Prescription Drug Abuse: The National Perspective

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National Drug Control Strategy

• The President’s science-based plan to reform drug policy:
  1) Prevent drug use before it ever begins through education
  2) Expand access to treatment for Americans struggling with addiction
  3) Reform our criminal justice system
  4) Support Americans in recovery

• Coordinated Federal effort on 112 action items

• Signature initiatives:
  – Prescription Drug Abuse
  – Prevention
  – Drugged Driving
The U.S. Prescription Drug Abuse Problem

- 6.8 million Americans reported current non-medical use of prescription drugs in 2012.¹

- Approximately 1 in 4 people using drugs for first time in 2012 began by using a prescription drug non-medically.²

- Of the 38,329 drug overdose deaths in 2010, approximately 22,100 involved prescription drugs.
  o 16,651 involved opioid painkillers (vs. 4,183 for cocaine and 3,038 for heroin)³

- $55.7 billion in costs for prescription drug abuse in 2007³ including $25 billion in direct healthcare costs and $5.1 billion in criminal justice costs.⁴

- Studies have found that individuals abusing opioids generate, on average, annual direct health care costs 8.7 times higher than non-abusers.⁵

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³. CDC, National Center for Health Statistics. Multiple Cause of Death 1999-2010 on CDC WONDER Online Database. Extracted May 1, 2012.
U.S. Death Rate Trends, 1980-2010

Source: NCHS Data Brief, December, 2011, Updated with 2009 and 2010 mortality data
State Overdose Death Rates, 2010

— U.S. National Rate: 12.3 per 100,000 —

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2000-2010 on CDC WONDER Online Database. Extracted October, 2012.
Overdose Deaths, Specific Drugs, 1999-2010

Source of Prescription Pain Relievers

How different misusers of pain relievers get their drugs

<table>
<thead>
<tr>
<th>Methods and sources for obtaining pain relievers</th>
<th>Recent Initiates</th>
<th>Occasional Users</th>
<th>Frequent or Chronic Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bought from friend/relative, dealer, or internet</td>
<td>9%</td>
<td>13%</td>
<td>28%</td>
</tr>
<tr>
<td>Prescribed from 1 or more doctors</td>
<td>17%</td>
<td>17%</td>
<td>26%</td>
</tr>
<tr>
<td>Obtained from friend/relative for free or w/o asking</td>
<td>68%</td>
<td>66%</td>
<td>41%</td>
</tr>
</tbody>
</table>

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

Needs

- Expanded health care provider knowledge on appropriate prescribing, identification of patients at risk for abuse, use of PDMPs in clinical practice, and addressing substance use disorders.
- Screening, intervention, and referral to treatment for those misusing or abusing prescription drugs.
- Ensure community leaders, 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 (i.e., NIDAMED tools).
- Expedited research on the development of abuse-deterrent formulations
- Expansion of overdose prevention tools (i.e., naloxone)
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 16 states can share data across state lines.
- Pilot projects with ONC and SAMHSA in Illinois, Indiana, Kansas, Michigan, Nebraska, North Dakota, Ohio, Oklahoma, Tennessee, and Washington State.
Prescription Drug Monitoring Programs

Source: PDMP Training and Technical Assistance Center, Brandeis University, 2013
Proper Medication Disposal

Goals

- Easily accessible, environmentally friendly method of drug disposal that reduces the amount of prescription drugs available for diversion and abuse

Main Actions

- Publish and implement regulations allowing patients and caregivers to easily dispose of controlled substance medications
- Once regulations are in place, partner with stakeholders to promote proper medication disposal programs
- Continue DEA and state/local law enforcement National Prescription Drug Take-Back Days. 2.8 million pounds safely collected and disposed over 6 events.
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 primary admissions among 18- to 24-year-olds for heroin treatment services increased from 37,000 in 2000 to 60,000 in 2011.¹

- 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 all regions of the United States report increases in heroin use among young people 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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1. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data extracted as of October 15, 2012.
2. Substance Abuse and Mental Health Services Administration, Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012. [link to 2/13/2013](http://www.samhsa.gov/data/NSDUH/2k11Results/NSDUHresultsAlts2011.htm#Fig2-4 pending citation/cleared data)
Overdose Prevention and Education

The *National Drug Control Strategy* supports comprehensive overdose prevention efforts, to include:

- More extensive 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.

- Expanded training and availability of emergency interventions, such as naloxone/ (Narcan) for first responders.

- Increased education among health care providers about informing patients using opioids (and their family members/caregivers) about potential for, signs of, and interventions in case of overdose.
Naloxone in the Community: Quincy, MA

• In late 2010, the Massachusetts Department of Public Health, Quincy Police Department, and mental health/addiction organizations partnered to create a program to train and equip police officers to resuscitate overdose victims with nasal naloxone.

➢ Since 2010, officers have administered naloxone in more than 170 overdose events, almost all of them resulting in successful overdose reversals.

“I believe we have spread the word that no one should fear calling the police for assistance, and that the option of life is just a 911 call away. We have also reinforced with the community that the monster is not in the cruiser. Indeed, the officer represents a chance at life.”

—Lt. Det. Patrick Glynn, Quincy PD
Expanding Treatment

• Ensure availability of medication-assisted treatment (MAT) for treatment of addiction (i.e., buprenorphine/naltrexone [Suboxone], methadone, Vivitrol).

• Employers: Ensure that health plans offer adequate coverage for screening and treatment for substance use disorders, including medication-assisted treatment (MAT).

• State Health Leadership: Inventory treatment availability and work within Affordable Care Act/state-run health marketplaces to ensure proper resourcing.
Prioritizing Development of Abuse-Deterrent Formulations

- **Abuse-Deterrent Labeling:** In April 2013, FDA announced approval of updated labeling for reformulated OxyContin that describes the medication’s abuse-deterrent properties, which the FDA expects will deter abuse by non-oral routes of administration. This is the first time such a claim has been approved by the agency.

- **Ending Approval of Non-Abuse-Deterrent Generics:** FDA also stated that the agency would not accept or approve generics of the original OxyContin formulation, which lacks these properties.
Recent FDA Actions on Opioids

• **Safety Labeling Changes:** In September 2013, FDA announced labeling changes for extended-release/long-acting (ER/LA) opioids, including:
  - New language stating ER/LA opioids are indicated only for management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.
  - New boxed warning that chronic maternal use during pregnancy can result in neonatal opioid withdrawal syndrome (NOWS).
  - Changes to several sections of drug labeling, including Dosage and Administration; Warnings and Precautions; Drug Interactions; Use in Specific Populations; Patient Counseling Information, and the Medication Guide.

• **Post-market Study Requirements:** FDA also announced that manufacturers of ER/LA opioids must conduct further studies and clinical trials to better assess risks of misuse, abuse, increased sensitivity to pain, addiction, overdose, and death, as well as efficacy relative to these risks.
Opportunities for State Leadership

- Consider abuse-deterrent formulations and safety profiles of medicines on formularies.
- Expand access to naloxone.
- Adopt/expand use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) billing codes to reimburse for screening and early intervention.
- Expand screening to identify patients at risk for overdose or other escalations (including transition to heroin).
- Promote expansion of medications used in addiction treatment (i.e., buprenorphine/naltrexone (Suboxone), methadone, Vivitrol).
- Mitigate dangers to neonates from withdrawal with effective treatment of pregnant drug users using medication-assisted treatment.
- Take steps to remove barriers for pregnant female drug users to prenatal care and for women who are pregnant or have children in custody to enter substance abuse treatment.
Conclusions

- There are signs that efforts to reduce and prevent prescription drug abuse are working.

- National data show the rate of past-month nonmedical use of prescription pain medicines among young adults aged 18 to 25 over the past three years is lower than the rate from 2002-2007 and 2009.¹

- State health officials can take steps to promote safer prescribing practices, improved prescription monitoring, safe disposal, and expansion of effective treatment and overdose prevention.

- Long-term success will come from coordination and collaboration at the Federal, state, local, and tribal levels, particularly between public health and public safety leaders.

For More Information:

WHITEHOUSE.gov/ONDCP