

SJR 20: Prescription Drug Abuse

A Roundup of National and State Activity on Opioid Abuse

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Background

Prescription narcotics have come under scrutiny in recent years, with studies drawing attention to misuse and abuse of the drugs. Studies also have shown that prescription drugs are responsible for a significant percentage of accidental deaths.

The drugs creating most concern involve so-called "opioids," which are synthetic versions of the opium poppy and produce effects similar to opium, including pain relief and sedation. Examples of prescription opioids include morphine, oxycodone, and hydrocodone.

As evidence of prescription drug abuse mounted in the past decade, national, state, and local officials undertook efforts to identify and reduce the problems of misuse, abuse, and diversion while trying to maintain access to the drugs for patients who have a legitimate need for them.

Montana has taken part in those efforts in recent years, and the 2013 Legislature continued that work when it passed Senate Joint Resolution 20. SJR 20 calls for an interim study of "strategies for reducing prescription drug abuse, particularly the use of opioid pain relievers for the treatment of chronic pain caused by conditions other than cancer or the treatment of cancer."

As background for the SJR 20 study, this briefing paper provides information on prescription drug abuse and recent responses to the problem.

Some Statistics

Studies abound on the effects of prescription drug abuse, both at the national and state levels. Uniformly, these studies have found that prescription drugs rank among the most-abused drugs, that overdose deaths from prescription drugs are a leading cause of accidental death, that many people obtain the drugs from medicine cabinets in their own homes or the homes of friends or relatives, and that young people view prescription drugs as a "safer" drug to abuse than illicit street drugs because the drugs are prescribed by health care professionals.

The studies include:

- the 2011 National Survey on Drug Use and Health, which surveyed about 67,500 people 12 years of age or older and reported that:
 - ▶ an estimated 6.1 million Americans, or 2.7 percent, had engaged in nonmedical use of prescription drugs in the previous year, down from previous years; and

- ▶ 54.2 percent of those individuals received the drugs for free from a friend or relative, with 4.4 percent of them taking the drugs without asking;
- a July 2013 Centers for Disease Control and Prevention report on deaths due to prescription painkiller overdoses, showing that deaths among women increased by more than 400 percent from 1999 to 2010, although men were still more likely than women to die from such overdoses;
- a Montana Department of Public Health and Human Services report concluding that 42 percent of the unintentional poisoning deaths from 2000 to 2011 in Montana were caused by narcotics and hallucinogens, with 91 percent of those deaths including the use of an opioid;¹
- the 2012 Montana Prevention Needs Assessment of youth in grades 8, 10, and 12, showing that 3.4 percent of respondents used prescription narcotics in the previous 30 days, down from 4 percent in 2010, and 9.7 percent used them at some point in their lives, down from 10.9 percent in 2010; and
- the 2011 Montana Behavioral Risk Factor Surveillance System survey, which found that:
 - ▶ 20 percent of Montana adults reported using an opioid pain medication in the previous 12 months, with 3.8 percent reporting they used an opioid that was not prescribed to them; and
 - ▶ 73 percent of those who took opioid medications said they had taken the drugs for pain other than prescribed, while 16.2 percent took the medications recreationally.²

A Concerted Response to the Reports

Numerous entities have undertaken initiatives in response to the studies and the on-the-ground experience of health care providers and law enforcement officers who see the effects of prescription drug abuse. The responses have some common themes, such as establishment of prescription drug monitoring programs and a need for health care providers to be aware of the potential problems with the drugs and to prescribe them responsibly.

But even when groups agree on the types of action needed, their approaches to the solutions often differ. For example, some groups support requiring health care providers to use state prescription drug monitoring programs before prescribing narcotic drugs or requiring them to obtain continuing education in order to be licensed to prescribe the drugs. Other groups believe prescribers should be encouraged to take those steps, but not be required to do so.

¹ "Unintentional Poisoning Due to Use and Misuse of Opioid Prescription Medication," Montana Public Health, Volume 8 Issue 2, Department of Public Health and Human Services, February 2013.

² Ibid.

Following are a few examples of proposals and actions by associations and regulatory officials.

- The Federation of State Medical Boards has developed and periodically updated model guidelines on the use of opioid painkillers and has encouraged state medical boards to adopt policies to promote the safe and effective treatment of pain patients. Among other things, the 2013 model policy calls for physicians to have legitimate patient-physician relationships with patients for whom they prescribe opioids, to carefully monitor response to treatment, and to take steps to prevent opioid abuse and diversion.
- The American Dental Association statement on the use of opioids in the treatment of dental pain encourages dentists to obtain continuing education on opioids, to recognize the inherent potential for abuse of the drugs, and to recognize their responsibility in preventing diversion of the medications.
- The American Medical Association recommends preventing abuse and diversion of the drugs through improved public health efforts, increased continuing education for physicians, availability of real-time information across state lines from prescription drug monitoring programs, and the use of drug courts as an alternative to incarceration for individuals who are addicted to the drugs.
- The National Governors' Association has recommended six strategies for states: making better use of prescription drug monitoring programs, enhancing enforcement efforts through better coordination and stronger laws, ensuring proper disposal of prescription drugs, taking advantage of the state's role as a regulator and purchaser of medical services, building partnerships among stakeholders, and using the bully pulpit for public education on the dangers of prescription drug abuse.
- Forty-nine states, including Montana, have enacted laws for prescription drug monitoring programs that allow prescribers to check the prescription histories of their patients.
- The Food and Drug Administration has taken several steps this year, including:
 - ▶ announcing in October that it will ask that hydrocodone be rescheduled under the Controlled Substances Act from a Schedule III drug to a Schedule II drug, which would make drugs containing hydrocodone more difficult to prescribe and refill;
 - ▶ announcing in September that it will:
 - ✓ change labeling requirements for long-acting painkillers to indicate they should be used only for patients with severe pain and no other treatment options; and
 - ✓ require drug companies to conduct studies on the long-term risks of taking the drugs; and
 - ▶ establishing standards in April 2013 for continuing education classes that certain drug companies must provide at no or low cost to prescribers in order to reduce

risks associated with extended-release and long-acting opioid painkillers. Such efforts are part of the FDA-required Risk Evaluation and Management Strategy (REMS) programs for certain drugs.

National Strategy on Prescription Drug Abuse and Related Montana Activities

The Office of National Drug Control Policy (ONDCP), created by Congress in 1988, advises the president on drug-control issues and coordinates federal activities and funding related to drug control. In 2011, the office called prescription drug abuse "the Nation's fastest-growing drug problem"³ and released a plan for action on four fronts: education, tracking and monitoring, proper medication disposal, and enforcement.

The strategies proposed in each of the four areas are summarized below by category, along with examples of recent Montana efforts in each category.

Education: The ONDCP plan calls education "a crucial first step" in fighting prescription drug abuse and proposed:

- parent and youth education, to dispel the belief that prescription drugs are less dangerous to abuse than other drugs;
- prescriber education, to make health care providers more aware of appropriate prescribing practices, ways to identify and treat addiction, and problems associated with diversion of prescribed drugs; and
- additional research, to develop pain treatments that don't involve the potential for abuse.

In Montana, then-Attorney General Steve Bullock focused on prescription drug abuse after taking office in 2009. Part of that initiative included a public education campaign called "Invisible Epidemic," which included TV, radio, and print ads, as well as a website that remains online today to serve as a resource for parents and law enforcement.

The Montana Pain Initiative also has held annual conferences that include discussions of appropriate pain management, responsible prescribing, and the potential for abuse of or addiction to prescription drugs. The group also provided copies of the book *Responsible Opioid Prescribing: A Physician's Guide* to 3,000 Montana prescribers in June 2008.

Tracking and Monitoring: The ONDCP plan calls for improving the functioning of state prescription drug monitoring programs through a variety of means, including:

- requiring that prescribers and dispensers be trained in appropriate use of state drug registries;

³ "Epidemic: Responding to America's Prescription Drug Abuse Crisis," Office of National Drug Control Policy, 2011, P. 1.

- continued federal funding for state programs;
- increased sharing of patient information among drug monitoring programs; and
- examining the possibility of reimbursing prescribers for checking state drug registries before writing prescriptions.

In Montana, the 2011 Legislature authorized creation of a prescription drug registry and placed the program under the Board of Pharmacy. The board subsequently awarded a contract for creation of the registry, which began accepting data in March 2012. In November 2012, prescribers and dispensers were able to begin checking the registry to see the prescription histories of patients. Currently, 20 percent of the health care providers who have access to the registry are using it. Work continues on making the registry easier to use, as well as on increasing the number of prescribers who use the registry.

The registry was funded primarily by federal grants obtained through the Montana Board of Crime Control. Health care providers who prescribe or dispense narcotic drugs must pay a \$15 fee, but the fee is set to expire on July 1, 2015.

Proper Medication Disposal: The ONDCP plan notes that in 2009, more than 70 percent of the people who reported using prescription pain relievers for nonmedical purposes obtained the drugs from friends or relatives. Calling the proper collection and disposal of the drugs "vital" to curbing abuse, the plan supported:

- continuation of so-called "take-back" programs operated by the Drug Enforcement Administration (DEA) and other federal agencies, to safely collect unused prescription drugs;
- increased public education about the disposal of unused prescription drugs; and
- private sector support of community-based programs for disposing of the drugs.

In Montana, national, state, and local law enforcement agencies have participated in "Operation Medicine Cabinet" by sponsoring periodic and well-publicized "take-back days" where people can turn in their unused prescription drugs. They also have established permanent drop-off locations in a number of Montana cities and towns.

Enforcement: The ONCDP plan calls for community-based solutions to problems involving practitioners who illegally prescribe or dispense prescription drugs and patients who are involved in "doctor shopping" or other drug-seeking behaviors. Suggested activities include:

- training high-need states in pharmaceutical crime investigation and prosecution;
- continuing aggressive enforcement actions against pain clinics and health care providers who are not prescribing the drugs for legitimate medical purposes; and

- expanding use of prescription drug monitoring programs to identify criminal prescribers and clinics and patients who appear to be seeking the drugs.

The Montana Department of Justice and the DEA have collaborated on drug diversion investigations in recent years. Then-Attorney General Bullock obtained a \$1.23 million federal grant in 2009 to create a six-person unit in the Department of Justice to investigate and prosecute prescription drug abuse.⁴ The Legislature has continued funding for the unit. The DEA also established a prescription drug diversion unit in Billings and is planning to create one in Missoula, as well.⁵

The 2011 Legislature also passed SB 210, to reduce "doctor shopping" by requiring a person to tell a prescriber or pharmacist if the person has received the same or similar drug or prescription from another source in the previous 30 days.

Could Montana Do More? Recent State Rankings

In October 2013, the National Safety Council and the Trust for America's Health both released reports assessing state efforts to reduce prescription drug abuse. Montana fell in the middle of the rankings.

The National Safety Council measured state activities in four areas: state leadership and action (creating plans or task forces for addressing prescription drug abuse); prescription drug monitoring programs; overdose education and prevention efforts; and responsible prescribing (regulations to deter pill mills, rules by state licensing boards on responsible prescribing, and requirements for prescriber education and prescriber use of prescription drug registries).

The council found that Montana met standards for state leadership and action and on prescription drug monitoring programs, but needed improvements in the areas of responsible prescribing and overdose prevention.

The Trust for America's Health measured state performance on 10 indicators involving prescription drug monitoring programs, responsible prescribing and dispensing, prescriber education, substance abuse treatment, and overdose prevention.

The organization found that Montana met the standards for doctor shopping and prescription drug monitoring programs and met some standards related to responsible prescribing and dispensing. The state failed to meet any of the group's standards related to substance abuse treatment and overdose prevention.

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⁴ "What We're Doing," Montana Department of Justice website, available at <https://doj.mt.gov/prescriptiondrugabuse/what-were-doing>, accessed May 15, 2013.

⁵ Interview with DEA Special Agent Dan Dunlap, June 10, 2013.