

**Report: Prescription Drug Monitoring Programs Need to be More Proactive**

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State prescription drug monitoring programs need to shift from a reactive approach to a proactive one, according to a new report by the Prescription Drug Monitoring Program Center of Excellence at Brandeis University.

Brandeis experts assessed state prescription drug monitoring programs, and concluded all states should follow best practices to improve their effectiveness, PsychCentral.com reports.

"Being proactive is the key to success in the fight against prescription painkiller abuse," researcher John L. Eadie said in a news release.

"While doctors may routinely collect and report data to a state program that signals where and when prescription painkillers are likely being misused, the program might not share that information with others who can best use it."

Co-researcher Peter Kreiner added that state programs should analyze the data they collect, and reach out to doctors, pharmacists, law enforcement officials, insurers and others who can prevent prescription drugs from falling into the wrong hands. "Where this is already taking place, it has proven to be very effective," he notes.

The report outlines some best practices that all states should follow. According to the report, states that collect prescribing data for all controlled substances, including anti-anxiety medication, report lower rates of "doctor shopping" than other states. In the three states that use state-issued prescription forms with uniquely configured page numbers, the rates of deadly painkiller overdoses rose more slowly. These forms are designed to reduce fraud.

The report recommends proactively sending alerts about possible abuse to doctors and pharmacists; this practice has been associated with decreased sales of prescriptions, and low rates of doctor shopping. Other recommendations include having law enforcement agencies analyze trend data, to identify "pill mills," and increasing doctors' participation in and use of prescription drug monitoring programs.