

**GOVERNOR'S INTERAGENCY COORDINATING COUNCIL FOR THE
PREVENTION OF ALCOHOL AND OTHER DRUG PROBLEMS
GOVERNOR'S PREVENTION ADVISORY COUNCIL (GPAC)**

July 24, 2014

9:30 a.m. – 12:30 p.m.

MEETING NOTES

INTRODUCTIONS

Members Present

Karen Baylor, California Department of Health Care Services (DHCS)

Don Braeger, DHCS

John Carr, California Department of Alcoholic Beverage Control (ABC)

Dayna Cerruti-Barbero, Health Services Association of California Community Colleges
(HSACCC)

Laura Colson, DHCS

Kevin Davis, California Highway Patrol (CHP)

Jacquolyn Duerr, California Department of Public Health (DPH)

Michelle Famula, University of California (UC)

Lisa Harris, California Department of Rehabilitation (DOR) - replacing Cheryl Adams

Tom Herman, California Department of Education (CDE)

Jeff Moore, California National Guard (CNG)

Ray Murillo, California State University, Office of the Chancellor (CSU)

Mary Strode, DPH

Belinda B. Veal, UC Office of the President (UC)

Stephanie Zidek-Chandler, Substance Abuse and Mental Health Services
Administration (SAMHSA) – participated via webinar

Guests

Jaynia Anderson, DPH

Theresa Christensen, DHCS

Donald Clark, Seventh Day Adventist Church

Keri DeGraw, DHCS

Lorraine Frias, DHCS

Denise Galvez, DHCS

Margie Hieter, DHCS

Jonathan Isler, California Tobacco Control Program, DPH

Alan Lieberman, Youth Access to Tobacco and Alcohol

Bruce Lee Livingston, Alcohol Justice

Teresa Ly, California Mental Health Services Administration (CalMHSA)

Ken Pierce, Center for Counseling
Claire Sallee, DHCS
Michael Scippa, Alcohol Justice
Gordon Sloss, DHCS
Wendi Warrick, Center for Counseling
Stephanie Welch, CalMHSA
Jane Williams, DHCS
Steve Wirtz, DPH

OPENING

Karen Baylor welcomed the group and made the following announcements:

- Don Braeger has been appointed Chief of the Substance Use Disorders (SUD) Prevention, Treatment and Recovery Services Division (PTRSD).
- DHCS will host the SUD Statewide Conference, entitled "Integration through Collaboration and Innovation" in Costa Mesa August 11-13, 2014.
- Agencies participating in Town Hall Meetings may receive an appreciation letter.

Member Updates

- Jacquolyn Duerr, DPH, attended a western states meeting in Portland, Oregon which discussed the public health concerns that exist in Washington and Colorado due to the availability of legalized marijuana in medical and retail settings. One purpose of the meeting was for states to share best practices. A secondary purpose of the meeting was to determine models for policy and procedures, and identify potential partners and areas for federal agency assistance (i.e., Centers for Disease Control and Prevention). California faces challenges in terms of marijuana product testing and content requirements. California is starting to evaluate the actions that should be taken to protect public health.
- Jacquolyn Duerr also provided an update on a meeting convened by the U.S. Department of Health and Human Services. Three representatives from all 50 states were invited to meet with multiple representatives from several federal departments to discuss strategies and opportunities to reduce opioid fatalities and injuries. Much of the focus was on prescriber procedures and control. California voiced a concern that this is a limited approach; more must be done to impact norms surrounding pain management. Key findings from the meeting included:
 - Individuals seeking opioids move out of states with strong regulatory environments and into states with lax regulatory environments. When states implement a "clean house" approach that reduces the number of opioid

prescriptions to bring “physician shopping” under control, the problem is displaced to surrounding states where prescription abuse increases.

- Half of all opioid fatalities occur with patients taking their medicine as prescribed. A disproportionate number of opioid fatalities and misuse occur within the Medicaid population; a population that is more likely to have pain. A change in norms surrounding pain management is needed combined with an increase in evidence-based practices for opioid utilization. There is insufficient literature to determine the lowest dosage that is both safe and effective; the benefits of long-term use (>3 months); and guidelines for increasing dosage.
- Some states are reducing opioid over-prescribing by monitoring prescriptions across multiple providers and providing real-time data to prescribers. When implemented, physicians are shocked at the redundant prescriptions patients sometimes collect across multiple providers. This information modifies physicians’ prescribing behavior.
- California is ranked 40th out of 50 states for opioid-related deaths.
- Major Jeff Moore, CNG, reported that they have been invited to work with the Hoopa and Yurok tribes, the U.S. Bureau of Indian Affairs, and local law enforcement to address illegal marijuana farms on tribal lands. The farms are diverting and depleting reservation water resources and are poisoning wildlife and vegetation. In addition, the CNG continues to provide support for the California Drug Free Communities and is working with the World Health Organization to translate community “tool box” materials into Spanish and Portuguese.

PRESENTATIONS

1. **“Coalescing Public Health Champions Around the Retail Environment: Healthy Stores for a Healthy Community Campaign (HSHC).” Jonathan Isler, Chief, Evaluation and Knowledge Management Section, California Department of Public Health**

The campaign collected baseline data and is working in three phases. In Phase 1, they educated the community about the issues and then conducted a needs assessment to identify community priorities through key informant interviews and public intercept surveys. The baseline data included questions about how the community feels about the issues, and what they think about changing the retail environment such as pricing,

promotions, and advertising; product flavors; nutrition; and alcohol. Local-level and statewide data was collected using both core surveys and four modules on topics. Counties were given a choice about which of the four modules to implement, and surprisingly, a healthy competition erupted between counties - roughly 75 percent chose to collect data using all four modules.

From the approximate 37,000 tobacco retailers in California, the HSHC campaign contacted 10,000 stores, eliminated some as ineligible, and obtained 7,400 completed surveys. County, city, and regional-level data sheets were prepared to provide background on three topic areas. Regional variation was found on four factors. Campaign workers were shocked at the percentage of stores with exterior advertisements for unhealthy products – alcohol, tobacco, and sugar sweetened beverages – as opposed to more healthy products such as unsweetened fruit juices, milk, and water. Statewide, 71 percent of retailers had a preponderance of unhealthy advertisements, while only 29 percent had healthy advertisements. Even the best retailers devoted only 20 percent or less of their exterior ads to healthy products.

National media attention was achieved through coordinated local news releases occurring simultaneously on March 5, 2014. Templates were prepared for locals to use for reporting local data, plus social media templates for media strategies and tools were made available including samples of letters to the editor, talking points and messages, and news release models.

Visit www.Healthystoreshealthycommunity.com to learn more about the HSHC campaign and Phases 2 and 3.

2. “Mental Health Statewide Prevention Initiatives to Prevent Suicides, Decrease Stigma and Discrimination, and Improve Student Mental Health.” Stephanie Welch, Senior Program Manager; Teresa Ly, Program Manager, CalMHSA

CalMHSA engages in three primary activities: suicide prevention, stigma and discrimination reduction, and improving student mental health.

Through exploratory interviews with providers in the public health sector, most maintain the traditional focus on recovery and don't view mental illness prevention as a strategy. CalMHSA works to spread the message that mental health promotion can prevent mental illness. CalMHSA has transformed California's public mental health system using an average of \$1 billion annually received through Proposition 63 taxes. CalMHSA explicitly requires funds to be used to reduce stigma and its negative consequences so the state can move away from a crisis-driven mental healthcare

system to one that focuses on prevention, early intervention, wellness and recovery, and reducing disparities. In 1999 stigma was identified as a primary barrier to mental health.

Related to suicide prevention:

- Middle-aged to older white men are at highest risk for suicide, and young Latinas have the highest self-reported rates for self-harm.
- CalMHSA is expanding gatekeeper trainings such as Applied Suicide Intervention Skills Training (ASIST), suicideTALK and SafeTALK.
- There is a statewide suicide prevention social marketing campaign to train gatekeepers to recognize warning signs of suicide. A list of resources and referral information is available at the state and county levels.
 - The My3 Suicide Prevention App (<http://www.my3app.org/about/>)
 - Pathways to Purpose and Hope (<http://www.sprc.org/bpr/section-III/pathways-purpose-and-hope>)
 - Know the Signs Primary Care Tool Kit (<http://resource-center.yourvoicecounts.org/content/training-resource-guide-suicide-prevention-primary-care-settings>)
- The “Directing Change” student film contest engages youth, in partnership with the National Alliance on Mental Illness and the UC system, to create 60-second videos on suicide prevention or on ending the silence/stigma surrounding mental illness. More than 400 films representing 996 students from 112 high school and 9 UC campus locations and 31 counties were received. Visit www.DirectingChange.org to learn more about the contest.
- A suicide attempt survivor group is becoming a stronger voice nationally.
- CalMHSA is currently collecting data from ten suicide centers across the state.
- A mobile phone software application funded by SAMHSA is in development.
- CalMHSA is working with the CDE and teacher/instructor credentialing organizations to require training on mental health.
- For more details, go to www.rand.org/health/projects/calmhsa.html for more information and a link to relevant reports. Also visit the *Great Minds Gallery* at the *Each Mind Matters* website for expert interviews and first-person stories of hope, resilience and recovery at www.eachmindmatters.org/great-minds-gallery/.

3. “California Community Colleges Data on Alcohol, Tobacco, and Other Drugs.” Dayna Cerruti-Barbero PHN, FNP-c, Las Positas College Director of Health Services, Health Services of California Community Colleges

The National College Health Assessment (NCHA), a survey organized by the American College Health Association was first implemented in 1998; in the spring of 2013 twenty-

four California Community Colleges (CCC) participated and included 17,000 students. Survey results include:

- Student perceptions of peer alcohol use are consistently greater than actual reported usage.
- There has been an increase in responsible drinking as indicated by the “safe partying” actions used by students.
- CCC students are increasingly looking like typical college students in age.
- Effective deterrents to underage and binge drinking include media clips that show realistic scenarios of students’ activities performed when under the influence and that they later regret.
- Student perceptions of cigarette use exceed actual reported cigarette use within the last 30 days. However, the NCHA did not include e-cigarettes or hookah pens. Hookah usage is down since popularity peaked in 2010. Hookah pens have not been studied as much.
- More students are disclosing use of marijuana, but frequency of actual use is down. Students’ perceptions of peer marijuana usage “within the last 30 days” was reported as 80.1 percent compared to self-reported actual use of 19.5 percent.
- Within the CCC sample for “past 30 day” marijuana usage, the frequency of use rate “used all 30 days” is 6.2 percent as compared to the national NCHA sample rate of 2.8 percent. Many California students have been prescribed medicinal marijuana use as treatment for learning disabilities such as Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder, and for mood disorders such as anxiety and depression. Because of the known association between tetrahydrocannabinol, commonly known as THC, and memory impairment, there is a concern that marijuana usage will lead to dramatic declines in academic achievement and impact safe driving.
- Prescription drug abuse decreased for painkillers and sedatives, but increased for stimulants. There is concern that energy drinks have become a gateway to stimulant abuse.

COUNCIL WORKGROUPS

Exploratory Workgroup, Major Jeff Moore, California National Guard

Don Braeger gave introductory remarks. The transition to DHCS has resulted in a structural and programmatic integration of mental health and substance use disorder services. The history and function of GPAC was introduced to Director Douglas who responded enthusiastically. The Director wants to expand the focus of GPAC to include additional partners not yet invited to the table and who benefit from SUD and mental health prevention efforts. The workgroup has been looking at the leadership structure to determine whether it makes sense to have the authority for GPAC under the Health and Human Services Secretary to increase collaboration with those agencies.

Jeff Moore reported that the Exploratory Workgroup has been looking at the GPAC member agencies to determine who we are, identify our intersecting goals, and determine efforts we are capable of achieving in the future. The Workgroup would like to create a plan or “estimate” that contains an assessment of the environment and problems, recommended operational approaches, lines of effort and communications, and additional partners. The goal is to synchronize and integrate efforts across member agencies so prevention priorities can be addressed in a comprehensive manner. This estimate may lead to a campaign or strategy for GPAC to move forward and may resemble a campaign similar to the Office of National Drug Control Policy National Drug Control Strategy.

Action: The Exploratory Workgroup was instructed to create the estimate and present at the next GPAC meeting.

Underage Drinking Workgroup, John Carr, Alcoholic Beverage Control

The Underage Drinking Workgroup meets quarterly. They are encouraging communities to conduct town hall meeting during the years that SAMHSA does not provide stipends. John Carr shared information about an educational tool, the Informed Merchants Preventing Alcohol-Related Crime Tendencies Program that sends ABC agents to local retail outlets. They talk to business operators and educate them on laws about signage, and procedures. If there are issues at the business, the business will receive a ‘fix-it ticket’ rather than a citation, along with notification that there will be a follow-up visit two months later.

Another tool used by the ABC are Target Responsibility for Alcohol Connected Emergencies investigations which are used to connect alcohol-related emergencies

such as DUI alcohol poisonings, deaths, and alcohol emergencies involving youth, to specific merchant behavior.

The next workgroup meeting will be by conference call in approximately two months.

ANNOUNCEMENTS & PUBLIC COMMENT

Mary Strode announced that this will be her last GPAC meeting. She has accepted a promotion and will no longer work in the California Tobacco Control Program. On behalf of GPAC, Laura Colson thanked Mary for her work and dedication to GPAC.

SUMMARY/CLOSING

The October 23, 2014 GPAC meeting will focus on the emerging issues surrounding marijuana use.