



17th St. & Constitution Avenue N.W.
Washington, D.C. 20006
United States of America

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GUIDE TO PREVENTING PRESCRIPTION DRUG ABUSE



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Guide to Preventing Prescription Drug Abuse

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Introduction

Prescription drugs have great potential for relieving suffering for many people, but at the same time, some also have the potential for abuse. Abuse of prescription drugs is now a matter for concern. Policies in this area must strike a balance between maximizing legitimate access and use of these medications¹ while minimizing their diversion, misuse, and abuse.

CICAD has committed itself to advancing such balanced policies in its recently approved *Hemispheric Drug Strategy and Hemispheric Plan of Action on Drugs*, calling on countries to "...prevent the diversion of pharmaceutical products with psychotropic properties to illicit use", while also urging them to "[e]nsure the adequate availability of narcotics required for medical and scientific uses."

The complexity of prescription drug abuse requires carefully planned, evidence-based approaches that address various settings with different audiences. In light of this and in furtherance of the *Hemispheric Drug Strategy and Hemispheric Plan of Action on Drugs*, the Demand Reduction Experts Group has developed the following Guide to Preventing Prescription Drug Misuse and Abuse.

CICAD recognizes that the extent of the prescription drug abuse problem varies among member states as does their capacity to respond. This guide provides a "menu" of actions to be considered based on identified needs and resources.

The most recent version of the International Classification of Disease (ICD-10) classifies the non-therapeutic use of medications under the following diagnostic codes:

F11—Mental and behavioral disorders due to use of opioids

F13—Mental and behavioral disorders due to use of sedatives or hypnotics

F15—Mental and behavioral disorders due to use of other stimulants, including caffeine

In cases where it is warranted, the following should also be considered:

F55--Abuse of non-dependence-producing substances

Commonly Abused Prescription Drugs

This guide focuses on preventing the abuse of three major categories of prescription medications:

1. *Opioid pain relievers* (e.g., OxyContin, Vicodin)—usually prescribed to treat moderate to severe pain. Opioids are abused to get high, to relax or relieve tension, or to "self-treat" pain.

2. *Stimulants* (e.g., Ritalin, Adderall)—most often prescribed to treat attention deficit hyperactivity disorder (ADHD) and narcolepsy, a sleep disorder. Stimulants are abused to increase alertness and focus, to stay awake, to lose weight, or to feel their pleasurable effects (“getting high”).
3. *Central Nervous System (CNS) depressants* (e.g., Valium, Xanax)—used to treat anxiety and sleep disorders. Central Nervous System depressants, which include sedatives and tranquilizers, are abused to relax, to get high, or to counter the effects of other legal or illegal drugs.

Principles of Prevention

Solving the public health problem of prescription drug abuse requires that we understand its complex patterns, causes, and motivations, which vary by age group, gender, and drug. Attitudes, motivations, and other internal risk factors are overlaid with environmental or external influences at work in our culture, which can influence risk perceptions and help to normalize abuse. This complexity precludes “one-size” solutions and necessitates identifying differences in target audiences and intervention approaches, while engaging the stakeholders and settings relevant to prescription drug abuse risk.

Risk and Protective Factors

For prevention efforts to be effective, it is essential to understand both the internal and external factors that influence prescription drug abuse. The internal motivations and attitudes that underlie prescription drug abuse, as well as associated perceived harms, must be priorities. External factors, such as availability and access, parental modeling, peer norms, and effects of advertising must be collectively addressed.

Strategies to prevent prescription drug abuse must therefore address a variety of audiences through correspondingly diverse approaches conducted simultaneously. These include strategies to modify individual risk factors, prescription drug availability, and peer and parent norms. Multiple stakeholder groups, including clinicians, all have key roles to play in what must be a multipronged approach to this complex public health problem.

Community-Based Strategies

Responding to prescription drug abuse, particularly among young people, will require a long-term commitment from a variety of stakeholders. Community-based strategies are crucial to planning, implementing, evaluating, and refining approaches to achieve effective and sustainable outcomes.^{1,2,3} Without the support of all the relevant parties, interventions are unlikely to be sustained long enough to solve this problem.

A community-based strategy must involve all those with an interest in the outcome. Many different segments of society should be represented and actively involved in implementing a chosen strategy, program(s), or approach, and in mobilizing the desired change including:

- Parents and relatives;

- Youth and their peers;
- Teachers (including school teachers, athletic coaches, and university professors);
- School and university administrators;
- Community organizations in which adolescents and young adults participate (e.g., churches, athletic clubs, skill-development groups for shared interests such as scouting units or musical groups);
- Clinicians and other healthcare providers (including doctors, psychologists, social workers, nurses and dentists), and
- Law enforcement officials.

Other relevant stakeholders are those who do not directly interact with youth but who are responsible for important societal conditions that affect them (e.g., local, State, and Federal governments, healthcare provider associations, public health officials, pharmaceutical companies, and the media). Forming a coalition of community stakeholders is just the beginning of a community strategy for combating youth prescription drug abuse (and abuse of other substances). The coalition needs to develop a plan, implement it, and sustain it.

Prevention Messages

The effectiveness of prevention messaging strategies varies depending on the age, intentions, and attitudes of the recipients. Therefore, it is crucial to clearly define the target audience and identify their motivations and attitudes before designing a message.

According to experts in social influence, persuasive messages should accomplish three functions: (1) raise a question in the receiver's mind, (2) answer the question, and (3) offer some form of reinforcement to the receiver for agreeing with the message.⁴ Recognizing differences in audience characteristics is critical, as is overcoming resistance by the message recipients.

Research tells us that information should link to the recipient's self-interest and neither overpromise nor threaten. Failed messages can cause responses opposite to those sought and increase resistance to future messages,⁵ especially when the communication is from an authority figure or source (such as government, church, school), but the audience's experience tells them it is untrue.

Recommended Actions to Prevent Prescription Drug Misuse and Abuse

Prescription drug misuse and abuse is a complex problem that will require multiple actions on many levels involving a wide variety of participants, both professional and community-based. Effective action should combine what we know about the motivations and attitudes that underlie prescription drug abuse, as well as the environmental factors and the societal influences that increase or reduce risk of abuse.

The section below identifies four overarching goals and related actions that can be taken to prevent the abuse of prescription drugs. Actions start at the community level and branch out to involve larger educational and media campaigns and appropriate civic and public entities needed to effect policy changes.

Goal 1: Implement a Community-Based Strategy to Prevent Prescription Drug Abuse.

A comprehensive community-based strategy requires a variety of coordinated approaches based on identified needs. The following actions are suggested to help implement such a strategy.

Communities

Action 1. Form a community-wide committee of interested community members to assess community needs related to prescription drug abuse.

Action 2. Implement and/or adapt evidence-based interventions to address prescription drug abuse and related factors. To achieve positive results, high-quality implementation is essential, and may require training, technical assistance, and monitoring.

Schools

Action 3. Make use of schools and other community-based settings (such as after-school programs) for implementing evidence-based interventions that research has shown can help facilitate sustainability and leveraging of resources.⁶

Action 4. Enlist educators and school administrators to incorporate evidence-based prevention interventions into school policy and health or science curricula.

Action 5. Depending on the characteristics of schools in each country, set clear policies and protocols for dispensing prescription and over-the-counter medications at school for those students who need them. Schools need to carefully consider the appropriate response if these policies are violated, including appropriate and balanced disciplinary action.

Health Care Providers

Action 6. Clinicians should routinely screen for prescription drug abuse and refer to treatment if needed.

Action 7. When prescribing medications with abuse potential, take precautions to help prevent their abuse by assessing for risk factors (such as, lifetime or family history of substance abuse or mental illness) and follow evidence-based guidelines on the appropriate use of prescription opioid pain relievers.

Law Enforcement and Health Officials

Action 8. Law enforcement and health officials may participate in community-based programs, such as prescription drug disposal programs, aimed at reducing the supply of unnecessary prescription medications in homes and at increasing the awareness of parents, educators, and other community stakeholders of the prescription drug hazard in their midst.

Action 9. Use available data to identify local sources of potential prescription drug diversion to sharpen enforcement efforts in communities.

Goal 2: Address Misperceptions about Prescription Drugs through Comprehensive, Public Education Campaigns and Social Marketing

Tested public education, social marketing, and other media campaigns can raise awareness of the problem and change the norms and perceptions around prescription drug abuse, potentially reducing its occurrence. The following audiences should be targeted:

Youth

Action 10. Leverage national media campaigns directed at teens and/or young adults using data from multiple community-level resources to develop and refine public health campaigns.

Action 11. Employ social media such as Facebook to address youth attitudes and motivations in ways that may reduce risk factors and strengthen protective factors.

Action 12. Enlist schools in message dissemination either through ongoing school events or in one-on-one conversations.

Parents

Action 13. Leverage existing media campaigns directed toward parents to explain the risks of prescription drug abuse and the preventive measures that can be taken, such as locking medicine cabinets and places where controlled drugs are stored. Parents should also be encouraged to talk to their children about prescription drug abuse.

Health Care Providers

Action 14. Raise awareness among clinicians (such as pediatricians, obstetricians/gynecologists, dentists, pharmacists, nurses, and school health personnel) about prescription drug abuse and encourage them to use evidence-based screening techniques and prescribing practices.

Pharmaceutical Manufacturers

Action 15. Enlist the participation of pharmaceutical manufacturers to improve prescriber and patient awareness of prescription drug abuse and how to prevent it.

Goal 3: Make Policy Changes that Support Comprehensive Efforts to Prevent Prescription Drug Abuse

Lawmakers, standards-setting bodies, and other policymakers need to identify and remove legal, regulatory, and policy obstacles to: (1) improving oversight of prescription practices, (2) tracking and monitoring the distribution and ultimate use of prescription drugs of potential abuse, and (3) preventing or treating prescription drug abuse.

Professional Associations, Certification Boards, and Licensing Bodies

Action 16. Modify policies and procedures to improve prescribing practices and encourage education and training of medical, dental and other health professionals on proper prescribing protocols and evidence-based guidelines.

Action 17. Convene a committee that includes professional societies representing prescribers and dispensers to help ensure adoption and enforce evidence-based guidelines and practices for the prescribing of opioids and benzodiazepines to reduce diversion and abuse of prescription drugs.

Action 18. Conduct specific prevention programs for health care personnel who have access to controlled medicines.

Policy Makers

Action 19. Enforce and enhance the regulatory requirements related to the training of clinicians who prescribe them.

Action 20. Include screening for prescription drug abuse in medical files.

Action 21. Put in place or expand prescription drug monitoring programs to reduce diversion and abuse.

Action 22. Enact, enforce, and evaluate legislation to close down sources of controlled medications that illegally dispense them without proper prescriptions and other places that allow for questionable access to prescription drugs.

Goal 4: Research Needs

The surge of prescription drug abuse has resulted in a need for more research to determine best approaches to reducing its impact. A description of research needed is provided below and organized according to the three prevention goals described above:

Community-Based Strategies

- Conduct translational research to demonstrate what has been shown to be effective into widespread and sustainable practice. This should include measures of cost-effectiveness.
- Evaluate long-term effects of community-based interventions, including their effects on related risk behaviors (such as other drug and alcohol use, school drop-out, mental disorders).
- Evaluate modified evidence-based interventions for specific community needs or populations to determine level of flexibility that still produce beneficial outcomes.
- Increase research efforts on the development of pain relievers with reduced abuse liability.
- Determine how and to what degree youth prescription drug abuse could lead to other types of substance abuse and vice versa.
- Conduct more research on cultural differences with regard to prescription drug abuse and how community-based solutions should be structured to reflect them.

Media and Education Campaigns

- Test innovative approaches to preventing prescription drug abuse (such as use of social networking forums) to disseminate prevention messages and interventions to young people.
- Test whether data from neuroimaging research can inform the design of effective prescription drug abuse media campaigns.
- Test how to improve messages that are transmitted, and identify the mechanisms driving their effectiveness.

Policies/Partnerships

- Evaluate how over-the-counter and prescription drug advertising contributes to prescription drug abuse.
- Incorporate questions into national epidemiological surveys to assess motivations that drive prescription drug abuse to better inform the design of prevention strategies.
- Test the effectiveness of prescription drug monitoring programs, and determine what is needed to improve their usability and adoption.
- Determine ways to employ electronic medical records to reduce “doctor shopping,” excessive prescribing of opioid pain medications, and other practices that contribute to prescription drug abuse.

Resources on Prevention Prescription Drug Abuse

Policy Makers:

Ensuring Availability of Controlled Medications for the Relief of Pain and Preventing Diversion and Abuse: Striking the Right Balance to Achieve the Optimal Public Health Outcome (United Nations Office on Drugs and Crime):

http://www.unodc.org/docs/treatment/Pain/Ensuring_availability_of_controlled_medications_FINAL_15_March_CND_version.pdf

Responding to America's Prescription Drug Abuse Crisis (U.S. Office on National Drug Control Policy):

http://www.whitehouse.gov/sites/default/files/ondcp/issues-content/prescription-drugs/rx_abuse_plan_0.pdf

A Response to the Epidemic of Prescription Drug Abuse: Fact Sheet (U.S. Office on National Drug Control Policy):

http://www.whitehouse.gov/sites/default/files/ondcp/Fact_Sheets/prescription_drug_abuse_fact_sheet_4-25-11.pdf

Health Care Workers:

The Medicine Abuse Project – resources for health care providers

<http://medicineabuseproject.org/resources/health-care-providers>

DrugFacts: Prescription and Over-the-Counter Medications (U.S. National Institute on Drug Abuse)

<http://www.drugabuse.gov/publications/drugfacts/prescription-over-counter-medications>

Research Report: Prescription Drugs-Abuse and Addiction (U.S. National Institute on Drug Abuse):

<http://www.drugabuse.gov/publications/research-reports/prescription-drugs>

Commonly Abused Prescription Drugs Chart: (U.S. National Institute on Drug Abuse)

<http://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs/commonly-abused-prescription-drugs-chart>

Topics in Brief: Prescription Drug Abuse (U.S. National Institute on Drug Abuse):

<http://www.drugabuse.gov/publications/topics-in-brief/prescription-drug-abuse>

Talking to Your Patients about Prescription Drug Abuse (U.S. Substance Abuse and Mental Health Services Administration):

<http://store.samhsa.gov/product/Talking-to-Your-Patients-About-Prescription-Drug-Abuse/SMA09-4445>

Teachers:

The Medicine Abuse Project – resources for educators

<http://medicineabuseproject.org/resources/educators>

Helping Students Avoid Prescription drug Abuse (U.S. Substance Abuse and Mental Health Services Administration):

<http://store.samhsa.gov/product/Helping-Students-Avoid-Prescription-Drug-Abuse/SMA09-4446>

Parents:

The Medicine Abuse Project – resources for parents and grandparents

<http://medicineabuseproject.org/resources/parents-grandparents>

Teen Prescription Drug Abuse Package (U.S. Office on National Drug Control Policy):

<http://www.theantidrug.com/resources/teen-rx.aspx>

A Guide to Keeping Your Teenager Safe in a Changing World (U.S. Substance Abuse and Mental Health Services Administration):

<http://store.samhsa.gov/product/Getting-High-on-Prescription-and-Over-the-Counter-Drugs-Is-Dangerous/PHD1113>

Youth:

Mind Over Matter: Prescription Drug Abuse (U.S. National Institute on Drug Abuse):

<http://www.drugabuse.gov/publications/mind-over-matter/prescription-drug-abuse>

Getting High on Prescription and Over-the-Counter Drugs is Dangerous (U.S. Substance Abuse and Mental Health Services Administration):

<http://store.samhsa.gov/product/Getting-High-on-Prescription-and-Over-the-Counter-Drugs-Is-Dangerous/PHD1113>

Teens Peer Program: (U.S. National Institute on Drug Abuse):

<http://www.teens.drugabuse.gov/peerx/>

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