

## For Immediate Release

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### Contact

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## DHHS Working to Combat Opioid Abuse

**Lincoln**—Nebraska's Department of Health and Human Services (DHHS) is taking a proactive approach to a pervasive problem: overprescribing of opiates, a class of addictive prescription drugs that relieve pain. The DHHS divisions of Medicaid and Long-Term Care, Behavioral Health and Public Health are collaborating to proactively address opioid abuse.

"The consequences of opioid abuse can be devastating, as national statistics demonstrate," said Gov. Pete Ricketts, noting that this is a challenge that he is working with his gubernatorial colleagues nationwide to address. "I applaud DHHS for taking decisive action on this pervasive problem to ensure that our citizens stay healthy. DHHS's collaborative efforts will benefit many Nebraskans, and I hope that anyone suffering from dependency to these drugs will seek out help from an opioid addiction treatment program."

Courtney Phillips, chief executive officer of DHHS, noted that DHHS is proactively working to put safeguards, such as those recommended by the Nebraska Medicaid Drug Utilization Board Review, to ensure providers remain within acceptable prescribing limits. The Prescription Drug Monitoring Program is one tool being used to monitor these limits. "In addition to this new priority of the Nebraska Medicaid program, a mandatory reporting law that will become effective January 1, 2017, and our partnerships with physicians across the state, we will lower the risk of opioid addictions and opioid-related deaths," Phillips said.

At least 54 Nebraskans died of opioid overdoses in 2015; the majority of these deaths occurred in the larger metropolitan areas, according to Nebraska's Vital Statistics Department.

The Centers for Disease Control and Prevention (CDC) noted that in 2014, prescription opioids killed more than 28,000 of the 2,000,000 Americans dependent on them. From 1999 to 2013, the amount of prescription opioids dispensed in the U.S. nearly quadrupled, fueling the rise.

Calder Lynch, director of the Division of Medicaid and Long-Term Care, said, "after further exploring prescription trend data we identified a great opportunity to work with doctors on the amount of opioids they were prescribing." The Division of Medicaid and Long-Term Care routinely monitors utilization of prescription medications by Nebraska Medicaid clients. Now, patients identified as receiving more than 150 doses of a short-acting opioid, for example

oxycodone (commonly known as Percocet) or hydrocodone (Vicodin) in a 30-day period (excluding cancer patients) are flagged, and every physician who has prescribed opioids for that patient is contacted.

Based on this analysis, 1,328 unique prescribers were contacted in May representing 1,712 unique patients. Of those, 507 prescribers saw 84 percent of patients, or 1,445 unique patients, whose dosage of opioids exceeds 150 doses in 30 days – an average of five doses a day. Letters have been sent to prescribers of the upcoming limit, encouraging physicians to taper opioid doses for current patients and also seeking to halt doctor-shopping.

“Prescription records are generally not shared among various offices/facilities, thus making it difficult for you, as a provider, to ultimately know all of the medications that a patient might be taking,” the letter, signed by Marcia Mueeting of the Nebraska Pharmacists Association on behalf of The Nebraska Medicaid Drug Utilization review (DUR), says in part.

Beginning Oct. 1, Nebraska Medicaid claims for more than 150 doses of short-acting opioids in 30 days will be rejected at pharmacies. “The letters were provided well in advance of the change to allow prescribers to work with patients to taper their doses,” noted Lynch, adding that the CDC recommends that the dose of an opiate be tapered by 10 percent once a week. Lynch noted that the division is planning to add peer support to its roster of available treatments for those with substance use disorder in the coming year.

The Division of Medicaid and Long-Term Care is in the beginning stages of working with DHHS’s Public Health and Behavioral Health Divisions to expand Medication Assisted Treatment (MAT) and expand the provider base for Addiction Treatment Services.

“It’s important to remember that addiction is a disease and should be treated as such,” said Sheri Dawson, director of the Division of Behavioral Health. She said the Division is developing training for clinicians who can provide medication-assisted treatment, as well as prioritizing education about opioids for the public, medical professionals, counselors, courts and the correctional system, as well as working with the Nebraska Attorney General’s office, and the University of Nebraska Medical Center on a summit to be held this fall on opioid-related issues.

To help prevent opioid-related deaths, a recently passed law allows health professionals to prescribe, administer, or dispense naloxone to persons experiencing an opioid-related overdose or to a family member or friend in a position to assist such individuals. The law also authorizes emergency responders and peace officers to administer naloxone to persons experiencing this type of overdose.

According to Jenifer Roberts-Johnson, deputy director of the Division of Public Health, the division received two drug prevention grants in 2015 – one last September for just over \$3 million over four years from the CDC for Prescription Drug Overdose Prevention and one last October for an additional \$500,000 over two years from the Department of Justice – Harold Rogers Grant to help prevent overdose deaths related to opioids.

Roberts-Johnson added that beginning January 1, 2017, all dispensed prescriptions of controlled substances shall be reported to the prescription drug monitoring system. Beginning January 1, 2018, all prescription information shall be reported.

These moves reflect an ongoing effort by DHHS to address a greater problem and to help people live better lives.