

Alliance of States with Prescription Monitoring Programs

**An Assessment of State Prescription Monitoring Program
Effectiveness and Results**

Version 1

November 30, 2007

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1 Purpose of this Report

As of November 2007, 26 states have implemented a Prescription Monitoring Program (PMP) with the objective of improving the health and safety of their citizens, by reducing the abuse and diversion of controlled substance prescription drugs. Various organizations and individuals have expressed concerns and asked questions about the effectiveness of PMPs, the results that have been achieved by states that have implemented a PMP, and whether implementation of a PMP can adversely affect the availability of controlled substance prescription drugs for patients with a legitimate medical need.

This report provides information from PMP officials who responded to a request for data from the Alliance of States with Prescription Monitoring Programs (Alliance). The Alliance is a national organization of representatives from states that have established or are interested in establishing programs to monitor the prescribing and dispensing of prescription drugs. This report contains detailed information that has not been previously compiled into one report, regarding the results and effectiveness of each state's program and key findings supporting the value of PMPs in addressing the abuse and diversion of controlled substances, from both the healthcare and law enforcement perspectives. The data is organized into four sections, broken down by state. The first section contains a summary of general information and data for each state PMP. The second section contains an analysis of state PMP reports and users. The third section contains a summary of state PMP user surveys and comments. The fourth section contains related results of a broader survey of states with PMPs conducted by the IJIS Institute under a grant from the Bureau of Justice Assistance.

Please note that the states provided their data in different formats and reporting categories. Due to time constraints in publishing this first version of the report, the Alliance did not attempt to standardize the data, but published the data in the formats provided by the states. It is a goal of the Alliance to work with the states to obtain updated data in consistent categories and formats for future analysis and reporting.

Questions about the report and its contents should be directed to the Alliance of States with Prescription Monitoring Programs. Visit <http://www.nascsa.org/monitoring.htm> for contact information for the Alliance, and for each of the member states and affiliates.

2 General State PMP Information and Data

This section contains general information about state PMPs along with related data provided by the states that is not included in the analysis of reports and users contained in section 3, or in the summary of PMP surveys and comments contained in section 4.

2.1 Alabama

Alabama's PMP is the Controlled Substances Prescription Database, operated by the Alabama Department of Public Health. Alabama currently monitors controlled substance schedules II – V.

Alabama began collecting controlled substance prescription information April 1, 2006. In the first 18 months of data collection, over 18.1 million CS II-V prescriptions have been reported to the program. Prior to implementation of the access systems for Law Enforcement and Practitioner/Pharmacists, access was only available to the Alabama Licensure Boards.

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The Law Enforcement Report request system went live at the end of June 2007 and as of November 5, 2007 we have received 46 report requests.

The Practitioner/Pharmacist access system went live August 24, 2007, and as of November 5, 2007, over 16 thousand patient queries have been requested by 323 practitioners/pharmacists. The number of practitioners/pharmacists accessing the database is currently less than 1% of the state's practitioners/pharmacists, however, we feel our reporting system is much too young to have any conclusive data regarding its usage. We have received multiple phone calls from physicians and pharmacists expressing how valuable the database system has been to their practices.

2.2 California

California's PMP is the Controlled Substance Utilization Review and Evaluation System (CURES), operated by the California Department of Justice, Bureau of Narcotic Enforcement. California currently monitors controlled substance schedules II – IV.

Patients utilizing multiple prescribers for the period of June 2006 – June 2007:

6 or more	26,458
10 or more	2,886
25 or more	84
30 or more	46
45 or more	7
50 or more	3
105 or more	2
198 or more	1

Doses as values	Schedule II	Schedule III	Schedule IV
2004	283,887,130		
2005	343,597,039	892,892,296	
2006	392,687,044	911,261,469	
2007	160,783,176	371,052,375	241,205,440

- 2007 totals are January through July only

Top drugs by schedule, and dosage, for 2007 January through July

CII:

Oxycodone & Comb	57,639,669
Morphine Sulfate & Comb	26,735,506
Methadone	23,183,890
Methylphenidate	16,884,873
Amphetamine & Combo	13,660,564
Other	11,751,608
Hydromorphone & Comb	<u>10,927,066</u>
Total dosage units	160,783,176

CIII:

Hydrocodone & Comb	288,817,559
Other	45,508,540
Codeine & Comb	<u>35,726,276</u>

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Total dosage units 371,052,375

CIV:

Alprazolam	50,354,625
Lorazepam	41,399,892
Clonazepam	33,160,603
Propoxyphene & combo	26,011,473
Diazepam	21,948,531
Other	21,124,351
Zolpidem Tartrate	20,505,718
Temazepam	<u>14,977,831</u>
Total dosage units	241,205,440

2.3 Idaho

Idaho's PMP is the Prescription Tracking Program operated by the Idaho Board of Pharmacy. Idaho currently monitors controlled substance Schedules II – IV.

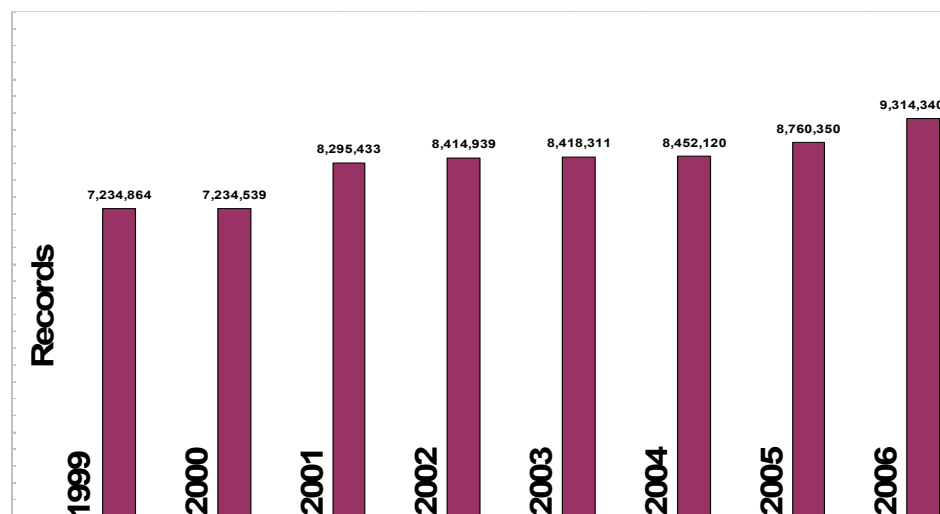
Prescribed Narcotics by Schedules	2006		2007*	
Schedule II	298,648	18%	318,442	18%
Schedule III	721,047	43%	787,123	46%
Schedule IV	640,992	39%	623,429	36%
TOTAL	1,660,687		1,728,994	

*1/1/07 - 10/31/2007

2.4 Kentucky

Kentucky's PMP is Kentucky All Schedule Prescription Electronic Reporting (KASPER), operated by the Kentucky Cabinet for Health and Family Services. Kentucky currently monitors controlled substance schedules II – V plus carisoprodol.

Controlled Substance Prescription Records Added to KASPER 1999 to 2006



2.5 Maine

Maine's Prescription Monitoring Program is operated by the Maine Office of Substance Abuse. Maine currently monitors controlled substance schedules II – IV.

The number of controlled substance prescriptions dispensed in Maine has been increasing steadily since institution of the program.

There is considerable anecdotal information from requestors of reports that this system is extremely helpful to them in their day-to-day practice. We have VERY strong support from the medical community in Maine.

An evaluation of the impact of Maine's PMP is available on the Maine Office of Substance Abuse Web site at: <http://www.maine.gov/dhhs/osa/data/pmp/index.htm>.

2.6 Mississippi

Mississippi's Prescription Monitoring Program is operated by the Mississippi Controlled substance Authority. Mississippi currently monitors controlled substance Schedules II – V.

2.7 Nevada

Nevada's PMP is the Prescription Controlled Substance Abuse Prevention Program, operated by the Nevada Board of Pharmacy. Nevada currently monitors controlled substance Schedules II – IV and Carisoprodol.

Use of the information available from the Nevada PMP has been recognized as a “standard of practice” issue. Sponsored by Assemblyman Moe Dennis and the Nevada State Medical Association, on October 1, 2007 the Nevada legislature passed a law requiring practitioners to access the State's PMP if: 1) they suspect a patient has a drug addiction problem; 2) if the patient is new to the practitioner and is requesting a controlled substance prescription and 3) if an existing patient is requesting a controlled substance and the practitioner has not checked with the State's PMP within the last 12 months for this patient. The law was passed with no opposition.

In a pilot intervention program based upon the Nevada PMP and funded by a Harold Rogers Grant, 34% of patients participating successfully completed the intervention program.

2.8 New York

New York's Prescription Monitoring Program is operated by the Department of Health, Bureau of Narcotic Enforcement. New York currently monitors controlled substance Schedules II – V. New York began tracking Schedule III – V controlled substances in June 2005, tracking Schedule II and benzodiazepines prior to that time.

The following tables provide data regarding controlled substance prescribing in New York from 2003 to 2006. New York started collecting Schedule III - V drugs in June of 2005 so 2006 is the only full year of data for all schedules and is the reason why the statistics focus on Schedule II drugs. The data show a substantial increase from 2003 to 2006.

All Controlled Substances Prescriptions - 2006

<u>Year</u>	<u>Prescriptions</u>	<u>Patients</u>	<u>Prescribers</u>
2006	14,783,390	4,201,519	154,641

Schedule II Controlled Substances Prescriptions 2003-2006

<u>Year</u>	<u>Prescriptions</u>	<u>Patients</u>	<u>Prescribers</u>
2003	2,088,677	354,809	50,999
2004	2,374,337	532,266	51,901
2005	3,244,066	1,064,174	82,966
2006	4,484,130	1,622,002	100,351
% Increase	115%	357%	97%

Certain Schedule II Controlled Substances Prescriptions 2003-2006

Oxycodone

<u>Year</u>	<u>Prescriptions</u>	<u>Patients</u>	<u>Prescribers</u>
2003	699,581	146,666	35,403
2004	778,239	243,534	35,622
2005	872,596	277,548	40,501
2006	1,239,071	433,039	51,704
% Increase	77%	195%	46%

Methylphenidate

<u>Year</u>	<u>Prescriptions</u>	<u>Patients</u>	<u>Prescribers</u>
2003	516,851	89,375	18,079
2004	573,216	123,055	18,484
2005	583,914	129,031	19,551
2006	655,317	136,628	21,547
% Increase	27%	53%	19%

Methadone

<u>Year</u>	<u>Prescriptions</u>	<u>Patients</u>	<u>Prescribers</u>
2003	57,921	8,900	4,442
2004	75,792	14,294	5,243
2005	90,230	17,381	6,211
2006	98,145	19,742	6,954
% Increase	69%	122%	57%

Amphetamine

<u>Year</u>	<u>Prescriptions</u>	<u>Patients</u>	<u>Prescribers</u>
2003	316,863	56,137	13,527
2004	370,579	81,690	14,571
2005	378,572	84,996	16,087
2006	434,844	92,871	18,991
% Increase	37%	65%	40%

Fentanyl

<u>Year</u>	<u>Prescriptions</u>	<u>Patients</u>	<u>Prescribers</u>
2003	217,432	37,910	14,797
2004	251,808	59,603	15,273
2005	263,713	61,520	15,964
2006	299,706	68,182	17,552
% Increase	38%	80%	19%

2.9 Ohio

Ohio's PMP is the Ohio Automated Rx Reporting System (OARRS), operated by the Ohio Board of Pharmacy. Ohio currently monitors controlled substance schedules II – V plus carisoprodol and tramadol.

Controlled Substance Prescription Records Added to Database

# Rxs	2006Q1	2006Q2	2006Q3	2006Q4	2007Q1	2007Q2
CII	1,023,720	1,010,327	1,060,311	1,096,252	1,126,664	1,218,993
CIII	1,329,416	1,283,165	1,343,067	1,407,881	1,432,918	1,482,178
CIV	1,581,987	1,590,559	1,716,700	1,715,137	1,732,702	1,859,038
CV	228,937	187,683	185,356	246,972	262,631	221,141
Total CII-V	4,164,060	4,071,734	4,305,434	4,466,242	4,554,915	4,781,350

2.10 Oklahoma

Oklahoma’s Prescription Monitoring Program is operated by the Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDCC). Oklahoma currently monitors controlled substance schedules II – V.

The number of controlled substance prescriptions dispenses has not dropped, but steadily increased during the last year (both in number of scripts and number of doses).

Prescribed Narcotics in Prescriptions and Doses (Tablets and Capsules) October 1, 2006 – September 30, 2007

Hydrocodone	1,879,109	103,320,813
Alprazolam	539,372	35,912,107
Oxycodone	440,962	30,418,559
Carisoprodol	205,509	15,361,711
Amphetamine	156,905	7,766,322
Methadone	42,820	5,589,353
Codeine	127,671	5,405,065
Phentermine	124,530	4,294,620

2.11 Virginia

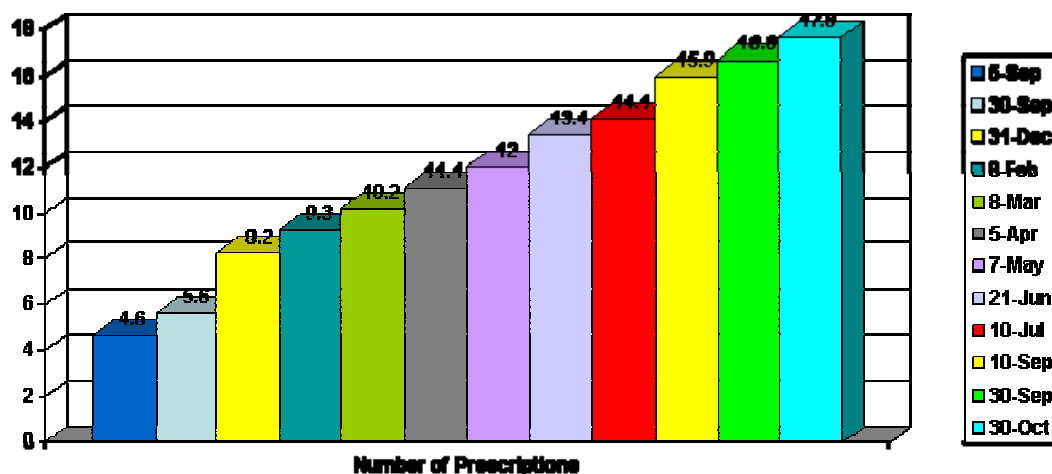
Virginia’s Prescription Monitoring Program is operated by the Virginal Department of Health Professions. Virginia currently monitors controlled substance schedules II – IV.

Drug Diversion Unit Data from the PMP Pilot Evaluation in Southwest Virginia

“Data from the Drug Diversion Unit showed that illegal activity had moved outside the program area. Complaints received statewide by the unit increased 26% while decreasing in the program area by 47%.”

Controlled Substance Prescriptions Reported September 2006 through October 2007

Virginia has experienced a steady increase in the numbers of prescriptions since implementation of the PMP:



3 Analysis of State PMP Reports and Users

3.1 California

Growth in Reports Generated

Patient Activity Reports (PAR)

Practitioners/Pharmacists (requesting prescriber and any other prescriber seen within last 6 months)

2005 19,171

2006 62,812

2007 43,980 January through October (prescriber and other prescribers within the last 3 months)

Investigative Requests (by Regulatory Boards, Law Enforcement)

2005 587

2006 1,200

2007 824 January through October

Report Requests by Requestor Type

2007 PAR Request by Percentage

Practitioners – 85%

Pharmacists – 5%

Investigative Requests – 10%

3.2 Idaho

Growth in Reports Generated and Report Requests by Requestor Type

PMP Requests	2006		2007*	
Practitioners	11,775	90%	13,983	91%
Pharmacists	633	5%	678	4%
Law Enforcement	434	3%	415	3%
Licensing Boards	93	1%	67	-1%
Medicaid	35	-1%	63	-1%
Prosecutors	27	-1%	47	-1%
Patients	21	-1%	31	-1%
Idaho Board of Pharmacy	8	-1%	4	-1%
TOTAL	13,026		15,288	

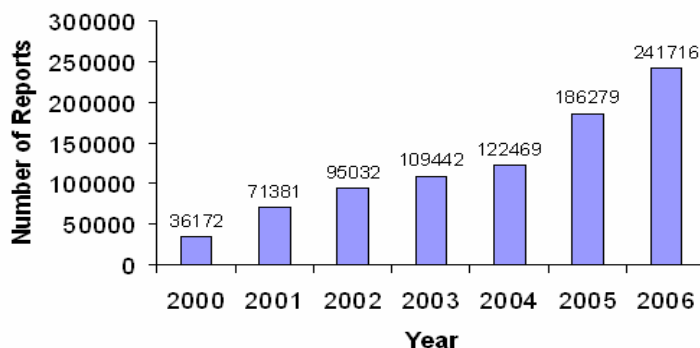
*1/1/07 - 10/31/2007

3.3 Kentucky

Growth in Reports Generated

The following graph illustrates the growth in the number of KASPER reports produced annually. We currently anticipate over 300,000 reports will be produced during 2007.

KASPER Reports Requested / Year



Report Requests by Requestor Type

The percentage of report requests by requestor type remained consistent during 2005 and 2006 with the majority of KASPER reports requested by practitioners for medical care of their patients.

KASPER Report Requestors:

Practitioners	92.8%
Pharmacists	2.9%
Law Enforcement	3.5%
Other	<u>0.8%</u>
Total	100.0%

The Other category includes reports requested by the Kentucky Medicaid Program, Drug Court Judges, and by the Drug Enforcement and Professional Practices staff that administers the KASPER program.

User Account Information

Account Type	Accounts 2005	Accounts 2006	Accounts through 10/2007	Percent Increase '06-'07	% of Total Accounts	Estimated % of KY Total
Practitioners	NA*	2,300	3,167	37.7%	66.5%	21%
Pharmacists	NA*	528	703	33.1%	14.8%	18%
Law Enf.	NA*	676	880	30.2%	18.4%	11%
Other	NA*	3	15	400.0%	.3%	NA
TOTAL	2066	3,507	4,765		100.0%	

* While the total number of KASPER accounts for 2005 is known, we do not have a breakdown by account type for that year.

3.4 Maine

Growth in Reports Generated

Maine's PMP has experienced rapid growth in the number of requests for reports. During the second half of 2006, just over 10,000 reports were requested; then, in the first half of this year, over 17,000 were requested. The number of requests has continued to increase.

Report Requests by Requestor Type

The vast majority of reports obtained from Maine's PMP are requested by prescribers; after that comes dispensers, then the licensing boards, and a small number (in comparison) is obtained by law enforcement. Over 17,000 reports were requested by prescribers and dispensers on Maine's PMP system during the first six months of 2007 alone.

User Account Information

As of 11/15/2007, 26% of DEA registered prescribers in Maine have established accounts with Maine's PMP. Registration and recruitment are ongoing, with the number of registrants increasing steadily.

3.5 Mississippi

Growth in Reports Generated

The Prescription Monitoring Program in Mississippi began responding to patient profile requests in October 2005. To date we have seen a 400% increase in requests for patient profiles. Physicians began obtaining profiles in December 2006, to date we have had an 800% increase in requests from them.

3.6 Nevada

Report Requests by Requestor Type

PMP Report Requestors 2006:

Practitioners	85%
Pharmacists	5%
Law Enforcement	5%
Licensure Boards	<u>5%</u>
Total	100.0%

3.7 Ohio

Growth in Reports Generated and Report Requests by Requestor Type

Number of requests by client type

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Month	Prescribers	Pharmacists	Law Enf.	Other	Monthly Total
Oct. 06	1,107	854	171	18	2,150
Nov. 06	2,464	949	278	11	3,702
Dec. 06	2,657	861	328	21	3,867
Jan. 07	4,724	1,489	622	3	6,838
Feb. 07	5,276	1,347	500	12	7,135
Mar. 07	6,281	1,828	547	17	8,673
Apr. 07	8,321	2,313	617	35	11,286
May. 07	10,267	2,360	536	7	13,170
Jun. 07	11,738	2,557	543	5	14,843
Jul. 07	12,137	2,653	566	9	15,365
Aug. 07	15,270	3,484	656	8	19,418
Sep. 07	14,224	2,782	594	7	17,607
Oct. 07	17,578	3,454	748	51	21,831

User Account Information

Clients who are allowed to request reports (as of 9/30/07)

	# Accounts Total	% Accounts Total	% of in-state Market*
Prescribers	1,798	50	4%
Pharmacists	1,197	34	9%
Law Enf.	588	16	unknown
TOTAL	3,583	100	

* Market is defined as individuals who hold an Ohio license to prescribe or dispense.

This is a very new program. Formal marketing to prescribers did not begin until the spring of 2007. The Board of Pharmacy had notified pharmacists earlier in newsletters. Word-of-mouth has been the most effective advertising.

3.8 Oklahoma

Report Requests by Requestor Type

Oklahoma currently receives about 30 new requests a month for access. Doctors and pharmacist who use the system consistently praise its ability to better manage their patients' drug use and identify at risk patients. The majority of our Indian tribes voluntarily submit information and routinely submit requests.

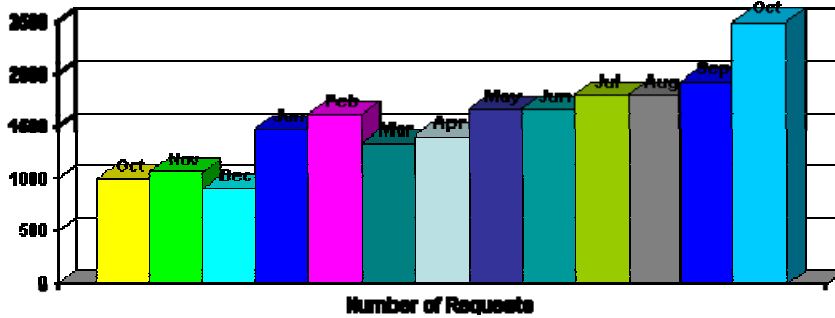
**OBNDCC PMP
October 1, 2006 – September 30, 2007**

PMP Requests	Number	Percent
By Practitioners	31,986	87%
By Pharmacists	2,575	7%
By OBN Personnel	1,026	3%
By Law Enforcement Agencies	865	2%
By Regulatory Boards	<u>321</u>	<u>1%</u>
Total	36,773	100%

3.9 Virginia

Growth in Reports Generated

Requests from October 2006 through October 2007



Report Requests by Requestor Type

PMP Request Breakdown by Percentages

	2006	2007 to date
Prescribers	67%	70%
Pharmacists	15%	13%
State Police	8%	7%
Regulatory	3%	3%
Medical Examiner	4%	3%
Other	3%	4%

User Account Information

Registered Users

Users	9/11/06	9/30/07
Pharmacists	97	310
Prescribers	232	708
DHP	44	66
DDU	18	24
OME	18	21
HPIP	4	2
DEA	4	10

4 Summary of State PMP Surveys and Comments

4.1 California

CURES Survey Results Related to Physician Use of the PAR

How would you rate effectiveness of the PAR in maintaining the care and health of your patient?

Excellent	67
Very Good	62
Good	21
Fair	6
Poor	3
N/A	5

Have you changed your prescribing practicing to a patient as a result of the PAR?

Yes	124
No	34
N/A	6

Physician Comments from the CURES Survey

The overwhelming number of physicians who responded to the PAR survey comments of concern addressed the following issues; the PAR provides excellent information, a valuable tool and service to all medical physicians, Emergency Room physicians, and Pain Management Specialists while managing the care of their patients. The information provided in the PAR would greatly enhance their medical practice.

“We would like to take the time to express our gratitude for all your efforts in the CURES program. This program is a wonderful resource tool in tracking our controlled substance prescriptions and aiding in prevention of substance abuse. We hope to continue in preventing the improper or illegal use of Schedules II, III and IV medications.”

- Pain management specialists

“I want to express my appreciation for the whole CURES program. For a practice like mine, the program makes appropriate use of collective information on patient’s behavior to identify substance abuse in a way that is unavailable to the individual physician. It improves the quality of the care we are able to provide.”

- President of a pain medicine medical group

4.2 Kentucky

KASPER Satisfaction Results

Kentucky conducted KASPER Satisfaction Surveys in 2004 and 2006. Following are a subset of pertinent questions and responses from the survey.

Questions Asked of All Respondents

To what extent do you feel KASPER is an effective tool to keep track of an individual’s scheduled prescription drug history?

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	Very Effective	Somewhat Effective	Neutral	Somewhat Ineffective	Very Ineffective
2004	49.3%	34.1%	0.5%	2.3%	0.7%
2006	58.5%	35.3 %	0.9 %	1.4 %	0.3 %

KASPER is an excellent tool for identifying potential “doctor shoppers” – patients who misrepresent information to a Prescriber in an effort to obtain controlled substances.

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
2004	68.4%	17.8%	0.7%	0.7%	0.2%
2006	78.1%	17.0%	1.2%	0.3%	0.0%

Questions Asked of Healthcare Respondents

As a Prescriber or Dispenser, talking with your patients is a very important aspect in the diagnostic and treatment process. Do you discuss information contained in a KASPER patient report with your patients in the normal course of treatment?

	Yes, Always	Yes, Usually	Sometimes	Seldom	Almost Never	Never	No Opinion
2004	3.0%	8.1%	18.7%	10.8%	13.6%	20.3%	3.5%
2006	5.7%	9.6%	24.4%	12.6%	16.9%	24.0%	2.3%

When treating a patient, how important is a KASPER patient report in helping you make your decision about which drug to prescribe?

	Very Important	Somewhat Important	Neutral	Somewhat Unimportant	Not Important
2004	31.6%	31.8%	6.2%	2.5%	3.2%
2006	32.8%	39.6%	13.6%	4.7%	1.5%

Questions Asked of Law Enforcement Respondents (Please note, there was no separate section for law enforcement responses in the 2004 survey, so there is no data for comparison.)

Based on your experience with the KASPER system, how much do you agree or disagree with the following statement? “KASPER is an excellent tool for obtaining evidence in the investigative process.”

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
2004	No data	No data	No data	No data	No data
2006	71.9%	24.2%	3.9%	0.0%	0.0%

For what percentage of your drug cases would you say you request a KASPER report?

	0-20%	21-40%	41-60%	61-80%	81-100%	Not Sure

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2004	No data	No data	No data	No data	No data	No data
2006	29.7%	24.3%	9.5%	11.5%	14.9%	10.1%

In the past, when you have used a KASPER report on a drug case, about what percentage of those drug cases resulted in a conviction?

	0-20%	21-40%	41-60%	61-80%	81-100%	Not Sure
2004	No data	No data	No data	No data	No data	No data
2006	21.8%	6.1%	2.7%	9.5%	23.8%	36.1%

4.3 Mississippi

Comments/Testimonials from Mississippi PMP Users

Everyone I have come into contact with has nothing but praise for this program. I have included responses from some of our requesters.

“This has been a huge benefit for our clinic and managing Pt’s narcotic use. It has improved our clinic and our time required for calling all the Pharmacies in the area to find out if our Pt’s are being compliant with medications and weed out those who are not, to provide for those Pt’s who really need our care.”

- Pain management specialist

“Since the Prescription Monitoring Program began in 2005 I have utilized the information contained in the report to better enhance my enforcement of pharmaceutical drugs in and around the Jackson, Mississippi metro area. Also I have been able to use the information in the report to intervene in patients’ doctor shopping habits and cause the patients to utilize only one physician and not multiple physicians. At my agency we are able to use the program to identify where defendants have been obtaining controlled substances illegally thus preventing agents wasting time going from pharmacy to pharmacy in the Jackson area where there are numerous pharmacies.”

- Agent, Mississippi Bureau of Narcotics

“As far as enforcement of the Controlled Substance Act, Prescription Monitoring Program is one of the best assets we have ever had. The countless hours saved by the Agents being able to pull the profile compared to the way Agents use to have to go to each pharmacy to get a profile has saved the State a large amount of money in salaries and vehicle expense.”

- Agent, Mississippi Bureau of Narcotics

“Deborah, the monitoring system in MS has been great. It has helped me identify alleged over prescribing registrants, possible doctor shopping patients, as well as possibly impaired practitioners writing prescriptions for themselves.”

- DEA Diversion Investigator

4.4 Ohio

Unsolicited Comments Received (Mostly by E-mail)

Physician’s Assistant

"It's been very useful in allowing us to reference a patient's history to appropriately treat our patients' pain."

"We use the program EVERY SHIFT in our clinical practice; it has been THAT useful."

Physician

"I now, after 20 years, have a level playing field with these patients."

Physician

"As an emergency physician, I have found the OARRS program extremely useful. I am shocked daily by the number of prescriptions and prescribers that some of my patients possess. "

"Thanks for providing this new service. I think it is going to have a substantial impact."

Physician

"I am excited that I will be able to check out patients."

Physician

"Simply being able to pull up the information on OARRS has really been a huge benefit to us as ED specialists. I recently saw a fellow who had received over 700 pain pills in the previous 6 weeks, and wanted more! These folks provide false information and fictitious histories, and the OARRS has allowed me to refer these folks back to their prescribing docs, who certainly are providing them with more than enough medications."

"Thank you very much for providing us with the tools to assist us with stopping this type of behavior!"

RN

"This is still a learning process for us and feel it is already a GREAT tool."

Physician

"What a great system."

Physician

"This is an asset to my practice."

Physician

"This is a great service for us to have available. We have used it several times already and have identified patients that apparently "like" pain meds!"

Physician

"I appreciate this website greatly!!! as a hospitalist it make my life much easier to verify drug history and doctor shoppers."

Pharmacy Diversion Investigator, Narcotics Agency

"This database is like cell phones and e-mail - what the heck did we do without it??"

Physician

"I appreciate what you are doing it is a great help for us Pain Management Physicians out here trying to help our patients out."

Physician

“I also want to say that this is a very valuable service and keep up the good work!!”

Detective Sgt.

“I see this as a useful tool in Law Enforcement.”

Physician

Just wanted to thank you for this amazing service. It is incredibly helpful with drug seekers!!

Physician.

I am moving to Florida in January and they do not have a [PMP] program. How should I go about starting one in that state? It is amazingly helpful. Thanks.

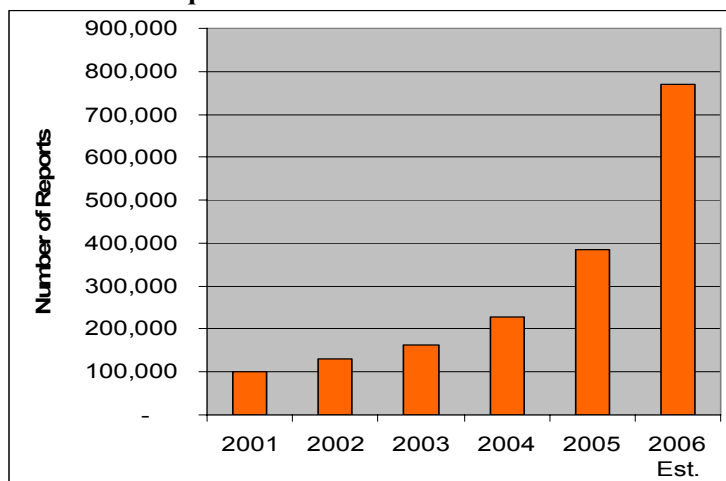
5 Summary of IJIS Institute PMP Survey

This section contains information related to use of PMPs that was collected through the IJIS Institute Prescription Monitoring Program Committee, Survey of States with Prescription Monitoring Programs. This survey was conducted during 2006, with the final report published on January 26, 2007. The IJIS Institute PMP Committee is working to establish baseline standards and implement a proof-of-value pilot of a multi-state PMP data exchange, utilizing a hub-and-spoke solution. The IJIS Institute PMP Committee is funded by the U.S. Department of Justice, Bureau of Justice Assistance.

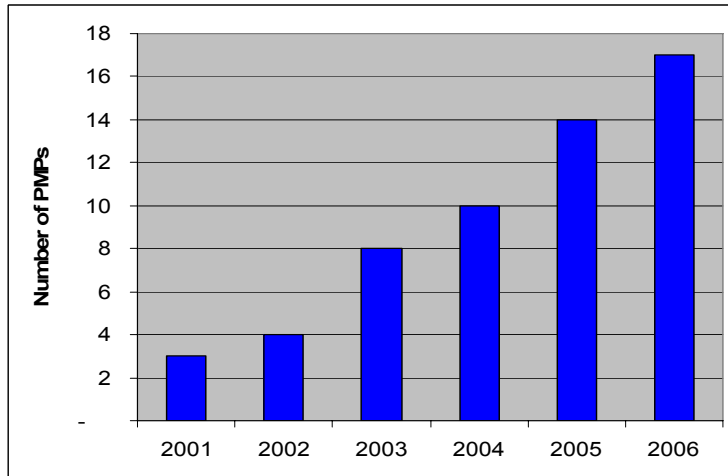
The IJIS Institute PMP Committee Survey of State PMPs involved a total of 32 survey instruments distributed to 19 states with PMPs in full operation, 6 states with PMPs under development, and 7 states that have not yet started operation of their PMP. The survey was conducted by Eadie Consulting, and the final report is available at the IJIS Institute Web site: www.ijis.org.

Growth in Reports Generated

Total PMP Requests for Information Fulfilled 2001 – 2006

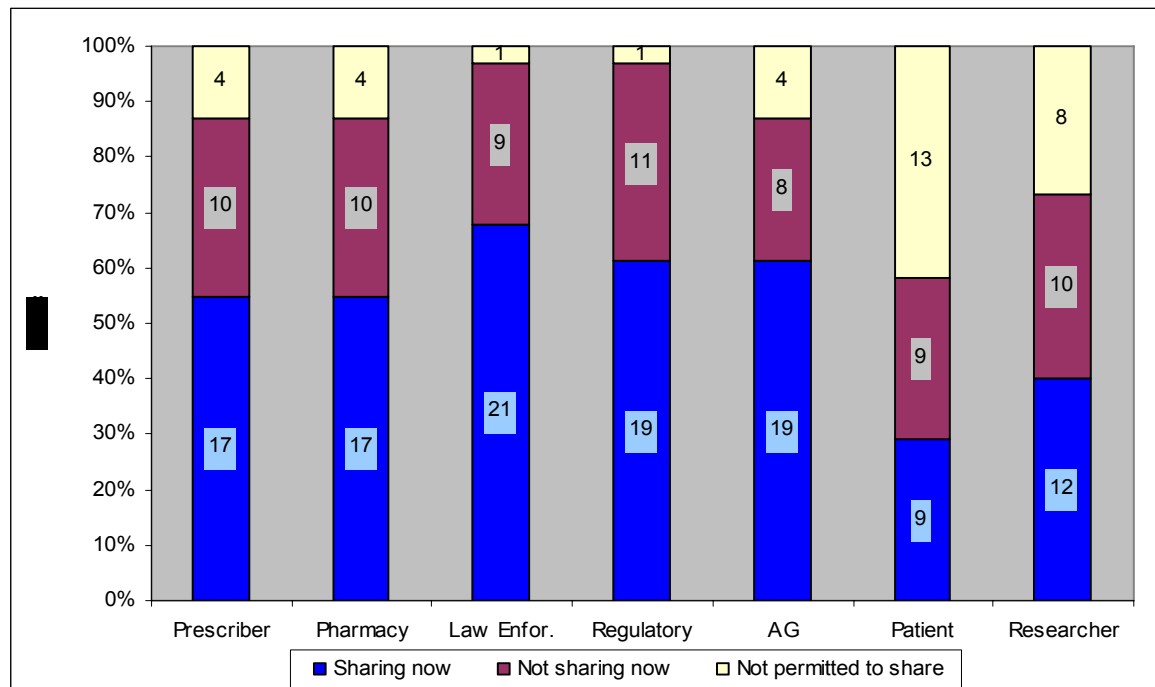


Number of PMPs Fulfilling More than 200 Requests 2001 – 2006



Report Availability by Requestor Type

Intrastate Access to PMP Data



6 Summary of Key Findings

The Alliance member states believe the data presented here support the use of Prescription Monitoring Programs as vital tools for health care providers and law enforcement officers in the fight against prescription drug abuse and diversion. Some of the key findings from the data are highlighted below.

PMP Usage is Increasing

The data indicate that usage of PMPs is steadily increasing, both in the numbers of authorized users establishing accounts with their state PMPs, and in the number of reports being generated by the PMPs. The steady increases provide sound evidence of the perceived value of these programs by users.

PMP Usage is Widespread by Healthcare

Every state responding to the Alliance's request for information allows authorized healthcare providers access to their PMP. The IJIS Institute PMP Survey shows that all but four states with PMPs allow physicians and pharmacists access to their PMPs. The data provided by Alabama, California, Idaho, Kentucky, Maine, Nevada, Ohio, Oklahoma and Virginia demonstrate that the vast majority of PMP reports are obtained by healthcare providers to support the medical and pharmaceutical care of their patients. The data provided by Kentucky, Maine and Ohio also indicate that the percentage of healthcare providers (especially physicians) obtaining access to the PMPs continues to grow over time as the programs become more well known and better understood. This information is in direct contrast to views that PMPs are primarily used by law enforcement, and that a very small percentage of the physicians in each state are using their PMPs.

PMPs Do Not Inhibit Physician Prescribing of Controlled Substances for Legitimate Medical Conditions

The data provided by California, Idaho, Kentucky, New York and Ohio reflect that the number of controlled substance prescriptions and/or doses has generally increased after implementation of a PMP. Anecdotal evidence including feedback from physicians, suggests that physicians in PMP states are now more comfortable writing controlled substance prescriptions for their patients because the PMP provides a tool for them to monitor their patients' controlled substance usage, and to verify the patients are adhering to their treatment regimen.

While some of these findings are currently based on anecdotal evidence or a relatively small sampling of states, we believe these findings will be confirmed as additional objective data is collected and analyzed over time.