

# Prescription Drug Monitoring



## Information Brief

August 2007

### State Prescription Drug Monitoring Programs Highly Effective

#### Background

The abuse of prescription drugs is a matter of growing concern to law enforcement and public health professionals. When alcohol is excluded from substance abuse surveys, prescription drugs are the second most commonly abused substances among members of every age group. The 2005 National Survey on Drug Use and Health (NSDUH) found that 6.4 million Americans reported using prescription drugs non-medically in the last month. Between 2002 and 2005, non-medical use of prescription drugs by individuals aged 18-25 increased from 5.4 percent to 6.3 percent according to the same source<sup>1</sup>.

Research findings based on NSDUH data indicate that most people who use prescription drugs non-medically rely on legitimate prescriptions written for family members and friends as their primary source. Therefore, any program designed to reduce excessive availability of prescription drugs while ensuring appropriate medical care is likely to reduce non-medical use of these substances.

#### Prescription Drug Monitoring Programs

In response to growing concern about prescription drug abuse, many states have begun implementing Prescription Drug Monitoring Programs (PDMPs). These are designed generally to monitor the prescription and disbursement of prescription drugs designated as controlled substances by the Drug Enforcement Administration (DEA). There is considerable variability in the manner in which PDMPs have been implemented; some cover Schedule II drugs (principally pain relievers and stimulants), while others cover all Schedule II-V drugs. There is also considerable variability in the

manner in which "problem" doctors, pharmacies, and patients are identified. Some programs generate solicited reports in response to an inquiry on the part of an authorized official. Other programs generate unsolicited reports whenever a suspicious pattern of behavior is detected. Within this context, "reactive" programs that generate solicited reports tend to have a predominantly health-oriented mission. "Proactive" programs that identify and investigate cases and generate unsolicited reports that are sent to prescribers, dispensers, and other relevant authorities, tend to have a predominantly law enforcement-oriented mission.

#### Federal Support

The federal government has recognized the need to help states control the growth in prescription drug abuse. Beginning in FY 2002, Congress appropriated funding to the U.S. Department of Justice Office of Justice Programs (OJP) to help prevent and detect the diversion and abuse of pharmaceutical controlled substances, particularly at the retail level where no other automated information collection system exists. OJP's Bureau of Justice Assistance (BJA) issued competitive grants under the Harold Rogers Prescription Drug Monitoring program for states developing or planning to develop PDMPs. States are eligible to receive grants if they have or plan to have in place a statute requiring submission of information on prescriptions to a central database. As of 2007, with the support of the Harold Rogers program, 24 states have active PDMPs. Another 19 states have legislation pending or enacted to create them.

#### Program Evaluation

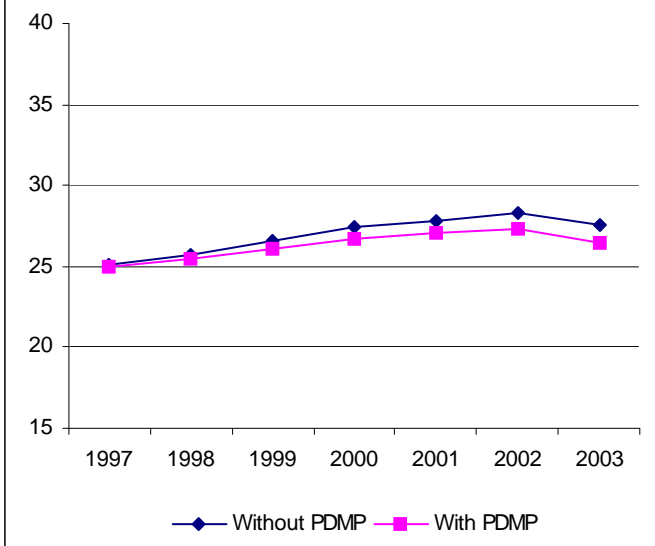
To assess the performance of BJA's

#### Quick Facts

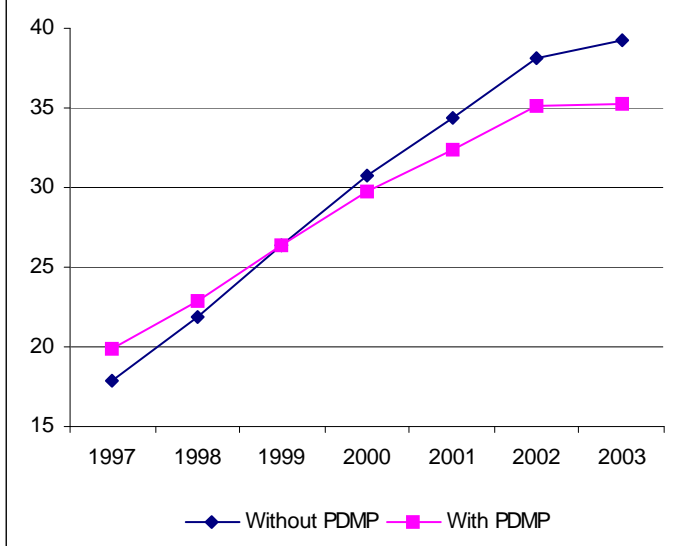
- Nonmedical use of prescription drugs is defined as use of prescription-type drugs not prescribed for use by a physician or used only for the experience or feeling they cause.
- With the exception of alcohol, prescription drugs are the second most commonly abused substance.
- Prescription Drug Monitoring Programs reduce the per capita supply of prescription pain relievers and stimulants and, in turn, reduce the probability of abuse for these drugs.
- States that are proactive (law enforcement-oriented) in their approach to regulation may be more effective in reducing the per capita supply of prescription pain relievers and stimulants than states that are reactive (health oriented) in their approach to regulation.
- The National Alliance for Model State Drug Laws provides training and technical assistance to states that are managing or are interested in implementing prescription drug monitoring programs (<http://www.namsdl.org/presdrug.htm>).

# State Prescription Drug Monitoring

**Stimulant Admissions per 100,000 Population in Proactive States**



**Pain Reliever Admissions per 100,000 Population in Proactive States**



programs, the agency contracted with Simeone Associates, Inc. to evaluate the programs' impact on the supply and abuse of controlled prescription substances. At the time of the study, 20 states had implemented systems to monitor the prescription and sale of drugs identified as controlled substances by the DEA. The study compared PDMP states to non-PDMP states and controlled for differences in program characteristics among PDMP states. The study examined growth in per capita rates of availability for drugs classified as Schedule II pain relievers and stimulants as well as the relationship between availability and the abuse of such drugs (as measured by treatment admissions)<sup>2</sup>.

The results of the study indicate that the per capita supply of prescription pain relievers and stimulants increased substantially over the 1993 to 2003 period. The study also reported that this growth was much more pronounced in states that did not have PDMPs than in states that did have PDMPs. This relationship persists when other factors related to population demographics are taken into consideration. The damping effect

of PDMPs on growth in per capita availability is more pronounced for states that had proactive PDMPs than for states that had reactive PDMPs. States with PDMPs are found to have higher rates of treatment admission involving prescription drug abuse than states without such programs. This may be because PDMPs were implemented in response to a real or perceived problem involving prescription drug abuse.

The study included a simulation that allowed growth in the per capita rates of treatment admission involving pain relievers or stimulants to be traced over time and "adjusted" for the presence or absence of the program. The simulation for the 1997 to 2003 period showed a significant effect for states with proactive PDMPs. It demonstrated that by 2003 the rate of treatment admissions would have been about 10.1 percent higher for pain relievers and about 4.1 percent higher for stimulants in the absence of such regulatory control (see the figures above).

## Conclusion

State PDMPs are known to provide useful data on drug use patterns. This research demonstrates that PDMPs are effective both at limiting drug supply and at reducing the probability of prescription drug abuse. Equally important, these findings suggest that proactive monitoring programs, which treat the law-enforcement function as a primary purpose, are more effective at reducing drug supply and potential abuse than their reactive "health-oriented mission" counterparts which only respond to third party reports. As a result, states that take a more enforcement-based approach to prescription drug control—at least with regard to the construction of their drug monitoring programs—will be more effective at curtailing prescription drug abuse.

1. Substance Abuse and Mental Health Services Administration. (2006). *Results from the 2005 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-30, DHHS Publication No. SMA 06-4194). Rockville, MD.

2. The full text of the study may be found at <http://www.simeoneassociates.com/simeone3.pdf>



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