

DRUGFREE Advisor

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WHAT YOU NEED TO KNOW ABOUT... PRESCRIPTION DRUG ABUSE

20% of U.S. High Schoolers Abuse Prescription Drugs.

One in five high school students in the United States has taken a prescription medication that was not prescribed for them, a new survey shows.

Conducted by the U.S. Centers for Disease Control and Prevention, the survey covers a variety of risky behaviors among American youth.

“We are very concerned that 20 percent of high school students are reporting this behavior,” said survey author Danice K. Eaton, a research scientist at the CDC. “It can be dangerous to take a prescription drug that hasn’t been prescribed to you.”

Studies have shown that taking non-prescribed prescription drugs can lead to overdose, addiction and death, Eaton explained. “Taking a prescription drug that hasn’t been prescribed to you is a health risk behavior,” she said.

In the survey, 16,460 high school students were asked if they had ever taken prescription drugs such as OxyContin, Percocet, Vicodin, Adderall, Ritalin or Xanax, without a doctor’s prescription.

The abuse of prescription drugs was widest among whites at 23 percent,

followed by Hispanics at 17 percent, and black students at 12 percent.

In addition, the abuse of prescription drugs was most common among 12th graders (26 percent) and lowest among ninth graders (15 percent), the researchers found. But, prescription drug abuse was the same for boys and girls, at 20 percent.

This is the first time a question about prescription drugs has been asked in the survey, Eaton said. The next survey will be in 2011, with the data being released in 2012. This will be the first opportunity to see trends in the abuse of prescription drugs, she noted.

In the meantime, the “awareness that there is such a high prevalence of prescription drug abuse among high school students is the main thing that we can emphasize from our data,” Eaton said.

Dr. David Katz, director of the Prevention Research Center at Yale University School of Medicine, said there are too many prescription drugs waiting to be abused.

“When prescription drugs are available in a home to the patient for whom they were prescribed, they are also available to the patient’s teenager,” he said.

Educating teens about the potential harms of prescription drugs, and including discussion of prescription medications in all drug control programs, is warranted, Katz said.

“Parental awareness, which this report helps cultivate, and vigilance will be more important still,” he said. “But perhaps the ultimate solution to this problem is a more dedicated societal commitment to disease prevention and health promotion, so that fewer prescription drugs are in circulation, and available for such misuse.”

Source: HealthDay News, June 3, 2010

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Prescription Drug Abuse Skyrocketing

U.S. officials reported a 400% increase over 10 years in the proportion of Americans treated for prescription drug abuse, a problem that cuts across age groups, geography and income.

The dramatic jump was higher than treatment admission rates for methamphetamine abuse, which doubled, and marijuana, which increased by almost half, according to figures from the Substance Abuse and Mental Health Services Administration.

They said 9.8 percent of hospital admissions for substance abuse in 2008 involved painkillers, up from 2.2 percent in 1998. The percentage of people admitted to treatment for alcohol dropped by 5 percent and for cocaine dropped by 16 percent over the same period.

“The spikes in prescription drug abuse rates captured by this study are dramatic,

pervasive, and deeply disturbing,” said Gil Kerlikowske, director of the White House Office of National Drug Control Policy.

The admissions for treatment for abuse of prescription drugs such as hydrocodone, oxycodone, and morphine cut across differences in education, employment, race, and geography.

Admission rates also increased across all age groups, with the largest uptick among people aged 18 to 24. For this age group, 13.7 percent were admitted because of prescription drug abuse in 2008, compared with 1.5 percent in 1998.

“This really has become a true public health problem,” said SAMHSA’s Peter Delany, who oversaw production of the report. “Those are our employed people, making big decisions about life — Am I going to get married? What am I going

do for a living? What’s my next job?”

Fifty-six percent of the patients got their drugs for free from a friend or relative, and another 9 percent purchased them from someone they knew.

“Some of the reason is simply the increased availability,” said Thomas McLellan, deputy director of the Office of National Drug Control Policy. He said painkiller prescriptions increased between 700 to 1,000 percent over the 10 years.

Abuse of prescription pain medication was the second most common type of illicit drug use in the U.S. in 2008, according to SAMHSA. More than 6 million Americans admitted to abusing prescription drugs in the month before they were surveyed, behind 15.2 million who said they used marijuana.

Source: www.usatoday.com, July 15, 2010

ER Visits For Pain Reliever Abuse Up 111% In 5 Years

Emergency room visits for non-medical use of pain relievers have increased at a striking rate over the last five years, according to a new study.

Between 2004 and 2008, the estimated number of emergency department visits linked to prescription pain relievers, including Oxycodone and Hydrocodone-containing products, and methadone drugs, jumped 111%, from 144,644 visits to 305,885 visits a year, according to a study by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention (CDC).

“These drugs are being prescribed more often. As the number of prescriptions increase, we have seen an increase in ER visits involving the use of the drugs in a non-medical way,” says Len Paulozzi, a medical epidemiologist at the CDC’s Injury Center.

“It really reflects a growing problem to have that kind of jump in five years. You have to address that,” says Robert O’Connor, professor and chair of the Dept. of Emergency Medicine at the University of Virginia School of Medicine in Charlottesville.

O’Connor says a decade or more ago, cases were almost always exclusively due to heroin overdoses or some other street drug, but now he and colleagues are seeing more and more cases where the person who suffers or dies from an overdose was taking an oral prescription medication and misusing it.

O’Connor, the parent of a high school student, says prescription drugs are also widely available in high schools — unused prescriptions for wisdom teeth surgeries or for ADHD. “A lot of diversion goes on for seemingly legitimate prescriptions,” he says.

Prescription drug monitoring reports are available in about 40 states now, says Paulozzi, to help health providers track a patient’s prescription history and know when to avoid writing prescriptions for red-flagged patients. He says insurance claims should also be more carefully evaluated to track abuse patterns.

Doctors like O’Connor say monitoring reports help because until more recently, it was up to them to decide if a patient was seeking prescription pain relievers for truly necessary means.

“Most of us are merciful, we care enough to give the patient in pain the benefit of the doubt,” says Detroit emergency physician Frank McGeorge, who works at Henry Ford Hospital. But, he adds, you don’t want to be taken advantage of or see patients get hurt.

Source: USA Today, June 18, 2010

How Physicians Try To Prevent 'Doctor Shopping'

Former child actor Corey Haim had prescriptions for as many as 553 dangerous drugs in the last year of his life, and it's the result of "doctor shopping," said California's top law official.

Doctor shopping - visiting numerous doctors to fraudulently get prescription drugs - has been raised in numerous celebrity deaths, including Anna Nicole Smith, Michael Jackson and Heath Ledger. Doctors say they often rely on their own judgments and have little reliable means of double-checking the patients' information.

"It puts doctors in the uncomfortable position of playing private eye," said Dr. Lance Longo, medical director of Addiction Psychiatry at Aurora Behavioral Health Services in Milwaukee. "We're trained to relieve pain and suffering. Unfortunately, with the widespread misuse of controlled substances and diversion risks, we're often taken advantage of."

Haim obtained doses of Vicodin, Valium, Soma, Oxycontin and Xanax from seven doctors, filled at seven pharmacies, said California Attorney General Jerry Brown. Vicodin and Oxycontin are painkillers; Valium and Xanax are anti-anxiety medications; Soma is a muscle relaxant.

The 38-year-old actor died in March after collapsing at a Los Angeles apartment. Haim had visited several emergency rooms with complaints of an injured shoulder or depression.

Doctor shoppers often visit facilities where medical professionals don't know them. They also call during weekends or ask for prescription refills using excuses such as having dropped the pills in toilets, physicians said.

Misuse of prescription drugs is a growing problem. Estimated hospitalizations

for poisoning by prescription opioids, sedatives and tranquilizers increased 65 percent from 1999 to 2006, according to a study in the May edition of the American Journal of Preventive Medicine.

Doctor shopping is a problem, but it's not the chief way prescription drugs end up with people for whom they're not intended, said David Brushwood, professor of pharmaceutical outcomes and policy at the University of Florida in Gainesville.

"It's a relatively insignificant source of diverted prescription drugs, as compared with theft from drug stores, warehouses, acquisition over the Internet, theft from people's homes."

To curb prescription drug abuse, 34 states have prescription monitoring programs, but their requirements and effectiveness vary, experts said. In those states, a record from the prescription drug purchase is sent to the state agency that oversees the monitoring programs. Doctors can request reports online and find out what medications a patient has received in the past six months to a year. This information helps doctors, said John Eadie, director of the Prescription Drug Monitoring Program Center of Excellence at Brandeis University.

"There are doctor shoppers, who see 15 doctors and pharmacies or more by deceiving physicians for professed pain and other disability that would cause prescribing these drugs," he said. "If doctors know they are obtaining drugs from other prescribers, they might be really reluctant to prescribe."

But these monitoring programs have limitations, Brushwood said. It's easy to dodge the system by providing different names and identification numbers or buying drugs in neighboring states, he said. Most state laws do not require the doctors to look at the patient's drug history.



monitoring system anyway, Brushwood said. In his research, many expressed skepticism about the accuracy of the information and complained it was "time consuming" and did not "seem necessary."

Doctors have other tools to prevent being duped. "We're doing addiction screening in our clinics," said Dr. Doris K. Cope, professor and vice chairman for pain medicine at the University of Pittsburgh School of Medicine. "If someone is at high risk for addiction, we try to identify them, and we have one of our pain psychologists evaluate them. We then make appropriate referrals for their continued care." They also test urine to see whether it matches the patient's medication history.

"If someone comes in and can barely move, put on a big drama, then you see them get up and run out the door, even my youngest son could figure that out," said Cope, a member of the American Society of Anesthesiologists' Committee on Pain Medicines.

Some employ clever strategies such as memorizing symptoms to get a certain prescription. But physicians have to walk a fine line, said Longo, a psychiatrist.

"We all have the expectation to practice prudent, conscientious medicine, but we're not trained to be DEA agents," Longo said. "We don't want to alienate patients who aren't addicted or abusing drugs. The majority of patients who have legitimate illnesses feel stigmatized getting controlled drugs. This is the addiction epidemic of our time," he said.

Source: www.cinn.com, April 7, 2010

Mother Describes Losing Son To Prescription Drug Abuse

As a standout football player at Souder-ton Area High School and Fulbright Scholar at Tennessee State University, Ronald Powell had a lot going for him. But the 19-year-old kept addiction to painkillers a secret, and he died in 2008 of an overdose.

The teenager's parents, Justina and Daniel McIntyre, were devastated by Powell's death.

"Receiving that phone call was the worst day of my life," Justina McIntyre said. "As a parent, I truly believe my son did not realize that his choice of taking Vicodin would take him where it did," she said.

With powerful drugs often no farther away than a bathroom medicine cabinet, more and more young people are getting their start as substance abusers in their own homes or the homes of friends.

"Every day there are 2,500 children who try a painkiller for the first time," said Montgomery County District Attorney Risa Vetri Ferman.

County detectives saw a noticeable rise

in prescription drug abuse about two years ago, the DA said, especially in the 17- to 25-year-old age group.

McIntyre said teenagers who take prescription medicine don't realize the long-term consequences of their actions. "I don't think any child at the age of 15 truly comprehends or understands the stronghold these medications have on them physically, psychologically and emotionally," she said.

McIntyre also said she didn't realize her son had a problem until after he went to college. After admitting his addiction, the couple learned Powell started using prescription pills as "recreational" drugs. Later, he bought medicine from his peers and even parents.

"Many teenagers I've talked to since my son passed away have told me if someone's parents are having surgery, they'll ask to come over and visit and ask to use the bathroom and take five pills out of their containers, and you'll never know they're missing," she said.

Ultimately Powell moved on to Oxy-



Contin, pain medication that contains oxycodone, a very strong narcotic pain reliever similar to morphine, according to MedicineNet.com.

"I didn't know anything about OxyContin, and I know everything I need to know about it now," she said.

She urged parents to keep their medicine cabinet secure and get their children help if they get hooked on drugs. "You really need to reach out ... before it's too late," she said.

Another friend of her son's has since died from abusing drugs, McIntyre said.

Source: www.mainlinemedianews.com, April 17, 2010

Prescription Drug Abuse Statistics

- **1 in 5 teens** reported abusing a prescription medication at least once in their lives.
- **41%** of teens believe that abuse of prescription and over-the-counter drugs is less dangerous than abuse of illegal drugs.
- **56% of teens** believe prescription drugs are easier to get than illegal drugs.
- **33% of 12th graders** who reported abusing prescription narcotics in the past year were given the medication by a friend or relative, **21%** bought the medication from a friend or relative, **19%** abused their own medication prescribed to them by a physician, **12%** took the narcotic from a friend or relative and **8%** bought from a dealer or stranger.
- In 2008, more than **2.1 million teens** ages 12 to 17 reported abusing prescription drugs.
- Only **24% of teens** reported that their parents talked with them about the dangers of prescription drugs.
- Every day **2,500 youth** age 12 to 17 abuse a pain reliever for the very first time.
- **62% of teens** believe most teens get prescription drugs from their own family's medicine cabinets.
- Rx and OTC medicines account for **8 out of 13** of the most frequently abused drugs.

Source: 2008 Monitoring The Future Survey & 2009 Partnership Attitude Tracking Study

Americans With Disabilities Act - Part II

Following up on last month's article introducing the Americans with Disabilities Act, we will now examine some of the more recent developments under the ADA, beginning with the amendments.

The ADA Amendments Act (or the ADAAA) was signed into law by President George W. Bush on September 25, 2008. Congress declared that the purpose of the amendments was to carry out the ADA's purpose of eliminating discrimination based on disability by reinstating the broad scope of coverage Congress had intended from the outset. In doing so, Congress declared that it specifically rejected a line of cases from the Supreme Court that made it difficult for employees to establish a disability.

As of January 1, 2009, however, the definition of "disability" should be construed in favor of coverage a broad group of individuals and should not demand an extensive analysis. In order to be substantially limited in a major life activity, Congress expanded the list of what constitutes a "major life activity." Examples include, but are not limited to, caring for oneself, breathing, speaking, reading, concentrating, thinking, communicating, and working. Congress also added "major bodily functions" to the list, which include cell growth, digestive, reproductive, brain, bladder, bowel, and respiratory functions.

In addition, an individual may be "regarded as" having a disability without having to prove that the employer perceived the individual to be disabled. Rather, the individual need only show that he or she was subjected to an act prohibited by the ADA because of an actual or perceived impairment (unless the impairment is both transitory and minor).

Importantly, employers may no longer consider the use of mitigating measures (with the exception, for example, of corrective eye glasses) to determine whether an employee is disabled. That means that use of medication to eliminate, reduce or control the effects of a condition, such as

diabetes or epilepsy, will not render the person excluded from ADA coverage. The amendments, however, do not apply retroactively.

In application, employees with long-term or permanent lifting restrictions, for example, are likely to be considered disabled. The United States Court of Appeals for the Third Circuit ruled recently that the side effects of medication may rise to the level of creating a disability if the treatment is required in the "prudent judgment of the medical profession," and there is no equally effective and available alternative which lacks the disabling side effects. (*Sulima v. Tobyhanna Army Depot*, Case No. 08-4686, 602 F.3d 177, decision issued April 12, 2010).

In the context of drug testing, a recent case raises an interesting question. In *Warshaw v. Concentra Health Servs.* (Case No. 07-1994, decision issued June 14, 2010), the United States District Court for the Eastern District of Pennsylvania addressed whether an employer's knowledge of an employee's ADHD and failed drug test were enough to support a "regarded as" claim of disability discrimination. Warshaw applied for a job with TEK, a company that places individuals in I.T. positions. After receiving an assignment, and before beginning, Warshaw accidentally underwent drug testing. His test was positive for methamphetamine, but the result stemmed from his legal (and proper) use of ADHD medication. He began his assignment, but he was terminated three days later after he allegedly made comments to the on-site supervisor about smoke breaks. After that, Warshaw never received another assignment from TEK. He heard from TEK after he filed his lawsuit, but he still was not placed in a position. Warshaw sued, alleging violations of the ADA and the Pennsylvania Human Relations Act based on actual and/or perceived disability.

The court determined, first, that Warshaw was not substantially limited in the major life activity of working, because he was

capable of performing a substantial number and variety of jobs. Warshaw claimed he had difficulty "thinking" and "concentrating," but the court found no indication that the limitations were substantial or severe. The court did find, however, that the timing between when TEK learned of Warshaw's condition and the adverse action was enough to create an issue of fact as to whether Warshaw was regarded as disabled.

Importantly, the *Warshaw* case was based on the ADA prior to the Amendments Act. Had these events unfolded in 2009 or later, it is highly likely that the court would have found Warshaw's ADHD to constitute a disability under the ADAAA. Here, the employer learned of Warshaw's condition as a result of (1) a drug test that he was not required or supposed to take for his particular assignment; and (2) the result of the test and the employee's need to justify the presence of a substance in his system. The events that unfolded as a result (including disputes about why Warshaw was fired from his assignment and the lack of any documentary or witness evidence to support the decision) placed the employer of jeopardy of liability.

In light of the ADAAA, it is critical for employers conducting drug tests to document results and responses to results. If disciplinary action is warranted because of an incident once the employer has knowledge of employee use of prescription medication, employers must be diligent in their efforts to document the situation in order to avoid any issue of pretext.

In next month's issue, we will address recordkeeping, policy and training procedures so that employers can educate their staff about the impact of the ADAAA on the day-to-day, drug-testing operations.

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