

Name: _____



A HARD PILL TO SWALLOW



“**Anyone** who takes opioids is at risk of **developing addiction.**”

-Mayo Clinic

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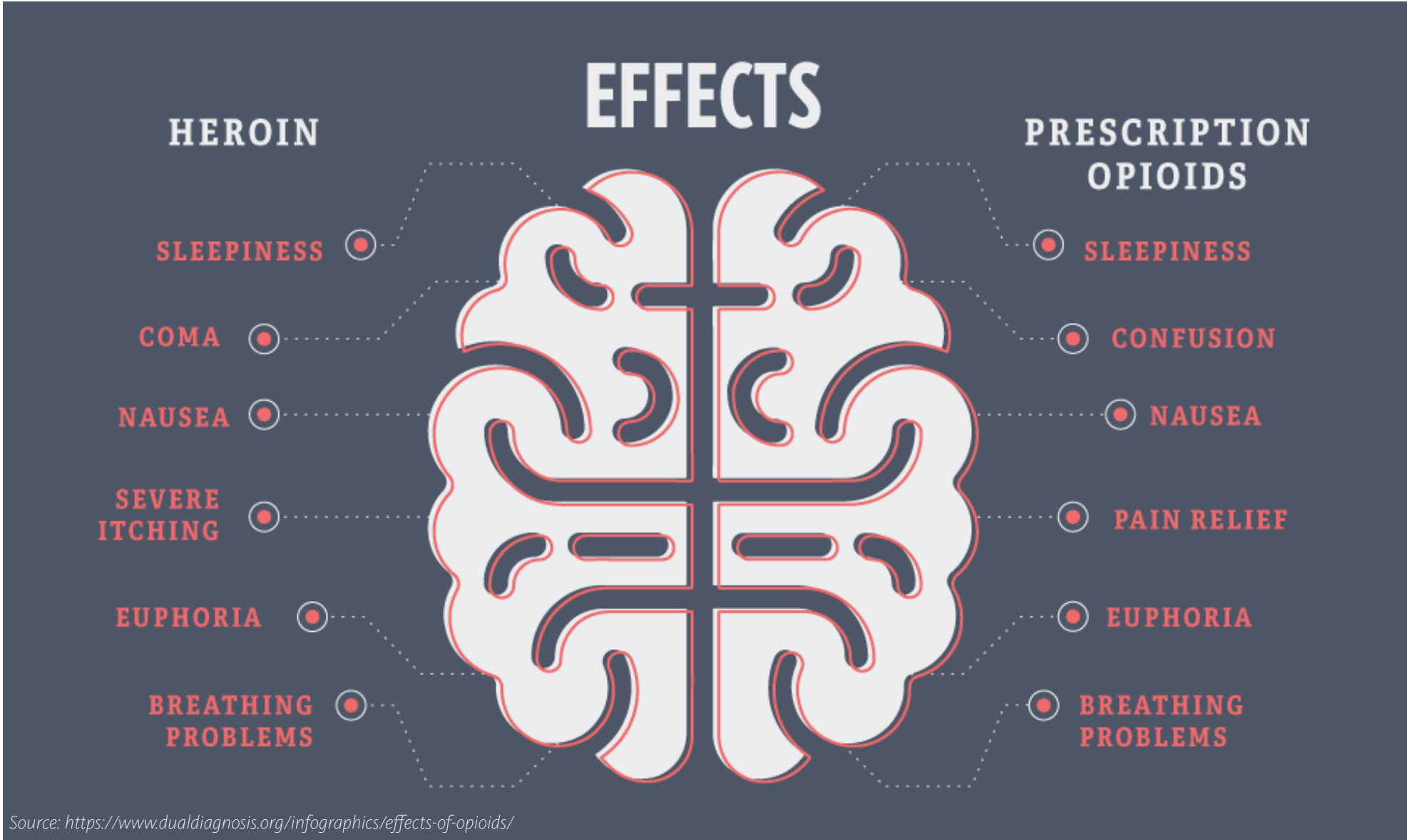
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AGENDA

- 8:30AM **Arrive** and settle in at Emerson College LA
- 9:00AM Author **Dani Fleischer** Reading and Q&A
- 9:30AM Welcome and **Overview**
- 10:15AM Travel to **Site Visits:**
 - La Fuente Hollywood Treatment Center
 - Resolve Recovery
 - Triangle Square Senior Center/MDM
- 10:45AM **Check in** at Site Visits
- 11:00AM **Site tours** and conversations with on-site stakeholders
- 12:00PM **Group debrief** while walking to lunch
- 12:15PM **Lunch** On Your Own
- 1:15PM Walk to Montalbán Theatre
- 1:30PM **Panel** at The Montalbán Theatre
- 2:15PM Small Group **Interviews**
- 2:45PM Break and **Networking** with Panelists
- 3:00PM **Policy Impact** Exercise
- 3:30PM **Post-It** Clustering & Identify Themes
- 3:50PM **Share Out** and **What If** Exercise
- 4:30PM Individual **Reflection**/Break
- 4:45PM Group Debrief and **Issue Day Reflection**
- 5:10PM **Coro Reflection** and Next Steps
- 5:25PM **Announcements**
- 5:30PM End of Day & Walk to **Happy Hour** at Saint Felix

This day involves in-depth conversations about addiction and opioid abuse. If at any point you feel uncomfortable, please feel free to take the space you need.

CIVIC CHALLENGE:

What is the **government's responsibility** for minimizing **substance addiction** and abuse, equal **access** to treatment, and maximizing **treatment** effectiveness?

GUIDING QUESTION:

Should the approach to **preventing and treating** opioid addiction be **legislated and regulated**?

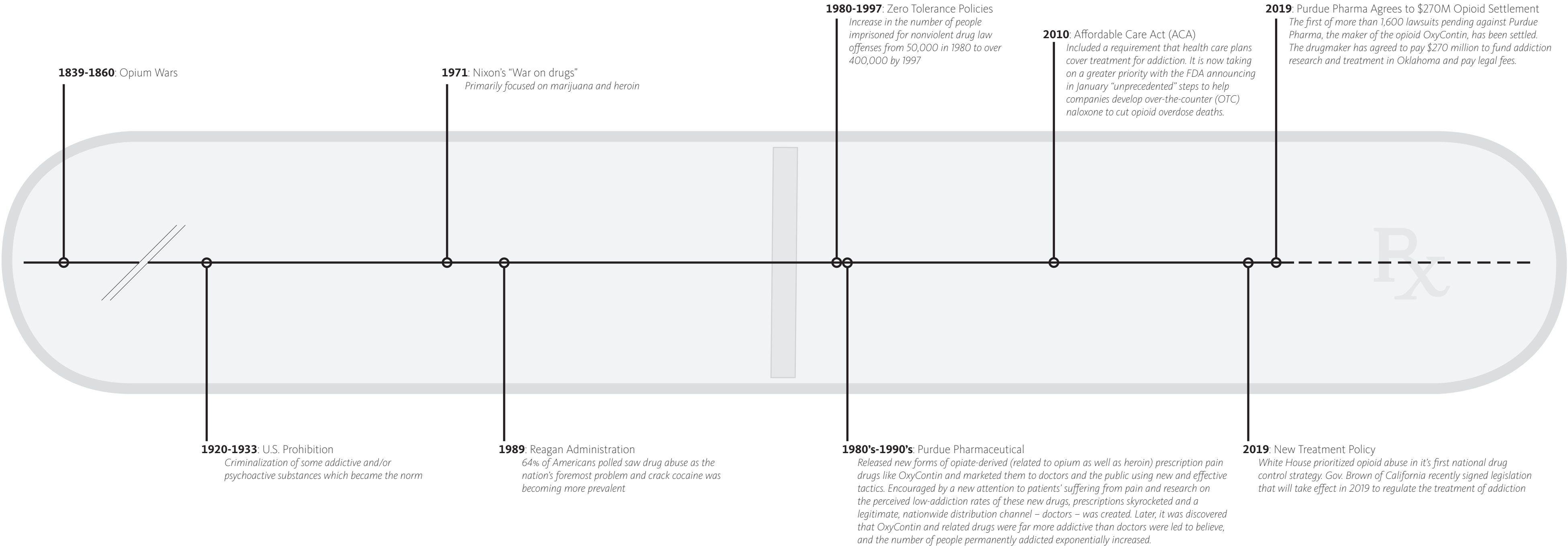
FOCUSING QUESTION:

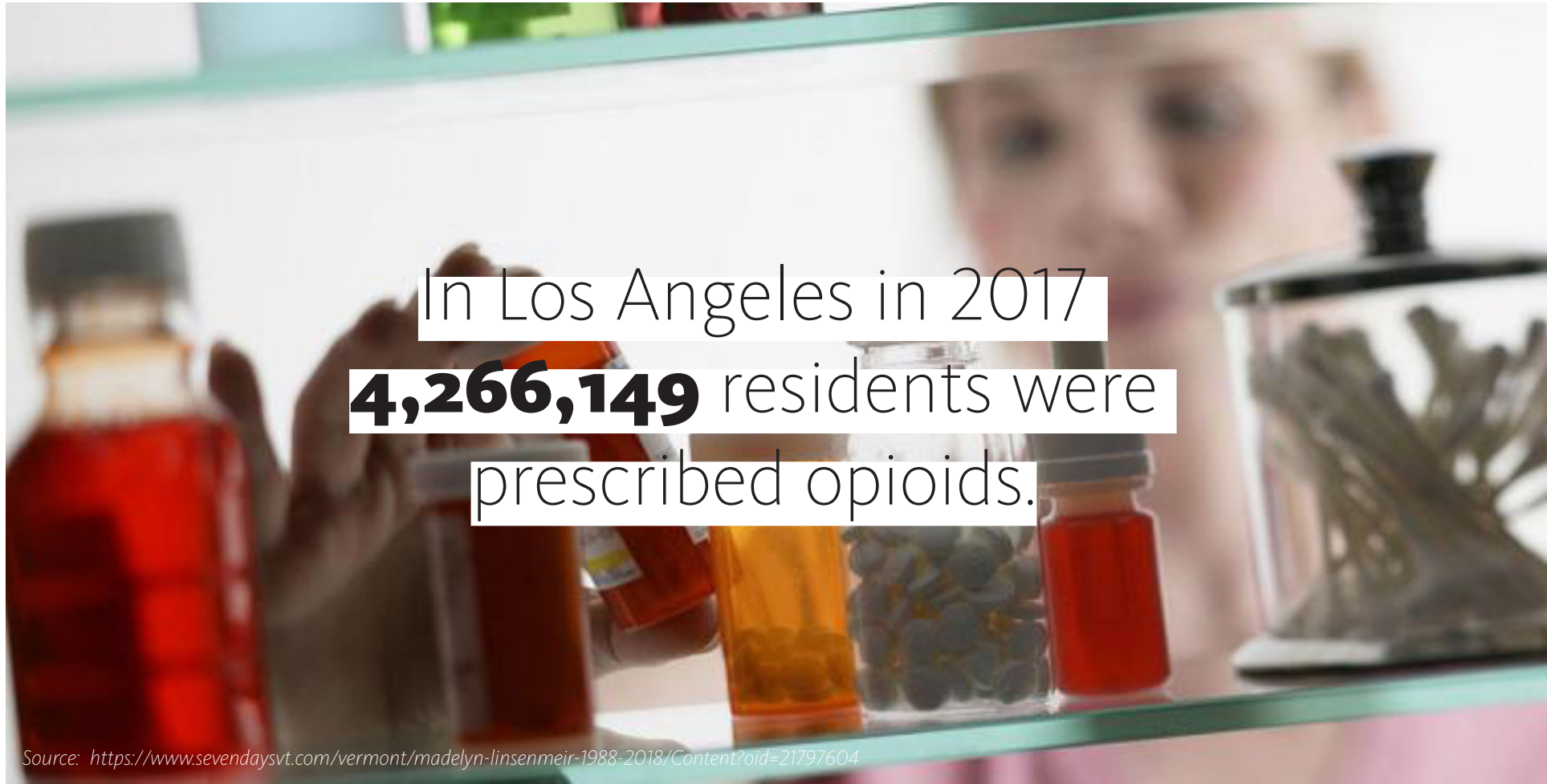
How does the approach to the opioid crisis **compare** to other substance abuse issues?

Who **benefits financially** from the treatment of opioid abuse?

What is your own **personal experience** with opioid prescriptions, treatment facilities, people impacted by opioid abuse, and/or treating opioid abuse?

TIMELINE OF THE OPIOID CRISIS





In Los Angeles in 2017
4,266,149 residents were
prescribed opioids.

Source: <https://www.sevendaysvt.com/vermont/madelyn-linsenmeir-1988-2018/Content?oid=21797604>

THE OPIOID EPIDEMIC BY THE NUMBERS



SOURCES
1. 2017 National Survey on Drug Use and Health, Mortality in the United States, 2016
2. NCHS Data Brief No. 293, December 2017
3. NCHS, National Vital Statistics System. Estimates for 2017 and 2018 are based on provisional data.

California Quick Stats

2,196
All Opioid Overdose Deaths, 2017

429
Fentanyl Overdose Deaths, 2017

4,281
Opioid (excl Heroin) Overdose ED Visits, 2017

21,787,042
Opioid Prescriptions, 2017



Obituary: **Madelyn Linsenmeir** **1988-2018**

Our beloved Madelyn Ellen Linsenmeir died on Sunday, October 7. While her death was unexpected, Madelyn suffered from drug addiction, and for years we feared her addiction would claim her life. We are grateful that when she died, she was safe and she was with her family.

Maddie was born on March 31, 1988, in Burlington, Vt., where she grew up and lived on and off throughout her adult life; she also spent time in Sarasota, Fla.; Keene, N.H.; and Boulder, Colo.

Madelyn was a born performer and had a singing voice so beautiful it would stop people on the street. Whether she was onstage in a musical or around the kitchen table with her family, when she shared her voice, she shared her light. She was a member of FolKids of Vermont, a dance and musical troupe that toured the world. Maddie visited Russia and Thailand with the group and, as part of their exchange program, hosted kids from other countries at home in Vermont. She loved to ski and snowboard, and she swam on the YMCA swim team, winning medals at the New England regionals.

When she was 16, she moved with her parents from Vermont to Florida to attend a performing arts high school. Soon after she tried OxyContin for the first time at a high school party, and so began a relationship with opiates that would dominate the rest of her life.

It is impossible to capture a person in an obituary, and especially someone whose adult life was largely defined by drug addiction. To some, Maddie was just a junkie — when they saw her addiction, they stopped seeing her. And what a loss for them. Because Maddie was hilarious, and warm, and fearless, and resilient. She could and would talk to anyone, and when you were in her company you wanted to stay. In a system that seems to have hardened itself against

addicts and is failing them every day, she befriended and delighted cops, social workers, public defenders and doctors, who advocated for and believed in her 'til the end. She was adored as a daughter, sister, niece, cousin, friend and mother, and being loved by Madelyn was a constantly astonishing gift.

Maddie loved her family and the world. But more than anyone else, she loved her son, Ayden, who was born in 2014. She transformed her life to mother him. Every afternoon in all kinds of weather, she would put him in a backpack and take him for a walk. She sang rather than spoke to him, filling his life with song. Like his mom, Ayden loves to swim; together they would spend hours in the lake or pool. And she so loved to snuggle him up, surrounding him with her love.

After having Ayden, Maddie tried harder and more relentlessly to stay sober than we have ever seen anyone try at anything. But she relapsed and ultimately lost custody of her son, a loss that was unbearable.

During the past two years especially, her disease brought her to places of incredible darkness, and this darkness compounded on itself, as each unspeakable thing that happened to her and each horrible thing she did in the name of her disease exponentially increased her pain and shame. For 12 days this summer, she was home, and for most of that time she was sober. For those 12 wonderful days, full of swimming and Disney movies and family dinners, we believed as we always did that she would overcome her disease and make the life for herself we knew she deserved. We believed this until the moment she took her last breath. But her addiction stalked her and stole her once again. Though we would have paid any ransom to have her back, any price in the world, this disease would not let her go until she was gone.

Maddie is survived by her son, Ayden; her parents, Maureen Linsenmeir and Mark Linsenmeir; her sister Kate O'Neill and Kate's partner, Marshall Fong; her sister Maura O'Neill and Maura's partner, Tim Painting; her aunts Beth Dow and Susan Dow and Beth's partner, Charlie Allison; her beloved cousin Sloan Collins; and many other aunts, uncles and cousins, including the Conants, Cahills and Camisas. She is predeceased by her grandparents, Madelyn and Roland Keenan, Mary Ellen and Herman Dow, and Reginald Linsenmeir.

Please join us for a memorial service honoring Maddie's life on Sunday, October 21, at 2 p.m., at the First Unitarian Universalist Society sanctuary at 152 Pearl Street in Burlington. In lieu of flowers, please consider donating to the Turning Point Center, a place where Maddie spent time and felt supported. Donations can be made via its website, turningpointcentervt.org.

If you yourself are struggling from addiction, know that every breath is a fresh start. Know that hundreds of thousands of families who have lost someone to this disease are praying and rooting for you. Know that we believe with all our hearts that you can and will make it. It is never too late.

If you are reading this with judgment, educate yourself about this disease, because that is what it is. It is not a choice or a weakness. And chances are very good that someone you know is struggling with it, and that person needs and deserves your empathy and support.

If you work in one of the many institutions through which addicts often pass — rehabs, hospitals, jails, courts — and treat them with the compassion and respect they deserve, thank you. If instead you see a junkie or thief or liar in front of you rather than a human being in need of help, consider a new profession.

We take comfort in knowing that Maddie is surrounded by light, free from the struggle that haunted her. We would have given anything for her to experience that freedom in this lifetime. Our grief over losing her is infinite. And now so is she.

Source: <https://www.sevendaysvt.com/vermont/madelyn-linsenmeir-1988-2018/Content?oid=21797604>

Curbing Painkiller Prescriptions

In an effort to reduce fraud, **AB 2789** will require doctors to write electronic prescriptions starting in 2022. Supporters argue this will make it easier for doctors to record prescriptions in the state's CURES opioid database. Some physician groups say that the electronic system is too costly for doctors with small practices.

AB 1753 authorizes the Department of Justice to reduce the number of printer vendors making prescription pads and requires pads be marked with a serialized number starting this year. It's part of a wider effort to standardize and label all prescription pads, which could help law enforcement track down lost, stolen and counterfeit prescription pads.

There's currently a mismatch between California's controlled substance schedules and the federal government's. **AB 2783** aims to fix it by reclassifying some drugs as Schedule II controlled substances.

SB 1109 aims to better educate doctors about opioid addiction risk. Physicians and surgeons are already required to take continuing education courses on pain management. Starting in 2019, the course must also address the risks of addiction associated with the use of Schedule II drugs. The law makes a similar change to mandatory courses for dentists, nurses, osteopathic physicians and physician assistants.

Also on the topic of education, **AB 2487** authorizes physicians and surgeons to complete a one-time continuing education course on opiate-dependent patient treatment and management, instead of the mandatory continuing education course on pain management.

Expanding Treatment

Starting July 2020, **AB 349** requires the Department of Health Care Services to adopt new regulations and update reimbursement rates for the Drug Medi-Cal Treatment Program

Naloxone Access

AB 2256 is designed to make it easier for pharmacists to give naloxone, an overdose antidote, to law enforcement officers who have completed special training. An individual pharmacist can already give the drug to a law enforcement officer, but wholesalers cannot. If law enforcement agencies want to acquire large amounts of naloxone, they must go through a local health department. Police departments and other agencies argue this process makes it unnecessarily difficult to get the life-saving drug. The U.S. Surgeon General said earlier this year that all people at risk for overdose, and community members who interact with them, should know how to use naloxone and keep it within reach at all times.

Patients at high-risk of overdose should have wider access to naloxone in doctor's offices this year under **AB 2760**. The law requires doctors prescribing opioids to also offer patients for the overdose antidote, and educate patients and their loved ones on how to use it.

Strengthening the Opioid Database

Right now, patients can get an opioid prescription in California and then go get another in Nevada without anyone knowing they've double-dipped. **AB 1751** authorizes the Department of Justice to share opioid prescriptions entered into California's **CURES database** across state lines. The department must adopt regulations for interstate data sharing by July 2020.

AB 2086 allows doctors to review how many patients they are listed as the prescriber for in CURES. This could help doctors identify fraudulent prescriptions.

Regulating Rehab

The Department of Health Care Services will be required to adopt the American Society of Addiction Medicine treatment criteria, or a similar standard, as the minimum standard of care for licensed adult alcohol and drug abuse recovery facilities when **SB 823** takes full effect in January 2023. The law's author, Democratic Sen. Jerry Hill, said in a statement that the law will help crack down on facilities that currently use "widely divergent methods of treatment" and often lack evidence-based standards of care.

And **SB 992** tightens licensing criteria for these facilities and requires them to disclose more information to the department.

Safely Storing and Dumping Drugs

As it stands, counties run their own drug take-back programs and pay to safely dispose of opioids and other prescription medications. **SB 212** will now require drug-makers to take on that burden by building collection sites and paying for disposal. CalRecycle must adopt regulations to enforce the law by January 2021.

And **AB 2859** could help people keep opioids away from children by requiring community pharmacies that dispense opioids to display safe storage products on the premises.

Excerpt from Sammy Caiola's "Here Are California's New Laws To Address The State's Opioid Crisis", published January 16, 2019 on Capitol Public Radio

HOW OPIOIDS BLOCK PAIN

PRESCRIPTION OPIOIDS



They influence the release of chemicals from the “**brain’s internal reward system**” that can calm your emotions and give you a **sense of pleasure**.



They slow down **automatic functions**, including **breathing** and **heart rate**, which can lower your pain.



They **slow or reduce** pain signals before they get to the **brain**, where you **feel them**.

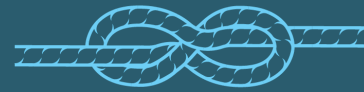
THEY CAN ALSO MAKE YOU:



• Nauseated.



• Tired & Sleepy.



• Constipated.

TAKEN OVER TIME:



• **Tolerance:** Your body can get used to them, and you need more.



• **Withdrawal:** You can get very sick if you suddenly stop taking them.



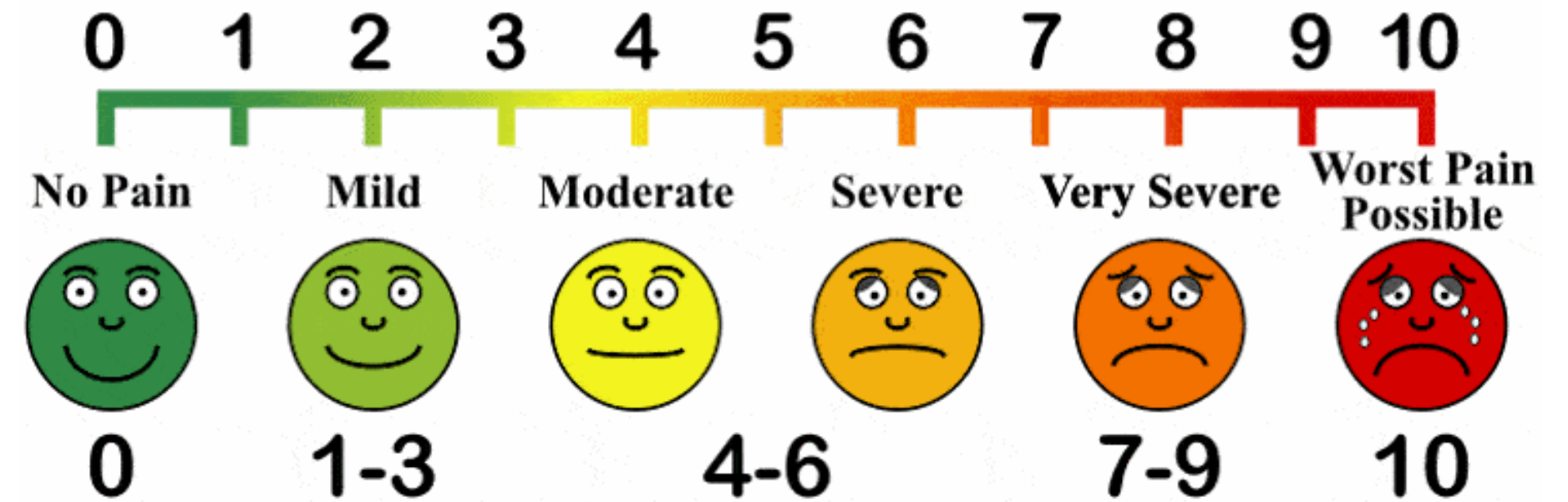
• **Misuse:** You might take them in a way not prescribed by your doctor.



• **Addiction:** You might become dependent.

Sources: National Institute on Drug Abuse. National Institute on Drug Abuse for Teachers. University of Utah Health Care.

UNDERSTANDING PAIN



“When people experience **shame**, it’s an impediment to healing. There a lot of **ways for institutions to reduce the shame** they cause.”

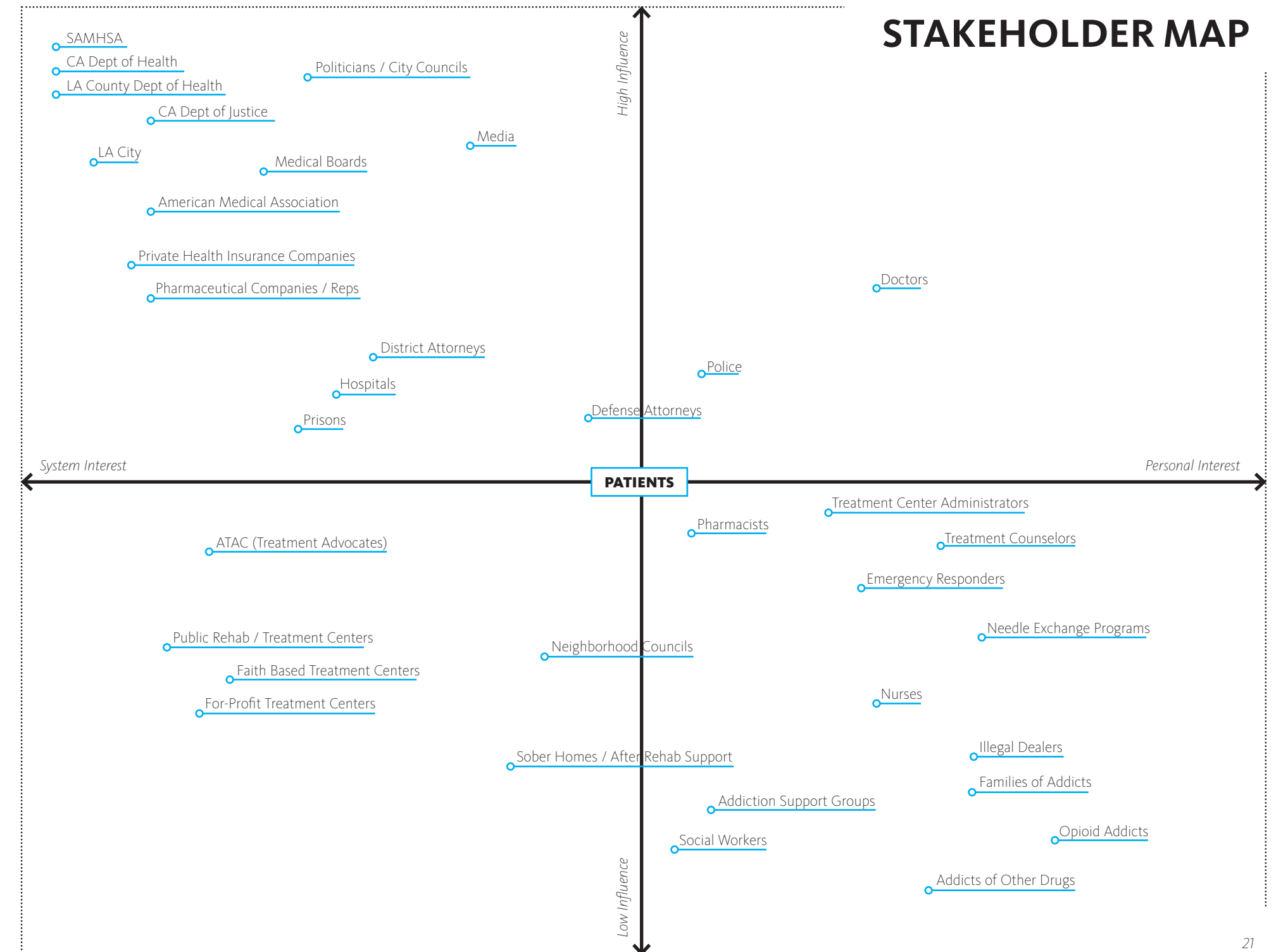
-Tobin Shelton, LCSW, Clinical Manager – SUMMIT, Venice Family Clinic



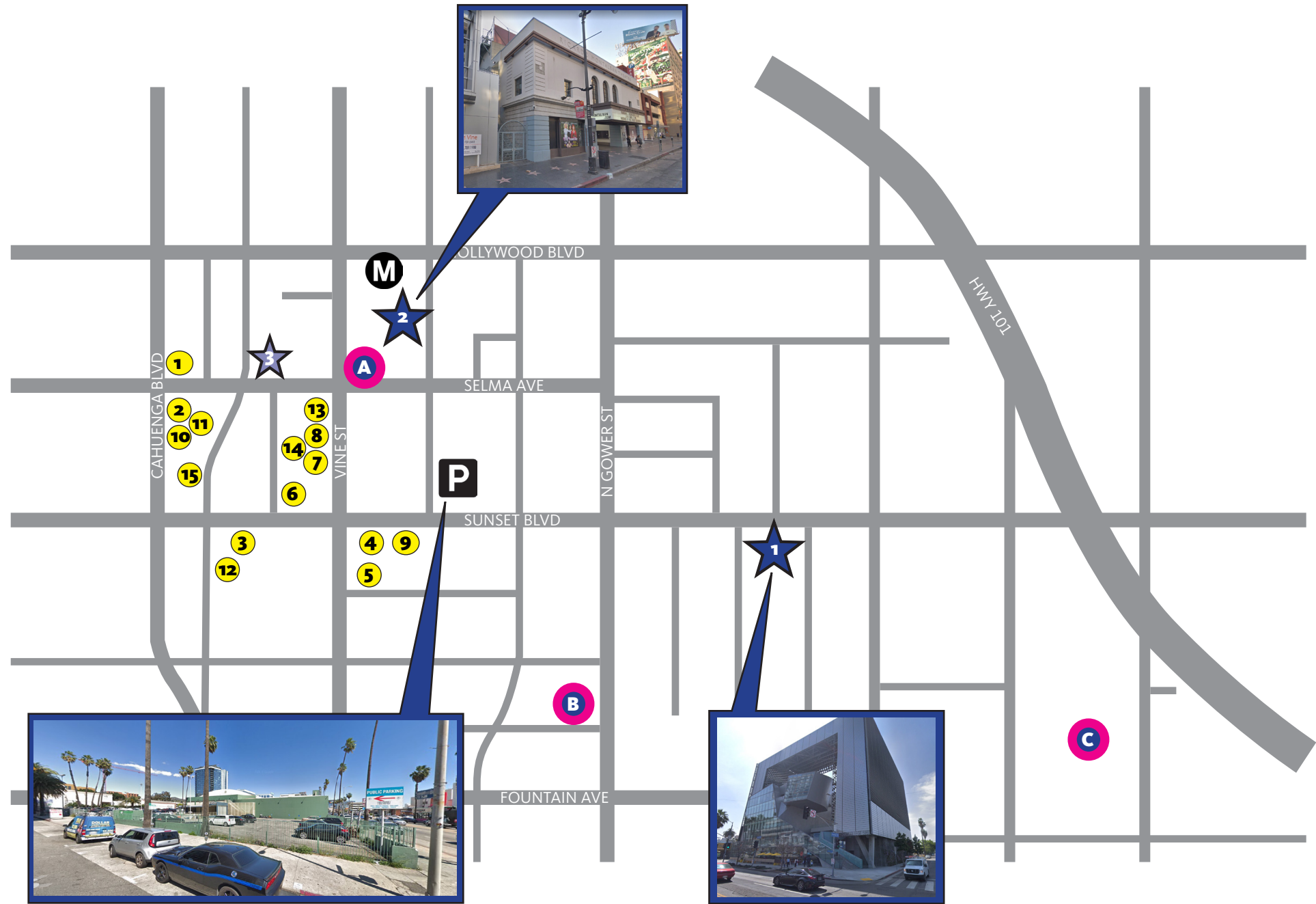
“ Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients, Percodan in one, and hydromorphone in one.

We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.”

-Dr. Hershel Jick, New England Journal of Medicine, 1980



LOCATIONS



Transportation

- P** Parking: **Hollywood Palladium**
Proper Parking
6215 W. Sunset Blvd (enter on Argyle Ave)
- M** Metro: **Hollywood & Vine**
Red Line

Group Locations

- ★1** Morning Location: **Emerson College**
Di Bona Distance Learning Center
5960 Sunset Blvd
- ★2** Afternoon Location: **The Montalban**
1615 Vine Street
- ★3** Happy Hour: **Saint Felix**
1602 N Cahuenga Blvd

Site Visits

- A** Site Visit: **Triangle Square Apartments/MMD**
1602 Ivar Ave
- B** Site Visit: **Resolve Recovery**
6109 Afton Pl
- C** Site Visit: **La Fuente Hollywood Treatment Center**
5718 Fountain Ave

Lunch Options

- Quick Service

 - 1** **Caffe Etc.** \$ 6371 Selma Ave
(locally owned organic lunch & breakfast all day and awesome coffee. Say hi to Viviana.)
 - 2** **Banh Oui Sandwiches** \$\$
1552 N Cahuenga Blvd
 - 3** **Veggie Grill** \$\$
6374 Sunset Blvd
 - 4** **Tendergreens** \$\$
6290 Sunset Blvd
 - 5** **Chipotle** \$
1460 Vine St
 - 6** **Bibibop Asian Grill** \$
6333 Sunset Blvd
 - 7** **Jersey Mike's Subs** \$
1517 Vine St
 - 8** **800 Degrees Pizza** \$\$
1521 N Vine St
- Table Service

 - 9** **Fabiolus Cucina** \$\$ 6270 Sunset Blvd
(locally owned Italian)
 - ★3** **Saint Felix** \$\$ 1602 N Cahuenga Blvd
(locally owned, also Happy Hour location)
 - 10** **Stout Burgers** \$\$
1544 N Cahuenga Blvd
 - 11** **Trejo's Cantina** \$\$
1556 N Cahuenga Blvd
 - 12** **Stella Barra Pizzeria** \$\$
6372 Sunset Blvd
 - 13** **Kabuki (sushi)** \$\$
1545 Vine St
 - 14** **Hungry Cat** \$\$\$
1535 Vine St
 - 15** **Umami Burger** \$\$
1520 N Cahuenga Blvd
- Lunch Topic Suggestions**
 - >What surprised you?
 - >What challenged you?
 - >What questions do you still have?

GUESTS



Dani Fleischer
Writer. Seeker. Smart-ass. Blogger at Sum of My Pieces.

Dani is an aspiring memoirist and a newly minted blogger, and her work has been featured on Washington Post’s Soloish, BlogHer, Scary Mommy, and in Essig Magazine. She writes about her messy life on her blog, Sum of My Pieces in order to write about things that matter to her: fear, love, societal expectations, sexuality, and losing oneself in the world of social media.



Tobin Shelton, LCSW
Venice Family Clinic

Tobin is a clinical social worker who worked in the criminal justice and school systems before moving to Los Angeles in 2013 when he joined the Venice Family Clinic and Common Ground. Tobin’s work focuses on bringing the values of harm reduction into healthcare, substance use treatment and clinical supervision. He enjoys creating pottery and music in his time off and is pursuing an MPH and certification in Gestalt Therapy.



Melissa J. Durham, Pharm.D., MACM, APh, BCACP
USC School of Pharmacy

Melissa J. Durham is an Associate Professor of Clinical Pharmacy at the University of Southern California (USC) School of Pharmacy. She received her Doctor of Pharmacy degree, completed a residency in Community Pharmacy Practice, and has earned her Master of Academic Medicine degree, all from USC. Dr. Durham is a clinical pharmacist at the USC Pain Center, where she established a pharmacist-run pain medication management service. She is a Board Certified Ambulatory Care Pharmacist and also a practicing community pharmacist.



Ian Manheimer
Executive Producer, Next Up Productions

Ian is executive producer at Next Up Productions - a non-fiction production company. Ian’s most recent projects include Dopesick Nation - a 10-episode series on VICELAND - and American Relapse - a feature length, award-winning documentary on the business of recovery. Previously, Ian was vice president of product management at The Charity Network - raising money for over 3,000 nonprofits. Additionally, Ian has been Executive Director at Glassbooth - a nonprofit focused on civic education. Glassbooth was named “Best Political Website” by CNET and Huffington Post. Ian is also founder/former president of the RFK Young Leaders, a program of Robert F. Kennedy Human Rights. Ian holds an undergraduate degree from Tulane University.



Lello Tesema, MD, MSHPM
Associate Medical Director of Prevention Substance Abuse Prevention and Control, LA County

Lello Tesema is the Associate Medical Director for Prevention at the Los Angeles County Department of Public Health Division of Substance Abuse Prevention & Control (SAPC). Prior to joining SAPC, she was Director of Population Health and the Los Angeles County Correctional Health Services. Her interests include harm reduction, cross-sector collaboration in addressing social determinants of health, and public health advocacy for the County’s justice-involved. She is a graduate of Mount Sinai School of Medicine, completed her residency at Cambridge Health Alliance, and Robert Wood Johnson Foundation Clinical Scholar at UCLA.

GLOSSARY

Acute Pain – Pain that usually starts suddenly and has a known cause, like an injury or surgery. It normally gets better as your body heals and lasts less than three months.

Benzodiazepines – Sometimes called “benzos,” these are sedatives often used to treat anxiety, insomnia, and other conditions. Combining benzodiazepines with opioids increases a person’s risk of overdose and death.

Chronic pain – Pain that lasts 3 months or more and can be caused by a disease or condition, injury, medical treatment, inflammation, or even an unknown reason.

Drug misuse – The use of prescription drugs without a prescription or in a manner other than as directed by a doctor, including use without a prescription of one’s own; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor.

Drug abuse or addiction – Dependence on a legal or illegal drug or medication. See Opioid use disorder.

Extended-release/long-acting (ER/LA) opioids – Slower-acting medication with a longer duration of pain-relieving action.

Fentanyl – Pharmaceutical fentanyl is a synthetic opioid pain medication, approved for treating severe pain, typically advanced cancer pain. It is 50 to 100 times more potent than morphine. However, illegally made fentanyl is sold through illegal drug markets for its heroin-like effect, and it is often mixed with heroin and/or cocaine as a combination product.

Heroin – An illegal, highly addictive opioid drug processed from morphine.

Illicit drugs – The non-medical use of a variety of drugs that are prohibited by law. These drugs can include: amphetamine-type stimulants, marijuana/cannabis, cocaine, heroin and other opioids, synthetic drugs, and MDMA (ecstasy).

Immediate-release opioids – Faster-acting medication with a shorter duration of pain-relieving action.

Medication-assisted treatment (MAT) – Treatment for opioid use disorder combining the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

Morphine milligram equivalents (MME) – The amount of milligrams of morphine an opioid dose is equal to when prescribed. This is how to calculate the total amount of opioids, accounting for differences in opioid drug type and strength.

Naloxone – A prescription drug that can reverse the effects of opioid overdose and can be life-saving if administered in time. The drug is sold under the brand name Narcan or Evzio.

Nonmedical use – Taking drugs, whether obtained by prescription or otherwise, not in the way, for the reasons, or during the time period prescribed. Or the use of prescription drugs by a person for whom the drug was not prescribed.

Non-opioid therapy – Methods of managing chronic pain that does not involve opioids. These methods can include, but are not limited to, acetaminophen (Tylenol®) or ibuprofen (Advil®), cognitive behavioral therapy, physical therapy and exercise, medications for depression or for seizures, or interventional therapies (injections).

Non-pharmacologic therapy – Treatments that do not involve medications, including physical treatments (e.g., exercise therapy, weight loss) and behavioral treatments (e.g., cognitive behavioral therapy).

Opioid – Natural or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. This class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others. Opioid pain medications are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused.

Opioid analgesics – Commonly referred to as prescription opioids, medications that have been used to treat moderate to severe pain in some patients. Categories of opioids for mortality data include:

Natural opioid analgesics, including morphine and codeine;

Semi-synthetic opioid analgesics, including drugs such as oxycodone, hydrocodone, hydromorphone, and oxymorphone;

Methadone, a synthetic opioid;

Synthetic opioid analgesics other than methadone, including drugs such as tramadol and fentanyl.

Opioid use disorder – A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria. Opioid use disorder has also been referred to as “opioid abuse or dependence” or “opioid addiction.”

Overdose – Injury to the body (poisoning) that happens when a drug is taken in excessive amounts. An overdose can be fatal or nonfatal.

Physical dependence – Adaptation to a drug that produces symptoms of withdrawal when the drug is stopped.

Prescription drug monitoring programs (PDMPs) – State-run electronic databases that track controlled substance prescriptions. PDMPs help providers identify patients at risk of opioid misuse, abuse and/or overdose due to overlapping prescriptions, high dosages, or co-prescribing of opioids with benzodiazepines.

Tolerance – Reduced response to a drug with repeated use



“For heroin users ‘**Emergency care**’ oftentimes becomes a **safety net**”.

-Kerry M., L.A. City Fire Department, EMT

SOURCES

- [Dreamland: The True Tale of America’s Opiate Epidemic by Sam Quinones](#)
- <https://discovery.cdph.ca.gov/CDIC/ODdash/>
- <https://www.ocregister.com/rehab-riviera/>
- <https://www.cdc.gov/drugoverdose/opioids/index.html>
- <http://www.caprado.org/articles/2019/01/16/here-are-californias-new-laws-to-address-the-states-opioid-crisis/>
- <https://www.psychiatry.org/newsroom/news-releases/americans-favor-treatment-not-enforcement-to-address-opioid-crisis>
- <https://www.latimes.com/opinion/op-ed/la-oe-fleischer-opioid-epidemic-20190203-story.html>

RESOURCES

- **If you or anyone you know is suffering from addiction,** call 1-888-633-3239 or visit drughelpline.org
- **Safe Med LA** is a broad, cross-sector coalition that will take a coordinated and multi-pronged approach to comprehensively address the prescription drug abuse epidemic in Los Angeles County, guided by its five-year strategic plan. <http://www.safemedla.org/home.html>
- **Find out more** about the opioid crisis and local resources: <https://www.hhs.gov/opioids/>
- **Volunteer**
 - Venice Family Clinic: <https://volunteer.venicefamilyclinic.org>
 - La Fuente Hollywood Treatment Center: <https://lafuentehollywood.com/>
 - Los Angeles LGBT Treatment Center: <https://lalgbtcenter.org/how-you-can-help/volunteer>

Signs of an Opioid Overdose



Blue lips or nails



Dizziness and confusion



Can't be woken up



Choking, gurgling or
snoring sounds



Slow, weak
or no breathing



Drowsiness or
difficulty staying awake

NOTES



Angela Babcock
Audrey Handelman
Carole Neal
David Levitus
Jennifer May
Otha Cole
Sandra Yunjung Ko