On April 13, 2010, Governor Steve Beshear signed into law a bill that addresses the growing problem of individuals driving under the influence of prescription drugs or illegal narcotics in the Commonwealth. The law establishes a per se DUI offense for driving with a detectable level of an illegal substance or a controlled substance for which the person does not have a valid prescription. The laws covered by the legislation include those that Kentucky’s state crime lab identified as appearing in 80 percent of DUI drug cases (e.g., oxycodone, hydrocodone, methadone, methamphetamine, and cocaine). According to the National Transportation Safety Administration, drugs other than alcohol are involved in nearly one of every five motor vehicle driver deaths. This law provides an additional tool to help protect the citizens of the Commonwealth from impaired drivers.

Nine of the proposed ten 100-bed recovery facilities are in operation. Women’s facilities are open in Boone, Henderson, Madison, Christian and Harlan Counties and men’s facilities are open in Rowan, Kenton, Daviess and Taylor County. Since its inception, a total of 3,806 clients have been admitted to the Recovery Kentucky Program.

According to the Office of National Drug Control Policy, the non-medical use or abuse of prescription drugs is the fastest-growing drug problem in the United States today. The abuse of prescription pain relievers is now second only to marijuana. While many Americans benefit from the appropriate use of prescription drugs when taken as directed by a medical professional, when abused, prescription drugs can be as addictive and dangerous as illegal drugs. The fact that prescription drugs have legitimate and legal uses makes the ability to identify, prosecute, and prevent prescription drug abuse a unique challenge.

According to the 2008 National Survey on Drug Use and Health (NSDUH), approximately 52 million, or 20.8%, of Americans aged 12 or older reported the non-medical use of a prescription pain reliever, tranquilizer, stimulant, or sedative at some point in their lifetimes. In comparison, 41.0% had used marijuana, 14.7% had used cocaine, 14.4% had used hallucinogens, 8.9% had used inhalants, and 1.5% had used heroin.

Unfortunately, many individuals who misuse prescription drugs, particularly teenagers, believe that prescription drugs are safer and less addictive than illicit drugs because they are legal when prescribed by a healthcare professional. According to the results of the 2008 Kentucky Incentives for Prevention (KIP) Survey, 15.2% of Kentucky 12th graders reported using prescription narcotics or drugs that were not prescribed to them in the previous 12 months. This was down from 16.7% in 2006.

The overall use of prescription drugs in Kentucky and nationwide is increasing. The nonprofit Henry J. Kaiser Family Foundation reported that U.S. spending on prescription drugs increased from $40.3 billion in 1990 to $234.1 billion in 2008. In 2010, Forbes released a study revealing the nation’s most medicated states. Kentucky ranked fourth, behind West Virginia, Tennessee, and Alabama.

Data from Kentucky’s All Scheduled Prescription Electronic Reporting (KASPER) system allows the use of prescription drugs to be quantified for analysis. Data from the KASPER system is included in the recently released Sourcebook of Criminal Justice Statistics in the Commonwealth, 2008. The Sourcebook is an annual publication of the Justice and Public Safety Cabinet’s Kentucky Statistical Analysis Center (SAC). The publication brings together data from all areas of the criminal justice system. One of the selected crime categories highlighted in the 2008 edition of the Sourcebook is prescription drug abuse.

According to the KASPER data, in the three-year period between 2006 and 2008, 96 of Kentucky’s 120 counties saw an increase in the rate of prescriptions dispensed for controlled substances1. Of those 96 counties, 24 saw a 20% or greater increase in the rate of controlled substance prescriptions dispensed per resident. In fact, Bath and

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The Kentucky All Schedule Prescription Electronic Reporting (KASPER) system is Kentucky’s Prescription Monitoring Program (PMP). KASPER is one of the most comprehensive PMPs in the country.

The system catalogs most of the schedule II–V controlled substance prescriptions written and dispensed within the state, and provides a tool for practitioners, pharmacists and law enforcement to improve patient safety and fight the abuse and diversion of controlled substance prescription drugs. KASPER was not designed to prevent people from getting prescription drugs or decrease the number of doses dispensed.

A KASPER report shows all controlled substance prescriptions a patient had for a specified time period, as well as the doctor(s) who prescribed them and the dispenser(s) who provided them. Kentucky Revised Statute 218A.240 provides that the Cabinet shall use the data for investigations, research, statistical analysis and educational purposes, and shall proactively identify trends in controlled substance usage and other potential problem areas.

Breckenridge Counties experienced the greatest increases between 2006 and 2008, 46.5% and 48.2% respectively. In 2008, an average of 2.2 controlled substance prescriptions were dispensed per Kentucky resident. Owen and Clinton Counties averaged more than four controlled substances prescriptions dispensed per resident.

How Do Users Obtain the Drugs?

The widespread availability and easy access to prescription pain relievers are the primary reasons for abuse. The Substance Abuse and Mental Health Services Administration’s (SAMHSA) 2008 National Survey on Drug Use and Health found that a total of 79% of all nonmedical prescription pain reliever users had obtained the drug from a friend or relative—56% were given the drug by a friend or relative, 9% bought the drug from a friend or relative, and 5% took the drug from a friend or relative without asking. Individuals also illegally obtain prescription drugs by theft or burglary of residences, through illegal online pharmacies, by doctor shopping, and by engaging in prescription fraud.

Despite enhanced law enforcement efforts and the many successes of KASPER, the misuse, abuse and illegal sale of prescription drugs continues to plague the Commonwealth. Official law enforcement and court statistics illustrate the rise in illegal prescription drug activity in Kentucky. According to the Kentucky State Police, prescription drug related offenses rose 13.5% and arrests rose 16.7% between 2007 and 2008. The greatest percentage of prescription drug-related offenses and arrests were related to possession.

The total number of prescription drug related cases in Kentucky’s Circuit Court system increased 4.2% between 2007 and 2008 and reached a five-year high of 1,434 cases in 2008. The total number of prescription drug related cases in Kentucky’s District Court system increased 8.4% between 2007 and 2008 and reached a five-year high of 6,032 cases in 2008. The implications for an already over-burdened corrections system are also significant. In 2008, there were 68 new Department of Corrections commitments for prescription drug related felony offenses, a slight decrease from 72 in 2007. The number of new commitments for offenses that were committed either under the influence of prescription drugs and/or for the purpose of supporting a prescription drug addiction are unknown. The available data from law enforcement and corrections only includes criminal offenses specifically related to prescription drugs. The volume of crimes committed that can be linked to prescription drugs is likely much greater.

What Drugs Are Being Abused?

According to KASPER, hydrocodone is the most commonly prescribed controlled substance in Kentucky. In 2008, there were 718 prescriptions dispensed for hydrocodone per 1,000 Kentucky residents.

Oxycodone and alprazolam (Xanax) are the next most commonly prescribed controlled substances.

The rate of prescriptions per resident is on the rise for some, but not all, prescription drugs. Statewide, between 2006 and 2008, the rate of prescriptions dispensed for oxycodone increased 12.1%, and hydrocodone increased 6.9%, and alprazolam (Xanax) increased 4.9%. During the one-year period, prescriptions for Methadone dropped statewide by 12.0% and prescriptions for Diazepam (Valium) dropped statewide by 1.7%.

What Are the Treatment Options?

Long term use of prescription pain relievers can lead to physical dependence and addiction.

According to a recent SAMHSA study, between 1998 and 2008, treatment admissions for prescription painkillers increased 400 percent. The increase in the percentage of admissions abusing pain relievers spans every age, gender, race, ethnicity, education, employment level, and region.

There are many different treatment options for individuals addicted to prescription drugs. Treatment may need to be tailored to the type of drug or drugs the individual has been abusing. For example, withdrawal from prescription drugs such as barbiturates and benzodiazepines can be life-threatening therefore detoxification must be medically supervised. For this reason, detoxification is typically completed in a medical facility.

Most Commonly Abused Prescription Drugs

There are three classes of prescription drugs that are most commonly abused:

- **Opioids**: Most often prescribed to treat pain. These drugs represent the most commonly abused prescription drugs. Opioid pain relievers are popular among drug abusers because of the euphoria they induce. Brand names include OxyContin, Lortab, Percocet, Vicodin, Dilaudid, and Demerol.

- **Central Nervous System (CNS) Depressants**: Used to treat anxiety, insomnia, and other sleep disorders. Brand names include Temesta, Lexapro, Soma, Klonopin, Valium, and Xanax.

- **Stimulants**: Prescribed to treat the attention deficit hyperactivity disorder (ADHD). Brand names include Adderall, Concerta, Dexedrine, and Ritalin.

While these drugs can be highly beneficial treatments for a variety of health conditions, when abused, severe adverse health effects and even death may result.

Source: National Institute on Drug Abuse
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<table>
<thead>
<tr>
<th>Drug</th>
<th>Number of Cases 2005</th>
<th>Number of Cases 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Xanax</td>
<td>69</td>
<td>207</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>102</td>
<td>169</td>
</tr>
<tr>
<td>Methadone</td>
<td>144</td>
<td>117</td>
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<tr>
<td>Diazepam</td>
<td>47</td>
<td>81</td>
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<tr>
<td>Alprazolam</td>
<td>51</td>
<td>80</td>
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<tr>
<td>Hydrocodone</td>
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<td>67</td>
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<tr>
<td>Tramadol</td>
<td>46</td>
<td>56</td>
</tr>
<tr>
<td>Lortab</td>
<td>35</td>
<td>44</td>
</tr>
<tr>
<td>Buprenorphine</td>
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</tr>
<tr>
<td>Naloxone</td>
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<td>n/a</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>50</td>
<td>52</td>
</tr>
<tr>
<td>Nordiazepam</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Heroin</td>
<td>n/a</td>
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</tr>
</tbody>
</table>

Source: Kentucky Office of the Medical Examiner

**Drug Overdose Deaths**

Each year more than 20,000 persons in the United States die from drug overdose. The Centers for Disease Control (CDC) reports that the rise in drug overdose deaths is due to increasing deaths from prescription drugs rather than illicit drugs such as heroin or cocaine. Opioid drugs are the most common source of overdose deaths. A single large dose of a prescription opioid or CNS depressant (see side bar) can cause breathing difficulty that can lead to death. The table to the right presents the type of drug detected in the cases referred to the Kentucky Office of the Medical Examiner for autopsy in 2008 and 2009. The most frequently detected drugs were alprazolam (Xanax) and oxycodone

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2010 Legislative Session: Prescription Drug Related Legislation

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