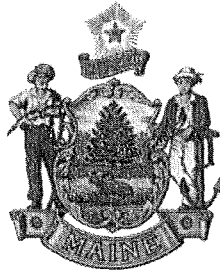


# MAINE STATE LEGISLATURE

The following document is provided by the  
**LAW AND LEGISLATIVE DIGITAL LIBRARY**  
at the Maine State Law and Legislative Reference Library  
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied  
(searchable text may contain some errors and/or omissions)



**MAINE  
PRESCRIPTION  
DRUG ABUSE  
TASK FORCE**



**JULY 2012  
INTERIM REPORT**

**WILLIAM J. SCHNEIDER  
MAINE ATTORNEY GENERAL**



## 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.

## TABLE OF CONTENTS

Enabling Language.....	2
Task Force Membership.....	4
Executive Summary.....	5
Subcommittee Summaries.....	6
Disposal Subcommittee.....	6
Diversion Alert Subcommittee.....	7
Education Subcommittee.....	8
Prescription Monitoring Program Subcommittee.....	11
Appendix A.....	14
Appendix B.....	15
Appendix C.....	16
Appendix D.....	20
Appendix E.....	22
Appendix F.....	23
Appendix G.....	31

## TASK FORCE MEMBERSHIP

Joseph Bruno, Chairman  
Community Pharmacies, LP

Natalie Morse  
MaineGeneral Medical Center

Patricia Aho  
Commissioner  
Maine Department of Environmental  
Protection

Melissia Petro  
Purdue Pharma

Greg Couture  
Maine Department of Public Safety

William Savage  
Assistant Attorney General

Darrell Crandall  
Commander  
Maine Drug Enforcement Agency

Lauri Sidelko  
University of Maine

Stevan Gressitt  
International Institute for  
Pharmaceutical Safety

Gordon Smith  
Maine Medical Association

Jayne Harper  
MaineGeneral Prevention Center

Denise Theriault  
Southern Maine Periodontal Associates

Brenda Kielty  
Office of the Attorney General

William J. Schneider  
Attorney General

Patricia Lapera  
Maine Prescription Monitoring Program

Roy McKinney  
Director  
Maine Drug Enforcement Agency

Neill Miner  
Southern Kennebec Alliance for  
Substance Abuse Prevention

Representative Susan Morissette

Staff: Martha Demeritt  
Office of the Attorney General  
6 State House Station  
Augusta, ME 04333-0006  
(207) 626-8599  
[martha.demeritt@maine.gov](mailto:martha.demeritt@maine.gov)  
[www.maine.gov/ag/initiatives/drugsummit2011](http://www.maine.gov/ag/initiatives/drugsummit2011)

## EXECUTIVE SUMMARY

Prescription drug abuse is a crisis in Maine. As of the printing of this report 26 Maine pharmacies have been robbed in 2012, exceeding the total of 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 then certainly by their cost.

The Task Force made significant progress during the first 6 months of its existence. It has been charged with four specific 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 Administration’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 126<sup>th</sup> 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. (Appendix A)

### **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.

### *References in Appendix Section*

Appendix B – is a letter of concern from Guy Cousins, Director of the Office of Substance Abuse dated June 25, 2012 regarding the recommendations of the Diversion Alert subcommittee.

Appendix C – addresses the concerns in Appendix A.

Appendix D – is a recent Diversion Alert Program survey.

Appendix E – is a letter from Evaluation Practice, an independent evaluator of the Diversion Alert Program.

## **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 F):

- 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 G)
- 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 H)

#### *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 part 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](http://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<sup>1</sup>). 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.

---

<sup>1</sup> Reports requested is indicative of how many times the PMP database is utilized.

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<sup>2</sup> 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 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.

---

<sup>2</sup> 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.

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<sup>3</sup>

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.

Adjusting threshold levels for the Unsolicited Reports

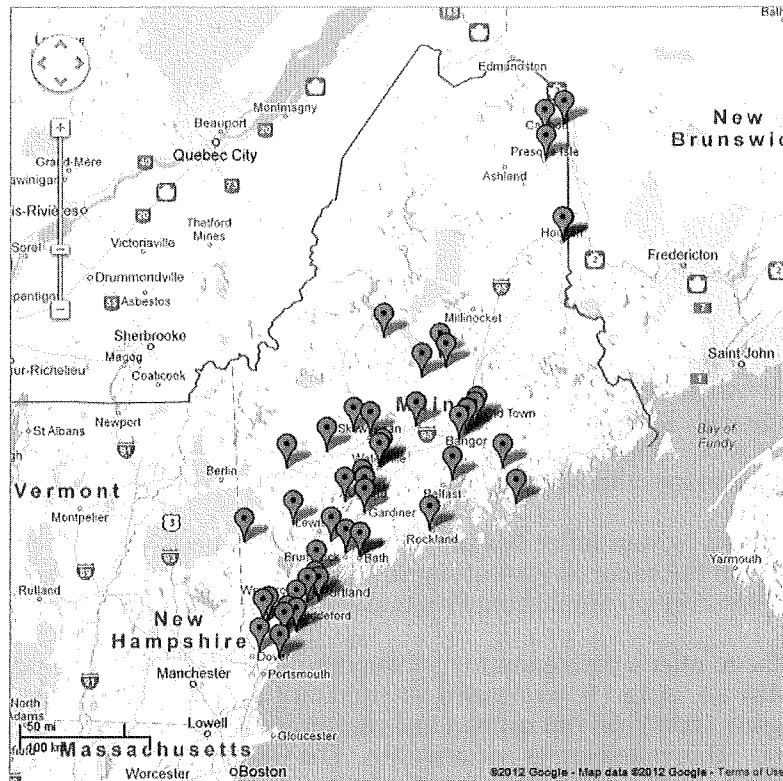
The subcommittee recommends that the PMP Advisory Board review current levels, as well as evidence-based research, and best practices from other state PMPs and adjust as necessary. The PMP Advisory Board has recommended the review of current thresholds and a reevaluation of current levels.

---

<sup>3</sup> 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.

## APPENDIX A

### *Maine Prescription Drug Drop Box Locations by Law Enforcement Agency*



- |                                     |                                    |
|-------------------------------------|------------------------------------|
| Aroostook Sheriff's Department      | Milo Police Department             |
| Augusta Police Department           | Mount Desert Police Department     |
| Bangor Police Department            | Newport Police Department          |
| Bath City Police Department         | Orono Police Department            |
| Brownville Police Department        | Oxford Police Department           |
| Cape Elizabeth Police Department    | Penobscot County Sheriff's Office  |
| Caribou Police Department           | Presque Isle Police Department     |
| Cumberland Center Police Department | Rumford Police Department          |
| Dover-Foxcroft Police Department    | Saco Police Department             |
| Ellsworth Police Department         | Sagadahoc County Sheriff's Office  |
| Fairfield Police Department         | Sanford Police Department          |
| Farmington Police Department        | Scarborough Town Police Department |
| Fryeburg Police Department          | Searsport Police Department        |
| Gardiner Police Department          | Skowhegan Police Department        |
| Greenville Police Department        | South Berwick Police Department    |
| Hampden Police Department           | South Portland Police Department   |
| Houlton Police Department           | Topsham Police Department          |
| Kennebec County Sheriff's Office    | Veazie Police Department           |
| Kennebunk Police Department         | Waterville Police Department       |
| Kennebunkport Police Department     | Wells Police Department            |
| Knox County Sheriff's Office        | Winslow Police Department          |
| Limestone Police Department         | Winthrop Police Department         |
| Lisbon Police Department            | York County Sheriff's Office       |
| Madison Police Department           | York Police Department             |
| Maine Department of Public Safety   |                                    |



**APPENDIX B**

Department of Health and Human Services  
Office of Substance Abuse  
11 State House Station  
Augusta, ME 04333-0011  
(207) 287-2595

June 25, 2012

Attorney General William J. Schneider  
6 State House Station  
Augusta, ME 04333

Dear Attorney General Schneider,

The Office of Substance Abuse thanks you for your strong and vigilant support of statewide and national efforts to improve what the Center for Disease Control calls a prescription drug abuse "epidemic". Unfortunately Maine, like many other states has seen dramatic rise in statistics such as treatment admissions for opiates, prescription drug overdose death, instances of nonmedical use, accidental overdose and many other alarming statistics relating to prescription drug abuse.

The Task Force convened by your office has proven to be a very effective forum and mechanism to align efforts in Maine to reach the common goal of improving this public health problem on significant topics such as disposal, the Prescription Monitoring Program, education and diversion.

I would, however, like to offer a correction to a statement that was made at the last Task Force Meeting which took place May 24, 2012. It was stated in summary by the Diversion Alert Subgroup that the Diversion Alert Program (DAP) had full support and recommendation for statewide implementation by all Task Force members. This statement is not accurate. The Office of Substance Abuse (OSA) Task Force Representative, as well as other OSA representatives have expressed serious concerns about statewide implementation of the DAP as it currently exists. Concerns were voiced at the Task Force Meeting prior (March 2012), as well as to the DAP Director and other stakeholders relating to the current evaluation methodology of the program, lack of evidence in support of its efficacy, lack of education and accountability for DAP users, the danger of furthering stigma of those individuals with substance abuse disorders, as well as loss of access to health care and many others.

While OSA recognizes the need for increased collaboration and involvement of law enforcement in these efforts, there are several concerns about the DAP as it currently exists (such as lack of education for providers, lack of accountability, no penalties or definitions of misuse and no evidence or proof of efficacy as well as other concerns previously stated). We are happy to provide feedback or answer any questions you may have.

Thank you for all of your efforts and support.

Sincerely,



Guy R. Cousins, LCSW, LADC, CCS  
Director, Office of Substance Abuse Services  
Acting Director, Office of Adult Mental Health Services

## APPENDIX C

June 27, 2012

**Response to concerns expressed by the Maine Office of Substance Abuse via letter to Attorney General William J. Schneider in regard to the Diversion Alert Program. These concerns were discussed by the full Task Force at their meeting on June 26, 2012.**

On February 29, 2012, Maine Office of Substance Abuse (OSA) Director, Guy Cousins, Associate Director, Geoff Miller, Prevention Team Manager, Christine Theriault, and Prescription Monitoring Program Coordinator, Patricia Lopera, met with ASAP Program Director Clare Desrosiers to discuss concerns regarding ASAP's Diversion Alert Program. These concerns were brought by Desrosiers to the Diversion Alert Subcommittee and were discussed at several of their subsequent meetings.

The Subcommittee integrated solutions to OSA's concerns into four objectives which comprise a comprehensive planning process that will be accomplished prior to the launch of Diversion Alert statewide. Additionally, at the request of OSA and other stakeholders, a Diversion Alert Outcome Survey (which was revised in March and April with input from OSA) was distributed in Aroostook County in an effort to gather additional data on the outcomes of Diversion Alert. This survey is very similar to the Outcome survey distributed in Aroostook County annually since 2009. Spring 2012 data are being analyzed by ASTOS Evaluation at this time.

Finally, Clare Desrosiers spoke with the Center on Substance Abuse Prevention (CSAP) Service to Science staff members in May about the existing evidence base that has been collected since 2009 on the efficacy of Diversion Alert. CSAP staff indicated that the Diversion Alert Program has enough data to submit an application to be recognized as an evidence-based program to the National Registry of Evidence-based Programs and Practices (NREPP) in November 2012.

Per the recommendation of the Prescription Drug Task Force, the Diversion Alert Subcommittee will invite representatives of the Maine Office of Substance Abuse to attend its meeting on July 13, 2012.

Below is a brief explanation of the Diversion Alert Program followed by the objectives referenced above.

Diversion Alert is a program of Aroostook Substance Abuse Prevention (ASAP) which was initiated in January 2009. The mission of the program is to reduce the amount of prescription drugs diverted from legitimate use for illegal sale, distribution, and abuse and, thereby, reduce prescription drug abuse and diversion. This mission is accomplished by (1) compiling arrest data from Aroostook County into one document on a monthly basis, and (2) mailing or emailing the monthly report to prescribers and pharmacists in Aroostook County.

In January 2011, Diversion Alert Online was established. It is an alphabetical list of individuals *convicted* of a prescription or illegal drug related crime in Aroostook County since 2009. The list is accessed by health care providers through a username and password. An additional facet of the Diversion Alert Program is ongoing education about addiction related topics provided to prescribers in Aroostook County at least annually. The Diversion Alert Subcommittee will enhance this facet of the program in its work to prepare for statewide expansion through the development of materials that will provide education to Diversion Alert participants in appropriate use of Diversion Alert data, screening and referral for substance use disorders, and compassionate and effective pain management.

Diversion Alert’s outcomes have been evaluated on an annual basis since 2009. Survey responses suggest that the Diversion Alert Program:

- (1) Raises prescriber awareness of the prescription drug abuse/diversion problem in their local area;
- (2) Alerts providers to patients who have been arrested to prescription or other illegal drug related crimes (other than marijuana);
- (3) Stimulates communication between health care providers about shared patients; and
- (4) Facilitates a change in health care provider behaviors with patients they discover are abusing or diverting prescriptions.

The Diversion Alert Program expanded to Washington, Hancock, and Penobscot Counties in September 2011 (Washington/Hancock), and February 2012 (Penobscot County). In January 2011, a program similar to Diversion Alert was initiated in Piscataquis County. In July 2012, Piscataquis County’s Diversion Alert will begin to be compiled by ASAP. During the statewide expansion planning process, an evaluation of the program in Washington, Hancock, Penobscot and Piscataquis Counties will be completed.

Planning activities are listed below:

**Objective 1: By September 30, 2012 develop a plan for initiation of the Diversion Alert Program statewide.**

<i>Activity</i>
Work with Penobscot, Piscataquis, Washington and Hancock counties to identify lessons learned from expansion into those counties to inform the planning process for a state wide Diversion Alert program.
Evaluate outcomes in Penobscot, Piscataquis, Washington and Hancock counties using the Diversion Alert Outcome Survey. Separate surveys by County. Include a question about whether prescribers are more likely to open a document sent by a local health representative vs. an email sent from Diversion Alert.
Develop a plan for engaging law enforcement agencies to participate in the program in all of Maine counties (include information learned from Penobscot, Washington and Hancock counties).
Develop a plan for engaging community coalitions and health care systems to promote

the program and to register providers to use the program, include information learned from Penobscot, Piscataquis, Washington and Hancock counties.
Develop a plan for evaluating the outcomes of the Diversion Alert Program statewide.
Assess provider educational needs related to Diversion Alert and ensuring a response to patients that is consistent with best practices.
Assess how participants in Aroostook County use Diversion Alert Online.

**Objective 2: By October 31, 2012 review, discuss, and revise (as appropriate) existing Diversion Alert Program practices to ensure a smooth transition from a small, regional program, to a statewide program.**

<i>Activity</i>
Review existing criteria for who can register for the Diversion Alert Program. Finalize criteria for the statewide program.
Using existing criteria for use and storage of Diversion Alert data, identify any additional limitations on the use of the information that may be missing and revise existing criteria if needed.
Clarify if there are any legal repercussions for distribution of erroneous information. Create a protocol for managing the risk associated with the potential for erroneous information.
Examine whether there are any legal or ethical repercussions for users of Diversion Alert Program data. Examine if there are any potential issues that need to be addressed pertaining to Diversion Alert and HIPAA requirements (i.e. sharing patient information). Develop materials that clearly explain these issues for Diversion Alert users.
Develop policy for response to Diversion Alert registrants who may have misused the information provided to them by the Diversion Alert Program.

**Objective 3: By December 31, 2012, develop a plan for sustaining the Diversion Alert Program statewide.**

<i>Activity</i>
Meet with stakeholder groups (e.g. Maine Medical Association, Prescription Drug Education Task Force Committee) to discuss the idea of requiring annual training of all prescribers as a means to sustain Diversion Alert.
Identify mechanism for providing the training and for receiving payments.
Identify policy steps that will need to be taken to require the training of all prescribers in Maine with the understanding that policy change will continue to be pursued over the course of the pilot project.
Work with the Attorney General's Prescription Drug Task Force – Education Committee to identify areas of education needed for prescribers.
Identify and seek out funding for a 2-year statewide pilot program.
Identify a State agency willing to provide oversight to the Diversion Alert Program.
Establish a mechanism for enabling ASAP Coalition's Diversion Alert Program to be contracted by the state to provide the program statewide.
Develop a sustainability plan, identify funding stream to support cost to sustain the program.

**Objective 4: By December 31, 2012 develop materials to educate providers about how to respond to patients who are misusing, abusing or diverting prescription drugs.**

<i>Activity</i>
Develop or find an existing tools and resources that addresses physician concerns related to liability and that communicates: A. Though someone may file a suit for discrimination if a provider refuses to prescribe, there is no legal liability that can be upheld; and B. Prescribers are NOT legally liable for under-prescribing but can be held liable for overprescribing.
Develop or find an existing tools and resources that provide information on best practices for prescribing controlled substances, possibly include an addiction screening tool.
Develop or find existing tools and resources that provide information about how prescribers can respond to patients they discover abusing or diverting prescriptions. The handouts may include specific recommendations for what to say to patients, protocol or tips for how to maintain care of the patient, strategies for not perpetuating the stigma of addiction, and information about where to refer patients for treatment. (Possible resource to use: Compassionate Limits Prescribing Program developed by MaineGeneral Medical Center)
Develop or find an existing tools and resources with information about HIPAA regulations as they pertain to prescribers discussing information about shared patients. Relate these regulations to guidelines for sharing Diversion Alert information.
Develop tools and resources on how to use Diversion Alert and DA Online together.

## APPENDIX D

Thank you for subscribing to the Diversion Alert Program. We are working to evaluate the efficacy of Diversion Alert so that it can be replicated statewide.

**Please take the time to complete this survey.** Thank you in advance for your participation

- 1) Your role in professional practice:  Prescriber       Medical Office Staff        
Pharmacist       Other: \_\_\_\_\_
- 2) What format of Diversion Alert do you use in your practice? (please **check all** that apply)
- I do not use Diversion Alert
  - monthly *mailed* installment of arrests
  - monthly *emailed* installment of arrests
  - Diversion Alert Online (lists convictions only [no arrests])

**If you use Diversion Alert, please answer the following questions. If not, please stop here.**

- 3) How frequently do you use Diversion Alert (Please select **the one response** that best describes your use frequency)
- daily
  - at least once each week but less than daily
  - less than once each week but more than once per month
  - monthly
  - less than once each month
- 4) Who else in your practice uses Diversion Alert information besides you: (please **check all** that apply)
- prescribers only
  - medical office staff
  - other (please specify): \_\_\_\_\_
- 5) How do you use Diversion Alert installments you receive? (please **check all** that apply)
- Include as part of pre-planning chart review.
  - Use it as a way to intervene with patients I discover are abusing or diverting prescriptions.
  - Use it as a tool to screen new patients.
  - Other (please specify): \_\_\_\_\_
- 
- 6) How do you protect the confidentiality of information listed in Diversion Alert installments? (please **check all** that apply)
- I treat it as public information.
  - I make them available in a private space only my employees can see.
  - I throw them away.
  - I shred them.
  - Other: \_\_\_\_\_
- 
- 7) As a result of participating in the Diversion Alert Program: (check **all that apply** or indicate NA if not applicable to your practice):

	I became aware of a patient in my care arrested for prescription drug possession or diversion.
	I became aware of a patient in my care whose close social circle contained a person arrested for prescription possession or diversion.
	I became more aware of the prescription abuse/diversion problem in my local area.
	I communicate more with health care providers who share a patient's treatment with me.
	I communicate more with pharmacists who fill prescriptions for my patients.
	I communicate more with law enforcement.
	I began to use patient agreements (or contracts) for patients prescribed ongoing therapy <i>with narcotics</i> .
	I began to use patient agreements (or contracts) for patients prescribed ongoing therapy with controlled substances <i>other than narcotics</i> .
	I began to use a screening tool to determine patients' history of substance abuse or addiction.
	I began to order urine toxicology screens on <i>new patients</i> prior to prescribing a controlled substance.
	I began to order random urine toxicology screens on <i>existing patients</i> prescribed a controlled substance.
	I spoke to a patient in my care about my knowledge of his/her prescription possession or diversion arrest.
	I stopped prescribing controlled substances to a patient arrested for prescription possession or diversion.
	I did not accept a new patient(s) I saw listed on a Diversion Alert installment.
	I referred a patient for addiction counseling because he/she was abusing or diverting a prescription.
	I stopped prescribing controlled substances to a patient who was abusing or diverting a prescription.
	I stopped treating a patient who was arrested for prescription drug possession or diversion.
	My office started to use review of Diversion Alert as part of its pre-planning chart review.
	Other ways you responded to the Diversion Alert Program (please specify):

- 8) Please respond to the following statement:  
I would like to attend training on how best to respond to patients arrested for prescription drug possession or diversion.  Yes  No
- 9) In addition to Diversion Alert, do you use Maine's Prescription Monitoring Program?  
 Yes  No
- 10) Please explain any other ways in which the Diversion Alert Program has impacted your medical practice:  
\_\_\_\_\_
- 11) If you know of a colleague who would like to receive Diversion Alert, please provide his/her contact information below.

## APPENDIX E

### **From Evaluation Practice, independent evaluator of the Diversion Alert Program [www.astos.org](http://www.astos.org)**

We are not certain why there is any question regarding evidentiary basis of the Diversion Alert Program (DAP). Evidence to support the DAP's approach is synthesized both from prevention literature and on-going evaluation. Rigorous evaluation of the DAP has been ongoing, for the past four years, involving both formative and summarize strategies, relying primarily on annual surveys of prescribers in Aroostook County. Unlike most prevention programs in which outcome is very difficult to characterize, evaluation of the DAP has been conducted using methods that capture programmatic outcome as reported by the users of the DAP. The high response rate affirms the external validity of the findings. Formative data have been used to help us structure the DAP to meet the needs of prescribers. Thus the format and delivery of sensitive information was guided by the users of DAP themselves. Second, training needs were articulated in formative findings such that the DAP was carefully tailored to prescriber needs.

Summative evaluation, relying on survey methods, was conducted yearly to ascertain the degree to which the DAP produced the following outcomes:

1. Raised awareness of the problems of prescription diversion and abuse among prescribers;
2. Was instrumental in changing prescribing practices to decrease crime and still deliver quality health care;
3. Produced more precise screening for drug abuse among patients; and
4. Improved professional communication and collaboration to decrease diversion and abuse.

Findings demonstrated that awareness, screening, and attention to prescribing practices for patients at risk or with a history of diversion and abuse were improved by participation in the DAP. The percentage of prescribers who refused to provide health care to patients with a history of abuse or diversion was very minimal, and those who did referred them to prescribers who they felt were better equipped to handle these patients.

One area that remains to be addressed is the communication and confidential collaboration among prescribers and law enforcement.

Respondents were overwhelmingly positive about the DAP outcomes. We therefore would urge this program, along with careful formative and summative evaluation to be expanded statewide.

Dr. Elizabeth DePoy, Ph.D.

Dr. Stephen Gilson, Ph.D.



**APPENDIX F**

**Informing and Engaging Community Members How to Prevent Rx Drug Misuse:**

<b><u>TARGET AUDIENCE:</u></b> <b><u>GENERAL PUBLIC</u></b>	<b><u>MESSAGES</u></b>	<b><u>SNAPSHOT OF CURRENT COMMUNICATIONS CHANNELS</u></b>
<p>Sub-populations: -Rural communities</p> <p>-People with an Rx for controlled drugs</p> <p>-People who live with someone with an Rx for controlled drugs</p> <p>-Senior Housing facilities</p> <p>-Long-term Care facilities</p> <p>-Substance Use Disorder Treatment Providers, Hospice, &amp; Home Health Agencies</p> <p>-Adolescents/young children</p> <p>-Ethnic groups in ME</p> <p>-Affinity groups – organized religion (Jewish, Muslim, Orthodox groups)</p>	<ul style="list-style-type: none"> <li>⊗ Take Rx as directed. Don't mix.</li> <li>⊗ Lock your medications/store in a safe place. Don't share.</li> <li>⊗ Proper disposal of unused medicine. Don't flush. Ask health care provider what to do with it (work with licensing assns) – FYI: statewide symbol for disposal [large D with purple arrow], locking, safe Rx, education (Gressitt, Larson, Schloss, Kay)</li> <li>⊗ Contact police if medication is missing/stolen.</li> <li>⊗ Recognize and respond to drug overdose</li> <li>⊗ Ask about short 1<sup>st</sup> Rx</li> <li>⊗ Ask about interactions</li> <li>⊗ Review all medications with prescriber/pharmacist</li> <li>⊗ Treatment works and is available               <ul style="list-style-type: none"> <li>⊗ Medication assisted treatment (MAT) in the form of methadone, suboxone &amp; buprenorphine works for many people with opioid addictions</li> </ul> </li> </ul>	<p>Posters, Pamphlets, Media (newspapers, radio, TV, internet), Public Events, etc.</p> <ul style="list-style-type: none"> <li>-National Family Partnership (NFP)/Lock Your Meds Campaign</li> <li>-Eastern ME Medical/Penquis Region HMP's Resources</li> <li>-Central Region OD Px Program &amp; HMP's disposal pamphlet/DontFlushME.org</li> <li>-Locally produced flyers announcing community collections</li> <li>-Choose To Be Healthy Street Banners for drug take-back events</li> <li>-Portland Overdose Prevention Project Overdose Px posters</li> </ul> <p>In selected locations: Community members trained to teach these messages others (family, friends, neighbors, professional colleagues, clients, students, etc.)</p> <ul style="list-style-type: none"> <li>-Central Region HMP's "HECK of a Problem w/Rx Meds"</li> </ul> <p>Rx Drug Abuse Prevention Week Proclamation</p> <ul style="list-style-type: none"> <li>-Old Orchard Beach Police Dept/Crime Watch Group</li> <li>-Healthy Portland &amp; Overdose Prevention Project awarded funds for May '12 SAMHSA Prevention Week campaign including Prevention Pledge, educational booth at Farmer's Market and Facebook campaign</li> </ul>

<u>TARGET AUDIENCE PARENTS</u>	<u>MESSAGES</u>	<u>SNAPSHOT OF CURRENT COMMUNICATIONS CHANNELS</u>
<p>Sub-population: -Parents of youth caught misusing Rx drugs</p> <p>-School personnel and other youth-serving personnel in the community</p> <p>-Homeschoolers &amp; youth group leaders (4H, Scouting)</p>	<ul style="list-style-type: none"> <li>⊗ Same messages as above, AND</li> <li>⊗ Teen Rx misuse is a drug problem, 2<sup>nd</sup> only to marijuana</li> <li>⊗ Set clear family rules and communicate with your child/ren. <ul style="list-style-type: none"> <li>⊗ Misused Rx medications are as dangerous as street drugs.</li> <li>⊗ Monitor Rx medications as you would alcohol in your home.</li> <li>⊗ Be a good role model.</li> </ul> </li> <li>⊗ Treatment works and is available <ul style="list-style-type: none"> <li>⊗ MAT (methadone, suboxone &amp; buprenorphine) works for many people with opioid addictions</li> </ul> </li> </ul>	<p>Posters, Pamphlets, Media (newspapers, radio, TV, internet), School-Based/School Sponsored Events</p> <ul style="list-style-type: none"> <li>-Healthy Androscoggin Rx for Prevention Resource &amp; Tips for Parents handout</li> <li>-CADET/Aroostook Parent mailers through schools</li> <li>-Healthy SV "Be a part of the solution" guide (NFP)</li> <li>-Choose To Be Healthy parent brochures for Open Houses</li> <li>-Healthy Portland/Healthy Casco Bay parent workshops at worksites using OSA's parent tips to create discussion</li> </ul> <p>In selected locations: Community members trained to teach these messages others (family, friends, neighbors, professional colleagues, clients, students, etc.)</p> <ul style="list-style-type: none"> <li>-Central Region HMP's &amp; Overdose Prevention Program's "HECK of a Problem w/Rx Meds"</li> </ul> <p>Skill building classes for youth who have been caught misusing prescription drugs – depending on the class, parents may be required to attend. (i.e. SIRP, Boomerang)</p> <ul style="list-style-type: none"> <li>-Alliance for Substance Abuse Prevention provides SIRP for secondary and college students in Southern Kennebec</li> <li>-Kennebec Behavioral Health provides SIRP for secondary students in Northern Kennebec</li> <li>-Youth Matter! provides Boomerang in the Northern Kennebec region</li> <li>-SIRP also offered in Lewiston/Auburn area and Bath/Brunswick (Mid-coast) areas through 2 other OSA contracts</li> <li>-Portland Overdose Prevention Project Overdose Prevention Jeopardy at Day One IOP &amp; Young Parents' workshops for teen parents at 22 Park Place</li> </ul>

Target Audience	Messages	Snapshot of Current Communication Channels
<p><b>Youth</b></p> <p>Sub-populations: -Middle/High School Students</p> <p>-Youth caught misusing Rx drugs</p>	<ul style="list-style-type: none"> <li>⊗ Make healthy choices.</li> <li>⊗ Only use Rx drugs when a doctor prescribes them to you.</li> <li>⊗ Take Rx drugs as directed.</li> <li>⊗ Using Rx drugs without a prescription is illegal.</li> <li>⊗ Misused Rx medications are as dangerous as street drugs.</li> <li>⊗ Treatment works and is available</li> </ul>	<p>Posters, Pamphlets, Media (newspapers, radio, TV, internet), School-Based/School Sponsored Events</p> <ul style="list-style-type: none"> <li>-Coastal Healthy Communities Coalition Student-generated Rx abuse prevention PSA's and posters &amp; DITEP Trg for ~50 school personnel in 12/2011</li> </ul> <p>Skill building classes for youth who have been caught misusing prescription drugs. (i.e. SIRP, Boomerang, Diversion To Assets).</p> <ul style="list-style-type: none"> <li>-Alliance for Substance Abuse Prevention provides SIRP for secondary and college students in Southern Kennebec</li> <li>-Kennebec Behavioral Health provides SIRP for secondary students in Northern Kennebec</li> <li>-Youth Matter! provides Boomerang in the Northern Kennebec region</li> <li>-South End Teen Center (Waterville) and Augusta Boys &amp; Girls Club provide Diversion To Assets</li> </ul>
<p><b>Patients</b></p>		

<p>who are prescribed narcotic analgesics &amp;/or benzodiazepines</p> <p>-who are prescribed ADHD medications</p>	<ul style="list-style-type: none"> <li>⊗ Be an active member of your health care team.</li> <li>⊗ Question your doctor until you understand the purpose, risks, and alternate drugs for treating your pain and/or anxiety. [Seek alternative treatments <u>before</u> drugs – PT, chiropractic, osteopathic...preferred to seek alt before drugs]</li> <li>⊗ Learn all treatment options for pain management and/or anxiety.</li> <li>⊗ Accept and take only what you need.</li> <li>⊗ Encourage your doctor to use the PMP and Diversion Alert systems.</li> <li>⊗ Recognize and respond to overdose (poisoning): Wake, Turn, Call, Stay</li> </ul>	<p>Medical Center Public Awareness Campaigns: Handouts and/or conversations with healthcare staff.</p> <ul style="list-style-type: none"> <li>-CADET/Aroostook Pharmacy “stuffers”</li> <li>-Eastern ME Medical/Penquis Region HMP’s Resources</li> <li>-Central Region HMP’s disposal pamphlet/DontFlushME.org</li> <li>-MaineGeneral MEDSmart social marketing campaign: Medication List</li> <li>-Kennebec County Drug Overdose Prevention Program pamphlets located in practice wait rooms, provided to buprenorphine prescribers</li> </ul> <p>Overdose Prevention Public Awareness Campaigns:</p> <ul style="list-style-type: none"> <li>-Portland Overdose Prevention Project distributes “Call 911” overdose prevention cards and posters throughout city</li> <li>-Bangor Area Overdose Prevention Program “Call 911” overdose prevention cards, posters, and “Rx pads” in Penobscot, Hancock, and Washington Counties</li> <li>-Kennebec County Overdose Prevention Program distributes “Call 911” posters and “Drug Overdose Prevention” pamphlets throughout Kennebec County</li> </ul>
--	--	---

<b>Target Audience</b>	<b>Messages</b>	<b>Snapshot of Current Communication Channels</b>
<p>Patients (continued) Sub-populations: -Recent medical care for opioid poisoning or intoxication -Suspected or confirmed history of opioid misuse -High-dose opioid Rx (&gt;100 mg/day MED) -Methadone Rx for opioid naïve patient -Recent release from jail, prison, mandatory detox or abstinence program -Enrolled in MAT program (methadone or buprenorphine) -Opioid Rx AND emphysema, asthma, sleep apnea, COPD, renal/hepatic disease, alcohol dependence, Rx for benzodiazepine, or Rx for antidepressant</p>	<ul style="list-style-type: none"> <li>⊗ Understand increased risk for overdose (poisoning). Recognize and respond to signs of overdose: Wake, Turn, Call, Stay.</li> <li>⊗ Rx opioids are only one strategy: Pain also may be managed in many ways using alternative therapies.</li> <li>⊗ The goal of treatment is to increase body/mind function and not necessarily the absence of pain.</li> <li>⊗ Treatment works and is available <ul style="list-style-type: none"> <li>⊗ MAT (methadone, suboxone &amp; buprenorphine) works for many people with opioid addictions</li> </ul> </li> </ul>	<p>Medical Center Public Awareness Campaigns: Handouts and/or conversations with healthcare staff. -CADET/Aroostook Pharmacy “stuffers” -Eastern ME Medical/Penquis Region HMP’s Resources -Central Region HMP’s disposal pamphlet/DontFlushME.org -MaineGeneral MEDSmart social marketing campaign: Medication List -Kennebec County Drug Overdose Prevention Program pamphlets located in practice wait rooms, provided to buprenorphine prescribers</p> <p>Messages delivered as needed by physicians, behavioral health/treatment professionals, case managers, and outreach workers. Includes one-on-one and small group coaching sessions. -MaineGeneral MEDSmart social marketing campaign: CLIPP (Compassionate Limits Prescription Program)</p>
<b>Healthcare Providers</b>		
<p>Includes physicians, mid-level practitioners, and pharmacists</p>	<ul style="list-style-type: none"> <li>⊗ Become/remain fully informed about best practices for pain management.</li> <li>⊗ Use alternative therapies first and narcotics second.</li> <li>⊗ Implement universal precautions when prescribing narcotics. [people don’t know what this is yet – include a short description for people to discuss]</li> <li>⊗ Use pain management agreements and monitoring</li> </ul>	<p>In-person or on-line training seminars, in connection with revised Guidelines/ Recommended Practices for Providers. -Coastal Healthy Communities Coalition trg for SMMC and Goodall Hospital -EMMC/Inland Hospital adoption of opioid prescribing guidelines -MaineGeneral adoption of CLPP Guidelines</p> <p>In-person training seminars for PMP by contracted Healthy ME Partnerships through May ‘12.</p>

	<p>plans for patients on narcotics or benzodiazepines for more than 45 days.</p> <ul style="list-style-type: none"> <li>⊗ Utilize the PMP and Diversion Alert System.</li> <li>⊗ Treatment works and is available <ul style="list-style-type: none"> <li>⊗ MAT (methadone, suboxone &amp; buprenorphine) works for many people with opioid addictions</li> </ul> </li> </ul>	<p>In-person or on-line training seminars for PMP and Diversion Alert System as it gets implemented.</p>
<b>Target Audience</b>	<b>Messages</b>	<b>Snapshot of Current Communication Channels</b>
College Students		
<p>Sub-populations:  -Undergraduates  -Medical students  -Allied Health Care students  -Social Work/Counseling students  -theology students (pastoral counseling)</p>	<ul style="list-style-type: none"> <li>⊗ Misused Rx medications are as dangerous as street drugs.</li> <li>⊗ Using Rx medications without a valid prescription is illegal.</li> <li>⊗ Recognize and respond to overdose (poisoning): Wake, Turn, Call, Stay.</li> <li>⊗ Become/remain fully informed about best practices for pain management.</li> <li>⊗ Treatment works and is available <ul style="list-style-type: none"> <li>⊗ MAT (methadone, suboxone &amp; buprenorphine) works for many people with opioid addictions</li> </ul> </li> </ul>	<p>In-person or on-line training programs educating selected classes about these topics.</p> <ul style="list-style-type: none"> <li>-University of Maine, Orono: "Wake, Turn, Call, Stay" messaging in residence halls</li> <li>-Coastal Healthy Communities Coalition trg on Rx Abuse Prevention for UNE students and Medical Students (4/2012)</li> <li>-Kennebec County Drug Overdose Prevention Program "HECK of a Problem w/Rx Meds" online training for U Maine Augusta</li> </ul> <p><i>[Note: contact UNE (Heather Stewart) Student Association; Husson College (Rod Larson)]</i></p>
Law Enforcement Professionals		

	<p><i>What CADCA recommends for this audience:</i></p> <ul style="list-style-type: none"> <li>⊗ Teens are abusing Rx drugs</li> <li>⊗ Take teen Rx abuse seriously</li> <li>⊗ Use this intervention to provide “wake-up calls” to young abusers</li> <li>⊗ Store medications properly (share with public)</li> <li>⊗ Treatment works and is available <ul style="list-style-type: none"> <li>⊗ MAT (methadone, suboxone &amp; buprenorphine) works for many people with opioid addictions</li> </ul> </li> </ul> <p><i>As the state wide diversion registry emerges:</i></p> <ul style="list-style-type: none"> <li>⊗ Partner with providers and pharmacists when possible to help reduce this problem</li> </ul> <p><i>As the state wide disposal program emerges:</i></p> <ul style="list-style-type: none"> <li>⊗ Educate people during home visits that unused medicines can/should be disposed properly</li> </ul>	
<b>Women of Child-bearing Age w/ Opioid Addictions</b>		
<p>-Post partum depression (Dr. Lynn Ouellette call 622-3374 and ask how to contact Dr. Lynn)</p>	<ul style="list-style-type: none"> <li>⊗ If you’re pregnant and have an opiate addiction, there is help</li> <li>⊗ Methadone or buprenorphine treatment is safe for you and your baby</li> </ul>	<p>Posters, Pamphlets, In-person training seminars and outreach efforts.</p> <ul style="list-style-type: none"> <li>-Portland Women's Task Force and the Methadone and Pregnancy Campaign</li> <li>-Kennebec County Drug Overdose Prevention Program</li> </ul> <p>OSA/MCD FASD/DAB Coordinator Position</p>
<b>People on Probation</b>		
	<ul style="list-style-type: none"> <li>⊗ Treatment works and is available</li> </ul>	<p>Messenger – LEA or AG</p>
<b>Policy Makers</b>		

<p>Sub-populations:          -State Legislators          -Licensing Boards          (health care providers)</p>	<ul style="list-style-type: none"> <li>⊗ Become/remain fully informed about best practices for pain management.</li> <li>⊗ Use alternative therapies first and narcotics second.</li> <li>⊗ Implement universal precautions when prescribing narcotics. [people don't know what this is yet – include a short description for people to discuss]</li> <li>⊗ Use pain management agreements and monitoring plans for patients on narcotics or benzodiazepines for more than 45 days.</li> <li>⊗ Utilize the PMP and Diversion Alert System.</li> <li>⊗ Treatment works and is available             <ul style="list-style-type: none"> <li>⊗ MAT (methadone, suboxone &amp; buprenorphine) works for many people with opioid addictions</li> </ul> </li> </ul>	
---	---	--



## APPENDIX G

### **Creating a Website Network Promoting Rx Misuse Prevention Efforts**

**The Education Subcommittee is proposing the development of a community education project** that appears both do-able and potentially useful to the work of the task force, within existing resources. The project: **creation of a network of existing and new web pages** that can be used to promote public awareness of:

- 1) The focus of the Task Force on its 4 action areas,
- 2) Specific activities/actions in each area, and
- 3) The existence (and ongoing development) of the broad based partnership that is addressing this issue.

It is proposed that six websites (including four sites that are already in place) be linked together, including:

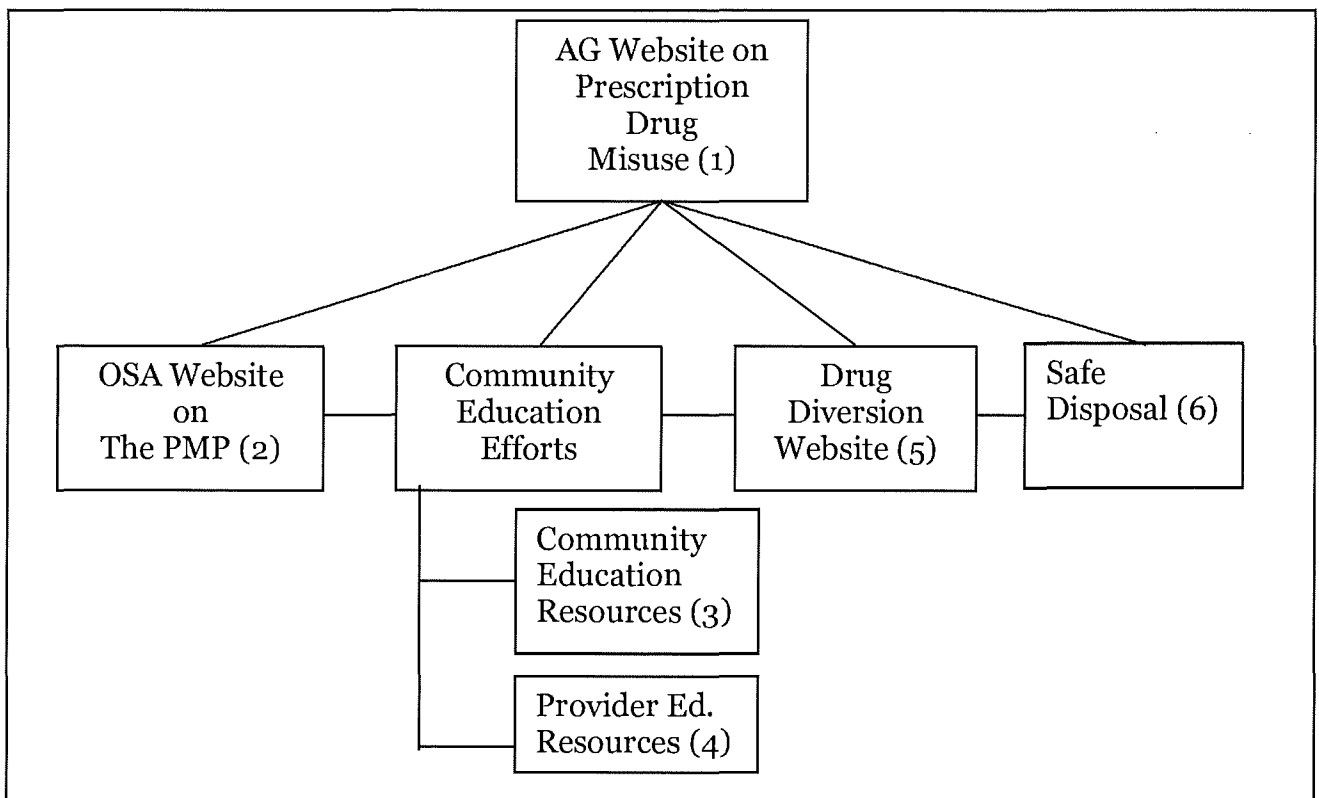
- the AG's prescription drug misuse prevention site (in place), providing an overview of the effort
- a site within OSA, providing an overview of the PMP
- a site to be created by MAPSA, providing an overview of community education resources and materials,
- a site on the Maine Medical Association website promoting opportunities and resources for physicians and pharmacists,
- a site (host to be determined) to promote the emerging statewide Drug Diversion Alert Program, and
- a site providing information about safe drug disposal (potentially, an existing site held by MDEA)

The existing owner of the website would retain control over its own content, and would update content as needed. **No separate, independent webpage host would be required to complete this action.**

Both existing webpages and newly created page owners would be asked to add 2 things:

- A) Some sort of simple tagline (to be developed) that communicates the fact that it is part of a network. One example: the words "Partnering With Maine's Attorney General to Prevent Rx Misuse in Maine," and
- B) Provide links on their page to the other six sites in the network (e.g., in a box on the side of the page: for more information on other Rx Misuse Prevention Efforts, Go To...

## Overview of the Network of Websites



Suggested starting points to create the network of web pages:

- 1) <http://www.maine.gov/ag/initiatives/drugsummit2011/>
- 2) <http://www.maine.gov/dhhs/osa/data/pmp/index.htm>
- 3) To be created by Maine Alliance to Prevent Substance Abuse/MASAP
- 4) To be created under this link: <http://www.mainemed.com/painMgt/rx.php>
- 5) To be created based on work with the Aroostook Diversion Alert group
- 6) <http://www.maine.gov/dps/mdea/> (one option)

**DRAFT WEBPAGE**

**Preventing Prescription Drug Misuse in Maine**

At [www.masap.org](http://www.masap.org) Maine Association of Substance Abuse Programs, MAPSA section  
Link to this page from <http://www.maine.gov/ag/initiatives/drugsummit2011/>

---

Resources for Education

Prescription drugs can be just as dangerous as illegal drugs when they are not taken as directed or taken by someone else. Not taking medications correctly leads to prescription drug misuse, abuse, addiction and crime. Many people think that medications prescribed by doctors are always safe to use and even safe to share with other people. It is never safe to take a drug that was prescribed for someone else.

We can all work together to:

- provide information to prevent prescription drug misuse and diversion;
- educate teenagers and parents, adults of all ages, and providers about safe prescription drug use; and
- share resources for intervention, treatment, recovery, safe disposal and community education.

Public Education	Provider Education
<p>For individuals and groups who want to take action, or enhance existing efforts to prevent prescription drug misuse, click on the links below for a list of broad-based resources:</p> <ul style="list-style-type: none"><li>○ <a href="#"><u>National Resources For The Prevention of Prescription Drug Misuse</u></a></li><li>○ <a href="#"><u>Community Campaigns, Toolkits, and Educational Materials</u></a></li><li>○ <a href="#"><u>Informing and Engaging Community Members How to Prevent Rx Drug Misuse</u></a></li></ul>	<p>Education resources (Resources for Management of Pain) can be found at the <a href="#"><u>Maine Medical Association website</u></a>.</p>

---

Updated 6/15/12

## **Link 1: NATIONAL RESOURCES FOR THE PREVENTION OF PRESCRIPTION DRUG MISUSE**

- National Institute of Drug Abuse (NIDA)
  - Topics in Brief: Prescription Drug Abuse
  - NIDA for Teens: Prescription Drug Abuse
- Prescription Drug Abuse Initiative - Office of National Drug Control Policy
  - *Epidemic: Responding to America's Prescription Drug Abuse Crisis*
  - The Administration's Response to the Prescription Drug Epidemic: Action Items
- National Coalition Against Prescription Drug Abuse
- National Council on Patient Information and Education
  - College Resource Kit:  
[http://www.talkaboutrx.org/college\\_resource\\_kit.jsp](http://www.talkaboutrx.org/college_resource_kit.jsp)
- From Community Anti-Drug Coalitions of America (CADCA)
  - Teen Prescription Drug Abuse: An Emerging Threat – Strategies to Prevent Prescription Drug Abuse Among Teens in Your Community (CADCA Strategizer #52)
  - CADCA Rx Prevention Toolkit
- Parents: The Anti-Drug – Over The Counter and Prescription Drug Abuse, including
  - National Youth Anti-Drug Media Campaign
  - Drug Effects on the Brain
- Prescription Drug Abuse - Medline Plus, U.S. National Library of Health, NIH

MASAP is not responsible for the content of these websites. Listing these links does not constitute an endorsement of the information on the website or its sponsors.

## **Link 2: COMMUNITY CAMPAIGNS, TOOLKITS, AND EDUCATIONAL MATERIALS**

### **I. Information for Parents**

- Your Teen and Prescription Drugs: What do Parents Need to Know This publication may be ordered from the Maine Office of Substance Abuse, Information & Resource Center
- Not In My House checklist
- National Council on Patient Information and Education
  - Teen Influencer Educational Resource:  
[http://www.talkaboutrx.org/maximizing\\_role.jsp](http://www.talkaboutrx.org/maximizing_role.jsp)
  - Not Worth the Risk, Even if its Legal (written resources):  
[http://www.talkaboutrx.org/maximizing\\_role.jsp](http://www.talkaboutrx.org/maximizing_role.jsp)
- National Coalition Against Prescription Drug Abuse
- Keep Rx Safe - Indiana Prevention Resource Center. Includes information for Adults, Parents and Youth (under Adult tab, slide #2 shows evaluation results for mass media campaign for parents)
- Time To Talk toolkit for parents and involved adults, sponsored by the Partnership at Drug-Free.org
- Preventing Teen Abuse of Prescription Drugs fact sheet from the Partnership at Drug Free.org
- Generation Rx Outreach Initiative Created by the Cardinal Health Foundation and Ohio State University College of Pharmacy. Includes toolkits for youth, adult and senior prescription drug misuse.
- Smart Moves Smart Choices campaign Links for Parents, Teens, Educators and a School Toolkit. Sponsored by Janssen Pharmaceuticals, Inc.
  - <http://smartmovessmartchoices.org/parents>
- Prescription Drug Misuse Prevention Program from the California Department of Drug and Alcohol Programs and the Center for Applied Research Solutions
  - [http://www.prescriptiondrugmisuse.org/index.php?page=family\\_members](http://www.prescriptiondrugmisuse.org/index.php?page=family_members)
- Generation Rx Outreach Initiative Created by the Cardinal Health Foundation and Ohio State University College of Pharmacy. Includes toolkits for youth, adult and senior prescription drug misuse.
  - Register for free tools and click on “Youth GenerationRx Educational Toolkit”

## **II. Information for Parents and Teachers**

- Drug Facts: High School and Youth Trends
- NIDA for Teens: The Science Behind Drug Abuse: information and lesson plans and a quiz for students.
- Download a brochure: Helping Students Avoid Prescription Drug Abuse
- Smart Moves Smart Choices campaign Links for Parents, Teens, Educators and a School Toolkit. Sponsored by Janssen Pharmaceuticals, Inc.
  - <http://smartmovessmartchoices.org/educators>
- Prescription Drug Misuse Prevention Program from the California Department of Drug and Alcohol Programs and the Center for Applied Research Solutions
  - <http://www.prescriptiondrugmisuse.org/index.php?page=schools>
- Generation Rx Outreach Initiative Created by the Cardinal Health Foundation and Ohio State University College of Pharmacy. Includes toolkits for youth, adult and senior prescription drug misuse.
  - Register for free tools and click on “Youth GenerationRx Educational Toolkit”

## **III. Information For Youth and Young Adults**

- Above The Influence Media campaign supported by the Office of National Drug Control Policy
- National Coalition Against Prescription Drug Abuse
- P2D2 Prescription Pill and Drug Disposal Program
- Not Worth the Risk – Even If It’s Legal campaign from the National Council on Patient Information and Education
- From the National Institute on Drug Abuse: Prescription Drug Abuse Facts and Creative Ways to Fight Rx Abuse
- the.News - five part series on prescription drug abuse. *the.News* is a source of current events for teens for use at home, in the classroom, and in out-of-school time.
- Smart Moves Smart Choices campaign Links for Parents, Teens, Educators and a School Toolkit. Sponsored by Janssen Pharmaceuticals, Inc.
  - <http://smartmovessmartchoices.org/teens>

- Generation Rx Outreach Initiative Created by the Cardinal Health Foundation and Ohio State University College of Pharmacy. Includes toolkits for youth, adult and senior prescription drug misuse.

#### **IV. Information for College Students**

- College Resource Kit from the National Council on Patient Information and Education
- Just Think Twice, sponsored by the Drug Enforcement Administration
- Prescription Drug Misuse Prevention Program from the California Department of Drug and Alcohol Programs and the Center for Applied Research Solutions
  - <http://www.prescriptiondrugmisuse.org/index.php?page=colleges>
- Generation Rx Outreach Initiative Created by the Cardinal Health Foundation and Ohio State University College of Pharmacy. Includes toolkits for youth, adult and senior prescription drug misuse.

#### **V. Information for Seniors**

- Medication Use Safety Training (MUST) for Seniors, with Tips You Can Use and information for Seniors, Caregivers, Community and Senior Organizations, and Healthcare Professionals.
- Talk About Rx, from the National Council on Patient Information and Education.
- Information about Improper Use of Medications from the National Institutes of Health Senior Health website.
- Generation Rx Outreach Initiative Created by the Cardinal Health Foundation and Ohio State University College of Pharmacy. Includes toolkits for youth, adult and senior prescription drug misuse.
  - Register for free tools and click on “GenerationRx Senior/Best Use of Medicines Toolkit”

#### **VI. Information for the General Public**

- Use Only As Directed Program A media and education campaign funded by the Utah Commission on Criminal and Juvenile Justice and a federal grant awarded to the Utah Division of Substance Abuse and Mental Health.
- Generation Rx Outreach Initiative Created by the Cardinal Health Foundation and Ohio State University College of Pharmacy. Includes toolkits for youth, adult and senior prescription drug misuse.

- Register for free tools and click on “GenerationRx Adult Educational Toolkit”

## **VII. Treatment and Recovery Resources**

### **Treatment:**

- *Programs and Services in Maine* is an online searchable directory of licensed alcohol and drug abuse treatment agencies and prevention programs operating in the State of Maine. You may search the directory by a variety of criteria, including location, and available services. A printed version of the directory (as of May 2011) is also available. For more information, contact the Office of Substance Abuse Information and Resource Center at 800-499-0027.
- Information about Maine treatment services can also be found on the Maine Association of Substance Abuse Programs website.
- **Kennebec & Somerset Counties:** There is a written resource updated every 6 months published by MaineGeneral’s Prevention Center. FMI, call 872-4102.

### **Recovery:**

- The Maine Alliance for Addiction Recovery organizes people in recovery from alcohol and drug addiction and recovery allies into a unified recovery presence within Maine. MAAR is a statewide recovery community organization that represents the many pathways of recovery. Visit the Maine Alliance for Addiction Recovery website for more information.
- Portland Recovery Community Center:  
[http://www.portlandrecovery.org/about\\_us.htm](http://www.portlandrecovery.org/about_us.htm)
- Bangor Area Recovery Center “The BARN”, North Brewer Shopping Center, 395 N. Main Street, Brewer, ME. (207)561-9444: [www.BangorRecovery.org](http://www.BangorRecovery.org)

## **VIII. Information for Maine Providers**

Education resources (Resources for Management of Pain) can be found at the Maine Medical Association website.

## **IX. Preventing Prescription Drug Misuse in Maine**

This section could include links to organization/coalition/program websites with descriptions of local efforts, partnerships, events as well as the HMP (funded for Rx Drug Misuse by OSA – 2012-2015 grant), DFC, and Overdose Prevention maps and suggestions for how the public can get involved, get more information, etc.

Add links to each of the other AG’s Task Force Subcommittees here.

Add link to ME legislation and identify LD’s under current consideration that are related to Rx drug misuse here.



<b>June 2012 Resource Request from Education Subcommittee</b>		
<b>Item</b>	<b>Cost</b>	<b>Notes:</b>
Staff Person for AG Task Force Coordination/Public Education Campaign	\$70,000	Qualifications should include a background (education/experience) in public health, social marketing, project management, & resource development)
Support staff for admin tasks	\$40,000	Facilitate communication among / within systems across the state (MeCare changes, AG grp & licensing bds, eval details, meeting coordination & event planning)
Annual Rx Misuse Summit	\$20,000	
Website for Public Education/AG TF Subcommittees	\$8,000	Unique site with campaign name/tagline
Statewide Radio Campaign - Parents	\$16,000	
Statewide Radio Campaign - ME Citizens Age 65 & Better	\$16,000	
Internet Advertising Campaign - Young Adults	\$6,000	
Print Materials Costs - Newspaper, Professional Pubs, Flyers/Posters	\$25,000	
Professional Education Resources for Training	\$50,000	Subcontract with ME Medical Association for statewide coverage and consistency
Collateral for Website Marketing	\$10,000	
Retainer for Public Relations Consultant	\$15,000	Goal of this relationship is to have a consistent look and messaging for all aspects of the social marketing campaigns and the AG's Task Force; Consultant responsible for coordinating at least one show on MPBN or Salt Institute, pieces of this will be edited to create additional campaign messages for radio, print, and website distribution
Videographer/Producer/Editor (yr 1)	\$15,000	Contract to complete deliverables from show outlined in note above
Stipend for Education Subcommittee Members	\$5,000	Subcommittee members invest their time and expertise to support the efforts of the staff person
Grantwriter - funds for sustainability of effort	\$10,000	
Task Force Evaluation (incl social marketing campaigns)	\$50,000	Evaluation of components of the social marketing campaigns and activities of the AG's Task Force (demonstrate entire effort as evidence-based in created lower rates of opioid prescribing, misuse, addiction, and death; Annual household survey
Mail-back envelope program	\$50,000	cost of envelopes, staff admin support, and evaluation annually
	\$406,000	