

Wasted: Prescribing Solutions for Opioid Abuse—America's Prescription Drug Crisis

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Defining Nonmedical Use of Prescription Drugs

**INDIVIDUALS
WITHOUT A PRESCRIPTION**

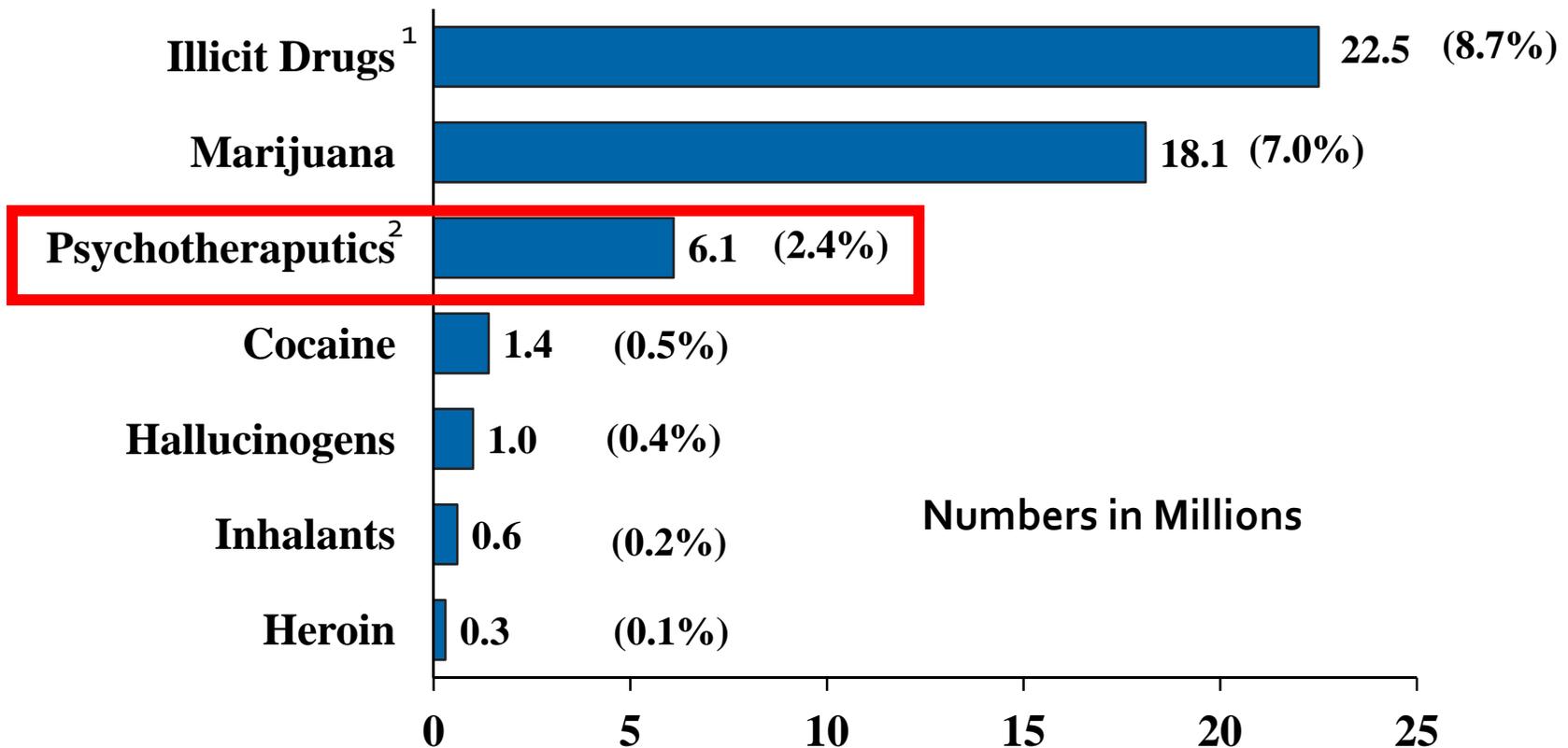
**INDIVIDUALS
WITH A PRESCRIPTION**

Use the medication
consistent with the doctor's orders

Use the medication
inconsistent with doctor's orders

Use the medication only for the
experience or feeling it caused

Prescription Drug Abuse is a Major Problem

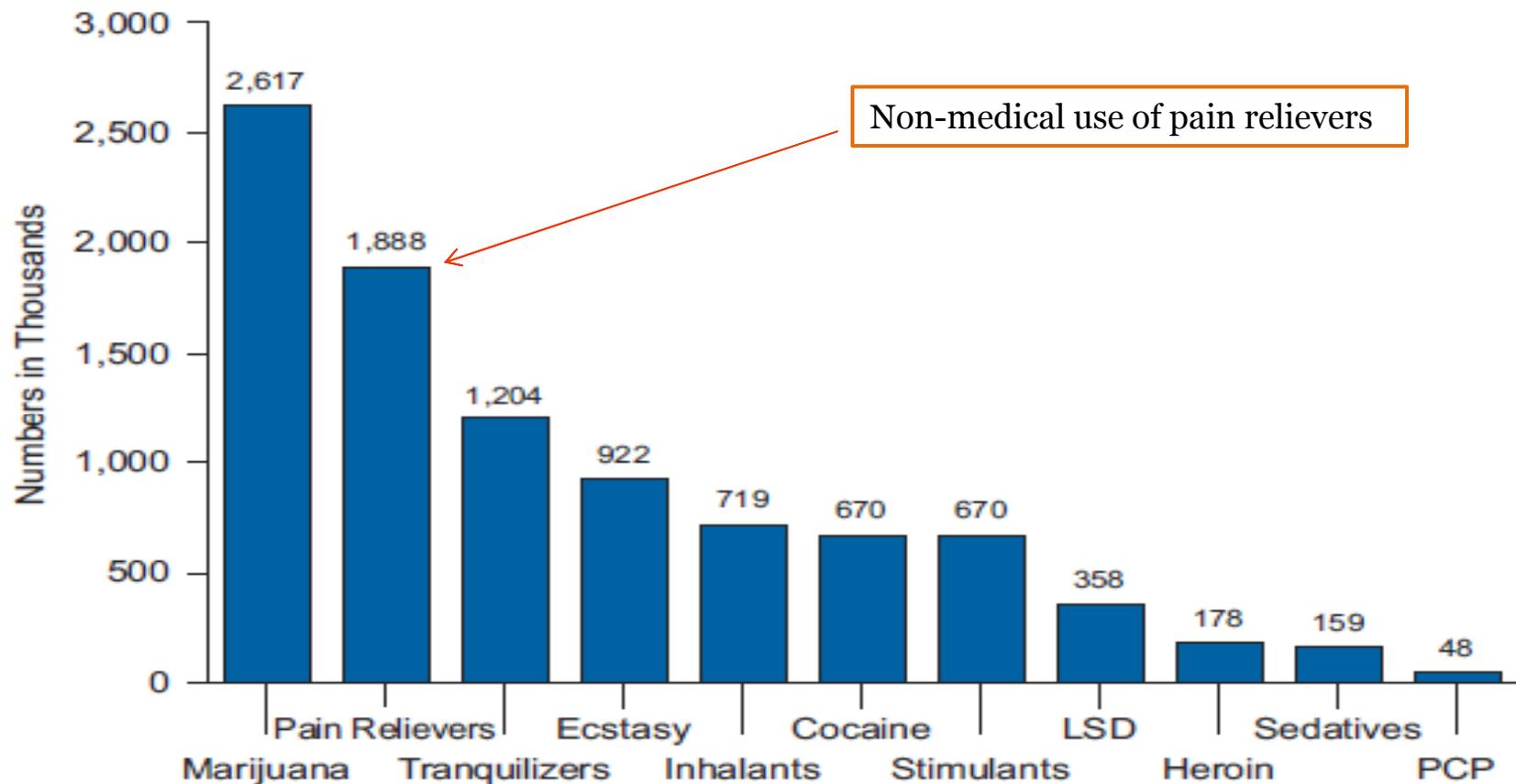


Source: SAMHSA, 2011 National Survey on Drug Use and Health

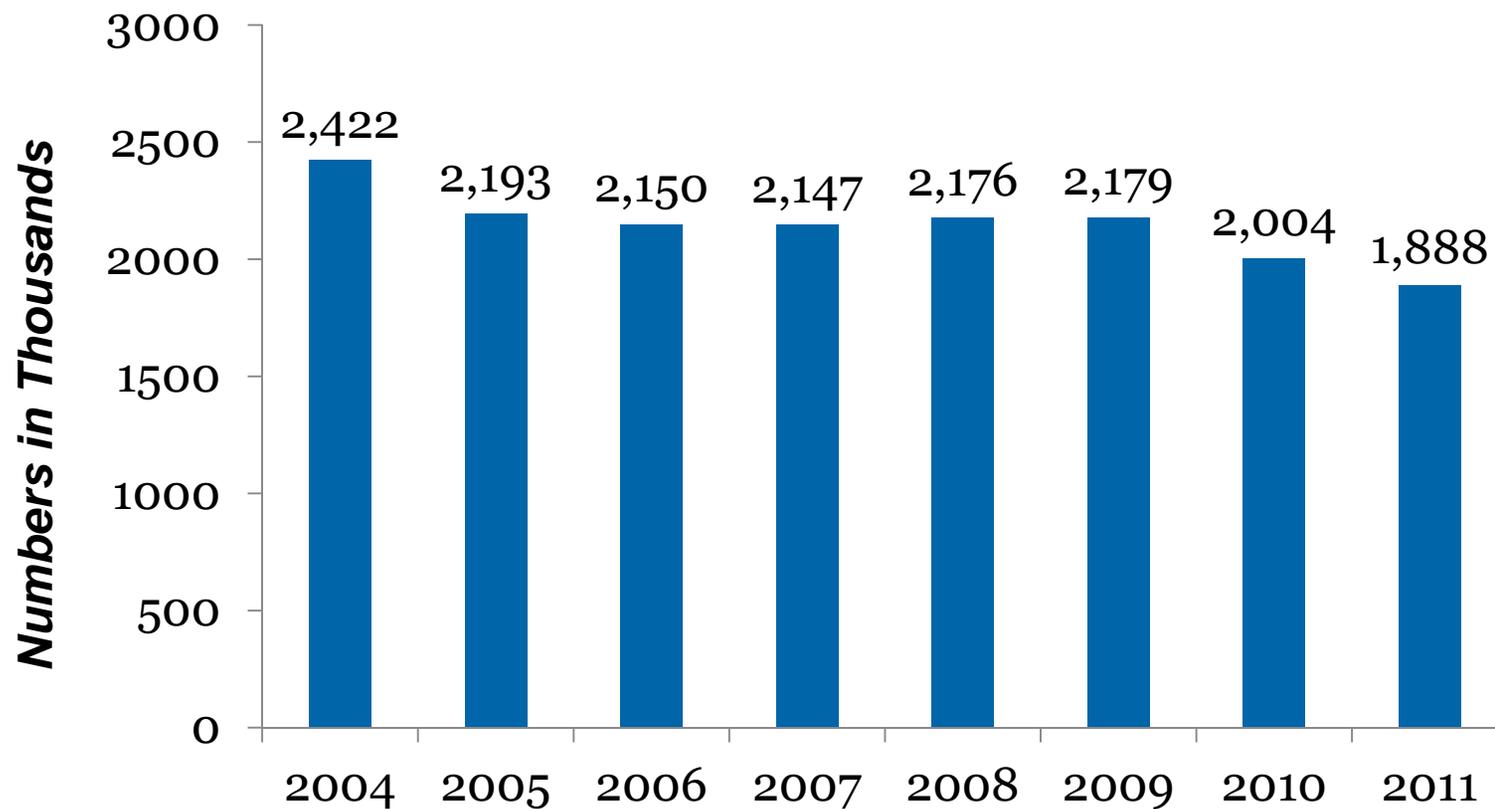
¹ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type drugs used non-medically.

² Psychotherapeutics include the nonmedical use of any prescription-type pain relievers, tranquilizers, stimulants, or sedatives. Over-the-counter substances are not included.

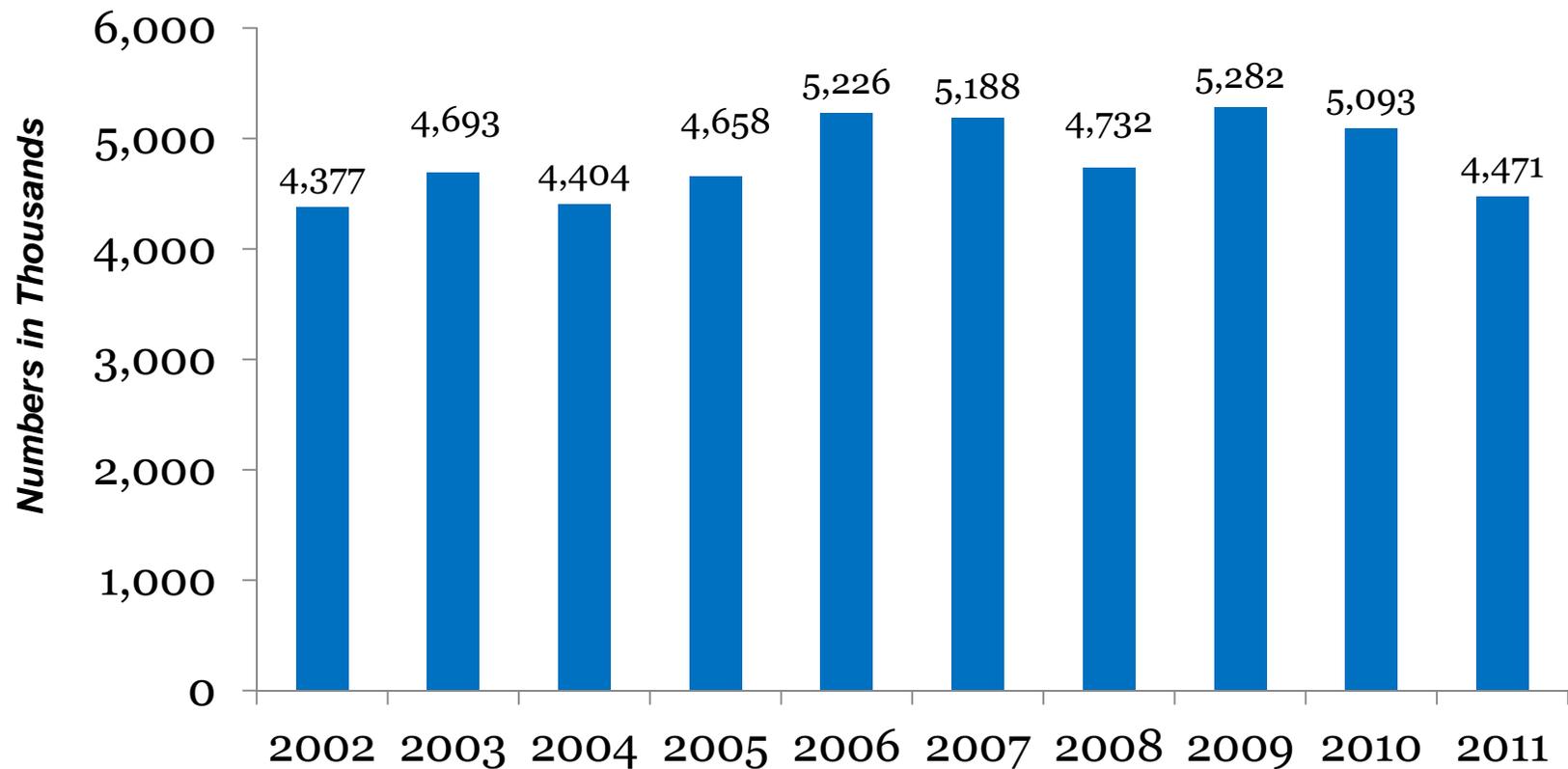
Past Year Initiates of Specific Illicit Drugs, 2011



Past Year Initiates of Pain Relievers among Persons Aged 12 or Older: 2004-2011

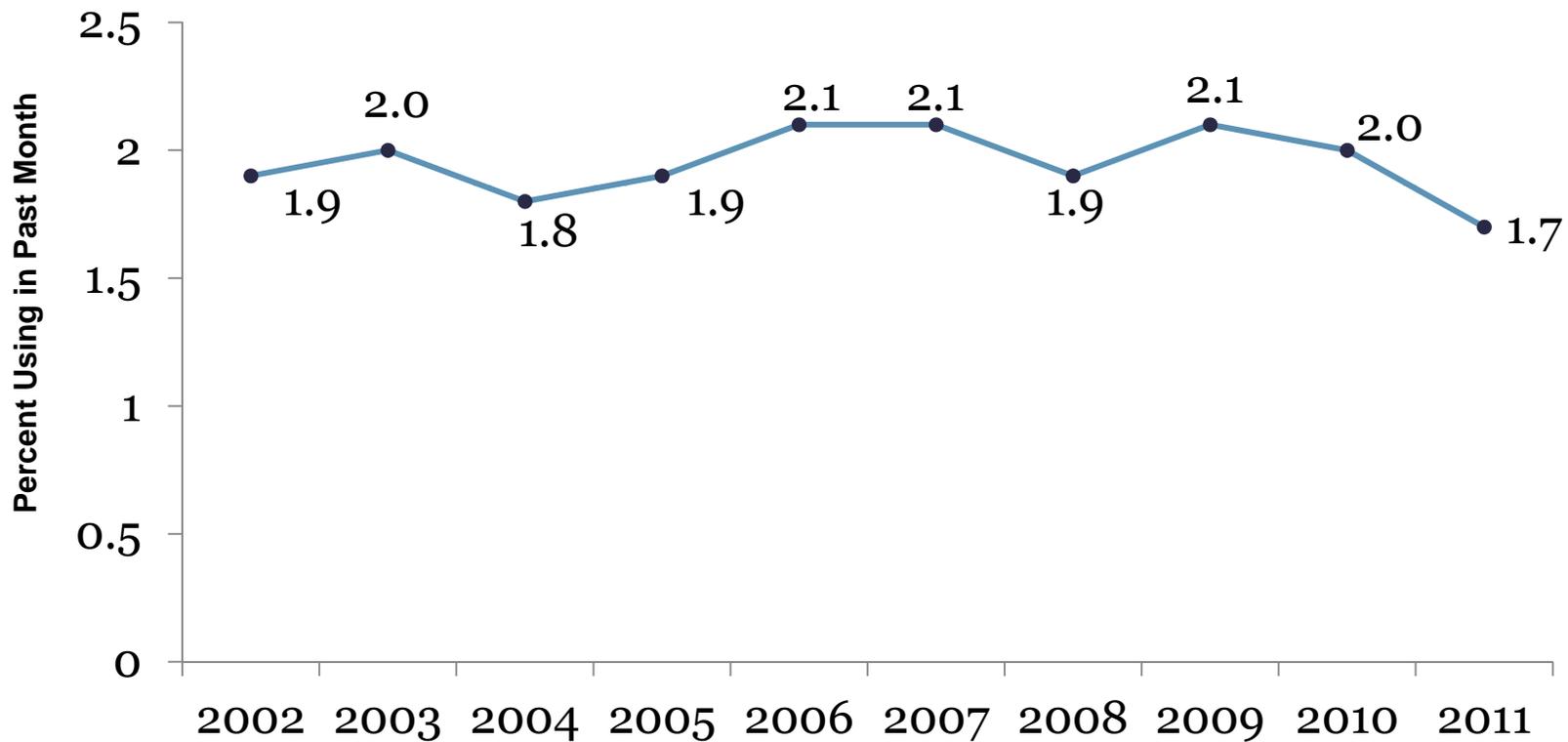


Past Month Nonmedical Use of Pain Relievers among Persons Aged 12 or Older: 2002-2011



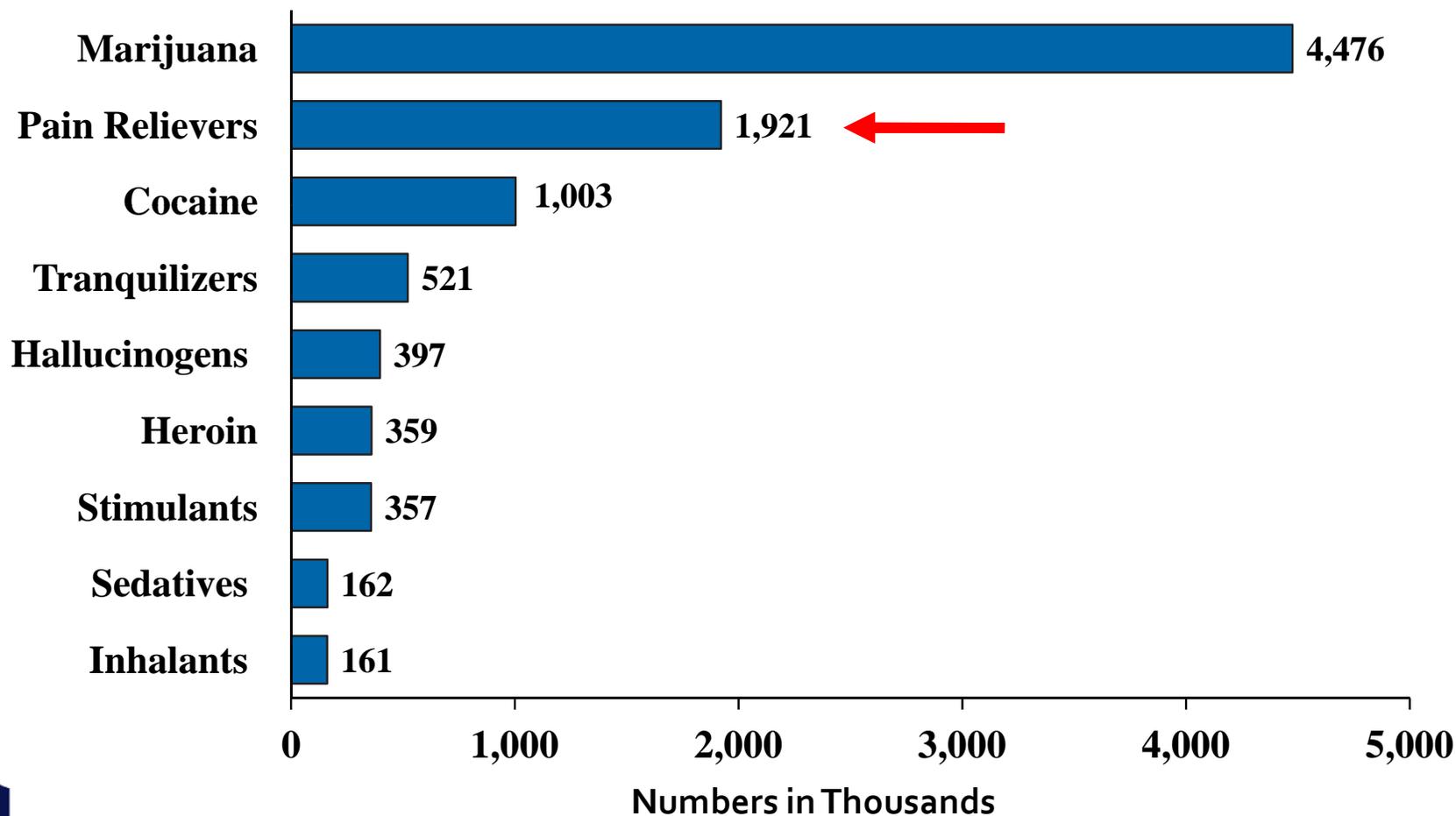
Source: SAMHSA, 2002-2011 NSDUHs.

Past Month Nonmedical Use of Pain Relievers among Persons Aged 12 or Older: 2002-2011



Source: SAMHSA, 2002-2011 NSDUHs.

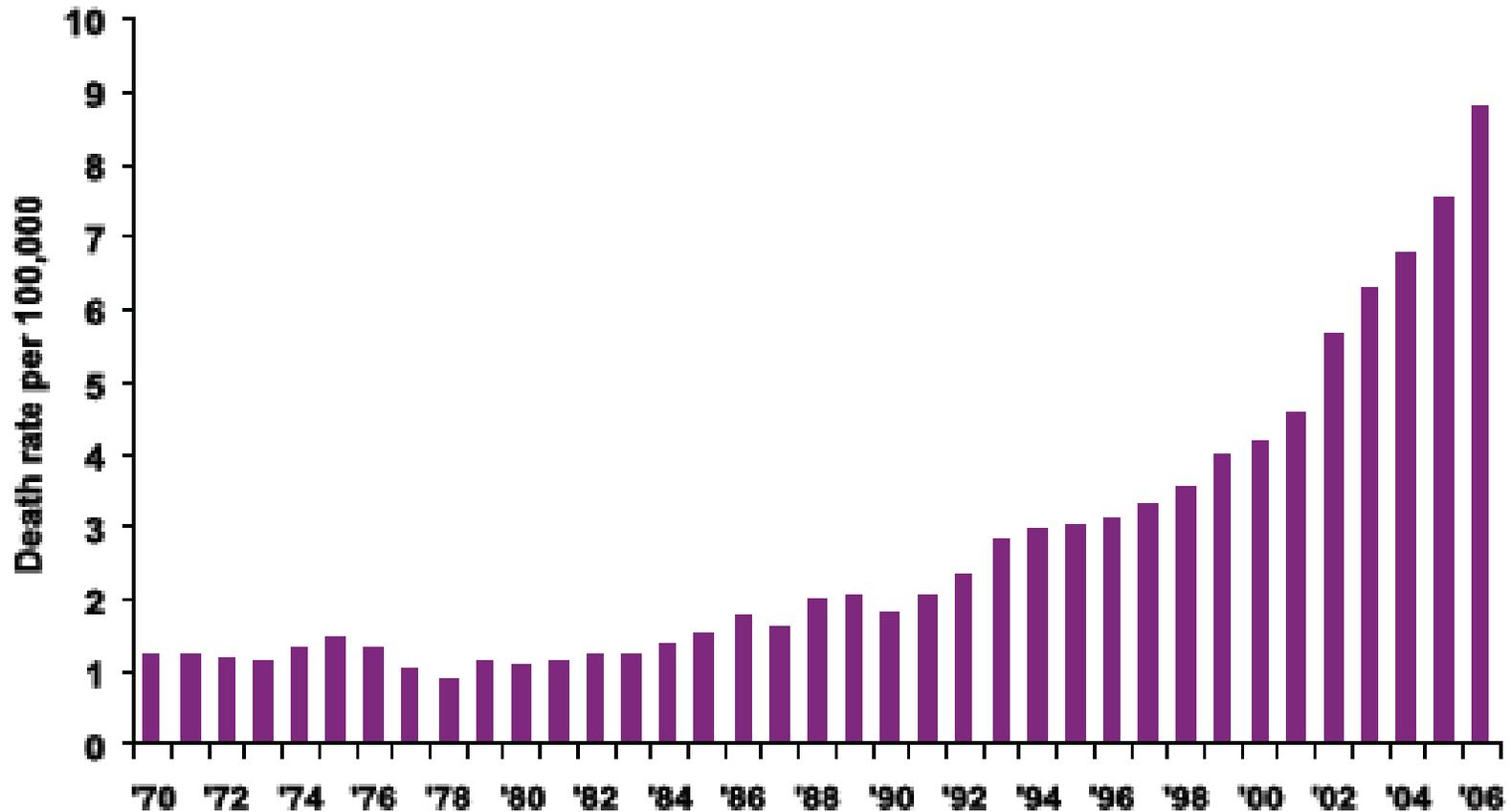
Dependence on or Abuse of Specific Illicit Drugs in the Past Year among Persons Aged 12 or Older: 2010



Treatment admissions for prescription drugs are also increasing

- The overall rate of substance abuse treatment admissions among those aged 12 and older in the U.S. has remained nearly constant over the 1999 to 2009 period but...
 - there has been a dramatic rise (430 percent) in the rate of treatment admissions for the abuse of prescription pain relievers during this period; and
 - the rate of treatment admissions primarily linked to pain relievers rose from 10 per 100,000 in the population in 1999 to 53 per 100,000 population in 2009.

DEATHS: Marked Increase in Unintentional Drug Overdoses



The increase in drug overdose death rates is largely because of prescription opioid painkillers

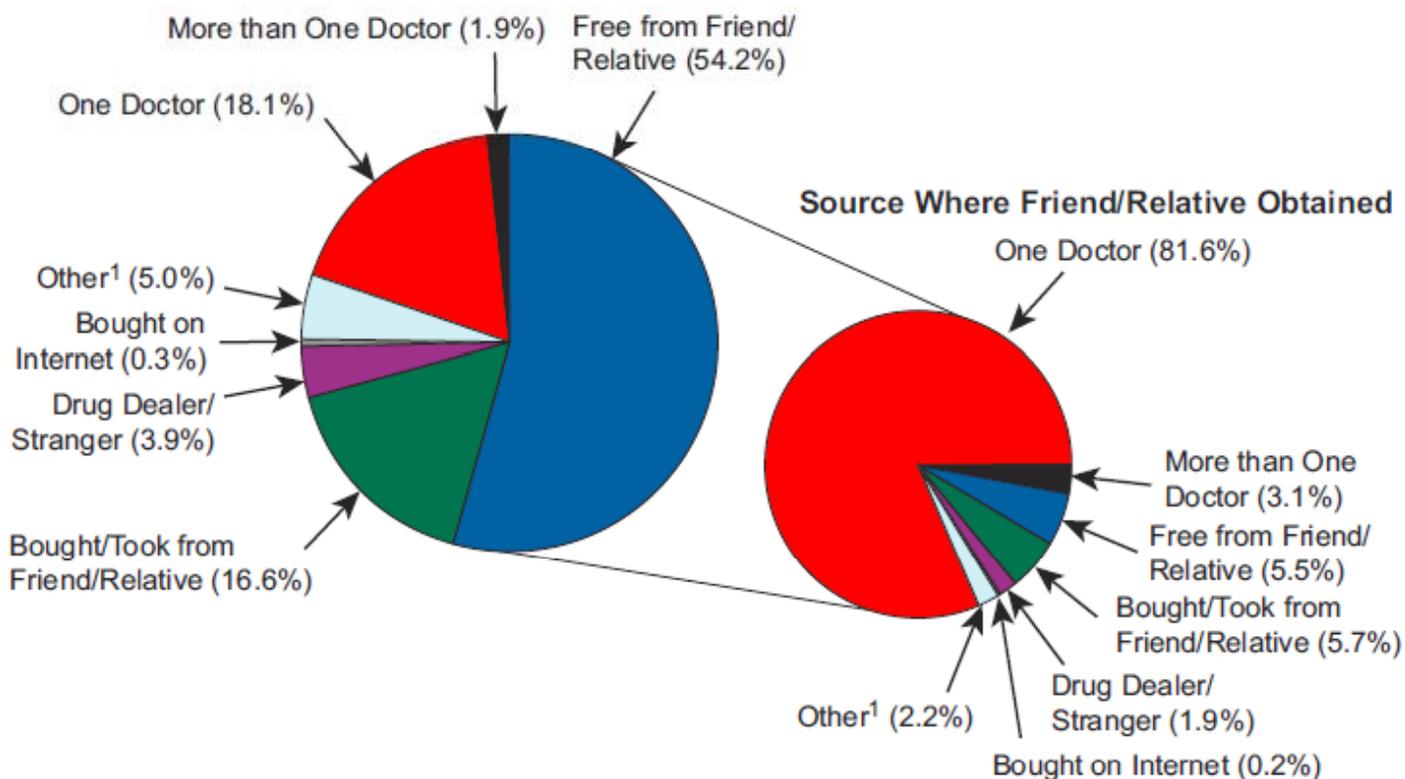
- Nearly three out of four prescription drug overdoses are caused by opioid painkillers.
 - There were more 14,800 deaths in 2008 from opioid painkillers—more than heroin and cocaine combined.
 - The overdose death rate has increase 300 percent since 1999.
 - There were 475,000 emergency room visits—double the number just five years earlier.

What is driving these increases?

- According to National Institute on Drug Abuse, the number of opioid-specific prescriptions increased 175 percent (from 75.5 million to 209 million) from 2000 to 2009.
- There are misperceptions about the safety of prescription drugs among the general public—after all, they are prescribed by a doctor!

People Abusing Pain relievers Mostly Do Not Obtain Them Directly by Prescription: *Most Recent Source for Ages 12+*

Source Where User Obtained



Note: Totals may not sum to 100% because of rounding or because suppressed estimates. ¹ The Other category includes the sources: "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way." Source 2011 NSDUH.

Is it Doctor Shopping?

- Policy officials tend to target “doctor shoppers” as the drivers of the current prescription drug epidemic. Evidence suggests they are low hanging fruit, but are a small share of the population of prescription drug abusers:
 - Law enforcement efforts to shut down pill mills and doctor shopping rings can have substantial public health benefits by reducing the supply of prescription drugs for street trafficking (The Center for Excellence, 2012). [Note: the effect was not quantified.]
 - One study found that questionable prescriptions was found to average about 1.6 percent for pain relievers (Simeone and Holland, 2006).
 - Another study found that 0.30 percent of 25,161,024 subjects exposed to opioids exhibited doctor shopping behavior (Cepeda et. al, 2012)

So what is currently being
done about the prescription
drug epidemic?

U.S. National Drug Control Policy: 2011 Prescription Drug Abuse Plan

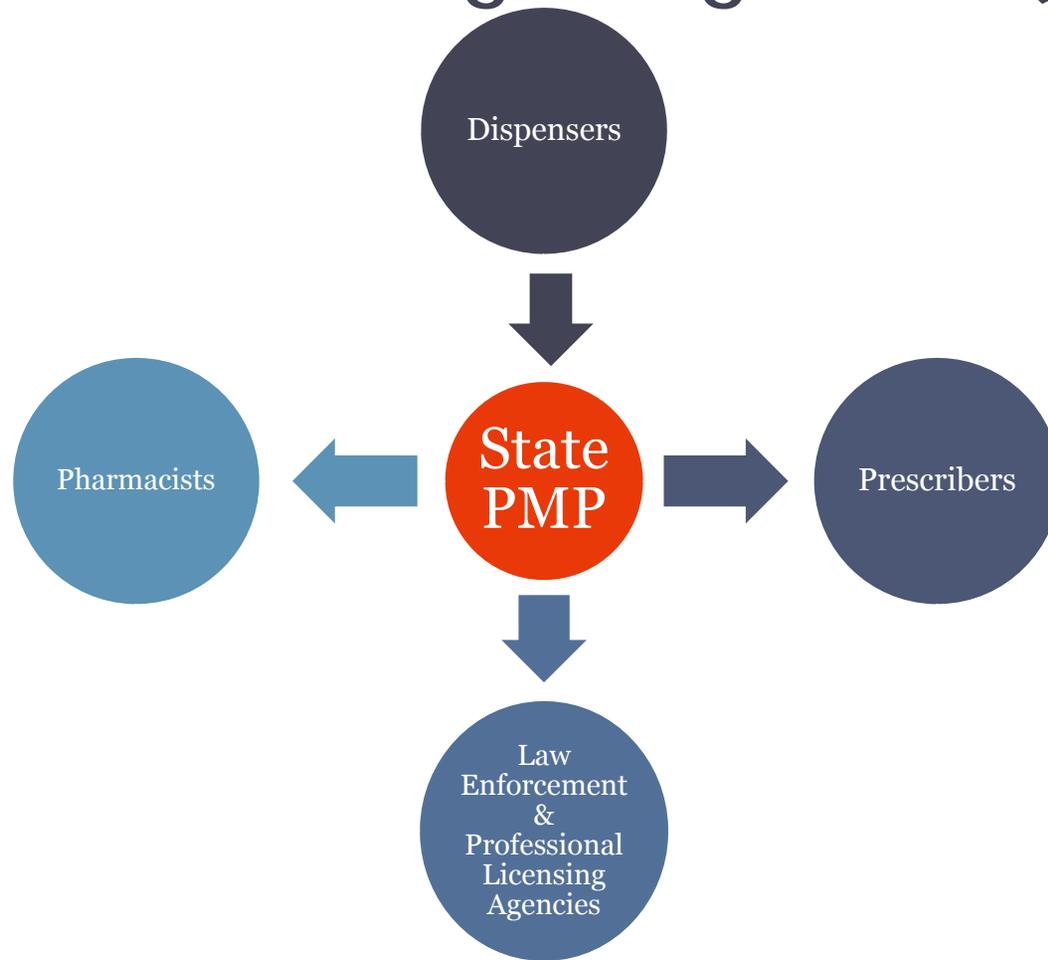
Epidemic: Responding to America's Prescription Drug Abuse Crisis

- **Education.** A crucial first step in tackling the problem of prescription drug abuse is to educate parents, youth, and patients about the dangers of abusing prescription drugs while requiring prescribers to receive training in the safe and appropriate use of these drugs.
- **Monitoring.** Implement prescription drug monitoring programs (PDMPs) in every state, and enhance PDMPs to make sure they can share data across states and are used by healthcare providers.
- **Proper Medication Disposal.** Develop convenient and environmentally responsible prescription drug disposal programs to help reduce prescription drug diversion.
- **Enforcement.** Provide law enforcement with the tools necessary to eliminate improper prescribing practices and reduce “pill mills” and “doctor shopping.”

FDA's Opioid Risk Evaluation and Mitigation Strategy (REMS)

- Announced by the Food and Drug Administration for long-acting and extended release opioids in April 2011.
- Five elements:
 - Medication Guide
 - Communication Plan
 - Elements to Assure Safe Use
 - Implementation System
 - Timetable for Submission of Assessments
- Training is currently voluntary; may become mandatory for DEA licensing or renewal.

A State-based Tool: Prescription Drug Monitoring Programs (PMPs)



What About Take-Back Programs?

- Carnevale Associates, LLC Study found:
 - Though take-back programs are proliferating, very little is known about their costs and outcomes.
 - Additional research is needed to determine whether take-back programs achieve environmental or substance abuse outcomes.
 - The limited data strongly indicate that ongoing bin-based (ongoing drop-off) programs appear to be the most cost efficient; event-based programs and mailbacks are least efficient.
- There is no evidence that take-back programs are effective in limiting access to prescription drugs by those who are at the heart of the epidemic.

Questions and Discussion

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