



**Vermont Prescription Drug Abuse Workgroup
Final Report Workgroup Recommendations**



Executive Summary

In 2008 the Prescription Drug Abuse Workgroup was convened jointly by the Vermont Department of Health and the Department of Public Safety to discuss mounting concerns about the misuse and abuse of prescription drugs in Vermont. The goal of the Workgroup is to collaboratively develop a statewide, action-oriented approach to reduce the problems that stem from prescription drug abuse.

The Workgroup has developed strategies in four key areas:

- 1. Education/Community Prevention/Treatment**
- 2. Monitoring**
- 3. Disposal**
- 4. Law enforcement**

The expected positive results of these initiatives include:

1. Education/Community Prevention/Treatment

- Improved identification of patients at risk for prescription drug misuse and abuse
- Utilization of common tools to screen patients for prescription drug abuse
- Development of tips for parents talking to their children and steps to take if their child is misusing prescription drugs
- Trainings and awareness initiatives for the community

2. Monitoring

- The exchange of information among states to prevent cross-border diversion
- Assessment of the efficiency and effectiveness of programs to ensure continued state-level support
- Enhancement of the Vermont Prescription Monitoring System (VPMS) to improve patient care for the medical community and pharmacists

3. Disposal

- Education for consumers on proper disposal guidelines
- Education on how to keep medications safe in the home

4. Law enforcement

- Promotion of safe dispensing of controlled medication
- Assurance that medications reach the intended person
- Protection of communities from unsafe activities

Table of Contents

Introduction	4
Education	
• Prescriber Education	5
• Community Prevention Education and Priorities	8
Monitoring	
• Tracking and Monitoring	9
Disposal	
• Proper Medication	10
Law Enforcement	
• Enforcement	12
Recommendations	
• Positive Outcomes	13

Introduction

In 2011, America's Health Rankings named Vermont the healthiest state in America for the fifth year in a row¹. However, this title belies many of Vermont's drug use problems particularly among young adults ages 18 to 25. Vermont ranked 34th worst of all states in the nonmedical use of pain relievers according to the 2008 National Survey on Drug Use and Health — an improvement from 11th worst in 2003. The highest prevalence of nonmedical use of prescription drugs, in Vermont and nationally, is among young people ages 18 to 25. In the 2008 National Survey on Drug Use and Health, 13.3% of Vermont young adults reported misusing prescription drugs in the past year. Vermont had the second highest per capita rate of all states for admissions to treatment for prescription opiates in 2008. The majority (60%) of these admissions were young people 20 to 29 years old.² In 2006, other opiates overtook heroin as the primary source of opiate addiction for people entering treatment at programs funded by the Division of Alcohol and Drug Abuse Programs (ADAP) at the Vermont Department of Health (VDH). Since then, the number of people seeking treatment for addiction to other opiates has continued to increase each year. Law enforcement and public health officials must work together to identify the sources of drugs contributing to illegal use. Diversion from New York and Massachusetts continues to be a problem in Vermont. Additionally, the Drug Enforcement Administration (DEA) reports illegal sale and distribution by health care professionals and workers, "doctor shopping," forged prescriptions, employee theft, pharmacy theft, and obtaining prescriptions over the Internet as sources of diversion³.

The Prescription Drug Abuse Workgroup was convened jointly by the Vermont Department of Health and the Department of Public Safety to discuss mounting concerns over the misuse and abuse of prescription drugs in Vermont. The goal of the Workgroup was to develop a statewide, action-oriented approach to focus efforts on reducing the issues that stem from prescription drug use.

Workgroup Goals

1. To bring the issue of prescription drug abuse to the forefront and attend to this important issue with an efficient, strategic approach.
2. To discuss the idea of an awareness campaign across the state, and to educate pharmacists and prescribers in a systematic way.
3. Create a Vermont plan that is modeled after the Office of National Drug Control Policy (ONDCP) plan.

The group is developing a Vermont strategy to reduce prescription drug misuse and abuse modeled after the ONDCP plan. The group will focus on four key goals that parallel the national plan. Each group will have 3-5 goals, some short-term (one year plan) and some long-term (five year plan). The four groups are:

¹ <http://www.americashealthrankings.org/>

² Substance Abuse and Mental Health Services Administration. Treatment Episode Data Set, 1998-2008. Available online at: <http://www.dasis.samhsa.gov/teds08/teds2k8sweb.pdf>

³ http://www.justice.gov/dea/pubs/state_factsheets/vermont.html

1. Education/Community Prevention/Treatment
2. Monitoring

3. Disposal
4. Law enforcement

The Prescription Drug Abuse Workgroup is made up of a group of 75 members from all professional areas of Vermont. The Workgroup has met quarterly since 2008. The Workgroup was charged to design a statewide prescription drug abuse plan modeled after the White House's "Epidemic: Responding to America's Prescription Drug Abuse Crisis" plan.

EDUCATION

A crucial first step in tackling the problem of prescription drug abuse is to educate parents, youth, and patients about the dangers of abusing prescription drugs, while requiring prescribers to receive education on appropriate prescribing and addiction. Prescribers and dispensers, including physicians, physician's assistants, advanced nurse practitioners, pharmacists, nurses, prescribing psychologists, and dentists, all have a role to play in reducing prescription drug misuse and abuse. It is important for the University of Vermont's College of Medicine to incorporate prescriber education into the current curriculum for our future prescribers to teach them how to identify and refer patients who may be in need of substance abuse services.

Prescriber Education

Strategic Priority 1: The University of Vermont's College of Medicine will incorporate addiction and pain management courses into the academic curriculum for medical students.

- UVM's College of Medicine will provide substance abuse training for medical students as a part of their residency training.

Action Plan:

- Dr. Charles Maclean, of the University of Vermont's College of Medicine at the Office of Primary Care will conduct a student education inventory.
 - ADAP will send Dr. Maclean topics of specialty that ADAP employees have expertise in and can share and present to the UVM Medical Students (1st, 2nd, 3rd & 4th year students).
 - Residency programs at the University of Vermont's College of Medicine will start to include specialty opiate training for residents.

Strategic Priority 2: Improve the process of narcotic prescribing in Vermont primary care practices.

Action Plan with Target Dates:

- UVM's College of Medicine and the Office of Primary Care will conduct a pilot project "Academic Detailing and Microsystems Approach to Practice Improvement" starting with volunteer practice sites. The pilot project will have a start date of January 1, 2012. Five site practices in Franklin

County will be the focus for the first half of the year and then five sites in other locations for the second half of the year. Project dates are January 1, 2012 through December 21, 2012. The final report will be due on March 3, 2013. This training will include:

- Vermont Academic Detailing Program's "Pain Management" session
- Appropriate prescribing of opiates session
- How to use the VPMS in the clinic
- Motivational Interviewing session: approach, attitude, and communication skills with patients
- QI with Microsystems Coach

Strategic Priority 3: Implement a universal precautions approach to prescribing medications with abuse potential in the Vermont Blueprint sites.

Action Plan with Target Dates:

- The Blueprint sites will implement a universal precautions approach to prescribing medications that may have abuse potential. These precautions may incorporate:
 - Information from the resource binder "Educational Series from the Chronic Pain Narcotic Community" as a possible resource.
 - Gourlay et al.'s⁴ 10 Steps of Universal Precautions on Pain Medicine.
 - Education on how to use the Vermont Prescription Monitoring System (VPMS) and how to implement a standardized treatment agreement. Target date for all sites July, 2012.

Strategic Priority 4: Create a standardized statewide narcotic agreement plan.

Action Plan with Target Dates:

- The prescriber education group will draft a best practice standardized narcotic agreement template that can be used universally in Vermont. This will be drafted and disseminated throughout the medical community by July, 2012.

Strategic Priority 5: The Education and Research Foundation of the Vermont Medical Society (VMSERF) will conduct a statewide needs assessment of prescribers. VMSERF has received a grant from Purdue Pharma to conduct a statewide needs assessment to determine physician and community needs with respect to prescribing controlled substances.

Action Plan with Target Dates

- The Vermont Medical Society (VMS) members of the Workgroup will conduct a needs assessment through a grant called "Quality by Design". The assessment is necessary to ensure clear understanding of the actual needs of Vermont's physicians regarding the use of opiates prior to additional resources and time being committed towards interventions.

⁴ http://www.medscape.org/viewarticle/503596_3

The results of the assessment will be the core knowledge used to guide a statewide public-private partnership brought together by the VMS Foundation to design effective and efficient educational and improvement efforts to address the real issues confronting prescribers and practices. VMS leader monies will be spent to conduct the needs assessment and action plan developed with specific aims, goals and measures by April 1, 2012.

Strategic Priority 6: Prescriber education on substance abuse and addiction and on use of “universal precautions”⁵ when prescribing controlled substances.

Action Plan with Target Dates

- The Vermont Board of Medical Practice will:
 - Review the current Policy for the Use of Controlled Substances for the Treatment of Pain by the end of FY 2012.
 - The Board will review and discuss including recommendations for the use of the VPMS; especially when there are other indicators for of a risk for diversion or abuse. Target date July, 2012.
 - Encouragement by the Vermont Department of Health, Vermont Medical Society, the Board of Medical Practice and the Office of Professional Regulation for all prescribers who hold a Drug Enforcement Administration (DEA) license to attend at minimum, two hours of continuing education to address pain management and substance abuse issues when prescribing controlled substances. This two year continuing education will be taken per each two-year license renewal period. All licensees through the Medical Practice Board and the Office of Professional Regulations are encouraged to participate. This education may be done through formal Continuing Medical Education (CME's), Grand Rounds and other less formal training is also encouraged. All new prescribers who receive a new license or renewal will register with VPMS. This will be reviewed by the Board members for the Board of Medical Practice by July, 2012.

Strategic Priority 7: Grand Rounds on prescription drug abuse in Vermont to all Vermont hospitals.

Action Plan with Target Dates:

- A Grand Rounds Presentation will be available to each Vermont hospital for one year. The Grand Rounds presentation will be made up of members from the Department of Health, Public Safety and the Medical Society. Presentations will be given starting July 2012 through July 2013.

⁵ <http://www.ncbi.nlm.nih.gov/pubmed/15773874>

Community Prevention Education and Priorities:

Strategic Priority:

1. Provide education on Medication Abuse Prevention and Inhalant Abuse Prevention to Vermont youth, parents and the community.

Action Plan with Target Dates

- Northern New England Poison Center will provide free training kits for Medication Abuse Prevention and Inhalant Abuse Prevention. Training kit information will be mailed out to all school nurses. The inhalant abuse training website information will be mailed out to all school nurses and they will be requested to include this information in their school newsletters.

Strategic Priority:

2. Information about prescription drug abuse will be shared throughout all communities in Vermont.

Action Plan with Target Dates:

- Information about prescription drug abuse will be shared in each VDH District in Vermont by the end of FY 2013 through a joint training between the Division of Alcohol and Drug Abuse Programs and the Criminal Justice Training Center.⁶
- Vermont Department of Health, Division of Alcohol and Drug Abuse Regional Prevention Consultants will provide at least two educational sessions on prescription drug abuse each year. These trainings will be made available through community organizations or hosted by the Vermont Department of Health.

Strategic Priority:

3. A brochure on prescription drug abuse information will be available for doctor's offices and pharmacy waiting areas.

Action Plan with Target Dates:

- The Medical Director of the Department of Health Access (DVHA), a member of the Workgroup, will research materials already available through the National Institute of Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMSHA) materials. The purpose of the brochure is to educate patients in the waiting rooms about prescription drug abuse. The Medical Director will then work with Prevention Consultants

⁶ <http://www.vcjtc.state.vt.us/>

to distribute the brochures in all communities in Vermont. The brochure will be available by July, 2012.

TRACKING AND MONITORING

Vermont is one of the 35 states that have an operational Prescription Drug Monitoring Program. The Vermont Prescription Monitoring System (VPMS) helps track the prescribing and dispensing of controlled substances — those drugs most likely to lead to abuse, addiction or patient harm if they are not used properly. The purpose of the database is to provide timely and useful information to both licensed prescribers and pharmacists. The VPMS will also help health care providers identify patients who may need treatment for drug abuse or addiction. The VPMS is not mandatory for users to access. However, it is a free, clinical online tool designed to assist prescribers and dispensers manage patient care more effectively.

Strategic Priority:

1. Educate prescribers to enroll and access the VPMS as part of “best practice.”

Action Plan with Target Dates:

- Prescribers are not required to register or use the VPMS. Each prescriber (or appointed delegate) are encouraged to check the VPMS before prescribing controlled substances to a new patient and then intermittently thereafter. Establishing these guidelines would be a “best practice” strategy for taking universal precautions. The workgroup will establish a list of guidelines for users and post it on the VPMS webpage by the end of FY 2012.

Strategic Priority:

2. Require all out of state pharmacies enrolled in the Vermont Medicaid program to report to the VPMS

Action Plan with Target Dates:

- While most Vermont Medicaid recipients fill prescriptions at Vermont pharmacies, many visit pharmacies in New York, Massachusetts, or New Hampshire. The VPMS does not capture those prescription records. Requiring all Medicaid-enrolled pharmacies regardless of state of licensure, to report to VPMS will help Vermont track all controlled substances dispensed to Medicaid recipients, and will offer a short-term solution to interstate data sharing. Representatives of the Department of Vermont Health Access (DVHA) will work with VPMS staff to create a proposal to the Vermont Board of Pharmacy by the end of FY 2012. The target date to have all Medicaid-enrolled pharmacies report to VPMS is the end of FY 2013.

Strategic Priority:

3. Reduce opioid-related drug deaths by increasing timely access to VPMS data by clinicians (physicians, dentists, pharmacists and other treating clinicians).

Action Plan with Target Dates:

- Establish an action plan for improving Prescription Drug Monitoring Programs (PDMPs), including through Health Information Technology (HIT) and Health Information Exchange (HIE) by the end of FY 2013.

PROPER MEDICATION DISPOSAL

Prescription drug abuse is a significant public health and public safety issue, and a large source of the problem is a direct result of what is in Americans' medicine cabinets. SAMHSA's 2009 National Survey on Drug Use and Health⁷ found that over 70 percent of people who used prescription pain relievers non-medically got them from friends or relatives, while approximately 5 percent got them from a drug dealer or from the Internet. In order to protect the health and wellness of Vermonters and our communities, it is vital that collected prescription drugs be appropriately disposed of in an environmentally safe manner. The current methods of high incineration can be very costly and current Food and Drug Administration (FDA) recommendations are not widely known in Vermont.

Strategic Priority:

1. Pharmacists will educate customers about proper disposal guidelines and how to keep medications safe and locked up at home.

Action Plan with Target Dates:

- The Vermont Department of Health will review proper medication disposal fact sheet to assure it is consistent with FDA standards by January 1, 2012. VDH Division of Alcohol and Drug Abuse Programs will work with the Vermont Board of Pharmacy to send out the factsheet to each pharmacy manager requiring that the pharmacist post it on the pharmacy wall. Target date will be the end of FY 2012.

⁷ <http://oas.samhsa.gov/nsduh/2k9nsduh/2k9resultsp.pdf>

Strategic Priority:

2. Prescribers will educate their patients about proper medication disposals including how to keep medications safe at home⁸ at the time of prescribing.

Action Plan with Target Dates:

- Prescribers will be sent a letter jointly written from the Vermont Department of Health and the Vermont School of Medicine Office of Primary Care recommending that all prescribers talk to their patients about the proper disposals of their controlled substance medications and how to keep medications safe at home. Target date will be the end of FY'13.

Strategic Priorities:

3. Support Prescription Drug Take-Back events each year with the DEA.

Action Plan with Target Dates:

- Every ADAP Community Grantee will promote Prescription Drug Take-Back Days by October 2012.

Strategic Priorities:

4. Research Maine's disposal program called Safe Medicine Disposal for ME (SMDME) for possible adaptation for Vermont.

Action Plan with Target Dates:

- The Prescription Drug Abuse Workgroup will research Maine's disposal program and will make recommendations on its applicability for Vermont as a model. The Safe Medicine Disposal for ME (SMDME)⁹ program is a statewide model for the disposal of unused household medications using a mail-back return envelope system. Established through state legislation and implemented in 2007 with a grant from the U.S. Environmental Protection Agency's Aging Initiative, the program is authorized to handle both controlled and non-controlled medications. All drugs collected undergo high-heat incineration, according to the procedure already established for Maine's law enforcement drug seizures. Research on the SMDME program and a cost analysis will be done through a voluntary group comprised of Workgroup members. A report will be available by the end of FY 2012.

Strategic Priorities:

5. ADAP will re-design the guidelines sheet for proper disposal of prescription and over-the-counter medications.

Action Plan with Target Dates:

- The guidelines sheet for proper disposal of prescription and over-the-counter medications will be re-designed by the ADAP Public Health

⁸ <http://www.disposemy meds.org/>

⁹ <http://www.safemeddisposal.com/>

Specialist and a member of the Workgroup. The sheet will be published on the Vermont Department of Health Division ADAP webpage by July, 2012.

Strategic Priorities:

6. Research a method for Vermont pharmacies to administer a no-cost consequence for smaller controlled prescriptions amounts dispensed with shorter time frames. The Workgroup identified VDH as being the Department to look into this (starting with BISHCA) as a possible solution in the plan.

Action Plan with Target Dates:

- The Workgroup has identified that there is not a current mechanism for Vermont patients (regardless of insurance company) to receive fewer prescriptions, more frequently for no additional charge. For example, for a patient with insurance, it would be less expensive for the patient to buy a larger prescription than less because it ends up being cheaper to buy in bulk due to their co-pay. The Workgroup recommends looking into the feasibility of a no-cost mechanism for patients to pick up more prescriptions. The workgroup has identified VDH to be the point to look into this issue with The Vermont Department of Banking, Insurance, Securities and Health Care Administration (BISHCA) by July, 2012.

ENFORCEMENT

Law enforcement and public health officials work together to identify the sources of drugs contributing to illegal use. Diversion from New York and Massachusetts continues to be a problem in Vermont. Additionally, the DEA reports illegal sale and distribution by health care professionals and workers, “doctor shopping,” forged prescriptions, employee theft, pharmacy theft, and obtaining prescriptions over the Internet as sources of diversion¹⁰.

Doctor shoppers visit multiple prescribers, in different locations within and outside of their states of residence, in order to receive controlled substances and other prescription drugs for diversion and/or abuse.

Strategic Priority:

1. Require patient identity verification at all pharmacies licensed to the state of Vermont prior to dispensing a controlled substance medication to the patient.

¹⁰ http://www.justice.gov/dea/pubs/state_factsheets/vermont.html

Action Plan with Target Dates:

- The Prescription Drug Abuse Work Group will write a legislative proposal intended for the requirement of positive identification when picking up a controlled substance at all pharmacies licensed by the Vermont Board of Pharmacy. The Workgroup will present this proposal to the Vermont Board of Pharmacy September of 2012. The legislative proposal will be ready for review to the legislature by January 1, 2013. Once passed, the law will require pharmacists to ask customers to show government-issued identification when dispensing a new prescription for controlled medications. Patients will be required to show a form of government positive ID June 1, 2013. The positive outcomes of the law will include:
 - i. Promoting safe dispensing of controlled medication
 - ii. Ensuring that medications reach the intended person
 - iii. Protecting communities from unsafe activities

Strategic Priority:

2. Increase training for law enforcement officers on prescription drug abuse and diversion.

Action Plan with Target Dates:

- Vermont State Police (VSP) will look into possible funding sources (grants, etc) to enhance the number of diversion investigators in Vermont. VPS members on the Workgroup will be in charge of looking into this issue. Recommendations will be brought forth to the Workgroup by June. 2012.

Strategic Priority:

3. Increase training for law enforcement officers on prescription drug abuse and diversion

Action Plan with Target Dates:

- Vermont State Police in conjunction with the Workgroup will research the Office of National Drug Control Policy (ONDCP), National Methamphetamine and Pharmaceutical Initiative (NMPI), a law enforcement training initiative funded by High Intensity Drug Trafficking Areas program (HIDTA), and DEA will contribute to the curriculum for the pharmaceutical crime investigation and prosecution training program sponsored by the Bureau of Justice Administration (BJA) in 2011. The research will be presented to the workgroup by July, 2012. The Vermont State Police will be in charge of carrying out these trainings during FY, 2013.

Recommendations & Positive Outcomes

The Prescription Drug Abuse Workgroup has addressed several recommendations in the above report that can be implemented in order to reduce and prevent prescription drug abuse in Vermont. A number of the more complex issues will require thorough discussion, research, and review in order for the Workgroup to make informed decisions. The recommendations for the report include actions items in four areas- education, tracking and monitoring, disposals and enforcement. The goal for the Workgroup is to continue to address the four areas outlined in this report and to continue to expand on this and other statewide efforts.

The expected positive outcomes of these initiatives include:

1. Education/Community Prevention/ Treatment

- Identify patients at risk for prescription drug misuse & abuse
- Implement tools to screen patients for prescription drug abuse
- Create tips for parents talking to their children and steps to take if their child is using prescription drugs
- Provide training for the community or enhance and supplement local efforts — at no cost to the community

2. Monitoring

- Encourage the exchange of information among states to prevent cross-border diversion
- Assess the efficiency and effectiveness of programs to ensure continued state-level support
- Enhance the VPMS to improve patient care for the medical community, and pharmacists

3. Disposal

- Educate consumers on proper disposal guidelines
- Educate on how to keep medications safe in the home

4. Law enforcement

- Promote safe dispensing of controlled medication
- Ensure that medications reach the intended person
- Protect communities from unsafe activities