



State Substance Abuse Agencies, Prescription Drugs, and Heroin Abuse: Results from a NASADAD Membership Inquiry

2014 Update

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Prescription Drug Abuse (2012-2014): Overview of Findings

- SSAs consider prescription drug abuse to be a very important issue.
- Treatment systems have seen a 5-fold increase since 2001 (TEDS 2014).
- States are doing a lot to address the problem:
 - Convened task forces.
 - Enacted legislation (e.g., focus on demand, focus on prescriber, focus on supply).
 - Provided education to prescribers, pharmacists, consumers, and the general public.

Heroin Abuse (2014): Overview of Findings

- SSAs also consider heroin abuse to be a very important issue.
- A majority of States have seen an increase in treatment admissions for heroin in the last 2 years.
- Recent State efforts on heroin:
 - Expanded medication-assisted treatment (MAT).
 - Expanded access to naloxone/overdose prevention.
 - Provided education to general public.

Federal Agency Actions and Influences

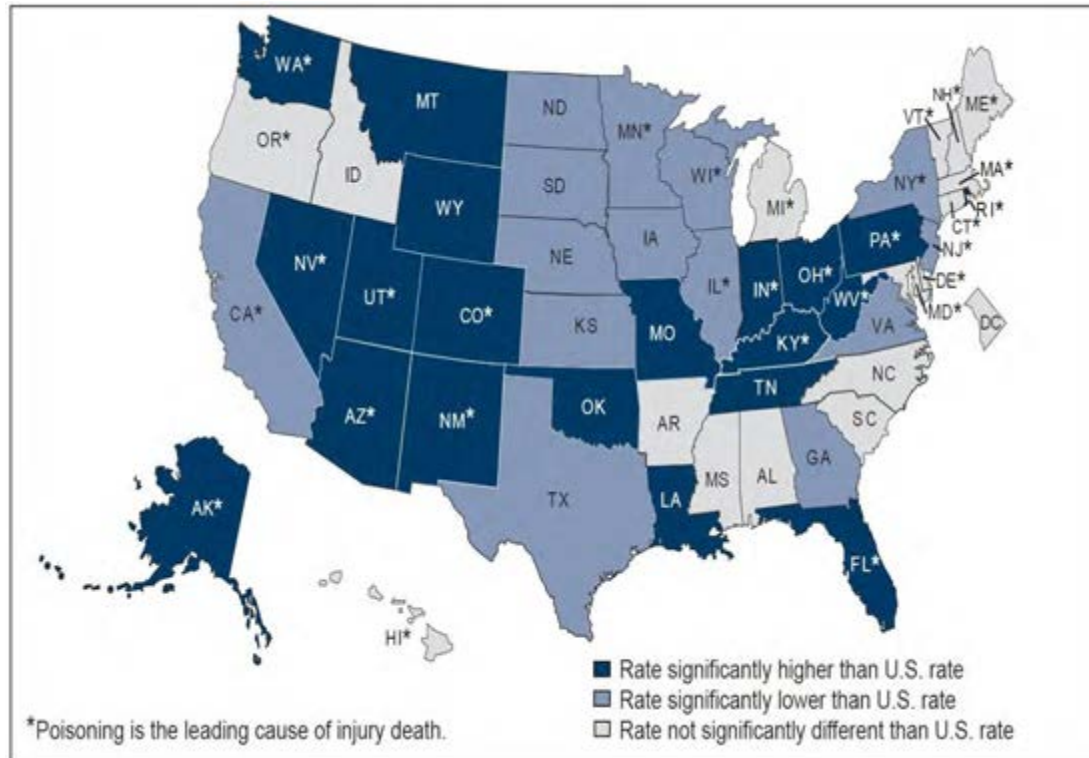
- Office of National Drug Control Policy (ONDCP)
 - Issued 2011 [Prescription Drug Abuse Prevention Plan](#) that promoted the following principles:
 - Education
 - Monitoring
 - Proper medication disposal
 - Enforcement
 - Various State substance abuse agencies incorporated some if not all principles into their own State plans.
- Centers for Disease Control (CDC)
 - Collects epidemiological data on overdose deaths and other trends.
 - Coordinates with State health officials, NASADAD, and others.
- Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Maintains key prevention portfolio through the Strategic Prevention Framework and Partnerships for Success Grants.
 - Provides training through the **Providers'** Clinical Support System for Opioid Therapies.
 - Manages the Substance Abuse Prevention and Treatment Block Grant.

2014 Membership Inquiry: An Update

- Original 2012 inquiry focused on SSA efforts on prescription drug abuse.
- 2014 inquiry was updated and expanded to include prescription drug abuse, heroin, and opioid overdose.
- Web-based survey was conducted March-April 2014.
- Invited State Directors, Treatment Leads (NTNs), and Prevention Leads (NPNs) to participate.
- Analysis includes 46 States and the District of Columbia (N= 47 States, 92% of States).

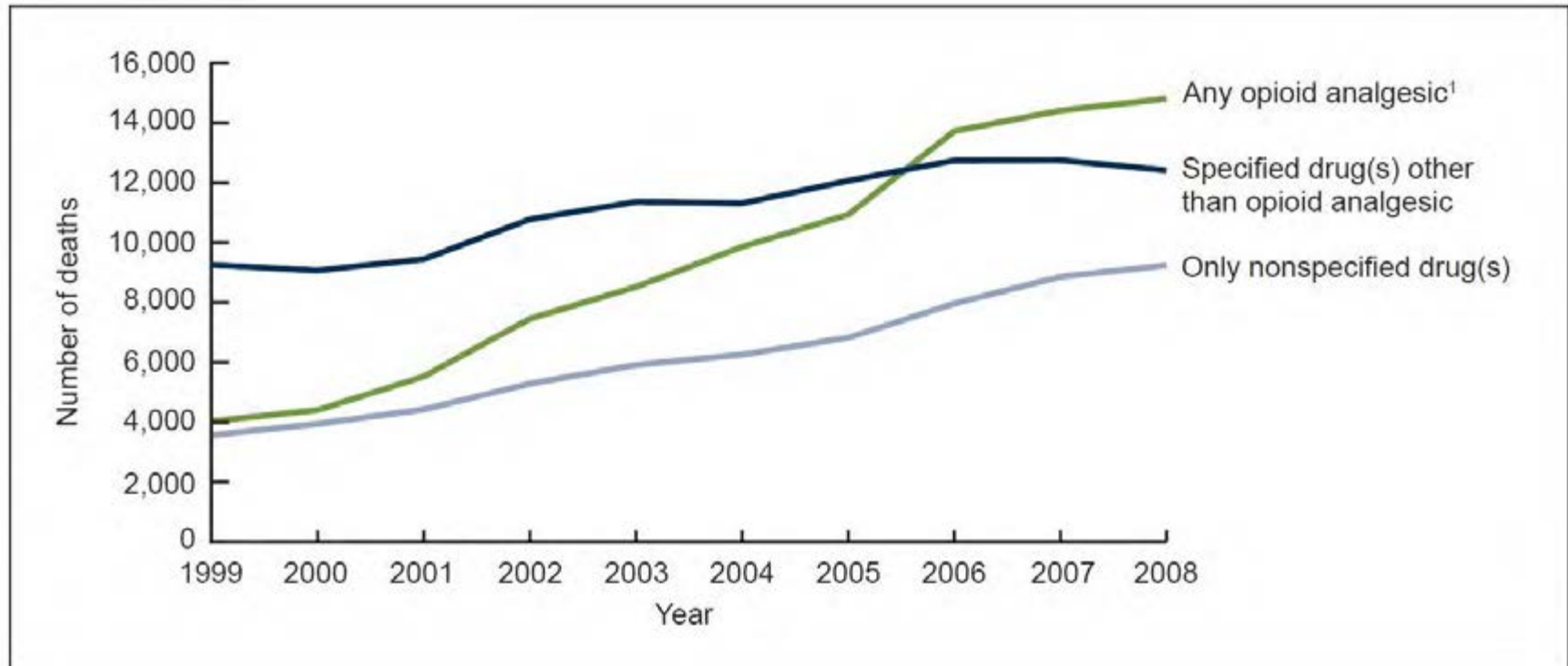
Background Data: Prescription Drug Abuse and Heroin

Drug Poisoning is the Leading Cause of Death from Injury in 30 States (CDC 2011)



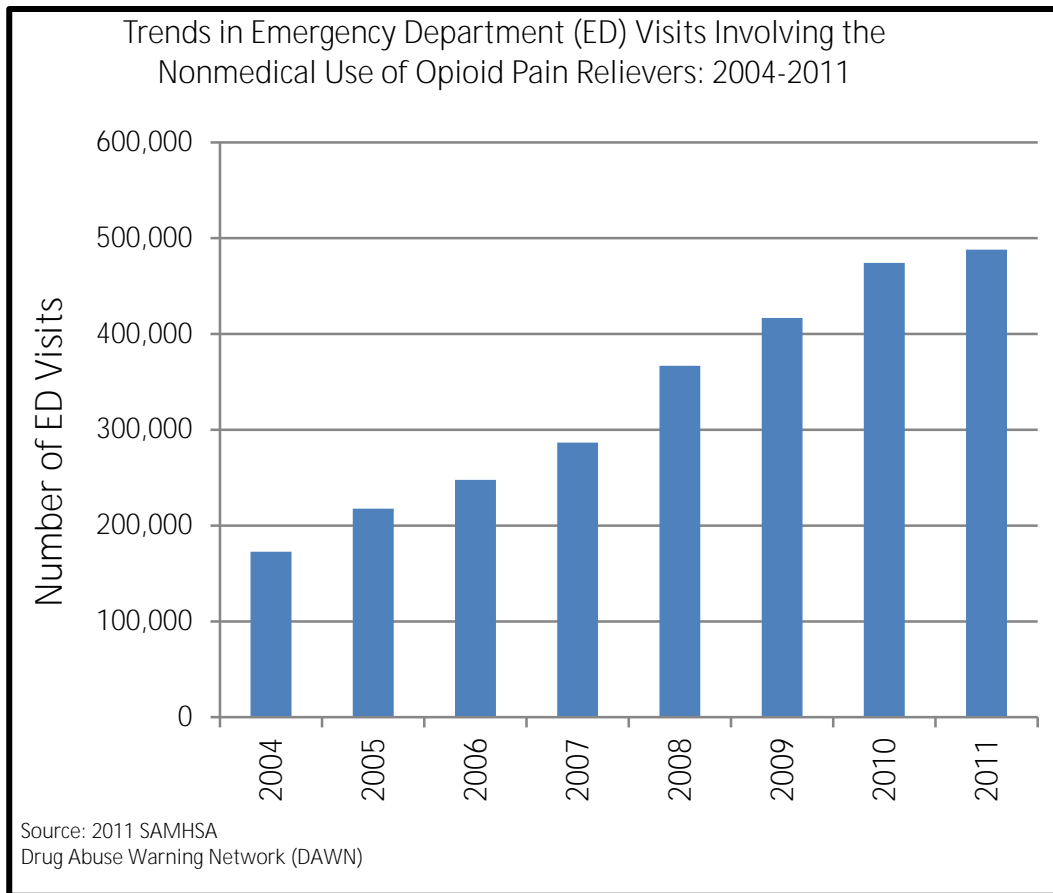
- Drug overdose rates vary across States.
- Primary drug of abuse also varies widely across States and localities.
- SSA programs and initiatives reflect the needs of that particular State, rather than national trends.

Opioid Analgesics Involved in More Than 40% of Drug Poisoning Deaths in 2008 (CDC 2011)



Number of drug poisoning deaths involving opioid analgesics and other drugs: United States, 1999–2008

Trends in Emergency Department Visits Involving Misuse or Abuse of Prescription Opioid Pain Relievers (DAWN 2013)

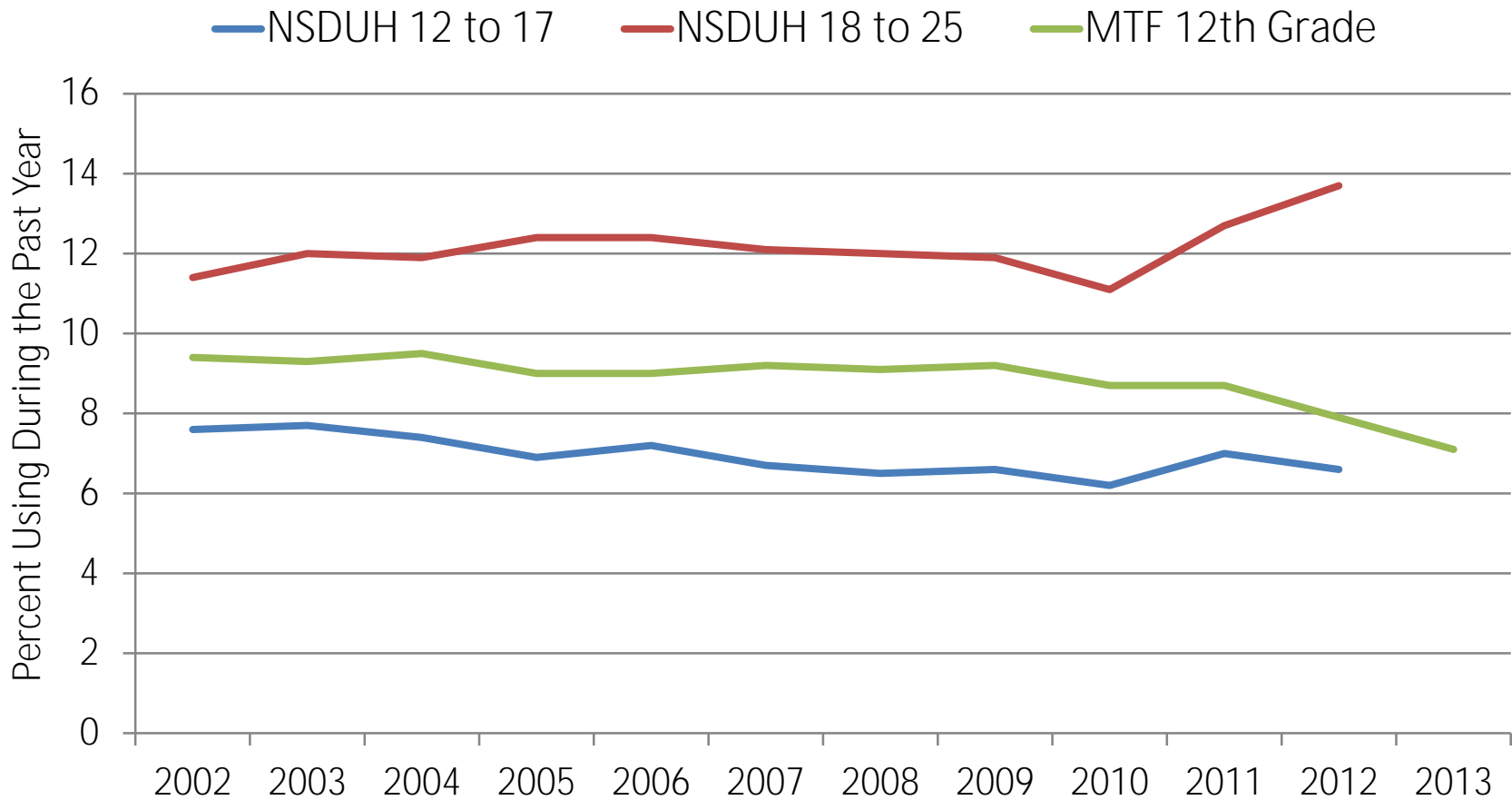


ED visits involving the misuse or abuse of opioid pain relievers rose 183% from 2004 to 2011.

Prescription Drug Abuse: Understanding the Problem

- Prescription drugs are 2nd most used illicit drug among persons 12 and older after marijuana (NSDUH 2013).
 - Opioid pain relievers are the most commonly misused prescription drug, making up 70% of misused prescription drugs during the past month (NSDUH 2013).
- 10% of young adults aged 18-25 misused prescription drugs during the past month, second only to marijuana (NSDUH 2013).
- Prescription drugs are 2nd most used illicit drug among youth in 12th grade after marijuana (Monitoring the Future 2014).

Past Year Nonmedical Pain Reliever Use Among Youths and Young Adults in NSDUH and MTF: 2002-2013

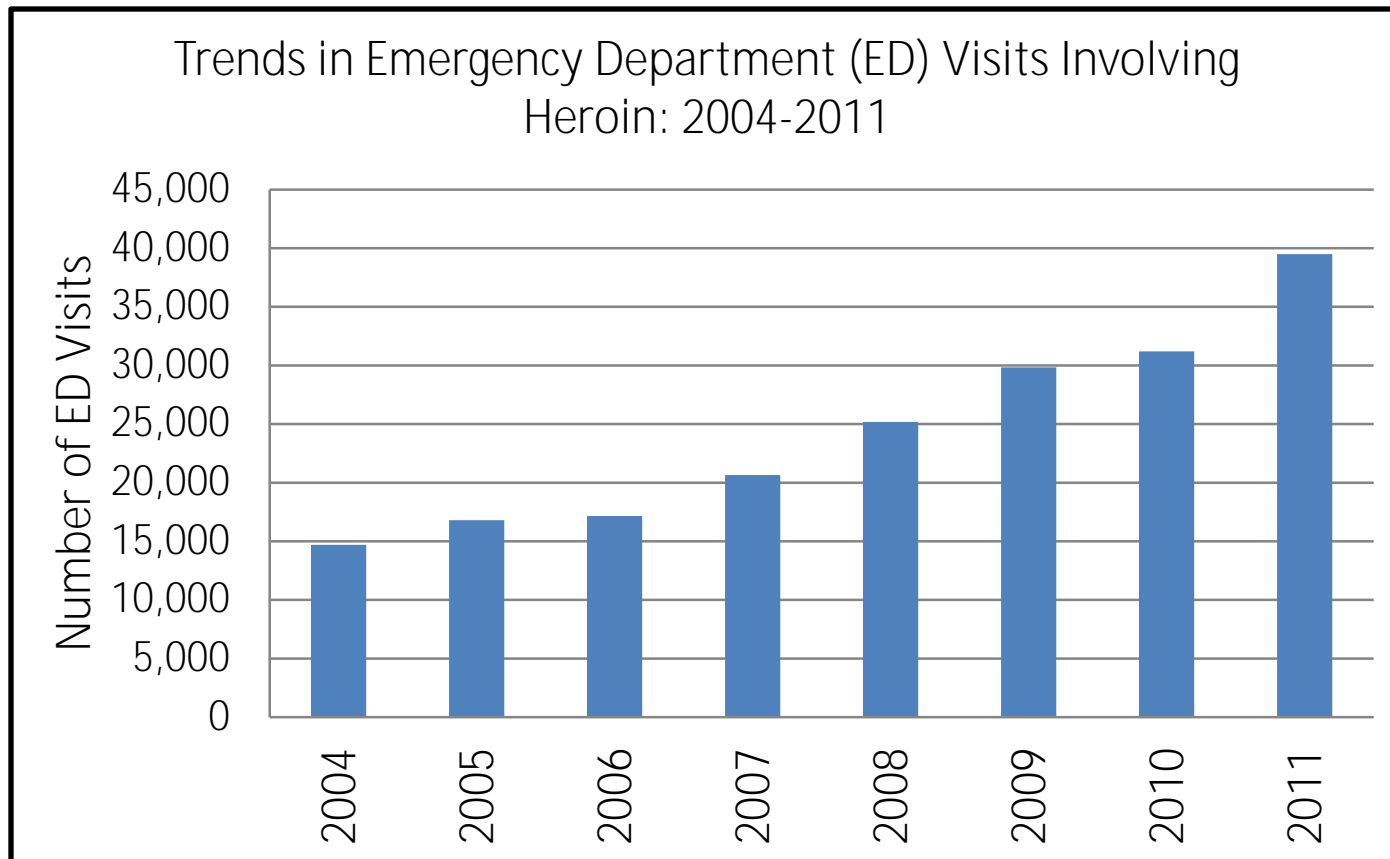


Understanding the Problem: Source of Prescription Drugs (NSDUH 2013)

- Among persons aged 12 or older who misused or abused prescription pain relievers:
 - 60% received from a friend or relative for free.*
 - 25.9% purchased from a friend or relative.
 - 10.1% took from a friend or relative without asking.
 - **27.3% received from a doctor's prescription.**
 - 12.2% received from a dealer or stranger.
 - 1.1% ordered on the Internet.

*Among those receiving drugs from a friend or family for free, 79.2% of friends or relatives received drugs from a **doctor's prescription.**

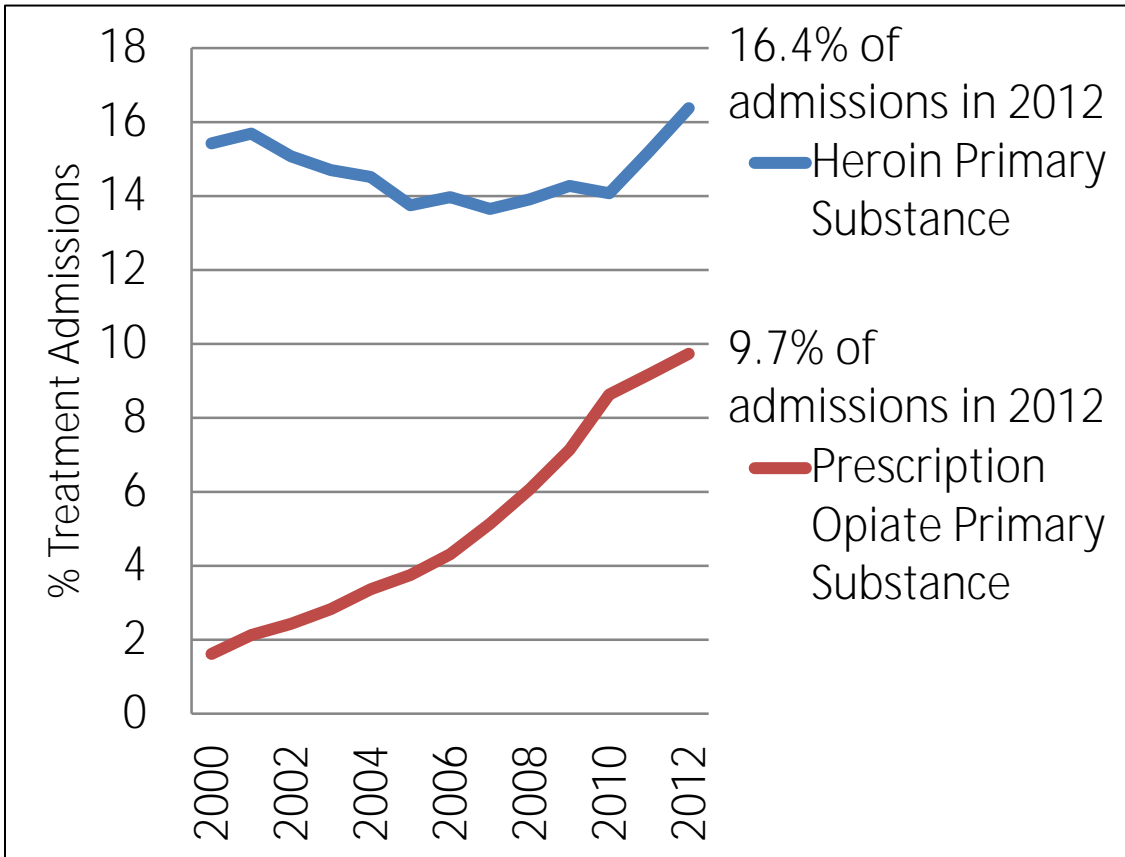
Trends in Emergency Department Visits Involving Heroin (DAWN 2013)



Looking at Heroin Abuse: Understanding Recent Trends

- From 2004 to 2011, emergency department visits for heroin increased by 169% (DAWN 2013).
- Annual heroin overdose deaths – roughly 3,000 – have stayed relatively constant during the last decade of data available, 2000-2010 (CDC 2012).
- Data considerations:
 - CDC data is slow to be released and cannot capture real-time changes in drug use that occur.
 - SSAs are better equipped to track rapid changes in drug use.
- A majority of States report that heroin use and heroin overdose have been rising over the past two years.

Heroin and Opiate Prescription Drugs Make Up Larger Percent of Treatment Admissions in 2012 (TEDS 2014)



- Heroin admissions increased by 16% from 2010 to 2012.
- Opiate prescription drugs admissions increased by 13% from 2010 to 2012 and by 500% since 2000.

Percent of treatment admissions by primary substance of abuse: United States, 2000-2012

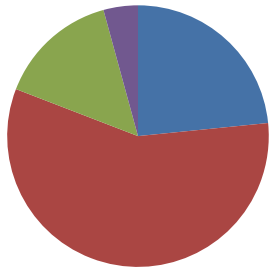


Note: 2011 data is interpolated.

Inquiry Results: Prescription Drug Abuse

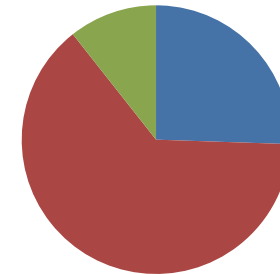
Importance of Prescription Drug Abuse to State Substance Abuse Agencies

Roughly 40 States consistently say that prescription drug abuse is **either “most” or “very” important.**



- Most Important (11)
- Very Important (27)
- Important (7)
- Moderately Important (2)
- Of Little Importance (0)
- Unimportant (0)

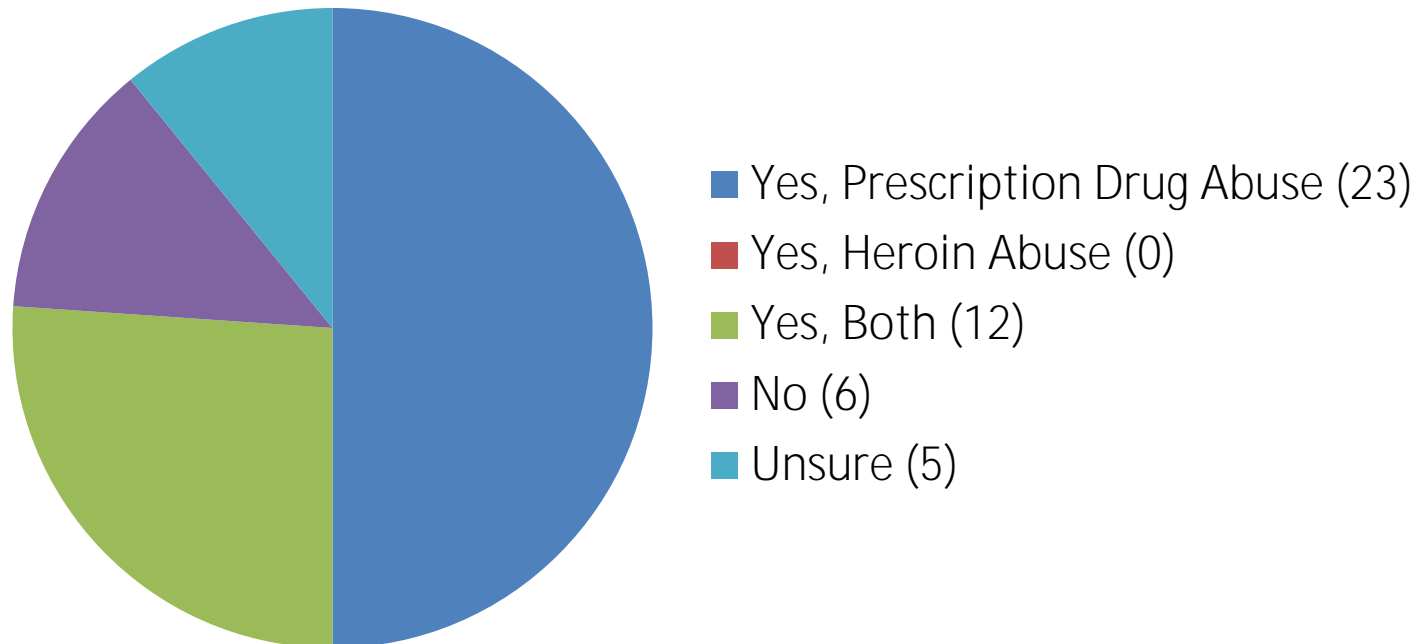
2012 → 2014



- Most Important (12)
- Very Important (30)
- Important (5)
- Moderately Important (0)
- Of Little Importance (0)
- Unimportant (0)

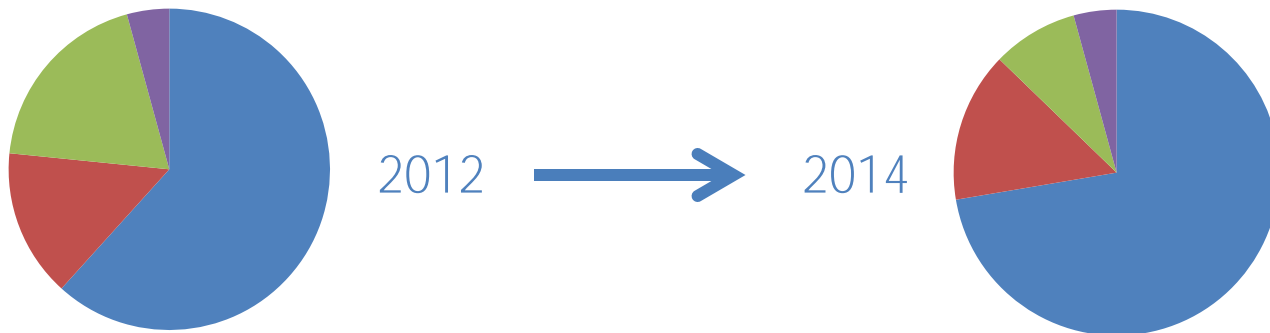
State Strategic Plan Addressing Prescription Drugs and Heroin Abuse

→ 35 States reported that their strategic plan explicitly addresses prescription drug abuse. 12 of these States reported that their plan explicitly addresses heroin abuse. *(All State prevention, treatment, and recovery systems include services for opioid and heroin abuse. However, during the past 2 years some States have identified prescription drug abuse and/or heroin abuse as requiring additional or reconfigured strategies in their State strategic plan.)*



State Task Force Addressing Prescription Drug Abuse

→ 34 States reported that they have an active prescription drug task force, an increase from 2012 rates.



- Yes, currently exists (29)
- Yes, but no longer active (7)
- No (9)
- Unsure (2)

- Yes, currently exists (34)
- Yes, but no longer active (7)
- No (4)
- Unsure (2)

State Task Force : Indiana

- From 2000-2012, the percent of Indianans admitted to treatment for opioid pain relievers increased by 287% (TEDS 2014).
- Task force established by the Attorney General in 2012 to engage key government and private organizations to reduce prescription drug abuse – members include State legislators.
- Since 2012, the task force has:
 - Drafted and helped pass legislation to reduce prescription drug abuse.
 - Secured funding for the State PDMP, INSPECT.
 - Developed a toolkit for physicians on prescribing practices.
 - Educated public about appropriate prescription drug disposal options.
 - Educated law enforcement and providers at Prescription Drug Symposium.
 - Researched addiction treatment options and began work on educational resources on neonatal abstinence syndrome (NAS).

State Task Force: Tennessee

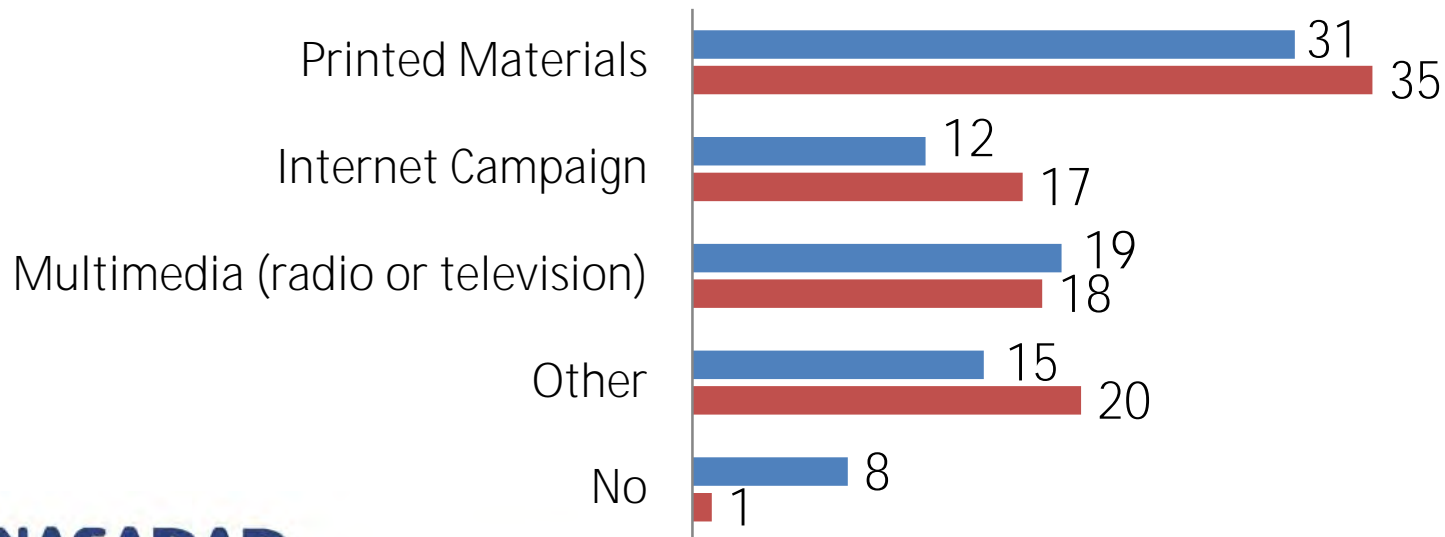
- From 2010 to 2013 admissions to treatment for prescription opiates in Tennessee increased by 66% (State submitted data).
- Task force made up of representatives from SSA; **Depts. of Health, Children's Services, Corrections, and Law Enforcement**; and more.
- Recommended 24 action steps to prevent, treat, and regulate prescription drug abuse, including:
 - Increase public awareness of prescription drug abuse through media campaign.
 - Develop regional approach with neighboring States, including data sharing.
 - Educate health professional students and prescribers about addiction and proper prescribing practices.
 - Develop statewide prescription drug take-back initiative.
 - Increase data sharing between State agencies.
 - Expand access to recovery courts across the State.

Educating the General Public on Prescription Drug Abuse

In 2012, 39 States provided education on prescription drug abuse.
In 2014, the number increased to 43 States.

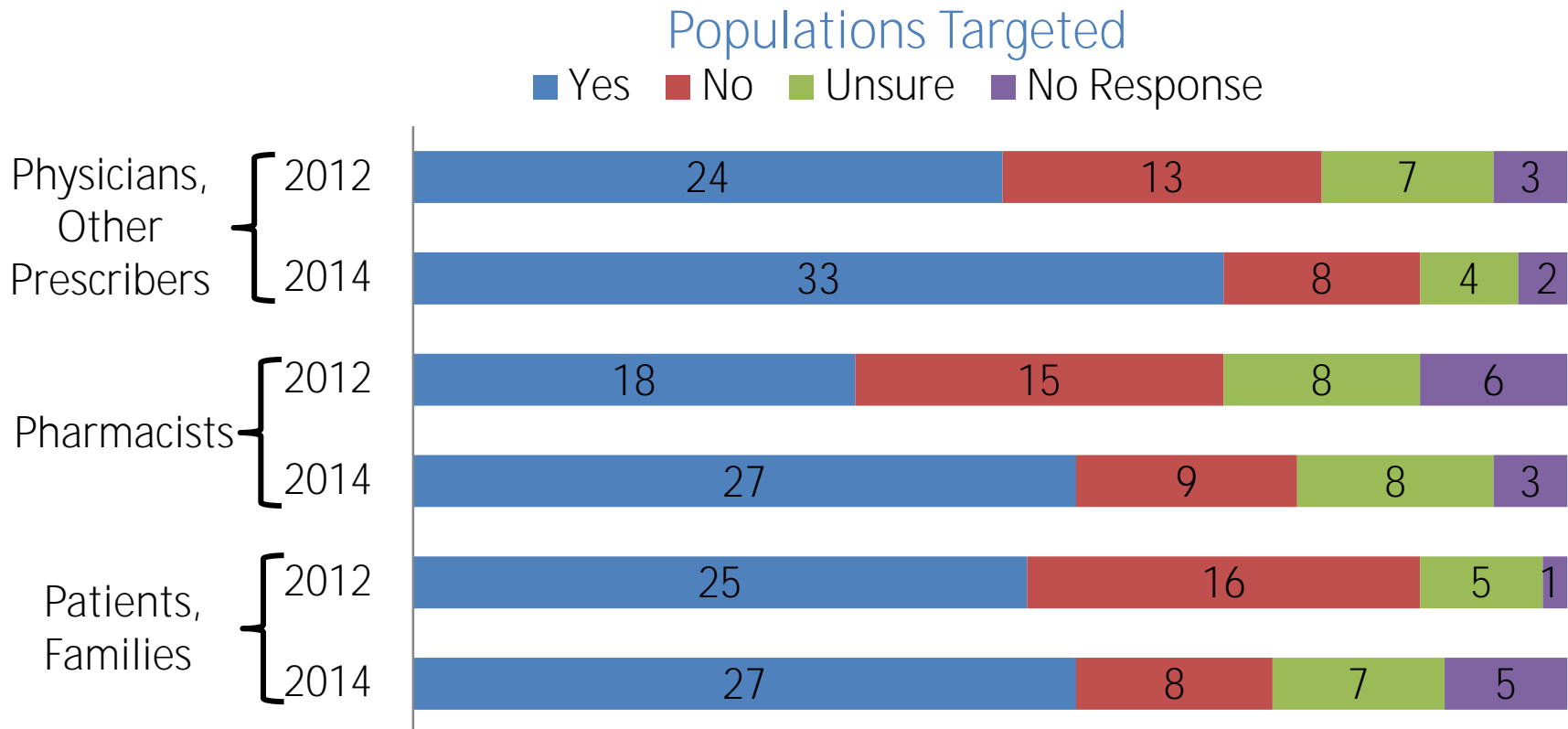
Education Methods

■ 2012 ■ 2014



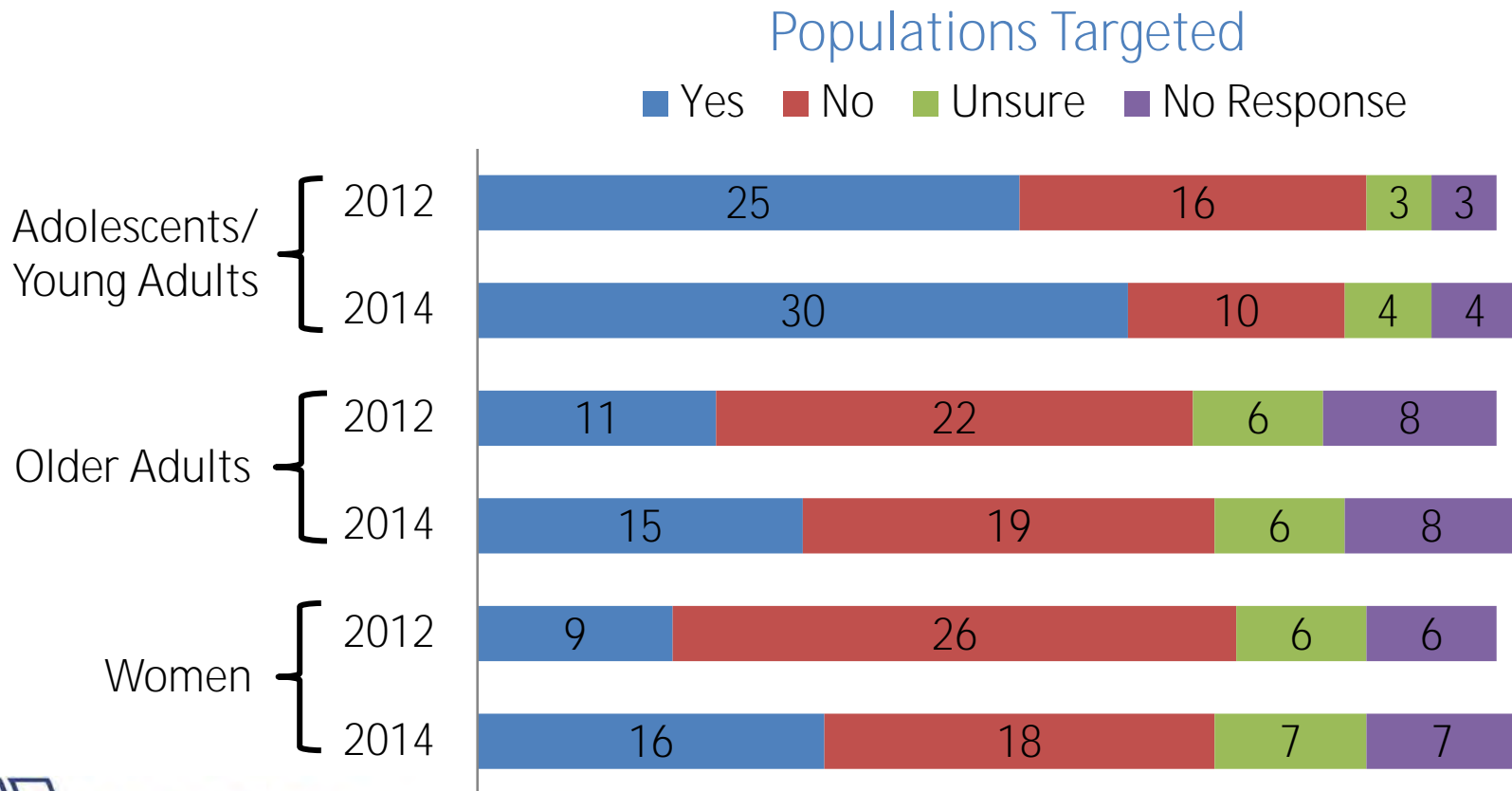
Educational Activities for Physicians, Pharmacists, and Patients

→ The number of States targeting their educational initiatives at each of the following populations increased from 2012 to 2014.



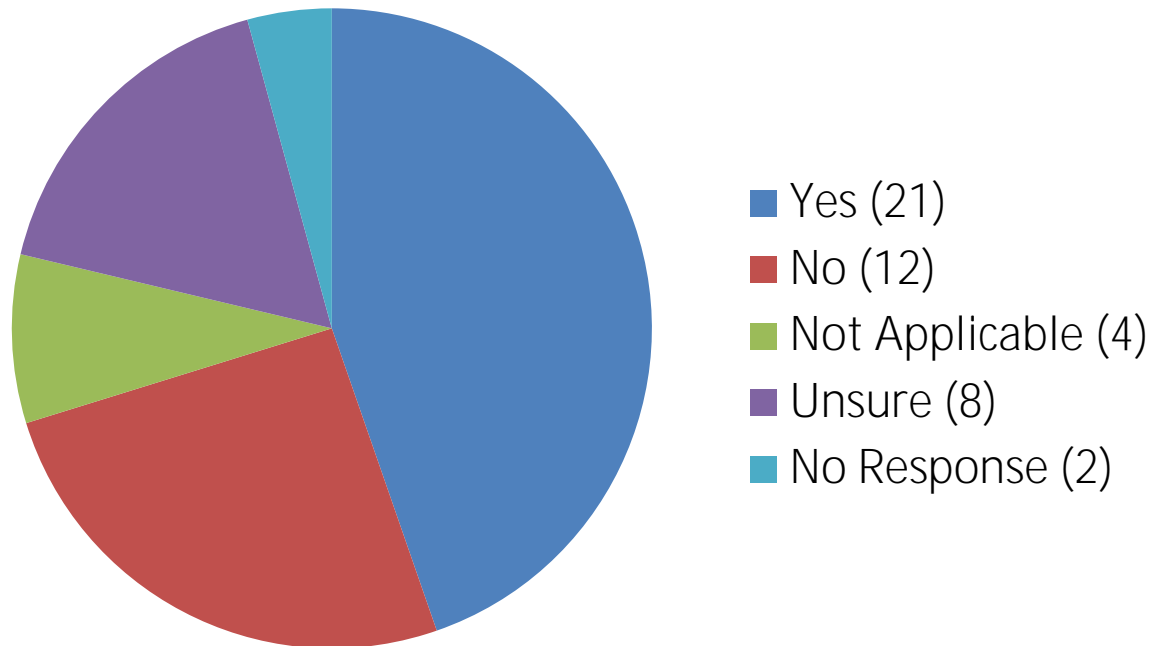
Target Populations for Prescription Drug Prevention Initiatives

→ The number of States targeting their prevention initiatives at each of the following populations increased in 2014.



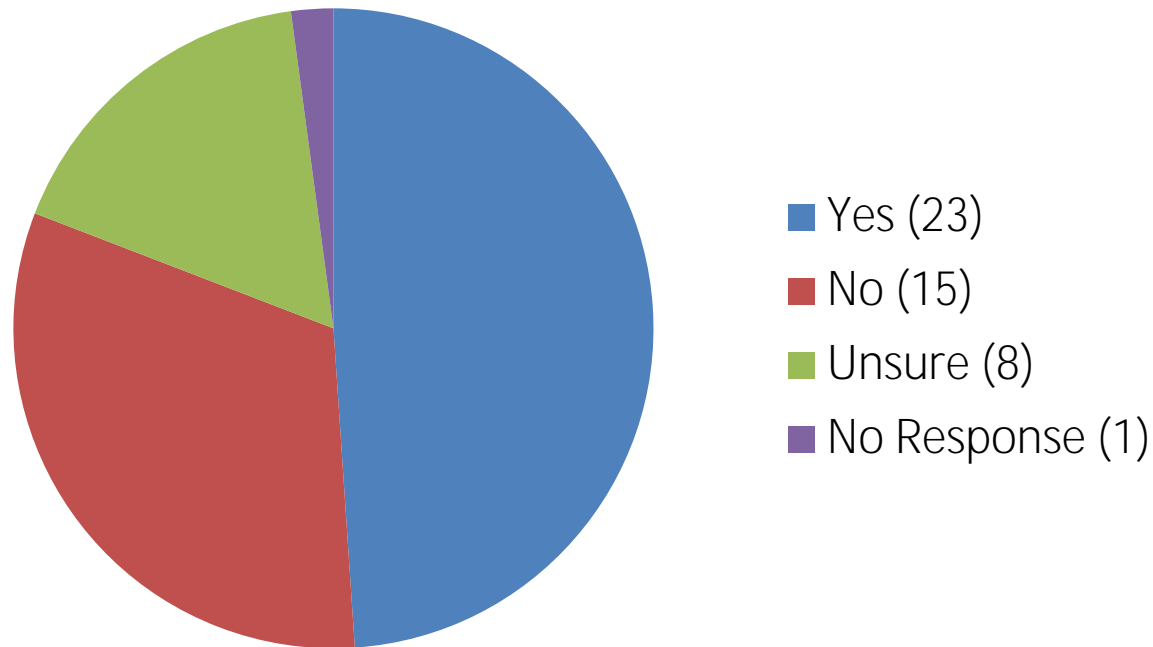
Evaluating Prevention Programs or Education Initiatives

→ 21 States reported that they had (administered or funded) prescription drug abuse prevention programs or education initiatives with an evaluation component to assess their outcomes.



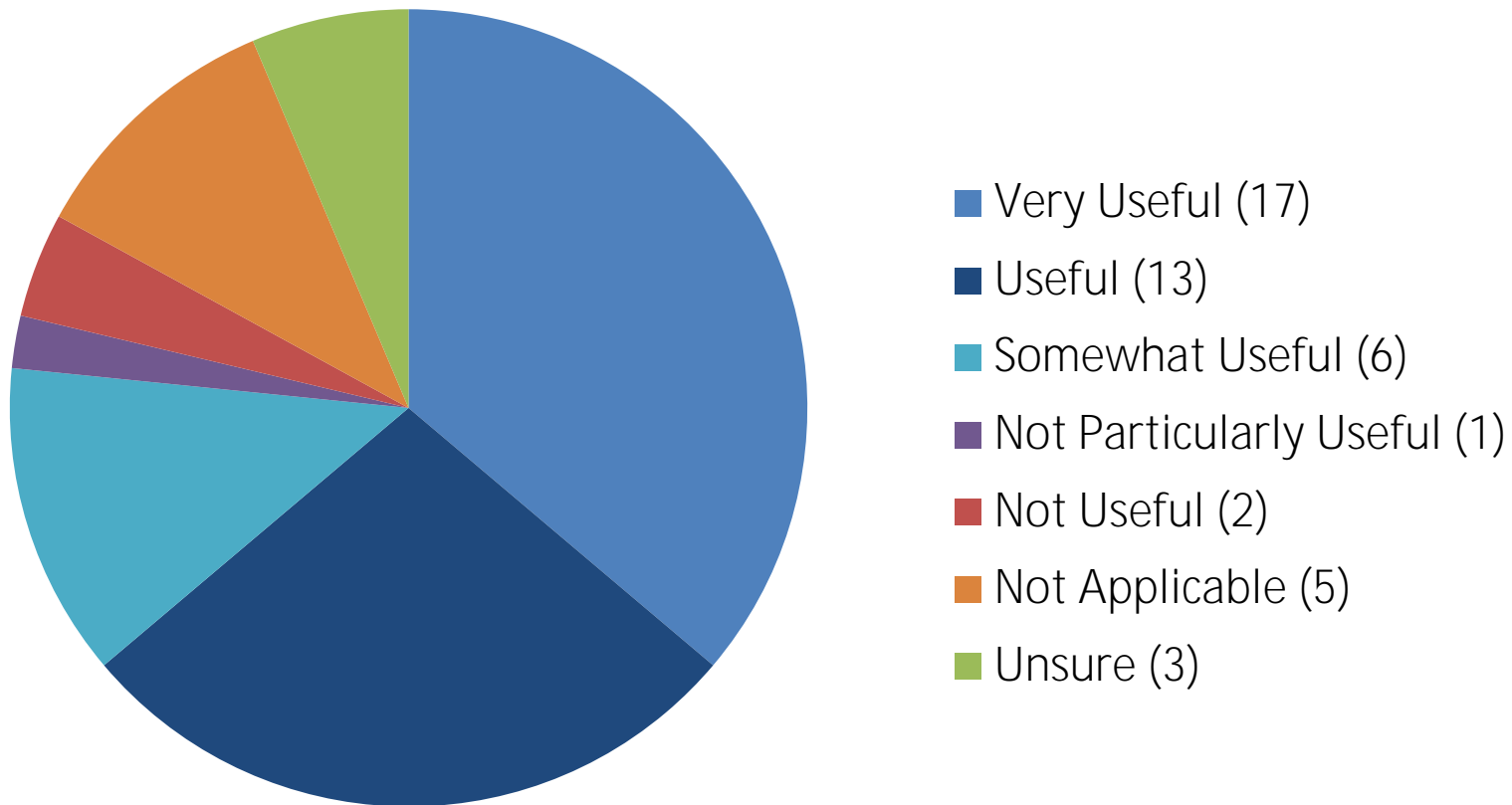
Collecting Data on Outcomes for Patients Treated for Prescription Drug Addiction

→ 23 States reported that they collected data or compiled special studies on outcomes for patients treated for prescription drug addiction.



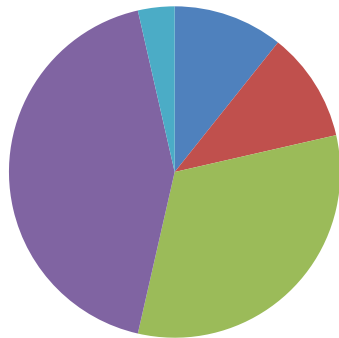
Usefulness of PDMP Data to SSAs (2012)

→ 30 States said PDMP data is “very useful” or “useful.”

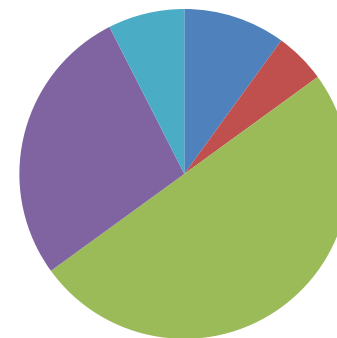


SSA Involvement with Prescription Drug Monitoring Program (PDMP)

→ As of 2014, most SSAs serve in an advisory capacity or have no involvement with the PDMP.



2012 → 2014



- Directly oversees (3)
- On committee that oversees (3)
- Advisory capacity (9)
- No involvement (12)
- Unsure (1)

- Directly oversees (4)
- On committee that oversees (2)
- Advisory capacity (20)
- No involvement (11)
- Unsure (3)

“What are some highlights to your State agency’s current programs or initiatives addressing prescription drug abuse?”

- *Collaboration with Partners*
 - e.g., across State agencies, with law enforcement, with primary care providers, across States
- *Education and Prevention*
 - e.g., provide community education, mobilize prevention coalitions, educate prescribers and pharmacists
- *Supply Reduction*
 - e.g., take back initiatives
- *Medication-Assisted Treatment*
 - e.g., increase access

Highlights: Colorado

- From 2010-2011, **6% of Colorado's population over 12 years old or 255,000 Coloradans** misused prescription drugs, giving it the second highest rate in the US (NSDUH 2012).
- **In 2013, Governor's Administration pledged to reduce the prevalence of prescription drug misuse by 92,000 Coloradans by 2016.**
- Colorado Consortium to Reduce Prescription Drug Abuse developed an Action Plan which includes the following key components:
 - Provider/Prescriber Education: change State Medical Board policies to include pain management guidelines for prescribers and encourage increased utilization of the PDMP.
 - PDMP: examine use and improve usability and accessibility.
 - Disposal: expand take-back program.
 - Public Awareness: develop a social marketing campaign that targets the general public, particularly youth/young adults (12-25 year olds).
 - Data and Analysis: map all sources of data to monitor, educate, and inform decision-making.

Highlights: Idaho

- From 2000-2012, the percent of treatment admissions for opioid pain relievers in Idaho increased roughly 7-fold (TEDS 2014).
- **“Lock Your Meds” Project** is a statewide multimedia public prevention campaign funded by the State tobacco settlement funds.
- Project runs an educational website with resources for the general public, prescribers, and community organizations including:
 - Q/A on prescription drug abuse and quiz.
 - Information on the safe disposal of prescription medications, including a drop-box finder.
 - Resources on substance abuse treatment services.
 - Educational resources including videos, radio spots, brochures and cards, and billboard designs.

Highlights: Oklahoma

- From 2000-2012, the percent of Oklahoma treatment admissions for opioid pain relievers increased roughly 6-fold (TEDS 2014).
- Created a public education campaign: TakeAsPrescribed.org.
- Website provides public education on prescription drug abuse, including information on:
 - Safe Use: tips for patients, overdose prevention information (naloxone).
 - Storage: proper storage, theft prevention.
 - Disposal: drop-box locator.
- Developed guidelines for safe prescribing practices for opioids in physician offices, Emergency Departments, and Urgent Care Clinics and opioid dispensing guidelines for pharmacies.

“What Training or Technical Assistance Does Your State Agency Need to Continue to Address Prescription Drug Abuse?”

- More training and information on evidence-based practices for substance abuse prevention, treatment, and recovery.
- Educational tools for the general public and providers on MAT
- Tools and strategies to educate prescribers on safe opioid prescribing practices.
- Approaches to reduce stigma surrounding substance abuse and seeking treatment.
- Information on MAT best practices and implementation tips.

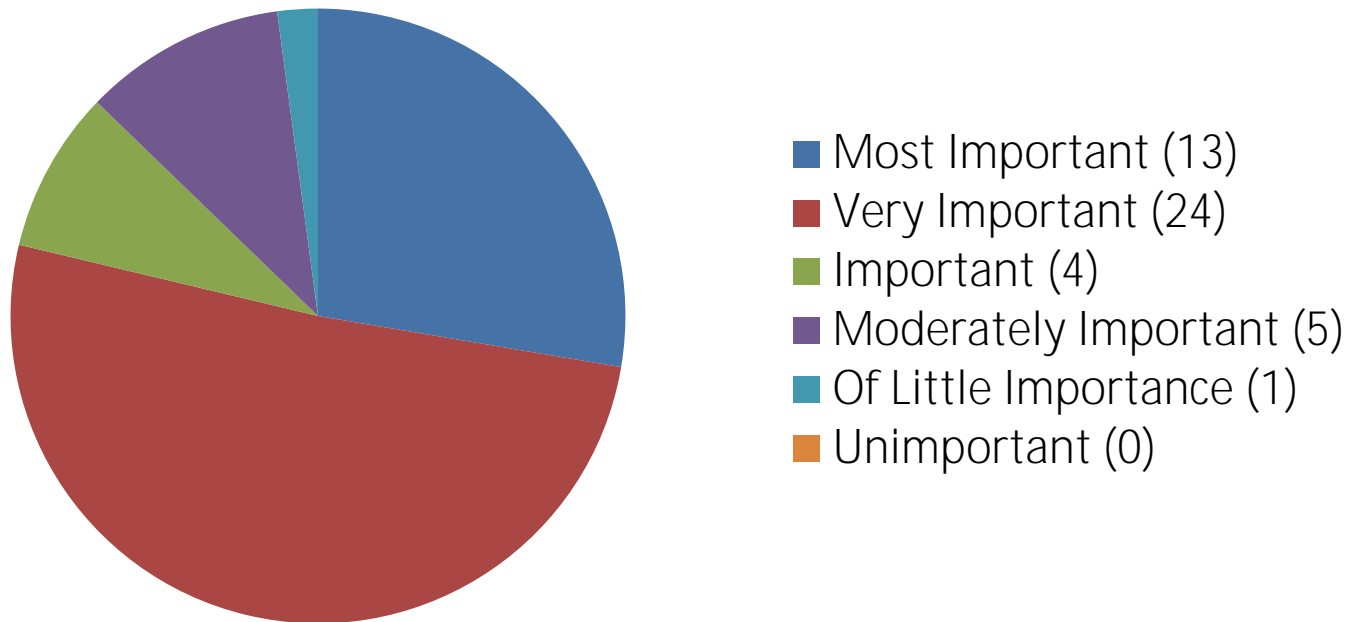
Remaining Challenges: Themes across States

- Lack of funding.
- Need for workforce development (lack of capacity to address this issue).
- Stigma associated with seeking treatment.
- Need for PDMP improvement (need for improved collaboration with PDMP host agency, lack of funding for PDMP).
- **Challenges with data (lack of data, data that doesn't capture the entire story).**
- Challenges with collaboration.
- Lack of public education and awareness.

Inquiry Results: Heroin Abuse

Importance of Heroin Abuse to State Substance Abuse Agencies

37 States said that heroin abuse is either
“most” or “very” important.

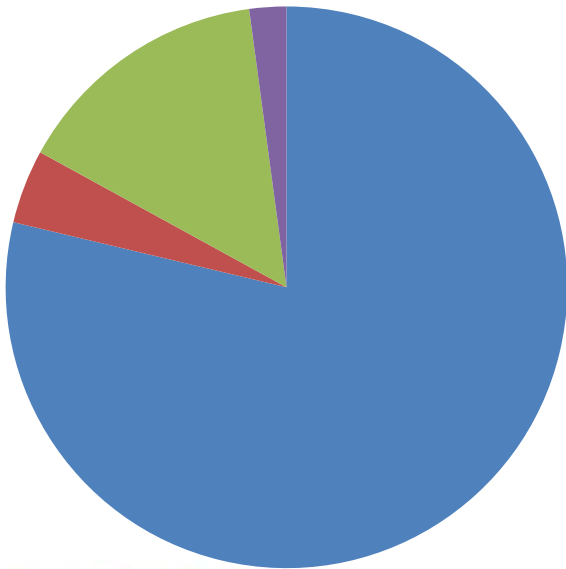


State Trends for Heroin Abuse During the Past Two Years

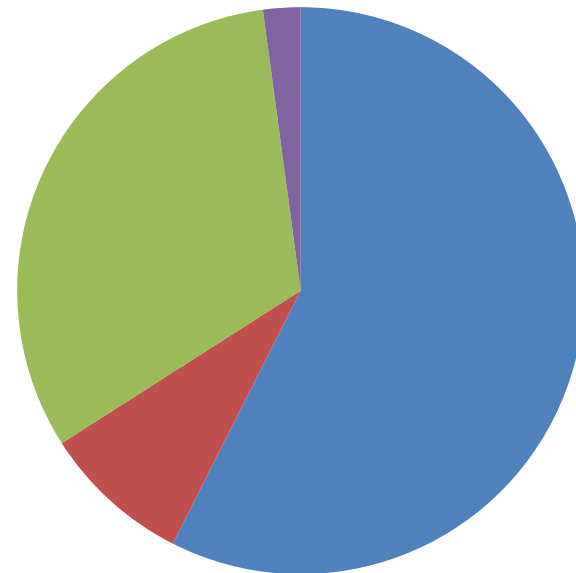
→ 37 States reported increases in treatment admissions for heroin.

→ 27 States reported increases in fatal overdose rates for heroin.

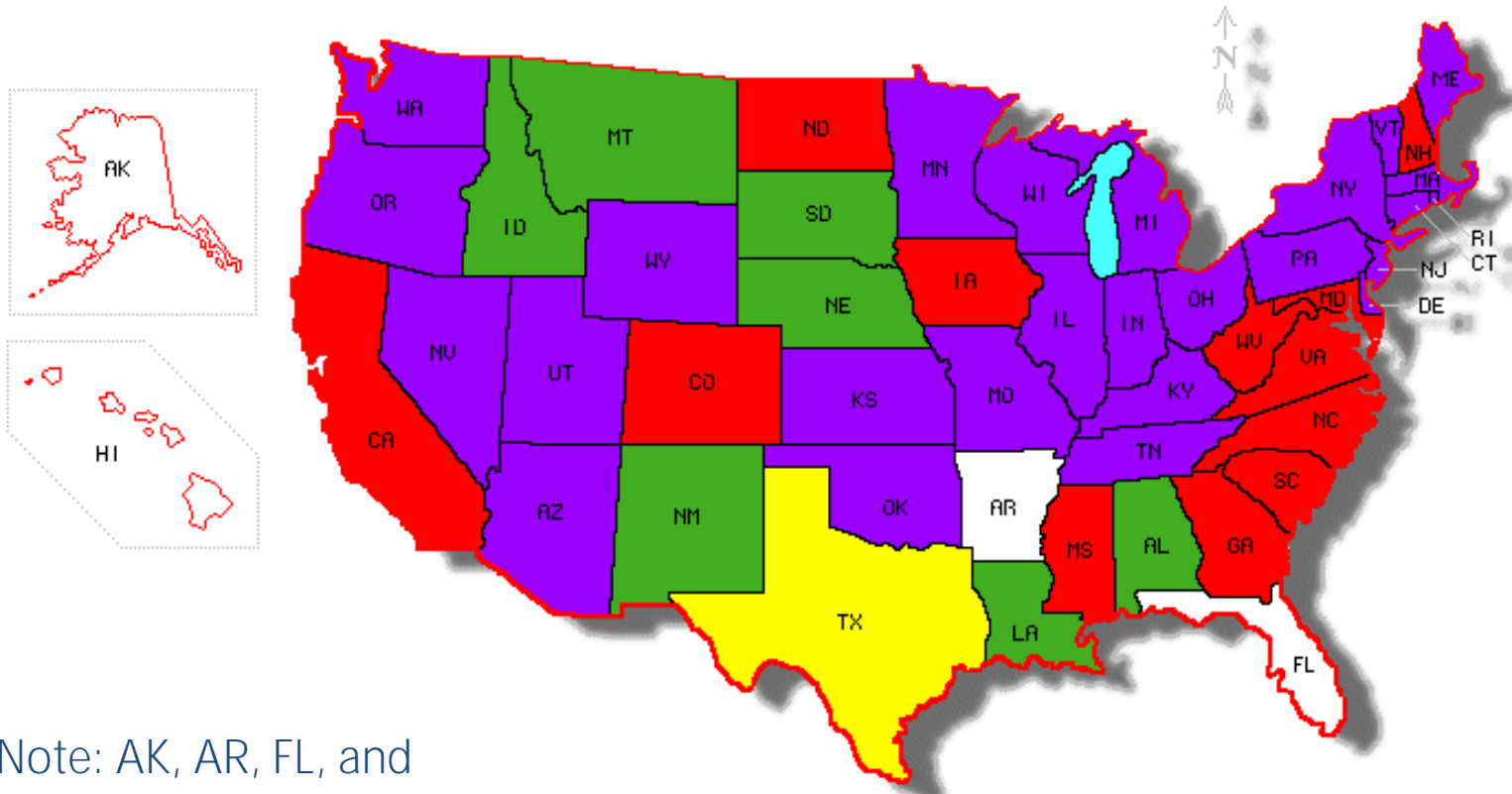
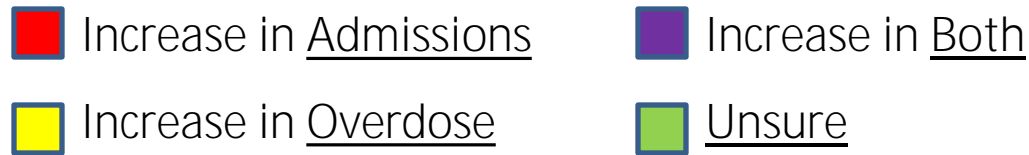
Increase in Treatment Admissions?



Increase in Heroin Overdose?



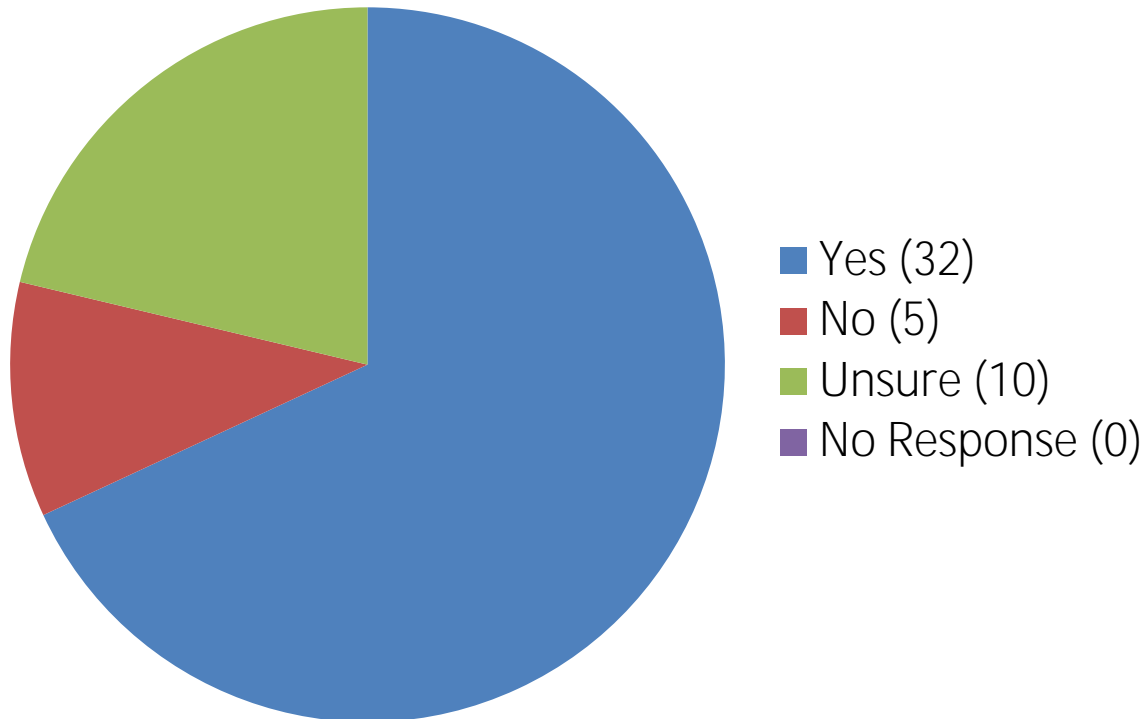
Increases in Heroin Treatment Admissions and Overdose 2012-2014: State Self-Report



*Note: AK, AR, FL, and HI did not respond.

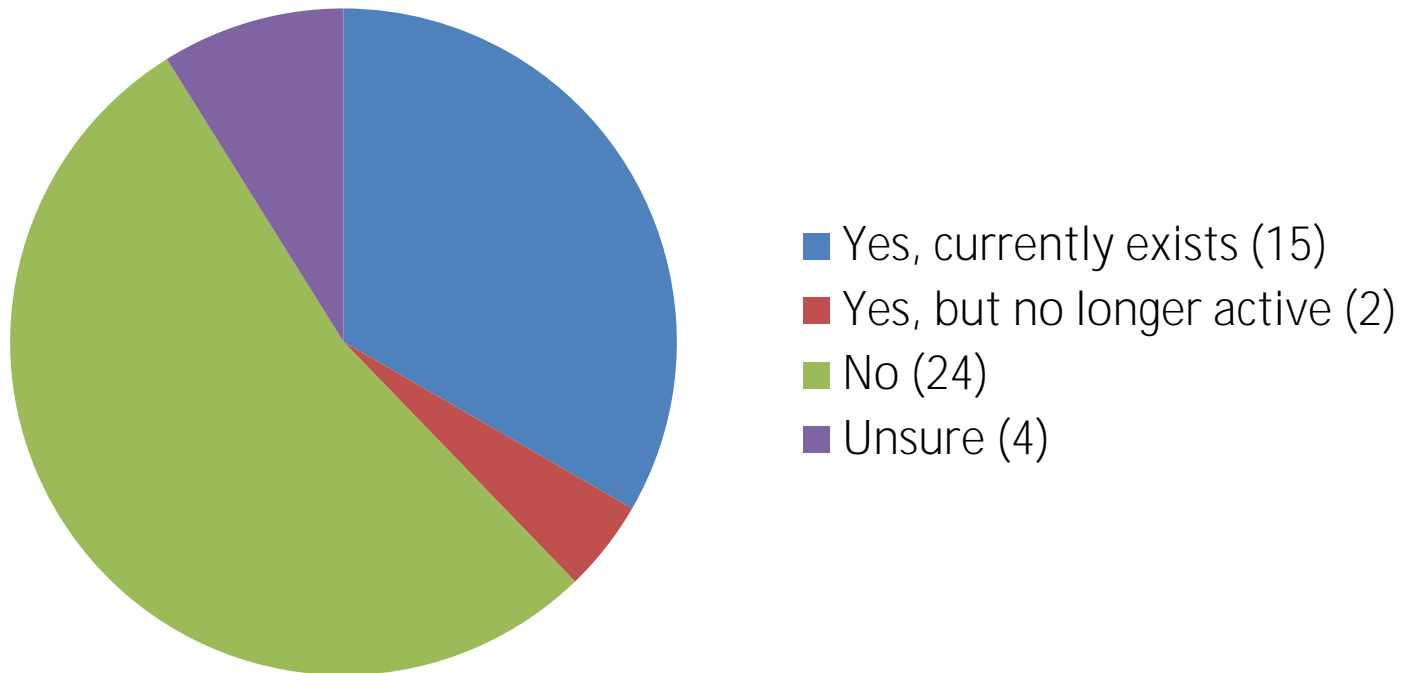
Collecting Data on Fatal Heroin Overdose

→ 32 States reported that they collect data on fatal heroin overdose.



State Task Force Addressing Heroin Abuse

→ 15 States reported that they have an active task force for heroin abuse.



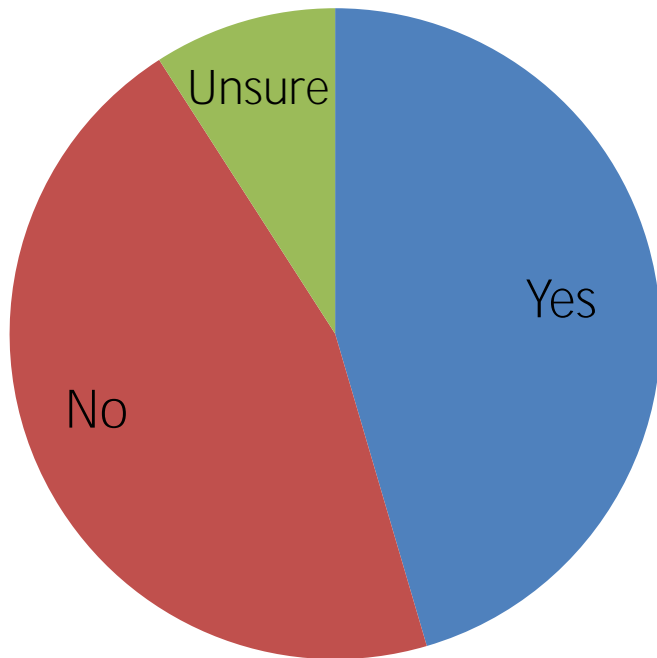
State Task Force: Pennsylvania

- Data from 2008-2013 show an increase in heroin admissions in Pennsylvania (State submitted data).
- Overdose Rapid Response Taskforce: convened by the SSA, includes representatives from the Governor's Office, Attorney General's Office, Dept. of Health, law enforcement, etc.
- Developing communication system between the SSA, Dept. of Health, and law enforcement to allow for real-time tracking, identification, and reporting of increases in drug use.
- **Recommending creation of robust “warm hand-off” procedures** to assess and refer overdose victims to treatment.
- SSA also involved in other prevention efforts, including training prescribers, expanding prescription drug drop-boxes, and implementing Lifeskills Training in PA schools.

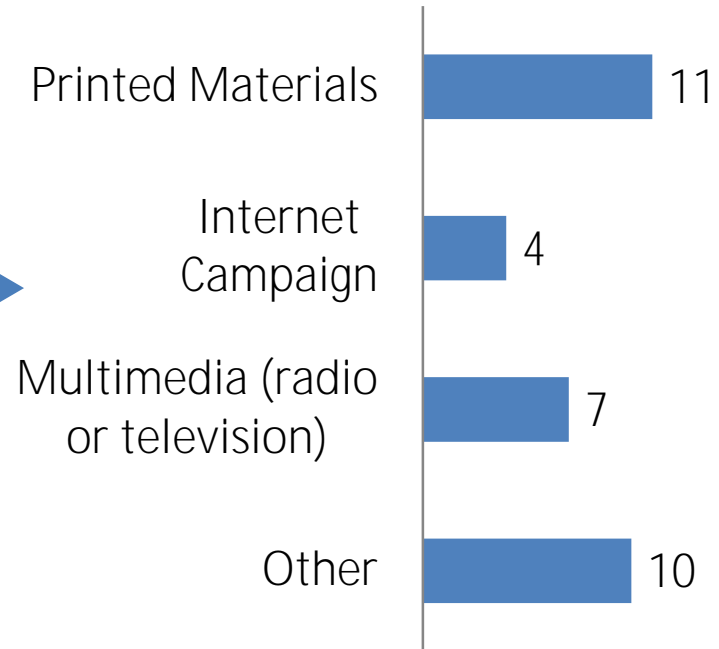
Educating the General Public on Heroin Abuse

→ 20 States indicated that they have engaged in new initiatives to educate the general public on heroin abuse during the past 2 years.

Provide Education on Heroin



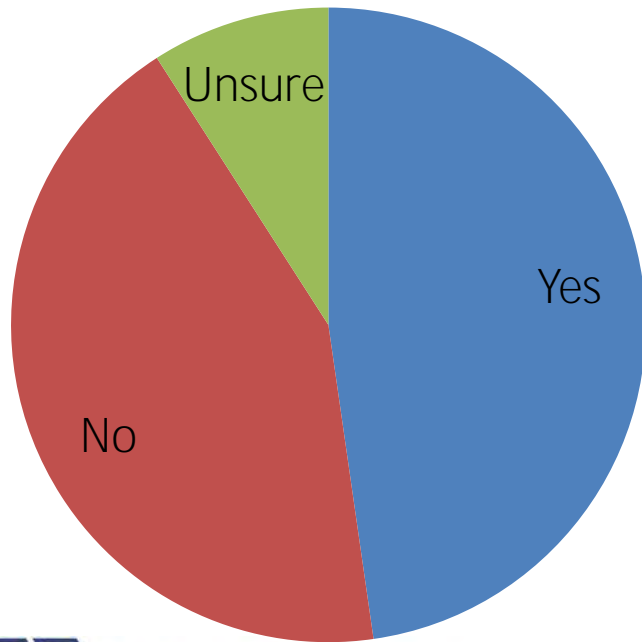
How? →



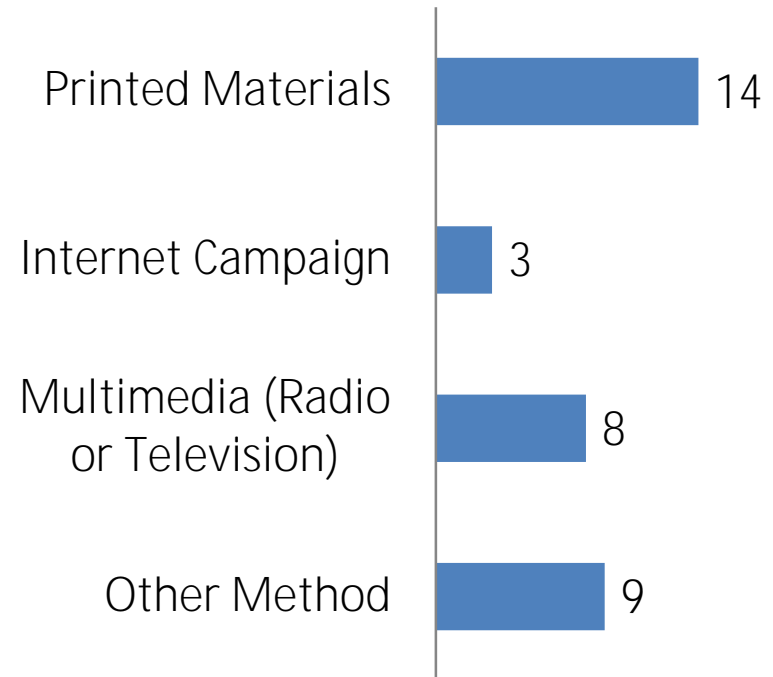
Educating the General Public on the Transition from Prescription Drugs to Heroin Abuse

→ 21 States reported that they have taken steps to educate the general public on the transition from prescription drugs to heroin abuse.

Provide Education on Transition

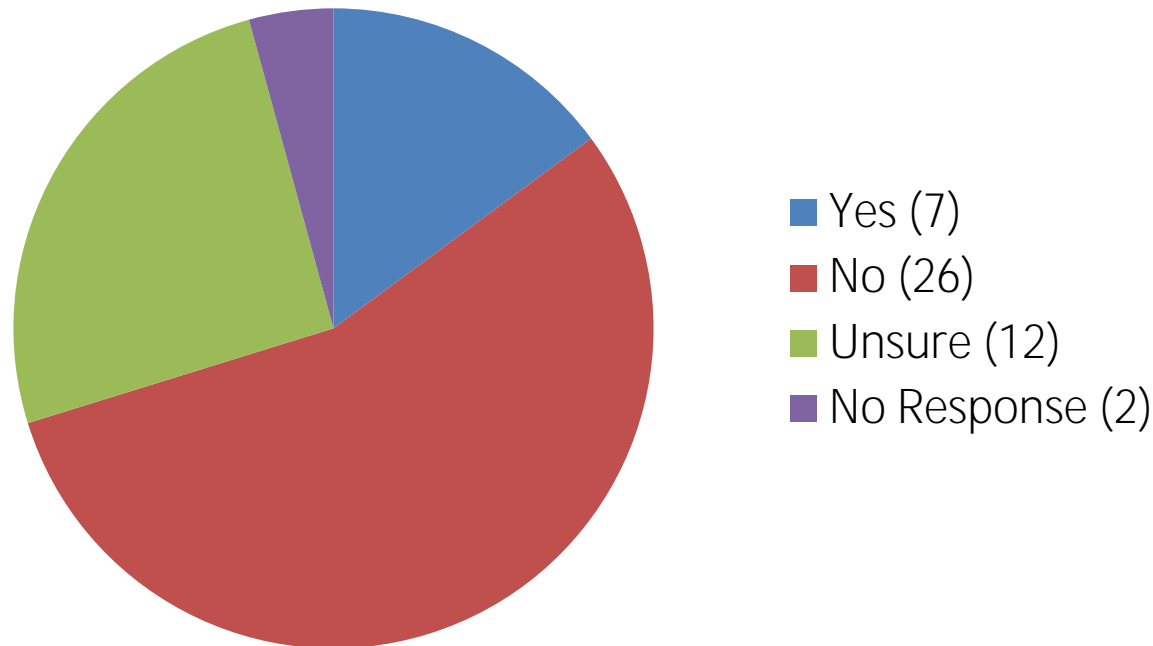


How?



Evidence of a Transition from Misusing Prescription Drugs to Heroin

- 7 States reported that they have data providing evidence that users in their State are transitioning from prescription drugs to heroin abuse. **A number of States responding “no” or “unsure” said they had anecdotal evidence of such a transition.**

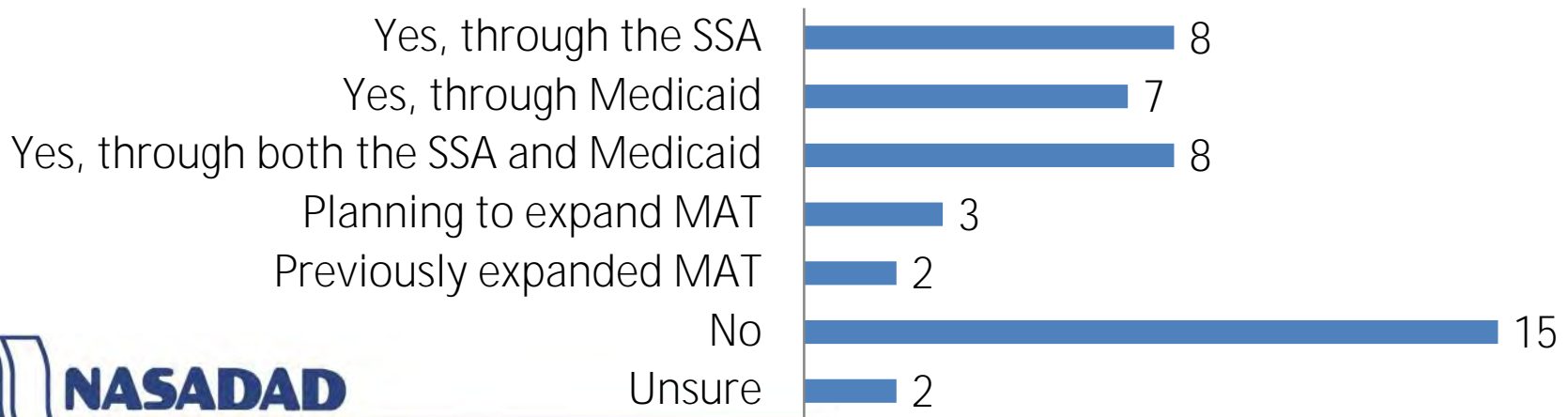


Medication-Assisted Treatment (MAT) Expansions

- 49 States and DC have State opioid treatment programs (methadone maintenance).
- All 50 States and DC have physicians who are waived to prescribe buprenorphine.
- All three FDA-approved opioid treatment medications (methadone, buprenorphine, and naltrexone) are covered under the Medicaid Drug Rebate Program. The associated co-pays and authorization requirements vary from State to State.

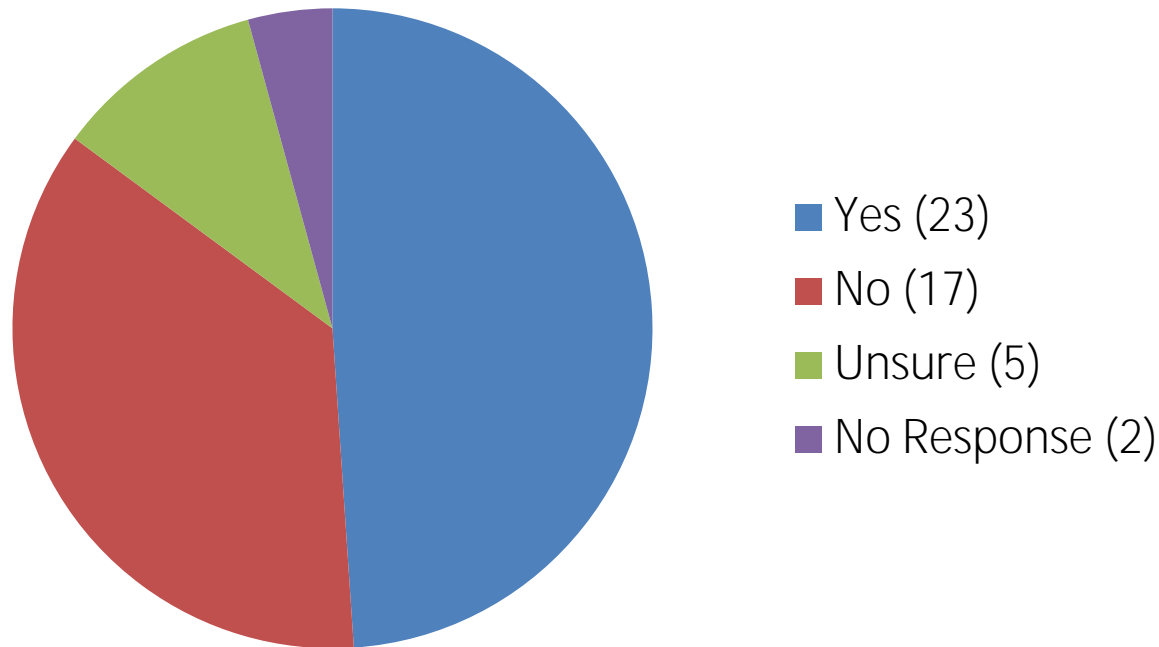
→ 26 States reported that they have expanded or made plans to expand MAT during the past 2 years.

Have you expanded MAT?



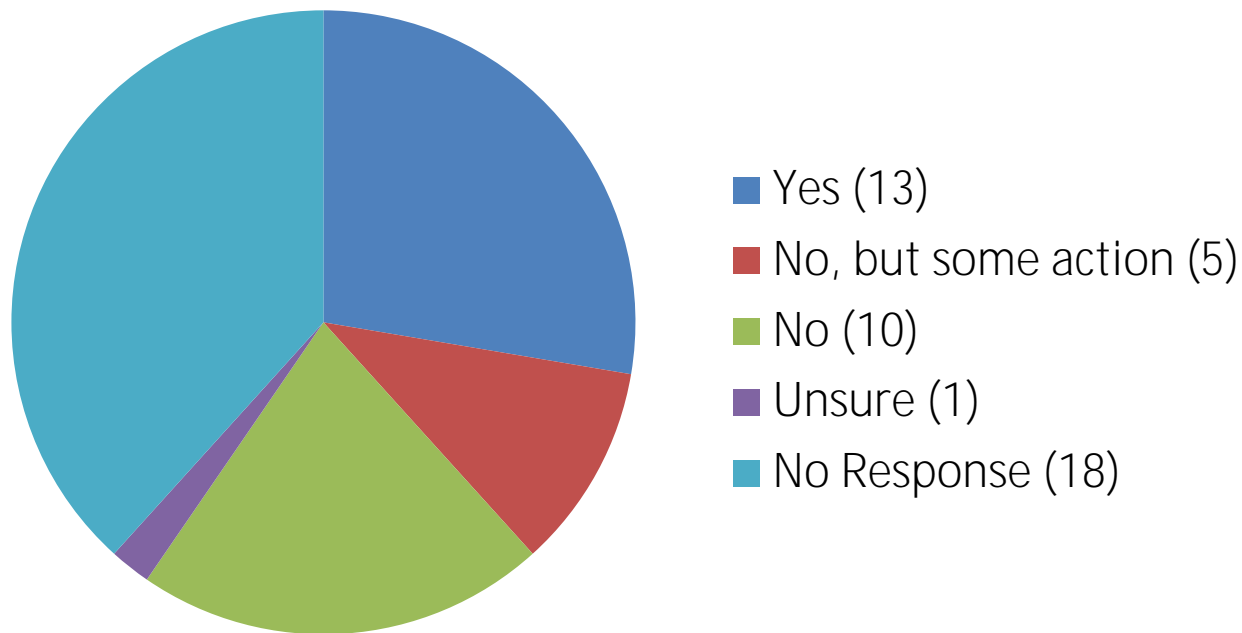
Collecting Data on Outcomes for Patients Treated for Heroin Addiction

→ 23 States reported that they collected data or compiled special studies on outcomes for patients treated for heroin addiction.

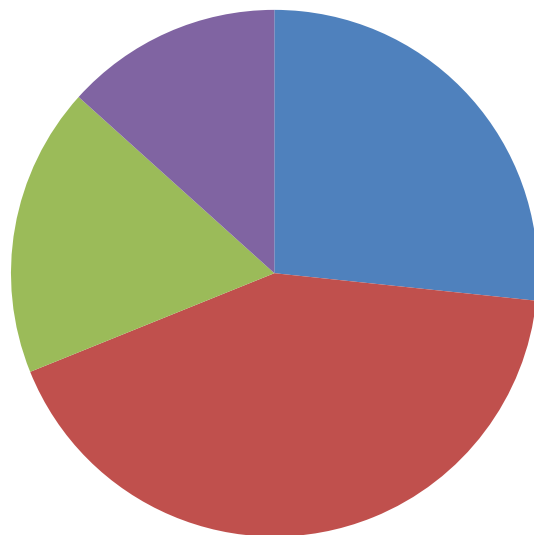


Reporting on Performance Measures for Opioid Treatment Services

→ 13 States compile and report on performance measures for opioid treatment services. 5 States reported that there was some degree of action, such as a task force or Statewide plan.



State Initiatives to Reduce Stigma of Treatment for Opioid Use Disorders



- Yes (12)
- Some action (19)
- No (8)
- Unsure (6)

How do States reduce stigma?

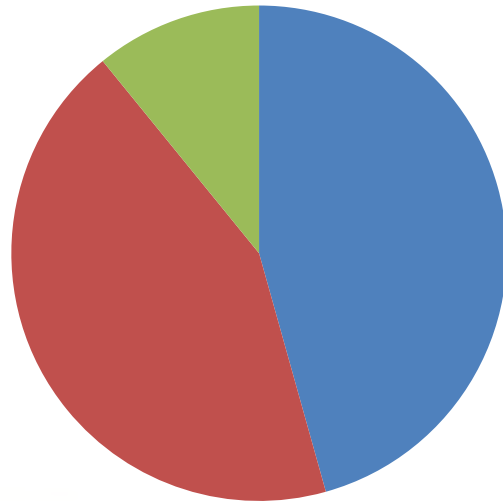
- Increase access to a full range of evidence-based therapies (11)
- Facilitate access to recovery support services (10)
- Expand access to effective therapies in the criminal justice system (7)

SSA Opioid Overdose Prevention

→ In 2012, SSAs in 12 States indicated that they made plans or took steps to make naloxone more accessible in the community. In 2014, the number increased to 21. *(This question does not capture the many States with naloxone programs that are not directly tied to the SSA.)*

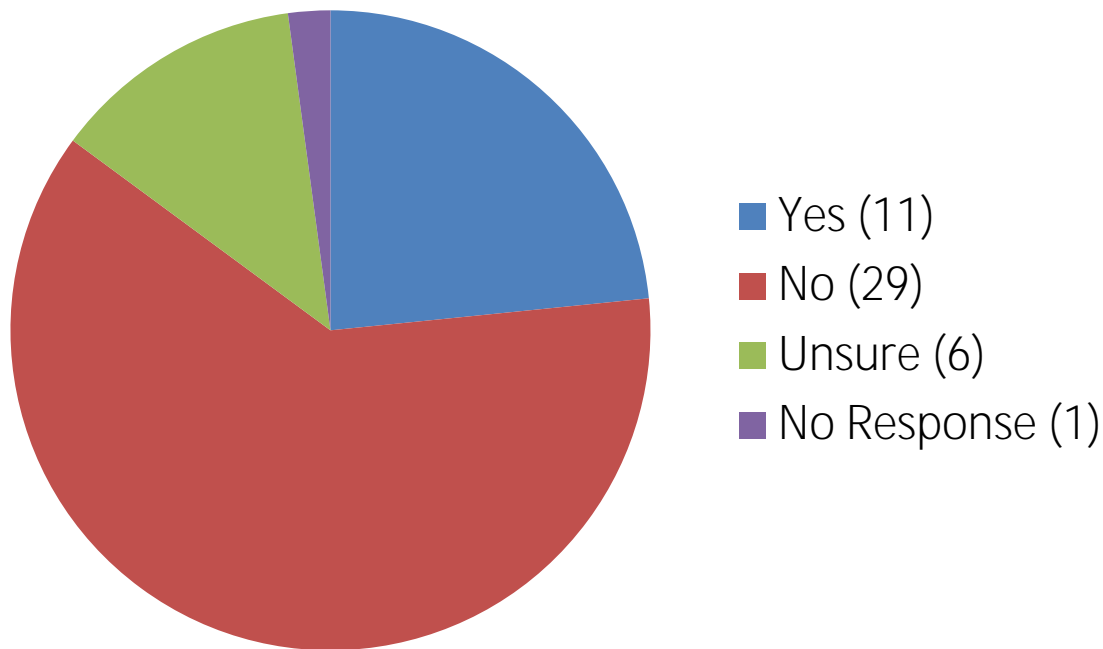
Distributing Naloxone Kits/ Implementing Naloxone Training Programs?

- Yes, made plans or taken steps (21)
- No (20)
- Unsure (5)



Collecting Data on People Treated by Naloxone Distribution Initiatives

→ 11 States reported that they collect data on people treated by naloxone distribution initiatives. *(Several States reported that naloxone initiatives are still in the early stages, but they hope to incorporate data collection in the future.)*

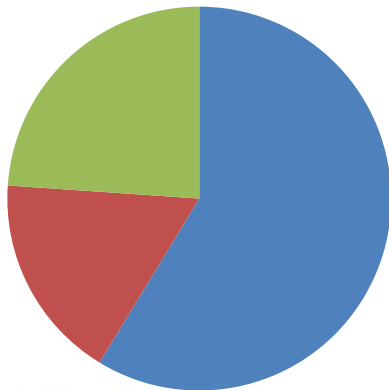


States Considering Expanding Who Can Administer Naloxone

→ 29 States are considering or taking steps to expand who can administer naloxone.

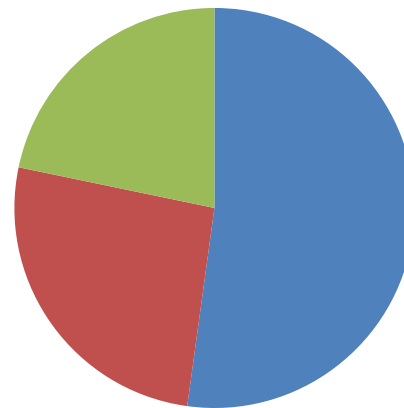
Considering Expanding Naloxone Administration?

- Yes (27)
- No (8)
- Unsure (11)



Changed or Planning to Change Naloxone Administration Regulations/Laws?

- Yes (24)
- No (12)
- Unsure (10)



Overdose Prevention: Massachusetts

- From 2000-2012, the rate of opioid-related deaths in Massachusetts increased by 90% (MA Dept. of Public Health 2014).
- Overdose Education and Naloxone Distribution (OEND) Program Strategies:
 - 1) Provide educational materials on opioid overdose prevention with a focus on users, providers, and families.
 - 2) Maintain and expand **statewide bystander intra-nasal naloxone distribution** pilot in collaboration with partners.
 - 3) Implement and expand emergency department SBIRT intervention.
 - 4) Provide education on overdose prevention to substance abuse treatment providers, homeless shelters, and correctional settings.
 - 5) Increase the timely access of drug users to a range of **evidence-based treatment** services, including medication-assisted treatment.
- More than 2,000 opioid overdoses have been reversed since OEND began (**Governor's Office, 2013**).

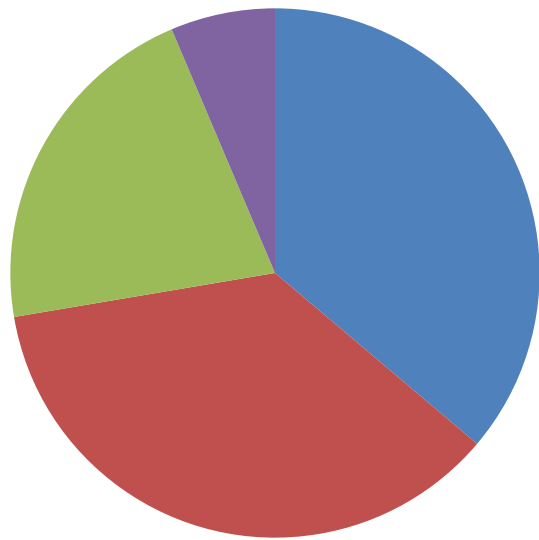
Overdose Prevention: New York

- Statewide heroin admissions increased by 12% from 2008 to 2013. **Admissions for “other opiates” decreased by 10% during the same period** (State submitted data).
- Authorized 120 opioid overdose prevention programs that train lay individuals to recognize/respond to opioid overdoses.
- Providers eligible to offer opioid overdose prevention programs include health care facilities, SUD providers, and community-based organizations.
- More than 6,000 individuals have been trained as responders.
- Expanded use of naloxone with EMS providers. Project trained 2,035 EMTs and reversed 223 opioid overdoses since fall 2013.
- Prevention providers in local communities partner with law enforcement, schools, community coalitions, youth organizations, pharmacies, and others to deliver prevention programming.

Overdose Prevention: Wisconsin

- Heroin-related deaths more than doubled in Wisconsin from 2008-2011 (State submitted data).
- 911 Good Samaritan Ad-hoc Committee established in January 2012 by the Wisconsin State Council on Alcohol and Other Drug Abuse.
- The committee published their *recommendations* in August 2013:
 - Draft 911 Good Samaritan Law to encourage witnesses of overdose to call for medical assistance and incorporate SBIRT. (This bill was signed into law in April 2014.)
 - Expand access to naloxone.
 - Adapt/deliver training curricula to persons who may administer naloxone (e.g., law enforcement, EMTs).
 - Train SUD treatment providers/correctional facilities in overdose education and response.
 - Develop standards for reporting fatal overdoses.
 - Create work group to address heroin addiction.
 - Increase access to SUD treatment.

Special Initiatives that Target Heroin Prevention, Treatment, and/or Recovery



- Yes (17)
- No (17)
- Unsure (10)
- No Response (3)

→ Types of Initiatives:

- Expanding access to naloxone and overdose prevention education.
- Providing education and expanding access to medication-assisted treatment (MAT).
- Integrating MAT into primary care.
- Expanding MAT in the criminal justice system.
- Community-based educational initiatives.

Special Initiatives: Rhode Island

- During the first two months of 2014, Rhode Island averaged 3-4 overdose deaths per week, many related to heroin (State submitted data).
- **During the fall of 2013, Rhode Island's State Medicaid Plan Amendment for an Opioid Treatment Program Health Home was approved.**
- Medicaid clients who meet the criteria for MAT will qualify and be assigned to a health team, including a nurse and case manager who will:
 - Monitor health care needs.
 - Assist with referral, scheduling, and transportation to medical and other appointments.
 - Develop a health plan.
 - Provide health promotion and wellness activities.
 - Facilitate transitions between levels of care.
 - Support recovery needs.
 - Identify and provide resources that support wellness and recovery.

“What are some highlights to your State agency’s current programs or initiatives addressing heroin abuse?”

- *Medication-Assisted Treatment*
 - e.g., increased access
- *Overdose Prevention*
 - e.g., increased access to naloxone, overdose response training
- *Education and Prevention*
 - e.g., provide community education

Highlights: Minnesota

- From 2010-2012, the percent of Minnesotans admitted to treatment for heroin increased by more than 90% (State submitted data).
- Partnered with Twin Cities Public Television to produce a [three-part series](#) on heroin use in MN (aired on public television and available on YouTube).
- State Agency developed educational materials on opioid treatment options, including information on:
 - Medication-assisted treatment.
 - Counseling services.
 - Mental health groups.
 - Self-help groups.

Highlights: Ohio

- Fatal heroin overdoses increased from **16% of Ohio's** drug overdose deaths in 2008 to 35.5% in 2012 (Ohio Dept. of Health 2014).
- State Agency launched the Maternal Opiate Medical Supports (MOMS) Project to support early intervention and prenatal treatment for pregnant women with substance use disorders.
- The project will improve outcomes for women and babies while reducing the cost of specialized care by shortening **the infant's length** of stay in the Neo-Natal Intensive Care Unit (NICU).
- MOMS will engage expectant mothers in a combination of counseling, MAT, and case management.

Highlights: Vermont

- From 2000-2013, Vermont admissions to treatment for heroin and other opiates increased by more than 900%, making up more than 40% of 2013 treatment admissions (State submitted data).
- Hub and Spoke system:
 - A Hub is a regional opioid treatment center responsible for coordinating the care and support services for clients with complex addictions/co-occurring needs.
 - A Spoke is a medical home such as a primary care practice or health center, that is responsible for coordinating the care and support services for patients with opioid addictions.
 - **Depending on the patient's needs, "support services" may include** mental health and substance abuse treatment, pain management, family supports, life skills, job development, or recovery supports.

Remaining Challenges on Heroin: Themes Across States

- Lack of funding.
- Need for greater treatment capacity to meet the increasing need.
- Challenges with data (lack of data, **data that doesn't** capture the entire story).
- Stigma associated with heroin abuse.

Conclusion and Next Steps

- States are doing a lot to address this problem.
- *How can NASADAD assist States to continue their efforts?*
 - Identify effective policies and practices.
 - Identify challenges and barriers.
 - Identify training, technical assistance, and resource needs.

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Appendices

- Prescription Drug and Heroin Abuse in the U.S. Territories
- Acknowledgements
- Methodology
- State Submitted Public Resources
- References

Prescription Drug and Heroin Abuse in the U.S. Territories

- Three Territories responded to the inquiry: two located in the Pacific and one in the Caribbean. (*We use the term “territory” to broadly refer to those regions outside of the United States that are under the jurisdiction of the U.S. government.*)
- U.S. Territories can have remarkably different health concerns than the continental United States. These communities tend to be small and somewhat remote.
- In addition, the availability of drugs in the Territories differs substantially from the supply in the U.S., affecting use.
- Given these considerations, results from the Territories are presented separately.

Prescription Drug and Heroin Abuse in the U.S. Territories: The Pacific

- On Prescription Drugs:
 - **One Territory reported that prescription drug abuse is “very important.”** That Territory also reported that a Task Force exists. The other Pacific Territory reported that they “had not encountered prescription drug abuse.”
 - Both Territories use printed materials to educate the public about prescription drug abuse.
 - Neither Territory has a Prescription Drug Monitoring Program.
- On Heroin:
 - **SSAs from the two Pacific Territories reported that heroin abuse is “of little importance.”**
 - Neither Territory has seen an increase in treatment admissions or fatal overdoses for heroin. In fact, both Territories reported that their heroin use rate is either low or nonexistent.
 - Both Territories indicated that they provide some type of education related to heroin abuse – either through printed materials or outreach presentations.
 - Neither Territory has made plans or taken steps to expand access to naloxone.

Prescription Drug and Heroin Abuse in the U.S. Territories: The Caribbean

- On Prescription Drugs:
 - The Territory reported that prescription drug abuse is “important.”
 - The Strategic Plan addresses prescription drug abuse.
 - The Territory uses printed materials to educate the general public on prescription drug abuse.
- On Heroin:
 - **The Territory reported that heroin abuse is “very important.”**
 - The Territory has not seen increases in admissions to treatment or overdoses for heroin.
 - The Strategic Plan addresses heroin abuse.
 - The Territory uses printed materials to educate the general public about heroin abuse and the transition from prescription drugs to heroin abuse.

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Methodology

- **Using NASADAD’s 2012 inquiry to the States on prescription drug misuse and abuse as a guide**, NASADAD staff under the guidance of the NASADAD Research Committee, updated or discarded selected questions and developed new questions related to heroin and opioid overdose. Many of the topics from the 2012 inquiry (e.g., State task force, prevention initiatives, State highlights and challenges) were maintained, updated, and mirrored to inquire about heroin abuse. New topics were also created, including heroin overdose, medication-assisted treatment, and naloxone. A complete list of the inquiry questions is available at www.nasadad.org.
- **For the purposes of the inquiry, the term “prescription drugs” was used** as a generic term for States to interpret according to their own State activities. Given the devastating impact of fatal opioid overdose in many States, this term has largely been interpreted as prescription opioid pain relievers. This is not surprising given the overwhelming misuse and abuse of these medications and their potential for fatal overdose. While the misuse and abuse of stimulants and other prescription medications is of concern, this **States’ responses to this inquiry tended** to focus primarily on prescription opioids and their risks.

Methodology

- The inquiry was distributed to Single State Agency State Directors, the National Treatment Network, and the National Prevention Network in March 2014. Respondents were encouraged to collaborate with one another on their responses and seek out any additional information from other State agency staff. Eleven States submitted responses from multiple State representatives. The vast majority of responses from a single State were consistent across all respondents. In the few cases with discrepancies, NASADAD staff reconciled competing responses, deferring **to State Directors'** responses when possible. In other cases, National Treatment Network representatives were deferred to on treatment-focused questions and National Prevention Network representatives were deferred to on prevention-focused questions. Open-ended responses from all State respondents were included in the analysis. States were also asked to submit supporting documents (e.g., reports, educational materials) and data which were reviewed and used to provide additional information on highlighted programs.

State Submitted Public Resources

- Colorado
 - Colorado Plan to Reduce Prescription Drug Abuse, <http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadername1=Content-Disposition&blobheadername2=Content-Type&blobheadervalue1=inline;+filename%3D%22Colorado+Plan+to+Reduce+Prescription+Drug+Abuse.pdf%22&blobheadervalue2=application/pdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251904827503&ssbinary=true>
- Connecticut
 - Back from the Brink: The Need for Narcan video, <http://www.ct.gov/dmhas/cwp/view.asp?a=3749&q=515308>
- Idaho
 - Prescription Drug Abuse Work Group, <http://www.odp.idaho.gov/pdf/Prescription%20Drugs/Workgroup%20white%20paper.pdf>
- Indiana
 - Bitter Pill, Indiana Prescription Drug Abuse Prevention Task Force, 2012: <http://www.in.gov/bitterpill/index.html>
- Iowa
 - Reducing Prescription Drug Abuse in Iowa: A State Strategy, <http://www.iowa.gov/odcp/docs/ReducingRxAbuseinIowaStrategyCorrected1-5-12.pdf>
- Louisiana
 - Department of Health and Hospitals Strategic Plan, http://www.dhh.louisiana.gov/assets/docs/budget/DHH_FY2014-2019_Strategic_Plan.pdf
- Massachusetts
 - Drug poisoning data: <http://www.mass.gov/eohhs/gov/departments/dph/programs/health-stats/injury-suveillance/reports/drug-overdoses-and-poisonings.html>
- Michigan
 - Prescription Drug and Over the Counter Drug Abuse Strategic Plan, http://www.michigan.gov/documents/mdch/RxOTC_Drug_Abuse_Strategic_Plan_Final_389362_7.pdf

State Submitted Public Resources

- Minnesota
 - Educational Fact Sheet on Opioid Treatment Options, <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6745-ENG>
 - Heroin at Home television series, <http://www.tpt.org/?a=programs&id=22942>
 - Minnesota State Substance Abuse Strategy, <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6908-ENG>
- Missouri
 - Not Even Once (Adolescent Anti-Heroin Campaign), <http://not-even-once.com/>
 - Strategic Plan for Prevention, <http://dmh.mo.gov/docs/ada/Progs/Prevention/StrategicPlanforPrevention2010.pdf>
- Montana
 - Interagency Coordinating Council on State Prevention Programs , <http://prevention.mt.gov/icc/meetings/oct032013/Handoutpg1.pdf>
 - Proposed 2013 - 2015 ICC Emphasis Areas, Strategies, and Activities, <http://prevention.mt.gov/icc/meetings/oct032013/Handoutpg2.pdf>
 - Big Sky. New Horizons. A Healthier Montana: A Plan to Improve the Health of Montanans, <http://www.dphhs.mt.gov/ship/documents/StateHealthImprovementPlan.pdf>
- Nebraska
 - Five-Year Prevention Statewide Strategic Plan, http://dhhs.ne.gov/behavioral_health/Documents/DBH-PreventionStrategicPlan2013-17.pdf
- New Hampshire
 - **Call to Action: Responding to New Hampshire's Prescription Drug Abuse Epidemic**, <http://www.dhhs.nh.gov/dcbcs/bdas/documents/calltoactionnh.pdf>
 - Educational fact sheets on heroin and prescription drug abuse, <http://www.dhhs.nh.gov/dcbcs/bdas/issue-briefs.htm>
 - **New Hampshire's Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery**, <http://www.dhhs.nh.gov/dcbcs/bdas/documents/collectiveaction.pdf>
- New Jersey
 - **Confronting New Jersey's New Drug Problem: A Strategic Action Plan to Address a Burgeoning Heroin/Opiate Epidemic**, http://qcada.nj.gov/policy/master/documents/2014_TaskForce_Report.pdf
- New York
 - STOP Prescription Drug Abuse, <http://www.oasas.ny.gov/stoprxmisuse/index.cfm>
- Nevada
 - Attorney General Substance Abuse Work Group, http://ag.nv.gov/Hot_Topics/Issue/SAWG/
 - Nevada Substance Abuse Work Group 2013 Report, <http://www.leg.state.nv.us/Division/Research/Library/Documents/ReportsToLeg/2011-2013/232-13.pdf>

State Submitted Public Resources

- North Dakota
 - Prescription Drug Abuse Prevention Materials, <http://www.nd.gov/dhs/services/mentalhealth/prevention/drugs.html>
- Ohio
 - **Statewide prescription drug abuse prevention campaign “Don't Get Me Started”**, <http://dontgetmestartedohio.org/index.html>
- Oklahoma
 - Take As Prescribed project website, TakeAsPrescribed.org
- Tennessee
 - Prescription for Success: Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee, <http://tn.gov/mental/prescriptionforsuccess/Prescription%20for%20Success%20Summary.pdf>
- Texas
 - Behavioral Health Strategic Plan, <http://www.dshs.state.tx.us/mhsa/sap-strategic-plan/>
- Rhode Island
 - State Plan Amendment Application, http://www.chcs.org/usr_doc/Rhode_Island_Health_Home_State_Plan_Amendment.pdf
- Vermont
 - Unified Pain Management System Advisory Council, http://healthvermont.gov/adap/documents/UPM_Advisory_Council_Final_Report_022513.pdf
 - Vermont Department of Health Strategic Plan, <http://healthvermont.gov/adap/documents/ADAPStrategicPlan2012-2017.pdf>
 - Vermont Prescription Drug Abuse Workgroup Final Report Workgroup Recommendations, http://healthvermont.gov/adap/documents/Rx_workgroup_final_recommendations_122011.pdf
- Washington
 - Substance Abuse Prevention and Mental Health Promotion Strategic Plan, <http://www.theathenaforum.org/sites/default/files/SPE%20Strategic%20Plan%20Update%20FINAL-%20v03%2028%2013%20printed.pdf>
- West Virginia
 - Comprehensive Substance Abuse Strategic Action Plan, <http://www.dhhr.wv.gov/bhhf/Sections/programs/ProgramsPartnerships/AlcoholismandDrugAbuse/Documents/strategicactionplan-info.pdf>
- Wisconsin
 - 911 Good Samaritan Recommendations, <http://www.scaoda.state.wi.us/docs/911GSL/GoodSamFINAL081213.pdf>
 - **Reducing Wisconsin’s Prescription Drug Abuse: A Call to Action**, <http://www.scaoda.state.wi.us/docs/prevandspfsig/FINAL01032012CSWReport.pdf>
 - The Fly Effect (Adolescent/Young Adult Anti-Heroin Campaign), <http://theflyeffect.com/>

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