

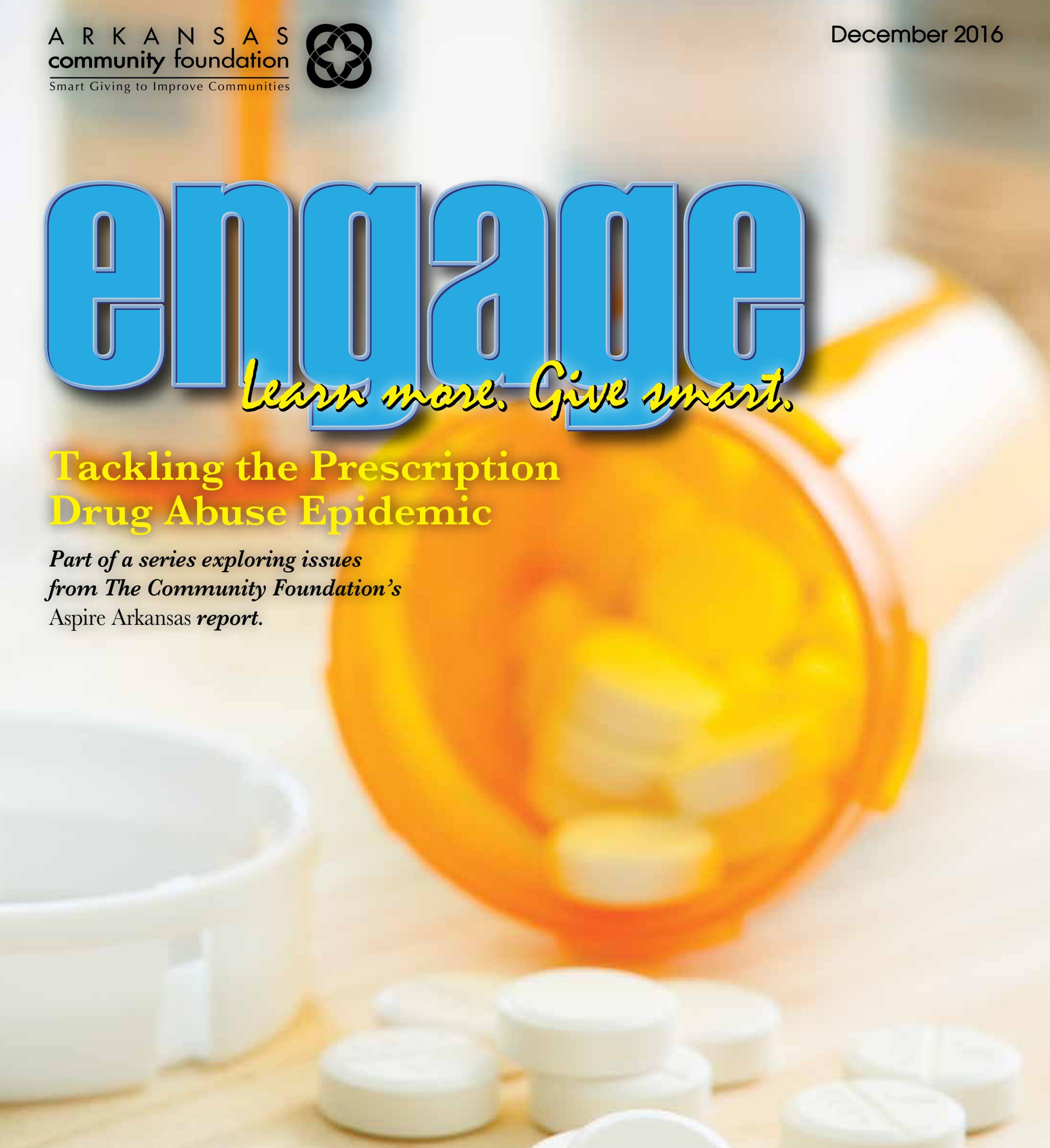


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Tackling the Prescription Drug Abuse Epidemic

*Part of a series exploring issues
from The Community Foundation's
Aspire Arkansas report.*



Making Progress on Stopping Prescription Drug Abuse



The statistics on prescription drug abuse in our state are startling. The Arkansas Center for Health Improvement reports that the cost for nonmedical use of opioids in our state in 2006 was \$53.3 billion which translates to \$42 billion in lost productivity, \$8.2 billion in criminal justice costs, \$2.2 billion in drug abuse treatment and \$944 million in costs to treat medical complications.

This is a big problem not just for those who abuse prescription drugs, but for all Arkansans. The good news is that many Arkansas organizations and agencies are working to stop this epidemic.

As the daughter of a pharmacist and pharmacy owners in Charleston, I'm happy to hear that there are new tools, for both those who prescribe medication and those who fill prescriptions, that help prevent individuals from abusing the system. The Prescription Drug Monitoring Program coordinated by the Arkansas Health Department is making it easy for pharmacists and clinicians to check to see if patients are attempting to obtain drugs from multiple doctors or pharmacies.

Drug take back programs in several communities are making it easier for the rest of us to do our part by disposing of drugs properly. Together, Arkansans can make a dent in the misuse of prescription drugs.

Heather Larkin
President and CEO

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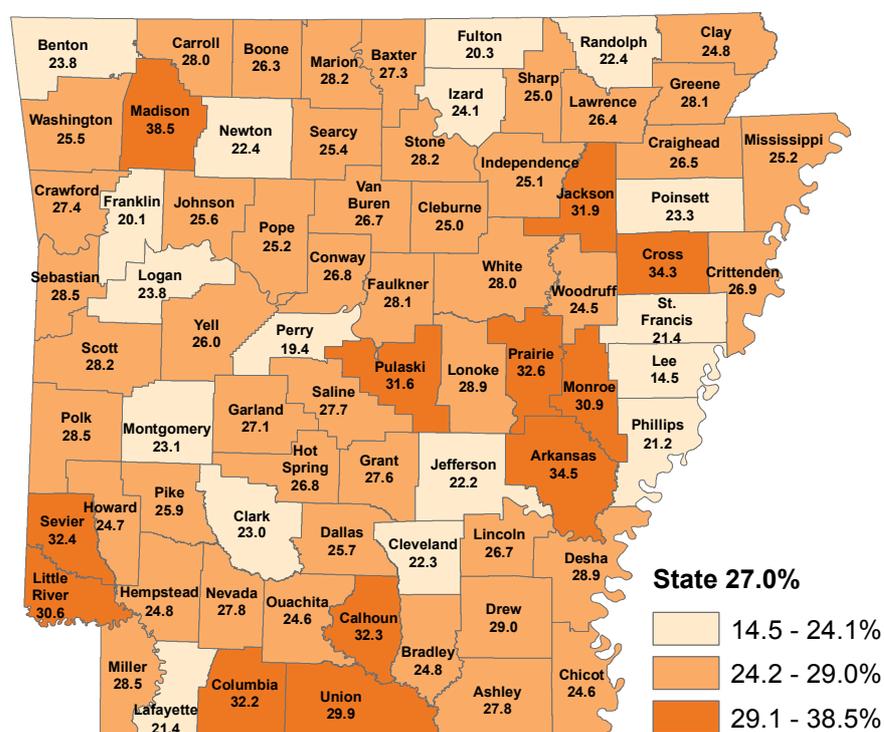
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Facts and Statistics on Prescription Drug Use **Back Cover**

student drug usage

Grades 6,8,10,12
Percent of Students with Any Drug Use in Lifetime;
Arkansas by County, 2011



Source: Arkansas Prevention Needs Assessment Student Survey, 2011. Arkansas Department of Human Services, Division of Behavioral Health Services, Office of Alcohol and Drug Abuse Prevention



Speakers Praise Arkansas Programs At Prescription Drug Abuse Summit

By Kimberly Dishongh

More than 700 people registered for the sixth annual Arkansas Prescription Drug Abuse Summit, held Nov. 3 at the Embassy Suites in Little Rock — and there was a waiting list. The overwhelming response to the summit, hosted by Arkansas's attorney general, the Arkansas drug director, the Arkansas State Board of Pharmacy and the Criminal Justice Institute signals both the pervasiveness of the problem of prescription drug abuse and the commitment of people to address it.

“What are we trying to accomplish here in Arkansas? That is to allow people to be productive citizens that are working and taking care of their families and they are contributing to their communities,” Arkansas Governor Asa Hutchinson told summit participants. “Drugs prevent that from happening.”

Arkansas Surgeon General Greg Bledsoe shared with summit participants a story of how he had been working in a hospital emergency room when a 3-year-old was brought in after having



The Arkansas Prescription Drug Abuse Prevention Summit was held Nov. 3 in Little Rock, bringing together more than 700 law enforcement and medical personnel, policymakers, community leaders and volunteers to address the prescription drug abuse crisis in Arkansas.

“We started hearing about things they call ‘pharm parties,’ where kids would go out in a field somewhere and everybody just brought pills they brought out of grandma’s or mom and dad’s medicine cabinet and they didn’t know what they had.”

— Rick McLeod
President, Drug Free Benton County

been struck by a car driven by his grandmother who had taken a prescription drug that left her impaired.

“I’ve lost count of the number of family members I’ve had to tell that their loved ones have passed away because of this epidemic,” Bledsoe said. “That’s why I’m glad that you all are here. This is a very important issue.”

Michael Gottlieb, National High Intensity Drug Trafficking Areas Program Director with the White House Office of National Drug Control Policy, told the group an average of 129 people die each day as the result of prescription drug abuse, a number that surpasses the number of deaths resulting from automobile accidents.

“And you know the truth is, one life lost is one too many because in all these cases, those deaths were preventable. And while Arkansas ranks in the lower half of states in terms of the opioid overdose deaths in this country, it is still critically important,” said Gottlieb. “Our goal and my goal is to provide funding to states and local communities to enhance their ability to reduce drug use and drug trafficking throughout the nation.”

Gottlieb calls for a need to expand access to treatment, the gold standard of which he says is medication plus counseling.

Several speakers at the summit praised Arkansas for being ahead of the game when it comes to policies and legislation pertaining to prescription drug abuse. The Joshua Ashley-Pauley Act of 2015 provides legal immunity for people seeking medical help for themselves or others because of a drug overdose.

And the Naloxone Access Act of 2015 (Act 1222) allows healthcare professionals to dispense Naloxone, a counter-agent to opiate prescription drugs and heroin, to a person at risk of an opioid overdose as well as to people whose family members or friends are at risk of an overdose, and to emergency medical personnel and law enforcement agencies. Naloxone can restore breathing to an overdose victim within two to five minutes, possibly preventing brain injury or fatality.

Benton Police Chief Kirk Lane claims that his is the first agency in the state to give Naloxone kits, along with training on how to use them, to all of its officers. One hundred Naloxone kits were prepared and funded through a partnership with Smith Drug Company. One of those kits was used to revive an overdose victim in early October.

Halfway across the state from the Benton Police Department, the non-profit Drug Free Benton County tries to save people through prevention and education.

According to Rick McLeod, president, the organization was founded in 1998 to fight a growing methamphetamine problem, added prescription drugs to its repertoire just a couple of years ago.

“We started hearing about things they call ‘pharm parties,’ where kids would go out in a field somewhere and everybody just brought pills they brought out of grandma’s or mom and dad’s medicine cabinet and they didn’t know what they had,” says McLeod. “They would just throw everything in a bowl and people would come along and grab handfuls of pills and slosh them back with water or liquor or whatever and see what happened. That’s just craziness.”



Dr. Ted Parran, M.D., co-director of the Introduction to Clinical Medicine program, director of the Addiction Fellowships Program and medical director of the Program in Continuing Medical Education at Case Western Reserve University School of Medicine in Cleveland, Ohio, spoke about addiction treatment options at the Arkansas Prescription Drug Abuse Prevention Summit.

Grownups, he says, are more likely to abuse pain medications, like fentanyl or hydrocodone, medications that are often over-prescribed by physicians.

“With kids, they don’t go after any particular thing. They may not realize what they’re taking. They may take an arthritis medication or a blood pressure drug or something. All of those are potentially fatal,” he says. “Usually they’re getting these drugs from people they know. And usually it’s family members. From anecdotal information we’re getting these things from grandma, or mom or dad who has a prescription for something.”

He takes it upon himself to create programs that teach them about taking only medications prescribed for them and given to them by their parents, and about what can happen if they experiment. McLeod also helps with Arkansas Take Back Program, the Drug Enforcement Administration’s initiative to make sure leftover drugs are disposed of safely – incinerated rather than disposed of in the trash or in the municipal water supply.

Arkansas Take Back, supported by Rotary Clubs and law enforcement agencies, provides people with times and places to drop off medications, which gets them out of their homes and away from the reach of children — and adults — who might abuse those drugs because they are easily available.

Across the state, 25,289 pounds of prescription drugs were collected for incineration in April. Another 23,434 pounds were collected in October.

McLeod, who works full-time as a Farmers Insurance agent, coordinated education programs for about 5,000 kids through Drug Free Benton County during the month of October alone.

Those kids hear addiction survivor stories, real-life experiences of law enforcement officers and statistics about drug abuse. They also see progressions of drug abuse through mug shots taken throughout the years of various abusers’ criminal offenses.

“What get kids’ attention is that if they think they’re going to distort their looks — especially teenagers,” says McLeod. “That’s a deterrent.”

The Boys and Girls Club of Saline County offers a national program, SMART (Skills Mastery and Resistance Training) Moves, which covers a host of issues like alcohol, tobacco and premature sexual activity. The program also includes a section on drug abuse.

“Some of that is prescription but some of it isn’t,” says Krystal Askew, program director at that organization. “It’s hard to talk just about that because it all overlaps. We have to talk about all of it because it’s all important.”

It is broken down, though, especially for younger kids.

“Especially for our younger kids because to them a pill is a pill, medicine is medicine. We talk about how you should only take medicine given to you by your parents or by your doctor,” says

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How To Start a Drug Take Back Program



On October 22, 2016, the Benton Police Department held their 13th annual Operation Medicine Cabinet where they collected a total of 1,031 pounds of unused prescription drugs.

The Arkansas Take Back Program began after several citizens in Benton recognized a problem and decided to do something about it. The problem: prescription drug use among young people was rising at an alarming rate. The solution: Benton Police Department decided to take action by educating adults and teens about ways to prevent this issue from getting worse.

The Benton Police Department warned families that the common idea of keeping prescription medications in an unlocked medicine cabinet is outdated. To prevent possible developing addictions or abuse, medications should be locked away or stored out of reach — and ultimately disposed of safely.

The department began to spread educational materials in high schools and among community members. After awareness grew, research began on how to provide a safe and secure place for collecting unused or unwanted prescriptions. Because of the police evidentiary system, the police department was able to easily provide a 24-hour, seven-days-a-week “drop box” collection system at its location. This system allows citizens to drop off any amount or any medicines that people do not want to keep in their home.

This ongoing collection system was implemented after the department saw major success from hosting events alongside the U.S. Drug Enforcement Administration’s National Prescription Take

Back Initiative’s collection events each spring and fall. With support from various Rotary Clubs of Arkansas, several sites have been designated year-round collection sites and interest has continued to grow. Currently, there’s at least one collection site in every Arkansas county.

Benton Chief of Police Kirk Lane listed some important steps for communities considering starting a local take back program or event:

1 EDUCATE YOURSELF BY RESEARCHING WHAT YOUR COMMUNITY NEEDS. Survey students and talk to parents about what they’ve experienced so that the take back program is relevant and useful.

2 TELL LOCAL LAW ENFORCEMENT ABOUT THE NEED. By visiting with your local law enforcement officers and making them aware of the needs of the community, they will be able to offer suggestions of programs that may already exist and offer advice on how you can start a program.

3 EDUCATE THE COMMUNITY. Key messages are best delivered when they’re easy to understand and relevant. By ensuring that your messaging is clear and educational, the public will begin to understand the importance of the take back program that you’re working to establish.

4 ENSURE THAT CORRECT SYSTEMS ARE IN PLACE. Collecting old or unwanted prescription medications requires several systems already be in place — for example, the police evidentiary system and FDA regulations. Your local law enforcement officers can help you identify solutions that will work for your community.

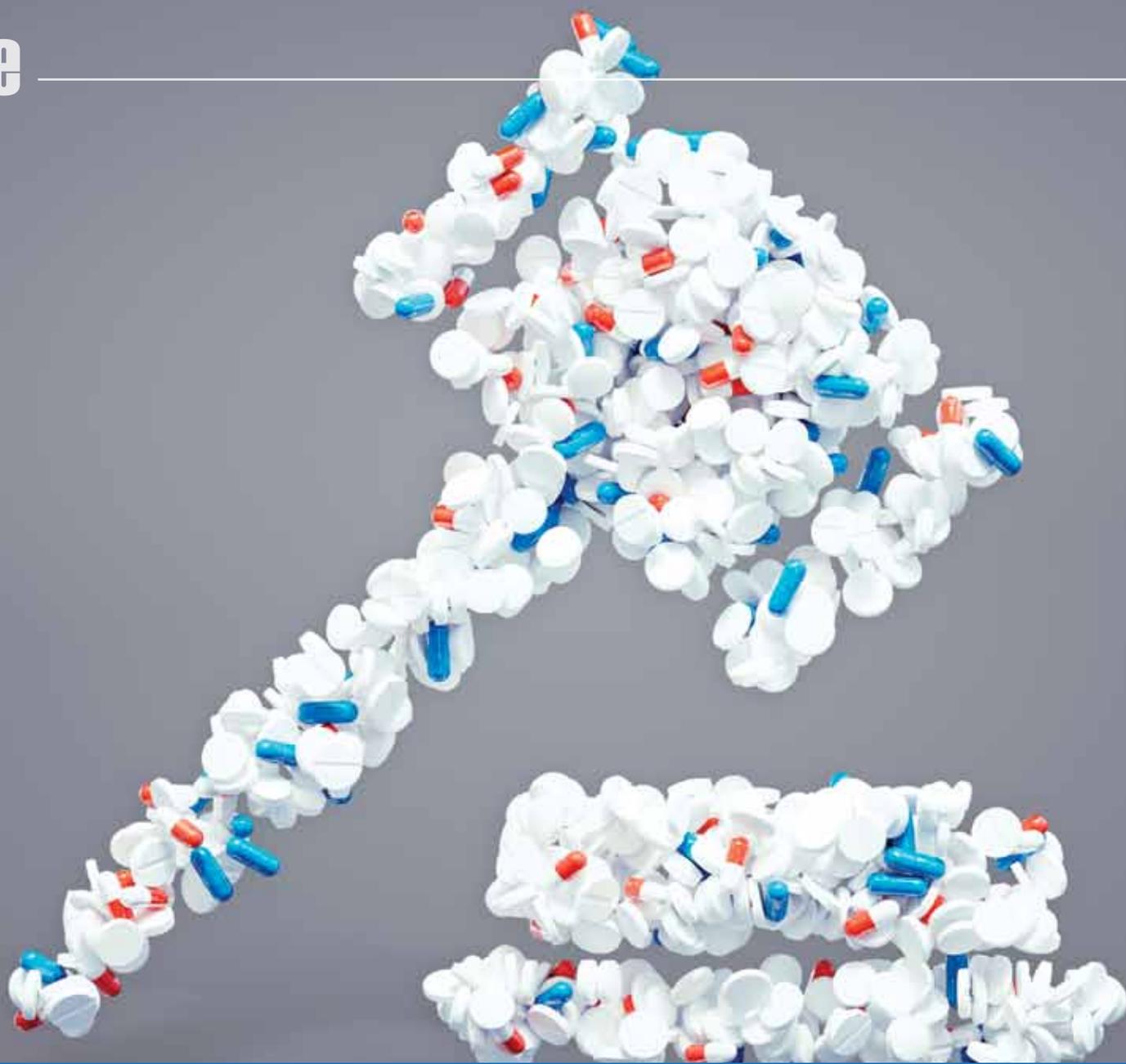
5 DON’T SET LIMITATIONS. The Benton Police Department will accept basically any medication that comes through the drop box. The department made sure to not set too many limitations out of concern that the system would become less user-friendly.

6 CONTINUE EDUCATING. Maintaining a take back program requires funding and creative ideas to constantly keep the conversation going about preventing prescription drug abuse. To learn more about the Arkansas Take Back Program and find information about existing collection sites in Arkansas, visit www.artakeback.org.



Since 2009, Operation Medicine Cabinet has collected a total of 13,626 pounds of prescription drugs. Of that total, 72 percent has been collected by the Benton Police Department. In response to the alarming rise of prescription drug abuse and overdose deaths, Operation Medicine Cabinet events encourage local residents to gather old or unused medications and drop them off at hosted locations. For more information, visit www.artakeback.org.





Legislated Drug Monitoring Program Changing Outcomes

State legislation in the past five years creating a monitoring program administered by the Arkansas Department of Health has resulted in signs of lower opioid use and education of healthcare professionals about ways to prevent prescription abuse.

“Today we are able to do a thorough review of a patient’s prescription history,” said Aaron Brown, Pharm. D., of Don’s Pharmacy in Little Rock. “When a patient goes to multiple pharmacies, you have no idea without checking. Now if they are

doc or pharmacy shopping, we are able to make sure they are not doing harm to themselves or obtaining drugs to sell.”

The legislation that created the Prescription Drug Monitoring Program (PDMP) passed in 2011. But because it was initially unfunded, the program did not go live until March 2013, according to Denise Robertson, P.D., Program Administrator, Arkansas Department of Health.



“The feedback has been overwhelmingly positive,” Robertson said. “Most of all, the pharmacists and physicians are asking that we please don’t take this away. They want to preserve this service.”

There are 8,000 registered users among the pharmacists, physicians, advanced practice nurses, physician assistants and law enforcement professionals — about 38 percent of care providers and 50 percent of pharmacists in the state are registered with the PDMP. The goal is to enhance patient care and get people to talk to each other and get patients in need to treatment as a part of the plan.

“Blue Cross Blue Shield is making it mandatory for their providers to sign up by April 2017, so we expect to catch many of the ones who are not using at present,” Robertson said.

Though the study was fielded before our state’s PDMP was operational, the Centers for Disease Control (CDC) recently released a report saying that from 2006-2013, policies in 38 states that combined implementation of mandated provider review of state-run PDMP data and pain clinic laws reduced amounts of opioids prescribed by 8 percent and prescription opioid overdose death rates by 12 percent.

In addition, there is a CDC guideline for the threshold daily dose of opioids that a person can take without being at high risk. Since 2013, the number of individuals exceeding that CDC threshold has steadily decreased. This points to changes in prescribing of opioids going in the right direction.

Arkansas Department of Health reports indicate that in 2013 there were 76 individuals who were using multiple providers and multiple pharmacies at an extreme level to obtain opioids fraudulently. This is determined by a threshold of an individual visiting seven or more prescribers and seven or more pharmacies in a 90-day period. The third quarter of 2016 report saw only 18 individuals who met this criteria.

“We can’t say that the change is due only the monitoring program — also law enforcement getting pill mills stopped and other education programs contributed to the decrease,” said Robertson.

J. Craig Wilson, J.D., MPA, Health Policy Director, Arkansas Center for Health Improvement, believes the state is making progress. “There are multiple pieces of legislation passed in 2015 that are making a difference as are drug take-back programs, law enforcement education efforts and new policies by insurance providers,” he said.

“Blue Cross Blue Shield is requiring physicians to sign on to the state monitoring program, but there is no requirement physicians to sign on before each prescription,” he explained. “It is a step in the right direction. Policy change is incremental, and it is so important that we continue to act. It is a monumental effort to tackle.”

Scott Pace, Pharm.D., J.D., Executive Vice President and CEO, Arkansas Pharmacists Association, explained that a team led by then State Drug Director Flan Flener was brought together at State Police Headquarters to attack the problem of prescription drug abuse. This coalition led to encourage the passage of two bills. The first in 2011 created the PDMP and required all pharmacists to report narcotic prescriptions.

In 2015 Ark. Sen. Missy Irvin of Mountain View, Ark. Rep. Stephen Magie of Conway and Ark. Rep. Justin Boyd of Alma worked tirelessly to pass additional legislation that created parameters that specify when physicians, APNs and PAs have to check the PDMP before writing prescriptions.

The 2015 legislation includes new requirements for patients who have chronic nonmalignant pain — like lower back pain — that is treated with opioids. When patients have chronic nonmalignant pain, prescribers must check previous history on the PDMP register at least once every six months and patients must sign contracts that restrict their access to additional physicians or pharmacies.

How have the laws changed Brown’s routine at his pharmacy? “We have to upload a file which takes a little bit of time, but it is not hard,” he said. And at least weekly, he doesn’t dispense a prescription based on information from the PDMP.

“When a patient goes to multiple pharmacies, you have no idea without checking. Now if they are doc or pharmacy shopping, we are able to make sure they are not doing harm to themselves or obtaining drugs to sell.”

— Aaron Brown, Pharm. D.

ARKANSAS VIEWPOINTS

“What can Arkansans do to impact the problem of prescription drug abuse?”



By Kirk Lane
Chief of Police
Benton Police Department

Citizens should seek out and use local drug take back programs like Operation Medicine Cabinet in Benton. They should familiarize themselves with the value of the state’s Prescription Drug Monitoring Program and the need to make it mandatory for all prescribers to utilize it. In addition, citizens should be aware that Naloxone is available as an antidote to Opioid overdose.

Since the start of Operation Medicine Cabinet in 2009, the Benton Police Department has collected nearly five tons of prescription medications. Those medications have been taken out of the path of those who might abuse or misuse them, in an effort to enhance safety in the community. The drug take back program has also been an opportunity for people to have those medications disposed of in a manner that is safe for the environment.

Operation Medicine Cabinet serves as an education program about how to keep your home safe. The amount of medications we’ve collected is a measurement of how well we are getting the education out. We are also very proud to see so many parents bringing their children with them to show them the importance of Operation Medicine Cabinet, which we greatly hope will reduce the catastrophic statistics concerning prescription drug abuse, misuse and deaths associated with it.



By Brandon Cooper, Pharm.D.
Past-President, Arkansas
Pharmacists Association
Soo’s Drug & Compounding Center,
Jonesboro

One major deterrent to the growing trend of prescription drug abuse is to simply keep them out of the wrong hands. An alarming statistic states that one in five children will have abused prescription medications by the time they reach high school. Most acquired these medications from a family member.

Keeping track of your unused medications and making sure they are securely locked away can help make sure they don’t fall into the wrong hands. Your local pharmacist is a great resource in finding ways to properly dispose of unwanted medications.

The Arkansas Prescription Monitoring Program is also helping prescribers, pharmacists and law enforcement officers by identifying “drug shoppers” and “over-prescribers” of controlled substances with high abuse potential. In fact, regular use of the database is becoming standard practice by all practitioners to help stop the oversupply of medications that are often resold and abused.

Lastly, we can help stop this epidemic through education and the proper treatment of addiction as a disease by: educating healthcare professionals on ways to properly identify and treat addiction; informing the public on the dangers of prescription drug abuse and ways to seek treatment for themselves or those they suspect of abusing prescription medications; and teaching common sense ways to combat the criminal misuse and illegal supply chain of prescription drugs on the street.



Speakers Praise Arkansas Programs At Prescription Drug Abuse Summit continued from page 4.

Spencer Chastain, education director at the Boys and Girls Clubs of Saline County. "A lot of medicines look like candy so they think those are OK to take."

Family Service Agency helps with funding for similar programs around the state. Hayes Miller, regional prevention provider, looks at not only data but at the cultural norms that may be driving it when he guides the set-up of programs in the counties he oversees in Pulaski, Lonoke, Prairie and Saline counties.

"If kids see adults doing things — like drinking alcohol at Riverfest, for example — they may decide it's not as bad as it's made out to be and that will make it more normal for them to do it," he says. "So we look at community norms and how those are promoted and we get community leaders and officials to help us address those issues."

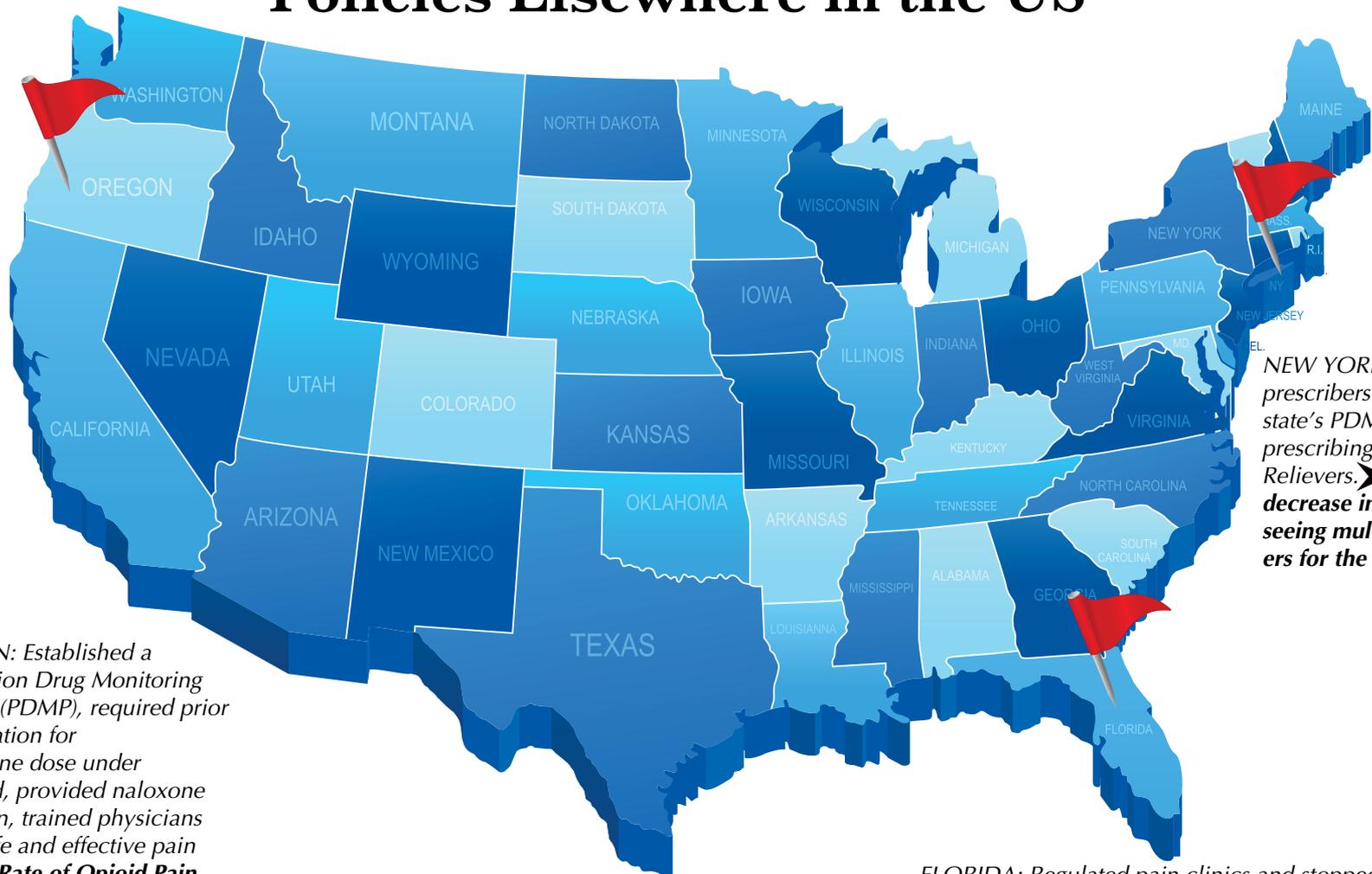
Drug Free Benton County uses data collected through the

Arkansas Prevention Needs Assessment and the Substance Abuse and Mental Health Services Administration to analyze how well the programs presented are working and what new concepts should be introduced. That's how the prescription drug units came to be added.

"Over the last four years or so, the federal government reported seeing more prescription drug abuse among teens, probably because they thought those things were safe," McLeod says. But gauging student reaction is also key in letting McLeod know if what his program is sharing is getting through.

"We try to change up the message so they don't get bored with it. They're right there and they're chiming in and they're involved and they're asking questions so we feel like they're engaged," he says. "I hope so. Because I hear heart-breaking stories from some of the kids I work with about family members who are addicted and about things they see."

Policies Elsewhere in the US*



OREGON: Established a Prescription Drug Monitoring Program (PDMP), required prior authorization for Methadone dose under Medicaid, provided naloxone education, trained physicians about safe and effective pain care. ➤ **Rate of Opioid Pain Reliever poisoning decreased by 38 percent.**

NEW YORK: Required prescribers to check the state's PDMP before prescribing Opioid Pain Relievers. ➤ **75 percent decrease in patient's seeing multiple prescribers for the same drugs.**

FLORIDA: Regulated pain clinics and stopped providers from dispensing Opioid Pain Relievers from their offices and established a PDMP. ➤ **Deaths decreased by 50 percent.**

*Information provided by Arkansas Center for Health Improvement



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GRANTS

A total of seven Office of National Drug Control Policy "Drug Free Communities" grants have been awarded in Arkansas — in Benton County, Garland County, Madison County, Sebastian County, Union County, Van Buren County and White County.

In 2007 the Office of National Drug Control Policy named Arkansas number one the nation in prescription drug abuse among teenagers.



An April 2013 study found that one in four American teens had used prescription drugs for nonmedical use — up 33 percent from 2008.



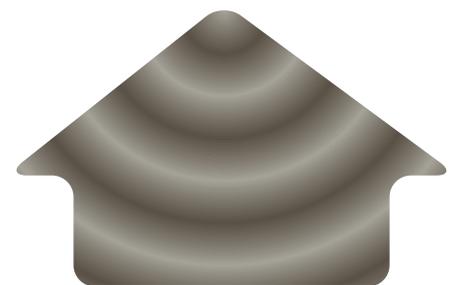
Arkansas has the 26th highest drug overdose mortality rate in the US.



The Office of National Drug Control Policy reports that 70 percent of the prescription drugs abused by teens come from their own home.



Arkansas has scored six out of 10 possible indicators of promising strategies to help curb prescription drug abuse in a 2013 report, *Prescription Drug Abuse: Strategies to Stop the Epidemic*.



Prescription drug abuse is the fastest-growing drug problem in the nation, according to the White House Office of National Drug Control Policy.

