

EVERY MED YOU TAKE, They'll BE WATCHING YOU – Prescription Monitoring Programs

Posted on [March 18, 2012](#) by [Kaye Beach](#) | [7 Comments](#)



Kaye Beach

March 18, 2012

Prescription Monitoring Program

DESCRIPTION: A PMP is a statewide electronic database which collects designated data on substances dispensed in the state. The PMP is housed by a specified statewide regulatory, administrative or law enforcement agency. The housing agency distributes data from the database to individuals who are authorized under state law to receive the information for purposes of their profession.

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The states have received plenty of federal funding from the DOJ for the creation of PMP's.

the Bureau of Justice Assistance (BJA), Office of Justice Programs in the U.S. Department of Justice created the Harold Rogers Prescription Drug Monitoring Program (HRPDMP) in 2002 (3).

Funds for this program were provided by Congress to assist in the planning, implementation, and in some cases the enhancement of state PDMPs. From 2002 to 2008, over 100 state HRPDMP grants were awarded by the BJA.

For fiscal year (FY) 2009, \$7 million was appropriated by Congress for the HRPDMP. President Barack Obama proposed that the budget for 2010 would include \$7 million for the grant program (4).

<http://chfs.ky.gov/NR/rdonlyres/85989824-1030-4AA6-91E17F9E3EF68827/0/KASPEREvaluationPDMPStatusFinalReport6242010.pdf>

The goal of the State of Oklahoma is to reduce prescription fraud, substance abuse, “doctor shopping”, and other illegal activity related to pharmaceutical drug diversion. The Bureau works in partnership with pharmacies, practitioners and other health care professionals throughout Oklahoma to reduce prescription drug abuse.

The Oklahoma Prescription Monitoring Program (PMP) was enacted into law by the Oklahoma Anti-Drug Diversion Act (63 O.S. Section: 2-309). http://www.ok.gov/obnnd/Prescription_Monitoring_Program/

Oklahoma is credited as the first state to begin using a prescription monitoring program back in the early 90's. Now Oklahoma has raced to the top again with its high tech, electronic PMP that boasts real time prescription data sharing beginning this year.

The Oklahoma Bureau of Narcotics and Dangerous Drugs Control started the monitoring program in 2006 to reduce prescription fraud, substance abuse and "doctor shopping." <http://newsok.com/real-time-reporting-law-could-cut-down-on-prescription-abuse-fraud-oklahoma-officials-say/article/3646147#ixzz1osdhdWGx>

Oklahoma's modern electronic PMP has been running since 2006 and three quarters of doctors and pharmacies use the program.

Oklahoma to Track Prescription Drug Abuse

2006

Under a statewide database program to be administered by the Oklahoma Bureau of Narcotics and Dangerous Drugs Control, authorities will track instances in which substance abusers try to fraudulently acquire prescription drugs

... "The CONTROL project is a vital tool that will help crack down on prescription drug abuse and help get desperately needed treatment for people suffering addiction," (Emphasis mine) Gov. Henry said at a state Capitol news conference.

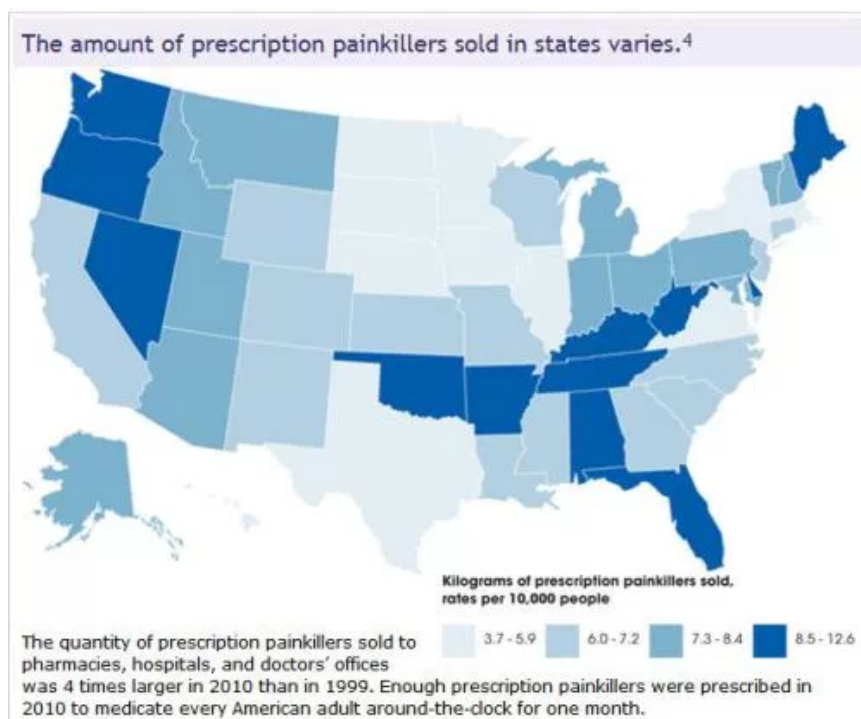
... Under CONTROL, physicians and pharmacists will be able to check a patient's prescription history from hospitals, clinics and pharmacies to deduce whether that person is "doctor shopping" for drugs. The entire process, which includes safeguards to prevent abuse, will take only a matter of minutes... The program goes online July 1 and is entirely funded through federal grants. Oklahoma to Track Prescription Drug Abuse

<http://www.govtech.com/e-government/Oklahoma-to-Track-Prescription-Drug-Abuse.html>

With all of these firsts for Oklahoma in prescription drug monitoring, doesn't it seem rather ironic that the state also boasts #1 status in prescription drug use and in painkiller abuse?

Oklahoma is #1 in prescription drug use per capita

<http://enidnews.com/state/x579806793/Oklahoma-lawmaker-say-bill-fights-prescription-abuse>



Oklahoma is #1 in painkiller abuse

The report [Centers for Disease Control] says that Oklahoma leads statistics with the highest number of people — 1 in 12 — using painkillers recreationally.

Nov. 10, 2011 <http://www.officer.com/news/10449255/okla-police-working-to-stop-prescription-drug-abuse>

Last year, about 240,000 people in Oklahoma, or 8%, abused prescription drugs, giving the state the highest mark in the nation, although New Mexico and West Virginia lead in per-capita overdose deaths.

Prescription drugs are responsible for four in five overdose deaths in Oklahoma. The leading causes of drug-related deaths in Oklahoma in 2010 were hydrocodone, oxycodone and alprazolam.

http://www.allgov.com/Controversies/ViewNews/Drug_Addiction_in_Oklahoma_Costs_More_than_Entire_State_Budget_120

While the Oklahoma PMP monitors a wide range of drugs (all schedule II-V) it is the painkillers that are causing the brunt of the deaths and addiction related problems such as doctor shopping which the PMP is tailor made to address.

Oxycodone addiction and abuse, in particular a drug called OxyContin, is without a doubt a horrible problem. Over the years I have personally heard of numerous cases of addiction and accidental overdoses from OxyContin. The maker of the drug, Purdue, back in the mid 90's, presented their new formulation of the drug oxycodone as less addictive and safer than the older preparations for the drug

Purdue knew it needed to overcome doctors' fears about addiction, so it treated the time-release formula as a magic bullet. It claimed the drug would give pain patients steadier 12-hour coverage, avoid withdrawal, and frustrate addicts seeking a euphoric rush. As one 1998 Purdue promotional video stated, the rate of addiction for opioid users treated by doctors is "much less than 1%."

The pitch worked, and sales took off: from \$45 million in 1996 to \$1.5 billion in 2002 to nearly \$3 billion by 2009. The key: Nearly half of those prescribing OxyContin were primary-care doctors rather than, say, cancer specialists, the General Accounting Office reported. Purdue had succeeded in vastly expanding the market for its drug

<http://features.blogs.fortune.cnn.com/2011/11/09/oxycotin-purdue-pharma/>

Purdue aggressively marketed the painkiller and downplayed the risk of addiction at the expense of lives. The company was prosecuted for its misleading campaign, found guilty and had to pay out millions in fines.

When it was introduced in the late '90s, OxyContin was touted as nearly addiction-proof — only to leave a trail of dependence and destruction. Its marketing was misleading enough that [Purdue pleaded guilty in 2007](#) to a federal criminal count of misbranding the drug "with intent to defraud and mislead the public," paid \$635 million in penalties, and today remains on the corporate equivalent of probation.

<http://features.blogs.fortune.cnn.com/2011/11/09/oxycotin-purdue-pharma/>

So big Pharma worked its magic and we are left to deal with the fallout. Prescription Monitoring Programs are being offered as a solution to the death and destruction wrought by prescription drug addiction but I can find nothing to show that the program is doing much, if anything, to help.

Prescription-drug overdoses are major killer in Oklahoma

3/11/2012

The number of fatal drug overdoses in Oklahoma more than doubled over the past 10 years, climbing to 739 in 2010. . .

http://www.tulsaworld.com/news/article.aspx?subjectid=702&articleid=20120311_11_A1_CUTLIN378385

The PMP is a statewide database program administered by the Oklahoma Bureau of Narcotics and Dangerous Drugs Control, a law enforcement agency.

These state programs are now being linked for the purpose of sharing this information across state lines around the nation.

This 2002, a General Accounting Office report concluded that state PDMPs were a helpful tool for reducing drug diversion based not on any hard facts or numbers but on enthusiastic reports from law enforcement users and PDMP managers. (GAO Report to the Subcommittee on Oversight and Investigations, Committee on Energy and Commerce, House of Representatives. Prescription Drugs: State Monitoring Programs Provide Useful Tool to Reduce Diversion. May 2002.

<http://www.gao.gov/new.items/do2634.pdf>.)

Here is some insight from a 2011 study that “. . .evaluated the association of PDMPs with drug overdose mortality rates and consumption of prescription opioid medications in the United States during 1999–2005.”

Conclusions. While PDMPs are potentially an important tool to prevent the nonmedical use of prescribed controlled substances, their impact is not reflected in drug overdose mortality rates. Their effect on overall consumption of opioids appears to be minimal.

PDMPs were not associated with lower drug overdose mortality rates for any of the study years or with decreases (or even with lesser increases) in the rates of death resulting from drug overdoses.

*The findings also indicate that PDMPs were not associated with lower rates of consumption of opioids during 1999–2005. . . Even when focused on proactive PDMPs or programs with relatively high rates of reporting, there were no associations of PDMPs with trends in overdose deaths or opioid use. . . . **it can be said unequivocally that PDMP states did not do any better than non-PDMP states in controlling the rise in drug overdose mortality from 1999 to 2005***

Source: 2011 Prescription Drug Monitoring Programs and Death Rates from Drug Overdose.

In a nutshell;

- PMP's showed no effect on the number of deaths from drug overdoses.
- PMP's showed no effect on levels of consumption of painkillers
- The states with PMP fared no better in controlling the rise in drug overdose mortality. **(In Oklahoma's case, we actually fared worse than states with no PMP!)**

Nevertheless, we are being treated to a deluge of news stories bringing us heart wrenching tales of lives lost or ruined by prescription painkiller abuse. These same stories offer the salvation of a nationwide integrated government prescription tracking database for everyone. The fact that this is an invasion of our medical privacy and a violation of doctor-patient confidentiality is never mentioned in these stories.

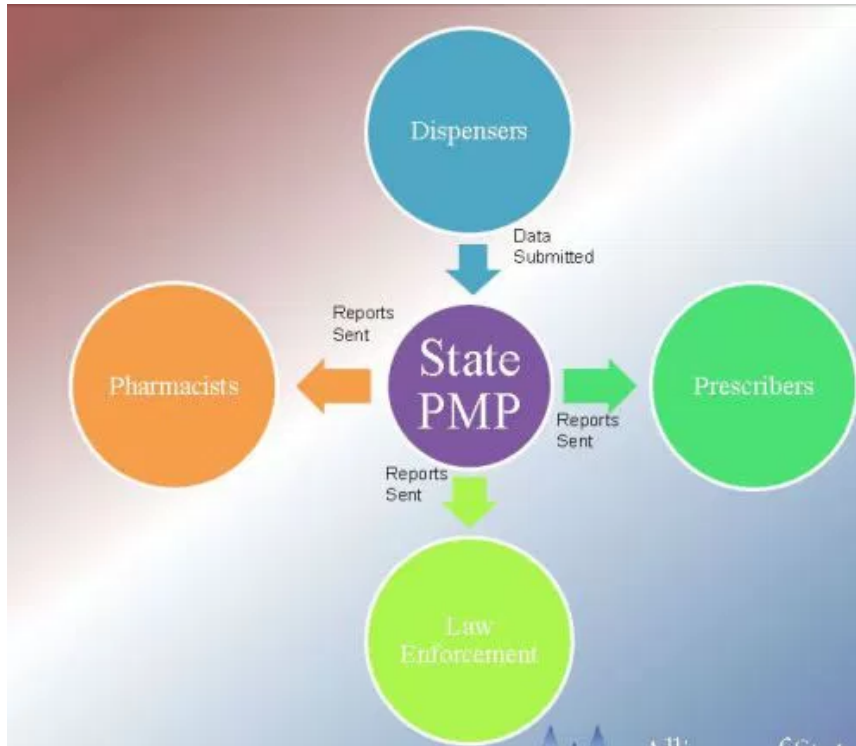
[Who is Authorized to Request Patient Prescription Data?](#) (Apparently just about everyone BUT you)

Oklahoma

- Prescribers **YES**
- Pharmacists **YES**
- Pharmacies **YES**
- Law Enforcement **YES**
- Licensing Boards **YES**
- Patients **NO**
- If other requester (specify) **Attorney General, Medical Examiners**

<http://www.pmpalliance.org/content/who-authorized-request-patient-prescription-data>

The PMP's are (in some states like Oklahoma) **law enforcement programs, funded by law enforcement agencies** for the purpose of **feeding your personal information to law enforcement as an investigative tool**. Another way to say it, is they are spying on the majority of law abiding people because they *might* do something wrong.



Aren't we are supposed to presumed innocent until proven guilty? If we are doing nothing wrong, aren't we supposed to be left alone? Yes! That is exactly how it is supposed to be.

The National Alliance for Model State Drug Laws (NAMSDL) recommends;

Monitoring systems should proactively provide information to law enforcement agencies, licensing officials, and other appropriate individuals. This information should be reviewed by a drug monitoring official and if there is reason to suspect that a violation has occurred, the offender should be reported to the appropriate agency.

In addition, a statute must be in place that allows programs to

disclose information for public research, policy, and educational purposes. . . (Emphasis mine)

<http://chfs.ky.gov/NR/rdonlyres/85989824-1030-4AA6-01E17F9E3EF68827/0/KASPEREvaluationPDMPStatusFinalReport6242010.pdf>

I don't know about you but the idea of my medical information being accessed by a variety of people (all benevolent and caring as they may be) makes me feel violated and powerless. This is very personal information!

Prescription tracking: Too invasive? Steve Klearman September 07, 2008

The push for monitoring is coming not just from doctors and public health officials but the attorney general's office. And it would likely be a useful tool. But it's easy to imagine a time when lobbyists could convince lawmakers that the drug problem has become severe enough to grant law enforcement agencies unfettered access to everyone's prescription history without a warrant. Then, agents would view the private medical information of hordes of innocent people in hopes of nabbing a small number of abusers.

. . . Even more troubling is the thought that computer hackers or bribed employees could obtain the records and sell them. The information would be very valuable to pharmaceutical companies, and to insurers and employers who want to avoid both abusers and people in need of expensive health care. <http://reno.injuryboard.com/fda-and-prescription-drugs/prescription-tracking-too-invasive.aspx?googleid=246936>

Mr. Klearman's concerns about the databases being hacked were born out in 2009. In May 2009, hackers gained access to Virginia's Prescription Monitoring Program and held 8 million patient records hostage for 10 million dollars in ransom.

Hackers Break Into Virginia Health Professions Database, Demand Ransom

http://voices.washingtonpost.com/securityfix/2009/05/hackers_break_into_virginia_he.html

[Oklahoma prescription drug monitoring: what's collected?](#) by Paul Monies July 5, 2011

....

[Senate Bill 1159](#), by Republicans Sen. Anthony Sykes and Rep. Randy Terrill, expanded the information collected under the PMP program to include the address and date of birth of patients getting a prescription for certain classes of drugs.

Here's what the PMP program collects on each prescription, according to [Oklahoma law](#) and the administrative rules of OBNDD:

A. Section 2-309C. A. A dispenser of a Schedule II, III, IV or V controlled dangerous substance, except Schedule V substances that contain any detectable quantity of pseudoephedrine, its salts or optical isomers, or salts of optical isomers shall transmit to a central repository designated by the Oklahoma Bureau of Narcotics and Dangerous Drugs Control using the American Society for Automation in Pharmacy's (ASAP) Telecommunications Format for Controlled Substances version designated in rules by the Oklahoma Bureau of Narcotics and Dangerous Drugs Control, the following information for each dispensation:

1. Recipient's name;
2. Recipient's address;
3. Recipient's date of birth;
4. Recipient's identification number;
5. National Drug Code number of the substance dispensed;
6. Date of the dispensation;
7. Quantity of the substance dispensed;
8. Prescriber's United States Drug Enforcement Agency registration number; and
9. Dispenser's registration number; and
10. Other information as required by administrative rule.

B. The information required by this section shall be transmitted:

1. In a format or other media designated acceptable by the Oklahoma Bureau of Narcotics and Dangerous Drugs Control; and
2. Within twenty-four (24) hours of the time that the substance is dispensed. Beginning January 1, 2012, all information shall be submitted on a real-time log.

[Oklahoma prescription drug monitoring: what's collected?](#) by **Paul Monies July 5, 2011**



The Prescription Monitoring Programs are indeed a violation of privacy but when you have people dying of prescription drug overdoses, for some, the trade-off might seem reasonable. It is important to point out in response to the media saturation of tragic tales in support of the PMP, that there is no indication whatsoever that the invasive surveillance of our medical information does anything to reduce the problem. I will be interested in researching just what sort of measures are in place to get an addict some help once caught by the PMP but from what I have seen so far, this appears to be just one more invasive program to track and control Americans in the name of safety.

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7 RESPONSES TO "EVERY MED YOU TAKE, THEY'LL BE WATCHING YOU – PRESCRIPTION MONITORING PROGRAMS"

D Bro | [March 18, 2012 at 10:08 PM](#) | 

Jesus, Mary, and Joesph! We have a state of dr. feel goods perceiving drugs like candy. Do they include a pez dispenser with each refill. I have to pick up my moms pain medicine and have to show idea. God help them if they ever come after me for any reason. Medical marijuana is the answer as people don't die or overdose or what to kill or commit suicide by smoking some weed that GOD created. The monitoring is just more of big brother garbage that only serves the pre-crime bureaucrats to car in the name of the, "STATE". Let's not forget that it is federal subsidized with MONEY we DON'T HAVE!!! God help us!!!

Darryl | [April 9, 2012 at 11:10 AM](#) | 

Yep, this system is great. Humans have the means to put something about you in a database that can affect your health care and you don't have access to it. Not only that, but by law, those who do have access, such as your doctor, nurses, pharmacy techs, and Drug Enforcement Agents aren't allowed to release the information to you, nor do you have means to look at your own record. I'm so glad humans always are perfect, don't make mistakes, and wouldn't dare put anything in that database pertaining to you that wasn't true, right?

Bill | [January 4, 2013 at 8:57 AM](#) | 

Here's a twist, I have been in law enforcement for 20 years. On the fourth of July 2005 my first call was a naked man on

the beach. Well, long story short the guy was on multiple drugs and when we (my rookie trainee) and I approached the nude guy wanted to ,fight and he was a good fighter. We fought for over ten minutes. This was in So Cal and there was so much traffic no one could get to us. We eventually got him into the back of the car. There were kids and family's everywhere. the guy decided it would be fun to try to kick out the back window of my car. I grabbed him to pull him out of the car just when an impatient driver was tired of waiting for this nonsense. The driver in a 74 pickup floored it to get around us, I guess he was really thirsty. I had the nakid guy half way out of the car and when I heard the engine. the naked guy thought it would be fun to coil his legs on the side of the car and push as hard as he could. Now I'm 6'3"215 but this guy managed to push me a good ten feet and I lost my balance just as the truck struck me on my right side. I was knocked into the air about 20 feet. i suffered a fractured back/neck and many other things I wont bore you with. It's been eight years of chronic pain. I have now had two major surgeries including fusion of several vertebrates in my low back. I have good doctors but they are so scared to prescribe pain meds. I remember one Dr gave 8 5mg pills for one month. I will have to retire early which will be a great burden of my family. California has a monitoring system in place and I had a pharmacist tell me I could not have my post op medication because he thought I was taking too much. When you take any pain medication over several years you build up a tolerance. It by no means makes you an addict. You will have to take some time to come off of it but if you are not taking them for sport it should not be an issue. the machine is too big and the patients are the ones who will suffer. Its sad but that's the way its heading and it wont change soon.

[AxXiom](#) | January 15, 2013 at 11:31 AM |

My heart goes out to all of the pain management patients out there.



[Ziggy](#) | September 7, 2013 at 9:23 AM |

Bit of a dated thread, but what the heck? A common trend in all of the prescription drug abuse, (horrid stories caused by these medications, the prevalence of abuse and the wonders of PMP databases, etc.) is the lack of attention to how these laws impact legitimate users of these medications. Based on the stories I have seen, there are so many benefits and it only costs a little bit of privacy. So the fact that these are useful medications needed by many; the resulting undertreatment of pain, the extra obstacles and costs these programs may drop on patients; the tremendous cost to society from insurance, disability and unemployment... all of these issues are seldom mentioned or delved into deeply. Besides all of those realities, a patient lucky enough to get some pain relief can't help but feel like a watched criminal with the looming threat of legal nightmares or being denied access to medication. The PMPs popping up all over the country will continue to violate privacy, disrupt the Doctor/patient relationship and contribute to the improper pain treatment until... and it may happen... patients, professionals and advocates band together and be heard. Maybe when that does happen, the databases will crash as authorized parties start fishing for info on that group, perhaps branding them as a dangerous public menace,



Pingback: [Court Rules Warrant Is Required to Access PDMP \(2014\) | All Things Chronic](#)

[Charles eudy](#) | June 7, 2015 at 2:22 AM |

All I can say is...

@#\$\$ This program of watching my pain meds and who perceives themselves as all knowing another's pain limits and agreeing these people in pain should be monitored until such time tollorance raises over time and physical dependence is noted.

There is a difference between dependence and addiction you @#\$\$&%\$ morons!

You @#\$\$%\$# creators of great pain in others by your opinions and actions effecting people suffering.

Government needs to do the fighting of street crimes related to street drugs. I didn't vote for some @## holes to create pain for my fellow citizens needing these meds as a quality of life issue.

Dependence in short if the physical discomfort of withdraw from drugs. It does not mean you are an addict.

Say you have a car accident and you have been medicated over six months, pain is gone but you find you get sick and feel like you have the flue for a week or so. But you get thru it and move on because you have no pain. Good for you!

Addiction is the point of use that your mind craves the meds so badly you will repeat its use despite negative



circumstance over and over without self will to come off the drug of choice.

Unfortunately say you have been medicated for some time, may by years. Now your resistance has raised and you need more of the drug to do what it is designed to do.

The Dr. Is one of these pricks that states I think your taking to much and I'm not going to give you any more, or won't raise your prescription to meet the raised tollorance.

Like hell you wouldn't do just about anything to get your meds.

1. If you don't take them you will be in great pain
2. In addition to this pain you have withdrawals the are the equivalent or more so that the flue.

So @\$% you and your programs of little consequence compared to the horrible problems of street drugs.

Spend our money on psyc treatment on the streets to treat the conditions of abusers and fill the jails and institutions with the

Dealers not users so we can cut the head off of the problem not the tail like we have always done and failed we always have.

So @\$% you and anybody who agrees with this type of shortcoming to the ones who need pain meds chronically.

FU FU FU.....GOD DAM FU,!!!!

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