

Colorado Plan to Reduce Prescription Drug Abuse



September 2013
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STATE OF COLORADO

OFFICE OF THE GOVERNOR

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John W. Hickenlooper
Governor

Dear Fellow Coloradan,

The *Colorado Plan to Reduce Prescription Drug Abuse* is a crucial part of our commitment to make Colorado the healthiest state, and the result of a year-long process that engaged national experts and over 200 stakeholders statewide.

Unfortunately, Colorado ranks second worst among states for prescription drug misuse: more than 255,000 Coloradans misuse prescription drugs, and consequent deaths related to misuse nearly quadrupled between 2000 and 2011. The expenses associated with prescription drug misuse are significant, and include costs attributed to lost productivity, criminal justice proceedings, treatment, and medical complications.

To reverse these current trends, we need sustained coordination and collaboration among the healthcare community, educators, state and local law enforcement, public health, human services, community groups, and our legislative partners. Our plan is a coordinated, statewide strategy that simultaneously restricts access to prescription drugs for illicit use, while ensuring access for those who legitimately need them.

Better health is not just good for individuals and families; it has positive outcomes for our workforce, reduces the costs of government, and improves the quality of life in our communities. As part of our commitment to make Colorado the healthiest state, as established in *The State of Health*, we have set a goal of preventing 92,000 Coloradans from engaging in non-medical use of prescription pain medications by 2016. The adoption of the *Colorado Plan to Reduce Prescription Drug Abuse* represents an important step toward achieving that goal.

Thank you for joining us in our efforts to become the healthiest state in the nation.

Sincerely,

A handwritten signature in blue ink that reads "John W. Hickenlooper".

John W. Hickenlooper



Misuse of Prescription Opioids

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Acknowledgements

Appreciation is extended to the leadership and staff of the following agencies, offices and partnering organizations, without whose diligent efforts and essential contributions the creation of this strategic plan would not have been possible.

Arapahoe House
Centers for Disease Control and Prevention
Colorado Attorney General's Office (AG)
Colorado Dental Association (CDA)
Colorado Department of Human Services (CDHS)
Colorado Department of Public Health and Environment (CDPHE)
Colorado Department of Public Safety (CDPS)
Colorado Department of Regulatory Agencies (DORA)
Colorado Division of Behavioral Health (CDBH)
Colorado Division of Workers Compensation, CMS
Colorado House of Representatives
Colorado Medical Society (CMS)
Colorado Pharmacists Society (CPS)
Colorado School of Public Health (CSPH)
Colorado State Senate
COPIC (formerly Colorado Physicians Insurance Company)
Department of Health Care Policy and Finance (HCPF)
Drug Enforcement Administration (DEA)
Governor's Office of Policy and Research
Governor's Office of Information Technology (OIT)
Homeland Security & Public Safety Division
National Governors Association (NGA)
Peer Assistance Services
Purdue Pharma
RADARS/Rocky Mountain Poison and Drug Center (RADARS/RMPDC)
Screening, Brief Intervention, and Referral to Treatment (SBIRT)
The Partnership at Drugfree.org
University of Colorado (CU)
University of Colorado, Skaggs School of Pharmacy and Pharmaceutical Sciences



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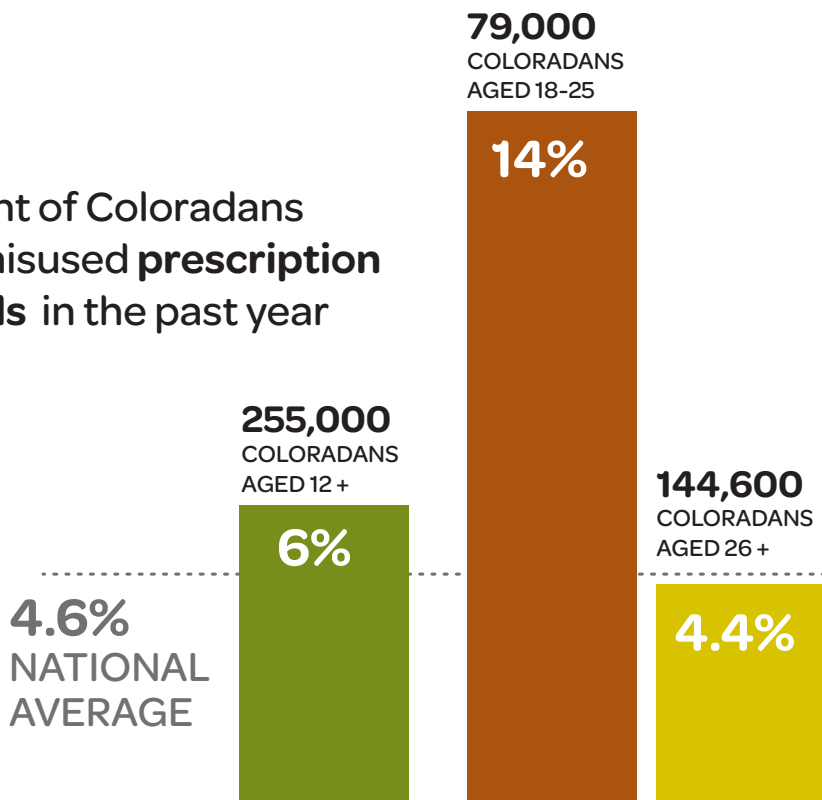


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Executive Summary

The abuse of prescription drugs is the fastest growing drug problem in the United States, particularly among adolescents. To combat this growing problem, the National Governors Association (NGA) hosted a year-long Policy Academy to Reduce Prescription Drug Abuse. The Policy Academy, co-chaired by Governors Hickenlooper (D-Colorado) and Bentley (R-Alabama), supported the development of comprehensive state strategic plans to reduce prescription drug abuse. States participated in a competitive grant process and Colorado, along with Alabama, Oregon, New Mexico, Arkansas, Kentucky and Virginia were each awarded \$45,000 grants to facilitate the strategic planning process.

Percent of Coloradans who misused prescription opioids in the past year



According to survey data released in 2013 from the National Survey on Drug Use and Health (SAMHSA) Colorado ranks second worst among all states for prescription drug misuse. More than 255,000 Coloradans misuse prescription drugs, and deaths involving the use of opioids nearly quadrupled between 2000 and 2011.¹

The economic expenditures associated with prescription drug abuse are significant, and include costs attributed to lost productivity, criminal justice, treatment, and medical complications. The challenge

for Colorado in addressing prescription drug abuse is to implement a comprehensive and coordinated statewide strategy that simultaneously restricts access to prescription drugs for illicit use while ensuring access for those who legitimately need them.

¹ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (January 8, 2013). The NSDUH Report: State Estimates of Nonmedical Use of Prescription Pain Relievers. Rockville, MD.



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As articulated in the April 2013 Colorado State of Health: Colorado's Commitment to Become the Healthiest State, the Hickenlooper administration has pledged to reduce the prevalence of non-medical use of prescription pain medications in Colorado by 3.5% (92,000 Coloradans) by 2016.² The adoption of a strategic plan represents an important step toward achieving that goal.

Sustained coordination and collaboration across the medical community, state and local law enforcement, public health, human services, and community groups and Colorado's Legislature is critical to reverse trends in prescription drug abuse and position Colorado as the nation's healthiest state.

2016 GOAL: PREVENT 92,000 Coloradans from misusing opioids

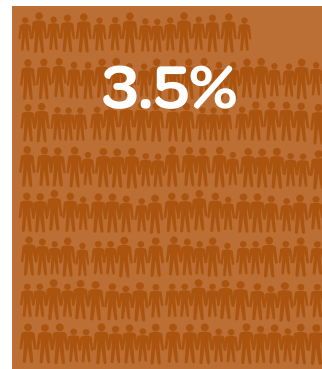
255,000
COLORADANS
AGED 12 +



2011-2012

= 1000 PEOPLE

163,000
COLORADANS
AGED 12 +



2016 TARGET

minus

92,000
COLORADANS
AGED 12 + PREVENTED
FROM MISUSING OPIOIDS



² Colorado Governor's Office. The State of Health: Colorado's Commitment to Become the Healthiest State. (April, 2013). Denver, CO.



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Colorado Team

Recognizing the need for a multi-system approach, the Governor's office assembled an initial Colorado Team that included representation from the Colorado departments of Human Services, Public Health and Environment, Public Safety, Regulatory Agencies, and Health Care Policy and Finance as well as the Colorado Attorney General's Office, the Governor's Office of Information Technology and the Policy Office. The eight-member team convened to learn about the myriad issues and national context of prescription drug abuse and developed an initial framework to address prescription drug abuse in Colorado.

Policy staff then engaged with provider and other community groups including the Colorado Medical Society, the Colorado Prescription Abuse Task Force, the State Meth Task Force (now named Substance Abuse Trends and Response Task Force), Purdue Pharma, the Researched, Abuse, Diversion and Addiction-Related System (RADARS), and others to determine if the initial framework reflected the appropriate focus areas to reduce the problem. The team considered opportunities to strengthen and leverage existing state efforts. A key learning for staff was the recognition that involving a range of experts and stakeholders in an honest inquiry process led to authentic engagement and productive collaboration.

Much of the initial information gathering and the NGA Policy Academy efforts occurred during the 2013 Legislative Session making it extremely challenging for State Legislators, who had been active in reducing prescription drug abuse in the past, to actively participate in this process. It is expected that State Legislators will be increasingly engaged in building on these efforts to reduce prescription drug abuse in Colorado.

NGA Policy Academy to Reduce Prescription Drug Abuse

The recommendations that comprise the Colorado Plan to Reduce Prescription Drug Abuse issue come from four separate meetings involving nearly 200 strategically selected stakeholders as well as from national experts:

- The first NGA Policy Academy was held in October 2012 in Montgomery, Alabama and provided the national context, five NGA-recommended focus areas, and best practices for reducing prescription drug abuse.
- The March 2013 Round Tables event was held at the University Of Colorado School of Pharmacy. Stakeholders from across Colorado were invited to contribute their expertise in one of five focus areas (Provider Education, the Prescription Drug Monitoring Program, Safe Disposal, Data and Surveillance, and Public Education). During that process, Treatment was identified and added as a crucial component for a comprehensive public health approach, deemed most effective to impact the issue. As in most states, this is a difficult focus area to add as the current substance abuse treatment system is not well connected to other systems (health, law enforcement, mental health) so there is much to assess. In addition to these focus areas, a coordinating body was suggested to help facilitate and house the Colorado Plan to Reduce Prescription Drug Abuse, as well as to increase Colorado's prevention funding opportunities nationally.



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- The recommendations from the Round tables were circulated to all invited stakeholders to ensure their accuracy and appropriateness. Prioritizing and sequencing the recommendations into what could be accomplished in one year, was the focus of the April 2013 Colorado Policy Academy to Reduce Prescription Drug Abuse.
- This meeting resulted in a draft strategic plan and timeline circulated to Colorado Team members and agency/office heads and then taken to the second NGA Policy Academy to Reduce Prescription Drug Abuse in May 2013.

Key Components

The Colorado Plan to Reduce Prescription Abuse reflects and perpetuates the essential multi-system nature of the approach to reducing prescription drug abuse in Colorado. The plan includes the following components:

1) General Recommendations (See Table 1)

2) Establishment of the Colorado Consortium to Reduce Prescription Drug Abuse (See Graphic)

This cooperative, interagency/interuniversity framework is designed to facilitate the collaboration and implementation of the strategic plan by interested parties and agencies. The Consortium is housed in the University of Colorado (CU) Skaggs School of Pharmacy and Pharmaceutical Sciences at the Anschutz Medical Campus (which houses the School of Pharmacy, the Colorado School of Public Health, Colorado State University, the University of Northern Colorado, the CU School of Medicine, and the CU College of Nursing). The Consortium provides a statewide, inter-university/inter-agency network and serves as the strategic lead for the Colorado Rx plan with active participation from the Governor's Policy Office and various state agencies and offices.

The educational and medical communities are well positioned to address many of Colorado's key Rx abuse issues, and the partnerships facilitated by the newly formed Consortium will be crucial in attaining optimum outcomes and increased federal funding to combat the growing problem. As the coordinating center, the Consortium will house each focus-area workgroup. Each workgroup will be co-chaired by an agency/community and university representative. To avoid duplication of efforts, the Consortium will work closely with both the Colorado Rx Abuse Task Force (housed at Peer Assistance Services, a private 501c3, and managed by OBH at CDHS – the state authority for substance abuse prevention) and the Substance Abuse Trend and Response Task Force (which is co-chaired by Attorney General Suthers and includes representation from CDPHE, CDHS and local law enforcement). Increased coordination with state and local law enforcement, the AG's Office, and others working closely on these issues will increase the likelihood of improved outcomes.



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Developing an effective strategy requires balancing the needs and concerns of patients, public health, law enforcement, and the medical community among others. Fortunately, the Colorado State Attorney General has a special interest in this area and has pledged resources to fund the public awareness component of a comprehensive approach to reducing the misuse and abuse of controlled substances including prescription opioids. Attorney General Suthers recognizes that a comprehensive approach involves various stakeholders, including law enforcement and prosecutors, in the solution.

Regardless of whether a controlled substance is prescribed by a health care provider, or obtained through a fraudulent prescription or some other illicit means, the law enforcement community can serve a vital role in investigating and prosecuting the most egregious offenders. Leadership of the Office of the Attorney General and its Criminal Justice Section stands front and center as part of law enforcement's emerging efforts to establish a coordinated response to this growing epidemic. The Office of the Attorney General is collaborating at the state and local levels, and working in concert with Federal partners at both the US Attorney's Office and the Drug Enforcement Administration to jointly seek a viable reduction in abuse of these highly addictive prescription medications.



3) **The Colorado Plan to Reduce Rx Drug Abuse: 12-month Action Plan includes specific, achievable recommendations** (See Table 2).

The action plan, together with the general recommendations, issued from two separate meetings (the March Round tables at the CU School of Pharmacy and the April Colorado Policy Academy meeting). The plan details the agreed-upon action items that can reasonably be accomplished within one year, although it is expected that the work will continue beyond 2014.

Governor Hickenlooper approved both the Strategic Plan and the Consortium to support implementation of the plan in July 2013. A September 2013 event is scheduled at the University of Colorado Skaggs School of Pharmacy to officially "launch" the center, to describe the center's logistical framework and how it is designed to facilitate the continued efforts of the work groups.



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Glossary of Acronyms

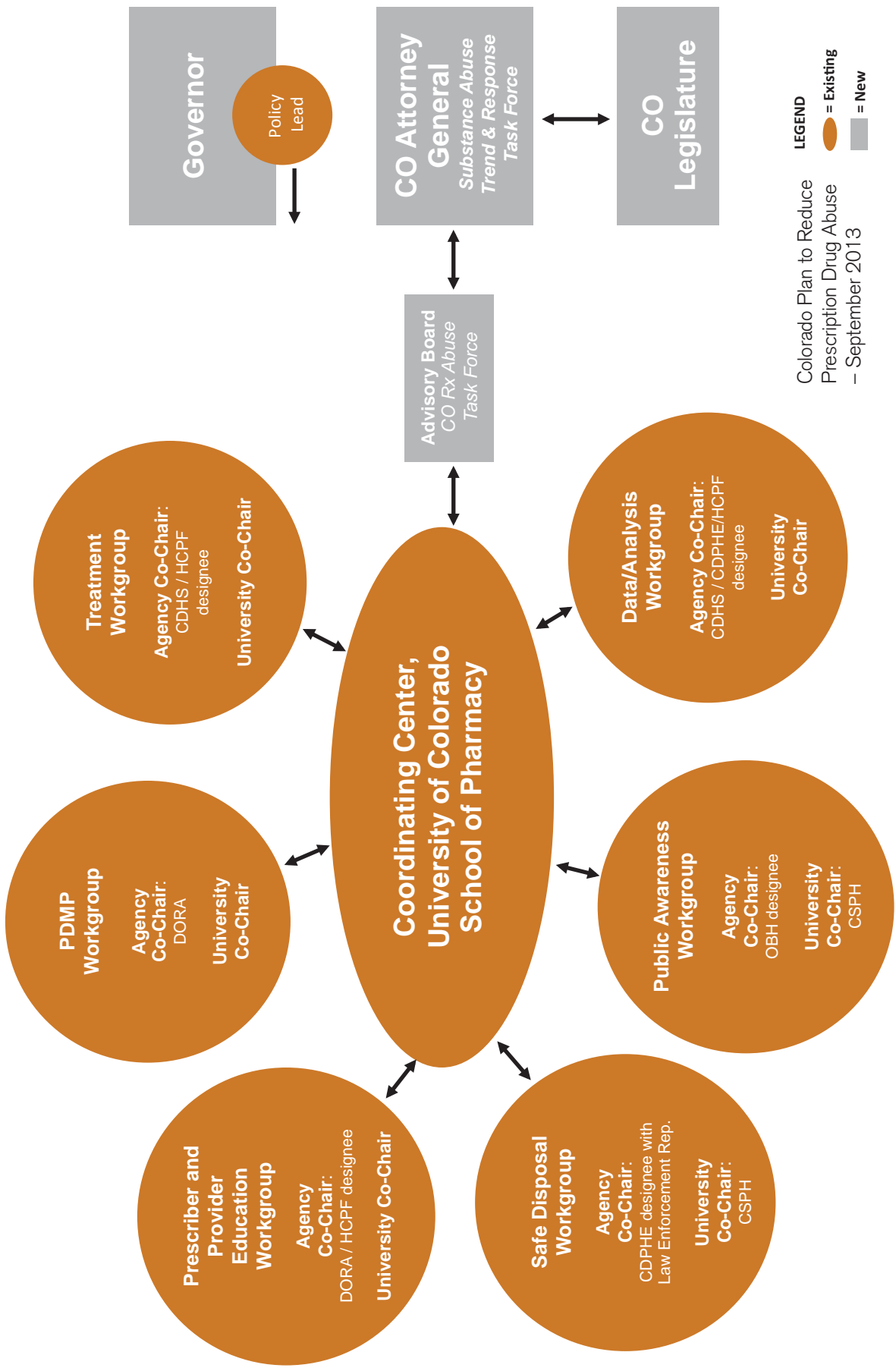
AARP (Formerly the American Association of Retired Persons)
Best Management Practices (BMP)
Colorado Attorney General's Office (AG)
Colorado Dental Association (CDA)
Colorado Department of Human Services (CDHS)
Colorado Department of Public Health and Environment (CDPHE)
Colorado Department of Public Safety (CDPS)
Colorado Department of Regulatory Agencies (DORA)
Colorado Division of Behavioral Health (CDBH)
Colorado Medical Society (CMS)
Colorado Nurses Association (CNA)
Colorado Pharmacists Society (CPS)
Colorado School of Public Health (CSPH)
COPIC (formerly Colorado Physicians Insurance Company)
Denver Epidemiology Workgroup (EPI Workgroup)
Department of Health Care Policy and Finance (HCPF)
Drug Enforcement Administration (DEA)
Governor's Office of Information Technology (OIT)
National Governors Association (NGA)
The Pharmaceutical Research and Manufacturers of America (PhRMA)
RADARS/Rocky Mountain Poison and Drug Center (RADARS/RMPDC)
Screening, Brief Intervention, and Referral to Treatment (SBIRT)
University of Colorado (CU)
United States Environmental Protection Agency (USEPA)
United States Geological Survey (USGS)

Table 1: Recommendations to Reduce Prescription Drug Misuse and Abuse in Colorado

<p>Colorado Consortium</p>	<ul style="list-style-type: none"> The Colorado Consortium, housed in the CU School of Pharmacy, will serve as the operational lead for the CO Plan to Reduce Rx Abuse with participation from the Governor's Policy Office, a variety of state agencies, and community partners. The Consortium will help to facilitate and implement <i>Workgroup Recommendations</i> mentioned below.
<p>Provider & Prescriber Education</p>	<ul style="list-style-type: none"> Change state board policies (or rules) for all DORA-licensed prescribers to include pain management guidelines. Enlist and support DORA to provide education about the existence and utilization of PDMP as part of the licensing processes for prescribers and pharmacists.
<p>PDMP</p>	<ul style="list-style-type: none"> Form taskforce with representation from various agencies to examine the use of PDMP as a public health tool. Improve usability and appropriate accessibility of the PDMP system through the use of information technology and increased stakeholder access.
<p>Disposal</p>	<ul style="list-style-type: none"> Expand take-back program in law enforcement agencies – develop permanent drop-off sites with Law Enforcement. Expand take-back program to pharmacies (pending DEA approval). Establish Colorado guidelines on flushing.
<p>Public Awareness</p>	<ul style="list-style-type: none"> Develop (or utilize existing) social marketing campaign that targets the General Public and overcomes existing obstacles and misperceptions. Develop (or utilize existing) social marketing campaign that targets Youth and Young Adults (12-25 year olds) and overcomes existing obstacles and misperceptions.
<p>Data & Analysis</p>	<ul style="list-style-type: none"> Map out all sources of data related to prescription drug use, misuse and overdose in the state in order to monitor trends, educate the public and inform decision making by multiple stakeholders. Identify other efforts that successfully use crosswalks between diverse data sources and successfully standardize their data collection tools across agencies.

Colorado Consortium for Prescription Drug Abuse Prevention

A coordinated, statewide, interuniversity / interagency network



LEGEND
 Colorado Plan to Reduce Prescription Drug Abuse
 – September 2013
 = Existing
 = New

Colorado Plan to Reduce Rx Abuse: 12-Month Strategic Action Plan (Table 3)

CO In-State Policy Academy (4/25/13)
Plan approved by Governor 7-13

RECOMMENDATIONS	4 th Quarter (April, May, June 2013)	1 st Quarter (July, Aug, Sept 2013)	2 nd Quarter (Oct, Nov, Dec 2013)	3 rd Quarter (Jan, Feb, Mar 2014)	4 th Quarter (April, May, June 2014)
PUBLIC AWARENESS (NOTE: The following action steps apply to campaigns targeting the general population and targeting youth/young adults 12-25 year olds)	<ul style="list-style-type: none"> Develop core leadership group Explore: <ol style="list-style-type: none"> Existing campaigns Messaging for CO Resources / partners Request funding from AG's office Identify sustainable funding 	<ul style="list-style-type: none"> Develop or identify messaging Set metrics 	Implement	Evaluate and tweak	
PROVIDER AND PRESCRIBER EDUCATION: Board Policies	Request Governor to support pain management policy State boards meet to draft policy	Request Governor to support pain management policy	DORA Division of Professions and Occupations (DPO) draft guidelines complete	Public comment and stakeholder meetings done	Final policies or rules in place
PROVIDER AND PRESCRIBER EDUCATION: Retrain Existing Providers (<i>Must do</i>)	Marketing plan for current prescriber education (including PDMP) Convene workgroup to look at prescriber education best practices Continue implementation of current evaluation plans for SBIRT and current online course CSPH Create subgroup for prescriber education student curriculum. This includes: <ul style="list-style-type: none"> Exam Vendors; and School accrediting bodies by making recommendation to NGA 	<ul style="list-style-type: none"> Find funding to update prescriber education opportunities Workgroup reviews existing education to hit 4 areas (best practice in controlled substance prescribing, pain management, patient safety, and re-training) and ID gaps across professions. 	Update and customize educational content for prescribers	Produce new prescriber education program	Release updated and finalized content for prescriber education
PROVIDER AND PRESCRIBER EDUCATION: Educate Students & Trainers	Request Governor talk to each university president to align curriculum with new guidelines	<ul style="list-style-type: none"> New prescriber guidelines incorporated into all prescriber student curriculum Agreement to align student curriculum with new prescriber guidelines 	Update and customize educational content for prescribers	Create evaluation plan for prescriber education opportunities with data group	Ongoing review with new guidelines after final rule Align content with new guidelines after final policies Take new prescriber education to curriculum committee with approval
PROVIDER AND PRESCRIBER EDUCATION: Change Payment by Medicaid and State Employee Insurers (Wish list)					Change Medicaid, state, and work compensation payers to align with and incentivize new Rx guidelines.

Colorado Plan to Reduce Rx Abuse: 12-Month Strategic Action Plan (cont.)

CO In-State Policy Academy (4/25/13)
Plan approved by Governor 7-13

RECOMMENDATIONS	4 th Quarter (April, May, June 2013)	1 st Quarter (July, Aug, Sept 2013)	2 nd Quarter (Oct, Nov, Dec 2013)	3 rd Quarter (Jan, Feb, Mar 2014)	4 th Quarter (April, May, June 2014)	
<p>DATA AND ANALYSIS (RECOMMEND: Map out all sources of data related to prescription drug abuse, misuse, and overdose in the state (e.g., supply, prescribing, dispensing, MDS, pharmacies, law enforcement, disposal, manufacturers) in order to monitor trends, educate the public, and inform decision making by multiple stakeholders)</p>	Specify requirements and goals for inventory				Launch portal	
	Determine what we want included and why					
	Research existing portals (e.g., DataColorado.gov)					
	Identify the home (e.g. OIT, CDPHE, Center U of C)					
	Create the portal (build it, maintain, sustain)					
	Define vision – what are we looking for?		Explore other states (e.g., Kentucky's KASPER, South Carolina's)			Develop a proposal for achieving the vision – in phases
	Define data questions		Explore Colorado-based data sharing efforts, such as P-20 education initiative			
	<ul style="list-style-type: none"> • Continue to expand National Take Back sites and participation • Strengthen DEA, EPA, CDPHE and law enforcement partnerships federal/state/local 					
		Identify stakeholders	Identify data needs for PDMP from stakeholders	Interagency agreements		Short term improved data sharing under current law
	<p>Prescription Drug Monitoring Program (PDMP)</p>	Create task force with CDPHE, HCPF, and DORA	Conduct stakeholder meeting	Usability: In short term, improve user interface (contract options)	Identify data needs for PDMP from stakeholders	Usability: Long-term, combined with HIE/Legislative strategy is likely needed
		Convene stakeholders to identify barriers and needs	Submit needs to vendor			