Identifying & Utilizing Data Sources to Support a PMP

Alliance of States with Prescription Monitoring Program
National Meeting on Legislation & Implementation
Charleston, South Carolina

Meelee Kim
October 18, 2010
Presentation Objective

• Provide examples of existing data sources that states can utilize to initiate, enhance, or sustain a Prescription Monitoring Program

• Share states experiences

• Note: * = easy to obtain; ** = moderately easy; *** = require additional help
SIGNE
PHILADELPHIA DAILY NEWS
Philadelphia
USA

DRUG-FREE AMERICA

AGE 0-4
AMOXICILLIN
4-12
RITALIN
12-18
APPETITE
SUPPRESSANTS
18-24
NO-DOZ
24-38
PROZAC
38-65
ZANTAC
65+
EVERYTHING ELSE

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National Trends From NSDUH

NSDUH: Past Month Use of Selected Illicit Drugs Among Persons 12 or Older: 2002-2009

*Difference between this estimate and the 2009 estimate is statistically significant at the 0.05 level.
Past year initiates for specific illicit drugs among persons aged 12 or older

Number in Thousands

Source: SAMHSA, National Survey on Drug Use and Health (NSDUH), 2009
National Trends from CDC

Number of Reported Unintentional Poisoning Deaths with Mention of Opioid Analgesics, 2001-2006

Source: Centers for Disease Control and Prevention, National Center for Health Statistics

Prevalence: Nonmedical Use of Pain Relievers in Past Year among Persons Aged ≥ 12: Annual Averages Based on 2006 and 2007 NSDUH

Source: SAMHSA NSDUH: [http://oas.samhsa.gov/2k7State/Ch2.htm#Fig2-28](http://oas.samhsa.gov/2k7State/Ch2.htm#Fig2-28)
Prevalence: Nonmedical Use of Pain Relievers in Past Year
Among Persons Aged 18 to 25

Source: SAMHSA NSDUH 2006 & 2007: http://oas.samhsa.gov/2k7State/Ch2.htm#Fig2-30
Prevalence: Comparing National with State Rates

Past Year Nonmedical Use of Pain Relievers
Annual Averages based on 2006, 2007, and 2008 NSDUH

*States without a PMP

Source: SAMHSA OAS NSDUH: http://oas.samhsa.gov/substate2k10/toc.cfm
Indicators: National Institute on Drug Abuse
2009 Community Epidemiology Work Group (CEWG)

Total Substance Abuse Treatment Admissions
Selected Areas CY 2008

# DAWN DATA: Estimated Emergency Department Visits

<table>
<thead>
<tr>
<th>CEWG Area</th>
<th>Estimated Numbers of ED Visits and (Rates per 100,000 Population), 2004</th>
<th>Estimated Numbers of ED Visits and (Rates per 100,000 Population), 2005</th>
<th>Estimated Numbers of ED Visits and (Rates per 100,000 Population), 2006</th>
<th>Estimated Numbers of ED Visits and (Rates per 100,000 Population), 2007</th>
<th>Percent and Direction of Change, 2005–2007</th>
<th>Percent and Direction of Change, 2006–2007</th>
<th>Percent and Direction of Change, 2004–2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston</td>
<td>3,982 (90.0)</td>
<td>4,417 (99.3)</td>
<td>4,164 (93.5)</td>
<td>5,346 (119.3)</td>
<td>--</td>
<td>+28%</td>
<td>+34%</td>
</tr>
<tr>
<td>Chicago</td>
<td>4,964 (52.9)</td>
<td>5,054 (53.5)</td>
<td>5,949 (62.6)</td>
<td>5,178 (54.4)</td>
<td>--</td>
<td>-13%</td>
<td>--</td>
</tr>
<tr>
<td>Denver</td>
<td>851 (36.5)</td>
<td>1,450 (61.4)</td>
<td>1,963 (81.5)</td>
<td>2,479 (100.6)</td>
<td>+71%</td>
<td>+26%</td>
<td>+191%</td>
</tr>
<tr>
<td>Detroit</td>
<td>2,725 (60.7)</td>
<td>4,149 (92.6)</td>
<td>4,769 (106.7)</td>
<td>6,068 (135.8)</td>
<td>+46%</td>
<td>+27%</td>
<td>+123%</td>
</tr>
<tr>
<td>Houston</td>
<td>4,170 (80.5)</td>
<td>3,211 (60.0)</td>
<td>5,915 (106.8)</td>
<td>6,935 (123.2)</td>
<td>+116%</td>
<td>--</td>
<td>+66%</td>
</tr>
<tr>
<td>Miami/Dade County</td>
<td>464 (19.6)</td>
<td>730 (30.7)</td>
<td>654 (27.2)</td>
<td>741 (31.1)</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Minneapolis/ St. Paul</td>
<td>1,878 (60.3)</td>
<td>1,923 (61.2)</td>
<td>2,687 (84.6)</td>
<td>3,263 (101.7)</td>
<td>+70%</td>
<td>+21%</td>
<td>+74%</td>
</tr>
<tr>
<td>New York City</td>
<td>3,615 (44.6)</td>
<td>5,291 (64.4)</td>
<td>6,245 (76.0)</td>
<td>7,193 (86.9)</td>
<td>+36%</td>
<td>--</td>
<td>+99%</td>
</tr>
<tr>
<td>Phoenix</td>
<td>2,629 (70.8)</td>
<td>2,762 (71.2)</td>
<td>3,593 (89.0)</td>
<td>3,941 (94.3)</td>
<td>+43%</td>
<td>--</td>
<td>+50%</td>
</tr>
<tr>
<td>San Diego</td>
<td>875 (29.8)</td>
<td>1,304 (44.4)</td>
<td>1,437 (48.8)</td>
<td>1,517 (51.0)</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>San Francisco</td>
<td>1,055 (62.5)</td>
<td>2,172 (128.6)</td>
<td>1,703 (100.3)</td>
<td>1,369 (79.6)</td>
<td>--</td>
<td>-20%</td>
<td>--</td>
</tr>
<tr>
<td>Seattle</td>
<td>3,528 (111.4)</td>
<td>4,062 (126.6)</td>
<td>5,010 (153.5)</td>
<td>5,194 (157.0)</td>
<td>+28%</td>
<td>--</td>
<td>+47%</td>
</tr>
</tbody>
</table>

Percentage of State and Local Law Enforcement Agencies Reporting an Association Between Pharmaceutical Diversion and Violent and Property Crimes, by OCDETF Region, 2008-2009

State Substance Abuse Agency’s Plan

• **New Hampshire’s Plan for “Overcoming the Impact of AOD Problems”**
  
  There were 147 deaths in 2005 due solely to drugs, with the top four drugs being opiates, methadone (from the sale of illegally diverted prescription methadone and other sources, not from methadone clinics); cocaine, and alcohol (Appendix III, ix)

• Assure collaboration among communities, law enforcement and the military to prevent the distribution of illegal drugs and misuse of prescription medications in New Hampshire (pg. 3)

• Develop strategies to address prescription drug misuse and abuse among older adults (pg. 22)

### ONDCP State Profiles

Montana: 12 - 17 year old youths reporting drug use based on NSDUH 2005-2006 data

<table>
<thead>
<tr>
<th>Drug Type and Use (12 -17 years old)</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past month illicit drug use</td>
<td>10,000</td>
<td>13.46</td>
</tr>
<tr>
<td>Past year marijuana use</td>
<td>13,000</td>
<td>17.06</td>
</tr>
<tr>
<td>Past month marijuana use</td>
<td>8,000</td>
<td>10.56</td>
</tr>
<tr>
<td>Past month use of illicit drug, not marijuana</td>
<td>5,000</td>
<td>5.91</td>
</tr>
<tr>
<td>Past year cocaine use</td>
<td>1,000</td>
<td>1.56</td>
</tr>
<tr>
<td><strong>Past year non-medical pain reliever use</strong></td>
<td>8,000</td>
<td>9.63</td>
</tr>
</tbody>
</table>


From 2010 National Drug Control Strategy

Figure 1. Number of Drug-Induced Deaths Versus Deaths from Motor Vehicle Accidents in 2006

Data Source: Centers for Disease Control and Prevention, WONDER online databases http://wonder.cdc.gov/cmrf-icd10.html (September 2009).
DEA ARCOS: Sales of Opioids in US from 1997-2006

(look up Retail Drug Summary reports for each year and click on Report #1 for state specific info)
Unintentional overdose deaths involving opioid analgesics parallel per capita sales of opioid analgesics in US 1997-2007

Source: National Vital Statistics System, multiple cause of death dataset, and DEA ARCOS
* 2007 opioid sales figure is preliminary.
The Substance Abuse Dollar

- 95.6 cents: The Substance Abuse Dollar Public Programs
- 1.9 cents: The Substance Abuse Dollar Prevention/Treatment
- 1.4 cents: The Substance Abuse Dollar Regulation/Compliance
- 0.7 cents: The Substance Abuse Dollar Interdiction
- 0.4 cents: The Substance Abuse Dollar Research

Source: CASA Shoveling Up II: http://www.casacolumbia.org/articlefiles/380-ShovelingUpll.pdf. (Starting on page 88, you’ll find state specific tables on spendings)
Example: Maine

Maine PMP FY07
Controlled Prescriptions II-IV: Thresholds (Prescribers/Pharmacies)

Number of Individuals
CS2
CS2+3
CS2+3+4

~975,000 dosage units

Source: Maine Office of Substance Abuse Prescription Monitoring Program
Example: Massachusetts

2005 Opioid-related Health Problems
Rate per 100,000 by Town

Source: Massachusetts Department of Public Health.
Example: Massachusetts

2005 Prescriptions Associated with Questionable Activity
(Rates per 100,000 Prescriptions) by Pharmacy Town

Source: Massachusetts Department of Public Health PMP
Example: Georgia
Controlled Substances Dosage Units Prescribed by Georgia Prescribers but Dispensed in Other States

*Washington has temporarily suspended its PMP operations due to budgetary constraints.
Example: Georgia

Average Number of Prescriptions Per Patient, 2009
Prescriptions Originating in GA and Filled in AL
by GA Zip Code

Legend
GA prescribers:
Average # prescriptions per patient
0.00
0.01 - 2.58
2.59 - 5.50
5.51 - 15.75
15.76 - 54.00
Example: Personal Stories

From Montana’s Invisible Epidemic Website:
http://www.doj.mt.gov/rxabuse/default.asp

Click for direct link to video:
http://www.youtube.com/watch?v=VdoDG_m4ymI&feature=related
State GIS Offices

Go to:
- http://www.marylandgis.net/coordination/
- http://agic.az.gov/board/
Additional Data Sources: OJS

- Office of Justice Statistics:

- Document on crime laboratories in 2005, 89% of analysis performed was on the identification of controlled substances [http://bjs.ojp.usdoj.gov/content/pub/pdf/cpffcl05.pdf](http://bjs.ojp.usdoj.gov/content/pub/pdf/cpffcl05.pdf) (p. 3)
Additional Resources: GAO reports

- OxyContin Abuse and Diversion and Efforts to Address the Problem: [http://www.gao.gov/new.items/d04110.pdf](http://www.gao.gov/new.items/d04110.pdf)
Data sources: Selected Peer Reviewed Publications


NSDUH: Description

- N = 50 states (plus D.C.)
- **Inclusion criteria**: civilian, non-institutional population residing in the U.S., aged ≥12
- **Exclusion criteria**: persons with no fixed residential address (e.g. homeless and/or transient persons not in shelters), active military personnel, residents of correctional facilities, nursing homes, long-term hospitals, & mental institutions.
- Computer-assisted, mainly self-administered starting in 2001
NSDUH: Description

- Stratified 1\textsuperscript{st} by states’ area segments based on Field Interview regions and then by census blocks.
- Stratified 2\textsuperscript{nd} by addresses (household).
- Stratified 3\textsuperscript{rd} by individuals, randomly selected.
- \(\sim\)70,000 respondents each year (1999 - 2009)
- **Response rates:** 91\% of Households selected; 74\% of Persons selected within households (90\% for youth)
DAWN: Description

Drug-related ED visits in hospitals
- Nationally representative sample of hospitals
- Over-sampled in selected metropolitan areas
- ED records for all visits in sample hospitals are screened

Drug-related Deaths
- Medical examiners and coroners
- Selected metropolitan areas
- Selected States
DAWN: Description

Strengths
• Continuous data collection for trend measurement
• Detailed information on specific drugs involved
• Metro area-level data

Limitations
• Interpretation unclear; doesn’t measure prevalence
• No State level ED data
• Low hospital response rate
• No national count of deaths
Contact Information

- John Eadie: JohnLEadie@aol.com
- Chris Baumgartner: cbaumgartner@pmpalliance.org
- Jim Giglio: jgiglio@pmpalliance.org
- Peter Kreiner: pkreiner@brandeis.edu or 781-736-3945
- Carol Prost: prost@brandeis.edu or 781-736-3874
- Ruslan Nikitin: nikitin@brandeis.edu or 781-736-3909
- Meelee Kim: mlkim@brandeis.edu or 781-736-3978