

PRESCRIPTION DRUG ABUSE IN NEVADA

**Notes for testimony before the Legislative Committee
on Health Care, November 4, 2009**

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**i. SOME NATIONAL NUMBERS (according to the Natl
Inst. On Drug Abuse)**

- a. Americans comprise approximately 6% of the world's population yet:
 - i. We consume 60% of all manufactured drugs
 - ii. 80% of the **world's** supply of opioids
 - iii. 75% of the **world's** supply of oxycodone
 - iv. 99% of the **world's** supply of hydrocodone
- b. We live in the most drug oriented society in all of history
 - i. Greeting card ("the best part of getting sick is VICODIN; save some for me!")
- c. The number of opioid prescriptions have escalated 350% since 1991 (with only a 19% increase in population).
- d. 6.9 million people over the age of 11 are abusers of analgesic opioids in this country. (another 20 million are illicit drug users)
- e. Every day 2500 youths (age 12-17) abuse an opioid for the first time.
 - i. And 56% of them got the drug from a friend or family for free.

EXHIBIT Z - HEALTH CARE
Meeting Date: 11-04-09
Document consists of 4 pages.
Entire Exhibit provided.

- f. Nearly $\frac{1}{2}$ of Aetna's fraud cases in 2006 involved analgesic opioids.

ii. SOME NEVADA NUMBERS

- a. Nevadans consume about twice the national average of several prescription painkillers.
- b. More people in Clark County die of prescription narcotic overdoses than of illicit drugs or from automobile accidents.
- c. In amount of drug consumed per 100 thousand people, Nevada ranks:
 - i. #1 for hydrocodone (Vicodin & Lortab)
 - ii. #4 for oxycodone (Percodan/Percocet) and methadone
 - iii. #7 for codeine
 - iv. #17 for meperidine (Demerol)
- d. In 2008 Nevada pharmacies filled 26 million prescriptions for alprazolam (Xanax)
 - i. and we only have 3-4 million people!
- e. Interesting to note that 5% of the total number of practitioners prescribe 88% of the drugs

iii. HOW DO WE APPROACH THIS PROBLEM?

- a. Note*
 - i. we are talking about **PRESCRIPTION** drug abuse
 - ii. **the only difference between a drug and a poison is the dose . . .**
 - iii. the general public believes that prescription drugs are safe . . .
- b. 3 major players:
 - i. Patient: who either needs or wants a drug
 - ii. Practitioner: who actually orders (prescribes) the drug

- iii. Pharmacist: who dispenses the drug pursuant to that order by the practitioner.
- c. We must understand that the patient cannot get the drug unless prescribed by the doctor and that the pharmacist cannot give the drug unless prescribed by the doctor.
 - i. A pharmacist can only refuse to fill a prescription under two circumstances: if in his professional judgment
 - 1. The prescription is fraudulent
 - 2. The drug may harm the patient.
- d. The treatment of pain is both an art and a science because really, many times the doctor doesn't know if his patient is actually in pain or doing a con job?

iv. CONTROLLED SUBSTANCE PRESCRIPTION ABUSE PREVENTION TASK FORCE

- a. What is it?
 - i. A database with thresholds and a goal of identifying potential "doctor shoppers" (which is a felony) and referring them for treatment.
 - ii. Nevada was one of the first states to systematically share prescription information among doctors and pharmacists, and has been doing so since 1997 thanks to you, the legislature (33 states now have PMPs)
 - iii. Who comprises the "task force"? (participants)
 - 1. SAPTA; NDI; Health Licensing Boards; Medicaid; Professional Assns; Pain Mgt Docs; impaired professional help groups; occasionally industry.
 - iv. Funding: through federal grants and the Board of Pharmacy
- b. How does it work?
 - i. Pharmacists & dispensing practitioners must report their controlled substance prescription records weekly to the Task Force.

- ii. Staff then filters this data for warning signs of abuse, such as multiple doctors and multiple pharmacies.
- iii. If a patient sets off enough “red flags”, the Task Force sends a letter to each practitioner and each pharmacy that the patient has visited.
- iv. It is then up to each of these professionals to determine how to handle their patient.
- v. Not for law enforcement “fishing”
- vi. We do have one intervention officer with a case load of about 60 patients to help get people into treatment when appropriate.

c. Impact?

- i. Getting over 200K hits per year!
- ii. For a patient identified as being over the threshold with our intervention:
 - 1. Ave. # Rx's drops from 150 to 46 per year
 - 2. Ave # of MD visits drops some 37%
 - 3. Ave number of doses drops 43%

- iii. Nevada has become a model for the nation

d. Godsend for urgent care and emergency room physicians

- i. A doc can run a patient 24/7 while the patient is in their room.
- ii. A pharmacist can run a patient 24/7 while the patient is in the pharmacy.
- iii. A doc can run his own profile to ensure that he is not being scammed.

- v. **The Board of Pharmacy takes prescription drug abuse very seriously and is willing to assist in the challenge of controlling it in whatever way possible.**