



PRESCRIPTION DRUG ABUSE

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ISSUE

This report answers a series of questions on (1) prescription drug abuse in Connecticut, (2) how other states track prescription drug abuse, and (3) recent prescription drug abuse legislation considered in other states. OLR Report [2014-R-0236](#) also addresses state strategies for addressing prescription drug abuse.

1. How many Connecticut residents die from an overdose of prescription opioid medication (e.g., prescription painkillers such as oxycodone, hydrocodone, and fentanyl) or heroin?

The Department of Public Health (DPH) provided us with two types of data: (1) accidental drug-induced deaths and (2) drug-induced deaths caused by accident, intentionally, and in an undetermined manner.

According to DPH, 490 Connecticut residents died from an accidental drug overdose in 2013, a 38% increase from 2012. Of these deaths, 257 resulted from a heroin overdose, 24 from morphine, 74 from oxycodone, 47 from methadone, and 19 from hydrocodone. The Office of the Chief Medical Examiner projects 576 accidental drug overdose deaths in 2014.

With respect to drug-induced deaths of all types, DPH reports 431 such deaths in 2012, a 6% increase from 2011. Of these deaths, 60 resulted from a prescription opioid overdose, 95 from a heroin overdose, and 152 from a combination of drugs that included opioids.

2. How many Connecticut hospital admissions result from abuse of prescription opioid medications or heroin?

According to DPH, in 2012 there were 2,429 hospitalizations caused by drug-related poisonings, a 2% increase from 2011. Prescription opioid medications accounted for 662 of these admissions, of which 218 were accidental. Fifty-nine admissions resulted from accidental heroin overdose.

3. How do states track prescription drug abuse?

States primarily track prescription drug abuse through statewide prescription drug monitoring programs (PDMPs). According to the [PDMP Training and Technical Assistance Center](#), 49 states (excluding Missouri) and the District of Columbia have implemented a PDMP.

Program Overview. A PDMP is a statewide electronic database which collects data on controlled substances dispensed in the state. The program is administered by a designated state agency and is designed to help prevent and detect the diversion and abuse of prescription controlled substances, such as opioid pain medications.

Generally, these programs require pharmacists to enter data on filled prescriptions into the electronic database to prevent patients from attempting to fill a prescription at more than one pharmacy. Many states require prescribing practitioners to consult the database before prescribing a controlled substance to ensure the patient has not attempted to obtain a prescription from multiple practitioners (e.g., “doctor shopping”).

Program Design. According to the [Bureau of Justice Assistance](#), PDMPs are organized and operated differently across states in terms of (1) the types of prescription drugs they collect data on (although all states collect information in Schedule II controlled substances such as methadone, morphine, and oxycodone); (2) the frequency of data collection, (3) who can access the database, and (4) compliance and enforcement mechanisms.

However, most states use PDMPs to:

1. prevent and reduce prescription drug abuse,
2. identify and investigate potential cases of illegal drug use or professional misconduct,
3. distribute educational information,
4. promote public health initiatives, and
5. implement early intervention or prevention programs.

Interstate Data Sharing. Many states share PDMP data with other states, allowing an authorized user in another state to set up an account with PDMP and receive information directly from the database. According to the National Alliance for Model State Drug Laws, as of December 2013, [45 states](#), including Connecticut,

(1) shared PDMP information with other states' programs, (2) allowed out-of-state users to access their programs, or (3) both. Florida, Georgia, Missouri, Nebraska, and Pennsylvania do not authorize interstate data sharing.

Program Benefits. According to a recent Congressional Research Service (CRS) [report](#), available evidence suggests that PDMPs may be effective in (1) reducing the time required for drug diversion investigations, (2) changing prescribing behavior, (3) reducing "doctor shopping," and (4) reducing prescription drug abuse (CRS Report, March 24, 2014).

4. What Recent Legislative Actions Have States Taken to Address Prescription Drug Abuse?

The National Conference of State Legislatures (NCSL) compiled a [list](#) of state legislation to reduce prescription drug abuse, overdose, and misuse, including (1) bills considered during the 2014 legislative session and (2) legislation enacted between 2009 to 2013. The list is available at:

<http://www.ncsl.org/research/health/prevention-of-prescription-drug-overdose-and-abuse.aspx>

Some examples of legislation states have enacted include:

1. establishing PDMPs;
2. regulating pain management clinics ("pill mills");
3. creating state opioid prescribing guidelines for health care practitioners;
4. increasing access to opioid antagonists (e.g., drugs that counter the effects of an overdose);
5. establishing "Good Samaritan" laws that provide immunity for people who (a) call 911 for emergency medical assistance for themselves or another person experiencing a drug overdose or (b) prescribe or administer opioid antagonists to a person experiencing a drug overdose;
6. creating and funding statewide public awareness campaigns regarding prescription drug abuse;
7. creating programs for prescription drug drop boxes;
8. prohibiting substitutions for certain tamper or abuse resistant prescription drugs; and
9. limiting the amount of drugs that practitioners can prescribe in one day.

5. What legislation did Rhode Island enact or consider during the 2014 legislative session to address prescription drug abuse?

PDMP. During the 2014 legislative session, Rhode Island enacted legislation that allows a physician's or pharmacist's authorized designee to access the state's PDMP database on their behalf. However, the legislation specifies that the decision to prescribe or dispense a controlled substance remains with the practitioner or pharmacist. It also requires health care practitioners to register with the PDMP upon initial registration or renewal of their authority to prescribe controlled substances (2014 [S 2523](#) & [H 7574](#) codified as R.I. G.L. § 21-28-3.32).

Electronic Controlled Substance Prescriptions. In 2014, Rhode Island enacted legislation requiring, rather than permitting, the state's health department director to adopt rules for an electronic data transmission system that includes faxing prescriptions for Schedule II, III, and IV controlled substances (2014 [S 2561](#), codified as R.I. G.L. § 21-28-3.18).

Hospital Discharge Plans for Opioid Abuse. In 2014, Rhode Island enacted legislation requiring hospitals to amend their patient discharge plans and transition processes to address patients with opioid and other substance abuse disorders. It also requires the state's health department director to develop and disseminate to health care facilities a model discharge plan and transition process for these patients (2014 [S 2801](#) & [H 8042](#), codified as R.I. G.L. § 23-17.26-3).

Insurance Coverage for Certain Prescription Opioid Medications. In 2014, the Rhode Island legislature considered, but did not pass, legislation that would have prevented health insurance policies, plans, or contracts that provide prescription drug coverage from requiring a beneficiary to use an opioid drug that is not indicated by the federal Food and Drug Administration as a treatment for the beneficiary's health condition (2014 [S 2534](#), [H 7477](#), & [H 7649](#)).

RESOURCES

Bureau of Justice Assistance website, <https://www.bja.gov/evaluation/program-substance-abuse/pdmp1.htm>, last visited October 28, 2014.

Congressional Research Service, "Prescription Drug Monitoring Programs," March 24, 2014, <http://fas.org/sgp/crs/misc/R42593.pdf>, last visited October 28, 2014.

National Alliance for Model State Drug Laws website, <http://www.namsdl.org/prescription-monitoring-programs.cfm>, last visited October 28, 2014.

PDMP Training and Technical Assistance Center website,
<http://www.pdmpassist.org/>, last visited October 28, 2014.

Rhode Island General Assembly, 2014 bills, last visited October 28, 2014:

- S 2523:
<http://webserver.rilin.state.ri.us/BillText/BillText14/SenateText14/S2523A.htm>
- S 2534:
<http://webserver.rilin.state.ri.us/BillText/BillText14/SenateText14/S2534.htm>
- S 2561:
<http://webserver.rilin.state.ri.us/BillText/BillText14/SenateText14/S2561.htm>
- S 2801:
<http://webserver.rilin.state.ri.us/BillText/BillText14/SenateText14/S2801Aaa.pdf>
- H 7477: <http://webserver.rilin.state.ri.us/billtext14/housetext14/h7477.htm>
- H 7574: <http://webserver.rilin.state.ri.us/billtext14/housetext14/h7574.htm>
- H 7649: <http://webserver.rilin.state.ri.us/billtext14/housetext14/h7649.htm>
- H 8042:
<http://webserver.rilin.state.ri.us/BillText/BillText14/HouseText14/H8042A.htm>

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