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## F.D.A. Weighs Training to Dispense Narcotics

By [BARRY MEIER](#)

Should doctors be required to undergo special education in order to prescribe powerful narcotics? The [Food and Drug Administration](#) may soon recommend that they do so, though such a move would most likely prove controversial.

“I think it is a good idea, and it is something we are considering,” said Dr. Bob Rappaport, the director of the division of Anesthesia, Analgesia and Rheumatology Products at the F.D.A. But the agency itself does not have the authority to take such a step, Dr. Rappaport said.

Typically, state medical boards, rather than the federal government, impose licensing requirements on doctors, including the type of continuing education they must receive. A few states, including California, now provide doctors with education about the treatment of pain patients. But nationally, state medical boards have shown little interest in mandating added training in the use of potent pain medications or in screening patients for those prone to drug abuse.

Pain experts say they support increased education for doctors, but some fear that mandatory training may harm pain patients by limiting the number of doctors prescribing such drugs.

Under current federal law, doctors need only show they are licensed to practice medicine in order to register with the [Drug Enforcement Administration](#), which will permit them to prescribe narcotics.

An exception is if a doctor wants to prescribe the drug buprenorphine as in-office treatment for narcotics addiction; federal rules require eight hours of specialized training first. Prescribing that same drug for pain treatment, however, does not require such training.

Dr. Rappaport said the F.D.A. was most concerned about potent and longer-acting narcotics like methadone, fentanyl and certain formulations of the drug oxycodone, the active ingredient in OxyContin.

With methadone, fentanyl, which is available in patches, has been associated with patient deaths and injuries resulting from physician misprescribing or inadvertent patient misuse.

In recent years, the F.D.A. has faced pressure to take added steps on such drugs. Dr. Rappaport said recommending additional education was one of the responses the agency might unveil by early next year.

He said the F.D.A. would probably require that makers of such drugs develop programs to monitor how they are prescribed.

In the last two years, the agency has sent out alerts to doctors about both methadone and fentanyl, but officials acknowledged that preventable patient deaths were continuing.

“We are putting out communications,” said Dr. Gerald Dal Pan, who directs the F.D.A.’s office of surveillance and epidemiology. “We don’t know why they are failing.”

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