

Prescription Drug Abuse

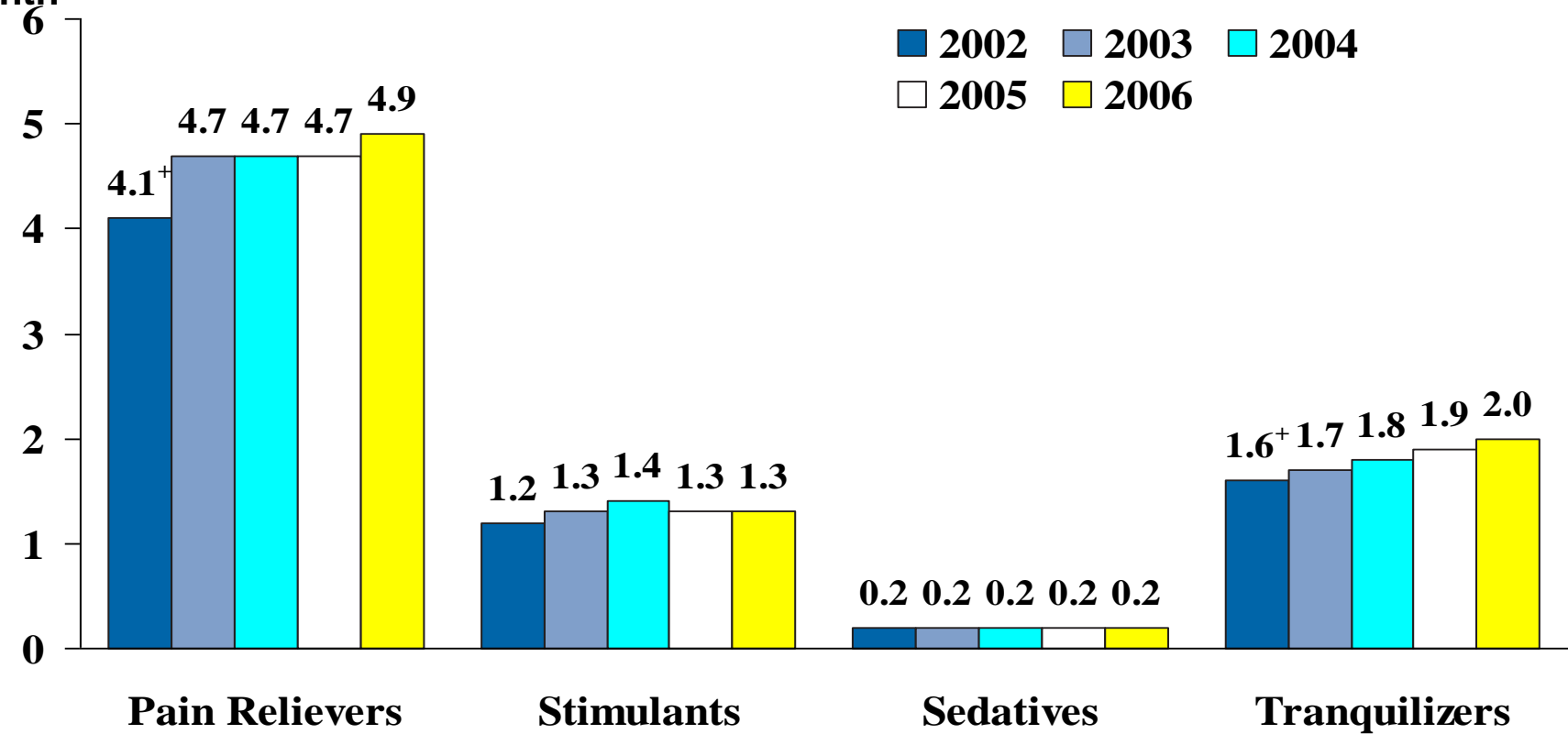


What is Prescription Drug Abuse (PDA)?

- Historically the use of prescription drugs was for nonmedical purposes.
- Today PDA is considered practicing medicine without a license.
- Self medication with those who abuse prescription drugs seems efficient, appropriate and self-empowering

Past Month Nonmedical Use of Prescription Drugs among Young Adults Aged 18 to 25: 2002-2006

Percent Using in Past Month



⁺ Difference between this estimate and the 2006 estimate is statistically significant at the .05 level.

(Source: U.S. Department of Health and Human Services, SAMSHA, 2007)

Percent of U.S. Household Population 12 and Older Reporting Past Month Non-Medical Use of Psychotherapeutics, 2006, by Age

	12-17	18-25	26 or older	12 or older
Non-medical use of psychotherapeutics	3.3%	6.4%	2.2%	2.8%
Pain relievers	2.7	4.9	1.5	2.1
Oxy-Contin	0.1	0.4	0.1	0.1
Tranquilizers	0.5	2.0	0.5	0.7
Stimulants	0.6	1.3	0.3	0.5
Sedatives	0.2	0.2	0.2	0.2
(Source: Office of National Drug Control Policy)				

Epidemiology

In 2006, approximately 7.0 million persons were current users of psychotherapeutic drugs taken non-medically (2.8 percent of the U.S. population). (NIDA, 2008).

- ❑ Pain relievers – 5.2 million
- ❑ Tranquilizers – 1.8 million
- ❑ Stimulants – 1.2 million
- ❑ Sedatives – 0.4 million

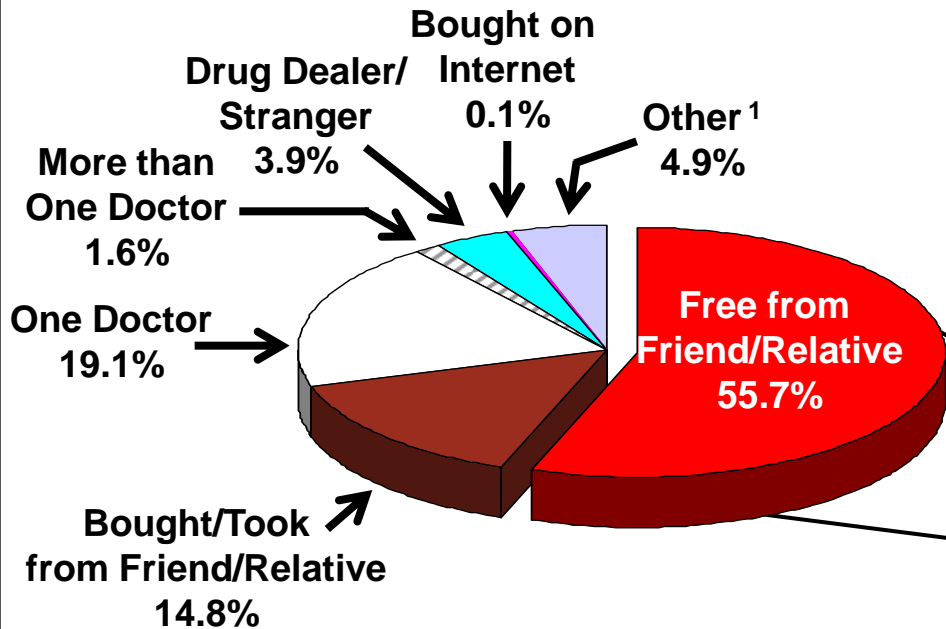
Epidemiology cont'd

- Women are 55% more likely to abuse prescription drugs than men (Zanni, 2007)
- 89% of abused prescription drugs are diverted from legally written prescriptions (Zanni, 2007)
- Friends and family supply 50-60% of the prescription drugs taken. (Zanni, 2007)

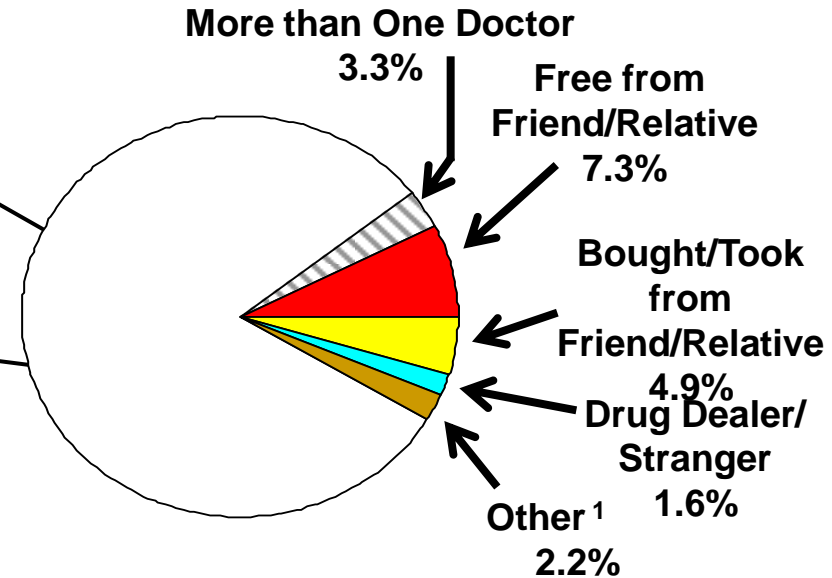


Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older: 2006

Source Where Respondent Obtained



Source Where Friend/Relative Obtained



Note: Totals may not sum to 100% because of rounding or because suppressed estimates are not shown.

¹ The Other category includes the sources: "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."

Why is PDA increasing?

- Consumer advertising creates the image that medication is the solution for life's daily problems.
- Access to prescription drugs has become easier through the internet pharmacies.
- 84% of the on-line pharmacies do not require a prescription
(Zanni, 2007)



Factors that fuel PDA

- Lack of education among professionals
- Over-prescribing
- Doctor shopping
- Ineffective prescription monitoring programs
- Policies that are reactive and not proactive
- Society's growing willingness to share pills

Physical Signs of Drug Abuse

- Blank stare; change in pupil size
- Puffy face; blushing or paleness
- Runny nose; hacking cough
- Heightened visual and auditory perceptions and increased sensitivity to taste
- Change in appetite
- Nausea, vomiting or excessive sweating
- Irregular heartbeat
- Cold, sweaty palms
- Smell of substance on breath, body or clothing
- Tremors of hands, feet or head
- Needle marks on extremities
- Poor coordination
- Change in sleep
- Extreme hyperactivity; excessive talkativeness
- Change in personal grooming habits

Behavioral signs of drug abuse

- Change in overall attitude
- Lack of motivation, energy, self-esteem
- Sudden oversensitivity, temper tantrums, anger, hostility
- Paranoia, moodiness, irritability, agitation, or nervousness
- Difficulty paying attention
- Secretive or suspicious behavior
- Change in friends; new hang-outs
- Loss of interest in family or friends
- Change in activities or hobbies
- Drop in grades at school or performance at work
- Chronic dishonesty
- Unexplained need for money; stealing money or items

Identifying Drug Seeking Behavior as the Advanced Practice Nurse

Three common characteristics



1. Escalated Use
2. Provider shopping
3. Scamming

Escalated Use

- Patient may call in for refills before they should need them
- Notice when the patient is continuously running out of drugs before the scheduled follow up appointment

Provider Shopping

- May be identified by local pharmacies
- Frequent local emergency rooms getting multiple prescriptions from many different providers
- Sometimes claim they do not have a primary care provider
- May say they are from out of town
- Typically seek treatment after hours or at busy times

Scamming

- When patients are very complimentary
 - May compliment the facility or provider directly
- When the patient feels resistance to the scam they may push the provider until they get a prescription
- Pushing consists of threats of a lawsuit for failure to treat

Scamming cont'd

- The patient may recite textbook lists of symptoms and may have a large knowledge base of scheduled medications
- May request a specific controlled substance and refuse others by stating an allergy
- May try to avoid physical exam, history taking or diagnostic testing or may provide very vague history

Screening Tools for Drug Abuse

- US Preventative Task Force concludes that there is insufficient evidence to recommend for or against routine screening for drug abuse classifying it a category I
- ASSIST
- DAST
- CAGE and CAGE-AID
- CRAFFT
- Biological testing

ASSIST Screening

- Alcohol, Smoking and Substance Involvement Screening Test
 - Developed for the World Health Organization
 - To detect psychoactive substance use and related problems in primary care patients
 - Computes life-time drug use, current substance use frequency, current substance-specific severity and injection drug use risk score
 - Lists questions that are answered with never, once or twice, monthly, weekly or daily to compute a calculated score
 - http://www.who.int/substance_abuse/activities/en/Draft_The_ASSIST_Guidelines.pdf

DAST

- Drug Abuse Screening Test
 - Used by doctors and counselors to determine if an individual is an addict
 - Series of yes or no questions
 - Scored based on the number of questions answered yes

DAST

1. Have you used drugs other than those required for medical reasons? **yes no**
2. Have you abused prescription drugs? **yes no**
3. Do you abuse more than one drug at a time? **yes no**
4. Can you get through the week without using drugs (other than those required for medical reasons)? **yes no**
5. Are you always able to stop using drugs when you want to? **yes no**
6. Do you abuse drugs on a continuous basis? **yes no**
7. Do you try to limit your drug use to certain situations? **yes no**
8. Have you had "blackouts" or "flashbacks" as a result of drug use? **yes no**
9. Do you ever feel bad about your drug abuse? **yes no**
10. Does your spouse (or parents) ever complain about your involvement with drugs? **yes no**
11. Do your friends or relatives know or suspect you abuse drugs? **yes no**
12. Has drug abuse ever created problems between you and your spouse? **yes no**
13. Has any family member ever sought help for problems related to your drug use? **yes no**
14. Have you ever lost friends because of your use of drugs? **yes no**

DAST cont'd

15. Have you ever neglected your family or missed work because of your use of drugs? **yes no**
16. Have you ever been in trouble at work because of drug abuse? **yes no**
17. Have you ever lost a job because of drug abuse? **yes no**
18. Have you gotten into fights when under the influence of drugs? **yes no**
19. Have you ever been arrested because of unusual behavior while under the influence of drugs? **yes no**
20. Have you ever been arrested for driving while under the influence of drugs? **yes no**
21. Have you engaged in illegal activities to obtain drugs? **yes no**
22. Have you ever been arrested for possession of illegal drugs? **yes no**
23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake? **yes no**
24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, or bleeding)? **yes no**
25. Have you ever gone to anyone for help for a drug problem? **yes no**
26. Have you ever been in hospital for medical problems related to your drug use? **yes no**
27. Have you ever been involved in a treatment program specifically related to drug use? **yes no**
28. Have you been treated as an outpatient for problems related to drug abuse? **yes no**

Scoring: Each item in bold = 1 point

6 or more = substance use problem (abuse or dependence)

CAGE and CAGE-AID

- **CAGE** is a series of questions used to determine alcohol use
- **CAGE-AID** was modified to include questions that would include drug use
- Yes or no questions
- Each “yes” answer earns one point, one point indicates a possible problem, two points indicate a probable problem

CAGE-AID QUESTIONNAIRE

Alcohol and Drug Use Screening Tool

Yes to 1 or 2 questions = possible problem Yes to 3 or 4 questions = probable problem

1. Have you felt you ought to **Cut down on your drinking or drug use?** Yes No
2. Have people **Annoyed you by criticizing your drinking or drug use?** Yes No
3. Have you felt bad or **Guilty about your drinking or drug use?** Yes No
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover ("**Eye-Opener**")? Yes No

If CAGE-AID score >1 Brief intervention provided Yes No

CRAFFT

- Screening test used to detect drug use/misuse specifically among adolescents
- Series of yes or no questions where two or more positive items indicate the need for further assessment
- Draws upon adult screening instruments, covers alcohol and other drugs, and calls upon situations that are suited to adolescents

CRAFFT

1. Have you ever ridden in a **C**ar driven by someone (including yourself) who was high or had been using alcohol or drugs?
2. Do you ever use alcohol or drugs to **R**elax, feel better about yourself, or fit in?
3. Do you ever use alcohol or drugs while you are by yourself **A**lone?
4. Do you ever **F**orget things you did while using alcohol or drugs?
5. Do your **F**amily or **F**riends ever tell you that you should cut down on your drinking or drug use?
6. Have you ever gotten into **T**rouble while you were using alcohol or drugs?

Scoring: 2 or more positive items indicate the need for further assessment.

Biological Testing

- Another type of screening for drug use
- Quickest most accurate way to detect recent drug use
- Can be done by urinalysis, hair testing and saliva tests
- Must be done by a properly trained individual

Health Promotion Strategies in Prescription Drug Abuse



Health Promotion by Social Cognitive Means

- Core Determinants
 - Knowledge of health risks
 - Perceived self-efficacy
 - Outcome expectations
 - Perceived facilitators/impediments

NARCONON Drug Abuse Prevention for High School Student

- Developed to prevent future abuse
- Raise awareness of serious health problems related to drug abuse
- Follows the core determinant for the Social Cognitive Theory
- Can be applied to general population

Knowledge of Health Risks

- Post-program reviews noted a dramatic increase in knowledge related to risks
- This led to a shift in attitudes about drug use.

Perceived Self-Efficacy

- Teaches methods to resist social pressures
- Teaches methods to formulate one's own concept of acceptable behavior

Outcome Expectations

- Given opportunity to clarify the false messages given to them about drugs
 - Prescription medications are good and illicit drugs are bad.
 - Ability to evaluate accuracy of information leads to intelligent decisions.

Perceived Facilitators/Impediments

- Good family support facilitates success
- Success depends on the ability of the facilitator to present the information in a non-threatening manner.
- The willingness of the participant also determines the success of the program.

Lessons from Prevention Research

(NIDA InfoFacts)

Prevention programs should:

- 1) Enhance protective factors while reducing risk factors.
- 2) Address all forms of drug abuse.
- 3) Target the type of drug abuse common to the area.
- 4) If family based, enhance family bonding.
- 5) Begin before a problem is evident.
- 6) Be long-term with repetition for enforce the original prevention goal.
- 7) Use interactive techniques such as peer discussion groups.

Role of the Healthcare Provider

Physician/Practitioner:

- Screening for abuse during routine history taking.
- Continue to prescribe needed medications after proper assessment.

Pharmacist:

- Be aware of the possibility of falsified prescriptions.
- Make use of any reporting systems for possible prescription drug abuse.

President's National Drug Control Strategy (3 core tactics)

1. Business Outreach and Consumer Protection

- FDA Drug Enforcement Admin. (DEA), & the White House Office of National Drug Control Policy to work with the medical community to encourage assessment for risk for abuse in all patients before prescribed.
- Encouraging ISP, credit card providers and shippers to report suspicious activities with internet pharmacies and require pharmacies to provide a physical street address for their primary location.

President's National Drug Control Strategy (3 core tactics) (Cont.)

2. Investigation and Enforcement

- FDA and DEA to investigate illegal sale of substances through internet pharmacies.
- DEA to work with state officials to increase the number of prescription monitoring programs to prevent “doctor shopping.”
- FDA and customs to do spot checks of shipments to stop unsafe drugs from entering the US.

President's National Drug Control Strategy (3 core tactics) (Cont.)

3. Education and Training

- DEA and FDA to encourage the increased requirements of education for prescribers of controlled substances.
- DEA and FDA to develop public service announcements that appear with internet searching for narcotics to better educate the consumer.

Protecting Safe and Effective Use of Medications

- Chronic pain is a real problem
- Appropriate access to pain relief needs to be protected
- Healthcare providers should be informed and trained to effectively manage pain while limiting the potential for abuse or addiction.



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