

# PRESCRIPTION DRUG OVERDOSE PREVENTION *in* WASHINGTON



## THE STATE RESPONSE:

- ▶ The Interagency Workgroup to Prevent Unintentional Poisoning—coordinated by the state injury prevention program and comprising public health, mental health, healthcare, law enforcement and regulatory entities—was created in 2008 to harmonize prevention activities. Among the workgroup members are the state health officer, prescription monitoring program staff and representatives from local public health departments and state medical and nursing boards.
- ▶ The state's prescription drug monitoring program (PDMP) collects data on all Schedule II-V prescription drugs. Prescribing and dispensing data is available to healthcare providers, law enforcement agencies, and the Washington Medicaid and workers compensation programs, but there is no legal mandate for prescribers or dispensers to use the system, other than providers caring for workers compensation patients.
- ▶ Medicine take-back programs—a joint effort of public health, law enforcement and environmental groups—encourage residents to dispose of unused prescription medications at designated sites to prevent diversion for non-medical use or disposal in public water supplies.
- ▶ In 2007, Washington's Agency Medical Directors Group (AMDG) released opioid prescribing standards focused on dosing in opioid-naïve patients and on patients taking > 120 mg/day morphine equivalent dose.
- ▶ Legislation enacted in 2010 directed Washington medical boards and commissions to establish rules for the use of opioids to manage chronic, non-cancer pain. These mandates include an opioid dosing threshold that triggers a consultation with a pain management specialist, with some exceptions.
- ▶ A group of hospitals, physicians and nurses developed a set of emergency department (ED) recommendations to reduce unnecessary opioid prescribing at EDs, and improve coordination between patients' physicians and EDs. A Medicaid budget proviso, passed in 2012, requires all hospitals to follow seven best practices, including adoption of these ED guidelines and use of the Emergency Department Information Exchange—a HIPAA-compliant electronic system that identifies frequent ED users across the state. Information on all seven best practices can be found at <http://washingtonacep.org/educationresources.html>.
- ▶ Washington's 2010 good Samaritan law (1) grants immunity from prosecution for drug possession to anyone seeking medical help for an apparent overdose victim, and (2) authorizes any person to obtain and administer naloxone—an opiate antagonist that reverses opioid overdose—to anyone experiencing an overdose.

## SUCCESSES

- ▶ Prescription opioid overdose death rates in Washington declined by 27 percent from 2008 to 2012. The overdose hospitalization rate declined for the first time in 2012.
- ▶ The proportion of Washington 10th graders using prescription pain relievers to “get high” declined from 10 percent in 2006 to 6 percent in 2012.
- ▶ Between July 2012 and July 2013, the number of controlled substance prescriptions written for Medicaid ED patients declined 24 percent.
- ▶ Since distribution of the AMDG Opioid Dosing Guidelines, the proportion of workers' compensation patients progressing from new opioid use to chronic opioid use declined by more than half; from 26 percent in 2004 to 11 percent in 2010. During the same period, the average daily prescription morphine equivalent dose (MED) for workers' compensation patients declined 27 percent, and the proportion receiving 120 mg/day MED declined from 6.3 percent to 4.7 percent.
- ▶ The Washington Department of Labor and Industries used prescription drug monitoring program data to track the long-term effectiveness of opioid detoxification/tapering programs and to identify the 2 percent of new claimants with chronic opioid use prior to their worksite injury. The state Medicaid program has used the data to identify clients purchasing opioid prescriptions with cash.

## THE PROBLEM:

- ▶ From 1995 to 2012, the number of hospitalizations in Washington stemming from prescription opioid misuse tripled, and the number of deaths involving prescription opioids increased by a factor of 12.
- ▶ From 2004-2007 in Washington, the rate of prescription opioid overdose deaths was 30.8 per 100,000 in the Medicaid population, compared to 4.0 per 100,000 in the non-Medicaid population.
- ▶ In 2012, 3 percent of Washington 8th graders, 6 percent of 10th graders, and 8 percent of 12th graders reported using prescription-type opioids “in the previous month” to “get high.”
- ▶ An estimated 344,000 Washingtonians used prescription pain medication nonmedically during 2010-2011.
- ▶ Washington experienced the 9th highest prescribing rate of opioid pain relievers in 2010 (based on Drug Enforcement Administration Automation of Reports and Consolidated Orders System data regarding prescribing in grams per 100,000 residents).

*“I can tell you as a pharmacist, anybody has potential for developing addiction to pain medication. Someone injures their back or blows out a knee, and they get onto pain medication and never get off. And it can be anybody: a high school athlete all the way up to an 80-year-old.”*

— Chris Humberson, BSP,  
Executive Director

Washington State Pharmacy Quality  
Assurance Commission