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Understanding Americans' views on opioid pain reliever abuse

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Abstract

Aims—Opioid pain reliever abuse rates have increased sharply in the United States. This study examines Americans' personal experience with opioid pain reliever use and abuse, and views about the seriousness of the problem, factors causing it, responsibility for addressing it and support for policies to resolve it.

Design—Public opinion survey.

Setting and Participants—A nationally representative US adult sample ($n = 1111$).

Measures—Experiences with opioid pain relievers and views about the seriousness, causes of and responsibility for addressing the problem, and support for policies to reduce opioid pain reliever abuse.

Findings—28.2 per cent of Americans reported using opioid pain relievers in the last 12 months, 69.5% have used them in their life-time and 17.3% reported using these medications when not prescribed to them. Fifty-eight per cent ranked the problem as serious, on a par with other major

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Supporting information

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health concerns. Individual-orientated factors, including a lack of understanding about how easy it is to become addicted (80.0%) and improper storage (65.1%) and disposal (64.1%), ranked highest as causes, and those abusing opioid pain relievers (83.8%) and their physicians (78.0%) were viewed as most responsible for solving the problem. Of the policies recommended to curb the epidemic, 14 of 16 were supported by a majority of Americans.

Conclusions—Americans view the problem of opioid pain reliever abuse as serious, and support nearly all the policies recommended by medical, law enforcement, disease control and public health experts to curb the epidemic.

Keywords

Addiction; opioid analgesics; policy; public opinion; substance abuse; surveys

INTRODUCTION

Opioid pain reliever abuse has been noted as a growing problem globally, with reports of increasing abuse and overdose from various countries including Estonia, Finland and the United Kingdom [1]. In particular, in the United States, there has been a sharp increase in rates of opioid pain reliever abuse, misuse and overdose during the last decade [2]. Drug overdose—a majority involving opioid pain relievers—was the leading cause of injury death in 2012, and among individuals aged 25–64 years drug overdose surpassed motor vehicle traffic crashes as the leading cause of injury-related death [3]. Opioid pain relievers are involved in 475 000 emergency department visits each year [4], and the economic costs of non-medical use of opioid pain relievers were estimated in 2006 at \$50 billion in lost productivity, crime and medical costs [5].

The epidemic of opioid pain reliever abuse is a complex and relatively new problem [6], and little is known about how the American public understands the issue. A variety of policies aimed at curbing the epidemic have been proposed or enacted at the federal, state and local levels, such as establishing state prescription drug monitoring program (PDMP) databases, changing pharmaceutical labels and developing safe storage and disposal regulations. To date, with the exception of PDMPs which have been established in 49 states and the District of Columbia [7], relatively few policy interventions have been adopted.

Research demonstrates the importance of public opinion as a contributor to enacting public policies: when the public believes a problem is a pressing concern, policy action is more likely [8]. Once issues become politicized—that is, associated strongly with one political party—policy adoption can become more challenging [9]. To date, no national public opinion studies have examined how Americans view opioid pain reliever abuse or whether public attitudes differ across political lines. To fill this gap, we conducted a national public opinion survey in 2014 to examine the proportion of Americans with personal experience with opioid pain reliever use, misuse and abuse. In addition, we examined ratings of the problem of prescription pain reliever abuse as serious relative to other health issues, the proportion of Americans agreeing that various factors were causes of the problem, and the proportion attributing responsibility for addressing the problem to different parties including pharmacies and pharmacists, doctors, pharmaceutical companies, health insurance

companies, law enforcement, individuals who have become addicted to opioid pain relievers and the government. Finally, we examined the share of the American public supporting 16 different policies designed to reduce opioid pain reliever abuse and overdose deaths overall and by a respondents' political party identification. The most recent data suggest that rates of opioid pain reliever abuse and overdose show no signs of abating in the United States, and are a growing international concern. A better understanding of how the American public views opioid pain reliever abuse can inform advancement of a public policy agenda in the United States to address this public health crisis.

METHODS

Data

We fielded a web-based public opinion survey from 31 January to 28 February 2014 to examine views about opioid pain reliever abuse among a national sample of US adults. Study participants were sampled randomly from a large, online panel maintained by the GfK survey firm. Researchers have used this panel to examine public attitudes about many public health issues [11–14]. GfK panelists were recruited through address-based sampling, covering 97% of American households. If not already present in the household, computer and internet access were provided when panelists agreed to participate, and the panel included households with listed and unlisted numbers as well as cellphone-only households. The survey was pilot-tested from 17 to 21 January 2014. To maximize response rate, e-mail reminders to non-responders were sent on day 3 of the field period, additional e-mail reminders to non-responders were sent on days 10, 20 and 25, and telephone reminder calls were made starting on day 18. Respondents received a cash-equivalent of \$10. Of those contacted ($n = 1599$), 75% completed the survey ($n = 1203$). The GfK panel used probability sampling at the first stage of recruitment when individuals were approached to participate, and the panel recruitment rate was 16.6%. The overall response rate, multiplying the panel recruitment rate by the completion rate, was 12.5%. We excluded 92 respondents with survey duration times of 5 minutes or less ($n = 27$) and greater than two standard deviations above mean duration ($n = 65$) for a final sample of 1111.

In the survey, we referred to 'prescription pain medication'—a term we identified based on a review of national news coverage of the issue [15]—rather than 'opioid pain relievers' to use language readily recognizable to the public. We provided a brief definition of opioid pain relievers, including a link to view a medication list (Supporting information, Appendix S1): 'A growing number of Americans abuse prescription pain medications. When we refer to prescription pain medications, we are specifically talking about narcotic medications prescribed by a doctor to treat pain. We are *not* referring to "over-the-counter" pain relievers such as aspirin, Tylenol, or Advil that can be bought in drug stores or grocery stores without a doctor's prescription. To see a list of prescription pain medications, please click [here]'.

Measures

We asked about respondents' personal experiences with opioid pain relievers, including whether they had ever had a problem with pain serious enough to seek medical treatment, if they had been offered opioid pain relievers or other pain management alternatives and their

health conditions being treated. In addition, we asked about perceived effectiveness of the medication, whether addiction risk had been communicated and misuse/abuse. We also asked about experiences with use, misuse and abuse among family members and close friends. Respondent socio-demographic information included gender, age, race/ethnicity, education, household income, employment status and region.

At the very beginning of the survey, prior to any mention of prescription pain medication, respondents were first asked to rate the seriousness of 12 different health issues, including opioid pain reliever abuse, using a measure established in other public opinion studies [16,17]. Respondents were asked to rate each health issue on a five-point scale as: not a problem at all, only a little serious, moderately serious, very serious or an extremely serious problem. We randomized the order in which health conditions were listed. The other health issues were: alcohol abuse, cancer, diabetes, gun violence, heart disease, HIV/AIDS, illegal drug abuse, mental illness, motor vehicle crashes, obesity and smoking/tobacco use. This was the first question asked in the survey to avoid alerting respondents to the study topic in a manner that could influence health issue rankings.

Following this item we provided a brief definition of opioid pain relievers, including a link to view a medication list of all generic and brand-name drugs considered in this category (e.g. Vicodin, oxycodone, morphine, etc.) (see Supporting information, Appendix S1): ‘A growing number of Americans abuse prescription pain medications. When we refer to prescription pain medications, we are specifically talking about narcotic medications prescribed by a doctor to treat pain. We are *not* referring to “over-the-counter” pain relievers such as aspirin, Tylenol, or Advil that can be bought in drug stores or grocery stores without a doctor’s prescription. To see a list of prescription pain medications, please click [here]’.

Next, we asked respondents their opinions about opioid pain reliever abuse in three domains: (1) causes of the problem; (2) attributions of responsibility for addressing the problem; and (3) support for policies recommended for curbing it. We randomized the order of survey blocks and items within block to minimize order effects.

We asked respondents’ opinions about 17 potential causes of the problem using seven-point Likert scales (strongly disagree to strongly agree), including: individual-oriented causes (e.g. some people do not understand how easy it is to become addicted to these medications), doctor-oriented causes (e.g. doctors often keep patients on these medication for too long), pharmaceutical industry-oriented causes (e.g. pharmaceutical companies do not adequately explain the risks of addiction on labels) and other causes (e.g. it is too easy to get multiple prescriptions from different pharmacies). We asked about the level of responsibility of different parties for addressing the problem using seven-point Likert scales (hardly any to a great deal of responsibility), including: pharmacies and pharmacists, doctors, pharmaceutical companies, health insurance companies, law enforcement, individuals who have become addicted to opioid pain relievers and the government. We asked respondents about their support for 15 policies to address the problem using seven-point Likert scales (strongly oppose to strongly support) based on recommendations from the Centers for Disease Control and Prevention [18], White House Office of National Drug Control Policy [19,20], American Medical Association [21] and Trust for America’s Health [22].

Statistical analysis

We calculated the proportion of respondents agreeing with each statement or supporting each policy for the full sample. To make estimates representative of the US population, all analyses used survey weights adjusting the sample for known selection deviations and survey (see Supporting information, Appendix S2). We also examined whether attitudes differed among respondents with and without personal experience with opioid pain reliever abuse using a Pearson's χ^2 test. We defined personal experience to include self-report of respondents' personal problem with opioid pain reliever abuse or their reported experience of abuse among family members or close friends. For the policy support measures, we tested whether support differed by respondents' political party affiliation—Democrat, Republican or Independent/unaffiliated—using a Pearson's χ^2 test. In the US political system, those with more liberal views on political issues tend to vote with the Democratic Party, those with more conservative views tend to vote with the Republican Party and moderates often identify as Independents. Survey data were analyzed in Stata 12®. This study was approved as exempt by the Johns Hopkins Bloomberg School of Public Health Institutional Review Board.

RESULTS

Table 1 reports the respondents' experiences with opioid pain reliever use, misuse and abuse. Just over half the sample reported ever having had pain serious enough to go to the doctor for treatment, and of these nearly 80% were offered opioid pain relievers. Among those ever offered opioid pain relievers by their physicians, 45% reported also being offered a non-medication pain management alternative. While 81% of respondents ever using opioid pain relievers described them as effective in reducing or eliminating pain, only half reported that a physician had informed them about the risk of addiction. Seventeen per cent reported using opioid pain relievers not prescribed to them. Fewer than 10% reported using opioid pain relievers for 'the feeling it gave, not to treat pain' or for 'longer than originally prescribed'. While fewer than 3% have reported having had a problem with abuse, more than a quarter of respondents reported having a family member or close friend with a problem with abuse.

Figure 1 provides respondents' ranking of opioid pain reliever abuse relative to other health issues. More than half of respondents (58%) ranked the problem as either a very serious or extremely serious health issue, roughly at the midpoint—on a par with alcohol abuse, smoking and tobacco use, mental illness and gun violence, but less serious than cancer, obesity, heart disease, illegal drug abuse and diabetes, and more serious than HIV and motor vehicle crashes.

Table 2 shows respondents' opinions about the causes of opioid pain reliever abuse. Those ranking highest were individual-oriented causes including a lack of understanding about how easy it is to become addicted, improper storage and disposal, lack of self-discipline to use these medications without becoming addicted and a family history making some people more likely to abuse opioid pain relievers. They also ranked highly physician-oriented causes, including that patients are kept on opioid pain relievers for too long, that it is too easy to obtain multiple prescriptions from different physicians and that prescriptions are written without a proper patient examination. Other causes ranked highly included the

minimal risks faced by drug dealers for illegal sale of opioid pain relievers, the higher likelihood of health insurers paying for opioid pain relievers than non-medication alternatives and inadequate explanation of addiction risk on pharmaceutical labels.

Having personal experience with opioid pain reliever abuse either oneself or through a family member or close friend was associated with a higher likelihood of endorsing certain causes of the problem (Table 2). In particular, those with personal experience were more likely than other respondents to agree with individual-oriented causes of abuse including lack of self-discipline, insufficient safe storage practices at home and a family history predisposing individuals to an increased risk of addiction. In addition, those with personal experience were more likely than others to agree that doctors keep patients on medications for too long, that it is too easy to obtain prescriptions from different doctors and that health insurers are more likely to pay for these medications compared with other pain treatments.

Table 3 indicates that the highest attributions of responsibility for solving the epidemic were directed towards individuals who have become addicted themselves and to their physicians. Majorities also attribute responsibility to pharmaceutical companies, pharmacies and pharmacists, health insurance companies, law enforcement and the government.

Table 4 indicates that this nationally representative sample of Americans supports a broad range of public policies to curb the epidemic. Of the 16 policies, 14 were supported by a majority of Americans. The most strongly endorsed policies were requiring pharmacies to verify patient identification before filling a prescription, requiring medical schools and residency programs to provide training in detection and treatment of addiction to opioid pain relievers and training in treatment of chronic pain. Americans also strongly supported establishing PDMP databases requiring doctors to use them, and requiring doctors to complete physical examinations before prescribing. The only two policies supported by less than a majority of Americans were to increase government spending to improve treatment of substance abuse, including for opioid pain reliever abuse and providing naloxone, a medication that can counter the effects of overdose, to friends and family members of those using opioid pain relievers.

Public opinion on the four policies with the lowest level of support differed significantly by political party affiliation (results available from authors). Democrats were more likely to support expanding Medicaid benefits for low-income families to cover addiction treatment than Independents [63.9 versus 48.0%, a 15.9 percentage point difference; 95% confidence interval (CI) = 7.7, 24.0] or Republicans (63.9 versus 45.9%, a 18.0 percentage point difference; 95% CI = 8.7, 27.3). Democrats were more likely to support increased government spending on addiction treatment than Independents (60.3 versus 40.4%, a 19.9 percentage point difference; 95% CI = 11.8, 28.0) or Republicans (60.3 versus 34.7%, a 25.6 percentage point difference; 95% CI = 16.5, 34.8). Democrats were more likely to support naloxone access than either Independents (45.2 versus 36.4%, an 8.8 percentage point difference; 95% CI = 0.7, 16.9) or Republicans (45.2 versus 35.0%, a 10.2 percentage point difference; 95% CI = 1.0, 19.4). Independents were less likely to support protections from criminal charges for seeking medical help related to an overdose than Democrats (44.5 versus 54.4%, a 9.9 percentage point difference; 95% CI = 1.7, 18.1). Three other policies—

establishing PDMPs, requiring doctors to use PDMPs and requiring more safety and efficacy studies by pharmaceutical companies—were more popular among Democrats than others; however, these three policies were well supported across political stripes, with 60–75% of Independents and Republicans supporting them compared with 70–80% of Democrats.

DISCUSSION

This is the first national public opinion study to examine Americans' views on the growing problem of opioid pain reliever abuse in the United States. The study shows that many Americans have had direct experience using opioid pain relievers, and a sizable share has misused or abused these medications themselves or has close friends or family members who have done so. The seriousness of the issue has become salient with the American public, ranking equal to other major health concerns such as tobacco use and gun violence.

Most Americans view individual behaviors and physician practices as major contributors to the rise in opioid pain reliever abuse. Consistent with this finding, more respondents attributed responsibility for solving the problem to individuals who abuse opioid pain relievers and physicians than to other actors. Almost all the public policies recommended by medical, law enforcement, disease control and public health experts as important to curbing the epidemic were supported strongly by the public. This uniformly high level of support for such policy actions is striking, especially considering the much wider variability in public support for policies to combat other public health challenges such as obesity prevention [23–25], and combating high consumption of sugar-sweetened beverages [25].

Our study has several limitations. First, chief concerns with web-based surveys include incomplete coverage and selection [26]. GfK attempts to minimize these issues by recruiting probability-based samples and providing web access to those without it, and the GfK panel has been used to study opinion across a variety of medicine, public health and social science fields. Our comparison with national rates suggests that our study respondents are nationally representative across observable socio-demographic and political characteristics. None the less, lower rates of acceptance at the panel recruitment stage may lead to undetected differences in unobservable characteristics. Secondly, respondent experiences with opioid pain relievers are self-reported, so our estimates may be conservative due to reporting bias. Thirdly, while our study is national in scope, many policies to address opioid pain relievers are being considered in state and local jurisdictions, and this geographic-specific exposure may affect respondents' opinions about the issue. For example, communities in Florida where Drug Enforcement Administration (DEA) pill mill crack-downs have generated extensive media coverage may view the role of law enforcement differently than other areas of the country [27–29]. Finally, we fielded our study in January and February and research suggests that opioid overdoses are more likely to occur over the holidays; it is unknown how this timing might have affected our results.

Opioid pain reliever abuse is a serious issue, both in terms of public health statistics and in the minds of Americans. As the consequences of opioid pain reliever abuse in the United States continue to grow, policy interventions addressing multiple patient, provider and system-level contributors are needed urgently. Concerted efforts by legislators, law

enforcement, professional groups and the pharmaceutical industry have the potential to reverse the epidemic. With a few notable exceptions, our findings suggest that the issue has not yet become highly politicized. The policies where we found differences in support by political affiliation involved public insurance benefits, government funding and harm reduction—areas that reliably engender divergent views across party lines. More striking than the few policies that elicited partisan differences were the many areas of broad agreement. This suggests that policymakers are in a critical window of opportunity for enacting policies designed to reduce opioid pain reliever abuse.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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Figure 1.

How the public ranks the seriousness of various health issues, 2014

Note: Respondents answered the following question: Below is a list of health issues facing people in this country today. How serious a problem is each of these issues for people in this country—not a problem at all, only a little serious, moderately serious, very serious, or an extremely serious problem? Respondents answering “very serious” or “extremely serious” were coded as viewing the problem as serious.

Socio-demographic characteristics and experience with opioid pain reliever use and abuse in a national sample of US adults, 2014.

Table 1

Experience with pain serious enough to seek treatment	% (n)
Ever had a problem with pain serious enough to go a doctor to get treatment	53.1 (606)
If yes, doctor offered prescription for pain medication to treat pain (<i>n</i> = 606)	79.7 (487)
If yes, doctor offered prescription for pain medication to treat the following conditions (<i>n</i> = 487) ^a	
Chronic pain	61.1 (297)
Surgery	37.5 (197)
Dental work	36.2 (166)
Broken bone	21.9 (102)
Cancer	3.1 (17)
If yes, doctor offered both prescription pain medication and a non-narcotic pain management alternative such as physical therapy or acupuncture (<i>n</i> = 487)	44.7 (217)
Experience using prescription pain medication	
Used prescription pain medication within the last 12 months	28.2 (319)
Ever used prescription pain medication to treat pain	69.5 (795)
If yes, prescription pain medication was effective in reducing or eliminating pain (<i>n</i> = 795)	80.9 (652)
If yes, doctor provided information about risk of addiction (<i>n</i> = 795)	49.6 (406)
Ever used prescription pain medication not prescribed to you	17.3 (172)
Ever used prescription pain medications for the feeling it gave, not to treat pain	6.9 (69)
Ever used prescription pain medication longer than originally prescribed	6.9 (66)
Ever had a problem with prescription pain medication abuse	2.9 (27)
Experience with family members or close friends using prescription pain medication	
Ever had family member/close friend in pain helped by using prescription pain medication	67.5 (786)
Ever had family member/close friend use prescription pain medication not prescribed to him/her	37.7 (402)
Ever had family member/close friend who has visited more than one doctor to get multiple prescriptions for pain medication at the same time	18.7 (210)
Ever had family member/close friend who had a problem with abuse of prescription pain medication	29.4 (319)
<i>n</i>	1111

^a Respondents may note more than one condition. GfK sample weights used to calculate descriptive statistics to generate nationally-representative estimates. Denominator noted when it differs from full sample of 1111 respondents. The survey instructed survey respondents to remember that 'we are specifically referring to narcotic medications prescribed by a doctor to treat pain. We are not referring to "over-the-counter" pain relievers such as aspirin, Tylenol, or Advil that can be bought in drug stores or grocery stores without a doctor's prescription'. Respondents were provided a web link to a list of prescription pain medications. This list is available in the Supporting information, Appendix S1.

Table 2

Public views of the causes of opioid pain reliever abuse among those with and without personal experience^a with abuse, 2014.

	All respondents % (95% CI)	Without personal experience % (95% CI)	With personal experience % (95% CI)
<i>Individual-oriented causes</i>			
Some people do not understand how easy it is to become addicted to prescription pain medication	80.0 (77.0, 82.9)	79.1 (75.6, 82.6)	81.8 (76.4, 87.3)
Some people lack the self-discipline to use prescription pain medication without becoming addicted	71.4 (68.2, 74.6)	68.4 (64.4, 72.3)	78.4 ^{**} (73.1, 83.8)
Some people do not store prescription pain medication safely in their homes, making these drugs easy for others to take	65.1 (61.7, 68.5)	62.8 (58.7, 66.9)	70.4 [*] (64.4, 76.4)
Some people do not dispose prescription pain medication when they are no longer needed, making these drugs easy for others to take	64.1 (60.7, 67.6)	62.2 (58.0, 66.3)	68.6 (62.6, 74.7)
Some people have a family history that makes them more likely to abuse prescription pain medication	59.1 (55.6, 62.6)	56.3 (52.1, 60.5)	65.6 [*] (59.3, 71.9)
<i>Physician-oriented causes</i>			
Doctors often keep patients on prescription pain medication for too long	59.9 (56.4, 63.4)	56.3 (52.1, 60.5)	68.1 ^{**} (62.0, 74.1)
It is too easy to get multiple pain medication prescriptions from different doctors	59.5 (56.0, 63.0)	56.9 (52.7, 61.1)	65.3 [*] (59.1, 71.6)
Doctors often write prescriptions for pain medication without properly examining a patient to assess their need for pain medication	58.1 (54.6, 61.6)	56.4 (52.2, 60.6)	61.9 (55.6, 68.3)
Doctors often put patients on prescription pain medication at too high doses	46.2 (42.6, 49.7)	44.8 (40.6, 49.0)	49.4 (42.8, 55.9)
Doctors do not get enough training about how to prescribe prescription pain medications	38.0 (34.6, 41.5)	37.1 (33.0, 41.2)	40.2 (33.7, 46.6)
<i>Pharmaceutical industry-oriented causes</i>			
Pharmaceutical companies do not adequately explain the risks of addiction on labels of prescription pain medications	50.3 (46.7, 53.9)	50.1 (45.9, 54.3)	50.8 (44.2, 57.3)
Pharmaceutical companies promote prescription pain medication without adequate knowledge of their safety and effectiveness	49.4 (45.9, 53.0)	48.7 (44.5, 52.9)	51.2 (44.6, 57.7)
There has been inadequate research on the safety and effectiveness of prescription pain medications	40.3 (36.8, 43.8)	39.8 (35.7, 43.9)	41.5 (35.1, 48.0)
<i>Other causes</i>			
Drug dealers face too little risk for illegally selling prescription pain medication	63.7 (60.2, 67.2)	63.5 (59.4, 67.6)	64.1 (57.6, 70.5)
Health insurance companies more likely to pay for prescription pain medication than other treatments such as physical therapy or acupuncture	63.3 (59.8, 66.7)	60.6 (56.4, 64.8)	69.4 [*] (63.4, 75.4)
It is too easy to get multiple prescription pain medications from different pharmacies	54.8 (51.3, 58.3)	54.3 (50.1, 58.5)	56.0 (49.5, 62.5)
Law enforcement does not focus enough on arresting drug dealers who sell prescription pain medication illegally	48.7 (45.1, 52.2)	47.1 (42.9, 51.3)	52.4 (45.8, 58.9)
<i>n</i>	1111	784	325

We defined personal experience to include self-report of respondents' personal problem with opioid pain reliever abuse or their reported experience of abuse among family members or close friends. Asterisks indicate χ^2 -squared tests. Respondents were instructed to rate, using a 1–7 Likert scale, how much they agreed with each statement as an explanation for prescription pain medication abuse, with 1 meaning 'strongly disagree' and 7 meaning 'strongly agree'. Responses were dichotomized into agree (5–7) and neutral or disagree (1–4). Exhibit displays percentage of respondents who agree with the statement.

* P -value < 0.05 ;
** P -value < 0.01 .
CI = confidence interval.

Table 3

Public attributions of responsibility for addressing the problem of opioid pain reliever abuse, 2014.

	Responsibility % (95% CI)
Individuals who have become addicted	83.8 (81.1, 86.4)
Doctors	78.0 (74.9, 81.0)
Pharmaceutical companies	65.4 (62.0, 68.8)
Pharmacies and pharmacists	65.4 (62.0, 68.8)
Health insurance companies	57.1 (53.6, 60.6)
Law enforcement	54.9 (51.4, 58.5)
Government	52.2 (48.6, 55.7)
<i>n</i>	1111

Respondents were asked how much responsibility each of the following groups should have for addressing the problem of prescription pain medication abuse in the United States using a 1–7 Likert scale, with 1 meaning ‘hardly any’ and 7 meaning ‘a great deal’. Responses were dichotomized into ‘responsible’ (5–7) and ‘not responsible’ (1–4). CI = confidence interval.

Public support for policies to reduce opioid pain reliever abuse, misuse and overdose deaths, 2014.

Table 4

	%	TFAF ^a	CDC ^b	ONDCT ^c	AMA ^d
Requiring pharmacies to verify patient identification before giving out prescription pain medication	84.0 (81.3, 86.8)	✓			
Requiring medical schools and physician residency programs to provide training for physicians in how to detect and treat addiction to prescription pain medication	83.0 (80.1, 85.8)	✓		✓	
Requiring medical schools and physician residency programs to train physicians to treat chronic pain	82.0 (79.1, 84.9)	✓		✓	
Requiring doctors to check and record patient histories in prescription drug monitoring program databases when prescribing prescription pain medication	76.6 (73.5, 79.7)	✓			
Requiring doctors to complete a physical exam on a patient before recommending prescription pain medication	75.6 (72.5, 78.8)	✓			
Establishing prescription drug monitoring program databases in all states	75.3 (72.2, 78.5)	✓	✓	✓	✓
Requiring pharmaceutical companies to include prominent labels with instructions about how to properly dispose of unused prescription pain medications	74.4 (71.2, 77.6)				
Requiring individuals enrolled in Medicaid programs who are suspected of abusing prescription pain medication to use a single physician prescriber and single pharmacy	73.8 (70.6, 77.0)	✓	✓		
Developing new guidelines to encourage physicians to consider alternatives to prescription pain medication, such as physical therapy or acupuncture, for treating chronic pain	72.1 (68.9, 75.4)				
Increasing oversight of clinics that employ doctors who write a very large number of prescription pain medications	70.1 (66.8, 73.5)	✓	✓	✓	✓
Requiring pharmaceutical companies to fund more studies on the safety and effectiveness of prescription pain medications to treat chronic pain	66.6 (63.2, 70.0)	✓		✓	
Arresting and prosecuting people who obtain multiple prescriptions for pain medication at the same time from different doctors	66.0 (62.6, 69.4)	✓	✓		
Expanding Medicaid insurance benefits for low income families to require coverage for treatment of substance abuse problems, including addiction to prescription pain medications	53.5 (49.9, 57.0)	✓			
Passing laws to protect people from criminal charges for drug crimes if they seek medical help for themselves or others experiencing a prescription pain medication overdose	50.2 (46.6, 53.7)	✓			
Increasing government spending to improve treatment of substance abuse problems, including addiction to prescription pain medications	46.6 (43.0, 50.1)	✓		✓	
Providing Naloxone, a medication that can quickly help a person experiencing a life-threatening drug overdose, to friends and family members of people using prescription pain medication	39.4 (35.9, 42.9)	✓			

Respondents were instructed to rate, using a 1–7 Likert scale, how much they supported each policy, with 1 meaning ‘strongly oppose’ and 7 meaning ‘strongly support’. Responses were dichotomized into support (5–7) and neutral or oppose (1–4). Exhibit displays percentage of respondents who support the policy. These policies were endorsed by the following:

^aTrust for America’s Health (TFAH). Prescription drug abuse: Strategies to stop the epidemic, 2013. Trust for America’s Health report. Released October 2013. Available at: http://healthyamericans.org/reports/drugabuse2013/TFAH2013RxDrugAbuseRpt12_no_embargo.pdf.

^bCenters for Disease Control and Prevention (CDC). Policy impact: prescription painkiller overdoses. CDC National Center for Injury Prevention and Control. Webpage last updated 2 July 2013. Available at: www.cdc.gov/homeandrecreationsafety/rxbrief/.

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Office of National Drug Control Policy. 2013 National Drug Control Strategy (NDCS), pp. 72–78. Available online at: <http://www.whitehouse.gov/ondcp/national-drug-control-strategy-and-office-of-national-drug-control-policy>. Available at: http://www.whitehouse.gov/sites/default/files/ondcp/issues-content/prescription-drugs-rx_abuse_plan.pdf.

American Medical Association (AMA). Issue Brief: Rx drug abuse and diversion. 2013 AMA Advocacy Resource Center. Available at: www.ama-assn.org/resources/doc/washington/issue-brief-prescription-drug-abuse-and-diversion.pdf.