

Improve Education and Training Related to Prescription Drug Abuse

A comprehensive approach to public education and prescriber training is a critical component of a comprehensive strategy to combat prescription drug abuse. In order to meaningfully address this public health challenge, enhanced tools are needed to enhance education and training across a range of stakeholders to help prevent prescription drug abuse, identify and prevent potential doctor shoppers, and identify and help refer those in need of treatment and assist those who are addicted.

While 94 percent of the prescription medicines most susceptible to abuse are generic,¹ the Pharmaceutical Research and Manufacturers of America (PhRMA) and its members are committed to supporting the appropriate use of prescription medicines and working with others to collectively address prescription drug abuse and the growing problem of opioid abuse and addiction.

As physicians and other prescribers are often on the frontlines of the fight against prescription drug abuse, prescribers need ongoing training to ensure they meet the legitimate medical needs of patients while also reducing the potential for abuse. Ongoing educational efforts are also needed to ensure that the public, patients, caregivers and others understand the dangers of prescription drug abuse and their role in reducing the potential for abuse.

PhRMA supports policies to:

- Expand public awareness and education efforts.
- Improve and expand prescriber training and education on appropriate prescribing and steps to help prevent prescription drug abuse and assist those with addiction.

Recommendations in each of these areas are described in more detail below.

Expand public awareness and education efforts

While progress has been made in increasing awareness about the misuse and abuse of prescription medicines, there continues to be a misperception among patients, parents and youth that

¹ Among the most abused prescription medicines (opioids, CNS drugs, and stimulants) an estimated 93.7% of prescriptions at the retail level were for generic medicines in calendar year 2015. PhRMA analysis of IMS National Prescription Audit, April 29, 2016.

prescription medicines are less “harmful” when abused compared to illegal drugs as they are approved by the U.S. Food and Drug Administration (FDA).

The National Survey on Drug Use and Health finds that those in the household population who report non-medical use of prescription medicines are most likely to obtain them from a family member or a friend. This reinforces the need to:

- *Increase and enhance educational efforts aimed at patients and others* about the importance of adhering to the treatment regimen prescribed by their health care provider, the importance of not sharing any medications, the need to securely store medications to prevent access by anyone other than the patient or caregiver and appropriate methods to dispose of any unused medicines. For example, the website <http://myoldmeds.com/>, which is sponsored by PhRMA, provides important information about secure storage and safe disposal of any unused medicines.
- *Expand education and training initiatives for the range of potential first responders most likely to be presented with the need to assist an opioid overdose victim* (e.g., law enforcement, firefighters, paramedics, emergency technicians and family members). As the scope of first responders continues to expand across states, additional efforts are needed to increase awareness and education regarding overdose risk factors, signs, and symptoms; steps to assist in a potential overdose situation; the appropriate use of opioid reversal products; and the importance of seeking immediate medical care for the individual experiencing an overdose. In those states where family members and others are permitted to possess and administer opioid overdose reversal agents (e.g., naloxone), providing education on the appropriate use of opioid reversal agents is critically important.
- *Expand resources to assist community-based and workplace-based efforts to address prescription drug abuse in their workplace*, including via employee assistance programs and awareness efforts focused on the dangers of misuse and abuse of prescription medicines.

Improve and expand prescriber training and education

- *Mandate prescriber education* as part of their professional training and continuing throughout a prescriber’s career. Given that prescribers are on the front lines in addressing prescription drug abuse, they need up-to-date training and education on appropriate prescribing of controlled substances, potential signs of abuse and addiction and effective pain management, including prescribing of opioids and non-opioid analgesics and other modalities of care. We support enhanced prescriber training on how to identify patients at risk for prescription drug abuse, appropriate steps to take to refer them to needed treatment and available treatment options, including overdose reversal agents and medications to treat addiction (e.g., buprenorphine, methadone and naltrexone).

- *Develop evidence based clinical guidelines and related educational materials* to support appropriate prescribing of controlled substances and effective management of pain. We support the development of evidence-based clinical guidelines to inform opioid selection, dosage, duration, follow up and discontinuation, including guidance on the first opioid prescription for patients for acute pain to ensure that no greater quantity than needed is prescribed for the expected duration of pain severe enough to require opioids.
- *Require mandatory prescriber registration, education, and training on the effective use of prescription drug monitoring programs (PDMPs)*. These state-run data bases collect analyze and share dispensing information on controlled substances, providing critical information to providers to inform their prescribing including identifying potential doctor shoppers. Among primary care physicians who are aware of PDMPs, more than half view their use of PDMPs as having contributed to reduced abuse and diversion of prescription medicines,ⁱ which reinforces the need to increase awareness, training, and use of these important tools.
- *Encourage appropriate medical and health care bodies to require education curricula* in health professional schools (e.g., medical, nursing, pharmacy, and dental) and continuing education programs to include instruction on the appropriate prescribing of controlled substances, including prescribing of opioids and non-opioid analgesics and other modalities of care for the management of acute and chronic pain.
- *Increase prescriber training on the use of screening, brief intervention and referral to treatment (SBIRT) programs* to help identify and prevent prescription drug abuse problems. Public policies should also promote the development and dissemination of evidence-based approaches to preventing prescription drug abuse.
- *Enhance prescriber education and training on available treatment options*, including inpatient and outpatient treatment options, as well as the use of overdose reversal agents (e.g., naloxone) and medications to treat addiction (e.g., buprenorphine, methadone and naltrexone). Currently, too few prescribers have received training regarding opioid reversal agents and medication-assisted treatment.

ⁱ Rutkow L et al. Most primary care physicians are aware of prescription drug monitoring programs, but many find the data difficult to access. *Health Affairs* March 2015 34:484-92.