Did You Know?

- Opioid prescription drug abuse killed more than 16,000 Americans in 2013.
- More than 75 percent of prescription opioid abusers receive the drugs from friends, relatives or other non-medical sources.
- Use of Alabama’s prescription drug monitoring program increased by 45 percent in 2014 after the state required prescribers to participate.

Preventing Prescription Drug Abuse

By David Trevithick and Karmen Hanson

Opioid prescription drug misuse and abuse has reached epidemic proportions in the United States, resulting in more than 16,000 deaths in 2013, triple the number of such deaths 20 years ago. Prescription opioid overdoses now kill more people in the United States every year than all other drugs combined, including illicit drugs. Policymakers are seeking solutions to curb abuse while protecting the legitimate use of prescription drugs for the 100 million Americans who suffer from chronic pain.

Although definitions vary, chronic pain typically means pain that lasts longer than 12 weeks and does not completely disappear even with treatment. Most often, the pain is related to injuries, long-term illnesses or surgery, but sometimes has no clear cause. Fatigue, mood changes and decreased appetite are some of the problems that can accompany persistent pain. In many cases, the pain reduces worker productivity or makes working impossible. In fact, more than 10 million people are considered disabled due to chronic pain.

Chronic pain and its associated side effects cost states nearly $120 billion in direct law enforcement and medical costs. Estimated costs to the national economy amount to between $560 billion and $635 billion in health care spending and lost worker productivity.

Treatments for chronic pain include non-opioid anti-inflammatory drugs, muscle relaxants and surgery. Cognitive behavioral therapy and yoga may also help. However, opioid medications such as oxycodone and hydrocodone-based drugs are the more common treatment options. Opioid pain relievers accounted for 207 million prescriptions in 2013. Though these drugs have enabled most people to manage their pain better, there can be complications. They include physical dependence (when the body requires the drug to feel normal) and/or addiction, characterized by compulsive use in the face of negative consequences from using the drug.

About 5 percent of opioid prescription users—more than 2 million people—develop an addiction. More than 75 percent of prescription opioid abusers receive the drugs from friends, relatives or other non-medical sources. While some of this “street trade” is motivated by financial gain, it is also the result of misconceptions about the safety of prescription drugs. A recent poll found that more than 70 percent of prescription pain users do not realize sharing their drug is a felony and only one in five Americans has serious safety concerns about the pain killers.

State Action

To curb abuse and misuse, policymakers are taking a closer look at opioid drug prescribing. Oregon and West Virginia were among states to remove methadone—a type of opio-
The information contained in this LegisBrief does not necessarily reflect NCSL policy.

Opioid—from their Medicaid “preferred drug lists” for pain management because in 2006, methadone accounted for only 2 percent of prescriptions but 30 percent of opioid overdose deaths. States are also looking at a variety of new drug technologies to make it harder for people to abuse prescription drugs. Currently there are six abuse-deterrent drugs (drugs with less or no addictive properties) approved by the Food and Drug Administration (FDA) on the market, with additional options in the pipeline. Some states are considering labeling abuse-deterrent drugs as preferred drugs, mandating insurance coverage for such drugs, issuing recommended prescribing guidelines and educating doctors about their availability.

Many states have also begun to explore increasing the use of naloxone, a drug that blocks the effects of opioids and can prevent overdose deaths. As of July 2015, 37 states had laws addressing access to naloxone for at-risk people, 24 states provide immunity to prescribers who provide naloxone to laypeople, and 24 states authorize prescriptions of naloxone to at-risk people. California’s pharmacy board recently allowed pharmacists to distribute naloxone without a prescription to patients who are prescribed certain pain killers.

Prescription drug monitoring programs (PDMPs) can help reduce drug abuse by tracking prescription and patient data to identify potential abuse and reduce “doctor shopping,” whereby patients seek prescriptions from multiple providers. By 2015, all states except Missouri had adopted legislation creating their own prescription drug monitoring program. Other state PDMP-related policies include providing prescription data to medical professionals, sharing data among states to help law enforcement identify cross-state abusers, and adding additional drugs to the tracking database. As of July 2015, 42 states had or plan to have interstate data exchanges and 34 states allow their PDMPs to provide unsolicited data reporting to medical professionals. In addition, 21 states track prescriptions for drugs classified as “Schedule II-V controlled substances” under the federal Controlled Substance Act, along with other drugs of concern. Schedules are rankings of drugs’ abuse potential. Schedule I is ranked the highest and is prohibited from being prescribed.

To address the public lack of awareness about prescription drug abuse, officials in Kentucky and Utah have implemented statewide awareness campaigns to educate teens, parents, educators and doctors about the dangers associated with prescription drug abuse and misuse.

Federal Action

The federal government provides several resources to state and local governments to combat prescription drug abuse. The Centers for Disease Control and Prevention (CDC) recently funded 16 states through its Prevention for States program to use and evaluate new abuse-prevention strategies and improve safe prescribing. Five states receive funding from the Prevention Boost State Program. The U.S. Department of Justice administers the Harold Rogers PDMP grant program to help states expand, maintain or improve their prescription drug monitoring programs. The Office of National Drug Control Policy’s Prescription Drug Abuse Prevention Plan has four main components: education, monitoring, proper medicine disposal and enforcement. It serves as the guiding policy for the Obama administration to address prescription drug abuse across federal agencies.

NCSL Contact and Resources

Karmen Hanson
NCSL—Denver
(303) 856-1423

NCSL, Prevention of Prescription Drug Abuse
NCSL, Injury Prevention Legislation Database

Additional Resources
