RX DRUG ABUSE EPIDEMIC

RECOMMENDATION REPORT
PREPARED BY

NASSAU COUNTY
PRESCRIPTION DRUG MISUSE AND ABUSE
PREVENTION COMMITTEE

FOR

NASSAU COUNTY EXECUTIVE
EDWARD P. MANGANO

JULY 2012

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INTRODUCTION

Nassau County, like other parts of the nation, is facing a prescription drug abuse epidemic that is killing too many people. Last year, 149 people in Nassau - nearly three residents per week - died from abusing prescription opiates or heroin.

Unfortunately, there is a deadly public misperception that prescription medications are safer than, and not as addictive as, illegal drugs. This is not true!

The recent passage of New York State ISTOP legislation is a great step forward in the war on prescription drug abuse. And, it makes it even more critical that we find a way to provide more treatment options for people addicted to these drugs. By identifying drug-seekers and denying them the drugs, the law may in fact help create more desperate addicts. That's why its important to launch a comprehensive attack – and, continue the efforts of Nassau County's Prescription Drug Task Force.

Abuse of prescription painkillers is increasing at alarming rates. Oxycodone alone claimed the lives of 34 people in Nassau last year – four times the number in 2005. Deaths from Oxycodone surpassed the number of deaths from heroin in 2010 and 2011. Arrests for prescription drug crimes in Nassau were double the number of arrests for heroin related crimes last year. Studies indicate that 1 in 5 teens have used powerful narcotic pain relievers for non-medical reasons, and were as young as 12 when they began to experiment with them. Approximately 50% of teens surveyed stated prescription pills are much easier to obtain than illegal drugs, including from the medicine cabinet of a family member or friend or through the internet. More troubling, 1 in 3 teens said they have close friends who abuse pain relievers to get high.

County records indicate that admissions to treatment facilities for people addicted to opioid painkillers (Oxycodone, Vicodin, Percocet) increased by 82% from 2007 to 2010. Admissions for OxyContin abuse alone increased 160%.

Something must be done!

Nassau County Executive Edward P. Mangano last year created the Nassau County Prescription Drug Misuse and Abuse Prevention Committee and charged it with compiling comprehensive recommendations for prevention initiatives. The

committee found that drug awareness education is one of the best ways to prevent children from heading down a very dangerous path. But, again, this complex problem requires a multi-faceted solution.

The Nassau County Department of Mental Health, Chemical Dependency and Developmental Disabilities provides training and participates with various coalitions throughout the County. The department contracts with the Office of Alcohol and Substance Abuse Services (OASAS)-funded prevention programs in 29 school districts and 11 community agencies.

Granted, opioids are regularly prescribed to counteract or manage pain, and when used appropriately can be safe and effective. However, the potential for misuse exists, because in addition to relieving pain opioids can induce a feeling of euphoria and well-being in the user. They are highly addictive. If opioids are administered through routes other than those intended (for example grinding up a pill and then snorting or injecting it), the euphoric effects can be intensified.

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RECOMMENDATION REPORT

1. RX DRUG ABUSE AWARENESS EDUCATION & TRAINING FOR PRESCRIBERS, WITH GUIDELINES FOR PROPER OPIATE PRESCRIBING

a. Urge the NYS Department of Education to develop a **substance abuse education curriculum** focusing on potential dangers of prescribing opiate painkillers for licensed controlled substances prescribers (physicians, pain management doctors, dentists, nurse practitioners, pediatricians).

b. Join the Bureau of Narcotics Enforcement (**BNE**) in urging the state to require each society or association (ie, medical, dental, etc.) to mandate a certain amount of **continuing education** and training hours on this issue, for their members. Follow-up training updates could be offered per licensing cycle and possibly be part of the re-credentialing requirements, as NYS OASAS provides for HIV/AIDS, Tobacco and child abuse. Include online courses or **Webinars** and offer Continuing Medical Education (**CME)** credits.

c. Urge **malpractice insurance** companies to offer substance abuse awareness training to medical and dental practitioners, in exchange for insurance discounts - similar to what the companies offer for members who take risk management courses in child abuse.

d. Education and training of prescribers should include:

1. **signs** of misuse, abuse or addiction, and depression or other untreated mental illness;
2. available **drug treatment** and **overdose prevention** programs;
3. **alternative pain** management. A report, by the U.S. Substance Abuse and Mental Health Services Administration (SAMSHA), entitled: "**A Treatment Improvement Protocol - Managing Chronic Pain in Adults With or in Recovery from Substance Use Disorders**" contains tools to screen or assess a patient for substance abuse disorders and treat patients in recovery.
4. NYC Health Information: Preventing Misuse of Prescription Opioid Drugs. www.nyc.gov/html/doh/downloads/pdf/chi/chi30-**4**.pdf
5. patient **screening** protocol, created by OASAS and the NYS Department of Healths (DOH): The Screening, Brief Intervention, Referral to Treatment (**SBIRT).** It's the preferred method for screening for substance abuse issues and is reimbursable under Medicare and

other insurers. Screening **for depression** (PHQ) and other mental illnesses should be built into SBIRT protocols.

6. **writing out quantities** on prescriptions.
7. teaching patients about the potential harm associated with using controlled substances; about **safe storage** and **disposal**.
8. increasing awareness of the diverse risk factors associated with prescribing narcotic painkillers to the **elderly** – including detection and treatment of underlying depression found in many s**eniors.** They are generally multi-drug users, with high rates of suicide. It has been predicted that due to the growing population of aging and the greater lifetime drug abuse of the baby boomer generation, abuse of prescription meds in the over 50 generation could increase 190% over the next 20 years. Their increased mental and physical frailty and consequent need of and access to multiple prescription medications make the elderly more vulnerable to addiction.

e. Urge the State to update and more clearly define its guidelines for **proper prescribing** of opiate painkillers for patients without a legitimate need for Narcotic painkillers (cancer pain, end-of-life suffering, Sickle-cell disease, Rheumatoid arthritis, etc). Experts say **inadequate pain control** may result from a physician's lack of knowledge about pain management, inadequate understanding of addiction, or fear of investigation or action by a federal, state or local regulatory agency. Its up to the NYS **Board for Professional Medical Conduct** – an arm of the NYS DOH - to establish and make practitioners aware of proper guidelines. Inappropriate prescribing of controlled substances may lead to drug diversion and abuse.

f. The NYS DOH's Medical Conduct/ Pain Management Program put out a Guide for Physicians but the guidelines are very general, and don't contain specific recommendations for psychosocial screening, use of opioid contracts, urine drug screening, etc.
http://www.health.state.ny.us/publications/4179/

g. Experts say **proper** opiate prescribing **guidelines** for non-exempt patients should include:

1. an assessment of the patient and pain; ongoing evaluation of pain, patient compliance, and treatment efficacy; a treatment plan based on the diagnosis, type of pain, intensity and duration of pain; prior therapies, and the impact on the quality of life;

2. prescribing short-acting agents or limited 3-day supply for acute pain;

3. avoiding prescribing opioids unless other approaches to analgesia have been demonstrated to be ineffective; and not prescribing opioids in patients taking benzodiazepines.

4. considering drug-testing patients before prescribing narcotic painkillers, and following-up with "pill counting" or "random recall" of the prescribed medication. Conducting 6-month rolling pill counts for highly abused drugs (Oxycodone, Opana, etc) to limit their abuse.

5. establishing a balance between the pain and the risk of addiction. Most non-chronic pain requires a 5-day prescription, yet prescriptions are usually written for a 30 day supply.

6. an example of guidelines established by the state of Washington can be found at the following website:
   http://www.agencymeddirectors.wa.gov/opioiddosing.asp.

2. **PRESCRIPTION DRUG ABUSE AWARENESS CAMPAIGN FOR SENIORS, MIDDLE AND HIGH SCHOOL STUDENTS AND PARENTS.**

a. National health experts say that, among U.S. adolescents, misuse of prescription painkillers peaks at age 16, but often starts by age 12 or 13. Use of substances this early could interfere with developmental changes since the adolescent brain hasn't fully matured. Adolescents that have engaged in non-medical use of prescription drugs are 2x more likely to have engaged in delinquent behavior, and 3x more likely to have experienced an episode of major depression. Studies have found that by delaying the age of first use, the risk of addiction declines. When the age of first use increases by just one year the odds of developing any lifetime diagnosis of *abuse* is reduced by 5%.

b. Teach parents about: the physical dangers of these drugs (respiration and brain chemistry changes, etc); the signs of addiction; skills to discuss risks with their children, and to help their children make better decisions.

c. Continue to educate residents starting at the age of 12, about the myths that prescription drugs are not as dangerous as street drugs; Continue to bring prescription drug awareness presentations to middle and high schools and begin to include senior citizen venues.

d. Continue to promote coalition-building activities, and the use of evidence based programs throughout the County.

e. Make the public aware of the **911 Good Samaritan Law**, which provides limited immunity from prosecution for low-level drug possession charges for those who call for medical assistance for themselves or someone else experiencing an overdose. Young people, afraid to call the police because they are impaired or are in possession of drugs, typically flee if there's a medical emergency. Without help, the patient dies. Immunity does not apply to drug dealers or traffickers.

3. CREATE A SERIES OF COUNTY RX DRUG PAMPHLETS TO DISTRIBUTE TO FACILITIES. ASK PHARMACISTS TO HAND OUT RELEVANT ONES WITH EACH OPIATE PRESCRIPTION

a. New York State Education Law requires that every patient receiving a controlled substance prescription must be counseled by the pharmacist, or sign a declination. This rule must be enforced.

b. County-wide pamphlets **c**ould include:

1. **General**: lists of signs and symptoms of drug addiction; dangers of misuse; lists of treatment resources; information on overdose prevention.
2. **Ways to help your child into treatment** (under & over 18 years of age). Family Court process for involuntary admission; health care proxy; Denise's Law.
3. **Laws**: quantity and refill limits; penalties for giving or selling one's medication to another; proper disposal of unused medication.
4. **Proper disposal of unused meds**.

c. The pamphlets should be distributed to Medicaid drug abusers, PTAs, schools, hospitals, waiting rooms at the jail, probation, dentist and doctor's offices; college health centers; police stations; courthouses; bus stations, community and senior centers.

4. PUT 12-STEP RECOVERY and NAFAS LITERATURE IN POLICE STATIONS, HOSPITALS, ERS, DOCTORS' AND DENTISTS' OFFICES, PHARMACIES, FUNERAL HOMES. SENIOR CENTERS, ETC.

a. The 12 Step Recovery Program is the most widely used approach in dealing with alcoholism, drug abuse and various other addictive or dysfunctional behaviors. The program is based on 12 self-reflection tools, in conjunction with accountability, fellowship and encouragement found in a group or community setting. After detox,

rehab and treatment, the 12-step program gives the recovering addict a new way to live and maintain sobriety.

5. HOST REGIONAL PUBLIC HEARINGS & INVITE STAKEHOLDERS.

a. Use these fact-finding missions to update, add or change recommendations and strategies, as needed. Hold them in various communities. Include testimony from representatives of OASAS, NYS DOH, 12-Step Recovery, medical and pharmacy societies, law enforcement, treatment, counseling, sober housing, social services, schools, parent and youth groups and seniors.

6. ORGANIZE MONTHLY DRUG COLLECTIONS AT TOWN RECYCLING CENTERS, & ARRANGE DRUG PICKUPS AT SENIOR CENTERS.

a. Regularly, and publicly, remind people to clean out their medicine cabinets, situate the 'medicine cabinet' in a secure place and keep them locked.

b. While we have installed drop-boxes in all 8 County police precincts and policing centers, some people might not want to bring their expired or unwanted medications there. Designate a public location to accept the meds on a designated day of each month. Arrange for permanent drop-off sites for syringes and liquid medications that aren't accepted in drop boxes. Let People know that all hospitals and nursing homes are required to take back syringes under the Expanded Syringe Access Program.

c. Here are some downloadable documents pharmacies can use to provide information on proper disposal of unused medicines:

From FDA:
http://www.fda.gov/downloads/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/understandingover-the-countermedicines/ucm107163.pdf
Office National Drug Control Policy:
https://www.ncjrs.gov/pdffiles1/ondcp/prescrip_disposal.pdf
DEA National Drug Take Back:
http://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html
NYS Department of Environmental Conservation: Don't flush.
http://www.dec.ny.gov/docs/administration_pdf/dontflushposter.pdf
http://www.dec.ny.gov/chemical/45083.html
Guidance Document for Pharmacists for displaying poster.
http://www.dec.ny.gov/docs/administration_pdf/dontflushguid.pdf

d. Studies indicate that seniors are 13% of the population and use 33% of all meds. They often have difficulty getting to drug reclamation events or to precincts but are often bussed to one of the County senior centers. We recommend, one day a month, having someone pick up unwanted meds collected at each center, and properly disposing of them. The pick-up dates would be publicized at the centers in advance. Consider engaging civic organizations in these efforts.

7. URGE PRESCRIBERS TO SECURE PRESCRIPTION PADS.

a. Launch a promotional campaign for prescribers to "Lock-Up Their Pads" and maintain adequate security for the pads by not pre-signing scripts or allowing stamped signatures on scripts for controlled substances (illegal.)

8. BRING PUBLIC AWARENESS TO UNTREATED MENTAL ILLNESS UNDERLYING ADDICTION (CO-OCCURRING DISORDERS).

a. Mental health issues and substance abuse are often seen together because one makes you more vulnerable to the other. Some researchers contend that certain forms of mental illness and some addictions may be a single disease. Studies show that when one condition worsens, the other is soon to follow suit. When there is a biological or genetic vulnerability to any type of mental health problem, substance use often exacerbates that problem, putting patients in need of special care.

It's estimated that at least 60% of people battling one of these conditions are battling both. Education and earlier intervention strategies are key to preventing the progression of mental health and substance abuse disorders.

The preferred approach to treatment for one with a co-occurring mental health and chemical dependency disorder is to treat both conditions simultaneously. Good mental health can't prevail until both problems are treated. There are nearly a dozen drug treatment facilities in Nassau that are dual-licensed to treat this co-occurring disorder.

b. Substance Abuse and Mental Health Services Association (SAMHSA) found that 45.9 million American adults aged 18 or older, or 20% of this age group, experienced mental illness in the past year. The rate of mental illness was more than twice as high among those aged 18 to 25 (29.9%) than among those aged 50 and older (14.3%). SAMSHA also found that rates for substance dependence were far higher for those who had experienced a mental illness, than those who had not. Young people aged 12 to 17 who experienced a major depressive episode in the past year have more than twice the rate of illicit drug use (37.2%) as their counterparts who had not experienced a major depressive episode during that period (17.8%).

c. We recommend launching a public awareness campaign to help those suffering to recognize the signs of depression or anxiety – especially children, parents and the elderly. The campaign should include an anti-stigma initiative to let people know that it's okay to admit to these feelings.

9. HAVE NYS LICENSED CLINICIANS, NOT PARA-PROFESSIONALS, CONDUCT THE BEHAVIORAL HEALTH ASSESSMENTS OF ARRESTEES IN DRUG (MISDEMEANOR and FELONY) TREATMENT COURT.

a. Prosecutors have found that some individuals who are guilty of drug diversion (selling, etc) use the system of drug court and rehab to escape felony charges. They are unfortunately faking addictions by taking drugs before court to test positive. Defendants in drug court are diverted from further system penetration. Upon successful completion of the diversion program, which is monitored by the court, charges are either dismissed or pled down to a misdemeanor and a Conditional Discharge is issued. The Assistant District Attorney in charge of prosecuting pharmaceutical drug crimes estimates that as many as 30% of the criminals are "beating" the system. These criminals need to be weeded out from the true addicts and given stiffer punishments.

10. PURSUE PARTNERSHIP WITH SUFFOLK COUNTY FOR ISLAND-WIDE RX DRUG EFFORTS.

a. Partner with County Executive on pushing through relevant state legislative initiatives. Last year, the Suffolk County Medical Examiner's office attributed 233 deaths to prescription Opiates or heroin. Oxycodone, alone, claimed the lives of 77 people in 2011. And, as in Nassau, Oxycodone deaths in Suffolk topped heroin deaths in each of the last two years.

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LEGISLATIVE RECOMMENDATIONS

Consider recommending PILOT programs for these proposed law changes

1. **TOUGHEN SENTENCING GUIDELINES FOR DRUG-DIVERSION.**

a. NYS law should amend Penal Code to toughen penalties for the offense of **"doctor shopping**," from an "unclassified misdemeanor" to either an E felony (up to 4 years in prison) or D felony (up to 7 years in prison). In **NYS** "doctor shopping" is prohibited by Section 3397 of the Public Health Law. But because the law doesn't have much "bite," it is rarely enforced and so does not act as much of a deterrent. The state of **Florida** has a very robust doctor-shopping law with a heavy penalty (third degree felony, punishable by a sentence of up to 5 years in prison).

We believe we need to criminalize the sophisticated schemes and insidious practices of drug-dealers who profit from selling drugs to at-risk individuals, such as children. These schemes include duplicating (printing) prescriptions and using fictitious names at pharmacies to get the prescriptions filled. Currently, the penal law provision would only punish those who seek to profit from the illegal sale of drugs. Making doctor-shopping a felony would have a chilling effect on the operation of a prescription drug dealer who has operated for years under relatively little oversight and with unabashed arrogance in the face of authority. They know that they can go to 5 doctors a day and obtain opiates because nobody is monitoring it (in real time) and even if someone were, there are no penalties. In the state of **Minnesota**, theft or diversion of a controlled substance – even one pill – is a felony crime.

b. Urge the State Assembly to pass these bills - introduced by State Senator Kemp Hannon - which have already passed the Senate:

1. **increasing criminal penalties for physicians and pharmacists** who illegally divert prescription drugs.
2. criminalizing the illegal sale of a controlled substance by a practitioner or pharmacist.

c. Create and pass legislation that would up-grade the classification for forging prescription from Forgery 2nd to Forgery 1st. Currently, it falls in with checks, etc. All are under the 170 section of the NYS Penal Law.

2. EXPAND OPIOID OVERDOSE PREVENTION TRAINING TO INCLUDE PROVISION OF NALTREXONE OR NARCAN TO GROUPS THAT INCLUDE NON-MEDICAL PERSONNEL.

At least 16 states have developed initiatives to work with non-profits, hospitals, or local governments to train lay people to administer narcan or naloxone and reverse over 10,000 drug overdoses. At least 105 people in New York City were saved from fatal opiate overdoses since programs there began to distribute and administer Narcan; in Boston, there were 45 overdose reversals reported since June 2010 and in Philadelphia, there were 174 since in 2006. Chicago's longtime narcan Overdose Prevention Program has claimed to save the lives of more than 2,720 people in the last decade. Baltimore reports more than 220 reversals (or lives saved) since 2004. San Francisco officials say they have trained more than 3,000 people to administer Narcan and report that 600 lives have potentially been saved by the drug. The NYS Department of Health, which operates the Overdose Prevention Program for this area, said there have been no reports of ill effects from the use of Narcan or Naloxone.

a. Narcan should be provided to a wider group, including but not limited to, drug & alcohol treatment providers, school and law enforcement personnel, volunteer fire departments and (at-risk) parents.

b. Lobby the state to mandate that, like AEDs, Narcan kits be kept in public places such as Fire departments, shelters, clinics, school nurses offices, and in the vehicles used by first responders.

3. EXPLORE EXPANDING THE AOT LAW TO INCLUDE SUBSTANCE ABUSE AS PSYCHOLOGICAL CONDITIONS WARRANTING INVOLUNTARY MEDICAL EXAMINATION & POSSIBLE TREATMENT.

a. We need to eliminate discriminatory and unequal coverage and provide "parity" between coverage for mental health and substance abuse services, and all other health care services covered under a policy. The lack of parity has forced thousands of families throughout the state to relinquish custody of their children with mental illness, solely for the purpose of getting such children the mental health services they need. Such placement provides the child unrestricted access to mental health services through Medicaid. Left untreated, these ailments can lead to or contribute to accidents, job turnover, interpersonal conflict, disability, worker's compensation, involvement with the criminal justice system, disrupted lives and families, and increased dependency on public resources. Addiction is a recognized

disease, too. Within the next few years, most people - including children - will be enrolled in Managed Medicaid. The switch to these managed plans seriously limits access to what is available under the current fee-for-service system. This has begun to cause a serious problem with reimbursement in a number of settings including diagnostic and residential treatment, inpatient behavioral health care and other settings, particularly those for youth served through various state systems including OCFS.

b. AOT/Kendra's Law requires a person who has a psychiatric diagnosis, and known to be a danger to self or others when non-compliant with treatment, to comply with an outpatient treatment plan. If one does not comply, a psychiatrist can submit an application to the Nassau County Mental Health Commissioner (Jim Dolan) to have the person brought to the hospital.

c. Pending legislation called "Enhance the assisted outpatient treatment program and eliminates the expiration and repeal of Kendra's Law" (S.4881A Young/ A. 6987A Gunther) recently died in the State Legislature. It called for amending Kendra's Law to reduce the chance that someone who is violent when not on medication will drift away from supervision and stop taking his or her prescription. It would do this by allowing caseworkers and others to seek a court order requiring a patient to comply with treatment. AOT Expansion: Senate Version; AOT Expansion: Assembly Version.

d. So far, the main argument against parity of coverage between mental health and substance abuse is the belief that when someone is not "high," or sobers up, he is not suffering from a disease at the time.

e. Model legislation after the Florida Marchman Act - passed to strengthen The ability of family members and doctors to force patients into treatment if they believe they pose a danger to themselves or the community;

f. Chapter 123, Section 35 of Massachusetts General Laws which permits the courts to involuntarily commit someone whose alcohol or drug use puts themselves or others at risk, into an inpatient substance abuse treatment facility for up to 30 days. The request for confinement must come from a spouse, blood relative, guardian, police officer, physician, or court official – who must go to the local district court to file a petition. The court arranges for a (forensic) psychiatrist or psychologist to examine the person, reviews those results and other facts of the case, and then decides whether to issue an order of commitment. There must be a medical diagnosis of alcoholism or substance abuse, and a likelihood of serious harm to the subject or others as a result of the substance abuse.

4. EXPLORE LEGISLATION THAT REQUIRES ALL INSURANCE COMPANIES TO PROVIDE AT LEAST BASIC COVERAGE FOR SUBSTANCE ABUSE TREATMENT THAT COVER ADOLESCENTS.

a. A new study in the New England Journal of Medicine finds that as OxyContin abuse has decreased (now that its been reformulated and made more difficult to misuse), many people who abused the drug have switched to heroin. The study included more than 2,500 people who were dependent on opioids, who were followed between July 2009 and March 2012. During that time, there was a 17 percent decrease in OxyContin abuse. In 2010, the company that makes OxyContin introduced a new version of the drug that is more difficult to inhale or inject. During the same period, heroin abuse doubled. We need to offer more opportunity for drug treatment, not less.

b. With the passing of the Patient Protection & Affordable Care Act, some of the following Legislative ideas would be moot. The Act would determine what must be included in all American insurance plans and would likely include substance abuse and addiction treatment. (A 2002 Price Waterhouse Coopers actuarial study found that inclusion of substance abuse and addiction treatment in NYS insurance plans would amount to only a $1.26 increase in monthly premiums for insured persons).

1. "Timothy's Law" passed in 2007, provides parity coverage for mental illnesses, but fails to include coverage for substance abuse and chemical dependencies, which was initially sought. Timothy's Law was named for Timothy O'Clair, a seriously troubled child who committed suicide in 2001 after years in psychiatric care and in and out of mental health institutions. His parents believe that had their son had access to appropriate mental health treatment services, he'd still be here today. Every private insurance policy in New York limits the amount of inpatient and outpatient coverage provided for mental health and substance abuse services or requires additional co-payments from the insured.

2. Model a bill after the highly successful Pennsylvania law (PA Act 106 of 1989 - Commercial Insurance and Treatment for Addictions Act) " which mandates all commercial group health plans, HMOs, and Children's Health Insurance Programs to cover a basic level of alcohol and drug addiction treatment, and would prevent abuse by ensuring

that only certification and referral from a licensed physician or psychological professional will permit a patient to utilize addiction treatment coverage. At minimum, the coverage would include:

- 7 days of detoxification per year and 4 admissions for detox over the course of a lifetime
- 30 days of rehabilitation per year and 90 days of rehabilitation over the course of a lifetime in a non-hospital residential treatment center
- 30 sessions of outpatient/ partial hospital care per year and 120 sessions of outpatient/partial hospital care over the course of a lifetime
- Family counseling and intervention services
- Additional care that can be divided between outpatient and non-hospital treatment at the discretion of the patient and healthcare provider

5. **REQUIRE INSURANCE COMPANIES TO REDUCE OR ELIMINATE MULTIPLE COPAYS FOR THE SAME PRESCRIPTION.**

a. These co-pays encourage doctors to write scripts for 90-day supplies, rather than 30-days.

6. **REQUIRE PEOPLE TO PRESENT PHOTO ID WHEN PICKING UP CONTROLLED SUBSTANCE PRESCRIPTIONS AND PHARMACISTS TO LOG IN THE NAMES.**

a. Photo ID should be copied and maintained by the pharmacy as proof of compliance. If the patient designates someone to pick up the prescription (in the event the patient is infirmed or hospitalized), then the original license of both the patient and the designee are to be copied with a letter from the patient authorizing the designee to pick up the prescription – to prevent diversion.

Urge the addition of the following amendments to the ISTOP legislature:

7. **GRANT LAW ENFORCEMENT DIRECT ACCESS TO THE ISTOP ON-LINE PRESCRIPTION-MONITORING PROGRAM**

a. The Federal Drug Enforcement Agency (DEA) must be able to access the data real time in order to identify doctor-shoppers more quickly, as well as physicians who may be over prescribing. Now, to review the BNE registry of controlled substance prescriptions, DEA agents must file a subpoena and wait a month. The concept of a state PMP granting direct access to law enforcement is not unprecedented – Kentucky and Pennsylvania already do it.

8. **APPOINT A MEMBER FROM THE NASSAU COUNTY PRESCRIPTION DRUG ABUSE COMMITTEE TO THE STATE'S "PAIN MANAGEMENT AWARENESS WORKGROUP" to consult on the implementation of I-STOP.**

a. Appointees should include a representative of the County's Office of Mental Health, Chemical Dependency & Developmental Disabilities Services.

b. This committee would like to offer ideas for the portions of the law that include education & training; safe disposal of controlled substance; law enforcement access; compatibility with E-Prescribing software and the ISTOP system and the possibility of costs funded by drug manufacturers; including nurse practitioners and pain management doctors as licensed prescribers.

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