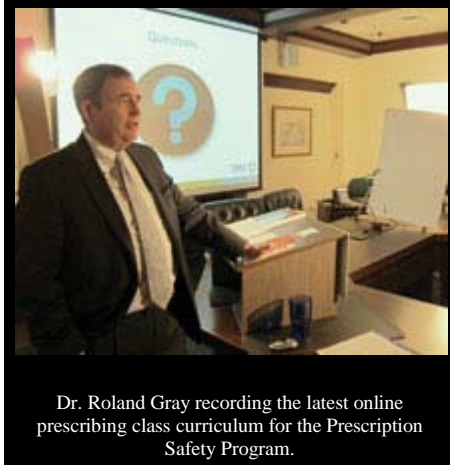


A Different Kind of Drug War

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Providers Focus on Prescription Drug Addiction, Abuse

It's a difficult balance to strike. Physicians certainly don't want patients to suffer needlessly when medications exist to successfully diminish pain and manage symptoms. On the other hand, the healthcare community has become increasingly aware that prescription efficacy comes with a very high price for some ... addiction and abuse.

Over the past few years, several high-profile celebrity deaths including Heath Ledger, Michael Jackson, and ... most recently ... Whitney Houston, have brought media attention to an issue that has become a growing problem in the United States. In fact, the Centers for Disease Control and Prevention (CDC) have now labeled prescription drug abuse at "epidemic levels."

The National Institute on Drug Abuse (NIDA), part of the National Institutes of Health, defines prescription drug abuse as either taking a medication that is not prescribed for the user or as taking a prescribed medication for reasons or in dosages other than that intended by the prescriber. The most commonly abused classes of prescription drugs are opioids for pain, central nervous system depressants for anxiety and sleep disorders, and stimulants for conditions such as ADHD.

A CDC Vital Signs report, released in November 2011, noted more Americans now die from drug overdoses than in car accidents. In 1999, opioid painkillers were linked to 25 percent of poisoning deaths. By 2008, that number had jumped to more than 40 percent of all such deaths, totaling nearly 15,000 lost lives.

In the 2010 *National Survey on Drug Use and Health*, about 12 million Americans age 12 and older reported nonmedical use of prescription drugs in the past year. Furthermore, the CDC stated that enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month. Tennessee is certainly not immune to the problem. The Drug Enforcement Agency lists the state as one of 12 in the nation with the highest prescribing rates for prescription painkillers — 8.5-12.6 kilograms per 10,000 people for 2010.

Although the issue has received a lot of consumer media attention in the last few months, the problem has long been on the radar of state health officials and associations. Roland W. Gray, MD, FASAM, is helping lead the charge in Tennessee through the Prescription Safety Program. Medical director for the Tennessee Medical Foundation, an affiliate of the Tennessee Medical Association, Gray has also served as principal author on a series of continuing medical education (CME) courses that address prevalence, monitoring and screening for prescription drug abuse.

Although prescription abuse began rising in the early 1990s, Gray said there was a significant jump in prescribing opioids after the Joint Commission declared pain the “fifth vital sign” in the late 1990s. Revised JCAHO guidelines mandated hospitals institute pain assessment and management protocols by 2001.

Between 2003 and 2010, Gray noted, “In Blount County, Sevier County and Roane County, overdose deaths from prescription drugs were up over 100 percent.” He added, “Currently, hydrocodone is the most commonly prescribed drug in Tennessee.”

While middle-aged adults have the highest prescription painkiller overdose rate, usage by teens is increasing. The NIDA-funded 2010 *Monitoring the Future* study found 8 percent of high school seniors had abused Vicodin, and 5.1 percent had used OxyContin at least once in the prior year for nonmedical purposes.

Gray said in states that track ‘first starts’ ... the first time a drug is abused or overused ... the last five years have shown a trend where more first starts were made with prescription drugs than marijuana among adolescents. “It’s not something you buy wrapped up in tin foil out behind the gas station,” he pointed out. “Instead, you get them out of your parent’s medicine cabinet or from a pharmacist. They feel like it’s safer,” Gray continued, adding this makes the trend all the more dangerous.

Calling the abuse of prescription drugs a ‘crisis,’ Gray was also quick to note, “All of these drugs we talk about do have legitimate medical uses and improve the quality of life for some of our sickest patients.”

Therefore, he continued, it is vital physicians recognize when prescription use slips over the line to abuse. Gray has recently finished the curriculum of a third CME course, which will be presented during the annual meeting of the Tennessee Medical Association later this month in Nashville and will also be available online as a webinar. This latest CME offering is “Epidemic: Prescribers’ Response to Tennessee’s Prescription Drug Abuse Crisis.”

Over the last five years, Gray estimated more than 5,000 physicians have taken one or more of the courses and noted the state now requires physicians to have one hour of CME in proper prescribing practices.

“One of the things we try to do with the prescribing courses is to educate physicians — first of all, make them aware of the problem in Tennessee and how large the problem is and then their legal responsibilities,” he said, adding the courses also offer guidance on screening patients.

“We have a controlled substance monitoring database in Tennessee, and if used appropriately, it’s a very helpful tool in weeding out drug seekers or doctor shoppers,” he continued.

Gray noted there are effective screening tools that point to abuse or misuse of drugs. Red flags, he said, include not being able to make a diagnosis that justifies the drugs a patient is seeking, insistence on a specific drug, and symptoms of withdrawal.

Better yet, Gray noted, prescribers have the ability to stop misuse before it ever starts. “Frequently, they can sit down and talk to patients and explain how dangerous the prescription can be.” He also highly recommended the Substance Abuse and Mental Health Services’ ‘SBIRT’ program — Screening, Brief Intervention, and Referral to Treatment. “It’s an excellent tool and just takes a few minutes to do,” he said. Gray said the program helps prescribers catch ‘pink flags’ before they turn red and a patient becomes addicted.

Vigilance is key, he said, because the slide to addiction truly crosses all demographic lines, and those in trouble are often able to continue functioning and disguise the problem from friends, coworkers, or even family.

“It may be a silent epidemic, but it’s an epidemic. The numbers of prescriptions for controlled drugs, overdoses and admittance for treatment all continue to go up,” he stated. “Somehow we’ve all got to work together to really control this problem.”

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Stats & Facts on the Rise of Rx Abuse

- Of the illicit drug users in 2010 age 12 and older, 17.4 million reported being ‘current’ (past month) users of marijuana. Another 9 million (39.9 percent) reported current use of a drug other than marijuana. Of that second group, 7 million were nonmedical users of prescription drugs.
- When expanding the timeframe to include the previous 12 months, more than 12 million people reported nonmedical use of prescription painkillers in 2010.
- In looking at *dependence* on illicit drugs in 2010, marijuana had the highest levels of dependence (4.5 million) followed by pain relievers (1.9 million) and cocaine abuse (1 million). While marijuana saw an overall increase in usage, the number of people dependent on the drug has remained steady between 2002 and 2010. During that same time period, cocaine dependence actually declined. Only the dependence on prescription pain relievers saw an increase (from 1.4 million to 1.9 million).
- Since 2003, more overdose deaths have involved opioid analgesics than heroin and cocaine combined.
- In 2010, an estimated 3 million persons age 12 or older used an illicit drug for the first time within the past 12 months. Nonmedical use of prescription drugs accounted for 26.2 percent of these first time initiates.
- Nearly half a million emergency department visits in 2009 were due to people misusing or abusing prescription painkillers.
- Only 10 percent of patients are found to ‘doctor shop’ for opioids, but this group accounts for 40 percent of overdoses.

- Among the remaining 60 percent of overdoses, another 40 percent comes from 10 percent of patients prescribed a high dose (≥ 100 mg morphine equivalent dose per day) of opioids from a single prescriber, with the remaining 20 percent of overdoses coming from among the 80 percent of patients prescribed < 100 mg morphine equivalent dose per day by a single prescriber. Therefore, 80 percent of overdoses come from 20 percent of the population receiving high daily doses of opioids.
- Nonmedical use of prescription painkillers costs insurers up to \$72.5 billion annually in direct health care costs.

Sources: Substance Abuse and Mental Health Services Administration, *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*. CDC Vital Signs, November 2011, and *Grand Rounds*, January 2012.

RELATED STORY:

State Doctors Fully Engaged in Solutions to Curtail Rx Drug Abuses

Tennessee's prescription drug problems continue to make headlines and rightfully so. Our high rates of prescriptions per capita and deaths from the misuse of prescription medicines deserve our full attention.

But this same media coverage has, in our view, mischaracterized the response by healthcare professionals as less than enthusiastic and – in one major newspaper – described doctors as slow to develop or support possible solutions to the problem. It is this misconception I would like to address.

The prescriber community, doctors in particular, have been addressing this issue for nearly a decade. The pharmaceutical and medical communities worked diligently to secure passage of the bill that established the Controlled Substances Monitoring Database (CSMD), and agreed to underwrite the cost of its operation. The CSMD has yielded results: the number of units of controlled substances dispensed has decreased annually since the first year of operation in 2007.

In 2006, the Tennessee Medical Association acted to address the state's top ranking of number of prescriptions per citizen prescribed: it created the Tennessee Prescription Safety Program (PSP). This comprehensive statewide program monitors and addresses the prescription drug problem, re-educates prescribers, and raises awareness among the general public. The TMA worked with the Tennessee Board of Medical Examiners to make sure this education program met and fulfilled CME requirements for physician licensing. Since its inception, more than 5,000 physicians and other prescribers across the state have been re-educated on this issue. The program is currently hosting its third round of live and online classes.

The TMA also sought and won additional legislative and regulatory measures to clamp down on drug diversions and overuse of prescription medications. TMA-sponsored bills to expand and tighten the reporting of "doctor shopping" patients and to regulate pain clinics and eradicate "pill mills" in the state were passed in 2009 and 2011.

Looking forward, the TMA has adopted prescription misuse as its signature public health issue and is extending even more resources to educate physicians and change behaviors. We have recently agreed to partner with the Tennessee Pharmacists Association to work with insurance companies and state health officials on efforts to 1) increase re-education of prescribers; 2) increase the effectiveness and use of the state's Controlled Substance Monitoring Database; 3) seek sensible legislative and regulatory oversight; and 4) raise public awareness about the problem with both controlled substances and antibiotics.

We support many provisions in Governor Haslam's legislative initiative and believe by working together with the Administration we can resolve provisions that concern the healthcare community and help ensure better patient care. We realize there is a prescription drug use problem in Tennessee and that all of us must do more to address it. The prescription drug use problem did not appear suddenly and will not go away overnight; it will take time and effort by all stakeholders to find and implement thoughtful, effective and proven solutions. We cannot overemphasize the importance of including doctors, pharmacists and other healthcare prescribers as solutions are being considered.

Wiley T. Robinson, MD

TMA President-elect