



## Use of Alabama prescription drug monitoring program skyrocketed in 2014

Deaths from painkiller drugs continue to rise

Close-up of a person's hands holding a bottle of pills (*Jack Hollingsworth*)

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Use of the state's system for monitoring prescription painkillers increased by almost 50 percent between 2012 and 2014, following changes in the law to require doctors to register with the program.

Doctors consulted the prescription drug monitoring program 761,943 times last year, compared to 525,576 in 2012. Last year was the first year doctors were required to register with the system in order to prescribe controlled substances in Alabama. The state started its prescription drug monitoring program in 2006.

Prescription drug monitoring programs allow doctors to see whether patients in their care have received controlled substances from other medical providers. They can help doctors identify patients who might be abusing prescription drugs, or doctor shopping to get more pills to sell on the black market.

"Since we started a lecture series and since the more widespread use of the [prescription drug monitoring program], Alabama's prescription numbers are trending downward," said Dr. Jerry Harrison, a member of the board for the Medical Association of the State of Alabama.

Harrison said Alabama's increase in the use of the monitoring program is probably related to the new requirements for doctors. But work still needs to be done to increase the use of monitoring systems across the country, experts say. A national survey released Monday of more than 400 doctors nationwide found that most physicians are aware of prescription drug monitoring programs, but don't use them very often, even when prescribing potentially addictive painkillers.

The article in the journal *Health Affairs* contained the results of the survey of primary care physicians. Doctors who responded to the survey reported treating an average of 285 patients a month and prescribing opioids to an average of 35. Doctors who had used the prescription drug monitoring program in the month before the survey only used it for eight patients, according to the article.

Lainie Rutkow, a professor of health policy and management at Johns Hopkins Bloomberg School of Health, led the study. She said she is most concerned with the doctors who know about prescription drug monitoring programs, but never use them.

"What's troubling is the thirteen percent that knows that it's there and isn't using it," Rutkow said.

Some of those doctors may not ever use the program unless they are required to, Rutkow said. Harrison said the medical association and the Alabama Department of Public Health have held several lectures and other events to educate doctors about how to use the prescription drug monitoring program.

Pharmacists must report to the monitoring system every time they dispense a controlled substance. Last year, the state started allowing doctors to designate employees in each office to use the prescription drug monitoring program. Nancy Bishop, assistant state pharmacy director for the Alabama Department of Public Health, said the database is accessible by doctors, veterinarians, dentists, pharmacists, nurse practitioners, optometrists, certified nurse midwives and podiatrists.

Many of the doctors in the national survey said the information in the database was difficult to retrieve or decipher. Agencies that administer prescription drug monitoring programs should make them as user-friendly as possible, Rutkow said.

"The success of these programs depends on doctors actually being able to use them," Rutkow said.

Harrison said he uses Alabama's prescription drug monitoring program several times a day, and that searches usually only take about 30 to 60 seconds.

"I've looked at prescription drug monitoring programs in many states," Harrison said. "In my opinion, Alabama has the best one."

The Johns Hopkins survey showed that usage of prescription drug monitoring programs did affect the way doctors prescribe pills. About three-quarters of doctors who had used the programs said they prescribed fewer opioids as a result.

Rutkow said states may have to require doctors to use prescription drug monitoring programs, not just register for them, as Kentucky has. That state has had one of the most aggressive campaigns to mandate the use of prescription drug monitoring programs, and saw its rate as second highest for nonmedical use of prescription painkillers drop to 31, according to the Substance Abuse and Mental Health Services Administration.

Prescription Drug Monitoring Programs can be an effective tool against prescription drug abuse, Rutkow said, but only if doctors use them.

"[Agencies should] find ways to make these programs as user friendly as possible," Rutkow said. "If they are not being used, it defeats the whole purpose of having the program."

Harrison said he regularly uses the prescription drug monitoring program, but he doesn't check it every time he prescribes a controlled substance. For regular patients and those who have never shown any signs of abuse, but just may need a small prescription for a short time, doctors should be allowed to use discretion, he said. Harrison said he would not support a requirement to use the monitoring program every time a doctor writes a painkiller prescription.

"I'm afraid if doctors are required to check every time, then doctors may say just say take ibuprofen and Tylenol, which will cause patients to suffer in pain," Harrison said. "Doctors need to be able to exercise judgment."

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