

# Prescription Drug Abuse

Understanding a Global Epidemic and How Tribal Nations are Working to Combat It

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# Outline

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- ▶ What is prescription drug abuse?
  - ▶ Commonly abused prescription drugs
  - ▶ Understanding opioids: types and affect on brain/body
- ▶ How people start using prescription drugs for nonmedical reasons
- ▶ How tribes are working to combat prescription drug abuse
- ▶ Initiatives and programs that effectively curb prescription drug abuse

# What is prescription drug abuse?

- ▶ Prescription drug abuse is the use of a medication...
  - ▶ without a prescription of one's own
  - ▶ In a way other than as prescribed
  - ▶ For the experience or feelings the drug causes
- ▶ Includes the nonmedical use of any
  - ▶ prescription-type pain relievers
  - ▶ Tranquilizers
  - ▶ Stimulants
  - ▶ sedatives

# Commonly abused prescription drugs

Although many medications can be abused, the following classes are the most commonly abused:

- ▶ **Opioids** – treats pain
  - ▶ Percocet, OxyContin, Vicodin
- ▶ **Tranquilizers** – treats anxiety, sleep disorders, and severe mental illness
  - ▶ Central nervous system depressants
  - ▶ Barbiturates and benzodiazepines
    - ▶ Valium, thorazine, xanax, seconal
- ▶ **Stimulants** – treats attention deficit hyperactivity disorder
  - ▶ Ritalin, adderall

# Opioids

- ▶ Relieves pain = Reduces the intensity of pain signals reaching the brain and affects those brain areas controlling emotion, which diminishes the effects of painful stimulus.
- ▶ **Hydrocodone** is the most commonly prescribed; dental and injury-related pain.
- ▶ **Morphine** is used before and after surgical procedures to alleviate severe pain.
- ▶ **Codeine** is prescribed for mild pain.

# How do opioids affect the brain and body?

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- ▶ Attach to opioid receptors (proteins) found in the brain, spinal cord, gastrointestinal tract, and other organs in the body.
- ▶ Once attached to receptors, the perception of pain is reduced.

# How opioids work

# How use leads to abuse: dependence vs. addiction

- ▶ **Physical dependence** occurs because of normal adaptations to chronic exposure to a drug
  - ▶ Often accompanied by tolerance
    - ▶ Can be difficult for a doctor to evaluate whether a patient is developing a drug problem or has a real medical need for higher doses to control their symptoms
  - ▶ Dependent user will experience withdrawal symptoms when drug is abruptly reduce or stopped
    - ▶ Can be managed medically or avoided by using a slow drug taper
- ▶ **Addiction** is distinguished by compulsive drug seeking and use despite sometimes devastating consequences
  - ▶ can include physical dependence

# How people get addicted:

## Pain Management

### ▶ Challenges

- ▶ Tolerance: Need to take higher doses of a medication to get the same effect
- ▶ Limited IHS funding leads to prolonged medication use
  - ▶ Patients sometimes have to use pain medication longer while they are awaiting surgery and have more opportunities to develop addiction
- ▶ Inability to get time off / Need to keep working
  - ▶ Story of member of Cherokee Nation: Postal worker developed shoulder pain. Had to work to take care of family so he was prescribed medication through pain management clinic. Months of pain management turned into years, leading to addiction to opioids. Pain so bad, he turned to methamphetamines because opioids not enough to “escape the pain”.

# How people get addicted: Seeking the high

- ▶ Seeking the high caused by opioid medication
  - ▶ Some people experience a euphoric response to opioid medications because these drugs also affect the brain regions involved in reward
  - ▶ Abusers may seek to intensify this euphoric response with continued use
  - ▶ Leads to tolerance and increased use

# Reasons for high prevalence of prescription drug abuse

- ▶ Misperceptions about their safety
  - ▶ Because these medications are prescribed by doctors, many assume that they are safe to take under any circumstances
  - ▶ Sharp rise in opioid overdose deaths closely parallels an equally sharp increase in the prescribing of these drugs.
- ▶ Increasing environmental availability
  - ▶ Between 1991-2010, prescriptions for stimulants increased from 5M to ~45M
  - ▶ For non-heroin opioids: 75.5M to 209.5M
  - ▶ Non-heroin opioid sales in the US quadrupled from 1999-2010
- ▶ Varied motivations for their abuse
  - ▶ Underlying reasons include: to get high, to counter anxiety, pain, or sleep problems, or to enhance cognition.

# NATIONAL

## Prescription drug abuse epidemic

- ▶ Prescription drugs are the 2<sup>nd</sup> most abused category of drugs following marijuana
- ▶ In 2010, 2.4M people used prescription drugs nonmedically for the first time = 6600 initiates/day
- ▶ In 2012, ~6.8M persons(2.6% of total pop.) (aged 12+) abused or misused prescription drugs. Opioids are most commonly abused.
- ▶ Prescription drug overdose deaths
  - ▶ In 2010, 60% of drug overdose deaths were related to prescription drugs
  - ▶ Of these, 75% involved opioid pain killers; 30% involved tranquilizers (benzodiazepines)

# NATIONAL prescription drug abuse epidemic

- ▶ Source of nonmedical pain relievers
  - ▶ From a friend or relative for free – 54%
  - ▶ Bought drug from a friend or relative – 10.9%
  - ▶ Prescription from one doctor – 19.7%
  - ▶ Drug dealer/other stranger – 4.3%
  - ▶ Internet – 0.2%

# NATIONAL

## Populations at risk

### ▶ Youth

- ▶ Abuse of prescription drugs is highest among 18-25year olds = 5.9% reporting nonmedical use in past month
- ▶ Studies have revealed link between prescription drug abuse and higher rates of cigarette-smoking, heavy episodic drinking, and marijuana, cocaine, and other illicit drug use among adolescents and young adults.

### ▶ Older adults (65 years+ account for only 13% of total pop.)

- ▶ Account for more than 1/3 of total outpatient spending on prescription drugs
- ▶ Those on fixed income may abuse another person's medication to save \$
- ▶ High rates of comorbid illnesses, changes in drug metabolism, potential for drug interactions may make prescription drug abuse more dangerous than in younger pop.

# NATIONAL

## Populations at risk

### ▶ Women

- ▶ In 12-17 age range, nonmedical use by females exceed males; in this age range, females are more likely to meet abuse or dependence criteria for psychotherapeutics.

### ▶ Soldiers and vets

- ▶ Nonmedical use of prescription drugs among active-duty department of defense personnel doubled from 2002-2005 (2%-4%); from 2005-2008, the rate nearly tripled to 11% (meanwhile, non-prescription illicit drugs have been around 2% since 2002)
- ▶ Chronic pain is a significant problem among vets; Long term pain management places vet population at particularly high risk.
- ▶ Co-occurring disorders (PTSD) increase the risk of abuse.

# NATIONAL

## Populations at risk

- ▶ People in rural counties are about 2Xs as likely to overdose on painkillers as people in big cities
- ▶ People with occupational injuries, mental illness or past substance abuse
- ▶ White and Natives are more likely to overdose on prescription painkillers
  - ▶ The percentage of Natives reporting current use of prescription drugs for nonmedical purposes is higher than that for any other racial group

# Indian Country demographics

- ▶ According to 2010 US Census, 5.2M people identified as AI/AN (alone or in combination with 1+ other races)
  - ▶ Total AI/AN (alone) 2.9M
- ▶ 32% are under the age of 18 vs 24% of total US population
  - ▶ Median age on reservation is 26 (37 for entire US)
- ▶ Under 25 population = 42% of total AI/AN pop. (vs. 34% for US)
- ▶ Men and women make up equal parts of the AI/AN pop.

# INDIAN COUNTRY

## Prescription Drug Abuse

- ▶ 12.7% of AI/AN (age 12+) are current users of illicit drugs
  - ▶ Data indicates high usage of illicit drugs by American Indians
- ▶ American Indian/Alaskan Native populations show high percentages of:
  - ▶ Lifetime abuse - 64.8%
  - ▶ Past year illicit drug use - 27.1%
  - ▶ Current nonmedical use of prescription drug - 6.2%
- ▶ The rates of death from prescription opioid overdose among AI/AN quadrupled from 1.3 per 100,000 in 1999 to 5.1 per 100,000 in 2013.

# 4 Pillars of Combating the Epidemic

## 1. Education

- ▶ Positive Community Norms campaigns

## 2. Monitoring

- ▶ Prescription Drug Monitoring System

## 3. Safe Disposal

- ▶ Take Back Days

## 4. Enforcement

- ▶ High Intensity Drug Trafficking Areas
  - ▶ 10 current HIDTAs feature collaboration between tribal LE and state/local LE

# What can be done?

- ▶ Healing to Wellness programs and community services
- ▶ Indian Health Services
  - ▶ Data tracking: Prescription Drug Monitoring Program
  - ▶ Training
  - ▶ Collaborations
    - ▶ IHS x BIA:
    - ▶ Dept. of Defense x IHS
- ▶ Intertribal collaborations:
  - ▶ Red Lake
  - ▶ White Earth
- ▶ SAMSHA Strategies
- ▶ TLOA: Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986

# Healing to Wellness programs and community services

- ▶ Program goals:
  - ▶ Elevate the well-being of individuals afflicted with addiction
  - ▶ Provide long-term culturally-specific community-based treatment
  - ▶ To heal the whole person, family, and community
  - ▶ To build a strong alumni base for generational sobriety and healthy living
- ▶ Strengths:
  - ▶ Community-based treatment providers
  - ▶ Personalized treatment plans for greater success
  - ▶ Tradition and culture are key components of program

# Indian Health Services

- ▶ Challenges:
  - ▶ tracking patients prescription drug use throughout the entire IHS system
  - ▶ providing training to healthcare personnel re: latest in drug treatment and policy
  - ▶ “doctor shopping” where people go from one clinic or doctor to the next in a neighboring rez to get a prescription

# Indian Health Services

- ▶ Solutions:
  - ▶ Implement prescription drug monitoring program
  - ▶ Provided training for Office-based Opioid Therapy
    - ▶ Trained physicians and practitioners in the use of buprenorphine, which is used to manage drug addiction.
  - ▶ Monitor drug utilization at the IHS facilities
  - ▶ Multidisciplinary pain management taskforce to develop a national pain management policy
  - ▶ *Native American Curriculum for Prevention Specialists and Substance Abuse Providers*
    - ▶ Developed by Dr. Duane Mackey for tx counselors who are non-Native

# Indian Health Services

- ▶ Solutions (cont'd):
  - ▶ SBIRT: Screening Brief Intervention and Referral for Treatment
  - ▶ SAMHSA will provide continuing education through the Prescription Education CME Program for Opioid Prescribing – will send trainer out!
  - ▶ Drug Abuse Community Survey

# IHS: Pain Management Taskforce

- ▶ Multidisciplinary taskforce charged with studying the use and abuse of IHS prescribed opioids.
- ▶ Developed guidance for IHS facilities
- ▶ Draft national IHS pain management policy
  - ▶ Describes system controls that must be in place at the local facility level
  - ▶ Requires signing of pain management agreement between prescriber and patient
  - ▶ Requires urine drug testing and medication counts
  - ▶ Empowers the prescriber to enforce the agreements
- ▶ Developing web-based tools for local facility use

# IHS: Prescription Drug Monitoring Programs (PDMP)

- ▶ Indian Healthcare Improvement Act, 2010, requires the creation of a prescription drug monitoring program for IHS, tribal and urban healthcare facilities.
- ▶ As of 2013, IHS participates in state-based PDMP to make data available to assist in reducing and preventing misuse, abuse, and diversion of prescription drugs.
- ▶ PDMP is a statewide electronic database which collects designated data on substance dispensed in the state
- ▶ The PDMP is housed by a specified statewide regulatory, administrative, or law enforcement agency
  - ▶ The state agency housing the PDMP distributes data to individuals who are authorized under state law to receive this data for purposes of their profession

# IHS x BIA Collaboration

- ▶ Partnered to make naloxone (used to reverse opiate overdose to prevent deaths) available to first responders (BIA and tribal police, emergency medical personnel as part of IHS' overdose or "harm reduction" program
- ▶ This year, IHS pharmacies will dispense naloxone to as many as 500 BIA officers and provide training on how to administer emergency treatment to people experiencing opioid overdose.
- ▶ Partnership will be reviewed annually by IHS and BIA and will continue as long as the agencies agree it is delivering desired results.
- ▶ BJA released a Law Enforcement Naloxone Toolkit to support law enforcement agencies in establishing naloxone programs.

# Dept. of Defense x IHS Collaboration

- ▶ Fed. Govt is expanding access to prescription monitoring program data throughout federal agencies.
- ▶ Dept. of Defense's (DoD) Pharmacy Data Transaction service automatically screens all new medication orders against a patient's computerized medication history and permits DoD physicals to monitor for concerning drug usage patterns.
- ▶ IHS has successfully piloted integrating this data into their electronic systems
- ▶ A pilot to integrate data into the workflow of physicians in the DoD health system is slated to launch in 2016.

# Red Lake

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- ▶ Collaborations between tribal agencies join to fight prescription drug abuse
  - ▶ Health, law enforcement, and drug treatment facilities

# White Earth

- ▶ On Jan. 31, 2011, the tribal council passed a proclamation declaring a “Public Health Emergency” related to prescription medication and illegal drug abuse.
- ▶ Assembled a Substance Abuse Collaboration of tribal resources and programs to work toward solutions to problems caused by prescription drug abuse.
  - ▶ Public health, law enforcement, child protection, chemical dependency, legal, mental health, and community councils

# SAMHSA's Strategies for Reducing Prescription Drug Abuse

- ▶ Prevention and Early Intervention
  - ▶ Screening individuals in primary care settings (clinics, hospitals, nursing homes) for risk of substance abuse, help them locate tx services
- ▶ Prescriber and patient education
  - ▶ SAMHSA has published information for patients and the public on prescription drug abuse and its treatment.
- ▶ Enhanced treatment access and quality
  - ▶ Treatment Improved Protocols (TIPs); Medication-assisted treatment
  - ▶ Opioid Brief Guide for primary care physicians on how to use FDA-approved medications to treat opioid addiction in the medical office.
- ▶ Overdose prevention and rapid intervention
  - ▶ Opioid overdose toolkit: In practical, plain language, the kit outlines steps to take to prevent and treat opioid overdose (including the use of naloxone); identifies important resources
- ▶ Appropriate regulation

# Tribal Law and Order Act (TLOA)

- ▶ TLOA signed into law July 29, 2010
- ▶ Reauthorizes and amends the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (IASA)
- ▶ Goals of IASA
  - ▶ Determine the scope of the substance abuse problem in AI/AN populations
  - ▶ Identify the resources and programs of each agency relevant to a coordinated effort addressing substance abuse in AI/AN communities
  - ▶ Coordinate existing agency programs with those established under TLOA
  - ▶ Continued respect for tribal sovereignty embedded in all TLOA activities

# Questions? Comments? Ideas?

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