

Drug monitoring program

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While the war on drugs has seemingly gotten better, there is a certain type of drug that is becoming increasingly difficult to keep track of and control. Most people would have never thought that pharmaceutical drugs would be the cause of more deaths in the state of Florida than heroin and cocaine related deaths combined in 2007. Nearly 550 of those death happened in the Tampa Bay area, leading this to becoming one of the biggest drug abuse crisis in quite some time.

A drug monitoring program would be such a program that keeps track of the dispensing of pharmaceuticals, mainly controlled substances, that would potentially disable distribution of street drugs, put a halt to "doctor shopping", put doctors that write fake scripts under the radar, hopefully reduce the amount of people that become dependent upon narcotics and diminish the number of people of overdosing on these lethal prescription drugs.

A study was conducted by an independent contractor to assess the proficiency of drug monitoring programs. The research showed that in states where a drug program was in place the supply of illegally obtained pharmaceuticals and the likelihood of abuse was significantly reduced. The study also showed that if law enforcement, rather than health oriented officials, were the ones to monitor the information there was a greater chance of success in reducing pharmaceutical abuse.

Florida is currently one of the only states that does not have a drug monitoring program in place. For years, lawmakers in Florida have turned down such programs saying cost and privacy as their main concerns. Even

the federal government has offered the state money, many states have already bought in; however, Florida has not. Some lawmakers state "programs are too expensive" and worry about "placing private patient information in the hands of the government" (Tisch, & VanSickle, 2008). Thirty four other states, however, do have programs in place. Surrounding states such as: Alabama, Kentucky, Louisiana, North Carolina, South Carolina, Tennessee and Texas all have drug monitoring programs. Kentucky's KASPER program "started in 1999 as a fax-based system and in 2005 was converted to the first self-service, Web-based system of its kind. It tracks all schedule II-IV controlled substance prescriptions dispensed by licensed pharmacists within the commonwealth and helps medical practitioners physicians, pharmacists and law enforcement fight "doctor shopping."

A KASPER report shows all scheduled prescriptions for an individual over a specified time period, the prescriber and the dispenser" (KASPER grant release, 2008). Additionally, Indiana's INSPECT program require licensed pharmacies in Indiana are required to report dispensation of schedule II controlled substances. In early 2004, grant funding through the Harold Rogers grant program, helped create INSPECT in its current form. Additional funding for the programs is provided by the state itself and all data collection and maintenance are handled in-house, meaning information is only accessible to registered users and through a secure Web site connection that is run by program staff.

With the death toll rising, along with the number of those addicted, it would be impossible for me as a member of the health care community to deny the obvious need for a drug monitoring program in Florida. Before reading the plethora of articles available on the subject, I knew there was a problem; I suppose I just wasn't aware of how severe it really was. I am shocked it has gotten to the point it has without intervention and to be honest a bit embarrassed of the burden we have become to surrounding states.

I don't have experience dealing with pharmaceutical abuse in my nursing practice as of yet. I do, unfortunately, have experience dealing with the all too commonly abused oxycodone in interpersonal relationships. I have seen the damage it can do to people firsthand. The way it can slowly steal someone you love, replacing them with someone you don't know at all. These drugs can have incredible therapeutic benefits if used in the context intended, but are too often used for reasons far beyond detrimental.

I truly hope the information I have learned doesn't ever make me doubt anyone who says they are in pain, but I can't see how it won't. I will not, however, deny anyone in my care pain relief if they say they need it.