Prescription Drug Diversion Trends and the Opioid Crisis

Brian Veazey
AGENT IN CHARGE
OKLAHOMA BUREAU OF NARCOTICS
OKC Diversion
OBN DIVERSION DIVISION

- Diversion Agents
  - 5 Agents in OKC covering 15 Counties
  - Rural Diversion –3 in Tulsa, McAlester, Ardmore Lawton

- OBN Diversion oversees nearly 21,000 Practitioners, pharmacies, Researchers, and hospital prescription licenses (anyone who prescribers, or handles CDS) OAC 475

- OBN Diversion investigates allegations of prescription forgery, fraud a.k.a. “Doctor Shopping” and other forms of prescription diversion. Title 63

- OBN Diversion maintains the nation’s only Real-Time Prescription Monitoring Program (PMP) that began on July 1, 2006. PMP provides registrants and professional board investigators with direct computer access to a database that tracks and maintains controlled prescription information.
Diversion Definitions

- **Drug Diversion** – is a medical and legal concept involving the transfer of any legally prescribed Controlled Substance from the individual for whom it was prescribed to another person for any illicit use. *Legal to illegal market*

- **Opioids** – are substances that act on opioid receptors to produce morphine like effects. Opioids are most often used medically to relieve pain and by people addicted to opioids. *Opioids include opiates* – an older term that refers to such drugs derived from opium,

- **Abuse** – is a patterned use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others and **not used as intended or prescribed** (smoked, injected, crushed etc.)

- **Drug Addiction** – Also called substance use disorder, is a **dependence on a legal or illegal drug or medication**. When you're addicted, you're not able to control your drug use and you may continue using the drug despite the harm it causes (Mayo Clinic)

- **MME** Morphine Milligram Equivalency – is a **value assigned to opioids to represent their relative potencies**. MME is determined by using an equivalency factor to calculate a dose of morphine that is equivalent to the ordered opioid.
DRUG DIVERSION HAPPENS ...

- Manufacturer to Wholesaler
- Wholesaler to Distributor
- Distributor to Pharmacy, Hospital, or Doctor’s Office
- Pharmacy, Hospital, or Doctor to Patient

NO, I HAVEN'T SEEN YOUR PILLS....

BUT HAVE YOU SEEN THE DRAGONS IN THE KITCHEN?
Prescription Drug Diversion

- The deviation from legitimate use of prescription drugs for illegal purposes (obtaining, using and/or selling)
  - The term comes from the "diverting" of the drugs from their original licit medical purpose
- Types: “doctor shopping”, forged/altered prescriptions, employee theft;
Purdue Pharma introduced OxyContin in 1996,
Aggressively marketed and highly promoted (targeted prescribers)
Lobbying efforts to change regulations and pain prescribing guidelines
Sales grew from $48 million in 1996 to almost $1.1 billion in 2000.
The high availability of OxyContin correlated with increased abuse, diversion, and addiction, and by 2004 OxyContin had become a leading drug of abuse in the United States.

- 2006 OxyContin 80mg in OKC were selling for $65 per pill
- 2007 Purdue Pharmaceuticals pleaded guilty to misleading the public about the addiction potential of OxyContin Fined $634.5 million
- 2010 Tamper resistance formula for extended release (12hrs of medication immediately)
The Fifth Vital Sign

1. Temperature
2. Heart Rate
3. Blood Pressure
4. Respiration

5. Pain?
Dilaudid (hydromorphone Mme x4) is an opioid pain medication—is used to treat moderate to severe pain.
Drug OD is the leading cause of accidental death in the US, with **52,404** lethal drug overdoses in 2015, an increase of 11% (**144 per day 6 per hour**).

Opioid addiction is driving this epidemic, with **19,885** overdose deaths related to prescription pain relievers, and **12,990** deaths related to heroin in 2015, a 23% increase. **33,091** total opioids (Natl Center for Health).

Sales of prescription pain relievers in 2010 were 4X those in 1999.

In 2012, **259 million prescriptions** were written for opioids, which is more than enough to give every American adult their own bottle of pills.

**4 out of 5 Heroin** users started out misusing prescription painkillers.

94% of respondents in a 2014 survey of people in treatment for opioid addiction said heroin was easier to access, **pills were “far more expensive and harder to obtain”**.
Opioid Overdose Deaths 2015

CDC Mortality Data 2015

- Painkillers: 12,990
- Heroin: 19,885
- Total Opioid: 33,091
Drug overdose deaths

*Estimated based upon preliminary data from Nat’l institute on Drug Abuse
Drug Overdose Mortality Rates per 100,000 People 2002

Source: CDC/NCHS, National Vital Statistics System, mortality data
Drug Overdose Mortality Rates per 100,000 People 2014

Source: CDC/NCHS, National Vital Statistics System, mortality data
National Overdose Deaths
Number of Deaths from All Drugs

Source: National Center for Health Statistics, CDC Wonder
Opioid involvement in benzodiazepine overdose

Source: National Center for Health Statistics, CDC Wonder
State ranks first in painkiller abuse, 9th in overdose deaths

- 2011 first in Painkiller Abuse, 9th in overdose deaths
- 2013 – 5th overdose deaths 19.4 per 100,000
  - 3rd in number of pain pills prescribed per 100,000
- 2014 1st in Pain Killer Abuse Drug Abuse (SAMSHA Nat’l Survey)
STATE OF OKLAHOMA
DRUG DEATHS
10 YEAR COMPARISON

--- | --- | --- | --- | --- | --- | --- | --- | --- | --- | ---
534 | 587 | 614 | 755 | 760 | 795 | 779 | 799 | 835 | 899

OBN
L Baker
6/19/2017
Source: State ME
2016 Data is not complete.

AIC Brian Veazey
Chief Agent Mark Stewart
STATE OF OKLAHOMA
DRUG DEATHS
15 YEAR COMPARISON

DRUG OVERDOSE DEATHS

Year

470 467 527 514 567 534 587 614 755 760 795 779 799 835 899

91% INCREASE

OBN
L Baker
6/19/2017
Source: State ME
2016 Data is not complete.
STATE OF OKLAHOMA

DRUG DEATHS
BY GENDER
5 YEAR COMPARISON

<table>
<thead>
<tr>
<th>YEAR</th>
<th>MALE</th>
<th>FEMALE</th>
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<tbody>
<tr>
<td>2012</td>
<td>424</td>
<td>371</td>
</tr>
<tr>
<td>2013</td>
<td>413</td>
<td>366</td>
</tr>
<tr>
<td>2014</td>
<td>433</td>
<td>366</td>
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<td>2015</td>
<td>472</td>
<td>363</td>
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<tr>
<td>2016</td>
<td>539</td>
<td>360</td>
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</table>

OBN
L BAKER
6/23/2017
SOURCE: STATE M.E. Office
2016 Data is not complete
The majority of all drug deaths are due to a combination “cocktail” of drugs rather than just one specific drug. This chart reflects the total number of deaths each drug was involved in, even though another drug may have been the primary cause of death.
STATE OF OKLAHOMA

PHARMACEUTICAL VS STREET
2016 DRUG DEATHS

Pharmaceutical deaths: there is at least one prescription drug or over the counter drug

Street deaths: Cocaine, Heroin, Methamphetamine, unknown drugs, etc.

TOTAL DRUG DEATHS

66%

34%
Non Fatal Overdose Reporting

TOTAL # OVERDOSES 818

STREET DRUGS/OTHER 16%

PRESCRIPTION 84%

OBN, L Baker
3/21/2017
Source: OBN
2016 limited reporting
STATE OF OKLAHOMA

METHAMPHETAMINE
5 YEAR COMPARISON

# OF METH LABS

# OF METH DEATHS

YEAR

2012
2013
2014
2015
2016

830
422
169
215
118
65

335
271
192
140
169
65

AIC Brian Veazey
Chief Agent Mark Stewart
<table>
<thead>
<tr>
<th>Rank</th>
<th>County</th>
<th>Retail Opioid Rxs/100</th>
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<tbody>
<tr>
<td>1st</td>
<td>Harmon County</td>
<td>186.9</td>
</tr>
<tr>
<td>2nd</td>
<td>Carter County</td>
<td>165</td>
</tr>
<tr>
<td>3rd</td>
<td>Pittsburg County</td>
<td>156.6</td>
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<tr>
<td>4th</td>
<td>Murray County</td>
<td>154.3</td>
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<tr>
<td>5th</td>
<td>Bryan County 3</td>
<td>145.8</td>
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<tr>
<td>6th</td>
<td>McClain County</td>
<td>137.5</td>
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<td>7th</td>
<td>Stephens County</td>
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<td>8th</td>
<td>Pottawatomie County</td>
<td>128.4</td>
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<tr>
<td>9th</td>
<td>Tulsa County 5</td>
<td>125.8</td>
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<tr>
<td>10th</td>
<td>Beckham County</td>
<td>123.3</td>
</tr>
</tbody>
</table>

XX Oklahoma County 109.1
How it Starts

PHARM PARTIES ON THE RISE
PILLS BROUGHT TO PARTIES AND TAKEN UNTIL TEENS GET HIGH
Who’s Most at Risk

Fatal Overdose Deaths Middle Aged Men 45–55

Non Fatal Overdose Ages 16–25
Risk Factors for Addiction

- Genetics
- History of Addiction
- Mental Health Diagnosis
- Adverse Childhood Events
- Stress
- Peer Pressure
- Early Use
- Prolonged Prescription
- Diagnosis of:
  - Back Pain
  - Headaches
  - Fibromyalgia

Source: National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services
Risk of continued opioid use increases at 4-5 days

Likeliness of continuing to use opioids

Source: Centers for Disease Control and Prevention
Opioid Side Effects

- Mentally Impairing
- Depression
- Anxiety
- Delay Recovery
- Increase Medical Costs
- Double the Chance of Disability
- Increase Falls
- Cardiac
- Neurobiological Changes
- Addiction
- Death
More than half of all fatal overdoses involved a “cocktail” of several prescription drugs. (Centers for Disease Control and Prevention)

**Opiate + Benzodiazepine + Muscle Relaxer**

“Trio” or “Trinity” – combination of Hydrocodone, Alprazolam, & Carisoprodol

“Holy Trinity” – Oxycodone, Alprazolam, & Carisoprodol
Most diverted Drugs and their street prices in Oklahoma

- **Opioids:**
  - Dilaudid…….$20–$40
  - Oxycodone…..$1/mg
  - Hydrocodone…. $3–$7
  - Methadone…….$1/mg

- **Benzodiazepines:**
  - Diazepam…….$1–$3
  - Alprazolam…….$1–$5

- **Stimulants:**
  - Ritalin..........$5–$10
  - Phentermine……$1–$3
Diversion Cases

- **MWC Doctor**
  - Charged with 5 counts Murder II
  - 10 Overdose Deaths 500 pills per month
  - Holy trinity on 3 of 5 charges
  - Prosecuted by OAG Office

- **Employee Theft** –
  - 15,000 30mg Oxycodone Pills missing $450K street value
  - Show cause on Pharmacy Owner

- **Pill Mill Operations**
  - Doctor does not see the patients
  - Signs scripts without medical need or Dr. Patient Relationship
  - Cash only, with high office visit up to $500
  - Indiscriminately prescribe prescription pills

- **Internal Employee Theft** – call in scripts for family members (Xanax, Phentermine)
  - Pharmacy employees, Hospitals, EMS, Long-term care facilities, medical clinics, etc..

- **Forgeries and Fraud cases across the state**
  - UC operations
  - Pill pressed Xanax Undercover purchases –
TRENDS Obtaining by Fraud “Doctor Shoppers”

Doctor Shopping in Oklahoma 2010-2017

- Almost 900
- Real Time Reporting Begins
- Daily Reporting Begins
- VA Starts Reporting
- Unsolicited Reports Begin
- Mandatory Checks Announced May 2015 552
- Mandatory Checks Begin
- Historical Rebound September 2016 349
- December 2016 281
- Under 240

Caption
Doctor shopping is trending down. Uses National standard (5 Doctors and 5 Pharmacies in 90 Days)
Forgeries
Forggeries, cont’d

- Forgeries are much more complicated
- High technical sophisticated organized
- Computer / software experts
- Multi State operations
- Forgery Rings involve all types
- Multitude of other crimes committed

Kan’t Kopy Water Mark

Gray Scale security features

Thermal Sensitive Paper
Forgeries Money involved

One Leader
2 Female Recruiters
5 people per day 2 scripts Oxy and Hydro (10)
Fifty Total Prescriptions a week

Hydrocodone #120 x 25 Scripts 3,000 pills x $5 = $15,000

Oxycodone # 90 x 25 Scripts 2,200 pills x $10 = $22,500

Expenses Paid $2,000 recruiter / $15,000 Patient

37k–17k =
$20,000 profit per week x 2 = $40,000 Per Week
Opioids to Heroin

- Starts with dependency or Addiction to Opioids 4/5
  - Pills were alternative for Heroin
  - Now Pills preferred and Heroin is alternative for Pills (Heroin cheaper and easier to obtain)
Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least 3 other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and death for users.

People who are addicted to...

- Alcohol: 2x more likely to be addicted to heroin.
- Marijuana: 3x more likely to be addicted to heroin.
- Cocaine: 15x more likely to be addicted to heroin.
- Rx Opioid Painkillers: 40x more likely to be addicted to heroin.

Heroin in Oklahoma this month

1.5 lbs. Heroin OKC Search Warrant

White powder?

5 lbs Heroin Interdiction

3 lbs. Tulsa Search Warrant
- Fentanyl being produced in several countries
  - Mexico, China, India
- Entry into U.S. is predominantly through Mexico
  - Ohio is a drug distribution point for the upper Midwest and east coast
  - Rising trend towards internet purchases delivered via USPS/FedEx
- Fentanyl-cut heroin mostly marketed as heroin, with user typically unaware of its presence in the product
  - Designed to improve the euphoric effect and attract heroin users
- Heroin is easily accessible, highly potent and far cheaper than Rx opioids

<table>
<thead>
<tr>
<th>Amount of Fentanyl Per Pill</th>
<th>Price Per Pill (in US$)</th>
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<tbody>
<tr>
<td></td>
<td>1.5 milligrams (666,666 pills)</td>
</tr>
<tr>
<td></td>
<td>1 milligram (1 million pills)</td>
</tr>
<tr>
<td></td>
<td>$10</td>
</tr>
<tr>
<td></td>
<td>$15</td>
</tr>
</tbody>
</table>

Figure 13. Potential Revenue Generated from Fentanyl Pill Sales Using 1 Kilogram of Fentanyl (in US$)
DEA Illicit Fentanyl

1. Fentanyl in powder form and pill presses are shipped via mail services.

2. The powder fentanyl is processed and mixed with heroin, or sold as heroin, or pressed into pills and sold in the Canadian drug market.

3. Some fentanyl products are smuggled from Canada into the United States for sale, on a smaller scale.

4. The powder fentanyl is processed and mixed with heroin, or sold as heroin, or pressed into pills and sold in the United States drug market.

5. The powder fentanyl is cut and diluted for further smuggling, or pressed into counterfeit prescription pills.

6. Diluted powder fentanyl and counterfeit prescription pills containing fentanyl are smuggled from Mexico into the United States.

7. Precursors for manufacturing fentanyl are shipped via mail services.

8. Precursors are used to manufacture fentanyl in clandestine laboratories.

9. Precursors are likely smuggled across the Southwest border into Mexico to manufacture fentanyl.

10. Precursors are likely used to manufacture fentanyl in clandestine laboratories.
Cop Overdoses after Touching Fentanyl Dust

Police chief John Lane said his officer was very lucky: “If he would have been alone, he would have been dead,”

“Fentanyl is being sold as heroin in virtually every corner of our country. It’s produced clandestinely in Mexico, and (also) comes directly from China.”

“A very small amount ingested, or absorbed through your skin, can kill you.” DEA Administrator Jack Riley

Carfentanil is 10,000 times the strength of Morphine and 100–times stronger than fentanyl

A postal package containing 5 grams of the hyper–dangerous drug, was seized in PA, enough to make $1 million worth of synthetic heroin, police reported.

- All OBN Agents Carry Narcan
- Rewrite policies and procedures for testing powder

Photo: East Liverpool Police Department/Chris Green
Fentanyl in Oklahoma

1st Fentanyl Lab in Oklahoma – Level A
U4700 (Pink) found in Search Warrant

- In 2014 and 2015, a China-based chemical distributor sold fentanyl to purchasers in the United States for $3,500 per kilogram.

- In 2016, DEA Miami reporting indicated a kilogram of acetyl fentanyl could be purchased in Florida for $1700, sourced from China.

- All OBN Agents carry Narcan
  - Rewrite policies and Procedures for testing powder
Total national filled opioid prescriptions: 2013–2015

- 2013: 251,814,805
- 2014: 244,462,567
- 2015: 227,780,915

Source: IMS Health
PDMP registration and use increasing

Health care professional registration

- 2014: 464,698
- 2015: 616,789

Physician and other health care professional queries

- 2014: 60,721,868
- 2015: 84,979,298
PMP and Diversion

![Graph showing Morphine Milligram Equivalent per Day from 01/01/2013 to 12/31/2013.]

Note: The conversion factors and associated daily morphine milligram equivalents for drugs prescribed as part of medication-assisted treatment for opioid use disorder may not be used to benchmark against dosage thresholds meant for opioids prescribed for pain.

<table>
<thead>
<tr>
<th>Written</th>
<th>Drug</th>
<th>QTY</th>
<th>Days</th>
<th>Prescriber</th>
<th>Rx #</th>
<th>Pharmacy *</th>
<th>Refills</th>
<th>MME/D</th>
<th>Pymt Type</th>
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<tbody>
<tr>
<td>10/15/2013</td>
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<td>100</td>
<td>25</td>
<td>Mc</td>
<td>331761</td>
<td>RAL (05)</td>
<td>0</td>
<td>40.0</td>
<td>Comm Ins</td>
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<tr>
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<td>CLONAZEPAM 2 MG TABLET</td>
<td>60</td>
<td>30</td>
<td>Mc</td>
<td>331760</td>
<td>RAL (05)</td>
<td>0</td>
<td>Other</td>
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<td>8</td>
<td>Cr</td>
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<td>Rc</td>
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<td>60.0</td>
<td>Comm Ins</td>
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<td>09/17/2013</td>
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<td>25</td>
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<td>0</td>
<td>40.0</td>
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<td>30</td>
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<td>THE</td>
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<td>360.0</td>
<td>Medicare</td>
<td>OK</td>
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<tr>
<td>09/16/2013</td>
<td>SUBOXONE 8 MG-2 MG SL FILM</td>
<td>45</td>
<td>30</td>
<td>Ly</td>
<td>331169</td>
<td>RAL (05)</td>
<td>0</td>
<td>360.0</td>
<td>Comm Ins</td>
<td>OK</td>
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Safe Trip for Scripts
Drug Prevention Program

Drugs Dropped into RX Disposal Boxes by Weight

2012: 15,164.00
2013: 22,205.00
2014: 24,176.50
2015: 28,675.00
2016: 29,853.50

Source: OBN

Capt. Mark Wollmershauser Jr.
Tulsa Police Department
2011- A total of 12 Charges were filed on individuals for Heroin by officers of the Tulsa Police Department (representing less than 1% of the total amount of drug charges filed during the year by TPD)
2011 Drug Charges by Drug

- Marijuana: 49%
- Meth: 18%
- Cocaine: 9%
- Heroin: 1%
- Manufacturing: 10%
- Pharmaceuticals: 12%
- PCP: 1%
Fast Forward 5 Years

2016- A total of 100 Heroin charges were filed by TPD Officers, representing over a 900% growth in Heroin filings alone and over a 600% growth in the amount of drug charges filed for the year.
2016 Drug Charges by Drug

- Marijuana: 42%
- Meth: 36%
- PCP: 1%
- Pharmaceutical: 12%
- Cocaine: 5%
- Heroin: 4%
- Manufacturing: 0%
Brief History

- Widely known that the opioid pill addiction across America, just as in Oklahoma, has gotten us to this point.

- As Heroin began to be addressed by law enforcement in the last several years, a new problem arose, Pharmacy Robberies.
Plenty of Heroin in Tulsa

- Much like the rest of the drug problem, our Heroin is being imported from Mexican Cartels. These cartels are constantly infighting for control over the distribution points throughout the United States.
Problems on the Front End

- Diversion Investigators
  - Paper Scripts Allowing Forged Script Rings
  - Chasing Overprescribing Doctors
Adjusting to the Trade

- Undercover Technique Approaches
  - Safety and Surveillance
  - Cost of Controlled Buys
Heroin Cost

Cost:

- 1/10 gram ......................... $40 - $50
- 1 pill (Oxycodone) ............ $25 - $35 ($1.00/mg)
- 1 gram ............................. $100 - $200
- 1 ounce ............................ $1,250 - $3,000
- 1 pound ............................. $20,000 - $30,000
- 1 Kilo ............................... $60,000 - $70,000
Adjusting to the Trade Cont...

- Confidential Informants
  - Getting a Foot in the Door
  - Cost
Adjusting to the Trade Cont...

- Technical Investigations
  - Fewer Equipment Options
  - Playing the Phone Game
The Good News

- Increase in Local, State, and Federal Cooperation
- Advances in Technology
Conclusion

- Attack the Problem From Both Sides
  - E-Scripts
  - Increase Frequency of PMP Checks by Doctors
  - Continued Education for Doctors and the Prescribing of Opioids
  - Continued Education on Pill Addiction
  - Increased Enforcement of Heroin Drug Trafficking Organizations
Controlled Medications in Long-term Care Facilities

Diana Sturdevant PhD, GCNS-BC, APRN
Gara Wilsie, D.Ph.

“Scheduled medications shall be in a locked box within the locked medication area or cart.”

“An individual inventory record shall be maintained for each Schedule II medication...”

“Controlled medications shall be destroyed by a licensed pharmacist and the Director of Nursing.”

“The destruction and the method used shall be noted on the clinical record.”
Facility Policy and Procedures

• Ordering of medications
• Delivery
• Storage and documentation of controlled medications
• Procedure of transfer of keys
• Dispositions of drugs
• Procedures for reporting discrepancies
Facility Policy and Procedures-Diversion

• Drug Diversion Monitoring Plan
  • Observation and monitoring
  • Suspicious trends

• Mandatory Reporting
  • ACA
Diversion Incident Procedure

• Notify
  • Police (start criminal investigation)
  • Administrator/DON
  • OSDH
    • Misappropriaion of resident property
    • Neglect/Abuse
  • Nurse Aide Registry (CMAs)
  • Board of Nursing (RN, LPN)

• OSDH refers to AG Office (Medicaid Fraud Unit)
  • Meets criminal standard--revocation of certification
Role of the Pharmacist in LTC - State Regulations 310:675-9-9.1

The facility shall have a consultant licensed pharmacist to assist the medication regimen review and medication destruction.

- The review is done monthly in Skilled facilities and quarterly in Assisted Living and Facilities for the Developmentally Disabled.

The consultant shall discuss policies and procedures for the administration, storage and destruction of medications with Administrator, DON and other appropriate staff.
The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of pharmacy services in the facility (guide, develop and implement pharmacy services)

• Acquiring medications
• Receiving medications
• Administering medications
• Dispensing medications
• Disposition of medications
• Labeling and Storage of medications, including control medications
The facility must employ or obtain the services of a pharmacist who establish system of records of receipt and disposition of control drugs in sufficient detail to enable an accurate reconciliation.

The facility must store all drugs in locked compartment and only authorized persons have access to the keys.

The facility must provide separately locked, permanently affixed compartment for storage of controlled drugs Schedule II and other drugs subject to abuse.
Receipt of Controlled Medication Orders

• Fax from the physician office for Skilled facility resident
• Fax from the physician office for ALF community resident and CII hard copy provided within 3 days.
• Emergency Schedule II medications can be called in from the physician with Hard Copy received within 3 days (Skilled)
• Schedule 3-5 medications can be called in by the physician or physician agent
• Electronic copies of Schedule 2-5 orders may be sent from the physician via Sure Scripts
Chain of custody of control medications to Skilled Facilities and Assisted Living Communities

- Control medications leave the pharmacy in taper resistant bags
- Tracking of person delivering medications to the facility/community
- Tracking of person receiving controlled medications at the facility/community as required by the Oklahoma Bureau of Narcotics under the Prescription Monitoring Program. The person receiving medications must present their driver’s license. The bar code on the back of the license is scanned and transmitted to the Oklahoma Bureau of Narcotics in compliance with the PMP program.
Overdose Education and Naloxone Distribution

Jessica Hawkins
Sr. Director of Prevention Services
ODMHSAS
Safe and easy to use:

1. Peel
2. Place
3. Press
Getting a Kit: The Process

• Enrollment form
  – No identifying information

• Brief Education
  – Recognizing opioid overdose
  – Responding to opioid overdose
  – Overdose Prevention
  – Treatment services available
Oklahoma Overdose Education and Naloxone Distribution Initiative

Text
Naloxone to
55155
Diversion Among CNAs
Certified Nurse Aide (CNA)

- CNA is a common term at OSDH, which includes several types of Aides:
  - Home Health Aides
  - Long Term Care Aides
  - **Certified Medication Aides**
  - Developmentally Disabled Direct Care Aides
  - Residential Care Aides
  - Adult Day Care Program Aides

- Each type of Aide has their own specific administrative rules within (OAR 310:677). It is important to note, in some cases the OARs and federal rules do not align.

- Oklahoma has 68, 857 CNAs
- 6,237 aides may pass medication
CNA Complaints

- CNA complaints come to OSDH from facilities (OSDH Forms 718/283) under the facility’s mandatory reporting obligations as defined by CMS (Center for Medicare and Medicaid Services), Oklahoma Statutes and Administrative Rules.

- Complaints are categorized into 3 different groups
  - Abuse
  - Neglect
  - **Misappropriation**
CNA Complaints track

- Complaints from facilities are sent to the OGC

LTC sends the complaints to OGC for review, investigation and potential administrative prosecution.
CNA Complaint Outcomes

• No action by OSDH, the pending annotation is removed from the registry.
• If OSDH attorneys see fit, a Petition is filed in Administrative Court against the CNA based on the accusations in the 718 and 283 and completed investigation report.
• A contract Administrative Law Judge hears the case and renders a decision whether the state has met the burden of clear and convincing.
• If the burden is met, an annotation is placed on the Medicaid / Medicare exclusionary registry (registry), barring the CNA from working in any CMS recipient facilities.
• If the burden is not met the pending annotation is removed from the CNA’s license.
Misappropriation of Resident Property (42 C.F.R. § 488.301)

• Federal law defines misappropriation of resident property as:
  • “the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.”

• Annotations for Misappropriation by year:
  • 2015 – 13 out of 30
  • 2016 – 41 out of 73
  • 2017 -37 out of 76

• Unfortunately, the 2015 and 2016 data collection does not specify which of the respective annotations are for narcotic medication misappropriations.
2017 Data On Misappropriation Allegations

• As of September 20, 2017 there have been 1,775 complaints filed against CNAs
• 93 of the 1,775 complaints are medication related complaints
  • Missing medication
  • Medication errors
• 12 of the 93 medication complaints were assigned to an investigator
• 6 of the 12 investigated complaints were taken to hearing
• 4 of the 6 complaints received annotations on the registry
• 1 of the 6 complaints has not been heard
• 1 of the 6 complaints was determined to have not met the burden
Investigating Medication Misappropriation

• Commonality
  • Local law enforcement has been involved
  • Medication cart/ key access
  • Facilities are unsure what if anything is missing
  • Documentation disasters
  • Inconsistent practices within the same facility

• Hows and Whys
  • Discontinued medications
  • Valid prescriptions
  • Guilt / Coercion
  • Take vs. Consume
  • Average pay vs. Average pill street value
Questions?

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Drug Diversion and Long Term Care and Board Facilities
Oklahoma Attorney General Medicaid Fraud Control Unit

Director – Mykel Fry
Agent in Charge – David Williams

- Investigation and prosecution of Medicaid fraud.
- Long term care and board facilities investigations and prosecutions of:
  - Abuse
  - Neglect
  - Exploitation
  - Drug Diversion
Drug Diversion

Larceny of a Controlled Dangerous Substance
Obtaining a Controlled Dangerous Substance by Fraud
**Definition of Drug Diversion**

- **Drug Diversion** is the act of diverting, rerouting, redirecting, appropriating, a licit drug from its original course or purpose.
- **United State Drug Enforcement Administration** defines diversion as the use of prescription drugs for recreational purposes.
Medications

- Most common diverted medications are “PRN” or an “as needed” prescription, because the bulk medications remain on the cart and frequently go unused.

- The majority of diverted medications are targeted
  Pain Relievers & Tranquilizers: Hydrocodone (Lortab), Oxycodone, Oxycontin, Diazepam (Valium), Fentanyl Duragesic Patches, Morphine Sulfate
Why a Nursing Home?

- Available quantity of bulk medications in blister packs “cards” of 30, 60, and 90 count. This includes narcotics!
- The medications aren’t in small amounts in a pill bottle like we keep at home in the medicine cabinet.
- Most every medication found in a Pharmacy is found in a Nursing home.
How narcotics are supposed to flow through the facility.
How narcotics are diverted

RX

Distributor

Courier

Delivery Receipt

Pharmacy Log

Med Room/ Med Cart

Resident

PRN/Routine

Count Sheet

MAR

8 hr Verification

***
Inventory Control and Oversight

- **Accuracy of Documentation**
  - Eight hour verification log – two signatures
  - Individual Narcotic count sheets – signatures and accurate counts
  - Medication Administration Record – signatures or initials and notes
  - Discontinued and Destruction forms – signatures and witnesses

- **Medication Cart Security**
  - Keep the cart locked at all times
  - Maintain control of the cart keys
Inventory Control and Oversight

- Procedures for storage and administration are regulated and inspected to ensure compliance via Oklahoma Department of Health Survey/Inspections.

- Medications are kept in a designated medication room and/or medication cart under a lock and key. Within the room and/or cart, narcotics are kept in a designated narcotic cabinet under a second lock and key.

- Only authorized personnel are to have access to the medication room or cart. Only authorized personnel have the issued two keys in possession.

- Does the CMA always maintain physical control of the keys? Does the CMA ever pass the keys to other staff without supervision of their activities? Does the CMA always lock the room or cart when unattended? Do they use the medication room for purposes other than medication storage?
Feed the Addiction

- You don’t have to understand the addiction, but recognize the power and danger of the addiction.
- Someone seeking drugs has no limits as to what they will do or who they may endanger.
- To a drug seeking, drug abusing, or drug addicted healthcare provider, a nursing home is like a perfect storm where desire meets access.
- Over time, the addiction grows and what was the occasional diversion of one pill is now the diversion of a 90 count blister card.
Impact of Drug Diversion in Nursing Homes

- The diversion of a resident’s medication impacts not only the victims, but the healthcare system in general through fraud, waste and abuse.

- Diversion can physically and mentally harm residents, through the act of diluting, substituting pain medication, or non-dispensing of necessary pain medication.

- Diversion harms residents, if the caretaker is under the influence of diverted medications at work.
What You Need to Know

- Drug diversion does occur in nursing homes. Just because it hasn’t been reported doesn’t mean it’s not happening.
- Residents are considered “easy” targets. Residents need the medications to improve the condition and quality of their lives.
- Persons diverting medications from residents have no limitations. They place themselves ahead of the welfare of the resident.
- Facilities must take a proactive approach toward identifying and preventing diversion.
Oklahoma’s program is nationally recognized for its outcomes and implementation
Understanding Brain Disease

Addiction is similar to other diseases, such as heart disease. Both disrupt the normal, healthy functioning of the underlying organ, have serious harmful consequences, are preventable, treatable, and if left untreated, can last a lifetime.

- National Institute on Drug Abuse
Oklahomans Impacted by Addiction and Difficulties in Accessing Treatment Services

- Between 700,000-950,000 Oklahomans have a mental illness or substance abuse disorder and are in need of treatment.
- Oklahoma consistently has among the highest prevalence rates in the nation.
  - Oklahoma ranks No. 1 nationally for nonmedical use of painkillers for all age groups 12 and older in the past year. (*Combined 2012–2014 National Survey on Drug Use and Health data, released by SAMHSA July 13, 2017*)
  - 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 (85% of prescription drug-related overdose deaths; 427 deaths in 2014).
- Only one in three Oklahomans are able to access appropriate services treatment services for their disease.
Lack of Treatment Leads to Negative Consequences

• **Cost to Society/Family Fragmentation** (divorce, unemployment, school drop-out and suicide).

• **Cost to Oklahoma Businesses** (leading health reason for work performance issues, second for absenteeism and 30% of disability costs).

• **Cost to Communities** (foster care, uncompensated hospital care, school issues, law enforcement, more local tax dollars to fix consequences).

• **Criminal Justice System**
  
  • 82% (4 out of 5) of non-violent offenders admitted to prison have a substance abuse or mental health treatment need.
  
  • Of the 10,720 DOC receptions in FY15, 7,656 were for non-violent offenses.
  
  • Of these non-violent offenders, 4,957 were persons with existing mental health and substance treatment needs.
  
  • This is 65% of all non-violent prison receptions and **nearly half (46%) of all prison receptions** during the fiscal year.
Drug Courts Reduce Negative Outcomes/Address Cause

- Drug court is a proven justice strategy to address addiction-caused engagement in the criminal justice system.

- Drug court team consists of the judge, prosecutor, defense counsel, treatment provider and law enforcement/supervision.

- Guided by evidence based practices and nearly 30 years of research.
Drug Courts Reduce Negative Outcomes/Address Cause

- Combines evidence based treatment and the accountability of the criminal justice system.
  - Participants are provided intensive (right) treatment and other services;
  - Are held accountable by the judge for meeting their obligations to the court, society, self and families;
  - Are regularly and randomly tested for drug use;
  - Are required to appear in court (regularly/frequently) so that the judge can review progress;
  - Are rewarded for success and sanctioned when they do not live up to their obligations.
Oklahoma’s Outcomes are Among the Best Nationwide!

• There are much lower rates of incarceration for drug court graduates statewide compared to released inmates. **7.2% (270) of currently active drug court participants list opiates as their drug of choice**

• 95.2% drop in unemployment.
• 125.3% jump in monthly income.
• 153.3% increase in participants with private health insurance.
• 65% increase in participants who are able to again live with their children.

Low Incarceration Rate
Among 8,545 Graduates 3 Years Out Since 2001

Drug Court Graduates

Released Inmates

23.4%

7.9%
Oklahoma’s Outcomes are Among the Best Nationwide!

• And, that includes **Washington County**:

  • 100% **drop** in **unemployment**.
  • 325.1% **increase** in the monthly incomes/earnings of drug court graduates.
  • 78.4% **increase** in participants who are able to again **live with their children**.

Graduates between 07/01/2015 through 06/30/17
Oklahoma’s Outcomes are Among the Best Nationwide!

- The annual cost of drug court is $5,000 compared to $19,000 for incarceration. That alone is a significant benefit. But, what really tells the story are the improved outcomes statewide.

- Had these same individuals been incarcerated during that period, it would have cost Oklahoma taxpayers $60.3 million.
Treatment Works, Saves Tax Dollars!

Annual Cost Comparison

- ODMHSAS Treatment: $2,000
- Drug Court: $5,000
- Mental Health Court: $5,400
- Single Hospital Stay: $15,318
- Person Incarcerated: $19,000
- Child Entering Foster Care: $20,965
- Person Incarcerated (SMI): $23,000
Drug Courts Have Significantly Impacted Incarceration Numbers

Prison Population with Drug Court Admissions

FY04 FY05 FY06 FY07 FY08 FY09 FY10 FY11 FY12 FY13 FY14 FY15
23,248 23,948 24,377 25,078 25,200 25,974 29,374 29,277 30,163 30,649 32,211 33,453
24,571 25,078 25,297 25,433 25,853 29,974 29,374 29,277 30,163 30,649 32,211 33,453
27,347 29,415 29,473 29,689 30,163 30,649 32,211 33,453

Prison Population
Prison Population with Drug Court Admissions

Oklahoma Drug Courts
SQ780 and Drug Court Admissions

Impact of SQ780 on Drug Court Admissions
FY2016 - FY2017 (Statewide)

- 23% of 1,000 admissions would be ineligible
- 77% of 3,355 admissions would remain felony cases under SQ780

Washington County

- 87 Drug Court Admissions FY16-17.
- Impact of SQ780 on these admissions:
  - 34 would be ineligible (39%), or
  - 24 would be ineligible (27.5%)
    - 10 of these DAC and ODMHSAS classify differently (11.5%)
Demand for Drug Court Slots is High

- However, the reality of drug court in Oklahoma is that over half of participants have multiple felonies.
- Additionally, there are drug courts in Oklahoma that are full and do not have the capacity to serve all qualifying offenders.
- As a result some courts may continue a court case until there is an available slot, try a different option (not always linking people to the right services and resulting in re-offense) or send the individual to prison.
- Even if we remove those cases affected by SQ780, there will be an opportunity to fill those slots with these individuals (cases not impacted by SQ780 changes).
- The department is continually contacted by prosecutors, judges and defense attorneys asking for increased availability (ODMHSAS has requested additional funding to increase drug and mental health court slots).
Matching People with the Right Services

- Criminal justice diversion is most effective when the right offender is matched (quickly) to the right program. Best categorized by criminogenic risk (likelihood of reoffending) and need (clinical treatment needs), research-supported strategies exist for each category.

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<thead>
<tr>
<th>High Risk/Low Need</th>
<th>High Risk/High Need</th>
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<tbody>
<tr>
<td>Status Hearings</td>
<td>Status Hearings</td>
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<tr>
<td>Restrictive Consequences</td>
<td>Restrictive Consequences</td>
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<tr>
<td>Pro-Social Habilitation</td>
<td>Pro-Social Habilitation</td>
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<tr>
<td>Adaptive Habilitation</td>
<td>Adaptive Habilitation</td>
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<tr>
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<td>EBP Treatment</td>
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<td>Drug Testing</td>
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<td>Self-help/Peer Recovery Support</td>
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<tr>
<th>Low Risk/Low Need</th>
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<tbody>
<tr>
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</tbody>
</table>
Screening and Assessment

- About 20,000 felony defendants screened in 37 counties!
- Over 13,700 final dispositions have been recorded.
- By serving as central screening hubs, county jail-based screenings save diversion program resources and avoid duplicative assessment processes!

Demonstrated Outcomes:

**In Tulsa County alone!**
- **87% decrease in jail days** (31 days pre-implementation to 4 post-implementation)
- **$2.2 million jail cost savings** ($2.53M pre-implementation to $326,802 post-implementation)

**In Pontotoc County!**
- **72% decrease in days from arrest to drug court admission** (221.5 days pre-implementation to 61.7 days post-implementation)

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**Final Dispositions**

- DA Supervision: 12.2%
- Community Sentencing: 10.8%
- DOC Supervision: 21.8%
- Specialty Treatment Programs: 16.2%
- Dismissed: 9.5%
- Prison: 17.1%
Misdemeanor Diversion Opportunities

- Use evidence base principles to match the right level of services and supervision to the defendant:
  - Misdemeanor Drug Courts
  - Intensive Treatment Combined with Probation
  - Standard Probation

- Treatment is based on the assessed need. Most people need outpatient treatment services. Some may need high levels of care such as residential substance abuse treatment.
Comprehensive Diversion Map

- Probation
  - Community Sentencing
- Supervised Probation
- DA or Private Supervision
- Treatment AND DA or Private Supervision
- Felony Drug Court
- Misdemeanor Drug Court

- Low Risk
- High Risk
- Low Need
- High Need

**FELOCITY CHARGES**

**MISDEMEANOR CHARGES**
Conclusion

• There are opportunities to engage people who have become involved with the criminal justice system due to untreated brain disease.
• There are a menu of services available to the courts to assist in making informed decisions, determining who is a fit for diversion and linking those people to the right services.
• The outcomes speak for themselves.
• In the end, this is about saving lives and Oklahoma tax dollars.
• It is about improving quality of life for all Oklahomans, and creating a better future.
Treatment Works, Saves Tax Dollars!

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