



EPIDEMIC:  
RESPONDING TO AMERICA'S  
PRESCRIPTION  
DRUG ABUSE CRISIS

2011





## Background

Prescription drug abuse is the Nation's fastest-growing drug problem. While there has been a marked decrease in the use of some illegal drugs like cocaine, data from the National Survey on Drug Use and Health (NSDUH) show that nearly one-third of people aged 12 and over who used drugs for the first time in 2009 began by using a prescription drug non-medically.<sup>1</sup> The same survey found that over 70 percent of people who abused prescription pain relievers got them from friends or relatives, while approximately 5 percent got them from a drug dealer or from the Internet.<sup>2</sup> Additionally, the latest Monitoring the Future study—the Nation's largest survey of drug use among young people—showed that prescription drugs are the second most-abused category of drugs after marijuana.<sup>3</sup> In our military, illicit drug use increased from 5 percent to 12 percent among active duty service members over a three-year period from 2005 to 2008, primarily attributed to prescription drug abuse.<sup>4</sup>

Although a number of classes of prescription drugs are currently being abused, this action plan primarily focuses on the growing and often deadly problem of prescription opioid abuse. The number of prescriptions filled for opioid pain relievers—some of the most powerful medications available—has increased dramatically in recent years. From 1997 to 2007, the milligram per person use of prescription opioids in the U.S. increased from 74 milligrams to 369 milligrams, an increase of 402 percent.<sup>5</sup> In addition, in 2000, retail pharmacies dispensed 174 million prescriptions for opioids; by 2009, 257 million prescriptions were dispensed, an increase of 48 percent.<sup>6</sup> Further, opiate overdoses, once almost always due to heroin use, are now increasingly due to abuse of prescription painkillers.<sup>7</sup>

These data offer a compelling description of the extent to which the prescription drug abuse problem in America has grown over the last decade, and should serve to highlight the critical role parents, patients, healthcare providers, and manufacturers play in preventing prescription drug abuse.

These realities demand action, but any policy response must be approached thoughtfully, while acknowledging budgetary constraints at the state and Federal levels. The potent medications science has developed have great potential for relieving suffering, as well as great potential for abuse. There are many examples: acute medical pain treatment and humane hospice care for cancer patients would be impossible without prescription opioids; benzodiazepines are the bridge for many people with serious anxiety disorders to begin the process of overcoming their fears; and stimulants have a range of valuable uses across medical fields. Accordingly, any policy in this area must strike a balance between our desire

1. *Results from the 2009 National Survey on Drug Use and Health (NSDUH): National Findings*, SAMHSA (2010).

2. *Results from the 2009 National Survey on Drug Use and Health (NSDUH): National Findings*, SAMHSA (2010).

3. University of Michigan, 2009 Monitoring the Future: *A Synopsis of the 2009 Results of Trends in Teen Use of Illicit Drugs and Alcohol*.

4. 2008 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel, Department of Defense (2009). Available at: <http://www.tricare.mil/2008HealthBehaviors.pdf>

5. Manchikanti L, Fellow B, Ailinani H, Pampati V. Therapeutic Use, Abuse, and Nonmedical Use of Opioids: A Ten-Year Perspective. *Pain Physician*. 13:401-435. 2010.

6. Based on data from SDI, Vector One: National. Years 2000-2009. Extracted June 2010. Available at <http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/AnestheticAndLifeSupportDrugsAdvisoryCommittee/UCM217510.pdf>

7. *Unintentional Drug Poisoning in the United States*, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, July 2010.



to minimize abuse of prescription drugs and the need to ensure access for their legitimate use. Further, expanding effective drug abuse treatment is critical to reducing prescription drug abuse, as only a small fraction of drug users are currently undergoing treatment.

This Prescription Drug Abuse Prevention Plan expands upon the Administration's *National Drug Control Strategy* and includes action in four major areas to reduce prescription drug abuse: education, monitoring, proper disposal, and enforcement. First, education is critical for the public and for healthcare providers to increase awareness about the dangers of prescription drug abuse, and about ways to appropriately dispense, store, and dispose of controlled substance medications. Second, enhancement and increased utilization of prescription drug monitoring programs will help to identify "doctor shoppers" and detect therapeutic duplication and drug-drug interactions. Third, the development of consumer-friendly and environmentally-responsible prescription drug disposal programs may help to limit the diversion of drugs, as most non-medical users appear to be getting the drugs from family and friends. Fourth, it is important to provide law enforcement agencies with support and the tools they need to expand their efforts to shut down "pill mills" and to stop "doctor shoppers" who contribute to prescription drug trafficking.

## I. Education

A crucial first step in tackling the problem of prescription drug abuse is to raise awareness through the education of parents, youth, patients, and healthcare providers. Although there have been great strides in raising awareness about the dangers of using illegal drugs, many people are still not aware that the misuse or abuse of prescription drugs can be as dangerous as the use of illegal drugs, leading to addiction and even death.

Parents and youth in particular need to be better educated about the dangers of the misuse and abuse of prescription drugs. There is a common misperception among many parents and youth that prescription drugs are less dangerous when abused than illegal drugs because they are FDA-approved. Many well-meaning parents do not understand the risks associated with giving prescribed medication to a teenager or another family member for whom the medication was not prescribed. Many parents are also not aware that youth are abusing prescription drugs; thus, they frequently leave unused prescription drugs in open medicine cabinets while making sure to lock their liquor cabinets. These misperceptions, coupled with increased direct-to-consumer advertising, which may also contribute to increased demand for medications,<sup>8,9</sup> makes effective educational programs even more vital to combating prescription drug abuse.

In addition, prescribers and dispensers, including physicians, physicians assistants, nurse practitioners, pharmacists, nurses, prescribing psychologists, and dentists, all have a role to play in reducing prescription drug misuse and abuse. Most receive little training on the importance of appropriate prescribing and dispensing of opioids to prevent adverse effects, diversion, and addiction. Outside of specialty addiction treatment programs, most healthcare providers have received minimal training in how to

8. Frosch DL, Grande D, Tarn DM, Kravitz RL. A decade of controversy: balancing policy with evidence in the regulation of prescription drug advertising. *Am J Public Health*. 2010;100(1):24-32.

9. Greene JA, Kesselheim AS. Pharmaceutical marketing and the new social media. *N Engl J Med*. 2010;363(22):2087-2089.

recognize substance abuse in their patients. Most medical, dental, pharmacy, and other health professional schools do not provide in-depth training on substance abuse; often, substance abuse education is limited to classroom or clinical electives. Moreover, students in these schools may only receive limited training on treating pain.

A national survey of medical residency programs in 2000 found that, of the programs studied, only 56 percent required substance use disorder training, and the number of curricular hours in the required programs varied between 3 to 12 hours.<sup>10</sup> A 2008 follow-up survey found that some progress has been made to improve medical school, residency, and post-residency substance abuse education; however, these efforts have not been uniformly applied in all residency programs or medical schools.<sup>11</sup>

Educating prescribers on substance abuse is critically important, because even brief interventions by primary care providers have proven effective in reducing or eliminating substance abuse in people who abuse drugs but are not yet addicted to them. In addition, educating healthcare providers about prescription drug abuse will promote awareness of this growing problem among prescribers so they will not over-prescribe the medication necessary to treat minor conditions. This, in turn, will reduce the amount of unused medication sitting in medicine cabinets in homes across the country.

***The following action items will be taken to improve educational efforts and to increase research and development:***

**Healthcare Provider Education:**

- Work with Congress to amend Federal law to require practitioners (such as physicians, dentists, and others authorized to prescribe) who request DEA registration to prescribe controlled substances to be trained on responsible opioid prescribing practices as a precondition of registration. This training would include assessing and addressing signs of abuse and/or dependence. **(ONDCP/FDA/DEA/SAMHSA)**
- Require drug manufacturers, through the Opioid Risk Evaluation and Mitigation Strategy (REMS), to develop effective educational materials and initiatives to train practitioners on the appropriate use of opioid pain relievers. **(FDA/ONDCP/SAMHSA)**
- Federal agencies that support their own healthcare systems will increase continuing education for their practitioners and other healthcare providers on proper prescribing and disposal of prescription drugs. **(VA/HHS/IHS/DOD/BOP)**
- Work with appropriate medical and healthcare boards to encourage them to require education curricula in health professional schools (medical, nursing, pharmacy, and dental) and continuing education programs to include instruction on the safe and appropriate use of opioids to treat pain while minimizing the risk of addiction and substance abuse. Additionally, work with relevant medical, nursing, dental, and pharmacy student groups to help disseminate educational materials, and establish student programs that can give community educational presentations

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10. Isaacson JH, Fleming M, Kraus M, Kahn R, Mundt M. A National Survey of Training in Substance Use Disorders in Residency Programs. *J Stud Alcohol*. 61(6):912-915. 2000.

11. Polydorou S, Gunderson EW, Levin FR. Training Physicians to Treat Substance Use Disorders. *Curr Psychiatry Rep*. 10(5):399-404. 2008.



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on prescription drug abuse and substance abuse. (HHS/**SAMHSA/ONDCP/FDA/HRSA/NIDA/DOD/VA**)

- In consultation with medical specialty organizations, develop methods of assessing the adequacy and effectiveness of pain treatment in patients and in patient populations, to better inform the appropriate use of opioid pain medications. (HHS/**CDC/SAMHSA/FDA**)
- Work with the American College of Emergency Physicians to develop evidence-based clinical guidelines that establish best practices for opioid prescribing in the Emergency Department. (**CDC/FDA/ONDCP/NIDA/SAMHSA/CMS**)
- Work with all stakeholders to develop tools to facilitate appropriate opioid prescribing, including development of Patient-Provider Agreements and guidelines. (HHS/**FDA/SAMHSA/NIDA**)

### Parent, Youth, and Patient Education:

- Enlist all stakeholders to support and promote an evidence-based public education campaign on the appropriate use, secure storage, and disposal of prescription drugs, especially controlled substances. Engage local anti-drug coalitions, and other organizations (chain pharmacies, community pharmacies, boards of pharmacies, boards of medicine) to promote and disseminate public education materials and to increase awareness of prescription drug misuse and abuse. (**ONDCP/CDC/FDA/DEA/IHS/ED/SAMHSA/DOD/VA/EPA**)
- Require manufacturers, through the Opioid Risk Evaluation and Mitigation Strategy (REMS), to develop effective educational materials for patients on the appropriate use and disposal of opioid pain relievers. (**FDA/ONDCP/SAMHSA**)
- Working with private-sector groups, develop an evidence-based media campaign on prescription drug abuse, targeted to parents, in an effort to educate them about the risks associated with prescription drug abuse and the importance of secure storage and proper disposal of prescription drugs (including through public alerts or other approaches to capture the attention of busy parents). (**ONDCP/ONC**)

### Research and Development:

- Expedite research, through grants, partnerships with academic institutions, and priority New Drug Application review by FDA, on the development of treatments for pain with no abuse potential as well as on the development of abuse-deterrent formulations (ADF) of opioid medications and other drugs with abuse potential. (NIDA/FDA)
- Continue advancing the design and evaluation of epidemiological studies to address changing patterns of abuse. (**CDC/FDA/NIDA**)
- Provide guidance to the pharmaceutical industry on the development of abuse-deterrent drug formulations and on post-market assessment of their performance. (FDA)