



OFFICE OF THE DIRECTOR

John A. Kitzhaber, MD, Governor

Oregon
Health
Authority

[JUNE 27, 2013]

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Dear Governor Kitzhaber:

Thank you for the opportunity to have served on the National Governors Association Task Force on Prescription Drug Abuse. It has been an honor working to develop a road map that you may use to reduce the number of prescription drug overdoses and deaths. We cannot continue year after year having prescription drug abuse deaths exceed the number of people killed by automobile accidents.

While the potential of misuse and abuse of prescription drugs has always been present, it was not until the late 1990's when the first long acting opioids were approved by the FDA for the treatment of pain that we began to see significant misuse and abuse of prescription drugs. The ability to legally gain access through a prescription for an opioid has led many people to become addicted to these medications and we began to see sharp increases in deaths due to these drugs.

The attached *Reducing Prescription Drug Misuse and Abuse: A Priority for Oregon* lays out six concrete steps and goals to start Oregon down the path to address this health care epidemic.

We look forward to working with you and your office to build and implement a statewide plan to address this health crisis. All of us believe this is a very serious problem and look forward to your leadership as we all work to reduce this epidemic.

Sincerely,

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Director Pharmacy Programs
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Rob Bovett
District Attorney
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Judy Cushing
Executive Director
Lines for Life

Mary Ellen Glynn
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National Governor's Association Task Force on Prescription Drug Misuse

Reducing Prescription Drug Misuse and Abuse: A Priority for Oregon

Prescription drug misuse is one of the fastest-growing health problems in the nation, and Oregon has the highest rate of prescription drug misuse of all 50 states. By every measure, this is a national epidemic.

The rapid growth of this problem began when new guidelines were issued for opioid prescribing to control pain in 1999. Federal, state, and private organizations promoted opioid prescriptions for pain control. Since that time, there have been a variety of unintended consequences. There have been sharp increases in:

- Prescriptions for and legal sales of controlled prescription drugs,
- Misuse of controlled prescription drugs,
- Illegal diversion from patients to others,
- Treatment admissions for individuals who have become addicted to prescription drugs, and
- Prescription drug overdose, hospitalization and death.

Oregon statistics:

- In 2012, there were 3.7 million legal prescriptions for opioids dispensed in Oregon. That is a minimum of 100 million tabs in circulation with a population of 3.9 million Oregonians just in the 2012 calendar year.
- Between 2000 and 2011, the state's rate of death due to unintentional prescription drug overdoses increased by 2.4 times and the rate of hospitalization increased five-fold.
- For the first time in 2010 there were more deaths from prescription drug overdoses than from motor vehicle crashes – and that number is growing.
- Long-acting methadone for chronic pain is involved in more than half of the prescription drug deaths.

This is the outline of a plan to combat prescription drug misuse. Five assumptions underpin this plan:

1. We need fewer prescription controlled substance pills in circulation.
2. We need the patients and public to understand that prescription opioids have limited long term efficacy and pose real risks.
3. We need ways for patients to return unused controlled prescription drugs.
4. We need to identify signs of addiction early, provide integrated and coordinated care using the best evidence based treatment for people who need interventions.
5. High-level state coordination across state and local government agencies is necessary to combat the problem.

1. We need fewer pills in circulation.

The majority of the prescription controlled drugs that are being misused are prescribed legally, and then consumed, shared, stolen or sold to others. The focus of Oregon's approach should be on changing prescriber and patient behaviors so there are fewer prescriptions for fewer pills.

- Remove methadone for chronic pain from the Oregon Health Plan formulary.
- Encourage full use of the Prescription Drug Monitoring Program (PDMP) by prescribers who write prescriptions for controlled substances.
- Educate prescribers about the dangers of overdose and addiction.
- Encourage CCOs and other prescribers to increase the use of non-opioid pain management.
- Help the prescriber say no to patient drug seeking behavior.
- Support efforts by the Oregon Medical Association and OHSU to build education programs for prescribers about the risk of these medications.
- Encourage CCOs to adopt Prescribing Guidelines similar to those used by the Southern Oregon's Opioid Prescribers Group.

2. We need public education.

The general public must understand that the use of prescription controlled substances to control pain has limited efficacy and poses real risks. Our culture accepts the use of drugs to treat many problems. Because prescription controlled substances are available from healthcare providers, many patients perceive these prescription medications as safe to take and share. This is both life-saving and threatening. Patients need information about medicines to inform their choices about health and safety. Last, there is evidence that many people – particularly teens and young adults – obtain prescription controlled substances from a family medicine cabinet. Patients need to be aware that they should keep their medication locked in a safe place.

- Help patients understand the limitations and risks of prescription controlled substances, particularly for pain.
- Encourage patients to safeguard their prescription controlled substances.
- Increase student awareness that prescription opioids are no safer than “street” drugs.
- Partner with OHSU, OMA and PhRMA to develop patient education.

3. Ways to get rid of unwanted prescription drugs

Many patients have unused prescription opioids as well as other substances with a high potential for diversion, misuse, and abuse.

- Help patients return unused prescription controlled drugs for destruction through take-back programs at both community and pharmacy levels.

- Approach pharmaceutical companies about the role they can play in take-back efforts.

4. Provide treatment for people who are addicted to prescription drugs.

Once an addiction has taken hold, it is incumbent upon us as a society to help individuals who have developed an addiction to find the path to recovery.

- Identify patient misuse and abuse of prescription drugs early.
- Provide effective, evidence-based, up-to-date treatment for addictions.
- Promote co-prescriptions of naloxone whenever prescribing opioid analgesics.
- Monitor pre-natal evidence of prescription drug misuse.
- Provide team-based, integrated and coordinate behavioral and physical healthcare so that individuals with an addiction disorder have access to all appropriate health care.
- Promote integration and new partnerships between physical and behavioral healthcare.

5. High-level state involvement

It is critical to have continued engagement from state government at the highest levels. The issue crosses many state and local government agencies, divisions with agencies and currently plays and will continue to play a very large role in how successful Oregon will be with health care reform.

- Use office of the Governor as a bully pulpit to help lead these efforts.
- Appoint the new Executive Director of the Alcohol and Drug Policy Commission to be the Governor's point person on prescription drug abuse reduction.
- Develop an evaluation process to measure the efficacy of the above policies.

Conclusion:

Prescription drug misuse in Oregon can be reduced. We can save money and lives if we implement the above recommendations.