



OKLAHOMA SHERIFFS' ASSOCIATION

1615 S. State Street, Edmond, Oklahoma 73013 | Phone (405) 471-6049 | Fax (405) 471-6097

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April 27, 2018

Carrie Hill

Director, National Center for Jail Operations
National Sheriffs Association

RE: Oklahoma Recommendation & Programs on Opioid Epidemic

Oklahoma's History

Prescription drug abuse is Oklahoma's fastest growing drug problem. Of the nearly 3,900 unintentional poisoning deaths in Oklahoma from 2007-2012, four out of five involved at least one prescription drug. In 2012, Oklahoma had the fifth highest unintentional poisoning death rate in the nation (18.6 deaths per 100,000 population). Heroin, cocaine, and methamphetamines were most commonly associated with unintentional poisoning deaths, but in the late 1990s, the most common cause of overdose deaths became prescription drugs.

Prescription painkillers (opioids) are now the most common class of drug involved in overdose deaths in Oklahoma (involved in 9 out of 10 prescription drug-related deaths, with 460 opioid-involved deaths in 2012). In Oklahoma, more overdose deaths involved hydrocodone or oxycodone than all illegal drugs and alcohol combined.

According to the 2010 National Survey on Drug Use and Health report, Oklahoma led the nation in non-medical use of painkillers, with more than 8% of the population aged 12 and older abusing/misusing painkillers. Oklahoma is also one of the leading states in prescription painkiller sales per capita.

Oklahoma has consistently ranked among the highest in the nation for overdose deaths and non-medical use of prescription painkillers. Our efforts to reverse such negative trends are beginning to make a difference. Oklahoma's unintentional opioid overdose deaths in 2014 were at their lowest rate in four years and reported use of painkillers for non-medical reasons has decreased.

In 2013, the Oklahoma Prevention Leadership Collaborative Prescription Drug Planning Workgroup released a state plan with a goal to reduce opioid-related overdose deaths. Recommendations focused on prescription tracking and monitoring (including Prescription Monitoring Program legislation), prescriber education, public education, disposal/storage for the public and for providers, regulatory/enforcement, and treatment/interventions. Based upon the successes of the project thus far, we are now

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embarking on an expanded, five year plan to build upon and ensure the continued success of the state plan to prevent prescription drug abuse and misuse.

The group has developed recommendations that prioritize the need for substance abuse prevention and interventions, including treating pregnant women addicted to opioids; promoting opioid alternatives to treat chronic pain; and expanding access to the opioid overdose reversal drug naloxone. Although Oklahoma was one of only 12 states that saw a decrease in the rate of drug overdose deaths from 2013-2014, Oklahoma still had the 10th highest drug overdose death rate in the nation. From 2013-2014, the unintentional prescription opioid overdose death rate in Oklahoma decreased 9%. However, Oklahoma is still in the midst of a prescription drug abuse epidemic. Of the more than 3,500 unintentional poisoning deaths in Oklahoma from 2010-2014, 74% involved at least one prescription drug. Opioids are the most common class of drug involved in overdose deaths in Oklahoma and were involved in 85% of prescription drug-related overdose deaths. There were 427 opioid involved overdose deaths in 2014.

Since then, Oklahoma has been ranked as one of the worst-hit states from the opioid epidemic. In 2016 the Governor formed the Commission on Opioid Abuse. According to the recently released report by the commission, 60 percent of overdose deaths in 2016 were attributable to prescription drugs, compared to 40 percent of deaths attributed to illegal drugs. In its final report, issued in late January, the opioid commission noted that drug overdose deaths in Oklahoma had increased by 91 percent in the past 15 years. There were 899 drug-overdose deaths in Oklahoma, representing a 68 percent increase since 2007.

Enacted Laws

- The Oklahoma Prescription Monitoring Program (PMP) was enacted into law by the Oklahoma Anti-Drug Diversion Act. Designed to deter the abuse of prescription drugs, the statute requires all dispensers of Schedule II, III, IV, and V controlled substances to submit prescription dispensing information to the Oklahoma Bureau of Narcotics and Dangerous Drugs within five minutes of dispensing a scheduled narcotic.
- First responders shall have the authority to administer, without prescription, opiate antagonists when encountering an individual exhibiting signs of an opiate overdose.
- No prescription for a controlled dangerous substance in Schedules III or IV shall be filled or refilled more than six (6) months after the date such prescription was issued, and no such prescription authorized to be refilled may be refilled more

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than five (5) times. Additional quantities of controlled dangerous substances listed in Schedule III or IV may only be authorized by a prescribing practitioner through issuance of a new and separate prescription.

- Senate Bill 1078 adding fentanyl to the list of drugs that can trigger felony prosecution for drug traffickers. Along with any prison time, someone convicted of trafficking more than a gram of fentanyl or its derivatives could be fined between \$100,000 and \$500,000.

During the 2017 legislative session there are several bills under consideration each bill comes from the recommendation of the Commission on Opioid Abuse.

- Senate Bill 1446, which would limit a first opioid prescription for acute pain to seven days. Acute pain is expected to resolve once the injury or illness causing it heals, usually in three months. If seven days' worth of pills isn't enough, the provider could prescribe them for another week. Providers would have to review opioid prescriptions every three months for patients with chronic pain. The bill exempts cancer pain, hospice patients and opioids like methadone used to treat addiction.
- Senate Bill 1367, which would create a limited "Good Samaritan" bill. Police couldn't arrest a person for prescription drug offenses if the person called for help for someone who had overdosed.
- Senate Bill 1124, which would require most pain management clinics to register with the Oklahoma Board of Medical Licensure. Clinics that aren't owned by a doctor or are owned by a doctor with a history of illegal drug distribution, wouldn't be allowed to register.
- Senate Bill 1128, which would require electronic prescribing of opioids by January 2021. E-prescribing eliminates paper prescriptions by allowing individuals with prescribing authority to email pharmacies with proper medication and dosage information.

Additional recommendations from the commission were set up a database to track overdoses, urge changes to federal rules that limit the number of patients a doctor can treat with methadone and buprenorphine to prevent withdrawal from opioids. Access to treatment in rural areas is a problem, with the federal law limiting how many patients a doctor can treat with methadone or buprenorphine.

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Programs and Recommendations

1. The Oklahoma Sheriffs Association has taken it upon themselves to initiate a campaign to outfit every full time Deputy in the state with two doses of the Narcan spray. There are over 1,700 Deputies statewide.
2. Propose and provide specific training for law enforcement personnel and investigators through the Oklahoma Council on Law Enforcement Education and Training ("CLEET") on handling opioid diversion investigations
3. Encourage use of the ODMaP application by law enforcement, first responders, and health officials to track overdose events in real time so that resources can be directed to "hot-spot" areas and criminal investigations can be conducted, if necessary
4. Promote training for middle school and high school student athletes and coaches on the risk of addiction to opioid pain medications after sports injuries and encourage the use of early intervention screening tools
5. Explore educational pilot programs for middle school and high school students on the risks of opioid addiction and early intervention tools
6. Increase the number of Oklahomans who can easily access substance use disorder and medication assisted treatment and recovery services
7. Increase the number of rural primary care providers and other practitioners waived to practice opioid dependency treatment with buprenorphine medications; support states in addressing barriers to medication assisted therapies such as federal restrictions on the number of patients physicians can treat
8. Increase number of emergency first responder agencies trained in overdose prevention/ response and equipped with naloxone.
9. Increase the number of persons at risk for opioid overdose and/or likely witnesses of opioid overdose trained in overdose prevention/response and equipped with naloxone
10. Fund the distribution of Narcan/Naloxone so that when first responders come in contact with an overdose victim they have the ability to provide the family with a dosage.

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