

**Report to the U.S. Senate Health, Education, Labor and Pension (HELP) Committee:  
Prescription Drug Abuse Working Group**

**National Association of Attorneys General – Substance Abuse Committee  
Florida Attorney General Pam Bondi (Co-Chair)**

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**Introduction**

State Attorneys General have been in our nation's forefront combating prescription drug diversion and abuse. Indeed, the States Attorneys General are in a unique position to engage law enforcement, public health, and community leaders to work together to end our nation's prescription drug abuse epidemic.

State Attorneys General have fought back against this complex epidemic by initiating a broad based approach to shutting off the illicit supply of diverted pharmaceuticals through strong supply reduction operations, while simultaneously reducing demand for diverted pharmaceuticals through prescription drug abuse prevention programs. States with the best successes fighting pharmaceutical drug diversion have paired multi-agency and multi-jurisdictional law enforcement operations with the routine use of some form of a Prescription Drug Monitoring Program (PDMP) to fight the supply side of the equation, while the state's leadership cooperatively engages with the pharmaceutical industry and its public health community to change cultural norms regarding pharmaceutical drug use, thereby attacking the demand side of the equation.

**Outline**

This report is organized as follows:

1. Prevention
  - a. The Partnership at drugfree.org
  - b. Prescription Drug Take Back Day Events
2. Law Enforcement
  - a. Coordinating law enforcement and health regulators to work together
  - b. Creating state-level Drug Enforcement Strike Forces (or task forces)
  - c. Sustaining state-level Prescription Drug Monitoring Programs (PDMP)
3. Drug Exposed Newborns
  - a. State-level responses to prescription drug abuse and newborns
4. Policy Recommendations
  - a. Sustain Federal funding for state operated drug courts.
  - b. Continue funding for the Drug-Free Communities program.
  - c. Prioritize National Institute of Drug Abuse (NIDA) funding to research effective treatment protocols for Neonatal Abstinence Syndrome.
  - d. Increase funding for the Bureau of Justice Assistance's *Harold Rogers Prescription Drug Monitoring Program* (HRPDMP) and also allow funds to be more flexible to the needs of all state PDMPs.
  - e. Ensure continued DEA support for local "Prescription Drug Take-Back Day" events and support the rapid adoption of DEA's new prescription drug disposal rule.
  - f. Maintain Federal funding supporting state Fusion Centers to help gather, decipher and disseminate actionable drug intelligence.

- g. Embrace a more open and transparent system to inform the public regarding annual opioid production levels for pharmaceutical companies, by enabling state, local and public input to the decision making process.

## 1. Prevention

The most cost-effective way to fight prescription drug abuse is to prevent it from happening in the first place. Since addiction is a preventable disease, countering widespread lack of awareness as to the dangers of prescription drug abuse has been a priority of the State Attorneys General. The fundamental goal of prevention education must be to shift people's perceptions and attitudes regarding the harm that comes from misusing prescription drugs. To that end, the States Attorneys General have been working with The Partnership at DrugFree.org (<http://www.drugfree.org>) to begin changing cultural norms around the prescribing, dispensing and use of prescription drugs. This nationwide initiative involves prevention messaging campaigns, and advocating for the safe and secure disposal of unused/expired prescription drugs.

The family medicine cabinet is the largest source for diverted prescription drugs in our nation. The safe disposal of expired, unused or unnecessary prescription drugs is therefore a key component in the States Attorneys General efforts to curb prescription drug abuse. The Drug Enforcement Agency (DEA) deserves special praise fighting this type of diversion by hosting Prescription Drug Take-Back Day events with local law enforcement. National Prescription Drug Take-Back Days aims to provide a safe, secure, and environmentally responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse and trafficking of medications.

For instance, on April 26<sup>th</sup>, 4,423 state, local and tribal law enforcement partners collected 780,158 pounds (390 tons) of pills at 6,072 collection sites. When added to amounts collected at previous DEA-coordinated Take-Back events, some 4.1 million pounds (2,123 tons) of prescription medications have been removed from circulation.

Take-Back Day events are a step in the right direction, but are equivalent to "Recycling Day" programs of the 1970s. It may be hard to believe for some people under the age of 40, but many communities had to hold special events so families could turn-in their aluminum cans and newsprint to one centrally located recycling center. Today, by contrast, we have convenient collection receptacles at home, and most publicly located garbage cans allow people to recycle their plastic bottle or aluminum can.

A great example of expanded safe disposal sites is now occurring in New Jersey with *Project Medicine Drop*. Launched in November 2011, *Project Medicine Drop* allows consumers to dispose of unused or expired prescription or over-the-counter medication at drop box locations within participating police departments. The drop boxes are similar to a post office mail box, and are installed indoors, affixed to the floor or wall in a secure area, but still accessible to the general public. Currently, New Jersey has over 70 permanent drop box locations, with another 40 police departments joining the program later this year.

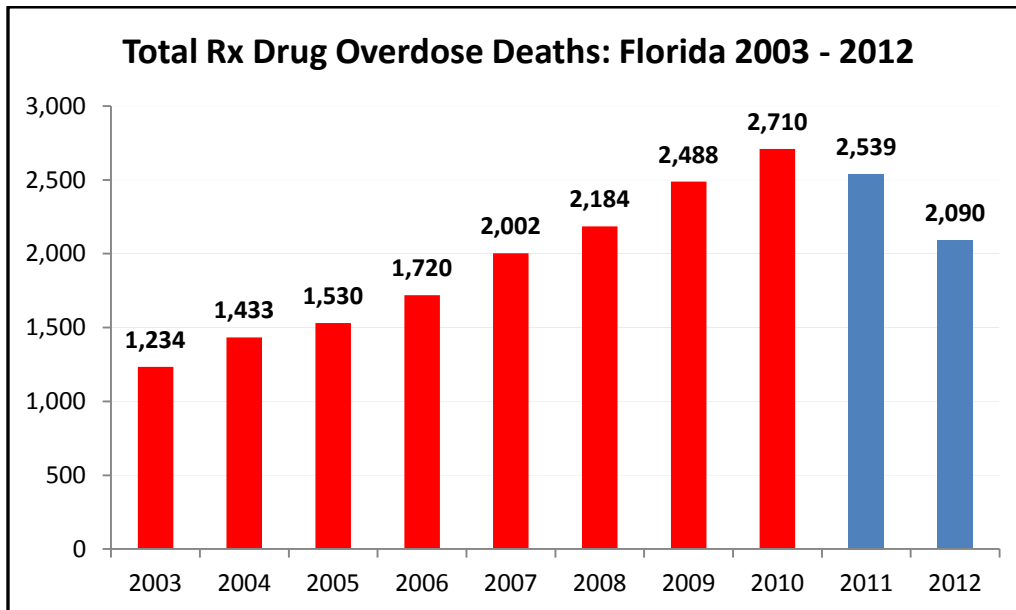
Our nation must move quickly to expand the venues where people can turn-in unused medications, instead of having to wait for an occasional "Take-Back" event. An important step forward in this effort is to adopt federal rules (*FR Doc. 2012-30699*)-proposed by the DEA-that will allow for more take-back events, prescription drug mail-back programs and the permitting of collection receptacles at secure locations; Congress should support the timely adoption of these new rules.

## 2. Law Enforcement

Federal, state and local teamwork is necessary to shutdown “pill mills,” because only a combination of administrative, civil and criminal sanctions will prevail against what has become an extremely lucrative and adaptive “business.” A key approach for these multi-disciplinary teams is determining which pill mill ‘clinics’ are unlicensed or improperly operated. Because all states have laws and regulations for determining whether healthcare practitioners meet minimum licensure requirements, state medical licensing agencies are therefore well suited for a myriad of important counter-pill mill activities, such as: evaluating the credentials of pain management clinics for licensure; issuing and renewing licenses; analyzing and investigating complaints; conducting routine clinic inspections; and very importantly, assisting in prosecuting practice act violations as well as providing the public the credentials and discipline history of pain clinic licensees.

Perhaps the most critical function a state health agency can play as part of the enforcement process is in issuing emergency suspension orders to shut down both the pill mills masquerading as pain management clinics and the unscrupulous ‘doctors’ either operating or staffing these clinics. Florida’s Department of Health, for example, has used its emergency orders tool to great effect in recent years. Indeed, Florida’s DOH has played a pivotal role in the “all hands” approach Florida employed to turn the tide against pill mills and “bad docs,” greatly reducing the effects of prescription drug diversion and abuse in this hard hit state (chart I).

Chart I



Another major step forward in many states’ fight to reduce the size and scale of the prescription drug abuse epidemic has been the creation of Regional Drug Enforcement Strike Forces (or task forces) to better share investigatory resources and expertise across a wide spectrum of law enforcement and health care regulatory agencies. This team approach has been largely focused on combating major pharmaceutical drug diverters, such as: diversion operations fronted by healthcare practitioners; organized groups of pill seeking “patients;” pain management clinics; unscrupulous pharmacies; and, increasingly, traditional drug-trafficking organizations seeking a share of this lucrative black market.

Critical to any long term sustained success in such broad, multi-agency efforts has been the development of agreements covering roles, asset sharing and investigative reimbursement. A

good illustration of this cooperation is state-level law enforcement agencies providing sworn, analytical and administrative personnel to strengthen the intelligence gathering capabilities of these strike forces, while simultaneously encouraging other state and local agencies to participate in and contribute funds and personnel to these complex investigations.

Because shutting down pill mills often entails complex investigations, state operated Prescription Drug Monitoring Programs (PDMP) is another key tool aiding in these investigations. While PDMPs are not designed—nor intended—to be a means to target individuals, they are an outstanding forensic tool for assisting ongoing criminal investigations into pharmaceutical diversion. PDMPs also play an important role in improving patient standard-of-care by providing doctors with their patient’s prescription history, and PDMPs can even reduce prescription drug diversion at the retail point-of-sales level. Ultimately, PDMPs save lives and taxpayers’ money. Encouragingly, every state except Missouri now either has or is rapidly implementing a PDMP.

### 3. Rx Drug Abuse & Newborns

Abuse and neglect of children is one of the most insidious ways prescription drug addiction affects our communities. Hospitals in states plagued by high prescription drug abuse rates now report dramatic increases in the number of newborns being treated for Neonatal Abstinence Syndrome (NAS). NAS refers to a group of medical complications associated with the withdrawal process newborns typically experience after birth if their mothers used illicit drugs or abused prescription drugs. NAS babies are born in withdrawal, suffering from symptoms such as tremors, seizures, abdominal pain, incessant crying, and rapid breathing.

Many states are now creating state-level responses to NAS. For example, Florida Attorney General Pam Bondi worked with her Legislature in 2012 to establish the *Statewide Task Force on Prescription Drug Abuse and Newborns*. This 15-member Task Force examined the extent of prescription drug abuse among expectant mothers, as well as the costs of caring for babies with NAS, the long-term effects of the syndrome, and prevention strategies. The Task Force completed its study and published 15 policy recommendations last February – a full year ahead of schedule.

One of the Florida task force’s policy recommendations was to create a statewide public awareness initiative. General Bondi partnered with the Florida Departments of Children & Families and Health to launch the *Born Drug-Free Florida* campaign. The slogan “Your baby’s life shouldn’t begin with detox,” was seen and heard throughout Florida. This campaign also established a website with important information for pregnant women, including how to take the first steps in getting help. One important outcome from this prevention campaign has been the creation of a helpline for women. This hotline screens callers, refers them to appropriate facilities in their area and provides other informational resources. Since its launch in June 2013, the hotline has helped at least 140 pregnant women begin substance abuse treatment.



An additional task force recommendation was to substantially enhance substance abuse treatment for pregnant women and mothers with children. Thanks to the Florida Legislature's leadership, the Department of Children & Families received \$8.9M in 2013 for new substance abuse treatment funding for this critically important population. In 2014, the Florida Legislature added an additional \$1M-for a new baseline total of \$10M-and, crucially, made this funding an annually recurring budget line item. This new funding will allow treatment providers to offer the specialized care pregnant woman or mothers with children need during their recovery process.

#### **4. NAAG Substance Abuse Committee's Recommendations**

- Sustain Federal funding for state operated drug courts.
  - Drug Courts and Veterans Treatment Courts save money and cut crime. In 2011, the U.S. Government Accountability Office confirmed these results, and concluded that Drug Courts reduce crime by up to 58%. Congress' investment in these courts will save money, cut crime, and serve veterans in need.
  - On May 30th, the House of Representatives approved \$59 million for Drug Courts and Veterans Treatment Courts at the Department of Justice.
    - \$44 million for the Drug Court Discretionary Grant Program, Bureau of Justice Assistance, Department of Justice
    - \$15 million for Veterans Treatment Courts, Bureau of Justice Assistance, Department of Justice
- Continue funding for the Drug-Free Communities (DFC) program.
  - Drug-Free Communities is a collaborative effort between the Office of National Drug Control Policy and the Substance Abuse and Mental Health Services Administration. Coalition training and technical assistance is provided by Community Anti-Drug Coalitions of America.
  - The DFC program is the nation's largest federally-funded prevention program, and has a sustained record of effectiveness.
  - DFC grantees have reduced drug use and abuse in communities throughout the country to levels lower than national averages because they are organized, data driven and take a comprehensive, multi-sector approach to solving and addressing drug issues.
- Prioritize National Institute of Drug Abuse (NIDA) funding to research effective treatment protocols for Neonatal Abstinence Syndrome.
  - Doctors and hospitals are interested in researching which NAS treatment protocols are the most effective, as well as finding methods to reduce the amount of time a drug exposed newborn must stay in a Neonatal Intensive Care Unit (NICU).
  - Since a majority of the costs in treating NAS are concentrated in NICUs, finding the safest and most effective treatment for newborns can be particularly cost-effective.
- Increase funding for the Bureau of Justice Assistance's *Harold Rogers Prescription Drug Monitoring Program* (HRPDMP), and enable these funds to be used more flexibly by state PDMPs.
  - The HRPDMP funds have been focused on supporting data sharing efforts among state PDMPs. However, funding for this program should become more flexible so states can also apply for funding enhancements to improve medical personnel's timely use of the system or to improve law enforcement's ability to utilize the data to reduce diversion and abuse.

- Inter-state data sharing is not popular in all states; HRPDMP funds should therefore account for this reality by allowing these particular states to use their HRPDMP funds strictly for internal enhancements.
- Ensure continued DEA support for local “Prescription Drug Take-Back Day” events and support the rapid adoption of DEA’s new prescription drug disposal rule.
  - Typically, local communities cannot hold “Take-Back” events without the DEA’s financial support. Until a regulatory framework is in place (see next bullet below) to more easily allow consumers to dispose of their unused, expired or unnecessary medications, the DEA will need to continue to support local communities in the safe collection and disposal of prescription drugs.
  - Congress should support the adoption of DEA’s rule to increase the safe disposal of used/expired prescription drugs. These new regulations would implement the *Secure and Responsible Drug Disposal Act of 2010* by expanding the options available to collect controlled substances from ultimate users for purposes of disposal to include:
    - Take-back events,
    - mail-back programs, and
    - collection receptacle locations

[http://www.deadiversion.usdoj.gov/fed\\_regs/rules/2012/fr1221\\_8.htm](http://www.deadiversion.usdoj.gov/fed_regs/rules/2012/fr1221_8.htm)
- Maintain Federal funding supporting state Fusion Centers so as to continue to help the states gather, decipher and disseminate actionable drug intelligence.
  - Fusion Centers represent one of the most important recent developments in U.S. law enforcement. A fusion center processes a wide range of raw data and finished intelligence from disparate sources and agencies and then fuses this information for evaluation, analysis, and dissemination back to the field.
  - Fusion centers leverage information technologies to better manage the huge daily flood of data that threatens to inundate already overworked local law enforcement agencies.
  - State-operated Fusion Centers are supported in part by funding from the Department of Homeland Security’s Homeland Security Grant Program (HSGP) and the Department of Justice’s Justice Assistance Grants (JAG).
- Embrace a more open and transparent system to inform the public regarding annual opioid production levels for pharmaceutical companies, by enabling state, local and public input to the decision making process.
  - It is not widely known that the DEA’s Office of Diversion Control has the power to set annual production totals for a particular drug.
  - Creating an open and transparent approval system will better inform the public and create improved public health outcomes because there will be a more holistic and informed production quota decision-making process.