Prescription Drug Abuse: The Problem

Kimberly Patton, PsyD
HHS/HRSA/ORO
Public Health Analyst/Behavioral Health Liaison
Denver Regional Office
What is Prescription Drug Abuse?

- The *intentional* use of a medication without a prescription of one’s own
  - In a way other than as prescribed
  - Or for the experience or feeling the drug causes

- Nonmedical use of psychotherapeutics includes nonmedical use of any prescription-type pain relievers, tranquilizers, stimulants, or sedatives.
Drug Overdose Deaths

- In 2010, 60 percent of drug overdose deaths in the U.S. were related to prescription drugs.
- Of these 75 percent involved opioid pain relievers, and 30 percent involved benzodiazepines (tranquilizers)
Prescription Drug Abuse is a Significant Problem in the United States

- Prescription drugs are the second-most abused category of drugs in the U.S. following marijuana.
- In 2012, an estimated 6.8 million persons aged 12 or older, or 2.6 percent of the population, abused or misused prescription drugs.
Most Commonly Abused Prescription Drugs

- Number of estimated prescription drug users aged 12 or older, 2012:
  - Pain relievers/opioids - 4.9 million
  - Tranquilizers - 2.1 million
  - Stimulants - 1.2 million
  - Sedatives - 270,000
Most Commonly Abused Prescription Drugs

- **Opioids**
  - Pain medication
  - Percocet, Oxycontin, Vicodin

- **Tranquilizers**
  - Used to treat anxiety and insomnia, and severe mental illness
  - Central nervous system depressants
  - Minor and major tranquilizers
  - Valium, Thorazine
Most Commonly Abused Prescription Drugs

- **Stimulants**
  - Used to treat ADHD and narcolepsy
  - Ritalin, Adderall

- **Sedatives**
  - Used to treat anxiety and sleep problems
  - Central nervous system depressants
  - Barbiturates (Seconal) and benzodiazepines (Xanax)
First Time Users

- In 2012, approximately 2.4 million persons aged 12 or older used prescription drugs nonmedically for the first time within the past year
  - Averages to about 6,700 new users per day

- More than 26 percent of all past year first time illicit drug users reported that their first drug was prescription pain relievers
  - Averages to more than 5,000 new users per day
Source of Nonmedical Pain Relievers Among Persons Aged 12 or Older Who Used in the Past 12 Months

- From a friend: 54.0%
- Bought drug or relative for free: 10.9%
- Prescription from one doctor: 19.7%
- Drug from dealer/other stranger: 4.3%
- Internet: 0.2%
Groups at Greatest Risk for Prescription Drug Abuse/Overdose

- Men aged 25-54 have the highest prescription drug overdose rates, although rates for women 25-54 are increasing faster.
- People in rural counties are about two times as likely to overdose on prescription painkillers as people in big cities.
- Teens/young adults
- Soldiers and veterans
Groups at Greatest Risk for Prescription Drug Abuse/Overdose

- Individuals with occupational injuries
- Individuals with mental illness or past substance abuse
- Whites and American Indians or Alaska Natives are more likely to overdose on prescription painkillers.
Emergency Room Visits

- Emergency room visits for prescription drug abuse more than doubled between 2004 and 2011.
- In 2011, more than 1.4 million emergency room visits were related to prescription drugs.
Treatment

- The rate for non-heroin, opiate-related admissions to substance abuse treatment, for those age 12 or older, was 400 percent higher in 2012 than in 2000
What is Driving This High Prevalence?

- Misperceptions about their safety
  - Because these medications are prescribed by doctors, many assume that they are safe to take under any circumstances. This is not the case. Prescription drugs act directly or indirectly on the same brain systems affected by illicit drugs.
What is Driving This High Prevalence?

- Increasing environmental availability
  - Between 1991 and 2010, prescriptions for stimulants increased from 5 million to nearly 45 million and for opioid analgesics from about 75.5 million to 209.5 million

- Varied motivations for their abuse
  - Underlying reasons include: to get high; to counter anxiety, pain, or sleep problems; or to enhance cognition
Opioid Pain Reliever Sales

- The sharp rise in opioid overdose deaths closely parallels an equally sharp increase in the prescribing of these drugs
- Opioid pain reliever sales in the United States quadrupled from 1999 to 2010
Financial Costs

- In addition to the human costs, the epidemic of prescription drug overdose imposes a major financial toll
- Nonmedical use of opioid pain relievers costs U.S. insurance companies up to $72.5 billion annually in healthcare expenditures
Region VIII States

- The severity of the epidemic varies widely across U.S. states, which is reflected in Region VIII states
Drug Overdose Rates by Region VIII State—2010

Rates per 100,000 population

U.S. 12.4
Colorado 12.7
Montana 12.9
North Dakota 3.4
South Dakota 6.3
Utah 16.9
Wyoming 15
Nonmedical Use of Prescription Pain Relievers in the Past Year among Persons Aged 12 or Older, by Region VIII State: 2010-2011

<table>
<thead>
<tr>
<th>State</th>
<th>Nonmedical Use of Prescription Pain Relievers</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>4.6%</td>
</tr>
<tr>
<td>Colorado</td>
<td>6.0%</td>
</tr>
<tr>
<td>Montana</td>
<td>4.8%</td>
</tr>
<tr>
<td>Wyoming</td>
<td>4.7%</td>
</tr>
<tr>
<td>Utah</td>
<td>4.3%</td>
</tr>
<tr>
<td>North Dakota</td>
<td>3.8%</td>
</tr>
<tr>
<td>South Dakota</td>
<td>3.7%</td>
</tr>
</tbody>
</table>
Prescription Drug Abuse – American Indians

- Data indicate high usage of illicit drugs by American Indians and outline the need for targeted resources and outreach
- American Indian and Alaskan Native populations show high percentages of:
  - Lifetime abuse (64.8 percent)
  - Past year illicit drug use (27.1 percent)
  - Current non-medical use of prescription drugs (6.2 percent)
## Drug Overdose Death Rates per 100,000 by Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>All Drugs</th>
<th>Prescription Drugs</th>
<th>Opioid Pain Relievers</th>
<th>Illicit Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall</strong></td>
<td>11.9</td>
<td>6.5</td>
<td>4.8</td>
<td>2.8</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>13.2</td>
<td>7.4</td>
<td>5.6</td>
<td>2.8</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6.1</td>
<td>3.0</td>
<td>2.1</td>
<td>2.5</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>14.7</td>
<td>8.4</td>
<td>6.3</td>
<td>2.9</td>
</tr>
<tr>
<td>Black</td>
<td>8.3</td>
<td>3.0</td>
<td>1.9</td>
<td>4.0</td>
</tr>
<tr>
<td>Asian/Native Hawaiian or PI</td>
<td>1.8</td>
<td>1.0</td>
<td>0.5</td>
<td>0.6</td>
</tr>
<tr>
<td>American Indian/ Alaska Native</td>
<td>13.0</td>
<td>8.4</td>
<td>6.2</td>
<td>2.7</td>
</tr>
</tbody>
</table>
American Indians/Alaska Natives

- 12.7 percent of American Indians/Alaskan Natives age 12 or older are current users of illicit drugs
Current Rate of Illicit Drug Use Among Persons Aged 12 or Older by Ethnicity, 2012

- Asian: 3.7%
- NH/PI: 7.8%
- Hispanic: 8.3%
- White: 9.2%
- Black: 11.3%
- AI/AN: 12.7%
- Two or more races: 14.8%
Some Good News

- Among youths aged 12 to 17, the rate of current nonmedical use of prescription drugs decreased from 4.0 percent in 2002 to 2.8 percent in 2012
- The rate of nonmedical pain reliever use declined during this period from 3.2 to 2.2 percent among youths
HHS Inter-agency Collaboration on Prescription Drug Abuse

CDR Christina Mead, PharmD
US Public Health Service
HHS/HRSA/ORO
Area/Regional Pharmacy Consultant
Denver Regional Office
What Can HHS do?

- The U.S. Department of Health and Human Services is committed to reducing prescription drug abuse and its negative outcomes.
- HHS Operating Divisions are collaborating across agencies to align and implement programs that address prescription drug abuse in Region 8 (CO, WY, ND, SD, UT, WY).
HHS Collaboration

- HHS Region 8 Agencies:
  - Health Resources and Services Administration (HRSA)
  - Substance Abuse and Mental Health Services Administration (SAMHSA)
  - Indian Health Service (Great Plains Area Office - formerly Aberdeen Area)
Great Plains Area Indian Health Service

- Leadership from the Area Office formed a Prescription Drug Abuse Task Force consisting of various clinical disciplines and administrators from multiple service units
- Meet on a weekly basis
HHS Collaboration

- HRSA and SAMHSA leadership and subject matter experts partnered with the Great Plains Area Office to assist the Task Force in forming and implementing a strategic plan.
Great Plains Strategic Plan

- Strategy Areas
  - Clinical Practice
  - Prescription Drug Monitoring Program
  - Education
  - Disposal Plan
Clinical Practice

- Pain Medication Contract
  - Area-wide standard contract
  - Regular competency training for providers

- Drug and Alcohol Screening
  - Integrated into treatment plan
  - Training for all providers

- Prescribing Guidelines
  - Standard practices
Prescription Drug Monitoring Program

- A PDMP is a *statewide* electronic database which collects designated data on substances dispensed in the state.
- The PDMP is housed by a specified statewide regulatory, administrative, or law enforcement agency.
- The state agency housing the PDMP distributes data to individuals who are authorized under state law to receive this data for purposes of their profession.

Source: [http://www.deadiversion.usdoj.gov/faq/rx_monitor.htm#1](http://www.deadiversion.usdoj.gov/faq/rx_monitor.htm#1)
Education

- Patient and community focus
- Emphasis on prevention
- To enhance partnerships and community collaboration
  - Law enforcement, religious institutions, community centers, community health centers, behavioral health providers funded outside of the Indian Health Service
Disposal Plan

- Develop a strategy to remove unused controlled-substances from homes
- Define and educate an Area-wide prescription drug disposal plan
- Partner with the Drug Enforcement Administration
Contact Information

Kim Patton, PsyD
303-844-7865
KPatton@hrsa.gov

CDR Christina Mead, PharmD
303-844-7875
CMead@hrsa.gov
SAMHSA

Mission

Reduce the impact of substance abuse and mental illness on America’s communities

Behavioral Health Is Essential To Health
Prevention Works
Treatment Is Effective
People Recover
Prescription Drugs

- Most Prevalent Illicit Drug Problem After Marijuana
  - 1 in 22 reported misuse/abuse of prescription meds
  - US consumes 99% of world’s hydrocodone

- Emergency Room Visits
  - Non-medical use of ADHD stimulant medications nearly tripled from 5,212 to 15,585 visits (2005 – 2010)

- Treatment Admissions
  - 569.7% increase Benzodiazepine & pain med use (2000-2010)
ONDCP Strategy to Prevent & Reduce Prescription Drug Abuse

- **Education** Parents, youth, patients & prescribers
- **Monitoring** Implement Prescription Drug Monitoring Programs in every state to reduce diversion, enhance ability to share data across states and encourage use by health professionals
- **Proper medical disposal** DEA proposed rules
- **Enforcement** Eliminate improper prescribing practices and stop pill mills

EPIDEMIC: RESPONDING TO AMERICA’S PRESCRIPTION DRUG ABUSE CRISIS, ONDCP 2011
SAMHSA’s Strategies for Reducing Prescription Drug Abuse

- Prevention and early intervention
- Prescriber and patient education
- Enhanced treatment access and quality
- Overdose prevention and rapid intervention
- Appropriate regulation
SAMHSA: Prescription Drug Abuse Strategy

Prevention and Early Intervention:

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
  - Screening individuals in primary care settings (e.g., clinics, hospitals, nursing homes) for risk of substance abuse
  - Helping patients accept the need for treatment
  - Helping patients obtain appropriate treatment services.
Prescriber and Patient Education:

- **Physician Clinical Support System for Opioids (PCSS-O)**
  - Free mentoring for practicing physicians on clinical topics such as prescribing opioids for chronic pain and office-based treatment of opioid-dependent patients [www.pcss-o.org](http://www.pcss-o.org)

- **Physician Clinical Support System for Buprenorphine (PCSS-B)**

- SAMHSA has published information for patients and the public on prescription drug abuse and its treatment [www.samhsa.gov](http://www.samhsa.gov)
SAMHSA: Prescription Drug Abuse Strategy

Enhanced Treatment Access and Quality

- **Treatment Improvement Protocols (TIPs)**
  - Medication Assisted Treatment
  - Managing Chronic Pain

- **Opioid Brief Guide** for primary care physicians on how to use FDA-approved medications to treat opioid addiction in the medical office.
SAMHSA: Prescription Drug Abuse Strategy

Overdose Prevention and Rapid Intervention:

- Opioid Overdose Toolkit
  - In practical, plain language, the kit outlines steps to take to prevent and treat opioid overdose (including the use of naloxone)
  - It also identifies important resources for patients, families, prescribers, and communities.
SAMHSA: Prescription Drug Abuse Strategy

Prescription Drug Monitoring Programs:

- PDMP-EHR Integration and Interoperability Expansion Grants (2012-13):
  - Improve real-time access to PDMP data by integrating PDMPs with existing EHR technologies (hospital ERs, outpatient facilities, retail pharmacies, etc.)
  - Increase the interoperability of PDMPs across state lines
  - 9 states are funded, as well as an evaluation by CDC.
    - North Dakota School of Pharmacy (2013)
SAMHSA’s Technical Assistance Centers

- Tribal Training & Technical Assistance Center
  - [www.samhsa.gov/tribal-ttac](http://www.samhsa.gov/tribal-ttac)

- ATTC Regional Centers  [www.attcnetwork.org](http://www.attcnetwork.org)
  - Central Rockies ATTC (University of Utah) – Region VIII

- ATTC National Focus Centers
  - American Indian Alaskan Native (University of Iowa)
  - ATTC-SBIRT (IRETA, University of Pittsburgh)

- Center for the Application of Prevention Technologies (CAPT)
  - [www.captus.samhsa.gov](http://www.captus.samhsa.gov)

- Suicide Prevention Resource Center  [www.sprc.org](http://www.sprc.org)
ONDCP Strategy & Tribal Nations

- Drug Enforcement Agency (DEA) *National Drug Take-Back Day*
- Office of National Drug Control Policy Bureau of Justice Assistance (BJA) *state-state/state-tribal PDMP linkages/interoperability*
- The Alliance of States with Prescription Drug Monitoring Programs (The Alliance), Brandeis University - PMP Center of Excellence and IHS creating *interoperability between IHS pharmacies and state PDMPs.*
- BJA and National Congress of American Indians (NCAI) *crime investigation training* for tribal law enforcement agencies
Thank You

Charles H. Smith, PhD
Regional Administrator - Region VIII
(Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
999 18th Street, South Tower, Room 4-342
Denver, CO 80202
303-844-7873 (office)
720-441-9995 (cell)
charles.smith@samhsa.hhs.gov
Tribal Law and Order Act of 2010 and SAMHSA: an Update from the Office of Indian Alcohol and Substance Abuse

Rod K. Robinson
Director, Office of Indian Alcohol and Substance Abuse
Substance Abuse and Mental Health Services Administration

HHS Tribal Consultation
April 7-8, 2014
Denver, CO.
Energizing the Tribal Action Planning Process
Tribal Law and Order Act of 2010

- Signed into law July 29, 2010
- Reauthorizes and amends: Indian Alcohol and Substance Abuse Prevention and Treatment Act (IASA) of 1986
Goals of TLOA

• Determine the scope of the SA problem in AI/AN populations
• Identify the resources and programs of each agency relevant to a coordinated effort addressing SA in AI/AN populations
• Coordinate existing agency programs with those established under the Act
• Continued respect for tribal sovereignty embedded in all TLOA activities
SAMSHA and Federal partners carrying out the Intent of TLOA

- Workgroups
  - Tribal Action Plan (TAP)
  - Minimum Program Standards
  - Native Youth Educational Services
  - Inventory/Resources
  - Newsletter/Website
- Empowered Feedback/Recommendations
- Interdepartmental Coordinating Committee
  - Carry out TLOA Directives, provide Guidance for Action
- OIASA
  - Align, Leverage and Coordinate
  - Pool of Resources & Response Protocol for Ideas and Input
- IASA Membership
- Regional POC’s
  - Engage with Tribes & Provide Linkage to OIASA
- Tribes
  - Lead the Community & Federal Partners to Address Substance Abuse Concerns
- TCC’s
  - Local Partnerships that create Plans & Resources in the Community
- TAP’s
  - Tribe Specific Action Planning
  - Native Youth Educational Services
  - Inventory/Resources
  - Newsletter/Website
  - Resource Navigation to Native Specific Data Sets

- Minimum Program Standards
- Native Youth Educational Services
- Inventory/Resources
- Newsletter/Website
- Resource Navigation to Native Specific Data Sets

56
TLOA Responsibilities

- Scope of the problem, HHS, IHS, DOJ
- Identification of programs, HHS, IHS, DOJ
- Minimum program standards, HHS, HIS, DOJ
- Assessment of resources, HHS, HIS, DOJ
- TAP development, IHS, BIA, OJP
- Newsletter, DOI

- Law enforcement and judicial training, BIA, DOJ
- Emergency medical assistance, BIA
- Emergency shelters, BIA
- Child abuse and neglect, BIA
- Juvenile detention centers, HHS, DOI, DOJ
- Model juvenile code, DOI, DOJ
IASA Inter-departmental Coordinating Committee

Executive Steering Committee
Chair: SAMHSA/OIASA
Co-Chairs: IHS  OJP  OTJ  BIA  BIE  DoEd

TAP Workgroup
Chair: IHS

Minimum Program Standards Workgroup
Chair: SAMHSA

Inventory/Resources Workgroup
Chair: SAMHSA

Communications Workgroup
Chair: BIA

Native Youth Educational Services Workgroup
Chair: BIE
Both challenge and opportunity.

The challenge today is to capture the opportunity, via TLOA, to form a more active and committed partnership that demonstrates how Federal Partners and Tribes can strengthen work relations. This approach will embrace the value of native culture and practices, while strengthening the need for mutual respect and accountability.

Why do we need to do this?
“Our children are taking their lives, our families are being torn apart, our culture is disappearing because of substance abuse, suicide and violence, it is time to act by committing our time, ideas and resources to stop this destruction”

“These words come straight out of my heart, my tears and my prayers”.
Establishing the Continuum of Need/Care

Infra-structure Needed to Support this Continuum
Start with A Plan

... and work your plan
Tribal Action Plans (TAP’s) Responsibilities:

1. Establish operating framework and provide guidelines for Tribes consistent with requirements of available Federal resources.
2. Develop inventory of current proven strategies (practice-based models).
3. Manage overall coordination of Tribal requests for assistance in development of TAPs.
4. Coordinate assistance to Tribes as deemed feasible.
5. Collaborate with the Inventory Workgroup in developing appropriate responses back to Tribal entities seeking assistance.

The TAP Workgroup is assigned via MOA by the IASA Interdepartmental Coordinating Committee.
Tribes strategically planning for substance abuse, suicide prevention, tribal justice and safety.
What is different with this TAP

- It is a Strategic Public Health and Safety planning process.
- It focuses on Substance Abuse, as the **number one** contributing factor to poor health, suicide, violence and hopelessness within Native Nations.
Value of Tribal Action Planning?

• Draws the community together for a critical purpose
• It becomes a guided community process for determining the continuum of need that is matched with necessary resources
• Builds or strengthens service infrastructure
• Helps the tribe to gain optimal position in the shifting funding environments i.e. ACA
Improved Outcomes

• Increased collaboration vs. silos/gaps in services results in Holistic Healing and strengthened community partnerships
• Increases access to integrated services
• Improves Community mental health and wellness
• Decreases chances for provider burn out
• Creates more efficient practice protocols, which translates to cost effective care
• Increases chances for program and fiscal sustainability
A Tribal Action Planning Process

**TLOA/TAP**
- Acknowledge The Importance And Positive Influence
- Impact For Grants, Funding, & Congressional Requests

**STORY**
- Realistic Dilemma Within Indian Country
- Gap in Services With A Desire To Improve Wellness

**POSITIVE RESOURCES**
- Current Champions Within The Community
- Desire to Improve Wellness Using Holistic Approaches
A Tribal Action Planning Process

5 STEPS TO TAKE

- Technical Assistance
- Learning Communities

HANDOUT MATERIAL

- Successful Execution
- Illustration Of Obtainable & Realistic Goals

PAYOUTS

- Increased Access To Effective Services/Improved Wellness
- Sustainability, Cost Effective, Partnerships
Tribal Action Planning Guidelines

• Tribal leadership passes and submits a resolution, along with
• Request for technical assistance to conduct strategic planning consultation
• OIASA will connect Tribe(s) to TA resources

• OIASA will track the plan to ensure that TA action is taken
• Tribes may submit their Tribal Action/Strategic Plan to OIASA, who will maintain a record of all plans submitted.
A gracious example offered by:

- The Northwest Portland Area Indian Health Board, has generously given permission to the IASA Interdepartmental Coordinating Committee and SAMHSA to use their tribal action planning process as a working example intended to benefit other tribes who are on the same journey of creating their own destiny.
1. Review Epidemiology: Rates, Demographics, Risk and Protective Factors

2. Gather Information about Causal Factors and Regional Capacity

3. Determine Region’s Readiness Level

4. Align Action Plan activities to the region’s Capacity/Readiness using the Socioecological Model

5. Implement and Evaluate Strategies to Create Community Change
Community Readiness

1. Community Efforts
2. Community Knowledge of the Efforts
3. Leadership
4. Community Climate
5. Community Knowledge about the Issue
6. Resources Related to the Issue
A&D Prevention: Goals

Increase Tribal Capacity

Increase Knowledge & Awareness

Improve Intertribal & Interagency Communication

Improve Tribal Policies
THANK YOU

Rod Robinson (N. Cheyenne)
Director, Office of Indian Alcohol and Substance Abuse
Substance Abuse and Mental Health Services Administration

Rod.Robinson@samhsa.hhs.gov
IASA@samhsa.hhs.gov
(240) 276-2497

www.samhsa.gov/tloa