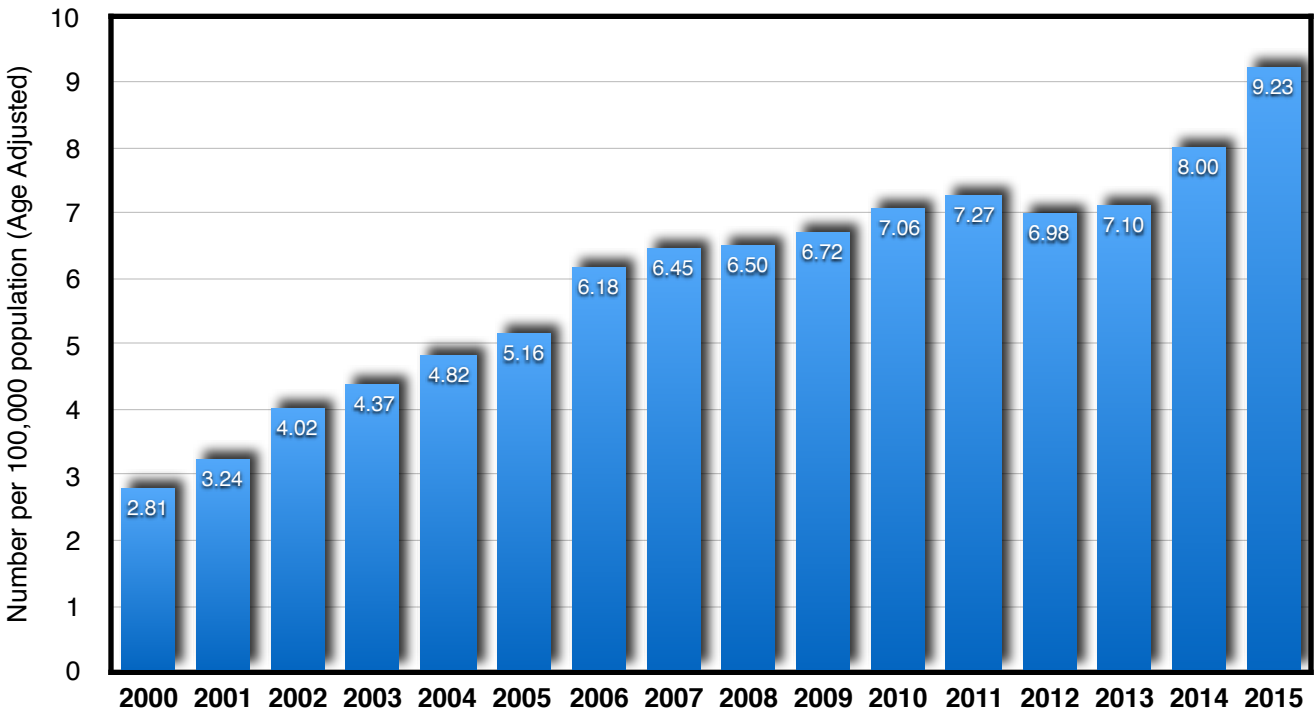


PRESCRIPTION DRUG MONITORING PROGRAM

BY DR. JOHN D. LILLY

- ▶ The number of deaths caused by overdosing on all prescription medication for the entire country has increased from 7,885 in 2000 to 29,728 in 2015. That is an increase of 17% per year. Almost all of that increase is due to narcotic pain (opioid) prescription medication. During that same period the number of states with a prescription drug monitoring program increased from 16 to 49 plus the District of Columbia. (Page 2)
- ▶ By 2014, every state and the District of Columbia had a prescription drug monitoring program, except Missouri. That is the perfect experiment to see if the programs reduced deaths. If they work, Missouri should be at the top of the list for prescription drug overdose deaths. In 2015, Missouri was number 22. (Page 2)
- ▶ From 2000 to 2015, the number of deaths per capita has increased in every state and the District of Columbia. None of the prescription drug monitoring programs has lowered the death rate.
- ▶ The goal of the prescription drug monitoring programs is to prevent doctor shopping which is one person going to several doctors to obtain prescription medication that is filled at several pharmacies. Even if there was a perfect system that was real time prescription information throughout the country, it would only stop a fraction of the problem. From 2011 to 2014, the National Survey on Drug Use and Health showed the source of prescription pain medicine from more than one doctor was very small and increased every year. (Page 3) In 2015, the survey changed the question from lifetime misuse, that they used for 2011 to 2014, to misuse in the last 12 months and the percentage dropped to 2.3% of prescription pain medicine from doctor shopping. The real problem is the 85% that get it themselves from one doctor or from a friend or relative who got it from one doctor. The prescription drug monitoring programs will never catch the remaining 97.7% of the problem. (Page 3)
- ▶ The prescription drug monitoring programs do not cause physicians to write fewer pain medicine prescriptions.
- ▶ Prescription databases for insurance companies and government programs like Medicare and Medicaid are voluntary programs. When you agree to the insurance or program you agree to having your prescriptions in their database. You can even pay cash for the prescriptions and avoid the database. Prescription drug monitoring programs are the opposite. They are mandatory, involuntary databases which affect the liberty of millions of citizens.

All Prescription Drug Deaths per Capita



16

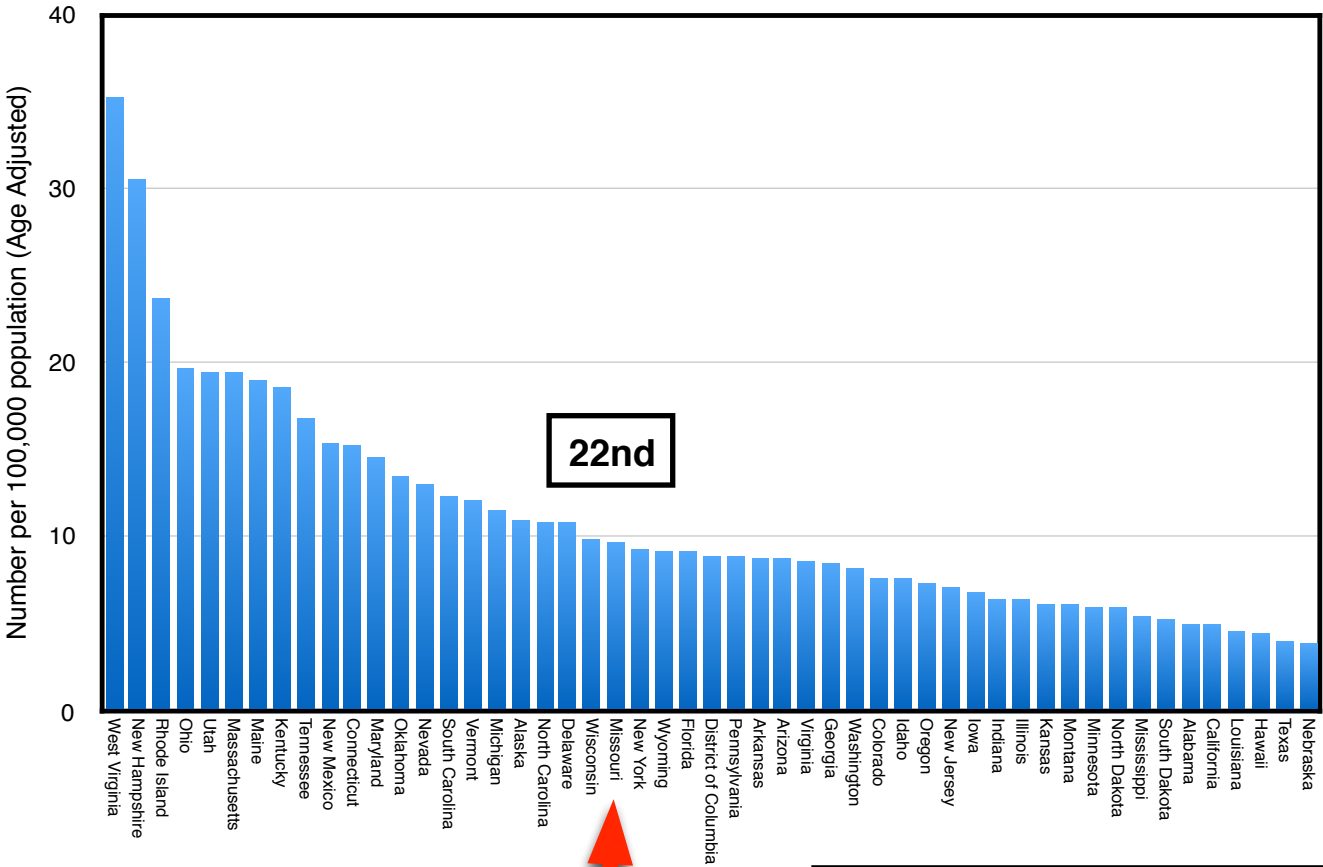
27

43

49+DC

Number of States with a PDMP

Total U.S. Prescription Drug Overdose Deaths in 2015 by State

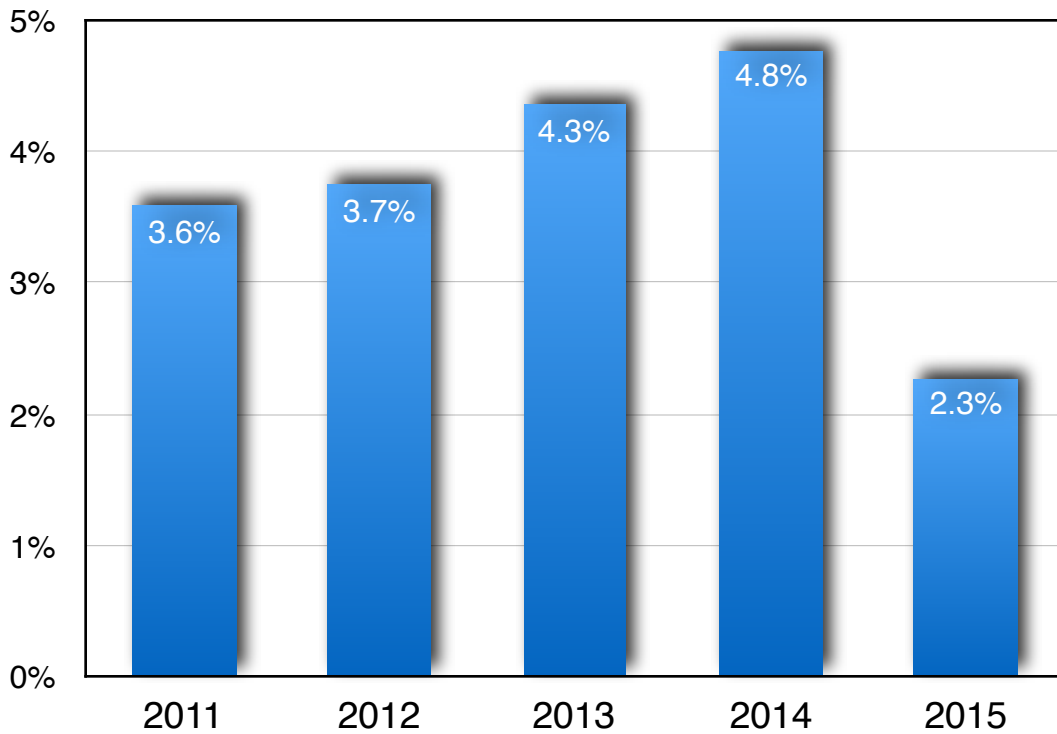


22nd



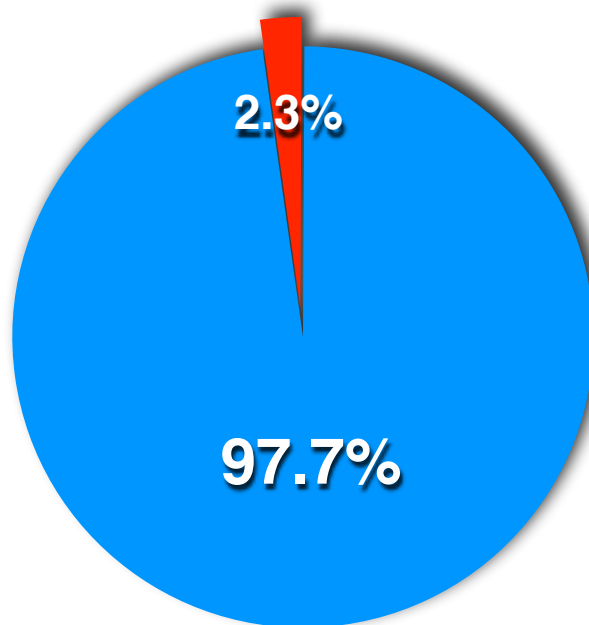
Source: Graphs composed from data on the CDC Wonder website. <http://wonder.cdc.gov>

DOCTOR SHOPPING



The decrease from 2014 to 2015 was due to a change in the survey question from lifetime misuse of prescription pain medication to misuse of prescription pain medication in the last 12 months.

Sources of Diverted Pain Medicine in 2015



● Doctor Shopping ● Other Than Doctor Shopping

Database Security

- ▶ Any database has the potential of being hacked or compromised.
- ▶ Missouri's Concealed Carry Weapon permit holder database was shared with a federal department. In 2013, a mid-level supervisor in the Missouri Highway Patrol Department twice illegally mailed computer discs containing the list of concealed carry weapons permit holders to an individual in the Social Security Administration's Office of the Inspector General. The discs were not encrypted.
- ▶ 38 states allow prescribers to designate an agent that can access the database.
- ▶ 46 states plus DC share their database with other states.
- ▶ Future Missouri governments can change the rules.

Missouri Constitution

Article I, Section 15. Unreasonable search and seizure prohibited — contents and basis of warrants.

That the people shall be secure in their persons, papers, homes, effects, and **electronic communications and data**, from unreasonable searches and seizures; and no warrant to search any place, or seize any person or thing, or access **electronic data or communication**, shall issue without describing the place to be searched, or the person or thing to be seized, or **the data or communication to be accessed**, as nearly as may be; nor without probable cause, supported by written oath or affirmation.

Article I, Section 2. Promotion of general welfare — natural rights of persons — equality under the law — purpose of government.

That all constitutional government is intended to promote the general welfare of the people; that all persons have a natural right to life, **liberty**, the pursuit of happiness and the enjoyment of the gains of their own industry; that all persons are created equal and are entitled to equal rights and opportunity under the law; **that to give security to these things is the principal office of government, and that when government does not confer this security, it fails in its chief design.**

Conclusions

- ▶ The Prescription Drug Monitoring Programs are not working.
- ▶ Doctor shopping is not the problem.
- ▶ The PDMP can't even stop the little doctor shopping that does exist.
- ▶ Databases are not secure.
- ▶ Citizens are losing their liberty, because it's unconstitutional.
- ▶ **The real goal is a national prescription database.**