DISCLAIMER:

This draft plan is a work in progress and is being provided for comment.
The final version of this plan is expected to be released in 2013.

DRAFT

REDUCING PRESCRIPTION DRUG ABUSE IN OKLAHOMA

A STATE PLAN

2012

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Fellow Oklahomans:

Prescription drug abuse is Oklahoma's fastest growing drug problem and impacts our state in multiple ways. Parents suffering from addiction can compromise the health and wellbeing of their families, often leading to greater child welfare involvement. Young people may view prescription drugs as a "less harmful" drug of choice, derailing healthy development and their ability to succeed. Oklahoma workers who abuse prescription drugs contribute to poor work performance, absenteeism, and lack of economic productivity.

The pattern of drug overdose deaths in Oklahoma has changed considerably over the past 40 years. Prescription painkillers (opioids) are now the most commonly involved drugs in unintentional overdose deaths. In 2010, 662 Oklahomans died of an unintentional poisoning, compared to 127 in 1999. The majority of these additional deaths were due to unintentional prescription drug overdoses. That is why we must make combating prescription drug misuse/abuse a top priority.

Per capita, Oklahoma is one of the leading states in prescription painkiller sales and, in 2009, had the highest prevalence of prescription painkiller abuse for the population age 12 and older. One in twelve Oklahomans abuse painkillers like Hydrocodone and Oxycodone. Prescription opioid painkillers are 4 of the top 5 medications responsible for unintentional overdose deaths.

Immediate action must be taken in order to reverse this rapidly growing problem, which has become one of the most serious public health and safety threats to our state. In just three months, the Oklahoma Prevention Leadership Collabrative's Prescription Drug Planning Workgroup has developed a state plan with the goal to reduce opioid-related overdose deaths. This state plan is closely aligned with the National Prescription Drug Abuse Plan and identifies specific recommendations for action. The plan calls upon state and community-level stakeholders to lead successful efforts to reduce the number of drug-related overdose deaths, prevent abuse and diversion, and better assist those seeking to end their addiction to prescription drugs.

In order to address this problem a broad-based coordination between law enforcement, prevention and treatment providers, the Oklahoma Legislature, and health care is required over the next five years. This plan represents an important step forward in preventing and reducing the multitude of personal and social problems that result from the abuse of prescription drugs, including a reduction in the state's unintentional prescription drug overdose rate by 15%, saving the lives of approximately 65 Oklahomans every year. The prescription drug abuse epidemic is one of our foremost priorities and we call upon you to make it one of yours. Implementation and sustainment of this state plan is essential to creating a safer and healthier Oklahoma.

Sincerely,

ENDORSERS

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BACKGROUND OF THE PLAN

The Oklahoma Prevention Leadership Collaborative (OPLC) was established in 2010 to promote coordinated planning, implementation, and evaluation of quality prevention services for children, youth, and families at the state and local levels with a particular focus on the prevention of mental, emotional, and behavioral health disorders, related problems and contributing risk factors. The responsibilities of the OPLC are to (1) Identify opportunities for coordination and collaboration on prevention initiatives serving the same populations, utilizing common strategies, or aiming to achieve similar goals/outcomes; (2) Promote implementation of best practices for prevention at the state and local levels; and (3) Serve, as requested, in an advisory role on required state and federal grant programs. The OPLC membership consists of state agency leaders, universities, tribal behavioral health, advocacy, and other youth serving agencies with a vested interest in prevention.

The OPLC serves as the advisory body for the Oklahoma Strategic Prevention Framework State Incentive Grant (SPF SIG) funded by the Substance Abuse and Mental Health Services Administration and administered by the Oklahoma Department of Mental Health and Substance Abuse Services, which has the abuse of prescription drugs as a priority of focus. The OPLC commissioned, in this advisory role, a Workgroup in September 2012 to develop the Oklahoma Plan for Reducing Prescription Drug Abuse.

The Prescription Drug Planning Workgroup supports the recommendation that the following action items, whether they be short term or long term, be achieved within five years. The Workgroup identified a central, focused measure of success for this plan to be a reduction of unintentional deaths involving opioids in Oklahoma from 11.0 per 100,000 to 9.4 per 100,000 by 2017 (baseline data from 2011 Medical Examiner data). If Oklahoma could achieve a 15% reduction in the death rate now, 65 fewer Oklahomans would die from opioid-related deaths each year. Achievement of this goal and successful implementation of the Plan would also result in significant outcomes related to other areas where prescription drug abuse impacts out state and communities, including costly burdens on our child welfare, corrections, substance abuse treatment, and healthcare systems.

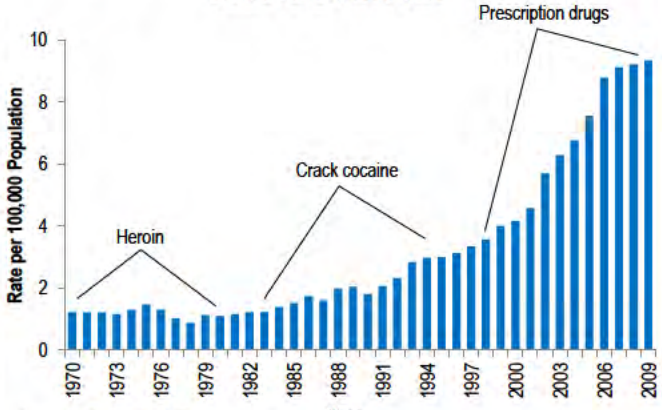
The Workgroup met four times over three months and worked extensively on creating solutions to address this epidemic. The recommended focus areas in this document are organized by the following areas of focus:

- Community/Public Education
- Disposal/Storage (Public)
- Provider/Prescriber Education
- Disposal/Storage (Providers)
- Tracking and Monitoring
- Regulatory/Enforcement
- Treatment/Interventions

SCOPE OF THE PROBLEM

Prescription drug abuse is Oklahoma's fastest growing drug problem. Of the nearly 3,200 unintentional poisoning deaths in Oklahoma, from 2007-2011, 81% involved at least one prescription drug. In 2010, Oklahoma had the fourth highest unintentional poisoning death rate in the nation (17.9 deaths per 100,000 population). The pattern for drug overdose deaths has changed considerably over the past 40 years (Figure 1). Heroin, cocaine, and methamphetamines used to be most commonly associated with deaths, but the problem has shifted to prescription drugs since the late 1990s. Prescription painkillers (opioids) were the most common drug involved in these deaths (involved in 87% of prescription drug-related deaths).

Figure 1. Rate of Unintentional Drug Overdose Death, United States, 1970-2009

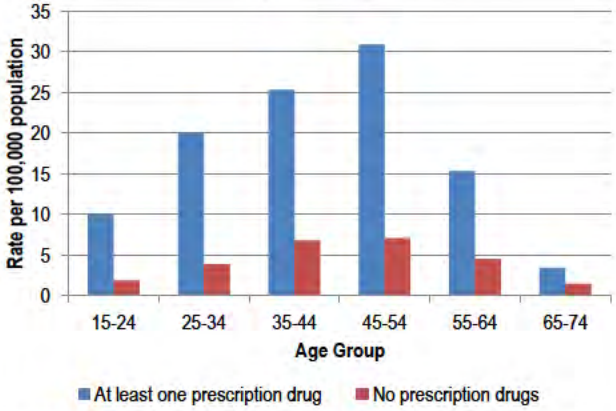


Source: Len Paulozzi, MD, MPH
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

The most common prescription drugs involved in overdose deaths were hydrocodone, oxycodone, and alprazolam. In Oklahoma, more overdose deaths involved hydrocodone than methamphetamines, heroin, and cocaine combined.

Men were much more likely to die of an opioid-related overdose compared to women (14.0 and 10.0 per 100,000, respectively), however females age 45-54 and older than 65 actually had slightly higher death rates than males. Adults age 35-54 had the highest death rate of any age group; nearly twice that of any other age group. Nearly three-fourths (72%) of opioid-related deaths occurred at a residence.

Unintentional Overdose Death Rates by Age Group* and Involvement of Prescription Drugs, Oklahoma, 2007-2011



*Decedents under age 15 and over age 74 were excluded due to small number of cases (<1% of all unintentional overdose deaths).
Source: OSDH, Injury Prevention Service, Unintentional Poisonings Database (Abstracted from Medical Examiner reports)

Increase in availability and accessibility have also attributed to the prescription drug problem. Oklahoma leads the nation in non-medical use of painkillers, with more than 8% of the population age 12 and older abusing/misusing painkillers. Oklahoma is also one of the leading states in prescription pain killer sales per capita.

COMMITMENTS TO ACTION

COMMUNITY/PUBLIC EDUCATION

A crucial first step in tackling prescription drug abuse is to raise public awareness of the problem and build community support for solutions through the education of parents, youth, patients, and healthcare providers. Although there have been great strides in raising awareness about the dangers of using illegal drugs, many people are still not aware that the misuse or abuse of prescription drugs can be as dangerous as the use of illegal drugs, leading to addiction and even death.

State Action Items

1) Oversee, through a designated agency, a statewide comprehensive media campaign on the epidemic of prescription drug-related deaths, including proper storage and disposal methods by February-November 2013. (Responsible: Governor's Office)
   a) Promote public reporting of diversion to the Oklahoma Bureau of Narcotics and Dangerous Drugs.
   b) Promote the 211 information helpline to the public to obtain referrals for opioid addiction.

2) Create (April 2013) and deliver (June 2013) a comprehensive presentation on the epidemic of prescription drug-related deaths, including proper storage and disposal methods, which may be modified as needed to educate various community groups. (Responsible: OPLC Workgroup)

3) Include education on the epidemic of prescription drug-related deaths in the criteria for Oklahoma Certified Healthy Businesses, Schools, Campuses, and Communities by July 2013. (Responsible: OSDH; Oklahoma State Regents for Higher Education)

Community Action Items

1) Work with local media to educate the public on the epidemic of prescription drug-related deaths.

2) Conduct presentations to educate various community and school groups.

3) Encourage businesses, schools, and communities to participate in the Oklahoma Certified Healthy Businesses, Schools, Campuses, and Communities program.

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DISPOSAL/STORAGE FOR THE PUBLIC

Most people who use prescription painkillers non-medically report getting their drugs from friends or family members. Oklahomans must have secure and convenient ways to store and dispose of medications. Along with education on proper medication storage, medication disposal programs can increase awareness of prescription drug abuse/misuse and remove unused medications from homes.

State Action Items

1) Increase the number of prescription drug drop boxes for public medication disposal by 50% by 2017, with at least one drop box in every county by 2014. (Responsible: OBNDD)

2) Establish a website with information on the locations and proper use of drop boxes for public medication disposal to be linked to the state's overall media campaign by February 2013. (Responsible: Governor's Office)

3) Engage pharmacies statewide to promote proper medication storage to customers, including the sale and use of personal medication lock boxes when dispensing opioids by 2014. (Responsible: Pharmacy Board; Medical Regulatory Boards; Board of Nursing)

Community Action Items

1) Promote the use of drop boxes for public medication disposal.

2) Promote local public medication disposal "Take Back Days."

3) Encourage the use of personal lock boxes for prescription medications.

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PROVIDER/PRESCRIBER EDUCATION

Prescribers and dispensers, including physicians, physicians assistants, nurse practitioners, pharmacists, nurses, prescribing psychologists, and dentists, all have a role to play in reducing prescription drug abuse/misuse. Some receive little training on the importance of appropriate prescribing and dispensing of opioids to prevent adverse effects, diversion, and addiction. Outside of specialty addiction treatment programs, some healthcare providers have received minimal training in how to recognize substance abuse in their patients.

State Action Items

1) Oversee the development of a standardized curriculum to educate pharmacy, medical, veterinary, dental, physician assistant, and nursing school students on prescribing practices and diversion by 2017. (Responsible: University of Oklahoma College of Pharmacy; Southwestern Oklahoma State University College of Pharmacy; Oklahoma State Regents for Higher Education)

2) Develop (March 2013) and require a training curriculum to educate prescribers and dispensers to reduce opioid overdoses and for Oklahoma Bureau of Narcotics and Dangerous Drugs Control registration by 2015. (Responsible: OPLC Workgroup for development; Regulatory Boards promulgate rules)

   Training shall include the following standardized modules:
   a. Opioid prescribing guidelines
   b. Prescription Monitoring Program
   c. Addiction/substance abuse
   d. Storage/disposal
   e. Intervention/referral
   f. Staff education

3) Develop and promote adoption of opioid prescribing guidelines for prescribers by February 2013. (Responsible: OSDH; OPLC Workgroup)

4) Promote policies in hospital emergency departments and clinics to discourage drug seekers and/or doctor shoppers by 2014. (Responsible: OSDH)

DISPOSAL/STORAGE FOR PROVIDERS

Providers/prescribers must follow specific protocols when disposing of prescription drugs. Only a reverse distributor can collect prescription drugs. Reverse distribution providers are very expensive and not easily accessible. This has been a challenge across Oklahoma, as providers need documentation once the prescription drugs leave their custody. In order to prevent diversion and enhance resources, Oklahoma must create ways to make disposal easier and more cost effective.

State Action Items

1) Establish a medication disposal unit under a law enforcement agency with dedicated funding/resources by December 2013. (Responsible: OSBI; OBNDD)

2) Develop and administer a standardized training curriculum on appropriate storage, transfer, and disposal of medications with dedicated funding/resources by September 2013. (Responsible: Regulatory Boards; OBNDD)

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TRACKING AND MONITORING

Tracking and monitoring prescription drug-related deaths is crucial to reducing the number of overdose deaths. The Prescription Monitoring Program (PMP) tracks controlled substances prescribed by authorized practitioners and dispensed by pharmacies. The PMP can serve a multitude of functions, including: assisting in patient care, providing early warning of drug abuse epidemics (especially when combined with other data), evaluating interventions, and investigating drug diversion and insurance fraud.

State Action Items

1) Enhance the Prescription Monitoring Program (PMP) to improve patient health, identify trends, and reduce fraud by 2015. Enhancements may include but not be limited to flagging high risk patients and quality controls on data fields. (Responsible: OBNDD)

2) Increase the use of the Prescription Monitoring Program (PMP) by providers prior to prescribing controlled dangerous substances by 10% each year. Examine the merits of requiring provider PMP queries. (Responsible: Regulatory Medical Boards; OBNDD)

3) Explore and discuss the sharing of record level de-identified Prescription Monitoring Program (PMP), Oklahoma Health Care Authority, and other state payer source data for public health research purposes by March 2013. (Responsible: OBNDD; Oklahoma Healthcare Authority; OSDH; ODMHSAS; Regulatory Boards)

Community Action

1) Utilize local data to inform, influence, and advocate for prevention programs.

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REGULATORY/ENFORCEMENT

The enforcement of prescription drug laws and implementation of effective regulations are necessary to eliminate improper prescribing and dispensing practices and the diversion of prescription drugs.

State Action Items

1) Set prevention of opioid deaths and diversion as one of the Governor's state priorities in the State of the State Address (Feb 2013) and establish funding by May 2013. (Responsible: Governor's Office)

2) Establish legislation to create a Prescription Drug Fatality Task Force that includes representation from Oklahoma Bureau of Narcotics and Dangerous Drugs Control, Oklahoma Health Care Authority, Regulatory Medical Boards, Oklahoma Department of Mental Health and Substance Abuse Services, and Oklahoma State Department of Health by July 2013, to review all available information on each fatality. (Responsible: Regulatory Medical Boards; OBNDD)

3) Establish legislation to limit the number of Schedule III drug refills by May 2013. (Responsible: OPLC)

4) Modify legislation to increase the number of CLEET certified investigators on regulatory boards by July 2013. (Responsible: Regulatory Medical Boards; OBNDD)

5) Review, strengthen and expand lock-in programs by pharmacy benefit managers and other payers of prescription claims. Lock-in programs limit payment for narcotic prescriptions to one pharmacy and/or one prescriber. The target date for implementation of stronger lock-in programs is January 2014. (Responsible: Oklahoma Health Care Authority and other payers in the state)

6) Establish a network between regulatory boards and state agencies to share information on regulatory actions and final outcomes by 2014. (Responsible: Regulatory Medical Boards; Nursing Board; Oklahoma Health Care Authority)

Community Action

1) Support legislation at the grassroots level to reduce opioid-related deaths.

TREATMENT/INTERVENTION

In order to successfully meet the needs of Oklahomans suffering from drug addiction, it is necessary to increase the availability of treatment and provide interventions to prevent overdose. Overdose prevention programs, such as take-home naloxone programs, have been effective in reducing opioid-related overdose deaths. Naloxone (also called Narcan) is a synthetic drug that blocks opiate receptors in the nervous system and in the event of an overdose can reverse the effects produced by an opiate.

State Action Items

1) Implement and evaluate a pilot naloxone program by 2014. (Responsible: ODMHSAS)

2) Promote a registry of opioid assessment/substance abuse treatment service providers to enhance referral networks by July 2013. (Responsible: ODMHSAS)

3) Conduct a statewide comprehensive needs assessment on available substance abuse treatment options by December 2013. (Responsible: ODMHSAS)

4) Increase funding and expansion of community-based services for substance abuse treatment. (Responsible: ODMHSAS)

5) Increase the implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) by primary care and emergency department providers by 10% each year. (Responsible: ODMHSAS; Medical/Hospital Associations)

6) Establish "Good Samaritan" legislation providing immunity at prosecution or mitigation at sentencing to an individual calling for emergency services for himself or for another person experiencing an overdose by July 2013. (Responsible: OPLC; Oklahoma Chiefs of Police Association)

7) Establish legislation to authorize medical providers to prescribe or dispense naloxone to trained patients or volunteers and establish immunity for third parties providing first aid to victims of overdoses by July 2013. (Responsible: OPLC)

Community Action

1) Support naloxone programs that are established within your community.

2) Advocate for expansion of community-based services for treatment.

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