



HAROLD ROGERS PRESCRIPTION DRUG MONITORING PROGRAM

The nonmedical use of prescription drugs is a serious public health concern. According to the National Survey on Drug Use and Health, in both 2006 and 2007, about 5.2 million persons aged 12 or older were current nonmedical users of prescription pain relievers. From 2002 to 2007, the rate of young adults aged 18 to 25 using prescription pain relievers increased from 4.1 to 4.6 percent. In response to the prevalent misuse and abuse of prescription drugs, several states have implemented Prescription Drug Monitoring Programs (PDMPs). PDMPs help prevent and detect the diversion and abuse of pharmaceutical controlled substances, particularly at the retail level where no other automated information collection exists. The primary purpose of the Harold Rogers Prescription Drug Monitoring Program is to enhance the capacity of regulatory and law enforcement agencies to collect and analyze controlled substance prescription data through a centralized database administered by an authorized state agency. States that have implemented PDMPs can collect and analyze prescription data much more efficiently than states where the collection of prescription information requires the manual review of pharmacy files.

The goal of the Harold Rogers PDMP is to increase the efficiency of PDMPs to allow the early detection of abuse and possible sources of diversion, and program objectives include building a data collection and analysis system at the state level, enhancing existing programs' ability to analyze and use collected data, facilitating the exchange of collected prescription data between states, and assessing the efficiency and effectiveness of the programs funded under this initiative. BJA also provides funds to support the interstate exchange of PDMP data; through a partnership with the IJIS Institute, BJA is developing a protocol that helps ensure that exchanges remain consistent with state laws and regulations governing PDMPs.

In September 2006, in partnership with BJA, Someone Associates released *An Evaluation of Prescription Drug Monitoring Programs*, which found that:

- PDMPs reduce the supply and abuse of prescription drugs (this finding was especially true for states that monitored proactively, identifying cases for investigation).
- PDMP states had notably lower rates of supply of prescription drugs compared with states that did not have PDMPs.
- Rates of abuse in states that had proactive PDMPs would have been, by 2003, 10 percent higher for pain relievers and 4 percent higher for stimulants had the programs not been in place.

Technical assistance for grantees is available to help states move forward in planning, implementing, or enhancing their PDMPs. Assistance to states includes maintaining a listserv for PDMP stakeholders, producing and distributing a bimonthly PDMP update, tracking proposed bills and regulatory changes related to state PDMPs, hosting national and regional conferences, and providing guidance and assistance in collecting and reporting on program performance measures.

For more information, contact Rebecca Rose, BJA Policy Advisor for Substance Abuse and Mental Health, at (202) 514-0726 or Rebecca.Rose@usdoj.gov.