Colorado Plan to Reduce Prescription Drug Abuse

September 2013
Kelly Perez
Policy Advisor
Office of Governor John Hickenlooper
Dear Fellow Coloradan,

The Colorado Plan to Reduce Prescription Drug Abuse is a crucial part of our commitment to make Colorado the healthiest state, and the result of a year-long process that engaged national experts and over 200 stakeholders statewide.

Unfortunately, Colorado ranks second worst among states for prescription drug misuse: more than 255,000 Coloradans misuse prescription drugs, and consequent deaths related to misuse nearly quadrupled between 2000 and 2011. The expenses associated with prescription drug misuse are significant, and include costs attributed to lost productivity, criminal justice proceedings, treatment, and medical complications.

To reverse these current trends, we need sustained coordination and collaboration among the healthcare community, educators, state and local law enforcement, public health, human services, community groups, and our legislative partners. Our plan is a coordinated, statewide strategy that simultaneously restricts access to prescription drugs for illicit use, while ensuring access for those who legitimately need them.

Better health is not just good for individuals and families; it has positive outcomes for our workforce, reduces the costs of government, and improves the quality of life in our communities. As part of our commitment to make Colorado the healthiest state, as established in The State of Health, we have set a goal of preventing 92,000 Coloradans from engaging in non-medical use of prescription pain medications by 2016. The adoption of the Colorado Plan to Reduce Prescription Drug Abuse represents an important step toward achieving that goal.

Thank you for joining us in our efforts to become the healthiest state in the nation.

Sincerely,

John W. Hickenlooper
Misuse of Prescription Opioids

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Acknowledgements

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Arapahoe House
Centers for Disease Control and Prevention
Colorado Attorney General’s Office (AG)
Colorado Dental Association (CDA)
Colorado Department of Human Services (CDHS)
Colorado Department of Public Health and Environment (CDPHE)
Colorado Department of Public Safety (CDPS)
Colorado Department of Regulatory Agencies (DORA)
Colorado Division of Behavioral Health (CDBH)
Colorado Division of Workers Compensation, CMS
Colorado House of Representatives
Colorado Medical Society (CMS)
Colorado Pharmacists Society (CPS)
Colorado School of Public Health (CSPH)
Colorado State Senate
COPIC (formerly Colorado Physicians Insurance Company)
Department of Health Care Policy and Finance (HCPF)
Drug Enforcement Administration (DEA)
Governor’s Office of Policy and Research
Governor’s Office of Information Technology (OIT)
Homeland Security & Public Safety Division
National Governors Association (NGA)
Peer Assistance Services
Purdue Pharma
RADARS/Rocky Mountain Poison and Drug Center (RADARS/RMPDC)
Screening, Brief Intervention, and Referral to Treatment (SBIRT)
The Partnership at Drugfree.org
University of Colorado (CU)
University of Colorado, Skaggs School of Pharmacy and Pharmaceutical Sciences
# Misuse of Prescription Opioids

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Executive Summary

The abuse of prescription drugs is the fastest growing drug problem in the United States, particularly among adolescents. To combat this growing problem, the National Governors Association (NGA) hosted a year-long Policy Academy to Reduce Prescription Drug Abuse. The Policy Academy, co-chaired by Governors Hickenlooper (D-Colorado) and Bentley (R-Alabama), supported the development of comprehensive state strategic plans to reduce prescription drug abuse. States participated in a competitive grant process and Colorado, along with Alabama, Oregon, New Mexico, Arkansas, Kentucky and Virginia were each awarded $45,000 grants to facilitate the strategic planning process.

According to survey data released in 2013 from the National Survey on Drug Use and Health (SAMHSA), Colorado ranks second worst among all states for prescription drug misuse. More than 255,000 Coloradans misuse prescription drugs, and deaths involving the use of opioids nearly quadrupled between 2000 and 2011.\(^1\)

The economic expenditures associated with prescription drug abuse are significant, and include costs attributed to lost productivity, criminal justice, treatment, and medical complications. The challenge for Colorado in addressing prescription drug abuse is to implement a comprehensive and coordinated statewide strategy that simultaneously restricts access to prescription drugs for illicit use while ensuring access for those who legitimately need them.

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As articulated in the April 2013 Colorado State of Health: Colorado’s Commitment to Become the Healthiest State, the Hickenlooper administration has pledged to reduce the prevalence of non-medical use of prescription pain medications in Colorado by 3.5% (92,000 Coloradans) by 2016. The adoption of a strategic plan represents an important step toward achieving that goal.

Sustained coordination and collaboration across the medical community, state and local law enforcement, public health, human services, and community groups and Colorado’s Legislature is critical to reverse trends in prescription drug abuse and position Colorado as the nation’s healthiest state.

**2016 GOAL:**
**Prevent** 92,000 Coloradans from misusing opioids

<table>
<thead>
<tr>
<th>255,000 Coloradans aged 12+</th>
<th>163,000 Coloradans aged 12+</th>
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<tbody>
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<td>6%</td>
<td>3.5%</td>
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<td>2011-2012</td>
<td>2016 Target</td>
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2 Colorado Governor’s Office. The State of Health: Colorado’s Commitment to Become the Healthiest State. (April, 2013). Denver, CO.
Colorado Team

Recognizing the need for a multi-system approach, the Governor’s office assembled an initial Colorado Team that included representation from the Colorado departments of Human Services, Public Health and Environment, Public Safety, Regulatory Agencies, and Health Care Policy and Finance as well as the Colorado Attorney General’s Office, the Governor’s Office of Information Technology and the Policy Office. The eight-member team convened to learn about the myriad issues and national context of prescription drug abuse and developed an initial framework to address prescription drug abuse in Colorado.

Policy staff then engaged with provider and other community groups including the Colorado Medical Society, the Colorado Prescription Abuse Task Force, the State Meth Task Force (now named Substance Abuse Trends and Response Task Force), Purdue Pharma, the Researched, Abuse, Diversion and Addiction-Related System (RADARS), and others to determine if the initial framework reflected the appropriate focus areas to reduce the problem. The team considered opportunities to strengthen and leverage existing state efforts. A key learning for staff was the recognition that involving a range of experts and stakeholders in an honest inquiry process led to authentic engagement and productive collaboration.

Much of the initial information gathering and the NGA Policy Academy efforts occurred during the 2013 Legislative Session making it extremely challenging for State Legislators, who had been active in reducing prescription drug abuse in the past, to actively participate in this process. It is expected that State Legislators will be increasingly engaged in building on these efforts to reduce prescription drug abuse in Colorado.

NGA Policy Academy to Reduce Prescription Drug Abuse

The recommendations that comprise the Colorado Plan to Reduce Prescription Drug Abuse issue come from four separate meetings involving nearly 200 strategically selected stakeholders as well as from national experts:

- The first NGA Policy Academy was held in October 2012 in Montgomery, Alabama and provided the national context, five NGA-recommended focus areas, and best practices for reducing prescription drug abuse.

- The March 2013 Round Tables event was held at the University Of Colorado School of Pharmacy. Stakeholders from across Colorado were invited to contribute their expertise in one of five focus areas (Provider Education, the Prescription Drug Monitoring Program, Safe Disposal, Data and Surveillance, and Public Education). During that process, Treatment was identified and added as a crucial component for a comprehensive public health approach, deemed most effective to impact the issue. As in most states, this is a difficult focus area to add as the current substance abuse treatment system is not well connected to other systems (health, law enforcement, mental health) so there is much to assess. In addition to these focus areas, a coordinating body was suggested to help facilitate and house the Colorado Plan to Reduce Prescription Drug Abuse, as well as to increase Colorado’s prevention funding opportunities nationally.
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- The recommendations from the Round tables were circulated to all invited stakeholders to ensure their accuracy and appropriateness. Prioritizing and sequencing the recommendations into what could be accomplished in one year, was the focus of the April 2013 Colorado Policy Academy to Reduce Prescription Drug Abuse.

- This meeting resulted in a draft strategic plan and timeline circulated to Colorado Team members and agency/office heads and then taken to the second NGA Policy Academy to Reduce Prescription Drug Abuse in May 2013.

Key Components

The Colorado Plan to Reduce Prescription Abuse reflects and perpetuates the essential multi-system nature of the approach to reducing prescription drug abuse in Colorado. The plan includes the following components:

1) General Recommendations (See Table 1)

2) Establishment of the Colorado Consortium to Reduce Prescription Drug Abuse (See Graphic)
This cooperative, interagency/interuniversity framework is designed to facilitate the collaboration and implementation of the strategic plan by interested parties and agencies. The Consortium is housed in the University of Colorado (CU) Skaggs School of Pharmacy and Pharmaceutical Sciences at the Anschutz Medical Campus (which houses the School of Pharmacy, the Colorado School of Public Health, Colorado State University, the University of Northern Colorado, the CU School of Medicine, and the CU College of Nursing). The Consortium provides a statewide, inter-university/inter-agency network and serves as the strategic lead for the Colorado Rx plan with active participation from the Governor’s Policy Office and various state agencies and offices.

The educational and medical communities are well positioned to address many of Colorado’s key Rx abuse issues, and the partnerships facilitated by the newly formed Consortium will be crucial in attaining optimum outcomes and increased federal funding to combat the growing problem. As the coordinating center, the Consortium will house each focus-area workgroup. Each workgroup will be co-chaired by an agency/community and university representative. To avoid duplication of efforts, the Consortium will work closely with both the Colorado Rx Abuse Task Force (housed at Peer Assistance Services, a private 501c3, and managed by OBH at CDHS – the state authority for substance abuse prevention) and the Substance Abuse Trend and Response Task Force (which is co-chaired by Attorney General Suthers and includes representation from CDPHE, CDHS and local law enforcement). Increased coordination with state and local law enforcement, the AG’s Office, and others working closely on these issues will increase the likelihood of improved outcomes.
6) The Colorado Plan to Reduce Rx Drug Abuse: 12-month Action Plan includes specific, achievable recommendations (See Table 2).

The action plan, together with the general recommendations, issued from two separate meetings (the March Round tables at the CU School of Pharmacy and the April Colorado Policy Academy meeting. The plan details the agreed-upon action items that can reasonably be accomplished within one year, although it is expected that the work will continue beyond 2014.

Governor Hickenlooper approved both the Strategic Plan and the Consortium to support implementation of the plan in July 2013. A September 2013 event is scheduled at the University of Colorado Skaggs School of Pharmacy to officially “launch” the center, to describe the center’s logistical framework and how it is designed to facilitate the continued efforts of the work groups.
Glossary of Acronyms

AARP (Formerly the American Association of Retired Persons)
Best Management Practices (BMP)
Colorado Attorney General’s Office (AG)
Colorado Dental Association (CDA)
Colorado Department of Human Services (CDHS)
Colorado Department of Public Health and Environment (CDPHE)
Colorado Department of Public Safety (CDPS)
Colorado Department of Regulatory Agencies (DORA)
Colorado Division of Behavioral Health (CDBH)
Colorado Medical Society (CMS)
Colorado Nurses Association (CNA)
Colorado Pharmacists Society (CPS)
Colorado School of Public Health (CSPH)
COPIC (formerly Colorado Physicians Insurance Company)
Denver Epidemiology Workgroup (EPI Workgroup)
Department of Health Care Policy and Finance (HCPF)
Drug Enforcement Administration (DEA)
Governor’s Office of Information Technology (OIT)
National Governors Association (NGA)
The Pharmaceutical Research and Manufacturers of America (PhRMA)
RADARS/Rocky Mountain Poison and Drug Center (RADARS/RMPDC)
Screening, Brief Intervention, and Referral to Treatment (SBIRT)
University of Colorado (CU)
United States Environmental Protection Agency (USEPA)
United States Geological Survey (USGS)
# Table 1: Recommendations to Reduce Prescription Drug Misuse and Abuse in Colorado

<table>
<thead>
<tr>
<th>Category</th>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>Colorado Consortium</strong></td>
<td>The Colorado Consortium, housed in the CU School of Pharmacy, will serve as the operational lead for the CO Plan to Reduce Rx Abuse with participation from the Governor’s Policy Office, a variety of state agencies, and community partners. The Consortium will help to facilitate and implement Workgroup Recommendations mentioned below.</td>
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| **Provider & Prescriber Education** | • Change state board policies (or rules) for all DORA-licensed prescribers to include pain management guidelines.  
• Enlist and support DORA to provide education about the existence and utilization of PDMP as part of the licensing processes for prescribers and pharmacists. |
| **PDMP**                         | • Form taskforce with representation from various agencies to examine the use of PDMP as a public health tool.  
• Improve usability and appropriate accessibility of the PDMP system through the use of information technology and increased stakeholder access. |
| **Disposal**                     | • Expand take-back program in law enforcement agencies – develop permanent drop-off sites with Law Enforcement.  
• Expand take-back program to pharmacies (pending DEA approval).  
• Establish Colorado guidelines on flushing. |
| **Public Awareness**             | • Develop (or utilize existing) social marketing campaign that targets the General Public and overcomes existing obstacles and misperceptions.  
• Develop (or utilize existing) social marketing campaign that targets Youth and Young Adults (12-25 year olds) and overcomes existing obstacles and misperceptions. |
| **Data & Analysis**              | • Map out all sources of data related to prescription drug use, misuse and overdose in the state in order to monitor trends, educate the public and inform decision making by multiple stakeholders.  
• Identify other efforts that successfully use crosswalks between diverse data sources and successfully standardize their data collection tools across agencies. |
Colorado Consortium for Prescription Drug Abuse Prevention
A coordinated, statewide, interuniversity / interagency network
<table>
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<tr>
<th>RECOMMENDATIONS</th>
<th>4th Quarter (April, May, June 2013)</th>
<th>1st Quarter (July, Aug, Sept 2013)</th>
<th>2nd Quarter (Oct, Nov, Dec 2013)</th>
<th>3rd Quarter (Jan, Feb, Mar 2014)</th>
<th>4th Quarter (April, May, June 2014)</th>
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<tr>
<td>PUBLIC AWARENESS (NOTE: The following action steps apply to campaigns targeting the general population and targeting youth/young adults 12-25 year olds)</td>
<td>• Develop core leadership group • Explore: 1. Existing campaigns 2. Messaging for CO 3. Resources / partners</td>
<td>• Develop or identify messaging • Set metrics</td>
<td>Implement</td>
<td>Evaluate and tweak</td>
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<td></td>
<td>Request funding from AG's office</td>
<td>Identify sustainable funding</td>
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<td>PROVIDER AND PRESCRIBER EDUCATION: Board Policies</td>
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<td>PROVIDER AND PRESCRIBER EDUCATION: Retrain Existing Providers (Must do)</td>
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<td>PROVIDER AND PRESCRIBER EDUCATION: Educate Students &amp; Trainers</td>
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<td>PROVIDER AND PRESCRIBER EDUCATION: Change Payment by Medicaid and State Employee Insurers (Wish list)</td>
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**PUBLIC AWARENESS**

- Develop core leadership group
- Explore:
  1. Existing campaigns
  2. Messaging for CO
  3. Resources / partners

**PROVIDER AND PRESCRIBER EDUCATION: Board Policies**

- Request Governor to support pain management policy
- DORA Division of Professions and Occupations (DPO) draft guidelines complete
- Public comment and stakeholder meetings done

**PROVIDER AND PRESCRIBER EDUCATION: Retrain Existing Providers (Must do)**

- Marketing plan for current prescriber education (including PDMP)
- Convene workgroup to look at prescriber education best practices
- Create subgroup for prescriber education student curriculum. This includes:
  - Exam Vendors; and
  - School accrediting bodies by making recommendation to NGA
- Create evaluation plan for prescriber education opportunities with data group
- Update and customize educational content for prescribers
- New prescriber guidelines incorporated into all prescriber student curriculum
- Agreement to align student curriculum with new prescriber guidelines
- Update and customize educational content for prescribers
- Take new prescriber education to curriculum committee with approval

**PROVIDER AND PRESCRIBER EDUCATION: Educate Students & Trainers**

- Request Governor talk to each university president to align curriculum with new guidelines

**PROVIDER AND PRESCRIBER EDUCATION: Change Payment by Medicaid and State Employee Insurers (Wish list)**

- Change Medicaid, state, and work compensation payers to align with and incentivize new Rx guidelines.
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<tr>
<th>RECOMMENDATIONS</th>
<th>4th Quarter (April, May, June 2013)</th>
<th>1st Quarter (July, Aug, Sept 2013)</th>
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<th>4th Quarter (April, May, June 2014)</th>
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<td><strong>DATA AND ANALYSIS</strong></td>
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<td>(RECOMMEND: Map out all sources of data related to prescription drug abuse, misuse, and overdose in the state (e.g., supply, prescribing, dispensing, MDs, pharmacies, law enforcement, disposal, manufacturers) in order to monitor trends, educate the public, and inform decision making by multiple stakeholders)</td>
<td>Specify requirements and goals for inventory</td>
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<td>Launch portal</td>
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<td>Determine what we want included and why</td>
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<td>Research existing portals (e.g., DataColorado.gov)</td>
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<td>Identify the home (e.g., OIT, CDPHE, Center U of C)</td>
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<td>Create the portal (build it, maintain, sustain)</td>
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<td>Define vision – what are we looking for? (e.g., Kentucky’s KASPER, South Carolina’s)</td>
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<td>Explore other states</td>
<td>Develop a proposal for achieving the vision – in phases</td>
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<td>Define data questions</td>
<td>Explore Colorado-based data sharing efforts, such as P-20 education initiative</td>
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<td><strong>DISPLOSIAL</strong></td>
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<td>• Continue to expand National Take Back sites and participation</td>
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<td>• Strengthen DEA, EPA, CDPHE and law enforcement partnerships federal/state/local</td>
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<tr>
<td><strong>Prescription Drug Monitoring Program (PDMP)</strong></td>
<td>Identify stakeholders</td>
<td>Identify data needs for PDMP from stakeholders</td>
<td>Interagency agreements</td>
<td>Short term improved data sharing under current law</td>
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<td>Create task force with CDPHE, HCPF, and DORA</td>
<td>Conduct stakeholder meeting</td>
<td>Identify data needs for PDMP from stakeholders</td>
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<td>Convene stakeholders to identify barriers and needs</td>
<td>Usability: In short term, improve user interface (contract options)</td>
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