

New tools needed to fight pill abuse

An online database would help doctors and druggists monitor prescriptions

BY ERIC SCHNEIDERMAN

From Long Island to Buffalo, prescription drug abuse is infecting our communities.

Nationwide, emergency rooms now treat as many overdoses from legal prescription drugs as they do overdoses of cocaine, heroin and other illegal drugs. That's a shocking spike from 2003, when hospital admissions for illegal drugs outnumbered legal drugs two to one. From 2007 through 2010, Long Islanders, who represent 15 percent of New York's population, accounted for more than 20 percent of the state's total admissions to treatment programs for opioid pill abuse.

It's clear our "war on drugs" has taken a new turn. We need innovative new policies. To address this problem, I'm asking the State Legislature to pass the Internet System for Tracking Over-Prescribing Act, or I-STOP. The law would require doctors and pharmacists to submit information and consult an online database before dispensing narcotics. Similar programs operate in 43 states.

Ending prescription drug abuse requires a different approach than fighting illegal drugs. Most addicts and illegal dealers of prescription drugs get them through licensed doctors and pharmacists. Drug dealers aren't making OxyContin themselves, and despite the tragic murders in Medford, most addicts aren't robbing pharmacies.

It's important for doctors and pharmacists to be able to provide prescription pain medications and other controlled substances to patients who truly need them without overly burdensome regulations. But the scope of the prescription drug epidemic is reflected in the fact that some pharmacies keep large stocks of these drugs to satisfy consumer demand — some of it driven by overprescribing and abuse, an apparent factor in Medford.

To respect patient privacy, the I-STOP database would not track all medications — only controlled substances that present a high risk for addiction.

Reporting and tracking this



THIS ILLUSTRATION BY KEVIN KREBECK

data would stem the abuse of prescription drugs in several ways.

First, doctors and pharmacists would be required to use the system. Those who act in good faith — the vast majority — would have better tools to treat patients. If a patient with severe pain asks for a prescription, the provider would check the database and know immediately if that patient already has multiple prescriptions for painkillers. In that case, the doctor could decline to write a new prescrip-

tion, but also discuss whether the patient is at risk for drug abuse — and even recommend treatment. If doctors or pharmacists see disturbing patterns in prescriptions written or filled by others, they could report concerns to health authorities.

Second, for the few bad actors who fuel prescription abuse by selling drugs to anyone who wants them, or who simply turn a blind eye to abuse, this law would give them fewer easy outs. In the past, unscrupulous providers could claim patients didn't

report their history of drug use. Under I-STOP, providers would be required to check patients' prescription histories; they won't be able to plead ignorance if they willfully overlook abuse.

Currently, the Bureau of Narcotic Enforcement requires pharmacies to report sales of controlled substances, but only several weeks afterward. Doctors aren't required to report prescriptions at all. In a recent change, doctors can check agency data online — but aren't re-

quired to. That lets unethical doctors off the hook. And the lack of real-time reporting has made information of limited use to doctors acting in good faith.

I-STOP would also prevent the use of stolen prescription pads, because if there's no electronic record from a physician matching the paper script, the law would bar a pharmacist from filling a prescription, except in emergencies. This is another improvement over the Bureau of Narcotic database, which doesn't include data from providers to verify paper prescriptions.

There's no way to know for sure how this legislation would have affected the Medford tragedy, but I-STOP might enable pharmacies to reduce stocks of controlled substances in response to reduced demand, making them less attractive targets for robbery. And I-STOP would reduce the numbers of desperate prescription drug addicts, and protect legitimate patients without overburdening doctors and pharmacists. And that's a critical step in the fight against prescription drug abuse.



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OPINION