National Association of State Alcohol and Drug Abuse Directors

State Substance Abuse Agencies and Prescription Drug Misuse and Abuse:

Results from a NASADAD Membership Inquiry

September 2012

Acknowledgments

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This project would not have been possible without support from the NASADAD Board of Directors, guidance from the NASADAD Research Committee, and participation from the Single State Agency Directors, National Prevention Network representatives, National Treatment Network representatives, and other State Substance Abuse Agency staff.

Contacting State Substance Abuse Agencies

State Substance Abuse Agencies across the country are engaging in a number of initiatives to address prescription drug misuse and abuse. For further information about State-specific programs, practices, and policies, readers are encouraged to contact the Single State Agency Directors (listed in the Appendix). In addition, readers may also contact NASADAD staff with questions about this report at (202) 293-0090.

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Executive Summary

State Substance Abuse Agencies (Single State Agencies, or SSAs) consider prescription drug misuse and abuse to be an important – if not "the most important" – issue that they currently face. States have done a great deal and continue to make significant strides to address this problem, including convening task forces, enacting legislation, and providing education to prescribers, pharmacists, consumers, and the general public, among other efforts. To better understand the scope of the problem and how SSAs are addressing the issue, the National Association of State Alcohol and Drug Abuse Directors (NASADAD) conducted an inquiry with its members, which garnered the following results (n=47 States).

- 23% of SSAs consider prescription drugs to be the most important issue to their State; another 58% consider prescription drugs to be very important; the remaining 19% consider prescription drugs to be an important or moderately important issue.
- 62% of States currently have a task force addressing prescription drugs; another 15% had a task force at some point that has already completed its work.
- 51% of States explicitly address prescription drugs in their strategic plan.
- 68% of States have passed legislation (in the past 5 years) addressing prescription drug misuse and abuse in some capacity.
- 83% of States have undertaken education efforts for the general public.
- Among States with functioning prescription drug monitoring programs (PDMPs), 54% have some SSA involvement in the PDMP program, while 43% reported no SSA involvement with the PDMP.
- Nearly two-thirds (64%) of States described PDMP data to be very useful or useful, and another 13% described it as somewhat useful, in addressing prescription drug issues.
- In addressing prescription drug misuse and abuse, States continue to face challenges related to data, funding constraints, collaboration, workforce development, public education, and ease of access to pills.

Through our inquiry, we found that, although PDMPs and the data they provide are useful to SSAs, the level of oversight, access, and involvement of SSAs continues to be limited. This is of particular significance, given the recent emphasis that has been placed in national and State strategies on the potential utility of PDMPs in addressing prescription drug abuse. There continue to be many challenges and barriers to providing quality services to address the prescription drug problem; however, inherent in the promising programs, practices, and policies of the States, there are lessons on how this problem can be effectively addressed.

Introduction

State Substance Abuse Agencies (or SSAs) have a long history of providing prevention, treatment, and recovery services to address the misuse and abuse of alcohol and other drugs. In the past several years, there has been a greater emphasis placed on prescription drug misuse and abuse, driven, in particular, by the attention generated from the ongoing increase in prescription drug overdose deaths.

In 2008, poisoning surpassed motor vehicle accidents and became the leading cause of injury death, and nearly 9 of 10 poisoning deaths were caused by drugs. Among drug poisoning deaths, opioid analgesics

were involved in 40% of these deaths in 2008, up from 25% in 1999. From 1999 to 2008, the number of drug poisoning deaths involving opioid analgesics increased from 4,000 to 14,800, a 370% increase (Warner et al., 2011). Drug overdose deaths have increased steadily since 1970, and in 2007, prescription painkillers were involved in more overdose deaths than heroin and cocaine combined (CDC, July 2010).

In 2009, prescription drugs were involved in a quarter of all drug-related emergency department (ED) visits and more than half of ED visits for drug misuse and abuse. There were 2.1 million ED visits in 2009 for medical emergencies involving drug misuse or abuse. Of these visits, 35.3% involved prescription drugs alone, 11% involved prescription drugs plus alcohol, 10% involved prescription drugs plus illicit drugs, and 3.9% involved pharmaceuticals and illicit drugs plus alcohol. Overall ED visits attributable to drug misuse or abuse were relatively stable from 2004 to 2009; however, ED visits involving nonmedical use of prescription drugs increased by 117%, prescription drugs with alcohol by 63%, prescription drugs with illicit drugs by 97%, and prescription drugs with illicit drugs and alcohol by 76%. Prescription pain relievers were the most commonly reported prescription drug reported in these ED visits (47.8%) (SAMHSA, 2011a).

According to the 2010 National Survey on Drug Use and Health (NSDUH), prescription drugs are the second most abused type of illicit drug in the United States, after marijuana (SAMHSA, 2011b). Moreover, according to the NSDUH, prevalence of dependence and abuse of "pain relievers" increased by 27% from 2002 through 2010, rising from 1.51 million to 1.92 million.

Among youth and young adults, the prevalence of nonmedical use of prescription-type pain relievers increased during the 1990s and has plateaued in the past decade (SAMHSA, 2011b). However, according to the National Institute on Drug Abuse's 2009 Monitoring the Future survey, prescription drugs are the second most used illicit drug among youth, after marijuana (Johnston et al., 2012).

In addition to following trends in prescription drug abuse rates, the field has gained a greater understanding of how the public are obtaining these pills. Among persons aged 12 or older who misused or abused prescription pain relievers in 2010, 55% received these drugs from a friend or relative for free, 17.3% received from one doctor's prescription, 11.4% purchased from a friend or relative, 4.8% took from a friend or relative without asking, 4.4% received from a dealer or stranger, and 0.4% ordered on the Internet. Among the 55% of individuals receiving drugs from a friend or relative for free, 79.3% of friends or relatives received drugs from one doctor's prescription (SAMHSA, 2011b).

There is clear evidence that the prescription drug problem has worsened in past years, and it has drawn increasing attention at the national and State levels. In 2011, the Office of National Drug Control Policy (ONDCP) released its Prescription Drug Abuse Prevention Plan, which expanded upon its National Drug Control Strategy and developed a plan that focused on four major domains: education, monitoring, proper medication disposal, and enforcement (ONDCP, 2011). In addition, States have undertaken numerous and diverse initiatives to address the various facets of this issue. NASADAD was interested in systematically examining the accomplishments, challenges, and resource needs of the SSAs as they pertain to prescription drug misuse and abuse. This inquiry was undertaken to provide a comprehensive view of how States are addressing the issue, to highlight the promising initiatives among States, and to identify the resources needed to support and expand State prescription drug abuse initiatives.

Methodology

NASADAD's Board of Directors was interested in learning more about how States were addressing the prescription drug problem and, more specifically, how SSAs were addressing the prescription drug-related prevention, treatment, and recovery needs of individuals, families, communities, service providers, and other stakeholders in their State.

With the guidance of the NASADAD Research Committee, NASADAD staff developed an inquiry (please see Appendix for inquiry questions), which focused on several topics, including:

- SSA prioritization of the prescription drug problem
- State legislation addressing prescription drugs
- State strategic plan
- State task force
- Education for the physicians, pharmacists, patients, and the general public
- Prevention initiatives
- Naloxone reversal kit distribution and education
- Utilization of prescription drug abuse measures and data
- Prescription drug monitoring programs (PDMPs)
- State highlights, challenges, and technical assistance needs

For the purposes of the inquiry, "prescription drugs" was broadly defined to be inclusive of, but not limited to, opioids for pain (e.g. Vicodin, OxyContin, Percocet, morphine, codeine), central nervous system (CNS) depressants (e.g. benzodiazepines such as Valium and Xanax, nonbenzodiazepine sleep medications such as Ambien, barbiturates), and stimulants (e.g. Dexedrine, Adderall, Ritalin). Particular questions and discussion in this report directly address the misuse and abuse of opioids for pain (or "painkillers" or "analgesics").

The web-based inquiry was conducted in March 2012. NASADAD invited its members, including SSA Directors, National Treatment Network representatives (State treatment leads), and National Prevention Network representatives (State prevention leads) to complete the inquiry. States had the option of submitting a single unified response on behalf of the SSA or submitting multiple responses, from different staff perspectives. In total, 76 respondents completed the inquiry, representing 46 States, the District of Columbia, and 2 Territories/Jurisdictions (heretofore referred to as "Territories"). In addition to the SSA Directors, treatment leads, and prevention leads, a handful of States designated other staff to complete the inquiry, including SSA deputy directors, State opioid treatment authorities (SOTAs), and prescription drug monitoring program staff. Responses from 46 States and the District of Columbia, heretofore referred to as the "States," were taken into account in the analysis (N=47). The 47 States responding to this inquiry represent approximately 96.1% of the U.S. population (U.S. Census, 2010).

Among the 47 State responses, 24 States submitted a response from a single respondent and 23 States submitted multiple responses. In the case where multiple responses were provided by a State, we reviewed the responses across the State staff to ensure there was consistency in responses (there was a very high level of correspondence). In the few instances where there were discrepancies across State respondents, the SSA Director's response was selected to represent the State. Open-ended responses were taken into account from all respondents within a State. The two Territories are analyzed and discussed separately from the States, because of the contextual differences in their environments and lower prevalence of prescription drugs in these communities.

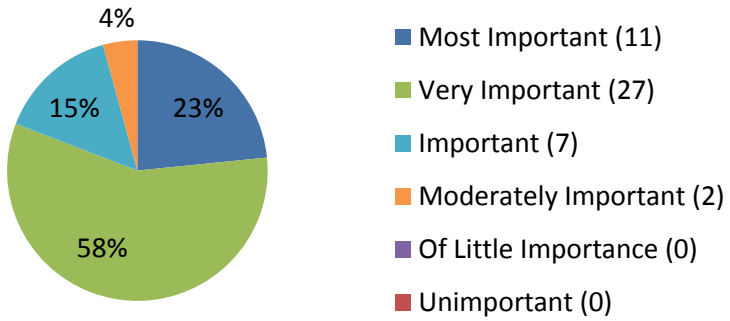
In addition to the responses provided to the objective and open-ended questions of the inquiry, States were asked to submit supporting documents for their responses (such as State Reports or Plans), which provide further information on the policies, task forces, and interventions adopted by States. Information from some of these documents will be highlighted to showcase examples of the work being done across the nation and at the State level (please see Appendix III for a listing of these resources).

Findings

Importance of Prescription Drug Misuse and Abuse

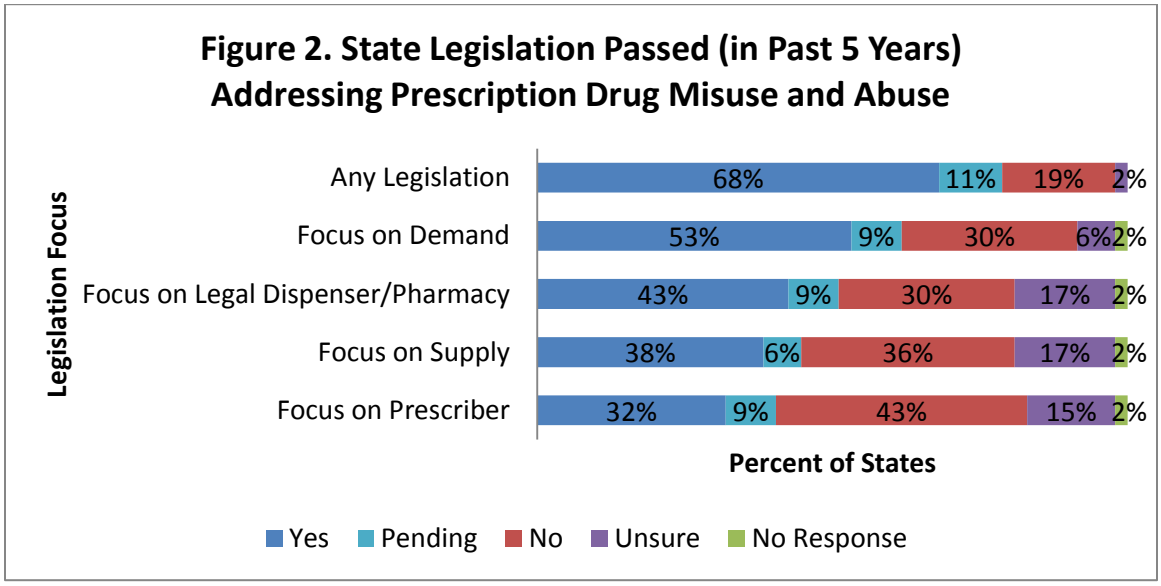
States were asked about the degree of importance of prescription drug abuse to the SSA. Nearly all States specified that prescription drug misuse and abuse was a priority issue for their agency. Twenty-three percent (11 States) indicated prescription drugs was the "most important" issue for the agency; 58% (27 States) indicated this was "very important"; 15% (7 States) indicated it was "important"; and four percent (2 States) indicated it was a "moderately important" issue. No States described prescription drugs as being of little importance or unimportant (Figure 1).

Figure 1. Importance of Prescription Drug Abuse to State Substance Abuse Agencies



State Legislation Addressing Prescription Drug Misuse and Abuse

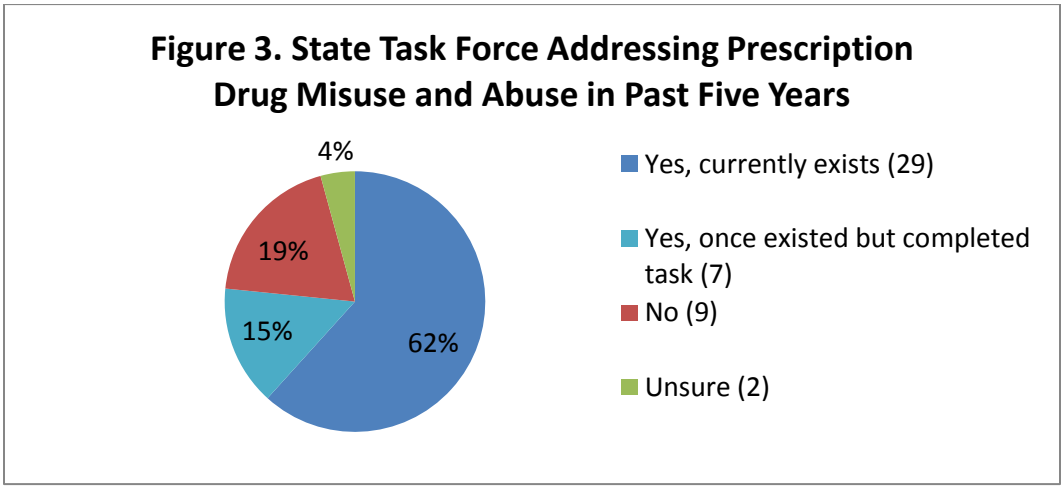
Respondents were asked whether legislation had been recently passed (within the past five years) to address several aspects of the prescription drug problem. Legislation was categorized in four broad areas, including focus on demand (e.g. doctor shopping, attempt to obtain, receive stolen drugs), focus on supply (e.g. counterfeiting, distribution, transfer, and dealing), focus on legal dispensers/pharmacies (e.g. dispensing without valid prescription, falsifying records, filling prescriptions that do not comply with security measures), and focus on prescribers (e.g. willful false prescription, internet prescription, prescribing with suspended license).



Sixty-eight percent (32 States) indicated that legislation has been passed in the past five years addressing some aspect of prescription drug abuse. Another 11% (5 States) reported having some legislation pending, 19% (9 States) reported not having any legislation focused on prescription drugs, and two percent (1 State) did not respond to this question. When examined by legislative focus, 53% of States said they had passed legislation focused on demand (and another 9% said there was pending legislation), 43% have passed laws with a focus on the legal dispenser/pharmacy (9% have pending legislation), 38% reported passage of legislation with a focus on supply (another 6% have pending legislation), and 32% specified a focus on the prescriber (9% noted pending legislation) (Figure 2).

State Task Force and Strategic Plan

When asked whether their State had a task force or workgroup to address prescription drug misuse and abuse, 62% of respondents (29 States) reported having a task force in existence. Another 15% (7 States) noted that a task force once existed, but had completed its work. Nineteen percent of respondents (9 States) specified no task force exists or had existed, and four percent (2 States) were unsure (Figure 3).



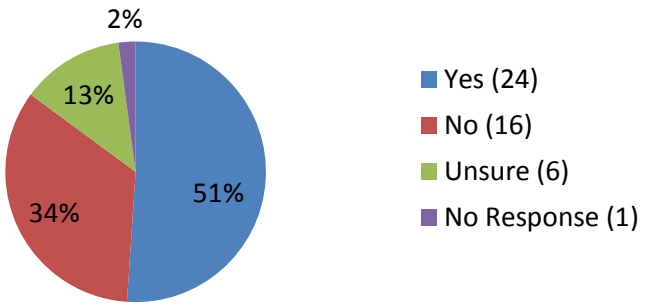
State Highlight: California's Prescription Drug Task Force

In 2008, the California Department of Alcohol and Drug Programs (ADP) established a Prescription Drug Task Force to examine and address the emerging health and safety issues related to the increase in prescription drug misuse and abuse. Chaired and managed by the SSA Director, the Task Force included nearly 40 members, including State and Federal officials, educators, researchers, and members of private sector. The Task Force made recommendations in five domains (CA ADP, 2009):

1. *Lack of Awareness: Educate caregivers, middle school, high school, college students, and health professionals.*
2. *Training and Education: Offer training to addictions and other health professionals on how to screen, treat, and refer for prescription drug abuse.*
3. *Availability: Improve the PDMP and limit pharmaceutical marketing and internet sales.*
4. *Track Information on Prescription Drug Use: Include prescription drug abuse items in existing health data systems.*
5. *Policies for Identifying and Treating Prescription Drug Use: Improve Medi-Cal coverage for buprenorphine, and screening and brief interventions; return of unused medications.*

Among States that responded to the inquiry, 51% (24) indicated that their State strategic plan addressed prescription drugs, 34% (16) reported their State strategic plan did not address prescription drugs, 13% (6) were unsure, and one State did not respond to this question (Figure 4).

Figure 4. Addressing Prescription Drugs in the State Strategic Plan



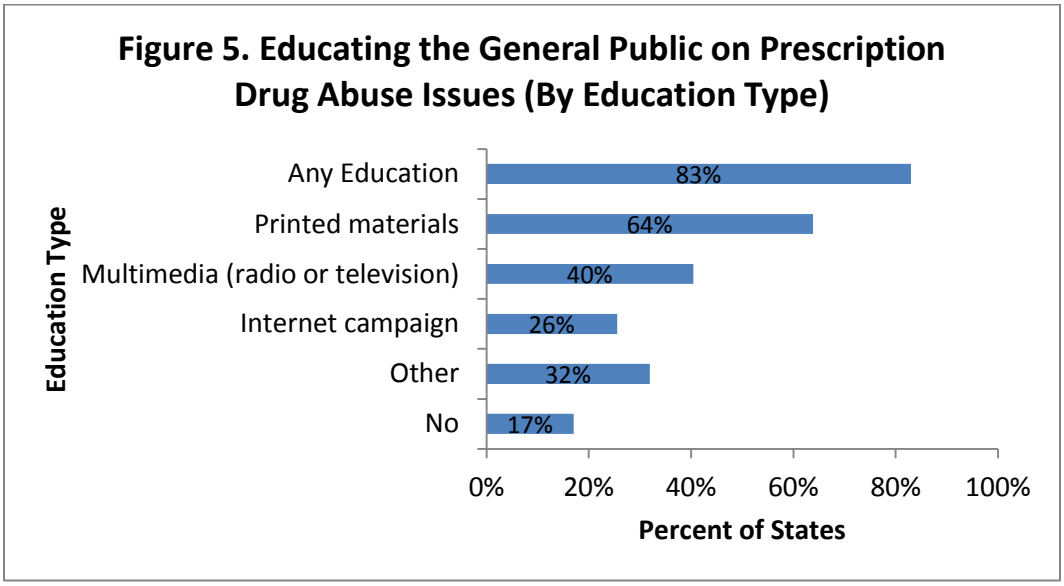
State Highlight: Iowa's Strategy for Reducing Prescription Drug Abuse

In the past decade (1999-2009), Iowa has experienced a 370% increase (from 187 to 878) in those seeking treatment in the public treatment system for prescription drug abuse. The Governor's Office of Drug Control Policy (ODCP) developed a "State Strategy for Reducing Prescription Drug Abuse in Iowa" in 2011, under the guidance of the Iowa Prescription Abuse Reduction (PAR) Task Force. The State Strategy made wide-ranging recommendations in four areas (Iowa Governor's ODCP, 2011):

1. *Education and Intervention: Make public service announcements on dangers; provide information for parents; do more school prevention; and provide information for health and addiction professionals (re: prescription drugs and the PDMP).*
2. *Secure Storage and Safe Disposal: Educate and encourage citizens; expand drop-off and disposal services; evaluate disposal policies and services.*
3. *Monitoring: Enhance the PDMP; engage in interstate (and Veterans Administration) sharing of data; provide automatic alerts to prescribers and dispensers; implement real-time data submission; promote use of PDMP; link PDMP to State HIT system.*
4. *Enforcement: Expand use of PDMP, collaboration with health field to understand good pain care versus improper prescribing practices.*

Education and Prevention

With prescription drug misuse and abuse being a priority issue for most States, it is of no surprise that nearly all States have undertaken efforts to provide more general education on prescription drug misuse and abuse in recent years. Eighty-three percent (39 States) indicated some efforts have taken place or are underway to provide public education. More specifically, 64% of all respondents said they have created new printed materials; 40% have used the radio or television ads to provide public education, 26% have used an Internet campaign, and 32% of respondents used other types of education. The remaining 17% (8 States) noted that no additional efforts had been undertaken (Figure 5). Among the other types of education reported, 5 States used community forums or town hall meetings and 2 States reported web-based tactics, such as the development of an education website and distribution Listserv. One State each said they published a prescription drug-related State report and included prevention messaging on State employee check stubs.

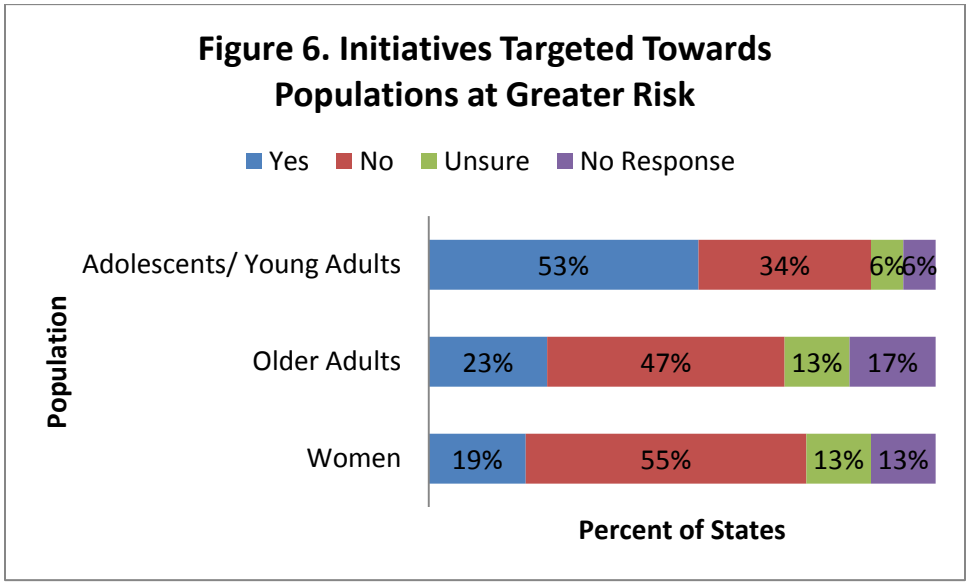


State Highlight: Oregon's Prescription Opioid Overdose Prevention (POP) Workgroup and Action Plan

The POP Workgroup was created to reduce prescription drug overdose in Oregon within a public health framework. The Workgroup convenes representatives from State, county, and local health agencies, stakeholders from the criminal justice, primary care, pharmacy, licensing, academic, and pain sectors, people in recovery from addiction, people living with chronic pain, and the Oregon National Guard. The Workgroup is overseen by the Oregon Health Authority and includes the SSA among its steering committee leaders (Oregon Health Authority, 2011, June). The Workgroup developed an Action Plan, which made recommendations in four areas (Oregon Health Authority, 2011, September):

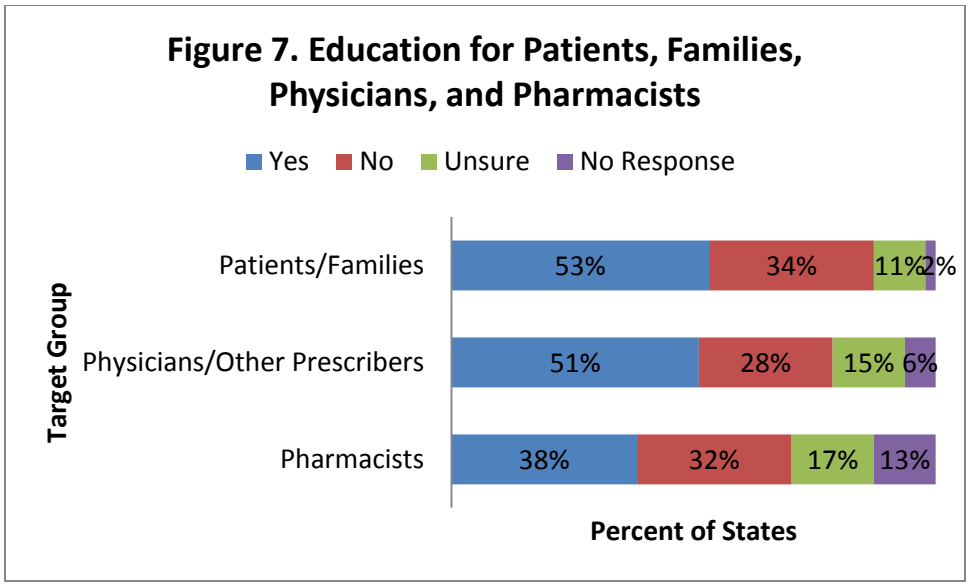
1. *Communication: Develop a media packet template for local-level education and prevention initiatives.*
2. *Education: Assess the needs for opioid prescriber education in collaboration with pain management stakeholders.*
3. *Clinical Practice and Policy: Develop and implement a plan to enhance the detoxification model throughout the State-funded system to align with a medically monitored model, including innovative clinical practices and medication assisted treatment (MAT).*
4. *System Coordination and Clinical Practice: Partner with experts to promote successful local system strategies and coordination to address opiate addiction and overdose.*

In addition to education for the general population, States are doing work to prevent prescription drug abuse with several populations that the National Institute on Drug Abuse suggests might be at greater risk for misuse and abuse (NIDA 2011). More than half of States (53%) have initiatives targeted towards adolescents and young adults. Nearly a quarter of States (23%) have programs or initiatives for older adults, and 19% of States noted programs or initiatives for women (Figure 6). In addition to these populations, a few States noted initiatives are underway specifically for pregnant women (2), Native Americans (2), individuals with chronic health conditions (1), and post-natural disaster communities (1).



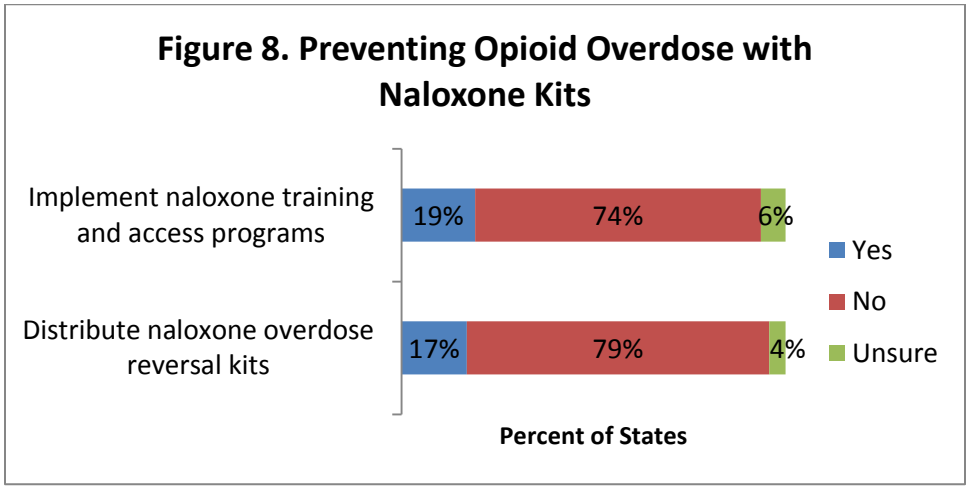
States were also asked whether they had recently undertaken educational activities related to prescribing and prescription drugs for patients and their families, physicians and other prescribers, and pharmacists. Approximately half of States (53%) had initiatives targeted towards patients and their

families. Another 51% reported undertaking educational activities for physicians and other prescribers. Furthermore, 38% of States had educational initiatives for pharmacists (Figure 7).



Preventing Opioid Overdose

Opioid overdoses can be reversed (treated) effectively and safely by the administration of naloxone at the time the overdose occurs. Emergency medical teams and emergency departments have both the kits and the training to recognize and treat opioid overdoses. Some States have offered education and training to the public on naloxone overdose reversal kits and/or have distributed these kits, which can be used to prevent overdose from opiates. Among respondents, 17% (8 States) noted that they have taken steps to distribute naloxone overdose reversal kits to clients and families. In addition, 19% (9 States) reported that naloxone access and trainings programs were being implemented in their States (Figure 8).



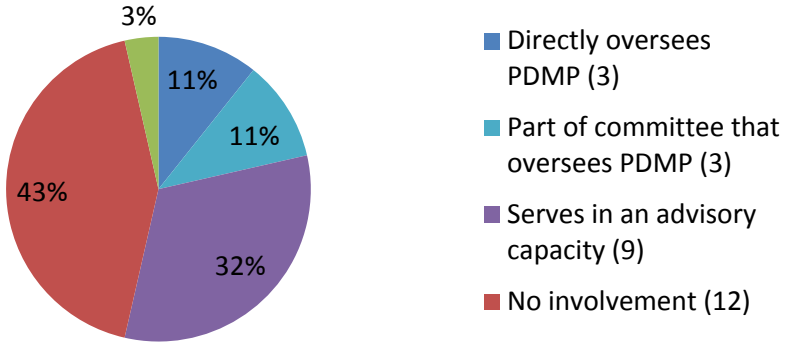
State Highlight: Massachusetts' Naloxone Distribution Pilot
The Massachusetts Department of Public Health has implemented several overdose education and naloxone distribution programs across the State since December 2007. This program trains drug users, friends, and family members on how to reduce overdose risk, recognize signs of an overdose, access emergency medical services, and administer intra-nasal naloxone. Trainees receive an overdose prevention kit, which includes instructions, syringes prefilled with Naloxone Hydochloride, and a nasal atomization delivery device. Since its inception in 2007, this program has trained over 10,000 individuals and documented over 1,100 opioid overdose reversals.

Prescription Drug Monitoring Program

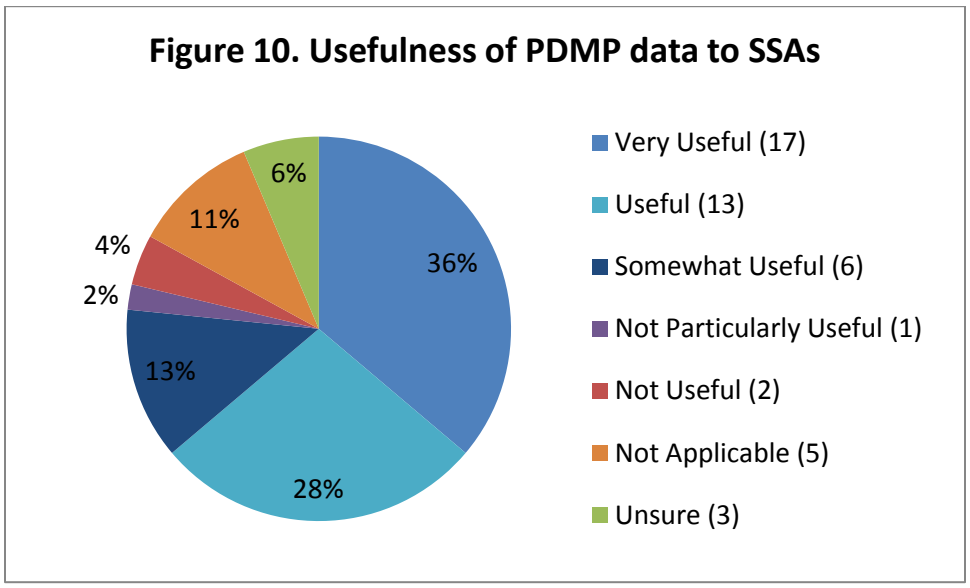
NASADAD was interested in knowing more about the status of PDMPs across States and particularly looking at the level of involvement the SSA has with their State PDMP. According to the National Alliance of Model State Drug Laws, 48 States have enacted legislation enabling a PDMP and an additional two States have pending legislation. Of the 48 States with enacted legislation, 43 have operational PDMPs (NAMSDL, 2012). Of the States participating in this inquiry, 28 States (49% of 47 States) indicated that PDMP legislation had been enacted and that their State PDMP was operational.

Among the 28 respondents specifying an operable PDMP, 3 SSAs (11%) directly oversee their State PDMP, 3 SSAs (11%) are part of a committee that oversees the PDMP, 9 SSAs (32%) serve some sort of advisory capacity to their PDMP, 12 SSAs (43%) reported having no involvement with their PDMP, and 1 SSA (3%) was unsure (Figure 9).

Figure 9. State Substance Abuse Agency Involvement with Prescription Drug Monitoring Program (N = 28)



Although few SSAs are involved in the oversight of their PDMP, three-quarters of respondents still considered PDMPs to be a useful source of data. Thirty-six percent (17 States) considered PDMP data in their State to be "very useful," 28% (13 States) considered PDMP data to be "useful," and 13% (6 States) considered this data "somewhat useful." An additional 2% (1 State) reported PDMP data to be "not particularly useful," and 4% (2 States) specified it was "not useful." The remaining States reported PDMP data was "not applicable" to them (11%, or 5 States) or were "unsure" (6%, or 3 States) (Figure 10).



Prescription Drug Measures and Data

SSAs use an array of measures and data to inform and manage the programs and services they administer and oversee. States were asked to indicate the usefulness of various measures and data to address prescription drug issues based on a 5-point Likert Scale (Very Useful, Useful, Somewhat Useful, Not Particularly Useful, Not Useful, Not Applicable, and Unsure). In the analysis, responses of "Very Useful" and "Useful" have been combined to gain an understanding of the "overall usefulness" of these elements to the States.

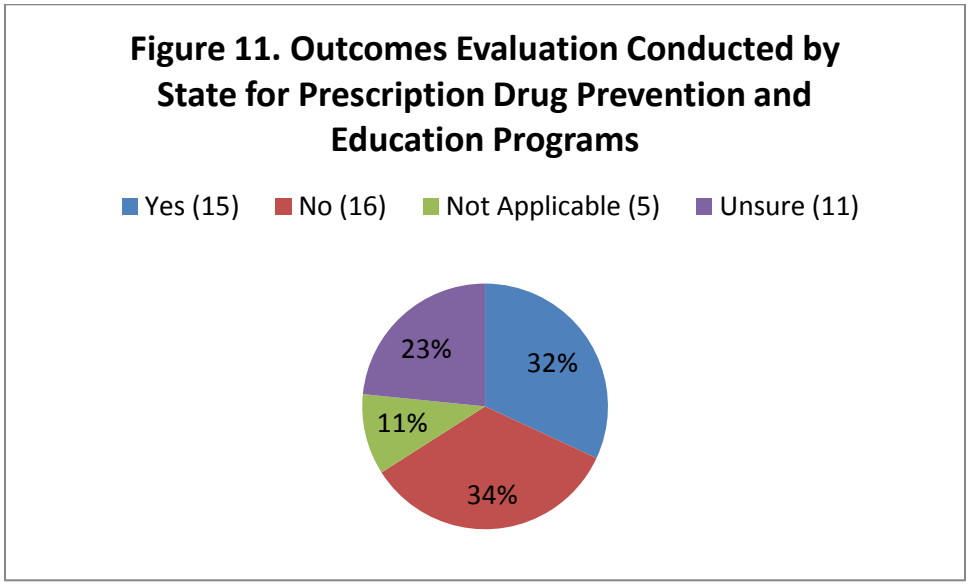
Among various data sources, respondents were asked to rate the usefulness of the Behavioral Risk Factor Surveillance System (BRFSS), National Survey on Drug Use and Health (NSDUH), Prescription Drug Monitoring Programs (PDMP/PMP), Treatment Episode Data Set (TEDS), Youth Risk Behavior Surveillance System (YRBSS), and State-specific general survey data in addressing prescription drug misuse and abuse issues. Among these sources, 72% of States specified that State-specific general survey data was very useful/useful, 70% of States said NSDUH data as very useful/useful, 66% of States said TEDS and YRBSS data was very useful/useful, 64% of States said PDMP data was very useful/useful, and 55% of States said BRFSS data was very useful/useful (See Appendix for Tables 1). Additional data sources mentioned were the Drug Abuse Warning Network (5 States), Medical Examiner's death data (2 States), school surveys (2 States), epidemiological data (1 State), Medicaid data (1 State), Poison Control data (1 State), Arrestee Drug Abuse Monitoring (ADAM) Program data (1 State), and National Vital Statistics System mortality data (1 State).

Similarly, States reported the following measures were very useful/useful in addressing prescription drug misuse and abuse: primary substance of use at treatment admission (85% of States), number of prescription drug overdose deaths (79%), number of individuals reporting prescription drug abuse or misuse (77%), number of ED visits involving prescription drugs (70%), and perception of prescription drug harm (68%) (See Appendix for Tables 2). Moreover, 1 State reported lifetime use and another State specified cord studies and universal screening of pregnant women as useful measures.

To better understand how States are using data to address prescription drug misuse and abuse, we asked respondents to describe how useful the aforementioned data sources and measures are for

informing certain policies, programs, and initiatives. Similar rates of usefulness were reported by respondents, all ranging from 66-72%. The areas assessed were developing policies (72%), providing training and technical assistance (68%), identifying focus areas for prevention and education (66%), and educating the public (66%) (See Appendix Table 3). The following uses of data were listed by 1 State each: development of a State plan, allocation of treatment funds, working with local prevention coalitions, prioritizing substance abuse areas of concern, creating a public policy formulation, and education for legislators.

Respondents were asked to specify if the prescription drug abuse prevention and/or education programs in their State (either directly administered or funded by the SSA) included an evaluation component to assess outcomes. A third (32%) of States noted having some type of evaluation component. Thirty-four percent said they did not have such a component, 11% indicated this was not applicable (i.e. they did not have specific initiatives focused on prescription drug abuse), and 23% were unsure (Figure 11).



Responses from the Territories

Of the two Territories (in actuality, one Territory and one Jurisdiction) that responded to this inquiry, one is situated in the Caribbean and the other in the Pacific. Their responses were kept separate from the States because of the contextual differences in how prescription drugs have affected these communities. While a majority (81%) of States indicated that prescription drug abuse was either "most important" or "very important" to their State Agency (See Figure 1), the two responding Territories reported that prescription drug abuse was "of little importance" and "moderately important." Both Territories said they had no prescription drug abuse task force, no provisions addressing prescription drugs in their State/Territory Plans, and no recent legislation addressing prescription drugs.

The respondent from the Caribbean Territory reported producing print materials and presentations for public education on prescription drug abuse, as well as disseminating information to physicians. The Pacific Territory indicated no such activity. The Pacific Territory noted that "(sic) because drug prescription is not that important [in the Territory], there has [been] no enforcement of the law if there is any or to pass any legislation on that effect." Anecdotally, the respondent from the Pacific Territory

commented that "(sic) some people are taking more and more medicines (pills) without knowing the consequences of overdose; people are taking drugs (medicines) without prescriptions, but through friends, physicians and others."

Other Information and Resources

Highlights

Respondents were asked to describe some of the highlights of their States' efforts to address the prescription drug problem. Several themes arose from the responses provided by 30 States (the other States did not provide written feedback).

- Collaboration: Twelve States highlighted interagency collaboration, working with SUD providers, professional associations, primary care providers, law enforcement, and drug enforcement. Interstate collaboration was noted by two of these States, and illustrated through the example of the Interstate Prescription Drug Abuse Alliance which includes Kentucky, Ohio, Tennessee, and West Virginia.
- Community Education and Prevention: Eleven States described using education and prevention campaigns at the community-level to improve awareness and knowledge about prescription drugs. States have developed print media for the general public, and for specific targeted populations, such as adolescents/young adults and older adults. Moreover, some States are working with parent groups and local prevention coalitions to address the issue.
- Legislation: Four States specified enacted legislation, including for PDMPs, overdose prevention initiatives such as naloxone, and training and education for prescribers.
- Workforce Development: Four States stressed the importance of workforce development, and noted they had increased training for treatment staff on topics such as prescription drug use and medication assisted treatment (MAT).
- Screening and Referral to Treatment: Three States described initiatives related to SBIRT (Screening, Brief Intervention, and Referral to Treatment). One of these States works with local poison control centers to identify overdose victims and refer them to treatment. Another State has developed an SBIRT training for primary care physicians. The third State works with the State agency that oversees the PDMP and provides treatment referrals for clients identified through the database.
- Take Back Initiatives: Three States highlighted their installation of prescription drop boxes at local police stations and promotion of national take back initiatives.
- Prescription Drug Monitoring Programs: Three States specified their PDMPs and have observed declines in doctor shopping and improved care because of treatment counselor access to PDMP data.
- Other Highlights: Naloxone trainings (2 States); trainings for caregivers of older adults (1 State); prescription drug questions added to State Youth Survey (1 State).

State Highlight: Ohio's "Recovery 2 Work" Initiative
In 2009, opiates (heroin, illicit methadone, prescription pain relievers) were the primary drug of choice for 18% of all clients in the State of Ohio (up from 7% in 2001) (ODADAS, 2011, September). Ohio has also observed a 300% increase in overdose deaths (ODADAS, 2011, July) and an increase in the availability of opiates (1997-2007). The prescription drug problem has been a top priority for the Governor, and a Task Force was convened and led by the SSA. Among the many initiatives in Ohio that are taking place to address the issue, the "Recovery 2 Work" initiative is an example of a unique interagency collaboration between the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), the Ohio Rehabilitation Services Commission (RSC), the Ohio Department of Mental Health (ODMH), and the Ohio Association of County Behavioral Health Authorities (OACBHA). The program blends addiction, mental health, and vocational rehabilitation services to address the service needs of eligible clients. A priority population for this initiative is individuals addicted to opiates (http://recovery2work.org).

Challenges and Barriers
Thirty-five states offered descriptions of the types of challenges they face in addressing prescription drug abuse. Some of the major themes that were identified in the descriptions include the following:

- Challenges with Data: Eleven States reported challenges related to data. Three of these States specified the underutilization of – or lack of access to – PDMP data. One State each described the lack of useful prescription drug-related data, the timeliness of data, the limited data available for older adult populations, and the lack of access to data by SUD providers. One State described the challenges in collecting certain types of data, including overdose, injury, and death data that capture the entire picture (e.g. a heart attack death might have been related to prescription drug misuse/abuse).
- Lack of Financial Resources: Nine States indicated that a lack of financial resources is a challenge to addressing the prescription drug problem. One State said they had limited funding for MAT and another State indicated lack of funding for naloxone overdose kits. A third State said that they are faced with proposed State legislation aimed at restricting MAT funding.
- Challenges with Collaboration: Six States described the challenges with collaboration that they face. Specifically, two States said they have difficulty collaborating with the agency overseeing the State PDMP. The remaining States reported challenges in working with so many State agencies, as well as with increasing collaboration with pharmacists and physicians in their State.
- Workforce Development and Capacity: Seven States reported they have limited workforce and workforce capacity to address this issue, specifically mentioning a need for more staff and further education and training; one State said the workforce is particularly strained in small communities and rural/frontier areas.
- Need for Public Education: Three States commented on the need for education, including for the general public, but also for prescribers and treatment providers.
- Prescription Drug Access and Supply: Three States noted that the ease of access to and high supply of prescription drugs are a challenge to addressing the problem. One of these States described the high number of pain clinics as a significant challenge.
- Other Challenges and Barriers: Lack of prioritization of the prescription drug problem (3 States); lack of effective evidence-based preventive interventions (2 States); political and legislative barriers (2 States); rapid increase in prescription drug misuse and abuse (1 State); high utilization of methadone for pain (1 State).

State Highlight: Utah's "Use Only as Directed" Campaign and Take Back Initiatives
Utah recently developed the "Use Only as Directed" campaign, a media and education campaign funded by the Utah Commission on Criminal and Juvenile Justice and a federal grant awarded to the Utah Division of Substance Abuse and Mental Health. The campaign aims to prevent and reduce misuse and abuse of prescription opioids by providing information and strategies on safe use, storage, and disposal. The objective of the program is to reduce the number of unintentional prescription pain medication overdose deaths (http://www.useonlyasdirected.org/).

Prescription drug take back initiatives are a strong emphasis in the State of Utah. Through the work of local prevention coalitions, successful take back events have collected approximately 6,550 pounds of prescription drugs. April has been designated as "Clean Out Your Cabinet Month" in the State.

Training and Technical Assistance Needs
Respondents from 24 States reported various training and technical assistance needs to address the prescription drug abuse issue in their State. These include:

- Collaborating with the Medical Community: Nine States said they need training and technical assistance on how to work with the medical community. Respondents were concerned about how to educate physicians in order to standardize prescribing practices, how to get the medical community to provide MAT in a responsible fashion, and how to develop a prevention message for the medical community.
- Training Treatment Program Staff: Six States said they need training for treatment program staff, including trainings on effective treatment interventions for addressing prescription misuse and abuse, medication management, opioid treatment, methadone management, and perceptions on MAT. One of these States identified the regional Addiction Technology Transfer Center (ATTC) as a potential source for this training.
- Prevention Training: Four States reported they need more prevention training, particularly training on evidence-based approaches and on epidemiology to understand community hotspots.
- Prescription Drug Monitoring Programs: Two States indicated the need for PDMP training, improved PDMP functionality, and methods for addressing underutilization of PDMPs by treatment providers.
- Naloxone: Two States said they need further training on the use of Naloxone, and how to finance and implement it.
- Other Training and Technical Assistance Topics: One State each indicated training or technical assistance needs on the following: serving pregnant women, policy development, obtaining improved research/data on effective practices for addressing this issue, learning how to certify OTPs, learning how to use Medicaid to finance MAT, and learning how to collaborate with law enforcement.

State Highlight: Vermont's Medication Assisted Treatment through the "Hub and Spoke" System
Vermont had the second highest State per capita rate for admissions to treatment for prescription opiates in 2008 (VT AHS, 2012). In January 2012, the Vermont Agency of Human Services coordinated a systemic response to the opiate problem through the development of a "Hub and Spoke" service system. This system revolves around the use of medication assisted treatment (MAT) for treatment of opiate addictions, in combination with counseling, behavioral therapies, and other support services. The "Hub" is a specialty treatment center that coordinates care for addiction, mental health, and co-occurring disorders across the entire system of care. It is designed to – among other things – provide assessment and treatment protocols, methadone treatment and supports, and coordinate referral to ongoing care. The "Spoke" is the ongoing care system, comprised of prescribing physicians and collaborating health and addiction professionals who monitor adherence to treatment, coordinate access to recovery support, and provide counseling, contingency management, and case management services. "Spokes" can be medical homes, outpatient SUD treatment providers, primary care providers, federally qualified health centers, and independent psychiatrists (VT AHS, 2012).

Conclusion

This project provides a base level understanding of the relevance of the prescription drug problem as it relates to the State Substance Abuse Agencies and the efforts these agencies are taking to address the issue in their States. Overall, prescription drug misuse and abuse is considered to be a priority issue across most States, which is likely connected with the increased number of prescription drug poisonings, overdose deaths, ED visits, and increased rates of misuse and abuse in recent years. States have committed themselves to addressing this issue by enacting legislation, convening task forces, prioritizing prescription drugs in their State plans, and providing education to communities, prescribers, pharmacists, patients, and their families. While almost all States have enacted legislation for PDMPs, the level of involvement of SSAs with the PDMP (among States with operable PDMPs) varies from directly overseeing the program (3 States), to participation on an advisory committee (12 States), to no involvement at all (12 States). Further, SSAs use a wide range of data sources and measures to examine the prescription drug problem, but there are concerns from some States that the data that is collected is sometimes not of high quality, or does not entirely or accurately capture the nature or scope of the problem.

This project broadly defined prescription drug misuse to be inclusive of a variety of medications, including opioids for pain, CNS depressants, and stimulants. It should be noted, however, that the rate of misuse and abuse of these drugs varies across populations, and the prevention and treatment interventions probably need to differ for these medications, as well.

Many of the responses provided by States directly addressed the misuse and abuse of prescription painkillers, but more could be done to understand this specific family of medications. Prescription opioids have garnered particular attention in the substance abuse field because of their increased use for pain treatment in recent years, the rising concern over overdose deaths, and the use of certain opioids as replacement therapies for addiction. A handful of States said that they provide education and training about opioid overdose treatment and prevention, and make naloxone kits available to the public in their communities. We feel there is much to learn from States that have successfully implemented overdose education and naloxone training programs that have led to reversals of numerous overdoses.

This inquiry has focused on the efforts of States from the perspective of the State Substance Abuse Agency. Still, there is likely much more being done within the States, including the work of other stakeholders, such as physicians and pharmacists, and across other State agencies, such as law enforcement, pharmacy boards, and other agencies and organizations.

We have learned from this project that many States feel that they have implemented promising and effective practices to approach this issue. It is hoped that the SSAs can learn from one another the types of practices that are working for their peers. However, further training and technical assistance is needed to address the challenges and barriers that the States face in confronting this important problem. Overall, more research should be done, with particular focus on States that have already instituted programs and policies that address prescription drug misuse and abuse, in order to understand what works for State Substance Abuse Agencies.

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Appendix I. NASADAD Inquiry on Prescription Drug Abuse

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) is interested in learning more about the status of prescription drug abuse in your State. We are particularly interested in the current or recent (past 5 years) activities and collaborations from the perspective of your State Substance Abuse Agency (SSA). The information gained from this inquiry will be shared with NASADAD members, as well as our Federal partners.

Many prescription medications can be misused and/or abused. For the purposes of this inquiry, prescription drugs are inclusive of, but not limited to, opioids for pain (e.g. Vicodin, OxyContin, Percocet, morphine, codeine), central nervous system (CNS) depressants (e.g. benzodiazepines such as Valium and Xanax, non-benzodiazepine sleep medications such as Ambien, barbiturates), and stimulants (e.g. Dexedrine, Adderall, Ritalin).

Demographics

1. What is your name?

2. What is your State?

3. What is your State agency position? (Select all that apply)
   - SSA (State Director); NPN (Prevention Lead); NTN (Treatment Lead); Other (please specify)

Status of Prescription Drug Abuse

4. How important is prescription drug abuse to your State agency?
   - Most Important; Very Important; Important; Moderately Important; Of Little Importance; Unimportant

State Legislation

5. Has legislation been passed (and/or is legislation pending) in your State addressing prescription drug abuse? (Select all that apply)
   - Focus on Demand *(e.g. doctor shopping, attempt to obtain, receive stolen drugs)*
     - Has Been Passed (in the past 5 years); Is Pending; No Legislation with this Focus; Unsure
   - Focus on Supply *(e.g. counterfeiting, distribution, transfer, dealing)*
     - Has Been Passed (in the past 5 years); Is Pending; No Legislation with this Focus; Unsure
   - Focus on Legal Dispenser/Pharmacy *(e.g. dispensing without valid prescription, falsifying records, filling prescriptions that do not comply with security measures)*
     - Has Been Passed (in the past 5 years); Is Pending; No Legislation with this Focus; Unsure
   - Focus on Prescriber *(e.g. willful false prescription, internet prescription, prescribing with suspended license)*
     - Has Been Passed (in the past 5 years); Is Pending; No Legislation with this Focus; Unsure
   - Other (please specify focus and whether legislation is passed or pending)
     - Has Been Passed (in the past 5 years); Is Pending; No Legislation with this Focus; Unsure

6. Please use this space to provide additional information.

State Strategic Plan and State Task Force

7. Does your State Strategic Plan address prescription drug abuse?

- Yes; No; Unsure

  If yes, please describe your State agency's role in this plan. Please include a web link to your State Strategic Plan, if one exists.

8. Is there currently (or has there been in the past 5 years) a State task force or workgroup addressing prescription drug abuse?

- Yes, a task force currently exists; Yes, a task force once existed but is no longer active; No; Unsure

  If yes, who was/is involved and what was/is your agency's relationship to this task force or workgroup? Please include a web link describing this group, if one exists. Also, please provide a link to the charter or work products from this group.

Preventing and Recognizing Prescription Drug Abuse

9. Has your State agency taken any recent steps (in the past 5 years) to educate the general public on prescription drug abuse issues? (Select all that apply)

- Yes- Printed Materials; Yes- Internet Campaign; Yes- Multimedia (radio or television); Yes- Other Method [Please specify]; No; Unsure

10. Does your State have any current or recent (in the past 5 years) programs or initiatives to prevent prescription drug abuse targeted towards populations who might be at a greater risk*? (*NIDA 2011, reference to NSDUH 2010 data)

- Older adults
  - Yes; No; Unsure
- Women
  - Yes; No; Unsure
- Adolescents/young adults
  - Yes; No; Unsure
- Other Population(s) [Please specify]

11. Has your State agency taken any recent steps (in the past 5 years) to implement educational activities related to prescribing and prescription drugs for:

- Physicians and other prescribers?
  - Yes; No; Unsure
- Pharmacists?
  - Yes; No; Unsure
- Patients/Families?
  - Yes; No; Unsure

  If yes, please provide further description on these activities.

Preventing and Recognizing Prescription Drug Abuse

12. Has your State agency taken steps to distribute naloxone overdose reversal kits to clients/families?
- Yes; No; Unsure

13. Has your State agency taken any steps to implement naloxone training and access programs?
- Yes; No; Unsure

Prescription Drug Abuse Measures and Data

NASADAD Inquiry on Prescription Drug Abuse
14. How useful are these *data sources* to your State agency in addressing prescription drug abuse?
- Behavioral Risk Factor Surveillance System (BRFSS)
  - Very Useful; Useful; Somewhat Useful; Not Particularly; Useful; Not Useful; Not Applicable; Unsure
- National Survey on Drug Use and Health (NSDUH)
  - Very Useful; Useful; Somewhat Useful; Not Particularly; Useful; Not Useful; Not Applicable; Unsure
- Prescription Drug Monitoring Program (PDMP/PMP)
  - Very Useful; Useful; Somewhat Useful; Not Particularly; Useful; Not Useful; Not Applicable; Unsure
- Treatment Episode Data Set (TEDS)
  - Very Useful; Useful; Somewhat Useful; Not Particularly; Useful; Not Useful; Not Applicable; Unsure
- Youth Risk Behavior Surveillance System (YRBSS)
  - Very Useful; Useful; Somewhat Useful; Not Particularly; Useful; Not Useful; Not Applicable; Unsure
- State specific general survey data
  - Very Useful; Useful; Somewhat Useful; Not Particularly; Useful; Not Useful; Not Applicable; Unsure
- Other [please specify]

15. How useful are these *measures* to your State agency in addressing prescription drug abuse?
- Number of prescription drug overdose deaths
  - Very Useful; Useful; Somewhat Useful; Not Particularly; Useful; Not Useful; Not Applicable; Unsure
- Number of emergency department (ED) visits involving prescription drug misuse/abuse
  - Very Useful; Useful; Somewhat Useful; Not Particularly; Useful; Not Useful; Not Applicable; Unsure
- Number of individuals reporting prescription drug misuse/abuse in past 30 days
  - Very Useful; Useful; Somewhat Useful; Not Particularly; Useful; Not Useful; Not Applicable; Unsure
- Perception of harm
  - Very Useful; Useful; Somewhat Useful; Not Particularly; Useful; Not Useful; Not Applicable; Unsure

- Primary substance of use at treatment admission
    - Very Useful; Useful; Somewhat Useful; Not Particularly; Useful; Not Useful; Not Applicable; Unsure
- Other [please specify]

16. How useful has prescription drug abuse data been for addressing the following areas?
- Identifying focus areas for prevention and education
    - Very Useful; Useful; Somewhat Useful; Not Particularly; Useful; Not Useful; Not Applicable; Unsure
- Developing policies
    - Very Useful; Useful; Somewhat Useful; Not Particularly; Useful; Not Useful; Not Applicable; Unsure
- Public education
    - Very Useful; Useful; Somewhat Useful; Not Particularly; Useful; Not Useful; Not Applicable; Unsure
- Provider training and technical assistance
    - Very Useful; Useful; Somewhat Useful; Not Particularly; Useful; Not Useful; Not Applicable; Unsure
- Other [please specify]

Preventing and Recognizing Prescription Drug Abuse

17. Do any of the prescription drug abuse prevention programs or education initiatives in your State (either administered or funded by your State agency) have an evaluation component to assess outcomes?
- Yes; No; Not Applicable; Unsure

    If yes, what is the initiative and please describe the evaluation.

18. Please use this space to provide additional comments on prescription drug abuse measures and data.

Prescription Drug Abuse Monitoring Program (PDMP)

19. Has your State enacted legislation authorizing a Prescription Drug Abuse Monitoring Program (PDMP)?
- Yes; No; Unsure

20. If yes, has your State achieved PDMP operability?
- Yes; No; Unsure

21. If yes, in what capacity is your State agency involved with the PDMP?
- SSA directly oversees PDMP; SSA is part of committee that oversees PDMP; SSA serves in an advisory capacity; No involvement; Unsure

22. Please use this space to provide any additional comments on PDMPs. If a PDMP website exists, please include the link.

Other Information and Resources

23. What are some *highlights* to your State agency's current programs or initiatives addressing prescription drug abuse?

24. What *challenges* does your State agency face with your current programs or initiatives addressing prescription drug abuse?

25. What training or technical assistance does your State agency need to continue to address prescription drug abuse?

26. Does your State agency have any web resources or documents that might be useful to share with other States? If you haven't already done so for your previous responses, please use this space to provide these links.

27. Please use this space to provide us with any additional comments or questions.

NASADAD thanks you for taking the time to complete this inquiry!

Appendix II. Tables 1 - 3

Table 1. How useful are these data sources to your State agency in addressing prescription drug abuse?								
	Very Useful	Useful	Somewhat Useful	Not Particularly Useful	Not Useful	Not Applicable	Unsure	No Response
Behavioral Risk Factor Surveillance System (BRFSS)	19%	36%	17%	11%	2%	6%	9%	0%
National Survey on Drug Use and Health (NSDUH)	21%	49%	23%	2%	2%	0%	2%	0%
Prescription Drug Monitoring Program (PDMP/PMP)	36%	28%	13%	2%	4%	11%	6%	0%
Treatment Episode Data Set (TEDS)	30%	36%	19%	9%	4%	0%	2%	0%
Youth Risk Behavior Surveillance System (YRBSS)	28%	38%	17%	6%	0%	0%	11%	0%
State-specific general survey data	45%	28%	6%	2%	2%	9%	4%	4%

Table 2. How useful are these measures to your State agency in addressing prescription drug abuse?								
	Very Useful	Useful	Somewhat Useful	Not Particularly Useful	Not Useful	Not Applicable	Unsure	No Response
Number of prescription drug overdose deaths	45%	34%	13%	0%	0%	6%	2%	0%
Number of emergency department (ED) visits involving prescription drug misuse/abuse	38%	32%	9%	0%	2%	11%	9%	0%
Number of individuals reporting prescription drug misuse/abuse in past 30 days	38%	38%	6%	0%	2%	6%	9%	0%
Perception of harm	32%	36%	21%	0%	0%	4%	6%	0%
Primary substance of use at treatment admission	47%	38%	11%	0%	0%	2%	2%	0%

Table 3. How useful has prescription drug abuse data been for addressing the following areas?								
	Very Useful	Useful	Somewhat Useful	Not Particularly Useful	Not Useful	Not Applicable	Unsure	No Response
Identifying focus areas for prevention and education	34%	32%	23%	0%	0%	4%	6%	0%
Developing policies	30%	43%	11%	9%	0%	4%	4%	0%
Public education	30%	36%	23%	0%	0%	6%	4%	0%
Provider training and technical assistance	30%	38%	17%	4%	0%	6%	4%	0%

Appendix III. State Web Resources

Arizona

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