

CSAM Addiction Medicine Review Course

“Trends in Prescription Drug Use and Misuse”

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President George W. Bush

“Alcohol addiction and drug addiction continue to challenge our Nation. Addiction to alcohol or drugs destroys family ties, friendship, ambition, and moral conviction, and reduces the richness of life to a single destructive desire.”

September 2003

Center for Substance Abuse Treatment (CSAT)

CSAT Mission:

To improve the health of the nation by bringing effective alcohol and drug treatment to every community.

SAMHSA/CSAT's Public Health Approach

- Population-based
- Comprehensive and holistic
- Incorporates early intervention, treatment, recovery support, and health promotion
- Works across systems and professions
- Involves people in recovery, the community, the public and private sectors
- Evidence-based

The Impact of Addiction

- Addiction impacts an individual's behavior, health, thinking process, quality of life, and overall functioning.
- Alcohol & other drugs are powerful reinforcing psychoactive substances that take on a life of their own.

Non-Therapeutic Use of Prescription Drugs

- Non-medical use of prescription drugs represents a relatively small percentage of all use of these medications, but it is a problem that requires attention
- According to data collected through SAMHSA's Treatment Episode Dataset (TEDS):
 - 62% of treatment admissions with opiates (other than heroin) as primary substance of abuse reported abuse of other substances.
 - The most commonly reported secondary substances of abuse were alcohol (21%) and marijuana (20%), as well as tranquilizers and non-smoked cocaine (10% each)

SAMHSA's Role in Fighting Prescription Drug Misuse and Abuse

- At a policy level, SAMHSA works to ensure that science, rather than ideology or anecdote, forms the foundation for the Nation's addiction treatment system.
- SAMHSA and its component Centers serve health professionals and the public by disseminating scientifically sound, clinically relevant information on best practices in the treatment of addictive disorders, and working to enhance public acceptance of that treatment.

Prescription Drug Abuse

Role of Federal Government

- Restrictions on Drugs
 - Food and Drug Administration
 - Federal Controlled Substance Act
 - Drug Schedules
- Restrictions on Practitioners
 - Federal Laws and regulations

Role of State Governments

- Regulation of professional practice occurs at the State level
- Numerous State laws, regulations, and policies govern the use of controlled drugs by physicians, nurses, dentists, veterinarians, and other health professionals

Prescription Drug Abuse

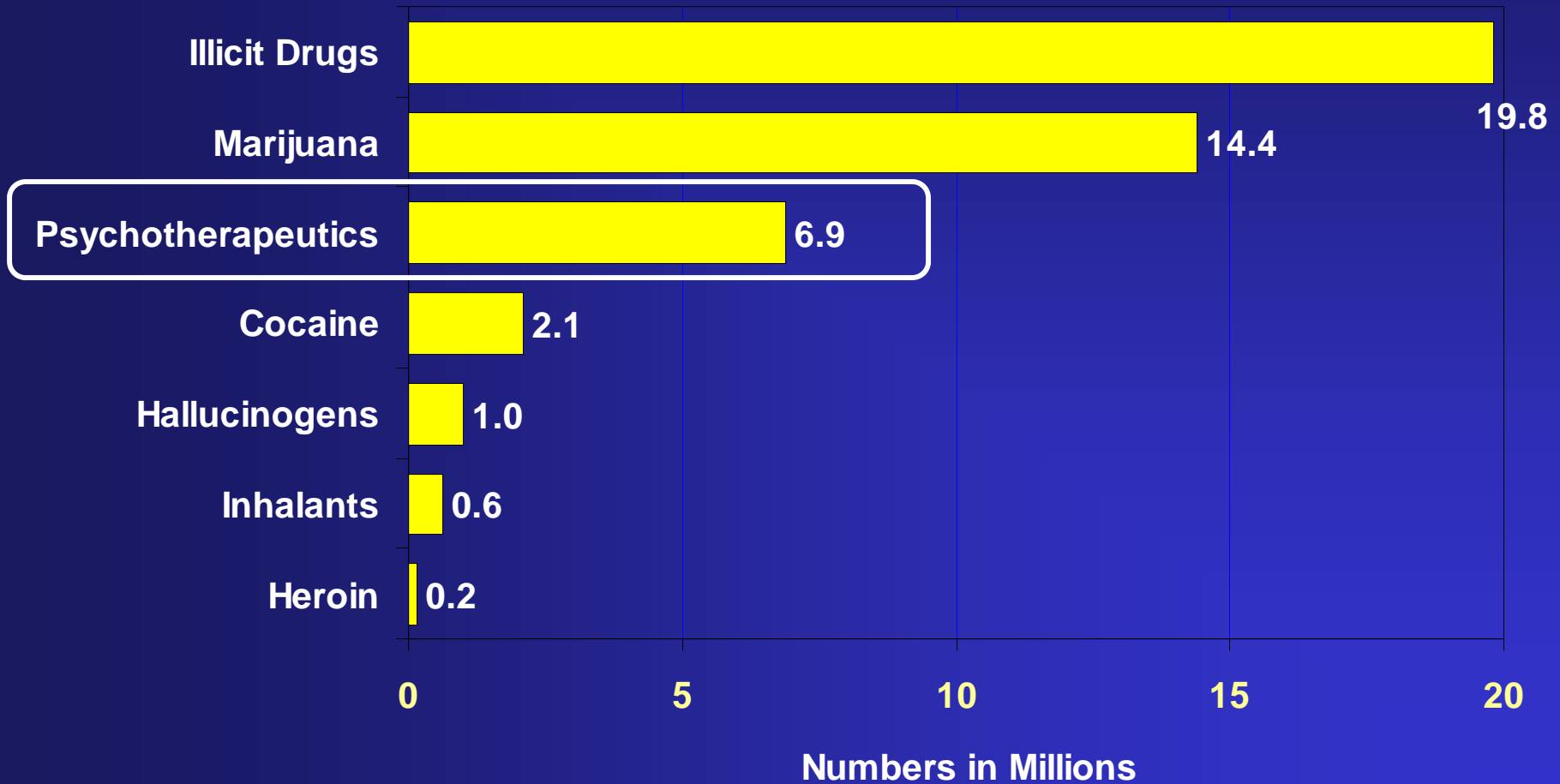
Role of Health Care Providers

- Treat 191 million Americans (70 percent) at least once every two years
- In unique positions to:
 - Prescribe needed medications
 - Encourage compliance
 - Identify problems as they arise
 - Help patients recognize their problems
 - Adopt strategies to address problems

Surveys That Include Prescription Drug Abuse as a Substantial Category

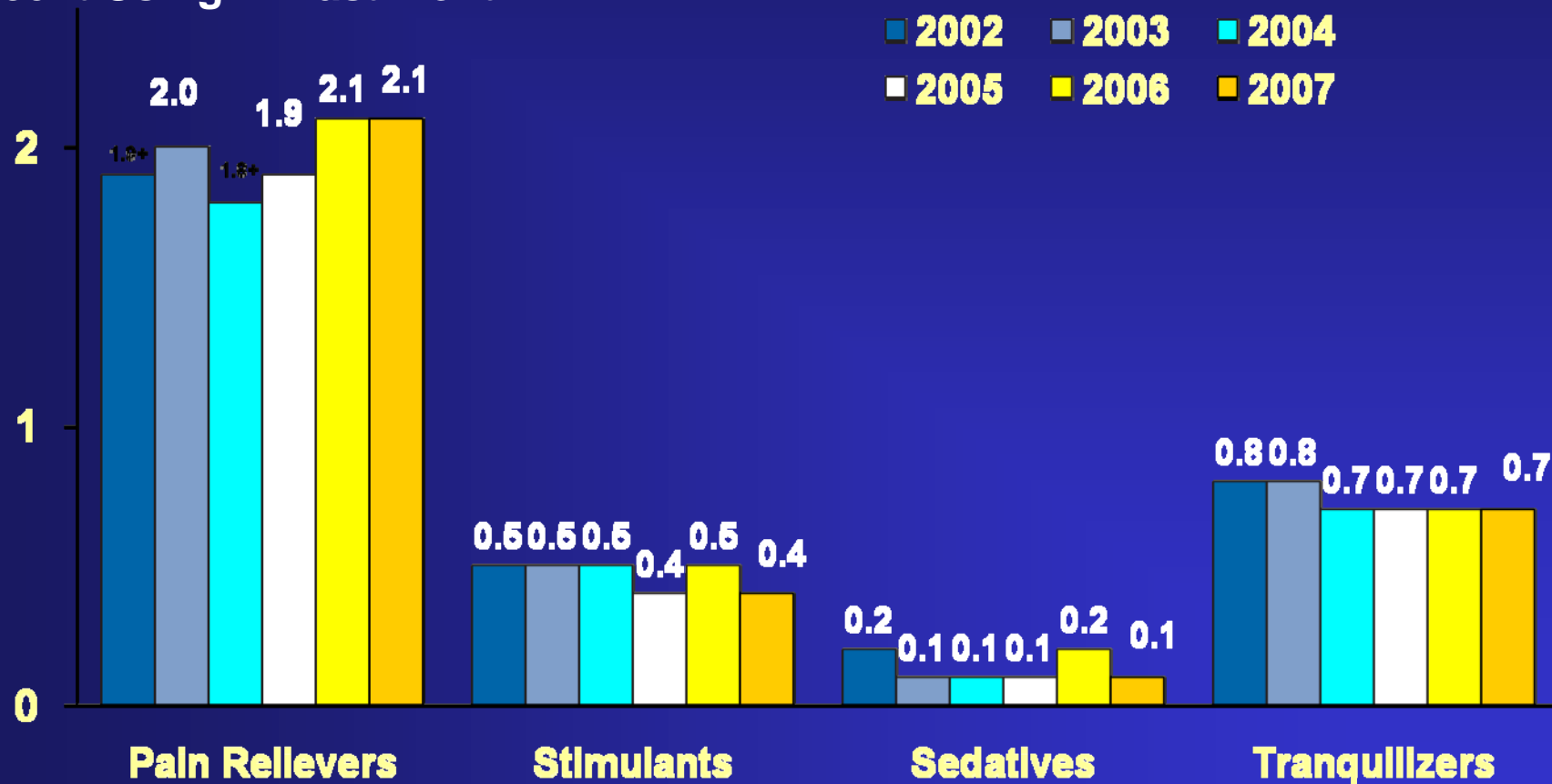
- National Survey on Drug Use and Health
- Quest Diagnostics Drug Testing Index
- CDC: National Center for Health Statistics
- Monitoring the Future
- Partnership for a Drug Free America
- CASA

Past Month Use of Specific Illicit Drugs among Persons Aged 12 or Older: 2007



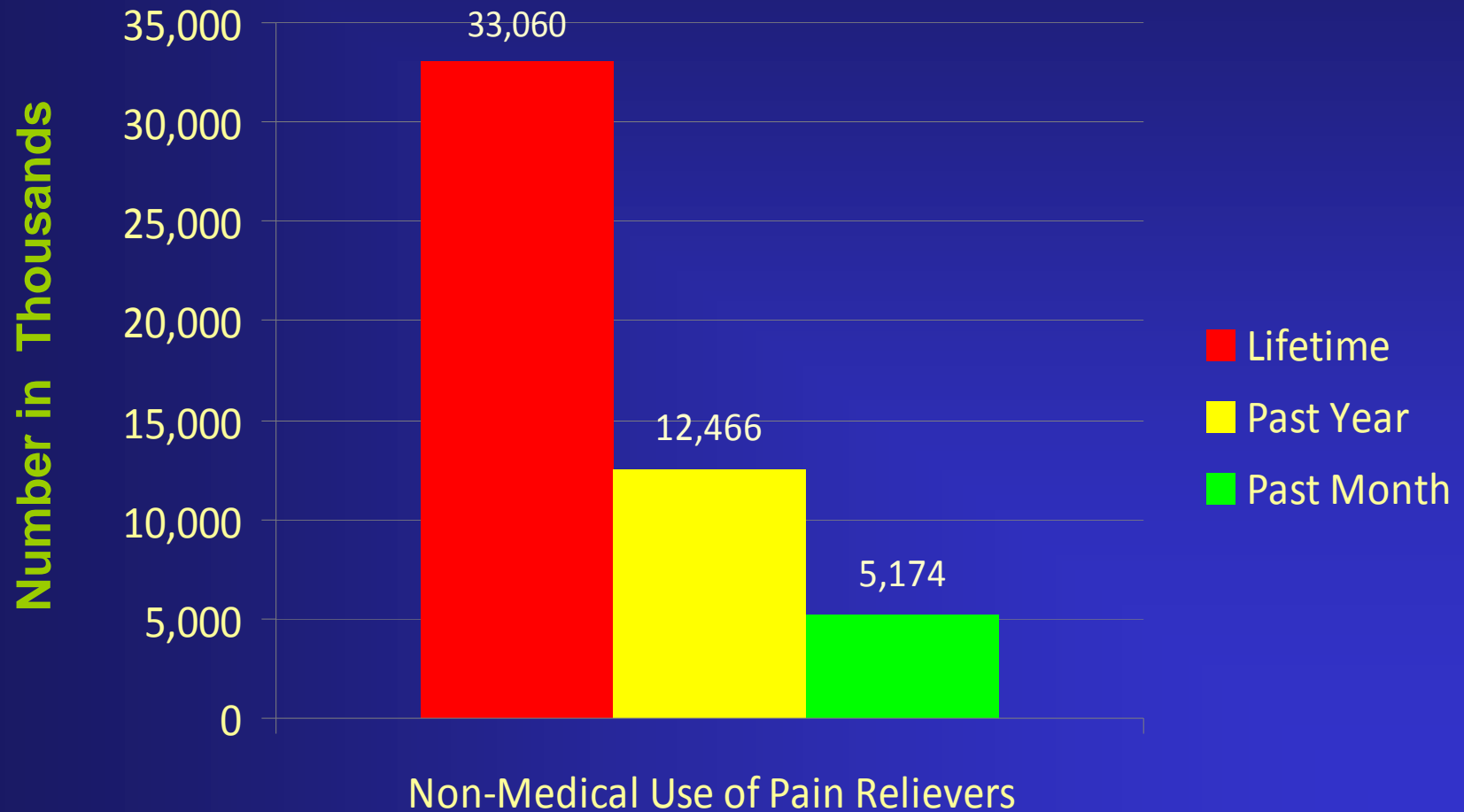
Past Month Nonmedical Use of Prescription Drugs (Psychotherapeutics) among Persons 12+: 2002-2007

Percent Using in Past Month

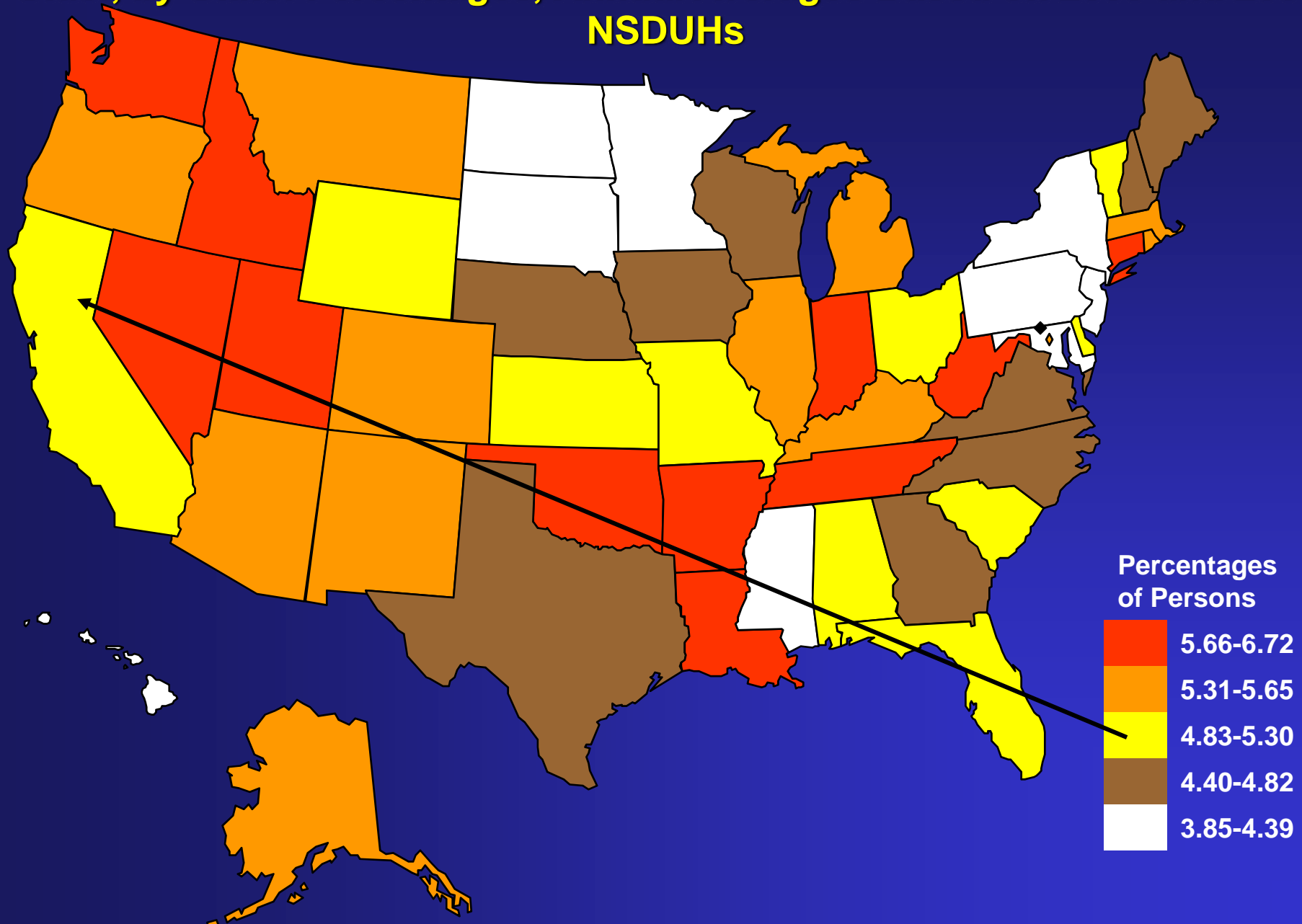


⁺ Difference between this estimate and the 2006 estimate is statistically significant at the .05 level.

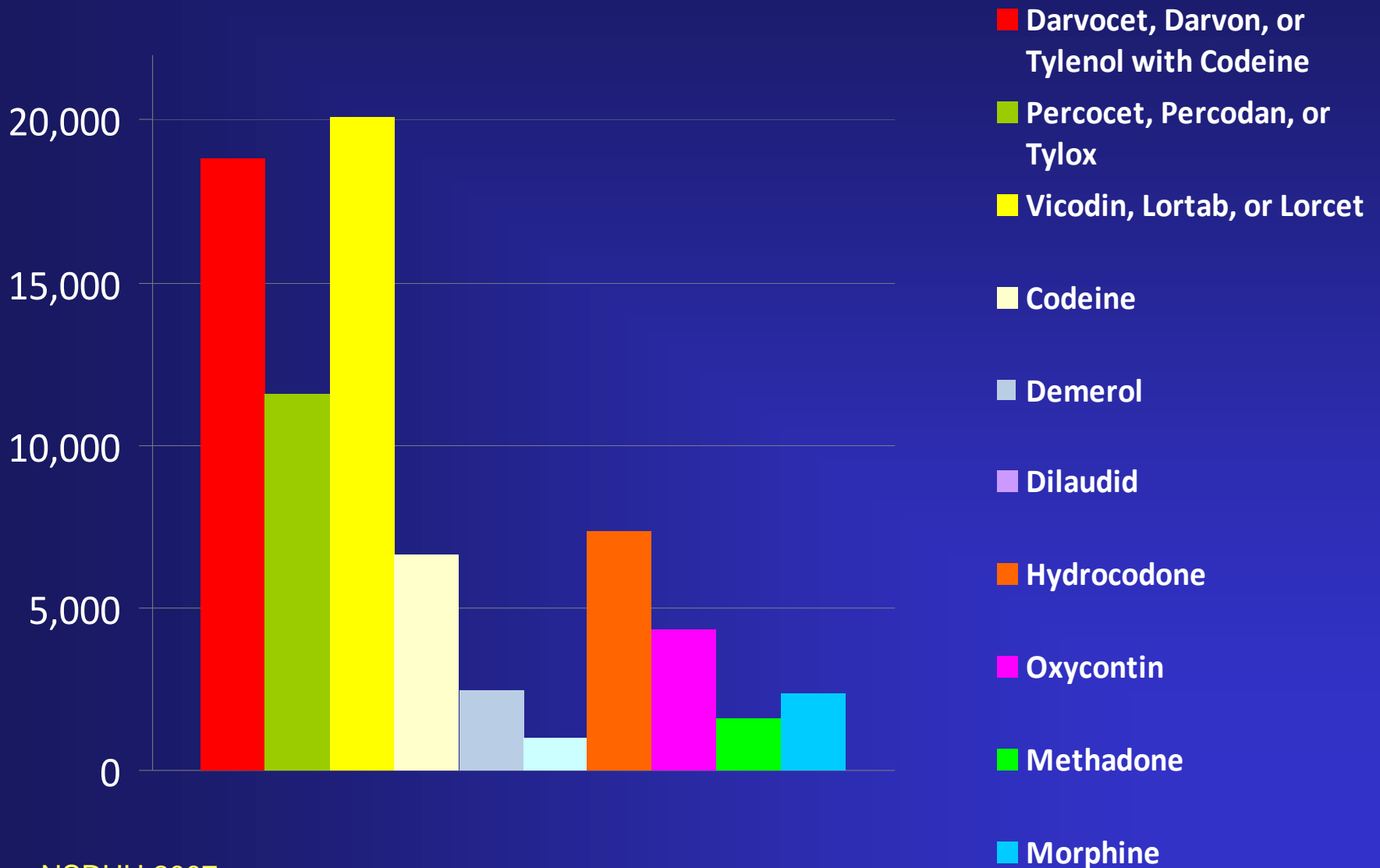
Nonmedical Use of Pain Relievers in Lifetime, Past Year, and Past Month: 2007



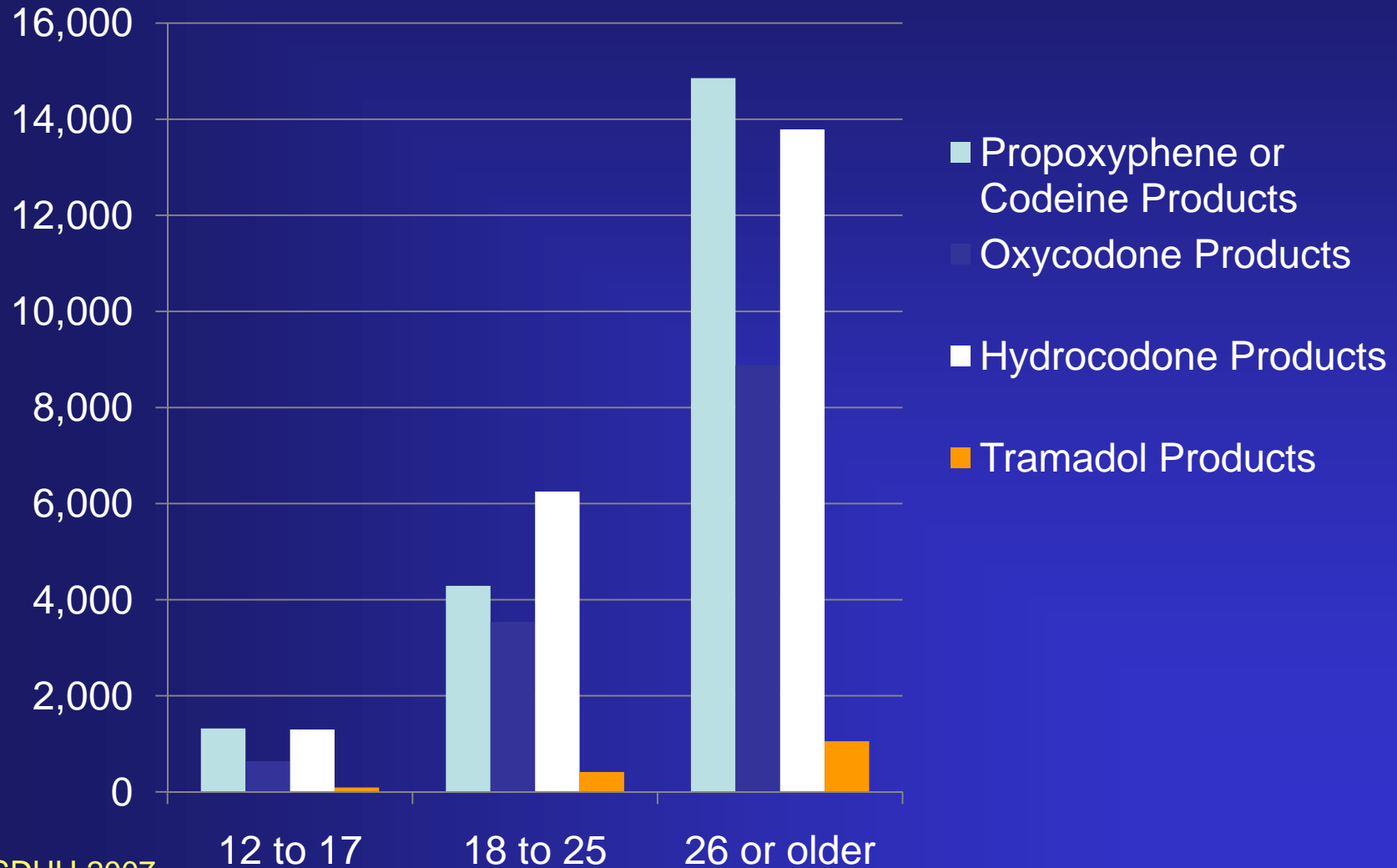
Non-Medical use of Pain Relievers in Past Year among Persons aged 12 or Older, by State: Percentages, Annual Averages Based on 2005 and 2006 NSDUHs



Nonmedical Use of Specific Pain Relievers in Lifetime, Numbers in Thousands, 2007

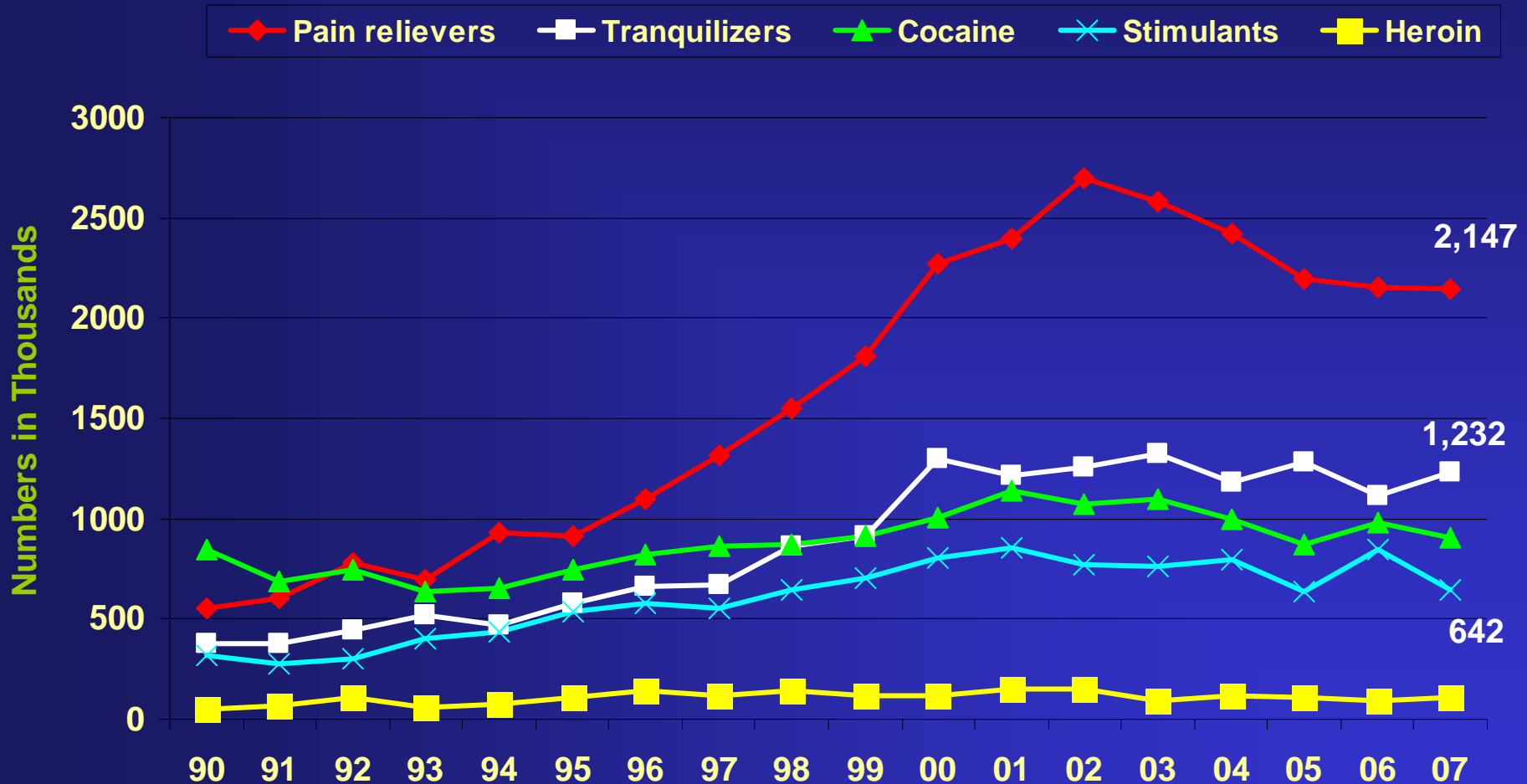


Nonmedical Use of Selected Pain Relievers in Lifetime by Age Group, Numbers in Thousands, 2007

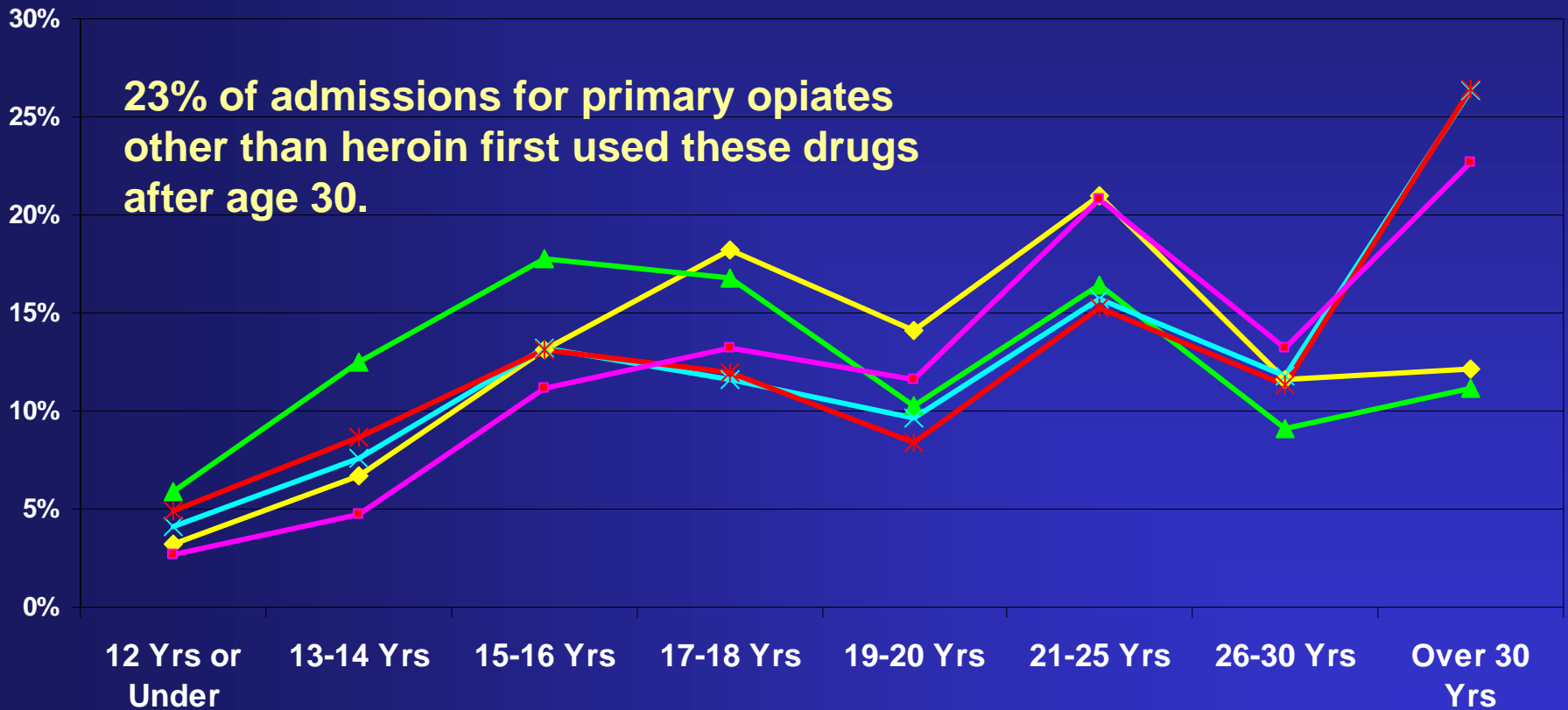


Source: NSDUH 2007

Estimated numbers of new nonmedical users in past year by type of drug, US, 1990-2007



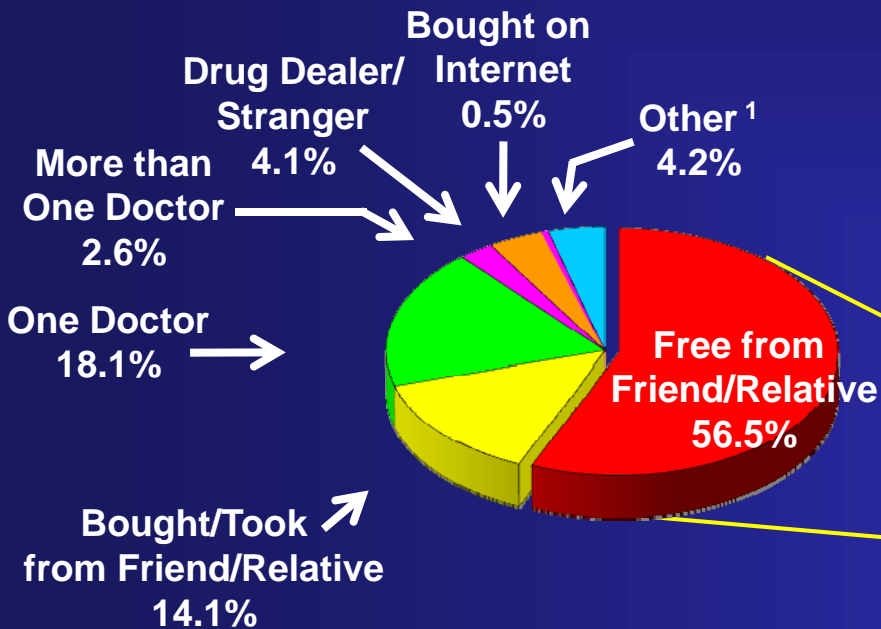
Age at First Use - 2006



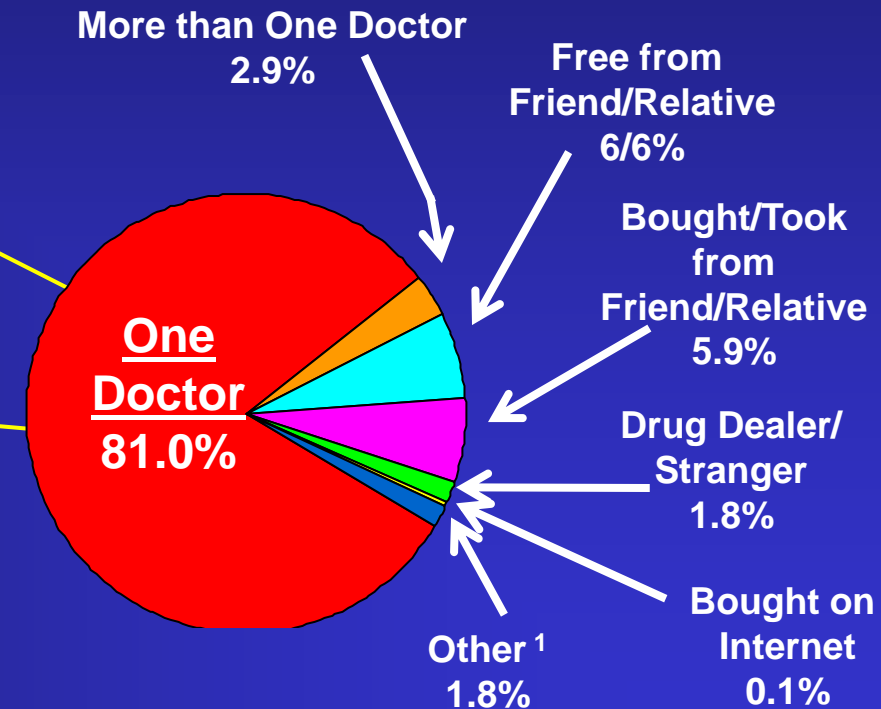
*Other opiates include methadone, codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol & any other drug with morphine-like effects

Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older: 2007

Source Where Respondent Obtained



Source Where Friend/Relative Obtained



Note: Totals may not sum to 100% because of rounding or because suppressed estimates are not shown.

¹ The Other category includes the sources: "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."

The “One Doctor” Source for Prescription Drugs

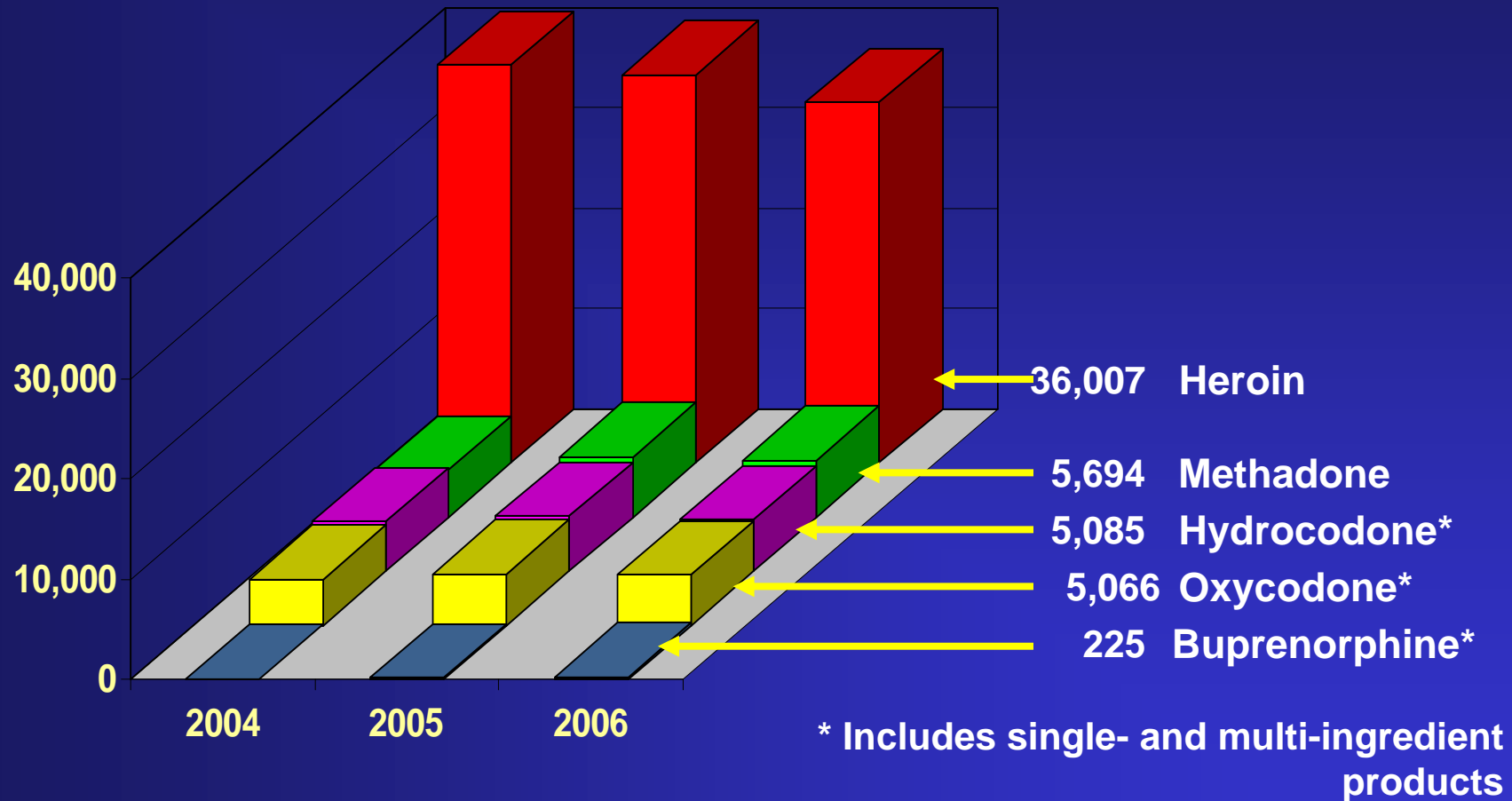
- According to NSDUH 2007 data, only 1 in 20 nonmedical users (4.1%) of prescription pain relievers got them from a drug dealer.
- In most cases, prescription drugs obtained for nonmedical purposes originated from a single doctor – rather than from multiple sources.



Increased Issuance of Stimulant Prescriptions

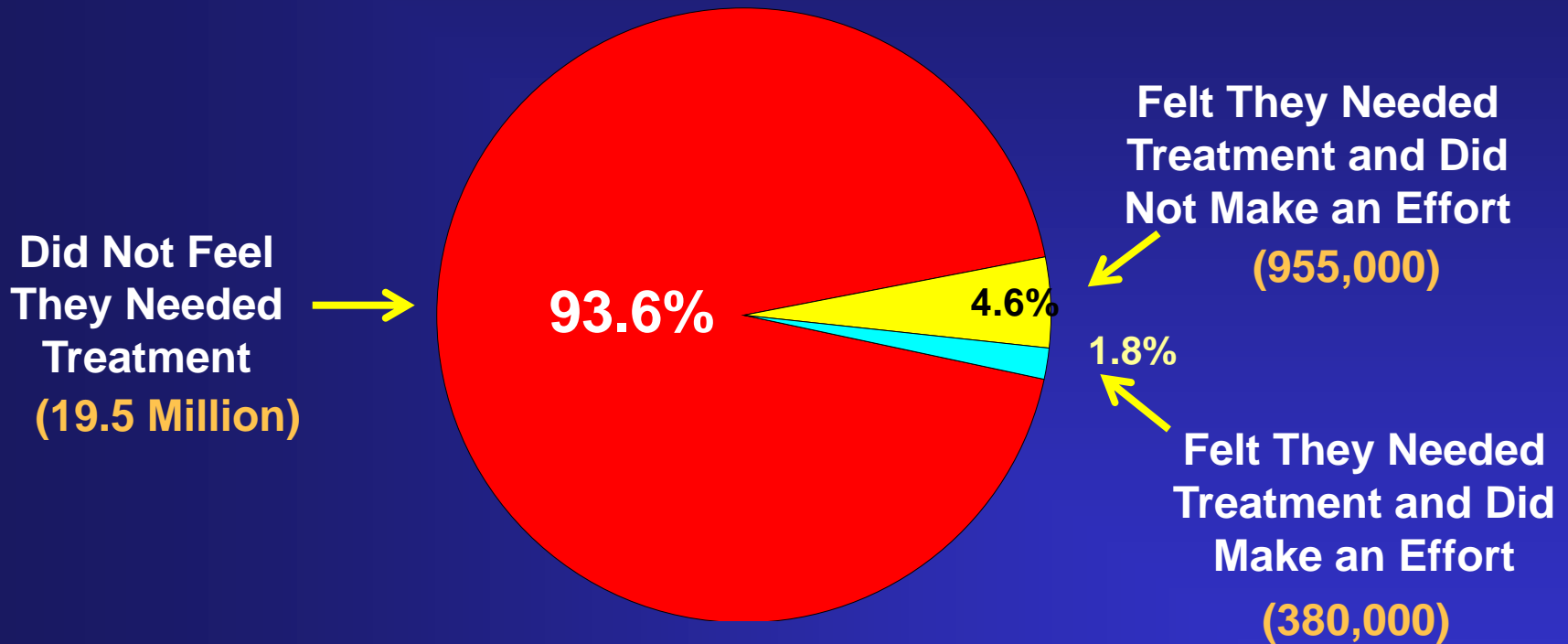
- An FDA study reported a four-fold increase in stimulant prescriptions between 2000 and 2004,
- From 2002 to 2005 the study found a 90% increase in adult use of stimulant prescriptions.
- The study concluded that both of these trends are likely to continue in the years to come.

Opiate Reports in Emergency Department Visits Related to Drug Misuse/Abuse



Unweighted reports from 243-445
U.S. hospitals

Past Year Perceived Need for and Effort Made to Receive Specialty Treatment among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use: 2007

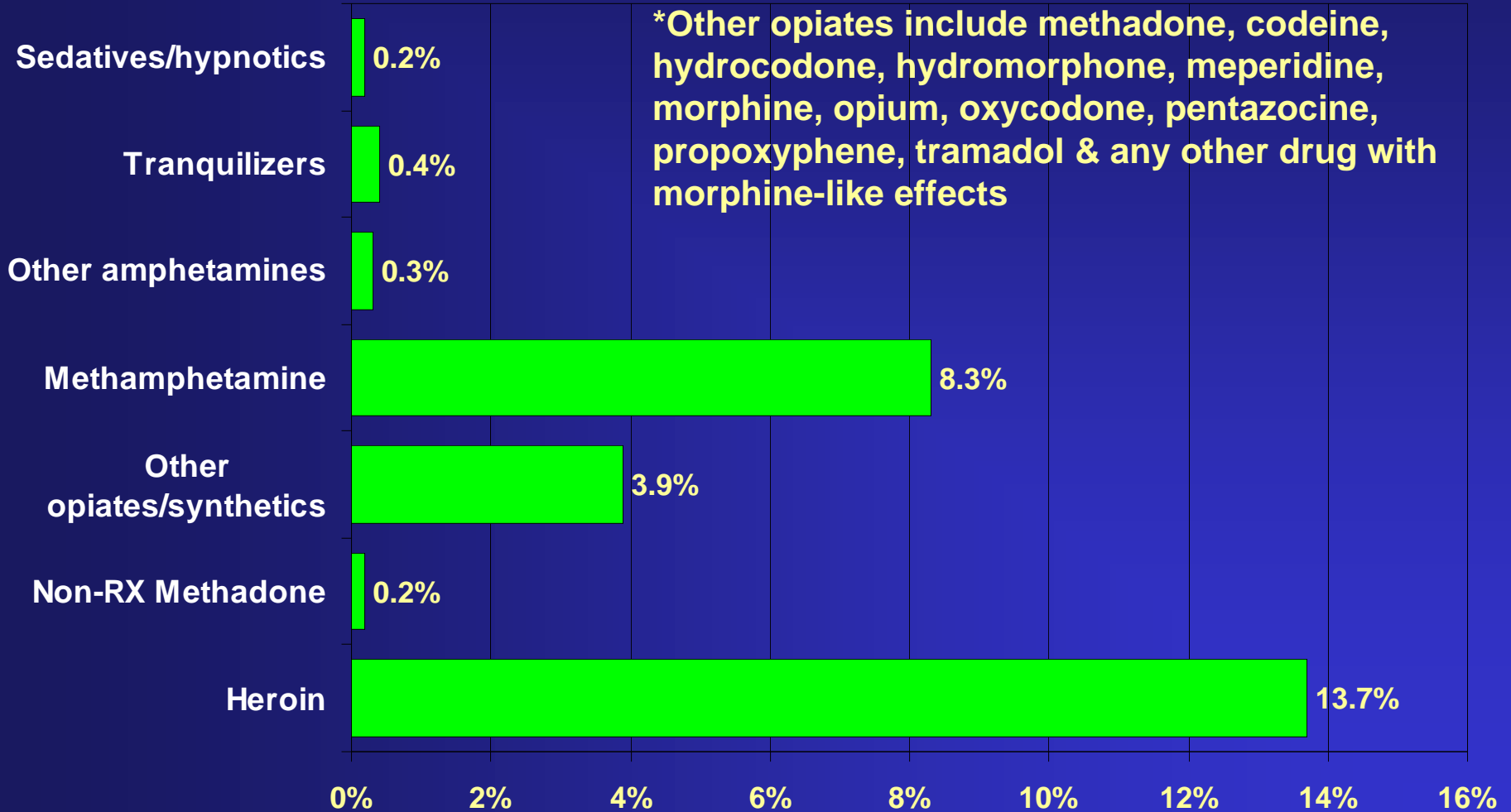


20.8 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use

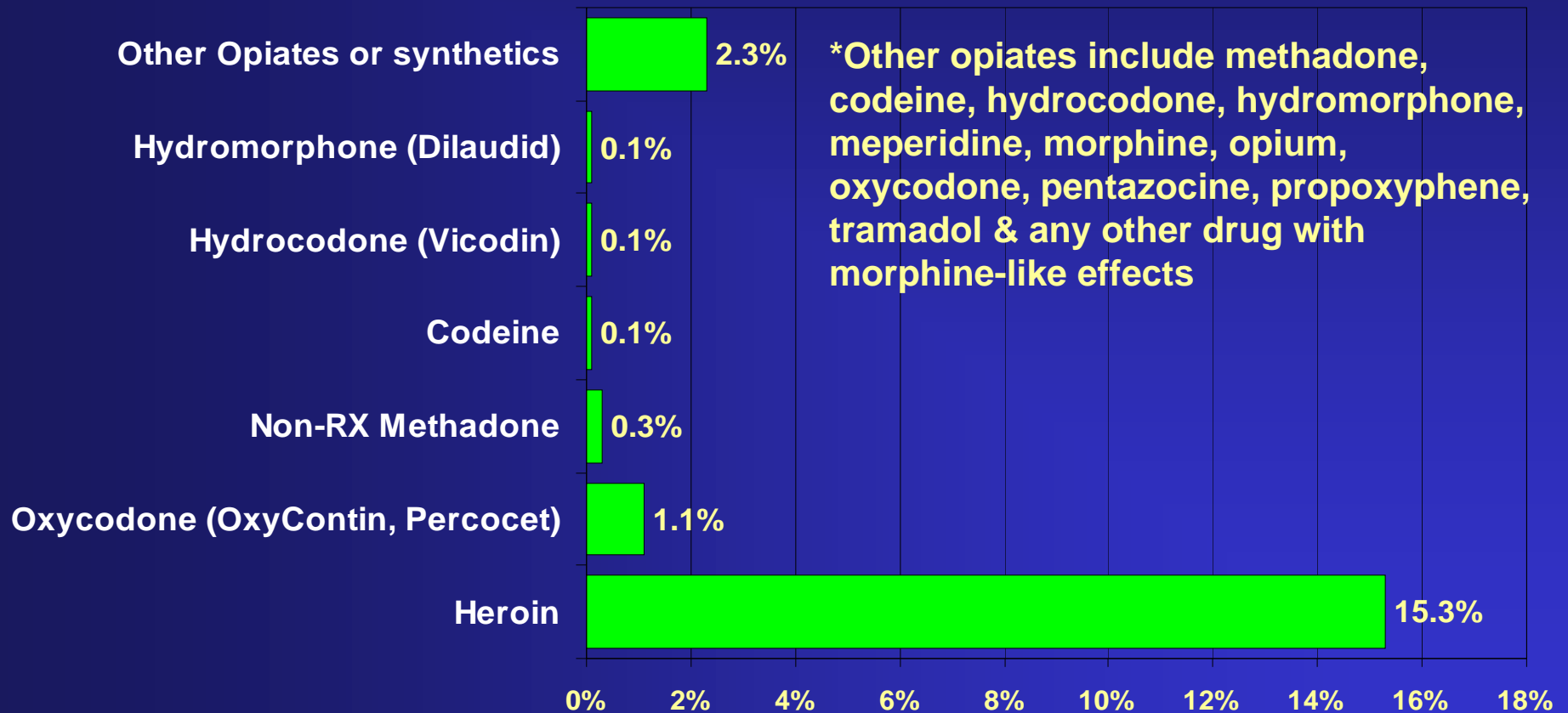
Past Year Treatment for Substance Use or Misuse

- In 2007, 3.9 million persons (12 & older) received some kind of treatment for a problem related to the use of alcohol or illicit drugs.
 - 558,000 received treatment for use of pain relievers
 - 311,000 received treatment for stimulants (a decrease compared to 535,000 in 2006)
- Treatment for use of pain relievers increased between 2002 and 2007, while no other treatment estimates during that period of time changed significantly.

Treatment Admissions by Primary Substance of Abuse - 2006

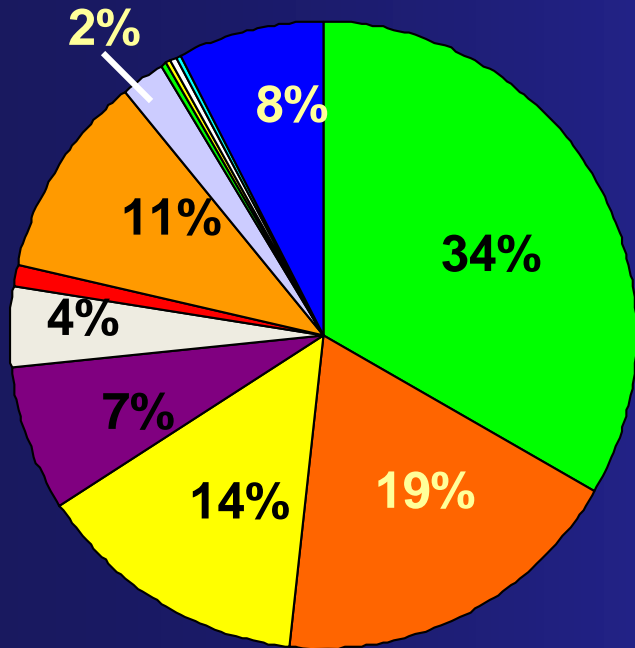


Type of Opiate as Primary Drug at Admission - 2006

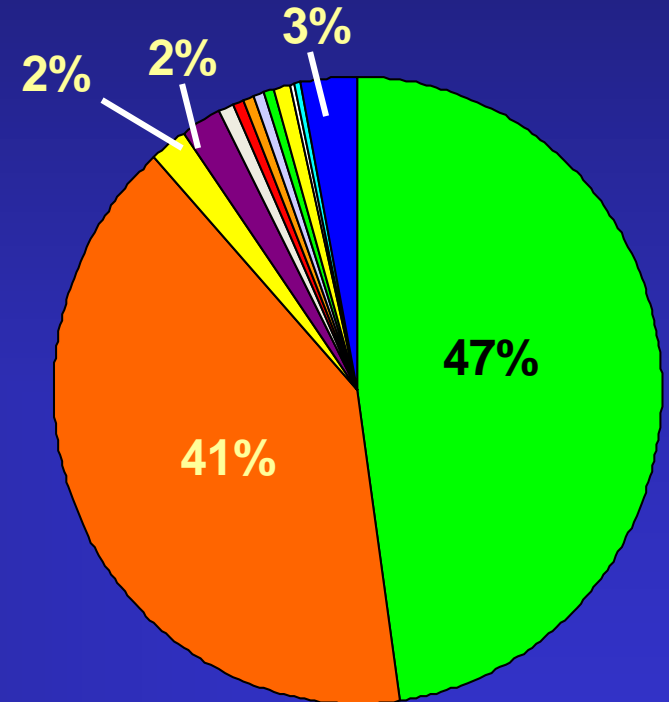


Admissions with Opiates as Primary Substance - 2006

Heroin



Other Opiates



- White Male (non-Hisp)
- White Female (non-Hisp)
- Black Male (non-Hisp)
- Black Female (non-Hisp.)
- Mexican Origin Male
- Mexican Origin Female
- Puerto Rican Origin Male
- Puerto Rican Origin Female
- AI/AN Male
- AI/AN Female
- Asian/Pacific islander Male
- Asian/Pacific Islander Female
- All Other

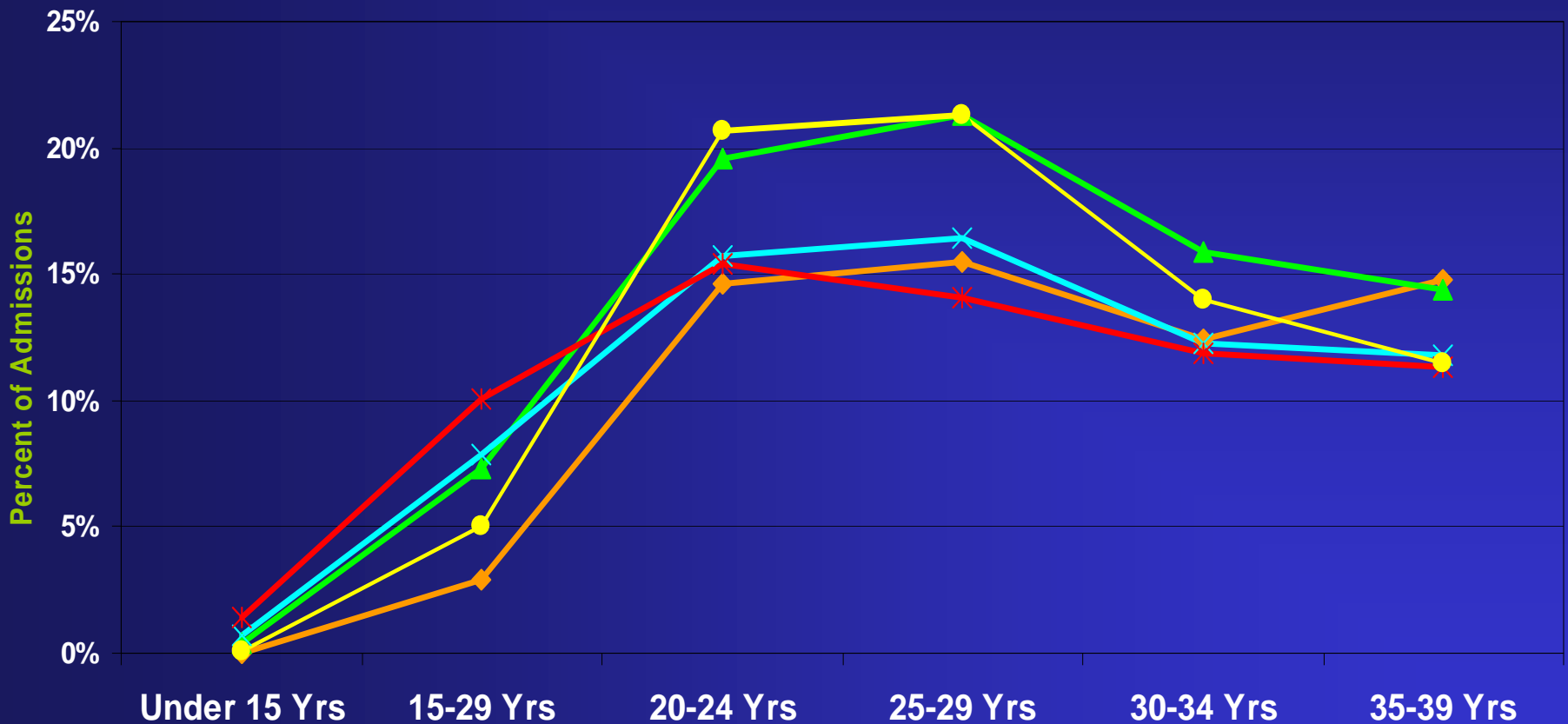
*Other opiates include methadone, codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol & any other drug with morphine-like effects

Polydrug Abuse

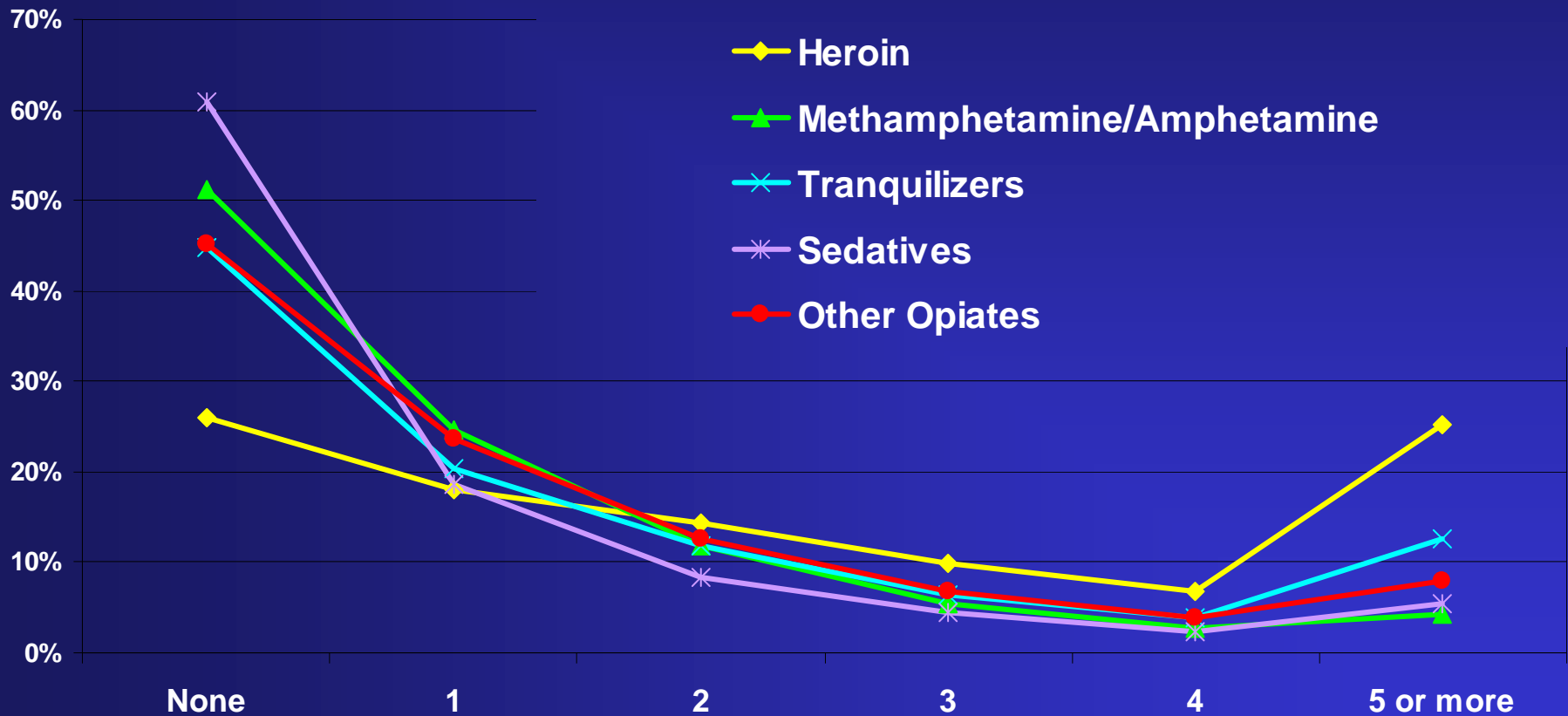
- According to 2006 TEDS data, polydrug abuse was more common among treatment admissions than was abuse of a single drug.
- 56% of TEDS admissions reported polydrug abuse.
 - Alcohol and opiates were reported more often as primary substances than as secondary or tertiary substances.
 - 24% of all admissions involved opiate abuse, with 18% reporting primary abuse and 6% reporting secondary or tertiary abuse.

Age at Admission to Treatment Facility - 2006

- Heroin
- Tranquilizers
- Other Opiates
- Methamphetamine/Amphetamine
- Sedatives

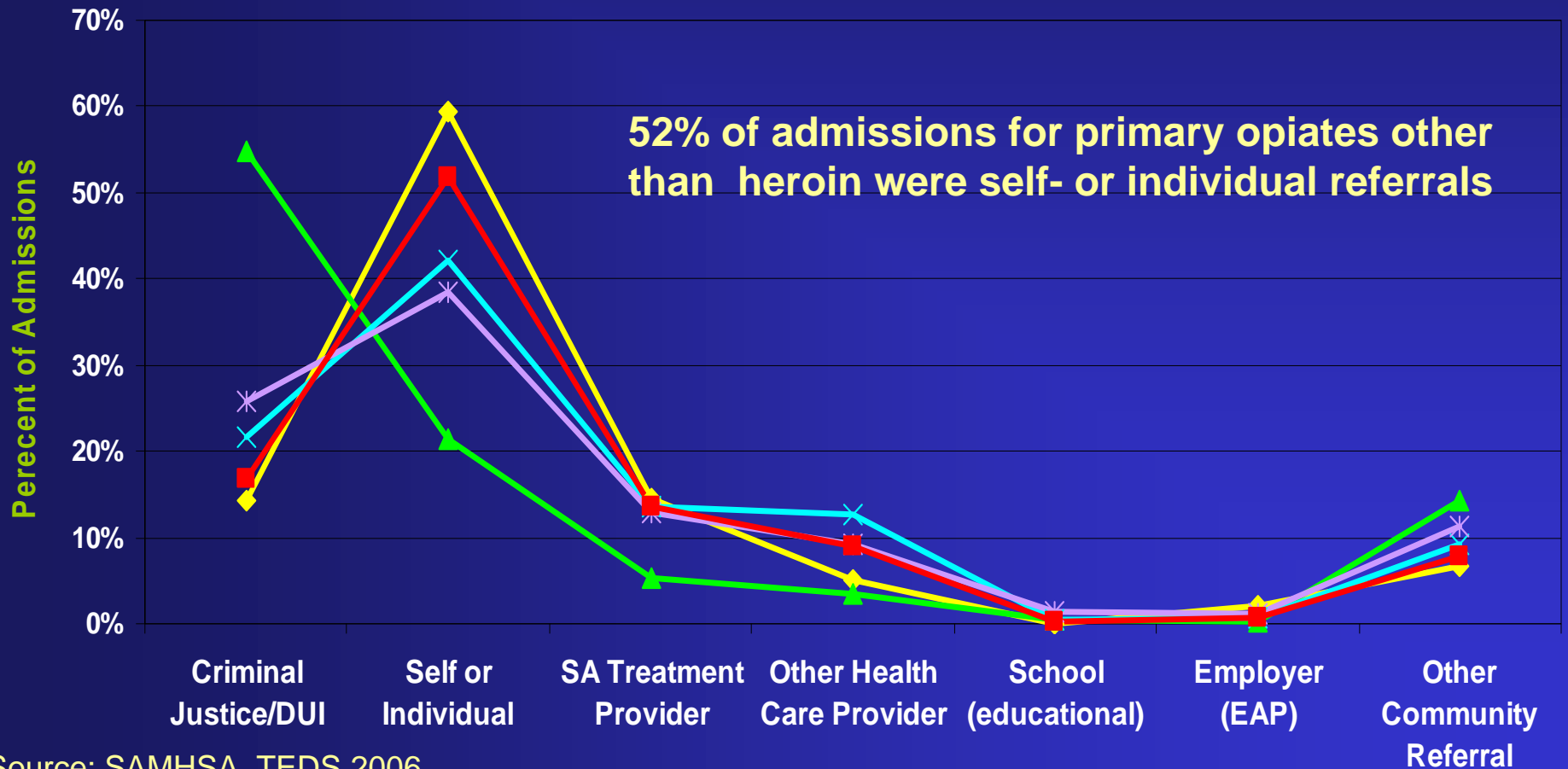


Number of Prior Treatment Episodes - 2006

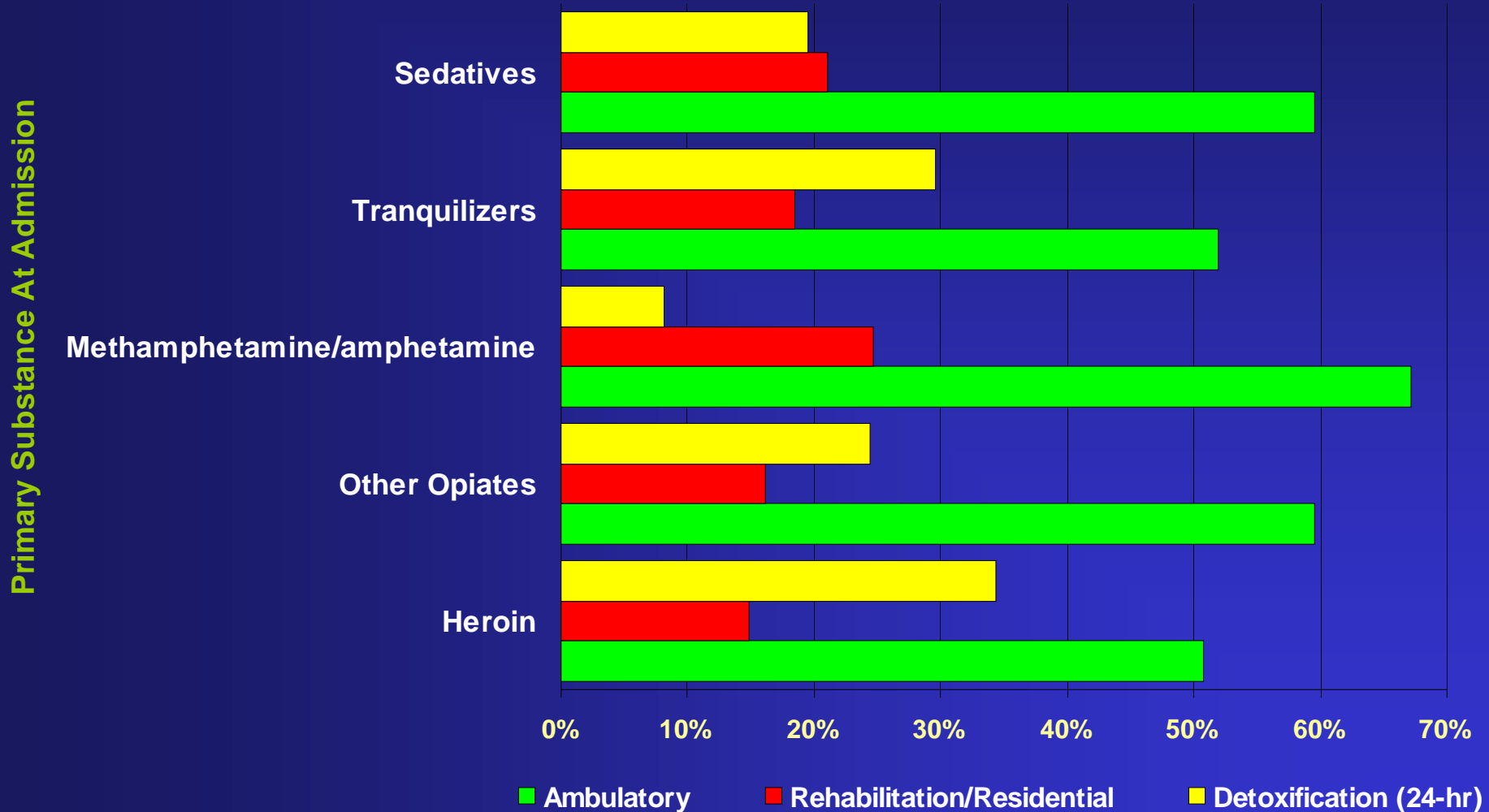


Source of Referral to Treatment - 2006

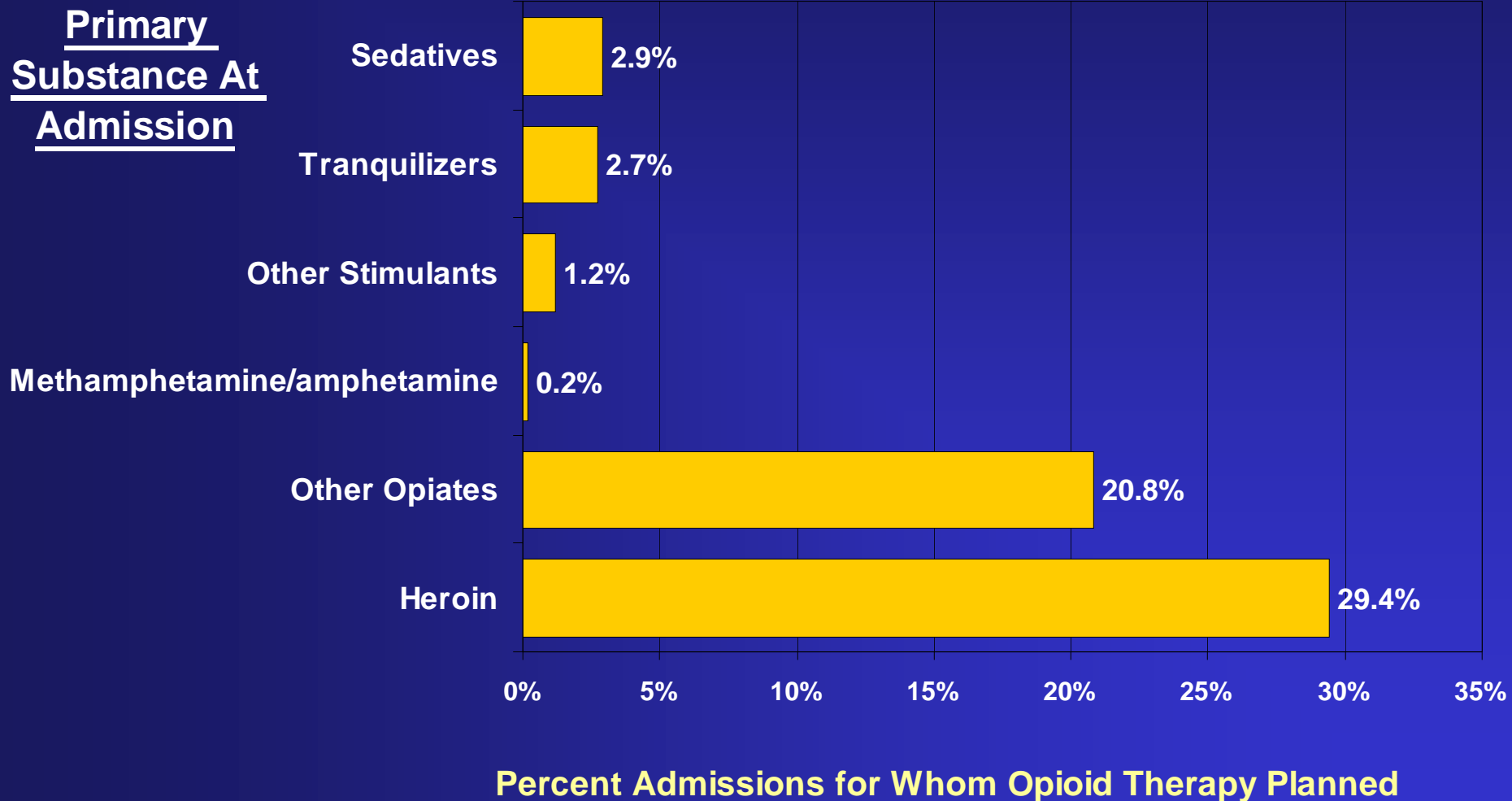
- ◆ Heroin
- ◆ Methamphetamine/Amphetamine
- ✕ Tranquilizers
- ✱ Sedatives
- Other Opiates



Type of Service Admitted to for Primary Substance - 2006

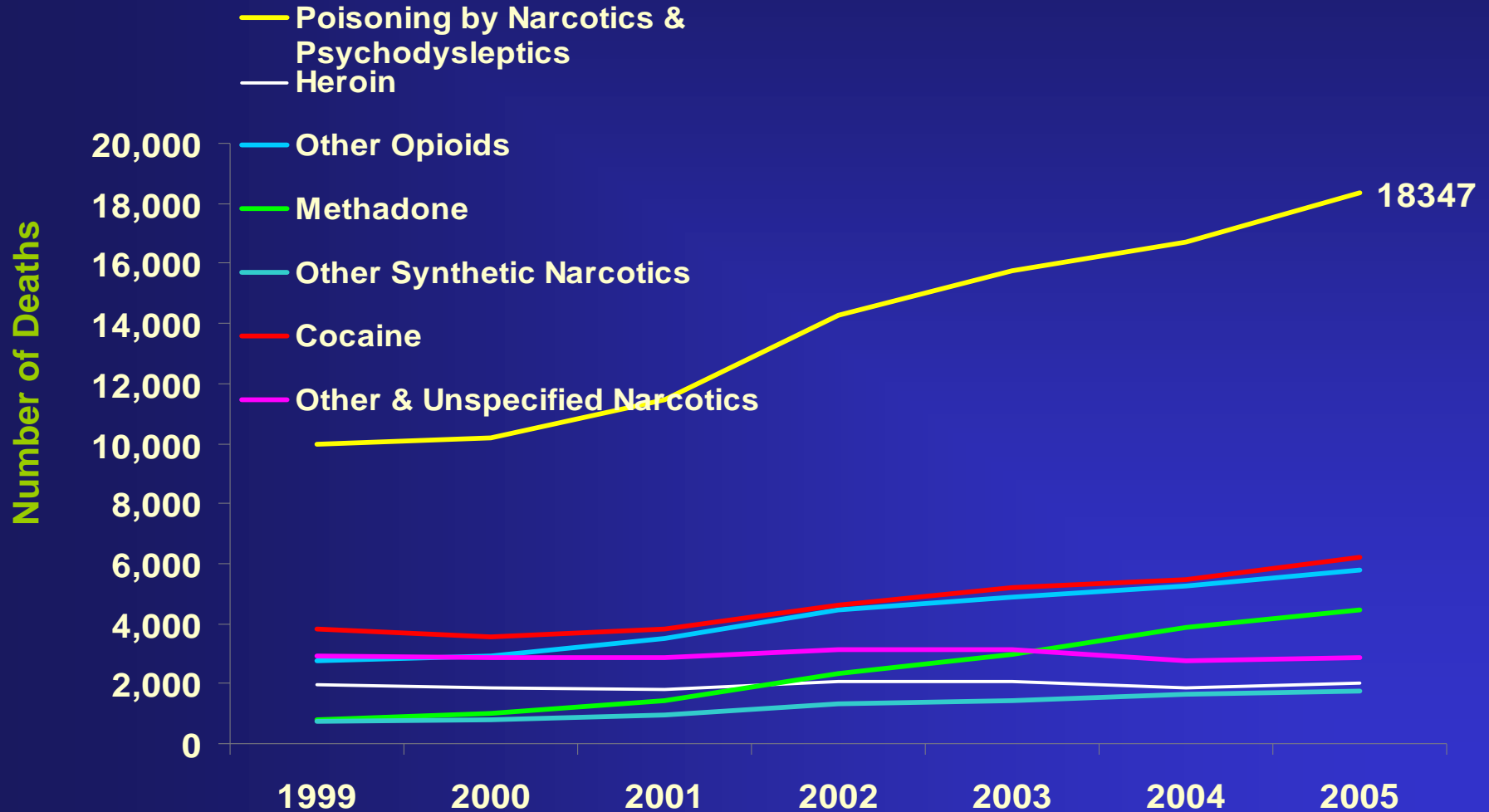


Medication-Assisted Opioid Therapy

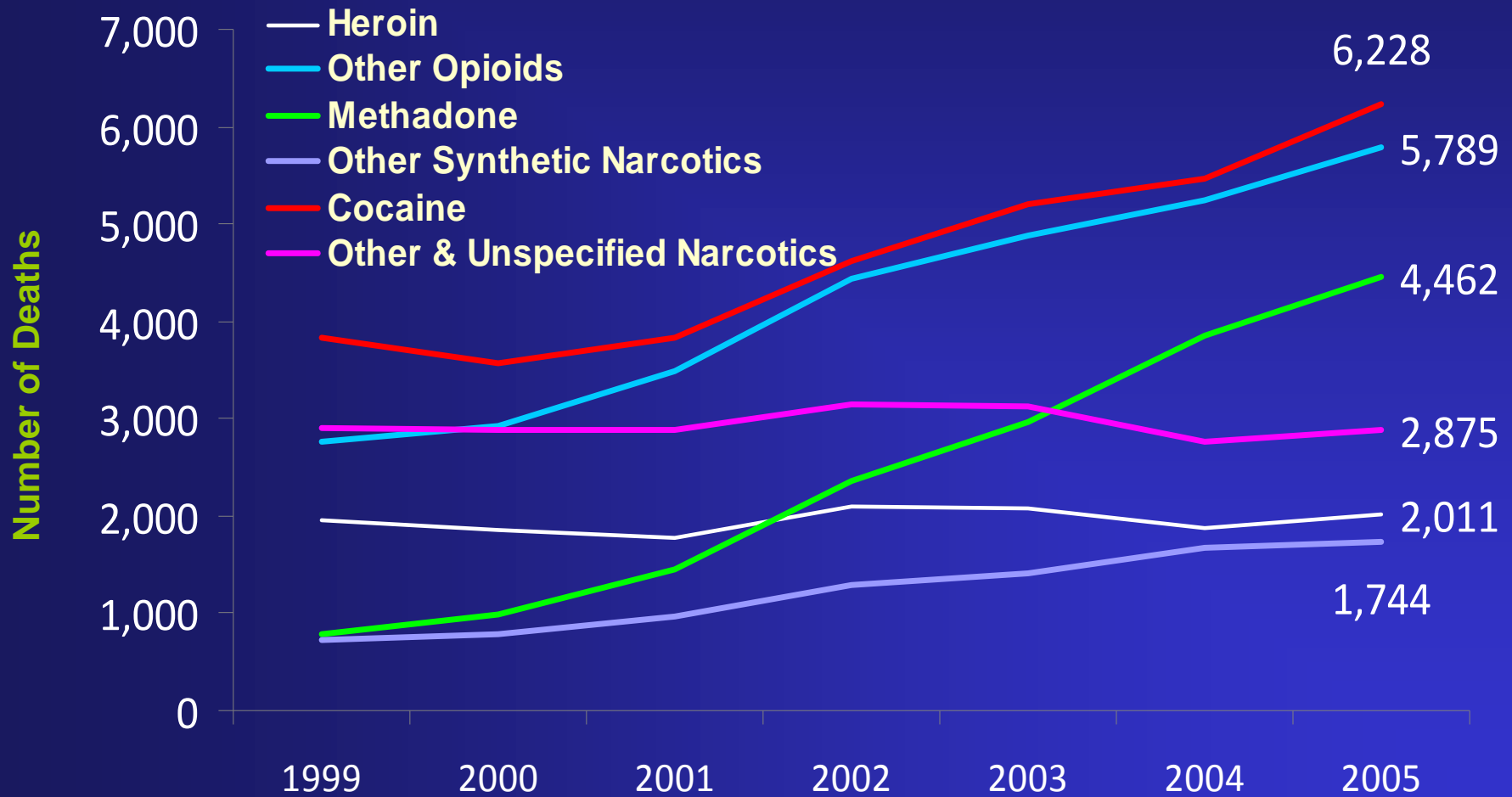


CDC: National Center for Health Statistics

Number of poisoning deaths in which specific narcotics and psychodysleptics are mentioned: United States, 1999-2005

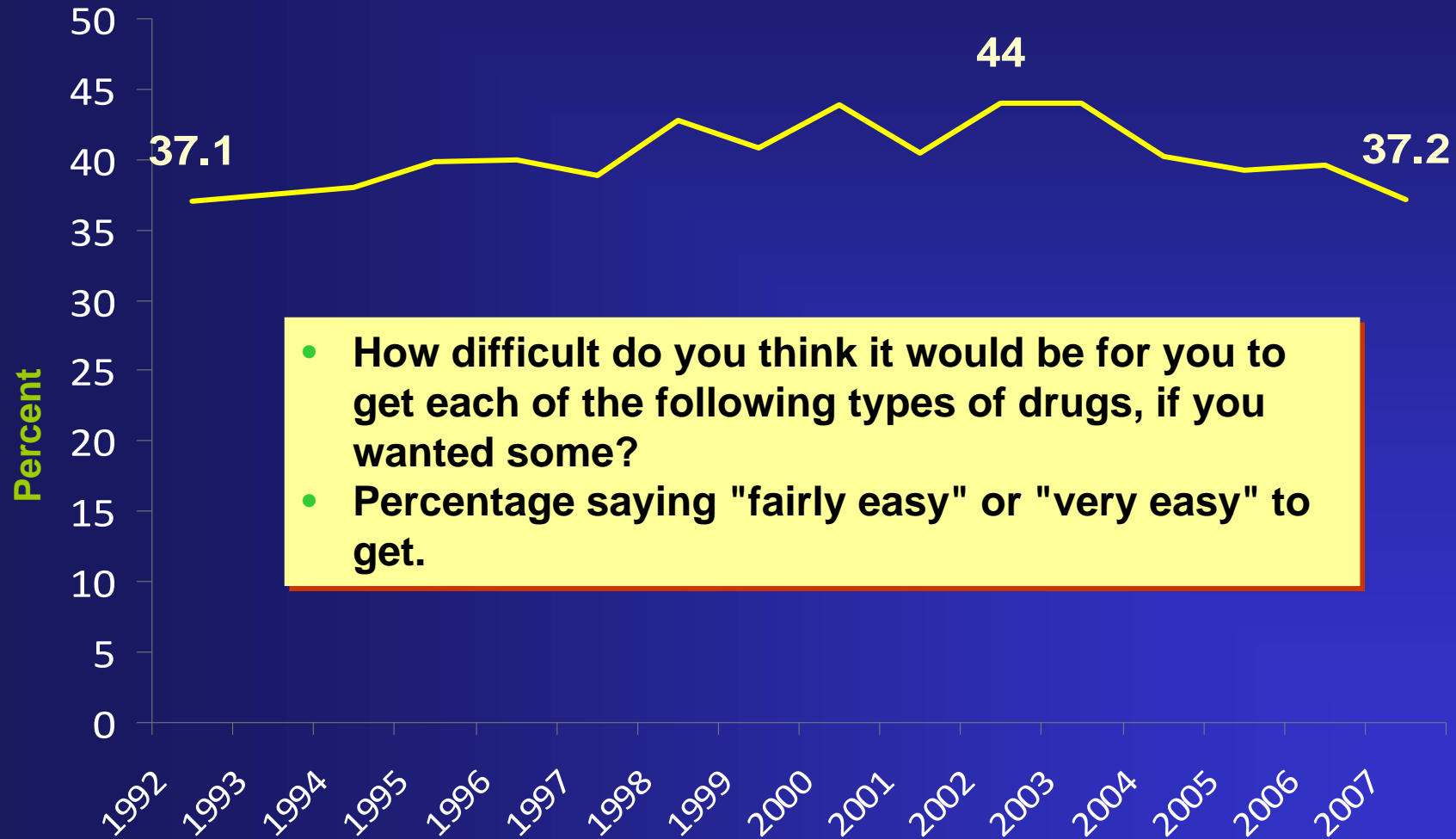


Number of poisoning deaths by specific narcotics and psychodysleptics mentioned: United States, 1999-2005

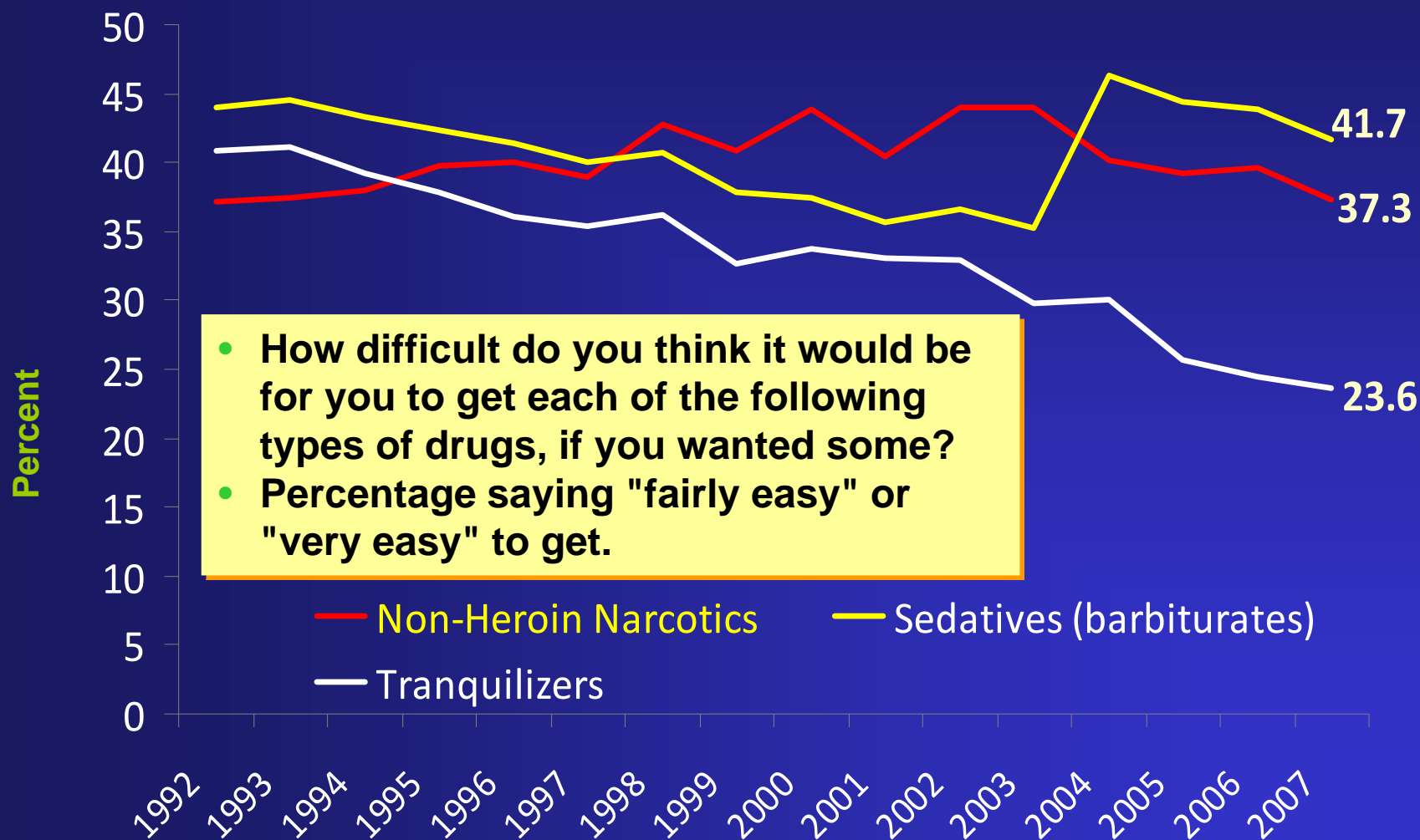


Monitoring the Future 2007

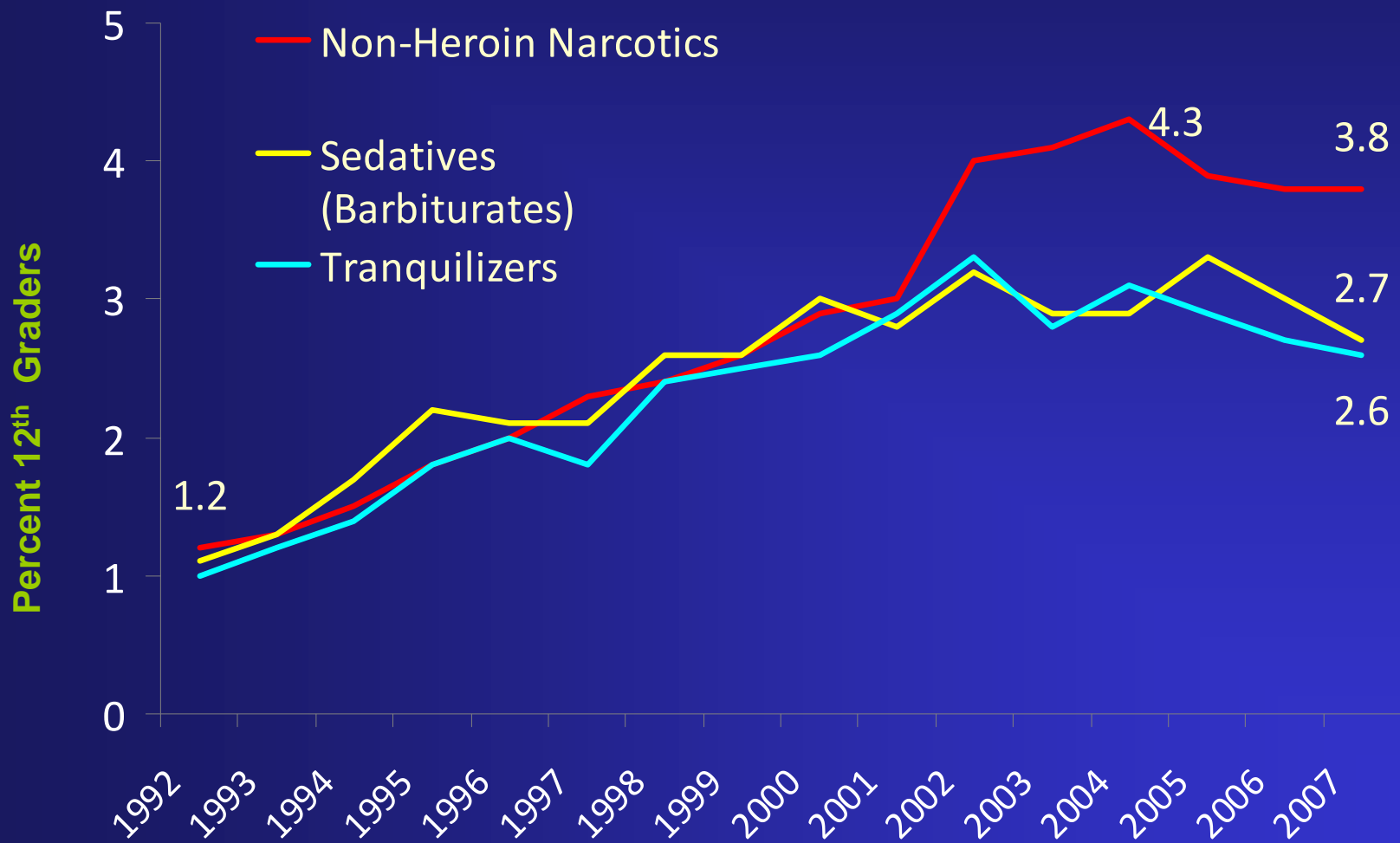
Trends in Availability of Non-Heroin Narcotic Drugs as Perceived by Twelfth Graders



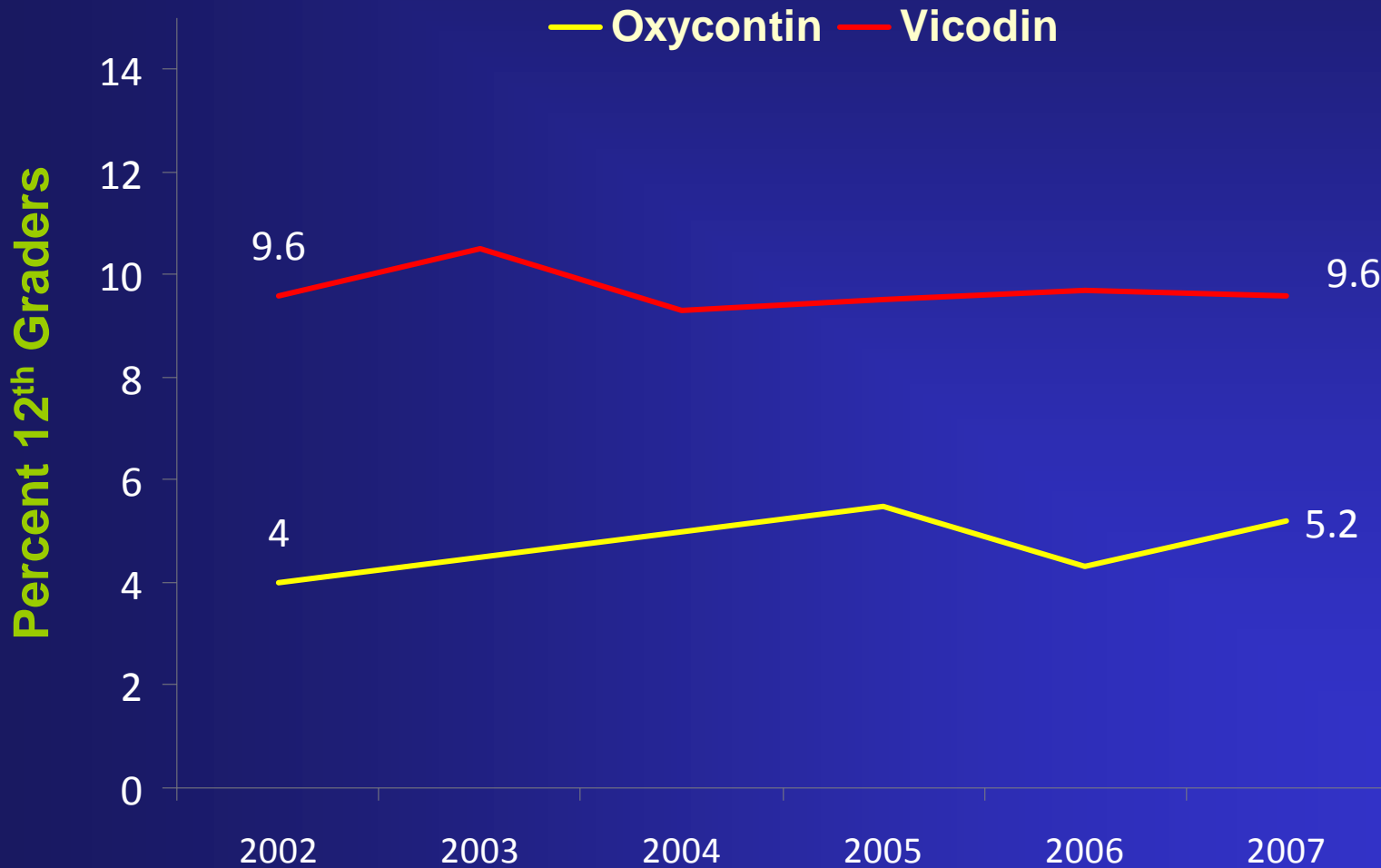
Trends in Availability of Non-Heroin Narcotics, Sedatives and Tranquilizers as Perceived by Twelfth Graders



Trends in 30 Day Prevalence of Use of Non-Heroin Narcotic Drugs for Twelfth Graders



Trends in Annual Prevalence of Use of Oxycontin and Vicodin for Twelfth Graders



Partnership for a Drug Free America

Teens in Grades 7 through 12

Perception of Risk And Attitudes about Prescription Drugs

	% Great Risk	2004	2005
Trying prescription pain relievers such as Vicodin, OxyContin or Tylox that a doctor did not prescribe for you		48	44*
Trying the prescription drugs Ritalin or Adderall that a doctor did not prescribe for you.		54	51*

* = Significant vs. 2004 at the 0.5 level

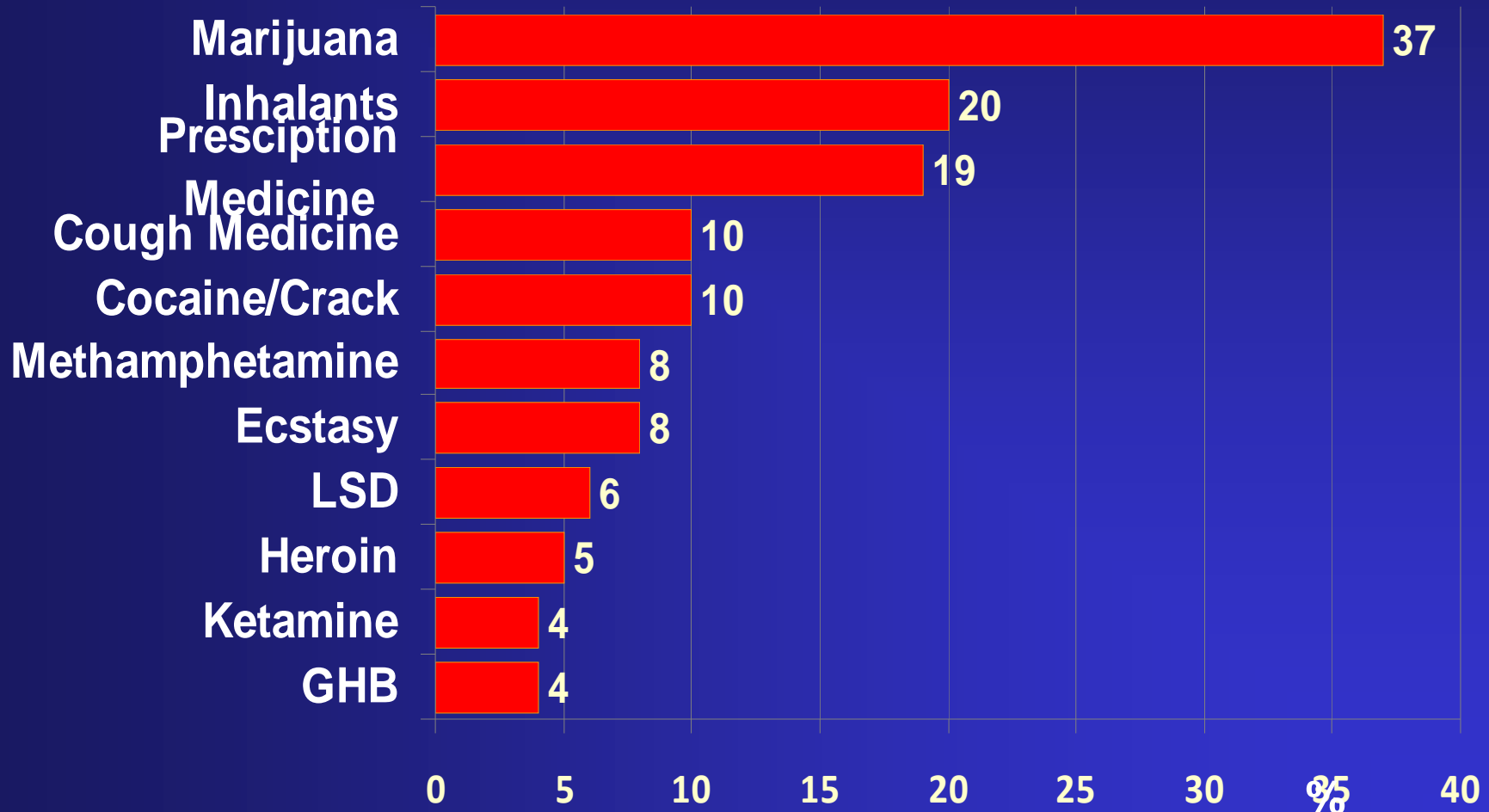
Attitudes: % Agree Strongly/ Somewhat

Prescription drugs are easier to get than illegal drugs	56
Prescription drugs, even if they are not prescribed by a doctor, are much safer to use than illegal drugs	40
There is nothing wrong with using prescription drugs without a doctor's prescription once in a while	31
Prescription pain relievers, even if they are not prescribed by a doctor, are not addictive	29

Prescription Pain Reliever Abuse: Reasons for Use from the 2005 Partnership Attitude Tracking Study

%		%	
Easy to get from parents' medicine cabinets	62	They are not illegal drugs	51
Are available everywhere	52	Safer to use than illegal drugs	35
Easy to get through other people's prescriptions	50	Less shame attached to using	33
Teens can claim to have a prescription if caught	49	Fewer side effects than street drugs	32
They are cheap	43	Can be used as study aids	25
Easy to purchase over the internet	32	Parents don't care as much if you get caught	21

Prescription Drug Abuse: Lifetime Use Among Teens in Grades 7-12 Results from the 2005 PATS Study



CASA

National Survey of American Attitudes on Substance Abuse XIII: Teens and Parents*

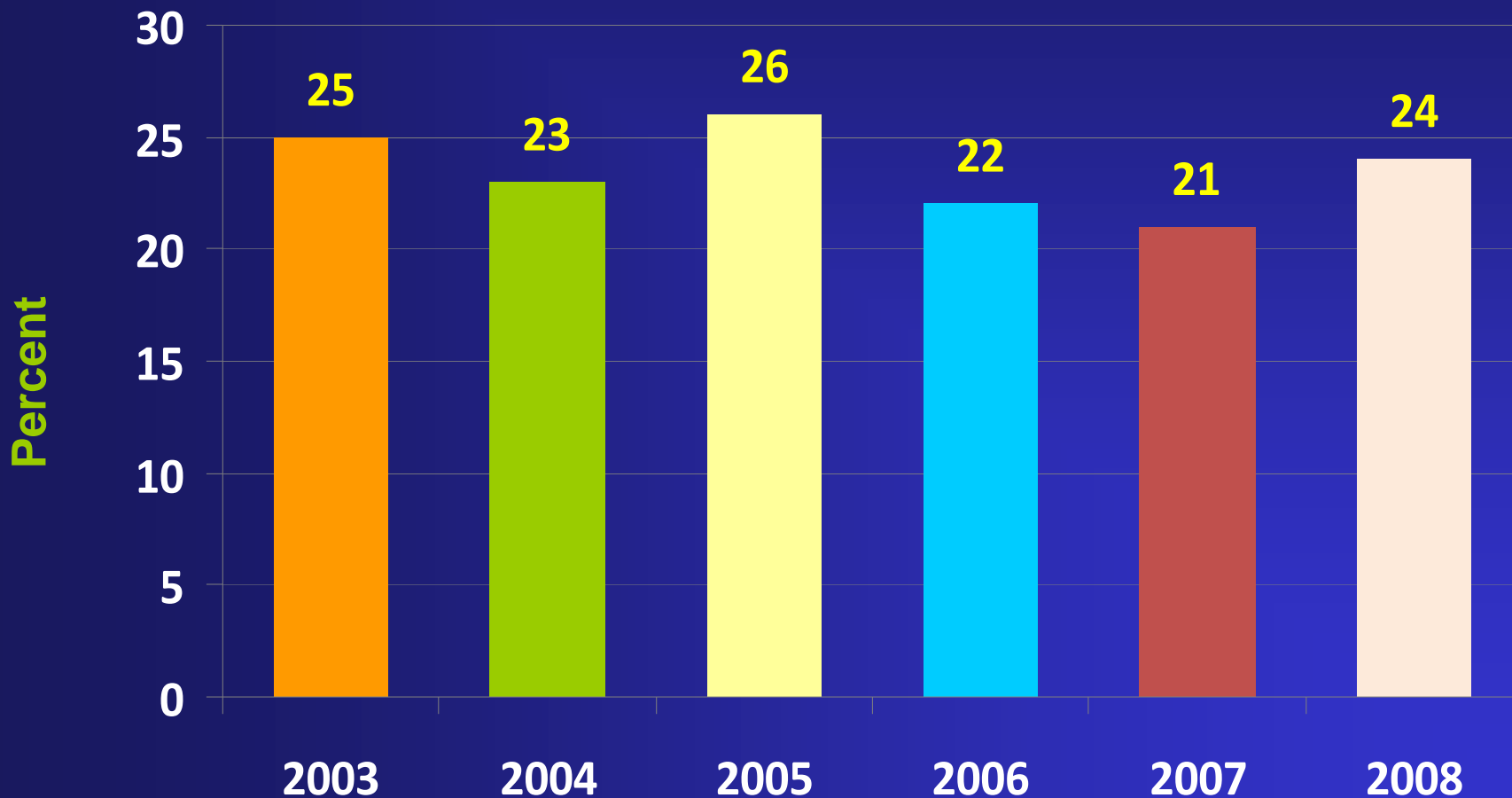
August 2008

Do You Know a Friend/Classmate Who Abuses Prescription Drugs

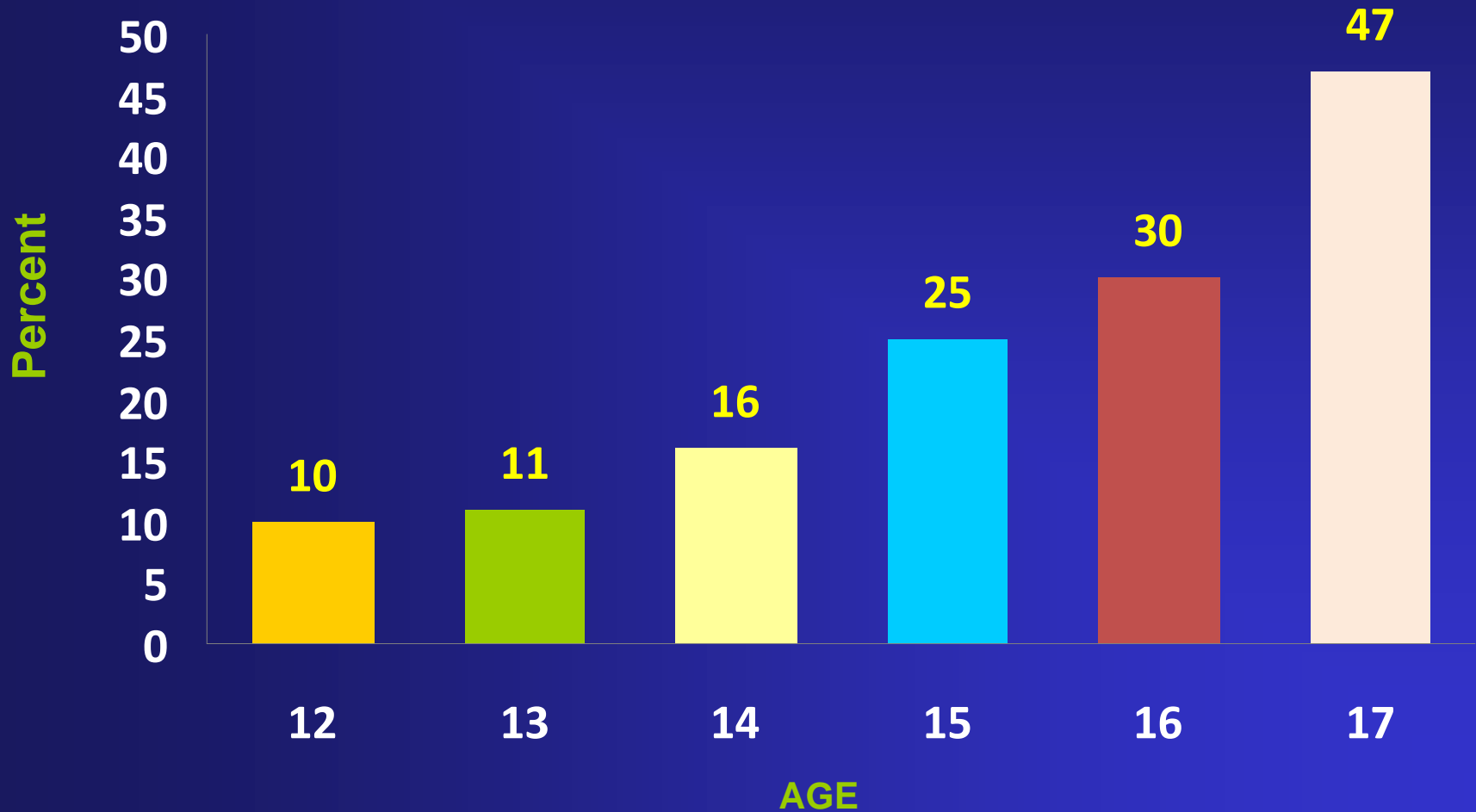


* Sponsored by The National Center on Addiction and Substance Abuse at Columbia University

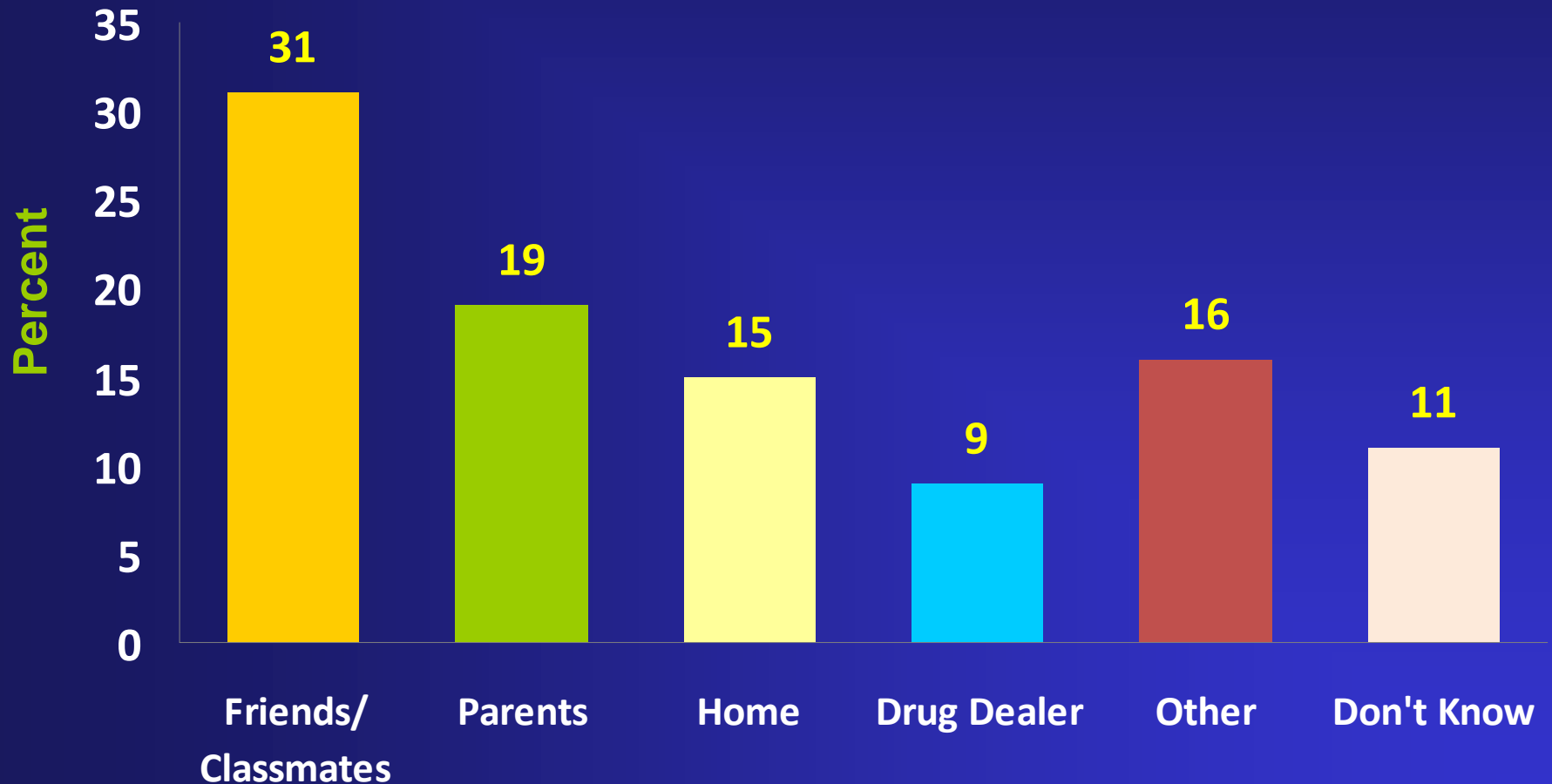
Teens with Friends/Classmates Who Abuse Prescription Drugs, 2003-2008



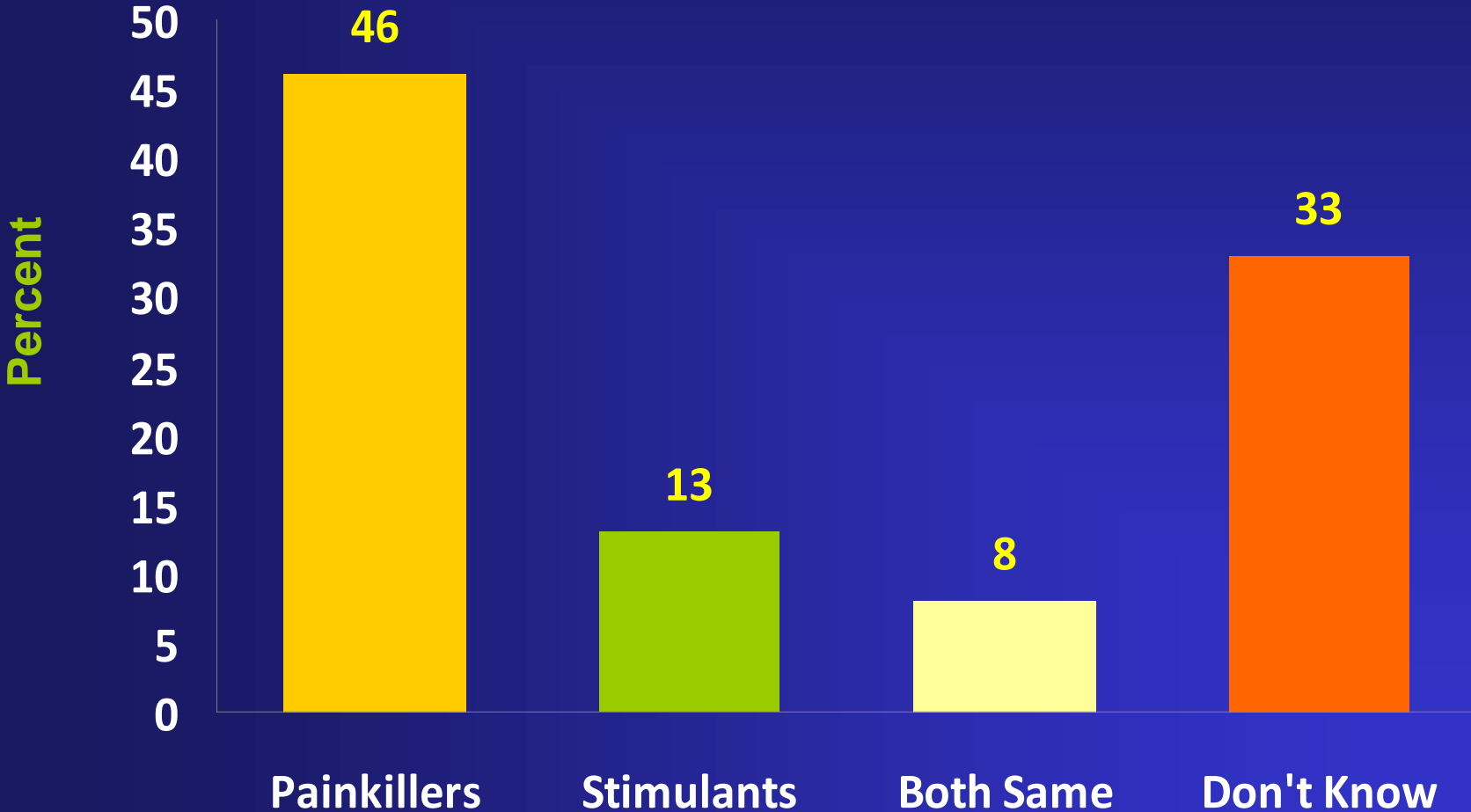
Teens with Friends/Classmates Who Abuse Prescription Drugs (By Age)



Where do you think kids who abuse prescription drugs get them?

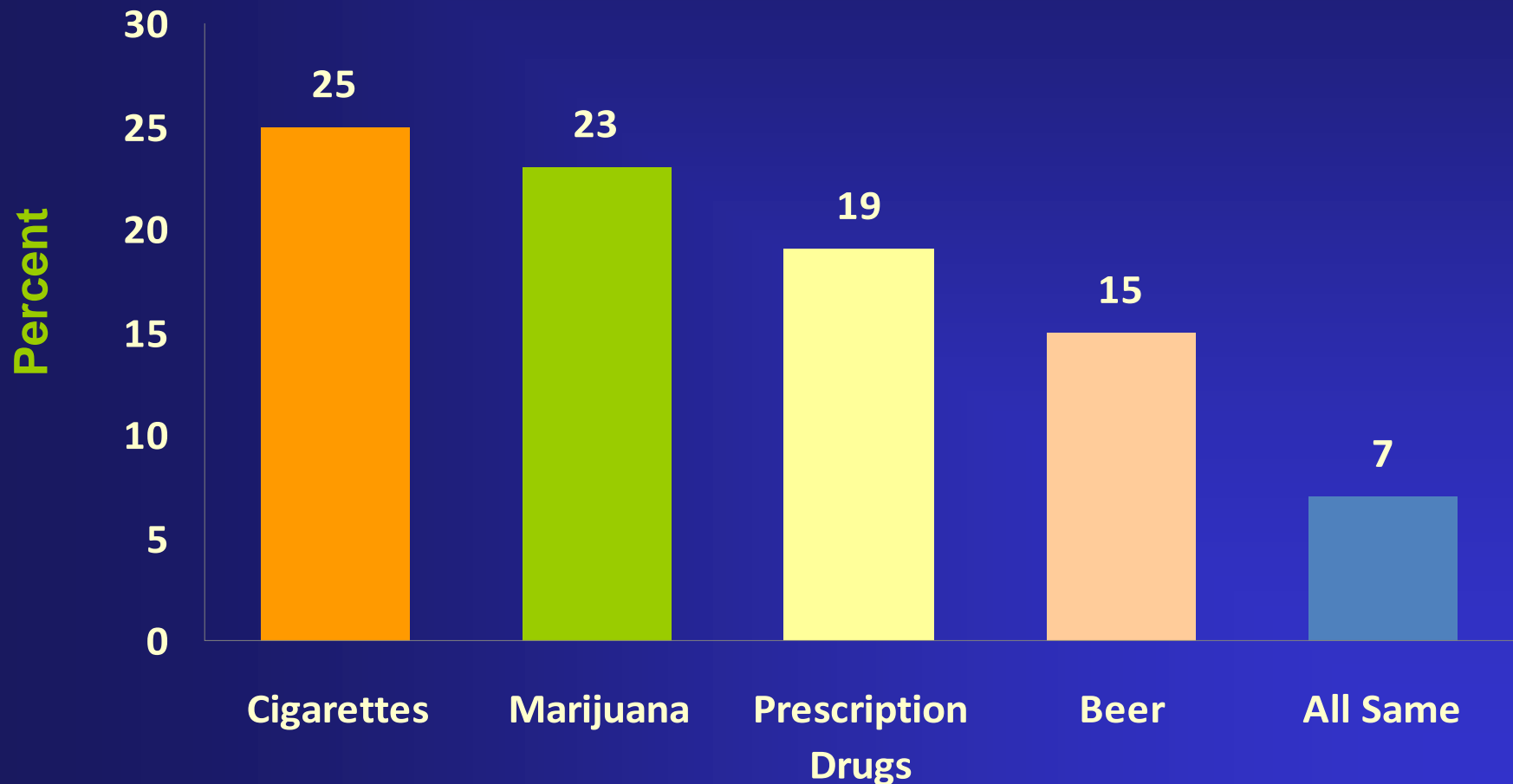


Which prescription drugs seem to be the most popular with teens your age?



Source: The National Center on Addiction and Substance Abuse at Columbia University, 2008

Which is easiest for someone your age to buy: cigarettes, beer, marijuana or prescription drugs?, 2008



Approaches to Preventing and Detecting Non-therapeutic Use

- Health Professions Education
- Prevention of Medical 'Identity' Theft
- Enhanced Investigation and Enforcement
- Better Monitoring
- Collaborative Approaches
- Improved Pharmacovigilance

National Campaigns to Address Prescription Drug Abuse

- Office of National Drug Control Policy (ONDCP)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Department of Justice (DOJ)
- Drug Enforcement Administration (DEA)
- National Institute on Drug Abuse (NIDA)
- Partnership for a Drug Free America (PDA)
- Community Anti--Drug Coalitions of America (CADCA)
- The National Center on Addiction and Substance Abuse at Columbia University (CASA)

CSAT's Prescription Drug Abuse Initiative: Key Activities

- Methadone Associated Mortality Meetings (2003, 2007)
- SAMHSA initiative: Disposing & safeguarding of prescription medication to reduce potential misuse.
- Fentanyl-related Overdoses and Death Meeting (2007)
- Cheese Heroin Meeting: Fentanyl-heroin combination and the combination of heroin and Tylenol PM (2007)
- CSAT Treatment Strategies for Prescription Drug Misuse and Abuse initiative.

CSAT's Prescription Drug Abuse Initiative: Stakeholder Outreach

- Open Dialogue meetings with pharmaceutical industry.
- Buprenorphine Summits (2004, 2005, 2007)
- Rx Action Alliance (consortium of addiction experts, medical societies, patient advocacy groups, regulatory and law enforcement organizations, and pharmaceutical manufacturers)
- Advisory Committee on Non-Medical Use of Stimulant Drugs (prescription stimulant abuse by high school and college youth)
- National Association of Drug Diversion Investigators (NADDI)

Opioid Prescribing CME

- Planned with State Medical Society
- Pilot tested in Ohio, Virginia
- Offered in West Virginia (2), Massachusetts, Connecticut, North Carolina
- Integrate with online – tie to registration renewal

Office-Based Opioid Treatment (OBOT)

- As of July 2008, SAMHSA has certified 15,200 physicians to use Buprenorphine in office-based treatment of opioid abuse and dependence (more than twice the number 2 years ago)
- 8,600 (57 %) of these are listed on the Buprenorphine Physician Locator System.
- Almost 22,000 have been trained.
- 2500 physicians have indicated their intent to treat up to 100 patients.

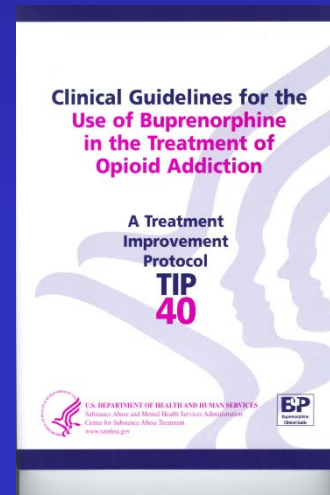
SAMHSA Prescription Drug Initiatives

- We're Developing Strategies on the Therapeutic and Non-therapeutic use of Prescription Drugs of Abuse...



Treatment Improvement Protocols

- SAMHSA has played a major role in educating physicians and other healthcare providers on treatments for opioid addiction



SAMHSA/CSAT Information

- SAMHSA website: www.samhsa.gov
- Information web site:
www.buprenorphine.samhsa.gov
- Medication-Assisted Treatment information:
<http://www.dpt.samhsa.gov/patients/mat.aspx>
- SHIN 1-800-729-6686 for publication ordering or information on funding opportunities
 - 1-800-487-4889 – TDD line
- 1-800-662-HELP – SAMHSA's National Helpline (average # of tx calls per mo.- 24,000)