Reduce the Supply!

Written by Geoff Kane, MD, MPH Tuesday, 13 March 2012 14:27

Epidemic misuse of prescription pain medication in the United States is partly due to the availability of opioid analgesics (medication in pills, patches, injections, nasal sprays, and even lollipops that contain natural or synthetic substances that cause pain relief and euphoria by stimulating endorphin receptors in the brain). Can individuals and communities possibly do anything to reduce or reverse this deadly problem? The answer is *yes*. Specific actions by individuals, healthcare professionals, and others can r*educe the supply of opioids* available for misuse and addiction without denying pain relief to those in need.

National surveys show 60 to 70 percent of people who used opioids nonmedically obtained them from a friend or relative. About 11 percent took them without asking. At home, securely lock up any prescription opioids you may need and get rid of any you don't need.Visitors who are drug-experimenters or opioid-addicted—these could be relatives, teenage friends, repairpersons, real estate agents—are prone to searching out opioids and removing some or all of them. It is the nature of active addiction that the person's relationship with an addictive substance eclipses other relationships, so access to the drug can overshadow honesty or respect for you. Dispose of unneeded medications safely, perhaps through a medication take-back program, rather than trash or flush them.

Physicians and other practitioners add to the supply of opioids available for misuse when they prescribe enough opioid to last a few weeks when treating pain that will resolve in a few days. And prescribers can be gullible. A frail woman in her fifties, finally in treatment for addiction, told how she obtained at least 500 prescriptions for controlled substances from local providers in a single year! Before prescribing opioid analgesics, prescribers should establish whether patients have active addiction or personal or family histories of addiction. Gathering information from family members may help. Active addiction or risk of addiction does not preclude the use of medically necessary opioids, but precautions may be warranted. These include having a third party hold the medication, using one designated pharmacy, conducting random drug screens and pill counts, creating a written agreement specifying mutual expectations and consequences, and limiting each prescription to a modest amount of medication.

Professional groups, government agencies, pharmaceutical companies, and insurance

companies are helping make practitioners savvier about prescribing opioids. They not only promote education but also offer tools such as statewide electronic databases of controlled-substance prescriptions (Prescription Drug Monitoring Programs or PDMPs) and reports on patients whose prescription claims deviate from the norm. First-person stories are powerful teachers; so if, as a patient, *you* ever manipulated a prescriber, consider telling her or him how you did it.

Law enforcement reduces the supply of opioids when it prosecutes what the press calls "pill mills" and "doctor shoppers." Pharmaceutical companies may help when they reformulate medications to be abuse-resistant (as Purdue-Pharma has done with OxyContin), but they may also hurt when they introduce new products such as pure hydrocodone.

For additional information on prescription drugs: NCADD prescription drugs and prescription drug abuse; prescription take-back programs: U.S. Dept of Justice Drug Take Back Network and Dispose My Meds; PDMPs: ONDCP Fact Sheet and Prescription Monitoring Program; abuse-resistant formulas: Pharmacy Times.

> The **NCADD Addiction Medicine Update** provides NCADD Affiliates and the public with authoritative information and commentary on specific medical and scientific topics pertaining to addiction and recovery. A future **Update** will address ways individuals and communities can **reduce the demand** for the illicit use of prescription opioids.