



National Governors Association Policy Academy on Prescription Drug Abuse Prevention

State of Nevada Draft Plan Recommendations



Forward

The abuse of prescription drugs is the fastest growing drug problem in the United States (U.S.), and prescription drugs are now the second most abused drug after marijuana among teens. Approximately 100 people die every day in the U.S. from drug overdoses, with opioid pharmaceuticals being the leading cause of fatal overdose, surpassing both heroin and cocaine. In fact, the Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health (NSDUH), found that more accidental deaths are a result of drug overdose as compared to car accidents. Though these national statistics are staggering, this issue is even more severe in Nevada than other states.

In order to address this serious problem, the National Governor's Association (NGA) launched its *Prescription Drug Abuse Reduction Policy Academy* to assist states with developing a strategic action plan for reducing prescription drug abuse tailored to address each state's unique needs. In 2012, the National Governor's Association (NGA) launched the first Prescription Drug Abuse Reduction Policy Academy, 7 states participated in this year-long initiative: Alabama, Arkansas, Colorado, Kentucky, New Mexico, Oregon, and Virginia. This academy proved so effective, it was continued.

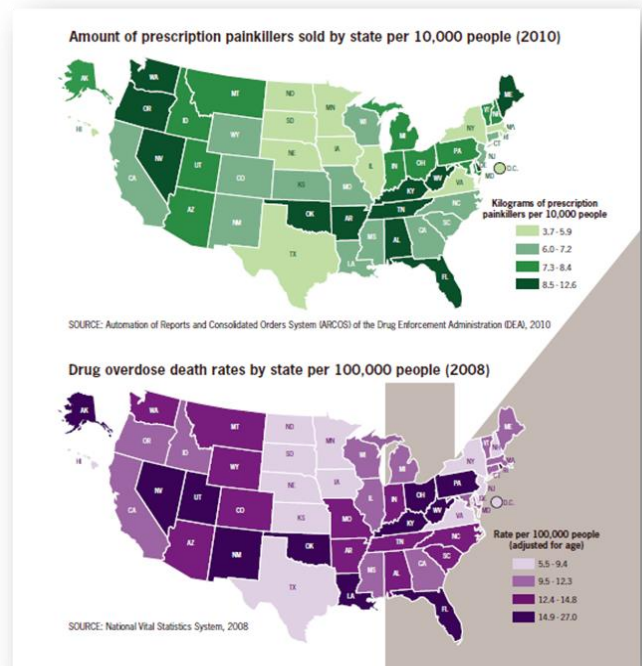
Nevada is participating in the 2014 *Prescription Drug Abuse Reduction Policy Academy* along with Michigan, Minnesota, North Carolina, and Vermont. The 2014 Policy Academy is co-chaired by Governor Brian Sandoval and Vermont Governor Peter Shumlin, in partnership with the Centers for Disease Control and Prevention (CDC) and the Association of State and Territorial Health Officials (ASTHO). Nevada will present its recommendations to the NGA and other Policy Academy participating states in June of 2015 and a final plan will be submitted to the Governor in Fall of 2015.

Defining the Problem in Nevada

Prescription drug abuse has been a focus area for prevention and intervention efforts in Nevada for a number of years. There are several organized groups in the state that are dedicated to addressing this growing issue in Nevada. To name a few: The Prescription Drug Abuse Coalition, primarily comprised of the Attorney General, retail industry, and legislative leadership; the Attorney General's Substance Abuse Workgroup, comprised of the Attorney General and law enforcement, as well as other key leaders; and, the Nevada Statewide Coalition Partnership includes twelve member coalitions working to facilitate strategies that are efficient and effective. Other efforts are simultaneously occurring amongst prevention and treatment providers, public and behavioral health agencies, licensing boards, and grassroots organizations. Though each of these groups are working toward a common goal, a combined approach needs to be developed to truly address the issue using the most effective and efficient methods to ensure systemic change in the state.

Despite such efforts in Nevada, consequences and poor outcomes related to prescription drug misuse remain a growing issue. According to the Centers for Disease Control and Prevention's (CDC) report entitled *Prescription Painkiller Overdoses in the US*, Nevada has some of the highest rates of prescription painkillers sold and drug overdose deaths per capita. Per units prescribed per 100,000 patients, Nevada ranks:

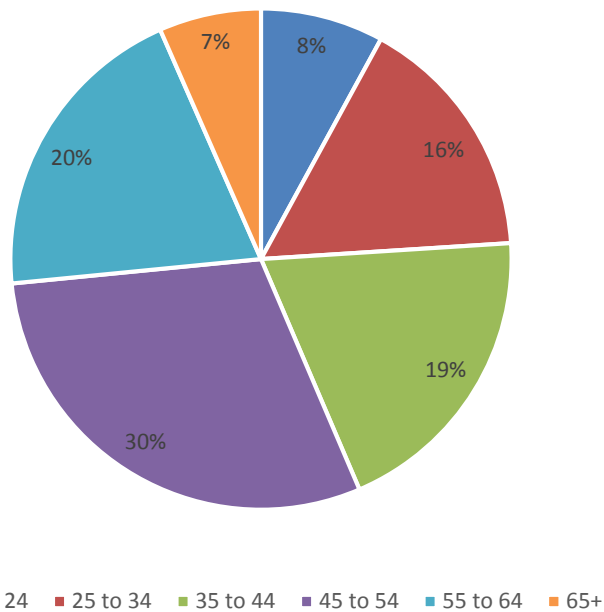
- 2nd highest for hydrocodone (Vicodin and Lortab);
- 2nd highest for oxycodone (Percodan and Percocet);



- 4th highest for methadone;
- 7th highest for codeine.

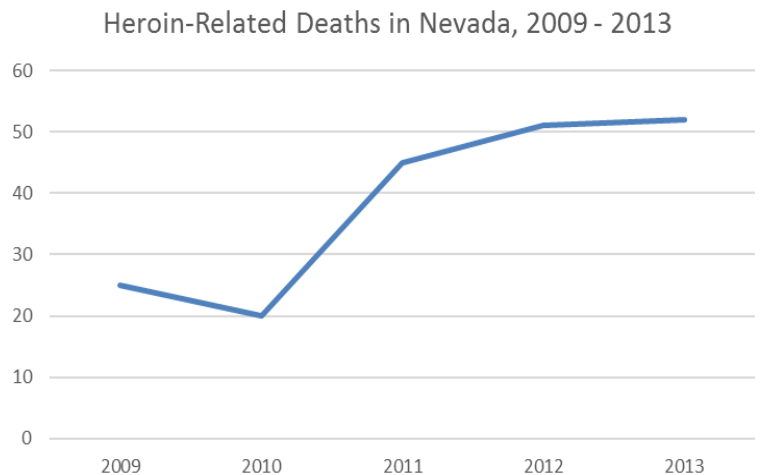
Overdose of prescription drugs may often lead to hospitalization or death. In 2013, there was an age-adjusted rate of 5.5 per 1,000 emergency department (ED) visits among Nevada residents that were a result of heroin/opioid dependence, abuse, or poisoning emergencies. The highest age-adjusted rates by county were in Washoe County (7.0/1,000) and Nye County (7.2/1,000). The statewide rate of emergency room visits related to heroin/opioid dependence, abuse, or poisoning emergencies increased between 2009 and 2013 and the difference was statistically significant. In 2013, there were 4,539 visits statewide; there were 18,543 visits over the 5-year period of 2009 to 2013¹.

Non-Heroin, Opioid-Related Deaths in Nevada by Age Group, 2009 - 2013



¹ Kvam, Jay. "Heroin/Opioid Dependence, Abuse, or Poisoning Emergencies for Nevada Residents, 2009 – 2013." Unpublished report. March 2015.

Furthermore, Nevada consistently has some of the highest rates of drug overdose mortality in the country. Nevada has the 4th highest drug overdose mortality rate in the United States, with 20.7 per 100,000 people suffering drug overdose fatalities, according to a *Prescription Drug Abuse: Strategies to Stop the Epidemic*. According



to the same report, The number of drug overdose deaths - a majority of which are from prescription drugs - in Nevada increased by 80 percent since 1999 when the rate was 11.5 per 100,000. There has been a substantial increase in heroin-related deaths in Nevada between 2009 and 2013, with over double the number of cases between those years.

As these data illustrate, Nevada is clearly experiencing problems related to prescription drug abuse despite many efforts to prevent and intervene. It is also clear that progress can only be made by working comprehensively and in partnership. There needs to be a systematic and collaborative effort made across disciplines if Nevada wants to see true change in the state.

As a result of the 2014 NGA Prescription Drug Abuse Reduction Policy Academy, the Governor developed a core team to create a plan that would improve community health by reducing prescription drug abuse by 18% by 2018. To achieve this, the core team's plan would change attitudes and behaviors of Nevadans through better coordinate efforts and statewide leadership. In order to accomplish this, the team will hold two stakeholder meetings in 2015 to solicit feedback from all disciplines to identify current efforts, determine ways to prevent duplication of efforts, and establish an effective statewide leadership role focused on four key areas: education,

data collection and sharing, screening and treatment, and criminal justice interventions.

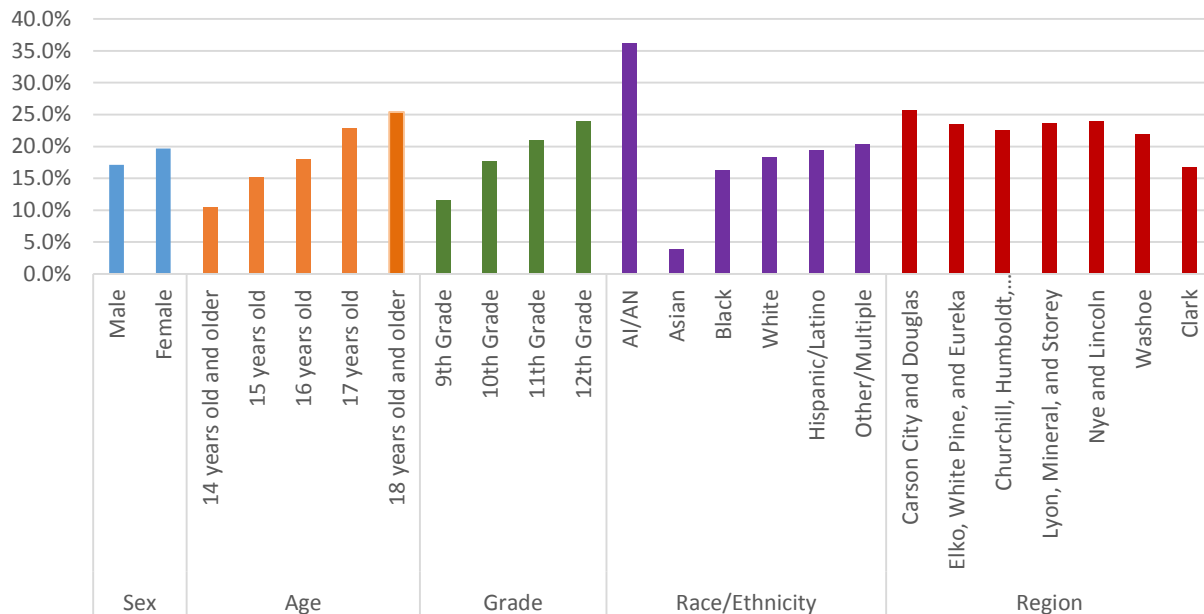
Education

In 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use found that 2 million teenagers misused prescription drugs. Of the 2 million surveyed, 1 in 3 reported that there was “nothing wrong” with using prescription drugs every once in a while. There is a misconception that the misuse of prescription drugs is safer than improper use of other substances, because they are first prescribed by a physician.² This misconception can lead youth, in particular, to believe that it is safe to use prescription drug for recreational purposes.

The 2013 Nevada Youth Risk Behavior Survey (YRBS) found that 19.4 percent of high school respondents reported that they have taken prescription drugs without a doctor’s prescription. As is shown in the chart below, the highest rates in Nevada were among females, older students, American Indian/Alaskan Natives, and regionally in Carson City and Douglas Counties.

² Substance Abuse and Mental Health Administration & National Council on Patient Education and Information. *Maximizing Your Role as a Teen Influencer: What You Can Do to Help Prevent Teen Prescription Drug Abuse*. Rockville, Md: National Council on Patient Education and Information; 2009.

Percentage of high school students who ever took prescription drugs without a doctor's prescription,* by sex, age, grade, race/ethnicity, and region — Nevada, Youth Risk Behavior Survey, 2013



In the spring of 2012, 1,004 University of Nevada, Reno (UNR) undergraduates were surveyed for the American College Health Association-National College Health Assessment Institutional Data Report. Eleven percent of the UNR sample answered “yes,” compared to 7.5% nationally when the question, “Within the last 12 months have you taken any of the prescription drugs that were not prescribed to you: OxyContin, Vicodin, Codeine” was asked.

There are a number of efforts regarding prescription drug abuse in Nevada focusing on youth in the education system. In 2014, the Attorney General sponsored a student contest, which targeted select schools and youth. The goal of the contest was to reduce prescription drug abuse rates, especially amongst teens. The Nevada Statewide Coalition Partnership is working to educate the community at large about a

number of issues including, but not limited to, the importance of prescription drug lockups and about safe disposal. The Children’s Cabinet in Washoe County is working to educate targeted youth populations. Despite the current efforts in the area of youth prescription drug abuse prevention, there is no consistent statewide message concerning prescription drug abuse and prevention for this population. This may cause improvement in select geographic areas or target populations, but may be unsustainable and results in a lost opportunity to expand statewide.

Data Collection and Sharing

There is data collected on prescription drug use both nationally and locally. There are several population-based surveys that provide results of perception and risk. Two such surveys are the Youth Risk Behavior Surveillance Survey (middle and high school students) and the Behavioral Risk Factor Surveillance Survey (adults aged 18 and older). There are limited questions related to prescription drug abuse, but the questions available can assist in defining areas of need in the state. Several school districts complete climate surveys that include data related to drug use and perception.

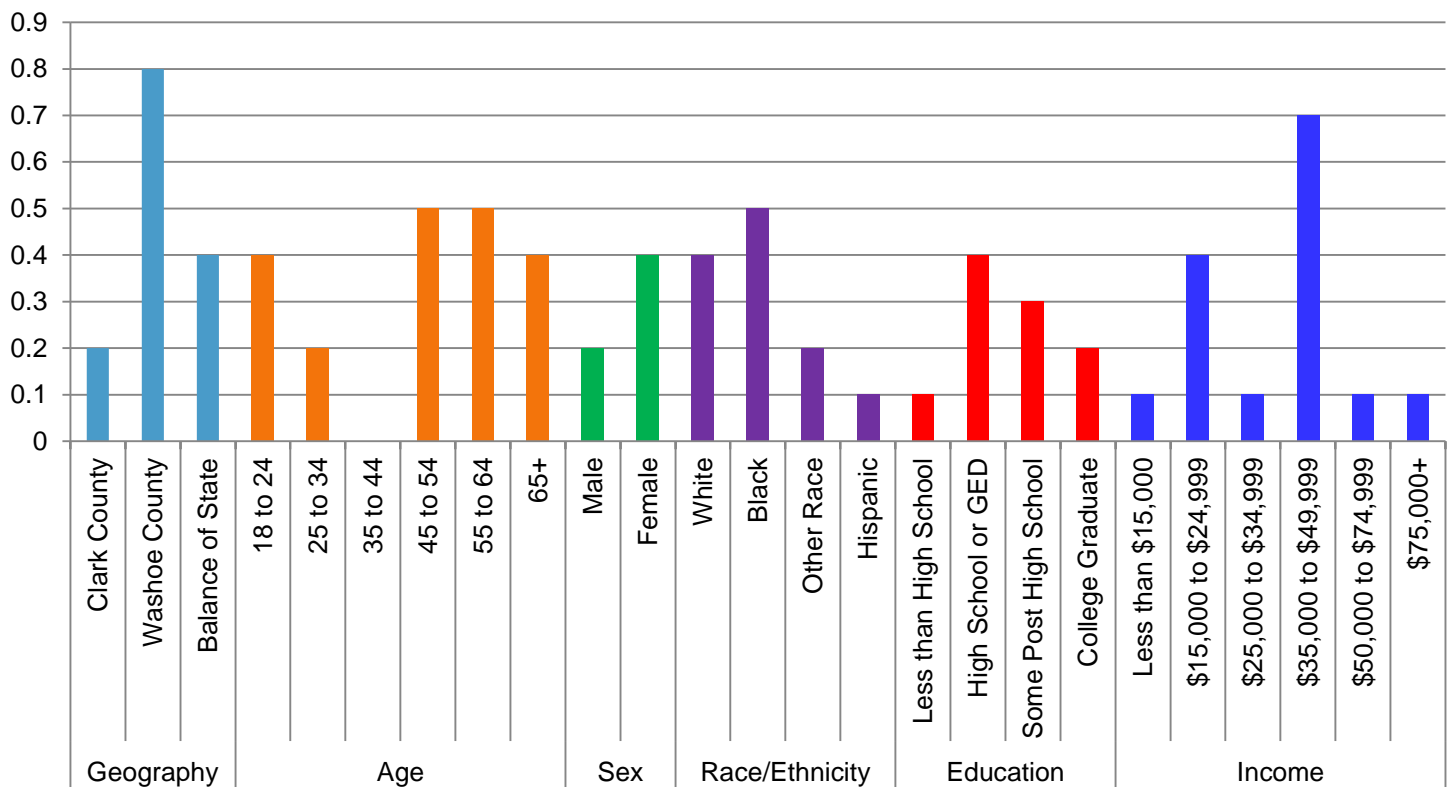
In addition to survey data, there are several public health and health care data sets that can illustrate prescription drug use. These include: vital statistics (birth and death), hospital discharge billing data, and the Substance Use Prevention and Treatment Agency (SAPTA) treatment records. These sources provide data on more severe outcomes related to the misuse of such drugs.

Nevada’s Prescription Drug Monitoring Program (PDMP) has been available since 1997 and continues to be underutilized, with only 5,162 of the 9,676 total prescribers in the state registered to use the PDMP.

Screening and Treatment

There is limited data on adults in Nevada who use prescription drugs in a manner not prescribed. In the Behavioral Risk Factor Surveillance Survey (BRFSS), Nevada asked this question to respondents, in 2013: *During the past 30 days, on how many days did you use a pain killer to get high, like Vicodin, OxyContin (sometimes called Oxy or OC) or Percocet.* As this question is very specific in purpose (use to get high) and timeframe (last 30 days), the self-reported response found that only 0.3% of the respondents reported that they had used such medication for that purpose. Though there were a small percentage of people reporting getting high from pain killers, there was disparity in who reported it. As is shown in the following chart, those respondents that were more likely to have used these medications to get high included: Washoe County residents, those aged 45 to 64 years, females, Blacks, those with a high school diploma, and those within the income range of \$35,000 to \$49,999.

Nevada Respondents who used a pain killer to get high, like Vicodin, OxyContin or Percocet at least once within the past 30 days, Behavioral Risk Factor Surveillance Survey, 2013



Another indicator of the growing problem of prescription drug misuse among adults is shown in admissions to SAPTA-funded treatment programs. In 2007, 3.3% of admissions to funded programs were for prescription drugs. This number rose to 7.8% of admissions by the end of calendar year 2014. Similarly, admissions for heroin combined with the prescription drug admissions showed an increase from 7.9% of total admission in 2007 to 18.3% by the end of calendar year 2014. This trend is indicative of the need for identification of, and treatment availability for, people who are abusing prescription drugs. It is important to consider the heroin admission data, as well, due to the fact that there are a number of people that start off abusing prescription opioid drugs and then go to heroin as a cheaper, more available alternative.

With that background, the onset of addiction prior to age 15 statistically increases addiction severity and duration. The utilization of screening programs and tools at a young age and throughout the lifespan, can help to identify individuals who are at high risk for addictive behaviors, as well as those who have experienced trauma and/or other life problems and could be potentially self medicating³. Properly used screening tools implemented in medical and social service settings can be effective in helping people make changes in their drug use and can be the first step in helping a person in need to access treatment.

A study done by P. Bradley Hall, MD., et al., examined addiction as a chronic disease that is a major driving force to the prescription drug abuse epidemic. The study reviewed national data from U.S. Department of Health and Human Services, SAMSHA, and other national substance abuse experts. Hall et al., concluded that addiction is a

³ Hall et.al- Prescription Drug Abuse & Addiction: Past Present and Future: The Paradigm for an Epidemic.

diagnosable chronic illness, and should be identified early in order to direct people to appropriate treatment before un-reversible damage is done to the brain.

In other words, treatment is essential and critical to breaking the cycle of addiction but it must be identified first. Screening and treatment is considered an essential component of any state action plan for addressing prescription drug abuse. Addiction is a chronic disease and those who are addicted to prescription drugs are likely to need long-term care in order to achieve abstinence and recovery.⁴ Although treating substance abuse can be expensive, research suggests that it costs less than the health and social costs of untreated addiction. The National Institute on Drug Abuse reports that every dollar invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft⁵.

According to a SAMHSA's National Survey on Drug Use and Health (NSDUH), 23.2 million Americans age 12 or older needed treatment for an illicit drug or alcohol abuse problem in 2007. Of these people, only 2.4 million received treatment. The biggest reason for an individual not accessing treatment is the belief on the part of the prospective client that he/she doesn't need help. Widespread use of screening tools that are closely connected to treatment referrals can help motivate and encourage many of the 90% not seeking or accessing treatment to do so.

⁴ *Principles of Drug Addiction Treatment: A Research-Based Guide, Third Edition*, National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services, December 2012.

⁵ *Principles of Drug Addiction Treatment: A Research-Based Guide, Third Edition*, National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services, December 2012.

Presently, we know early identification and diversion to treatment programs can increase treatment access and success rates and, to that end, many community and state based organizations are working to provide screening and intervention to high risk populations. Several robust screening efforts such as Mental Health First Aid are being developed across the state. It is important to note, however, that screening should be part of a comprehensive system of treatment in the state's plan.

There are 12 treatment programs in the state that utilize medication assisted treatment (MAT) for those with opioid addiction problems. SAPTA certifies all of the programs but only funds one. More resources are needed to better fund this specialty portion of the treatment field. SAPTA also funds 19 treatment agencies in the state. These agencies treat people in all counties of the state and include over 50 actual service sites. Typically, most agencies have long waiting lists for services, which means that those in need have to sometimes wait for weeks to get help. Since a substance abuse disorder is a progressive and potentially relapsing condition, waiting for treatment also means that person will most likely continue to abuse alcohol and/or other drugs.

Criminal Justice Interventions

There has been several local law enforcement agencies nationally that have associated increased prescription drug misuse to increased crime in the community. This crime is normally associated with breaking and entering homes or vehicles to steal valuables to get money to buy drugs or to raid medicine cabinets to find the drugs themselves for personal use or sale. Other crimes noted include stealing prescription pads and forging doctor's signatures, "doctor shopping," and, faking illness to get a prescription.

The Bureau of Justice Statistics found that almost half of prisoners surveyed in Federal or State facilities in 2012 met DSM criteria for drug abuse or dependence. Despite this, less than 20% of the individuals who needed treatment received it.

Presently, there are efforts at the national level to further advance systemic changes in the criminal justice system in regards to prescription drug abuse. Nevada's two largest counties and most rural district courts have established drug court systems. Studies have found that not only do drug court participants report less drug use, they also report less criminal activity and have fewer arrests⁶. Further strides can be made in Nevada regarding criminal justice interventions by aligning the criminal justice system with public health systems in order to intervene with heavy users, and to tackle co-occurring disorders using community based response efforts.

Nevada has been recognized nationally for substantial efforts related to prescription drug "round ups." These opportunities allow residents to dispose of unused prescription drugs in their possession. This removes the drugs from circulation, especially addressing the issue that youth may be accessing the drugs from their parents or family member's medicine cabinets. Though this effort has proven useful and yields a great deal of product, disposal by law enforcement of these drugs is problematic and needs to be addressed.

⁶ National Drug Control Strategy, 2012 Report, White House, https://www.whitehouse.gov/sites/default/files/ondcp/2012_ndcs.pdf

Improved Policy

As prevention, early intervention, and appropriate treatment will all assist in addressing prescription drug abuse in Nevada, policy has the ability to change the “system” resulting in long term and widespread improvement. Therefore, the state plan must include policy changes modeled after states that have truly shown success in addressing prescription drug abuse. In 2014, Trust for America’s Health released a study containing 10 key policy indicators for states to be reducing prescription drug abuse in their communities. These policy indicators were developed from pulling data from a number of states and resources, public health, medical and law enforcement experts. Of the 10 key policy indicators, the report found that Nevada falls short in 3 key areas, including Good Samaritan laws, Naloxone programs, and required prescriber education.

Currently, the Nevada Legislature is considering multiple measures that are aimed at addressing prescription drug abuse in Nevada. Four bills were introduced to improve access and reporting in the Prescription drug Monitoring Program (PDMP) system, multiple groups were working with legislators to introduce the same language to address the Naloxone, Good Samaritan and prescriber education issues which resulted in multiple bills being introduced⁷.

Conclusion

States that have been successful in effectively addressing prescription drug misuse have done so through the collaborative effort of multiple stakeholders and disciplines and policy change. This framework has been proven effective, and Nevada is committed to this approach.

⁷ More information about the specific policy changes can be found in Appendix A.

Leadership in Nevada has been energetic, but disjointed. The statewide strategic plan will identify ways to bring together the current efforts throughout the state and outline a set of best practices focused on education, data, screening and treatment, legislation and criminal justice interventions to propel the state forward in these efforts.

The Governor's core team has developed the following actions as draft recommendations for the state to implement in order to begin coordinating and organizing the various prescription drug abuse efforts in the state. The core team needs feedback and input from stakeholders in order to further refine these recommendations for implementation.

Education

- Develop and deliver a comprehensive media campaign on prescription drug related issues. Examples of these campaigns can include, public service announcements, interviews with various news media, "op ed" opportunities, printed material, social media, and general information for the public.
- Standardize training for prescribers, dispensers, law enforcement and social services in order to effectively increase awareness about the dangers of prescription drug misuse, and other issues surrounding prescription drug abuse. National best practices have shown that a consistent message is key to any strategic communication plan.

Data

- Create a centralized, shared data system to gather statewide baseline data on prescription drug use, misuse, and abuse in Nevada.
- Engage SAPTA's State Epidemiology Workgroup (SEW), the Division of Public and Behavioral Health's (DPBH) Office of Public Health Informatics and Epidemiology (OPHIE), and the State Biostatistician to develop a plan to collect and house data related to prescription drug use, misuse, and abuse in Nevada.
- Use the data collected to drive policy and funding decisions in the state. In addition, use the data to develop outcome measures for prevention and treatment efforts in the state.

Screening and Treatment

- Identify and make available standard screening tools that can be utilized in various settings such as doctor's office, social service agency, criminal justice settings, etc.
- Develop linkages between places where a person is screened and treatment centers with the goal of decreasing barriers to treatment access.
- Identify the capacity of treatment programs in the community to treat persons with prescription drug problems.
- Identify funding needs to more adequately treat persons with prescription drug problems. In particular, investigate the need for more funded MAT programs.

Criminal Justice Interventions

- Work with the specialty courts in the state to establish resources needed to work with prescription drug abusers.
- Research best practices for working with adjudicated offenders with prescription drug problems.
- Develop a statewide plan between the specialty courts, Parole and Probation, Juvenile Justice, and treatment agencies to ensure that treatment is available for offenders while incarcerated and afterward.

Legislation/Policy

- Pass legislation that mandates use of the PDMP by prescribers.
- Pass legislative that mandates education for prescribers and dispensers.
- Pass Good Samaritan legislation.
- Pass legislation that allows greater access to Naloxone.
- Establish a statewide Naloxone education and training plan.

Appendix A – Current Legislative efforts

Mandate health care provider participation in Nevada’s Prescription Drug Monitoring Program (PDMP)

Studies have shown that PDMP’s are effective when they are fully utilized by physicians and dispensers. A 2010 study found that when PDMP data were use in an emergency room, 41% of the cases had altered prescribing after the clinician reviewed the PDMP⁸.

In looking at recent experience in other states, it is shown that prescriber mandates serve to rapidly increase enrollment and utilization of the PDMP. As rates of PDMP participation have increased prescribing of certain controlled substances declines, which suggests that increased PDMP utilization helps to promote medically warranted prescribing and dispensing⁹.

Implementation of a “Good Samaritan” provision in statute, whereby an individual who in good faith reports a potential drug overdose to law enforcement is immune from prosecution in certain circumstances.

The number of deaths from prescription pain killer overdoses has quadrupled since 1999¹⁰. Death from prescription drug overdose is avoidable if medical treatment is

⁸ David F. Baehren, Et.al .A Statewide Prescription Monitoring Program Affects Emergency Department Prescribing Behaviors. 2009. http://californiaacep.org/wpcontent/uploads/A_Statewide_Prescription_Monitoring_Program_Affects_Emergency_Department_Prescribing_Behaviors.pdf

⁹ Prescription Drug Monitoring Program Center of Excellence at Brandeis University. COE Briefing, Mandating PDMP Participation by Medical Providers: Current Status and Experience in Selected States. 2014.

¹⁰ Trust for America’s Health. Issue Report: Prescription Drug Abuse: Strategies to Stop the Epidemic. 2013. Good Samaritan Laws.

sought in a timely manner. Unfortunately, medical assistance is often not sought by those in need, or a bystander of someone in need, for fear of being arrested for use or possession of a controlled substance.

Good Samaritan Laws, or 911 immunity laws, are designed to encourage a person to help someone that is in danger of drug overdose. Currently, 17 states and D.C. have a law in place to provide a degree of immunity from criminal charges.

Washington State was one the first states to pass a drug overdose Good Samaritan law, in 2008. The University of Washington Alcohol and Drug Abuse Institute published an initial evaluation results in 2011. Their analysis included interviews of opiate users, police and paramedics in Seattle. The report cited no evidence of negative consequences to date as a result of the implementation of the immunity laws. Only about one-third of opiate users surveyed were aware of the immunity provisions, but having been made aware, 88 percent said that they would be more likely to call 911 in an overdose emergency¹¹.

As statistical information is limited but growing, evidence on the effectiveness of Good Samaritan immunity laws in the reduction the prescription drug abuse in states cannot be expressly stated at this time. However, 911 immunity laws are widely considered to be paramount when looking at comprehensive plans for prescription drug abuse death reduction efforts.

¹¹ National Conference of State Legislatures. Drug Overdose Immunity “Good Samaritan Laws.” 2015 <http://www.ncsl.org/research/civil-and-criminal-justice/drug-overdose-immunity-good-samaritan-laws.aspx>

Expanding use of Naloxone as a treatment for prescription drug abuse withdrawal by providing Naloxone to law enforcement, EMS professionals, paramedics, and 3rd parties.

Naloxone (Narcan) is a prescription opioid antagonist that, when administered appropriately and timely, reverses an opioid overdose. Naloxone counteracts the depression of the central nervous system and respiratory system during in over dose, which allows an overdose victim to breathe normally¹². Naloxone is non-addictive and has no adverse side effects. Naloxone only works when someone has opioids in their system, and has no effect if opioids are not present.

Research suggests that when communities make Naloxone available to people at risk, their friends, family members, and first responders, that overdose death rates decrease. There are currently 14 states that allow 3rd party prescribing of Naloxone¹³.

U.S. Department of Health and Human Services Secretary Sylvia Burwell has listed the expansion of Naloxone programs as a major priority in addressing opioid abuse in the country. The expansion of Naloxone has also been supported by a number of national professional organizations. These organizations include, the AMA, the American Public Health Association.

Naloxone is safely administered by lay people with minimal training. Should a bystander of a victim of overdose administer Naloxone, or attempt other lifesaving efforts, but then does not call 911 for fear of arrest, administration of Naloxone could

¹² Harm Reduction Coalition. Understanding Naloxone. <http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/>

¹³ Dr. Wagner Testimony to the Joint Senate Assembly HHS Committee.

be for nothing. Third party prescribing of Naloxone works in tandem with the Good Samaritan Laws.

Increase continuing educational requirements pertaining to prescription drug abuse among health care providers.

Most medical, dental, pharmacy and other health professional's schools currently do not provide in-depth training on substance abuse. Medical students may only receive limited training on treating pain¹⁴.

In addition to physician training on how to identify substance abuse in a patients, it is important that physician receive training and information on how to best direct a patient in need to treatment services or resources in the community.

¹⁴ Trust for America's Health, Issue Report: Prescription Drug Abuse: Strategies to Stop the Epidemic. 2013. Prescriber Education.