More help sought to fight opioid abuse

The growing death toll linked to controlled substances spurs the AMA to action. Congressional legislation would mandate training for physicians prescribing opioids.

By KEVIN B. O'REILLY, amednews staff. Posted Nov. 28, 2011.

New Orleans -- The American Medical Association will step up efforts to help physicians prevent misuse and abuse of prescription drugs.

At its Interim Meeting in November, the House of Delegates directed the AMA to promote physician training and competence on the proper use of controlled substances and encourage doctors to use screening tools from the National Institute on Drug Abuse and others to identify patients likely to abuse prescription drugs. The directive also calls on the AMA to make substance abuse identification and treatment resources available and encourage physicians to query the prescription-drug monitoring programs established in 36 states.

"Prescription drug abuse is a problem for our patients," said alternate delegate David Welsh, MD, a Batesville, Ind., general surgeon who spoke on behalf of the Indiana State Medical Assn. in reference committee testimony. "It's of high cost to our patients, families and society. We're trying to combat that."

All states but Missouri and New Hampshire have enacted legislation allowing prescription-monitoring programs, but 12 of these states have not provided the funding for the programs.

"I would encourage the use of prescription-monitoring programs in those states where they exist and extension of those programs to all states," Claudette E. Dalton, MD, said in online reference committee testimony.

Physicians should use the existing prescription-monitoring programs routinely, said Dr. Dalton, an anesthesiologist and Medical Society of Virginia delegate from Earlysville. "Virginia has a terrific one, but not all doctors use it," she added.

The house asked the AMA Council on Science and Public Health to report back at the June 2012 Annual Meeting on the effectiveness of current drug policies and how to prevent fraudulent prescriptions. The council also will examine whether prescription-monitoring programs should expand reporting requirements to veterinarians, hospitals, opioid treatment programs and Dept. of Veterans Affairs facilities.
The actions come in response to data highlighting the dangers associated with controlled substances, especially opioids. The painkillers were linked to 14,800 overdose deaths in the U.S. in 2008 -- nearly four times the 1999 death toll of 4,000 -- according to the Centers for Disease Control and Prevention's Nov. 4 Morbidity and Mortality Weekly Report. Sales of painkillers also have skyrocketed, rising from 1.8 kg per 10,000 people in 1999 to 7.1 kg per 10,000 people in 2010.

Greater focus on education

The growing problem of prescription drug abuse was the subject of an educational session at the meeting that drew a standing-room-only crowd of delegates and other physicians. R. Gil Kerlikowske, director of the White House Office of National Drug Control Policy, outlined the Obama administration's plan, launched in April, to cut nonmedical use of prescription drugs and opioid-related overdose deaths by 15% during the next five years.

"We think it's a very balanced and comprehensive approach, focused much more on public health and prevention than in the past," Kerlikowske said. "We wanted to look at this much more as a public health issue, rather than pointing the finger at prosecutors, police chiefs and sheriffs and saying, 'Fix the problem.'"

The administration's plan calls for expanding prescription-monitoring programs to all 50 states, making environmentally safe disposal of prescription drugs easier, and raising public awareness among patients and teens about the dangers of misusing controlled substances. The plan also backs the idea of linking Drug Enforcement Administration registration to required training on controlled-substances prescribing, which the AMA opposes.

Companion bills proposed in the House and the Senate, dubbed the Prescription Drug Abuse Prevention and Treatment Act of 2011, would require 16 hours of training every three years for a physician to be registered to prescribe opioids.

The companies delivered their plan in August, according to J. David Haddox, MD, vice president of health policy at Purdue Pharma, who spoke at the educational session. The FDA is accepting comments on the proposal until Dec. 7 and is scheduled to issue a final prescriber-education plan in February 2012. The training will not be mandatory, but drugmakers will be required to set goals for the number of prescribers trained and meet those goals. The plan would affect nearly 4 million patients and about 1 million prescribers, Dr. Haddox said.

James P. Murphy, MD, a Louisville, Ky., pain specialist who attended the session, said he is worried that the new FDA requirements could impede access to pain treatment.

"I am concerned that primary care doctors will look at this CME process as another reason never to prescribe these drugs," Dr. Murphy said.

ADDITIONAL INFORMATION:
WEBLINK
"Screening for Tobacco, Alcohol and Other Drug Use," National Institute on Drug Abuse (www.nida.nih.gov/nidamed/screening)

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