ASTHO 2014 Policy Inventory:
State Action to Prevent and Treat Prescription Drug Abuse

Highlights from the State Profiles

Available at: www.astho.org/rx/profiles

Introduction

As U.S. prescription drug abuse has reached epidemic proportions, solutions to this problem require comprehensive strategies. Through activities that promote coordination and integration across multiple agencies and service systems, the Association of State and Territorial Health Officials (ASTHO) supports state efforts to improve health outcomes and prevent prescription opioid misuse, abuse, and diversion. In June 2014, ASTHO fielded a membership survey about activities and policies to address prescription opioid abuse and overdose. The survey instrument was developed based on recommendations from the White House Office of National Drug Control Policy and the CDC National Center for Injury Prevention and Control. Using the data provided, ASTHO created individual profiles for the 48 states, two U.S. territories, and one freely associated state that responded to the survey.

The profiles offer a snapshot of state activities that address prescription drug abuse, ranging from prevention strategies to surveillance and monitoring (PDMPs), law enforcement, and treatment and recovery. ASTHO members can use the profiles as a tool to explore variations in policies and practices among state and territorial health agencies. They may also be used to determine how to strengthen resource sharing, collaborations, and partnerships between states.

A clickable map on ASTHO's website features the state profiles and supporting documents that were submitted with the survey. In addition, the site provides state-level data for 2011 and 2013 drug overdose mortality rates[1] per 100,000, as well as 2012-2013 state prevalence estimates for the nonmedical use of prescription opioids in the past year by persons aged 12 or older.[2] The site also offers a description of what the health department pledged to implement, improve, or evaluate as part of the 2014 ASTHO President's Challenge, which urged states to take action to reduce both the rate of nonmedical use and the number of unintentional overdose deaths involving controlled prescription drugs by 15 percent by 2015.

States may share these results with other stakeholders in their own jurisdiction, or wish to reach out to colleagues in other states to learn more about their results. States may also use these profiles to better understand the scope of this public health issue, assess partnerships, and characterize state and community responses across a comprehensive framework.

[1] CDC National Center for Injury Prevention and Control. WISQARS Fatal Injury Data. 1999-2013, for National, Regional, and States (restricted). NCHS Vital Statistics System. ICD-10 Codes: X40-X44,X60-X64,X85,Y10-Y14.
[2] SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

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ASTHO thanks the state, territorial, and freely associated state health officials and health departments' staffs for their work in completing the survey.

Methods

In June 2014, ASTHO conducted the Inventory of State and Territorial Action: Prescription Drug Abuse and Overdose survey using Qualtrics, an online survey software. This was the first ASTHO survey on the subject of prescription drugs. ASTHO sent a link to the web-based survey, along with general instructions, to state and territorial health officials and senior deputies from the 50 states, the District of Columbia, and eight territories and freely-associated states. The 32-item instrument includes five sections and covers the following topic areas: Prevention strategies; surveillance and monitoring; enforcement; treatment and recovery; and neonatal abstinence syndrome.

SURVEY CATEGORIES

(1) Prevention Strategies
Healthcare provider education.
Parent, youth, and patient education.
Community and healthcare settings.

(2) Surveillance and Monitoring
Prescription Drug Monitoring Programs (PDMP).

(3) Enforcement
Licensing and accountability.
Mitigating drug diversion.

(4) Treatment and Recovery
Access to substance abuse treatment.

(5) **Neonatal Abstinence Syndrome (NAS)**

An important element of the survey was the design of the response options [Figure 1]. For each question, respondents indicated the extent to which their state or territory had taken action on a specific measure (e.g., policy-related, organizational or environmental strategies, etc.).

As Prochaska *et al*. (2001) and others have suggested, the Stages of Change construct identified in the Transtheoretical Model, often used to describe individual behavior change, might also be applied to document and synthesize major approaches to organizational changes. Looking across a spectrum to determine states' and territories' readiness to implement policy or organizational changes helps jurisdictions move from pre-contemplation through preparation and action.

Understanding where jurisdictions perceive their stronger (as well as weaker or underdeveloped) capabilities to mobilize support and direct a course of action allows federal agencies, researchers, and other partners better anticipate and respond with appropriate and complementary strategies.

Figure 1. Response Key

Yes (i.e., the state adopted a policy or is actively implementing a program).
No, but there is some degree of action OR the action (e.g., policy) is voluntary.
No, and there is no action within the state or territory.
Other/I don't know.

Surveys could be completed by multiple personnel in multiple sittings, if desired. Although only one response was requested for each state, in the case of multiple submissions, survey responses were cross-checked and verified to create a single entry for the state. State health officials were asked to complete the survey by July 2, 2014. However, the survey administration system was held open until August 2014 to allow as many states and territories to complete the survey as possible.

In total, the survey was completed by 48 states, two U.S. territories (Guam and the Commonwealth of the Northern Mariana Islands), and one freely associated state (Palau) completed the survey, generating an 86 percent response rate among all potential respondents. ASTHO used the survey data to create 51 individual profiles for each responding state and territory. A column was added to the profiles showing the total sum of all states that provided a "yes" response for each question. This count provides an estimate of activities occurring nationwide and is intended to illustrate areas where the data suggest there may be uniform trends of action.

ASTHO shared preliminary state and territory data profiles with its members during the ASTHO Annual Meeting and Policy Summit in Albuquerque, New Mexico, in September 2014. ASTHO staff conducted extensive follow-up with the states from October 2014–January 2015 to verify the accuracy of the profiles' information, contacting state health officials, senior deputies, state injury directors, as well as other state contacts when necessary, as part of the data verification process. When errors were identified, ASTHO's Injury and Behavioral Health team worked with the state to make corrections to the profile.

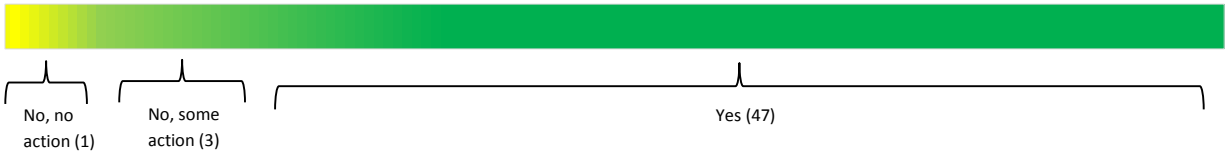
ASTHO posted the profiles to its website (www.astho.org/rx/profiles) in March 2015, along with resources that the state, territory, or freely associated state submitted with the survey, such as websites and public documents.

Highlights and selected findings from the survey are presented in the following sections.

Key Findings: Prevention Strategies

Primary Prevention Programs

Forty-seven respondents (93%) reported having at least one agency or organization in the state that supplies funding to support the implementation of effective* primary prevention programs targeting substance abuse.



Where are these programs taking place? States indicated that prevention programs were being implemented in multiple settings, including:

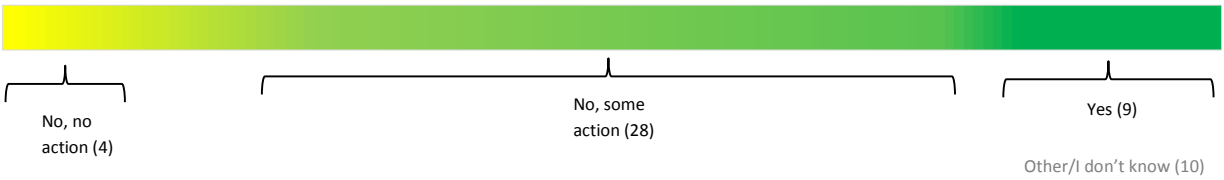
- Communities (42 respondents).
- Schools (35 respondents).
- Primary care settings (13 respondents).

Additional settings or groups identified as being engaged in primary prevention efforts: *local management entities-managed care organizations; tribes/tribal nations; realtors/real estate; funeral directors; law enforcement offices; health departments; churches; and some workplaces*

*Some responses indicated that primary prevention activities were being conducted, but noted that evidence of effectiveness was limited.

Prescribing Guidelines in Emergency Department or Acute Care Facilities
Nine respondents (18%) reported having a state policy that requires emergency departments (EDs) or acute care facilities to follow protocols for prescribing opioid analgesics to patients being treated and discharged. The data suggest, however, that state efforts to develop or strengthen prescribing guidelines may be in progress:

- Twenty-two respondents (43%) reported that some EDs or acute care facilities in their jurisdiction have adopted voluntary opioid prescribing guidelines.
- Another six respondents (12%) reported that their jurisdiction was moving toward action, possibly through an advisory council or task force, and exploring the development of a policy that would require protocols for opioid prescribing in EDs and acute care facilities.



Key Findings: Surveillance and Monitoring
Using PDMP Data to Identify High Risk Populations or Communities
Twenty-six respondents (50%) reported having at least one agency or organization in the jurisdiction currently using prescription drug monitoring program (PDMP) data to implement targeted interventions.

Based on information obtained from the PDMP, *how* are specific populations identified?

- Sixteen respondents reported using PDMP data to identify potential high-risk regions or communities based on criteria such as number of prescribers who deviate from accepted medical practice, or availability of opioids in the area (which may include high volume or specialty prescribers).

- Twenty-seven respondents reported using PDMP data to identify potentially high-risk patients at the individual level based on criteria such as prescription dosage (MED), or number of controlled substances prescribed to an individual.

Text responses indicate that respondents are analyzing the following PDMP data or metrics: *Geographically tagged rates of prescribing, rates of dispensing, frequent ED patients and users of prescriptions, highest MED consumption, and overlapping prescriptions*.

Using PDMP Data to Identify Vulnerable Populations

The following example highlights an area where there appears to be increasing action. Although only ten respondents reported having any agencies or organizations in the jurisdiction currently using PDMP data to identify special populations* or sub-groups more vulnerable to healthcare disparities, data indicate a trend toward increased use of PDMP for this purpose.

- Eighteen respondents (35%) reported some degree of action (e.g., in a limited capacity, pilot testing, etc.) in at least one agency or organization in the jurisdiction toward utilizing PDMP data to identify vulnerable groups.

*Examples of these vulnerable populations may include: *racial, ethnic, sexual/gender minority groups; and individuals with a history of substance abuse, who are uninsured or underinsured, or who have a record of emergency department overutilization*.

Key Findings: Enforcement

Training and Education for Law Enforcement

Thirty-seven respondents (73%) reported having at least one agency or organization in the jurisdiction that provides training for law enforcement officials on the prevention and treatment of substance abuse.

Training and Education for Law Enforcement (continued)

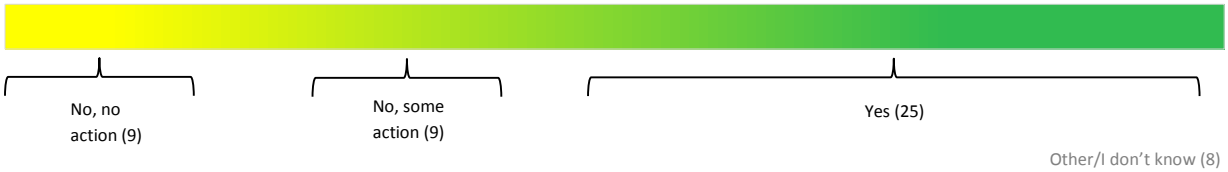
Which topics are included training in law enforcement? Respondents identified several topics, including:

- Identifying potentially illicit activity among prescribers and pharmacists (20 respondents).
- Recognizing signs of overdose (25 respondents).
- General information on substance abuse disorders or addiction (28 respondents).
- Treatment options for opioid dependence (13 respondents).

Respondents specified additional topics that are part of law enforcement training programs, such as: *investigation techniques for determining prescription fraud and doctor shopping; naloxone administration; and data, consequences, and prevention efforts (local and state strategies)*.

Evaluating Laws to Prevent Drug Diversion

Twenty-five respondents (49%) indicated that at least one agency or organization in the jurisdiction is currently evaluating laws to prevent or mitigate the diversion of controlled substances.



Which laws addressing diversion of controlled substances are being evaluated? Respondents identified several types of laws, including:

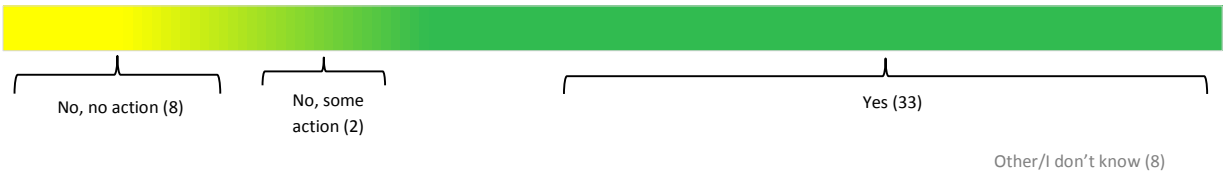
- Required physical examination before prescribing (11 respondents).
- Required use of tamper resistant forms (7 respondents).
- Required patient identification prior to dispensing (13 respondents).

Respondents indicated that evaluation is occurring in other areas, including: *physical controls for medication storage; mandatory electronic prescribing; and limits on hydrocodone refills.*

Key Findings: Treatment and Recovery

Statewide Task Force on Treating Opioid Dependence

Thirty-three respondents (65%) reported having an active, statewide task force that addresses issues related to treating addiction and opioid dependence.



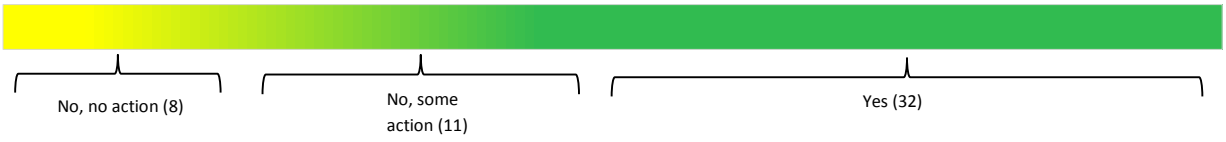
Who is represented on the task force? Respondents identified several types of stakeholders, including:

- Public health agencies or organizations (35 respondents).
- Medical/clinical facilities, such as hospitals, clinics, and/or treatment centers (36 respondents).
- Pharmacies (25 respondents).
- Law enforcement/public safety (27 respondents).
- Schools (18 respondents).

Respondents identified other types of task force representatives, including: *people in recovery; Medicaid; licensing boards; medical professional associations; legislators; vocational rehabilitation/counselors; researchers; and insurers.*

Naloxone Training Programs

Thirty-two respondents (63%) reported having at least one agency or organization in the jurisdiction that is actively implementing training programs on how to administer naloxone.



Who is being trained on naloxone administration? Respondents indicated that the following groups are participating in these trainings, including:

- Family members (20 respondents).
- Patients being prescribed opioids (20 respondents).
- First responders (28 respondents).

Other individuals or groups being trained to administer naloxone: *drug users/injection drug users; community-based organizations; treatment providers; detention center staff; methadone and buprenorphine clinic patients; sex workers; homeless populations; people who have recently completed a drug treatment program; people being released from incarceration; and people with co-occurring mental health disorders*.

Key Findings: Neonatal Abstinence Syndrome (NAS)

Statewide Plan to Address NAS/Neonatal Opioid Withdrawal

Three respondents (6%) reported having a statewide plan to address NAS.

- Eighteen respondents (35%) indicated that there is some progress toward creating a NAS plan. A qualitative assessment of the responses indicates awareness of and interest in existing perinatal quality improvement collaboratives and hospital-based initiatives.

Conclusions

The purpose of this survey was to determine and define the types of activities that state and territorial health departments are undertaking to address prescription drug misuse, abuse, and overdose. Information about these policies and programs, as well as barriers to implementation, enables public health professionals to better understand how the adoption and effectiveness of these strategies may decrease the morbidity and mortality associated with prescription opioid abuse.

For any selected measure on the profiles, examining the circumstances—such as workforce, political constraints, resource availability, or other situational factors—that underlie a state's collective action and the status of implementation results in a more thorough understanding of the factors that support and impede the state's effort to implement or scale-up activities.