



# **State Substance Abuse Agencies and Prescription Drug Abuse**

## **Initial Results from a NASADAD Membership Inquiry**

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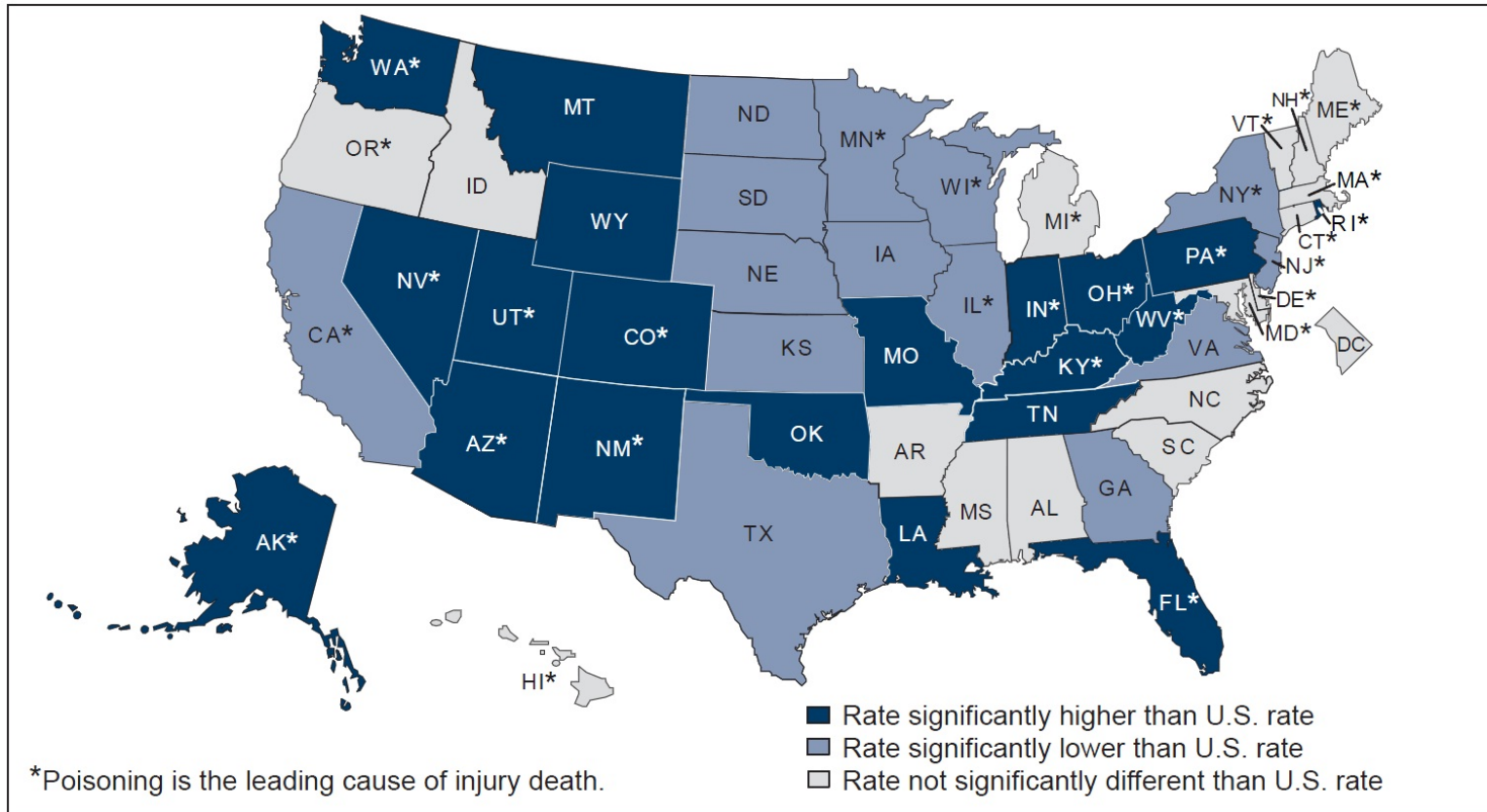
# NASADAD Membership Inquiry on Prescription Drug Abuse: Overview

- State Substance Abuse Agencies (SSAs) consider prescription drug abuse to be an important issue.
- States are doing a lot to address the problem:
  - Convened Task Forces
  - Enacted Legislation
  - Provided Education to Prescribers, Pharmacists, Consumers, and the General Public

# NASADAD Membership Inquiry: Primary Objectives

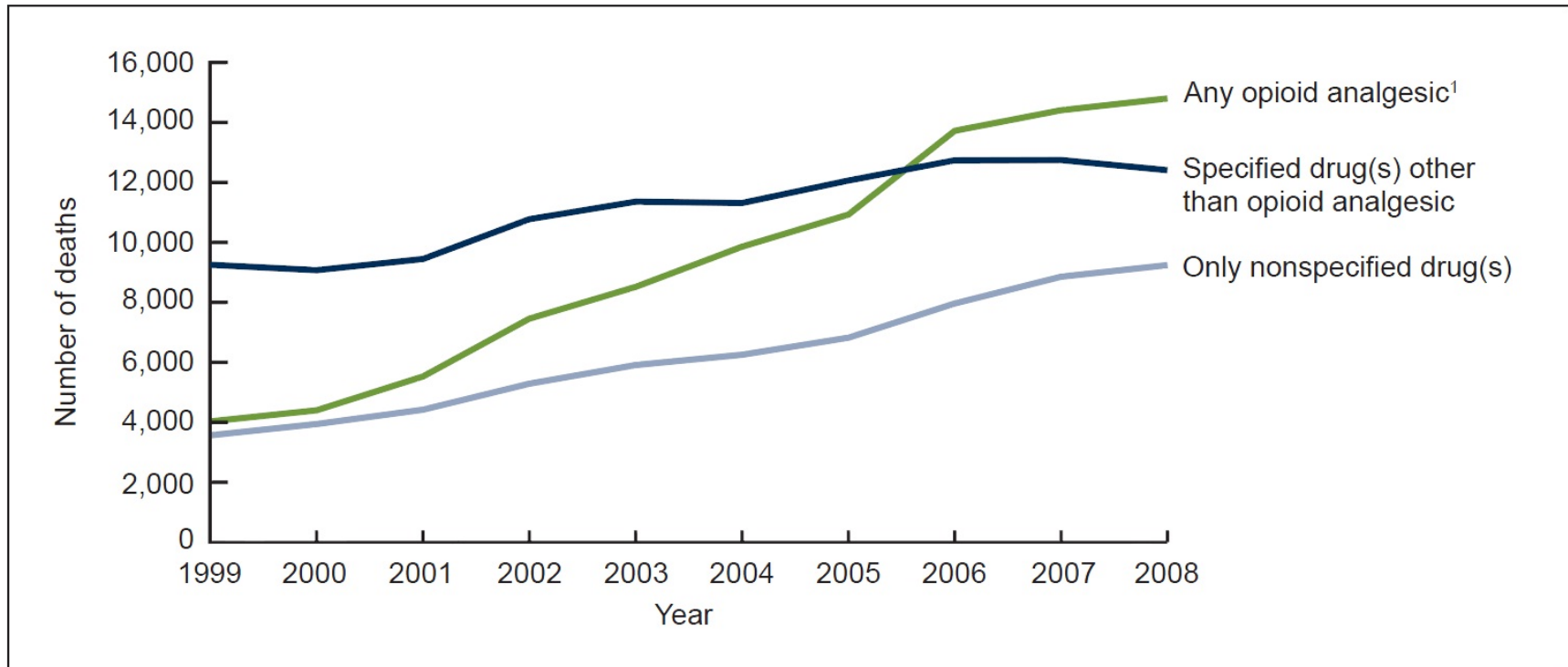
- Understand how SSAs are addressing prescription drug abuse.
- Examine policies, practices, and challenges/barriers.
- Identify training, technical assistance, and resource needs.

# Poisoning is the Leading Cause of Death from Injury in 30 States (CDC 2011)



Warner M, Chen LH, Makuc DM, Anderson RN, Miniño AM. Drug poisoning deaths in the United States, 1980–2008. NCHS data brief, no 81. Hyattsville, MD: National Center for Health Statistics. 2011.

# Opioid Analgesics Involved in More Than 40% of Drug Poisoning Deaths in 2008 (CDC 2011)



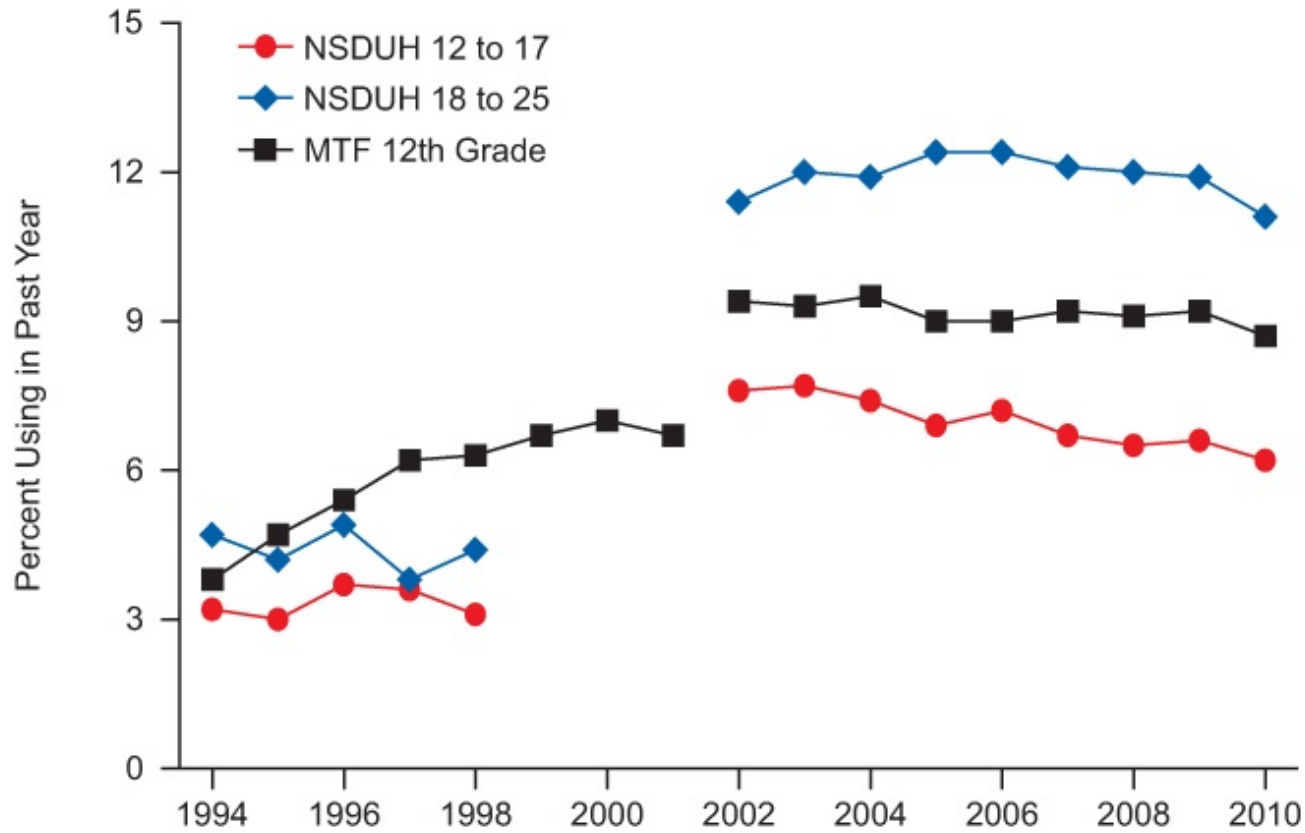
Number of drug poisoning deaths involving opioid analgesics and other drugs: United States, 1999–2008

*Warner M, Chen LH, Makuc DM, Anderson RN, Miniño AM. Drug poisoning deaths in the United States, 1980–2008. NCHS data brief, no 81. Hyattsville, MD: National Center for Health Statistics. 2011.*

# Prescription Drug Abuse: Understanding the Problem

- In 2010, 7 million (2.7 %) persons age 12 or older misused or abused some type of prescription drug in the past month similar to 2009 and 2002 levels (NSDUH 2010).
- Among young adults aged 18 to 25, the rate of nonmedical use of prescription-type drugs in 2010 was 5.9 %, similar to rates from 2002 to 2009 (NSDUH 2010).
- Among youths aged 12 to 17, the rate of current nonmedical use of prescription drugs declined from 4% in 2002 to 3% in 2010 (NSDUH 2010).
- Prescription drugs are 2<sup>nd</sup> most used drug among youth after marijuana (Monitoring the Future 2009).

# Past Year Nonmedical Pain Reliever Use among Youths and Young Adults in NSDUH and MTF: 1994-2010



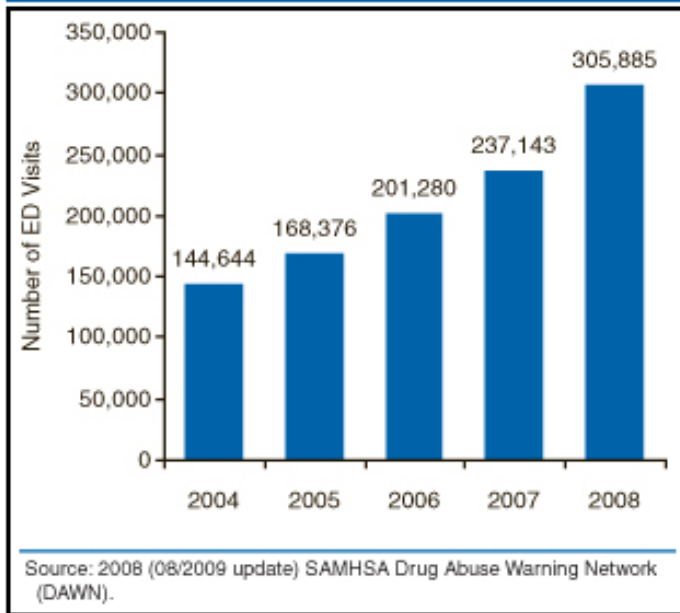
# Understanding the Problem: Source of Prescription Drugs (NSDUH 2010)

- Among persons aged 12 or older who misused or abused prescription pain relievers:
  - 55% received from a friend or relative for free.\*
  - 11.4% purchased from a friend or relative.
  - 4.8% took from a friend or relative without asking.
  - 17.3% received from a doctor's prescription.
  - 4.4% received from a dealer or stranger.
  - 0.4% ordered on the Internet.

\*Among those receiving drugs from a friend or family for free, 79.3% of friends or relatives received drugs from a doctor's prescription.

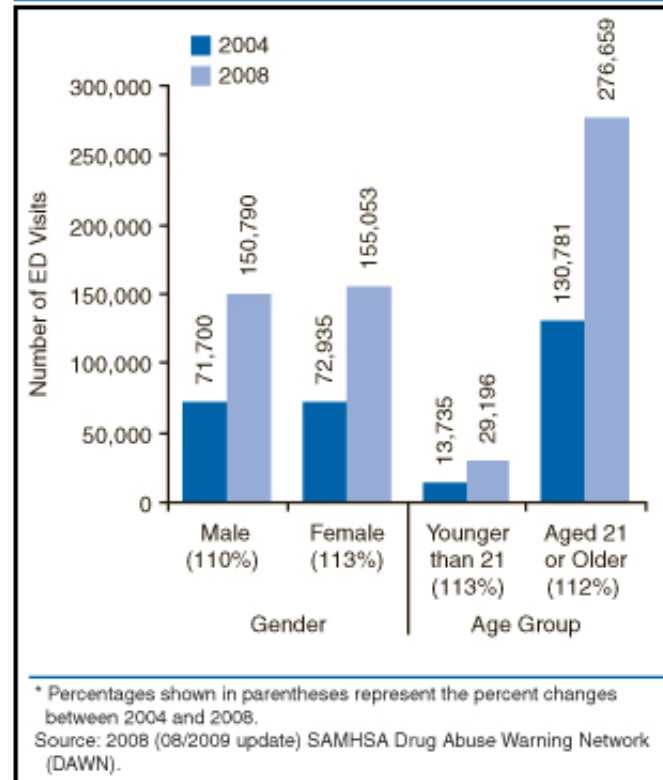
# Trends in Emergency Department Visits Involving Misuse or Abuse of Prescription Pain Relievers (DAWN 2008)

**Figure 1. Trends in Emergency Department (ED) Visits Involving the Nonmedical Use of Narcotic Pain Relievers: 2004 to 2008**



ED visits involving misuse or abuse of narcotic pain relievers rose 111% from 2004 to 2008.

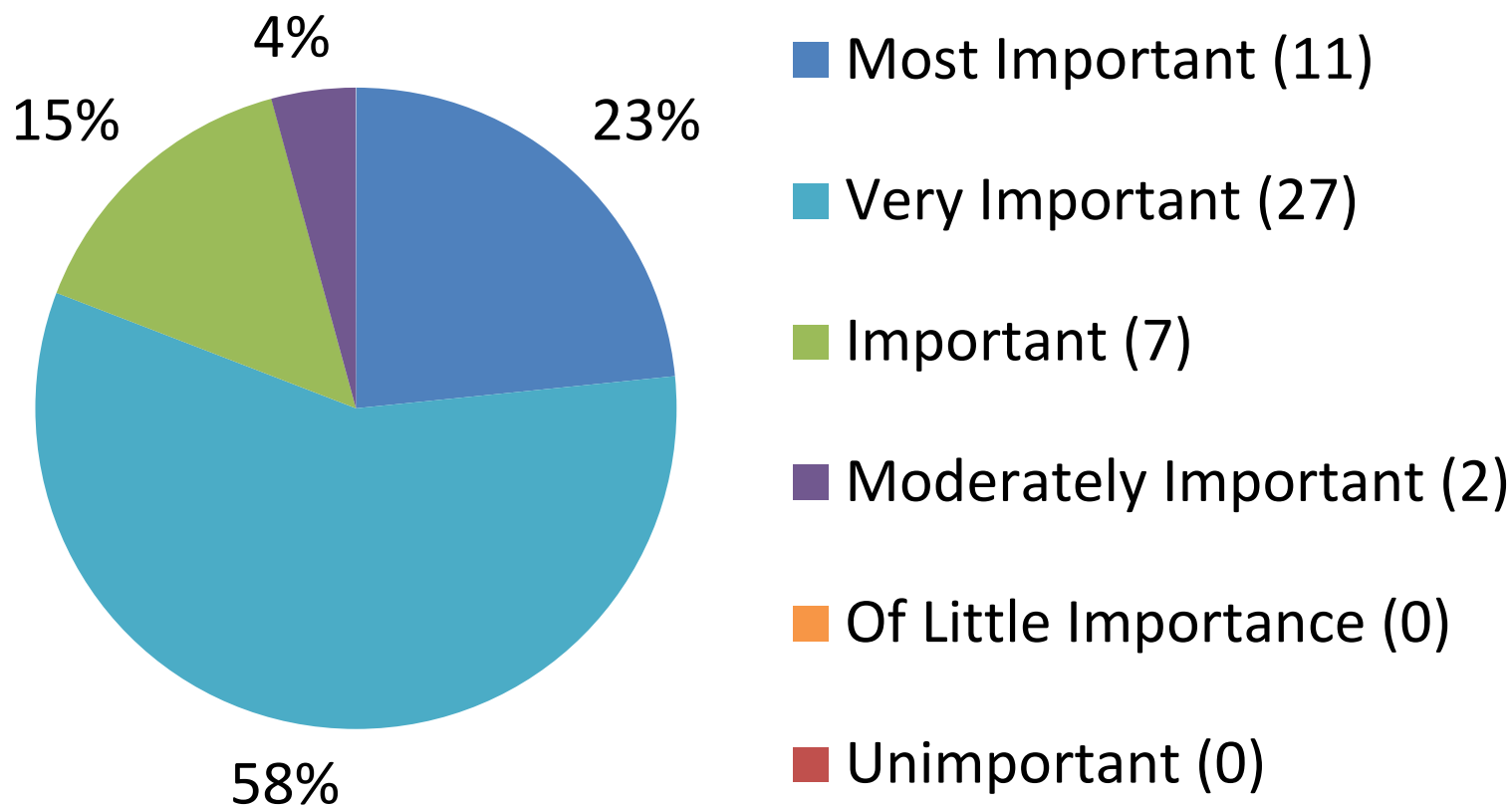
**Figure 2. Emergency Department (ED) Visits Involving the Nonmedical Use of Narcotic Pain Relievers, by Gender and Age Group: 2004 and 2008\***



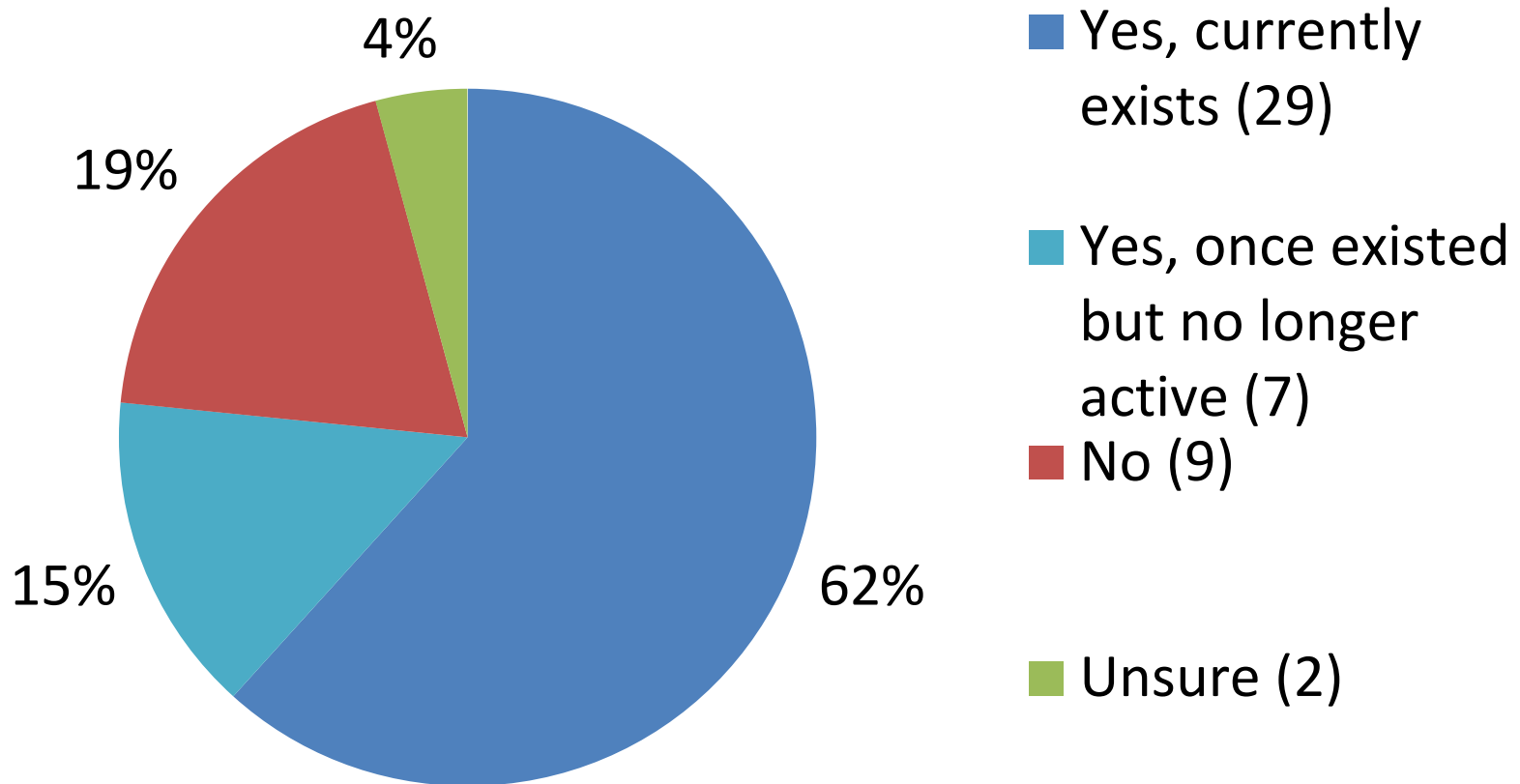
# Membership Inquiry: Overview

- Web survey conducted March 2012.
- Invited State Directors, Treatment Leads (NTNs), and Prevention Leads (NPNs) to participate.
- Received 76 responses (46 States, 2 Territories, and the District of Columbia); cross-checked multiple responses to create “State” response
- Analysis includes 46 States and the District of Columbia (N = 47 States).

# Importance of Prescription Drug Abuse to State Substance Abuse Agencies



# State Task Force Addressing Prescription Drug Abuse



# State Task Force : California

- Established in 2008.
- Nearly 40 members, including State and Federal officials, educators, researchers, and members of private sector; chaired/managed by the SSA.
- Documented nature/magnitude of problem and made recommendations:
  - Awareness: Educate caregivers, middle/high school and college students, health professionals
  - Training to addictions and other health professionals on how to screen, treat and refer for prescription drug abuse
  - Reduce Availability: Improve the PDMP; limit pharmaceutical marketing and internet sales
  - Other Policies: Improve Medi-Cal coverage for buprenorphine, and screening and brief interventions; return of unused medications
  - Track the Problem: Include prescription drug abuse items in existing health data systems

*"Summary Report and Recommendations on Prescription Drugs: Misuse, Abuse and Dependency" (2009)*

[http://www.adp.cahwnet.gov/Director/pdf/Prescription\\_Drug\\_Task\\_Force.pdf](http://www.adp.cahwnet.gov/Director/pdf/Prescription_Drug_Task_Force.pdf)

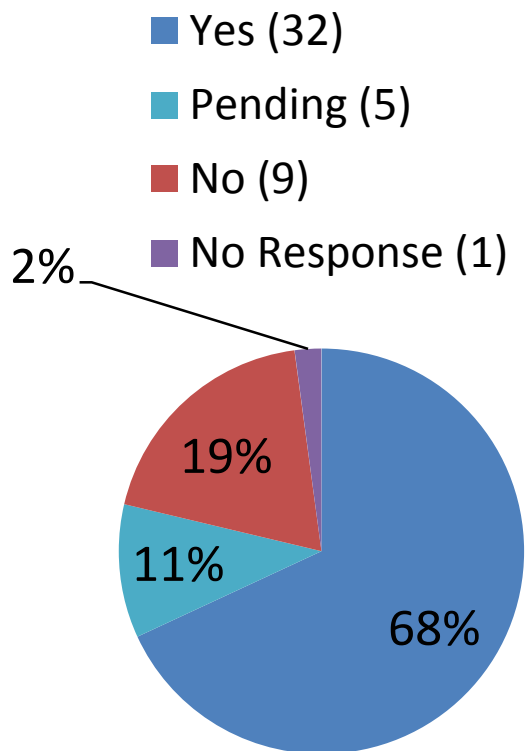
# State Task Force: Iowa

- Iowa Prescription Abuse Reduction Task Force lead to: “Reducing Prescription Drug Abuse in Iowa: A State Strategy” (2011); Governor’s Office of Drug Control Policy documented recent increase in prescription drug abuse: 370% increase (1999-2009) in those seeking treatment for prescription drug abuse (187 to 878).
- Made wide-ranging recommendations:
  - Education/Intervention: PSAs on dangers; info for parents; school prevention; health and addiction professionals (re: prescription drugs and PDMP).
  - Storage and Disposal: Educate and encourage citizens; expand drop-off and disposal services; evaluate disposal policies and services.
  - Monitoring: Enhance the PDMP; interstate (and V.A.) sharing of data; automatic alerts to prescribers and dispensers; real-time data submission; promote use of PDMP; link PDMP to state HIT system
  - Enforcement: Expand use of PDMP, collaborating with health field to understand good pain care versus improper prescribing practices

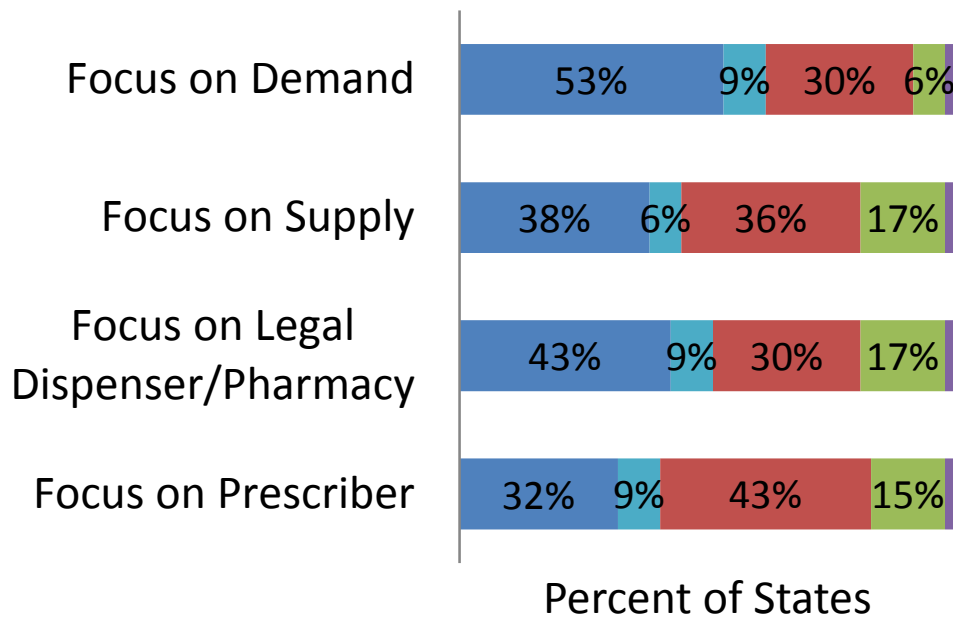
<http://nursing.iowa.gov/images/pdf/BM%20Attachments/ReducPresDrqAbuse.pdf>

# State Legislation Addressing Prescription Drug Abuse

## Any Legislation Passed in Past 5 Years?



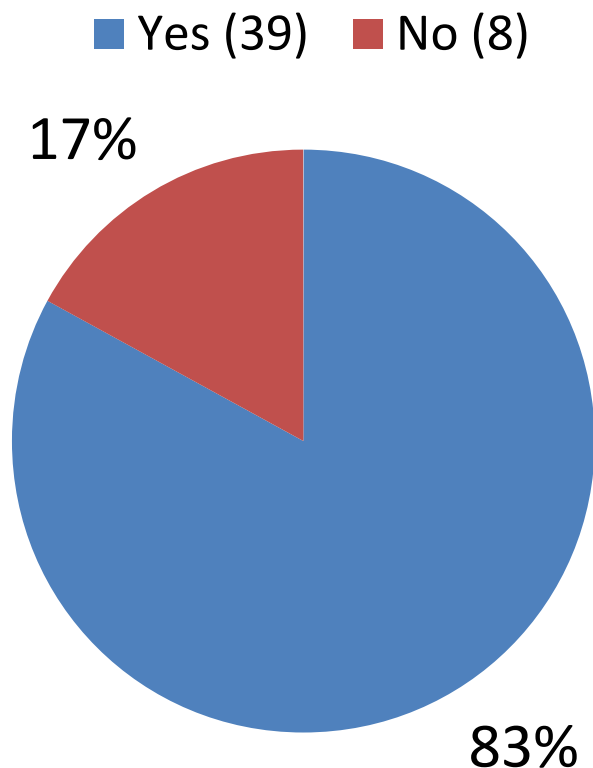
## Breakdown by Legislation Focus (N = 47)



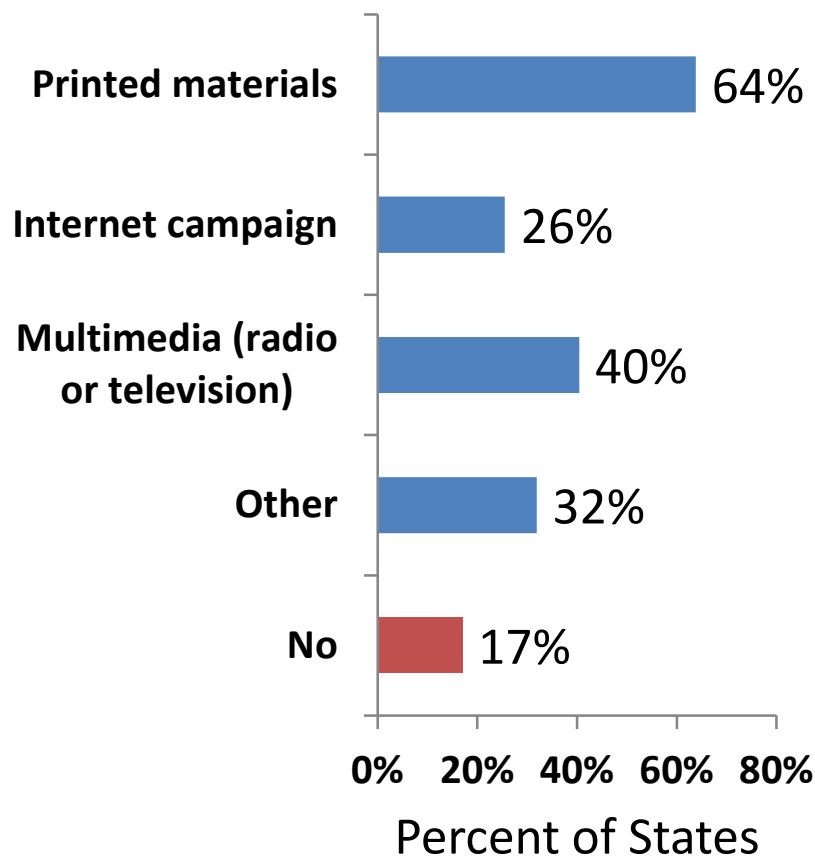
Percent of States

# Educating the General Public

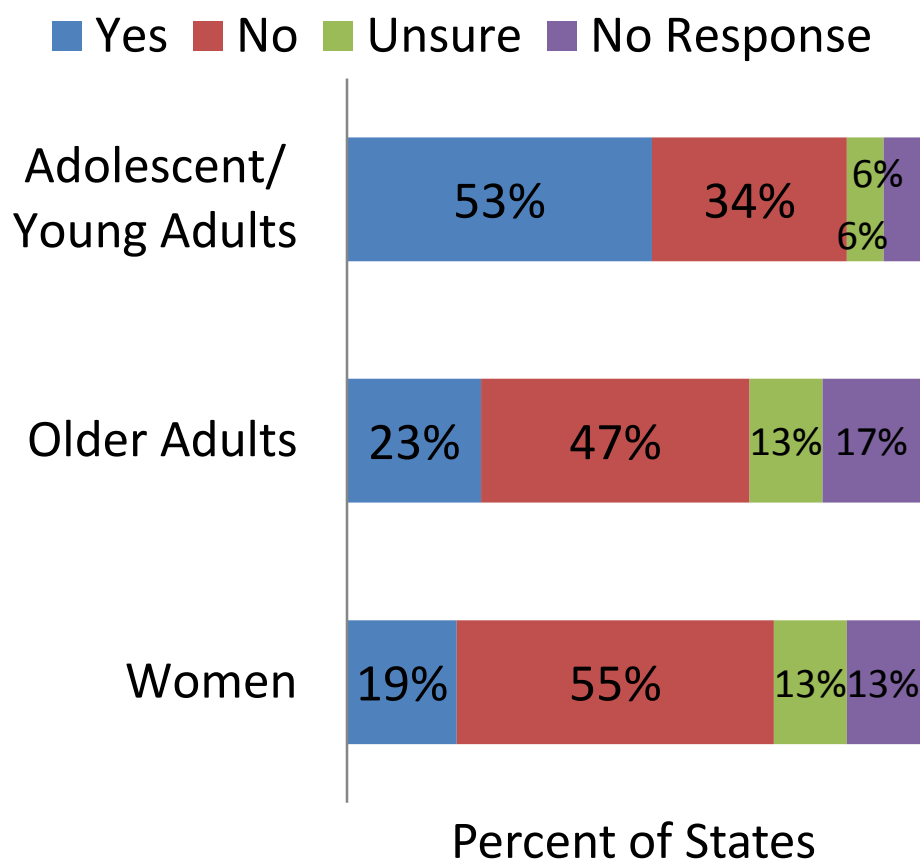
Any Education (N = 47)



By Education Type (N = 47)



# Target Population Initiatives

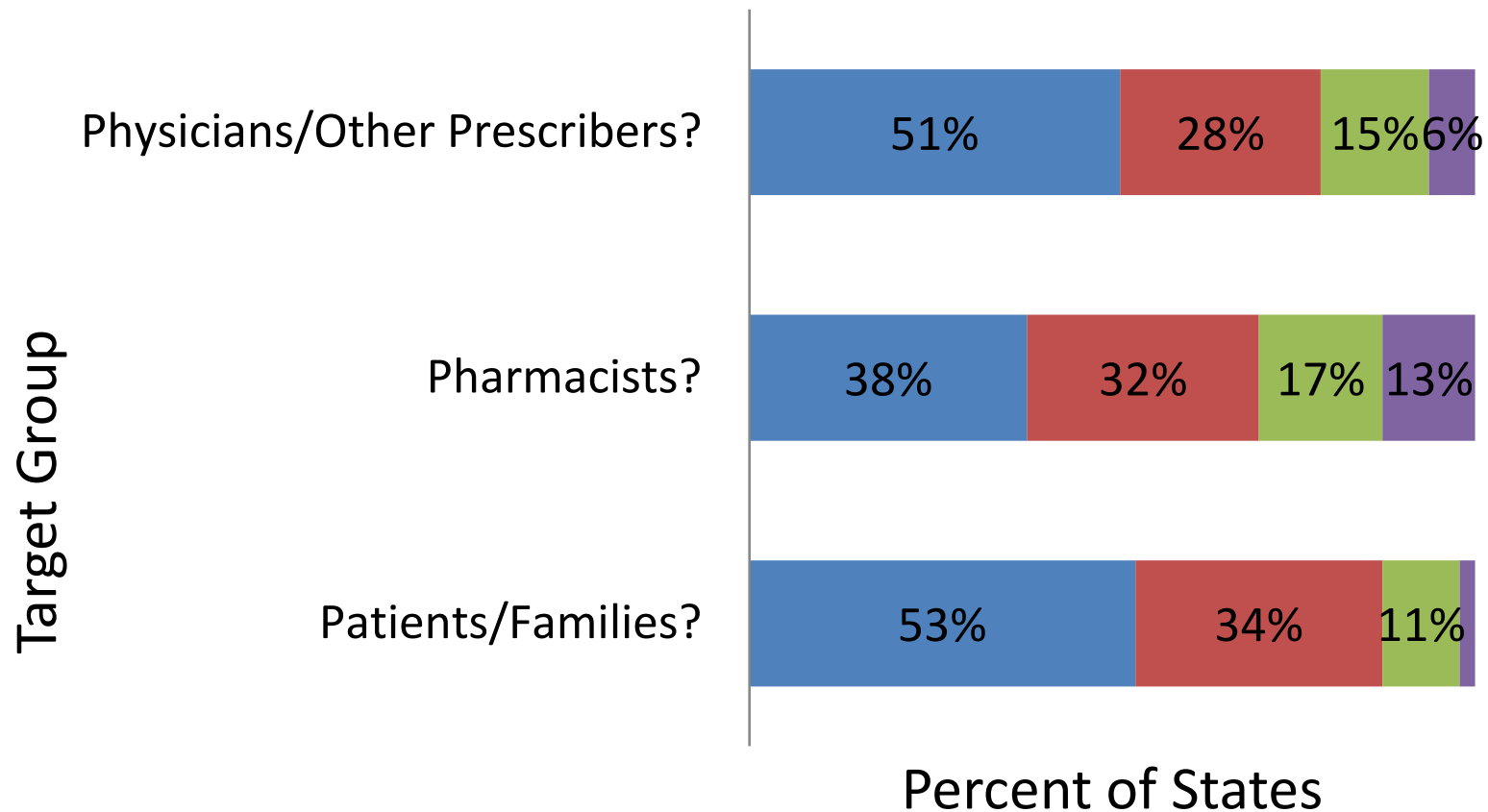


- Other Populations Cited:

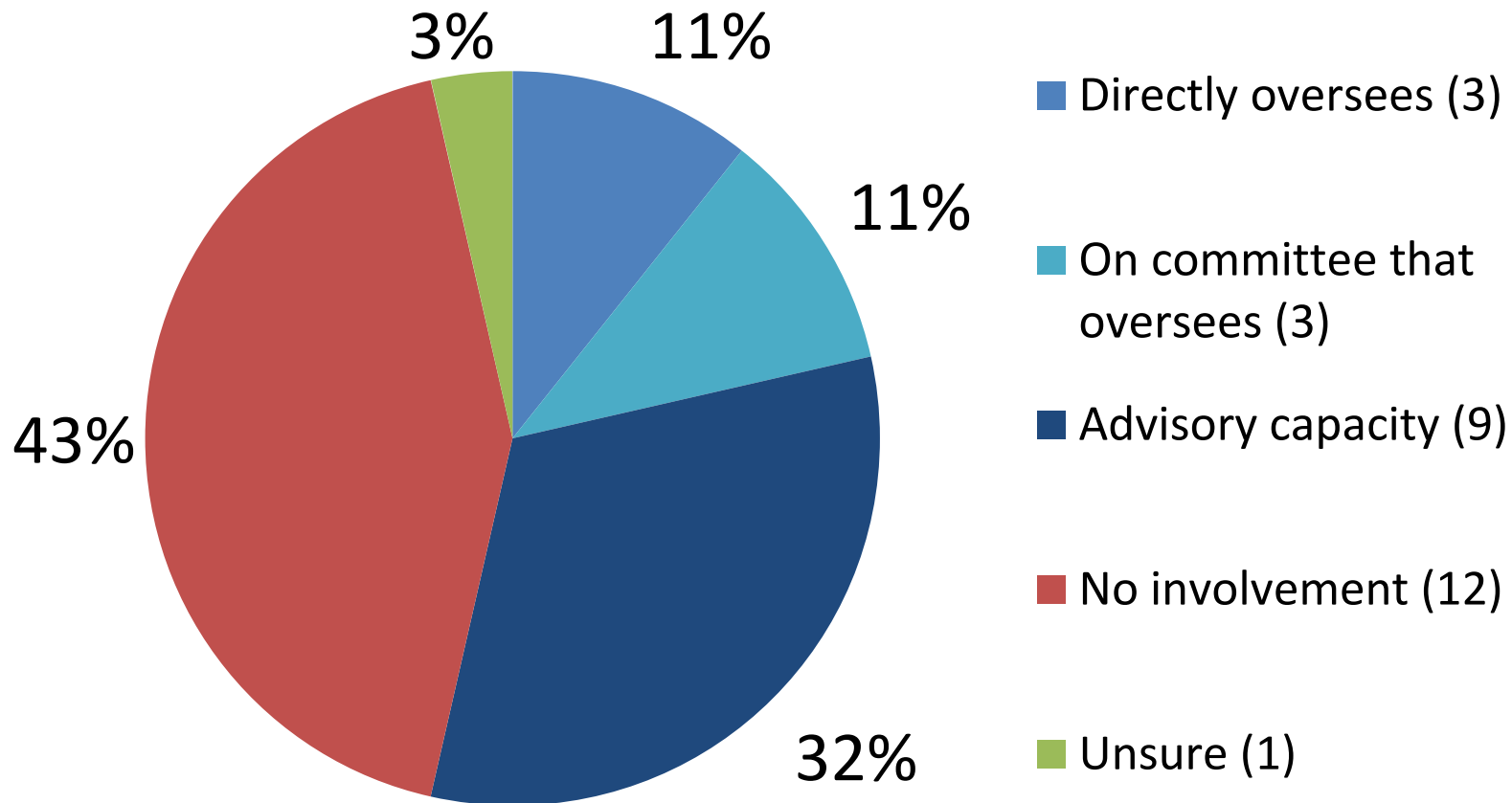
- Native Americans and Tribes (2)
- Pregnant Women (2)
- Those with Chronic Health Conditions (1)
- Post-Natural Disaster Communities (1)

# Educational Activities for Physicians, Pharmacists, and Patients

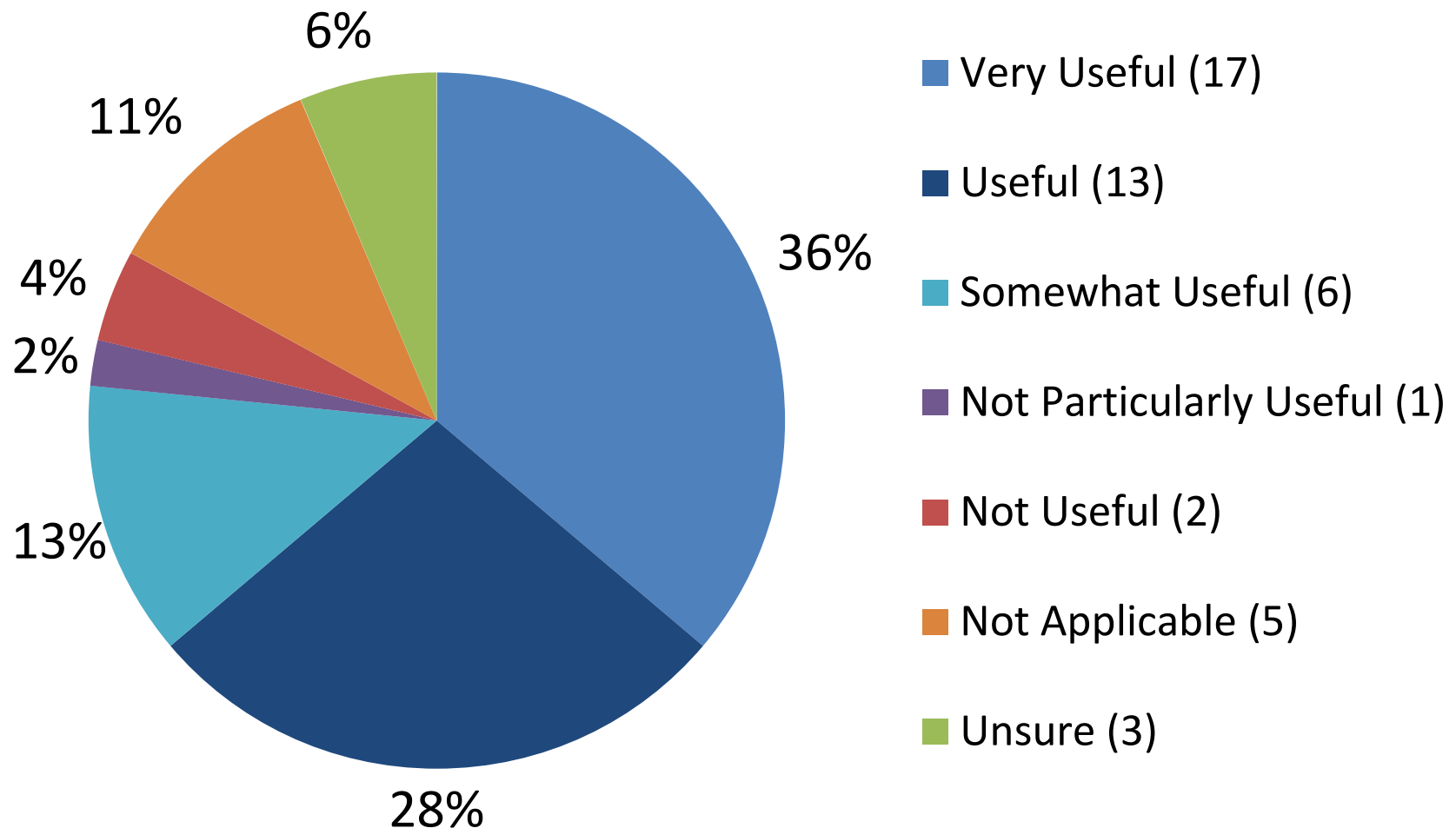
■ Yes ■ No ■ Unsure ■ No Response



# SSA Involvement with Prescription Drug Monitoring Program (PDMP) (N = 28)



# Usefulness of PDMP Data to SSAs



# *“What are some highlights to your State agency’s current programs or initiatives addressing prescription drug abuse?”*

- *Collaboration with Partners*
  - e.g. across State agencies; with law enforcement; with primary care providers; across States
- *Education and Prevention*
  - e.g. provide community education; mobilize prevention coalitions; educate prescribers and pharmacists
- *Early Identification and Referral to Treatment*
  - e.g. SBIRT training for physicians
- *Supply Reduction*
  - e.g. take back initiatives

# Highlights: Arizona

- State Agency collaborated with Poison Control Centers to identify repeat poisonings and make referrals to SUD treatment services.
- Online trainings were developed for Emergency Department doctors to increase the understanding of screening and referral process.

# Highlights: Ohio

- In 2009, opiates were primary drug of choice for 18% of all clients (up from 7% in 2001).
- Top priority of Governor Kasich – includes a Task Force led by SSA.
- State conference in 2011.
- “Recovery 2 Work” Initiative – Led by SSA, Rehabilitation Services, and County Authorities.
  - Integrates addiction treatment with vocational rehab services – focus on jobs.

<http://recovery2work.org>

# Highlights: Oregon

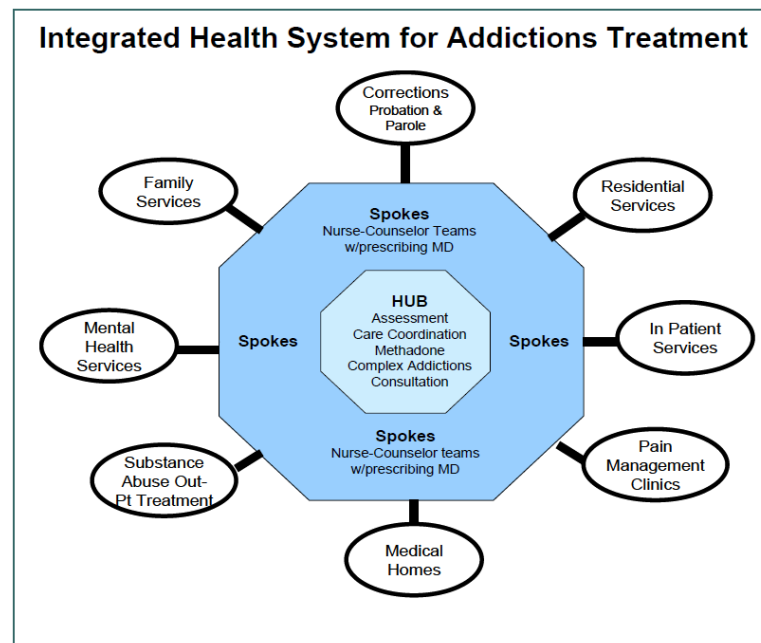
- In 2010, the State Agency developed the Prescription Opioid Poisoning Prevention (POP) Action Plan to reduce analgesic overdose deaths in the State.
- This plan took a multi-agency, public-private collaboration approach to addressing four areas: 1) communication; 2) education; 3) clinical practice and policy; 4) system coordination clinical practice issues.

# Highlights: Utah

- Legislation requires prescribers to attend four hours of substance abuse classes.
- April is designated as “Clean Out your Medicine Cabinet” Month.  
<http://www.medicationdisposal.utah.gov/cleanoutcabinet.htm>
- Through local prevention coalitions, successful take back events have collected 6,550 pounds of prescription drugs.

# Highlights: Vermont

- 2<sup>nd</sup> highest State per capita for admissions to prescription opiates treatment in 2008.
- Implement a “Hub and Spoke” System to provide prescription opioid treatment:
  - Hub: 5 locations with specialty assessment, treatment, care coordination.
  - Spoke: Ongoing care system with prescribing physicians, SUD/MH professionals, recovery supports.



*From Integrated Treatment Continuum of Substance Use Dependence: “Hub/Spoke” Initiative—Phase 1: Opiate Dependence*

<http://www.atforum.com/addiction-resources/documents/HUBSPOKEBriefingDocV122112.pdf>

# Remaining Challenges: Themes across States

- Easy access (high supply) of prescription drugs.
- Lack of funding.
- Need for workforce development (lack of capacity to address this issue).
- Challenges with data (lack of data; data that doesn't capture the entire story).
- Need to prioritize the issue.
- Challenges with collaboration.
- Need for PDMP improvement (need for improved collaboration with PDMP host agency; lack of funding for PDMP).

# Conclusion and Next Steps

- States are doing a lot to address this problem.
- Continued analysis of inquiry results (including documents provided by States).
- *How can NASADAD assist States to continue their efforts?*
  - Identify effective policies and practices.
  - Identify challenges and barriers.
  - Identify training, technical assistance, and resource needs.

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