



# Orange County Health Care Agency Public Health Service 2012 Prescription Drug Abuse Fact Sheet

This fact sheet provides a public health overview of prescription drug abuse, both nationally and in Orange County, including basic definitions, prevalence estimates, trends, risk factors and prevention strategies.

**Definition:** The types of prescription drugs most commonly abused are opioid pain relievers (OPR), tranquilizers, stimulants, and sedatives, collectively referred to as psychotherapeutic drugs. Abuse refers to any use of prescription drugs for non-medical purposes, i. e. other than in the manner or for the reasons or time period prescribed, or by a person for whom the drug was not prescribed. Over-the-counter substances are not included in this overview.

**Scope of the Problem :** Prescription drug abuse is the Nation's fastest-growing drug problem and has been classified an epidemic by the Centers for Disease Control and Prevention (CDC). Its epidemic scope is measured not only in the growing prevalence rates across all age groups and geographic regions of the U.S., but also in the devastating health consequences linked to the abuse of prescription drugs.

### National prevalence

- In 2010, there were just under 7 million (6.97M) Americans aged 12 and older who abused prescription drugs for non-medical purposes within the past month – more than the number who abused cocaine and heroin combined<sup>1</sup>.
- In 2010, there were 2.4 million persons aged 12 or older who used psychotherapeutics non-medically for the first time within the past year, which averages around 6,600 initiates per day; this includes **2,430 teens** between the ages of 12 and 18 who used prescription drugs to get high for the first time<sup>2</sup>.
- Data from the Nation's largest survey of drug use among young people showed that prescription drugs are the second most-abused category of drugs after marijuana<sup>3</sup>.

### Orange County prevalence rates (Youth)

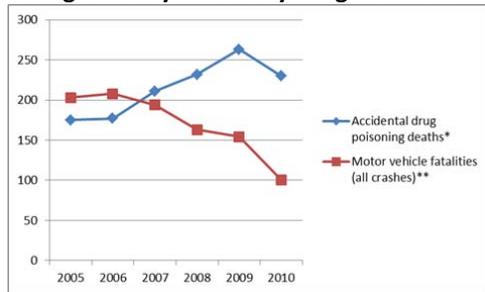
- Data from the California Healthy Kids Survey<sup>4</sup> for the years 2006 through 2010 show the lifetime use of prescription pain killers among Orange County youth is somewhat lower than the rate for all California youth:

	9 <sup>th</sup> graders		11 <sup>th</sup> graders	
	Orange County	California	Orange County	California
2006	11%	12%	18%	20%
2008	10%	13%	17%	17%
2010	10%	13%	16%	17%

### **Consequences**

- In 2008, drug overdoses in the United States caused 36,450 deaths. Opioid pain relievers (OPR) were involved in 14,800 deaths (73.8%) of the 20,044 prescription drug overdose deaths. During 1999--2008, overdose death rates, sales, and substance abuse treatment admissions related to OPR all increased substantially<sup>5</sup>.
- The Public Health impact of OPR misuse, however, goes far beyond overdose death rates. For every overdose death there are:
  - 9 drug abuse treatment admissions
  - 35 Emergency Department visits
  - 161 persons who meet the diagnostic criteria for drug abuse/dependence
  - 461 total nonmedical users of OPR<sup>6</sup>
- In 2007, Orange County deaths resulting from accidental drug poisoning (all drugs) began to outnumber motor vehicle fatalities as shown in the graph below.

## Orange County Deaths by Drugs vs. Motor Vehicle Crashes: 2005—2010



\* Source: CA Dept. of Public Health, Vital Statistics Section, Death Statistical Masterfile 2000 – 2010; includes illicit drugs (e.g. heroin, cocaine) as well as prescription drugs—ICD 10, X40 – X44

\*\* National Highway Traffic Safety Administration, Fatal Accident Reporting System

### Risk Factors

- **Availability**—Every drug abuse problem is largely driven by the sheer availability of that substance, the overall number of drug units that are in the market environment. In the case of prescription pain relievers, the volume of OPR produced and distributed by drug companies increased seven-fold, from 96 mg/person in 1997 to 698 mg/per person in 2007, enough for every American to take 5 mg Vicodin every 4 hours for 3 weeks. This dramatic increase in the OPR supply resulted from a major change in prescribing practices beginning in the late 1990s, when the Joint Commission mandated that pain be assessed as a “vital sign” by health care professionals and extended OPR prescribing guidelines to include chronic pain conditions other than cancer-related pain<sup>7</sup>. The increased supply of OPR drugs has inevitably led to increased opportunities for diverting these drugs to misuse and abuse.
- **Social access**—When non-medical users of prescription drugs were asked how they obtained the drugs, more than 70% reported they got the drugs from a friend or relative: 55% got them for free, 11.4% bought them, and 4.8% took the drugs without asking<sup>8</sup>.
- **Low perceived risk of harm**—Many people, especially adolescents, believe there are little or no consequences for using prescription medications for recreational purposes. According to data reported by the U.S. Drug Enforcement Agency, 2 in 5 teens believe that prescription drugs are “much safer” than illegal drugs, and 3 in 10 believe that prescription pain relievers are not addictive<sup>9</sup>.

### Prevention Strategies

The Office of National Drug Control Policy, in issuing the 2011 Prescription Drug Abuse Prevention Plan<sup>10</sup>, has identified four major strategies to reduce prescription drug abuse:

- **Education**—A crucial first step in tackling the problem of prescription drug abuse is to educate parents, youth, and patients about the dangers of abusing prescription drugs, while requiring prescribers to receive education on the appropriate and safe use, and proper storage and disposal of prescription drugs.
- **Monitoring**—Implement prescription drug monitoring programs (PDMPs) in every state to reduce “doctor shopping” and diversion, and enhance PDMPs to make sure they can share data across states and are used by healthcare providers.
- **Proper Medication Disposal**—Develop convenient and environmentally responsible prescription drug disposal programs to help decrease the supply of unused prescription drugs in the home. In Orange County, the ADEPT program has launched a major education campaign on how to Monitor, Secure and Destroy your medications.
- **Enforcement**—Provide law enforcement with the tools necessary to eliminate improper prescribing practices and stop pill mills.

1. 2010 National Survey on Drug Use and Health (NSDUH), SAMHSA (2010).

2. *Ibid.*

3. University of Michigan, 2010 Monitoring the Future: A Synopsis of the 2010 Results of Trends in Teen Use of Illicit Drugs and Alcohol.

4. WestEd, California Healthy Kids Survey, Orange County Main Report, 2005-06, 2007-08, and 2009-10.

5. Centers for Disease Control and Prevention, Vital Signs: Overdoses of Prescription Opioid Pain Relievers—United States 1999—2008, Morbidity and Mortality Weekly Report, November 4, 2011 / 60(43);1487-1492.

6. Centers for Disease Control and Prevention, Office of the Director, Prescription Drug Overdoses: An American Epidemic. Public Health Grand Rounds, February 17, 2011.

7. Perrone, J. and Nelson, L. Medication reconciliation for controlled substances—An “ideal” prescription-drug monitoring program. NEJM, May 30, 2012.

8. NSDUH, *ibid.*

9. U.S. Department of Justice, Drug Enforcement Administration Fact Sheet 2010. Accessed @ <http://www.drugfreecommunity.com/documents/FactSheet.pdf>

10. Office of National Drug Control Policy (ONDCP). Epidemic: Responding to America’s Prescription Drug Abuse Crisis, 2011.