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HOUSE JOINT RESOLUTION NO. 660

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the Senate Committee on Rules
on February 19, 2001)

(Patron Prior to Substitute—Delegate Tata)

Establishing a joint subcommittee to study the over-prescription and the illegal diversion of Ritalin and the illegal diversion and sale of OxyContin.

WHEREAS, methylphenidate, commonly known as Ritalin, is prescribed in the treatment of narcolepsy, and most often for children diagnosed with attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD), a neurobiological disability characterized by developmentally inappropriate impulsiveness, inattention, and in some cases, hyperactivity, that affects three to five percent of school-aged children and approximately two to four percent of adults; and

WHEREAS, Ritalin is a central nervous system stimulant that affects the neurotransmitter dopamine and, pharmacologically, is similar to amphetamines in the nature and duration of its effects; and

WHEREAS, Ritalin, when taken as prescribed, has mild to moderate stimulant properties, but when snorted or injected produces cocaine-like stimulant effects; and

WHEREAS, there is a risk of developing dependence and tolerance to the drug even when taken as prescribed, and the drug's manufacturer cautions physicians to be observant for certain adverse effects; and

WHEREAS, Ritalin is a Schedule II controlled substance under both federal and state drug control laws, and the federal government strictly regulates the amount that may be manufactured through a system of rigid manufacturing quotas; and

WHEREAS, it is estimated that Ritalin has been prescribed for at least four million American children who have been diagnosed as having ADD/ADHD, of whom 80 percent are males; and

WHEREAS, according to the U.S. Drug Enforcement Administration, prescriptions for Ritalin have increased more than 600 percent over the past five years, and according to federal law enforcement agencies involved in drug interdiction, 90 percent of the world's supply of Ritalin is prescribed in the United States; and

WHEREAS, a significant portion of these prescriptions are diverted for illicit nonmedical use, as Ritalin ranks among the top 10 most frequently reported stolen controlled pharmaceuticals; and

WHEREAS, due to the substantial increase in ADD/ADHD diagnoses over the past several years, the manufacturing quotas have not increased sufficiently to meet the increased demand, resulting in sporadic and regional shortages of Ritalin, which have been further exacerbated by the diversion of the drug to the illicit street drug trade; and

WHEREAS, although Ritalin is water soluble and intended for oral use, many non-medical users crush the tablets and either snort the resulting powder or dissolve it in water and "cook" it for intravenous injection to obtain a more potent effect; and

WHEREAS, Ritalin is supplied in five milligram, 10 milligram, and 20 milligram tablets, and in a sustained release form, Ritalin SR, as 20 milligram tablets, and when purchased in pharmacies with a valid prescription the cost of the tablets ranges from 25 cents to 50 cents each, but in the illicit street drug market, tablets sell for three dollars to $15 each; and

WHEREAS, the National Institute on Drug Abuse described Ritalin abuse over the last two decades as "sporadic but persistent," and there is concern that an upsurge in illicit street use of Ritalin reported on the West Coast and in the Midwest is spreading across the country, with reports of increasing use, experimentation, and illegal distribution and possession among young children, teens, and college-aged students; and

WHEREAS, Ritalin, when properly prescribed, enables children with ADD/ADHD to become more focused and increases their attention span, but Ritalin causes different results in adults, many of them harmful; and

WHEREAS, the adverse consequences of the abuse of Ritalin is of paramount concern as more and more college students are self-prescribing Ritalin to help them concentrate, stay awake, and focus, and many college students are using Ritalin as an inexpensive recreational drug; and

WHEREAS, unlawful distribution and possession of Ritalin is a felony under federal and state laws, reports of numerous health consequences abound concerning the use of Ritalin, and several deaths across the country have been attributed to the nonmedical use of Ritalin; and

WHEREAS, Oxycontin has been approved by the Federal Drug Administration for the treatment of moderate to severe pain caused by terminal cancer or musculoskeletal conditions; and

WHEREAS, Oxycontin's chief advantage is its time-release formula that enables patients to maintain pain relief for up to 12 hours without having to take repeated doses; and

WHEREAS, like morphine and heroin, OxyContin is an opiate that eases suffering, and creates a euphoric effect similar to a heroin high; and

WHEREAS, meant for those suffering from chronic pain, OxyContin has also become a drug used for recreational purposes and is often obtained by fraudulent means or through illegal sale or theft; and

WHEREAS, federal investigators have identified five pockets of heavy OxyContin abuse in the United States: Southwest Virginia, rural Maine, Cincinnati, Baltimore, and Charleston, and do not understand why the drug is so popular in these areas; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That a joint subcommittee be established to study the over-prescription and the illegal diversion of Ritalin and the illegal diversion and sale of OxyContin. The joint subcommittee shall consist of 10 legislative members, to be appointed as follows: six members of the House of Delegates, to be appointed by the Speaker of the House in accordance with the principles of proportional representation contained in the Rules of the House of Delegates; and four members of the Senate, to be appointed by the Senate Committee on Privileges and Elections.

In conducting its study, the joint subcommittee shall (i) determine the health conditions for which Ritalin and OxyContin is lawfully prescribed in Virginia; (ii) ascertain the number of such prescriptions for the last five years to determine the rate of increase or decrease, and the cause of any increase in the number of such prescriptions; (iii) determine if Ritalin and OxyContin have been diverted to the street drug trade, and if so, assess the demand for Ritalin and OxyContin as a street drug in Virginia; (iv) establish whether the use of Ritalin and OxyContin for non-medical purposes is a problem among school-aged children and college students in the Commonwealth; (v) consider and explore such other issues as the joint subcommittee may determine pertinent; and (vi) recommend ways to correct problems associated with the over-prescription, and the illegal use, possession, and distribution of Ritalin and OxyContin, as appropriate.

The direct costs of this study shall not exceed $8,500. An estimated $1,000 of the direct costs is allocated for materials and resources. Such expenses shall be funded from the operational budget of the Clerk of the House.

The Division of Legislative Services shall provide staff support for the study. Technical assistance shall be provided by the Department of State Police, the Board of Medicine, the Board of Pharmacy, the Department of Health, the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Department of Education, and the State Council of Higher Education. All agencies of the Commonwealth shall provide assistance as requested by the joint subcommittee for this study.

The joint subcommittee shall complete its work in time to submit its written findings and recommendations by November 30, 2001, to the Governor and the 2002 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Implementation of this resolution is subject to subsequent approval and certification by the Joint Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the study.