



Curbing Prescription Drug Abuse While Safeguarding Patient Access

A Call to Action

Prescription pain medications such as hydrocodone and oxycodone—members of a drug class known as opioids—make recovery from surgery manageable, enable rehabilitation from injuries, and help patients bear the pain of cancer. Unfortunately, these medications have a grave downside: They have been too often abused or illegally diverted for illicit uses. Their chemical effects on the nervous system not only relieve pain, but also suppress breathing. They can cause death if misused.

Prescription painkiller use and abuse has increased dramatically over the past decade. For instance, the number of accidental deaths attributed to these medications increased from 4,000 in 1999 to nearly 15,000 in 2008.¹ Over this period, sales of prescription opioids have more than tripled and substance abuse treatment admissions have quadrupled.¹ These alarming trends have led to the adoption of state policies designed to curb abuse and diversion, including mandatory prescription monitoring programs, increased regulation of pain clinics, and mandatory physician education requirements. The federal government is also considering policy options.

Policies That Balance Patient Access With Protections Against Abuse

Government policies are essential to combat not only the human toll of prescription painkiller misuse, but also the direct costs to public and private payers of more than \$72 billion annually.¹ However, in addressing these pervasive and costly societal problems, it is essential that patients with pain who have a legitimate need for these medications not be made to suffer for the actions of others. It is critical to keep the pendulum from swinging so far toward protection from misuse that the needs of patients recovering from surgery or trauma or suffering with cancer are not forgotten.

The challenge is to develop policies that balance patient access with protections against abuse. Tragic cases of overdoses and the accompanying media focus have rightfully led to intensive efforts to curb abuse and diversion. However, this single-minded focus can have unintended consequences for patients. For example, prescription monitoring programs provide an important record of who is prescribing and who is receiving prescription opioids. However, if the procedure for entering data is so cumbersome or time consuming that healthcare professionals are overburdened by it, they may stop prescribing prescription painkillers altogether. It may not always be feasible for patients to obtain the medication from another physician and, in the end, patients with true medical need for pain medication may suffer unnecessarily.

In addition to developing balanced policies, it is important to address the underlying causes of abuse and diversion. Addiction is viewed as an illness, and effective treatments are available. If the addictive behaviors are not addressed in conjunction with tighter regulations and scrutiny, individuals may switch their focus to other drugs—a trend that is already happening with many oxycodone abusers who are shifting their drug of choice to heroin.² To prevent such undesirable consequences, it is important to focus not only on supply of prescription painkillers, but also demand.

Working Group Objectives

Physicians have a moral, professional, and legal obligation to treat their patients' pain and prescription opioids are often the only medications that successfully achieve this end. In order to preserve patient access to these effective painkillers, the goal of AfPA's Pain Therapy Access Working Group is to promote and ensure the development of policies that balance legitimate patient access with the need to curb prescription opioid abuse and diversion. We believe this can best be accomplished by thoroughly considering the ramifications of anti-abuse policies, and working toward positive solutions that do not sacrifice patient interests.

In so doing, we believe each new policy intended to curb abuse and diversion should be subject to the following three questions:

1. Could the policy potentially have unintended consequences on patients who need access to prescription pain medications to minimize their suffering?
2. Does the policy utilize incentives to encourage safe prescribing or rely on increasing regulatory costs upon physicians and patients?
3. Will the policy stigmatize physicians who responsibly prescribe pain medications for patients to a degree that they will no longer treat pain patients?

We believe that thoughtful policies that balance patient access with protections against abuse and diversion are achievable. As an example, tamper resistant and slow release formulations of pain medications are already reducing prescription opioid abuse and diversion.^{2,3} Combined with attempts to treat the underlying causes of addiction, we can meet the challenges associated with abuse of prescription opioids, while preserving access for patients who need them to treat their pain.

References

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