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U.S.

Missouri Alone in Resisting Prescription Drug Database

By ALAN SCHWARZ JULY 20, 2014

SIKESTON, Mo. — On his office phone at L & S Pharmacy, Richard Logan listened as a doctor's office detailed how a patient had just left with her third prescription for painkillers in only nine days — and was quite possibly getting more, illegally, elsewhere.

Mr. Logan, 61, holstered two guns, slipped on a bulletproof vest and jumped into his truck. Because in his small corner of America's epidemic of prescription drug abuse, Mr. Logan is no ordinary pharmacist. He is also a sheriff's deputy who, when alerted to someone acquiring fraudulent drug prescriptions, goes out to catch that person himself.

"I'm only one guy, and for every person we get to, there are probably 100 who we can't," Mr. Logan said. "How many people have to get addicted and die for us to do what everyone else is doing about it?"

His frustration stems from this: Missouri is the only state in America that has declined to keep a prescription drug database — the primary tool the other 49 states use to identify people who acquire excess prescriptions for addictive painkillers and tranquilizers, as well as the physicians who overprescribe them.

Not having the database has not only hampered Missouri's ability to combat prescription drug abuse, but also attracted people from neighboring states looking

to stockpile pills and bring them home to take themselves or sell to others, according to law enforcement officials, legislators and data compiled by a prescription drug processing firm.

“Welcome to Missouri — America’s Drugstore,” said Dr. Douglas Char, an emergency room physician in St. Louis. “We aren’t just allowing abuse, we’ve created a business model for dealers.”

Drug monitoring programs, whose procedures and powers can vary significantly from state to state, all share a similar strategy: to require doctors, pharmacists or both to enter all prescriptions into a database that can — or, in some states, must — be consulted later to make sure patients do not get excess medication.

Because many states’ programs appear effective, Missouri has been urged to put one into effect. Among those calling for a change are Missouri medical associations, members of Congress from neighboring states, the White House and even Mallinckrodt Pharmaceuticals, the St. Louis-based manufacturer of oxycodone, the highly abused prescription painkiller.

But while proponents say the vast majority of the Legislature supports the measure, it has been blocked by a small group of lawmakers led by State Senator Rob Schaaf, a family physician who argues that allowing the government to keep prescription records violates personal privacy. After successfully sinking a 2012 version of the bill, Mr. Schaaf said of drug abusers, “If they overdose and kill themselves, it just removes them from the gene pool.”

“There’s some people who say you are causing people to die — but I’m not causing people to die. I’m protecting other people’s liberty,” Mr. Schaaf said in a recent interview in his Senate office. “Missouri needs to be the first state to resist, and the other states need to follow suit and protect the liberty of their own citizens.”

Mr. Schaaf’s steadfast opposition has come under sharp criticism from fellow Republicans, including a United States representative, Harold Rogers, Republican of Kentucky, one of eight states on Missouri’s 1400-mile perimeter.

“It’s very selfish on Missouri’s part to hang their hat on this privacy matter,” Mr. Rogers said. “The rest of us suffer.”

As the debate continues, law enforcement officials in Scott County, in the state’s southeast corner, say their best weapon is a pharmacist who carries one.

Piecemeal Patterns

Mr. Logan is essentially Scott County's prescription-drug monitoring program. If someone appears to be illegally deceiving doctors to receive overlapping prescriptions or a provider appears to be handing out far too many prescriptions, he phones local pharmacies and tries to piece together prescription logs himself. Law enforcement can request such records upon reasonable suspicion, but it is very difficult to assemble records from all pharmacies in the area and beyond, Mr. Logan said.

If a questionable pattern emerges, he informs the sheriff and helps investigate the case. If a customer tries to fill a clearly illicit prescription in Mr. Logan's own pharmacy, he has been known to jump from behind the counter and arrest that person on the spot.

State monitoring systems primarily target opioid painkillers (such as oxycodone and hydrocodone) and tranquilizers (such as Xanax and Valium), which are controlled by the Drug Enforcement Administration because of their potential for harmful abuse. Details can vary, but almost all states allow — or require — pharmacists to enter all filled prescriptions into the database, and then prescribers or pharmacists to review this history and decline to fill another if the log appears suspicious. Medicaid and insurance companies often deny multiple prescriptions, but abusers pay cash to avoid those safeguards.

Forty-eight states are currently operating prescription databases, and New Hampshire's will go online this year.

States with the strictest requirements in their programs, like Kentucky, New York and Tennessee, have had prescriptions for various controlled substances decrease about 8 percent, according to the Prescription Drug Monitoring Program Center of Excellence at Brandeis University, which monitors and advises the programs. Much of the drop appears to come from deterring doctor shoppers: People getting prescriptions from at least five doctors and filling prescriptions from at least five pharmacies declined 75 percent in New York in 2013, when its program began.

No database was available this year in Sikeston, when a resident named Casie Hammon visited a doctor and left with her third painkiller prescription from him in nine days. The office assistant approached the physician and was told that Ms. Hammon reported an allergic reaction to one of the medications. Suspecting that

Ms. Hammon was being untruthful and getting additional prescriptions elsewhere, but having no way to explore this, the assistant called Mr. Logan.

Mr. Logan called several pharmacies and determined that in the previous 10 weeks, Ms. Hammon had been prescribed, from three doctors, 171 total days' worth of hydrocodone, and 140 days' worth of tramadol and Percocet, other painkillers. He suspected that she was either selling them or taking dangerous amounts herself.

(Ms. Hammon and her lawyer did not respond to multiple phone and email requests for comment. Details of her case were drawn from public records and a reporter for The New York Times was present on the day of these events. Ms. Hammon has not entered a plea and is to be arraigned in August, the police said.)

While Mr. Logan cobbled together more prescription records, a county detective, Branden Caid, located Ms. Hammon in her S.U.V. Wearing a red T-shirt and jeans, she stood outside a police car and watched Detective Caid and another officer remove from her gold lamé purse about a dozen prescription bottles, some of them empty. Mr. Logan chatted with Ms. Hammon's young children in the back seat to distract them from the scene.

"I've never been in trouble," Ms. Hammon said as she was placed in a police car and driven 18 miles to the sheriff's office. She was arrested on charges that she fraudulently attempted to obtain a controlled substance, a Class D felony.

"This all could have been saved with three taps on a computer," Mr. Logan said as he trailed her. "This goes on for no reason."

Destination for Abusers

Data suggest that Missouri has become targeted by out-of-state drug seekers. A report by ExpressScripts, which processes prescriptions for 90 million Americans, found that residents of its eight neighboring states travel into Missouri to fill their prescriptions much more often than Missourians fill theirs elsewhere — possibly indicating a desire to avoid those states' drug monitoring programs, a company spokesman said.

Bob Twillman, the deputy executive director of the American Academy of Pain Management, said of the trend: "I've told legislators that I know they want to increase tourism, but not this kind of tourism."

At Mission Missouri, a drug-treatment center a few miles from Mr. Logan's pharmacy, Michael Foley, 28, recounted how he had routinely driven his black

Chevy truck from his home in northern Arkansas — which instituted a prescription database in 2011 — into Missouri to visit doctors and complain of back pain. Those doctors “would pretty much just ask me what I wanted, no questions asked,” he said. On one such trip a few years ago, he carried more than 1,000 pills back to Arkansas, took some himself and sold the rest over three days for more than \$7,500.

Two hours north in St. Louis, a mother who said she makes more than \$200,000 a year said she has doctor shopped for Vicodin, tramadol and hydrocodone for eight years, and recently went through 30 days’ worth in three days. She said that like many painkiller addicts, she received the medication for a legitimate injury, enjoyed its euphoric effects, took it for longer than her pain truly required and found herself unable to break the habit.

“I’m not a junkie on the corner — I’m the one the program is designed to stop,” said the woman, who spoke on the condition of anonymity. “If I couldn’t get the pills in the first place, I’d have to stop. But it’s too easy this way.”

But many citizens oppose a prescription database. Sitting in Mr. Logan’s pharmacy after picking up a form of hydrocodone, Kathleen Secoy explained why.

“I’m not ashamed of having to take a pain pill, and I shouldn’t be treated like I’m doing anything wrong,” said Ms. Secoy, 61, a Charleston resident. “You can’t carry a gun without the government knowing. They know your Social Security number. They have access to enough of it as it is.”

These are among the citizens whose privacy rights Mr. Schaaf, four hours away in the Jefferson City Statehouse, said he is protecting. He cited several breaches of government-held data — including Edward Snowden’s release of classified National Security Agency documents and the hacking of a Utah health database in 2012 — and said that an online prescription database would be subject to similar mishandling.

One of Mr. Schaaf’s handful of Senate allies, Ed Emery, offered a different solution to the state’s prescription drug problems.

“We need to rebuild families,” Mr. Emery said in a telephone interview.

Back at the Precinct

In an orange jumpsuit and handcuffs, Ms. Hammon sobbed as she spoke with a detective inside the Scott County sheriff’s office interview room.

She explained that scoliosis kept her in pain and that surgery a few months

before made her need more and more relief. She described how she visited several doctors for extra painkiller prescriptions, but said that she did not know that was illegal. Asked if she was addicted to the medications, she said, “Not really.”

“I would like to get off of them,” she said, “because this is not worth it.”

While Detective Caid sorted through more empty bottles and pharmacy receipts, Sheriff Rick Walter watched Ms. Hammon on two monitors and became convinced that she was not selling her pills, but taking them herself.

Sheriff Walter said that his small force, even with an armed pharmacist like Mr. Logan, was simply outmanned to deter the drug abuse already occurring in Scott County, and that cases like Ms. Hammon’s would increase if Missouri did not get a database.

“I understand what they’re saying about privacy, I really do,” Sheriff Walter said. “But look at this — this is just one woman, one family. Those kids, they’re wondering where Mama is tonight. She’s hooked on painkillers, because the system allowed her to be.”

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