



## Prescription Drug Monitoring Programs

*By Blake Harrison*

*Prescription drug abuse accounts for almost 30 percent of drug abuse in the United States.*

Prescription drug abuse comprises almost one-third of drug abuse in the United States, and treatment admission rates have more than doubled in the past 10 years. Identifying abuse from a criminal justice perspective is difficult, since the drugs typically are purchased legally then used for an unintended purpose or distributed to a different person.

State prescription drug monitoring programs (PDMPs), created through the legislature or by agency rule, address this issue by requiring pharmacies to log each prescription they fill. The reports created by the logs are stored in a state electronic database that typically includes the patient's name, address, type and amount of drug, prescribing physician's name and other pertinent information. Medical professionals can prevent abusers from obtaining prescriptions from multiple doctors through this kind of monitoring and can administer early intervention tactics.

*Currently, 21 states operate prescription drug monitoring programs.*

To date, 21 states operate prescription drug monitoring programs, and 18 states are actively pursuing programs. The programs generally are administered by state agencies responsible for public health or law enforcement or by boards of pharmacy. Information contained in the database can help authorized agencies determine patterns of abuse and identify outmoded prescribing practices.

Findings can guide states in their efforts to combat abuse and addiction and can lead to new educational tools for medical professionals. To accomplish this goal, information sharing from and to the state monitoring programs needs to be multi-directional, serving both enforcement and health care providers.

State monitoring programs currently do not share prescription information with other states, which can

### State Action

#### Components of State Drug Monitoring Programs

- Submission of data for Schedules II, III, IV and V drugs.
- Doctors, pharmacists and occupational licensing officials have access to the database.
- Access to collected data by federal, state, and local law enforcement personnel who are statutorily authorized to access the information by traditional, manual methods.
- Databases are not subject to public or open records laws.
- Individuals using state prescription drug monitoring programs receive adequate training on the system as well as training on proper prescribing practices, pharmacology, and referral of addicted and abusing patients.
- Legislation frequently includes penalties for the unauthorized use of the data.
- Out-of-state Internet or mail order pharmacies can be required to submit reports.
- Programs provide information for research, policy and educational purposes only if personally identifiable information is removed.

lead to gaps in monitoring efforts. The Integrated Justice Information Sharing Institute is working on a project funded by the Bureau of Justice Assistance to guide the implementation of future systems for exchanging data between states. Participation will provide coordination and advice between the state entities and will not require the use of state funds.

Oklahoma will be the first state to use its drug monitoring system to track the sales of pseudoephedrine, a common ingredient used to manufacture methamphetamine. Other states are looking to see how their drug monitoring programs can be used to monitor the sale of methamphetamine precursors. In Indiana, the program was successfully used in the Drug Enforcement Administration's investigation of local physicians and pharmacies suspected of providing excessive prescriptions for painkillers.

Privacy and fraud concerns have been addressed through recommendations such as including language to notify patients if their information has been lost or stolen, and others want to ensure that the program will not discourage doctors from prescribing needed pain medication or discourage patients from consulting a doctor of their choice.

### Federal Action

Since 2002, Congress has appropriated funds to the U.S. Department of Justice to support the Harold Rogers Prescription Drug Monitoring Program. The program has assisted states through grants as they plan, implement or enhance a PDMP. In addition to direct funding, the grant program provides technical assistance to states and is beginning evaluation and treatment referral initiatives. State governments are eligible for grant funds if they have in place or pending an enabling statute or regulation that requires the submission of controlled substance prescription data to a centralized database administered by an authorized state agency. The program objectives are to:

- Build a data collection and analysis system at the state level.
- Enhance existing programs' abilities to analyze and use collected data.
- Facilitate national evaluation efforts.
- Encourage the exchange of information and collected prescription data among states.
- Assess the efficiency and effectiveness of programs.
- Enhance collaborations with law enforcement, prosecutors, treatment professionals, the medical community and pharmacies.

Grants under the Harold Rogers Prescription Drug Program are being administered by the Bureau of Justice Assistance.

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*An IHIS project will guide implementation of future systems for exchanging data between states.*

*Grants from the Harold Rogers Prescription Drug Monitoring Program help states plan, implement or enhance a PDMP.*