

PRESCRIPTION DRUG MONITORING PROGRAMS

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The number of deaths caused by overdosing on prescription pain medication (opioids) for the entire country has increased from 4,400 in 2000 to 16,809 in 2016. That is an annual increase of 16 percent per year. The increase from 2000 to 2013 was primarily due to opioid pain relievers prescribed by physicians. Prescription drug deaths showed virtually no increase from 2010 to 2016. Deaths due to illicit fentanyl increased 635 percent from 2014 to 2016. Fentanyl is a prescription drug that is used for pain relief and comes in the form of patches that transmit the medication through the skin and into the blood stream. Fentanyl is 50 to 100 times more powerful than morphine. The common opioid drugs like illicit heroin and prescription opioids like hydrocodone (Lortab®, Vicodin®), oxycodone (OxyContin®, Percocet®), morphine (Roxanol®, MS Contin®), and hydromorphone (Dilaudid®) are either natural or semi-synthetic and manufactured from natural opiates. Fentanyl (Duragesic®) and meperidine (Demerol®) are examples of synthetic opioids which do not require natural opiates to manufacture. Synthetic opioids mainly fentanyl and its analogues are manufactured in China and Mexico then smuggled into the United States.¹

The National Institute on Drug Abuse used the CDC Wonder database to determine the death rate per capita for prescription and illegal drugs from 2000 to 2015.² One category, synthetic opioid deaths (ICD-10 code T40.4) includes both prescription drugs and illicit drugs. So how do we breakout the deaths due to illicit fentanyl? The CDC Morbidity and Mortality Weekly Report dated August 2016 included the following:

“During 2013–2014, fentanyl submissions in the United States increased by 426%, from 1,015 in 2013 to 5,343 in 2014, and synthetic opioid deaths increased by 79%, from 3,105 in 2013 to 5,544 in 2014. In contrast, fentanyl prescription rates remained relatively stable.” (Submissions are reports of drug products obtained by law enforcement and submitted for testing.)³

If the deaths due to prescription fentanyl and illicit fentanyl are mixed together, How do we differentiate the two? As noted in the Morbidity and Mortality Weekly Report, the fentanyl prescription rates have remained relatively stable. The synthetic opioid (T40.4 drugs which includes fentanyl) baseline was calculated using linear regression from 2000 to 2013. The synthetic opioid deaths above the baseline starting in 2013 are mostly due to illicit fentanyl. When those numbers were calculated, we get the number of deaths due to only a prescription opioid, the deaths due to only illicit fentanyl, and the

number of deaths due to both as shown in Figure 1. The PDMPs have failed to decrease the death rate due to prescription opioids. There is now an alternative to prescription drugs that is easier to obtain and more powerful. Illicit fentanyl is now the preferred opioid and the PDMPs have absolutely no affect on its rapid rise. I would not be surprised if prescription opioid deaths start to fall, not due to the effectiveness of the PDMPs, but due to market competition from illicit fentanyl. In fact, several illicit drugs have been increasing over the past five years. Heroin is now in pill form, so the need for intravenous administration (shooting up) is gone. Figure 2 shows the rise of the illicit drugs, primarily fentanyl, even as the deaths due to prescription opioid continue to rise. From 2014 to 2016, all prescription opioid deaths increased 14 percent while all illicit fentanyl deaths over the same time period increased 635 percent. Figure 5 shows how the deaths due to illicit fentanyl were calculated. The difference between the “All” and “Only” numbers on lines 7 - 10 is detected in the green area on Figure 1.

The proponents of prescription drug monitoring programs (PDMP) claim that they are needed to reduce “doctor shopping” which is one individual obtaining prescriptions from more than one doctor and filling them at more than one pharmacy. In 2000, 16 states had an operational PDMP. In 2005, that number increased to 21. In 2010, that number increased to 34. In 2014, 49 states had an operational PDMP with Missouri being the lone state without a state run PDMP. Figure 3 shows the death rate per 100,000 population, age adjusted, for the United States. By 2014, every state had an operational 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 2016, Missouri was number 25 as shown in Figure 4. West Virginia was number 1 with a death rate (20.33) that is triple the death rate in Missouri (6.32).

The 2016 National Survey on Drug Use and Health showed the percentage of people that misuse prescription pain medicine that obtained it from doctor shopping was only 1.7 percent as shown in Figure 6.⁴ The real problem is the 86.5 percent that get it themselves from one doctor or from a friend or relative who got it from one doctor. 11.8 percent is obtained illegally. The prescription drug monitoring programs will never catch the remaining 98.3 percent of the problem. That is why the death rate has not decreased despite 49 states having an operational PDMP.

Prescription databases for insurance companies and government programs like Medicare and Medicaid are voluntary programs. When you agree to the insurance policy or government program you agree to having your prescriptions in their database. Prescription drug monitoring programs are the opposite. They are mandatory,

involuntary databases which affect the liberty of millions of citizens. The current Missouri city and county PDMPs violate Article I, Section 15 of the 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.

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.⁵

The legislator's primary duty is to protect the liberty of the citizens of Missouri. If the government fails to protect our liberty, it fails in its chief design.

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.

47 states, part of Missouri, and the District of Columbia share their database with each other, so we are almost to a de facto national prescription database.⁶

Conclusions

The Prescription Drug Monitoring Programs are not working

Doctor shopping is not the problem

Databases are not secure

Citizens are losing their liberty, because it's unconstitutional

THE REAL GOAL IS A NATIONAL PRESCRIPTION DATABASE

FIGURE 1

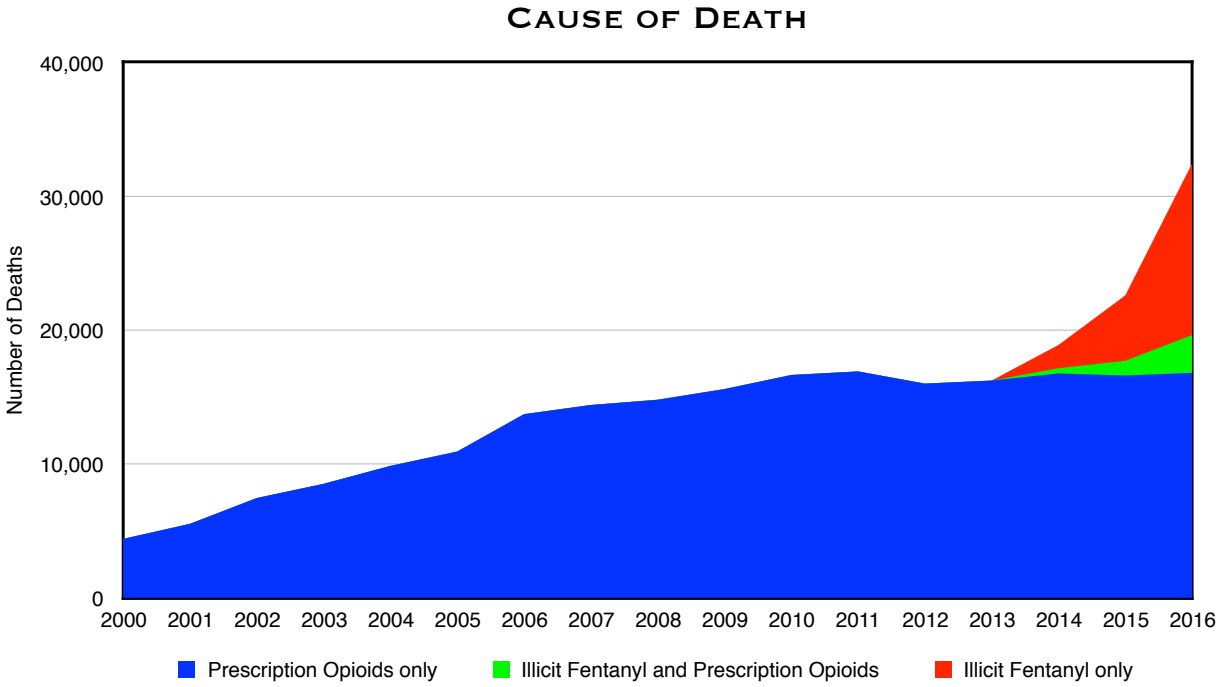


FIGURE 2

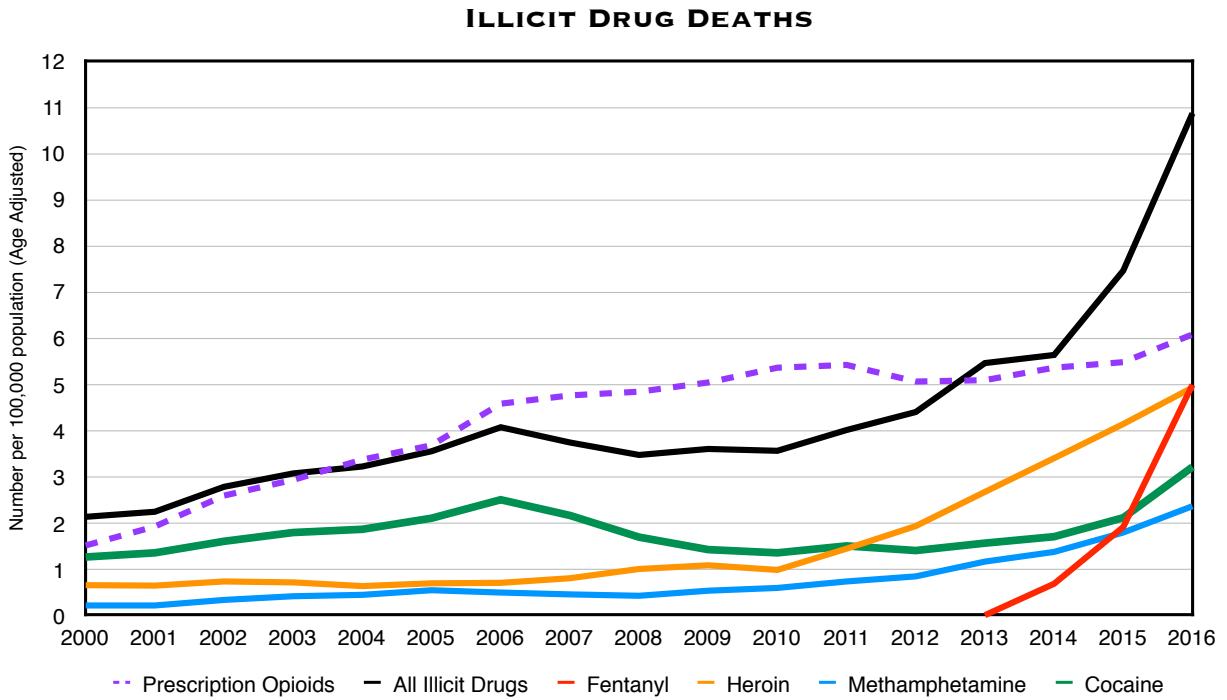
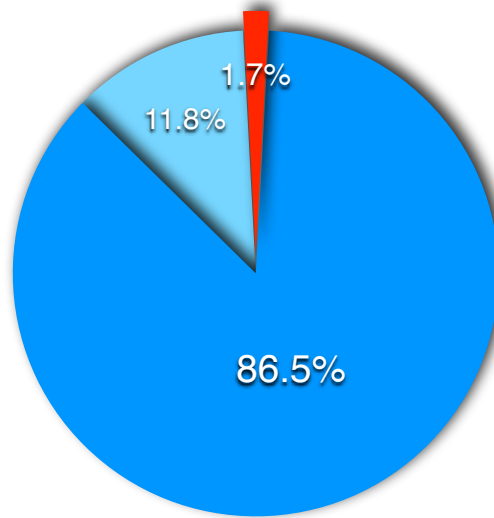


FIGURE 5

Classification of Deaths		2014	2015	2016
1	All Opioid Pain Relievers (T40.2, T40.3, T40.4) including Illicit Fentanyl	18,893	22,598	32,455
2	All Synthetic Opioids, primarily Fentanyl (T40.4)	5,544	9,580	19,413
3	Baseline Prescription Fentanyl (T40.4)	3,416	3,592	3,767
4	Concurrent use of All Fentanyl (T40.4) AND Prescription Opioids (T40.2, T40.3)	1,489	2,263	4,055
5	Baseline of concurrent use of Prescription Fentanyl (T40.4) AND Prescription Opioids (T40.2, T40.3)	1,096	1,163	1,231
6	Illicit Fentanyl including concurrent use of Prescription Opioids (T40.2, T40.3) (4 - 5)	393	1,100	2,824
7	Only Illicit Fentanyl (excluding concurrent use of Prescription Opioids T40.2, T40.3, T40.4) ((2 - 3) - 6)	1,735	4,888	12,822
8	All Illicit Fentanyl (including concurrent use of Prescription Opioids T40.2, T40.3, T40.4) (2 - 3)	2,128	5,988	15,646
9	Only Prescription Opioids (T40.2, T40.3, T40.4, excluding concurrent use of Illicit Fentanyl) (1 - 8)	16,765	16,610	16,809
10	All Prescription Opioids (T40.2, T40.3, T40.4, including concurrent use of Illicit Fentanyl) (1 - 7)	17,158	17,710	19,633

FIGURE 6

**Sources of Diverted Pain Medicine
in 2016**



- More than One Doctor — "Doctor Shopping"
- One Doctor — Personally or from Friend or Relative (Free, Bought, Took)
- Other than Doctor — Stole from Doctor, Clinic, Hospital, or Pharmacy; Bought from Drug Dealer or Stranger; Some Other Way

¹ United States Drug Enforcement Administration. (2017). Fentanyl Briefing Guide. https://www.dea.gov/druginfo/Fentanyl_BriefingGuideforFirstResponders_June2017.pdf Accessed: March 16 2018

² Tables and graphs composed from data on the CDC Wonder website. <http://wonder.cdc.gov>. Accessed: April 22 2018

³ R. Matthew Gladden, PhD; Pedro Martinez, MPH; Puja Seth, PhD. Fentanyl Law Enforcement Submissions and Increases in Synthetic Opioid-Involved Overdose Deaths — 27 States, 2013–2014. *MMWR Morb Mortal Wkly Rep* 2016;65:837-843. Accessed: March 16 2018

⁴ Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Available at: <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf>. Accessed: April 22 2018.

⁵ Associated Press. Missouri highway patrol gave feds list of concealed gun permit holders. <http://www.foxnews.com/politics/2013/04/12/missouri-highway-patrol-gave-feds-list-concealed-gun-holders.html>. Accessed: March 16 2018

⁶ NAMSDL — Inter-jurisdictional Sharing of Prescription Drug Monitoring Program (PMP) Data - Map Available at: <http://www.namsdl.org/Maps/Interjuris%20Sharing%20of%20PMP%20Data%20-%20Map%20%2011-28-17.pdf>. Accessed: April 22 2018.