

# Prescription Drug Abuse Prevention

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PRI Learning Community Meeting

February 14, 2013

One

Department

Vision

Mission

Core set of Values

# Panel

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- Sarah Mariani, Division of Behavioral Health and Recovery
- Jennifer Sabel, Department of Health
- Megan Azzano, Okanogan County Community Coalition
- Margaret Shield, Local Hazardous Waste Management Program in King County

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# **PUBLIC HEALTH**

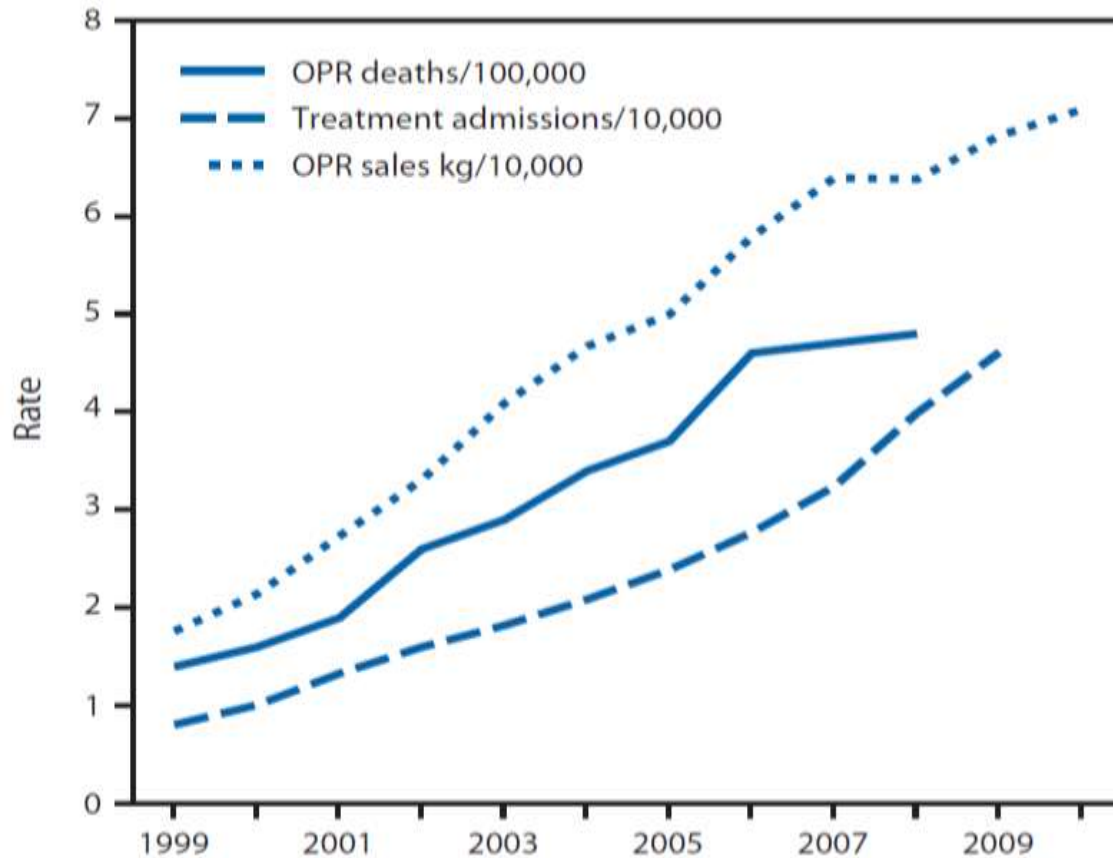
**ALWAYS WORKING FOR A SAFER AND  
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Prescription Opioid Overdose Trends and  
Promising Strategies To Address It

February 14, 2013

Jennifer Sabel, PhD

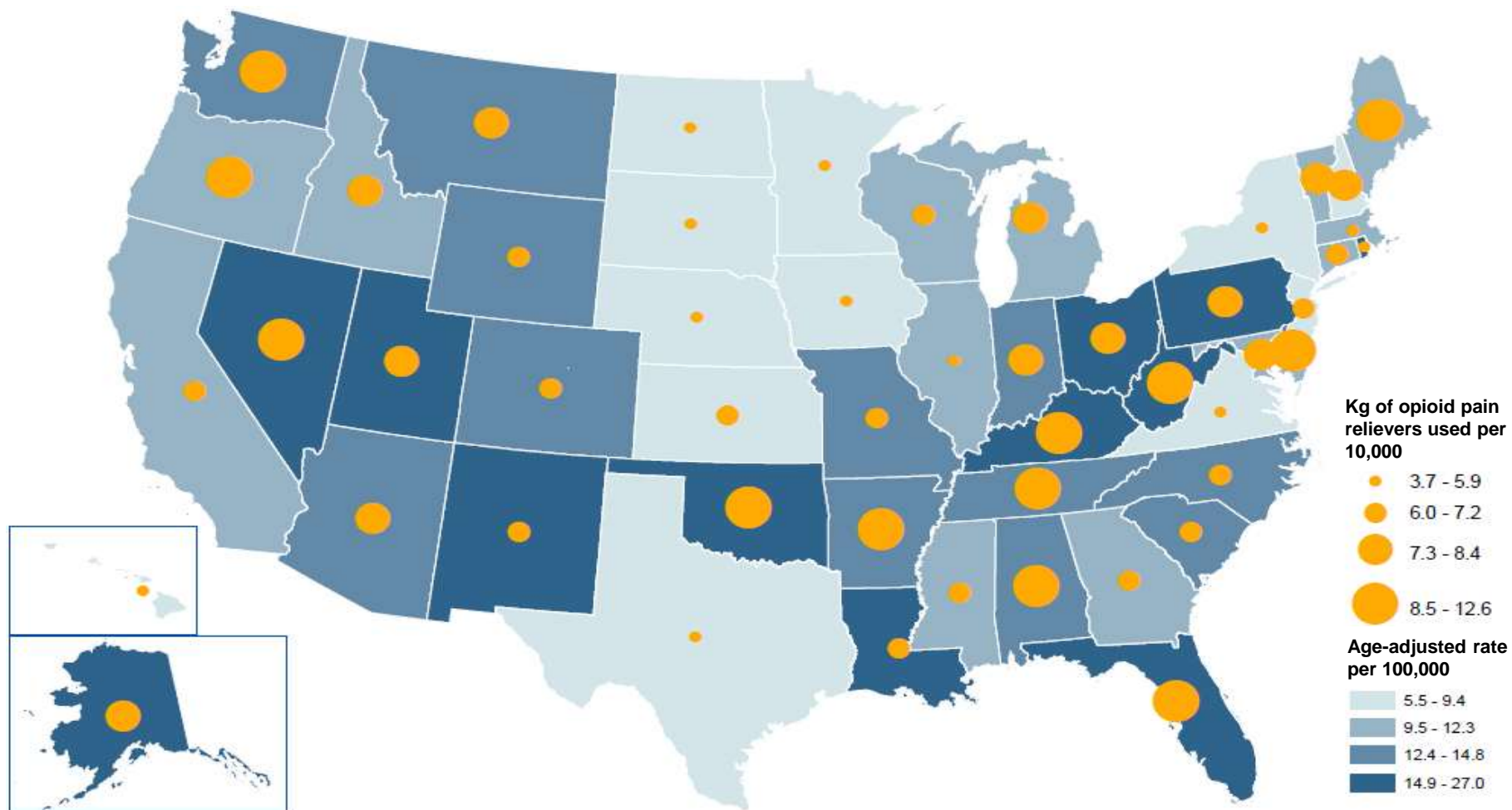
## Opioid pain reliever (OPR) death rates, sales, and substance abuse treatment admission rates, United States, 1999-2010



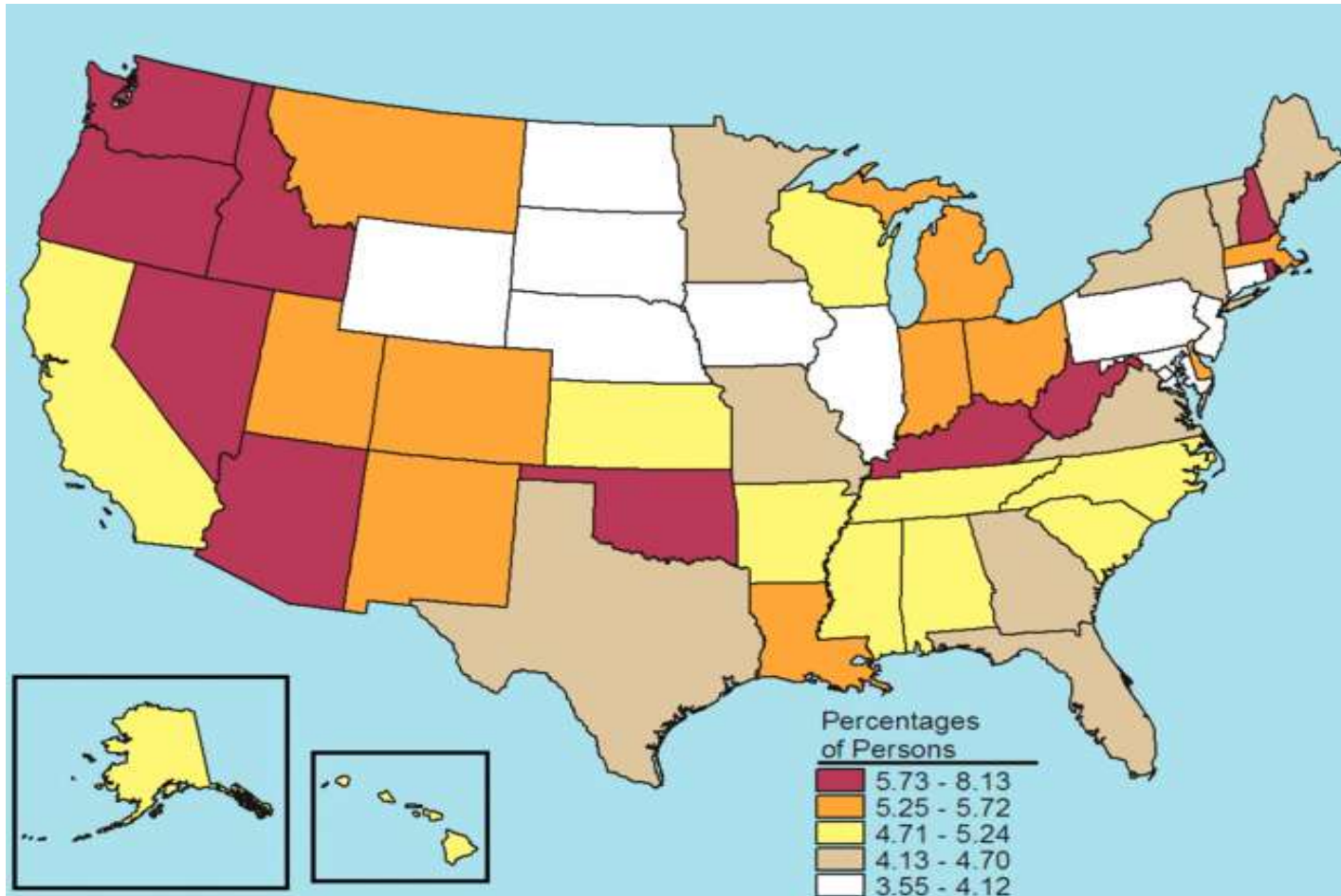
National Vital Statistics System (99-08); Automated Reports Consolidated Orders System (99-10); Treatment Admissions Data Set (99-09)

Age-adjusted rates per 100,000 population for OPR deaths, crude rates per 10,000 population for OPR abuse treatment admissions, and crude rates per 10,000 population for kilograms of OPR sold.

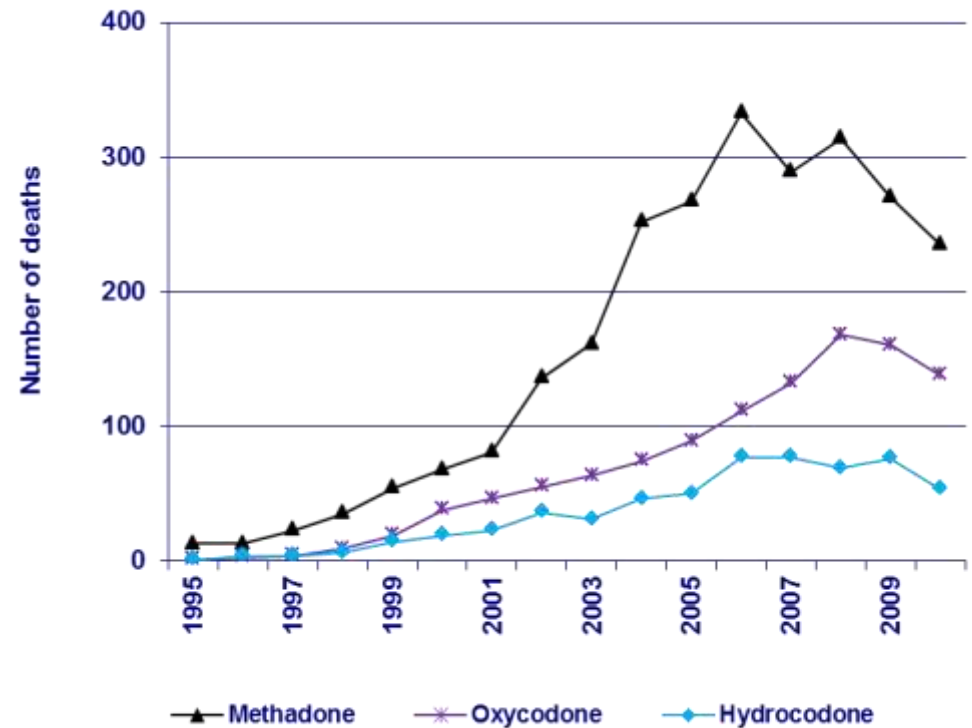
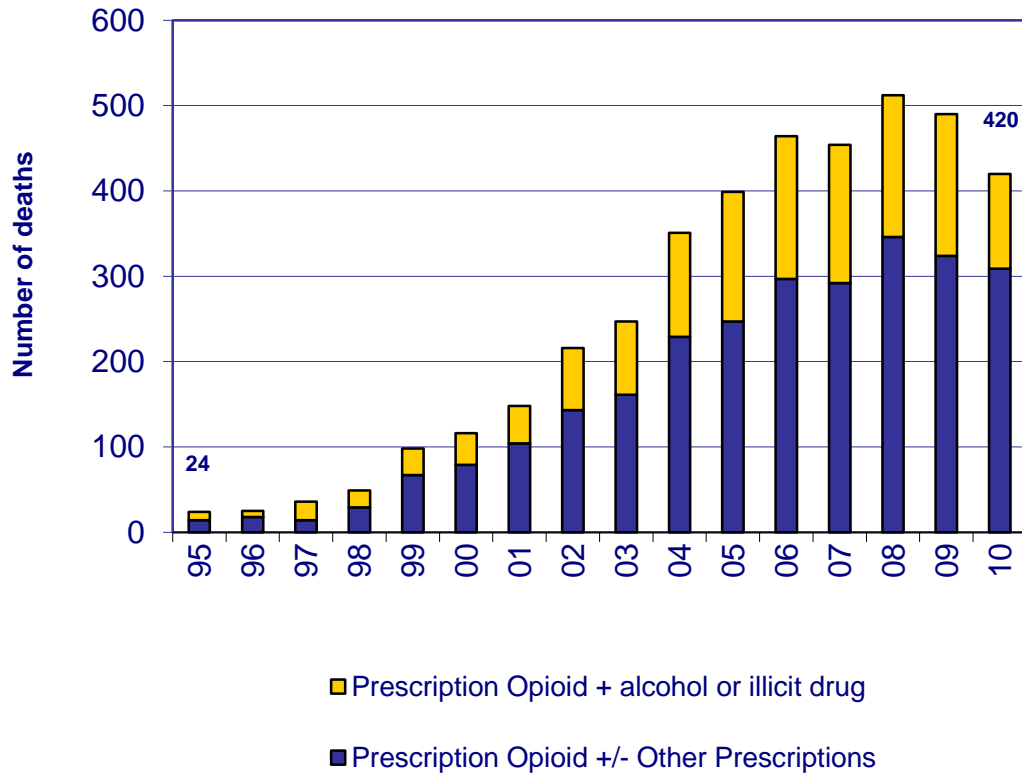
# Drug overdose death rate in 2008 and opioid pain reliever sales rate in 2010



## Non-medical Use of Pain Relievers in Past Year 12 or Older, 2008 & 2009



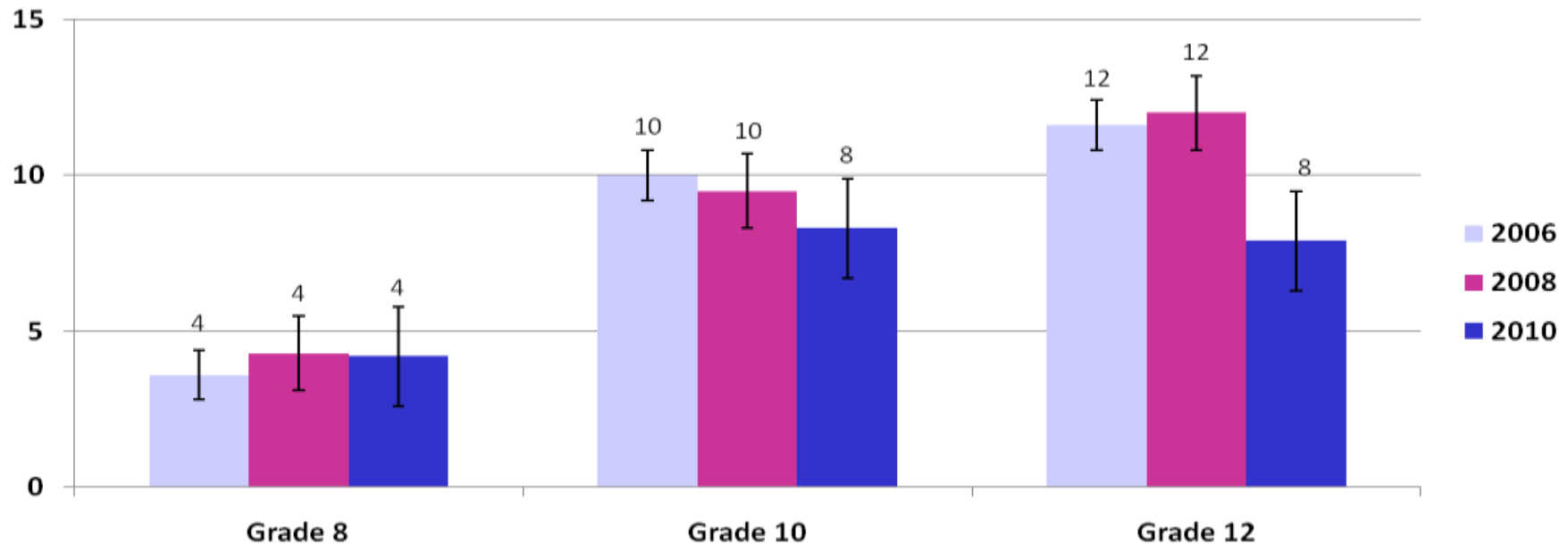
# Unintentional Prescription Opioid Overdose Deaths Washington 1995-2010



\* Tramadol only deaths included in 2009, but not in prior years.

Source: Washington State Department of Health, Death Certificates

## Pain Reliever Abuse Among Teens in WA



Source: Washington State Healthy Youth Survey, 2006, 2008, 2010



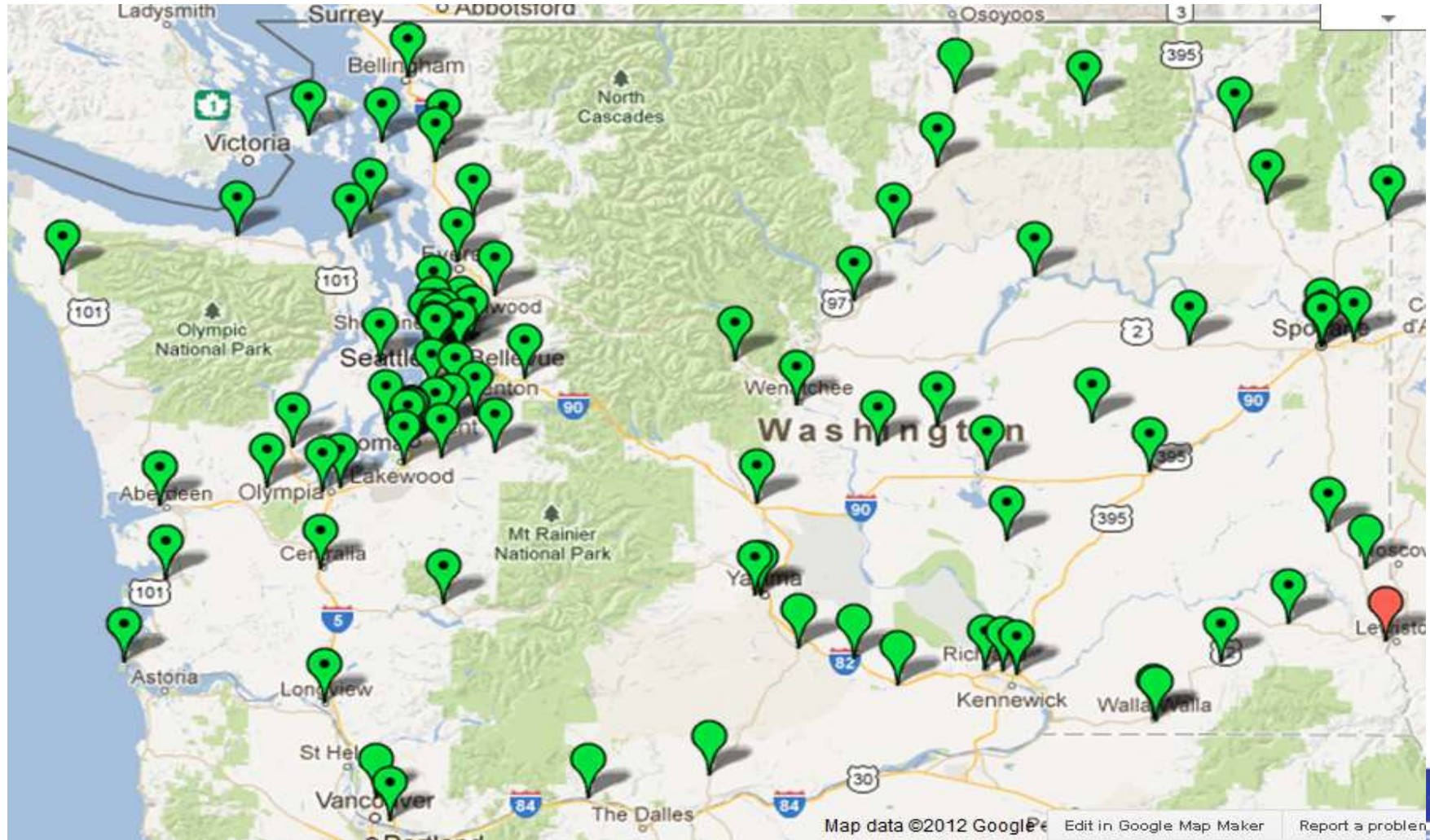
## Prevention Strategies

- Created Interagency Workgroup to Prevent Prescription Opiate Misuse, Abuse and Overdose
- New pain management rules for prescribers
- Electronic Prescription Monitoring Program

## Emergency Department Specific

- Partnered with professional organizations on guidelines for prescribing pain medication
- Encouraged emergency departments to share data with each other on frequent patients
- Created patient education materials

## Emergency Departments Sharing Data



- Family Planning ▼
- Food Safety ▼
- Healthy Aging ▼
- Healthy Communities Washington ▼
- Healthy Home ▼
- Illness and Disease ▼
- Immunization ▼
- Infants, Children, and Teens ▼
- Injury and Violence Prevention ▼
- Men's Health
- Nutrition and Physical Activity ▼
- Oral Health ▼
- Poisoning and Drug Overdose ▲
- TakeAsDirected** ▲
- Data Summary
- For Healthcare Providers
- For Older Adults
- For Pain Patients
- For Parents
- For Teens
- Frequently Asked Questions
- Resources
- Washington Poison Center
- WIC ▼
- Women's Health ▼

# TakeAsDirected



## Prescription Pain Medicine

On this webpage, prescription pain medicine means 'Opioid' medicine such as methadone, OxyContin® or Vicodin®. Healthcare providers are prescribing more pain medicine. Along with this increase came unintended consequences.

### Get Help Now

Call the [Washington Recovery Help Line](#)  
1-866-789-1511

Call the [Poison Center](#) at 1-800-222-1222 if you think someone has taken too much or misused medicine.

Call 9-1-1 if that person is having trouble breathing or will not wake up.



## Safe use of Prescription Pain Medication

**Take only as directed.**  
Mistakes or misuse can cause serious  
health problems and even death.

- **Tell your doctor and pharmacist about all other drugs you are taking.**  
It may be extremely dangerous to combine pain medications with certain other prescription and over-the-counter drugs. If you have more than one doctor, make sure they know about all the medications you are taking.
- **Do not drink alcohol while you are taking pain medication.**  
This can stop your breathing and cause death.
- **Let your doctor know if you have concerns about your pain medication.**  
Talk with your doctor if you want to change how much you take, how often you take it, or if you are worried that your use might be out of control.
- **Never take pain medication that is not prescribed for you. Never share your prescription with others.**  
It's dangerous and illegal.

**Call 911 immediately  
if you suspect an overdose.**

The caller and person overdosing will NOT be charged with drug possession.

**Possible signs of overdose from pain medication include:**

- Trouble breathing
- Can't wake up
- Confusion
- Blue lips or blue fingernails
- Clammy, cool skin

**More serious effects of overdose are:**

- Seizure
- Coma
- Death

**Keep children  
and family safe.**

Put your pain medication in a place where others can't take it.



**Dispose of unwanted medication in a way that protects others and the environment:**

- Call your local police department to find a drop off location near you.

**If you can't drop off unused medication:**

- Throw it away in its original childproof and watertight bottle. Put garbage in the bottle and hide it in the trash.
- Do not flush it down the toilet.

**For more information**  
<http://takeasdirected.doh.wa.gov>  
<http://stopoverdose.org>

For persons with disabilities this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY/TDD 1-800-833-6388).



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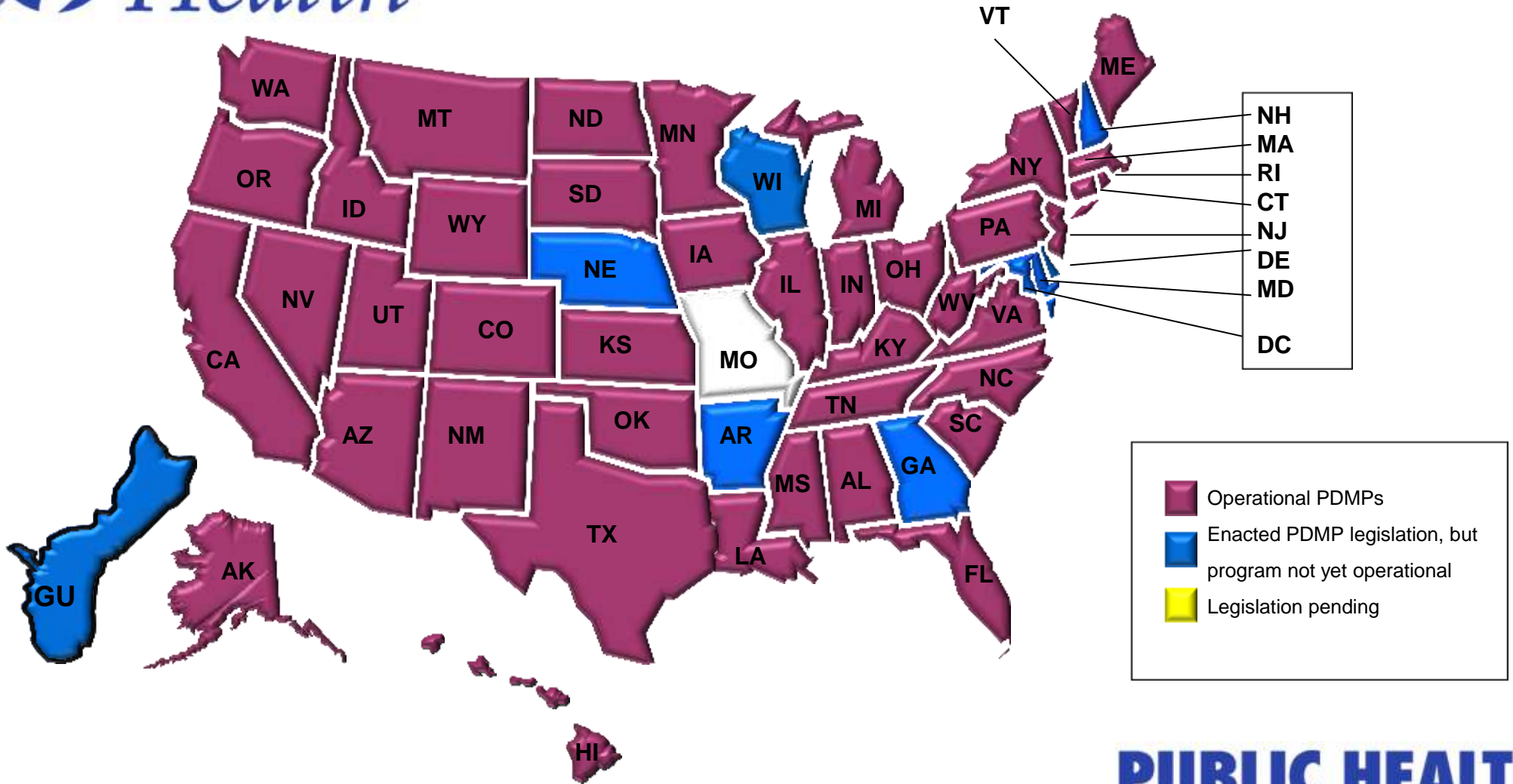
## WA Prescription Monitoring Program

Overview - February 14, 2013

## The PMP Solution- “An Overview”

- A PMP is a program designed to improve patient safety and protect public health with the goal of reducing overdose deaths, hospitalizations, and other related prescription drug abuse issues.
- Records for dispensing of controlled substances are submitted to a central database by pharmacies and other dispensers.
- Health providers and other authorized users are able to register for access, and once approved, can view information through a secure web portal.
- PMP information can help providers avoid duplicative prescribing and dangerous drug interactions; and help identify substance abuse or pain management issues.

## Status of Prescription Drug Monitoring Programs (PDMPs)







## DOH's Goals for Washington's PMP

- To give practitioners an added tool in patient care
- To allow prescribers and dispensers to have more information at their disposal for making decisions
- To get those who are addicted into proper treatment
- To help stop prescription overdoses
- To educate the population on the dangers of misusing prescription drugs
- To make sure that those who do need scheduled prescription drugs receive them
- To curb the illicit use of prescription drugs

# Implementation Schedule

## 2011

- Begin Data Collection – October 1
- Begin Mandatory Reporting – October 7
- Begin DOH/PMP Staff/Licensing Board Access – October 26
- Begin Oversight Agencies Access – November 15
- Begin *Pilot* Data Requestor Access – December 1

## 2012

- Begin Data Requestor Access – January 4
- Begin Law Enforcement/Prosecutorial Agencies Access – February
- Begin Medical Examiners/Coroners Access – May
- Operations, Maintenance, Enhancements – ongoing

- As of 12/06/12 the system had collected over 14.4 million records
- Over 1.7 million Washingtonians have received at least one CS Rx

## Who Has Access

- Prescribers & dispensers - in regards to their patients
- Licensing boards – in regards to investigations
- Individuals – in regards to any prescription dispensed to them
- DOH/Vendor – in regards to program operation
- Law Enforcement/Prosecutor – for bona fide specific investigations
- Medical Examiner/Coroner – cause of death determination
- HCA (Medicaid), L&I (Worker's Comp), DOC (Offenders)
- De-identified information may be provided for research and education

# PMP Provider Use

- As of 11/8/12:
  - 7,771 prescribers have registered (21%)
  - 2,229 pharmacists have registered (23%)
  - 345,931 patient history reports requested (Avg: 32K per month)
- Provider Quote: “I find this very helpful and would not want to give up access to these data. As part of my practice I print out the results and provide them to my patients. I believe that the PMP is the single biggest advancement in patient safety over the last 10 years.”
- Provider Registration Site: [www.wapmp.org](http://www.wapmp.org)



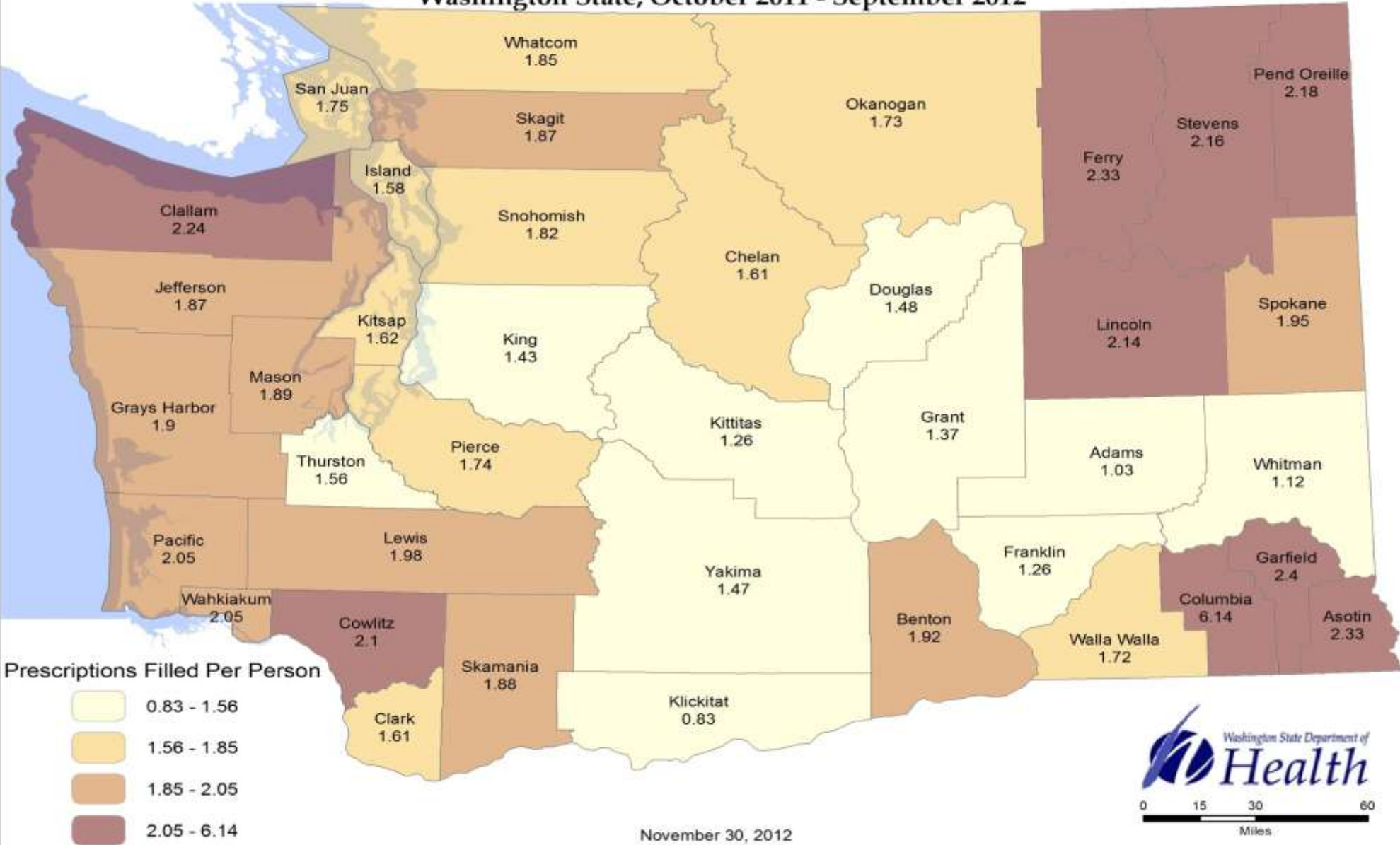
# Top 10 Drugs by Rx Count

\* Data pulled 12/06/12 covers CY 2012 to date

<b>Generic Name</b>	<b>Number of RX</b>	<b>Total QTY</b>	<b>Total Days Supply</b>
HYDROCODONE/ACETAMINOPHEN	2,698,473	144,325,146	32,660,247
OXYCODONE	827,261	77,868,271	14,318,382
OXYCODONE/ACETAMINOPHEN	825,663	47,440,063	9,813,034
ZOLPIDEM	819,867	25,533,227	24,131,475
ALPRAZOLAM	588,050	30,555,902	13,306,192
LORAZEPAM	577,895	26,403,373	11,792,343
CLONAZEPAM	473,720	28,095,861	13,508,342
AMPHETAMINE	426,166	22,510,309	12,376,913
METHYLPHENIDATE	362,729	19,129,970	10,853,515
MORPHINE SULFATE	299,001	22,420,304	6,985,897

State Average: 1.88 Rx/Person

### Controlled Substance Prescriptions Washington State, October 2011 - September 2012



## Future & Funding

- Share data with other State PMPs
- Health information exchange / Emergency Department Information Exchange
- Education programs
- Outcome evaluation
- Currently funded through June 30, 2013

# Program Contact

- Chris Baumgartner, Program Director
  - Phone: 360.236.4806
  - Email: [prescriptionmonitoring@doh.wa.gov](mailto:prescriptionmonitoring@doh.wa.gov)
  - Website: <http://www.doh.wa.gov/hsqa/PMP/default.htm>



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# Poll

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- Are you working on prescription drug abuse prevention in your community?

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## Rx Abuse Prevention

### Partners:

<u>Law Enforcement:</u>	<u>Medical:</u>	<u>Other Sectors:</u>
<ul style="list-style-type: none"><li>•Omak PD</li><li>•Ok. County Sheriff</li><li>•Oroville PD</li><li>•Twisp PD</li><li>•Colville Tribal PD</li><li>•Coulee Dam PD</li><li>•Wa. State Patrol</li><li>•Narc. Tx Force</li></ul>	<ul style="list-style-type: none"><li>•Ok. Public Health</li><li>•Omak Clinic</li><li>•Family Health Ctr</li><li>•Wal-Mart Pharm.</li><li>•Home Health</li></ul>	<ul style="list-style-type: none"><li>•Media</li><li>•Omak Mayor</li><li>•Omak City Council</li><li>•Aging/Adult Care</li><li>•DSHS</li><li>•Behavioral Health</li></ul>



## Rx Abuse Prevention

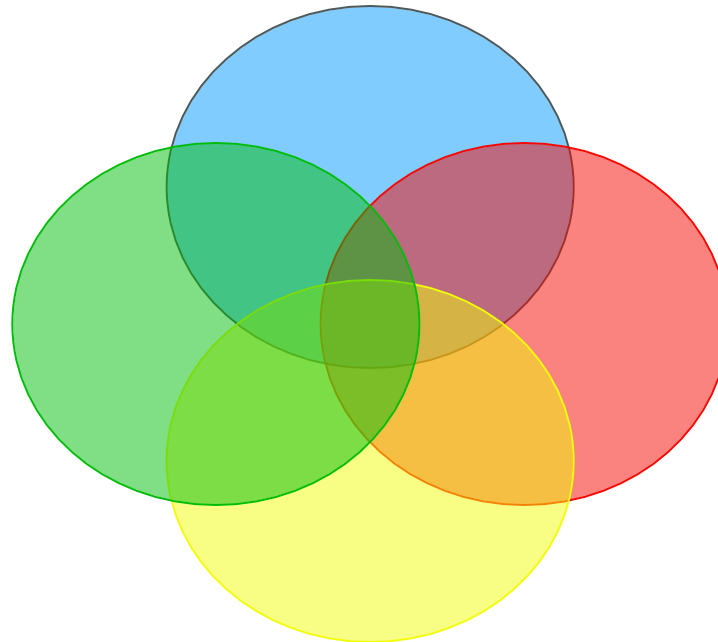
Education for community



**From Hurt to Hope:  
Dr. McCauley  
CME/CLE/CEU**

**medicine  
lock boxes**

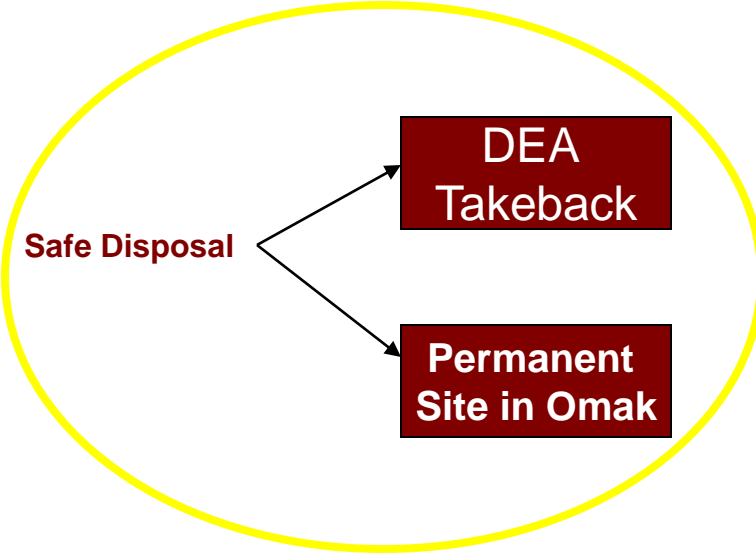
Safe Storage



Safe Disposal

**DEA  
Takeback**

**Permanent  
Site in Omak**



Media Coverage

Social Media

PSA

Print

Radio interview

# Secure & Responsible Drug Disposal Update



Margaret Shield

Local Hazardous Waste Management Program in King County  
PRI Learning Community Meeting, 2/14/13

# Secure Medicine Return Problem Statement

- Drug overdose deaths have surpassed car crashes as the leading cause of preventable death.
- Medicines used in the home are the leading cause of poisonings, especially among children and seniors.
- Medicine take-back programs provide secure collection and destruction of unwanted medicines to protect public health and the environment.
- Currently, no sustainable financing for a medicine take-back system that meets community needs.



# Status Report: medicine take-back for safe disposal of unused medicines.

- **For Public Health & Safety** -  
reduce the amount of medicines  
available for misuse and  
preventable poisonings & overdoses
- **For Environmental Protection** –  
to keep waste medicines out of  
our waterways and water supplies



# Take Back Your Meds Coalition

- Promoting medicine take-back programs: pilots, best practices, expanding access.
- Education on safe storage & disposal of medicines.
- Worked to change federal law on take-back of controlled substances.
- Working to create statewide program with sustainable financing.

**The risks of unwanted medicines**

- Washington State has one of the highest teen prescription drug abuse rates in the nation.
- Medicines are a leading cause of accidental poisoning—especially of children and seniors.
- Flushed or trashed medicines can end up polluting our waters.

**What can you do?**

- Store medicines safely at home.
- Use a take-back program for disposal.
- Go to **www.TakeBackYourMeds.org**.

Supported by your local government, law enforcement and health organizations.

In King County call **206-296-4692**  
OR **1-888-869-4233**  
In Washington call **1-800-RECYCLE**

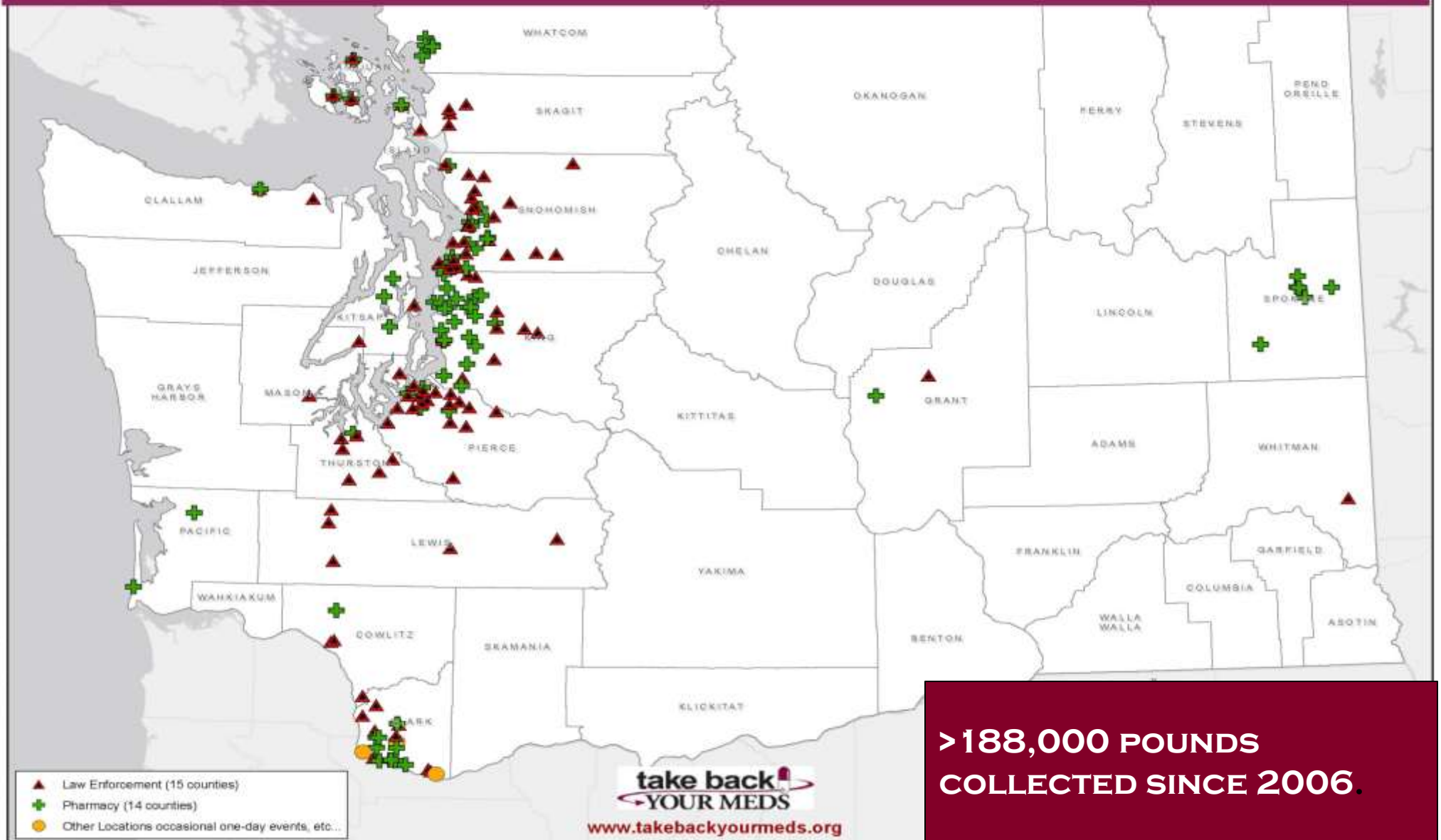
Alternate Formats on Request.  
Call 206-263-3050 or TTY Relay:711





# Medicine Take-Back Locations in Washington State (December, 2011)

Sheriffs, police, local governments and pharmacies in 17 counties are operating take-back programs but are struggling for funding. DEA temporary take-back day events offered for one-day twice a year are ending. **We need medicine take-back in all 39 counties.**



# DEA-coordinated National Prescription Drug Take-Back Days

## Results from Washington:

Sept. 2012 – 13,057 pounds  
82 collection sites

April 2012 – 13,426 pounds  
97 collection sites.

Oct. 2011 – 9,502 pounds  
100 collection sites

April 2011 – 8,535 pounds  
85 collection sites

Sept. 2010 – 8,931 pounds  
90 collection sites.

**Next event: Sat. April 27, 2013.**



# DEA Proposed Rule for Secure & Responsible Drug Disposal Act of 2010

## ■ What the law **does**

- Authorized DEA to develop regulations for take-back of controlled substances. New options in addition to law enforcement collection.

## ■ What the law **does not** do

- Mandate creation of take-back programs.
- Fund take-back programs.

**Proposed Rule Released Dec. 21st**  
**Public comments due Feb. 19<sup>th</sup>.**



Shoreline P.D. during DEA take-back day

# DEA's Proposed Rule – multiple collection methods allowed for controlled substances

1. **Collection receptacles (ie drop-off boxes)**
2. **Mail-back programs**
3. **Take-back events**
  - All legal medicines may be collected together (comingled) in the drop box or mail-back envelope.
  - “Non-retrievable” disposal required – not in trash.

# DEA's Proposed Rule – new “collectors” approved for disposal of controlled drugs

Authorized **retail pharmacies, drug manufacturers, drug distributors, reverse distributors, and law enforcement** may operate:

1. **Collection receptacles (ie drop-off boxes)**
  - Retail pharmacies may also operate collection receptacles at long-term care facilities.
2. **Mail-back programs**

**Law enforcement** only may conduct:

3. **Take-back events**

# Existing pharmacy protocols align with DEA's



**Secure, locked drop boxes**



**Secure tracking  
& storage**

**Pick-up by a reverse distributor  
for final disposal**



# DEA Proposed Rule for Secure & Responsible Drug Disposal Act of 2010

## Public comment process & timeframe

- Comments due Feb. 19<sup>th</sup>
- DEA must respond to comments; no defined timeframe to finalize.
- LHWMP plans to comment favorably, with notes on technical issues.
- Collaborating with partners on rule review.

# Medicine Take-back Programs & Initiatives in Other Jurisdictions

- Pharmaceutical manufacturers provide take-back systems in 3 Canadian provinces (B.C., Manitoba, Ontario), France, Spain & soon all across Mexico.
- **Legislation in U.S.**
  - > 20 states with take-back legislation.
  - Producer Responsibility Bills in 8 states: FL, ME, MD, MN, NY, OR, PA, WA
  - Laws passed to create statewide “program”
    - funding source? level of funding?
  - Federal Bill introduced in 2011 – HR 2939 (Slaughter)





# Medicine Take-Back Bill proposed in Washington



- Drug producers required to provide a safe and convenient program for collecting unwanted medicines from households.
- Program financed by drug producers. Total costs capped at \$2.5 million per year.
- Collectors participate voluntarily – pharmacies, law enforcement, hospitals per federal and state regulations.
- Disposal in high temperature incinerators.



# Local Ordinances in California

## **City and County of San Francisco** (pop. 805,235)

- ordinance proposed end of 2010.
- voluntary 15 month pilot program negotiated; funded largely by \$100,000 PhRMA grant; renewed in 2013.
- started March 2012 at 12 pharmacies / 10 police stations.

## **Alameda County** (pop. ~ 1.5 million)

- “Safe Drug Disposal” ordinance passed July 2012.
- First in nation requiring drug producers to provide medicine take-back system.
- July 2013 deadline for producers to comply by proposing a stewardship plan.
- In early December, pharma associations sued the county.
- See <http://www.calpsc.org/>

# King County Board of Health

## Subcommittee on Secure Medicine Return

- Input from stakeholders collected during summer and fall.
- Policy discussions began in October.
- Public hearing on draft legislation anticipated during first quarter 2012.

Follow our process at

<http://www.kingcounty.gov/healthservices/health/BOH.aspx>

Click on link to Subcommittee on Secure Medicine Return.



# Impact of Prescription Medicine Misuse in King County



# Next Steps for Take Back Your Meds Coalition

The Problem Isn't Solved Yet...

- Engaged in DEA rule-making process for take-back of controlled drugs.
- Continue to support existing medicine take-back programs & DEA take-back events.
- Discuss, strategize, evaluate options for future state and/or local level actions.
- Engage our communities in **PREVENTION!**

# Learn More!

- Find out more at [www.TakeBackYourMeds.org](http://www.TakeBackYourMeds.org).
- Like Us on Facebook – **Takebackyourmeds**.
- Follow us on Twitter – **@takebackurmeds**.

Margaret Shield, Local Hazardous Waste Mgmt Program in King County  
206-263-3059    [margaret.shield@kingcounty.gov](mailto:margaret.shield@kingcounty.gov)

PUT PILLS IN THEIR PLACE





# Examples of Producer Take-Back Programs for Other Hazardous Products

- Rechargeable Batteries
- Paint
- Electronic Waste
- Auto Switches
- Mercury Lighting & Thermostats
- Cell Phones







# SPE Prevention Plan

## Prescription Drug Abuse/Misuse Prevention Action Plan

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**Goal:** Decrease misuse and abuse of prescription drugs (Rx)

**Strategies:**

1. Information Dissemination/Public Awareness Strategy:

*Promote opportunities for local communities*

Objective: Increase the knowledge and use of currently available resources regarding Rx abuse/misuse.

2. Policy/Community Norms Strategy:

*Support funding opportunities*

Objective: Increase available funding to support Rx prevention projects and initiatives.

3. Education/Professional Development Strategy:

*Conduct trainings that support the information dissemination strategy and partner to enhance trainings in development.*

Objective: Increase use of resources through education about use of resources.

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# Chat

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*Please type your answer into the chat box.*

- If you answered yes to the poll, how long have you been working on Rx abuse prevention?
  
- What projects or activities have you done?

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# Poll

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- Would you like...

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# Thank you

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- Questions?

Sarah Mariani

[Sarah.mariani@dshs.wa.gov](mailto:Sarah.mariani@dshs.wa.gov)

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