



Arkansas Department of Health

Response to the Opioid Epidemic in Arkansas

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Prescription Drug Monitoring Program

Best Practices

- Prescriber Comparison reports
- To come:
 - Statewide integration with Electronic Health Records
 - Mandated use auditing tool
- To continue:
 - Linking data sources with PDMP to have a better understanding of activity in the state related to prescription drugs and the opioid epidemic



Education for the General Public

- DOSE OF REALITY campaign
 - Wisconsin-originated media/educational campaign focusing on safe usage, storage and disposal of prescription opioids
 - In the 6,700 individuals who have viewed the education piece, we see consistent positive attitude changes towards understanding the opioid epidemic and the dangers of prescription drugs even if they are prescribed by physicians.
 - Phase two of DOR: calls to action!



DOSE OF REALITY
PREVENT PRESCRIPTION PAINKILLER ABUSE IN ARKANSAS.



Education for Providers

- AR-IMPACT: an online, once-a-week, live-streamed CME aimed at improving multi-disciplinary pain care and treatment performed by the University of Arkansas for Medical Sciences (UAMS).
 - UAMS has issued 1,014 hours of CMEs for 10 different professions for the live-viewing as of fall 2019 <https://arimpact.uams.edu/>
- Academic Detailing: a one-on-one learning opportunity led by clinicians intended to enable prescribers to provide evidence-based care to their patients around opioids.
 - The intent is decrease high-risk prescribing of opioids, based on national standards, and to increase the use of other pain management strategies.
 - Additionally, educating about Medically Assisted Treatment prescribing and use in the Emergency Department.
 - The Academic Detailing project begin to visit clinics in mid-July of 2019, and since then they have interfaced with over 103 prescribers from 16 counties.



Increased Access to Naloxone

- Act 284 of 2017 initiated the statewide protocol for naloxone access at pharmacies so that a person could purchase naloxone without a prescription from his/her doctor.
- Arkansas Department of Health (ADH) has a grant from SAMHSA that provides training and naloxone to volunteer firefighters, shelters, crisis centers, and others.
- Work closely with the Drug Director and his work with naloxone distribution to first responders.



Increased Utilization of Peer Recovery Support Specialists (PRSS)

- The Arkansas State Drug Director has made this a priority and has created a training program that is being replicated in other states.
- ADH has created a pilot program utilizing grant funds placing peer recovery support specialists in EDs to interface with individuals that have just experienced an overdose.
- We will place a PRSS in our Suicide Prevention Lifeline (the state's answer line for the National Suicide Prevention Lifeline) because we receive callers who are experiencing substance use disorder.
- ADH believes it is important to hire PRSS as part of our opioid epidemic work, generally, and will have one PRSS as a grant manager of our new CDC Overdose Data to Action grant.



Successes

- Passing a number of laws that support national best-practices for PDMPs.
- Developing a relationship with Medical Board, to determine what the most helpful information is that we can provide as they pursue action against their licensees.
- The statewide protocol to increase access to naloxone.
- Prioritizing PRSS services, making their service available in a wide variety of settings.
- Noting that providers are not taking full advantage of the online AR-IMPACT seminars and developing Academic Detailing which will travel to them on their time.



Challenges

- We still have almost twice the national average of opioid prescriptions in this state.
- Medical providers not fully taking advantage of learning opportunities.
- PRSS is new to Arkansas so their utilization as taken some time/innovative leaders to pursue, i.e. in hospitals.
- After equipping the Medical Board with information that they ask for, actually seeing follow-up/consequences for bad prescribing.
- Balancing information we provide to the DEA with our expectations about the PDMP being a tool for providers.
- Our overdose rates look relatively low compared to other states—possibly somewhat coroner related.





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