2013

A STATE PLAN

Reducing Prescription Drug Abuse in Oklahoma

Dear Fellow Oklahomans,

Prescription drug abuse is Oklahoma's fastest growing drug problem and impacts our state in multiple ways. Parents suffering from drug addiction can compromise the health and well-being of their families, often leading to greater social services agency 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, injuries, 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. Combating prescription drug misuse/abuse must become a top public health 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, such as hydrocodone and oxycodone. Prescription opioid painkillers are four of the top five medications responsible for unintentional overdose deaths.

Immediate action must be taken in order to reverse this rapidly growing epidemic, which has become one of the most serious public health and safety threats to our state. The Oklahoma Prevention Leadership Collaborative'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 plan, Epidemic: Responding to America's Prescription Drug Abuse Crisis, and identifies specific recommendations for action. The plan calls upon state and community level, and tribal 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, community organizations, tribes, 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 our state is experiencing as a result of prescription drug abuse. The goal of the plan is to reduce the state's unintentional prescription overdose deaths. It is unacceptable for any Oklahoman to lose their life to this preventable problem. The prescription drug abuse epidemic is one of our foremost priorities and we call upon every Oklahoman to join in this effort. Implementation and sustainability of this state plan are essential to create a safer and healthier Oklahoma.

Sincerely,

Mary Fallin

Mary Fallin, Governor

Governor's Initiative Supporters

AAA Oklahoma
Interfaith Alliance Foundation of Oklahoma
Office of Juvenile Affairs
Office of the Chief Medical Examiner
Oklahoma Association of Chiefs of Police
Oklahoma Board of Dentistry
Oklahoma Board of Medical Licensure and Supervision
Oklahoma Board of Nursing
Oklahoma Bureau of Narcotics and Dangerous Drugs Control
Oklahoma Commission on Children and Youth
Oklahoma Department of Human Services
Oklahoma Department of Mental Health and Substance Abuse Services
Oklahoma Department of Public Safety
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Oklahoma Hospital Association
Oklahoma Injury Prevention Advisory Committee
Oklahoma Institute for Child Advocacy
Oklahoma National Guard
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Oklahoma Nurses Association
Oklahoma Office of Faith-Based and Community Initiatives
Oklahoma Parent Teacher Association
Oklahoma Pharmacists Helping Pharmacists
Oklahoma Poison Control Center
Oklahoma Prevention Policy Alliance
Oklahoma Safety Council
Oklahoma State Board of Osteopathic Examiners
Oklahoma State Board of Pharmacy
Oklahoma State Board of Veterinary Medical Examiners
Oklahoma State Bureau of Investigation
Oklahoma State Department of Education
Oklahoma State Department of Health
Oklahoma State Medical Association
Oklahoma State Regents for Higher Education
Oklahoma Tobacco Settlement Endowment Trust
State Chamber of Oklahoma

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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 is appointed by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) Commissioner Terri White and 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 prevention and treatment of prescription drug abuse as a priority of focus. In September 2012, the OPLC commissioned a workgroup to develop a state plan, *Reducing Prescription Drug Abuse in Oklahoma*.

The Prescription Drug Planning Workgroup supports the recommendation that the action items in this plan, 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 overdose 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 overdose deaths each year. Successful implementation of the plan and achievement of this goal would also result in significant outcomes related to other areas where prescription drug abuse impacts our state, communities, and tribes, including costly burdens on our social services, corrections, substance abuse treatment, and healthcare systems, as well as the tragic impact on families across our state.

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 action:

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

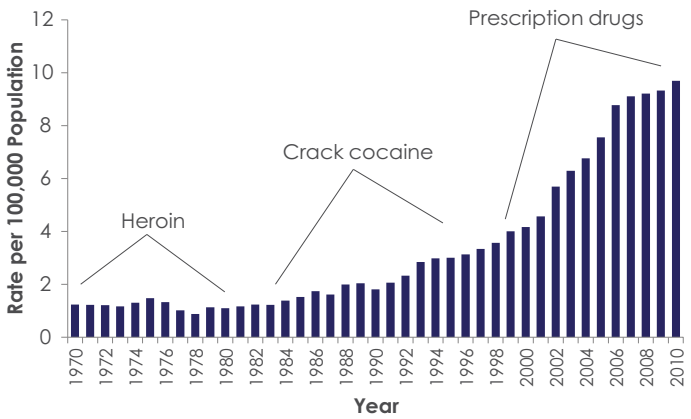
The OPLC and Prescription Drug Planning Workgroup, along with the Governor's leads on the prescription drug abuse prevention initiative, Cabinet Secretary Terry Cline and ODMHSAS Commissioner Terri White, are pleased to present this plan to the citizens of Oklahoma.

Scope of the Epidemic

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.[1] In 2010, Oklahoma had the fourth highest unintentional poisoning death rate in the nation (17.9 deaths per 100,000 population).[2] The pattern for drug overdose deaths has changed considerably over the past 40 years (FIGURE 1). Heroin, cocaine, and methamphetamines were most commonly associated with unintentional poisoning deaths, but in the late 1990s, the most common cause of overdose deaths became prescription drugs. Prescription painkillers (opioids) are now the most common class of drug involved in overdose deaths in Oklahoma (involved in 87% of prescription drug-related deaths, with 417 opioid-involved deaths in 2011).[1]

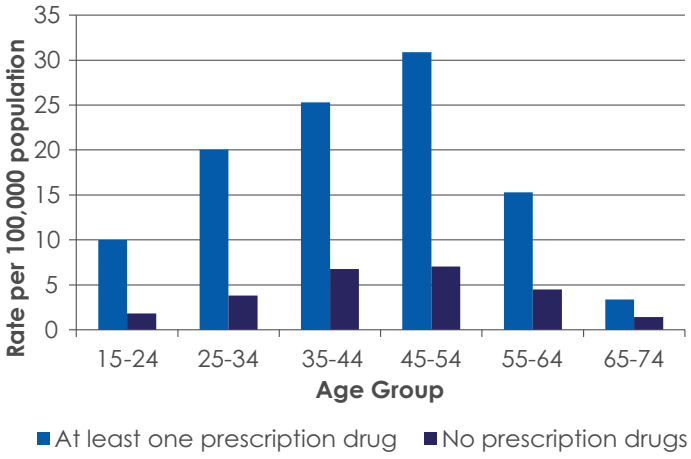
The most common prescription drugs involved in overdose deaths are hydrocodone, oxycodone, and alprazolam. In Oklahoma, more overdose deaths involved hydrocodone than methamphetamines, heroin, and cocaine combined.[1]

FIGURE 1.
Rate of Unintentional Drug Overdose Death, United States, 1970–2010



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

FIGURE 2.
Unintentional Overdose Death Rates[1] by Age Group* and Involvement of Prescription Drugs, Oklahoma, 2007–2011



**Decendents under age 15 and over age 74 were excluded due to small number of cases (<1% of all unintentional overdose deaths).*

Men are 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 65 and older actually have slightly higher death rates than males. Adults age 35-54 have the highest death rate of any age group for both prescription and non-prescription-related overdoses (**FIGURE 2**). The prescription drug overdose death rate is four times higher than the rate for deaths not involving prescription drugs. Nearly three-fourths (72%) of opioid-related deaths occur at a residence.[1]

An increase in availability and accessibility have also contributed to the prescription drug epidemic.[3] According to the 2010 National Survey on Drug Use and Health report, Oklahoma led the nation in non-medical use of painkillers, with more than 8% of the population age 12 and older abusing/misusing painkillers.[4] Oklahoma is also one of the leading states in prescription painkiller sales per capita.[5]

COMMITMENTS TO ACTION

Community/Public Education

A crucial first step in addressing the prescription drug abuse epidemic is to raise public awareness of the problem and build community support for solutions by educating parents, youth, patients, and healthcare providers.[6] Although there have been great strides in raising awareness about the dangers of using illegal drugs, many people are still unaware 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 2013. (Responsible: Governor's Office)

   a) Promote public reporting of diversion to the Oklahoma Bureau of Narcotics and Dangerous Drugs Control.

   b) Promote the 211 information helpline to the public to obtain referrals for opioid addiction treatment.

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

3. Encourage the advisory committees for Oklahoma Certified Healthy Schools, Communities, Campuses, and Businesses to address prescription drug abuse in their criteria by 2013. (Responsible: Oklahoma State Department of Health)

Community Action Items

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

2. Conduct town hall meetings and 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.

COMMITMENTS TO ACTION

Provider/Prescriber Education

Prescribers and dispensers, including physicians, physician assistants, nurse practitioners, pharmacists, nurses, veterinarians, 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 to recognize substance abuse in their patients.[6]

State Action Items

1. Oversee the development of a standardized curriculum to educate students in pharmacy, medical, veterinary, dental, physician assistant, and nursing school on prescribing practices and diversion by 2014. (Responsible: University of Oklahoma College of Pharmacy; Southwestern Oklahoma State University College of Pharmacy; Oklahoma State Regents for Higher Education)

2. Develop (by 2013) and require a training curriculum to educate prescribers and dispensers to reduce opioid overdoses in order to obtain registration with the Oklahoma Bureau of Narcotics and Dangerous Drugs Control by 2015. (Responsible: Prescription Drug Planning Workgroup; Regulatory Boards)

   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 2013. (Responsible: Oklahoma State Department of Health; Prescription Drug Planning Workgroup)

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

COMMITMENTS TO ACTION

Disposal/Storage for the Public

Most people who use prescription painkillers non-medically report getting their drugs from friends or family members.[4] 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.[6]

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: Oklahoma Bureau of Narcotics and Dangerous Drugs Control)

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 2013. (Responsible: Governor's Office)

3. Engage pharmacies, prescribers, and nursing staff statewide to promote proper medication storage to customers/patients, including the sale and use of personal medication lock boxes when dispensing opioids, as well as appropriate disposal by 2014. (Responsible: Regulatory Boards)

Community Action Items

1. Promote the use of drop boxes and other appropriate disposal mechanisms.

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

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

COMMITMENTS TO ACTION

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.[6] 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 2013. (Responsible: Oklahoma State Bureau of Investigation; Oklahoma Bureau of Narcotics and Dangerous Drugs Control)

2. Dedicate resources to develop and administer a standardized training curriculum for non-prescribing/support staff on appropriate storage, transfer, and disposal of medications by 2013. (Responsible: Regulatory Boards; Oklahoma Bureau of Narcotics and Dangerous Drugs Control)

COMMITMENTS TO ACTION

Tracking and Monitoring

Tracking and monitoring prescription drug-related deaths are 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.[6]

State Action Items

1. Enhance the Prescription Monitoring Program (PMP) system 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: Oklahoma Bureau of Narcotics and Dangerous Drugs Control)

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 Boards; Oklahoma Bureau of Narcotics and Dangerous Drugs Control)

3. Develop and implement a plan to share record level, de-identified data from the Prescription Monitoring Program (PMP), Oklahoma Health Care Authority, and other state payer sources for public health research purposes by 2013. (Responsible: Oklahoma Bureau of Narcotics and Dangerous Drugs Control; Oklahoma Health Care Authority; Oklahoma State Department of Health; Oklahoma Department of Mental Health and Substance Abuse Services; Regulatory Boards)

Community Action Item

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

COMMITMENTS TO ACTION

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.[6]

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 and establish funding by 2013. (Responsible: Governor's Office)

2. Establish legislation to create a Prescription Drug Fatality Task Force that includes representation from the 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 2013, to review all available information on each fatality. (Responsible: Regulatory Boards; Oklahoma Bureau of Narcotics and Dangerous Drugs Control)

3. Establish legislation to limit the number of hydrocodone refills by 2013. (Responsible: Oklahoma Prevention Leadership Collaborative)

4. Modify legislation to increase the number of Council on Law Enforcement Education and Training (CLEET) certified investigators on regulatory boards by 2014. (Responsible: Regulatory Boards; Oklahoma Bureau of Narcotics and Dangerous Drugs Control)

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

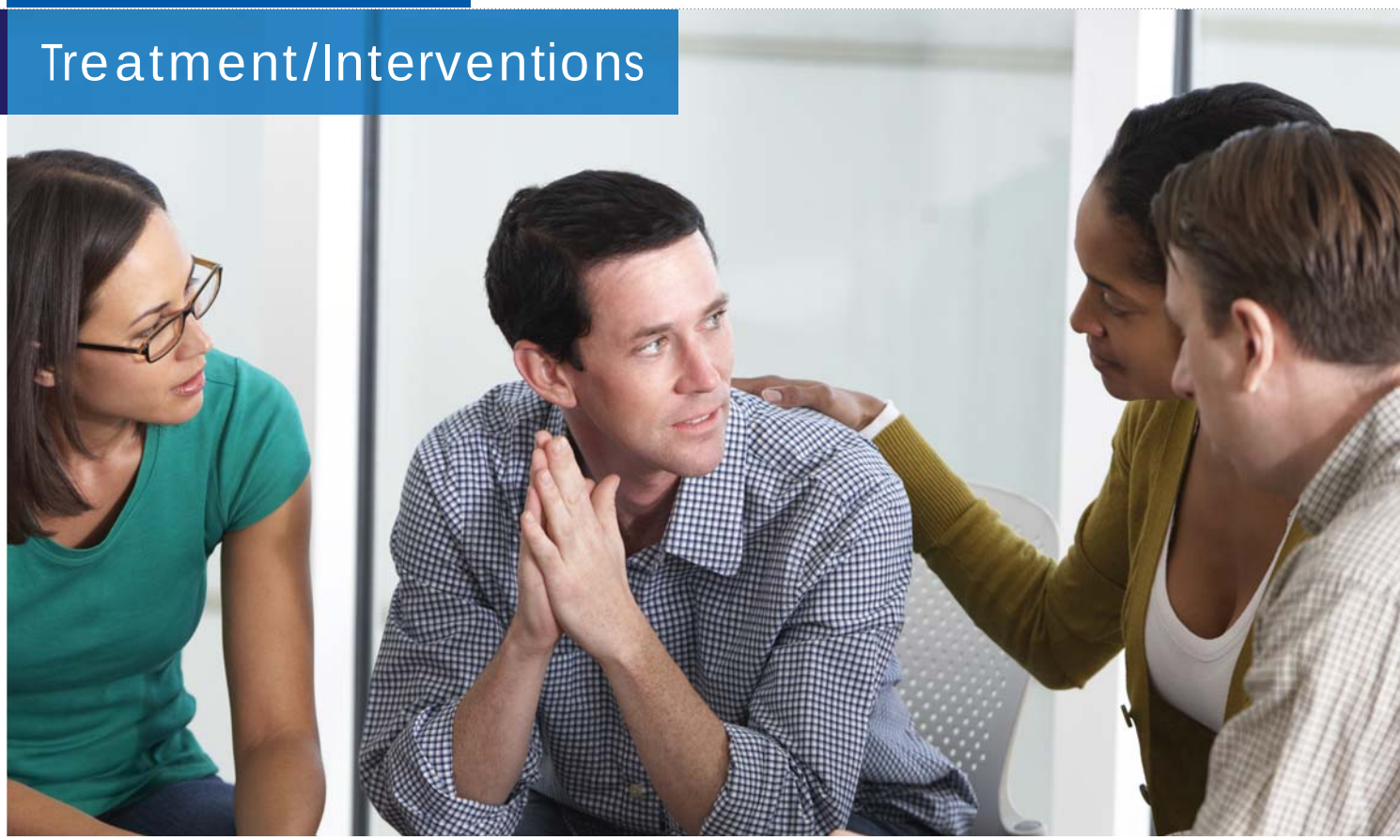
6. Establish a network between regulatory boards and state agencies to share information on regulatory actions and final outcomes by 2014. (Responsible: Regulatory Boards; Oklahoma Health Care Authority)

Community Action Item

1. Support best practice legislation to reduce opioid-related deaths.

COMMITMENTS TO ACTION

Treatment/Interventions



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 overdoses.[6] 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 within minutes.[7]

State Action Items

1. Implement and evaluate a pilot naloxone program by 2014. (Responsible: Oklahoma Department of Mental Health and Substance Abuse Services)
2. Promote a registry of opioid assessment/substance abuse treatment service providers to enhance referral networks by 2013. (Responsible: Oklahoma Department of Mental Health and Substance Abuse Services)
3. Conduct a statewide comprehensive needs assessment on available substance abuse treatment options by 2013. (Responsible: Oklahoma Department of Mental Health and Substance Abuse Services)
4. Increase funding and expansion of community-based services for treatment of opioid dependency. (Responsible: Oklahoma Department of Mental Health and Substance Abuse Services)
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: Oklahoma Department of Mental Health and Substance Abuse Services; 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 2014. (Responsible: Oklahoma Prevention Leadership Collaborative; Oklahoma Association of Chiefs of Police)
7. Establish legislation to authorize the dispensing of naloxone to trained family members, friends, first responders, etc., and establish immunity for these parties who provide first aid to victims of overdoses by 2013. (Responsible: Oklahoma Prevention Leadership Collaborative)

Community Action Items

1. Support naloxone programs that are established within your community.
2. Advocate for expansion of community-based services for treatment of opioid dependency.

Call to Action

In Oklahoma, prescription drug abuse has risen to epidemic proportions. While medicine and research have provided medications to ease suffering and pain and improve the quality of life for individuals, the potential for abuse, diversion, morbidity, and mortality has risen significantly.

As a state, we must take action to ensure the proper and appropriate use of opioids to treat pain and improve patients' quality of life while reducing the risk of abuse and diversion. In order to meet the intended goal of this plan, a comprehensive approach incorporating all of the action items implemented through various partnerships and agencies is imperative to reduce opioid-related overdose deaths.

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