

## Issue Briefing #6

# PRESCRIPTION DRUG ABUSE

The non-medical use and/or abuse of **prescription and over-the-counter drugs** is a serious and growing problem in New York State and nationally, and has reached epidemic proportions. The consequences of this problem are seen continuously in emergency rooms, detoxification and crisis centers, treatment clinics, psychiatric facilities, county jails, and in family court. Defeating this epidemic will require a systemic, multi-level approach by a broad range of stakeholders, anchored by **comprehensive community prevention intervention programs**

The non-medical use of prescription and over-the-counter drugs is a serious and growing problem in New York State and nationally.

- ◆ According to the TEDS report “substance abuse treatment admissions reporting primary pain reliever abuse increased from 18,300 in 1998 (1.1 percent of all admissions) to approximately 105,680 (5.6 percent) in 2008.”<sup>1</sup>
- ◆ “The estimated number of **ED visits for nonmedical use of opioid analgesics increased 111%** during 2004–2008 (from 144,600 to 305,900 visits) and increased 29% during 2007–2008”<sup>2</sup>
- ◆ Opioid analgesic poisonings were responsible for **almost 40% of fatal poisonings** in 2006.<sup>3</sup>
- ◆ **7 of the 11 of the drugs most frequently abused by U.S. high school seniors** in 2008 were prescription or over-the-counter medicines,<sup>4</sup> including Vicodin,<sup>®</sup> amphetamines, sedatives, tranquilizers, cough medicine, OxyContin,<sup>®</sup> and Ritalin.<sup>®</sup>
- ◆ In NYS in 2005-6, **approximately 94,000 youths aged 12-17** reported past year non-medical pain reliever use.<sup>5</sup>

As with alcohol, tobacco, and illicit drugs, several factors can contribute to prescription and OTC drug non-medical use/abuse:

- ◆ **Community level factors**, including access and availability.<sup>6</sup>
- ◆ **Individual level factors**, including age,<sup>7</sup> depression,<sup>8</sup> borderline personality disorder,<sup>9</sup> psychotropic medications,<sup>10</sup> and degree of pain impairment.<sup>11</sup>

It should be noted that some pharmaceutical industry marketing practices have contributed to the abuse and dependence of prescription medicines.

- ◆ The aggressive marketing of OxyContin® by Purdue Pharma<sup>12</sup> was partly responsible for the explosion of abuse, resulting in unprecedented fines for the company.
- ◆ As reported in the Wall Street Journal, a probe by Connecticut Attorney General Richard Blumenthal found that Cephalon, Inc. illegally promoted its product Actiq,<sup>®</sup> which is the powerful painkiller fentanyl in the form of “a lozenge on a stick that looks like a lollipop.”<sup>13</sup>

## **Recommendations for action:**

1. **Develop and fully fund comprehensive community prevention intervention programs** that target prescription and OTC medications, and other harmful legal products (HLPs).<sup>14</sup> Such efforts should include both expanded mandated education programs for physicians and pharmacists<sup>15</sup> and comprehensive and targeted education programs for the public,<sup>16</sup> as well as safe disposal components.
- 1a. **Support evidence-based guidelines and mandated education programs for dental professionals**, reflecting recommended limits on prescription volume<sup>17</sup> and preference for NSAIDs over opioids.<sup>18</sup>
2. **Increase access to and availability of substance-abuse treatment.**
3. **Expand and fully fund prescription drug monitoring programs**, including the National All Schedules Prescription Electronic Reporting (NASPER) Act<sup>19</sup>, state prescription drug monitoring programs (PDMPs), and doctor shopping indicator (DSI) databases.<sup>20</sup> In addition, utilize promising new techniques such as geographic information system (GIS) mapping<sup>21</sup> and related pharmacoepidemiological tools.
4. **Reform pharmaceutical marketing practices**, including strict monitoring of the industry by the U.S. Food & Drug Administration (FDA).
5. **Enhance screening in primary care, emergency department, and other settings.** Strategies should include brief screen options such as the single-question screen identified by Smith and colleagues (2010).<sup>22</sup>
6. **Further develop and evaluate abuse-resistant drug formulas** such as Embeda<sup>®</sup>, Remoxy<sup>®</sup>, and Acurox<sup>®</sup> with niacin.

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- <sup>1</sup> SAMHSA (2010)
  - <sup>2</sup> MMWR (2010)
  - <sup>3</sup> Warner, Chen, & Makuc (2009)
  - <sup>4</sup> Johnston, O'Malley, Bachman, & Schulenberg (2009)
  - <sup>5</sup> Office of National Drug Control Prevention (2008)
  - <sup>6</sup> Gruenewald, et al. (2009); Gruenewald, Holder, & Treno (2003)
  - <sup>7</sup> Boscarino, Rukstalis, Hoffman, Han, Erlich, Gerhard, & Stewart (2010)
  - <sup>8</sup> *ibid.*
  - <sup>9</sup> Sansone & Wiederman (2009)
  - <sup>10</sup> Boscarino, Rukstalis, Hoffman, Han, Erlich, Gerhard, & Stewart (2010)
  - <sup>11</sup> *ibid.*
  - <sup>12</sup> Van Zee (2009)
  - <sup>13</sup> Cephalon marketed Actiq "off-label to neurologists to treat headaches, set unrealistically high sales quotas for its drug representatives and pushed larger prescriptions at higher doses, according to people familiar with the probe." Wall Street Journal - <http://online.wsj.com/article/SB118972806198827161.html>
  - <sup>14</sup> Gruenewald, Johnson, Shamblen, Ogilvie, & Collins (2009)
  - <sup>15</sup> Manchikanti (2007)
  - <sup>16</sup> *Ibid.*
  - <sup>17</sup> Pres. 1
  - <sup>18</sup> Pres. 2
  - <sup>19</sup> Manchikanti (2007);
  - <sup>20</sup> Pradel, Delga, Rouby, Micallef, & Lapeyre-Mestre (2010)
  - <sup>21</sup> Brownstein, Green, Cassidy, & Butler (2010)
  - <sup>22</sup> "How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?" per Smith, Schmidt, Allensworth-Davies, & Saitz (2010)

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