Prescription Drug Abuse Facts

Alabama Department of Public Health Bureau of Professional and Support Services Pharmacy Division

The Federal Controlled Substance Act controls the distribution and use of controlled prescription drugs CPDs. CPDs are placed in one of five schedules based on the risk for physical or psychological dependence. All businesses that manufacture or distribute, healthcare providers that prescribe or dispense them, and all pharmacies that fill CPDs must comply with CSA, Code of Federal Register (CFR), and state regulations. This includes registering with DEA and following other requirements involved with security and records. Although this level of control exists, CPDs are still abused and diverted illegally. Law enforcement reports and data indicate that CPD diversion increased from 2004 to 2007 across the nation.

CPD diversion includes doctor-shopping and forging prescriptions, dishonest physicians or pharmacists that may sell prescriptions illegally, employees who steal from inventory, executives who falsify orders to cover illicit sales, individuals who commit burglaries or robberies of pharmacies, and individuals who purchase CPDs on illegal Internet pharmacies.CPD diversion can also include the sharing or buying of drugs between family and friends, theft from family and friends, and even purchases from strangers or street dealers.

- Controlled prescription drugs are mostly acquired through friends, family, internet pharmacies, doctor shopping, prescription fraud or theft.
- According to a survey, National Survey on Drug Use and Health (NSDUH,) by Substance Abuse and Mental Health Services Administration (SAMHSA), there were about 6.9 million people aged 12 or older who were current (past month) nonmedical users of prescription-type psychotherapeutic in 2007
 - Psychotherapeutics includes prescription pain killers, tranquilizers, or stimulants.
- Although CPD diversion is common throughout the US, the Eastern states have a higher prevalence of CPD diversion
- Pain relievers are the most widely diverted and abused prescription psychotherapeutics and most are controlled prescription opioids. Abuse is mostly because of their euphoric effects.
- > One survey revealed that teens reported that CPDs are easily obtained and often at no cost.
- More teens reported that prescription drugs were easy to purchase without a prescription than reported beer was easy to purchase.
- > More than 50% of abusers obtain CPDs from friends or family for free
- Violence and property crime associated with CPD diversion and abuse has increased in all regions of the United States over the past 5 years
- the estimated cost of CPD diversion and abuse to public and private medical insurers is \$72.5 billion a year

Controlled Prescription Drug Facts Continued:

Most Commonly Abused Controlled Prescription Drugs:

Opioids

- Opioid pain relievers include codeine, fentanyl (Duragesic®, Actiq®^a), hydromorphone (Dilaudid®), meperidine (Demerol®, which is prescribed less often because of its side effects), morphine (MS Contin®), oxycodone (OxyContin®), pentazocine (Talwin®), dextropropoxyphene (Darvon®), methadone (Dolophine®), and hydrocodone/combinations (Vicodin®, Lortab®, and Lorcet®).
 - Opioids act on opioid receptors found in the brain, spinal cord, and gastrointestinal tract. They can induce drowsiness, nausea, constipation, and even respiratory depression depending on the amount taken. They can induce euphoria by affecting certain regions in our brain that are involved in how we perceive pleasure. This feeling may be more intense in those that abuse them.

Tranquilizers and Sedatives

- The most frequently diverted and abused tranquilizers and sedatives include benzodiazepines such as alprazolam (Xanax®), diazepam (Valium®), and lorazepam (Ativan®); barbiturates such as pentobarbital (Nembutal®), phenobarbital (Luminal®), secobarbital (Seconal®); and zolpidem (Ambien®).
 - These work by increasing neurotransmitters (GABA) that slow the brain activity. This can cause drowsiness or a calming effect. They can also potentiate effects of opioids. One can become tolerant of the effects and need larger doses to achieve the same effects if used for long periods. They should be used only as prescribed as they can be dangerous and lead to seizures if they are stopped abruptly.

Stimulants

- Commonly diverted and abused prescription stimulants include amphetamines (Adderall®, Dexedrine®) and methylphenidate (Concerta®, Ritalin®).
 - These enhance chemicals in the brain including norepinephrine and dopamine. They can also increase blood pressure, heart rate, constrict blood vessels, increase blood glucose, and open up respiratory pathways. The increased dopamine can be associated with a sense of euphoria that can accompany the use of these drugs. The abuse of these drugs can lead to dependence or addiction. Withdrawl symptoms can include fatigue, depression, and sleep pattern disturbances.



Going Street Prices\$\$\$\$

Many have remained at \$1 per milligram But some have increased.....

Average street prices per milligram of the most commonly CPD street drugs

alprazolam (Xanax®) \$3.50

hydrocodone (Vicodin[®], Lortab[®]) \$1.90

methadone \$1.45

oxycodone (OxyContin®, Percocet®, Roxicodone®) \$1.15

Controlled Prescription Drug Facts Continued:

Abuse Facts

- The age group of 18-25 years old are the ones primarily abusing the opioids, tranquilizers and sedatives, but young adolescents 12-17 years old are also abusing these drugs as well
- In 2007, 2.7million aged 12 and up reported that they have used an illicit drug for the first time within the last year
 - Nearly 1/3 were with either a pain killer, tranquilizer, stimulants, or sedatives
 - o The majority claimed it was with marijuana
 - Marijuana and pain killers were the classes with the largest initiates aged 12 and up
- > 2.1 percent aged 12 and up reported prescription pain killer nonmedical use within the past month
- In 2008, 9.7% of 12th Graders, 6.7 of 10th graders, and 2.9% of 8th Graders were using Vicodin non-medically
- Many college students are abusing stimulants (amphetamines and methylphenidate) in order to keep them awake for studying long periods of time or to gain edge over their classmates.
- The number of ED visits for nonmedical use of the benzodiazepines, stimulants, and narcotic analgesics increased by 36%, 42%, and 39% respectively from 2004 to 2006
- > The number of opioid related deaths has significantly increased by 114% from 2001 to 2005
- The number of unintentional deaths due to opioid analgesics was much higher than those related to cocaine and heroin during this period as well.
- According to reports some prescription opioid abusers are switching to heroin as they build tolerance to prescription opioids and seek a more euphoric high.
- > CPDs are usually more readily available than heroin but heroin is cheaper.

How does the Controlled Prescription Drug threat compare to threat of other illicit drugs?

- According to data, the nationwide threat is much less compared to cocaine, crack cocaine, heroin, marijuana, or powder or ice methamphetamine
- However from 2004 to 2008 there was an increase in CPD abuse from 3.1 to 8.1 percent respectively. This is the fastest growing trend reported by law enforcement agencies.
- Marijuana was the most available drug that was reported during 2004-2008, but prescription drugs were reported more readily available compared to powder cocaine or heroin from 2004 to 2008.

Controlled Prescription Drug Facts Continued:

What can we do to help?

PDMPs

- Prescription Drug Monitoring Programs (PDMPs) have been established in many states, including Alabama, to help battle CPD diversion and abuse.
- There has been less CPD diversion and abuse since PDMPs are able to decrease doctor shopping by drug seeking individuals
- The PDMPs have and will continue to aid in improving the timeliness of law enforcement investigations involving CPD diversion abuse
- PDMPs will eventfully allow interstate information sharing in order to exchange their data with other states nationwide and help battle CPD diversion and abuse.

HealthCare Providers and Patients

- The risk for addiction to prescription drugs increases when they are used in other ways than prescribed. Healthcare provides (physicians, pharmacists, and patients themselves) can all help in identifying and preventing prescription drug abuse and diversion.
 - Physicians can identify prescription drug abuse when it exists, and help the patient to recognize the problem set goals and seek appropriate treatment. They should use caution when prescribing these medications and be aware of rapid increases in the need for medication or frequent refill requests.
 - Pharmacists can help by educating and providing information to the patient on the appropriate way the medication should be taken, as well as side effects they should be aware of. They can also help by monitoring for prescriptions that may be forged or that have been altered. Pharmacists are also in a position to where the can recognize doctor shopping. Some pharmacies have hotlines that can be used to alert other pharmacies near by when a counterfeit prescription is found.
 - Patients can help to prevent prescription drug abuse by always following their doctors or pharmacists instructions on how the medication should be taken. They can also inform their doctor or pharmacists of all medications they are taking whether it is prescribed, over the counter, or herbal supplements. Patients should never change their regimen without talking with their doctor first and never take other people's prescriptions or medications.

Resources:

- 1. National Drug Intelligence Center, National Drug Threat Assessment 2009, April 2009.
- Office of National Drug Control Policy. [cited June 11, 2009]. Available from: http://www.whitehousedrugpolicy.gov/DrugFact/prescrptn_drgs/rx_ff.html