

Prescription Drug Abuse



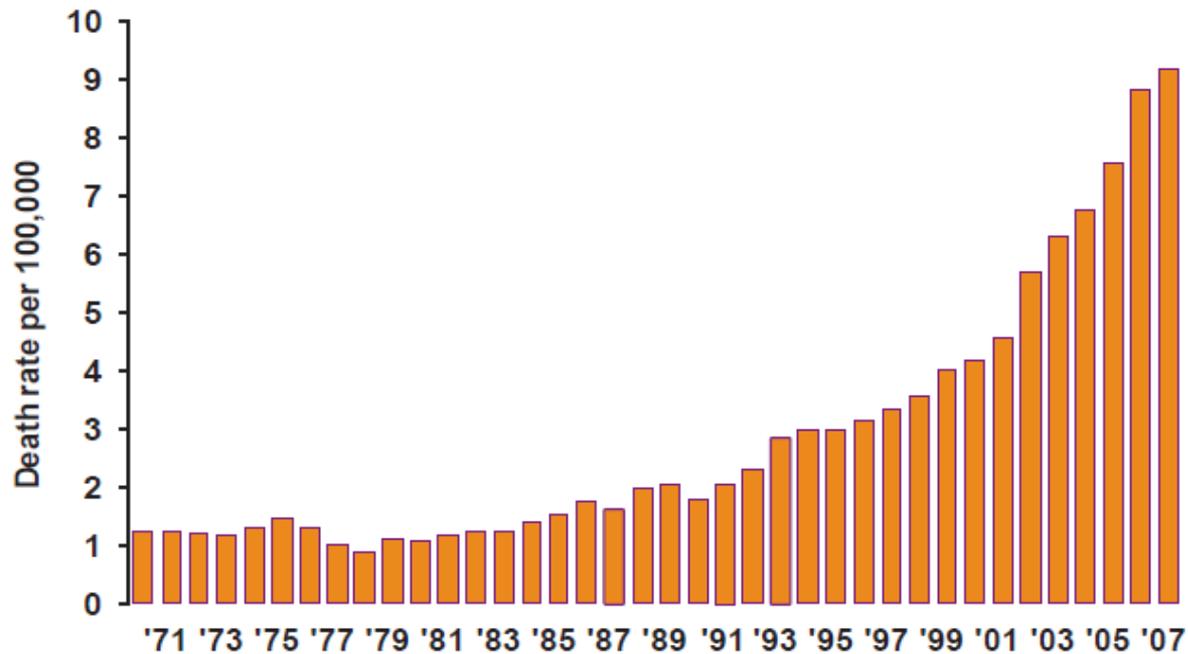
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Outline

- A Growing Public Health Problem
- Maryland as a Case Study
- What to do?
 - Professional and patient education
 - Take-back programs
 - Professional standards
 - Pharmaceutical management
 - Prescription drug monitoring
 - Oversight of physicians and pharmacies

“Drug overdose death rates in the United States have never been higher”

Figure 1: Rate of unintentional drug overdose death in the United States, 1970-2007



Source: National Vital Statistics System

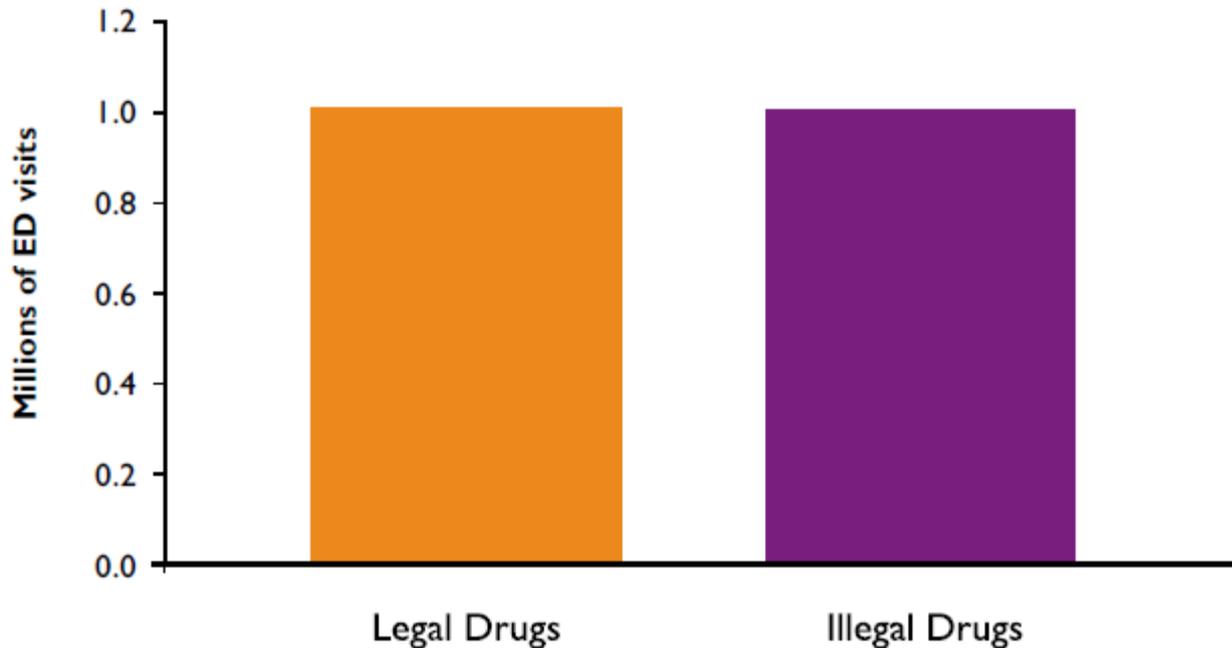
Slide from CDC: <http://www.cdc.gov/HomeandRecreationalSafety/pdf/poison-issue-brief.pdf>



CDC Issue Brief: July 2010

- “The increase in drug overdose death rates is largely because of prescription opioid painkillers.”
- In 2007, more than 11,000 unintentional deaths associated with opioid analgesic overdose, more than cocaine and heroin combined.

Figure 5: Estimated numbers of ED visits involving legal drugs used nonmedically and illegal drugs, United States, 2008



Source: Drug Abuse Warning Network

Slide from CDC: <http://www.cdc.gov/HomeandRecreationalSafety/pdf/poison-issue-brief.pdf>

Why?

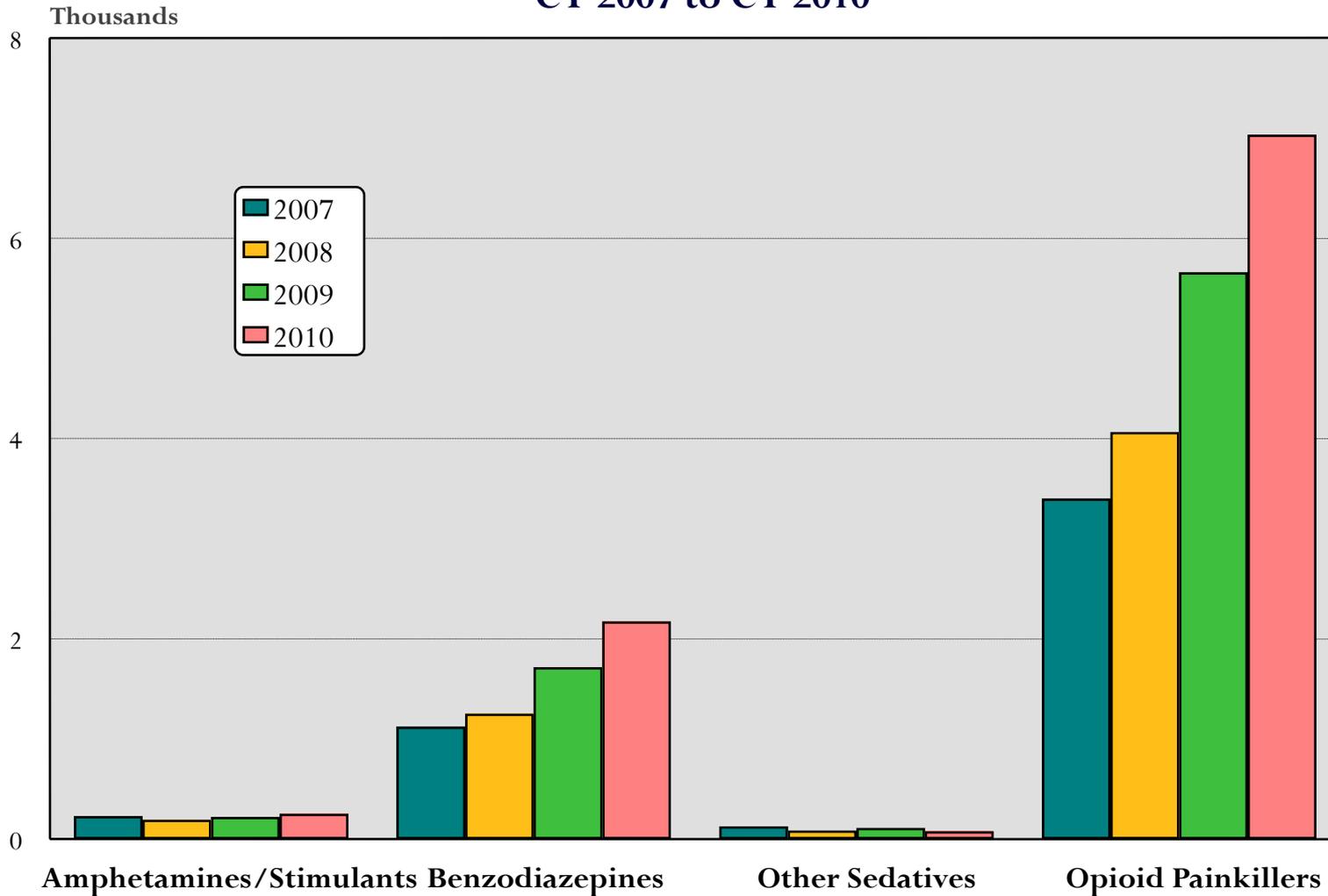
- Major increases in prescribing of opiate medications for pain = more availability
- Must keep in mind: these medications are often essential to treat excruciating pain
- Rapid spread of information on how to abuse
- Medications with high addictive potential

Maryland as a Case Study

- Using data from SMART system:
 - From 2007 to 2010 Maryland prescription drug-related treatment admissions increased by **90 percent**.
 - Prescription drugs were involved in 11 percent of 2007 admissions and 19 percent of 2010 admissions.
 - Admissions involving prescription opiates increased by **107 percent** from 2007 to 2010;
 - Those involving Oxycodone increased **131 percent**, accounting for nearly two-thirds of all prescription-opioid-related admissions in 2010.
 - Admissions involving benzodiazepines increased by **94 percent** over the four years.

Prescription-Drug-Related Admissions Reported in the SMART system

CY 2007 to CY 2010



Note: Up to three substance problems may be reported for each admission.

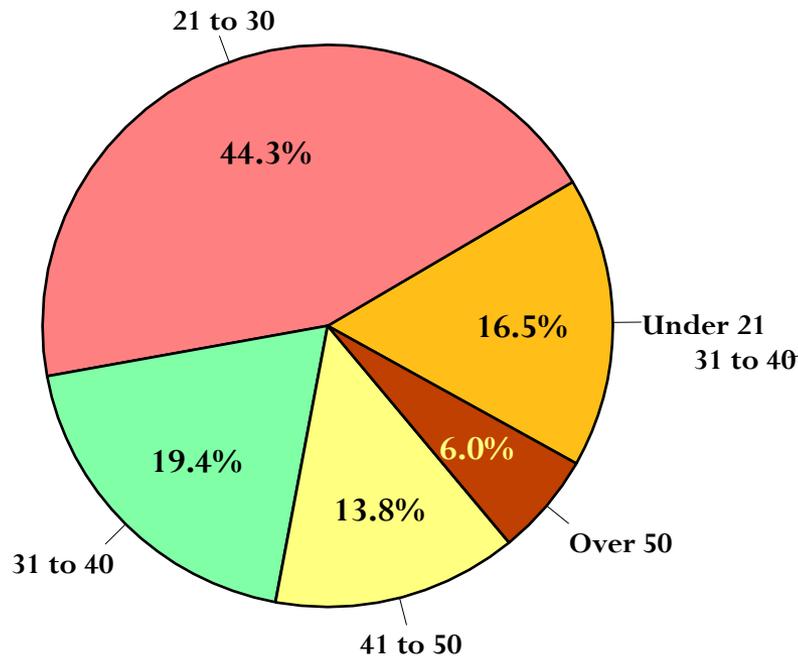
Age

- Proportions of Prescription-Drug-Related admissions over age 40 were smaller than those for admissions as a whole.
- Forty-four percent of Prescription-Drug-Related admissions were in their twenties compared to 24 percent of other admissions.

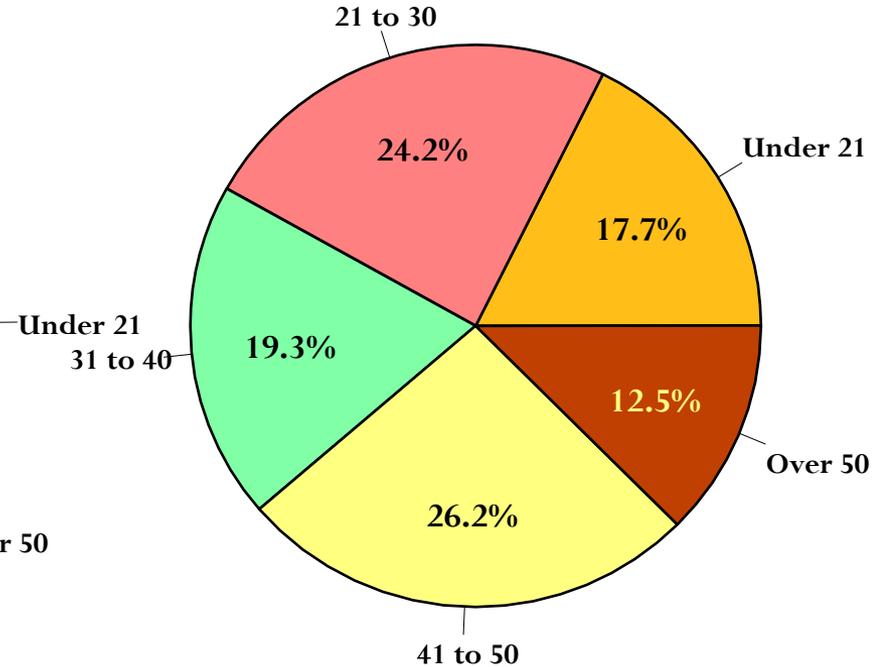
Treatment Admissions Reported in the SMART system

Patient Age

CY 2010



Prescription-Drug-Related
N = 8,423



Other Treatment Admissions
N = 34,954

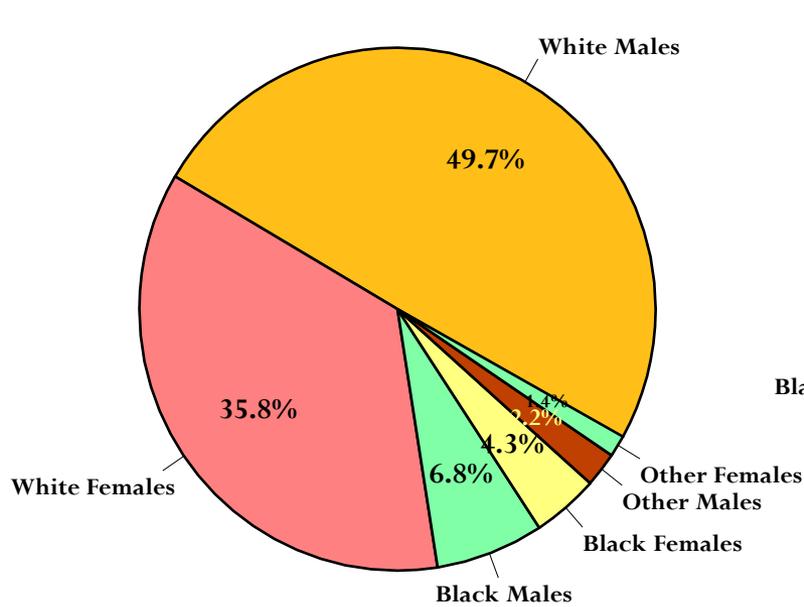
Race/Gender

- Prescription-drug related admissions were significantly more likely than other admissions to be white and female.
- Ninety percent of Benzodiazepine and 86 percent of Opioid Painkiller-related admissions were white compared to 44 percent of others.
- Nearly half of Benzodiazepine-related and 41 percent of Opioid Painkiller-related admissions were female. About 30 percent of other admissions were female.

Treatment Admissions Reported in SMART system

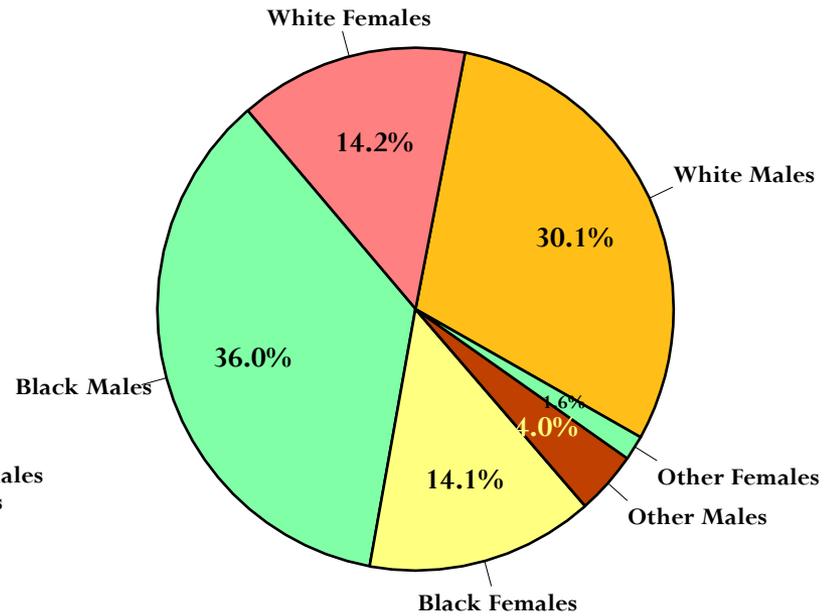
Patient Race and Gender

CY 2010



Prescription-Drug-Related

N = 8,423

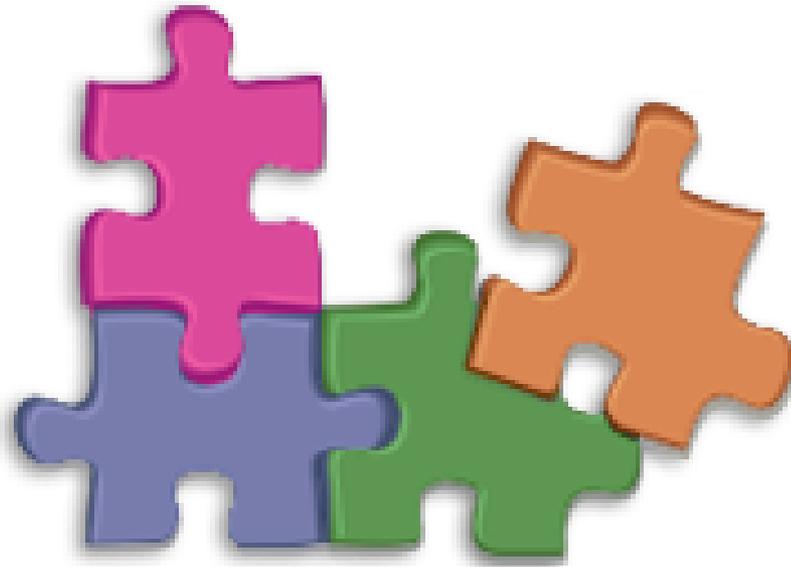


Other Treatment Admissions

N = 34,954

Other Maryland Data

- Calls to poison control center regarding intentional misuse or abuse of opiates rose by 69 percent from FY 2007 to FY 2010.
- Calls involving oxycodone increased by more than 250 percent.
- 14% increase in deaths involving Rx opiates from 2006 to 2010



Education

- Risk Evaluation and Mitigation Strategy
 - To permit benefits to exceed risks
 - Can include medication information and “elements to assure safe use”
 - FDA considering for long-acting opiates
 - Initial proposal included education
- Should it be required?

Take-Back Programs

- September 2010: 121 tons collected

Got Drugs?

Turn in your unused or expired
medication for safe disposal
Saturday, April 30th



NATIONAL TAKE BACK INITIATIVE

**APRIL 30, 2011
10:00 AM - 2:00 PM**

[Find a collection site near you](#)

DEA website

Professional Standards

- Pitfalls include wrong doses, wrong dosing intervals, too many pills prescribed, poor follow-up, inadequate education of patients
- Well-established professional standards can help improve prescribing practices

Pharmaceutical Management

- CDC: Insurers should identify patients with noncancer pain who receive a total of 120 or more morphine milligram equivalents per day from two or more sources or show other patterns and notify providers
- CDC: Consider only reimbursing from single designated physician and pharmacy

Prescription Drug Monitoring

- Database of scheduled prescriptions
- Helps identify doctor-shopping
- Associated with progress against Rx drug abuse
- >40 states have systems in place
- Maryland passes bill in 2011!



Elements of Maryland's PDMP To Be

- Operated by the State Health Department with a primary public health objective.
- Allows for flexibility in selecting the best technology, preferably adaptable to impending statewide HIE.

Oversight of Physicians and Pharmacies

- DEA is lead agency
- Problems may come to attention of medical board, pharmacy board
- Some cases are challenging; others are obvious
- Reasonable and effective enforcement important for public health impact

Acknowledgments

- Fran Phillips, Deputy Secretary for Public Health
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- Governor Martin O'Malley
- State legislature