



ARKANSAS
DEPARTMENT OF HEALTH

PRESCRIPTION DRUG
MONITORING PROGRAM
ANNUAL REPORT
JANUARY – DECEMBER 2017

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Program Updates

Arkansas Prescription Drug Monitoring Program (PDMP) users experienced several changes in 2017. Arkansas passed legislation in the spring making it mandatory to access the PDMP when prescribing certain opioids and the first time prescribing a benzodiazepine, with minimal exceptions. This mandate went into effect on August 1, 2017.

On November 13, 2017, the PDMP switched software vendors to replace RxSentry, which had been in use since implementation in March of 2013, to Appriss which holds PDMP contracts with many other states. Changes include: easier account creation and password reset, faster log-in and patient search, faster data error correction by pharmacies, and bulk search capacity which allows users to look up an entire list of patients at once time, instead of searching for each individually.

On December 1, 2017 a rules and regulation change went into effect that requires pharmacies to upload their controlled substances dispensing data to the PDMP by the next business day following dispensing. These changes ensure that controlled substance data is available to our users when they need it and in a format that is user friendly and informative.

Part 1

Prescription Drug Use in Arkansas

Background: How does the PDMP track prescriptions?

The information in the PDMP comes from pharmacies. By law, all pharmacies in Arkansas are required to report the controlled substances they dispense to the PDMP. Controlled substances are drugs that are addictive or can be abused. Hospitals that dispense drugs to people in their facility are exempt, and do not have to report to the PDMP. These facilities account for a small percent of prescriptions. In some cases, pharmacies located outside of Arkansas report to the PDMP as well. For example, mail-order pharmacies that ship medications to Arkansas residents also must report. The broad coverage of the Arkansas PDMP is one of the program's greatest strengths.

About how many prescriptions are written per person in Arkansas?

The information reported by pharmacies can be used to determine how many prescriptions are written per 100 persons, which is a standard measure used by the Centers for Disease Control and Prevention (CDC). In 2017, 108.1 opioid prescriptions were written per 100 persons. This means that enough opioid prescriptions were written for every person in Arkansas to have their own bottle of pills. During the same year, 59.1 benzodiazepine prescriptions were written per 100 persons. The most popular benzodiazepines are anti-anxiety drugs, like *Xanax* ©. Stimulants were the third most prescribed class of controlled substances. About 24.2 stimulant prescriptions were written for every 100 persons in 2017. The most popular stimulant was amphetamine, which is also known by the brand name *Adderall* ©, and is used to treat attention deficit hyperactivity disorder (ADHD) (Table 1.1).

Table 1.1: Top-Selling Prescription Drugs by Class – Arkansas, 2017

Rank	Drug Type	Prescriptions per 100 Persons
1	Opioids*	108.1
2	Benzodiazepines	59.1
3	Stimulants	24.2

*Excludes buprenorphine

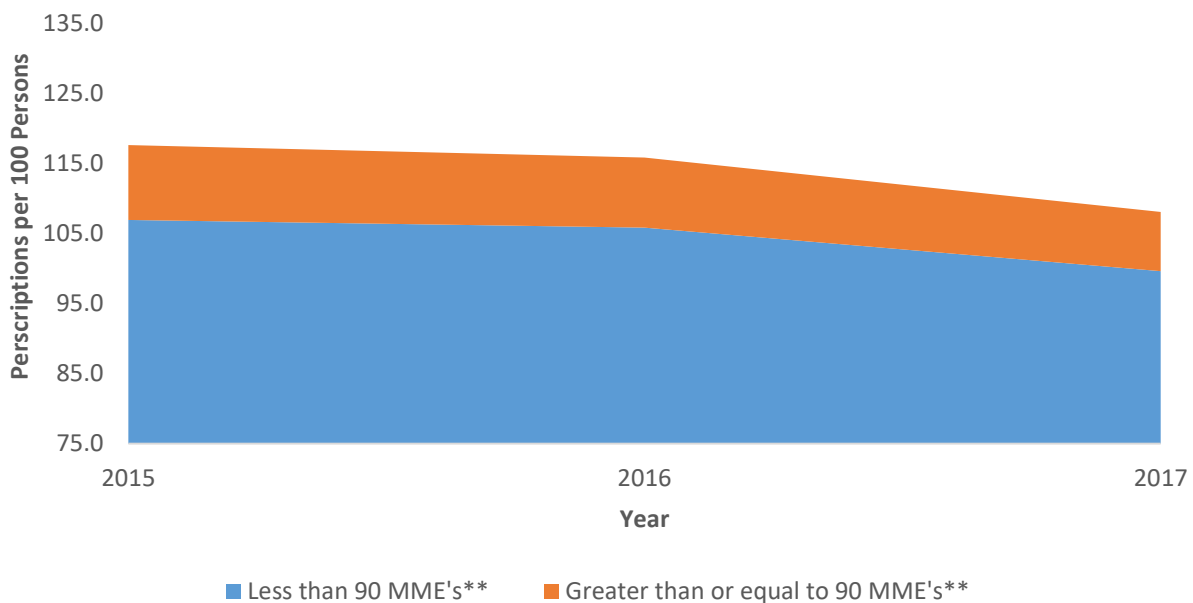
Note: Based on 28,679 drugs included in the CDC Conversion Reference Table

Data Source: Arkansas Prescription Drug Monitoring Program

Is opioid prescribing increasing or decreasing?

Opioid prescribing in Arkansas has gone down over the last three years. The number of opioid prescriptions written per 100 persons has fallen from 117.7 in 2015 to 108.1 in 2017. There has been a decrease in both higher-dose and lower-dose opioid prescriptions. Prescriptions greater than or equal to 90 morphine milligram equivalents (MME's) per day, is a commonly used definition of high-dose, since they have been linked to increased risk for addiction and overdose. High-dose opioid prescriptions fell from 10.7 per 100 persons in 2015 to 8.5 per 100 persons in 2017 (Figure 1.1).

Figure 1.1: Opioid* Prescriptions Written per 100 Persons – Arkansas, 2015 – 2017



*Excludes buprenorphine

** Morphine milligram equivalent

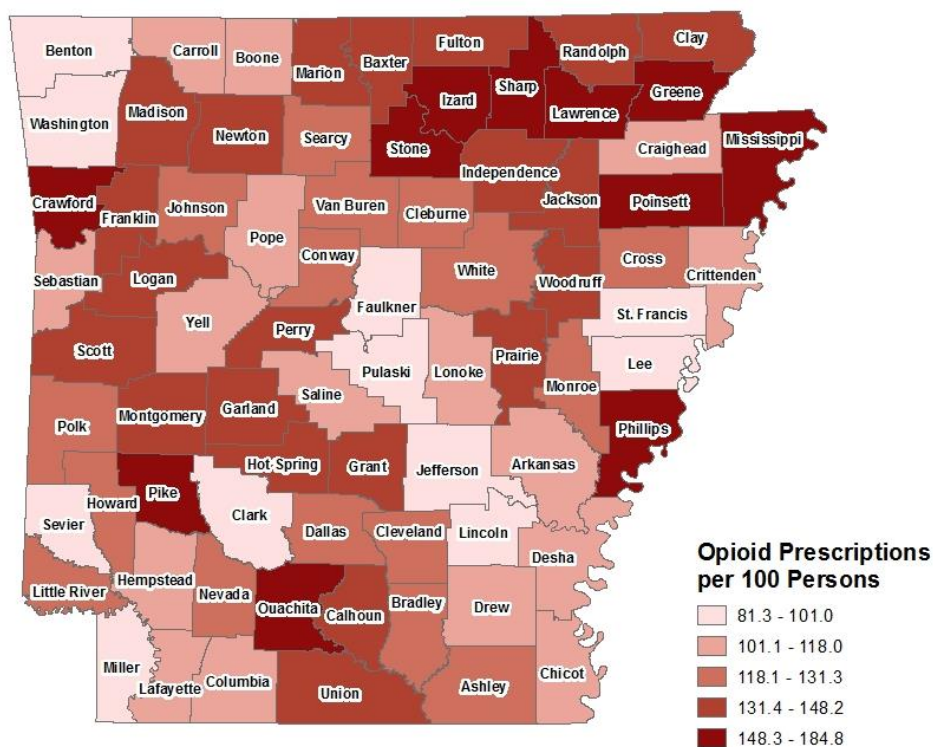
Note: Values may differ from other published reports due to the exclusion of buprenorphine and restriction to residents of Arkansas in this graph

Source: Arkansas Prescription Drug Monitoring Program

How Does Opioid Prescribing Differ by County?

In Arkansas, opioid prescribing varies widely by county. There are some counties where the prescribing rate is as low as 81.3 prescriptions per 100 persons and other places where it is as high as 184.8 prescriptions per 100 persons. These differences suggest that people in some parts of the state may not be receiving adequate treatment for pain while people in other areas may be receiving excessive treatment. Between 2015 and 2017 the county with the lowest average opioid prescribing was Miller and the county with the highest rate was Poinsett (Figure 1.2).

Figure 1.2: Average Annual Opioid* Prescriptions per 100 Persons – Arkansas, 2015 - 2017



*Excludes buprenorphine

Source: Arkansas Prescription Drug Monitoring Program

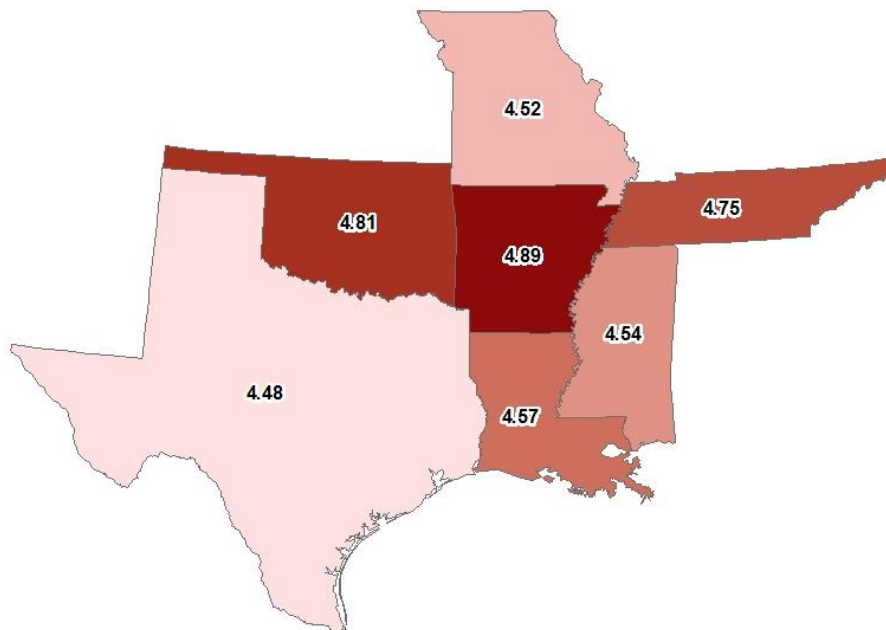
Part 2

Problems Related to Drug Misuse

How many people misuse prescription drugs?

It is hard to know how many people misuse prescription drugs, but one of the best sources of information we have on this topic comes from surveys. The National Survey on Drug Use and Health is conducted every year by the Substance Abuse and Mental Health Services Administration to gather information about drug use in the United States¹. Between 2015 and 2016, the survey found that 4.89% of Arkansans over age 12 misused pain relievers. Nonmedical use of pain relievers is higher in Arkansas than it is in all of our border states (Figure 2.1).

Figure 2.1: Percent of Population Aged 12+ that Misuses Pain Relievers – Arkansas and Border States – 2015 - 2016

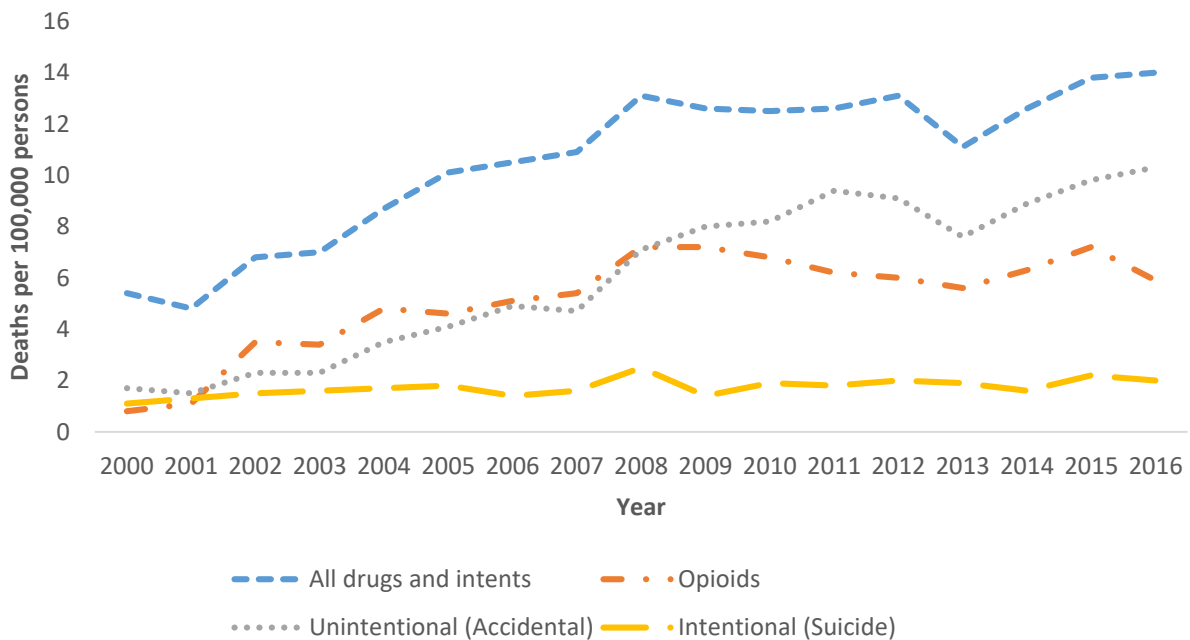


Source: National Survey on Drug Use and Health

Is the overdose problem getting worse?

Overdose deaths are one of the most striking examples of the harm that drugs can cause. The drug overdose death rate in Arkansas nearly tripled between 2000 and 2016. The majority of drug overdose deaths are accidental, although there has also been a low but steady rate of drug-related suicides since at least 2000. The rate of opioid-related overdose deaths rose sharply between 2000 and 2008 and has since leveled off (Figure 2.2). Because some death certificates do not mention the drugs involved, it is possible that the true number of opioid-related overdose deaths is higher than the reported rate.

Figure 2.2: Drug Overdose Death Rates – Arkansas – 2000 – 2016



Source: CDC WONDER

Part 3

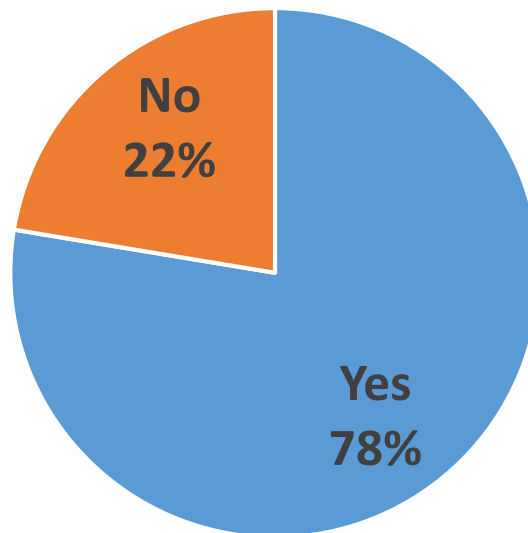
Ensuring Proper Use of Prescription Drugs

How do we make sure prescription controlled substances are used properly?

The purpose of the PDMP is to ensure the legitimate use of controlled substances in the health care system. The PDMP does this by allowing prescribers to see all controlled substances that their patients have been prescribed over the last three years, prior to writing a new prescription. The PDMP can reassure prescribers that patients are there for a legitimate purpose or may alert prescribers to questionable activity. The PDMP also enables pharmacists to check a patient's prescription history before filling new prescriptions.

In order for the PDMP to work effectively, people with prescribing privileges, like doctors, have to use it. As of December 2017, 78% of clinicians who prescribe controlled substances had registered with the PDMP (Figure 3.1)

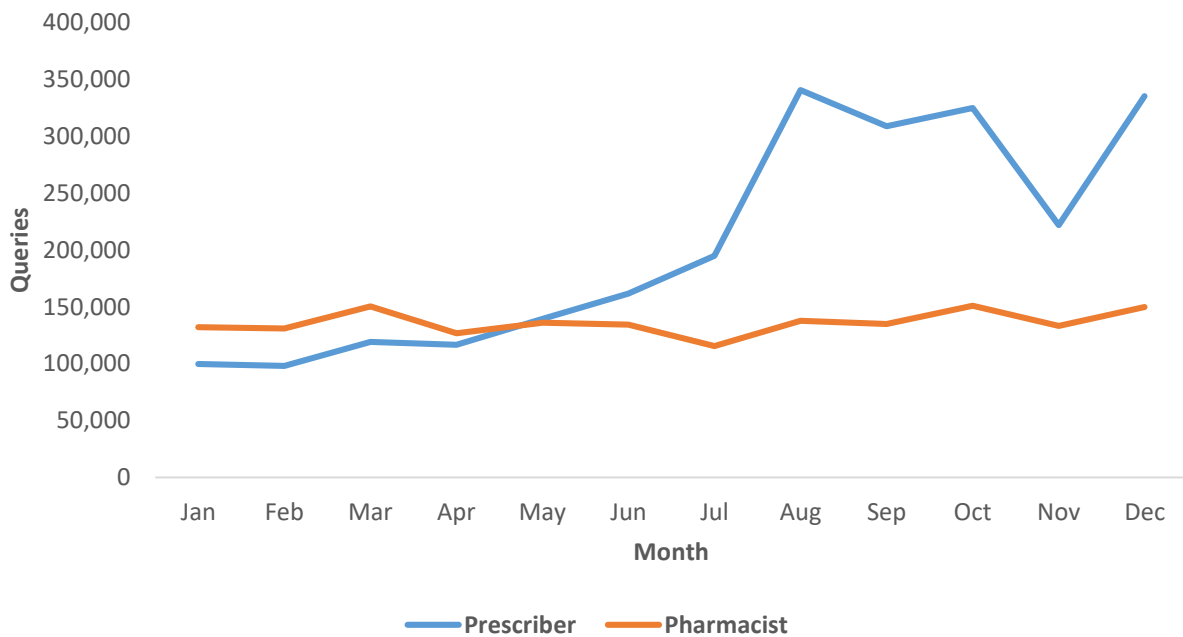
Figure 3.1: Prescribers Registered to Use the Arkansas Prescription Drug Monitoring Program – December, 2017



Source: Arkansas Prescription Drug Monitoring Program

PDMP's are most effective when prescribers and dispensers use them every time they write or fill a prescription for a controlled substance. The number of queries to the Arkansas PDMP increased dramatically during 2017, indicating that more prescribers and dispensers are using it. The increase was driven mostly by prescribers. Prescriber queries increased from 99,800 in January to 335,100 in December 2017. This increase was due in part to new rules that require prescribers to check the PDMP before prescribing certain medications. The drop in queries that occurred in November coincided with the PDMP's transition to a new software program. We do not anticipate similar drops in the future (Figure 3.2).

Figure 3.2: Queries to the Prescription Drug Monitoring Program by Prescribers and Pharmacists – Arkansas, 2017

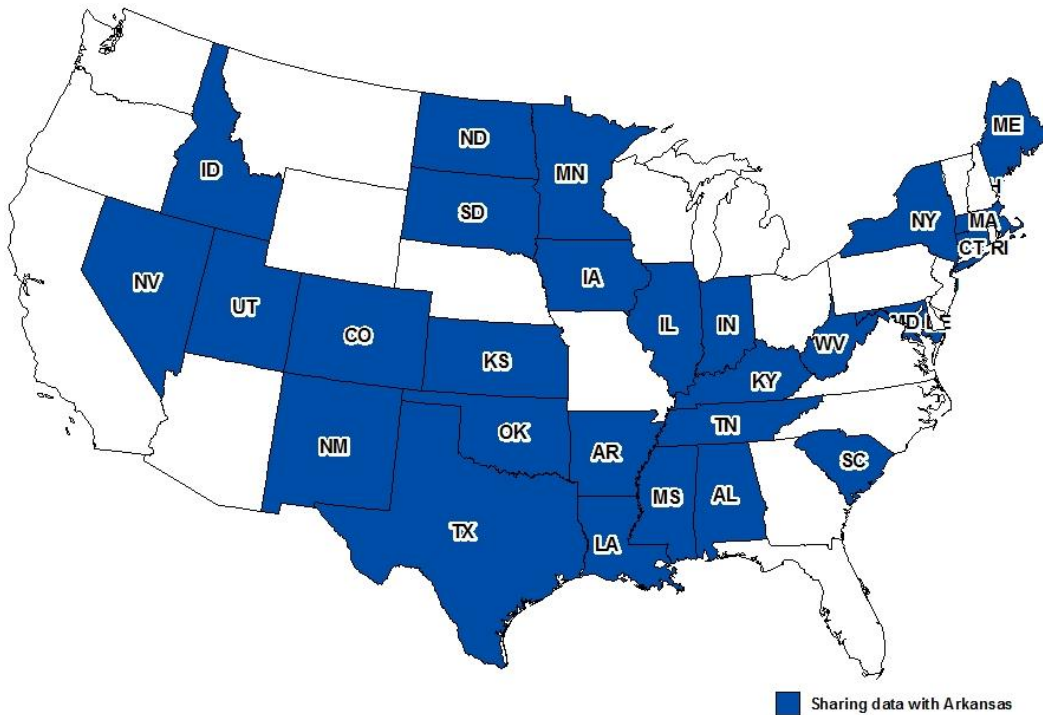


Source: Arkansas Prescription Drug Monitoring Program

What about prescriptions dispensed out of state?

Another key element of effective PDMP's is the ability to share information with other states. Data sharing allows prescribers and pharmacists to see what controlled substances a patient receives from pharmacies outside of Arkansas. During 2017, the Arkansas PDMP began sharing data with 18 additional states, bringing the total number of states sharing data with Arkansas to 25 (Figure 3.2).

Figure 3.2: States that Share PDMP Data with Arkansas — December, 2017

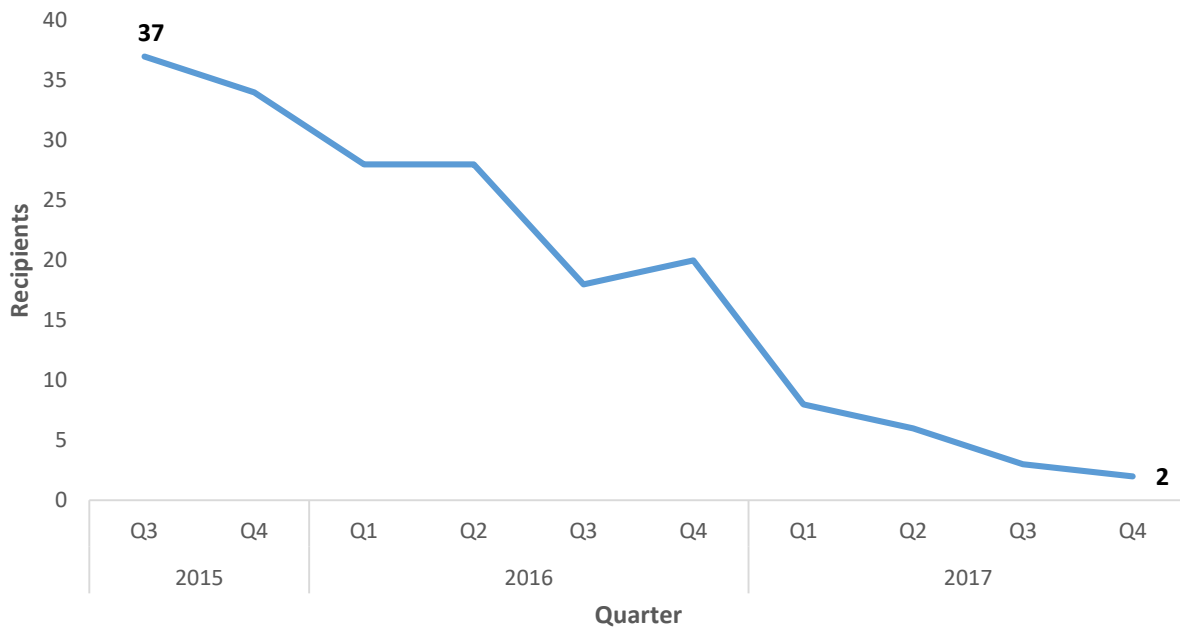


Source: Arkansas Prescription Drug Monitoring Program

How does the PDMP address “doctor shopping?”

“Doctor shopping” is when a patient goes to multiple providers to get the same prescription or type of drug. The PDMP identifies patients who get multiple prescriptions from multiple prescribers and fill them at multiple pharmacies. Once a “doctor shopper” is identified, the PDMP Administrator can alert prescribers and pharmacists involved. Arkansas has seen a large decrease in doctor shopping since the PDMP was implemented. (Figure 3.4).

Figure 3.4: Recipients Seeing Seven or More Physicians and Seven or More Pharmacies in a 90-day Period— Arkansas— Second Quarter, 2015—Fourth Quarter, 2017



Source: Arkansas Prescription Drug Monitoring Program

Conclusion

Since the PDMP was established in 2011, Arkansas has made great strides in improving the way controlled substances are used in health care. Increased use of the PDMP by prescribers and dispensers, data sharing agreements with 25 states, and large reductions in doctor shopping are just a few of the program's accomplishments. In spite of these gains, rising overdose death rates and reports of nonmedical use of prescription pain relievers are reminders of the work that remains to be done. In the future, the Arkansas PDMP will continue to use technology, education, planning and partnerships to reduce the harm caused by the misuse of prescription drugs in our state.

References

1. SAMHSA. (2018). National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia). Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2016/NSDUHsaePercents2016.pdf>.
2. Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2016 on CDC WONDER Online Database, released December, 2017. Data are from the Multiple Cause of Death Files, 1999-2016, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10.html> on Mar 22, 2018 11:42:29 AM

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