Showing Amendments

THE OKLAHOMA ACADEMY

2005 TOWN HALL

DRUGS

"LEGAL, ILLEGAL AND OTHERWISE"

TOWN HALL REPORT

NATIONAL EMPLOYEE DEVELOPMENT CENTER

OCTOBER 23-26, 2005

INTRODUCTION

The 2005 Town Hall considered the profound social, economic and personal health consequences of drugs of all forms: legal and illegal, harmful and helpful.

Our state has been a leader in implementing innovative programs dealing with drug courts, meth labs and re-use of prescription medicine. But necessity is the mother of invention and two of these programs arose out of desperate conditions.

This Town Hall does not limit its examination to that of drug abuse. We think it vital to consider policies to make prescription drugs more affordable, used more when helpful and used less when not. We recognize we are not merely consumers of drugs and that businesses in our state are becoming producers of biologics and other new medicines. Our future economic prosperity will benefit by being a global competitor in the field of biotechnology.

We want our children to be taught to live healthy and meaningful lives, free of dependence on drugs. When our citizens are trapped in the grip of drugs we want them to receive the right mix of treatment and punishment; if we do that, they can return to being healthy contributors to our society and we will expend our precious resources only for that purpose.

To these aspirations, we commit this Town Hall Report.

THE BIG PICTURE

The Town Hall began with a consideration of the "big picture": a proposition that is less about legal and illegal drugs, and more about the problems associated with helpful drugs and harmful drugs (recognizing that legal drugs could still be harmful).

Helpful Drugs. Town Hall resource materials point out that, based on National Institutes of Health treatment guidelines, the number of people being untreated for many diseases – such as hypertension, asthma and cholesterol – is quite large. The Town Hall considered this condition against the positive economic impact of pharmaceutical use by patients in increasing the labor supply through greater productivity, i.e., less sick time, greater worker longevity and reduced use of medical services. The under-use of medications has been identified as a cause of tens of thousands of heart attacks, strokes, deaths and hospitalizations. The compulsion to reduce the overall cost of prescription drugs and the economic cost of under-use of helpful drugs is therefore a contradiction.

The Town Hall examined factors which inhibit people from receiving the helpful drugs they need or want. Among the factors identified were:

- Lack of resources to pay for drugs. Poverty or lack of prescription drug insurance coverage were the principal forces at work.

- Affordability. While generic drugs in America are among the cheapest in the world, the prices for brand-name, patented drugs have been labeled as "intolerably high".
- Gaps in the delivery of health care. Aside from the lack of prescription drug insurance, the large population of Oklahomans without health and medical insurance coverage leads to undiagnosed/untreated conditions.
- Lack of awareness or education about illnesses and their treatment. Fear of adverse side effects, often fueled by advertising disclaimers, can discourage people from taking the medication they need. Patient confusion, incomplete description of symptoms by patients to healthcare providers and the unwillingness to use drugs as directed are other factors.
- Regulatory oversight or fear of civil or criminal liability can discourage physicians from prescribing certain drugs. For example, in the field of pain management, where abuses of painkillers has resulted in high-profile cases, doctors are underprescribing to avoid suspicion or leaving the field altogether because there is no accepted definition of what prescription practices are legitimate. Patient advocacy groups have surfaced in reaction.
- Intangible factors, such as cultural and religious bias, also play a part. Drugs can develop stigmas (Ritalin, for example).
- Managed care bureaucracy can inhibit the appropriate use of needed medications.

Harmful Drugs. The question of why people use harmful drugs has plagued society for ages. Illegal drugs are not reserved merely for the back alleys and flophouses; they pervade all levels of society and have enormous destructive impact.

Curiosity, experimentation and pleasure-seeking are natural human tendencies that lead to illegal drug use. Peer pressure in social groups where drug use is accepted is a common entry point and the desire to escape life's problems is a powerful cause. Social factors such as income play an important role, where people in lower economic classes and those from weak family support structures have a greater tendency for abuse of highly addictive drugs.

Illegal drug use is not limited to the recreational or thrill-seeking user; performance enhancing drugs (steroids for athletes; amphetamines for students) are also a concern.

Education as to the evils of use of illicit and harmful legal drugs is necessary, but hasn't eliminated the problem: alcohol and nicotine addictions persist in the face of several decades of educational programs. Genetic predispositions to addiction (e.g., alcoholism) require self-awareness to avoid succumbing to the disease.

Drugs may not be illegal or obviously harmful, yet have that effect. Culturally, we believe in medicating ourselves; the desire to feel better immediately is powerful and the belief that pills make this happen is ingrained. More constructive ways of coping or treatment may be better, but not as expedient. The prevalence of pharmaceutical advertising contributes to this perception. Drugs can also be used as a coping mechanism

for dealing with life's problems. Painkillers, while intended as helpful, can be harmful because they can be very addictive.

A number of prescription medications have become available for purchase without a prescription and the easy availability of these nonprescription medications can lead to misuse. Prior to Oklahoma's innovative methamphetamine law which restricted sales of pseudophedrines to behind-the-counter sales, the supply of meth was enabled by a low cost of entry into manufacturing. The unrestricted use of herbals, homeopathics and dietary supplements can be risky and prevent patients from seeking legitimate medical help.

Some Surprises. Town Hall participants learned a great deal from the Town Hall background document:

- Many were encouraged by how quickly and inexpensively the government intervened in the problem of methamphetamine labs via the restrictions on pseudophedrine purchases. This was countered by the surprising continued use of meth despite the constriction of supply.
- The tendency of Oklahoma in drug matters to incarcerate rather than treat individuals where the issue is primarily a disease was noted. The economic impact of incarceration versus treatment was emphasized and that so little money is spent on prevention versus punishment. The success of drug courts was of interest.

- The high incidence of crimes committed by persons under the influence of drugs and the failure of emergency room physicians to recognize symptoms of addiction. The connection of metal health to the commission of crimes was also mentioned.
- The number of prescribed drugs taken by most people. The role of advertising and prevalence of non-innovative "me-too" drugs were cited by some.
- That the leadership in pharmaceutical research and development was situated in Europe 50 years ago, but due to the high cost of drug development, and the high profitability available to American drug companies, Europe has ceded that role to the U.S. It was noted that minor changes in patents by drug companies can extend the lives and profitability of drugs that otherwise should go generic. The amount of time and money to patent and launch a new drug was also of interest. Many were surprised by the amount of tax dollars and university research devoted to drug development.
- Decriminalizing certain drugs may not be as revolutionary a concept as once believed.
- There is no current tracking system for individuals and their prescription drugs and medical history.

Areas for Oklahoma Leadership. Oklahoma's methamphetamine law restricting access to pseudophedrine was followed by 37 other states and federal legislation is pending.

Oklahoma is the first state in the nation to allow the responsible and transparent transfers of unused prescription medicine from nursing homes to charity clinics. Oklahoma provides the most drug court funding per capita than any other state.

There are other areas where Oklahoma can take the lead as well:

- More treatment programs should be pursued. The emphasis should be on treatment versus incarceration for cases stemming from drug addiction. A comprehensive study should be conducted to determine the cost/benefit of various policies that address the issues of drug abuse and treatment options versus incarceration. Drug courts should be adopted statewide.
- Immediate[DAB1] access to community-based substance abuse treatment services is the single most effective means to address addiction. Availability of these treatment services early in the disease process, prior to any criminal justice system involvement, is critical in improving outcomes and reducing costs to the state.
- Greater funding should be made for education programs to intervene with youths at risk for drug addiction and abuse.
- An open and honest discussion of the merits and harms of decriminalization of certain drugs.
- A voucher program should be considered as an alternative to “sampling” of medicines.

- Partnerships with tribal governments in all aspects of health care for Oklahoma citizens[DAB2].

PRESCRIPTION DRUGS

The increasing costs of prescription drugs is well documented. Higher drug costs (through higher prices and increased prevalence of usage), higher insurance premiums, higher taxes and the resulting reduction of government services in other areas pose a number of policy issues that government, private industry and consumers must address. As a philosophical matter, the Town Hall is incapable of consensus as to whether government has a moral responsibility to ensure that everyone has access to affordable prescription drugs. While government has had an historical role as a provider of health care for its citizens having the least, and while that role may have profound moral footing, the Town Hall could not conclude that there was a moral imperative to subsidize the cost of all prescription drugs for all citizens.

The allocation of scarce resources in a democratic, capitalist country is necessarily a political matter. Thus, providing greater benefits to help citizens purchase prescription drugs is a political, rather than moral, question. Justifications exist for improving the affordability and access to prescription drugs, but the extent of that benefit is dependent upon political will and economic realities. The extension of Medicare benefits to prescription drugs is an indicator of a degree of government acceptance of responsibility,

but that does not mean that government has assumed the responsibility to open those benefits to everyone.

Oklahoma's state government has a role to play in providing assistance in the purchase of prescription drugs. A healthier populace would reduce overall state healthcare expenditures and promote greater worker productivity, which would be realized in a higher state tax base. The state should continue innovative programs such as "Rx for Oklahoma", "Smart", "Insure OK Card" and assistance with insurance coverage premiums. However, these programs must be coordinated with federal programs so that Oklahoma is not at a competitive disadvantage to our neighboring states. The state could offer more advantageous purchasing power to make insurance coverage more affordable to small businesses offering prescription drug benefits to employees.

Businesses and insurers also have a role to play. Greater insurance coverage by companies is desirable and the state should offer incentives for companies to provide prescription drug benefits. Businesses which assume a larger role will contribute to a greater overall health of their employees as a whole that should aid in productivity of their workforce. In addition, businesses should consider offering wellness/preventative programs in order to drive down the cost of prescription drugs and the need for healthcare services. Even though increased prescription drug benefits provided by employers is a desirable thing, it must fit within an overall cost structure that does not damage the competitiveness of Oklahoma companies.

An example of a private business implementing an innovative practice benefiting itself as well as consumers was started in Newcastle. A pharmacist there has begun selling generics at $1.00 above cost, which has benefited many consitutents: the pharmacist, the community (through increased business activity from customers driving to Newcastle) and, most importantly, the consumer.

A number of specific policy proposals can be made that will result in cost-savings to consumers and the state. The proposals that should be considered include:

- "RPh Oklahoma", a proposal of the University of Oklahoma College of Pharmacy, aims to optimize health benefits, ensure the appropriate use of medications and devices and improve cost-effectiveness. Through a targeted and professional review of multiple medication regimens, patients can receive an assessment of their drug therapy to maximize their prescription drug benefits and achieve the most effective use of all drugs prescribed to the patient.
- Oklahoma Bureau of Narcotics to set up a computerized system of tracking all prescriptions of controlled substances. This system would immediately alert the pharmacist of the point of sale as to the number of doses of controlled substance the patient has recently obtained. The system would aid OBN in tracking the narcotic-prescribing habits of physicians as well as tracking narcotic abusing patients[DAB4].

- "E-Prescribing" which allows physicians to transmit prescriptions via the Internet to pharmacies; allows integration between pharmacists and physicians.
- Elimination of sample drugs in favor of vouchers. It is common in a physician's office for a patient to be offered free "starter" samples of prescription drugs when the patient begins on a new medication. Under a voucher program, in lieu of a physical sample, the physician gives a patient a voucher for a designated quantity of medication. The voucher for a trial supply is accompanied by a prescription and can be redeemed at any retail pharmacy. Undesirable effects result from sampling, including drug diversion (where samples are not used by the intended patients), no labeling, use of expired samples and improper influence on the physician's prescription judgment. Pharmaceutical company resistance may be encountered due to potential lost sales of sampled drugs, but drug companies could benefit from reduced costs of sampling. Caution must be exercised in the implementation in rural counties where vouchers may add a barrier to residents who must travel to obtain samples, although mailing samples to rural patients may be an answer.
- Use of tobacco fund proceeds to fund a prescription drug benefit.
- Launch an awareness campaign on wellness and preventative programs.
- Establish buying pools to achieve economics of scale for small businesses in the purchase of health insurance for employees.

- Encourage businesses to offer healthcare plans at cost to presently non-eligible employees.

OKLAHOMA'S BIOTECH INDUSTRY

The Town Hall considered not only issues around the use of drugs, but also the importance of drug discovery and manufacturing to our state. Oklahoma is rapidly becoming a significant participant in the expanding field of biotechnology. Biotechnology has been identified as a major field of economic growth for many states and Oklahoma must be competitive with those states.

For this industry to prosper in Oklahoma, there must be significantly more state expenditures in university, institutional and corporate research. The most broadly supported strategy for funding research is the research endowment called for by EDGE. Funding mechanisms include use of rainy day funds over several years, a statewide referendum for a temporary sales tax increase dedicated to fund the EDGE endowment (similar to MAPS in Oklahoma City, or Vision 2025 in Tulsa) or the sale and lease-back of state-owned assets (i.e., Grand River Dam Authority, Turnpike Authority, etc.) Organizations such as OCAST and i2e must become funded at the highest justifiable level.

Oklahoma's biotech companies require more venture capital than that currently offered in Oklahoma and must reach out to venture capital firms in California and Massachusetts,

where there is not a great urgency to invest in Oklahoma. To solve this problem, Oklahoma should consider increasing the available venture capital funds by requiring that state pension funds adopt a category for venture capital for .5% of total pension funds. This is a prior Academy recommendation.

The Greater Oklahoma City Chamber of Commerce has launched a strategic bioscience plan for the "Oklahoma Biotech Corridor", basically the area from Ardmore up I-35 through Norman, Oklahoma City to Stillwater. The plan represents four fundamental strategies that will be needed to take the region's bioscience cluster to the next level:

- Build the region's bioscience Research and Development base and encourage commercialization of bioscience discoveries;
- Develop and attract bioscience talent to the region;
- Grow a critical mass of bioscience companies by creating an environment in which such firms can start, grow and prosper;
- Build a bioscience image and market the region.

Efforts should be made to extend the Biotech Corridor Regional Plan as a statewide initiative.

One impediment to the growth and competitiveness of Oklahoma's biotech industry is "brain drain." A large number of the best and brightest students in Oklahoma leave Oklahoma either to attend college or to take a job after obtaining their degree. Creating

high paying research positions through investment in the biotech industry and expanding state-funded internship programs with these new companies will help keep those "best and brightest" in Oklahoma. Additional issues that must be addressed in order to keep Oklahoma's best and brightest and attract outside researchers businesses to move to Oklahoma are quality of life issues. These issues include improved K-12 education, expanded social and cultural opportunity, increased tolerance and easier direct flights to the coasts.

Other impediments mentioned were:

- Oklahoma's tax structure that penalizes capital investment;
- The poor self-image of Oklahomans (lack of knowledge of opportunities in Oklahoma);
- The politics of allocating any research endowment or venture capital funds.

One proposal is the creation of the Department of Applied High-end Research in Oklahoma, which would recruit 25-50 selected biotech researchers at nationally competitive salaries and establish top-end facilities, with the goal of attracting an additional $50 to 100 million of National Institutes of Health funding per year. The labs must become be self-sufficient through grants and/or private sector funding within 2-3 years. A rule of thumb is that two to four new biotech companies emerge each year for every $100 million of NIH funding.

IMPORTING MEDICINE

The reimportation of prescription drugs, while offering temporary relief in some cases, is not a preferred long-term plan for more favorable prescription pricing. There are also concerns whether a minimum quality standard could be enforced, which raises safety concerns. In addition to safety and standards concerns, the Town Hall questions the economic effects of drug reimportation on the U.S., its pharmaceutical industry, and other countries' drug-price control regimes. The causes of high drug prices, including regulatory costs and international price controls, must be addressed in ways that drug reimportation does not[DAB6].

Among[DAB7] the factors considered in the reluctance to adopt any reimportation plan were:

- The effect price controls have had in Europe's continued diminishment as a developer of new medicines.
- The importation of drugs is actually an importation of price controls, which we lack the political willpower to do directly.
- Importation may become moot through the independent decisions of the countries exporting the drugs. (Canada has already commenced steps to restrict exports.)
- Importation further exacerbates the motive of drug manufacturers to "make-up" lost profits in the United States.

- The effect of adoption may result in a miniscule reduction in need of affordable prescriptions and is purely a short-term solution.

A considerable, yet minority, view of the Town Hall was that the choice of purchasing reimported drugs is a personal one and the government should not legislate to protect citizens from themselves. This view believes that reimportation should be allowed to see if price reductions are actually realized. Additional safety controls such as legal mechanisms to redress injury and ensure manufacturer and supplier liability to consumers, limiting to reimporting rather than importing foreign drugs, tight regulation of shipping and handling; and strict FDA oversight. This view also held that allowing reimportation would provide the state with additional leverage in negotiating prices with drug manufacturers.

A clear consensus exists that if reimportation is allowed, it should be available to all consumers.

If implemented, the characteristics of an effective public policy on reimportation of prescription drugs are:

- Ensuring consumer safety;
- Accountability of manufacturers and suppliers;
- Relatively simple regulatory scheme;
- Ensuring quality of prescription drugs; and

- Education regarding risk.

The Town Hall felt that additional information was required to have a credible assessment of the governor's reimportation proposals. Additional information that is necessary includes:

- From what countries could Oklahoma import?
- Who is liable for faulty drugs (either due to manufacturing or shipping problems)?
- Will insurance pay for imported drugs?
- Restricted to US manufactured drugs or FDA approved labs elsewhere?
- Statistical verification for cost savings
- Can the State negotiate with pharmaceutical companies?

Greater study is required to assess all of these factors. The agency possessing the greatest expertise necessary to make a credible analysis and produce a report is the Pharmacy Board[DAB8].

RE-USE OF PRESCRIPTION MEDICINE

Oklahoma is the first state in the nation to allow the responsible and transparent transfers of unused prescription medicine from nursing homes to charity clinics. The program has been implemented in only one county of the state – Tulsa – where it has been very

successful, distributing an estimated $1 million of drugs to needy patients. The pilot program is limited in terms of drugs allowed and placement of unused drugs.

This program should be expanded to other Oklahoma communities. To do so would require an examination of aspects of the Tulsa program and whether those aspects are feasible statewide (i.e., use of volunteers, logistics for less urban areas). Proper professional oversight and management (conducted perhaps by the State Department of Health, county health departments or the Oklahoma Health Care Authority) would be required on a statewide basis. Additional issues for statewide implementation would be liability for volunteer physicians and pharmacists, the absence of charity clinics and pharmacies in rural areas and the need for screening of participants. Periodic evaluations and audits would be required to monitor safety and effectiveness. The program must be flexible to meet the needs of all areas; one size does not fit all.

To expand the program beyond Tulsa, an effective promotional campaign is necessary. Media coverage can help spread awareness of the benefits of this program. This campaign should be directed at participating pharmacies and doctors, as well as the general public. The legislature should consider appropriating seed dollars to launch this awareness campaign. If effective, it should be self-funding as Medicaid benefits are received by this program.

Efforts could be made to increase the program's effectiveness in rural areas. As a way to increase supply of recycled medicines for rural areas, the program could be extended to

prisons and hospitals. A process should be adopted, along with guidelines and requirements, for recognition or certification of charity pharmacies. A regional approach could be implemented to enhance effectiveness in rural areas. Mobile facilities are also an option for more effective distribution.

Beyond the Tulsa recycling program, other options are available. A deposit fee could be offered for the recycling of drug containers. A centralized bank or a regional distribution pharmacy could be established for participating communities.

SOCIAL AND LEGAL SANCTIONS

In our society, certain substances are legal (aspirin), some are controlled (antiobiotics) and some are illegal (cocaine). Some (alcohol) are legal, but their abuse is illegal. In other words, substances maybe "medicalized", "legalized" or "decriminalized".

Decriminalization/Legalization. The Town Hall was presented with "conservative" and "libertarian" positions that legalizing or decriminalizing drugs would reduce problems rather than create them. Opposing perspectives from physicians and religious leaders were presented that forecast more problems than ever. A country (Portugal) was profiled that is experimenting with decriminalization with mixed results.

No consensus surfaced at the Town Hall for decriminalization of drugs. The rationales given for this were:

- The expansion of "gateway" drugs;
- Expected reduction in workforce productivity;
- Concerns of unrestricted drug abuse and higher instances of addiction;
- Reduced opportunities to identify abusers of drugs;
- A "slippery slope" effect that leads to greater drug liberalization;
- Elimination of the punitive "hammer" function of the drug court; and
- Education and treatment are preferable options to decriminalization.

That decriminalization was not endorsed does not mean that reform of drug offenses was not favored. Penalties for certain drug offenses should be examined to determine their appropriateness, viewed from societal as well as economic interests. Too many people, particularly women, are in prison for drug offenses that are not a genuine threat to society. Economic justifications exist for reform, primarily the high cost of prosecuting and jailing offenders. These expenditures would be better spent on education and treatment of drug users.

Drug courts are an effective tool, in that they not only provide treatment for those with substance abuse problems, but also provide tools and resources for living a functional life.

Consideration should be given to mandatory counseling and other non-incarceration methods to address drug offenses, especially for those who are arrested for possession or use of drugs, versus those engaged in active and substantial distribution. One approach that was discussed was reducing the crime for possession of marijuana from a felony to a misdemeanor. Some cities in Oklahoma have made possession of a small amount of marijuana (less than one ounce) a ticket offense.

Several education and treatment programs were considered:

- Expansion of community-based substance abuse treatment services[DAB9];

- Programs such as “PAC” which seeks out those who need treatment for abuse;
- Increasing the number of juvenile drug courts;
- Encouraging faith-based counseling programs;
- Pre-marital counseling;
- Parenting classes for women receiving DHS benefits;
- Monitoring of prescription histories;
- Parent talking points;
- Partnerships between the schools and families for education on whole person health discussion.

Emphasis should be on intervening in the drug use among adolescents. By arresting the problem at younger ages, the chances of curbing overall drug use in the population is greatly improved.

Medicalization. In contrast with decriminalization or legalization, the concept of medicalization, where otherwise illegal drugs may be used for medicinal purposes if prescribed by a physician, can be appropriate. So long as proper safeguards are in place, such as a valid prescription of drugs which have undergone clinical trials to evaluate safety and efficacy, then medicalization of a drug could be a positive thing for patients. A valid prescription requires a legitimate doctor-patient relationship, which in turn requires a valid medical examination, diagnosis and conclusion that the drugs prescribed are for a legitimate medical purpose. Medicalization is considered a humane approach (especially for people with terminal illnesses) that on balance is beneficial to society. In fact, several

forms of opiates and amphetamines have already been medicalized and are in use by the medical community.

Proponents of adding marijuana to the list of drugs with legitimate medical applications make claims for its efficacy in the treatment of several diseases and conditions including cancer, glaucoma, multiple sclerosis and AIDS. If extremely addictive substances such as morphine can be prescribed for patients, then marijuana should be, if, based on clinical trials, it is proven to have beneficial medical properties superior to that of other options, such as marinol.

Although there was a general consensus in favor of medicalization, this view was not universal among all Town Hall participants. Some disputed the medicinal intent of use of the drugs and, even if proper intentions could be attributed to their use, believed that as an illegal drug should not be available, even for medical purposes.

Even if a drug is medicalized, caution must be observed. For example, OxyContin is a highly addictive pain medication which is quickly growing in use among adolescents in Oklahoma. In recent months, there have been numerous reports of OxyContin diversion and abuse in several states. Some of these reported cases have been associated with serious consequences including death.

Although we live in a democratic society and people have the right to choose what medications they use to treat their medical conditions, there still must be parameters to control and protect society.

The raising of public consciousness regarding issues surrounding medicalized drugs should be encouraged. This can be done through individual research, seeking information from medical experts and through public service campaigns.

A View of the Future. The Town Hall is hopeful that Oklahoma has a future in which the abuse of drugs is not a pervasive problem. In this world, we are focused on having a safe and healthy place to live. The key to achieving this goal is continued education, treatment and prevention. Education must begin at an early age and must not be dependent solely on government initiative, but must engage business, churches, schools, charitable organizations. But in the end this goal is realized only as citizens accept personal responsibility for their safe and healthy lives.

METHAMPHETAMINES

"Meth" has become the poster-child for drug abuse in Heartland states. Oklahoma is the first state in the nation to restrict the access to pseudophedrine, the key ingredient for making "meth." The pioneering legislative initiative has been replicated by at least 37 other states. The U.S. Congress based federal legislation on the Oklahoma law.

The Oklahoma law has been quite successful in attacking the manufacture of methamphetamines. But as successful as that law has been, it has simply disrupted and moved the manufacture of methamphetamines to other regions. The Oklahoma law was intended to reduce supply, not demand.

To address the problem of demand for methamphetamines in Oklahoma, there must be a comprehensive education campaign on the dangers of the drug. This campaign should start in schools at very young ages. The campaign would inform people of all ages about the physical and mental effects of methamphetamines, ice and other derivatives[DAB10], as well as the collateral consequences of methamphetamine use (e.g., felony conviction reduces career opportunity). The program should be creative, graphic, detailed and intense. It should explain why methamphetamines areis bad rather than generally saying "meth will kill you" or "drugs are bad." One effective poster showed the progression in appearance of a methamphetamine user.

The education of the public should extend past childhood through teens and continue with adults. Awareness must be raised as to the ingredients used in the manufacturing of methamphetamines, ice and other derivatives[DAB11] to help the public understand its disastrous impact on the human body. One panel suggested a large scale campaign including a state-sponsored one-hour TV program along with posters, TV commercials, training video and participation by the Attorney General's office.

Partnerships with community and faith based organizations could provide additional resources and opportunities to educate the public on the negative effects of methamphetamines.

The state should increase funding for use and or existing treatment facilities/programs, particularly community-based treatment services[DAB12], to assist addicts in recovering. The state should also develop and fund an education program on recognizing the signs of methamphetamine use and how to intervene with a meth user. This program would be mandatory for front line personnel such as school teachers, school nurses, school counselors, physicians and dentists. Further, the per capita number of school counselors should also be increased. One panel recommended a comprehensive program including:

- State-wide drug summit to educate teachers and other school personnel how to identify and report kids affected by methamphetamines.
- Annual training for school personnel and day care providers.

On the supply side several potential policy options were proposed, including:

- To increase financial penalties for vendors violating Oklahoma's existing laws governing the sale of pseudophederine;
- Defining methamphetamine as a schedule 1 drug;
- Compacting with neighboring states to adopt similar restrictions on pseudophederine;

- Encouraging the federal government to better control the trafficking of methamphetamines from foreign countries;
- Encourage drug manufacturers to use alternatives to pseudophederine;
- Expand the restrictions on pseudophederine to other meth ingredients;
- Aggressively work to interrupt supply lines through law enforcement; and
- Increase severity of penalties for manufacturing or distributing methamphetamines.

Any viable solution to the methamphetamine problem is going to require collaboration of multiple agencies/entities, including the Department of Health, Department of Mental Health, Attorney General, public schools and law enforcement.

Other policy options suggested or discussed by individual panels include:

- Creating voluntary treatment programs that allow meth users to seek assistance without fear of criminal implications;
- "De-felonizing" certain drug related activities to curtail the collateral consequences of methamphetamine use (i.e., employment difficulties because of felony conviction);
- Increased use of drug courts and mental health courts;
- Drug testing in schools;
- Encourage drug testing for hiring and employment purposes by providing incentives for business owners. This would include support for treatment

for employees and legal protection for businesses who terminate employees for drug abuse; and.

- Expansion of community-based substance abuse treatment centers.

ALCOHOL

Alcohol is the most problematic of products in that it is legally and socially sanctioned, but its abuse is life-threatening and many times, deadly. It was prohibited nationally at one time and Oklahoma had banned it for a period of time in its recent history.

In considering policy matters relating to alcohol, the Town Hall considered the perspectives of a former legislator, health officials, Native Americans, educators and the ideas of a nearby state, New Mexico.

Policies were considered to address alcohol-related problems. Among the policies discussed were:

- The evidence is that there is more trouble today with 18-21 drinking than ever before. There should be graduated penalties for purveyors of alcohol who violate laws prohibiting sales to underage children, ranging from minor penalties to loss of license and possible criminal penalties for willful violators. Accountability should be greater for retailers. A "three-strikes and you're out" policy could be adopted for retailers which sell to

minors, beginning with mandatory remedial training at strike one, intermediate penalties at strike two, then suspension of license after strike three. Retailers who have qualified employee training programs receive safe harbors from certain punishments. Fines paid shcould be earmarked for education and treatment programs.

- Increase the state stamp taxes onfor alcoholic beverages. Underage drinkers especially are moderated to a great degree by cost. Higher taxes will not cure all ills, but would have positive economic and social effects.
- Enforce and penalize with greater severity adult providers of alcohol to minors, including parents.
- Stricter measures for existing alcohol laws.
- Embrace anti-alcohol groups (MADD, SADD, etc.) to reinforce education campaign.
- Incorporate latest technology to curtail the use of fake IDs.
- Attack binge drinking. Adopt a "Two then you're through" campaign. Impose restrictions on happy hours. Oklahoma colleges and universities are toughening campus alcohol rules, the most publicized of which is the University of Oklahoma's recent ban of alcohol on campus residence halls or in sorority or fraternity houses after the death of a student last year from binge drinking.

While alcohol abuse is not limited to any age group, children should be considered a protected class deserving of greater vigilance and oversight to prevent mistakes that can

have lifelong effects. Among those policies discussed above that affect children peculiarly are those directed at sales of alcohol to minors, greater penalties for providing alcohol to minors and college binge drinking policies. Oklahoma has made progress in addressing these issues, but tougher provisions can be adopted.

Drug and alcohol abuse in the workplace must receive greater attention. Loss of productivity due to drug and alcohol abuse is a growing concern. Alcoholics and problem drinkers are absent from work four to eight times more than average while drug users are reportedly absent an average of five days per month. The National Council on Compensation Insurance reports that thirty eight to fifty percent of all workers' compensation claims are related to substance abuse. Under Oklahoma law, drug testing is permitted any time an employee has sustained a work-related injury or the employer has suffered property greater than $500.

Policies should be considered to educate employers as to drug and alcohol testing and treatment programs. Incentives should be considered for making it possible for small businesses to adopt such programs.

ALTERNATIVES TO INCARCERATION

Substance abuse, including both alcohol and illicit drugs, causes over $1.4 billion of expense in Oklahoma each year. The majority of these costs are related to safety and security issues (prisons, jails, prosecutions, etc.), and the contribution of substance abuse

to domestic violence/sexual assault and resulting child abuse and neglect. These costs are cash costs. These expenses are purchasing services, employing people and buying products. They are dollars not spent for schools, roads, bridges or the Oklahoma family. Some may be the "costs of doing business in a free society" – many are not.

Despite such significant advances as our drug courts, Oklahoma is still using its resources inefficiently by using incarceration as the primary technique to combat substance abuse.

TIn order to more efficiently allocate its resources in dealing with substance abuse, Oklahoma should shift more resources from high cost (low effectiveness) incarceration to lower cost (higher effectiveness) prevention/treatment programs. The most efficient use of resources appears to be the expanded use of drug courts and other substance abuse treatment programs[DAB18], particularly community-based services[DAB19]. Although Oklahoma leads the nation in per capita drug court funding, the program could and should be expanded. The increase in funding should mean more drug courts and better funding for existing drug courts. These drug courts not only provide treatment at a fraction of the cost of incarceration, but also equip participants with the tools and resources to function in the real world after the program ends.

In order to reduce recidivism of incarcerated drug users, Oklahoma should divert more funds to provide them with greater educational opportunities (high school GED, college credits and/or career tech). Particularly, efforts should be made to coordinate between Department of Corrections ("DOC") and State education system to ensure adolescents

and young adults who are incarcerated have the opportunity to complete their common education course of study after release.

DOC, in partnership with the Department of Mental Health and Substance Abuse Services and other state agencies, should develop and provide (to all persons incarcerated for drug possession or use) treatment during incarceration. The treatment programs should continue as part of any probationary term.

One of the most disturbing problems of incarcerating persons for drug use or possession is the difficulty of re-integrating into society. "Wraparound" and other evidence-based re-entry programs should behave been implemented that provide post-incarceration assistance in battling substance abuse and overcoming barriers to retaking a productive role in society. Mental health courts and hHalfway houses would further aid in the reintegration process.

Additional changes discussed were:

- Establishing more facilities operated like the Bill Johnson Correctional Facility, which is a multi-phase drug offender work camp program designed to break the cycle of drug abuse. This facility utilizes a military boot camp model combined with intensive drug treatment and a labor intensive work program to effect change by instilling personal responsibility and strong work ethics.

- Eliminate mandatory minimum sentencing for offenses of drug use and possession.
- State sponsored education program for judges and District Attorneys to ensure they understand the issues of recovery and treatment of substance abuse and mental illness[DAB24]..
- GPS technology for house arrest.
- Drug testing upon arrest for non-violent crimes with positive testers placed in community-based treatment/supervision programs that offer different levels of care to include outpatient, intensive outpatient, Alcoholics Anonymous, Narcotics Anonymous, and residential treatment centers in accordance with best practices.being immediately admitted to treatment centers with varying levels of care.
- Utilization and integration of faith based resources in rehabilitating prison inmates and working with troubled youths and their family.
- Mentoring and providing educational and emotional support to children of incarcerated persons to break this dysfunctional and destructive cycle.
- Expand parental responsibility for juvenile actions.

BEST PRACTICES

Several policies and/or practices would reduce the negative impacts of illegal drugs and alcohol on the workplace and school. Drug testing in the workplace should be encouraged as it appears to increase morale, decrease workplace accidents, reduce drug

use and significantly increase worker productivity. A successful testing policy has education and rehabilitation as cornerstones, rather than going directly to "no tolerance." One panel suggests drug testing be mandatory for employees who hold Class A commercial drivers licenses or who operate heavy machinery.

Oklahoma should implement a comprehensive state-wide "healthy living skills" program. The program would include courses taught as part of common education curriculum and would educate students on the dangers of alcohol and drug abuse. One panel suggested that courses should cover all areas of health, life skills and drug and alcohol abuse prevention. The course should be integrated into the 1st through 12th grades. taught beginning in eighth grade and going through senior year of college. The program shwould include parenting classes focused on teaching parents coping skills, developmental and child care issues, and drug and alcohol abuse prevention. Involvement of parents is integral to avoiding drug and alcohol abuse in children.

Other suggestions were:

- Require students and parents to sign contracts to uphold educational standards and promote accountability.
- Mandatory covenants between school and parents.

State-sponsored public service announcements that promote the abstention from drugs and alcohol would be beneficial. The ads should focus on hard facts related to drug and alcohol abuse rather than emotional aspects.

The state should encourage local communities and faith based organizations to assist in educating the public and influencing positive lifestyle changes. Immediate access to community-based substance abuse treatment services would complement school and workplace programs.

Additional proposals that were mentioned include:

- Vesting the ABLE Commission with the power to regulate 3.2 beer.
- Encourage school boards to implement policies with remedial measures for students who violate the respective policies, rather than "no tolerance."
- Mandate insurance coverage for drug and alcohol abuse treatment.