

**U.S. Department of Justice, Office of Justice Programs
RECOVERY ACT: EDWARD BYRNE MEMORIAL
COMPETITIVE GRANT PROGRAM**

**State of Connecticut
2009 GRANT APPLICATION**

**CATEGORY IV: HIRING OF CIVILIAN STAFF IN LAW
ENFORCEMENT AND PUBLIC SAFETY-RELATED AGENCIES**

April 27, 2009

**RECOVERY ACT: EDWARD BYRNE MEMORIAL
COMPETITIVE GRANT PROGRAM
STATE OF CONNECTICUT
2009 GRANT APPLICATION
CATEGORY IV: HIRING OF CIVILIAN STAFF IN LAW ENFORCEMENT AND
PUBLIC SAFETY-RELATED AGENCIES**

TABLE OF CONTENTS

A. Statement of Problem	3
B. Program Design and Implementation	5
C. Capabilities / Competencies	7
D. Impact/Outcomes, Evaluation, Sustainment, and Description of the Applicant's Plan for the Collection of the Data Required for Performance Measures	7

**RECOVERY ACT: EDWARD BYRNE MEMORIAL
COMPETITIVE GRANT PROGRAM
CATEGORY IV: HIRING OF CIVILIAN STAFF IN LAW ENFORCEMENT AND
PUBLIC SAFETY-RELATED AGENCIES**

A. STATEMENT OF WORK:

Prescription drug abuse has become an epidemic across the United States, destroying and affecting many lives. In fact, America is in a perfect storm of abuse of mind altering prescription drugs. Even those who begin their use for legitimate purposes can become unlawful users because the powerful nature of prescription drugs greatly increases the potential for abuse. Millions of individual's nationwide buy, sell, steal, and abuse controlled medication for recreational (non-medical) purposes. America must come to terms with the troubling problems these same drugs cost society. It is clear, however, that we cannot simply arrest our way out of the problem of chronic drug abuse and drug-driven crime. The most well funded and staffed law enforcement efforts cannot eliminate diversion and abuse of controlled prescription medication on their own. Thus, programs aimed at preventing drug abuse and reducing demand are just as important, if not more critical, as arresting drug dealers.

Abuse of prescription medications is highest and rising fastest among young people who have easy access to pills in the medicine cabinets of parents or friends. They wrongly think "prescription" drugs are safe, and stage "pharming parties" to share and experiment with peers.

The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the Department of Health and Human Services, annually conducts the National Survey on Drug Use and Health (NSDUH) on a random sample of U.S. households to determine the

prevalence of non-medical use of illicit and prescription drugs. A 2007 Survey from the NSDUH revealed some alarming statistics. Among youths aged 12 to 17, nonmedical use of pain relievers declined from 3.2 percent in 2002 to 2.7 percent in 2007. In contrast, use increased among young adults aged 18 to 25 and among adults aged 26 or older. Among young adults, the rate of nonmedical use of pain relievers increased from 4.1 percent in 2002 to 4.6 percent in 2007. Among adults aged 26 or older, use increased from 1.3 percent in 2002 to 1.6 percent in 2007. In 2007, 2.7 percent of youths, 4.6 percent of young adults, and 1.6 percent of adults aged 26 or older used prescription pain relievers for nonmedical purposes. These percentages represent an estimated 670,000 youths, 1.5 million young adults, and 3.0 million adults aged 26 or older.

Although nonmedical use of prescription pain relievers was lower in 2007 than in 2002 among youths aged 12 to 17, the rates have been increasing over time for adults aged 18 or older. These increases for adults may place greater demands on the health care system due to adverse consequences such as overdoses, increase in “doctor shopping” and additional resources may be needed to treat dependence and abuse involving these medications. To reduce rates of nonmedical use of pain relievers, physicians and other medical practitioners must not only continue to exercise care in prescribing and monitoring their patients or clients for signs of misuse, but also should counsel them about not sharing their prescription medications, preventing others from having access to their medications, and properly disposing of remaining dosage units once the need for the medication has passed.

In this proposal the Connecticut Department of Consumer Protection (DCP) Prescription Monitoring Program (PMP) has outlined a new approach to deal with the diversion and abuse of

prescription drug medications by “doctor shoppers”. DCP PMP would work in conjunction with the Connecticut Department of Public Safety (DPS), Connecticut Department of Mental Health and Addition Services (DMHAS), addiction treatment facilities and small marketing businesses across the state to ensure all the goals and objectives are met for both BJA and the Recovery Act.

B. PROGRAM DESIGN AND IMPLEMENTATION:

The Connecticut Department of Consumer Protection (DCP), Drug Control Division, Prescription Monitoring Program (PMP) maintains a database of all controlled substance prescriptions filled in Connecticut as well as prescriptions filled out of state and delivered into Connecticut. This database is known as the Connecticut Prescription Monitoring and Reporting System (CPMRS). The database includes the name of the practitioner that wrote the prescription, the pharmacy that filled the prescription, date the prescription was written, drug, strength, quantity, estimated days supply along with patient identifiers (name, address etc) and method of payment for the prescription.

Initial analysis of the data, within the CPMRS, has identified that over 3,000 or 20 percent of patients seeking controlled substance prescriptions, may be diverting and/or abusing prescription drugs. These patients have common drug seeking behaviors, which include seeing more than one medical practitioner, the frequency of visits, the number of different pharmacies where the prescriptions were filled, and the method of payment. All these are characteristics that may identify potential “doctor shoppers”.

This proposal is to attempt a new approach in the State of Connecticut to deal with the diversion and abuse of prescription drug medications by “doctor shoppers”. The proposed plan

would take those individuals identified as potential ‘doctor shoppers’ by the CPMRS and assign an agent/officer of the state to conduct an investigation to determine if any action needs to be taken. After a programmed investigation and a determination has been made by the agent/officer that a criminal offense has been committed, an offer of rehabilitation in lieu of criminal arrest would be made. By offering this option, any individual taking the program would not have the incident on their record. A further benefit would be to reduce the burden on our criminal and judicial system and potentially the Department of Corrections.

We have always known that individuals involved in “doctor shopping” operate within a wide area of geographical territory. Within that territory are large numbers of prescribers and pharmacies that are taken advantage of. Furthermore when the individuals are actually identified by local police departments, they are faced with the limits of their operational jurisdiction as well as are the local courts. In the short time that the State’s PMP has been operational, we have already begun to identify some of the same problem on a much grander scale.

In order for this program to be effective, the actual investigation and confrontation of the potential “doctor shopper” will be performed by a specially designated agent that would have state-wide jurisdiction. This special agent will be housed at the Connecticut Department of Consumer Protection (DCP). In total, two (2) new positions will be created or retained as part of the state’s new Drug Diversion Task Force. The positions will be comprised of one (1) Health Program Assistant (HPA) 1 and one (1) Special Investigator. The Special Investigator position will be assigned to conduct investigations throughout the state and use the information provided by the CPMRS, while the HPA 1 will assist in identifying and assigning “doctor shopper” cases,

developing educational/outreach activities, conducting presentations and trainings to Connecticut law enforcement individuals and being the liaison between the program and other involved agencies. In addition to these positions, Connecticut State Police Troopers assigned to the Connecticut Statewide Narcotic Task Force would also assist under this program. These troopers would have state-wide jurisdiction and criminal arrest capabilities. The collaboration with the Connecticut Statewide Narcotic Taskforce would allow the program to use their five regional offices for investigational purposes only.

B. CAPABILITIES / COMPETENCIES:

The Connecticut Department of Consumer Protection (DCP) Drug Control Division Director and/or the Program Manager position will oversee the implementation and execution of the grant including all deliverables and expenditures. A special account will be created by the Connecticut Department of Administrative Services (DAS) to ensure all grant requirements are met. DAS will provide the Drug Control Division (DCD) Director and/or the Program Manager with weekly or monthly expenditure reports that will allow for the funding to be monitored in a consistent manner. All purchases must be reviewed and approved by the DCD Director and/or the Program Manager before any funding is allocated.

B. IMPACT/OUTCOME, EVALUATION, SUSTAINMENT, AND DESCRIPTION OF THE APPLICANT'S PLAN FOR THE COLLECTION OF THE DATA REQUIRED FOR PERFORMANCE MEASURES:

In Connecticut, there are over 3.4 millions residents, 22,000 licensed prescribers, 4,600 licensed pharmacists, 760 in-state pharmacies, 150 police departments, 32 hospitals and 45 addiction treatment facilities. The agent will be assigned to cover a designated area throughout

the state. All case assignment will be assigned by the PMP Program Manager and/or HPA 1 and the agent will be responsible for completing at least one hundred (100) doctor shopper cases per year. For reporting purposes, all investigations will be categorized into the following: 1) Individuals that accepted the rehabilitation, 2. Individuals that successfully complete the rehabilitation program, 3. Individuals who do not successfully complete the program and 4. Individuals arrested.

As part of our proposal, DCP will conduct one (1) statewide education campaign every year. One (1) of the campaigns will target police departments, professional organizations (prescribers, pharmacists) and addiction treatment facilities on the new Drug Diversion Task Force and the Connecticut Prescription Monitoring and Reporting System (CPMRS). The other campaign will be to raise awareness to the general public on the dangers of abusing prescription drugs and proper storage and disposal of prescription medication.

The Health Program Assistant (HPA) 1 position would be responsible for contacting Connecticut municipal police departments and conduct at least fifteen (15) presentations per year and provide information on the new Drug Diversion Task Force and CPMRS. In addition, the HPA 1 position will conduct presentations to five (5) professional organizations (prescribers and pharmacists) and five (5) addiction treatment facilities per year.