

Prescription Drug Abuse and Diversion: The Role of Prescription Drug Monitoring Programs

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Testimony

I would like to thank Senator Sessions and all the committee members and staff for this opportunity to testify regarding prescription drug monitoring programs. I sit here in three capacities.

The first as a representative and Board member of the American Society of Interventional Pain Physicians. Our national organization represents nearly 50% of the 6500 interventional pain physicians in America. Interventional pain management is that discipline of medicine devoted to the diagnosis and treatment of acute, sub acute and chronic pain and related disorders using interventional techniques in conjunction with other treatment modalities, including narcotic and psychotherapeutic medications. I would like to thank our national president, Dr. Lax Manchikanti and our executive vice-president Dr. David Kloth for their assistance in preparing this presentation.

The second as an interventional pain physician licensed to practice in the State of Alabama.

The third and most important, as the father of three teenage girls, one of whom, Elizabeth, is present today to observe these proceedings.

My thoughts and prayers are with those in Alabama and the gulf coast who are recovering from the devastation of hurricane Ivan. The cost and destruction of Ivan, however pales in comparison to the effect of prescription drug abuse and diversion in our society. I have provided supporting data and an extensive review in my formal submission.

Today chronic pain requiring treatment affects 10 – 30% of the population. Pain is second only to the common cold as the most frequent presenting complaint to a physician. Narcotic analgesics and psychotherapeutic medications made available through our pharmaceutical industry have brought the treatment of pain within our grasp. Congress, in its wisdom, saw fit in 1970, to pass the Controlled Substances Act to control the manufacture and distribution of pharmaceutical substances Unfortunately, despite this legislation, the diversion of legitimately prescribed medications has become such a problem that John Walters, Director of the White House Office of National Drug Control, stated that “The non-medicinal use of prescription drugs has become an increasingly widespread and serious problem in this country, one that calls for immediate action.”

While most Americans recognize the risk of addiction and even death from illicit drugs, they are less likely to recognize the risks of prescription drugs. With increasing frequency, Americans have sought to divert prescription drugs for non-medicinal purposes through theft, fraud and forgery. With only 4.6% of the world’s population the United States consumes 80% of the world’s opiod production. The problem of

prescription drug diversion has eclipsed illicit drug use as a public health and law enforcement challenge.

Eleven million persons abused psychotherapeutic or analgesic medications in 2003 second only to marijuana as the leading category of illicit drugs. The exponential rise of the diversion of controlled substances is best exemplified by the non-medicinal use of Oxycontin (a time release pain killer similar to morphine). In 1997 221,000 persons abused this drug but by 2003 this number had grown to 2.8 million. Abuse of these drugs in the chronic pain population is estimated to be between 18 and 24%. The diversion of prescription medications cuts across all parts of society without regard for race, religion, gender, age or national origin. Several years ago I performed a routine urine drug screen on a 67 year old male suffering from post surgical back pain. I was prescribing Oxycontin 40 mg three times a day but only methadone could be found in his urine. He was selling his Oxycontin, which was paid for by his insurance company, and buying methadone, which is much cheaper, to control his pain. The profit amounted to a \$3,000 per month supplement to his retirement income.

Although most of the 30 million chronic pain patients are honest, from 3 to 8 million persons a year are trying to deceive physicians and divert prescription drugs.

Unfortunately, the availability of diverted prescriptions is no more apparent than in our schools. Evidence shows that drugs are available as early as middle school and there is widespread sale and use in high schools. We see tragic case after case of disrupted teenage lives with social and family strife often leading to mental health crises and unfortunately death from overdose or suicide.

The other end of the age spectrum was revealed in an article in the Birmingham News in May of this year. Two 66 year old grandmothers were charged with 12 counts of the illegal sale of prescription medications, (morphine, Oxycontin and hydrocodone) within three miles of a school. The director of the local drug task force said, "The illegal use and sale of prescription medications has become one of the worst drug problems in (the county)."

Prescription drug use is a national problem. The DEA controls the manufacture and wholesale distribution of controlled pharmaceuticals through a nationwide database. The retail level, from the physician to the patient however, is not constantly being monitored state by state and there is virtually no system in place to aid physicians in identifying unscrupulous patients trying to obtain medications under false pretenses. Some 15 to 21 states have some form of state prescription drug monitoring system. A monitoring system alone however, will not give physicians the timely information needed to identify deceitful patients and stop diversion at its source. An effective monitoring system must be comprehensive, involving all 50 states, integrated, with all systems compatible and interconnected, involving all scheduled drugs and available in real time to give the physicians the information necessary to make good clinical decisions.

The American Society of Interventional Pain Physicians strongly supports NASPER, the National All Schedules Electronic Recording Act which incorporates all these elements and has been tested and proven effective in Kentucky.

We ask that you support a system to give real time comprehensive information to physicians prescribing controlled substances. Help us put the control back into the Controlled Substances Act.

Thank you again for providing me with this opportunity. Now, I will be happy to answer any questions you may have.