

Oklahoma Department of Mental Health  
and Substance Abuse Services

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## **OVERDOSE AWARENESS DAY MARKED BY SIGNS OF PROGRESS; ODMHSAS RECEIVES THREE FEDERAL GRANTS TO BOLSTER PRESCRIPTION DRUG EFFORTS**

Today, Aug. 31, is International Overdose Awareness Day. It is a time to raise awareness of overdose and reduce the stigma surrounding addiction, something the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) has actively championed.

“Over the past several years, significant strides have been made in decreasing overdoses in Oklahoma,” said Terri White, ODMHSAS. “Fewer people are dying from prescription opioid-related deaths, but more still needs to be done.”

Oklahoma’s opioid death rate is still among the nation’s highest, but progress is evident.

The department has gained attention for its substance abuse prevention and treatment efforts; in particular, initiatives such as Take As Prescribed that focus on safe use, storage and disposal of prescription medications. This effort has included partnerships with other state agencies and communities, and has elevated discussion and understanding about prescription drug abuse.

Part of this initiative also involved training law enforcement to carry and administer naloxone to persons at risk of dying from an opioid overdose. Naloxone is a rescue medication that reverses the effects of opioid overdose and allows for transport to the nearest emergency room. To date, more than 2,000 law enforcement officers have been trained and over 40 lives have been saved. Naloxone is also available at numerous pharmacies statewide, including 115 Walgreens locations, four Economy pharmacies and others.

In fact, since 2013, when Gov. Mary Fallin and legislators approved \$1.2 million in funding for ODMHSAS to expand its prevention and treatment of prescription drug abuse and addiction, the State has seen many signs of improvement.

A statewide task force formed in 2013 developed the *Governor’s State Plan on Reducing Prescription Drug Abuse in Oklahoma*. Opioid prescribing guidelines; prescriber/dispenser training; disposal/storage methods; prescription monitoring program legislation; legislation on hydrocodone refill limits; naloxone legislation; and the first responder/law enforcement naloxone initiative that emerged from this plan have all been instrumental in reducing the prescription opioid overdose death rate.

In 2014, Oklahoma’s overdose deaths were at their lowest rate in seven years. Oklahoma was one of only 12 states that saw a decrease in the rate of drug overdose deaths from 2013-2014. In addition to

fewer Oklahomans dying from prescription opioids, past-year nonmedical use of prescription painkillers decreased from 8.1% in 2010 to 5.4% in 2015.

And the prescription monitoring system seems to be working. In 2012, Oklahoma ranked No. 4 in the nation for the highest rates of prescribed hydrocodone, oxycodone and other powerful painkillers in 2012 (with 128 painkiller prescriptions filled for every 100 people). Recently, several national studies have found some of the sharpest decreases in opioid prescribing since 2013 have occurred in Oklahoma and Texas.

The agency was also recently notified it will receive assistance with its efforts in the form of three federal grants to even “more aggressively address this issue in the future as we have done in the past,” White said. The grants, all from the Substance Abuse and Mental Health Services Administration (SAMHSA), will address medication-assisted treatment for prescription drug and opioid addiction, the state’s strategic prevention framework, and preventing prescription drug/opioid-related deaths.

White said the federal grants will bolster the agency’s programs in reducing overdose deaths, which she said are making a difference.

For more information about prescription drug abuse in Oklahoma, visit [www.TakeAsPrescribed.org](http://www.TakeAsPrescribed.org). The web site has valuable information about safe use, storage and disposal of prescription medications, and helps answer questions from the general public, prescribers and other community partners.

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