

Our goal is to provide information to representatives from Region 6 regarding matters related to substance abuse, prevention, and treatment. Our coalition includes PMP (Prevention Means Progress), TFS (Tobacco Free Sarpy), TFCC (Tobacco Free Cass County), LiveWise, NFC (Nebraska Families Collaborative), NUIHC (Nebraska Urban Indian Health Coalition), CSI (Child Saving Institute), Boys Town, The Purple Project, is overseen by Region 6 Behavioral Healthcare, and is always adding to our membership.

Prescription Solutions: What LEARN wants you to know this quarter

In LEARN's Quarter 2 newsletter, it identified several problems that Nebraska has surrounding Rx drug use: medical and social costs to tax payers, loss of people's lives, and an increase in the number of people coming to Nebraska from other states in order to "doctor shop" without fear of being tracked. The purpose of this quarter's issue is to explain the things that can be done to solve these problems.

What Can States Do?

- Consider ways to increase use of prescription drug monitoring programs (PDMPs), which are state-run databases that track prescriptions for painkillers and other controlled substances and can help identify problems in overprescribing. Use of these programs is greater when they make data available in real-time, are universal (used by all prescribers for all controlled substances), and are actively managed (for example, send alerts to prescribers when problems are identified).
- Consider policy options (including laws and regulation) relating to pain clinics to reduce prescribing practices that are risky to patients.
- Evaluate their own data and programs and consider ways to assess their Medicaid, workers' compensation programs, and state-run health plans to detect and address inappropriate prescribing of painkillers.
- Identify opportunities to increase access to substance abuse treatment and consider expanding first responder access to tools such as Flumazenil (Anexate: a treatment available in opiate overdose situation.)

Prescription Drug Monitoring Program (PDMP)

LEARN would like to focus on providing information about a Prescription Drug Monitoring Program.

Purposes of a PDMP:

- Legitimate use of controlled substances
- Identify and prevent drug abuse & diversion
- Identify addicted or impaired individuals

- Provide opportunity for intervention & treatment
- Outline drug use and abuse in support of public health initiatives
- Educational purposes for healthcare professionals, law enforcement and the general public

How Have Other States Been Successful?

New York:

- In 2012, required prescribers to check the state's prescription drug monitoring program before prescribing painkillers.
- In 2013, reported a 75% drop in patients who were seeing multiple prescribers to obtain the same drugs, which would put them at higher risk of overdose.

Oklahoma:

- Collects data on all Schedule II through V controlled substance.
- Data is reported real time.
- Mandatory reporting requirement and penalties for failure to report data.
- All data is electronically submitted.
- Collect comprehensive data not just partial data.
- System entirely web based and web accessible with data system back-ups.
- Requires ID of the patient and the person picking up prescription, if someone other than the patient is picking up prescription, in order to pick up any controlled substance and ID data is reported with prescription data.
- Available to all Health Professional, Pharmacists, Regulators, and appropriate Law Enforcement through user ID and password system.

Addressing Concerns:

Loss of Confidentiality:

Opponents to a state PDMP have identified concerns around loss of confidentiality surrounding patients' information, medical history, and health records. However, if a separate PDMP were developed, only the patient's prescription history would be available. In addition, not all Law Enforcement Officials would have access to this data base. Login information would be distributed on a need to know / right to know basis so that only Law Enforcement working on Prescription Drug Cases would have login information.

Cost:

\$150,000-200,000 for Oklahoma to set up a system like their own in NE, and about \$60,000 per year after that. \$150,000-200,000 for Oklahoma to set up a system like their own in NE, and about \$60,000 per year after that. (2011 estimate) Even if this program was funded by tax payers, it would still save the state money in the long run. For every dollar that is spent on preventative measures, \$10 is saved in social and medical costs. As stated in the last newsletter, prescription drug use costs Nebraska no less than \$60 million. If Nebraska chooses that it does not want tax payers to spend the money, there are other possible avenues. One way to pay for its continued use would be through doctor licensing fees or pharmacist association fees.

Punish the doctors:

Some fear that a doctor may be punished if the doctor does not take time to thoroughly check a patient's drug history. One possible solution would be to make it mandatory for the doctor to upload the prescription but not mandate that they check the history each time.

In conclusion

The benefits of an operational Prescription Drug Monitoring Program would outweigh any hypothetical concerns.

