

Prescription Monitoring Program Task Force State of Louisiana

August 4, 2005

MINUTES

A meeting of the Prescription Monitoring Program (PMP) Task Force scheduled to meet on Thursday, August 4, 2005 in Conference Room B on the first floor of the Headquarters of the Louisiana State Police, located at 7919 Independence Blvd. in Baton Rouge, convened its first meeting at 10:15 a.m. to consider the following:

A G E N D A

1. Call to Order
2. Opportunity for Public Comment
3. Introduction of Task Force Membership
4. Election of Chair and Vice Chair
5. Adoption of Task Force Policies & Procedures
6. Prescription Monitoring Program
 - a. Review of Prior Activities
 - b. Review of Project Timeline
7. Calendar Notes
8. Adjourn

Call to Order

Carl W. Aron, President for the Louisiana Board of Pharmacy, called the meeting to order.

Opportunity for Public Comment

No public comments were provided.

Introduction of Task Force Membership

House Concurrent Resolution 98 establishes the Task Force. [Exhibit A]. The following persons are identified as Task Force Members or their designees:

Legislators

Senator Willie L. Mount
Delegate *for Pres. D. Hines*
Louisiana Senate
P. O. Box 3004
Lake Charles, LA 70602

Representative Ronald S. Johns
Delegate *for Speaker J. Salter*
Louisiana House of Representatives
3701 Maplewood Drive, Suite 2
Sulphur, LA 70663

Senator William 'Joe' McPherson
Chair, Health & Welfare Committee
Louisiana Senate
P. O. Box 94183
Baton Rouge, LA 70804

Representative Austin J. Badon, Jr.
Delegate *for H&W Chair S. Durand*
Louisiana House of Representatives
5555 Bullard Ave., Suite 101
New Orleans, LA 70128

Regulators

Practitioners

Alfred L. Gaudet
Delegate *for Pres. K. LeBlanc, MD*
Louisiana State Board of Medical Examiners
P. O. Box 30250
New Orleans, LA 70190-0250

Vincent Forte, MD
Delegate *for Pres. J. Busby, MD*
Louisiana State Medical Society
312 Grammont Street, Suite 405
Monroe, LA 71201

Vance L. Wascom, DDS, President
Louisiana State Board of Dentistry
365 Canal Street, Suite 2680
New Orleans, LA 70130

Timothy R. Perry, DDS, President
Louisiana Dental Association
7833 Office Park Blvd.
Baton Rouge, LA 70809

Margaret 'Peggy' Griener, MPH, APRN
Delegate *for Pres. P. Bourgeois*
Louisiana State Board of Nursing
3510 N. Causeway Blvd., Suite 601
Metairie, LA 70002-3531

Joni Nickens, FNP
President
La Association of Nurse Practitioners
1200 South Acadian Thruway, Suite 206
Baton Rouge, LA 70806

Linda J. Hartwell, PhD, Chair
La. State Board of Examiners of Psychologists
8280 YMCA Plaza, Bldg. 8-B
Baton Rouge, LA 70810

Glenn Walter, DVM
President
Louisiana Board of Veterinary Medicine
263 Third Street, Suite 104
Baton Rouge, LA 70801

Robert C. Gros, DVM
President
La Veterinary Medical Association
8550 United Plaza Blvd., Suite 1001
Baton Rouge, LA 70809

Gary J. Avallone, OD
President
La. Board of Optometry Examiners
P. O. Box 555
Oakdale, LA 71463

Hunter Bond, OD
President
Optometry Association of Louisiana
115-B North 13th Street
Oakdale, LA 71463

Carl W. Aron
President
Louisiana Board of Pharmacy
5615 Corporate Blvd., Suite 8-E
Baton Rouge, LA 70808-2537

Robert B. Toups
President
Louisiana Pharmacists Association
P. O. Box 14446
Baton Rouge, LA 70898-4446

Law Enforcement

Donald L. Hickman
U. S. Drug Enforcement Administration
3838 N. Causeway Blvd.
Lakeway III, Suite 1800
Metairie, LA 70002

Jack A. Stephens, Sheriff
St. Bernard Parish *representing*
Louisiana Sheriffs Association
1175 Nicholson Drive
Baton Rouge, LA 70802

Col. Henry L. Whitehorn
Superintendent
Louisiana State Police
7919 Independence Blvd.
Baton Rouge, LA 70806

C. Brent Coreil
President
Louisiana District Attorneys Association
1645 Nicholson Drive
Baton Rouge, LA 70802-8143

Pharmacy Business Interests

William Tauzin
President
PhRMA
1100 Fifteenth Street, NW
Washington, DC 20005

Treatment Professionals

Frederick P. Cerise, MD, MPH
Secretary
Dept. of Health & Hospitals
1201 Capitol Access Road
Baton Rouge, LA 70821

Bud Courson
Courson Nickel, LLC *representing*
National Association of Chain Drug Stores
445 North Blvd., Suite 604
Baton Rouge, LA 70802

Ricky T. Guidry
Chairman
La. Independent Pharmacies Association
4008 Hyacinth Ave.
Baton Rouge, LA 70808

Those representatives present were: Carl Aron (Louisiana Board of Pharmacy), Donald Hickman (DEA), Alfred Gaudet (Louisiana State Board of Medical Examiners), Chad A. Clark (St. Bernard Sheriff's Office), Pete Tufaro (St. Bernard Parish Sheriff), Jack A. Stephens (St. Bernard Parish Sheriff's Office), John J. Williams (Louisiana District Attorneys Association), Dave Baxter (Louisiana District Attorneys Association), Stephanie White (Optometry Association of Louisiana), Vincent R. Forte, M.D. (Louisiana State Medical Society), Lacy Shaw, O.D. (Louisiana Board of Optometry Examiners), Joni Nickens (Louisiana Association of Nurse Practitioners), Barry Ogden (Louisiana State Board of Dentistry), Ward Blackwell (Louisiana Dentists Association), Marla D. Gibbens (NACDS), Robert C. Gros, DVM (Louisiana Veterinary Medical Association), Roland Jude Mathews (Louisiana State Police), David Staton (Louisiana State Police), Tammy Woods (Louisiana Independent Pharmacists Association), Brenda Lands (DHH-Office of Addictive Disorders), and Elliot Hutchinson (PhRMA).

Election of Chair and Vice Chair

Mr. Aron opened up the floor for nomination for Chair and Vice Chair of the Task Force. Mr. Blackwell nominated Mr. Broussard. Mr. Broussard respectfully declined the nomination since he is not the official representative for the Louisiana Board of Pharmacy and could not therefore hold the position. Sheriff Stephens nominated Mr. Aron. The Task Force agreed by consensus.

Sheriff Stephens nominated Capt. Staton for Vice Chair. The Task Force agreed by consensus.

Adoption of Task Force Policies & Procedures

Mr. Aron deferred to Mr. Broussard for further discussion. Mr. Broussard referred the Task Force to the proposed Policies & Procedures. By consensus, the Task Force adopted the proposal as follows:

Authority

The legislative authority for this organization is HCR 98 of the 2005 Louisiana Legislature.

Purpose

The task force shall assist the Louisiana Board of Pharmacy in its study of the feasibility and effectiveness of implementing a prescription monitoring program for controlled dangerous substances in the State of Louisiana.

Structure

The task force shall be composed of the representatives (or their designees) of the twenty-five organizations identified in HCR 98. The leadership of the task force shall be vested in a Chairman and Vice Chairman, whose duties shall be as follows:

Chairman – The chairman shall preside at all task force meetings, and may accept other assignments as authorized by the task force.

Vice Chairman – In the absence of the chairman, the vice chairman shall preside at all task force meetings. Further, the vice chairman may accept other assignments as authorized by the task force.

Function

A majority of the membership of the task force shall constitute a quorum and shall be necessary to take action. The meetings of the task force shall adhere to the Open Meetings Law and Robert's Rules of Order. The Board of Pharmacy shall fix a time and place for regular meetings of the task force. The task force shall meet at least quarterly.

Prescription Monitoring Program & Review of Prior Activities

Mr. Broussard provided the following overview for the current concepts at issue:

Introduction

A prescription monitoring program (PMP) collects certain data elements for certain prescriptions from all dispensers (in or out of state), maintains that centralized database under the authority of a state agency required to administer the program, and then uses that data for such purposes as allowed under the enabling statute. The purpose of this document is to provide an overview of prescription monitoring programs.

Purpose of PMP

A state PMP could be an effective tool for addressing the abuse and diversion of, as well as addiction to, prescription drugs. At its optimal level of functionality, the PMP would be proactive and could accomplish a number of goals relative to public health and safety: (1) identify and prevent drug diversion, (2) provide assistance to those investigating cases of diversion or other misuse, (3) provide timely information to registrants or other appropriate users of the PMP, (4) support the legitimate medical use of controlled substances, (5) facilitate and encourage the identification, intervention, and treatment of individuals addicted to prescription drugs, and (6) inform the public, including health care professionals, of use and abuse trends related to prescription drugs.

Data Collection

Representatives from some state PMP programs have recommended a 'scalable' approach to the selection of drugs to be monitored. A suggested minimum is controlled substances in Schedule II, with the next obvious target of controlled substances in Schedules III and IV, and possibly Schedule V. Since Louisiana's roster of controlled substances is not identical to the federal roster, we should reference both rosters in the enabling legislation. Furthermore, the legislation should also authorize the PMP program to select other 'drugs of concern' on the basis of certain criteria related to the program's purpose. The primary factor impacting the size of the list of drugs to be monitored is the level of resources available to the PMP.

The enabling legislation should require all dispensers to report all prescriptions for the monitored drugs to the program's database. It is important to properly define 'dispenser': most programs include all persons authorized by law to dispense or distribute a controlled substance, with the exception of (a) licensed wholesale distributors, (b) persons administering a substance at the direction of a prescriber, (c) pharmacies dispensing/distributing to inpatients of hospitals or to their inpatients at the time of discharge from the hospital. Such a definition would necessarily include almost all pharmacies, as well as other health care providers who dispense or distribute to their patients, including – but not limited to – physicians, dentists, and nurse practitioners.

The enabling legislation should stipulate the data elements to be reported by the dispensers, including information that identifies the prescriber, patient, prescription, drug, source of payment, and dispenser. While the electronic reporting of such data would be a preference, there should be mechanisms for other methods. State programs vary by the frequency of the reports from the dispensers; most use monthly, and some use biweekly reporting systems. While 'real time' might be a goal, the level of resources required to achieve that goal

would be substantial. Most dispensing software packages already comply with standards developed by the American Society of Automation in Pharmacy (ASAP); the more recent standards would enable such software programs to easily transmit their batched transactions.

Utilization of Data

Since most of the information collected is categorized as personal health information and subject to restrictions imposed by HIPAA, the program's enabling legislation should address confidentiality concerns. There are exceptions within the HIPAA and its regulations for properly constructed and authorized programs. The legislation should address appropriate access to the program's database. Most programs grant access to licensing agencies, prescribers, dispensers, and law enforcement agencies. Some programs also grant access to physicians affiliated with addiction treatment centers and impaired professional programs. The mission, goals, and objectives of the program should dictate access to the confidential information in the program's database.

Some of the other issues related to access include utilization for research and education, as well as the ability to share data with other appropriate users in other states. The enabling legislation could permit the use of de-identified data for researchers, and should authorize the program to share relevant data with appropriate authorities in other states.

Resources

The two primary sources of reference information for programs are the National Association of State Controlled Substances Authorities (NASCSA) and the National Alliance for Model State Drug Laws (NAMSDL). Both of these organizations have drafted model legislation for prescription monitoring programs. In addition, approximately 20 states have programs in some stage of operation or planning.

Several sources of funding have been identified, including (1) federal and/or state grants to implement and/or enhance a program, (2) controlled substance registration fees, (3) additional or increased fines, and (4) asset forfeiture proceeds.

Beginning in 2002, the U. S. Congress has allocated federal grant funds to qualifying states seeking to plan, implement, or enhance a prescription monitoring program. These funds are available from the Harold Rogers Prescription Drug Monitoring Program, which is administered by the Bureau of Justice Assistance (BJA), which is organized in the U. S. Dept. of Justice. The amount of funding available is dependent upon congressional allocations in each budget year. The BJA will allocate up to \$50,000 to qualifying states involved in planning activities related to developing a PMP, and up to \$350,000 to qualifying states involved with implementing or enhancing a PMP. For FY 2005, the grant application deadline was in January, and award announcements are expected in August.

Mr. Broussard stated that the Board of Pharmacy just received notice of the award for a planning grant of \$50,000.00. Mr. Broussard gave an overview of grant steps and the anticipated implementation date of early 2007 of any legislatively designated program. He realizes this may not be to everyone's satisfaction but the timeline and preparation needed require the time line.

Mr. Broussard presented the following Performance Review summary for the Task Force's review [Exhibit B], with the following objectives:

1. *Increase number of stakeholders* – the current number of stakeholders, 25, is established by HCR 98 and an increase from the original number of 17.
2. *Increase understanding of PMP among stakeholders* - Kentucky and Nevada are the two states whose programs Mr. Broussard and other Task Force representatives will review in preparing our state's program.
3. *Determine extent of problem related to drug abuse and diversion* – Mr. Broussard referred to the St. Bernard Parish Sheriff's Office and its prepared chart of "Deaths Attributable to drug Induced Mortality by Parish of Residence" [Exhibit C]. Major Tufaro of the St. Bernard Parish Sheriff's Office said ICD-10 codes were used to arrive at these numbers. He clarified that the asterisk (*) where shown indicates less than 5 individual deaths. This was done in order to comply with the U.S. Health Insurance Portability and Accountability Act (HIPAA) to avoid the risk of identifying any one patient death.

Mr. Broussard also referred the Task Force to the chart prepared by the DHH Office of Addictive Disorders, "Admissions to Treatment Programs (Detoxification, Inpatient, Outpatient & Halfway Homes)" [Exhibit D].

DEA's ARCOS (Automation of Reports and Consolidated Orders System) Report Summary for Year 1997 through 2004, [Exhibit E], was discussed. Donald Hickman of the DEA explained the process of accumulating the information. As pharmacies place orders to wholesalers and the wholesalers deliver to the pharmacies, DEA requires and collects certain data. The drugs on the list are ranked by purchases or sales of drugs by the gram. Mr. Broussard pointed out Louisiana's standing on Hydrocodone (4th in 2004), methadone (was 4th in early 2004, now 14th). Mr. Hickman clarified this data only represents legitimate transactions, not illegitimate ones.

4. *Develop PMP implementation plan* – Mr. Finalet has compiled research and statutes from other states and will present a draft of Louisiana's proposed language to the Task Force at its next meeting.

5. *Identify and adjudicate persons engaged in diversion of controlled substances* –

6. *Develop and/or increase the efficiency of investigational efforts* –

7. *Increase cooperative efforts between state/local agencies and federal agencies* –

These three objectives are federally mandated in order to receive funding and maintain grant eligibility for the program.

Officer Roland Jude Mathews of the Louisiana State Police discussed his research on these issues as summarized in Exhibit F. The analysis is based on numbers from each metropolitan area in Louisiana (Alexandria, Baton Rouge, Lafayette, Lake Charles, Monroe, New Orleans, Shreveport) and includes the number of investigations, persons investigated, arrests, average hours of work per investigation, dosage units diverted, persons prosecuted, and average hours of work per case. These numbers compiled from local and parish law enforcement and the state police.

8. *Identify and quantify prescribers and dispensers of controlled substances* – The numbers provided by the Medical Board, the APRN Board, and the Psychology Board are as follows:
Medical Doctors (MD) & Doctors of Osteopathy (DO) = 16,595
Physician Assistants (PA) = 377
Doctors of Podiatric Medicine (DPM) = 198
Advanced Practice Registered Nurse (APRN) = 148
MP = 17
Pharmacies = 1,644

These numbers will be continuously updated to reflect any changes in those practices.

Mr. Blackwell (Louisiana Dentists Association) asked about conviction data. Mr. Baxter of the DA's Association said he can get numbers for the next meeting but this information is hard to glean because each parish handles those cases differently.

Captain Staton added that convictions are also variable from parish to parish. For example, many parishes allow for first-time offenders to enter into a diversion program under C.C.P. Art 893. Once the offender completes the program, he may ask to have that conviction set aside under that provision of law. For that reason, Captain Staton suggested using the number of prosecutions rather than convictions. Otherwise we risk losing federal funding as a result of inaccurate numbers.

The Board of Veterinary Medicine and the Board of Dentistry do not currently issue special credentials to dispensing practitioners. However, Mr. Ogden of the Dentistry Board will attempt to get the relevant dentistry information for the Task Force.

Review of Project Timeline

Mr. Broussard reviewed the anticipated timeline of the Task Force's legislative mandate:

Stage I – Planning: This involves local research and identification of data sources relevant to program objectives as well as regional and national research of existing PMP operations and networking with other states.

Stage II – Development: The Task Force's Report to the Legislature will include research results and recommendations for legislation and implementation. The Louisiana Legislature's next Regular Session will convene in April 2006 and adjourn in July of 2006.

Stage III – Implementation: Will occur with successful legislation and receipt of implementation grant in October 2006.

If the above stages proceed as outlined, Mr. Broussard expects successful implementation of the PMP by January 2007. Exhibit G provides a detailed account of this timeline.

Sheriff Stevens asked if any federal action in this area is anticipated. Mr. Broussard said a proposed national program, 'NASPER', is pending in Congress but indications do not show successful passage of the bill. However, it is important to note that this proposal has a clause that removes federal finding to drug abuse treatment centers if a state fails to implement any

federal mandates in this area. Also, the federal government is proposing legislation mandating states to share among themselves and the federal information accumulated under any PMP. Ashley Dupree, the attorney to the Louisiana Legislature's House Health & Welfare Committee clarified that two federal PMP models are under current legislative consideration. However, she said the research shows federal government will not implement any legislation that would risk those state PMPs already in existence.

Calendar Notes

The Task Force's tentative meeting dates for the remainder of the year are as follows:

Wednesday, September 28, 2005

Wednesday, October 26, 2005

Wednesday, November 30, 2005

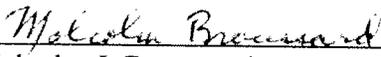
Wednesday, December 21, 2005

Action Items

Mr. Finalet will research and prepare for dissemination at the next meeting a proposed draft for Louisiana's PMP program.

Adjournment: The Task Force adjourned at approximately 12:00 p.m.

I certify that the foregoing are true and accurate minutes of a meeting of the Prescription Monitoring Task Force for the State of Louisiana, held on the above noted date.



Malcolm J. Broussard
Executive Director
Louisiana Board of Pharmacy

Prepared by: Carlos M. Finalet, III, General Counsel, Louisiana Board of Pharmacy

ENROLLED

Regular Session, 2005

HOUSE CONCURRENT RESOLUTION NO. 98

BY REPRESENTATIVE BADON

A CONCURRENT RESOLUTION

To request the Louisiana Board of Pharmacy to study the feasibility and effectiveness of implementing a prescription monitoring program for controlled dangerous substances and to report its findings to the speaker of the House of Representatives and the president of the Senate no later than February 1, 2006, and to create the Prescription Monitoring Program Task Force to assist in this study.

WHEREAS, the abuse of controlled dangerous substances is a nationwide problem; and

WHEREAS, many families in this state have been destroyed due to the devastating effects of the abuse of controlled dangerous substances; and

WHEREAS, implementation of a prescription monitoring program for controlled dangerous substances could curtail the abuse of controlled dangerous substances; and

WHEREAS, many states have implemented prescription monitoring programs for controlled dangerous substances; and

WHEREAS, the Louisiana Board of Pharmacy is the state agency best equipped to monitor a prescription monitoring program.

THEREFORE, BE IT RESOLVED that the Louisiana Board of Pharmacy, with the assistance of the task force created herein, shall study a variety of issues relating to the feasibility and effectiveness of implementing a prescription monitoring program for controlled dangerous substances.

BE IT FURTHER RESOLVED that the Legislature of Louisiana does hereby create the Prescription Monitoring Program Task Force to assist the Louisiana Board of Pharmacy in conducting this study. The task force shall be composed of the following members:

- (1) The president of the Louisiana State Board of Medical Examiners or his designee.

- (2) The president of the Louisiana State Board of Dentistry or his designee.
- (3) The president of the Louisiana State Board of Examiners of Psychologists or his designee.
- (4) The president of the Louisiana State Board of Nursing or his designee.
- (5) The colonel of the office the Louisiana State Police or his designee.
- (6) The secretary of the Department of Health and Hospitals or his designee.
- (7) The president of the Louisiana Board of Pharmacy or his designee.
- (8) The president of the Louisiana State Medical Society or his designee.
- (9) The president of the Louisiana Pharmacists Association or his designee.
- (10) A representative from the Drug Enforcement Agency.
- (11) The president of the Louisiana Independent Pharmacies Association or his designee.
- (12) The president of the Louisiana Nurse Practitioner's Association or his designee.
- (13) The speaker of the Louisiana House of Representatives or his designee.
- (14) The president of the Louisiana Senate or his designee.
- (15) The chairman of the House Committee on Health and Welfare or his designee.
- (16) The chairman of the Senate Committee on Health and Welfare or his designee.
- (17) The president of the Pharmaceutical Research and Manufacturers of America or his designee.
- (18) The president of the Louisiana Dental Association or his designee.
- (19) The president of the Louisiana District Attorneys Association or his designee.
- (20) The president of the Louisiana Sheriffs' Association or his designee.
- (21) The president of the Louisiana State Board of Veterinary Medicine or his designee.
- (22) The president of the Louisiana Veterinarian Medical Association or his designee.
- (23) The president of the Louisiana State Board of Optometry Examiners or his designee.
- (24) The president of the Optometry Association of Louisiana or his designee.
- (25) A representative of the National Association of Chain Drug Stores.

BE IT FURTHER RESOLVED that the members of the task force shall serve at the pleasure of the appointing authority. The members shall elect a chairman and vice chairman whose duties shall be established by the task force.

BE IT FURTHER RESOLVED that the Louisiana Board of Pharmacy shall fix a time and place for regular meetings of the task force and shall meet at least quarterly.

BE IT FURTHER RESOLVED that a majority of the membership of the task force shall constitute a quorum and shall be necessary to take action.

BE IT FURTHER RESOLVED that the Louisiana Board of Pharmacy shall report its findings to the speaker of the House of Representatives and the president of the Senate and the health and welfare committees of the Senate and the House of Representatives no later than February 1, 2006.

SPEAKER OF THE HOUSE OF REPRESENTATIVES

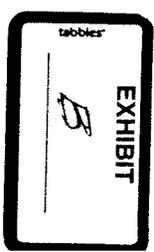
PRESIDENT OF THE SENATE

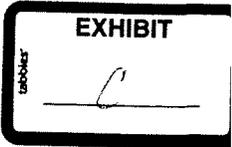
Louisiana Board of Pharmacy
Louisiana Controlled Substance Utilization Review Program

Performance Review

	<u>Objective</u>	<u>Performance Measure</u>	<u>Progress</u>
1	Increase number of stakeholders	A Number of stakeholders	1-A Initial = 14 Current = 25
2	Increase understanding of PMP among stakeholders	A Number of site visits to PMP operations	2-A Scheduling in process
		B Number of regional and national PMP planning meetings	2-B Meeting registration underway
3	Determine extent of problem related to drug abuse and diversion	A Number of relevant emergency department (ED) and medical examiner (ME) reports	3-A Mortality data available for 2001-2003.
		B Number of admissions to addiction treatment centers for prescription drug abuse	3-B Admission data available for 2001-2004
		C State ranking in ARCOS reports	3-C Rankings available for 1997-2004
4	Develop PMP implementation plan	A Draft enabling legislation	4-A Reviewing model + other state laws
5	Identify and adjudicate persons engaged in diversion of controlled substances (CS)	A Number of persons <i>investigated</i> for diversion of CS before and after implementation	5-A Preliminary data available
		B Number of persons <i>arrested</i> for diversion of CS before and after implementation	5-B Preliminary data available
		C Number of persons <i>prosecuted</i> for diversion of CS before and after implementation	5-C Preliminary data available
		D Number of dosage units of CS diverted by persons who have been prosecuted	5-D Preliminary data available
6	Develop and/or increase the efficiency of investigational efforts	A Number of investigations completed per investigator per year before and after implementation	6-A Preliminary data available
		B Average number of work hours/days spent per case before and after implementation	6-B Preliminary data available
7	Increase cooperative efforts between state/local agencies and federal agencies	A Number of joint investigations conducted	7-A Data collection still in process
8	Identify and quantify prescribers and dispensers of controlled substances (CS)	A Number of prescribers of CS	8-A MD+DO = 16,595 / PA = 377 / DPM = 198 / APRN = 148 /
		B Number of dispensers of CS	8-B Rx = 1,644 MP = 17

Last update: 08-02-2005





Deaths Attributable to Drug Induced Mortality, by Parish of Residence

<u>Parish</u>	2001		2002		2003 (preliminary)	
	<u>Deaths</u>	<u>Population</u>	<u>Deaths</u>	<u>Population</u>	<u>Deaths</u>	<u>Population</u>
Acadia	*	58,835	8	59,085	11	59,165
Allen	*	25,446	0	25,360	*	25,334
Ascension	6	78,278	6	79,108	12	81,388
Assumption	*	23,253	*	23,618	○	23,291
Avoyelles	*	41,449	*	41,584	○	42,287
Beauregard	*	32,962	*	33,032	*	33,190
Bienville	*	15,560	*	15,590	○	15,580
Bossier	*	99,267	6	100,179	22	102,088
Caddo	14	252,574	25	253,474	35	254,216
Calcasieu	11	183,670	15	184,279	31	184,693
Caldwell	0	10,500	0	10,618	*	10,715
Cameron	0	9,862	0	9,795	*	9,717
Catahoula	*	10,518	0	10,850	0	10,717
Claiborne	0	16,533	*	16,463	*	16,428
Concordia	*	19,813	0	20,002	*	19,995
DeSoto	*	25,496	*	25,708	5	25,490
E. Baton Rouge	14	414,040	14	414,883	27	416,881
E. Carroll	0	9,222	0	9,080	0	9,005
E. Feliciana	0	21,416	*	21,083	*	20,940
Evangeline	*	35,469	6	35,434	*	35,180
Franklin	*	21,014	*	21,174	0	20,848
Grant	*	18,674	*	18,784	○	18,905
Iberia	6	73,349	*	73,518	7	73,842
Iberville	0	33,191	*	33,368	*	32,842
Jackson	*	15,122	*	15,420	*	15,591
Jefferson	61	453,116	99	455,927	107	456,779
Jefferson Davis	*	31,269	*	31,115	*	30,826
Lafayette	14	190,858	18	192,014	31	194,408
Lafourche	8	90,255	7	90,477	5	91,034
LaSalle	0	14,139	*	14,305	0	14,349
Lincoln	*	42,375	*	42,688	*	42,882
Livingston	9	94,263	12	95,978	25	99,109
Madison	0	13,617	0	13,575	*	13,091
Morehouse	*	30,454	*	30,514	*	30,520
Natchitoches	0	39,273	7	39,308	*	39,328
Orleans	41	479,187	45	476,649	74	469,271
Ouachita	12	146,651	11	147,758	12	148,112
Plaquemines	*	26,998	5	27,409	*	28,049
Point Coupee	0	22,615	0	22,504	*	22,114
Rapides	8	126,542	6	126,979	6	127,184
Red River	0	9,592	0	9,603	0	9,556
Richland	*	20,827	0	20,584	0	20,151
Sabine	*	23,457	*	23,383	0	23,635
St. Bernard	15	66,473	41	66,758	34	66,172
St. Charles	*	48,336	*	48,418	10	48,351
St. Helena	*	10,582	*	10,601	*	10,500
St. James	0	21,221	*	21,293	0	21,139
St. John	*	43,492	*	43,267	6	44,053
St. Landry	6	87,785	10	87,966	11	89,128
St. Martin	*	49,201	0	49,178	*	49,294
St. Mary	*	52,293	7	52,573	*	52,403
St. Tammany	30	193,466	32	196,283	50	202,203
Tangipahoa	9	100,935	7	101,450	12	102,078
Tensas	*	6,506	0	6,511	0	6,252
Terrebonne	7	104,892	*	105,935	19	106,823
Union	*	22,804	*	22,745	0	22,330
Vermilion	*	53,651	*	54,123	*	54,274
Vernon	*	51,995	*	51,951	*	51,959
Washington	8	43,723	11	43,603	*	43,634
Webster	*	41,480	*	41,945	*	41,441
W. Baton Rouge	*	21,722	*	21,686	*	21,738
W. Carroll	0	12,070	0	12,332	*	12,208
W. Feliciana	0	15,138	*	15,125	0	15,177
Winn	*	16,664	*	16,644	*	16,453
TOTAL	346	4,465,430	461	4,482,646	617	4,496,336

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Admissions to Treatment Programs (Detoxification, Inpatient, Outpatient, & Halfway Homes)

Age Grp.	State Fiscal Year Ending June 2001		State Fiscal Year Ending June 2002		State Fiscal Year Ending June 2003		State Fiscal Year Ending June 2004		State Fiscal Year Ending June 2005		State Fiscal Year Ending June 2006	
		% of total		% of total								
0-17	2,453	8.1	2,103	7.2	1,942	6.4	2,387	7.3	2,449	7.8		
18-20	2,295	7.6	2,079	7.1	1,982	6.6	2,191	6.7	2,135	6.8		
21-24	3,488	11.6	3,470	11.9	3,681	12.2	4,156	12.8	4,200	13.3		
25-34	8,284	27.5	7,634	26.2	8,157	27.0	8,770	26.9	8,531	27.0		
35-44	9,329	31.0	9,231	31.6	9,380	31.0	9,432	28.9	8,792	27.8		
45-54	3,521	11.7	3,873	13.3	4,182	13.8	4,614	14.2	4,540	14.4		
55-64	648	2.1	667	2.3	762	2.5	861	2.6	828	2.6		
65 +	123	0.4	109	0.4	127	0.5	184	0.6	119	0.3		
Total	30,141	100.0	29,166	100.0	30,213	100.0	32,595	100.0	31,594	100.0		
<u>Gender</u>												
Male	21,788	72.2	21,108	72.4	21,509	71.2	22,917	70.3	22,166	70.2		
Female	8,353	27.8	8,058	27.6	8,704	28.8	9,678	29.7	9,428	29.8		
Total	30,141	100.0	29,166	100.0	30,213	100.0	32,595	100.0	31,594	100.0		

Source: Mr. J. Kado, Office of Addictive Disorders, La. Dept. of Health Hospitals

Last update: 08-03-2005



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Comparative Utilization of Selected Controlled Substances in Louisiana
Ranking of Louisiana Compared to Other States & Territories
Based on Grams of Target Drug Per 100,000 of Population

Drug	1997	1998	1999	2000	2001	2002	2003	2004 Jan - June	2004	2005	2006	2007	2008	2009
Stimulants														
d-Amphetamine Base (Dexedrine)	31	19	18	18	8	6	5	4	N/A					
d,l-Amphetamine Base (Adderall)	25	21	12	11	5	4	4	3	N/A					
d-Methamphetamine (Desoxyn)	40	41	45	N/A	47	43	41	32	32					
Cocaine	22	36	36	N/A	40	36	35	36	33					
Methylphenidate (Ritalin, Concerta)	37	36	34	33	30	28	22	18	14					
Narcotics														
Codeine	44	41	42	N/A	42	47	48	49	50					
Fentanyl Base (Duragesic)	15	10	12	N/A	9	41	41	37	37					
Hydrocodone (Vicodin, Lortab)	5	5	4	5	5	6	6	6	4					
Hydromorphone (Dilaudid)	35	28	36	N/A	39	36	32	N/A	34					
Meperidine (Demerol)	6	4	6	N/A	6	4	6	5	5					
Methadone	31	29	27	N/A	17	10	5	4	14					
Morphine	42	41	42	N/A	46	46	40	38	40					
Oxycodone (Percodan, OxyContin)	34	36	36	30	33	35	36	35	37					

Source: DEA - ARCOS Reports

Last update: 08-02-2005



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Local Law Enforcement Activities - 2004

	<i>Investigations</i>	<i>Persons Investigated</i>	<i>Arrests</i>	<i>Average Hours Work Per Investigation</i>	<i>Dosage Units Diverted</i>	<i>Persons Prosecuted</i>	<i>Average Hours Work Per Case</i>
Alexandria City Police Dept District Attorney	10	10	10	56	1,800	22	2
Baton Rouge City Police Dept District Attorney	95	95	150	110	6,950	50	32
Lafayette City Police Dept District Attorney	60	60	54	48	2,050	45 45	5 3
Lake Charles City Police Dept District Attorney	330	345	251	45	85,000	40 40	40 2
Monroe City Police Dept District Attorney	18	18	20	256	2,160	51	24
New Orleans City Police Dept District Attorney	150	150	170	4.5	7,200	200	32
Shreveport City Police Dept District Attorney	60	50	33	44	8,736	43 43	1 1
TOTAL	723	728	688	51*	113,896	328	29*

* = calculated value

Source: Mr. J. Mathews, Louisiana State Police

Last update: 08-03-2005



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Project Timeline

Stage I – Planning

A. Local Research

Identification of data sources relevant to program objectives, i.e.,

1. adverse health effects, as measured by emergency department visits and medical examiner reports in metropolitan areas other than New Orleans (which is already included in DAWN reports), as well as numbers of admissions to addiction treatment centers for prescription drug abuse,
2. information concerning numbers of persons investigated, arrested, and prosecuted for drug diversion by local and state law enforcement agencies,
3. information concerning efficiency of diversion investigations among law enforcement and regulatory communities, and
4. identification and quantification of prescribers and dispensers.

B. Regional and National Research

Assessment of existing PMP operations in other states:

Completion: December 2005

Site visits to be scheduled in Kentucky and Nevada.

Networking with other states engaged in planning and implementation of programs:

Attendance to regional and national conferences: Alliance for States with Prescription Monitoring Programs in October 2005; National Alliance for Model State Drug Laws in December 2005; National Association of Drug Diversion Investigators in fall 2005.

Stage II – Development

A. Task Force Report

Will summarize results of research and include recommendations for legislation and implementation.

Completion: January 2006

B. Legislation

Session will convene in April and adjourn in July.

Completion: July 2006

Stage III – Implementation

(presumes successful legislation in July 2006 and receipt of implementation grant in October 2006)

Completion: January 2007

