Prescription Drug Abuse
National Perspective

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Overview

- Prescription Drug Abuse in America
- Consequences of Prescription Drug Abuse
- Unique Aspects of Prescription Drug Abuse
- Federal Policy Perspective
- Conclusions
Commonly Abused Prescription Drugs

- **OxyContin**
  - (Oxycodone HCl Controlled-Release) Tablets
  - 10 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg

- **Adderall XR**
  - Extended-Release Capsules
  - 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg

- **Vicodin**
  - (Hydrocodone bitartrate and acetaminophen tablets, USP)
  - 5 mg/500 mg

- **Ambien**
  - (Zolpidem tartrate)

- **Soma**
  - Carisoprodol 250 mg Tablets

- **Xanax**
  - (Diazepam) 0.5 mg, 1 mg, 2 mg, 3 mg, 5 mg, 10 mg

- **Valium**
  - (Diazepam) 10 mg
The Prescription Drug Abuse Problem

- 3.9 billion prescriptions dispensed in U.S. in 2009
- 7 million Americans reported non-medical use of prescription drugs in 2009
- 1 in 3 people using drugs for first time in 2009 began by using a prescription drug non-medically
- 6 of top 10 abused substances among high school seniors are prescription drugs
New Users in the Past Year of Specific Illicit Drugs among Persons Aged 12 or Older, 2009

Note: The specific drug refers to the drug that was used for the first time, regardless of whether it was the first drug used or not.

*Includes pain relievers, tranquilizers, stimulants, and sedatives

Source: SAMHSA, 2009 National Survey on Drug Use and Health (September 2010).
Persons Classified with Substance Abuse/Dependence on Psychotherapeutics

![Graph showing the increase in millions of persons classified with substance abuse/dependence on psychotherapeutics from 2003 to 2009.](http://www.oas.samhsa.gov/nsduhllatest.htm)


*Number in 2009 is statistically significantly higher than in 2003.*
Prescription Drug Abuse Consequences

- Emergency Room visits
- Treatment admissions
- Unintentional deaths
- Economic Costs
Emergency Department Visits for Pain Relievers

FIGURE 1. Rates of emergency department (ED) visits* for nonmedical use of selected opioid analgesics, by type — United States, 2004–2008


* Per 100,000 population.
† 95% confidence interval.
§ Rate significantly less than the rate in 2008, by two-sided t test (p<0.05).
¶ Drug types include combination products (e.g., combinations of oxycodone and aspirin).
Drug-Induced Deaths vs. Other Injury Deaths, 1999–2007

Causes of death attributable to drugs include accidental or intentional poisonings by drugs, drug psychoses, drug dependence, and nondependent use of drugs. Drug-induced causes exclude accidents, homicides, and other causes indirectly related to drug use. Not all cause categories are mutually exclusive.

Economic Costs

• $180.9 billion in economic costs for drug abuse in the U.S. in 2002

• Hansen et al estimate costs of non-medical use of prescription opioids was $53.4 billion in 2006\(^1\)
  – Oxycodone, hydrocodone, propoxyphene, and methadone accounted for two-thirds of costs

• Opioid abusers generate, on average, annual direct health care costs 8.7 times higher than nonabusers\(^2\)

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Unique Aspects of Prescription Drugs

- Perceived Risk
- Accessibility and Supply
Perceived Risk

• Perceived Risk
  • Because prescription drugs are manufactured by pharmaceutical companies, prescribed and dispensed by healthcare providers, they are often perceived as safer than street drugs
  • Studies show that teens perceive prescription medication abuse as safer, less addictive, and less risky than using illegal or illicit drugs, and that drugs obtained from a medicine cabinet or pharmacy were not the same as drugs obtained from a drug dealer

2. Generation Rx. National study confirms abuse of prescription and over the counter drugs. 18th Annual Study of Teen Abuse by the Partnership for a Drug Free America. 2006.
Accessibility and Supply

- Abused prescription drugs like painkillers and anxiety medications are often taken as needed and dispensed in quantities larger than necessary.
- They are kept in the medicine cabinet long after therapy has been completed and are easily available to others who may abuse them.
- 2009 NSDUH found that 70 percent of people who abused prescription pain medications got them from friends or relatives\(^1\).
- Prescriptions for controlled substances and opioid pain relievers in particular have increased in the last decade.

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Source of Pain Relievers for Most Recent Nonmedical Use Among Past Year Users

- **70%** obtained from friend or relative*
- **55%** Free from friend or relative
- **18%** From one doctor
- **10%** Bought from friend or relative
- **5%** Took from friend or relative w/o asking
- **7%** Bought from drug dealer
- **Other source**

*Percentage from friend or relative is derived before rounding of individual components.
Source: SAMHSA, 2009 National Survey on Drug Use and Health (September 2010).

ONDCP and Prescription Drug Abuse

- National Drug Control Strategy
- Prescription drug abuse is one of three signature initiatives
- Prevention and Drugged Driving are the other signature initiatives
Strategies to Reduce Prescription Drug Abuse

- Education
- Prescription Drug Monitoring Programs
- Proper Medication Disposal (Take-Back Programs)
- Enforcement
Education

• Education for parents, patients and healthcare providers
  – Increasing public awareness of prescription drug abuse
  – Safe and appropriate medication prescribing & use
  – Potential adverse events and drug interactions
  – Identifying those at risk for abuse
  – Proper storage and disposal
  – Screening, Intervention, Referral for those abusing prescription drugs
Top 10 prescribing specialties immediate-release opioids, 2009

- General Practitioners/Family Medicine, 26.7%
- Internal Medicine, 15.4%
- Other, 20.2%
- Dentists, 7.7%
- Nurse Practitioners, 3.5%
- Emergency Medicine, 4.7%
- Physicians, 4.0%
- Physical Med & Rehab, 2.7%
- Orthopedist, 7.4%
- Unspec., 4.5%
- Anesthesiologists, 3.2%

Top 10 prescribing specialties extended-release/long acting opioids, 2009

- General Practitioners/Family Medicine, 27.0%
- Internal Medicine, 16.8%
- Anesthesiologists, 13.8%
- Physical Med & Rehab, 9.3%
- Hematology, 1.7%
- Orthopedist, 1.9%
- Neurologist, 2.8%
- Unspec., 4.9%
- Nurse Practitioners, 5.7%
- Physicians Assistants, 4.3%
- Other, 11.8%

Education Gaps

• Physicians
  – 2000 survey: 56% of residency programs required substance use disorder training, median number of curricular hours ranged from 3 to 12 hours\(^1\)
  – 2008 follow-up: “Although the education of physicians on substance use disorders has gained increased attention, and progress has been made to improve medical school, residency, and postresidency substance abuse education since 2000, these efforts have not been uniformly applied.”\(^2\)

• Pharmacists\(^3\)
  – 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

Prescription Drug Monitoring Programs

• Used by healthcare providers and regulatory/law enforcement agencies to help prevent and reduce prescription drug abuse

• Goals
  – All states have operational PDMPs
  – Mechanisms in place for communication between states
  – High utilization among healthcare providers
    • Becomes regular part of office visit, like checking insurance coverage
Prescription Drug Monitoring Programs

Status of Prescription Drug Monitoring Programs (PDMPs)

*Washington has temporarily suspended its PMP operations due to budgetary constraints.

Research is current as of July 16, 2010

Proper Medication Disposal

• National Take-Back Day
• Secure and Responsible Drug Disposal Act 2010
• Goals:
  – Easily accessible, environmentally friendly method of drug disposal
  – Should be cost-effective
  – Cost burden should not be placed on consumers
  – Reduce the amount of prescription drugs available for diversion and abuse
Enforcement

• Assist states in addressing “pill mills” and doctor shopping
  – Fully leverage PDMPs
  – Provide technical assistance to states on model regulations/laws for pain clinics
  – Encourage High-Intensity Drug Trafficking Areas (HIDTAs) to work on prescription drug abuse issues
  – Support prescription drug abuse-related training programs for law enforcement
Conclusions

• Prescription drug abuse and its consequences are the fastest growing drug problem in the U.S.
• No single solution
• We all have a role to play
• Success will come from coordination and collaboration at the Federal, state, local, and tribal level
Questions?

More Information

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