

# PRESCRIPTION DRUG ABUSE: THE NATIONAL PERSPECTIVE



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*November 14, 2012*

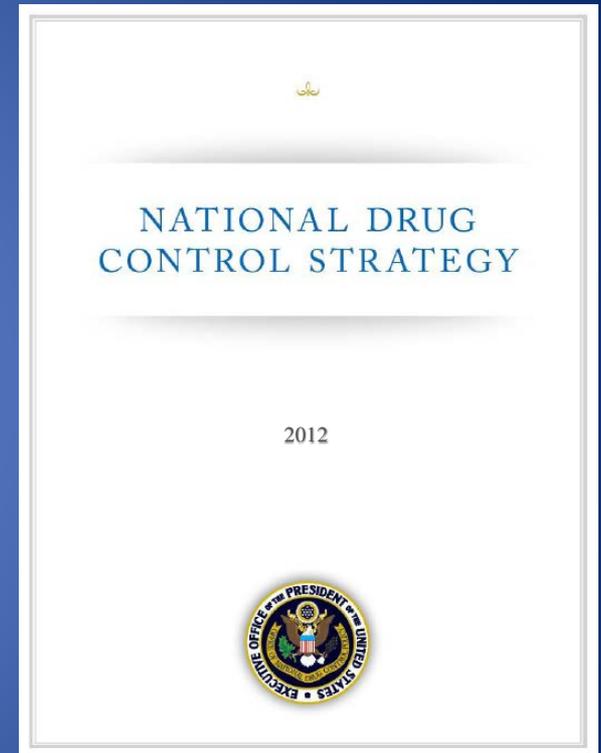
U.S. Attorneys' Conference  
Wytheville VA

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# 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 more than 38,300 drug overdose deaths in 2010, approximately 22,100 involved prescription drugs.
  - 16,700 involved opioid painkillers (*vs. 4,200 for cocaine and 3,000 for heroin*)<sup>2</sup>
- \$55.7 billion in costs for prescription drug abuse in 2007<sup>3</sup> including \$24.7 billion in direct healthcare costs<sup>3</sup>
- Opioid abusers generate, on average, annual direct health care costs 8.7 times higher than non-abusers<sup>4</sup>

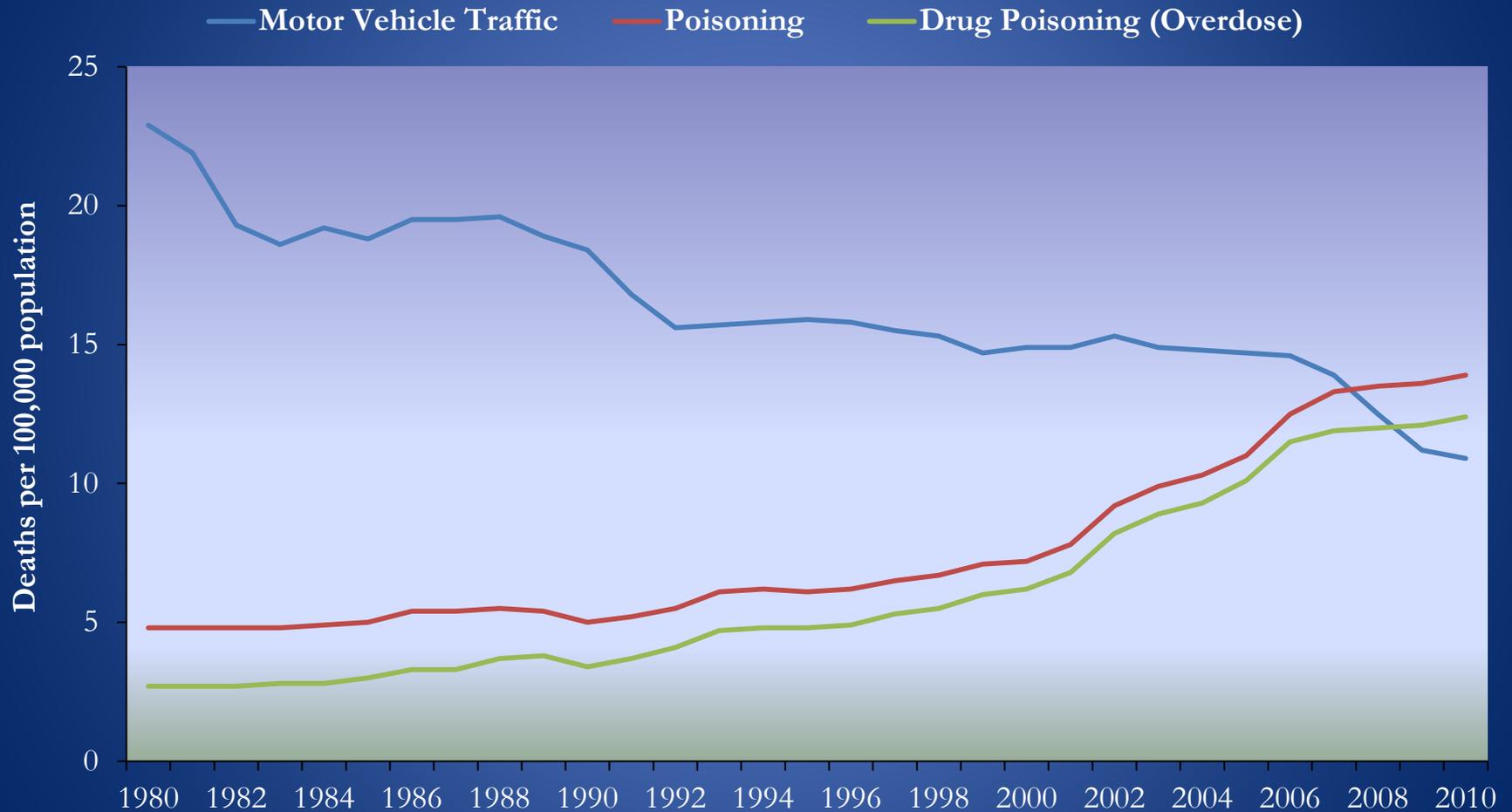
1. Substance Abuse and Mental Health Services Administration. Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings. U.S. Department of Health and Human Services. [September 2012]. Available: <http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.htm#5.2>

2. CDC, National Center for Health Statistics. Multiple Cause of Death 2000-2010 on CDC WONDER Online Database. Extracted May 1, 2012.

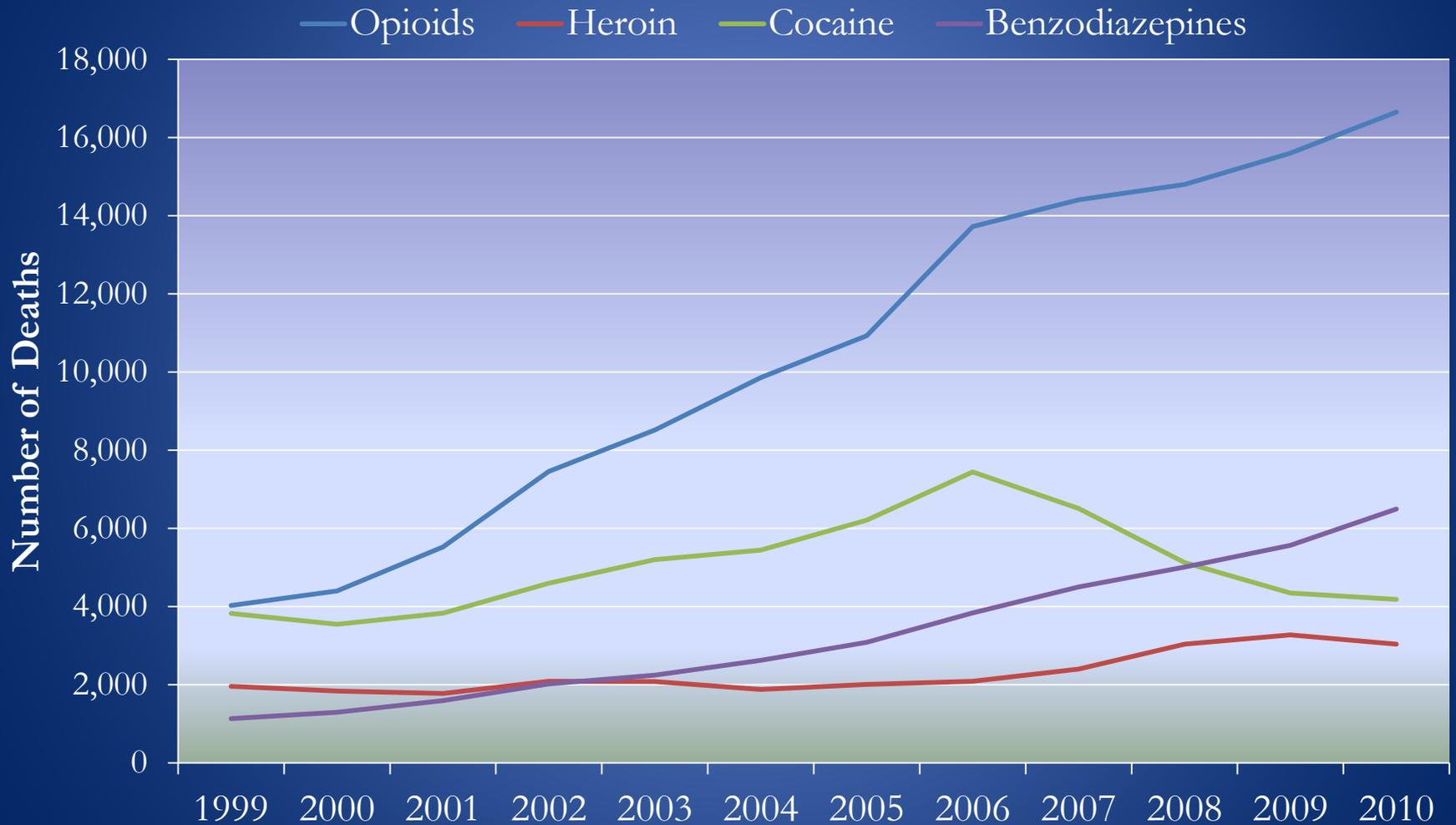
3. Birnbaum HG, White, AG, Schiller M, Waldman T, et al. Societal Costs of Prescription Opioid Abuse, Dependence, and Misuse in the United States. *Pain Medicine*. 2011;12:657-667.

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

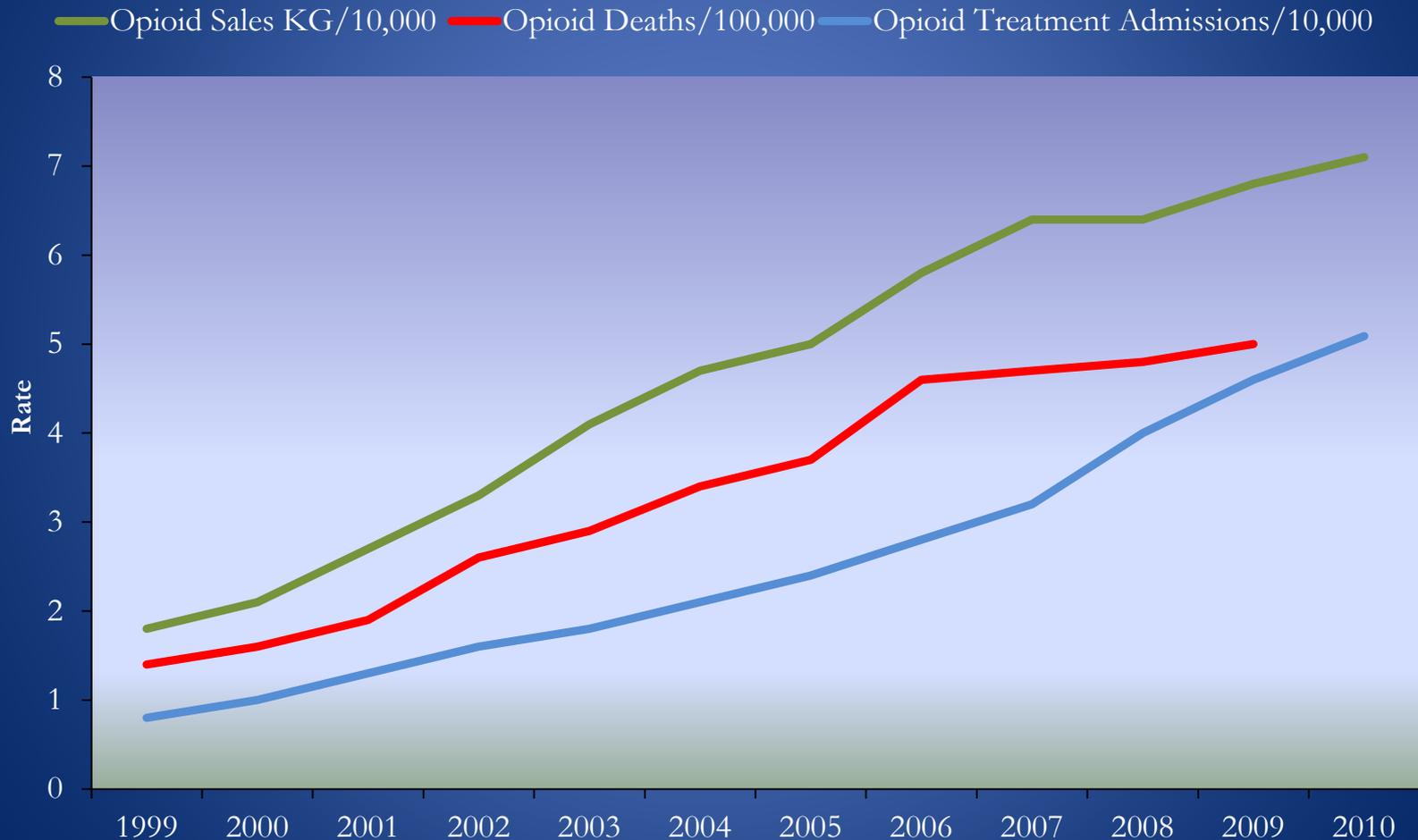


# Overdose Deaths, Specific Drugs, 1999-2010



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

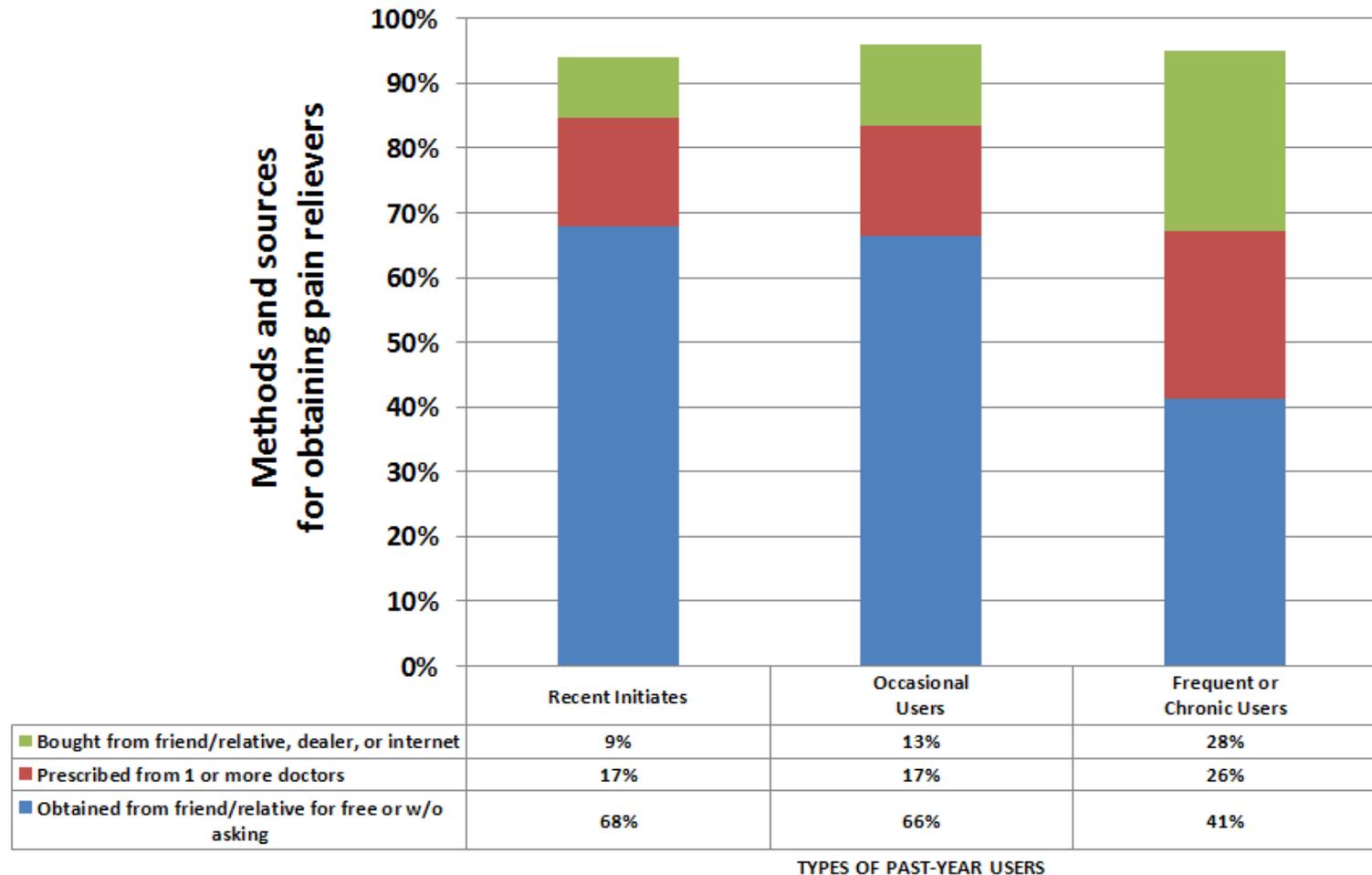
# Rates of Opioid Overdose Death, Sales, and Treatment, 1999-2010



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

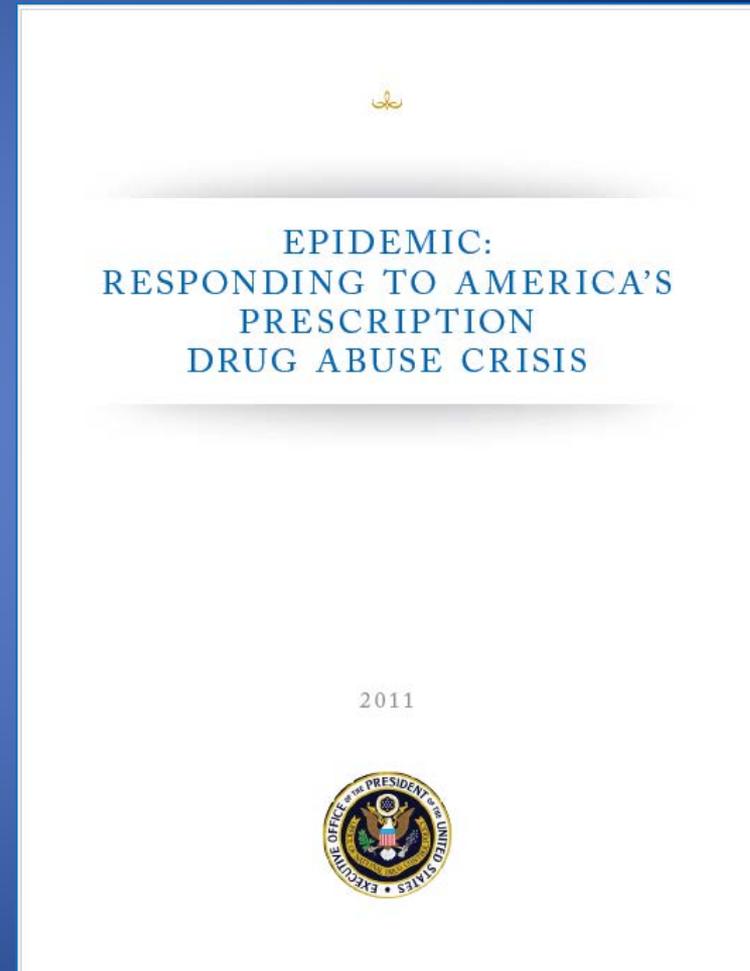
How different misusers of pain relievers get their drugs



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 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)

# 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.

# Monitoring

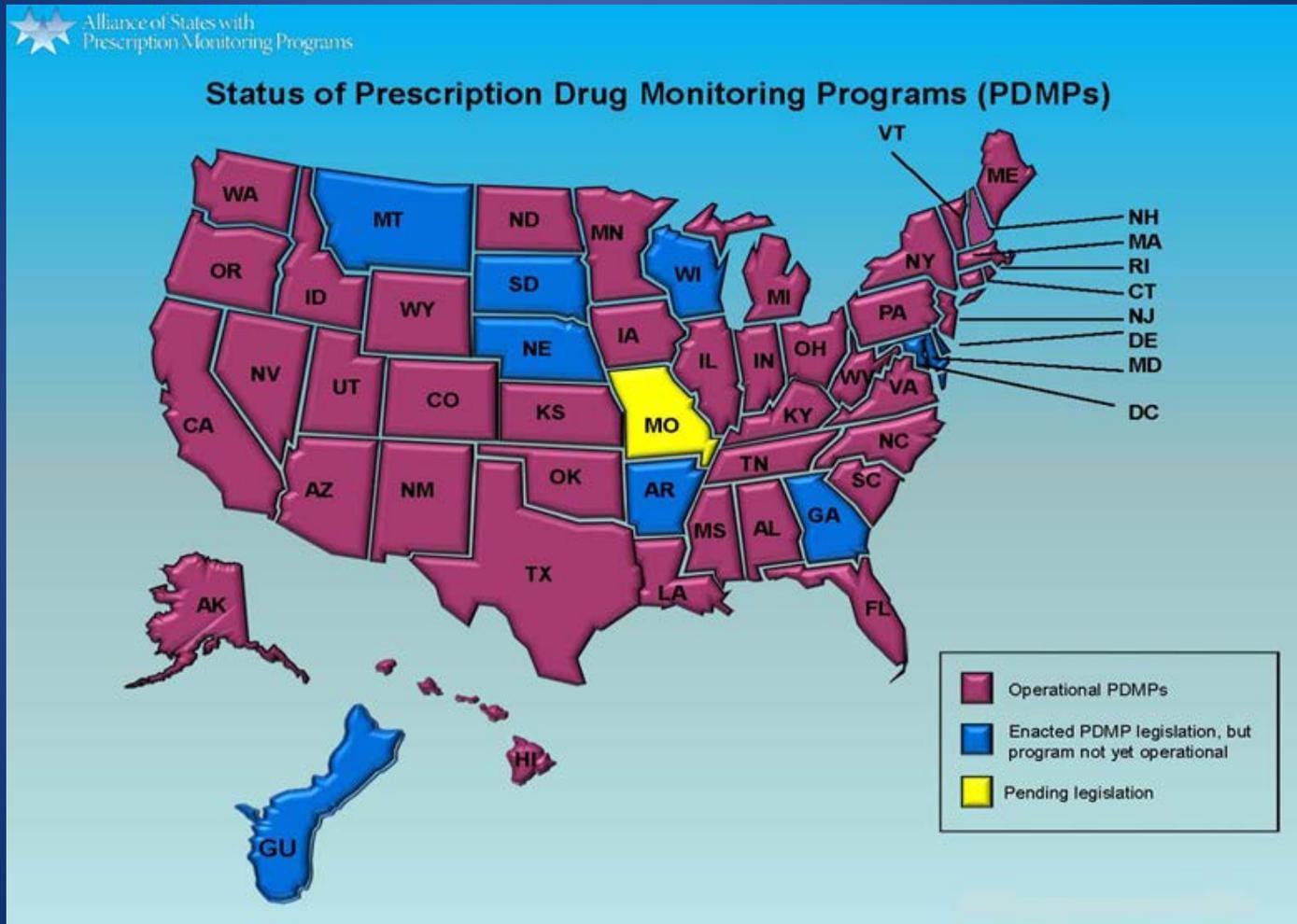
## Goals

- 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 Veterans 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. NSDUH 2011. – pending citation/cleared data
3. Proceedings of June 2012, NIDA CEWG (In Press).
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 for first responders).
- There remains a need for wider 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 be released this Fall, and will help inform the public about overdose prevention and intervention.

# Maternal Addiction and Prenatal Opioid Exposure

## Issues

- In 2009, the average hospital stay for opioid exposed infants with neonatal abstinence syndrome (NAS, withdrawal symptoms exhibited by many infants born to drug-dependent mothers) was 16 days.<sup>1</sup>
- Compared with all other hospital births, babies with NAS were significantly more likely to have respiratory diagnoses, low birth weight, feeding difficulties, and seizures.<sup>2</sup>
- The hospitalization cost of treating each baby with NAS averaged \$53,400.<sup>3</sup>
- State Medicaid paid for 77.6% of these births.<sup>3</sup>



1. Patrick SW, Schumacher RE, Benneyworth BD, Krans EE, McAllister JM, Davis MM. Neonatal abstinence syndrome and associated health care expenditures: United States, 2000-2009. JAMA. 2012 May 9;307(18):1934-40. Epub 2012 Apr 30

2. Ibid.

3. Ibid.

# Maternal Addiction and Prenatal Opioid Exposure

## Goals

- Assess and coordinate Federal activity related to NAS and maternal addiction.
- Analyze state policies and identify potential barriers to screening, assessment, and treatment for pregnant and post-partum women.
- Reduce Federal barriers for women seeking treatment.

## Main Actions

- National Leadership Meeting (held in August) identified health needs and policy barriers surrounding NAS and maternal addiction.
- Identifying Federal and state laws related to drug use and pregnancy, including those creating barriers to treatment.
- Working with Federal partners to identify interventions for OB/GYNs and other health professionals treating pregnant women.

# 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/naloxone (Suboxone®), methadone, long acting injectable naltrexone Vivitrol®).
- 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.

For More Information:

[WHITEHOUSE.GOV/ONDGP](https://www.whitehouse.gov/ondcp)