



JOHN A. KITZHABER, MD
Governor

August 15, 2012

Dan Crippen, Executive Director
National Governors Association
Hall of the States
444 North Capitol Street, Suite 267
Washington, DC 20001

Re: Prescription Drug Abuse Reduction Policy Academy

Dear Mr. Crippen:

Oregon has seen a calamitous rise in prescription drug abuse in the past decade. We have one of the highest rates of prescription drug abuse in the country and the highest rate of prescription drug abuse among 15-19 year-olds. Despite efforts to address the challenges through the implementation of a prescription drug monitoring program, well-publicized drug take-backs and public education, they continue to pose a threat to the health and safety of Oregonians.

Oregon has long been a national leader on health care reform, beginning with the groundbreaking Oregon Health Plan and continuing today with health transformation through our Coordinated Care Organizations. In a related policy area, we were the first state in the nation to confront methamphetamine production when we put the precursor chemical, pseudoephedrine, behind the pharmacy counter. I believe that Oregon can benefit from innovative ideas and best practices from other states regarding prescription drug abuse. It is for that reason that I support Oregon's application to be a part of the National Governors Association Prescription Drug Abuse Reduction Policy Academy.

I have put together a team comprised of high-level leaders in health care, government, law enforcement, academia and the state legislature who will be engaged in the work of the policy academy. The leader of the team will be my health policy advisor, Sean P. Kolmer.

Other members of the team include:

Tom Burns, Director of Pharmacy Programs for the Oregon Health Authority.

Lisa Millet, Director of Injury and Violence Prevention for the Public Health Service, which has oversight of Oregon's Prescription Drug Monitoring Program. Ms. Millet has also spearheaded the Prescription Opioid Poisoning Project within Oregon.

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Mary Ellen Glynn, the Executive Director of the Alcohol and Drug Policy Commission, a multi-agency, multi-disciplinary commission that coordinates substance abuse policy throughout the state.

State Senator Jeff Kruse, Vice Chair of the Senate Health Care, Human Services and Rural Health Policy and the Vice Chair of the Senate Judiciary Committee.

Judith Cushing, Chief Executive Office of Lines for Life, a leading substance abuse prevention and mental health crisis centers in the state.

Rob Bovett, the District Attorney for Lincoln County and a national leader on fighting methamphetamine and prescription drugs.

Dennis McCarty, Professor, Public Health and Preventative Medicine, Oregon Health and Science University.

As a physician, my vision for Oregon is one in which Oregonians are among the healthiest people in the nation. I am fully supportive of the goals of the NGA Prescription Drug Abuse Reduction Policy Academy and believe that Oregon can both contribute to and benefit from participation.

Sincerely,

A handwritten signature in black ink, appearing to read "John A. Kitzhaber". The signature is fluid and cursive, with the first name "John" being the most prominent.

John A. Kitzhaber, M.D.
Governor

SPK/smg



STATE OF OREGON

**NGA Prescription Drug Abuse Reduction Policy Academy
Application from Oregon Governor John Kitzhaber**

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STATE OF OREGON

NGA Prescription Drug Abuse Reduction Policy Academy Application from Oregon Governor John Kitzhaber

DESCRIPTION OF THE PROBLEM

Oregon has seen a calamitous rise in the abuse and misuse of prescription drugs in the past decade. The ready availability of prescription drugs – obtained both legally and illegally – has fueled this growing epidemic in our state.

- Oregon has the second highest rate of prescription analgesic abuse in the country.
- 17.9 percent of Oregonians ages 18 to 25 have used opioids non-medically, the highest of any state, and 7 percent of 11th-graders reported they had used a prescription drug within the past 30 days to "get high."
- During 2010, there were 119.9 hospitalizations per 100,000 Oregonians for prescription drug related poisoning. There were 10.3 deaths per 100,000 Oregonians from prescription drugs in 2010.
- Law enforcement reports overwhelming percentages of people who have misused prescription drugs arrested for various offenses, including impaired driving.

CHALLENGES TO IMPLEMENTING CHANGE

Oregon plans a multi-dimensional approach to ameliorate its problem: 1) strengthen the prescription drug monitoring program, 2) enhance enforcement, 3) promote proper disposal, 4) leverage the state's authority as a purchaser and regulator, and 5) capitalize on the leadership of Governor John Kitzhaber, an Emergency Department M.D.

Prescription Drug Monitoring Program: Legislation allowing the Oregon Health Authority to establish an electronic Prescription Drug Monitoring Program (PDMP) passed in 2009 and the PDMP went live in September 2011. Use of the PDMP is not mandatory, so to date only 4,200 or 20 percent of all Oregon-licensed providers are registered. There has not been much sufficient time for provider and health care organization education concerning improved patient care that might come with use of the PDMP. The most significant challenges for the PDMP have been concerns about privacy and confidentiality of patient information. Privacy rights advocates are concerned about potential breaches and want to keep access limited. The statute allows only prescribers and pharmacists to access the PDMP, which stifles usage. Law enforcement can only obtain information with a court order, frustrating efforts to fight diversion. The current privacy standards would likely hamper Oregon's participation in multi-state data sharing.

Enhancing enforcement efforts: Law enforcement access to the PDMP is limited, so investigations are unlikely to result from the PDMP. Oregon's DUII statutes do not allow law enforcement to charge prescription drug-impaired drivers with DUII. There is no penalty for selling prescription drugs, so any large scale diversion arrests have led to probation.

Promoting proper disposal of prescription drugs: Oregon Partnership/Lines for Life and the Oregon Medical Association Alliance organized the first of three annual RX drug takebacks in 2009. DEA take-back days have been well-received and along with local efforts, have collected tons of unused medicine. Some local police and sheriff's offices have drop boxes that are available on regular business days. Ideally, every police station would have such drop-boxes, but the police staff time to deliver the drugs to appropriate incineration centers deters many local forces. Further, there has not been a public information campaign about proper disposal of unused prescription drugs.

Leveraging the state's role as regulator and purchaser of health care services: Through the Oregon Health Plan, the Oregon Educators Benefit Board and the Public Employee Benefit Board, the state spends \$36 million each year on the most commonly abused prescription drugs. The state needs to take a close look at its policies and guidelines towards its contractors and providers. The state could do more to encourage provider education on the use of alternatives to narcotics as a means to treat pain.

The role of the Governor and public education: Governor Kitzhaber, a physician, has a deep commitment to ensuring that all Oregonians live healthy, productive lives. One of his signature initiatives is health care reform and as such, he is committed to the fight against prescription drug abuse. Oregon is in need of a quality public information campaign regarding prescription drug abuse. Our challenge will be to determine messages and mediums that are affordable, sustainable and effective.

EXPECTED OUTCOMES FOR PARTICIPATION IN THE POLICY ACADEMY

Oregon needs to respond to the abuse of prescription drugs through coordination across the executive, legislative and judicial branches of government and partnerships with the business community and other stakeholders. The NGA policy academy will assist Oregon with planning and implementation of a state action plan that may include legislative concepts, innovative policy, and regulatory and public education strategies.

State action plan: While there are many efforts to address the prescription drug abuse problem, there is not a plan of action at the state level. The Alcohol and Drug Policy Commission is a tasked with creating and staffing the plan, and would benefit greatly from the state planning process outlined by the NGA, with a deadline of September 2013 for implementation.

Prescription Drug Monitoring Program: Oregon has only recently begun its PDMP, so we can benefit from experience garnered from states. Through the policy academy, we hope to gain strategies for strengthening the PDMP through legislative action, beginning in the 2013 session. In addition, we would like to make use of the PDMP a standard of care for the Oregon Health Plan, Oregon Educators Benefit Board, Public Employee Benefit Board and third party payers.

Education: Reduction of prescription drug abuse in Oregon will need a coordinated information campaign targeted at many different audiences. Providers need better education on narcotics prescription; consumers need to know the risks associated with powerful medicines; adults need to lock up their meds and dispose of them properly; educators need to be aware of the use of drugs by students; and young people need to know the dangers of illicit use of prescription medications. We hope to discuss messages for each audience, the best medium for reaching each group and strategies for how such a public information campaign could be funded.

Regulatory guidelines: We would like best practices on guidelines to providers and technical assistance on regulatory practices in other states. We would like to see third party payers adopt use of the PDMP as a standard of care; they have expressed interest in that type of regulatory change.

Draft Workplan and Benchmarks:

Sept. 2012 – Assessment: Identify key stakeholders, review existing reports and data, conduct literature review, and identify challenges, opportunities and resources

Oct. 2012 – Pre-planning: Attend policy academy, begin planning in-state summit

Nov./Dec. 2012: Develop legislative concepts for 2013 session, plan for summit

Jan./Feb.2013: In-state policy academy, key stakeholder education

March/April 2013: Draft state action plan, follow up with stakeholders

May/June 2013: Second NGA meeting, solicit feedback on state action plan

July/Aug. 2013: Revise state action plan

Benchmarks will include: Accidental deaths and hospitalizations due to opioid poisonings should be reduced by 10% by 2016; 50% of providers should regularly use the PDMP by 2016 and the average number of reports requested should go from the current 72 per year to 120; Oregon will be in the bottom 75% of the nation among 15-19 year olds who have abused prescription drugs; Drug take-back locations will be available on a regular basis (quarterly or more) in every county by 2016.

Sustainability: Oregon's Alcohol and Drug Policy Commission has been working on the issue of prescription drugs and is well-positioned to continue the work beyond 2013.

TEAM LEADERSHIP AND MEMBERSHIP

Governor Kitzhaber has assembled has a proven record of innovative policy and implementation to ensure Oregonians have better health, better care and lower costs.

Governor Kitzhaber's health policy advisor, **Sean P. Kolmer, MPH**, will lead the team, ensuring the participation of the Governor's Office in all meetings. The Oregon Health Authority will be represented by **Tom Burns**, the Director of Pharmacy Programs in the Oregon Health Authority and a former pharmaceutical company executive, who brings deep knowledge of the pharmaceutical industry. **Lisa Millet, MPH**, Injury and Violence Prevention Manager, Public Health Service, will be the liaison to the public health community on this issue. **Mary Ellen Glynn** is Executive Director of the Alcohol and Drug Policy Commission, a multidisciplinary group that brings perspectives of providers, consumers, law enforcement and state government. **State Senator Jeff Kruse**, Vice Chair of the Senate Health, Human Services and Rural Health Policy and Vice Chair of the Judiciary Committee, will lead the way in the legislature and with

rural communities. **Rob Bovett** is the District Attorney for Lincoln County, is a national leader on prescription drug abuse and a catalyst within the law enforcement community. **Judith Cushing** is the CEO of Oregon Partnership/Lines for Life, a leading drug prevention group in Oregon, and a liaison with the Drug Free Communities. **Dr. Dennis McCarty**, Professor, Department of Public Health and Preventive Medicine at Oregon Health and Science University, is nationally recognized for policy research on alcohol and drug use disorders.

COORDINATION WITH ONGOING INTIATIVES

The team members were assembled with an eye towards coordination with other initiatives. Mr. Burns and Ms. Millet have oversight of the PDMP. Mr. Burns coordinates with the pharmaceutical industry and the insurance companies on state purchases of prescription drugs. Ms. Cushing works with Oregon Partnership/Lines for Life, which coordinates with the Drug Free Communities, the HIDTA task force and take-backs. Ms. Glynn works with many stakeholder groups, including drug treatment providers, emergency department physicians, local governments and consumers of health care. Mr. Bovett is a national leader on prescription drug abuse, and works with the Oregon D.A.s Association and other law enforcement. Dr. McCarty is involved with OHSU's many projects regarding prescription drugs, as well as other addictions research.



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BUDGET

<u>Cost Category</u>		<u>Grant Funds Amount</u>
Consultants		
Outreach consultant(s)		\$9,000
Develop an education program for licensed providers	\$6,000	
Outreach to educators	\$3,000	
Meeting Costs		\$25,500
Two day in-state policy academy/summit		
Room rental	\$9,000	
Food	\$6,000	
Audio/visual	\$3,000	
Promotional/educational materials	\$1,500	
Staff coordination	\$5,000	
In-state travel for 5 speakers	\$1,000	
Travel for three additional members of the team		\$8,100
Airfare	\$4,500	
Hotel	\$2,700	
Per diem	\$900	
Other Expenses		\$1,500
Outreach materials	\$1,500	
TOTAL		\$44,100

BUDGET NARRATIVE

The state of Oregon plans to use the NGA grant to leverage financial and staff support from the Oregon Health Authority, the Public Health Service, the Alcohol and Drug Policy Commission and Oregon Partnership/Lines for Life.

Consultants: One of the barriers to use of the PDMP is the lack of registered users. While there has been a marketing effort to individuals, we need more intensive efforts. We propose to spend \$6,000 for a plan created by an outreach consultant to shape the way we reach out to providers with effective messages. We also need outreach to health care organizations to help them give prescribers the message that use of the PDMP is a good use of their time. We propose to spend \$3,000 for a consultant to help us reach educators. Because Oregon has the highest rate of prescription drug use by youth in the country, educators are on the frontlines of the epidemic. They are also notoriously hard to reach, as they are employed by 189 separate school districts in the state.

In-State Policy Academy/Summit: In November, 2010, Oregon held a prescription drug abuse summit, sponsored by the U.S. Attorney, the former Governor and the former Attorney General and staffed by Oregon Partnership/Lines for Life. We would like to use the funding from the NGA to build on the success of the 2010 meeting, assessing progress, reporting on best practices learned through the NGA policy academy, obtaining stakeholder input and outlining a path to a state action plan. The original meeting had 200 participants for a day-long discussion. We would like to build on that meeting with a two day summit in January or February 2013. Cost estimates are based on the cost of the 2010 summit and a 2012 Alcohol Policy Training by Oregon Partnership/Lines for Life.

Travel of three additional members of the team: The Governor felt it was important to have a multidisciplinary team which is geographically diverse. For this reason, we have proposed travel for three additional people. (Please note: these travel estimates are in accordance with Oregon state travel guidelines, but are purposely at the high end of the scale and will likely be lower than estimated here.)