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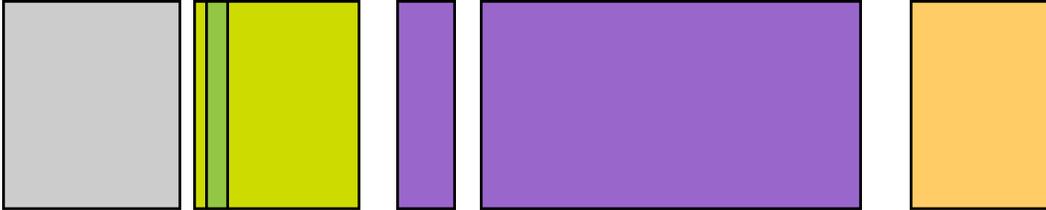
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the SCOOP

July 1, 2008

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Welcome to the first edition of the SCOOP Newsletter

The Connecticut Department of Consumer Protection Prescription Monitoring Program (PMP) would like to welcome you to the first edition of the SCOOP Newsletter.

The goal of the newsletter is to raise awareness on the increasing problem of prescription drug misuse, diversion and abuse across Connecticut and to provide a better understanding of the role of the Prescription Monitoring Program and the new Connecticut Prescription Monitoring and Reporting System (CPMRS).

The readership of this newsletter will cover a wide variety of stakeholders from health service stakeholders to government officials and policy makers to other healthcare system members.

All newsletter issues will be posted to the Prescription Monitoring Program's website at www.ct.gov/dcp for easy access and download.

The SCOOP Newsletter will be issued twice a year – July and January.

As this is the first edition, we

would also be grateful for your feedback on the content and style of the newsletter. If you have any comments or contributions to make for the next edition, please contact us at (860) 713-6073 or email us at: DCP.prescriptions@ct.gov.

Sincerely,

John Gadea, Director
Drug Control Division





Prescription Monitoring Program (PMP) Overview

In 2002, Congress appropriated funding to the U.S. Department of Justice to support Prescription Monitoring Programs (PMPs) across the nation. PMPs help prevent and detect the diversion and abuse of pharmaceutical controlled substances, particularly at the retail level where no other automated information collection system exists.

States that have implemented PMPs have the capability to collect and analyze prescription data much more efficiently than states without such programs, where the collection of prescription information requires the manual review of pharmacy files, a time-consuming and invasive process.

The purpose of PMP is to enhance the capacity of regulatory and law enforcement agencies to

collect and analyze controlled substance prescription data. The program focuses on providing help for states that want to establish a prescription drug monitoring program. Resources are also available to states that wish to expand their existing programs. 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 among states.
- Assessing the efficiency and effectiveness of the programs funded under this initiative.

DCP launches New Prescription Monitoring System

On July 1, 2008, the Department of Consumer Protection Prescription Monitoring Program will launch their new prescription monitoring system. The new system will collect prescription data for Schedule II through V controlled substance drugs into a centralized database, Connecticut Prescription Monitoring and Reporting System (CPMRS), which can then be used by prescribers and pharmacists in the active treatment of their patients.

The CPMRS was designed for both prescribers

and pharmacists to use as a tool to provide better care to their patients and to reduce prescription drug misuse, diversion and abuse.

Also, the CPMRS will provide prescribers and pharmacists a complete picture of a patient's controlled substance use, including prescriptions by other providers, so that the provider can properly manage the patient's treatment. Prescribers and pharmacists will be able to access their patients' controlled substance prescription information online 24/7.

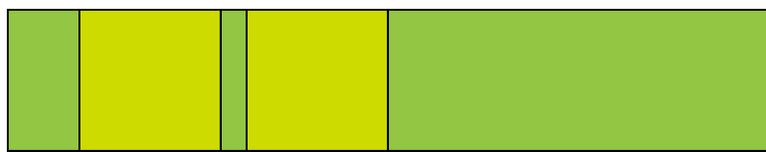
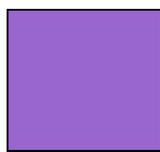
Prescription Monitoring Program - Educational Campaign

In July 2008, the Prescription Monitoring Program will launch an educational campaign targeting both prescribers and pharmacists on the benefits of using the new Connecticut Prescription Monitoring and Reporting System (CPMRS).

The campaign will consist of a direct mailing to all Connecticut licensed prescribers (20,000) and pharmacists (4,000). The mailing will include a letter from the Department of Consumer Protection and a brochure developed to provide

information on the new prescription monitoring program, which will explain how the program will not only assist them in detecting and preventing prescription drug abuse, but will also help them provide better and more responsive patient care.

Also, print ads will be placed in Connecticut Medical Society and Connecticut Pharmacist journals and newsletters to direct both prescribers and pharmacists to the Prescription Monitoring Program's website for more information.





PRESCRIPTION DRUG MONITORING: A life-saving and clinically valuable tool to help address the growing epidemic of opiate dependence in Connecticut

The Department of Mental Health and Addiction Services (DMHAS) is pleased to partner with the Department of Consumer Protection (DCP) in the implementation of the Prescription Monitoring Program (PMP) in Connecticut. While, to some at first glance, this program may appear to be a burden or as “big brother” governmental interference attempting to limit the ability of physicians to legitimately prescribe scheduled medications without fear of reprisal – our involvement has none of this in mind.

In fact, quite the opposite is true. We see three very positive benefits of this program: 1) the potential to significantly reduce drug abuse by children; 2) the ability to verify prescription poly-substance abuse by individuals in treatment for opioid and other drug dependence; and 3) the ability to identify impaired professionals in need of intervention and treatment for their own drug abuse and dependence problems. Each of these will save lives.

Connecticut has been experiencing what several other states are also now seeing – outbreaks of opioid abuse, dependence and related mortality -- particularly among white, suburban youth. Over the past few years, prescription medication has become the number one drug of first use (i.e., “gateway drug”) by new initiates – even surpassing marijuana.

The widespread abuse of prescription opioid analgesics among this population is rapidly migrating to more affordable heroin use (including injection use) as small groups of youth perceive minimal risks among their friends who use. The consequences are staggering and yet not adequately raised and recognized as a general public health and public safety concern. In fact, while many

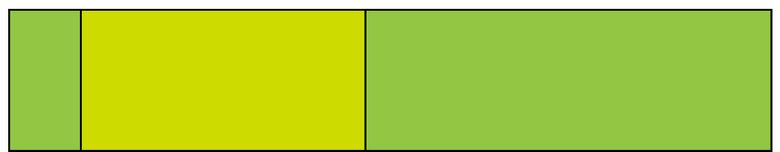
young people overdose and some die from prescription medication abuse, we cannot even accurately quantify the extent of this problem.

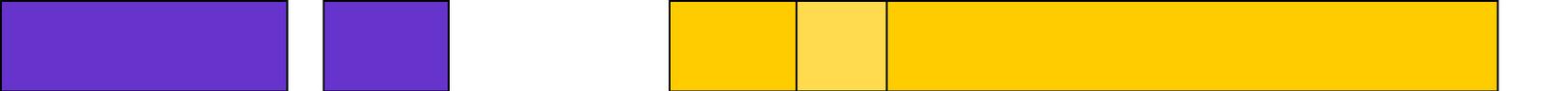
Often parents quietly send their children to out-of-state treatment programs and do all in their power to hide from the shame they experience from these deaths by keeping them out of the media and ensuring that causes of death are listed as “accidental poisoning” and the like – in order to protect their reputations. Other parents are speaking out in order to help save others’ lives. Children are dying in Connecticut and we need to work together to prevent it by removing unneeded, unused medications from family medicine cabinets.

While Connecticut (and the Northeast as a whole) has experienced widespread opiate (e.g., heroin) abuse as a leading addiction issue for decades, the prescription opioid analgesic problem has only fueled the fire.

About four years ago, opiates surpassed alcohol as the most frequent primary drug of choice for individuals entering our public-funded addictions treatment system – for the first time in history. Driving this has been the 18-25 year-old group, mostly those who switched from pills to injection heroin use. As a result, we have seen a significant increase in the demand for methadone treatment, and the emergence of a newer medication for opioid dependence, buprenorphine. While effective tools, these are also very potent medications that are subject to the most intensive governmental monitoring and oversight of any drug on the market in the United States.

With opioid pain medications generally becoming widely available through means other than treatment programs, without anywhere near the same degree of oversight, the potential for individuals in treatment to use





PRESCRIPTION DRUG MONITORING: A life-saving and clinically valuable tool to help address the growing epidemic of opiate dependence in Connecticut — continue

multiple drugs poses serious health risks to clients and significant liability exposure to treatment providers. Having access to an accurate prescription database will go a long way toward reducing these risks.

Helping professionals with advanced academic and clinical credentials are not immune from the problems of substance abuse and addiction. In fact, the incidence of these conditions among physicians and allied healthcare professionals including pharmacists is higher than the general population.

Their accessibility to, and frequent handling of, medications certainly places them at some degree of increased risk. While the PMP has the potential to be an enforcement tool that might lead to punitive consequences when necessary, it is hoped and intended that this program will be able to identify those at high risk early in the cycle of addiction and to refer and engage impaired individuals to appropriate treatment.

Our state offers diversionary judicial programs for the general population in need of treatment, and should do no less for those in the helping professions. The PMP will provide an effective means for increasing the state's ability to connect individuals with the help they need, while providing adequate supervision to protect the public from their behavior.

A final comment needs to be made specifically about methadone. This medication is widely misunderstood, wrought with myths and stigma. With the combined increase in clinic-based methadone maintenance treatment (MMT) and physician office-based (and pain management clinic) prescribing of methadone for pain, larger quantities of methadone are now being dispensed into the public.

While the diversion of this medication is minimized in MMT programs through close monitoring of administration and extensive

diversion control plans, less control is possible when methadone is prescribed in tablet form and dispensed through community pharmacies.

Studies have been conducted that suggest the latter as the far more frequent source of methadone associated with diversion, overdoses and deaths – that have increased significantly over the past few years, across the country.

While methadone should be continued as one of a wide range of pain medications, it should not be used as a first-line approach without thorough, individualized pain assessment by qualified physicians. Clearly, training is essential in this area in order to ensure that proper prescribing of pain medication can continue without posing the risk of harm to patients and others, and without physicians under-prescribing out of fear of reprisal.

At the same time, we have great interest in educating the public to turn the “finger-pointing” away from methadone clinics so that this highly effective, and necessary opioid dependence treatment approach can continue to be the backbone of our treatment system – and not attacked out of fear and ignorance.

Peter B. Rockholz, M.S.S.W.
Deputy Commissioner
State Methadone Authority
Connecticut Department of Mental Health and
Addiction Services



Internet Access for CPMRS

Register at <https://www.ctpmp.com>

1. **Click on** "Not a User? Register to become a User."
2. Provide your basic contact information and indicate your status as a practitioner or pharmacy.
3. Once the registration application is submitted online, you will receive a confirmation page. Print, review, sign and fax the confirmation page to DCP PMP at (860) 622-2608.
4. Your User Name and Password will be mailed to your address of record on file with the Department of Consumer Protection.

Other State Prescription Monitoring Programs - Virginia

The Virginia Prescription Monitoring Program finished 2007 by fulfilling 22,156 requests compared to 6,333 requests in 2006. Prescribers, as in most states, made the greatest number of requests for dispensing history information at 72%, followed by pharmacists at 13%, the Virginia State Police at 7%, the Department of Health Professions at 3%, the Virginia Medical Examiner's Office at 3%, the Health Practitioners' Intervention Program at

1%, and DEA made 1% of requests.

There are now over 19.6 million records in the program database, with pharmacies submitting almost one million records each month. Going forward into 2008, the program will look to expand service to 24/7 access and "automatic response." For more information visit their website at www.dhp.virginia.gov/dhp_programs/pmp.

NASCSA Conference Update

This year's conference will be held at the Sheraton Yankee Clipper Hotel in Ft. Lauderdale, Florida October 21-25, 2008. Please note the change in hotels due to renovations at the original hotel. For the most recent information visit their website for updates at www.nascsa.org.

As with past NASCSA conferences, a meeting room will be made available for the Alliance of States with Prescription Monitoring Programs to hold their annual meeting.



The mission of the Department of Consumer Protection is to ensure a fair and equitable marketplace, safe products and services for consumers in the industries that we license, regulate and enforce.