



Statement on State Prescription Monitoring Programs January 2008

Opioid analgesics are the drugs of choice for the management of moderate to severe acute and cancer pain. They also may be essential in providing optimal quality of life for persons with persistent non-cancer pain. While these medications are extremely beneficial to many persons with pain, they are frequently sought by some individuals for purposes of abuse or diversion. The ASPI recognizes the dual nature of these substances and is committed to both assuring their availability for legitimate medical purposes and preventing their diversion and abuse.

More than half of the states have enacted legislation that establishes prescription monitoring programs (PMPs) as a means of preventing and detecting the diversion and abuse of controlled substances.^[1-2] PMPs are not intended to interfere with appropriate medical practice and the optimal relief of pain. However, clinicians' concerns about increased regulatory scrutiny could lead to a reduction in opioid use and therefore less than optimal pain control.^[3,4] Unfortunately, there has been little research to examine the impact of PMPs on physician prescribing, pain management, or drug diversion and abuse.^[5,6]

Recent increases in the diversion and abuse of prescription pain medications have created a significant increase in interest in PMPs among legislators, regulators, and other policy leaders. On August 11, 2005, President George W. Bush signed HR 1132, the National All Schedules Prescription Electronic Reporting Act (NASPER) into law.^[7] This authorized a new system of federally funded, interoperable, state-based prescription drug monitoring programs and the promise of an important tool for physicians to use to address patient abuse and diversion of pain medications. No funding has been provided to implement this law. However, Congress has been funding a Department of Justice program that emphasizes the law enforcement aspects of prescription drug diversion and abuse rather than the public health aspects of the NASPER program.^[8] The ASPI believes that PMPs should not be administered by law enforcement agencies, but rather should be seen as public health intervention tools.

The ASPI does not oppose PMP programs *per se*. It believes that states should only adopt programs that are balanced and address all sources of diversion while not interfering with the use of controlled substances for legitimate medical purposes. Based on this belief, and absent clear scientific evidence for guidance, the ASPI recommends that PMPs:

- 1) Avoid the use of government-issued multiple-copy or single-copy serialized prescription forms;
- 2) Include all controlled substances in Schedules II, III, and IV under both federal and state law, and allow states the flexibility to include other drugs of concern;

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- 3) Assure that programs are administered by a state agency responsible for regulating health care rather than by the agency responsible for enforcing the laws of the state;
- 4) Use a multidisciplinary medical review group to assure that legitimate prescribing and dispensing are protected. A medical review group could serve the following specific functions:
 - a. Supervise the management and uses of data collected by the PMP;
 - b. Develop and review mechanisms to facilitate effective and efficient means of targeting suspicious prescribing and dispensing patterns;
 - c. Review individual healthcare providers' prescribing practices to assist in determining if they are participants in drug abuse or diversion;
 - d. Review individual patient data to assist in differentiating between people with inadequately treated pain and people seeking drugs for abuse and/or diversion;
 - e. Oversee the preparation and dissemination of annual data-based performance reports;
- 5) Protect patient confidentiality to the greatest extent possible;
- 6) Assure individual healthcare professionals access to PMP data about their individual patients so they can evaluate those patients' use of controlled substances;
- 7) Allow law enforcement agencies access to the data, but only when probable cause justifies such access in the course of investigating possible abuse or diversion;
- 8) Develop educational programs to address healthcare professionals' perceptions about PMPs. These programs should be jointly developed and sponsored by all relevant regulatory agencies, and should seek to minimize concern about regulatory scrutiny when prescribing or dispensing controlled substances as part of legitimate medical practice;
- 9) Encourage healthcare professionals to communicate with their state PMP administrators if they have questions or concerns. This should minimize fears about regulatory scrutiny when prescribing or dispensing controlled substances as part of legitimate medical practice.

Further, the ASPI strongly urges the appropriate regulatory agencies to support and engage in research designed to evaluate the impact of PMPs on both 1) patients who need controlled substances for legitimate medical purposes and 2) the prevalence and incidence of drug diversion and abuse. It is only through such efforts that an accurate evaluation can be made of the success of PMPs in achieving a balanced approach.

The Alliance of State Pain Initiatives (ASPI) is a national network of interdisciplinary, state-based organizations dedicated to improving pain management. The National Office of the ASPI provides resources and guidance to the State Pain Initiatives and develops educational, advocacy, and institutional improvement programs.

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