ASTHO 2014 President’s Challenge: Highlights from State/Territory Pledges

15 x 15: Reduce Prescription Drug Misuse and Deaths 15% by 2015
ASTHO President’s Challenge

As of 9/5/2014, 45 states and one territory have accepted the Challenge!
Create/disseminate educational materials for patients and families on appropriate use and disposal of opioid pain relievers.
NORTH DAKOTA

Enhance surveillance of prescription drug-related deaths.
Educate and inform prescribers about recently released guidelines on emergency department pain treatment and the use of opioids to treat non-cancer pain.
Develop and coordinate an intra-governmental effort to outline a comprehensive public education campaign to counter current norms and practices resulting in misuse, harm, and deaths from opioid prescription drugs.
WYOMING

Reallocate local funds to support local efforts to reduce rates of Rx misuse and abuse in areas with high prevalence.
Work with the Executive Office of Public Safety and Security to begin Medication Assisted Treatment with opioid addicted individuals re-entering the community after incarceration.
Work with the Office of Drug Policy to improve the sharing of public health data, including vital records, which will inform better planning and policies for prescription drug abuse prevention.
Oregon was one of 7 states that participated in the first convening of the National Governor’s Association’s (NGA) year-long Prescription Drug Abuse Reduction Policy Academy September 2012 to April 2013.
COLORADO

Improve usability and appropriate accessibility of the PDMP system through the use of information technology and increased stakeholder access.
Request legal analysis and implement changes as needed to use emergency room surveillance data to map overdoses in real time to alert law enforcement community through the Information and Analysis Center.
ARIZONA

Issue report cards to individual prescribers comparing their prescribing habits to their peers.
CONNECTICUT

Convene state agency partners and a number of external partners/organizations/stakeholders to create a state plan for Rx Drug Misuse and Abuse Prevention.
Pursue collaborative grant opportunities related to prescription drug abuse prevention.
ALASKA

Recommend that licensure boards develop standards and requirements for continuing education.
16 states, including Louisiana, require mandatory use of PDMPs for providers.
GUAM

Increase reporting of pharmacy anomalies.
Michigan is one of five states newly selected to participate in the upcoming National Governors Association Policy Academy on Reducing Prescription Drug Abuse.
Initiate a public health awareness campaign supported by an online clearinghouse and educational materials.
VERMONT

Require pharmacists to ID patients prior to dispensing any controlled substances.
Work with Department of Mental Health and Addiction to identify areas without access to treatment.
Partner with the Oklahoma Department of Mental Health and Substance Abuse Services and other organizations to establish naloxone programs with law enforcement personnel and others.
Collaborate with Narcotics Enforcement Division to develop, implement, and evaluate prescriber education and training on appropriate prescribing practices.
MARYLAND

Developing a system of integrated care for individuals with co-occurring serious mental illness and substance abuse issues.
SBIRT and CME modules for prescribers.
Did You Know?

NEW YORK

New York has 1,649 physicians authorized to treat painkiller addiction with buprenorphine.
Partner with Washington State Department of Social and Health Services to promote trainings, tools, guides and other resources on SBIRT.
RHODE ISLAND

Increase access to buprenorphine eight-hour training for prescribers.
ARKANSAS

Implement initiative to optimize effectiveness of Arkansas Prescription Monitoring Program.
Continue to better characterize and address the issue of neonatal abstinence syndrome in the state, taking advantage of current statewide multidisciplinary workgroup and legislation requiring mandated hospital reporting.
Governor established Substance Abuse Advisory Committee to join together partners from public and private sector focusing on treatment.
Provide additional training for primary care clinicians to provide substance abuse brief intervention and referral to treatment (SBIRT) services.
Expand school-based programs—“Up and Away” and “Smart Moves, Smart Choices.”
Promote the use of SBIRT protocols among healthcare providers.
As of August 2013, ten states, including Mississippi, have laws regulating pain clinics with the goal of targeting “pill mill” activities.
Approach and manage addiction as a treatable disease.
TEXAS

Expand substance abuse treatment services.
KANSAS

Working on Governor's Mental Health Task Force.
NEW JERSEY

Promote bystander emergency response training and use of naloxone.
Develop an epidemiological profile of alcohol and other drug use in the state with consumption and consequence data related to prescription drug abuse.
Work with community partners to track and identify sources of prescription drugs.
Annually reach out to top 50 prescribers of controlled substances to understand their practice and encourage appropriate prescribing patterns.
NEW MEXICO

New Mexico is one of 16 states that participates in the NABP Interconnect, which allows users of PDMPs to share prescription drug abuse data across state lines.
MISSOURI

Implement new opiate prescription training courses for practitioners and pharmacies.
OHIO

Improve PDMP to automatically provide a morphine equivalent dose (MED) for all patients.
SOUTH CAROLINA

PMP reporting changed from "monthly" to "daily" effective January 15, 2014.
NORTH CAROLINA

Improve collaboration between public health and law enforcement.