Strategic Prevention Framework for Prescription Drugs

SPF Rx Year 2 Evaluation Report

Presented to SPF Rx Management Team, Division of Substance Abuse and Mental Health, Delaware Health and Social Services

Report prepared by the Center for Drug and Health Studies, University of Delaware, December 2018

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2 Goals

1. Prevent and reduce prescription drug and illicit opioid misuse and abuse.

2. Promote emotional health and wellness, prevent or delay the onset of and complications from substance abuse and mental illness, and identify and respond to emerging behavioral health issues.

3 Agencies

Three community agencies work to prevent prescription drug abuse as part of SPF Rx:

- Boys and Girls Clubs of Delaware
- Open Door, Inc.
- Sussex County Health Coalition

82,776 Impacts

A total of 82,776 reached/served through SPF Rx community efforts, statewide. Most impacts were made through the Project Purple initiative, which raises awareness about substance use issues.

11 Interventions

11 different interventions implemented by the 3 funded community agencies, in locations across the state. 2 agencies provided the evidenced-based program, LifeSkills Training. 1 agency provided an environmental strategy related to prescription medicine disposal.

198 Youth Trained

Nearly 200 youth received Botvin LifeSkills Training during the Summer of 2018.

Funding for this project has been provided by the Department for Health and Social Services, Division of Substance Abuse and Mental Health - State of Delaware through award SU-17-002 from the Substance Abuse and Mental Health Services Administration (SAMHSA)
Overview

Three community-level subrecipients provided primary prevention programming across the state. Data in this report reflect the four month period of community level activities, May to August 2018.

Boys and Girls Clubs of Delaware

- Statewide reach with programs operating in eight clubs across the state (Claymont, Wilmington, Christiana, Middletown, Dover, Seaford, Dagsboro and Millsboro).
- 187 youth received Life Skills Training (LST).
- Multiple community awareness events held.
- Youth in various clubs participated in an Rx poster contest.

Open Door, Inc.

- Statewide reach related to the proper disposal and storage of prescription medicines.
- Distributed Deterra Drug Deactivation System bags to community stakeholders.
- Included information related to prescription drop boxes.
- Provided community stakeholders with flash drives with the Count It, Lock It and Drop It media campaign.

Sussex County Health Coalition

- Seaford area focused Seaford Goes Purple Campaign.
- Coalition meetings to build capacity and provide trainings to community stakeholders to address the problem of prescription drug misuse in the community.
- Organized a youth summer retreat where 11 youth were trained in the LST curriculum to serve as peer leaders in their schools.

Impacts by Type of Intervention

- The majority of impacts were in the category of information dissemination, most of whom were reached through SCHC’s Project Purple initiative.
- Over 5% of impacts, or an estimated 4,235 people, were reached through ODI’s environmental strategy related to prescription drug disposal.
- Nearly 200 youth received Life Skills Training over the course of the summer.

<table>
<thead>
<tr>
<th>Impact by CSAP Strategy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-based Process</td>
<td>290</td>
</tr>
<tr>
<td>Prevention Education</td>
<td>198</td>
</tr>
<tr>
<td>Alternative Activities</td>
<td>871</td>
</tr>
<tr>
<td>Environmental Strategies</td>
<td>4,235</td>
</tr>
<tr>
<td>Information Dissemination</td>
<td>77,182</td>
</tr>
<tr>
<td>Problem Identification and Referral</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Institute of Medicine Categories</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal Direct</td>
<td>674</td>
</tr>
<tr>
<td>Universal Indirect</td>
<td>82,102</td>
</tr>
<tr>
<td>Selective / Indicated</td>
<td>0</td>
</tr>
</tbody>
</table>
Process Data: Community Level Demographic Data

- 82,776 total impacts; 674 of which were through direct interventions [additional info on page 5].
- Statewide reach, with the bulk of impacts within Sussex County.
- Majority of those reached over the age of 26, due in part to information dissemination and environmental strategies.
- 11 interventions total, including one evidenced-based program provided by two contractors, and one environmental strategy.
- Community organizations did not make use of prescription monitoring program data during this time period due to limitations on access to these data in Delaware.

Impact by Gender

- Females - 51%
- Males - 49%

Impact by Age

- Adults age 26 and older - 68%
- Young adults age 18-25 - 8%
- Age Unknown - 6%
- Children age 0 to 11 - 12%
- Youth age 12-17 - 6%

Impact by Race

- White - 77%
- Black or African American - 16%
- Other / Unknown - 4%
- Multiracial - 2%
- Asian - 1%

Impact by Ethnicity

- Hispanic, Latino/a, or of Spanish origin - 9%
- Non-Hispanic, non-Latino/a, and not of Spanish Origin - 85%
- Unknown - 6%
Process Data:
Community Level
Direct Interventions Demographic Data

- 674 individuals reached through direct interventions.
- The majority (55%) of direct intervention impacts were provided to youth and young adults under the age of 26.
- 290 individuals served through direct interventions were reached through SCHC’s coalition work; of these, 210 had unknown demographic information.
- Direct interventions include: LifeSkills Training, prescription drug awareness poster contest, coalition work, and a youth summer retreat.

Direct Impact by Gender

- Females - 34%
- Males - 34%
- Unknown - 32%

Direct Impact by Age

- Age Unknown - 33%
- Youth age 12-17 - 27%
- Children age 0 to 11 - 18%
- Adults age 26 and older - 12%
- Young adults age 18-25 - 10%

Direct Impact by Race

- Other / Unknown - 39%
- Black or African American - 37%
- White - 20%
- Multiracial - 3%
- Asian - 3%

Direct Impact by Ethnicity

- Hispanic, Latino/a, or of Spanish origin - 53%
- Unknown - 42%
- Non-Hispanic, non-Latino/a, and not of Spanish Origin - 5%
DSAMH contracted with local media company, Aloysius Butler & Clark, to create and disseminate a public service announcement about prescription drug prevention.

Included on the State’s Help Is Here website: [http://www.HelpIsHereDE.com/Prevention](http://www.HelpIsHereDE.com/Prevention)

SPF-Rx Year 2 funds were used for this campaign, however, the PSA ran after Year 2 was completed, from September 2018 - January 2019.

**Media Impressions**

Estimated Total Impressions: 652,485

**Target Audience**

Adults between the age of 25-54

**Television Spots**

3,711 Spots on 10 Networks

**Estimated Reach**

Reach was 76% 
Frequency 3.7
COMMUNITY OUTCOMES
Misuse of Prescription Drugs
(Data Source: Delaware School Survey)

- Statewide reports (ODI targeted area) of past month use declined between 2015 and 2018 for 8th grade students and held steady for 11th grade students.
- For past year use, 8th grade students at the state level reported a slight increase in misuse of prescription drugs during this time period; 11th grade students reported slight decreased past year use.
- There was a notable increase in past year use among 8th graders in the SCHC community, increasing from 4% to 13%. This large increase was not seen when looking at past year 11th grade use (there was a decrease) or past month use for the same geographic area.

### Percent with any RX misuse past month*

<table>
<thead>
<tr>
<th>Survey Group</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>ODI - 8th</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>BGC - 8th</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>SCHC - 8th</td>
<td>0%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
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<tr>
<td>ODI - 11th</td>
<td>2%</td>
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<tr>
<td>BGC - 11th</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>SCHC - 11th</td>
<td>1%</td>
<td>5%</td>
<td>2%</td>
<td>1%</td>
<td>3%</td>
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</tbody>
</table>

### Percent with any RX misuse past year

<table>
<thead>
<tr>
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<tr>
<td>ODI - 8th</td>
<td>8%</td>
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<td>7%</td>
<td>7%</td>
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<td>9%</td>
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<tr>
<td>SCHC - 8th</td>
<td>4%</td>
<td>8%</td>
<td>7%</td>
<td>9%</td>
<td>13%</td>
</tr>
<tr>
<td>ODI - 11th</td>
<td>13%</td>
<td>14%</td>
<td>12%</td>
<td>12%</td>
<td>11%</td>
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<tr>
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<td>13%</td>
<td>12%</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>SCHC - 11th</td>
<td>13%</td>
<td>17%</td>
<td>14%</td>
<td>11%</td>
<td>10%</td>
</tr>
</tbody>
</table>

ODI data is drawn from student responses, statewide.
BGC data is drawn from zip codes: 19703, 19805, 19702, 19709, 19904, 19973, 19939, 19966.
SCHC data is drawn from zip codes: 19973, 19933, 19956.

*Due to increased reports in the DSS of the misuse of over the counter drugs and steroids, a new measure was created in 2018 that includes these substances in measures of any prescription drug misuse. The figures included in this report use the previous measure and therefore may have slightly different estimates than other data products that cite the DSS.
Trends held steady, for any past month misuse of Rx painkillers without a prescription for 8th and 11th grade students who responded to the DSS in ODI and BGC communities; students in SCHC communities reported increased use during this time period, 2014-2018.

Reports of past year use show varying degrees of prescription painkiller use across ages and communities but, for the most part, rates either declined or held steady, with increases observed for 8th graders in BGC communities and 11th grade students in SCHC communities.

<table>
<thead>
<tr>
<th>Percent with RX painkiller misuse past month</th>
<th>2014</th>
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<td>3%</td>
<td>1%</td>
<td>1%</td>
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<table>
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• Downward trends for all SPF Rx required prescribing outcome measurements between 2014-2017.
• 37% reduction in the total number of high-dose opioid analgesic prescriptions during this time period; this is notable because the CDC identified Delaware as the state with the highest rate of high-dosage opioid prescriptions in the nation.*
• 18% decrease in the average morphine milligram equivalents (MME) a day for all opioid prescriptions.
• 56% decrease in the number of multiple provider episodes.
• 24% decrease in overlapping opioid and benzodiazepine prescriptions.
• Moderate decreases identified for other prescription indicators, outlined in the table below.

*CDC, 2018 Annual Surveillance Report of Drug-Related Risks and Outcomes
Total number of prescribers who prescribed a Schedule II–IV controlled substance during this annual reporting period, based on PDMP data (denominator)

Total number of prescribers registered with the PDMP

**Indicators 2014-2017**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percent Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of queries by prescribers (or their delegates) to PDMP</td>
<td>109%</td>
</tr>
<tr>
<td>Total number of pharmacists registered with the PDMP</td>
<td>42%</td>
</tr>
<tr>
<td>Total number of prescribers (or their delegates) who queried the PDMP*</td>
<td>18%</td>
</tr>
</tbody>
</table>

*Data only available to November 2017.

**Between 2014-2017:**

- 25% increase in the total number of prescribers who prescribed a Schedule II-IV controlled substance
- 29% increase in the the total number of prescribers registered with the PDMP
- 18% increase in the number of prescribers, or their delegates, who queried the system
- 109% increase in the total number of queries by prescribers, or their delegates, to the PDMP
- Total number of pharmacists that registered with the PDMP increased by 42%
• Multiple sources of data to evaluate trends in fatal drug overdoses, with data limitations to each (see Notes).
• Available data sources show an increase in fatal opioid-related drug overdoses over time.
• 93% increase in fatal overdoses with fentanyl identified as a contributing substance in toxicology reports from 2016-2017 (Delaware Division of Forensics).
• 42% increase in the number of people who died due to exposure to opioids in Delaware from 2015-2016 (CDC WONDER).

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Drug Overdose Deaths</th>
<th>Heroin</th>
<th>Fentanyl</th>
<th>Cocaine</th>
<th>2016- Prescription Medication</th>
<th>2017 - Other Opioids (Including Rx)</th>
<th>2017 - Non Opioid Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>308</td>
<td>90</td>
<td>109</td>
<td>98</td>
<td>257</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2017</td>
<td>345</td>
<td>135</td>
<td>210</td>
<td>128</td>
<td>N/A</td>
<td>99</td>
<td>77</td>
</tr>
</tbody>
</table>

Total Drug Overdose Deaths and Drugs Involved by Toxicology (more than one substance may be involved in an overdose death). Data Source: Delaware Division of Forensic Science, 2016 and 2017 Annual Reports.

Number of Opioid Overdose Related Deaths and Drug Overdoses Involving Heroin by County of Residence, Delaware 2014-2016. Source: Division of Public Health.

<table>
<thead>
<tr>
<th>Opioid Overdose Related Deaths</th>
<th>Drug Overdose Deaths Involving Heroin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>274</td>
</tr>
<tr>
<td>Kent County</td>
<td>67</td>
</tr>
<tr>
<td>New Castle County</td>
<td>139</td>
</tr>
<tr>
<td>Sussex County</td>
<td>68</td>
</tr>
</tbody>
</table>

Opioid Death Rate per 100,000 (age adjusted); Source: Delaware Opioid Metric Intelligence Project (DOMIP), Center for Drug and Health Studies, University of Delaware.
• Nearly an 80% increase in heroin overdoses from 2016-2017.
• Males between the ages of 25-44 are the subpopulation most likely to overdose from heroin.
• New Castle County experiences the most overdoses, but it is also the most populated county.
• Very few people over the age of 65 overdose from heroin.
• 45% increase in non-heroin opioid overdoses from 2016-2017.
• In contrast to heroin overdose, non-heroin opioid overdose affects just slightly more males than females.
• Non heroin opioid overdoses affect an older population than heroin overdoses.

2016 Total Non Heroin Opioid Overdoses = 424

2017 Total Non Heroin Opioid Overdoses = 616
Community-level sub-recipient recommendations:

1. Provide training on local sources of data to community organizations related to prescription drugs and how to effectively use that data to make changes within their communities.

2. Increase the number of evidence-based programs and environmental strategies implemented.

3. Implement interventions that are categorized as Selective or Indicated, according to the Institute of Medicine.

4. Coordinate media campaigns and information dissemination interventions across organizations and state agencies to ensure that substantive information related to prescription drug misuse is central to these strategies.

5. Expand programming to populations with known health disparities and greater risk of misusing prescription drugs, such as LGTBQ youth, people with disabilities, and children of incarcerated parents.

6. Increase opportunities for organizations providing primary prevention programs to network and learn from each other, regardless of funding source or substances targeted.
Notes

Data Sources:

- Process data obtained from community-level contractors from the time period of May - August 2018.

- Youth Non-medical Use of Prescription Drugs, Delaware School Survey (Years: 2014-2018; Source: Center for Drug and Health Studies, University of Delaware)

- Prescription Drug Monitoring Program (Years: 2014-2017; Source: Delaware Division of Professional Regulation)

- Opioid Overdose (Years: 2015-2017; Sources: Delaware Division of Public Health; Delaware Division of Forensic Science; Delaware Opioid Metric Intelligence Project, Center for Drug and Health Studies, University of Delaware; Centers for Disease Control and Prevention - WONDER Online database).

Notes about these data:

Consumption Data: The Delaware School Survey is a Census-based survey that is conducted annually in all public school districts across the state, with the exception of one school district. Students are surveyed in 5th, 8th and 11th grades. The DSS Prescription Drug measure includes: Downers (tranqs, barbs, Xanax), prescription uppers (diet pills, etc.), pain killers (OxyContin, codeine, Percocet, Tylenol III), Ritalin, Adderall, Strattera, Cylert or Concerta.

PMP Data: The Division of Professional Regulation provided the majority of the data required for federal outcome measurements at the State level, but some data that is required is missing at the community level, because these data are currently not available at this time.

Overdose Data: The Division of Public Health provided aggregated 2014-2016 overdose death data at the state and county levels, as well as general overdose data for 2016 and 2017 at the state and county levels. However, it is not clear if these data reflect emergency room data, EMT calls, or some other source of data. Since these data questions remain unaddressed, this report provides four additional sets of data. These data have caveats. The Division of Forensic Science provides data on overall drug overdose deaths, and also documents the contributing substance(s) that led to death; however, due to polysubstance use by many overdose victims, it is hard to determine the exact number of deaths caused by opioid use from this data source. The CDC WONDER data is generated by ICD-10 codes listed on the death certificates provided by Vital Statistics. The evaluation team followed guidance from SAMHSA about how to use WONDER to identify opioid deaths within the system. While this search methodology is supported by SAMSHA, the evaluation team cannot guarantee its accuracy.

Public Service Announcement data provided by DSAMH, from data provided from Aloysius, Butler & Clark.