

Provider News

A Newsletter for Shasta County Clinicians

Winter 2010

Shasta County Health and Human Services Agency - Public Health

Controlled Substance Utilization Review and Evaluation System

A recently launched Internet database can now help physicians, pharmacists and law enforcement officers reduce prescription drug abuse and doctor shopping. In September 2009, California Attorney General Edmund G. Brown announced that the secure database, the Controlled Substance Utilization Review and Evaluation System (CURES), has a new real-time access Prescription Drug Monitoring Program (PDMP) feature. This system allows pre-registered users – including licensed healthcare prescribers eligible to prescribe controlled substances, pharmacists authorized to dispense controlled substances, law enforcement and regulatory boards – to access patients’ controlled-substance records.¹

The online PDMP system enables prescribers and pharmacists to quickly review controlled substance information through an automated Patient Activity Report (PAR) in effort to identify and deter drug abuse and diversion through accurate and rapid tracking of Schedule II, III and IV controlled substances. PAR will help registered users exercise their professional expertise to evaluate their patient’s care, assist those patients who may be abusing controlled substances, make better prescribing decisions, and cut down prescription drug abuse.² Each entry contains a patient’s dispensed drug record that includes drug name; date filled; quantity, strength and number of refills; pharmacy name and license number; doctor’s name and Drug Enforcement Agency (DEA) number; and prescription number.³

Under CURES, a pain-management physician examining a new patient complaining of chronic back pain would instantly be able to look up the patient’s controlled substance history to determine whether the patient legitimately needs medication or is doctor shopping. Previously, a doctor’s request could take several days for a response. With CURES’ new immediate access, doctors can identify doctor shoppers and other prescription drug abusers.⁴

CURES’ goals are to reduce drug trafficking and abuse of dangerous prescription medications, and to reduce the number of emergency room visits as a result of prescription drug overdose and misuse.⁵ A survey by the Drug Abuse Warning Network estimates that non-medical use of pharmaceuticals account for more than 500,000 emergency room visits.⁶ According to the latest Department of Justice “Drug Trends”

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Clostridium difficile-Associated Disease

Diarrhea, pseudomembranous colitis, and infection with *Clostridium difficile* have been associated with antibiotic use for many years. However, the incidence and severity of *Clostridium Difficile*-Associated Disease (CDAD) has increased in North America and Europe over the past 10 years in healthcare settings. Hospitalizations and deaths associated with CDAD are increasing. Community-associated *Clostridium difficile* disease has also been identified, usually in association with oral antibiotics, but without contact with healthcare facilities. Persons with asymptomatic infection and with CDAD may shed *Clostridium difficile* spores with environmental transmission in healthcare facilities and in households.

A new epidemic strain of *Clostridium difficile*, BI/NAP1, has been identified that produces increased amounts of toxins A and B and also has incorporated a binary toxin. This strain is also more resistant to fluoroquinolones.

Risk factors for severe *Clostridium difficile*-associated diarrhea include increasing age (>70 yrs), use of antibiotics, and residence in long-term and acute care facilities. Severe cases and deaths are also occurring in peripartum women and previously healthy persons.

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Controlled Substance Utilization Review and Evaluation System

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report, Valium, Vicodin and Oxycontin are the most prevalent pharmaceutical drugs obtained fraudulently. Locally, recent drug trends reported in the July 2009 Shasta Interagency Narcotic Task Force’s Commander’s Monthly Activity Report indicate diverted prescription medications (Hydrocodone and Oxycontin) are prevalent in Shasta County and commonly found during investigations.⁷ In addition, a California Healthy Kids Survey reported 13 percent of Shasta County 11th graders used or tried prescription painkillers four

or more times during their lives.⁸

To gain access to the PDMP system, prescribers and pharmacists register with CURES by submitting an application form electronically at <https://pmp.doj.ca.gov/pmpreg/>. The registration is followed with additional documentation that can be mailed to Bureau of Narcotic Enforcement

(BNE), Attn: PDMP Registration, P.O. Box 160447, Sacramento, CA 95816. Registrants can also present documents in person at the Redding BNE office, 3688 Avtech Parkway, Redding, CA 96002. For questions, call 224-4750.

Medical Marijuana

Much media attention has been focused on medical marijuana dispensaries and legalization. However, the health effects of marijuana are often overlooked.

Shasta County Public Health has created a fact sheet about the health effects of marijuana that you are welcome to download and share with your patients. It can be found at www.shastapublichealth.net; click on “Health Topics” in the left menu bar, and choose “Marijuana Health Effects.”

This page also has a link to the National Institute on Drug Abuse’s fact sheet, which offers more comprehensive information for health care providers.

‘Roots of our Health’ Leadership Summit

The “Roots of our Health” leadership summit, which explores how early childhood development, education and job opportunities affect our health, is planned from 8 a.m. to 5 p.m. April 21 at the Gaia Hotel in Anderson. Physicians, educators, employers, community leaders and those with an interest in improving our community are encouraged to attend.

The summit centers on the principle that the jobs we have, our level of education and our ability to provide enriching environments to young children affect our community’s health. The summit is an opportunity to explore this new way of thinking about health, share our ideas and explore what we may be able to do in partnership to improve the health of our communities.

Speakers and facilitators include Anthony B. Iton, M.D., J.D., MPH, Senior Vice President of Healthy Communities for The California Endowment; Andrew Deckert, MD, MPH,

Shasta County Health Officer; Donnell Ewert, MPH, Shasta County Public Health Director; Marta McKenzie, RD, MPH, Shasta County Health and Human Services Director; Dean Germano, CEO, Shasta Community Health Center; Lynn Dorroh, Executive Director, Hill Country Health and Wellness Center; Linda McBride, Shasta County Board of Education; Buffy Tanner, Assistant Director, College OPTIONS; and Greg O’Sullivan, President, Economic Development Corporation of Shasta County.

Breakout group discussions will follow. The summit is free, but registration is required by April 2. Call 245-6840 to register.

Funding for this event has been generously provided by The California Endowment.



Clostridium difficile-Associated Disease

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A high index of suspicion for *Clostridium difficile* is important for any person who develops severe watery diarrhea after treatment with oral antibiotics, even without traditional risk factors. This will assist in early detection of *Clostridium difficile* infection and initiation of treatment to prevent serious disease and complications. Discontinue previously prescribed antibiotic treatment if possible. Consider treatment with metronidazole and/or vancomycin. Fluoroquinolones are not recommended

because of resistance to this class of antibiotics.

Recommendations to reduce risk and transmission include:

- Judicious use of antimicrobials
- Higher index of suspicion for CDAD with early diagnosis and treatment
- Meticulous infection control
- Environmental cleaning
- Patient education for early diagnosis and treatment of antibiotic-associated C diff and prevention of transmission, especially within the household, such

as contacting their physician if they develop diarrhea with antibiotics; practicing household infection control; using bleach; handwashing with soap and water (not alcohol-based hand cleaners and disinfectants).

No one measure is sufficient to control the incidence of CDAD. Tiered interventions are necessary to reduce risk.

For more information, contact Shasta County Deputy Health Officer Lou Anne Cummings, MD, MPH at 245-6449.

Social Host Ordinances Can Reduce Consequences of Teen Drinking

When 3,000 Shasta County high school students were surveyed last year about where students drink alcohol, they overwhelmingly selected “in their own home or a friend’s home.”¹ Out of eight options, 83% of 9th through 12th graders said home is the most predominant location for underage alcohol consumption.² A national survey found that more than half of all underage drinkers were at someone else’s home when they had their last drink, while another 30% were in their own homes.³

Also, a 2002 study on drinking in America concluded that 90% of alcohol consumed by 12- to 17-year-olds is consumed in a binge-drinking pattern,⁴ typically defined as more than five drinks within two hours.⁵ Shasta County teens say binge drinking is the predominant pattern of use; they say that drinking to get drunk *is* the activity of a party or gathering.⁶ The American Medical Association advocates reducing youth access to alcohol in what it describes as a “growing epidemic.”⁷

After discussions with stakeholder groups

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in 2008, a local community Alcohol Policy Workgroup decided to propose social host ordinances for Shasta County and its three cities to reduce underage drinking by addressing the location of consumption. While laws prohibiting furnishing alcohol to minors target those who provide the alcohol, social host laws can hold adults financially accountable for allowing or condoning underage drinking on their property.⁸ The Alcohol Policy Workgroup’s social host proposal would impose a modest civil fine and, in some cases, recovery of response costs for teen drinking parties at homes. A social host ordinance should make adults less tolerant of teen drinking at their homes, reducing locations available for teen drinking gatherings.

The harms of underage drinking are serious (*Provider News*, Spring 2009 - visit www.shastahhsa.net and click on

“News and Publications”), especially with the increased toxicity of binge drinking.

Social host ordinances have been adopted in more than 57 California cities and counties to reduce short- and long-term health and social consequences of underage drinking, including motor vehicle crashes, alcohol poisoning deaths, risky sexual behavior and sexual assaults, fights, increased risk of alcohol dependence and other drug use, long-term impact on brain development, poor pregnancy outcomes, higher risk of many chronic diseases as adults, family and job difficulties,⁹ and costs to taxpayers.

While at this time, the Shasta County Board of Supervisors has declined to move forward with a social host ordinance for the unincorporated portion of the county, one or more of the three cities in Shasta County may be interested in pursuing such an ordinance. To share your point of view or for more information, contact Anita Joseph of Public Health at 225-5410 or ajoseph@co.shasta.ca.us or Andrew Deckert, MD, MPH, Health Officer, at adeckert@co.shasta.ca.us or 225-5595.

Shasta Lake General Plan: A New Vision for a Healthy Community

In recent years, the City of Shasta Lake and Shasta County Public Health (SCPH) have partnered on several projects to help prevent chronic disease among residents, so when the city decided to embark upon a general plan update in 2008, it was no surprise that they wanted to include “health” as a theme.

The first step was to collect city-specific health outcome data and health indicator data that could be related to land use. Measures came from the Healthy Development Measurement Tool developed by the San Francisco Department of Public Health and 44 indicators were included, such as:

- Proportion of commute trips made by walking or biking
- Intersections where most injury crashes occur
- Proportion of residential parcels within ¼ mile of interstate freeway
- Density of alcohol outlets



- Per capita income

Next, SCPH analyzed data and developed policy recommendations based on data results that could be incorporated into the city’s general plan. An example:

- Provide pedestrian corridors in heavy traffic areas and incorporate design elements such as shade trees and other plantings, street furniture, attractive building frontages and other pedestrian-oriented elements.

This report benefits the medical community of Shasta Lake and the county in many

ways. Local providers can use it to educate their patients (for example, “Did you know that the city has a walk routes map that shows safe places to walk?”). For the larger medical community, this provides an example of how health impact assessments can be used to identify potential health consequences of a policy or project.

Providers can get involved by supporting development projects that promote walking, biking and infill and mixed use development over sprawl. Supporting new parks and trails and preserving open space and encouraging less car trips are also important for health. Together, these measures improve air quality and reduce respiratory disease. Providers can also partner with Public Health on future health impact assessments. For more information, contact Minnie Sagar, MPH, at 225-5192. The assessment is at www.healthyshasta.org/healthy_communities.php.

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References available at www.shastapublichealth.net; click on "News and Publications," then on "Provider News."