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**National Council on Patient Information and Education
Stakeholders' Forum:**

***“Preventing Prescription Medicine Abuse, Misuse, and Diversion:
A Role for All”
October 22, 2002***

Meeting facilitated and summary written by: Steven A. Grossman

On October 22, 2002, the National Council on Patient Information and Education (NCPPIE) convened a stakeholders' forum to discuss collaborative efforts to combat the problems of abuse, misuse and diversion of prescription medicines. Fourteen organizations and six government agencies met to share their current activities and perspectives at the meeting held in Washington, DC. A list of participants is attached.

Specifically, the goals of the meeting were to:

- **Advance the dialogue** among government, nonprofit organizations, and corporations that have overlapping responsibility and interests in decreasing the incidence of prescription medicine abuse and diversion;
- **Identify needs, including research**, that would promote appropriate use and decrease abuse and diversion of prescription medicines; and
- **Explore action steps, collaboratively and individually**, that participating organizations can undertake to promote appropriate use and decrease abuse and diversion of prescription medicines.

During the morning, a number of participants presented details about their programs, followed by questions and a discussion period. Brief summaries of the presentations are attached. At lunchtime, the participants broke into planning groups and then reconvened to present their findings. The group concluded with discussion of needs and possible actions, and the group agreed on next steps.

Several themes emerged from the day's discussions:

- Optimum pain management and suppression of prescription drug abuse are partially competing goals that must be balanced.

- Prescription drug abuse is a broad problem that encompasses stimulants, tranquilizers, sedatives, and pain medications.
- Together and separately, government, corporations and non-profit associations are working to combat prescription drug abuse.
- Research on the effectiveness of programs to combat prescription drug abuse is limited, so most organizations are moving forward without strong guidance on “best practices.” More research is underway and still more is needed.
- Most participants would like to continue this dialogue, so that their organization’s efforts will be more informed and more open to opportunities for collaboration.

NEEDS

Without exception, the group felt that existing efforts to combat prescription drug abuse were not sufficient. The breadth of work being carried on by the organizations at the meeting was impressive and encouraging, but also underscored the need for a renewed societal commitment to broad programs for prevention, education, treatment and enforcement.

Among the specific needs highlighted at the forum were:

- Developing greater consistency of terminology. It became clear that different constituencies use different language sets, which detracts from a clear understanding of the problem.
- Ensuring new technology and existing systems work together. The movement toward electronic prescribing and record keeping holds promise for enforcement, but may also create new opportunities for diversion and misuse.
- Achieving greater doctor/peer responsibility. Prescription drug abuse within the health professions is a significant problem that is partly amenable to greater peer awareness and reporting among physicians.
- Increasing educational programs aimed at prescribers, patients, and students.
- Creating a patient/family advocacy model, similar to MADD, ACT-UP, and NAMI.
- Identifying or instituting research that examines whether low reimbursement rates (especially in hospices and long-term-care facilities) are contributing to the problem.

- Increasing resources for research at NIDA and elsewhere that can provide better insight into the problems of prescription drug abuse and more insight into which individual treatments and community programs are most effective.
- Developing a public face for the problem of prescription drug abuse, through a celebrity spokesperson and more coordinated informational/education programs.
- Improving the public's and healthcare professionals' understanding of the benefits of proper pain management.
- Involving new players such as the Centers for Disease Control and Prevention.
- Exploring ways to reach at-risk groups other than teens, elderly or health professionals.
- Involving more voluntary health associations by helping them recognize their stake in preventing prescription drug abuse, misuse, and diversion.

OPPORTUNITIES FOR COLLABORATION

Among the opportunities for collaboration identified were:

Public education. A number of organizations are actively involved and some collaboration already exists. The goal would be to reach more audiences, as well as to become more effective with targeted subpopulations. More effective outreach to news organizations is an important aspect of this effort.

Identification and Tracking of Trends. Government data that track the problem are not adequate, nor are the tracking of changes over time. New systems are needed, so that resources can be directed at the greatest problems, either current or evolving.

Health professions education. By general agreement, the curriculum of medical and other health professions schools is deficient with regard to both pain management and prescription drug abuse issues. Efforts aimed at the schools also need to be extended to residency programs and CME programs.

Research. NIDA is the undisputed leader in this area, but can't do the job alone. They could use assistance (and collaborative efforts with other organizations) to: identify research priorities and gaps, evaluate dissemination vehicles, and assure that research is targeted to the challenges of those implementing education, prevention, and service programs.

Law enforcement. While there are barriers to certain types of collaborations among law enforcement and other agencies, the areas of electronic prescribing and monitoring, law enforcement education, and appropriate disciplinary actions represent some opportunities to work together.

Ongoing information sharing. There was a consensus at the meeting that the day's information sharing had been enormously useful. Most participants felt that additional stakeholders' forums would benefit their own efforts and the larger cause.

Permanent coalition. While it seemed premature to commit to a permanent group dedicated to information sharing, education, research and agenda-setting, there was considerable comment on the potential benefit of moving in this direction. NCPIE or the Rx Action Alliance was discussed as possible homes to this effort, provided governance and funding were resolved.

NEXT STEPS

The stakeholder participants were committed to exploring an ongoing existence for the group, including developing a mission statement, principles, goals, funding, staffing, structure, messages, and audiences.

Likewise, participants identified several threshold activities that would reinforce the need and value of working together. Specific activities that met that criterion included:

- Conduct an environmental scan/inventory of efforts to improve pain management and eliminate prescription drug abuse. This was seen as a broader and more formal version of the information sharing that occurred during the day.
- Produce an *issues primer* that would also standardize terminology. The group saw these needs going together: that the effort to frame the key issues would, necessarily, force decisions about terminology and language sets.
- Develop a research agenda / gaps analysis. Given the level of effort across NIDA and the many organizations, it was still striking how much isn't known about the preconditions and effectiveness of response to prescription drug abuse. A collective effort to develop a research agenda and identify gaps was seen as a pivotal activity.

The group recognized that funding would be required for a new coordinating group that will enhance collaboration among involved organizations. Similarly, these threshold activities will require dedicated staff if they are to be sustained.

ATTACHMENT

BRIEF SUMMARIES OF PANEL PRESENTATIONS

Panel One Presentations

National Institute on Drug Abuse/DHHS

- NIDA supports and conducts research, has private sector partners and works closely with its sister agency, the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Prescription drug abuse is a significant public health problem, with large recent increases in the number of new users in all therapeutic categories.
- Largest increase in 12 to 25 year olds, especially in abuse of pain medications. However, all age groups affected and elderly are of particular concern because of their high use of prescription products.
- NIDA has an ongoing program on research and dissemination of information about misuse and abuse of prescription medicines.
- Research in this area is still sparse and often inconclusive.

Food and Drug Administration/Substance Abuse and Mental Health Services Administration/DHHS

- The two agencies have a joint campaign on misuse of prescription pain relievers, primarily aimed at 16 to 24 year olds.
- There are two PSA's, a brochure, posters and CD's, along with supplementary programs aimed at educating pharmacists, doctors and the health care community.
- Main message is: pain relievers are valuable when used as prescribed; extremely dangerous if used incorrectly or without a physician's knowledge.
- FDA and SAMHSA are very open to partnering on this project in order to maximize impact and distribution of materials.
- FDA and SAMHSA will be developing educational materials addressing prescription drug misuse among older adults.
- SAMHSA is the proponent of "New Path to Recovery," which includes the conduct of 14 community education forums to introduce the new (Buprenorphine) medication-assisted-therapy to physicians and other healthcare professionals.

Drug Enforcement Administration/DOJ

- DEA is the primary drug enforcement agency in the United States and is involved in dealing with both illegal "street" drugs and abuse of prescription drugs.

- DEA is responsible for the Controlled Substances Act and monitoring physician prescribing under the Act. The agency is developing ways for modern technology to reduce prescription fraud. They also have a pharmacy theft prevention program for controlled substances.
- DEA has a number of partnerships, especially with local law enforcement, FDA and SAMSHA, and tries to cooperate fully with other public and private agencies.
- Their agency mission is drug law enforcement and education and prevention programs that are closely linked to making that law enforcement effective. Not every partnership is appropriate for them.

Purdue Pharma:

Corporate Actions to Reduce Abuse and Diversion of Prescription Drugs

- Pain is undertreated in the US, resulting in inadequate care for millions of Americans, especially elderly.
- Pharmaceutical companies have a responsibility to help ensure the proper use of their products and to assist government in understanding and deterring misuse and abuse.
- Purdue Pharma has set up the RADARS® System, a surveillance program designed to understand the nature of abuse of the six compounds used most commonly in prescription pain medicines and collect and analyze data that will guide interventions and support enforcement.
- Purdue has also started a new department – Law Enforcement Liaison and Education - to assist local law enforcement to be more effective in preventing pharmaceutical diversion, while not interfering with legitimate medical use.

Panel Two Presentations

Federation of State Medical Boards

- Comprised of 70 state medical licensing and disciplinary boards.
- Adopted “Model Guidelines for the Use of Controlled Substances for the Treatment of Pain”—April 1998. Twenty-one states have policies based on it.
- Provides consistent standards for managing chronic pain based on current research data.
- Established Internet Clearinghouse to work with state and federal regulatory agencies to identify illegal prescribing through “rogue” Web sites - September 2000.
- FSMB disciplinary databank contains all actions taken by state medical boards. Over the past five years, disciplinary actions have been taken on about 300 to 500 physicians per year for misuse or abuse of controlled substances.
- Increased its educational and collaborative activities.

American Academy of Physician Assistants

- PA's have prescribing privileges for controlled substances in 40 states.
- Most of the same red-flag issues as for physicians (need for education, potential to be duped, potential to be impaired).
- Academy has encouraged instruction in substance use disorders, defined core competencies, and extended its advocacy into greater CME exposure and faculty development.
- Also needs to assure appropriate education in pain management.
- Integrated curriculum is still a key goal.

Rx Action Alliance

- Coalition seeking a balance between the need to ensure access to prescription drugs, especially among underserved populations, with the necessity to address the public health problem of prescription drug abuse.
- Currently, 20 organizations belong to the Alliance, representing physicians, addiction specialists, consumers, pharmaceutical companies, nonprofit advocacy organizations, nurses, pharmacists, and law enforcement.
- Strong grassroots focus – chaired by former NYC Mayor Rudy Giuliani.

Purdue Pharma:

Community Partnerships

- Using science-based approach, Purdue actively promotes community empowerment to increase awareness and reduce prescription drug abuse among youth by underwriting the “Communities That Care” program in selected locations. This is a comprehensive approach that includes education, awareness, research, and assessment.
- Purdue Pharma's drug abuse awareness program is called “Painfully Obvious” and is overseen by a Scientific Advisory Board comprised of leading experts.

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ATTENDEES: NCPPIE Stakeholders' Forum--[omitted]