State Substance Abuse Agencies and Prescription Drug Abuse
Initial Results from a NASADAD Membership Inquiry

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NASADAD Membership Inquiry on Prescription Drug Abuse: Overview

• State Substance Abuse Agencies (SSAs) consider prescription drug abuse to be an important issue.

• States are doing a lot to address the problem:
  • Convened Task Forces
  • Enacted Legislation
  • Provided Education to Prescribers, Pharmacists, Consumers, and the General Public
NASADAD Membership Inquiry: Primary Objectives

• Understand how SSAs are addressing prescription drug abuse.
• Examine policies, practices, and challenges/barriers.
• Identify training, technical assistance, and resource needs.
Poisoning is the Leading Cause of Death from Injury in 30 States (CDC 2011)

Opioid Analgesics Involved in More Than 40% of Drug Poisoning Deaths in 2008 (CDC 2011)

Number of drug poisoning deaths involving opioid analgesics and other drugs: United States, 1999–2008

Prescription Drug Abuse: Understanding the Problem

• In 2010, 7 million (2.7%) persons age 12 or older misused or abused some type of prescription drug in the past month similar to 2009 and 2002 levels (NSDUH 2010).

• Among young adults aged 18 to 25, the rate of nonmedical use of prescription-type drugs in 2010 was 5.9%, similar to rates from 2002 to 2009 (NSDUH 2010).

• Among youths aged 12 to 17, the rate of current nonmedical use of prescription drugs declined from 4% in 2002 to 3% in 2010 (NSDUH 2010).

• Prescription drugs are 2nd most used drug among youth after marijuana (Monitoring the Future 2009).
Past Year Nonmedical Pain Reliever Use among Youths and Young Adults in NSDUH and MTF: 1994-2010
Understanding the Problem: Source of Prescription Drugs (NSDUH 2010)

• Among persons aged 12 or older who misused or abused prescription pain relievers:
  • 55% received from a friend or relative for free.*
  • 11.4% purchased from a friend or relative.
  • 4.8% took from a friend or relative without asking.
  • 17.3% received from a doctor’s prescription.
  • 4.4% received from a dealer or stranger.
  • 0.4% ordered on the Internet.

*Among those receiving drugs from a friend or family for free, 79.3% of friends or relatives received drugs from a doctor’s prescription.
ED visits involving misuse or abuse of narcotic pain relievers rose 111% from 2004 to 2008.
Membership Inquiry: Overview

- Web survey conducted March 2012.
- Invited State Directors, Treatment Leads (NTNs), and Prevention Leads (NPNs) to participate.
- Received 76 responses (46 States, 2 Territories, and the District of Columbia); cross-checked multiple responses to create “State” response
- Analysis includes 46 States and the District of Columbia (N = 47 States).

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Importance of Prescription Drug Abuse to State Substance Abuse Agencies

- Most Important (11)
- Very Important (27)
- Important (7)
- Moderately Important (2)
- Of Little Importance (0)
- Unimportant (0)
State Task Force Addressing Prescription Drug Abuse

- Yes, currently exists (29)
- Yes, once existed but no longer active (7)
- No (9)
- Unsure (2)

- 62%
- 19%
- 15%
- 4%
State Task Force: California

- Established in 2008.
- Nearly 40 members, including State and Federal officials, educators, researchers, and members of private sector; chaired/managed by the SSA.
- Documented nature/magnitude of problem and made recommendations:
  - **Awareness**: Educate caregivers, middle/high school and college students, health professionals
  - **Training** to addictions and other health professionals on how to screen, treat and refer for prescription drug abuse
  - **Reduce Availability**: Improve the PDMP; limit pharmaceutical marketing and internet sales
  - **Other Policies**: Improve Medi-Cal coverage for buprenorphine, and screening and brief interventions; return of unused medications
  - **Track the Problem**: Include prescription drug abuse items in existing health data systems

“Summary Report and Recommendations on Prescription Drugs: Misuse, Abuse and Dependency” (2009)
State Task Force: Iowa


- Made wide-ranging recommendations:
  - **Education/Intervention**: PSAs on dangers; info for parents; school prevention; health and addiction professionals (re: prescription drugs and PDMP).
  - **Storage and Disposal**: Educate and encourage citizens; expand drop-off and disposal services; evaluate disposal policies and services.
  - **Monitoring**: Enhance the PDMP; interstate (and V.A.) sharing of data; automatic alerts to prescribers and dispensers; real-time data submission; promote use of PDMP; link PDMP to state HIT system
  - **Enforcement**: Expand use of PDMP, collaborating with health field to understand good pain care versus improper prescribing practices

State Legislation Addressing Prescription Drug Abuse

Any Legislation Passed in Past 5 Years?
- Yes (32)
- Pending (5)
- No (9)
- No Response (1)

Breakdown by Legislation Focus (N = 47)

- Focus on Demand
  - Yes: 53%
  - Pending: 9%
  - No: 30%
  - Unsure: 6%

- Focus on Supply
  - Yes: 38%
  - Pending: 6%
  - No: 36%
  - Unsure: 17%

- Focus on Legal Dispenser/Pharmacy
  - Yes: 43%
  - Pending: 9%
  - No: 30%
  - Unsure: 17%

- Focus on Prescriber
  - Yes: 32%
  - Pending: 9%
  - No: 43%
  - Unsure: 15%

Percent of States
- Yes
- Pending
- No
- Unsure
- No Response
Educating the General Public

Any Education (N = 47)
- Yes (39) - 83%
- No (8) - 17%

By Education Type (N = 47)
- Printed materials - 64%
- Internet campaign - 26%
- Multimedia (radio or television) - 40%
- Other - 32%
- No - 17%
Target Population Initiatives

Other Populations Cited:
- Native Americans and Tribes (2)
- Pregnant Women (2)
- Those with Chronic Health Conditions (1)
- Post-Natural Disaster Communities (1)

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<thead>
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<th>Population</th>
<th>Yes</th>
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<tr>
<td>Adolescent/Young Adults</td>
<td>53%</td>
<td>34%</td>
<td>6%</td>
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<tr>
<td>Older Adults</td>
<td>23%</td>
<td>47%</td>
<td>13%</td>
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<tr>
<td>Women</td>
<td>19%</td>
<td>55%</td>
<td>13%</td>
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Educational Activities for Physicians, Pharmacists, and Patients

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<tbody>
<tr>
<td>Physicians/Other Prescribers?</td>
<td>51%</td>
<td>28%</td>
<td>15%</td>
<td>6%</td>
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<tr>
<td>Pharmacists?</td>
<td>38%</td>
<td>32%</td>
<td>17%</td>
<td>13%</td>
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<tr>
<td>Patients/Families?</td>
<td>53%</td>
<td>34%</td>
<td>11%</td>
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SSA Involvement with Prescription Drug Monitoring Program (PDMP) (N = 28)

- Directly oversees (3)
- On committee that oversees (3)
- Advisory capacity (9)
- No involvement (12)
- Unsure (1)
Usefulness of PDMP Data to SSAs

- Very Useful (17) - 36%
- Useful (13) - 28%
- Somewhat Useful (6) - 11%
- Not Particularly Useful (1) - 6%
- Not Useful (2) - 4%
- Not Applicable (5) - 13%
- Unsure (3) - 2%

**Total:** 64 responses
“What are some highlights to your State agency’s current programs or initiatives addressing prescription drug abuse?”

• **Collaboration with Partners**
  • e.g. across State agencies; with law enforcement; with primary care providers; across States

• **Education and Prevention**
  • e.g. provide community education; mobilize prevention coalitions; educate prescribers and pharmacists

• **Early Identification and Referral to Treatment**
  • e.g. SBIRT training for physicians

• **Supply Reduction**
  • e.g. take back initiatives
Highlights: Arizona

• State Agency collaborated with Poison Control Centers to identify repeat poisonings and make referrals to SUD treatment services.

• Online trainings were developed for Emergency Department doctors to increase the understanding of screening and referral process.
Highlights: Ohio

• In 2009, opiates were primary drug of choice for 18% of all clients (up from 7% in 2001).
• Top priority of Governor Kasich – includes a Task Force led by SSA.
• State conference in 2011.
• “Recovery 2 Work” Initiative – Led by SSA, Rehabilitation Services, and County Authorities.
  • Integrates addiction treatment with vocational rehab services – focus on jobs.

http://recovery2work.org
Highlights: Oregon

• In 2010, the State Agency developed the Prescription Opioid Poisoning Prevention (POP) Action Plan to reduce analgesic overdose deaths in the State.

• This plan took a multi-agency, public-private collaboration approach to addressing four areas: 1) communication; 2) education; 3) clinical practice and policy; 4) system coordination clinical practice issues.
Highlights: Utah

• Legislation requires prescribers to attend four hours of substance abuse classes.

• April is designated as “Clean Out your Medicine Cabinet” Month.

http://www.medicationdisposal.utah.gov/cleanoutcabinet.htm

• Through local prevention coalitions, successful take back events have collected 6,550 pounds of prescription drugs.
Highlights: Vermont

- 2\textsuperscript{nd} highest State per capita for admissions to prescription opiates treatment in 2008.
- Implement a “Hub and Spoke” System to provide prescription opioid treatment:
  - Hub: 5 locations with specialty assessment, treatment, care coordination.
  - Spoke: Ongoing care system with prescribing physicians, SUD/MH professionals, recovery supports.

From Integrated Treatment Continuum of Substance Use Dependence: “Hub/Spoke” Initiative—Phase 1: Opiate Dependence

Remaining Challenges: Themes across States

• Easy access (high supply) of prescription drugs.
• Lack of funding.
• Need for workforce development (lack of capacity to address this issue).
• Challenges with data (lack of data; data that doesn’t capture the entire story).
• Need to prioritize the issue.
• Challenges with collaboration.
• Need for PDMP improvement (need for improved collaboration with PDMP host agency; lack of funding for PDMP).
Conclusion and Next Steps

• States are doing a lot to address this problem.
• Continued analysis of inquiry results (including documents provided by States).
• How can NASADAD assist States to continue their efforts?
  • Identify effective policies and practices.
  • Identify challenges and barriers.
  • Identify training, technical assistance, and resource needs.

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