



# Fact Sheet

Senator Jay Rockefeller, West Virginia

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## **PRESCRIPTION DRUG ABUSE PREVENTION AND TREATMENT ACT OF 2011 (S. 507)**

In the last decade, our nation has experienced a tragic increase in deaths and overdoses from prescription drugs – largely fueled by a rise in consumption of prescription painkillers, or “opioids”. Opioids are synthetic versions of opium and when used as prescribed they have the ability to ease the chronic pain many Americans suffer from day to day. Examples of opioids include methadone, fentanyl, hydromorphone, hydrocodone, oxycodone, and morphine. Over the last twenty years there has been at least a tenfold increase in the medical use of opioid painkillers because of a movement toward more aggressive pain management. Unfortunately, opioids growing availability and capability to cause euphoria have contributed to the growing problem of substance abuse and misuse in the United States. In just the past decade poisoning death rates involving opioids have more than tripled in the United States. And among opioid-related deaths, those involving methadone increased the most, from 790 reported deaths in 1999 to 5,420 in 2006 – nearly sevenfold.

According to the Report on the Nation’s Health released in February 2011, overdose deaths from prescription opioids have exceeded deaths from heroin and cocaine overdoses combined for the past decade. The Prescription Drug Abuse Prevention and Treatment Act of 2011 is an updated version of the Methadone Treatment and Prevention Act (S. 754), which Senator Rockefeller introduced in the 111<sup>th</sup> Congress to address dramatic increases in deaths from methadone and other opioids.

The **Prescription Drug Abuse Prevention and Treatment Act of 2011** begins to address the overall problem of unsafe use of methadone and other opioids, by calling for:

- **New training requirements** for health care professionals before they can be licensed to prescribe these drugs;
- **Consumer education** on the safe use of painkillers and preventing diversion and abuse;
- **Basic clinical guidelines** for safe use and dosage of pain medications including methadone;
- **Increased federal support** for state prescription drug monitoring programs; and
- **Comprehensive reporting** of opioid-related deaths to help guide solutions.

## **More Details on the Prescription Drug Abuse Prevention and Treatment Act of 2011**

- **Prescriber education on safe pain management:** The Prescription Drug Abuse Prevention and Treatment Act helps fill the knowledge gap about safe pain management by requiring that health care professionals receive specialized training on pain management in order to be licensed to prescribe these powerful drugs. Currently, the Controlled Substances Act requires that every person who dispenses or who proposes to dispense controlled narcotics, including methadone, whether for pain management or opioid treatment, obtain a registration from the Drug Enforcement Administration (DEA). Unfortunately, practitioners are not required to obtain any education on the use of these controlled narcotics, including methadone, before being licensed to prescribe them – and less than half of physicians receive instruction in pain management while in medical school. Under this law, prescribers will need to receive education on clinical standards on safe pain management, as well as the early warning signs of addiction, to receive their DEA license.
- **Consumer education:** This bill gives consumers potentially life-saving information by funding a competitive grant program to states to educate consumers on the proper use of methadone and other opioids and how to prevent opioid abuse, such as through safe disposal of prescription drugs. Preference will be given to states with a high incidence of overdoses and deaths.
- **Clinical Guidelines:** This bill creates a Controlled Substances Clinical Standards Commission to establish appropriate and safe dosing guidelines for all forms of methadone and other opioids, benchmarks for the reduction of methadone abuse, patient education guidelines, and other clinical guidelines. A standards commission will provide much-needed evidence-based information to improve guidance for the safe and effective use of these powerful and dangerous controlled substances.
- **State Prescription Drug Monitoring Programs:** This bill provides crucial support to state prescription drug monitoring programs. Thirty-eight states have enacted legislation requiring prescription drug monitoring programs, but the federal government has provided inadequate support to states in their efforts. As a result, funding in states is lagging behind what is needed to create tough, interoperable prescription drug monitoring programs. This bill would provide \$25 million a year to establish interoperable prescription drug monitoring programs within each state through the National All Schedules Prescription Electronic Reporting (NASPER) program. Increased federal funding would help all states work together to solve the prescription drug abuse crisis and stop inter-state drug trafficking.
- **Comprehensive reporting of opioid-related deaths:** Opioid-related deaths may actually be underreported because there is no comprehensive national database of drug-related deaths in the United States, nor is there a standard form for medical examiners to fill out with regard to opioid-related deaths. Quality data is crucial to reducing these tragic deaths. This bill would create a National Opioid Death Registry to track all opioid-related deaths, and establish a standard form for medical examiners to fill out.