Prevention of Opioid Pain Reliever Misuse in Arkansas

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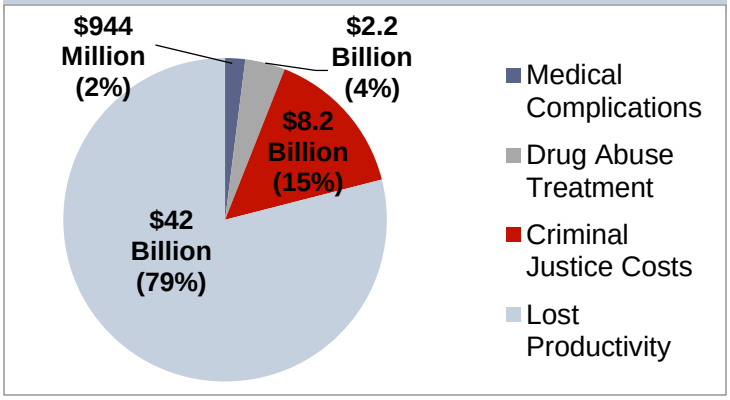
Opioid pain relievers (OPRs) are prescription drugs, such as hydrocodone, that have been deemed effective in providing pain relief but are addictive and pose a risk to those who take OPRs for medical or nonmedical use.[1] Individuals who are OPR dependent often have multifaceted social, physical, and behavioral health needs that result in high costs of care.[2] Drug-poisoning deaths in the United States are now the leading cause of injury death, with southern states reporting higher use of OPRs than non-southern states.[3] Higher rates of chronic conditions that have pain associated with them, such as arthritis related to obesity and neuropathic pain in diabetics, may contribute to increased OPR use in the southern region of the United States.[3] State-based efforts are critical to prevent overdoses and deaths related to OPRs. This fact sheet discusses OPR utilization and cost in Arkansas, the benefits of Prescription Drug Monitoring Programs (PDMPs), and current OPR legislation in Arkansas.

UTILIZATION AND COST

- In 2012, Arkansas was in the top 10 among all states for the number of prescribed OPRs, with **116 prescriptions/100 people**.[4]
- Arkansas's average sale of OPRs was **8.7 kg/10,000** people—25% above the national average—in 2010.[5]
- The death rate from OPR overdose in Arkansas was **13.1/100,000** people in 2008.[4]
- **In 2009, 595,551** emergency department (ED) visits in the United States were due to OPR misuse.[6]
- In 2009, Medicaid accounted for **21% of all spending** on treatment for OPR addictions in the United States.[7]

Figure 1. Nonmedical OPR Costs in the US in 2006[8]



- Nonmedical-OPR use cost the nation's economy approximately **$53.3 billion** in 2006 (see Figure 1).[8]
- More than 4 in 10 teenagers misusing prescription drugs obtain them from their parent's medicine cabinet.[9]

PREVENTION STRATEGIES

Opioid Pain Reliever Overdose Prevention Policies[10]

- ***Pharmacy Lock-In Programs**:* Require high OPR users to use only one pharmacy
- ***Doctor Shopping Laws**:* Prevent patients from seeing multiple physicians and pharmacies to acquire OPRs
- ***Medical Provider Education**:* Providers are educated about risks of OPR misuse, addiction behaviors, and how to prevent overprescribing
- ***Immunity or "Good Samaritan" Laws**:* Encourage people to help themselves or those in danger of an overdose by providing immunity for drug charges
- ***Rescue Drug Laws for Lay Health Professionals**:* Provide flexibility on who can treat OPR overdoses with Naloxone, a drug that can counter the effects of an overdose
- ***National Drug Take Back Program:*** Allows individuals to return expired or unused medication to prevent prescription drug abuse, specifically in youths

Prescription Drug Monitoring Program (PDMP)

- PDMPs are state-based databases used to track the prescribing and dispensing of controlled substances.[10]
- A PDMP collects, manages, analyzes, and provides information to relevant state agencies regarding controlled substances, including OPRs.[10]
- The goal is for PDMPs to reduce prescription drug misuse through utilizing the database to identify problem prescribers and patients.[10]
- Arkansas established a PDMP in 2011 with the program fully functioning in 2013.[11]

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ARKANSAS'S OPIOID PAIN RELIEVER POLICIES

Recognizing the need for more comprehensive policies related to opioid misuse and abuse in Arkansas, the 90th General Assembly introduced and passed several bills during the 2015 legislative session that complement existing law. Legislation enacted between 2011 and 2015 is listed in Table 1 below.

Table 1. Arkansas's Opioid Pain Reliever Legislation: 2011-2015

2011	◆ Established a PDMP in Arkansas with the purpose to enhance patient care by ensuring legitimate use of controlled substances, restricting misuse and abuse of OPRs, assisting in combating illegal trade of OPRs, and enabling access to PDMP information to authorized individuals and agencies[11]
2013	◆ Prohibited retrieving drugs through forgery, fraud, or deceit to prevent doctor shopping[12]
2015	◆ Allowed the Arkansas Department of Health (ADH) to review the PDMP and report misuse of OPRs to practitioners and dispensers; Required all patients to be evaluated by a physician every six months; Required prescribers to check the history of chronic pain patients, using the PDMP every six months; Required chronic pain patients to sign a pain contract with their provider, which may include participation in random urine drug screenings and random pill counts; Provided prescribers and healthcare facilities immunity when reporting suspected drug diversions[13] ◆ Allowed employees of prescribers and dispensers that provide medical or pharmaceutical care for their patients to access a delegate account to assess and review patient's prescription data[13] ◆ Enabled professional licensing boards to receive PDMP reports from ADH to review prescribing and dispensing patterns of professionals licensed under the relevant board and to set parameters of possible misuse or abuse of controlled subtances[13] ◆ Allowed certified law enforcement investigators access to the PDMP to enhance investigative capability[14] ◆ Established immunity for individuals seeking medical assistance during a drug overdose[15] ◆ Enabled healthcare professionals access to Naloxone and immunity from liability for administering, prescribing, or dispensing Naloxone[16] ◆ Created the Behavioral Health Treatment Access Legislative Task Force to ensure persons in the criminal justice system have behavioral healthcare access, including those with substance abuse disorders[17]

CONCLUSION

Since 2011, the OPR laws in Arkansas have improved through more robust monitoring and enhanced approaches to reduce OPR misuse, overdose, and related deaths. In addition, the Arkansas PDMP continues to evolve, with plans to implement reporting thresholds to detect suspicious prescriber and dispenser activity. Additional action is needed in Arkansas, however, to prevent overdose and mortality related to OPRs. Additional oversight of pain management clinics, including ownership and operations such as that enacted by Louisiana and Texas should be explored.[18] Additionally, continued state support for the PDMP and improved utility and access to the monitoring system will be critical.

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