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Thank you Chairman Alexander, Ranking Member Murray, and members of the Committee for the opportunity to provide testimony to you today about our efforts to address the opioid epidemic in Colorado. In 2012 (based on 2010-11 data), we had the troubling distinction of ranking 2nd nationally for self-reported, non-medical use of prescription drugs: more than 255,000 Coloradans misused prescription medications, and consequent deaths related to misuse nearly quadrupled between 2000 and 2011. As the Committee is well aware, these dramatic increases in the misuse and abuse of prescription drugs have been felt nationwide. The expenses associated with prescription drug misuse are significant, and include costs attributed to lost productivity, criminal justice proceedings, treatment, and medical complications.

Since 2012, catalyzed by the Governor Hickenlooper's leadership as a Co-Chair of the National Governor's Association Policy Academy for Reducing Prescription Drug Abuse, we are currently implementing a unique, innovative, and coordinated approach to confront this public health crisis. Drawing upon stakeholder input, national best practices and the success stories from other states, we have engaged and leveraged expertise of the healthcare community, educators, state and local law enforcement, public health, human services, community groups, and our legislative partners. In 2012, we set a goal of preventing 92,000 Coloradans from engaging in non-medical use of prescription pain medications by 2016 through the adoption of the *Colorado Plan to Reduce Prescription Drug Abuse*. This commitment represents reduction from 6% to 3.5% of Coloradans who self-report non medical use of prescription drugs. 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.

The *Colorado Plan to Reduce Prescription Drug Abuse* currently focuses on 8 key areas:

- improving surveillance of prescription drug misuse data;
- strengthening the Colorado Prescription Drug Monitoring Program;
- educating prescribers and providers;
- increasing safe disposal to prevent diversion and protect the environment;
- increasing public awareness;
- enhancing access and referral to evidence-based, effective treatment;
- expanding access to the overdose reversal drug Naloxone; and
- increasing the voice of those who are affected by the epidemic.

To implement the Colorado Plan and monitor and coordinate progress, state level leadership created the *Colorado Consortium for Prescription Drug Abuse Prevention* (the Consortium). The Consortium provides a statewide, inter-agency/inter-organization framework designed to facilitate collaboration and

implementation of the strategic plan by interested parties and agencies, and is comprised of 8 work groups, separated by the focus areas outlined above. The Consortium is housed at the University of Colorado (CU) Skaggs School of Pharmacy and Pharmaceutical Sciences at 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, a 501c3 organization that is not housed in any one state agency but includes them all, provides an independent statewide network designed not only to implement the strategic plan, but to survive beyond its short time window to continue to address this epidemic over the long period of time that will be required to solve it. The education, governmental, and medical communities are well positioned to address many of Colorado's prescription drug abuse challenges, and the partnerships facilitated by the Consortium have been crucial in attaining optimum outcomes and increased federal funding.

Utilizing this innovative, coordinated, multidisciplinary approach, Colorado has experienced a wide variety of successes and positive developments in each of its areas of focus:

Thorough and accurate data and research underpins the work that we do and informs the policy and regulatory decisions that we make. The Data and Research work group of the Consortium has worked to 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. The work group is also focused on identifying other efforts that successfully use crosswalks between diverse data sources and standardize data collection tools across state agencies. Under a new DOJ-BJA Harold Rogers grant, our Colorado Department of Public Health is working with the PDMP program and the Consortium to create better, more current, and linked data systems. This will enable us to better identify high risk populations and geographic areas, and to use this "hot spotting" approach to rapidly respond to any emerging public health concerns if or when they arise.

The Prescription Drug Monitoring work group (PDMP) has worked over the past two years to enhance our state's PDMP as an effective public health tool. In 2014 we passed House Bill 1283, enhancing our state's PDMP. This bill included a variety of provisions, most notably: allowing the state to provide 'push notices' to both prescribers and pharmacists when patients visit a certain number of prescribers and pharmacies to obtain a controlled substance over a certain period of time; requiring mandatory PDMP registration for pharmacists and United States Drug Enforcement Administration (DEA) registered prescribers; allowing prescribers and pharmacists to assign and register delegates in their office to check the PDMP; allowing direct access to PDMP by the Colorado Department of Public Health and Environment; and providing permissive authority for federally owned and operated pharmacies to submit controlled substances data into the Colorado PDMP. Additionally, we have enhanced the PDMP interface and moved to a daily upload of data (it was twice monthly prior to October 2014). These improvements have demonstrated a powerful resonance throughout the Colorado prescriber and pharmacist community. As of July, 2014 our PDMP utilization rate was 41% and by October 2015 that rate had more than doubled, reaching 85%.

The Provider Education work group focuses on issues relating to improving the education and training of health care professionals who prescribe, dispense, or otherwise provide care for those receiving prescription medications with the potential for misuse, abuse, or diversion. In the spring of 2014, a joint *Policy for Prescribing and Dispensing Opioids* was developed to address prescription drug abuse in the

state and adopted by the dental, medical, nursing, pharmacy, optometry, and podiatry boards in Colorado. This is the first joint policy of its type adopted by multiple regulatory boards in a single state, and aims to provide guidance on best practices for pain management. Over the past year the Consortium has also developed online training and education for prescribers throughout the state. As of October 2014, 1,316 prescribers had completed the training, 87% of whom indicated they intended to change their practice as a result. The Provider and Prescriber Education Workgroup of the Consortium is currently expanding the curriculum to other professional health schools and postgraduate training programs. We were encouraged by these strategies when the CDC morbidity and mortality report recently ranked Colorado 40th nationally for prescribing rates of opioids per 100,000 people (50th being the lowest rates of prescribing).

We know that more than 70% of those who abuse prescription drugs obtain them from the unused supplies of friends or family, highlighting the importance of supporting robust medication collection and disposal resources throughout the state. The Safe Disposal work group focuses on issues relating to safe storage and disposal of prescription medications with the potential for misuse, abuse or diversion. This work group has developed guidelines and outreach efforts and expanded the number of safe disposal sites throughout the state. For the past five years, the DEA has operated “National Drug Takeback Days” each Spring and Fall, collecting significant quantities of medications at law enforcement sites (over 39 thousand pounds in Colorado in 2014 alone). In light of the uncertainty regarding future DEA takeback days, and responding to the new DEA rules allowing “reverse distribution” of pharmaceutical controlled substances, we secured state funding to expand the existing collection and disposal program. Over the next year, we plan to provide permanent drop boxes in every county to assure an ongoing, available mechanism for all citizens to safely dispose of unused/unwanted medications.

The Public Awareness work group of the Consortium focuses on raising awareness among Colorado citizens regarding the problem of prescription drug abuse. We recently launched a new statewide advertising and public outreach campaign - “Take Meds Seriously”- designed to educate consumers about the safe use, storage, and disposal of prescription drugs. Since our February 2015 launch, our new website - TakeMedsSeriously.org - has seen over 53,000 visits and 76,000 page views in less than six months; has had over 76 Million advertising impressions and over 62,000 click throughs; has received nearly \$100,000 in earned media coverage; and has increased awareness of the problem, as evidenced by 2 of 10 Coloradans reporting having heard or seen a campaign message, and 81% of those saying that they would talk to their children or family members about the dangers of prescription medicine abuse.

The Consortium’s Treatment work group has focused on identifying gaps and needs in the provision of preventative, therapeutic, and rehabilitative substance use treatment programs and making clinical, organization, and public policy improvements to these systems. Primary areas of focus are: 1) lack of standardized, universal screening, brief intervention, referral, and treatment (or SBIRT); 2) barriers to access and entry; and 3) critical treatment and clinical workforce shortages. We are working from a variety of vantage points to expand access to and availability of treatment resources, such as expanding statewide capacity to provide Medication Assisted Treatment (MAT) for opiate dependent patients by linking suboxone-licensed physicians with community-based substance treatment. We recently applied to the Substance Abuse and Mental Health Services Administration (SAMHSA) for a Targeted Capacity Expansion grant aimed at increasing the capacity to deliver MAT to treat opiate/opioid addiction.

The Naloxone work group focuses on increasing awareness of, and access to, the opioid overdose reversing drug Naloxone, and making clinical, organizational, and public policy recommendations to achieve this goal. This spring, we passed Senate Bill 15-053, which extends existing authority to prescribe or dispense opiate antagonists by permitting licensed prescribers and licensed dispensers to also prescribe or dispense a standing order directly to individuals, a friend or family member or an individual who may experience an opiate-related drug overdose, an employee or volunteer of a harm reduction organization or a first responder. Shortly thereafter, our state's Chief Public Health Officer, Dr. Larry Wolk, issued a standing order for all citizens of Colorado. In recent weeks, the Naloxone work group has worked closely with both small, independent pharmacies and major supermarket and chain pharmacies, to increase the number of locations who are dispensing Naloxone under the new standing orders. We are pleased to report that the Kroger Corporation, Safeway/Albertsons, and CVS have all signed on, and as of January 2016, Naloxone will be available in over 400 pharmacies across the state of Colorado, providing widespread distribution of life-saving opiate antagonists.

The new Affected Families and Friends work group, launched this Fall, focuses on giving those affected by the opioid epidemic a place to go, a place to learn, a place to share their stories and experiences with others, a network for providing media access and interviews, and a vehicle to give input to the consortium's topic area work groups and the state legislature, regarding what patients and families experience, want, and need, as they live their lives under the impact of opioid misuse, abuse, and overdose. To our knowledge, no other state is currently engaging patients and families in this way, as part of their statewide efforts to address the epidemic.

It is also important to note that Colorado's efforts have received strong bipartisan support, from various key agencies, offices, and related task forces in the state. Our former Attorney General, Jon Suthers, contributed \$1 Million to the work of the Consortium, primarily to launch the TakeMedsSeriously public awareness campaign. And the Consortium has been named an official subcommittee of the legislatively mandated Substance Abuse Trend and Response Task Force, which addresses substance abuse more broadly, but now benefits from the collective expertise of the Consortium.

Further innovations in Colorado include our Department of Human Services, Office of Behavioral Health, including the Consortium in its next five-year Substance Abuse Block Grant funding cycle, to serve as a coordinating hub for statewide prevention efforts aimed primarily at youth and young adults. Rise Above Colorado, the recipient of the statewide prevention grant for 2015-2020, is working to help extend the reach of the Consortium, the key messages it has developed, and bring them to these key target populations, where the problem of prescription drug misuse and abuse most often starts.

Finally, the Consortium has begun to be recognized as a national model for developing a state level, collaborative, coordinated, collective action approach to addressing this serious public health problem. Through the creation of a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and a novel backbone infrastructure, we have worked to create a lean but effective vehicle for a collective approach to addressing prescription drug abuse in Colorado. Recent data suggests that we are well on track to meet our 2016 goal. 2013 data released by the National Survey on Drug Use and Health shows that our rate on non-medical use has decreased from 6% to 5.08%, which represents 39,000 fewer Coloradans who misused prescription drugs during the survey

time period (2012-2013). This drop represents a 15.33% reduction in our rate of prescription drug abuse, and our ranking in this category has positively dropped from 2nd to 12th nationally. Additionally, the Colorado youth use rate is decreasing and below the national average. In 2011, the percentage of students who had taken prescription drugs without a doctor's permission more than once during their lifetime was 19.6%. In 2013 that percentage had dropped to 13.6%.

But despite encouraging trends, prescription drug abuse remains a serious health crisis as we work to expand upon and bolster work currently underway in Colorado. Drug overdose remains the leading cause of injury death in the U.S. and in Colorado, largely due to the misuse and abuse of prescription drug overdoses, and 10.72% Coloradans aged 18-25 still engage in non-medical use of prescription drugs. In the last 5 years the number of Heroin users in Colorado has also doubled, a rate increase that is suspected to have some correlation with our high rates of prescription drug misuse/abuse. We also have significant concerns that existing treatment capacity is not meeting a rising demand, as treatment admissions for heroin and prescription opioid abuse increased 128% between 2007 and 2014. Overdose death is a very real risk for people struggling with opiate addiction, and failure to provide vital treatment services means unnecessary, preventable deaths of our citizens.

More needs to be done, and we continue to study the problem, engage and listen to all constituents to gather their ideas and input, scan the nation for best practices, policies, and programs, and incorporate them into our own efforts. While we have made significant progress in Colorado, there is a clear place for Federal assistance in fighting this troubling epidemic. The current work by all federal agencies and offices, from HHS (SAMHSA, CDC, FDA, HRSA, CMS), to DOJ, DEA, ONDCP, and OIT, among others has represented a very good start from a variety of perspectives, but we believe there are three specific ways in which you could help states address the opioid epidemic:

First, federal funding and agency support should be directed to the creation and support of state and regional level collaboratives, similar to the Consortium model we have created in Colorado, but with room for tailoring to the needs of individual states and regions of the country. We know that working together is challenging but possible, and that each state and region has its own unique needs. Federal support could go a long way to creating viable, effective models to attack this problem at the appropriate levels, using local expertise and resources, where we believe the most success will obtain.

Second, we believe that the DEA National Takeback Initiative, while extremely successful in each of its eleven iterations over the past six years, should be strengthened to better facilitate prescription drug take back and destruction. The new regulations allowing pharmacies, clinics, and other organizations to become "reverse distributors" are laudable but we are concerned that sufficient economic incentives for these organizations to get into the reverse distribution business are lacking. Further, we suggest that the federal government assist in the creation of a national, permanent takeback network, whereby citizens may drop off their unused medications at any time, 365 days a year, and thus stem the tide of misuse where it starts, in the medicine cabinet.

Third, we have seen and applaud the many efforts of government agencies and professional organizations to create continuing education programs for prescribers and other providers, and to create best practice guidelines for safe and effective opioid prescribing, dispensing, and use. What is

needed now are tools for providers, to enable them to implement the educational content and best practices into their routine, daily work. Information technology, software systems, connectivity, and mobile apps offer clinicians and patients the opportunity to make prescribing, dispensing, and using opioids safer, more effective, and with the ability to track outcomes and learn what works best and what doesn't. Funding for the development, testing, and implementation of clinical tools will help us move from "knowing what to do" to "knowing how to do it."

With additional help in these three areas, states will have substantially more resources, brainpower, and tools to address the opioid epidemic in their states and regions. We hope you will consider these suggestions, and work to develop policies and programs to support them.

In closing, given some of the highlighted successes we've had and challenges we still face, recent data suggests that we are well on track to meet our 2016 goal. 2013 data released by the National Survey on Drug Use and Health shows that our rate on non-medical use has decreased from 6% to 5.08%, which represents 39,000 fewer Coloradans who misused prescription drugs during the survey time period (2012-2013). This drop represents a 15.33% reduction in our rate of prescription drug abuse, and our ranking in this category has positively dropped from 2nd to 12th nationally. Additionally, the Colorado youth use rate is decreasing and below the national average. In 2011, the percentage of students who had taken prescription drugs without a doctor's permission more than once during their lifetime was 19.6%. In 2013 that percentage had dropped to 13.6%. The national average for this measure in 2013 was 17.8%. While there is still much work to do in response to this public health crisis, we are emboldened by some of the progress seen in Colorado. We have confidence that the Consortium model will allow us to implement a multi-faceted, strategic approach that is responsive to changing trends and data, and the continued development of national best-practice. The *Colorado Plan to Reduce Prescription Drug Abuse* is a crucial part of our commitment to making Colorado the healthiest state in the nation. 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.

Thank you, again, for the opportunity to provide testimony today. We would be happy to answer any questions related to the work we are doing in Colorado to prevent the misuse and abuse of prescription drugs.