Surrender of Unwanted Controlled Substances by Ultimate Users
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Timothy P. Condon, Ph.D.
Science Policy Advisor
White House Office of National Drug Control Policy
National Drug Control Strategy 2010

Prescription Drug Action Plan

- Education
  - Parents
  - Prescribers
  - Patients

- Monitoring
  - Expand and Enhance PDMPs

- Disposal
  - Increase take-backs

- Enforcement
  - Pill mills/Diversion
Overview

- The Prescription Drug Abuse Problem
- Prescription Drug Abuse Consequences
- Prescription Drug Risk Perception
- Accessibility and Supply
- Take-Back Program Ideals
- Take-Back Program Examples
- Conclusion
The Prescription Drug Abuse Problem

- 3.9 billion prescriptions dispensed in U.S. in 2009
- 7 million Americans reported non-medical use of prescription drugs in 2009
- 1 in 3 people using drugs for first time in 2009 began by using a prescription drug non-medically
- 6 of top 10 abused substances among high school seniors are prescription drugs
New Users in the Past Year of Specific Illicit Drugs among Persons Aged 12 or Older, 2009

Note: The specific drug refers to the drug that was used for the first time, regardless of whether it was the first drug used or not.

* Includes pain relievers, tranquilizers, stimulants, and sedatives

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

- Emergency Room visits
- Unintentional deaths
- Treatment admissions
- Economic Costs
FIGURE 1. Rates of emergency department (ED) visits* for nonmedical use of selected opioid analgesics, by type — United States, 2004–2008


* Per 100,000 population.
† 95% confidence interval.
§ Rate significantly less than the rate in 2008, by two-sided t test (p<0.05).
¶ Drug types include combination products (e.g., combinations of oxycodone and aspirin).
Drug-Induced Deaths vs. Other Injury Deaths, 1999–2007

Causes of death attributable to drugs include accidental or intentional poisonings by drugs, drug psychoses, drug dependence, and nondependent use of drugs. Drug-induced causes exclude accidents, homicides, and other causes indirectly related to drug use. Not all cause categories are mutually exclusive.

Number of Drug-Induced Deaths Versus Deaths from Motor Vehicle Accidents in 2007

States where there were more drug-induced deaths

States where there were more deaths by motor vehicle accident

Data source: Centers for Disease Control and Prevention, WONDER online databases http://wonder.cdc.gov/mliod10.htm) August 15, 2010
Economic Costs

• $180.9 billion in economic costs for drug abuse in the U.S. in 2002

• Hansen et al estimate costs of non-medical use of prescription opioids was $53.4 billion in 2006¹
  – Oxycodone, hydrocodone, propoxyphene, and methadone accounted for two-thirds of costs

• Opioid abusers generate, on average, annual direct health care costs 8.7 times higher than nonabusers²

Perceived Risk

- Perceived Risk
  - Because prescription drugs are manufactured by pharmaceutical companies, prescribed and dispensed by healthcare providers, they are often perceived as safer than street drugs.
  - Studies show that teens perceive prescription medication abuse as safer, less addictive, and less risky than using illegal or illicit drugs, and that drugs obtained from a medicine cabinet or pharmacy were not the same as drugs obtained from a drug dealer\textsuperscript{1,2}

2. Generation Rx. National study confirms abuse of prescription and over the counter drugs. 18\textsuperscript{th} Annual Study of Teen Abuse by the Partnership for a Drug Free America. 2006.
Accessibility and Supply

• Abused prescription drugs like painkillers and anxiety medications are often taken as needed and dispensed in quantities larger than necessary
• They are kept in the medicine cabinet long after therapy has been completed and are easily available to others who may abuse them
• 2009 NSDUH found that 70 percent of people who abused prescription pain medications got them from friends or relatives
• Prescriptions for controlled substances and opioid pain relievers in particular have increased in the last decade

Source of Pain Relievers for Most Recent Nonmedical Use Among Past Year Users

- 55% Free from friend or relative
- 18% From one doctor
- 10% Bought from friend or relative
- 5% Took from friend or relative w/o asking
- 5% Bought from drug dealer
- Other source

*Percentage from friend or relative is derived before rounding of individual components.

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

Total number of prescriptions dispensed for ER/LA and IR opioids from U.S. outpatient retail pharmacies, Year 2000 - 2009

ER – Extended Release, LA – Long-Acting, IR – Immediate Release
Persons Classified with Substance Abuse/Dependence on Psychotherapeutics


*Number in 2009 is statistically significantly higher than in 2003.
Prescriptions Dispensed for select opioids in U.S. Outpatient Retail Pharmacies, 2000-2009

Number of Prescriptions

- Hydrocodone
- Oxycodeone
- Methadone
- Buprenorphine
- Tramadol

Year:
- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
Take-Back Program Ideals

• Readily accessible for consumers
• Environmentally responsible
• Public/private partnership
• Cost-effective
• Cost burden not placed on consumers
• Effectively reduces supply of medications available for diversion
Canadian Programs

- Canada
  - Provincial, municipal, and community programs
  - Programs are initiated by provincial governments, pharmaceutical industry, and/or pharmacy associations
  - Majority use community pharmacists
  - Pharmacy participation rate is 90-100%
Canadian Programs

• Participation is voluntary
• British Columbia enacted regulations requiring the pharmaceutical industry to fund disposal activities. Ontario and Manitoba are developing similar regulations
• In other provinces, funding is provided by the pharmaceutical industry and/or governments on a voluntary basis
• Post-Consumer Pharmaceutical Stewardship Association (PCPSA) supports provinces
European Programs

- France
  - Pharmacy based (80-90% participation)
  - Funded by industry, pharmacies, and wholesalers
- Portugal
  - Pharmacy based (98.5% participation)
  - Funded by pharmaceutical stakeholder groups
- Spain
  - Pharmacy based (100% participation)
  - Funded by pharmaceutical industry
- Sweden
  - Pharmacy based (100% participation)
  - Funded by Federal government (National Pharmacy System)
Washington State Experience

- 14 Bartell Drugs retail stores and 25 Group Health Clinic pharmacies participated
- Grant funded for 2 years
- Continued program despite lack of grant funding
Washington State Survey

• 99% spent less than 1 hour/week on program
• 98% think the program is somewhat, very, or extremely effective
• 76% of patients say they were extremely likely or very likely to return medicines
• Overall comments from pharmacist and patients were positive and the program is viewed as beneficial
Pharmacy Based Programs

- Completes the drug distribution loop
  - Patient/pharmacist relationship already exists
- Potential for *clinical intervention*
  - Reasons for unused medication - adverse events, ineffective, cost, etc.
  - Stronger patient/pharmacist/prescriber relationship
  - Improved health outcomes
- Reverse distribution and disposal mechanisms already in place
- Security and diversion safe guards already in place for current drug inventory
- Pharmacy based programs have been effectively operating in other countries and in the U.S.
Conclusions

• An easily accessible, environmentally friendly method of drug disposal is a key tool in reducing prescription drug abuse
• Program should be cost-effective
• Cost burden not be placed on consumers
• Utilization of public and private partnerships is essential in the current economic environment
• Pharmacy based programs are a logical approach
Conclusions

• User friendly strategies for communities for safe, responsible and ecologically sound disposal combined with robust patient, public, and prescriber education.

= take-backs becoming the "new norm"
Thank you
For More Information:

www.WhiteHouseDrugPolicy.gov

tcondon@ondcp.eop.gov