

In September 2006, in partnership with the Bureau of Justice Assistance (BJA), Simeone Associates released An Evaluation of Prescription Drug Monitoring Programs, which documents the following benefits:

- **Reduced abuse of prescription drugs.** According to the study, PDMPs reduce the supply and abuse of prescription drugs. (This finding was especially true for states that monitored proactively, identifying cases for investigation.)
- **Reduced supply of prescription drugs.** The evaluation found that PDMP states had notably lower rates of supply of prescription drugs compared with states that did not have PDMPs.
- **Reduced rates of abuse.** The studied showed that rates of abuse in states that had proactive PDMPs would have been, by 2003, 10 percent higher for pain relievers and 4 percent higher for stimulants had the programs not been in place.

An Evaluation of Prescription Drug Monitoring Programs

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Abstract

This research examines the effects of Prescription Drug Monitoring Programs (PDMPs) on the supply and abuse of prescription drugs. Information from the Automation of Reports and Consolidated Orders System (ARCOS) is used to develop measures of supply, and information from the Treatment Episode Data Set (TEDS) is used to develop measures of abuse. Practical considerations lead us to focus on Schedule II pain relievers and stimulants, and composite measures for these two classes of drugs are developed. We estimate both aggregate and individual response models. The aggregate model suggests that PDMPs reduce the per capita supply of prescription pain relievers and stimulants and in so doing reduce the probability of abuse for these drugs. The evidence also suggests that states which are proactive in their approach to regulation are more effective in reducing the per capita supply of prescription pain relievers and stimulants than states which are reactive in their approach to regulation. The individual response model confirms these findings. It is important to note that the probability of pain reliever abuse is actually higher in states that have PDMPs than in states that do not. But our analysis demonstrates that in the absence of such programs the probability of abuse would be higher still.

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The aggregate model suggests that the presence of a PDMP reduces per capita supply of prescription pain relievers and stimulants, and that this in turn reduces the probability of abuse for such drugs (the probability of prescription pain reliever abuse is a function of the per capita supply of prescription pain relievers, and the probability of prescription stimulant abuse is a function of the per capita supply of prescription stimulants). The evidence also suggests that states which are proactive in their approach to regulation may be more effective in reducing the per capita supply of prescription pain relievers and stimulants than states which are reactive in their approach to regulation.

In summary, the results from our aggregate and individual response models indicate that PDMPs which monitor proactively have inhibited growth in prescription sales (for pain relievers and stimulants) and in so doing exerted an indirect effect on the probability of abuse for these drugs.

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