

Prescription Drug Abuse and Diversion: The Role of Prescription Drug Monitoring Programs

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The Honorable Edward Whitfield

United States House of Representatives

Member of Congress

Testimony

Thank you Mr. Chairman for the opportunity to testify before the Committee on an issue that is very important. Prescription drug abuse is a national issue and, as a matter of public health, one Congress needs to address. President Bush has made a commitment to curbing prescription drug abuse through the Office of National Drug Control Policy and I know we will make every effort to work with him on this issue.

When we talk about prescription drug abuse, we're talking about individuals who are using controlled substances in a manner that is inconsistent with their prescribed use. The federal government exercises its authority in this area through the Controlled Substances Act of 1970. The Act classified drugs into five schedules based mostly on their potential for abuse. Although Schedule I drugs, such as heroin, are not legally available, Schedule II through V drugs are. However, the production and distribution of these drugs, such as OxyContin, are regulated by the Drug Enforcement Administration.

I recognize that many people live with chronic pain or have pain as a direct result of a disease, such as cancer, and in many cases relief from their pain comes only from a controlled substance. It is important that those individuals continue to have access to such drugs. Unfortunately, some people who are prescribed controlled substances to relieve pain, either on a long or short term basis, become addicted to them. And many individuals who have not been prescribed these drugs illegally obtain them as an alternative to other drugs.

We are all familiar with the problem of prescription drug abuse and the millions of Americans who use these drugs for non-medical purposes. The issue becomes, how do we help prevent the abuse? While there are certainly a myriad of factors that contribute to the abuse of controlled substances, I believe one important way we can combat this problem is through enhancing state prescription drug monitoring programs (PDMPs). Many states, including my own state of Kentucky, have PDMPs. Our system, known as the Kentucky All Schedules Prescription Electronic Reporting (KASPER) program, is effective. I know Secretary Holsinger will discuss KASPER in greater detail, but to summarize, KASPER requires all prescription drug dispensers in Kentucky to electronically report information on Schedule II through V controlled substances to a database operated by the State. The database contains information on individuals who have been prescribed any of those scheduled drugs, including the prescribing physician, and the pharmacy where the prescription was filled.

In addition, law enforcement authorities have access to the database under certain circumstances. This partnership of physicians and law enforcement strikes the right balance of treating those who have addiction problems and prosecuting those who are breaking the law.

Physicians in Kentucky use KASPER to obtain information on their patients to determine if they have previously been prescribed one of these scheduled drugs. This is an invaluable tool for doctors in determining the best treatment for their patients. If by using KASPER a doctor discovers that a patient complaining of pain was recently prescribed OxyContin by another physician, and the patient failed to disclose that, it gives the doctor an indication that their patient may have an addiction problem.

While KASPER has been effective in Kentucky, there is an inherent flaw in state prescription drug monitoring programs: they are only effective intrastate. Kentucky is bordered by seven states and (Tennessee, Missouri, Illinois, Indiana, Ohio, West Virginia, and Virginia) most do not have their own drug monitoring systems. For example, I have 12 counties that share the border with Tennessee. Tennessee does not have a PDMP. Therefore, a physician in Kentucky may receive a KASPER report indicating that their patient has never been prescribed a controlled substance in Kentucky, but has no way of knowing if that individual has received and filled a prescription in Tennessee.

Because individuals seeking to obtain fraudulent prescriptions for controlled substances is a national problem, I believe drug monitoring programs must also be national. A physician in Kentucky, or any other state, should be able to receive a report on a patient that will tell them not only if that patient was prescribed a controlled substance in their own state, but in any state. The January 2004 Journal of the Kentucky Medical Association concluded in an article on KASPER “Another problem with prescription drug information is that this information is not available nationwide. Prescriptions filled in out-of-state pharmacies are not reported to the KASPER system. Patients who tend to abuse prescription drugs may be fully aware of the limitations of the KASPER system and seek to fill prescriptions outside the Commonwealth.”

I believe the best way to address this issue is by requiring all states to establish prescription drug monitoring programs. I have been working with my colleagues, Congressman Charlie Norwood and Congressman Frank Pallone, on legislation mandating all states enact a PDMP. Our bill, the National All Schedules Prescription Electronic Reporting (NASPER) Act establishes a grant program housed at the Department of Health and Human Services which provides states with funding to establish and operate PDMPs. Our current draft requires states to cover schedule II-IV controlled substances, allow practitioners and law enforcement officials access to the information, and most important, provide for interstate operability. I asked Secretary Tommy Thompson about creating such a program when he testified before the House Energy and Commerce Committee last spring and he indicated his support for a national PDMP housed at HHS.

This is a delicate issue as it involves physician prescribing practices and we must be certain that our efforts are targeted at preventing the abuse while ensuring that all Americans suffering from pain continue to have access to needed medications. The last thing we want to do is scare doctors and patients and create a situation where physicians are under treating pain for fear of being arrested and patients are under reporting pain out of the same fear. Existing PDMPs operate on that principle by involving all stake holders such as state medical and pharmacy boards, law enforcement, and public health officials. I believe a system focusing on only one side of the equation is not beneficial and yields no long term benefits. Prevention is the goal and we must keep in mind that doctors are

the main source of these drugs. Above all else, our efforts should be focused on preserving the integrity of the doctor-patient relationship.

The federal government has a clearly established role in this area, and any efforts to further enhance the monitoring and distribution of controlled substances should have a federal component. NASPER would be an invaluable tool, especially for physicians, in our efforts to prevent prescription drug abuse.