

# Prescription Monitoring Program

Annual Report

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2016

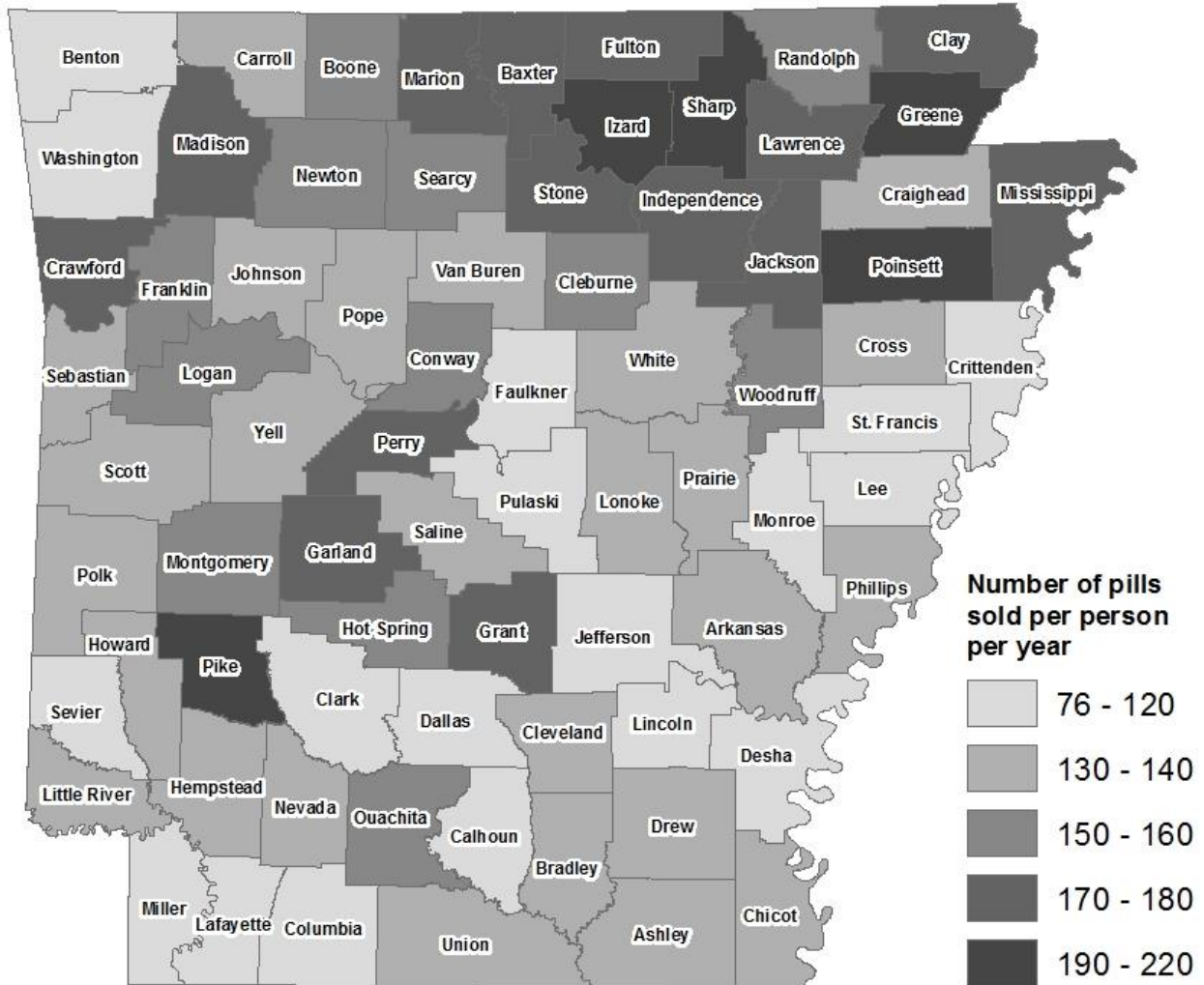
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## **Letter from the Program Administrator**

This Annual Report is intended for state legislators, health care licensure boards, the public health community, law enforcement, recovery service providers and leaders of state and local government. This report addresses the current state of prescription controlled substance use in Arkansas and how we can reduce problems related to the misuse of prescription drugs. We thank you for your interest in our work and hope this information will be useful for planning and evaluating your activities related to prescription drug abuse.

**Figure 1.1: Sales of Prescription Controlled Substances per Person per Year - Arkansas, 2016**



**Data Source: Arkansas Prescription Monitoring Program**

## Part 1

### Prescription Drug Use in Arkansas

#### What are prescription drugs?

Prescription drugs are medicines regulated by the Food and Drug Administration that can only be prescribed by a licensed health care provider and sold by a licensed pharmacist. A controlled substance is a type of prescription drug that is classified according to potential for abuse and addiction. The Arkansas Prescription Monitoring Program (PMP) keeps a record of all controlled substances sold in Arkansas. Figure 1.1 shows the number of controlled substance pills sold per person, per year in different counties in Arkansas. In the darker shaded counties, 190-220 pills were sold per capita in 2016. This means that enough pills were sold for every person in these counties to take between 190 and 220 pills during the year.

An opioid is a substance that acts on the opioid receptors in the brain to produce morphine-like effects such as pain relief and depression of the central nervous system. A common example is hydrocodone which is an ingredient in Vicodin © and Norco ©.

#### How many people take prescription controlled substances?

The Prescription Monitoring Program collects information about controlled substances sold by pharmacies. In 2016, 46% of Arkansans aged 18 or older filled at least one prescription for a controlled substance. The most popular controlled substances are opioids followed by depressants and stimulants (Table 1.1).

**Table 1.1: Top-Selling Prescription Drugs by Class – Arkansas, 2016**

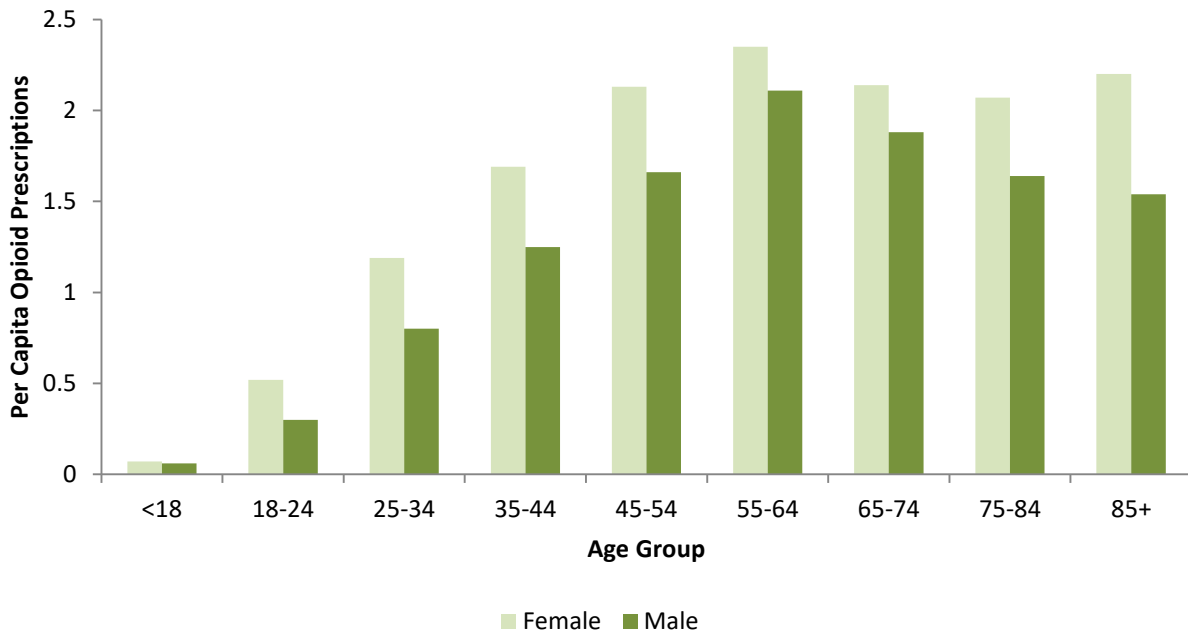
Rank	Drug Type	Pills Sold
1	Opioids	235,934,613
2	Depressants	102,334,650
3	Stimulants	28,095,936
<b>Total</b>		<b>366,365,199</b>

#### Data Source: Arkansas Prescription Monitoring Program

In 2016, enough opioids, depressants and stimulants were sold for every person in Arkansas to take about 100 pills each during the year. The rest of this report will focus on prescription opioids, which have received a lot of attention over the last few years.

The use of prescription opioids varies by age. In Arkansas, opioid use is more common among women and people aged 55 years and over. In 2016, Arkansans aged 55 and over filled an average of two opioid prescriptions per year (figure 1.2).

**Figure 1.2: Per Capita Opioid Prescriptions by Gender and Age Group – Arkansas, 2016**



**Data Source: Arkansas Prescription Monitoring Program, US Census Bureau**

Opioid sales increase with age, which is to be expected, since many painful conditions worsen as people get older. Opioid use among women of reproductive age is a concern in Arkansas. In 2016, women between the ages of 18 and 44 filled 0.5 to 1.75 opioid prescriptions per person. Opioid use by pregnant women increases the risk of a disease called neonatal abstinence syndrome (NAS). NAS occurs when babies are born dependent on opioids, because of mother’s use. Because the majority of pregnancies are unplanned, the risk for NAS is high when prescribing opioids to this population.

In Arkansas, health disparities exist between counties. Occupation, average age, and income level are all factors that affect disease rates in different areas. Opioid therapy, a common treatment for pain, also varies from one county to another. There are some counties where more than 150 opioid pills were sold per adult during 2016. That is enough for every adult to take a pill per day from January through May. On the other end of the spectrum, there are counties where just 72 opioid pills were sold per adult, less than half as many as in the top county (table 1.2).

**Table 1.2: Opioid Sales per Person per Year by County – Arkansas Adults Aged 18+, 2016**

County	Pills	County	Pills	County	Pills	County	Pills
Arkansas	96	Dallas	92	Lincoln	74	Pulaski	78
Ashley	108	Desha	90	Little River	106	Randolph	116
Baxter	130	Drew	92	Logan	136	Saline	98
Benton	94	Faulkner	76	Lonoke	94	Scott	122
Boone	124	Franklin	132	Madison	158	Searcy	132
Bradley	96	Fulton	148	Marion	138	Sebastian	112
Calhoun	94	Garland	130	Miller	76	Sevier	96
Carroll	112	Grant	142	Mississippi	116	Sharp	158
Chicot	104	Greene	140	Monroe	90	St. Francis	72
Clark	76	Hempstead	104	Montgomery	130	Stone	146
Clay	114	Hot Spring	124	Nevada	102	Union	114
Cleburne	108	Howard	114	Newton	124	Van Buren	104
Cleveland	98	Independence	126	Ouachita	134	Washington	90
Columbia	86	Izard	148	Perry	142	White	98
Conway	128	Jackson	124	Phillips	108	Woodruff	114
Craighead	96	Jefferson	80	Pike	150	Yell	106
Crawford	154	Johnson	120	Poinsett	160		
Crittenden	84	Lafayette	88	Polk	118		
Cross	94	Lawrence	124	Pope	98		

**Data Source: Arkansas Prescription Monitoring Program**

Increased awareness of the dangers associated with prescription opioids is imperative. Prescription opioids should not be shared with others. Opioid prescription drug sharing can lead to overdose and death. Safe disposal of unused medication can reduce the risk of prescriptions being misused or abused.

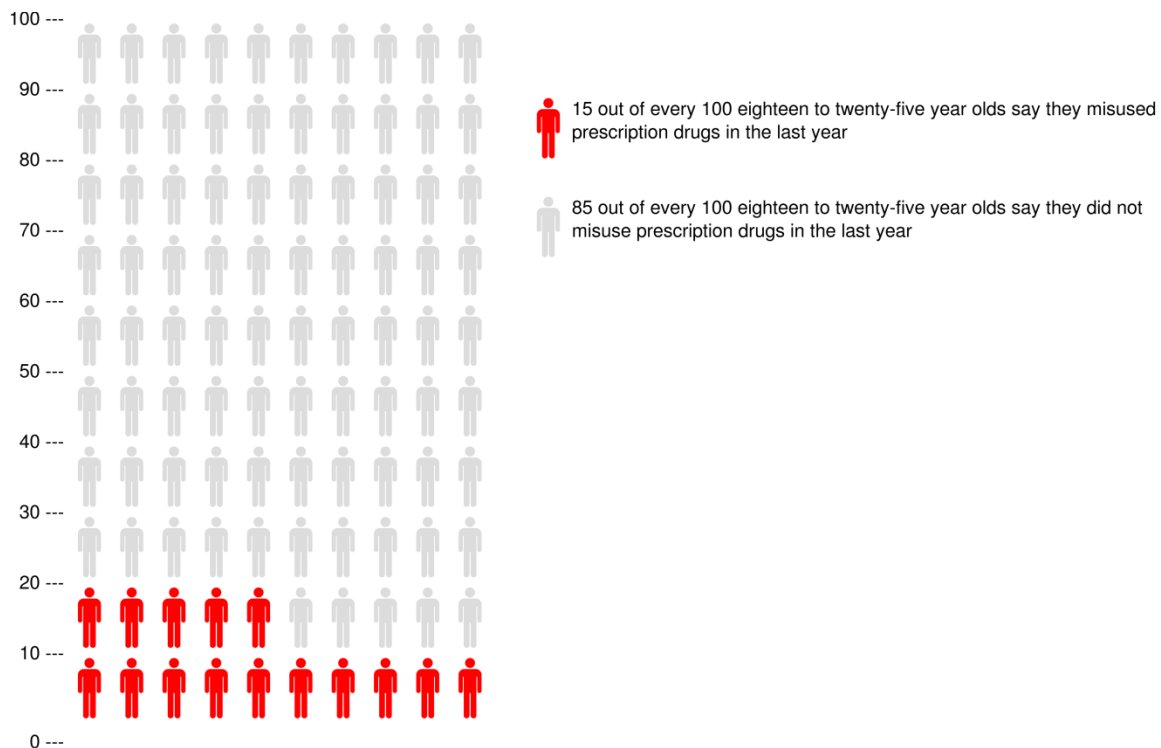
## Part 2

### Problems Related to Prescription Drug Use

#### How many people misuse prescription drugs?

Nationwide, 18.9 million people, or 7.1% of the population, are estimated to misuse prescription drugs (National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration). Rates of misuse vary by age and race. Young adults have the highest rates of reported prescription drug misuse. Fifteen percent of people aged 18 to 25 reported misusing prescription drugs in the past year (figure 2.1). In regards to race, prescription drug misuse is more common among whites. The percentage of whites that misuse prescription drugs is seven percent higher than it is for the population as a whole (1).

**Figure 2.1: Percent of Adults Aged 18 to 25 Who Misuse Prescription Drugs – United States, 2015**



Data Source: National Survey on Drug Use and Health



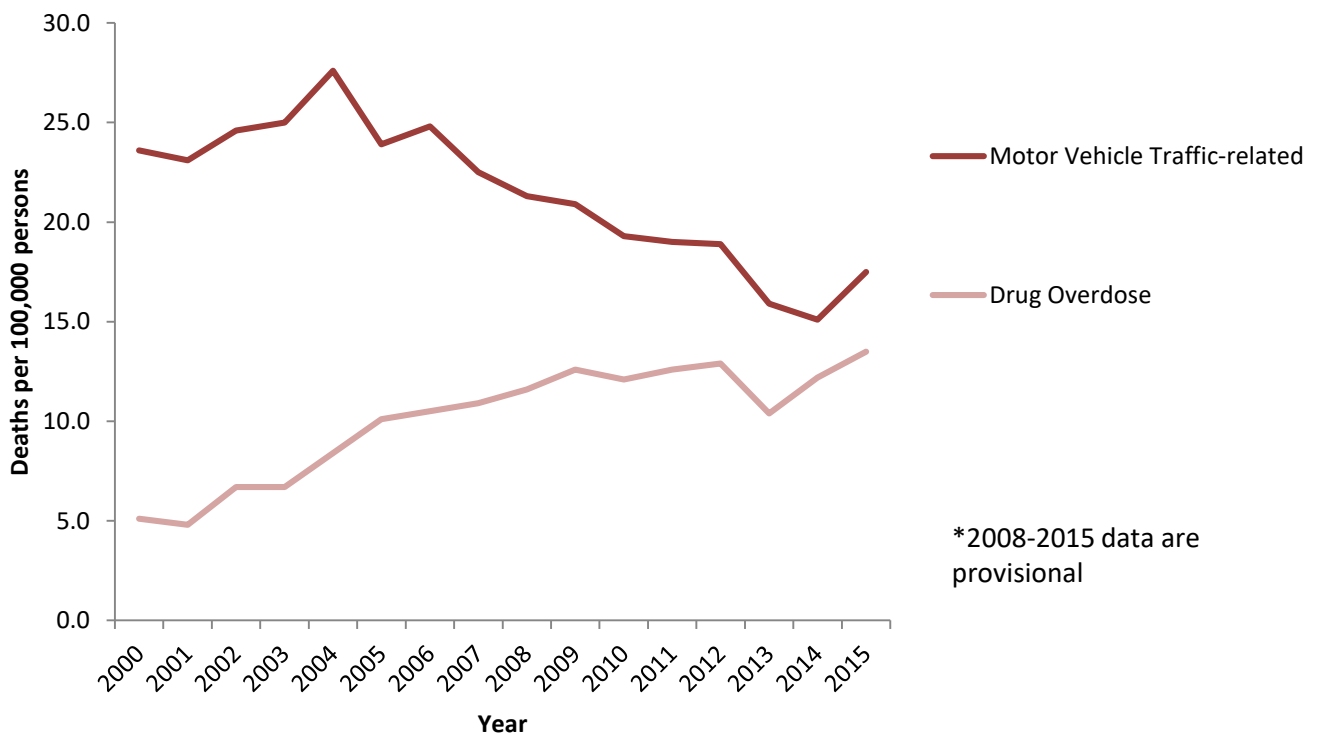
## How many people are harmed by prescription drugs?

Three hundred and eighty-three Arkansans died of a drug overdose in 2015. The exact number of deaths caused by *prescription* opioids is unknown. Despite intensive efforts by coroners, physicians and the State Medical Examiner to determine exact causes, the details surrounding an overdose death are often unclear at best. There is clear indication that at least 47% of overdoses were caused by prescription opioids in 2015.

## Is the overdose problem getting worse?

Drug overdoses are a growing problem in Arkansas. The number of drug overdose deaths nearly tripled between 2000 and 2015. As a result, drug overdoses are now responsible for almost as many deaths as motor-vehicle collisions (figure 2.2).

**Figure 2.2: Drug Overdose and Motor-Vehicle Death Rates – Arkansas, 2000-2015\***

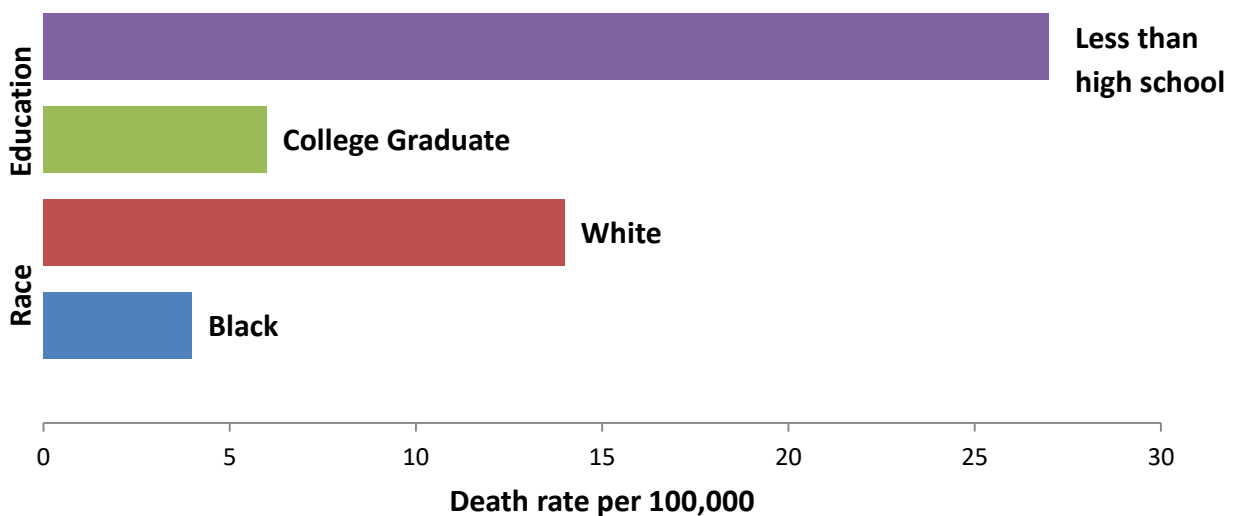


Data Source: ADH Vital Statistics

## Does misuse of prescription drugs harm some people more than others?

There are clear indications that certain populations are more negatively impacted by misuse of prescription drugs. At-risk groups are defined by race, education, county and age. The rate, or the number of deaths for every 100,000 people, is a good indicator of the problem in each of these groups. The overdose rate is more than three times higher among whites than it is among blacks in Arkansas. Overdoses also occur among Asians/Pacific Islanders, Hispanics, and American Indians/Alaska Natives, but due to the small size of these populations in Arkansas, privacy concerns prevent us from publishing the results. Educational achievement is also closely correlated with overdose rates. Looking at adults over age 25, we see that those with less than high school education have the highest overdose rates. The overdose rate among adults with less than a high school education is more than three times higher than it is among college graduates (Figure 2.3).

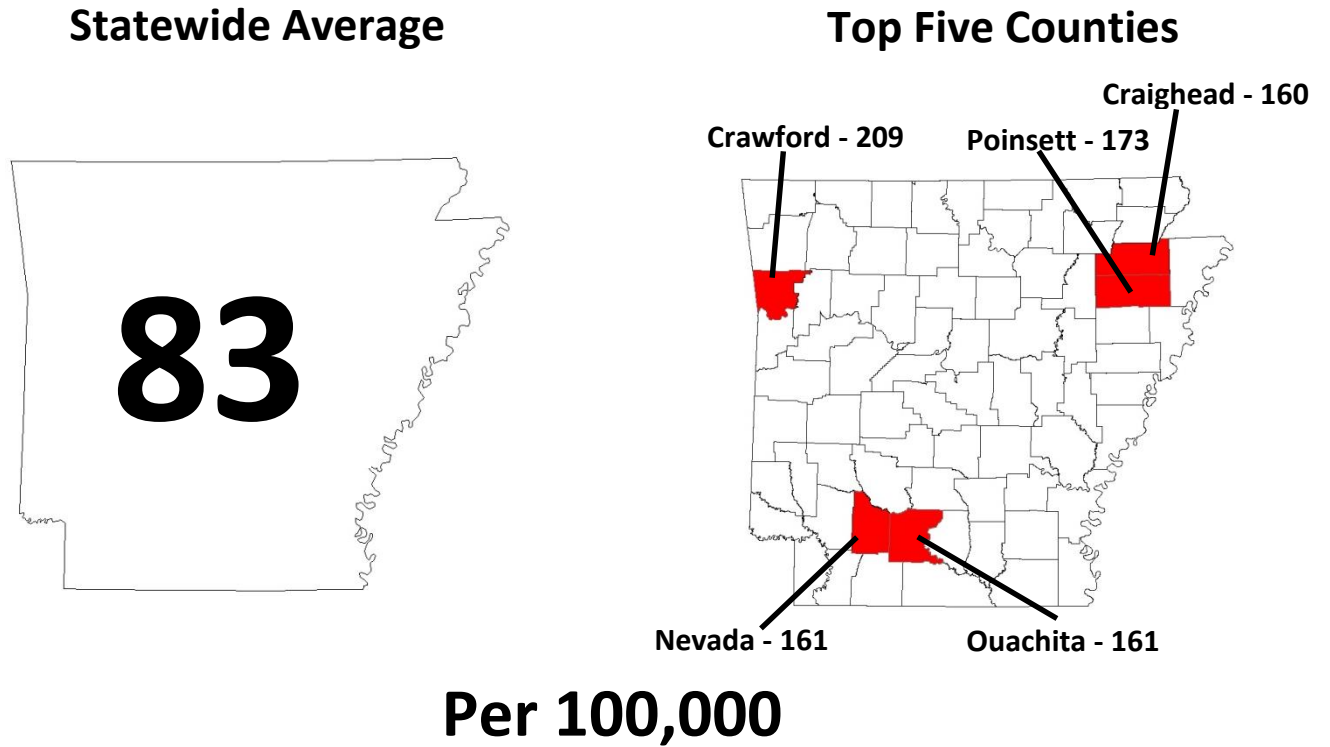
**Figure 2.3: Drug Overdose Deaths by Education and Race - Arkansas, 2015**



**Data Source: ADH Vital Statistics**

The areas with high prevalence of drug abuse can also be determined by looking at hospital records. Calculating rates per 100,000 allows us to compare drug-related hospitalization in different counties. Five counties in Arkansas have drug-related hospitalization rates that are much higher than average (Figure 2.4).

**Figure 2.4: Hospitalizations Caused by Misuse of Drugs – Arkansas, 2014**



Data Source: Arkansas Department of Health Hospital Discharge Data System

## Part 3

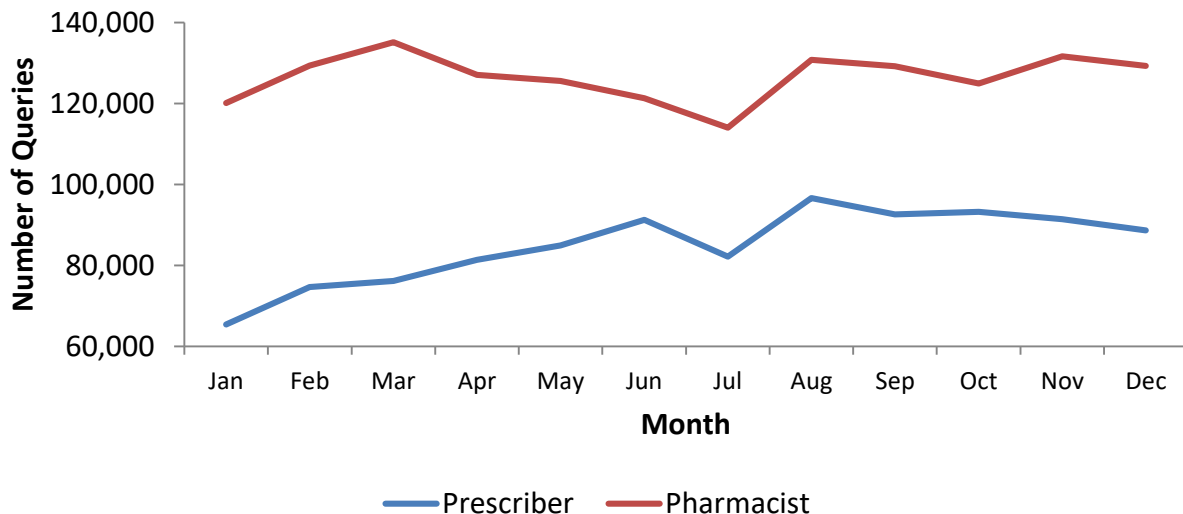
### Ensuring Proper Use of Prescription Drug

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

The purpose of the Prescription Monitoring Program (PMP) is to ensure the legitimate use of controlled substances in the health care system. The PMP ensures this by allowing prescribers to see all controlled substances that their patients have been prescribed, prior to writing a new prescription. The PMP can reassure prescribers that patients are there for a legitimate purpose or may alert the prescriber to questionable activity. The PMP also enables pharmacists to check a patient's history of prescription controlled substance use before dispensing.

Prescription monitoring programs are most efficient at curtailing improper use and diversion of prescription controlled substances when utilized by all prescribers and dispensers in the state. The number of queries made to the Arkansas PMP by prescribers and pharmacists increased during 2016 (Figure 3.1).

**Figure 3.1: Number of Queries by Prescribers and Pharmacists – Arkansas, 2016**

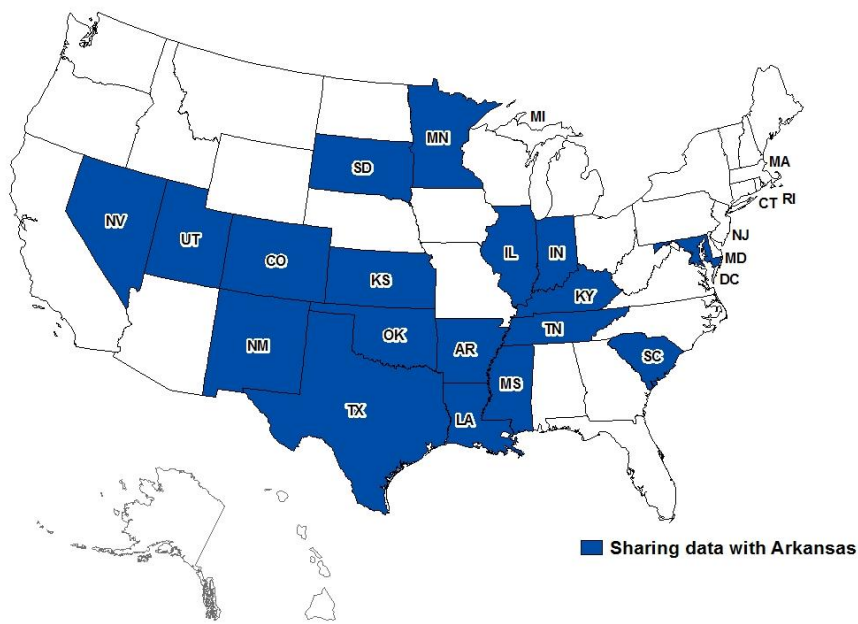


**Data Source: Arkansas Prescription Monitoring Program**

## What about prescriptions dispensed out of state?

Many patients who reside close to a state border see prescribers or fill prescriptions in the neighbor state. As a result, Arkansas has signed agreements with 18 other states for interstate data sharing, which allows prescribers and pharmacists to see a more complete history of controlled substance prescription use by their patients. Interstate data sharing helps to combat prescription misuse and abuse by enabling Arkansas PMP users to also see the prescriptions their patients fill in 18 other states (Figure 3.2).

**Figure 3.2: States that Share PMP Data with Arkansas — December, 2016**

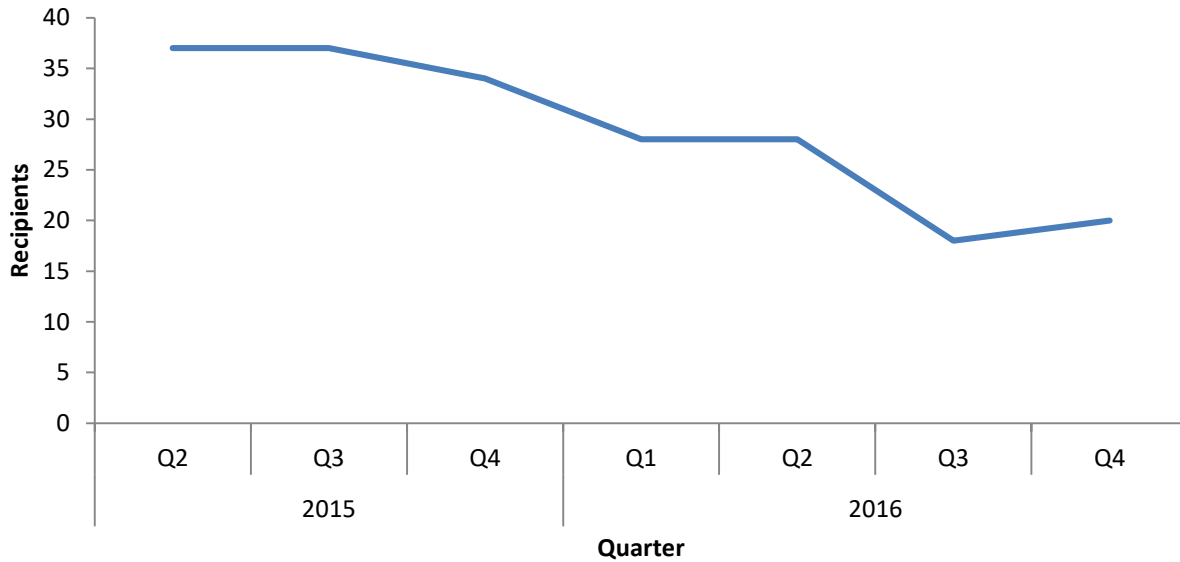


**Data Source: Arkansas Prescription Monitoring Program**

### How does the PMP address “doctor shopping?”

“Doctor shopping” is when a patient goes to multiple providers to get the same prescription or type of prescription. The PMP identifies patients who get multiple prescriptions from multiple prescribers and fill them at multiple pharmacies. Once a “doctor shopper” is identified, the PMP Administrator can alert prescribers and pharmacists involved. Arkansas has seen a large decrease in doctor shopping since the PMP was implemented. (Figure 3.3).

**Figure 3.3: Recipients Seeing Seven or More Physicians and Seven or More Pharmacies in a 90-day Period— Arkansas— Second Quarter, 2015—Fourth Quarter, 2016**



**Data Source: Arkansas Prescription Monitoring Program**

## Conclusion

Improving the use of prescription drugs in Arkansas is a team effort. The Arkansas PMP works closely with the medical community, law enforcement and policy makers to ensure that the problem of prescription drug misuse is being addressed from every angle. Even as patterns of drug prescribing and use change, the PMP will continue to make every effort to keep the people of Arkansas safe by ensuring the legitimate use of prescription drugs.

## References

1. SAMHSA. (2016). Prescription Drug Use and Misuse in the United States: Results from the 2015 National Survey on Drug Use and Health. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR2-2015/NSDUH-FFR2-2015.htm>. Accessed on June 12, 2017.

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