

Prescription Drug Abuse



Policy Brief

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Prescription Drug Abuse — The Silent Epidemic

Overview

Over 6.3 million people use prescription drugs nonmedically on a current or past month basis. This level of use is second only to marijuana in the number of users—14.6 million. It also exceeds historical estimates of the numbers of cocaine and heroin users at the peak of each of their epidemics. In spite of these facts, the nonmedical use of prescription drugs attracts little media attention or public concern. In part, this is due to the low level of crime associated with prescription drug abuse. Nevertheless, the non-medical use of prescription drugs is having an impact: treatment admission rates have more than doubled in the past ten years.

Abuse

Prescription drug abuse occurs when a person uses a prescription drug outside of the normally accepted standard for its use. This definition includes, for example, prescription drugs legally obtained but not used for their intended purpose. The National Survey on Drug Use and Health refers to nonmedical use, which includes prescription-type pain relievers, tranquilizers, stimulants or sedatives. Prescription drug abuse does not include over-the-counter drugs.

According to the National Survey on Drug Use and Health, the level of prescription drug abuse is staggering with abuse of pain relievers as the predominant problem. Of the 6.3 million reporting nonmedical use of prescription drugs in 2003, 4.7 million used pain relievers, 1.8 million used tranquilizers, 1.2 million used stimulants, and 0.3 million used sedatives. The number of persons aged 12 and older reporting lifetime non-medical use of pain relievers increased from 29.6 million to 31.2 million between 2002 and 2003.

The number of first-time users—an indicator often used to track epidemics—suggests that the nation has been experiencing a prescription drug epidemic for at least seven years. In 1996, for example, the number of new or first-time users abusing pain relievers was just over one million. Four years later—in 2000—that rate more than doubled at 2.5 million new users. Since then, it has exceeded 2.4 million users each year.

The prescription drug epidemic is particularly acute among youth. In the ten years since 1992, the number of youth using pain relievers for the first time grew by an average of 54 percent per year. By comparison, first time use grew by 12 percent among those aged 18 or older—less than one fourth the rate for youth aged 12 to 17.

Crime and Health Consequences

The crime consequences of prescription drug abuse are relatively insignificant, especially when compared with other drugs such as alcohol, heroin, and cocaine. The National Drug Intelligence Center reports that only 2.4 percent of state and local law enforcement agencies nationwide identified prescription drugs as their greatest drug threat. Further, prescription drugs were identified by only 1.9 percent of law enforcement agencies as the category of drugs most contributing to violent crime. By comparison, 37 percent of law enforcement agencies identified cocaine as their greatest drug threat. There are 2.3 million current users of cocaine nationwide—63 percent less than the number of prescription drug abusers.

The health consequences of prescription drug abuse are more evident than its criminal consequences. Prescription drug abuse can have very serious effects, which vary depending on the type of drug abused. Opioids, which include pain relievers such as Morphine, Oxycotin, and Demerol, may lead to se-

Quick Facts

- An estimated **6.3 million** Americans aged 12 and older use **prescription drugs non-medically**.
- **Pain relievers** are the most highly abused of prescription drugs.
- Almost **48 million** Americans—or 20 percent—have used prescription drugs non-medically at least once in their **lifetimes**.
- Almost **2.5 million** persons **used** pain relievers non-medically for the **first time** in **2002—44 percent** were **under** the age of **18**.
- **One in five teens** report having used a prescription pain-killer without a doctor's prescription.
- There were almost **84,000 admissions to treatment** involving narcotic painkillers in 2002.
- The **largest increase in treatment admissions for prescription drug abuse** between 1997 and 2002 occurred among **those aged 20 to 30**.
- **Twenty states** have **prescription monitoring programs** in place targeting diversion and potential abuse.

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vere respiratory depression possibly resulting in death. Opioids are extremely addictive, as the user develops a tolerance to the drug they must take higher doses to achieve the same results.

Pressures on Treatment

Our nation's treatment programs are experiencing the consequences of prescription drug abuse. Of the 21.6 million Americans dependent on or abusing any illicit drugs or alcohol in 2003, 1.9 million were dependent on or abusers of a prescription drug. Dependence on pain relievers was the most serious problem, with over 1.4 million people reporting problems of this nature. Between 1997 and 2002, treatment admissions where painkillers were the primary drug of abuse increased 186 percent. The largest increase in admissions occurred among those aged 20 to 30. By comparison, the overall number of treatment admissions increased by 17 percent; admissions for heroin abuse increased by 21 percent.

What Must Be Done

The long-term solution to prescription drug abuse is to prevent it from ever starting in the first place. Those at risk of abuse require large, targeted dosages of prevention and education. Community-based education efforts—such as those represented by community anti-drug coalitions—are a constructive means to educate the public about the problems associated with prescription drug abuse. More broad-based media messages educating the public about the signs and consequences of prescription drug abuse are needed.

Treatment is the logical option for those abusing prescription drugs. Depending on the severity of the problem, a person can seek effective help in specialty treatment settings, (e.g., inpatient treatment programs) or informal settings (e.g., self-help groups). The federal government

could also bring more attention to this topic through targeted competitive grants for treatment.

Further, law enforcement has a role to play by targeting diversion of prescription drugs from legitimate use. Forms of diversion include “doctor shopping,” illegal internet pharmacies, drug theft, prescription forgery, and illicit prescribing by physicians. Law enforcement options to address diversion include prescription drug monitoring programs, education of health care providers, and theft and fraud controls.

Pharmaceutical Companies

Pharmaceutical companies are corporate citizens that have a financial interest and a social responsibility to ensure that their products are not misused. These companies must be included in the national public policy debate to solve the problem of prescription drug abuse.

Corporate leadership is needed to develop educational material for medical professionals, law enforcement, teachers, parents, and others who face daily challenges posed by prescription drug abuse. Corporate leadership is also needed to develop new technologies to make chemical diversion and abuse impossible.

Pharmaceutical companies should disseminate information to help communities minimize prescription drug abuse. Additionally, an industry-wide comprehensive plan to reduce abuse and diversion of their products should be developed. This plan should include goals and objectives directed at, among other things, supporting government efforts to curb diversion and abuse.

Finally, pharmaceutical companies should create independent stakeholder committees to help monitor compliance with self-imposed procedures and to promote performance accountability.

State-Based Controls

To track potential cases of abuse, many states are implementing prescription drug monitoring programs (PDMPs). A PDMP is a system into which prescription data for designated schedules of controlled substances are reported to a central location (e.g., a state agency) where the information is entered into an electronic database. PDMPs help to prevent and detect the diversion and abuse of pharmaceutical controlled substances, particularly at the retail level where no other automated information collection system exists. They can also help to achieve a variety of other goals related to safeguarding public health and safety such as informing the public, including health care professionals and policy makers, of use and abuse trends related to prescription drugs. Finally, PDMPs facilitate the identification, intervention, and treatment of individuals dependent on or abusing prescription drugs.

Twenty states currently have operating PDMPs and 23 states are in the process of planning and/or establishing them. This growth is fueled in recent years by the Harold Rogers Prescription Drug Monitoring Program. This competitive grant program, managed by the Bureau of Justice Assistance in the Office of Justice Programs, supports states wanting to plan, establish, and enhance PDMPs. States are eligible for these grants if they have in place, or have pending, an enabling statute or regulation requiring the submission of controlled substance prescription data to a centralized database. States may also apply if they can introduce legislation or regulations for a prescription monitoring program before the annual DOJ Hal Rogers Program grant cycle begins.

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14501 Cervantes Ave., Darnestown, MD 20874

(301) 977-3600

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