

# Prescription Drug Abuse Prevention Efforts in Other States



## Ohio Department of Health Violence and Injury Prevention Program

This document presents information and resources from other states in regards to their efforts in prescription drug abuse prevention. The main areas covered are **patient education, provider education, legislation/policy, and data collection**. The information below is based on internet research and information provided by contacts in state health agencies. The following three areas were identified as areas of concern by the Public Health work group of the Ohio Prescription Drug Abuse Task Force (OPDATF).

1. Mandatory Continuing Education: Michigan, Oregon, California, and West Virginia have mandatory continuing education on *pain management*.
2. Professional School Curriculum: As best as can be determined at present, the states that were contacted do not have state laws requiring that prescription drug abuse issues be covered in medical/allied health professional education curriculum. However, Florida in particular is currently working with their medical schools to integrate the issue into curriculum.
3. Incentives for Substance Abuse Treatment professionals: Based on the states contacted, nothing could be identified as being done in regards to encouraging more professionals to work in substance abuse treatment. There was no example of a state using loan forgiveness or tax credits to encourage people to obtain education in this area.

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# Patient Education

## Utah

- Use Only As Directed, a Utah Department of Health Program; <http://useonlyasdirected.org>
  - Includes Educational Materials developed for patient education  
[http://useonlyasdirected.utah.gov/index.php?p\\_resource=involved\\_kits](http://useonlyasdirected.utah.gov/index.php?p_resource=involved_kits)
  - Resources for seniors, adults, and teens
- Zero Deaths- campaign to educate physicians, chronic pain sufferers, and communities about the issue; <http://www.zerodeaths.org/>
  - “Six Steps to Zero” – Guidelines for patients using narcotic drugs
    1. Never take a prescription painkiller unless it is prescribed to you.
    2. Do not take pain medicine with alcohol.
    3. Do not take more doses than prescribed.
    4. Use of other sedative or anti-anxiety medications can be dangerous.
    5. Avoid using prescription painkillers to facilitate sleep.
    6. Lock up prescription painkillers.
- Clean out the Cabinet- medication disposal program; <http://cleanoutthecabinet.org/>

## Washington

- WASHBIRT
  - Washington State Screening, Brief Intervention, Referral and Treatment Program
    - Hospital emergency room staff watches for patients in the emergency room who might need assistance with drug or alcohol services. They screen for alcohol and other drug use and provide a brief intervention or referral to treatment.
    - Report:  
<http://www.dshs.wa.gov/pdf/hrsa/dasa/ResearchReports/WASBIRTImpactsHMC121008.pdf>
- Brochure for use by health professionals to educate their patients about how to safely use prescription pain medication. It also shows possible signs of an overdose and what to do when you observe an overdose; [http://here.doh.wa.gov/materials/safe-use-of-prescription-pain-medication/33\\_PainMeds\\_E10L.pdf](http://here.doh.wa.gov/materials/safe-use-of-prescription-pain-medication/33_PainMeds_E10L.pdf)
- Take as Directed ([www.doh.wa.gov/hsqa/TakeAsDirected/default.htm](http://www.doh.wa.gov/hsqa/TakeAsDirected/default.htm)) page is a resource to help people learn about this serious issue and help prevent death. Information for health care providers, parents, and patients is on the Department of Health website. Parents can also find tips to keep

their children from abusing prescription drugs, and advice on where they can turn if they think their teen needs help.

- Unwanted Medicine return program- Certain Police Stations and pharmacies serve as drop off locations for prescription drugs (pharmacies cannot accept controlled medication); <http://www.medicinereturn.com/resources>

Pilot Project Report:

[http://www.medicinereturn.com/resources/ed\\_materials/resources/ed\\_materials/dec09pharmreportfinal.pdf](http://www.medicinereturn.com/resources/ed_materials/resources/ed_materials/dec09pharmreportfinal.pdf)

## Oregon

- SBIRT Oregon (Screening, Brief Intervention, Referral and Treatment); <http://sbirtoregon.org/>
  - “Curriculum teaches a specific office process in which annual screening is conducted by clinic staff using paper or electronic medical record screening tools. Then resident physicians are taught to perform patient-centered brief interventions through video examples and role play. Having completed the three-hour curriculum, they return to their clinics with office screening systems in place, ready to immediately take part in a process that can usually be carried out within the context of a 15- minute primary care visit.”

## North Carolina

- Project Lazarus- It is an opioid overdose rescue program within a medical care provider and lay population community education program for appropriate opioid use and misuse prevention; <http://projectlazarus.org/>
  - It includes a 20 minute structured educational intervention that teaches how to recognize the signs of an opioid overdose; understand the importance of calling 911; perform rescue breathing; administer intranasal naloxone; and obtain treatment of substance abuse and misuse. The Project also includes a protocol for documenting the medical encounter and provides a kit containing pre-filled syringes of naloxone with adapters for nasal administration.

## Florida

- SBIRT Florida (Screening, Brief Intervention, Referral and Treatment)

## Maine

- Unused Prescription Drug Disposal Project- Mail back program
  - **Summary:** <http://www.epa.gov/aging/RX-report-Exe-Sum/>  
**Project Description:** <http://www.epa.gov/aging/resources/presentations/2008-she-kaye.pdf>

- The goals for the prescription drug return program in Maine included: 1) to devise, implement and evaluate a mail-back plan to remove unused and unwanted medications, both prescription and over-the-counter, from residences and dispose of them in compliance with applicable state and federal laws and sound environmental practices, and 2) to test the effectiveness of an educational campaign about the hazards to life, health, and the environment posed by improper storage and disposal of unwanted medications.
- It was concluded that this program was both effective and feasible. Maine legislature has granted the program additional resources to continue it for two more years.

## **Health Care Provider Education**

### **Utah**

- Continuing Education Credit- 2 hours free online CME (Category I)- not mandatory
- Zero Deaths Campaign- educates physicians, chronic pain sufferers, and communities about the issue; <http://www.zerodeaths.org/>
  - “8 Prescribing Guidelines for Providers”
    1. Assess patients for risk of abuse before opioid therapy and manage accordingly
    2. Watch for and treat co-morbid mental disease when it occurs
    3. Use conventional conversion tables cautiously when rotating (switching) from one opioid to another
    4. Avoid combining benzodiazepines with opioids, especially during sleep hours
    5. Methadone should be started at a very low dose and titrated slowly regardless of whether the patient is opioid tolerant or not.
    6. Assess for sleep apnea in patients on high daily doses of methadone or other opioids and in patients with a predisposition
    7. Tell patients on long-term opioid therapy to reduce opioid dose during upper respiratory infections or asthmatic episodes
    8. Avoid using long-acting opioid formulations for acute post-operative or trauma-related pain
- PainEDU.org: Improving Pain Treatment Through Education; <http://www.PainEdu.org>
  - An educational website for prescribers that teaches about pain assessment and management.

## Washington

- Continuing Education Credit- not mandatory
  - **Opioid Dosing Guideline for Chronic Non-Cancer Pain CE Activity:** The Agency Medical Directors' Group (AMDG) presents a **FREE** CE activity that offers two (2) hours of: Category 2 Credits™, **Or** Washington Board of Pharmacy approved Continuing Education (C.E.) Credit(s)
  - Quick Link available at <http://www.agencymeddirectors.wa.gov/>
- Take as Directed- It has information for health professionals about how to effectively and safely prescribe these medications; [www.doh.wa.gov/hsqa/TakeAsDirected/default.htm](http://www.doh.wa.gov/hsqa/TakeAsDirected/default.htm)

## Oregon

- Communicate with physicians; Monthly newsletter is sent to all providers in the state. Information regarding the magnitude of the prescription drug abuse problem as well as referral to resources for prevention and education; <http://www.oregon.gov/DHS/ph/cdsummary/2009/ohd5820.pdf>
- Prescription Drug Monitoring Program  
“In a procurement process to implement a health outcome focused prescription drug monitoring program. The effort will have a component that encourages and trains healthcare providers to use a brief substance abuse intervention and also provides tools to improve pain management”; [http://www.oregon.gov/DHS/ph/ipe/test\\_pdmp.shtml](http://www.oregon.gov/DHS/ph/ipe/test_pdmp.shtml)
- Continuing Education in pain management for Physicians (MD, DO), Physician assistants, Nurse practitioners, Licensed nurses (RN, LPN), Pharmacists Psychologists, Chiropractors, Acupuncturists, Physical therapists, Occupational therapists, Dentists
  - One time only requirement
  - Completion of the online pain management presentation created by the OPMC, located at [www.oregon.gov/dhs/pain/training.shtml](http://www.oregon.gov/dhs/pain/training.shtml)
  - Completion of six (6) additional continuing education hours approved with the proper accreditation required by your licensing board. This may be through conferences, trainings, online courses, etc.
- Presentations to professional associations

## Florida

- Currently talking with the state’s medical schools to see where this issue can be incorporated into curriculum
- Joined with the Brandeis University Center on prescription drug monitoring programs to see how Florida can incorporate this into continuing education.

## California

- Continuing Education Credit- A one-time 12 credit course on pain management, treatment of terminally ill and dying patients.

## West Virginia

- Continuing Education Credit- Every 2 years, 2 hours must be end-of-life care education, which includes pain management.
  - o Example: “Clinical Challenges in Prescribing Controlled Drugs” CME course;  
<http://dpt.samhsa.gov/providers/prescribingcourses.aspx>

## Tennessee

- Continuing Education-
  - o Physicians who focus on providing care to persons with intractable pain:(6)(c) at:  
[www.painpolicy.wisc.edu/domestic/states/TN/mbreg.pdf](http://www.painpolicy.wisc.edu/domestic/states/TN/mbreg.pdf)  
  
“ If a physician provides medical care for persons with intractable pain, with or without the use of opiate medications, to the extent that those patients become the focus of the physician's practice the physician must be prepared to document specialized medical education in pain management sufficient to bring the physician within the current standard of care in that field which shall include education on the causes, different and recommended modalities for treatment, chemical dependency and the psycho/social aspects of severe, chronic intractable pain.”

## Prescription Prescribing Guidelines

## Utah

- Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain

Website link: <http://health.utah.gov/prescription/guidelines.html>

PDF: [http://useonlyasdirected.utah.gov/uploads/65026\\_UDOH\\_opioidGuidlines.pdf](http://useonlyasdirected.utah.gov/uploads/65026_UDOH_opioidGuidlines.pdf)

- i. Developed by 15 clinical pain specialists in collaboration with the state agencies
- ii. Online opioid dosing calculator for morphine equiv/day
- iii. **Summary of Recommendations available at:**  
<http://www.healthinsight.org/hcp/ppmp/assets/UT%20Opioid%20Prescribing%20Summary%20Guidelines.pdf>
- iv. **Six Practices for Safe Narcotic Prescribing**
  1. Start Low, Go Slow(methadone 5mg bid for most pts),
  2. Obtain Sleep Studies(>100mg/day morphine equivalent, >50mg methadone),

- 3. Obtain EKGs (methadone >50mg/day or when combining with other QT prolonging drugs),
- 4. Avoid use with benzodiazepines and sleep aids
- 5. Avoid using long-acting narcotics for acute pain
- 6. Educate patients and families.
- Guideline Tools; <http://health.utah.gov/prescription/tools.html>
  - Tools to use in evaluating and monitoring patients
  - Tools to screen for risk of complications
  - Informational tools

## Washington

- Online Dosing Calculator
  - Washington State Department of Social & Health Services (DSHS) team developed an "opioid taper plan calculator" designed to help providers reduce the amount of opium-derivative narcotics prescribed for Medicaid clients fighting pain.
  - Quick Link to calculator is available at <http://www.agencymeddirectors.wa.gov/>
- Opioid Dosing Guideline
  - **•Part I**-If patient has not had clear improvement in pain AND function at 120 mg morphine equivalent dose (MED), "take a deep breath"
  - if needed, get one time pain management consultation (certified in pain, Neuro, Physiatry)
  - **•Part II**-guidance for patients already on doses above 120 mg MED
  - **Opioid Dosing Guideline –2010 update**
    - i. **•Guideline** updated with **new tools** for prescribing practitioners
    - ii. **•Updates:**
      - 1. Specific substance abuse & depression screening tools recommended
      - 2. Scales to measure pain and function
      - 3. 5 page appendix on urine drug testing
    - iii. <http://www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf>
    - iv. <http://www.safestates.org/associations/5805/files/Burke-Cain.pdf>

## Minnesota

- Opioid Prescribing: Clinical Tools and Risk Management Strategies
  - Includes: Monograph, Doctor-Patient Controlled Medication Agreement, Legal and Regulatory Landscape for Prescriptions of Controlled Substances in MN, Report of the Minnesota Board of Medical Practice Work Group on Appropriate Prescribing of Controlled Substances for the Management of Pain.
  - [http://www.state.mn.us/mn/externalDocs/BMP/Opioid\\_Prescribing\\_Clinical\\_Tools\\_and\\_Risk\\_Management\\_Strategies\\_020910012520\\_monographandmaterialopt.pdf](http://www.state.mn.us/mn/externalDocs/BMP/Opioid_Prescribing_Clinical_Tools_and_Risk_Management_Strategies_020910012520_monographandmaterialopt.pdf)

## Data Collection

In general, other states are working to.....

- Improve quality of quantitative data by linking state managed databases (prescription monitoring programs, ME data, poison control, emergency department data, etc.)
- Use qualitative data to support prevention efforts; conduct personal Interviews and gather personal stories

### **Utah**

- Use of the Utah Controlled Substances Database ;  
Source: [Prescription Pain Medication Deaths in Utah: Trends and What Utah is Doing to Stop the Epidemic](#)
  - Legislation changed to allow Utah Department of Health researchers to access
  - Linked CSDB to death certificate database and medical examiner data
  - What proportion of narcotics poisoning decedents had a valid controlled substance prescription at time of death?
- Interviews with family and friends of Utah residents aged 13+ who died of a drug overdose
  - <http://health.utah.gov/prescription/advisory%20committee/UtahDrugOverdoseDecedentInterviewsReport2009.pdf>

### **Oregon**

- Use of Medical Examiner data to support legislation
- Interviews with family and friends of residents who died of a drug overdose (like Utah) to help identify upstream risk factors
- Pilot study in a metropolitan area to research the risk factors for prescription drug abuse; how and why people get into non-medical use

### **Montana**

- Linking medical examiner data on drug over dose deaths with Medicaid files. Analyze data for prescribing patterns, co-morbidities, and costs.
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## Legislation/Other

### Utah

- Based on research into other state efforts, Utah determined that mandatory CME on this issue would not be effective. At one point California had legislation mandating CME, but it was later eliminated.
- There is pending legislation that says a patient must confer with a pain specialist if they are going to exceed 120mg.
- Legislation targeting prescribers: When prescribers obtain/renew a controlled substance license they must pass a test. They also must register in the PMP and know how to access it.
- Medicaid Lock-in Program
- Incentives for involving professionals in substance abuse treatment
  - Initiative in place to get more rural prescribers trained to prescribe buprenorphine
    - Training is required to prescribe this medication
    - There is an initiative to pay rural prescribers to complete the training
- Reckitt-Benkiser Patient Assistance Program-(Suboxone) ; [http://www.rxassist.org/pap-info/company\\_detail.cfm?CmpId=173](http://www.rxassist.org/pap-info/company_detail.cfm?CmpId=173)

### Washington

- Good Samaritan Law – In effect June 10, 2010; allows immunity for anyone who is either experiencing an overdose or witnessing one; <http://www.atg.wa.gov/pressrelease.aspx?&id=25810> ; <http://stopoverdose.org/>
- Emergency Department Information Exchange
  - Shares patient information between EDs
  - HIPAA compliant system- a HIPAA lawyer was hired to give a recommendation as to whether the system violates HIPPA. The lawyer determined that the system does not violate HIPPA.
  - Low cost
  - In Sacred Heart Hospital for over 5 years, 4 more hospitals now on board
- Pain Management Legislation (writing the rules right now, in partner with medical boards etc.)
  - Requires medical, nursing, dental, osteopaths & podiatry to adopt new pain management rules for chronic, non-cancer pain
  - Including:
    - i. Dosing criteria –not to be exceeded without consultation
    - ii. Guidance on tracking clinical progress (pain & function)
    - iii. Guidance on tracking the use of opioids, particularly in the emergency department
- Medicaid Lock-in  
<http://www.safestates.org/associations/5805/files/Patient%20Review%20Coordination%20program6.pdf>

## Michigan

- Pain and Symptom Management Legislation; [http://www.michigan.gov/mdch/0,1607,7-132-27417\\_45947\\_45948\\_52193---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-27417_45947_45948_52193---,00.html)
  - Public Health Code section 333.16204  
This statute requires health care professionals to complete continuing education as a condition for license renewal (excluding sanitarians, veterinarians and veterinary technicians). Individuals must complete an appropriate number of hours or courses in pain and symptom management as determined by their respective board.

## North Carolina

- Pending legislation to grant law enforcement access to the prescription monitoring program

## Florida

- Pill mill legislation to address gaps in current statutes to support increased enforcement efforts; [http://laws.flrules.org/files/Ch\\_2010-211.pdf](http://laws.flrules.org/files/Ch_2010-211.pdf)
  - Legislation bans felons from owning pain clinics and gives the state new powers to halt clinics that dispense hundreds of pills at a time to drug abusers and dealers.
  - Ban as owners or operators of pain clinics any felons or doctors and clinic operators with a history of prescription drug violations.
  - Empower the state Department of Health to go through patient records to search for improper pill activity, shut down, suspend or fine clinics that violate rules
  - Effective Date: 10/01/2010

**SB 2272- GENERAL BILL** by Criminal Justice and Health Regulation and Health Regulation and Fasano and Gardiner (CO-SPONSORS) Aronberg; Gaetz; Gelber; Crist

**Controlled Substances [SPSC]:** (THIS BILL COMBINES CS/S2272 & CS/S2722) Provides that pain-management clinics that are required to be registered with the DOH are business establishments. Requires that all privately owned pain-management clinics, or offices that primarily engage in the treatment of pain by prescribing or dispensing controlled substance medications or by employing a physician who is primarily engaged in the same, to register with the DOH, etc.

## Louisiana

- Has a Methadone clinic and a suboxone clinic
- Legislation: Licensure of Pain Management Clinics (La. R.S. 40:2198.12)
  - <http://law.justia.com/louisiana/codes/48/321411.html>
  - Restricts ownership of pain management clinics.

## **Kentucky**

- Currently researching the promise of substance abuse courts. The Courts order treatment and monitoring rather than incarceration.

## **Montana**

- Prior authorizations required for certain medications
- Medicaid Lock-in program

## **Other Resources**

- State Issued Prescription Forms;  
[http://www.safestates.org/associations/5805/files/5\\_Simoni\\_Wastila\\_%20FINAL\\_Cor2.pdf](http://www.safestates.org/associations/5805/files/5_Simoni_Wastila_%20FINAL_Cor2.pdf)
- Drug Courts; <http://www.safestates.org/associations/5805/files/3AHUDD~2.pdf>