

## Questions That may be asked.

- 1) Why should California monitor opioids prescription totals? Currently our country has suffered a great number of unfortunate incidences that are directly correlated to the use of Opioid medications and the numbers nationwide continue to increase.
- 2) What regions or county are most affected? Currently in California it would appear the largest affected areas are in the northern region areas. The reason for this is unknown but may require an additional study to find out why.
- 3) Are there any possible regional issues or possible reasons that could explain the reason for increased prescription orders in the higher volume area? Based on this analysis I am not entirely sure of why this is occurring in those regions, but possible this may/may not be due to the larger agriculture and manual work that's conducted in the northern parts of the states, but again further research will need to be conducted to determine.
- 4) Are we as a state improving or trending in a positive direction in how we are handling opioid prescriptions? On observation from 2015 to 2020 we as a state have been showing a downward trend which is a sign of improving.
- 5) Are there financial or social ramifications if opioid prescription is not monitored? Absolutely, most people who become addicted on these medications will not be able to carry a normal job and the risk of injury to themselves increases dramatically, leaving the heavy burden of cost on the families and the state.
- 6) What age groups are most prescription opioids prescribed to? Based on the data, it would appear that majority of the prescribed are in the middle-aged individuals between the ages of 45-64 years old.
- 7) What is the opioid problem? The opioid problem began to really flourish in the mid 2000's and was partial due to the number of prescribed opioid pain relievers being issued, because these medications are extremely addictive many individuals who were given this medication developed this addiction and were first introduced to this level of addiction. The other part of the opioid crisis is those use illicit synthetic forms of this drug class such as heroin and other harsh drugs.
- 8) Are there suggestions we can offer to the counties that have a higher frequency or orders? If possible, may suggesting alternative medications that are not addictive or possible have doctors monitor patient usage more closely when alerted there is an increase in usage.

- 9) What are the real opportunity costs of the Opioid Epidemic? First, helps saves lives. Reduces the risk and chance of hospitalization, reduces numbers of jobless individuals, reduces dependency on government for financial assistances, reduces risk of individual exploitation.
- 10) Can professionals be trusted to do the right thing? Yes, I believe the key is being informed and this should help reduce the numbers.
- 11) Why should the state invest in better and more surveillance to facilitate rapid responses? To aid our clinicians so that collectively we can combat this horrible disease in a shorter time and reduce the number of deaths or severe injuries that can occur.