Opioid Abuse Advisory Committee Meeting

July 13, 2021
9:00 – Noon CT

Hosted by South Dakota Dept. of Health
Welcome & Introductions
Prescription Opioid Abuse Advisory Committee

Laura Streich, South Dakota Department of Health, Chair
Becky Heisinger, South Dakota Association of Healthcare Organizations
Sara DeCoteau, Sisseton-Wahpeton Oyate of the Lake Traverse Reservation
Tosa Two Heart, Great Plains Tribal Leaders Health Board
Maureen Deutscher, Family Representative
Barbara Smith, South Dakota State Medical Association
Mark East, South Dakota State Medical Association
Margaret Hansen, South Dakota Board of Medical & Osteopathic Examiners
Amy Hartman, Volunteers of America – Dakotas
Dr. Jennifer Ball, Center for Family Medicine

Dr. John Rounds, PT
Tiffany Wolfgang, South Dakota Department of Social Services
Kristen Carter, South Dakota Pharmacists Association
Kari Shanard-Koenders, South Dakota Board of Pharmacy
Rep. Taylor Rehfeldt, South Dakota Legislature
Brian Zeeb, South Dakota Office of Attorney General
Dr. Melanie Weiss, OD
Funding Updates

- DOH Grants (Laura Streich)
- DSS Grants (Tiffany Wolfgang)
South Dakota’s Opioid Road Map: Data & Surveillance

- Prescription Drug Monitoring Program Updates
- Prevalence Data Updates
- Enhanced Surveillance Activities
What’s New at the PDMP?

- Interstate Data Sharing set up with MD and NE (36 total)
- Statewide Gateway Integration Project
- License Integration Project
- BJA FY21 Harold Rogers PDMP Enhancement Grant Application Submitted
Clinical Alerts

- 2018 enhancement to SD’s PMP AWARxE platform
- Provide notifications on patients that meet or exceed one or more of three thresholds:
  - Multiple provider episodes within a specified time period
  - Daily active morphine milligram equivalents (MME)
  - Concurrent opioid and benzodiazepine prescribing
- Goal is to inform practitioners of patients at risk and aid in clinical decisions for best patient care
Clinical Alerts Trends

<table>
<thead>
<tr>
<th>Clinical Alerts Measures</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Alerts for All Prescribers</td>
<td>90,879</td>
<td>72,963</td>
<td>66,931</td>
</tr>
<tr>
<td>Total Prescribers Received Alerts</td>
<td>13,029</td>
<td>12,350</td>
<td>11,579</td>
</tr>
<tr>
<td>Multiple Provider Threshold Alerts</td>
<td>515</td>
<td>407</td>
<td>229</td>
</tr>
<tr>
<td>Daily Active MME Threshold Alerts</td>
<td>34,592</td>
<td>25,949</td>
<td>22,389</td>
</tr>
<tr>
<td>Opioid &amp; Benzo Threshold Alerts</td>
<td>55,772</td>
<td>46,607</td>
<td>44,313</td>
</tr>
</tbody>
</table>
MedDrop Drug Take-Back Program

Receptacles in SD Retail Pharmacies and Hospitals

- 2017 - 2 in place
- 2018 - 12 in place
- 2019 - 38 in place
- 2020 - 83 in place (added 6 HyVee locations to “Automatic Reload”)
- 2021 - 84 in place - Davis Pharmacy in Vermillion

Pounds Returned for Destruction

- 2017 - 35 lbs.
- 2018 - 1,496 lbs.
- 2019 - 4,287 lbs.
- 2020 - 7,302 lbs.
- Total Since Inception - 17,309 lbs.
Opioid Prescriptions - SD Patients

- RX Total Quantity: Decrease of 12%
- RX Total Days of Supply: Increase of 0.18%
- RX Count: Increase of 1.36%
Opioid Prescriptions - SD Patients

Top Patient Counties by Opioid RX Count

Average Opioid RX Count per Patient by Age Band
### Year 2020 Top Ten Controlled Substances (CS) to SD Patients

<table>
<thead>
<tr>
<th>Substance</th>
<th>RXs</th>
<th>Quantity</th>
<th>Days of Supply</th>
<th>Avg Quant/Rx</th>
<th>2018 Rank</th>
<th>2019 Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYDROCODONE BITARTRATE/ACETAMINOPHEN</td>
<td>146,862</td>
<td>8,163,653</td>
<td>1,903,727</td>
<td>56</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>TRAMADOL HCL</td>
<td>117,316</td>
<td>7,462,916</td>
<td>2,028,465</td>
<td>64</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>DEXTROAMPHETAMINE SULF-SACCHARATE/METHYLAMPHETAMINE SULF- ASPARTATE</td>
<td>84,146</td>
<td>3,850,061</td>
<td>2,516,776</td>
<td>46</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>LORAZEPAM</td>
<td>83,383</td>
<td>3,624,931</td>
<td>1,822,438</td>
<td>43</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>CLONAZEPAM</td>
<td>74,180</td>
<td>4,044,728</td>
<td>2,177,195</td>
<td>55</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>ZOLPIDEM TARTRATE</td>
<td>72,381</td>
<td>2,494,954</td>
<td>2,494,688</td>
<td>34</td>
<td>6</td>
<td>4</td>
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<tr>
<td>METHYLPHENIDATE HCL</td>
<td>59,198</td>
<td>2,558,605</td>
<td>1,770,849</td>
<td>43</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>ALPRAZOLAM</td>
<td>51,106</td>
<td>2,730,828</td>
<td>1,335,811</td>
<td>53</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>OXYCODONE HCL</td>
<td>48,042</td>
<td>2,726,177</td>
<td>675,526</td>
<td>57</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>LISDAMFETAMINE DIMESYLATE</td>
<td>40,550</td>
<td>1,232,607</td>
<td>1,219,062</td>
<td>30</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

### Year 2019 Top Ten Controlled Substances (CS) to SD Patients

<table>
<thead>
<tr>
<th>Substance</th>
<th>RXs</th>
<th>Quantity</th>
<th>Days of Supply</th>
<th>Avg Quant/Rx</th>
<th>2018 Rank</th>
<th>2019 Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYDROCODONE BITARTRATE/ACETAMINOPHEN</td>
<td>161,747</td>
<td>9,170,220</td>
<td>2,040,061</td>
<td>57</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>TRAMADOL HCL</td>
<td>124,712</td>
<td>8,040,930</td>
<td>2,107,106</td>
<td>64</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>LORAZEPAM</td>
<td>81,941</td>
<td>3,518,860</td>
<td>1,754,147</td>
<td>43</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>DEXTROAMPHETAMINE SULF-SACCHARATE/METHYLAMPHETAMINE SULF- ASPARTATE</td>
<td>78,820</td>
<td>3,594,235</td>
<td>2,342,022</td>
<td>48</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>CLONAZEPAM</td>
<td>75,099</td>
<td>4,171,549</td>
<td>2,207,269</td>
<td>55</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>ZOLPIDEM TARTRATE</td>
<td>75,517</td>
<td>2,552,516</td>
<td>2,551,981</td>
<td>34</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>METHYLPHENIDATE HCL</td>
<td>60,274</td>
<td>2,605,966</td>
<td>1,600,993</td>
<td>43</td>
<td>7</td>
<td>7</td>
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<tr>
<td>ALPRAZOLAM</td>
<td>52,921</td>
<td>2,784,432</td>
<td>1,345,310</td>
<td>53</td>
<td>8</td>
<td>8</td>
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<tr>
<td>OXYCODONE HCL</td>
<td>50,152</td>
<td>2,927,433</td>
<td>714,054</td>
<td>58</td>
<td>9</td>
<td>9</td>
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<tr>
<td>LISDAMFETAMINE DIMESYLATE</td>
<td>40,361</td>
<td>1,222,043</td>
<td>1,208,773</td>
<td>30</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

### Year 2018 Top Ten Controlled Substances (CS) to SD Patients

<table>
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<tr>
<th>Substance</th>
<th>RXs</th>
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<th>Days of Supply</th>
<th>Avg Quant/Rx</th>
<th>2018 Rank</th>
<th>2019 Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYDROCODONE BITARTRATE/ACETAMINOPHEN</td>
<td>182,217</td>
<td>10,798,933</td>
<td>2,248,052</td>
<td>59</td>
<td>1</td>
<td>1</td>
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<tr>
<td>TRAMADOL HCL</td>
<td>132,707</td>
<td>9,090,165</td>
<td>2,329,253</td>
<td>60</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>LORAZEPAM</td>
<td>83,187</td>
<td>3,769,467</td>
<td>1,851,188</td>
<td>45</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>ZOLPIDEM TARTRATE</td>
<td>81,193</td>
<td>2,718,203</td>
<td>2,719,285</td>
<td>33</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>CLONAZEPAM</td>
<td>77,770</td>
<td>4,503,298</td>
<td>2,330,176</td>
<td>58</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>DEXTROAMPHETAMINE SULF-SACCHARATE/METHYLAMPHETAMINE SULF- ASPARTATE</td>
<td>75,364</td>
<td>3,431,994</td>
<td>2,248,129</td>
<td>46</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>METHYLPHENIDATE HCL</td>
<td>59,151</td>
<td>2,550,639</td>
<td>1,771,086</td>
<td>43</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>ALPRAZOLAM</td>
<td>55,123</td>
<td>3,036,554</td>
<td>1,432,807</td>
<td>55</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>OXYCODONE HCL</td>
<td>47,722</td>
<td>3,242,001</td>
<td>764,602</td>
<td>60</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>LISDAMFETAMINE DIMESYLATE</td>
<td>39,561</td>
<td>1,200,518</td>
<td>1,181,312</td>
<td>30</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>
SD PMP AWARxE Users

- Prescribers, 5,874
- Prescriber Delegates, 810
- Pharmacists, 1,236
- Investigator, 157
- Other, 13
Questions?
Prevalence Data Updates & Enhanced Surveillance Activities

Amanda Nelson - DOH
Drug Related Death Rates in South Dakota

• South Dakota had the 2nd lowest age-adjusted rate of drug overdose deaths, 2019
  • SD = 10.5 per 100,000 population
  • US = 21.6 per 100,000 population

• South Dakota had the 3rd lowest age-adjusted rate of opioid overdose deaths, 2019
  • SD = 4.5 per 100,000 population
  • US = 15.5 per 100,000 population

Data Source: CDC WONDER
Drug Related Deaths, South Dakota 2011-2020*

*2020 data is provisional

Data Source: DOH Vital Statistics
Drug Related Deaths by Drug Type, South Dakota 2011-2020*

*2020 data is provisional

Data Source: DOH Vital Statistics
Provisional Drug Related Deaths by Drug Type, South Dakota

Q1 2020 | Q2 2020 | Q3 2020 | Q4 2020 | Q1 2021
---|---|---|---|---
All Drugs | 23 | 29 | 17 | 15 | 22
All Opioids | 9 | 14 | 12 | 8 | 6
Methamphetamine | 6 | 11 | 6 | 6 | 5
Fentanyl | 4 | 11 | 6 | 6 | 4

Data Source: DOH Vital Statistics
State Unintentional Drug Overdose Reporting System (SUDORS)

SUDORS Cases: January 2020 – June 2020
38 Unintentional or Undetermined overdose deaths

Overdose Deaths by Drug Type (Drug(s) listed as the cause of death)
- 47% Opioids
- 47% Amphetamine/Methamphetamine
- 11% Antidepressants/Antipsychotics
- 8% Cocaine
- 3% Benzodiazepines
- 3% Anticonvulsants

Note: overdose deaths may have multiple drugs listed as the cause of death

SUDORS Case Inclusion:
- Presence of any of the following underlying cause-of-death codes: X40-X44, Y10-Y14
- Substance types include illicit drugs, prescription and over-the-counter drugs, and dietary supplements
- Death occurred in South Dakota

Data Source: National Violent Death Reporting System (NVDRS)
State Unintentional Drug Overdose Reporting System (SUDORS)

SUDORS Cases: January 2020 – June 2020

- SUDORS Circumstances (n=38)
  - 55% had a known/reported substance problem
  - 18% had a known/reported mental health problem
  - 24% had a known/reported alcohol problem
  - 13% had ever received treatment for a mental health/substance problem
  - 8% were receiving treatment for mental health/substance problems at time of death

- SUDORS Overdose Specific Circumstances (n=38)
  - 84% of cases were related to substance abuse
  - 42% of cases had evidence of drug use
  - 32% had a bystander present during or shortly preceding the overdose
  - 8% of cases had a known dose(s) of naloxone administered
  - 3% had a known previous drug overdose
  - 5% had a recent emergency department visit within the last year
  - 5% were currently or had received treatment for substance abuse

Note: Circumstances surrounding overdose deaths were documented in reports by coroners. Persons who died by overdose may have had multiple circumstances. It is possible that other circumstances could have been present and not diagnosed, known, or reported.

SUDORS Case Inclusion:
- Presence of any of the following underlying cause-of-death codes: X40-X44, Y10-Y14
- Substance types include illicit drugs, prescription and over-the-counter drugs, and dietary supplements
- Death occurred in South Dakota

Data Source: National Violent Death Reporting System (NVDRS)
Updates to the Avoid Opioid Data Dashboard – Coming Soon!

- Provisional overdose deaths (quarterly)
- SUDORS data
- DOSE data (suspected overdoses seen in ED)
Pregnancy Risk Assessment Monitoring System (PRAMS) Data on Opioid Use Before and During Pregnancy

Katelyn Strasser, MPH, RN
Maternal Child Health Epidemiologist
South Dakota Department of Health
SD PRAMS: Pregnancy Risk Assessment Monitoring System:
A Statewide Survey

Purpose of CDC PRAMS

- To assess maternal attitudes and behaviors before, during and after pregnancy
- To provide data for guidance on DOH programs, MCH Block Grant performance measures & compare trends over time

Previous and Current Studies

- 2014 & 2016 PRAMS-like Surveys
Percent Drug Use Before Pregnancy

- Over-the-counter pain relievers: 71.8%
- Prescription pain relievers: 3.3% (2018), 3.1% (2019)
- Adderall, Ritalin, or another stimulant: 1.9% (2018), 2.0% (2019)
- Marijuana or hash: 8.1% (2018), 6.9% (2019)
- Amphetamines (speed, crystal meth, etc.): 1.5% (2018), 1.7% (2019)
- Any illicit drugs: 8.6% (2018), 8.5% (2019)

These percentages are from surveys conducted in 2018 and 2019.
Percent Drug Use During Pregnancy

- Over-the-counter pain relievers (aspirin, Tylenol, etc.)
  - 2018: 65.4%
  - 2019: 67.2%

- Prescription pain relievers (hydrocodone, oxycodone, etc.)
  - 2018: 3.5%
  - 2019: 3.2%

- Marijuana or hash
  - 2018: 4.9%
  - 2019: 4.2%

- Amphetamines (speed, crystal meth, ice, etc.)
  - 2018: 1.6%
  - 2019: 1.4%

- Any illicit drugs
  - 2018: 5.1%
  - 2019: 5.3%
Mothers who used any illicit drugs during pregnancy were more likely to be/have:

- Not married
- Lower household income (< $16,000/year)
- American Indian (14.1% vs. 3.3% of White, non-Hispanic mothers)
Risk behaviors and outcomes  (2018 PRAMS)

Mothers with any illicit drug use during pregnancy, compared to mothers who did not have illicit drug use during pregnancy, were significantly more likely to report that:

• They did not have insurance before pregnancy (27.0% vs. 12.5%)
• They smoked 3 months before pregnancy (75.2% vs. 22.5%)
• They used illicit drugs the 3 months before pregnancy (88.6 vs. 4.2%)
• They started prenatal care after the first trimester or had no prenatal care (34.4% vs. 15.6%)
• They suffered emotional abuse during pregnancy (39.8% vs. 5.2%)
• They had a high ACE score (4+) (50.7% vs. 20.8%)
Opioid Supplement Questions (2019 PRAMS)

1. **During your most recent pregnancy, did you use any of the following over-the-counter pain relievers?**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen</td>
<td>70.2</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>13.6</td>
</tr>
<tr>
<td>Aspirin</td>
<td>6.0</td>
</tr>
<tr>
<td>Naproxen</td>
<td>2.1</td>
</tr>
</tbody>
</table>
Opioid Supplement Questions

2. During your most recent pregnancy, did you use any of the following prescription pain relievers?

<table>
<thead>
<tr>
<th>Drug</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocodone</td>
<td>2.4</td>
</tr>
<tr>
<td>Codeine</td>
<td>2.3</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>1.6</td>
</tr>
</tbody>
</table>
Opioid Supplement Questions

3. Where did you get the prescription pain relievers that you used during your most recent pregnancy?

Among women who used prescription pain relievers during pregnancy:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB-GYN, midwife, or prenatal care provider</td>
<td>2.4</td>
</tr>
</tbody>
</table>
Opioid Supplement Questions

4. What were your reasons for using prescription pain relievers during your most recent pregnancy?

Among women who used prescription pain relievers during pregnancy:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relieve pain from condition before pregnancy</td>
<td>0.9</td>
</tr>
<tr>
<td>Relieve pain from condition during pregnancy</td>
<td>3.0</td>
</tr>
</tbody>
</table>
Opioid Supplement Questions

5. In each of the following time periods during your pregnancy, for how many weeks or months did you use prescription pain relievers?

Among women who used prescription pain relievers during pregnancy:

<table>
<thead>
<tr>
<th>Trimester</th>
<th>Usage</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use in first trimester</td>
<td>Never</td>
<td>31.3</td>
</tr>
<tr>
<td></td>
<td>Less than one week</td>
<td>44.3</td>
</tr>
<tr>
<td></td>
<td>One week or more</td>
<td>24.5</td>
</tr>
<tr>
<td>Use in second trimester</td>
<td>Never</td>
<td>33.4</td>
</tr>
<tr>
<td></td>
<td>Less than one week</td>
<td>41.1</td>
</tr>
<tr>
<td></td>
<td>One week or more</td>
<td>**</td>
</tr>
<tr>
<td>Use in third trimester</td>
<td>Never</td>
<td>41.6</td>
</tr>
<tr>
<td></td>
<td>Less than one week</td>
<td>25.5</td>
</tr>
<tr>
<td></td>
<td>One week or more</td>
<td>32.9</td>
</tr>
</tbody>
</table>

** data suppressed due to low counts
Opioid Supplement Questions

6. *During your most recent pregnancy, did you want or need to cut down or stop using prescription pain relievers?*

7. *During your most recent pregnancy, did you have trouble cutting down or stopping use of the prescription pain relievers?*

8. *During your most recent pregnancy, did you get help from a doctor, nurse, or other health care worker to cut down or stop using prescription pain relievers?*

9. *During your most recent pregnancy, did you receive medication-assisted treatment to help you stop using prescription pain relievers?*
Opioid Supplement Questions

10. Do you think the use of prescription pain relievers during pregnancy could be harmful to a baby’s health?

<table>
<thead>
<tr>
<th>Drug</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not harmful at all</td>
<td>2.6</td>
</tr>
<tr>
<td>Not harmful if prescribed</td>
<td>37.8</td>
</tr>
<tr>
<td>Harmful even if prescribed</td>
<td>59.6</td>
</tr>
</tbody>
</table>
Opioid Supplement Questions

11. Do you think the use of prescription pain relievers could be harmful to a woman’s own health?

<table>
<thead>
<tr>
<th>Drug</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not harmful at all</td>
<td>3.4</td>
</tr>
<tr>
<td>Not harmful if prescribed</td>
<td>60.5</td>
</tr>
<tr>
<td>Harmful even if prescribed</td>
<td>36.0</td>
</tr>
</tbody>
</table>
Opioid Supplement Questions

12. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker talk with you about how using prescription pain relievers during pregnancy could affect a baby?

![Bar Chart]

- **Total**: 59.7% No, 40.3% Yes
- **White**: 66.2% No, 33.8% Yes
- **American Indian**: 59.5% No, 40.5% Yes
- **Other Races**: 54.9% No, 45.1% Yes
Opioid Supplement Questions

13. During your most recent pregnancy, did you take or use any of the following medications or drugs for any reason?

<table>
<thead>
<tr>
<th>Drug</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression medication</td>
<td>13.3</td>
</tr>
<tr>
<td>Anxiety medication</td>
<td>3.4</td>
</tr>
</tbody>
</table>
Questions?

Katelyn.Strasser@state.sd.us
PDMP Assessment Overview

- Presented by the OD2A Evaluation Team
PDMP User Survey Results

Opioid Advisory Meeting
July 13, 2021
Acknowledgements

Prepared by the South Dakota Overdose Data to Action (OD2A) evaluation team at the University of South Dakota, SLM Consulting LLC, and Sanford Research.

- Susan Puumala, PhD – University of South Dakota
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The South Dakota Prescription Drug Monitoring Program/South Dakota State Board of Pharmacy and the South Dakota Department of Health also contributed.

- Melissa DeNoon, RPh – SD PDMP Director, SD Board of Pharmacy
- Kari Shanard-Koenders, RPh, MSJ – SD Board of Pharmacy
- Laura Streich, MPA – South Dakota Department of Health

The evaluation team would especially like to thank the prescribers and pharmacists who participated in the assessment.

Funding for this project was provided by the Centers for Disease Control and Prevention, Cooperative Agreement #1 NU17CE924994-01-00.
Distribution and Response

Two populations: Prescribers and Pharmacists

Recruitment through email addresses for registered users of the SD PDMP

Prescribers
- 5,830 emails
- 5,474 invitations to participate delivered
- 516 (9.4%) opened the survey
- 494 (9.0%) answered at least one question

Pharmacists
- 972 emails
- 955 invitations to participate delivered
- 113 (11.8%) opened the survey
- 105 (11.0%) answered at least one question
Prescribers
Prescriber Respondent Demographics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Response</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (years)</strong></td>
<td>&lt;30</td>
<td>28 (6.0)</td>
</tr>
<tr>
<td></td>
<td>30-39</td>
<td>92 (19.6)</td>
</tr>
<tr>
<td></td>
<td>40-49</td>
<td>98 (20.9)</td>
</tr>
<tr>
<td></td>
<td>50-59</td>
<td>96 (20.4)</td>
</tr>
<tr>
<td></td>
<td>60-69</td>
<td>119 (25.3)</td>
</tr>
<tr>
<td></td>
<td>70+</td>
<td>37 (7.9)</td>
</tr>
<tr>
<td></td>
<td>Missing</td>
<td>46</td>
</tr>
<tr>
<td><strong>Degree</strong></td>
<td>MD/DO</td>
<td>218 (44.1)</td>
</tr>
<tr>
<td></td>
<td>APN/NP</td>
<td>105 (21.3)</td>
</tr>
<tr>
<td></td>
<td>PA</td>
<td>62 (12.6)</td>
</tr>
<tr>
<td></td>
<td>DDS</td>
<td>78 (15.8)</td>
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<tr>
<td></td>
<td>Other</td>
<td>31 (6.3)</td>
</tr>
<tr>
<td></td>
<td>Missing</td>
<td>22</td>
</tr>
<tr>
<td><strong>Health System</strong></td>
<td>Sanford</td>
<td>92 (21.1)</td>
</tr>
<tr>
<td></td>
<td>Avera</td>
<td>93 (21.4)</td>
</tr>
<tr>
<td></td>
<td>Monument</td>
<td>43 (9.9)</td>
</tr>
<tr>
<td></td>
<td>Horizon</td>
<td>14 (3.2)</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>193 (44.4)</td>
</tr>
<tr>
<td></td>
<td>Missing</td>
<td>50</td>
</tr>
</tbody>
</table>
Primary County of Practice

* Dark purple represents counties with at least one respondent indicating it was their primary county of practice.
Use of the PDMP by Specialty

- Dental: 51.90%
- Emergency: 100.00%
- Onc/Pall: 75.00%
- Specialty: 34.55%
- Primary Care: 83.24%
- Mental Health: 93.75%
- Surgery: 65.62%
Reasons for Not Using the PDMP

• Common responses
  • No or few prescriptions for controlled substances
  • Prescribe for acute pain only
  • Access not needed for other reason

• Less common responses
  • Not aware of the PDMP
  • No time to use it

“Because I almost never prescribe narcotics and have only had one possible drug seeker.”
Use of the PDMP

- Placed information in patient's record
  - Frequently: 25%
  - Sometimes: 28%
  - Rarely: 22%
  - Never: 24%

- Spoke with patient about PDMP report
  - Frequently: 24%
  - Sometimes: 34%
  - Rarely: 27%
  - Never: 14%

- Contacted other prescribers or pharmacies
  - Frequently: 8%
  - Sometimes: 34%
  - Rarely: 35%
  - Never: 23%

- Reduced/eliminated controlled substance prescriptions for patient
  - Frequently: 17%
  - Sometimes: 51%
  - Rarely: 19%
  - Never: 13%

- Referred/recommended patient for substance abuse treatment
  - Frequently: 5%
  - Sometimes: 28%
  - Rarely: 29%
  - Never: 38%

- Referred/recommended patient for pain management treatment
  - Frequently: 14%
  - Sometimes: 41%
  - Rarely: 20%
  - Never: 24%

- Dismissed patient from my practice
  - Frequently: 1%
  - Sometimes: 27%
  - Rarely: 62%
Use of PDMP with Patients

**Category**

**Discuss Frequently or Sometimes**

“Engage them in discussion concerning habit forming medications and why we are not prescribing these for the patient.”

“I discuss the information with my patients to keep them accountable and to use as a tool to help them understand how serious the medication is they are taking. I think it's also good for them to know their controlled substances are being monitored.”

“If a patient is dishonest about their medication history, I discuss the information provided in the PDMP, explaining that I will not prescribe.”

**Discuss Rarely or Never**

“The reports do not provide any relevant information for my patient specifically”

“What is there to discuss? I already know if they are taking pain medication from another provider.”

“I only ever prescribe a short course of pain medicine after painful surgery. It doesn't seem needed. Fortunately, patients have not pushed me on this.”
Clinical Alerts Enhancement

- Very Useful: 22.33%
- Useful: 40.47%
- Moderately Useful: 18.14%
- Slightly Useful: 14.88%
- Not at All Useful: 4.19%
Referrals for Alternative Pain Management

- **Chiropractic**
  - Frequently: 9%
  - Sometimes: 33%
  - Rarely: 27%
  - Never: 30%

- **Physical Therapy**
  - Frequently: 56%
  - Sometimes: 29%
  - Rarely: 8%
  - Never: 8%

- **Chronic pain self-management program**
  - Frequently: 14%
  - Sometimes: 37%
  - Rarely: 25%
  - Never: 24%

- **Behavioral Health**
  - Frequently: 22%
  - Sometimes: 42%
  - Rarely: 18%
  - Never: 17%

- **Other**
  - Frequently: 26%
  - Sometimes: 16%
  - Rarely: 2%
  - Never: 56%
PDMP Effectiveness for Specified Outcomes

- PDMP is an effective tool to improve patient treatment and outcomes:
  - Very: 54%
  - Somewhat: 38%
  - Neutral: 7%

- PDMP is an effective tool to refer SUD patients to treatment and recovery:
  - Very: 27%
  - Somewhat: 44%
  - Neutral: 26%

- PDMP is an effective tool to reduce drug abuse, diversion, and doc shopping:
  - Very: 63%
  - Somewhat: 33%
  - Neutral: 3%
Narx Scores and the Overdose Risk Score

- 28.4% had used the Narx Scores or Overdose Risk Score
  - 67.1% used these to determine how extensively to review a patient’s PDMP report
  - 86.6% indicated these scores increase the value of the PDMP in patient care
Changes in Prescriptions and Doses Due to COVID-19
How is the PDMP positively impacting patient care?

- PDMP helps prescribers facilitate conversations with their patients about opioid use and potential drug interactions.
- Increases transparency in use of opioids and monitoring of their use.
- Clinical Alerts are used by prescribers in patient care plans to aid in clinical decision-making.
- Narx Scores and the Overdose Risk Score increase the value of the PDMP.
Educational Opportunities and User Suggestions

- More information on use of the PDMP for known patients or routine prescriptions after surgery or for acute pain
- Guidance on utilization of the Narx Scores and the Overdose Risk Score
- Education on finding data from other states within the PDMP
- More information on substance use disorder treatment discussions with patients
- Including online medication assisted treatment training
Pharmacists
# Pharmacist Respondent Demographics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Response</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;30</td>
<td>12</td>
<td>11.8</td>
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<tr>
<td>30-39</td>
<td>36</td>
<td>35.3</td>
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<tr>
<td>40-49</td>
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<td>26.5</td>
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<td>50-59</td>
<td>15</td>
<td>14.7</td>
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<tr>
<td>60+</td>
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<td>11.8</td>
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<tr>
<td>Missing</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td><strong>Degree</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSPharm</td>
<td>30</td>
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<tr>
<td>PharmD</td>
<td>75</td>
<td>71.4</td>
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<tr>
<td><strong>Years of Practice</strong></td>
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<tr>
<td>0-5</td>
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<td>21-25</td>
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<td>5.7</td>
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<tr>
<td>More than 25</td>
<td>31</td>
<td>29.5</td>
</tr>
<tr>
<td>Missing</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>
Types and Location of Pharmacies Represented

* Dark purple represents counties with at least one respondent indicating it was their primary county of practice.
Use of the PDMP

Most pharmacists who responded accessed the PDMP (87.3%)

Those that didn’t listed the following reasons:

- Outside the scope of their practice (e.g. only in pediatrics or hospice care)
- Orders for as needed pain from standard order sets
Use of the PDMP

- Placed information in patient's record:
  - Frequently: 27%
  - Sometimes: 34%
  - Rarely: 20%
  - Never: 20%

- Spoke with patient about PDMP report:
  - Frequently: 3%
  - Sometimes: 52%
  - Rarely: 30%
  - Never: 14%

- Contacted prescribers or pharmacies:
  - Frequently: 14%
  - Sometimes: 64%
  - Rarely: 20%
  - Never: 2%

- Refused to fill controlled substance prescriptions for patient:
  - Frequently: 5%
  - Sometimes: 48%
  - Rarely: 35%
  - Never: 13%

- Discussed substance abuse treatment with patient:
  - Frequently: 5%
  - Sometimes: 25%
  - Rarely: 44%
  - Never: 27%

- Discussed substance abuse treatment with provider:
  - Frequently: 6%
  - Sometimes: 49%
  - Rarely: 31%
  - Never: 14%
Consulting Others about the PDMP

- Frequently: Prescribers 17.07%, Pharmacists 24.39%
- Sometimes: Prescribers 58.54%, Pharmacists 53.66%
- Rarely: Prescribers 21.95%, Pharmacists 21.95%
- Never: Prescribers 2.44%, Pharmacists 0%
Clinical Alerts Enhancement

• 39.1% of pharmacists who responded were aware of the Clinical Alerts feature
  • Most who were aware found it useful or very useful (61.8%)

<table>
<thead>
<tr>
<th>How do you use clinical alerts?</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I note it [in the] patient profile, and alert prescriber if necessary”</td>
</tr>
<tr>
<td>“Flag patients’ charts.”</td>
</tr>
<tr>
<td>“Do not fill rx’s from multiple MD’s.”</td>
</tr>
</tbody>
</table>
**Interaction with Providers: Comparison over Time**

<table>
<thead>
<tr>
<th>Question</th>
<th>Fall 2016</th>
<th>Fall 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strongly Agree/Agree</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am comfortable consulting with providers on patients who may have misused/abused opioids</td>
<td>141</td>
<td>89%</td>
</tr>
<tr>
<td>I believe my consultation influenced patient care</td>
<td>140</td>
<td>65%</td>
</tr>
<tr>
<td>I am treated with respect when I call a provider regarding potential misuse/abuse of opioids</td>
<td>141</td>
<td>67%</td>
</tr>
<tr>
<td>I am comfortable informing a prescriber of patients who have both benzodiazepine and opioid medications prescribed</td>
<td>138</td>
<td>69%</td>
</tr>
<tr>
<td>I am comfortable discussing the prescribed quantity and/or days of supply of opioids with providers</td>
<td>137</td>
<td>64%</td>
</tr>
</tbody>
</table>
PDMP Effectiveness for Specified Outcomes

- PDMP is an effective tool to improve patient treatment and outcomes: 70% Very, 27% Somewhat, 3% Neutral
- PDMP is an effective tool to identify patients with SUD: 48% Very, 48% Somewhat, 5% Neutral
- PDMP is an effective tool to communicate regarding SUD treatment: 47% Very, 38% Somewhat, 11% Neutral, 2% Somewhat not, 1% Not at all
- PDMP is an effective tool to reduce drug abuse, diversion, and doc shopping: 57% Very, 41% Somewhat, 1% Neutral
Narx Scores and the Overdose Risk Score

- 40.7% had used the Narx Scores or Overdose Risk Score
  - 68.6% used these to determine how extensively to review a patient’s PDMP report
  - 91.4% indicated these scores increase the value of the PDMP in patient care
How is the PDMP positively impacting patient care?

Pharmacists use the PDMP frequently; most at least once per shift and some with every opioid rx.

Clinical Alerts provide useful information to pharmacists.

Narx Scores and the Overdose Risk Score lead to communication with other healthcare providers.

Higher levels of comfort in consulting with providers on PDMP data.
More information on use of the PDMP for known patients or routine prescriptions after surgery or for acute pain

Guidance on utilization of the Narx Scores, the Overdose Risk Score, and the Clinical Alerts enhancement

Exit strategies for long-term treatment with controlled substances

Require submission of gabapentin dispensations
Questions?
Emergency Department Toolkit

- Presented by the OD2A Evaluation Team
ED Toolkit:
Improving linkages to care to prevent and respond to opioid overdose

Sandra Melstad, MPH, Chelsea Wesner, MPH, MSW, Susan Strobel, DNP, RN, Tiffany Johnson, RN & Laura Streich, MPA

July 2021
Opioid Advisory Committee
Overview

- Opportunity
- Purpose of ED Toolkit
- Project activities
- ED Toolkit framework and additional components
- Next steps
Opportunity

- **Funding:** Overdose Data to Action (OD2A), CDC cooperative agreement
- **Project Period:** September 2019 - August 2023
- **OD2A Strategy 6:** Improving Linkages to Care
Purpose

Develop a toolkit to support South Dakota EDs in improving linkages to care for patients at high-risk for SUD, OUD, and opioid overdose:

- Promote best practices and latest clinical guidelines
- Streamline screening and assessment for OUD
- Integrate primary components of toolkit into EHR/workflow
- Strengthen referral pathways for MAT, OUD treatment, and behavioral health
Project Activities

- **Summer 2021**: Toolkit is currently being developed by a media contractor.

- **Spring 2021**: Developed a Decision Tree to inform development and design of the ED Toolkit.

- **Winter/Spring 2021**: Conducted formative research (e.g., key informant interviews, literature review, SME Workgroups) to inform development of the ED Toolkit.

- **Fall/Winter 2020**: Formative research (e.g., key informant interviews, literature review, outreach to SMEs) to inform development of the ED Toolkit.

- **Fall/Winter 2019/2020**: Statewide ED Assessment

- **Winter/Spring 2021**: Conducted formative research (e.g., key informant interviews, literature review, outreach to SMEs) to inform development of the ED Toolkit.

- **Spring 2021**: Toolkit is currently being developed by a media contractor.
Lessons Learned

- Streamline and integrate Toolkit content into EHR
- Normalize screening for OUD; reduce provider stigma
- Needs and special considerations:
  - Provider education for ALTOs (alternatives to opioids), MAT
  - Peer support staff and behavioral health staff (e.g., EDs in Yankton and Brookings have partnership with Community Mental Health Centers for screening in ED)
  - OUD-specific screening and diagnostic tools coupled with provider training
  - Access to social services; connecting patients to resources via 211
  - Differences in rural and urban EDs (e.g., discharge, screening, etc)
  - Engage/identify provider in ED as champion to lead MAT/QI efforts
  - Learn from hospitals supporting MAT treatment: Coteau des Prairies
  - ED is opportune place to initiate MAT and/or support referral to treatment/services
Models for Toolkits

Medication for Addiction Treatment Pathway

Patient → Hospital Presentation → Assess & Screen → Patient Agrees to MAT → Connect to Treatment

Patient Declines MAT → Provide Education on Harm Reduction & Encourage Future Treatment

MAT Inappropriate at this time

Lessons Learned

**Introduction**
1. Purpose, why, how to use Toolkit
2. Opioid statistics

**Assess & Identify Risk**
1. Common acute pain condition
2. Suspected of OUD - Screen
3. Unstable overdose

**Identify and Diagnose**
1. Diagnosed with OUD
2. Not Diagnosed with OUD

**Treat**
1. Patient not appropriate for MAT or other treatment options
2. Patient appropriate for MAT or other treatment options
   a. Patient declines
   b. Patient agrees

DECISION TREE PROCESS
1. Assess & Identify Risk

- Common acute pain condition
  1. Review Patient History
  2. Physical Exam and Pain Assessment
  3. Review PDMP and identify MME/day or calculate MME/day
  4. Ask if patient has a primary care provider
    - **Common Acute Pain Conditions**
      i. Prescribe ALTO
    - **Suspected of OUD - Screen**
      i. Determine if a patient is appropriate for MAT through use of the COWS, SOAPP-R, or NIDA Quick Screen screening tools.
    - **Unstable overdose**
      i. Follow toxicology protocol (see protocol)
      ii. Encourage screening, diagnosis, and treatment once medically stable
2. Identify & Diagnose

- Screening and diagnosis of OUD in the ED is necessary for treatment, intervention, and patient care. Use DSM-5 criteria to determine the severity of OUD and identify appropriate opioid-related ICD-10 codes for diagnosis.
  - **Diagnosed OUD**
    1. Meets DSM-5 Criteria (mild, moderate, or severe)
      - Identify appropriate ICD-10 code and document
    1. Patient may be appropriate for MAT
  - **Not Diagnosed with OUD**
    1. Does not meet DSM-5 Criteria, possible opioid dependence
    2. Identify appropriate ICD-10 code and document
    3. Patient not appropriate for MAT
3. Treat

- **Patient not appropriate for MAT or other treatment options**
  - Provide Education, Refer to Primary Care Provider, and Prescribe Naloxone

- **Patient appropriate for MAT or other treatment options**
  - **Patient declines**
    - Provide Education, Refer to Primary Care Provider, and Prescribe Naloxone
  - **Patient agrees**
    - Connect to Treatment, Provide Education, and Prescribe Naloxone
ED Toolkit Framework: Additional Components

- **Educational Resources**
  - Patient
    - Peer support
    - Medication management
    - Non-opioid treatments
    - Conversations with providers
  - Provider
    - Safe prescribing
    - MAT
    - Motivational interviewing
    - Trauma informed care
    - Stigma
    - Engage peer support staff

- **Clinical Resources**
  - Pain assessment & treatment
  - OUD screening tools
  - Prescribing guidelines
  - PDMP
  - Reducing stigma
  - Quality improvement
  - Evidence-based literature
ED Toolkit Framework: Additional Considerations

- Integration of Toolkit into EHR system of health systems and hospitals to increase access and utilization
- Public facing Toolkit will be hosted on AvoidOpioidSD.com
Next Steps

- **Aug 2021 - May 2022:** Pilot ED Toolkit with 2-4 EDs (rural/urban, independent/health systems)
- **May 2022 - July 2022:** Work with TA providers to develop outcome evaluation for ED Toolkit and revise Toolkit, if needed
- **Late 2022:** Continued implementation and evaluation
Partners and Stakeholders

- South Dakota Department of Health
- South Dakota Department of Social Services
- South Dakota Association of Healthcare Organizations
- South Dakota State Medical Association
- Great Plains Quality Innovation Network
- South Dakota Board of Pharmacy
- Numerous ED providers including pharmacists, physicians, nurse practitioners, nurses
- OD2A Evaluation Team:
  - University of South Dakota Department of Public Health
  - SLM Consulting, LLC
  - Sanford Research
Thank You!
State Opioid Strategic Plan
Kaitlyn Broesder (DSS) and Laura Streich (DOH)

• Review of major accomplishments
• Stakeholder Survey overview
• Proposed Plan overview
Review of Major Accomplishments
Feedback represented a cross-section of providers

84 total survey respondents

40% reported receiving federal opioid funding

SAMHSA and CDC majority source of federal funding

Summary prepared from survey conducted in the spring of 2021, sent to a broad range of stakeholders including contracted (grant-funded) and non-grant funded partners and known entities working in the area of opioid abuse prevention, treatment and recovery.
Respondents identified most success with efforts taken to raise public awareness of the dangers of misusing opioids; rankings are shown below for level of perceived successful implementation of each of the original 13 strategies.

Specific awareness of messaging on Avoid Opioid was noted, and positive remarks re: professional execution and reach.
Public awareness voted most important strategy to continue and expand.

### Strategies to continue...

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>4: Raise public awareness</td>
<td>81.40%</td>
</tr>
<tr>
<td>11: Expand drug take-back programs</td>
<td>71.05%</td>
</tr>
<tr>
<td>12: OEND</td>
<td>65.79%</td>
</tr>
<tr>
<td>8: Provide treatment cost assistance</td>
<td>64.86%</td>
</tr>
<tr>
<td>9: Expand peer and family supports</td>
<td>63.16%</td>
</tr>
<tr>
<td>6: Increase competency in OUD treatment</td>
<td>63.16%</td>
</tr>
<tr>
<td>5: Connect to resources / call center</td>
<td>62.79%</td>
</tr>
<tr>
<td>3: Maximize SD PDMP</td>
<td>58.14%</td>
</tr>
<tr>
<td>7: Expand access to MAT hub-and-spoke</td>
<td>55.26%</td>
</tr>
<tr>
<td>1: Update prescribing guidelines</td>
<td>54.35%</td>
</tr>
<tr>
<td>2: Support prescriber education</td>
<td>53.49%</td>
</tr>
<tr>
<td>10: Coordinate with SD Medicaid</td>
<td>44.74%</td>
</tr>
<tr>
<td>13: Training to independent jails on MAT</td>
<td>37.84%</td>
</tr>
</tbody>
</table>
Public awareness voted most important strategy to continue and expand.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>1: Update prescribing guidelines</td>
<td>40.91%</td>
</tr>
<tr>
<td>2: Support prescriber education</td>
<td>45.24%</td>
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<tr>
<td>3: Maximize SD PDMP</td>
<td>41.86%</td>
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<tr>
<td>4: Raise public awareness</td>
<td>70.73%</td>
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<tr>
<td>5: Connect to resources / call center</td>
<td>51.22%</td>
</tr>
<tr>
<td>6: Increase competency in OUD treatment</td>
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<tr>
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<td>63.16%</td>
</tr>
<tr>
<td>13: Training to independent jails on MAT</td>
<td>39.47%</td>
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</tbody>
</table>
Considerations for **PREVENTION** in the upcoming plan center largely on rural-focused, community-developed approaches

<table>
<thead>
<tr>
<th>Things to Expand or Add</th>
<th>Big Ideas with Unlimited Resources</th>
<th>Target or Priority Populations</th>
</tr>
</thead>
</table>
| - Rural-focused initiatives tied to farmers and ranchers  
- Alternative pain management education  
- Increased cultural and/or community-based resources  
- Workplace awareness efforts  
- Youth-focused initiatives  
- Outreach to vulnerable populations (e.g. LGBTQ)  
- Harm reduction strategies  
- Awareness of recovery support services  
- Community-based plan development | - Partner with dynamic youth presenters to do a speaker series  
- Training for prescribers from recovering addicts regarding importance of recovery support services, to gain non-clinical understanding  
- Partner physical therapy concepts with primary care to advance use of alternative strategies for pain management  
- Added supports for children of individuals with the disease  
- Expand education and awareness to programs youth are using (e.g. Instagram and TikTok)  
- Mass distribution of at-home drug disposal options  
- Increased awareness and financial support for alternative pain management strategies  
- Expanding positive peer support development | - Rural-focused initiatives  
- Native Americans  
- Ages 20-35, based on incidence data  
- Treatment centers  
- Youth (children to adolescents)  
- Incarcerated individuals within the jail system  
- Individuals in recovery at risk for return to use  
- Populations receiving pain medications |
Considerations for **TREATMENT & RECOVERY SUPPORTS** focus primarily on the expansion of ALL recovery support services, and more seamless integration of those with existing treatment care systems (including primary care).

### Things to Expand or Add
- Expand and integrate recovery support services in connection with primary care
- Expanded recovery homes
- Adolescent-young adult focused mentoring programs and support groups
- Increased awareness of treatment resources available in tribal communities
- Support for quality outpatient resources
- Continued focus on building professional competency in treating OUD and the role of recovery support services
- Increased access to mental health services while in recovery
- Increased access to medication and services in emergent cases (e.g., while incarcerated, in the ED)
- More and extended treatment options for clients needing intensive supports
- Strengthening connections between primary care and behavioral health services

### Big Ideas with Unlimited Resources
- Expansion of recovery housing available statewide
- Increase awareness of treatment cost assistance
- Expand access to providers with MAT abilities through referrals
- Enhance community resources available to support recovery
- Expand integration of harm reduction strategies
- Build connections between primary health care and treatment using a navigator (or similar)
- Build improved connections / warm handoffs between services to support recovery
- Training and funding to support overall process quality improvement (better referrals, shorter wait time between assessment and treatment)
- Expand treatment programs designed to keep children with their family and support them with services

### Target or Priority Populations
- Outreach to rural and frontier populations
- Adolescent and young adult focused initiatives
- Families and children of individuals impacted by the disease
- Individuals identified as in recovery to support their long-term success
- Criminal-justice involved individuals
Considerations for **REDUCING ILLICIT SUPPLY** were not as fully defined as the other areas, but did target on increased disposal options for medications statewide.

<table>
<thead>
<tr>
<th>Things to Expand or Add</th>
<th>Big Ideas with Unlimited Resources</th>
<th>Target or Priority Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increased disposal options upon self-referral for assistance (e.g. Care Campus Model)</td>
<td>• Training program for postal workers</td>
<td>• Rural populations</td>
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<tr>
<td>• Easier access to take-back options (e.g. mail-back envelopes with paid postage)</td>
<td>• Employee accountability via inventory and random drug screening</td>
<td>• Individuals aged 20-35, gender and race neutral</td>
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<tr>
<td>• Expand access to safe at-home storage options</td>
<td>• Wide distribution of lock boxes, at-home disposal options, and education to support those initiatives</td>
<td>• Police force</td>
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<td></td>
<td>• Support for home safety surveys, particularly folks who have received prescriptions for opioids</td>
<td>• Postal workers</td>
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<td></td>
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<td>• Clinics and hospitals</td>
</tr>
<tr>
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<td>• Pharmacy reps</td>
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<td>• Patients receiving prescriptions</td>
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</tbody>
</table>
Considerations for **RESPONSE** were not as fully defined as the other areas, but did target on increased disposal options for medications statewide.

<table>
<thead>
<tr>
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</tr>
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</table>
| • Increased access to free Naloxone to the general public  
• Educate community on use of Naloxone  
• Host a Narcan access day  
• Ongoing and periodic training for jail staff to increase awareness | • Free Naloxone at all  
• Do whatever is needed to support treatment and harm reduction BEFORE jail  
• Make Narcan training as standard as CPR training  
• Offer free Narcan to any individual who wishes to obtain it at a pharmacy  
• Drills and practice sessions involving various scenarios with opportunities to debrief afterwards | • First responders  
• Hospital staff  
• School staff  
• Treatment providers  
• Family members  
• Criminal-justice system involved individuals |
Proposed Strategic Plan
Committee & Partner Updates

- Roundtable updates from Committee members
- Updates from other partners on shared strategies

Facilitated by Laura Streich
Public Input