

Provider News

A Newsletter for Shasta County Clinicians

Spring 2017

Shasta County Health and Human Services Agency - Public Health Branch

Facing Addiction in America

Substance abuse – whether it be illegal drugs, the misuse of prescription drugs or excessive alcohol consumption – is one of the nation’s and our local communities’ top public health concerns. The first-ever Surgeon General’s Report on Alcohol, Drugs and Health, Facing Addiction in America, was released in November 2016. Based on neurobiological advances and a robust evidence base, it calls for a new way of thinking about addiction, and taking action to prevent use, especially at an early age, and to assist the millions living with a substance use disorder (SUD).

In 2015, more than 27 million people in the U.S. reported current use of illegal drugs or misuse of prescription drugs. More than 66 million reported binge drinking in the previous month. The yearly economic impact of substance misuse in the U.S. is \$249 billion for alcohol misuse and \$193 billion for illicit drug use.

Yet there is reason for hope. New research and evidence-based programs can change the lives of those who seek treatment and delay first use or prevent others from starting. “Addiction to alcohol or drugs is a chronic but treatable brain disease that requires medical intervention, not moral judgment,” the report states.

In fact, the stigma of addiction has been one of the greatest barriers to treatment. “Few other medical conditions are surrounded by as much shame and misunderstanding as substance use disorders,” the report states, adding that society “has treated addiction and misuse of alcohol and drugs as symptom of a moral weakness, or as a willful rejection of societal norms.” Often the only path to treatment is through the criminal justice system.

The result: Only about 10 percent of people with an SUD receive any type of specialty treatment.

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Late-stage cancer diagnosis: More screening needed

Cancer has now passed heart disease as the #1 leading cause of death in both California and Shasta County.

Many types of cancer have high survival rates when detected early, but survival falls significantly when the disease is diagnosed in later stages, making routine cancer screening an essential part of preventing cancer-related suffering and death. For example, the 5-year survival rate for colon cancer is 92% when detected at a localized stage, but falls to 13% after it has metastasized.

Despite this evidence, many Shasta County patients are still being diagnosed with late-stage cancer, likely due to a lack of regular screenings. A recent report from UC Davis evaluated late-stage diagnosis in Shasta and other California counties for each of several screenable types of cancer.

Percent of late-stage diagnosis did not change significantly for any cancer type studied in Shasta County, but non-significant trends showed that the percent of

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Cannabis and health following Adult Use of Marijuana Act

With the passage of Proposition 64 in November 2016, legalizing the personal use of recreational marijuana for users over the age of 21 in California, the Legislative Analyst Office has predicted increased use. Concerns are increasing about driving risks and other health impacts of marijuana, especially after the National Academies of Science, Engineering and Medicine released a comprehensive [evaluation](#) of cannabis and health in 2017.

The section that addresses the negative population mental health impact of marijuana (Chapter 12) is worth reading. Marijuana use among youth and young adults will likely increase due to a rise in normalization, easier availability of marijuana, and decreasing perception of risk among youth.

Proposition 64 will allow marijuana access to expand within a business and industrial

infrastructure. Of the 10 states with the highest rates of past month marijuana use among adolescents aged 12 to 17, in 2013-2014, five were states/jurisdictions that had legalized recreational marijuana (Colorado, Alaska, Washington, Oregon, and the District of Columbia), and the remainder were states that had medical marijuana programs. Colorado had the highest reported past month marijuana use for adolescents aged 12 to 17, at 12.56 percent.

Prop. 64 also allows marijuana advertising on prime time TV, which in effect dissolves a more than 45-year-old law outlawing tobacco ads on TV. Items like marijuana gummy bears and brownies have contributed to a significant increase in poisonings and ER visits in Colorado since legalization.

An increase in youth use means a growth in the potential of health

effects from use. Substantial evidence shows an association between cannabis use and development of schizophrenia or other psychoses, with the highest risk among the most frequent users. Marijuana can unmask underlying health issues such as other psychosis, suicidal ideation, attempts and completion, panic attacks, and depression. Early initiation and regular heavy use is also associated with a rise in the risk of bipolar mood disorder and with psychotic symptoms and disorders in later life. Psychotic symptoms include hallucinations, delusions or thought disorders. Young people with a first episode of psychosis who stop using cannabis have better clinical outcomes (e.g., fewer psychotic symptoms and better social functioning) than those who persist using. Educate your patients about the health risks of marijuana.

Surgeon General's report now includes substance misuse... *Continued from page 1*

The Surgeon General said, “we can never forget that the faces of substance use disorders are real people. They are a beloved family member, a friend, a colleague...”

The report asks for more assessment and intervention for substance abuse at the mainstream primary-care level. Historically, most SUD treatment is found in specialty treatment programs. However, “for those with mild to moderate substance use disorders, treatment through the general health care system” can be often sufficient.

Substance use disorders are chronic

conditions that can be effectively managed with medications and other treatments that focus on behavior and lifestyle, the report states. Screening and discussing of substance abuse in the primary health care setting may also prevent early abuse from blossoming into a more serious problem.

The report also emphasizes the key role of prevention. “Evidence-based prevention interventions, carried out before the need for treatment, are critical because they can delay early use and stop the progression from use to problematic use or a substance use disorder,” the

report states. The earlier people try alcohol or drugs, the more likely they are to develop a substance use disorder. People who use alcohol before age 15 are four times more likely to become addicted at some time in their lives than are those who have their first drink at age 20 or older. Nearly 70 percent of those who try an illicit drug before age 13 develop a substance use disorder in the next 7 years, compared with 27 percent of those who first try an illicit drug after age 17. The full report, along with resource notes and citations, can be found at addiction.surgeongeneral.gov/

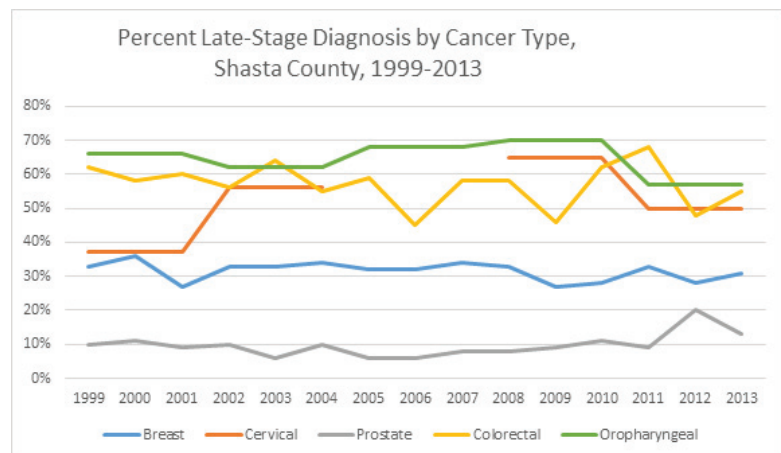
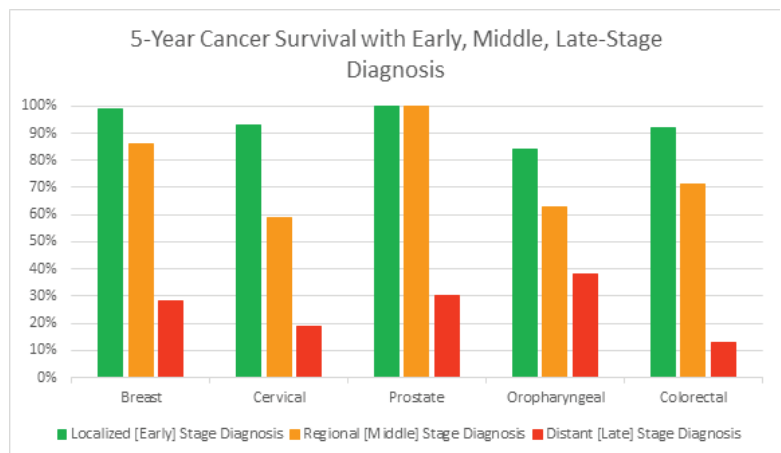
Late-stage cancer diagnosis: More screening needed *Continued from page 1*

late-stage diagnosis of cervical and prostate cancers rose during the 15-year period, while the percent of late diagnosis of female breast cancer, colorectal cancers, and oropharyngeal cancers declined.

To achieve statistically significant declines in late-stage cancers, it will be necessary to increase screenings. Cancer screening can be increased in the healthcare setting by using EHR & postcard patient reminders, one-on-one education, brochures, reducing out-of-pocket costs, and removing structural barriers (e.g. flexible clinic hours, transportation vouchers).

Special attention should also be paid to minority groups that are less likely to receive regular screenings than the general population.

For more information, go to www.thecommunityguide.org/sites/default/files/assets/What-Works-Cancer-Screening-factsheet-and-insert.pdf or www.cancer.org/healthy/find-cancer-early/cancer-screening-guidelines.html.



Completing a cause of death worksheet

A death certificate is an important legal document used by families to settle the affairs of their loved one. It is also a tool for health departments, which monitor mortality trends to improve health service delivery and conduct surveillance for conditions of community health significance.

The information physicians provide on the death certificate worksheet is crucial. The death certificate registration process is initiated by the funeral director, who sends a death certificate worksheet to the attending physician. The attending physician fills out all the necessary information about the

chain of events that began with the underlying cause of death, and ended with the final, immediate cause of death. Every condition on the worksheet must cause the one above it. If the sequence is in an illogical order, the Vital Records Office at Shasta County Health and Human Services Agency will query the cause of death cascade and return the certificate for revisions.

Other important information includes, but is not limited to:

- The time of death and the time intervals between the onset of each condition listed in the causes of death

- Other significant conditions contributing to death, but not resulting in the underlying cause
- Operations performed for any of the underlying or contributing causes

A complete and accurate death certificate worksheet should only come from the attending physician and must not be delegated to ancillary staff or funeral directors. If you have questions about the process for completing a death certificate worksheet, contact 229-8488 or vitalrecords@co.shasta.ca.us.

Thank you for your help with this.

**Shasta County Health and Human Services Agency -
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In brief

Reducing opiate abuse and misuse

Out of 644 prescribers who wrote at least one opioid prescription, the top 20 prescribers (3.1% of all prescribers) accounted for 27.8% (62,251) of the opioid prescriptions filled by Shasta County residents between October 2015 and September 2016.

Out of 336 prescribers who wrote at least one prescription of ≥ 120 mg of morphine equivalent per day (MMED), the top 20 prescribers (6.0%) accounted for 50.5% (11,924) of all ≥ 120 MMED prescriptions filled by Shasta County residents.

Opioid prescriptions were filled

by 55,692 unique Shasta County residents during the reporting period.

One-third of Americans who took prescription opioids for at least two months said they became addicted to or physically dependent on them, according to a 2016 Washington Post-Kaiser Family Foundation survey. The CDC urges doctors to try non-narcotic methods for pain management first, and if opiates are necessary, limit them to less than a week.

Learn more at <http://www.ama-assn.org/delivering-care/reducing-opioid-abuse-and-misuse>.

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