

# SJR 318 Prescription Drug Abuse Work Group - Work Plan (DRAFT)

Topic	Issues	Actions
<p><b>Prescription Monitoring Program</b></p> <p><b>Training and Education</b></p>	<ul style="list-style-type: none"> <li>• Education &amp; training for physicians and pharmacists re: use of program</li> <li>• Require prescribers to run PMP profiles when prescribing Schedule II, III, and IV drugs for patients for more than 90 days.</li> <li>• Link with national prescription monitoring program</li> <li>• Evaluate and amend reporting requirements - mandatory reporting?</li> <li>• Consider allowing Department to initiate review without outside complaint based on PMP review</li> <li>• Education for public, service providers regarding complaint and investigation procedure, grounds for complaints, and protection for individuals making complaints in good faith</li> <li>• Build community-level relationships with State Police Drug Aversion Unit and DEA</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>• Physicians - difference between legitimate need and addiction, identifying addiction, addressing addiction problems (referrals, treatment options)</li> <li>• Mandatory Continuing Medical Education and CEU credits in prescription drug abuse and/or addiction</li> <li>• Encourage/require medical schools to require courses/coursework in addiction and prescription drug abuse beyond elective or general courses; should be included for all specialties</li> </ul>	<ul style="list-style-type: none"> <li>• Legislation to require that a certain number of CME credits in prescription drug substance abuse</li> </ul>

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<b>Prevention</b>	<b>Adult</b>	<ul style="list-style-type: none"> <li>• Factors that drive abuse and addiction?</li> <li>• Promising practices</li> <li>• Availability of and access to services (funding, program development)</li> <li>• FUNDING, FUNDING, FUNDING (prevention funding is more cost effective in the long run)</li> <li>• Local funding levels?</li> <li>• Promising prevention models</li> <li>• Broaden awareness of proper disposal of abused drugs (public safety/environmental concerns)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recommendation</b> - all prevention issues be shifted to the Prevention Work Group unless specifically related to prescription drug abuse prevention</li> </ul>
	<b>Juvenile</b>	<ul style="list-style-type: none"> <li>• Impact of loss of Safe and Drug Free Schools</li> <li>• Opportunities for cooperation between schools and other agencies</li> <li>• Prevention substance abuse by children of substance abusing parents</li> <li>• Teachers, pediatricians, counselors – recognize possible prescription drug abuse by students</li> <li>• Parents – recognize that prescription drug abuse is a real problem</li> <li>• Educate the elderly, foster care parents, caregivers/caretakers, grandparents, etc. about prescription drug abuse</li> <li>• Increase awareness about the most commonly and/or most popularly abused prescription drugs</li> <li>• Education about valid/legitimate/legal prescriptions vs. illegal/invalid/illegitimate prescriptions</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recommendation</b> - all prevention issues be shifted to the Prevention Work Group unless specifically related to prescription drug abuse prevention</li> </ul>

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<b>Work Force Development - SA services staff</b>	<ul style="list-style-type: none"> <li>• Availability of staff with training in substance abuse prevention and treatment models</li> <li>• Increasing # of professionals entering the field</li> <li>• Training, development of practicing staff</li> <li>• Training - Medication Assisted Treatment</li> <li>• Training - clinical supervision</li> <li>• Use of federal dollars to encourage workforce development</li> </ul>	
<b>Economic Impact of Prescription Drug Abuse on the Work Force</b>	<ul style="list-style-type: none"> <li>• Impact of substance abuse on work force, employment</li> <li>• Return to Work project (federal funds)</li> <li>• Encourage mandated pre-employment and random workplace drug screening</li> <li>• Encourage employers to implement and operate Employee Assistance Programs</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Medication Assisted Treatment</b>	<ul style="list-style-type: none"> <li>• Access to MAT (access to primary care physicians who are willing and able to provide MAT)</li> <li>• Where/how/by whom MAT may be provided</li> <li>• Increase number of physicians willing and able to provide MAT, esp. Suboxone</li> <li>• Problems associated with location of opiate treatment programs in the Commonwealth to (to increase access)</li> <li>• Provision of case management and wrap around services necessary for effective MAT</li> <li>• Preventing abuse of MAT medications</li> <li>• Project REMOTE - lessons learned</li> <li>• Encourage more PCPs to get waived</li> <li>• Ensure adequate treatment capacity for consumers on MAT</li> <li>• FUNDING</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

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<b>Treatment</b>	<ul style="list-style-type: none"> <li>• Availability of service for adults, children, elderly - existing services, service gaps, physical access to services (distance between service providers, etc)</li> <li>• Evidence Based Practices</li> <li>• Early identification and intervention (especially for juveniles)</li> <li>• Juveniles - provision of services through schools</li> <li>• Funding (especially funding to continue programs losing grant funding)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recommendation</b> - shift these issues to the Treatment Work Group unless specifically related to treatment of prescription drug abuse</li> </ul>
<b>OTHER</b>	<ul style="list-style-type: none"> <li>• Loss of day Reporting Centers</li> <li>• Expand use of drug court model</li> <li>• Tobacco/alcohol tax to fund treatment services?</li> <li>• Increase use of grants for funding</li> <li>• Use data/information/outcomes from other groups to support work of this group</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

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