



# Prescription Drug Misuse and The North Carolina Controlled Substances Reporting System

**Joint Legislative Health Care Oversight Committee  
September 7, 2010**

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Division of Mental Health, Developmental Disabilities & Substance  
Abuse Services**



# Prescription Drug Abuse

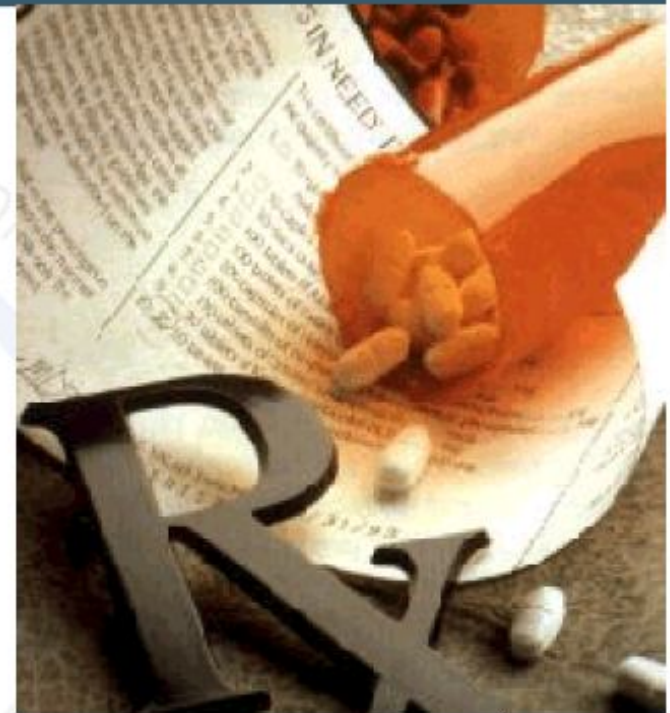
- 2008 National Survey on Drug Use and Health estimates there are 6.2 million Americans who are current non-medical users of psychotherapeutic drugs
- More than the number of those abusing Cocaine, hallucinogens, and heroin COMBINED
- Non-medical use of prescription drugs ranks second only to marijuana as the most prevalent category of drug abuse

# Pharmaceutical vs. Street Drugs Perception

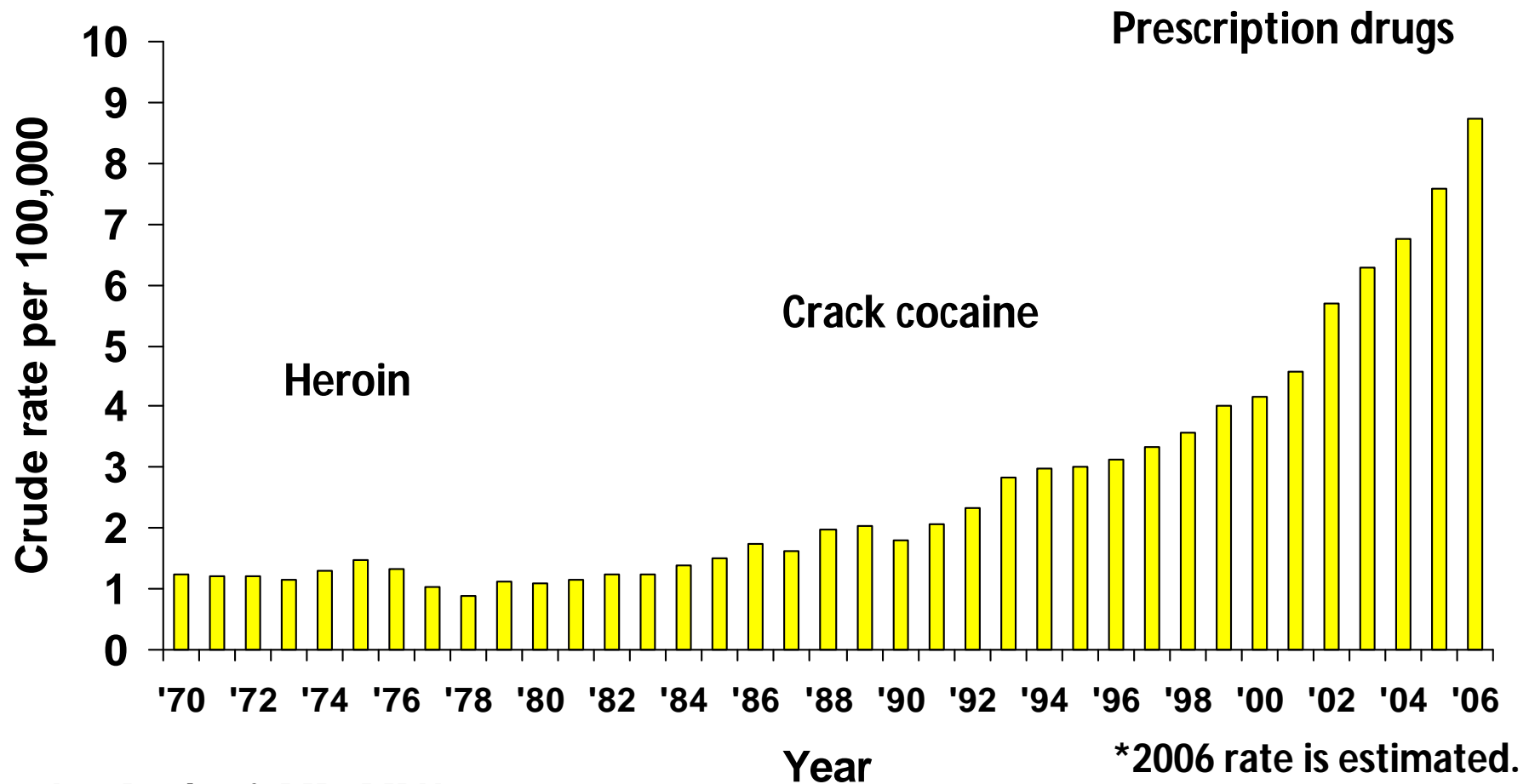
- **Safer to use:**
  - Consistent Purity
  - Quality drugs
  - “it’s just a prescription drug”
- **Low or no acquisition cost:**
  - Medicaid/Medicare
  - Worker’s Comp
  - Private Insurance
- **Less legal risk than illicit drugs**



# Scope and Extent of Problem



# Epidemics of unintentional drug overdose deaths in the U.S., 1970-2006\*

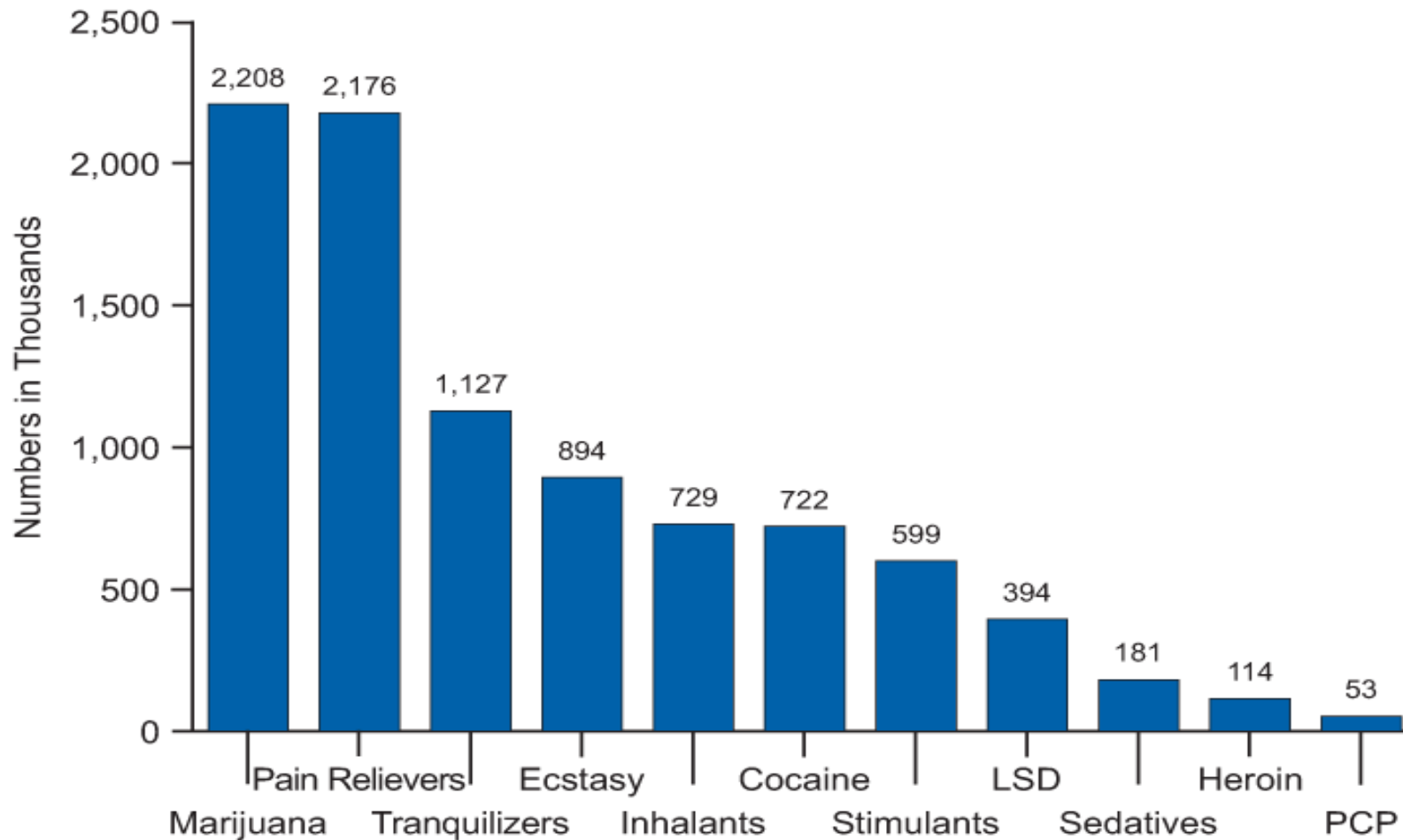


Len Paulozzi, MD, MPH

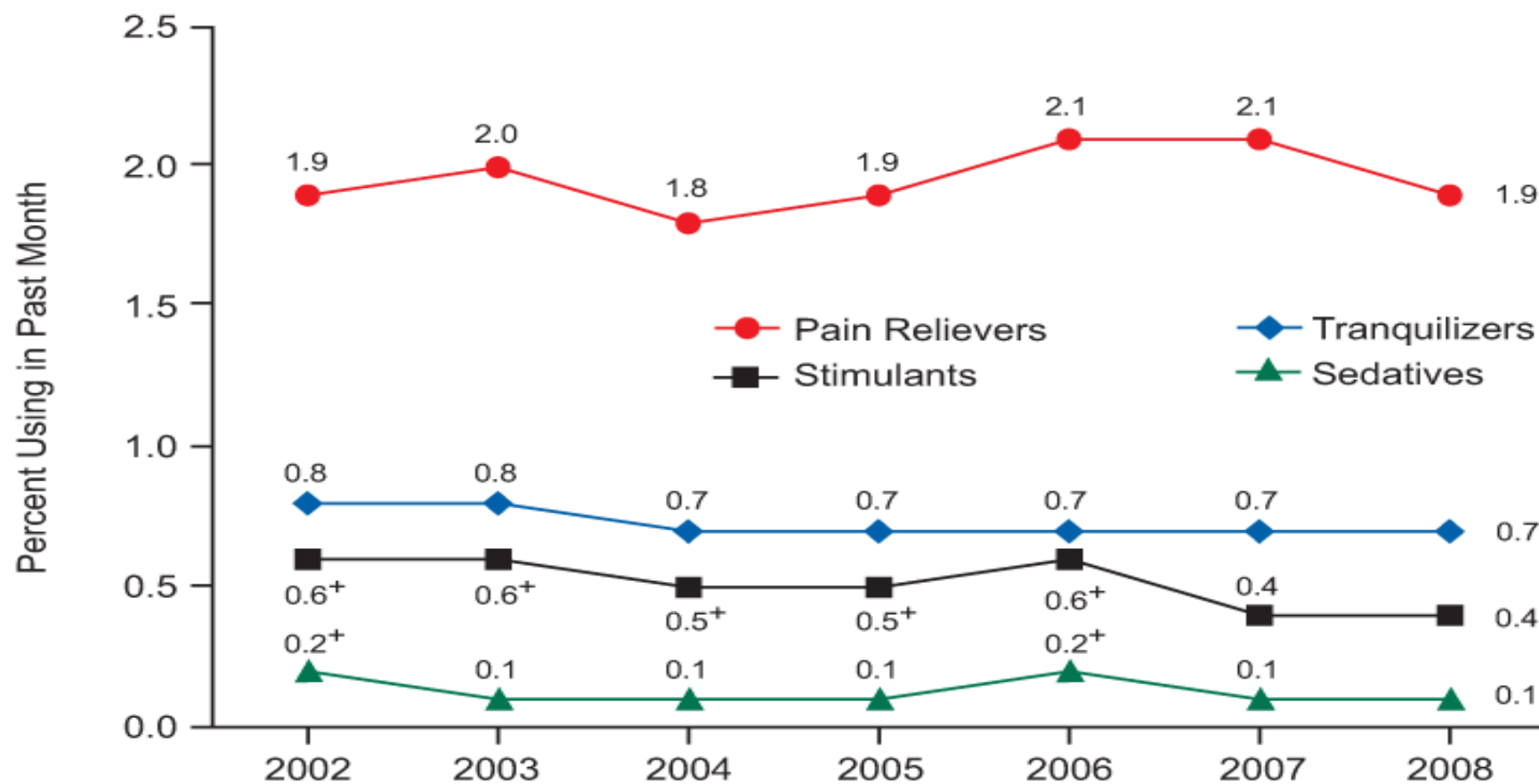
National Center for Injury Prevention and Control

Centers for Disease Control and Prevention

# Past Year Initiates for Specific Illicit Drugs among Persons Aged 12 or Older: 2008

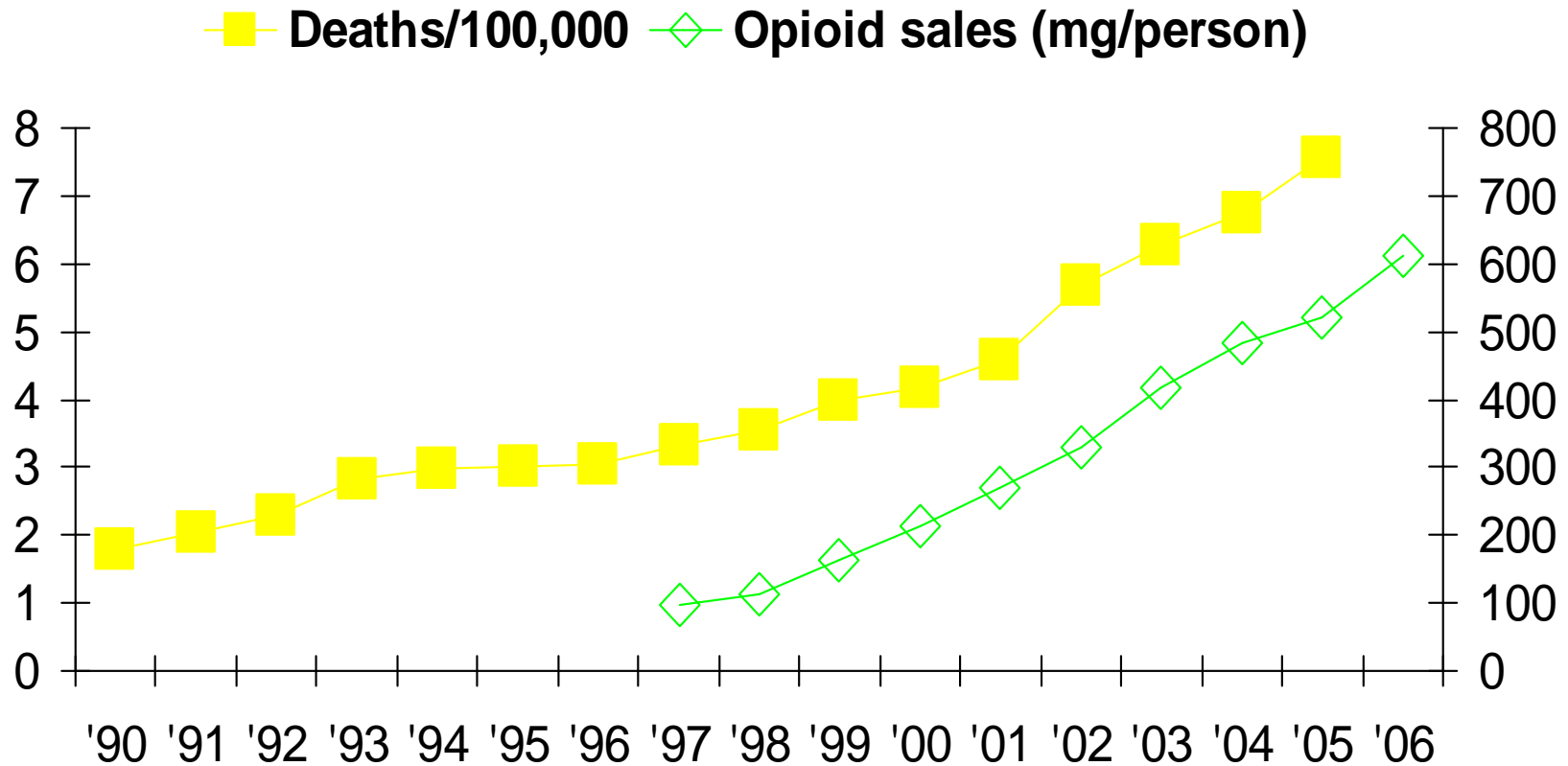


# Past Month Nonmedical Use of Types of Psychotherapeutic Drugs among Persons Aged 12 or Older: 2002-2008



2008 NSDUH Survey

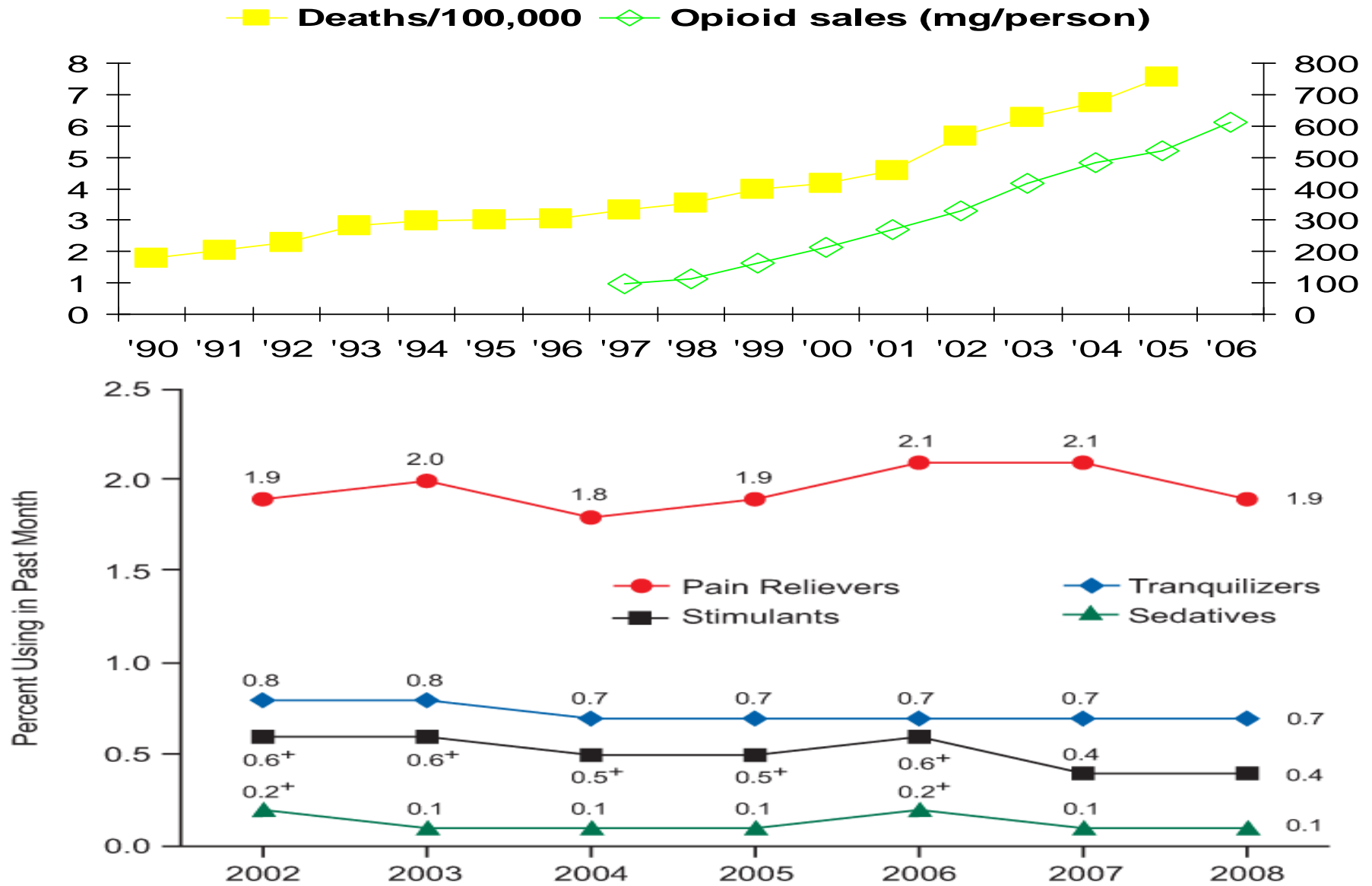
# Unintentional drug overdose death rates and total sales of opioid analgesics in morphine equivalents by year in the U.S.



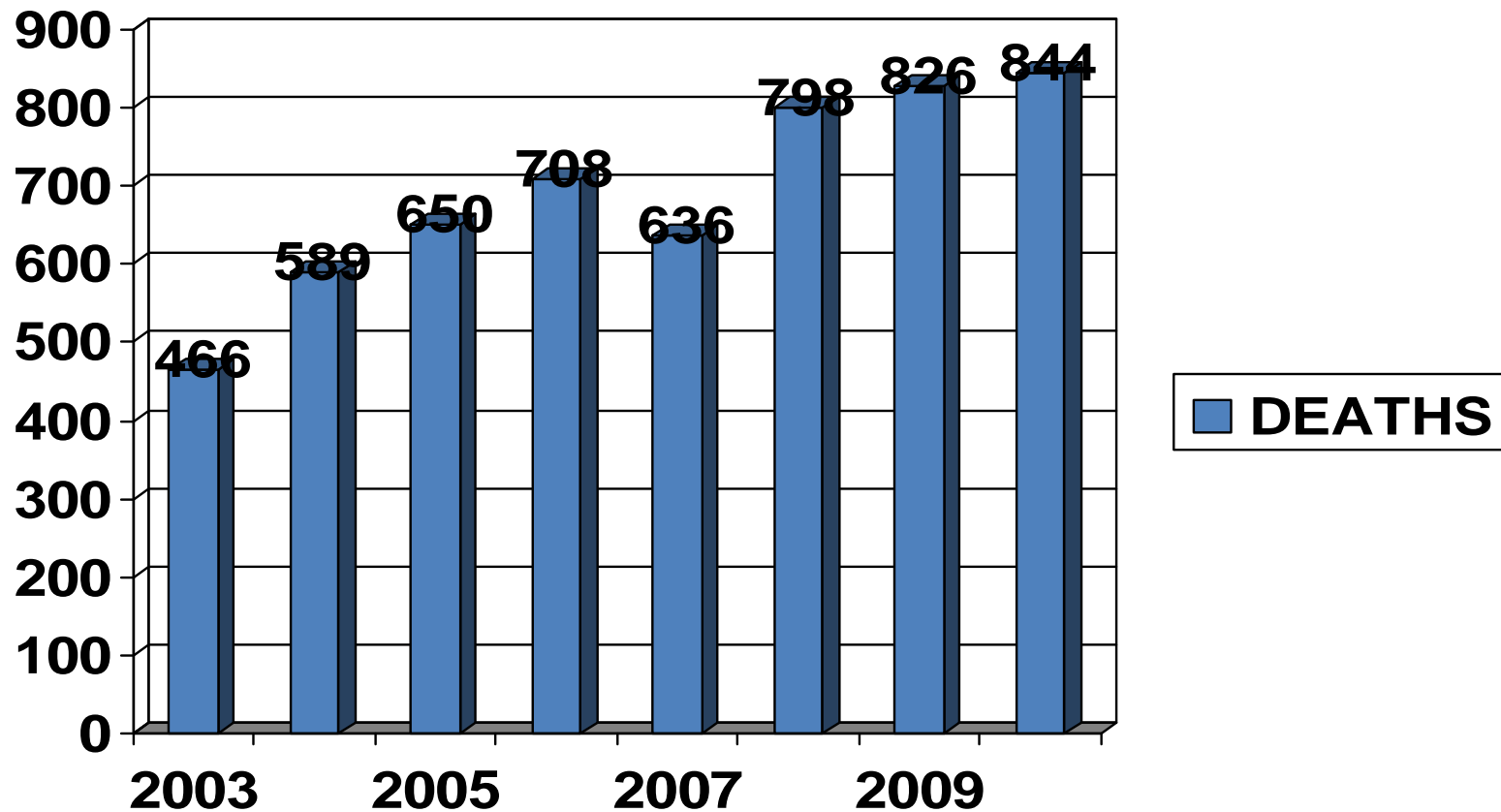
Len Paulozzi, MD, MPH Centers for Disease Control and Prevention



# Deaths vs Misuse



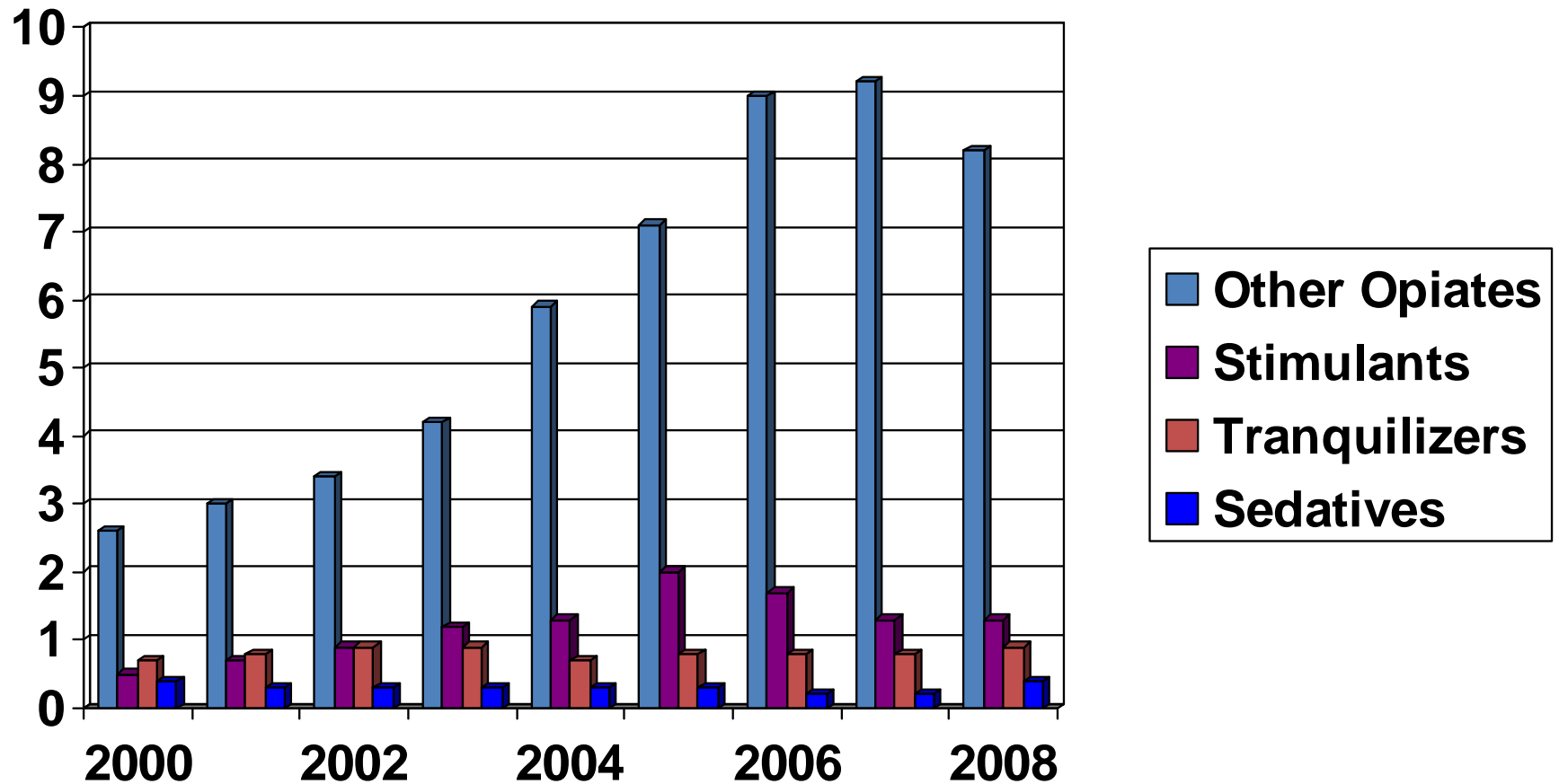
# Unintentional Deaths in NC Due to Controlled Substances 2003-2009



2010 Data Extrapolated. January – June Deaths = 422

Source: NC State Medical Examiner's Office

# NC Admissions To Substance Abuse Treatment by % of Total



TEDS DATA

# Controlled Substances Reporting System

## NCGS 90-113.70-76

- Passed in August 2005
- Reporting began July 2007
- Required all dispensers to report to a centralized data base
- Reporting first year was 1x per month
- Required reporting on the 15<sup>th</sup> and 30<sup>th</sup> per month (August 1, 2008)
- Weekly reporting began 01/02/10

# CSRS - Who has Access?

State Shall Release Data to:

- Persons authorized to prescribe or dispense for the purposes of providing medical care for THEIR patients
- A person requesting their own data
- The 21 Special Agents of the SBI pursuant to a bona fide investigation
- Licensing Boards with jurisdiction over health care professionals- pursuant to an ongoing investigation

## **CSRS - Who has Access? (con't)**

- Primary Monitoring Authorities from other states pursuant to an ongoing investigation
- Division of Medical Assistance
- DHHS must report “Unusual Patterns of Prescribing” to the Attorney General – criteria set by a multidisciplinary advisory committee
- Anonymous data for research and statistics
- Medical Examiners (effective 8/9/09)
- Practitioners may share & document (8/9/09)



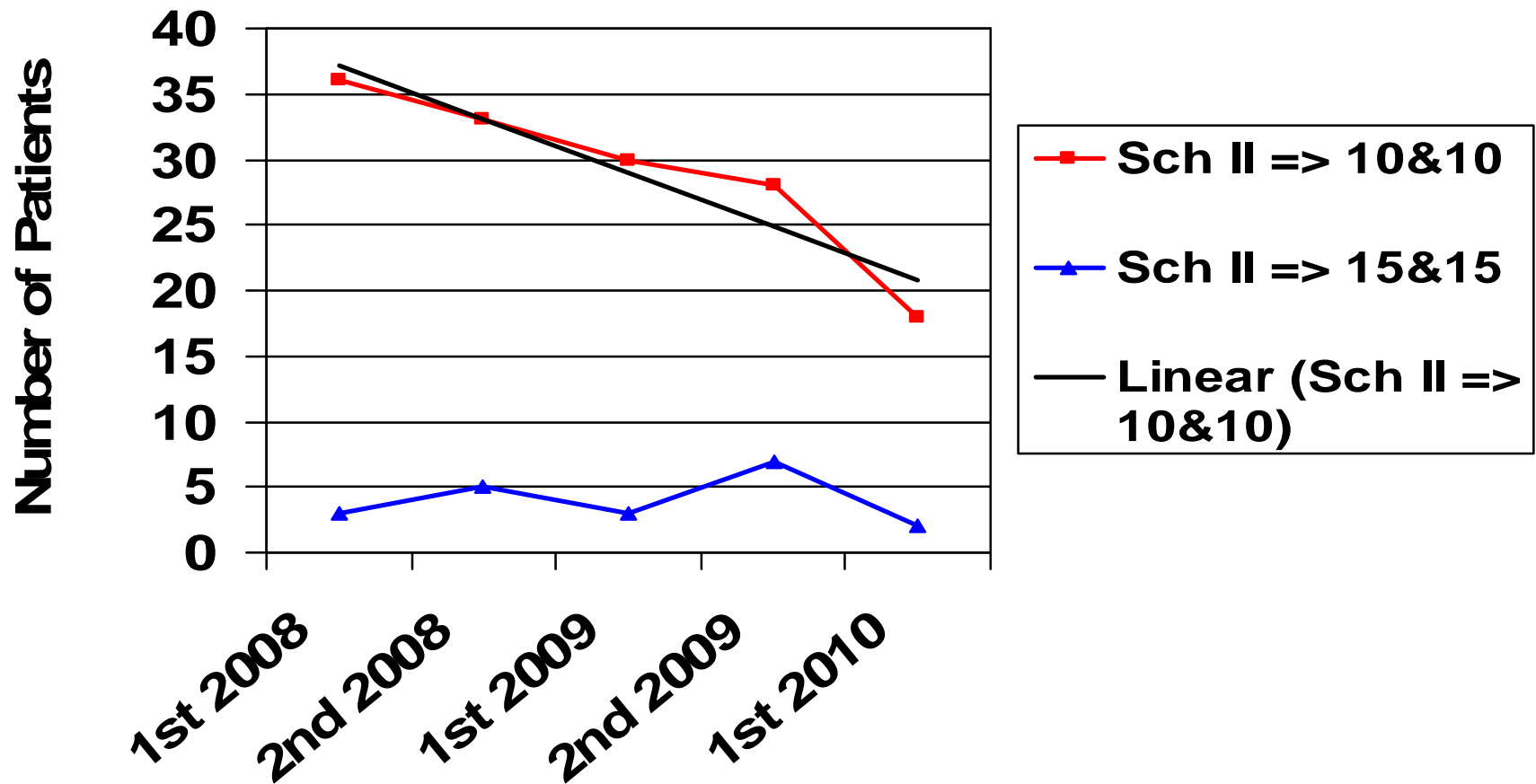
# CSRS Data Overview

- Over 53,500,000 prescriptions in the database (started July 1, 2007)
- Approx. 17 million per year
- Over 1,000,000 queries have been made of the system
- Over 7400 dispensers and practitioners currently registered to use the system
- Averaging 2200 queries per day

# CSRS Data July-December 2009

- 459,214 Individuals Received Prescriptions for Schedule II Drugs
- 146,627,299 Doses (15.31 for each person in NC)
- 1,306,915 Persons received RX for 255,359,099 Doses of Schedule II and Schedule III drugs
- 2,488,186 persons received RX for 375,628,876 doses of Schedule II,III, and IV Drugs (39 doses for each person in NC - 27% population received at least 1 script)

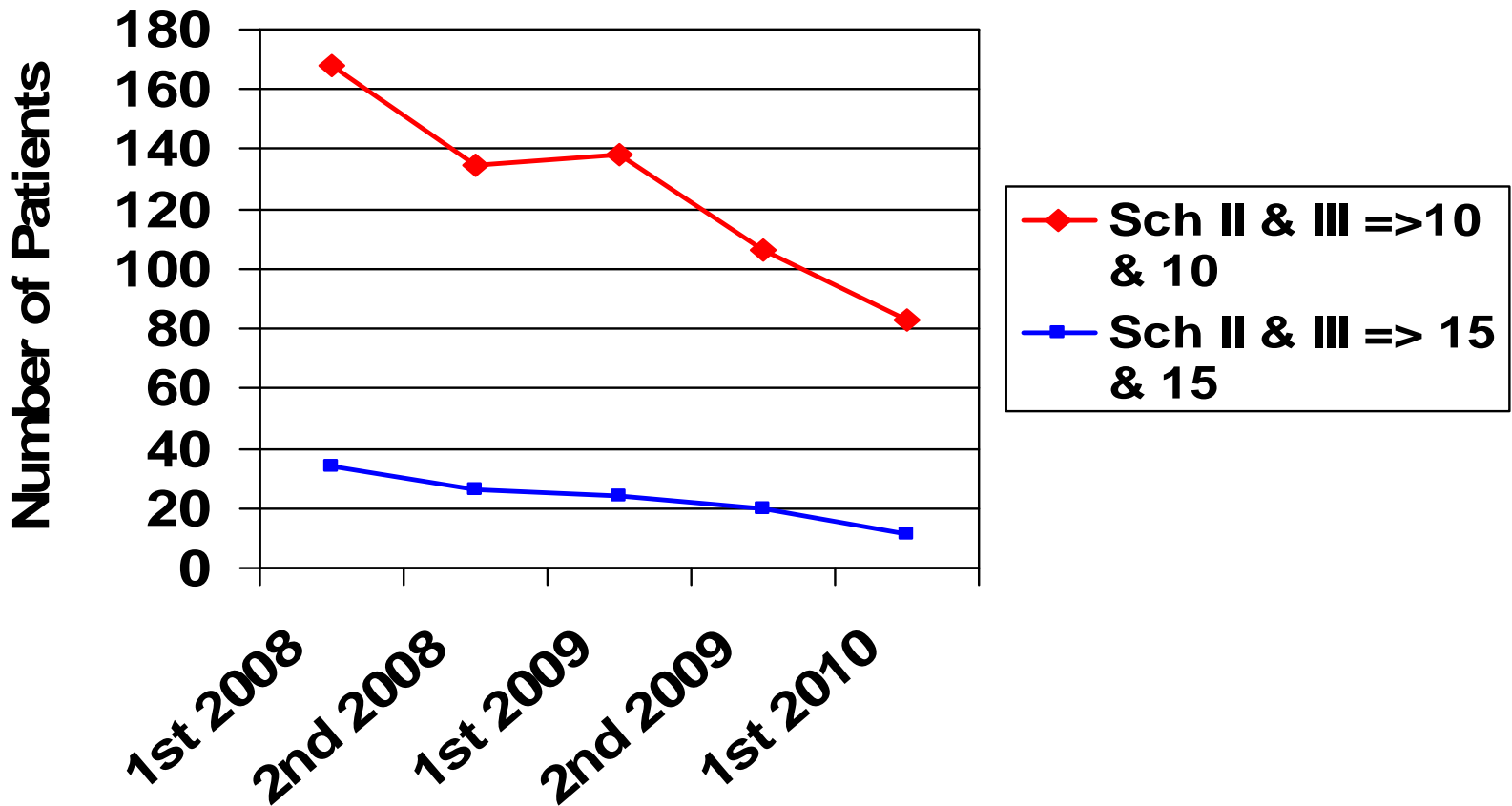
# Trends Schedule II



Patients with Multiple Prescribers and Dispensers

Source: NC CSRS

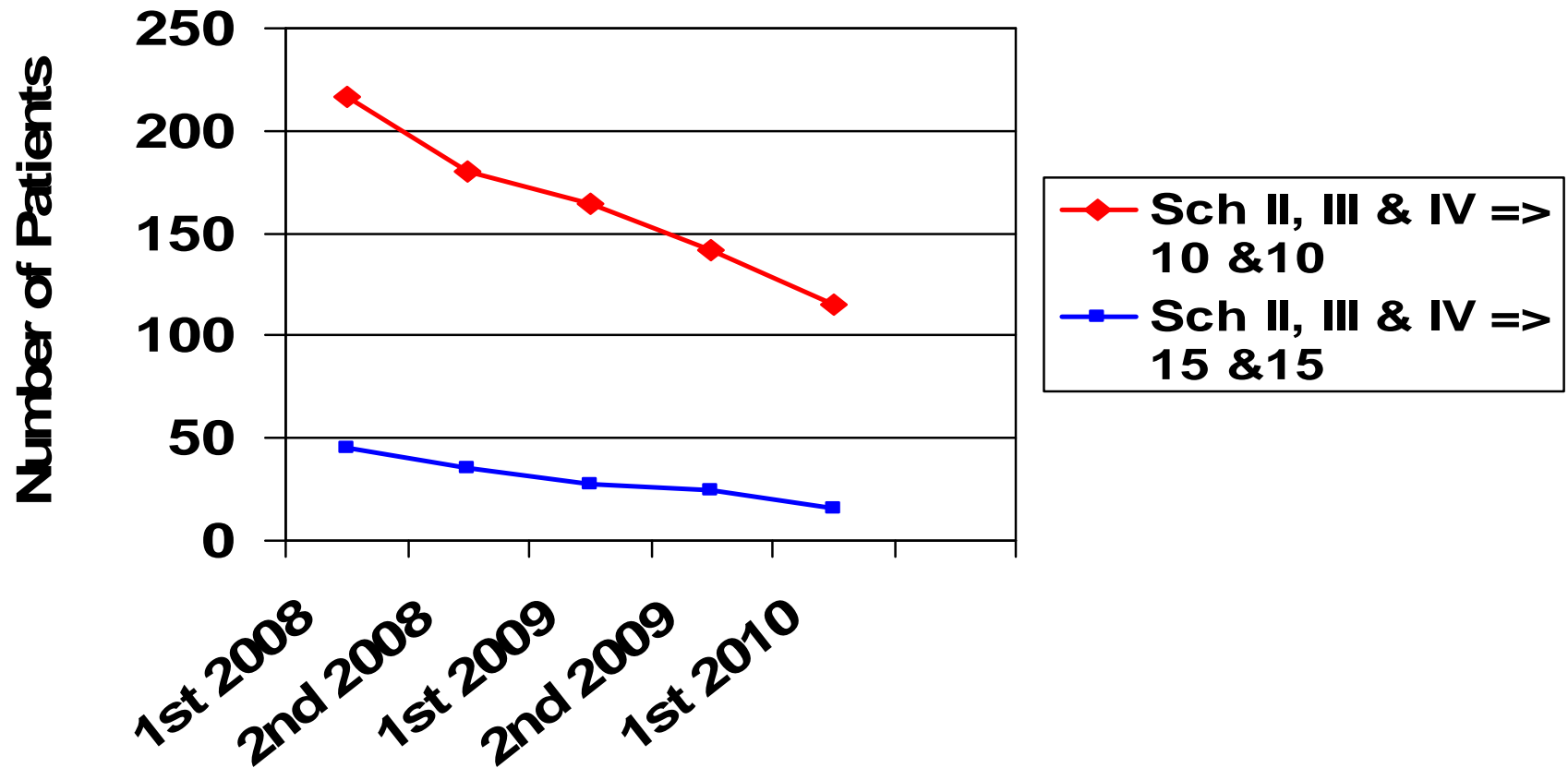
# Trends Schedule II & III



Patients with Multiple Prescribers and Dispensers

Source: NC CSRS

# Trends Schedule II, III & IV



Patients with Multiple Prescribers and Dispensers

Source: NC CSRS

# RECOMMENDATIONS

- 1. Allow Law Enforcement Drug Investigation Units to Receive Information from the CSRS (But no Direct Access)**
  - Special Software Available
  - Must be pursuant to an Investigation
  - Attorney General Notification Required
  - SBI Diversion Unit Notification Required
  - Specialized Training Required



## **Recommendations (con't)**

- 2. Require and Record Photo ID from Person picking up prescription**
  
- 3. Require Physician Dispensed Medication to be Reported into CSRS.**
  - Exclude Hospital ED
  - Exclude Veterinarians

## Recommendations (con't)

4. **Allow Delegated Accounts (Dr. or Pharmacist May designate someone in office to do CSRS look-up)**
  - Must be licensed personnel or Certified Pharmacy Tech
  - Prescriber or Pharmacist continues to have responsibility and liability

## **Recommendations (con't)**

- 5. Change penalty for improper use of the system to a crime. Major Breach – Felony. Minor infraction – Misdemeanor**
- 6. Adopt Interstate Compact to allow interstate sharing of information (to be released late 2010)**

## Recommendations (con't)

- 7. Explicitly Permit “Unsolicited Reporting” by DHHS to Prescribers and/or Dispensers**
  - Permit it but do not mandate
  - Allow it to be a report or an alert notification
  - Allow it up to the extent that resources are available
  - Hold the state immune for reporting or not reporting in good faith
  
- 8. Consider Closer Regulation of Pain Clinics**