



ACCIDENTAL OVERDOSES FROM
LEGAL DRUGS

Prescription Drugs Play Increasing Role in Overdoses

As recent tragedies shine the spotlight on accidental drug overdoses, it's becoming increasingly clear that prescription drugs are playing an increasing role in accidental deaths. States are doing something about it.

By Ann Kelly

Drug overdose deaths are on the rise in the United States, but it's not what you might think.

They are accidents.

Many states are reconsidering policies to combat prescription drug overdoses in light of new statistics and recent tragedies. Those tragedies include celebrities as well as teen-agers in local communities, like Ryan DePuy of Washington, a 17-year-old whose death resulted from a combination of prescription and over-the-counter medications.

Deaths from drug overdoses involving prescription medicines actually exceed deaths from heroin, cocaine and other illicit drugs combined, according to data from the Centers for Disease Control and Prevention.

Most of these deaths are unintentional—not suicides and homicides. In fact, the unintentional drug overdose death rate today is more than twice the rate during the early 1990s, the era of crack cocaine deaths, primarily due to the increase in accidental prescription drug overdoses, according to CDC.

With unintentional deaths increasing, state programs to control drug misuse are becoming more important. With the help of the federal government, public health programs are identifying ways to strengthen state efforts to prevent these accidental deaths.

CDC reports trends in unintentional drug overdose deaths that can help states determine their priorities for combating prescription drug misuse. The most recent figures available showed that from 1999 to 2004, prescription drugs replaced heroin and cocaine as the primary cause of unintentional drug overdose deaths in both rural and urban areas of the country.

In West Virginia, which had the biggest increase during the five years, nearly all the accidental overdose deaths involved

prescription drugs, and two-thirds of those people obtained the drugs without a prescription, CDC said. Prescription narcotic medications for pain and psychotherapeutic drugs were involved more frequently than other types of drugs.

The highest death rates from prescription drug overdoses are among white men, but young people are increasingly likely to die accidentally from prescription drug overdoses. In 2005, death rates for accidental drug overdoses were highest in rural Appalachian states, southwestern states and New England. And researchers, public health and law enforcement experts indicate deaths have continued to increase since 2005.

Controlling Misuse, Abuse

Thirty-eight states have implemented or approved legislation to develop a prescription drug monitoring program to identify patients who are doctor shopping—when an individual visits several different doctors to obtain prescriptions for the same medications—and patients who are misusing prescriptions. As of November 2008, 32 states had monitoring programs for prescriptions filled within their borders. Since 2002, the Department of Justice's Harold Rogers Prescription Drug Monitoring has supported program development, and the number of states operating programs has more than doubled—from 14 to 32.

But the programs are costly: The Department of Justice estimates it costs \$350,000 to start a state prescription drug monitoring program, and the states operate the programs with annual budgets ranging from \$100,000 to \$1 million. As state programs become operational, they face financial challenges. As a result, states use a variety of sources to fund operations—federal grants, state tax revenues, portions of professional license fees, donations and grants to fund ongoing operating expenses.

All prescription drug monitoring programs are designed to protect patient privacy and specify who has access to the information. Physicians and pharmacists are educated on how they can request information from the program to better manage a patient's drug regimen, refer patients for addiction treatment and reduce the availability of drugs for overuse.

Law enforcement officials can request prescription information when gathering evidence of prescription drug diversion, enabling them to act more efficiently and quickly by identifying the pharmacies where prescriptions were filled.

States estimate prescription programs can save at least 80 percent of the time spent on investigations because officers don't have to investigate every pharmacy where prescriptions may have been filled. A 2006 study by Simone Associates also found that monitoring programs reduce the per capita supply of prescription pain medications in a state.

States are also working together to strengthen efforts to prevent diversion of prescription drugs. Prescription drug diversion is "the illegal removal of a prescription drug anywhere along its path from the manufacturer to the patient," said John Burke, president of the National Association of Drug Diversion Investigators.

Some state public health agencies, such as Massachusetts, exchange bulk prescription data—without patient identifiers—with neighboring states to determine how many people are crossing state lines to fill prescriptions. The results are used to educate in-state physicians on these trends.

State prescription programs are also working together to evaluate program costs and benefits by developing perfor-

mance standards and monitoring expected outcomes.

Information Sharing and Doctor Shopping

Even with the advances in prescription tracking programs, only a few states are working to develop a system to share information among states. Information sharing could be important, especially when it comes to doctor shoppers—those patients who shop for prescriptions from multiple doctors, often in bordering states where no prescription program exists, according to the U.S. Drug Enforcement Administration

Danna Droz, administrator for the Ohio State Board of Pharmacy's prescription drug monitoring program, believes out-of-state information is vital to a complete picture of controlled drug use or misuse in a particular community or state. Droz reviewed prescription data from six states—Virginia, New York, California, Ohio, Kentucky and Nevada—and found up to 15 percent of prescriptions in each state are written by out-of-state prescribers and up to 7 percent of patients are from out of state.

"As prescription drug abuse continues to expand, pharmacists and prescribers have a greater need to monitor the prescriptions that their patients receive," said Droz.

She said medical professionals can sign up for multiple state prescription drug monitoring programs to obtain prescription history information, but it is an inefficient and time-consuming process.

"A much better approach would be to create a system where a prescriber or pharmacist could make one request

to access prescription data from more than one (prescription monitoring program)," Droz said.

The Kentucky legislature authorized sharing prescription monitoring information with other states in 2005, and Kentucky and Ohio plan to begin sharing information this year. Working with the Department of Justice-funded Integrated Justice Information Systems Institute to develop the technological solution, the two state systems expect to exchange test data by early this year.

The pilot project uses a secure hub server that communicates only with state prescription management program databases. The monitoring programs encrypt all prescription data for privacy reasons when it is passed through the secure hub.

For example, an Ohio physician who wants information on his patient's prescriptions filled in Kentucky makes the request to the Ohio program. The Ohio program then encrypts the request and passes it through the secure hub to Kentucky. The Kentucky program would open the request and send an encrypted response back through the hub to Ohio. The Ohio program then opens the response and transmits it to the requesting Ohio physician.

Dave Hopkins manages the Kentucky Cabinet for Health and Family Services prescription drug monitoring program known as KASPER and is vice-chair of the Department of Justice steering committee of eight states and six technology vendors working on sharing prescription data between states.

Hopkins said the Kentucky program has worked to develop standards, agreements and software to enable data sharing with other state drug monitoring program since early 2008. Kentucky expects to be able to share data with Ohio and one other state this year.

"We have had strong direction from the state legislature and Secretary Janie Miller to implement this system and by late 2009 we expect to be able to share data to support patient treatment by health care providers and to expedite our investigation of Kentucky residents involved in illicit prescription drug use across our borders," Hopkins said.

But sharing this kind of information also comes at a cost. The Integrated Justice Information Systems Institute estimates it could cost from \$100,000 to \$200,000 for

Drug Courts Can Save States Money

Here's how drug courts work, according to the National Association of Drug Court Professionals: Participants receive treatment and other needed services, are regularly tested for drug use, appear frequently in court for the judge to review their progress, and receive rewards for doing well and sanctions for not living up to their personal responsibilities.

Drug courts enable these offenders to stay clean, meet their responsibilities, and break the cycle of drug abuse, criminal activity and incarceration. Extensive studies document that drug courts reduce drug abuse, cut re-arrest rates nearly in half, and improve employment and family functioning better than jail or prison, probation, or treatment alone.

Drug courts can save states as much \$12,000 per client compared to other criminal justice strategies, according to the organization.



Unintentional Prescription Drug Overdoses

State efforts to reduce prescription drug abuse have become the line of attack for the crisis in unintentional deaths from prescription drug overdoses—when a person takes a drug without intending to die.

Unintentional deaths are not suicides or homicides and usually occur when individuals take excessive amounts of prescribed drugs or mix prescriptions with illegal drugs. Unintentional overdoses can also occur when people use narcotic pain medications in their family medicine cabinet recreationally, unaware of the dangers involved or trusting that FDA-approved prescription drugs are safe for anyone to use. But the consequences can be tragic. Still many times, unintentional overdose deaths involve individuals who obtain the drugs through fraudulent means.

To shine the light on promising state strategies to reduce unintentional drug overdose deaths, the CDC brought together state, local and national public health experts and other interested parties during the course of two meetings in December and January. Experts at the meetings discussed the strengths and challenges related to state efforts and the results to date in reducing drug overdoses caused by prescription drugs.

Attendees at the December meeting reviewed state legal efforts to address prescription drug overdoses, including prescription drug monitoring programs, drug courts, state-issued prescription forms, laws to control doctor shopping and pain clinic regulations.

The second meeting in mid-January was oriented to state public health departments. It focused on additional programmatic strategies to address prescription drug abuse issues. Topics included prescription drug dosing guidelines, the epidemiologist's role, the use of medical examiner data and review of prescription drug use by Medicaid recipients.

Meeting materials will be available on the Web sites of CDC's National Center for Injury Prevention and Control and Public Health Law Program.

state prescription monitoring systems to participate in this kind of hub-based data-sharing among states, depending on the existing capabilities of the state system.

Drug Courts

Drug courts are another way states are trying to decrease prescription drug misuse and the unintentional deaths associated with it. When it comes to nonviolent drug offenders, according to the National Drug Court Institute, researchers deem drug courts a solution that works. The institute found drug courts to “work better than jail or prison, better than probation and better than treatment alone. Drug courts significantly reduce drug abuse and crime and do so at less expense than any other justice strategy.”

The Department of Justice has funded drug courts since 1995, and courts are operating in all 50 states, U.S. territories and more than 70 tribal locations. Federal funding for developing state drug courts has historically attracted state and local funding at seven times the federal investment, once the drug courts started to realize savings.

Drug courts exist in fewer than half of U.S. counties and only serve a fraction of the drug offenders who could benefit from the services, according to the National Association of Drug Court Professionals.

In his experience, Judge Lewis Nicholls, a retired Kentucky senior judge, found 80 percent of defendants in the criminal justice system were addicted or drug dependent, and two-thirds of them were taking prescription medication.

He credits the combined supervision and drug treatment available through the state drug court program to reducing the drug court recidivism rates to 20 percent compared to 57 percent among those who received prison and parole.

“Drug courts work exceptionally well for clients whose crimes are motivated by an addiction to prescription drugs,” Nicholls said.

For more information and resources, go to <http://www.healthystates.csg.org/Public+Health+Issues/Injury+Prevention/>

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