Executive Summary

An Evaluation of Prescription Drug Monitoring Programs

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- 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 Drug Enforcement Administration.

- Another 23 states were in the process of designing or planning to design such systems.

- This growth had been fueled in part by the Department of Justice Harold Rogers Prescription Drug Monitoring Program (PDMP). States are eligible to receive funding if they have in place, or have pending, an enabling statute or regulation requiring the submission of prescription data on controlled substances to a central database.

- The ultimate purpose of PDMPs as implemented at the state level is to reduce the abuse of controlled pharmaceutical substances.

- This study examines two routes by which PDMPs might affect the probability of prescription drug abuse:

    - Indirectly—operating through the supply of controlled substances. If a PDMP reduces the supply of prescription drugs (perhaps by regulating prescribing behavior), then this in turn may affect the probability of abuse.

    - Directly—when supply is held constant, a PDMP may itself reduce the probability of abuse (perhaps by regulating dispensing behavior).

<u>Types of PDMPs</u>

- States with PDMPs differ in how they identify and investigate cases:

    - States with Reactive PDMPs—generate solicited reports only in response to a specific inquiry made by a prescriber, dispenser, or other party with appropriate authority.

    - States with Proactive PDMPs—identify and investigate cases, generating unsolicited reports whenever suspicious behavior is detected. States with proactive PDMPs tend to be law enforcement oriented in their approach.

- States with PDMPs also differ in their scope of coverage:

    - At one extreme, including only Schedule II drugs

    - At the other extreme, including Schedule II-V drugs

Supply Data

- The study limits its scope to include Schedule II pain relievers and stimulants only—these drugs have the greatest potential for abuse. Defining the problem in this way also mitigates the role of internet drug sales. The Automation of Reports and Consolidated Orders System is used to provide information on supply over time for each state.

- To allow comparisons among states to be made potency-adjusted measures are developed for each drug and expressed as grams per capita (pain relievers and stimulants).

Abuse Data

- The Treatment Episode Data Set includes all individuals admitted to state-licensed drug treatment programs in the United States.

- Abuse is measured as admission to treatment where the primary, secondary, or tertiary substance of abuse is a prescription pain reliever or a prescription stimulant.

Principal Findings

- The presence of a PDMP reduces the per capita supply of prescription pain relievers and stimulants and this in turn reduces the probability of abuse for these drugs.

- States that are proactive 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 in their approach to regulation. States that are law enforcement oriented may thus be more effective in curbing abuse.

- A statistical simulation showed that (by 2003) the rate of pain reliever abuse would have been 10.1 percent higher and the rate of stimulant abuse would have been 4.1 percent higher in the absence of proactive regulatory control (Figures 27 – 28 are from the main report where "XPDMP" is used to denote proactive PDMP status).

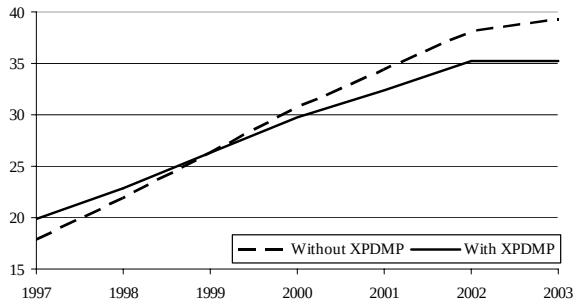

Figure 27. Pain Reliever Admissions in XPDMP States

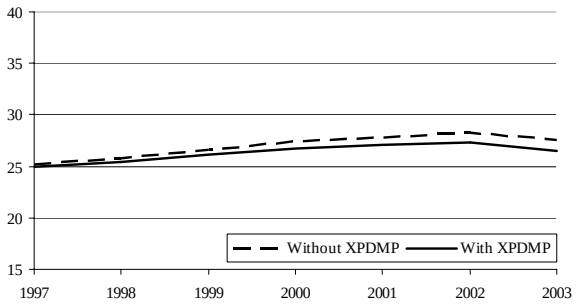

Figure 28: Stimulant Admissions in XPDMP States

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