



OKLAHOMA COMMISSION ON OPIOID ABUSE

FINAL REPORT

**ATTORNEY GENERAL MIKE HUNTER
CHAIRMAN**

DECEMBER 31, 2019



OFFICE OF ATTORNEY GENERAL
STATE OF OKLAHOMA

December 31, 2019

Dear Governor Stitt, Senate Pro Tempore Treat, and Speaker McCall:

It is a pleasure to report to you that thanks to the resolute efforts of those serving on the Oklahoma Commission on Opioid Abuse, the state and our valued partners continue to implement initiatives that have a positive impact on the opioid epidemic in Oklahoma, which is saving lives.

In 2019, members of the Commission met five times to share updates and hear from a diverse number of other individuals, who are also on the front lines battling addiction. Thanks to the combined efforts of those working together to end this public health crisis, the most recent statistics from 2018 indicate the number of deaths were down by nearly 200 from the previous year. Data also shows a significant shift in the number of people who died from a prescription drug overdose, compared to those who died from illicit drugs. Although the numbers reveal encouraging trends, we are still far from where we want to be. Around 100,000 Oklahomans continue struggling with addiction, every 25 minutes a baby is born suffering from opioid withdrawal, and right at 80 percent of the 3,076 individuals admitted to the hospital for a non-fatal overdose were there because of pharmaceutical drugs.

As you can see, even though we are making inroads, there is much more work to be done. There are still challenges and opportunities on which we plan to capitalize in 2020, including promoting more education and training for young adults and student athletes, finding ways to make treatment more accessible, and expanding access to the lifesaving drug naloxone. The report outlines these and other meaningful policy recommendations we will be pursuing next year. Members of the Commission collaborate with experts throughout the state, and we remain wholeheartedly committed to the eradication of opioid abuse in Oklahoma.

There are many to thank for the progress we have made. Most importantly, we would like to share our gratitude with members of the legislature and the executive branch who have helped make the Commission's work a success. We look forward to advancing this critical work together on behalf of all Oklahomans.

If you have any questions or comments, please do not hesitate to reach out to me or Deputy Attorney General Lori Carter.

Respectfully,

A handwritten signature in blue ink that reads "Mike Hunter".

Mike Hunter
Attorney General

OKLAHOMA COMMISSION ON OPIOID ABUSE

The Oklahoma Commission on Opioid Abuse was recreated through House Bill 2368, which was co-authored by Representative Chris Kannady and Senator Roger Thompson. The bill was signed by Governor Kevin Stitt on May 16, 2019, and became effective on July 1, 2019. The Commission was originally created in 2017 in response to the state's opioid epidemic. The 13-member commission, chaired by Attorney General Mike Hunter, consists of members from law enforcement, the medical community, mental health and recovery, the private sector, and Oklahoma state agencies. The complete list of members is attached as Appendix "A."

The Commission held five public meetings, which focused on addressing the opioid crisis in Oklahoma. See Appendix "B." Specifically, the Commission focused on combatting the crisis through treatment opportunities, law enforcement intervention, proactive prevention, and mental health support.

The Commission heard from numerous organizations, medical professionals, agencies, and citizens through presentations and meeting involvement. The information presented allowed the Commission to thoughtfully consider and address problems Oklahoma is facing in the opioid crisis. The following is a brief summary of the information that was presented to the Commission and used in formulating the list of final recommendations.

The Epidemic

On March 7, 2019, Director John Scully from the Oklahoma Bureau of Narcotics and Dangerous Drugs¹ ("OBNDD") provided the Commission with a presentation covering overdoses in Oklahoma. While the data for 2018 was not complete as of the date of the presentation, the numbers were trending downward for the first time since 2016. Director Scully explained the evolution of the numbers in recent years. In 2016, Oklahoma peaked with the highest number of overdose deaths per year, with 899 Oklahomans dying of an overdose. In 2017, there were 796 overdose deaths in the state.² In 2017, 437 of the 796 fatal overdoses were attributed to pharmaceutical drugs, while 359 of the total fatal overdoses were due to illicit drugs.³

At the time of Director Sully's presentation, there were 582 overdose deaths in Oklahoma for 2018.⁴ As shown in Figure 1, 53% of fatal overdoses were attributed to illicit drugs while 47% were due to pharmaceuticals. Figure 2 shows the top nine drugs present in overdose deaths in 2018 and they include morphine, oxycodone, fentanyl, hydrocodone, and methadone.⁵ With regard to non-fatal

¹John Scully is now serving as Commissioner of the Department of Public Safety. Bob Cook, Interim Director of the Oklahoma Bureau of Narcotics and Dangerous Drugs, is now serving on the Commission.

²OBNDD Chief Agent Craig Williams presented updated numbers to the Commission on December 17, 2019, and explained that the current numbers are 882 overdose deaths in 2016 and 795 overdose deaths in 2017.

³OBNDD Chief Agent Craig Williams presented updated numbers to the Commission on December 17, 2019, and explained that the current numbers show that 433 of the 795 fatal overdoses from that calendar year were attributed to pharmaceutical drugs, while 362 of the total fatal overdoses were due to illicit drugs.

⁴OBNDD Chief Agent Craig Williams presented updated numbers to the Commission on December 17, 2019, and explained that the current numbers are 656 overdose deaths in 2018, which is a 139 person decrease from 2017.

⁵The graphs are included in the text of the report, and they are also located in Appendix "C."

overdoses in 2018, 79% were due to pharmaceuticals and 21% were due to illicit drugs. While these numbers show a decrease in fatal prescription drug overdoses since 2016, the switch from prescription drug use to illicit substances is a persistent problem that emphasizes the need for addiction treatment, resources, and research.

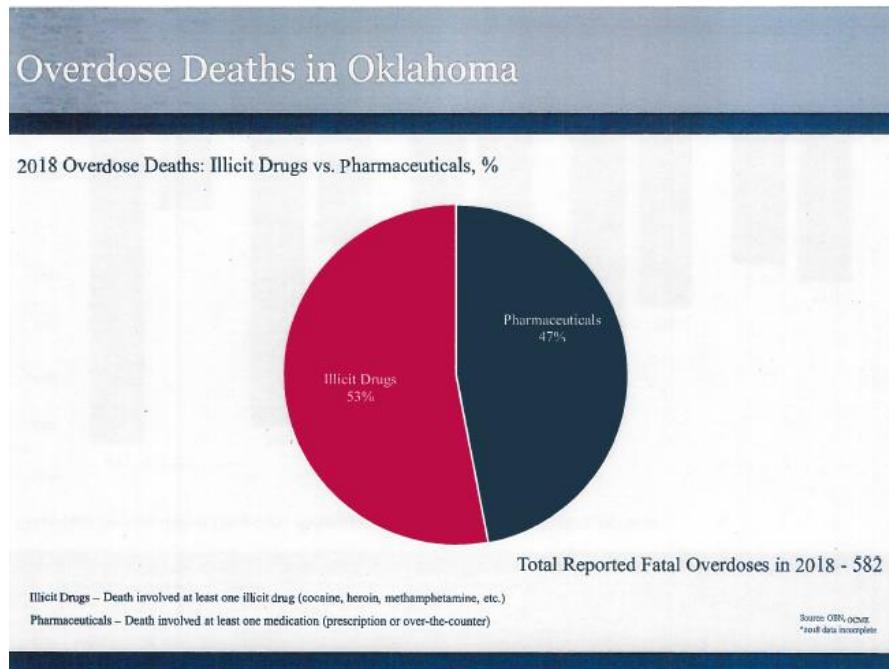


Figure 1

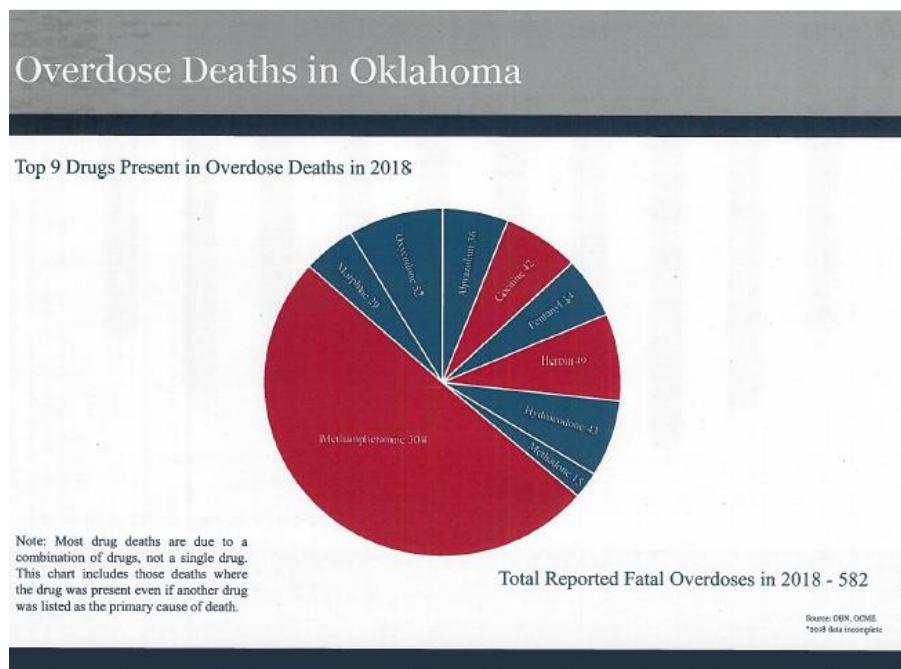


Figure 2

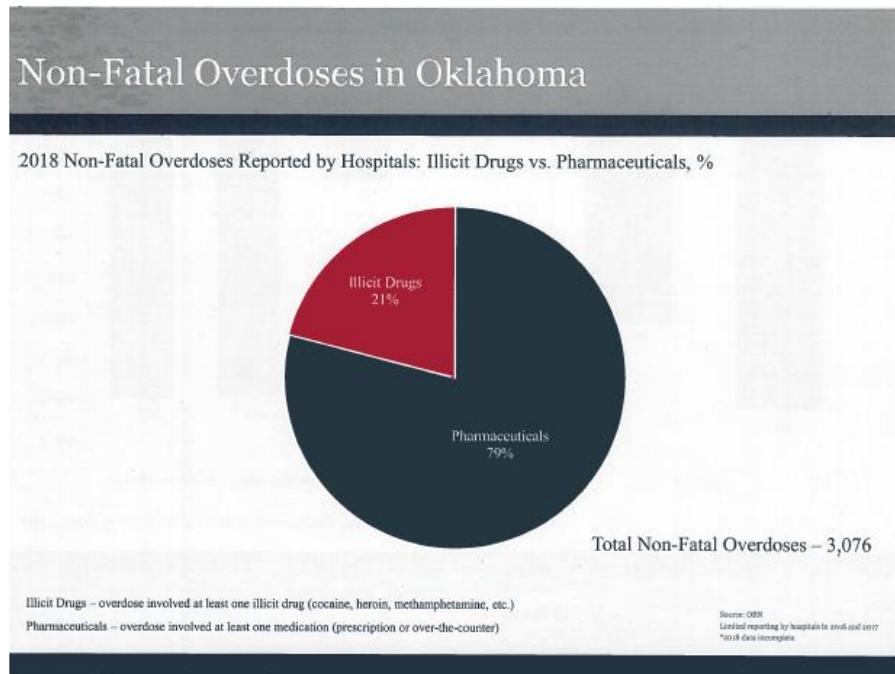
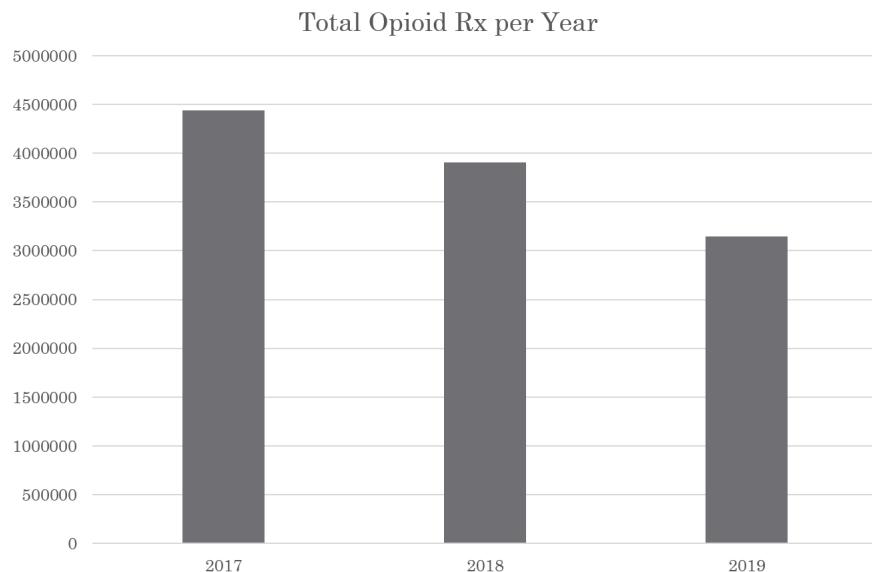


Figure 3

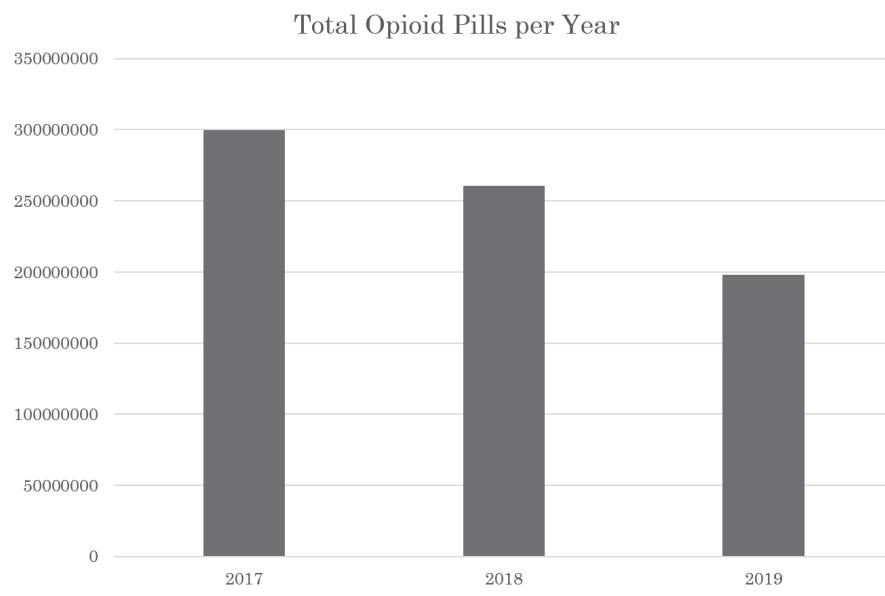
On December 27, 2019, OBNDD Chief Agent Craig Williams presented more information to the Commission showing the number of opioid prescriptions by year in Oklahoma (Figure 4) and the number of opioid⁶ pills (tablets and caplets) dispensed per year in Oklahoma (Figure 5). Figure 4 shows that in 2019, the total number of opioid prescriptions has decreased by approximately 28% and Figure 5 shows the total number of opioid pills has decreased from 300,000,000 to 200,000,000. While the 2019 data was not complete at the time of either presentation, Oklahoma is on trend to have a significantly lower opioid prescription and pill count.

⁶This does not include buprenorphine products.



NOTE: Excludes buprenorphine products. Data pulled 12/3/19.

Figure 4



NOTE: Excludes buprenorphine products. Only includes tablets and capsules. Data pulled 12/3/19.

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Figure 5

⁷Figure 4 and 5 are also located in Appendix “D.”

On April 29, 2019, Claire Nguyen, Epidemiologist and Program Manager for the Department of Mental Health Injury Prevention Services (“IPS”) presented to the Commission regarding unintentional poisoning data collected by the Injury Prevention Service through the Oklahoma State Department of Health. IPS has a surveillance system that collects data on all overdose deaths in the state. IPS addresses ingestion, inhalation, absorption, or contact with a substance resulting in a toxic effect or bodily harm. In the cases they study, the individual did not intend to harm themselves. While the individual may have taken a substance intentionally, the harm was not purposeful. Ms. Nguyen explained that they see around 700 cases a year, with 98% of the cases involving drugs or alcohol, and 60% involving opioids. The most common drugs involved are oxycodone and hydrocodone.

Furthermore, Ms. Nguyen stated in 2017 there were still enough opioids dispensed in Oklahoma for every person to have 156 ten milligram tablets. Notably, more Oklahoma adults aged 25-64 died of unintentional prescription opioid overdoses than motor vehicle crashes according to IPS data from 2011-2015.

Additionally, IPS reported that from 2011 to 2015, five of the top ten most common substances involved in unintentional overdose deaths were opioids.⁸ The five Oklahoma counties with the highest number of unintentional poisonings are: Muskogee County, Kiowa County, Coal County, Johnston County, and Pushmataha County. Accordingly, the five Oklahoma counties with the highest number of unintentional prescription drug overdoses are: Muskogee County, Jefferson County, Coal County, Johnston County, and Pushmataha County. While not all unintentional poisoning deaths are attributed to prescription drug overdoses, four out of the five counties found on the list for highest number of unintentional poisonings are also found on the list of the highest unintentional prescription drug overdoses, showing that many of Oklahoma’s unintentional poisonings are concentrated in areas where unintentional prescription drug overdoses are prevalent.

Law Enforcement

One dangerous component of the opioid crisis in Oklahoma is the rising threat of illicit fentanyl. According to District 11 District Attorney Kevin Buchanan, this dangerous synthetic opioid is a growing problem, citing recent large busts made by Oklahoma law enforcement. Jenny Schmitt, MS, CRNA, APRN, explained to the Commission the particularly dangerous nature of fentanyl. She clarified that seven fentanyl patches are equivalent to a twenty-one day supply of regular opioid painkillers. The nature of the patches makes them difficult to detect by law enforcement, and the elevated strength and small amount needed of the drug make it ripe for abuse. Ms. Schmitt informed the Commission that there is a new FDA-approved drug on the market called Dsuvia. It is an acute pain management drug that is a sublingual formulation of sufentanil.⁹ This drug is five to ten times more potent than fentanyl and 500 to 1000 times more powerful than morphine. She explained that while this drug is currently only available in a hospital setting, there is still a risk of diversion. As

⁸According to IPS data from 2011 to 2015, 3,553 people died of unintentional overdoses in Oklahoma, and 60% of those deaths involved an opioid. A total of 35% of people who died of an unintentional opioid overdose had a history of mental health problems, 60% of those who died had a history of substance abuse, and 39% had a history of pain.

⁹Sufentanil is an opioid analgesic used to treat pain, commonly used alongside anesthesia.

manufacturers continue to develop ever-stronger opioids, the danger to Oklahomans continues to rise.

OBNDD Interim Director Bob Cook explained that his agents are working on the overdose mapping (“ODMAP”) application, with currently over 70 agencies, mostly law enforcement, inputting data to properly account in real time the areas where overdoses are happening. OBNDD has also added ten additional compliance officers to strengthen investigations of prescription drug overdoses. Law enforcement agencies across the state are acting in a concerted push to prevent prescription drug abuse and overdoses, and the Commission is hopeful that Oklahoma’s overdose death rates will continue to decline.

The Commission also heard about the continuing threat of diversion in hospitals, nursing homes, and long term care facilities. A committee was formed to address the issue. The committee is seeking more information from OBNDD and other agencies in order to gauge the scope of the problem and propose solutions.

Prevention and Data Collection

The Prescription Monitoring Program (“PMP”) has been an invaluable tool used to combat the effects of the opioid epidemic. By monitoring opioid prescriptions from both a physician and a patient perspective, prescription drug misuse and diversion can be mitigated. Currently, prescribers are required to check the PMP every 180 days, and the Commission will continue to study and evaluate whether more frequent checks might be warranted.

Oklahoma’s PMP currently has connections to 21 other states as well as the United States Military. OBNDD Chief Agent Craig Williams announced that OBNDD was awarded a two million dollar grant, which will be spent on advanced integration of the PMP system into doctors’ workflow. The updated integration process will allow a physician to look at the PMP profile without having to manage multiple systems or computers, which will maximize workflow and make the e-prescribing process more accessible. The PMP is a key tool used to fight the opioid epidemic, but it must be fully utilized and integrated in order to be effective.

Treatment

The Commission heard from Dr. Jason Beaman, Chair, Department of Psychiatry and Behavioral Sciences at Oklahoma State University. Dr. Beaman presented on various forms of treatment for opioid use disorder. He explained that there are three main types of treatment: medication assisted treatment (“MAT”), behavioral treatment, and a combination of the two. He stated that the combination method yields the best outcomes. The Commission heard about the three types of drugs used for the treatment of opioid dependence: methadone, buprenorphine, and naltrexone. Dr. Beaman explained that methadone activates a patient’s opioid receptors at 100% while buprenorphine activates at 50%, and that both of these prescriptions are equally effective at treating opioid addictions. The third MAT option, naltrexone, works differently by completely blocking a patient’s opioid receptors. Naltrexone is administered once a month via injection, which makes it an efficient method for treatment, but each dose costs approximately \$1,200 per shot, making it cost-prohibitive. Dr. Beaman informed the Commission that access to MAT is crucial to successful treatment programs, with those suffering from addiction facing higher risks of overdose or death without MAT.

Dr. Beaman also explained the steps that the Oklahoma State University College of Osteopathic Medicine is taking in response to the opioid epidemic. Currently, OSU offers a mandatory addiction medicine class, which is required for all second year medical students. Through a federal grant, each of these second year medical students is eligible for a waiver from the Drug Enforcement Administration to prescribe buprenorphine. Under this program, Oklahoma will gain approximately 150 new buprenorphine-waivered doctors every year. Dr. Beaman explained that each student, regardless of their desired practice area, will receive this training and waiver. He stated that even if they do not use the training in their daily practice, it raises valuable awareness surrounding addiction. Additionally, the OSU College of Osteopathic Medicine has created an Addiction Medicine Fellowship, and Oklahoma will gain two doctors each year that specialize in the field of addiction medicine.

Terri White, Commissioner of the Department of Mental Health and Substance Abuse Services, shared that due to the increased availability of naloxone, which is a medicine used to counter the effects of an opioid overdose, over 150 Oklahoma lives have been saved. This life-saving medication is not only available to those with an opioid prescription, but also their family members. While the availability of naloxone has grown, the Commission looks forward to continuing to educate and inform Oklahomans about saving more lives through overdose prevention.

The Commission also heard a presentation regarding mental health parity and the Mental Health Parity and Addiction Equity Act of 2008 from Timothy Clement, Director of Legislative Development at the American Psychiatric Association and former Senior Policy Advisor at The Kennedy Forum. Mr. Clement explained that the concept of parity is defined as equality in insurance coverage for mental health and addiction as well as conventional medical benefits. Historically there has been inadequate insurance coverage for mental health and addiction, evidenced by strict numerical limits on outpatient and inpatient mental health and substance abuse treatment. While these issues are not as prevalent since federal parity legislation passed in 2008, the Commission learned that the federal law is the baseline, and the state of Oklahoma could be proactive to address current issues. For example, insurance providers often require more extensive prior authorizations for mental health and addiction treatment than for other types of treatment. Approval of care is often only permitted for a short time before a review is required, and often there must be a failure of outpatient treatment before a person can qualify for inpatient care. The Commission is eager to further discuss the parity issue and assess how insurance in Oklahoma can be used to make treatment more accessible and effective for citizens.

Drug Endangered Children and Young Adults

Avy Redus, Project Coordinator for Unintentional Poisoning and Prescription Drug Overdose Prevention Programs within Injury Prevention Services at the Oklahoma Department of Health, presented to the group regarding Neonatal Abstinence Syndrome (“NAS”). She explained that substance use disorder in pregnant women has increased by more than four times since 1999, and four times the amount of infants are now born with NAS. Ms. Redus explained substance use by pregnant women is causing devastating effects on these babies, with a baby born every 25 minutes that is suffering from opioid withdrawal. She stated that in 2018, Injury Prevention Services partnered with the Oklahoma Perinatal Quality Improvement Collaborative to develop guidelines to address the use of opioids for pain management in pregnant woman and address opioid use disorder during

pregnancy. Oklahoma babies deserve to be born without addiction, and the Commission is dedicated to continuing the work to keep mother and baby safe from opioid misuse and withdrawal.

Opioid misuse among teenagers is becoming a growing problem. The federal Substance Abuse and Mental Health Services Administration listed behavior signs and symptoms of opioid addiction among adolescents as: a change in peer group, carelessness with grooming, decline in academic performance, missing classes or skipping school, loss of interest in favorite activities, changes in eating or sleeping habits, and deteriorating relationships with family and friends. Young adults are especially vulnerable to the dangers of addiction, and through increased education during formative years and prescription discretion by healthcare providers, Oklahoma youth can be both pain and addiction free.

Opioid use by young adults is also of great concern to the Commission. Oklahoma's youth face potential opioid introduction through sports injuries, hospital visits, and even routine procedures such as wisdom teeth extractions. In 2018, the Commission recommended training for middle school and high school student athletes and coaches on the risk of addiction to opioid pain medications after sports injuries and encouraged the use of early intervention screening tools. The Commission also recommended an educational pilot program for middle school and high school students on the risk of opioid addiction and early intervention. In response, Dr. Edmund Braly, D.D.S., FAACS, explained that many dentists are choosing not to prescribe opioids for impacted wisdom teeth, and are conscientiously avoiding prescribing to teenage patients that may be opioid-naïve.

The Commission also heard a presentation from Dustin Huckabee, president of the University of Oklahoma Students in Recovery organization. He explained that there is a lack of university-provided recovery support services, and this organization is working to help students succeed in college while maintaining and working through recovery. Currently, OU does not offer sober living options on campus, but the Students in Recovery organization's goal is to create a safe, sober place on campus, and they have currently raised over \$16,000 to help this effort. They host sober tailgates and 12 step meetings for students. Mr. Huckabee stated that the collegiate recovery method has been shown to reduce the time of relapse cycles by 15 years because students get earlier help and support created specifically for the college experience. The Commission is eager to assist OU Students in Recovery and other organizations aimed at helping Oklahoma youth avoid and overcome addiction.

Recommendations

In the report from the previous year, submitted on January 23, 2018, the Commission made eight legislative recommendations to the Oklahoma Legislature. Of these eight recommendations, seven were successfully passed and are now ensuring a safer Oklahoma. The seven completed recommendations include: enacting legislation to criminalize the trafficking of fentanyl and its analogues; enacting legislation to mandate the use of electronic prescriptions; enacting a Good Samaritan Law to grant limited immunity to individuals who report a drug overdose; enacting legislation that requires more continuing education for prescribers on opioid abuse and addiction and restricts initial prescriptions for opioids to a seven day supply; enacting legislation that requires medical facility owners to register with OBNDD; enacting legislation that requires opioid manufacturers, wholesalers, and distributors to provide data on opioids to OBNDD; and enacting legislation to create an Opioid Overdose Fatality Review Board to study cases of opioid overdoses and identify ways to prevent death and refer appropriate cases for criminal prosecution. With the exception of the e-

prescribing mandate which becomes effective on January 1, 2020, all of these legislative acts are in effect and saving lives.

Of the 23 remaining recommendations in our previous report, we have seen success in requiring more continuing education for prescribers and dispensers, more availability of naloxone and training, and increased support for removing the federal limits on the number of patients to whom physicians can prescribe life-saving medication assisted treatment. Due to Oklahoma's proactive fight against the opioid epidemic, many lives have been saved. However, there is still more to be done. We continue to believe the following recommendations are still priorities in the fight against the opioid epidemic:

1. Create a statewide emergency department ("ER") discharge database to study overdose events and track aftercare results;
2. Provide all first responders with naloxone and training on how to recognize signs of an overdose and how to use the drug;
3. Encourage nursing homes and long-term care facilities to develop best practices with regard to medication safety, storage, and disposal and to promote best practices with regard to accurately documenting patient medications;
4. Support the expansion of insurance coverage for evidence-based pain management treatment options that do not involve opioid prescriptions;
5. Support federal parity laws and propose amendments to Oklahoma law that require insurance companies to cover addiction treatment expenses just like any other biological malady;
6. Expand the 19 community-based naloxone programs in the state to include homeless shelters;
7. Make more outpatient and crisis treatment options immediately available;
8. Promote and encourage the use of SBIRT¹⁰ tools by primary care and other providers to increase the identification of addiction and make appropriate referrals for treatment;
9. Promote training for middle school and high school student athletes and coaches on the risk of addiction to opioid pain medications after sports injuries and encourage the use of early intervention screening tools;
10. Explore educational pilot programs for middle school and high school students on the risks of opioid addiction and early intervention tools;
11. Promote the establishment of drug courts in the remaining four counties that do not currently have them and encourage legislators to adequately fund drug courts and other specialty courts throughout the state;
12. Review current drug law to determine drug court eligibility and expand eligibility in light of recent changes in the law which made some drug possession crimes misdemeanor offenses.
13. Continue to evaluate the effectiveness of recent legislative enactments to ensure that law enforcement is receiving accurate and complete information from manufacturers and distributors;
14. Propose cleanup legislation to SB848 to remove the word "active" from "active cancer treatment" and remove the word "inpatient" from "inpatient hospice facilities";
15. Propose legislation to allow the Opioid Overdose Fatality Review Board to access PMP information;

¹⁰Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

16. Support SB242, a law to require registration of pain clinics;
17. Propose legislation to address diversion in hospitals, long term care, and nursing facilities; and

To address these remaining recommendations, the Commission has formed a committee to further study the diversion issues associated with hospitals, long term care facilities, and nursing homes. The committee is currently pursuing detailed data in order to evaluate the scope of the problem and propose specific legislation or rule changes.

In addition, the Commission recommends public-private partnerships to address the lack of training for student athletes and coaches regarding the risk of addiction. Leveraging community resources will help fill the gap and we hope to make an announcement on the initiative in late January 2020.

Finally, the Commission has been working closely with the Opioid Overdose Fatality Review Board. This board meets quarterly, with members of the board ranging from medical professionals, law enforcement personnel, members of the legal community, state agencies, and the private sector. At each meeting the Board reviews specific fatal overdoses caused by opioids in order to better understand the background and cause of opioid-related overdose deaths. Information from the PMP will be helpful to this Board and the Commission supports a legislative change to give them access to this data. The Commission looks forward to receiving the Opioid Overdose Fatality Review Board's annual report, which is due to the legislature and the governor on February 1, 2020. The information gathered and investigated by the Board is useful to the Commission's broader mission of fighting Oklahoma's opioid epidemic, and the continued and combined efforts of both bodies are instrumental in keeping our state safe.

Conclusion

As this report concludes the Commission's third year, the Attorney General and Commissioners remain dedicated to reversing the negative effects of the opioid epidemic. The efforts of the Commission, with the assistance and guidance of the executive, legislative, and judicial branches of government, as well as state agency heads and community leaders, have saved Oklahoma lives and started the recovery process from this deadly drug epidemic. This Commission is grateful for the dedicated work of our legislature in fighting Oklahoma's opioid epidemic, and we look forward to continuing the collaboration.

Appendix A: Members

Mike Hunter, Oklahoma Attorney General

Bob Cook, Interim Director, Oklahoma Bureau of Narcotics and Dangerous Drugs

Terri White, Commissioner, Department of Mental Health and Substance Abuse Services

Glen Mulready, Commissioner, Oklahoma Insurance Department

Scott Anthony, D.O.

Edmund Braly, D.D.S., FACS, FAACS

Kevin Taubman, M.D., FACS

Jenny Schmitt, M.S., CRNA, APRN

Kevin Buchanan, District Attorney, District 11

Bob Howard, Owner, Bob Howard Auto Group

The Honorable Roger Thompson, Oklahoma Senate, District 8

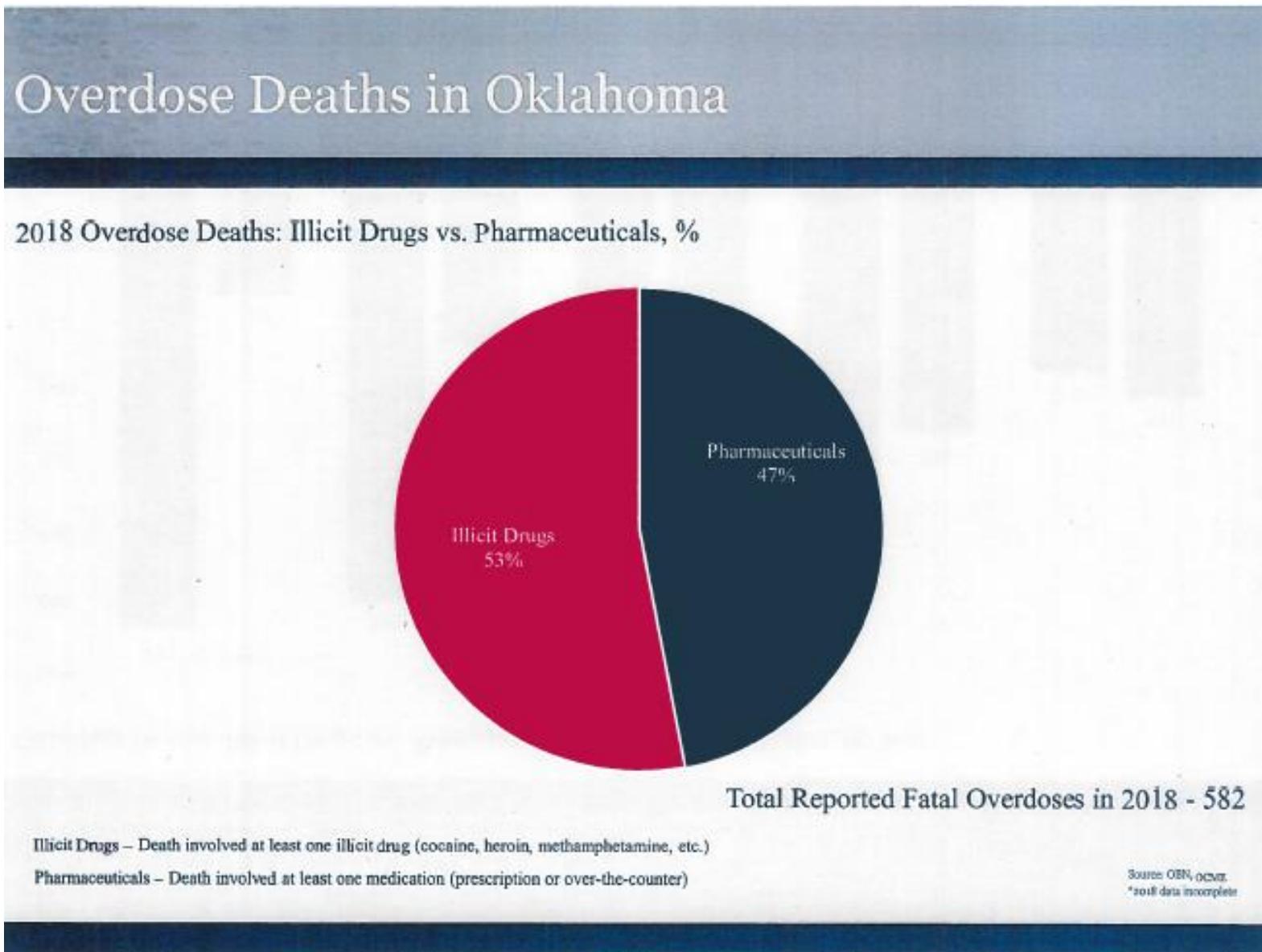
The Honorable Chris Kannady, Oklahoma House of Representatives, District 91

Appendix B: Meeting Dates

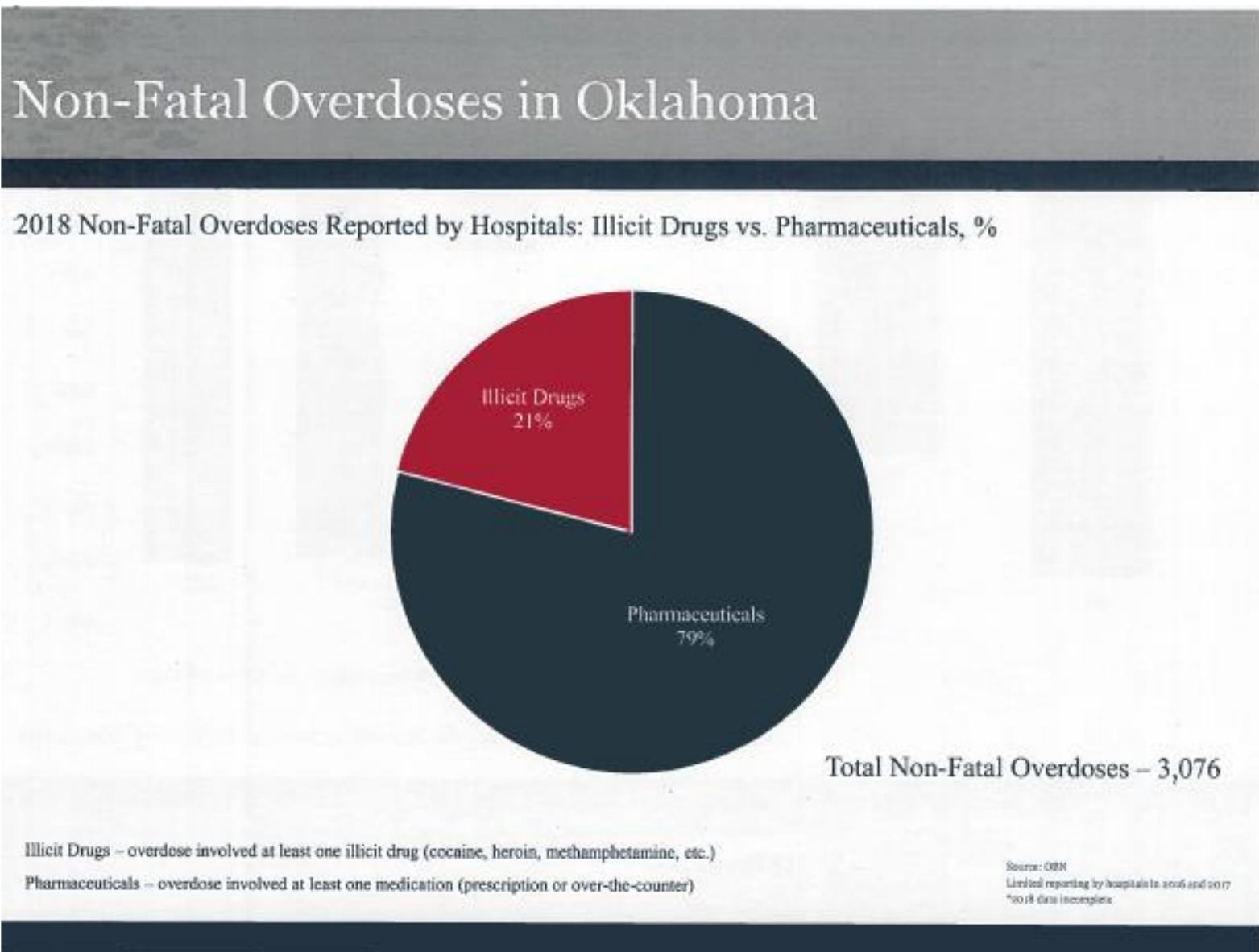
The Commission met on the following dates and times. Meetings were held in compliance with the Open Meetings Act and published on the Secretary of State's website.

1. Thursday, January 31, 2019 at 9:30am at Oklahoma State Capitol Room 206
2. Thursday, March 7, 2019 at 9:30am at Oklahoma State Capitol Room 419C
3. Wednesday, April 24, 2019 at 9:30am at Oklahoma State Capitol Room 412C
4. Monday, November 4, 2019 at 1:30pm at Oklahoma Office of Attorney General
5. Tuesday, December 17, 2019 at 1:30pm at Oklahoma Office of Attorney General

Appendix C: Graphs from Director Scully's Presentation to the Commission on March 7, 2019



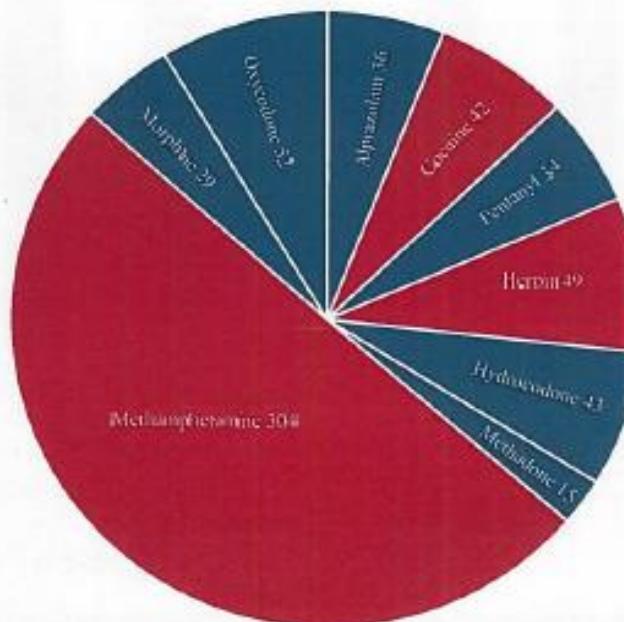
Appendix C: Graphs from Director Scully's Presentation to the Commission on March 7, 2019



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Overdose Deaths in Oklahoma

Top 9 Drugs Present in Overdose Deaths in 2018



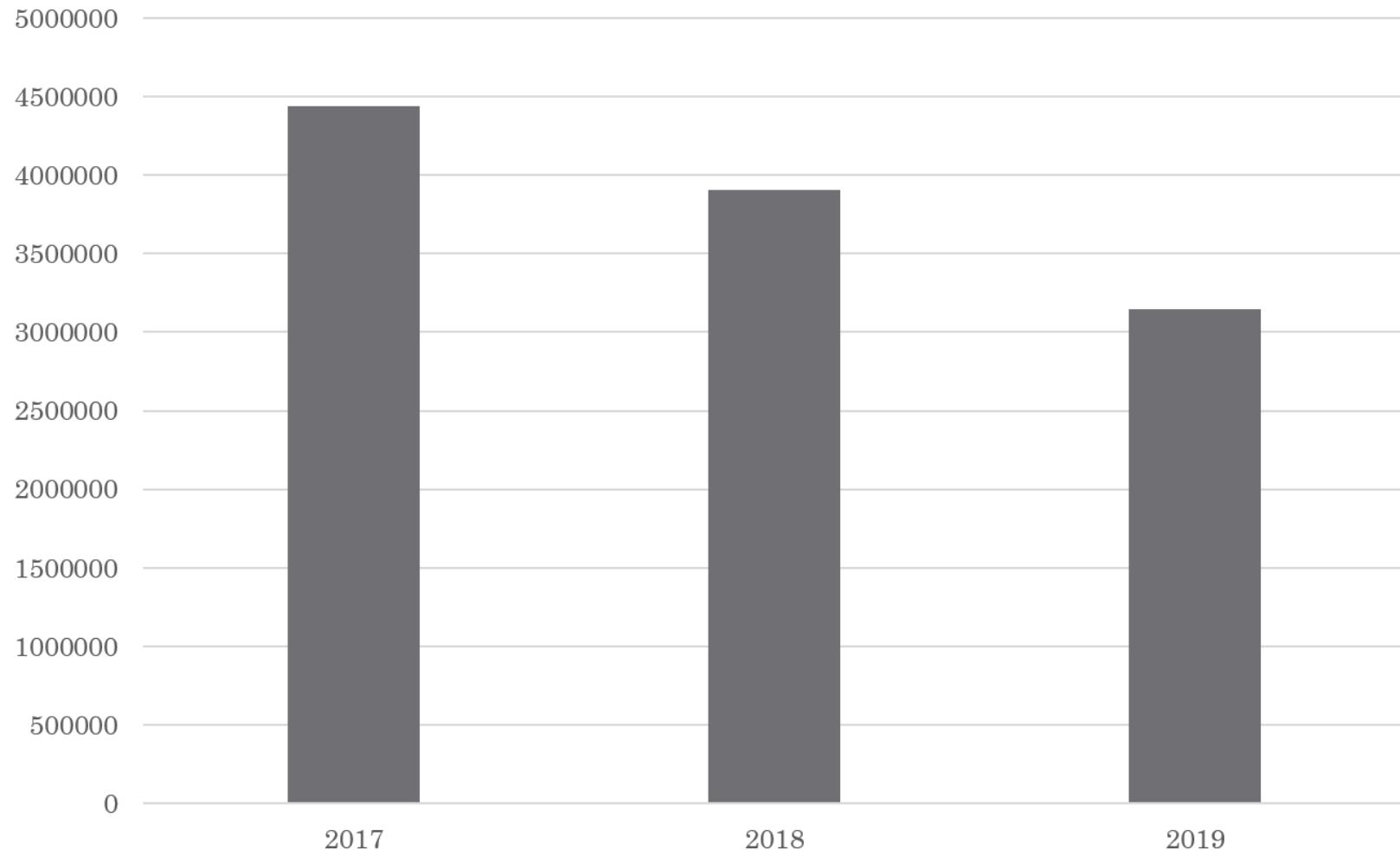
Note: Most drug deaths are due to a combination of drugs, not a single drug. This chart includes those deaths where the drug was present even if another drug was listed as the primary cause of death.

Total Reported Fatal Overdoses in 2018 - 582

Source: OBN, DCME
*2018 data incomplete

Appendix D: Graphs from Chief Agent Craig Williams's Presentation to the Commission on December 17, 2019

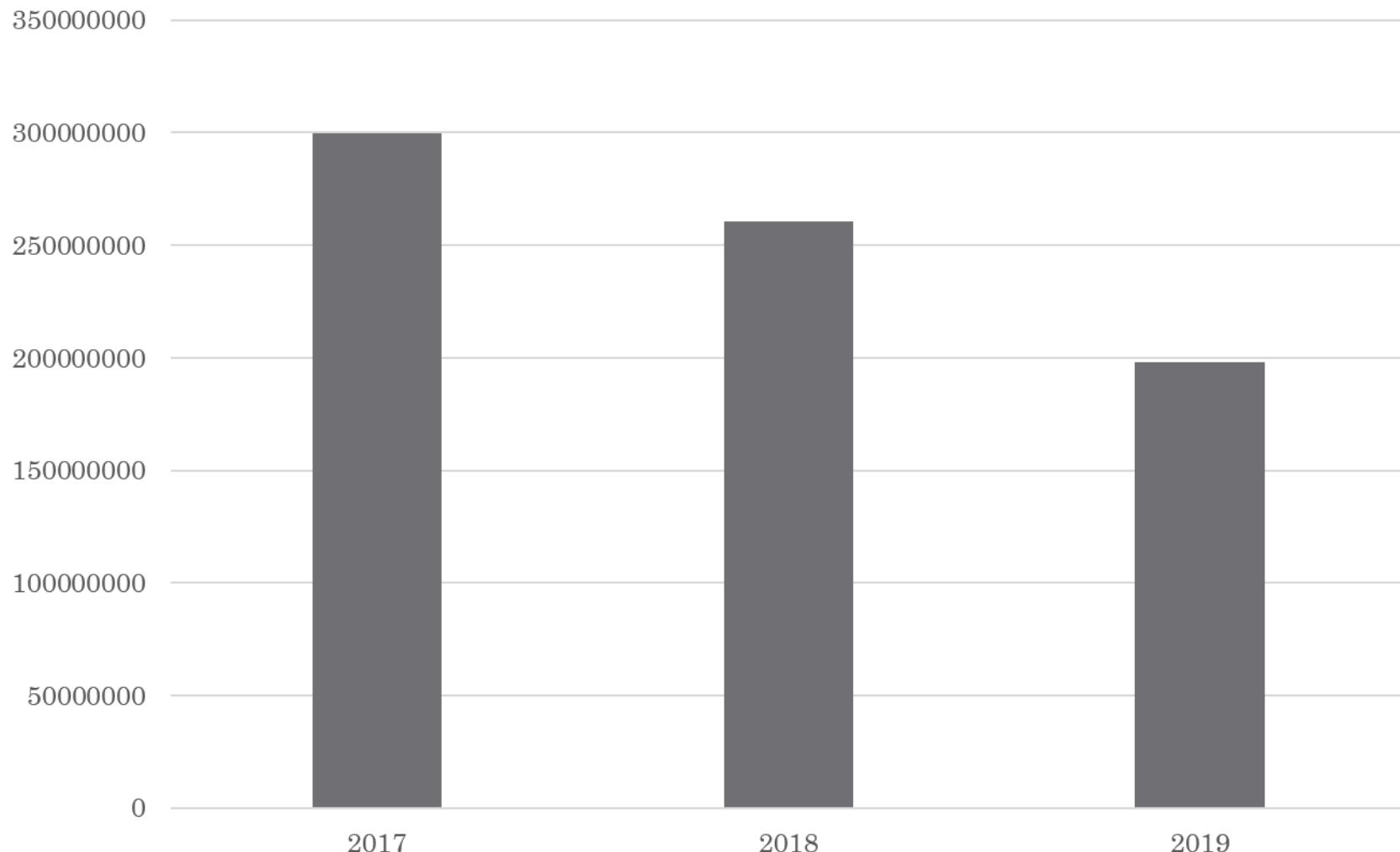
Total Opioid Rx per Year



NOTE: Excludes buprenorphine products. Data pulled 12/3/19.

Appendix D: Graphs from Chief Agent Craig Williams's Presentation to the Commission on December 17, 2019

Total Opioid Pills per Year



NOTE: Excludes buprenorphine products. Only includes tablets and capsules. Data pulled 12/3/19.