



The Prescription Drug Epidemic in Delaware: What You Need to Know



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Vice-Chair
Prescription Drug Action Committee
(PDAC)*

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BACKGROUND



How did we get here?

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IDEAL GOAL is

NO Delawarean should be in Pain



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Trends: Treating Pain increased the usage of Prescription Drugs



Under treatment of pain

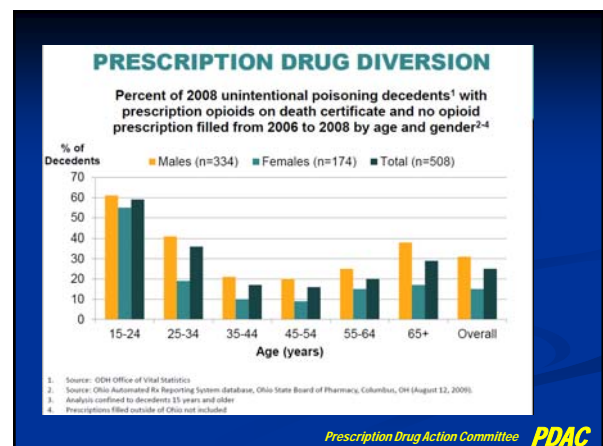
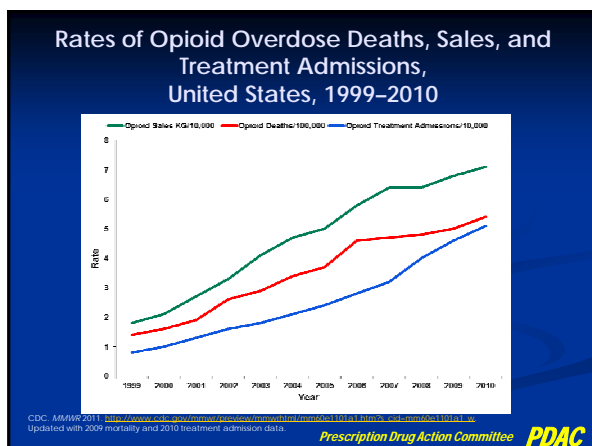
Pain scale
Pain as a vital sign

Increasing availability of opioid analgesics

Increase in abuse of prescription opioids

Ling ppt, 2005

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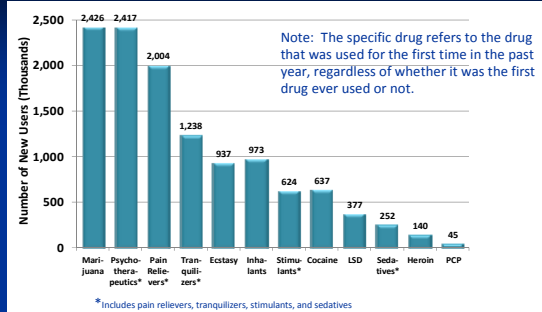


The Prescription Drug Abuse Problem

- 478 million prescriptions for controlled-substances dispensed in U.S. in 2010
- 7 million Americans reported current non-medical use of prescription drugs in 2010
- 25% of first-time drug users begin by using a prescription drug non-medically (2010)
- 6 of top 10 abused substances among high school seniors are prescription drugs
- 28,000 unintentional overdose deaths in 2007 – driven by prescription opioids

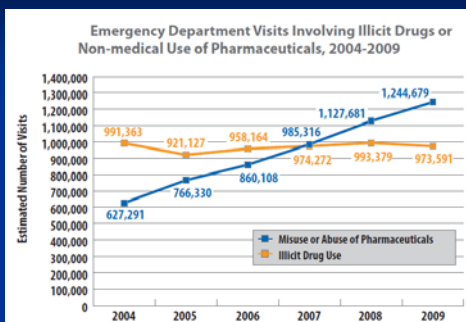
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New Users in the Past Year of Specific Illicit Drugs among Persons Aged 12 or Older, 2010



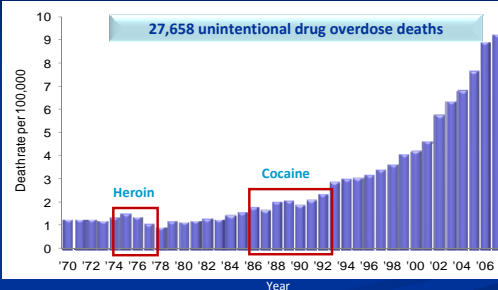
Source: SAMHSA, 2009 National Survey on Drug Use and Health
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Emergency Department Visits



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Unintentional Drug Overdose Deaths United States, 1970–2007

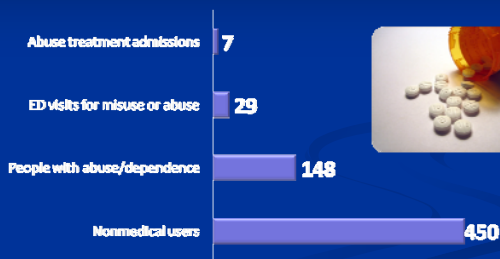


National Vital Statistics System, <http://wonder.cdc.gov>

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Public Health Impact of Opioid Analgesic Use

For every 1 overdose death in 2007, there were

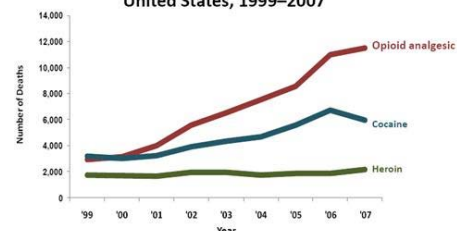


Mortality figure is for unintentional overdose deaths due to opioid analgesics in 2007, from CDC. Treatment admissions are for with a primary cause of synthetic opioid abuse in 2007, from TEDS. Emergency department (ED) visits related to opioid analgesics in 2007, from TEDS.

Abuse/dependence and nonmedical use of pain relievers in the past month, 24 months, and lifetime, from TEDS.

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Unintentional Overdose Deaths Involving Opioid Analgesics, Cocaine and Heroin United States, 1999–2007



Source: Centers for Disease Control and Prevention, Unintentional Drug Poisoning in the United States (July 2010).

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- Illicit drug use in the United States is estimated to have cost the U.S. economy more than \$193 billion in 2007¹
- \$55.7 billion in costs for prescription drug abuse in 2007²
 - \$24.7 billion in direct healthcare costs
- Opioid abusers generate, on average, annual direct health care costs 8.7 times higher than nonabusers³

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Year	Number of Deaths (Blue Bars)	Age-adjusted Death Rate (Red Line)
2000	25	25
2001	30	30
2002	35	35
2003	40	40
2004	45	45
2005	50	50
2006	55	55
2007	60	60
2008	85	85

Figure 1. Number of Deaths and Age-adjusted Death Rate due to Opioid Overdose in Delaware, 2000-2008

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National Vital Statistics System, 2008; Automated Reports Consolidated Orders System, 2010

Year	Motor Vehicle Traffic	Poisoning	Drug Poisoning
80	22.0	5.5	2.5
82	18.0	5.5	2.5
84	18.0	5.5	2.5
86	19.0	5.5	3.0
88	19.0	5.5	3.5
90	18.0	5.5	3.5
92	16.0	5.5	4.0
94	16.0	6.5	4.5
96	16.0	6.5	5.0
98	15.0	7.0	6.0
00	15.0	7.5	7.0
02	15.5	9.5	9.0
04	15.0	10.5	10.5
06	14.0	12.0	12.5
08	12.0	13.0	13.5

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Number

Motor Vehicle Traffic

Accidents/driving by 5 exposure to drugs

Poisonings > MVA by 10% (Mortality 2010)

Poisoning Mortality in DE up by 300% (since 2000)

Year	Motor Vehicle Traffic	Accidents/driving by 5 exposure to drugs
2000	100	10
2001	65	12
2002	90	15
2003	75	18
2004	85	25
2005	90	30
2006	80	25
2007	100	28
2008	65	25
2009	95	25
2010	85	40

A Venn diagram illustrating the relationship between Misuse, Abuse, and Addiction within the Total Pain Population. The diagram consists of three overlapping circles: a large teal circle for Misuse (40%), a yellow circle for Abuse (20%), and a small purple circle for Addiction (2% to 5%). The circles overlap in various combinations, and the text 'Total Pain Population' is written to the right of the diagram.

Category	Percentage
Misuse	40%
Abuse	20%
Addiction	2% to 5%

Webster LR, Webster RM. *Pain Med.* 2005;6(6):432

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Assumptions

- Prescription drug abuse and its consequences are the fastest growing drug problem in the U.S.
- No single solution
- We all have a role to play
- Success will come from coordination and collaboration at the Federal, state, local and hospital levels

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The Prescription Drug Abuse Epidemic

EVERYONE
is either part of the solution
or part of the problem

EVERYONE
Needs to help bend the curve
All Hands On Deck

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THE RESPONSE

Professional Societies
DEA FDA Medical Board
State Attorney General
Pharmacy Board
Hospitals
Medicaid
Regulations.gov
The voice in Federal decision-making
Federal Government
Public Health

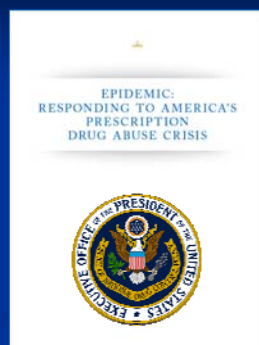
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MSD Medical Society of Delaware
MSD In Action: The Prescription Drug Abuse Crisis
RESOURCES:
Substances for Use of Controlled Substances for the Treatment of Pain
The online Substances for Use of Controlled Substances (PUMP) provides tips on how to use the PUMP and on obtaining the most complete controlled substance history for each of the 2012 controlled substances in the PUMP. It also provides information on how to use the PUMP to obtain controlled substance history for each of the 2012 controlled substances in the PUMP. It also provides information on how to use the PUMP to obtain controlled substance history for each of the 2012 controlled substances in the PUMP.
Regulation 31 Final Rule

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Prescription Drug Abuse Prevention Plan

- Coordinated effort across the Federal government
- 4 focus areas
 - Education
 - Prescription Drug Monitoring Programs
 - Proper Medication Disposal
 - Enforcement



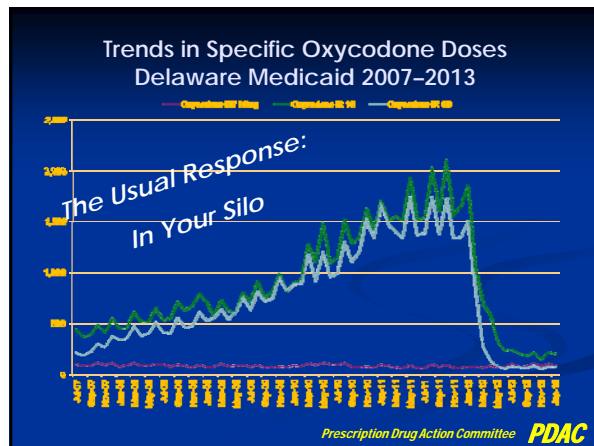
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Safe Opioid Prescribing: Reversing the Trends

**SAFE
OPIOID
PRESCRIBING
INITIATIVE**

Reversing the Trend: A National Health Priority
February 25-26, 2012
American Academy of Pain Medicine Annual Meeting
Palm Springs, California
www.painmed.org

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Delaware Response: PDAC

- MSD & DPH discussion September 2011
- Gov Markell on board December 2011

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 - Coordinated state-wide response
 - Multi-stakeholder (BIG tent)
 - Initial meeting February 2012

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A Coordinated Approach to Action – The Prescription Drug Action Committee (PDAC)

- **History**
 - Established in February 2012
 - Focused on coordinating public, private and community efforts under the leadership of the Division of Public Health and the Medical Society of Delaware
 - Broad and diverse membership
 - As of April 2013, has conducted over 16 full committee public meetings and over 36 sub committee meetings
 - Developing a comprehensive set of recommendations to combat drug abuse, misuse and diversion statewide. Efforts will be ongoing during implementation
 - Our website address is <http://dhss.delaware.gov/dhss/dph/pdachome.html>

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Goal, Approach and Guiding Principles

- **Goal:** Reduce abuse, misuse, diversion and overdose of opioids and other controlled prescription drugs while ensuring consumers with pain and drug addiction are safely and effectively treated.
- **Approach**
 - Define the problem
 - Identify drivers, risk and protective factors
 - Develop, implement, test and measure strategies
 - Ensure widespread adoption
- **Guiding principles for recommendations and actions**
 - A coordinated public health, public safety and healthcare approach is essential
 - PDAC's recommendations compliment federal response focus areas to include: Education, Monitoring, Disposal and Enforcement

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Recommendations to Address Epidemic Data Tracking & Impact Subcommittee

- Develop a **robust surveillance system** within the Department of Public Health
- PMP is for law enforcement and clinical use; **add analytic support** in the PMP for population health
- **Incorporate quality improvement and evaluation into all proposed interventions** to assure appropriate execution.
- **Interface PMP with the DHIN** (Prescription Monitoring Program should be linked to the Delaware Health Information Network (DHIN)).

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Recommendations to Address Epidemic Public Education

- **Launch a statewide public education and outreach campaign.**
 - **Targeted approach** to focus on specific populations to include: those at **high risk for abuse, misuse and overdose**; youth and teenagers; injured workers.
 - Outreach will mirror learning and success of other Public Health marketing campaigns i.e. smoking cessation, cancer.
- **Increase support and collaboration with community coalitions and other partners that focus on prevention.**
 - Build capacity of community based organizations to lead grass roots efforts.

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Recommendations to Address Epidemic Best Practices Subcommittee

- **Implement E-Prescribing for Controlled Substances.**
 - Phased in approach. Require over time. New York is most recent state to mandate.
- **Establish an ongoing, community-based drug take back program.**
 - Better understand what types of drugs are being returned.
 - Federal DEA Final Rules are in process.
- **Potential Policy Recommendations:**
 - See below

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Recommendations to Address Epidemic Access To Treatment

- **Increase access to multi-specialty pain management and substance abuse system which includes outpatient, inpatient and community services and research.**
 - Short term – 1 year
 - Inventory and publish pain management and substance abuse resources and provider information for everyone to access. Provide website and call center access (211).
 - Leverage telehealth to access expert pain management support for provider education to support inpatient/outpatient treatment.
 - Long term – 3-5 years
 - Develop a pain management center of excellence that provides statewide pain management services, consultation and research.
- **Support incentives and reimbursement for proper pain management of patients.**
- **Better understand effective but uncompensated pain management services.**

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Recommendations to Address Epidemic Provider Education

- **Increase knowledge base of Delaware health providers regarding pain management and opioid prescribing.**
- **Support public education by reinforcing messaging during patient consultations.**
- **Launch a statewide, provider education and outreach campaign.**
 - Targeted approach to focus on populations to include: high prescribers; workers compensation providers.
 - Academic detailing to focus on clinical guidelines, e-prescribing, community resources, EHR, and DHIN.

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Recommended

1. Develop a **one-hour CME specific to Delaware** prescription drug abuse and pain management. Must include information about Regulation 31, the Prescription Monitoring Program and other Delaware specific programs and policies. This CME is a one-time requirement.
2. **Require attestation statement for two hours of CME** on safe and effective controlled substances prescribing.
3. Allow Basic Life Support responders the authority to administer Narcan when properly trained.
4. **Require Emergency Department data reporting** similar to current requirement for Hospital Discharge reporting.
5. If not otherwise provided by pending federal policy, permit a drug take back pilot program.

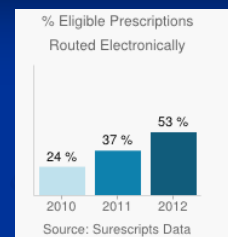
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Recommended

6. Require hospice agencies to implement a uniform procedure to dispose of controlled substances after patient expiration.
7. Provide immunity from prosecution for drug impairment for those reporting overdose as well as for good Samaritan reporting.
8. **PMP Recommendations**
 - Require substance abuse treatment centers to use PMP to evaluate patient risk of abuse.
 - Enable provider clinical support staff have delegate access to PMP via own log-in identification and password.
 - Require practitioners with controlled substance license to register for access to the PMP

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Education



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Public Education

- **Education Goals for parents and patients**
 - Increase awareness about prescription drug abuse
 - Patients and parents understand how to **safely STORE, USE and DISPOSE (sSUD)** of medications
- Evidence-based public education campaign partnering with local anti-drug coalitions, and other organizations (chain pharmacies, community pharmacies, boards of pharmacies, boards of medicine)

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Provider Education

- CME (proposed)
 - 1-time 1 hr Delaware specific
 - Biennial 2 hr CME attestation
- Core Curriculum to be defined by the Secretary of State (Div of Prof Regulation and Board of Medical Licensure & Discipline)
- MSD already developing education
- Required by July 1, 2014
- 2 hrs is 'on your own' - many resources avail



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Provider Education

- **MSD Guidelines for the Use of Controlled Substances for the Treatment of Pain**
(published, Delaware Medical Journal, April 2013)
 - Risk assessment
 - Clinical Evaluation & Documentation
 - Treatment Plan
 - Contracts, urine drug testing, pain management



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MSD Guidelines for Controlled Substances

- **Living Document**
 - Provides for practice type
 - Provides for specialty specific guidelines
- **Incorporate regulations/rules/legislation**
 - Regulation 31
 - Delaware Code
- **Enhance best practices**
- **Enable access to care**
 - Due to physician fear of prosecution, ED visits increased by ~200 patients/week in spring of 2012 when Regulation 31 first enacted

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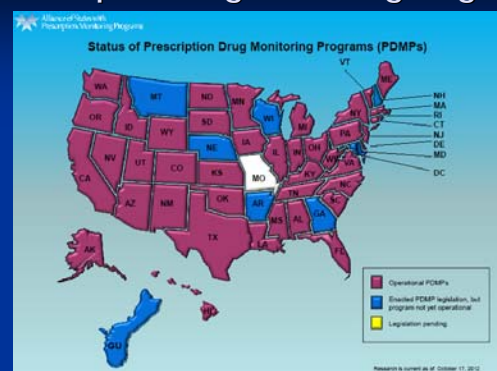
Monitoring

- PMP
- e-Prescribing



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Prescription Drug Monitoring Programs



Reprinted in current as of October 11, 2012
<http://www.pmpalliance.org/pdf/pmpstatemap2012.pdf>

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E-Prescribing

2012 e-Rx: Delaware ranks #1 in the nation



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E-Prescribing

2012 e-Rx: Delaware ranks #1 in the nation

E-Prescribing Controlled Substances (EPCS) is very different:

- Because of difficulty, some states are rolling out state-wide programs (New York) and making it mandatory



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E-Prescribing

2012 e-Rx: Delaware ranks #1 in the nation

E-Prescribing Controlled Substances (EPCS) is very different:

- Password, RSA Token and/or biometric (need 2 of 3)
- All need EHR upgrades (\$\$)
- Will be slower adoption due to IT costs
- Allowed in 2011 but EHR vendors are just now getting certified



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Drug Disposal



- **Drug Take Back**
 - Drug Take Back Day
 - Sat April 27, MAP II, 10am -2pm
- **Major public education issue**
 - IF so dangerous, why not easy to turn in (like car oil, electronics recycling, etc)

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Proper Medication Disposal

- **Goals:**
 - Easily accessible, environmentally friendly method of drug disposal
 - reduces the amount of prescription drugs available for diversion and abuse
- **Limited by DEA rules**
 - Strict rules about 'reverse distributors' have hindered take back efforts to educate patients & caregivers
 - DEA - 5 take back events since 2010
 - After Final Regulations are in place, promote proper medication disposal programs



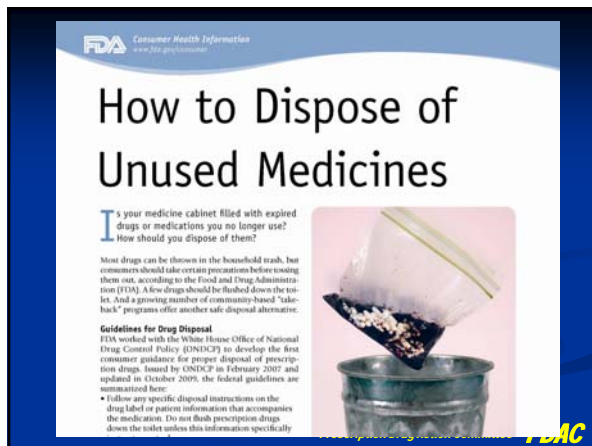
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Drop Boxes for Safe Disposal of Prescription Drugs

- **Drop boxes** - only in a few states through law enforcement
- Old, expired medications left in the home can be targeted by users. Teenagers also target their parent's current or expired prescription drugs to abuse, trade or sell in order to obtain alcohol, marijuana or other drugs.



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Medication Disposal

DisposeMyMeds.org

- Find medication disposal programs at local independent community pharmacy

Drug Take Back Network

- Information on permanent and regularly recurring drug take-back events
www.takebacknetwork.com/local_efforts.html

SMARxT Disposal™

- <http://www.smarxtdisposal.net/>

Safeguard My Meds.org

- <http://www.safeguardmymeds.org/>

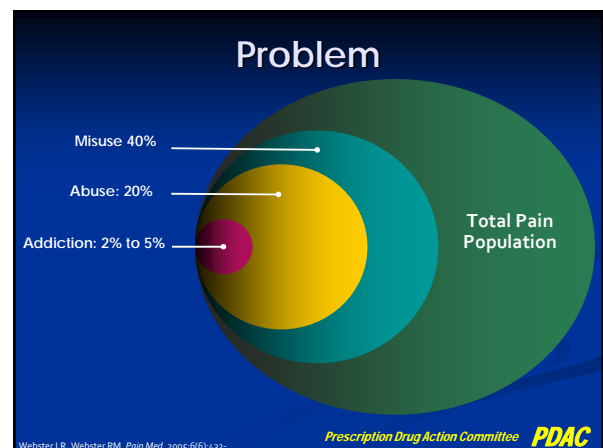
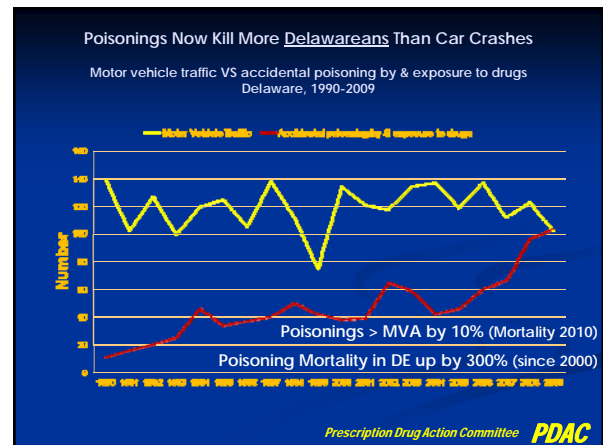
SMART DISPOSAL

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Enforcement

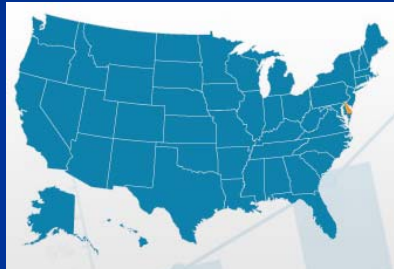
- **Goals:**
 - Assist states in addressing "pill mills" and doctor shopping
 - In Delaware, BMLD is active on this issue
- **Main Actions**
 - AG looking at pill mill bill law
 - Mandatory training for law enforcement
 - See policy recommendations above

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E-Prescribing

2012 e-Rx: Delaware ranks #1 in the nation



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