

Prescription Pain Medication Advisory Committee Meeting

September 22, 2009

Minutes

Present:

Mary Boyd, CDC	Dennis Harston, Altius Health Plans
Jodie Pond, UDOH	Iona Thraen, UDOH
Kathryn Rowley, UDOH cancer	Kim Bateman, HealthInsight
Lynn Martinez, UDOH pregnancy	Dee Dee Lobato, SLCo Aging
Leah Ann Lamb, UDEQ/Division water quality	Rich Hardman, DEA
Brett Powell, U of U (rep for Karol Kumpfer)	Liz Sollis, DHS/UPDCP
Suzanne Millward, U od U SPF SIG	Terry Russo, SLCo SA
Tina Duncan, SPF SIG	Susannah Burt, DSAMH/SPF
Dave Felt, DSAMH	Stacy Eddings, Bach Harrison
Joel Millard, Project Reality	Erin Handley, U of U/SLCo Subs Abuse
Robert Finnegan, UDOH	Steven Steed, UDOH/Oral Health
Pat Bird, Utah County Division of SA	Linda Player
Gordon Lindsay, BYU/Utah County	Jacob Crook, UDOH
Kye Nordfelt, UCDSA	Erin Johnson, UDOH

Key abbreviations:

Q: question

A: answer

C: comment

We have joined the Utah Pain Initiative as part of the Alliance of State Pain Initiatives: www.aspi.wisc.edu. This just means we have more opportunity to hear what other states our working on as far as pain and prescription safety.

Leah Ann Lamb: UDEQ: Proper Medication Disposal Program

Division of Water Quality

DEQ is heavily regulated

There are many partners who look for opportunities to prevent pollution

One partner (Florence Reynolds) wanted a solution for where to tell people to take their pharmaceuticals

Put a collection bin in the police department for \$2000

DEQ is involved because this is an environmental issue

Many pharmaceuticals are considered hazardous waste

DEQ put \$20,000 to incentivize law enforcement agencies to put in bins

30 bins in 10 counties (2 of which did it without DEQ funding)

www.medicationsdisposal.utah.gov

Environmental issues are significant

Q. Are Controlled Substances hazardous waste?

A. Depends on the substance—I don't think that opioids are. All should be incinerated.

This program only deals with household waste (not clinics or hospitals or senior care centers)

People show up with boxes of pharmaceuticals or bags

2 Law enforcement officers at every event to ensure drugs turned in aren't diverted

2 federal legislation for flexibility on taking back/disposing of pharmaceuticals

Lots of different SPF SIG groups have made efforts on this.

Cleanoutthecabinet.org

State messaging vs. county messaging (is it necessary to have a cohesive statewide message? Or should we just let each county tailor the message to their needs?)

DEA has a permission letter that they issue when law enforcement is involved in take back

If there is a police department that you'd like to get a bin put in, let Leah Ann know

Liz Sollis: Utah Pharmaceutical Drug Crime Project

Collaborative effort to address the prescription drug abuse problem (combining the public awareness and the law enforcement sides of the problem)

A lot of hours have been donated from various agency

Conducted a two-day conference

Will keep the useonlyasdirected.org website alive

We are interested in receiving feedback

Trying to secure money for public awareness—still deciding what the message will be

Spoke with Brigham, Weber, and Layton police departments

DUMP: dispose of unused medications properly

Debate of whether it is better if there is one slogan or if each area does their own?

C. There is something to be said about having one single statewide message. It is not confusing and the public can adapt the message to each community for their needs.

C. We got medication from 1958 when we did our inventory

Rich Hartman: Supervisor with DEA

DEA created the Tactical Diversion Squad to address substance abuse involving pharmaceutical drugs.

In the past pharmaceutical drugs were treated as law enforcement issues. The new squad combines regulatory and law enforcement. With agents, police officers, county people, and state people (in future).

Recent rash of large scale rx fraud cases. (stealing pads or programming to create thousands of rx—one case with over 11,000 scripts).

We get lots of phone calls from pharmacies and doctors—more info coming in than we know what to do with.

Susannah Burt: Strategic Prevention Framework-State Incentive Grant Update on Prescription Narcotics Morbidity & Mortality

The grant is focused on a process. Through the process the state identified the leading causes of substance abuse related death. One of the things we choose to focus on was rx narcotic morbidity and mortality.

13 districts in the state of Utah for substance abuse.

We have more statewide data on prescription drugs, but less at the local level.

The process of SPF uses coalitions and we enhance and support the coalition decisions.

SL, UT, Weber/Morgan, Cache, BE, Riche, Grand, Emory, Carbon, and Washington, Iron, and Central (6 counties), Tooele are all focusing on prescription narcotics.

Collaboration with state and local agencies—crucial to a successful project.

sburt@utah.gov if you have questions

Erin Johnson: Prescription Pain Medication Program

Reviewed handouts of provider education and public education key accomplishments (see <http://health.utah.gov/prescription> under advisory committee resources for September 2009)

We continue working on research. We have nearly completed the data gathering for our big research project: interviewing next of kin of overdose decedents. We will have reports done the end of January on this data.

Q. are metrics being followed to see how effective the programs have been?

Methadone deaths, public awareness, hospital use...how do any of them know who's had an impact?

A. From Susannah—depends on factors that each community wants to impact

A. From Iona—at state level we've looked at ME, ER data

A. From Erin—we conducted pre and post statewide surveys to measure the impact of public awareness campaign, HealthInsight continues to track the responses to the 6 month follow up for the provider awareness campaign.

Q: Have you explored the idea of having a fee on prescriptions and have that money go toward programs to help educate?

A. No—but this is a great idea of something to look into (follow model of alcohol tax...)

Dave Felt: Treatment Program Administrator/State Opioid Treatment Authority (formerly: state methadone authority)

AATOD has been studying mortality for 5 years

In 2007 study of methadone associated mortality.

Conclusions of study: reason for methadone death is most often accidental

Key issues: every time we have a conference call with national players, Utah's work gets mentioned.

Each ME works differently with different standards and different ways of writing up these deaths

OTP (opioid treatment program) voluntary report form presented to MEs across the nation with the idea to standardize terminology and to collect data on methadone mortality.

Study of 17 states found that 4 deaths were during induction phase, 68 during maintenance, 1 during detox.

5 deaths were ruled to be overdoses—almost all had tested positive for Benzos as well.

Many deaths are of people with criminal and psychiatric history

Utah data: ten clinics (two have public funding from the counties)

Clinics often find out third or fourth hand about deaths of their patients...hard for clinics to get info on what happened.

10 deaths of methadone patients (clinic related) since November 2008 when they started looking at reports

q. what is the incidence rate of deaths for methadone replacement therapy patients?

a. 2,100 people in Utah in methadone treatment at any given time. Relatively low number of deaths for treatment patients.

methadone replacement therapy is the most highly regulated of the health care sector.

Complicating factors:

- confidentiality
- CSD doesn't include treatment clinics
- Many clients keep their treatment secret
- Methadone doses might be higher in tox than someone not on methadone could tolerate

Clinics monitor and report all clinic related deaths

No strong evidence that clinics are causing overdose deaths

Opioid treatment is closely regulated and can not deviate operations

Methadone involved in deaths

Gordon Lindsay: Results from Research in Utah County

520 people with professional polling company (random digit dialing)

Focus groups with doctors, dentists, law enforcement, patients, pharmacists

In-depth interviews with physicians

Of adults: 72% said that at some point in life they had received prescription for pain medication

44% of them said they received more than they needed

34% of them had leftover rx medications

8% had shared medications

Focus groups:

- everyone felt that doctors have a key role to play in prescription safety
- Many patients felt they were cut-off.
- Doctors didn't feel prepared to know what to say to these people or where to tell them to get help.
- Lots of scamming and creative ideas.
- We tried to get a 12 step LDS youth group, but did not have much success with the focus group

- 3/4ths of people in treatment had used recreationally in past
- Pharmacists seemed to be neutral bystanders
- Asked participants “what is it about Utah that makes rx drug use a problem?” (A. cultural pressures. No one could come up with a reason that this was a problem now and not 15 years ago...)

Causal factors/responses:

- DOPL has a greater role to play. CE’s need to be included.
- Educating physicians on what to do—get the scammers to talk to the docs and tell them how they do it.

Are dentists a problem? Overall dentists were good for a few doses, but not to supply enough for an addict—they need another source

Shoppers are relentless; they put a lot of pressure on the docs to prescribe

Kathryn Rowley: Cancer Pain Initiative

Ucan.cc

Cancer Action Network has a state plan for pain that discusses: survivorship, quality of life, and end of life.

Cancer has a different perspective. A lot of cancer pts have cupboards of leftover meds when they die.

At the ASPI meeting we’ll learn about fundraising ideas

A lot of resources of things developed by docs to monitor pain pts

Share resources:

perdu pharma newsletter lists upcoming events: A purdue pharma e-newsletter for those who care. Email: patientAdvocacy@pharma.com

Pain.edu newsletter found at www.painedu.org

Intl Assoc for Pain will have a conference in Canada next year.

Group Updates:

Susannah: October 13-14 Prevention Summit for SPF-SIG counties. Learn about working with groups in community. Contact Susannah Burt if interested.

SHARPS data is being released this week and will be discussed at Oct 13-14 summit

Kye: Wasatch front working on a single “disposal/take back” brand/message (Terry and Kye co-chair the Wasatch Front SPF SIG)

Dennis Harston: Health plans have different perspective working with claims data (if you put restrictions on a high user they simply switch plans). Altius requires a consultation with pain specialist prior to initiating opioids.



STATE LEGISLATIVE UPDATE - PRESCRIPTION DRUG ISSUES

Prepared for the Utah Pain Initiative by Michael Siler

September 22, 2009

Introduction

Prescription drug issues generally and pain medication issues more specifically are drawing significant interest with state legislators. Many state legislators are currently serving on public committees and task forces dealing with prescription drug issues. A number of prescription drug oriented bills have already been filed by several legislators and others are being considered for filing. But perhaps the greatest example of legislative interest and concern is that last Wednesday, September 16, the Health and Human Services Joint Interim Committee devoted nearly three hours to prescription drug related issues. Along with state legislators, many members of the Utah Pain Initiative participated in that meeting, as did representatives of government entities working prescription drug issues, and representatives from the medical and pharmacy communities.

From all of this, it is clear that prescription drug issues and prescription drug legislation will be on the legislative forefront the balance of the interim legislative session and during the 2010 general session beginning in January.

Following is a brief summary of legislation currently in the hopper at the state legislature and of legislation that potentially may be filed.

Filed or Possible Legislation

Legislator	Bill Title	Scope of Bill	Status
Senator Patricia Jones	Prescription Drug Disposal	Undecided at this point	Filed – title only
Senator Patricia Jones	Resolution to support federal take back legislation	Resolution would support passage of federal legislation allowing for prescription drug take back by pharmacists.	Not filed. Under consideration.
Representative Trish Beck	Drug Law Amendments	Bill would add carisoprodol (Soma) and tramadol (Ultram and Ultracet) to the Utah Controlled Substances Act as Schedule IV substances.	Filed. Bill was heard by the HHS Interim Committee on 9/16/2009 and was passed as a committee bill with an amendment eliminating tramadol from the bill.
Representative Trish Beck	Online Drug Purchases	Unknown	Filed. Bill will be heard during interim by the HHS Interim Committee
Representative Brad Daw	Continuing Education for Prescribers of Opioids	Unknown	Filed and under construction.
Representative Paul Ray	Scheduling of Controlled Substances	Establishes a process to consider and scheduled pharmaceuticals as controlled substances in the Utah Controlled Substances Act.	Filed and under construction. Representative Ray has met with a number of organizations to determine the full scope of the bill. Bill will be heard during the October or November meeting of the HHS Interim Committee.