
“Treatment Strategies to Address Prescription Drug Misuse and Abuse”

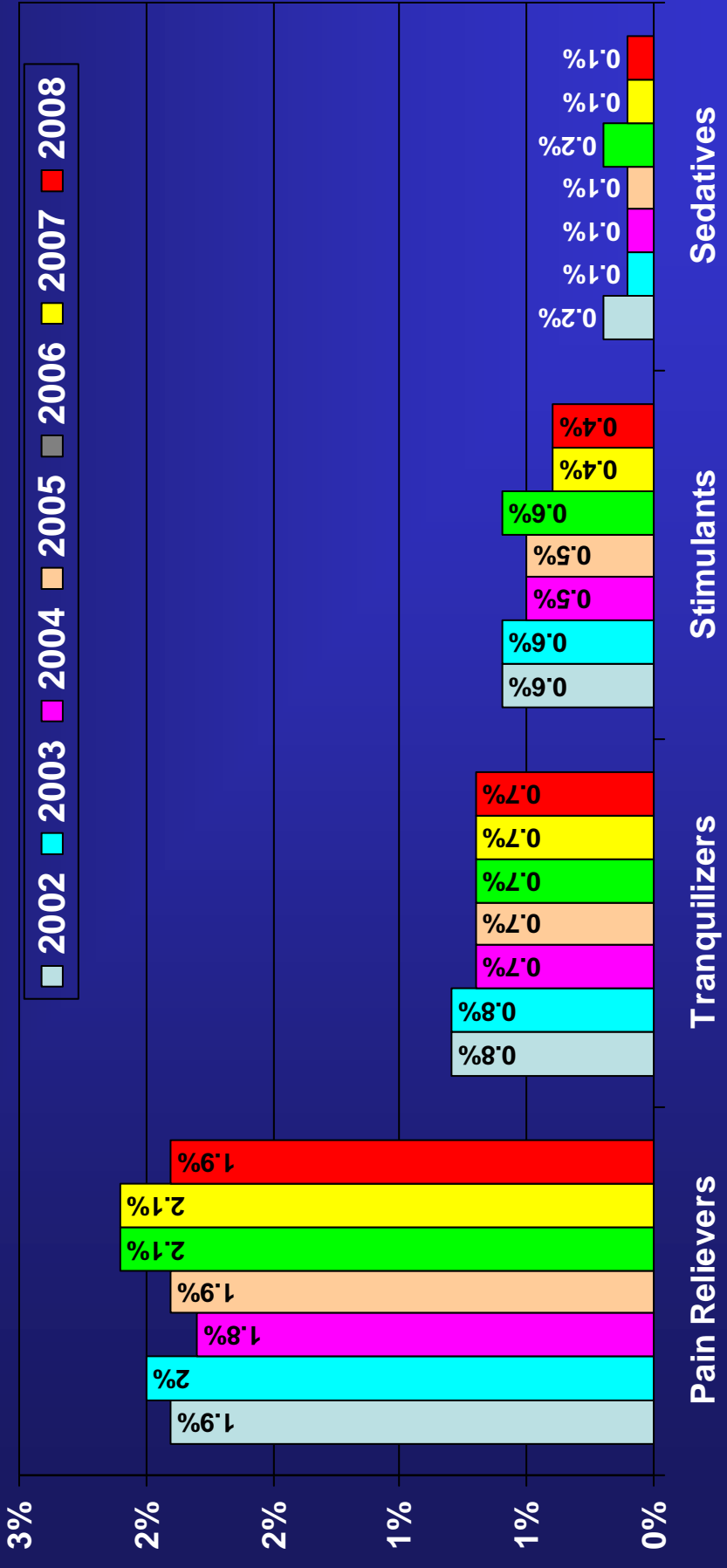
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Vermont Agency of Human Services
Division of Alcohol and Drug Abuse
Programs**

SAMHSA's Role in Fighting Prescription Drug Misuse and Abuse

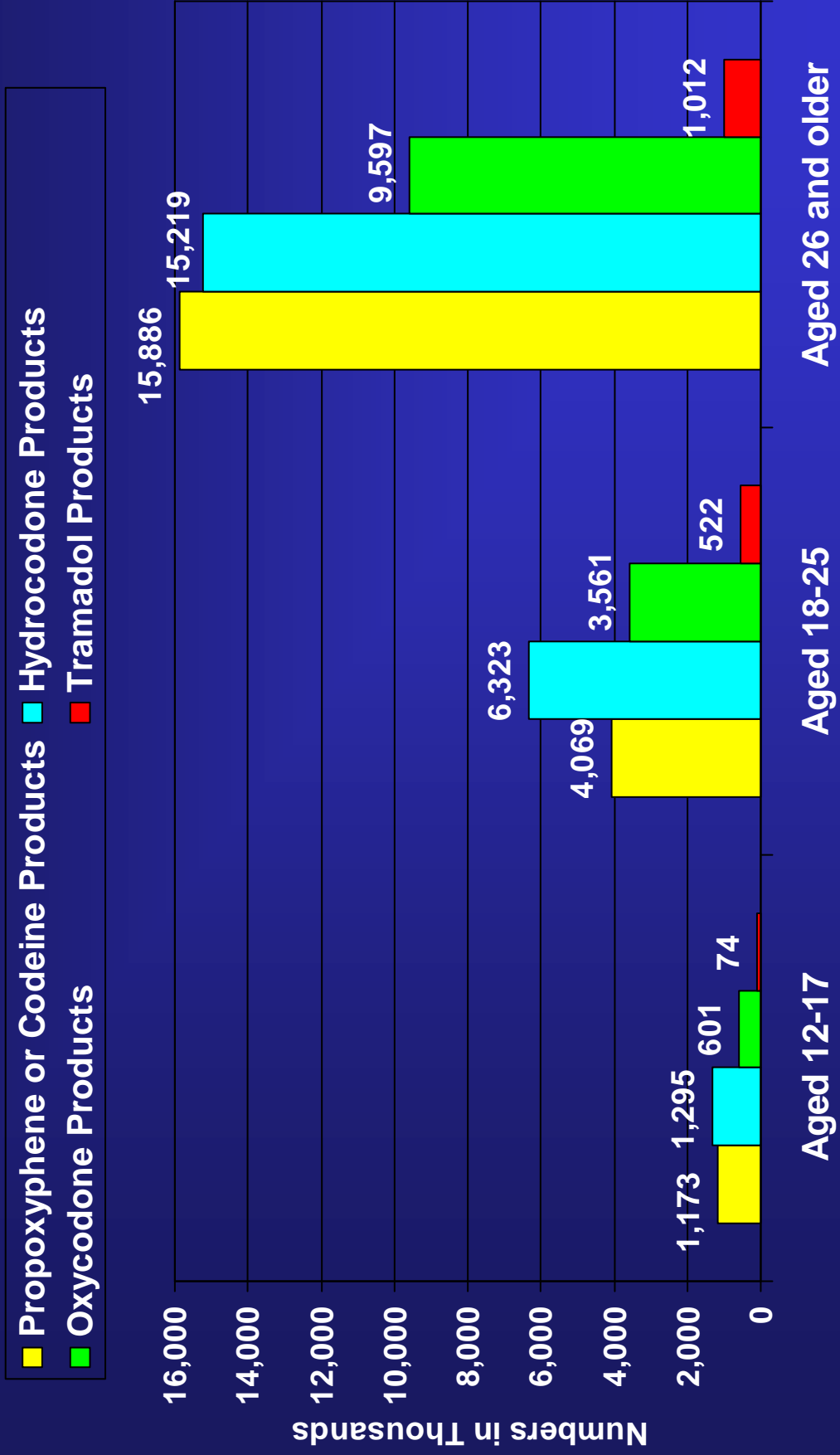
- At a policy level, the Substance Abuse and Mental Health Services Administration (SAMHSA) works to ensure that science, rather than ideology forms the foundation for the Nation's addiction treatment system.
- SAMHSA and its component Centers serve health professionals and the public by disseminating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

Past Month Nonmedical Use of Prescription Drugs Among Persons 12+:2002-2008

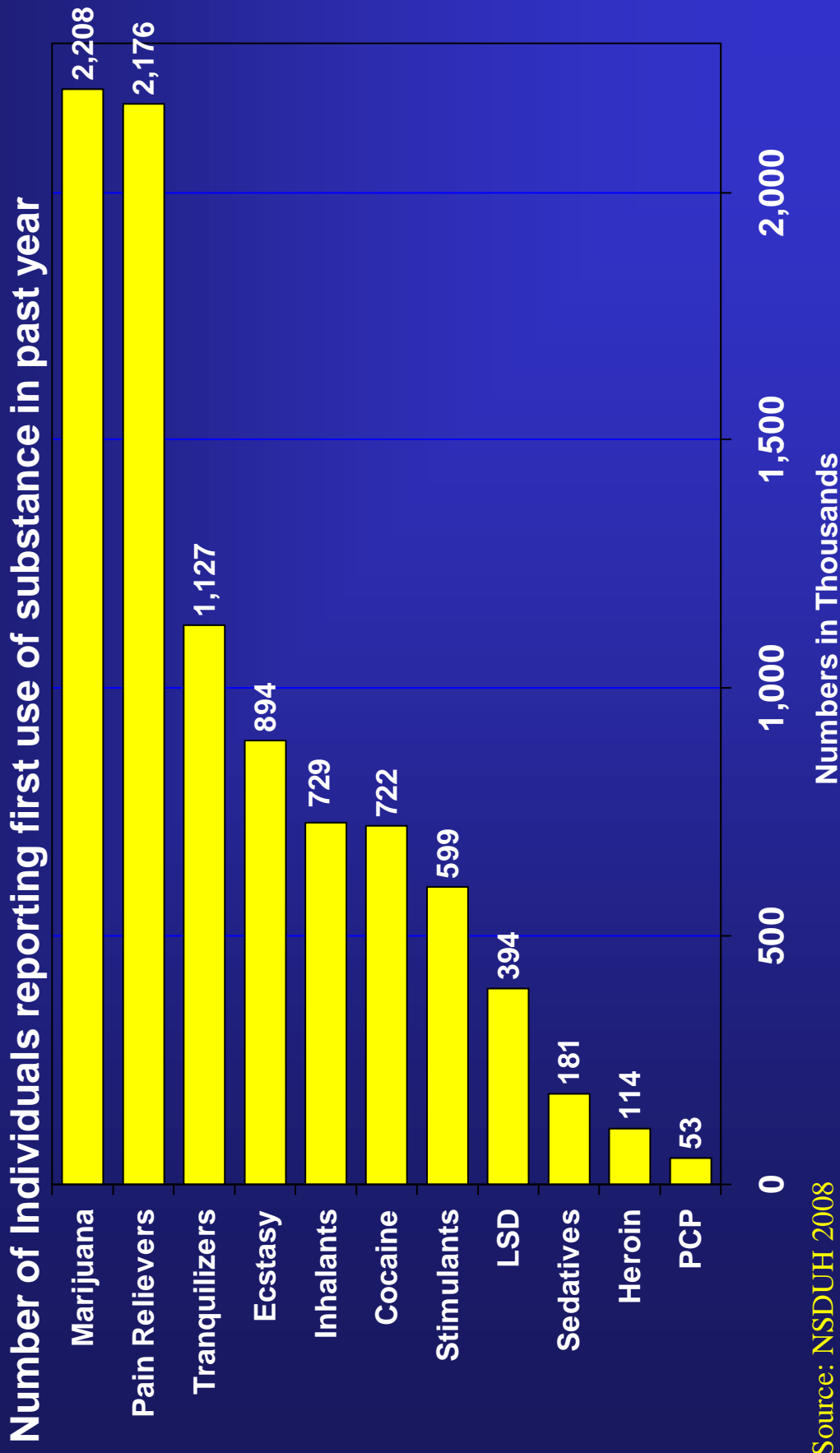
Percent Using in Past Month



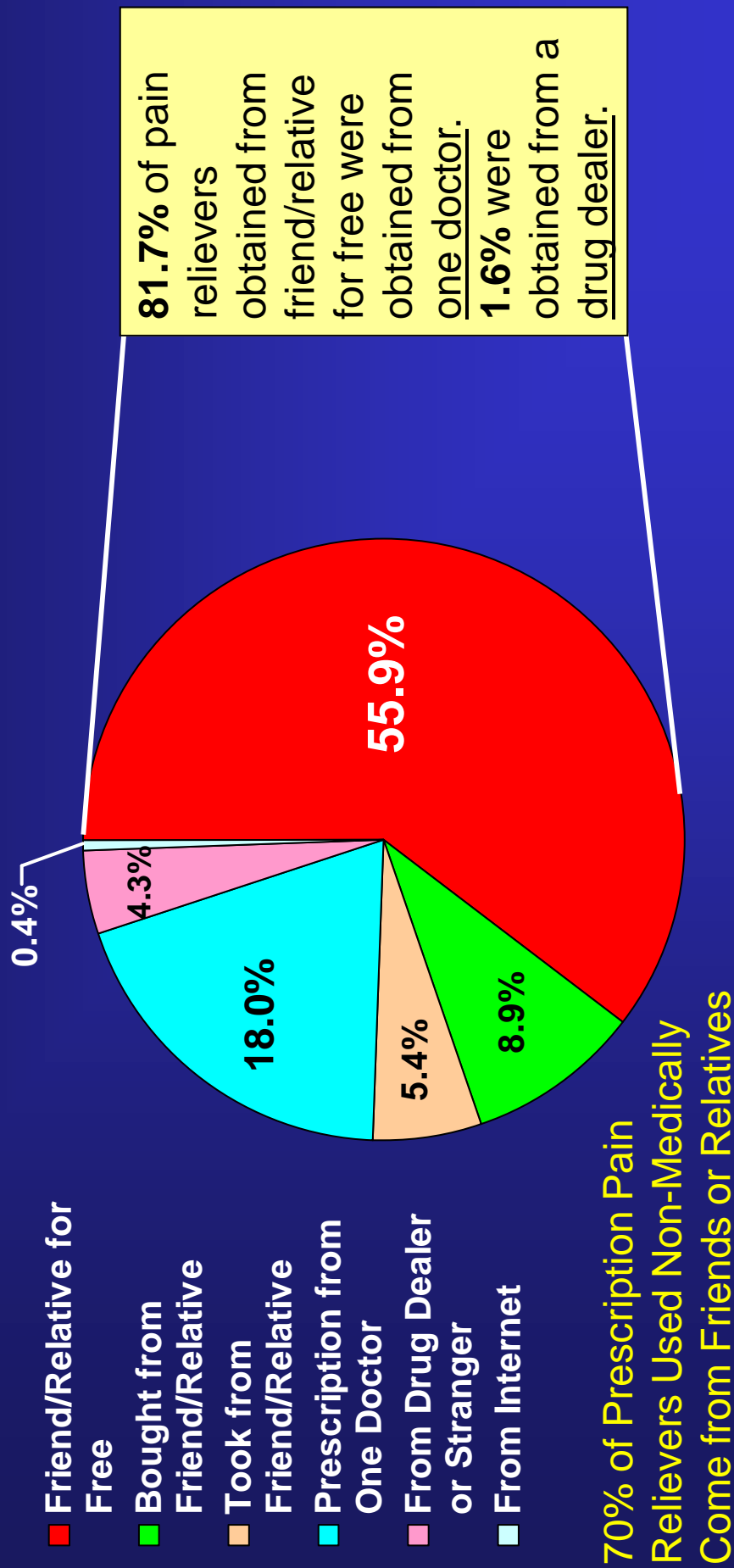
Nonmedical Use of Selected Pain Relievers in Lifetime by Age Group, Numbers in Thousands, 2008



Past Year Initiates for Specific Illicit Drugs among Persons Aged 12 or older: 2008



Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older: 2008



Note: Totals may not sum to 100% because of rounding or because suppressed estimates are not shown.
Source: NSDUH 2008

The “One Doctor” Source for Prescription Drugs

- According to NSDUH 2008 data, only 1 in 20 nonmedical users (4.3%) 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.

Stimulant Use on College Campuses

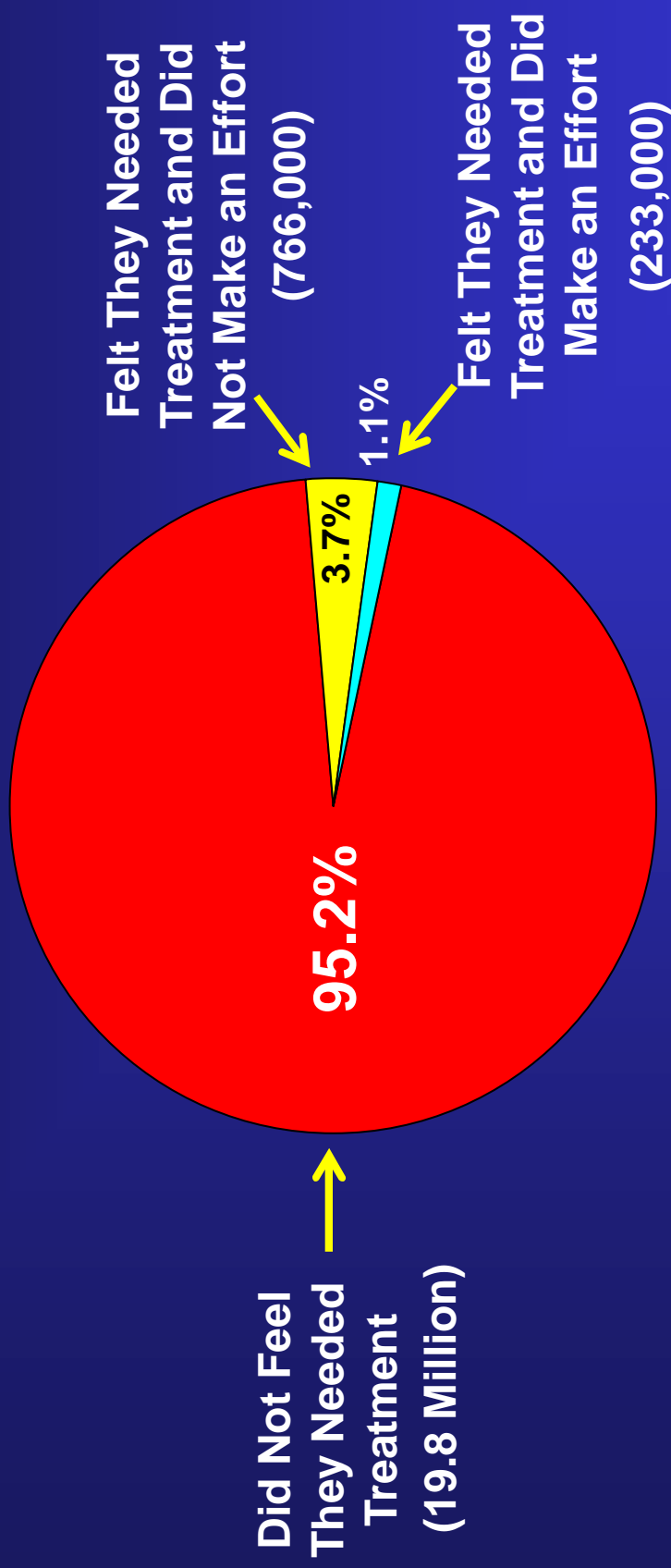
- Full-time college students aged 18 to 22 were twice as likely as their counterparts who were not full-time college students to have used Adderall® nonmedically in the past year (6.4 vs. 3.0 percent)

Nonmedical Use of Adderall® among Full-Time College Students," *The NSDUH Report*, April 7, 2009

Stimulant Use on College Campuses

- Full-time college students who were nonmedical users of Adderall® were almost 3 times as likely as those who had not used Adderall® nonmedically to have used marijuana in the past year (79.9 vs. 27.2 percent),
- 8 times more likely to have used cocaine in that period (28.9 vs. 3.6 percent),
- 8 times more likely to have been nonmedical users of prescription tranquilizers (24.5 vs. 3.0 percent), and
- 5 times more likely to have been nonmedical users of prescription pain relievers (44.9 vs. 8.7 percent)

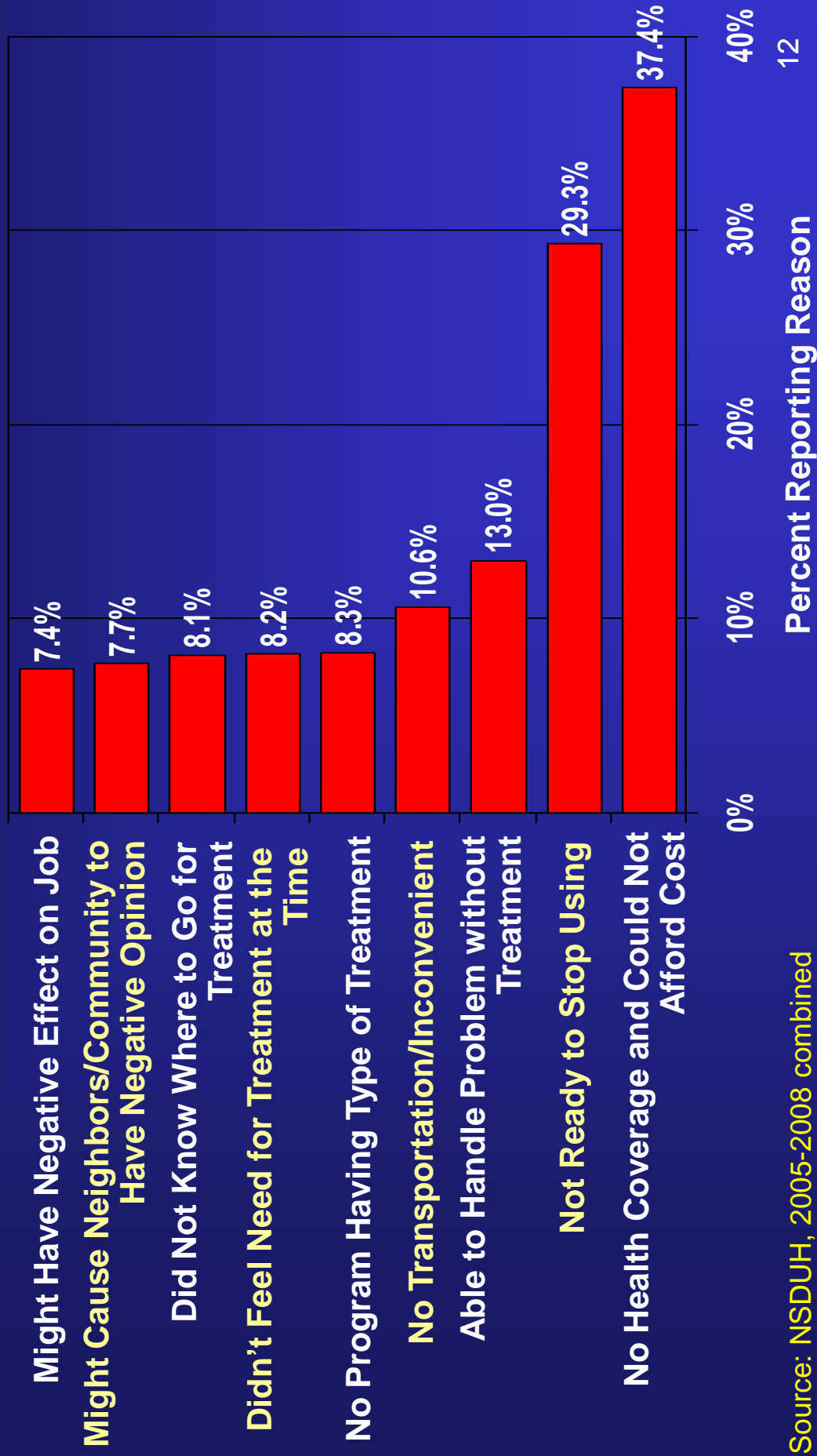
Past Year Perceived Need for and Effort Made to Receive Specialty Treatment among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use: 2008



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

Reasons for Not Receiving Substance Use Treatment: Persons Aged 12+

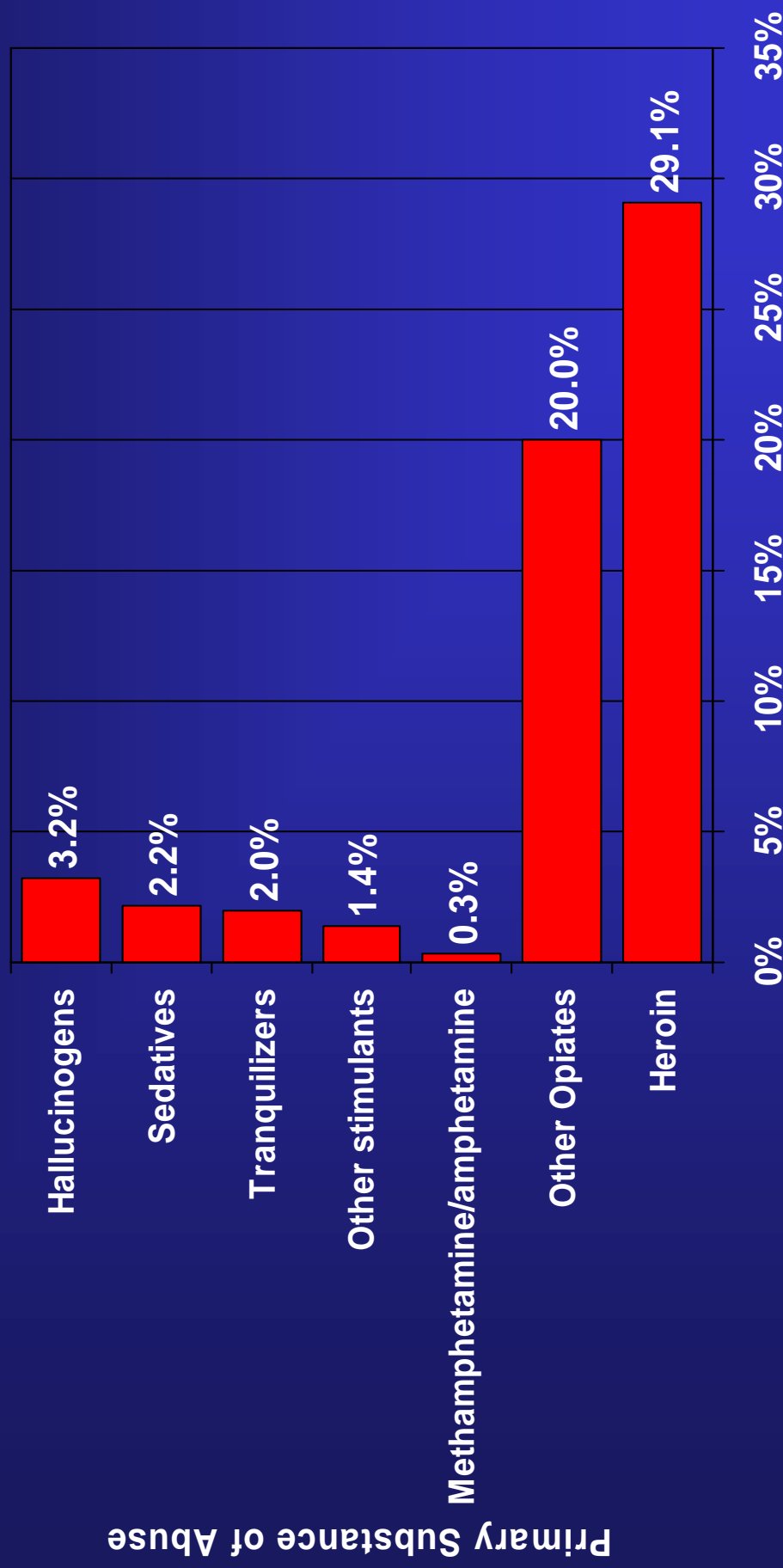
Those who Needed & Made the Effort to Get Treatment But Did Not Receive Specialty Treatment



Source: NSDUH, 2005-2008 combined

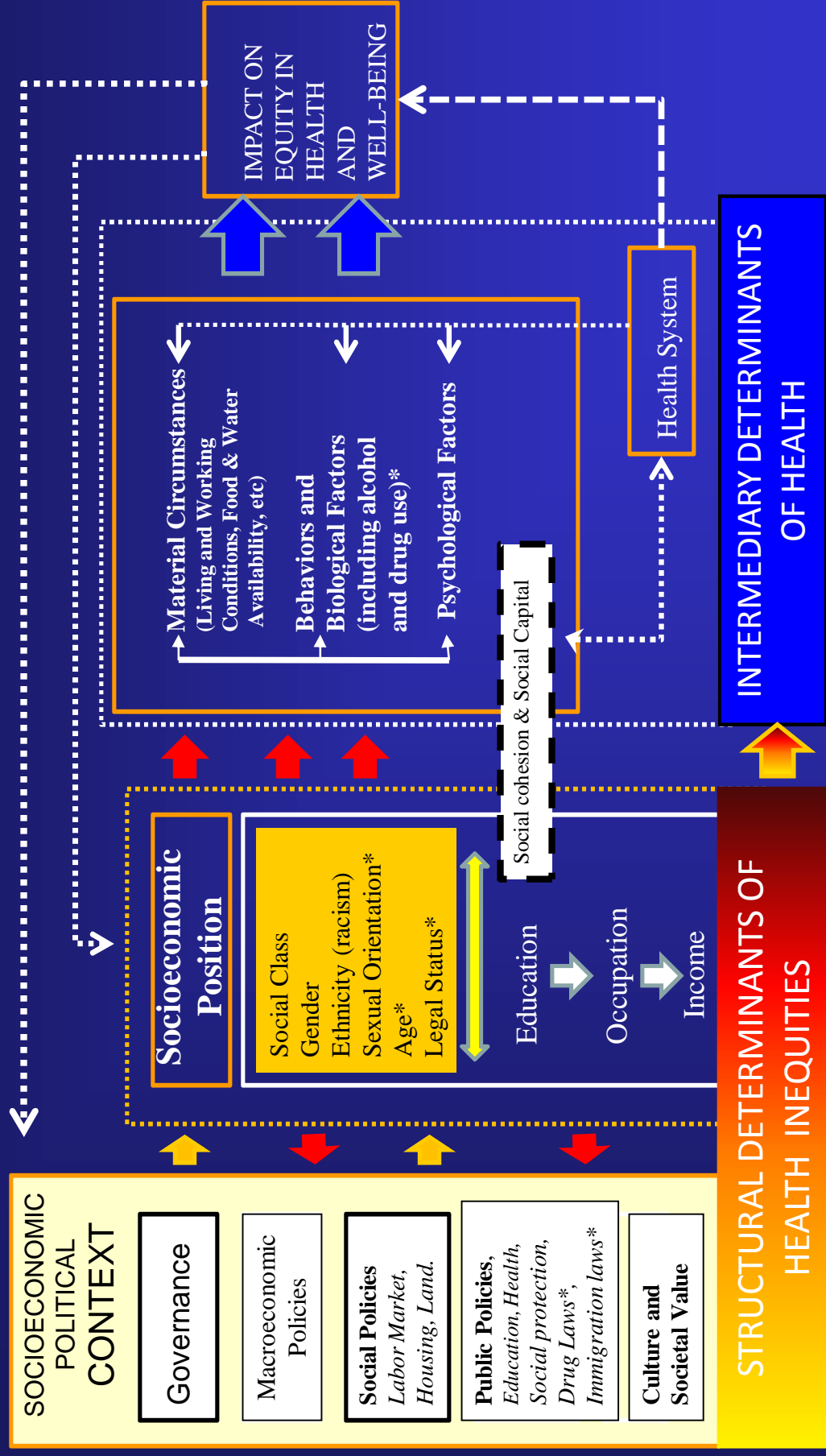
Medication-Assisted Opioid Therapy

Percent of Treatment Admissions for whom MAT was planned:



% Admissions for Whom Medication-assisted Opioid Therapy Planned 13

The Social Determinants of Health*



* Adapted from the World Health Organization

Recovery is a “Holistic” Process

- Recovery is a “holistic” process that benefits from the participation of a diverse group of private and public resources.
- Every resource, system, service, etc., that contributes to the recovery of an individual “owns” a piece of the recovery process.
- The Federal government has a role, but the approach is much larger – encompassing a wide spectrum of State, local, Tribal, community-based, faith-based, and peer-to-peer supports, services, and systems.

Prescription Drug Abuse

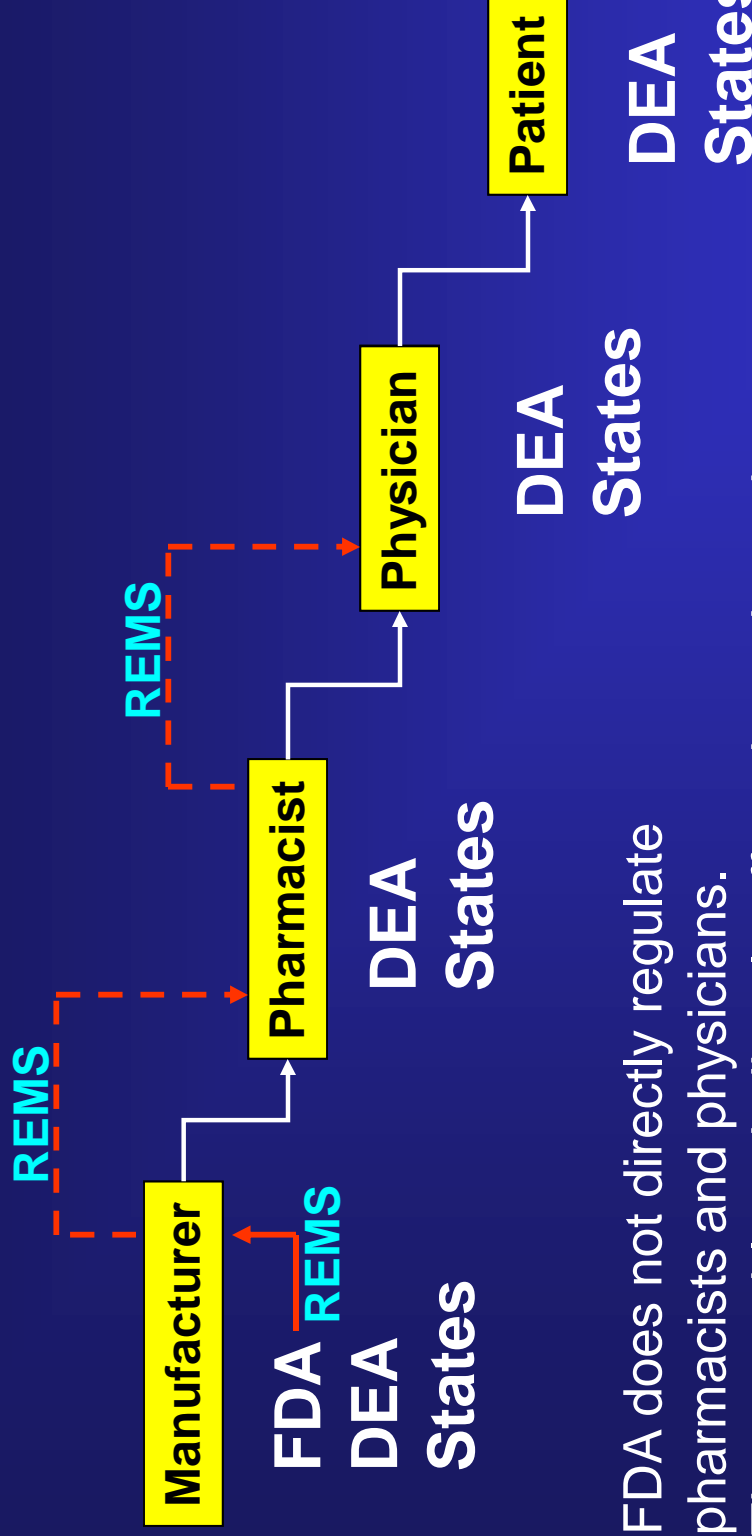
Role of Federal Government

- Federal Agencies
 - Food and Drug Administration (FDA)
 - Drug Enforcement Administration (DEA)
 - Federal Controlled Substances Act
- 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

Regulating Prescription Medication



- FDA does not directly regulate pharmacists and physicians.
- They are able to indirectly affect them through a Risk Evaluation and Mitigation Strategy (REMS).
- REMS is a strategy to manage a known or potential serious risk associated with a drug or biological product.
- A REMS can include a Medication Guide, Patient Package Insert, a communication plan, elements to assure safe use, and an implementation system, and must include a timetable for assessment of the REMS.

REMS for Opioids

- In response to Congressional mandate, FDA has begun development of REMS for Opioids.
- Although REMS are directed at manufacturers, concerns have been raised about possible impact on pharmacists, physicians, clinicians, and patients, including:
 - Changes in regulations for prescribing
 - Required provider and public education
 - Increased monitoring
 - Restricted access to effective pain medications for cancer patients or patients with chronic pain.

SAMHSA/CSAT's Prescription Drug Abuse Initiative

- SAMHSA initiative: Disposing & safeguarding of prescription medication to reduce potential misuse.
- Fentanyl-related Overdoses and Death Meeting (2007)
- CSAT Treatment Strategies for Prescription Drug Misuse and Abuse initiative.
- Open Dialogue meetings with pharmaceutical industry.

SAMHSA/CSAT's Prescription Drug Abuse Initiative

- 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)

CSAT's Prescription Drug Abuse Initiative: Stakeholder Outreach

- Open Dialogue meetings with pharmaceutical industry.
- Buprenorphine Summits (2004, 2005, 2007, 2010)
- 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)

What is NASPER?

- National All Schedules Prescription Electronic Reporting Act (NASPER)
- Federal Prescription Drug Monitoring Database
- A bill proposed by the American Society of Interventional Pain Physicians to provide and improve patient access with quality care.
- Protects patients and physicians from deleterious effects of controlled substances misuse, abuse and monitoring.

National All Schedules Prescription Electronic Reporting (NASPER)

- 32 states currently have operational prescription monitoring programs (PMPs) in place.
- Justice program funds about \$7 million for 18 competitive PMP grants.
- \$2.0 million SAMHSA state formula grant began with FY 2009 appropriation
- Award requirements include state law authorizing PMP program with appropriate penalties for unauthorized use or disclosure of information
- <http://www.nasper.org/database.htm>

SAMHSA 2009 PMP Awards

| <u>State</u> | <u>Allotment</u> | <u>State</u> | <u>Allotment</u> |
|---------------|------------------|--------------|------------------|
| Alabama | \$115,396 | Maine | \$40,514 |
| California | \$454,587 | Michigan | \$193,362 |
| Connecticut * | \$65,976 | Mississippi | \$79,246 |
| Illinois | \$188,843 | Nevada | \$52,922 |
| Indiana * | \$108,079 | New York | \$342,264 |
| Kansas * | \$66,407 | Ohio* | \$190,995 |
| Kentucky * | \$101,409 | | |

* States that received both NASPER and Harold Rogers grants in FY 2009.

Screening, Brief Intervention & Referral to Treatment (SBIRT)

- SBIRT has great future potential for promoting changes to the entire primary care medical service delivery system.
- Embedding screening, brief intervention, referral & treatment of substance abuse problems within primary care settings such as emergency centers, community health care clinics, and trauma centers helps to:
 - Identify patients who don't perceive a need for treatment,
 - Provide them with a solid strategy to reduce or eliminate substance abuse, and
 - Move them into appropriate services.

FY 2008 SBIRT Medical Residency Program

- SAMHSA has awarded 11 SBIRT Medical Residency grants
- The SBIRT Medical Residency Program will train medical physicians to provide SBIRT services.
- The goal is to establish SBIRT training as a component of residency programs in a variety of disciplines, including emergency medicine, trauma, and others.
- Another purpose is to promote adoption of SBIRT through delivery of training to local and Statewide medical communities for wider dissemination of SBIRT practices.

Universal Precautions and Responsible Prescribing

Prescription drug abuse

- Varying reports as to the magnitude and the sectors of the population involved

Approaches

- Universal Precautions
- Responsible Prescribing of controlled substances
- Unused drug disposal: Protecting the environment and the public

Universal Precautions*

History of the term

HIV/AIDS:

- Avoidance of discrimination
- Anyone may be at risk

Current application for addictions

Addictions:

- Noone is immune to the possibility of developing an addiction
- Identification of addictions suggests the need for treatment, not dismissal from your practice

* Gourlay, D., and H.Heit. Universal precautions: a matter of mutual trust and responsibility. *Pain Medicine*, Mar.-Apr. 2006, 7(2):210-211, author reply 212.

Prescription Drug Abuse

Wise or responsible prescribing such that the amounts of controlled substances are kept to a minimum¹

Smaller prescriptions especially on initiation

Functioning level trumps reports of pain

Use of the prescription monitoring programs²

Impairment assessment

Patient treatment agreements

Urine Drug Screens

Treatment Provider

Communications

¹Palliative care excepted

²Practice liability

Pain Management and Addictions

One of the most challenging clinical combinations especially in the primary care setting

Managing chronic pain while keeping in control of prescribing and emotions

Vermont prescriber query results

Future plans: Local and National

Medication Disposal

“Kitty Litter”

Take Back Programs

Single Events

Police Station Drop Offs

Proper Disposal of Prescription and Over-the-Counter Medicines

What medicines need proper disposal?

Proper disposal should be used for all medicines (for both humans and animals) obtained by a prescription. This includes prescription and over-the-counter medicines in pill, liquid or transdermal patch form.

Why do medicines need proper disposal?

- Medications that are flushed or poured down the drain have found their way into our nation's lakes, rivers and streams. Most water treatment plants or septic tanks have not been designed to remove the chemicals contained in medications. There is limited information available on the potential health effects to humans, animals or aquatic ecosystems if large amounts of these chemicals get into the nation's water supply.
- Medications that are thrown away in their original containers or in their original format can be attractive to prescription drug dealers and addicts. Similarly, they might be attractive to children and youth and could easily cause a health problem if used by someone other than the intended user.

Disposal Guidelines

Prescription medications *should not* be flushed down the toilet or poured down the drain. To properly dispose of prescription medications, use the following guidelines:

- **Take unused, unneeded or expired prescription and over-the-counter drugs out of their original containers.**
- **Mix the prescription drugs with an undesirable substance (for example, used kitty litter, coffee grounds, bacon fat, soil), place the mixture into a sealable plastic bag or container, and place it into the trash.**
- **When discarding a transdermal patch, fold the patch into itself and then place it in the undesirable mixture.**

More information about prescription drugs is located on the Vermont Department of Health website: <http://healthvermont.gov/adap/adap.aspx>. Information about the environment and hazardous waste can be found on the Vermont Department of Environmental Conservation website: <http://www.arn.state.vt.us/dec/dec.htm>. More information about animal health is located on the Vermont Veterinary Medical Association website: <http://www.vtvets.org/>.

Guidance • Support • Prevention • Protection



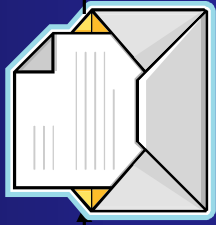
**DEPARTMENT
OF HEALTH**

108 Cherry Street
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Burlington, VT
05402-0070
healthvermont.gov

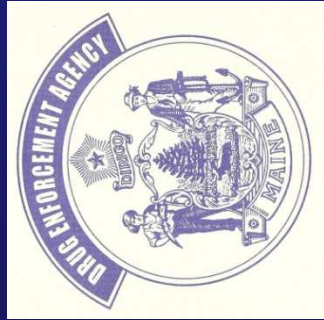
Take Back Program Model*



Program Participants



Secure delivery to Maine Drug Enforcement Agency



Envelopes received, logged, catalogued and destroyed under MDEA custody

*University of Maine, Center on Aging

Drug Returns Data

Maine

Safe Medicine Disposal for ME: Findings and Recommendations from Phases I & II

Facilitator: Kathy Sykes, Senior Advisor, U.S.E.P.A. Aging Initiative, Washington, DC 3,850 envelopes returned

43% return rate
1,800 lbs collected
240,000 pills collected
85% of returns are prescription drugs, 12% over the counter
31% of returns included mail order drugs

Total Estimated Cost of UEMs: \$208,024.85

www.mainebenzo.org/2009conference.htm

Drug Returns Data

Vermont

Three up and running 24-hour drop off sites:
>150,000 pills

Medical Student-Department of Health Summer
Initiative

Resources:

www.communityofcompetence.com

<http://www.mainebenzo.org/2009conference.htm>

Vermont Medical Society

<http://www.vtmd.org>

From the home page, click on Education, then on Opioid Dependence, Information and Links. That will bring you to Opioid Therapies for Patients with Chronic Pain (2008)

Managing Chronic Pain While Keeping Control Part 1
<https://webdemo.ganconference.com/?meeting=7951532>

Managing Chronic Pain While Keeping Control Part 2
<https://webdemo.ganconference.com/?meeting=2840263>

Managing Chronic Pain While Keeping Control Part 2
<https://webdemo.ganconference.com/?meeting=9039293>

Prescribing Opioids for Chronic Pain



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)