Protecting Children’s Safety: How Prescription Drug Monitoring Programs Can Assist – An Update

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Moderator: Cindy Rodgers

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Polls
Protecting Children’s Safety: How Prescription Drug Monitoring Programs Can Assist – An Update

Children’s Safety Network Webinar
March 24, 2014
Presented by John L Eadie
Director, PDMP Center of Excellence
PDMPs Collect Data from Pharmacies

• PDMPs Collect Controlled Substances:
  22 collect Schedules II - V
  15 collect Schedules II – IV
  2 collect Schedule II only
  1 collect Schedules II & III

• Some Collect Non-Controlled Substances
  6 collect tramadol (Ultram®)

• Reporting Frequency varies – 1 day to 30 days
PDMPs: Generation 3.0 to 3.4

Began 2005 – BJA Initiative for Interstate Data Sharing & several states’ expansion of users
Prescription Information Collected

- Patient identification:
  - Name & Address
  - DOB & Gender
- Prescriber Information
- Dispensing Pharmacy Information
- Drug Information, e.g.
  - NDC # = name, type, strength, manufacturer
- Quantity & date dispensed
Status of Prescription Drug Monitoring Programs (PDMPs)

* To view PDMP Contact Information, hover the mouse pointer over the state abbreviation

Source: PDMP Training & Technical Assistance Center, Brandeis University
How to contact your state’s PDMP
How to find contact information for a state’s PDMP?

Go to [www.pdmpassist.org](http://www.pdmpassist.org) - website of PDMP Training & Technical Assistance Center at Brandeis University

- Go to the left column of Homepage; under “State Contact Information” and click on the link for “State Contacts”
- That will bring up the name of the primary PDMP contact(s) in each state.
- Click on a name and the individual’s contact information will appear.
www.pdmpassist.org
How to find other information about a state’s PDMP

- On the homepage of www.pdmpassist.org, click the top tab marked “Resources”
- On drop down menu, click “State Profiles”
- On the next webpage, click the state’s name.
- For each state, there is:
  - The state agency administering the PDMP
  - Information about the state
  - Drug schedules monitored
  - Who may request patient information
  - Legislation and regulations
Prescription Drug Abuse Epidemic: The Risk to Children

- Newborns in Withdrawal – women of child bearing age giving birth to babies in withdrawal
- Drug Overdoses
- Use of prescription controlled substances among youth
- Doctor Shopping – large quantities of prescription drugs
- Volunteers to develop and test new initiatives
Newborns in Withdrawal
Florida Newborns in Withdrawal

Source: *Herald Tribune*, Sarasota Florida, July 18, 2010
Data Attributed to Florida Dept. of Health

ICD code 779.5 Drug withdrawal in newborn (drug is not specified)
## Washington State Newborns in Withdrawal

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Rate of Newborns in Withdrawal per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>1.4</td>
</tr>
<tr>
<td>2009</td>
<td>4.8</td>
</tr>
</tbody>
</table>

Source: Washington State Department of Health  
ICD code 779.5 Drug withdrawal in newborn  
(drug is not specified)
Maternal treatment with opioid analgesics and risk for birth defects

Study by Cheryl S. Broussard, PhD; et al

CONCLUSION: Consistent with some previous investigations, our study shows an association between early pregnancy maternal opioid analgesic treatment and certain birth defects. This information should be considered by women and their physicians who are making treatment decisions during pregnancy.
Major JAMA article

  - jama.2012.3951
  - Stephen W. Patrick, MD, MPH, MS
To treat newborns who are in withdrawal, shouldn’t neo-natal pediatricians be able to find out what prescription controlled substances the mother may have been on during pregnancy?

Shouldn’t state regulations or laws be amended to permit neo-natal pediatricians to find this out from PDMPs?

What can the Child Safety Network do to address this issue?
Using PDMPs to reduce risk to Newborns

• To what extent do these issues reflect use and abuse of prescription drugs by youth of child bearing age?

• Shouldn’t Ob/Gyn physicians routinely request PDMP prescription histories during prenatal care to determine:
  • Patients in pain treatment with opioids who don’t advise their Ob/Gyn?
  • Patients who are doctor shopping and refuse to disclose this?

• Shouldn’t the medical profession make this a standard of practice?

• What can the Children’s Safety Network do to address this issue?
Prescription Drug Overdoses among Youth
Age-specific rates of ED visits for nonmedical use of opioid analgesics (OAs) and benzodiazepines (BZDs) — United States, 2004 and 2008 — MMWR June 18,
Drug Overdose among Youth – PDMP’s Roles

• Shouldn’t Emergency Departments routinely request PDMP data when treating overdose victims to determine what drugs were obtained prior to overdose?

• Shouldn’t prescribers and pharmacies be notified when persons to whom they prescribed overdose on the prescribed drugs?

• What can the Children’s Safety Network do to address this issue?
What Can PDMPs Tell Us About Use of Controlled Substances by Youth?

Preliminary examination of data to demonstrate the types of analyses that are possible.
Opiate Utilization in Charleston County, SC
(1/1/10 -- 12/31/10)

- Qnty Dispensed (in %)
- # of Recipients (in %)
Charleston County, SC

- Opioid prescriptions only - in Schedules II and III
- Users by age group
  - Almost as many persons aged 20 - 29 receiving opioid prescriptions as those aged 50 – 59.
  - Spartanburg County has a similar pattern
- Future Analyses
  - Is this an emerging pattern?
  - How prevalent is this in the rest of the country?
  - What are the implications for abuse and misuse; i.e. is the use of opioids by youth for legitimate medical care?
Maine Prescription Monitoring Program FY2010 Data
Drug Categories of Dispensed Schedules II-IV Drugs by Age Group
N=434,317

Percentage of Persons in Category

Age Groups

<=5 6-10 11-14 15-17 18-25

Opioids
Stimulants
Sedatives
Other
Use of Controlled Substances by Youth in Maine

Preliminary observations:

• After high school, youth appear to have obtained more opioid prescriptions compared to younger ages.
• Is this related to employment and the ability to pay for the prescriptions through commercial insurance?

Related questions:

• Is this related to increases in injuries, disease, other sources of pain?
• Is this related to leaving parental supervision?
What Can PDMPs Tell Us About Abuse of Controlled Substances by Youth?

Preliminary examination of data to demonstrate the types of analyses that are possible.
Individuals Identified as Doctor Shoppers in WY PDMP Database, Associated Prescriptions and Non-liquid Doses, by Age Grouping
Wyoming Doctor Shoppers

Observations:

- The WY doctor shoppers are younger than general population who obtain prescriptions
  - more than 60% of the doctor shoppers are age 39 and under
  - This is unlike general use in Charleston, SC – highest group 50 to 59
- Those 25 and under are 12.2% of the total WY doctor shoppers.
  - At about 8 Rx and 300 dosage units per month for each of these young doctor shoppers, what quantities of prescription drugs are they diverting into abuse
- Is youthful doctor shopping increasing, at least in some areas of the country, compared to previous understandings?
Additional Areas for Analysis
Other Lines of Inquiry for PDMP Data

• Is youthful doctor shopping limited to a few states or is it more widespread?
• Is it increasing?
• Which drugs are involved in youthful doctor shopping; are they the same as for adults?
• To what extent are youth obtaining drug “Cocktails” from prescribers, i.e.:
  • Opioids (e.g. Schedule II Oxycodone or Schedule III Hydrocodone)
  • Benzodiazepines (e.g. Schedule IV Alprazolam)
  • Muscle Relaxant (Unscheduled Carisoprodol/Soma – 13 PDMPs collect)
How Can State and Local Agencies Work with PDMPs?

• Contact your state’s PDMP and request data.
  • PDMP Center of Excellence can assist.

• Distribute and use analyzed PDMP data:
  • Advise communities where prevention is needed.
  • Help target interventions
  • Focus limited resources on areas at highest risk

• Persuade prescribers and pharmacists to use PDMP data to avoid mis-prescribing to children/youth.
Volunteers?

• Members of CSN – do you want to pilot new initiatives?
• For example:
  • Projects with your state’s PDMP to examine data regarding children and youth and document findings
  • Distribute analyzed data to medical care community to warn them of dangers faced by youth in your community/state.
  • Work with Obstetricians and Gynecologists to use PDMP data during prenatal care and document findings.
  • Expand state laws/rules so neonatal pediatricians can observe prescriptions issued to mothers during pregnancy and document findings
If interested in volunteering:

• Please contact Cindy Rodgers, crodgers@edc.org
The Prescription Monitoring Program Center of Excellence at Brandeis University
PDMP Center of Excellence Components

- Web site/clearinghouse
  - Problem Statement – user friendly
- Evaluate PDMP effectiveness, including:
  - Analysis of BJA performance measures
  - Case studies of start-up PDMPs and innovative enhancements
- Identify best practices
- Develop innovative uses of PDMP data
  - Support Substance Abuse Prevention
  - Assist Substance Abuse Treatment
  - Assist medical and pharmaceutical education and research
- Expert panel to guide Center work
White Paper on PDMP Best Practices

Prescription Drug Monitoring Programs: An Assessment of the Evidence for Best Practices

September 20, 1012

- at www.pdmpexcellence.org
- Developed with BJA and Pew Charitable Trusts
- 35 Best and Promising Practices
2.1 Prescription Monitoring Programs: An Effective Tool in Curbing the Prescription Drug Abuse Epidemic

February 2011
Notes From the Field

PDMP Management Tools

PDMP Study Analysis
PDMP COE Contact Information

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