Count It! Lock It! Drop It!® – BlueCross BlueShield of Tennessee Health Foundation

Brief Report

2017

Prepared by:

The Pacific Institute for Research and Evaluation

in collaboration with

Coffee County Anti-Drug Coalition
The 2016-2017 Annual Report includes DTB Event and Dropbox data reported by county. Additionally, all data from CLD DTB Checklists, DTB participant Surveys, and DTB Controlled Substances Logs (including opioid, non-opioid, drug type and street value) are reported. Supplementary information from Quarterly Action/Process Forms are included for the period of April to June 2017. Finally, historical and crime data regarding prescription drug misuse and heroin use in Tennessee are included in the Appendices of the Annual Report. This Brief Report includes highlights from the Annual Report, focusing on progress markers and year 1 successes.
Count It! Lock It! Drop It!®

Count It! Lock It! Drop It!® is a strategic approach to prescription drug abuse prevention. The CLD program engages all sectors in community-based prevention while focusing on institutional policy changes in medical facilities, doctor’s offices, and pharmacies. These policy changes ensure when a prescription is written or filled, patients are counseled on the importance of counting medications regularly, locking them up, and disposing of any unused medications. Through these efforts, patients are also educated on the addictive nature of the medication, if applicable, and either given CLD campaign materials, such as a lock box and a medication counting sheet, or information on where to receive such items. This same policy is instituted at pharmacies so patients receive the message again when picking up their prescriptions. These policy efforts in medical offices and pharmacies are an important first step to reducing access and addressing misperceptions related to the harm of misusing prescription drugs. Education provided by medical professionals helps set a precedent for behavior change around prescription drugs that is reiterated in the CLD program through local media channels promoting CLD, law enforcement acting as CLD partners, and through our school systems where CLD partners ensure that campaign materials are available to parents via health fairs and school counselors. Schools also distribute CLD flyers and allow youth access to prescription drug abuse prevention presentations, making CLD a true community-based strategy with widespread impact.

The CLD message:

**Count It!** Count your pills once every two weeks. This will prevent theft and ensure that medications are taken properly.

**Lock It!** Lock up your medications and store them in a place that others would not think to look.

**Drop It!** Drop-off your unused/expired medications for proper disposal at participating law enforcement departments or pharmacies.

CLD strives to meet growing community needs as they fight the prescription drug epidemic. Additional campaign materials are available to complement the medication counting sheets, lock boxes, and disposal information. Recently added materials include an Alternative Pain Management information sheet, timely press releases, and community PowerPoints. The Alternative Pain Management Sheet lists facts about other effective pain management options and is customizable for counties to list area businesses and contact information for local medical services. BCBS MP&F develops press releases around major events, such as DTBs or holiday breaks, that can be personalized with local quotes and data on a quarterly or monthly basis to reinforce the CLD message to count, lock, and drop prescriptions. PowerPoints, such as, “Are you above the influence?” and “CLD 101” are available to encourage community engagement.

Due to the success of CLD in increasing local capacity for and participation in prescription drug use disposal efforts in Coffee County, as well as reducing prescription drug use and increasing perceptions of harm among youth in their community, CCADC received the CADCA (Community Anti-Drug Coalitions of America) Got Outcomes Award in 2013. This award created
both local and statewide recognition of CLD. By 2015, CLD was being implemented in 32 counties in Tennessee with funding and support from the Tennessee Department of Mental Health and Substance Abuse Services.

In 2016, CCADC received funding from BlueCross BlueShield (BCBS) of Tennessee Health Foundation to expand CLD, over the course of three years, to 44 additional counties designated as “Hotspots” for prescription drug abuse and diversion issues in Tennessee, as well as to reinforce their efforts with the original 32 participating counties. Efforts under this new funding started in East and Middle Tennessee based on a collaborative network existing in those areas. CCADC focused first on the 10 counties located in the Hotspot locations that do not currently have permanent drop box locations, as it is of the utmost importance that these counties establish take-back locations for CLD to be effective. Since West Tennessee has less funding and infrastructure due to lower diagnosed rates of Neonatal Abstinence Syndrome (NAS), counties there require more training and staff time, and the region has had a slower start-up.

CLD is committed to mobilizing all of Tennessee and ensuring they are utilizing best practices for both implementation of prescription drug use prevention efforts and rigorous and systematic data collection protocols. Efforts are also underway to expand CLD to additional states.

The Prevention Alliance of Tennessee (PAT) is the membership organization for TN coalitions. In collaboration with CLD, PAT assists in communicating information related to CLD efforts and scheduling trainings. In counties without a coalition, health councils have an established partnership with the Tennessee Department of Health to provide grassroots support to implement the initiative. The Tennessee National Guard is an important component as well, as its Counter-Drug Task Force supports anti-drug coalitions, by assisting with DTB events and transporting campaign materials to reduce shipping costs. The relationships developed with national and local pharmacies and law enforcement departments has created a network for professionals to train and continue a dialogue on the safe disposal of substances, enhancing buy-in across Tennessee.

CLD is an initiative that is integrated into several community sectors and assists in creating a cultural shift in medical offices, pharmacies, and the community. This type of comprehensive initiative takes stakeholder buy-in and statewide capacity to ensure proper implementation and cost effectiveness. The CCADC has continued to expand their strategic partnerships with state and local agencies and organizations, including the Tennessee Division of Substance Abuse Services, Tennessee Department of Health, Tennessee Department of Environment and Conservation (TDEC), Tennessee Bureau of Investigation (TBI), Tennessee Association of Chiefs of Police, Tennessee Sheriff’s Association, Tennessee Division of Substance Abuse Services, Tennessee Department of Health, county health councils, county anti-drug coalitions, Prevention Alliance of Tennessee, national and local pharmacies, law enforcement departments, Tennessee Association of Alcohol, Drug, and other Addiction Services, and Tennessee Army National Guard. The strength of these partnerships ensures high fidelity implementation of the initiative across Tennessee.
Goals of the CLD and BCBS Partnership

As stated in the 2016 proposal, CLD targets prescription drug access and perception of harm. Specifically, the primary goal of CLD is to decrease the number of Tennesseans that abuse/misuse controlled substances by reducing access to prescription drugs in the home and increasing the perception of harm of prescription drugs among adults and youth. By encouraging community members to count, lock, and safely dispose of unneeded medications, the campaign aims to create a community norm that prescription drugs can be harmful if misused or diverted.

Executive Summary and Progress Markers

Hotspot counties were identified by BCBS as Hotspots based on NAS (Neonatal Abstinence Syndrome) rates. In 2016-2017, 18 Hotspot and 9 non-Hotspot counties signed Licensing Agreements to become CLD counties, which, added to the 32 existing CLD counties, brings the total to 59 CLD counties (30 Hotspot and 29 non-Hotspot) at the end of grant Year 1 (September 1, 2016-August 31, 2017).

CLD DTB event data demonstrate CLD impacts and direct outcomes of these events, beyond the usual measure of poundage received. Data allow us to assess the number of community members utilizing CLD DTB events to dispose of unused medications, the specific amount of controlled substances (including opioids) that are being safely incinerated (both in terms of MMEs (morphine milligram equivalent) and street value), as well as reasons for disposing of medications, what participants have done in the past with unused medications, and the extent to which people are utilizing safer medication management practices, such as counting pills and locking them up. CLD DTB event data (including information regarding pounds received and number of participants, controlled substance logs, and participant surveys) have been received from 18 Hotspot and 13 non-Hotspot counties (60% and 45% of CLD counties, respectively). However, the majority of these counties reported only some of the requested data; full CLD DTB data have been received from 3 Hotspot and 8 non-Hotspot counties (10% and 28% of CLD counties, respectively).

DTB event poundage data and Permanent Drop Box poundage data are available for 92 of the 95 counties in Tennessee via TDEC tracking, which covers 2012 through August 2017. Only three counties have not reported poundage data to TDEC as of Aug 2017 (all three are non-Hotspot; one is a CLD county). Table 1 shows the total poundage reported from Hotspot and Non-Hotspot and CLD and Non-CLD counties to TDEC from 1) drop box collections and 2) DEA Take-Back events. As seen in Table 1, poundage totals reported to TDEC almost doubled from baseline to Year 1, with the greatest increase in poundage reported from Non-Hotspot Counties and CLD Counties. The first column of Table 1 shows total poundage reported to TDEC in the past five years.
Table 1. 2012-2017 Poundage Reported to TDEC from Drop Boxes and DEA Takeback Events

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<tr>
<td>BCBS Hotspot Counties</td>
<td>105,523.06</td>
<td>24,776.01</td>
<td>22,300.57</td>
<td>516.76</td>
<td>3,502.60</td>
<td>9,575.20</td>
<td>25,292.77</td>
<td>35,378.37</td>
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<td>Non-Hotspot Counties</td>
<td>114,182.26</td>
<td>24,402.38</td>
<td>29,863.63</td>
<td>271.1</td>
<td>5,792.90</td>
<td>16,618.82</td>
<td>24,673.48</td>
<td>52,275.35</td>
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<td>BCBS CLD Counties</td>
<td>143,823.42</td>
<td>27,377.14</td>
<td>34,268.98</td>
<td>781.86</td>
<td>6,601.10</td>
<td>21,044.32</td>
<td>28,159.00</td>
<td>61,914.40</td>
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<tr>
<td>Non-CLD Counties</td>
<td>75,881.91</td>
<td>21,801.25</td>
<td>17,895.22</td>
<td>6</td>
<td>2,694.40</td>
<td>5,149.70</td>
<td>21,807.25</td>
<td>25,739.32</td>
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<td>Total Poundage (n= 92 counties)(^2)</td>
<td>219,705.32</td>
<td>49,178.39</td>
<td>52,164.20</td>
<td>787.86</td>
<td>9,295.50</td>
<td>26,194.02</td>
<td>49,966.25</td>
<td>87,653.72</td>
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\(^1\)TDEC reporting does not currently indicate whether poundage collected includes CLD DTB event data or not. CCACD and PIRE are working closely with TDEC to make this distinction in FY17.

\(^2\)92 counties were reporting by Aug 2017.

Due to the CLD campaign, in 2016-2017, 29 CLD counties have progressed/increased their functional capacity in Year 1. Trainings and webinars have been held by CLD campaign staff in 59 counties across the state. Seven regional CLD representatives have been hired and trained. In addition, 43 partnerships related to capacity building in Tennessee have been established. Organizational partnerships established in 2016 include Tennessee Department of Environmental Conservation (TDEC), TN Bureau of Investigation (TBI), TN Sheriffs Association, TN Association of Chiefs of Police, DEA, East Tennessee State University (ETSU), Treatment Centers (Watauga, West Care), Drug Courts, Judges, churches, hospitals, health departments, health councils, pharmacies (Walgreens), and Miss Tennessee.

Table 2. Community Action Summary - Overview

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<th>Overview</th>
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<tr>
<td>Number of CLD Counties</td>
<td>63</td>
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<tr>
<td>Number of CLD Hotspot Counties</td>
<td>34</td>
</tr>
<tr>
<td>Number of CLD non-Hotspot Counties</td>
<td>29</td>
</tr>
<tr>
<td>Number of Hotspots that are Not CLD Counties</td>
<td>10</td>
</tr>
<tr>
<td>Total Number of Counties Submitting DTB Data Fall 2016</td>
<td>16</td>
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<td>Total Number of Counties Submitting DTB Data Spring 2017</td>
<td>25</td>
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CLD counties submitted Quarterly Process Forms beginning in Spring 2017. The form focuses on campaign contacts, trainings with medical professionals and the community, distribution of campaign materials, and implementation of various media campaign.
components. Twenty counties returned forms covering the period April 1-June 30, 2017; 16 counties completed the majority of the form.

Of the 20 counties that responded in Spring 2017, an average of six pharmacies and five medical offices were involved per county; however, an average of one medical office and one pharmacy had signed CLD MOUs. Counties created an average of seven CLD social media posts during this period and averaged approximately three positive press stories regarding partnerships with medical offices, pharmacies, and the community. The most frequently distributed campaign material was drop box business cards, followed by medication counting sheets, drug briefs, notepads, window clings, and posters.

Related to satisfaction with the CLD campaign, counties were asked if they believed CLD was (1) increasing conversations about medical safety, (2) helping coalitions build capacity with the medical community, (3) increasing drop box utilization, and (4) providing effective tools to reduce access to prescription drugs. In all cases, counties responded overwhelmingly that they agreed or strongly agreed that the CLD campaign was effective in these ways.