

Volusia County Substance Abuse Prevention Plan Development

MEETING NOTES

June 2, 2011, 9:30 a.m. to 11:00 p.m.

Volusia County Health Department

In Attendance:

- Gail Hallmon, The House Next Door
- Toni Barrett, Stewart-Marchman-Act Behavioral Healthcare
- Carrie Baird, One Voice for Volusia
- Deborah Schlageter, One Voice for Volusia
- Gloria Preston, Florida Health Care Plans
- Reggie Williams, Department of Children and Families
- Clay LaRoche, Department of Children and Families
- Mark Jones, Community Partnership for Children
- Dixie Morgese, Healthy Start Coalition of Flagler/Volusia
- Pat Drosten, City of Edgewater

Welcome and Introductions

Ms. Baird welcomed those present, reviewed the materials in the packet and roundtable introductions ensued. Ms. Baird shared that in addition to the work completed since the last meeting, One Voice for Volusia conducted a survey with area law enforcement departments (of 11 contacted, 9 reached with interviews) to determine interest/history of the National Drug Back Program. Overall, the area departments are interested in this initiative.

Review of work completed since last meeting

Prescription Drug Prevention Inventory Results: Ms. Baird shared the Best Practices Inventory Survey Results, commenting that while few people responded, the information received was helpful.

Youth Logic Model, Marijuana: Ms. Baird stated that the data is just not available (yet) and that our action plan concerning the Youth Logic Model: Marijuana would address the lack of data. The group reached consensus to accept this recommendation.

Prioritizing Potential Strategies Based on Current Prescription Drug Abuse Logic Model (Adults)

Prioritization: Strategies for Now, Strategies for Later: Ms. Baird shared that the ONDCP released its National Strategies since our last meeting (handout). She used its strategies to prioritize actions to be taken regarding our prescription drug abuse logic model. Attendees were asked to place “now” or “later” stickers on each one of the 10 strategies in order to narrow our focus over the next year to three years. Through this process, the following were prioritized with related discussion:

1. Education (General): raise awareness through the education of parents, pregnant women, patients and health care providers about the dangers of misuse or abuse of prescription drugs	9 “Now” Votes
2. Education (Prescribers/Dispensers): raise awareness that prescribers and dispensers, including physicians, physicians assistants, nurse practitioners, pharmacists, nurses, prescribing psychologists, and dentists, all have a role to play in reducing prescription drug misuse and abuse.	5 “Now” Votes

3. Education (Parents, Pregnant Women, and Patients): enlist all stakeholders to support and promote an evidence-based public education campaign on the appropriate use, secure storage, and disposal of prescription drugs, especially controlled substances.	5 “Now” Votes
4. Tracking and Monitoring: Implementation and Promotion of Prescription Drug Monitoring Programs (PDMP) a. Train prescribers/dispensers in its use	<i>Later</i>
4. Tracking and Monitoring: Implementation and Promotion of Prescription Drug Monitoring Programs (PDMP) b. Increase the use of Screening, Brief Intervention and Referral to Treatment (SBIRT) program to help healthcare providers identify and prevent prescription drug problems in primary healthcare settings (through awareness and training)	5 “Now” Votes
5. Proper Medication Disposal: Establish drug take back programs	6 “Now” Votes
6. Enforcement: Aggressive enforcement actions against pain clinics and prescribers who are not prescribing within the usual course of practice and not for legitimate medical purposes.	2 “Now” Votes
7. Policy: restrict the establishment of new pain clinics within cities or counties (moratoriums)	3 “Now” Votes
8. Policy: establish nuisance ordinances to address issues at existing problematic pain clinics (or strongly enforce existing ordinances)	<i>Later</i>
9. Policy/Practice: make effective prescription drug treatment available to those in need	5 “Now” Votes

Potential Strategy Discussion:

9 “Now” Votes: 1. Education (General): raise awareness through the education of parents, pregnant women, patients and health care providers about the dangers of misuse or abuse of prescription drugs

<p>Discussion:</p> <ul style="list-style-type: none"> Reach the general public through employers (i.e. messaging in payroll/pay checks) Special education to families involved in Hospice Care or utilizing emergency rooms (due to the level of medications prescribed in these settings) Develop radio PSAs (Ms. Baird will research best practices in this area) Utilize law enforcement to share message through reverse 911 calls

6 “Now” Votes : 5. Proper Medication Disposal: Establish drug take back programs

<p>Discussion:</p> <ul style="list-style-type: none"> Educate prescribers and dispensers (including dentists, possibly veterinarians and pharmacists) to ensure that they know how to instruct patients on the proper disposal of medicine and the resources available in the county (i.e. Sheriff’s program and other drug take back initiatives) Provide training for prescribers to encourage better pain management techniques (smaller amounts prescribed, offering non-narcotic options etc.) Enhance and expand the Sheriff’s program by engaging other police departments and scheduling regular drug take back events. Publicize events and Sheriff’s program.

5 “Now” Votes: 3. Education (Parents, Pregnant Women, and Patients): enlist all stakeholders to support and promote an evidence-based public education campaign on the appropriate use, secure storage, and disposal of prescription drugs, especially controlled substances.

Discussion:

- Explore creation/related costs of messages on interstate to remind viewers to dispose of medicine (i.e. Amber Alert messages through DOT)
- See also #1

5 “Now” Votes: 4. Tracking and Monitoring: Implementation and Promotion of Prescription Drug Monitoring Programs (PDMP)

- b. Increase the use of Screening, Brief Intervention and Referral to Treatment (SBIRT) program to help healthcare providers identify and prevent prescription drug problems in primary healthcare settings (through awareness and training)

Discussion:

- Host training for physicians to encourage the use of SBIRT
- Provide information to physicians about addiction treatment options in the community

5 “Now” Votes: 9. Policy/Practice: make effective prescription drug treatment available to those in need

Discussion:

- Address barriers to accessing treatment services utilizing Buprenorphine (Subutex) and buprenorphine and naloxone (Suboxone) protocols
- Develop white paper to address barriers to treatment, restrictions in the Medicaid formulary and misalignment of medical best-practices and administrative code/rules.

Note: The Substance Abuse Task Force is planning a Community Forum on September 15th (tentatively 6 to 8 p.m.) to address prescription drug use. This group will be invited to participate.

Next Steps:

The group agreed to review and provide feedback on the action plan via email. Ms. Baird will also forward all final products to be submitted to the Department of Children and Families to the group. Unless it is determined that another meeting to finalize the action plan is needed, there will not be additional meetings.

Ms. Baird thanked everyone for their participation. The meeting was adjourned at 10:35 a.m.