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United States Senate

May 20, 2015

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Secretary of Defense Ash Carter
U.S. Department of Defense
1400 Defense Pentagon
Washington, DC 20301-1400

Dear Secretary Carter,

Prescription drug abuse is a national epidemic that has increased dramatically in the past decade. Drug overdose deaths, fueled by prescription painkillers, now surpass homicides and traffic crashes in the number of injury deaths in the United States.¹ Prescription drug monitoring programs (PDMP), which are statewide databases that track controlled substances dispensed in the state, can be a highly effective tool to reinforce the federal government's efforts to combat the epidemic. However, in order for PDMPs to serve as a robust tool in reducing prescription drug abuse and misuse it is imperative that all prescribers, including federal prescribers and pharmacists, participate in these programs. Therefore, I am writing to request that the Department of Defense (DoD) ensures that its providers are registering and fully participating in the PDMPs in states where DoD facilities are located.

The United States military experiences problems with chronic pain and opioid use at higher rates than civilian populations.² The use of prescription opioids for the treatment of chronic pain and the increasing availability of prescription drugs has contributed to the growing misuse by military members.³ Military physicians wrote nearly 3.8 million prescriptions for pain medication in 2009, more than quadruple the number of such prescriptions written in 2001.³ Prescription opioid misuse within the military has been linked to posttraumatic stress, heavy alcohol use, drug dependence, overdose deaths and suicide.⁴ With the increased reliance on opioid painkillers, concerns have been raised about the impact of opioid overuse, overdose and other adverse events among the military population.

The DoD can play a critical role in addressing the prescription drug problem that is impacting states across the country by participating in PDMPs which can help to identify or prevent drug diversion, influence prescribing behavior, facilitate the identification of individuals

¹ <http://www.drugstorenews.com/article/office-national-drug-control-policy-releases-2014-national-drug-control-strategy>

² Toblin, R.L, Quartana, P.J., Riviere, L.A, Walper, K.C., & Hoge, C.W. (2014). Chronic Pain and Opioid Use in US Soldiers after Deployment, *JAMA Internal Medicine*, 174(8):1400-1401.

³ https://www.iom.edu/~media/Files/Report%20Files/2012/Military-SUD/SUD_rb.pdf

⁴ https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/drugfacts_subabusemilitary.pdf

who may have a substance use disorder and reduce prescription drug abuse.⁵ In light of prescription opioid misuse among military, I strongly urge the DoD to swiftly implement a requirement for its providers to participate in PDMPs in states where they practice.

Thank you for your consideration for this important matter. Please provide your response no later than June 12, 2015. If you have questions or concerns, please contact Dr. Chisina Kapungu or Dr. Avenel Joseph in my office at (202) 224-2742.

Sincerely,



Edward J. Markey

⁵ Worley, J. (2012). Prescription Drug Monitoring Programs, a Response to Doctor Shopping: Purpose, Effectiveness, and Directions for Future Research, *Issues in Mental Health Nursing*, vol. 33, (5), pp. 319-328.