PRESCRIPTION DRUG ABUSE:
THE NATIONAL PERSPECTIVE

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ONDCP’s Authority

• Established by the Anti-Drug Abuse Act of 1988

• Principal purpose: Establish policies, priorities, and objectives for the nation's drug control program

• Goals: Reduce illicit drug use, manufacturing, and trafficking, drug-related crime and violence, and drug-related health consequences
National Drug Control Strategy

- Science-based, public health approach to drug policy

- Guided by three principles:
  1) Addiction is a disease that can be treated
  2) People with substance use disorders can recover
  3) Criminal justice reforms can stop the revolving door of drug use and crime

- Coordinated federal effort on 115 action items

- Signature initiatives:
  - Prescription Drug Abuse
  - Prevention
  - Drugged Driving
The Prescription Drug Abuse Problem

- 478 million prescriptions for controlled-substances dispensed in U.S. in 2010
- 7 million Americans reported current non-medical use of prescription drugs in 2010
- 1 in 4 people using drugs for first time in 2010 began by using a prescription drug non-medically
- Over 12,500 unintentional overdose deaths involving opioid painkillers in 2009 (vs. 4,000 for cocaine and 3,000 for heroin)
Unintentional Drug Overdose Deaths

28,171 unintentional drug overdose deaths

Heroin
Cocaine

Economic Costs

• Illicit drug use in the United States is estimated to have cost the U.S. economy more than $193 billion in 2007\(^1\)

• $55.7 billion in costs for prescription drug abuse in 2007\(^2\)
  – $24.7 billion in direct healthcare costs

• Opioid abusers generate, on average, annual direct health care costs 8.7 times higher than non-abusers\(^3\)

Prescription Drug Abuse Prevention Plan

• Coordinated effort across the Federal government

• Four focus areas

  1) Education
  2) Prescription Drug Monitoring Programs
  3) Proper Medication Disposal
  4) Enforcement
Education Gaps

Health Care Providers

- 2000 survey: 56% of residency programs required substance use disorder training, median number of curricular hours ranged from 3 to 12 hours

- 2008 follow-up: “Although the education of physicians on substance use disorders has gained increased attention, and progress has been made to improve medical school, residency, and post-residency substance abuse education since 2000, these efforts have not been uniformly applied.”

Pharmacists

- 67.5% report receiving two hours or less of addiction or substance abuse education in pharmacy school

- 29.2% reported receiving no addiction education

- Pharmacists with greater amounts of addiction-specific education:
  - Higher likelihood of correctly answering questions relating to the science of addiction and substance abuse counseling
  - Counseled patients more frequently and felt more confident about counseling

Education

Education Goals for Health Care Providers

- Knowledge on appropriate prescribing
- Effectively identifying patients at risk for abuse
- Screening, intervention, and referral for those misusing or abusing prescription drugs
- PDMP use in everyday clinical practice
- State medical boards can set standards for licensure, practice, and continuing education that properly incorporate education around pain management, safe prescribing, and substance abuse

Main Actions

- Legislation requiring mandatory education for all clinicians who prescribe controlled substances
- Increased substance abuse education in health profession schools, residency programs, and continuing education
- Expedited research on the development of abuse deterrent formulations
## 2011 Monitoring the Future Study

**Prevalence of Past Year Drug Use Among 12th graders**

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<tr>
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<tbody>
<tr>
<td>Alcohol</td>
<td>63.5</td>
<td>OxyContin*</td>
<td>4.9</td>
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<tr>
<td>Marijuana/Hashish</td>
<td>36.4</td>
<td>Sedatives*</td>
<td>4.3</td>
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<tr>
<td>Synthetic Marijuana</td>
<td>11.4</td>
<td>Hall other than LSD</td>
<td>4.3</td>
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<tr>
<td>Amphetamines*</td>
<td>8.2</td>
<td>Inhalants</td>
<td>3.2</td>
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<tr>
<td>Vicodin*</td>
<td>8.1</td>
<td>Cocaine (any form)</td>
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<tr>
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<td>6.5</td>
<td>LSD</td>
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<tr>
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<td>Ritalin*</td>
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<tr>
<td>Tranquilizers*</td>
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<td>Ketamine</td>
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<td>Cough Medicine*</td>
<td>5.3</td>
<td>Provigil</td>
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<tr>
<td>MDMA (Ecstasy)</td>
<td>5.3</td>
<td>GHB</td>
<td>1.4</td>
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<tr>
<td>Hallucinogens</td>
<td>5.2</td>
<td>Methamphetamine</td>
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* Nonmedical use

Categories not mutually exclusive
What Is *Above the Influence*?

“Any influence that makes me less than me is not for me... especially substance use”
Above the Influence

- 6+ year brand investment (launched Nov 2005)
- Targets teens ages 12-17
- Brand philosophy:
  - Inspires them to make smart choices
  - Drugs/negative influences stand in the way of teens reaching their full potential
- Evidence of effectiveness:
  - Three independent research studies
  - Youth tracking survey
  - Youth exposed to ATI campaign are less likely to initiate/use
Above the Influence

Teens Know and See It

85% aware
of Above the Influence advertising

Resonates Across Groups

>75% teens
say Above the Influence speaks to someone like me

African American
Hispanic
White
Boys
Girls

Ad Awareness, OTX Research 2011

Addresses a Variety of Substances

Teens tell us Above the Influence could apply to everything — prescription drugs, alcohol and marijuana

Teens Making ATI Their Own

13
Above the Influence
National and Local

**National Reach**

- Broad National Messaging & Strong Social Media Presence
- Total Fans: 890,000+

**Local Participation**

- >80 local partners in 45+ cities
- Over a thousand participants in conference workshops and webinars.

**DRUG-FREE COMMUNITY GRANTEES**

- “Above the Influence” Activities and Support for Local Community Organizations
Prescription Drug Monitoring Programs

Status of Prescription Drug Monitoring Programs (PDMPs)

Source: Alliance of States with Prescription Monitoring Programs, 2012
Proper Medication Disposal

**Goals**

- Easily accessible, environmentally friendly method of drug disposal that reduces the amount of prescription drugs available for diversion and abuse

**Main Actions**

- Publish and implement regulations allowing patients and caregivers to easily dispose of controlled substance medications
- Once regulations are in place, partner with stakeholders to promote proper medication disposal programs
Goals

- Assist states in addressing “pill mills” and doctor shopping

Main Actions

- Provide technical assistance to states on model regulations/laws for pain clinics
- Encourage High-Intensity Drug Trafficking Areas (HIDTAs) to work on prescription drug abuse issues
- Support prescription drug abuse-related training programs for law enforcement
Conclusions

• Prescription drug abuse is one of the fastest growing drug problems in the U.S.

• No single solution

• We all have a role to play

• Success will come from coordination and collaboration at the Federal, state, local, and tribal levels
For More Information:

[WHITEHOUSE.GOV/ONDCP](http://WHITEHOUSE.GOV/ONDCP)

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