

Joint Committee on Mental Health and Substance Abuse



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

November 2011

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OxyContin and Heroin Commission

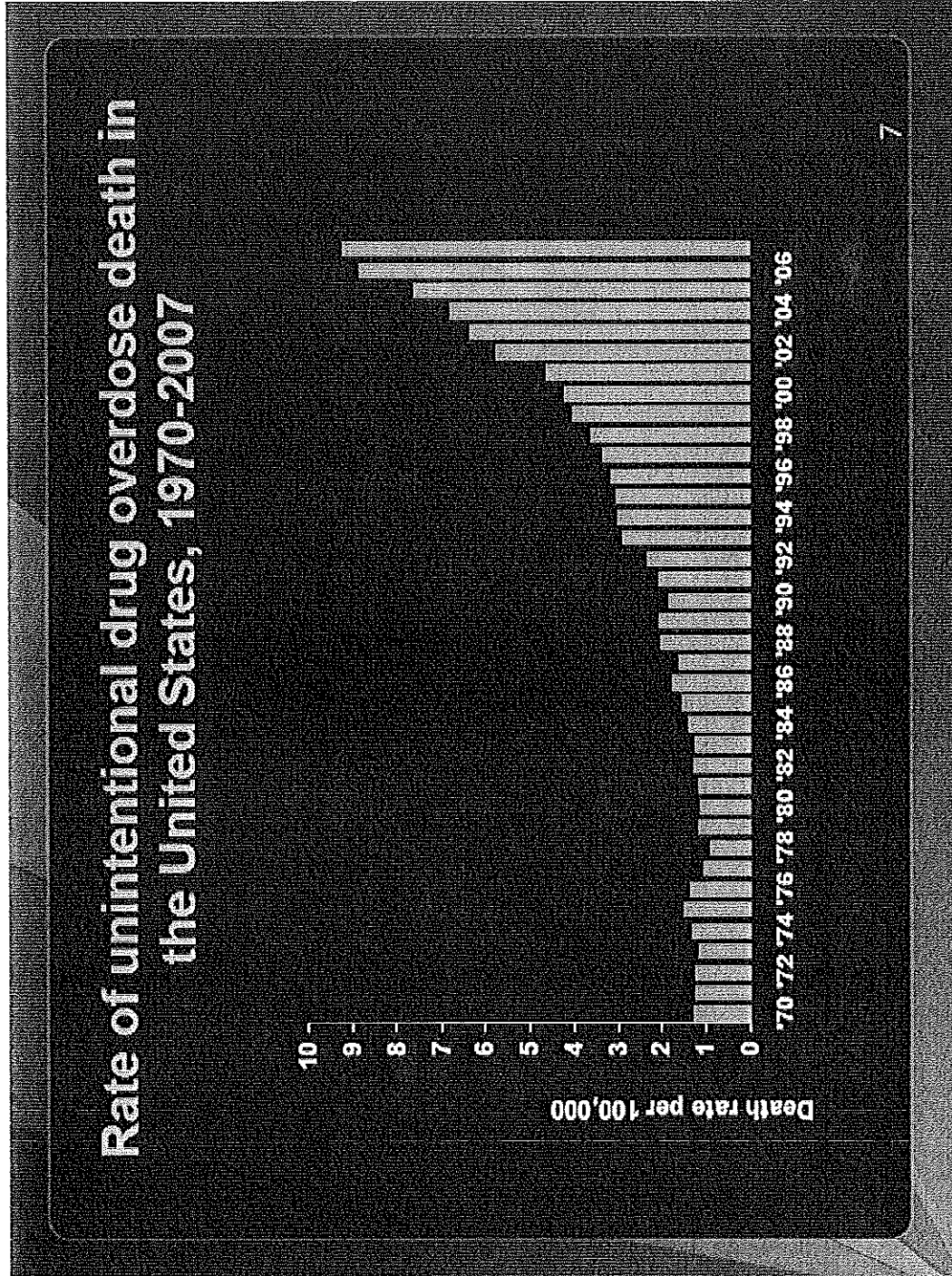
- Issued report Nov. 2009
- Mass. has one of highest rates of opioid abuse in nation
- 3,265 deaths in Mass. from 2002-2007
- 23,369 opioid hospitalizations in 2006 alone
- Substance abuse costs taxpayers \$4.5 billion (health care, courts, jails, social services)

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Chapter 283 of the Acts of 2010

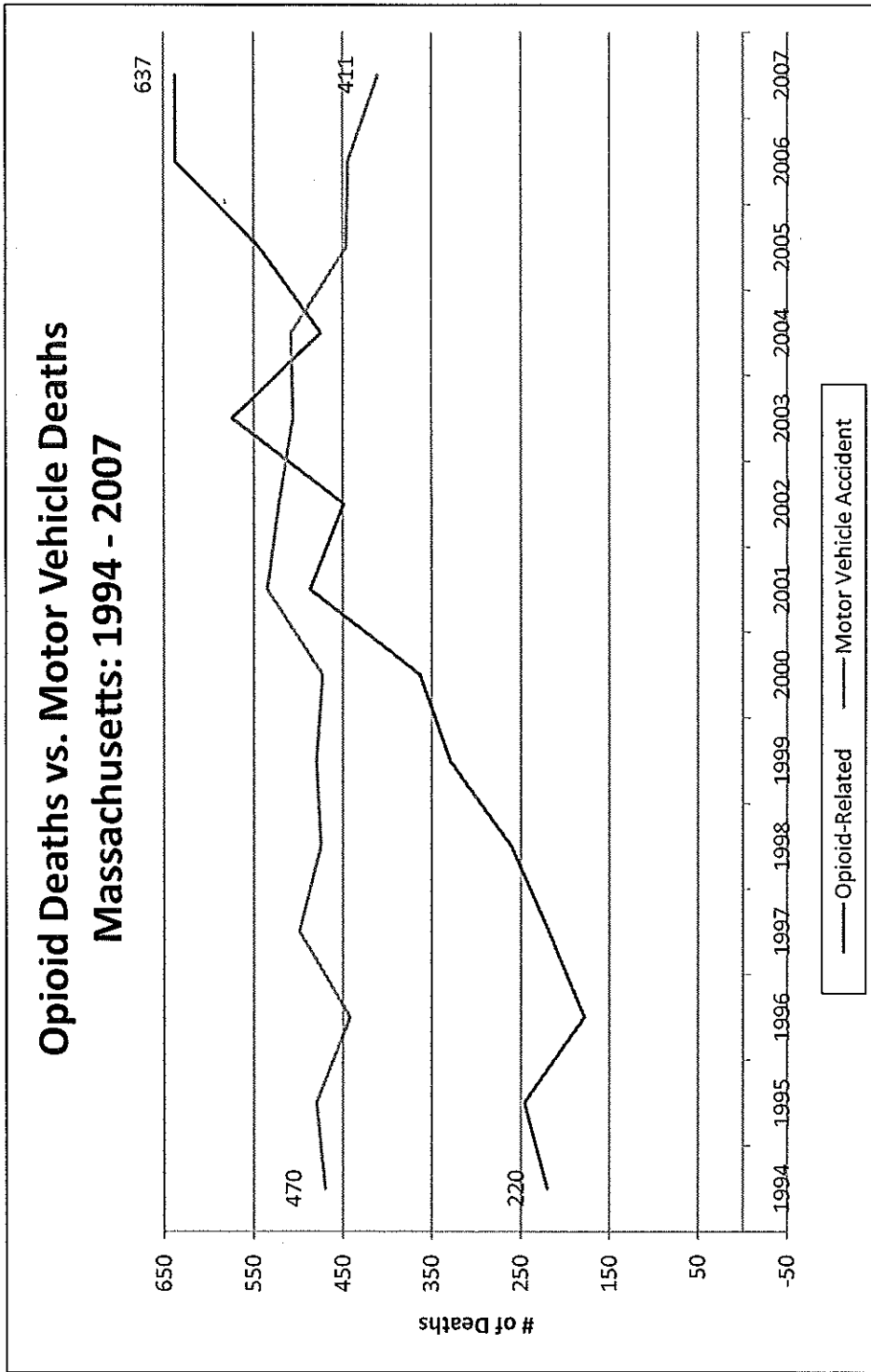
- Passed July 31, 2010
- Codified and expanded Prescription Monitoring Program from just Schedule II to Schedule II – V
- Improved access to substance abuse treatment services
- Mandated practitioner education in pain management
- Study on “sober homes”
- Working group on substance abuse curriculum in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

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

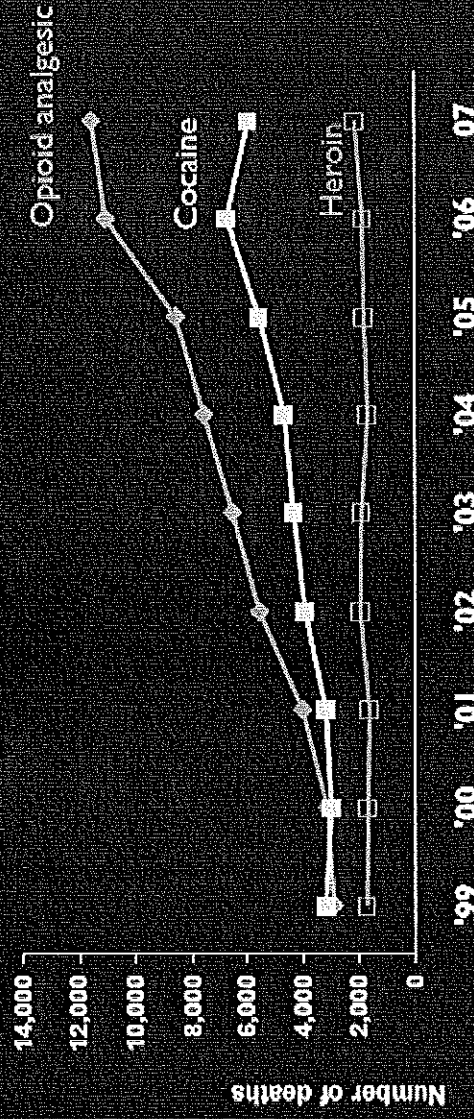
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SOURCE: Massachusetts Department of Public Health

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

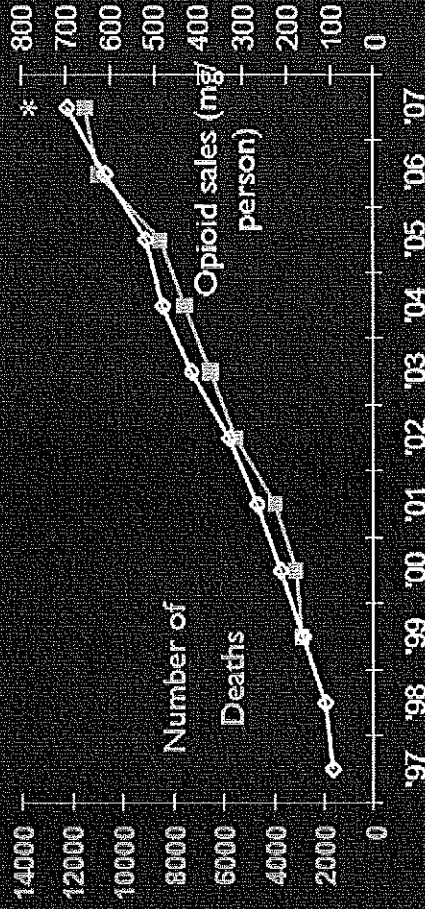


Source: National Vital Statistics system, multiple cause of death dataset

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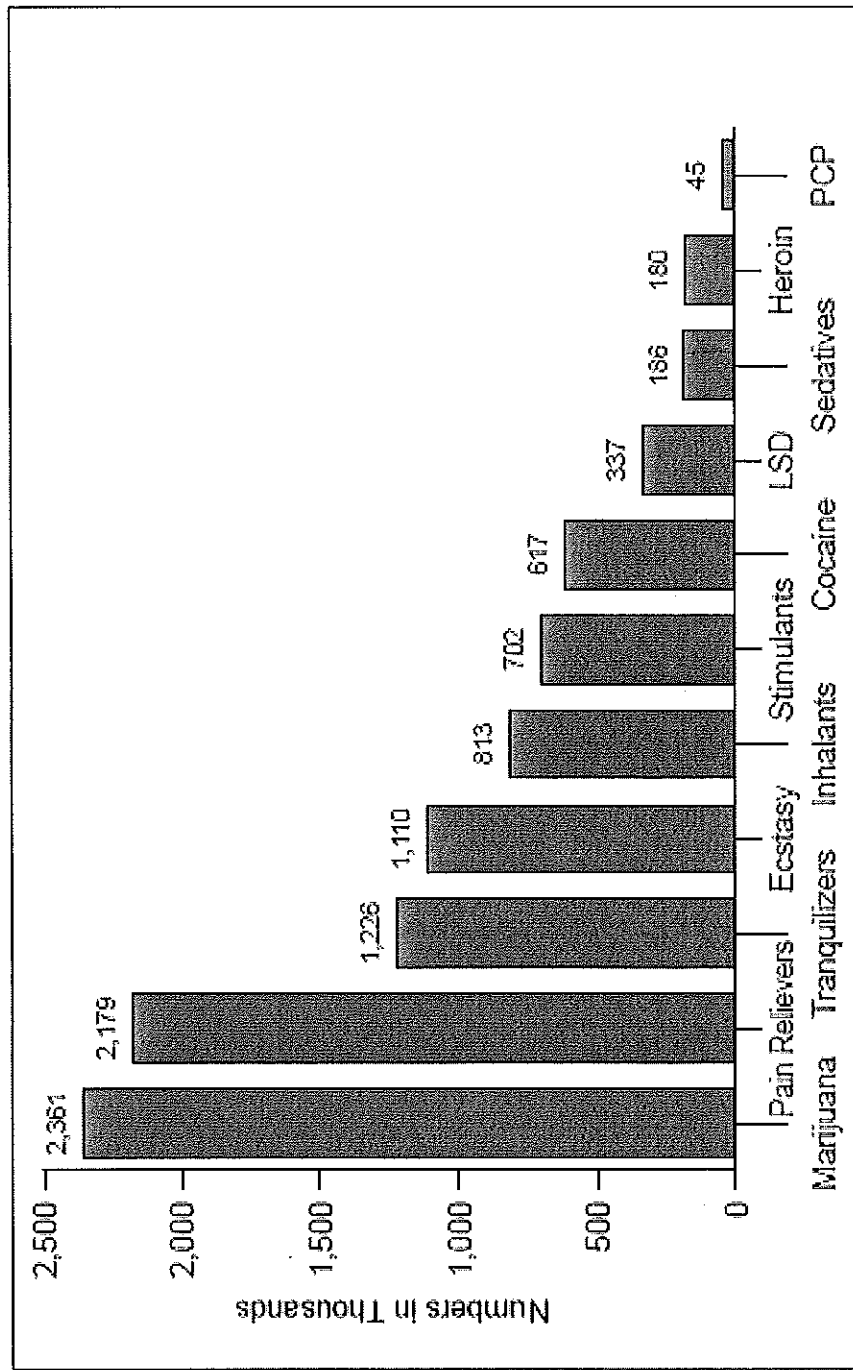
Unintentional overdose deaths involving opioid analgesics parallel per capita sales of opioid analgesics in morphine equivalents by year, U.S., 1997-2007



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

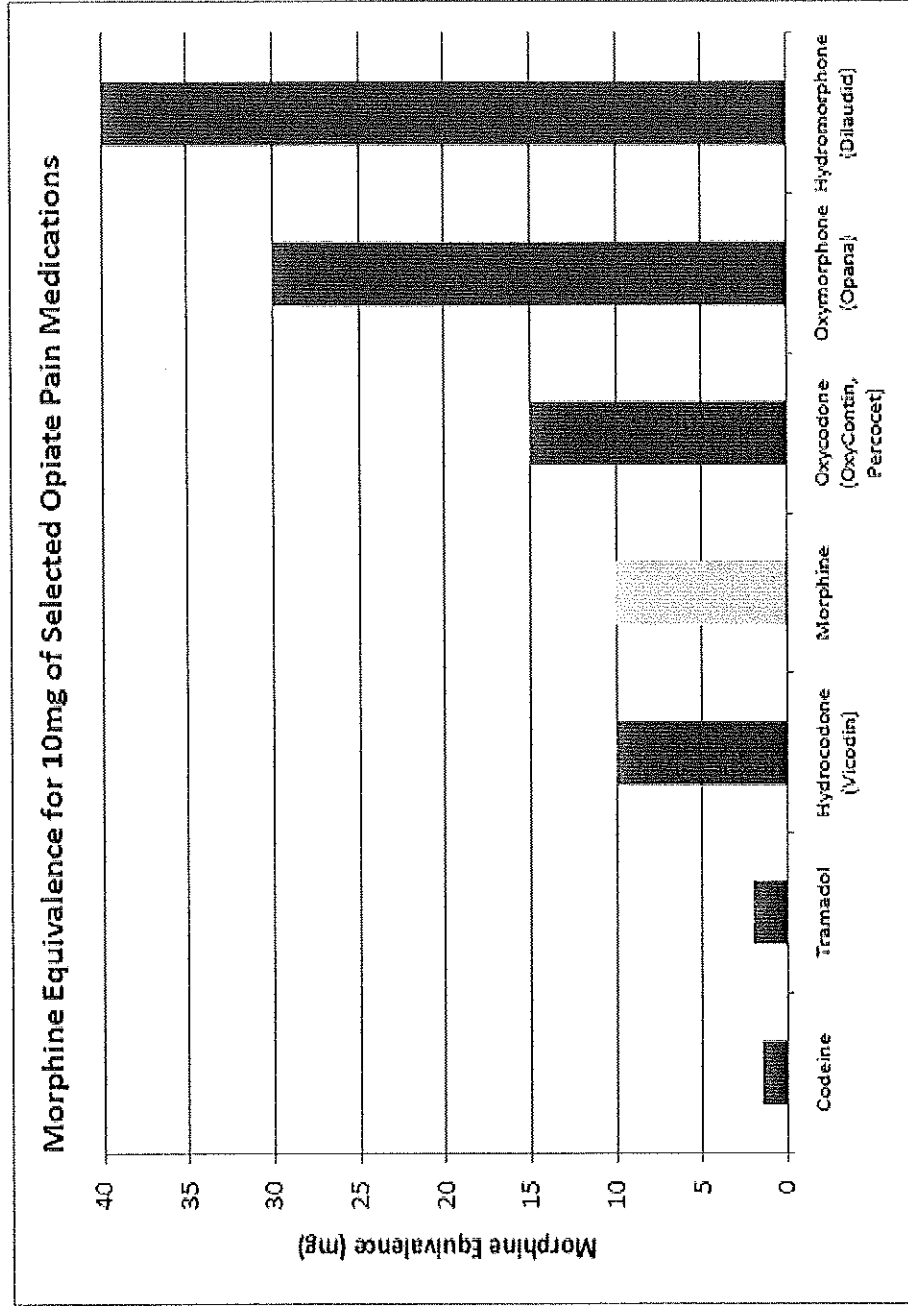
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**Past Year Initiates for Specific Illicit Drugs among Persons
 Aged 12 or Older: 2009**



SOURCE: National Survey on Drug Use and Health, 2009

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*Sources:

1. Agency Medical Directors' Group. (<http://www.agencymeddirectors.wa.gov/Files/OpioideGdline.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 12th 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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- Number of hospital admissions for non-heroin opiates /100,000 (Massachusetts)
 - 1998 = 14
 - 2008 = 103
- Alcohol, cocaine, marijuana, heroin-related admissions are down
- Half of all heroin/opiate-related 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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In 2009, 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

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What the bill does...

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

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Public awareness

- Pharmacies will be required to attach an informational pamphlet to every Schedule II and III prescription
- Produced by BSAS, will be distinctive and easy-to-read, explaining addiction risks, signs of dependency, ways to safely store and dispose of medications
- Increased communication with practitioners

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Prescription Security

- Makes enrollment in PMP mandatory
- Requires practitioners to conduct patient screens prior to prescribing controlled substance for first time.
- Provides pharmacists with access to program
- Reverts to pre-'98 language prohibiting filling Sched. II prescriptions from non-bordering states
- Mandates use of secure prescribing methods
- Requires pharmacies to also notify local police of drug thefts or loss

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Prescribing Practices

- Require Commissioner of DPH to convene working group involving doctors, dentists and podiatrists
- Come up with “best practices” for the use of opiates in treating chronic and short-term acute pain
- Turn recommendations into regulations

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Controlled Substance Management Program

- Codifies existing MassHealth 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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➤ Good Samaritan

- Limited immunity from possession charges
- Does not extend immunity in drug trafficking cases
- Has support from police and prosecutors

➤ Parental Notification

- Requires hospital/physician to notify parents/guardian when minor has been treated for drug overdose
- Provide access to social worker if available; substance abuse treatment information

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In addition...

- Pilot program in county jails on use of medicated-assisted treatment for pre-release offenders with opiate-dependency
- Study of substance abuse among seniors
- Mandatory continuing education on substance abuse treatment for court staff and public defenders

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Stakeholders met with between May – October 2011*

Michael Botticelli, Director, BSAS	Gary J Brenner, MD, Director, Pain Medicine Fellowship, MGH
Mass. Medical Society	Parents of Learn to Cope Brockton, Salem, Lowell, Gloucester
Mass. Dental Society	Partnership @ DrugFree.org
Mass. Pharmacists Association	Manet Community Health Care
Mass. Independent Pharmacists Association	Mary Anne Frangules, MOAR
Stancel Riley, MD, Director, Massachusetts Board of Registration, Medicine	Wilfred Labiosa, Director, CASPAR
Paul Jeffrey, PharmD, Pharmacy Director, MassHealth	Wyman Re-Entry, Boston Public Health Commission
Vic Vangel, MassHealth Pharmacy	Quincy Police Department
Grant Carrow, MD, Director, Drug Control Program, DPH	Abington Police Department
Madeleine Biondolillo, Director, Bureau Health Care Safety and Quality, DPH	Braintree Police Department
Joseph Sceppa, RPh, Consultant, PMP	Michael Morrissey, District Attorney, Norfolk County
Daniel Alford MD, Opioid and Pain Specialist, BU School of Medicine	Timothy Cruz, District Attorney, Plymouth County
Robert Dart, MD, Director, Emergency Department, Quincy Medical Center	Det. Lt. Thomas Shannon, Drug Diversion Unit, Mass. State Police
Karsten Kueppenbender, MD Staff Psychiatrist, Director of Addictions Training, MGH	Agent Nancy Coffey, Diversion Program Manager, Boston Office, DEA

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