Report to the Joint Standing Committee on Health and Human Services Regarding the Efforts of State Government to Address the Issue of Drug Overdose

Presented by Kimberly Johnson, Director, Office of Substance Abuse
Department of Behavioral and Developmental Services

Response to Growth in Prescription Narcotic Abuse

The Office of Substance Abuse (OSA) became aware of a growing trend in the abuse of prescription narcotics in early 2000. This trend was particularly evident in Washington and Penobscot Counties at that time and OSA responded by funding an opiate treatment program in Bangor, which was delayed in opening until the following year due to community opposition. OSA also funded the development of a community plan and increased treatment in Washington County. In FY 2001 the Maine Drug Enforcement Agency (MDEA) requested and received state funding for an additional officer to be located in Washington County, though the position was never filled due to subsequent budget cuts.

Working with the Substance Abuse Services Commission, OSA gathered information regarding the abuse of prescription drugs and published the first comprehensive look at the issue in January of 2002. By this time the problem had spread to affect all of coastal Maine and the abuse of heroin had begun to rise as well. The report, Oxycontin: Maine's Newest Epidemic made five recommendations:

1. Increase access to treatment, especially detoxification services and treatments that are effective for opiate addiction.

2. Increase public education, particularly for children. Education on drug abuse needs to be regular and consistent, not sporadic.

3. Increase participation by school systems in the Maine Youth Drug and Alcohol Use Survey (MYDAUS) which will measure prescription drug abuse for the first time in 2002. Use MYDAUS data to further the development of a statewide prevention plan that involves all departments that provide service to youth and families.

4. Increase funding for law enforcement to address diversion of legal drugs to illegal use, targeting areas of the state with the greatest need and fewest resources.

5. Develop a statewide electronic prescription monitoring program for Schedule II narcotics. This program should be similar to what is used by Medicaid and insurance companies already and should provide limited access in order to protect patient confidentiality.

OSA used these recommendations as a blueprint for its response to the abuse of prescription drugs. We increased access to treatment for opiate addiction via a concerted effort to educate the treatment field in appropriate treatment of opiate addiction. In addition to the treatment funding added to Washington County, a new adolescent residential treatment program and two methadone programs have opened as well. We have expanded access to detoxification services in northern Maine using a voucher reimbursement program and by making an investment in training in detox protocol for rural hospitals.

Public education efforts have also been underway. In spring of 2003, Purdue Pharma, manufacturer of Oxycontin, announced the award of a $150,000 grant to the Maine Association of Prevention Providers to develop a public education campaign on the abuse of prescription drugs. In addition, Purdue Pharma will begin airing ads on local radio stations popular with teens to highlight the negative effects of prescription drug abuse.

OSA has had a National Guard officer who specializes in demand reduction stationed at our office for a year. Her projects include the development of parent education materials and working with the Partnership for a Drug Free America to develop a Partnership for a Drug-Free Maine. These efforts have been slowed due to current national security issues, which draw this excellent resource away from her OSA related duties.

Finally, OSA has worked with the legislature during the last two sessions to pass legislation allowing for the development of a prescription drug monitoring program. Legislation was passed in the spring 2003 session and the program is now in development. OSA has applied for a federal grant to start up the program. As the legislation was passed with no fiscal note attached, if funding is not allocated in future

years, OSA will reallocate treatment funding in order to continue implementation of this critical program.

Prevention efforts have been slow to get underway because of a lack of funding and because there were no materials on prescription drug abuse already developed for public education purposes. We were facing a new problem that no other state had addressed before.

Overdose

In 1997, the overdose death rate began to increase at about the same time as admissions to treatment began to increase. However, it did not increase at a rate that made it publicly recognizable until spring of 2002, when Portland police chief, Mike Chitwood identified an epidemic of drug overdoses in the city.

OSA spent the summer of 2002 working with a variety of researchers, law enforcement personnel, governmental officials, and community providers to identify the cause of the problem (aside from the obvious increase in drug use), particularly since so many of the deaths involved methadone, a drug used in the treatment of opiate addiction.

In addition, because the substance abuse clinics had been identified by the police and the press as a source of the problem, OSA investigated both Portland area clinics in June 2002. The investigation included a review of dosing protocols, drug screening protocols, diversion protocols, a records review to ensure that protocols were followed, and interviews with clients and staff. While no major deficiencies were found (although we did identify that one of the programs was under-dosing patients), the clinics and OSA agreed to institute two new protocols that will become regulation this year. The first was that all clinics needed to be open seven days a week rather than the six that they had been open previously. According to the MDEA, most confiscated methadone diverted from the clinics was a single dose, probably a Sunday take-home from a new patient. The second new protocol strictly limited the ability of patients to earn longer take home privileges and to virtually eliminate more than 14 days of take home medication.

OSA hosted a meeting between the methadone clinics and law enforcement to clarify communication and improve relationships. Based on the response of participants, the meeting appeared to be successful. Clinics are now less defensive and more open to communication with law enforcement that does not require them to break confidentiality laws, and law enforcement is now more knowledgeable and willing to share information that will not jeopardize an ongoing investigation.

OSA provided funding support for a Medical Examiner's report that reviewed the information gathered on drug overdoses over the previous five years. The funding also allowed for the creation of a database for the medical examiner's office to maintain ongoing records as it did not have the ability to immediately deny or confirm the accusations made by the Portland police and the press. This report was published in December of 2002 and indicated that while prescription opiates and heroin were leading the growth in overdose fatalities, the primary problem was the simultaneous use of multiple pharmaceuticals, illegal drugs and alcohol.

In August 2002, OSA requested technical assistance from the federal Center for Substance Abuse Treatment (CSAT). CSAT responded with funding and expertise to develop a public education campaign to address the abuse potential of methadone targeting three key audiences: medical and substance abuse treatment professionals, the general population, and drug users.

CSAT has funded two large trainings for professionals regarding appropriate use of medication in the treatment of opiate abuse as there was much misinformation even among professionals. In addition, OSA has initiated a series of "dialogues" across the state to assist treatment and medical professionals in gaining insight into the treatment of opiate addiction.

In addition CSAT funded the development of patient education materials, and the development of the controversial anti-stigma ads that aired this summer in the greater Portland area.

Public Health Community Response

The public health field approached OSA in the summer of 2002 and expressed an interest in participating in efforts to address the overdose problem. As a result, OSA funded a study through the Maine Center for Public Health that pulled together medical providers, law enforcement, and public health officials to gather data and make public policy recommendations based on the data. At that point in time, there was a great deal of press and much anecdotal information and street mythology, but little credible data on the etiology of overdose.

The data gathered foreshadowed the outcome of the overdose death report from the Medical Examiner's office. The picture of drug abuse and overdose was far more complicated than any single entity looking at its own data could surmise. The entire text of the report entitled A Public Health Strategic Plan to Address Opiate Abuse and Overdose is available at http://www.state.me.us/bds/osa/pubs/osa/2003/opiatestrategic1202.doc. The report issued 17 policy recommendations including improving public and provider education, emergency response, law enforcement, access to treatment, and research.

Following are the seventeen recommendations:

Policy Recommendation 1: Provide education about the realities of opiate abuse and overdose to the general public and key stakeholders, such as representatives of the media, government, substance abuse, law enforcement, public health and health care communities, opiate users and others, with the focus on eradicating the enormous stigma associated with opiate abuse.

Overdose Prevention Strategies

Policy Recommendation 2: Support overdose prevention education for users, centering on the dangers of unfamiliar drugs (including methadone, heroin, OxyContin and other prescription opiates), polydrug use and alcohol, overdose signs and peer interventions.

Policy Recommendation 3: Educate the youth population about the dangers of opiates and their enormous addictive potential, as well as their link to overdose. As the supply of

cheap heroin and prescription drugs increases, youth education programs that are multifaceted and consistent need to be created and supported. Access to programs should be readily available.

Provider Education and Provider-Related Policies

Policy Recommendation 4: Provide anti-stigma education to professionals who work with opiate users.

Policy Recommendation 5: Encourage the provision of opiate abuse education in the medical setting and engage physicians in discussions of appropriate pain management guidelines.

Emergency Response

Policy Recommendation 6: Assure that Naloxone (trade name-Narcan) is available to emergency medical service (EMS) responders statewide.

Policy Recommendation 7: With the input of key stakeholders, such as hospital administrators and emergency department personnel, develop a guideline on overdose prevention education and follow-up procedures, including a discharge plan, for all people seen in emergency rooms as a result of overdose.

Policy Recommendation 8: Promote the use of 911 among users by working with stakeholders to develop and implement appropriate policies and procedures to be followed in overdose situations. Disseminate information regarding the policies developed.

Methadone-Specific Strategies

Policy Recommendation 9: Educate the general public about the benefits of methadone and encourage anti-stigma media efforts concerning methadone. Encourage alternative forms of methadone than the liquid form when take-home doses are mandated. Explore the dosage packaging issue and promote packaging that explicitly shows strength of dosage.

Policy Recommendation 10: Require all dispensing methadone to educate clients on both the benefits and potential dangers of methadone, including its potential involvement in overdose.

Policy Recommendation 11: Participate in work group initiatives now being undertaken (e.g., through Portland Public Health Department), to explore the methadone diversion issue and develop a diversion management protocol.

Monitoring and Investigation

Policy Recommendation 12: Develop an emergency room monitoring system to gather basic information on overdoses in order to get a better understanding of the nature and extent of the problem. Explore the use of poison control centers as data coordinators for this system.

Policy Recommendation 13: Develop an electronic prescription drug monitoring system to track Schedule II, III and IV controlled substances.

Policy Recommendation 14: Improve stakeholders' ability to assess and evaluate by identifying key questions relating to opiate abuse and overdose data, assessing pertinent data sources, identifying duplication and gaps and developing a plan to address them.

Treatment

Policy Recommendation 15: Increase access to treatment, including overdose care, pharmacological treatments (such as methadone and newer office-based treatments such as Buprenorphine), detoxification services where appropriate and long-term treatment, such as therapeutic communities. Identify existing barriers and implement actions to improve access to treatment.

Law Enforcement

Policy Recommendation 16: Increase funding for law enforcement to address the opiate abuse problem, targeting the areas of the state with fewest resources and greatest need.

Research

Policy Recommendation 17: Assess research needs concerning opiate abuse and overdose and seek diverse funding sources for key needs. Encourage Maine's research community to focus attention on defining and addressing the research needs in the opiate abuse, opiate overdose and treatment areas.

OSA was already involved with addressing a number of these issues based on the Substance Abuse Services Commission recommendations from 2000, the CSAT technical assistance, and the ongoing work of the public health task force.

The city of Portland Public Health Department began working with OSA to address the city's problem. In late 2002, they received a one year grant to develop an overdose prevention program. This project is currently underway and has provided outreach and education to the drug using population regarding access to treatment, signs and symptoms

of overdose, ways to avoid overdose, and what to do if someone does overdose. OSA purchased educational materials for the project. OSA is watching the impact of this project to see if it could be used in other parts of the state, though Portland's unique infrastructure provides more opportunity than other communities may have.

One of the policy recommendations was for ongoing data collection and sharing of data across systems. OSA and the Bureau of Health instituted this process in June 2003 by convening a variety of health and law enforcement officials to develop a drug surveillance system based on a National Institute for Drug Abuse protocol that will bring together poison control, EMS, emergency room doctors, OSA, MDEA and others periodically to review current trends and develop joint plans and interventions before the trends grow to epidemic proportions.

In addition, the Center for Public Health's work made it evident that the primary data that was missing was emergency room and EMS data. EMS gathers data using treatment administered not diagnosis. For example, if Narcan was administered, we could surmise it was a suspected overdose. But there was no central database of emergency room treatment and no effective method of gathering that information. OSA and the BOH are working on a joint pilot project funded with homeland security dollars to gather drug abuse data from hospitals in addition to data being collected for infectious disease control.

We have not yet addressed two of the report's recommendations: the development of emergency room protocols and increased research, both of which require new funding at a time of diminished allocations. Also, we are concerned that some efforts, like the public education campaigns, are funded using one time money and will not be continued into the future once the current supply of materials is used.

Continued Federal Assistance

Because of calls from the press and pressure from law enforcement that OSA place more restrictions on methadone treatment providers (despite the apparent decrease in overdose deaths related to methadone), OSA contacted CSAT to request a technical review of the

state's opiate treatment system and the state's oversight of the system. That review was completed over the course of the summer. The written report is not yet available at the time of this writing, but the exit interview praised the state's response to the abuse of prescription narcotics and drug overdose as a model for other states to follow. Nevertheless, we may make some further changes to regulation of methadone treatment based on our discussions with the CSAT reviewers. OSA intends to follow an expected recommendation that will require patients in the early stages of treatment to have more intensive services including counseling and education than is currently required. When other recommendations are made, we will use this report as further refinement on the plan initiated by the Substance Abuse Services Commission report and expanded by the Maine Center for Public Health report.

Preliminary Outcomes

These efforts seem to be bearing fruit. Treatment admissions for prescription drug abuse appear to be down for the first time in five years. Unfortunately, admissions for heroin use continue to rise. Overdose deaths appear to be decreasing. Deaths are below the level they were at last year at this time, though still above the level of the prior year. The Portland police report no new deaths related to methadone from a treatment clinic since January 2003.

The lessons learned over the course of the past three years will serve us well if we continue with the efforts that are in place today. Valid and credible information is critical to sound decision making, and it took too long to get the information we needed to develop an effective response. The development of a database for the medical examiner's office, the future development of a database for Emergency Room treatment, and the establishment of the surveillance system will help with future problems whether they involve legal or illegal drugs. The electronic prescription monitoring program will provide prescribers and OSA with ongoing information regarding use of prescription drugs. Having the various systems work together as well as sharing and comparing data should help us address the current problem and work to prevent future problems form gaining hold.

We must have flexible resources to address emerging issues. It was fortunate that OSA had received a substantial increase in funding just prior to the identification of these problems and as a result was able to target funding appropriately. However, these resources are no longer available due to budget cuts and changes in the legislation regarding the Fund for a Healthy Maine. If these problems arose now, OSA would be hard pressed to do anything expediently.

In closing, it takes cooperation across various systems. One of the comments of both the federal officials and the consultants that were brought in was that Maine people work across systems better than any other they had been. Everyone took responsibility for finding solutions and for sharing information so that others could address the problem as well. But like the citizens seeking our help, we don't always know what information can be obtained from each system or who to ask for it. The systems that come into contact with drug abuse are multiple and varied. At OSA we have come to believe that it is our responsibility to know about all of these systems, not just our own, and to work with each them to create a cohesive and effective response.