

Surrender of Unwanted Controlled Substances by Ultimate Users

DEA Public Meeting - January 19, 2011



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

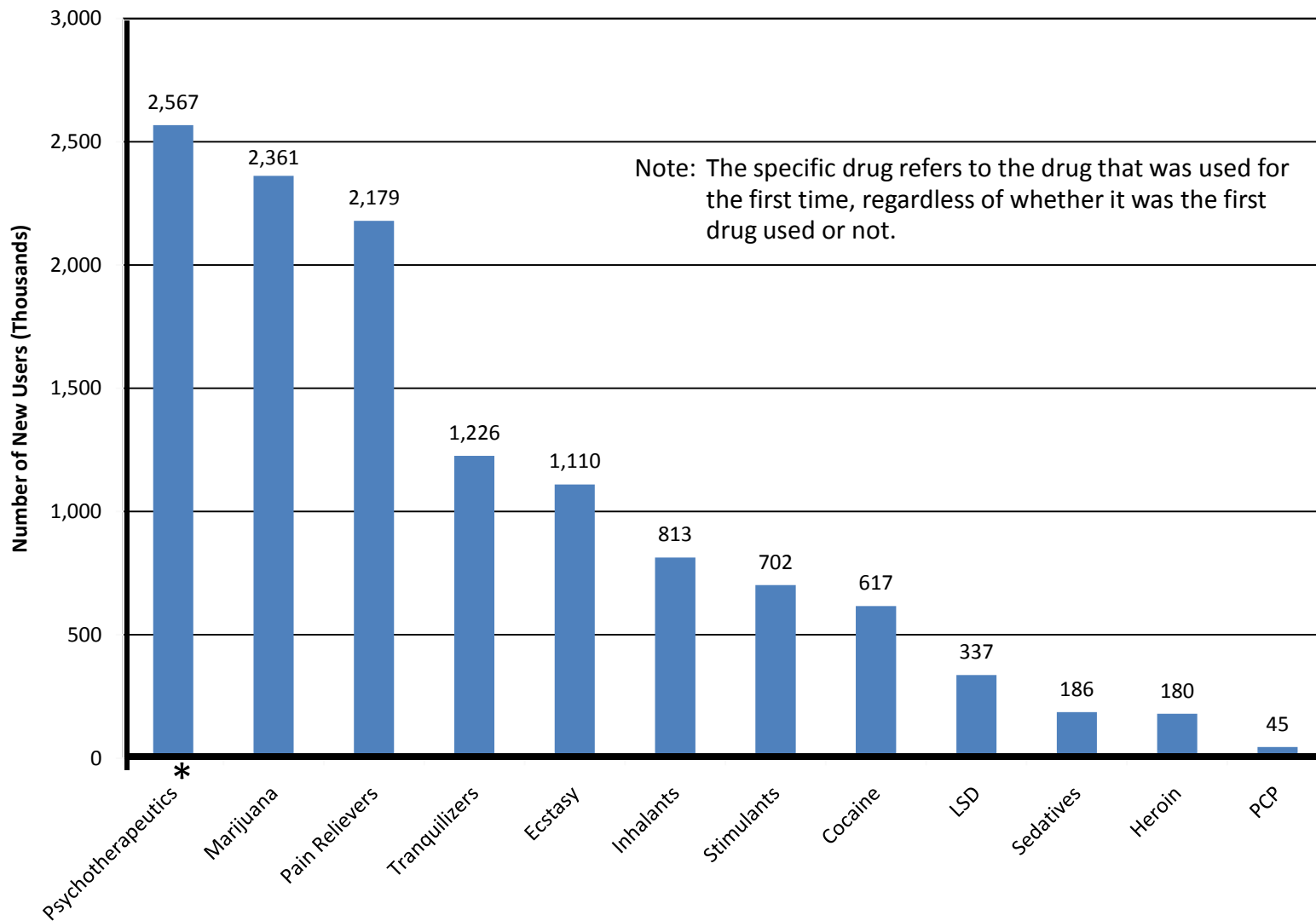
- The Prescription Drug Abuse Problem
- Prescription Drug Abuse Consequences
- Prescription Drug Risk Perception
- Accessibility and Supply
- Take-Back Program Ideals
- Take-Back Program Examples
- Conclusion

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.

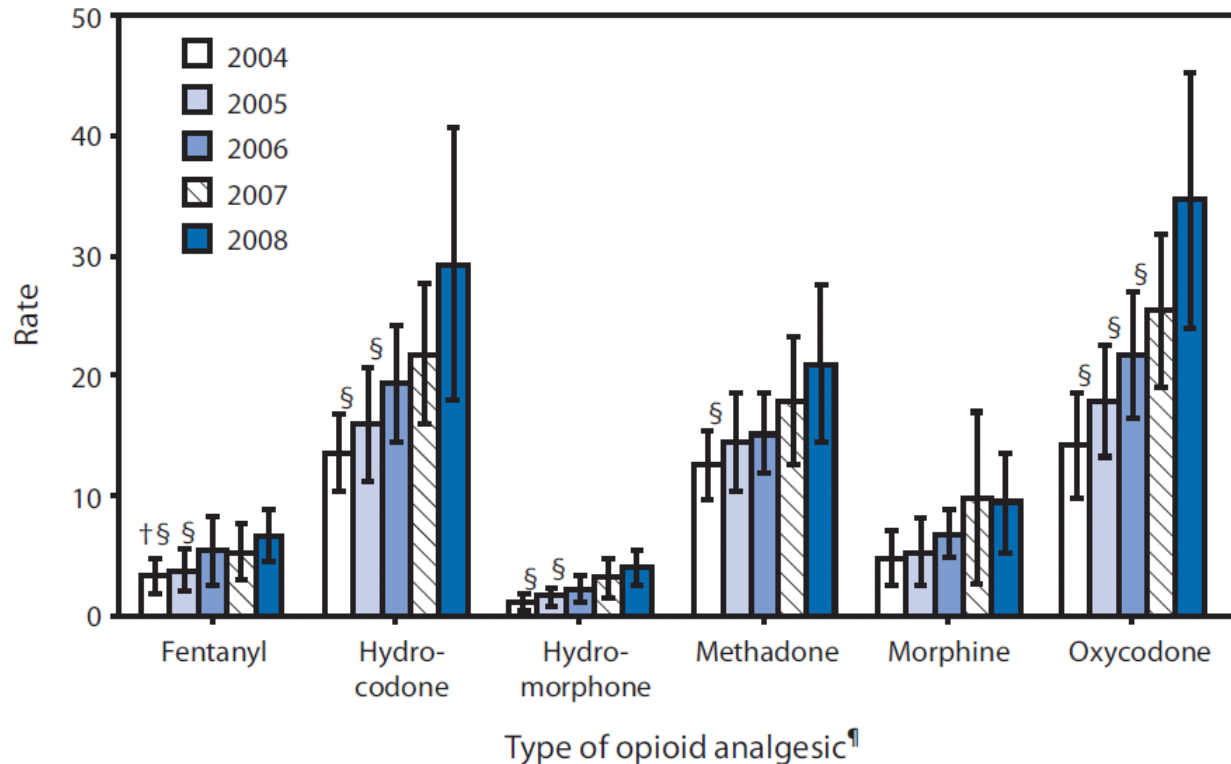
* Includes pain relievers, tranquilizers, stimulants, and sedatives

Prescription Drug Abuse Consequences

- Emergency Room visits
- Unintentional deaths
- Treatment admissions
- Economic Costs

Emergency Department Visits for Pain Relievers

FIGURE 1. Rates of emergency department (ED) visits* for nonmedical use of selected opioid analgesics, by type — United States, 2004–2008



Source: Substance Abuse and Mental Health Services Administration (SAMHSA)'s Drug Abuse Warning Network (DAWN), 2004–2008. Additional information available in appendix C at <http://dawninfo.samhsa.gov/files/ed2007/dawn2k7ed.pdf>.

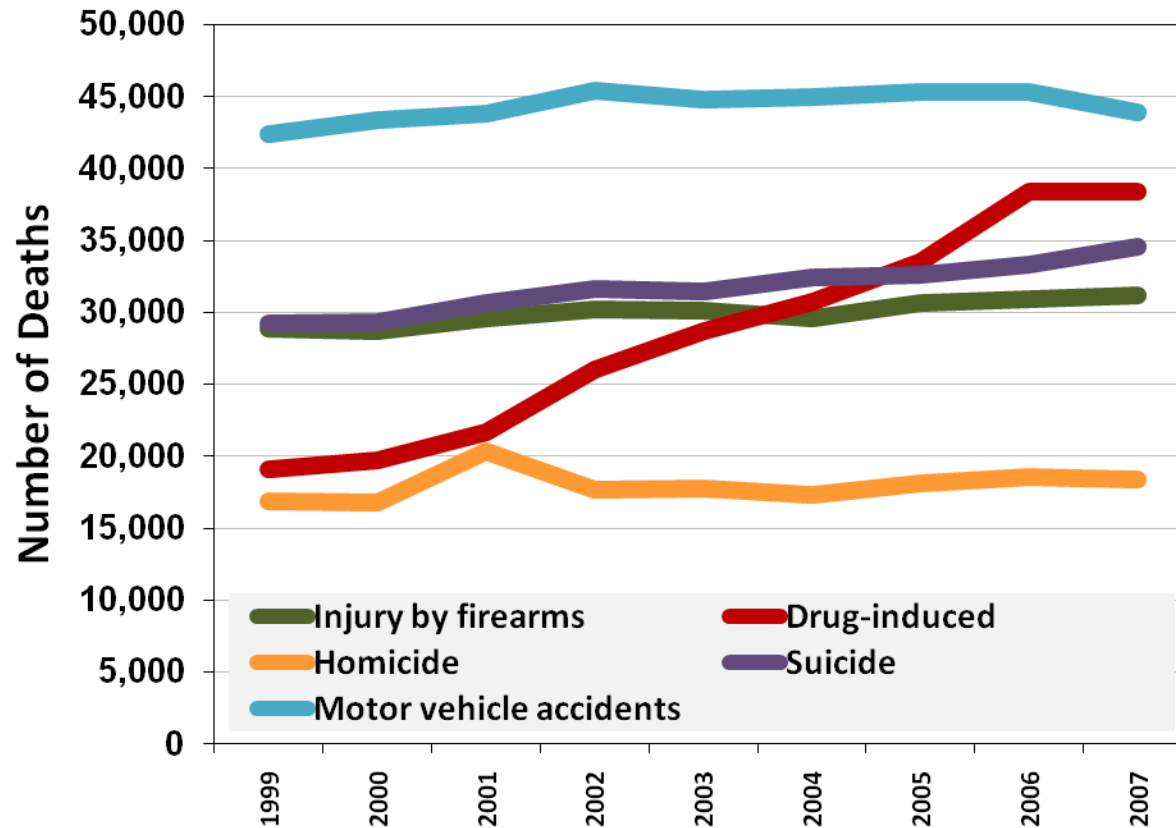
* Per 100,000 population.

† 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).

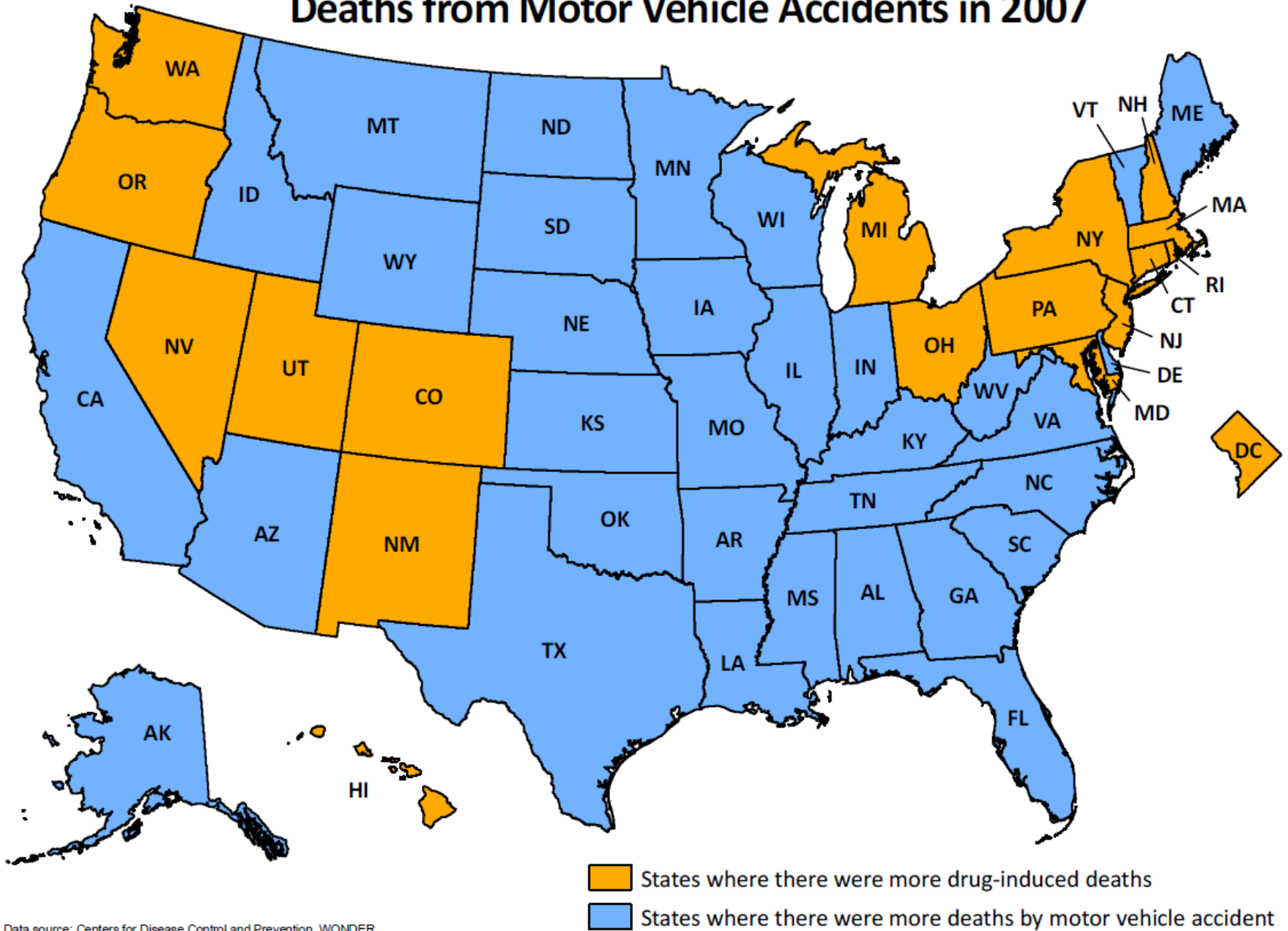
Drug-Induced Deaths vs. Other Injury Deaths, 1999–2007



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.

Source: National Center for Health Statistics, Centers for Disease Control and Prevention.
National Vital Statistics Reports *Deaths: Final Data* for the years 1999 to 2007 (2001 to 2010).

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



Data source: Centers for Disease Control and Prevention, WONDER online databases <http://wonder.cdc.gov/cmfi-cd10.html> August 19, 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

1. Hansen RN, Oster G, Edelsber J, et al. Economic Costs of Nonmedical use of Prescription Opioids. *Clin J Pain*. December 2010.

2. White AG, Birnbaum, HG, Mareva MN, et al. Direct Costs of Opioid Abuse in an Insured Population in the United States. *J Manag Care Pharm*. 11(6):469-479. 2005

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^{1,2}

1. Wu L, Pilowsky DJ, Patkar AA. *Non-prescribed use of pain relievers among adolescents in the United States. Drug Alcohol Depend.* 2008;94(1-3):1-11.

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

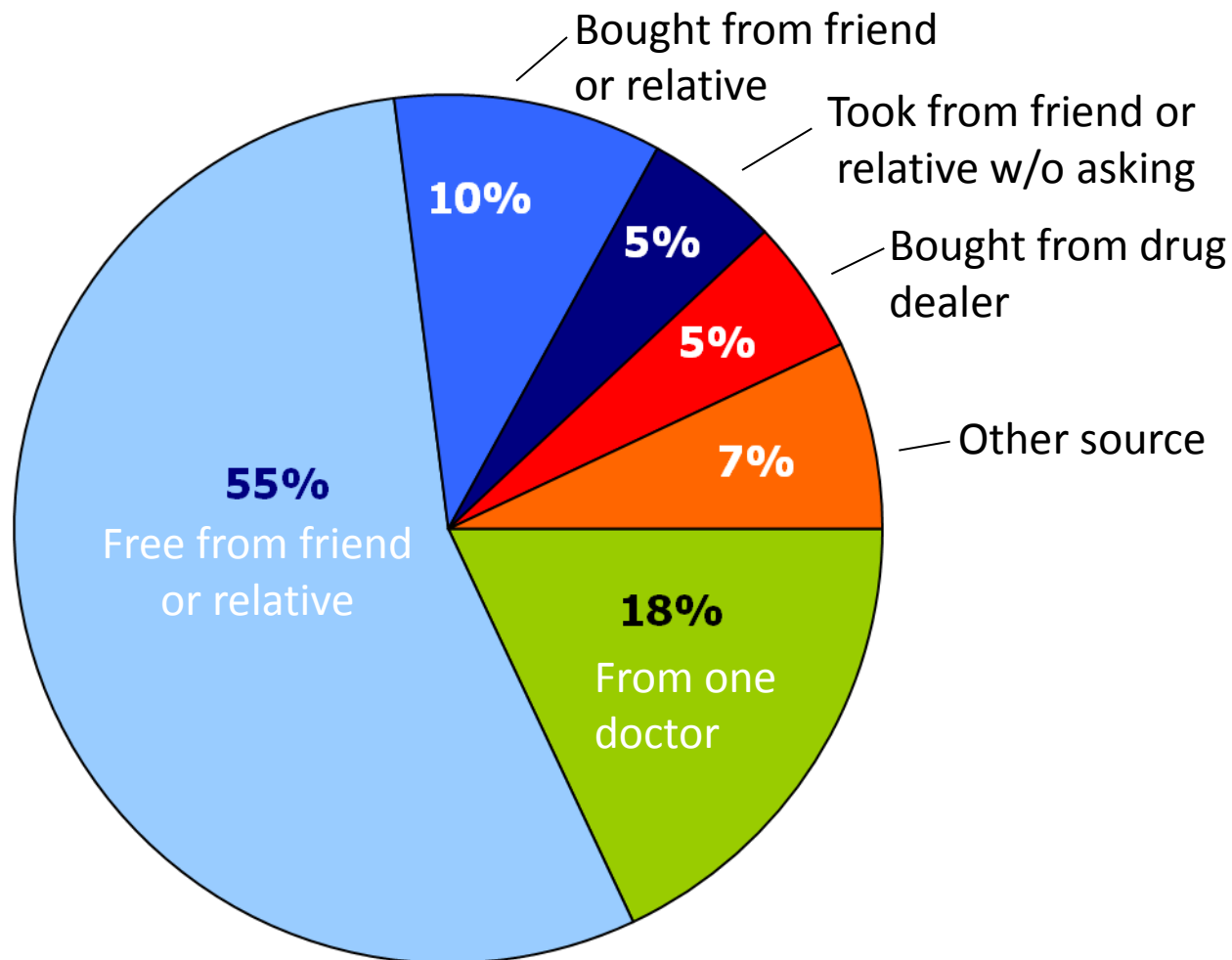
Accessibility and Supply

- 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 relatives¹
- Prescriptions for controlled substances and opioid pain relievers in particular have increased in the last decade

1. Results from the 2009 National Survey on Drug Use and Health (NSDUH): National Findings, SAMHSA (2010)

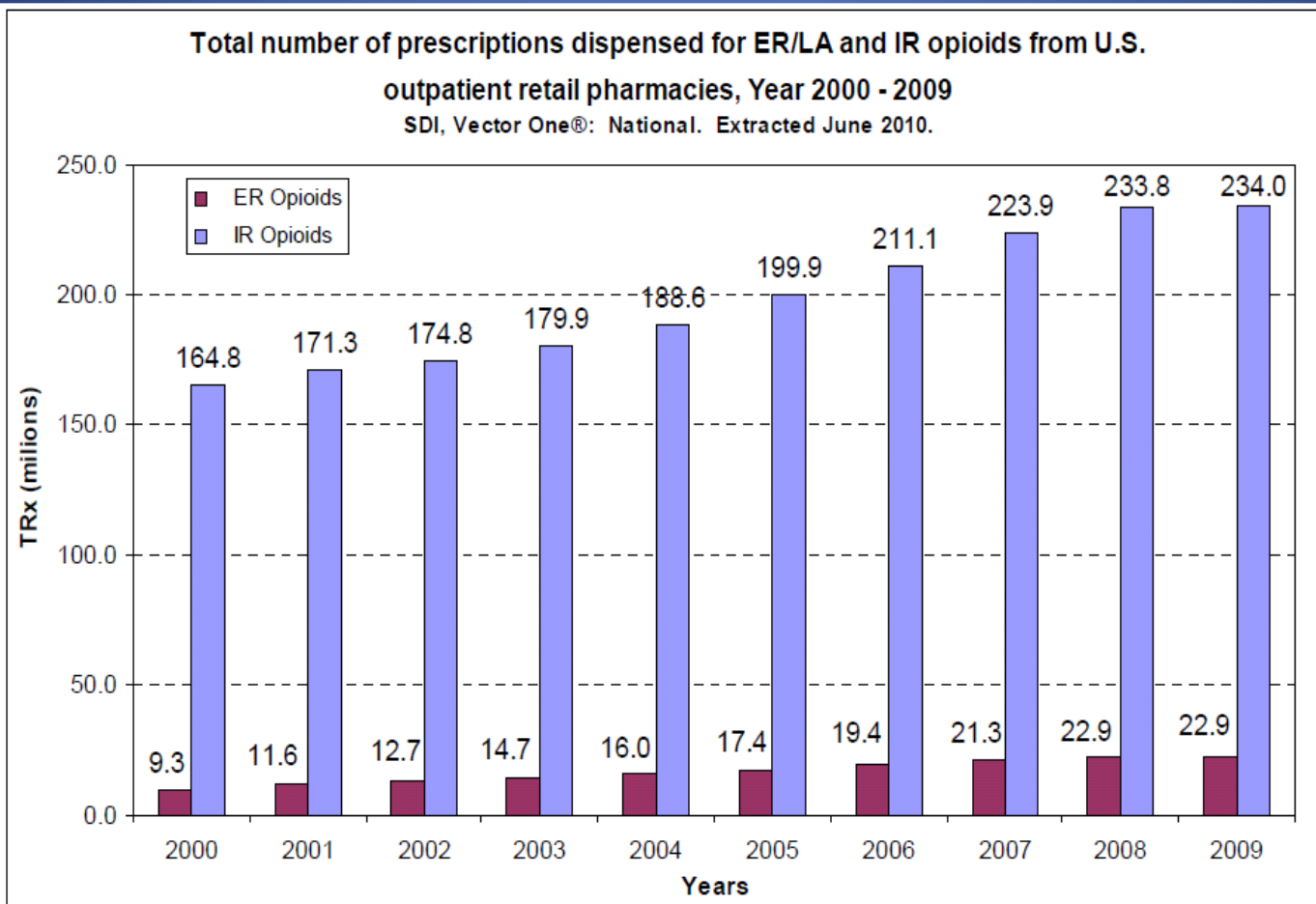
Source of Pain Relievers for Most Recent Nonmedical Use Among Past Year Users

*70% obtained from friend or relative**



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

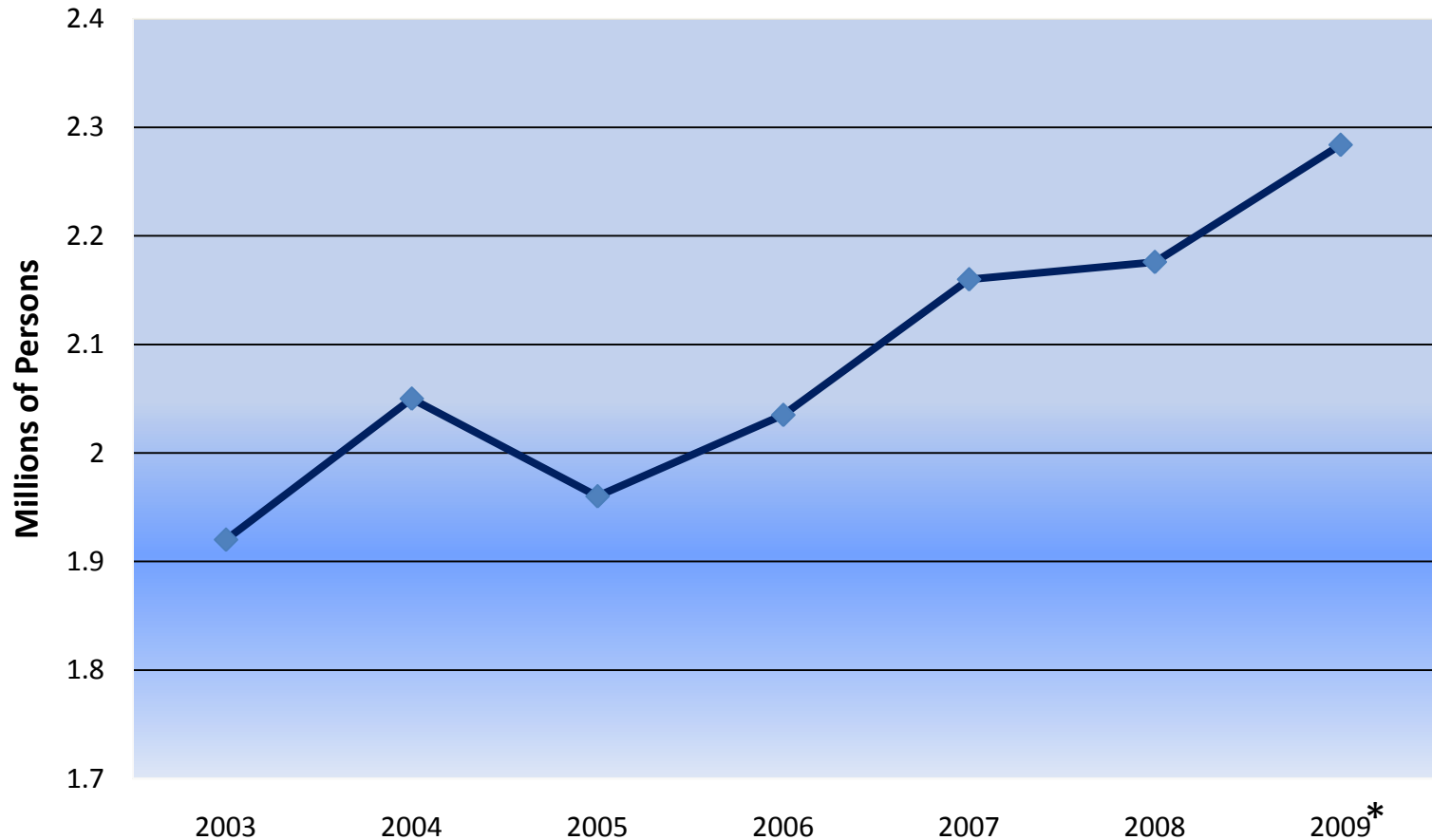
Pain Reliever Prescriptions: 2000-2009



ER – Extended Release, LA – Long-Acting, IR – Immediate Release

July 2010 FDA Advisory Committee Briefing Materials. Page 364. <http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/AnestheticAndLifeSupportDrugsAdvisoryCommittee/UCM217510.pdf>

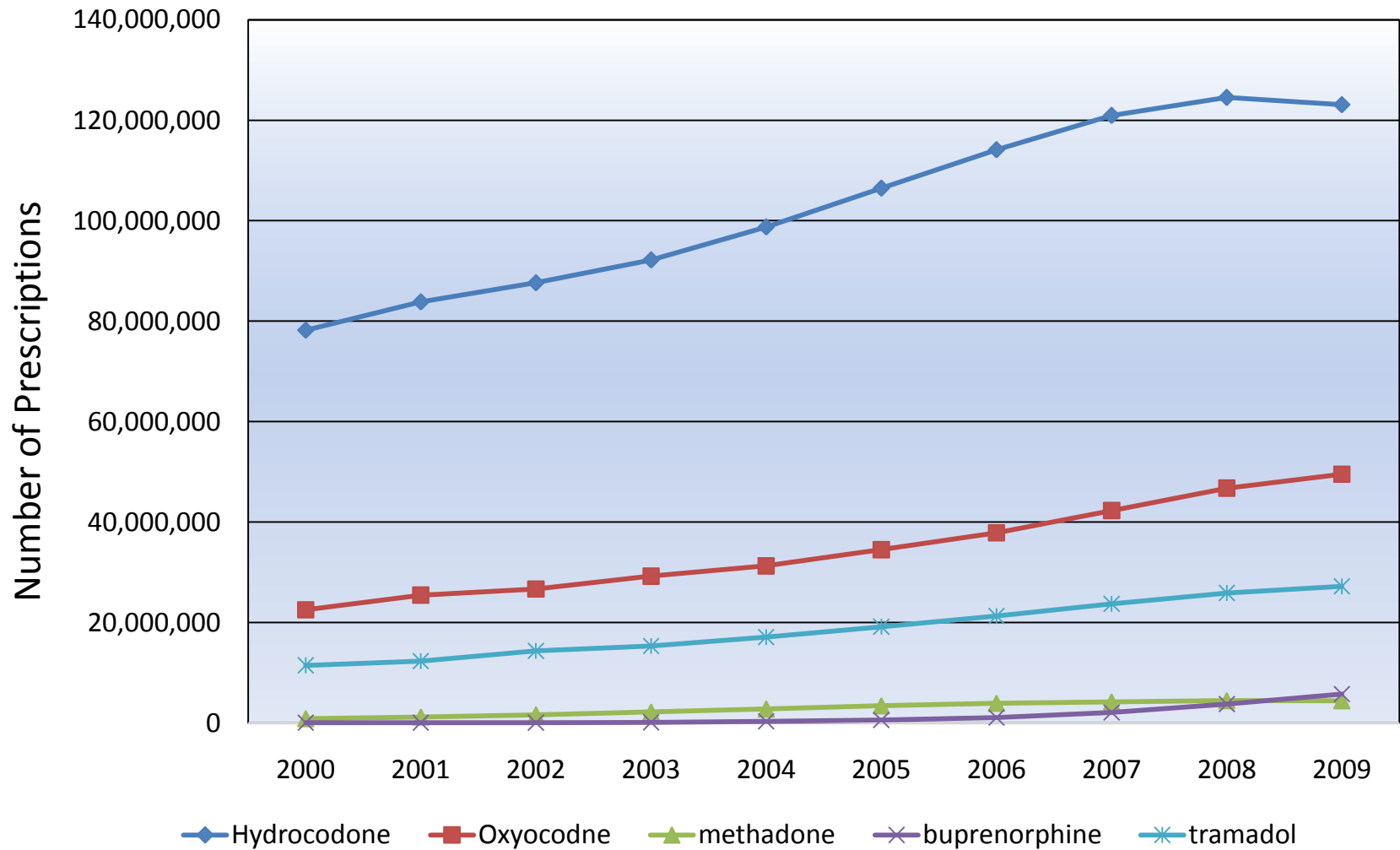
Persons Classified with Substance Abuse/Dependence on Psychotherapeutics



Results from the 2009 National Survey on Drug Use and Health (NSDUH): National Findings, SAMHSA (2010).
<http://www.oas.samhsa.gov/nsduhLatest.htm>.

*Number in 2009 is statistically significantly higher than in 2003.

Prescriptions Dispensed for select opioids in U.S. Outpatient Retail Pharmacies, 2000-2009



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%



Pharmaceutical Disposal Programs for the Public: A Canadian Perspective

Summary: The presence of pharmaceuticals in the environment has become an environmental issue. Although human excretion has been identified as the main factor contributing to the environmental loading of pharmaceuticals, improper disposal practices can also contribute to this problem. In Canada, survey results showed that consumers tend to dispose a large part of their unused and expired pharmaceuticals in regular waste and down the drain. Therefore, a change in the behaviour of consumers regarding their disposal practices could help reduce the environmental exposure to these chemicals. In this context, this paper identifies and assesses pharmaceutical disposal programs offered to the public. Programs identified aim at increasing proper disposal of pharmaceuticals and/or reducing pharmaceutical waste. The main findings are: (1) Canada does not have a nation-wide pharmaceutical disposal program but a variety of programs are established at provincial, municipal, and community levels; (2) across the Canadian province-wide programs, Alberta seems to divert the most quantity, in absolute terms, of pharmaceutical waste from household wastes and sewer systems but Saskatchewan demonstrates a better performance per capita; and finally (3) outside of Canada, nation-wide pharmaceutical disposal programs exist in some countries.

Health Canada
Environmental Impact Initiative
6 November 2009

Prepared by Edith Gagnon

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

