgroup focus on **community-based efforts** including primary prevention and public education on the dangers of prescription opioids.

Prescription Opioid Misuse and Overdose Prevention Workgroup: Results of Statewide Workgroup Survey

Selected Prescription Drug Activities Identified by Respondents

Collaboration with Potential Partners & Stakeholders <ul style="list-style-type: none"> Inter-Department/Agencies Committees Public-Private Partnerships Formation of Taskforces/Councils/Coalitions 	Access to Naloxone <ul style="list-style-type: none"> Educating Providers Academic Detailing Emergency Medical Services System Public Safety Syringe Exchange Programs (SEPs) Pharmacies
Education and Outreach Opportunities <ul style="list-style-type: none"> Educate public on misuse/abuse/safe driving Promote CURES registration & use Naloxone education Provider training on guidelines Patient communication Safe storage & disposal 	Proper Pain Mgt. and Safe Prescribing Policies/Practices <ul style="list-style-type: none"> Development and Promotion of Medical Board Guidelines Promotion of CURES 2.0 Continuing Medical Education Courses Developing Toolkit for Emergency Dept. Providers Policy Approaches for Fee-for-Service and Managed Care
Data on Prescription Drugs <ul style="list-style-type: none"> CURES Dispensation data Surveillance of death/ED visits/hospitalization Development of County Report Cards Workers' Comp Billing data Identification of high prescribers/clinics Substance use and disorder treatment data Type of drug by demographics/areas useful 	Access to Medically-Assisted Treatment <ul style="list-style-type: none"> Academic Detailing Curriculum Increase Access to Buprenorphine Integrated MAT with Mental Health Provide Technical Assistance to Clinics for Integration Implement Drug Medi-Cal Organized Delivery System
Policy and System Change Options <ul style="list-style-type: none"> Promotion of Policy Change Medi-Cal Billing Ins. Coverage of Alt. Pain Mgt. Treatment Refine Formulary Update Medical Treatment Utilization Schedule Streamline Approval of Opioid Safety Program Develop Measurable Requirements Advocate for Legislative Change Expand Access through Drug Medi-Cal Organized Delivery System Waiver 	Unintended Consequence of Increased Heroin Use <ul style="list-style-type: none"> HIV & HCV Prevention through Syringe Exchange Programs and Nonprescription Syringes Increase in Hepatitis C Increased Heroin Trafficking
Evidence-based Prevention and Harm Reduction <ul style="list-style-type: none"> Direct Funding Fund Syringe Exchange Programs Restrict Prescriptions of Harmful/Abused Drugs Use of Evidence-Based Recommendations Access to Naloxone Promulgate Regulations for Drug Take-Backs Develop a Web-Based Resources 	Other <ul style="list-style-type: none"> Participation in CDC Cooperative Agreement Increased Federal Support Proper Management of Insomnia & Anxiety Corresponding Responsibility Youth Access Issues & Social Norms Effect on Safe Driving Enforcement