South Dakota Opioid Abuse Advisory Committee

July 27, 2017
Guiding Principles

- Ensure evidence-based medicine and behavioral health is promoted.
- “Right drugs to the right people for the right reasons.” Target illicit supply and demand. The Committee recognizes responsible prescribing and monitoring practices for the people who need them.
- Make best use of resources in place, and augment where necessary to equip prescribers and all stakeholders involved with the best, most accurate information from which to base a patient care plan.
- Leverage all statewide resources in a coordinated, comprehensive approach so as not to duplicate efforts.
Guiding Principles

- All efforts – materials, programming and training – will ensure that the diversity of our state is reflected and that outcomes are culturally sensitive.

- Increase capacity of communities to prevent and treat prescription opioid abuse through education and public awareness.

- Ensure objectives are well defined so as to know efforts are successful or need intervention.

- Promote collaboration of all stakeholders including but not limited to: patients, families, prescribing providers, pharmacists, criminal justice, substance use disorder counseling and treatment, and community recovery and support resources.
Death Certificate Data
Hospitalization Data
PDMP Data
NGA Strategy Assessment
Health Care Strategies for Prevention and Early Identification

<table>
<thead>
<tr>
<th>In Place and gaining momentum</th>
<th>• Maximize the use and effectiveness of state PDMPs.</th>
</tr>
</thead>
</table>
| In place and slow progress    | • Develop and update guidelines for all opioid prescribers.  
                               | • Use public health and law enforcement data to monitor trends and strengthen prevention efforts. |
| Being considered but not in place | • Develop and adopt a comprehensive opioid management program in Medicaid and other state-run health programs.  
                                    • Expand access to non-opioid therapies for pain management.  
                                    • Enhance education and training for all opioid prescribers.  
                                    • Raise public awareness about the dangers of prescription opioids and heroin. |
| No action                     | • Limit new opioid prescriptions for acute pain, with exceptions for certain patients.  
                                    • Remove methadone for managing pain from Medicaid preferred drug lists. |
# NGA Strategy Assessment

## Health Care Strategies for Treatment and Recovery

<table>
<thead>
<tr>
<th>In Place and gaining momentum</th>
<th>In place and slow progress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Create new linkages to evidence-based MAT and recovery services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Being considered but not in place</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Change payment policies to expand access to evidence-based medication assisted treatment (MAT) and recovery services.</td>
</tr>
<tr>
<td>• Increase access to naloxone.</td>
</tr>
<tr>
<td>• Expand and strengthen the workforce and infrastructure for providing evidence-based MAT and recovery services.</td>
</tr>
<tr>
<td>• Reduce stigma by changing the public’s understanding of substance use disorder.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No actionn</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Consider authorizing and providing support to syringe service programs.</td>
</tr>
<tr>
<td>Status</td>
</tr>
<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td>In Place and gaining momentum</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>In place and slow progress</td>
</tr>
<tr>
<td>Being considered but not in place</td>
</tr>
<tr>
<td>No action</td>
</tr>
</tbody>
</table>
NGA Strategy Assessment
Public Safety Strategies for Responding to the Opioid Crisis

<table>
<thead>
<tr>
<th>In Place and gaining momentum</th>
<th>In place and slow progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Strengthen pre-trial drug diversion programs to offer individuals the opportunity to enter substance use treatment.</td>
<td></td>
</tr>
<tr>
<td>• Ensure compliance with Good Samaritan laws.</td>
<td></td>
</tr>
<tr>
<td>Being considered but not in place</td>
<td>• <strong>Empower, educate, and equip law enforcement personnel to prevent overdose deaths</strong> and facilitate access to treatment.</td>
</tr>
<tr>
<td>• Reinforce use of best practices in drug treatment courts.</td>
<td></td>
</tr>
<tr>
<td>• Ensure access to MAT in correctional facilities and upon reentry into the community.</td>
<td></td>
</tr>
<tr>
<td>No action</td>
<td></td>
</tr>
</tbody>
</table>

**NGA Strategy Assessment**

Public Safety Strategies for Responding to the Opioid Crisis

<table>
<thead>
<tr>
<th>In Place and gaining momentum</th>
<th>In place and slow progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Strengthen pre-trial drug diversion programs to offer individuals the opportunity to enter substance use treatment.</td>
<td></td>
</tr>
<tr>
<td>• Ensure compliance with Good Samaritan laws.</td>
<td></td>
</tr>
<tr>
<td>Being considered but not in place</td>
<td>• <strong>Empower, educate, and equip law enforcement personnel to prevent overdose deaths</strong> and facilitate access to treatment.</td>
</tr>
<tr>
<td>• Reinforce use of best practices in drug treatment courts.</td>
<td></td>
</tr>
<tr>
<td>• Ensure access to MAT in correctional facilities and upon reentry into the community.</td>
<td></td>
</tr>
<tr>
<td>No action</td>
<td></td>
</tr>
</tbody>
</table>

**NGA Strategy Assessment**

Public Safety Strategies for Responding to the Opioid Crisis

<table>
<thead>
<tr>
<th>In Place and gaining momentum</th>
<th>In place and slow progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Strengthen pre-trial drug diversion programs to offer individuals the opportunity to enter substance use treatment.</td>
<td></td>
</tr>
<tr>
<td>• Ensure compliance with Good Samaritan laws.</td>
<td></td>
</tr>
<tr>
<td>Being considered but not in place</td>
<td>• <strong>Empower, educate, and equip law enforcement personnel to prevent overdose deaths</strong> and facilitate access to treatment.</td>
</tr>
<tr>
<td>• Reinforce use of best practices in drug treatment courts.</td>
<td></td>
</tr>
<tr>
<td>• Ensure access to MAT in correctional facilities and upon reentry into the community.</td>
<td></td>
</tr>
<tr>
<td>No action</td>
<td></td>
</tr>
</tbody>
</table>
# PDMP (PMP AWARxE) Satisfaction

<table>
<thead>
<tr>
<th></th>
<th>Appriss Health Survey Primarily Pharmacists</th>
<th>Opioid Abuse Survey Providers</th>
<th>Opioid Abuse Survey Criminal Justice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommend to colleagues</td>
<td>75%</td>
<td>60%</td>
<td>42%</td>
</tr>
<tr>
<td>Very user friendly</td>
<td>66%</td>
<td>42%</td>
<td>41%</td>
</tr>
<tr>
<td>Essential to their practice or work</td>
<td>78%</td>
<td>54%</td>
<td>47%</td>
</tr>
</tbody>
</table>
Needs Assessment
Summary | PDMP Findings

- **Usage.** There is an opportunity to increase the number of users and frequency of access in order to prevent fraudulent use and patient abuse.
  - Pharmacists: 37% access once a week or more
  - Medical and Dental Providers: 23% access once a week or more
  - Criminal Justice: 2% access once a week or more

- **Influence in prescription and dispensing.**
  - Pharmacists: 86% have been influenced by PDMP data
  - Medical and Dental Providers: 75% have been influenced by PDMP data

- **Training.** Requested by medical/dental providers and criminal justice professionals.

- **Access to surrounding states.** Several respondents noted patients cross state lines to access prescriptions.
Professional Referrals and Collaboration
Professional Relationships

Recommendations

- **Referrals.** Improve referral processes in order to increase referrals to SUD counseling and treatment agencies.

- **Training.** Train providers and pharmacists regarding investigative process, particularly HIPAA guidelines. Train professionals of how to identify opioid abuse and treatment strategies.

- **Process.** Reinforce processes of consulting each other regarding PDMP red flags, fraudulent prescriptions, and prescription questions. Ensure hospitals, clinics and pharmacies have processes to flag over prescribing and methods to address.

- **Comfort.** Increase trust and comfort of working in cross-professionally.
Referrals to Counseling and Treatment

For Opioid Misuse/Abuse clients that are admitted into services, where are they referred from?

- Alcohol/Drug Dealer: 250
- Family/Friend: 200
- Court/Criminal Justice: 150
- Probation/Parole: 100
- Attorney: 50
- Medical Provider: 0
- Other: 0
- Employer/EAP: 0
- Department of Social Services: 0
- State and Federal Court: 0
- State's Attorney: 0
Needs Assessment
Summary | Professional Relationships
Pharmacists regarding their relationship with medical/dental providers

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree or Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
<th>Do Not Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am comfortable consulting with medical or dental providers on patients who may have misused or abused opioids.</td>
<td>2%</td>
<td>3%</td>
<td>5%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>I believe my consultation influenced patient care.</td>
<td>44%</td>
<td>44%</td>
<td>16%</td>
<td>6%</td>
<td>8%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>I am treated with respect when I call a medical or dental provider regarding potential misuse or abuse of opioids.</td>
<td>22%</td>
<td>16%</td>
<td>16%</td>
<td>6%</td>
<td>9%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>I am comfortable informing a provider/prescriber of patients who have both benzodiazepine and opioid medications prescribed.</td>
<td>38%</td>
<td>31%</td>
<td>14%</td>
<td>9%</td>
<td>9%</td>
<td>6%</td>
<td>1%</td>
</tr>
<tr>
<td>I am comfortable discussing reducing quantities of opioid prescriptions with providers.</td>
<td>40%</td>
<td>18%</td>
<td>10%</td>
<td>1%</td>
<td>5%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Needs Assessment
Summary | Professional Relationships
Pharmacists regarding law enforcement relationship

- I know when to contact law enforcement based on PDMP (PMP AWARxE) data.  
  (n = 138)
- I know who to call if I need to contact law enforcement regarding opioid misuse or abuse.  
  (n = 138)
- I am comfortable contacting law enforcement regarding opioid misuse or abuse.  
  (n = 137)

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree or Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
<th>Do Not Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know when to contact law enforcement based on PDMP (PMP AWARxE) data.</td>
<td>13%</td>
<td>30%</td>
<td>20%</td>
<td>20%</td>
<td>9%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>I know who to call if I need to contact law enforcement regarding opioid</td>
<td>16%</td>
<td>39%</td>
<td>12%</td>
<td>22%</td>
<td>2%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>misuse or abuse.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am comfortable contacting law enforcement regarding opioid misuse or</td>
<td>20%</td>
<td>36%</td>
<td>18%</td>
<td>18%</td>
<td>1%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>abuse.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statement</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Neither Agree or Disagree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>Not Applicable</td>
<td>Do Not Know</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>----------------</td>
<td>-------</td>
<td>---------------------------</td>
<td>----------</td>
<td>-------------------</td>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>I have counseled clients regarding substance misuse or abuse. (n = 140)</td>
<td>11%</td>
<td>2%</td>
<td>13%</td>
<td>9%</td>
<td>24%</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>I know who to refer clients to if I believe a client needs substance use disorder counseling and treatment. (n = 140)</td>
<td>29%</td>
<td>23%</td>
<td>11%</td>
<td>19%</td>
<td>33%</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>I am comfortable referring clients to substance use disorder counseling and treatment. (n = 140)</td>
<td>14%</td>
<td>28%</td>
<td>10%</td>
<td>4%</td>
<td>2%</td>
<td>4%</td>
<td>10%</td>
</tr>
<tr>
<td>I am comfortable that the clients I refer for treatment receive appropriate care. (n = 140)</td>
<td>14%</td>
<td>16%</td>
<td>7%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
<td>14%</td>
</tr>
<tr>
<td>I am able to effectively communicate about my referred clients’ progress in treatment with the provider. (n = 139)</td>
<td>32%</td>
<td>30%</td>
<td>11%</td>
<td>6%</td>
<td>9%</td>
<td>4%</td>
<td>11%</td>
</tr>
</tbody>
</table>
Needs Assessment
Summary | Professional Relationships
Medical/dental providers regarding pharmacists relationship
Needs Assessment
Summary | Professional Relationships
Medical/dental providers regarding law enforcement relationship

![Bar Chart]
- I know when to contact law enforcement based on PDMP (PMP AWARxE) data:
  - Strongly Agree: 8%
  - Agree: 19%
  - Neither Agree or Disagree: 19%
  - Disagree: 19%
  - Strongly Disagree: 7%
  - Not Applicable: 7%

- I know who to call if I need to contact law enforcement regarding opioid misuse or abuse:
  - Strongly Agree: 10%
  - Agree: 20%
  - Neither Agree or Disagree: 24%
  - Disagree: 21%
  - Strongly Disagree: 8%
  - Not Applicable: 5%
  - Do Not Know: 5%

- I am comfortable contacting law enforcement regarding opioid misuse or abuse:
  - Strongly Agree: 16%
  - Agree: 18%
  - Neither Agree or Disagree: 29%
  - Disagree: 21%
  - Strongly Disagree: 16%
  - Not Applicable: 5%
  - Do Not Know: 3%
Needs Assessment
Summary | Professional Relationships
Medical/dental providers regarding counseling and treatment relationship
Needs Assessment

Summary | Professional Relationships

Law enforcement relationship with pharmacists

I have consulted with pharmacists on patients who may have misused or abused opioids. (n = 258)

- Strongly Agree: 20.93%
- Agree: 29.46%
- Neither Agree or Disagree: 14.79%
- Disagree: 4.26%
- Strongly Disagree: 10.08%
- Not Applicable: 0%
- Do Not Know: 5%

I feel comfortable consulting with pharmacists on patients who may have misused or abused opioids. (n = 257)

- Strongly Agree: 14.73%
- Agree: 14.79%
- Neither Agree or Disagree: 19.07%
- Disagree: 8.56%
- Strongly Disagree: 6.23%
- Not Applicable: 0%
- Do Not Know: 10%

I have consulted with pharmacists on providers who over prescribe opioids. (n = 258)

- Strongly Agree: 14.79%
- Agree: 19.07%
- Neither Agree or Disagree: 30.74%
- Disagree: 6.20%
- Strongly Disagree: 12.02%
- Not Applicable: 0%
- Do Not Know: 11.24%

I feel comfortable consulting with pharmacists on providers who over prescribe opioids. (n = 258)

- Strongly Agree: 18.99%
- Agree: 31.78%
- Neither Agree or Disagree: 25.58%
- Disagree: 11.24%
- Strongly Disagree: 10.08%
- Not Applicable: 0%
- Do Not Know: 22.09%
Needs Assessment
Summary | Professional Relationships

Law enforcement relationship with medical/dental providers

I have consulted with medical and dental providers on patients who may have misuse or abuse opioids. (n = 258)

- Strongly Agree: 18.99%
- Agree: 14.73%
- Neither Agree or Disagree: 12.79%
- Disagree: 4.26%
- Strongly Disagree: 32.17%

I feel comfortable contacting medical and dental providers regarding patients who may misuse or abuse opioids. (n = 257)

- Strongly Agree: 28.40%
- Agree: 16.73%
- Neither Agree or Disagree: 10.89%
- Disagree: 7.39%
- Strongly Disagree: 22.96%

When investigating a case of potential opioid abuse, it is easy to gain information from medical and dental providers and/or their employers. (n = 257)

- Strongly Agree: 17.51%
- Agree: 19.07%
- Neither Agree or Disagree: 17.90%
- Disagree: 11.28%
- Strongly Disagree: 24.12%

I have consulted with medical and dental providers on patients who may have misuse or abuse opioids.

(n = 258)

I feel comfortable contacting medical and dental providers regarding patients who may misuse or abuse opioids.

(n = 257)

When investigating a case of potential opioid abuse, it is easy to gain information from medical and dental providers and/or their employers.

(n = 257)
Needs Assessment
Summary | Professional Relationships
Law enforcement relationship with SUD providers

I know who to refer offenders / parolees to if I believe they need substance use disorder counseling and treatment. (n = 250)

- Strongly Agree: 32.0%
- Agree: 25.6%
- Neither Agree or Disagree: 11.2%
- Disagree: 10.8%
- Strongly Disagree: 3.6%
- Not Applicable: 0%
- Do Not Know: 5%

I feel comfortable referring clients to substance use disorder counseling and treatment. (n = 251)

- Strongly Agree: 31.87%
- Agree: 26.29%
- Neither Agree or Disagree: 13.55%
- Disagree: 9.56%
- Strongly Disagree: 5.58%
- Not Applicable: 0%
- Do Not Know: 0%

I feel comfortable that the clients I refer for treatment receive appropriate care. (n = 249)

- Strongly Agree: 24.498%
- Agree: 22.490%
- Neither Agree or Disagree: 15.663%
- Disagree: 8.322%
- Strongly Disagree: 7.229%
- Not Applicable: 0%
- Do Not Know: 7.2%

I am able to effectively communicate about my referred offenders / parolees progress in treatment with the substance use disorder counseling and/or treatment provider. (n = 249)

- Strongly Agree: 25.3%
- Agree: 20.5%
- Neither Agree or Disagree: 16.9%
- Disagree: 8.4%
- Strongly Disagree: 7.2%
- Not Applicable: 0%
- Do Not Know: 4.8%
Substance Abuse Disorder Counseling and Treatment
# OUD Patient Demographics

**June 2015 - May 2016**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
<th>Count (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 years old (n = 29)</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>18-20 years old (n = 25)</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>21-24 years old (n = 90)</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>25-34 years old (n = 257)</td>
<td>38%</td>
<td></td>
</tr>
<tr>
<td>35-44 years old (n = 158)</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>45-54 years old (n = 76)</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>55-64 years old (n = 36)</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>greater than 65 years old (n = 4)</td>
<td>1%</td>
<td></td>
</tr>
</tbody>
</table>
OUD Patient Demographics
June 2015 - May 2016

- White, not of hispanic origin (n = 515) 65%
- American Indian (n = 224) 28%
- Other (n = 28) 4%
- Two or more races (n = 19) 2%
- Asian-American or Pacific Islander (n = 4) 1%
- African-American/Black (n = 4) 1%
Estimated Types of Prescription Opioid Use in Patients Served by Agencies
June 2015-May 2016

- Oxycodone (n = 247) 37.71%
- Hydrocodone (n = 240) 36.64%
- Fentanyl (n = 65) 9.92%
- Codeine (n = 47) 7.18%
- Morphine (n = 36) 5.50%
- Methadone (n = 9) 1.37%
- Hydromorphone (n = 7) 1.07%
- Meperidine (n = 4) 0.61%
Estimated Number of OUD Patients' Controlled Substance by Means of Obtainment
June 2015 - May 2016

- Prescription drugs prescribed to client (n = 214) 27%
- Prescription drugs not in the client's name acquired from family or friend (n = 79) 10%
- Prescription drugs "on the street" (n = 214) 27%
- Fraudulent prescriptions written for self (n = 2) 0%
- Other (n = 55) 7%
- Not known (n = 217) 28%
Access to services in rural areas is limited. Some noted West River as well.

“There is lack of MAT providers in the state.”

1 out of 2 offer translation services

Average wait time to be seen varies greatly: 0 – 30 days

A majority of patients who are seen for opioid treatment had:
  • Prescription for themselves
  • Access through family member prescription

3 out of 4 opioid treatment patients had co-occurring mental health issues
Strategies
Workforce Development

- Counseling and treatment staffing; particularly addiction counselors

- Training
  - Education for counselors
  - MAT training
  - Processes during fraudulent prescription investigations, particularly HIPAA
  - Prescription practices for pain management
  - Opioid abuse and misuse recognition and testing
  - Referral processes
Needs Assessment
Summary | Policy and Strategies

Surveys
- Low understanding of Administrative Rule 20:78:06 – Medical Documentation for Prescribing Controlled Substances for Non-Cancer Pain.
- Prescribing practices
- PDMP integration with EMR and training
- Communication among health cared practitioners
- Continuing education and training of healthcare and criminal justice workforce
- Prevention
- Public awareness
- Treatment access, particularly in rural areas and more in-patient beds.
- Capacity and efficacy of counseling and treatment of prescription opioid abuse
Administrative Rule 20:78:06 - Medical Documentation for Prescribing Controlled Substances for Non-Cancer Pain

I am very familiar with the rules. I am somewhat familiar with the rules. I have not had the opportunity to review them.

MD/DO (n = 142)
- 21% I am very familiar with the rules.
- 45% I am somewhat familiar with the rules.
- 34% I have not had the opportunity to review them.

Physicians Assistants (n = 29)
- 7% I am very familiar with the rules.
- 52% I am somewhat familiar with the rules.
- 41% I have not had the opportunity to review them.