

From: demstatescaucus@googlegroups.com on behalf of Kwame Boadi [boadi@dga.net]
Sent: Thursday, December 08, 2016 10:35 AM
To: Kwame Boadi
Subject: DGA white paper on opioid abuse
Attachments: DGA White Paper on Opioid Abuse (2016).pdf

Hi all,

DGA released the attached policy white paper highlighting various best practices related to combatting opioid abuse on Monday. Please take a look and share with your colleagues. We look forward to additional conversations on this important topic.

Best,
Kwame

Kwame Boadi
Policy Director
Democratic Governors Association
1225 Eye Street, NW, Suite 1100
Washington, DC 20005
boadi@dga.net | (o) 202.739.2518 | (m) 202.779.1476



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**Close to Home: State Actions to End
the Opioid Abuse Epidemic in America**

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Prescription Substance Use Disorder in America

Prescription pain medicines can save and improve the lives of patients, but opioid pain medications also have addictive qualities. When these medications are overprescribed, misused, or abused, devastating consequences can occur. Since 1999, “the number of overdose deaths involving opioids, including prescription opioid pain relievers and heroin, nearly quadrupled.”¹ In 2011, the Drug Abuse Warning Network (DAWN) estimated that there were approximately 5.1 million drug-related emergency department (ED) visits.² Of these, 2.5 million ED visits were associated with prescription drug misuse or substance use disorder (SUD). Unfortunately, 78 Americans die every day from an overdose involving opioids. Furthermore, a 2009 study estimated that the total U.S. societal cost of prescription opioid SUD was \$55.7 billion in 2007. The study noted that workplace costs accounted for \$25.6 billion (46%), health care costs accounted for \$25.0 billion (45%), and criminal justice costs accounted for \$5.1 billion (9%).³ From 2002-2012, inpatient charges for hospitalizations related to opioid SUD quadrupled to \$15 billion. Moreover, government health insurance programs bear the primary financial burden of the opioid epidemic because Medicaid is the most common primary payer for hospitalizations related to opioid SUD.⁴

The devastating impact of opioid SUD is felt by families, employers, first responders, and law enforcement, as well as the criminal justice system, health care systems, and taxpayers. Across the country, Democratic governors are stepping up to meet this challenge. While the subsequent examples are by no means a comprehensive list, they provide a sampling of key efforts being made by Democratic governors to combat opioid addiction.

Governor Dan Malloy (CT) signed legislation that he introduced, in collaboration with members of the General Assembly, to combat opioid addiction. The legislation incorporates several provisions, including but not limited to:

1 “Drug Overdose Deaths in the United States Hit Record Numbers in 2014.” Understanding the Epidemic. Centers for Disease Control and Prevention, 21 June 2016. Web. <<https://www.cdc.gov/drugoverdose/epidemic/>>.

2 “Highlights of the 2011 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits.” The DAWN Report. Substance Abuse and Mental Health Services Administration, 22 Feb. 2013. Web. <<http://www.samhsa.gov/data/sites/default/files/DAWN127/DAWN127/sr127-DAWN-highlights.htm>>.

3 Birnbaum, Howard G., PhD. “Societal Costs of Prescription Opioid Abuse, Dependence, and Misuse in the United States.” Pain Medicine (2011): Wiley Periodicals, Inc., 10 Mar. 2011. Web. 29 June 2016.

4 Ronan, Matthew V., and Shoshana J. Herzig. “Hospitalizations Related To Opioid Abuse/Dependence And Associated Serious Infections Increased Sharply, 2002-12.” Health Affairs 35.5 (2016): 832-37.

- Limiting the length of initial opioid prescriptions to seven days, unless a prescriber has deemed that an acute or chronic condition requires a lengthier prescription and requires the prescriber to note such a condition on the patient's medical record;
- Requiring municipalities to update their existing emergency medical services plans to ensure that the emergency responder likely to be the first person on the scene of an emergency call is equipped with and appropriately trained to administer the overdose reversal drug naloxone;
- Requiring the Alcohol and Drug Policy Council's state plan to include, by January 1, 2017, a goal of reducing the number of opioid-induced deaths in the state; and
- Making several changes to the state's electronic prescription monitoring program to help facilitate prescriber and pharmacist compliance.⁵

Governor Jay Inslee (WA) issued an [executive order](#) in October 2016 that builds upon Washington state's national leadership combating opioid abuse. The executive order brings together state agencies, local public health organizations, law enforcement, tribal governments, and other partners, and identifies key aspects of the state's current opioid response plan that can be implemented immediately as part of a strategic statewide effort to prevent opioid use disorder and overdose deaths. The executive order focuses on four main goals: 1) preventing inappropriate prescriptions and use; 2) treating people with opioid abuse disorder, and connecting them with supportive services, like housing; 3) saving lives by intervening in overdoses; and 4) using data to focus and improve the state's work. Many of the actions outlined in Inslee's order build on recommendations developed by health care leaders as part of a task force on opioid use. A status report is due to the governor in December 2016, and will help determine what additional legislative action may be needed.

Governor John Hickenlooper (CO) served as co-chair of the National Governors Association (NGA) Prescription Drug Abuse Academy and spearheaded important conversations among states to develop policy recommendations that ultimately were catalogued in an NGA white paper. He also had mailbox receptacles placed in pharmacies and grocery stores to enable residents to dispose of unused medicine in a safe and secure manner. While a grant originally helped pay for this program, the governor has since included its funding into the annual budget.

⁵ State of Connecticut. Governor Dannel P. Malloy. "Gov. Malloy Signs Comprehensive Bill Combating Opioid Abuse and Launches Strategic Plan to Tackle Addiction." 27 May 2016. Web. 14 June 2016. <<http://portal.ct.gov/Office-of-the-Governor/Press-Room/Press-Releases/2016/05-2016/Gov-Malloy-Signs-Comprehensive-Bill-Combating-Opioid-Abuse>>.

Governor Mark Dayton (MN) recognized that Minnesota ranked first among all states in deaths, due in part to drug poisoning among American Indians and Alaska Natives, with 80 percent of chronic opioid users having a coexisting diagnosis of mental illness, SUD, or both, that predisposed them to being dependent and addicted. The governor, in collaboration with the Minnesota Department of Human Services (DHS), redoubled efforts to address opioid addiction in the state by proposing new legislative initiatives including:

- Working with the Minnesota Medical Association to develop prescription standards for opioid-based pain medications with the intent to curb situations in which a patient may be prescribed several months' supply of drugs when they only need a few days' worth, while maintaining a careful balance so as not to restrict access to patients who legitimately need these medicines;
- Creating a program to address neonatal exposure to opioid medications that would include grant funds to support targeted services for Native American women of child-bearing age with culturally-appropriate services to help them with this issue; and
- Expanding medication-assisted treatment (MAT) programs for opioid addiction that builds on a model of 12-step abstinence and includes programs for addiction that use buprenorphine and methadone as additional options.

Governor Andrew Cuomo (NY): launched a campaign in September 2014 called "Combat Heroin," designed to inform and educate New Yorkers about the risks of heroin and prescription opioid use, the signs of addiction, and resources available to help. The governor recognized the increase in heroin and opioid addiction in New York State, with emergency department admissions for opioid SUD treatment increasing to more than 89,000 people.⁶ The campaign has increased awareness within the community and steered residents toward resources to help, should they or a loved one need it. Additionally, Governor Cuomo introduced legislative priorities including:

- Diverting people to community based treatment and supporting them after treatment;
- Allowing parents to seek assessment of their children through diversion services;
- Expanding opioid overdose training and increased availability to naloxone, which reverses an opioid overdose; and

⁶ State of New York. Governor Andrew M. Cuomo. "Governor Cuomo Launches "Combat Heroin" Campaign." 22 September 2014. Web. 14 June 2016. <<http://www.governor.ny.gov/news/governor-cuomo-launches-combat-heroin-campaign>>.

- Creating an awareness campaign through the NYS Office of Alcoholism and Substance Abuse Services, NYS Department of Health and NYS Office of General Services' Medial Services Center by launching a new website that helps parents, adults, and young people access information concerning heroin and opioid addiction.⁷

The Democratic Governors Association (DGA) is committed to addressing this important public health issue. While each state will address opioid addiction based on the needs of its population and unique set of circumstances, the DGA urges swift and targeted action in the areas outlined below.

Best Practices

As with most complex issues faced by governors, a one-size-fits-all approach will not work to reduce opioid SUD. As governors and their staff work with community stakeholders to customize an approach that meets the needs of their constituents, there are a number of widely accepted best practices that governors can consider implementing in their states. While accounting for the unique characteristics of their constituents and health care industry as they work to combat opioid addiction in their states, governors can consider:

- Continued support of Medicaid expansion;
- Promoting public awareness of prescription opioid SUD;
- Ensuring proper training of current health care providers and those in training (medical, nursing, pharmacy, and dental) on the appropriate prescribing of controlled substances and on multidisciplinary pain management;
- Encouraging the use of electronic prescriptions for controlled substances;
- Promoting the utilization of prescription drug monitoring programs (PDMPs);
- Expanding access to overdose reversal agents (e.g. naloxone) to first responders and the public;
- Promoting the proliferation of "Good Samaritan Laws";
- Combating prescription drug diversion, fraud, and abuse;
- Creating awareness of existing and emerging pain therapies; and

⁷ State of New York. Governor Andrew M. Cuomo. "Governor Cuomo and Legislative Leaders Announce Agreement on Package of Bills to Combat Heroin, Opioid and Prescription Drug Abuse Epidemic." 18 June 2014. Web. 14 June 2016. < <https://www.governor.ny.gov/news/governor-cuomo-and-legislative-leaders-announce-agreement-package-bills-combat-heroin-opioid>>.

- Ensuring appropriate access to evidenced-based addiction treatment and recovery services.

Continued Support of Medicaid Expansion

Democratic governors have been at the forefront of the effort to expand Medicaid coverage because they recognize Medicaid as a critical tool to improve health outcomes among low-income Americans. In particular, Medicaid coverage expands options for preventative care and treatment of chronic illnesses, including opioid SUD. Without this access, Medicaid recipients struggling with opioid SUD would put undue strain on the health care system through increased emergency room visits and ineffective, piecemeal treatments. States that have yet to embrace Medicaid expansion should consider doing so. States that have already expanded Medicaid coverage should consider improvements such as leveraging Medicaid's role as a payer to require providers to access their state prescription drug monitoring programs (PDMPs) as a condition of their provider agreement. PDMPs are electronic databases used by states to collect, monitor, and analyze data submitted by prescribers or their delegates. Additionally, states can leverage federal funding to pay for Medicaid reimbursable SUD treatment benefits that may not currently be included within their state plans such as peer support services and MAT programs.

Promoting Public Awareness

Education about opioid SUD is vital for all prescribers, patients, families, and caregivers in reducing opioid abuse in communities. Federal, state, and local governments all play a vital role in increasing awareness and promoting education about opioid SUD. Additionally, governors can increase partnerships outside of government by working with community and faith leaders, educators, pharmaceutical companies, payers, and health care providers.

Governors can encourage the use of and access to a multimodal system of pain management, such as encouraging evidenced-based alternative pain treatments including non-opioid medications. Governors can review their states' prescribing guidelines for opioid medications, to ensure that they incorporate many of the principles laid out by the Centers for Disease Control (CDC) and the National Alliance for Model State Drug Laws (NAMSDL). For example, governors can inform the public and prescribers about the importance of dosing regimens "starting low and going slow" and starting with short-acting opioids when initiating narcotics as recommended in the CDC Guideline for Prescribing Opioids for Chronic Pain. Long-acting opioids

should only be prescribed in cases where short-acting medication has been ineffective. Additionally, governors might consider requiring written treatment plans and informed consent for opioid treatment plans and patient screening for SUD.

Despite the fact that awareness of prescription drug addiction has increased, there continues to be a misperception among patients, parents, and youth that prescription medicines are less harmful when abused compared to illegal drugs because they are approved by the FDA, prescribed by a trained healthcare professional, and dispensed by a pharmacy. To help increase awareness of this fallacy, governors should promote educational efforts about the significance of taking medication exactly as prescribed, the importance of not sharing medication with anyone in the family, school or workplace, the need to securely store medications to prevent diversion, and how to appropriately dispose of unused medicines when no longer needed. Additionally, health care providers and prescribers should be offered more opportunities for continued education regarding the appropriate prescribing of opioids. In recent years, the medical community's understanding of best practices regarding pain medication has evolved significantly. Providing ongoing education opportunities to all health care providers will help keep them up-to-date with current practices.

Health Care Provider Training

A comprehensive approach to prescriber training is a critical component to combatting prescription drug addiction. Prescribers are on the frontlines of the fight against the opioid addiction epidemic and thus require ongoing training to ensure they are treating the pain needs of patients, while reducing the potential for abuse. Additionally, prescribers can provide information to patients, caregivers, and others in order to help them better understand the dangers of opioid addiction and the role prescribers play in reducing the potential for abuse. Governors can also encourage health professional schools (e.g., medical, nursing, pharmacy, and dental) to include instruction and training on multidisciplinary pain management and the appropriate prescribing of controlled substances, including prescribing of opioid and non-opioid drug products, and other non-pharmacological options for the management of acute and chronic pain.

Electronic Prescriptions for Controlled Substances

Encouraging prescribers to shift from paper-based prescriptions to electronic prescriptions for controlled substances, which includes prescription opioids, can be a critical tool in helping states combat drug diversion. Electronic prescribing of controlled

substances is already legal nationwide and widely used for non-controlled substances. However, a number of states are considering altering their laws from merely *allowing* the electronic prescribing of opioids to actually *mandating* that all opioid prescriptions be electronic. In 2016, New York became the second state – after Minnesota – to require electronic prescriptions for opioids (Maine also established an electronic prescribing mandate later in the year). While a broad mandate might not be ideal for all states, the use of technology to transmit prescriptions from prescriber to pharmacy would help make it nearly impossible for abusers to: a) tamper with prescriptions (e.g. adding “0” to the end of the prescribed quantity); b) fill a single prescription multiple times; or c) print and use fraudulent prescription pads. Governors should work with prescribers, pharmacies, and software vendors to determine how electronic prescribing of opioids can best be promoted and implemented in their states to mitigate drug diversion.

Promoting Prescription Drug Monitoring Programs (PDMPs)

Most states have implemented PDMPs to build on efforts to prevent fraud and abuse of prescription opioids. Every state should have, at a minimum, an operating PDMP. Prescribers can then check the system before issuing a prescription in order to ensure appropriate use of medicines and to prevent “doctor shopping,” a ruse by which consumers obtain prescriptions from multiple doctors. Pharmacists can also check this system to identify fraudulent practices like the utilization of pill mills. States should mandate that prescribers or their delegate consult the PDMP before issuing an opioid prescription. States can further ensure the success of PDMPs by improving PDMP interoperability so that prescribers and pharmacists can access real-time information across state lines to prevent interstate fraud and abuse, and by ensuring prescribers can access PDMPs through electronic medical record systems. Furthermore, states can authorize government payers, workers compensation carriers, and private third-party healthcare payers to access PDMP data for their enrollees, with proper protections. Such access can provide valuable information to inform internal policies that address the misuse, abuse, and overdoses associated with controlled substance prescriptions.⁸ In 2012, Gov. Andrew Cuomo (NY) signed legislation requiring prescribers to check the state’s PDMP before prescribing opioids. The following year, New York saw a 75% drop in patients’ seeing multiple prescribers for the same drugs.⁹

8 Alexander GC, Frattaroli S, Gielen AC, eds. “The Prescription Opioid Epidemic: An Evidence-Based Approach.” Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland: 2015. <<http://www.jhsph.edu/research/centers-and-institutes/center-for-drug-safety-and-effectiveness/opioid-epidemic-town-hall-2015/2015-prescription-opioid-epidemic-report.pdf>>.

9 “State Successes.” Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 23 Mar. 2016. Web. <<http://www.cdc.gov/drugoverdose/policy/successes.html>>.

Training and Equipping First Responders

Increasing access to treatment, including overdose reversal agents (e.g., naloxone), is a critical component of stopping the cycle of opioid addiction and its devastating impact. Access to overdose reversal agents should be expanded, and states should require that all first responders are trained on how to reverse an overdose and the appropriate use of these agents. Governors can also encourage the passage of laws that allow first responders, as well as family or friends of patients with known SUD histories or risk factors for overdose, to have access to opioid-reversal agents. This allows the first responder, parent, spouse or loved one the ability to access this medication on-hand, should a suspected overdose occur.

Promoting the Proliferation of Good Samaritan Laws

The fear of being prosecuted could prevent some individuals from making a lifesaving call or decision to take lifesaving action. Governors can encourage the passage of “Good Samaritan Laws” that provide immunity from arrest or prosecution for minor drug law violations for people who help at the scene of an overdose. These “Good Samaritan Laws” encourage people to seek medical attention for an overdose or for follow-up care after an overdose reversal agent has been administered.

Efforts to Combat Prescription Drug Diversion, Fraud, and Abuse

It is critical that law enforcement at both the federal and state levels have the tools to shut down key sources of the diversion of prescription medicine. Specifically, governors should work with federal regulators to increase efforts to shut down rogue online pharmacies—a key source for diverted drugs according to the Drug Enforcement Administration (DEA). Collaboration between federal and state agencies on issues of prescribing, use, and misuse of opioid prescription drugs should be encouraged. Consistent and collaborative messaging from agencies could help to better promote the proper prescribing and use of opioids in pain management. A recent National Association of Boards of Pharmacy (NABP) review of online pharmacy websites found that more than 90 percent appeared to be operating in conflict with pharmacy laws and practice standards, highlighting the need to maintain a focus on addressing these illegal sites.¹⁰ The Food and Drug Administration (FDA) has taken a more proactive stance against online pharmacies that sell suspicious drugs.

¹⁰ “Buying Medicine Online – What Are the Risks?” NABP, n.d. Web. 25 Apr. 2016. <<https://nabp.pharmacy/initiatives/dot-pharmacy/buying-medicine-online/>>.

Governors can work with state legislatures to enact laws or clarify regulations that better distinguish between legitimate pain management clinics and “pill mills,” which are clinics that illegally prescribe opioids. Governors should partner with legislators and regulators to ensure that law enforcement officials have strong enforcement authority to shut down pill mills and prosecute those who are illegally providing controlled substances. Governors should also support secure disposal of medicines within the home and Take-Back Programs. These programs provide a safe, convenient, and responsible means of disposing of drugs that are at risk of abuse or misuse. Local agencies can host collection sites, while also providing educational materials to the public about the potential for abuse of medication. In-home techniques for proper disposal serve as a complement to collection sites as well. For example, simply mixing unused medicines in the household trash with coffee grounds, dirt, or kitty litter, while removing personal information from the container, can render prescription opioids useless.

Creating Awareness of Existing and Emerging Pain Therapies

Governors can inform the public and prescribers about the potential value of existing and emerging pain therapies, including abuse-deterrent formulation (ADF) medications, which contain innovative technology that discourages crushing, melting, snorting, or injecting the medication in question. It is important to remember that opioids are addictive and therefore no opioid formulation is free from potential abuse. Even ADF opioids can still be abused orally. However, ADF medications are an important treatment option that healthcare providers should know about for their patients, particularly those who may be at higher risk for abusing opioid medications – such as individuals with a history of addiction. Prescribers should have the ability to prescribe a medicine in ADF form if they believe, according to their professional judgment, that this medicine could be abused by their patient or if there is an assessment of high risk of diversion of the medication. While ADF medications may be appropriate for some patients, they should not be mandated for all cases. Patients should have access to the ADF formulation if it is deemed appropriate by their health care provider.

Ensuring Access to Evidence-Based Addiction and Recovery Services

Access to treatment remains one of the big challenges communities face when looking to address the opioid epidemic. To improve treatment capacity in their communities, governors should consider treating addiction to opioids like the chronic disease that it is. Building capacity for treatment and recovery services is about much more than simply adding beds. Like other chronic diseases, opioid addiction is most effectively treated in

a holistic manner that utilizes an evidence-based approach. Such a holistic, evidenced-based approach calls for, among other things, MAT programs, which combine behavioral therapy with medication.

Governors can improve access and help ease shortages by aligning public program expenditures to support evidenced-based treatment options that include community wraparound services to support patients in their recovery. States can also take the lead in developing an infrastructure to accredit treatment programs to ensure that patients are receiving evidenced-based treatment and create a public directory of these for providers, insurers, and patients to access. Furthermore, governors can request that regulators take inventory of treatment resources and encourage the federal government to create programs that are focused on building infrastructure in states that would provide the full range of evidence-based treatment and recovery services needed. Governors can also promote evidenced-based addiction treatment in corrections facilities.

For such a holistic approach to be successful, governors must strive to help reduce the stigma surrounding opioid addiction. Research indicates that addiction is a disease. But rather than treating addiction like the disease it is, society treats addiction like a moral failure and a crime. Without sufficient public education on addiction, those suffering from opioid addiction may also deal with isolation and shame, causing the disease to go underreported and untreated.

The Affordable Care Act “requires that most individual and small employer health insurance plans, including all plans offered through the Health Insurance Marketplace, cover mental health and substance use disorder services.”¹¹ Additionally, Mental Health Parity laws require insurers to cover treatment for SUD (if a covered benefit) on the same basis as they would cover treatment for other medical conditions. Governors can encourage insurance regulators to continue to review the health plans offering “Essential Health Benefits” and ensure that these plans provide required SUD treatment options.

Conclusion

Democratic governors are leading the fight to prevent opioid addiction and overdoses. Both the public and stakeholders within the health care community have a vital interest in stemming the tide of addiction and ensuring that appropriate prescription pain

11 “Health Insurance and Mental Health Services.” MentalHealth.gov. U.S. Department of Health & Human Services, n.d. Web. 26 Aug. 2016. <<https://www.mentalhealth.gov/get-help/health-insurance/>>.

medication is only used for legitimate treatment reasons. This, in turn, will help ensure that patients who require pain medication can continue to receive the high quality medical treatment they deserve. The complexity of this issue requires governors and their staff to work with community stakeholders to identify and implement tools that account for the unique characteristics of their states. This action would go a long way toward curbing addiction and educating their communities about the dangers of opioid SUD. Ultimately, it is our hope that governors will utilize the aforementioned suggestions to facilitate further discussions and implement policy initiatives in their states.