

**Drug Store Addiction:
The Abuse of Prescription and Over-the-Counter Medications**

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Presenter Disclosures for Betsy Reynolds, RDH, MS

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Americans take more medicine per person than ANY other country

Headliners: Prescription Drug Use Continues to Climb in U.S.; CDC Annual Report: 'Health, United States, 2013' ; released 5/14/14; reported by Dennis Thompson for HealthDay; accessed on 3/35/15 at: <http://www.webmd.com/news/20140514/prescription-drug-use-continues-to-climb-in-us>

According to the CDC, prescription drugs are playing an increasingly larger role in U.S. life—nearly half of ALL Americans were taking one or more medications in 2013

The same 2014 CDC report found prescription drug use increased with age—about one in four children took one or more prescription drugs in the past month compared to nine in 10 adults 65 and older

It was reported that one in 10 Americans said 'he or she had taken five or more prescription drugs in the previous month'—raising concerns about potential drug interactions

The United States comprises about 5% of the world's population—yet consumes 42% of the world's prescription medications

Statistics showed that prescription drug abuse cost Americans over \$484 billion annually—including healthcare costs (and abuses of that system), lost job wages, traffic accidents, crime and the associated criminal justice system costs

According to a study sponsored by the Agency for Healthcare Research and Quality ('AHRQ'), 1 in 5 prescriptions that were written were for non-approved uses—and 73% of the time, there was little or no proof that the prescription drug worked!

It was estimated that the United States spent over a TRILLION dollars on prescription medication in 2013

Propelled by an increase in prescription narcotic overdoses, drug deaths first outnumbered traffic fatalities in 2009--Source: CDC

Drugs were recognized as the No. 1 accidental killer in the United States—with the vast majority of deaths caused by prescription medications--As reported by Kristen Mascia; People; 1/28/13

While most major causes of preventable death are declining, drugs are an exception—the death toll has DOUBLED in the last decade

'Fifty Americans die a day from prescription drug overdoses, and more than 6 million suffer from prescription drug abuse disorders. This is a very real epidemic and warrants a strong public health response. We must use the best lessons we know from other public health and injury prevention success stories to work in partnership with clinical care, law enforcement, the business community, community-based organizations, and other partners to work together to curb this crisis.'--Andrea Gielen, ScD, Director of the Johns Hopkins Center for Injury Research and Policy

Prescription-drug abuse was responsible for one-third of the overdose visits to the nation's emergency rooms-- Source: 'OxyContin: Purdue Pharma's Painful Medicine'; by Katherin Eban; reporting for Fortune; 11/9/11; accessed on 3/23/15 at: <http://fortune.com/2011/11/09/oxycontin-purdue-pharmas-painful-medicine/>

The rise in deaths corresponded with doctors prescribing more painkillers and anti-anxiety medications Whether visiting a physician for a routine exam or presenting in an emergency room, 70% of the time, a drug was prescribed

According to the S.C. Department of Health and Environmental Control, there were more than 2.6 million prescriptions filled for Schedule II controlled substance medications in South Carolina between January and June 2016 (representing a TOTAL of 169 MILLION doses!)

Opioid Use and Abuse: Cause for Alarm

Approximately 80% of the global opioid supply is consumed in the United States

According to a 2014 report released by the CDC, twelve states had more opioid prescriptions than people

Number of Opioid Rx per 100 People

- Alabama 142.9
- Tennessee 142.8
- West Virginia 137.6
- Kentucky 128.4
- Oklahoma 127.8
- Mississippi 120.3
- Louisiana 118.0
- Arkansas 115.8
- Indiana 109.1
- Michigan 107.0
- **S. Carolina 101.8**
- Ohio 100.1

Headliners: Many Overdose, Die as Opioid and Heroin Epidemic Hits SC ; As reported by John Monk; The State; posted 9/22/2016; accessed on 3/27/2017 at:

<http://www.thestate.com/news/local/crime/article103581867.html>

Consider these stats SC stats:

- Nearly as many people each year die from opioid and heroin overdoses in South Carolina as are killed on state roads
- Recently, it was reported that South Carolina had the largest heroin death rate in the country—a 57% increase between 2014 and 2015--Source: Rebound Behavioral Health
- Most fast food franchises in South Carolina have at least one illegal drug transaction a day on their premises
- Opioid and heroin abuse take more lives than violent crime—for example, in Greenville County, 65 people died of heroin, fentanyl and opioid overdoses in 2015--That same year, 11 people were killed in homicides (Source: Mike Rzepczyn; Greenville DEA)
- In Charelston county, opioid and heroin abuse deaths shoot up to 58 in 2015 from 41 in 2014

'It's our young athletes, it's our housewife, it's our businessman, it's our father of three. The only way to tackle this effectively is to never use it the first time. It's like Russian roulette. Some people get addicted the first time. They never set out to get addicted. They set out to seek the high.'--Source: Rae Wooten, Charleston County coroner

Let's look at opioids:

Opioids are a class of powerful drugs often used for pain management

Definition Time:

- Opiate drugs are compounds that are extracted from the poppy seed (heroin)—these drugs opened the way to the discovery of the endogenous opioid system in the brain
- The term 'opioids' includes 'opiates' as well as semi-synthetic and synthetic compounds with similar properties

Recent Statistics:

- 254 million prescriptions for opioids were filled in the United States in 2010--Source: Wall Street analysts Cowen & Co
- Research suggested that 'nonmedical use of prescription painkillers (especially opioids) cost health insurers up to \$72.5 billion annually in direct health care costs'—while opioids generated \$11 billion in revenues for pharmaceutical companies--Market research firm Frost & Sullivan; 2010

- It was estimated that enough opioid painkillers were prescribed in 2010 to ‘medicate every American adult around the clock for a month’--Centers for Disease Control; 11/1/2010
- About 50% of people who take opioid pain medication for at least three months are still using opioids five years later
- Of a total 41,340 drug overdose deaths in 2011, 22,810 (55%) were due to pharmaceuticals
 - Of those 22,810 deaths, 16,917 were due to opioid narcotics—meaning opioids were responsible for three-quarters of pharmaceutical-related deaths in the United States--Source: ‘New Rules For Hydrocodone: What You Should Know’ by David Kroll; contributor; Forbes; posted on 8/22/2014; accessed on 3/24/15 at: <http://www.forbes.com/sites/davidkroll/2014/08/22/what-you-need-to-know-about-new-restrictions-on-hydrocodone-combinations/>
- 23% of prescribed doses of opioids were used non-medically--JADA; 7/2011
- It was been estimated that 2.2 to 2.4 MILLION individuals initiate non-medical use of prescription opioids annually in the United States
- More than 100,000 U.S. deaths have been caused by prescription opioids since drug-prescribing policies became more liberal in the late 1990s--2014 statement from the American Academy of Neurology
- Drug overdose deaths and opioid-involved deaths continue to increase in the United States—it was estimated that the majority of drug overdose deaths (60%) involve an opiate

About 1 in 3 people using prescription painkillers are also prescribed muscle relaxants or anti-anxiety medications—a startling and concerning statistic as a combination of opioids, benzodiazepines, and carisoprodol (Soma)—sometimes referred to as ‘The Holy Trinity’ of drug combinations—is known to be a fatal combination Data from the Centers for Disease Control and Prevention show that the **combination of opioid and benzodiazepines contribute to about 30% of opioid-related deaths**

Headliners: Boise Nonprofit Leader Who Lost a Son Hopes for Change; As reported by Audrey Dutton; appearing in the Idaho Statesman; 8/12/14; accessed on 3/25/15 at:

http://www.idahostatesman.com/2014/08/12/3320671_curtailing-prescription-drug-abuse.html?rh=1

Meet Melanie Curtis

Melanie Curtis launched a nonprofit in 2001 called Supportive Housing and Innovative Partnerships (‘SHIP’) whose services include housing and job training

In 2005, she opened Second Chance Building Materials Center in Downtown Boise's Linen District—the store, owned by SHIP, employs people overcoming addiction—proceeds help fund SHIP programs and its 11 ‘safe and sober’ houses

With her professional life dedicated to helping those battling the devastations of addiction, it came as a complete surprise when she discovered that her own son, Michael Campbell, had become addicted to prescription drugs It was on November 9, 2011, that Michael sought out Melanie to help him with his addiction issues—she quickly made a plan to get him into outpatient rehabilitation for prescription drug addiction

His mother was able to find Michael a treatment provider to see—he was supposed to call the provider in the morning

The next morning, the police were calling Melanie—her son had died overnight

He lost his life at the age of 31 on November 10, 2011 to a prescription overdose of Xanax, hydrocodone and a muscle relaxant—he had valid prescriptions for all three medications

Curtis now sits on a state prescription drug-abuse work group for the Office of Drug Policy—she has created a project, Connect the Pieces, aimed at getting people to talk about prescription drug addiction

Connect the Pieces just built an online game for children—a superhero named Pharmacist Phil puts pharmaceutical drugs in locked storage, keeps people from sharing medications and teaches drug safety

The game is designed to get children and parents talking about prescription drug safety

Addictions like Michael’s—which his mother believes began when he was prescribed pain medication for a soccer injury—have contributed to a 250% rise in drug-induced deaths in Idaho since 2000--Source: Idaho State Office of Drug Policy

Headliners: Brian Beach Receives 2015 NCPA Prescription Drug Safety Award; Pharmacy Times; published online 10/12/15; accessed on 10/13/15 at: <http://www.pharmacytimes.com/association-news/brian-beach-receives-2015-ncpa-prescription-drug-safety-award>

Brian Beach, RPh (Seattle, WA) was named the winner of the National Community Pharmacists Association (NCPA) 2015 Prescription Drug Safety Award

Sponsored by Smart-Fill, the award recognizes pharmacists who have reached out in their communities to provide education on the benefits of the correct use of prescription drug products and the hazards associated with their misuse

Beach and his business partners made a commitment to implement solutions designed to help stem the tide of opioid overdoses by focusing on breaking down the barriers surrounding the issues of timely access to naloxone (the drug antidote for reversing opioid overdoses); demystifying the stigma associated with its usage; and raising greater community awareness of the drug's potential

'Brian Beach is a very worthy recipient of the NCPA 2015 Prescription Drug Safety Award. Regardless of whether opioid overdose results from illegal drug use or legal medication consumption, Brian believes that saving lives is the most important consideration, and that naloxone is the best available solution. His efforts to make the drug more accessible in emergency situations in Seattle are working.'--NCPA President John T. Sherrer, RPh

According to a 2015 governmental study, use of naloxone kits resulted in almost 27,000 drug overdose reversals between 1996 and 2014—researchers suggest that providing naloxone kits to laypersons reduces overdose deaths, is safe, and is cost-effective

Naloxone use jumped by 39.7% statewide from 2015 to 2016 in South Carolina--Source: S.C. Department of Health and Environmental Control

Emergency responders across South Carolina administered Narcan 6,427 times in 2016—Charleston County saw 417 administrations while Berkeley County and Dorchester County saw 229 and 189 administrations

Those numbers are up compared with 2015 when paramedics statewide administered the drug about 4,600 times—that year, Charleston County saw 262 administrations while Berkeley County and Dorchester County saw 39 and 117 administrations, respectively

Currently, drug stores such as CVS and Walgreen's have agreed to sell Naloxone without a prescription, it is only available to first responders—but that could change!

Back to Opioids

Scientists investigating why people favor one drug over another have found that hydrocodone and oxycodone are the drugs of choice for 75% of opioid-dependent individuals--Source: Elsevier: 'Prescription opioid abusers prefer to get high on oxycodone, hydrocodone'; ScienceDaily; 12/2/13; accessed on 3/25/15 at:

www.sciencedaily.com/releases/2013/12/131202121312.htm

One opioid classification system is based on the pharmacokinetic characteristics of the various drug formulations (e.g. longacting opioids, short-acting opioids, and rapid onset opioids)

Short-acting opioids are the opioid analgesics often used for acute or subacute outpatient opioid therapy and include:

- Codeine
- Hydrocodone (Vicodin, Lortab)***
- Oxycodone (Percocet)***
- Oxymorphone
- Morphine

*** contains acetaminophen

Short-acting opioids analgesics are often referred to immediate-release (IR) opioids

Prescriptions for 12% of immediate-release opioids in the United States are written by dentists--Denisco, RC et al: Prevention of prescription opioid abuse: The role of the dentist; The Journal of the American Dental Association; 7/1/11; accessed on 3/25/15 at: <http://www.jada-plus.com/content/142/7/800.full>

Hydrocodone

Americans consume approximately 99% of the worldwide supply of hydrocodone--Source: Dina Gusovsk; reporting for CNBC; posted 4/27/2016; accessed on 1/16/2017 at: <http://www.cnbc.com/2016/04/27/americans-consume-almost-all-of-the-global-opioid-supply.html>

One of the most commonly prescribed opioid medications, **hydrocodone** is the main ingredient in drugs such as Vicodin and Lortab

Since 2007, more U.S. prescriptions were written for hydrocodone + acetaminophen than any other drug—in 2012, over 135 million prescriptions were handed out

Put another way, that is the equivalent of one prescription for every 2.3 men, women, and child in the U.S. for 2012—interestingly, that calculation is based on total prescription numbers where 30-day or 90-day prescriptions count as ‘one’

Hydrocodone comes in various forms—including capsules and tablets—and is typically combined with non-opioid painkillers such as acetaminophen or ibuprofen

Acetaminophen overdose has been identified as the leading cause of acute liver failure in the United States—63% of those cases are caused by hydrocodone-acetaminophen combination drugs

It turns out liver damage is not the only troubling side effect of taking too much acetaminophen—the drug can also cause a number of skin rashes (some potentially fatal)

In August 2013, the FDA warned about the skin rashes associated with acetaminophen toxicity

They include:

- Stevens-Johnson syndrome (SJS)***
- Toxic epidermal necrolysis (TEN)***
- Acute generalized exanthematous pustulosis (AGEP)

SJS and TEN can be fatal and include symptoms such as flu-like symptoms, blindness, organ damage, rash and scarring—as well as oral manifestations

And what about **ibuprofen**?

Examples of hydrocodone in combination with ibuprofen include:

- Reprexain
- Vicoprofen
- Ibudone

A total of 399 drugs (1459 brand and generic names) are known to interact with ibuprofen

- 92 major drug interactions (370 brand and generic names)
- 279 moderate drug interactions (926 brand and generic names)
- 28 minor drug interactions (163 brand and generic names)

One to keep in mind:

- Ibuprofen should not be taken with aspirin—especially if aspirin is being taken in a cardiac daily dose
- If ibuprofen must be used, it should be taken at least 8 hours before or 30 minutes after non-enteric coated aspirin is consumed

Approximately 30% of patients receive an average of only 30% pain relief from opioid pain medication

Headliners: Pain, the Opioid Epidemic and How Health Care has to Improve; Michael Roizen, MD and Mehmet Oz, MD; King Features Syndicate; appearing in the Idaho Statesman; 1/16/2017

The You Docs are reporting that a study in the Journal of Pain found that 126.1 million adults reported experiencing pain in the previous three months—25.3 million suffered daily pain and 23.4 million reported ‘a lot of pain’

Despite the 249 million prescriptions written for oxycodone and hydrocodone in 2015, there was no observable change in the amount of pain that Americans reported

Until the summer of 2014, hydrocodone combination drugs like Vicodin were categorized as Schedule III drugs under the Controlled Substances Act—now, they are classified as Schedule II drugs due to their higher addiction potential and have tighter restrictions

The final regulation (which took effect 10/6/14) means that patients generally must present a written prescription to receive the drug and doctors will no longer be able to call in a prescription to the pharmacy in most instances (except in case of emergency)

Additionally, although prescription refills are prohibited, a doctor can issue multiple prescriptions that would provide up to a 90-day supply

While many view the tighter regulations as a positive way to curb the abuse of hydrocodone agents, patients who experience chronic pain and depend on these combination drugs for daily pain control are not so sure

Headliners: New Rules on Narcotic Painkillers Causing Grief; Emily Wax-Thibodeaux; reporter for The Washington Post; appearing in the Idaho Statesman; 2/19/15

Although the tighter regulation applies to everyone on opioid painkillers, it is hitting veterans especially hard because so many are being treated for horrific injuries sustained during the long wars in Iraq and Afghanistan and have become dependent on the Department of Veterans Affairs' beleaguered health-care system for medical care Compounding the backlog problem:

- More than half a million veterans were on prescription opioids in 2015—pain experts at the Veteran's Administration said that in hindsight they have been overmedicating veterans

Doctors at the Pentagon and VA reported that the use of the painkillers contributes to family strife, homelessness and even suicide among veterans

A 2011 study by the American Public Health Association found that the painkiller overdose rate among VA patients was nearly double the national average

'The DEA did a good thing here for opioid safety. How do you balance the sensitivity of patients and the new rules when all of a sudden a veteran, who's been treated with this medication for 15 years or 20 years, has everything change?'--Gavin West; clinical operations chief at VA

'[The new DEA rules are] the single most important change that could happen. The best way to treat any disease, whether it's Ebola or opioid addiction, is to stop creating more people with the disease. Unfortunately, veterans are the victims here. The VA created this mess by aggressively jumping onto pills as the solution. But it's not something you can just abruptly stop.'--Andrew Kolodny, president of Physicians for Responsible Opioid Prescribing

Half of all returning troops suffer chronic pain—in response, a new generation of pain doctors is pushing for alternative ways (such as acupuncture, bright light therapy and medical marijuana) to help veterans cope with chronic pain--Source: JAMA; 6/2014

Using a \$21.7 million initiative with the National Institutes of Health, the VA is funding the search for alternative approaches to pain management

Oxycodone

Another widely prescribed narcotic painkiller, oxycodone does not eliminate the sensation of pain but decreases discomfort by increasing the tolerance to pain—in addition to tolerance to pain, oxycodone also causes sedation and depression of respiration

Common brand names include:

- Percocet***
- Tylox (oxycodone with acetaminophen)***
- Percodan (oxycodone with aspirin)***
- Combunox (oxycodone with ibuprofen)***
- OxyContin (timed-release)

Oxycodone is most commonly prescribed for relief of moderate to severe pain after dental surgery and for temporary relief of toothache

Oxycodone prescriptions include:

- Acetaminophen*** 325 milligrams plus oxycodone 5 milligrams (Percocet or Tylox); 1 or 2 tablets every 4 to 6 hours
- Aspirin 325 milligrams plus oxycodone 5 milligrams (Percodan); 1 tablet every 6 hours
- Ibuprofen 400 milligrams plus oxycodone 5 milligrams (Combunox); 1 or 2 tablets every 4 to 6 hours

The use of Percodan for pain after surgery has largely been replaced by Percocet because the aspirin in Percodan interferes with blood clotting and may create post-operative bleeding

However, because of its acetaminophen content, Percocet is one of several drugs implicated in the hundreds of acetaminophen deaths each year in the United States—in 2009 a federal advisory panel to the FDA voted to recommend a ban on Percocet (and Vicodin) because the acetaminophen in these drugs can cause serious liver damage

1,500 deaths over the past 10 years were linked to acetaminophen toxicity—a major problem is that while acetaminophen is considered safe when taken as recommended, the margin between a safe dose and a potentially lethal one is disturbingly small—Source: PBS Newshour: The Rundown; ‘Acetaminophen deaths cast shadow on popular pain reliever’; 9/24/13; accessed on 3/24/15 at: <http://www.pbs.org/newshour/rundown/acetaminophen-deaths-cast-shadow-on-popular-pain-reliever/>

Taken over several days, as little as 25% above the maximum daily dose (just two additional extra strength pills a day) has been reported to cause liver damage—taken all at once, a little less than four times the maximum daily dose can cause death

FDA

It was reported that a staggering 40% of patients who suffered acute liver failure because of unintentional acetaminophen overdose took two or more products containing the drug at the same time

Source: ‘FDA Sets Acetaminophen Dose Limit, Warns of Liver Damage’; posted 1/28/14 by Michelle Llamas; filed under ‘FDA News & Recalls’; accessed on 3/24/15 at: <http://www.drugwatch.com/2014/01/28/fda-limits-acetaminophen-liver-damage/>

The risk of the aforementioned side effects increases when people take acetaminophen with alcohol

There is also no benefit to taking higher doses of acetaminophen—in fact, the FDA released a statement saying that there are no studies showing that acetaminophen in doses greater than 325 mg provide a benefit that outweighs the risk of liver damage

In 2014, the FDA set the safe 24-hour dose limit of acetaminophen at 4,000 mg per adult—however, some doctors say that it should be capped at 3,250 mg per day

Back to Opioids

A closer look at the opioid painkiller binge—retail prescriptions have roughly tripled in the past 20 years—showed that the rising sales and addictions were catalyzed by a massive effort by pharmaceutical companies to shape medical opinion and practice

Among the sellers of opioids, none has been more successful (or controversial) than Purdue Pharma

When it was introduced in the late ‘90s by Purdue Pharma, OxyContin was touted as nearly addiction-proof

The New England Journal of Medicine—recognized as one of the nation’s premier medical publications—informed readers that studies on opioid painkillers such as OxyContin posed ‘a minimal risk of addiction’

Additionally, the FDA initially said the risks of addiction were ‘reported to be small’ and relied on an ‘expert panel’ of doctors to develop an opioid policy based on research—most of the panel members were funded by Purdue Pharma, OxyContin distributors and/or other drug companies making different opioids and two studies were co-authored by Purdue employees

‘[We] were trying to create a narrative so that the primary care audience would...feel more comfortable about opioids. Because the primary goal was to destigmatize opioids, we often left evidence behind...to the extent that some of the adverse outcomes now are as bad as they have become in terms of endemic occurrences of addiction and unintentional overdose deaths, it’s quite scary to think about how the growth in that prescribing driven by people like me led in part to that occurring.’—Russell Portenoy; then chair; Department of Pain Medicine and Palliative Care; Beth Israel Medical Center, New York; in an interview with Andrew Kolodny; chief; Physicians for Responsible Opioid Prescribing; 2010

Its marketing was misleading enough that Purdue pleaded guilty in 2007 to a federal criminal count of misbranding the drug ‘with intent to defraud and mislead the public’ and paid \$635 million in penalties

But by then, 29,600 Americans had already died of OxyContin overdoses—and the notion that opioids were a low-risk treatment for chronic pain had become widespread

Today, Purdue Pharma remains on the corporate equivalent of probation—generating \$3.1 BILLION in revenue for OxyContin sales in 2010 alone!

Recent estimates put the Purdue profits for the past two decades at \$35 billion

Headliners: The Opioid Epidemic Is a Symptom of Toxic Greed; As reported by Eric Levitz for New York Magazine; 12/2016; accessed at: <http://nymag.com/daily/intelligencer/2016/12/the-opioid-epidemic-is-a-symptom-of-toxic-greed.html>

During the worst year of the HIV/AIDS crisis, 43,000 Americans lost their lives to the virus—in 2015, 52,000 died of a drug overdose

Never in recorded history had narcotics killed so many Americans in a single year—the drug-induced death toll was so staggering, it helped reduce life expectancy in the United States for the first time since 1993

While theories about the ‘why’s’ behind the epidemic of narcotic abuse abound, a great deal of blame belongs to our system of pharmaceutical patents

There is an irony to this: Drug patents’ ostensible reason for being is the virtuous incentives that they create—patents provide pharmaceutical companies with a motivation for researching new drugs by offering those companies a temporary monopoly on newly discovered medications

However, these same patents allow for ‘patent monopolies’—think breakthrough Hepatitis C treatments retailing for \$28,000 a month (~\$95,000 for entire course of treatment) or the price of an EpiPen increasing 400%

Lobbying efforts to protect pharmaceutical patents cost drug companies upwards of \$200 million a year to ensure that no controls or any profit-reducing regulations are imposed on them

But a less-well-understood hazard of the patent system is the enormous incentive it gives drug companies to conceal the harmful effects of their products: When a prescription painkiller can be sold at such exorbitantly high mark-ups, the multibillion-dollar incentive to ignore evidence that a drug may not be safe is great

A recent study by the Center for Economic and Policy Research found that the total cost of OxyContin abuse in the U.S. between 1998 and 2007—as measured by spending on ‘abuse treatment, medical complications, productivity loss (minus mortality), and criminal justice proceedings’—totaled \$38.6 billion

In other words: The cost of incentivizing Purdue Pharma to innovate in the painkiller market can be measured in tens of thousands of American lives and tens of billions of dollars. (If the company hadn’t been granted a highly profitable patent monopoly, it likely would not have had the resources to wage the aggressive marketing campaign that helped fuel the overdose epidemic).

As research and first-hand accounts into the devastation OxyContin created expanded, prescribing healthcare professionals began to decrease their prescribing of this powerfully addictive narcotic

What was Purdue’s response?

- The powerful drug company is working to export America’s opioid crisis to Europe and the developing world—all around the globe, Purdue’s international brand, Mundipharma, is working to overcome ‘opiophobia’ (its term for foreign doctors’ mistaken belief that prescription opioids carry a high risk of abuse)
- In Brazil, China and elsewhere, Mundipharma is running training seminars where doctors are urged to overcome ‘opiophobia’ and prescribe painkillers
- The company is spending millions encouraging potential patients to recognize their chronic pain as an illness that requires lifelong opioid use
- Seeking new patients in Spain, Mundipharma chose ambassadors guaranteed to attract attention—topless actors, musicians and models looked into the camera and told fellow Spaniards to ‘stop dismissing aches and pains as a normal part of life’
- ‘Don’t resign yourself.’--Maria Reyes, a model and former Miss Spain, said in the 2014 television spot

Historical Perspective:

Headliners: Home Meds Lead to More Deaths; Carla K. Johnson; The Associated Press; as reported in the Idaho Statesman; 7/29/08

An analysis of U.S. death certificates found that deaths from medication mistakes at home rose dramatically—more than 700%! —between 1988 and 2008

Researchers blamed soaring home use of prescription painkillers and other potent drugs—which 25 years ago were given mainly in hospital settings

According to Physicians for Responsible Opioid Prescribing, more than 25% of opioid users meet the criteria for addiction

The ADA is urging dentists to take advantage of its free continuing education webinars—available through the Prescribers' Clinical Support System for Opioid Therapies (PCSS-O)—to refresh their knowledge about opioid prescribing in the context of modern day drug-seeking behavior--Accessed on 3/24/15 at:
<http://www.ada.org/en/advocacy/advocacy-issues/prescription-drug-abuse>

In cases of obviously chronic pathology, dentists should consider prescribing opioids only after performing an actual procedure

The national media have noted that dentists are among the prescribers from whom substance users seek prescription opioids to abuse through 'doctor shopping'

Dentists also can become familiar with other methods that drug addicts may use to obtain prescription drugs such as:

- Contacting the dentist by phone after regular office hours
- Demanding immediate action and not following through with recommended treatment
- Claiming to be from out of town
- Requesting early refills of 'lost' or 'stolen' medications
- Claiming to be allergic to all drugs except controlled substance

Requesting a driver's license or another photo identification from new patients can help determine whether the patient has traveled a significant distance—in which case they should be queried regarding why they chose your office

Dentists should consider checking references for out-of-town patients, schedule an in-office visit, and—if deemed prudent—prescribe only a minimum amount of medication

Proposed ADA Statement on the Use of Opioids in the Treatment of Dental Pain (adopted October 2016):

1. When considering prescribing opioids, dentists should conduct a medical and dental history to determine current medications, potential drug interactions and history of substance abuse.
2. Dentists should follow and continually review Centers for Disease Control and State Licensing Boards recommendations for safe opioid prescribing.
 - Available at:
www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm
3. Dentists should register with and utilize prescription drug monitoring program (PDMP) to promote the appropriate use of controlled substances for legitimate medical purposes, while deterring the misuse, abuse and diversion of these substances.
4. Dentists should have a discussion with patients regarding their responsibilities for preventing misuse, abuse, storage and disposal of prescription opioids.

What Patients Say, What Doctors Hear--Author: Danielle Ofri, MD

- This resource considers the necessity of dialogue in in the patient/doctor relationship—a lack of emphasis on attention creates the conditions for misinformation which can lead to wrongful diagnoses and overprescribing
 - In one study cited in the book, 73% of patients knew that there was one primary doctor in charge of their care—only 18% could name him or her (although two-third's of the doctors were confident that their patients knew their names)
 - Technology is a big focus in healthcare settings—but healing is at least partly accomplished in the doctor-patient interaction
 - That requires both doctor and patient listen attentively—a frustratingly diminishing skill during a time when people are most used to staring at screens instead of someone's eyes
5. Dentists should consider proper counseling and safe treatment options for patients with or in recovery from a substance use disorder—treatment options should utilize best practices to prevent exacerbation of or relapse of opioid misuse.
 6. Dentists should consider nonsteroidal anti-inflammatory analgesics as the first-line therapy for acute pain management.
 - In 2015, the FDA issued new warning labels on certain NSAID products to inform consumers of the serious side effects caused by them

- The Food and Drug Administration strengthened the existing warning on prescription drug labels and over-the-counter (OTC) Drug Facts labels in 2015—the updates warn that NSAIDs can increase the chance of a heart attack or stroke
- The drugs involved in the change include ibuprofen, naproxen and similar drugs used to temporarily relieve pain and fever—the revision emphasized that the risk applies to even short-term use of medications such as Advil, Aleve, and Motrin
- Although aspirin is an NSAID, it is not included in the revised warning

7. Dentists should recognize multimodal pain strategies for management for acute postoperative pain as a means for sparing the need for opioid analgesics.

8. Dentists should consider coordination with other treating doctors (including pain specialists) when prescribing opioids for management of chronic orofacial pain.

9. Dentists who are practicing in good faith and who use professional judgment regarding the prescription of opioids for the treatment of pain should not be held responsible for the willful and deceptive behavior of patients who successfully obtain opioids for non-dental purposes.

10. Dental students, residents and practicing dentists are encouraged to seek continuing education in addictive disease and pain management as related to opioid prescribing.

The ADA Practical Guide to Substance Use Disorders and Safe Prescribing

Product Code: P035

Retail Price: \$89.95

Member Price: \$59.95

Headliners: U.S. Priority on Illegal Drugs Debated as Pill Abuse Rises; Damien Cave and Michael Schmidt; New York Times News Service; appearing in the Idaho Statesman; 7/17/12

Recent studies are increasingly demonstrating that abuse of prescription medications are the nation's biggest drug problem—representing a shift from illicit substance like cocaine and heroin

'The United States was worried about cocaine and heroin for years but whether or not...policies worked or not doesn't matter because [policy makers] are now worried about Americans using prescription drugs.'--Morris Panner; former counternarcotics prosecutor in New York and at the U.S. Embassy in Columbia; current advisor at Harvard's Kennedy School of Government

However, the increase in pain pill prescription abuse fueled **a rise in heroin use and overdose deaths**—the heroin supply increased, its price dropped and dealers focused on mostly white suburban and rural users who had tried prescription painkillers

'Once you're an addict, you're more likely to use any drug that's easily available to you. I wish I could say there is an end in sight. But I'm worried what we're seeing is just the beginning.'--Jennifer Hancock; chief operating officer; Volunteers of America (Kentucky); drug treatment provider

Heroin is cheap and potent—a \$25 bundle gives the same high as an \$80 OxyContin pill

Heroin is also dangerous because there is no way to know exactly what is in the product

National experts say street heroin may be cut with other drugs or substances such as sugar, starch, quinine or even poisons such as strychnine—some states have recently reported heroin laced with the narcotic painkiller fentanyl

Signs and Symptoms of Heroin Abuse

- Sign of overdose or addiction to opioids is pinpoint pupils****

Headliners: As the Opioid Epidemic Evolves, Impacts Bleed into Cocaine Overdose; As reported by Kimberly Leonard for USNews; posted 1/3/2017; accessed at: <http://www.usnews.com/news/health-care-news/articles/2017-01-03/as-the-opioid-epidemic-evolves-impacts-bleed-into-cocaine-overdose>

According to a January 2017 investigative report of analysis of mortality data by U.S. News, America's opioid epidemic is fueling a startling increase in cocaine-related overdose deaths in recent years

The CDC's Wide-Ranging Online Data for Epidemiologic Research ('WONDER') database, revealed that mixes with opioids were driving the increase

'When there are no opioids involved in cocaine-overdose deaths you see an overall decline in recent years. But when you look at cocaine and opioids together, we see a more than doubling in the number of overdoses since 2010—with heroin and synthetic opioids increasingly involved in these deaths...I think what we are seeing play out is a poly-substance issue that's linked to the opioid epidemic.'--Source: Christopher M. Jones; acting associate deputy assistant secretary; Department of Health and Human Services

'From the death data, we don't know whether these are cocaine users who added opioids or were opioid users who added cocaine. Both are possible. The data shows us that both drugs may have been related to the deaths.'--Source: Dr. Wilson Compton; deputy director; NIH National Institute on Drug Abuse

While 'speedballing' – a dangerous practice in which people snort or inject the drugs together to feel the relaxing effects of opioids following an intense cocaine high—is not new, experts fear some people may have used cocaine without knowing it contained opioids their bodies were not used to

Antipsychotic & Antidepressant Concerns

Headliners: Experts Alarmed Over Use of Antipsychotic Drugs on Children; Study results published in Psychiatry; 7/1/2015; as reported by Brian Krans; 7/1/2015; accessed 1/17/2017 at: <http://www.healthline.com/health-news/experts-alarmed-over-use-of-antipsychotic-drugs-on-children-070115#1>

A research team from Columbia University, Yale, and the National Institute of Mental Health examined more than 2.5 million antipsychotic drug prescriptions for children from 2006 to 2010

The study found the most antipsychotic use—especially among boys—was consistent with impulsive and aggressive behaviors; NOT psychotic symptoms

According to the study authors, the numbers 'suggest that much of the antipsychotic treatment of children and younger adolescents targets age-limited behavioral problems'

The study found antipsychotics were most commonly prescribed for attention deficit hyperactivity disorder (ADHD) in children under the age of 18—about 60% of children ages 7 to 12 years who received an antipsychotic were given it for ADHD

About a third of young adults were given antipsychotic medications for depression

Writing a prescription to treat a mental health disorder is easy—but it may not always be the safest or most effective route for patients

Patients often receive psychotropic medications without being evaluated by a mental health professional--Centers for Disease Control and Prevention; 2011

Many Americans visited their primary-care physicians and walked away with a prescription for an antidepressant or other psychotherapeutic drugs without being aware of other evidence-based treatments (such as cognitive behavioral therapy) that might work better for them without the risk of side effects

Based on data from the CDC, 7% of all visits to a primary care doctor involve[d] a prescription for antidepressants [in 2011]—that's up from 3% in 1997--Source: Ramin Mojtabai; co-author; associate professor; Johns Hopkins Bloomberg School of Public Health; study results published in Health Affairs; 8/4/2011

Since the launch of Prozac, antidepressant use has quadrupled in the United States—the CDC estimated that more than one in 10 Americans takes antidepressants

Antidepressants are the second most commonly prescribed drug in the United States—just after cholesterol-lowering drugs

Antipsychotic Medications

Second Generation Antipsychotic Medications (SGAs) are a group of medications used to treat some psychiatric conditions such as schizophrenia, acute mania, bipolar disorder and bipolar mania and other mental illness conditions

SGAs are also referred to as atypical antipsychotics—meaning they generally do not cause the same degree of movement side effects that are common to the first generation antipsychotics

'Although oral neglect might be a cause of poor periodontal health in schizophrenics, the possible link between periodontal diseases giving rise to schizophrenia cannot be overlooked due to the presence of cytokine activity which is present both in schizophrenia and periodontal disease.'--Shetty S and Bose A; J Indian Soc

Periodontology;1/2014;18(1):69-73. Accessed on 3/26/15 at: <http://www.ncbi.nlm.nih.gov/pubmed/24744548>

The use of second-generation antipsychotics nearly tripled from 1995 to 2008 in the United States—more than 16 million prescriptions for drugs such as aripiprazole (Abilify), clozapine (Clozaril) and quetiapine (Seroquel) were written

More than half of those prescriptions in 2008 were for uses with uncertain scientific evidence--Source: Survey study results from 1,700+ physicians; data analyzed by Stanford University and the University of Chicago; results appearing in *Pharmacoepidemiology and Drug Safety*; 2011

Of particular concern is the prescribing of antipsychotic drugs to vulnerable populations

Headliners: A Child's Death: Murder by Medication?; Appearing in People; 4/9/07

Police say that the parents of 4-year old Rebecca Riley killed their bipolar daughter with prescription medicine—powerful psychiatric drugs prescribed after Rebecca's diagnosis with bipolar disorder and ADHD at the age of 2½. In 2004, Rebecca's mother took her and her sister to a child psychiatrist at Tufts-New England Medical Center because of sleeping problems

Concluding that both girls were bipolar—an older brother had earlier been given the same diagnosis—the doctor put Rebecca on a combination of medicines

The recipe?

- Clonidine (an anti-hypertension drug used as a sedative)
- Depakote (an anti-seizure med used as a mood stabilizer)
- Seroquel (an anti-psychotic drug)

The FDA had not approved ANY medications for the treatment of bipolar disorder in children under the age of 18— all prescriptions were 'off label'

Further complicating the matter:

- The idea that children under the age of 8 can be diagnosed with bipolar disorder—characterized by unstable moods, periods of irritability, temper tantrums and crying—has only recently become widely accepted among doctors

The hard part is figuring out which children are truly suffering from the disorder and which ones are simply in a rocky period of development--Dr. Robert Hendren; M.I.N.D. Institute at the University of California (Davis)

ADHD

The U.S. consumes more ADHD drugs than the rest of the world combined--Source: Kelly Patricia O'Meara: " 'ADHD Awareness Month'—A Pharmaceutical Marketing Campaign to Get More Kids on Drugs"; 10/16/14; for Citizens Commission on Human Rights International; accessed on 3/25/15 at: <http://www.cchr.org/2014/10/16/adhd-awareness-month-a-pharmaceutical-marketing-campaign-to-get-more-kids-on-drugs/>

According to CCHR International:

- 11% percent of children 4-17 years of age—6.4 million—were diagnosed with ADHD in 2011
- The percentage of children with an ADHD diagnosis increased from 7.8% in 2003 to 9.5% in 2007 and to 11.0% in 2011

The average age of ADHD diagnosis was 7 years of age
188,899 0-5 year olds were taking ADHD drugs in 2011

This breaks down to:

- 1,422 0-1 year olds
- 10,413 2-3 year olds
- 181,023 4-5 year olds

In 2011, there were 2,723,126 6-12 year olds and 1,775,896 13-17 year olds on ADHD drugs—a total of 4,404,360 children in the U.S. between the ages of 0-17

Now for the 2013 CDC Stats:

- Nearly one in five high school age boys in the United States and 11% of school-age children overall had received a medical diagnosis of attention deficit hyperactivity disorder ('ADHD')--Centers for Disease Control and Prevention; 2013

- The figures showed that an estimated 6.4 million children ages 4 through 17 had received an ADHD diagnosis at some point in their lives—which represented a 16% increase since 2007 and a 41% rise in the past decade
- These rates reflected a marked rise over the previous decade and could fuel growing concern among many doctors that the ADHD diagnosis and its medication are overused in American children
- Experts cited several factors in the rising rates—some doctors were hastily viewing any complaints of inattention as full-blown ADHD while pharmaceutical advertising emphasizes how medication can substantially improve a child’s life
- Moreover, they said, some parents are pressuring doctors to help with their children’s troublesome behavior and slipping grades
- The CDC found that roughly two-thirds of those with a current ADHD diagnosis received prescriptions for stimulants like Ritalin or Adderall

Published reports of using stimulants for the treatment of ADHD date to 1938—but their use really began to skyrocket in 1944

Today’s ADHD drug of choice is Adderall—not Ritalin

‘And it’s no longer just kids with a behavioral disorder using these drugs to function in society. Now, it’s older teens and adults who are fueling an emerging epidemic of abuse and addiction. The not-so-distant future is here: We are living in the United States of Adderall.’--Source: Lawrence Diller, M.D.; behavioral and developmental pediatrician; UCSF Clinical Faculty

According to the 2013 CDC report, several doctors mentioned that advertising from the pharmaceutical industry that played off parents’ fears— showing children struggling in school or left without friends—encouraged parents and doctors to call even minor symptoms ADHD and try stimulant treatment

For example, a pamphlet for Vyvanse from its manufacturer, Shire, showed a parent looking at her son and saying, “I want to do all I can to help him succeed”

Headliners: Shire to Pay \$56.5 Million to Settle Allegations it Inappropriately Promoted ADHD Drugs; David Sell; PhillyPharm Blog; posted 9/24/2014; Philadelphia Inquirer; accessed on 3/25/15 at:

<http://www.philly.com/philly/blogs/phillypharma/Shire-to-pay-565-million-to-settle-allegations-it-inappropriately-promoted-ADHD-drugs.html>;

According to the Justice Department, pharmaceutical company Shire Pharmaceuticals LLC must pay \$56.5 million to resolve allegations that it violated the False Claims Act as a result of its marketing and promotion of several drugs

Shire manufactures and sells many pharmaceuticals—including Vyvanse, Adderall XR, and Daytrana (which are approved for the treatment of ADHD)

According to the September 2014 settlement , it was resolved that between February 2007 and September 2010, Shire sales representatives and other agents made false and misleading statements about the efficacy and abuse liability of Vyvanse

For example, one Shire medical science liaison claimed Vyvanse ‘provided less abuse liability’ than ‘every other long-acting release mechanism’ on the market—yet no study Shire conducted concluded that Vyvanse was not abusable

Keep in mind that as an amphetamine product, the Vyvanse label included an FDA-mandated black box warning for its potential for misuse and abuse

Shire also made unsupported claims that treatment with Vyvanse would prevent car accidents, divorce, being arrested, and unemployment

The settlement also resolved allegations that, between January 2004 and December 2007, Shire promoted Adderall XR for certain uses despite a lack of clinical data to support such claims and overstated the efficacy of Adderall XR (particularly relative to other ADHD drugs)

Among the unsupported claims allegedly made by Shire was that Adderall XR was clinically superior to other ADHD drugs because it would: ‘normalize its recipients rendering them indistinguishable from their non-ADHD peers’ Shire also claimed that Adderall XR would ‘prevent poor academic performance, loss of employment, criminal behavior, traffic accidents, and sexually transmitted disease’

When Shire launched Vyvanse, Poretta & Orr developed an impactful Direct-to-Professional post show initiative that would further the in-booth education received by physicians at the American Psychiatric Association Conference

Understanding the importance of poignant messaging and difficulty in gaining share of voice in a crowded space, Poretta & Orr needed to develop tactics which assured that medical professionals would recognize the new brand and immediately associate with it extended efficacy

A unique mailer was sent meeting attendees prior to the convention and incorporated Vyvanse information along with branded silly putty in order to enable doctors to not only read about product features and benefits but allowed them to associate a childhood experience in stretching silly putty to reinforce the extended duration message

According to the Poretta & Orr official website www.porettaorr.com:

- 'The creativity was only outshined by its ability to enhance the targeted messaging that set the stage for more effective in-office detailing to the strategically targeted audience. Sales professionals were thrilled with outcomes as their targets were poised and ready to discuss this new treatment option.'

Sales of stimulants to treat ADHD more than doubled to \$9 billion in 2012 from \$4 billion in 2007--IMS Health (a health care information company)

Headliners: Prescription Drug Abuse Up Among Teens: Survey; Alan Mozes; reporting for HealthDay for WebMD News; 4/23/13; accessed on 6/15/13 at: <http://www.webmd.com/parenting/news/20130423/prescription-drug-abuse-up-among-us-teens-survey>

A 2012 survey found that 24% of high school students—more than 5 million teens—have abused prescription medications

- These findings represented a 33% increase from 2008

The findings stem from a nationally representative poll launched in 2012 by The Partnership at Drugfree.org, in conjunction with the MetLife Foundation—the survey involved nearly 3,900 teens currently enrolled in grades 9 through 12 at public, private and parochial schools and more than 800 parents who participated in at-home interviews

13% of the surveyed teens acknowledged having experimented at least once with either Ritalin or Adderall that was not prescribed for them

20% of the teens who admitted prescription drug abuse said their first experience doing so was before the age of 14—with 27% mistakenly believing that prescription drug abuse is safer than 'street drugs' such as cocaine or ecstasy

Among the findings: one-third of teens think there is nothing particularly wrong with the notion of using prescription medications that were never prescribed for them

It should be noted that likely more teenagers will be prescribed ADHD medication in the near future because the American Psychiatric Association planned to change the definition of ADHD to allow more people to receive the diagnosis and treatment at the time the 2013 CDC report was issued

While some doctors and patient advocates welcomed rising diagnosis rates as evidence that the disorder is being better recognized and accepted, others said the new rates suggested that millions of children may be taking medication merely to calm behavior or to do better in school

'There's no way that one in five high-school boys has ADHD. If we start treating children who do not have the disorder with stimulants, a certain percentage are going to have problems that are predictable—some of them are going to end up with abuse and dependence. And with all those pills around, how much of that actually goes to friends? Some studies have said it's about 30%.'--Source: James Swanson; recognized as a primary ADHD researcher; professor of psychiatry; Florida International University

Pills that are shared with or sold to classmates—diversion long tolerated in college settings and gaining traction in high-achieving high schools—are particularly dangerous because of their health risks when abused

NIH National Institute on Drug Abuse Drug Facts: High School and Youth Trends (Revised December 2014)

<http://www.drugabuse.gov/publications/drugfacts/high-school-youth-trends>)

- The NIH 2014's Monitoring the Future survey of drug use and attitudes among American 8th, 10th, and 12th graders looked at past-year non-medical use of the stimulants Adderall and Ritalin (often prescribed for ADHD) and found misuse remained relatively steady—6.8% (Adderall) and 1.8% (Ritalin) for high school seniors
- The comprehensive survey also showed that most teens get these medicines from friends or relatives—a smaller percentage misuse or abuse pills that had been prescribed for them for a medical problem
- Although teens did not misuse or abuse prescription stimulants at higher rates than in past years, there was a decline in teens' perceptions the risks of doing so—in 2014, 55.1% of seniors saw regularly taking prescription amphetamines as harmful (down from 69.0% in 2009)

Over-the-Counter ('OTC') Drug Abuse

Easy, legal access to inexpensive over-the-counter (OTC) medicines has contributed to widespread abuse. Because a doctor's prescription is not needed, many mistakenly believe that OTC medicines are safer than prescription medicines and illegal street drugs—but OTC medicines can cause serious and potentially fatal side effects when abused.

Abuse of OTC medicines is most common among teens between the ages of 13 and 16—one in ten 7th to 12th graders report abusing OTC drugs--Source: ConsumerMedSafety.org; posted 2/5/2014

Dextromethorphan ('DMX')

This is an active ingredient in more than 100 OTC cough and cold medicines such as Robitussin and NyQuil—one in every 8 teens has reported abuse of cough medicine to get high.

Large doses can cause euphoria, distortions of color and sound, and out-of-body hallucinations that last up to 6 hours—some other dangerous side effects include impaired judgment, vomiting, loss of muscle movement, seizures, blurred vision, drowsiness, shallow breathing, and a fast heart rate.

Teenagers have a number of nicknames for DXM such as:

- Dex
- Robo
- Tussin
- Skittles
- Triple C's
- Vitamin D

Coricidin HBP Cough and Cold Tablets contain far more potent doses of DXM than cough syrups—instead of drinking a whole bottle of foul-tasting cough syrup, the pills can easily be ingested or snorted to obtain a high.

Motion Sickness Drugs

Motion sickness pills that contain dimenhydrinate (Dramamine Original Formula) or diphenhydramine (Benadryl) taken in large doses can cause euphoria and hallucinations similar to street drugs.

The dose needed to cause these symptoms varies widely according to body weight and tolerance—some teens and adults may take as many as 40 tablets of Dramamine to experience the desired high.

Extremely high doses of Dramamine have caused dangerous irregular heartbeats, coma, heart attacks, and death—long-term abuse can cause depression, liver and kidney damage, memory loss, eye pain, itchy skin, urine retention, and abdominal pain.

The elderly are at a high risk for prescription drug abuse for several reasons

Those over age 65 currently comprise 13% of the general population—but they consume more than 30% of the drugs prescribed in this country

With aging, liver function slows down and drug metabolism is affected—meaning that the elderly will likely experience more effects from a drug even with a lower dosage

Prescription opioids are often prescribed to treat the aches and pains associated with aging

Headliners: Narcotics Use for Chronic Pain Soars Among Seniors; As reported by John Fauber and Ellen Gabler of the Milwaukee-Wisconsin Journal Sentinel; posted 5/29/2012; accessed on 1/16/2017 at:

<http://archive.jsonline.com/watchdog/watchdogreports/narcotics-use-for-chronic-pain-soars-among-seniors-kg56kih-15555495.html>

It was reported that since 2007, top-selling opioids dispensed to people 60 years and older have increased 32%—which was DOUBLE the growth for prescriptions dispensed in the 40-to-59 age group--Source:Journal Sentinel/MedPageToday analysis of prescription data from IMS Health (a health care information company)

In 2009, the American Geriatrics Society ('AGS') joined others in advocating for greater opioid use to treat chronic pain in seniors (especially those 75 and older)—it should be noted that the group's guidelines are a key reference for thousands of doctors on the front line of medicine

The new AGS guidelines recommended that OTC pain relievers (such as ibuprofen and naproxen) be used rarely and that doctors instead consider prescribing opioids for all patients with moderate to severe pain

The panel members said they relied on research and their own experience in revising the guidelines, acknowledging 'existing weak scientific evidence'

Headliners: The New Drug Addicts—Grandma and Grandpa; Diane C. Lada; reporting for the Sun Sentinel; appearing in the Idaho Statesman; 7/1/12

State and federal statistics show the number of people in their 50's and 60's reporting illicit drug use and seeking help with addictions skyrocketed in the past decade

Recent statistics from Nova Southeastern University (Davie, FL) show the number of Floridians aged 51-60 who entered public-funded primary treatment programs went up 37% between 2001 and 2011

The increases were especially dramatic in regard to sedatives with boomers going from comprising 6% to almost 19% of ALL admissions involving drugs like Valium and Xanax

The National Institutes of Health ('NIH') reported that surveys demonstrated that in 2010, 2.4 million people aged 50-59 admitted they had abused prescription or illegal drugs within the past month—almost THREE TIMES as many as was demonstrated in 2002

The NIH became alarmed about the rapid rise in boomer addicts and released its first consumer alert in June 2012 on prescription and illicit drug abuse signs and dangers on its website: www.NIHSeniorHealth.gov

Previously, the agency's publications about drugs and seniors have focused on monitoring interactions between legally prescribed medications and how to properly take pills

According to the Prevention Tactics report: 'Prescription drug abuse is present in 12%-15% of elderly individuals who seek medical attention'

A document from the Johns Hopkins Medical School notes that the number of Americans over age 50 abusing prescription drugs is projected to rise to 2.7 million in 2020

'In a single year, about 170,000 Medicare beneficiaries were doctor shopping...going to multiple doctors to get the same opioid prescriptions and then going to multiple pharmacies and getting them all filled.'--Source: Senator Pat Toomey, R-Penn.; in an interview with CNBC

A tool called '**Lock In**' is now being used by Medicaid and many private insurers

It 'locks' the patient into a single doctor and pharmacy so that prescriptions can be tracked more easily—legislation was recently passed to add Medicare to the Lock-In program (saving taxpayers around \$100 million per year)--Source: Government Accountability Office

Key Problem: Signs of prescription drug abuse in the elderly often mimics those of natural aging

TIPS FOR THE PRACTICE SETTING:

- Pupillary response is key in detecting potential addiction or over dose of stimulants or opioids
 - Remember: Stimulant abuse will exhibit DILATED pupils; opioids will cause PINPOINT pupils
- Prescription medications can be taken in dangerous combinations and many have potential addictive potentials—prescribing any antianxiety or pain medication should be judicious
- Off-label use of FDA approved medicine is occurring in the dental setting—make sure all drug recommendations and prescriptions are given for their approved use
- Beware of doctor shopping!!!
 - The dental office has become the new medicine cabinet for prescription drug abusers

THANK YOU!