

National Prescription Drug Summit
8:50 a.m.
Wednesday, April 23, 2014
Atlanta
Gov. Steve Beshear
(e)

Two years ago I came to this summit to describe an array of strategies Kentucky was undertaking to combat the scourge of prescription drug abuse.

While obviously many states were struggling with the issue, in Kentucky the toll had reached unprecedented levels, in terms of overdoses, cost and misery inflicted on our families and our communities.

The abuse and misuse of prescription drugs was not only killing our people but also was robbing our economy of productive workers.

It was filling our jails, hospitals and treatment centers.

And it was draining our state budget of resources that could be used to fund classrooms and create jobs.

In short, prescription drug abuse was wasting away the future of Kentucky ... and collectively, as a state, we decided it was past time to take aggressive action.

That was two years ago, and a lot has happened in those two years.

Today I want to talk about the impact of those steps, and how evidence suggests we are slowly getting a handle on this problem.

Our strategies centered on key areas:

- Increasing the monitoring of prescriptions.
- Tightening the regulations that governed those prescriptions.
- Cracking down on rogue pain clinics.
- Collecting and disposing of leftover drugs.
- And educating both prescribers and the public about the dangerous, addictive nature of these drugs.

Many of the changes we made were spelled out in the landmark House Bill 1 passed during a special legislative session in 2012, and in a clean-up bill the following year.

Among other things, those bills:

- Required all prescribers to register with and regularly use Kentucky's electronic prescription drug monitoring system, called KASPER.

- Set up better coordination among health regulators and law enforcement, both inside Kentucky and with other states.

By the end of the year, Kentucky prescribers will be able to access information from all of our seven border states except for Missouri.

We also:

- Toughened oversight of prescribing practices.
- Set limits on dispensing from doctors' offices.
- Required more comprehensive coordination of overdose reporting.
- And toughened regulation of pain clinics by requiring that they be licensed, be owned by a physician, employ staff that are educated in pain management and have the ability to bill third-party payers.

Now, what progress are we seeing?

The first area is a reduction in the prescription of many oft-abused drugs.

In the one-year period between August 2012 and July 2013, compared to the previous year, Kentucky saw an 8.5 percent drop in the prescription of controlled substances, including a 10.3 percent drop in the prescribing of Hydrocodone ... an 11.6 percent drop in Oxycodone ... and a 35 percent drop in Oxymorphone.

Let me put that in perspective: Van Ingram, who directs the Kentucky Office of Drug Control Policy, said in the 10 years he's been monitoring these numbers, he had never seen a single quarter where prescription numbers were lower than the quarter before.

Not one.

And now, over a year-long period, we saw an 8.5 percent drop.

There was a lot of unnecessary prescribing going on.

Second is the elimination of rogue pain clinics.

At the time that HB 1 passed, Kentucky had 72 clinics which advertised themselves as sources of pain medication.

44 of those were NOT owned by a physician and thus didn't meet the new requirements.

Of those 44, only 8 applied to remain operating in the state, and 5 of the 8 were indeed able to meet the new requirements.

The other 36?

They packed up and left, essentially in the dark of night.

A third area of improvement has been less abuse of prescription drugs by teen-agers.

According to the survey taken every-other-year by Kentucky Incentives for Prevention:

In 2008, 19.3 percent of 10th graders said they had used prescription drugs for non-medical purposes at some point in their lives.

In 2012, that number had dropped to 10.4 percent.

In 2008, 14.1 percent of those students had used the drugs in the last year.

In 2012, that 14.1 percent had dropped to 7.6 percent.

In 2008, 14.1 percent said they had illegally used prescription drugs in the last month.

In 2012, that number was 4.1 percent.

Those are incredible numbers.

A fourth area of progress has come with the collection of old, unused drugs, whose presence in medicine cabinets can lead to abuse.

National drop-off days are successful events in Kentucky, but we knew we needed more than that.

As a result, Kentucky now has 172 permanent drop-off sites, with at least one site located in 110 of Kentucky's 120 counties.

These are operated at the local level with guidance from the state, and they're getting drugs out of the hands of children.

A fifth area of progress has come in the area of education.

Kentucky used two major grants – one from the National Governors' Association and one from the Appalachian Regional Commission – to partner with Operation UNITE and others to set up what consists of 11 hours of free, on-line education for practitioners.

You hear a lot about so-called “pill pushers in white coats” – problem doctors who care more about making money than helping patients.

But most doctors aren’t like that.

They are simply unaware of the dangerous, addictive nature of these drugs.

We are working with the medical community to solve that problem.

We have also worked with the office of Kentucky Attorney General Jack Conway on the Keep Kentucky Kids Safe program, which warns students about the dangers of prescription drug abuse.

So far the program has reached 40,000 students.

And finally, a sixth area of improvement has come in increased availability of substance abuse treatment.

Access to treatment is at an all-time high in Kentucky, thanks to expanded Medicaid programs and the Affordable Care Act.

There are many addicts who want to get clean, and we’re helping them.

(he ad-libbed a sentence about working with Conway’s office to expand substance abuse treatment, including opiate addictions, for adults and teens using \$32 million recovered in settlements with two pharmaceutical companies.)

Now, there have been several keys to Kentucky’s success:

One is that it’s been multi-faceted.

There’s no single solution.

Prescription drug abuse is a complex problem that requires an equally complex response, one that takes into account the many different needs and approaches of those dealing with this issue.

Law enforcement is essential – but alone it is not enough.

We need the medical community, treatment facilities, education, the business sector, advocates, the insurance industry, workers’ comp officials, and elected officials on the local, state and federal levels to step up, to listen and to be heard.

A second key has been the ongoing nature of our work.

We know we will never be able to declare victory.

Just like with the overall effort against illegal drugs, we know we must be ever-vigilant and flexible in reacting to the changing drug landscape.

An example of this is the increase in heroin use in Kentucky and the entire Midwest.

And finally, a huge key to our progress has been collaboration – among many partners and among many states.

Prescription drug abuse is a national problem that requires a national response.

That's why it's invigorating to see the enormous energy and impressive attendance at this conference.

In that vein, I want to acknowledge just a few of many people who have helped Kentucky move ahead on this issue, including Congressman Hal Rogers and his staff ... Dan Smoot and the team at Operation UNITE ... legislators, including Senate President Robert Stivers and House Speaker Greg Stumbo, whose districts have been hard hit by drug abuse ... Attorney General Jack Conway and his staff ... and members of my administration, including Van Ingram and others at the Kentucky Office of Drug Control Policy ... and Sec. J. Michael Brown and many others at the Kentucky Justice and Public Safety Cabinet.

Together, we've attacked the problem of prescription drug abuse ... together we've made progress ... and together we're going to continue to make progress.

Thank you.

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