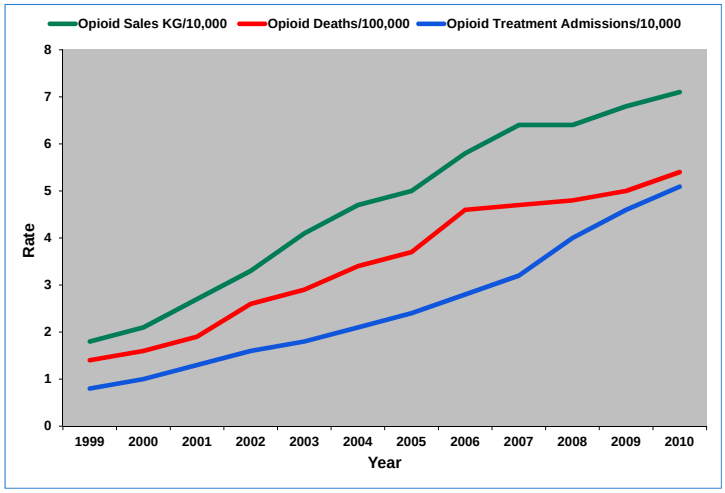
Recommendations of the Governor's Task Force on Prescription Drug and Heroin Abuse

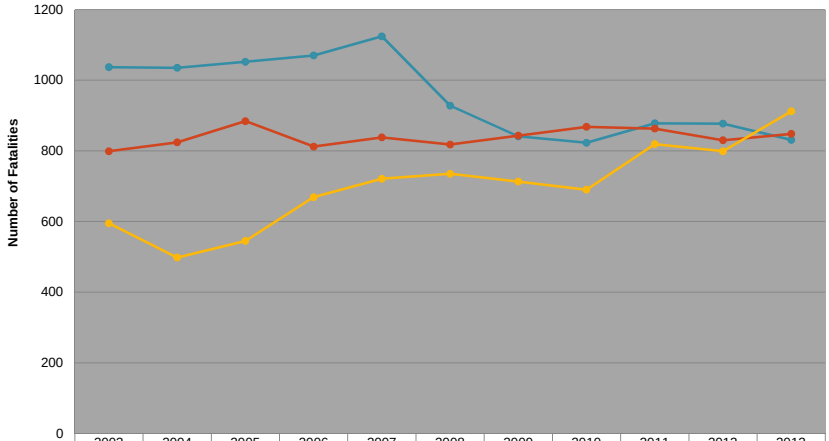
Jodi Manz, MSW
Policy Advisor
Office of the Secretary of Health and Human Resources
October 7, 2015

Rates of Opioid Overdose Deaths, Sales, and Treatment Admissions, United States, 1999–2010



CDC. *MMWR* 2011. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e1101a1.htm?s_cid=mm60e1101a1_w. Updated with 2009 mortality and 2010 treatment admission data.

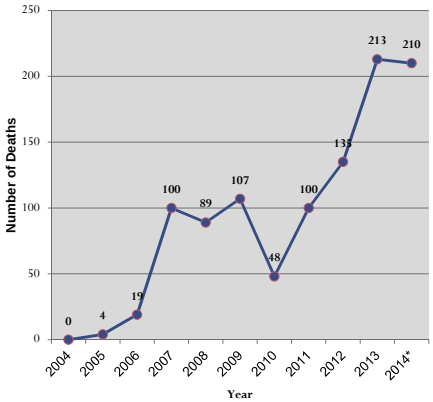
OCME's Top 3 Methods of Death by Number and Year of Death, 2003-2013



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Motor Vehicles	1037	1035	1052	1070	1124	928	841	823	878	877	831
Guns	799	824	884	812	838	818	843	868	863	830	848
Drug/Poisons	595	498	545	669	721	735	713	690	819	799	912

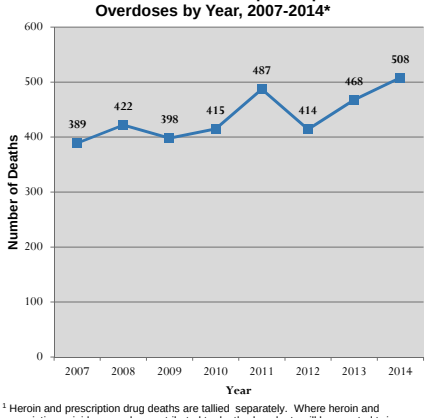
Deaths from Heroin and Rx Opiates in Virginia

Number of Fatal Heroin Overdoses by Year, 2004-2014*



[1] Fatal heroin overdoses may have one or more drug or poisons contributing to death.
[2] The number of fatal heroin overdoses in 2014 is estimated based upon data for January 1, 2014 to June 30, 2014.

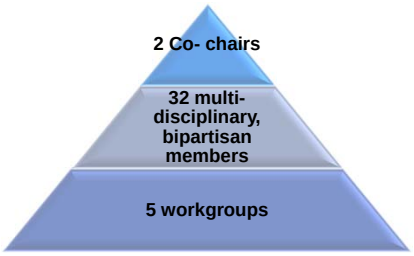
Number of Fatal Prescription Opioid Overdoses by Year, 2007-2014*



[1] Heroin and prescription drug deaths are tallied separately. Where heroin and prescription opioids caused or contributed to death, decedents will be counted twice.
[2] Prescription opioid deaths are drug/poison deaths where one or more prescription opioids caused or contributed to death.
[3] The number of fatal heroin overdoses in 2014 is estimated based upon data for January 1, 2014 to June 30, 2014.

Task Force
Establishment & Structure

- *Healthy VA* Plan: Executive Order 29
- Co-chaired by Secretary Hazel & Secretary Moran
- Five meetings between November 2014 and September 2015, resulting in **51 recommendations**
- 32 members, 5 workgroups
  - Education
  - Treatment
  - Storage & Disposal
  - Data & Monitoring
  - Law Enforcement



5 Office of the Secretary of Health & Human Resources

Task Force
Recommended Legislation (2015)

- Expansion of Naloxone Pilot - HB1458 (O'Bannon)
- Mandatory PMP registration for prescribers and dispensers - HB1841(Herring)
- PMP data not available for use in civil proceedings - HB1810 (Herring)
- Require hospice to notify pharmacies about the death of a patient - HB1738 (Hodges)

6 Office of the Secretary of Health & Human Resources

Recommendations: Major Themes

- Access to Naloxone
- Maximization of Prescription Monitoring Program
- Provider education and proper prescribing/dispensing
- Access to and availability of treatment
- Drug courts and incarceration-based programs; further support for law enforcement

Maximizing the PMP

Using the Prescription Monitoring Program to its maximum benefit to decrease overdose.

- Added morphine equivalent doses per day score to PMP patient reports (6-2-15)
- Provide provider feedback reports
- Reduce dispenser reporting time from 7 days to 24 hours
- Develop clinically-oriented unsolicited reports to prescribers on specific patients

Provider education and proper prescribing/dispensing

- *Students:*
  - Medical School curricula
  - Social Work curricula
- *Medical residents:*
  - Loan forgiveness for Addiction Medicine residency program
  - Grand Rounds inclusion
- *Practicing Providers:*
  - Mandate and/or incentivize Continuing Medical Education (CME) for current providers

9 Office of the Secretary of Health & Human Resources

Access to and Availability of Treatment

Treating opioid and heroin addiction requires a complex and individualized set of services, including Medically Assisted Treatment, group and individual counseling, and peer supports.

- Ensure health plans are complying with Mental Health Parity and Addiction Equity Act by providing adequate coverage for treatment, including medically-assisted treatment.
- Examine and enhance Medicaid reimbursement for substance abuse treatment services.
- Enhance and enforce buprenorphine standard of care

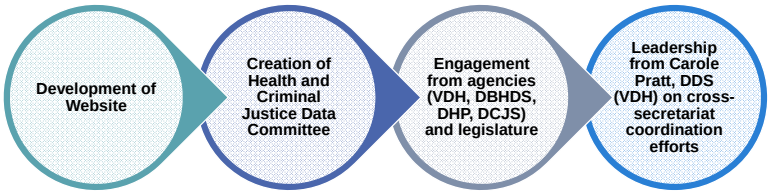
10 Office of the Secretary of Health & Human Resources

Drug Courts & Law Enforcement Support

"We cannot arrest our way out of this problem."

- Pursue opportunities to increase the number and the capacity of Drug Treatment Courts operating in Virginia
- Evidence-based practices should be used to provide the criminal justice system with viable alternatives to incarceration for all drug abusers
- Availability of disposal containers in every locality
- Allow prosecutors to criminally charge predatory dealers whose actions directly lead to fatal overdose

Continuing Action



Potential Legislation

Legislative Initiatives from other states:

- Mandating CME
- PMP reporting requirements
- Treatment hotline and resources
- Require that all schedule II opiate prescriptions be written in an “up to” quantity
- Require companies to buy back unused medication

Questions & Contact information

Jodi Manz, MSW
Jodi.manz@governor.virginia.gov
(804) 663-7447

http://www.dhp.virginia.gov/taskforce/default.htm

Appendix- Education Recommendations

Education Workgroup

- Develop a State website as an informational hub on prescription drug and heroin abuse. (Sec IV, A)
- Create and send "Dear Colleague" letters and stock op-eds. (Sec IV, B)
- Encourage placement of stationary disposal containers in every locality and subsequently inform Virginians of their locations. (Sec V, Z)
- Encourage the distribution of lock boxes with controlled substance prescriptions when dispensed. (Sec V, Y)
- Send a letter to all prescribers and dispensers about the PMP, focusing on the urgency of the overdose epidemic. (Sec III, I)
- Annual outreach to opioid prescribers (based on PMP data) regarding appropriate prescribing of controlled substances. (Sec V, J)
- Send a letter to health professions schools in Virginia regarding development of pain management and addiction training curricula. (Sec IV, B)
- Develop an educational curriculum for law enforcement, corrections, corrections, probation and parole, EMTs, CIT officers, and School Resource Officers. (Sec IV, D)
- Develop a law enforcement training program regarding naloxone administration if the existing pilot is expanded to include law enforcement (coinciding recommendation referred from the Enforcement Workgroup). (Sec III, F)
- Referral from the Storage and Disposal Workgroup: Education for doctors on how to prescribe medication in proper doses to limit excess quantities of drugs. (Sec V, D)
- Collaborate with appropriate medical and healthcare school leadership to encourage them to provide curricula in health professional schools (medical, nursing, pharmacy, physician assistants, optometry, and dental) on the safe and appropriate use of opioids to treat pain while minimizing the risk of addiction and substance abuse. (Sec V, A)
- Work with schools of social work to encourage education on addiction, treatment resources, and resource coordination for students going on to work as mental health providers. (Sec V, B)
- Evaluate options for continuing medical education (CME), including incentives and consequences to encourage participation in CME of opioids to treat pain while minimizing the risk of addiction and substance abuse. (Sec V, D)
- Provide further education for judges, prosecutors, and defense attorneys on the nature and causes of addiction and alternatives to incarcerations, particularly Drug Courts. (Sec V, M)
- Develop Public Service Announcements and collateral marketing materials. (Sec V, DD)

Appendix- Storage & Disposal Recommendations

Storage and Disposal Workgroup

- Increase disposal opportunities via drug take-back events held within communities. (Sec IV, C)
- To increase disposal opportunities via drug take-back events within law enforcement agencies, increase number of law enforcement agencies participating as drug collection sites. (Sec V, AA)
- Increase disposal opportunities via mail-back programs and collection boxes provided by pharmacies. (Sec V, BB)
- Determine preferred methods for disposing of unwanted/needed drugs; determine federal rule impact of existing drug disposal/take-back programs. (Sec III, H)
- Require hospice to notify pharmacies about the death of a patient. (Sec III, D)
- Determine ongoing funding sources for drug disposal. (Sec V, CC)
- Determine Virginia's need to promulgate regulations regarding pharmacy collection and mail back programs via legal guidance. (Sec III, J)Review and update the OAG's "Take Back Event" document (Sec III, K)
- Explore the feasibility of using mobile incinerators for drug disposal. (Sec III, L)

Appendix – Treatment Recommendations

Treatment Workgroup

- To reduce stigma and increase access to treatment services, provide education about addiction and MAT to health care providers, students, Community Service Boards, law enforcement, and communities. (Sec IV, E)
- Explore ways to enhance access to MAT through CSBs, Drug Treatment Course, and jail-based treatment. (Sec V, N)
- Increase training opportunities for health care professionals, both in training and in practice, on how to treat addiction and how to diagnose or manage chronic pain. (Sec V; A, D)
- Enhance and enforce a standard of care for treatment with office-based buprenorphine. (Sec V, S)
- Ensure health plans are complying with the Mental Health Parity and Addiction Equity Act by providing adequate coverage for treatment, including MAT. (Sec IV, G)
- Examine and enhance Medicaid reimbursement for substance abuse treatment services. (Sec IV, H)
- Expand access to naloxone by lay rescuers and law enforcement to prevent death from overdose. (Sec III, A; Sec V, X)
- Explore and expand use of appropriate peer support services, with necessary oversight. (Sec IV, F)
- Expand use of the PMP. (Sec V, L)
- Increase access to naloxone by allowing pharmacists to dispense naloxone under proper protocols. (Sec III, E)
- Establish a loan forgiveness program for medical professionals who agree to participate in a residency program that meets accreditation standards established by either the American Board of Addiction Medicine, the subspecialty certification in addiction medicine of the American Board of Psychiatry and Neurology, or the Board of Osteopathic Specialties Co-Joint Board in Addiction Medicine, and who agree to practice in Virginia for at least five years. Provide additional incentives to individuals who agree to practice in Medically Underserved Areas. (Sec V, C)
- Pursue opportunities to increase the number and the capacity of drug treatment courts operating in Virginia. (Sec V, O)
- Make evidence-based substance abuse treatment, including the use of medication assisted treatment, available in local jails, focusing especially on providing the skills necessary to maintain sobriety and live successfully in the community. (Sec V, R)
- Support pregnant women and women with dependent children by coordinating responses among providers of substance abuse treatment, health care, social services and law enforcement to effectively address their substance abuse treatment needs. (Sec V, T)
- Increase capacity to treat adolescents who are abusing or are dependent on opioids. (Sec V, U)

Appendix – Data & Monitoring Recommendations

Data and Monitoring Workgroup

- Expand mandatory PMP registration and amend mandatory use of PMP data. (Sec III, B)
- Require reporting of prescriber National Provider Identifier for prescriptions for human patients and "Species Code" as a required data element. (Sec V, K)
- Clarify that PMP data shall not be available for use in civil proceedings. (Sec III, C)
- Add Morphine Equivalent Doses per Day information to PMP patient reports to provide prescribers with information as to the cumulative amount of opioid medication a patient is currently receiving in order to gauge potential risk of overdose. (Sec III, G)
- Develop clinically-oriented criteria for unsolicited reports to prescribers on specific patients. (Sec V, J)
- Develop individual prescriber feedback reports that describe actual prescribing practices. (Sec V, E)
- Direct applicable agencies to share data on prescription drug and heroin abuse, overdoses, drug seizures, arrest information, etc. to analyze information to mitigate harm. (Sec V, F)
- Create a Health and Criminal Justice Data Committee, comprised of data analysts from applicable agencies within the Secretariats of Public Safety & Homeland Security and Health & Human Resources, to study data for the purpose of better understanding the ways in which criminal justice and public health issues intersect, with the goal of improving government responses to crises, as well as identifying and responding to concerns before they become crises. (Sec V, F)
- Reduce the timeframe in which dispensers must report to the PMP from within 7 days of dispensing to within 24 hours of dispensing. (Sec V, G)
- Expand access to PMP information on a specific patient to clinical pharmacists and consulting prescribers practicing on healthcare teams treating that specific patient. (Sec V, H)
- Clarify that PMP reports may be placed in the medical record. (Sec V, I)

Appendix – Enforcement Recommendations

Enforcement Workgroup

- Evidence-based practices should be used to provide the criminal justice system with viable alternatives to incarceration for all drug abusers. (Sec V, P)
- Enact legislation allowing prosecutors to criminally charge predatory dealers who distribute drugs which directly cause fatal overdoses. (Sec V, V)
- Expand access to naloxone for all first responders as optional, not mandatory, resource and include immunity from liability. (Sec III, A)
- As a matter of policy, if the state determines that incarceration is an appropriate punishment for addicts who have continued contact with the criminal justice system, treatment options should be made available during their periods of confinement. (Sec V, Q)
- Data on overdoses should be reported to a non-law enforcement agency whereby certain people, such as law-enforcement, would have limited access to the information (similar to the PMP). (Sec V, W)
- The Executive Branch should publicize the passage of Senate Bill 892/House Bill 1500, which provides a 'safe harbor' affirmative defense for an individual who calls 911 or notifies emergency personnel that someone in his presence is suffering from an overdose. (Sec V, EE)