Maine Prescription Drug Abuse Task Force

July 2012
Interim Report

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Maine Attorney General

DRAFT #4

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ENABLING LANGUAGE

Governor Paul LePage's Executive Order 2012-002 established the Maine Prescription Drug Abuse Task Force on February 1, 2012.

The Executive Order established a Task Force of 17 people recommended by the Attorney General and appointed by the Governor including members of law enforcement; medical, dental and pharmacy communities; state and local agencies; and education providers.

The Task Force was charged with implementing the following action items identified by the Prescription Drug Abuse Summit held by Attorney General William Schneider in October 2011:

- Develop long-term controlled substance disposal solutions;

- Implement a statewide Diversion Alert Program that provides prescribers with drug crime information from local law enforcement to assist in determining whether patients are legitimately in need of controlled substance prescriptions;

- Develop and field an evidence-based public education campaign, with a unified message addressing prescription drug misuse, abuse, and diversion for dissemination in both community education and prescriber training venues; and

- Conduct an active review of the Maine Prescription Monitoring Program, including the scope of access, utilization of available data, thresholds for notification, and means to achieve near-universal use by prescribers and pharmacists.

The Task Force is further required to submit a report to the Governor every six months detailing its progress in implementing the action items and other initiatives. The report is to be copied to the Attorney General, the Commissioner of Public Safety, the Commissioner of Environmental Protection, and the Joint Standing Committee on Health and Human Services.

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EXECUTIVE SUMMARY

Prescription drug abuse is a crisis in Maine. As of the printing of this report 23 Maine pharmacies have been robbed in 2012. This is one short of the 24 Maine pharmacies robbed during all of 2011. Deaths attributable to prescription drugs are also on the rise. The societal problems created by this issue are far too numerous to list here, but they impact every level of society and touch on the lives of everyone, if not directly, certainly by their cost.

The Task Force made significant progress during the first 6 months of its existence. It has been charged with four particular goals to accomplish. Two of the goals are nearing completion during this initial period – the development of a long-term controlled substance disposal solution and the beginnings of the implementation of a statewide Diversion Alert program. The other goals are broader, and require further discussion. They may require funding or legislation to be executed.

The Task Force has met monthly while the subcommittees have been meeting more frequently to work on the main goals. The work of the Task Force will continue over the next six month period. This report is an update on the work of the Task Force and includes the detailed interim reports of the subcommittees.

SUBCOMMITTEE SUMMARIES

DISPOSAL

Summary

The Disposal Subcommittee of the Task Force focused its efforts on creating solutions to three areas:

- Solutions for disposal of collected unwanted medications which provide for environmentally safe, legal and affordable options to facilitate and enhance collection programs;
- Solutions that provide consistency among various regulatory jurisdictions to provide for safe, legal and consistent requirements to facilitate and enhance the collection of unused/unwanted medications;
- Solutions that provide for consistency among messages and outreach programs among diverse audiences to provide similar messages regardless of the audience. E.g., "Don't throw it out – take it back".

Recommendations

Safe, legal and affordable disposal options for collection programs

The Department of Environmental Protection has clarified the requirements of waste disposal options for collection programs to follow. This will allow for many of the medications which are collected to be incinerated within the State. There are constraints which must be followed during the implementation of the collection programs and ultimate incineration of the unused/unwanted medications and DEP is continuing to work with law enforcement offices to ensure that the protocol constraints are understood and easy to implement by the local and regional law enforcement officials. These newly clarified protocols have already been implemented and are currently in place.

For example, under the previous understanding of the regulations, the disposal of the 19,000 pounds of medications collected in Maine during the federal Drug Enforcement Agency's April 2012 Prescription Drug Take Back would have cost state law enforcement agencies $76,000, at a price of approximately $4 per pound for out-of state hazardous waste destruction. Clarification of the regulations is anticipated to allow state law enforcement agencies to destroy the same quantity of medications at in-state incinerators at a price of approximately $88 per ton for a cost of $836. The clarification of these regulations removes a substantial financial impediment to the implementation of take-back services.

In order for the different types of collection programs to have equal opportunities to receive potential funding, the Subcommittee has recommended a change to the Unused Pharmaceutical Disposal Program, 22 MRSA § 2700. The change would allow for collection programs, other than just mail-back programs, be eligible for funding if and when it becomes available. The proposed language change will be presented to the 126th Legislature during the January 2013 session for its consideration.

Law enforcement agencies recognize the necessity for medication drop boxes in Maine communities. In May 2012 51 disposal drop boxes were available statewide, a significant increase over the 44 available a mere month before. The cost of the boxes is significant and an ongoing challenge for law enforcement is the ability to afford these boxes for their communities in their already constrained budgets.

Consistency among various regulatory jurisdictions

The Disposal Subcommittee has requested the Department of Environmental Protection, the Department of Health and Human Services, and the Department of Public Safety work to ensure consistency among the regulations of the three agencies to ensure the proper disposal of unused medications occurs and that any regulatory requirements to the contrary are modified to the extent allowable under competing legal requirements.

This work will also include creating consistency among various accounting and data collection protocols relating to unused medications, in order to, again, provide ease in compliance among various jurisdictional programs.

Consistency among messaging and outreach efforts

The Disposal subcommittee encourages the Education subcommittee to create outreach efforts which have consistent messages regardless of the jurisdictional agencies or the diverse audiences. The concern is that we don't have unintended results or unintended actions occur. Recognizing all the multiple audiences, include disposal behavior will complement the work of the Task Force and the various subcommittee efforts.

DIVERSION ALERT

Summary

The mandate of this subcommittee was singular and unambiguous, and the members recognize the necessity of establishing a statewide system for notifying providers about people who have been arrested and charged with criminal drug offenses. The subcommittee determined they needed to answer three distinct questions: what form will the system take, who will manage the system, and how shall we pay for it?

The subject matter expert for the Diversion Alert program is Clare Desrosiers, the project director for the Aroostook Substance Abuse Prevention (ASAP) Coalition. Ms. Desrosiers, the Maine Drug Enforcement Agency (MDEA) and other local collaborators started the program in Aroostook County several years ago and this program model has already expanded into Washington, Hancock, Piscataquis and Penobscot counties. She has a copyright on the Diversion Alert moniker and logo and was willing to provide the subcommittee with the history and mechanics of the program. Although she previously received a grant from the Maine Centers for Disease Control (CDC) to expand Diversion Alert throughout Maine, the grant funding was insufficient to fully accomplish the goal.

Recommendations

The subcommittee recommends the pursuit of a two year pilot project that expands Diversion Alert to all sixteen Maine counties. At the end of the project, an independent, thorough evaluation will be undertaken to determine the continued efficacy of the program. This idea was presented to the Task Force at its April meeting which encouraged the subcommittee to move forward.

Ms. Desrosiers was authorized by the subcommittee to pursue a planning grant through the Maine Health Access Foundation (MeHAF). Initial feedback from MeHAF is conceptually positive, and the planning grant application projects a statewide roll out of the pilot program in January 2013, funding permitted. Two funding sources for implementation and operation of the program are the White House Office of National Drug Control Policy and MeHAF. The projected cost for the pilot project is $185,976.

EDUCATION

Summary

The Education Subcommittee has worked very hard to move toward accomplishment of its assignment: the creation and implementation of an evidence based community education campaign to prevent prescription drug misuse. Toward this end it has invited into the process, representatives of several additional organizations, and representatives of other Task Force subcommittees. It has researched: a) the status of existing community education efforts, including the prevention messages that are currently being shared and promoted, b) national community education resources that are available for use in Maine, and c) national campaigns that can provide a framework for promotion of the messages that are being shared by Maine community educators.

The Education Subcommittee has, over the past several months, gathered preliminary information about the current status of community prevention and professional education efforts focused on Maine's prescription drug abuse problem. It found many efforts in place in selected local communities, targeting and sharing information with a wide range of community members. It also identified provider focused efforts, including some that are still under development, designed to promote and support revised prescribing practices. Key community groups taking action in this area include DFC coalitions performing prescription misuse prevention, marketing disposal opportunities, and educating about diversion prevention. It also includes the Overdose Prevention Programs conducting outreach among other things, teaching about don't share, don't flush, and recognize/respond to overdose.

With input from others who have a special concern about this issue, the subcommittee members have (Appendix A):

a) Prepared a list of the primary target audiences that most need information about the problem and how to address it;
b) Identified specific messages that are most relevant to each target audience;
c) Identified national sources of information, including downloadable handouts and

complete presentations that can be used to inform the community about the issue; and

d) Identified national campaigns which organizations doing local and statewide community education work can link with to enhance their efforts.

Recommendations

Having completed this research, the Subcommittee has identified actions that align with its assignment that can be undertaken within existing resources:

1) **Use the web to promote greater public awareness of current efforts to address this issue, including and especially the work of the Task Force and its subcommittees**: The Education Subcommittee recommends that a small group of existing web pages that align with the work of the Task Force be linked to each other, and that a few additional pages be created to provide a complete overview of the work and focus of the Task Force. These existing and new pages should have: a) a common tag-line, to be determined by the owners of the pages, and b) links to other key pages across the network. (Appendix B)

2) **Actively share with community based prevention professionals the work of the Task Force and the broad range of resources available to them to address this issue:** Particular attention should be focused on the group of over 20 Healthy Maine Partnerships that are in the process of being awarded small grants to expand their work in this area, beginning July 1, 2012. This work should be done in cooperation with the Office of Substance Abuse (OSA) Prevention Team, which will be overseeing the OSA grants by making small edits to materials that have already been prepared by the Education Subcommittee.

The Subcommittee has concluded that given the complexity of what is required to create and implement an evidence based community education campaign, new financial resources will be required. Toward this end:

3) **Advocate for and obtain the additional resources needed to prepare and implement an evidence based community education campaign that fits Maine's current needs, resources, and community readiness to address our prescription misuse prevention problem.** The subcommittee has concluded that it is not possible to implement any new community education actions, beyond what is listed above, without new resources. Resources are needed to staff and support the development of appropriate messages, facilitate consensus building among prospective partners, and purchase the services needed to disseminate the messages in an effective fashion. A listing of potential expenditures, along with cost estimates is provided in the appendix, indicating how up to $406,000 could be invested in public education efforts wisely, thoughtfully, and with measurable results. (Appendix C)

Other Information

One of the most important target audiences to engage and support in their ongoing efforts to prevent prescription drug misuse is the provider community. The Maine Medical Association has identified and reported out on a wide range of provider education efforts that have been developed to respond to this issue.

Previous Efforts. The Maine Medical Association and the DEA began providing live CME programs to prescribers on this topic nearly ten years ago. These programs are offered one to four hour segments and supported financially, in part, by the state Office of Substance Abuse, the Maine Board of Licensure in Medicine and the Maine Medical Association (MMA). Category one CME credits are presented for physicians and physician assistants who attend the course.

The Maine Chapter of the American College Emergency Physicians presented five programs around the state for its members, with financial support from the American College of Emergency Physicians. Videos were art of these programs, showing relevant scenarios where pseudo patients were trying to obtain prescription drugs for illicit use or sale.

Chronic Pain Program. For three years, the Maine Board of Licensure in Medicine has used a portion of license fees to support professional education and the development of resources for the use of prescribers in Maine. Through a contract of approximately $40,000 per year to the MMA, the Program consists of four parts: in office consultations; a two-hour home study course, accredited for category one CME, offered on the MMA website at www.mainemed.com; development of resources in pain management available on the MMA website; and live programs offered to prescribers and other health professionals around the state, similar to the programs above.

The contract expired in December 2011 but the Board has another contract under consideration. The 1501 Task Force recommended that the other licensing boards involved with prescribers also contribute to this educational programming.

The Board of Licensure in Medicine also made available to all licensees the book offered through the Federation of State Medical Boards by Scott Fishman, M.D. of the America Pain Foundation.

Other Efforts. Many other professional organizations and associations have committed part of their educational programs to addressing this important issue, including the Maine Osteopathic Association, the Maine Hospital Association and the Maine Primary Care Association. Several medical specialty organizations have provided programming to their members, including the Maine Academy of Family Physicians, the Maine Chapter of the American College of Physicians and the Maine Chapter of the American College of Surgeons. Virtually every hospital in Maine has offered presentations on the subject. The Maine Primary Care Association developed its own White Paper on efforts to curb abuse.

The Academic Detailing program, funded by MaineCare, has also purchased a module on the subject of management of chronic pain, from the Alosa Foundation and the detailers have been presenting this module at various locations across the state.

Future Efforts. Although the grant application to the Physicians Foundation to support educational efforts in Maine, New Hampshire and Vermont was not accepted by the Foundation, the materials prepared have been shared with other potential funding sources, including the pharmaceutical industry.

PRESCRIPTION MONITORING PROGRAM

Summary

Maine is one of 41 states that support a fully operational Prescription Monitoring Program (PMP). (While 49 states have legislation enabling PMPs, 41 states have fully operational PMPs.) Housed in the Office of Substance Abuse (OSA), Department of Health and Human Services, Maine's PMP currently provides over 4,000 health practitioners secure access to information about their patients' prescription history (37,888 individual reports were requested from January-March 2012[1]). This program is an evidence based, comprehensive tool that helps prevent and address prescription drug misuse, addiction and diversion, but is also a tool that enhances the overall coordination of care for all patients. Data from the PMP has also contributed to an extensive amount of research.

Particularly in recent years, the PMP has had a dramatic rise in not only registration, but also active use. Additionally, the number of unsolicited reports[2] has begun to decrease. This is indicative of a decrease of "doctor shopping" and/or "pharmacy hopping" behaviors. Additionally, the number of individuals filling prescriptions for controlled substances has begun to decline in certain categories (such as narcotics). Although there is no one measure of the success of PMPs, these measures are accepted as good indicators.

In addition to these statistical indicators, the Maine PMP with support from OSA has participated in many national organizations, committees and statewide collaborative efforts in which state PMPs, state and federal government, and private industry have collaborated and worked to progressively and consistently enhance PMPs. Maine's PMP also has an extremely involved, diverse and active Advisory Board, members of who are experts in the field of the law, substance abuse treatment, prevention and policy development.

While the Maine PMP is at the forefront, there is an ever evolving climate and potential for enhancements, especially as technological capabilities improve and enhancements become available. This subcommittee has met weekly after the first Task Force Meeting and bi-weekly after the second meeting. This subcommittee has engaged stakeholders, the PMP Advisory Group, as well as peer reviewed literature, and best practices cited by

[1] Reports requested is indicative of how many times the PMP database is utilized.
[2] Reports are automatically sent to prescribers when threshold numbers of prescribers and pharmacies have been reached or exceeded by a patient during a given quarter.

national organizations to discuss and develop several enhancements to the PMP, as directed by the Task Force. The PMP subcommittee recommends the following enhancements receive support (and if necessary discussion) in moving forward. The noted (*) enhancements are cited as a best practice.

Recommendations

Interstate Data Sharing*
Current legislation enables this effort and a federal funding source exists to support testing, implementation and maintenance.

Real Time Reporting *
Current law enables the OSA to change pharmacy reporting requirements, but would require a change in Rules governing the Prescription Monitoring Program (22 MRSA § 1603) to ensure compliance. A federal funding source exists to support testing, implementation and maintenance. This enhancement has a fiscal note.

Ongoing support for PMP Promotion Efforts *
Currently, the PMP is heavily reliant on federal funding sources for staffing, partial operations and enhancements and maintenance costs. This Task Force strongly recommends consideration of other funding sources to ensure program sustainability, as well as funding to allow for sustained and appropriate staffing capacity to ensure full program capacity may be reached and successful outcomes are maintained.

Changing the level at which law enforcement may request PMP data.
This would require a change to the statute and rules governing the PMP.

Institutional Policies for PMP
Several major healthcare institutions have internally developed policies for the mandated registration and utilization of the PMP as a best practice and standard of care. The Task Force recommends that these policies and practices are encouraged and supported statewide (by professional organizations, pertinent state agencies and other relevant stakeholders).

Utilization of the PMP by all professional health licensing boards and MaineCare
The Task Force recommends the review of current utilization of PMP data by authorized investigators (specifically those from professional health licensing boards and MaineCare) and collaborative efforts between these offices and OSA to ensure that policies and procedures for investigators allow for PMP data to be utilized to its fullest capacity.

Prescriber Ranking[3]
This recommendation was passed in the supplemental budget, in order to provide providers with MaineCare the opportunity for self-education and review. This enhancement has an associated cost with no current funding source.

[3] Prescriber Ranking identifies certain prescribers who are prescribing controlled substances at extremely high levels in comparison to their peers. The formula for the threshold will most likely be based on morphine equivalents. This system will notify those practitioners who are prescribing outside of reasonable and evidence based appropriate standards. The practitioner will then be given the opportunity to receive education and assistance in adjusting practices to more appropriate levels.

Adjusting threshold levels for the Unsolicited Reports

The subcommittee recommends that the PMP Advisory Board review current levels, as well as evidence-based research, and best practices from other state PMPs and adjust as necessary. The PMP Advisory Board has recommended the review of current thresholds and a reevaluation of current levels.