Prescription Drug Monitoring Programs

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I. History

In response to the alleged under treatment of pain in the United States, numerous initiatives were developed that resulted in an explosion of the use of therapeutic opioids. Unfortunately, along with the increased use in opioids, the U.S. saw a rapid increase of opioid analgesic poisonings.[1] According to the Justice Department, nearly 7 million Americans abused prescription drugs in 2005, compared with 3.8 million in 2000, an 80% increase.[2] The 2005 National Survey on Drug Use and Health revealed that the non-medical use of psychotherapeutic drugs increased to 6.2% (approximately 15 million persons) for those aged 12 and older and that the abuse of prescription drugs was second only to marijuana use.[1]

Despite the concern over prescription drug misuse and abuse, healthcare providers recognize the importance of prescription drugs in treating patients, especially those with chronic pain. According to B. Todd Sitzman, MD, MPH, president of the American Academy of Pain Medicine, approximately 70 million Americans experience pain every day.[2]

Due to the increase in controlled prescription drug abuse, the Drug Enforcement Agency (DEA), state prescription drug monitoring programs (PDMPs), Synthetic Drug Control Strategy and the Food and Drug Administration began addressing prescription drug abuse.[1]

From 1947 to 1999, there were 15 states with functioning PDMPs. In 2003, the DEA and Harold Rogers' competitive grant program sponsored state monitoring programs initiated by the Department of Justice to promote the development of PDMPs. PDMPs have the potential to not only decrease prescription fraud and doctor shopping but also promote better health care for patients by giving prescribers more complete information about a patient's history of controlled substance use.[3] According to the National Alliance for Model State Drug Laws 2008 update, there are 24 states with operational PDMPs (actually 25 as Colorado's PDMP became fully operational in February 2008), 13 states with enacted PDMP legislation but not fully operational, 8 states with legislation pending and 5 states that currently have no activity.

There are mainly two types of PDMPs: reactive and proactive. Reactive programs generate solicited reports only in response to a specific inquiry made by a prescriber, dispenser, or other party with appropriate authority. Proactive programs identify and investigate cases, and generate unsolicited reports whenever suspicious behavior is detected, thus seen as a law enforcement tool. PDMPs differ in their scope of coverage, with approximately half of the programs monitoring Schedule IV drugs and/or Schedule III drugs and some programs monitoring Schedule II to V drugs. It should be noted that the majority of abused prescription drugs fall within Schedule III.[4]

However, in "*An Evaluation of Prescription Drug Monitoring Programs*", Dr. Simeone and Lynne Holland report that the presence of a PDMP does reduce the per capita supply of prescription pain relievers and stimulants and that this in turn does reduce the probability of abuse for these drugs. States with proactive programs may be more effective in reducing the per capita supply of prescription pain relievers and stimulants while law enforcement oriented states may be more effective in curbing abuse.[4]

II. Colorado's Prescription Drug Monitoring Program

In July 2005, legislators enacted CRS 12-22-701, et al., providing for a PDMP. The PDMP is operated by the Colorado Board of Pharmacy and with guidance from the PDMP Advisory Committee. Implementation funding was obtained in September 2006 through the U.S. Department of Justice, Harold Rogers' competitive grant program. The PDMP became fully operational in February 2008.

In-state and out-of-state pharmacies licensed in Colorado provide information to the centralized database twice per month on all Schedule II-V prescriptions dispensed by the pharmacy. Pharmacists and prescribers have direct access to the database and are able to query the database to obtain information regarding prescribing patterns for a specific patient through a variety of fields. Responsibility for using the system to deter fraud and identify suspicious activity falls to prescribers and pharmacies.

Although Colorado's PDMP will support law enforcement activities, it is not designed to be a law enforcement tool. Law enforcement may obtain specific information only when there is an active investigation of a specific case and a court order or subpoena is obtained for the requested information. The PDMP statute does allow individual patients, with a government issued ID, to obtain access to their own records via written request or in person visit to the Board of Pharmacy.

III. Funding Sources

Funding for state PDMPs is available not only from the DEA and the Harold Rogers' competitive grant program, but also from resources within each state. For example, in Colorado, Senate Bill 07-204 was enacted into law in August of 2007 and requires that the Board of Pharmacy continue to seek gifts, grants and donations to support the PDMP. However, if there is not enough funding available from those sources to support the PDMP, the Department of Regulatory Agencies (agency that oversees the regulation and licensure of healthcare providers) may place an increase of a maximum of $7.50 per year on the license renewal fee of those professions that are legally authorized to prescribe scheduled drugs.

IV. Summary

Currently, PDMPs are operational or in the process of becoming operational in the majority of states. It is important to understand that chronic pain is treatable and that PDMPs will provide healthcare providers with yet another valuable tool in providing appropriate and quality care for their patients.

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[1] Manchikanti, L. (2007). National Dug Control Policy and Prescription Drug Abuse: Facts and Fallacies. *Pain Physician. 10*, 299-424.

[2] Landers, S.J. (2008). Dangerous diversions: Specter of prescription drug abuse creates though balancing act for doctors. AMNews staff. Retrieved March 17, 2008, from http://www.ama-assn.org/amednews/2008/03/17/hlsa0317.htm

[3] Simeone, R., & Holland, L.; Simeone Associates, Inc. (2006). An evaluation of prescription drug monitoring programs. *National Alliance for Model State Drug Laws.* Retrieved December 7, 2008, from http://www.simeoneassociates.com/simeone3.pdf

[4] Simeone, R., & Holland, L.; Simeone Associates, Inc. (2006). Executive summary: An evaluation of prescription drug monitoring programs. *National Alliance for Model State Drug Laws*. Retrieved December 7, 2008, from http://www.natlalliance.org/pdfs/PDMP%20Study%20Executive%20Summary.pdf

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