

Prescription Drug Diversion Trends and the Opioid Crisis



Brian Veazey

AGENT IN CHARGE

OKLAHOMA BUREAU OF NARCOTICS

OKC Diversion



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Chief Agent Mark Stewart



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.



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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**



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;



THE GROWING PROBLEM OF EMPLOYEE THEFT.



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OxyContin Produced 1996

- ▶ 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.



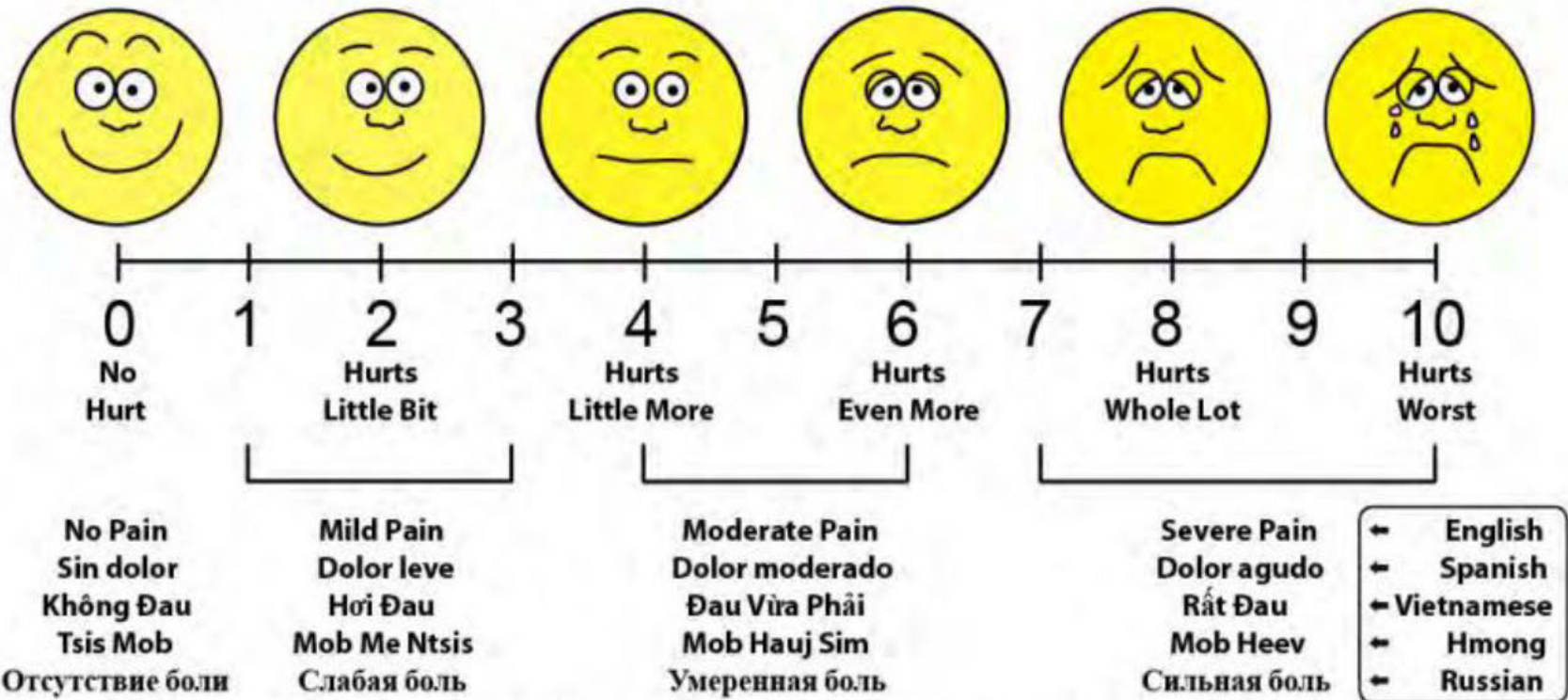
- 2006 OxyContin 80mg in OKC were selling for \$65 per pill
- 2007 Purdue Pharmaceuticals pleaded guilty to misleading the public about the addiction potential of OxyContin Fined \$634.5 million
- 2010 Tamper resistance formula for extended release (12hrs of medication immediately)

The Fifth Vital Sign

1. Temperature
2. Heart Rate
3. Blood Pressure
4. Respiration
5. Pain ?



Wong-Baker FACES Pain Rating Scale



From Hockenberry MJ, Wilson D: *Wongs Essentials of Pediatric Nursing*, ed. 8, St. Louis, 2009, Mosby. Used with permission. Copyright Mosby.

Dilaudid (hydromorphone Mme x4) is an opioid pain medication—is used to treat moderate to severe pain.



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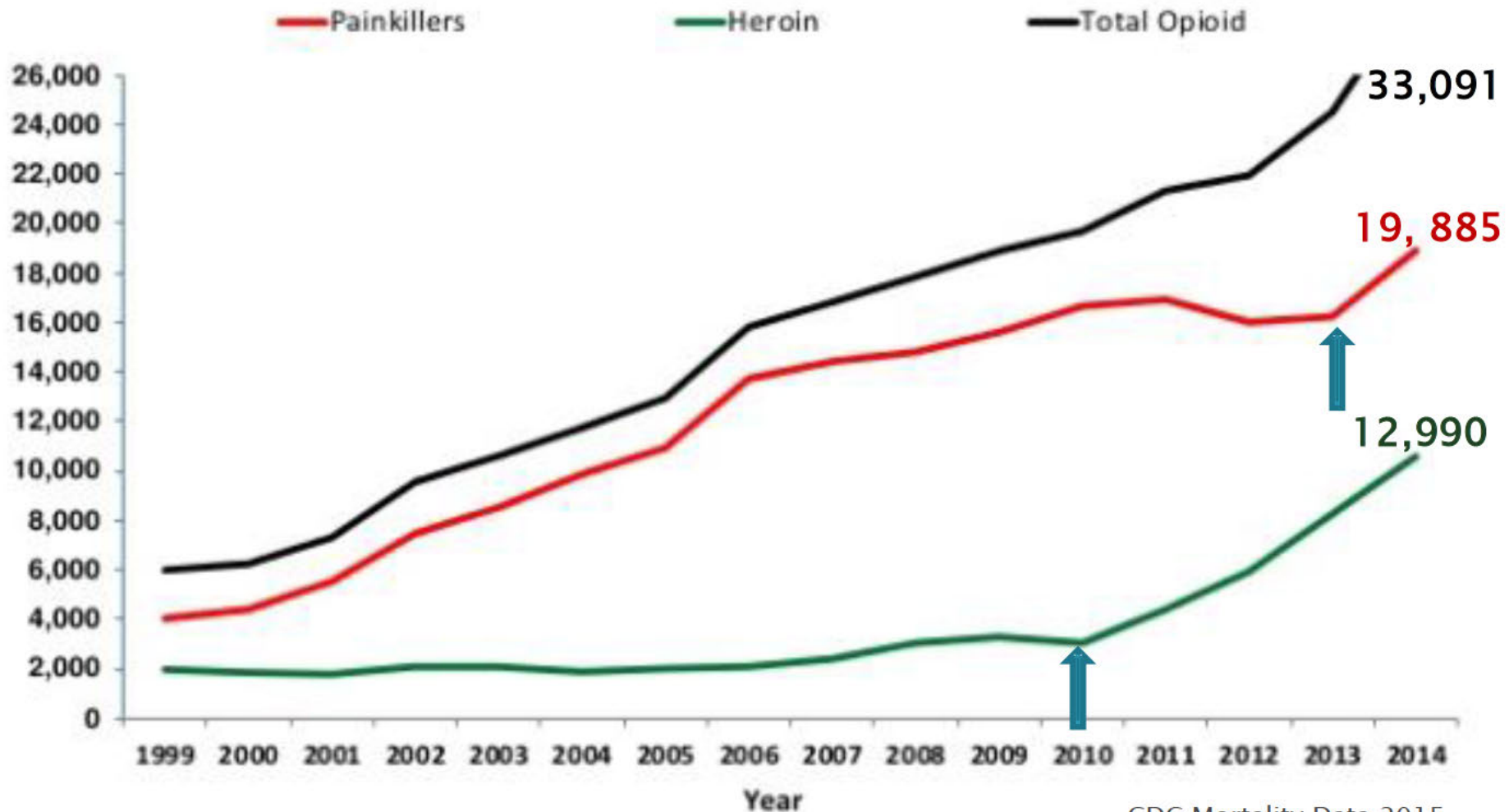
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National Opioid Epidemic...2015

- 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. (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

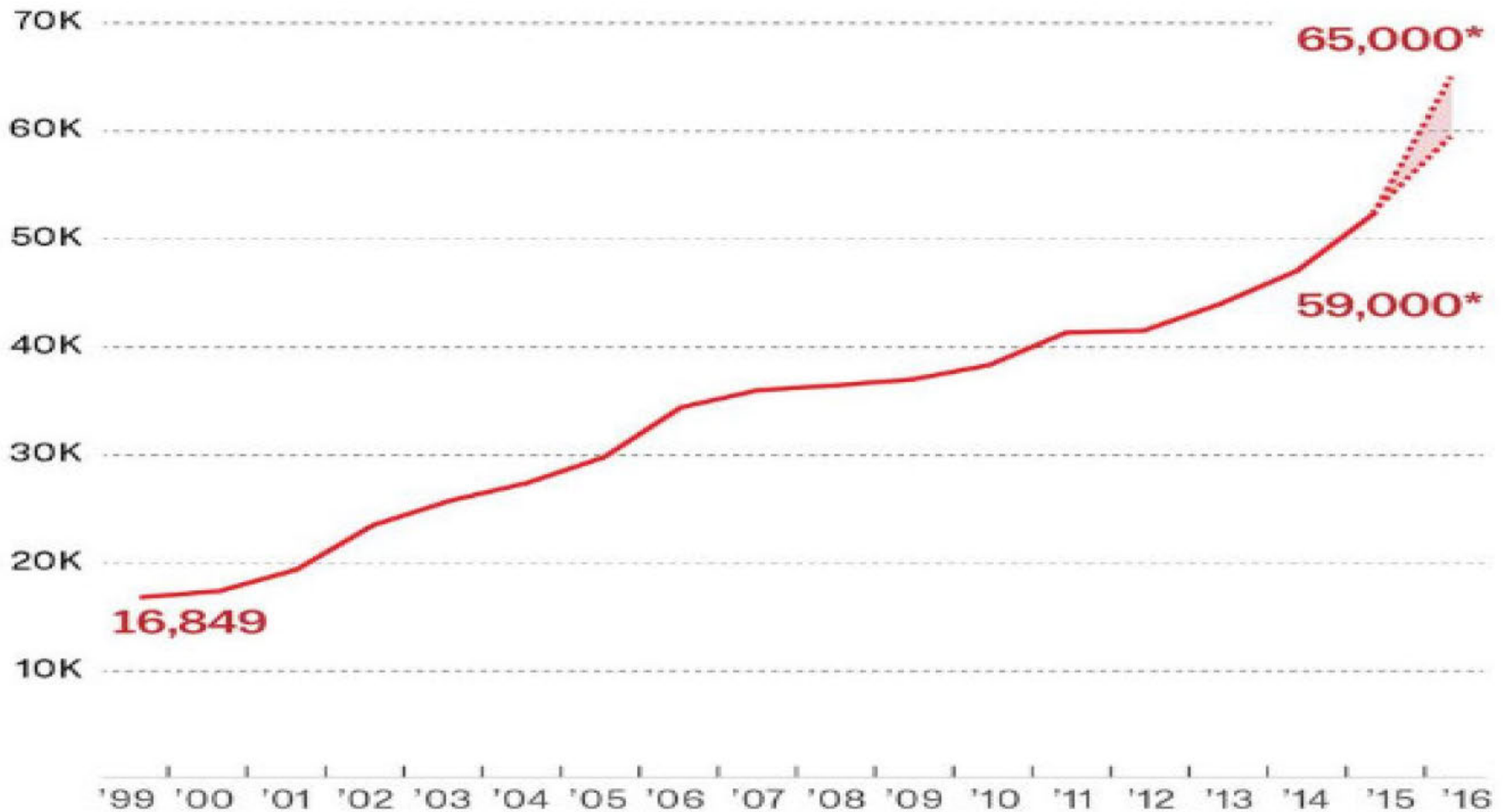


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Drug overdose deaths



*Estimated based upon preliminary data from Nat'l institute on Drug Abuse

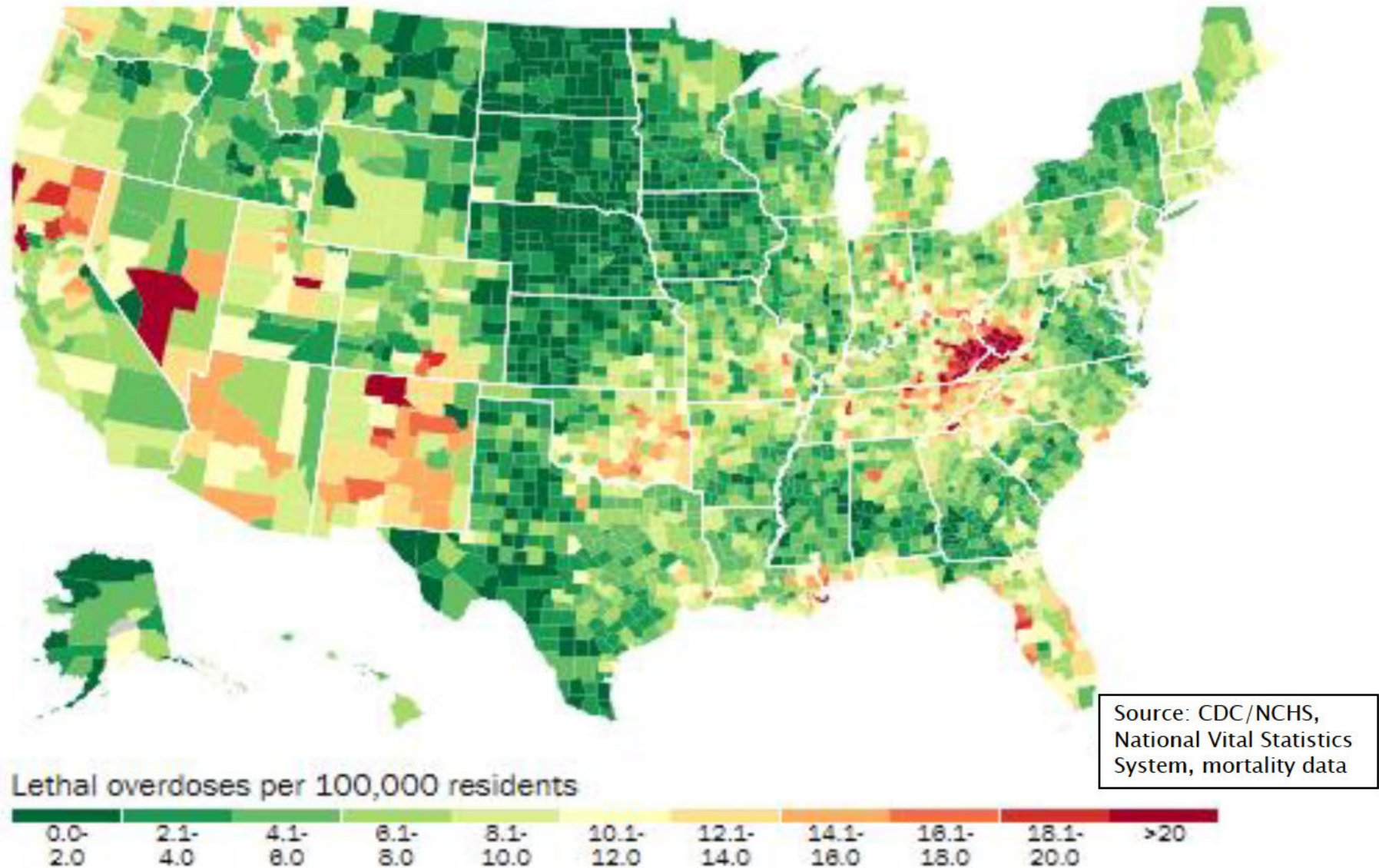


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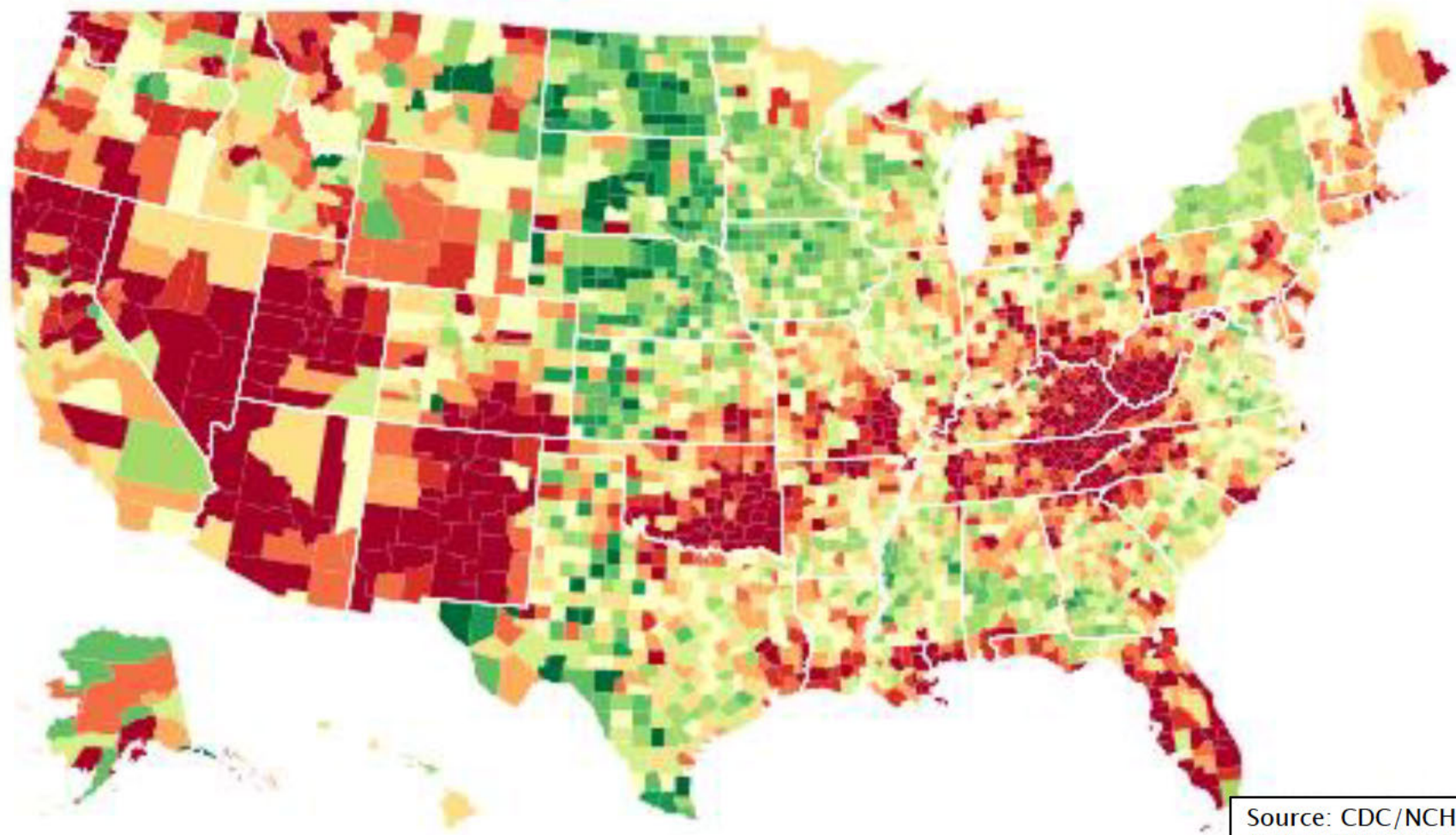
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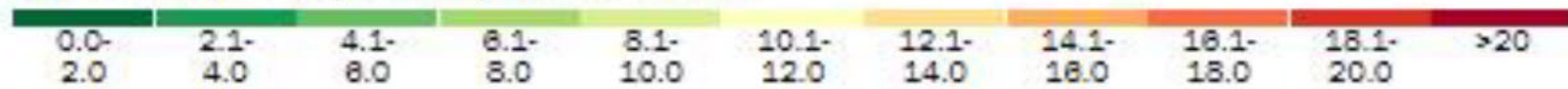
Drug Overdose Mortality Rates per 100,000 People 2002



Drug Overdose Mortality Rates per 100,000 People 2014



Lethal overdoses per 100,000 residents

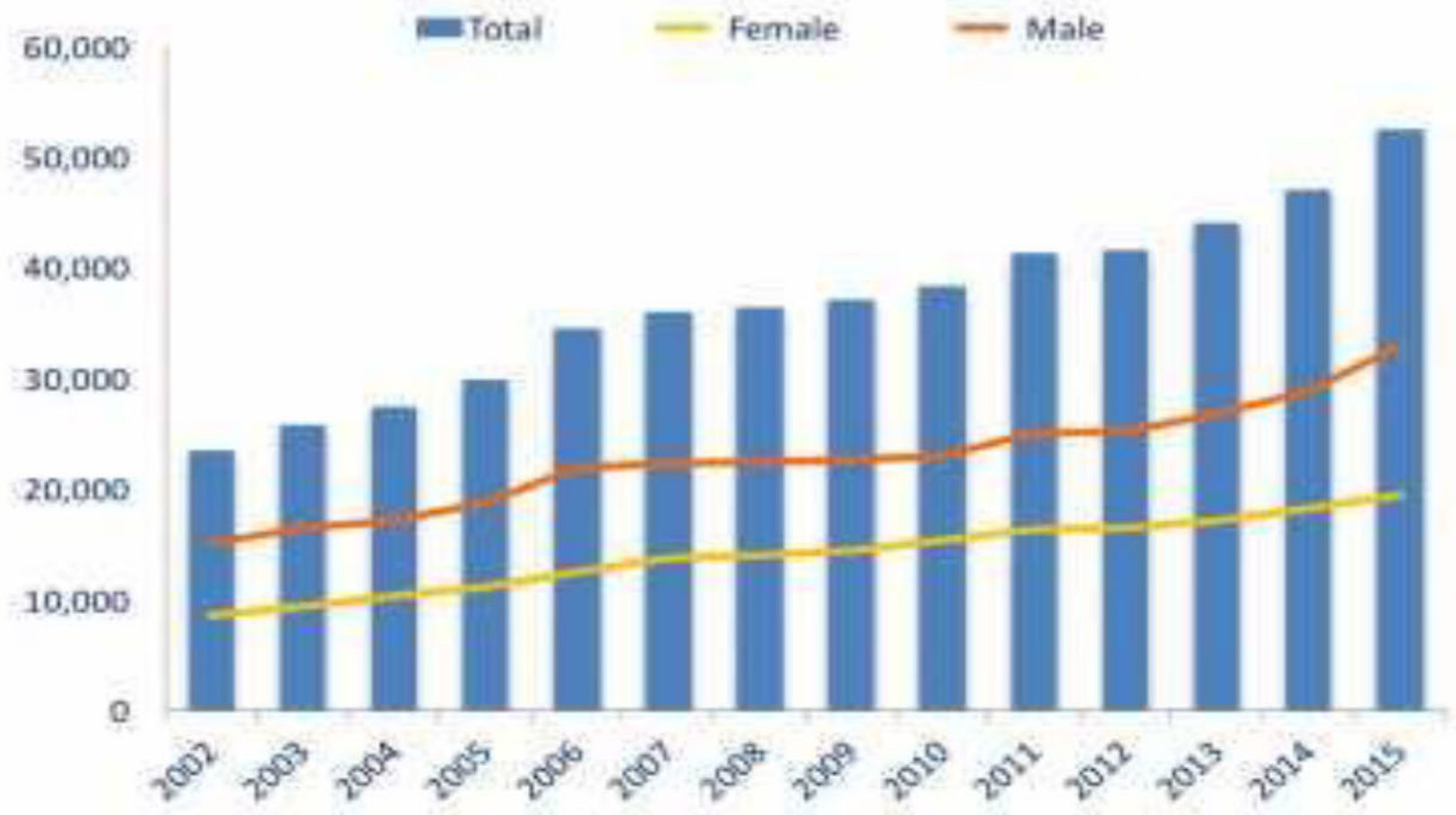


Source: CDC/NCHS,
National Vital Statistics
System, mortality data



National Overdose Deaths

Number of Deaths from All Drugs



Source: National Center for Health Statistics, CDC Wonder

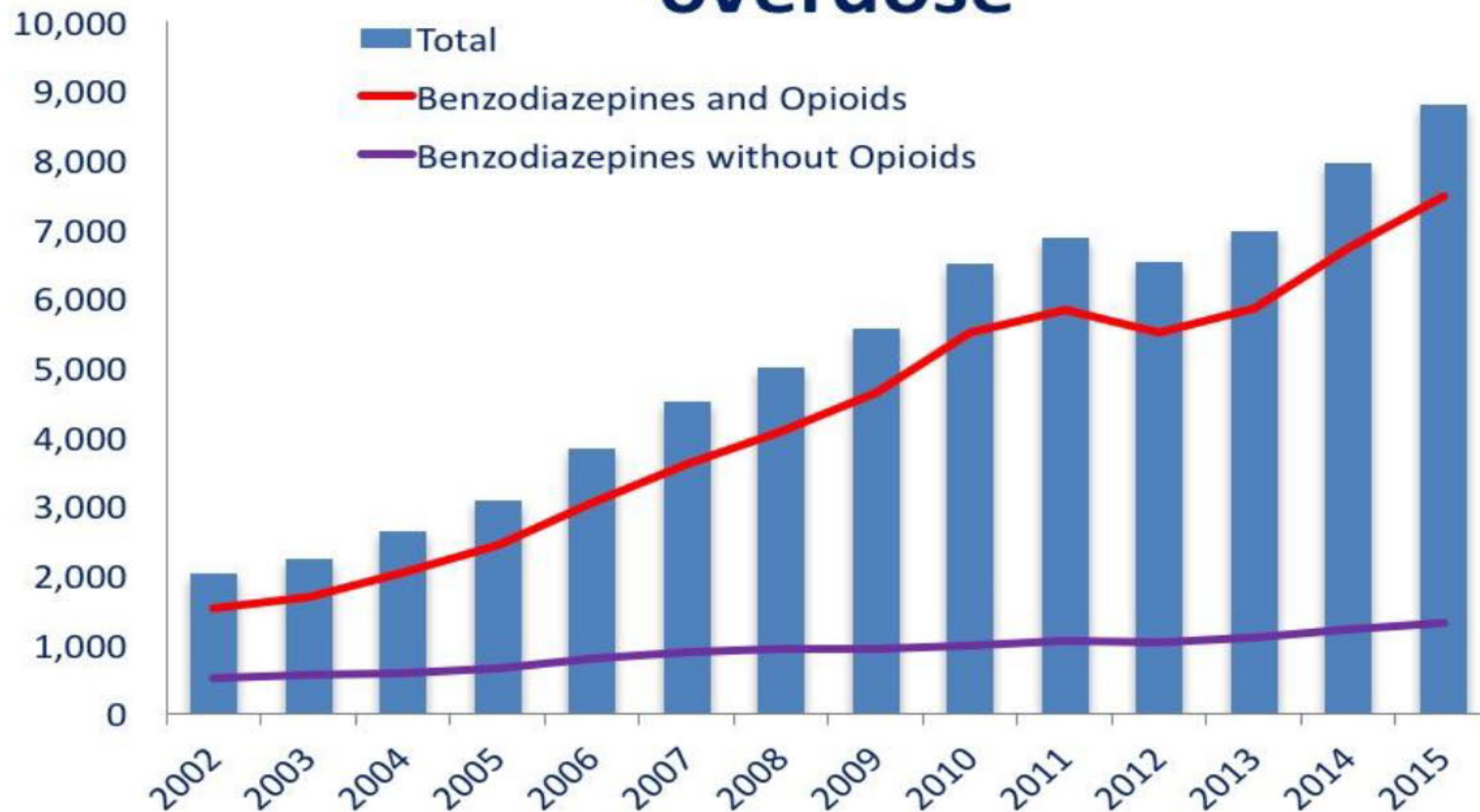


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Opioid involvement in benzodiazepine overdose



Source: National Center for Health Statistics, CDC Wonder

THE OKLAHOMAN



WEDNESDAY, NOVEMBER 2, 2011

75¢

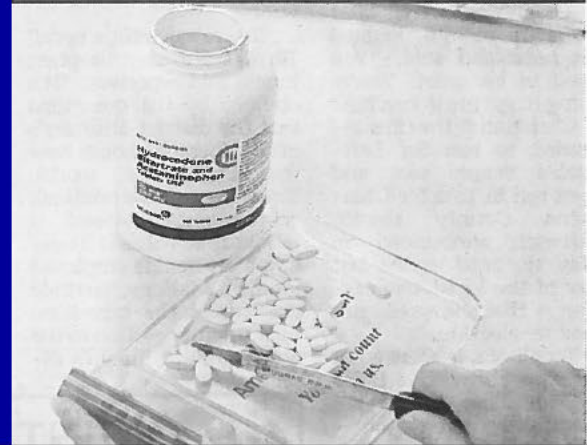
NEWSOK.COM

COVERING OKLAHOMA SINCE 1907

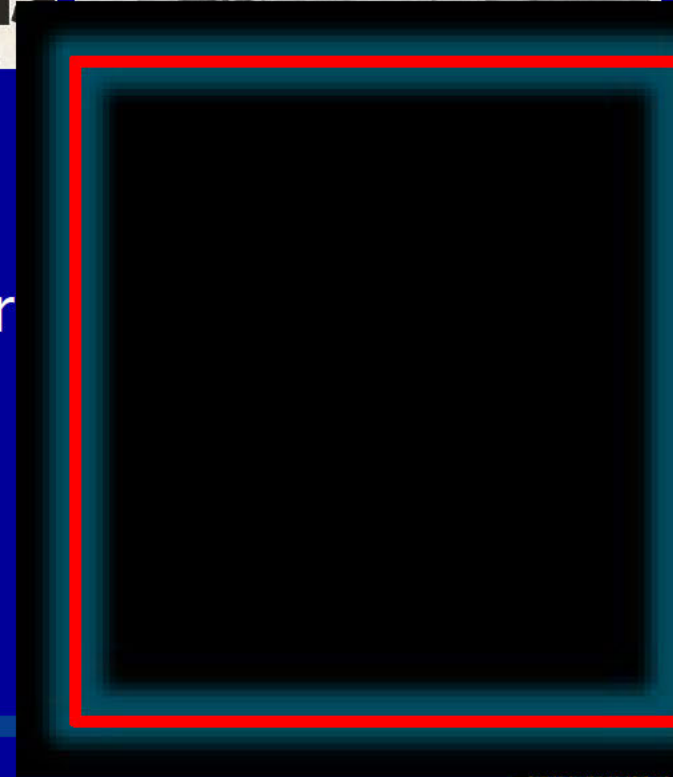
IV

State ranks first in painkiller abuse, 9th in overdose deaths

BY THE NUMBERS



- 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)



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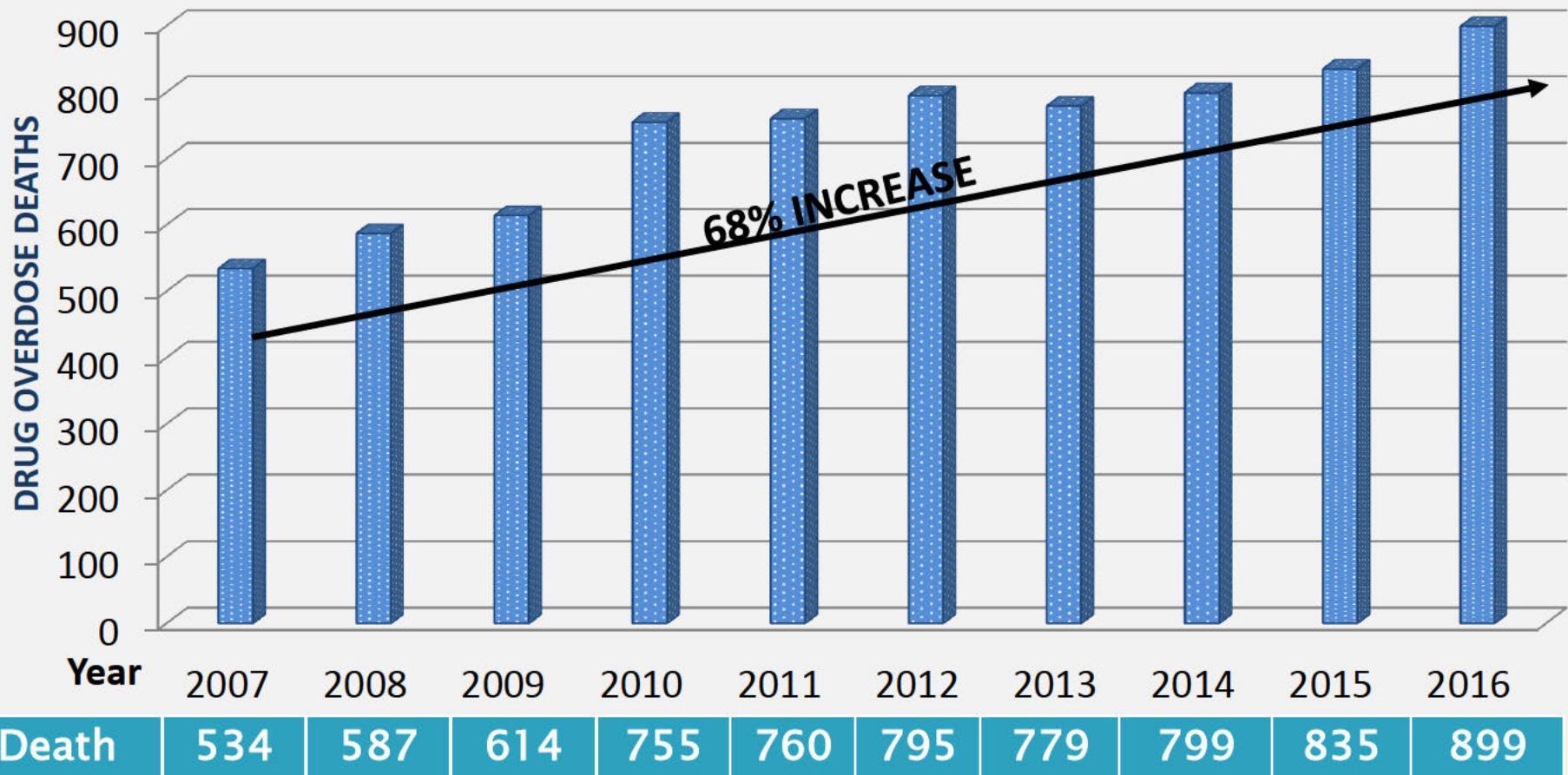
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STATE OF OKLAHOMA

DRUG DEATHS

10 YEAR COMPARISON



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

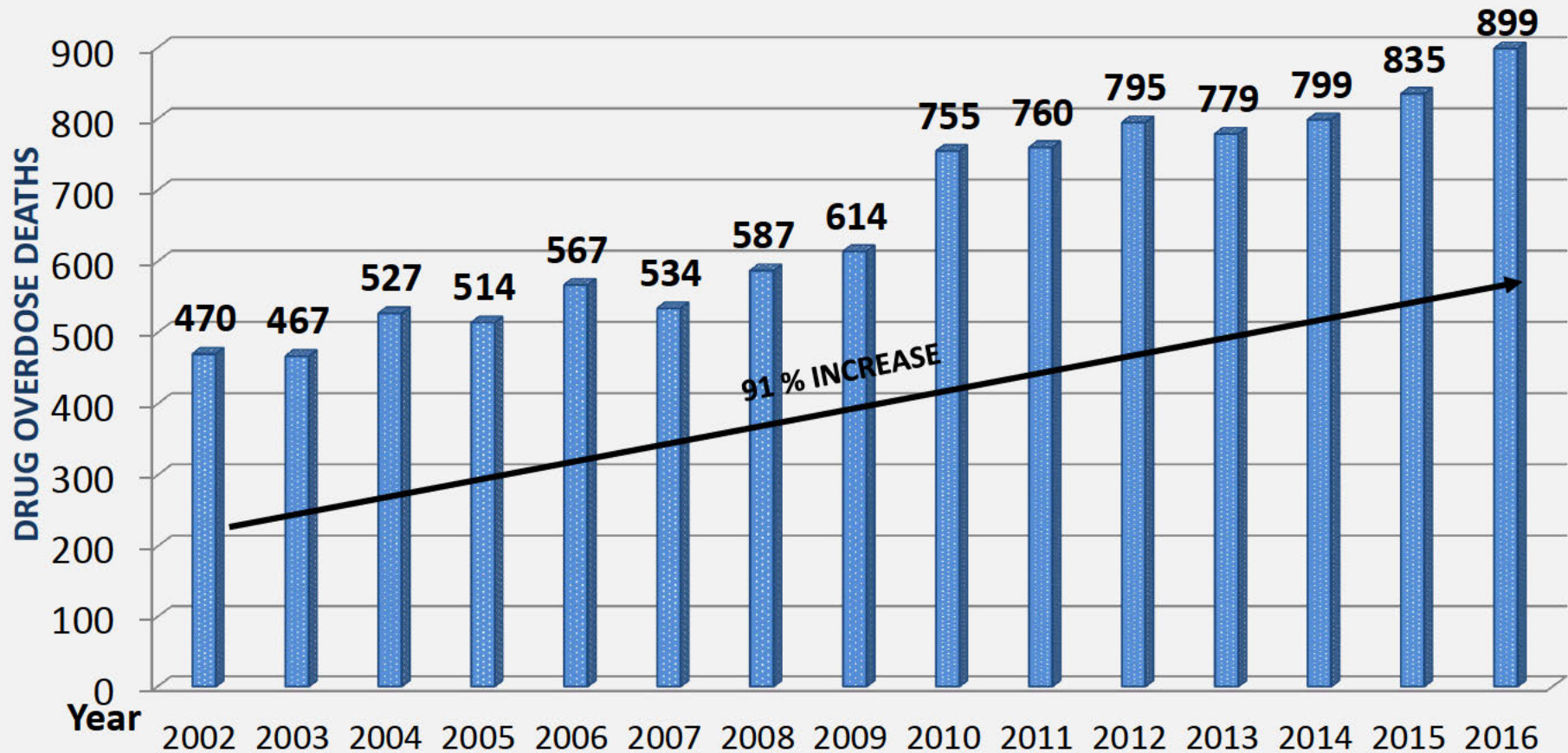
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DRUG DEATHS

15 YEAR COMPARISON



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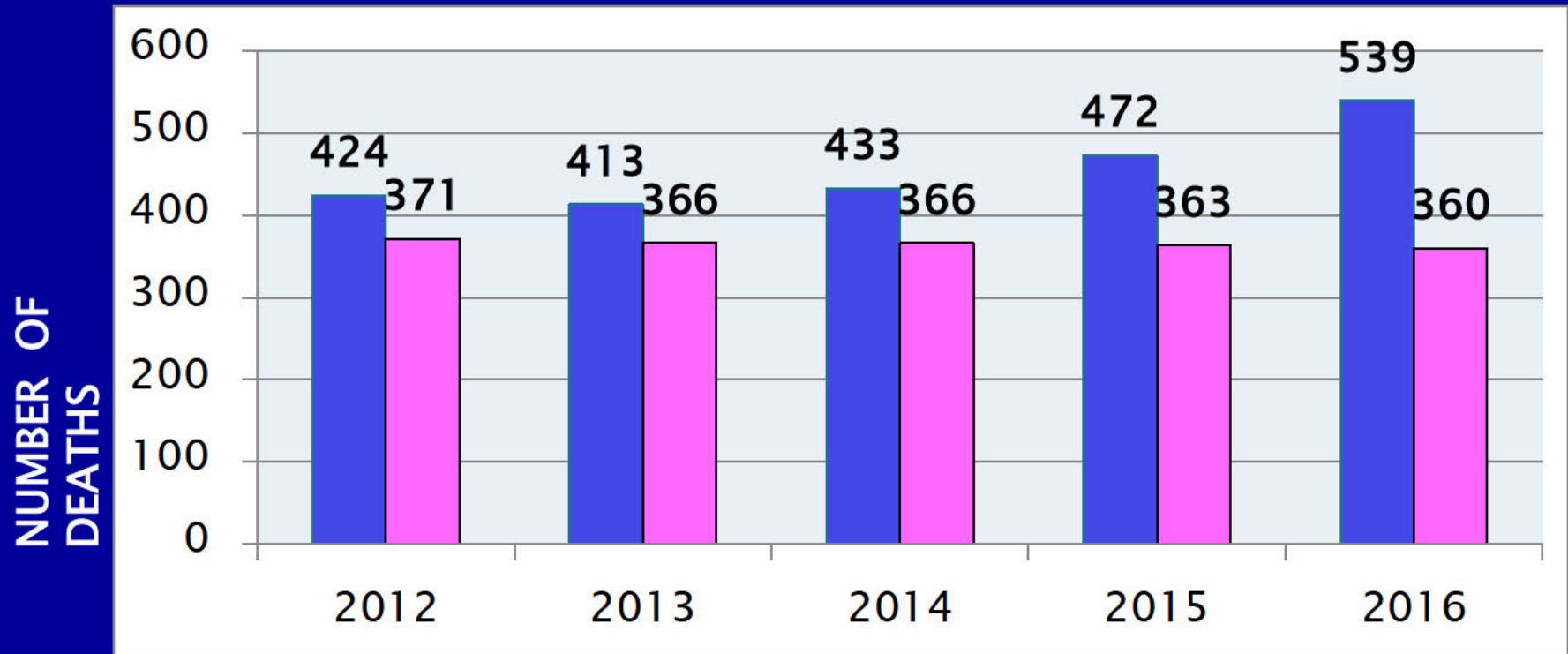
OBN
L Baker
6/19/2017
Source: State ME
2016 Data is not
complete.

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DRUG DEATHS BY GENDER 5 YEAR COMPARISON



MALE	424	413	433	472	539
FEMALE	371	366	366	363	360



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OB
L BAKER
6/23/2017
SOURCE: STATE M.E. Office
2016 Data is not complete

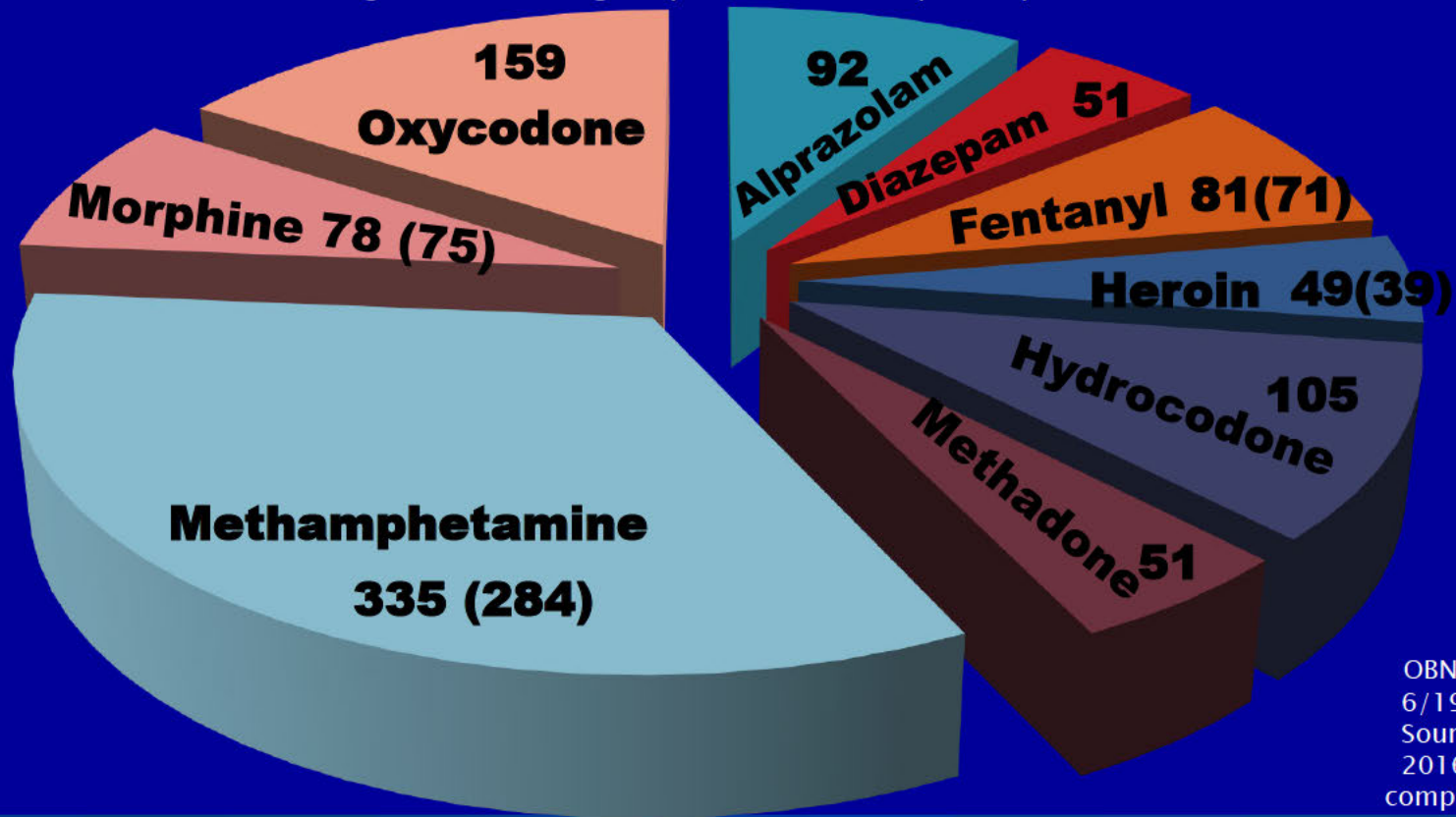
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2016 DRUG DEATHS INVOLVING THE TOP 9 ABUSED DRUGS

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.



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



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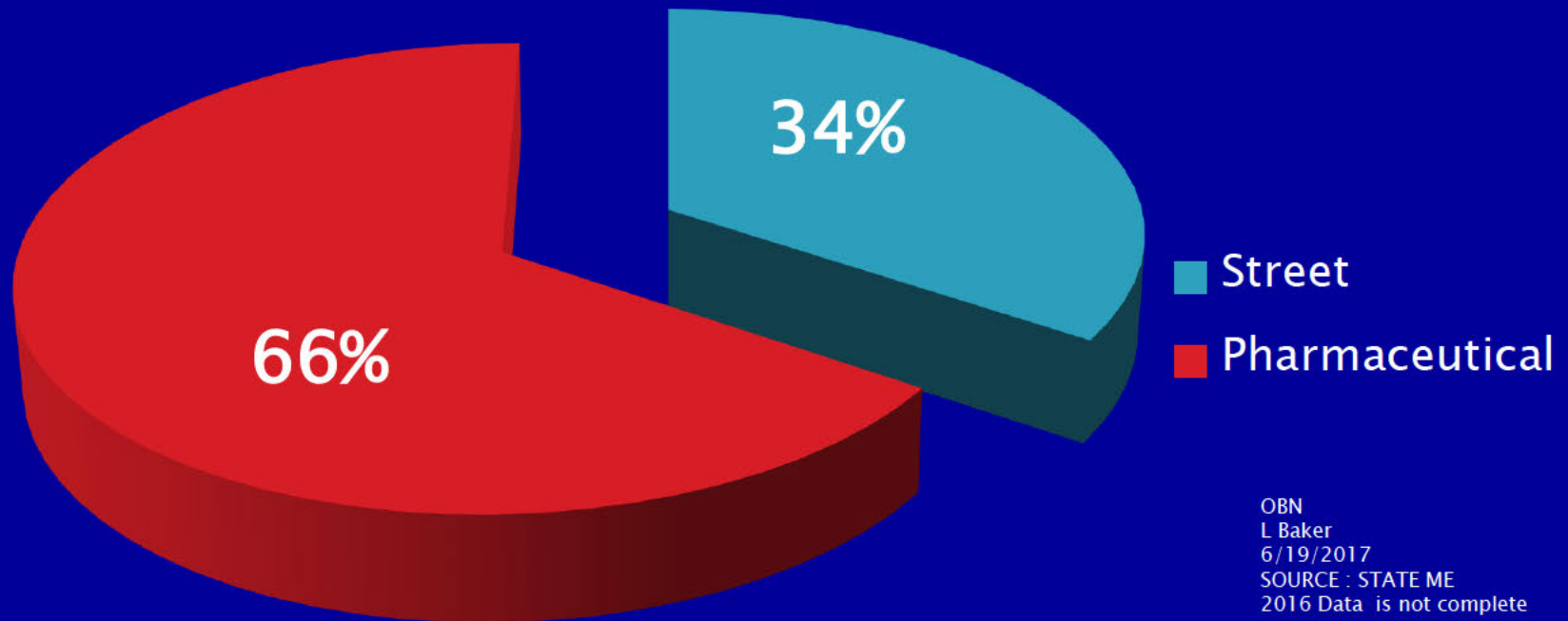


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PHARMACEUTICAL VS STREET 2016 DRUG DEATHS

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

OBN
L Baker
6/19/2017
SOURCE : STATE ME
2016 Data is not complete



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Non Fatal Overdose Reporting

Report Form

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NONFATAL OVERDOSE REPORT

* required fields

County Where Nonfatal Overdose Occurred: *

Date of Nonfatal Overdose: *

Age of Person That Overdosed: *

Race of Person That Overdosed: *

Gender of Person That Overdosed: *

Was Overdose Accidental, Suicide Attempt or Unknown: *

Type of Controlled Substances Involved (You may select multiple times): *

Method Individual Used to Obtain Controlled Substance(s): *

☐ Prescription ☐ Internet ☐ Family Member ☐ Friend ☐ Street Dealer ☐ Other ☐ Unknown

Reporting Facility

Facility's Name: *

Address

City

State

Zip

Reporting Person's Name: *

Phone: *

email:

Comments:

Submit Clear All

STREET DRUGS/OTHER

16%

PRESCRIPTION
84%

TOTAL # OVERDOSES 818

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



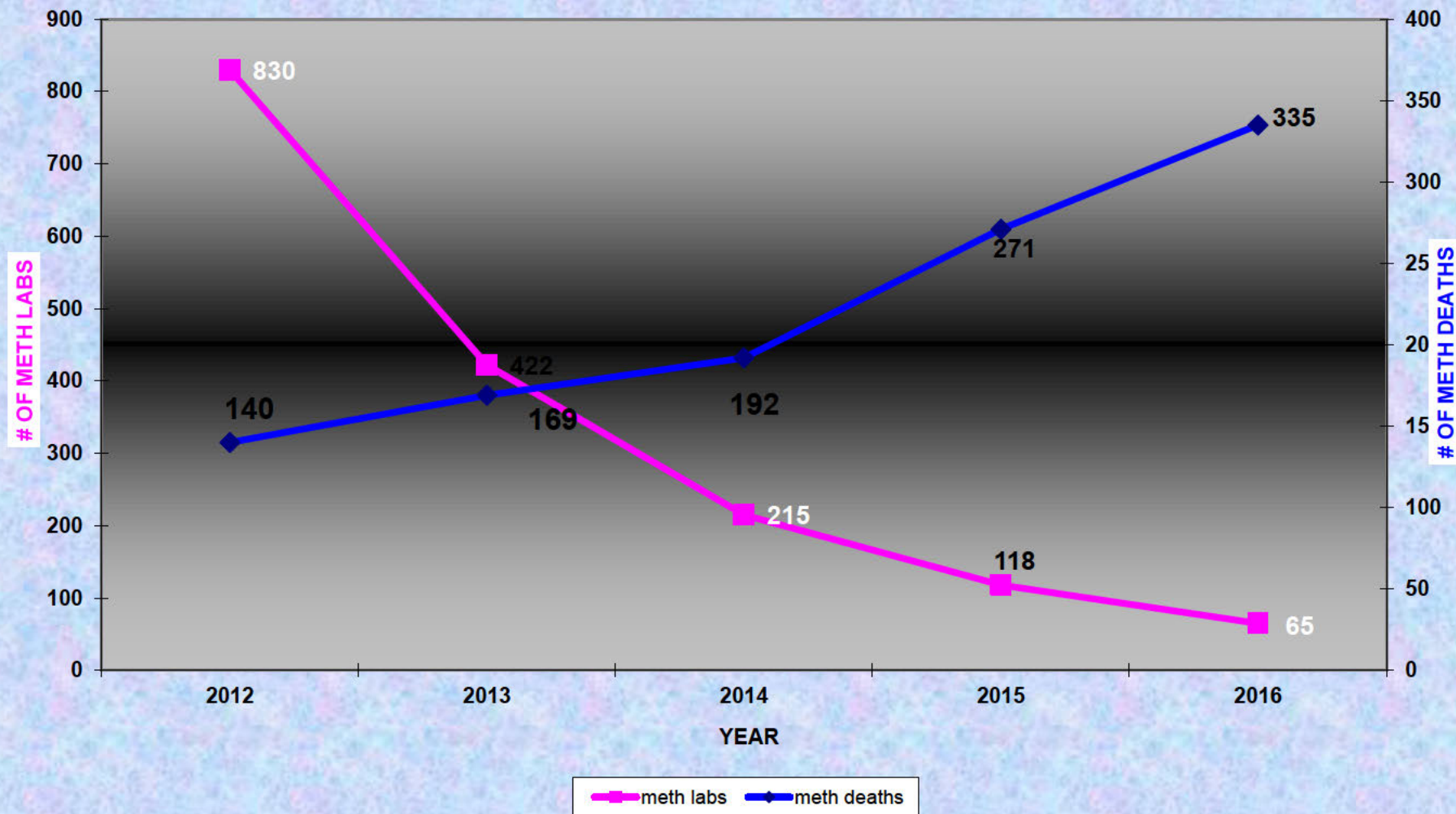
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METHAMPHETAMINE 5 YEAR COMPARISON

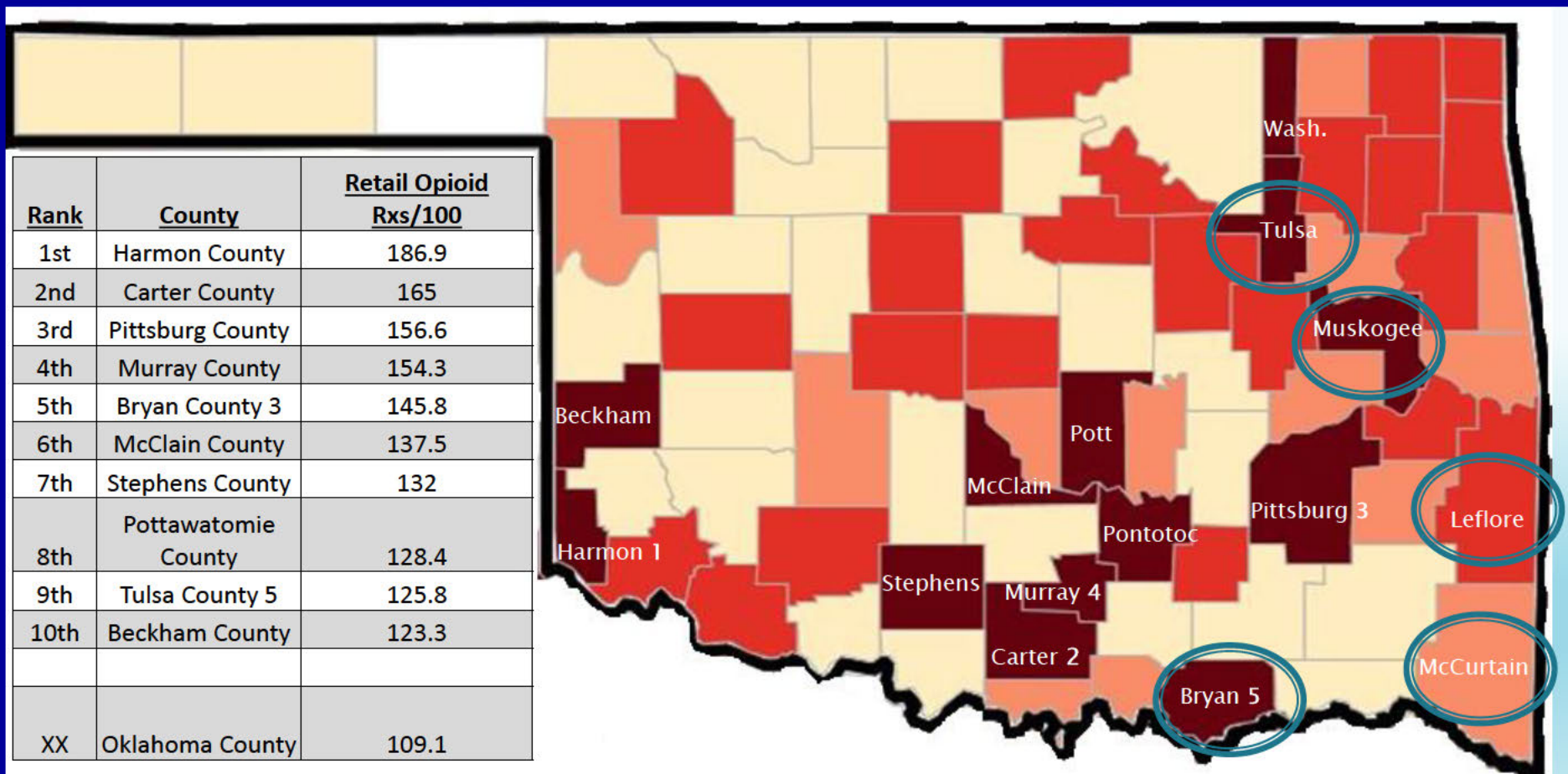


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2016 Retail Opioid Prescriptions sold per 100 people by county CDC / OD Deaths per county

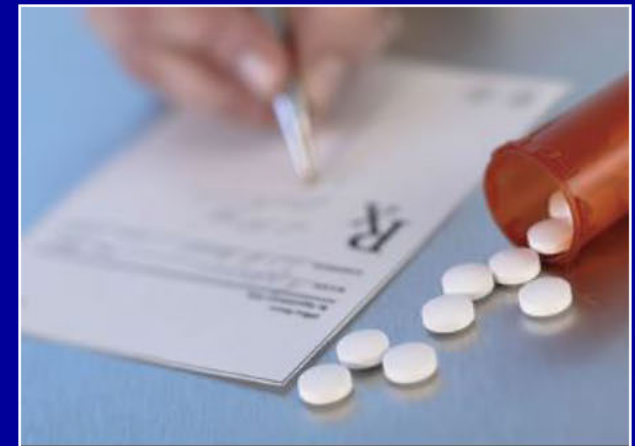
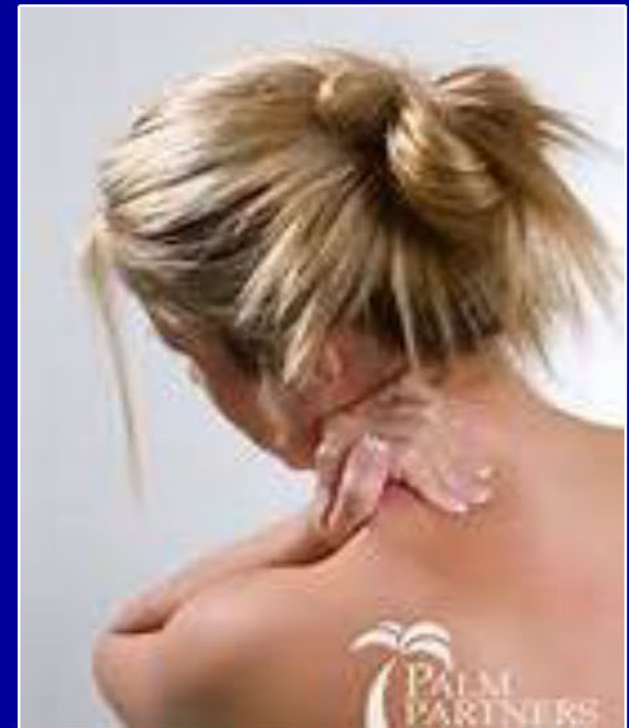


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How it Starts



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Who's Most at Risk



Fatal Overdose Deaths Middle
Aged Men 45–55



Non Fatal Overdose
Ages 16–25



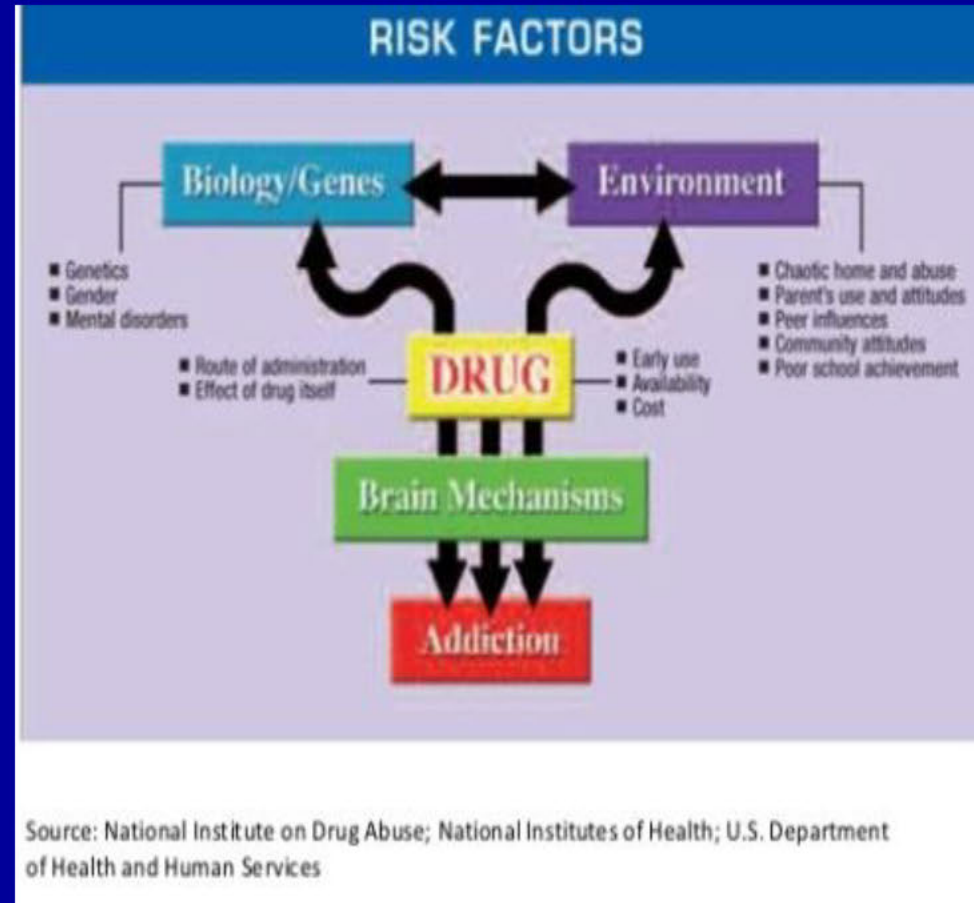
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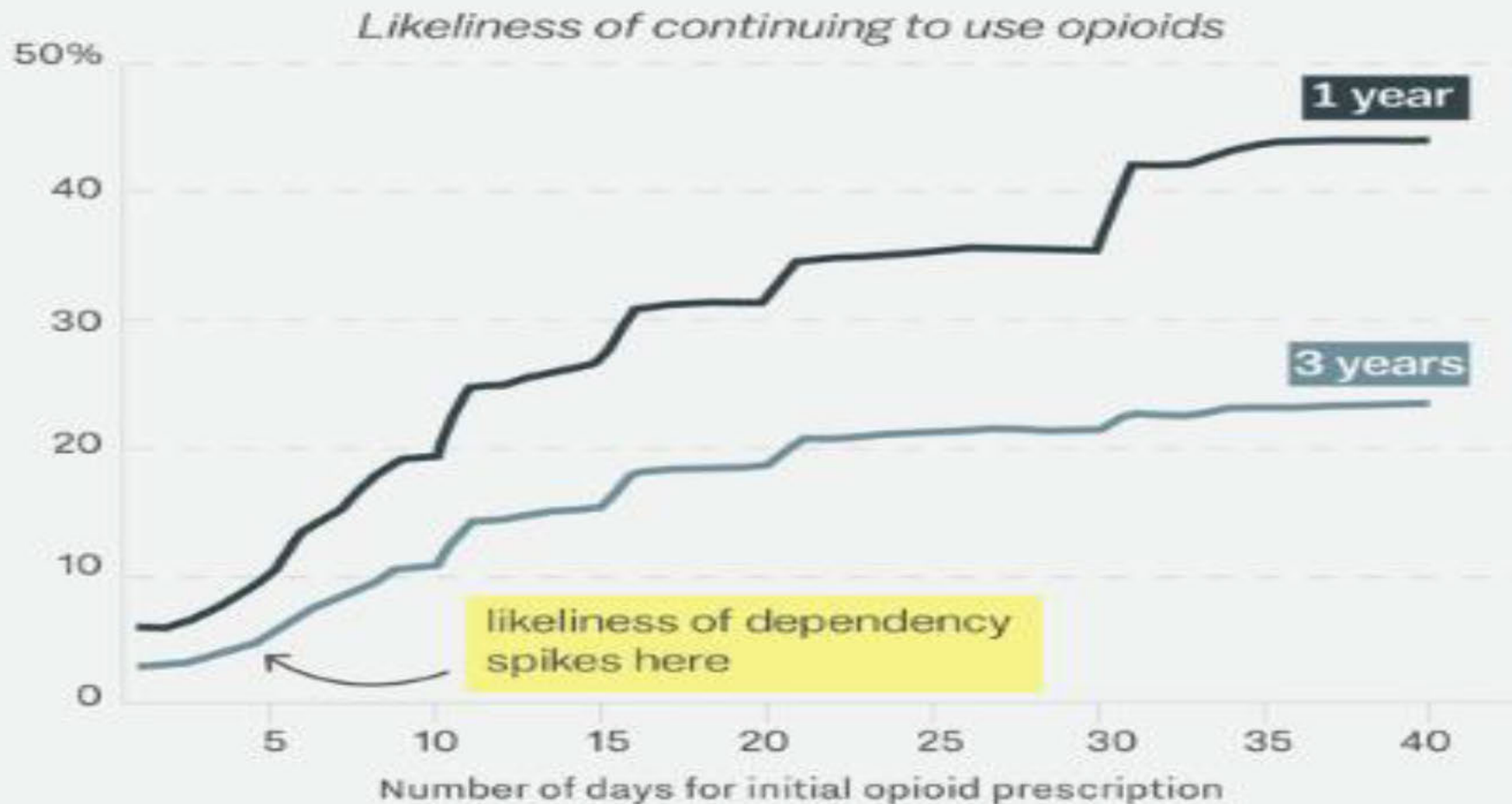


Risk Factors for Addiction

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



Risk of continued opioid use increases at 4-5 days



Source: Centers for Disease Control and Prevention



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Opioid Side Effects

- Mentally Impairing
- Depression
- Anxiety
- Delay Recovery
- Increase Medical Costs
- Double the Chance of Disability
- Increase Falls
- Cardiac
- Neurobiological Changes
- Addiction
- Death



Drug Cocktail – “Holy Trinity”

- ▶ 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



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Prescriber behavior

Prevention

Education

Demand Reduction

Treatment

Law Enforcement

Naloxone

Initial use

Extra use

Abuse

Addiction

Criminal Activity

Overdose

Death



The Truth about Opioids: Treating Pain in the United States.

making our world

making our world safer*



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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



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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

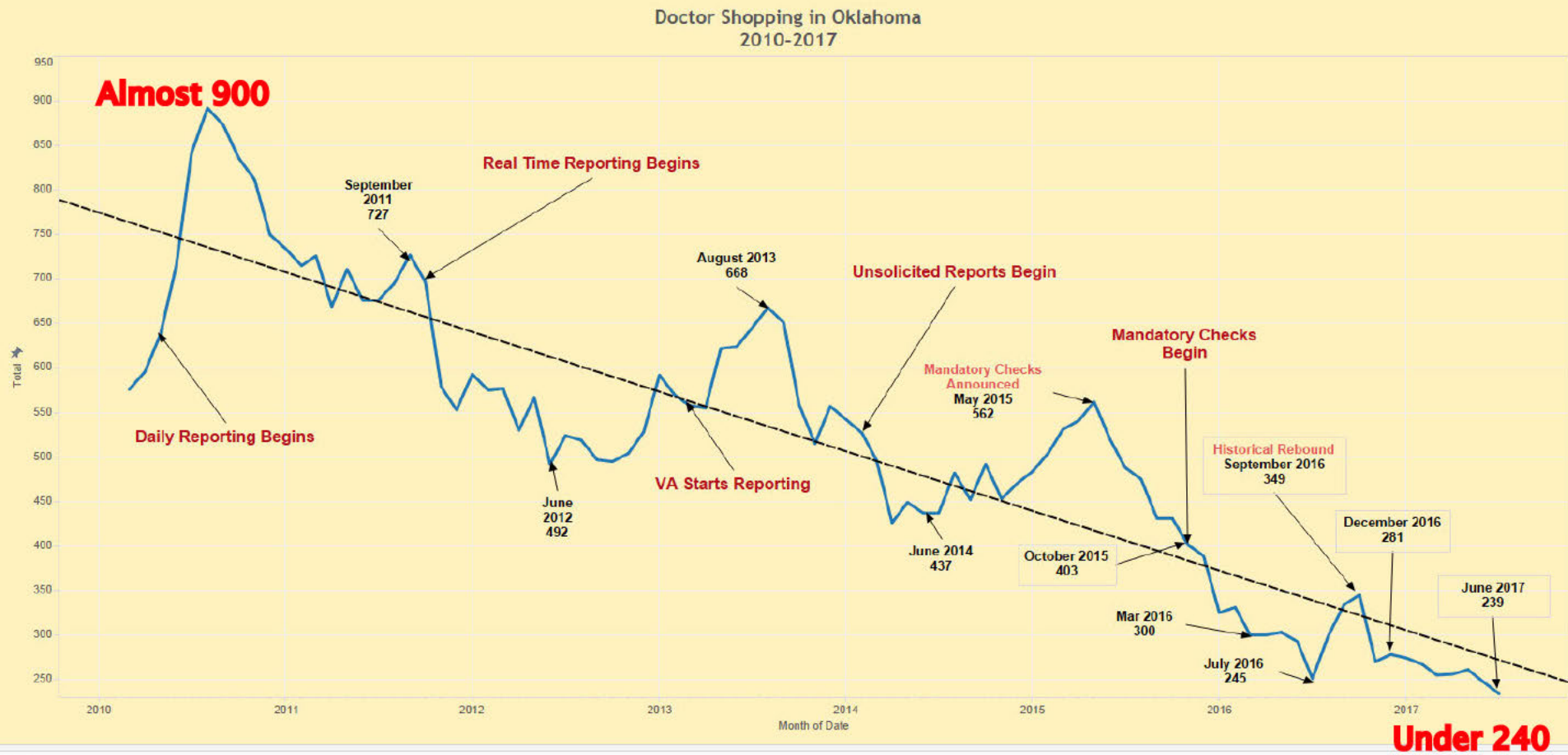
- ▶ **Employee Theft –**
 - 15,000 30mg Oxycodone Pills missing \$450K street value
 - Show cause on Pharmacy Owner

- ▶ **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”



Caption
Doctor shopping is trending down. Uses National standard (5 Doctors and 5 Pharmacies in 90 Days)

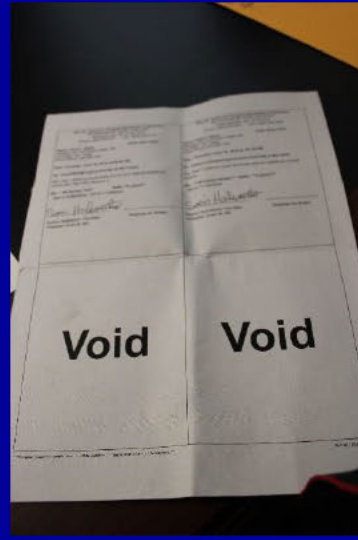
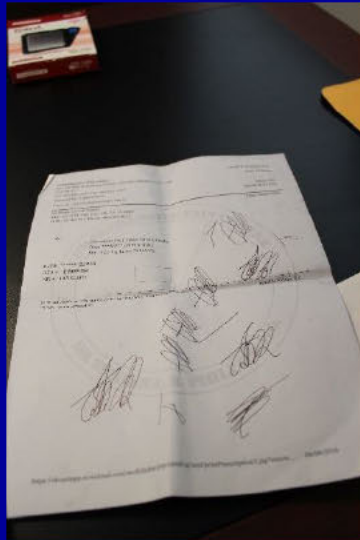


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Forgeries



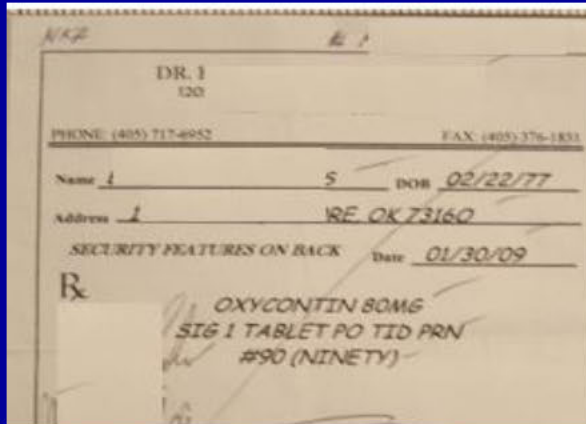
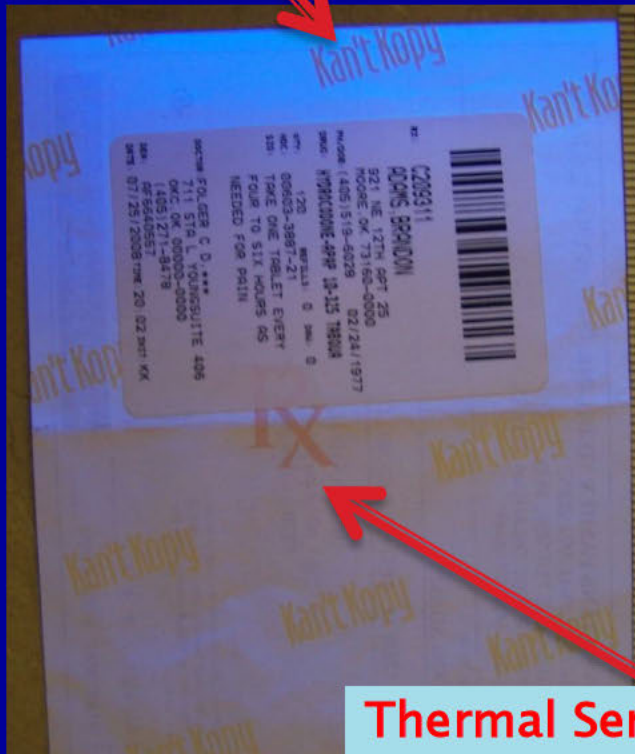
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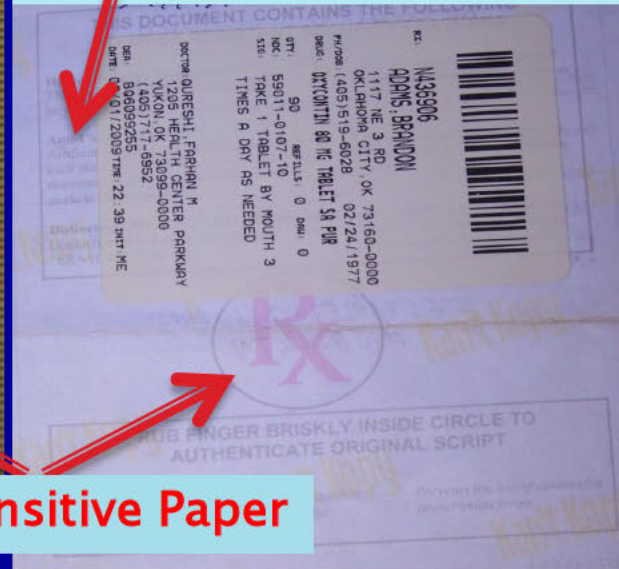


Forgeries, cont'd

Kan't Kopy Water Mark



Gray Scale security features



Thermal Sensitive Paper

- 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



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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

are

2x



MARIJUANA

are

3x



COCAINE

are

15x



Rx OPIOID PAINKILLERS

are

40x

...more likely to be addicted to heroin.

SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.



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Heroin in Oklahoma this month

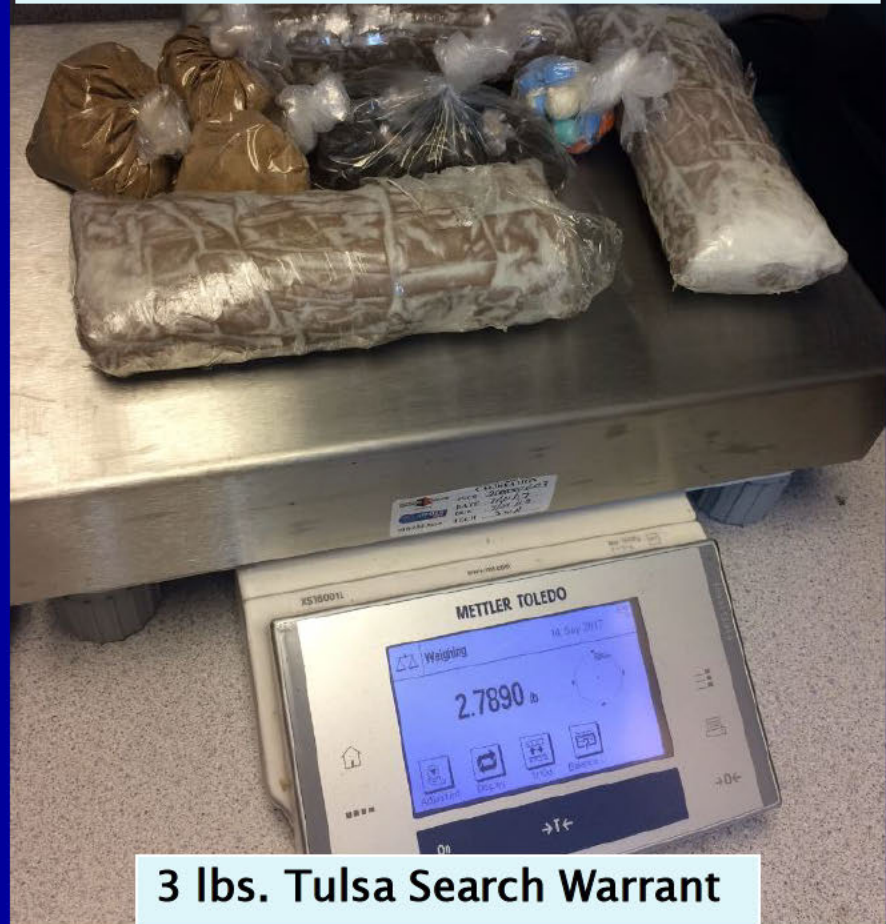


White powder ?



5lbs Heroin Interdiction

1.5 lbs. Heroin OKC Search Warrant



3 lbs. Tulsa Search Warrant



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Fentanyl

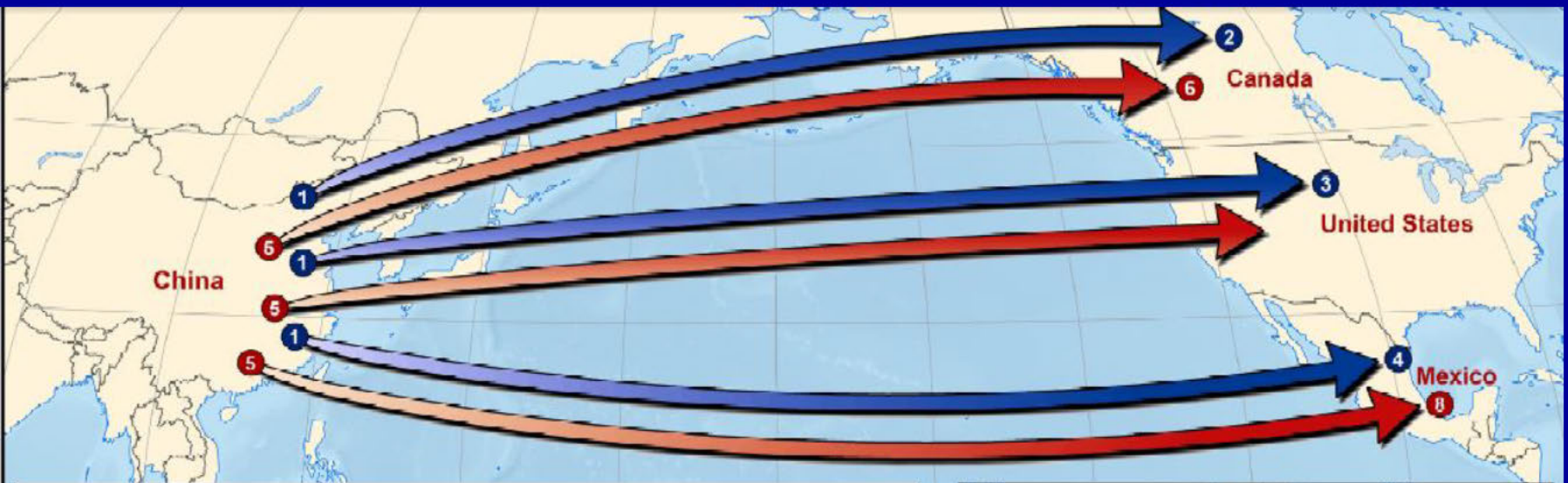
- Fentanyl being produced in several countries
 - Mexico, China, India
- Entry into U.S. is predominantly through Mexico
 - Ohio is a drug distribution point for the upper Midwest and east coast
 - Rising trend towards internet purchases delivered via USPS/FedEx
- Fentanyl-cut heroin mostly marketed 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

Figure 13. Potential Revenue Generated from Fentanyl Pill Sales Using 1 Kilogram of Fentanyl (in USC)

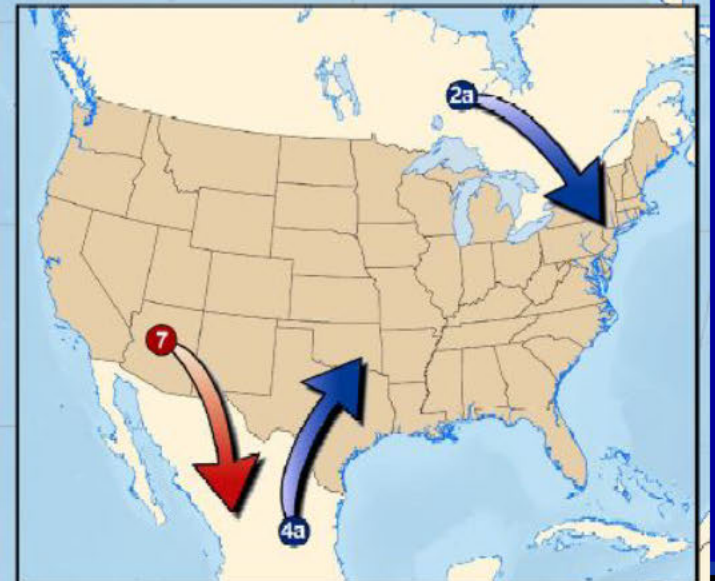
Amount of Fentanyl Per Pill	Price Per Pill	Price Per Pill	Price Per Pill
	\$10	\$15	\$20
1.5 milligrams (666,666 pills)	\$6.6 million	\$9.9 million	\$13.3 million
1 milligram (1 million pills)	\$10 million	\$15 million	\$20 million



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.
 - 2a Some fentanyl products are smuggled from Canada into the United States for sale, on a smaller scale.
- 3 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.
- 4 The powder fentanyl is cut and diluted for further smuggling, or pressed into counterfeit prescription pills.
 - 4a Diluted powder fentanyl and counterfeit prescription pills containing fentanyl are smuggled from Mexico into the United States.
- 5 Precursors for manufacturing fentanyl are shipped via mail services.
- 6 Precursors are used to manufacture fentanyl in clandestine laboratories.
- 7 Precursors are likely smuggled across the Southwest border into Mexico to manufacture fentanyl.
- 8 Precursors are likely used to manufacture fentanyl in clandestine laboratories.



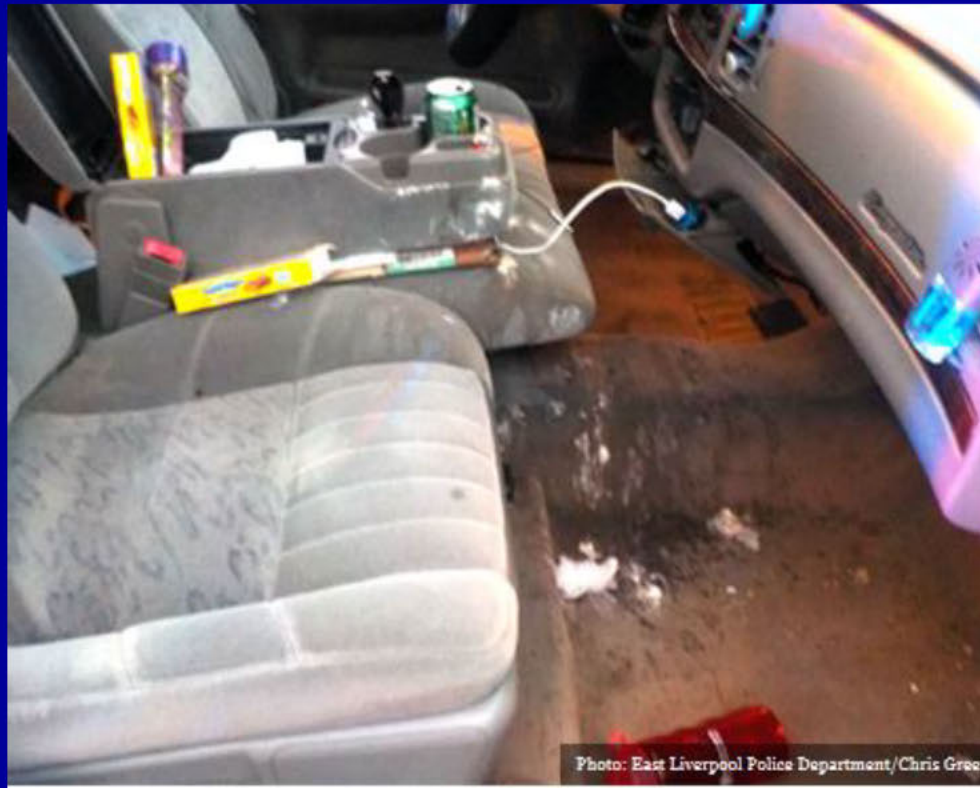
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Cop Overdoses after Touching Fentanyl Dust

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

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



Figure 11: Synthetic Drug Factory In China.



Figure 12: Synthetic Drug Factory In China.

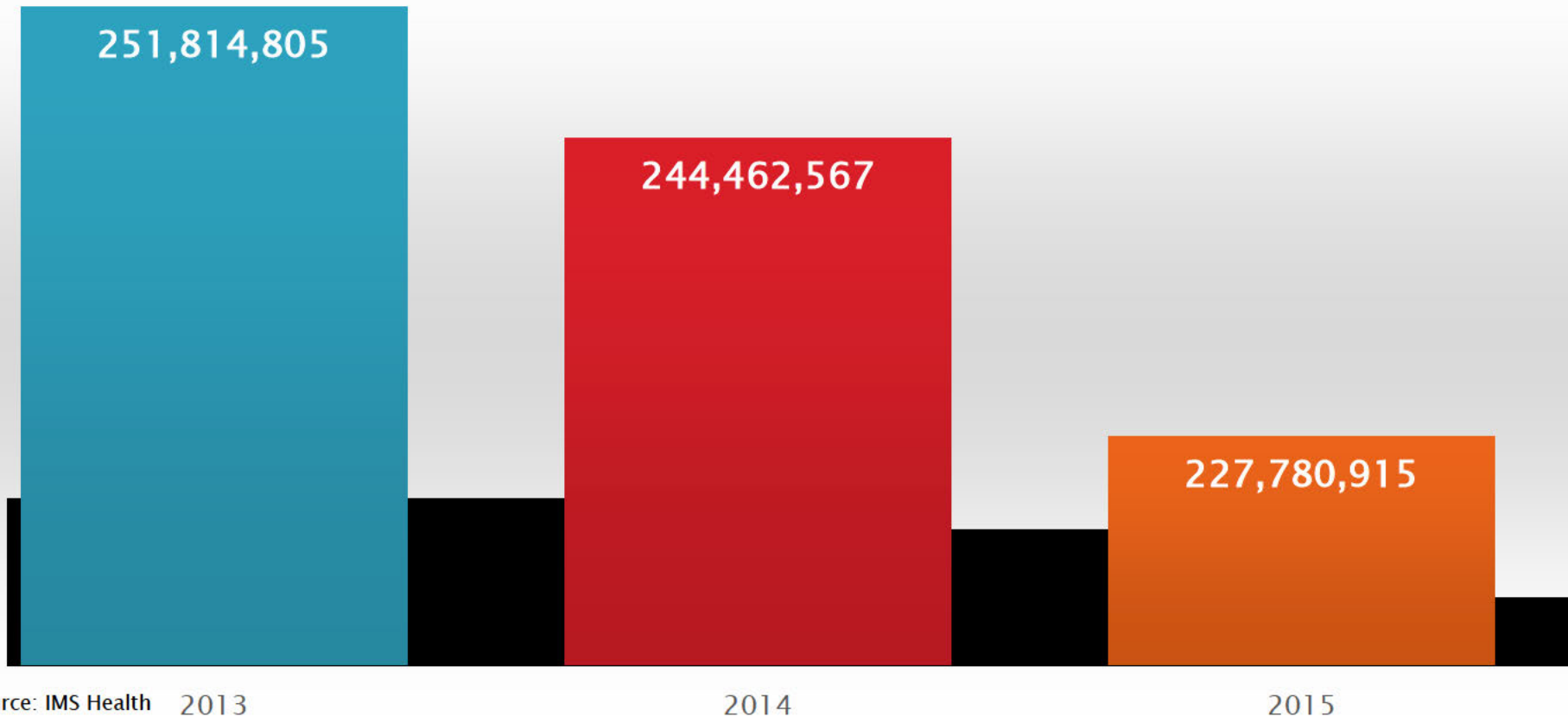


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Total national filled opioid prescriptions: 2013–2015



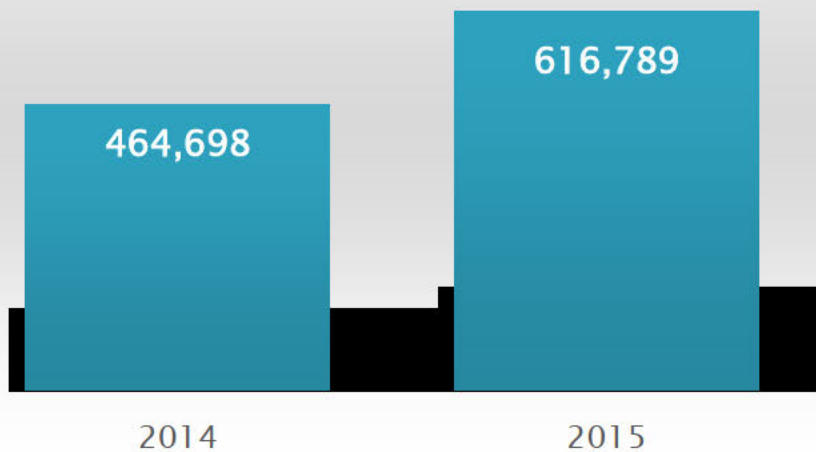
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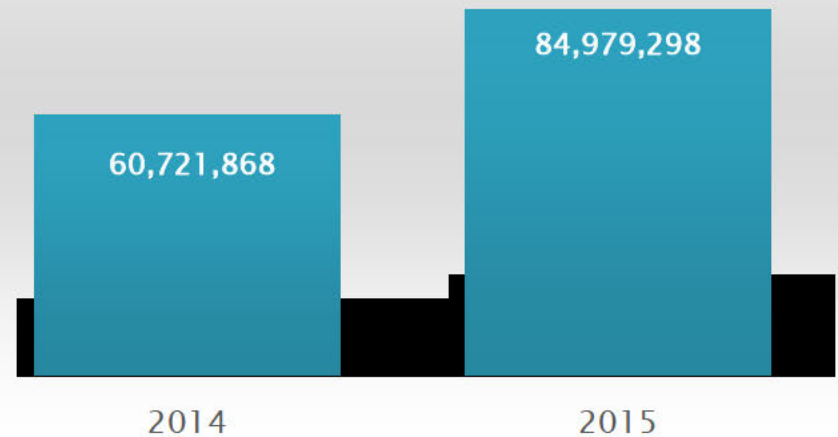


PDMP registration and use increasing

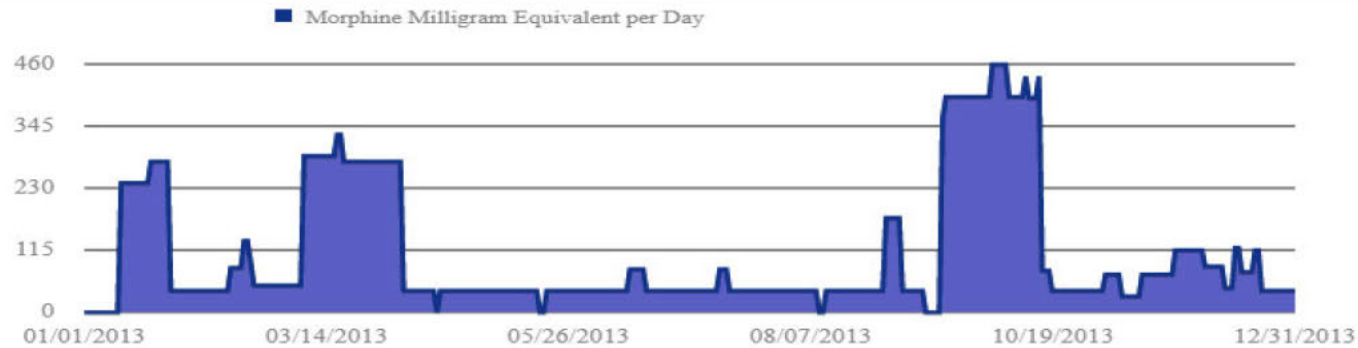
Health care professional
registration



Physician and other health
care professional queries



PMP and Diversion



ence, the conversion factors and associated daily morphine milligram equivalents for drugs prescribed as part of medication-assisted treatment for opioid use should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain.

ations

ence, the conversion factors and associated daily morphine milligram equivalents for drugs prescribed as part of medication-assisted treatment for opioid use should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain.

Written	Drug	QTY	Days	Prescriber	Rx #	Pharmacy *	Refills	MME/D	Pynt Type	PMP
10/15/2013	HYDROCODON-ACETAMINOPHN 10-325	100	25		331761		0	40.0	Comm Ins	OK
10/15/2013	CLONAZEPAM 2 MG TABLET	60	30		331760		0		Other	OK
10/11/2013	HYDROCODON-ACETAMINOPHEN 5-325	60	8		4833218		0	37.5	Comm Ins	OK
10/01/2013	HYDROCODON-ACETAMINOPHEN 5-325	60	5		331486		0	60.0	Comm Ins	OK
09/17/2013	HYDROCODON-ACETAMINOPHN 10-325	100	25		4283604		0	40.0	Other	OK
09/17/2013	CLONAZEPAM 2 MG TABLET	60	30		4283605		0		Medicare	OK
09/16/2013	SUBOXONE 8 MG-2 MG SL FILM	45	30		331169		0	360.0	Comm Ins	OK

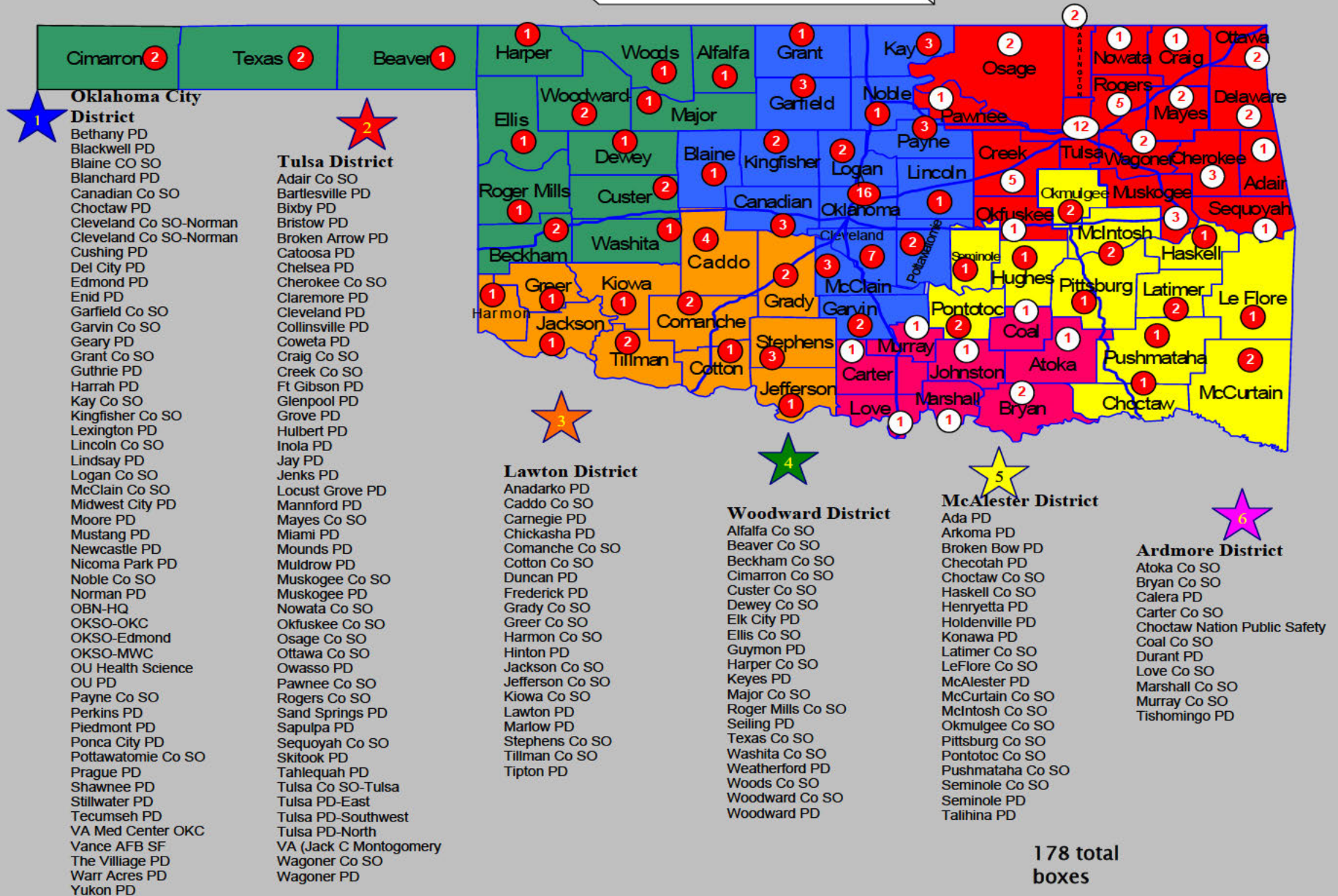


Oklahoma Bureau
Of Narcotics

AIC Brian Veazey
Chief Agent Mark Stewart

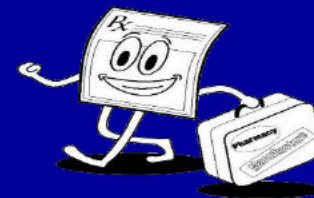


STATE OF OKLAHOMA
"SAFE TRIP FOR SCRIPTS"
TAKE-BACK CONTAINER
LOCATIONS

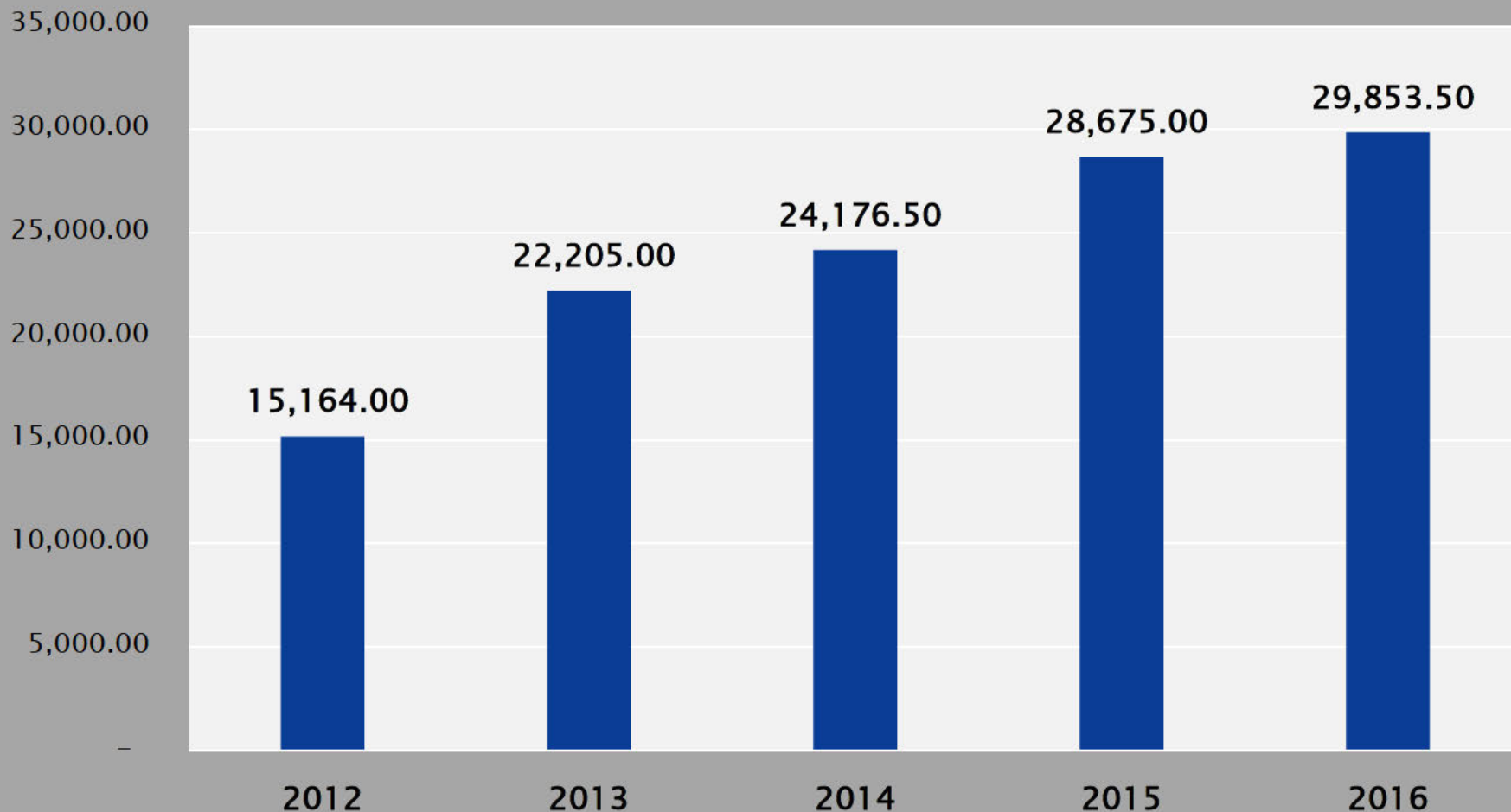




Safe Trip for Scripts Drug Prevention Program



LBS



Drugs Dropped into RX Disposal Boxes by Weight

OBN
L Baker
3/21/2017
Source: OBN

AIC Brian Veazey
Chief Agent Mark Stewart



Oklahoma Bureau
Of Narcotics



QUESTIONS - COMMENTS

Brian Veazey 405- 530-3129 bveazey@obn.state.ok.us



© Oklahoma Bureau of Narcotics




Oklahoma Bureau of Narcotics
"SAFE TRIPS FOR SCRIPTS"
Drug Prevention Program



Pharmaceutical Take-Back Location Finder

Enter 5 digit zipcode:

Show Locations within : 



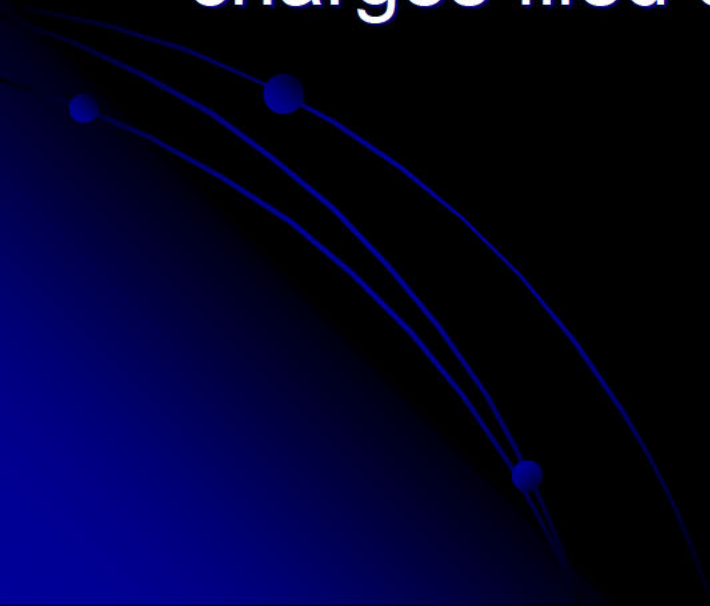
SEARCH

Drug Diversion. The Cartel. Heroin in Tulsa.

Capt. Mark Wollmershauser Jr.
Tulsa Police Department

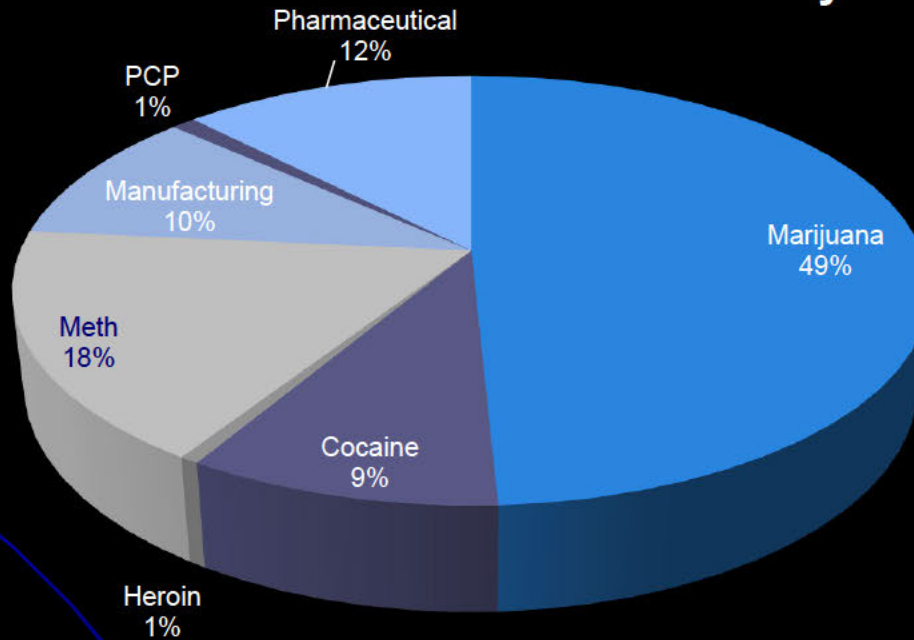


My How Things Have Changed

- 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)
- 

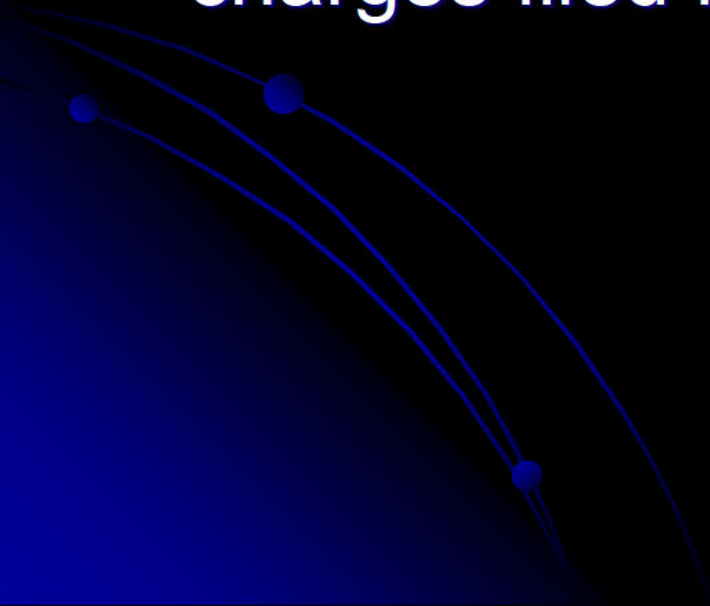
2011 Pie Chart

**2011 Drug Charges
by Drug**

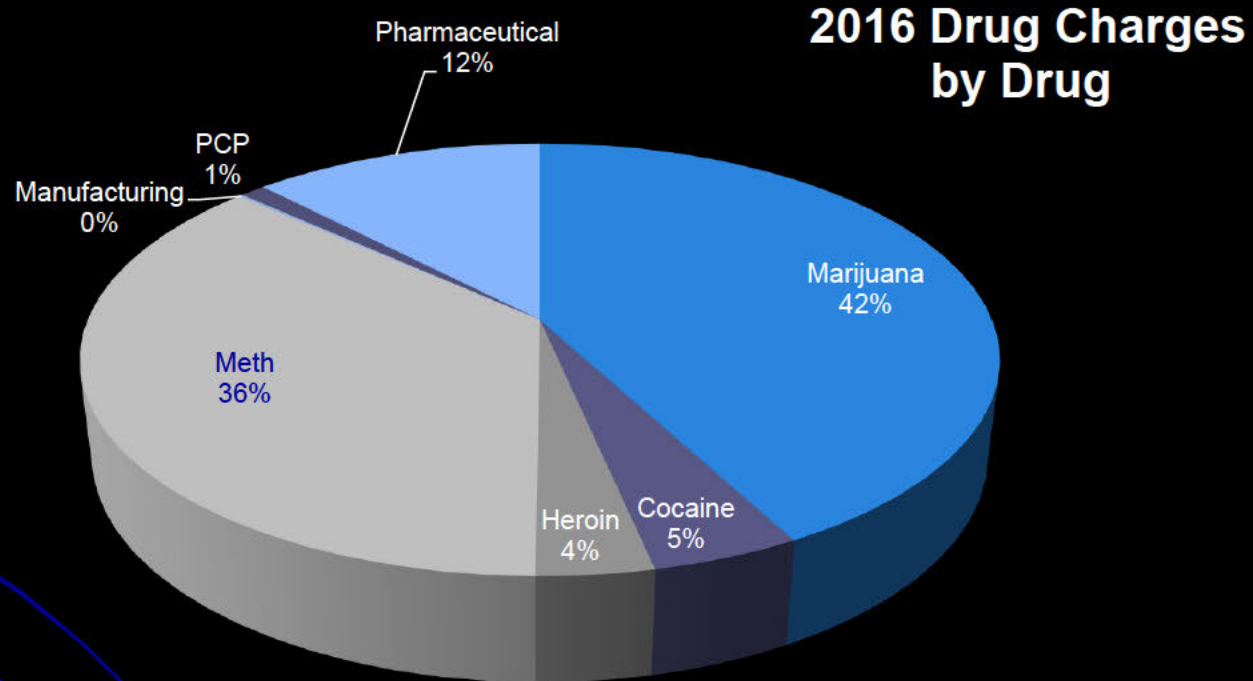


Fast Forward 5 Years

- 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 Pie Chart



Brief History

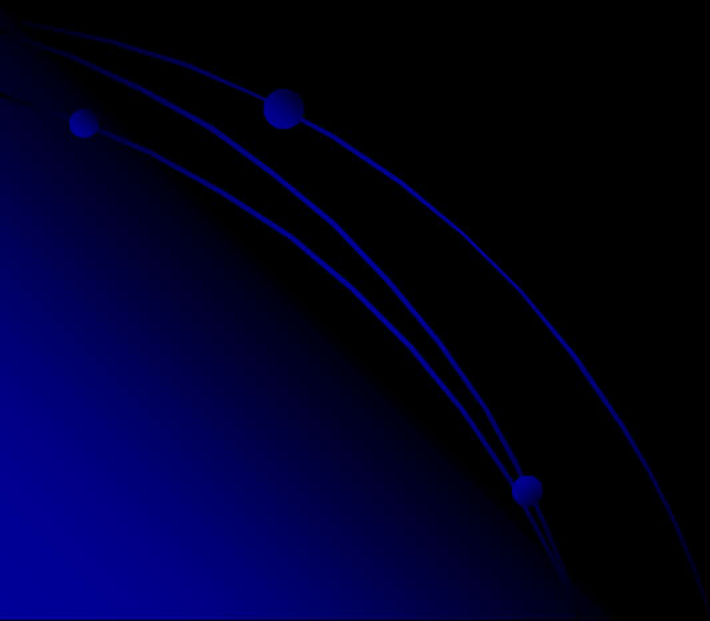
- Widely known that the opioid pill addiction across America, just as in Oklahoma, has gotten us to this point
- As Heroin began to be addressed by law enforcement in the last several years, a new problem arose, Pharmacy Robberies

All Things Cartel

- Tulsa's Heroin
 - 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

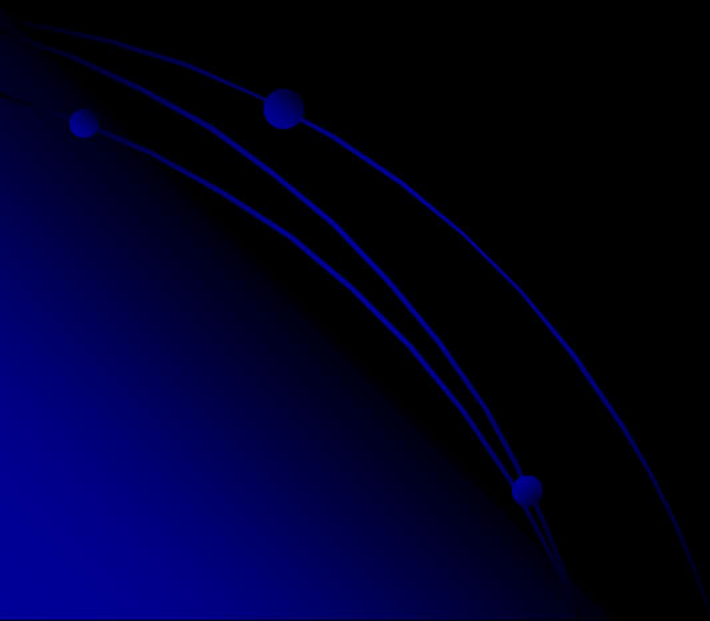
Problems on the Front End

- 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



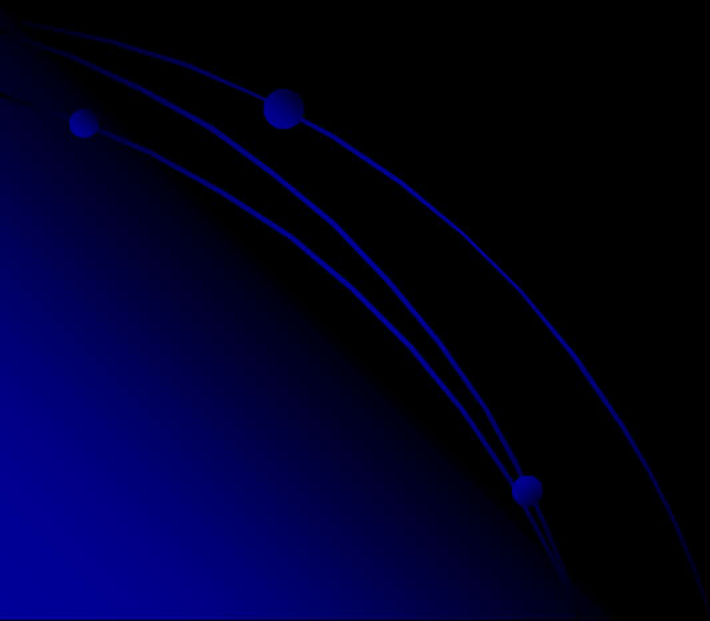
Heroin Cost

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

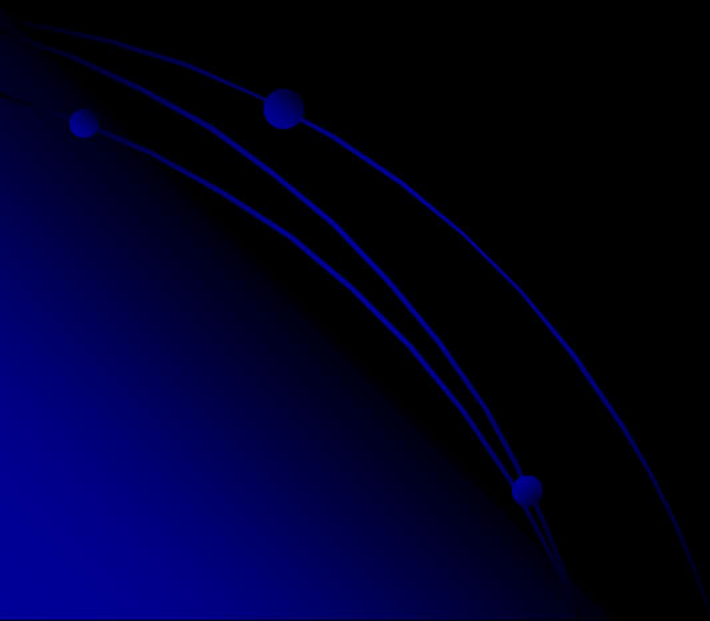
Adjusting to the Trade Cont...

- Confidential Informants
 - Getting a Foot in the Door
 - Cost



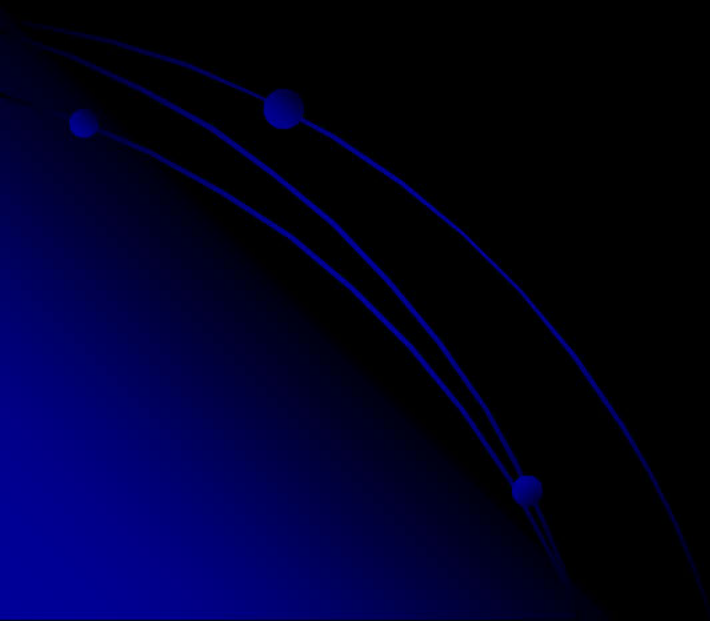
Adjusting to the Trade Cont...

- 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.



State Regulation

310:675-9-9.1.

“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
 - Misappropriation 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



F425 42 CFR 483.60 Federal Regulations

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

F431 42CFR 483.60 Federal Regulations

- 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

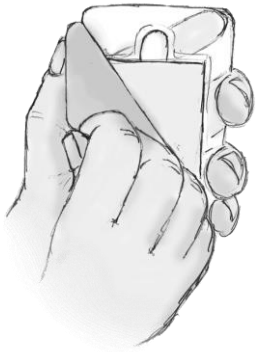
- Control medications leave the pharmacy in taper resistant bags
- Tracking of person delivering medications to the facility/community
- Tracking of person receiving controlled medications at the facility/community as required by the Oklahoma Bureau of Narcotics under the Prescription Monitoring Program. 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:



Peel



Place



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

Text
Naloxone
to
55155



Diversion Among CNAs

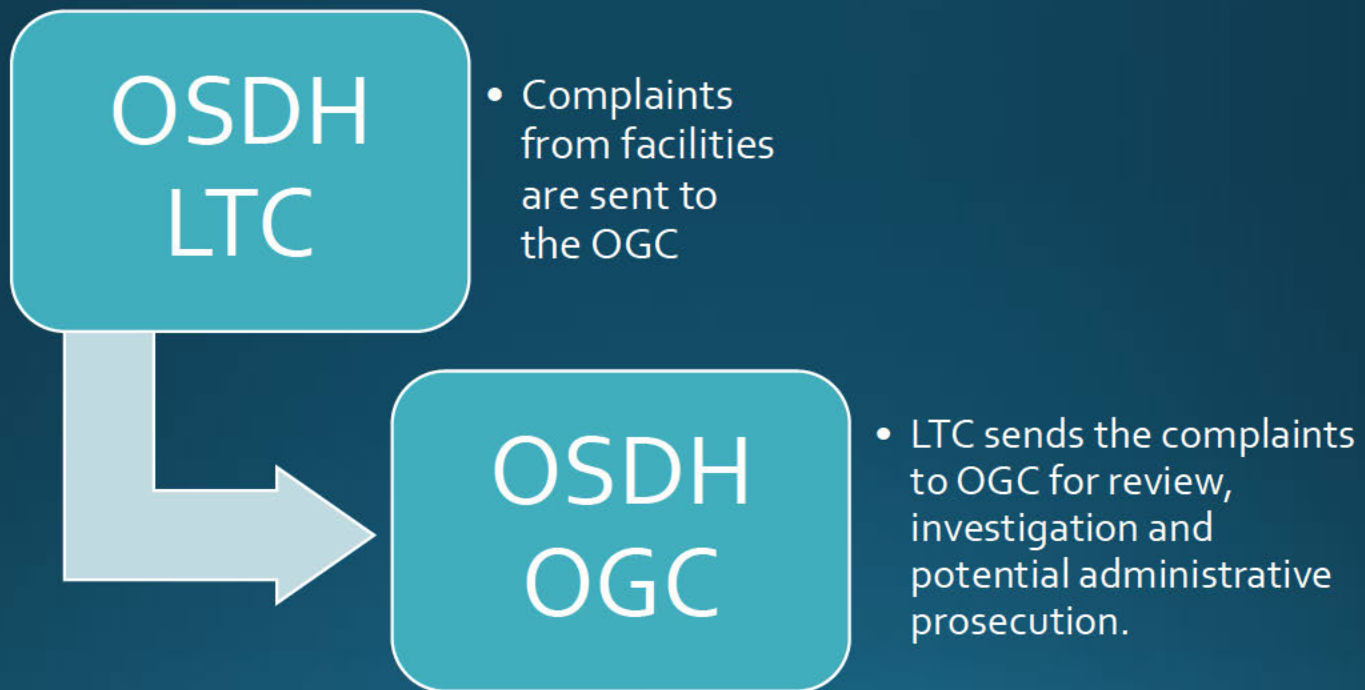
Certified Nurse Aide (CNA)

- 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



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.



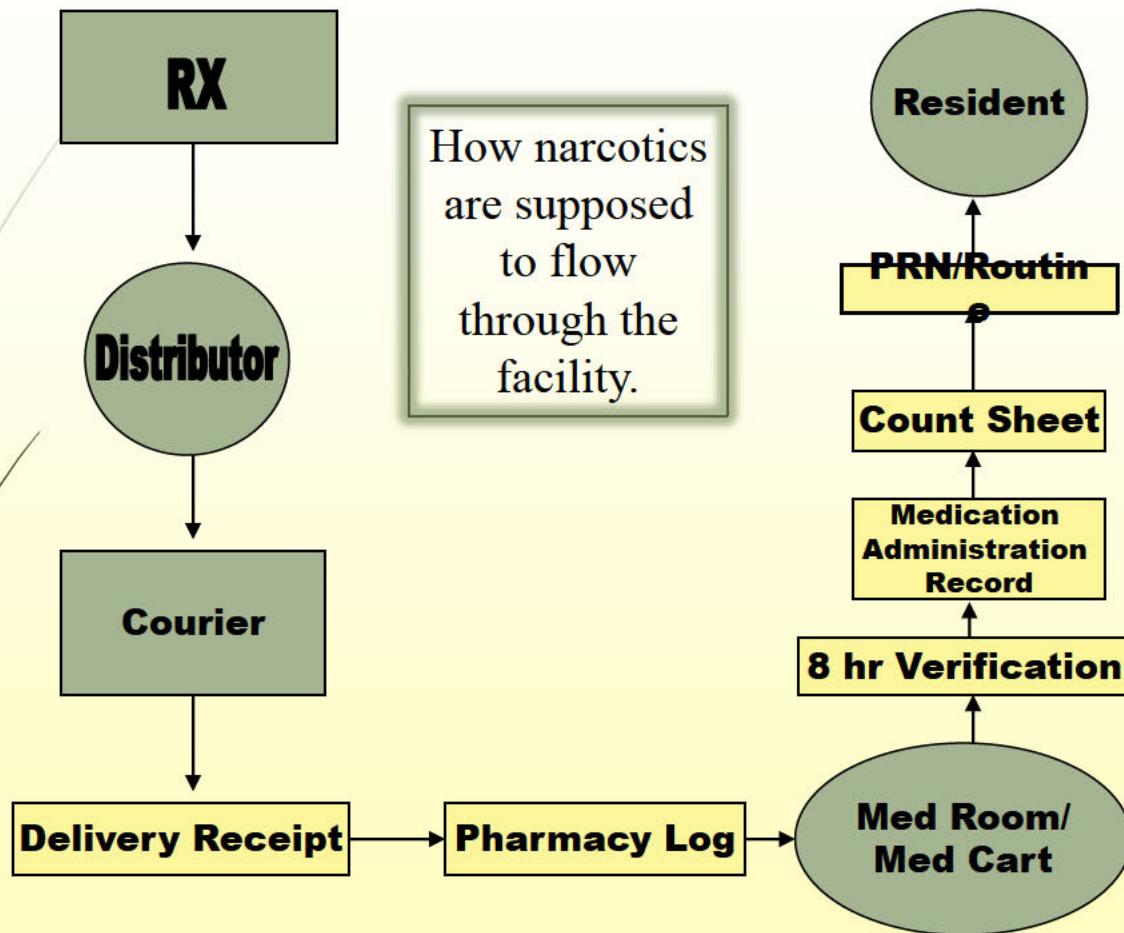


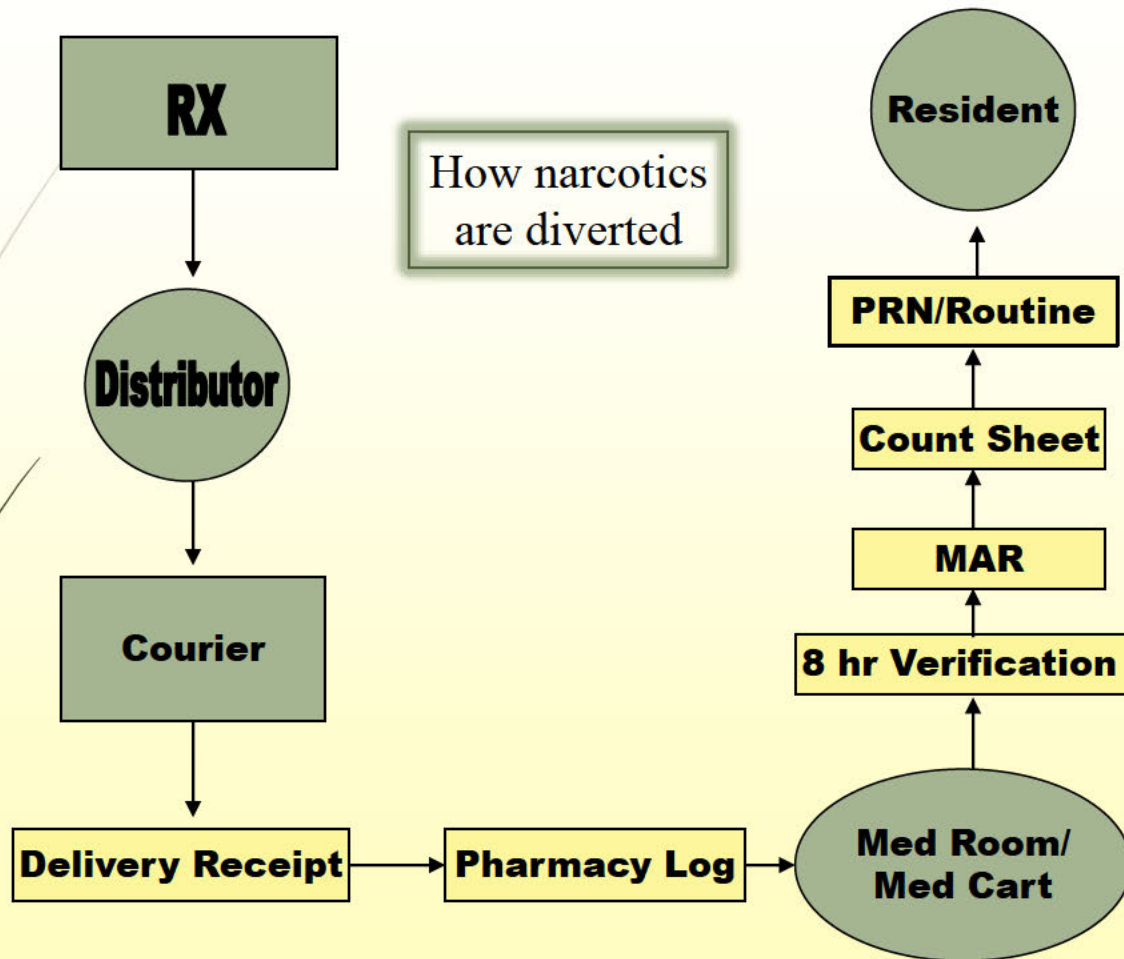
Medications

- 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





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.

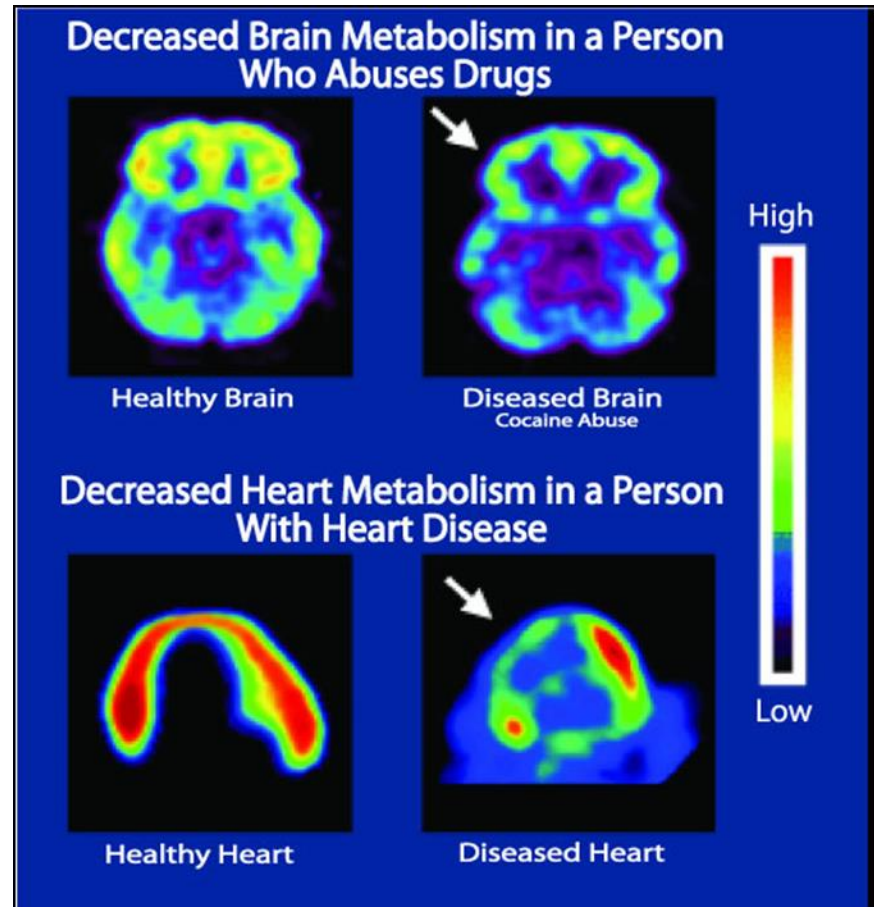
OKLAHOMA DRUG COURTS

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

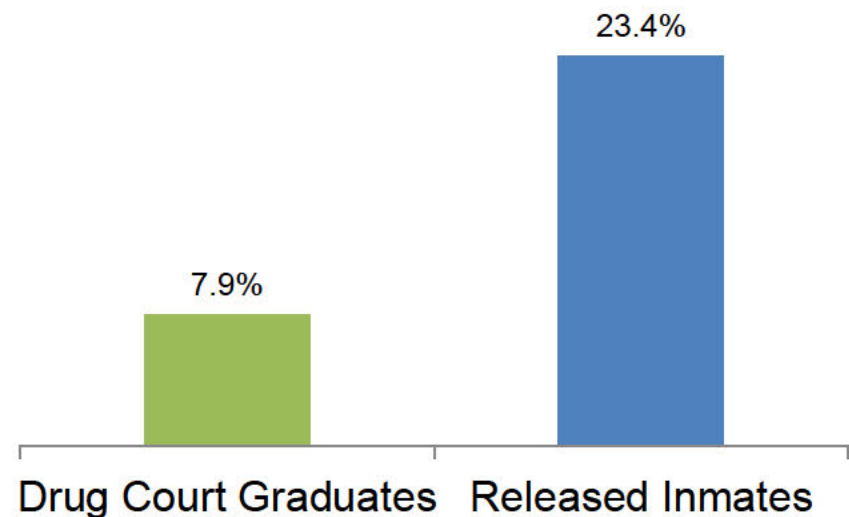
- Combines evidence based treatment and the accountability of the criminal justice system.
 - Participants are provided intensive (right) treatment and other services;
 - Are held accountable by the judge for meeting their obligations to the court, society, self and families;
 - Are regularly and randomly 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**

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

- 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**.



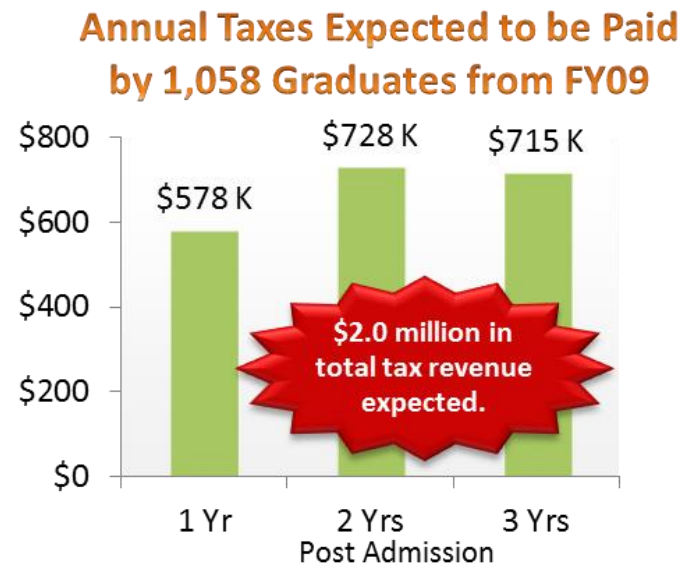
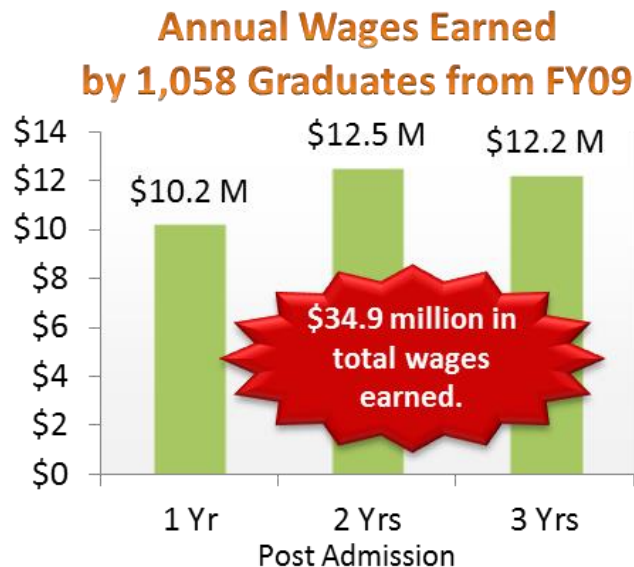
Oklahoma's Outcomes are Among the Best Nationwide!

- 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

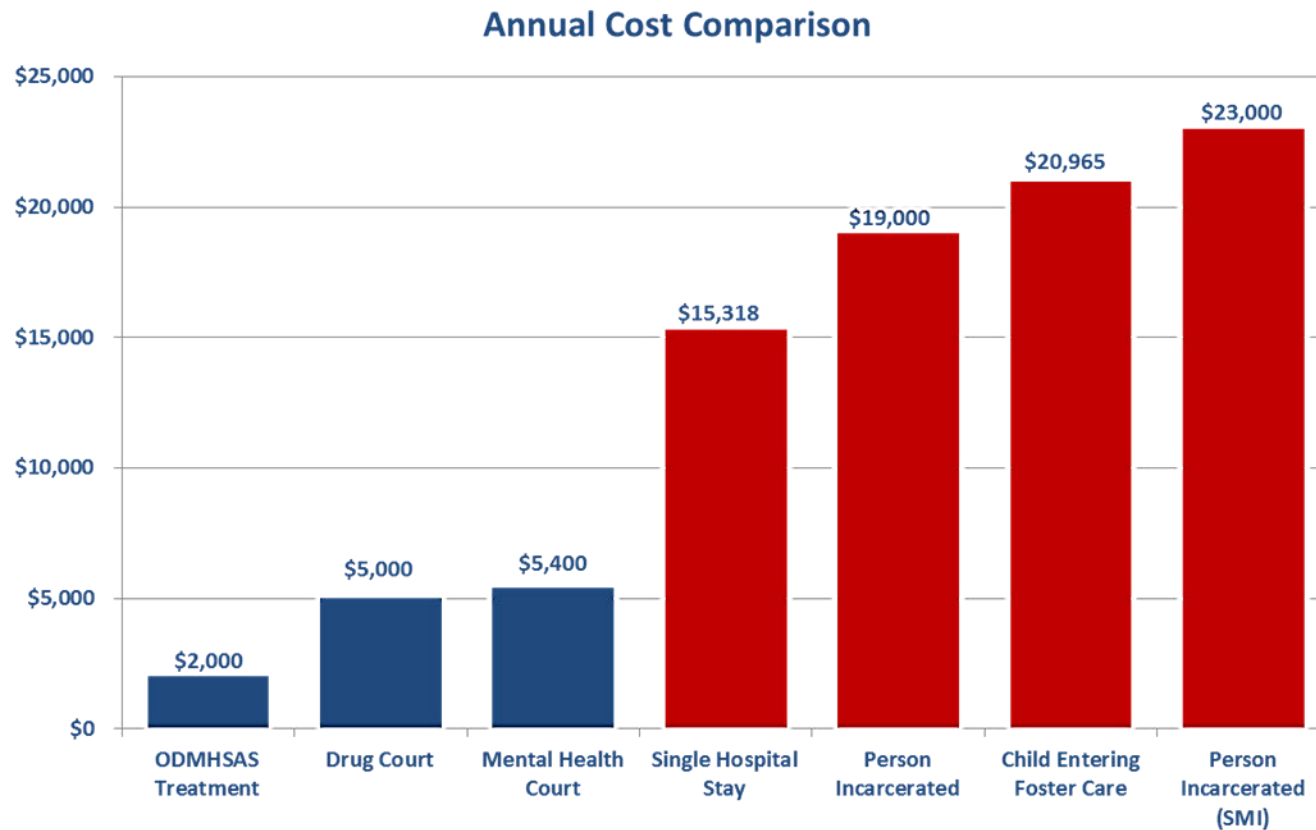
Oklahoma's Outcomes are Among the Best Nationwide!

- 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.



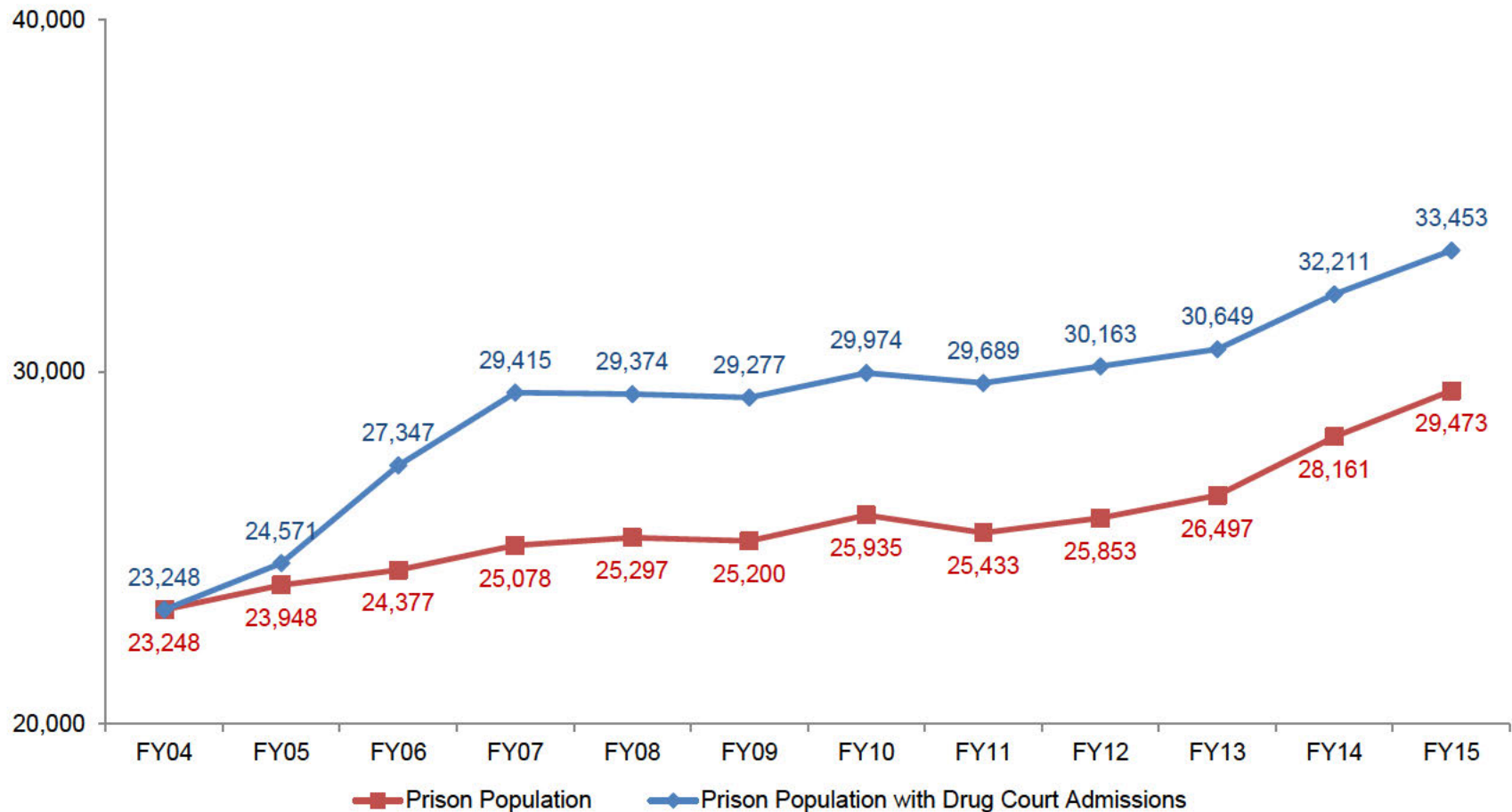
- Had these same individuals been incarcerated during that period, **it would have cost Oklahoma taxpayers \$60.3 million.**

Treatment Works, Saves Tax Dollars!



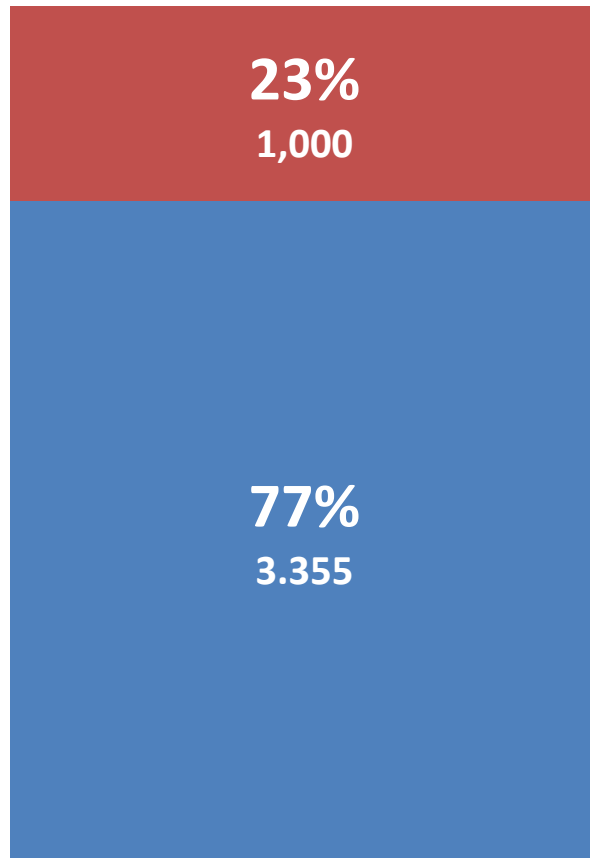
Drug Courts Have Significantly Impacted Incarceration Numbers

Prison Population with Drug Court Admissions



SQ780 and Drug Court Admissions

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



Drug Court Admissions (FY2016 - FY2017)

- Admissions That Would Have Been Misdemeanor Only With SQ780
- Drug Court Admissions That 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.

<p>High Risk/Low Need</p> <p>Status Hearings Restrictive Consequences Pro-Social Habilitation Adaptive Habilitation Education/Prevention Type Services</p>	<p>High Risk/High Need</p> <p>Status Hearings Restrictive Consequences Pro-Social Habilitation Adaptive Habilitation EBP Treatment Drug Testing Self-help/Peer Recovery Support</p>
<p>Low Risk/Low Need</p> <p>Non-Compliance Hearings Adaptive Habilitation (maybe) Education/Prevention Type Services</p>	<p>Low Risk/High Need</p> <p>Non-Compliance Hearings Adaptive Habilitation (maybe) EBP Treatment Drug Testing Self-help/Peer Recovery Support</p>

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:

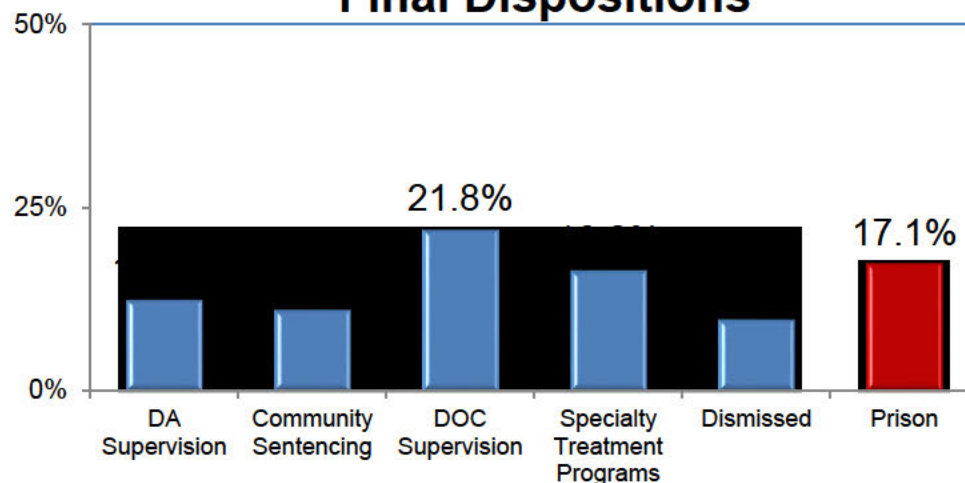
In Tulsa County alone!

- **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)

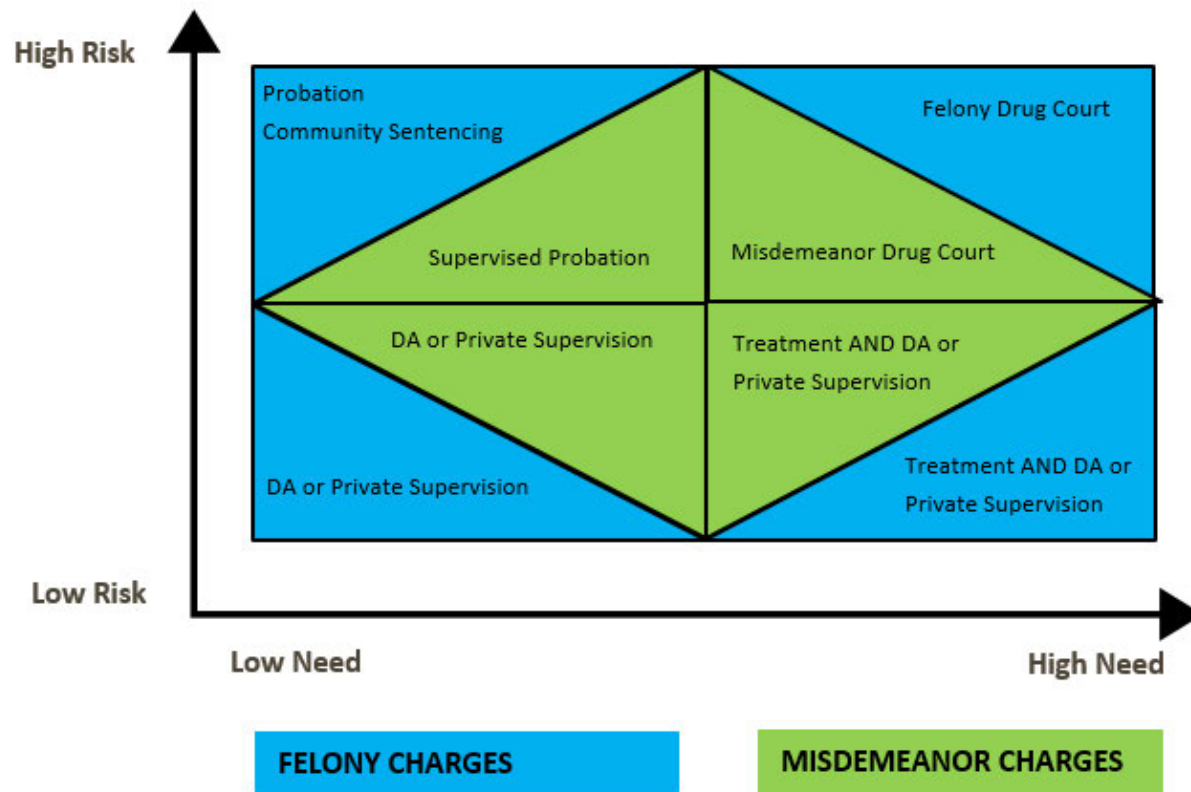
Final Dispositions



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



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!

