PREVENTION

Mark A. Levine MD

Commissioner

Primary Prevention Strategies

- **Education and accurate information for prescribers on pain management and risks of addiction**
- **Provide guidelines for safe prescribing: CDC, VT, EHRs**
- **Promote evidence-based strategies for non-opioid pain management options**
- Decrease ACEs/toxic stress on children, strengthen parenting skills
- Raise public awareness about dangers of opioids

The Problem

- As many as four out of five heroin users begin by abusing prescription drugs
- Of those who abuse prescription opioids, seven out of 10 received these drugs through methods of diversion
- Opioids are overprescribed. They are prescribed:
  - Too often
  - At too high a dose
  - For too long
- Prescribers play a role in the supply and use of opioids in communities.

Patient-level surveys of opioid use after surgery

- Dartmouth Hitchcock researchers examined opioid prescribing patterns after general surgery outpatient procedures. Results:
  - Wide variation in quantity provided for each operation
  - An average of only 28% of pills were used
  - To satisfy 80% of patient needs, could reduce prescription amounts by 43%

1: Hill M, McMahon M, Stucke R, & Barth R. Wide Variation and Excessive Dosage of Opioid Prescriptions for Common General Surgical Procedures. *Annals of Surgery*. 2016; doi: 10.1097/SLA.0000000000001993

Patient-level surveys of opioid use after surgery

- UVM study (Nov. 2016), after general and orthopedic surgery, same wide variation found even within a practice. Results:
  - 7% did not receive an opioid
  - Of the 93% who received an opioid
    - 12% did not fill the prescription
    - 30% that filled the prescription didn't use any
    - The overall median proportion used = 26%

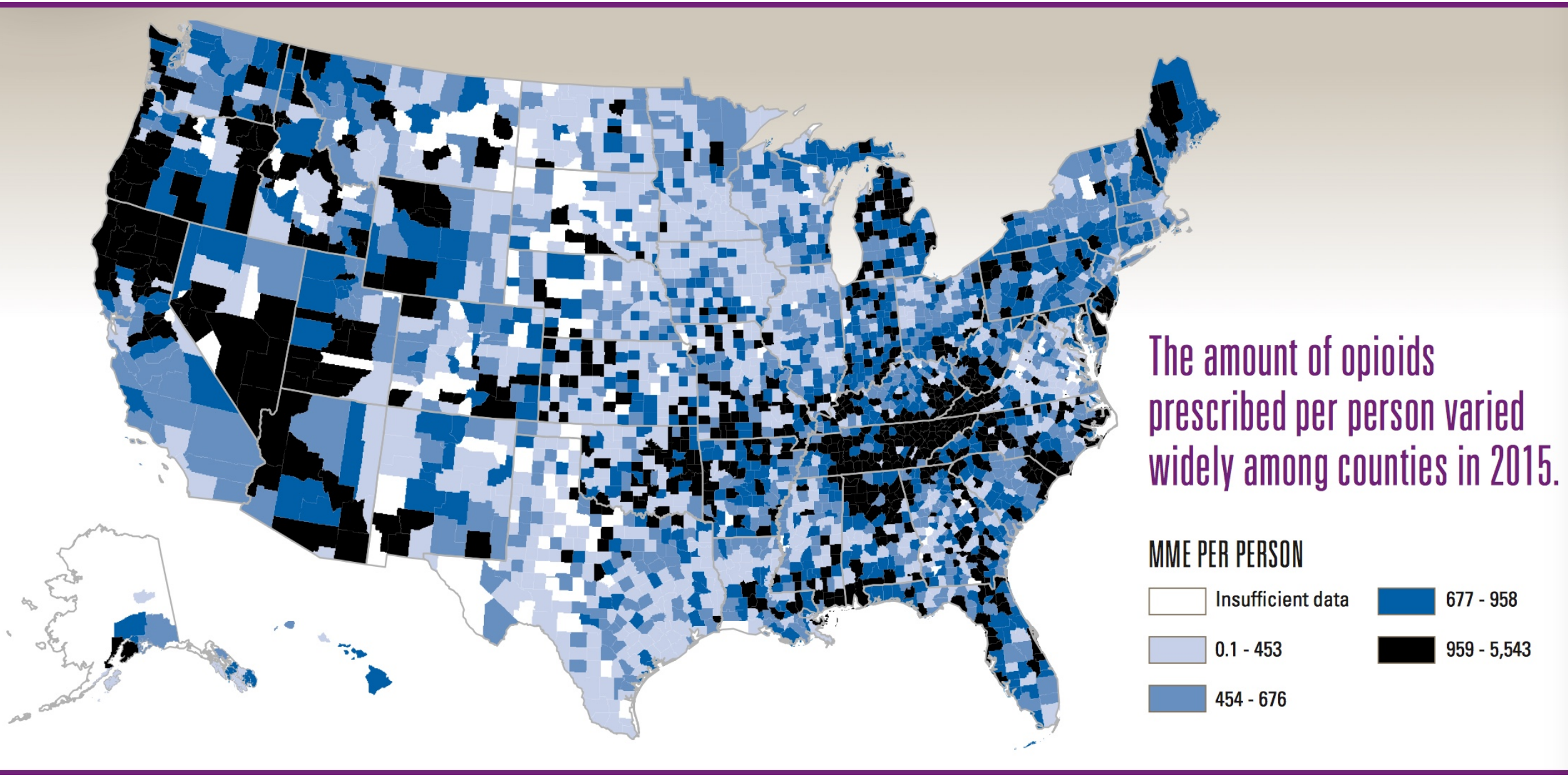

The amount of opioids prescribed per person varied widely among counties in 2015.
MME PER PERSON
Insufficient data
0.1 - 453
454 - 676
677 - 958
959 - 5,543

Table 3. State and National Totals of Retail Filled Prescriptions: All Opioid Analgesics, 2013-2016

State	2013	2014	2015	2016	Rx per capita 2016	Cumulative% change 2013-2016
Nebraska	1,497,183	1,470,605	1,378,816	1,325,382	0.7	-11.5%
Nevada	2,436,691	2,467,414	2,393,881	2,276,188	0.8	-6.6%
NH	970,834	937,024	886,243	764,009	0.6	-21.3%
New Jersey	5,160,965	5,082,090	4,917,404	4,593,494	0.5	-11.0%
New Mexico	1,422,434	1,436,906	1,409,482	1,299,762	0.6	-8.6%
New York	10,957,729	10,450,786	10,164,060	9,534,858	0.5	-13.0%
North Carolina	9,482,526	9,232,258	8,717,746	8,276,712	0.8	-12.7%
North Dakota	505,227	495,555	466,131	441,930	0.6	-12.5%
Ohio	11,261,528	10,794,842	9,955,858	9,057,498	0.8	-19.6%
Oklahoma	4,666,575	4,242,737	3,972,838	3,765,604	1.0	-19.3%
Oregon	3,456,129	3,389,575	3,145,023	2,897,444	0.7	-16.2%
Pennsylvania	11,330,259	11,031,159	10,394,466	9,496,052	0.7	-16.2%
Rhode Island	871,892	823,219	732,367	655,736	0.6	-24.8%
South Carolina	4,866,458	4,797,342	4,490,916	4,296,073	0.9	-11.7%
South Dakota	570,917	585,432	581,534	554,246	0.6	-2.9%
Tennessee	8,525,017	8,239,110	7,800,947	7,366,191	1.1	-13.6%
Texas	18,569,734	17,959,748	15,903,061	15,444,180	0.6	-16.8%
Utah	2,364,661	2,308,830	2,186,792	2,107,481	0.7	-10.9%
Vermont	418,161	415,687	388,108	348,511	0.6	-16.7%
Virginia	6,346,359	6,047,580	5,608,460	5,240,314	0.6	-17.4%
Washington	5,163,236	5,121,469	4,881,633	4,607,428	0.6	-10.8%
West Virginia	2,420,990	2,389,802	2,076,883	1,752,690	1.0	-27.6%
Wisconsin	4,326,863	4,224,458	3,984,693	3,655,386	0.6	-15.5%
Wyoming	413,701	405,626	382,837	374,192	0.6	-9.6%
All States	**251,814,801**	**244,462,569**	**227,780,920**	**215,051,279**	**0.7**	**-14.6%**

Source: *Xponent*, QuintilesIMS, Danbury, CT Copyright 2017

Table 1. Comparison of opioid prescriptions/quarter 2016-2017 - UVMMC Inpatient locations

	FY16 Q1	FY17 Q1	FY17 Q2
Tabs, Caps - prescriptions	7393	6529	6395
> 50 Tabs, Caps - prescriptions	1352	895	806
Number of Providers > 50	147	124	131

Table 2. Comparison of opioid prescriptions per quarter 2016-2017, UVMMC Outpatient Practices

	FY16 Q1	FY17 Q1	% change
Patients			
Total prescribed for	3442	3138	-9%
Prescriptions			
# prescriptions	8837	8180	-7%
Average strength of prescription MME	1983	1900	-4%
Total MME	20.5M	18.5M	-10%

If you remember nothing else…

- First consider non-opioid and nonpharmacologic treatments
- Upon first prescription, prescribers must:
  - discuss risks and safe storage and disposal
  - provide a patient education sheet, and
  - receive an informed consent for all first opioid prescriptions

VERMONT
DEPARTMENTOF HEALTH

te for more information:
healthvermont.gov/DrugTakeBack

EXAMPLE

MRN _____

Patient Name _____

DOB _____

Prescribed Opioid Informed Consent

Your provider has prescribed opioids to treat your pain. It is important for you to understand the risks associated with this medication. While opioids can be effective at treating acute (sudden or short-term) pain, using them even for a short time can increase your chances for addiction in the future, especially if taken early in life. Many patients find that there are other methods, such as ibuprofen and acetaminophen, as well as physical therapy, massage or acupuncture, to treat their pain and that they do not need opioid medications. Talk to your provider about other options for pain relief.

Take time to review the included patient information sheet and be sure to discuss any questions or concerns with your provider. Once you have been informed of the risks, please sign the bottom of this form.

I, _____, have been counseled by my provider and understand the risks associated with opioid use. I have been provided with information on the following:

- The potential of **misuse, abuse, diversion, and addiction** with opioid medication.
- **Side effects** including: feeling drowsy, constipation, sweating, itching, cloudy thinking, withdrawal upon discontinuation of use, mood changes (including worsening depression), sleep pattern changes (including worsening sleep apnea), and effects on hormones.
- Building up a **tolerance** – meaning having to take more medication to get the same pain relief effect.
- Life-threatening respiratory depression – meaning you can **stop breathing**.
- Accidental exposure can lead to potentially **fatal overdose, especially in children.** You must safely store your drugs to avoid accidental exposure or theft.
- Use while pregnant may cause **neonatal opioid withdrawal syndrome** in a newborn.
- **Combining opioids with alcohol and/or other psychoactive medication** can cause a fatal overdose. This includes, but is not limited to, combining with benzodiazepines and barbiturates.

I have also received a patient education sheet on opioids.

_____

Date

_____

Signature of Patient

_____

Signature of Patient's Parent, Guardian, or Legal Representative (if applicable)

Signature of Prescriber

[Name of Facility]

MME Limits for First Prescription for Opioid Naïve Patients Ages 18+

Pain	Average Daily MME *(allowing for tapering)*	Prescription TOTAL MME based on expected duration of pain	Common average DAILY pill counts	Commonly associated injuries, conditions and surgeries
Minor pain	No Opioids	0 total MME	0 hydrocodone 0 oxycodone 0 hydromorphone	molar removal, sprains, non-specific low back pain, headaches, fibromyalgia, un-diagnosed dental pain
Moderate pain	24 MME/day	0-3 days: **72 MME** 1-5 days: **120 MME**	4 hydrocodone 5mg or 3 oxycodone 5mg or 3 hydromorphone 2mg	non-compound bone fractures, most soft tissue surgeries, most outpatient laparoscopic surgeries, shoulder arthroscopy
Severe pain	32 MME/day	0-3 days: **96 MME** 1-5 days: **160 MME**	6 hydrocodone 5mg or 4 oxycodone 5mg or 4 hydromorphone 2mg	many non-laparoscopic surgeries, maxillofacial surgery, total joint replacement, compound fracture repair
For patients with severe pain and extreme circumstance, the provider can make a clinical judgement to prescribe up to 7 days so long as the reason is documented in the medical record.				
Extreme Pain	50 MME/day	7 day MAX: 350 MME	10 hydrocodone 5mg or 6 oxycodone 5mg or 6 hydromorphone 2mg	similar to the severe pain category but with complications or other special circumstances

What is the Vermont Prescription Monitoring System?

- A statewide **electronic database** of controlled substance prescriptions dispensed from Vermont-licensed pharmacies that became operational in January 2009
- A **clinical tool** to promote the appropriate use of controlled substances and deter misuse, abuse, and diversion of controlled substances
- A **surveillance tool** used to monitor statewide prescribing, dispensing, and use of controlled substances trends

Source: Vermont Prescription Monitoring System

Primary Prevention Strategies

- Education and accurate information for prescribers on pain management and risks of addiction
- Provide guidelines for safe prescribing: CDC, VT, EHRs
- Promote evidence-based strategies for non-opioid pain management options
- **Decrease ACEs/toxic stress on children, strengthen parenting skills**
- **Raise public awareness about dangers of opioids**

Media, Marketing, & Communications

Substance Abuse and Misuse Prevention

Adult Opioid Misuse Prevention Campaign

Build upon the CDC prescription drug awareness campaign addressing the risks of prescription opioids.

Timeline

CDC prescription drug awareness campaign launching July 2017.

Additional campaign support estimated to launch January 2018

Messaging Objectives

- Encourage Vermont adults to talk with their doctor about pain management, including:
- The risks of using prescription pain relievers
- Alternative options to prescription pain relievers
- Expectations of zero pain

Strategy

- Television, radio PSAs, and digital ads available through the CDC. Television broadcast spots will be customized with Vermont specific messaging. Substantial media buys are planned to support saturation and visibility of this campaign.

Young Adult Opioid Misuse Prevention Campaign

Targeting Vermont young adults (18-25) experimenting with nonmedical use of opioids, or at heightened risk for nonmedical opioid use.

OVER THE DOSE

Timeline

Estimated to launch late fall 2017

Messaging Objectives

- Increase perception of risk associated with prescription pain reliever misuse
- Increase knowledge of transition from prescription pain reliever misuse to heroin

Strategy

- Campaign website, creative concepts (videos), social media content, and social and digital media advertisements. Highly targeted to at-risk young adults (less visible to non-target audience).

Prescriber Outreach Campaign

Outreach campaign to promote pain prescribing best practices among Vermont prescribers, including tools and resources for patients

Timeline

Outreach campaign assets and materials estimated fall 2017

Messaging Objectives

- Pain prescribing best practices
- Overdose prevention strategies

Strategy

- Utilize research-based channels, content, and media and marketing tactics to effectively reach key segments of Vermont prescribers.
- Tools and resources are available for Vermont prescribers to support the new pain rule effective July 1, 2017

Prescription Drug Disposal Campaign

Build on the existing "Vermont's Most Dangerous Leftovers" campaign to increase awareness and promote positive behaviors around prescription medications.

Timeline

Media buy planned for January through April 2018

Messaging Objectives

- Increase the safe use, safe storage, and proper disposal of medications

Strategy

- Evaluate public awareness and opinions of Vermont's Most Dangerous Leftovers campaign. Assess public perceptions, key drivers, or barriers to safe storage and disposal of medications. Results will inform media and marketing strategy.

Fentanyl Messaging

Highly targeted harm reduction messaging for current heroin users, advising of Fentanyl risks, and how to get into treatment.

Timeline

Posters and cards developed in 2016.

Available for distribution.

Messaging Objectives

- To Stay Alive – don't use alone; don't mix with other substances; use less at one time

Strategy

- Distributed in 2016 to community partners and agencies that work directly with this high-risk population.
- Additional targeted Fentanyl materials were developed for Law Enforcement (what to do when handling an unknown substance in the field), and for current heroin users (how do I test for Fentanyl?)

ParentUp Campaign

Continued promotion of ParentUpVT.org as the go-to resource for parents on how to help prevent alcohol or other drug use among youth.

Timeline

Media buy planned for January through April 2018

Marijuana-specific messaging spring 2018

Messaging Objectives

- All youth are at risk for substance use, and parents are the #1 influence on their kid's decision to use substances or not

Strategy

- Tips and resources – including asset development tools – available through ParentUp apply across all substances (alcohol, marijuana, prescription drug misuse, and illicit substance use).
- Additional marijuana-specific messaging planned to increase parent awareness and risk perceptions about adolescent marijuana use.

Youth Campaign

Development of a "substance-free" campaign for youth, targeting teens at heightened risk for marijuana or alcohol use.

Timeline

Survey of Vermont teens by August 2017.

Formative research and creative concepts by January 2018.

Estimated launch late spring/early summer 2018.

Messaging Objectives

- Promote a substance-free lifestyle
- Increase perception of risk associated with marijuana use

Strategy

- Campaign website, social media content, and social and digital media advertisements. Highly targeted to high-risk teens (less visible to non-target audience).

Check Yourself Campaign

Digital campaign to educate Vermont young adults (ages 21-25) about the unintended effects of binge drinking, and how to prevent these by modifying their drinking habits to more moderate, responsible levels.

Timeline

"Water tonight to wake up alright" spring 2017

"Fun, not dumb" fall 2017

"That guy" winter 2017

"Missed fun" spring 2018

Messaging Objectives

- High-risk drinking facts
- Tips on how to avoid going overboard

Strategy

- Continue to develop the Check Yourself brand over the next 2-3 years. Campaign materials focus on common, realistic consequences of drinking and practical tips for reducing the risk. Information is delivered in a culturally relevant and memorable way.

SBIRT

Continued support of the Screening, Brief Intervention & Referral to Treatment (SBIRT) program, building on initiatives to further engage key stakeholders and partners to raise awareness about the SBIRT approach.

sbirt vt
Screening, Brief Intervention & Referral to Treatment

Timeline

SBIRT sustainability toolkit developed by August 2017

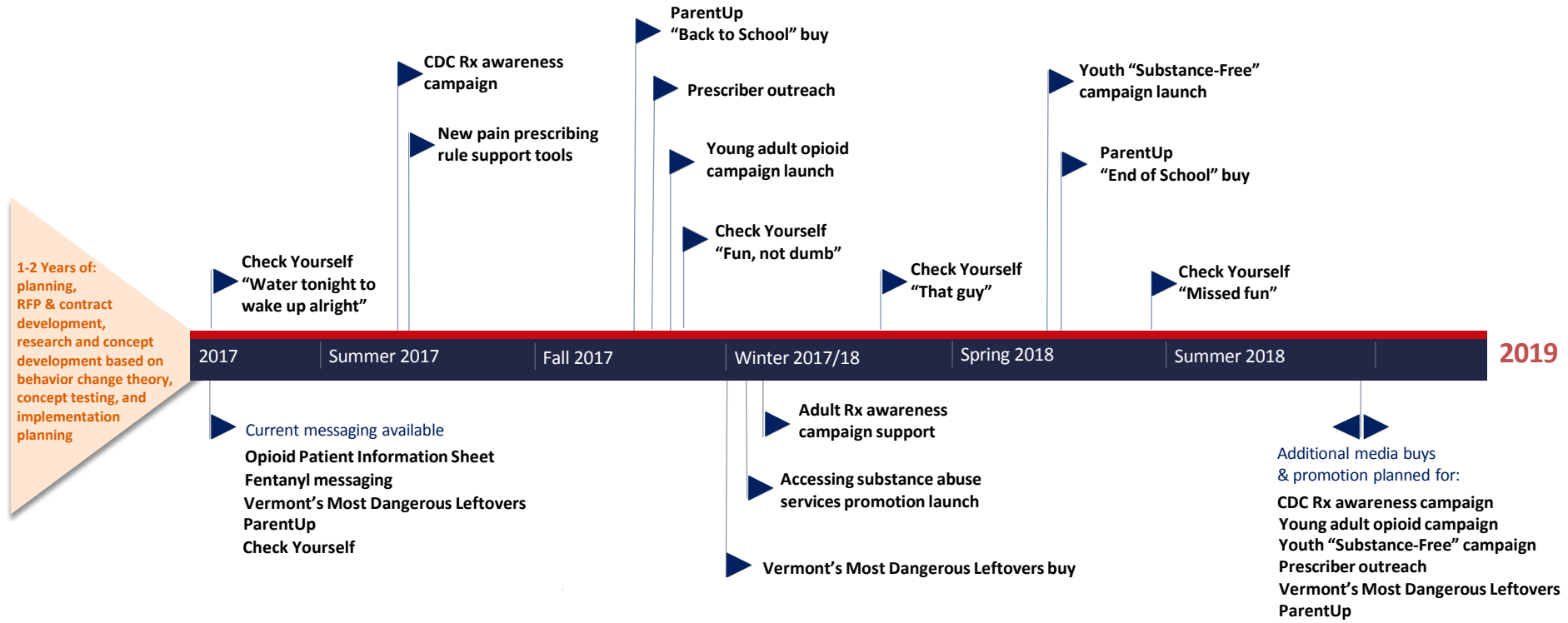
Messaging Objectives

- SBIRT offers clinical tools for effective and efficient risk stratification, brief motivational interventions, and warm referrals to follow-up treatment

Strategy

- Produce sustainable outreach materials and content that increase awareness of SBIRT in the primary care provider setting, and among the general public.

ADAP Communications, Media, and Marketing Initiatives Estimated Timeline 2017-2019



VERMONT
DEPARTMENT OF HEALTH

But education and awareness are not enough

- Reduce and control access to opioids, including harm reduction strategies:
  - Prescriber rules, op-ed planned
  - Medication take-back and disposal programs
  - Safe storage and disposal at pharmacies and homes
  - Effective use of PDMPs
  - Naloxone – distribution, access, standing order
    - More than 20,000 doses have been distributed to the public through community sites since the program began
  - Syringe exchange programs (7), sharps disposal boxes

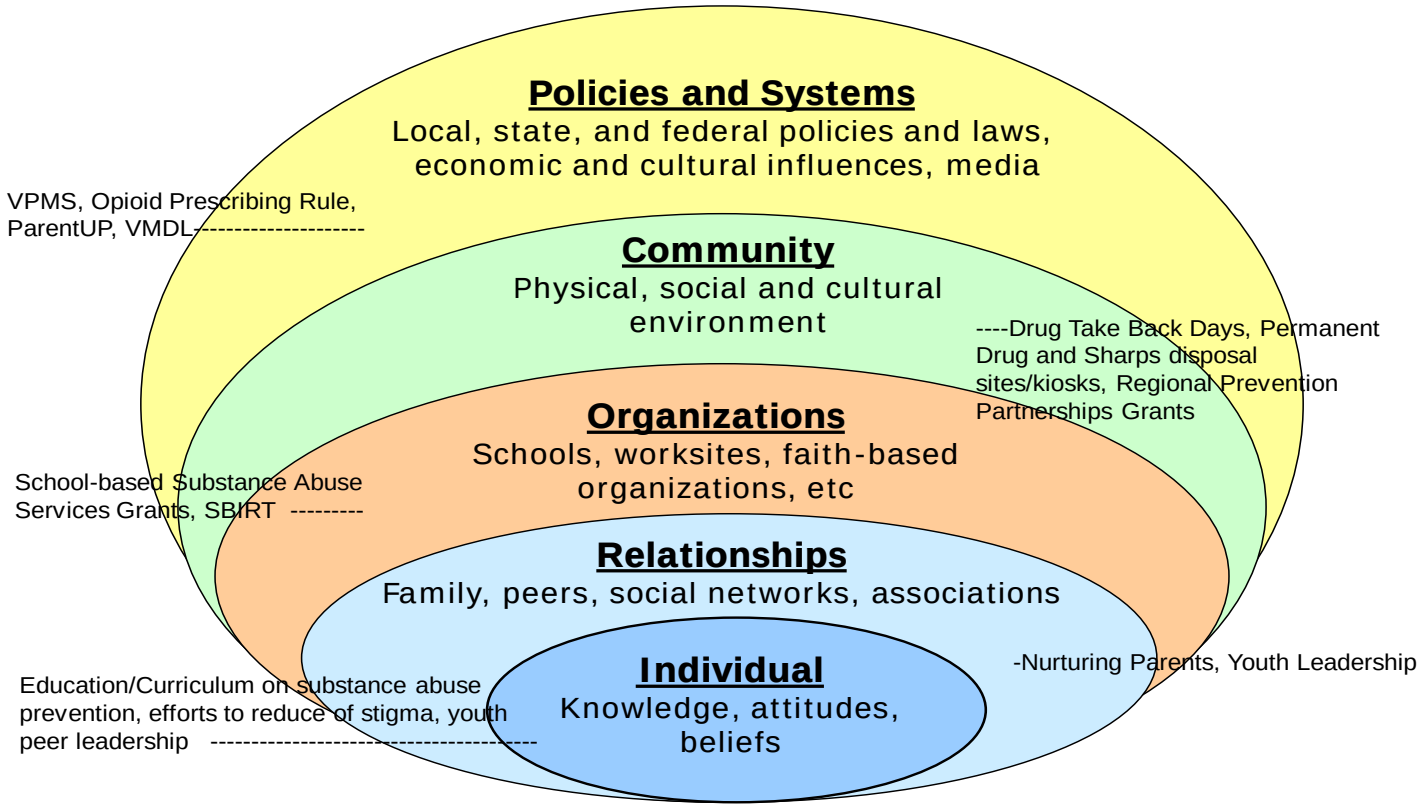
Other examples of prevention

- Regional Prevention Partnership Grants
- ParentUpVT.org
- Public service announcements, office posters
- Academic detailing and Blueprint QI Opioid Prescribing
- Vermont's Most Dangerous Leftovers
- School based prevention education, student assistance programs
- Prevention consultants
- Secondary prevention = VT Recovery Network
- Community initiatives: Project VISION, CCOA and others

CURES Grant Funding until 5/18 Prevention Areas

- Drug disposal law enforcement pilot project (Sheriff's depts.)
- Pharmacy/hospital/LTC facility collection and disposal program (kiosks)
- VT Adult Technical Education Association (curriculum development)
- VT Parent Child Centers – family education and screening
- VPMS enhancement (reporting capability)
- Community Prevention Capacity Building (Community teams)

Vermont Prevention Model



Adapted from: McElroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Education Quarterly 15:351-377, 1988.