

---

## PRESCRIPTION PAIN MEDICINES: Protecting Access, Preventing Misuse

### Issue Background

In recent years, we have seen an increase in the misuse of prescription pain medicines. Policy makers, regulators, and law enforcement leaders have made efforts to combat this trend. Successful strategies have included electronic prescribing, prescription monitoring programs, and education. However, some efforts have had unintended negative effects: regulators have caused many physicians to be fearful of prescribing opioid medications, patients have been stigmatized by the unwise use of opioid registries, and arbitrary state Medicaid restrictions have created barriers for pain patients.

### Quick Facts:

- Twenty-nine percent of primary care physicians and 16% of pain specialists report prescribing opioids less often than they think appropriate due to concerns about regulatory repercussions.<sup>1</sup>
- The World Health Organization warns against overly restrictive laws and regulations that impede the adequate availability of opioids.<sup>2</sup>
- The Institute of Medicine recommends:
  - Developing strategies to reduce barriers to pain care.
  - Reconciling the competing goals of effective pain management and avoiding the harmful effects of opioid misuse.<sup>1</sup>

#### **BARRIERS** to good pain management:

1. **Limits on drug formulations**—lead to poor care. Good healthcare requires a full and flexible range of medications and dosages to treat pain.<sup>2</sup>
2. **Opioid Registries**—stigmatize patients and do not prevent misuse.
3. **Arbitrary limits** on prescriptions are a bad idea – treatment plans and doses must be individualized.<sup>1</sup>
4. **Special rules** for cancer patients, Medicaid patients, etc. are misguided. **ALL patients have a right to optimal pain relief.**

#### **PROVEN SOLUTIONS** to prevent misuse:

1. **Promote e-prescribing** to minimize prescription fraud.
2. **Institute a national prescription monitoring program** to uncover doctor and pharmacy “shopping”
3. **Educate prescribers** to assess, monitor, educate, and adequately treat their pain patients.
4. **Educate patients** to use, store, and dispose of pain medicines safely.

### **The members of the Hospice and Palliative Nurses Association believe:**

- **Every person** who suffers with pain **deserves access** to the most appropriate and effective treatments.<sup>3</sup>
- Policy makers should use a **balanced approach** to prevent misuse of pain medicines, while preserving access for patients who need them.<sup>2</sup>
- Healthcare providers and patients need **education about appropriate screening and prescribing, correct use, and safe disposal** of pain medicines.<sup>3</sup>
- **Policy makers need input from nurses** and other healthcare providers, pharmacists, and patient advocates, as well as law enforcement leaders in this effort.<sup>4</sup>

---

<sup>1</sup> National Research Council. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Washington, DC: The National Academies Press, 2011.

<sup>2</sup> *Ensuring Balance in National Policies on Controlled Substances: Guidance for Availability and Accessibility of Controlled Medicines*. Revised edition of 'Narcotic and psychotropic drugs: achieving balance in national opioids control policy: guidelines for assessment', World Health Organization, Geneva, 2000. Geneva: World Health Organization; 2011. ISBN 978 92 4 156417 5.

<sup>3</sup> HPNA Position Statement: Pain Management. Hospice and Palliative Nurses Association Available at [www.hpna.org](http://www.hpna.org). Accessed: May 8, 2012.

<sup>4</sup> National Research Council. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press, 2011.