



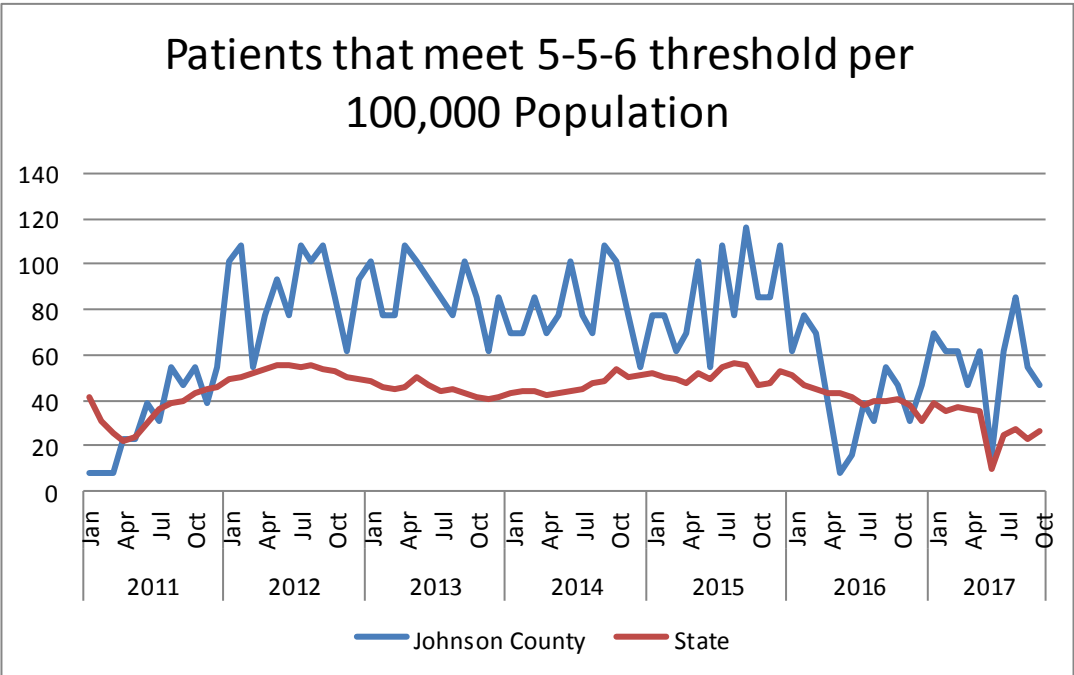
## Overview

The first Prescription Drug Monitoring Program (PMP) was developed in California in 1939 to assist law enforcement and now all states have or have plans to implement PMPs. Primary care physicians quickly gravitated toward the PMPs to review their patients recent prescribers and prescription history. Now, as concern has turned to an epidemic, prescribers, dispensers, law enforcement, and others find value in PMPs. Prescribers can initiate patient conversations regarding addiction and misuse, and dispensers can review potential interactions as well as misuse.

PMPs have shown to help reduce overdose risk, potentially prevent negative interactions, cause a reduction in over prescribing and illuminate “doctor shopping”.

## 5-5-6

In 2015, more than one third of the U.S. adult population used prescription opioids, 11.5 million adults misused them, and 1.9 million had use disorders. Research indicates that the majority of illicit users initially misused prescription opioids.\* The likeli-



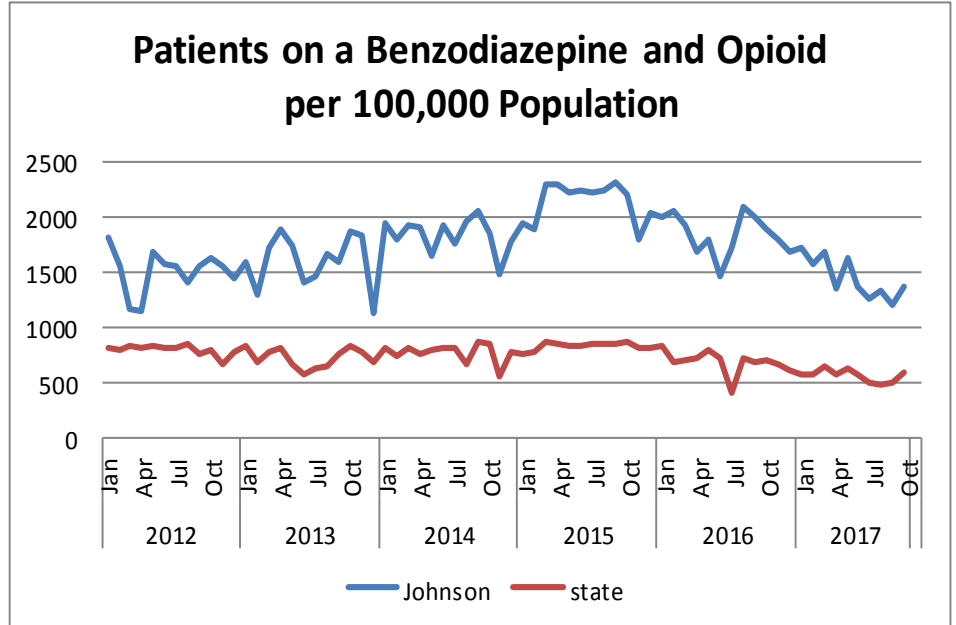
hood of long term use increases based on the length of the initial prescription with extreme spikes after the 3rd and 5th days of prescriptions, as well as 10 and 30 day refills.\*\*

One recommended guideline by the Center for Disease Control (CDC) is tracking patients who have received and filled prescriptions from multiple physicians and from multiple pharmacies. Five Prescribers (5), Five Pharmacies (5), during a Six Month (6) time frame (5-5-6).

## Everyone is talking about PMPnow! Go to [ILPMP.org](http://ILPMP.org) to find out more.

## Benzodiazepines and Opioids

High anxiety, seizures, sleep disorders or similar symptoms can provoke prescribers to issue benzodiazepines to patients on a temporary or long term basis. Patients seeking new opioid prescriptions that are being prescribed benzodiazepines should be informed of the increased risk of using both opioids and benzodiazepines concurrently. The PMP allows prescribers to be aware of medicines that their patients have already been prescribed by other physicians that may increase side effects.



## How You Can Help

The IL PMP recommends several actions which may assist in reducing the prescription opioid addiction risk:

1. Urge Prescribers and Dispensers to register with and utilize the IL PMP.
2. Encourage all hospitals and physician offices in your County to connect with and utilize the PMPnow which incorporates IL PMP data into the patient's electronic health record.
3. Provide the CDC's Guideline for Prescribing Opioids for Chronic Pain to every prescriber in the county.
4. Consider non-opioid therapies.
5. Be aware that your patients may be obtaining prescriptions from multiple prescribers.

## More Information

The Illinois Prescription Monitoring Program does not guarantee any report to be entirely accurate. The information contained in ILPMP reports is submitted by the dispensing pharmacies and mistakes, while rare, are possible.

These reports are being generated with the intentions of bringing awareness to local communities about potential dangers with prescription drug and heroin abuse in their counties. This will also help the PMP identify the specific needs of each community in regards to abuse awareness and education.

All controlled substance data was gathered through the Illinois Prescription Monitoring Program Database. Census data was gathered based on estimations of the 2016 populations from the U.S. Census Bureau at: <https://www.census.gov>

Additional information can be obtained by visiting our website at: <https://www.ilpmp.org/>

CDC Prescribing guidelines for prescribing opioids for chronic pain are located at: [www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html).

\* Muhuri PK, Gfroerer JC, Davies MC. Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States. *CBHSQ Data Rev.* August 2013

\*\* Shah A, Hayes CJ, Martin BC. Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use - United States, 2006–2015. *MMWR Morb Mortal Wkly Rep* 2017;66:265–269. DOI: <http://dx.doi.org/10.15585/mmwr.mm6610a1>