

Arizona Tracking Users of Rx Drugs

by **Ginger Rough** - Feb. 9, 2009 The Arizona Republic

Have you taken the painkillers OxyContin or Vicodin in the past 10 months? How about the sleep aid Ambien or the stimulant Ritalin? If you have and you obtained the drug legally, your prescription information is likely being stored in a centralized, state-managed database that can be accessed by doctors and pharmacists around Arizona. The program, which debuted in December and is overseen by the Arizona State Board of Pharmacy, is designed to cut down on the persistent problem of prescription-drug abuse. But it also has raised concerns among privacy-rights groups that fear computer hackers or unscrupulous health workers will access patients' personal information.

State health officials who pushed for the program say they know of no breach of any similar database in another state. The system, they say, allows physicians and pharmacists to more easily identify "doctor shoppers," people who visit various doctors to obtain drugs that are potentially addictive. Doctors and pharmacists who learn of a patient's overuse through the system can stop providing him or her the drug, alert other doctors and pharmacists treating the patient, counsel the patient or even contact law-enforcement agencies. "I am so excited that we are finally getting this for our state," said Dr. Stephen Borowsky, an anesthesiologist and pain-management specialist. "It's absolutely necessary. . . . These medicines have such great potential for addiction." The first prescription-monitoring database in the country was set up 13 years ago in Nevada. Now, more than 30 states have authorized or created such lists after deciding that the potential benefits outweigh privacy concerns.

How program works

The Controlled Substance Prescription Monitoring program still is in its infancy, but its database already contains more than 6.5 million prescriptions dating back to April 1, 2008. Here's how it works: When any Arizona pharmacy or doctor who dispenses medication fills an order for a drug listed on Schedules II, III or IV of the federal Controlled Substances Act, the details are forwarded to the outside contractor that maintains the database and are entered within a week or two. The data include the patient's name, date of birth, prescribing doctor, medication, the date the prescription was filled and the mailing addresses of the pharmacy and patient. The drugs on the lists include potentially addictive painkillers, sleep aids, medications that contain morphine or certain forms of codeine, and hormone drugs, including steroids.

Accessing the database

Doctors and pharmacists must register to access the database. They then can type in the name of a patient requesting a medication to see whether the person had other similar prescriptions filled and when.

An automatic notice about a patient's drug use will be sent to the Pharmacy Board when a patient requests or fills at least seven prescriptions for the listed drugs from seven different doctors or pharmacies within a month.

The board is obligated to notify doctors and pharmacies about potential abuse but typically will not take action against the prescriber or patient. The board does not have to notify law-enforcement officials. Borowsky said he recently used the database to check on a patient seeking medication and discovered that the individual had visited 23 doctors and 18 pharmacies seeking controlled painkillers over the past eight months. Borowsky is in

the process of calling those practitioners to alert them. To date, more than 200 physicians and 50 pharmacists have been granted access to the database.

"More (requests) are coming in every day," said pharmacist Dean Wright, who is responsible for the program's implementation. "We think that number will continue to grow."

Drug-abuse problem

Health agencies and lawmakers who support such programs say they help fight the problem of prescription-drug abuse in the United States. In a 2007 survey, 7 million Americans age 12 and older reported using prescription drugs, mostly painkillers, for non-medical needs during the previous month, the federal Health and Human Services Department reported. In Arizona, much of the attention has focused on young people. Drug-related deaths among children and teenagers jumped 41 percent from 2006 to 2007, according to a state Department of Health Services report released in January. The Arizona Substance Abuse Partnership, established by the Governor's Office in 2007, has targeted prescription-drug abuse as an area of strategic focus for the coming year.

Privacy concerns

Privacy-rights advocates are skeptical of states' arguments that the greater public benefit outweighs the privacy risks. "There is a noble goal there, to stop the abuse of narcotic drugs," said Paul Stephens, director of policy and advocacy for the San Diego-based Privacy Rights Clearinghouse. "But obviously, any database is subject to breach." For the most part, there has been little public outcry over the programs, Stephens said.

"They really haven't gotten much publicity," he said. More insurers are keeping prescription-history databases that members can access on the Web. But with the Arizona system, Pharmacy Board officials say, access to the database is recorded and limited to pharmacists and doctors.

Patients can ask to see their files by submitting a written, notarized request. Insurance and drug companies are barred from accessing patients' data kept by the Pharmacy Board. The board is allowed to provide data only to public or private entities for statistical research or educational purposes after removing information that potentially identifies patients. Misuse of the database is considered a Class 6 felony.

Plan called overdue

Debbie Divello, a Prescott Valley mother, thinks the database is long overdue. She believes it could have helped save her son's life if it had been in place a few years ago. Shaun was prescribed the painkiller methadone after a 2004 motorbike accident and became addicted to the drug. He repeatedly obtained prescriptions at area pain clinics and urgent-care centers and filled them at different pharmacies, she said. He died of an overdose in 2006. "If they had something like this, they could have typed his name or his Social Security number or whatever in and seen what he was doing," Divello said. "But all the pharmacy had was what was in front of them for their store."