Practitioner Diversion Conference

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Disclaimer

I am not a paid spokesperson.

If you have any question or wish to discuss any topic please feel free to do so.

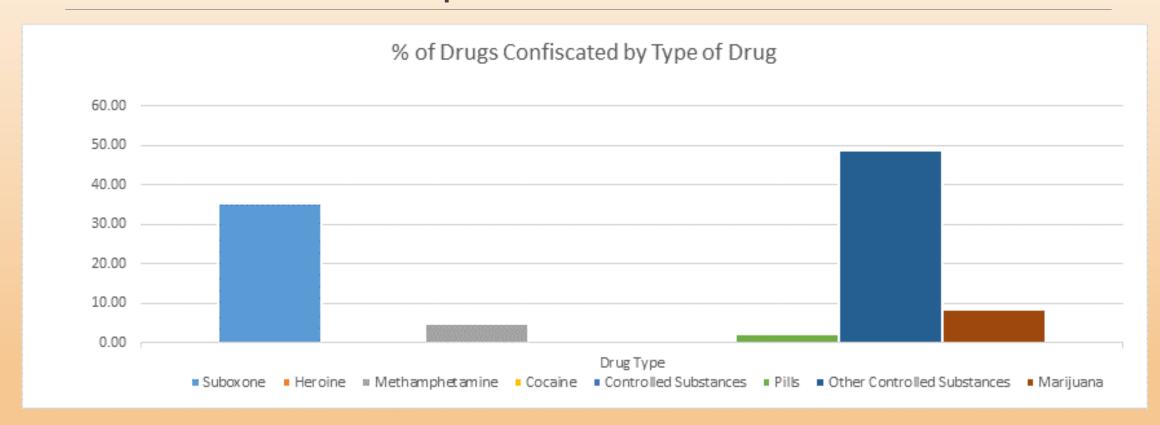
Learning Objectives

- Understand what prescribed medications are diverted
- U How does DMHA oversee diversion of Methadone from OTPs?
- U How to leverage the PDMP to minimize diversion
- What should prescribers know when prescribing?
- Understand the State of Indiana's response to Substance Use Disorder

Diversion in the community

	2015	2016	2017	2018	
Grand Total	1,341	1,292	1,132	1,016	
Buprenorphine	228	208	252	307	
Codeine	23	36	20	18	
Dihydrocodeine	2				
Dihydrocodeinane (Hydro_	201				
Hydrocodone	274	464	350	245	MANIAGEMEN
Hydromorphone	33	31	23	9	IVIAIVADLIVILIV
Leverphanol		1			PERFORMANCE
Methadone	76	58	44	41	
Morphine	126	102	83	60	
)xycodone	261	279	238	184	
Oxymorphone	23	22	18	18	
Framadol	94	84	83	131	
J-47700		7	21	3	

Diversion in Department of Correction



Diversion in Department of Correction

Substance	Cost
Cocaine	\$100-300/gram

DOC Chief Medical Officer Kristen Dauss: "I would like for MDs to know that we ask to please utilize evidence based treatment, please decrease polypharmacy, please stress prevention and lifestyle modification, and please check INSPECT."

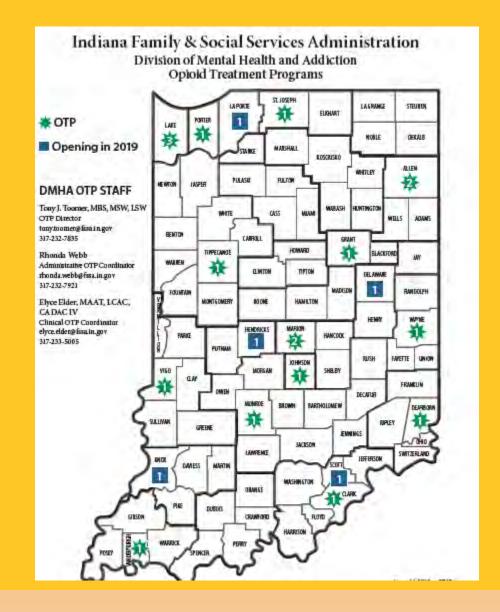
Methamphetamine (powder)	\$75-150/gram
Crystal Meth	\$75-150/gram
	7.0 =00/B
Suboxone	\$100-250/8mg
Morphine	\$30/30mg
Remeron	\$2/15mg
Geodon	\$2/pill
Norco	\$15-20/10mg
Neurontin	\$8-15/300mg
Subtex	\$100/pill

Division of Mental Health and Addiction

OUR ROLE IN ADDRESSING DIVERSION AND SUBSTANCE USE DISORDER

Opioid Treatment Programs in Indiana

- > Currently 18
- > 5 more planned in 2019/20



Opioid Treatment Programs

18 OTPs in Indiana

5 more will be added in 2019/2020

440 IAC Section 10 – Minimum Standards for OTPs

- Staffing ratios
- Treatment
- Documentation

METHADONE DISPENSING OCCURS AT THE OTP. THEREFORE, YOU WILL NEVER SEE METHADONE SHOW UP WHEN YOU CHECK THE PDMP!

DMHA and Opioid Treatment Programs

Diversion Control

440 IAC 10-4-2 Diversion control

Authority: IC 12-23-1-6; IC 12-23-18

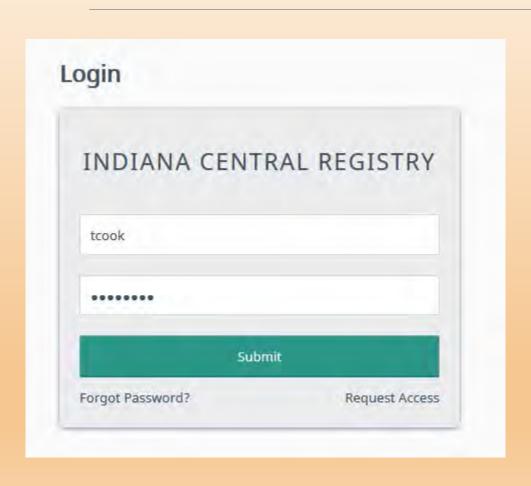
Affected: IC 12-23-18

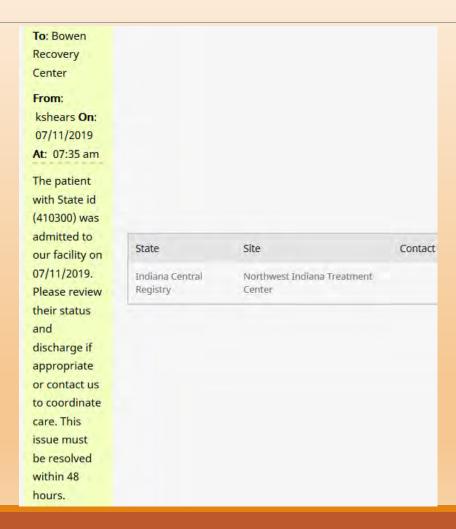
Safe storage capacity of opioid treatment medications within the patient's home.

Random call back of prescription medication

Max limit on amount of take home methadone

OTP CENTRAL REGISTRY (LIGHTHOUSE)





Prescription Drug Monitoring Programs (PDMPs)

What is a State PDMP?

A statewide electronic database which collects, stores & analyzes information on controlled substances dispensed in the state.

What data do PDMPs collect? Who can access PDMP data?

Patient info
Prescriber info
Dispenser info
Schedule II-V drugs

Prescribers
Pharmacists
Law Enforcement

INSPECT Program Overview

INSPECT is Indiana's Prescription Drug Monitoring Program (PDMP), which collects and tracks prescriptions for controlled substances schedule II-V and pseudoephedrine/ephedrine dispensed in Indiana. PDMPs are tools used by States to address prescription drug abuse, addictionand diversion

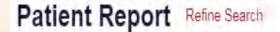
Accessible to registered healthcare providers, pharmacists and law enforcement 24/7

Collects ~ More than 17 million Controlled Substance prescriptions each year

Includes data from retail & hospital pharmacies, dispensing physicians, mail orders, online and non-resident pharmacies

Required reporting frequency: Every 24 hours/business day

100% funded by controlled substance registration (CSR) fees

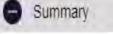


Report Prepared: 12/29/2017

Date Range: 12/29/2016 - 12/29/2017



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Prescriptions: 3
Prescribers: 1
Pharmacies: 1
Private Pay: 0
Active Daily MME: 0

Users are able to export the data into a PDF or CSV file by clicking the icons at the top of the report.

Prescriptions

Filled	· ID	♦ Written ♦	Drug	¢	QTY 🕏	Days 🕏	Prescriber \$	Rx# \$	Pharmacy * \$	Refills \$	MME/D ‡	Pymt Type 🕏	PMP * *
09/01/2017	1	09/01/2017	HYDROCODON-ACETAMINOPHEN 5-325		30.0	5	Te Pre	12345	XYZ P (6543)	0	30.0	Comm Ins	IN
08/27/2017	1	08/27/2017	HYDROCODON-ACETAMINOPHEN 5-325		30.0	5	Te Pre	23456	XYZ P (6543)	0	30.0	Comm Ins	IN
08/22/2017	1	08/22/2017	HYDROCODON-ACETAMINOPHEN 5-325		30.0	5	Te Pre	34567	ZYX P (6543)	0.	30.0	Comm Ins	IN -

*Pharmacy is created using a combination of pharmacy name and the last four digits of the pharmacy license number.

Are you Registered?

WHAT: SEA 221 phases in the requirement for prescribers in various settings to check a patient's prescription drug history in the INSPECT database each time before prescribing an opioid or benzodiazepine.

WHERE: Practitioners can register for an INSPECT account online at indiana.pmpaware.net

WHY: Practitioners who distribute, dispense, prescribe, or administer a controlled substance are required to query patients' INSPECT history each time they prescribe or dispense an opioid or benzodiazepine.

WHEN: All Indiana practitioners must be <u>registered</u> with INSPECT by Jan. 1, 2019.

The patient query requirements take effect on the following dates:

- Jan. 1, 2019: All practitioners who provide services to the patient in the emergency department of a hospital or a pain management clinic.
- Jan. 1, 2020: All practitioners providing services to the patient in a hospital.
- Jan. 1, 2021: All Practitioners

INTERVENTIONS

What DMHA is doing to assist with substance use disorder

CARA Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the State Targeted Response to the Opioid Crisis (STR) and State Opioid Response (SOR) grant programs.

These grants aim to address the opioid crisis by

- increasing access to treatment,
- reducing unmet treatment need,
- and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (OUD) in the States.

Cures – INSPECT/electronic health records

Supporting PLA with their plan to integrate PDMP into health care records

Allocations for Indiana

DMHA received

- 1. \$10.9 million through STR for each of FY 2017 and 2018,
- 2. \$18.1 million through SOR in FY 2019/2020.

Overall, the State of Indiana has received

\$491,000,000 in total grants

Quick Response Teams/Mobile Addiction

7 teams in 6 counties/ 2 teams in 14 counties

SUD Workforce Development

- Training sessions
- Credentialing
- 9 Employer recovery trainings
- ASAM trainings

Peers in Emergency Departments

- 8 programs in 10 hospitals
- Nearly 400 persons engaged with Recovery Coach

NAS Units

- On-going project with Community Hospital
- Clark County and St. Joseph County

Project ECHO

- IU School of Medicine
- Education for MAT prescribers

Naloxone

3600 kits purchased by ISDH

Physician Waiver Training

 Overdose Lifeline partnering to provide incentives for physicians to train and see initial patients

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Training for university staff to provide

School based prevention

\$2 million for DOE to implement evidence based programs.

Compassion Fatigue

Partnering with Indiana HIDTA for compassion fatigue training for first responders

CRAFT – Community Reinforcement and Family Training

Recovery Housing

Contract with Oxford House for 42 recovery houses over 2 years

Addiction intern support

• 15 CMHCs

IDOC

Training recovery coaches

Indiana Courts

Implementation of sequential intercept model in each county

Jail MAT

Partner CMHC with jail

Veterans' Services

Star Behavioral Health Program at CMHCs

Provider Growth

Since last January we have certified 23 new addiction providers.

Today we have 251 active addiction providers.

- We have 27 providers that do addiction inpatient services.
- We have 21 providers that do addiction residential services.
- Residential treatment bed capacity has grown from 800 to 1008 (26% increase)

Cures - Anti-Stigma Campaign

Help communities undertake comprehensive approaches that address the stigma surrounding substance use disorders and recovery

Initiated in the 5 counties of the new OTPs.

KnowtheOFacts.org



Stigma Reduction Campaign





the facts.

Understanding OPIOID USE DISORDER

KnowTheOFacts.org

1 It's a disease.

2 FACT 2 There is treatment.



Recovery is possible.



Review prescribing information

unious to significant noin piadous.

Because persons with a history of addiction to, or abuse of, drugs or alcohol are at increased risk for misuse, abuse and addiction of they should be monitored carefully when receiving or any other hypnotic.

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drug of abuse. Tell your doctor if you have had problems with drug or alcohol abuse.

Take Action

Prescribing guidelines

Take back programs

Prescriber training

Community stakeholder groups

Public education campaigns

Increase use of PDMP

Improve treatment access

Encourage coordinated care

Support criminal justice

diversion

Ask patients their history of

substance use

Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes
	0	1

Have you ever injected drugs? ☐ Never ☐ Yes, in the past 90 days ☐ Yes, more than 90 days ago

Drug Screening Questionnaire (DAST)
Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.