

## APA Official Actions

# Position Statement on Prescription Drug Monitoring Programs

Approved by the Board of Trustees, December 2019

Approved by the Assembly, November 2019

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

### Issue:

From 2000 to 2014 nearly half a million persons in the United States died from drug overdoses. Opioids, primarily prescription opioids and heroin, were the main drugs associated with overdose deaths. Natural and semisynthetic opioids including oxycodone and hydrocodone were involved in more overdose deaths than any other opioid type.<sup>1</sup> Prescription Drug Monitoring Programs (PDMPs) are state level public health efforts to improve clinical decision making, reduce controlled substance medication misuse, and identify controlled substance medication diversion. Currently, 49 states have operational PDMPs, each with its unique PDMP rules and regulations.<sup>2</sup> Best practices should be established for PDMPs to improve their use among states and physicians to reduce prescription drug misuse, overdose, and death.<sup>3</sup>

### APA Position:

It is the position of the American Psychiatric Association that:

1. **Patient care, safety, privacy, and confidentiality must be paramount priorities.**
2. **The broadest implementation of PDMPs will be the most effective.**
3. **PDMPs should include medications prescribed and/or dispensed by substance use disorder treatment programs if the health information remains protected and confidential. PDMPs should also include a notice stating the drugs excluded from the program (such as methadone dispensed from a licensed opioid treatment program), so prescribers can better understand the limitations of the data collected.**
4. **PDMPs should be administered by departments of health or boards of pharmacy not law enforcement or professional licensing agencies.**
5. **All providers with prescriptive authority should be automatically registered with their state PDMP as part of state licensure.**
6. **All providers should query PDMPs before prescribing controlled substances. The frequency of access and sanctions for lack of access should be determined in consultation**

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<sup>1</sup> Center for Disease Control and Prevention. Morbidity and Mortality Weekly Report (January 1, 2016). Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014. 2015/64(50);1378-82. Retrieved on Nov 18, 2016 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm>.

<sup>2</sup> Prescription Drug Monitoring Program Center of Excellence. (2014). Briefing on PDMP Effectiveness. Heller School for Social Policy and Management, Brandeis University. Waltham, MA. Retrieved on Sept 1, 2015 from <http://www.pdmpexcellence.org/sites/all/pdfs/Briefing%20on%20PDMP%20Effectiveness%203rd%20revision.pdf>

<sup>3</sup> American Medical Association. Opioid abuse is a public health crisis. Is your state’s prescription drug monitoring program up to par? The AMA Task Force to Reduce Opioid Abuse. Retrieved Sept 1, 2015 from <https://download.ama-assn.org/resources/doc/washington/15-0398-opioid-one-lawmaker.pdf>.

- with practicing providers to avoid onerous requirements that may not result in improved patient care or disincentives for providing quality care.
7. PDMPs should permit database access to physician-supervised delegates.
  8. PDMPs should permit unsolicited notifications to providers and pharmacies regarding patients who may be obtaining controlled substances inconsistent with generally accepted standards of care.
  9. PDMPs should permit release of de-identified database information to public health agencies.
  10. PDMP data with protected health information should only be released to entities for purposes other than direct patient care (e.g. law enforcement, social services, and insurers) by court order.
  11. PDMPs do not replace the necessity of evaluating and treating substance use disorders.

**Author:**

The Council on Addiction Psychiatry