

Preventing Prescription Drug Misuse: Selected Strategies and Associated Risk Factors

The table below presents selected strategies to prevent prescription drug misuse. These strategies have been selected because research shows that they directly address common risk factors associated with NMUPD. For each strategy, we provide a brief description and the associated factor(s) it addresses. Please note that while other strategies are currently in use, this list represents the few that have been rigorously evaluated.

Strategy	Strategy Description	Associated Risk Factor(s)
Controlled substance lock-in programs	Implemented by private or public insurance companies (such as Medicaid), these programs are designed to restrict patients access to prescriptions for controlled substances, typically by requiring patients to use a single prescriber or pharmacy to obtain their prescription medications.	<ul style="list-style-type: none"> • Access to prescription drugs²
Patient education	Patients are provided with information on the overdose potential of prescription drugs and the importance of safeguarding prescriptions.	<ul style="list-style-type: none"> • Lack of knowledge about the potential dangers of prescription opioid misuse³ • Access to drugs prescribed to others (for example, to family members or friends)⁴

Strategy	Strategy Description	Associated Risk Factor(s)
Prescriber education	Prescribers learn about the benefits and risks of prescribing opioids, including strategies to prevent misuse, while maintaining legitimate and appropriate access to opioids for their patients.	<ul style="list-style-type: none"> • Access to opioids⁵ • Access to opioid prescriptions for individuals at high risk of developing misuse or dependence⁶ • Obtaining multiple prescriptions⁷ • Large dosage prescribed⁸ • High potency drugs prescribed⁸ • Doctor shopping⁷ • Chronic pain⁷
Social marketing campaigns	These campaigns use techniques adapted from commercial marketing to encourage favorable and voluntary behavior change in risky behaviors associated with NMUPD.	<ul style="list-style-type: none"> • Lack of knowledge about the potential dangers of prescription opioid misuse⁹ • Access to drugs prescribed to others (for example, family members or friends)⁹
Disposal programs	These programs encourage people to properly dispose of their unused or expired prescription medications, often by bringing them to designated drop boxes.	<ul style="list-style-type: none"> • Availability of prescription drugs¹⁰ • Lack of knowledge about the potential dangers of prescription opioid misuse¹¹
Prescription drug monitoring programs	Prescription Drug Monitoring Programs (PDMPs) are electronic databases that track and house data on prescriptions and dispensations of controlled substances.	<ul style="list-style-type: none"> • Access to prescription drugs¹² • Doctor shopping¹³

Strategy	Strategy Description	Associated Risk Factor(s)
Use of screening tools	These tools are designed to help prescribers assess a patient’s risk for misusing or becoming addicted to prescription medications.	<ul style="list-style-type: none"> • Psychological distress/mental illness¹⁴ • History of substance use or misuse¹⁴

REFERENCES

- ¹SAMHSA’s Center for the Application of Prevention Technologies. (2016) *Preventing Prescription Drug Misuse: Programs and Strategies*.
- ²Skinner, A. C., Ringwalt, C., Naumann, R. B., Roberts, A. W., Moss, L. A., Sachdeva, N., & ... Farley, J. (2016). Reducing opioid misuse: Evaluation of a Medicaid controlled substance lock-in program. *The Journal Of Pain*, 17(11), 1150-1155.
- ³McCauley, J. L., Back, S. E., & Brady, K. T. (2013). Pilot of a brief, web-based educational intervention targeting safe storage and disposal of prescription opioids. *Addictive Behaviors*, 38(6), 2230-2235.
- ⁴Collins, D., Abadi, M. H., Johnson, K., Shamblen, S., & Thompson, K. (2011). Non-medical use of prescription drugs among youth in an Appalachian population: Prevalence, predictors, and implications for prevention. *Journal of Drug Education*, 41(3), 309–326.
- ⁵Alford, D. P. (2016). Opioid prescribing for chronic pain — Achieving the right balance through education. *The New England Journal Of Medicine*, 374(4), 301-303.
- ⁶Atluri, S., Akbik, H., & Sudarshan, G. (2012). Prevention of opioid abuse in chronic non-cancer pain: an algorithmic, evidence based approach. *Pain Physician*, 15(3 Suppl), ES177-ES189.
- ⁷Cochella, S., & Bateman, K. (2011). Provider detailing: an intervention to decrease prescription opioid deaths in Utah. *Pain Medicine*, 12(s2), S73-S76.
- ⁸Garg, R. K., Fulton-Kehoe, D., Turner, J. A., Bauer, A. M., Wickizer, T., Sullivan, M. D., & Franklin, G. M. (2013). Changes in opioid prescribing for Washington workers’ compensation claimants after implementation of an opioid dosing guideline for chronic noncancer pain: 2004 to 2010. *The Journal of Pain*, 14 (12), 1620-1628.
- ⁹Johnson, E. M., Porucznik, C. A., Anderson, J. W., & Rolfs, R. T. (2011). State-level strategies for reducing prescription drug overdose deaths: Utah’s prescription safety program. *Pain Medicine*, 12(Suppl 2), S66–S72.
- ¹⁰Ma, C. S., Batz, F., Juarez, D. T., & Ladao, L. C. (2014). Drug take back in Hawai’i: Partnership between the University of Hawai’i Hilo College of Pharmacy and the Narcotics Enforcement Division. *Hawai’i Journal of Medicine & Public Health*, 73(1), 26–31.
- ¹¹G. Rots, personal communication, July 30, 2015
- ¹²Reifler, L. M., Droz, D., Bailey, J. E., Schnoll, S. H., Fant, R., Dart, R. C., & Bucher Bartelson, B. (2012). Do prescription monitoring programs impact state trends in opioid abuse/misuse? *Pain Medicine*, 13(3), 434–442.
- ¹³Worley, J. (2012). Prescription Drug Monitoring Programs, a Response to Doctor Shopping: Purpose, Effectiveness, and Directions for Future Research. *Issues In Mental Health Nursing*, 33(5), 319-328.
- ¹⁴Webster, L. R., & Webster, R. M. (2005). Predicting aberrant behaviors in opioid-treated patients: Preliminary validation of the opioid risk tool. *Pain medicine*, 6(6), 432-442.