THE FAILURE OF THE PRESCRIPTION DRUG MONITORING PROGRAMS

by
John D. Lilly, MBA, DO

During the 2000s the number of states that had an operational prescription drug monitoring program (PDMP) increased from 16 in 2000 to 42 in 2011. By 2014 there were 49 states. Missouri became the last state to pass legislation in 2021.

In 2000, the U.S. death rate per 100,000 people due to prescription opioid medication overdoses was 1.54.

In 2010, it was 5.36. It peaked in 2011 at 5.42 and then slowly trended down, but was still 4.34 in 2022.

The downward trend was due to a new narcotic, fentanyl, that was mass introduced into the U.S. in 2014. The death rate due to illicit fentanyl in 2022 was 22.71 or over three times the highest death rate of prescription opioids. Prescription opioids are not decreasing due to an effective PDMP national network, but a significantly more efficient tool, the free market.

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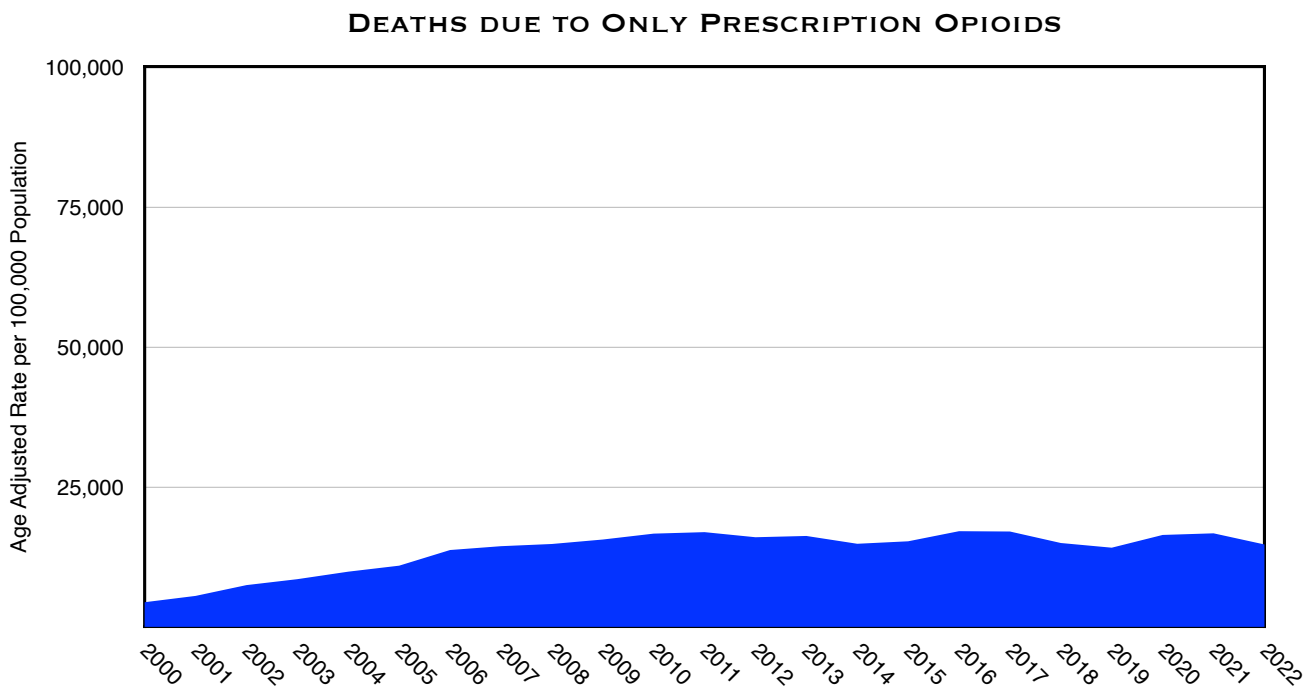
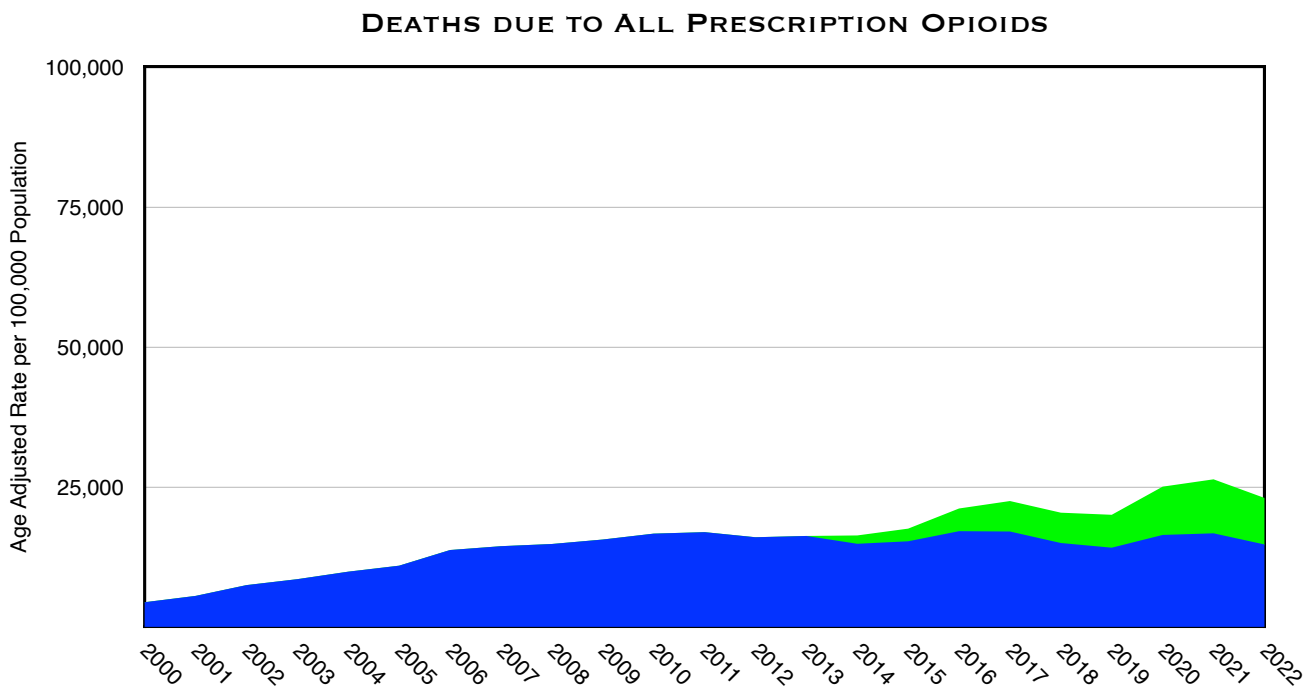
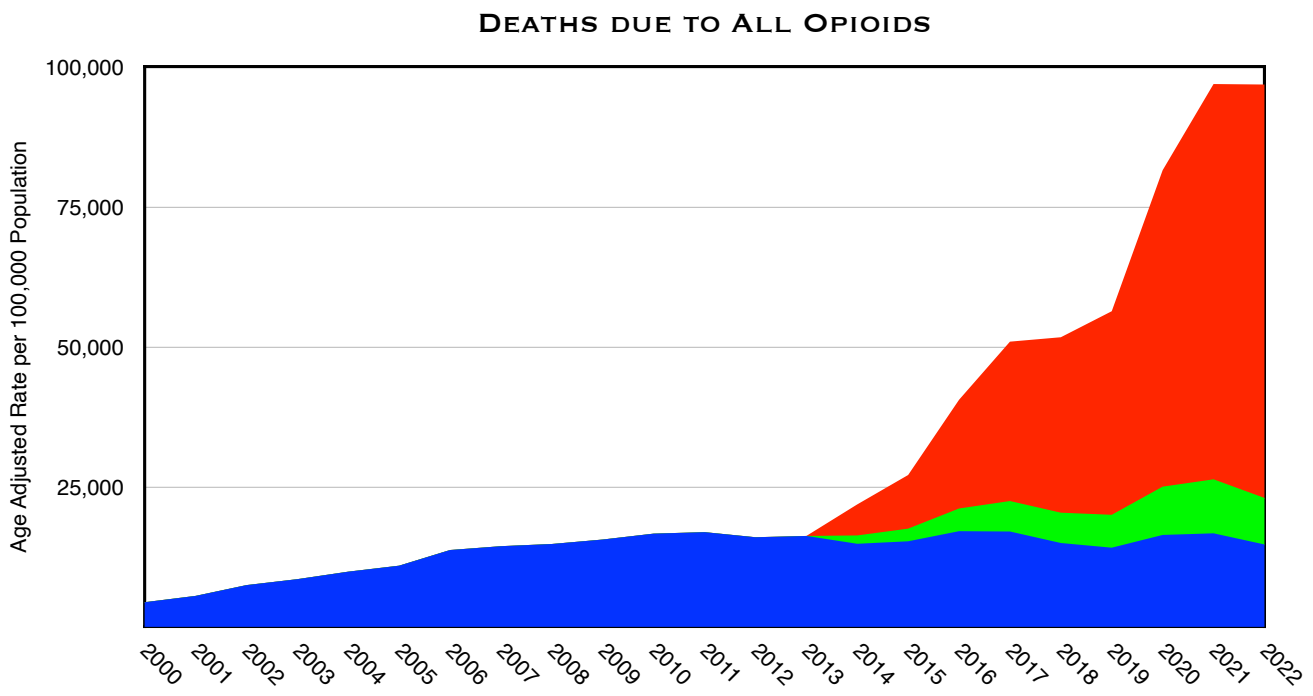
If the PDMPs were effective, then the death rate should have decreased from 2000 to 2022. Instead, it increased.



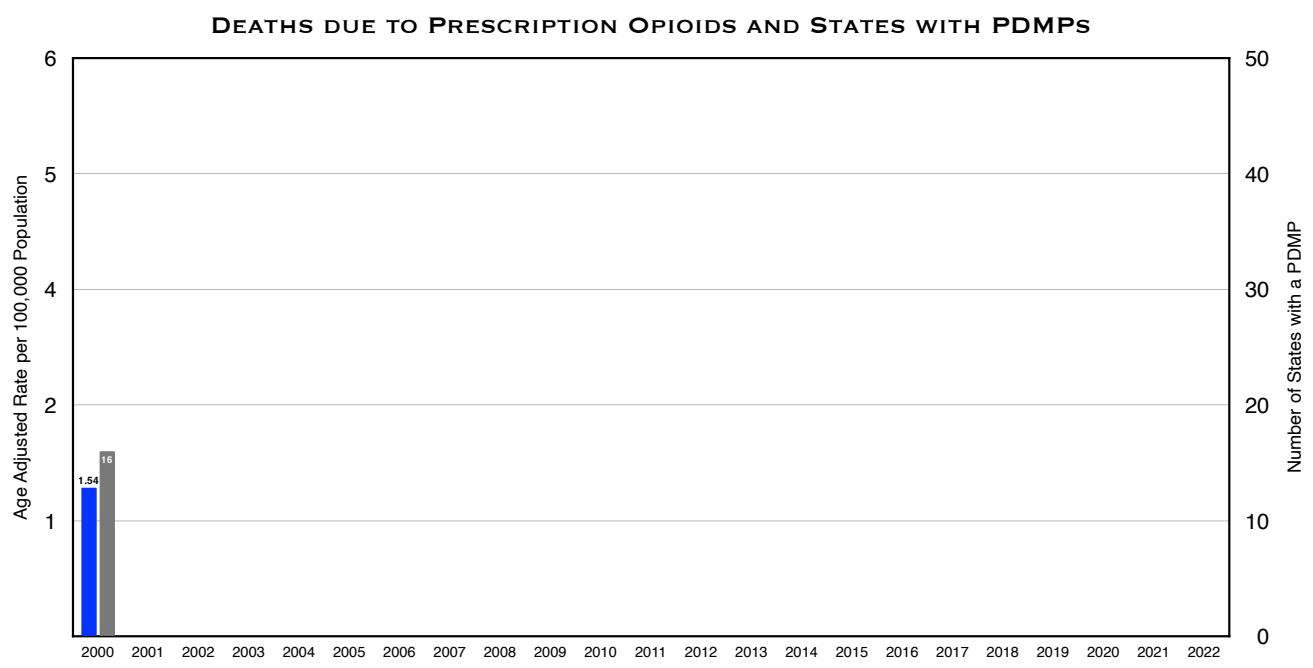
The area in blue in this is a graph is the age adjusted death rate per 100,000 population caused by prescription opioids, like Norco (hydrocodone), Oxycontin (oxycodone), Demerol (meperidine), and morphine.



The area in green in this graph is the number of deaths per capita caused by both prescription opioids and illicit fentanyl.



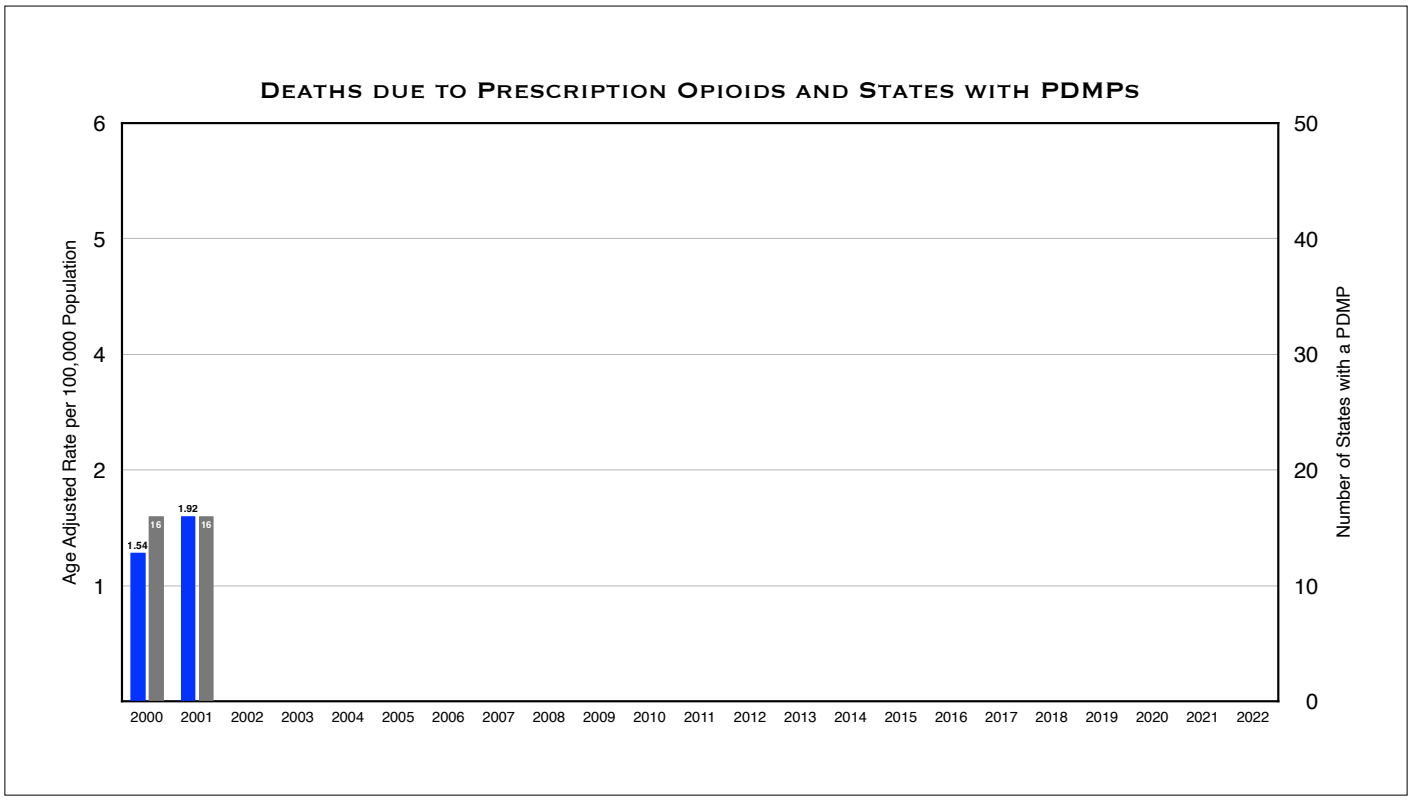
The area in red in this graph is the number of deaths per capita caused by only illicit fentanyl.



The blue line in this graph shows the death rate per capita caused by prescription opioids by year from 2000 to 2022.

The gray line in this graph shows the number of states that had an operational prescription drug monitoring program (PDMP) that year.

The next 11 pages shows the progression each year.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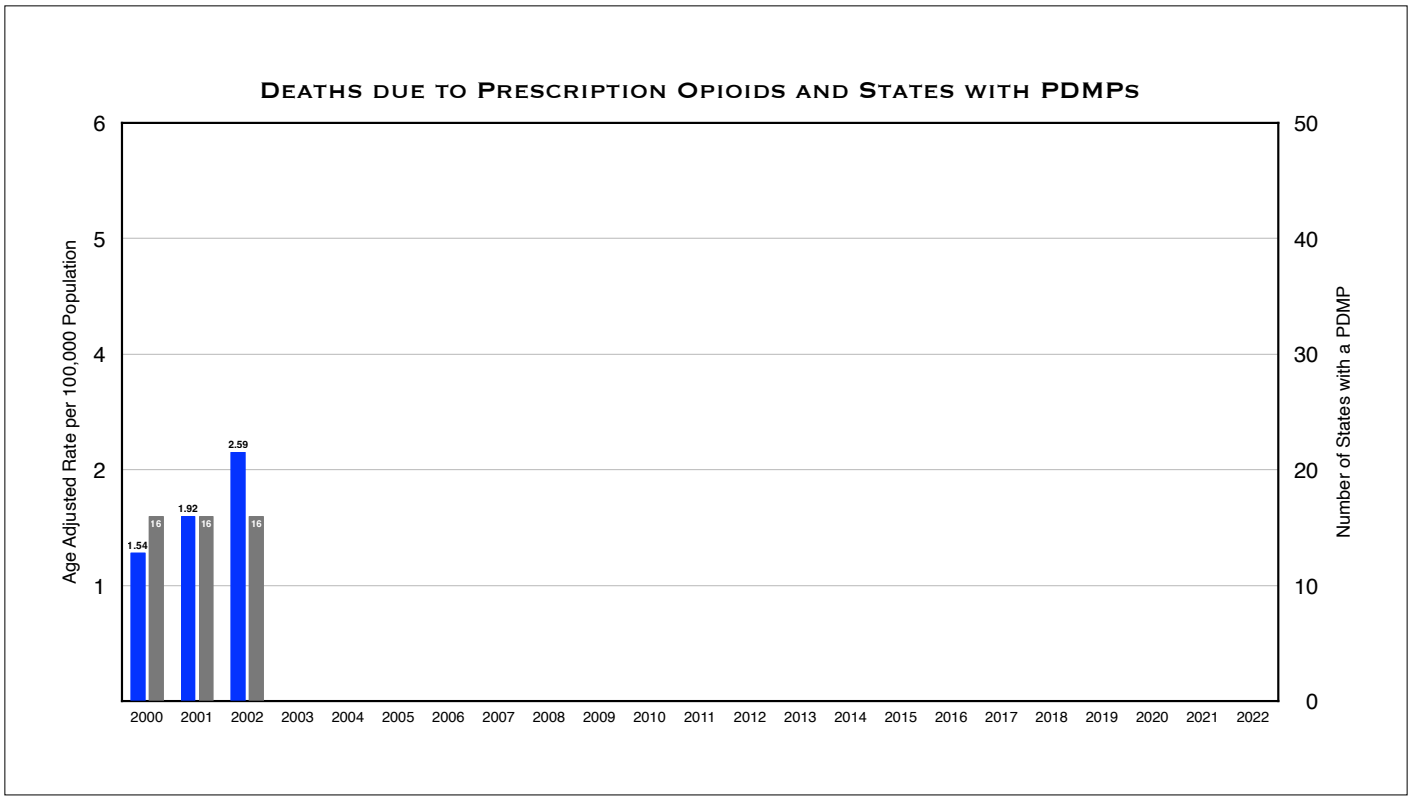
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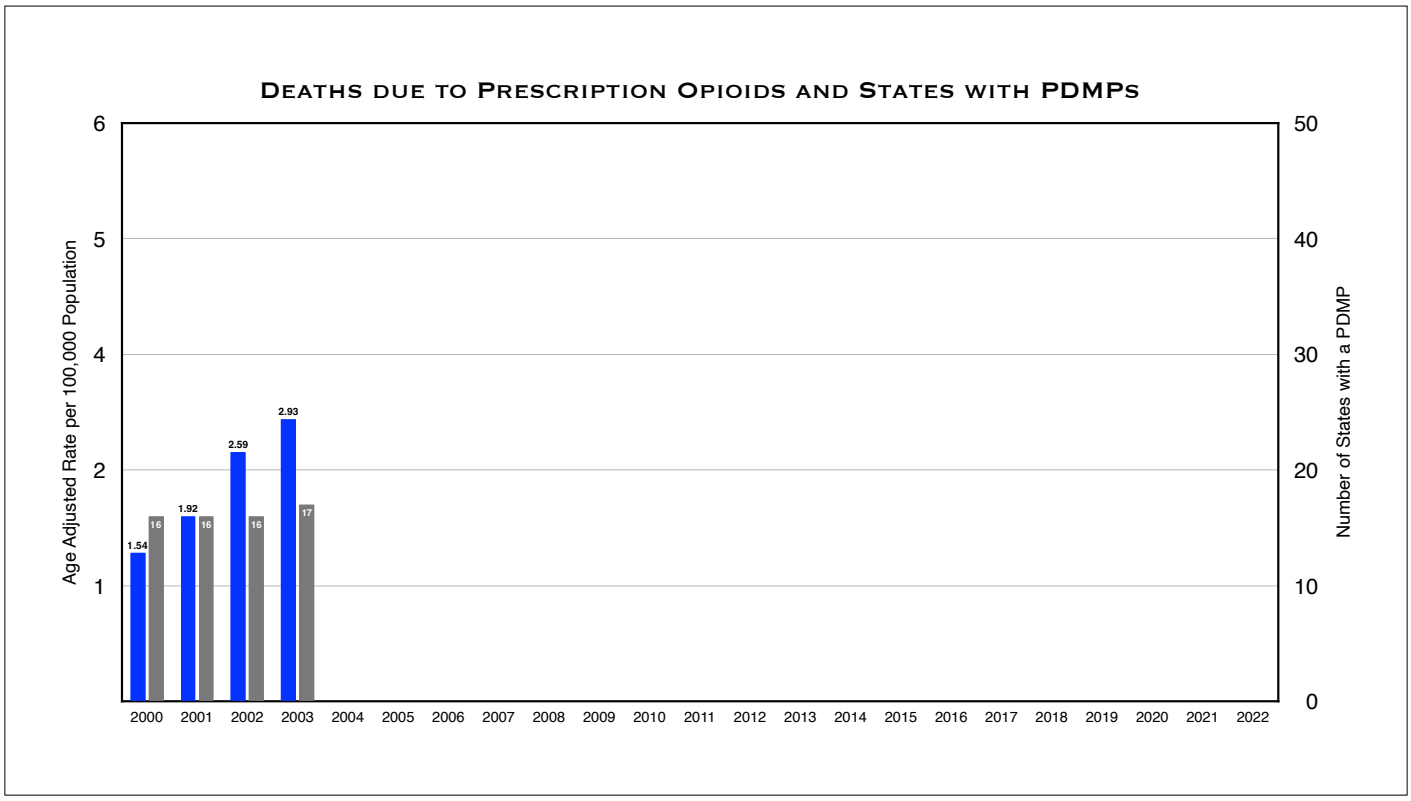
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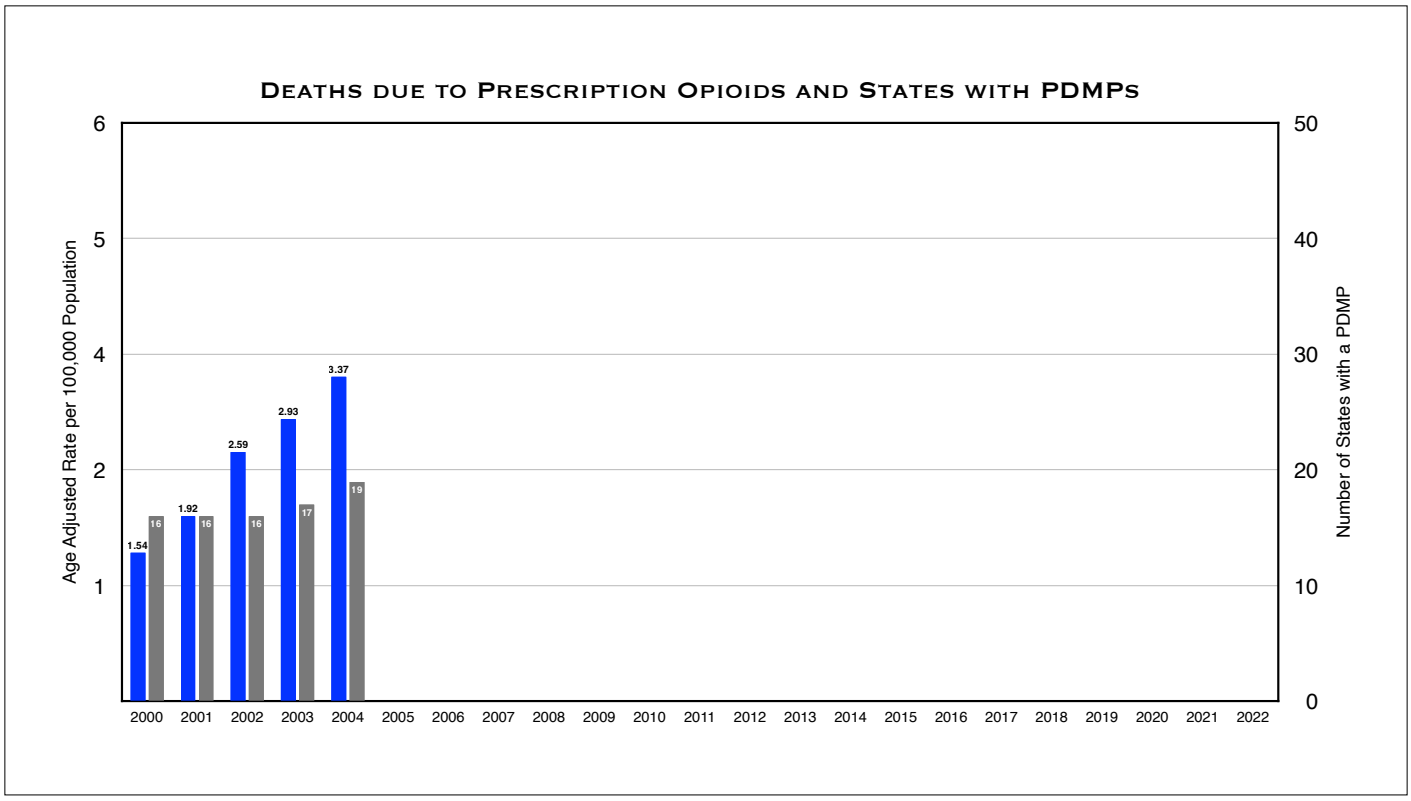
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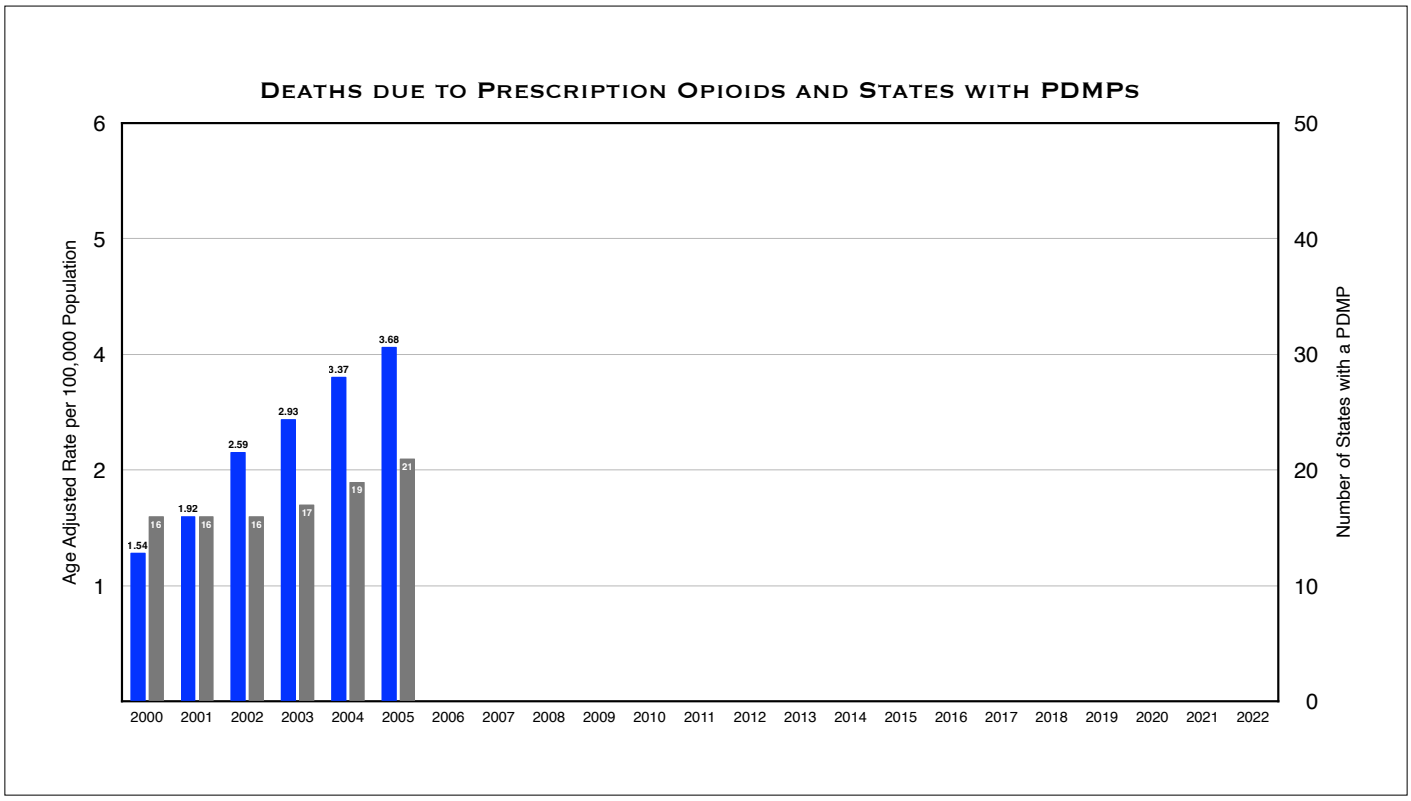
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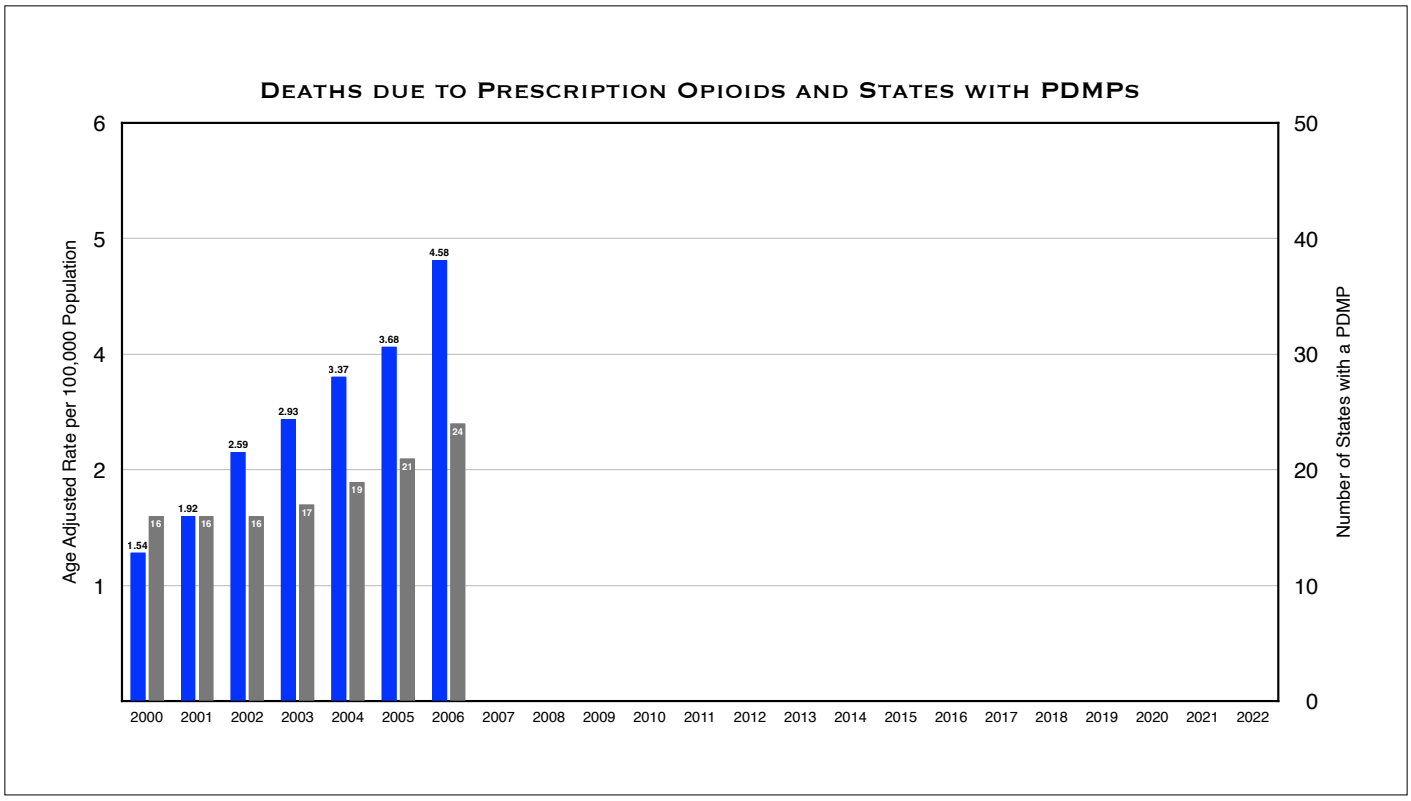
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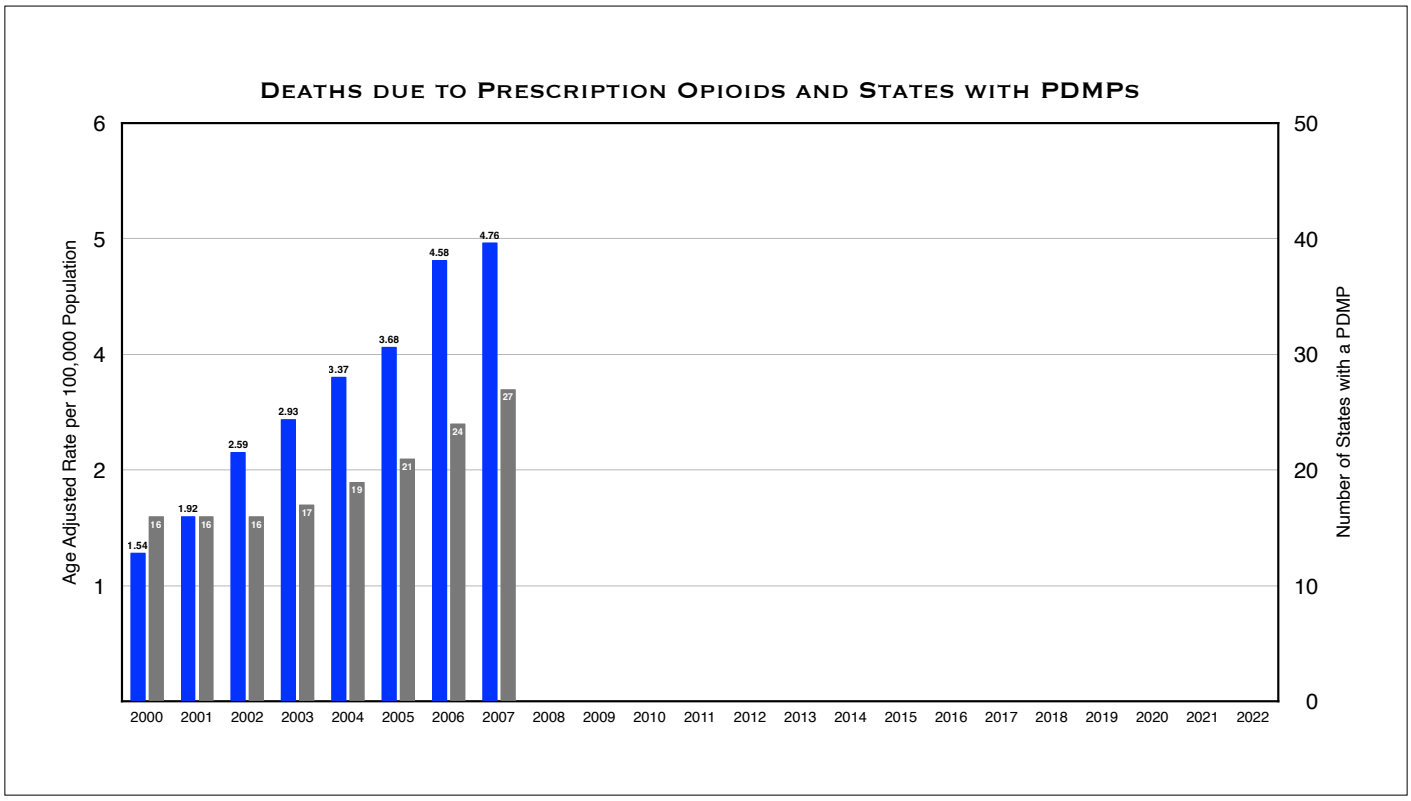
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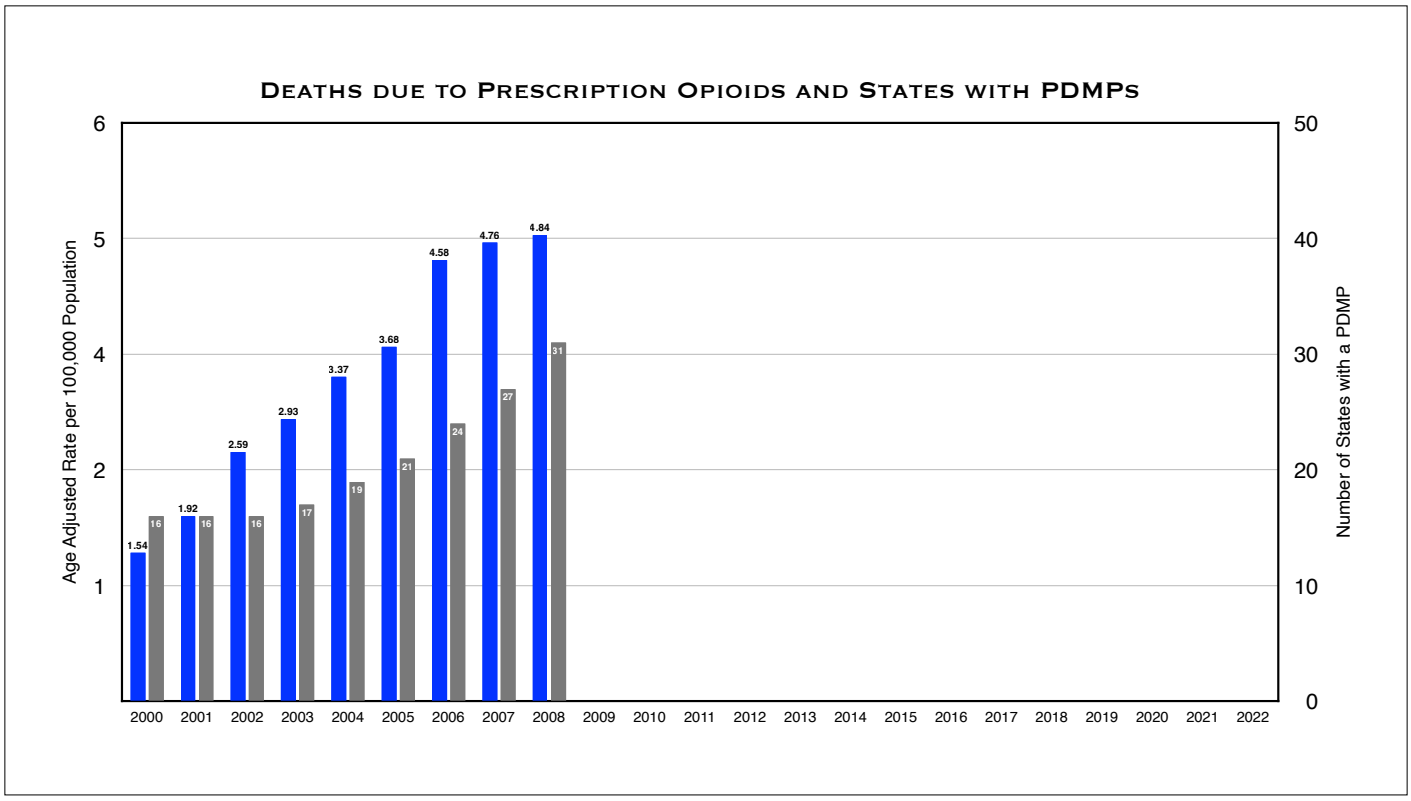
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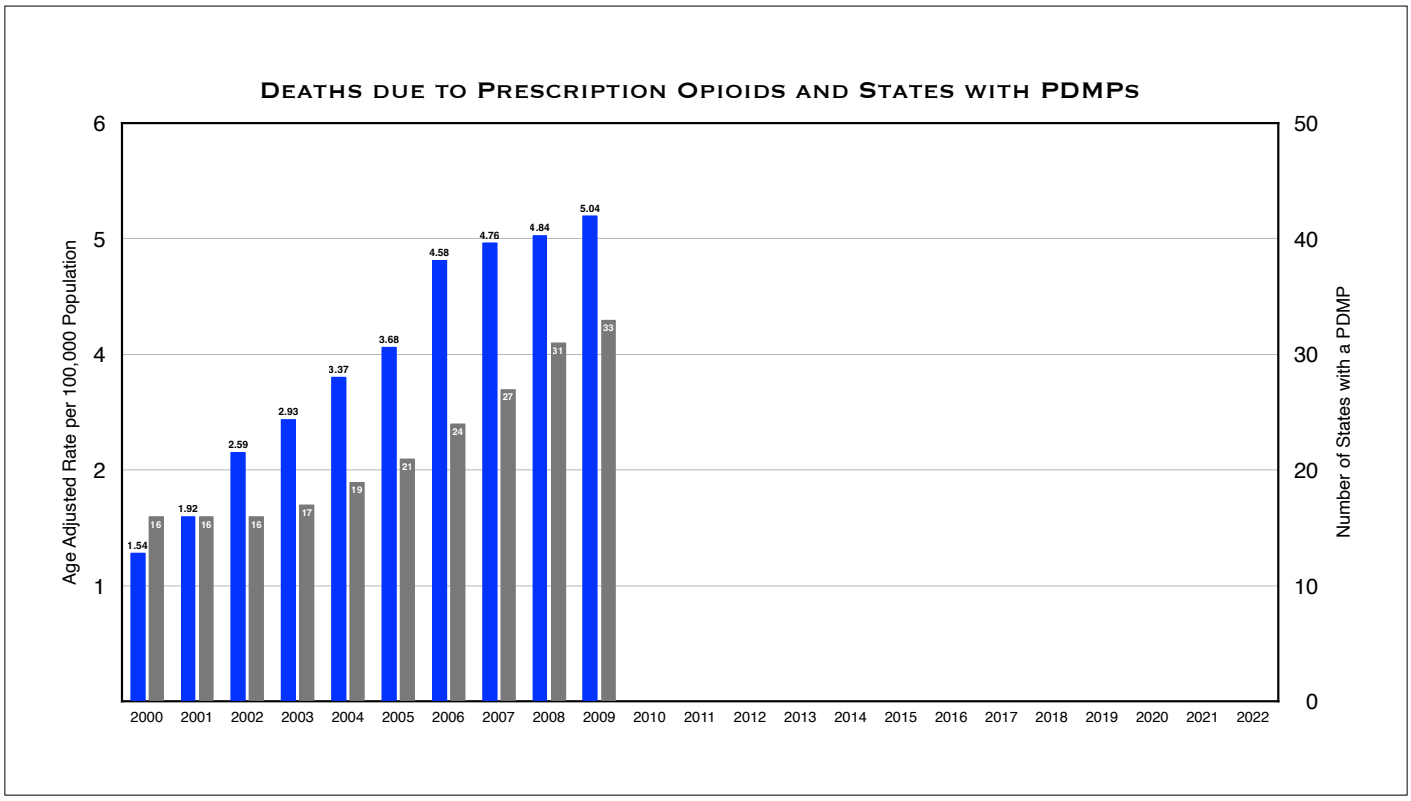
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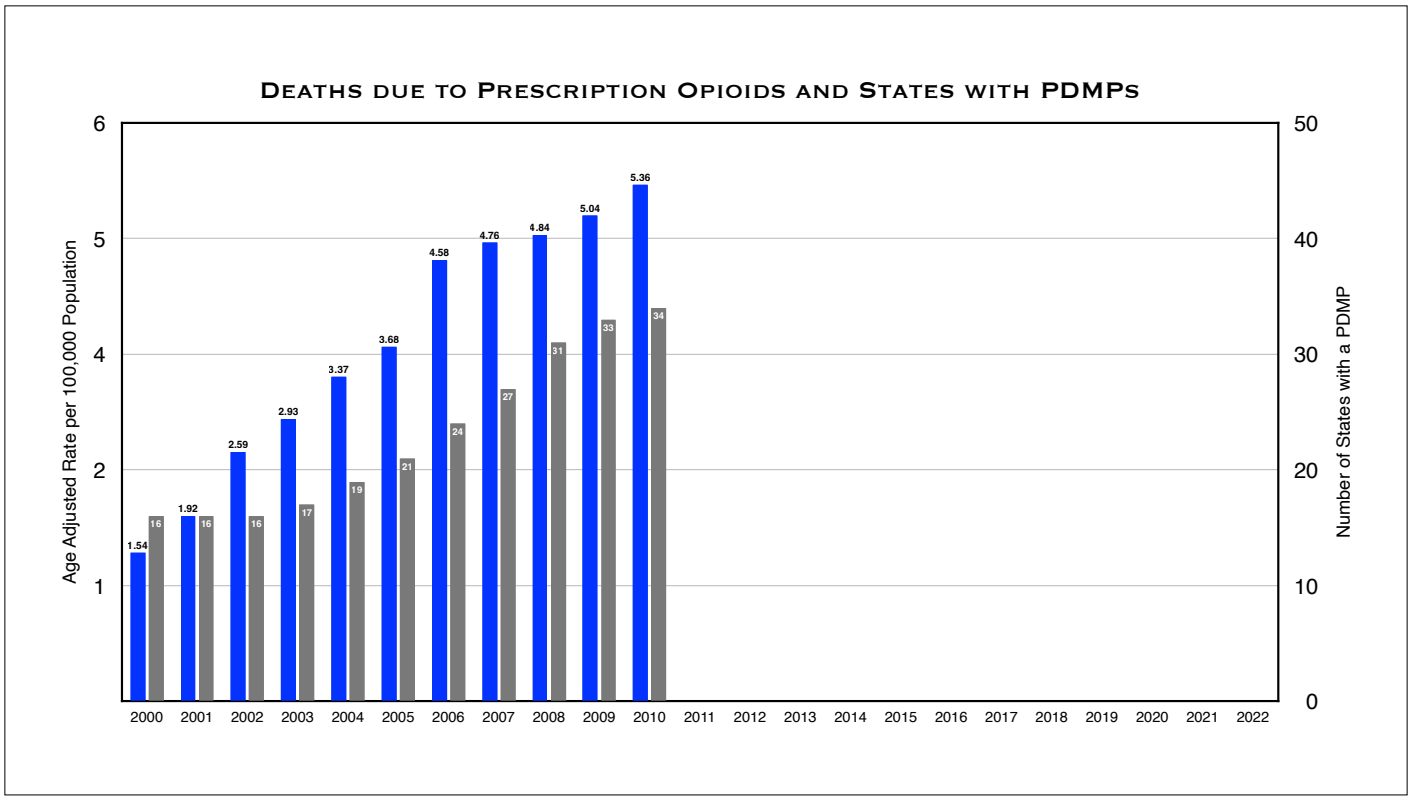
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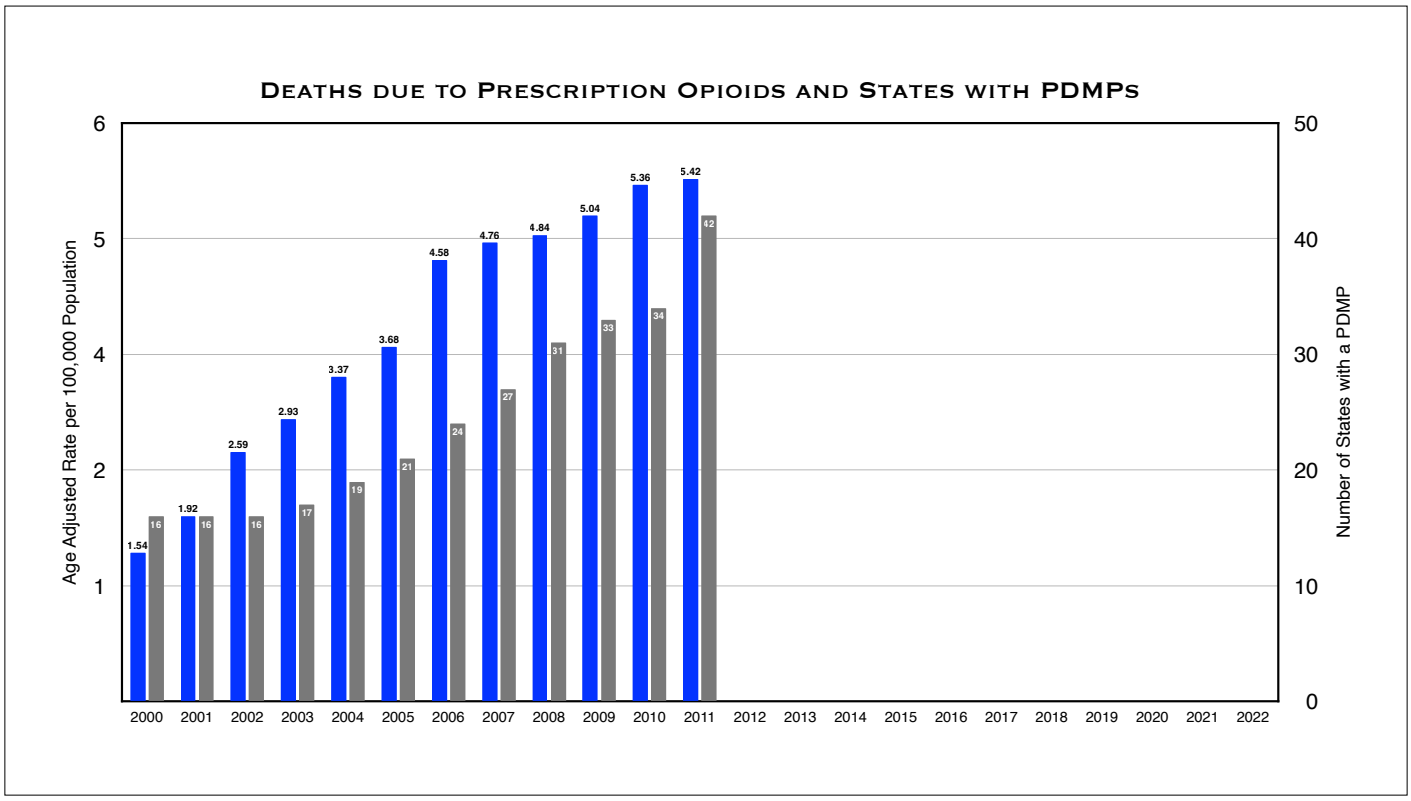
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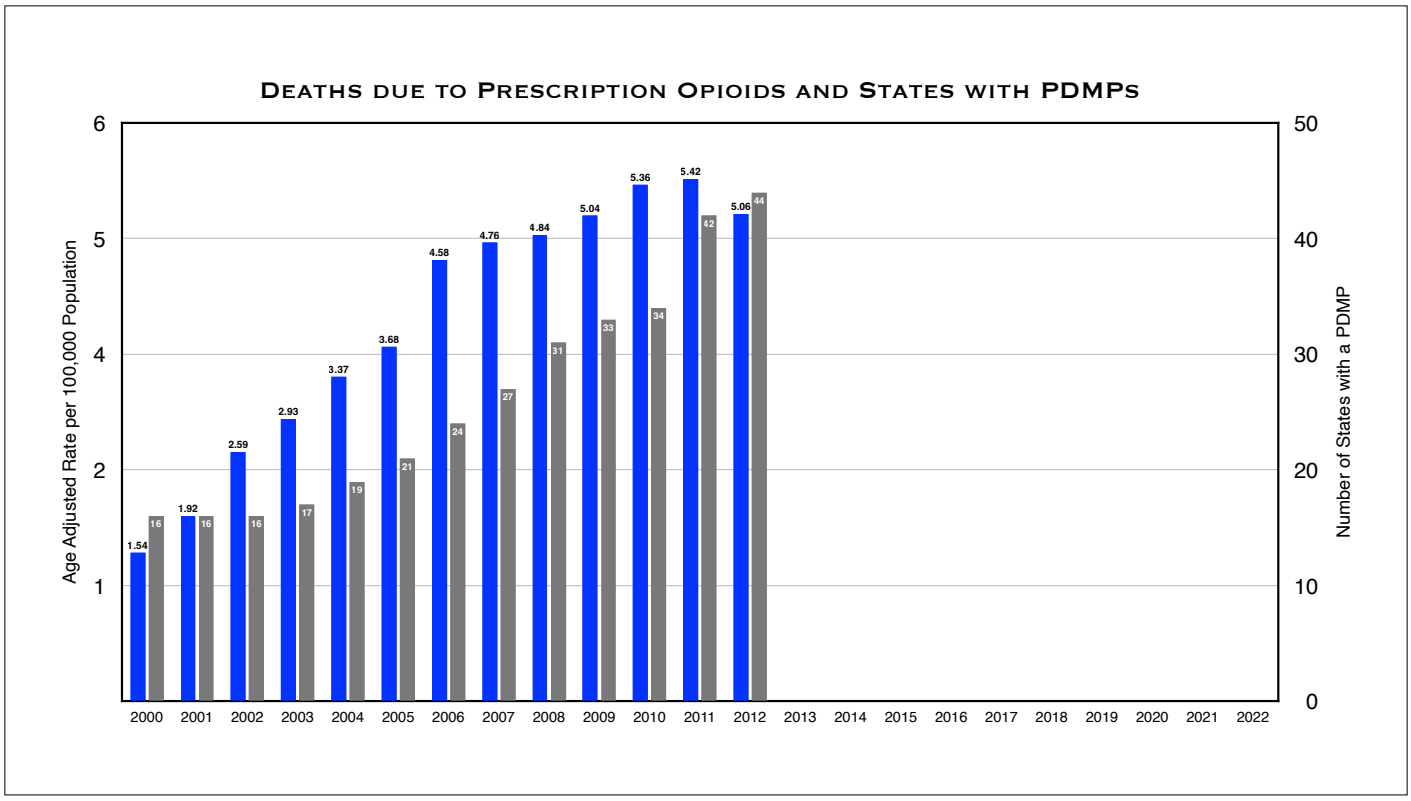
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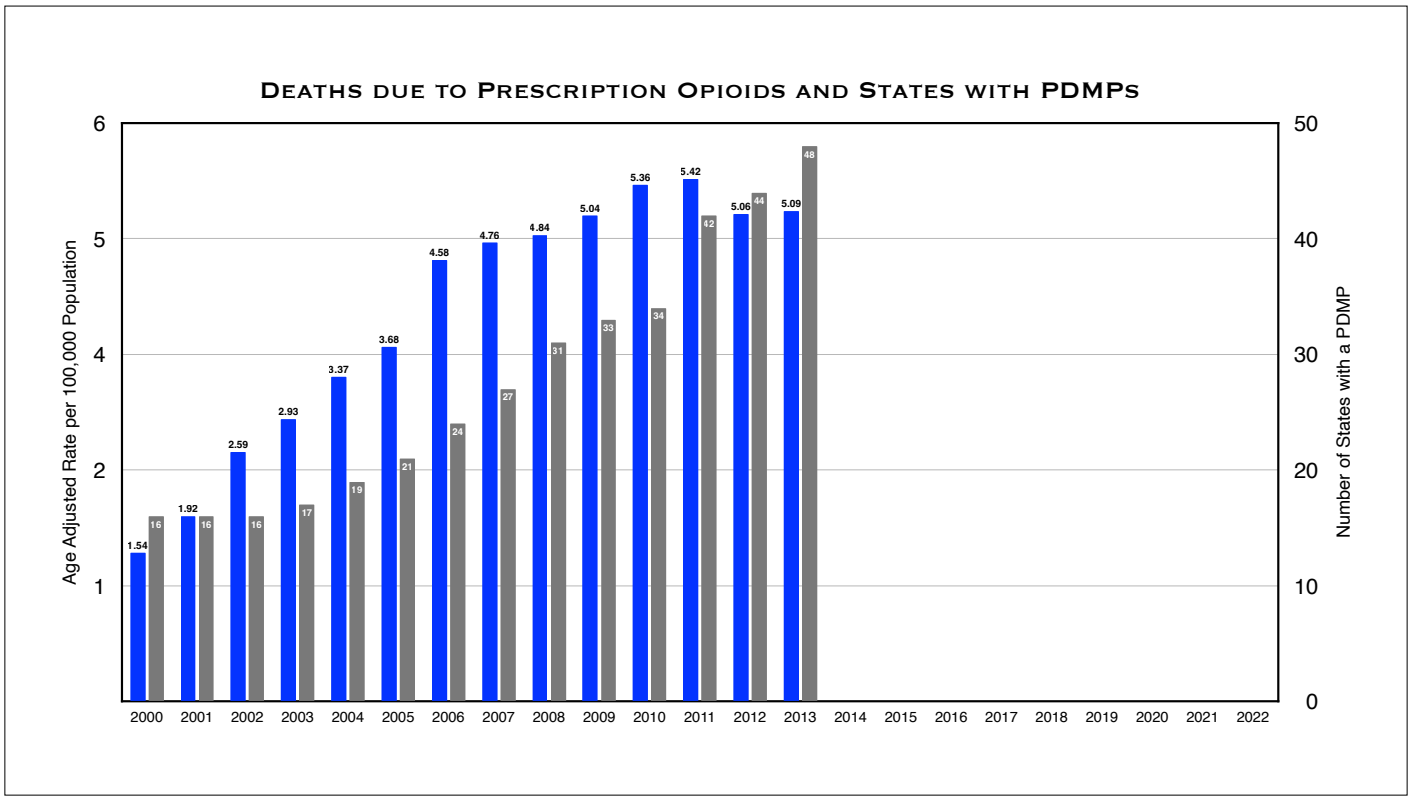
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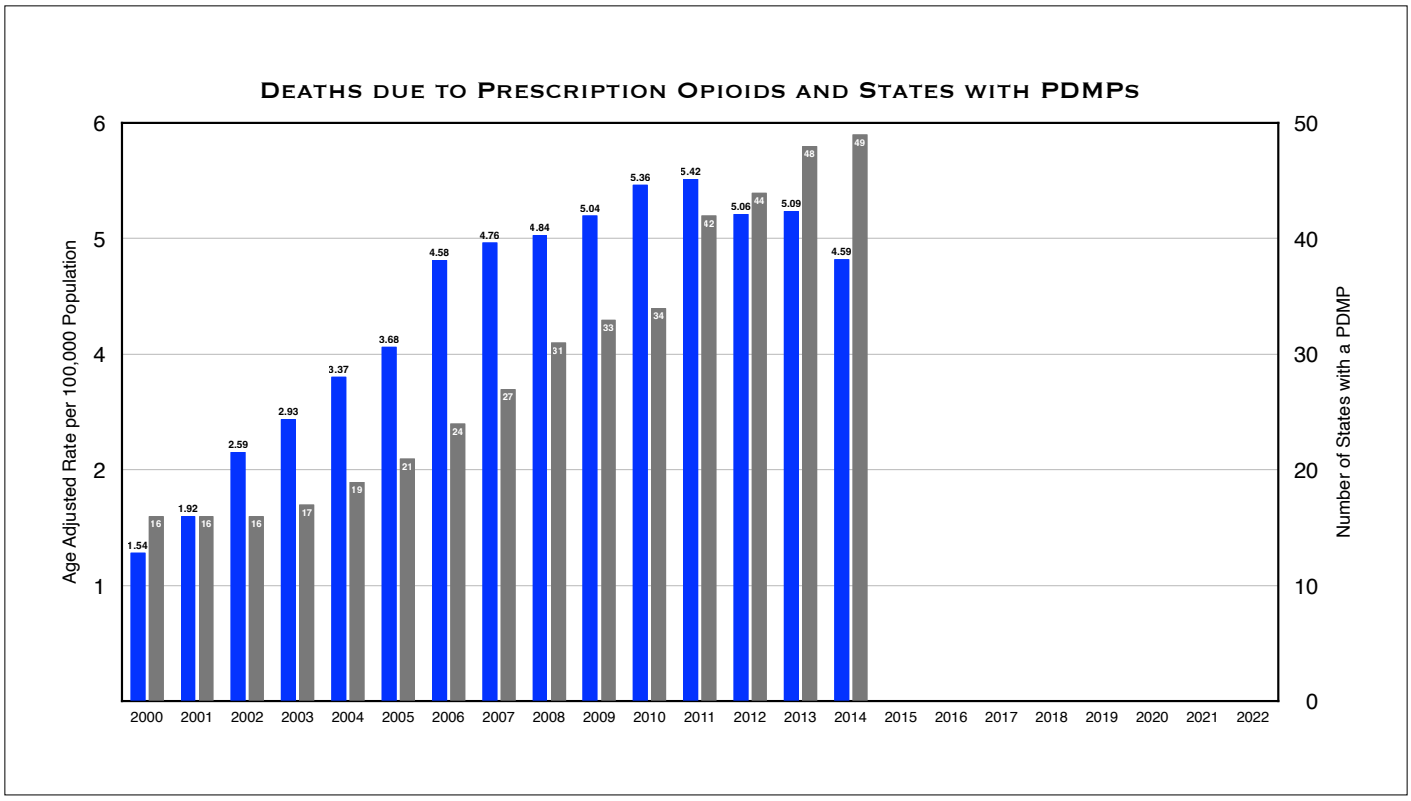
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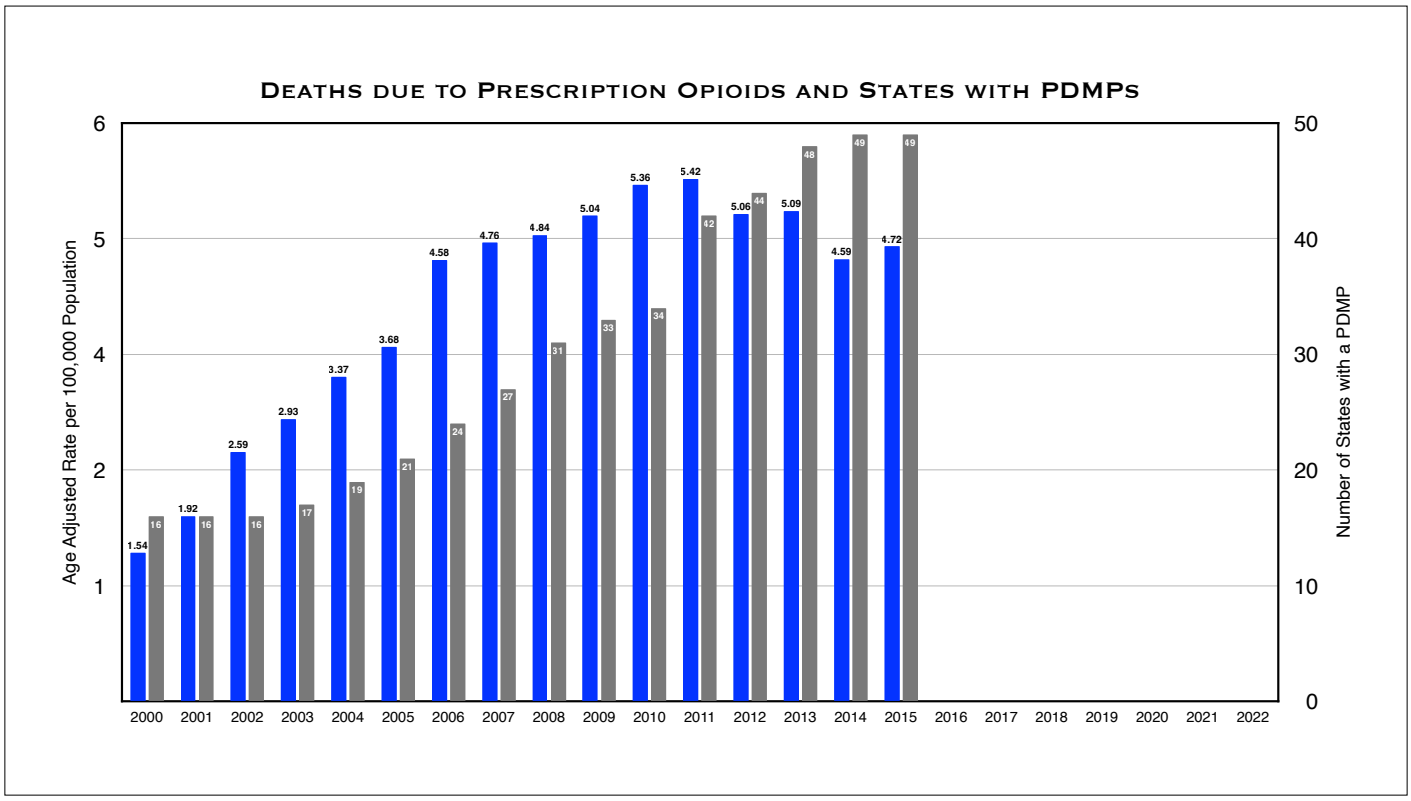
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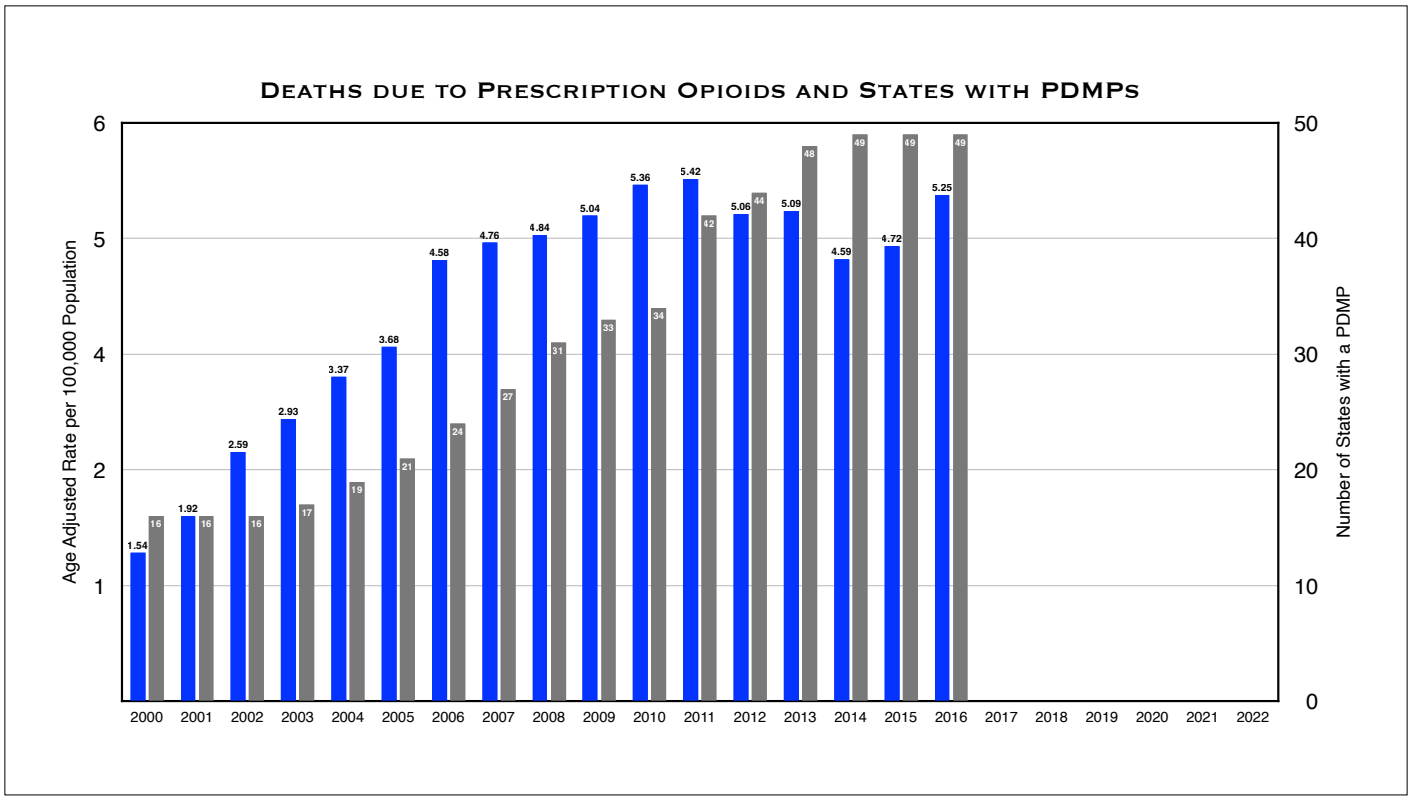
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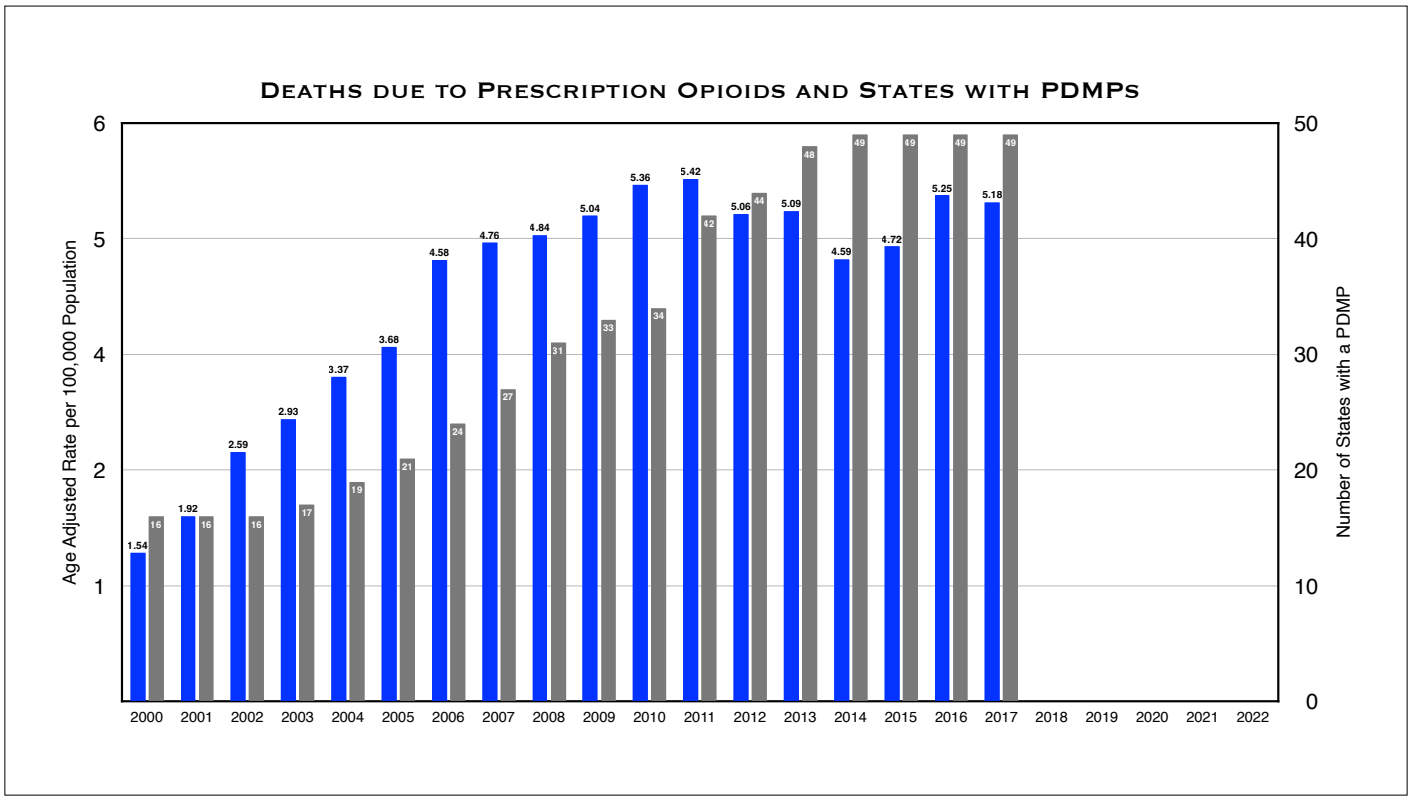
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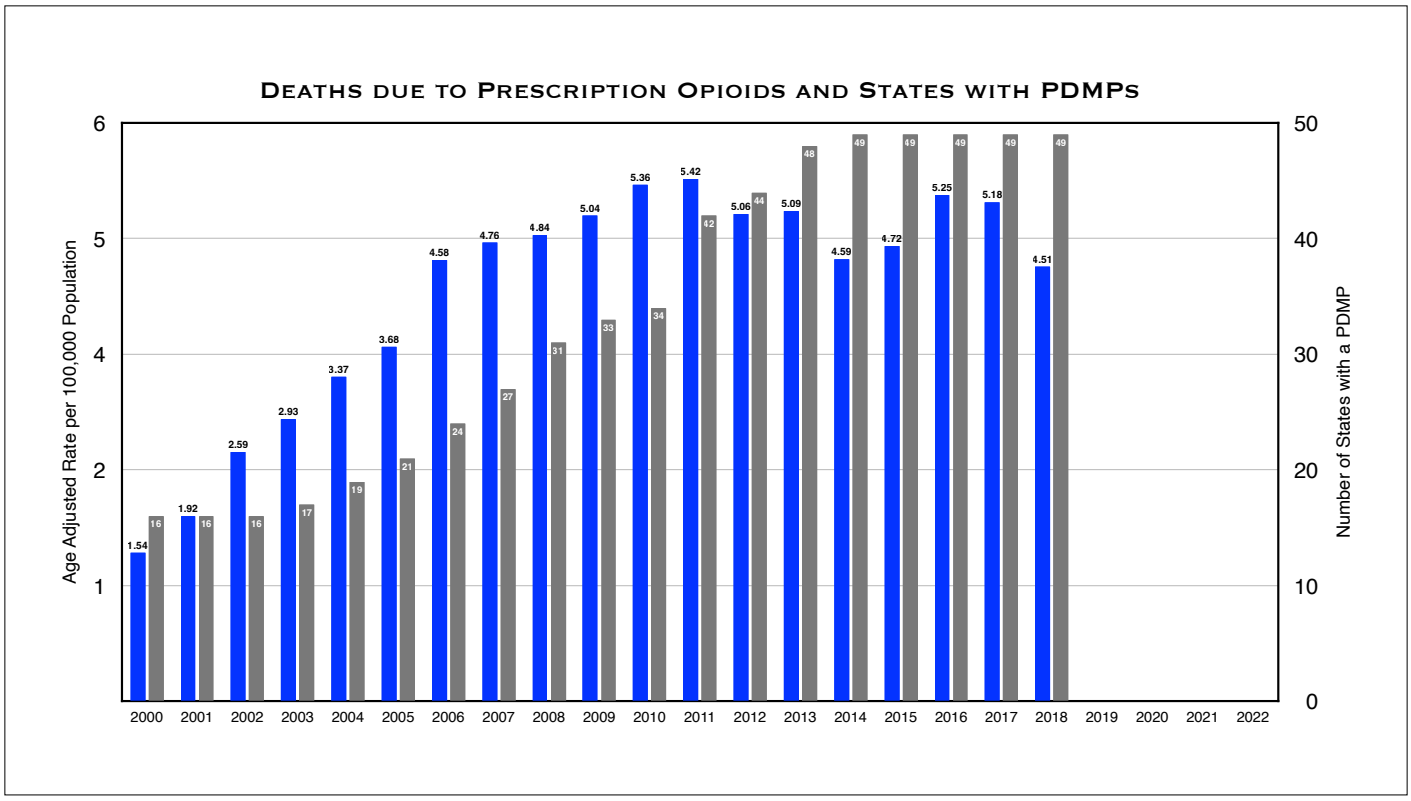
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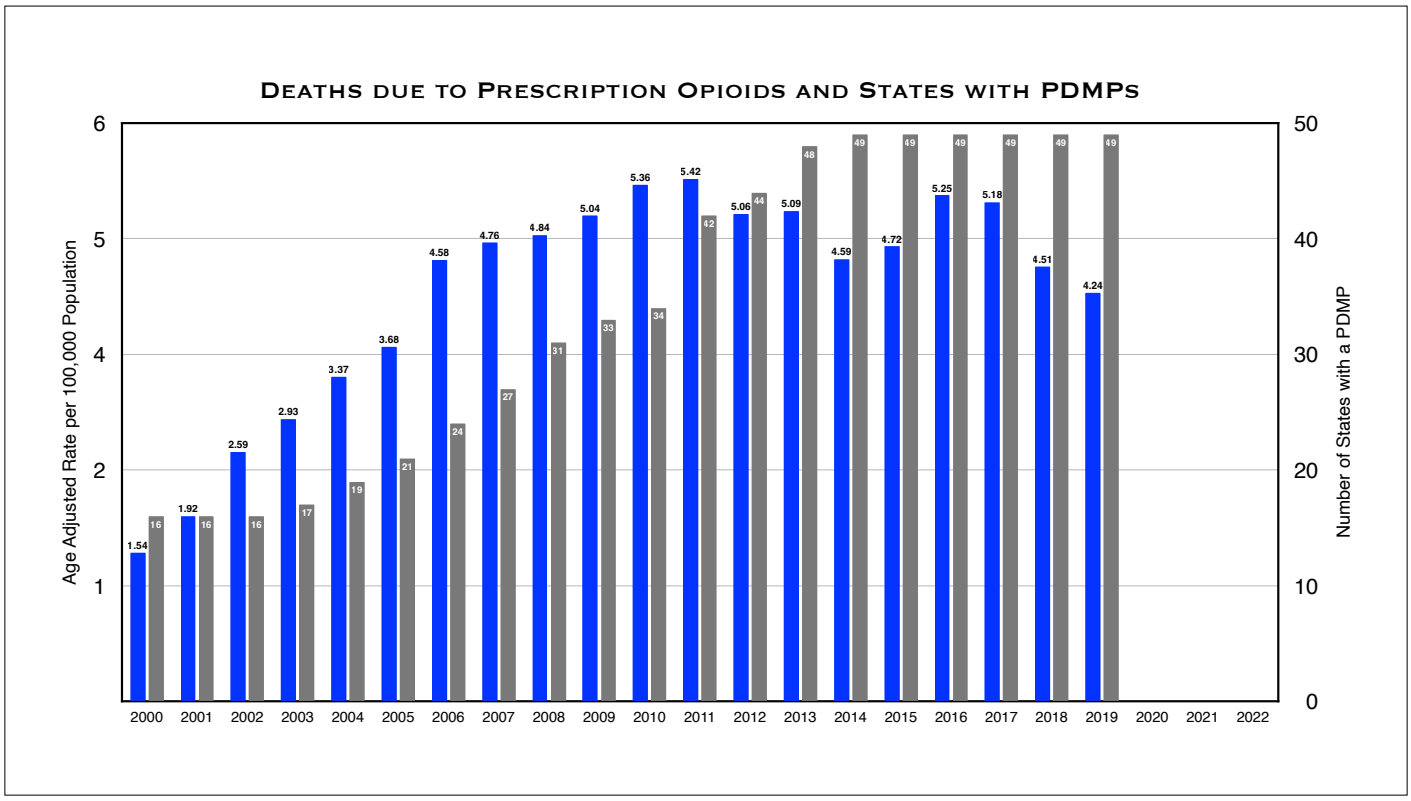
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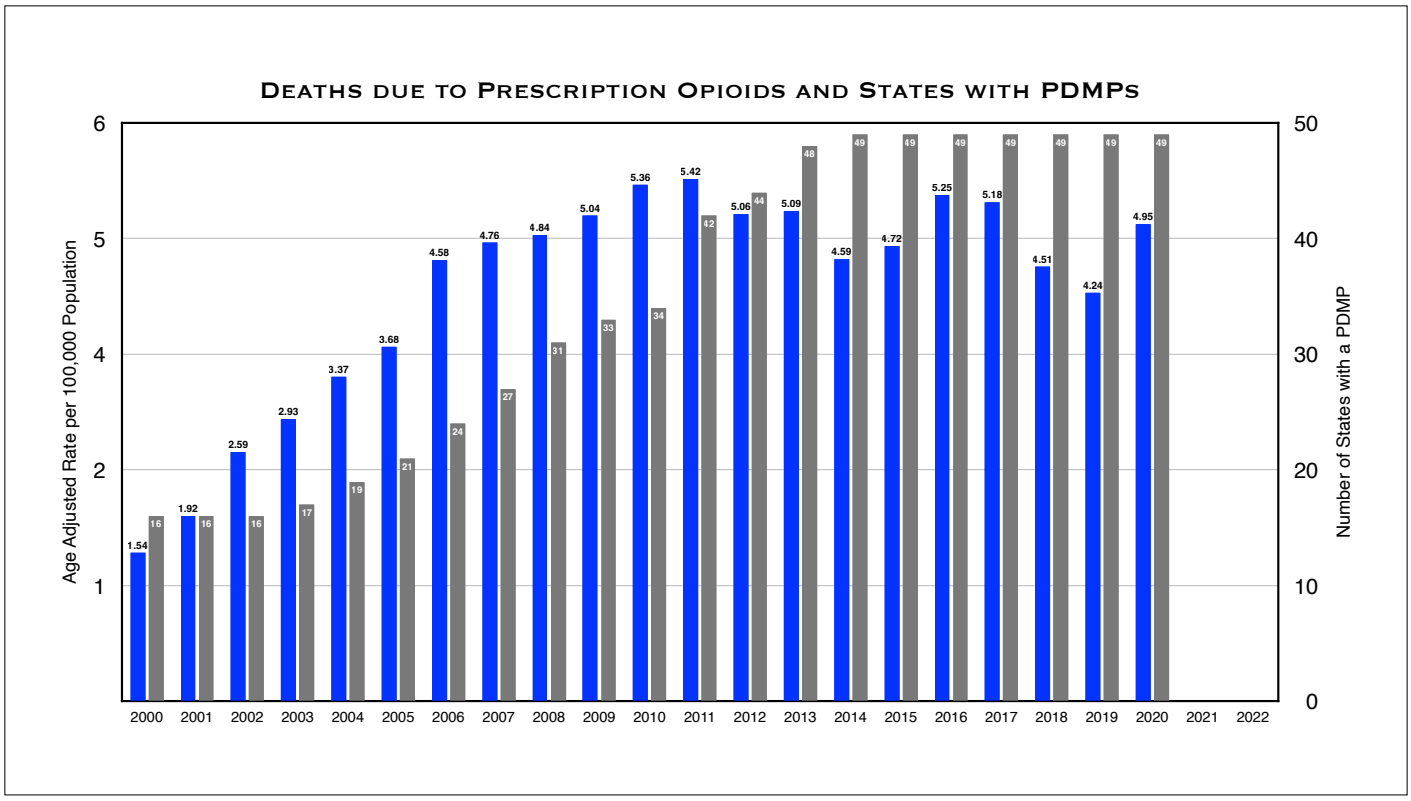
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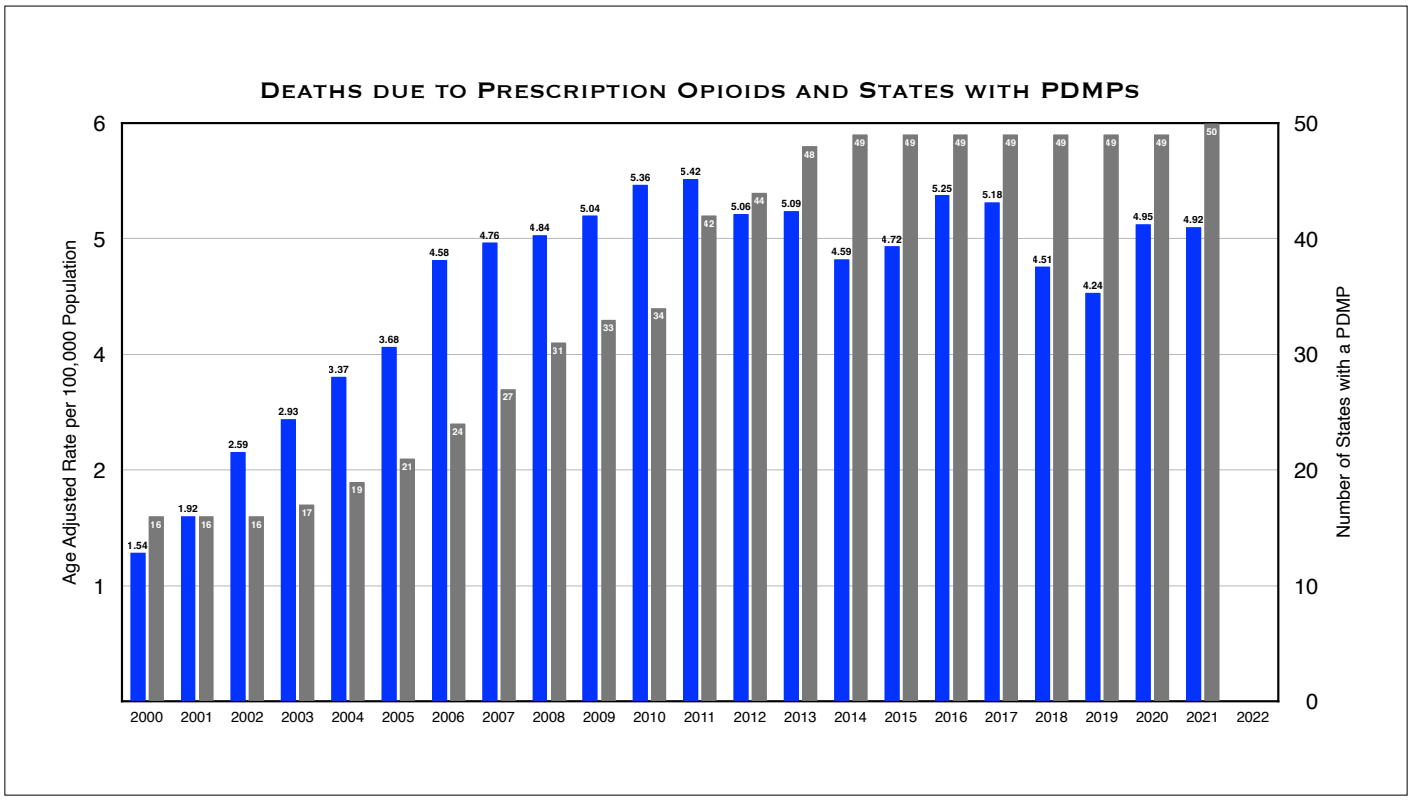
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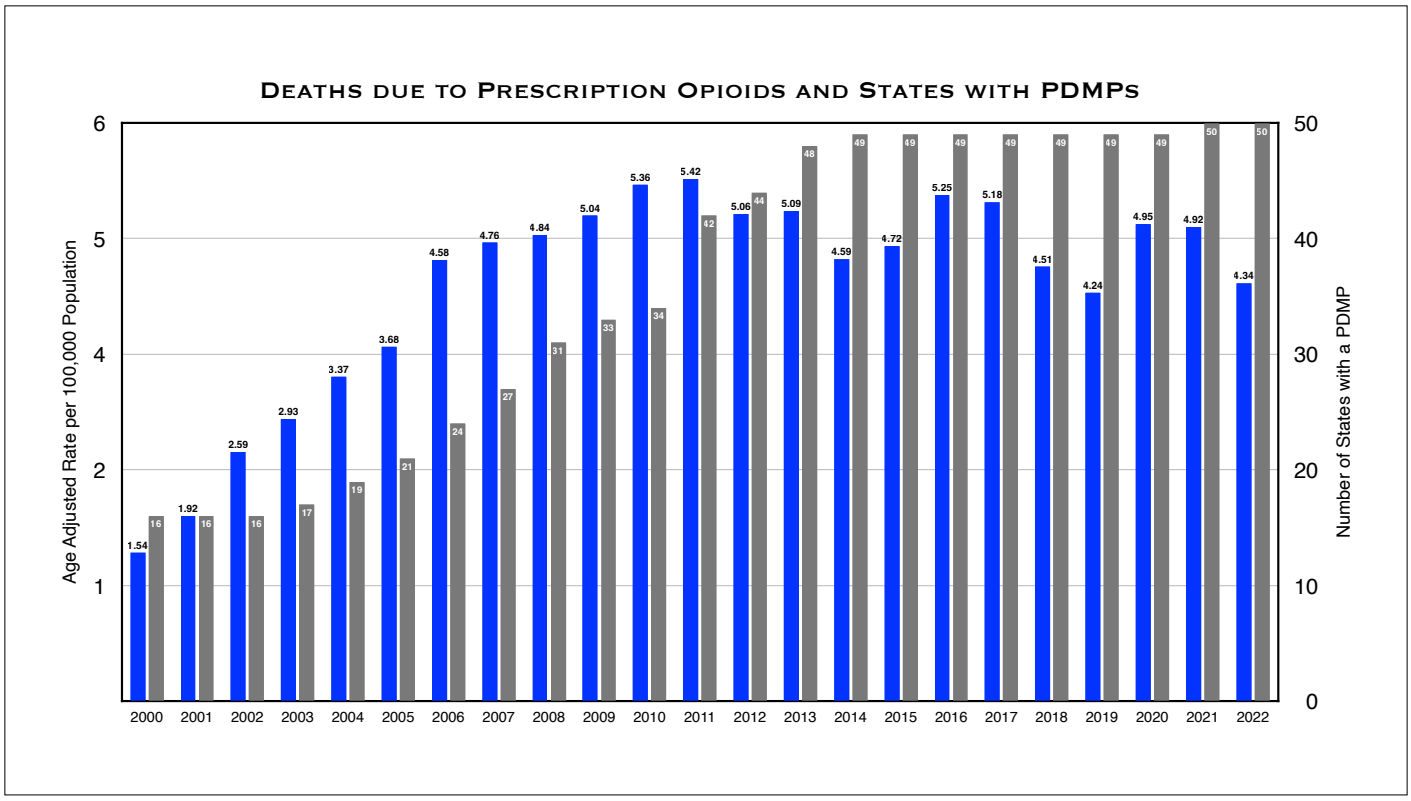
Deaths due to Prescription Opioids and States with PDMPs
Age Adjusted Rate per 100,000 Population
Number of States with a PDMP
0
1
10
2
20
3
30
4
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6
1.54
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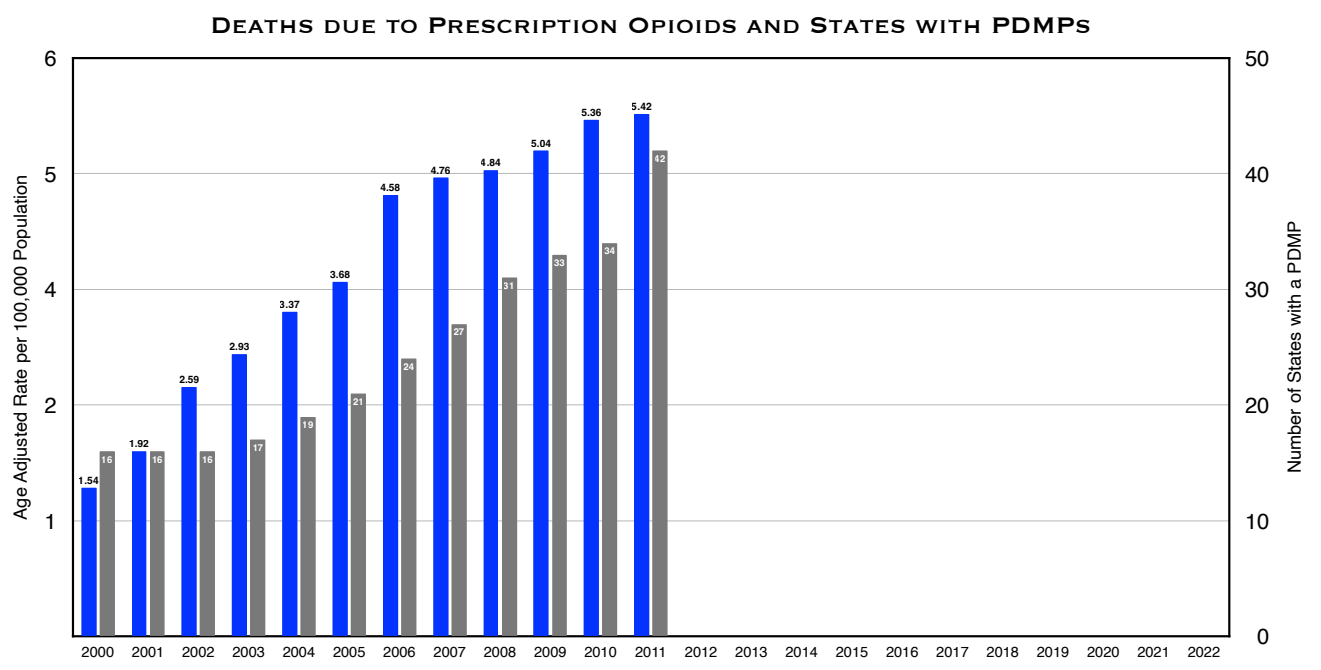
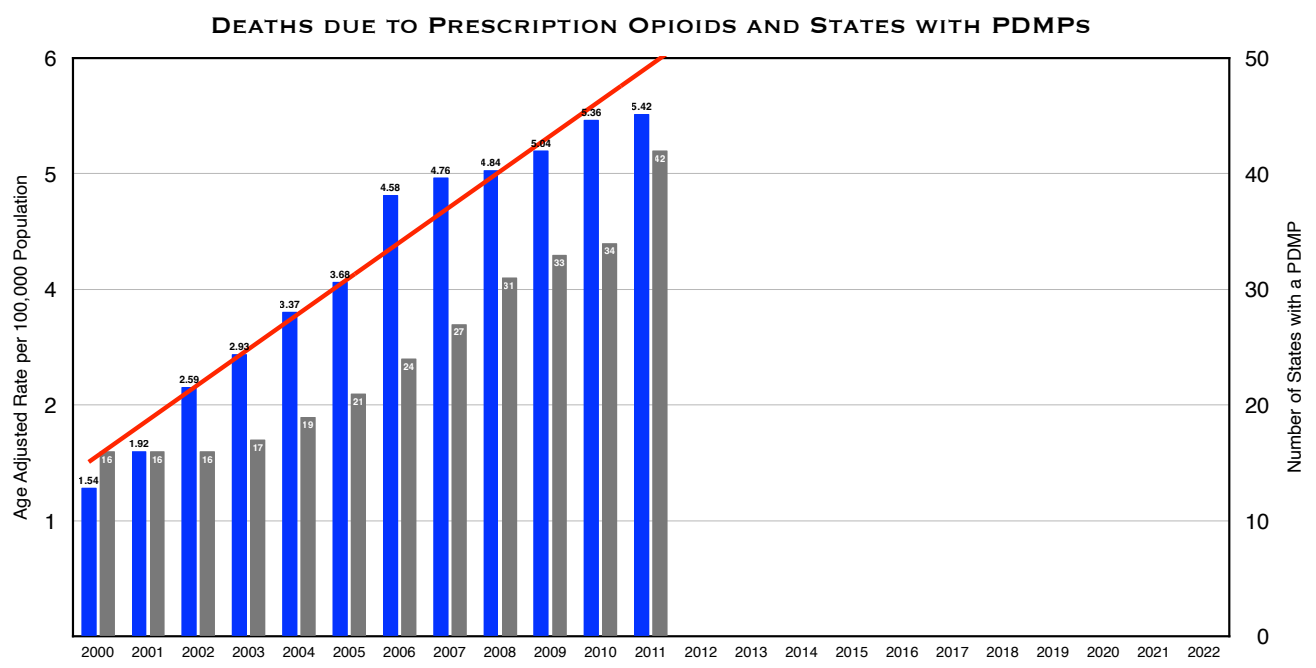
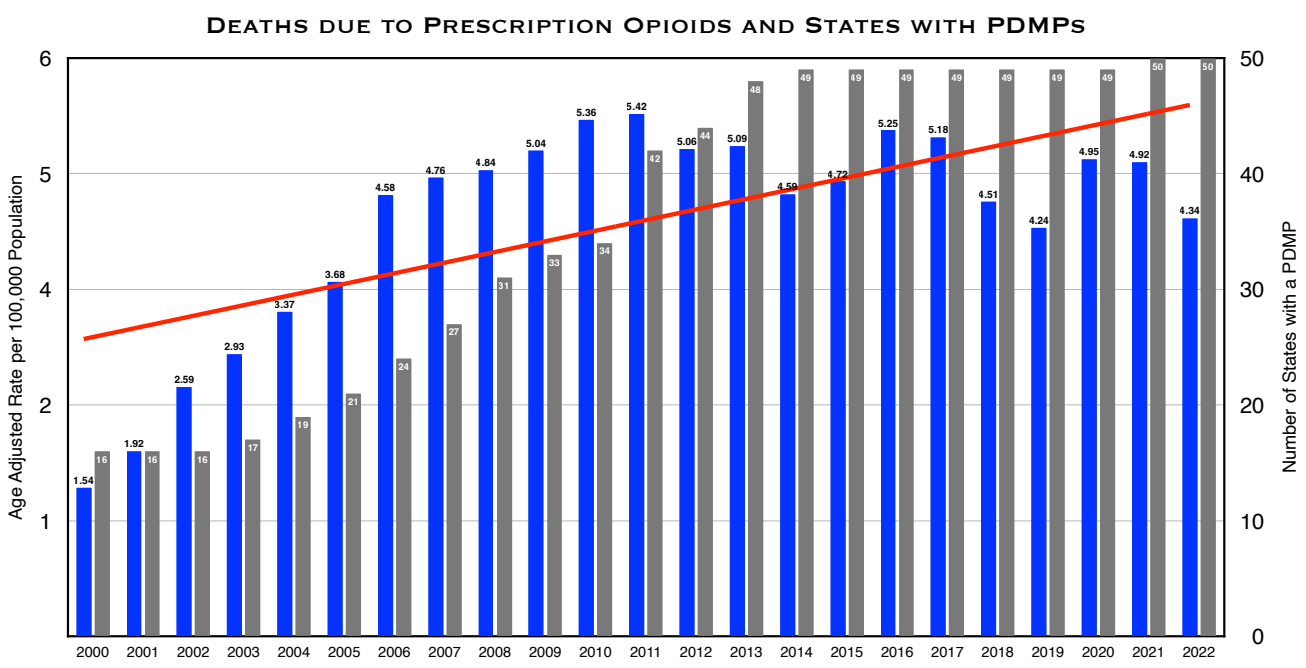


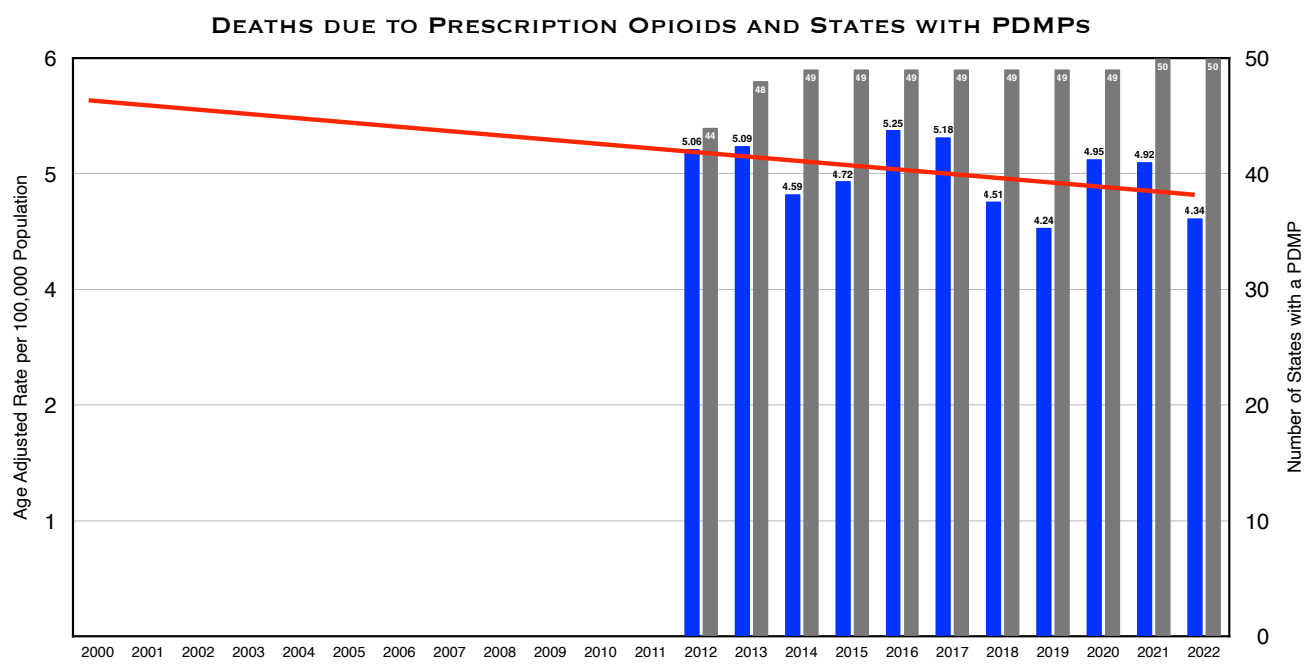
This is the year with the highest death rate.



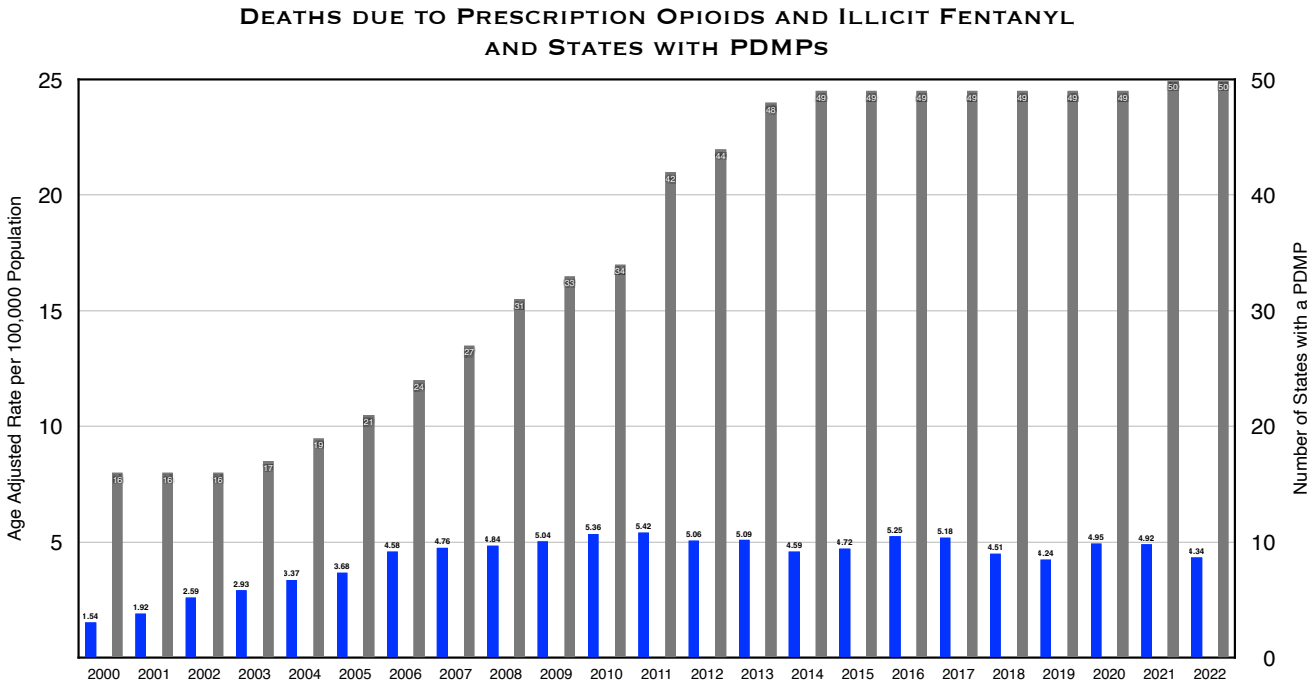
This is a trend line through the blue bars. By 2011 the number of states with a PDMP was 42. That number had more than doubled since 2000. If the program was effective, why is the trend line going up so steeply? Shouldn't it be going down at some point?



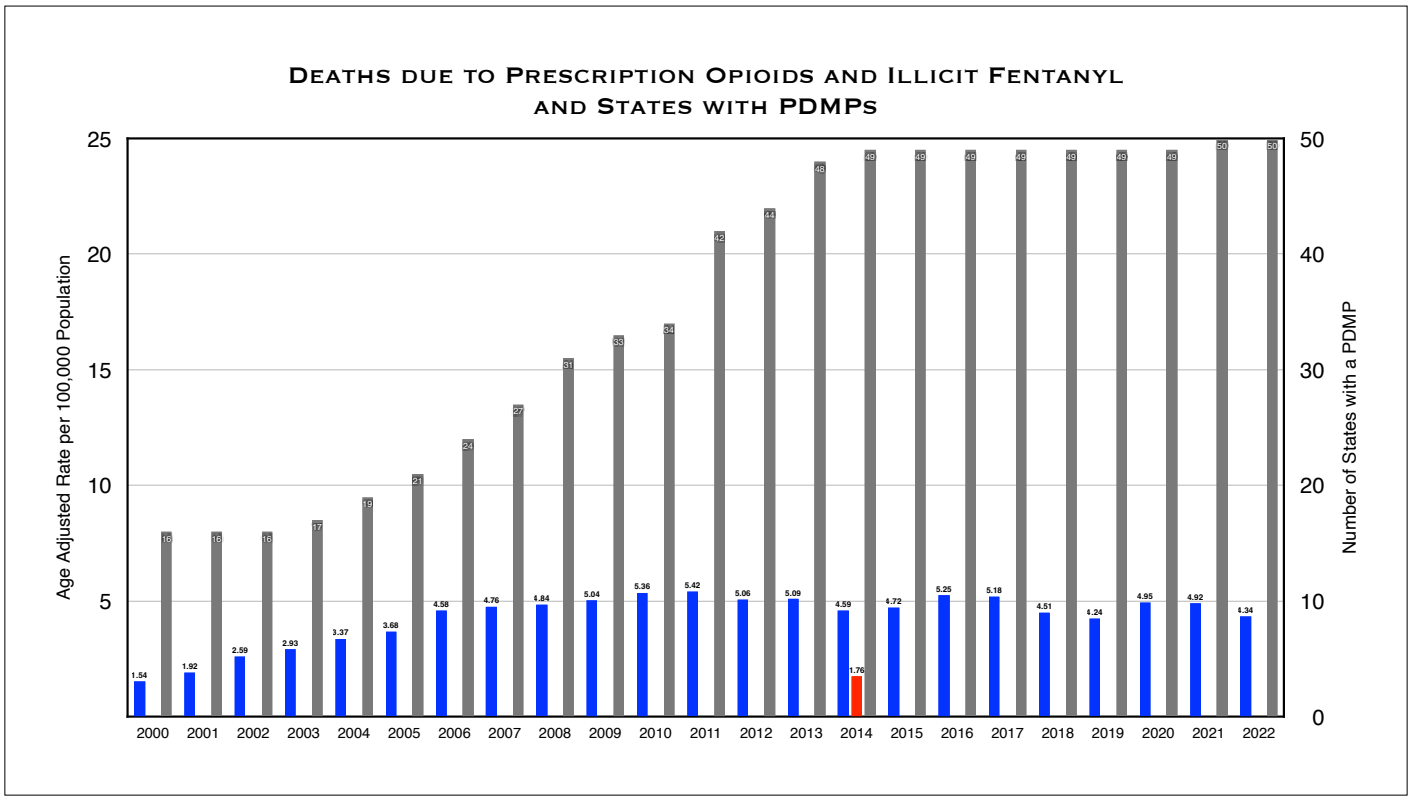
This is the trend line through the blue bars from 2000 to 2022. Why isn't it negative if there were so many states that had an operational PDMP for the last 11 years of this graph? Wasn't that the purpose of the PDMP?



This is a graph of the last 11 years. The trend line is negative, but it is not as steep as it was when it was going up from 2000 to 2011.



The death rate scale was expanded on this graph to compare the death rates of prescription opioids with illicit fentanyl. The following graphs include the per capita death rate caused by illicit fentanyl from 2014 to 2022.


Deaths due to Prescription Opioids and Illicit Fentanyl
and States with PDMPs
Age Adjusted Rate per 100,000 Population
Number of States with a PDMP
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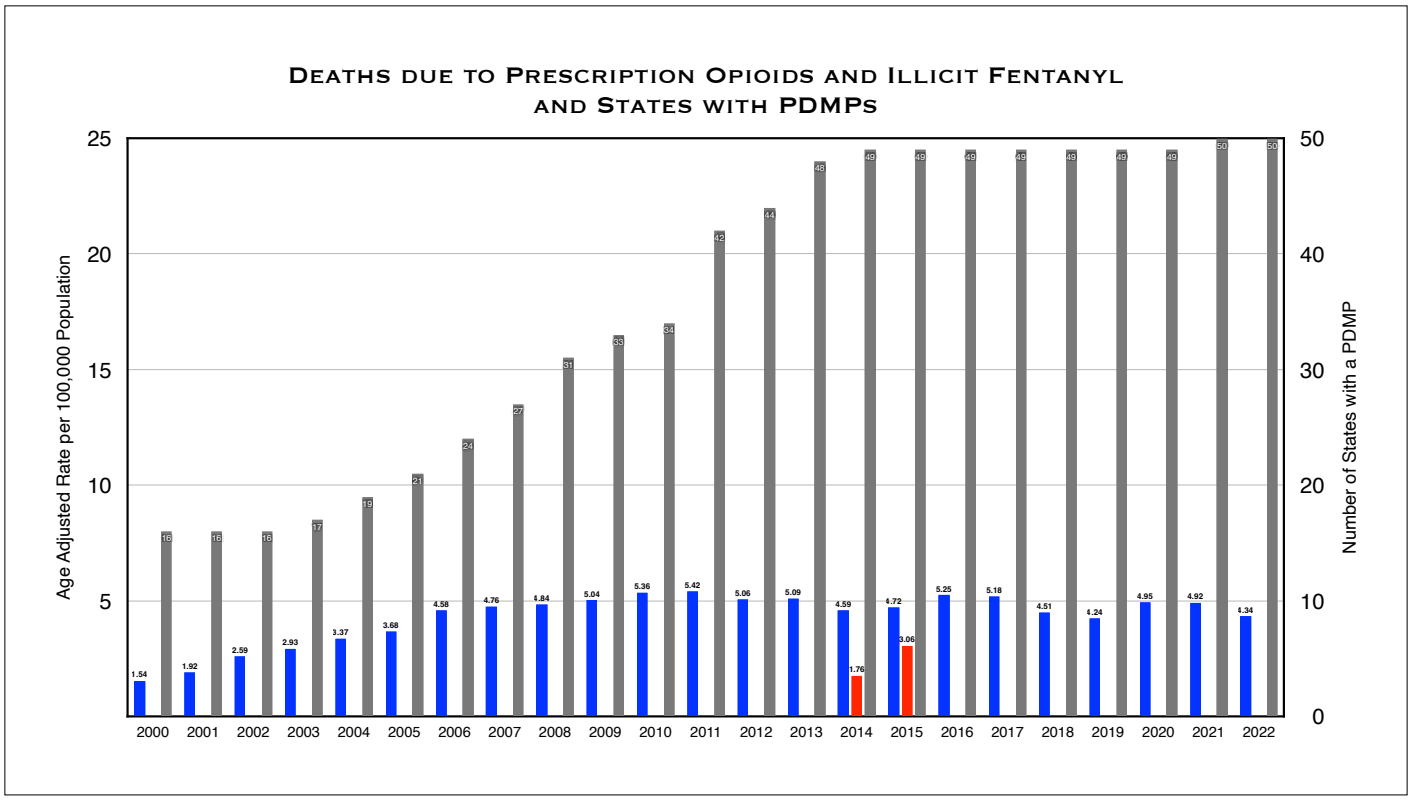
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Number of States with a PDMP
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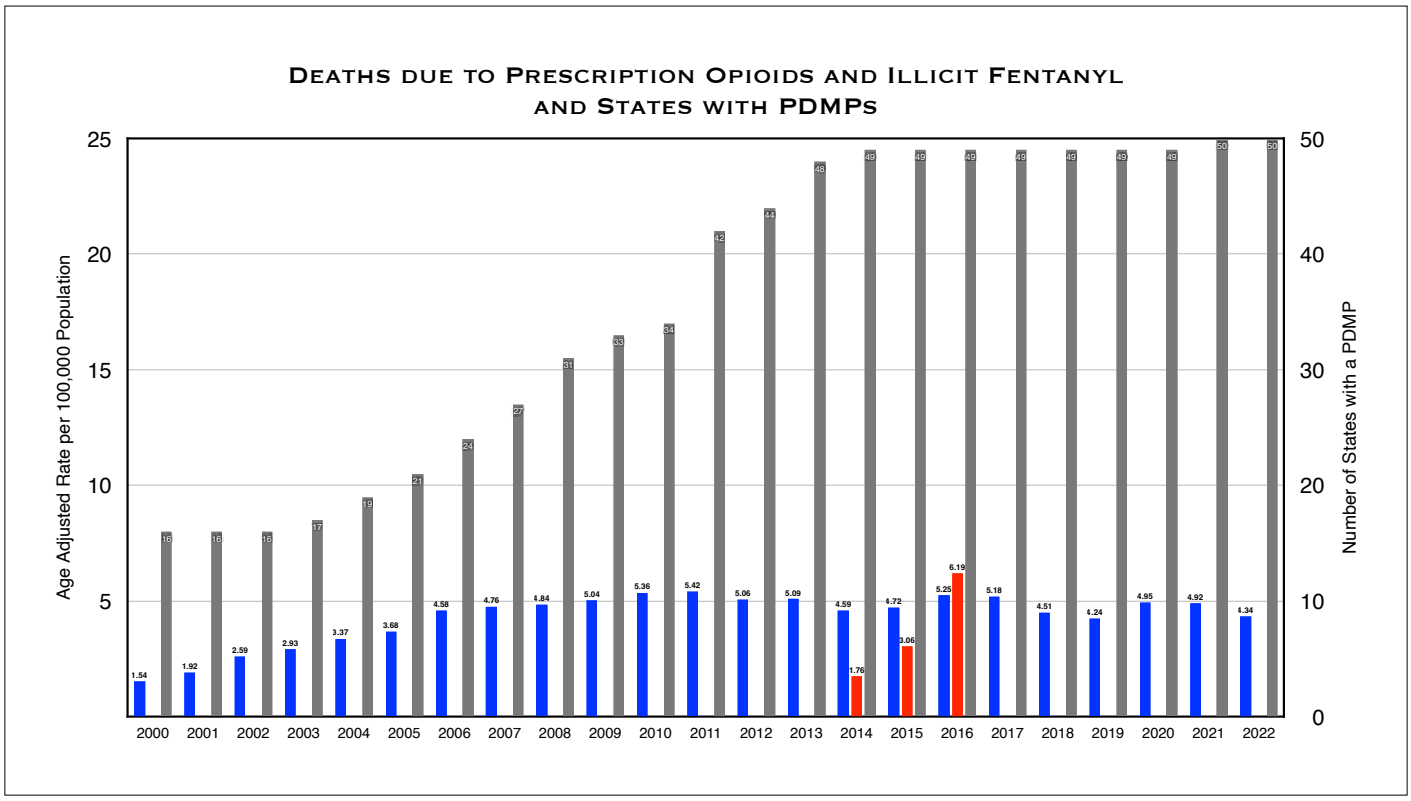
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and States with PDMPs
Age Adjusted Rate per 100,000 Population
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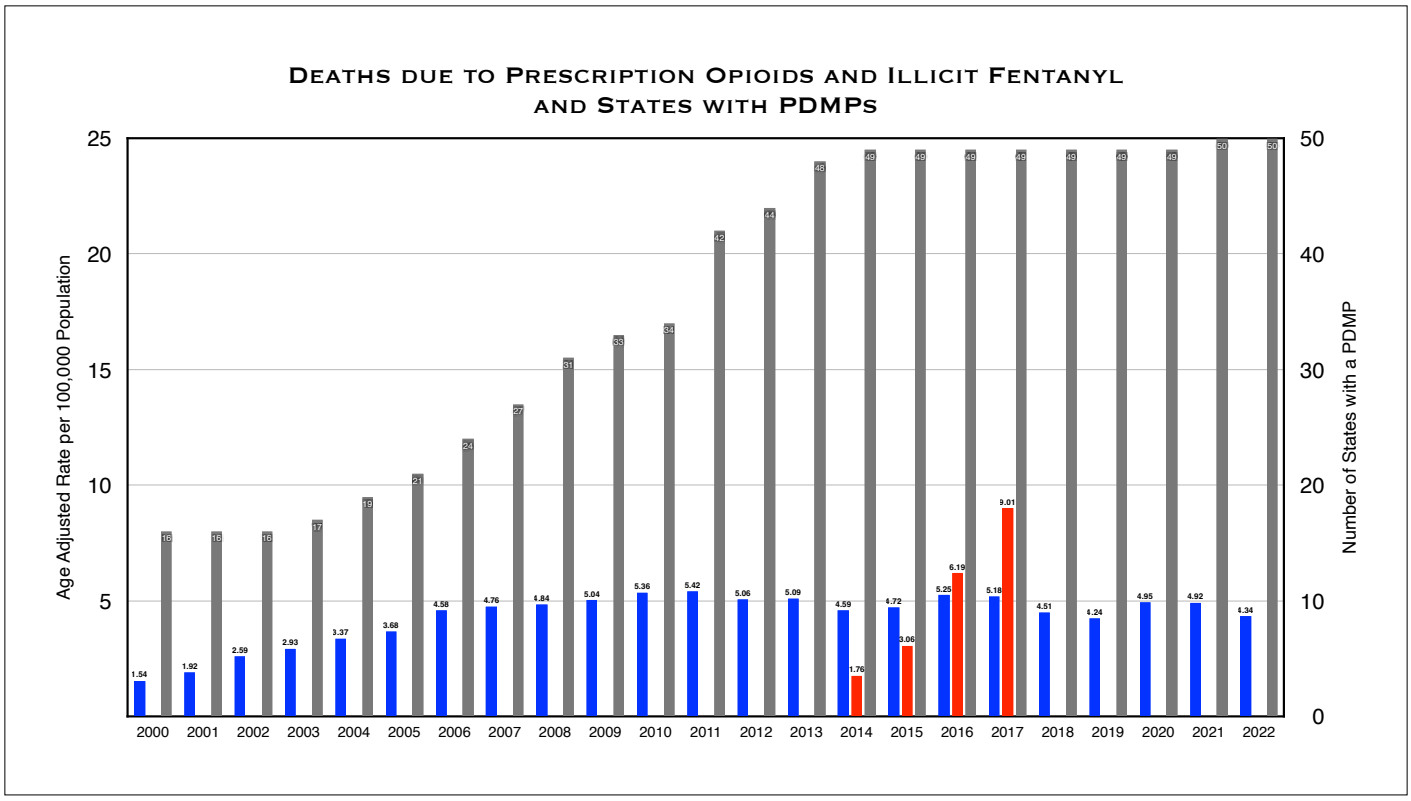
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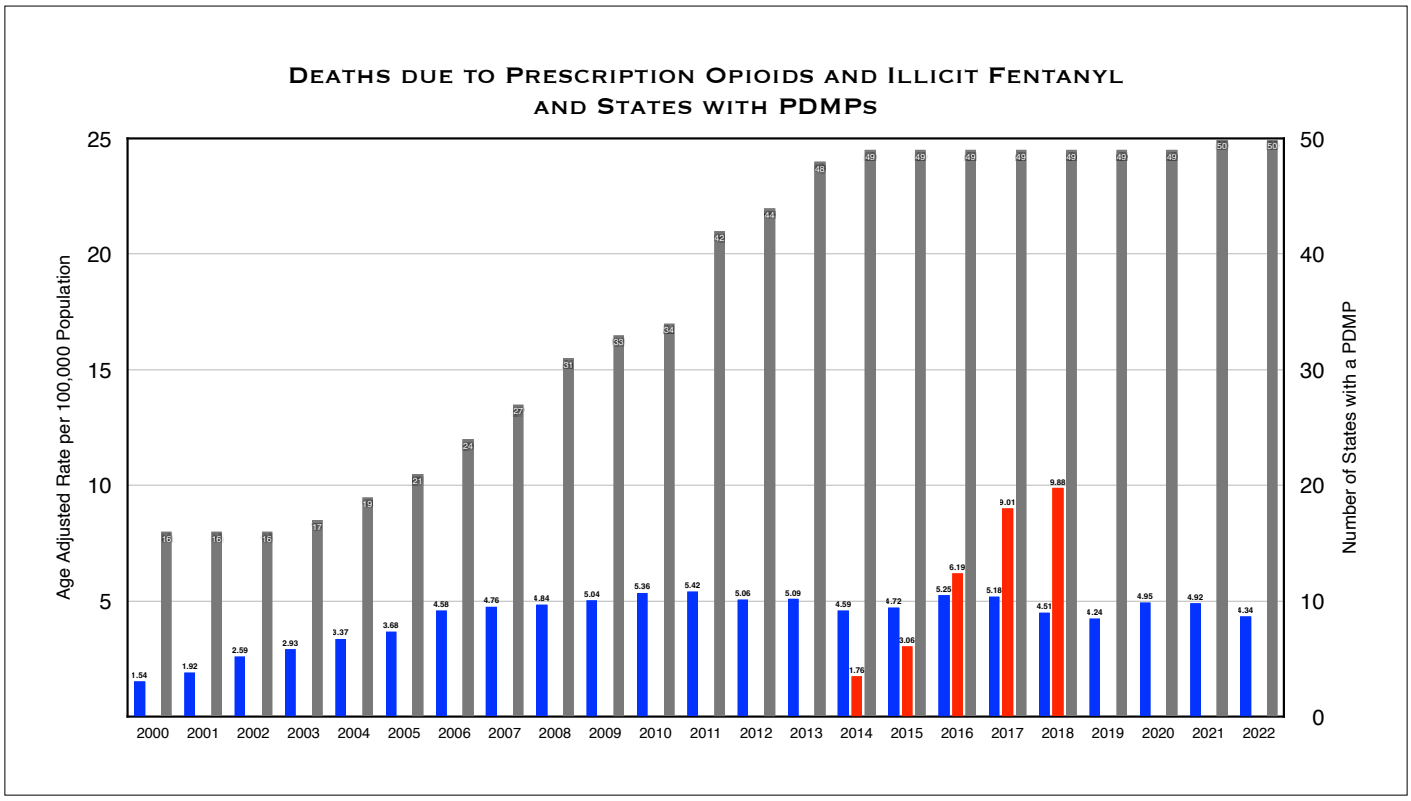
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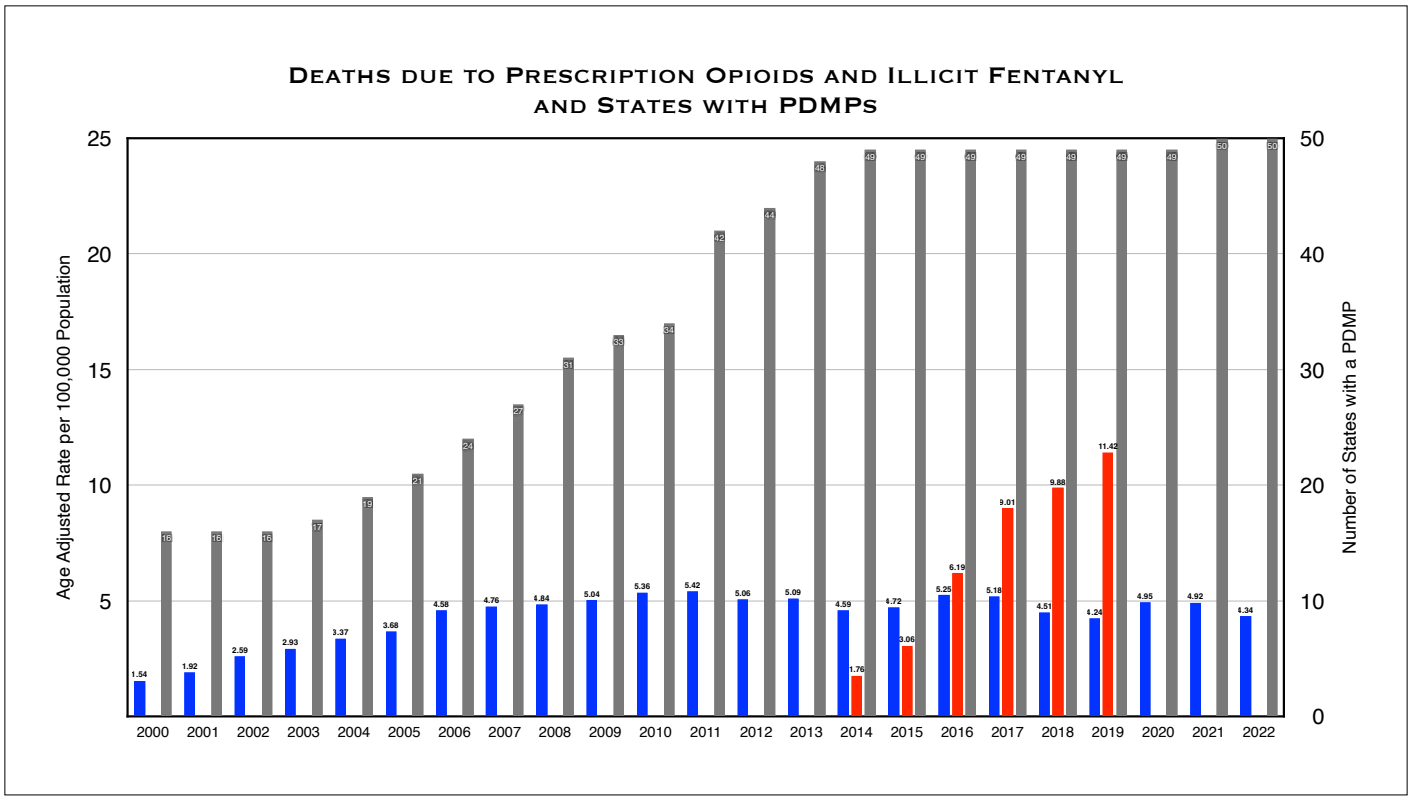
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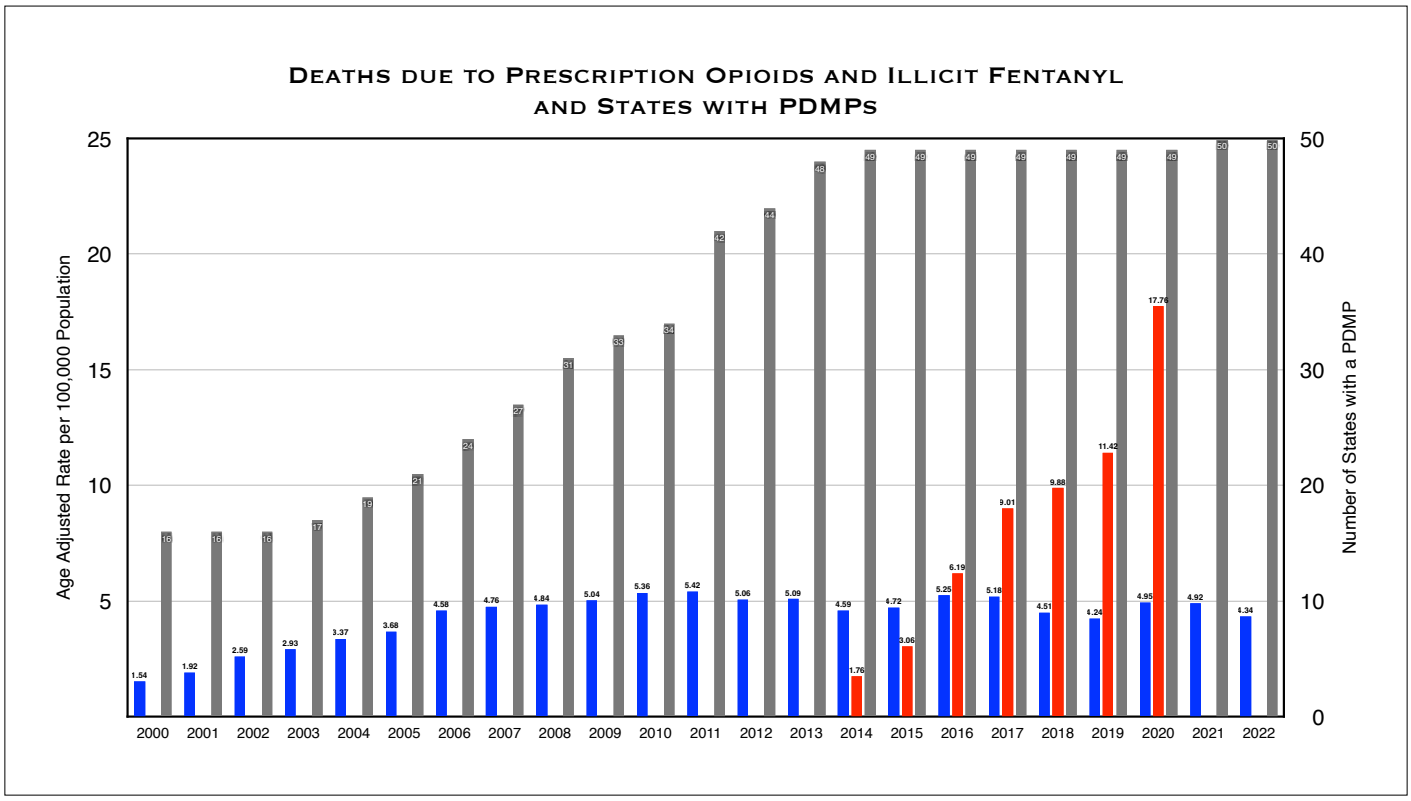
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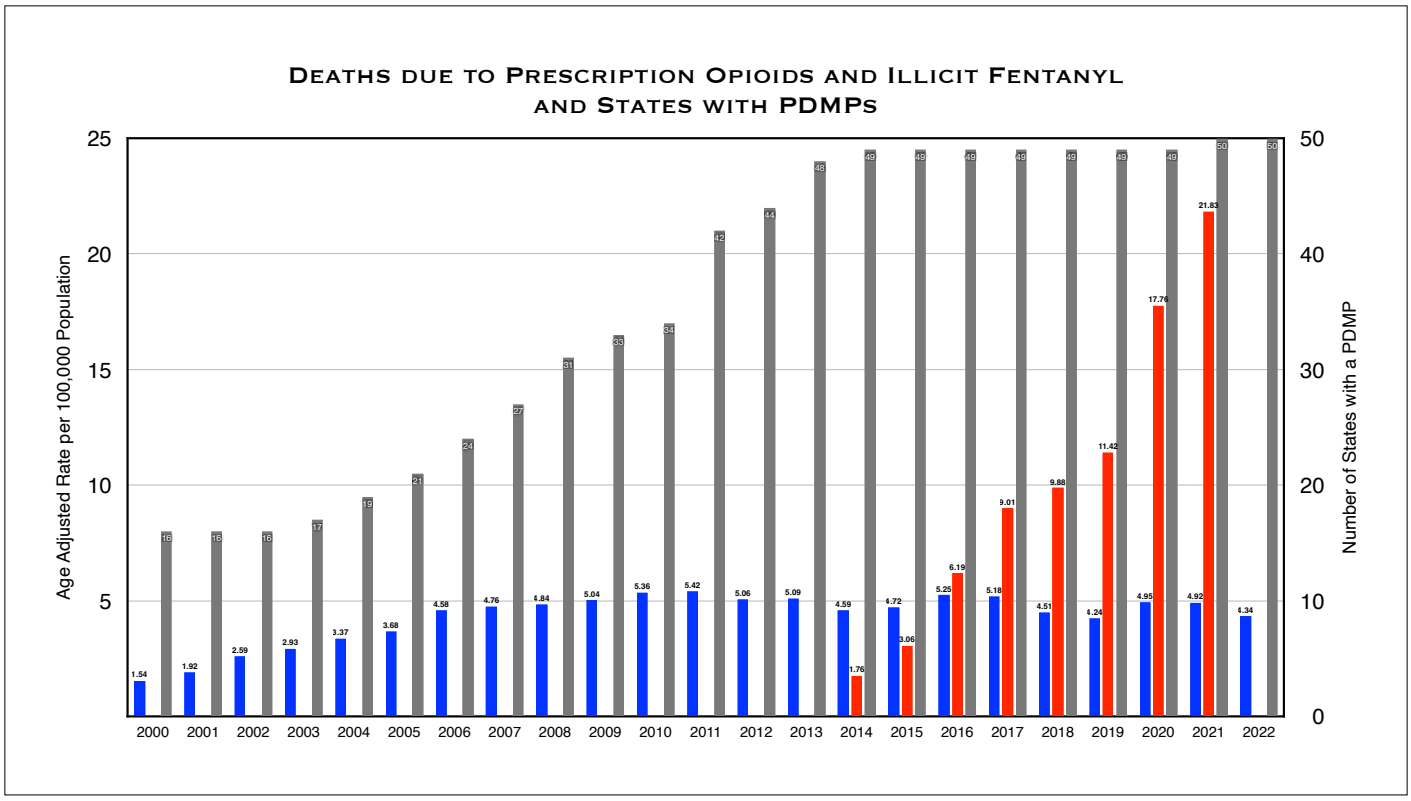
Deaths due to Prescription Opioids and Illicit Fentanyl and States with PDMPs
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Number of States with a PDMP
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1.54 1.92 2.59 2.93 3.37 3.68 4.58 4.76 4.84 5.04 5.36 5.42 5.06 5.09 4.59 4.72 5.25 5.18 4.51 4.24 4.95 4.92 4.34
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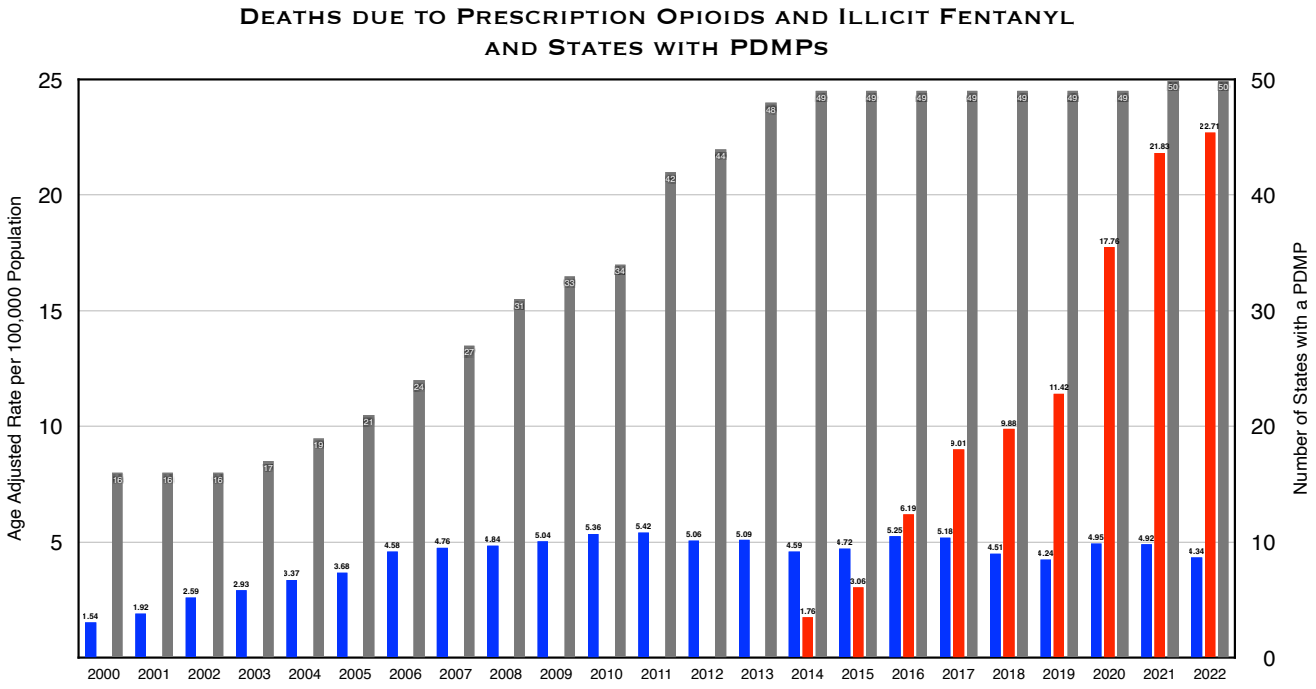


Why has the death rate due to prescription opioids increased when the number of states with an operational PDMP increased from 16 to all 50 states?

The proponents of PDMPs say that the availability of the prescription opioids is due to "doctor shopping." Doctor shopping is where an individual goes to one physician to obtain a prescription for an opioid pain medicine and then another doctor for a second prescription. He then takes each prescription to a different pharmacy, so he obtains numerous opioid pain medicine pills which he can sell on the street for a significant price.

If you stop the doctor shopping, you will fix the problem.

The PDMP was designed to stop doctor shopping.

There is only one problem with this theory. It's wrong.

Since 2006, the percentage of people that misused prescription pain medicine who obtained it from more than one doctor has been consistently less than 5 percent.

80 to 85 percent of people who have misused prescription pain medicine have obtained the medicine from one doctor. About 10 to 15 percent obtained it by some other (illegal) means.

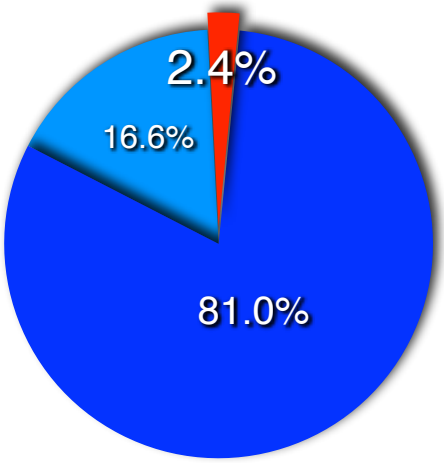
How do we know this is the case? Because the government is very good at taking surveys and keeping statistics.

The National Survey on Drug Use and Health 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.

The latest survey which was done in 2023 showed that of all of the people who misused prescription pain medicine, only 2.4% obtained it by doctor shopping. 81.0% obtained it from one doctor either personally or from a friend or relative, and 16.6% obtained it illegally. 97.6% of the individuals who misuse prescription pain medicine did not get it by doctor shopping.

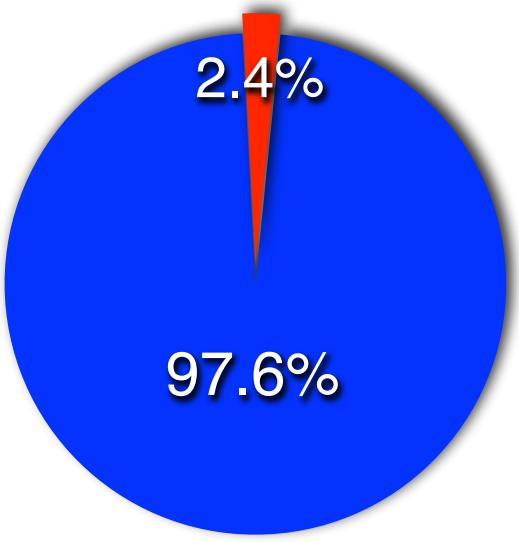
The PDMPs will never catch 97.6% of the problem. This is why the programs are completely ineffective.

Sources of Misused Pain Medicine in 2023



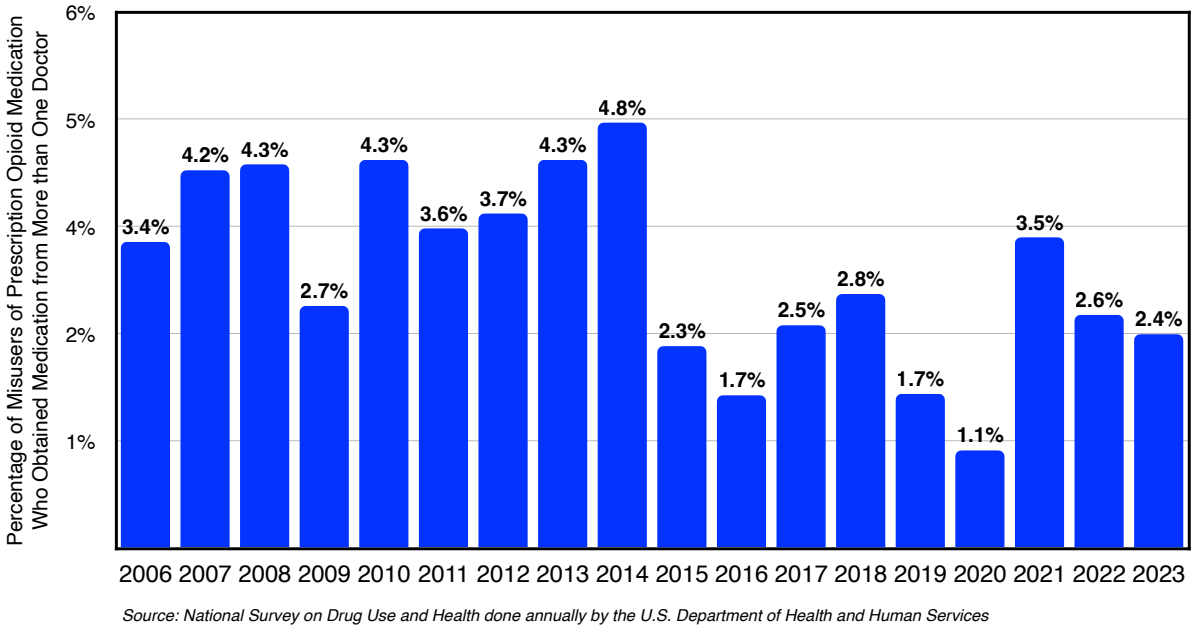
- More than One Doctor — "Doctor Shopping"
- One Doctor — Personally or from Friend or Relative (for Free, Bought, or Stole)
- Other than Doctor — Stole from Doctor, Clinic, Hospital, or Pharmacy; Bought from Drug Dealer or Stranger; Some Other Way

Sources of Misused Pain Medicine in 2023



Doctor Shopping Other Than Doctor Shopping

Doctor Shopping



Source: National Survey on Drug Use and Health done annually by the U.S. Department of Health and Human Services

This previous graph shows the percentage of doctor shoppers each year.

The drop from 2014 to 2015 was due to a change in the question from misuse of prescription pain medicine "in your lifetime" to "in the past 12 months."

It is clear that doctor shopping is not the problem. The number of deaths due to prescription opioids has fallen slightly since 2012, not due to the success of the PDMP, but due to the rise of illicit fentanyl which is more potent and easier to obtain.

Illicit fentanyl is now the number one opioid killer in the country.

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.

Controlled medication, like opioid medicine, is almost exclusively transmitted to the pharmacy electronically.

Private insurance companies and government programs like Medicare, Medicaid and the Veterans Administration have prescription databases. When you sign up for the insurance policy or the government program, you agree to become part of that database. The PDMP is completely different.

It is a MANDATORY, INVOLUNTARY database which makes it unconstitutional.

SUMMARY

- **The problem that PDMPs were implemented to stop is not the problem.**
- **The PDMPs have absolutely no affect on the illicit fentanyl flooding across the border.**
- **We now have a government database that controls what physicians can prescribe and does not fix the problem is was designed to fix.**

SO WHY DOES THE PDMP PROGRAM STILL EXIST?

ITS SOLE PURPOSE IS TO CONTROL PHYSICIANS AND CITIZENS.

IT IS TIME TO DISMANTLE THE INEFFECTIVE AND UNCONSTITUTIONAL PROGRAM.