

— Orlando, FL • April 2-4, 2013 —

NATIONAL RX DRUG ABUSE SUMMIT

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2013 PREVIEW GUIDE

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SCHEDULE AT-A-GLANCE

TUESDAY, APRIL 2, 2013		
6:30 AM – 7:00 PM		Registration Open
7:00 AM – 8:00 AM		Breakfast and Exhibits
8:00 AM – 10:00 AM		General Session: U.S. Response to Rx Drug Abuse Epidemic
10:15 AM – 11:30 AM		Vision Sessions
11:30 AM – 12:30 PM		Lunch and Exhibits
12:30 PM - 1:45 PM	Third-Party Payer Track	Right Drug, Right Test, Right Time
2:00 PM - 3:15 PM		Cost-Savings Strategies
3:30 PM - 4:45 PM		Using Analytics to Track, Monitor and Reduce Costs
12:30 PM - 1:45 PM	Clinical Track	Treating Pain
2:00 PM - 3:15 PM		Successful Endeavors and Outcomes
3:30 PM - 4:45 PM		Prescribing Practices
12:30 PM - 1:45 PM	Pharmacy Track	Corresponding Responsibilities
2:00 PM - 3:15 PM		Technologies in Preventing Diversion
3:30 PM - 4:45 PM		Risk, Recognize, Resolve: Addiction in the Pharmacy Profession
12:30 PM - 1:45 PM	Treatment Track	Access to Treatment
2:00 PM - 3:15 PM		Treatment Options for Juveniles
3:30 PM - 4:45 PM		A Comprehensive Response to the Opioid Crisis
12:30 PM - 1:45 PM	Education & Advocacy Track	Trends in Rx Drug Abuse
2:00 PM - 3:15 PM		Enabling and Intervention
3:30 PM - 4:45 PM		Youth Programs That Work
12:30 PM - 1:45 PM	Law Enforcement Track	Health Care Investigations
2:00 PM - 3:15 PM		Building Public Safety and Public Health Partnerships to Reduce Prescription Drug Abuse
3:30 PM - 4:45 PM		Strategies for Successful Pharmaceutical Drug Diversion Investigations
5:00 PM - 6:00 PM		General Session: Realities of Addiction
6:00 PM - 7:30 PM		Reception and Exhibits
WEDNESDAY, APRIL 3, 2013		
7:00 AM – 7:00 PM		Registration Open
7:00 AM - 8:00 AM		Breakfast and Exhibits
8:00 AM – 9:15 AM		General Session: Panel Presentation: The Cost of Rx Drug Abuse
9:30 AM – 11:00 AM		General Session: Forum of the Congressional Caucus on Prescription Drug Abuse
11:15AM - 12:30 PM		General Session: Thought Leaders Perspective
12:30 PM - 1:30 PM		Lunch and Exhibits
1:30 PM - 2:45 PM	Third-Party Payer Track	A Tale of Two Companies
3:00 PM - 4:15 PM		A Tale of Two States
1:30 PM - 2:45 PM	Clinical Track	The Innocent Victims: Neonatal Abstinence Syndrome
3:00 PM - 4:15 PM		Risk Reduction: SBIRT, Abuse Deterrent Formulations and Hepatitis C
1:30 PM - 2:45 PM	Pharmacy Track	The DEA Regulations
3:00 PM - 4:15 PM		Policies and Laws for Pharmacists
1:30 PM - 2:45 PM	Treatment Track	SAMHSA's Tools for Treatment
3:00 PM - 4:15 PM		Neonatal Abstinence Syndrome: Treating Pregnant Women
1:30 PM - 2:45 PM	Education & Advocacy Track	Overview of Federal Policies
3:00 PM - 4:15 PM		Reducing Rx Abuse at the Community Level: A Comprehensive Coalition Approach
1:30 PM - 2:45 PM	Law Enforcement Track	Two Unique Approaches
3:00 PM - 4:15 PM		Undercover Investigations
4:30 PM - 5:30 PM		General Session: Prevention and Prosecution
5:30 PM - 6:30 PM		Reception and Exhibits
6:30 PM - 8:00 PM		'Relax on the Lawn' Reception Sponsored by WestCare Foundation and Standard Process
THURSDAY, APRIL 4, 2013		
7:00 AM – 11:00 AM		Registration Open
7:00 AM – 8:30 AM		Breakfast and Exhibits
8:30 AM - 11:45AM		Idea Exchanges
8:30 AM - Noon		Workshops – Successful Strategies for Community Change, Prescription Drug Monitoring Programs, and U.S. Military

Third-Party Payer Track *National Ballroom C:* According to the Coalition Against Insurance Fraud (CAIF), drug diversion costs health insurers up to \$72.5 billion a year in bogus claims involving opioid abuse alone. Workers dealing with addiction issues, either personally or within their family, become a liability instead of an asset. When this occurs, employers need to be equipped with the knowledge and skills to assist their employees while protecting their own well-being. These presentations will outline the scope of abuse, detail specific economic and legal impact to employers, provide successful strategies for managing risks, guide human resources staff on workplace support, share strategies to support employees with a suspected addiction, empower employees to become involved in community anti-drug efforts, define what impact third parties can have, and explain steps that can be taken to lower worker's compensation costs. Attendees in this track will include insurance providers and payers, human resources executives, economic development officials, local, state, and federal officials, social workers, worker's compensation officials, and others.

Clinical Track *Royal Dublin Ballrooms A & B:* According to the Centers for Disease Control and Prevention (CDC), in the past five years there has been a 345 percent increase in deaths linked to oxycodone. Healthcare providers are often caught in difficult circumstances regarding Rx drug dependency and quality of patient care. Clinically-driven training to identify substance use problems are critically important for curbing this epidemic. The Clinical Track will provide insight on neonatal abstinence syndrome, risk assessment, prescribing practices, and how to implement changes to lower the cost of pain management. The Clinical Track is for physicians, physician assistants, nurse practitioners, nurses, hospital administrators, dentists, and others.

Pharmacy Track *Royal Melbourne Ballrooms A & B:* According to the CDC, more people die from accidental drug overdoses than car accidents each year in the United States, averaging one death every 15 minutes. Because of this epidemic, pharmacists are often caught in the middle of a patient abusing a prescription from a prescriber. The Pharmacy Track's focus is to assist pharmacists on their rights and responsibilities to follow correct dispensing protocol, learn how to create a safer environment for the patient and pharmacist, and better understand the latest strategies to reduce diversion. This track is designed for pharmacists and clinicians with prescribing privileges.

Treatment Track *National Ballroom D:* According to SAMHSA, of the 21.6 million Americans who needed treatment for drug and alcohol abuse in 2011, only 2.3 million received any kind of specialized treatment. Because of the current state of the economy, access to treatment has become a major obstacle in the fight against Rx drug abuse. The Treatment Track will explore how the Affordable Care Act of 2012 can provide treatment options, how to use medicated assisted treatment, how to provide treatment options for juveniles, elderly, and pregnant women, and how to deal with dual diagnosis. The Treatment Track is targeted for treatment providers, social workers, drug court executives, criminal justice professionals, clinicians, and nurses.

Education & Advocacy Track *International Ballroom III:* NIDA estimates that in the U.S. an average of 2,000 teenagers a year use prescription medication for the first time without a physician's guidance. This has a very real and lasting impact on families, communities and the education system. Topics for this track include: community education, prevention programs, local, state, and federal policies, Internet pharmacy laws, signs and symptoms of prescription drug abuse, and drugged driving, among others. Speakers in this track will include community advocates, educators, volunteers, local, state and federal legislators, and others.

Law Enforcement Track *National Ballrooms A & B:* According to the ONDCP, prescription drugs are now the second most abused category of drugs behind marijuana and ahead of cocaine, heroin, methamphetamine and other drugs. Law enforcement officers working narcotics investigations, as well as street patrol, witness the devastation of these drugs every day. They understand how Rx drug abuse is affecting other crimes in record numbers, and need more tools to combat the illicit activity. Topics for this track will include undercover investigations, prescription drug trends, incarceration versus treatment, community support for law enforcement, and related policy issues. Speakers in this track will include local, state, and federal law enforcement and criminal justice officials, state and federal prosecutors, policy experts, private investigators, local, state and federal legislators, and others.

2013 National Rx Drug Abuse Summit Agenda

April 2 – 4 Orlando, FL Omni Orlando Resort at ChampionsGate

Monday, April 1, 2013

2:00 pm – 9:00 pm **Registration Open**
ChampionsGate

Tuesday, April 2, 2013

6:30 am - 7:00 pm **Registration Open**
Rotunda

7:00 am – 8:00 am **Breakfast and Exhibits**
International Ballrooms I & II

8:00 am – 10:00 am **General Session: U.S. Response to Rx Drug Abuse Epidemic**
National Ballrooms A & B

Moderator: Dr. Robert DuPont, Clinical Professor, Psychiatry, Georgetown University School of Medicine

Presenters: Honorable Harold “Hal” Rogers, U.S. Representative, Kentucky-5th, Republican, Chair, Committee on Appropriations, and Co-Founder and Co-Chair, Congressional Caucus on Prescription Drug Abuse; R. Gil Kerlikowske, Director, White House Office of National Drug Control Policy; Dr. Margaret Hamburg, Commissioner, U.S. Food and Drug Administration; and Dr. Thomas Frieden, Director, Centers for Disease Control and Prevention

Congressman Rogers formed the Congressional Caucus on Prescription Drug Abuse in 2009 and has been a tireless advocate in the fight against the ravages of Rx drug abuse. He championed Operation UNITE to impact this epidemic in his congressional district in 2003 and knows all too well the destruction it can cause. He has led many fights on this issue and in early 2013 received the Congressional Leadership Award from the Community Anti-Drug Coalitions of America (CADCA) for his unwavering commitment to keeping America’s youth drug and alcohol free.

Director Kerlikowske was nominated by President Obama and confirmed by the U.S. Senate as the Director of the Office of National Drug Control Policy. In his position, Mr. Kerlikowske coordinates all aspects of Federal drug control programs and implementation of the President’s National Drug Control Strategy. Mr. Kerlikowske brings 37 years of law enforcement and drug policy experience to the position. He most recently served nine years as the Chief of Police for Seattle, WA.

Dr. Hamburg became the 21st commissioner of food and drugs on May 18, 2009. The second woman to be nominated for this position, Dr. Hamburg has conducted research on neuroscience at Rockefeller University, studied neuropharmacology at the National Institute of Mental Health, and is the top official of the U.S. Food and Drug Administration (FDA).

Dr. Frieden became Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) in June 2009. Among his many career accomplishments, Dr. Frieden led New York City’s program that rapidly controlled tuberculosis, including reducing cases of multidrug-resistant tuberculosis by 80 percent, and worked in India where he treated more than 10 million patients and saved more than one million lives.

Learning Objectives:

1. Define the public health threat of prescription drug abuse.
2. State the latest recommendations by the CDC to limit prescription drug abuse.
3. Outline the FDA task force’s initiatives to combat the misuse, abuse, and addiction of prescription drugs.

10:15 am – 11:30 am Vision Sessions

Vision Sessions provide an in-depth examination of innovative programs and strategies designed to educate, mitigate and resolve issues related to prescription drug abuse across the country. Participants will have an opportunity to engage leaders from organizations focused on prevention, intervention, policy development, health care, law enforcement, economic development and coalition-building in an open discussion on these specific topic areas. These sessions will outline new strategies stakeholders may implement to combat prescription drug abuse on multiple fronts.

Appalachian Regional Commission: Welcome to the Appalachian Delegation

ChampionsGate

Warm up for the National Rx Drug Abuse Summit by sharing conversation and a cup of coffee with fellow attendees from the 13 Appalachian states. Earl F. Gohl, Federal Co-Chair of the Appalachian Regional Commission, will be available to hear your concerns about issues in the ARC region. The Appalachian Regional Commission is a regional economic development agency representing federal, state, and local government. ARC's mission is to be a strategic partner and advocate for sustainable community and economic development in a 205,000-square mile area spanning 420 counties in Alabama, Georgia, Kentucky, Maryland, Mississippi, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Virginia and West Virginia.

ONDCP: A 21st Century Approach to Drug Policy

Augusta A & B

The Obama Administration's drug strategy is based on the premise that addiction is a brain disease. And to be effective against the disease, we must adopt a comprehensive approach balancing both public health and public safety. In that vein, the Administration issued its Prescription Drug Abuse Prevention Plan in April 2011. This session will discuss the four pillars of the Administration's prescription drug plan as well as the National Drug Control Strategy. The Administration's approach to drug policy emphasizes drug prevention and early intervention in health care settings, diverting non-violent drug offenders into treatment, expanding access to substance abuse treatment, and supporting long-term recovery. Learn from officials with the Office of National Drug Control Policy more about the Administration's approach and steps that can be taken in your own communities to address the prescription drug abuse epidemic.

The Partnership at Drugfree.org: The Medicine Abuse Project: Uniting Stakeholders, Communities and Media to Reduce Medicine Abuse

Oakmont A & B

In September 2012, The Partnership at Drugfree.org, in collaboration with a diverse group of committed partners - including seven federal agencies, 18 sponsors and more than 60 non-profits - launched "The Medicine Abuse Project," the first-of-its kind education / mobilization campaign to curb medicine abuse, an epidemic facing our nation. This multi-year crusade aims to prevent half a million teens from abusing medicine by helping parents and the public to take action including talking with kids about the dangers of abusing medicine and effective safeguarding and disposing of medicines. The Project has enlisted thousands of key constituents including parents, health care professionals, educators and community leaders, and assembled science-based content targeted to each of these constituencies, enabling them to play a role in ending this epidemic. This vision session will share launch phase outcomes and how to use our community education programs, public relations opportunities, media assets and digital tools.

CompPharma: Workers' Compensation and Opioids: Taming a Perfect Storm

Congressional A & B

Even though opioids are not recommended for long-term chronic pain, 24% of the work comp pharmacy dollar is spent on opioids. What's being done about it? Clinicians and public affairs pros from four of the nation's leading workers' compensation pharmacy benefit managers share industry and government initiatives to curtail opioid use. Discussion points: identifying at-risk injured employees, monitoring refill rates, quantity/dose restrictions, educating claimants and physicians, and working with prescribers to wean injured employees off opioids. Panelists also highlight significant state initiatives, Prescription Drug Management Programs and the FDA's Risk Evaluation Mitigation Strategies. Presenters are: Moderator Kevin Tribout, Executive Director of Government Affairs for PMSI; Harry Monroe, Director of Compliance for Healthesystems; Robyn Satterfield, PharmD., Director of Clinical Services for Modern Medical; and Phil Walls, RPh., Chief Clinical and Compliance Officer for MyMatrixx.

SAMHSA: Examining Prescription Drug Misuse and Abuse from Federal, State, Community and Campus Perspectives

Colonial A & B

The misuse and abuse of prescription drugs affects the nation across disciplines and in various settings. This interactive session offers the opportunity to hear perspectives about the scope of the problem and efforts to address it from representatives in the federal government, national organizations focused on the needs of states and communities, and higher education. In addition to hearing about specific resources and initiatives that are available to prevent prescription drug misuse and abuse, sufficient time will be allotted to allow for a question-and answer period.

PillGuard: Changing Prescription Drug Abuse, One Dose At A Time

Olympic A & B

PillGuard founder Dr. Anthony McEldowney and CEO Roger Hayes will explain how the PillGuard dispenser is used at the pharmacy level to help fight prescription drug abuse. This revolutionary handheld pill dispenser will replace standard pill bottles and will allow patients access to their controlled substance medications only as the doctor has prescribed it. The PillGuard, which is tamper evident, programmable, and tracks adherence, has been embraced by many workers compensation payers around the country. Come and see why tamper resistant formulations, drug screens, and other methods are not enough to make significant impact on prescription drug abuse.

Military: Transformation of Pain Management

Royal Dublin A & B

The Department of Defense (DoD) and Veterans Affairs (VA) share an interest in addressing the overuse, misuse, abuse, and diversion of prescription medications by service members and veterans. The DoD/VA Pain Management Task Force Report (2010) provided the rationale and recommendations to transform current pain management practice towards a more patient centered and holistic approach. Two initiatives that exemplify the DoD/VA transformation of pain management include: PASTOR/PROMIS and Project ECHO. First, a patient reported outcomes initiative that will allow the military to move beyond "chasing zero" for pain management treatment goal to improving function and quality of life. PASTOR/PROMIS leverages the NIH PROMIS initiative to provide statistically significant data and clinical decision making information. Second, developed at University of New Mexico, Project ECHO is a "tele-mentoring" initiative that has been adapted for use in DoD and VA to build competence and confidence of primary care providers to address the pain management needs of Service members and Veterans.

11:30 am – 12:30 pm Lunch and Exhibits

International Ballrooms I & II

12:30 pm – 1:45 pm Third-Party Payer Track: Right Drug, Right Test, Right Time

National Ballroom C

Moderator: Michelle C. Landers, Esq., Executive Vice President and General Counsel, Kentucky Employers' Mutual Insurance

Presenters: Dr. Lenox Abbott, Director, Laboratory Operations and National Standards, Quest Diagnostics; Tron Emptage, Chief Clinical Officer, Progressive Medical; and Dr. Richard Victor, Executive, Workers' Compensation Research Institute

Over 70 percent of workers' compensation claimants on chronic opioid therapy greater than three months are not taking their pain medication as prescribed due to misuse or abuse, according to a recent report published in *Business Insurance*. The Workers' Compensation Research Institute shows that fewer than seven percent of treating doctors conduct baseline and periodic urine drug screens.

The use of innovative clinical programs guided by data analytics, along with the use of diagnostic testing and other tools to identify potential excessive use or misuse by claimants earlier in treatment helps ensure that patients are receiving the right therapy at the right time. Earlier clinical intervention combined with regular, random drug testing has been shown to improve adherence with physician expectations and can also help identify potentially dangerous drug combinations that might delay recovery. This session provides a focused conversation on practices that help control pharmacy-related claims expense, while improving outcomes for claimants and payers.

Learning Objectives:

1. Outline how clinical programs can identify excessive use or misuse of opioid.
2. Describe the impact of behavioral interventions in chronic opioid cases.
3. Explain the value of urine and drug screening.

12:30 pm – 1:45 pm**Clinical Track: Treating Pain***Royal Dublin A & B***Moderator:** Carla Saunders, Advance Practice Coordinator, Pediatrix Medical Group at East Tennessee Children's Hospital**Presenters:** Dr. Daniel Barnett, MD, JD, Medical Director, BlueCross and BlueShield Tennessee; and Dr. Randy Easterling, MD, The Street Clinic, and Medical Director, Marian Hill Chemical Dependency Unit

The Centers for Disease Control and Prevention (CDC) has declared prescription drug abuse an epidemic and public health crisis. The CDC also found that in 2009, almost half (475,000) of all patients who received prescription painkillers in Emergency Rooms were already abusing them. Currently, 49 states have operational prescription drug monitoring programs (PDMP), or enacted legislation to implement one, according to the Alliance of States with Prescription Monitoring Programs. The reality is that narcotics have changed the physicians practice.

This session will discuss the cost of prescription drug abuse, both from a human and a financial perspective. Attendees will explore the dilemma that physicians find themselves in today in treating chronic pain. Participants will gain a better understanding of what regulatory boards look for in identifying inappropriate prescriptive patterns and the value of PDMPs. As we develop a better understanding of prescription drug abuse, we can better equip clinicians in defeating this epidemic, just like we have done for every epidemic in America's history. Also, a health plan medical director will present an approach for addressing inappropriate prescribing practices. Using the peer review process, providers who inappropriately prescribe controlled substances are reviewed by other providers who participate on peer review committees. When such prescribing practices continue despite being placed on medical corrective action plans, the providers are removed from the health plan's provider panels by the Credentialing Committee. After being afforded a formal hearing, those providers whose removal is upheld on appeal are reported to the Healthcare Integrity and Protection Data Bank through which licensing boards, hospitals, and other health plans are made aware of the prior problems with the provider.

Learning Objectives:

1. Describe the evaluative criteria of regulatory boards in prescriptive patterns.
2. Examine the cost of prescription drug abuse economically and socially.
3. Identify non-safe versus safe prescribing protocols.

12:30 pm – 1:45 pm**Pharmacy Track: Corresponding Responsibilities***Royal Melbourne A & B***Moderator:** Peter VanPelt, RPh, Associate Director, Corporate Alliances, American Pharmacists Association**Presenter:** Joseph T. Rannazzisi, Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration

Narcotic painkillers are now the most widely prescribed drugs in the United States, with sales last year of \$8.5 billion. While the responsibility for the proper prescribing is upon the prescriber, an additional responsibility rests with the pharmacist who dispenses the prescription. A pharmacist is required to exercise sound professional judgment when making a determination about the legitimacy of a controlled substance prescription, which is not always easy.

In this session, participants will examine methods to determine when and whether the pharmacist is discharging the responsibility to determine whether any given prescription is valid or invalid. Discussions of what to do in the gray areas, what liabilities exist for filling invalid prescriptions, and what penalties await violators of the law will also be included.

Learning Objectives:

1. Identify the legal standard for dispensing medications pursuant to a valid prescription.
2. Explain the legitimate medical purpose standard.
3. List factors the pharmacist should consider in determining whether to dispense medication.

12:30 pm – 1:45 pm **Treatment Track: Access to Treatment**
National Ballroom D

Moderator: Dr. Kelly J. Clark, MD, MBA, FASAM, DFAPA, Chief Medical Officer, Behavioral Health Group

Presenters: Dr. Stuart Gitlow, MD, MPH, MBA, Acting President, American Society of Addiction Medicine; and Dr. Robert Newman, MD, MPH, Director, Baron Edmond de Rothschild Chemical Dependency Institute of Beth Israel Medical Center

The CDC finds that 15,000 people die each year from prescription drug abuse, many of whom could still be living had there been greater access to treatment. In response to the epidemic of prescription drug addiction, there has been significant effort to decrease the prescribing of opioids for pain and to raise the awareness of the dangers of these medications. Those who have become addicted face significant barriers to obtaining needed treatment. Surprisingly, treatment is becoming more difficult to obtain due to regulatory and insurance issues.

This session will describe the types of treatment available for opioid addiction and an overview of the evidence base that supports the clinical and cost effectiveness of various forms of treatment. In addition, barriers to obtaining needed treatment will be discussed, focusing on regulatory and insurance limitations which treat addiction differently than other diseases. We'll also discuss the special difficulties faced in obtaining treatment by our active duty military personnel and veterans.

Learning Objectives:

1. List the types of treatment available for opioid addiction, and some of the evidence to support treatment.
2. Explain how regulatory and insurance policies form barriers to treatment.
3. Define the special problems our active duty military and veterans have in accessing treatment for opioid addiction.

12:30 pm – 1:45 pm **Education & Advocacy Track: Trends in Rx Drug Abuse**
International Ballroom III

Moderator: Connie M. Payne, Executive Officer, Statewide Services, Administrative Office of the Courts, and Board Member, Operation UNITE

Presenters: Tess Benham, Program Manager, National Safety Council; Sherry L. Green, JD, Chief Executive Officer, National Alliance for Model State Drug Laws; and Dr. Andrew Kolodny, President, Physicians for Responsible Opioid Prescribing

Prescription drug abuse is the America's fastest-growing drug problem according to data from the *National Survey on Drug Use and Health*. The survey also showed that nearly one-third of people aged 12 and over who used drugs for the first time in 2009 began by using a prescription drug non-medically. Additionally, the latest *Monitoring the Future* study—the Nation's largest survey of drug use among young people—showed that prescription drugs are the second most-abused category of drugs after marijuana. With sales of opioid painkillers totaling more than \$9 billion a year in *IMS Health*, marketing of pharmaceuticals has played a fundamental role in this epidemic.

This session will reveal startling facts regarding the scope of the prescription drug problem facing America and provide solutions that can be implanted on a state level. The National Safety Council and National Alliance of Model State Drug Laws (NAMSDL) issued a report in March 2012 that provides a comprehensive comparison of existing state laws and emerging best practices for prescription drug monitoring programs, pain clinic regulations and prescriber education requirements. The presenters will show findings from the report including policy gaps and recommendations for state action.

Learning Objectives:

1. Identify recent increasing trends in the misuse and abuse of prescription drugs.
2. Evaluate the state laws and regulations that exist on a state level across the country.
3. Outline initiatives that can be taken back and implemented in your state.

12:30 pm – 1:45 pm **Law Enforcement Track: Health Care Investigations**
National Ballrooms A & B

Moderator: David J. Ward, JD, Shareholder and Attorney, Litigation Section, Chambliss, Bahner & Stophel

Presenters: Agent Bruce DiVincenzo, Delaware State Police Drug Diversion Unit; and Karen Matthew, Director of Investigations and Inspections, North Carolina Department of Pharmacy

According to the CDC, over 475,000 Emergency Room visits per year are attributed to the misuse of prescription drugs. The CDC also notes that enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for one month. With the number of prescriptions available and the demand for painkillers increasing, there is great risk of the drugs being misused or abused among patients and health care providers.

In this session, attendees will discover best practices to investigate diversion within a health care facility. In addition we'll also discuss how law enforcement can best collaborate with pharmacists to prevent diversion in the pharmacy and the community. Finally, attendees will hear how the Prescription Drug Monitoring Program (PDMP) can be best utilized in diversion cases.

Learning Objectives:

1. List signs of diversion in a health care facility.
2. Outline how to collaborate with clinicians to prevent diversion.
3. Demonstrate effective use of the PDMP by law enforcement within a pharmacy.

2:00 pm – 3:15 pm

Third-Party Payer Track: Cost-Savings Strategies

National Ballroom C

Moderator: Mary C. Colvin, CPA, Chief Operating Officer, Kentucky Employers' Mutual Insurance, and Board Member, Operation UNITE

Presenters: Jeremy Corbett, Chief Medical Officer, Kentucky Spirit Health Plan/Centene Corporation; and Dr. Steven Moskowitz, MD, Senior Medical Director, Paradigm Outcomes

According to the Coalition Against Insurance Fraud, the cost of prescription painkiller abuse for insurers is \$72.5 billion. Doctor shoppers cost insurers \$10,000 to \$15,000 per patient; the toll in lost productivity is \$42 billion, and the criminal justice bill is \$8.2 billion. Chronic pain claims account for up to 50% of a worker's compensation insurers large loss claims. Driving these costs are prescription medications, opioids high among them. Over the longterm, an individual case can have reserves as high as \$1 million or higher. Solutions involve getting the injured worker to treatment that is more effective and often non-opioid.

In this session, you will hear multiple cost-savings strategies that work to drive down the cost of prescription drug abuse for insurance and workers' compensation companies. These strategies include national and state initiatives in the areas of policy and procedure creation, prescription drug monitoring programs, case management, government partnerships, and mobile technology.

Learning Objectives:

1. Learn the latest data about the cost of prescription drug abuse to insurance companies.
2. Outline the statutory basis for lock-in programs.
3. Prepare strategies that you can implement in your state.

2:00 pm – 3:15 pm

Clinical Track: Successful Endeavors and Outcomes

Royal Dublin A & B

Moderator: LCDR Christopher Jones, Prescription Drug Overdose Team, Division of Unintentional Injury Prevention, Centers for Disease Control and Prevention

Presenters: Dr. Robert DuPont, Clinical Professor, Psychiatry, Georgetown University School of Medicine; and Dr. William M. Johnson, Chief Medical Officer, Pikeville Medical Center

SAMHSA recently found that 1.2 million visits to emergency rooms involved pharmaceutical drugs in 2009, compared with 627,000 in 2004. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

In this session, attendees will hear how a chief medical officer of a regional hospital implemented effective processes for limiting costs associated with prescription drug abuse within his health system. A more in-depth examination of their approach will reveal strategies that the attendee can implement in their own practice or health system. We'll also discuss how to use state Physician Health Programs for successful long-term recovery of prescription drug abuse.

Learning Objectives:

1. Analyze the latest data about the cost of prescription drug abuse to hospitals.
2. Explain the Physician Health Program model's relevance to the treatment of prescription drug abuse.
3. Prepare strategies that you can implement in your own practice to reduce costs.

2:00 pm – 3:15 pm**Pharmacy Track: Technologies in Preventing Diversion***Royal Melbourne A & B*

Moderator: Dr. Sarah T. Melton, Associate Professor of Pharmacy Practice, Gatton College of Pharmacy

Presenters: Janet Hart, Director, Government Affairs, Rite Aid; and Dr. Michael O'Neil, Professor, Department of Pharmacy Practice, South College School of Pharmacy

According to the DEA, armed robberies at pharmacies rose 81 percent between 2006 and 2010, from 380 to 686 per year. The number of pills stolen in these burglaries grew from 706,000 to 1.3 million. A wave of pharmacy robberies is sweeping the United States as desperate addicts and ruthless dealers turn to violence to feed the nation's growing hunger for narcotic painkillers. From Redmond, WA., to St. Augustine, FL., criminals are holding pharmacists at gunpoint and escaping with thousands of powerfully addictive pills that can sell for as much as \$80 apiece on the street.

Diversion of drugs by healthcare workers poses a considerable challenge for pharmacies. Diversion can lead to significant financial loss and potentially impact patients and staff. In addition, accrediting and regulating agencies require pharmacies to maintain the accountability, security and control of controlled substances, and identify any movement or diversion of drugs in a timely manner. Failure to do so can result in significant accreditation issues and even fines. This session will educate pharmacists and clinicians on the current technologies in preventing diversion and robberies. Methods such as automated dispensing cabinets (ADC), biometric fingerprint identification, and GPS tracking devices inside pill bottles will be discussed, among others.

Learning Objectives:

1. Evaluate the impact of controlled substance diversion in the hospital setting.
2. Identify primary methods of diversion in the pharmacy and on nursing units.
3. Identify processes to maximize the use of technology in diversion prevention, detection, and management.

2:00 pm – 3:15 pm**Treatment Track: Treatment Options for Juveniles***National Ballroom D*

Moderator: Amy Yates, Treatment Director, Operation UNITE

Presenters: Dr. Marc Fishman, MD, Medical Director, Maryland Treatment Centers, and Assistant Professor, Johns Hopkins University Department of Psychiatry; and Michelle Lipinski, MEd, Principal, Northshore Recovery High School, and Founder, icanhelp

SAMHSA states that 70 percent of people 12 years of age and older who abuse prescription drugs say they get them from a friend or relative. The diversion of prescription medication to juveniles poses a tremendous problem to our communities, and the need to educate juveniles of the dangers of prescription drug abuse should be a top priority.

This session will feature two strategies for the treatment of juveniles. One focuses on the cycle of addiction by understanding deprivation and dependency as precursors to experiencing a substance abuse problem. Another method is a program for early engagement by establishing "safe" places for adolescents to develop a trusting rapport with adults in the community.

Learning Objectives:

1. Define dependency and deprivation.
2. Identify states of the World of Abnormal Rearing (WAR) cycle.
3. Explain clinical interventions to break the cycle of addiction.
4. Plan how to collaborate with law enforcement and the medical community to bring support to juveniles.

2:00 pm – 3:15 pm**Education & Advocacy Track: Enabling & Intervention***International Ballroom III*

Moderator: Regina M. LaBelle, JD, Chief of Staff, White House Office of National Drug Control Policy

Presenters: Karen Perry, Executive Director, NOPE Task Force; and Dominique Simon-Levine PhD, Director, Allies in Recovery

According to the Centers for Disease Control and Prevention (CDC), 100 people die from drug overdoses every day in the United States; one person every 15 minutes. Family members, neighbors, and friends often struggle with knowing how to help their loved one through a substance abuse addiction. There's a difficult balance between providing the help they need and further enabling them to continue their behavior.

This session provides two unique and effective approaches for dealing with family members, friends, neighbors, and people in your community who are struggling with substance abuse. Attendees will hear from national experts who come from personal tragedies to provide a beacon of hope for prevention and getting a loved one into treatment.

Learning Objectives:

1. Analyze two effective advocacy programs and the current trends of Rx drug abuse.
2. Describe CRAFT procedures to increase the chance of a loved one entering treatment.
3. Describe the methods for engaging a loved one to seek help.

2:00 pm – 3:15 pm

Law Enforcement Track: Building Public Safety and Public Health Partnerships to Reduce Prescription Drug Abuse

National Ballrooms A & B

Moderator: Tom Handy, Commonwealth Attorney (ret.), 27th Judicial Circuit, Kentucky, and Board Member, Operation UNITE

Presenters: Laurence Busching, First Deputy Criminal Justice Coordinator, City of New York; and Dr. Denise Paone, EdD, Director of Research and Surveillance, Bureau of Alcohol and Drug Use Prevention, Care and Treatment, New York City Department of Health and Mental Hygiene

According to the Centers for Disease Control and Prevention (CDC), 100 people die from drug overdoses every day in America. Prescription drug abuse is a national public health burden that requires collaboration among all involved parties. The CDC also notes that prescription drug abuse is the fastest growing drug problem in the country.

In this session, attendees will learn how the New York City Mayor's Prescription Drug Task Force has built a unique public safety/public health partnership to reduce prescription drug abuse. Among other things, the Task Force's accomplishments include the creation of RxStat ("compstat for prescription drug abuse"); the RxCrimes database (tracks robberies and burglaries of pharmacies in the New York/New Jersey region); and "best practices" in prescription drug guidelines for physicians.

Learning Objectives:

1. Outline strategies to create alliances across agency lines.
2. Explain how to leverage public health data in investigations.
3. Outline the importance of collaboration between public health officials and law enforcement in investigations.

3:30 pm – 4:45 pm

Third-Party Payer Track: Using Analytics to Track, Monitor and Reduce Costs

National Ballroom C

Moderator: Michelle C. Landers, Esq., Executive Vice President and General Counsel, Kentucky Employers' Mutual Insurance

Presenters: Joe Anderson, Director of Analytic Services, Progressive Medical; Dr. Robert Hall, Medical Director, Progressive Medical; Anne Kirby, Chief Compliance Office and Vice President, Medical Review Services, Rising Medical Solutions; and James Masingill, Vice President, Claims Operations, Markel First Comp Insurance Company

A study in the *Journal of Occupational & Environmental Medicine* found that workers' compensation claims are nearly four times more likely to turn into catastrophic claims, with costs tallying more than \$100,000, when long-acting opioids are prescribed. According to the National Council on Compensation Insurance (NCCI), physician dispensed drugs costs anywhere from 10 to 300 percent more when prescriptions are not managed through the Pharmacy Benefit Manager.

The importance of catching "at-risk" cases early is vital to turn around this trend. However, it's shortsighted to simply track and address opioids in a vacuum because other drugs alter their use

and patient impact. In this session, attendees will hear firsthand accounts of how companies deployed analytics to reduce employee addiction potential, improve employee health outcomes, increase return-to-work probabilities, cut prescription costs, and lower indemnity costs.

Learning Objectives:

1. Identify warning signs of misuse and abuse and how claim managers can take action.
2. Tell how payers can use effective analytics to identify relevant trends.
3. Explain how Pharmacy Benefit Managers can use analytics with strong clinical programs.
4. Describe the role and benefits of predictive analytics in the workers' compensation industry.

3:30 pm – 4:45 pm

Clinical Track: Prescribing Practices

Royal Dublin A & B

Moderator: Dr. Kelly J. Clark, MD, MBA, FASAM, DFAPA, Chief Medical Officer, Behavioral Health Group

Presenters: Dr. Alex Cahana, MD, Dphil, DAAPM, FIPP, Advisor to the Vice Chancellor for Venture Academics, and Affiliate Professor Science, Technology, Education and Health Studies; and Dr. Stuart Gitlow, MD, President, American Society of Addiction Medicine

According to the CDC, enough prescription painkillers were prescribed in 2010 to medicate every American around-the-clock for one month. Primary care management of long-term opioid therapy for chronic pain is burdened by inadequate coordination between primary care providers and pain specialists.

This session will discuss some pros and cons of attempting to change physician prescribing patterns and the dichotomy between over and underutilization of opioid prescribing which is dependent on the condition being treated. Attendees will hear how the University of Washington's (UW) model of care delivery for chronic pain yielded a 44% reduction in prescription opioid dose accompanied by 50% improvement in mood and 21% of functioning in patients. Issues of iatrogenic opioid addiction, patient stigmatization, and the need to further educate physicians will be discussed.

Learning Objectives:

1. Explain that prescribing patterns have shown over-utilization of opioids for pain and under-utilization for opioid addiction.
2. Outline how a program for care coordination and prescribing guidelines for opioid therapy for pain improves quality and decreases total opioid use.
3. Outline how policy and regulatory developments have sought to decrease opioid prescribing for chronic pain and have sought to decrease treatment of opioid addiction.

3:30 pm – 4:45 pm

Pharmacy Track: Risk, Recognize, Resolve: Addiction in the Pharmacy Profession

Royal Melbourne A & B

Moderator: Michael C. Barnes, Attorney, Policy Advisor, DCBA Law & Policy and Founder and Executive Director, Center for Lawful Access and Abuse Deterrence

Presenter: Brian Fingerson, RPh, President, Kentucky Professionals Recovery Network

The National Institute on Drug Abuse states that up to 12 percent of health care professionals have chemical dependencies. Pharmacists work closely every day with patients to ensure their medication is taken in a safe manner. As a frontline dispenser of prescription medication, pharmacists are exposed to greater risks of Rx drug abuse by their patients, colleagues, or themselves.

In this session, attendees will hear an overview of the risk of addiction in healthcare professionals. A study of how addiction is identified in person, responsibilities of professional Boards to the public, and accountability of the recovering professional to their respective regulating or accrediting Board will also be discussed.

Learning Objectives:

1. Identify risk factors for pharmacy professionals that may influence the development of the disease of addiction.
2. Identify the signs and symptoms of the disease of addiction.
3. Describe the resources available to pharmacy professionals when a colleague may need assistance with addiction or substance abuse issues.
4. Describe the structure of accountability added to the recovery person by monitoring with a Pharmacist Recovery Network.

3:30 pm – 4:45 pm

Treatment Track: A Comprehensive Response to the Opioid Crisis
National Ballroom D

Moderator: Regina M. LaBelle, JD, Chief of Staff, White House Office of National Drug Control Policy

Presenters: Scott Hesseltine, MA, LADC, Chemical Dependency Program Supervisor, Hazelden Foundation; Fred Holmquist, Lodge Program Director, Hazelden Foundation; and Dr. Marvin D. Seppala, MD, Chief Medical Officer, Hazelden Foundation

According to SAMHSA's *National Survey on Drug Use and Health*, 23.5 million persons aged 12 or older needed treatment for a substance abuse in 2009. Of these, only 2.6 million—11.2 percent of those who needed treatment—received it at a specialty facility. According to the National Center on Addiction and Substance Abuse at Columbia University (CASA), 58 percent of federal and state spending for substance abuse and addiction is in health care costs, at \$342 million in 2005.

In this session attendees will hear how Hazelden has examined their opioid dependence treatment services to enhance the treatment of opioid-dependent patients. Some of their enhancements include reinforcing their knowledge of treatment of opioid dependence, altering group therapy, and instituting protocols for the use of evidence based medication assisted treatment.

Learning Objectives:

1. Identify warning signs of misuse and abuse and how claim managers can take action.
2. Describe the treatment experience.
3. Outline how to employ a 12-step, abstinence-based treatment program.

3:30 pm – 4:45 pm

Education & Advocacy Track: Youth Programs That Work
International Ballroom III

Moderator: Karen Perry, Executive Director, NOPE Task Force

Presenters: Arlene Remick, Senior Interactive Communications Manager, IQ Solutions; Ty Sells, Director of Training and Development, Youth to Youth International; and Nicole Wanty, Research Associate II, KDH Research & Communication

According to the Survey of American Attitudes on Substance Abuse, 80% of High School students and 44% of Middle School students see drugs used, kept, sold, and classmates intoxicated or high on school grounds. The Partnership at Drugfree.org notes that every day 2,500 teens in the United States try prescription drugs to get high for the first time.

National, state, and community-level law enforcement initiatives, policies, and take-back programs have shown promise to reduce the availability of prescription drugs for abuse. Their approaches can be complemented by prevention programs that provide youth with persuasive information about Rx drug abuse to build protective knowledge, attitudes, and skills to avoid such abuse. This session will provide attendees with strategies to engage America's youth in prevention and education.

Learning Objectives:

1. Explain program development, and how prevention messages are tailored to the unique characteristics of Rx drug abuse.
2. Explain three Rx drug abuse prevention and education initiatives tailored to youth.
3. Identify strategies that can be used to prevent prescription drug abuse in their home, schools, and communities.

3:30 pm – 4:45 pm

Law Enforcement Track: Strategies for Successful Pharmaceutical Drug Diversion Investigations
National Ballrooms A & B

Moderator: Dan Smoot, Vice President, Operation UNITE

Presenter: Joseph T. Rannazzisi, Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration

According to the 2010 National Drug Threat Assessment, between 2007 and 2009 the rate of diversion of prescription painkillers more than doubled with opioid pain relievers being the most commonly diverted drug. Pharmaceutical drug diversion investigations can be some of the most

complicated and challenging cases for investigators. Successful cases require close coordination between law enforcement agencies at the local, state, and federal levels, as well as close coordination with various regulatory boards.

Participants in this session will learn investigative strategies from case studies of successful prescription drug diversion investigations, focusing on strategies that target rogue doctors, pharmacies, and clinic owners. Attendees will receive information regarding criminal and/or civil actions.

Note: This session will be open only to current law enforcement officers and prosecutors to protect the integrity of ongoing cases. Attendees must show identification in order to gain access to this session.

Learning Objectives:

1. Examine reasons for the increasing rate of diversion and abuse of prescription painkillers.
2. Evaluate effective strategies for drug diversion investigations.
3. Describe opportunities for law enforcement agencies to collaborate with regulatory agencies during drug diversion investigations.

5:00 pm – 6:00 pm

General Session: Realities of Addiction

National Ballrooms A & B

Moderator: Karen Kelly, CEO, Operation UNITE

Presenter: Dr. Nora D. Volkow, Director, National Institute on Drug Abuse

Dr. Volkow is Director of the National Institute on Drug Abuse (NIDA) at the National Institutes of Health (NIH). She pioneered the use of brain imaging to investigate the effects of drugs in the human brain and has demonstrated that drug addiction is a brain disease. Dr. Volkow has received multiple awards, including membership in the Institute of Medicine, named one of *Time Magazine's* "Top 100 People Who Shape our World", included as "One of the 20 People to Watch" by *Newsweek* magazine and named "Innovator of the Year" by *U.S. News & World Report*.

Learning Objectives:

1. Investigate recent increasing trends in the misuse and abuse of prescription drugs.
2. Demonstrate the ways in which the most commonly abused prescription drug classes affect the brain and body
3. Outline strategies being developed and implemented that will increase awareness of the growing problem

6:00 pm – 7:30 pm

Reception and Exhibits

International Ballrooms I & II

Join us as we wrap up the first day of meetings for food, beverages and all important networking.

Wednesday, April 3, 2013

7:00 am – 7:00 pm **Registration Open**
Rotunda

7:00 am – 8:00 am **Breakfast and Exhibits**
International Ballrooms I & II

8:00 am – 9:15 am **General Session**
Panel Presentation: The Cost of Rx Drug Abuse
National Ballrooms A & B

Moderator: Devlin Barrett, Reporter, *The Wall Street Journal*

Panelists: Gen. Arthur T. Dean, Chairman and CEO, Community Anti-Drug Coalitions of America; Dr. John J. Dreyzehner, MD, MPH, FACOEM, Commissioner, Tennessee Department of Health; Dennis Jay, Executive Director, Coalition Against Insurance Fraud; and John Niedermann JD, Deputy District Attorney, Major Narcotics Division, Los Angeles County District Attorney's Office

According to the Coalition Against Insurance Fraud, "doctor shoppers" cost insurers \$10,000 to \$15,000 per patient; the toll in lost productivity is \$42 billion, the criminal justice bill is \$8.2 billion, and the cost of prescription painkiller abuse for insurers is \$72.5 billion. A new study in the Journal of American Medical Association found that one baby is born every hour withdrawing from painkillers. Because these babies remain hospitalized for longer periods, drug-exposed newborns have average hospital bills of \$41,000, compared with \$7,200 for a typical birth.

While there are numerous financial costs for the epidemic of Rx drug abuse there is also a human cost that, in many cases, is even greater than the financial considerations. Join this panel of experts who will examine the complete cost of Rx drug abuse and provide their thoughts on how we can all do more to decrease the devastating costs for both the financial and human toll it is taking on our nation, states and communities.

Learning Objectives:

1. Investigate the national epidemiology of current prescription drug abuse.
2. Demonstrate communication techniques for dialogue to ensure optimal care of patients and the community.
3. Outline management strategies for prescription drug abuse considering clinical, economic, and humanistic factors.

9:30 am – 11:00 am **General Session**
Forum of the Congressional Caucus on Prescription Drug Abuse
National Ballrooms A & B

Moderator: Stephen J. Pasierb, MEd, President & CEO, Partnership at Drugfree.org

Members: Honorable Harold "Hal" Rogers, U.S. Representative, Kentucky-5th, Republican, Chair, Committee on Appropriations, and Co-Founder and Co-Chair, Congressional Caucus on Prescription Drug Abuse; Honorable Nick J. Rahall II, U.S. Representative, West Virginia-3rd, Democrat, Ranking Member, Transportation and Infrastructure Committee, and Co-Chair, Congressional Caucus on Prescription Drug Abuse; Honorable Michael Grimm, U.S. Representative, Florida-11th, Republican, Member, Financial Services Committee; Honorable Daniel Webster, U.S. Representative, New York-10th, Republican, Member, Rules Committee; and Honorable William R. "Bill" Keating, U.S. Representative, Massachusetts-9th, Democrat, Member, Committees on Homeland Security and Foreign Affairs

The bi-partisan Congressional Caucus on Prescription Drug Abuse was established in 2010 to raise awareness of abuse and to work toward innovative and effective policy solutions, incorporating treatment, prevention, law enforcement and research. Caucus members collaborate to gather relevant information from stakeholders involved in prescription drug abuse initiatives and disseminate their findings and recommendations to fellow Congressional members.

This forum will include presentations from each of the Congressional members regarding what is occurring in Washington that can make a positive impact on curbing prescription drug abuse. Currently there are two bills that have been introduced by members of the Caucus related to prescription drug abuse: HR 672, the Prescription Drug Abuse Prevention and Treatment Act and HR 486, the Stop Tampering of Prescription Pills Act of 2013.

Following these presentations there will be a question-and-answer session to hear concerns and comments from those impacting the issue on the front lines.

Learning Objectives:

1. Define the purpose of the Congressional Caucus on Prescription Drug Abuse.
2. Express opportunities for stakeholders to impact legislative policies and laws.
3. Explain current bills in the U.S. House of Representatives to address the prescription drug abuse issue.

11:15 am – 12:30 pm **General Session: Thought Leaders Perspective**
National Ballrooms A & B

Moderator: Stephen J. Pasierb, MEd, President & CEO, Partnership at Drugfree.org

Presenters: Honorable Michael R. Bloomberg, Mayor, City of New York; and Honorable Pam Bondi, Attorney General, State of Florida

Not afraid to tackle difficult problems, Mayor Michael Bloomberg leads a city that is safer, stronger, and greener than ever. Among his many achievements as Mayor is reducing crime by more than 30 percent; high school graduation rates are up more than 40 percent since 2005; teen smoking is down more than 50 percent; and since October 2009, New York has added as many private sector jobs as the next ten largest U.S. cities combined. His passion for public health has led to ambitious new health strategies that have become national models, including a ban on smoking in all indoor workplaces, as well as at parks and beaches.

Under Mayor Bloomberg's leadership guidelines were developed for all of the City's public hospital emergency departments that ban long-acting opioid painkillers; can only prescribe up to a three-day supply of opioids; and will not refill lost, stolen or destroyed prescriptions. In addition to the prescribing guidelines, he created NYC RxStat, which will work to combine and use relevant public health and public safety data to combat the problem of prescription painkiller abuse. Working to raise awareness of painkiller abuse through public education campaigns and has worked with the State to create an improved Prescription Drug Monitoring Program.

Because of these efforts, today, life expectancy in New York is 29 months longer than it was before Mayor Bloomberg took office.

A native of Tampa, Attorney General Bondi is focused on protecting Floridians and upholding Florida's laws and the Constitution. Since taking office in 2011, Bondi has worked to rid Florida of deadly synthetic drugs; focused attention on the problem of human trafficking; strengthened penalties to stop pill mills; and, addressed the problem of newborns exposed to the prescription drugs their mothers abused.

Under Attorney General Bondi's leadership, Florida has made great strides in fighting the prescription drug abuse problem. When she took office, approximately seven people were dying every day as the result of prescription drug overdoses. Attorney General Bondi worked to rid the state of the pill mills that were once a primary source for prescription drug diversion in the Eastern United States. Within two years after making it one of her priorities, Florida saw a decrease in prescription drug deaths for the first time in nearly a decade.

Learning Objectives:

1. Analyze the successes of the Mayor's Task Force on Prescription Painkiller Abuse to prevent the abuse and misuse of prescription drugs.
2. Outline the Emergency Department prescription guidelines adopted by New York City in January 2013.
3. Define the initiatives of Florida's attorney general in limiting the reach of prescription drug abuse.

12:30 pm – 1:30 pm **Lunch and Exhibits**
International Ballrooms I & II

1:30 pm – 2:45 pm **Third-Party Payer Track: A Tale of Two Companies**
National Ballroom C

Moderator: Alix Michel, JD, Shareholder and Attorney, Litigation Section, Chambliss, Bahner & Stophel

Presenters: Jim Andrews, Senior Vice President, Pharmacy Services, Healthcare Solutions; Michael Gavin, Chief Strategy Officer, PRIUM; Ronald A. Mazariegos, Claim Executive, Arrowpoint Capital; and Dave Smith, Divisional Vice President, Risk Management, Family Dollar Stores

Industry research shows that employers and insurers spent over \$1.4 billion on narcotics for workers' compensation in 2012. However, a 2009 study (Franklin et al, *Clinical Journal of Pain*, Dec. 2009) found that less than a third of patients taking opioids for low back pain improved by at least 30% in pain function; even fewer (16%) saw improvement in functionality.

In this session, attendees will hear from two companies who used early intervention and utilization management programs to better manage claimant utilization while reducing drug expenditures. You will learn when to deploy clinical tools (cognitive behavioral therapy, functional restoration, opioid weaning, and/or detox or addiction treatment) and medical/legal strategies like utilization review, independent medical exams, direction of care, and physician depositions to make sure injured employees do not continue to receive drugs they don't need.

Learning Objectives:

1. Evaluate opioid management methods available to employers.
2. Analyze how and when to leverage clinical tools and medical and legal strategies to curtail abuse of prescription drugs.
3. Describe the importance of collaboration between workers' compensation payers and pharmacy benefit managers.

1:30 pm – 2:45 pm

Clinical Track: The Innocent Victims: Neonatal Abstinence Syndrome (NAS)

Royal Dublin A & B

Moderator: John L. Eadie, Director, Prescription Monitoring Program Center of Excellence, Brandeis University

Presenter: Dr. Michael Hokenson, Assistant Professor, Pediatrics, The Ohio State Wexner Medical Center; and Carla Saunders, Advance Practice Coordinator, Pediatrix Medical Group at East Tennessee Children's Hospital

According to the American Academy of Pediatrics (AAP), 55% to 94% of infants exposed to opioids in utero experience withdrawal or NAS. These babies' first experience in this world will be one of significant suffering with their first days, weeks, and months wrought with uncontrollable tremors, inconsolable crying, stomach cramps, vomiting, diarrhea, blistered and bleeding bottoms, fevers, sweating, rapid breathing, uncoordinated and ineffective sucking, poor feeding, and tight muscles. The very act of comforting these newborns can cause over-stimulation which can further aggravate their symptoms.

Infants with NAS have higher rates of neonatal complications, prolonged lengths of stay and consume substantial NICU and hospital resources. Further, they impose a growing burden on already strained healthcare resources because state Medicaid expenditures are disproportionately impacted. This session is designed to educate clinicians and prescribers on the affects of NAS and offer solutions on how to effectively treat these patients while raising awareness for prevention.

Learning Objectives:

1. Identify the scope of babies affected by NAS with statistics and research.
2. Evaluate treatment programs around the country that work to care for babies with NAS.
3. Build solutions for clinicians to treat babies with NAS.

1:30 pm – 2:45 pm

Pharmacy Track: The DEA Regulations

Royal Melbourne A & B

Moderator: LCDR Christopher Jones, Prescription Drug Overdose Team, Division of Unintentional Injury Prevention, Centers for Disease Control and Prevention

Presenters: Chris Angel, President and Co-Founder, Great Lakes Clean Water Organization; Phil Burgess, Chair, Illinois State Board of Pharmacy; and Scott Cassel, Chief Executive Officer and Founder, Product Stewardship Institute

SAMHSA's 2009 National Survey on Drug Use and Health found that more than 70 percent of those using prescription pain relievers for non-medical purposes got them from friends or relatives. Sadly, more people die from drug overdoses than from motor vehicle accidents. Drug take-back programs that properly dispose of leftover and expired medications is a critical approach to preventing prescription drug abuse. Providing individuals with a secure and convenient way to dispose of medications will also reduce the amount of pharmaceuticals entering our environment and polluting our waterways.

In December 2012, the Drug Enforcement Administration (DEA) released proposed regulations to implement the Secure and Responsible Drug Disposal Act of 2010. The proposed rule allows the public to dispose of controlled substances at retail pharmacies and other authorized locations. This session will feature an overview of national pharmaceutical take-back efforts and the proposed DEA rule, a successful pharmacy take back program (Yellow Jug Old Drugs), and the role of retail pharmacies in anticipation of the change in the DEA rule.

Learning Objectives:

1. Identify the basis and effects of the proposed DEA regulations.
2. Lay out the impact of the proposed regulations.
3. Construct a plan of action to implement the DEA regulations and pill take-back programs in the attendees' community.

1:30 pm – 2:45 pm

Treatment Track: SAMHSA's Tools for Treatment

National Ballroom D

Moderator: CDR Jinhee Lee, Public Health Advisor, Division of Pharmacologic Therapies, Center for Substance Abuse Treatment, SAMHSA

Presenters: Dr. Melinda Campopiano, MD, Medical Officer, SAMHSA; and Suzanne Fields, MSW, KICSW, Senior Advisor to the Administrator on Health Care Financing, SAMHSA

The Office of National Drug Control Policy (ONDCP) found that the total spent on drug abuse treatment in 2011 was \$8.9 billion. According to the Affordable Care Act of 2012 (ACA), comprehensive health insurance reforms were established that will make health insurance available to many more people, lower health care costs, guarantee more health care choices, and enhance the quality of health care for all Americans. The ACA includes substance use disorders as one of the 10 elements of essential health benefits.

In this session, attendees will learn tools for treatment that have been established by SAMHSA and how the ACA will make it possible for millions of Americans, many in or seeking recovery, to be included in the healthcare system for the first time. A discussion on medicated-assisted treatment will follow, including a treatment toolkit which participants can implement in their community.

Learning Objectives:

1. Identify SAMHSA's tools for treatment.
2. Identify the methods for medicated-assisted treatment.
3. Analyze the ACA and its effect on access to treatment.

1:30 pm – 2:45 pm

Education & Advocacy Track: Overview of Federal Policies

International Ballroom III

Moderator: Michael C. Barnes, Attorney, Policy Advisor, DCBA Law & Policy and Founder and Interim Executive Director, Center for Lawful Access and Abuse Deterrence

Presenters: RADM Dr. Peter Delany, PhD, LCSW-C, Director, Center for Behavioral Health Statistics and Quality; Diane Luensmann, Director of Communications, The Office of Congressman Nick J. Rahall II; and Megan O'Donnell, Legislative Director, The Office of Congressman Harold "Hal" Rogers

According to the SAMHSA, more than 650,000 visits to the emergency department in 2010 were due to misuse or abuse of prescription painkillers (about half). Data from the CDC indicates that unintentional overdose deaths involving opiate analgesics now exceed deaths from cocaine and heroin combined. Motor vehicle traffic deaths have been surpassed by drug poisoning deaths almost everywhere in the United States. No community is immune from the rampant growth of prescription drug abuse. Reactions to the root causes and direct impacts of abuse – whether through prevention, treatment or education initiatives – are varied.

This session begins with an overview of latest results from the several national data systems including the National Survey on Drug Use and Health (NSDUH), which includes national and state-level data on the non-medical use of prescription drugs; the Drug Abuse Warning Network (DAWN), which includes information on emergency department (ED) visits resulting from substance use, misuse and adverse actions to drugs; and the Treatment Episode Data Set (TEDS), which provides information on characteristics of individuals admitted for substance abuse treatment.

During an interactive session that follows, attendees will be able to ask questions of staff members of The Congress of the United States as a follow-up to the Congressional panel from the morning's General Session. The presenters will provide an overview of the many federal policies that have been implemented or are currently being debated in Congress. The presenters will also discuss strategies to engage their Member of Congress in this issue, as well as the Member's staff.

Learning Objectives:

1. Analyze current legislation being debated in Congress relating to prescription drug abuse.
2. Describe recent legislation Congress has enacted and its impact.
3. Identify resources to advocate for change, with specific focus on federal policies.

1:30 pm – 2:45 pm

Law Enforcement Track: Two Unique Approaches

National Ballrooms A & B

Moderator: Jackie L. Steele Jr., JD, Commonwealth Attorney, 27th Judicial Circuit, Kentucky, and Board Member, Operation UNITE

Presenters: Dr. Gary R. Martin, Homicide Detective, Palm Beach County Sheriff's Office; and Jason Parman, Assistant U.S. Attorney, London, KY

According to the FBI, Rx drug abuse remains as the highest crime category for drug arrests. Out of more than 1.5 million arrests for drug offenses 315,000 of these arrests were due to Rx Drug Abuse. This represents over 860 arrests daily for Rx drug-related charges alone. In this session, participants will hear two unique approaches to securing arrests for Rx drug abuse violations.

One approach utilizes a community-based model for combating drug overdose deaths which employ collaboration between community groups and law enforcement. The discussion provides participants with a description of the various prevention and intervention strategies that make up the Palm Beach County Sheriff's Office.

The second approach is securing federal homicide charges for drug trafficking. Based on an overdose death in London, KY, a drug dealer surrendered a guilty plea and was sentenced to 327 months incarceration. Review of this case will highlight the substantial punitive impact of the prosecution compared to oxycodone distribution conspiracies that involve substantially greater quantities of controlled substances.

These case studies will outline how to build partnerships between various state and federal agencies can work to produce effective outcomes.

Learning Objectives:

1. Outline investigative priorities in building an overdose death prosecution.
2. State the benefit of building strategic cooperation between federal and state law enforcement agencies.
3. Demonstrate how law enforcement can work together with community prevention programs in investigations.

3:00 pm – 4:15 pm

Third-Party Payer Track: A Tale of Two States

National Ballroom C

Moderator: Joe Paduda, Principal, Health Strategy Associates

Presenters: Dr. Gary Franklin, Medical Director, Washington State Department of Labor and Industries; and Amy Lee, Special Deputy Commissioner, Policy and Research, Texas Department of Insurance, Division of Workers' Compensation

According to the Hopkins-Accident Research Fund Study, "workers prescribed even one opioid had average total claims costs four to eight times greater than claimants with similar claims who didn't get opioids." The country is suffering from over 475,000 Emergency Room visits per year attributed to the misuse of prescription drugs alone, according to the Centers for Disease Control and Prevention (CDC).

What do Texas and Washington State have in common? Both states have yielded positive results from regulatory and legislative efforts to control opioid use and abuse in the workplace. During this session, you will hear how Texas and Washington have employed unique, yet highly effective approaches. Texas has utilized the Texas Closed Formulary, which requires physicians to obtain pre-authorization before prescribing opioids. Washington State passed guideline-driven legislation requiring doctors with patients receiving more than 120 morphine equivalent doses for six months, to refer patients to pain specialists and order drug testing as well as psychological

screening for dependency and addiction. Attendees will learn how to implement these regulatory and legislative efforts in their own states.

Learning Objectives:

1. State what is needed to pass regulations and legislations to control opioid use.
2. Analyze different approaches to determine what would work in their jurisdiction.
3. Formulate ideas you can implement in your home states.

3:00 pm – 4:15 pm

Clinical Track: Risk Reduction: SBIRT, Abuse Deterrent Formulations and Hepatitis C
Royal Dublin A & B

Moderator: Dr. Gayathri Dowling, PhD, Branch Chief, Science Policy, Office of Science Policy and Communications, National Institute on Drug Abuse

Presenters: Dr. Melinda Campopiano, MD, Medical Officer, SAMHSA; Dr. Jag Khalsa, Chief, Medical Consequences Branch, DPMC, National Institute on Drug Abuse, NIH; and Dr. Douglas Throckmorton, MD, Deputy Director for Regulatory Programs in the Center for Drug Evaluation and Research, FDA

According to the CDC, 3.9 million Americans suffer from chronic Hepatitis C (HCV). Recent reports indicate that there may be a re-emerging epidemic of HCV in 15 to 30-year-olds who have abused prescription opioid analgesics for non-medical purposes then transitioned to injecting illicit drugs. Although abuse deterrent opioid analgesics are intended to minimize abuse and diversion while providing effective pain control for appropriate patients, measuring and balancing these considerations are important challenges for the U.S. Food and Drug Administration (FDA).

In this session, attendees will hear of several comprehensive risk reduction measures that are being integrated to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. We will also summarize and share existing information about the epidemiology of HCV among this group, the scope of the problem, and formative research suggesting intervention strategies.

Learning Objectives:

1. Describe SBIRT and define its use to clinicians.
2. Investigate the use of abuse deterrent formulations.
3. State evidence of the emerging epidemic of Hepatitis C infection in youth transitioning from prescription drug abuse to injection drug use.
4. Outline solutions to reduce risk of Hepatitis by prescribers.

3:00 pm – 4:15 pm

Pharmacy Track: Policies and Laws for Pharmacists
Royal Melbourne A & B

Moderator: Peter VanPelt, RPh, Associate Director, Corporate Alliances, American Pharmacists Association

Presenters: Dr. Lynn Lafferty, PharmD, MBA, ND, CNC, CNHP, Assistant Professor, The College of Medicine, Nova Southeastern University; and Joel Thornbury, President, Kentucky Board of Pharmacy

According to the Office of National Drug Control Policy (ONDCP), from 1997 to 2007, the milligram-per-person use of prescription opioids in the U.S. increased from 74 milligrams to 369 milligrams, an increase of 402%. In 2000, retail pharmacies dispensed 174 million prescriptions for opioids; by 2009, 257 million prescriptions were dispensed, an increase of 48%. In 2010 in Florida, oxycodone caused or contributed to 1,500 deaths— seven deaths per day, according to the DEA.

In this session, participants will hear how states such as Florida and Kentucky, among others, have approved measures to detect and discontinue suspicious patterns of dispensing. Florida and Kentucky have enacted legislation banning physicians and clinics from dispensing oxycodone, approved additional legislation requiring mandatory utilization of the prescription drug monitoring programs and taken measures to shut down pill mills.

Learning Objectives:

1. Describe the relationship between federal law, state law, and other regulatory requirements pertaining to diversion.
2. Outline the variables to consider when constructing a strategy for diversion prevention, detection, and remediation.
3. Formulate an effective plan of action when diversion is discovered or suspected.

3:00 pm – 4:15 pm

Treatment Track: Neonatal Abstinence Syndrome: Treating Pregnant Women
National Ballroom D

Moderator: Amy Yates, Treatment Director, Operation UNITE

Presenters: Gail A. Bagwell, RN, MSN, CNS, Clinical Nurse Specialist for Perinatal Outreach, Nationwide Children's Hospital; Jackie Magers, Clinical Pharmacy Specialist – NICU, Nationwide Children's Hospital; Dr. Richard E. McClead Jr, MA, MHA, Professor and Vice Chairman, Department of Pediatrics, The Ohio State University; and Dr. Mona Prasad, DO, MPH, Medical Director of STEPP, The Ohio State University

Opioid use in pregnancy is not uncommon, and the use of illicit opioids during pregnancy is associated with an increased risk of adverse outcomes. According to *The Journal of the American Medical Association*, every hour a baby is born in the United States with symptoms of withdrawal from opiates.

In this session, attendees will learn the latest protocol standards for treating pregnant women when they are opioid dependent. Stigma affects all opioid-dependent patients to some degree, but prejudice toward those who become pregnant is especially high. Staff must provide patient care in a nonjudgmental way, conveying an understanding of the patient's fears and cultural or ethnic beliefs. We'll also discuss how pregnant patients in medicated-assisted treatment can have complex medical issues, as well as co-occurring mental health issues that require careful management.

Learning Objectives:

1. Explain how to screen pregnant women for opioid dependency.
2. Plan how to collaborate between the patient's OBGYN and addiction medicine specialist.
3. Define the standard of care for infants born to women who used opioids during pregnancy for NAS and other effects of opioid use.

3:00 pm – 4:15 pm

Education & Advocacy Track: Reducing Rx Abuse at the Community Level: A Comprehensive Coalition Approach
International Ballroom III

Moderator: Connie M. Payne, Executive Director, Statewide Services, Administrative Office of the Courts, and Board Member, Operation UNITE

Presenters: Mary E. Elliott, Vice President, Communications, Membership and IT, Community Anti-Drug Coalitions of America; and Craig L. PoVey, MSW, State of Utah Administrator, SAMHSA, and Chair, Utah Prevention Advisory Council

In 2010, two million people reported using prescription painkillers nonmedically for the first time within the last year—nearly 5,500 a day according to SAMHSA. According to the 2008 Behavioral Risk Factor Surveillance System (BRFSS), 90% of Utah residents reported obtaining a prescription pain medication, without a doctor's permission, from a friend or family member.

In this session, participants will examine the unique characteristics of prescription drug abuse and offer multiple strategies for developing a comprehensive approach to target an array of specific local conditions. Presenters will provide specifics about how their programs educate providers, patients, and the public to recognize and prevent pain medication-related harms. There will also be recommendations for utilizing the state prescription drug monitoring programs to identify risk factors for prescription pain medication overdose to potentially prevent deaths, and create medical treatment and quality care guidelines on prescribing opioids.

Learning Objectives:

1. Describe how coalitions can identify specific conditions in their communities.
2. Prepare comprehensive, evidence-based strategies to address the local conditions.
3. Demonstrate coalition capacity to prevent Rx Drug Abuse in their communities.

3:00 pm – 4:15 pm

Law Enforcement Track: Undercover Investigations
National Ballrooms A & B

Moderator: Tony Loya, Director, National Methamphetamine and Pharmaceuticals Initiative

Presenters: James Deater, Law Enforcement Education Coordinator, Atlantic Region, American Military University; and Brian Elliott, Detective, Frederick County Sheriff's Office

According to a CNN Report, prices for prescription painkillers sold illegally are creating a fast-growing street market for prescription painkillers. The street price for OxyContin is \$50 to

\$80 per pill, while Oxycodone sells for \$12 to \$40 per pill. In a pharmacy, both pills sell for \$6. With over 54,000 assaults on police officers in 2011 the demand for these drugs is fostering a dangerous environment for officers and prompting the need for alternative methods of investigation.

In this session, attendees will hear examples of building successful prosecutions while maintaining officer safety during undercover investigations. Methods that are being employed by Rx pill dealers in attempts to evade arrest and prosecution will also be discussed. Best practices will be outlined so attendees can apply them in their respective jurisdictions to build cases while maintaining officer safety.

Note: This session will be open only to current law enforcement officers and prosecutors to protect the integrity of ongoing cases. Attendees must show identification in order to gain access to this session.

Learning Objectives:

1. Describe methods Rx drug dealers and “pill-mill doctors” are using to evade prosecution.
2. Identify safety concerns for officers dealing with Rx drug dealers.
3. Plan undercover strategies that you can implement in your jurisdictions.

4:30 pm – 5:30 pm

General Session: Prevention and Prosecution

National Ballrooms A & B

Moderator: Karen Kelly, CEO, Operation UNITE

Presenters: Frances M. Harding, Director, Center for Substance Abuse Prevention (CSAP) of the Substance Abuse and Mental Health Services Administration (SAMHSA) ; and Joseph T. Rannazzisi, Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration

Director Harding serves as Director of CSAP and is recognized as one of the nation’s leading experts in the field of alcohol and drug policy. Director Harding also serves as the lead for SAMHSA’s Strategic Initiative on the Prevention of Substance Abuse and Mental Illness, which will create prevention prepared communities where individuals, families, schools, faith-based organizations, workplaces, and communities take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide.

Mr. Rannazzisi is a career Special Agent who held positions that included Clandestine Lab Coordinator, Task Force Group Supervisor (Detroit Field Division), Assistant Special Agent in Charge (Detroit Field Division), Section Chief (Dangerous Drugs and Chemical Section) and Deputy Chief (Enforcement Operations). Mr. Rannazzisi is responsible for overseeing and coordinating major pharmaceutical, precursor chemical, clandestine laboratory and synthetic drug investigations; the drafting and promulgating of regulations; establishing drug production quotas; and serves as liaison to the pharmaceutical industry, international governments, state governments, federal agencies, and law enforcement agencies.

Learning Objectives:

1. Outline how to improve access and quality of care through strategic planning and community-wide coordination with local, state, and federal agencies.
2. Identify opportunities for collaborative partnerships to prevent prescription drug abuse.
3. Examine reasons for the increasing rate of diversion and abuse of prescription drugs.

5:30 pm – 6:30 pm

Reception and Exhibits

International Ballrooms I & II

6:30 pm – 8:00 pm

**‘Relax on the Lawn’ Reception Sponsored by WestCare Foundation and Standard Process
*Ballroom Commons***

Join us for an evening of entertainment and a relaxing cookout to finish your second day at the Summit. Plenty of food and opportunities to compare notes on what was discussed during the day!

Thursday, April 4

7:00 am – 11:00 am **Registration Open**
Rotunda

7:00 am – 8:30 am **Breakfast and Exhibits**
International Ballrooms I & II

8:30 am – 9:30 am **Prescription Drug Monitoring Program Workshop: New PDMP Developments**
International Ballroom III

Moderator: John L. Eadie, Director, Prescription Monitoring Program Center of Excellence, Brandeis University

Presenters: Marty Allain, Director, INSPECT; Josh Bolin, Government Affairs Director, National Association of Boards of Pharmacy; and LCDR Christopher M. Jones, PharmD, MPH, Prescription Drug Overdose Team, Division of Unintentional Injury Prevention, Centers for Disease Control and Prevention

According to the National Alliance for Model State Drug Laws (NAMSDL), in 2004, only 22 states had enacted legislation to implement a PDMP. By 2010, the number of states with PDMP laws rose to 42. Today, every state except one has enacted legislation to implement a PDMP. However, these programs must continue to evolve in order to enhance access to data and assist clinicians in reducing prescription drug abuse. In this session, we will discuss the new PDMP developments that are currently underway to integrate data and the impact these laws are having on prescribing practices and the prescription drug abuse issue.

Learning Objectives:

1. Explain a Prescription Drug Monitoring Program (PDMP).
2. Investigate the efficiency and effectiveness of state-level programs to make improvements.
3. Outline strategies to enhance collaborations with law enforcement, prosecutors, treatment professionals, the medical community, pharmacies, and regulatory boards to establish a comprehensive PDMP strategy.

8:30 am – 9:30 am **Military Workshop: Becoming a Leader in Your Community**
National Ballroom C

Moderator: Dr. Judi Kosterman, Senior Vice President, WestCare Foundation

Presenters: Fred Wells Brason II, CEO, Project Lazarus; Lt. Col. Dr. Anthony Dragovich, Chief of Anesthesia and Pain Medicine Services, Womack Army Medical Center; and Brigadier General Rebecca Halstead (ret.), CEO, Steadfast Leadership

The United States Army is taking action to help wounded soldiers avoid the added crisis of a prescription drug addiction. Alternative treatment options are now being employed to help veterans are getting back into the field with the help of new programs and technologies developed to improve function without the use of opioids. In this session, we will discuss many of these alternative treatment options, as well as hear first-hand from a soldier who was able to end her use of prescription medication through a holistic, whole-food-nutrition-based approach.

Community coalition groups provide a unique opportunity to interact and assist returning soldiers and veterans who struggle with prescription drug abuse. Learning how to cultivate these partnerships is key to making an impact in the community. In this session, you will hear how Project Lazarus has undertaken the responsibility to join with the military to help affected soldiers and veterans in their fight against prescription drug abuse.

Learning Objectives:

1. Outline available treatments offering pain therapy without the use of addictive medications.
2. Describe whole-food-nutrition-based approaches to treating pain.
3. Investigate the integration of partnerships across the Department of Defense and civilian medicine.

8:30 am – 9:30 am **Successful Strategies for Community Change Workshop: Part 1**
National Ballroom D

Moderator: Nancy Hale, Assistant Project Director, Operation UNITE Service Corps (AmeriCorps) Program

Presenters: Dr. Andrew Kolodny, President, Physicians for Responsible Opioid Prescribing; and Dr. Sarah T. Melton, Associate Professor of Pharmacy Practice, Gattton College of Pharmacy

There are multiple ways to get involved to help your community fight prescription drug abuse. This session will discuss two ways to get involved through state and federal “grassroots advocacy” opportunities. The two strategies discussed include supporting policy changes by the FDA and incorporating education of addiction into the healthcare curriculums in Colleges of Medicine, Dentistry, and Nursing.

Learning Objectives:

1. Investigate grassroots advocacy strategies to get involved to limit prescription drug abuse.
2. Investigate the effectiveness of adding addiction education into healthcare curriculums.
3. Outline strategies to coordinate efforts between community advocates and clinicians to stop prescription drug abuse.

8:30 am – 11:45 am

Idea Exchanges

Idea Exchange is the Summit’s newest platform, debuting at the 2013 National Rx Drug Abuse Summit. The Idea Exchange is designed to go in-depth on challenges impacting Rx drug abuse. These sessions are designed around peer learning and actively encourage participation from each attendee. Moderators are available to guide the discussion but the real learning comes from the ideas generated from attendees.

8:30 am – 10:00 am

Idea Exchange: Appalachia: Coordinating Ideas

National Ballroom A

Moderator: Diane Luensmann, Director of Communications, The Office of Congressman Nick J. Rahall II

Appalachian states have been hit especially hard by prescription drug abuse. Come join a conversation with Diane and other attendees about how Appalachian States can strategize and collaborate together.

8:30 am – 10:00 am

Idea Exchange: Neonatal Abstinence Syndrome

National Ballroom B

Moderator: Carla Saunders, Advance Practice Coordinator, Pediatrix Medical Group, East Tennessee Children’s Hospital

One baby every hour is born experiencing problems when withdrawing from exposure to narcotics. Implementing a public health approach to help pregnant women is vital to this issue. Participate in this Idea Exchange hosted by Carla Saunders as she engages participants in sharing the trends and best practices being implemented across the country.

9:45 am – 10:45 am

Prescription Drug Monitoring Program Workshop: New Focuses for PDMP’s Efforts

International Ballroom III

Moderator: John L. Eadie, Director, Prescription Monitoring Program Center of Excellence, Brandeis University

Presenters: CDR Jinhee Lee, Public Health Advisor, Division of Pharmacologic Therapies, Center for Substance Abuse Treatment; Mike Small, Department of Justice Administrator II, California Department of Justice, and Manager, CURES Prescription Drug Monitoring Program; and Len Young, Epidemiologist, Massachusetts Department of Public Health

As each state adopts their own version of the PDMP, opportunities for new focuses for PDMPs must be undertaken in order to increase the effectiveness of these programs. This session will outline best practices for the PDMP to notify prescribers who are frequently visited by doctor shoppers. We will also discuss the evaluation of high volume prescribers and deaths of patients by the media.

Learning Objectives:

1. Outline strategies to enhance existing programs’ abilities to analyze and use collected data to identify drug abuse trends.
2. Explain how to enhance existing programs’ ability to analyze and use collected data.
3. Outline new opportunities for PDMP to effectively identify doctor shoppers.

9:45 am – 10:45 am **Military Workshop: Lessons Learned from the U.S. Army's Pain Management Task Force**
National Ballroom C

Moderator: Col. Kevin Galloway, Chief of Staff, U.S. Army Pain Management Task Force

Presenters: Dr. Rollin Gallagher, Co-Chair, Pain Management Work Group, Department of Defense and Veterans Affairs Health Executive Council, Deputy National Program Director for Pain Management, Veterans Health Administration

New approaches to pain management are currently underway thanks to the U.S. Military's Pain Management Task Force. Best practices from the Task Force emerged with focuses on replacing pain medication with alternative remedies such as acupuncture, along with teaching soldiers coping mechanisms for pain. In this session, we will discuss many of those remedies and provide an overview for how they can be implemented in your community.

Learning Objectives:

1. Tell an overview of Pain Management Task Force
2. Outline similarities and differences with pain management challenges facing Department of Defense and Veterans Health Administration
3. Identify best practices of pain management alternatives from the Pain Management Task Force.

9:45 am – 10:45 am **Successful Strategies for Community Change Workshop: Part 2**
National Ballroom D

Moderator: Nancy Hale, Assistant Project Director, Operation UNITE Service Corps (AmeriCorps) Program

Presenters: Fred Brason II, CEO, Project Lazarus; and Connie M. Payne, Executive Officer, Statewide Services, Administrative Office of the Courts, and Board Member, Operation UNITE

Community coalitions have more approaches to combat prescription drug abuse today than ever before. In this session, we will discuss important tools for empowering communities to protect their health. Two of the strategies will include naloxone, an FDA-approved antidote that reverses an opioid overdose, and how communities and Drug Court systems can partner for long-lasting change.

Learning Objectives:

1. Outline strategies for community coalitions to protect their health.
2. Explain the role naloxone can play as part of a comprehensive overdose prevention program.
3. Outline the considerations and partnerships that must be made in the early stages of planning and implementing an Adult Drug Court.

10:15 am – 11:45 am **Idea Exchange: Appalachia: Policy Issues**
National Ballroom A

Moderator: Diane Luensmann, Director of Communications, The Office of Congressman Nick J. Rahall II

Several Appalachian states are leading the fight against prescription drug abuse by enacting substantial legislation to curtail abuse. Participate in this Idea Exchange as we discuss these strategies and brainstorm how to take the next step in implementing future policies.

10:15 am – 11:45 am **Idea Exchange: Teenagers and Addiction**
National Ballroom B

Moderator: Michelle Lipinski, MEd, Principal, Northshore Recovery High School, and Founder, icanhelp

The National Institute on Drug Abuse tells us that most addictions start during the teenage years. Teenagers often view Rx drugs as non-risky, which ultimately leads to dangerous behaviors and addiction. Come join Michelle Lipinski as we discuss how to raise awareness and increase risk perception during the adolescent years.

11:00 am – 12:00 pm **Prescription Drug Monitoring Program Workshop: PDMP Coordination with Third-Party Payers**
International Ballroom III

Moderator: John L. Eadie, Director, Prescription Monitoring Program Center of Excellence, Brandeis University

Presenters: Chris Baumgartner, Program Director, Washington State Prescription Drug Monitoring Program; Alex Swedlow, Executive Vice President, Research, California Workers' Compensation Institute; and Bruce C. Wood, Associate General Counsel and Director, Workers' Compensation, American Insurance Association

Comprehensive, well-designed PDMPs can serve a critical role in thwarting prescription drug abuse, as well as illegal drug diversion. It is essential for there to be broad access to PDMP data – by those with a legitimate purpose in such data – and as essential for PDMP programs to actively monitor their databases for suspicious activity, thereby providing a critical check on prescribers and dispensers and facilitating data-sharing.

Learning Objectives:

1. State the basis for broad access to PDMP database, including third-party payers.
2. Identify specific strategies to avoid risky prescribing to help physicians avoid trouble with their Boards or the DEA.
3. Outline approaches to data-sharing among states.

11:00 am – 12:00 pm Military Workshop: Beyond Medications: Military Medicine's Expansion of Pain Management Treatment Options

National Ballroom C

Moderator: Col. Kevin Galloway, Chief of Staff, U.S. Army Pain Management Task Force

Presenter: Col. Richard Petri, Director, Department of Defense's Center for Integrative Medicine and the Interdisciplinary Pain Management Center, William Beaumont Army Medical Center

The Department of Defense and Veterans Health Administration are facing unique challenges to pain management tactics that are not always easy to solve. Through the use of the U.S. Army Pain Management Task Force, new initiatives are underway to overcome limitations and bring about new approaches to medicine. In this session, you will hear many treatment options that are being utilized in the U.S. Military and learn how to apply them in civilian medicine.

Learning Objectives:

1. Outline strategies to provide community level support to soldiers and their families struggling with prescription pain addiction.
2. Plan how to establish a support group for spouses and children of military families.
3. Identify ways to leverage partnerships to impact your community.

11:00 am – 12:00 pm Successful Strategies for Community Change Workshop: Part 3

National Ballroom D

Moderator: Nancy Hale, Assistant Project Director, Operation UNITE Service Corps (AmeriCorps) Program

Presenters: Dr. Gary R. Martin, Homicide Detective, Palm Beach County (FL) Sheriff's Office; Karen Perry, Executive Director, NOPE Task Force; and Jennifer Weiss, Executive Director, Heroin Awareness Committee

Anyone can be a voice in their community for a cause they feel passionate about. All it takes is one person - one person's passion and commitment to the cause they are advocating for. This session will discuss how to coordinate between coalition groups and law enforcement to bring about effective change to the prescription drug abuse. We will also identify steps to take when prescription drug abuse turns to heroin use in your community.

Learning Objectives:

1. Plan tactics to form your advocacy group, what strengths to consider and how to select the right group of people to help with your mission.
2. Outline communication techniques for dialogue to ensure collaboration among your community.
3. Identify strategies to address heroin use in your community.

Continuing Education

The following Continuing Education credits are available to participants in the National Rx Drug Abuse Summit.
 Updated 3-14-13

Medicine Education Credits



In support of approving patient care, Creative Educational Concepts, Inc. (CEC) is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the healthcare team.

CEC designates this live educational activity for a maximum of 17.25 AMA PRA Category 1 Credits™. Statements of credit will be issued via e-mail within 30 business days.



Pharmacy Education Credits



Inquisit is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education.

The program will provide the designated ACPE Contact Hours stated below under program numbers listed below. Maximum contact hours 17.25.

Activity Title	Hours	UAN	Activity Type
U.S. Response to Rx Drug Abuse Epidemic	2.0	0232-9999-13-045-L04-P	Knowledge
Corresponding Responsibilities	1.25	0232-9999-13-046-L04-P	Knowledge
Technologies in Preventing Diversion	1.25	0232-9999-13-047-L04-P	Knowledge
Risk, Recognize, Resolve: Addiction in the Pharmacy Profession	1.25	0232-9999-13-048-L04-P	Knowledge
Realities of Addiction	1.0	0232-9999-13-049-L04-P	Knowledge
The Cost of Rx Drug Abuse	1.25	0232-9999-13-050-L04-P	Addiction
Forum of the Congressional Caucus on Prescription Drug Abuse	1.5	0232-9999-13-051-L04-P	Knowledge
Thought Leaders Perspective	1.25	0232-9999-13-052-L04-P	Knowledge
The DEA Regulations	1.25	0232-9999-13-053-L04-P	Knowledge
Policies and Laws for Pharmacists	1.25	0232-9999-13-054-L03-P	Application
Prevention and Prosecution	1.0	0232-9999-13-055-L04-P	Knowledge
Prescription Drug Monitoring Program Workshop Part 1	1.0	0232-9999-13-056-L03-P	Knowledge
Prescription Drug Monitoring Program Workshop Part 2	1.0	0232-9999-13-057-L04-P	Knowledge
Prescription Drug Monitoring Program Workshop Part 3	1.0	0232-9999-13-058-L04-P	Knowledge
Lessons Learned from the U.S. Military's Pain Management Task Force	1.0	0232-9999-13-059-L01-P	Knowledge
Right Drug, Right Test, Right Time	1.25	0232-9999-13-060-L01-P	Knowledge
Treating Pain	1.25	0232-9999-13-061-L04-P	Knowledge
A Tale of Two States	1.25	0232-9999-13-062-L04-P	Knowledge
Prescribing Practices	1.25	0232-9999-13-063-L04-P	Knowledge
Using Analytics to Track, Monitor and Reduce Costs	1.25	0232-9999-13-064-L04-P	Knowledge
The Innocent Victims: Neonatal Abstinence Syndrome (NAS)	1.25	0232-9999-13-065-L04-P	Knowledge
A Tale of Two Companies	1.25	0232-9999-13-066-L04-P	Knowledge
Cost Savings Strategies	1.25	0232-9999-13-067-L04-P	Knowledge
Successful Endeavors and Outcomes	1.25	0232-9999-13-068-L04-P	Knowledge
Risk Reduction	1.25	0232-9999-13-069-L04-P	Knowledge

Nursing Education Credits

This activity offers 17.25 contact hours.

Inquisit is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Inquisit is approved by the Florida Department of Health Board of Nursing as a provider of continuing education credits. Provider number 50-6692.

Inquisit is Iowa Board of Nursing provider 333 and 20.7 contact hours will be awarded for this program.

Social Worker Education Credits

This program is Approved by the National Association of Social Workers (Approval # 886550328-1765) for a maximum of 17 social work continuing education contact hours. This approval is not accepted in CA, MI, NC and WV.



Certified Counsel Education Credits

Inquisit is recognized by the National Board for Certified Counselors to offer continuing education for National Certified Counselors. We adhere to NBCC Continuing Education Guidelines. This program offers 17.25 hours. NBCC Provider Number 5973.

Healthcare Executives Education Credits

Inquisit is authorized to 17.25 hours of pre-approved ACHE Qualified Education credit for this program toward advancement or re-certification in the American College of Healthcare Executives. Participants in this program wishing to have the continuing education hours applied toward ACHE Qualified Education credit should indicate their attendance when submitting application to the American College of Healthcare Executives for advancement or recertification.

Human Resources Education Credits

This program has been submitted to the HR Certification Institute for Review.

Legal Education Credits

Pending approval for 20.7 hours for the Florida Bar.



NAADAC for Addiction Professionals Education Credits

Inquisit is a NAADAC Approved Provider, number 873. This activity awards a maximum of 17.25 contact hours.

Florida Licensed Mental Health Education Credits

This conference is approved by the Florida Board Of Clinical Social Work, Marriage And Family Therapy And Mental Health Counseling. Provider number 50-6692.

Addiction, Prevention, Criminal Justice Professionals: Florida Certification Board

Approved by the Florida Certification Board. Approval 5166-SE. Addiction, Prevention, Criminal Justice.

American Academy of Family Physicians Education Credits

Continuing Medical Education Credits have been applied for through the American Academy of Family Physicians and are pending approval.

Criteria for Completion

- Attend/participate in the educational activity and review all course materials.
- Complete the on-site CE form identifying the sessions you attended. Return this form to the conference registration desk at the conclusion of the conference.
- Complete the CE Declaration/Evaluation portal **within 10 days**. Instructions will be provided.
- Upon successful completion of the on-line portal your statement of completion will be presented to you for print.
- For pharmacists – your record will be uploaded to CPEMonitor.

For more information about Inquisit's CE program please contact: Eric Rice at erice@centertech.com or 606-657-3218.