CURBING PRESCRIPTION DRUG ABUSE

RECOMMENDATION
Family Medicine urges Congress take the following steps to help address the public health problem of prescription drug abuse:

- authorize and support prescription drug monitoring programs in all states to monitor real-time opioid prescribing and also make this information available to physician practices across state lines;
- provide for greater access to the life-saving drug naloxone; and
- raise the cap on medication assisted treatment of addiction care to at least 200 patients from the current cap of 100 patients.

Background
According to the Centers for Disease Control and Prevention, more people died from drug overdoses in 2014 than in any year on record. Family physicians are deeply concerned that the increase in nonmedical use of prescription opioid painkillers is having a devastating effect on public health and safety in our communities. They are actively working promote policies that will both prevent the misuse of prescription drugs and allow for the appropriate, medically supervised treatment of debilitating, chronic pain in their patients.

The AMA Task Force to Reduce Opioid Abuse, comprised of several physician organizations including the American Academy of Family Physicians (AAFP), is committed to identifying the best practices to respond to this public health crisis. The task force’s initial focus is to urge physicians to register for and use state-based prescription drug monitoring programs as part of the decision-making process when considering treatment options.

Prescription Drug Monitoring Programs (PDMPs)
The prescription drug monitoring programs and the interstate exchange of registry information originally authorized under the National All Schedules Prescription Electronic Reporting (NASPER) Act of 2005 is vital to curbing opioid misuse and diversion. Family physicians recognize that there are patients with inappropriate drug-seeking behavior. However, it is not always clear who these individuals are without access to a database containing this information. Family physicians in states with prescription drug monitoring programs find such databases useful tools in treating patients and in preventing diversion. Family medicine believes increased funding for NASPER would help stem the growing problem of interstate diversion and misuse of narcotics by allowing family physicians to determine whether a patient has received prescriptions in other states.

Naloxone
Family medicine supports the implementation of programs which allow first responders and non-medical personnel to possess and administer naloxone in emergency situations.
We encourage the implementation of policies which allow licensed physicians to prescribe naloxone to patients using opioids or other individuals in close contact with those patients when clinically appropriate.

**Medication Assisted Treatment (MAT)**

The Substance Abuse and Mental Health Services Administration (SAMHSA) has issued a proposed rule on *Medication Assisted Treatment for Opioid Use Disorders*. The proposed rule seeks to increase the highest patient limit for qualified physicians to treat opioid use disorder under section 303(g)(2) of the *Controlled Substances Act (CSA)* from 100 to 200.

Family medicine supports of amending the cap in primary care on the treatment of addiction care with buprenorphine hydrochloride and naloxone hydrochloride to raise the limit to 200 patients from the current cap of 100 patients after five years of treating addiction. This important drug is approved for the maintenance phase of treatment of opiate dependence. It is less tightly controlled than methadone because it has a lower potential for abuse and is less dangerous in an overdose. Physicians permitted to prescribe buprenorphine to treat opioid addiction were once limited to 30 patients at any time. The limit was raised in 2006 to 100 patients per qualified physician. However, the limit on an individual physician continues to be an impediment to expanding opioid addiction treatment while the 100-patient limit persists. This limit prevents a physician willing to offer this effective treatment to more patients who suffer from opioid addiction.

**RESOURCES**

- The AAFP has a [topic section](#) on its webpage for pain management under Patient Care.
- The stakeholder community [produced](#) a consensus [document](#) to highlight red flag warning signs related to prescribing and dispensing controlled substances.
- The AAFP maintains relevant information its patient-education site, [familydoctor.org](http://www.familydoctor.org).