



“Warning: The Growing Danger of Prescription Drug Diversion”

Presented by Governor Steven L. Beshear
Commonwealth of Kentucky
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The fastest growing, most prolific substance abuse issue facing our country is the diversion and abuse of prescription drugs. Nationwide, visits to emergency rooms by individuals using/abusing prescription drugs increased an astounding 98 percent from 2004 to 2009, according to the Drug Abuse Warning Network, a public health surveillance system that monitors drug-related visits to hospital emergency departments and drug-related deaths investigated by medical examiners and coroners.

The Commonwealth of Kentucky has not escaped the effects of this deadly phenomenon. In my home state, accidental deaths from prescription drug overdoses have skyrocketed, rising 34 percent in that same time period. Put in numeric terms, an average of 82 Kentuckians die every month from drug overdoses, which now surpass motor vehicle crashes as the leading cause of accidental death. As disturbing a picture as these numbers paint, they do not fully measure the problem: the statistics do not reflect drugged driving crashes that resulted in fatalities, nor the number of Kentuckians that overdosed in other states.

Throughout the past decade, Kentucky has implemented a number of program and policy initiatives in an effort to reverse this trend, including the development of a prescription drug monitoring program (PDMP). Created as a result of a task force headed by Congressman Chandler (then Attorney General of Kentucky) and recognized as a national model for its inclusive, easily accessible system, the Kentucky All Schedule Prescription Electronic Reporting system (KASPER) has been in place for more than 10

years, and allows prescribers to review the controlled substance prescription history of patients, and recognize the patterns of those who abuse and divert prescription drugs.

KASPER was upgraded in 2005 to eKASPER, making the system web accessible for faster, easier use. A 2010 survey of KASPER users indicated an overwhelming majority – 88.6 percent – of prescribers or dispensers have used a KASPER report to help with the clinical decision to deny medication to patients, compared to 58.4 percent in 2006 who had reported using KASPER in that process. The nearly 50 percent increase speaks to its use as a tool to identify potential controlled substance abuse and diversion.

Kentucky law enforcement officers became aware of large numbers of prescription drugs being shipped into the state from internet-based pharmacies. Prescriptions for powerful painkillers were being written by doctors who had never examined the patients, and filled by internet pharmacies whose only concern for the patients was their ability to pay by credit card. To respond to that tactic, Kentucky in 2005 became one of the first states to pass and enforce tough laws that required a doctor's examination for the writing of controlled substances, and required internet pharmacies to report to KASPER and be licensed in the state. Congress followed suit three years later, passing the Ryan Haight Act sponsored by Senator Feinstein to address the problem nationwide.

Kentucky medical and law enforcement officials soon identified a new trend in drug diversion: individuals and groups traveling to other states in an effort to avoid the scrutiny of KASPER, to obtain large amounts of prescription drugs from unscrupulous

doctors. In October 2009, during the state's largest drug bust, Kentucky law enforcement officials arrested more than 500 people in connection with diverting prescription drugs, all of whom had a Florida connection.

Thanks to support from the federal Harold Rogers Prescription Drug Monitoring Grant Program, Kentucky, along with Ohio, is developing a system allowing states with prescription monitoring programs to share data with authorized users.

Unfortunately, the state most prolific in providing prescription drugs to those who abuse and divert them currently has no prescription monitoring program. Since 2008, my office has worked with representatives of Florida's executive and legislative offices to provide information about the effectiveness of PDMPs, and encourage the development of a system in that state. In 2009 the Florida legislature approved the measure and start-up funding for the monitoring program; in late 2010, however, Florida's newly-elected Governor proposed to discontinue the program before it could become operational. We are glad to see from recent news reports that the project is moving forward and may be operational later this year.

The facts concerning Florida's impact on the accessibility of prescription drugs are clear. According to a report issued by a Broward County Florida Grand Jury in Spring 2009:

- In 2007 there were four pain clinics operating in Broward County, Florida; by 2009, that number had increased to 115, and continues to rise.
- During the last six months of 2008, the top 50 prescribers of oxycodone in the nation were located in the state of Florida – 33 in Broward County alone.
- In 2008, the Florida Medical Examiners Commission reported that there were 3,750 lethal dose reports of prescription drugs detected in deceased persons in the state of Florida, an average of more than 10 reported deaths per day.

In Kentucky, we continue to see that impact in human terms. Earlier this year, media reported the death resulting from overdose of a Kentucky mother who was found unresponsive in the rear of a vehicle during a routine traffic stop. According to reports, she was returning to Kentucky with two other people from a visit to a Florida pain clinic.

Kentucky has and will continue to use any and all means to reduce the prescription drug epidemic that grips us. We have increased treatment resources through public/private partnerships. We have expanded the availability of drug treatment in our prisons and jails, and Kentucky's Department of Corrections has increased its substance abuse expenditures from \$880,000 in FY 2005 to \$6.9 million in FY 2010. We will continue to refine and improve our programs and laws. We are reviewing legislative proposals for 2012 to include the regulation and licensing of pain clinics, as well as requiring all

prescribers of controlled substances to have an active account with the state's PDMP.

However, we are not an island. We live in a mobile society and that mobility limits the ability of any one state to be entirely successful on its own in addressing substance abuse issues. There are strategies that have a higher probability of success when implemented on a national level:

- I urge Congress to continue providing resources to the Harold Rogers Prescription Drug Monitoring Grant Program, so the critical work toward data sharing among the states can continue. We have come too far with that program to stop now.
- Prescribers of controlled substances, especially those treating pain with Schedule II narcotics, should be mandated to complete training related to those medications, as well as the disease of addiction. The University of Kentucky Center for Drug and Alcohol Research estimates that approximately 50 percent of all opioid addicts became addicted through a legitimate medical need. Since the recent reformulation of oxycodone (OxyContin), Kentucky has seen a shift in diversion to oxymorphone (Opana), a powerful narcotic with a significant risk of overdose death. Clearly, more prescriber and patient education is needed.

- The Department of Justice should investigate increasing resources to federal, state and local law enforcement and prosecutors in Florida – South Florida in particular – to address the threat that drugs obtained there will be diverted and abused on a regional scale. The High Intensity Drug Trafficking Areas (HIDTA) in Kentucky and South Florida identified this threat as early as 2007, and while these groups have used considerable resources to address the problem, evidence shows an increased effort is needed.

Our federal government has historically addressed drug threats at their origin; Columbia, Afghanistan and Mexico are examples of supply reduction efforts. Yet, as has been clearly demonstrated, the source of much of the prescription drugs that are destroying lives in my state, and in other states, is South Florida. An extreme effort should be made to immediately close down these drug dealing operations that masquerade as medicine.