

Utah - Use Only as Directed Prescription Drug Public Awareness Campaign

Interviewees

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Utah has one of the highest rates of prescription drug abuse and death caused by prescription drug overdose in the country. In 2007, the Utah Department of Health (Department) appointed an advisory committee (Committee) made up of a broad group of stakeholders to make recommendations on steps state officials could take to reduce prescription drug abuse. A survey conducted by the Committee showed the public generally understood the dangers of sharing drugs, but when asked how dangerous they thought it was to share prescription pain medications among family, friends or loved ones, 25 percent were either neutral/did not know or reported they thought it was somewhat safe or very safe. In addition, only 13 percent reported they kept their prescription pain medications in a locked cupboard and a majority, 55 percent, reported they were not familiar with how to dispose of expired prescription pain medications.¹ According to the Office of National Drug Control Policy, more than 70 percent of prescription drug abusers get their

1 Prescription Pain Medication Management and Education: Public Opinion Survey Research Report, February 2008, http://health.utah.gov/prescription/pdf/education_pdf/VanguardSurveyReport.pdf

drugs from friends or family, making education among people who have leftover medication in their medicine cabinets critical.² As part of a multi-component plan, the Committee recommended an education campaign. This case study describes the campaign. An evaluation of the campaign demonstrated an increased awareness of the dangers of misuse of prescription drugs among the targeted population. In addition, the death rate from opioid overdoses was reduced by 14 percent in the year after the start of the campaign and remained steady in the next year.

Introduction

During the mid-2000s, Utah was facing a steady increase in deaths because of prescription drug overdose. Starting in 2006, more Utah residents died from prescription drug overdoses than from car accidents.³

In response, the Utah Legislature passed legislation in 2007 to fund anti-prescription drug abuse efforts by the Department, with a goal of a reduced death rate from prescription drugs, as well as reduced prescription drug misuse and abuse. The Department started by setting up an advisory committee with a diverse array of stakeholders, including Medicaid, members of the workers' compensation board, substance abuse and mental health advocates, epidemiologists, the Office of the Medical Examiner, hospital staff, physicians, the Office of the Attorney General and patient safety

2 Office of National Drug Control Policy Press Release from April 25, 2012, <http://www.whitehouse.gov/ondcp/news-releases-remarks/national-survey-shows-friends-and-family-are-primary-sources-of-abused-painkillers>

3 Utah Pharmaceutical Drug Abuse Brief, February 2012, <http://useonlyasdirected.org/docs/upd.pdf>

groups. The governor also assigned staff to participate in the Committee, giving the group credibility and a sense of leadership.

The Committee came to the conclusion that people with leftover drugs in their medicine cabinets did not fully appreciate the potential for diversion. The Committee also concluded that while misuse and abuse are seen in most age groups, the majority of people who were dying from overdoses were 25-54 years old. The stakeholders decided that because this was a different, more complicated type of substance abuse than they were used to dealing with, they needed to take a different approach. Often, anti-drug campaigns focus on school children and young adults, telling them to completely abstain from using illegal drugs. In the case of prescription drug abuse, the state needed to target misuse and abuse by people 25-54 years old. They also needed to target prescribers to ensure that they were following clinical guidelines for prescription pain killers and not overprescribing.

A few years earlier, the Department had a campaign to discourage overuse of antibiotics. The antibiotic campaign targeted supply (physicians) and demand (patients). They also targeted misuse and inappropriate use. The antibiotic campaign had focused on targeted outreach using a media campaign. Given the success of the antibiotic campaign in lowering inappropriate antibiotic use, the Committee decided to model the anti-prescription drug abuse campaign on the successful antibiotic overuse campaign.

Structure and Financing

Use Only as Directed is a media and education campaign designed to prevent and reduce the misuse and abuse of prescription pain medications in Utah by providing information and strategies regarding safe use, safe storage, and safe disposal of these potentially dangerous drugs.

Launch of 1st round of campaign

The initial Use Only as Directed campaign was de-

signed by the Department and authorized and funded by the state legislature in 2008-2009. This campaign focused on research of the problem, a consumer-focused media campaign, updating clinical guidelines for prescribers, and provider education.

The media campaign was created by a Salt Lake City-based advertising firm to target the middle-aged adults that were most at risk. Television and radio ads were developed and aired toward the target audience. In addition, the ad firm developed and distributed bookmarks, posters and newspaper ads to reach all residents, but especially the targeted middle-age audience. They also worked to get news coverage and interviews to increase publicity for the initiative. Finally, the firm worked to ensure that middle-aged adults were seeing the message many times, as they felt that was the most effective strategy. The campaign reached an estimated 62 percent of adults in Utah, with the average person seeing anti-prescription drug abuse messages at least five times⁴.

As the initial campaign was ending in 2009, many of the stakeholders came together to review the campaign as well as the process that was used to set up the Committee. Also, state funding was scheduled to end, so the group worked to ensure that private and federal funding would be available going forward to continue the campaign. Additionally, more law enforcement would be added to the Committee going forward.

Launch of 2nd round of campaign, targeting middle-aged adults

In 2011, a broader campaign was launched under the leadership of the Utah Pharmaceutical Drug Crime Project, a multidisciplinary collaborative effort involving local, state, and federal agencies convened in 2009, and with funding for the campaign provided through federal grant monies from the Utah Commission on Criminal and Juvenile Justice and the Utah Division of Substance Abuse and Mental Health.

⁴ Use only as directed campaign: Concept to Results, Vanguard Media Group, June 2009, http://health.utah.gov/prescription/pdf/Vanguard_final.ppt

This expanded effort includes a media campaign that uses the Use Only as Directed campaign branding, as well as institutes community take-back events, places drop boxes in the community, and works with health care professionals to decrease availability and misuse through education.

The second round of the campaign increases the focus on middle-aged adults, who had previously been identified as being at higher risk for death from misuse or abuse. Print ads, internet videos, billboards, and public service announcements on TV and radio focus on increasing awareness of the risks of prescription drug misuse and preventing it by reminding people:

- To lock up drugs they are using,
- To appropriately dispose of unneeded drugs, and
- That mixing drugs or not following directions can lead to serious consequences.

The state has also increased the number of take-back events and the availability of drop boxes for people to dispose of unwanted medications. Some police departments in Utah now have 24-hour drop boxes available for anyone to anonymously dispose of medications.

Outcomes

Increased awareness of risks

A phone survey performed by an independent firm before the 2011 campaign and nine months after its launch showed statistically significant increases in public awareness of prescription drug safety⁵. Respondents that had been exposed to the media campaign were more likely to report that:

1. They knew it was risky to mix prescription pain medications with cold medicine;
2. It was important to clean out unused medications;
3. It was risky to increase dosage without doctor supervision; and

⁵ Utah Pharmaceutical Drug Abuse Brief, February 2012, <http://useonlyasdirected.org/docs/upd.pdf>.

4. They knew how to properly dispose of unused medications.⁶

The federally sponsored take-back events that have taken place since September of 2010 have yielded more than 13,000 pounds of drugs, including prescription pain pills. Local communities have also sponsored independent take-back events that have not been counted.

Decrease in death rate

The death rate from opioid-related drug overdoses decreased by 14 percent between 2007 and 2008. The rate for 2009 remained stable.

Challenges

Balancing stakeholder interests

The first challenge to the campaign was the differing views of the stakeholders involved in the Committee. Some groups were requesting very strict restrictions in availability of prescription pain medications, while others were very concerned that people with chronic pain would be unable to receive proper treatment. Finding a way to balance the various viewpoints of the stakeholders was a challenge to the Committee.

Physician education

Educating physicians about the best practices related to prescribing pain medications was a challenge. Doctors can be reluctant to “under prescribe” because they do not want their patients to have to return to the office and pay more co-pays for the office visit and/or additional prescriptions. Utah has implemented a two-pronged approach to physician education: development of prescribing guidelines and physician-to-physician education. The Department’s Prescription Pain Medication Program developed the “Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain”⁷ for all clinicians who prescribe opioids in their practice. The purpose of the guidelines was to provide recommendations for the use of opioids for management of pain that are intended to balance the benefits

⁶ Ibid.

⁷ Utah Department of Health, 2009, <http://www.health.utah.gov/prescription/pdf/guidelines/final.04.09opioidGuidlines.pdf>

of use against the risks to the individual and society and to be useful to practitioner. The real challenge, however, was that education alone was not sufficient to change behavior. Therefore, although much more limited because of costs, the Department adopted an approach to physician education involving sending physicians with knowledge of appropriate prescribing to talk with other physicians, answer their questions and explain how to change their processes.

Prescription drug monitoring program (PDMP)

While Utah has had a Controlled Substance Database (CSD) in place to track and collect data about the dispensing of Schedule II-V drugs since 1995, getting prescribers to check the database before writing prescriptions for their patients has been a challenge. This challenge has been addressed in several ways. First, the Department's Prescription Pain Medication Advisory Committee formulated recommendations for how to use the CSD to identify and prevent misuse of opiates, inappropriate prescribing, and adverse outcomes of prescription opiate medication. In addition, in 2010 the Utah Legislature passed a bill to require all prescribers of controlled substances (except veterinarians) to register to use the CSD, take a tutorial, and pass a test on the use of the CSD and the prescribing of controlled substances when applying for or renewing their license. Since 2010, the number of medical professionals registered to use the CSD has increased 340 percent and the CSD was checked by prescribers four times more frequently in 2011 than 2009. Finally, the Utah Legislature has passed several bills in recent years to increase access to the database by those in the medical, substance abuse treatment, and criminal justice fields. All of these efforts and others have improved the accessibility, usability, and prescriber awareness of Utah's CSD.

Coordinated substance abuse treatment

Another challenge Utah faces is ensuring adequate care for people who not only have substance abuse issues involving prescription pain medications, but

also have complicated medical histories involving legitimate chronic pain. There are not enough public substance abuse treatment slots available to meet the need and, while coordination between substance abuse treatment providers and primary healthcare providers is a priority for the state, this collaboration needs to be strengthened. Many of the deaths related to prescription abuse have been in this group of people, so the only way to continue to reduce the death rate is more intensive substance abuse intervention for this target population.

Next Steps

The media campaign will continue to operate on limited funding through 2013, and efforts to ensure continuation are currently underway. The state is also focusing on improving the take-back program. The federal government has been writing rules to allow take-back programs to be more community-based, such as in a pharmacy, instead of just in law enforcement locations. The Utah Legislature has changed state law to allow this to occur as soon as the federal government has their rules in place.

Advice for Other States

Using data to determine who is the highest risk group and targeting them will likely increase effectiveness. The state conducted the appropriate research at the start the campaign and determined where more data were needed. For Utah, the group with the highest risk was in the 25-54 year old age range, so the Committee was able to target this demographic by framing messages and maximizing exposure. This also ensures the budget is maximized.

Another important step was getting a high number of stakeholders involved. This allowed everyone to have their voice heard and to ensure that everyone was working toward a common goal.