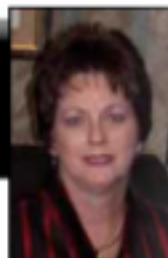


The Shifting Sands of a Drug Epidemic

By *Calvina Fay, Executive Director Drug Free America Foundation, Inc.*



In case you missed the news headlines, prescription drug abuse is the nation's fastest-growing drug problem and has been classified as an epidemic. Americans, constituting only 4.6% of the world's population, have been consuming 80% of the global opioid supply, and 99% of the global hydrocodone supply, as well as two-thirds of the world's illegal drugs.

Nearly one-third of people aged 12 and over who used drugs for the first time in 2009 began by using a prescription drug non-medically according to the National Survey on Drug Use and Health.

Within one short decade, we have seen the misuse of prescription drugs, particularly opioids, skyrocket out of control, destroying families and communities, and putting a strain on healthcare systems, law enforcement, and judicial officials – a clear indication that legalizing more drugs could not possibly solve our nation's drug problem!

Retail sale of commonly used opioid medications such as methadone, oxycodone, fentanyl base, hydromorphone, hydrocodone, morphine, meperidine, and codein, have increased from a total of 50.7 million grams in 1997 to 126.5 million grams in 2007. This represents an overall increase in use of 149 percent with increases ranging from 222 percent for morphine, 280 percent for hydrocodone, 319 percent for hydromorphone, 525 percent for fentanyl base, 866 percent for oxycodone, to 1,293 percent for methadone. The average sales of opioids per person have increased from 74 milligrams in 1997 to 368 milligrams in 2007, a 402 percent increase.

At a time when state and federal governments are struggling with budget issues, the prescription drug problem is draining the coffers of Medicaid and Medicare. This is experienced through added health conditions, increased accidents and suicides or attempted suicides, and a resulting significant surge in emergency room visits.

The estimated number of U.S. emergency room (ER) visits involving the nonmedical use of narcotic pain relievers rose from 144,644 in 2004 to 305,885 in 2008. This increase was driven by visits involving the three most reported narcotic pain reliever products – oxycodone (152 percent increase), hydrocodone (123 percent increase), and methadone (73% increase).



One significant contributor to the increased ER visits

is the boost in suicide attempts. In 2009, there were 77,971 ER visits for drug-related suicide attempts among males. According to SAMHSA, between 2005 and 2009, among males ages 21 to 34, the following increases were seen: ER visits for drug-related suicide attempts increased 54.6 percent (19,024 to 29,407); visits involving pain relievers increased 60.2 percent (from 7,185 to 11,509); visits involving antidepressants increased 155.2 percent (from 1,519 to 3,876); and visits involving drugs that treat anxiety or insomnia increased 93.4 percent (from 5,918 to 9,706).

The surge in ER visits for drug-related suicide attempts, however, is not limited to 21-34 age group. Between 2005 and 2009, narcotic pain reliever involvement in ED visits for suicide attempts almost doubled among visits made by males aged 35 to 49 (from 2,380 to 4,270). It almost tripled among visits made by males aged 50 or older (from 882 to 2,589). And, of course, the problem is not a male only issue.

In my home state of Florida, which has been dubbed the "Pill Mill Capitol" of the nation, an average of 7 people per day die from prescription drugs - mostly pain killers. The problem is so severe that Florida's Surgeon General declared a public health emergency in the state. In the first six months of 2010, doctors in Florida prescribed nine times more oxycodone than was sold in the entire nation during that same period.

Loosely operated clinics, known as "pill mills" have been abundant in Florida and have contributed to the abuses of pain medication. In Broward County alone, more than 130 pill mills operated. Over a two-year period, pain clinic business owner Vincent Colangelo allegedly distributed more than 660,000 oxycodone pills, enriching him and his partners to the tune of \$150,000 a day. Another physician, Dr. Zvi Peper, wrote scripts for 387,000 oxycodone tablets in six months at a Delray Beach pain clinic. The state is considered a significant supplier to addicts from other states and law enforcement officials estimate that about 60% of illegal pain pills in Kentucky come from Florida.

This phenomenon is difficult to understand by some who question why prescription drugs that are developed to help people deal with health issues are so commonly abused and end up creating health issues. The answer is somewhat simple. There is a general perception that since they are legal, prescription drugs are safe. This answer actually correlates with the data from the national household surveys that we

Shifting Sands, cont.

have studied for decades. When perception of harm is up, use of drugs is down. When perception of harm drops, use goes up. This concept has, of course, always been applied to illegal drugs but, obviously that same holds true with legal drugs.

Another answer is that since prescription drugs are legal, they are easy to obtain. Yet another, and very unfortunate answer, is that long term legitimate use of prescriptions can, and often does, lead to dependency and addiction.

Prescription drugs are commonly obtained through street dealers, fraudulent prescriptions, doctor shopping, pain clinics that excessively over-prescribe and encourage scripts for cash on premises (pills mills), and from friends and family members who share their prescriptions or who invite theft by failing to properly secure them.

Another very common way for prescription drugs to be obtained is through the Internet. A research study was conducted in 2007 by CASA at Columbia University. A total of 210 hours was devoted to documenting the number of Internet sites dispensing selected prescription drugs. The researchers discovered that of the 187 sites found to be selling control prescription drugs, 157 (84 percent) did not require any prescription; 52 (33 percent) clearly stated that no prescription was needed; 83 (53 percent) offered an "online consultation"; and 22 (14 percent) made no mention of a prescription. Only 30 of the 187 sites found during the study required a prescription. Of these, 17 (57 percent) only required patients to fax a prescription; 4 (13 percent) required that a patient mail the prescription; and 9 (30 percent) indicated that a doctor would be contacted prior to dispensing the drug.

So, what can be done about this growing problem that will help to save the lives of family members and other loved ones? Lots but, it takes a collaborative effort.

DOCTORS can do their part by obtaining knowledge about addiction and discussing the issue with their patients. They can drug test patients periodically if they suspect drug abuse or addiction. First, and foremost, though doctors can and should try alternative treatment before prescribing powerful pain medications that can addict their clients.

PATIENTS can also play a part in prevention of prescription drug abuse. They can and should ask questions about their condition, treatment plan, recommended medications, and potential side effects. Patients should be very skeptical of multiple prescriptions and/or prescriptions that contain an unusually large quantity of doses. They should pay attention to the effects of the medication that they are

taking, discuss them with their physician, and take their medication only as prescribed.

Much pressure is brought to bear on physicians today who see patients in ERs, hospitals, and clinics to make the customers (patients) happy so that they will become repeat customers. Surveys are routinely sent out to customers following a visit to the facilities, asking if they were satisfied with the service/treatment that was rendered and specifically asking if the attending physician adequately responded to their need for alleviating their pain. As a result, these doctors frequently prescribe powerful pain medication when it may not be necessary. When this occurs, patients should question the need of such prescriptions.

PARENTS play an extremely vital role in protecting their children from prescription drug abuse. When a child has dental surgery or suffers from a sports related injury, dentists and other doctors all too often prescribe strong opiod medications when perhaps something less potent and addictive such as Ibuprofen would suffice. They also frequently prescribe 30 or more doses when perhaps only 7 to 15 doses should be adequate to get the patient through the period of intense pain. These situations should always be questioned, especially when the patient is a young person.

Parents should secure current medications in their home (regardless of who it is intended for) and talk to their children about the dangers of abusing or misusing these drugs. Parents need to help their children understand that just because they are legal, they are not harmless. Parents should familiarize themselves with the warning signs of drug abuse and intervene early when signs of abuse are present. Just as one would seek professional advice for other medical conditions, parents should seek out the advice and assistance of substance abuse professionals immediately when they suspect a child is abusing drugs – illegal or legal.

Parents should also ensure that all old medications are safely disposed of by either dropping them off at legally sanctioned prescription drop off stations (frequently located at police stations) or grinding them up in cat litter or dirt before placing them in the trash. Medications should never be flushed down the toilet or drains and should never be left sitting around the house after they have expired or are no longer needed.

FRIENDS AND FAMILY MEMBERS play an important role in preventing prescription drug abuse also. We all should secure our medications at all times. Obviously, for safety reasons they should be kept out of



Continued from previous page



the reach of small children who might ingest them without understanding the danger. But, meds should also be kept away from older children who might be tempted to steal them for purposes of getting high. Even when you do not have children living in your house, you should be concerned about visitors such as grandchildren, nieces, nephews, children of friends, and neighbors.

And, of course, there are the adults who come into your house that may be looking for opportunities to feed their addiction – relatives, repairmen, friends, and neighbors.

We all should remember that it is illegal and potentially dangerous to share our medication with others for any reason. We should make sure that all of our family members understand why sharing medication is wrong and can be harmful.

Friends and family members are typically the first to recognize when an individual has developed a problem with drugs and can play a crucial role in conducting or arranging a supportive intervention with treatment options for any loved one that might need help.

The signs of prescription drug abuse are similar to those of abuse of other drugs: dramatic changes in behavior; abrupt mood swings; personality instability; continued use; dramatic changes in appearance; excessive over the counter medicine use; always looking for money; family and friends missing money; escalating problems at school or work; neglecting responsibilities; problems with law enforcement; and abandoning favorite activities – just to name a few. The sad thing is that by the time enough of these indicators become obvious to the average person, the individual typically is pretty far along in their addiction.

LAWMAKERS can also be a part of the solution to this tragic problem of prescription drug abuse. They can pass laws and allocate funding to implement secure prescription drug monitoring programs (PDMPs) that track patient prescriptions to ensure multiple prescriptions for the same condition are not being obtained from different doctors. Currently, at least 35 states have operational PDMPs and 11 additional states and 1 U.S. territory have passed legislation authorizing the development of a program. Because all states do not have PDMPs and because data sharing and interoperability between states has not been implemented, the full benefit of PDMPs has not been realized but, this is a goal worthy of pursuit.

Laws can and are being passed to require doctors to purchase secure prescription pads or to utilize secure online prescribing to deter prescription pad thefts and forgeries. Regulations and prescribing guidelines can and should

also be implemented to tighten down on the operations of pain clinics. A logical requirement would be to prohibit physicians in most settings from dispensing addictive pain meds.

Another effective measure that can be taken is to track the type and quantity of drugs that pharmacies buy from wholesale distributors. And last, but certainly not least, efforts should be undertaken to better regulate online pharmacies to both reduce abuses and protect innocent customers from doing business with criminals who are producing poison in a bathtub and selling it disguised as a legitimate medicine. Requiring online pharmacies to be certified and requiring them to post their certification number which is routinely monitored by officials would help this situation.

Clearly, no one action will fix this enormous problem that we face with prescription drug abuse but, if we all do our part, we can save one life at a time. I'm tired of being confronted on a regular basis by ordinary people who are heartbroken over the death of loved ones or struggling to save the lives of loved ones who are hooked on prescriptions and just cannot seem to get and stay sober. I'm tired of crying with them and wringing my hands and being unable to wave the magic wand to fix the problem. We must do more to prevent the problem from ever occurring.

Addiction and deaths due to prescription drug abuse happen every day and happen to ordinary law-abiding citizens as well as the "bad" guys. No one, no family is immune. It is my problem and it is your problem! We need your help to battle this epidemic. Here is what you can do:

- Visit www.dfaf.org to learn more about the issue.
- Join Save Our Society at www.saveoursociety.org to stay informed.
- Communicate with your lawmakers; let them know that this is a problem that must be solved.
- Talk with family members about the issues to prevent and to intervene when needed.
- Dispose of old meds properly.
- Lock up your meds.

In closing, I want to point out that for the past couple of years, I have watched the growing abuse of prescription drugs and have worried that as we tighten down on this issue and make it more difficult for people to illegally obtain opioid prescriptions and to abuse them, we can expect to see many of those who are addicted switch over to heroin. As more and more states implement PDMPs, mandate secure prescribing, and regulate pain clinics, heroin will become a much easier drug to obtain than the prescriptions. Already we are seeing signs of increases in heroin use around the country. I feel the sands shifting under us and the potential for a heroin epidemic blowing our way! ☐

