

**“Florida’s Roadmap to End its Prescription Drug Abuse Epidemic”**  
**Florida Attorney General Pam Bondi**  
**One Page Summary**

Florida became the epicenter of prescription drug diversion because – until recently – my state had weak regulatory oversight of pain management practices, limited oversight of physician dispensing habits, and a non-operational statewide Prescription Drug Monitoring Program (PDMP). I therefore made shutting down “pill mills” and stopping prescription drug abuse my number one priority in my first year as Florida’s Attorney General.

A significant part of Florida’s comprehensive strategy to reduce prescription drug abuse was the 2011 Florida Legislature’s passage of HB 7095, a tough new law on prescription drug diversion. As a result of this legislation, Florida went from having 98 of the top 100 dispensing physicians of oxycodone pills, to having 13 of the top 100 dispensing physicians now residing in Florida.

Another important step forward in Florida’s attack on pill mills began in March 2011, with the creation of Florida’s *Regional Drug Enforcement Strike Forces*. I am pleased to report that as of February 2012, Strike Force efforts statewide have resulted in 2,040 arrests (including 34 doctors), and the seizure of 445,690 pharmaceutical pills, 56 vehicles, 390 weapons, and \$4,648,621. Additionally, 27 clinics have been closed as a direct result of strike force actions.

We are facing a new, emerging problem in Florida. In hospitals across Florida, babies are being born addicted to prescription drugs. At St. Joseph’s Hospital in Tampa, 15-20 percent of the babies born are addicted to prescription drugs and experience neonatal withdrawal syndrome. To assist in preventing this tragedy, I am working with the Florida Legislature to create a *Prescription Drug Abuse and Newborns* task force that will seek to determine the scope of the of the problem, the long-term effects and costs associated with caring for these babies, and what the prevention and intervention strategies should be for expectant mothers.

The result of Florida’s leadership, teamwork, and structural reforms has been a rapid turn-around in my state’s ability to shut down pill mills and curb prescription drug abuse. There is still much work to be done. And I will not consider our efforts truly successful until the number of Floridians dying a day from prescription drug abuse goes from seven to zero.

**Testimony to House Energy and Commerce Committee  
Subcommittee on Commerce, Manufacturing & Trade  
Chairman Mary Bono Mack (R-CA)  
Ranking Member G.K. Butterfield (D-NC)**

**“Florida’s Roadmap to End its Prescription Drug Abuse Epidemic”**

**By  
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Florida Attorney General**

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**Introduction**

Chairman Bono Mack, Ranking Member Butterfield, and Members of the Committee, thank you for inviting me to testify. Today, I would like to outline the number one public safety threat confronting Floridians – prescription drug abuse - and what Florida is doing to stop it. Prescription drug abuse is killing more than seven Floridians each day, and this death toll has been on a relentlessly upward trend for the past eight years.

Florida became the epicenter of prescription drug diversion because – until recently – my state had weak regulatory oversight of pain management practices, limited oversight of physician dispensing habits, and no statewide Prescription Drug Monitoring Program (PDMP). I therefore made shutting down “pill mills” and stopping prescription drug abuse my number one priority in my first year as Florida’s Attorney General.

The prescription drug epidemic is certainly not confined to Florida. Many other states have been getting good results fighting pharmaceutical drug diversion by pairing multi-agency and multi-jurisdictional law enforcement operations with the routine use of some form of a Prescription Drug Monitoring Program, while fostering cooperative engagement with the

pharmaceutical industry to jointly work in tandem with the public health community to change cultural norms regarding pharmaceutical drug use.

Florida has looked to other states' successes to help craft its own campaign. An immediate challenge in attacking this epidemic has been stopping the proliferation of so-called medical clinics operating under the guise of providing "pain management," but whose real activities fall outside the scope of legitimate medical practice. As a first step, Florida defined these "pill mills" as doctor's offices, clinics, or health care facilities that routinely conspire in the prescribing and dispensing of controlled substances outside the scope of the prevailing standards of medical practice or violates the laws regarding the prescribing of prescription drugs. Armed with this new working definition, Florida's law enforcement and regulatory agencies could better identify targets for investigation. The next step was to then bring all of the state's resources to bear on closing these pill mills.

### **Florida's Drug Enforcement Strike Forces**

A critical step forward in organizing Florida's balanced attack on pill mills began in March 2011, when Governor Rick Scott and I created Florida's *Drug Enforcement Strike Forces*. Using Florida's seven current domestic security regions to organize this statewide effort, each of the seven Strike Forces is co-led by a Sheriff and a Police Chief from within each respective region.

Strike Force operations seek to reduce the supply of diverted prescription drugs through intelligence driven multi-jurisdictional operations against the whole spectrum of the pill mill phenomenon: corrupt wholesalers, unscrupulous "physicians", rogue pharmacies and the "doctor-shopping" "patients" supporting their addiction.

The seven regional Strike Forces also support demand reduction policies being implemented by local community coalitions. The end-state of these policies must be to shift people's perceptions and attitudes regarding the harm that comes from misusing prescription drugs, and foster a community climate capable of providing effective drug treatment to prescription drug addicts. Florida's prevention efforts focus on dispelling the deadly myth that misusing prescription drugs is somehow safer for the user than using "traditional" illegal street drugs, while greatly increasing overall public awareness of the negative health consequences of prescription drug diversion and abuse.

Thanks to outstanding cooperation between Florida's law enforcement and public health care communities, our state is now bringing to bear a comprehensive strategy for fighting prescription drug trafficking and abuse, particularly pill mill driven drug diversion. By drawing on the hard earned lessons from fighting previous drug epidemics, we note that only a balanced approach - attacking both the supply side, driven by a flood of diverted pharmaceuticals, and the demand side, driven by pharmaceutical drug abuse and addiction - will ultimately reduce what is still a growing prescription drug diversion epidemic in Florida because it is, at its roots, an intertwined public health and law enforcement problem.

In Florida, the Narcotics Overdose Prevention Education (NOPE) Task Forces do an amazing job of getting this prevention message out by going into our middle and high schools and educating young people about the perils of prescription drug misuse and prolonged abuse. In addition, my office is also working with local law enforcement, prevention coalitions and pharmacies to host drug "take back" events where citizens can safely dispose of dangerous, expired, unused, and unwanted prescription drugs. Last year more than five tons of prescription

drugs were collected at two “take back” events, and this is just one illustration of how various government and private entities can cooperate to lower the availability of diverted drugs.

### **Comprehensive Legislation**

In the Spring of 2011 I worked closely with the Florida Legislature in creating a tough new law on prescription drug diversion that:

- Banned dispensing of Schedule II and Schedule III controlled substances by physicians and made a violation of the ban both a third degree felony and grounds for licensure discipline.
- Created a standard of care for all physicians prescribing controlled substances to treat chronic pain.
- Required physicians to either electronically prescribe controlled substances or use counterfeit-proof prescription pads.
- Added new criminal penalties.
- Improved reporting to the state’s PDMP from 15 to 7 days.
- Required wholesale distributors to credential customers and report on distribution of controlled substances.
- Required pharmacies dispensing Schedule IIs and IIIs to be re-permitted with the state
- Provided \$3 million to fund state Strike Force.

While any one of these legislative enhancements on their own would have helped fight prescription drug diversion and abuse, all of these statutory changes - working in tandem with Strike Force operations, stricter regulatory oversight and drug prevention messaging - is creating dramatic early results just now being tallied.

### **Measures of Success**

I am pleased to report that as of February 2012, Regional Drug Enforcement Strike Forces efforts statewide have resulted in 2,040 arrests (including 34 doctors), and the seizure of 445,690 pharmaceutical pills, 56 vehicles, 390 weapons, and \$4,648,621. Additionally, 27 clinics have been closed as a direct result of strike force action.

At one point in 2011 we had over 900 pain management clinics registered within the state – but today there are less than 580, and that number continues to decline. Thanks to the Florida

Legislature's dispensing ban coupled with aggressive regulatory efforts to close pill mills, I can report to you today that there has been an absolutely dramatic decline in the number of Florida doctors dispensing the most oxycodone within a given year. In 2010, 98 of the top 100 dispensing physicians of oxycodone pills nationally resided in Florida but today, as of last count, I can report that only 13 of the top 100 now reside in Florida.

The result of Florida's leadership, teamwork, and structural reforms has been a rapid turn-around in my state's ability to turn-off the prescription drug diversion spigot that had stayed open for far too long and which contributed so much to the problems we are all now fighting. While such a dramatic turn-around in some key metrics is encouraging, much remains to be done however to lower the most important metric of all – the number of Floridians dying each and every day from prescription drug-related overdose.

### **Prescription Drug Abuse & Newborns**

I also want to report to you about another sad and disturbing development from the prescription drug abuse epidemic in Florida. Over the past year, as I spoke out about “pill mills” and the lives that were being lost to prescription drug abuse, doctors and nurses began reaching out to me, to make me aware of another growing problem. Today, in hospitals across Florida, growing numbers of babies are being born addicted to prescription drugs, suffering terribly from withdrawal symptoms such as tremors, abdominal pain, incessant crying, and rapid breathing.

I personally visited the NICU at St. Joseph's Hospital in Tampa and saw firsthand the smallest victims of prescription drug abuse. At St. Joseph's, 15-20 percent of the babies born are addicted to prescription drugs and experience neonatal withdrawal syndrome. That's just one hospital in Florida. Since Florida leads the nation in prescription drug diversion, I think we will see similar numbers at hospitals across the state.

Part of the problem may be that expectant mothers understand the dangers of using cocaine or heroin –thanks to years of “traditional” drug prevention efforts - but do not yet understand the harm of using or abusing prescription drugs while pregnant.

Right now, I am working with the Florida Legislature to create a *Prescription Drug Abuse and Newborns* task force that will seek to determine the scope of this problem in Florida, the long-term effects and costs associated with caring for these babies, and what the prevention and intervention strategies should be for expectant mothers. The task force will then report its findings and policy recommendations to the Legislature.

### **Conclusion**

Finally, I want to take a moment in closing to stress a very important point – though often overlooked - to our national and state drug control efforts, which is very salient for this Congressional Subcommittee.

The prescription drug abuse epidemic jeopardizes our workforce’s productivity. To rise to the challenges posed by a dynamic, intensely competitive 21<sup>st</sup> Century global market place, we must ensure a drug-free environment for all our citizens, starting with our youth. We must have a critical mass of educated, productive and healthy citizens because a healthy and drug-free Florida is the cornerstone to any effort to spur economic rejuvenation and free enterprise. Indeed, the very success of our society will be determined in large part by the productive nature and quality of the people that constitute our work force.

Thanks to the leadership of Florida’s law enforcement and public health care communities, the “Welcome” sign for pill mills to set-up and operate in Florida has been permanently turned off. My state is now bringing to bear a broad based anti-prescription drug

diversion and abuse strategy, focused on both the supply and demand sides of the equation to fight an epidemic of prescription drug trafficking and abuse.

Thank you Chairman Bono Mack and Ranking Member Butterfield for holding this hearing and focusing on solving this epidemic. I look forward to working with members of this Subcommittee to develop proactive, and effective ways to reduce prescription drug diversion and abuse that is negatively impacting so many of our communities.