Prescription drug abuse: Problem, policies, and implications

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ABSTRACT

This article provides an overview on prescription drug abuse and highlights a number of related legislative bills introduced during the 112th Congress in response to this growing epidemic. Prescription drug abuse has emerged as the nation’s fastest growing drug problem. Although prescription drugs have been used effectively and appropriately for decades, deaths from prescription painkillers in particular have reached epidemic proportions. Bills related to prescription drug abuse introduced during the 112th Congress focus on strengthening provider and consumer education, tracking and monitoring prescription drug abuse, improving data collection on drug overdose fatalities, combating fraud and abuse in Medicare and Medicaid programs, reclassifying drugs to make them more difficult to prescribe and obtain, and enforcing stricter penalties for individuals who operate scam pain clinics and sell pain pills illegitimately. This article underscores the importance of a multifaceted approach to combating prescription drug abuse and concludes with implications for nursing.


Overview of the Problem

Prescription drug abuse has emerged as the nation’s fastest growing drug problem, stimulating renewed concern and activity nationwide. During the 112th Congressional session, lawmakers introduced several legislative bills in response to this growing epidemic. Each legislative bill addresses prescription drug abuse from a different perspective. To this end, the purposes of this article are to provide a brief overview on prescription drug abuse, highlight related legislative bills introduced during the 112th Congress, and identify implications for a number of stakeholders.

The author of this paper places specific emphasis on proposed legislation that addresses the abuse of opioids, the most frequently abused prescribed painkiller.

The National Institute of Drug Abuse (NIDA) defines prescription drug abuse as the use of medication without a prescription in a way other than prescribed or for the experience or feelings elicited (NIDA, 2011). The NIDA definition is the definition used by many of the national data surveys or data collections systems and will be used to define prescription drug abuse in this paper. Experts in the field are careful to distinguish between the misuse of prescription drugs and the abuse of prescription drugs. The misuse of prescription...
drugs may occur when one takes a prescribed medication at an improper dose or in a manner not recommended by the legitimate prescriber. In contrast, prescription drug abuse relates to one’s intention or motivation to seek a pleasant or euphoric feeling by taking a drug. Abusers are persons seeking to get high from prescribed medications (Hernandez & Nelson, 2011).

Magnitude of the Problem

Results from the 2010 National Survey on Drug Use and Health (NSDUH) showed that approximately 2.4 million people reported using prescription drugs nonmedically for the first time within the past year. This equates to about 6600 initiates each day (SAMSHA, 2011). According to the Centers for Disease Control and Prevention (CDC), in 2010 approximately 12 million Americans aged 12 and older reported nonmedical use of prescription painkillers in the past year (CDC, 2011a). Opioids, central nervous system depressants, and stimulants are the most commonly abused prescription drugs. Opioids are the most frequently abused prescribed painkillers. Medications included in this class of painkillers include hydrocodone (e.g., Vicodin); oxycodone (e.g., OxyContin, Percocet); morphine (e.g., Kadian, Avinza); and codeine. Of these, OxyContin and Vicodin are among the most frequently abused prescribed opioid painkillers (NIDA, 2011).

Overdose deaths from prescription painkillers have reached epidemic proportions and have more than tripled in the US since 1990. Approximately 100 people die each day. This mirrors a 300% increase since the 1990s in the sales of strong painkillers, mainly opioid painkillers. This increase in drug overdose death rates is primarily caused by prescription opioid painkillers including OxyContin (oxycodone), Vicodin (hydrocodone), Opana (oxymorphone), and methadone. In 2008, prescription painkiller overdoses killed approximately 15,000 people in the US, more than 3 times the 4000 deaths from these drugs in 1999. This exceeded the deaths from cocaine and heroin combined (CDC, 2011a, 2011b). According to the 2010 NSDUH survey, prescription drug use was highest among young adults aged 18 to 25, with 5.9% reporting nonmedical use of prescription drugs in the month before the survey (SAMSHA, 2011). Findings from the 2010 “Monitoring the Future Study,” the continuing study of American youth in grades 8, 10, and 12, revealed that approximately 1 in 12 high school students reported using Vicodin for nonmedical purposes and 1 in 20 youth reported using OxyContin for nonmedical purposes. Fifty-nine percent of 12th graders reported obtaining prescribed painkillers from a friend or relative. Many teens reported believing that because prescription drugs are legal, they are safer than illicit drugs. The number of teens receiving these medications via the internet was negligible (Jenna & Goldman, 2011; Johnston, O’Malley, Bachman, & Schulenberg, 2011). Other high-risk populations for prescription drug abuse or overdose include males, middle-aged adults (highest prescription painkiller overdose rates), people residing in rural areas (less access to high-cost illicit drugs), whites, Native Americans, and Alaska Natives. Approximately 1 in 10 Native American or Alaska Natives age 12 and older reported using painkillers for nonmedical reasons in the past year. This compares with 1 in 20 whites and 1 in 30 blacks (CDC, 2011a).

The societal costs associated with prescription drug abuse are tremendous. In addition to disrupting the health and well-being of individuals, families, and communities, Birnbaum and colleagues estimated the societal cost of prescription drug abuse at $55.7 billion dollars in 2007. This includes costs such as workplace productivity costs ($25.6B; 46%), health care costs ($25.0B; 45%), and criminal justice costs ($5.1B; 9%). These authors concluded that the increasing prevalence of prescription drug abuse will result in higher costs to society (Birnbaum et al. 2011). The nonmedical use of prescribed painkillers alone cost insurers approximately $72.5 billion in direct health care costs annually (CDC, 2011a).

Contributing Factors

The availability of prescriptions for painkillers has increased 6-fold. Between 1991 and 2010, prescriptions for opioid analgesics increased from 30 million to 180 million. The use of opioid painkillers has increased during the last 20 years because of the call for more aggressive pain management including the management of noncancer chronic pain (Hernandez & Nelson, 2010). Zee reported that the promotion and marketing of OxyContin correlated with the rise in OxyContin abuse and diversion throughout the United States. By 2004, OxyContin was linked to high rates of abuse and was the most commonly abused prescribed opioid (Zee, 2009). Because opioids are widely prescribed by physicians and other prescribers, many consumers assume that prescription drugs are safe to take. Patients may begin using prescribed medications for legitimate purposes only to find themselves addicted, especially to pain medications. The lack of knowledge regarding the addictive potential of certain drugs and the perception that these drugs are safer than illegal drugs also contributes to the prescription drug abuse epidemic (Hernandez & Nelson, 2010).

People abuse prescription drugs for a variety of reasons. For example, people may abuse prescription drugs to achieve a desired alteration in mental status or physical performance. People may abuse opioids because of their ability to induce a sense of euphoria. Some individuals may abuse prescribed medications to achieve a desired effect or altered state caused by another abused drug or to help prevent the
consequences associated when abusing other drugs. Some individuals even believe that prescription drugs produce a “safe high,” further contributing to the misuse and abuse of prescription drugs (Hernandez & Nelson, 2010; NIDA, 2011; SAMSHA, 2011).

Other Commonly Abused Controlled Substances

Although they are not the primary focus of this article, in addition to the commonly abused painkillers, Xanax and Valium are the most frequently abused central nervous system depressants. Concerta, Ritalin, and Adderall are among the most frequently abused prescribed ADHD medications. Also, more and more people are abusing over-the-counter drugs such as DXM (dextromethorphan), the active cough suppressant found in many over-the-counter cough and other cold medications (NIDA, 2011).

Policies

Although prescription drug abuse is not new, this growing public health problem has stimulated much discussion and activity in the White House, Congress, and other governmental state and federal agencies. This section outlines key federal bills created to address the problem of prescription drug abuse. Specific emphasis is placed on legislation regarding prescription opioids.

Given the complexity of prescription drug abuse, no one legislative bill is suited to address this multifaceted problem. Collectively the legislative bills introduced during the 112th Congress seek to address prescription drug abuse from a variety of perspectives offering a more comprehensive approach to the problem. For example, the various bills introduced during the 112th Congress focus on strengthening provider and consumer education, tracking and monitoring prescription drug abuse, improving data collection on drug overdose fatalities, combating fraud and abuse in Medicare and Medicaid programs, reclassifying drugs to make them more difficult to prescribe/obtain, and enforcing stricter penalties for pill mills or operators or individuals who operate scam pain clinics and sell pain pills illegally. These bills include a major focus on opioids and other controlled substances in response to the growing epidemic of prescription drug abuse.

The legislative databases www.thomas.gov and www.govtrack.us were used to identify prescription drug abuse legislation introduced during the 112th Congressional session. Although the session runs from January 1, 2010 to December 31, 2012, the current legislative search was limited to January 1, 2010 to March 30, 2012. Bills introduced before and after this time period are not included. The author searched all Senate and House bills introduced during this time using the key words/phrases: pill mills, prescription drug monitoring, OxyContin, opioids, controlled substances, prescription drug abuse, drug abuse. The author also searched for companion bills and other related bills in both the House and Senate. Bills with the sole purpose of treating substance abuse were not included. The scan identified 10 bills introduced during the 112th session. Table 1 depicts the various legislative bills introduced during this session along with Public Law 111-273, a law that passed during the 111th Congressional session. Although each bill includes different provisions, collectively they seek to offer a comprehensive solution to a multifaceted problem.

To briefly summarize, House Bill 866 (2011) seeks support for state prescription drug monitoring programs. Senate Bill 507 (2011) and House Bill 1925 (2011) are complimentary Senate and House bills that address prescription drug abuse through provider and consumer education, the use of clinical guidelines, enhanced support for state prescription drug monitoring programs, and better reporting of opioid deaths. House Bill 1065 (2011) addresses prescription drug abuse by calling for stricter penalties for the illegal use and sale of prescription drugs through pill mill operators. House Bill 1316 (2011) seeks a more restrictive use of prescription painkillers limited to severe pain only. Senate Bill 882 (2011) addresses the issue of high risk Medicaid and Medicare beneficiaries. Similarly, the complementary Senate Bill 1251 (2011) and House Bill 3359 (2011) encourage the creation and use of prescription drug monitoring programs as a means to combat fraud and abuse in Medicare and Medicaid programs. House Bill 1266 (2011) calls for better detection of fraudulent abuses of controlled substances and House Bill 2119 (2011) addresses prescription drug abuse through enhanced provider education on the abuse and addiction of controlled substances. For a more detailed and updated description of each of the bills, refer to www.thomas.gov or www.govtrack.us.

Action to address prescription drug abuse has been gaining momentum for some time now. For example, on October 10, 2010, President Obama signed into law “The Safe Drug Disposal Act of 2010,” Public Law 111-273 (PL 111-273), which amends the Controlled Substances Act to provide individuals and patients who have lawfully acquired controlled substances an easy and safe way of disposing unused and expired controlled substances. Under this law, individuals can deliver their unused controlled substances to a Drug Enforcement Administration (DEA)—approved entity for safe and proper disposal. In addition, long-term care facilities and individuals entitled to a decedent’s property can dispose of a resident’s or a deceased resident’s controlled substances to a DEA-designated disposal program. The National Prescription Drug Take Back Day supports this legislation by providing a safe and secure disposal of expired and unused medications. During the first National Take Back Day on September 25, 2010, Americans turned in more than
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<tr>
<td>PL. 111-273</td>
<td>Secure and Responsible Drug Disposal Act of 2010</td>
<td>Signed into law by President Obama October 2010</td>
<td>Amends the Controlled Substances Act to provide for safe and environmentally sound way to dispose of unused or expired prescription drugs to authorized site and entity.</td>
<td>The DEA holds National Take Back Days about every 6 months. Referred to Subcommittee on Health 3/8/2011*</td>
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<td>S. 507</td>
<td>Prescription Drug Abuse and Treatment Act of 2011</td>
<td>Senator John D. Rockefeller (D-WV)</td>
<td>Addresses prescription drug abuse—mandatory provider education, supporting public education on safe use and disposal of painkilling drugs, basic clinical guidelines for safe dosage and recognition of high-risk populations, increasing federal support for state prescription drug monitoring programs, and supporting comprehensive reporting of opioid deaths.</td>
<td>Referred to HELP Committee 3/8/11*</td>
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<td>H.R. 1065</td>
<td>Pill Mill Crackdown Act of 2011</td>
<td>Rep. Vern Buchanan (R-FL)</td>
<td>Amends the Controlled Substances Act to provide more penalties for pill mill operators, reclassifies hydrocodone combination drugs as Schedule II drugs, making them more difficult to prescribe and obtain.</td>
<td>Referred to Subcommittee on Crime, Terrorism, Homeland Security 3/21/11*</td>
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<td>H.R. 1316</td>
<td>Stop Oxy Abuse Act of 2011</td>
<td>Rep. Mary Bono Mack (R-CA)</td>
<td>Directs the FDA Commissioner to approve drugs containing oxycodone to use for severe pain only vs. current use for moderate to severe pain.</td>
<td>Referred to Subcommittee on Health 4/7/11*</td>
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<td>H.R. 2119</td>
<td>Ryan Creedon Act of 2011</td>
<td>Rep. Mary Bono Mack (R-CA)</td>
<td>Amends the Controlled Substances Act to require practitioners to obtain approved training/special certification on addiction to and abuse of controlled substances and appropriate and safe use of controlled substances II, III, IV, or V.</td>
<td>Referred to Committee on Crime, Terrorism, Homeland Security 7/7/2011*</td>
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<td>S. 1251</td>
<td>Medicare and Medicaid FAST Act</td>
<td>Sen. Thomas Carper (D-DE)</td>
<td>Seeks to combat Medicare and Medicaid fraud and abuse by encouraging the establishment of state prescription drug monitoring programs and updating DEA databases of controlled substance providers.</td>
<td>Referred to Committee on Finance 6/22/11*</td>
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<tr>
<td>H.R. 3339</td>
<td>Medicare and Medicaid FAST Act</td>
<td>Rep. Peter Roskam (R-ILL)</td>
<td>Seeks to combat Medicare and Medicaid fraud and abuse by encouraging the establishment of state prescription drug monitoring programs and updating DEA databases of controlled substance providers.</td>
<td>Referred to Subcommittee on Crime, Terrorism and Homeland Security 11/10/2011*</td>
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* Early stage of the legislative process.
The Prescription Drug Abuse Prevention and Treatment Act of 2011

The Prescription Drug Abuse Prevention and Treatment Act of 2011 is one example of a bill designed to address prescription drug abuse on several fronts. The author worked on aspects of this legislation as part of her Robert Wood Johnson Health Policy Fellowship.

The Prescription Drug Abuse Prevention and Treatment Act of 2011, or Senate Bill 507 (2011), is an expanded and updated version of the “Methadone Treatment and Protection Act of 2010” introduced during the 111th Congressional session. Briefly, Senators Rockefeller (D-WV) and Corker (R-TN) introduced this methadone-specific bill in response to the alarming increases in methadone deaths. According to a 2009 Government Accounting Office (GAO) report, methadone prescriptions for pain management increased nearly 8-fold, from about 531,000 in 1998 to about 4.1 million in 2006. The increase in use led to an increased number of methadone-associated deaths (GAO, 2011).

The Methadone Treatment and Protection Act of 2010 focused on improving provider and consumer education about methadone, enhancing federal oversight of methadone, and creating a national opioid death registry to better track opioid-related deaths. Although this legislative bill did not pass out of committee, the prescription drug abuse problem continued to grow.

In response to the rise in opioid prescription drug abuse, Senator Rockefeller introduced the “Prescription Drug Abuse Prevention and Treatment Act of 2011,” or Senate Bill 507 (2011), during the 112th Congressional session. This bill is an updated and expanded version of the methadone bill and is undergoing the legislative process. This bill addresses prescription drug abuse in several ways by calling for:

- New training requirements for health care professionals before they can be licensed by the Drug Enforcement Administration to prescribe controlled substances.
- Consumer education on the safe use of painkillers and prevention of diversion and abuse.
- Basic clinical guidelines for safe use and dosage of pain meds including methadone.
- Increased federal support for state Prescription Drug Monitoring Programs (PDMPs), programs designed to track the prescribing and dispensing of controlled substances.
- Comprehensive reporting of opioid deaths to help guide solutions.

In May of 2011, Congressman Nick Rahall from West Virginia introduced an identical companion House Bill 1925 (2011), lending additional support for Senate Bill 507 (2011). A detailed description of each of these bills is located at www.thomas.gov or www.govtrack.us.

Prescription drug abuse has also captured the attention of the highest levels of the executive branch. In April of 2011, the Office of National Drug Control Policy (ONDCP) along with the Food and Drug Administration (FDA) and the Drug Enforcement Administration (DEA) released the nation’s first national action plan to fight prescription drug abuse. The plan “Epidemic: Responding to America’s Prescription Drug Abuse Crisis” includes 4 major goals:

- Expand awareness and education to physicians, researchers, and the public. This requires that authorizing prescribers who seek DEA registration be trained on the safe use and prescribing of opioid as a prerequisite to DEA registration.
- Expand efforts to ensure that all states have effective prescription drug monitoring programs.
- Increase the disposal of prescription drugs and prevent diversion.
- Reduce doctor shopping and shut down pill mills or sites where practitioners illegally prescribe and dispense controlled substances.

These major goals provide a framework for numerous activities in the war against prescription drug abuse (ONDCP, 2011). A detailed description of this national plan and related activities is located at http://www.whitehouse.gov/ondcp/prescription-drug-abuse.

Lawmakers are currently considering designating October as “National Medicine Awareness Month.” The purpose of this resolution is to urge communities to develop and convene educational programs that target parents, youth, and communities at large on the safe use and disposal of prescription drugs. This bipartisan bill passed in the Senate by unanimous consent on September 23, 2011.

Future Implications

The issue of prescription drug abuse and related legislation no doubt has implications for many including nurses. For example, several of the proposed bills call for mandatory provider education on the safe prescribing of controlled substances. If enacted, all prescribers including advanced practice nurses who seek prescriptive authority through the Department of Enforcement Agency (DEA) will need to comply to obtain DEA licensure to prescribe controlled substances. Nurses along with other providers will
need to continue to engage in responsible prescribing as well as responsible screening and monitoring of patients taking controlled substances.

Efforts to support and improve state monitoring programs are needed to prevent prescription medication misuse and ensure patient safety. As of October 2011, 37 states have operational prescription drug monitoring programs (United States Department of Justice, 2011). Access to prescription drug monitoring databases is essential for creating appropriate treatment plans for patients. Given that each state controls who has access to such programs, nurses with prescriptive authority may need to work to ensure that they have access to this resource in real time.

One of the most pressing concerns is the need to balance drug control and pain management. According to a recent Institute of Medicine (IOM) report, pain is a major public health problem affecting approximately 116 million U.S. adults annually and costing $560 to $635 billion per year. This equates to approximately $2000 per person living in the U.S. This landmark report on pain provides directions for improving the prevention, assessment, and treatment of pain (Institute of Medicine, 2011). Experts in the pain management arena agree that individuals who have a legitimate need for pain control should have access to appropriate pain medication while also ensuring the nation’s safety. The need for legitimate pain control is of interest to many nurses across diverse practice settings. Advanced practice nurses with prescriptive authority are encouraged to monitor the status of the various legislative bills and weigh in on the implications for nursing practice and patient care.

Professional and lay education on the abuse of controlled substances will remain central to combating prescription drug abuse. Nurses across diverse settings are well positioned to provide education and guidance to patients and communities on the prevention and treatment of these controlled substances. Specific emphasis on the abuse of opioids is needed because it constitutes the leading cause of prescription drug abuse. In addition, consumers must be educated on the safe use and disposal of expired and unused medications as a means to help decrease illegitimate access to controlled and other substances. Further, nurses in educational settings must seize the opportunity to integrate this information into the nursing curriculum. Nurses are often on the front lines prescribing controlled substances and must know how to recognize and manage prescription drug abuse as well as educate peers and consumers (Gerhardt, 2004; Practitioner Healthcare Foundation, 2010).

From a policy perspective, nurses are encouraged to monitor legislative bills focused on the abuse of controlled substances over time for their enactment, implementation, and modification. It is important to note that states may differ in their approach to addressing this issue. Although some state initiatives are the result of federal legislation, states and municipalities have the authority to shape local activities based on specific needs. Some states have enacted legislation, established prescription drug monitoring programs, convened summits, created statewide task forces, and/or launched media campaigns, to name a few, to control the abuse of controlled substances. Many activities depend on the magnitude of the problem in each state or municipality and the availability of funding to combat prescription drug abuse. Nurses are encouraged to explore what is happening with opioid abuse on the local and national level as well as advocate for legislation that will help address this public health epidemic.

Summary

In summation, prescription drug abuse is the fastest growing drug problem in America. In addressing this complex issue, it is important to remember that many Americans benefit from prescribed painkillers when taken properly and when directed by a legitimate medical professional. Prescription drug abuse and misuse occurs for a variety of reasons, which adds challenges to finding legislative solutions. The current epidemic continues to stimulate much discussion and proposed solutions among numerous stakeholders including members of Congress, the Administration, and other federal and state agencies/entities. Congress continues to convene hearings with a number of experts and stakeholders to glean additional insights on issues such as:

- What is the best approach to dealing with prescription drug abuse in general and controlled substances specifically?
- How do we balance drug control and appropriate pain management?
- What are the benefits/costs to society, states, government, and other stakeholders?
- What are the implications for government, private industry, health professions, health insurers, Pharma, advocacy groups, communities, and others in addressing prescription drug abuse?

No doubt these and other concerns will be discussed during deliberations on prescription drug abuse. In moving forward, a continued and sustained focus from all stakeholders will be critical to finding solutions to this growing epidemic. Education will remain a critical component for lay and professional audiences. Moreover, states and municipalities will need adequate funding and support to combat prescription drug abuse. As attention to this problem continues to unfold, the increased attention in the legislative arena is a critical step in eradicating prescription drug abuse. Finally, all parties must be mindful to strike a delicate balance between the public’s need for legitimate pain
control or medical need while creating sound health policy and responsive drug control.

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REFERENCES


