



PMP Center of Excellence

Notes from the Field

2.1 Staying Clear of the Law *and* Addiction: Nevada's Pre-Criminal Intervention Program

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Introduction

Reno, NV. Data on patients' prescription histories collected by prescription monitoring programs (PMPs) are often used to detect questionable activity on the part of some patients, such as doctor shopping or prescription fraud. Individuals receiving prescriptions for a controlled substance simultaneously from multiple prescribers and pharmacies may be drug dependent or diverting drugs to family, friends or paying customers. In many states prescription histories showing this sort of pattern are reported by PMPs to medical providers and pharmacists, who take the information into account when prescribing or dispensing. PMP data are also routinely used by law enforcement and regulatory agencies to facilitate investigations of drug diversion or questionable prescribing practices. Beyond these applications, other uses for PMP data are in development and show promise.

The present case study describes an innovative application of Nevada PMP data to help likely doctor shoppers avoid arrest, break away from drug abuse, and regain stability in their lives: the Pre-Criminal Intervention Program (PCIP). The PCIP is operated by the Nevada Board of Pharmacy, which instituted the program in 2004 as an enhancement to its PMP. It leverages the law (doctor shopping is a felony in Nevada) and affidavits from medical providers to induce individuals to restrict their prescriptions to a single prescriber. This keeps drug purchasing within legal limits while simultaneously bringing attention to possible addiction and other medical and behavioral problems. Although the program uses the threat of criminal sanctions to motivate compliance, its mission is essentially non-punitive and pre-emptive: to help clients *avoid* complications with the law and gain stability. The PCIP functions as an alternative approach to drug control in cases where direct law enforcement involvement might prove unnecessary, counterproductive, and more expensive.

Program operations

Start up and location. The PCIP was first piloted in Las Vegas in 2004 as an enhancement to the Nevada PMP, funded by a Bureau of Justice Assistance grant under the Harold Rogers Prescription Drug Monitoring Program. In late 2008, operations moved to the northern section of Nevada, including the cities of Reno, Sparks, Carson City and rural areas such as Elko and Ely.

Staff. Program staff consists of one intervention officer, a permanent half-time employee of the Nevada Board of Pharmacy, supervised by the PMP administrator.

Client selection. Potential candidates for the PCIP are identified in the Nevada PMP database using criteria for suspected doctor shopping: meeting a certain threshold for numbers of prescribers and pharmacies visited within a given time period. Candidates for

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intervention ordinarily exceed the threshold by a considerable margin, suggesting significant involvement with prescription drugs, possibly including drug dependence. Given limited program resources (one half-time employee), not all patients in the PCIP's geographic area meeting these criteria are able to participate in the program.

Once a prospective candidate is identified, a PMP prescription history report documenting his or her likely doctor shopping is sent to the prescribers and pharmacies listed on the report. The intervention officer (a Board of Pharmacy employee, not a law enforcement officer), then validates the candidate's PMP prescription history: she contacts at least 3 of the prescribers for that individual, asking them to sign affidavits (see attached) that they were prescribing controlled substances for the patient but were unaware of the simultaneous prescriptions coming from other doctors.

Once a candidate's prescription history is validated, the intervention officer proceeds to locate the client, sometimes conducting online searches using social networking sites such as Facebook and MySpace. Some clients turn out to be unreachable, having moved out of the area or in some cases died. Occasionally a physician will have already initiated an intervention in response to the unsolicited PMP report, making the PCIP unnecessary for this patient. The intervention officer, interviewed for this report, thought that about 40% of those initially considered for the program end up participating.

Initial contact. Having located a prospective client, the officer makes contact by phone, letter, or Web and explains that PMP data show presumptive evidence of doctor shopping. She also explains that doctor shopping is a felony in Nevada, but that the intervention program can help resolve matters without law enforcement involvement. She makes clear that she is not a police officer and that she seeks to help, not arrest or prosecute, the client. A meeting is arranged at the Pharmacy Board office or other location (but not the client's home) at which the prospective client is interviewed about the situation and shown the evidence of doctor shopping. The client is then offered the opportunity of entering into an intervention agreement (see attached) which permits seeing only one doctor and using up to two pharmacies. The officer explains that if the client signs the agreement, which involves monitoring via PMP data and help in getting stabilized, no law enforcement involvement will be forthcoming. On the other hand, the client understands that refusal to sign may trigger an investigation using evidence of doctor shopping, which will be turned over to police.

Surveillance and support. Once the agreement is signed (no clients have refused to sign thus far), the intervention officer arranges to maintain contact with the client over an initial surveillance period of 6 months. During this time she monitors the clients' prescription purchases by means of frequent (monthly or more often, as necessary) PMP reports and encourages them to call every two weeks to give updates on their situation. These calls can involve discussions about finding affordable medical care, safe and effective treatment for pain, and in some cases treatment for drug dependency. Some clients will confide their problems, finding the officer a sympathetic and patient listener. Beyond functioning as a compliance monitor, the officer thus serves as the client's ally in

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negotiating the transition to a more stable and productive life. Some clients wanting ongoing support have voluntarily maintained contact well beyond the initial 6 month period.

Case disposition. If the client is compliant in all respects during the 6 month period, including normal PMP prescription history reports, the case is closed and monitoring is reduced to one PMP report a quarter. If the client has difficulty maintaining compliance but still seems motivated, frequent contact might continue past the 6 month period. If the client is irredeemably non-compliant or breaks off contact, the case is turned over to the police for possible investigation.

Data and Outcomes

Recent data from the program reported by the intervention officer involved 34 cases, 11 of which were closed, 23 of which were ongoing. Of the 11 closed cases, 9 were closed because the client successfully complied with the contract; in one case the client died, and in another the client remained non-compliant. Of the 23 open cases, 15 were in compliance, 4 were being watched for possible non-compliance, and 2 were judged non-compliant. The remaining 2 cases had been open too short a time for meaningful results regarding compliance. In all those cases where a determination of compliance or non-compliance was made (27), 24 or 88% were judged compliant.

For closed cases in the year prior to the intervention, clients on average received prescriptions from 13 prescribers and purchased drugs from 13 pharmacies, with an average of 56 prescriptions a year. After the intervention, the average number of prescribers per year fell to 4, dispensers to 4.5, and prescriptions to 34.

Not reflected in these data is that the intervention officer assisted clients, many of whom were in financial difficulties, to find affordable and locally available medical care. She was also able to guide them to appropriate pain and drug abuse treatment, as necessary (she judged that a majority of clients were likely drug dependent, some as a result of taking medications for pain or injuries). Such assistance can play an important role in helping individuals achieve stability, thus reducing the need or inclination to engage in doctor shopping and prescription drug misuse. According to the officer, many clients expressed gratitude for the help they received during the intervention.

Conclusion

Although the compliance status of a client as judged by PMP reports can of course change over time, these data suggest that the PCIP has been successful in helping clients reduce or stop their doctor shopping behavior. This helps them avoid criminal sanctions and the possible consequences of continued prescription drug misuse and abuse, including addiction, overdose and death. The intervention is arguably cost effective since it leverages the prospect of possible criminal investigation without incurring the expense of

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arrest, trial, and incarceration. The PCIP can also be credited for savings derived from reduced need for social services as these clients gain stability. Other positive outcomes are increased productivity and quality of life for clients who receive assistance in finding consistent medical care, including treatment for pain and addiction in some cases. Clients also avoid the stigma of an arrest record, are able to maintain contact with family and friends, and can be gainfully employed instead of jailed. As illustrated by the 3 case descriptions supplied by the intervention officer (see attached), contact with these clients also provides valuable information on the causes of doctor shopping behavior.

PMP data serve three essential functions in this program: first, to identify clients in need of intervention; second, to induce enrollment into the program; and third, to monitor their purchases of controlled substances, an important indicator of behavior change and compliance. That there are no substitute or alternative data to serve these functions highlights the value of the Nevada PMP as a unique resource in drug control. Although a systematic evaluation of the PCIP would more fully document its operations, outcomes, cost savings and limitations, the program stands as an innovative application of PMP data that could be replicated by other jurisdictions seeking to make good use of prescription monitoring programs.

Attachments:

- Intervention Agreement:
http://www.pmpexcellence.org/sites/all/pdfs/nv_nff_attachment_1.pdf
- Practitioner's Statement:
http://pmpexcellence.org/sites/all/pdfs/nv_nff_attachment_2.pdf
- Case Descriptions:
http://www.pmpexcellence.org/sites/all/pdfs/nv_nff_attachment_3.pdf

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