

# **PRESCRIPTION DRUG MONITORING PROGRAMS**

Useful Tool or Government Control?

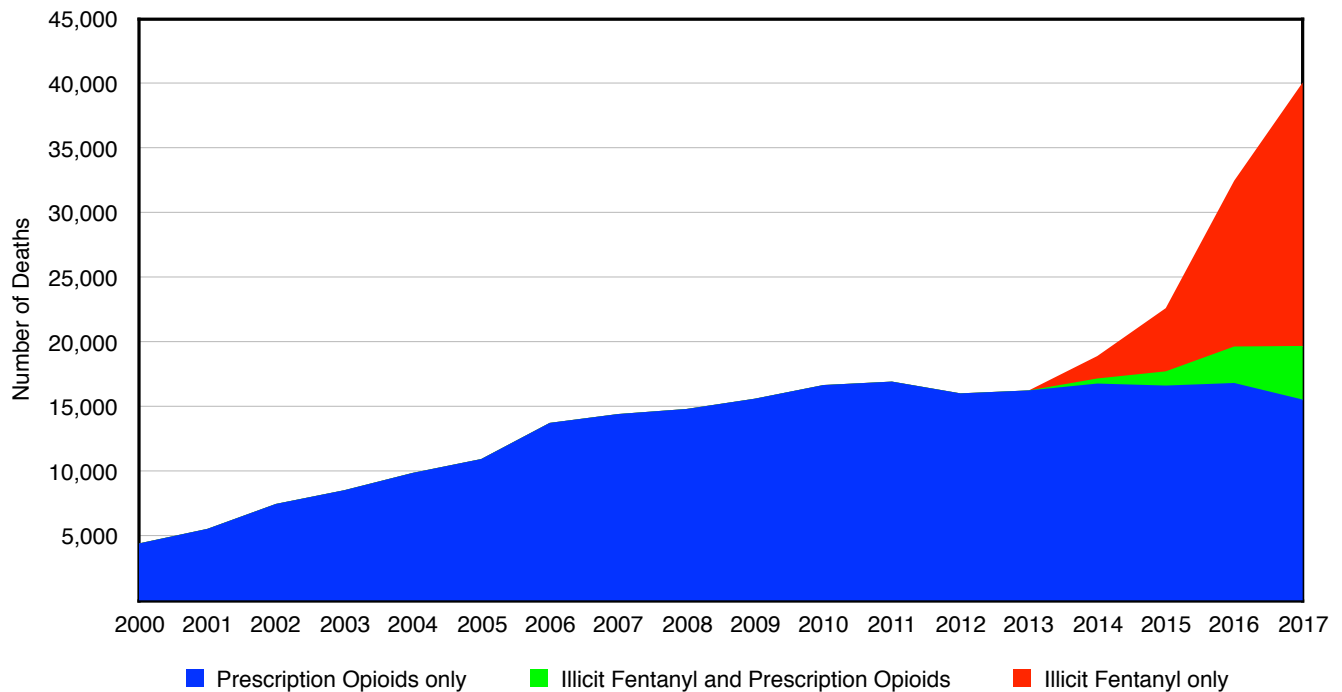
Dr. John D. Lilly

Dr. Ross Trump was one of my professors at Washington University's Olin School of Business. He had a lot of good sayings. One of his best was, "The plural of anecdote is anecdotes, not data." At governmental public hearings there is a lot of anecdotal evidence and very little data presented.

Public policy must be based on data.

My published research paper on the PDMP is data.

## CAUSE OF DEATH



For the last three years, it is not prescription pain (opioid) medicine that is the problem. It is illicit fentanyl. The PDMPs have no affect on this problem.

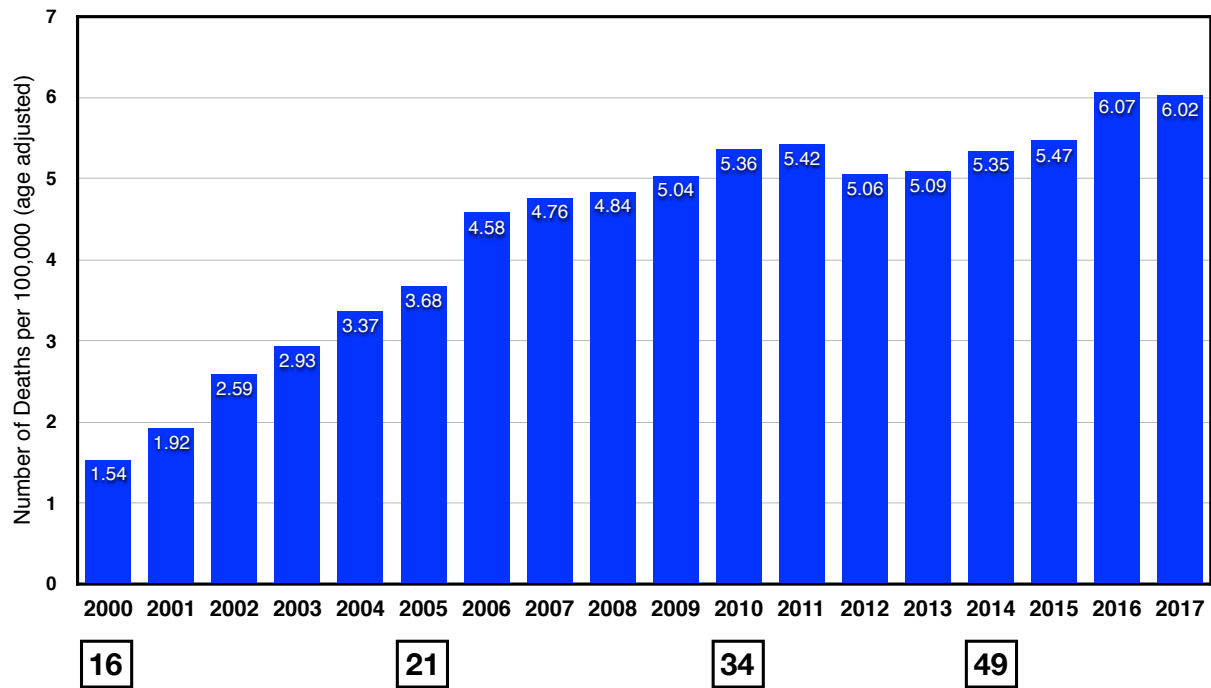
Graph key:

The green area contains both illicit fentanyl and prescription opioids as the cause of death.

All illicit fentanyl deaths is the sum of the red and green areas.

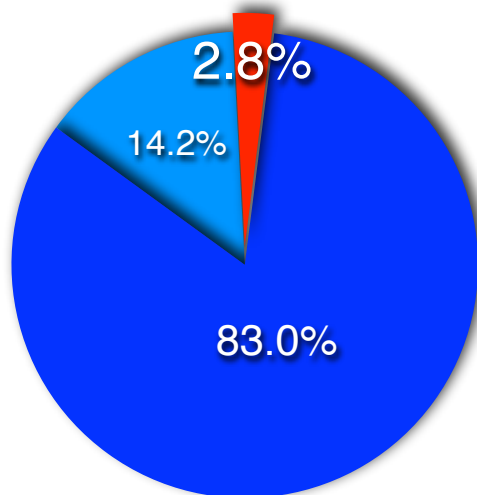
All prescription opioid deaths is the sum of the blue and green areas.

**ALL PRESCRIPTION PAIN RELIEVER DEATHS IN THE U.S.  
(INCLUDING SOME ILLICIT FENTANYL DEATHS)**



16 states had an operational PDMP in place by 2000. That number increased to 21 in 2005, and to 34 in 2010. 49 states had an operational PDMP in place by 2014. Does this graph look like these programs are working?

**Sources of Misused Pain Medicine  
in 2018**



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

These are the results from the 2018 National Survey on Drug Use and Health. This survey is the primary source of information on the use of illicit drugs, alcohol, and tobacco in the United States. It is the definitive report on doctor shopping.

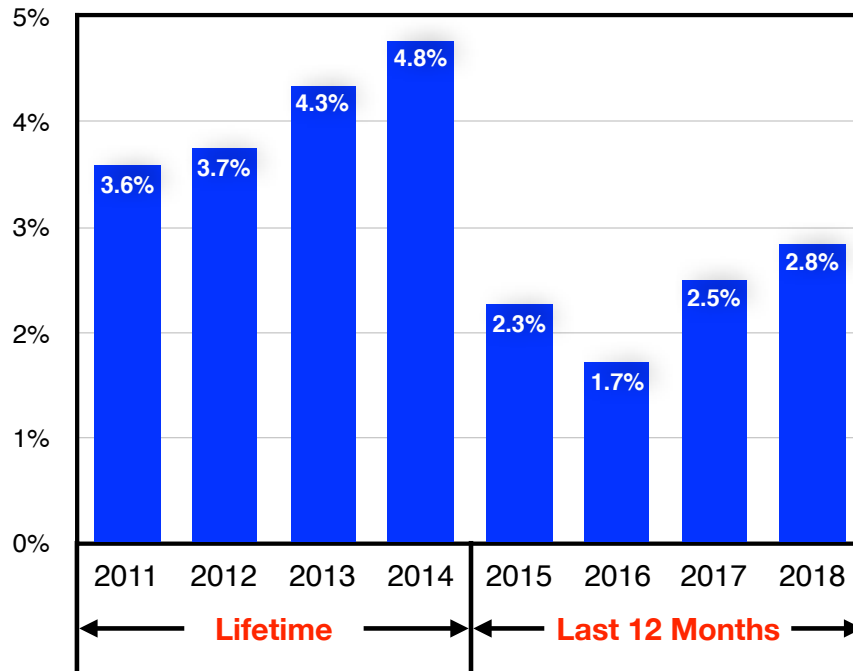
Survey results:

Only 2.8% got it from doctor shopping.

97.2% of the problem will never be caught by a PDMP.

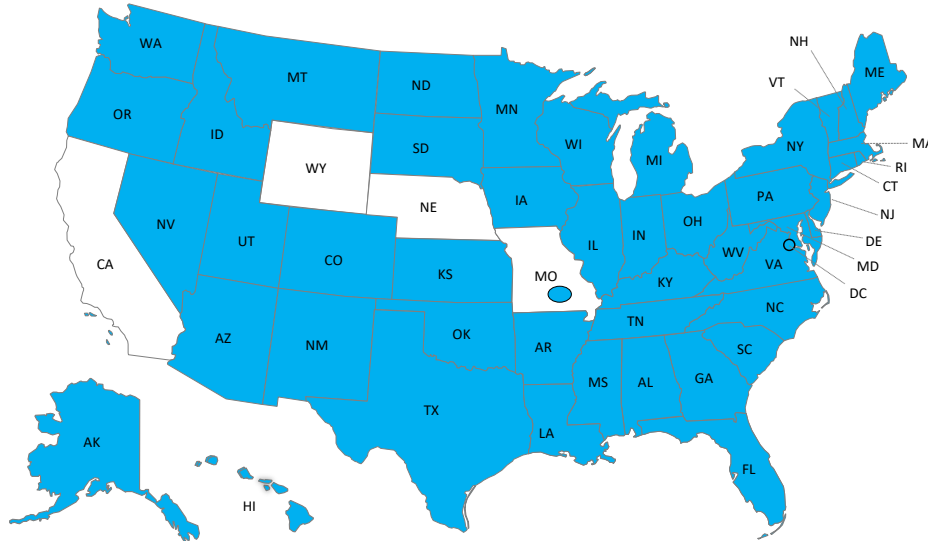
This is why the programs are failing.

## DOCTOR SHOPPING



The survey started asking the question about doctor shopping in 2011. For the next 3 years the percentage of doctor shopping increased each year. In 2015, it took a big drop and a smaller drop in 2016. In 2017 it increased and continued to increase in 2018. Why the big drop in 2015? They changed the question in 2015 from lifetime misuse to misuse in the last 12 months. So for 5 of the last 6 years where a comparison can be made, the percentage of doctor shopping increased which means the PDMPs can't even stop the tiny amount of doctor shopping that does exist. Isn't it time to label the programs as failures and start repealing them?

**Jurisdictions Legally Authorized to Share PDMP/PMP Data with Programs Operated  
by Other Jurisdictions or Users Located in Other Jurisdictions**



● St. Louis County, Missouri Narcotics Control Act allows the PMP system to share data with users in other jurisdictions. See Sec. 602.806 (1), 2018

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48 jurisdictions (46 states, DC, and 85% of Missouri) share data with other states PDMPs and/or authorized users in other locations. It is unconstitutional (Article I, Section 15 of the Missouri Constitution), because, unlike prescription databases run by insurance companies and government programs, it is a mandatory, involuntary database.

We are almost to a de facto national prescription database.

**This is the real goal of the government bureaucrats.**