



## Oregon's strategy to confront prescription opioid misuse: a case study



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### ABSTRACT

Governor John Kitzhaber appointed a Prescription Drug Taskforce to address Oregon's opioid epidemic. This case study reviews the Taskforce's participation in the National Governors Association State Policy Academy on Reducing Prescription Drug Abuse. To address the challenge of the misuse and abuse of prescription opioids, the Taskforce developed a strategy for practice change, community education and enhanced access to safe opioid disposal using stakeholder meetings, consensus development, and five action steps: (1) fewer pills in circulation, (2) educate prescribers and the public on the risks of opioid use, (3) foster safe disposal of unused medication, (4) provide treatment for opioid dependence, and (5) continued leadership from the Governor, health plans and health professionals. Although the story is ongoing, there are lessons for leadership in other states and for public health and medical practitioners throughout the country.

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### 1. Introduction and context

A federal report on nonmedical prescription drug use asserted that Oregon led the nation in nonmedical use of opioid analgesics. State-level data from the 2010 and 2011 National Survey on Drug Use and Health estimated that 6.4% of the Oregon population 12 years or older used prescription pain relievers in the past year for non-medical reasons (Substance Abuse and Mental Health Services Administration, 2012). When the analysis was restricted to women and men aged 18 to 25 years, the rate was even more alarming—15.0% (Substance Abuse and Mental Health Services Administration, 2012). Clearly, the state had a problem.

Governor Kitzhaber, a practicing emergency physician prior to his entry into public office, recognized the need for action; he asked the director of the Alcohol and Drug Policy Commission (a 28 member board that plans, evaluates and coordinates the funding and delivery of alcohol and drug prevention and treatment services) to apply to participate in the 2012/2013 National Governors Association (NGA) State Policy Academy on Reducing Prescription Drug Abuse (a seven state learning community addressing prescription drug misuse). This case study describes the development of Oregon's strategy to better control prescription opioids and reduce overdoses. A review of the epidemiol-

ogy of opioid use in Oregon provides context for the case study and a description of the Alcohol and Drug Policy Commission outlines the vehicle used to convene and coordinate the policy initiative.

#### 1.1. Opioid use in Oregon

In addition to leading the nation in the estimated rate of nonmedical use of prescription opioids during the past year (6.4% versus the national mean of 4.6%) (Substance Abuse and Mental Health Services Administration, 2012), opioid overdose fatalities in Oregon increased five-fold between 2000 (1 overdose death per 100,000 deaths) and 2006 (5 per 100,000 deaths) and stabilized between 4 and 5 deaths (per 100,000) in 2006 to 2011 (Millet, 2012). Overdose deaths related to heroin also increased between 2000 (0.8 overdoses per 100,000 deaths) and 2011 (3.1 overdoses per 100,000 deaths) (Millet, 2012).

Oregon's Prescription Drug Monitoring Program became operational in 2011 and provides insight into access to prescription opioids. During a 6 month period (October 2011 through March 2012) pharmacies filled 1,872,534 prescriptions for an opioid analgesic (i.e., hydrocodone, oxycodone, morphine, methadone, fentanyl, or hydromorphone) to 611,985 unique individuals (rate = 485 filled prescriptions per 1000 residents; [http://www.orpdmp.com/orpdmpfiles/PDF\\_Files/Reports/PDMP-AC\\_AnnualReport\\_2012.pdf](http://www.orpdmp.com/orpdmpfiles/PDF_Files/Reports/PDMP-AC_AnnualReport_2012.pdf)).

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**Table 1**  
Prescription Drug Taskforce and Delegation to NGA Policy Academy.

Member	Title	Description
Rob Bovett <sup>a</sup> Tom Burns	Former District Attorney for Lincoln County, Oregon Director of Pharmacy Programs, Oregon Health Authority	Prosecutor and state and national drug policy expert Responsible for policy issues affecting the purchase of prescription drugs for publicly funded services.
Judy Cushing <sup>a</sup> Mary Ellen Glynn <sup>a</sup> Sean Kolmer Jeff Kruse	Chief Executive Officer, Lines for Life Former Director, Alcohol and Drug Policy Commission Governor's Office, Chair of the Delegation Oregon State Senator	Community leader and prevention expert Prepared NGA application Governor Kitzhaber's Health Policy Advisor General Assembly leader on healthcare policies and the Prescription Drug Monitoring Program
Dennis McCarty <sup>a</sup> Lisa Millet	Professor, Oregon Health & Science University Section Manager, Oregon Injury and Violence Prevention Program, Center for Prevention and Health Promotion, Oregon Health Authority	Researcher with expertise in alcohol and drug treatment and prevention Implemented and manages the Oregon Prescription Drug Monitoring Program
Jim Shames	Public Health Officer, Jackson County and Josephine County	Physician and community leader addressing prescription opioid overdoses in Southern Oregon

<sup>a</sup> Member of the Alcohol and Drug Policy Commission.

Advocacy for access to controlled medications for pain relief may have contributed to the rates of individuals prescribed opioids and the number of opioid prescriptions issued. The Oregon Intractable Pain Act (passed in 1995; amended in 2003 and 2007) allows physicians to prescribe controlled substances for treatment of chronic pain without sanction from the Oregon Medical Board (<http://www.oregon.gov/omb/board/philosophy/Pages/Pain-Management.aspx>). The Act promotes adequate treatment of pain. Oregon Administrative Rules require that chronic pain be assessed and managed and physicians must inform patients about the risks of opioid therapy; patients must sign that they have been informed and understand the therapeutic risks (<http://www.oregon.gov/omb/OMBForms1/material-risk-notice.pdf>). The Oregon Pain Commission (<http://www.oregon.gov/oha/OHPR/pages/pmc/index.aspx>) advocates for appropriate patient access to pain management and promoted the 2007 amendments expanding access to pain medication (<http://www.oregon.gov/omb/OMBForms1/material-risk-notice.pdf>). Because of the history of advocacy for the use of opioid analgesics, Oregon needed to bring diverse stakeholders to the table (e.g., Oregon Pain Commission, Oregon Medical Association, Medicaid health plans, commercial health plans, emergency physicians), document the problem with reports on overdose fatalities and data on prescription opioids from the Oregon Prescription Drug Monitoring Program, and seek relative consensus on how to reduce opioid overdoses and the burden of opioid abuse.

## 2. Alcohol and Drug Policy Commission and the NGA Policy Academy

Oregon legislation in 2009 created the Alcohol and Drug Policy Commission to coordinate alcohol and drug prevention and treatment activities across state agencies and to promote integrated data on the nature and impact of alcohol and drug problems in Oregon (<http://www.doj.state.or.us/adpc/Pages/index.aspx>). Commissioners represent state agencies (e.g., corrections, education, health, human services, the liquor control board, and the youth authority) and interest groups directly and indirectly affected by alcohol and drugs (e.g., healthcare, law enforcement, treatment, prevention and recovery, and research). The Attorney General at the time, John Kroger, advocated for creation of the Commission and served as the Chair of the Commission. As a person in recovery and former Federal prosecutor, Attorney General Kroger understood the personal, public safety, and public health impacts of alcohol and drug use disorders. Mr. Kroger's enthusiasm and authority encouraged the leadership of key state agencies to participate actively in Commission meetings and initiatives.

The Director of the Commission reports to the Governor's Office and seeks support from participating state agencies for coordinated

prevention and treatment initiatives. In this capacity, the Director, with support from members of the Commission, prepared and submitted an application to participate in the NGA State Policy Academy on Reducing Prescription Drug Abuse. A nine member Prescription Drug Taskforce formed the Oregon delegation to the policy academy and blended stakeholders with eclectic perspectives on public policy (a State Senator, Director of the Alcohol and Drug Policy Commission, Director of Pharmacy Programs, Governor's health advisor), public health (county health officer, manager of the prescription monitoring program, public health investigator, prevention provider), and public safety (county district attorney) (see Table 1). Taskforce members participated in meetings sponsored by the NGA and with support from NGA held public forums for stakeholders in Oregon.

### 2.1. NGA Policy Academy

The NGA sponsored the Policy Academy to facilitate state initiatives to reduce prescription drug abuse (<http://www.nga.org/cms/Rx>). "Abuse" and "misuse" of prescription opioids were not explicitly defined; in context, the terms included nonmedical use, the operation of pill mills, doctor shopping, illicit sales, and other inappropriate uses of opioids. The Academy received support from the Robert Wood Johnson Foundation, the Association of State and Territorial Health Officials, and pharmaceutical and healthcare organizations. The governors of Alabama (Governor Robert Bentley) and Colorado (Governor John Hickenlooper) hosted the Academy and a competitive application process selected five additional states: Arkansas, Kentucky, New Mexico, Oregon and Virginia. Prior to the initial 2 day meeting in Montgomery, Alabama (October 22 and 23, 2012), states described their prescription drug monitoring program, outlined prior regulatory and purchasing strategies to affect prescription practices, reviewed support for law enforcement, listed current partnerships addressing prescription drug abuse and public education efforts, and noted legislative proposals.

Presentations at the Academy described (a) prescription drug monitoring programs, (b) strategies supported by pharmaceutical corporations and retailers to dispose of unused medications and to reduce illicit sales, and (c) the Office of National Drug Control Policy's Prescription Drug Strategy. The NGA spokesperson acknowledged that prescription drug misuse included many types of medication but the Policy Academy would focus on opioid medications. In subsequent breakout sessions, states outlined needs and drafted strategies to address the misuse and abuse of prescription opioids.

The Oregon delegation discussed the nature of Oregon's prescription drug problems and focused on opioid analgesics. The state senator explained the need for ongoing access to opioid analgesics by reviewing his support for the Oregon Intractable Pain Act and his role on the

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