

EDS and Chronic Pain News & Info

Opioid Tracking Is Killing Americans

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Prescription drug monitoring programs (**PDMPs**) are **state-based data banks that track opioid and other controlled substances prescribed** by healthcare providers and filled by patients at pharmacies.

They are **supposed to cut down on the abuse and overuse of such substances by reducing the rate at which physicians prescribe opioids.**

While many **policy makers think they're a great idea**, they may be actually **contributing to the rise in opioid overdose deaths.**

The most recent data from the Centers for Disease Control and Prevention (CDC) is telling; it appears that **overdoses from prescription opioids are stabilizing or even waning, while overdoses from heroin are dramatically increasing.**

In 2015 the CDC reported a record high 33,000 opioid overdose deaths, the majority of which were from heroin.

PDMPs might succeed in making healthcare providers more frugal prescribers of narcotics. But they may also be sending more patients, in desperation, to the illegal drug market.

Providers receive quarterly “report cards” comparing them to their peers in their specialty with respect to the number of times per month they prescribe various opioids, benzodiazepines, and other controlled substances.

They are classified anywhere from normal to outlier to extreme outlier.

Aware that they are under surveillance, no provider wants to be seen as an outlier. There's no telling what the long-term consequences might be for a provider with that label

The ensuing **chilling effect on the prescribing of opioids** has led doctors to **cut off some of their patients who are honestly in pain** – and some of whom may have developed a physical dependence, but not an addiction (there is a difference), leading some of them to seek relief in the illegal drug market.

The CDC data showing an increase in the number of heroin overdoses and a slowing in those from prescription drugs **appear to bear this out.**

This calls into question the value and effectiveness of PDMPs.

PDMPs might succeed in making healthcare providers more frugal prescribers of narcotics. But they **may also be sending more patients, in desperation, to the illegal drug market where they obtain opioids that may be counterfeit**, laced with dangerous and more powerful

drugs such as fentanyl and carfentanil, and where they may opt for **heroin because it is actually cheaper and easier to obtain than prescription opioids.**

A study released in May 2017 lends credence to this theory. Researchers at the University of Pennsylvania and Pennsylvania State University used data from all jurisdictions, as well as from the Centers for Disease Control and the US Census Bureau, to examine the effect of all PDMPs from 1999-2014.

They concluded that, “**PDMPs were not associated with reductions in drug overdose mortality rates and may be related to increased mortality from illicit drugs** and other, unspecified drugs.”

If states want to continue with Prescription Drug Monitoring Programs they should convert them into useful databases for healthcare practitioners to voluntarily access, as needed, in the course of administering care to their patients.

But big brother heavy-handedness in these programs needs to end as it is only making matters worse.

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