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PRESCRIPTION DRUG ABUSE

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You asked a series of questions about prescription drug abuse. The questions and answers appear below.

1. What is the estimated prescription drug abuse rate among high school age students by state?

We obtained information about high school student prescription drug use in select states and nationally. The data is based on high school student responses to surveys conducted by the Centers for Disease Control and Prevention (CDC), MetLife Foundation, and National Institute on Drug Abuse (NIDA).

CDC's High School Youth Risk Behavior Survey. The CDC surveys thousands of high school students about a number of high-risk behaviors, including prescription drug use without a doctor's prescription. The students' participation is voluntary and responses are anonymous. The CDC uses the survey to monitor trends in teen behavior at the national, state, and local levels.

In 2011, the CDC surveyed more than 15,000 students in 43 states. Thirty-four states provided data on the average percentages (by gender and total) of teenagers in each state who reported using prescription drugs one or more times without a doctor's prescription. Table 1 depicts this data.

Table 1: Average Percentage of High School Students Who Took Prescription Drugs Without a Doctor's Prescription

State	*Female*	*Male*	*Total*	*State*	*Female*	*Male*	*Total*
Alabama	15.0	20.8	17.9	Montana	17.4	19.4	18.4
Alaska	15.1	16.4	15.8	Nebraska	11.4	13.4	12.4
Arizona	--	--	--	New Hampshire	20.3	21.3	20.8
Arkansas	18.2	19.1	18.7	New Jersey	15.5	14.8	15.1
Colorado	19.2	19.7	19.6	New Mexico	19.8	20.5	20.2
Connecticut	--	--	--	New York	--	--	--
Delaware	--	--	--	N. Carolina	16.5	24.1	20.4
Florida	14.8	15.1	15.0	N. Dakota	16.3	15.9	16.2
Georgia	--	--	--	Ohio	--	--	--
Hawaii	14.5	14.0	14.3	Oklahoma	19.6	19.3	19.6
Idaho	19.0	21.2	20.1	Rhode Island	11.6	16.3	14.1
Illinois	14.7	15.1	14.9	S. Carolina	19.4	21.7	20.9
Indiana	21.5	21.3	21.4	S. Dakota	13.5	16.0	14.8
Iowa	16.4	18.5	17.4	Tennessee	19.2	20.4	19.9
Kansas	14.2	15.8	15.0	Texas	21.7	22.3	22.1
Kentucky	17.0	20.6	19.0	Utah	10.5	13.6	12.4
Louisiana	18.2	19.4	19.1	Vermont	--	--	--
Maine	12.1	15.4	13.9	Virginia	15.9	15.2	15.6
Maryland	14.3	15.5	15.2	West Virginia	15.2	18.6	16.9
Massachusetts	--	--	--	Wisconsin	17.7	18.3	18.1
Michigan	--	--	--	Wyoming	18.8	20.0	19.5
Mississippi	13.1	18.1	15.7	**Median**	16.3	18.5	17.6

-- = not available

Source: CDC High School Youth Risk Behavior Survey, 2011 http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf

Table 1 does not include Connecticut-specific data, but according to the 2011 Connecticut School Health Survey, 11.5% of high school males and 7.6% of high school females (9.6% total) reporting taking a prescription drug without a doctor's prescription one or more times.

Here is a link to the CDC's Morbidity and Mortality Weekly Report on the results of the 2011 High School Youth Risk Behavior Survey: http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf.

Here is a link to the 2011 Connecticut School Health Survey Youth Behavior Component Report: http://www.ct.gov/dph/lib/dph/hisr/pdf/cshsresults_2011ybcreport_web.pdf.

MetLife Foundation's Partnership Attitude Tracking Study. The 2012 Partnership Attitude Tracking Study (PATS), sponsored by MetLife Foundation, surveyed 3,884 teenagers in high school about their drug attitudes and behaviors. The researchers used the survey data to extrapolate national statistics. According to the survey:

1. 24% of teens (approximately 5 million) have misused or abused a prescription drug at least once in his or her lifetime (representing a 33% increase since 2008);

2. of the teens who said they abused prescription medications, 20% did so before age 14;

3. one in eight teens (approximately 2.7 million) reported misusing or abusing the prescription stimulants Ritalin or Adderall at least once in his or her lifetime; and

4. nine percent of teens (approximately 1.9 million) reported using or abusing Ritalin or Adderall in 2011, up from 6% in 2008.

Here is a link to the full report on the PATS survey results: http://www.drugfree.org/newsroom/research-publication/full-report-and-key-findings-the-2012-partnership-attitude-tracking-study-sponsored-by-metlife-foundation.

NIDA's Monitoring the Future Study. NIDA, as part of its Monitoring the Future Survey, asks approximately 46,000 secondary students per year about their drug use behavior over three time periods: lifetime, past year, and past month. Table 2 depicts the average percentages of 8th, 10th, and 12th graders who reported using prescription drugs during those time periods from 2009-2012.

Table 2: Percentage of Students Reporting Prescription and Selected Illicit Drug Use

Drug	Time Period	8th-graders				10th-graders				12th-graders			
		2009	2010	2011	2012	2009	2010	2011	2012	2009	2010	2011	2012
Amphetamine	Lifetime	6.0	5.7	5.2	4.5	10.3	10.6	9.0	8.9	9.9	11.1	12.2	12.0
	Past Year	4.1	3.9	3.5	2.9	7.1	7.6	6.6	6.5	6.6	7.4	8.2	7.9
	Past Month	1.9	1.8	1.8	1.3	3.3	3.3	3.1	2.8	3.0	3.3	3.7	3.3
Adderall	Past Year	2.0	2.3	1.7	1.7	5.7	5.3	4.6	4.5	5.4	6.5	6.5	7.6
Ritalin	Past Year	1.8	1.5	1.3	2.8	3.6	2.7	2.6	1.9	2.1	2.7	2.6	2.6
Cough Medicine (non-prescription)	Past Year	3.8	3.2	2.7	3.0	6.0	5.1	5.5	4.7	5.9	6.6	5.3	5.6
Narcotics other than Heroin	Lifetime	-	-	-	-	-	-	-	-	13.2	13.0	13.0	12.2
	Past Year	-	-	-	-	-	-	-	-	9.2	8.7	8.7	7.9
	Past Month	-	-	-	-	-	-	-	-	4.1	3.6	3.6	3.0
Vicodin	Past Year	2.5	2.7	2.1	1.3	8.1	7.7	5.9	4.4	9.7	8.0	8.1	7.5
OxyContin	Past Year	2.0	2.1	1.8	1.6	5.1	4.6	3.9	3.0	4.9	5.1	4.9	4.3
Tranquilizers	Lifetime	3.9	4.4	3.4	3.0	7.0	7.3	6.8	6.3	9.3	8.5	8.7	8.5
	Past Year	2.6	2.8	2.0	1.8	5.0	5.1	4.5	4.3	6.3	5.6	5.6	5.3
	Past Month	1.2	1.2	1.0	0.8	2.0	2.2	1.9	1.7	2.7	2.5	2.3	2.1

Here is a link to the 2012 Monitoring the Future Survey results: http://www.drugabuse.gov/related-topics/trends-statistics/monitoring-future.

2. What is the relationship between prescription drug abuse and illicit drug use?

Generally, individuals who abuse prescription medications are more likely to use illicit drugs. According to NIDA, multiple studies have reported an association between prescription drug abuse and higher rates of binge drinking; cigarette smoking; and marijuana, cocaine, heroin, and other illicit drug use among adolescents and young adults.

A 2011 NIDA Report, "*Prescription Drugs: Abuse and Addiction*," found rates of illicit drug use to be significantly higher among individuals who have abused prescription drugs in their lifetime. For example, the report cites 2006 National Survey on Drug Use and Health data that found individuals who abused prescription drugs in their lifetime also used (1) marijuana (77%), (2) cocaine (44.5%), (3) hallucinogens (49%), and (4) inhalants (33.8%)(2011 NIDA report, page 7).

In addition, a 2012 *Journal of Public Health Research* study by Lankenau et. al examined patterns of drug abuse among high-risk young adults (ages 16 to 25) from 2009 to 2011. The authors found subjects often received prescriptions for opioids, tranquilizers, and stimulants prior to abusing these drugs. They also found that combining prescription and illicit drugs (e.g., cocaine or heroin) during using events was common practice. Subjects often used prescription drugs as substitutes for illicit drugs when these drugs were unavailable.

3. What information is available about the new drug "Molly"?

"Molly" refers to the pure crystalline powder form of the drug "Ecstasy" (MDMA, 3,4-methylenedioxy-methamphetamine). According to NIDA, it is a synthetic, psychoactive drug that is similar to amphetamine and the hallucinogen mescaline. It is most commonly ingested via a tablet or, less frequently, as a powder that is snorted or swallowed. It produces feelings of heightened sensations, increased energy, euphoria, empathy, emotional warmth, and distorted perceptions of sensory and time.

Molly was first used in the 1970s as a psychotherapy aid, but the federal Food and Drug Administration (FDA) labeled it as a Schedule I controlled substance in 1985. This means that it is considered a drug with no recognized medical use and high potential of abuse. Researchers are currently conducting clinical trials to study its effectiveness in treating post-traumatic stress disorder and anxiety in terminal cancer patients.

When ingested, Molly can produce similar physical effects as cocaine and amphetamine, including:

1. increased heart rate and blood pressure,
2. muscle tension,
3. involuntary teeth clenching,
4. nausea,
5. blurred vision,
6. faintness, and
7. chills or sweating

If taken in high doses, it can also affect the body's temperature regulation which, in extreme cases, can cause a rapid increase in body temperature, resulting in liver, kidney, or cardiovascular failure, and in some cases, death. In addition, because the drug is often taken in sexual contexts, it can encourage unsafe sexual practices (e.g., by causing disinhibited behavior).

According to NIDA, Molly's adverse side effects are often compounded because the tablets sometimes contain other drugs (either known or unknown to the user). These often include ephedrine, dextromethorphan (cough suppressant), ketamine, caffeine, cocaine, methamphetamine, or synthetic cathinones (bath salts). Users who take Molly with additional substances, such as alcohol or marijuana, are at a higher risk for experiencing adverse side effects.

Because Molly is often used in combination with other substances, it is difficult to determine the prevalence of its use. The 2012 National Survey on Drug Use and Health found that 6.2% of people age 12 and older reported using Molly at least once in their lifetime. One percent of these respondents reported using Molly in the last year and 0.2% in the last month.

4. Which states have prescription drug monitoring programs?

All states except Missouri either have an active prescription drug monitoring program or are in the process of creating one. According to the Alliance of States with Prescription Monitoring Programs, as of October 17, 2012:

1. 42 states had operational prescription drug monitoring programs;

2. seven states (Arkansas, Georgia, Maryland, Montana, Nebraska, New Hampshire, and Wisconsin) had enacted legislation concerning such programs, but the programs were not yet operational; and

3. one state (Missouri) had not enacted such legislation.

Since then, the programs in Arkansas, Georgia, Montana, and Wisconsin have become operational. (But according to this news report, Georgia's program is in jeopardy of shutting down due to lack of funding.) Nebraska's program is also operational, but unlike most programs, it is not run by a state agency or pharmacy board. Rather, it is run by the Health Information Exchange, a public-private non-profit organization.

Maryland's program will be fully operational this autumn; New Hampshire's program is still being implemented.

Links to Additional Information. The alliance's website contains additional information about most states' prescription drug monitoring programs, such as program links, state profiles, and state profile reports comparing states.

More information on prescription drug monitoring programs, such as program operations, cost, and effectiveness, is available in the following Congressional Research Service report from January 3, 2013: http://www.fas.org/sgp/crs/misc/R42593.pdf.

5. Which states fund programs to keep kids off of prescription drugs?

We were unable to find information about state-funded programs aimed specifically at child prescription drug abuse prevention. In addition to our own Internet research, we contacted the National Conference of State Legislatures (NCSL) and requested information on any such programs. We are awaiting a response and will forward it to you upon receipt.

Through the Partnership at Drugfree.org Alliance Program, state and local government agencies and nonprofit organizations work together to provide education to young people about the risks of drug and alcohol abuse.

Here is a link to Alliance partner contact information in 21 states, including Connecticut: http://www.drugfree.org/alliances.

Additionally, several federal entities, including the Department of Education (DOE), Office of National Drug Control Policy, and Substance Abuse and Mental Health Services Administration, provide grants to states for drug abuse prevention efforts. For example, in 2011, the DOE's Office of Safe and Drug-Free Schools provided nearly $125 million in competitive grants to state educational agencies and other entities "to enhance the nation's efforts to prevent the illegal use of drugs and violence among, and promote safety and discipline for, students at all educational levels," according to the Office of Performance and Budget's Prevention Grants Inventory.

Here is a link to the 2011 inventory of federally funded substance abuse prevention grants: http://www.whitehouse.gov/sites/default/files/ondcp/prevention/grant_programs_directory.pdf.

6. Which states besides Connecticut have funded or created prescription drug disposal or recycling programs?

According to NCSL, 39 other states have passed legislation creating prescription drug disposal or recycling programs. However, many of these programs are not operational (see Table 3). Please note that the data in Table 3 was last updated in September 2012.

Table 3: Other State Prescription Drug Disposal or Recycling Programs

STATE	PROGRAM DESCRIPTION			
Bill Number and Year	What Prescriptions Are Collected	Who Can Donate	Who Accepts the Prescriptions	Program Status
Alabama SB 113 (2011)	Dispensed prescription drugs that have left the pharmacy's control	A corrections facility that meets certain requirements and has a registered professional or licensed practical nurse who is responsible for the security, handling, and administration of the drugs	Department of Corrections or a company under contract with the department	Not available
Arizona HB 2382 (2006)	Prescription drugs in their original sealed, tamper-evident packaging	Any person, manufacturer, or health care institution	Any pharmacy, hospital, or nonprofit clinic that volunteers to participate which then donates the drugs to state residents who meet specified standards	Final regulations were adopted in 2008, but the Arizona Pharmacy Board has not yet published information on the Prescription Medication Repository Program on its website.
Arkansas HB 1031 (2005)	Prescription drugs in their original sealed, tamper-evident packaging (except controlled substances)	A nursing facility's pharmacy	Charitable clinic pharmacies which then donate the drugs to qualified indigent patients who are Medicaid-ineligible	The program has been operational since 2005.
California SB 1329 (2012)	Prescription drugs in their original sealed, tamper-evident packaging	Licensed health facilities, licensed pharmacies, and legally authorized drug manufacturers	Local ordinances created by counties that volunteer to create a program. Counties then donate to people needing financial assistance.	The program has been operational since 2005.

Table 3 (continued)

STATE	PROGRAM DESCRIPTION			
Bill Number and Year	***What Prescriptions Are Collected***	***Who Can Donate***	***Who Accepts the Prescriptions***	***Program Status***
Florida SB 22A (2003) and HB 371 (2006)	Unused cancer drugs or supplies (1) in original, unopened, sealed, and tamper-evident packaging and (2) with an expiration date more than six months after the donation date	Any person, health care facility; hospital, pharmacy; drug or medical device manufacturer, supplier, or wholesaler; or any other entity	Any participating physician's office, pharmacy, hospital, hospice, or health care clinic	The program has been operational since 2006.
Georgia HB 430 (2006)	Prescription drugs in their original sealed, tamper-evident packaging (except controlled substances)	Any person, drug manufacturer, or health care facility	Any participating pharmacy, hospital, or nonprofit clinic which then donates the drugs to medically indigent residents	The law took effect in 2007, but the program is not operational.
Hawaii HB 2005 (2004)	Prescription drugs previously dispensed or distributed by a pharmacy for administration to patients in an institutional facility	Institutional facility patients or personnel	Institutional facilities or repositories which then donate the drugs to pharmacists	The law took effect in 2004 and sunset in 2010; the program was never operational.
Indiana HB 1251 (2004) and HB 1017 (2011)	Any unused prescription drug	Health care facilities, county jails, or Department of Corrections facilities	The original dispensing pharmacy, which then donates the drugs to pharmacists, hospitals, health care providers, and health care facilities	The law took effect in 2004, but the program is not operational.
Iowa HF 724 (2005)	Any unused prescription drugs and supplies	Any person	Participating medical facilities and pharmacies which then donate them to another eligible facility or pharmacy	The program has been operational since 2007.

Table 3 (continued)

STATE	PROGRAM DESCRIPTION			
Bill Number and Year	*What Prescriptions Are Collected*	*Who Can Donate*	*Who Accepts the Prescriptions*	*Program Status*
Kansas HB 2578 (2008)	Prescription drugs in their original or tamper-evident packaging except (1) controlled substances and (2) drugs purchased by the Medicaid or SCHIP programs	Adult day care home residents and participating entities	A qualifying health care facility or clinic in consultation with a pharmacist who then donate them to medically indigent residents	The program has been operational since 2009.
Kentucky SB 23 (2005)	Prescription cancer drugs or supplies (except controlled substances)	Any health care facility or pharmacy	Any participating health care facility or pharmacy which then donates them to eligible residents	The law took effect in 2005, but the program is not operational.
Louisiana HB 1402 (2004) and SB 19 (2006)	Prescription drugs in their original sealed, tamper-evident packaging (including unused portions of drugs within the expiration date)	Any person, hospital, health care facility, or government entity enrolled in Medicaid	Charitable pharmacies, which then donate them to qualified residents	The program has been operational since 2004.
Maine HP 105 (2005) and LD 411 (2007)	Prescription drugs (1) in their original, sealed, tamper-evident unit dose packages or (2) that are unopened injectable, aerosol, or topical medications	Drug manufacturers, wholesalers, or distributors; hospitals; health clinics; federally qualified, rural, and Indian health centers; and licensed assisted living facilities	Pharmacies; hospitals; health clinics; and federally qualified, rural, and Indian health clinics, which then donate the drugs to eligible residents not enrolled in Medicaid	The program has been operational since 2007.
Maryland SB 1059 (2006)	(1) Medical supplies or (2) prescription drugs in their original sealed, tamper-evident packaging (except dangerous controlled substances)	Any person	State-approved drop-off sites or repositories, which then donate the drugs to needy residents identified by the individual's health care practitioner	The program has been operational since 2006.

Table 3 (continued)

STATE	PROGRAM DESCRIPTION			
Bill Number and Year	***What Prescriptions Are Collected***	***Who Can Donate***	***Who Accepts the Prescriptions***	***Program Status***
Massachusetts Ch. 111, Section 25I (2004)	Prescription drugs (1) in unopened, individually packaged units and (2) within the recommended period of shelf life (except Schedule I or II controlled substances)	Any person or health care facility's consulting pharmacist	Health care facilities, which then donate them to eligible residents	The program has been operational since 2004.
Michigan PA 329 (2004)	Prescription drugs	The Department of Corrections (DOC)	DOC may return and reuse medications.	The law took effect in 2004, but the program is not operational.
Minnesota Minn. Stat. § 151.55 (2007)	Cancer drugs or supplies (1) in their original, unopened, tamper-evident unit dose packaging and (2) not adulterated or misbranded	Individuals over age 18; pharmacies, medical facilities; and drug manufacturers, wholesalers, and distributors	Participating licensed pharmacies and medical facilities who then donate them to residents diagnosed with cancer	The program has been operational since 2009.
Mississippi Miss. Code Ann. § 43-13-503	Prescription drugs in their original sealed, tamper-evident packaging	The Board of Pharmacy; the Department of Health; the Division of Medicaid; and any person, including a drug manufacturer, or health care or government entity	Any pharmacy, hospital, nonprofit clinic or health care professional, which then donate them to eligible individuals or nonprofit and government entities that serve these individuals	The law took effect in 2005, but the program is not operational.

Table 3 (continued)

STATE	PROGRAM DESCRIPTION			
Bill Number and Year	***What Prescriptions Are Collected***	***Who Can Donate***	***Who Accepts the Prescriptions***	***Program Status***
Missouri HB 898/SB 1160 (2004) and HB 1687 (2006)	Prescription drugs in their original sealed, tamper-evident packaging Drugs donated by an individual must have the manufacturer's lot number and an expiration date more than six months from the donation date	Any person or entity	Any participating pharmacy, hospital, or nonprofit clinic, which then donate them to eligible residents	The program has been operational since 2004, however a second similar program enacted by a 2006 law is not operational.
Montana SB 288 (2001)	Prescription drugs except those defined as a dangerous drug or a precursor to a controlled substance	Long-term care facilities	Provisional community pharmacies, which then donate them to qualified patients free or at a reduced charge	The program has been operational since 2005.
Nebraska LD 756 (2003), LB 331 (2005), and LB 1116 (2006)	Cancer drugs in (1) original, unopened, tamper-evident unit dose packaging or (2) unopened single unit doses where the outside packaging is opened	Any person or entity	Any participating physician's office, pharmacy, hospital, or health clinic who then donate them to eligible residents	The program has been operational since 2003.
Nevada SB 327 (2003)	Prescription drugs except Schedule II controlled substances	Public or private mental health facilities	Dispensing pharmacies, which then use them to fill other patient prescriptions. They must be dispensed in (1) a unit dose, (2) individually sealed doses, or (3) a bottle sealed by the manufacturer.	The program has been operational since 2003.

Table 3 (continued)

STATE	PROGRAM DESCRIPTION			
Bill Number and Year	***What Prescriptions Are Collected***	***Who Can Donate***	***Who Accepts the Prescriptions***	***Program Status***
New Hampshire HB 111 (2011)	Prescription drug manufacturers' samples	Any individual or entity	Department of Environmental Services-approved sites	The program is currently operational.
New Jersey N.J. Rev. Stat. Title 24 (2007)	Unopened, unexpired prescription drugs dispensed to a patient of a licensed health care facility	Licensed health care facilities	Licensed health care facilities may collect and reuse unused prescription drugs dispensed to patients	The program was never implemented.
New Mexico SB 37 (2011)	Prescription drugs in their original sealed, tamper-evident packaging with an expiration date more than six months from the donation date	Participating licensed health care practitioners and clinics	Participating licensed health care practitioners and clinics may collect and reuse drugs prescribed by them	The program is currently operational.
New York S 2803-e (2007)	Prescription drugs in their original sealed, tamper-evident packaging	Residential health care facility residents or the facility's consulting pharmacist	The prescribing pharmacy, which then donates them to eligible state residents	Not available
North Dakota HB 1256 (2007)	Medical devices or supplies and prescription drugs in (1) original, unopened, tamper-evident unit dose packaging or (2) unopened single unit doses where the outside packaging is opened	Any person or entity	Participating licensed health care practitioners and pharmacies, which then donate them to eligible residents	The program has been operational since 2007.

Table 3 (continued)

STATE	PROGRAM DESCRIPTION			
Bill Number and Year	***What Prescriptions Are Collected***	***Who Can Donate***	***Who Accepts the Prescriptions***	***Program Status***
Ohio HB 221 (2003)	Prescription drugs in their original sealed, tamper-evident packaging	Any person, drug manufacturer, or health care facility	Any participating pharmacy, hospital, or nonprofit clinic, which then donate them to individuals with a prescription from a licensed health care provider	The program has been operational since 2003.
Oklahoma HB 1297 (2001) and SB 1640 (2006)	Prescription drugs except for controlled substances	Residential care homes, nursing and assisted living facilities, intermediate care facilities for persons with intellectual disabilities (ICF-IID), and pharmaceutical manufacturers	Any pharmacies operated by (1) counties, (2) local health departments, (3) the Department of Mental Health and Substance Abuse Services or, (4) a charitable clinic for the purpose of distributing unused medications The drugs are donated to medically indigent residents.	The program has been operational since 2006.
Pennsylvania SB 638 (2008)	Prescription cancer drugs with an expiration date of more than six months from the donation date	Health care facilities and clinics, hospitals, pharmacies, or physician offices	Participating pharmacies designated by the State Board of Pharmacy, which then donate them to medically indigent residents	The law took effect in 2008, but the program is not operational.

Table 3 (continued)

STATE	PROGRAM DESCRIPTION			
Bill Number and Year	***What Prescriptions Are Collected***	***Who Can Donate***	***Who Accepts the Prescriptions***	***Program Status***
Rhode Island HB 5107 (2005) and HB 5850 (2007)	Prescription drugs in (1) original, unopened packaging or (2) unopened cancer drugs in single unit doses where the outside packaging is opened	Nursing homes, assisted living centers, and prescription drug manufacturers	Authorized participating pharmacies, which then donate them to medically indigent residents	The law took effect in 2006, but the program is not operational.
South Dakota HB 1165 (2004)	Prescription drugs in unopened, single unit dose packaging	Hospice patients, nursing facilities, and assisted living facilities	Hospice programs, nursing facilities, and assisted living facilities, which then donate them to eligible patients	The law took effect in 2004, but the program is not operational.
Tennessee HB 3560 and SB 3660 (2006)	Prescription drugs in original, unopened, tamper-evident packaging (except for controlled substances)	Nursing homes and hospice programs	Charitable clinic pharmacies, which then donate them to indigent residents	The program has been operational since 2006.
Texas SB 1896 (2007)	Prescription drugs (1) in original, unopened, tamper-evident packaging and (2) packaged individually or in single unit does (excluding controlled substances)	A health care facility pharmacist or a licensed health care professional who administers drugs in a correctional facility	Licensed pharmacies, which then donate them to eligible residents	The program has been operational since 2007.

Table 3 (continued)

STATE	PROGRAM DESCRIPTION			
Bill Number and Year	***What Prescriptions Are Collected***	***Who Can Donate***	***Who Accepts the Prescriptions***	***Program Status***
Utah HB 354 (2005)	Prescription drugs prescribed to a resident of a nursing facility, ICF-IID, correctional facility, or state hospital The drug must have been stored under a licensed health care provider's supervision according to manufacturer recommendations.	Nursing facilities, ICF-IIDs, correctional facilities, and state hospitals donate the drugs to the original dispensing pharmacy	A pharmacist may accept and redistribute any unused drug, or a part of it, after it has left the pharmacy.	The law took effect in 2005, but the program is not operational.
Vermont H.711 (2005)	Medical devices or supplies and prescription drugs in (1) original, unopened, tamper-evident unit dose packaging or (2) unopened single unit doses where the outside packaging is opened Drugs must have an expiration date more than six months from the donation date.	Any health care facility and wholesale drug distributor	Participating hospitals, pharmacies, and nonprofit clinics, which then donate them to eligible residents	The program has been operational since 2006.
Virginia HB 154 (2002), HB 1854 (2005), and HB 2682 (2009)	Any unused prescription drugs	Hospitals can donate drugs dispensed to hospital patients that were returned.	Licensed pharmacies, which then donate them to indigent residents	The program is currently operational.

Table 3 (continued)

STATE	PROGRAM DESCRIPTION			
Bill Number and Year	*What Prescriptions Are Collected*	*Who Can Donate*	*Who Accepts the Prescriptions*	*Program Status*
Wisconsin SB 56 (2003), AB 845 (2004), and AB 197 (2005)	(1) Prescription drugs in original, unopened, tamper-evident packaging and (2) cancer drugs in original, unopened packaging or in unopened single unit doses where the outside packaging is opened	Prescription drugs may be donated by state prison pharmacies and cancer drugs may be donated by any person or entity.	State prison pharmacies accept and then donate them to state prison inmates. Participating medical facilities and pharmacies accept cancer drugs and donate them to eligible residents.	Both programs are operational.
Wyoming HB 194 (2005)	Prescription drugs in (1) original, unopened, tamper-evident unit dose packaging or (2) unopened single unit doses where the outside packaging is opened	Any person or entity	Participating physician offices, pharmacies, or health care facilities, which then donate them to eligible residents	The program has been operational since 2005.

Source: NCSL website, http://www.ncsl.org/issues-research/health/state-prescription-drug-return-reuse-and-recycling.aspx, last updated September 2012.

7. Which states have considered or passed legislation regarding tamper-resistant medications?

To some extent, prescription medications subject to abuse (such as opioid pain medications) can be formulated to deter abuse of the drugs.

For example, pills can be designed to make them difficult to crush or liquefy, in an effort to prevent someone from snorting or injecting the drug. Pills may also contain a substance that counteracts or alters the active drug if its form is changed. In January, the FDA released draft guidance for the industry on the evaluation and labeling of abuse-deterrent opioids.

We found statutes in three states concerning this issue as it relates to opioids. These are described in Table 4.

Table 4: State Laws on Tamper-Resistant Opioid Medications

State (Citation)	*Provision*
New York (N.Y. Pub. Health Law § 3309-a)	Prescription pain drug work group must consider whether and how to encourage or require the use or substitution of opioid drugs that employ tamper-resistance technology as a way to reduce abuse and diversion of opioid drugs.
Tennessee (Tenn. Code Ann. § 63-10-301)	The state board of pharmacy must publish a list of opioid drugs incorporating tamper or abuse resistance properties. This list must be made available to prescribers, pharmacists, and the commissioners of health, mental health and substance abuse services, and safety. The inclusion of a drug on the list does not prohibit a pharmacist from substituting an opioid drug (brand or generic) that is otherwise eligible for interchange or substitution under law. Inclusion on the list does not require that a drug have a label with respect to reduction of tampering, abuse, or abuse potential. To be included, the drug must have been submitted to the FDA with a study related to tamper or abuse resistance properties. Following the publication of the initial list, if the FDA approves an opioid drug that bears in its label a claim to the drug's tamper or abuse resistance properties, the drug must be added to the list.
Texas (Tex. Occ. Code § 559.0525)	The state board of pharmacy must develop a continuing education program regarding opioid drug abuse and the delivery, dispensing, and provision of tamper-resistant opioid drugs after considering input from interested persons. By rule, the board can require a pharmacist to attend such a program as part of continuing education.

Connecticut considered a bill on this issue during the 2013 legislative session, HB 5484. It was reported favorably by the General Law Committee. As reported out of committee, the bill would bar health insurance policies from requiring the use of a generic drug prescribed for pain management that is not drug abuse-deterrent when there is a therapeutically equivalent brand name available that is abuse-deterrent.

The House referred the bill to the Appropriations Committee, which did not act on it.

We also found a small number of other states with recent bills that did not pass concerning this issue. Most of the bills we found would (1) require the state pharmacy board or other entity to create a list of tamper-resistant opioid drugs and (2) set conditions or restrictions on pharmacists substituting for such drugs. A Rhode Island bill would, among other things, (1) require health insurers to cover opioid

medications with tamper-resistance formulations in accordance with certain requirements and (2) allow prescribers to request a prior authorization for such a drug for patients with a history of, or at risk of, abusing drugs.

In Table 5, we briefly describe examples of such bills. With one exception (A2590 in New Jersey), the bills discussed in Table 5 did not make it out of committee.

Table 5: Examples of Recent Bills in Other States on Tamper-Resistant Opioid Medications

State (Bill Number)	*Brief Summary and Status*
Mississippi (HB 1051) (2013)	The bill requires the state board of pharmacy to publish list of certain tamper-resistant opioid drugs. It prohibits pharmacists from substituting an opioid analgesic drug (brand or generic) for such a drug on the list, without (1) verifying that the drug that will be given is also listed as providing substantially similar tamper-resistant properties or (2) obtaining written, signed consent from the prescribing physician. The bill was referred to the Public Health and Human Services Committee in January.
New Jersey (A2590, S350) (2012) (search by bill number)	A2590 requires the Division of Consumer Affairs to publish a list of certain tamper-resistant opioid drugs; S350 requires the board of pharmacy to publish such a list. A2590 (1) prohibits pharmacists from substituting for a listed opioid drug with a drug that is not on the list and (2) allows the substitution of a listed opioid drug for another such listed drug (brand name or generic) that is otherwise interchangeable, as long as the pharmacist verifies that the substitute drug is on the list and is identified on the list as incorporating tamper resistance technology in the same dosage form as that of the drug for which it will substitute. S350 requires pharmacists, before substituting for a listed opioid analgesic drug with another such listed drug (brand name or generic), to verify that the substitute drug has been listed as providing substantially similar tamper resistance technology. If the substitute drug is not on the list, the pharmacist must obtain the prescribing practitioner's consent for the substitution. A2590 passed the Assembly in June 2012, and was referred to the Senate Health, Human Services, and Senior Citizens Committee. S350 was introduced in the Senate and referred to that same committee in January 2012.

Table 5 (continued)

State (Bill Number)	Brief Summary and Status
Pennsylvania (HB 1176) (2013)	The bill requires the state board of pharmacy to create a list of opioid analgesic drugs that incorporate an abuse-deterrent technology. The bill prohibits pharmacists from substituting an opioid analgesic drug (brand or generic) unless the pharmacist (1) verifies from the list that the substituted drug has substantially similar abuse-deterrent properties to the originally prescribed drug or (2) obtains the prescriber's written, signed consent. The bill was referred to the Professional Licensure Committee in April.
Rhode Island (HB 6237) (2013)	The bill requires the state board of pharmacy to make available to prescribers a list of tamper-resistant opioid formulations. It requires health insurers to cover the use of opioid medications with tamper-resistance formulations in accordance with the following requirements. The bill allows prescribers to request a prior authorization for a tamper-resistant opioid medication for patients with a history of abuse or diversion or at risk of abusing drugs. Health plans or payers must accept such a prior authorization form. Plans or payers have the discretion to approve or deny the physician's prior authorization recommendation. If the prior authorization is approved, the plan or payer has the discretion to choose the appropriate tamper-resistant opioid to be therapeutically substituted. The bill was referred to the House Health, Education, and Welfare Committee in June.

8. Are there any other trends in prescription drug abuse prevention?

In addition to the laws and programs noted above, NCSL's website contains information and links on various other measures states have taken to combat prescription drug abuse. Following are brief descriptions of two such examples.

Tamper Resistant Prescription Forms. According to the CDC, as of August 31, 2010, 25 states (plus the District of Columbia) had laws on tamper-resistant prescription forms. These states include Alabama, California, Colorado, Delaware, Florida, Idaho, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Mississippi, Nebraska, Nevada, New York, Ohio, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Vermont, Washington, and West Virginia.

NCSL's website indicates that since 2010, no other states have enacted legislation regarding such forms, but such legislation has been considered in a handful of states. We did not find any recent Connecticut bills on this issue.

The states with laws on tamper-resistant prescription forms take a variety of approaches to the issue. For example, some states require all prescribers to use tamper-resistant forms, while some allow certain exemptions. Some states specify that prescribers will not be reimbursed by Medicaid if they do not use tamper-resistant forms. There are also differences regarding the specific security features that must be included and how those features are selected.

Licensure or Registration of Pain Management Clinics. At least nine states set specific regulatory and licensure requirements for pain management clinics. For one example, this spring, Georgia passed the "Georgia Pain Management Clinic Act" (HB 178, Act 128). The act requires pain management clinics to be licensed. Among other things, it (1) allows the state Composite Medical Board to establish minimum standards for prescribing controlled substances for pain management and (2) requires pain management clinics opened on or after July 1, 2013 to be owned by state-licensed physicians.

For more information on other states' laws regarding pain clinics, see this document from the National Alliance for Model State Drug Laws and the National Safety Council.

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