

Collective Action Issue Brief #2 — Updated June 2014

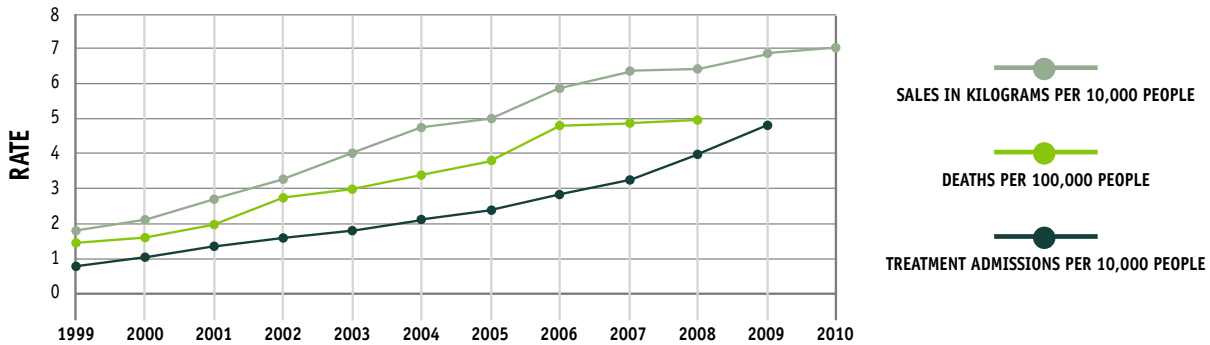
PRESCRIPTION PAIN MEDICATION MISUSE

WHAT WE KNOW

The misuse and abuse of prescription drugs has become a leading cause of harm among New Hampshire adults, resulting in more deaths each year than those caused by car crashes. The rise in prescription drug abuse has been linked to the accessibility of powerful medications, either through prescriptions or theft, the misperception that prescribed medication is less risky than illegal drugs, and a lack of knowledge about how powerful, addictive, and deadly prescriptions, particularly pain medications, can be.

As the number and quantity of medications prescribed rises in part due to changes in prescribing practices, states have seen mirroring escalations of abuse requiring addiction treatment and of prescription drug-related deaths. In 2009, U.S. retail pharmacies dispensed 48% more prescriptions for opioid pain relievers than in 2000¹ and opiates represent 75% of all prescription drugs being abused².

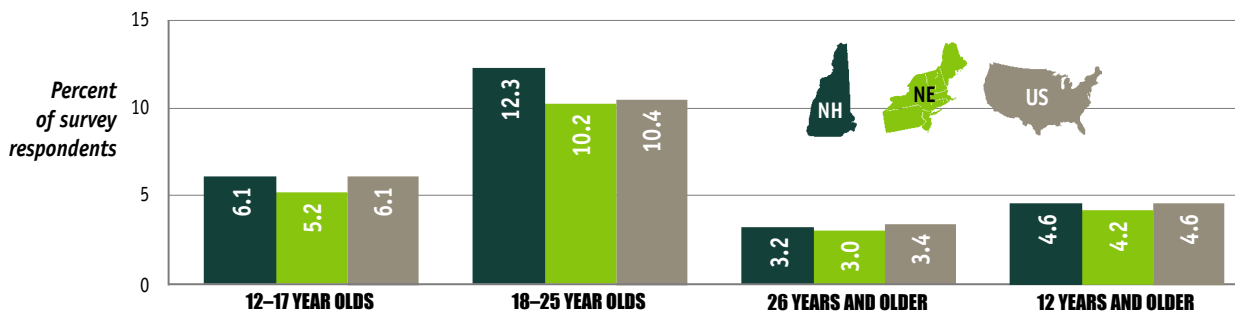
RATE OF PRESCRIPTION PAINKILLER SALES, DEATH AND SUBSTANCE ABUSE TREATMENT ADMISSIONS (1999-2010)



Sources: National Vital Statistics System, 1999–2008; Automation of Reports and Consolidated Orders System (ARCOS) of Drug Enforcement Administration, 1999–2010; Treatment Episode Data Set, 1999–2009

New Hampshire has not been immune to this epidemic – according to the 2009–2010 National Survey on Drug Use and Health (NSDUH), the rate of New Hampshire’s young adults (ages 18 to 25) who reported non-medical use of pain relievers was the highest of all states, with 14.9% reporting abuse in the past year. New Hampshire’s rates were lower in the 2010–2011 NSDUH, but access to medications may still be connected to youth and young adult prescription drug abuse.

NONMEDICAL USE OF PAIN RELIEVERS IN PAST YEAR: NH - NORTHEAST - US



Source: 2010-2011 National Survey on Drug Use and Health



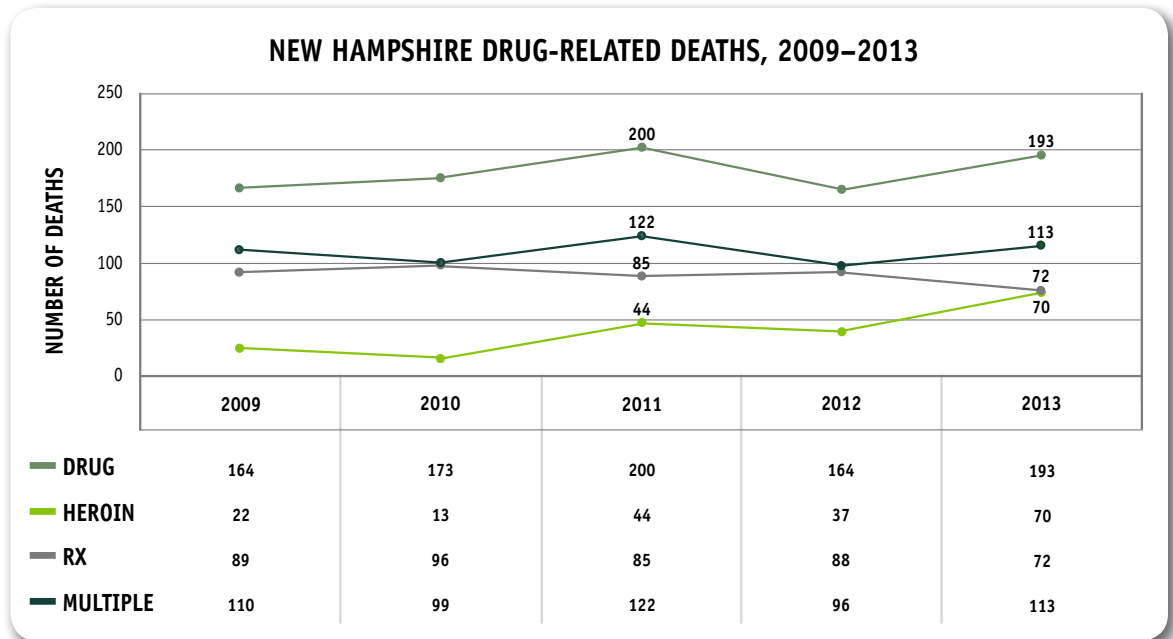
WHY IT MATTERS

With wide access and availability to powerful prescription medication, either from valid injuries or conditions or from illicit access (e.g., through theft or doctor-shopping), people are becoming addicted and involved in crime to feed their addictions.

- In New Hampshire, between 2008 and 2010, the percentage of individuals entering state-funded substance abuse treatment for oxycodone increased by over 60%, from 11.6% of patients in 2008 to 18.7% of patients in 2010, while admissions for alcohol, cocaine, marijuana, and heroin either decreased or stayed the same.
- In 2010, oxycodone also became the second most prevalent drug of abuse after alcohol among those entering state-funded substance abuse treatment³.
- In 2011, drug-related deaths peaked at 200, more than ever before and four times as many deaths as in 2000, with 80% of drug deaths involving prescription medication, primarily opioid pain relievers.
- Between 2012 and 2013, although prescription drug-related deaths dropped from 88 to 72, heroin related deaths more than doubled, from 37 in 2012 to 70 in 2014.

“Imagine how it feels for a doctor when he sees a patient of his in the emergency room because of a prescription drug overdose, knowing that he [the doctor] was the one who had inadvertently been part of the cause of the overdose.”

– New Hampshire
Emergency Room
Doctor



Source: NH Medical Examiner's Office

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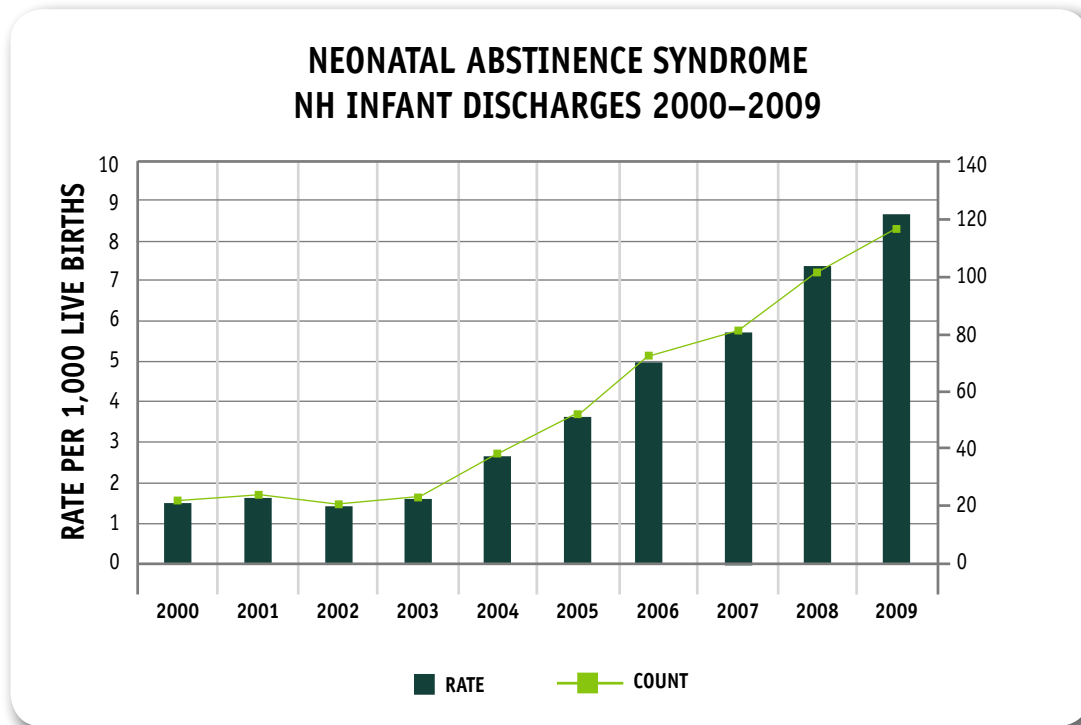


¹ Based on data from SDI, Vector One: National. Years 2000-2009. Extracted June 2010. Accessed at: <http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/AnestheticAndLifeSupportDrugsAdvisoryCommittee/UCM217510.pdf>

² Epidemic: Responding to America's Prescription Drug Abuse Crisis, U.S. Office of National Drug Control Policy, 2011.

³ Client Event Data Set (CEDs) 2008-2010. NH Bureau of Drug & Alcohol Services.

Less widely known and discussed has been the impact of opioid abuse and dependence during pregnancy. The New Hampshire Division of Public Health Services’ Maternal and Child Health Section has been monitoring and developing responses to a significant rise in the rates of babies born in New Hampshire hospitals being diagnosed with Neonatal Abstinence Syndrome (NAS). Just after birth, these babies exhibit symptoms of irritability, feeding difficulty, respiratory problems, and seizures and require intensive and costly care for several weeks after birth. The average hospital stay for an NAS baby is 16 days, compared to three days for all other births.



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As people abuse and become addicted to prescription opioid pain relievers, if access to the prescription is reduced, the compulsion or craving may lead individuals to seek heroin as an alternative as it is often cheaper and may be more available. This compulsion or craving also may lead to criminal behavior such as theft of medications or theft of goods that can be sold to pay for street or prescribed drugs. New Hampshire law enforcement agencies have reported widespread increases of theft and burglary that they have been able to link to drug-seeking.

RECOVERY IS POSSIBLE

In spite of the challenges of prescription drug addiction, recovery is possible. There are several private and state-funded agencies and organizations who provide inpatient and out-patient treatment for substance use disorders and who can connect people with recovery coaches and support groups in their area. Information on treatment and recovery resources is available at <http://www.dhhs.nh.gov/dcbcs/bdas/treatment.htm>, including medication-assisted treatment.

People can and do recover from opioid addiction with appropriate treatment and recovery supports.



WHAT WE CAN DO

As this epidemic has progressed, states and the federal government and its research institutes have been quick to respond with calls to action across a range of stakeholders. Following the lead of the U.S. Office of National Drug Control Policy's 2011 strategy recommendations, the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment released Call to Action: Responding to New Hampshire's Prescription Drug Abuse Epidemic. Key strategies for each community and state agency sector included:



HEALTH & MEDICAL

What To Do

- Promote improved prescribing practices that effectively manage pain or other symptoms while deterring abuse and addiction.
- Increase training opportunities for prescribers and dispensers relative to safe prescribing practices, abuse deterrence, and steps to prevent and/or report drug diversion and doctor-shopping.
- Increase professional collaboration between primary care, addiction treatment, substance abuse prevention, and alternative therapies.
- Support patient and public education about the dangers and risks of prescription drug abuse.
- Institute patient contracts, patient education protocols, monitoring of adherence to medication use as prescribed, screening for abuse or dependence for patients being prescribed opioid pain relievers, and checking a patient's medication history before prescribing medication.
- Support community efforts to collect and safely dispose of unneeded medications.

Where To Learn More

The **NH Medical Society** released new protocols for the prescribing of opioids, available at <https://www.nhms.org/node/113>

The **National Institute on Drug Abuse (NIDA) Centers of Excellence for Physician Information** provides science-based resources to help physicians identify patient drug use early and to prevent it from escalating to abuse or addiction as well as identify and refer patients in need of specialized addiction treatment. Information is available at <http://www.drugabuse.gov/coe>

For cross-training of medical staff and law enforcement, the **NH Drug Diversion Unit** provides trainings to prevent unlawful diversion of prescription medications. Visit <http://www.nh.gov/safety/divisions/nhsp/isb/narcotics/index.html>

The **American Society of Addiction Medicine** introduced the Physician Clinical Support System for Primary Care (PCSS-P), a free, nationwide service to help primary care providers seeking to identify and advise their patients regarding alcohol and drug abuse before they evolve into life-threatening conditions. Information available at <http://www.nida.nih.gov/nidamed/pcss.php>

“I told the nurse three times that I didn’t feel I needed oxycodone after my minor surgery, but she sent me home with two bottles full anyway. The next morning I didn’t even need ibuprofen.”

– *New Hampshire resident*





SAFETY & LAW ENFORCEMENT

What To Do

- Increase trainings relative to prescription drug abuse, diversion, doctor-shopping, enforcement and prosecution.
- Develop and disseminate legal bulletins to medical offices and within communities about prescription drug abuse and diversion.
- Support community efforts to collect and safely dispose of unneeded medications.
- Expand investigation and prosecution of prescription drug diversion.
- Encourage law enforcement to designate an officer as a prescription drug diversion specialist for targeted trainings, cross-training with local medical professionals and pharmacies, and other coordinated efforts.

Where To Learn More

The **NH Drug Diversion Unit** trainings to prevent unlawful diversion of prescription medications <http://www.nh.gov/safety/divisions/nhsp/isb/narcotics/index.html>

New Hampshire Police Standards and Training Council training opportunities for law enforcement <http://www.pstc.nh.gov/TrainingCalendar.pdf>

National Guard Northeast Counterdrug Training Center <http://www.counterdrug.org/NCTC/index.html>

New England High Intensity Drug Trafficking Area (HIDTA) training opportunities <http://www.nehidta.org/>

The **NH Division of Liquor Enforcement** drug recognition expert training program and alcohol/drug training for alcohol licensees <http://www.nh.gov/liquor/enforcement.shtml>



EDUCATION

What To Do

- Increase training for school personnel relative to prescription drug abuse trends, proper storage and disposal of prescription medications being dispensed in schools, screening for prescription drug problems and referral to services, and related topics.
- Support effective health curricula that addresses prescription drug risks across multiple ages and developmental stages.
- Continue school-based surveys that gather information from youth about prescription drug abuse.
- Provide screening and referral to services for youth who may be misusing prescription drugs.
- Help educate parents about the dangers of prescription drug abuse for children and communities.

Where To Learn More

U.S. Department of Education's Higher Education Center for Alcohol, Drug and Violence Prevention provides recommendations for college campus responses to Rx drug abuse. Visit http://www.edc.org/projects/higher_education_center_alcohol_drug_abuse_and_violence_prevention

The **White House Office of National Drug Control Policy** oversees "Parents – the Anti-Drug" and other education and awareness campaigns, providing web links, print materials and other resources to support school- and community-based awareness and outreach. Visit <http://www.whitehouse.gov/ondcp>

NIDA for Teens: PeeRx, an engaging website for youth, teachers, and parents to learn about prescription drug abuse. Visit <http://teens.drugabuse.gov/peerx/>



BUSINESS

What To Do

- Increase awareness of prescription drug abuse and its impact on workplace safety and employee wellness.
- Ensure work site policies and practices articulate safe storage and use of medications to deter abuse or theft.
- Establish, communicate and enforce drug-free workplace policies to prevent prescription drug misuse and abuse.
- Provide problem identification and referral services for employees who may be experiencing problems.

Where To Learn More

The U.S. Department of Labor “Policy Builder” provides guidance in developing and maintaining an effective workplace policy with samples included. Visit <http://www.dol.gov/elaws/asp/drugfree/drugs/screen2.asp>

The U.S. Department of Labor Employee Education curriculum provides employee education modules on drugs and alcohol in the workplace, including business impact and safety. Download educational programs for use in the workplace at https://www.osha.gov/pls/oshaweb/owadis.show_document?p_table=STANDARDS&p_id=9770

“Prescription Drug Abuse in the Workplace” is a publication of the U.S. Substance Abuse and Mental Health Services Administration available at <http://workplace.samhsa.gov/pdf/Prescription%20Drug%20Abuse%20Fact%20Sheet.pdf>



GOVERNMENT

What To Do

- Support licensing boards in addressing prescription drug abuse and diversion.
- Support public education campaigns.
- Pass legislation allowing for an electronic Prescription Drug Monitoring System for prescribers and dispensers to prevent abuse and diversion.
- Expand availability and access to substance abuse treatment services for individuals who are abusing or dependent on prescription drugs.



COMMUNITY & FAMILY

What To Do

- If you have medications in your home, store them in a safe, locked place.
- Talk with your doctor or medical professional about alternatives to opioids or narcotics.
- Talk within your family and community about the risks associated with prescription drug misuse.
- Participate in local events to collect and safely dispose of unused prescription medications.
- Help someone you know who may be struggling with a prescription drug abuse problem to talk with their doctor or a treatment professional about what they are experiencing.

Other Resources To Learn More

- **New Hampshire Bureau of Drug and Alcohol Services:** <http://www.dhhs.state.nh.us/dcbcs/bdas/> • (603) 271-6738
- **New Hampshire Center for Excellence:** Technical Assistance for organizations, schools and businesses interested in prevention and early intervention best practices: <http://www.nhcenterforexcellence.org> • (603) 573-3346
- **DrugFreeNH:** NH substance abuse information and educational materials: <http://www.drugfreenh.org>
- **New Futures:** Substance abuse policy and advocacy resources and training: <http://www.new-futures.org>

This issue brief is one of a series produced and disseminated by the New Hampshire Center for Excellence, a public-private initiative of the New Hampshire Bureau of Drug and Alcohol Services and the New Hampshire Charitable Foundation. Issue briefs share information from the state plan, Collective Action - Collective Impact: NH's Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery, is available at <http://www.dhhs.state.nh.us/dcbcs/bdas/documents/collectiveaction.PDF>.