

## Prescription Drug Monitoring Programs (PDMPs): A Public Health System Effort to Address Prescription Drug Abuse

In just the last few years, prescription drug overdoses have become one of the leading public health challenges in the United States, drawing the attention of President Obama, former President Clinton, and the Centers for Disease Control and Prevention (CDC) among many others. Prescription opioid pain medications provide needed relief to millions of Americans, yet the country now faces epidemic rates of their diversion and misuse. Policy solutions are urgently needed to address this entrenched public health challenge.

There are many stakeholders seeking to address the public health challenge posed by prescription drug misuse. They include health insurers, prescribers, pharmacies, patients, pharmaceutical companies, and governmental agencies (e.g., health departments, law enforcement, and substance abuse treatment agencies).

### Recent headlines indicate the extent of the problem:

- Obama steps up U.S. effort to fight abuse of heroin and painkillers. *New York Times*, March 29, 2016
- CDC warns doctors about the dangers of prescribing opioid painkillers. *Washington Post*, March 15, 2016
- Prescription drug abuse growing among nation's young. *NBC Nightly News*, March 27, 2016
- Federal officials, advocates push pill-tracking databases. *Baltimore Sun*, March 28, 2016

### Prescription drug misuse as a public health problem

For decades, motor vehicle crashes had been the leading cause of injury-related death in the U.S., but beginning in 2008, poisonings (most of which are from drugs including opioids) overtook motor vehicle crashes and are now well ahead as the country's leading cause of death by injury.<sup>1</sup>

Prescription opioids (a class including drugs such as oxycodone and hydrocodone) are particularly prone to misuse, and have been associated with substantial morbidity and mortality.<sup>2</sup> Deaths due to prescription opioids currently outnumber those from cocaine and heroin combined.<sup>3</sup> In addition, for each opioid-related death, there are many more individuals struggling with misuse who are seen in drug treatment facilities.<sup>4</sup>

### PDMPs: a widely used policy mechanism

Among the many federal and state initiatives designed to tackle the diversion and misuse of prescription opioids, Prescription Drug Monitoring Programs (PDMPs) have emerged as one of the most widely adopted policy mechanisms to address the growing epidemic. Forty-nine states have operational PDMPs (Missouri is the lone hold-out).<sup>5</sup> PDMPs collect, analyze, and report information about the prescribing and utilization of controlled substances, with the primary goal of reducing prescription drug diversion and misuse.<sup>6</sup>

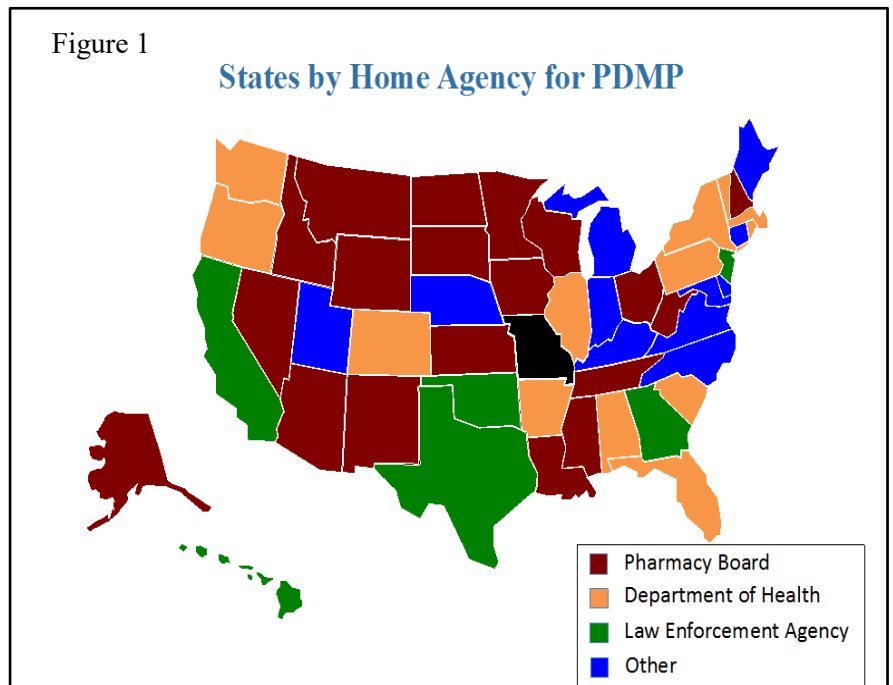
Depending on the parameters established by state law, PDMP data may be accessed by varied stakeholders, including prescribers, pharmacists, licensure boards, law enforcement agencies, and other public health and safety agencies. Prescribers and pharmacists may use PDMP data to identify “doctor shoppers” (i.e., individuals who approach multiple providers to receive opioid prescriptions) and prevent their access to these drugs.<sup>7</sup> Law enforcement agencies may use PDMP data to understand trends within their state and to identify and investigate individuals who may be abusing or diverting drugs.<sup>8</sup>

There is substantial variation among the state laws that determine how PDMPs are structured, including their home agency within the public health system (e.g., pharmacy board; department of health; law enforcement agency), who may access their data, and what penalties, if any, are associated with failure to provide information to the PDMP or misuse of the PDMP’s data. (Figure 1).

While the evidence base is not large, at least some research has found that PDMPs are associated with modest decreases in the prescribing of opioids.<sup>9</sup>

### **PDMPs and the public health system**

Because their mission is to reduce prescription drug misuse and diversion, PDMPs play a unique role within states’ public health systems. They have the potential to bring together stakeholders from public health agencies, including health departments and substance abuse agencies, as well as law enforcement agencies.



PDMPs involve *cross-cutting capabilities*, such as surveillance for prescription drug misuse and diversion, information dissemination to varied stakeholders about identified trends, policy development to refine PDMP function, priority setting in light of fiscal and other constraints, partnership development, and evaluation by internal and external parties.

PDMPs also involve the *sharing of information among jurisdictions*, both within and between states. This is particularly important because some individuals will cross intra- or inter-state jurisdictional lines to acquire prescription drugs.<sup>10</sup> Intrastate information sharing practices are determined by state law and may involve public health departments, law enforcement personnel, the state Attorney General, prescribers, dispensers, and other stakeholders. Interstate information sharing practices for PDMPs continue to evolve as compatibility improves among different states’ electronic PDMP platforms.

*This policy brief was created by Lainie Rutkow, JD, PhD, MPH, Katherine Clegg Smith, PhD, Jon Vernick, JD, MPH, and Robyn Broadnax, MA. Support for this project was provided by a grant from Public Health Services and Systems Research, Robert Wood Johnson Foundation (#72452).*

## References

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- <sup>1</sup> Jones CM, Centers for Disease Control and Prevention. Maximizing use of prescription drug monitoring programs. 2012; <http://www.ncsl.org/portals/1/documents/health/CJonesFF12.pdf>.
- <sup>2</sup> Centers for Disease Control and Prevention. CDC grand rounds: prescription drug overdoses - a U.S. epidemic. *MMWR. Morbidity and mortality weekly report*. 2012;61(1):10-13.
- <sup>3</sup> Centers for Disease Control and Prevention. Vital signs: overdoses of prescription opioid pain relievers - United States, 1999-2008. *MMWR. Morbidity and mortality weekly report*. 2011;60(43):1487-1492.
- <sup>4</sup> National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. *Policy Impact: Prescription Painkiller Overdoses*. November 2011.
- <sup>5</sup> Prescription Drug Monitoring Program Training and Technical Assistance Center. How many states have a PDMP? 2014; <http://www.pdmpassist.org/content/prescription-drug-monitoring-frequently-asked-questions-faq>.
- <sup>6</sup> Prescription Drug Monitoring Program Training and Technical Assistance Center. What is a Prescription Drug Monitoring Program? 2014; <http://www.pdmpassist.org/content/prescription-drug-monitoring-frequently-asked-questions-faq>.
- <sup>7</sup> McDonald DC, Carlson KE. Estimating the prevalence of opioid diversion by "doctor shoppers" in the United States. *PloS One*. 2013;8(7):e69241.
- <sup>8</sup> Prescription Drug Monitoring Program Training and Technical Assistance Center. *Prescription Drug Monitoring Program Administrators Guide for Training Law Enforcement*. 2013.
- <sup>9</sup> Rutkow L, Chang HY, Daubresse M, et al. Effect of Florida's Prescription Drug Monitoring Program and pill mill laws on opioid prescribing and use. *JAMA Intern Med*. 2015;175(10):1642-1649.
- <sup>10</sup> Maxwell JC. The prescription drug epidemic in the United States: a perfect storm. *Drug Alcohol Rev*. 2011;30(3):264-270.