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Substance Use: Addressing Addiction and Emerging Issues

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Public Health
Learning Modules

Using **Healthy People 2020**
to Improve Population Health

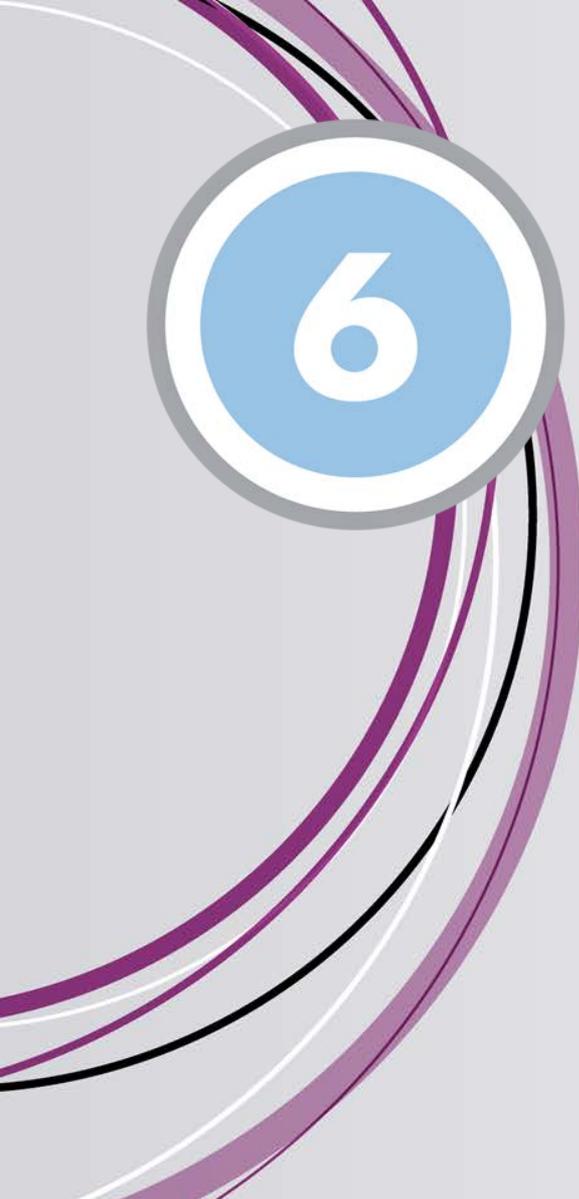


ASSOCIATION FOR PREVENTION TEACHING AND RESEARCH



College of Health Professions
and Social Work
TEMPLE UNIVERSITY*

Module 6: Substance Use



6

Part 3: Prescription Drug Abuse



Public Health
Learning Modules

Using **Healthy People 2020**
to Improve Population Health

Healthy People 2020 Substance Abuse

- Objective SA-19:
 - Reduce the past year non-medical use of prescription drugs
- Learning Objective:
 - Improve knowledge of the prevalence, challenges and opportunities for reducing prescription drug abuse through current policies and preventive programs

Prescription Drug Abuse Defined

- Nonmedical use of prescription pain relievers: “use of ...drugs without a prescription or use that occurred simply for the experience of the feeling the drug causes.”

[SAMHSA, 2013]

- Prescription drug abuse is defined as the intentional use of medication
 - Prescribed for somebody else
 - For another purpose than prescribed
 - In a higher quantity or in another manner than prescribed

[NIDA, 2013]

Overview of Prescription Drug Abuse

- Second most prevalent and fastest growing drug problem in US

[SAMHSA, 2013]

- Classes of prescription drugs commonly abused: opioids, central nervous system depressants, stimulants and methadone

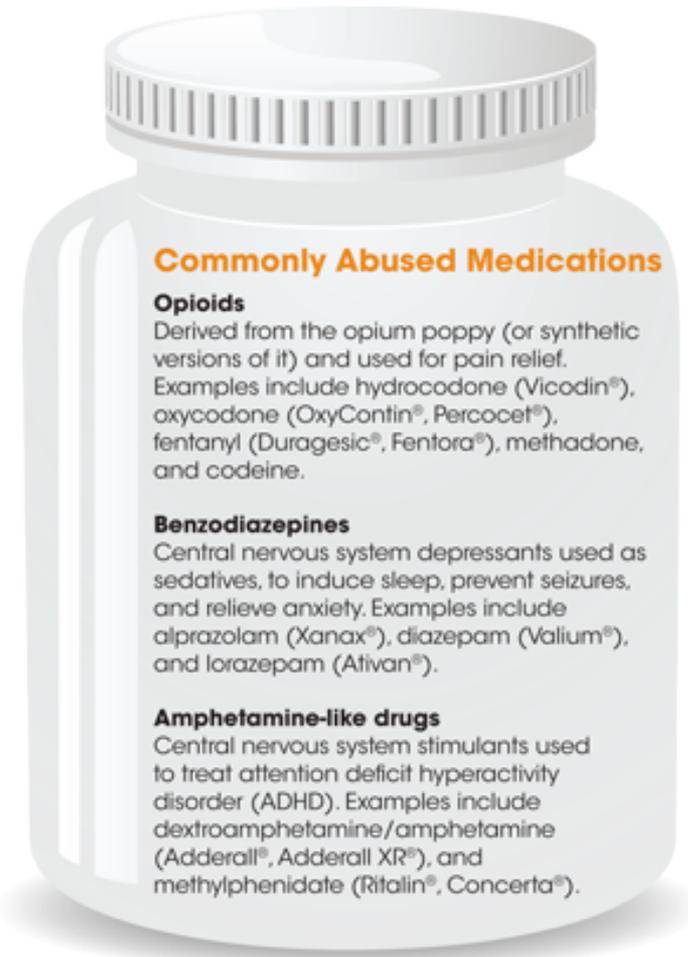
[NIDA, 2013, CDC 2012]

- Nonmedical prescription medication overdoses have reached epidemic proportions

[CDC, 2012, ONDCP, 2013]

- Overdoses outnumber overdoses associated with heroin and cocaine

[MMWR, 2012]



Source:
www.cdc.gov/HomeandRecreationalSafety/pdf/PolicyImpact-PrescriptionPainkillerOD.pdf.

Balancing the Clinical Needs for Commonly Abused Prescription Drugs

- There is a legitimate clinical need for patients to receive medications
- The right for patients to receive clinically approved medications must be acknowledged and protected
- Studies show concerns about and issues of physicians undertreating patients out of concerns for prosecution:
 - Perceived over prescribing
 - Prescribing large but appropriate amounts of narcotics to treat drug overdoses

[NIDA, 2013, CDC 2013]

Prevalence of Prescription Drug Abuse (2010-2011)

- In 2011, 6.1 million persons > 12 years (2.4%) used nonmedical prescription psychotherapeutic drugs in the past month
- Emergency room visits for prescription drug misuse/abuse
 - Have doubled over past 5 years
 - Exceed visits involving illicit drugs for past 3 years
 - 25% controlled substance prescriptions come from emergency departments

[SAMHSA, 2012, NIDA, 2011]

Prevalence of Prescription Drug Abuse

For every **1** death there are...



10 treatment admissions for abuse⁹

32 emergency dept visits for misuse or abuse⁶

130 people who abuse or are dependent⁷

825 nonmedical users⁷

In 2008, there were 14,800 deaths associated with prescription painkillers

Source: CDC. 2011, p. 5.

www.cdc.gov/HomeandRecreationalSafety/pdf/PolicyImpact-PrescriptionPainkillerOD.pdf

Trends in Prevalence of Prescription Drug Abuse

2002-2011

- Decline of nonmedical prescription drug use in young adults (12-25 years)
 - Among teens (12 - 17 yrs):
 - Decline in nonmedical Rx drug use from 4.0% (2002) to 2.8% (2011)
 - Decline in nonmedical pain reliever use from 3.2% (2002) to 2.3% (2011)
 - Among young adults (18 - 25 yrs):
 - Decline in nonmedical prescription drug use declined to 5.0% (2011), which was lower than the rate in the years from 2003 to 2010

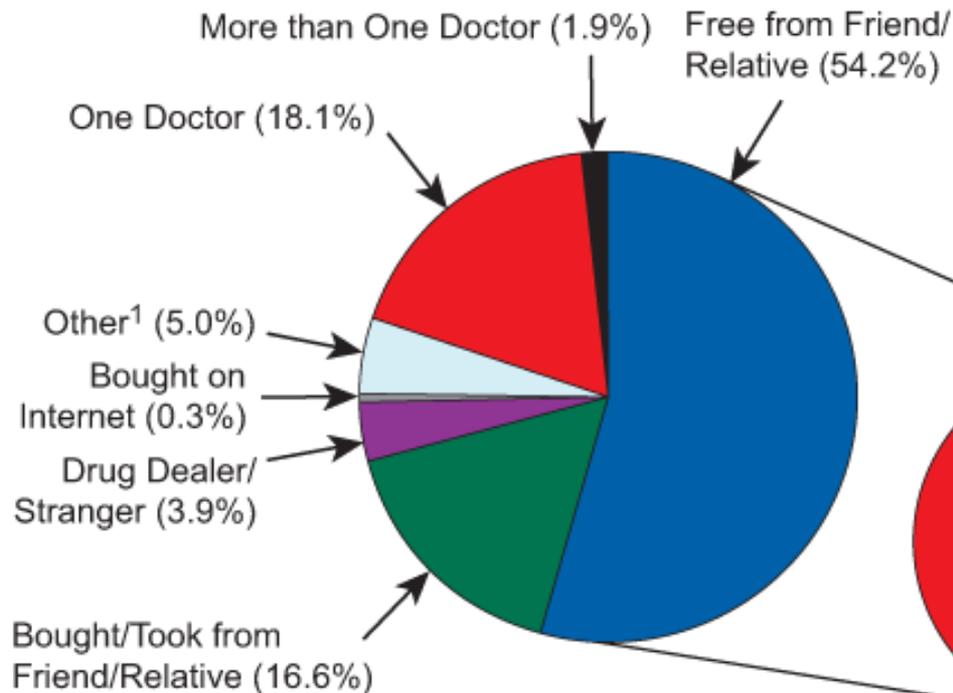
2004-2011

- 2011 rate of new nonmedical prescription drug users (2.3 million) was similar to 2010 new user rate (2.4 million) but lower than 2004 rate (2.8 million)

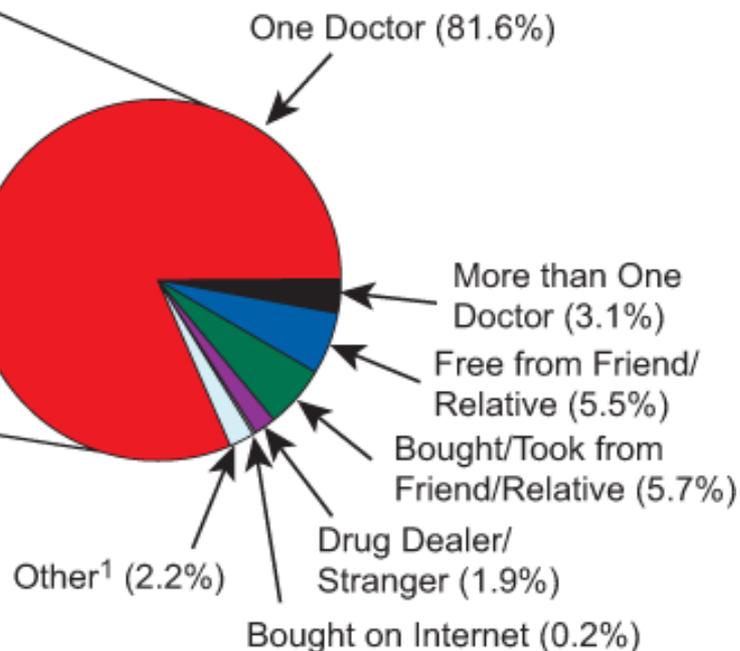
[SAMHSA, 2012]

Source of Prescription Drugs (2010-11)

Source Where User Obtained



Source Where Friend/Relative Obtained



[SAMHSA, 2012: Fig 2.14]

Factors Impacting High Prevalence of Prescription Drug Abuse

- Easy access to others' prescription medications
- Uninformed and inadequate disposal of unused prescription medications
- Increasing availability of prescriptions
- 'Doctor Shopping'
- Lack of inter-state Prescription Drug Monitoring Programs
- Insufficient provider, community, individual education about prescription drug misuse/abuse

[NIDA, 2013, American College of Preventive Medicine, 2011, pp. 5-6]

Factors Impacting High Prevalence of Prescription Drug Abuse

- Societal tolerance of prescription drug abuse
- Different motivations for misuse
- Illegal and unethical prescribing and dispensing practices
- Insufficient coordination between law enforcement agencies, dispensers and providers
- Misperceptions about safety of prescription medications

[NIDA, 2013; American College of Preventive Medicine, 2011, pp. 5-6]

Societal Costs of Prescription Opioid Abuse, Dependence, Misuse in US (2007)

- Total Societal Costs: \$55.7 Billion
 - Workplace costs: \$25.6 Billion
 - Healthcare costs: \$25.0 Billion
 - Criminal justice costs: \$ 5.1 Billion

[Birnbaum, et al., 2011]

2013 National Drug Control Policies & Strategies

- **Education**
 - Inform Physicians about Opiate Painkiller Prescribing
- **Tracking & monitoring**
 - Expand Prescription Drug Monitoring Program (PDPM) and Promote Links Among States and Electronic Health Records
- **Proper medication disposal**
 - Increase Prescription Return/Turn-Back and Disposal Programs
- **Enforcement**
 - Assist States to Address Doctor Shopping and Pill Mills
 - Drive Illegal Internet Pharmacies Out of Business
- **Overdose Prevention & Intervention**

[Office of The President, 2013, pp. 72-76]

2013 National Drug Control Policies & Strategies

- Additional Policy Initiatives
 - Sustaining and enhancing existing data systems
 - Developing and implementing new data systems & analytical methods to address gaps in information
 - Developing measures of drug use and related problems
 - FDA initiatives, e.g. Risk Evaluation & Mitigation Strategies
 - Drug schedules
 - Refill limits
 - Abuse deterrent formulations

[Office of The President, 2013, pp. 62-65; FDA, 2013; American College of Preventive Medicine, 2011, pp. 6-7]

State Drug Control Policies & Strategies

- Establish Multidisciplinary, Collaborative Task Forces:
 - Assess, document nature & magnitude of problem
 - Make recommendations
- Raise Awareness, Education, Training
 - Community, parental and school prevention education;
 - Mobilize prevention coalitions & make public service announcements
 - Educate addiction professionals, health care providers, pharmacists
- Identification & Referral
 - Screening, brief intervention (SBIRT) training for physicians
 - Early identification/referral to treatment by primary care providers
 - Online trainings for emergency department physicians

[NASADAD, 2012]

State Drug Control Policies & Strategies (cont'd)

- Track/ Monitor the Problem
 - Identify repeat poisonings & make referrals
 - Standardize PDMP & link to state & interstate HIT systems
 - Implement automatic alerts to prescribers & dispensers
- Policies -implement and enhance
 - Expand coverage - screening, interventions and medications
 - Reduce availability (improve PDMP, limit pharmaceutical marketing, internet sales)
 - Evaluate disposal policies and services

[NASADAD, 2012]

State Drug Control Policies & Strategies (cont'd)

- Enforcement
 - Implementing relevant statutes
 - Expand utilization of Prescription Drug Monitoring Programs
- Storage and Disposal
 - Supply reduction and take back initiatives
- Treatment
 - Recover to Work Initiative
 - Integrates addiction treatment with vocational services - focus on jobs (<http://recovery2work.org>)

[NASADAD, 2012]

State Legislation to Address Prescription Drug Abuse

- Many states have passed laws to enforce initiatives to reduce and prevent prescription drug abuse
- The types of statutes include:
 - “Doctor Shopping”
 - Immunity:
 - Interstate Sharing of Information:
 - Pain Management Clinic Oversight:
 - Physical Examination Before Prescribing
 - Prescription Drug Monitoring Programs:
 - Required Patient Identification Before Dispensing
 - Tamper Proof Prescription Forms

[NCSL, 2013]