



Module 6: Substance Use

Part 3: Prescription Drug Abuse

This module will focus on prescription drug abuse.

The Healthy People Substance Abuse Objective S19 is to reduce the past year of prescription drugs.

Prescription drugs have been defined as: use of drugs without a prescription or use that occurred simply for the experience of feeling what the drug causes. A more detailed definition is the intentional use of medication prescribed for someone else, for another purpose than prescribed, in a higher quantity or in a manner other than prescribed.

Prescription drug abuse is the second most prevalent and fastest growing drug problem in the U.S. Classes of prescription drugs commonly abused are opioids, central nervous system depressants, stimulants, and methadone.

Non-medical prescription medication overdoses have reached epidemic proportions. Overdoses of prescription drugs outnumber overdoses associated with heroin and cocaine.

In considering policies and strategies for reducing prescription drug abuse, there are critical clinical, legal, and ethical issues that arise and should be addressed.

There is a legitimate clinical need for patients to receive medications that have addiction potential. The right for patients to receive clinically approved medications must be acknowledged and protected. And studies have shown concerns about and issues of physicians undertreating patients out of concern for prosecution. Concerns that there is a perception that they are overprescribing or prescribing large but appropriate amounts of narcotics to treat drug overdoses.

Data from the 2011 national survey on drug use and health indicates that in 2011, 6.1 million persons over 12 years of age used non-medical prescriptions for psychotherapeutic drugs in the past month. Emergency room visits exceeded visits involving illicit drugs for the past three years. And 25% of controlled substance prescriptions came from emergency departments.

In 2008, there were over 14,000 deaths associated with prescription painkillers. The trends and prevalence of prescription drug abuse show that between 2002 and 2011 there was a decline in medical prescription drug use in young adults ages 12 to 25 years old. Breaking that down, among teens 12 to 17 years, there was a decline in non-medical prescription drug use from 4% to 8% in 2002 to 2011, respectively.

In addition, there was a decline in non-medical pain reliever use, from 3.2% in 2002 to 2.3% in 2011. Among young adults 18 to 25 years, there was a decline in non-medical prescription drug use to 5% in 2011, which was lower than in the years from 2003 to 2010.



The 2011 rate of new, non-medical prescription drug users was 2.3 million. And that was similar to the 2010 new user rate, but lower than the 2004 rate of 2.4 million.

In response to questions about the source of prescription drugs, over 54% described the source of their drugs as a friend or relative for free. Of those, 81% reported the friend or relative had obtained the drugs from one physician. 18.1% of respondents received drugs from one physician, 3.9% of individuals received their prescription drugs from a drug dealer or other stranger, and 3% reported purchasing the drugs on the internet.

Some of the factors impacting the high prevalence of prescription drug abuse are easy access to other people's prescription medications and uninformed and inadequate disposal of unused prescription medications that are found. There is an increasing availability of prescriptions.

There's also a phenomenon called doctor shopping, where consumers go to multiple physicians requesting medication without disclosing their medication history and physicians write prescriptions not knowing of the other existing prescriptions.

There's also a lack of interstate prescription drug monitoring programs, which are programs that enable and require, in some states, physicians to enter prescriptions into an electronic database that is connected with pharmacies where they can confirm the number of prescriptions for a particular drug that have been dispensed.

There's also insufficient provider community and individual education about prescription drug misuse and abuse.

Other factors include societal tolerance for prescription abuse. There are different motivations for misuse of prescription drugs. And there also is documented illegal and unethical prescribing and dispensing practices among health care providers.

Traditionally there's been insufficient coordination between law enforcement agencies, dispensers and health care providers. And there are misperceptions about the safety of prescription medications.

The societal costs of prescription opioid abuse, dependency, and misuse in 2007 were reported to be \$55.7 billion. These not only include the health care costs, but workplace costs and criminal justice costs, which includes the costs for police, law enforcement, the judicial system, and the penal system.

The 2013 National Drug Control Policies and Strategies has a number of key factors, including education, tracking and monitoring, proper medication disposal enforcement, and overdose prevention and intervention.

Additional policy initiatives include sustaining and enhancing existing data systems, improving electronic systems for sharing and analyzing data, standardizing data collection, and implementing interoperable systems so that prescription fills and refills can be shared among providers.



There is continuing support for FDA risk litigation initiatives, like the risk evaluation and mitigation strategies, limiting drug refills, and ordering abuse deterrent formulations.

At the state level, drug control policies and strategies have been put in place. These include establishing multidisciplinary collaborative task forces to assess and document the magnitude of the problem and make recommendations. Raising awareness, education, and training for the community, parent, and school communities; mobilizing prevention coalitions and making public service announcements; and educating addiction professionals, healthcare providers, and pharmacists.

State drug control strategies include enhancing identification and referral of consumers who may be experiencing prescription drug misuse or abuse. Screening and brief intervention trainings are models being implemented across the country for physicians to conduct early identification and referral to treatment by primary care providers. Online trainings are also being offered to emergency department physicians.

State drug control strategies also include enhanced tracking and monitoring of the program through identifying repeat poisonings, standardizing the prescription drug management program, and linking it to state and interstate health information systems; and implementing automatic alerts to prescribers and dispensers. These policies will help to expand coverage, reduce availability of prescriptions, and evaluate disposal policies and services.

Another component of the state drug control policies includes enhancing enforcement through implementing relevant statutes and expanding the utilization of the prescription drug monitoring programs.

There is also a focus on storage and disposal of prescription drugs to reduce the supply through increased take-back initiatives. And there's a focus on new and innovative treatment protocols.

At the legislative level, there have been a number of statutes that have been enforced to reduce and prevent prescription drug abuse. These types of statutes include doctor shopping statutes, immunity statutes for prescribers, interstate sharing of information, oversight of paid management clinics, encouraging physicians to perform physical examinations before prescribing certain medications, implementing prescription drug monitoring programs, requiring patient identification before dispensing medications, and having physicians use tamper-proof prescription forms.