

# PRESCRIPTION DRUG ABUSE: THE NATIONAL PERSPECTIVE



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*February 21, 2013*

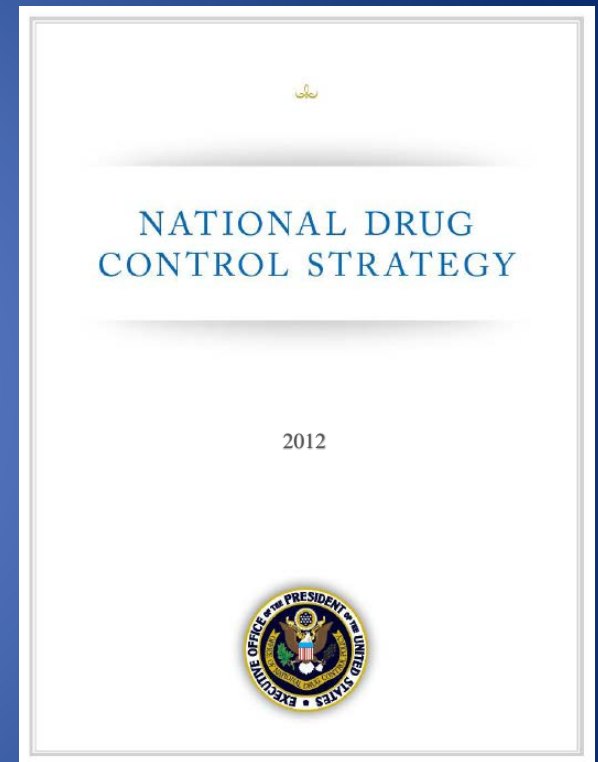
California State Medical & Pharmacy Boards'  
Joint Forum to Promote Appropriate Prescribing and Dispensing

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White House Office of National Drug Control Policy

# National Drug Control Strategy

- Science-based, public health approach to drug policy
- Guided by three principles:
  - 1) Addiction is a disease that can be treated
  - 2) People with substance use disorders can recover
  - 3) Criminal justice reforms can stop the revolving door of drug use and crime
- Coordinated Federal effort on 115 action items
- Signature initiatives:
  - Prescription Drug Abuse
  - Prevention
  - Drugged Driving



# The Prescription Drug Abuse Problem

- 6.1 million Americans reported current non-medical use of prescription drugs in 2011<sup>1</sup>
- 1 in 5 people using drugs for first time in 2011 began by using a prescription drug non-medically<sup>1</sup>
- Of the 38,329 drug overdose deaths in 2010, approximately 22,100 involved prescription drugs.
  - 16,651 involved opioid painkillers (*vs. 4,183 for cocaine and 3,038 for heroin*)<sup>2</sup>
- \$55.7 billion in costs for prescription drug abuse in 2007<sup>3</sup> including \$25 billion in direct healthcare costs and \$5.1 billion in criminal justice costs.<sup>3</sup>
- Studies have found that opioid abusers generate, on average, annual direct health care costs 8.7 times higher than non-abusers<sup>4</sup>

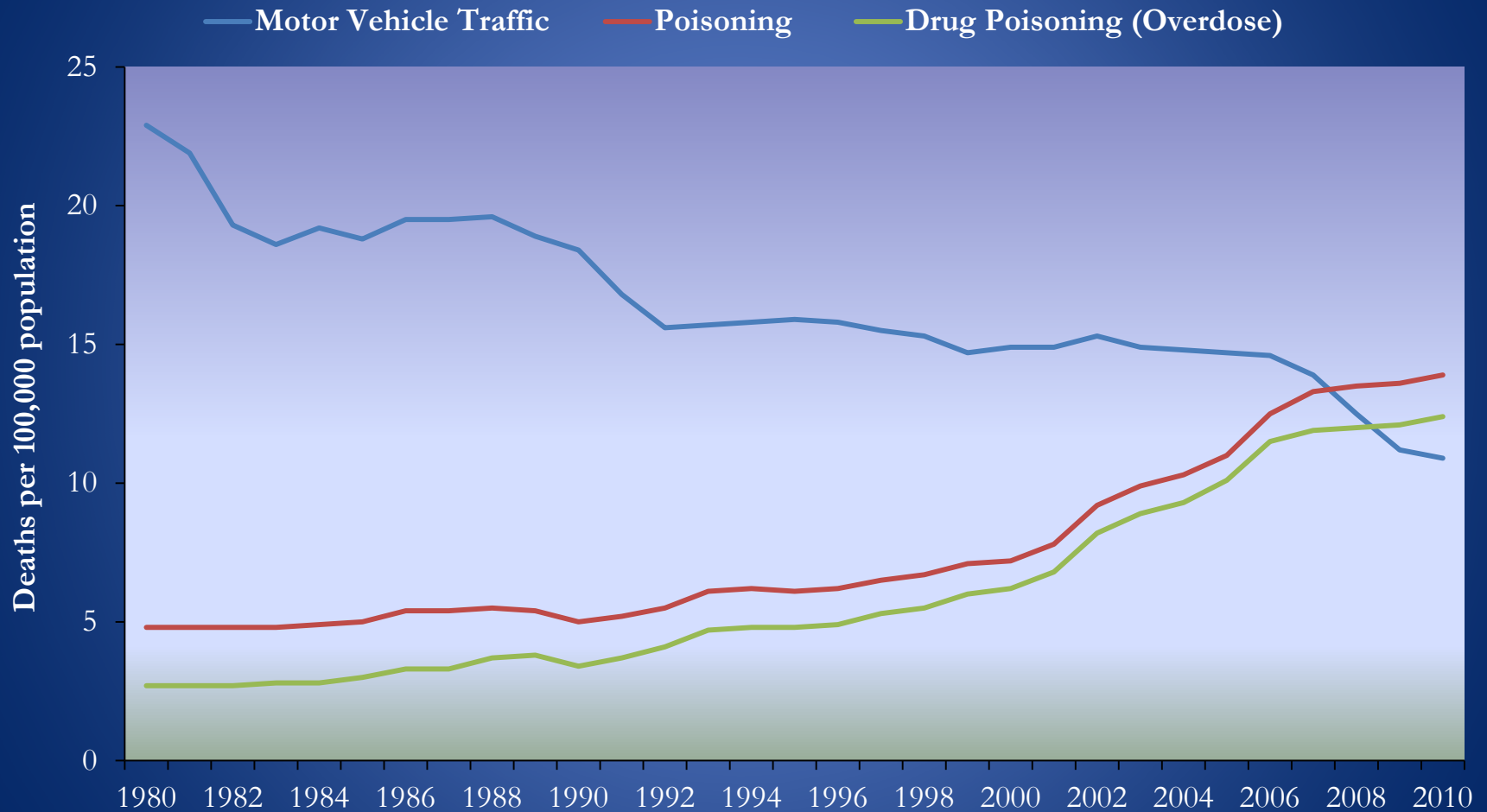
1. Substance Abuse and Mental Health Services Administration. Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings. U.S. Department of Health and Human Services. [September 2012]. Available: <http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.htm#5.2>

2. CDC, National Center for Health Statistics. Multiple Cause of Death 1999-2010 on CDC WONDER Online Database. Extracted May 1, 2012.

3. Birnbaum HG, White, AG, Schiller M, Waldman T, et al. Societal Costs of Prescription Opioid Abuse, Dependence, and Misuse in the United States. *Pain Medicine*. 2011;12:657-667.

4. White AG, Birnbaum, HG, Mareva MN, et al. Direct Costs of Opioid Abuse in an Insured Population in the United States. *J Manag Care Pharm*. 11(6):469-479. 2005

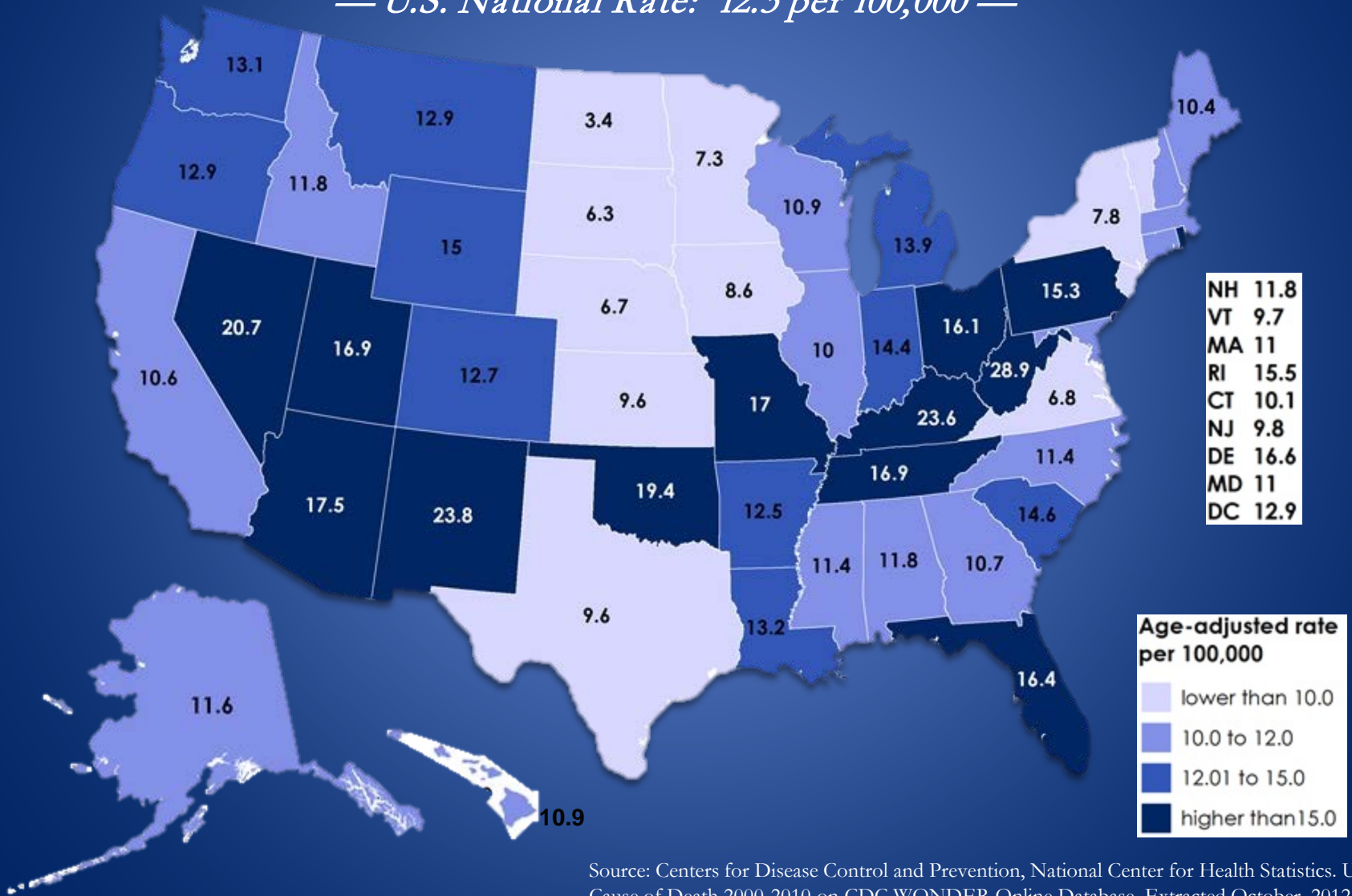
# U.S. Overdose Death Rate Trends, 1980-2010





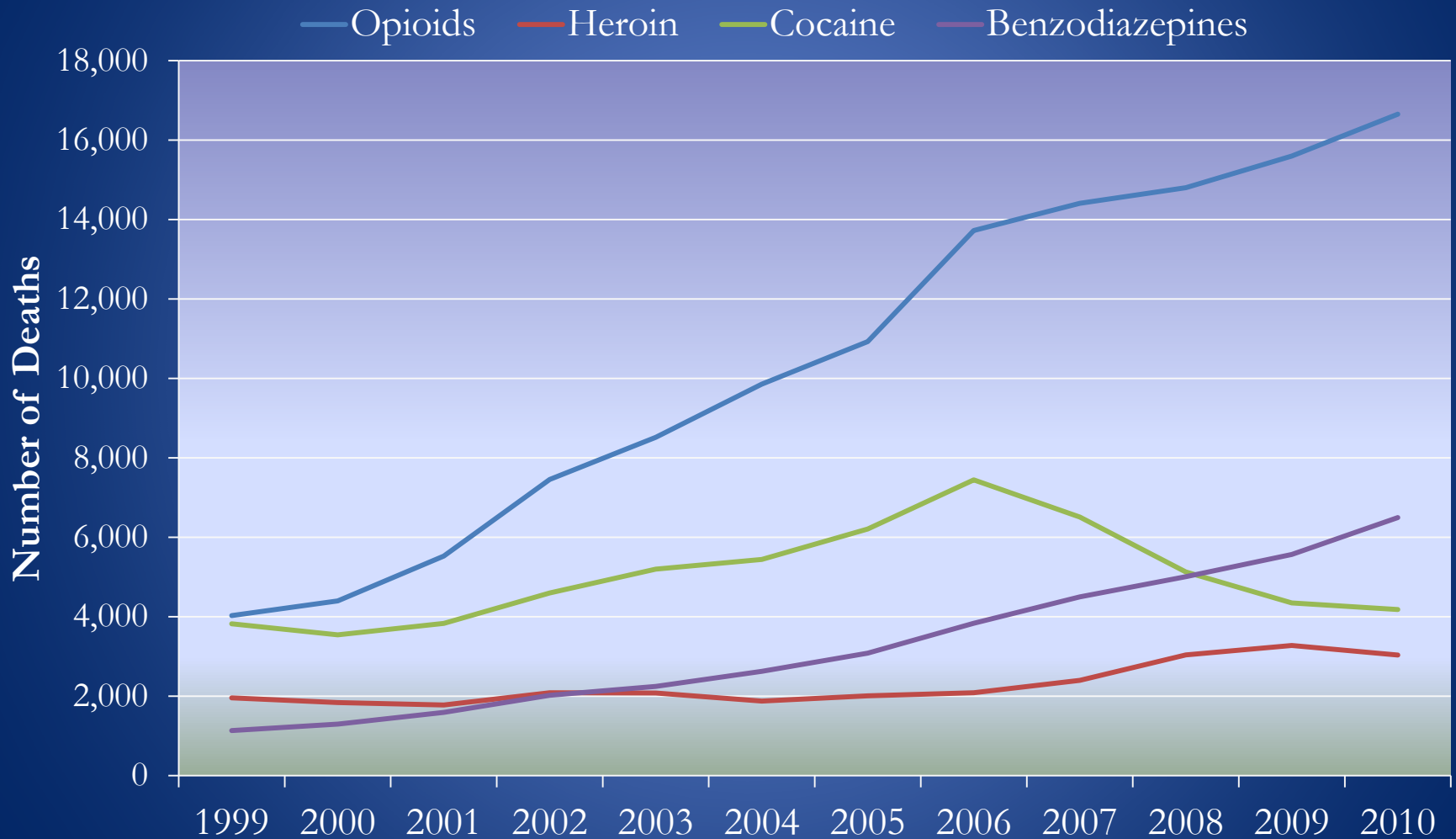
# State Overdose Death Rates, 2010

— U.S. National Rate: 12.3 per 100,000 —



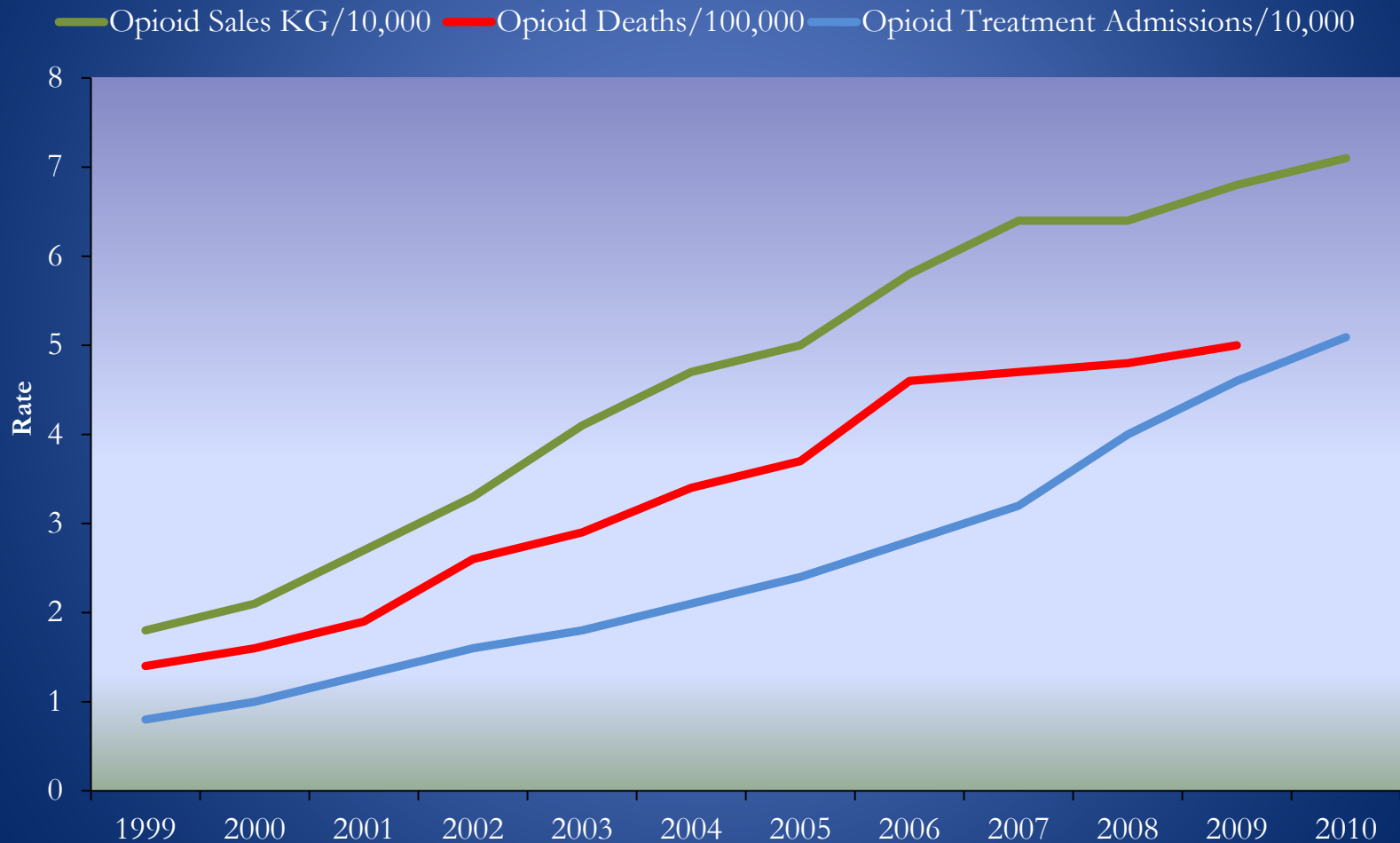
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2000-2010 on CDC WONDER Online Database. Extracted October, 2012.

# Overdose Deaths, Specific Drugs, 1999-2010



Source: CDC/NCHS National Vital Statistics System, CDC Wonder. Updated with 2010 mortality.

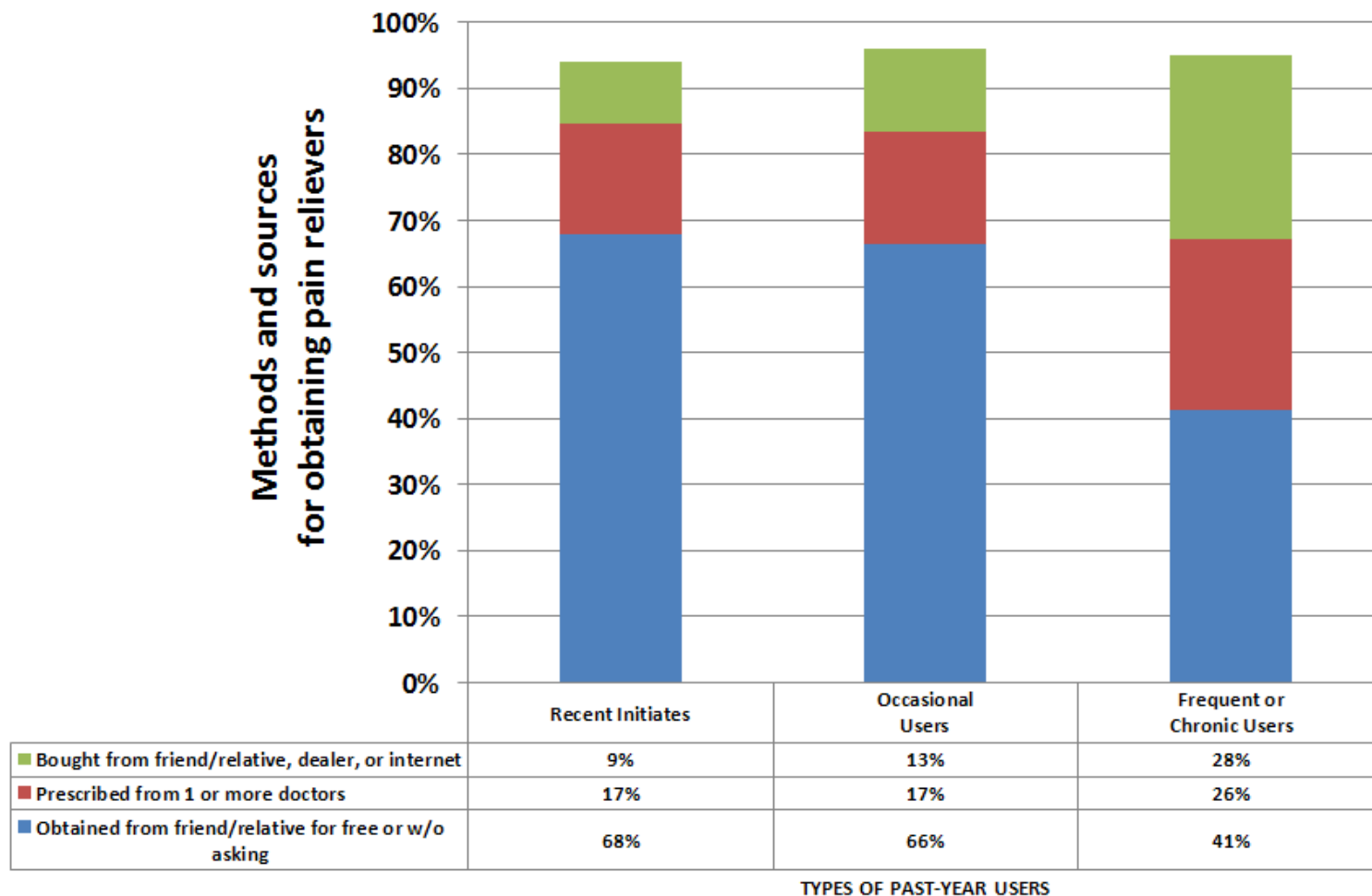
# Rates of Opioid Overdose Death, Sales, and Treatment, 1999-2010



Sources: National Vital Statistics System and DEA's Automation of Reports and Consolidated Orders System  
SAMHSA, Treatment Episode Data Set (TEDS), 1990-2010

# Source of Prescription Pain Relievers

How different misusers of pain relievers get their drugs

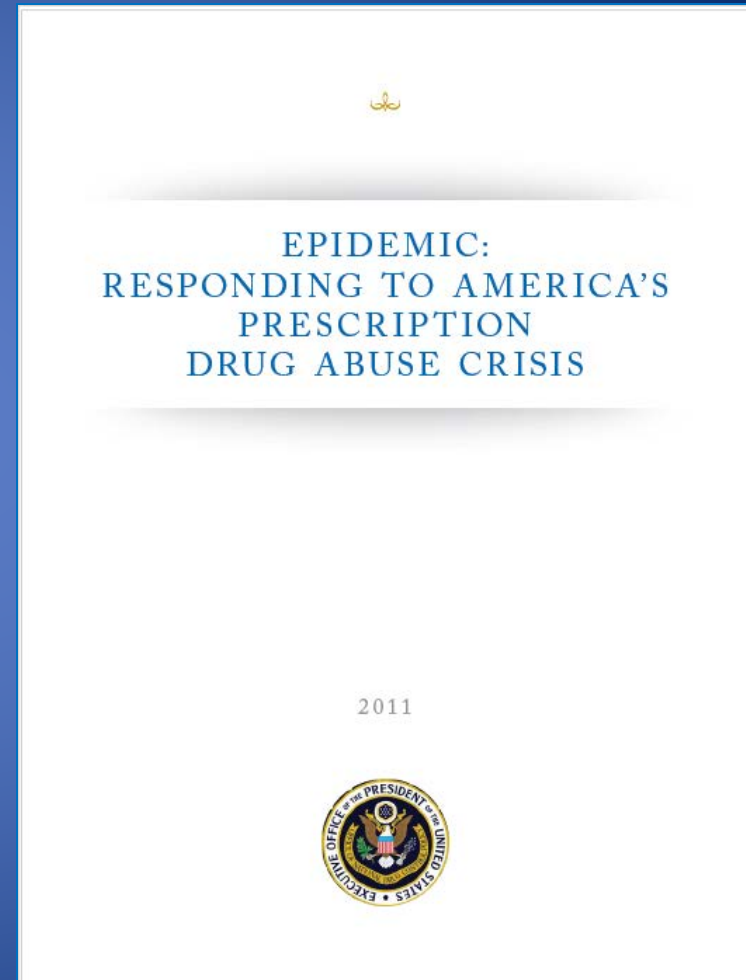


TYPES OF PAST-YEAR USERS



# Prescription Drug Abuse Prevention Plan

- Coordinated effort across the Federal government
- Four focus areas
  - 1) Education
  - 2) Prescription Drug Monitoring Programs
  - 3) Proper Medication Disposal
  - 4) Enforcement



# Education Gaps

## Health Care Providers

- A 2011 Government Accountability Office report on education efforts related to prescription pain reliever abuse found that “most prescribers receive little training on the importance of appropriate prescribing and dispensing of prescription pain relievers, on how to recognize substance abuse in their patients, or on treating pain.”<sup>1</sup>

## Pharmacists<sup>2</sup>

- 67.5% report receiving two hours or less of addiction or substance abuse education in pharmacy school.
- 29.2% reported receiving no addiction education.
- Pharmacists with greater amounts of addiction-specific education:
  - Higher likelihood of correctly answering questions relating to the science of addiction and substance abuse counseling.
  - Counseled patients more frequently and felt more confident about counseling.

1. U.S. Government Accountability Office. *Prescription Pain Reliever Abuse*. [December 2011]. Available: <http://www.gao.gov/assets/590/587301.pdf>

2. Lafferty L, Hunter TS, Marsh WA. Knowledge, attitudes and practices of pharmacists concerning prescription drug abuse. *J Psychoactive Drugs*. 2006 Sep;38(3):229-232.

# Education Goals

## Needs

- Knowledge on appropriate prescribing
- Effective identification of patients at risk for abuse
- Screening, intervention, and referral for those misusing or abusing prescription drugs
- PDMP use in everyday clinical practice
- Ensure community leader, parents, and young people understand the dangers of prescription drug misuse.

## Main Actions

- Legislation requiring mandatory education for all clinicians who prescribe controlled substances
- Increased substance abuse education in health profession schools, residency programs, and continuing education
- Expedited research on the development of abuse deterrent formulations
- Expansion of overdose prevention tools (i.e., naloxone)

# Monitoring

## Goals

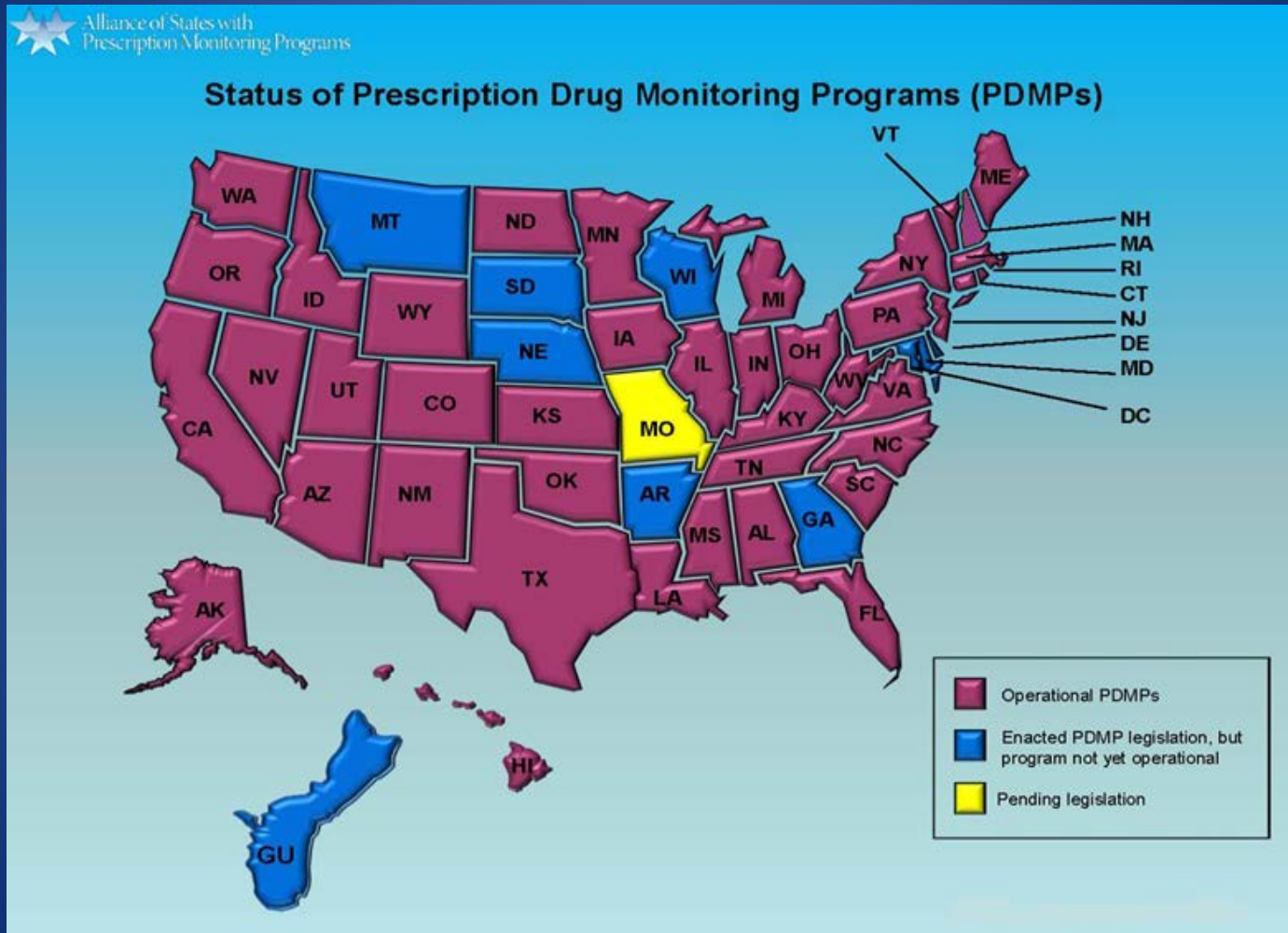
- PDMP in every state and interoperability among states.
- Use of the system by prescribers to identify patients potentially at risk for or engaged in prescription drug misuse or at risk for medication interaction.

## Main Actions

- Secured language for Department of Veteran's Affairs to share prescription drug data with state PDMPs.
- Currently 14 states can share data across state lines.
- Pilot projects with ONC and SAMHSA in Indiana, Ohio, Washington State, Nebraska, North Dakota, Michigan.



# Prescription Drug Monitoring Programs



Source: Alliance of States with Prescription Monitoring Programs, 2012



# Enforcement

## Goals

- Increase law enforcement and prosecutor training around prescription drug diversion and abuse.
- Assist states in addressing “pill mills” and doctor shopping.

## Main Actions

- Provide technical assistance to states on model regulations/laws for pain clinics.
- Encourage High-Intensity Drug Trafficking Areas (HIDTAs) to focus on prescription drug diversion cases.
- Support prescription drug abuse-related training for law enforcement agencies and criminal justice leaders.

# Emerging Issues: Prescription Opiates and Heroin

- The number of 18 to 24 year olds admitted to treatment for heroin increased from 42,637 in 2000 to 67,059 in 2009.<sup>1</sup>
- The number of persons who were past year heroin users in 2011 (620,000) was higher than the number in 2007 (373,000).<sup>2</sup>
- Epidemiologists in 15/21 US cities report increases in heroin, notably among young adults and outside of urban areas.<sup>3</sup>
- Injection drug users report prescription opioid use predates heroin use and tolerance motivates them to try heroin.<sup>4</sup>



1. Banta-Green, CJ 2012 Adolescent Abuse of Pharmaceutical Opioids Raises Questions About Prescribing and Prevention. Arch Pediatr Adolesc Med. 2012 May 7. [Epub ahead of print]
2. Substance Abuse and Mental Health Services Administration, Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012. linked to 2/13/2013 <http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresultsAlts2011.htm#Fig2-4> pending citation/cleared data
3. Proceedings of June 2012, NIDA CEWG (Unpublished Data from NIDA).
4. Lankenau SE, et al. (2012). Initiation into prescription opioid misuse amongst young injection drug users. Int J Drug Policy. 2012 Jan;23(1):37-44. Epub 2011 Jun 20.

# Overdose Prevention and Education

- The *National Drug Control Strategy* supports overdose training and emergency interventions (i.e., naloxone/Narcan for first responders).
- More extensive public education campaigns about overdose, including the signs of overdose, emergency interventions, information about Good Samaritan laws where they exist, and the importance of connecting people to substance abuse treatment.
- Naloxone is an important, life-saving emergency overdose intervention tool.
- Health care providers should inform patients using opioids (and their family members/caregivers) about potential for, signs of, and interventions in case of overdose.
- SAMHSA's Opioid Overdose Education Toolkit will likely be released later this year, and will help inform the public about overdose prevention and intervention.



# Naloxone Efficacy

- Recent study found that naloxone distribution to heroin users is cost-effective & can reduce deaths. In settings with 900 overdoses per year (i.e., New York City), kits may prevent up to 50 deaths/year.<sup>1</sup>
  - “Naloxone distribution to heroin users is likely to reduce overdose deaths and is cost-effective, even under markedly conservative assumptions.”
- Quincy, Massachusetts: Partnership between mental health/addiction organizations, Quincy PD, and the MA Public Health Department to train and equip police officers to resuscitate overdose victims with nasal naloxone.
  - Since 2010, officers have administered naloxone in more than 100 overdose events, almost all of them resulting in successful overdose reversals.
  - “I believe we have spread the word that no one should fear calling the police for assistance, and that the option of life is just a 911 call away. We have also reinforced with the community that the monster is not in the cruiser. Indeed, the officer represents a chance at life.”—Lt. Det. Patrick Glynn, Quincy PD
- From joint NIDA/FDA Editorial in *Annals of Internal Medicine* (January 2013):

*The NIDA and the FDA are keen to work with public health and pharmaceutical company partners on pharmacokinetic studies of intranasal and injectable naloxone, and they welcome inquiries. Additional formative and implementation studies of naloxone distribution and overdose intervention in field settings, particularly for prescription opioid abusers, are also needed, as are studies of the ways to embed overdose intervention into a broader addiction intervention system (that is, to use overdose interventions as points of entry into drug treatment).*

<sup>1</sup> Coffin, P. and Sullivan, S. Cost-effectiveness of Distributing Naloxone to Heroin Users for Lay Overdose Reversal. *Ann Intern Med*: 2013; 158:1-9.

# Opportunities for State Leadership

- SBIRT billing codes can be used to reimburse for overdose prevention, transition to heroin prevention, and the dangers to neonates from withdrawal can be mitigated with intervention.
- Medications exist for treatment of addiction (i.e., buprenorphine/naltrexone (Suboxone), methadone, Vivitrol).
- Examine potential partnerships for expanded overdose prevention, (i.e. naloxone distribution through first responders)
- Formularies should consider abuse deterrent formulations and safety profiles of medicines.
- Take steps to remove barriers for women to obtain prenatal care and substance abuse treatment.



# Conclusions

- There are signs that efforts to reduce and prevent prescription drug abuse are working.
- NSDUH shows the number of people currently abusing prescription drugs, has decreased significantly, from 7.0 million in 2010 to approximately 6.1 million in 2011.<sup>1</sup>
- Young adults (ages 18 to 25) currently using prescription drugs declined 14 percent—from 2 million in 2010 to 1.7 million in 2011.<sup>2</sup>
- Long term success will come from coordination and collaboration at the Federal, state, local, and tribal levels.

<sup>1</sup> Substance Abuse and Mental Health Services Administration. *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings*. U.S. Department of Health and Human Services. [September 2012]. Available: <http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.htm#Fig2-2>

<sup>2</sup> Ibid.

For More Information:

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