
Reducing Prescription Drug Abuse in Iowa

A State Strategy

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Presented by the
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I. INTRODUCTION

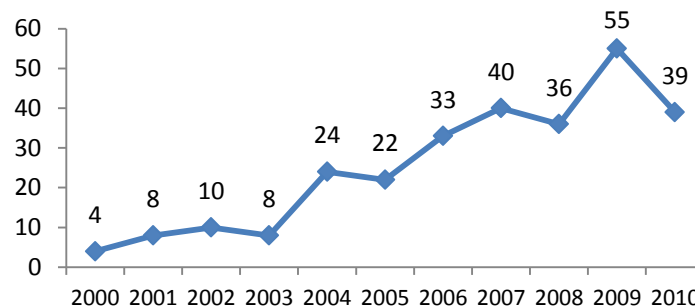
Prescription drug abuse is the nation's fastest-growing drug problem, as outlined by the White House Office of National Drug Control Policy's 2011 national plan "Responding to America's Prescription Drug Abuse Crisis." The urgency of the challenge is underscored in other reports, including a recent analysis by the Centers for Disease Control (CDC) that said: "Overdoses involving prescription painkillers are at epidemic levels and now kill more Americans than heroin and cocaine combined." According to the CDC, more than 40 people die in America every day from overdoses involving narcotic pain relievers such as hydrocodone (Vicodin), oxycodone (Oxycontin), methadone and oxycodone (Opana).

In Iowa, the situation is similar, at least in some ways. Prescription drug abuse is one of the fastest-growing forms of substance abuse in our state too, though its scope is smaller and on a more manageable scale when compared with most other states.

The Iowa Department of Public Health, Bureau of Vital Statistics, reports the drug overdose deaths of at least 130 Iowans over the last three years (2008-2010) due to non-heroin opioids (i.e., prescription pain relievers such as oxycodone, hydrocodone and methadone), nearly as many as for the previous eight years combined (149 from 2000-2007).

Iowa Rx Overdose Deaths Methadone & Other Opioids

(Source: Iowa Department of Public Health, Bureau of Vital Statistics)



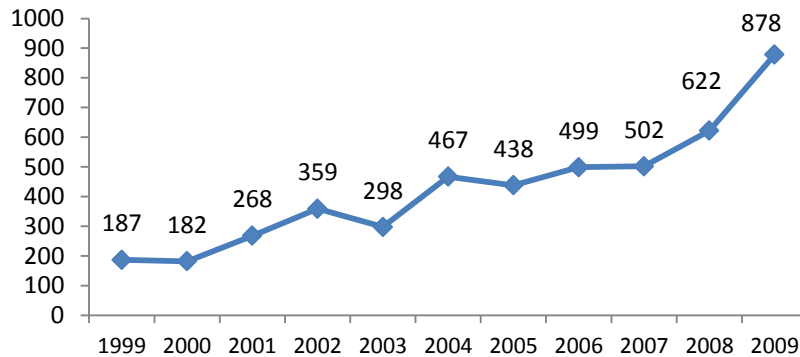
Prescription pain reliever-related overdose deaths in Iowa have steadily increased 875 percent over the last decade or so, and in 2010 outnumbered illicit (e.g., cocaine, heroin and methamphetamine) drug overdose deaths by a ratio of greater than two to one.

The abuse of prescription medicines by Iowa youth wasn't even measured before 2005, but seven percent of 11th grade students in 2010 reported using prescription drugs for non-medicinal purposes.

While relatively small in number by comparison to other forms of drug abuse, there has also been a precipitous increase in the number of lowans seeking substance abuse treatment for prescription pain reliever abuse or addiction, rising 370 percent from 1999 to 2009.

Iowa Rx Non-Heroin Opiates & Synthetics Treatment Admissions

Source: U.S. Department of Health & Human Resources, Substance Abuse & Mental Health Services Administration



Drug overdose deaths are part of a growing body of evidence pointing to an emerging prescription drug abuse problem that risks hurting more lowans and taxing more resources. A majority of Iowa pharmacists (54.6 percent), law enforcement officials (78.6 percent) and substance abuse treatment providers (95.8 percent) surveyed by the Governor’s Office of Drug Control Policy (ODCP) in 2011 reported an increase in the prevalence of prescription drug abuse, particularly opioid pain relievers, in their respective areas. Other data also suggest increases in the overall amount of medicines prescribed, dispensed and abused, as well as potential prescription drug poisonings in Iowa. Relative ease of access, misperceptions of safety, addictive drug qualities and difficulties detecting and treating prescription abuse are among the reasons cited for this potentially perilous trend.

Beyond the harm to one’s health and the risk to public safety, the illegal diversion and abuse of medicines carry additional health care costs and dangers. According to the Coalition Against Insurance Fraud, prescription drug diversion in the U.S. drains health insurers of up to \$72.5 billion a year. In one study, WellPoint, Inc.—the nation’s largest publicly traded commercial health insurer—paid \$41 in related medical claims for every \$1 it paid in narcotic prescriptions for suspected doctor-shopper plan members. An additional safety concern involves “medical identity theft,” in which an imposter fraudulently uses another person’s identity to obtain prescription drugs. This could inadvertently change the victim’s medical history, leading to erroneous diagnoses and treatments.

One of the newer and more promising tools to reduce prescription drug abuse is Iowa's electronic Prescription Drug Monitoring Program (PMP). According to the Alliance of States with Prescription Monitoring Programs, Iowa is one of 37 states with an operational PMP, though 48 states have authorized such a system through legislation. Implemented by legislative action and administered by the Iowa Board of Pharmacy (IBOP), Iowa's PMP became operational in 2009. Ironically, while a majority of Iowans seem to know very little about the PMP, most do expect health care professionals to monitor their medicine intake, particularly when treating them as a patient. And a vast majority of Iowans, when told of the PMP, approve of its use in personal medical treatment and to alert the appropriate officials to potential abuse or misuse.

According to a 2011 Iowa Prescription Medication Survey by the University of Northern Iowa's (UNI) Center for Social and Behavioral Research, 86 percent of the respondents knew little or nothing about Iowa's PMP. However, when told how the PMP works, 93 percent said if given a choice, they would want their family doctors to use information in Iowa's PMP when making decisions about patient care. Similarly, 88 percent said they would want pharmacists filling their prescriptions to use information in Iowa's PMP when making patient care decisions.

The scientifically random UNI survey, commissioned by ODCP, found a large majority of Iowans approve of using PMP information not only for their own medical treatment, but also for sharing with the appropriate officials to prevent prescription drug abuse/misuse or to intervene when it is detected. According to the survey: 96 percent support using the PMP to alert pharmacists about possible drug interactions or overdoses; 94 percent support using the PMP to alert health care professionals of people who may be misusing or abusing prescription medications; and 78 percent support using the PMP to alert law enforcement officials about people who may be illegally using prescription medications.

It's important to note that changes in the prevalence of prescription drug abuse coincide with an increase in the availability and legitimate use of an expanding number of prescription medications. Modern science has given us very effective medicines to treat pain and other ailments, and medicine abuse is the exception to the rule. Providers must be free to use prescription drugs to properly treat pain, and should not fear someone second-guessing their decisions.

Context is also important. The most recent National Survey on Drug Use and Health found Iowa and Nebraska tied for the lowest rate (3.6 percent) of non-medical use of pain relievers in 2008-2009. Oklahoma had the highest rate among all states (8.1 percent). Recent Iowa Board of Pharmacy data from Iowa's PMP show while PMP utilization by prescribers and pharmacists remains relatively low, it seems to be increasing slowly at the same time that occurrences of suspected "doctor-shopping" may be decreasing.

What we know about the nature and scope of prescription abuse in Iowa requires a balanced and measured response going forward, one that proactively builds on our progress to date to

prevent bigger problems while improving the health and safety of Iowans. Although many classes of prescription drugs are a concern, controlled substances—by definition—are most susceptible to abuse. This report will focus much of its attention on opioid prescription pain relievers, such as oxycodone and hydrocodone, because of their highly addictive qualities and the sometimes deadly consequences of overdosing on them.

Drug abuse is a preventable behavior, and drug addiction is a treatable disease. However, action is required and complacency is not an option.

This Iowa Plan for Reducing Prescription Abuse was developed by the Governor's Office of Drug Control Policy (ODCP), and the views expressed in this document are those of ODCP. In developing this report, ODCP considered input from numerous sources, including the Iowa Prescription Abuse Reduction (PAR) Task Force. ODCP is grateful to the 33 members of the Task Force who convened in the fall of 2011 to help refine the nature and scope of the problem and recommend steps to address it. This panel of physicians, dentists, nurses, pharmacists, substance abuse prevention specialists, substance abuse treatment providers, regulators, law enforcement officers and other concerned citizens shared a wealth of insight with ODCP to help make this report possible.

Similar to the national plan released earlier this year, the Iowa Plan for Reducing Prescription Abuse expands on the State's comprehensive Drug Control Strategy by offering a blueprint for action targeting four key areas: (1) Education & Intervention; (2) Secure Storage & Safe Disposal; (3) Monitoring and (4) Enforcement.

II. EDUCATION & INTERVENTION

One of the first and most fundamental steps to better understanding, addressing and ultimately reducing prescription drug abuse is education. While initial steps are underway on this front, we are just beginning to climb a steep learning curve to increase Iowans' awareness of the potential dangers associated with the misuse or abuse of prescription drugs.

Based on input from Iowa's PAR Task Force and others in the State, the need for education on this subject is urgent and two-fold: (1) Iowa citizens need information about prescription drug abuse and how they can help prevent it; and (2) professionals require training in their specialty areas to more effectively prevent, detect and treat prescription drug abuse, while at the same time protecting Iowans against illegal activity.

Citizen Education

Iowans—particularly parents and other key influencers in the lives of youth—need to understand that prescription medicines can be as dangerous as illicit drugs, potentially leading to impairment, illness, addiction and even death. It's also important to know why medicines are diverted and abused. According to the 2010 Iowa Youth Survey, seven percent of Iowa 11th grade students admit using prescription drugs for non-medicinal purposes. One of the chief

reasons cited by youth who intentionally abuse prescription medicines to get high is the misperception that they are safe for anyone. After all, they are “legal” and pills don’t require smoking, snorting or inserting a needle in your arm.

Despite increasing concerns about the abuse of medicines by youth, a 2010 national Partnership Attitude Tracking Survey by the Partnership at Drugfree.org (formerly Partnership for a Drug-Free America) found only 22 percent of parents are talking to their children about the dangers of using prescription medications without a proper prescription. In recent years, that same survey has found that teenagers who learn through ongoing conversations at home about the risks of drugs are up to 50 percent less likely to ever use drugs. Parents can greatly reduce the odds of young people abusing medicines or other drugs, if they engage with their children.

Besides raising awareness of the problem, Iowans also need to know what to do about it. Educational efforts for parents and others must include information on how to talk with kids about prescription drugs, to prevent abuse. It’s important for young people to know that while prescription medicines can be very helpful when used as intended, they can be equally dangerous if misused or taken by someone other than the person for whom they were prescribed. The important message for parents to convey to children is to not use *any* substance that hasn’t been given to them by a parent, physician, pharmacist or other trusted adult.

When prescription drug abuse does occur in Iowa, family members, friends and citizens generally need to know what steps to take to deal with it in a timely and effective manner. Questions in need of answers readily available to the public include: How do I know when someone I care about is abusing prescription drugs?; What’s the best way to intervene with someone abusing medicines?; Where can I get help for someone addicted to prescription drugs?; and How do I recognize and report someone I suspect is breaking the law to steal or divert prescription drugs for abuse by others? Recommendations for educating and intervening in these types of situations will be addressed below.

General education is also needed on how to securely store and safely dispose of prescription medicines, particularly those kept in the home, to help prevent theft and abuse. According to a national survey, the family medicine cabinet is a major source of prescription drugs subject to abuse. Proper disposal is also important, to thwart pilfering and protect the environment. This issue will be addressed in greater detail in the Secure Storage & Safe Disposal section of this report.

Professional Education & Intervention

Health care providers and other professionals who work with prescription drugs and the Iowans to whom such medicines are prescribed and dispensed also have educational needs. For physicians, pharmacists and other health care providers, this may take the form of enhanced formal instruction (e.g., medical and nursing school classes), professional training and continuing education. For school teachers, coaches, counselors, substance abuse prevention

specialists and others working with youth, education may take the form of drug prevention and recognition programs. The two-part goal of these efforts is to prevent lowans, especially vulnerable youth, from starting down the slippery slope of substance abuse involving medicines, and to intervene with those who've already gone down this path to connect them with services that can help them.

Educational topics for health care professionals should include: safe and effective methods of treating pain; recognizing prescription and other substance abuse in patients; intervening with patients abusing prescription medicines; referring patients in need of help to substance abuse treatment providers; utilizing Iowa's Prescription Drug Monitoring Program (PMP) to identify patients who may be diverting and abusing prescription drugs; and helping patients understand what they can do at home to prevent prescription drug abuse.

The Iowa Board of Medicine recently adopted rules (Iowa Administrative Code 653, Chapter 11) requiring all licensed physicians in the State of Iowa to complete continuing medical education on chronic pain medication management. According to the Board, the rule change is an effort to assist physicians in reducing patients' abuse and misuse of pain medications. Under the rules, physicians who regularly provide primary health care to patients, including emergency room physicians, family physicians, general practice physicians, internists, neurologists, pain medicine specialists and psychiatrists seeking renewal of their license must complete two hours of accredited training on chronic pain management and two hours of accredited training on end-of-life care every five years.

Nationally, the American Medical Association's (AMA) House of Delegates policy-making body has called on the AMA to promote doctor training on the correct use of controlled substances, in an effort to reduce substance abuse.

In addition to offering the newly required physician training via an online webinar, the Iowa Board of Medicine is also supporting the chronic pain management education requirement by offering a free book—"Responsible Opioid Prescribing: A Physician's Guide"—by Scott Fishman, M.D., a nationally recognized pain specialist. The book discusses the use of pain management agreements and prescription monitoring programs as tools for more safely prescribing narcotic drugs. The Board has also adopted rules to recommend physicians consider establishing pain management agreements, use drug screens, and review a patient's controlled substance prescription history in the Iowa PMP database if the physician believes the patient is at risk of abuse or diversion of the medication. PMP issues will be addressed in greater detail in the Monitoring section of this report.

Iowa substance abuse treatment providers may need to learn new or different methods of intervening with and treating clients who are abusing or addicted to prescription medicines. This seems especially important when treating patients addicted to opioid pain killers, because they may also require treatment for pain. Of all lowans seeking substance abuse treatment in State Fiscal 2011, 6.7 percent cited "other" drugs—including opioids and other prescription drugs—as

their primary substance of abuse. While this number may seem small, it represents an all-time high point, a 5.2 point jump since 2000 and the largest rate of increase among all substance abuse categories. Additionally, 95.8 percent of Iowa substance abuse treatment providers surveyed by ODCP in 2011 reported an increase in the prevalence of prescription drug abuse, particularly opioid pain relievers, in their respective areas.

Iowa experts say opioid (e.g., oxycodone or hydrocodone) addiction among youth is extremely difficult to treat. A few substance abuse treatment providers in Iowa have reported increased success using a drug “replacement” therapy technique, involving Buprenorphine (a.k.a., Suboxone), instead of the more widely accepted “abstinence” model. For many in the substance abuse treatment field, this represents a fundamental change in how they approach addiction.

For law enforcement officers and regulatory officials, focused on protecting the public from criminal activity involving prescription medicines, education may involve specialized training on crime prevention techniques (e.g., pharmacy or home burglaries) and conducting successful investigations into prescription drug diversion or theft, including how to use Iowa’s PMP and other tools. These issues will also be addressed in the Enforcement section of this report.

Nationally, educational initiatives include working with prescription drug manufacturers, the U.S. Food and Drug Administration (FDA), other federal agencies and national private-sector organizations. ODCP supports these efforts, in addition to the Iowa recommendations set forth in this report.

Education & Intervention Recommendations:

- Develop and disseminate public service multi-media campaign messages (including mass media, websites and social media) to heighten awareness of prescription drug abuse among all Iowans. Emphasis should be placed on the addictive qualities and potential dangers associated with prescription drug abuse and steps citizens can take at home to prevent or reduce the problem (including the secure storage and safe disposal of medicines detailed later in this report).
- Produce and distribute easy-to-use “how to” information (electronic and print versions) for parents and other key influencers to talk with youth about the importance of not abusing prescription drugs. Similar materials are needed to help family members prevent the accidental misuse of prescriptions by senior citizens and others who take multiple medicines. Distribution points may include professional health care providers (e.g., doctor’s offices and pharmacies), substance abuse prevention specialists, educators, community anti-drug coalitions and other public and private sector organizations.
- Make it easier for Iowans in need of help to get it, by promoting the Iowa Substance Abuse Information Center’s toll-free 24/7 Helpline (1-866-242-4111), to assist all Iowans needing educational information, local substance abuse prevention and treatment referrals or immediate crisis counseling services.

- Enhance middle school student drug prevention programs and curricula to include supplemental, and age-appropriate, information on prescription drug abuse.
- Augment college curricula for those studying to become health care professionals (e.g., students of medicine, pharmacy, nursing and dentistry) to include current information on effective pain treatments, as well as prescription drug abuse prevention, intervention and treatment techniques.
- Provide continuing education for ALL health care prescribers on pain treatment and prescription drug abuse (e.g., Iowa Board of Medicine CME requirement of physicians), including guidance on patient pain treatment contracts, information sharing with other professionals and addiction treatment referrals. Topics should include preventing, detecting, intervening with, and treating controlled prescription drug abuse.
- Encourage training on Iowa's PMP by prescribers and dispensers of prescription medicine, to promote greater utilization of this tool and more effective interventions with addicted patients. Also encourage PMP and prescription drug diversion training by law enforcement officers and regulators, to improve investigations (additional details later in this report).
- Develop fact sheets and other informational materials for health care, substance abuse, education, law enforcement, employers and other public and private sector organizations to access (via handouts, websites, etc.) and disseminate to professionals in their respective disciplines.
- Supplement Drug Recognition Education curricula for school nurses, school resource officers, educators and others, to include signs and symptoms of prescription drug abuse.
- Partner with National Alliance for Model State Drug Laws experts and others to present to Iowa professional groups on emerging prescription drug abuse trends, promising and proven approaches, and updates on laws and regulations.

III. SECURE STORAGE & SAFE DISPOSAL

Prescription drug abuse is a shared public health and public safety concern. Likewise, every Iowan who receives prescription medications has a role to help prevent or reduce prescription drug abuse in our state. That's because the family medicine cabinet is a major source of diverted and abused prescription medicines.

Secure Storage

According to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's 2009 National Survey on Drug Use and Health, more than 70 percent of people who used prescription pain relievers non-medically got them from friends or relatives. Much of this theft and abuse may be preventable, if we change the way in which we acquire, store, monitor and think about the medicines we keep at home.

According to the Iowa Board of Pharmacy's recent Prescription Monitoring Program (PMP) report to the Governor and Legislature for 2011, two of the three most commonly prescribed

controlled substances in Iowa are the opioid pain reliever medicines oxycodone and hydrocodone. Together they constituted nearly 100 million (96,129,905) prescription doses dispensed to Iowans in 2011, or 40.3 percent of all Schedule II through IV controlled substance doses prescribed and dispensed to Iowans. Hydrocodone alone accounted for nearly one-third of all controlled substance prescription doses in Iowa during 2011. Not surprisingly, these two prescription medications also appear to be among the most commonly abused prescription drugs in Iowa.

Supporting concerns about the proliferation of prescription drugs, particularly the opioid pain relievers, are data from Iowa's Statewide Poison Control Center stating that public calls asking the center to identify hydrocodone and oxycodone pain pills increased 2,232 percent from 2002 to 2010. Poison center officials believe this increase is a rough indicator of the growing diversion and abuse of prescription drugs in Iowa.

Prescription medicines are safe when used as intended, by the person for whom they are prescribed. However, these same drugs may become very unsafe if used in any other way. Prescription drugs must be kept out of the reach of very young children, and older children should be told not to take anything that is not specifically prescribed for or given to them by a parent, physician, pharmacist or other trusted adult. Rules that apply to the safekeeping of toxic household cleaning chemicals should also apply to medicines.

Monitoring home medication supplies is important not only to order timely refills or renewals, but to identify potential theft or abuse AND to promptly dispose of outdated or unused medicines.

Safe Disposal

As soon as prescription drugs no longer serve a medical purpose, Iowans need to know how to dispose of them. By following a few safe and timely steps, they can help prevent medicine theft and abuse, and protect the environment:

- Store prescription medicine in a safe place, out of children's reach. Treat the storage of medicine around children as you would poisonous household cleaners. An unsecured medicine cabinet may not be the best place.
- Be sure bottles, tubes and other medicine containers are properly labeled, and that child-proof caps are in place as appropriate.
- Talk with children about medicine abuse dangers, set boundaries, establish consequences, and explain why you care (Example: "Sara, do not take any medicine unless your dad or I give it to you. Taking someone else's medicine, or too much of yours, could make you sick. We love you and don't want you to get hurt.").
- If you are unsure of a medicine's potential for abuse, ask your pharmacist.
- Promptly dispose of medicine no longer needed, or if the medicine has become outdated. Old medicine is not good medicine.

Increasingly, Iowans have more ways to safely dispose of unused prescription medicines, thanks to pharmacies, law enforcement agencies, substance abuse prevention agencies,

community anti-drug coalitions and others. The Iowa Pharmacy Association's (IPA) "Take Away" program, the Drug Enforcement Administration's (DEA) "Take Back" events, and numerous other prescription drug drop-off opportunities are important to reduce the amount of prescription medicines subject to diversion and abuse, and to protect our environment.

The DEA typically schedules two national "Take Back" events each year, netting 9,124 pounds of controlled and uncontrolled prescription drugs at dozens of Iowa sites in 2011. The IPA "Take Away" program operates in about 420 Iowa pharmacies, and though it is not currently authorized to collect controlled substances (e.g., opioid pain relievers), it has collected more than 28,000 pounds of returned prescription medicines since its inception nearly three years ago in 2009. New rules being drafted by the DEA, and subject to subsequent authorization at the State level by the Iowa Board of Pharmacy, may expand and simplify controlled substance collection opportunities in the near future, to include the IPA's "Take Away" program and others.

Iowans who properly store and dispose of their prescription medicines will not only help prevent the theft and abuse of those substances, and the associated threats to public safety by such behavior, but they will also help prevent environmental contamination that can occur when medicines are wrongly flushed down the toilet.

Secure Storage & Safe Disposal Recommendations:

- Provide guidance and promote participation by Iowans to properly secure and manage controlled substances and other prescription drugs at home, to prevent theft, abuse and accidental misuse.
- Encourage citizen participation in authorized prescription drug drop-off programs, and work to enhance opportunities to be more citizen-friendly. Promote participation through public service multi-media campaigns and other outlets.
- Expand the Iowa Pharmacy Association's "Take Away" program to additional pharmacies statewide, to provide safe disposal opportunities to more Iowans. Continue public funding for collection and incineration costs, and seek other financial support for additional expansion and program marketing.
- Pending final DEA rule changes, work with the Iowa Board of Pharmacy, Iowa Pharmacy Association, local law enforcement agencies and others to consider broadening drop-off options that would allow Iowans to safely dispose of prescription medicines, including controlled substances subject to abuse, in secure but user-friendly ways.
- Engage helping professionals (e.g., pharmacists, physicians, nurses, hospital personnel, home health care providers, hospice caregivers, funeral home directors, law enforcement officers, etc.) to work with Iowans on the proper disposal of unused medicines belonging to family members who may otherwise be targets of prescription drug theft or harmed by accidental medicine misuse.
- Implement an evaluation to measure the impact of prescription drug drop-off activities in Iowa.

IV. MONITORING

Prescription monitoring may be one of the single most impactful ways to reduce prescription drug abuse and improve patient care. To this end, electronic Prescription Drug Monitoring Programs (PMPs) are becoming more commonplace in the U.S. According to the Alliance of States with Prescription Monitoring Programs, 48 states have passed legislation to establish electronic Prescription Drug Monitoring Programs (PMPs), and PMPs are operational in 37 of those states, including Iowa.

PMPs are computerized systems designed to identify the diversion and abuse of controlled prescription drugs at the retail level, with an emphasis on monitoring patients and not providers. PMPs in general play an important role in reducing the amount of prescription drugs that are diverted for improper or illegal purposes. They track controlled substances prescribed by practitioners and dispensed by pharmacists. PMPs provide an electronic record of controlled substances prescribed and dispensed, and the persons obtaining them. In fact, all the information one needs to stop an estimated one-third of the prescription drug diversion and abuse problem already resides in PMPs.

PMPs are to patients taking prescription medicines what the nation's air traffic control system is to airline travelers, a hi-tech way to keep citizens safe. A vast majority of Iowans in a 2011 University of Northern Iowa survey approve of using PMP information in personal medical treatment and to alert appropriate officials of potential prescription drug abuse or misuse. However, just as air traffic control system radars must be monitored to keep the skies safe, PMPs must be used for the information in them to effectively help prevent or intervene with prescription drug diversion and abuse.

Iowa's PMP became operational in March 2009, and is managed by the Iowa Board of Pharmacy (IBOP, or the Board). Established through federal grants of roughly \$400,000, annual maintenance costs of the PMP system are paid from license fees retained by the Board in a drug information program fund. Though still relatively new, the potential benefits of the PMP are being recognized by a growing number of health care providers, regulators and other organizations.

Among others, the American Medical Association's (AMA) House of Delegates policy-making body has called on that organization to encourage doctors to use PMPs. The White House Office of National Drug Control Policy supports PMP utilization in its national plan to address prescription drug abuse. In Iowa, the Board of Medicine also encourages PMP utilization by many physicians in our state.

The Balance between Treating Pain and Preventing Medicine Abuse

When discussing the PMP it's important to discuss the roles that doctors and other providers play in dealing with pain through the prescription of controlled substances, primarily opioids. Opioids and other controlled substances are important tools that providers use to treat pain and the amounts can vary widely from patient to patient. However, these substances pose certain

risks since some patients may become addicted to them and be driven to doctor-shop or forge prescriptions to feed their own addictions.

A fully-optimized PMP should help reduce prescription drug abuse while enhancing patient care, by promoting appropriate prescription medication treatments, as determined by prescribers.

Prescription drug abuse is not limited to pain relievers, but they appear to make up the largest category of prescription medicines subject to diversion. Within this category, hydrocodone (Vicodin) and oxycodone (Oxycontin) are the two most commonly abused prescription drugs. Methadone, which can also be used to help treat heroin users going through withdrawal, is another pain reliever subject to abuse. Though not prescribed for pain as often as hydrocodone or oxycodone, methadone's unique pharmacology and physiologic effects may increase the chance of death when it is abused.

The overarching reason for Iowa's PMP is to monitor the intake of controlled substances by users—not prescribers or dispensers—to enhance patient care through timely, targeted and treatment-useful information. The legal basis for our state's PMP is set out in Division VI of Chapter 124 of the Iowa Code. This portion of the Code establishes an “information program for drug prescribing and dispensing,” and describes the purpose of the program broadly as follows:

“The information collected shall be used by prescribing practitioners and pharmacists on a need-to-know basis for purposes of improving patient health care by facilitating early identification of patients who may be at risk for addiction, or who may be abusing, or diverting drugs for unlawful or otherwise unauthorized purposes at risk to themselves and others, or who may be appropriately using controlled substance lawfully prescribed to them but unknown to the practitioner.”

Iowa PMP Operations

The Iowa Pharmacy Board, in conjunction with a PMP Advisory Council, co-manages the PMP. Each pharmacist who dispenses controlled substances “to patients in the state” must collect certain prescription data and forward that data to the PMP. According to Pharmacy Board rules, pharmacists collect and submit information to the PMP that includes:

- Pharmacy information,
- Patient information,
- Prescriber information,
- Date original prescription was issued,
- Indication if prescription is new or a refill,
- Identification of the drug dispensed,
- Number of days' supply of drug dispensed,
- Prescription number assigned by the pharmacy,
- Type of payment for the prescription, third-party or cash, and
- Other information identified by rule.

The system includes this information for all Schedule II controlled substances and those substances in Schedules III and IV that the advisory council and Pharmacy Board determine can be addictive or fatal if not taken under the proper care and direction of a prescribing practitioner. The Board's administrative rules define the drugs that must be included in "reportable prescriptions" as including all Schedule II, III, or IV controlled substances.

The Iowa PMP does not operate on a real time basis. Unlike Iowa's Pseudoephedrine Tracking System (PTS), a similar system that uses a database to record state-wide pseudoephedrine purchases from Iowa pharmacies to control a key precursor used in the manufacture of methamphetamine, the current Iowa PMP allows pharmacies information to be uploaded to the PMP in a "timely manner" as designated by administrative rule. The Board's current rules require that the information be uploaded to the PMP at least as frequently as once every two weeks.

The practical effect of this lag in response time is that it may take as long as two weeks before a transition appears on the system's database. A doctor or other provider querying the system for recent information may miss a controlled prescription drug provided to a patient by a different health care professional five days earlier. By contrast, Iowa's PTS can send real-time alerts seconds after a pharmacist makes a pseudoephedrine sale.

Any health care practitioner who is authorized to prescribe or dispense controlled substances may obtain PMP information ". . . for purposes of providing patient health care." Both the individual practitioners prescribing controlled substances and the pharmacists dispensing them must be registered with the federal Drug Enforcement Administration and the Pharmacy Board to use the monitoring system. A provider's use of the system is voluntary rather than mandatory and the information contained in the system is available to a pharmacist or prescribing practitioner only upon request. As a result, providers receive information only when they request it.

Information collected by Iowa's PMP is "privileged and strictly confidential information," except that the Pharmacy Board may provide information from the PMP in the following instances:

1. When pharmacists and prescribing practitioners request the information for purposes of providing care to a patients, or
2. When an individual requests their own program information, or
3. When presented with a court order, subpoena, or other means of legal compulsion for access to or release of program information that is issued based upon a determination of probable cause in the course of a specific investigation of a specific individual.

Generally, pharmacists and prescribing practitioners who act in good faith are held free from any civil, criminal, or administrative liability when making a report or when requesting, receiving,

or using information from the program. However, prescribing practitioners, pharmacists or pharmacies who fail to comply with Iowa PMP confidentiality provisions are subject to disciplinary action by the appropriate disciplinary boards.

Utilization of Iowa's PMP

In 2011, the Iowa Pharmacy Board reported a total of 14,008 prescribing practitioners with Controlled Substance Act registrations authorizing them to prescribe controlled substances in the State. Of this amount 2,956, or approximately 21 percent, had requested Pharmacy Board authorization to access the PMP for information. That's up from 11 and 17 percent prescriber registration rates in the PMP's first and second years, respectively. And although all pharmacists are required to input PMP controlled substance prescription data into the system, of the total of 3,372 pharmacists in the State, approximately 36 percent (1,208) were registered to receive information from the system in 2011.

According to the Pharmacy Board report, since Iowa's PMP became operational the number of queries against the system has increased 237 percent, from 22,760 in 2009 to 76,619 in 2011. The largest increase in utilization has been by prescribers, who have more than tripled their PMP queries over the last three years. However, even with these increases, the overall number of queries as a percent of prescriptions written and dispensed is low.

Registering with the Pharmacy Board to query the PMP does not mean a prescriber or pharmacist actually receives and utilizes the system information when writing or dispensing a patient's prescription. The Pharmacy Board's annual report on the PMP can be used to determine the ratio of times pharmacists and prescribers accessed the PMP compared to the total number of controlled substance prescriptions written for the period, and provides a rough proxy for the actual utilization rate as a percentage of the prescriptions written and dispensed.

In 2011 Iowa prescribers wrote 4,319,665 prescriptions for Schedule II, III, and IV controlled substances. During the same period prescribers requested patient information from the system 68,282 times, or in response to less than two percent of the written prescriptions. Pharmacists requested patient information 7,935 times during this same period, or two-tenths of a percent of the prescriptions actually dispensed.

Even though the rate of actual provider and pharmacist utilization is increasing, the overall use of this important system remains very low. Important information about patients who are doctor-shopping or possibly forging prescriptions often is not being communicated to those professionals who can make best use of the information.

The Pharmacy Board notes in its report that in spite of steady increases in the number of prescribers and pharmacists registering to use the PMP, and in the number of requests for patient prescription history being submitted and used by authorized users, the prescribing and dispensing of controlled substances has not been unnecessarily or adversely affected by the PMP.

Monitoring Recommendations:

- Modify Iowa's PMP to allow interoperability with PMPs in other states. Amending Iowa law to permit this sort of PMP interstate connectivity will allow providers located on our state's borders to better monitor all controlled prescription drugs purchased in Iowa and surrounding states by their patients.
- Expand the list of entities dispensing applicable prescription drugs to Iowa patients required to submit information to Iowa's PMP to include out-of-state and mail-order pharmacies. Medicines from out-of-state and mail-order pharmacies account for a significant portion of the prescription drugs dispensed in Iowa, but that information is not currently entered into Iowa's PMP. Changes by the Pharmacy Board to include them in PMP reporting will give those utilizing the system a much better picture of patient activities.
- Improve the utilization, efficiency and effectiveness of Iowa's PMP by developing a system for sending Automatic Prescription Drug Alerts (e-mails) to notify prescribers and pharmacists treating a given patient when that patient is suspected of doctor-shopping or forging prescriptions by exceeding a medically-accepted threshold of controlled prescription drugs and/or health care providers, as determined by a panel of Iowa prescribers and pharmacists. If all Iowa health care providers registered with the DEA are also registered with Iowa's PMP, that would ensure that proactive alerts are sent to controlled prescription drug prescribers and dispensers in Iowa who treat those suspected of diverting prescriptions. Decisions by health care providers on accessing the PMP and use of patient information in the PMP should continue to be voluntary, at the discretion of health care professionals. The Pharmacy Board should also be given the authority to review all automatic PMP alerts, to contact health care providers to gain more information about a given case, and to screen/refer cases to the appropriate law enforcement agencies, as warranted. Changing Iowa law to authorize PMP Automatic Prescription Drug Alerts will: increase utilization of the PMP by health care providers; improve patient care involving medicines; and reduce overall prescription drug diversion and abuse.
- Increase the speed with which pharmacies report the dispensation of prescription medicines to Iowa's PMP to give health care providers more timely information to prevent doctor-shopping and multiple prescription forgeries, and to intervene with patients needing time-sensitive help or referral to substance abuse treatment. Currently, PMP information may not be available until ten to 14 days after a prescription transaction. The sooner pharmacies submit information to the PMP the more effective the PMP can be in helping to prevent prescription drug abuse or misuse. Ultimately, virtual "real-time" PMP reporting should be considered for optimum timeliness.
- Add Schedule V Controlled Substance and other uncontrolled prescription drugs capable of abuse for mandatory reporting to the PMP, at the discretion of the Iowa Pharmacy Board and PMP Advisory Council. Amending Iowa law to allow this will help health care providers monitor additional and/or emerging medicines of concern, as identified by the Pharmacy Board.

- Support changes in federal law that will allow prescriptions issued under the auspices of the federal Veteran’s Administration to be submitted to Iowa’s PMP.
- Coordinate all changes to Iowa’s PMP through the Pharmacy Board and the PMP Advisory Council, and encourage increased communication between prescribers and pharmacists. PMP improvements should serve to improve patient care without increasing the workload of health care providers.
- Promote greater utilization of Iowa’s PMP and provide ongoing educational/training opportunities to update health care professionals on how to use the system, recognize signs and symptoms of prescription drug abuse and make referrals to substance abuse treatment providers. Include a PMP overview in college curricula for those studying to become health care professionals (e.g., students of medicine, pharmacy, nursing and dentistry).
- Sustain or embed enhanced PMP features in future patient care system development.

V. ENFORCEMENT

As with Iowa pharmacists and substance abuse treatment providers, Iowa law enforcement officials are also seeing a growing problem with prescription drug diversion and abuse. In a recent ODCP survey, 78.6 percent of law enforcement officials reported an increase in the prevalence of prescription drug abuse, particularly opioid pain relievers, in communities throughout the State.

The Iowa Department of Public Safety’s Division of Narcotics Enforcement opened 33 suspected prescription drug diversion cases and seized 4,025 prescription dosage units in State Fiscal 2011. Over the last three years, state drug agents have opened 108 such cases and seized 8,964 dosage units. Though prescription drug diversion case numbers are relatively low among state and local law enforcement agencies, compared to “illicit” drug cases under investigation in Iowa, other data and anecdotal information indicate that may relate more to the complexity of the problem than its degree.

The National Drug Intelligence Center’s (NDIC) 2011 National Drug Threat Assessment summarizes the situation this way:

“The abuse of controlled prescription drugs constitutes a problem second only to the abuse of marijuana in scope and pervasiveness in the United States, and the problem is particularly acute among adolescents.”

NDIC cites a variety of data, including the following, in making its assessment:

- The number of opioid-related deaths increased steadily over the past decade.
- The estimated number of Emergency Department visits involving nonmedical use of prescription pain relievers increased almost 30 percent between 2008 and 2009.
- Substance abuse treatment admissions for other opiates/synthetics increased 16 percent between 2008 and 2009. Among state and local law enforcement agencies

surveyed in 2010, 13.9 percent reported Controlled Prescription Drugs as their greatest drug threat, an increase from 9.8 percent in 2009.

- In 2010, 12.8 percent of state and local law enforcement agencies reported an association between pharmaceutical diversion and property crime, up from 8.4 percent in 2009; and 6.3 percent of state and local law enforcement agencies reported an association between pharmaceutical diversion and violent crime, up from 4.8 percent from 2009.

Role of Law Enforcement

In many cases, if not most, prescription drug abuse is primarily considered a medical problem involving an individual patient who started by using medicine prescribed to treat pain or another ailment. However, what begins as the well-intentioned treatment of one's medical problem sometimes evolves into a patient becoming dependent or addicted to controlled prescription drugs. In some instances, the desire to satisfy one's addiction becomes so great that a patient steps outside their traditional relationship with a doctor and sees multiple physicians in a process called "doctor-shopping." Others forge prescriptions to gain more controlled substances for their own use/abuse.

Some who engage in the abuse of medicines may see multiple doctors or forge numerous prescriptions over an extended period of time. In addition to those who seek to deliberately divert controlled prescription drugs for their own use/abuse, others do it to give or sell the drugs to others, often for a profit. From the standpoint of a prescriber or pharmacist, detecting or intervening with a patient's prescription drug diversion and abuse is one challenge. However, determining if someone is diverting controlled prescription drugs to supply them to others, or what to do about such behavior, is extremely difficult.

All controlled prescription drug diversion is illegal, but some actions pose a greater threat to public safety than others. If notified, law enforcement can investigate cases and sort through facts that may lead to an arrest, charges and ultimately prosecution, thereby potentially curbing dangerous behavior.

Indirectly, though often overlooked, law enforcement can also serve an important role in intervening with prescription drug abusers, ensuring they receive substance abuse treatment and helping to provide a pathway to recovery. Many Iowans get the help they need to break the cycle of drug abuse because a judge, or someone else in the criminal justice system, ordered them to undergo substance abuse treatment, mandatory drug testing, intensive supervision, etc. According to substance abuse experts, "coerced" substance abuse treatment—in which jail or prison await those who fail to complete it—can be just as effective as voluntary treatment.

Doctor-shopping and prescription forgery represent a violation of trust between a prescriber and their patient; for in order for a doctor's treatment to be successful the provider and the patient must work together with mutual respect and honesty. It's no surprise that some physicians use

patient contracts to set forth ground rules when controlled prescription drugs—particularly opioid pain relievers—are prescribed. These contracts have terms that: prohibit a patient from obtaining medication from a physician other than the primary treating physician; prohibit a patient from selling or trading medications with others; and require a patient to submit to random drug testing to ensure the medication in question is taken as prescribed and not given to others.

These patient contracts recognize the role of law enforcement in this problem and provide direction on how law enforcement can be brought into the picture. One patient medication agreement used in an Iowa pain clinic provides that in signing the agreement the patient authorizes their "...physician and pharmacy to collaborate as needed and to cooperate fully with any city, state, or federal law enforcement agency, including the Board of Pharmacy, on the investigation of any possible misuse, sale, or other diversion of medication."

Another part of the same agreement requires the patient to agree they will not..."share, sell, or trade my medicine with anyone. Changing the prescription and/or selling medicine are a felony and will be reported to the authorities." A sample pain management agreement recommended by the Iowa Board of Medicine uses similar language.

New Challenges

Although prescription drug abuse is primarily a medical matter between a provider and their patient, at some point after a doctor has discharged a patient, or if no other solutions are available to protect the patient and the public, law enforcement may be the best option to stop illegal medicine diversion and the on-going abuse of prescription drugs.

Though law enforcement can play an important role in reducing medicine abuse, the nature and complexity of prescription drug diversion and abuse present distinct challenges. One of the complexities is dealing with "legal" drugs that are used illegally, and the blurred lines associated with making that distinction when trying to determine such things as illegal possession or use, and impairment. Special training for enforcement officers may be required for them to learn pharmacological effects and new investigative techniques.

Another complexity involves communications. For instance, how does a physician or pharmacist notify law enforcement of a patient suspected of doctor-shopping or forging prescriptions to illegally divert medicines for abuse without violating a patient's trust, especially in an environment of doctor-patient confidentiality and the federal Health Insurance Portability and Accountability Act (HIPAA)?

On the doctor-patient privilege and HIPAA legal questions, state and federal laws provide ample opportunity for the reporting of suspected illegal acts to law enforcement, especially where health care providers believe they've done all they can with a patient, and are concerned the patient and/or others may be harmed if law enforcement does not intervene.

It's important that doctors and pharmacists are not required to contact law enforcement officials about suspected prescription drug abuse, but that they are given a means to contact them directly or indirectly as deemed appropriate. Iowa's Prescription Drug Monitoring Program (PMP) has the potential of being one such communications vehicle, though law enforcement utilization of Iowa's PMP is very low (less than one percent of all PMP queries by authorized users in 2011). This appears to be due largely to two factors: limited access by law enforcement to the PMP; and limited knowledge of how to use the PMP in criminal investigations.

The need to enhance communication between health care providers and law enforcement to break down barriers is a two-way street. In cases where it doesn't jeopardize an investigation, law enforcement officials may contact health care providers to inform them of a patient who needs medical attention because of prescription drug abuse or addiction. In any case, as witnessed in recent Iowa Prescription Abuse Reduction Task Force meetings, local health care and law enforcement officials who develop a professional relationship are much more likely to communicate in constructive ways to more effectively address the issue of controlled prescription drug diversion and abuse.

Enforcement Recommendations:

- Enhance law enforcement training on conducting specialized prescription drug diversion investigations and prosecuting cases, including how to access and make greater use of the PMP. Explore partnerships with the Iowa Law Enforcement Academy, Iowa Narcotics Officers Association, Iowa County Attorneys Association, Midwest Counterdrug Training Center and others to embed this issue in law enforcement training.
- Encourage law enforcement's continued participation in authorized prescription drug drop-off activities.
- Supplement training materials for school resource officers, to heighten prevention, detection and intervention skills specific to prescription drug abuse among students.
- Promote more open communication between law enforcement officials and health care providers, as appropriate, including alerting prescribers upon learning of a patient's suspected prescription drug abuse or addiction.
- Improve metrics for law enforcement to help gauge the nature and scope of prescription drug diversion and abuse in Iowa.

VI CONCLUSION

Prescription drug abuse is one of Iowa's fastest-growing forms of substance abuse, presenting new dangers. This emerging challenge is more manageable in Iowa than in most other states, but action is required to contain and reduce its threat to the health and safety of our citizens.

Health care professionals, substance abuse providers, law enforcement officials and others have shown a great willingness to share ideas and work together on effectively reducing prescription abuse in Iowa. This is a tremendous start to address a complex issue, though success will also require action on the home front and change on several levels, including individual behavior, organizational practice and public policy.

ODCP believes success in reducing prescription drug abuse in Iowa will be measured in a variety of ways, including the following:

- More Iowa adults understand—with a greater sense of urgency—the potential dangers of abusing or misusing prescription drugs and take action to prevent or intervene with such behavior;
- Fewer Iowa children choose to engage in prescription drug abuse, after learning about the risks of misusing medicines;
- Iowans change household routines to safely store and dispose of unused prescription medicines through authorized programs, to deter abuse and protect the environment;
- Iowa's Prescription Drug Monitoring Program is optimized, to contain more timely and robust information;
- An increasing number of Iowa health care professionals utilize the Prescription Drug Monitoring Program more frequently as a tool to reduce prescription drug diversion (e.g., doctor shopping and prescription forgeries) and abuse, and improve patient care;
- More Iowa law enforcement officers become trained to investigate suspected and complex cases of illegal prescription drug diversion;
- Professional stakeholders (e.g., physicians and law enforcement officials) build stronger relationships and communicate more effectively to assist one another in solving mutual problems; and
- Fewer Iowans suffer injury or death from overdoses, crashes involving impaired drivers and other harmful incidents associated with prescription drug abuse.

ODCP is grateful to all who've provided extraordinary input on this matter to date, particularly the 33 members of the Iowa Prescription Abuse Reduction Task Force.

Over the next several months, ODCP looks forward to partnering with all Iowa stakeholders on the prescription drug abuse issue as part of its mission to:

“Serve as a leader and a catalyst for improving the health and safety of all Iowans by promoting strategic approaches and collaboration to reduce drug use and related crime.”

For more information on Iowa's Prescription Abuse Reduction initiative, or to submit questions or comments, please go to: www.iowa.gov/odcp.