



**Mayor's Task Force
On
Prescription Painkiller Abuse**

**Interim Report
January 2013**

BACKGROUND

In response to a growing epidemic, in late 2011 Mayor Bloomberg created the multi-agency Task Force on Prescription Painkiller Abuse (Task Force). Co-chaired by Deputy Mayor for Health and Human Services Linda Gibbs and Chief Policy Advisor John Feinblatt, the Task Force's mission is to develop and implement coordinated strategies for responding to the growth of opioid painkiller misuse and diversion in New York City. Over the past two decades, the use of prescription opioid painkillers has dramatically increased. While these drugs are important tools in the treatment of pain, they are also associated with significant problems, including misuse, addiction, diversion, and overdose deaths. National statistics show dramatic increases in sales of painkillers as well as admissions for substance abuse treatment and deaths.

National rates of prescription painkiller sales, deaths and substance abuse treatment admissions (1999-2010)

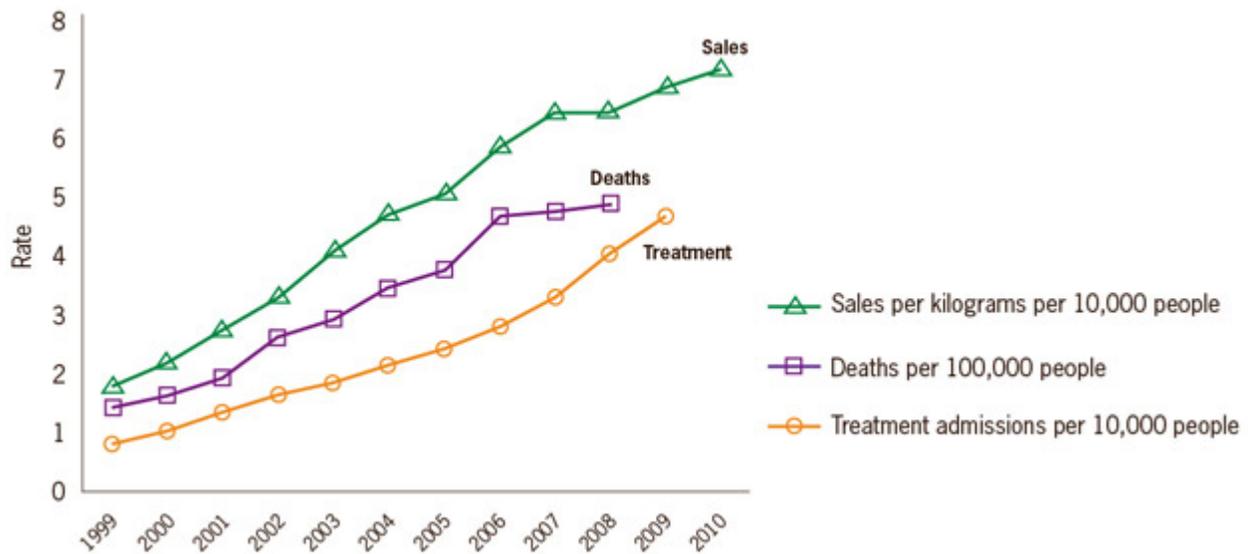


Figure 1: Source: Centers for Disease Control and Prevention

In New York City, the abuse of prescription painkillers has developed into a public health and safety threat. Consider the following alarming statistics:

- The number of painkiller-related emergency room visits in New York City increased by 143% between 2004 and 2010;
- In 2010, 32% of unintentional drug overdose deaths involved prescription painkillers;
- In 2011, 7% of New York City public school students in grades 9 through 12 reported non-medical use of a prescription opioid during the past year.¹

¹ Sources: New York City Department of Health and Mental Hygiene

In order to best address this threat, the Task Force brings together leaders of many of the City's health and law enforcement agencies that are most involved in combating prescription painkiller abuse. The members of the Task Force include:

- Office of Deputy Mayor for Health and Human Services (Deputy Mayor Linda Gibbs, Co-Chair, Andrea Cohen, Director of Health Services)
- Office of Policy and Strategic Planning (Chief Policy Advisor John Feinblatt, Co-Chair, Michael Flowers, Analytics Director)
- Staten Island District Attorney Daniel Donovan
- Special Narcotics Prosecutor Bridget Brennan
- NYC Department of Health and Mental Hygiene (Commissioner Thomas Farley, Exec. Deputy Commissioner for Mental Hygiene Adam Karpati)
- NYC Human Resources Administration (Commissioner Robert Doar)
- NYC Health and Hospitals Corporation (President Alan Aviles)
- NY/NJ HIDTA (Director Chauncey Parker)
- New York Police Department (Deputy Inspector Raymond Martinez)
- New York City Department of Education (Deputy Chancellor Kathleen Grimm)

The Mayor's Task Force initially met in January 2012 and formulated specific objectives to focus their work that included increasing prevention and treatment, expanding the collection and analysis of data related to this epidemic, identifying new law enforcement strategies, and discussing potential legislative changes that could be made to existing law. Four workgroups – Prevention and Treatment, Data, Law Enforcement, and Legislative – were convened to generate and discuss new ideas, potential areas of collaboration, and the current difficulties facing member agencies in combating prescription painkiller abuse.

Leaders participating in the Task Force reached broad agreement on some key strategies to reduce painkiller abuse: improving clinician prescribing practices; targeting the City's health and law enforcement activities through data analysis and secure data-sharing; raising awareness through public education campaigns and effectively investigating, arresting and prosecuting professionals who knowingly divert opioids.

PRESCRIPTION DRUG MONITORING PROGRAM REFORM

An early priority and focus of the Task Force was to support proposals by Governor Cuomo, Attorney General Schneiderman and members of the New York State Legislature to reform and modernize New York's Prescription Drug Monitoring Program (PDMP). When well-designed and implemented, PDMPs help prevent prescription painkiller abuse by giving doctors and pharmacists critical information about patients' histories of filling prescriptions for controlled substances. While New York State was an early leader in developing a PDMP, its program had become outdated. Prescribers only received information if a patient had filled prescriptions from two or more providers and had filled them at two or more pharmacies within the previous month. Prescribers could not see older information or look at patterns of prescriptions filled at a single pharmacy. Additionally, since pharmacists did not need to report the prescriptions in real time, the newest information was frequently not available in the database. The incomplete data rarely

helped doctors identify patients with substance use disorders or those who engaged in diversion. Combined with incomplete information the time it took doctors to log onto the system created a belief among many prescribers that the database was not worth checking.

Task Force members discussed modernizing and reforming the PDMP program with key members of the State Legislature, the Attorney General's office and the Governor's office, and wrote a letter in April to top State officials that included the following recommendations for the improvement of the State's PDMP:

- Make a patient's complete controlled substance history available to prescribers and pharmacists
- Require pharmacists and prescribers to report the dispensing or prescribing of controlled substances to the system in real-time or very shortly thereafter
- Require pharmacists and prescribers to consult the database before dispensing or prescribing controlled substances
- Make de-identified information from the database available for research and analysis.

In June, the State Legislature passed sweeping reforms to address prescription painkiller misuse and those reforms were signed into law August 27, 2012. The law contains many improvements to the State's PDMP for which the Task Force advocated, including:

- Making a patient's complete controlled substance history available to prescribers and pharmacists. This will improve the value of the system both in preventing misuse and diversion and as an aid to clinical decision-making.
- Requiring real time input by pharmacists of all prescriptions at the time they are dispensed, thus eliminating the delay that exists between the dispensing of a prescription and the uploading of the information. This will close the time gap that allows patients to see multiple doctors who are unaware of the patient's receipt of prescriptions from more than one prescriber.
- Requiring that prescribers check the database before prescribing a controlled substance. Combined with real time reporting, this will prevent patients from getting prescriptions from multiple doctors in a short amount of time.
- The new law also requires the New York State Department of Health to update and modernize the technology used for the PDMP. This upgrade in technology, combined with the reforms above, will assist pharmacists in uploading information in real time, and make the system easier to access by the doctors who must now check it.

In addition to making changes to the PDMP reporting system, the legislation also addressed the persistent problem of prescription pad theft and fraud by requiring that all doctors switch to electronic prescribing for controlled substances by the end of 2014. Doctors will electronically send prescriptions directly to pharmacists. This is a significant step, which will prevent drug traffickers from stealing prescriptions blanks, which is a common way for them to obtain pills for resale on the black market.

Importantly, the State Legislature and the NYS Department of Health acted to deploy a new resource in the battle against prescription painkiller addiction. Prior to this year, the Bureau of

Narcotic Enforcement, which is the custodian of all PDMP information, could not share information about suspicious patterns of prescribing or prescription filling with local law enforcement agencies. Now, they can affirmatively alert the appropriate authorities when it appears that doctors or patients may be engaged in fraud and deceit. In addition, the State now has greater flexibility to share data with local health departments. This will allow the NYC Department of Health and Mental Hygiene to examine patterns and trends of prescription opioid use and prescribing. Armed with better insight into the risk factors for adverse outcomes, such as overdoses, the Department will be better able to design effective interventions.

The Task Force strongly supports these reforms, which will save lives, reduce rates of prescription drug misuse and diversion, and save money that is currently diverted to pay for fraudulent prescriptions.

DATA INNOVATIONS: THE CREATION OF RXSTAT

The increase in the number of people who misuse prescription painkillers has not only led to a significant rise in the number of opioid analgesic-associated emergency room visits, but has also led to a higher number of painkiller-related fatalities.

Unlike during the heroin and cocaine epidemics of the 1970's and 1980's, the legality of prescription painkillers makes these drugs easier to obtain, but also makes it easier for law enforcement and public health officials to track the source and usage of painkillers. As a result, there is an enormous amount of data available to New York City's health and law enforcement agencies that they can use to combat the growing tide of prescription painkiller abuse throughout the City and State.

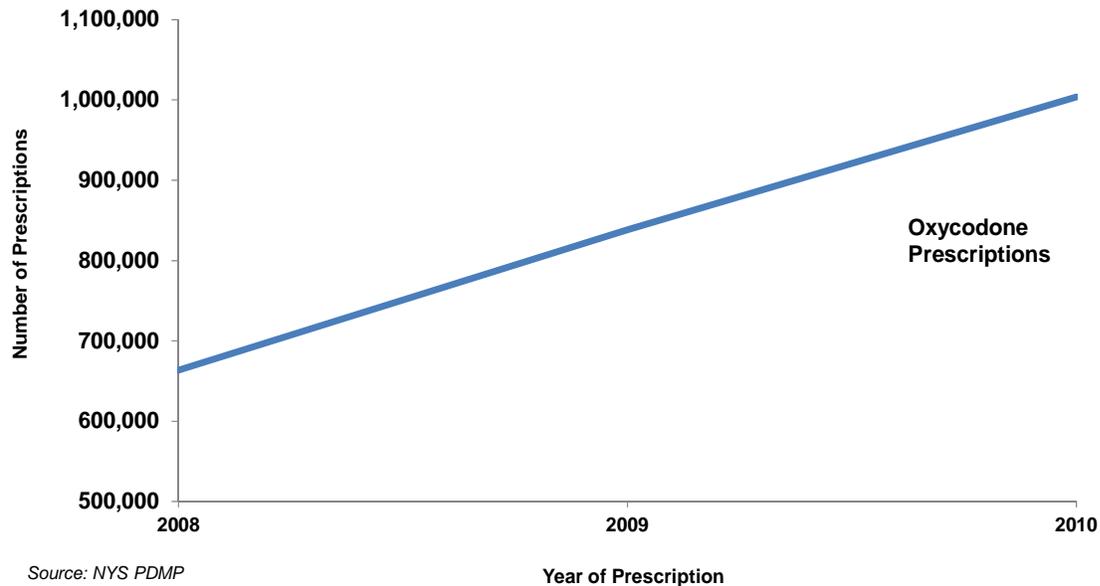
With this large amount of data available for analysis, the Task Force, in partnership with NY/NJ HIDTA, created NYC RxStat, which will for the first time leverage relevant public health and public safety data in support of monitoring and combating the problem of prescription painkiller abuse. Participants in RxStat, including representatives from an array of City, State, and federal agencies (including the Drug Enforcement Administration), will meet regularly to share data and conclusions so that the appropriate City response can be targeted where it will be most effective in addressing the crisis. RxStat members will regularly report on critical indicators that measure the impact of prescription painkiller abuse on the City. In addition to this reporting, RxStat will convene briefings among public health and public safety stakeholders to share strategies and describe trends. This process will provide stakeholders with an up-to-date view of the problem so that they can coordinate efforts and use resources most efficiently and effectively.

TRAINING PROVIDERS

Because prescription painkiller dependency often has its roots in physician prescriptions, improving prescribing patterns among physicians is a central strategy to curbing prescription painkiller dependency and accidental overdoses. Between 2008 and 2010, prescriptions filled in New York City for oxycodone increased by 51%.

Oxycodone Prescriptions Increasing

Prescriptions to NYC residents,
2008 - 2010



In addition, from 2008-2010, among New York City residents, prescriptions for short-acting opioids were written with a median supply of 10 days, an amount that is far greater than generally needed, resulting in excess medication available for non-medical use. Accordingly, the NYC Health Department recently released voluntary evidence-based [clinical guidelines](#) for prescribing prescription painkillers and disseminated them to providers throughout New York City. These guidelines will help doctors prescribe appropriate amounts of medications, which will reduce the black-market supply of such prescription painkillers and inadvertent over-prescribing.

For treatment of acute pain, these guidelines recommend prescribing no more than a 3-day supply (in most cases), and for chronic non-cancer pain, providers are advised to avoid prescribing painkillers unless other treatments have been demonstrated to be ineffective.

In addition to disseminating the NYC clinical guidelines for implementation throughout its vast integrated health system, the NYC Health and Hospitals Corporation has reduced the “default” amount of prescription painkillers electronically prescribed via its electronic health record system to ensure that patients only receive what they need as part of their prescribed treatment.

The importance of training providers on the dangers of prescription painkiller abuse was also addressed in New York State budget legislation with the creation of a NYS Department of Health Workgroup. Its initial focus was on the development of continuing medical education

requirements to encourage doctors to improve their prescribing practices. Prior to the passage of this legislation, doctors were not required to receive training on the use of prescription pain medication. The recently enacted State law to improve the PDMP expanded the workgroup's purview to include several responsibilities above and beyond the development of continuing medical education courses. This larger focus included recommendations on how to protect and promote access for patients with a legitimate need for controlled substances, implementation of the law's provisions to improve the PDMP, and whether to include new substances on the list of those requiring consultation of the PDMP.

While the State budget and legislation advanced the development of a workgroup focused on provider education, the Mayor's Task Force also proposed that the State require specific training for providers who prescribe more than 100 morphine equivalent doses (MED) per day to any patient not receiving end-of-life or cancer-related palliative care. This proposed regulation would address the fact that patients have a higher risk of opioid overdose when higher doses are prescribed. Estimates from the NYC Department of Health suggest that the requirement would apply to a small percentage of New York City providers. Fewer than 20 percent of prescribers who ever prescribe opioid painkillers do so at these high doses. Among this group, many prescribe these high doses for cancer pain or end-of life care and would not be subject to the requirement.² This proposal has not yet been adopted by the State.

PUBLIC EDUCATION

As part of the Task Force's ongoing effort to curb rising prescription painkiller abuse and overdoses, the NYC Health Department launched a [television ad campaign](#) to show the dangers of prescription painkiller misuse. [The 30-second television](#) ad underscores the serious health consequences of misusing prescription painkillers because many people do not realize how dangerous painkillers are. The drugs are viewed as safe because they are legal and are prescribed by doctors. However, as we have learned, these drugs can also be addictive and lethal. The ad advises patients to take prescription painkillers only as directed, never to take more than prescribed, and never to share them. It also provides information about LifeNet, the City's resource to assist people who wish to find a drug abuse treatment program.

NEXT STEPS

While significant progress has been made since the Task Force first convened in January 2012, there is still a great deal of work needed to address the ongoing prescription painkiller epidemic. In the coming months, the Task Force will consider additional initiatives and advocacy on the following issues:

² In July the U.S. Food and Drug Administration approved a risk management program for extended-release and long-acting prescription opioids that includes a requirement that pharmaceutical companies create a training program for health care professionals and distribute educational materials to prescribers and patients on the safe use of these drugs. We will monitor this process as these materials are developed and released by the manufacturers of prescription opioids.

- *Make naloxone more widely available.* Naloxone is a drug that can be used to reverse potentially fatal opioid overdoses. However, it can only be administered by a small number of people and is not readily available.
- *Modify the labels of prescription painkillers.* Petitioning the FDA to change the labeling requirements for opioids would limit the manner in which pharmaceutical companies can market these products. Prescription opioid marketing would be restricted to uses more consistent with the available evidence on risks and benefits.
- *Continue to promote clinical guidelines on preventing misuse of prescription painkillers.* This will help educate doctors to prescribe appropriate amount of opioids, which would maximize the effectiveness and minimize the risk associated with opioids. This could include promoting the adoption of NYC guidelines and encouraging other bodies, like professional associations and the New York State Department of Health, to develop and disseminate similar guidelines.
- *Support creation of standards for prescription drug monitoring systems by the federal government that allow for linkages between states.* This will facilitate an improved system that provides states with the ability to track prescription painkillers as they cross state lines. As part of this proposal, the Task Force also will support the expansion of information exchange agreements between individual states.
- *Promote disposal of excess opioid painkillers.* A 2012 study found that more than 70% of people who have used prescription painkillers for nonmedical purposes obtained them from family or friends. Easy, convenient and quick means of disposal would ensure that leftover prescription painkillers are not available for misuse or diversion. The Task Force will examine various options for disposal.
- *Implement a temporary system that would prevent prescription forms from being activated until a doctor confirms that he or she has received the prescription pads.* Currently, there is no system to ensure that prescription pads that are shipped to prescribers actually arrive. As a result, thieves can steal numerous blank prescription pads and use them to write fraudulent prescriptions. This issue will eventually be resolved through the new mandate for electronic prescriptions, but the new law will not take effect until 2014, at the earliest.
- *Introduce a new education campaign for public high school students and parents.* This campaign can build on other successful education efforts and focus on the dangers of prescription painkiller abuse and the various ways to prevent and identify problems. It can be implemented as part of a multi-agency collaboration involving the NYPD, the NYC Department of Education, and the NYC Department of Health and Mental Hygiene.

- *Expand access to and use of all effective treatments for opioid dependence.* Currently, an estimated 40,000 New Yorkers are dependent on prescription opioids.³ To address these individuals' substance use disorders, we will need to better understand the availability of treatment options in and around the City, which treatments are most effective with which populations, and how best to link individuals to the most appropriate interventions.

³ Source: New York City Department of Health and Mental Hygiene