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Senate Drug Caucus Holds Hearing on Prescription Drug Abuse

Washington—U.S. Senators Dianne Feinstein (D-Calif.) and Chuck Grassley (R-Iowa), co-chairs of the Senate Caucus on International Narcotics Control, held a hearing today on prescription drug abuse.

According to a recent survey by Monitoring the Future—a University of Michigan study of U.S. students and young adults funded by the National Institute on Drug Abuse—prescription drugs are the second-most abused category of drugs after marijuana.

Senator Feinstein's prepared remarks:

“We are here today to explore the growing problem of prescription drug abuse in the United States. Prescription drug abuse has been identified as the fastest growing drug problem in the country. According to a recent Monitoring the Future survey, prescription drugs, like Vicodin, OxyContin, Opana and methadone are the second-most abused category of drugs after marijuana.

Unfortunately, prescription drug abuse is often fatal. According to the Centers for Disease Control, the number of unintentional overdose deaths per year involving opioid pain relievers—such as oxycodone and hydrocodone—increased by 438 percent from 1999 to 2009, rising from 2,900 to 15,597. Overdose deaths from these drugs in 2007 were nearly twice those from cocaine, and over 5 times those from heroin.

Nearly all prescription drugs involved in overdoses are originally prescribed by a physician rather than, for example, being stolen from pharmacies. This tells us that we must target our efforts to control medications at doctors' offices and by preventing the diversion of prescription drugs after they are dispensed.

In April 2011, the Obama Administration responded to the rising rate of prescription drug abuse through the Office of National Drug Control Policy's Prescription Drug Abuse Prevention Plan.

I believe that there are two immediate actions from the Administration's plan that must be taken.

First, education must be provided to healthcare providers of prescription drugs on addiction and how to recognize diversion tactics.

The lack of training for physicians on addiction can lead to physicians overprescribing or not noticing the signs of addiction. A 2011 Government Accountability Office report on education efforts related to prescription pain reliever abuse found that "most prescribers receive little training on the importance of appropriate prescribing and dispensing of prescription pain relievers, on how to recognize substance abuse in their patients, or on treating pain." This is simply unacceptable.

Last week, the Food and Drug Administration began this effort by approving a program to educate physicians about proper pain management. As part of this plan, the FDA will require some opioid drug manufacturers to make available training on proper prescribing practices and also to distribute educational materials to prescribers and patients on the safe use and disposal of these drugs.

This is a step in the right direction, but it does not cover all abused painkillers, does not reach all healthcare providers and is not mandatory. Over a four year period, it is estimated that this training will reach approximately 60 percent of the 320,000 providers authorized to prescribe controlled substances. Hopefully medical boards across the country will include this type of training in their curriculum and continuing education requirements.

Second, while 49 states have legislation authorizing electronic prescription monitoring systems, these systems are new and in many states, are not yet operational. In others, such as my home state of California, they have not been upgraded to properly function without crashing which makes prescribers less inclined to use them. In addition, not enough physicians and pharmacists are trained and registered to use the systems. More providers need to use them, to stop people from using multiple physicians to obtain multiple prescriptions. Ideally, states' electronic systems should be inter-operable with one another. And, there also must be coordination between federal agencies, such as the Department of Veterans Affairs and Department of Defense hospitals and mainstream healthcare systems.

Finally, illegitimate pharmacy websites need to stop selling drugs to consumers who have not been evaluated by a medical professional. A bill that I have authored, the Online Pharmacy Safety Act, would target these rogue online drug sellers in two ways. First, it would require that at least one in-person medical evaluation be conducted in most instances before prescriptions could be issued. And second, the bill would direct the FDA to create a registry of legitimate online pharmacy websites, to give consumers the information they need to make good decisions when purchasing prescription drugs online."

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