

The Road to Recovery—Prescription Misuse

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The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment presents the Road to Recovery. This program celebrates those in recovery from substance use disorders and recognizes the work of treatment providers across the country. Today's topic is: Ignoring Instructions: The Importance of Using Prescription and Over-the-Counter Medications Properly.

Hello, I'm Ivette Torres, and welcome to another edition of The Road to Recovery. Today we'll be talking about the importance of using prescription and over-the-counter medications properly. Joining us in our panel today are Dr. H. Westley Clark, Director, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland; Dr. Timothy Condon, Deputy Director, National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services, Rockville, Maryland; Dr. Barbara Krantz, Chief Executive Officer and Medical Director, Hanley Center, West Palm Beach, Florida; Beverly Gmerek, Prescription Drug Abuse Prevention Program Coordinator, Peer Assistance Services Incorporated, Denver, Colorado. Dr. Clark, how prevalent is prescription drug misuse in the United States?

Well, we estimate that there are approximately 15 million people who misuse prescription drugs in the United States, and that gives us an estimated 2.5 million new initiates per year, or, if you think about it, that's about 7,000 new initiates a day.

The Road to Recovery—Prescription Misuse

What is the distribution among the age groups?

Well, I think the most important thing to keep in mind is that prescription drug abuse affects the entire age range. We might see some peak use in the 18- and 25-year-olds, but it is a problem that confronts every age range, and what we shouldn't do is to simply dismiss it as a young adult or teenage phenomenon; in fact, it's a problem that affects every age range.

Dr. Krantz, where do most of the nonmedical users of prescription drugs get their drugs?

Most of the time, nonmedical users of prescription drugs receive their drugs from friends or their medicine cabinet, their mother's medicine cabinet, from leftover medication. And those that do take it from the medicine cabinet or get it from a friend or a relative, the statistics, I believe, actually show that they're receiving it from one physician, one doctor that's actually prescribing it.

Dr. Condon, what types of drugs are we talking about?

Well, we've got a number of different classes, and we're always finding something new that people are abusing. But, generally, we have CNS, or central nervous system depressants; tranquilizers, sedatives, that sort of thing; stimulants, very big prescription drug abuse, often used now, and we got a growing problem, as cognitive enhancers, performance enhancers; and

The Road to Recovery—Prescription Misuse

opioid analgesics, widely prescribed for the control of pain, appropriately so in many cases, but we see that that's a source for a lot of the misuse or abused prescription opiates.

Dr. Clark, what are the short- and long-term effects of the misuse of prescription drugs?

You have to keep in mind that people take these medications for effect. But a lot of this is complicated by the fact that people mix these medications when they're not designed to be mixed. They add alcohol to these medications. So when you're looking for the short-term effects, while you may be trying to get high or euphoric, you may wind up having a short-term effect called death because people often overdose on these medications because they underestimate the power of the medications. They are prescribed by the physician to the designated patient for the condition that the designated patient presents with when they see the physician. They're not prescribed for somebody else, and so—nor are they prescribed to have a party, and we occasionally have people who overdose, and we're seeing that a lot with prescription opiates. People overdose because they underestimate the power of the medication.

Are most of the overdoses when, is when the medication is misused or is improperly taken while it is prescribed or both?

Well, if it's improperly taken when it's prescribed, it's misuse. So the idea is mostly overdosed deaths are associated with nontherapeutic purposes or nontherapeutic procedures. So that's the key issue that a person is either augmenting when they shouldn't be or they're taking something

The Road to Recovery—Prescription Misuse

that was never designated for them in the first place. So one of the reasons we get the message out is because in some jurisdiction if you give somebody a pill that they overdose on it, even if they had alcohol or something else, you're—you're held criminally liable.

Beverly.

I think that's a really important point that most people don't understand. As we know, a lot of adults share their medications out there, and they don't understand there can be legal repercussions from that, not to mention the physical. I mean, that's something that people are not aware of. This can be deadly. And not only is it deadly, it can be just as illegal as sharing illicit medications as well. And that's a point that the general public doesn't seem to understand very well.

Dr. Krantz.

That brings me to another point because when we treat older adults in our facility, and the problem is when the client comes in, the patient comes in, they're probably on about four to five different prescription medications. And they may be seeing different specialists, like they're seeing a cardiologist, a urologist, a family practitioner, none of them are talking to each other, so the drug–drug interactions and the potential for the morbidity or mortality that Dr. Clark was talking about is extremely high. Just because it's a prescription drug doesn't mean that it's a safe drug.

The Road to Recovery—Prescription Misuse

When we come back, I want to talk about another set of medications, which are over-the-counter medications, which are also on the rise in terms of its misuse. We'll be right back.

For more information on National Alcohol and Drug Addiction Recovery Month, events in your town, and how you can get involved, visit the Recovery Month Web site at recoverymonth.gov.

Laurie J. Besden, Esquire, an Attorney at Oliver and Caiola Law firm in Pennsylvania, tells her story and how she found recovery.

Upon studying for the bar exam, there was pressures as to your ability to concentrate and focus. I was dating someone whose father was a sports physician, and at their house were boxes of hydrocodone. And I did go to their house, I took 2 of the sample boxes that had 40 pills in them. My theory at the time, although yes, it was absolutely wrong to take pills out of someone's house that are not prescribed to me and do not belong to me, was after the bar exam, I will stop taking them. I did not think, "what if," and what actually turned out to be my story. Being in recovery, we have the option to not only change our lives but to change other peoples' lives. I wouldn't change a thing. I wouldn't take the arrests off my record. I wouldn't do anything to change where I am today. And I think it's important to tell people the message that we do recover. I'm a five-time convicted felon. And today and for the past over 6 years, I haven't taken a drug. And the message is, we do recover.

The Road to Recovery—Prescription Misuse

Dr. Condon, some of the young children and young adults and youth also get a lot of medications, very, very potent medications. In what instances might they face an encounter with these?

Well, overall in the country, we are seeing, or have seen for the last couple of decades, a dramatic increase in prescriptions for controlled substances, stimulants, and opiate analgesics, and CNS depressants, and so we have had this whole culture change. I agree very much that we treat medications differently, and that has a double-edged sword. It's good and bad that people are not afraid to take medications that can be lifesaving. At the same time, are we sending the wrong message? With the increase in prescriptions that we've seen, young people, for example, we see more prescriptions for opiate analgesics related to dental care for young people. And that's their first experience, usually, with an opiate analgesic when they have some kind of root canal or extraction, usually with their molar extraction procedures. Also, stimulants are a big issue, appropriately prescribed for attention deficit disorder, but we're probably overprescribing in the country for ADHD because all children are not being appropriately diagnosed with real ADHD, where these medications can be very, very helpful.

Dr. Clark?

We also have the notion of the sharing, the earlier point made by Dr. Krantz in terms of people sharing the medication. You get the drugs from friends or family. There's a cultural thing that somehow sharing your medication is permissible even though the person who's getting the

The Road to Recovery—Prescription Misuse

medication is not using it for a therapeutic purpose. When you add the number of people who get it free from friends and family, plus the ones who take it from their medicine cabinet or who buy it from friends and family, it's 70 percent. So we are talking here a cultural phenomenon. We know about the Internet. It turns out there are minority people who get their drugs from the Internet. We know about drug dealers. It turns out a minority of the people get their drugs from drug dealers. We know about doctors who are not acting in good form, but a minority of people get their drugs from those. So in the aggregate, only 30 percent of the misuse of prescription drugs come from, shall we say, deviant situations, with 70 percent comes from friends and family. So part of the message is that the community has to be actively involved in discouraging the misuse of these medications because it is a community value and a community norm and a community message, and if we don't deal with that, then we essentially encourage people to misuse prescription drugs with the mythology that it's safe even though the medication is only safe and effective for the intended use or the intended person.

And, Beverly, what is the message to the youth from a prevention perspective?

I think we need to let them know that medications can only be used as prescribed for that specific individual, and it is something not to be abused and not to be mistreated. I think to our adults and to the parents and to the grandparents out there, we need to let them know that they need to take their medications and their prescriptions and treat them as they would their cash, their credit cards and put them in a safe location and so that they're not something to be shared, just the way we don't share our social security number. I also think we talk a lot about our medications. If you

The Road to Recovery—Prescription Misuse

have a 16-year-old that goes to the dentist to have their wisdom teeth pulled, when they go to school the next day, their friends go, “So what drugs did you get,” you know. We need to learn that we don’t need to talk about what pain medications we’re taking or what medications we’re taking with anyone other than our pharmacist and our physician. We don’t need to share that information. I was at a health fair recently, and I had a seventh grader come up, and we were discussing different medications, and she said, “Oh, my dad just had surgery; he’s got Vicodin.” Well, she just informed all of her peers around her that there was Vicodin in her home, you know, which allows her to go then share them.

And then she had a lot of friends come over to her house.

A lot of BFFs.

That’s right, that’s right. But there was no reason that seventh grader needed to know her dad was taking that specific medication, you know, and it’s just, it’s become such a casual thing anymore. We need to treat it with a little bit more respect.

And we’ve just really scratched the surface because there’s a whole cadre of—of medications that are controlled substances, and then we have the over-the-counter medications, and we know that also the over-the-counter abuse in the United States is quite prevalent.

Right, Dr. Clark?

The Road to Recovery—Prescription Misuse

Well, we know that they're common. We collect data. I think Tim can speak to the specific data for the age range, particularly our young people who abuse drugs that contain cough suppressants like dextromethorphan. There are a host of other drugs containing phenylpropanolamine, diuretics, laxatives, which particularly young girls who are struggling with body image, drugs that cause emesis, throwing up. But the drugs that contain dextromethorphan used to get a buzz on. They also contain alcohol at times, so kids take multiple doses instead of the therapeutic dose. Like prescription drugs, the over-the-counter drugs are safe and effective when used as indicated, and, also like prescription drugs when misused, you get a different effect, a different response.

Tim?

You know, the other over-the-counter that we actually haven't touched on here is inhalants, which is a huge problem, especially in our younger grades. I mean, our Monitoring the Future Survey shows that it's kind of the reverse, the 8th and 12th graders reverse. The 8th graders use more inhalants than the 12th graders do. And so that's some of the first and early exposure for these things that are readily available in the drugstore, art store.

Well, when we come back, I know that we've just scratched the surface on the over-the-counter because that-that is something that's even more accessible to the younger populations. And so I want to talk about what some of the preventive measures we can take, you know, not only parents can take but pharmacies as well. We'll be right back.

The Road to Recovery—Prescription Misuse

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So we've already established that over-the-counter medications are accessible and that youth are in particular risk of accessing these drugs. And, what has been done or what can be done to help us deal with this problem. Beverly?

We need to make sure parents are aware that this is really an issue and a concern for their youth and that we have community groups in schools and different organizations bring that up.

Because I think parents, it's kind of under their radar. They're looking for illicit drugs; they're kind of thinking about that and watching for the children, but they're not paying attention to the packages of cough syrup coming into the house or the different things they might find around.

And they can work with their local community pharmacies, too, to sort of increase that awareness and make people more aware that this is a prevalent issue and it is a problem, and I think it's getting on parents' radar will help a great deal in that respect.

Dr. Clark.

We ought to keep parents aware that just because, again, it's on the aisle doesn't mean that if it's misused, it's safe. For instance, between 1999 and 2004, there's a sevenfold increase in overdose due to over-the-counter cough medications, and most of those overdoses occur in the 15- to 16-year age range. So we're talking about, we're talking about the young children in their families' household. And when you ask how much they took, it turns out that instead of taking one or two

The Road to Recovery—Prescription Misuse

teaspoons or tablespoons of medications, our young people are taking 25 to 50 times the recommended therapeutic dose, which is clearly not what the pharmaceutical company intended. So it's an important thing to keep in mind that the age range that we're concerned about is everyone but particularly our young people when they take so much and they risk complications; overdose is a very real complication.

Dr. Krantz.

And I think that we need to be very cognizant of the fact that a parent speaking to their—their teenager is extremely impactful. Research states that the more understanding and education that the youth gets from the parent, the less likely that they're going to use the over-the-counter medications as, you know, thrill-seeking or, you know, get into trouble that way. So parental education and information to their teenager is extremely important in prevention.

Beverly, you wanted to add something?

Yes, I did. I think we need to not stockpile our medications as well, so our parents can track how much cough syrup is in the house at any given time. You know, if you get to a point where the cold, the flu is gone, then throw that bottle away and then buy a new bottle when it comes in the next time. That way they can track and kind of keep an eye out on what the medication levels are there in the house. We teach our parents to childproof their homes for toddlers, but we haven't really talked to them about doing the same types of things for their teens as well.

The Road to Recovery—Prescription Misuse

Well, one of the things in terms of, if you can't—if you have to stockpile, keep the medication under lock and key; that's an alternative. The reason I mentioned that is because we also have to think about our rural citizens who have to travel long distances and that gets to be a problem, or in communities like in Northern Alaska where everything has to be flown in.

Or a family may simply not be able to afford, I mean, if they don't have a lot of money, I mean, you really wouldn't want to throw something out. But as Dr. Clark mentioned, you really do need to keep track of it. Dr. Condon?

I think Dr. Clark's point is right on. A medicine cabinet in 2009 has a different connotation than it did with my parents' generation. And back then it was where you kept just the medicines that were very, you know—you mentioned the word—we needed to respect them, but as the culture has changed with supplements and advertisements, the medicine cabinet's no longer that sacred place where you store things. In fact, I would maintain, personal observation, we don't even have a medicine cabinet. We have medications in drawers, on counters. And I betcha most families, in fact, probably do the same thing.

We've talked a lot about the problem. I want to start now a little bit diving into some of the solutions. And Dr. Krantz, particularly with the older Americans, and please let us know when one becomes older so that people can self-identify because we are quite the young generation of older Americans that we're facing. I want you to address that issue. What do the seniors need to be particularly cognizant of—and if they run into trouble, what type of programs are available?

The Road to Recovery—Prescription Misuse

At Hanley Center, we have a prevention program, called Aging to Perfection. And to answer your question, when you become old is 55 and above. So I qualify for the older adult program now. But what our Aging to Perfection program actually addresses is helping the older adult, you know, simple things. Write down the prescriptions that they're taking when they go to the doctor because, again, they're getting multiple prescriptions from different physicians, and there are drug—drug interactions that potentially can be lethal to them. So, you know, asking questions, throwing away their medication when they're finished, not saving it. And that's a hard thing in today's economy. So there's a list of prevention techniques that we teach the older adults so that they can use their medication in a more safe and effective manner.

Let me go to Dr. Clark and ask him as a physician. Does the physician bear some responsibility to explain to their patients what they're getting and—and how to use it?

Well, as Dr. Krantz would note, yes, the physician does, but, again, in a period when you've got multiple medications, sometimes from multiple practitioners, that's more easily said than done. So we're moving in the direction of having personal health records and electronic medical or electronic health records where the computers can play a role. But, the seniors themselves should understand, with multiple medications, it's possible to have these conflicts, as Dr. Krantz pointed out, and you should ask. And if you ask, the pharmacist will take the time to discuss these matters with you.

The Road to Recovery—Prescription Misuse

When we come back, I want to continue a little bit on this subject because I think there's a lot left unsaid still. We'll be right back.

I wasn't really living my life. I was absent. I wasn't there for anyone, even my kids. Jacks homework, I don't even know if he did it. If you or someone you know has a drug or alcohol problem, recovery is the solution. Call 1 800-662-HELP. Through treatment, I'm living my life every day. Can you check my homework, Dad? Already did.

(Brought to you by the U.S. Department of Health and Human Services.)

Dr. Clark, are there any types of monitoring systems that are instituted that one can look to that help to solve this problem?

One of the ones that we at the Substance Abuse Mental Health Services Administration use in conjunction with the Department of Justice are what's called prescription monitoring programs. So these are programs that monitor at the pharmacy level, the use of prescription opiates and other scheduled drugs, and we're able to determine whether a physician is misprescribing or a patient is presenting in multiple systems if they use the same ID numbers. But there are other prescription strategies, and Dr. Krantz was talking about one.

Correct. The one that has been helpful to me as a family practitioner is when I get the message from the pharmacy that did I realize that this particular patient was also taking this, this, and this

The Road to Recovery—Prescription Misuse

drug. So that prescription monitoring program has been extremely helpful. The other thing I think we need to be mindful of with prescriptions, especially for talking about older adults, is that most of them can't read the directions on the prescription bottle. So, again, speaking with the pharmacist, speaking with their primary care physician is extremely important in understanding how to take the medication.

And Dr. Condon, I mean, I think older Americans sometimes are afraid to ask, afraid to inquire. Let's emphasize again the—the reasons why they should do this.

Well, again, we know that they're receiving more prescriptions than the last generation of elderly adults in the United States. So, yes, maybe seniors are reluctant to ask the pharmacists. I think the pharmacists are a key here because, in, just my personal experience in a retail pharmacy, actually one of the things that they really enjoy, and it's one of the reasons they became pharmacists, is to counsel patients and to let them—and to share the knowledge that they have rather than just arguing with insurance companies over the phone.

Mm, hmm. Beverly.

Yes, in regard to our seniors again, I want to point out that as far as the pharmacist is concerned, we can go back to the pharmacist and ask questions later on. They are there for us to make use of them, and they enjoy doing that, like you were speaking of earlier. Don't be afraid that once you got your prescription and walk away that you can't come back the next day and ask questions of

The Road to Recovery—Prescription Misuse

the pharmacist when you've looked at things a little bit more and looked at your other medications. And when it comes to our senior population, they have a lot of prescriptions, a lot of bottles lying around; we again want to encourage them to safeguard their medications, because they may not be aware that maybe their grandchildren or friends of their grandchildren might come in and be shopping for medications, or even some of the repair people coming in their homes might be looking for medications. They may not be using them, but they know they're valuable, and they might be interested in taking those to resell later on. So it's all about safeguarding those medications and making people more aware; the pharmacist is there to help them; store your medications safely; use them properly. You know, it's some very basic principles that we need to get the messages out about.

The issue of getting help—we've talked about, a lot about the—what are the parameters of the problem, but if I've got a prescription misuse problem, Dr. Clark—what types of programs should I seek in terms of treatment?

First, we want to make sure that you're talking to your practitioner. If you are reluctant to talk to your practitioner, SAMHSA has a 1-800-662-HELP line. You can call that line, and they will direct you to a professional evaluator who can help determine whether you need outpatient assessment or inpatient assessment or what have you, but the key issue is the willingness to do that. One of the problems in our country is that most people don't perceive the need for assistance. Our data indicates that 96 percent of the people who meet criteria for abuse and dependence don't perceive a need. And Dr. Krantz was talking about that, especially with

The Road to Recovery—Prescription Misuse

prescription drugs, if you can start off with therapeutic use and if you're not careful, it creeps up. So we encourage people to recognize that the misuse of prescription drugs is very dangerous, immediately to your health and potentially to other people.

Dr. Krantz.

And as Dr. Clark was speaking, he's absolutely correct in the sense that one of the barriers to the treatment of this disease is the stigma where the people don't understand it as a disease.

Addiction is just as much a disease as diabetes, cancer, heart disease. We need to look at it that way; we need to have access to care and access to treatment.

And we want to remind our audience that September is National Alcohol and Drug Addiction Recovery Month, a month where not only do we deal with wonderful events but we also deal with some of the issues that we talked about today, with the stigma associated with addiction and addiction treatment, so we want to encourage everyone to work up to that celebration by being cognizant of those around you that are in recovery, supporting them, supporting their families, and being very active during Recovery Month. I want to thank you for being here. It's been a wonderful show.

The Road to Recovery is a series of Webcasts and radio shows that helps individuals, organizations, and communities as they plan and host events in celebration of Recovery Month each September. This series aims to raise awareness about the benefits of addiction treatment and

The Road to Recovery—Prescription Misuse

recovery and highlight the positive and affirming message that addiction is treatable and recovery is possible.

To view the Webcasts from this season and others in the Road to Recovery series, visit recoverymonth.gov and click Multimedia.

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