

Prescription Opioid (Narcotic) Drugs in the Injured Population- Part III. Misuse, Abuse, and Diversion

“Prescription drug abuse is the Nation’s fastest-growing drug problem.”¹

-- Executive Office of the President of the United States

In October, I attended a regional meeting for the National Association of Drug Diversion Investigators (NADDI). It was a wake-up call. Prescription drugs are now the leading cause of accidental deaths in Ohio, having grown by over 325% from 2000 to 2008.² Opioid medications are the most frequently mentioned drugs associated with these deaths. This problem isn’t just limited to Ohio--it’s everywhere. Our industry is even more at risk since the availability of these drugs is greater.

Misuse, Abuse, and Diversion are on the Rise

Over the last 20 years, there has been a 10-fold increase in the medical use of prescription opioid drugs.³ With this escalating use and availability, the misuse, abuse, and diversion of prescription opioid drugs have also grown. This is confirmed by the following facts:

- *National Survey on Drug Use and Health (NSDUH)*: In 2010, 7.0 million persons aged 12 or older used prescription-type drugs non-medically in the past month.⁴
- *Drug Abuse Warning Network (DAWN)*: Medical emergencies related to nonmedical use of medications increased 81% from 2004 to 2008. Contributing to that increase are significant increases involving narcotic pain relievers that jumped by 111%. Specific drugs with increases over 100% were fentanyl, hydrocodone, hydromorphone, morphine, and oxycodone.⁵
- *Treatment Episode Data Set (TEDS)*: Admissions into substance abuse treatment facilities related to opioids (excluding heroin) increased from 1% of admissions in 1999 to 7% in 2009.⁶
- *Unintentional Drug Overdoses (Centers for Disease Control and Prevention)*: The unintentional drug overdose death rate has more than doubled between 1999 and 2007.⁷

Risk for Opioid Abuse

The actual incidence of opioid abuse is unknown. The literature reports a wide range of figures from 5% to 24% for aberrant (deviant) medication use behavior to 36% to 56% for the prevalence of a lifetime substance use disorder.⁸ Certain characteristics may present greater liability for the misuse drugs including:⁹

¹ Executive Office of the President of the United States. Epidemic: Responding to America’s Prescription Drug Abuse Crisis. Accessed at: http://www.whitehousedrugpolicy.gov/publications/pdf/rx_abuse_plan.pdf

² National Association of Drug Diversion Investigators (NADDI) Ohio Chapter Annual meeting, Westerville, OH, October 25, 2011. Organization web site: http://naddi.associationdatabase.com/aws/NADDI/pt/sp/Home_Page

³ Centers for Disease Control and Prevention. CDC’s issue brief: unintentional drug poisoning in the United States, July 2010. http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/brief_full_page.htm Accessed October 25, 2011.

⁴ Substance Abuse and Mental Health Services Administration, *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011. <http://www.oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.pdf> Accessed October 26, 2011.

⁵ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2011). *Drug Abuse Warning Network, 2008: National Estimates of Drug-Related Emergency Department Visits*. HHS Publication No. SMA 11-4618. Rockville, MD. <http://www.oas.samhsa.gov/DAWN/2K8/ED/DAWN2k8ED.pdf> Accessed October 26, 2011.

⁶ Substance Abuse and Mental Health Services Administration, *Treatment Episode Data Set (TEDS). 1999 - 2009. National Admissions to Substance Abuse Treatment Services*, DASIS Series: S-56, HHS Publication No. (SMA) 11-4646, Rockville, MD; Substance Abuse and Mental Health Services Administration, 2011. <http://www.dasis.samhsa.gov/teds09/teds2k9nweb.pdf> Accessed October 26, 2011.

⁷ Centers for Disease Control and Prevention. CDC’s issue brief: unintentional drug poisoning in the United States, July 2010. Available at: http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/brief_full_page.htm

⁸ Martell BA, O’Connor PG, Kerns RD, Becker WC, Morales KH, Kosten TR, Fiellin DA. Systematic review: opioid treatment for chronic back pain: prevalence, efficacy, and association with addiction. *Ann Intern Med.* 2007;146(2):116-27.

⁹ Webster LR, Webster RM. Predicting aberrant behaviors in opioid-treated patients: preliminary validation of the Opioid Risk Tool. *Pain Med.* 2005; 6(6):432-442.

- A personal or family history of substance abuse (greatest risk)
- History of preadolescent sexual abuse
- Mental disease / pathology
- Social patterns of drug use
- Psychological stress

Diversion: Obtaining Drugs for the Purposes of Abuse¹⁰

Several methods are employed by drug-seeking individuals to obtain prescription medication for the purpose of abusing or selling these drugs for non-medical use. The most common scheme is doctor shopping where the individual visits multiple doctors and the ER to obtain multiple prescriptions. While one would think that targeting patients who are visiting multiple doctors is enough, the reality is that 71.2% of persons who use opioid drugs non-medically obtain them a friend or relative and 79.4% of these medications come from a legitimate prescription issued by a single prescriber.¹¹

Theft is another diversion tactic which can involve stealing from friends, family, employers, and businesses. Forgery of prescriptions is another method. Stolen prescription pads or home-made prescriptions are forged using real physician information. This crime can also occur when an individual tries to alter a written prescription (e.g. changing "1" refill to "4"). The majority of states have prescription drug laws in place resulting in felony charges, if convicted.

Prevention

There is a balance that we must achieve so that patients who are truly in need, that benefit from such therapy, can be treated without the fear of being labeled as an addict. All of us involved in the care of the patient need to work together to ensure appropriate opioid use and monitor for potential abuse. Prescribers should be initially assessing the patient for the risk of abuse, signing opioid agreements with patients, conducting random urine drug screens, and pulling state prescription drug monitoring reports where available. Claims examiners and nurse case managers can work with their pharmacy benefit provider to access real-time alerting of early opioid fills and lock the claimant's benefits for opioid medication to a single prescriber. Patients need to be involved with their care by understanding the expectations of treatment while working towards treatment goals.



¹⁰ Manchikanti L, Fellows B, Ailinani H, Pampati V. Therapeutic use, abuse, and nonmedical use of opioids: a ten-year perspective. *Pain Physician*. 2010;13(5):401-35.

¹¹ Substance Abuse and Mental Health Services Administration, *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011. <http://www.oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.pdf> Accessed October 26, 2011.