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# Addressing the Prescription Drug Abuse Epidemic

In the past two decades, there has been a striking increase in the misuse and abuse of prescription medications – where individuals take a drug in a higher quantity, in another manner or for another purpose than prescribed, or take a medication that was prescribed for another individual. Today, prescription drug abuse is a growing public health crisis and a quick response is required to curb it before it gets even more out of control.

Approximately 6.1 million report nonmedical use of prescription drugs in the past month – meaning use by someone other than the person for whom a drug was prescribed, or use only for the experience or feeling they cause. More than 60 Americans die every day from a prescription drug overdose. Overdose deaths involving prescription painkillers have quadrupled since 1999 and now outnumber deaths from all illicit drugs, including heroin and cocaine, combined.

No state has been exempt from this epidemic, with deaths from drug overdose – the majority of which are from prescription drugs –doubling in 29 states from 1999-2010, while rates quadrupled in four of those states and tripled in ten more of these states. West Virginia, which has the highest rates in the country, has seen a staggering 605 percent increase since 1999.

Prescription drug abuse is a multi-faceted problem, and effective solutions will require working with public health, medical and drug prevention experts, with partnerships across federal, state and local governments along with healthcare providers, the healthcare and benefits industries, pharmacies, the pharmaceutical industry, schools and universities, employers and others. A number of promising strategies have been developed, particularly focusing on prevention and treatment, and many states have begun to implement these strategies. Trust for America's Health examined many of those efforts in *Prescription Drug Abuse: Strategies to Stop the Epidemic*, and makes a number of recommendations for ways to effectively implement policies to address this public health crisis, while ensuring that patients in need have access to appropriate medications.

***TFAH's recommendations for action to address prescription drug abuse include:***

**Support Policies and Programs that Prevent Prescription Drug Abuse and Other Risk Behaviors**

Policies to address the prescription drug abuse epidemic should incorporate evidence-based prevention approaches. Scientific research supported by the National Institute on Drug Abuse (NIDA) at the National Institutes of Health (NIH), Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease

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Control and Prevention (CDC) has found that early intervention can reduce the risk of adolescent risk behaviors. The federal government should increase appropriations for evidence-based prevention programs and research at these agencies.

**Expand Access to Rescue Medications:** The "rescue drug" naloxone can reverse the effects of an opioid overdose and prevent death, but only during a limited window of time. It is therefore important to create access to naloxone that can be administered by a layperson who witnesses an overdose. According to CDC, at least 188 community-based overdose prevention programs now distribute naloxone, have provided training and naloxone to more than 50,000 people, and have led to more than 10,000 overdose reversals. We must make rescue medications more widely available by increasing access to take-home naloxone and by providing legal immunity for individuals experiencing an overdose, bystanders who help them, and providers who prescribe naloxone.

- Congress should increase resources to help states, localities and community organizations to increase access to lifesaving rescue medications.
- Congress should enact legislation to ensure liability protection for those who administer naloxone, to ensure that liability fears do not stop someone from saving a life. While states do have the power to do this, Congress could ensure that there is a basic level of protection nationwide, as they did in providing liability protection for those who use defibrillators.
- The Food and Drug Administration (FDA) should expand efforts to support the development of new formulations of naloxone, which can be easily administered by laypeople. TFAH supported the FDA's April 2014 approval of an auto-injector that for the first time combines naloxone and an administration device in one product.
- FDA should work closely with the pharmaceutical industry to take the necessary steps to make naloxone available over the counter.
- The Department of Health and Human Services (HHS), and in particular the CDC and SAMHSA should work to expand access to, and effectiveness of, overdose prevention programs, including partnering with first responders to disseminate information on naloxone and evaluating the efficacy of naloxone programs.
- The Centers for Medicare & Medicaid Services (CMS) should issue guidance to states encouraging them to exercise their option to reimburse for take-home naloxone under the Medicaid pharmacy benefit. CMS should also provide reimbursement for take-home naloxone under the Medicare prescription drug benefit.

**Strengthen Prescription Drug Monitoring Programs:** Prescription Drug Monitoring Programs (PDMPs) are state-run electronic databases used to track the prescribing and dispensing of controlled prescription drugs to patients. They hold the promise of being able to quickly identify problem prescribers and individuals misusing drugs – not only to stop overt attempts at "doctor shopping" but also to allow for better treatment of individuals suffering from pain and/or drug dependence. While virtually every state (49) has a PDMP, these programs vary dramatically in

funding, use and capabilities. For instance, only 16 states have requirements for medical providers to use PMDPs, such as at the point of initial prescription of a controlled substance. PDMPs should be modernized and fully-funded so they are real-time, can communicate across state lines, and are incorporated into Electronic Health Records.

- Congress should fully fund the Hal Rogers PDMP Grant Program (housed in the U.S. Department of Justice's Bureau of Justice Assistance) and the National All Schedules Prescription Electronic Reporting Act (NASPER, housed in HHS) to help make PDMPs a more effective tool to prevent prescription drug misuse.
- The HHS Office of the National Coordinator for Health Information Technology (ONC) should work to ensure that PDMPs are more broadly incorporated into Electronic Health Records. This could allow medical providers to identify patients in need of better pain management, addiction treatment, or both.
  - The Rogers PDMP Program and NASPER could require PDMP linkage to electronic health records, and/or include use of identified best practices in grant requirements.
- The federal government (HHS, ONDCP, and DOJ) should continue to promote a framework to facilitate sharing PDMP information across state lines.

**Expand Access to and Availability of Substance Abuse Treatment:** According to NIDA, addiction to any drug – prescribed or illicit – is a brain disease that can be effectively treated. Substance abuse treatment has been underfunded for years, and there is a severe shortage of professionals to provide services, leaving millions in need without access to treatment. Any strategy to combat prescription drug abuse will be incomplete and ineffective unless it focuses on providing access to substance use disorder treatment.

- TFAH recommends that all states expand Medicaid under the Affordable Care Act (ACA), which would expand access to substance abuse treatment services. Currently 25 states and DC have expanded Medicaid.
- HHS (specifically CMS and SAMHSA) should develop a report on state implementation of substance abuse coverage requirements and of parity under the Mental Health Parity and Addiction Equity Act and the ACA.
- NIDA should continue to support research to develop additional medical treatments for addiction.
- The Drug Enforcement Agency (DEA) should increase access to medically assisted substance abuse treatment by modifying regulatory barriers around buprenorphine prescribing, while protecting patient safety.
- CMS should promote policies that ensure continuous access to healthcare for people involved in the criminal justice system, including suspension, rather than termination, of Medicaid eligibility for incarcerated people.

**Education for Patients and Expanded Take Back Programs:** Many people assume that prescription drugs are safe because they were at some point prescribed by a doctor. We need to expand public education to ensure people understand the risks of misusing prescription medications, as well as how to safely store and dispose of potentially prescription drugs. On National Prescription Drug Take Back Day in October 2013, Americans turned in 324 tons (over 647,000 pounds) of prescription drugs at over 4,100 "take back" sites.

- The DEA should issue final regulations, pursuant to the 2010 Secure and Responsible Drug Disposal Act, to provide for safe and responsible ways for individuals to dispose of unused prescription medications and controlled substances.
- State and Federal agencies including the DOJ and HHS should provide technical assistance to states and localities regarding take back programs, make funding available to enhance these efforts, and take steps to remove barriers to their availability.
- The various federal agencies working on this issue (SAMHSA, CDC, NIDA, ONDCP, and DEA) should collaborate to expand patient education and to highlight take back days and other opportunities to return unused medications.

**Educate Providers:** We need to ensure responsible prescribing practices from medical professionals – including doctors, dentists and any provider with the capability of prescribing opioids. This includes increasing education of healthcare providers and prescribers to better understand how medications can be misused and to identify the signs of addiction, so patients who need it can be referred for treatment. Currently this education is lacking – a 2000 national survey of medical residency programs found that only 56 percent required substance abuse disorder training, and the number of curricular hours ranged from just 3-12 hours.

- Medical professional societies should ensure that providers have appropriate education in both pain management and substance abuse, especially how to recognize the signs of addiction and how to ensure that patients treated with opioids receive the appropriate dose and quantity of medicine for their condition.

**Protect Access for Patients in Need:** Any policy solution must make sure patients have appropriate access to prescription painkillers and other medications they need.

- State Medicaid "lock-in" programs, which restrict people with overutilization of opioids to specific prescribers, pharmacies, or both, could also be required to include access to appropriate pain management and/or substance abuse treatment services.
- Patient education efforts at both federal and state levels should include information about appropriate pain treatment and how to access information on additional forms of pain management, such as physical therapy.
- Federal prescription drug abuse-related enforcement policies should not hinder the ability of pharmacies to stock appropriate levels of medications to treat addiction or prescription painkillers to serve the needs of legitimate pain patients in a timely fashion.