

SJR 73 STUDY OF STRATEGIES AND MODELS FOR THE PREVENTION AND TREATMENT OF SUBSTANCE ABUSE

TUESDAY, NOVEMBER 16, 2010

YOUTH FOR TOMORROW

BRISTOW, VIRGINIA

Members Present: Senator Emmett W. Hanger, Jr., Delegate Charniele L. Herring, Mr. John Shinholser, Mr. Terry R. Tinsley, Dr. Sherman Masters, Mr. Jack Frazier (Department of Social Services), Mr. Michael Whipple (Department of Corrections), Ms. Mellie Randall (Department of Behavioral Health and Developmental Services).

Members Absent: Senator Mamie Locke, Delegate John M. O'Bannon, III, Delegate David A. Nutter.

The fourth and final meeting of the SJR 73 Joint Subcommittee Studying Strategies and Models for the Prevention and Treatment of Substance Abuse was held on Tuesday, November 16, 2010, at Youth for Tomorrow in Bristow, Virginia.

Prince William Community Services Board - Integrating Suboxone into Community-Based Substance Abuse Treatment Programs

Ms. Keith Shuster, LPC, described the Prince William County Community Services Board's Suboxone program for people with opioid dependence. She stated that the program provided 90 days of Suboxone-assisted residential treatment for people with opioid dependence, including residential treatment for individuals in need of stabilization. The program has served 89 clients since 2008. Early results based on the first 16 months of program operations show that retention rates for program participants were significantly higher than retention rates for clients with opiate dependence who did not receive Suboxone as part of their treatment program (73% as compared to 34%). Recent data shows that program participants are involved with treatment for an average of 343 days, which is close to the recommended 365 days. Studies show that longer treatment involvement correlates with higher rates of success and lower rates of criminal activity. Ms. Shuster reported that the annual cost of the program has been \$120,000.

Department of Health Professions Report on the Prescription Monitoring Program

Mr. Ralph Orr, Program Director, Virginia Prescription Monitoring Program, reported on the Virginia Department of Health Professions' study of Prescription Monitoring Program Utilization, as required by Senate Joint Resolution 73 (2010). Mr. Orr stated that the Prescription Monitoring Program was established in 2003, and in October of 2009 underwent several programmatic changes, making the service available 24 hours a day through an automated service. This change has made the program more user-friendly. At the same time, the Department of Health Professions has increased public awareness and education activities around the Prescription Monitoring Program, providing educational conferences and materials to

health care professionals. The Department and Prescription Monitoring Program staff also continues to work together with Virginia Commonwealth University's School of Medicine to offer an online chronic pain management course that licensed health professionals may take at no cost to satisfy continuing education requirements. As a result, the number of registered users has doubled since October 1, 2009. Additionally, the number of requests processed between January 1 and September 30 of 2010 was four times the number of requests processed in all of 2009. As of the end of September, 2010, the Prescription Monitoring Program had 7,906 registered users. Between January 1 and September 30 of 2010, the Program had processed over 300,000 requests for information. Approximately one million prescriptions are reported to the Program each month. One hundred forty of the 1,707 pharmacies registered in the Commonwealth are exempt from reporting requirements. During the first six months of 2010, an average of 83 patients met thresholds for potential misuse of prescription medications, and an average of seven prescribers and three pharmacies met thresholds for notification of potential concerns per month. Between January 1 and September 30, 2010, the Department contacted 91 pharmacies regarding failure to report required information during two or more reporting periods.

While changes made to the Program have resulted in increased use of the Prescription Monitoring Program, the Department of Health Professions did recommend several enhancements to the Program, including recommendations to:

- Add tramadol and carisoprodol to Schedule IV in the Drug Control Act
- Add authority to add additional drugs of concern as covered substances utilizing the regulatory process of the Virginia Board of Pharmacy
- Expand access to include additional federal law enforcement to include authorized agents of FBI, FDA, and HHS with the requirement of having an open investigation. (Based on NASPER)
- Expand access to include authority for medical reviewers for worker's compensation programs (Reviewer would be a prescriber)
- Add authority to provide unsolicited reports to law enforcement and regulatory agencies
- Change reporting requirement to "within 7 days of dispensing"
- Change reporting format to ASAP version 2007, provide mechanism for Director to change reporting format by providing timeframe to come into compliance
- Add requirement of notarized application for prescribers, dispensers, and delegates
- Add requirement of notarized application for law enforcement and regulatory personnel
- Add method of payment to reporting requirements (Cash, Medicaid, other)
- Require dispensers to report the DEA registration of the dispenser (Note: change from NCPDP#, cost savings for program, align with other state programs)
- Require dispensers to report the number of refills ordered
- Require dispensers to report whether the prescription was a new or refill
- Require the dispenser to report the date the prescription was written
- Require estimated number of days for which prescription should last (Days Supply)

Bureau of Insurance Report on Substance Abuse Insurance Parity

Ms. Althelia Battle, Chief Insurance Market Examiner, Bureau of Insurance, Virginia State Corporation Commission, presented the Bureau's report on Data Collection and Information on Substance Abuse Treatment Services. Ms. Battle reported that the Bureau mailed requests for

information to 798 health insurers, health service plans, and health maintenance organizations licensed to sell accident and sickness insurance in Virginia as of August 16, 2010, and received responses from 468 companies. Of these companies, 34 companies reported issuing policies that included coverage for substance abuse services. These 34 companies reported a total of 30 complaints, with a total of \$23,991,007 paid to settle those claims. During 2009, the Bureau received three complaints related to substance abuse services. One complaint involved a policy issued in another state. The other two complaints were investigated and found to have been handled by the insurers in accordance with their contract and in compliance with applicable laws. The Bureau did not report any recommendations for change.

Alcoholic Energy Drinks

Dr. Randy Koch, Ph.D., Executive Director, Institute for Drug and Alcohol Studies, Virginia Commonwealth University, presented information on alcoholic energy drinks. Dr. Koch reported that alcoholic energy drinks include alcohol (usually malt liquor) mixed with caffeine and other stimulants. Premixed alcoholic energy drinks are frequently sold in large cans containing up to 23.5 ounces of beverage, and may contain up to 12% alcohol by volume. A study of consumption of alcoholic energy drinks in North Carolina found that 68% of college students reported drinking alcohol in the previous month, and that 24% of college students reported drinking alcoholic energy drinks on at least one day in the past month. Studies of consumption of alcoholic energy drinks indicate that those who drink alcoholic energy drinks are likely to consume more alcohol per episode of drinking, possibly because stimulants in alcoholic energy drinks counteract the depressant effects of alcohol and interfere with drinkers' perceptions of intoxication. Studies also show that individuals who drink alcoholic energy drinks are more likely to engage in risky behavior, are twice as likely to binge drink, are nearly twice as likely to be sexually assaulted (females), more than twice as likely to sexually assault someone (males), twice as likely to get hurt or injured, more than twice as likely to require medical treatment, and four times as likely to drive than individuals who consume alcohol that has not been mixed with stimulants. In response to these risks, Dr. Koch reported that several states have banned the sale of alcoholic energy drinks. Others have reclassified alcoholic energy drinks as distilled spirits. Dr. Koch and the SJR 73 work group recommended that the General Assembly ban the sale of alcoholic energy drinks in the Commonwealth. Alternately, the General Assembly should:

- 1.** Provide funding to the Governor's Office of Substance Abuse Prevention to conduct a public awareness campaign about alcoholic energy drinks, their effects, and the associated dangers.
- 2.** Provide additional funding to the Department of Alcoholic Beverage Control to conduct compliance checks on sales of alcoholic energy drinks.
- 3.** Consider re-classifying alcoholic energy drinks in a manner that would provide for sale of these beverages through package stores only.
- 4.** Increase the tax on alcoholic energy drinks to reduce consumption; funds received as a result of this tax should be allocated to substance abuse prevention and treatment services.
- 5.** Require warning labels on premixed alcoholic energy drinks sold in the Commonwealth (California considered legislation (AB 1598) that would have required labeling, but the bill failed to report from committee).

6. Prohibit the mixing of alcohol and energy drinks in restaurants and other establishments that serve alcohol.

Discussion of Recommendations

Following presentations, the Joint Subcommittee discussed recommendations developed by the SJR 73 work group and voted to adopt those recommendations. A complete list of the recommendations adopted can be accessed through the study website at <http://dls.state.va.us/subabuse.htm>.