

Welcome to the National Alliance for Model State Drug Laws (NAMSDL) Prescription Monitoring Program (PMP) Update. Through this update, we hope to relay states' efforts regarding PMPs and related legislative, regulatory, and program updates. As part of our work with states to address alcohol and other drug issues through laws, policies, and programs, NAMSDL assists states with efforts to address the diversion of, abuse of, misuse of, and addiction to prescription drugs. We hope you find this update useful and we welcome your feedback, suggestions, and ideas.

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1. State Updates

- Idaho is currently working on a project that will allow 24/7 access to data the prescription monitoring program for practitioners. Testing for this system is currently underway.
- Ten (10) states had introduced bills to establish PMPs during the 2007 legislative sessions. An updated bill status update will be available soon.

2. Voluntary Agreements with PMPs and Military facilities, Veteran's Administration hospitals, or tribal nations?

To all PMP Administrators:

NAMSDL is seeking your assistance/input to see if your state has any voluntary agreements with military facilities, Veteran's Administration hospitals, or tribal nations to submit prescription data to the prescription monitoring program. We know some states have discussed this issue in the past and we are interested in hearing about your work on this issue. Please let me know if you have addressed this issue, what concerns were raised, and if any agreements have been made. Thank you for your assistance with this. You can email me at rebeccarose@natlalliance.org or call me at (703) 836-6100, ext. 21.

3. Additional Technical Assistance Available through American University

Additional technical assistance services are available to support the Bureau of Justice Assistance (BJA) Harold Rogers Prescription Drug Monitoring Grant Program. These additional services are being conducted by American University under a cooperative agreement with BJA. Please see the attached document for further details. You can also visit www.american.edu/justice.

4. IJIS Report on Survey of State PMPs

The IJIS Institute PMP Committee has released the Technology Assistance Report on the IJIS Survey of State PMPs. The survey was conducted in the second half of 2006 and gathered data from 32 state PMPs regarding data sharing practices and permissions. The report can be downloaded at: http://ijis.org/db/share/public/PMIX/ijis_pmix_survey_ta_report_20070204.pdf.

5. Congressional Update

On March 23, Sens. Dianne Feinstein (D-CA) and Jeff Sessions (R-AL) re-introduced the Online Pharmacy Consumer Protection Act of 2007 (S 980). The legislation would establish disclosure standards for Internet pharmacies and prohibit an Internet pharmacy from dispensing or selling a controlled substance without an in-person examination by a physician. In addition, it would allow a State Attorney General to bring a civil action in a federal district court to enjoin a pharmacy operating in violation of the law. The bill has been referred to the Senate Judiciary Committee but has not been considered. Sen. Joe Biden (D-DE) is the only co-sponsor of the bill at this point.

6. In the News

This section includes summaries and links to recent news items about PMPs, prescription drug diversion, and related issues.

Narcotics alerts to go to doctors, Richmond Times Dispatch, Richmond, VA, January 18, 2007
http://www.timesdispatch.com/servlet/Satellite?pagename=RTD%2FMGArticle%2FRTD_BasicArticle&%09s=1045855935235&c=MGArticle&cid=1149192703401&path=!health!healthology

The Virginia Prescription Monitoring Program began sending unsolicited notices to doctors in January on their patients. The information sent to the doctor also includes options for substance abuse treatment, pain-management guidelines, and resources for evaluating and treating patients. In 2006, the program responded to over 6,000 requests for information from the program.

Prescription drug cases plague Tennessee, WBIR, Knoxville, TN, February 2, 2007
<http://www.wbir.com/news/local/story.aspx?storyid=41890&provider=gnews>

Prescription drug diversion is a big problem in the southeast United States, particularly in Tennessee according to the National Association of Drug Diversion Investigators. In Tennessee, some pharmacies have decided to take certain painkillers off the shelves. They have gone as far as putting signs in their windows saying they don't have certain drugs on hand in order to deter would-be thieves. The Tennessee Bureau of Investigation confirms that there has been an increase in prescription drug abuse in the state. The agency plans to direct more investigators to the problem. In addition, Tennessee is in the process of implementing a prescription drug monitoring program.

Diverted Pharmaceutical Drugs Widely Available Across the U.S.; Decreases Seen in States with Prescription Monitoring Programs, Center for Substance Abuse Research, University of Maryland, February 5, 2007
<http://www.cesar.umd.edu/cesar/cesarfax/vol16/16-05.pdf>

According to the 2007 National Drug Threat Assessment, issued by the National Drug Intelligence Center, the availability of diverted pharmaceutical narcotic, depressant, and stimulant drugs is increasing across the United States. More than three-fourths of state and local law enforcement agencies report high or moderate availability of diverted pharmaceuticals. One the key findings shows that the reduced availability of pharmaceuticals in most evident in states with prescription monitoring programs, particularly in Kentucky, Michigan, Nevada, Ohio, and Utah. You can access the 2007 National Drug Threat Assessment at: <http://www.usdoj.gov/ndic/pubs21/21137/index.htm>.

White House Releases National Plan to Combat Drug Use, February 9, 2007

<http://www.whitehousedrugpolicy.gov/news/press07/020907.html>

The Office of National Drug Control Policy (ONDCP) released President Bush's 2007 National Drug Control Strategy. The strategy outlines a balanced strategy against illegal drugs, including support for prevention programs, treatment, and disruption of the market for illegal drugs. The strategy outlines support for effective drug control programs including: the National Youth Anti-Drug Media Campaign, non-punitive random student drug testing programs, local anti-drug coalitions, the Access to Recovery program, Screening, Brief Intervention, and Referral to treatment, drug courts, and support for stopping drugs at the source in Afghanistan and the Andean region. The entire strategy can be accessed at: <http://www.whitehousedrugpolicy.gov/publications/policy/ndcs07/index.html>.

NIDA Launches First Large-Scale National Study to Treat Addiction to Prescription Pain Medications, NIH News, March 7, 2007

<http://www.nih.gov/news/pr/mar2007/nida-07b.htm>

The National Institute on Drug Abuse (NIDA) launched a national study to evaluate treatment for addiction to prescription opioid analgesics such as Vicodin and OxyContin. The study, known as the Prescription Opiate Addiction Treatment Study (POATS), will be conducted by the National Drug Abuse Treatment Clinical Trials Network in several states. They plan to test the effectiveness of buprenorphine/naloxone tablets (Suboxone) along with different models of drug counseling for patients addicted to prescription opioids. The study will seek to enroll 648 participants from 11 sites throughout the country. "Opioid analgesics were designed to help people in pain, and we want to be sure that those who require them for legitimate reasons can continue to effectively manage their pain," said NIDA Director Dr. Nora D. Volkow. "However, we must also recognize the risk of addiction to pain medications and develop treatments for those who become addicted to them. This trial is an important first step in reaching that goal."

Patterns and Trends in Nonmedical Prescription Pain Reliever Use: 2002 to 2005, National Survey on Drug Use and Health, April 6, 2007

<http://oas.samhsa.gov/2k7/pain/pain.cfm>

The National Survey on Drug Use and Health (NSDUH) is conducted by the Substance Abuse and Mental Health Services Administration. The annual survey gathers information from persons ages 12 or older on prevalence and patterns of alcohol, tobacco, and illegal drug use. The NSDUH released a report on April 6, 2007 called "**Patterns and Trends in Nonmedical Prescription Pain Reliever Use: 2002 to 2005.**" This report summarizes the data on the nonmedical use of prescription pain relievers among persons ages 12 or older from the 2002, 2003, 2004, and 2005 NSDUH surveys.

Key Findings:

- "The nonmedical use of prescription pain relievers among persons aged 12 or older remained relatively stable between 2002 and 2005."
- "Combined data from 2002 to 2005 indicate that an annual average age of 4.8 percent of persons aged 12 or older (11.4 million persons) used a prescription pain reliever nonmedically in the 12 months prior to the survey."
- "Combined data from 2002 to 2005 indicate that 57.7 percent of persons who first used pain relievers nonmedically in the past year used hydrocodone products and 21.7 percent used oxycodone products."



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**TECHNICAL ASSISTANCE SERVICES AVAILABLE TO SUPPORT THE
BUREAU OF JUSTICE ASSISTANCE (BJA) HAROLD ROGERS
PRESCRIPTION DRUG MONITORING PROGRAM**

The Bureau of Justice Assistance has made a wide range of technical services available, free of charge, to grantees participating in the BJA Harold Rogers Prescription Drug Monitoring Program (PDMP) and others interested in technical assistance relating to the implementation of Prescription Drug Monitoring Programs (PDMPs). These services are being coordinated by American University under a cooperative agreement with BJA and include:

- Facilitating on-site technical assistance by senior practitioners and other experts;
- The coordination of state and regional training opportunities for PDMPs;
- Providing off-site technical assistance which includes: facilitating telephone conference calls and connecting peers in the field dealing with similar challenges;
- Disseminating relevant publications and other resource materials developed by the programs' participating sites, as well as by other subject matter experts;
- Facilitating peer-to-peer site visits to promote networking among sites and encourage the potential for replication of promising practices.

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