



**Governor Mary Fallin Remarks as Prepared for Delivery**

**National Rx Drug Abuse Summit**

**April 6, 2015, Atlanta, GA**

Good evening and welcome to the fourth annual National Prescription Drug Abuse Summit.

Thank you, Congressman Rogers. It's great to see you again. Hal and I served together in the House of Representatives and I know he is a passionate and forceful leader. Thank you for helping to lead this conference, Hal; and thank you for the work you do as co-chair of the Congressional Prescription Drug Abuse Caucus.

I don't have to tell you this is an impressive crowd. We've got well over 1,300 people here with us today from 49 states, some from out of the country, many of whom are national leaders when it comes to reducing prescription drug abuse. That includes several members of the U.S. Congress and Senate, leaders in private industry, federal officials, health care experts and more. Thank you for being here.

Of course, this event wouldn't be possible without our many sponsors. Thank you for your generosity as well.

Most importantly, I want to thank those who are here who have been touched in some way by prescription drug abuse. Some of you have lost loved ones or friends, and you are here to give them a voice. Some of you have struggled directly with addiction. Thank you for the bravery you are showing by being with us today.

I know this summit is going to make a real difference. Give yourselves a round of applause for being here and leading the fight against prescription drug abuse in the United States.

I want to start today by telling you all a story.

It's the story of a young man from Enid, Oklahoma, named Austin Box.

Austin was a remarkable athlete. He was a great baseball player, and helped guide the Enid baseball team to an American Legion World Series in 2005.

But his real passion was football. He got a scholarship to play at the University of Oklahoma, where he worked hard and became a starter.

In the 2011 Fiesta Bowl, he made eight tackles in a Sooner win.

This is a young man who was going places.

His coach called him “one of the most selfless guys I’ve ever been around, a great leader for us.”

He was well liked, and by all accounts, well adjusted.

Then something happened.

In May of 2011, a friend found him unresponsive after taking a large amount of pain pills. And just like that, his life was cut short after 22 years. An autopsy report found five different painkillers in his system, including oxycodone and morphine, as well as a prescription anti-anxiety drug.

Here’s what it didn’t find: cocaine, heroin or meth.

Austin Box died taking drugs that are sold at pharmacies across the nation; not anything cooked up in a basement lab or smuggled across the border in a plastic bag.

And he isn’t alone.

Around 44,000 Americans die every year from prescription drug overdoses. Eighty percent, or about 36,000 of those deaths, are unintentional, just like Austin Box’s.

Unfortunately, that number is going up, not down.

Nationally, the drug overdose death rate more than doubled from 1999 to 2012.

In my state of Oklahoma, I am sorry to say, it quadrupled during that same period of time.

There are now more people dying from prescription drug overdoses in Oklahoma than dying in car wrecks.

There are more Oklahomans dying from overdoses of legal prescription drugs than there are dying from alcohol overdoses and all illegal drug overdoses combined.

And the damage is not limited to adults. Nationally, there are over 70,000 emergency room visits from children who have overdosed on prescription medications.

Prescription drug abuse has overtaken meth and crack cocaine as the most likely drug to kill American citizens.

It is nothing short of a health epidemic. But it’s also more than that.

It's a social epidemic: breaking up relationships, increasing crime, causing the neglect of children.

And it's an economic epidemic. Prescription opioid abuse costs are over \$55 billion a year. According to the Centers for Disease Control and Prevention, 46 percent of that \$55 billion is attributable to workplace costs, like lost productivity; 45 percent to health care costs; and 9 percent to criminal justice costs.

Everything about this problem screams to be taken seriously, to be understood as a threat to our happiness, our health and our prosperity.

But the fact remains, in far too many instances, we don't treat it as seriously as we should. We have a "war on drugs" but that war focuses on drug cartels, on smuggling cocaine and heroin, and on breaking up meth labs.

It doesn't focus on drugs you can buy at your local pharmacy.

And why is that?

The reason, I think, is that the people who abuse prescription drugs can be our family members and our co-workers. They can be friends we see every day who appear to be well adjusted and happy – not just the troubled ones who bounce in and out of rehab. Many are successful professionals.

Austin Box was a successful athlete and a college student who legitimately had issues dealing with the pain of old injuries.

He wasn't disappearing for days at a time to shoot up heroin, or take meth. He wasn't missing work or practice or class to go on drinking binges.

And the drugs he was abusing – legal drugs – weren't things his friends thought to talk to him about, or to warn him of the dangers about.

And that's our first challenge: recognizing the danger of prescription drugs and conditioning people to act and intervene.

If a loved one had a cocaine problem, most people would have no problem taking that person aside and telling them they need help. But if someone was abusing oxycodone, they might think it was a normal way of dealing with pain, or a way of falling asleep, or relaxing.

It is not. It is a dangerous, potentially deadly way of getting high. And we need to say that clearly, not just through public policy pronouncements but in our interactions with friends and loved ones.

In my state of Oklahoma, we have invested in a comprehensive media campaign to drive home that message.

The Box family, in fact, has been a big supporter of that campaign, which you can see on the website - [takeasprescribed.org](http://takeasprescribed.org). We have 16,000 video boards across the state and PSA's running that have been viewed by over 1.5 million Oklahomans.

Raising awareness of prescription drug abuse as a real problem is the first step towards finding a solution; and it is my belief that our public relations campaign is saving lives.

Once we recognize the problem, we can begin to act in more substantial ways.

Right after I was elected, over four years ago, I created a task force to develop a five-year state plan to reduce prescription drug abuse. We have a diverse group of medical professionals, licensure boards, state agencies, mental health and health professionals, law enforcement agencies and community groups working as a team to develop and implement solutions.

One step we are taking is to encourage the proper disposal of prescription drugs. We know how a lot of prescription drug abuse occurs: someone with a prescription for a drug like hydrocodone will take a few pills and then leave the rest in the medicine cabinet. And then a month or a year later, a friend or a loved one is swiping that bottle and downing it to feed their addiction.

To help put an end to that, we have added at least 173 prescription drug disposal boxes – at least one in every county – across the state of Oklahoma. Those disposal boxes have already been responsible for collecting 38 tons of medications. A recent federal law that allows pharmacies to take back unused medications will also make a huge difference.

Another way to help is to improve access and increase use of life-saving treatments. We know the drug naloxone is an effective opioid antagonist – meaning it can reverse the devastating effects that an opioid overdose can cause on the respiratory and central nervous system.

Unfortunately, when it came to using that drug, legal rules and regulations can often tie the hands of first responders and law enforcement agents when responding to someone who has clearly suffered an overdose.

That was certainly the case in Oklahoma. So in 2013 we passed legislation expanding the use of naloxone by first responders, law enforcement agents, emergency medical technicians and firefighters.

After implementing the law, we worked quickly to train 800 law enforcement agents to administer intranasal naloxone. Ninety emergency medical service agencies and 30 first-responder agencies located in primarily rural areas also began using the drug.

In this last year alone, EMS providers administered over 12,000 doses of naloxone across the state of Oklahoma, in both urban and rural areas. We are saving lives, giving people an opportunity to get treatment and providing second chances so people will not leave behind broken families and children without parents.

We also need to emphasize a change in how we view criminal justice. As I said before, prescription drug abuse costs the people of the United States about \$55 billion a year. Ten percent of that, or \$5.5 billion, goes towards criminal justice costs.

Essentially, we are spending a lot of money to lock up a lot of non-violent offenders with substance abuse problems.

In our state of Oklahoma, unfortunately, we know a little something about that.

We have the No. 1 rate of per capita incarcerated women in the nation, and the No. 2 incarceration rate overall.

One in eleven Oklahomans serve time in prison in their lives.

The majority are non-violent. Well over 50 percent of those individuals are afflicted with some sort of substance abuse or mental health problems. And a significant portion of them are specifically addicted to prescription narcotics.

It's almost impossible to overstate the costs to our society.

We pay to keep them in prison. When they are in prison, many become associated with gangs. Very few receive the kind of treatment they need. When they are released, they relapse into their addiction, or they commit more serious crimes. And once again, we pay to send them back to prison.

We pay to support broken families, too. We pay for families' food stamps and their welfare after we lock up the primary wage earners.

The costs are too great to continue down this road. As I've said in Oklahoma, we can be tough on crime, but also "smart on crime."

So I am working very hard with our legislators, with our prosecutors and our judges to shift the way we think about non-violent, drug-related offenders. We are increasing the use, for instance, of drug courts.

Drug courts divert non-violent, drug-related offenders away from the criminal justice system and into supervision and treatment. They are paying off. It costs the state around \$19,000 a year to house an inmate, but only \$5,000 a year to send an addict through drug court and on to treatment.

In addition to being less expensive, drug courts are also more effective; the recidivism rate for offenders sent to drug court is just one-fourth of the rate for those sent to prison.

We've also passed legislation – called the Justice Reinvestment Initiative, or JRI – to support a “smart on crime” agenda. JRI uses mental health screenings to evaluate a potential inmate's psychological background and circumstances, like addiction. The goal is to redirect inmates with little history or risk of violence away from prison and, again, into treatment programs where they can get better and be supervised.

By offering treatment, we can prevent people with prescription drug addictions from becoming career criminals.

So far today I've talked about treatment and criminal justice; life-saving measures for overdoses; proper prescription drug abuse disposal; and increasing the general awareness of prescription drug abuse as a real and immediate threat to our communities and families.

All of those are good things. But the most important change we can make is adding safeguards in the doctor/patient relationship at the point when prescriptions for dangerous narcotics are being written.

We all have to acknowledge this fact: patients can rely too much on dangerous narcotics to treat pain; and doctors are allowing them to do it.

That is true in all 50 states.

The U.S. accounts for 5 percent of the world's population. We take 75 percent of the world's prescription drugs.

Every year, American doctors prescribe enough prescription painkillers to give every adult in the country a bottle of pills.

One of the reasons for that over-prescribing is “doctor shopping,” when a patient goes to multiple doctors complaining of pain, trying to find a doctor – or doctors – who will write a prescription.

One of the ways we can reduce the frequency of doctor shopping is through prescription drug monitoring programs – or PMP's. Most states have PMP databases, where doctors can log on and see when their patients have received a prescription for narcotics. In Oklahoma, we are fortunate to have one of the only real-time PMPs in the country. We have also passed legislation to ensure we are sharing that data with neighboring states, to ensure pill-seekers aren't simply crossing the state line to buy prescription drugs.

Unfortunately, many states – including Oklahoma until recently – do not mandate that doctors use them. It is one thing to have the PMP, it is another to make sure it is being appropriately used.

I'm happy to say that just last week, I was able to sign into law a bill to require our doctors to take advantage of our PMP database for prescription painkillers.

We spent years to get that bill passed, and it wouldn't have happened without the hard work of a lot of people, including my secretary of health and human services Terry Cline, who I believe knows many of the people in this room.

Now, doctors will be required to check the PMP when writing the initial prescription for the drugs which are of most concern to us, and then every six months. That's a great first step. If a patient is running from doctor to doctor looking for pills, a physician will be able to clearly see that this is a person who needs help – not more drugs.

But here's where I wish we could have gone even further, and what I hope our next step is: rather than asking doctors to use the PMP system once every six months, I would like them to use it every time they write a prescription for a pain-killing narcotic.

And here's why: according to the National Institute on Drug Abuse, more than 80 percent of prescription drug abusers get their drugs from one doctor.

They are able to do that because our doctors are writing a huge amount of prescriptions and very rarely using the PMP resources available to them. Last year in Oklahoma over 9.7 million prescriptions were written, enough to give every man, woman and child in the state 50 pain pills. But doctors only checked the PMP database 1.5 million times, or about 15 percent of the time.

We are, in effect, flooding the market with pain pills with very little supervision.

That means that a huge number of individuals, many with real pain issues, are getting approval from their doctors to take drugs like morphine, or oxycontin or hydrocodone. And they are either taking those pills far too quickly, or sharing them with friends and family members, or allowing them to be taken by others because they did not dispose of the unused medications properly. And then they are going back to successfully get more.

That, more than anything else, is causing our prescription drug problem in the United States.

That's why I will continue to fight for a tougher, more expansive PMP system in Oklahoma. And I hope every state does the same.

It's the right thing to do, and it's the smart thing to do. We can save lives and save families.

Here's an example of a family I wish we could have helped sooner: Becky, from Moore, Oklahoma, wrote me last week to say, "Thank you" after we passed Oklahoma's PMP bill.

I'm sharing her letter with you because I think it's important to remember that our goal isn't to improve state statistics or national rankings. There are real people behind those statistics, and those are the people we are trying to help.

Becky wrote to tell me that her only daughter was abusing drugs that her doctor prescribed to her. She started behaving strangely, because of those drugs. She lost her job. She got in several car wrecks. And at age 42, her daughter took her own life because she felt so helpless. She left three children behind.

Becky wrote, “We miss her terribly and the wonderful person she once was. Her now 20-year-old son is trying so hard to stay in church and finish his education.” Her two younger children “are being kept busy by their dad in school activities. At a time when they should have both parents, one is missing and sometimes they face ridicule at school by kids who do not understand the suicide situation at all.”

Those are the stories that break our hearts. But let’s remember that we have the power to do something, to take action and prevent more of these tragedies.

I want to end by thanking you for having me here today but, more importantly, for you being here.

I know we can dramatically reduce prescription drug abuse in this country. But it is going to take a concerted, all-hands-on-deck commitment.

Today, at this summit, I see all hands on deck. We have policy makers, U.S. senators and congressmen, medical professionals, treatment specialists, former addicts and the family members who have taken care of them, and concerned citizens.

Now it’s our job to take the lessons of this conference and the messages we’ve shared with each other back to our home states - back to every corner of this country.

There are individuals and families in Oklahoma – and across the nation – suffering from prescription drug abuse. But we are getting better, and we will continue to get better every day.

That’s the commitment I’ve made to Oklahomans, and to you.

Let’s all make a commitment to make a change, to make a difference and to save lives in the process.

Thank you, and have a wonderful conference.

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