

14-04

## STATEMENT OF POLICY

### Responding to America's Prescription Drug Abuse and Overdose Epidemic

#### Policy

The National Association of County and City Health Officials (NACCHO) recognizes prescription drug abuse, misuse, and overdose as a public health issue and draws attention to the critical role that local health departments play in addressing this epidemic. NACCHO urges local jurisdictions, states, and the federal government to fund and support evidenced based strategies that utilize surveillance, cross-cutting partnerships, treatment and recovery, education, legislation, and research to prevent the misuse, abuse, and overdose of prescription medications or controlled substances.

Specifically, NACCHO supports the following strategies:

- Surveillance
  - Increased local and state surveillance of prescription drug overdose fatalities
  - Increased local and state surveillance to monitor the incidence of neonatal abstinence syndrome
  - Increased local and state monitoring of illicit drug use trends and examination of linkages with prescription drug abuse
  - Widespread use of operational state prescription drug monitoring programs (PDMPs) that track all prescriptions within states and across jurisdictions
- Cross-Cutting Partnerships
  - Creation of local task forces or coalitions comprised of members from multiple sectors (e.g., public health, law enforcement, medical examiners, treatment providers, judicial system, and social services)
  - Development of local and state programs that identify and address improper patient use and abuse
  - Increase multi-sector efforts to develop and implement “take back” programs that allow for safe disposal of unused prescription drugs
- Treatment and Recovery
  - Expand access to life saving rescue medications such as naloxone or similar drugs to reverse drug overdose to first responders, patients, and family members or caregivers of patients
  - Increase access to effective substance-abuse treatment including drug replacement and maintenance therapy programs
- Education
  - Education for healthcare providers who prescribe prescription pain medication and the public about prescription drug abuse and overdose, including risk factors, prevention strategies, and prescription security



- Education for healthcare providers about screening and monitoring for substance abuse and mental health problems, prescribing medication only when other treatments have not been effective, and prescribing only the amount of medication needed based on expected length of pain
- Education for first responders, patients, family members, and other caregivers on how to recognize signs of overdose and to administer naloxone or similar drugs
- Education for healthcare providers regarding new treatment options for substance dependence disorders
- Legislation<sup>1</sup>
  - Laws that require healthcare providers to physically exam patients before prescribing prescription drugs
  - Laws mandating the use of tamper-resistant forms for all controlled substance prescriptions
  - Regulations that require state oversight of pain management clinics or other specific requirements for registration, licensure, or ownership
  - Laws that set limits on prescribing or dispensing controlled substances, with allowances for specialty clinics and pharmacies with documented expertise in the management of substance dependency and chronic pain
  - “Doctor shopping” laws that prohibit patients seeking drugs from withholding from one healthcare provider information regarding other or prior treatments, visits, or prescriptions from another provider
  - Laws that require patients to provide identification prior to filling a prescription for a controlled substance
  - Laws that provide immunity from prosecution for possession of a controlled substance during the overdose incident for individuals seeking help or for those providing help for another person experiencing an overdose
  - Laws that increase pharmaceutical industry product stewardship initiatives that allow for safe disposal of unwanted prescription drugs that have significant potential for substance abuse and dependency
  - Laws that protect first responders and good Samaritans from liability associated with naloxone administration during a suspected drug overdose.
- Funding and Research
  - Public health funding, research, and analysis to support and inform the development, evaluation, and promotion of programs and policies (e.g. PDMPs, health education, and legislation) to prevent drug abuse and overdose

### **Justification**

Since 1992, deaths from drug overdose have risen steadily and are now the leading cause of injury death in the United States.<sup>2</sup> In 2011, 2.5 million emergency department visits were attributed to drug misuse and abuse, of which 1.4 million involved pharmaceuticals.<sup>3</sup> In fact, prescription drug abuse is the fastest growing drug problem in the United States.<sup>4</sup> Most prescription drug overdoses are caused by prescription painkillers (i.e., opioid or narcotic pain relievers).<sup>5</sup> Every year, nearly 15,000 people die of overdoses involving prescription painkillers.<sup>6</sup> In the past decade, deaths from prescription painkillers surpassed deaths from heroin and cocaine use combined; the increase in deaths from prescription painkillers correlates with the increase of opioid analgesics prescriptions from 75.5 million to 209.5 million between 1991 and 2010.<sup>6,7</sup>

In the United States, approximately 9 million persons reported long-term medical use of opioids and approximately 5 million reported nonmedical use of opioids (i.e., use without a prescription or medical need) within the previous month.<sup>8</sup> Rates of prescription painkiller misuse and overdose death are highest among low-income and rural populations, persons aged 20–64 years, and non-Hispanic whites.<sup>5, 8</sup> Those with mental illness are more often prescribed opioids and more often overdose. Additionally, people who obtain multiple prescription medications from multiple healthcare providers (also known as “doctor shopping”), and people who take high daily dosages of prescriptions and misuse multiple abuse-prone prescription drugs are at highest risk for prescription drug overdose.<sup>4, 5</sup> Drug overdose deaths are highest in the Southwest and Appalachian regions of the United States.<sup>5</sup> While men are more likely to die of prescription painkiller overdoses, deaths of prescription painkiller overdoses in women have increased more than 400% since 1999.<sup>9</sup> Cases of neonatal abstinence syndrome, which is a group of problems that can occur to newborns exposed to prescription painkillers, grew by nearly 300% between 2000 and 2009. This may be fueled by the fact that women (1) are prescribed prescription painkillers at higher doses and for longer time periods than men; (2) become dependent on prescription painkillers more quickly than men; and (3) are more likely to engage in doctor shopping than men.

Local health departments protect individuals, families, and communities from the devastating impact of prescription drug abuse, misuse, and overdose through the ongoing collaboration of local, state, and national agencies. Local surveillance committees are valuable tools for identifying overdose trends, risk factors, and points of intervention. For instance, local poison death review committees are instrumental in determining the prevalence of prescription overdose and are key contributors to state Health Burden of Injury reports. Moreover, national surveillance is integral in tracking the growing prescription drug abuse and misuse epidemic. PDMPs address prescription drug diversion (i.e. illicit drug trafficking of legitimately made controlled substances) and abuse in a number of ways, including helping healthcare providers identify drug-seeking behaviors or doctor shopping and aiding professional licensing boards to identify clinicians with patterns of inappropriate prescribing and dispensing.<sup>10</sup> Forty-nine states have active PDMPs that have the capacity to receive and distribute controlled substance prescription information to authorized users; however, just 16 states require mandatory use of PDMPs.<sup>11</sup> Studies indicate that PDMPs are effective when fully used.<sup>10</sup>

The coordination and collaboration of federal, state, local, and tribal partners and the engagement of policymakers, parents, youth and youth-serving agencies, healthcare professionals, concerned citizens, and persons in recovery are imperative to implementing strategies that target persons most at risk of prescription drug abuse, misuse, overdose, and diversion.<sup>4</sup> Local health departments are skilled conveners of cross-cutting community partners, such as physicians, pharmacists, law enforcement, substance-abuse treatment providers, regulatory agencies, and public health systems. The benefits of collaboration at the local level are essential to address this multifaceted epidemic. Together, these groups work to raise awareness through community-based outreach; identify points of prevention; analyze data from multiple sources to increase knowledge of local prescription drug abuse and overdose trends; and encourage professional licensing boards to take action against inappropriate prescribing and dispensing.

Accessible and effective substance abuse treatment programs can reduce drug overdose among people with dependence and addiction.<sup>5, 11</sup> Unfortunately, in 2011, though 21.6 million Americans ages 12 and older needed treatment for substance abuse, only 2.3 million actually received treatment at a substance abuse facility.<sup>10</sup> The availability of accessible, effective treatment is integral for local health departments to work with healthcare systems to identify patients in need of treatment and to link them to care. Additionally, overdose drug reversal medications, such as naloxone, save lives in the event of overdose. In April 2014, the U.S. Food and Drug Administration approved Evzio, a naloxone auto-injector that provides verbal instruction to the user describing how to use the medication for emergency treatment of known or suspected opioid overdose.<sup>12</sup> This innovative treatment has the potential to save millions of lives when it becomes widely available to at-risk patients. In the event of an overdose, first responders, such as law enforcement and emergency medical services (EMS), should be trained to administer naloxone and have access to this life-saving medication.

Furthermore, there is increasingly more research that suggests non-medical use of prescription pain relievers may raise the risk of turning to heroin use. In a recent study people aged 12 to 49 who had used prescription pain relievers for non-medical use were 19 times more likely to have initiated heroin use recently (within the past 12 months of being interviewed) than others in that age group (0.39 percent versus 0.02 percent).<sup>13</sup> The report also shows that four out of five recent heroin initiates (79.5 percent) had previously used prescription pain relievers for non-medical use.<sup>13</sup> Research indicates that opioid abuse may be a precursor to heroin abuse, with addicts making the “switch” to heroin because of cheaper costs, greater availability, and ease of use.<sup>14,15,16</sup> Substance abuse treatment programs must address the risk of heroin initiation in opioid-dependent clients, and provide safeguards to prevent heroin initiation.

Over the past decade, healthcare providers have significantly increased their rate of opioid prescribing and clinicians struggle to treat patients without overprescribing painkillers.<sup>4</sup> In 2010, enough prescription painkillers were prescribed to medicate every American adult around-the-clock for a month.<sup>6</sup> With national support, local health departments can provide public health education to healthcare providers that encourages them to identify alternate treatment options prior to prescribing opiates.

The general public is in need of accurate information about the risks associated with prescription drugs. According to the Partnership Attitude Tracking Study, 27% of teens believe it is safer to abuse prescription drugs than illegal drugs, while 30% believe prescription painkillers are not addictive.<sup>17</sup> Local health departments are well-suited to tailor public health campaigns to their communities to educate the general public and those most at risk of the dangers of prescription drug abuse and misuse.

There are multiple laws that states can implement in an effort to prevent drug abuse, misuse, overdose, and diversion. As of Aug. 31, 2010, 49 states have doctor shopping laws; 42 states require a physical exam of a patient by a healthcare provider prior to prescribing certain medications; 35 states have prescription drug limit laws; 26 states require tamper-resistant prescription forms; 22 states have laws requiring patients to show identification before receiving prescription drugs; just four states provide immunity from prosecution or mitigation at

sentencing; and only three states have laws regulating pain clinics.<sup>1</sup> In addition to other strategies, these laws can mitigate the effects of the prescription drug epidemic.

While there are increasing examples of promising practices, more research is needed to expand the evidence base to evaluate the impact of current strategies on reducing prescription drug abuse, misuse, and overdose and to inform the development and promotion of effective strategies in the future.

## **References**

1. Centers for Disease Control and Prevention. (2012). Types of Laws webpage. Retrieved March 11, 2014, from <http://www.cdc.gov/homeandrecreationalafety/poisoning/laws/laws.html>
2. Centers for Disease Control and Prevention. (2014). Drug Overdose in the United States: Fact Sheet. Retrieved March 12, 2014, from <http://www.cdc.gov/homeandrecreationalafety/overdose/facts.html>
3. Substance Abuse and Mental Health Services Administration. (2013). The DAWN Report: Highlights of the 2011 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits. Retrieved March 18, 2014, from <http://www.samhsa.gov/data/2k13/dawn127/sr127-dawn-highlights.htm>
4. Centers for Disease Control and Prevention. (2012). CDC Grand Rounds: Prescription drug overdoses – a U.S. epidemic. *Morbidity and Mortality Weekly Report*, **61(01)**. Retrieved March 14, 2014, from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6101a3.htm>
5. Centers for Disease Control and Prevention. (2011). Policy Impact: Prescription Painkiller Overdoses. Retrieved March 19, 2014, from <http://www.cdc.gov/homeandrecreationalafety/pdf/policyimpact-prescriptionpainkillerod.pdf>
6. Centers for Disease Control and Prevention (2011). Prescription Painkiller Overdoses in the U.S. webpage. Retrieved March 14, 2014, from <http://www.cdc.gov/vitalsigns/painkilleroverdoses/index.html>
7. National Institute on Drug Abuse. (2011). Topics in Brief: Prescription Drug Abuse. Retrieved May 22, 2014, from <http://www.drugabuse.gov/publications/topics-in-brief/prescription-drug-abuse>.
8. Substance Abuse and Mental Health Services Administration. (2010). *Results from the 2009 national survey on drug use and health: Volume 1: Summary of national findings*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
9. Center for Disease Control and Prevention. (2013). Prescription Painkiller Overdoses: A growing epidemic, especially among women webpage. Retrieved April 4, 2014, from <http://www.cdc.gov/vitalsigns/prescriptionpainkilleroverdoses/>
10. Office of National Drug Control Policy. (2011). Prescription Drug Monitoring Programs webpage. Retrieved March 19, 2014, from [http://www.whitehouse.gov/sites/default/files/ondcp/Fact\\_Sheets/pdmp\\_fact\\_sheet\\_4-8-11.pdf](http://www.whitehouse.gov/sites/default/files/ondcp/Fact_Sheets/pdmp_fact_sheet_4-8-11.pdf)
11. Trust for America's Health. (2013). Prescription Drug Abuse: Strategies to Stop the Epidemic. Retrieved March 21, 2014, from <http://healthyamericans.org/assets/files/TFAH2013RxDrugAbuseRptFINAL.pdf>
12. U.S. Food and Drug Administration (2014). FDA Approves New Hand-Held Auto-Injector to Reverse Opioid Overdose. Retrieved on April 22, 2014 from <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm391465.htm>.
13. P. Muhuri, J. Gfroerer and M. Davies. (August 2013). Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States. Substance Abuse and Mental Health Services Administration. Retrieved on June 5<sup>th</sup>, 2014 from <http://www.samhsa.gov/data/2k13/DataReview/DR006/nonmedical-pain-reliever-use-2013.pdf>
14. RA Pollini, CJ Banta-Green, J Cuevas-Mota, et al. (2011) Problematic use of prescription-type opioids prior to heroin use among young heroin injectors. *Subst Abuse Rehabil* 2(1).
15. National Institute on Drug Abuse. (2012). Epidemiologic Trends in Drug Abuse: Proceedings of the Community Epidemiology Work Group. Retrieved on January 30, 2015 from [http://www.drugabuse.gov/sites/default/files/files/cewg\\_january\\_2013\\_vol1\\_508.pdf](http://www.drugabuse.gov/sites/default/files/files/cewg_january_2013_vol1_508.pdf)
16. TJ Cicero, MS Ellis, and HL Surrat. (2012). Effect of abuse-deterrent formulation of Oxycontin. *N Engl J Med* 367(2).
17. Partnership Attitude Tracking Study (2013). Retrieved on April 22, 2014, from <http://www.drugfree.org/wp-content/uploads/2013/04/PATS-2012-FULL-REPORT2.pdf>.

**Record of Action**

*Proposed by NACCHO Injury and Violence Prevention Workgroup*

*Approved by NACCHO Board of Directors*

*July 8, 2014*

*Updated March 2015*