

WHITE PAPER:

# Taking on Prescription Drug Abuse through Customized State Solutions Across the Care Continuum

The abuse of prescription drugs is the fastest-growing drug problem in the United States and, according to the White House Office of National Drug Control Policy, prescription drug misuse and abuse is a “major public health and public safety crisis.”<sup>1</sup>

In 2010, there were 478 million prescriptions for controlled-substances dispensed in the U.S. according to the National Survey on Drug Use and Health (National Survey)—the nation’s largest survey of drug use among people aged 12 years to 25 years of age—prescription drugs are the second most abused category of drugs after marijuana.<sup>2</sup> Contributing to the rise of prescription drug abuse in the U.S. is the increased prescribing of opioid analgesics for the management of chronic pain over the past two decades.<sup>3</sup> The National Survey found that an estimated 5.2 million Americans (age 12 or older) reported using prescription opioids non-medically in the past month.<sup>4</sup> Opioid abuse is so widespread that it accounts for 75% of all prescription drug abuse in the U.S.<sup>5</sup>

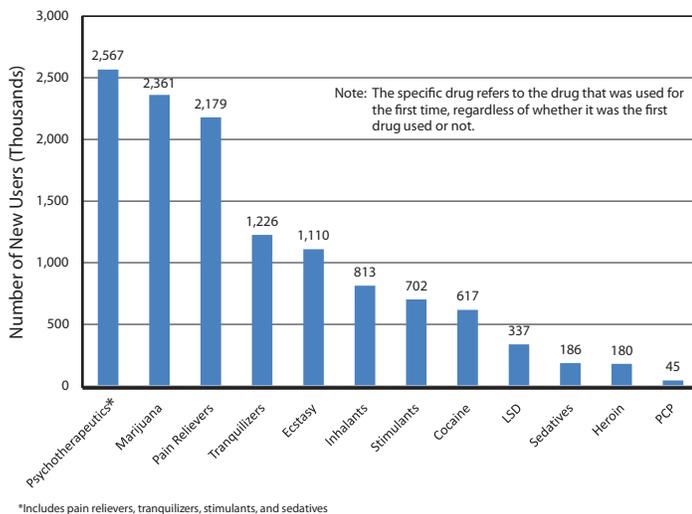
for heroin). The misuse and abuse of prescription painkillers was responsible for more than 475,000 emergency department visits in 2009, a number that nearly doubled in just five years.<sup>6</sup>

A 2011 study estimated that the total cost in the U.S. of nonmedical use of prescription drugs was \$55.7 billion. Of this total, \$24.7 billion was attributable to direct health care costs.<sup>7</sup> Opioid abusers generate, on average, annual direct health care costs 8.7 times higher than non-abusers.<sup>8</sup>

While not exclusive to the public sector, addressing the needs of prescription drug abusers—and the accompanying costs—often fall to State-administered programs, such as Medicaid. The prevalence of opioid abuse is estimated to be over 10 times higher for Medicaid beneficiaries than private insurance populations.<sup>9</sup> A Washington State study<sup>10</sup> of opioid deaths involving prescription drugs between 2004 – 2007 found that 1,668 persons died from prescription opioid-related overdoses during that time period (6.4 deaths per 100,000 per year) and 45.4% of deaths were among persons enrolled in Medicaid.

Interestingly, a study in the August 2012 edition of the *Journal of Occupational & Environmental Medicine*<sup>11</sup> noted “[e]scalating problems such as overdose, addiction, and even death are now reported in association with workers’ compensation claims with 55% to 85% of injured workers across the country now receiving narcotics for chronic pain relief.” The report found workers compensation claims in the State of Michigan that included prescriptions for certain opioid painkillers were nearly four times more likely to develop into catastrophic claims. The report recognized that injured workers with chronic pain often suffer from comorbid health conditions, such as anxiety, that can make them more prone to abusing opioid prescriptions. While injury severity, attorney representation and other factors contributed to higher medical and indemnity payments, the study determined that opioid use was an “independent predictor” of whether a compensation claim would generate costs greater than \$100,000.

New Users in the Past Year of Specific Illicit Drugs among Persons Aged 12 or Older, 2009



Source: SAMHSA, 2009 National Survey on Drug Use and Health (September 2010).

Prescription drug abuse takes both a human and economic toll. A recent study found that nearly 15,600 overdose deaths involved opioid painkillers (vs. 4,000 for cocaine and 3,000

A central question in addressing the issue of prescription drug abuse is how to balance the need for access to appropriate medicines, often for pain and typically opioids, with the risk factors for prescription drug misuse and abuse. While many States have taken some important steps to address this issue using data and technology, such as the establishment of a Medicaid Pharmacy Lock-in program or a Prescription Drug Monitoring Program, the underlying medical needs of the prescription drug abuser often go unmet.

A multi-pronged approach that uses data and technology as a means of identifying intervention opportunities—whether through the health care provider, the pharmacy, and/or the patient directly—but that most importantly *facilitates access to appropriate care* is the critical, and often missing, component for States seeking solutions for prescription drug abuse.

### **Rx Drug Abuse Solutions Across the Care Continuum**

In their battle against prescription drug abuse, States should consider a comprehensive approach to reduce prescription drug abuse with a focus on ensuring appropriate care with the following three components:

- Health Care Data Analytics
- Health Care Provider Education
- Patient Outreach, Assistance, Treatment, & Management

#### **Health Care Data Analytics: Identifying the Problem, Targeting the Solutions.**

States are health care payers in their Medicaid, Workers' Compensation, and State Employee Benefits programs. Applying health care data analytics to State pharmacy claims data can yield actionable information—enabling States to identify and target inappropriate behaviors by prescribers, pharmacies, and/or beneficiaries.

#### **Health Care Provider Education: Delivering Appropriate Care.**

Health care providers—whether physicians, nurse practitioners, physician assistants, dentists, or pharmacists—need the right tools to identify prescription drug abuse and to know how to address it. Most medical, dental, pharmacy, and other health-related professional schools do not provide sufficient training on the identification and treatment of substance abuse.<sup>12</sup> A 2008 survey found that while there had been some general improvement in substance abuse-related education in the past ten years, the efforts have not been uniformly applied across the country.<sup>13</sup>

According to the White House Office of National Drug Control Policy, “educating prescribers on substance abuse is critically important, because even brief interventions by primary care providers have proven effective in reducing or eliminating substance abuse in people who abuse drugs but are not yet addicted to them.”<sup>14</sup>

#### **Patient Outreach, Assistance, Treatment, and Management: Meeting Patient Needs, Stopping the Abuse.**

Access to the right programs for the right patient at the right time is critical in the battle against prescription drug abuse.

State-based partnerships can facilitate access to comprehensive behavioral health care and related services for those individuals in need.

- *Patient Outreach and Assistance.* An important component of patient outreach and assistance is communication—the right message delivered in the right language in the right way.
- *Behavioral Health/Substance Abuse Treatment.* An evidence-based approach to addressing substance use disorders should be built on principles of recovery and involve early assessment, the integration of substance use and behavioral services, innovative technology and community support systems. Services should be patient-centric, preferably local, and meet a range of needs through appropriate, clinically-based case management.
- *Pain Management.* To balance access to appropriate clinical interventions for pain and the potential for abuse with certain medicines, particularly opioids, a comprehensive pain management program can help patients take their medicines as prescribed.

*Working across the care continuum, a customized and comprehensive Statewide strategy that draws from data sources (like those from prescription drug monitoring programs or law enforcement) to produce actionable, targeted interventions for individuals and society can make a meaningful difference in the lives of those affected by prescription drug abuse.*

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