

SB 17-146

SB 17-146 expands access to the electronic prescription drug monitoring program. This bill expands access in three ways. The first way is that it allows a practitioner with prescribing authority to query the Prescription Drug Monitoring Program (PDMP) about a patient, regardless of whether the practitioner is currently prescribing or considering prescribing any controlled substance. The second way allows a veterinarian to query the PDMP. Thirdly, this bill would allow a pharmacist to query the PDMP if the pharmacist dispenses or considers dispensing a prescription drug. The goal of this bill is to identify and stop people who are trying to get fraudulent prescriptions. I support the passage of Senate bill 17-146.

The government should get involved with the monitoring of controlled substance prescriptions since drug abuse creates negative externalities. A negative externality is a cost that is suffered by a third party due to a transaction. Drug abuse inflicts harm on society through externalities that are not accounted for in the prescription drug market. In 2007, the cost of prescription drug abuse costs to society totaled \$61.6 billion (USD in 2017) (INCP 2014).

Prescription drug abuse is linked to major safety risks and costs to people around the abusers. For example, individuals who drive while under the influence of specific prescription drugs experience adverse effects to perception, coordination, and reaction time (ICPN). Studies have found that those who use prescription drugs are nine times more likely to get into a car crash (ICPN). The average car crash with fatalities caused \$1,130,000 worth of damages (Vehicle 2017)). In 2015, there were 54 fatal car crashes, 18% of those crashes were caused by prescription drug use (Drugged 2016). This means that fatal car crashes cost \$12,000,600 in damage that year.

In 2015, there were 5,389 non-fatal car crashes that cost an average of \$61,600 worth of damages (Vehicle 2017). The exact percentage of non-fatal crashes caused because of prescription drug use has not been researched thoroughly enough. However, this paper assumes 18% for non-fatal car crashes, as well. In 2015, 970 non-fatal car crashes occurred because of prescription drug use, costing \$59,753,232 (Vehicle 2017). In total, driving while under the influence of drugs caused \$71,753,832 in damages in Colorado annually. Driving while drugged imposes a risk to the driver themselves and a potential cost to other drivers on the road who are impacted by a prescription drug abusers' impaired driving.

The environment also suffers from prescription drug usage. The first impact to the environment comes during manufacturing. Pharmaceutical production is responsible for 8% of US carbon emission. This means the pharmaceutical industry produces 536 million metric tons of carbon emissions (Health 2009).

The plastic bottles that prescriptions are packaged in are also harmful to the environment. Last year 4,000,000,000 plastic medicine bottles were given out in the US (Bennet 2014). Since these containers are plastic, they are not biodegradable. This impacts the environment by creating excess waste that will take millions of years to degrade.

The third impact is in the disposal of the actual medication. Many individuals flush old medicine down drains or toilets. This pollutes water supplies, which can affect the safety of drinking water. Also, this hurts wildlife who live near sewage pipes where the drugs have not been completely removed from the water. This creates health issues for the animals within those ecosystems.

Crime is another negative externality associated with prescription drug abuse. The first way that crime is related to prescription drug abuse is that crime is generated through supporting

an individual's drug habit. A Xanax prescription for a bottle is \$101.04. A person who is abusing that drug could need multiple prescriptions a month. Funding multiple prescriptions can lead a person to commit crime to feed their addiction. In the United States, 17% of state prisoners and 18% of federal prisoners have committed a crime to obtain money for drugs (INCP 2014). These crimes, usually burglary, fraud, or robbery, cost the world \$20 billion in 2013. If health care professionals can target prescription drug abuse, then the incentive to commit crime will decrease.

The PDMP is an online program that collects and monitors information about prescriptions dispensed to patients. This database collects information, such as the name of the practitioner and patient, date the prescription was dispensed, drug name and dosage, the quantity supplied, the number of refills, method of payment, and the name of the dispensing pharmacy. This information is only collected if a person's prescription involves a controlled substance (Colorado 2014). Controlled substances are certain narcotics, stimulants, depressants, hallucinogens, anabolic steroids, and other chemicals that the manufacturing, importation, possession, use, and distribution of are regulated by the DEA (Anderson 2014).

The PDMP is separated into two access points: entering information and searching information. The first access point, which is not impacted by SB 17-146, is entering the prescription information. Proper procedure mandates the pharmacist filling the prescription enter the patient's information into the PDMP.

The second point of access which is the target of this bill, is being able to search or query the information once a person becomes the medical provider's patient. As of now, many medical providers are unable to use the query function when it would be beneficial. In the state of Colorado, physicians, dentists, physician assistants, pharmacists, nurses (with prescriptive

authority), podiatrists, optometrists, resident physicians, and veterinarians can all write a prescription. If an individual seeks a prescription drug, then they must go see one of these professionals.

Generally, to get a prescription, an individual only needs to see a doctor once. If this is the doctor's first time seeing a patient, the doctor will have access to that individual's medical records. However, the doctor is prescribing without having access to the patient's past prescription history. This means that an individual can get multiple prescriptions for the same diagnosis from different doctors. Getting multiple prescriptions from different medical providers is often referred to as 'doctor-hopping'.

Once a medical provider writes the prescription, the individual goes to a pharmacist to get the prescription filled. There are 451 registered pharmacies in Colorado. A person could simply go to a new pharmacist with every prescription they get (GoodRx 2017). Pharmacists are not able to review what other pharmacists have dispensed to the same patient.

Currently, doctors cannot query an individual's past prescription history until after an initial appointment. SB 17-146 would hopefully discontinue the practice of doctor-hopping by allowing doctors the ability to see the patient's medical history before prescribing the individual. Medical providers would be able to see that the individual had already been prescribed medication for their diagnosis and does not need to be double prescribed.

Similarly, a pharmacist can't tell if the patient has already received a prescription for this drug until the pharmacist dispenses the new prescription. This means that a person who has been doctor-hopping can get all of their prescriptions filled. SB 17-146 would stop this practice by allowing the pharmacists to see that this individual has already been prescribed a controlled substance.

SB 17-146 would also expand access to veterinarians, allowing them to search the PDMP database. As of now, veterinarians are only able to enter prescriptions into the PDMP database but are not able to query the PDMP. People who are abusing prescription drugs will hurt or harm animals and bring them into animal hospitals to get prescriptions for controlled substances (Bever 2017). If a vet was able to see that the animal owner had a history of multiple prescriptions related to a specific drug, then the veterinarian could report the individual for animal abuse and not prescribe the drug.

While SB 17-146 is a step in the right direction, there is still more policy that the government could create. The Colorado Legislature could increase funding towards finding safer and legal alternative medications that do not have the same addictive characteristics as many prescription drugs on the market now. This reduces the number of people who suffer from addiction because of the chemical characteristics of the drug they are prescribed. Also, the State could subsidize prescription drug abuse treatment to help more individuals struggling with addiction to seek treatment. This would reduce the number of people who commit drug-related crime.

In conclusion, I support the passing of SB 17-146 as a cost-effective solution for tackling prescription drug abuse. This bill will allow for individuals who are abusing prescription drugs to be identified. If fewer people abuse controlled substances, the negative externalities associated with prescription drug abuse, such as public safety, the environment, and crime, will be reduced. I support the passage of SB 17-146.

Works Cited

- Anderson, Pharma. "CSA Schedules." Drugs.com. Drugs.com, 04 May 2014. Web. 28 Apr. 2017.
- Bennet, Sophia. "How to Recycle Medicine Bottles." *RecycleNation*. Recycle Nation, 04 Aug. 2014. Web. 24 Apr. 2017.
- Bever, Lindsey. "Some Addicts Are so Desperate for Drugs That They're Now Taking Medication Prescribed to Pets." *The Washington Post* 24 Jan. 2017: n. pag. Print.
- "Colorado PDMP." *Health Information Designs*. COPDPM, 15 Oct. 2014. Web. 19 Apr. 2017.
- "GoodRx." Colorado Pharmacy - Browse All Pharmacies in Colorado - GoodRx. Good Rx, n.d. Web. 28 Apr. 2017.
- INCP REPORT. "Chapter 1." *Economic Consequences of Drug Abuse*. Augusta, ME: Division, 2013. 1-6. Print.
- "Drugged Driving." *National Institute on Drug Abuse*. NIDA, June 2016. Web. 24 Apr. 2017.
- "Greenhouse Gas Inventory Data ExplorerGreenhouse Gas Inventory Data Explorer." *EPA*. Environmental Protection Agency, 17 Jan. 2017. Web. 24 Apr. 2017.
- "Health Care Accounts for Eight Percent of U.S. Carbon Footprint." *The University of Chicago Medicine*. UC Hospitals, 10 Nov. 2009. Web. 24 Apr. 2017.
- "The Price Paid for Automobile Accidents and Injuries." *Tavis Fletcher*. N.p., n.d. Web. 24 Apr. 2017.
- "State Prescription Drug Monitoring Programs." *Questions & Answers*. Drug Enforcement Agency, June 2016. Web. 24 Apr. 2017.
- "Vehicle Operators Charged with DUI in Crashes by County." *CDOT*. Colorado Department of Transportation, 13 Apr. 2017. Web. 24 Apr. 2017