Fact Sheet

THE NATIONAL DRUG CONTROL POLICY AND PREVENTION OF PRESCRIPTION DRUG ABUSE

BACKGROUND

Statistics continue to show that prescription drug abuse is escalating with increasing emergency department visits and unintentional deaths due to prescription controlled substances.

■ Americans, constituting only 4.6% of the world's population, consume 80% of the global opioid supply, and 99% of the global hydrocodone supply, as well as two-thirds of the world's illegal drugs.

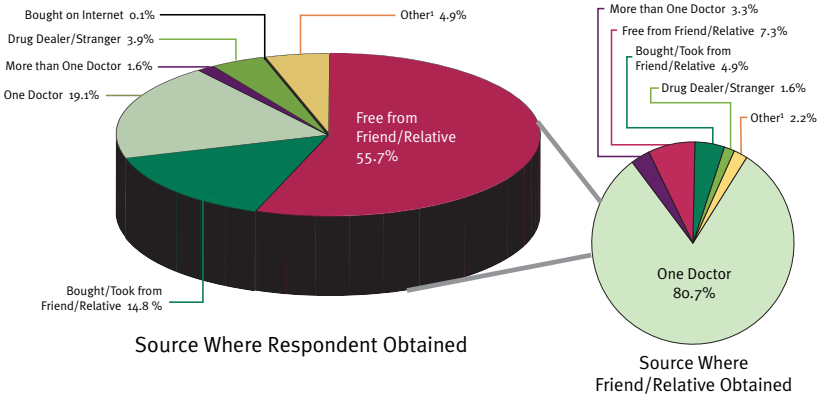
■ Since 2007 there has been an overall abuse increase of 149%, with increases ranging from 222% for morphine, 280% for hydrocodone, 319% for hydromorphone, 525% for fentanyl base, and 866% for oxycodone, to 1293% for methadone.

■ Studies show that 80% of America's high school students, or 11 million teens, and 44% of middle school students, or 5 million teens, have personally witnessed, on the grounds of their schools: illegal drug use, illegal drug dealing, illegal drug possession, and other activities related to drug abuse.

■ Results of the 2009 National Survey on Drug Use and Health showed that an estimated 21.8 million Americans (8.7%) aged 12 or older were current (past month) users of illicit drugs in 2009, meaning they used an illicit drug within the month before taking the survey. This is an increase of 9% from 20.1 million in 2008 (8.0%).

■ In 2009, there were 2.6 million persons aged 12 or older who used psychotherapeutics (prescription-type pain relievers, tranquilizers, stimulants, or sedatives) non-medically for the first time within the past year.

Many reasons exist for continued escalation of prescription drug abuse and overuse, but a few of the most correctable are the lack of education among all segments of society including physicians, pharmacists, and the public; ineffective and incoherent prescription monitoring programs with a lack of funding for NASPER, a national prescription monitoring program; and a reactive approach on behalf of numerous agencies.



Note: Totals may not total to 100% because of rounding or because suppressed estimates are not shown.
1The Other category includes the sources: "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."
Where pain relievers were obtained for most recent nonmedical use among past year users aged 12 or older: 2006 (1).
Source: Abuse and Mental Health Services Administration (2007) (190). Results from the 2006 National Survey on Drug Use and Health: National Findings.

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Source of Prescription Drugs

In 81.7% of the cases where non-medical users of prescription pain relievers obtained their drugs for free from a friend or relative, the individuals indicated that their friend or relative had obtained the drugs from just one doctor. Only 1.6% reported that a friend or relative had bought the drug from a drug dealer or other stranger.

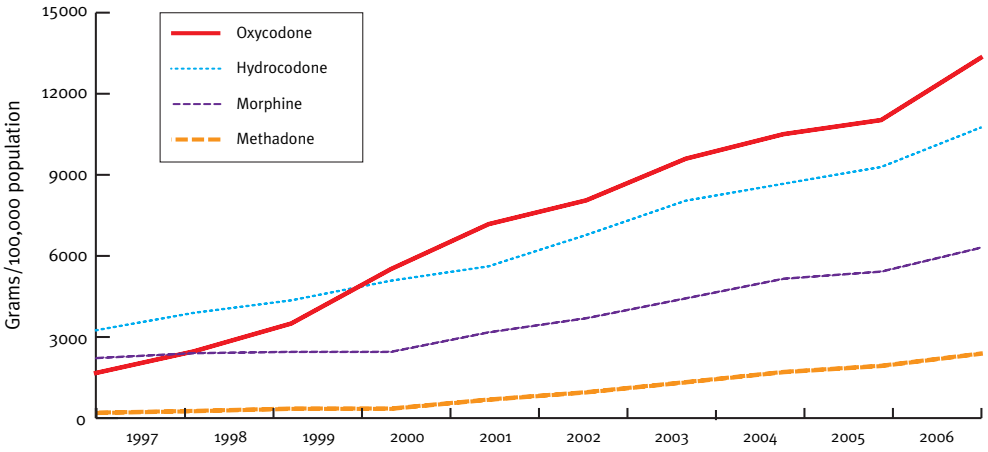
Prescription Opioid Abuse

Prescription opioids are abused in a broad spectrum of the population. The abuse is associated with substantial risks to patients and the nation as a whole with increasing emergency department visits, deaths, and federal drug spending.

■ Along with the154% increase of prescriptions for controlled drugs from 1992 to 2003, there was also a 90% increase in the number of people who admitted abusing controlled prescription drugs.

■ The cost of opioid abuse is enormous. Opioid abusers seek treatment for multiple health issues and expenses 8 times higher than for non-abusers ($15,884 vs. $1,830).The White House Budget Office estimated drug abuse costs to the US Government to be approximately $300 billion a year. The White House Office of National Drug Control Policy (ONDCP), a component of the Executive Office of the President, established by the Anti-Drug Abuse Act of 1998, has been spending $12-13 billion each year.

■ Along with an increase of prescriptions for controlled drugs from 1992 to 2003 of 154%, there was also a 90% increase in the number of people who admitted abusing controlled prescription drugs. Studies also evaluated opioid abuse in the insured population in the U.S. Opioid abuse was determined to be present in 6.7–8 per 10,000 persons insured; however, opioid abusers presented with multiple symptoms of illness and expenses 8-times higher than for non-abusers (US $15,884 vs. $1,830).



The increase in therapeutic opioid use in the United States (grams/100,000 population) from 1997 to 2006. Source: Based on data from US Drug Enforcement Administration. Automation of Reports and Consolidated Orders System (ARCOS); www.deadiversion. usdoj.gov/arcos/retail_drug_summary/index.html Adapted from Manchikanti and Singh (5). Therapeutic opioids: A ten-year perspective on the complexities and complications of the escalating use, abuse, and nonmedical use of opioids. Pain Physician 2008; 11:S63-S89.

■ Drug overdose death rates have risen steadily in the United States since 1970.

■ In 2007, 27,658 unintentional drug overdose deaths occurred in the United States. Drug overdose deaths

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were second only to motor vehicle crash deaths among leading causes of unintentional injury death in 2007 in the United States.

■ Rates have increased roughly 5-fold since 1990.

■ In 2007, the number of deaths involving opioid analgesics was 9.3 times the number involving cocaine and 5.38 times the number involving heroin.

ASIPP'S CONCERNS AND RECOMMENDATIONS:

Drug Diversion
Prescription drug diversion, defined as the unlawful channeling of regulated pharmaceuticals from legal sources to the illicit market place, has been a topic of widespread commentary, and is of interest to regulators and providers.

■ The abuse of many different prescription drugs has been escalating since the early to mid-1990s. Diversion can occur in many ways, including the illegal sale of prescriptions by physicians, patients and pharmacists, doctor shopping, forgery, robbery, and theft.

■ It has been shown that the majority of the drugs come from a single physician's prescription and that family members share it.

Solutions to the Drug Abuse Epidemic

Monitoring Of Abuse
Misuse, abuse, and diversion should be addressed on 3 fronts:

1. Prescription drug monitoring programs (supply) - Immediate reauthorization and implementation of NASPER with enhancements.

2. Adherence monitoring (compliance) - Implementation of the Synthetic Drug Control Strategy along with multiple other programs – drug testing.

3. Education to control supply and demand - Widespread educational programs for physicians, pharmacists, and the general public emphasizing the deleterious effects of controlled substance use and abuse.

Prescription Monitoring Programs
PMPs collect state-wide data about prescription drugs and track their flow. There are 3 components of these programs.

1. Data collection for prescriptions that shows the physicians who wrote them and the pharmacies that dispensed them. Pharmacies are required to report the data by law. Physicians are encouraged to report but are not mandated to do so.

2. Second, there should be a central repository for this data.

3. There should be a protocol in place describing how this data from the central repository can be made available to appropriate authorities and agencies.

To date, 38 states have PMPs, but there is a significant difference in the manner and frequency with which the data is collected. President George W. Bush signed NASPER into law in 2005 which was created by ASIPP and enacted by Congress. This law requires states to collect prescription information for Schedule II, III, and IV medications. It also requires states to have the capability to share this information with each other. This can decrease cross-border narcotic trafficking. With the enactment of NASPER, multiple states are operating physician-friendly programs where pain physicians can identify the risk of overuse and abuse.

■ **NASPER must be reauthorized and funded to successfully curtail prescription drug abuse.**

Adherence Monitoring
No single instrument or assessment method has universal predictive utility because there could be multiple reasons and factors involved in drug abuse and/or misuse. However, urine drug testing (UDT) is regarded as the gold standard. This is primarily because urinary tests allow for the presence or absence of certain drugs to be evaluated with good specificity, sensitivity, ease of administration, and cost. UDT can be a useful tool to aid in both the ability to evaluate patients' compliance with prescribed regimens

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of controlled substances, and to diagnose the misuse or abuse of prescribed drugs or use of illicit agents. However, UDT has been used, misused, and abused due to financial incentives, and the influence of medical licensure boards, the Drug Enforcement Agency (DEA), and other governmental agencies.

Education

A crucial step in tackling the problem of prescription drug abuse is to raise awareness through the education of parents, youth, patients, and health care providers. Although there have been great strides in raising awareness about the dangers of using illegal drugs, many people are still not aware that the misuse or abuse of prescription drugs can be as dangerous as the use of illegal drugs, leading to addiction and even death. The next step is educating prescribers and dispensers, including physicians, physician assistants, nurse practitioners, pharmacists, nurses, prescribing psychologists, and dentists, all of whom have a role to play in reducing prescription drug misuse and abuse.

- Most physicians receive little training on the importance of appropriate prescribing and dispensing of opioids to prevent adverse effects, diversion, and addiction. Outside of the specialty of pain medicine, interventional pain management, and addiction treatment programs, most health care providers have received minimal training in how to recognize substance abuse in their patients.

- Training must be provided starting with medical school, residency programs, and with assessment of knowledge in practice as a condition for a DEA license for prescribing of Schedule II and III drugs.

- Further, administration officials (local and federal), state medical licensure boards, and law enforcement officers should acquire appropriate knowledge for a balanced approach.

ASIPP'S RECOMMENDATIONS

(1) The reauthorization of NASPER,

(2) Measures to curtail abuse, and

(3) Required education and certification of prescribers.

We ask for your support on the reauthorization of NASPER and encourage you to support and/or co-sponsor H.R. 866. Please contact Rep. Ed Whitfield (R-KY), Rep. Ben Chandler (D-KY), or Rep. Frank Pallone (D-NJ) to support this bill. Additionally we encourage you to support, introduce, or sponsor a NASPER reauthorization bill in the senate. Please contact Sen. Dick Durbin (D-IL) or Sen. Jeff Sessions (R-AL) for information on the Senate bill.

ASIPP and its members are eager to work with you on any additional legislation pending related to the prevention of prescription drug abuse.

We thank you for your interest in and commitment to the prevention of drug abuse.

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