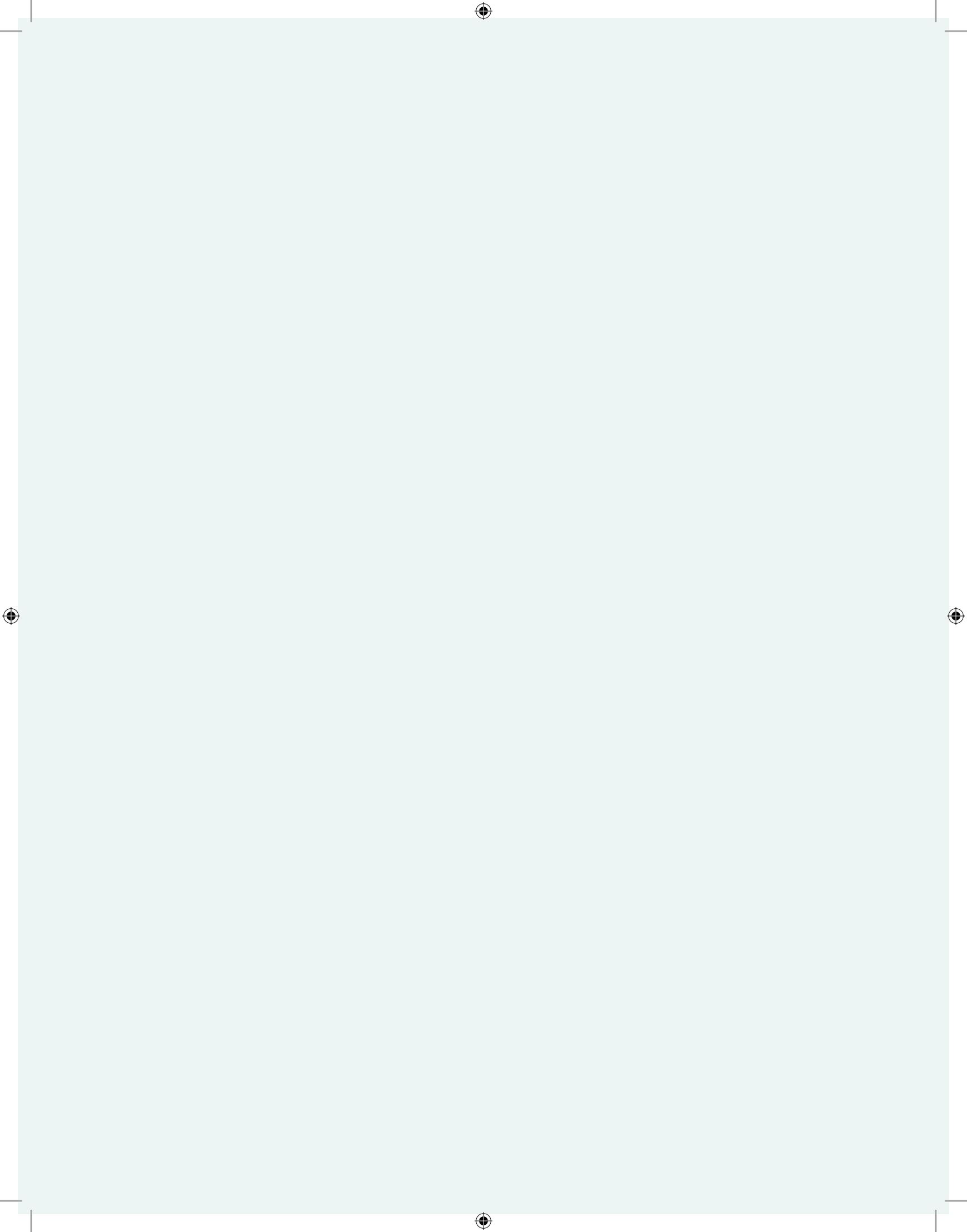




REDUCING PRESCRIPTION DRUG ABUSE IN OKLAHOMA

A Review
of Progress
and Updated
State Plan

2016





Fellow Oklahomans:

During the past few years, Oklahoma has been working diligently with multiple partners to reduce the impact of prescription drug abuse on our state, its people, families, and businesses. Oklahoma has consistently ranked among the highest in the nation for overdose deaths and nonmedical use of prescription painkillers. Our efforts to reverse such negative trends are beginning to make a difference. Oklahoma's unintentional opioid overdose deaths in 2014 were at their lowest rate in four years, and reported use of painkillers for nonmedical reasons has decreased. We envisioned such success when beginning this initiative, but we also realize there is much work still to be done.

In 2013, the Oklahoma Prevention Leadership Collaborative Prescription Drug Planning Workgroup released a state plan with a goal to reduce opioid-related overdose deaths. Recommendations focused on prescription tracking and monitoring (including Prescription Monitoring Program legislation), prescriber education, public education, disposal/storage for the public and for providers, regulatory/enforcement, and treatment/interventions. Based upon the successes of the project thus far, we are now embarking on an expanded, five-year plan to build upon and ensure the continued success of the state plan to prevent prescription drug abuse and misuse.

The group has developed recommendations that prioritize the need for substance abuse prevention and interventions, including treating pregnant women addicted to opioids; promoting opioid alternatives to treat chronic pain; and expanding access to the opioid overdose reversal drug naloxone.

Combatting prescription drug misuse/abuse must remain a public health priority. Although Oklahoma was one of only 12 states that saw a decrease in the rate of drug overdose deaths from 2013-2014, Oklahoma still had the 10th highest drug overdose death rate in the nation. From 2013-2014, the unintentional prescription opioid overdose death rate in Oklahoma decreased 9%. However, Oklahoma is still in the midst of a prescription drug abuse epidemic. Of the more than 3,500 unintentional poisoning deaths in Oklahoma from 2010-2014, 74% involved at least one prescription drug. Opioids are the most common class of drug involved in overdose deaths in Oklahoma and were involved in 85% of prescription drug-related overdose deaths. There were 427 opioid-involved overdose deaths in 2014.

A special acknowledgement of my gratitude goes to law enforcement, prevention and treatment providers, legislative leaders, community organizations/associations, tribes, health care groups, state agencies, and others who have prioritized this issue and taken action to reduce prescription drug misuse/abuse in Oklahoma. And for those who have friends or family members impacted by prescription drug misuse/abuse, we know we must continue to advocate for treatment and prevention wherever we can. The prescription drug abuse epidemic is one of our foremost priorities and we call upon every Oklahoman to join this effort.

Sincerely,

A handwritten signature in black ink that reads "Mary Fallin".

Mary Fallin, Governor

GOVERNOR'S INITIATIVE SUPPORTERS

AAA Oklahoma
Association of Oklahoma Nurse Practitioners
Austin Box "12" Foundation
City of Tulsa Fire Department
Emergency Medical Services Authority
Fighting Addiction Through Education
Interfaith Alliance Foundation of Oklahoma
Office of the Chief Medical Examiner
Office of Juvenile Affairs
Oklahoma Academy of Physician Assistants
Oklahoma Board of Dentistry
Oklahoma Board of Medical Licensure and Supervision
Oklahoma Board of Nursing
Oklahoma Bureau of Narcotics and Dangerous Drugs Control
Oklahoma College of Emergency Physicians
Oklahoma City Area Indian Health Service
Oklahoma City County Health Department
Oklahoma Commission on Children and Youth
Oklahoma Department of Mental Health and Substance Abuse Services
Oklahoma Department of Public Safety
Oklahoma Health Care Authority
Oklahoma Highway Safety Office
Oklahoma Hospital Association
Oklahoma Institute for Child Advocacy
Oklahoma Injury Prevention Advisory Committee
Oklahoma Military Department
Oklahoma Nurses Association
Oklahoma Osteopathic Association
Oklahoma Pharmacists Association
Oklahoma Pharmacists Helping Pharmacists
Oklahoma Center for Poison and Drug Information
Oklahoma Prevention Policy Alliance
Oklahoma Safety Council
Oklahoma State Board of Osteopathic Examiners
Oklahoma State Board of Pharmacy
Oklahoma State Board of Veterinary Medical Examiners
Oklahoma State Bureau of Investigation
Oklahoma State Department of Education
Oklahoma State Department of Health
Oklahoma State Medical Association
Oklahoma State Regents for Higher Education
State Chamber of Oklahoma
Tulsa Health Department

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2 BACKGROUND OF THE PLAN

In September 2012, the Oklahoma Prevention Leadership Collaborative commissioned a workgroup to develop the state plan, Reducing Prescription Drug Abuse in Oklahoma (hereafter referred to as the Plan). The Prescription Drug Planning Workgroup was convened, and the inaugural plan was released in 2013 with the central goal of reducing unintentional overdose deaths involving opioids in Oklahoma by 15% in five years. A broad-based coordination between health care providers, substance abuse prevention and treatment providers, law enforcement, public health, regulatory boards, the Oklahoma legislature, associations, and community-based organizations took shape to initiate swift and strategic action to implement the Plan.



Oklahoma's comprehensive efforts have made a difference. Preliminary data indicate the unintentional prescription opioid overdose death rate dropped 9% in 2014 from the year prior – the lowest rate since 2011. Past year nonmedical use of pain relievers decreased from 8.1% in 2009 to 5.0% in 2014. Members of the Prescription Drug Planning Workgroup made significant contributions in implementing new programs, securing federal and private financial support, building public-private partnerships, and developing Oklahoma as a national leader in best practices. Continued effort and a sustained investment in the Plan are required to prevent new incidences of abuse, diversion, and death and put an end to this epidemic.

The 2016 Plan represents notable progress since 2013 as well as an updated course of action needed to continue reducing the problem of prescription drug abuse in Oklahoma through 2020. The focused measure of success for the 2016 Plan is a reduction in the rate of unintentional overdose deaths involving opioids in Oklahoma from 11.01 per 100,000 to 9.36 per 100,000 by 2020 (baseline data from 2014 Medical Examiner data). Sustained implementation of the Plan will result in positive outcomes related to overdose death as well as other areas in which prescription drug abuse impacts Oklahomans, including costly burdens on our social services, corrections, substance abuse treatment, and healthcare systems.

The Prescription Drug Planning Workgroup has continued to serve as the coordinating entity for the Plan. Over the course of three planning sessions, the Workgroup conducted an extensive review of the 2013 Plan and further honed priority solutions to address this epidemic. The recommended focus areas in this document are organized by the following areas of action:

- Community/Public Education
- Provider/Prescriber Education
- Disposal/Storage for the Public
- Disposal/Storage for Providers
- Tracking and Monitoring
- Regulatory/Enforcement
- Treatment/Interventions

4 SCOPE OF THE EPIDEMIC

Although Oklahoma was one of only 12 states that saw a decrease in the rate of drug overdose deaths from 2013-2014, Oklahoma had the 10th highest drug overdose death rate in the nation in 2014 (20.4 deaths per 100,000 population).^{1,2} From 2013-2014, the unintentional prescription opioid overdose death rate in Oklahoma decreased 9%.³ However, Oklahoma is still in the midst of a prescription drug abuse epidemic. Of the more than 3,500 unintentional poisoning deaths in Oklahoma from 2010-2014, 74% involved at least one prescription drug.³



Opioids are the most common class of drug involved in unintentional overdose deaths in Oklahoma (involved in 85% of prescription drug-related overdose deaths; 427 opioid-involved overdose deaths in 2014).³

The most common prescription drugs involved in unintentional overdose deaths are hydrocodone, oxycodone, and alprazolam.³ In Oklahoma, more overdose deaths involved hydrocodone or oxycodone than methamphetamines, heroin, and cocaine combined.

Men are more likely to die of an opioid-related overdose compared to women (12.4 and 10.8 per 100,000, respectively); however, females aged 45 and older actually have higher death rates than males. Adults aged 35-54 have the highest death rate of any age group for prescription opioid-related overdoses.³

An increase in availability and accessibility has also contributed to the prescription drug abuse epidemic.⁴ Oklahoma leads the nation in non-medical use of painkillers, with nearly 5% of the population aged 12 and older abusing/misusing painkillers.⁵ Oklahoma is one of the leading states in prescription painkiller sales per capita with 128 painkiller prescriptions dispensed per 100 people in 2012.⁶

In order to continue the downward trend of drug overdose deaths in Oklahoma, evidence-informed prevention efforts should be continued and strengthened.

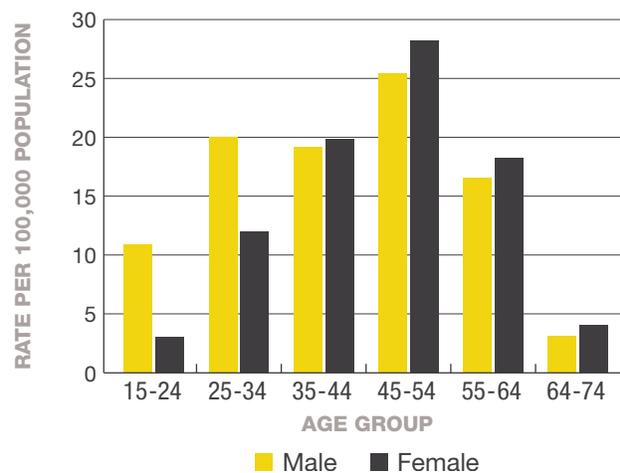
from **1999 to 2013**, the amount of prescription painkillers prescribed & sold in the U.S. nearly **QUADRUPLED.**



Yet there has not been an overall change in the **amount of pain** that Americans report.

Source: Centers for Disease Control and Prevention

Unintentional Prescription Opioid Overdose Death Rates by Age Group* and Gender, Oklahoma, 2010-2014



*Decedents under age 15 and over age 74 were excluded due to small number of cases (<1% of all unintentional overdose deaths).

Source: OSDH, Injury Prevention Service, Unintentional Poisonings Database (Abstracted from Medical Examiner reports)

Commitments to Action

6 **COMMUNITY/PUBLIC EDUCATION**

A crucial step in addressing the prescription drug abuse epidemic is increasing public knowledge of the problem and building community support for solutions. Since 2013, many state action items have been completed, including the launch of a media campaign with a reach of 608,000 households in the first year, development and delivery of a comprehensive presentation on prescription drug abuse, inclusion of prescription drug abuse criteria in the application of the Certified Healthy Oklahoma Programs, and funding for 15 high-need counties to implement community-based prescription drug abuse prevention.



Updated State Action Items

- 1** Continue the statewide comprehensive media campaign to reduce prescription drug abuse in Oklahoma through 2020. (Responsible: Governor's Office)
- 2** Continue to deliver comprehensive presentations on prescription drug abuse through 2020. (Responsible: Prescription Drug Planning Workgroup)
- 3** Maintain prescription drug abuse criteria in the Oklahoma Certified Healthy Schools, Communities, Campuses, and Businesses applications through 2020. (Responsible: Oklahoma State Department of Health)

Updated Community Action Items

- 1** Work with local media to educate the public and advance solutions on the epidemic of prescription drug-related deaths.
- 2** Engage a variety of community stakeholders such as schools, civic groups, and professional organizations through education and calls to action.
- 3** Encourage businesses, schools, and communities to participate in the Oklahoma Certified Healthy Businesses, Schools, Campuses, and Communities program.
- 4** Increase community capacity to develop effective local plans to address the problem.

8 Commitments to Action **PROVIDER/PRESCRIBER EDUCATION**

Prescribers and dispensers, including physicians, physician assistants, advanced practice registered nurses, pharmacists, veterinarians, and dentists, all have a role to play in reducing prescription drug abuse. Since 2013, state efforts have included progress on the development of an online pain management curriculum; creation and distribution of two sets of opioid prescribing guidelines (for emergency departments/urgent care clinics and for office-based settings) as well as dispensing guidelines for pharmacists; development of a practice facilitation toolkit to provide on-site training and consultation services to select practices; development and distribution of educational materials; education for providers on the Oklahoma Prescription Monitoring Program; and education for dispensers on drug diversion detection and prevention. Additionally, the Oklahoma State University Medical Center, Tulsa Campus, instituted a required course on pain management for second year students, and the University of Oklahoma, Tulsa Campus, fourth year students on the ambulatory medicine rotation get a clinical experience in addiction medicine.



Updated State Action Items

- 1** Increase the number of Oklahoma pharmacy, medical, veterinary, dental, physician assistant, and nursing schools requiring education on opioid prescribing practices, substance abuse, addiction, and diversion by 2020. (Responsible: Oklahoma universities; Oklahoma State Regents for Higher Education; and Prescription Drug Planning Workgroup)
- 2** Complete the development of a training curriculum to educate prescribers and dispensers to reduce prescription drug abuse by 2016, and require training of relevant prescribers by 2018. (Responsible: Prescription Drug Planning Workgroup; Regulatory Boards)

Training shall include the following standardized modules:

 - a. Opioid prescribing guidelines
 - b. Prescription Monitoring Program
 - c. Addiction/substance abuse
 - d. Storage/disposal
 - e. Intervention/referral
 - f. Staff education
 - g. Neonatal abstinence syndrome
- 3** Update the opioid prescribing guidelines for prescribers by 2016. (Responsible: Oklahoma State Department of Health; Opioid Prescribing Guidelines for Oklahoma Workgroup)
- 4** Promote policies in hospital emergency departments/urgent care clinics and office-based settings to operationalize opioid prescribing guidelines by 2018. (Responsible: Oklahoma State Department of Health)
- 5** Promote comprehensive practice facilitation services on opioid prescribing practices through 2020. (Responsible: Oklahoma Health Care Authority; Oklahoma State Department of Health)

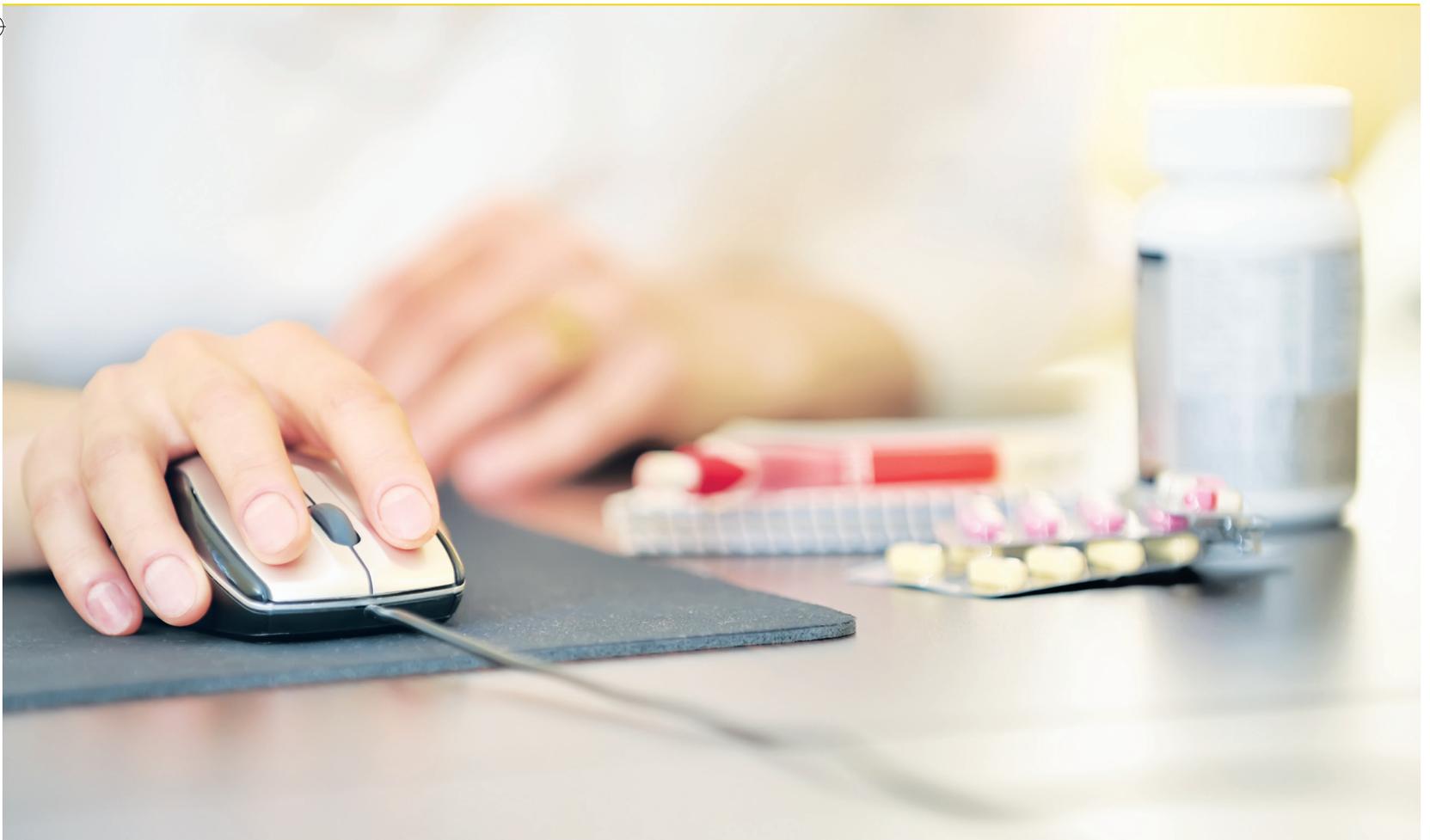
Updated Community Action Items

- 1** Engage the medical community through the distribution and promotion of the opioid prescribing guidelines.
- 2** Support state and local efforts to promote prescribing and dispensing policies to discourage drug seeking behavior in hospital emergency departments/urgent care clinics, office-based settings, and pharmacies.

Commitments to Action

10 DISPOSAL/STORAGE FOR THE PUBLIC

Most people who use prescription painkillers non-medically report getting their drugs from friends or family members. Oklahomans must have secure and convenient ways to store and dispose of medications. Along with education on proper medication storage, medication disposal programs can increase awareness of prescription drug misuse/abuse and remove unused medications from homes. Oklahoma has taken great strides to provide information to the public on the appropriate disposal and storage of medications through the state media campaign and website (TakeAsPrescribed.org), and local education through community coalitions and stakeholders. Additionally, there are now more than 175 drop boxes across the state, including at least one in every county. In 2014, the U.S. Drug Enforcement Administration (DEA) made a rule change to allow drop boxes at pharmacies, hospitals, clinics, and long-term care facilities.



Updated State Action Items

- 1** Expand efforts to engage pharmacies, prescribers, and nursing staff statewide to promote proper medication storage to customers/patients, including the sale and use of personal medication lock boxes when dispensing opioids, as well as appropriate disposal through 2020. (Responsible: Regulatory Boards)
- 2** Encourage community pharmacies and hospitals to establish medication take-back programs through 2020. (Responsible: Prescription Drug Planning Workgroup; Drug Enforcement Administration)

Updated Community Action Items

- 1** Promote, encourage, and educate local communities on the use of drop boxes and other appropriate disposal mechanisms.
- 2** Promote local public medication disposal “Take Back Days.”
- 3** Promote, encourage, and educate on proper storage, including the use of personal lock boxes to secure prescription medications.

Commitments to Action

12 DISPOSAL/STORAGE FOR PROVIDERS

Providers/prescribers must follow specific protocols when disposing of prescription drugs. This has been a challenge across Oklahoma, as providers need documentation once the prescription drugs leave their custody. Reverse distribution providers are expensive and not easily accessible. In order to prevent diversion and enhance resources, Oklahoma must continue to identify ways to make disposal easier and more cost effective, including options associated with the 2014 DEA rule.*

*http://www.deadiversion.usdoj.gov/drug_disposal/dear_registrant_disposal.pdf



Updated State Action Items

- 1** Identify an entity to establish a medication disposal unit under a law enforcement agency with dedicated funding/resources by 2017. (Responsible: Prescription Drug Planning Workgroup)
- 2** Develop model policies and encourage adoption of those policies by nursing homes, hospice care agencies, and jails to appropriately dispose of medications by 2017. (Responsible: Oklahoma State Department of Health; Prescription Drug Planning Workgroup)
- 3** Develop and administer a standardized training curriculum for non-prescribing/support staff on appropriate storage, transfer, and disposal of medications through 2020. (Responsible: Regulatory Boards; Oklahoma Bureau of Narcotics and Dangerous Drugs Control; Prescription Drug Planning Workgroup)

Updated Community Action Items

- 1** Educate providers and dispensers on policies and procedures regarding proper storage and disposal of prescription medication; promote adoption of model policies.

Commitments to Action

14 TRACKING AND MONITORING

Since 2013, plans have been developed to enhance the Oklahoma Prescription Monitoring Program (PMP), an oversight committee has been created to coordinate sharing of data among authorized agencies, the number of registrants and users of the PMP have increased substantially as a result of legislative changes on mandatory PMP checks (HB 1948) and doctor shopping has decreased 31% since the legislation became effective in November 2015, and a protocol was developed to track overdose deaths of Medicaid members.



Updated State Action Items

- 1** Enhance the Prescription Monitoring Program (PMP) system to improve patient health, identify trends, and reduce fraud through 2020. Enhancements may include, but not be limited to, identifying high risk patients, implementing quality controls on data fields, and prompting for interventions and supports. (Responsible: Oklahoma Bureau of Narcotics and Dangerous Drugs Control; Oklahoma Department of Mental Health and Substance Abuse Services; Oklahoma State Department of Health)
- 2** Develop and implement a plan to share record level, de-identified data from the Prescription Monitoring Program (PMP) for research purposes (e.g. Brandeis University Prescription Drug Monitoring Program Center of Excellence), at the discretion of the Director of the Oklahoma Bureau of Narcotics and Dangerous Drugs Control by 2017. (Responsible: Oklahoma Bureau of Narcotics and Dangerous Drugs Control)
- 3** Increase the use of linked data sets under defined confidentiality controls to improve knowledge of trends and design appropriate interventions by 2016. (Responsible: Oklahoma Health Care Authority; Oklahoma Department of Mental Health and Substance Abuse Services; Oklahoma State Department of Health; Oklahoma Workers' Compensation Commission; Insure Oklahoma)
- 4** Include Indian Health Service (by 2016), Tribal, and Department of Defense controlled substance prescription data in the Oklahoma PMP by 2020. (Responsible: Oklahoma Bureau of Narcotics and Dangerous Drugs Control; Indian Health Service; Tribes; Department of Defense)
- 5** Establish a statewide hospital emergency department discharge database, including drug overdoses, by 2018. (Responsible: Oklahoma State Department of Health)
- 6** Implement public health surveillance of neonatal abstinence syndrome to assure appropriate interventions to improve patient health, identify trends, and direct resources by 2017. (Responsible: Oklahoma State Department of Health)

Updated Community Action Items

- 1** Utilize local data to inform, influence, and advocate for prevention.
- 2** Use data to focus resources among high risk populations within the community.
- 3** Provide education on the use of the PMP among local healthcare providers.

Commitments to Action

16 REGULATORY/ENFORCEMENT

The enforcement of prescription drug laws and implementation of effective regulations are necessary to eliminate improper prescribing and dispensing practices and the diversion of prescription drugs. Since 2013, the Governor has set prevention of opioid-related overdose deaths and diversion as a priority; hydrocodone refills were reduced to zero (HB 1783, effective November 2013) and the DEA rescheduled hydrocodone to a Schedule II narcotic; lock-in programs through Medicaid were enhanced by limiting patients to both one pharmacy and one provider; Medicaid pharmacy edits and limits were tightened; the Osteopathic and Dental Boards increased the number of Council on Law Enforcement Education and Training (CLEET)-certified investigators; and PMP queries can now be made by regulatory boards.



Updated State Action Items

- 1** Establish legislation to create a Prescription Drug Fatality Review Board that includes representation from the Oklahoma Bureau of Narcotics and Dangerous Drugs Control, Oklahoma Health Care Authority, Regulatory Medical Boards, Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma State Department of Health, and the Office of the Chief Medical Examiner by 2017, to review all available information on fatalities. (Responsible: Prescription Drug Planning Workgroup)
- 2** Emphasize Council on Law Enforcement Education and Training (CLEET) and other specialized law enforcement and drug diversion training for regulatory board investigators by 2016. (Responsible: Regulatory Boards; Oklahoma Bureau of Narcotics and Dangerous Drugs Control)
- 3** Review and expand lock-in programs by pharmacy benefit managers and other payers of prescription claims by 2017. Pharmacy benefit managers and other payers would allow the patient to select the lock-in pharmacy. (Responsible: Oklahoma Health Care Authority and other payers in the state)
- 4** Establish a network between regulatory boards and state agencies to share information on regulatory actions and final outcomes by 2016. (Responsible: Regulatory Boards; Oklahoma Health Care Authority; Oklahoma Bureau of Narcotics and Dangerous Drugs Control)
- 5** Increase the number of Oklahoma prescribers and hospital systems that electronically prescribe controlled substances through 2020. (Responsible: Regulatory Boards; Oklahoma Bureau of Narcotics and Dangerous Drugs Control; Prescription Drug Planning Workgroup)
- 6** Explore modification of legislation and/or regulatory board rules to prevent diversion, including required reporting of medical staff drug diversion and sanctions by 2017. (Responsible: Regulatory Boards)

Updated Community Action Items

- 1** Support best practice legislation to reduce opioid-related deaths.

Commitments to Action

18 TREATMENT/INTERVENTIONS

In order to successfully meet the needs of Oklahomans suffering from drug addiction, it is necessary to increase the availability of treatment and provide interventions to prevent overdoses. Since 2013, several initiatives to expand the use of naloxone (a prescription medication that reverses prescription opioid and heroin overdoses) have been implemented, which include legislation to allow first responders and family members to administer the medication without a prescription (HB 1782, effective November 2013); legislation to allow pharmacies to dispense naloxone (HB 2666, effective November 2014); increasing the number of pharmacies that sell naloxone; informing pharmacies about Medicaid coverage for naloxone; an Oklahoma Board of Medical Licensure and Supervision rule change to allow standing orders for naloxone; training and equipping first responders (law enforcement and emergency medical services) with intranasal naloxone; and creating and distributing educational materials for the public and pharmacies. Additionally, efforts have been made to expand opioid treatment services and develop and promote the substance abuse treatment service directory.



Updated State Action Items

- 1** Expand naloxone availability in pharmacy, healthcare, and community program settings and sustain first responder naloxone efforts through 2020. (Responsible: Oklahoma Department of Mental Health and Substance Abuse Services; Oklahoma State Department of Health; Oklahoma Health Care Authority)
- 2** Establish “Good Samaritan” legislation allowing for immunity at prosecution or mitigation at sentencing to an individual calling for emergency services for himself or for another person experiencing an overdose by 2016. (Responsible: Prescription Drug Planning Workgroup; Oklahoma State Department of Health)
- 3** Increase the implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) by primary care and emergency department providers by 10% each year through 2020. (Responsible: Oklahoma Department of Mental Health and Substance Abuse Services; Medical/Hospital Associations)
- 4** Enhance and promote a registry of opioid assessment/substance abuse treatment service providers to enhance referral networks for the public and healthcare providers through 2020. (Responsible: Oklahoma Department of Mental Health and Substance Abuse Services)
- 5** Increase funding and expansion of community-based services for treatment of opioid dependency, including pregnant women, through 2020. (Responsible: Oklahoma Department of Mental Health and Substance Abuse Services)
- 6** Increase the number of Substance Abuse and Mental Health Services Administration (SAMHSA) Office Based Opioid Treatment waived physicians who engage patients in outpatient clinical services to address opioid use disorder. (Responsible: Oklahoma Department of Mental Health and Substance Abuse Services; Regulatory Boards)
- 7** Institute ongoing training and consultation services for medical and behavioral health clinical providers for medication-assisted treatment options for opioid use disorders. (Responsible: Oklahoma Department of Mental Health and Substance Abuse Services; Regulatory Boards)

Updated Community Action Items

- 1** Support naloxone programs within the community.
- 2** Advocate for expansion of community-based services for treatment of opioid dependency.
- 3** Implement best practices related to opioid abuse prevention and treatment.

20 CALL TO ACTION

Prescription drug abuse continues to be a problem in Oklahoma. While medicine and research have provided medications to ease suffering and pain and improve the quality of life for individuals, the potential for abuse, diversion, morbidity, and mortality still exists. Through the collaborative efforts of various associations/ organizations, state agencies, and individual champions, much progress has been made in implementing the state action items in the original 2013 state plan. These efforts include increasing public knowledge, providing education on pain management for providers, increasing mechanisms for appropriate medication disposal, implementing state and local policies related to prescription drugs, tracking and monitoring prescription drug-related deaths, and expanding treatment services. Although Oklahoma has made great strides in addressing prescription drug abuse, further efforts are needed to ensure the proper and appropriate use of opioids to treat pain and improve patients' quality of life, while reducing the risk of abuse, diversion, and overdose deaths.



- 1** Rudd RA, Aleshire N, Zibbell JE, Gladden RM. Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014. *MMWR Morb Mortal Wkly Rep.* 2016 Jan 1; 64(50):1378-82. Retrieved from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm?s_cid=mm6450a3_w. Accessed February 11, 2016.
- 2** Centers for Disease Control and Prevention (2015). National Center for Injury Prevention and Control: *Web-based Injury Statistics Query and Reporting System (WISQARS)*. Retrieved from <http://www.cdc.gov/injury/wisqars/index.html>. Accessed February 11, 2016.
- 3** Oklahoma State Department of Health. Injury Prevention Service. Unintentional poisoning fatality surveillance system (abstracted from medical examiner reports).
- 4** Centers for Disease Control and Prevention (2016). Unintentional Poisoning. Retrieved from <http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/index.html>. Accessed February 11, 2016.
- 5** Substance Abuse and Mental Health Services Administration (2015). Results from the National Survey on Drug Use and Health. Retrieved from <http://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2014.pdf>. Accessed February 11, 2016.
- 6** Centers for Disease Control and Prevention (2014). Opioid Painkiller Prescribing: Where You Live Makes a Difference. Retrieved from <http://www.cdc.gov/vitalsigns/opioid-prescribing/>. Accessed February 11, 2016.

22 WORKGROUP PARTICIPANTS

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The workgroup participants extend appreciation
to the additional individuals who developed the
inaugural State Plan: *Reducing Prescription Drug
Abuse in Oklahoma* (2013).

Thank you for your vision and leadership.

