



# **Joint Committee on Mental Health and Substance Abuse**

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## **An Act Relative to Prescription Drug Diversion, Abuse, and Addiction**

February 2012

# **An Act Relative to Prescription Drug Diversion, Abuse, and Addiction**

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This packet is designed to provide some history, background and details regarding S. 2115, An Act relative to prescription drug diversion, abuse, and addiction.

- Pages 3-4 summarize the findings of the OxyContin and Heroin Commission Report, as well as Chapter 283 of the Acts of 2010.
- Pages 5-15 offer key data that best helped to define the problem we are tackling and shape the need for this legislation.
- Pages 16-30 explain what this legislation would accomplish
- Page 32 provides a listing of the various individuals and stakeholder groups consulted in the formation of this legislation

If you should have any additional questions regarding this legislation, or would like any supplemental information, please do not hesitate to contact my office at 617-722-1494.

Sen. John F. Keenan

Co-Chairman, Joint Committee on Mental Health and Substance Abuse.

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OxyContin and Heroin Commission

- Issued report Nov. 2009
- Mass. has one of highest rates of opioid abuse in nation
- 3,265 deaths in Mass. from 2002-2007
- 23,369 opioid hospitalizations in 2006 alone
- Substance abuse costs taxpayers \$4.5 billion (health care, courts, jails, social services)

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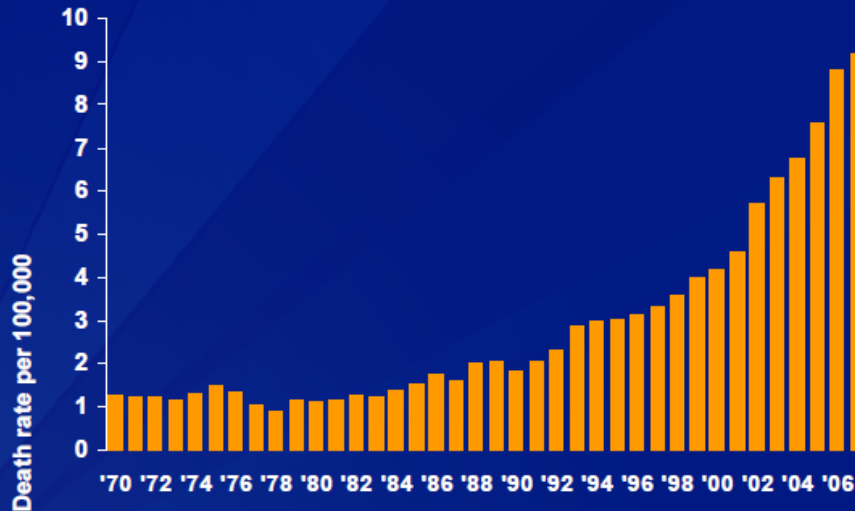
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## Chapter 283 of the Acts of 2010

- Passed July 31, 2010
- Codified and expanded Prescription Monitoring Program from just Schedule II to Schedule II – V
- Improved access to substance abuse treatment services
- Mandated practitioner education in pain management
- Commissioned study on “sober homes”
- Working group on substance abuse curriculum in schools
- Study on jail diversion programs for veterans
- Required pharmacies to sell medication lock-boxes

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## Rate of unintentional drug overdose death in the United States, 1970-2007

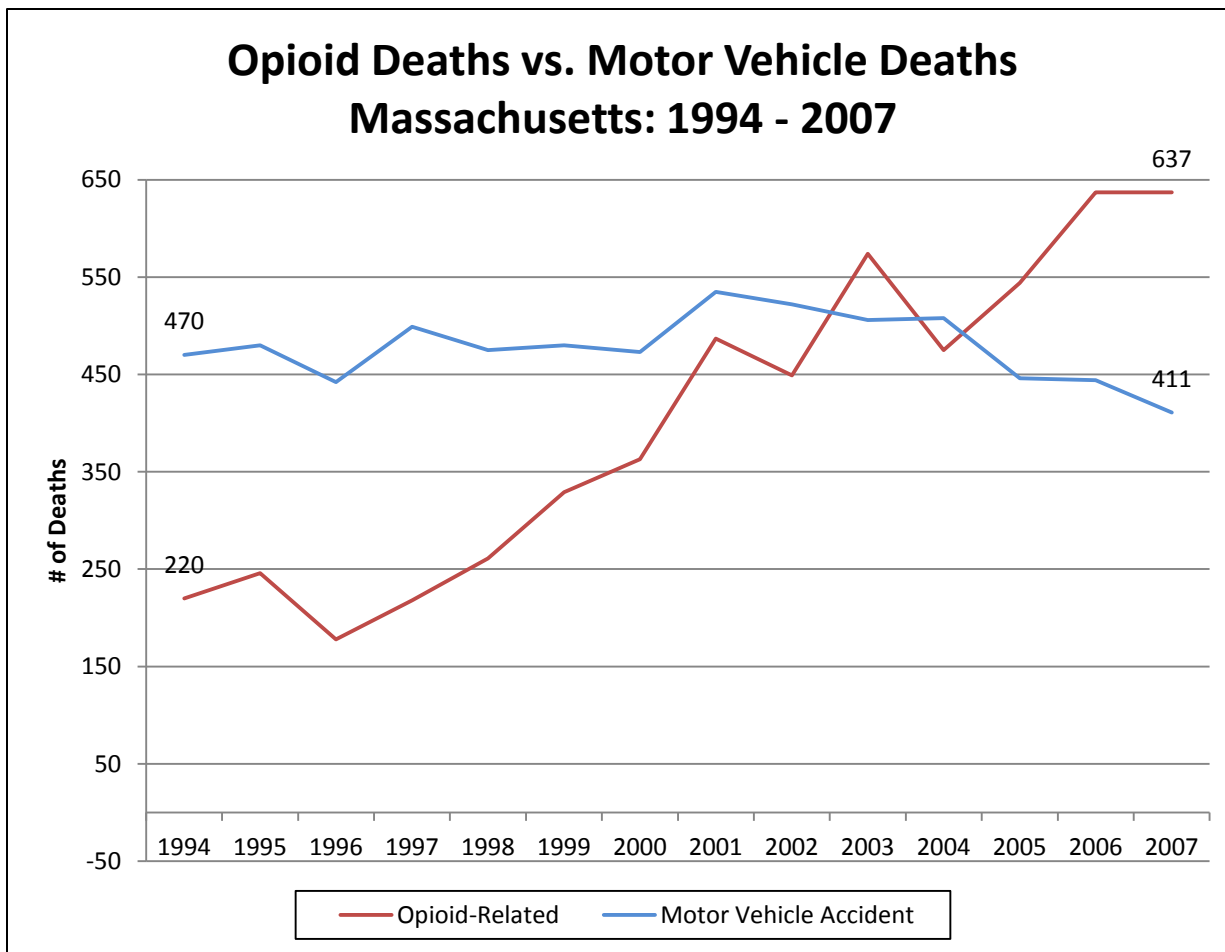


Drug overdose deaths began to rise in the early '90s as heroin use jumped, and really took off following the introduction of OxyContin to the market in 1996.

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SLIDE SOURCE: Len Paulozzi, MD, MPH for the PMP Center of Excellence, Brandeis University

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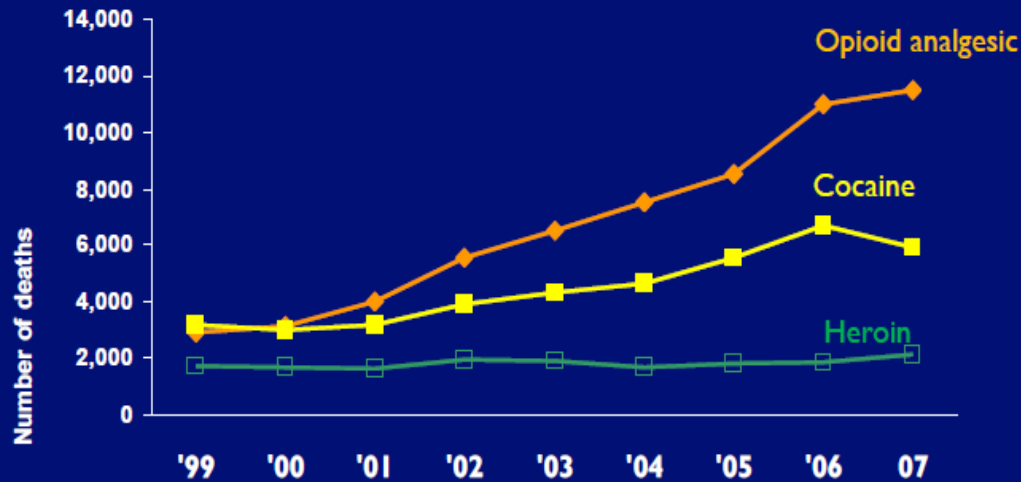


Opioid-related deaths are the leading cause of accidental death in Massachusetts, surpassing motor vehicle accidents.

SOURCE: Massachusetts Department of Public Health

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Unintentional overdose deaths involving opioid analgesics now exceed the sum of deaths involving heroin or cocaine



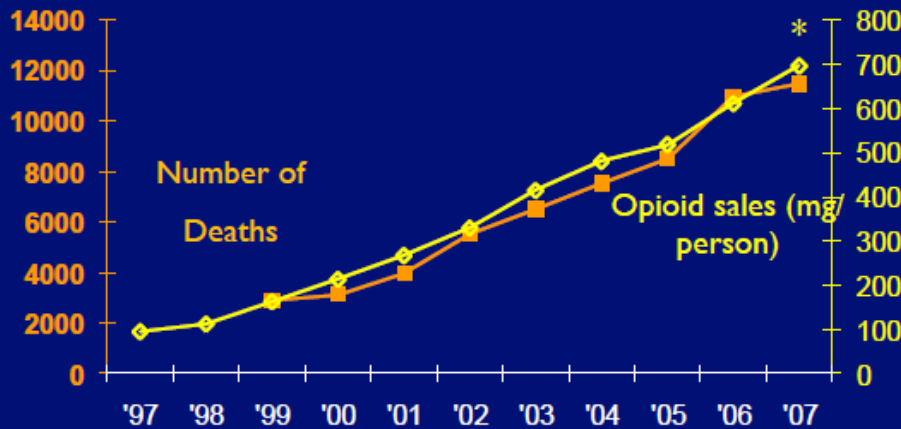
Source: National Vital Statistics system, multiple cause of death dataset

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More people overdose on prescription pain killers than cocaine and heroin combined

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## Unintentional overdose deaths involving opioid analgesics parallel per capita sales of opioid analgesics in morphine equivalents by year, U.S., 1997-2007



Source: National Vital Statistics System, multiple cause of death dataset, and DEA ARCOS  
\* 2007 opioid sales figure is preliminary.

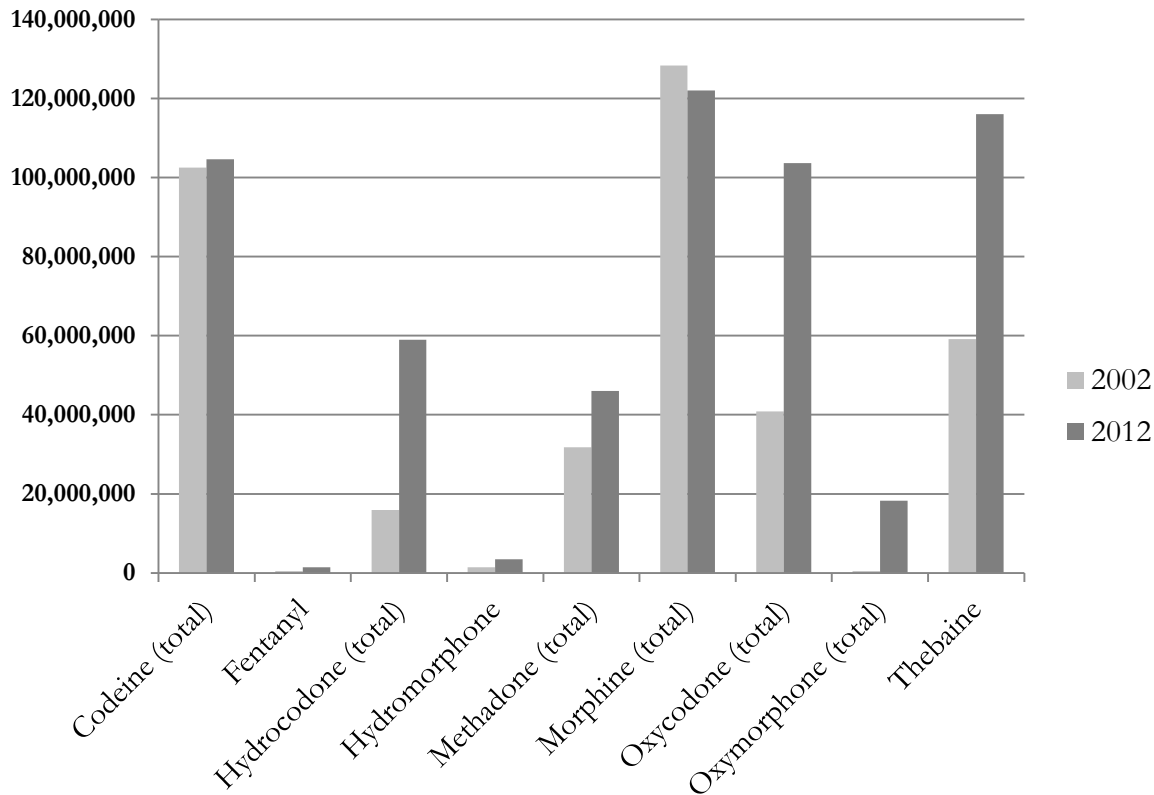
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The number of people dying from prescription painkiller overdoses has increased proportionately to the growth in the amount of prescription painkillers sold annually



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## Growth in amount of opiates available for manufacture and sale, 2002-2012

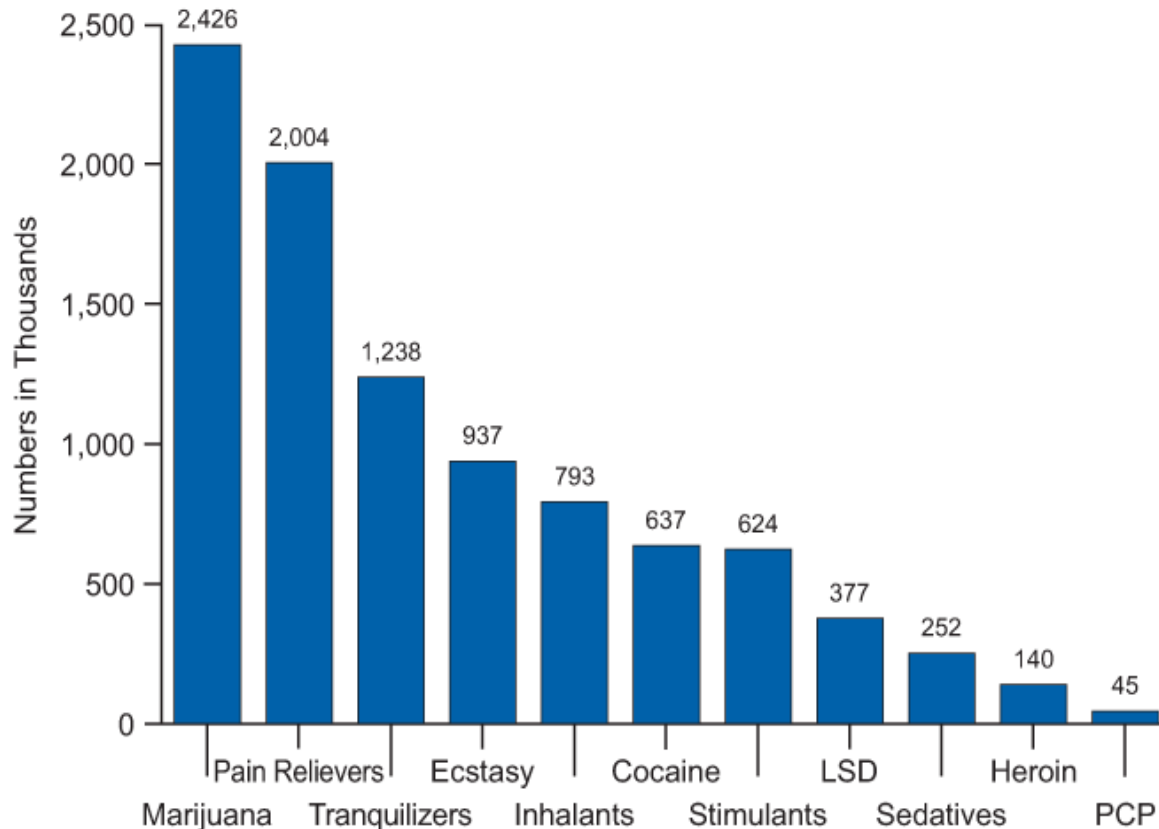


DEA statistics show the growth over the past decade in the amount of hydrocodone (the main ingredient in Vicodin), oxycodone (OxyContin, Percocet, Perc 30s), and Oxymorphone (Opana) as well as thebaine (the chemical from which hydrocodone and oxycodone is derived) legally allowed to be manufactured and sold in the US.

SOURCE: DEA

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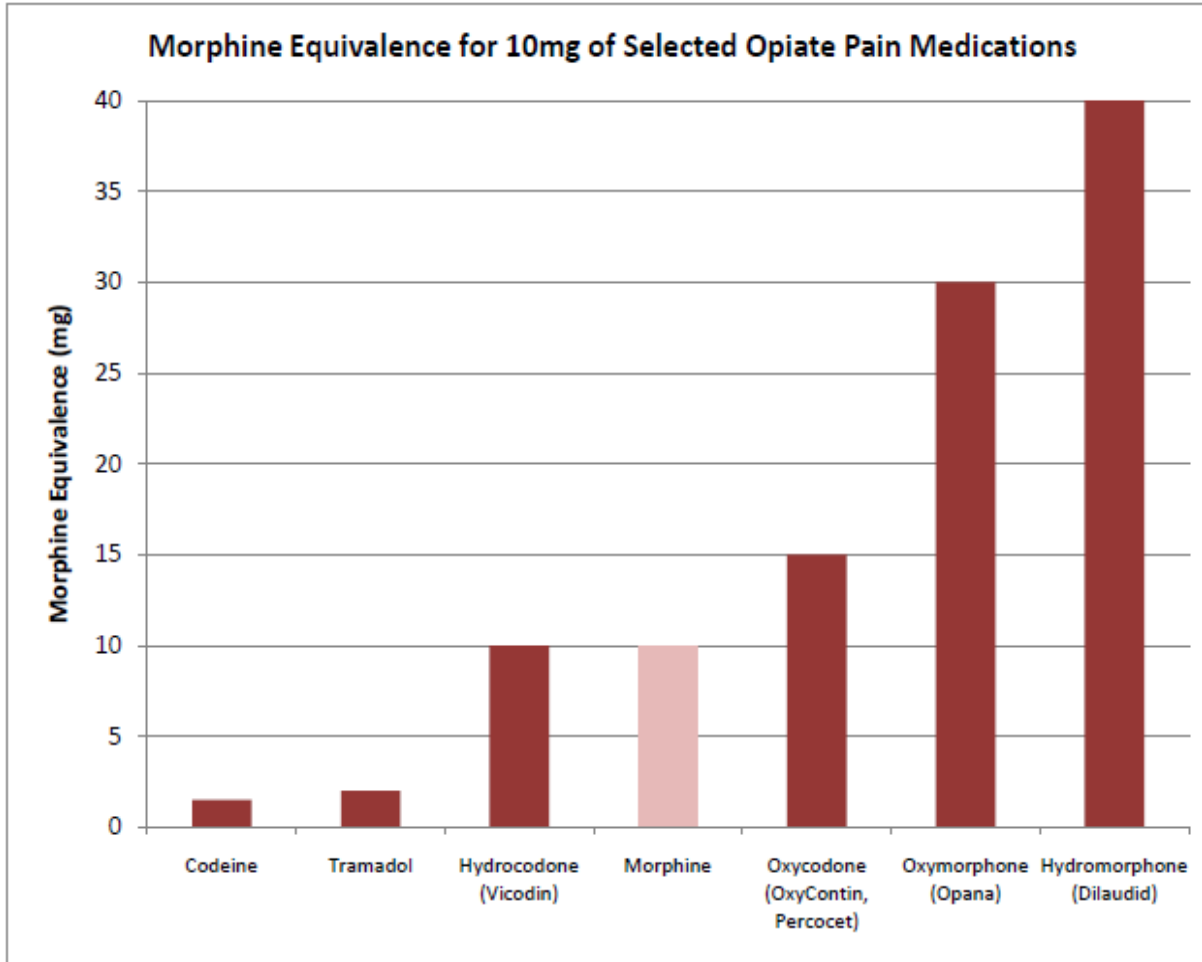
Past Year Initiates for Specific Illicit Drugs among Persons Age 12 or Older: 2010



Nearly as many people tried prescription painkillers for the first time in 2010, as tried marijuana. If tranquilizers and sedatives are factored in, more people now experiment with prescription medication than marijuana, cocaine and heroin combined.

SOURCE: National Survey on Drug Use and Health, 2009

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A major public health need is to better educate the public on the actual strength and dangers of commonly prescribed painkillers.

\*Sources:

1. Agency Medical Directors' Group. (<http://www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf>)
2. G. Firman, MD. Citing the Royal Brisbane Hospital and the Mayo Clinic. (web at: <http://www.medicalcriteria.com>)

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## **What 12<sup>th</sup> Graders Are Using To Get High**

Marijuana	31.7%
Vicodin	9.6%
Amphetamines	7.5%
Sedatives	6.2%
Tranquilizers	6.2%
Cough Medicine	5.8%
Cocaine (any form)	5.2%
OxyContin	5.2%
Cocaine (powder)	4.5%
Ritalin	3.8%
Inhalants	3.7%

**(RX medication = 38.5%)**

**SOURCE: DEA**

## **Most Common Source of Painkillers**

55.3%	Friend or relative for free
9.9%	Bought off a friend or relative
5.0 %	Stole from a friend or relative
17.6 %	Doctor's prescription
4.8 %	Drug dealer or other stranger
0.4 %	Internet

**SOURCE: National Survey Drug Use and Health, 2009**

## **Core Findings from Partnership@Drugfree.org Survey**

(Mass. parents, September 2011)

- 56% of parents say their kids have easy access to RX pain pills
  - 36% keep in kitchen
  - 31% keep in bathroom
  - 26% keep in bedroom
- 45% parents have self-medicated for pain
- 14% parents have given RX pain pills to their children w/out consulting a doctor
- 30% “strongly agree” that main ingredient is similar to heroin

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In 2009, nearly 2 million ER visits nationally involving drug abuse

- 50% involved prescription drug abuse
  - 482,000 -- cocaine
  - 306,000 – opioid painkillers
  - 272,000 – benzodiazepines
  - 201,000 – heroin

SOURCE: [www.cdc.gov/injury](http://www.cdc.gov/injury)

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- Number of hospital admissions for non-heroin opiates /100,000 (Massachusetts)
  - 1998 = 14
  - 2008 = 103
- Alcohol, cocaine, marijuana-related admissions are down
- Half of all heroin/opiate-related detox admissions in Mass. are under the age of 30
  - 1/3 are under the age of 24

*SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration*

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**2011 SAMHSA study**

- In 2009, Boston had highest rate of drug-related hospital visits out of major metro areas
  - 571 visits/per 100,000 people
  - NY: 555/100,000
  - SF: 535/100,000
  - Avg: 317/100,000
- Only metropolitan region with more heroin-related ED visits than cocaine-related visits
- Mass. 1 of 4 states nationwide treating more people for heroin addiction than alcohol

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## **What the bill does...**

- 1) Increase public awareness of the dangers of prescription drugs
- 2) Reduce the supply of pills available for diversion
- 3) Make it tougher for addicts/dealers to doctor shop, obtain pills through fraud
- 4) Increase access to treatment and substance abuse services



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**Sections 1 & 21:**

- Requires anyone with the ability to prescribe controlled substances to register with the PMP
  - Participation is currently voluntary
  - Only about 1,700 out of 40,000 prescribers have signed up.
- Top 30% of prescribers required to enroll immediately
  - Prescribe 90% of all controlled substances
- All others phased in over 3 years
  - Registration tied to renewal of prescribing license

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**Section 2:**

- Requires pharmacies, drug manufacturers, etc. to cc local police when reporting theft or loss of controlled substances
- Currently only required to notify DEA
- Local police may be unaware of significant theft by employee

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**Section 3:**

- Requires DPH to produce an eye-catching, easy-to-understand, informational pamphlet explaining risks of prescription painkillers
- Will be distributed by pharmacists to every prescription painkiller filled
- Pamphlet will also discuss proper storage and disposal of the drugs, signs of dependency, and where to turn for treatment

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**Sections 4 & 13:**

- Amends 2010 statute requiring pharmacies to stock prescription drug lockboxes on shelves near counter
- Would now require pharmacies to have lockboxes available for sale
- Also require advertising lockboxes for sale near the counter

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**Sections 5 & 14:**

- Requires all prescriptions for controlled substances written using “secure” forms
- Tamper-proof pads already required under federal law for Medicare and Medicaid patients
- Allows DPH to make final determination what constitutes a “secure form” (i.e. watermarks, serial numbers, microprinting)

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**Sections 6 & 15:**

- Requires practitioners to conduct a PMP screen prior to prescribing an opioid to a patient for the first time
  - Use of the PMP is currently voluntary
- Exemptions would be allowed for instances when the system is down, doctor doesn't have access to Internet due to weather or disaster, etc.
- To protect patient privacy, screens may only be conducted by practitioners or state-licensed personnel/office staff

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**Section 7:**

- Bans possession, distribution, manufacturing of the designer drug “bath salts”
- Classifies “bath salts” as a Class C substance
- “Bath salts,” in this case, are not therapeutic minerals added to baths, rather synthesized stimulants that are smoked, inhaled, or injected

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**Section 8:**

- “Good Samaritan” language
- Provides limited immunity from drug possession charges for those who seek medical assistance for an overdose
- Immunity does not extend to drug trafficking cases
- Was also approved as part of Habitual Offender bill



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**Section 9:**

- Requires a doctor or hospital to notify the parents/guardian of a minor treated for drug overdose
- Provides the minor with information on substance abuse treatment options
- Makes social worker available for counseling prior to discharge

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**Sections 10 & 17: (to change)**

- Codifies existing MassHealth anti-fraud program
- Restricts enrollees with history of excessive use to one pharmacy
- Currently triggers at 11 scheduled prescriptions from 4 doctors/4 pharmacies within 90-day span
- Requires MassHealth to come up with new criteria for participation, services restrictions, utilization reviews, and enforcement

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**Sections 11 & 12:**

- Mandates professional training for court personnel and legal counsel on substance abuse services available to those facing criminal charges

**Section 16:**

- Requires DPH to notify pharmacists of their ability to access the PMP in order to review customer drug histories prior to dispensing a prescription

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**Section 18:**

- Requires working group of practitioners to draft “best practices” guiding the prescribing of opioids for the treatment of acute and chronic pain
  - Working group includes physicians, dentists, podiatrists and nurses
- “Best practices” will be turned into regulations by commissioner of DPH

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**Section 19:**

- Allows county sheriffs to enter into a study on the effectiveness of medication-assisted treatment on helping inmates successfully transition out from jail and back into society
- The study is voluntary for both the sheriffs departments and inmates

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**Section 20:**

- Commissions a study on substance abuse among seniors
- Will examine the rate of dependency among seniors, as well as the frequency of diversion to supplement personal income or to supply an addicted family member

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Joint Committee on Mental Health and Substance Abuse

Sen. John F. Keenan

Rep. Elizabeth Malia

Co-chairs

Research

Michael Carr, Esq. General Counsel

Rick Collins

Michael Mullen

Matthew Cohen

Alejandro Alves

Alyssa Nugent

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## **Stakeholders met with between May 2011 – January 2012\***

Michael Botticelli, Director, BSAS

Mass. Medical Society

Mass. Dental Society

Mass. Pharmacists Association

Mass. Independent Pharmacists Association

Stancel Riley, MD, Director, Mass. Board of Registration, Medicine

Paul Jeffrey, PharmD, Pharmacy Director, MassHealth

Vic Vangel, MassHealth Pharmacy

Grant Carrow, MD, Director, Drug Control Program, DPH

Madeleine Biondolillo, Director, Bureau Health Care Safety and Quality, DPH

Joseph Sceppa, RPh, Consultant, PMP

Daniel Alford MD, Opioid and Pain Specialist, BU School of Medicine

Robert Dart, MD, Director, Emergency Department, Quincy Medical Center

Karsten Kueppenbender, MD Staff Psychiatrist, Director of Addictions Training, MGH

Gary J Brenner, MD, Director, Pain Medicine Fellowship, MGH

Roger Chou, M.D., Oregon Evidence-Based Practices Center, Oregon Health Sciences University

David Fishbain, M.D., Psychiatry and Behavioral Sciences, University of Miami

Gary A. Schnabel, RPh, RN, Executive Director, Oregon Board of Pharmacy

Leonard Paulozzi, M.D., Medical Epidemiologist, CDC

Parents of Learn to Cope Brockton, Salem, Lowell, Gloucester Partnership @ DrugFree.org

Manet Community Health Care

Mary Anne Frangules, MOAR

Wilfred Labiosa, Director, CASPAR

Wyman Re-Entry, Boston Public Health Commission

Alejandro Rivera, Executive Director, Impact Quincy Quincy Police Department

Abington Police Department

Braintree Police Department

Michael Morrissey, District Attorney, Norfolk County

Timothy Cruz, District Attorney, Plymouth County

Det. Lt. Thomas Shannon, Drug Diversion Unit, Mass. State Police  
Agent Nancy Coffey, Diversion Program Manager, Boston, DEA

***\*Met with for purposes of research only. Inclusion on this list does not mean they endorse the legislation***