



# Prevention Collaboration in Action

Identifying Needs and  
Opportunities for Collaboration

## Opioid Overdose and the Role of Prescriber Education

While prescription opioid misuse has declined in recent years, it continues to be an important driver of the opioid epidemic. Prescription opioids were misused by more than 8.8 million Americans<sup>1</sup> and involved in more than 16,000 fatal overdoses in 2021.<sup>2</sup>

Prescribers can continue to play a key role in reducing prescription opioid misuse.<sup>3</sup> Changes in prescribing habits can decrease unnecessary use and educating their patients about the proper use, handling, and safeguarding of opioids.

### WHAT IS PRESCRIBER EDUCATION?

One strategy for preventing overprescribing and ensuring the safe use of prescription opioid pain relievers is to provide education to prescribers. In this context, prescriber education seeks to accomplish one or more of the following, interrelated goals:

- Raise prescriber and patient understanding of the benefits and risks of opioids
- Increase prescriber utilization of strategies to address unsafe opioid use
- Expand patient use of alternative pain relief options when appropriate
- Improve patient access to opioid overdose antidotes and treatment for substance use disorders
- Ensure patients have safe, appropriate access to opioids, when needed

## WHY ENGAGE IN PRESCRIBER EDUCATION?

Prescribers are gatekeepers for, and primary/credible sources of guidance on, prescription opioids. They are uniquely positioned to help maintain legitimate and appropriate access to opioids for patients, promote their safe use, and identify patients at risk for opioid overdose through their own prescribing practices and ongoing patient communications and interactions. Prescriber education can reduce opioid overdose by helping to:



### **Decrease the inappropriate supply of prescription opioids.**

Prescribers can reduce the amount of opioids available for non-medical purposes through education interventions that help them think critically about their prescribing practices or present clear guidelines for prescribing. Reducing overprescribing can decrease rates of opioid misuse and overdose, while ensuring that patients receive appropriate treatment. Effective prescriber education can help providers strike a balance between preventing inappropriate access and ensuring legitimate availability. Unused or expired prescriptions may also become an inappropriate source of opioids among a patient's family members or friends. Prescriber education focused on how to discuss appropriate disposal strategies with patients could help reduce excess supply and lessen the chance of misuse.<sup>4</sup>

**Balance Is Key.** The number of doctors prescribing opioids has fallen in recent years after more than a decade of rising office-based physician visits for pain.<sup>5,6</sup> Part of this decline may be attributed to the CDC's 2016 "Guidelines for Prescribing Opioids for Chronic Pain," which introduced stricter standards for prescribers. The CDC's guidelines were associated with less opioid prescribing and reductions in high-risk prescribing. However, many people with legitimate medical needs experienced reduced access to prescription opioids, potentially resulting in psychological distress and physical pain.<sup>2</sup>



### **Lessen inappropriate demand for prescription opioids.**

Due to more than two decades of liberally prescribing opioids to address pain management, some patients meet prescribers with the expectation of receiving an opioid prescription to treat pain. Others may go with the intention of obtaining opioids for deliberate misuse (i.e., doctor shopping). For these patients, prescribers can be a key source of information on both the risks and safe use of prescription opioids. Prescribers are also uniquely positioned to engage in conversations about prescription opioids, identify patients with or who are at risk for opioid use disorders, and refer them to

treatment.<sup>7,8</sup> Prescriber education approaches, such as academic detailing, can help to prepare prescribers for these important conversations.<sup>9</sup>

**Academic Detailing** is an evidence-based prescriber education approach that involves structured, one-on-one visits between trained educators and prescribers. Through these interactive visits, the educator assesses a prescriber's unique needs, attitudes, and knowledge about prescribing practices. They then deliver key messages that link prescription research to recommendations for behavior change that aligns with best prescriber practices. The educator also seeks to address any barriers or objections to implementation raised by the prescriber. Academic detailing has been shown to improve clinician knowledge of and adherence to appropriate opioid prescribing.<sup>10</sup>



### **Increase use of alternative approaches to address pain.**

Prescriber education can also provide information on appropriate alternatives to opioids. While opioid prescribing rates decreased from 2011 through 2018, non-opioid pain medication prescribing rates increased over the same period, indicating that alternative approaches to address pain are being embraced by the medical community.<sup>11</sup> But evidence suggests that prescribers are eager for more education on alternative methods to address pain management.<sup>7,8,12,13</sup> Given the wide scope of providers who can fill prescriptions for pain (e.g., dentists, rehabilitation clinicians, oncologists, etc.), prescriber education efforts targeting non-opioid alternatives should be accessible across multiple different medical specializations.<sup>2</sup>



### **Reduce the risk of overdose by expanding access to naloxone.**

Even when opioids are prescribed appropriately, it is important for prescribers to address the potential for overdose. Prescriber education on the importance of harm reduction interventions, such as providing an opioid antidote (e.g., naloxone), can help expand overdose prevention efforts. For example, as of September 2023, 20 states had enacted co-prescription regulations, which suggest co-prescribing naloxone in conjunction with a prescription opioid. In 12 of these states, co-prescribing is mandatory in certain situations.<sup>14</sup>

## IMPLEMENTING PRESCRIBER EDUCATION

Existing research indicates that prescriber education is an effective strategy to reduce opioid misuse, and has been found effective at reducing opioid prescribing rates upon hospital discharge by as much as 59%.<sup>15</sup> Additionally, brief educational interventions (e.g., half-day workshops or a series of hour-long lectures) have been shown to be effective in improving clinical knowledge and confidence in prescribing opioids among both medical students<sup>16</sup> and seasoned physicians.<sup>17</sup>

**Prescriber Education at Work.** Implementation of a multimodal prescriber education program in Washington and Oregon was associated with a nine-fold increase in the number of primary care providers trained and willing to provide buprenorphine. The program included an educational video, toolkit, monthly newsletter and conference call, and 1-on-1 coaching.<sup>18</sup>

To begin implementing this evidence-based practice, it is important for prevention professionals to understand the lay of the land in which they operate. Rules and regulations about opioid prescribing can vary considerably across jurisdictions. Understanding who can prescribe opioids, their current educational requirements, and the existing resources available for further education is critical to building a successful prescriber education program.

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