



Date: October 10, 2017

To: Honorable Mayor and Members of the City Council

From: Councilwoman Suzie Price, Third District *SP*
Councilwoman Lena Gonzalez, First District *LJ*
Councilman Dee Andrews, Sixth District *DA*

Subject: Judicious Opioid Prescribing

INTRODUCTION:

Opioid addiction and overdose is a growing problem nationwide, and Long Beach is unfortunately not immune to this pressing issue. This serious public health and safety problem has reached epidemic levels over the past few years. The number of opioid overdose deaths nationwide have been growing rapidly surpassing the number of deaths experienced at its peak by the H.I.V. crisis in 1995, the peak number of gun deaths in 1993, and peak car crash deaths in 1972. Opioid overdose deaths have surpassed 60,000 annual deaths.¹

Opioids include heroin and prescription pain-killers like morphine, codeine, oxycodone, methadone, fentanyl, Percocet, Demerol, and Vicodin. These prescribed pain-killers are a serious source of addiction. Since 2010 Long Beach is consistently seeing rates higher than Los Angeles County in prescription opioid related emergency room visits, hospitalization, mortality, and need for treatment.² While illegal drug use is a pressing concern, prescription opioids are a significant factor in beginning and maintaining addictions.

This issue cannot just be addressed on the back-end with rehabilitation, and assistance to those who have become addicted, but must also be confronted at the front-end from legal medical prescriptions. Drug overdose is the leading cause of accidental death in the US. In 2015 there were 20,101 overdose deaths related to prescription pain relievers, and outnumbers the 12,990 overdose deaths related to heroin.³ People who become addicted to opioids are often first exposed as a result of prescriptions they received legally for an injury, or chronic pain. Often these symptoms can be managed through reduced reliance on opioid pain-killers like oxycodone, Percocet, Vicodin, Morphine, and Demerol. Not only do opioid prescriptions create an increased likelihood that these individuals become

¹ <https://www.nytimes.com/interactive/2017/06/05/upshot/opioid-epidemic-drug-overdose-deaths-are-rising-faster-than-ever.html>

² Attachment A (Los Angeles County Health Department)

³ <https://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>



addicted from the exposure to opioids, but it also provides a source of left over prescription drugs that often end up being sold on the streets and contribute to addiction in our community as well as the crime that often fund an individual's addiction.

Cities, counties, and states throughout the country have begun implementing health detailing programs that allow local health departments to conduct brief one-on-one educational visits with doctors on options for limiting their prescription of opioids, reducing individual dosages and number of pills prescribed, as well as identifying addiction. This approach is modeled after the pharmaceutical sales strategy, and has been used to facilitate change in clinical practices. Public health detailing programs are focused on specific clinical topics, emphasize a limited number of key messages, and offer tools, provider information, and patient education resources at the one-on-one visits. Opioid detailing campaigns have been successfully applied in Utah,⁴ Western North Carolina,⁵ and New York City⁶ leading to positive public health impacts.

RECOMMENDATION:

The City Council is requesting the City Manager and Health Department report back in 30 days on the feasibility, strategy, and potential benefits to conducting a public health detailing campaign on promoting judicious opioid prescribing among Long Beach doctors, and other applicable healthcare staff.

FISCAL IMPACT:

There is not a financial impact as a result of the recommended action.

⁴ <https://academic.oup.com/painmedicine/article-lookup/doi/10.1111/j.1526-4637.2011.01125.x>

⁵ <https://www.ncbi.nlm.nih.gov/pubmed/21668761>

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4940667/>

Rx_Opioid Related Data for City of Long Beach and Los Angeles County (LAC), 2010-2015

Categories	2010			2011			2012			2013			2014			2015			
	Long Beach		LAC	Long Beach		LAC	Long Beach		LAC	Long Beach		LAC	Long Beach		LAC	Long Beach		LAC	
	N	Rate* (Per 100,000)	Rate* (Per 100,000)	N	Rate* (Per 100,000)	Rate* (Per 100,000)	N	Rate* (Per 100,000)	Rate* (Per 100,000)	N	Rate* (Per 100,000)	Rate* (Per 100,000)	N	Rate* (Per 100,000)	Rate* (Per 100,000)	N	Rate* (Per 100,000)	Rate* (Per 100,000)	
Emergency Room Visit ¹	Any mention of Rx_Opioid	48	10.4	7.8	68	14.7	8.3	68	14.7	8.5	68	14.5	9.2	62	13.2	9.9	58	12.2	10.1
	Primary Rx_Opioid Problem	39	8.4	6.0	48	10.3	6.2	49	10.6	6.1	46	9.8	6.6	44	9.3	7.6	41	8.6	7.3
Hospitalization ²	Any mention of Rx_Opioid	91	19.7	10.6	85	18.3	10.0	63	13.6	10.1	76	16.2	9.8	82	17.4	10.2	75	15.8	10.7
	Primary Rx_Opioid Problem	63	13.6	7.0	52	11.2	6.6	41	8.8	6.9	51	10.8	6.6	54	11.5	6.9	52	11.0	7.1
Mortality ³	RX Opioid Overdose Death	10	2.9	2.3	15	4.3	2.4	12	3.4	2.2	19	5.3	2.8	13	3.6	2.7	--	--	--
SUD Treatment ⁴	Clients with Rx_Oioid as primary drug problem†	106	22.9	21.4	128	27.6	26.4	126	27.2	26.2	145	30.8	26.0	153	32.5	25.8	147	31.0	25.5
Poison Control Calls ⁵	Rx_Opioid related calls to Poison Control Center	In 2016, the Poison Control Center received 49 Rx_Opioid related calls from residents in City of Long Beach, which accounted for 7% of the overall Los Angeles County Rx_Opioid related calls (n=695).																	