

**SUBSTANCE ABUSE TASK FORCE**  
**December 15, 2008**  
**10:00-3:00**  
**North Carolina Hospital Association**  
**Meeting Summary**



**ATTENDEES:**

*Task Force/Steering Committee:* Patrice Alexander, Bert Bennett, Robert Bilbro, Sen. Stan Bingham, Dewayne Book, Sherry Bradsher, Anthony Burnett, Anne Doolen, Robert Gwyther, Paula Harrington, Carol Hoffman, Rep. Verla Insko, Larry Johnson, Jinnie Lowery, Kevin McDonald, Sara McEwen, Phillip Mooring, Paul Nagy, Marguerite Peebles, Janice Petersen, Martin Pharr, Jane Schairer, Starleen Scott Robbins, Flo Stein, Anne Thomas, Cynthia Wiford

*Interested Persons:* Bill Bronson, Karen Chapple, Sheila Davies, Kathleen Gibson, Phillip Graham, Denise Harb, Laura Keaney, Nidu Menon, Wrenn Rivenbark, Wes Stewart, Dale Willetts, Helen Wolstenholme

*Staff:* Kimberly Alexander-Bratcher, Thalia Fuller, Mark Holmes, Jesse Lichstein, Pam Silberman

**WELCOME**

*Representative Verla Insko*  
*North Carolina House of Representatives*

Representative Insko welcomed attendees.

**OVERUSE OF PRESCRIPTION PILLS AND THE CONTROLLED SUBSTANCES REPORTING SYSTEM**

*Bill Bronson*

*Program Manager, Drug Control Unit, NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services*

Since 2003, there has been an increase in unintentional deaths in North Carolina due to prescription drugs and other controlled substances. The greatest increase in unintentional deaths has been seen in conjunction with opiates. While not as significant an increase as unintentional deaths, misuse of prescription drugs has also been on the rise.

In 2005, the North Carolina General Assembly passed a statute requiring all dispensers to report to a centralized database. In 2007, the Controlled Substances Reporting System (CSRS) was activated. Initially, dispensers were to report once a month to the system, but as of August 2008 they must report twice a month. Data from January to June 2008 show that physicians are using the system and that prescription drug abuses are minimal. However, the system is still developing and has many areas for improvement.

*Discussion:*

Discussion focused on classification of unintentional death if multiple drugs are found in a person's system, the need to look at misuse and overuse of prescription drugs in all age groups, and the need to provide necessary medication to people who need it, but also refrain from providing medications to substance abusers. Using the screening, brief intervention, and referral to treatment (SBIRT) model for prescription drugs; reforming the privacy regulations around the CSRS; and the need for public education about prescription drug misuse and overuse were also discussed.

*James Finch, MD*

*Medical Director, Changes by Choice, PLLC*

Prescription drug use and abuse takes place on a continuum: appropriate use, inappropriate use or misuse, drug seeking behavior, aberrant drug taking behavior (i.e. intentional misuse), abuse, and dependence. Most medications are not abused and are used as prescribed, for the condition indicated, and for the duration needed (i.e. appropriate use). However, abuse of prescription medications is a serious problem for patients, clinicians, and society.

When prescribing medications with potential for abuse, it is necessary to balance the need for help with the potential for harm within each unique clinical situation. Risk and abuse can be minimized by using a preventative approach to prescribing medications with abuse potential (e.g. opiates, benzodiazapines, and stimulants). Included in the preventative approach are: identifying or screening patients at increased risk for misuse or abuse (e.g. family history or past substance use or abuse), using rational prescribing practices (e.g. clear clinical indication and document appropriately), monitoring "drug seeking behaviors" (e.g. pattern of calling for refills after hours or repeatedly needing early refills), intervening with aberrant drug use, and intervening with abuse or dependence.

*Discussion:*

Discussion focused on the need to reconcile the dilemma between treating pain and producing individuals addicted to prescription drugs as well as the CSRS. Issues of regulations and privacy within the CSRS (e.g. the inability of physicians to speak with one another about information in the system) were also addressed. The dichotomy of how addiction is treated (i.e. chronic illness medical issue vs. legal issue) was also discussed.

**REVIEW OF RECOMMENDATIONS**

The Task Force reviewed all recommendations, including old recommendations from the Interim Report and new recommendations added since the Interim Report. Comments and edits from the Task Force were incorporated.

**PRIORITIZATION OF RECOMMENDATIONS**

The Task Force agreed to keep the priority recommendations from the Interim Report. Of the new recommendations, each Task Force member selected three for prioritization.

*The following new recommendations were selected by the Task Force:*

## **Coalitions to Reduce High-Risk Drinking on College Campuses**

### **Recommendation 4.9**

The North Carolina General Assembly should appropriate \$610,000 in recurring funds in SFY 2010 to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services over three years to support efforts to reduce high-risk drinking on college campuses.

- a. \$500,000 per year should be used to be used to replicate the Study to Prevent Alcohol Related Consequences (SPARC) intervention at six additional North Carolina public universities by establishing campus/community coalitions that use a community organizing approach to implement evidence-based, environmental strategies.
- b. \$110,000 per year should be allocated to provide coordination, monitoring and oversight, training and technical assistance, and evaluation of these campus initiatives.

## **Drug Treatment Courts**

### **Recommendation 5.7**

- a) The North Carolina General Assembly should increase the annual appropriations to the Administrative Office of the Courts to fund eight new adult drug treatment courts. The amount of the increased appropriations should be as follows:
  - 1) \$500,000 in recurring funds in SFY 2010 for four new adult drug treatment court coordinators
  - 2) \$500,000 in recurring funds in SFY 2011 for four new adult drug treatment court coordinators
- b) The North Carolina General Assembly should increase the appropriations to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services by \$570,000 in recurring funds in SFY 2010 and an additional \$570,000 in recurring funds in SFY 2011 to support treatment services for adult drug treatment court participants.
- c) The North Carolina General Assembly should increase the annual appropriations to the Department of Correction, Division of Community Corrections, by \$269,940 in recurring funds in SFY 2010 to fund four new probation officers and an additional \$269,940 in recurring funds in SFY 2011 to fund an additional four probation officers to support the new drug treatment courts.

## **Substance Abuse Workforce**

### **Recommendation 6.1**

- a) The North Carolina General Assembly should appropriate \$750,000 in recurring funds in SFY 2010, \$1.5 million in recurring funds in SFY 2011, increasing to \$2.0 million in SFY 2013 to the Governor's Institute on Alcohol and Substance Abuse to create a scholarship program to increase the number of qualified professionals in the field of substance abuse treatment. Funding should be used to:
  - 1) Pay up to \$3,000 per year for up to two years of community college training for 50 students enrolled in a human services program with the intention to enter the substance abuse field.
  - 2) Pay up to \$5,000 per year for up to four years of undergraduate training for 50 qualified undergraduates who have declared a major in a human services occupation that would meet the requirements for LCAS, CSAC, CSAPC, CSARFD, or CCJP

- 3) Pay up to \$5,000 per year for up to two years of graduate level substance abuse training to 50 eligible individuals with a bachelor's degree who have been accepted into one of North Carolina's master's level substance abuse programs.
  - 4) Pay up to \$2,000 per year for up to two years to purchase training or supervision hours for 50 qualified individuals with a bachelor's or master's degree in an appropriate field who are working towards CSAC, LCAS, or CCS licensure.
  - 5) Students who receive scholarship funds would be required to work for one year in a public or private not-for-profit substance abuse treatment program for every \$4,000 received in scholarship funds and would be required to pursue substance abuse licensure or certification.
  - 6) Students who do not complete their substance abuse training or licensure, or who fail to meet the work requirements would be required to pay back the scholarship funds with 10% interest with appropriate time standards.
- b) The North Carolina General Assembly should appropriate \$200,000 in recurring funds in FY 2010 to the Area Health Education Centers program to create and incentivize five programs to serve as substance abuse clinical training sites for people seeking CSAC, LCAS, CCS, CCJP, CSARFD or CSAPC credential.