

## THE ALLIANCE MONITOR<sub>x</sub>

### PMIX Architecture Vote

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The Alliance Board recently sent out a notification concerning completion of the Prescription Monitoring Information Exchange (PMIX) National Architecture. The PMIX Technical Committee submitted the recommendations and the Alliance Board approved the Architecture in November 2011. The next steps are for the Alliance member states to review and vote on whether the Architecture should be approved.

The PMIX National Architecture is a formal set of technical requirements with which existing and future data sharing hubs need to comply to

enable interoperability among interstate data sharing solutions. Standardization of the technical specifications of the various hubs is critical to successful communication between states.

The Architecture, if approved by the Alliance membership, will allow states to select the hub that best suits their needs while helping to ensure interoperability among the different hubs. States that have adopted the PMIX National Architecture may be allowed to use BJA grant funds to develop an interstate data solution. For more

detailed information on the PMIX National Architecture, go to: <http://pmpalliance.org/content/prescription-monitoring-information-exchange-pmix>

To vote whether or not to approve of the Architecture, send an email to [assist@pmpalliance.org](mailto:assist@pmpalliance.org).

Voting will be closed at 5:00pm Pacific Standard Time on January 20, 2012.

Email any questions you have to [assist@pmpalliance.org](mailto:assist@pmpalliance.org) or telephone Chris Baumgartner at 360.556.7152.

### Drug Related Deaths in Virginia: Medical Examiner Use of PMP Data

The most recent PMP Center of Excellence Notes from the Field is "Drug-Related Deaths in Virginia: Medical Examiner Use of PMP Data." It describes the use of Virginia's PMP reports by Dr. Amy Tharp, assistant medical examiner at Virginia's Western District Medical Examiner's Office, and her staff.

As drug overdoses have risen as a cause of accidental death, medical examiners (MEs) play a key role in determining whether a death is attributable to drugs, in particular prescription drugs as opposed to illicit drugs. PMP data can assist greatly in this determination. As a result, PMP reports are now run on all cases as part of standard medical examiner practice in Dr. Tharp's office. The reports serve several functions in a ME investigation, including:

- Toxicology: PMP reports list drugs the decedent was prescribed, dispensed and perhaps used, and may suggest what drugs to screen

for in toxicology tests.

- Autopsies: Should the drugs listed in PMP reports raise the suspicion of a possible drug-related death, it may affect the types of samples collected in an autopsy.
- Tolerance: PMP data will show how long an individual was prescribed, dispensed and perhaps using opioids, and therefore, can help estimate the level of opioid tolerance at the time of death.

In addition, PMP reports may provide preliminary evidence that the decedent may have been diverting controlled substances or using them illicitly and can guide investigations at the scene of death by alerting investigators to the possible presence of controlled substances. They also supplement medical records, which may not show a complete prescription history or all the practitioners prescribing for the decedent.

As described by Dr. Tharp, regular use of PMP data was greatly facilitated by Virginia's move to an online, automated system available to MEs day or night. Access to PMP data, like medical records, is strictly limited to authorized users under her supervision.

Dr. Tharp had recommendations for making PMP data even more useful for MEs, including shortening the pharmacy reporting interval to daily or even real time; requiring prescriber participation in PMPs, including dentists; and making other states' PMP data available to MEs via interstate data sharing.

The full report can be accessed at [http://www.pmpexcellence.org/sites/all/pdfs/va\\_med\\_examiner\\_NFF\\_12\\_9\\_11\\_rev.pdf](http://www.pmpexcellence.org/sites/all/pdfs/va_med_examiner_NFF_12_9_11_rev.pdf)

*Article provided by the PMP Center of Excellence at Brandeis University*

## National Survey of Substance Abuse Treatment Services

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released findings from the 2010 National Survey of Substance Abuse Treatment Services (N-SSATS).

N-SSATS is an annual survey of substance abuse treatment facilities that collects information on the location and characteristics of alcohol and drug abuse treatment services throughout the United States and contains data on how the facilities and programs are used.

The survey included responses from over 13,000 facilities indicating that approximately 1.2 million clients were receiving treatment when the study concluded on March 31, 2010. The

responses were received from a variety of treatment facilities; 58% private non-profit facilities, 30% private for-profit facilities, 6% local government, 3% state government, 3% Federal government, and 1% tribal governments.

The study's findings revealed that:

- there are 462 adults in a treatment facility for every 100,000 people over the age of 18
- the number of treatment facilities remained constant between 2006 and 2010
- the number of people in treatment increased almost 4% from 2006 to 2010

- 43% of the adults in a treatment facility were also diagnosed with substance abuse and mental health disorders

For a copy of the report and additional information, go to:

<http://www.dasis.samhsa.gov/10nssats/nssats2010web.pdf>.



## AMA Encourages Use of PMPs

At its November meeting, the American Medical Association (AMA) decided to promote training on the appropriate use of controlled substances and will encourage doctors to use screening tools to identify patients who are likely to abuse medications. Additionally, the AMA will make prescription abuse and treatment resources available to its members and encourage doctors to utilize prescription monitoring programs (PMPs) in their practices. During testimony at the House of Delegates committee meeting, Dr. Claudette Dalton encouraged 'the use of prescription-monitoring programs in those states where they exist and extension of those programs to all states.'

The AMA Council on Science and Public Health was tasked, by the AMA's House of Delegates, to report on the effectiveness of current drug policies, how to prevent fraudulent prescriptions, and whether PMPs should expand reporting requirements to veterinarians, hospitals, opioid treatment programs, and Veterans Affairs facilities. The

report is to be delivered at the AMA's annual meeting in June 2012.

At this year's meeting, the Director of the White House Office of National Drug Control Policy (ONDCP), Gil Kerlikowske, conducted an educational session on the nonmedical use of prescriptions and opioid overdose deaths. He explained that ONDCP's current policy focuses more on public health and prevention to deal with the prescription abuse problem than in past years. To this end, ONDCP calls for expanding PMPs to all 50 states, making prescription drug disposal easier, educating the public on the dangers of misusing/abusing prescription drugs, and requiring practitioners to have training on controlled substance prescribing.

To see the complete article, go to: <http://www.ama-assn.org/amednews/2011/11/28/prsd1128.htm>.

## Alliance Dues

At the Executive Board meeting in December 2012, a motion was introduced and approved to change the annual dues period from May-April to July-June. The primary reason was to accommodate more state's budgets by basing payments on a fiscal year ending June 30, as opposed to the Alliance's current calendar year budget. To accomplish this, the Alliance Board has decided to give members a 'dues bonus'. This extends member state's 2011 membership period to June 30, 2012. States that have submitted their dues payment for 2011 do not need to take any action. If a State has not submitted their 2011 \$200 dues payment, then payment must be remitted to Teresa Anderson at or before the 2012 National Meeting to be eligible to vote on Alliance issues. Dues letter for 2012-2013 will be mailed immediately following the annual meeting. If you are unsure if your state's Alliance dues have been paid, contact Teresa Anderson at [Teresa.anderson@bop.idaho.gov](mailto:Teresa.anderson@bop.idaho.gov).

## Did You Know ...

**DEA National Take Back Initiative.** With the success of the previous three Take Back Day events, DEA has scheduled another on April 28, 2012. The last Take Back Day resulted in the proper disposal of more than 188.5 tons of unwanted or expired medications. For more details, go to:

<http://www.dea.gov/takeback/index.html>.

**PMIX Governance Committee formation.** The Alliance's Executive Board has formed a PMIX National Architecture Governance Committee. It is comprised of representatives from member states and is responsible for the maintenance and oversight of the PMIX Architecture. The committee's purpose is to help ensure that the PMIX Architecture continues to provide a flexible, low cost, and efficient way for states to share data now and in the future. The committee will provide information and make recommendations to the Executive Board on matters impacting the PMIX Architecture. Stephanie Hold, from Kentucky, is chair of the committee.

**DEA classifies Carisoprodol as a Schedule IV controlled substance.** Effective January 11, 2012, Carisoprodol (Soma®) will be placed in the Controlled Substance Act as a Schedule IV. To view the final rule in the Federal Register, go to: <http://www.gpo.gov/fdsys/pkg/FR-2011-12-12/pdf/2011-31542.pdf>.

**Kathy Ellis and CURES update.** A restructuring, in the California Bureau of Justice, has provided for the continued funding and operation of the CA PMP known as CURES. Unfortunately, due to the restructuring Kathy Ellis will no longer oversee CURES. Kathy has resigned as President of the Alliance and her leadership will be missed. Assuming her responsibilities with CURES is Mike Small. Dave Hopkins, from Kentucky, is now acting-President for the Alliance.

**NIDA Director to speak at the National Prescription Drug Summit.** Dr. Nora D. Volkow, one of the nation's foremost experts on the neurological effects of drug addiction, will be a keynote presenter at the National Prescription Drug Abuse Summit on April 10-12 in Orlando Florida.

**Oxycontin® smuggling from Canada.** DEA reports an increase in the smuggling of Oxycontin® from Canada over the past year. Two possible explanations for this increase are that the tamper-proof formulation will not be available in Canada until 2012 and low retail costs in Canada (\$5 per tablet in Canada). In the US, the tablets can sell for as much as one dollar per milligram on the illicit market. To view the entire article, go to: <http://www.theglobeandmail.com/life/health/new-health/health-news/oxycontin-smuggling-from-canada-rises-sharply/article2235080/>

**Bill introduced to strengthen Florida's PMP.** Florida State Senator Fasano has filed a bill that requires prescribers and pharmacists to consult the PMP and review a patient's history before writing/filling a prescription. Additionally, the bill requires pharmacists to file a police report if they believe the prescription was obtained through illegal means. To view the bill, go to:

<http://www.flsenate.gov/Session/Bill/2012/0904/BillText/Filed/HTML>

## Rx Abuse Gateway to Injectable Drugs

Researchers conducted a study on injection drug users. The results suggest that the abuse of prescription opioids may lead to the abuse and misuse of heroin and other injectable drugs. Their findings reveal that four out of five injectable drug users had abused prescription opioids before they injected heroin. Additionally, it was discovered that almost one of four of the injectable drug users first injected a prescription opioids and most switched to heroin.

The study determined that risk factors for abusing opioids include a family history of drug abuse and receiving prescriptions for of opioid medications. "Participants were commonly raised in households where misuse of prescription drugs, illegal drugs, or alcohol, was normalized," lead

researcher Dr. Stephen Lankenau, from Drexel University in Philadelphia, said in a news release. "Access to prescription medications – either from a participant's own source, a family member, or a friend – was a key feature of initiation into prescription drug misuse."

The study, published in the International Journal of Drug Policy, included fifty injectable drug abusers between the ages of 16 to 25. All of the participants had misused a prescription drug at least three times in the previous three months. Most of the participants had a family history where a relative had abused at least one substance. Approximately, 75% of those studied had previous opioid prescriptions. The most common reasons for receiving the prescriptions were related to dental procedures or sports injuries.

To view the study, go to:

[http://www.ijdp.org/article/S0955-3959\(11\)00096-X/abstract](http://www.ijdp.org/article/S0955-3959(11)00096-X/abstract)

For related information, visit:

<http://www.drugfree.org/join-together>

### TRAINING AND TECHNICAL ASSISTANCE

Chris Baumgartner  
Program Coordinator

Phone:

360-556-7152

OR

E-mail:

[assist@pmpalliance.org](mailto:assist@pmpalliance.org)

## Alliance/Brandeis Providing Assistance

The Alliance/Brandeis Training and Technical Assistance Center (TTAC) continues to provide assistance to members and affiliated organizations.

If you need information, training, or other assistance related to PMPs, please don't hesitate to contact us. Your request will get immediate attention, including input from other states in our national PMP network, if necessary.

The TTAC can help with questions about program evaluation, operating costs, laws and regulations, vendors, advisory groups, education, and more.

More information is available online at: [www.pmpalliance.org](http://www.pmpalliance.org)

## PMP Center of Excellence at Brandeis: “Helping PMPs Realize Their Full Potential”

Funded by the Bureau of Justice Assistance, the PMP Center of Excellence (COE) at Brandeis University collaborates with the Alliance and other PMP stakeholders to help PMPs achieve their full potential in combating the prescription drug abuse epidemic.

Major program areas include: encouraging and evaluating innovative uses of PMP data, compiling PMP best practices, advancing methods for assessing PMP effectiveness, and providing an online clearinghouse of information and tools to enhance PMP operations and help establish new PMPs.

The COE welcomes your input and collaboration in fulfilling its mission. Contact us at [info@pmpexcellence.org](mailto:info@pmpexcellence.org) or call 781-736-3909.



Alliance of States with  
Prescription Monitoring Programs

*Promoting Public Health and Safety*

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