PRESCRIPTION DRUG ABUSE: THE NATIONAL PERSPECTIVE

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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\(^1\)

• 1 in 5 people using drugs for first time in 2011 began by using a prescription drug non-medically\(^1\)

• 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)\(^2\)

• $55.7 billion in costs for prescription drug abuse in 2007\(^3\) including $24.7 billion in direct healthcare costs\(^3\)

• Opioid abusers generate, on average, annual direct health care costs 8.7 times higher than non-abusers\(^4\)

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2. CDC, National Center for Health Statistics. Multiple Cause of Death 2000-2010 on CDC WONDER Online Database. Extracted May 1, 2012.
U.S. Overdose Death Rate Trends, 1980-2010

Source: NCHS Data Brief, December, 2011, Updated with 2009 and 2010 mortality data
Overdose Deaths, Specific Drugs, 1999-2010

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009-2010
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.”

- **Pharmacists**

  - 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.

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 2009.¹

- The number of persons who were past year heroin users in 2011 (620,000) was higher than the number in 2007 (373,000).²

- Epidemiologists in 15/21 US cities report increases in heroin, notably among young adults and outside of urban areas.³

- Injection drug users report prescription opioid use predates heroin use and tolerance motivates them to try heroin.⁴

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² NSDUH 2011. – pending citation/cleared data
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.¹

• Compared with all other hospital births, babies with NAS were significantly more likely to have respiratory diagnoses, low birth weight, feeding difficulties, and seizures.²

• The hospitalization cost of treating each baby with NAS averaged $53,400.³

• State Medicaid paid for 77.6% of these births.³

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.
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 2011.¹

Young adults (ages 18 to 25) currently using prescription drugs declined 14 percent—from 2 million in 2010 to 1.7 million in 2011.²

Long term success will come from coordination and collaboration at the Federal, state, local, and tribal levels.
For More Information:

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