Introduction

The United States has seen a dramatic increase in prescription drug abuse since 1990. The increase in drug abuse has led to a steady rise of drug overdose deaths. Over 27,000 people died from overdoses in 2007, a number that has risen five-fold since 1990\(^1\). This disturbing mortality trend parallels with the increase in sales and medical use of the opioid analgesics, oxycodone and hydrocodone. The misuse and abuse of opioid analgesics was responsible for more than 475,000 emergency department visits in 2009, a number that nearly doubled in just five years\(^2\).

Commonly Abused Medications
Many types of drugs are abused. But there is a growing, deadly epidemic of prescription drug abuse. Nearly three-fourths of all prescription drug overdoses are caused by opioid pain relievers. Some of the commonly abused medications are opioids, benzodiazepines, and amphetamine-like drugs. Opioids are derived from the opium poppy and used for pain relief. Examples of opioids are hydrocodone (Vicodin\textsuperscript{®}), oxycodone (OxyContin\textsuperscript{®}, Percocet\textsuperscript{®}), fentanyl (Duragesic\textsuperscript{®}, Fentara\textsuperscript{®}), methadone, and codeine. Benzodiazepines are central nervous system depressants and are used as sedatives, to induce sleep, prevent seizures, and relieve anxiety. Examples of benzodiazepines are alprazolam (Xanax\textsuperscript{®}), diazepam (Valium\textsuperscript{®}), and lorazepam (Ativan\textsuperscript{®}). Amphetamine-like drugs are central nervous system stimulants used to treat attention deficit hyperactivity disorder (ADHD). Examples of amphetamine-like drugs are dextroamphetamine/amphetamine (Adderall\textsuperscript{®}, Adderall XR\textsuperscript{®}) and methylphenidate (Ritalin\textsuperscript{®}, Concerta\textsuperscript{®}).

Mechanism of Prescription Opioid Analgesics
The perception of pain decreases when the pain medication binds to the mu receptors in the brain. A sense of euphoria is created with the use of these powerful drugs. The continuous use of these drugs can cause a physical dependence which can lead to addiction. An addicted person abusing opioid analgesics may take larger dosages to achieve a euphoric effect. With high dosages and long-term use, the risk for more dangerous conditions like paranoia, psychosis, immune deficiencies and organ damage increase\(^1\), along with the potential for stroke, heart attack, respiratory failure, and coma. These conditions will require treatment to resolve.

How the Drugs Are Obtained
Primary care physicians, internal medicine doctors, and dentists prescribed three out of four prescription pain medications\(^3,4\). The majority of all prescription drugs involved in overdoses are obtained from prescriptions. Once dispensed, prescription drugs are frequently diverted to people using them without a prescription.
Persons more vulnerable to prescription drug overdose may be classified as follows:

- People who obtain multiple controlled substance prescriptions from multiple providers—a practice known as “doctor shopping”\(^5,6\).
- People who take high daily dosages of opioid analgesics and those who misuse multiple abuse-prone prescription drugs.\(^6,7,8,9,10\)
- Low-income people and those living in rural areas.
  - People on Medicaid are prescribed pain medications at twice the rate of non-Medicaid patients and are at six times the risk of prescription pain medication overdose.\(^11,12\)
- People with mental illness and those with a history of substance abuse\(^10\)

**Where Overdose Deaths Occur**

The most severely impacted areas are in the Southwest and Appalachian regions. The highest drug overdose death rates were found in New Mexico and West Virginia in 2008\(^13\). Nebraska had the lowest overdose death rates at that same time.

**Recommendations**

States are critical to reversing the prescription drug overdose epidemic. States play a significant role in protecting the public health by regulating health care. Many states have policies that are reducing prescription drug abuse while ensuring patient safety. The following are potential practices for consideration:

- **Prescription Drug Monitoring Programs\(^14\)**
  Prescription Drug Monitoring Programs (PDMPs) are state-run electronic databases used to track the prescribing and dispensing of controlled prescription drugs to patients. This database is available to prescribers and pharmacists for the purpose of providing information regarding a patient’s controlled substance prescription history. As of 2011, thirty six states have active programs.\(^14\)
- **Patient restriction programs**
  High risk patients can be placed in a “lock-in” status. Lock-in status designates a single physician and a single pharmacy for patients who show unjustified use of multiple providers. This coordination of care can ensure appropriate access to medical service and limit potential overdose behavior.
- **Laws to prevent prescription drug abuse**
  States can enact laws to prevent doctor shopping and to limit “pill mill” operations. This action can ensure access to legitimate pain management services and reduce opioid analgesic abuse.
- **Healthcare provider accountability**
  States can take action against healthcare providers and pharmacists who are acting outside the limits of treatment guidelines.
- **Access to substance abuse treatment**
  States can increase access to abuse treatment programs. These programs can reduce overdose in people struggling with dependence and addiction.
Conclusions
New Mexico has one of the highest overdose death rates in the nation. Opioid analgesics are the leading contributors to these overdose deaths. States should take a more active role with legislation and state wide monitoring programs to reduce abusive behavior. Healthcare providers, such as physicians and pharmacists, should be held accountable for their prescribing and dispensing activity. The ability to stop this epidemic will require the collaborative efforts of the patient, physician, and pharmacist.

References:

To report medical fraud, contact the Medicaid Quality Assurance Bureau. NMMedicaidFraud@state.nm.us or (505) 827-3100 or Fax (505) 827-3185. We appreciate your continued support of our efforts to encourage quality care for our Medicaid clients.

Questions and/or comments about this newsletter may be directed to Diana Moya, R.Ph. at (505) 827-3174 or DianaJ.Moya@state.nm.us. DUR newsletters are posted on the New Mexico Human Services Department website: http://www.hsd.state.nm.us/providers/utilization-review.aspx.