

Report on the 2009
Prescription and Over-The-Counter
Drug Abuse Summit

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Introduction

This document serves as an initial guide for a future workgroup to develop a strategic plan aimed at reducing the misuse and abuse of prescription and over-the-counter (Rx/OTC) drugs across the state of Michigan. Prescription drug abuse, also known as medication abuse, is defined as the use of prescription drugs - most commonly painkillers, sedatives and stimulants - in ways not intended by the prescribing doctor. This document is not intended to include all of the information associated with Rx/OTC drug abuse. It highlights

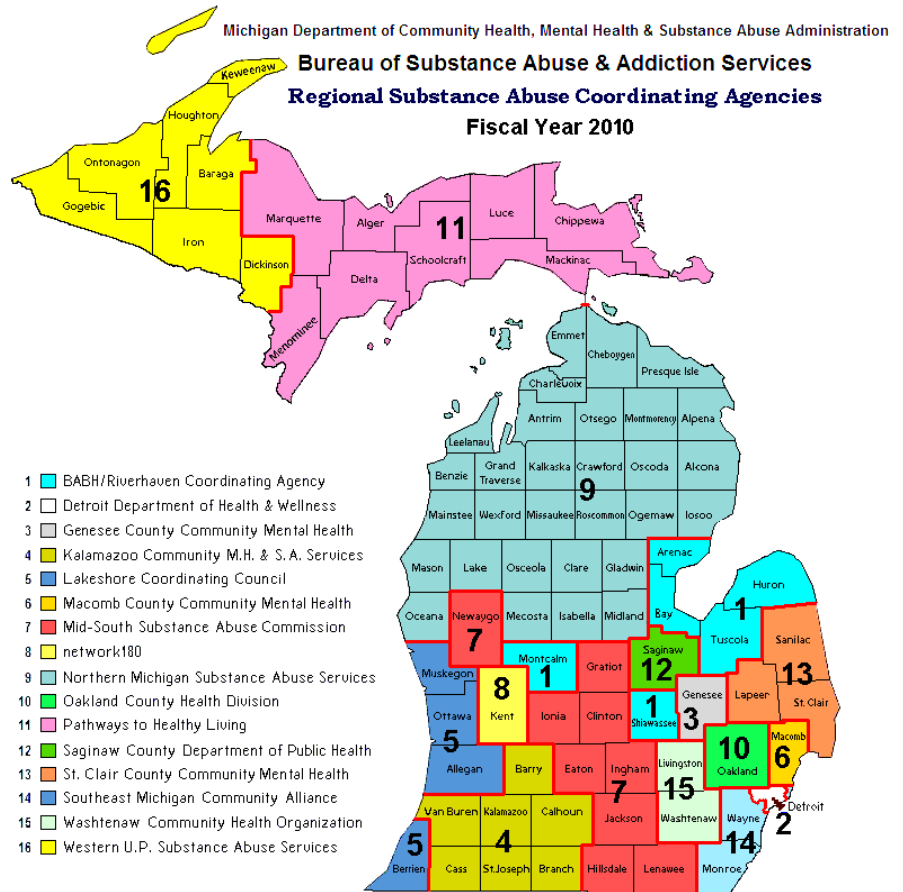


priority areas as defined by the five workgroups that convened at the Prescription and Over-The-Counter Drug Abuse Summit, and includes a summary of their recommendations. The summit, hosted by the Michigan Department of Community Health, Bureau of Substance Abuse and Addiction Services (BSAAS), was held on March 27, 2009. Resource information located at the end of this document should be used to gather new and current information for effective strategic prevention planning.

Note: At the time of the summit, BSAAS was also known as the Office of Drug Control Policy.

About the Bureau of Substance and Addiction Services

The BSAAS coordinates substance use disorder (SUD) prevention, treatment and recovery services through 16 regional substance abuse coordinating agencies (CAs). These sub-state entities are responsible for administering the provision of services within their jurisdictions, which may include single or multiple counties. All of Michigan's 83 counties are covered by a CA. These agencies are incorporated into various administrative entities, including local health departments, community mental health service agencies, county commissions, and freestanding non-profit agencies appointed by county commissions.



Summit Background

In 2008, BSAAS compiled and reviewed national and local Rx/OTC drug data and reports. Findings supported the need to inform community stakeholders and gather additional input from a variety of disciplines to address the emerging issue of Rx/OTC abuse in Michigan. As a result, BSAAS hosted a statewide summit on Rx/OTC drug abuse in March of 2009. This event assembled more than 400 stakeholders from across the state of Michigan who had an investment in the use, misuse, and abuse of Rx/OTC drugs.

The summit called five workgroups to action (*see diagram below*) to discuss current initiatives and prioritize needs. Each workgroup addressed Rx/OTC drug abuse by answering the following questions:



1. What is the problem?
2. What is being done now to correct the problem?
3. What are the barriers and challenges that exist?
4. What are the goals for this workgroup?
5. How will we know that we have made difference/ impact?

The output of each workgroup's discussion will be used to assist BSAAS and its collaborative partners in developing a plan with measurable goals to reduce the misuse, overuse and abuse of Rx/OTC drugs. The plan will address Rx/OTC drug misuse and abuse by subdividing issues into five categories: access, education, data collection, surveillance, and policy development and advocacy. The next steps include the initiation of a workgroup and the development of a workplan, which will utilize the Strategic Planning Framework model.

Strategic Planning Framework Model

According to Center for Substance Abuse Prevention, "The Strategic Planning Framework (SPF) model uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span" (SAMHSA, n.d.)



The first step, assessment, requires a comprehensive look at the issue of Rx/OTC drug misuse and abuse from a national, state and local perspective. Succeeding steps (capacity,

planning, implementation, and evaluation) build upon an accurate assessment that takes into consideration cultural competence and sustainability throughout the continuum.

Overview of the Problem

Rx/OTC drug abuse is widespread. It is a reality in every community and county in the state. Rx/OTC drug abuse is a problem that cuts across socio-economic, age, racial and ethnic groups, and is one of the growing, silent epidemics in Michigan. National data is abundant; however, state level data is limited.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), National Study on Drug Use and Health (NSDUH), six million people abused prescription drugs in 2008. Likewise, prescription drug abuse treatment increased by 400 percent between 1999 and 2008 (SAMHSA, 2008). The study also reported prescription drugs as being the second leading drug category abused in the United States, just behind the abuse of marijuana. Nationally, prescription drug abuse is more prevalent than cocaine, methamphetamine, heroin, or other illegal substances (SAMHSA, 2008).

While illegal substances, such as marijuana, are considered gateway drugs leading to the abuse of other substances, SAMSHA reports, “among admissions with no prior treatment episodes, the proportion that reported pain reliever abuse increased more than fivefold, from 1.7 percent in 1998 to 8.8 percent in 2008. Admissions in 2008 that reported one or more prior treatment episodes were nearly 4 times more likely than their counterparts in 1998 to have reported pain reliever abuse (11.0 vs. 2.8 percent)” (2010). Subsequently, abuse of Rx/OTC drugs has, in some cases, led to abuse and addiction to other illicit drugs, such as heroin. This can be attributed to heroin and other illicit drugs being less expensive than Rx/OTC drugs, and in some communities, more accessible.

In Michigan, prescription drug abuse has shown a significant increase from 2005 to 2008. In 2008, prescriptions for Hydrocodone accounted for nearly one-third (29.9 percent) of all controlled substance prescriptions (Michigan Department of Community Health [MDCH], 2010a, p. 16). BSAAS analysis of available data has prompted strategic planning efforts to focus on reducing the misuse and abuse of Rx/OTC drugs among youth between the ages of 12 to 17, young adults aged 18-25, and older adults aged 55 years or older.

The misuse of prescribed pain medication for pain management represents the majority of all prescription drug abuse in Michigan and across the country. This abuse is taking its toll. More people die because of drug overdoses from opioid painkillers than from cocaine and heroin combined. In fact, Michigan is one of 15 states in the country where prescription drug overdose is the second leading cause of unintentional death, just behind automobile crashes (Akre, 2009, para. 12).

Impact on Michigan Youth



Prescription drug abuse knows few age boundaries. According to data from the 2002, 2003, and 2004 NSDUH, Michigan ranks among the top five states in prescription misuse among youth in the nation (Colliver et.al., 2006).

Nationwide, twenty-one percent of high school students have taken a prescription drug, such as OxyContin, Percocet, Viocodin, Adderall, Xanax and/or Ritalin, without a doctor's prescription at least once in their lifetime (CDC, 2009). In Michigan, over ten percent of surveyed students reported taking barbiturates without a doctor's prescription in their lifetime. Six percent of students have taken barbiturates without a doctor's prescription in the last 30 days (MDE, 2009). The evidence of use has shown that ninth-graders have the lowest rate among

high school students, and prescription drug abuse increases as grade level increases (MDE, 2009).

The 2009 Rx/OTC Drug Abuse Summit began to address concerns about the impact of Rx/OTC drug use on youth by developing workgroup goals. Both the Prevention Workgroup and Education Workgroup identified concerns about accurately assessing the scope of the problem, since local data around the issue of Rx/OTC misuse and abuse is limited. Other concerns discussed in the workgroups included a lack of prevention education, specifically, addressing Rx/OTC drugs in health/physical education curricula and the need for a universally accepted definition of abuse that is consistently carried out through all trainings and educational materials.

Acceptability among youth and parents. In study after study, a large percentage of teens and their parents believe prescribed medications are safer and more acceptable to abuse than illegal street drugs, such as heroin or cocaine because they are originally prescribed by a physician. Media and advertising campaigns also contribute to the social acceptance and normative attitudes toward prescription drug abuse. According to the Federal Drug Administration, 2.7 billion dollars was spent on direct-to-consumer advertising for prescription medication in 2001 (as cited in Kaiser, 2001). Ninety percent of consumers indicated viewing a prescription drug commercial (Kaiser, 2001).

Treatment Workgroup discussions during the summit considered SUDs of adult populations and associated risk factors for children of addicted parents. The groups' discussions concluded both state and local prevention efforts needed to be intensified and statewide media messages broadened. Additionally, improved governmental collaboration would also help to address Rx/OTC drug misuse and abuse.



Youth ease of accessibility. Many studies and surveys on drug access, including the 2008 NSDUH (SAMHSA) and the *Michigan Burden Document Update: Focusing on Abuse of Alcohol, Prescription Drugs, and Tobacco* (MDCH, 2010a), report that the home is the most prevalent point of access for prescription drugs. The *Key Findings of the 2009 Partnership / MetLife Foundation Attitude Tracking Study* show that more than half (56 percent) of teens in grades 9 through 12 believe prescription drugs are easier to get than illegal drugs (Partnership for a Drug Free America [PDFA], 2009). Four out of ten teens say prescription drugs are much safer to use than illegal drugs, even if a doctor does not prescribe them (PDFA, 2006, as cited in ONDCP, 2007). Additionally, 62 percent believe most teens get prescription drugs from their own family's medicine cabinet and 63 percent believe prescription drugs are easy to get from their parent's medicine cabinet, up significantly from 56 percent in 2008 (PDFA, 2009).

Youth also reported that they believed if they were caught, there was less shame attached to the use of prescription drugs than to street drugs. According to the NSDUH, the number of youth ages 15 to 24 who access treatment for prescription drug abuse has increased by 300 percent over the last ten years (SAMHSA, 2008).

Environmental strategies such as the development of new policies, enforcement of existing policies, and campaign messaging can be effective in decreasing youth access. Discussions by both the Prevention Workgroup and Law Enforcement Workgroup identified the need for a strong media campaign and legislation to curtail Rx/OTC drug abuse. Moreover, interstate and intrastate collaboration and enforcement were also identified as a priority by the Law Enforcement Workgroup.

Links to other risky youth behaviors. According to the Michigan 2009 Youth Risk Behavior Survey (YRBS), twenty-five percent of ninth-through twelfth-graders who had sex in the last three months reported doing so after using alcohol or other drugs (MDE, 2009). Prescription drug abuse among youth also leads to impaired driving and traffic crashes causing severe injury or death.



Impact on Young Adults



While adults in every age and gender category have fallen victim to prescription drug abuse, the 2009 NSDUH reports that 18- to 25-year-olds are the largest age category of prescription drug abusers (SAMHSA, 2009). No socioeconomic group is excluded from this kind of drug abuse. The faces of prescription drug abuse include parents, teachers, lawyers, factory workers, and even physicians and other medical professionals who are charged with writing prescriptions for pain medications. There are many reasons why adults abuse prescription drugs. Many find it more acceptable than illegal drugs (SAMHSA, 2009). In 2007, there were over 4 million prescriptions written for hydrocodone/Vicodin (also known as Lora and Tensioned, and categorized as a Schedule III Drug), which now accounts for 29.2 percent of all controlled substance prescriptions written.

According to Michigan's Treatment Episode Data Set (TEDS), the percentage of state/federally funded SUD treatment admissions for opiate abuse and addiction has nearly tripled from 2003 (3.7 percent) to 2009 (9.10 percent), (MDCH, 2010b). This increase has not just been in prescription drugs as the primary drug of choice. Illicit drug use becomes a more affordable option as prescription drug addiction progresses from expensive prescriptions to more affordable illicit substances.

Impact on Older Adults



Prescription drugs are used to manage a variety of legitimate illnesses and pain indications. The number of prescribed medications has peaked in recent years, due to an increase in our aging population and chronic illness. Unfortunately, an increase in pain medication use has also caused prescription drug abuse to reach an all time high.

According to the 2005, SAMHSA “Substance Abuse Among Older Adults” report, as many as 17 percent of older adults may be abusing prescription medications. Yet, the treatment of many medical conditions that plague older adults require the use of medications that can be misused, abused, and/or lead to dependency. Older adults (ages 45 to 65) are often prescribed medications to manage their chronic conditions, including pain prescriptions (SAMHSA, 2005). In fact, persons over the age of 65 account for 13 percent of the population, but represent one third of the prescription drug users (SAMHSA, 2005). Separate from prescription drug abuse, older adults often experience instances of unintentional prescription drug misuse (SAMHSA, 2005).

As many older adults find themselves raising their grandchildren, youth access to prescription medication increases (SAMHSA, 2005). One way youth are accessing Rx/OTC medications is through the medicine cabinets of parents and guardians. As mentioned previously, effective environmental strategies help to decrease youth access and the misuse of prescription drugs by adult populations. Another concern however, is the initial point of access – the physician.

The Health and Pharmacy Benefit Plans / Pharmaceutical Companies and Retail Workgroup discussed health and pharmacy benefit plans, pharmaceutical companies, and retail

over-the-counter drug sales, and the need for improved systems coordination and collaboration on Rx/OTC drug abuse, including the establishment of crosscutting standards.

The concern of medication management issues, because of physicians over-prescribing medications, could prove to increase the misuse and abuse of prescription drugs. This workgroup suggested improved access, usage, and content of the Michigan Automated Prescription System (MAPS) could be better utilized to monitor the potential or intentional misuse and abuse of prescription drugs.

Additional beneficial discussions for the workgroup included a need to increase and expand addiction education, the use of brief screenings by various medical practitioners and their students, and identifying best practice models pertaining to Rx/OTC drug abuse prevention, education, and treatment.

Local Access

MAPS data from 2009 confirms that the physician's office or health care provider is the largest original source of prescription drugs in Michigan (Wissel, 2010). Physicians who are not board certified in pain management may be over-prescribing medications. In some cases, even in the emergency rooms, physicians manage the immediate symptoms of pain, instead of treating the root causes, triggering an increase in the prescription of pain medications. Summit participants see increased collaboration between the physician and pharmacist, or the third party insurance payer, as a way to improve the ability to identify misuse, over-use and abuse by a patient.

Some of the methods of acquiring prescription drugs for abuse include "doctor shopping" (in order to acquire multiple prescription drugs), traditional drug dealing, theft from pharmacies or homes, illicitly acquiring prescription drugs via the Internet and from friends or relatives.

MAPS is helping to prevent abuse by monitoring controlled substances dispensed by pharmacies. Physicians and pharmacists can track patients they suspect of abusing prescription drugs to see if the same or similar prescriptions are being filled at other pharmacies or are being written by other physicians.

Internet Access

The Internet has created 24-hours-a-day, 7-days-a-week access to information, and it has complicated the war against prescription drug abuse. There are a number of websites that sell derivatives of normally prescribed drugs without a doctor's prescription, including sites that target youth. Internet sales of prescription drugs generate millions of dollars in revenue for online vendors, without any systems in place for monitoring legitimate use and reporting of suspected drug abuse.

Other Special Considerations

Although the topics of Rx/OTC drug use and the military, and impact on traffic safety were not specifically addressed at the 2009 Rx/OTC Summit, our federal partners have since identified them as emerging priority issues:

Prescription drug use and the military. Wartime creates additional stress for veterans and their families. According to the *2008 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel*, prescription drugs have replaced marijuana as the current substance abuse and addiction issue for the military. Stigma has created apprehension about utilizing treatment within the military, with veterans often returning to civilian life with unresolved substance issues (Department of Defense [DoD], 2009). As more veterans return to Michigan, this will continue to be an area that needs to be addressed by collaborating with federal agencies.



Impact on traffic safety. According to the 2008 Michigan Drunk Driving Audit by the Michigan State Police (as cited in MDCH, 2010a, p.15), traffic deaths involving drugs, jumped 43 percent between 2007 and 2008 (from 98 incidents in 2007 to 140 incidents in 2008). Some of this increase can be attributed to additional testing for substances being conducted, however, experts in law enforcement and the public health community believe there are also more people abusing drugs, including prescription medications. Of all traffic crashes in the state during 2008, 6.6 percent involved drugs, but not alcohol, and 7.7 percent involved both drinking and drugs. Some of the numbers involve illicit drug use, which is often an outcome of progressive addiction to prescription drugs (Michigan State Police, as cited in MDCH, 2010a, p.15).

Summary of Summit Recommendations by Workgroups

The following is a summary of each of the five workgroups' recommended goals for reducing the level of Rx/OTC drug abuse in Michigan. Implementation strategies will be released by BSAAS later, once the workgroups reconvene and develop action plans.

Treatment Workgroup Goals

- Intensify state and local prevention efforts
- Broaden statewide media messages, including sector specific efforts
- Improve intergovernmental collaboration

Education Workgroup Goals

- Intensify state and local Rx/OTC drug abuse prevention efforts
- Improve collaboration and resource sharing
- Create a universally acceptable definition of abuse that is consistently carried out through all trainings and education materials



Prevention Workgroup Goals

- Accurately define the problem of Rx/OTC drug abuse and what can be done
- Identify and support school-based prevention education and activities, such as lesson plans and youth led initiatives
- Work to strengthen advocacy, policy development and legislation regarding access to, and prevention of Rx/OTC drug abuse
- Increase multi-system communication, coordination and collaboration at all levels around Rx/OTC drug abuse and related problems
- Integrate Rx/OTC drug education into the Michigan Model and other health/physical education curricula for students

Law Enforcement Workgroup Goals

- Create and/or enhance interstate and intrastate interaction and collaboration around Rx/OTC drug abuse
- Enhance efforts to inform and educate people about Rx/OTC drug abuse and related issues
- Create and enhance interstate and intrastate law enforcement interaction and collaboration
- Increase positive media involvement around the issue of Rx/OTC drug abuse
- Have the state legislature advocate for and pass legislation, which aids in curtailing Rx/OTC drug abuse

Health & Pharmacy Benefit Plans / Pharmaceutical Companies & Retail Workgroup Goals

- Improve systems coordination and collaboration on Rx/OTC drug abuse, including establishment of crosscutting standards
- Increase and expand addiction education and the use of brief screenings by various medical fields and their students
- Improve access, usage, and content of MAPS
- Identify best practice models pertaining to Rx/OTC drug abuse prevention, education, and treatment

What is Being Done in Michigan Now?

During the summit, several prevention and education initiatives, specifically addressing Rx/OTC drug abuse occurring around the state, were reported by workgroup members. These initiatives included marketing and media campaigns, distribution of information, town hall meetings, and speaking opportunities. While there is some data being collected through MAPS, the summit workgroups called for more quantitative and qualitative data.

Law enforcement personnel receive specialized training to detect drugged driving while conducting sobriety screenings during routine traffic stops. This has been identified by the law enforcement workgroup as an increased effort to reduce Rx/OTC drug abuse. In addition to formal law enforcement screenings, prevention task forces are working with the medical community and emergency personnel to identify Rx/OTC drug abuse.

The Prevention Workgroup also identified Rx/OTC drug disposal/medication take back programs in some areas around the state. For instance, Calhoun, Oakland, Macomb, and Ottawa Counties have each implemented variations of disposal programs. Several counties have created or collaborated on task forces to address the problem. For example, the public school system in Battle Creek, Michigan, has implemented a Fast 50 program that pays out \$50 for reporting inappropriate drug use.

Next Steps and Timeline for Completion

BSAAS plans to establish a workgroup and convene their first meeting in the winter of 2010. The next steps for that workgroup are outlined below; additional recommendations and adjustments are left to the discretion of the workgroup. BSAAS reserves the right to augment all plans and recommendations presented by the workgroup:

- 1) Develop and distribute a written strategy based on workgroup recommendations – Winter 2011
- 2) Develop an implementation plan – Spring 2011 and ongoing
- 3) Develop a statewide community awareness campaign – Spring 2011
- 4) Distribute strategy and community awareness materials to media and communities – Summer 2011
- 5) Hold town hall meetings – Summer/Fall 2011
- 6) Develop and issue public service announcements – Fall 2011

Conclusion

Many factors are attributed to the increase in Rx/OTC drug abuse. Increased access to Rx/OTC drugs, lack of prevention education that addresses Rx/OTC drug abuse, inconsistent and non-existent data collection on prescription drug abuse, and isolated surveillance efforts, have done little to reduce the threat of Rx/OTC drug abuse in our state. It is our intent to increase education efforts, strengthen and foster collaborative partnerships, and apply best practice strategies to change the direction of Rx/OTC drug abuse in Michigan.

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