GOVERNOR'S OPIOID AND HEROIN STUDY TASK FORCE

GOVERNOR PHIL BRYANT

STATE OF MISSISSIPPI

DEPARTMENT OF PUBLIC SAFETY
MISSISSIPPI BUREAU OF NARCOTICS

MARSHALL FISHER
COMMISSIONER

PHIL BRYANT
GOVERNOR

JOHN M. DOWDY JR.
DIRECTOR

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Dear Governor Bryant,

On behalf of your Opioid and Heroin Study Task Force, I present to you our recommendations to serve as a Strategic Plan to combat the Opioid and Heroin epidemic in Mississippi. In formulating these recommendations, the Task Force has reviewed a few measures that have been effective in others states but also looked at deficiencies here in Mississippi. We have attempted to addressed those deficiencies and provide a sound basis to fight this epidemic.

The members of the Task Force have worked very diligently and tirelessly to achieve this comprehensive strategy. Speaking on behalf of all the members, it has truly been an honor and privilege to serve on this Task Force and we look forward to working beyond these initial recommendations as we implement them, but to also continue looking for additional ways to combat the epidemic and provide supplemental recommendations to you.

Thank you for your leadership on this and many other issues that we face in Mississippi.

Sincerely,

John M. Dowdy, Jr.

John M. Dowdy, Jr.
Director
MS Bureau of Narcotics

TASK FORCE MEMBERS

Chairman John Dowdy – Director, Mississippi Bureau of Narcotics

Vice-Chair Dr. Randy Easterling – MS State Board Medical Licensure

Dr. Claude Brunson – Senior Advisor to the Vice Chancellor, UMMC

Patricia Burchell – District Attorney, Forrest and Perry Counties

Larry Calvert, R.Ph. – President, Mississippi Board of Pharmacy

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Dr. Carroll McLeod – Jackson Anesthesia Pain Center

Melody Winston – Bureau Director, MS Department of Mental Health

I.

Recommendations to Address the Healthcare Provider Community

Recommendation No. 1:

The University of Mississippi Medical Center facilities should work with the Pharmacy Board and the MPMP to make sure all prescriptions for scheduled medications are reported daily to the MPMP. The MPMP should reflect the name and location of the provider who wrote the prescriptions. All physicians in training in the state of Mississippi, regardless of PGY level, should have their own DEA number. Each faculty member at the school of medicine and in every training program should have their own DEA number.

Recommendation No. 2:

All VA facilities in the state of Mississippi should work with the Pharmacy Board and the MPMP to make sure all prescriptions for scheduled medications are reported daily to the MPMP. The MPMP should reflect the name and location of the provider who wrote the prescription.

Recommendation No. 3:

There needs to be improvement in the reporting mechanism and the ability to investigate and report drug overdoses throughout the state of Mississippi. Coroners should have adequate training and support in order to facilitate the recognition of reporting any drug overdose in a timely manner. All coroners should be members of the State Coroner's Association.

Recommendation No. 4:

Providers should be discouraged from writing more than a 3 day supply of opioids for acute non-cancer pain, and shall not provide greater than a 7 day supply for acute non-cancer pain. Providers may issue an additional 7 day supply if clinically necessary, but must be issued in accordance with Title 21 CFR § 1306.12 *Refilling prescriptions; issuance of multiple prescriptions* (i.e., the prescription must be dated on the date of issuance with 'do not fill until' noting the date the prescription may be filled), and such need for an additional 7 day supply must be documented in the chart.

Recommendation No. 5:

Benzodiazepine prescriptions should be limited to 1 month with no more than 2 refills. MPMP should be checked each time a prescription for benzodiazepines is written.

Recommendation No. 6:

Point of service drug testing should be done each time a Schedule 2 medication is written for the treatment of chronic non-cancer pain. Point of service drug testing should be done at least every 90 days for patients on benzodiazepines for chronic medical and/or psychiatric conditions.

Recommendation No. 7:

Pharmacists shall work closely with the providers and should be more vigilant when filling prescriptions for excessive amounts of Schedule 2 medications and/or benzodiazepines. The provider should be contacted when the pharmacist suspects "doctor shopping" is in play or when the patient is getting large quantities of opioids and/or benzodiazepines (either per prescription and/or over a prolonged period of time). Providers and pharmacists should respect each other's professional boundaries.

Recommendation No. 8:

The Mississippi State Board of Dental Examiners should work with the task force in order to engage Mississippi dentists in an effort to decrease opioid prescribing, addiction, and death. All dentists with a license should be required to register with the MPMP and all dentists should be required to receive at least 5 hours of continuing dental education every 2 years on prescribing opioids and/or benzodiazepines.

Recommendation No. 9:

Any healthcare provider licensed by a regulatory board in the state of Mississippi should register with the MPMP. Any medical, nursing, and/or dental provider in the state of Mississippi, who has an active DEA number, should receive a minimum of 5 hours continuing education every 2 years on prescribing opioids and/or benzodiazepines.

Recommendation No. 10:

MPMP should be run at each patient encounter in which a Schedule 2 opioid and/or benzodiazepine is written. Benzodiazepines may be written with 2 refills, which would mean that the MPMP should be checked every 90 days for benzodiazepines.

Recommendation No. 11:

There should be increased access to and funding for treatment facilities, programs, and medically assisted treatments for opioid and/or benzodiazepine addiction. Explore all options for federal funding, grants, etc. and engage the Department of Mental Health in this endeavor.

Recommendation No. 12:

The Mississippi Legislature should consider a surcharge on each pharmaceutical company who sells and/or provides Schedule 2 and/or Schedule 3 medications to the state of Mississippi. This could be a flat surcharge or could be volume driven. Funds collected should be dedicated to the diagnosis, education, and/or treatment of addiction to prescription medications.

Recommendation No. 13:

Methadone should rarely, if ever, be written to treat chronic and/or acute non-cancer pain. Encourage all regulatory boards to investigate providers who treat chronic and/or acute non-cancer pain with methadone.

Recommendation No. 14:

The use of long-acting opioids for the treatment of acute non-cancer pain should be discouraged.

Recommendation No. 15:

Require all Hospice services to have a standardized program for the collection and disposal of all medications at the time of a patient's death. Hospice providers should also have a standard mechanism to track and record all Scheduled medications written for the patients (involve the Mississippi State Department of Health in this endeavor).

Recommendation No. 16:

Strongly discourage the use of opioids and benzodiazepines concomitantly.

Recommendation No. 17:

Dosages larger than 50 morphine mEq per day increases risk without adding benefits for pain control or function. Clinicians should avoid increasing dosages to greater than 90 morphine mEq per day.

Recommendation No. 18:

All wholesalers permitted by the Mississippi Board of Pharmacy shipping Schedule 2 through 5 medications within or into Mississippi shall report data to the Mississippi Prescription Monitoring Program. Specific data fields and format are to be determined.

II.

Recommendations for Improved Law Enforcement and Prosecutorial Functions

Recommendation No. 1:

Miss. Code Ann. § 41-29-139 should be amended to provide an increased punishment for persons who sell, or possess with the intent to sell, heroin and/or fentanyl and/or fentanyl derivatives. Additionally, Miss. Code Ann. § 41-29-139 should be amended to include an enhanced sentence of 40 years to life for persons illegally selling or transferring controlled substances that result in death (or serious bodily injury).

Recommendation No. 2:

Miss. Code Ann. § 9-23-15 should be amended to exclude persons from entering Drug Court who are before the court on a pending sale of controlled substance charge.

Recommendation No. 3:

Miss. Code Ann. § 41-29-159, which provides that health-care providers, coroners and law enforcement officers shall notify MBN of any death caused by a drug overdose, must be enforced. This statute should be amended to provide an enforcement provision, such as the imposition of a fine, for not reporting.

Recommendation No. 4:

Training should be provided to all Law Enforcement Officers and Emergency Medical Technicians regarding the dangers of contact with Fentanyl and the use of Naloxone (Narcan) to prevent death from overdose.

Recommendation No. 5:

In some areas of the state, dropboxes are readily available. However even in those areas, it is generally agreed that the availability of dropboxes for excess controlled substance medications is not well known by the general public. We recommend that the dropbox program be expanded and that a public service campaign be initiated to inform the public.

Recommendation No. 6:

Because of the failure of many Coroners to report overdose deaths, legislation should be passed mandating that all coroners/medical examiners utilize the Mississippi Crime Lab. Additionally, the legislation should mandate that all coroners/medical examiners be members of the MSS Coroners/Medical Examiner Association.

Recommendation No. 7:

When responding to a death, authorization needs to be granted to coroners and medical examiners for the retrieval and delivery of pharmaceuticals to law enforcement for disposal.

Recommendation No. 8:

Due to inadequate staffing within the Mississippi Crime Lab, and the 1,000+ pending laboratory cases that are currently greater than 30-days old, additional staffing is paramount. The Crime Lab should be bolstered with the following:

- Toxicology- 2 forensic scientist trainees
- Drug Chemistry- 2 forensic scientist trainees
- Medical Examiner- 2 PINS

III.

Recommendations for Enhanced Education, Prevention and Treatment

Recommendation No. 1:

Design an integrated data collection and reporting platform that interfaces with primary data sources to ensure accuracy and speed while eliminating redundant reporting among multiple agencies.

Recommendation No. 2:

Encourage multi-agency coordination to implement a state-wide media campaign raising awareness of the negative effects of opioid and heroin by utilizing: 1) Public Service Announcements; 2) Billboards; 3) Town hall meetings; 4) State agency websites; and 5) School presentations. The media campaign should include the following components:

- Signs and symptoms of addiction
- Education for individuals that addiction is a public health issue
- Information on the risks of sharing prescription medication
- Warning on how easily addiction can develop including addiction through prescribed use
- Signs to recognize and respond to an overdose and the administration of naloxone
- Best practices for prescribing opioids for pain management
- Clear and concise guidance on the safe home storage and appropriate disposal of prescription opioid medication
- MS's Good Samaritan Law
- Information on accessing treatment and recovery support services state-wide
- Methods to reduce the stigma of addiction
- Expand Civil Commitment Procedures and Compelled Treatment

Recommendation No. 3:

Make system-level improvements to increase availability and use of naloxone.

- State-level standing order to make naloxone available to all pharmacies
- Purchase Naloxone for law enforcement
- Provide training on proper administration of naloxone
- Track data to capture circumstances, location and outcomes of naloxone administration

Recommendation No. 4:

Create a comprehensive MS Opioid Resource website with separate modules to provide information as follows:

- Link to multi-agency data platform described above
- Prevention module to educate about the risks of opioid use and signs and symptoms of addiction
- Instruction on proper disposal of prescription medication including list of drop-box locations
- Resource guide for individuals to access treatment providers (including inpatient, outpatient, MAT, recovery support, and prevention specialists)
- Instructions on how to purchase and administer naloxone, including a list of pharmacies with available supply
- Link to complete prescribing guidelines for emergency room, medical, and dental professionals (including specialty populations such as OB/GYNs, geriatric, and sports medicine)
- Link to Prescription Monitoring Program for medical, pharmacy, dental, and veterinary professionals.

Recommendation No. 5:

Increase funding to expand statewide treatment bed capacity (state-operated alcohol and drug treatment facility, and community primary drug treatment) through grants, legislation, appropriations, etc.

Recommendation No. 6:

Expand access to medication-assisted treatment (MAT):

- Educate treatment workforce on opioid use disorder and advantages of MAT
- Expand treatment services for pregnant women/parenting women
- Improve evidence-based programs within treatment facilities to reduce recidivism rate

Recommendation No. 7:

Implement strategies to reduce barriers to opioid treatment:

- Educate primary care providers to utilize Screening, Brief Intervention, and Referral to Treatment (SBIRT) for individuals who may present with a substance use disorder
- Facilitate training collaborative among emergency departments, first responder, law enforcement, and Community Mental Health Center mobile crisis teams to develop multi-agency overdose response teams
- Collaborate with Department of Medicaid and third party insurance providers to expand coverage for MAT medications

Recommendation No. 8:

Enhance and support the provision of peer and other recovery support services designed to increase treatment engagement and retention, and promote long-term recovery.

Recommendation No. 9:

Evaluate current Drug Court and Re-entry programs to enhance systems with expansion of best practices specifically designed for these justice-involved individuals.

Recommendation No. 10:

Establish or Partner with Recovery Community Organizations (RCO's), entities that work with law enforcement and medical personnel to assist in employment, education, housing, life skills, and recovery (Pilot Programs Already Being Established by the Re-Entry Council).

Recommendation No. 11:

Tax Incentives for employers willing to hire those actively working a program of recovery.

Recommendation No. 12:

Implement Recovery Support Services and Peer Support within Department of Corrections.

Recommendation No. 13:

Establish Crisis Intervention Centers.

Recommendation No. 14:

Provide for an increased revenue stream for treatment by taxing pharmaceuticals.

Recommendation No. 15:

Collaborate with the Insurance Commissioner to mandate more coverage be provided for treatment by the companies providing insurance in Mississippi.