



Taking Action: The Four Year Report

2012 - 2016



Indiana Prescription Drug Abuse Prevention Task Force Comprehensive Four Year Report

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Acknowledgments

The Attorney General's Prescription Drug Abuse Prevention Task Force Final Report was written by Natalie Robinson, Kristen Kelley and Douglas Penny, MPH.

This Final Report is the result of the Attorney General's Office's work on prescription and heroin drug misuse and abuse since 2012 through our Prescription Drug Abuse Prevention Task Force.

The Attorney General's Office would like to thank the countless state legislators, law enforcement officials, health and medical professionals, pharmacists, federal, state and local government agencies, educators, advocates and treatment providers for their guidance and involvement in this work and their tireless commitment to combatting the opioid epidemic in Indiana.

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INDIANA PRESCRIPTION DRUG ABUSE PREVENTION TASK FORCE

The mission of the Indiana Attorney General's Prescription Drug Abuse Prevention Task Force is to significantly reduce the abuse of opiates and to decrease the number of deaths associated with these drugs in Indiana.

In September 2012, the Indiana Attorney General's Prescription Drug Abuse Prevention Task Force was created under the leadership of Indiana Attorney General Greg Zoeller. It is made up of approximately 100 members including state legislators, law enforcement, health professionals, pharmacists, federal, state and local government agencies, educators, advocates and treatment providers. In addition, a significant number of working-group volunteers have contributed to the efforts of the task force. The Task Force is composed of the following core committees:

EDUCATION COMMITTEE

- Education is a key component in addressing all levels of this epidemic. The education committee works to develop and provide clinical education materials about safe and appropriate prescribing and use of opioids for medical providers. It also conducts grassroots and community outreach efforts to educate the public at large about the dangers of prescription drug abuse.

ENFORCEMENT COMMITTEE

- Prescription drug diversion most commonly occurs through doctor shopping and through illicit drug prescribing at clinics known as pill mills. The enforcement committee works to reduce drug diversion by shutting down pill mills to decrease the number of pills that could be diverted and sold on the street for illicit use.

INSPECT COMMITTEE

- Indiana's Prescription Drug Monitoring Program is one of the strongest in the nation. The INSPECT committee works to ensure sustainability and access to this critical tool. The committee hit the ground running by securing a sustainable funding solution for the program in the 2012 legislative session.

TAKE BACK COMMITTEE

- Increasing availability of disposal sites for unused controlled substances has been the work of the take back committee. The committee worked diligently to ensure permanent collection receptacles were available in all counties across the state of Indiana and have met that goal with the exception of only three out of 92 counties. The committee continues to work with regional partners to expand collections sites in pharmacies around the state as the DEA's regulations passed in 2014 allow for this activity.

TREATMENT & RECOVERY COMMITTEE

- The treatment and recovery committee works to improve access to treatment and recovery for those suffering from addiction. The committee identified two primary barriers to treatment services and have worked hard to eliminate them by enhancing Medicaid coverage of addiction treatment services and medications (MATs) and developing a Student Loan Forgiveness Program to address the workforce shortage of addiction treatment professionals.

Executive Summary

This report outlines the Indiana Prescription Drug Abuse Prevention Task Force's accomplishments toward addressing this issue of prescription and heroin abuse (opiates) in Indiana since launching in September 2012. The Task Force has made substantial progress towards establishing a more comprehensive, coordinated approach to fighting the opiate epidemic across our state and recognizes the need to continue building on this momentum.

Dating back to 2010, the Office of the Indiana Attorney General noticed a substantial increase in the number of cases they were working in cooperation with federal and local law enforcement agencies to halt pill mills – bringing in the physicians and assistants who weren't actually providing 'pain management' to their patients, but making an abnormal amount of profit on selling an incredibly large volume of opioid prescriptions to their patients. All the while, these patients were growing dependent and addicted to these powerful painkillers and thus, the devastating effects of this epidemic were beginning to take root and destroy Hoosier families.

In retrospect, it's clear to see that the dominos were already falling and our opioid epidemic was underway. It wasn't until two years later that the CDC declared an opioid epidemic across the country. By this time the Attorney General's Office had come to the realization that this problem required mobilization and had convened our state's largest and first Prescription Drug Abuse Prevention Task Force made up of more than 100 volunteers. With the number of deaths from painkillers quadrupling since 1999, the Task Force understood the need to work quickly to combat this public health crisis. As such, the Task Force hit the ground running.

The Task Force has created tremendous impact and momentum in engaging a multidisciplinary array of health care professionals, legislators, justice, and other government officials, the media, and the public at large—engaging people from our local communities to the Surgeon General of the United States—to bring awareness and action to this health catastrophe. This work has included unprecedented investigative and legal action against doctors-turned-drug dealers; making life-saving opioid overdose antidotes available; the emergence of drug-take-back programs; the strengthening of controlled prescription drug monitoring by physicians; the expansion of clinical and science education on addiction among Indiana's medical and legal professionals; co-authoring and driving of legislation to expand addiction and mental health treatment workforce; advocating for proper health insurance coverage for these conditions; and, the adoption of new laws to help doctors and the courts better understand the boundary between sound medicine and harmful prescribing.

This man-made epidemic, that a former director of the FDA called the greatest mistake of modern medicine, was created over a period of decades, so we must gird ourselves for a sustained effort. The Task Force has demonstrated a commitment to further developing practical solutions and tactics to reduce drug overdose deaths in Indiana and has been fortunate to have such a high caliber group of professionals dedicated to this endeavor over the past four years. This is the kind of sustained persistence and commitment we need to address this scourge which plagues our children, our families, friends and neighbors.

Overview of Task Force Accomplishments:

- Since 2010, the office has hosted seven annual Prescription Drug Abuse Symposiums, tripling attendance since inception. The 2017 Symposium was attended by over **900** people on October 13-14th at the Indiana Convention Center.
- Over the past four years, the Task Force has convened approximately **85** times including sub-working group meetings, monthly committee meetings, and full Task Force quarterly meetings.
- Increased public awareness of the dangers of prescription drug abuse by launching a statewide PSA Campaign in 2012. Post-campaign measurements show that there was an **increase in awareness** of the issues, notably in the 17-34 year old range, females and those households who have college-age children.
- Launched a train the trainer public outreach program with **Purdue Extension** to provide outreach to schools and other community venues such as churches, town hall meetings, health fairs, Kiwanis Clubs, etc.
- Developed the toolkit: *First Do No Harm: The Indiana Healthcare Providers Guide to the Safe, Effective Management of Chronic Non-Terminal Pain* and educated **more than 600** prescribers on those practices statewide through a series of over **45** CME training programs and online webinars.
- The Task Force was instrumental in assisting the Medical Licensing Board (MLB) in adopting the prescriber toolkit as rules which establish standards and protocols for physicians in prescribing controlled substances for pain management.
- Developed Rx drug diversion training reaching **343** law enforcement and prosecutors statewide.
- Partnered with the Colts to raise awareness of prescription drug abuse, specifically launching a pledge drive and PSA video contest targeted at youth. The contest drew **72 entries** and the videos were viewed more than **14,000 times**.
- Increased awareness on drug take back – all but 3 of the 92 counties now have drug take back locations and working with Yellow Jugs Old Drugs to promote drug take back in pharmacy settings. Secured **\$30,000** in grant funding from Eli Lilly.
- Developed a toolkit and trained law enforcement and other first responders to administer naloxone.
- Developed a toolkit to aid pharmacists and other healthcare professionals in establishing a naloxone program and brochures for health professionals and lay persons. These brochures and toolkit were adopted by **IU Health** and supported by the **Indiana Board of Pharmacy**.
- Assisted Indiana Hospital Association and Indiana State Medical Association with establishing Acute Pain Guidelines in the ER setting.
- To date, our drug take back events are responsible for collecting over **1,000 pounds** of prescription medication across the state of Indiana.

- Distributed Naloxone Grant funding to multiple state not-for-profits and law enforcement agencies. To date the Indianapolis Emergency Medical Services agency has been able to purchase 1,041 naloxone kits. Additionally, the Indiana State Police has been able to distribute 722 kits. Overdose Lifeline, Inc. has distributed **3,277 naloxone kits** that have been used 180 times and have saved **162 lives**.

Legislative Accomplishments:

- Obtained a long-term funding solution for INSPECT by moving 100% of the funds generated by Controlled Substance Registrations (CSR) back into the program.
- Medical Board and other licensing boards were required to establish opioid prescribing guidelines for chronic pain.
- Required methadone clinics to check INSPECT before prescribing.
- Required pharmacists to report dispensing data to INSPECT within 24 hours – near real-time reporting.
- Required more oversight for owners to operate pain clinics which reduces/shuts down “Pill Mills.”
- Established a student loan forgiveness program for health care providers working in addiction treatment.
- Required ISDH to establish definition, screening and reporting procedures for Neonatal Abstinence Syndrome (NAS).
- Created immunity for first responders and lay persons to administer naloxone.
- Allowed for Syringe Exchange Programs to be implemented in counties at risk of HIV or Hep C outbreaks.
- Obtained HIP 2.0 and Medicaid coverage for MATs and inpatient detox.
- Allowed 5 certified mental health center to open methadone clinics in conjunction with Community Mental Health Centers to offer comprehensive care to patients.
- \$30 Million was appropriated to the Mental Health and Addiction Forensic Treatment Services account that is to be administered by the Division of Mental Health and Addiction (DMHA) with FSSA for addiction services for those convicted of a felony.
- Requested that the General Assembly issue a resolution that would request the federal centers for Medicare and Medicaid Services to revise survey measures included in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS),
- Established an INSPECT oversight committee and allowed coroners to have access to INSPECT.
- Required Medicaid coverage for inpatient detoxification for the treatment of opioid or alcohol dependence and requires opioid treatment providers to be a Medicaid provider and offer other medicated assisted treatment other than just methadone. Requires DMHA to establish practice guidelines for office based opioid treatment providers.

Annual Prescription Drug Abuse Prevention Symposia

When the Task Force held its first Symposium in 2010, it attracted **300** people and an overflow crowd spilled out into the hall. The same thing happened in 2011. It was an eye-opening event that foretold of the crisis at hand. Seven years later, the Symposium brought more than 900 people together as we more fully understand the epidemic we face. In looking back at the prior 6 symposia, it's clear that there is much greater public understanding of this epidemic and the medical community has begun to recognize the risks of addiction in their treatment of pain.

The Task Force built on the success from the first two years and facilitated the 3rd Annual Prescription Drug Abuse Symposium that was presented during 15 educational sessions on December 19, 2012. The program titled, "Targeting Strategies to Curb the Rx Drug Abuse Epidemic in Indiana," was attended by **450 registered attendees** and featured keynote speakers, Dr. Chris Jones, of the CDC, and Dr. Eric Wright, of IU's Fairbanks School of Public Health.

The 4th Annual Prescription Drug Symposium included 13 educational sessions on November 1, 2013. The program titled, "Indiana's Response to the Rx Drug Abuse Epidemic," was attended by **650 registered attendees** and featured keynote speakers, James D. Ryser, Program Manager with Pain Services of IU Health who spoke about his own battle with addiction and Joseph T. Rannazzisi, J.D., Deputy Assistant Administrator, Office of Diversion Control with the U.S. Drug Enforcement Administration. Congressman Todd Young (R), IN who was appointed to the Congressional Caucus on Prescription Drug Abuse gave the welcoming remarks.

The 2014 Rx Symposium, program titled, "Reversing the Tide of Opioid Use" was our 5th Annual and was held on October 16-17, 2014. Approximately **700 attended** and the event focused on collaboration with local, state and federal resources to combat this epidemic. This conference featured keynote speaker Jeffrey Coady, Psy.D., Administrator of SAMHSA Region V and highlighted a state legislative panel which focused on solutions to this problem.

In 2015, the Task Force successfully developed and implemented a comprehensive curriculum for the 6th Annual Prescription Drug Abuse Symposium that was presented during 25 educational sessions on October 28th and 29th, 2015. The program titled, "In the Trenches – A Community approach," was attended by **800 registered attendees** and featured keynote speakers, Dr. Michael Botticelli – National Director on Drug Control Policy, and Dr. William Compton – Deputy Director National Institute on Drug Abuse Policy.

In 2016, the Task Force held its **7th Annual Rx Symposium titled "Rebuilding the Hoosier Heartland"** which had over **900 registered attendees**. This year's keynote was the author of the book, Dreamland. Sam Quinones is a journalist, storyteller, former LA Times reporter, and author of three acclaimed books of narrative nonfiction. Attendees also heard from Victor Antonio Carrancá Bourget, Attorney General of the State of Puebla, Mexico on international efforts to reduce the heroin supply.

National Focus

The first National Prescription Drug Abuse Summit held in Florida in 2012 was attended by eight of our Task Force members and three other Hoosiers from the IU Substance Abuse Prevention Resource Center were also in attendance. We have since met with this organization to discuss partnering on a potential public awareness campaign.

The 2013 National Prescription Drug Summit in Atlanta, GA held was attended by eleven of our Task Force members. Attorney General Zoeller served on a panel titled “Attorneys General Call to Action” with Attorney General Conway from Kentucky and Attorney General Olens, from Georgia. Each AG highlighted strategies implemented in their states to reduce Rx drug abuse.

The 2014 National Prescription Drug Summit in Atlanta, GA, unfortunately Indiana garnered a lot of national attention at this conference as the HIV outbreak in Scott County had just occurred. The Director for the Center for Disease Control, Tom Frieden, MD, met privately with at least 10 members of our Task Force to talk about effective strategies for reducing the spread of infectious and deadly diseases such as Syringe Exchange Programs.

The 2015 National Prescription Drug Summit in Atlanta, GA was attended by multiple people of our prescription drug abuse prevention task Force. Justin Philips, Kim Manlove and Joan Duwve all were faculty at the conference and spoke about the HIV outreach in Scott County, prevention efforts in Indiana and naloxone training amongst law enforcement and lay savers.

Opportunities continue to exist for cooperation and collaboration with other states and Congress to achieve increased awareness, federal enforcement and creation of new funding sources to prevent and address rampant prescription drug abuse. With Indiana in the national spotlight both, positively for INSPECT, and negatively for our top ranking pharmacy robberies; it is critical that we remain proactive in our endeavors and seek to highlight the successes the Task Force makes in a very public way.

Natalie Robinson and Kristen Kelley serve as faculty for the National Association of Attorneys General Training and Research Institute (NAGTRI) and have trained law enforcement in New Orleans, Salt Lake City, Raleigh, Chicago, and Arlington on the opiate epidemic and Indiana’s prescription drug abuse prevention efforts.

The Task Force met with the US Surgeon General about federal changes needed, specifically eliminating pain as the 5th vital sign and removing the pain questions from hospital satisfaction surveys. We also had a legislative resolution passed in 2014 that urged US Congress to take these actions.

The work of the Task Force will also be garnered at the National Prevention Day, which is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) in Washington, DC on Feb 6, 2017. The presenters are planning to include information about the Task Force and the First Do No Harm program to highlight the work done in Indiana.

Education Committee

Education is a key component in addressing all levels of this epidemic. The education committee of the Task Force continues to work to develop clinical education materials about appropriate prescribing and use of controlled substances for medical providers and the public.

Prescriber Toolkit (<http://www.in.gov/bitterpill/toolkit.html>)

The first order of business for the education committee was to develop the, *First Do No Harm: The Indiana Healthcare Providers Guide to the Safe, Effective Management of Non-Terminal Pain Recommendations* toolkit under the leadership of the committee chair, Dr. Deborah McMahan. This toolkit consists of invaluable sets of practices and guidelines allowing healthcare providers to provide a consistent, structured and patient-centered approach to treat patients with chronic pain. They also served as the foundation for the state's laws on prescribing opioids for non-cancer pain management.

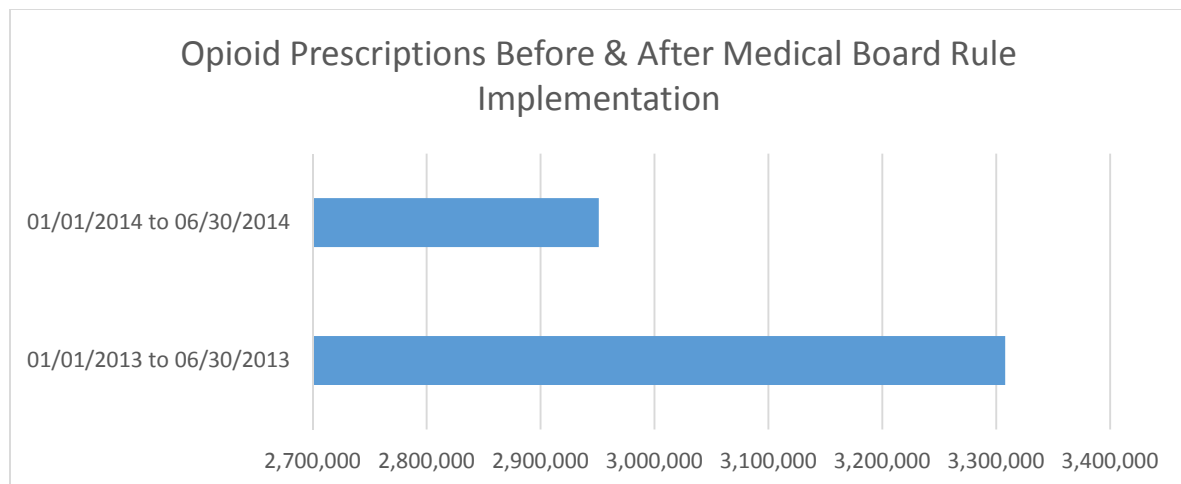
The Task Force was instrumental in assisting the Medical Licensing Board (MLB) in adopting the *First Do No Harm* prescriber toolkit as rules which establish standards and protocols for physicians in prescribing controlled substances for pain management. Many education committee members testified at several MLB hearings to assist with this process and the MLB often consulted with the members to ensure these new laws would reflect comprehensive sets of practices. Without their input, this task would not have been possible in the short period of time the MLB had to promulgate the emergency rules.

The Task Force also launched a free online CME video course on The Opioid Epidemic and Indiana's Opioid Prescribing Laws as part of the prescriber toolkit. This video provided guidance on ways these rules can be implemented within prescriber's current practices and procedures to ensure compliance with the new laws. One of the videos was accredited by the Indiana State Medical Association for CME credit and has provided training for more than **600 prescribers** around the state. This particular video is also housed on the BitterPill.IN.gov website.

You can now see the fruits of the Task Force's labor with an 11% reduction in the number of opioid prescriptions written in the State of Indiana. The amount of opioid prescriptions being filled has also recently began to decrease.

Data and Outcome

Data shows that the number of opioid scripts (RX#) prescribed in first 6 Months of 2013 [01/01/2013 to 06/30/2013] is 3,307,819 and the number of Opioid scripts (RX#) prescribed in first 6 months of 2014 [01/01/2014 to 06/30/2014]: 2,951,176. This was approximately an 11% decrease since the inception of the Medical Licensing Board Rules were enacted.



BitterPill Public Awareness Campaign

Shortly after its establishment, the Task Force launched a statewide awareness campaign to increase public knowledge about the dangers of prescription drug abuse. This campaign included television, radio, outdoor, digital, print, cinema and sponsorship campaigns across the state. The campaign was kicked off at the Indiana State Fair in August of 2013 and include an outreach presence and a press conference. The media impact post-campaign shows the following:

- a) 98.6% of all targeted adults (18+) were exposed to a broadcast message (TV, cable, and radio) at least 24 times during the campaign.
- b) Statewide radio delivered 28,835,800 impressions against adults
- c) 103 radio stations across Indiana broadcasted the message
- d) Outdoor delivered 66,589,400 impressions against adults
- e) Digital delivered over 57 million impressions against teens (12-17) and adults (18+)

The BitterPill website was also launched in conjunction with the statewide campaign. This one-stop shop site provides information for all Hoosiers impacted by the opioid epidemic. It includes helpful information about prevention, treatment, harm reduction strategies, safe disposal options, laws governing naloxone, resources for medical professionals on safe prescribing, and more other resources for individuals seeking help. The website analytics report between December 2013 and July 2014 showed an average of 301 hits a day to the BitterPill website.

Colts Partnership

The Prescription Drug Abuse Prevention Task Force has also teamed up with the Indianapolis Colts to prevent prescription drug abuse by urging Hoosiers to pledge not to abuse or share prescription drugs. Over **10,000** students pledged not to misuse or abuse prescription drugs. Martinsville High School won the pledge challenge in 2014 as 100% of

their students took the pledge. In 2016 the Task Force joined the Colts on a PSA campaign to raise awareness to teens by encouraging Indiana middle and high school students to enter the PSA video challenge. We had over **72 submissions** from schools all around the state. In total, the PSA contest videos were viewed on YouTube more than **14,000 times**.

Indiana Collegiate Action Network

The Task Force also partnered with the Indiana Collegiate Action Network (ICAN), which is a statewide advocacy coalition of colleges and universities working together to address substance abuse and other issues that impact the wellness of students and others on campus, through education and evidence-based environmental strategies. Educational opportunities by the Task Force were held at 3 sessions in the state and over 150 in attendance. We did an extensive collegiate survey during these presentations asking for information regarding substance abuse and prevention efforts on college campuses.

Indiana Network for the Prevention and Treatment of Opioid Addiction

Building on the work of the Task Force over the past 4 years, Attorney General Zoeller seeded the creation of a statewide network of Indiana foundations with a \$500,000 matching grant from Indiana's Consumer Protection Education Fund. Lutheran Foundation is the facilitator of this grant which will provide county or multi-county collaborations to assess, prevent and treat opioid addiction, and provide community financial support for housing, employment, monitoring and counseling.

Train the Trainer

A train the trainer program was developed to educate the community on prescription drug awareness. Over 250 individuals have been trained to make presentations and we have partnered with at least 20 organizations, such as Purdue Extension, Keep Rx, Safe, Indiana Prevention Resource, Indiana Collegiate Action Network, and Department of Education, to collaborate with outreach. Each program produces a ripple resulting in more outreach and new partnership opportunities. Education has extended in many varieties of events such as school convocations, high school health courses, back to school nights for parents, drug awareness weeks on college campuses, health fairs, rotary/Kiwanis club meetings and other community events. One common core PowerPoint presentation exists, but every outreach program has been customized for each audience.

Public Outreach

In 2015 and 2016, the Task Force participated in Public Outreach events at the following locations:

- a) IU Interfraternity Council
- b) Lilly Networking Vendor Conference
- c) Purdue Student Government Alliance Vote
- d) Indianapolis Health & Education Safety Coalition
- e) Allen County Syringe Exchange Hearing
- f) Allen County Addiction Medicine Meeting

- g) Madison County Drug Task meeting
- h) Clark County CARES event
- i) School Resource Officer Lunch Meeting
- j) Naloxone Grant Press Conference
- k) Bloomington Naloxone Press Conference
- l) IU campus police Naloxone Training
- m) Pharmacy Alliance
- n) Colts Health Fair
- o) AG Task Force/National Safety Council Press Conference
- p) National Association Drug Diversion Investigators Meeting/Luncheon
- q) IPQIC NAS Committee Meeting
- r) Monroe County Drug Task Force Meeting
- s) Fairbanks Lunch and Learn Presentation
- t) Presentation at IU School of Public Health
- u) Take Back Event in coordination with ISP and AGO
- v) Booth at State House Market - outreach on take back event
- w) NCAA Health Fair Event
- x) Fairbanks Lunch Presentation
- y) Madison County Health Department Local Drug Summit
- z) Health Link Pain Management & Addiction Summit - Exhibit Booth
- aa) Drug Awareness to students
- bb) Vanderburgh County Symposium
- cc) Indiana Pharmacists Alliance
- dd) Public Health Nurse Conference
- ee) Indiana Probation Officer Conference
- ff) Jackson County Drug Task Force Meeting
- gg) Indiana Rural Hospital Association Conference
- hh) Purdue Extension - Health & Human Services Spring Symposium on Drug Abuse
- ii) Shred-It Event Including the DEA
- jj) Scope of Pain CME Community Health Network
- kk) Boone County Drug Task Force
- ll) Booth at Boys and Girls Club of Zionsville Health fair
- mm) School Resource Officer Conference
- nn) Probation Officer Conference
- oo) Daviess County Drug Task Force
- pp) Community Health Network – Scope of Pain CME
- qq) Indiana Collegiate Action Network
- rr) Beech Grove Drug Task Force
- ss) Monrovia High School
- tt) Morgan County Commissioners
- uu) Cummins Opioid Safety Conference
- vv) Indiana State University students

Our outreach coordinator has also been working with the following counties to establish a community take wide task force and employ prevention efforts at local levels: Boone, Marion, Jackson, Scott, Jennings, Owen, Morgan,, Monroe, Delaware, Knox, ,Randolph, ,Shelby, Dubois, Clark, Parke, ,Johnson, Brown, Boone, Hendricks, Grant.

National Safety Council Partnership

Eighty percent of Indiana employers have been impacted by prescription drug misuse and abuse, including opioid painkillers, in their workplaces, according to a survey released today by the National Safety Council and the Indiana Attorney General's Prescription Drug Abuse Prevention Task Force. The survey, the first of its kind in the nation, found nearly two-thirds (64 percent) of employers believe prescription drugs such as Vicodin, OxyContin and Percocet are bigger problems than illegal drugs. In total, coverage from the survey has garnered: 440,973,048 print/online impressions and 863,647 broadcast impressions, including PBS hit for Nightly Business News.

The findings come in the midst of the state's prescription drug abuse epidemic. Drug poisonings, largely from opioid painkillers, have increased fivefold in Indiana since 1999 and now eclipse car crashes as the leading cause of injury death among adults. "It is important for employers to understand that the most fatally abused drug today may be sitting in their employees' medicine cabinets," said Deborah A.P. Hersman, president and CEO of the National Safety Council. "Ensuring employees are as safe and healthy as possible should be every employer's highest priority. It is our hope that employers take the lead on this emerging safety threat so our workplaces can be safer than ever before."

Other key findings from the survey included:

- a. 76 percent of employers say misusing prescription drugs is a justifiable reason for termination
- b. Only 53 percent of employers have a written policy on using prescription drugs at work, despite 80 percent reporting they have had experienced an issue
- c. 87 percent of employers conduct drug testing, but only 52 percent test for synthetic opioids
- d. More than 60 percent of employers are not confident that their staff can recognize the signs and symptoms of prescription drug misuse or abuse
- e. Less than 30 percent of employers offer training around workplace usage of prescription drugs

Additional Accomplishments

- a) Over 45 educational in person presentations on the medical licensing board chronic pain rules. 2 webinars and an online CME course which was viewed by over 600 providers. Additional online CME videos may be needed to help educate prescribers on how to implement the rules into their practice, post op prescribing, urine drug screen monitoring, how to use INSPECT and also specific outreach to prescribing dentists.
- b) Collaborated with INSPECT committee to develop programs for providers to run self-assessment reports, including thresholds for primary care and various specialties. Currently a morphine equivalency pilot is in process which adds this information to INSPECT reports.

- c) Collaborated with DMHA to take methadone off of the preferred pharmacy list for pain.
- d) Met with the US Surgeon General about federal changes needed, specifically eliminating pain as the 5th vital sign and removing the pain questions from hospital satisfaction surveys. We also had a legislative resolution passed in 2014 that urged US Congress to take these actions.
- e) Collaborated with Enforcement Committee to develop a training toolkit and video for first responders and other non-medical laypersons regarding the use of naloxone in the field.
- f) Assisted Allen County in creating and developing 15 min CME/CEU modules topics such as acute pain, ways to deal with difficult pain patients, Rx drugs as a gateway to heroin and materials for dentists
- g) Worked with IU and Purdue student bodies on raising awareness on campus. Purdue's student body signed a resolution to get their law enforcement trained and equipped with naloxone.
- h) Work with the PBS TV station in Ft Wayne to produce '*The Opioid Crisis: Healing our Community with Hope*' which featured interview segments with experts who address various aspects of the opioid crisis in northeast Indiana, including the scope of the problem, how addiction starts, treatment, and showcasing addiction recovery is possible. Viewers were able to call in during the broadcast to ask questions of licensed health professionals.

Enforcement Committee

The enforcement committee has and will continue targeting the criminal prescribing and diversion of prescription drugs. Prescription drug diversion most commonly occurs through doctor shopping and through illicit drug prescribing at clinics known as pill mills. The committee worked closely with Senator Grooms to support what has been coined the "Pill Mill Bill" which was aimed to shut down pill mill by requiring more oversight for owners to operate pain clinics. The bill also called for the Medical Licensing Board and other licensing boards to establish opioid prescribing guidelines for chronic pain.

Investigative/Prosecutorial Curriculum and Training

With diversion occurring at epidemic proportions – it was critical to build support for law enforcement efforts aimed at reducing the prevalence of prescription drug diversion. As such, the committee developed a curriculum on the investigation and prosecution of prescription drug diversion for law enforcement and prosecutors statewide. This training was held in key markets around the state and educated on a variety of topics such as:

- a. Drug Identification
- b. Recognizing Chronic Abusers
- c. Investigating Drug Overdose Deaths
- d. Overview of Drug Statutes and Case Law
- e. INSPECT Training
- f. Doctor Shopping 101

Diversion Plan

The committee continues to address the lack of drug diversion being reported within healthcare facilities – especially long-term care facilities and home health agencies. Diversion occurs along all points in the distribution process including physicians, nurses, nurses-aids, home health agencies and pharmacies although much of the diversion goes unrecognized or unreported. The committee plans to study how to identify and correct the problem of drug diversion in Indiana healthcare facilities. After conducting more research on this subject, the committee plans to explore possible policy or regulatory strategies to address it. They will work to build recommendations that could be taken to the legislature, boards, and health facilitates for further implementation.

Naloxone Grant Program

In November 2016, the Office of the Indiana Attorney General announced a new grant of \$400,000 to Overdose Lifeline– to continue to train and supply Narcan to law enforcement and first responders. Justin Phillips is the founder and President of the nonprofit organization. Justin – lost her son to heroin three years ago and is committed to getting families and law enforcement one of the tools that will save a person from an overdose death.

It was just less than 8 months before that the first \$400,000 grant was exhausted and an additional \$400,000 was dedicated to this effort to train more law enforcement and laysavers. more than 162 lives have been saved by this grant program. Students and campus police at Indiana University, Indiana State University and Purdue University have been trained to administer naloxone.

These grants are only a short-term effort to limit the number of deaths and save as many lives as possible to have any hope for recovery. These settlement funds are just a triage measure, and not a long-term, or stable solution for our state.

Other Accomplishments:

- a) Worked with Department of Corrections in getting correctional and probation officers trained in naloxone
- b) Worked with Hamilton County and Boone County on naloxone program in their criminal justice system.

INSPECT Committee

The INSPECT Committee works to ensure sustainability and access to Indiana's Prescription Drug Monitoring Program. The committee hit the ground running to propose a legislative funding solution in the 2012 legislative session. HB 1465 passed into law and provides a long-term funding solution for INSPECT by moving all of the funds generated by the controlled substance registration (CSR) applications back into the program.

With the passage of HB 1465, the committee conducted research to determine the effectiveness of INSPECT and made recommendations on additional technological capabilities or features as needed to improve the user functionality of the database. The goal was to provide better and more seamless access to electronic prescription drug information with prescribers. An interim study committee for INSPECT was formed the summer of 2012 which assisted with the following 2013 legislative initiatives:

- HB 1218 requires that INSPECT reporting by pharmacies to go from 7 days to 3 days beginning July 1, 2015 and 24 hours beginning January 1, 2016.
- Requires methadone clinics to check INSPECT before prescribing.
- Required a committee to weigh the benefits and disadvantages of collecting all legend drugs. These findings were presented to a legislative council in October 2014. Several of the Task Force members served on this committee.

In 2016, the INSPECT committee worked with the Indiana Legislature and Representative Davisson to get HB 1278 passed.

HB 1278 - Allows a dentist, physician, advanced practice nurse, physician assistant, and podiatrist to include an INSPECT program report in a patient's file. Establishes requirements to obtain reciprocity for an out-of-state person seeking to provide home medical equipment services in Indiana. Removes a provision that allows the board of pharmacy to adopt rules for an out-of-state person seeking to provide home medical equipment services in Indiana. Allows an individual who holds a temporary fellowship permit to access the INSPECT program. Allows a county coroner conducting a medical investigation of the cause of death to access the INSPECT program. Makes certain changes to the immunity granted to practitioners who use the INSPECT program. (Current law extends immunity to both practitioners who use and do not use the INSPECT program.) Allows a practitioner's agent to check INSPECT program reports on behalf of the practitioner. Allows a patient to access an INSPECT program report that is in the patient's medical file. Requires the boards that regulate health care providers that prescribe or dispense prescription drugs to establish prescribing norms and dispensing guidelines that, if exceeded, justify the unsolicited dissemination of exception reports. Specifies the exception reports that a board's designee may forward to a law enforcement agency or the attorney general for purposes of an investigation. Makes a technical correction.

Mandatory Use

The Medical Licensing Board's chronic pain rules require a physician to run an INSPECT report at the onset of a treatment plan and annually thereafter. Further studies should be done to evaluate the feasibility of requiring practitioners to use INSPECT to check for patient controlled substance prescription histories before generating any prescriptions for such substances and/or every other time they are prescribed. The 2013 IPLA INSPECT Knowledge and Use Survey indicates that prescribers and dispensers have made modifications in their prescribing and/or dispensing habits because of INSPECT with most stating that they have reduced the number of controlled substances that they prescribe and/or dispense.

Other Accomplishments

- a) Worked with Professional Licensing Agency on updating INSPECT user policies
- b) Worked with INSPECT committee on providing statutorily required reports to law enforcement.
- c) Got legislation passed to allow coroners access to INSPECT.
- d) Assisted with educating prescribers on the necessity to report Tramadol and educating physicians on mandatory use when initially prescribing at the onset of a treatment plan and annually thereafter.
- e) Worked with SEOW on developing data outcomes that will identify prescribing trends
- f) Worked with the VA Hospitals and they are now reporting to INSPECT.
- g) Worked with INSPECT in developing a pilot program on an available tool to prescribers so they can identify how their prescribing practices compare to other prescribers in the same specialty/practice settings.

Take Back Committee

Increasing availability of disposal sites for unused controlled substances has been the focus of the take back committee. While initially faced with a major obstacle, the absence of DEA rules allowing pharmacies to serve as collection sites, the take back committee struggled to get pilot programs started in the state. Other points of concern included the transportation of unused medications to the collection sites by the consumers and to the disposal sites.

In 2014, the DEA announced new guidelines that gave consumers more options to dispose of prescription drugs safely and conveniently. Pharmacies and other health-care facilities are now able to register as collectors and accept controlled substances year-round. Additionally, reverse distributors also were able to register and serve as collectors, easing the earlier concerns of transportation issues.

Yellow Jug Old Drug

Started by the Great Lakes Clean Water Organization (GLCW) in 2008, the Yellow Jugs Old Drugs Program partners with local pharmacies and the Indiana Prescription Drug Abuse Task Force to provide secure and responsible drug disposal. The Yellow Jugs Old Drugs (YJOD) program addresses the fact that there are very limited ways to dispose of unwanted drugs. Now, consumers can take their unwanted medication to any participating pharmacy year-round for a safe disposal option while reducing the amounts of chemicals showing up in our water. There are currently 14 pharmacies in Indiana that are involved in this program. In addition, Eli Lilly also donated \$30,000 to provide seed money for pharmacies to implement a YJOD program in their pharmacies.

Other Accomplishments:

- a) Worked with Purdue School of Pharmacy to develop a Take Back Program
- b) Implemented pilot take back program with Purdue University which measured results of disposal, why people disposed, types of medicines disposed, etc., and shared findings with other pharmacies to encourage participation.
- c) Worked with law enforcement to get collection sites in all counties but 3 in Indiana.
- d) Chronic Pain rules require physicians to inform patients about proper medication storage.
- e) Assisted IDEM in developing take back policies for schools with end of year medication disposals
- f) Assisted Eskenazi in getting their drug take back program established in 10 facilities
- g) Held several take back events across the state – Government Center, Shred It, Colts Training Camp, Colts Health Fair to name a few

Treatment & Recovery Committee

The treatment and recovery committee continues on working to improve access to treatment and recovery for those suffering from addiction. Opiate addiction is a brain disease. Understanding the Neurobiology of this disease translates into development of successful methods of treatment. The two primary barriers to treatment services include the workforce shortage of addiction treatment professionals and lack of adequate insurance coverage for addiction treatment services and medications so this committee made these initiatives priorities. And while we are woefully lacking in available treatment capacity, the Task Force is working tirelessly to ensure there are better treatment options being developed.

Expansion of Medicaid Eligible Drugs

The committee successfully sought an expansion of the scope of the medications that the Mental Health Quality Advisory Committee reviews to include consideration of addiction medications. It also plans to recommend that the Indiana General Assembly engage in further study of including medications used for the treatment of addiction in the preferred Medicaid drug list for

the Indiana Medicaid program and the possibility of inclusion under private insurance coverage. Additionally, the Task Force was instrumental in the passage of SB 297, The Opioid Dependence Treatment bill, which requires Medicaid coverage for inpatient detoxification for the treatment of opioid or alcohol dependence. Many more individuals will become eligible for coverage of addiction treatment. A wide range of individuals have been found to abuse prescription drugs, although the highest rate of death in 2006-2008 was for 45-54 year-olds. This is the target age for adult addicted individuals seeking treatment services.

Loan Forgiveness

There is a significant workforce shortage of professionals in our state that understand how to properly treat this addiction. There are 40 counties in our state designated as mental health professional shortage areas and 50 counties have no addiction psychiatrists working within them. The shortage will be further exacerbated when additional requirements of ACA go into effect in January of 2014.

HB 1360, the Workforce Development Bill, created a committee that will oversee the student loan forgiveness program for health care providers that are willing to work in the field of addictions. The initial meeting was held on August 28, 2015 and **1.2 million dollars** of financial assistance has been provided to **125 health professionals** specializing in addiction treatment medicine. Family and Social Services Agency (FSSA) will provide the administrative support. The Office of the Attorney General agreed to allocate seed money for the first year to get this program started. Legislation requesting additional funding will be proposed during the 2017 session.

NAS Initiative

According to an article in the Journal of the American Medical Association, the number of babies experiencing what is called "neonatal abstinence syndrome" (NAS) increased by 330 percent across the nation between 2000 and 2009. During the 2013 legislative session, the treatment committee worked with stakeholders to get SEA 408 passed, which the Indiana State Department of Health (ISDH) to: (1) meet with representatives of certain associations to study and make recommendations on issues concerning NAS; and (2) report, before November 1, 2014, on certain issues concerning NAS to the legislative council for distribution to the appropriate interim study committee. This law has forced us to think about what we are going to do with these addicted pregnant women. The medical licensing board rules on the safe prescribing of opioids also have language that requires physicians to inform "women of child bearing age" about the dangers of prescription drugs.

The Indiana Perinatal Quality Improvement Collaborative (IPQIC) was originally initiated by ISDH to address NAS but serves as the committee to make recommendations to the legislative council. Several task force members serve on this committee. IPQIC has developed standards to test, diagnose and report babies with neonatal abstinence syndrome. They have also been

developing screening protocols for the mothers and babies prior to delivery. 5 hospitals in Indiana have been serving as pilot programs and additional 22 will begin to pilot in 2017. Further data is needed before we can make recommendations to the legislature. The Office of the Attorney General was a sponsor of the Indiana Perinatal Network Conference on May 9, 2014, where Attorney General Zoeller gave opening remarks.

Other accomplishments

- a) Helped FSSA on an Informed consent for enrollment in opioid treatment programs
- b) Assisted FSSA on adopting rules, per HEA 1218, to establish certain standards and protocols for opioid treatment programs and exceptions to the seven day supply.
- c) Worked with Sharon Blair on education regarding the involuntary commitment laws
- d) Worked with Education and Enforcement group on naloxone initiatives
- e) Explored how it can be a requirement of for-profit methadone clinics to accept insurance. (see SB 297)
- f) Changed the moratorium of Opioid Treatment Centers (Methadone Clinics) and allowed for 5 additional centers to be established in the state under a Certified Mental Health Center
- g) Reducing stigma to the overall perception of mental health and addiction in Indiana by having people treat it just like any other illness/disease.
- h) Expanded the Lifeline Law to include Rx drug overdoses
- i) Currently working with State Medicaid in developing threshold prescription levels, fail first policies and proper coverage of medications used for addiction treatment.
- j) Developed an Advanced Directive to protect those suffering from substance abuse who are also in need of medical care and possibly pain management.

Task Force Contributions to Publications:

- a) Hackman, DT, Greene, MS, Fernandes, TJ, Brown, AM, Wright, ER, Chambers, RA (2014) "Prescription drug monitoring program inquiry in psychiatric assessment: Detection of high rates of opioid prescribing to a dual diagnosis population" *Journal of Clinical Psychiatry* 75(7): 750-756. PubMed PMID: 25093472. PubMed Central PMCID: PMC4401030.
- b) Greene, MS, Chambers, RA (2015) "Pseudoaddiction: Fact or Fiction? An Investigation of the Medical Literature" *Current Addiction Reports*, 2:310-317.
- c) Sajid, A, Whiteman, A, Bell, RL, Greene, MS, Engleman, EA, Chambers, RA (2016) "Prescription drug monitoring program data tracking of opioid addiction treatment outcomes in Integrated dual diagnosis care involving injectable naltrexone" *American Journal on Addictions*, 25: 557-564, DOI: 10.1111/ajad.12441
- d) Meyerson, Beth (2016) "Against the Odds: Syringe Exchange Policy Implementation in Indiana"
- e) Sybesma, Michelle and Day, Susan (2015) "Myths and Dangers of Stimulants", *Child Safety Goes Far Beyond the Cap*", "Disposal of Prescription Drugs for the Safety of Children" *Indy Child Magazine* <https://indyschild.com/child-safetyrx/>

Legislative Initiatives

The Attorney General's Prescription Drug Abuse Prevention Task Force has worked hard to facilitate and lobby for legislation that aims to benefit the public health of Hoosiers in the midst of an opioid epidemic. Below you will find passed legislation through which the Task Force and its members have played a crucial role in getting such legislation passed.

2016 LEGISLATIVE SESSION

SB 187 Overdose Intervention Drugs

Effective July 1, 2016. This bill requires an entity acting under a standing order issued by a prescriber for an overdose intervention drug to report annually certain information to the state department of health. Requires the state department to ensure that a statewide standing order for the dispensing of an overdose intervention drug is issued for Indiana. Allows the state health commissioner or a public health authority to issue a statewide standing order for the dispensing of an overdose intervention drug. Requires certain emergency ambulance services responsible for submitting the report to report the number of times an overdose intervention drug has been administered. Requires the ambulance service to include the information in the emergency ambulance service's report to the emergency medical services commission under the emergency medical services system review. Provides that, if certain conditions are met, an individual who aided an individual in need of medical assistance due to an opioid related overdose is immune from certain criminal prosecutions.

SB297 - Opioid Dependence Treatment

This bill was signed by the Governor on March 21, 2016 and becomes effective on July 1, 2016. The Opioid Dependence Treatment bill requires Medicaid coverage for inpatient detoxification for the treatment of opioid or alcohol dependence. Add requirements for an opioid treatment program to meet in order to operate in Indiana. Requires the division of mental health and addiction to adopt specified treatment protocol containing best practice guidelines for the treatment of opiate dependent patients to be used by certain office based opioid treatment providers. Requires an opioid treatment program to provide specified information upon request by the division. Urges the legislative council to assign a study committee the topic of patient access to and provider reimbursement for federally approved medication assisted treatment in the Medicaid program. For a more comprehensive summary, please [click here](#).

HB1278 - INSPECT Program

Effective July 1, 2016. This bill allows a dentist, physician, advanced practice nurse, physician's assistant and podiatrist to include an INSPECT program report in a patient's file. Establishes requirements to obtain reciprocity for an out-of-state person seeking to provide home medical equipment services in Indiana. Removes a provision that allows the pharmacy board to adopt rules for an out-of-state person seeking to provide home medical equipment

services in Indiana. Allows an individual who holds a temporary fellowship permit to access the INSPECT program. Allows a county coroner conducting a medical investigation of the cause of death to access the INSPECT program. Makes certain changes to the immunity granted to practitioners who use the INSPECT program. (Current law extends immunity to both practitioners who use and do not use the INSPECT program.) Allows a practitioner's agent to check INSPECT program reports on behalf of the practitioner. Allows a patient to access an INSPECT program report that is in the patient's medical file. Requires the boards that regulate health care providers that prescribe or dispense prescription drugs to establish prescribing norms and dispensing guidelines that, if exceeded, justify the unsolicited dissemination of exception reports. Specifies the exception reports that a board's designee may forward to a law enforcement agency or the attorney general for purposes of an investigation. Makes a technical correction.

SB214 - Controlled Substances Reimbursement

Effective July 1, 2016. This bill prohibits Medicaid reimbursement for Subutex, Suboxone, or a similar trade name or generic of the drug if the drug was prescribed for the treatment of pain or pain management and the drug is only indicated for addiction treatment. Requires the office of the secretary and the division of mental health and addiction to develop a treatment protocol containing best practice guidelines for the treatment of opiate dependent patients to be used by certain office based opioid treatment providers. Requires the office of the secretary to recommend certain best practice guidelines to: (1) the professional licensing agency; (2) the office of Medicaid policy and planning; and (3) a managed care organization that has contracted with the office.

HB1347 - Mental Health Matters

Effective July 1, 2016. This bill requires the office of Medicaid policy and planning to reimburse under the Medicaid program: (1) certain advanced practice nurses for specified Medicaid services; (2) certain graduate and post graduate degree level students in specified fields who are interning or in a practicum at a community mental health center under the direct supervision of a licensed professional; and (3) licensed clinical addiction counselors who under the clinical supervision of a physician or health service provider in psychology. Requires the department of insurance, in consultation with the office of the secretary of family and social services, to review, study, and make recommendations concerning the capacity, training and barriers to health navigators in assisting individuals in obtaining health insurance program coverage. Requires the department to report their findings to the interim study committee on public health, behavioral health and human services before September 30, 2016.

2015 LEGISLATIVE SESSION

SB 406 - Overdose Intervention Drugs. (AARON's LAW)

This bill became effective on April 17, 2015, when signed by the Governor. Requires certain emergency personnel to report to the state department of health the number of times an overdose intervention medication is administered. Allows specified health care professionals with prescriptive authority to dispense, write a prescription, or prepare a standing order for an overdose intervention drug without examining the individual to whom it may be administered if specified conditions are met. Allows for an individual who is a person at risk, a family member, friend, or other individual or entity in a position to assist another individual who, there is reason to believe, is at risk of experiencing an opioid-related overdose, to obtain and administer an overdose intervention drug if certain conditions are met. Provides for civil immunity.

SB 534 - Prescribing Controlled Substances

Effective July 1, 2015. Rules for prescribing controlled substances. Requires the medical licensing board to adopt standards and protocols for the prescribing of abuse deterrent formulations. Requires, before March 1, 2016, the following boards to adopt rules concerning the prescribing of opioid controlled substances for pain management treatment: (1) the medical licensing board, concerning physician assistants; (2) the board of podiatric medicine, concerning podiatrists; (3) the state board of dentistry, concerning dentists; and (4) the Indiana state board of nursing, concerning advanced practice nurses. Requires each board to report before December 31, 2015, to the legislative council with a status report on the board's efforts to adopt the required rules.

SB 461 – Syringe Exchange Program

Effective upon signature of Governor which was 5-4-15. Sets forth conditions in which a local health department, a municipality, a county, or a nonprofit organization may operate a syringe exchange program and expires the authorization of a program July 1, 2019. Before a qualified entity may operate a SEP, the local health officer or executive director must declare to the executive body of the county or legislative body the following: A) There is an epidemic of hepatitis C or HIV; B) that the primary mode of transmission of hep C or HIV in the county is through IV drug use; C) That a SEP is medically appropriate as part of a comprehensive public health response.

SB 464 - Mental Health Issues

Effective July 1, 2015. Provides that addiction counseling, inpatient detoxification, case management, daily living skills, and long acting, non-addictive medication may be required to treat opioid or alcohol addiction as a condition of parole, probation, community corrections, pretrial diversion, or participation in a problem solving court. Requires coverage under the Indiana check-up plan of non-addictive medication assistance treatment drugs prescribed for the treatment of substance abuse. Authorizes the division of mental health and addiction (division) to approve before June 30, 2018, not more than five new opioid treatment programs if: (1) the programs are run by a hospital, a specified institution, or a certified community mental health center; and (2) the division determines that there is a need for a new opioid treatment program in the proposed location. Requires a prescriber who is prescribing methadone for the treatment of pain or pain management to indicate this treatment on the prescription or order. Establishes the mental health and addiction forensic treatment services account (account) within the statutes governing the division, rather than the statutes governing corrections (under current law). Provides that the division may use money in the account to fund grants and vouchers that are provided to the following for mental health and addiction forensic treatment services: (1) Community corrections programs. (2) Court administered programs. (3) Probation and diversion programs. (4) Community mental health centers. (5) Certified mental health or addiction providers. Allows the division to use money in the account as a state match under the Medicaid rehabilitation program and the Primary Health Coordination Program. Requires the division to provide an education and training program concerning involuntary commitment and medication assisted treatment. Specifies that an individual is eligible for such mental health and addiction forensic treatment services if the individual meets certain criteria and if reimbursement for the service is not available to the individual under a health insurance policy, a health maintenance organization contract, the Medicaid program, the Medicare program, or any other federal assistance program. Requires the division to survey and develop demographic research on individuals receiving services. Places restrictions on coverage under a health insurance policy and a health maintenance organization contract for methadone used in pain management.

SB 358 – INSPECT Oversight Committee

Signed by Governor on 4-30-15. Establishes the INSPECT Oversight Committee. Provides the committee's approval for the board to execute a contract with a vendor to administer the INSPECT program. Requires approval from the chairperson of the board of pharmacy to hire a director of the INSPECT program. Provides that if a dispenser's pharmacy is closed the day following a dispensing, the information required to be sent to the INSPECT program must be transmitted by the end of the next business day. Amends the definition of

"medication assistance" in the administrative code for purposes of the rules concerning home health agencies.

HB 1448 - Mental health drugs and coverage

Effective July 1, 2015. Includes inpatient substance abuse detoxification services as a Medicaid service. Authorizes the office of Medicaid policy and planning to require prior authorization for addictive medication used as medication assisted treatment for substance abuse. Allows money in the forensic treatment services account to be used to fund grants and vouchers for licensed mental health or addiction providers. Requires information and training to judges, prosecutors, and public defenders concerning diversion programs, probationary programs, and involuntary commitment.

HB 1006 - Criminal justice funding

Effective July 1, 2015. \$30 Million was appropriated to the Mental Health and Addiction Forensic Treatment Services account that is to be administered by the Division of Mental Health and Addiction (DMHA) with FSSA. DMHA shall give priority in awarding funding to programs that provide evidence based treatment for mental health and addiction or cognitive behavior intervention directly to individuals.

HB 1304 - Various criminal law matters

Effective July 1, 2015. Provides that addiction counseling, inpatient detoxification, and the administration of a federal Food and Drug Administration (FDA) approved, non-addictive medication for alcohol or opioid treatment may be required to treat opioid or alcohol addiction as a condition of parole, probation, community corrections, pretrial diversion, or participation in a problem solving court. Provides that the division of mental health and addiction may consider the administration of an FDA approved, non-addictive medication for alcohol or opioid treatment as an alternative to methadone treatment. Repeals provisions allowing juvenile courts to modify disposition orders concerning truancy and runaways. Allows drug abusers or alcoholics charged with or convicted of certain felonies to request treatment for addictions. Provides that a convicted individual may be placed on probation if the individual requests to undergo substance abuse treatment. Provides for voluntary and involuntary treatment for drug addictions. Allows an alcohol and drug services program or the clerk of a court to collect fees concerning court established alcohol and drug services programs.

House Resolution 71

Resolution to the General Assembly that would request the federal centers for Medicare and Medicaid Services to revise survey measures included in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

2014 LEGISLATIVE SESSION

SB 227- Lifeline Law

Originally passed in 2012 at the urging of college students, the Lifeline Law encourages young people to call 911 if someone suffers alcohol poisoning and makes the caller immune from criminal charges related to underage drinking. Attorney General Zoeller has promoted awareness of the Lifeline Law at campuses with the Lifeline Law's author, State Sen. Jim Merritt, R-Indianapolis. This year, Sen. Merritt authored Senate Enrolled Act 227, an update to the Lifeline Law that expands it to extend immunity from prosecution if underage callers seek help for other types of medical emergencies such as concussions or if they are a victim of a sexual assault, or witness and report a crime. Zoeller recommended an amendment to SEA 227 that encourages first responders – including law enforcement and firefighters – to be equipped with Naloxone, a medication that counteracts the effects of an opioid drug overdose. It will remove legal barriers to first responders utilizing the antidote to save patients' lives. SEA 227 also authorizes a legislative study committee to study the topic of human trafficking facilitated on the Internet. This bill also allows for the courts to consider aggravating circumstances for sentencing if a person is convicted of a crime related to controlled substances when there was a request for emergency medical services for substance abuse.

HB 1218 – INSPECT

Intended to deter prescription drug abuse that might be facilitated by overprescribing by providers, the Indiana Scheduled Prescription Electronic Collection and Tracking Program, or INSPECT, is a database the state has operated for several years that tracks the dispensing of certain addictive controlled substances. So that the database is kept updated in a timely manner, the task force recommended House Enrolled Act 1218, which requires pharmacists to provide dispensing information to INSPECT on certain opioid drugs – within three days, starting July 1, 2015, and within 24 hours, starting January 1, 2016. HEA 1218 includes patient privacy protections for confidentiality.

HB 1360 - Workforce Development

Mindful of patients already addicted, another of the task force's recommendations was to address Indiana's shortage of mental health professionals and addiction treatment

professionals. To encourage more of these professionals to practice in Indiana, House Enrolled Act 1360 offers up to five years of student loan forgiveness grants to psychiatrists, psychologists, psychiatric nurses, addiction counselors and mental health professionals who are pursuing addiction training in behavioral health and addiction psychiatry -- provided they practice their specialty within the state.

SB 408 – Neonatal Abstinence Syndrome

The task force also reviewed the problem of Neonatal Abstinence Syndrome or NAS, where newborns exposed to prescription or illicit drugs while in the womb suffer from withdrawal symptoms including respiratory complications, low birth weight, feeding difficulties and seizures. Senate Enrolled Act 408 establishes a standard clinical definition of Neonatal Abstinence Syndrome, and directs the Indiana State Department of Health (ISDH) to meet with various medical and pediatric stakeholders, to develop recommendations regarding diagnosis and screening and reporting of statistics of NAS that will be presented to the Legislative Council no later than November 1, 2014. SEA 408 allows ISDH before June 1, 2015, to establish pilot programs with hospitals to put the NAS recommendations into practice.

LEGISLATION PRIOR TO 2013

State Senator Ron Grooms, R- Jeffersonville, and State Representative Steve Davisson, R-Salem, members of the Prescription Drug Abuse Task Force, helped author and sponsor key legislation that have helped in the fight against prescription drug abuse.

SB 246 makes important changes regarding clinics that prescribe, dispense or administer controlled substances. It requires clinic owners to hold an Indiana Controlled Substance Registration (CSR). Clinic owners have a responsibility for overseeing the operations in the clinic and ensuring that practitioners prescribe in a way that complies with the law. The law also allows the Attorney General's office to move more quickly in taking enforcement action against practitioners who overprescribe and obtain records for an investigation.

HB 1465 improves the effectiveness of the Indiana Scheduled Prescription Electronic Collecting & Tracking program (INSPECT), the state's prescription drug monitoring program. INSPECT maintains a database of controlled substances dispensed by pharmacies, and physician can access the program to verify they are not overprescribing to an addicted patient who might be drug-seeking.

Prescription Drug Take Back Event

At the Indianapolis Colts
Bleed Blue Blood Drive

Lucas Oil Stadium

Saturday, 12/17/16
8 am - 3 pm

Visit us at the
BitterPill.IN.gov booth
and enter to win a pair of **Colts**
tickets & autographed items

Bring your unwanted medications to the Colts Bleed Blue Blood Drive and we'll dispose of them safely, protecting the environment and your family's health. Sponsored by the Attorney General's Prescription Drug Abuse Prevention Task Force.



#kickRxabuse

#kickRxabuse

Partner with the Indianapolis Colts and **BitterPill.IN.gov** to reduce prescription drug abuse in your school and community by joining the **#kickRxabuse** video challenge.

Prescription drug abuse kills more people than motor vehicle accidents. One in five Indiana teens admits to abusing prescription medications.

Adam Vinatieri encourages all middle and high school students to participate in the **#kickRxabuse** video challenge to reduce prescription drug abuse.

1. Watch Adam Vinatieri's video at www.youtube.com/INAttorneyGeneral
2. Upload a 30 second public service announcement (PSA) to YouTube using **#kickRxabuse**
3. Send an email to BitterPill@atg.in.gov including the video link, your name, email address, phone number and school before the contest ends on October 1, 2016
4. Share your video on social media to get the most views for your chance to win

The winning video will be selected based on impact, creativity and number of views. For full contest rules please visit BitterPill.in.gov.

Prizes for Winner

- Colts Tickets

4 VIP tickets including limo ride and dinner at the Colts Grille

- Winner's school to receive a **Cash Prize of \$5000**

- Meet Adam Vinatieri

Meet and greet with Adam Vinatieri & tour the Colts Training Complex

- Winning video will be featured on:
The official Colts website, social media and Colts programming



The challenge ends October 1

www.youtube.com/INAttorneyGeneral

For full contest rules please visit:

BitterPill.IN.gov



How to Use Narcan Nasal Spray Steps 1-4

Step 1: Lay the person on their back

Step 2: Remove Narcan Nasal Spray from the box. Peel back the tab with the circle to open the Narcan Nasal Spray



Step 3: Hold the Narcan Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle



Step 4: Tilt the person's head back and provide support under the neck with your hand. Insert the tip of the nozzle into **one nostril** until your fingers on either side of the nozzle are against the bottom of the person's nose

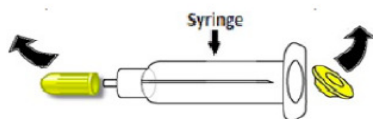


INDIANA PRESCRIPTION
DRUG ABUSE PREVENTION
TASK FORCE

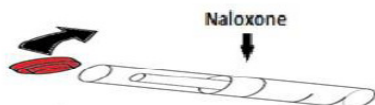
How to Assemble Naloxone Nasal Spray Steps 1-4

Step 1: Lay the person on their back

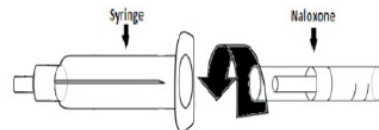
Step 2: Remove both Yellow Caps



Step 3: Remove Red Cap



Step 4: Screw Naloxone Vial onto Syringe



INDIANA PRESCRIPTION
DRUG ABUSE PREVENTION
TASK FORCE

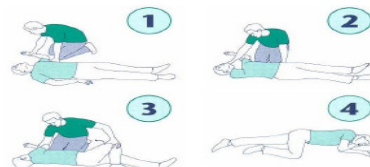
How to Use Narcan Nasal Spray Steps 5 - 8

Step 5: Press the plunger firmly into the NOSTRIL to give the dose of Narcan Nasal Spray



Step 6: Remove the Narcan Nasal Spray from the nostril after giving the dose

Step 7: Place victim in the recovery position



Step 8: Seek emergency help and dial 911



INDIANA PRESCRIPTION
DRUG ABUSE PREVENTION
TASK FORCE

After Administering Narcan Nasal Spray

Step 9: Watch the person closely

Step 10: If the person does not respond by waking up, to voice or touch, or is not breathing normally - **ANOTHER DOSE MAY BE GIVEN**

*Narcan Nasal Spray may be dosed every 2 to 3 minutes, if available

Step 11: Repeat Steps 2 through 6 using a second dose of Narcan Nasal Spray

Step 12: Remain with the victim until emergency help arrives

* Narcan may trigger withdrawal in patients who are opioid dependent

Symptoms may include:

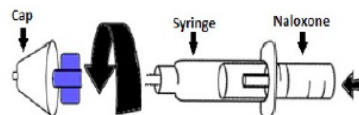
- Sweating
- Nausea or Vomiting
- Nervousness
- Restlessness or irritability



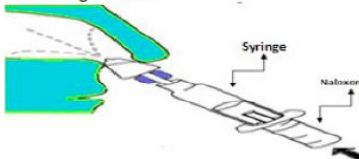
INDIANA PRESCRIPTION
DRUG ABUSE PREVENTION
TASK FORCE

How to Assemble Naloxone Nasal Spray Steps 5 - 8

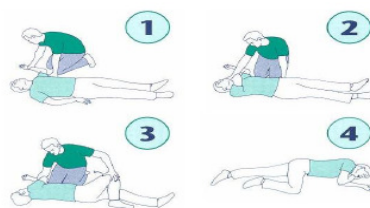
Step 5: Screw White Cap onto Syringe



Step 6: Press against and inside nostril and inject 1/2 solution. Then press against and inside the other nostril and insert the remaining solution



Step 7: Place victim in the recovery position



Step 8: Seek emergency help and dial 911

After Administering Naloxone Nasal Spray

Step 9: Watch the person closely

Step 10: If the person does not respond by waking up, to voice or touch, or is not breathing normally - **ANOTHER DOSE MAY BE GIVEN**

*Naloxone Nasal Spray may be dosed every 2 to 3 minutes, if available

Step 11: Repeat Steps 2 through 6 using a second dose of Naloxone Nasal Spray

Step 12: Remain with the victim until emergency help arrives

* Naloxone may trigger withdrawal in patients who are opioid dependent

Symptoms may include:

- Sweating
- Nausea or Vomiting
- Nervousness
- Restlessness or irritability

Bitter Pill
.IN.gov

Helpful Resources

The Indiana Prescription Drug Abuse
Prevention Task Force

www.BitterPill.IN.gov

To search for treatment centers by zip
code visit the SAMHSA Treatment
Center Information

<https://findtreatment.samhsa.gov/>

Indiana 2-1-1 Help Center & Website

<http://www.in211.org/>

Indiana State Department of Health

<http://www.in.gov/isdh/index.htm>

The Centers for Disease Control Injury
and Prevention

<http://www.cdc.gov/drugoverdose/>

Indiana Narcotics Anonymous

<http://www.naindiana.org/>

IU Health Chemical Dependency

<http://iuhealth.org/methodist/behavioral-health/chemical-dependency/>

Addiction Treatment Providers

Agency	Phone	City/County
Life Springs	(812) 280-2080	Jeffersonville
Porter Starke	219 531-3500	Porter
Adult Rehab Center (ARC)	317-638-6585	Indianapolis
Aspire	877-574-1254	Indianapolis
Centerstone of Indiana	812-339-1691	Bloomington
Cummins Behavioral Health	317-247-8900	Indianapolis
Hamilton Center	(317) 937-3712	Terre Haute
Eskenazi Health Midtown	317-880-8491	Indianapolis
Fairbanks	317-572-9396	Indianapolis
Park Center Inc.	(260) 481-2800	Fort Wayne
Valle Vista	800.447.1348	Greenwood
INDPLS Counseling Center LLC	317-549-0333	Indianapolis
Edgewater	(219) 885-4264	Gary
Life Recovery Center	317-887-3290	Indianapolis
Pathway to Recovery	317-926-8557	Indianapolis
Amethyst House	(812) 401-3415	Evansville
St. Vincent Stress Center	317-338-4600	Indianapolis
Tara Treatment Center	812-526-2611	Franklin
Sycamore Springs	(765) 743-4400	Lafayette
Volunteers of America of Indiana	844-455-4673	Indianapolis

Narcan (Naloxone) Education and Administration Insert



**IF YOU SUSPECT AN OPIOID
OVERDOSE ADMINISTER THE NARCAN
NASAL SPRAY AS QUICKLY AS
POSSIBLE, SEEK EMERGENCY HELP &
DIAL 911**

- Narcan Nasal Spray is used to temporarily reverse the effects of opioids (i.e. Oxy, Norco, Heroin)
- Opioids include narcotic pain medication like OxyContin, Vicodin, Norco, Dilaudid, Morphine, Fentanyl, etc.
- There is no effect in people who are not taking opioid medicines
- Always carry Narcan Nasal Spray with you in case of an opioid emergency
- Follow the steps in this guide

Signs & Symptoms of an Opioid Overdose May Include:

- PALE & SWEATY/WET FACE
- SLOW OR NO HEARTBEAT
- VOMITING
- LIMP BODY
- LIPS OR FINGERNAILS TURN BLUE
- LITTLE OR NO BREATHING
- CANNOT BE AWAKENED
- PARAPHERNALIA NEAR VICTIM
- EMPTY PILL BOTTLES, NEEDLES, ETC.

Bitter Pill
.IN.gov



Join Indiana's Prescription Drug Abuse Task Force and the Indianapolis Colts by pledging not to abuse or share prescription pills.



Step Up and Take the Pledge

- ☐ I PLEDGE NOT TO ABUSE Rx DRUGS because it kills one person every 25 minutes.
- ☐ I PLEDGE NOT TO SHARE Rx DRUGS because 71% of Rx drug abusers obtain the medication from friends or family
- ☐ I PLEDGE TO SAFELY STORE Rx DRUGS because each year in the United States, about 78,000 children under 5 years of age are treated for poisoning in hospital emergency rooms
- ☐ I PLEDGE TO SAFELY DISPOSE of Rx DRUGS because pills are easy to get and 1 in 5 Indiana teens have admitted to abusing prescription drugs.
- ☐ I PLEDGE TO LEARN THE SIGNS of Rx DRUGS because early detection and intervention can mean the difference between life and death.



"First Do No Harm..."



The New Indiana Laws for Safer Opioid Use in Chronic Pain Management*

As of Dec. 15, 2013, at the start of chronic opioid treatment, a **provider must...**

- Perform **detailed history** and **physical**
- Review **records** from previous healthcare providers
- Have the patient complete an objective **pain assessment tool**
- Do a **Risk Assessment**, including both
 - Mental Health assessment – use validated tool
 - Risk of substance abuse assessment – use validated tool
- Tailor a **diagnosis & treatment plan** with functional goals
- When appropriate, use **non-opioid options**
- Counsel women on neonatal abstinence syndrome
- Perform **urine drug monitoring** to test for compliance and unexpected drug use
- Query **INSPECT**
- Meet with patient every **four months**
- Sign a **Treatment Agreement** including...
 - Goals of treatment
 - Consent to drug monitoring / Permission to conduct random pill counts
 - Prescribing policies, including prohibition of sharing medications & requirement to take medications as prescribed
 - Information on pain medications prescribed by other physicians
 - Reasons that opioid therapy may be changed or discontinued
- If the patient's opioid dose reaches a morphine equivalent of 60 milligrams/day, **face to face review** of the treatment plan is required, including consideration of **consultation and counseling** of risk of therapy, including death

*Any patient on ≥80 opioid pills per month for 3 months or >16 milligrams of Morphine Equivalent Dose Daily per month for 3 months (exclusions include terminally ill, nursing home, palliative care & hospice patients)

Source: Indiana Medical Licensing Board Prescribing rules:
http://www.in.gov/ipla/files/Emergency_Rules_Adopted_10.24.2013.pdf

More information at www.BitterPill.IN.gov

Ten Key Prescribing Recommendations

1. Do your own evaluation and establish a working diagnosis
2. Assess mental health status; ask about alcohol and substance abuse
3. Set functional goals with your patients and outline expectations for treatment
4. When prescribing opioids, obtain informed consent and review/sign treatment agreement
5. Use non-pharmacologic treatments and non-opioid medications initially for treatment
6. Run an INSPECT report at least every 3-6 months and more often as needed
7. Perform urine drug monitoring to check for unexpected drug use and to ensure compliance
8. Avoid dangerous medication combinations, such as opioids and benzodiazepines or other sedating products
9. Limit opioid dose to 30-50 mg per day (morphine equivalent) to minimize risk and adverse effects
10. See patients at least every 3-4 months and obtain a pain management consult if pain is poorly controlled or if multiple co-morbidities are present

Get the Physician Toolkit





INDIANA PRESCRIPTION DRUG ABUSE PREVENTION TASK FORCE

Opioid Overdose Education & Naloxone Training Guide for Healthcare Professionals

PROVIDER TOOLKIT

Opioid Overdose Education

Office of the Attorney General

Over the past decade, the incidence rate of opioid abuse in the United States has substantially increased. According to the Centers for Disease Control, 44 people die every day from the misuse and abuse of prescription painkillers (CDC, 2016). In fact, by 2009, people in the United States accounted for 99% of the world's consumption of hydrocodone and 81% of oxycodone (Kenan, Mack, & Paulozzi, 2012). Data compiled from the National Vital Statistics System suggests that the age adjusted rate of opioid analgesic poisonings increased from 1.4 per 100,000 in 1999 to 5.4 per 100,000 in 2011 (Chen, Et al, 2014). Additional research from the CDC indicates that almost three out of every four overdoses related to prescriptions were the result of narcotic pain relievers (CDC, 2012).

These alarming statistics have impacted communities, families, physicians, pharmacists, and many other groups. Efforts by the Attorney General's Prescription Drug Abuse Prevention Task Force have helped address this growing epidemic by assisting the Medical Licensing Board in drafting Chronic Pain guidelines for physicians, providing education and outreach, and continuing a partnership with the Indianapolis Colts, just to name a few. The Task Force has grown to approximately 100 members including legislators, state and federal regulators, clinicians, pharmacists, treatment providers, educators and law enforcement.

An additional reason for this continued upward trend of opiate overdose deaths and abuse in the United States has been the rise in heroin use. Many young people who inject heroin report misuse of prescription opioids before starting to use heroin (SAMHSA, 2015).

In 2013, over 16,000 Americans died as a result of prescription drug abuse, equating to nearly one death every 25 minutes (CDC, 2016). Approximately 1.9 million Americans meet the criteria for prescription painkillers use disorder based on their use of prescription painkillers within the past year (SAMHSA, 2015). In Indiana, prescription pain relievers and Heroin make up the top two drugs related to overdose deaths.

While many states and communities have taken steps to reduce the quantity of prescription opiates available through regulatory reform and other actions, the rate of opioid abuse and misuse continues to be a significant public health issue facing states and local communities. One tool that is crucial to combatting the opioid epidemic is Naloxone, whose brand name is Narcan®. Naloxone, an antidote for opioid overdoses, can now be distributed by pharmacists.

If you would like any additional information related to the opioid epidemic, please visit us at www.BitterPill.IN.Gov

Who is at Risk for Opioid Abuse and Overdose? Anyone using opioids!

- High Risk Populations
- Have multiple prescriptions from multiple sources
- Take high doses at multiple times through the day
- Large single dose
- Have mental illness
- Have a history of alcohol or other substance abuse (including family history)
- Live in rural areas
- Low income

**77% of Opioid
Overdose Related Deaths
Happen Outside Medical
Setting**

**56% of Opioid
Overdose Related Deaths
Happen at Home**

Future Rx Task Force Initiatives

- Assess and/or develop evidenced based substance abuse prevention programs for youth and work with school districts on implementing for students and parents.
- Plan and facilitate the 8th Annual Prescription Drug Abuse Symposium with a goal of over 1,000 in attendance and collaborate with communities to conduct regional opioid symposia.
- Enhance our naloxone program to include training and equipping the following lay savers:
 - Librarians
 - Treatment providers
 - Sober living facilities
 - Schools/bus drivers
 - College students
 - Those leaving correctional settings or treatment centers
 - Family members
- Produce more CME videos on other topics regarding opioid and substance abuse including but not limited to the following:
 - How to talk to your patients about addiction
 - Prevention in primary care settings
 - Medicated Assisted Treatments
 - Screening for substance abuse
 - INSPECT training
- Facilitate at least 15 drug take back events in communities, including college campuses and employee health fairs.
- Develop a toolkit to aid communities on how to enhance their take back efforts, including promotional items on implementing take back days and additional prevention information.
- Explore possible solutions to help employers identify drug diversion and how to keep track of those employers with substance abuse issues to prevent them from continuing criminal activity and putting other patients at risk in other healthcare facilities.
- Continue our partnership with the National Safety Council and Indiana Chamber to conduct at least 5 more opioid abuse trainings on prevention in workforce settings.
- Collaborate with Ohio and Kentucky to facilitate a tristate drug summit
- Explore ways to reduce the rate of pharmacy robberies in Indiana.
- Support problem solving courts as they transition offenders into the communities such as connecting them to treatment resources and/or transitional housing.

- Address the necessity to report overdose information to prescribers by either State Dept of Health or emergency rooms.
- Develop a toolkit to identify resources and help for family members of folks who are leaving sober living environments to reduce their risk of accidental overdose or relapse.
- Continue attending the National Summit to share information with other states, learn about best practices to implement in Indiana, and work to build support through the establishment of relationships with national experts on the issue.
- Support state data collection for the following:
 - Audit of Indiana's facilities to be converted into residential care facilities for detox, treatment and recovery
 - Audit of medical professionals that will treat felons/criminals once they are released from incarceration
 - Development of an economic impact of opioid epidemic in Indiana
 - Naloxone reporting system to be shared with ISDH and state epidemiology
 - How coroners are reporting overdose deaths to make this more consistent among counties.
 - NAS pilot program outcomes to determine possible policy recommendations to address this issue.
- Support the efforts of the Indiana Commission to Combat Drug Abuse (previously Governor's Task Force on Drug Enforcement, Treatment, and Prevention) which are as follows:
 - Engage with medical schools faculty and students to increase education in the area of addiction and pain management
 - Develop modules for CME for prescribers on MAT and other relevant topics
 - Integrate more MAT into primary care practices and continue to reduce the stigma
 - Explore tele-medicine, tele-counseling and the ECHO project
 - Implement physician scholarship programs to practice in rural areas
 - Strengthen community mental health centers (CMHC) and enhance their substance abuse treatment capabilities and integrate MATs into the CMHC.
 - Establish performance metrics for CMHCs and effectiveness of Recovery Works Program
 - Expand treatment services with complete continuum of care and also expand into the criminal justice system.
 - Look into certifying or regulating recovery residences. Identify standards and tie funding into those that are meeting that level of care.
 - Expand problem solving courts

Indiana's Prescription Drug Abuse Prevention Task Force Members

Executive Committee

Chair	Greg Zoeller, <i>Indiana Attorney General</i>
Co-Chair	Joan M. Duwve, M.D., MPH, <i>Chief Medical Officer, Indiana State Department of Health</i>
	Natalie Robinson, <i>Education Program Director, OAG</i>
	Kristen Kelley, <i>Director, Prescription Drug Abuse Prevention Task Force, OAG</i>
	Julia Mathis, <i>Administrative Assistant, OAG</i>
	Douglas Penny, MPH, <i>MHA Candidate 2017, Graduate Assistant, OAG</i>
	Larry Hopkins, <i>Supervisor, Prescription Drug Abuse Prevention Task Force, OAG</i>
	Kristi Dunigan, <i>Outreach Coordinator</i>
	Michelle Sybesma, <i>Contracted Co-executive Coordinator, 2012-13, Outreach Focus 2014-15</i>

Education Committee

Chair	Deborah McMahan, M.D., <i>Allen County Health Commissioner</i>
	Abigail Kuzma, <i>Chief Counsel, Consumer Protection Division, Office of the Indiana Attorney General</i>
	Tamara Weaver, <i>Deputy Attorney General, Office of the Indiana Attorney General</i>
	Bonnie Barnard, <i>Community Outreach Coordinator, Indiana State Department of Health</i>
	Robert B. Beckett, DDS, R.Ph., <i>Wabash County Health Board</i>
	Tracy Brooks, <i>Assistant Chair Department of Pharmacy Practice, Manchester University</i>
	Matt Cavacini, <i>Physician Assistant, Summit Pain Clinic</i>
	Gina Connolly, NP, <i>Goodman Campbell Brain & Spine</i>
	Debbie Cragen, NP, <i>Nurse Practitioner, Eskenazi Health, Coalition of Advanced Practice Nurses</i>
	Lori Croasdell, PT Coordinator, <i>CEASe of Scott County</i>
	Kristi Dunigan, <i>Drug Prevention Program Director, Healthier Morgan County Initiative</i>
	Gregory Eigner, M.D., <i>Associate Director, Fort Wayne Medical Education Program</i>
	Ozlem Ersin, R.Ph., <i>Assistant Department Chair, Pharmaceutical Sciences, Manchester College</i>
	Denise Fields, R.Ph., <i>Express Scripts</i>
	Rodrigo Garcia, CRNA, <i>Program Director, Co-Founder, Parkdale Recovery Center</i>
	Claudia Garcia, <i>Parkdale Recovery Center</i>
	Mark Gentry, M.D., <i>Chair, Indiana Section of American Congress of Obstetricians & Gynecologists</i>
	Marion Greene Ph.D., <i>Program Analyst, Center for Health Policy</i>
	Nicole Harrington, R.Ph., <i>Director of Pharmacy Professional Services, CVS</i>
	Barbara Killian, <i>Indiana State Dept of Health</i>
	Ed Kowlowitz, M.D., <i>Medical Director, Center for Pain Management</i>
	Amy LaHood, M.D., <i>Family Physician</i>
	Albert Lee, M.D., <i>Campbell Goodman Scott</i>
	Palmer MacKie, M.D., <i>Clinical Assistant Professor of Medicine, IU School of Medicine and Eskenazi Health</i>
	Vera Mangrum, Ph.D., <i>Division of Mental Health & Addiction</i>
	John McGoff, M.D., <i>Medical Licensing Board of Indiana, Community Hospital East</i>
	Jennifer Miller, <i>Orexo</i>
	Sandra Miller, CCS-P, <i>Director, Practice Management, Indiana State Medical Association</i>
	Anne Mary Montero, <i>Behavioral Health, IU Health</i>
	James B. Mowry, PharmD, DABAT, FAACT, <i>Director, Indiana Poison Center, IU Health Methodist Hospital</i>

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 Dan Rusyniak, M.D., Indiana Poison Control
 Jim Ryser, MA, LMHC, LCAC, Director Chronic Pain and Chemical Dependence Program, IU Health
 Mark Smosma R.Ph., Indianapolis Regional Manager, Walgreens
 Cynthia Stone, DrPH, RN, Clinical Associate Professor, Health Policy/Management Concentration Director
 Kim Sharp, Director of Pain Management, Community Physicians Network
 Angela Thompson, Coalition of Advanced Practice Nurses of Indiana
 Donna Wall, R.Ph., IU Health, Indiana Board of Pharmacy
 Peggy Welch, Chief Advocacy Office, Family & Social Services Administration
 Phillip Zahm, Coroner, Huntington County

Take Back Committee

Chair

Representative Steve Davisson, R.Ph., Legislator, Indiana General Assembly
 Darren Covington, Director of Medical Licensing Board, Indiana Professional Licensing Agency
 Josh Anderson, R.Ph., Crowders Pharmacy
 Chris Angel, Great Lakes Clean Water Organization
 Patricia Darbishire, R.Ph., Purdue University School of Pharmacy
 Derek Green, R.Ph., Member, Indiana Pharmacy Alliance
 Mary V. Horn, Registration Program Specialist, Drug Enforcement Administration
 Mary Ann Kozak, R.Ph., Rx Safe-Net and Purdue School of Pharmacy
 Randy Miller, Executive Director, Drug Free Marion County
 Barbara Nurczyk, R.Ph., PharmD, Eskenazi Health
 William Reed, Senior Director, Eli Lilly – Anti-Counterfeiting Operations
 Karen Teliha, Recycling & Household Hazardous Waste Programs, IN Department of Environmental Management
 Tim Thomas, Indiana Board of Pharmacy
 Greg Westfall, Assistant Special Agent in Charge, Drug Enforcement Administration
 Jim Young, R.Ph., Eskenazi Health
 Sarah Zach, Pollution Prevention Program Specialist – Indiana-Illinois Sea Grant

Enforcement

Chair

Jay Frederick, Detective, Columbus Police Department
 Jessica Krug, Deputy Attorney General, Medical Licensing, Office of the Indiana Attorney General
 Bret Busby, Medicaid Fraud Control Unit, Office of the Indiana Attorney General
 Kathy Franko, Diversion Investigator, Medicaid Fraud Control Unit, Office of the Indiana Attorney General
 Senator Ron Grooms, R.Ph., Legislator, Indiana General Assembly, District 46
 Mary Kay Hudson, Court Services Director, Indiana Judicial Center
 Chris Johnson, Chief of Staff for FSSA & Director of Pharmacy Services for Office of Medicaid Policy and Planning
 Noel Kinney, Task Force Officer, Indiana State Police
 Deanna Jones, Detective, Indiana State Police
 Tom McKay, Investigative Coordinator, Dearborn County Special Crimes Unit
 Dan Miller, Staff Attorney, Indiana Prosecuting Attorney's Council

Zunetta Nunnally, *Compliance Officer, Indiana State Board of Pharmacy*
Allen Pope, *Chief Counsel, Director of Home Owner Protection and Law Enforcement Unit, OAG*
Michael Rinebold, *Director, Government Relations, Indiana State Medical Association*
Gary Whisenand, *Diversions Group Supervisor, Drug Enforcement Administration*

INSPECT

Kaitlyn Boller, *Indiana Hospital Association*
Mike Brady, *Director, INSPECT, Indiana Professional Licensing Agency*
Hannah Brown, *Government Relations Specialist, Hall Render, representing Indiana Hospital Association and Coalition of Advanced Practice Nurses of Indiana*
Taya Fernandes, *Medicaid Fraud Control Unit, Office of the Indiana Attorney General*
Matt Whitmire, *Deputy Attorney General, Medicaid Fraud Division*
Bill Woodruff, *Compliance Analyst, INSPECT, Indiana Professional Licensing Agency*

Treatment

Chair

Steve McCaffrey, *President & CEO, Mental Health America (Indiana)*
Dennis Ailes, *Addiction Services Bureau Chief, Division of Mental Health and Addiction, FSSA*
Dave Bozell, *Assistant Deputy Director, FSSA Division of Mental Health & Addiction, FSSA*
Sonya Carrico, *Director, Substance Abuse Services, Indiana Criminal Justice Institute*
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John Ellis, M.D., *Medical Director, Managed Health Services, Inc.*
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Linda Paul Grove, *Centerstone Recovery*
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Vera Mangrum, *Adolescent Treatment and the Integration of Family Therapy, DMHA*
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Darrell Mitchell, *Director of Development, Progress House*
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