

Wyoming's State Prescription Drug Abuse Task Force

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A back surgery. A herniated disc. A sports injury that just won't heal. A patient is hurting terribly and needs help managing the pain. For some, the injury heals, the pain goes away and so does the need for prescription pain medications. For others, it is the start of a slippery slope that leads to drug addiction and overdose.

Wyoming, despite its small population, is not immune from the results of prescription drug overdose deaths. Aimee Lewis is the current co-chair of the Wyoming Prescription Drug Abuse Stakeholders (RAS) and is the Drug Utilization Review Manager for Wyoming Medicaid for the University of Wyoming. According to Lewis, deaths related to unintentional prescription drug overdose have increased from 19 in 2004-2005 to 96 in 2014-2015. Additionally, information collected on the RAS website indicates the Center for Disease Control said Wyoming ranked 23 in the United States for age adjusted drug overdose deaths with 16.4 deaths per 100,000.

Fortunately, this is not a problem being shouted into the void. The RAS have been working since 2008 toward addressing prescription drug abuse in the state. With the recent passage of Senate File 78, which created a statewide prescription drug abuse task force, the decade-long work of the RAS has been brought to the attention of more people than ever. Whether they are educating medical providers on the keys to preventing prescription drug abuse or promoting a statewide initiative to warn 12 to 25-year-olds about how deadly prescription drugs can be, the RAS is on the frontline of the war

against the opioid crisis.

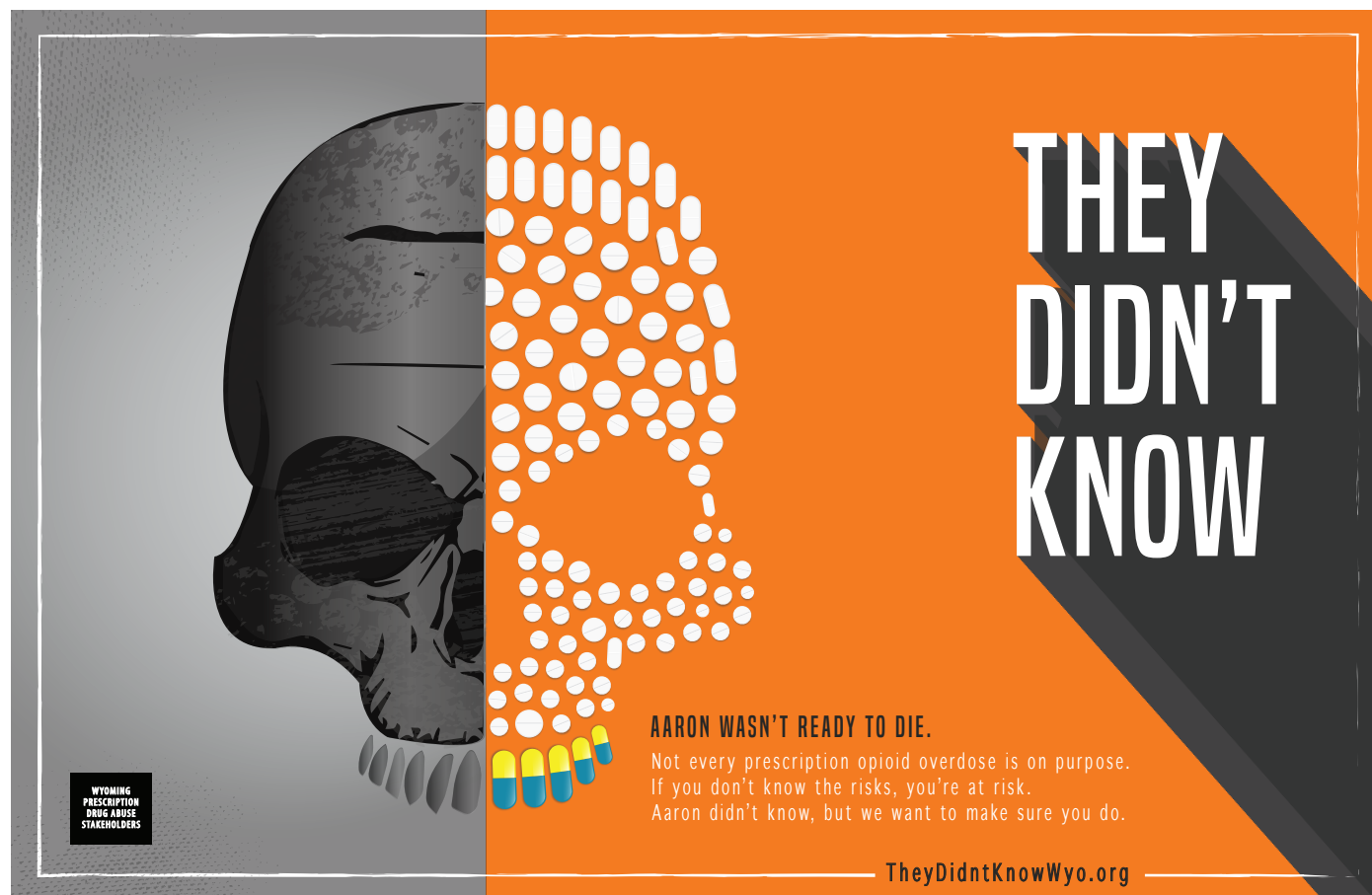
"It is difficult, if not impossible, to identify every patient who will become addicted, and prescription pain relievers are absolutely necessary in some cases," Lewis said. "However, we recommend that prescribers exhaust all forms of non-prescription pain relief, then non-narcotic pain relievers prior to going to a narcotic. When a narcotic is absolutely necessary, limit the quantity that is dispensed in the first few prescriptions—some federal agencies are recommending no more than a seven-day supply for an opiate-naïve patient."

Additionally, Lewis said the RAS suggests medical providers educate their patients on proper disposal of pain medications so they aren't available for others to use, and they recommend urine drug screens in some chronic pain guidelines to ensure that the patient tests positive for the drugs that are prescribed and does not test positive for drugs that are not prescribed.

"Maybe most importantly, prescribers should know the signs of prescription drug misuse and abuse and take immediate action to get these patients appropriate substance abuse treatment," Lewis said.

According to Mary Walker, a founding member of the RAS and the executive director of the Wyoming Board of Pharmacy, a typical prescription drug abuser tends to be in their 30s or older and often starts out with some sort of injury that leads to a prescription to help with the pain.

"Perhaps they started out with a shoulder injury and were given some prescriptions for Tramadol and some other drugs,



and it escalated into where they needed more and more pain relief,” Walker explained. “They have gotten into a desperate situation where their body is addicted to it and they have to find more and more and more. With prescription drug abuse, those people quite frequently started with a legitimate prescription for pain.” However, some patients may not realize how dangerous those prescriptions can be.

“These drugs are so powerful that there are lots of side effects,” Walker said “We are in this crisis because people are dying. There is a significant number of people who either didn’t know, or they think if one is good then two or three must be even better.”

This lack of understanding is where the RAS’s current information push focuses. In February, they released an education campaign called “They Didn’t Know.” This campaign addresses the idea that many people assume prescription narcotics are safe because they are prescribed by a doctor, and patients often don’t know how addicting they can be or that they can be misused. Because young people are often the victims of prescription drug overdose, the campaign focuses on people aged 12 to 25. Lewis said

it is comprised of a video and website (theydidntknowwyo.org) that helps teach the dangers of prescription drug misuse. She noted funding for the campaign came from the Wyoming Department of Health.

Members of the RAS are also calling on medical providers to join them in the fight against prescription drug abuse. There are some quick and easy things providers can do to help prevent problems for their patients before they start. For starters, providers are required by Wyoming law to register with the Wyoming Online Prescription (WORx) Database, which collects prescription data on controlled substances dispensed in or into the state of Wyoming. This is Wyoming’s portion of the prescription drug monitoring program (PDMP). Once providers are registered, they can get a report on what

a patient has been prescribed within the last year before they prescribe any new medication for them.

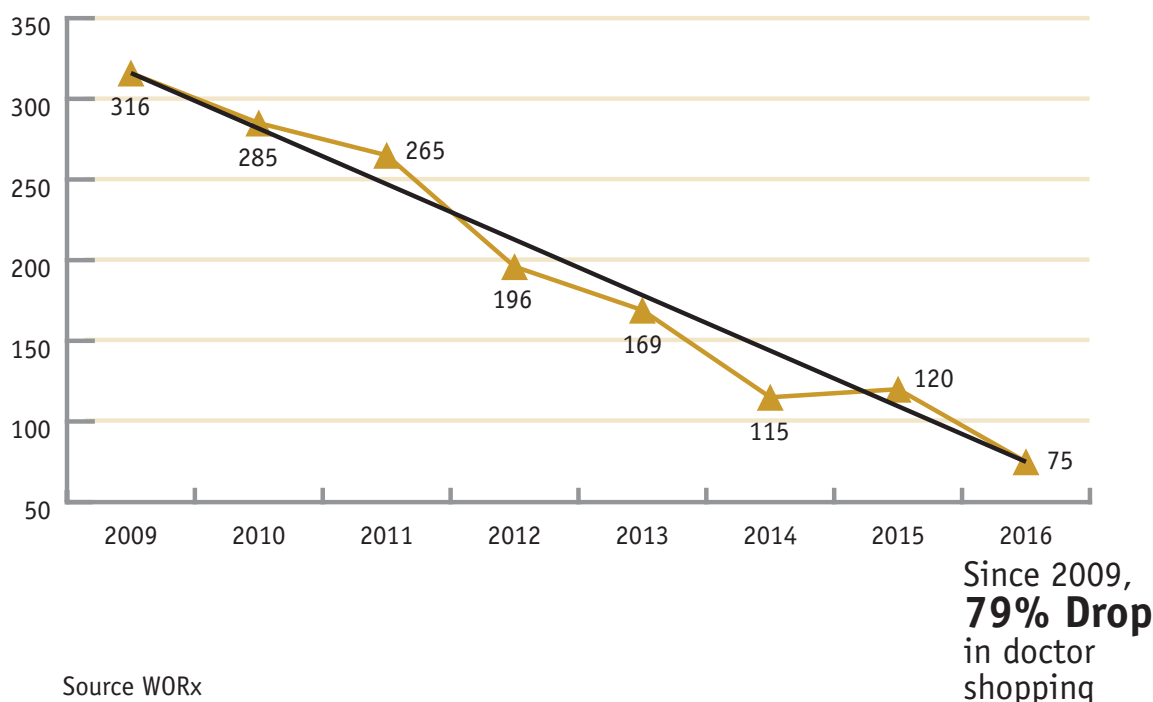
“This is a fantastic resource that is quick and easy to access, available 24/7 and provides a great amount of information regarding the patient’s use of any controlled substance (schedules II – V), gabapentin, cyclobenzaprine and naloxone,” said

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MARY WALKER

Executive Director of the Wyoming Board of Pharmacy

Total Number of Unsolicited Profiles in Wyoming Since 2009



Lewis. “Prescribers can use this information to assess the risk of misuse and abuse before they prescribe a controlled substance. They can also see if they are on benzodiazepines, carisoprodol or sedative hypnotics, agents that increase the risk of fatal overdose.”

Walker and her co-workers, Lisa Hunt and Matthew Martineau, both inspection/compliance officers for the Board of Pharmacy, hope to assure providers that registering for and using the PDMP is quick and easy.

“We want to dispel the myth and the rumor that the PDMP is difficult to use,” Martineau said. “It is very easy. It is very fast.”

Hunt agreed, saying, “The impression was out there it would take 20 minutes to sign in and get a report on a patient. It’s less than 60 seconds. The program itself is 24/7 online and very easy to use.” Information gathered from the PDMP works best if providers are able to use it as a tool.

“Our prescription drug monitoring program needs to be used more than it is,” Walker said. She noted that prescribers can tell right from the PDMP if the patient has been going from place to place to get more prescriptions—or doctor shopping.

“They can have that conversation with the patient right there,” Walker said. She described a simple conversation providers can have with these patients. They can say they are concerned about their patient’s health and safety, and are worried about their pain after seeing on the PDMP that the person has gone to an emergency room, another doctor and perhaps a dentist in the past month.

The success of WORx is easily visible when it comes to the decline of doctor shopping in Wyoming since 2009. Unsolicited profiles, or reports generated about high risk patients who are prescribed high doses of opioids or appear to be doctor shopping, show a decline in Wyoming. In 2009, there were 316 unsolicited profiles, and by 2016 there were only 75, which was a 75 percent decrease in doctor shopping, said David Wills, data management specialist for the Board of Pharmacy.

The Attorney General’s Office needs providers to help with investigation

Another way providers can help the cause of the RAS is by working with the Wyoming Attorney General’s Office, which is part of the RAS. The Attorney General’s Office is currently participating with 41 others states in an ongoing investigation into the promotion and distribution of opioids by opioid manufacturers—particularly when the information shared by manufacturers may be misleading or otherwise deceptive.

Chief Deputy Attorney General John Knepper said that starting in the early 1990s, opioid manufacturers saw a dramatic rise in the number of prescriptions being written for morphine and morphine equivalents. He said manufacturers promoted these drugs as pain relievers to such an extent that one manufacturer saw sales rising from \$48 million to \$3 billion by the end of the 1990s.

“These are opioids,” Knepper said. “These are drugs that we have known for generations have profoundly addictive



Members of the Wyoming Board of Pharmacy urge all medical providers in the state to use the Wyoming PDMP, WORx, to help ensure their patients are not on the path to prescription drug abuse. Pictured, from left, are Mary Walker, David Wills, Lisa Hunt and Matthew Martineau.

consequences for individuals. As a part of this investigation, the manufacturers have pointed to the physicians as the ones at fault.”

Manufacturers say the drugs were FDA approved, were lawful and were used to relieve chronic pain or end of life pain. Knepper said now these opioid manufacturers are pointing to doctors as the ones who prescribed the medication and are therefore at fault for the prescription drug abuse and opioid crisis that resulted.

“That’s a little simpler than the facts on the ground,” Knepper said. “For many years, the opioid manufacturers promoted both the need for pain relief as a right of patients, and at the same time, they promoted the use of opioids as safe, saying if you were truly in pain you wouldn’t become addicted to these opioids. That was the representation that was made, and we have seen tragically that that is not true—that there’s reason to believe that information is not accurate.”

With published promotional material from the opioid manufacturers from that era in hand, the Attorney General’s Office is now hoping to speak to providers who remember conversations with representatives of the opioid distributors who made these claims. Specific examples of doctors who remember this misleading information being shared will help in the case against the opioid manufacturers.

“If somebody remembers sitting down with a representative of the pharmaceutical manufacturer and having the pharmaceutical manufacturer tell them if you are actually in pain, you

won’t become addicted to opioids—that is tremendously helpful information,” Knepper said. “It puts the emphasis on who should really be subject to our investigation—not physicians who were prescribing drugs, but individuals who were presenting information to these physicians. We have serious concerns about its accuracy.” Knepper went on to say that finding doctors who can help with this case will give providers a chance to respond to the accusations that they are the ones to blame.

“We would like to be able to provide physicians a voice in this process because I think currently, the manufacturers are vilifying doctors without an established ability by those doctors to respond and say, ‘Hey, we relied upon the information you gave us, and that information turned out to be not just wrong, but tragically so.’” If there are providers who remember hearing this claim, they are encouraged to contact the Attorney General’s Office at 307-777-7841.

The current investigation into opioid manufacturers isn’t the first time the State of Wyoming has been involved in a multi-state action against a pharmaceutical company.

In 2017, Wyoming’s attorney general reached a settlement with Boehringer Ingelheim Pharmaceuticals, Inc. (BIPI). This case concerned off-label marketing and deceptive and misleading representations in the promotion of four prescription drugs.

“The heart of the settlement was requiring BIPI to ensure that their marketing practices and promotional practices did not unlawfully promote these prescription drug products,” said

Ben Burningham, assistant attorney general. “Wyoming did receive a payment from the settlement, but the real heart of the settlement was changing the practices and changing the promotion of drugs for uses that had not been approved and for which there wasn’t any scientific evidence.”

Those four drugs were Aggrenox, Micardis, Combivent and Atrovent.

History of the RAS

Walker, who was a charter member of RAS said the group formed in 2008 when Kelly Rankin, who was the US attorney for Wyoming, put together a statewide task force to address prescription drug abuse.

“It was becoming a crisis across the country and his quote was ‘we can’t arrest our way out of this,’” Walker said. When it was founded, the RAS included Rankin and members of the Boards of Pharmacy, Medicine and Nursing as well as representatives of the Drug Enforcement Agency and the Department of Criminal Investigation. Now there are more than 50 people on the task force.

Starting with a goal of educating themselves on the opioid crisis, the RAS members collected articles and went to seminars about the issue. They started meeting monthly at the Attorney General’s Office, and at each meeting they started asking other stakeholders to come, including the Board of Health and the Wyoming Medical Society. Early on, pharmacy students from the University of Wyoming started coming to each meeting and they shared information they had gathered.

“One of our students did an extensive topic presentation about prescription drug abuse in Wyoming,” Walker said. “She got statistics from places we didn’t know existed, and she ended up giving that presentation several times. That was a big wakeup call for all of us and kind of a rallying to do more.”

Since the inception of RAS, the group has hosted several statewide conferences to teach people about prescription drug abuse and how to help prevent it.

“It was hard to have these conferences without being able to pay a speaker,” Walker said. We started looking for other sources of income—particularly for conferences. The Women’s Civic League of Cheyenne stepped up to the plate and provided some of their funding.”

RAS members have no intention of giving up the fight any time soon. They continue to find ways to educate the public and medical providers.

“Goals for the future include continued education and outreach regarding the risks of prescription drug abuse and misuse and disposal methods,” Lewis said. “The group also keeps an eye on legislative and policy issues that may impact our work.”

Sponsoring or supporting legislative changes has always been an important aspect of the work the RAS does. Here is a list of house bills and senate files provided by Walker that RAS has worked on in the Wyoming legislature:

2009 HB0294: Required weekly reporting to the prescription drug monitoring program by pharmacies.

2011 HB0062: Updates to the Controlled Substances Act to add salvinorin A, spice drugs chemicals and bath salts chemicals as Schedule I controlled substances plus several new prescription drugs in Schedule II, Schedule III, Schedule

IV and Schedule V. This bill also added Carisoprodol and Tramadol as controlled substances in Schedule IV—they were not scheduled federally until later. This bill updated the methamphetamine precursor portion of the statute to match federal statutes for purchasing pseudoephedrine and other drugs. Additionally, this bill allowed electronic prescriptions for controlled substances.

2015 SF0016: Added more chemicals to Schedule I that are synthetic cannabinoids (spice drugs) as well as other chemicals that had been ap-

pearing in the state crime lab for testing.

2015 SF0100: Changed the reporting requirements by pharmacies to every 24 hours to the prescription drug monitoring program. Added the ability of practitioners and pharmacists to appoint delegates to get reports from the program.

2017 SF0042: Emergency Administration of Opiate Antagonist Act allowing naloxone to be dispensed and administered to persons at risk of an overdose of opioids, or to persons in a position to assist a person at risk of an overdose. Allows entities to establish a treatment policy and receive training in naloxone administration (such as first responders). Walker said this bill was written by RAS members and many testified at interim committees and legislative meetings.

2018 SF0083: Requires practitioners to register with the prescription drug monitoring program, requires dispensers to report Schedule II, III, IV, and V drugs to the prescription drug monitoring program (not only pharmacies).

2018 SF0078: Creates an Opioid Addiction Task Force until 2019 to seek further changes to prevent opioid addiction and overdoses.

2018 SF0105: Enhancements to the Drug Donation Program.

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AIMEE LEWIS, PharmD, MBA
Co-chair of the Wyoming Prescription Drug Abuse Stakeholders (RAS)