Prevention’s Role: Reducing Prescription Drug Abuse

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Objective of Today’s Talk

Provide insight on prevention activities to reduce prescription drug abuse
SAMHSA’s Approach to Prescription Drug Abuse Prevention Plan

Supports the *National Drug Control Strategy* in 3 major areas:

- Education
- Monitoring
- Proper Medication Disposal
SAMHSA’s 8 Strategic Initiatives

**MISSION:** Reduce the impact of substance abuse and mental illness on America’s communities.

**Goal 1: Prevention of Substance Abuse**
- Identify populations in need of services
- Uncover risk and protective factors
- Evaluate the effectiveness of program initiatives

**Goals 2 and 4: Public Awareness/Support**
- Underage drinking
- Prescription drugs
- Lethal/addictive combinations

**Goal 3: Preventing Suicides**
- Identify high risk groups
- Prescription drug abuse involved in intentional overdoses and death
“Creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide. This Initiative will include a focus on the nation’s high-risk youth, youth in tribal communities, and military families.”

Specific Goal 1.4: Reduce prescription drug misuse and abuse.
Preventing Prescription Abuse in the Workplace (PAW)

- PAW contract initially awarded 2011.
- Multi-disciplinary collaborative efforts and technical assistance to public/private, civilian/military workplaces, communities and tribes, unions, organizations and associations.
- Provides: fact sheets, white papers, issue briefs, web and social marketing, training and expertise, and prevention tools.
- Expert Panel informs PAW TA resource development & delivery
- Dissemination and multi-media approaches in addressing topics: preventing prescription drug theft, the dangers of opioid medications, the dangers of sharing prescriptions, what employers can ask employees about prescription drug use, screening, and early intervention, and incorporating prescription drugs into a drug free workplace program.
- Enhanced education, programs, and policies to improve employee, their family’s, and community health, wellness, and safety.
PAW Reach

**Populations Served**

**WORKPLACE**
- Companies
- Workplace Wellness Associations
- Military

**COMMUNITIES**
- SAMHSA Grantees
- Community Coalitions
- Tribal Organizations
Why Workplaces?

1) Ability to reach diverse populations including immigrants, young to old, male and females, non-English speaking, and others who may not be exposed to or engaged in community supported health promotion efforts.
2) Many share similar cultures and live in close proximity or in the same communities.
3) Lines of communication already exist with social and organizational support for those attempting to change negative or gain positive health behaviors.
4) Changes in workplace norms are possible to promote healthy behaviors.
5) Incentives can be offered for participation or success in a program.
6) Programs can be lengthened to increase chance of success.
7) Programs can be joined with existing policies including safety and regulatory compliance.
8) Data are available for evaluation from administrative data and human resource systems.
Possible Impacts of Prescription Drug Abuse in the Workplace

• Lower morale and commitment
• Increased turnover
• Higher rates of injury & accidents
• Higher workers compensation costs
• Higher health care costs
• Higher litigation costs
• Lost productivity (absenteeism, presenteeism)
• Theft/white collar crime
PAW Focus on Special Populations

PAW technical assistance, training, and tools will be adapted to best meet the needs of focused populations, communities, and workplaces.

- Indian Country
- Older Americans
- Young Adults
- Military
- First Responders
- Transportation
- High Risk Occupations
- Diverse Cultures including Immigrant Populations
# Multi Media Approach to Resources

## Fact Sheets
- Awareness
- Dangers
- Disposal
- Theft
- Statistics
- Target industries
- Prevention strategies

## Issue Briefs
- Workplace costs
- PDMP cost savings
- Pain Management
- EAPs and return to work

## Web and Social Networking
- Topical webinars
- SAMHSA blog postings
- PAW listserv/Weekly literature update
- Social media postings

## Training and Expertise
- SAMHSA staff briefings
- Intervention program enhancement
- Rx abuse-related data analysis

## Prevention Tools
- Industry specific Rx abuse screeners
- Rx related resource guides

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**TA Resources**
Association of Flight Attendants: Developed an empirically-based, validated, short screening tool specifically for flight attendants to recognize potential risk of prescription drug issues early and obtain EAP help.

<table>
<thead>
<tr>
<th>In the past 12 months:</th>
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<tbody>
<tr>
<td>I have not shown up for a trip because of my use of a drug or medication one or more times (Y/N)</td>
</tr>
<tr>
<td>I have used a flying partner's prescription medication one or more times (Y/N)</td>
</tr>
<tr>
<td>I have shared my prescription medication with a flying partner one or more times (Y/N)</td>
</tr>
<tr>
<td>I have used a prescription pain medication while performing my flight duties two or more times (Y/N)</td>
</tr>
<tr>
<td>I have bid my flying schedule to avoid a drug test positive one or more times (Y/N)</td>
</tr>
<tr>
<td>I have bid my flying to have access to a drug or medication one or more times (Y/N)</td>
</tr>
</tbody>
</table>
PAW Fact Sheets

• Prescription Drug Monitoring Programs: A cost-saving tool for employers
• Modifying Drug-free Workplace Programs to address nonmedical use of Rx drugs (National Safety Council)
• Structuring a health benefits package sensitive to prescription drug misuse issues (National Safety Council)
• Alternatives to Rx drugs for pain management
• Rx abuse statistics & trends
• Rx abuse and Native Americans
• Rx abuse and Pregnant Women
• Add Rx disposal to funeral homes’ checklists
Prescription drug overdoses now cause more accidental deaths in the United States than automobile accidents.

The Centers for Disease Control and Prevention reported that more than 12 million U.S. residents used prescription painkillers nonmedically in the past year. Many nonmedical users of prescription painkillers are employed, and therefore prescription drug use affects employers of all sizes and in all industries.

**Why should employers care?**

In 2007, prescription narcotic abuse cost employers almost $26 billion because employees were less productive while at work or were not at work at all.

Employees who abuse drugs are 2 to 5 times more likely to:

- take unexcused absences,
- be late for work,
- quit or be fired within 1 year of employment, be involved in workplace accidents, and
- file workers’ compensation claims.

**What can employers do?**

- Educate employees about the health and productivity issues related to prescription drug abuse.
- Incorporate information about substance abuse in workplace wellness programs or strategies.
- Offer health benefits that provide coverage for substance abuse disorders.
- Expand drug testing to include prescription drugs.
- Publicize drug-free workplace policies and incorporate guidelines regarding prescription drugs.
- Provide employee assistance programs (EAPs), wellness, and work-life programs that include information and services related to substance abuse prevention, treatment, and return to work issues.
- Train managers to recognize and respond to substance abuse issues so problems can be addressed in uniform, cost-effective, and business-sensitive ways.

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The Substance Abuse and Mental Health Services Administration supports the Preventing Prescription Abuse in the Workplace Technical Assistance Center. For more information, contact PAWTAnrequest@PIRE.org.
MONITORING PRESCRIPTION DRUG USE IN THE WORKPLACE: WHAT CAN EMPLOYERS ASK?

According to the United States Equal Employment Opportunity Commission’s (EEOC) Americans with Disabilities Act (ADA), employers are regulated as to what medical questions they can ask of their employees. This includes prescription drug use.

This fact sheet will provide guidance to employers and employees on when it is appropriate to ask about employees’ use of prescription drugs as well as how to properly ask for this information.

Scope of the Problem

In 2011, over 6 million adults had nonmedically used pain relievers, tranquilizers, stimulants, or sedatives in the past month. Nonmedical use of these prescription drugs is defined as use without a prescription of the individual using the drug or using the drug for the experience or feeling the drug caused.

Findings from 2006 indicate that nonmedical use of prescription drugs cost the U.S. $42 billion that year in lost productivity. With almost 92 percent of U.S. residents having some type of gainful employment, employers can expect that some of their current employees or potential employee candidates will be nonmedical users of prescription drugs.

The Americans with Disabilities Act (ADA) in the Workplace

Given the extent of the nonmedical use of prescription drugs in this country and the money that employers can lose due to this use, employers may be interested in knowing which of their employees or potential new hires use prescription drugs. In 1990, the EEOC enacted the ADA to protect the rights of job applicants and employees to be assessed on merit alone, while protecting the rights of employers to ensure that individuals in the workplace can efficiently perform the essential functions of their jobs. The ADA applies to all employees, not just those with disabilities. Medical information such nonmedical use of prescription drugs is protected under the ADA, so employers must be knowledgeable about ADA regulations before making any inquiries of their employees or potential new hires.

Pre-Employment Inquiries

According to the ADA, employers are not allowed to ask potential new hires about their prescription drug history before they offer a job to the applicant. Speaking in generalities, employers can ask the applicants if they will be able to fulfill all the stated job duties in the job opening description. If this question is asked by the employer, the applicant is required by law to notify the employer of any prescription drugs they may be taking that have side effects which can affect the job duties.

After the Job Offer, Before Employment Begins

Once a potential new hire has completed the interview process and a job offer has been extended, an employer can ask the employee health-related questions, including questions on prescription drug use. This can only be done if all employees at the same job status are required to answer the same questions. These questions can be asked regardless of if they relate to the job’s function.

Potential employers can also require potential new employees to get a medical examination and submit their results to the company. Under the ADA, it is illegal for employers to discriminate against potential new hires based on prescription drug use history unless the person could not start the job, even if the employer has made reasonable accommodations for that person’s position.
OPIOID AND NARCOTIC PAINKILLERS: KNOW THE BENEFITS, UNDERSTAND THE DANGERS

About 2.3 million emergency room visits were made in 2010 because of reactions to drugs. Narcotic pain relievers, also known as opioids accounted for over 400,000, or 17%, of these visits.

Opioids are medications that decrease how much pain you feel. Opioids are also known as narcotics. Your doctor may give you these drugs for many types of pain, the flu, or a cough.

Examples of Opioid-Containing Medicines

<table>
<thead>
<tr>
<th>Name Brand</th>
<th>Generic Name</th>
<th>Illness Treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vicodin</td>
<td>Hydrocodone</td>
<td>injuries and dental pain</td>
</tr>
<tr>
<td>OxyContin, Percocet</td>
<td>Oxycodone</td>
<td>Chronic or severe pain</td>
</tr>
<tr>
<td>Kadian, Avinza</td>
<td>Morphine</td>
<td>severe pain</td>
</tr>
<tr>
<td>Lomotil</td>
<td>Codeine</td>
<td>cough, severe diarrhea</td>
</tr>
<tr>
<td>Fioricet with Codeine,</td>
<td>Codeline</td>
<td>headache</td>
</tr>
<tr>
<td>Phrenilin with Caffeine and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Codeine, Ascomp with Codeine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheratussin AC,</td>
<td>Codeline</td>
<td>cough</td>
</tr>
<tr>
<td>Robinsusin-AC, Iophen-C,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nr, Guatalusin AC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phentil, Maxiln, Rolatus,</td>
<td>Codeline</td>
<td>cough</td>
</tr>
<tr>
<td>Calodrine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Common Reactions

While opioids are very effective medications, you can have reactions to them. They can make you
  - sleepy,
  - sick to your stomach,
  - constipated,
  - feel confused, or
  - dizzy.

These reactions can happen suddenly and while taking the usual dose of the drug that contains opioids.

Be careful to follow your doctor’s or pharmacist’s instructions.

Many opioids will take about 90 minutes to become fully active in your body. Be sure to check the warning labels on the bottle; you may need to be careful going about ordinary activities such as driving.

- Serious Reactions

If you take more than prescribed, or combine opioids with alcohol or some other drugs, such as tranquilizers and sedatives, they can cause
  - clammy skin,
  - weak muscles,
  - dangerously low blood pressure,
  - slowed or stopped breathing,
  - coma, or
  - death.

- Do Not Share Opioid Painkillers

Never share the medication that your doctor has given you with someone else, even family members. Another person may react differently to the medications. You may be endangering someone’s life if you give them your medicine.

- Long-Term Problems

If you take opioids for a long time, your body can feel less of their effect. You may feel the need to use more of the drug to feel the effects of the medicine. Do not use more without talking to your doctor. Taking more opioids can increase the chance that you may have side effects or overdose. Opioids can be highly addictive if not managed carefully by a doctor.
The Slippery Slope of Relieving Pain: Be Wary of Opioid Drugs

Pain is the most common reason people seek medical treatment. Patients often want the most potent painkillers—opioids, also referred to as narcotics.

If you have been injured on the job and have developed chronic pain, you might seek relief with narcotic medications. Narcotics are potent pain relievers. But there are many reasons why you should try safer medications before taking narcotics.

Prescription drug abuse, caused mainly by misuse of opioid painkillers, is the fastest-growing drug problem in the United States. Since 2003, more overdose deaths have involved opioid analgesics than heroin and cocaine combined. This epidemic parallels the huge increase in the number of prescriptions written for opioid medications over the past decade.

How Do These Drugs Work?

These drugs are easily absorbed through the gastrointestinal tract and attach to one or more of the four types of opiate receptors in the brain. When receptors are stimulated, they reduce pain without eliminating its cause. They produce sedation, euphoria, and respiratory depression. And they also slow gut function, leading to constipation.

Peak effects generally are reached in 10 minutes if taken intravenously, 30–45 minutes with an intramuscular injection, and 90 minutes by mouth.

What Are Opiates?

Pure opium is a mixture of alkaloids extracted from the sap of the poppy plant’s unripe seedpods. Opioid painkillers include a wide variety of compounds, divided into classes based on whether they are straight extracts from the opium poppy, extracts that have been chemically modified, or completely synthetic compounds that have a similar mechanism of action but are unrelated to opium.*

Heroin, codeine, and morphine are natural derivatives of these alkaloids. Their effects, and the abuse potential of the various compounds, differ. Opiates can be short acting (e.g., morphine sulfate), extended release (short-acting formulations that are absorbed slowly so they can be taken at longer intervals), or long acting (e.g., methadone).

* Extracts of the poppy include morphine sulfate (Contin®, Roxina®, and Avinza®) and codeine, sold as Tylenol® 3®, Tylenol® 4®, Fiorinal® #36, and Fioricet® #36. Semisynthetics include hydrocodone (Vicodin®, Vicodin ES®, Vicoprofen®, Lortab®, Lorcet®, Norco®), hydromorphone (Dilaudid®), oxycodone (Percocet®, Roxicod®, Endocet®, Percodan®, OxyContin®, and oxymorphone (Opana®, Opana ER®). Synthetic include methadone (Dolophine®, Methadose®), meperidine (Demerol®), fentanyl (Duragesic®, Sufenta®, Ultiva®, Actiq®), and loperamide (Imodium®).
5 REASONS NOT TO SHARE PRESCRIPTION DRUGS AT WORK

Although 40% percent of adults say they borrow or lend prescription drugs, it’s very dangerous to do. Understand the risk of sharing prescription drugs while at work.

1. Federal law prohibits the possession or use of someone else's prescription drugs.

2. You could get fired from your job for distributing prescription drugs without a medical license.

3. Someone else’s prescription drugs may cause problems with your current medicines or medical conditions. They also may cause you to have a serious side effect or allergic reaction.

4. Using leftover prescription drugs—yours or someone else’s—may mean you do not get the correct amount, and your infection or illness may become harder to treat.

5. You could be responsible for coworkers’ injuries if they take your prescription drugs. And, depending on where you live, if the person you gave the drugs to gives them to someone else, you also may be legally responsible for the other person’s injuries.

Help stop drug abuse. Don’t share your prescriptions with others.

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PHARMACISTS: WARN YOUR CUSTOMERS ABOUT PRESCRIPTION DRUG THEFT

A 52-year-old woman reported to the police that contents in her purse were stolen from her shopping cart. She had walked away from her cart after receiving a call on her cell phone, leaving her purse unattended. When she was about to leave the store, she realized several bottles of prescription

SAFEGUARD YOUR MAIL-ORDER PRESCRIPTION DRUGS

Getting prescription medications in the mail may be convenient, but it presents an opportunity for people to steal them.

REALTORS: WARN YOUR CLIENTS ABOUT PRESCRIPTION DRUG THEFT

An open house can be a convenient opportunity for people to steal prescription medication.

Often working in pairs, thieves may pose as homebuyers. While one distracts you, the other raids the medicine cabinet.

When putting a house on the market, advise homeowners to:

- Be aware of all prescription medications in the house—don’t forget drugs kept in nightstands and the kitchen.
- Keep prescription drugs locked up with other valuables.
- Report any stolen prescription drugs to the police.

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The Substance Abuse and Mental Health Services Administration supports the Preventing Prescription Abuse in the Workplace Technical Assistance Center. For more information, contact PAWT@requests@PRTC.org
Leftover, unused, or old medication is dangerous to keep in your home. It is important for you to know how to properly dispose of it.

Why Throw Away Old Medications?
Keeping old medications in your home can put you or your family at risk of:

- Poisoning. Children and pets may get into the medicine and become sick or die. According to the Centers for Disease Control and Prevention, as of 2005, the number of emergency department visits by young children for medication poisonings exceeded visits by children for automobile accidents.

- Having medicine stolen. People who have access to your house may go through medicine cabinets and take the drugs without your permission. Painkillers, in particular, can be illegally sold or given away so others can get high.

- Taking medicine after its end date. All drugs have end dates, also known as expiration dates. Many medications don’t work as well after this date. Some can degrade in quality and make you sick. Do not risk taking medicine after the end date.

- Using medicine unwisely. Although it may be tempting to use old medicines when you feel sick instead of going to the doctor, this is very risky. Self-medicating with your own old medicine may lead to delayed treatment of a serious medical problem. The medicine may be past the end date or you may have unexpected reactions because of new medicines you’re taking. Talk to your doctor, who can check your symptoms and your history, and, if necessary, write a new prescription that is right for your current illness.

How Do I Safely Dispose of Medications?
DO NOT throw drugs in the trash, flush them down the toilet, or pour them down the drain. This can pollute the water.

DO ask your pharmacist what to do with old medications. Many pharmacies, including those at grocery stores, will take unused medicines and dispose of them properly for you. They may or may not charge a small fee.

DO look online. Several web pages can point you to programs and stores that collect unused medicine, such as:

- the Drug Enforcement Administration; it organizes drug take-back programs a few times a year at certain locations. The date and locations of the upcoming event are posted at http://www.deadiversion.usdoj.gov/drug_disposal/takeback/

- the U.S. Food and Drug Administration website; it shows you how to properly throw away medicine, when it’s appropriate: http://www.fda.gov/downloads/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingOver-the-CounterMedicines/ucm107163.pdf

- Sharps Compliance, Inc.; it has a national directory of pharmacies that take back medicine: http://www.sharpsinc.com/locations/

- the American Medicine Chest Challenge; it has a national directory of permanent prescription drug collection boxes: http://www.americanmedicinchest.com

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Funeral Directors: Help Your Clients Avoid Prescription Drug-Related Victimization

Funeral directors have a unique opportunity to provide important information to their clients about the proper disposal of the recently deceased’s prescription drugs.

Shortly before people die, they often take powerful pain relievers and other abusable drugs that can be dangerous. This information can prevent accidental poisonings and potentially dangerous self-medication by anyone who finds these drugs. Also, thieves may read obituaries in the newspaper or online in order to target the home of the deceased to steal leftover medications. Proper disposal prevents medications from falling into the wrong hands and keeps your communities safe from harmful toxins.

**What Can Funeral Directors Do?**
- Add medication disposal to the checklist for pre- or post-funeral planning materials. This can include the following:
  - A list of local medication drop-off locations, if available.
  - Guidelines from the U.S. Food and Drug Administration’s website.
  - Information in the “How to Handle Leftover Medication” factsheet developed by the Preventing Prescription Abuse in the Workplace Technical Assistance Center.

**Why Is It Important for Funeral Directors to Provide This Information?**
- Recently deceased individuals may have unused prescription medications left in their homes. Unused or old medications pose the potential risk of:
  - Poisoning. Children or pets may ingest medicine and become sick or die.
  - Medication theft. Prescription pain relievers, in particular, can be illegally sold or given away.
  - Unsafe nonmedical use by family members. Over 70 percent of people who abuse prescription pain relievers got them from friends or relatives.\(^1\) Drug overdose deaths in the United States are a leading cause of accidental death and rose for the 11th straight year in 2010.\(^1\)
  - Improperly disposing of medications directly in the trash can leave them accessible for nonmedical use. Improperly flushing some medications down the toilet can pollute water systems.

**Sources**

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Most people will experience low back pain at some point in their lives (Frymoyer, 1988). Low back pain is the fifth most common reason for all physician visits in the United States (Hart, Deyo, & Cherkin, 1995). In addition, lower back injuries account for 30–40 percent of workers’ compensation payments (Daltroy et al., 1997). Lost work claims typically result from an acute injury caused by a single event, such as lifting or moving a heavy object. Acute pain also can occur suddenly, without any obvious cause. Acute back pain is usually treated successfully with several days of modified activity, nonnarcotic pain relievers, and muscle relaxants. But in up to one-third of cases, the acute symptoms do not go away (Von Korff & Saunders, 1996). Pain that lingers for months is called chronic low back pain (CLBP).

The word opiate refers to naturally occurring substances that are derived directly from the opium poppy, which possesses painkilling properties. Opioid is a broader term that includes not only opiates but also synthesized chemicals that bind to the same receptors, such as methadone, meperidine (Demerol), and fentanyl. Opioid drugs are also commonly referred to as narcotics. Although it is tempting to treat CLBP with opioid pain relievers, such as codeine or OxyContin, people with CLBP and their families should be cautious of that approach. It is not advised to move to opioid treatment too soon before exploring other treatment options for nonspecific CLBP (Chou & Huffman, 2007a, 2007b). Research has found that while opioids may alleviate pain in some people, they are generally not more effective than nonopioid pain relievers, have a less beneficial effect on function, and may have serious side effects in many individuals (White et al., 2011). Moreover, combining these prescription drugs with alcohol, tranquilizers, a large number of other drugs, or other opiates can cause a potentially fatal overdose. If the person has other medical conditions, such as anxiety, depression, arthritis, or cancer, medications prescribed for those problems could interact with opiate pain relievers and lead to an overdose. Patients with CLBP who take opioid medications are significantly more likely than patients not taking them to have an emergency room visit within 30 days after the initial drug prescription date (Khee, Taitel, Walker, & Lau, 2007). Also, opioid pain medications do not treat the root cause of pain; they only cover it up (Bogduk, 2004). In addition to the risk of overdose, patients prescribed opiates for relief of chronic pain have a high potential risk of developing opioid dependence. For those requiring treatment for chronic noncancer pain and who have weighed the risks and benefits of opiates, often the best decision is to avoid opiates in favor of other treatments (Dowell, Kunina, & Farley, 2013).

This series of four fact sheets explains the causes of CLBP and some proven approaches for treatment. This fact sheet describes the main causes of CLBP and who is most at risk for developing CLBP. It lists the symptoms a person with CLBP should report to his or her health care provider and briefly describes approaches that may be helpful in treating CLBP. Subsequent fact sheets (2–4) describe these treatments in more depth.
MANAGING CHRONIC LOW BACK PAIN WHILE MINIMIZING USE OF DANGEROUS PRESCRIPTION OPIOIDS

SELFF-MANAGEMENT

Prescription Opioids 2 ~ Self-Management

This fact sheet describes what a sufferer can do to manage chronic low back pain (CLBP) and, at the same time, to reduce the chances of misusing or overusing prescription medications. This fact sheet is for people diagnosed with nonspecific CLBP. The approach described is called self-management. Subsequent fact sheets (3 and 4) describe how allied health professionals can help a patient address chronic pain using acupuncture, cognitive behavioral therapy, spinal manipulation, exercise, massage, and other nonmedication treatments as alternatives to opioid medications or narcotics that are addictive and may have dangerous side effects.

How Is Chronic Low Back Pain Experienced?

CLBP is experienced by each person in a unique way. It can manifest as persistent pain that does not change much over time, pain that ebbs and flows like a wave throughout life, pain that goes away temporarily but inevitably comes back, or pain-free intervals with occasional flare-ups. No one experiences exactly the same pain syndrome.

What Is Self-Management?

The person with CLBP knows his or her body better than anyone else does. Therefore, he or she is in the best position to determine which treatments are most beneficial. This is called self-management. Self-management is about self-discovery—that is, finding ways to heal one's own body. Self-management should be part of a wellness strategy that includes partnering with a health care provider. The self-management information below suggests some ways that others have found to reduce their pain, be more mobile, live happier lives, and reduce their chances of having a recurrence. The information is presented as ways to (1) reduce back pain directly; (2) exercise to maintain functioning and reduce the risk of recurrence; (3) cope with pain; and (4) address other concerns that contribute to back pain.

Reduce Pain Directly

Weight Loss: Even a few extra pounds can tip the balance from being pain-free to experiencing a flare-up of CLBP (Han, Schouten, Lean, & Seidell, 1997), so staying thinner can really make someone feel better. To reduce weight, eat at least five servings of fruit and vegetables a day, limit calories, cut out less, and avoid sugar-sweetened beverages. Alcohol contains more calories than carbohydrates, so drink in moderation. Eat meals and snacks on a regular schedule (do not skip meals), and choose foods you know are within your calorie limits. Have an occasional splurge, but choose a smaller portion when you do. Remember that restaurant meals typically contain twice or three times (or even more of) the calories you need. Ask for a to-go package as soon as the waiter brings the food, and put most of it there, out of sight, to enjoy later.

Medications: Certain medications may reduce or alleviate your pain. They all have side effects and should be taken with care, so read and follow label guidelines. Aspirin, ibuprofen (Advil, Motrin®), and other nonsteroidal anti-inflammatory medications...
MANAGING CHRONIC LOW BACK PAIN WHILE MINIMIZING USE OF DANGEROUS PRESCRIPTION OPIOIDS

This is the third in a series of four fact sheets on ways to cope with chronic low back pain (CLBP). The first fact sheet explains the causes of CLBP and some proven approaches for treatment. The second fact sheet describes self-management methods that may reduce pain without use of opioid pain medications. It is advisable to use approaches such as nonopioid pain medications, self-management techniques, exercise, therapeutic massage (myofascial release), acupuncture, physical therapy, or spinal manipulation first and not rely on opiate drugs for mild-to-moderate, nonspecific back pain (Bogduk, 2004; Chou & Huffman, 2007). Opioids can be addictive and may have dangerous side effects. They do not help heal the back but only cover up symptoms. Dependence on pain medications may be harmful because they lessen the chance that the person with CLBP will learn how to reduce his or her own pain and other symptoms (Chou & Huffman, 2007; National Institute of Neurological Disorders and Stroke, 2012). Other side effects of opioids include decreased sex drive and fertility, osteoporosis, increased pain sensitivity, and sleep disorders.

This fact sheet explains how acupuncture can work to reduce pain. As with other approaches, it is important to work with a primary health care provider and other allied health professionals to determine the best treatment.

What Is Acupuncture?

Acupuncture is the insertion of fine, solid metallic needles into, or through, the skin at specific sites. Needles are usually left in place for 15–30 minutes and are sometimes twirled by the practitioners. The needles also may be stimulated with electricity or heat. Acupuncture is thought to have originated in China and is considered a complementary and alternative form of treatment because it is not based on Western medical science. Acupuncture is based on a theory that health exists when there is harmony among bodily fluids, the body itself, and nature. Lack of harmony is thought to cause blockage of the body’s vital energy. This energy flows along 12 primary and 8 secondary pathways known as meridians. Insertion of needles at certain points along the meridians aims to bring back the normal flow of energy (Vickers et al., 2012; North American Spine Society, 2007). Typically, multiple treatments are needed. Treatments may begin twice a week and taper off as symptoms improve.

How Does Acupuncture Work?

No one knows for sure how acupuncture works, but it is thought that for back pain, acupuncture blocks the passage of pain sensations from the nerves in the back to the brain (North American Spine Society, 2007). The needles also may stimulate the release of naturally occurring opiates (pain relievers) in the brain and stimulate tissues at the site of the needle puncture (North American Spine Society, 2007; National Institute of Neurological Disorders and Stroke, 2012).
Managing Chronic Low Back Pain While Minimizing Use of Dangerous Prescription Opioids

Other Treatments

- Prescription Opioids ~ An Overview
- Prescription Opioids 2 ~ Self-Management
- Prescription Opioids 3 ~ Acupuncture
- Prescription Opioids 4 ~ Other Treatments

Over the past 10 years, the number of prescriptions written for opioid, or narcotic, medications has risen steadily (Centers for Disease Control and Prevention, 2011). This has led to an over threefold increase in fatal overdoses and an epidemic of people addicted to these powerful prescription pain relievers (Centers for Disease Control and Prevention, 2011). Opiate pain medications, such as oxycodone and hydrocodone, are generally not recommended to treat mild-to-moderate chronic low back pain (CLBP). They may be prescribed if other therapies do not give sufficient pain relief (Bogduk, 2004; Chou & Huffman, 2007a).

This is the last in a series of four fact sheets on ways to cope with CLBP without using opioid pain relievers. The first fact sheet explains the causes of CLBP and some proven approaches for treatment that do not require taking opiate pain medications. The second fact sheet describes self-management methods to reduce pain. The third fact sheet describes the method of acupuncture as a possible way to relieve CLBP.

This fact sheet summarizes the results of recent literature reviews on the usefulness of some commonly used approaches to reduce the discomfort caused by CLBP: cognitive-behavior therapy (CBT), spinal manipulation therapy (SMT), exercise, massage, and other nonmedication treatments.

Cognitive Behavioral Therapy (CBT)

A person’s response to psychosocial stressors and his or her thoughts and beliefs about pain can affect his or her CLBP symptoms. CBT focuses on patterns of beliefs, attitudes, and values that influence thinking. CBT helps people understand how their responses to life’s stressors can make pain better or worse. The CBT therapist teaches specific skills that people can use to cope with pain. Practicing these skills can help people change their thinking patterns, which affects their perception of, and response to, pain. There is good evidence that CBT is moderately effective for CLBP (Chou & Huffman, 2007b; Schoenstine et al., 2003).

Spinal Manipulation Therapy (SMT)

SMT aims to adjust the spine and move the vertebrae into alignment using direct force. Adjustments can involve twisting, pulling, or pushing on the back. The movements are thought to loosen and move spinal bones into a better position and thereby reduce or eliminate pain. These manipulations can be carried out by a chiropractor, osteopathic doctor, physiatrist, or physical therapist. Therapy is typically provided in a limited number of treatment sessions. In controlled studies, SMT has produced small-to-moderate clinical benefits (Harvey, Burton, Moffett, & Breen, 2003). There is no overwhelming evidence that SMT is either superior or inferior to other effective treatments for relieving pain and improving function in patients with CLBP (Ascenzi et al., 2003; Barclay, 2011; Rubinstein et al., 2011).
Teens and Prescription Drug Abuse

When talking to their teens about drugs, parents may not immediately think of the medicine cabinet. However, the nonmedical use of prescription drugs—that is, their use without a doctor’s prescription or in a manner in which the drugs were not intended—is much more prevalent today than it was prior to the mid-1990’s, when many of today’s parents were themselves teenagers. 1-3 and adolescents aged 12 to 17 now comprise approximately a third of all new abusers of these drugs. 3-4 National data indicates that approximately 2.6 million teens in the United States have abused or misused prescription drugs in their lifetime. 5 One in five high school students report having taken at least one prescription drug in his or her lifetime without a doctor’s prescription. After marijuana, the prevalence of nonmedical prescription drug use now exceeds the prevalence of all other illicit drug use among adolescents. 6

The average age at which adolescents begin to experiment with prescription pain relievers is 16. 7 Although parents may be reluctant to talk about drugs too early, the use of prescription drugs is of concern even among younger adolescents. Research suggests that 1.3 percent of children aged 12 to 13, or 104,000 children, used psychotherapeutic drugs nonmedically in the past month in 2011. 4

Because prescription drugs have legitimate medical uses and are legal when used correctly, youth may not fully understand the risks associated with their nonmedical use. However, prescription medicine abuse carries risks ranging from slowed brain activity and irregular heartbeats to dangerously high body temperature, heart failure, or lethal seizures. 5 More than 1 million emergency room visits in 2009 involved the nonmedical use of pharmaceuticals or dietary supplements. 9

Prescription pain relievers were present in half of the nonmedical-use ED visits, and drugs often used to treat anxiety or sleep disorders were present in over a third. 8-10 National data suggest that unintentional overdose deaths involving opioid pain relievers have quadrupled since 1999, and now outnumber those involving heroin and cocaine. 1-4

In addition to the short-term health risks, research suggests that initiating prescription drug and other substance use during adolescence may carry more long-term risks than starting later in life. Beginning drug use in adolescence is associated with increased likelihood of developing abuse or dependence problems later, as well as increased likelihood of polysubstance abuse. 11,12

The types of prescription drugs misused by adolescents span a broad range of medications including: oxycodone pain relievers (such as Percocet®, Percodan®, Tylox®, OxyContin®); hydrocodone pain relievers (such as Vicodin®); lorazepam (Lorazepam®); lorazepam and clonazepam (Lorcaz®); amphetamine-like medications such as methylphenidate (e.g., Ritalin®, Concerta®); amphetamine-dextroamphetamine (e.g., Adderall®); dextroamphetamine (e.g., Focalin®); and dextroamphetamine (e.g., Dexedrine®); and sedatives such as Zolpidem (Ambien®, Edluar®, and Zolpimist®). When used as directed, these medications may provide effective treatment across many medical conditions. Among high school students, the annual prevalence of nonmedical use of OxyContin® and Vicodin® in 2011 was 4.9 percent and 8.1 percent, respectively, making these among the most frequently abused drugs by adolescents. 1

Almost half of adolescents who misuse prescription drugs also report using at least two other drugs, most often marijuana and alcohol. 7 The risk of overdose is increased when prescription medications are used in combination with alcohol or other drugs. More than three quarters (77 percent) of adolescent emergency department visits involving narcotics in 2009 included multiple drugs. 10

One in five adolescents in the United States has misused a prescription drug. Nearly 1 in 20 has misused Oxycontin in the past year.

Behavioral Health is Essential To Health • Prevention Works • Treatment is Effective • People Recover
SmartRx: Your Prescription For Good Health!

What is SmartRx? SmartRx is a web-based program designed to help users of the program take prescription medications safely and thus prevent problems commonly associated with prescription misuse and abuse.

How is SmartRx administered?
SmartRx is self-administered. Field studies indicate that an average user of SmartRx spends somewhere between 1 and 2 hours in the program and visits the program 3–4 times.

How does SmartRx assist in substance abuse prevention efforts?
SmartRx is best viewed as a brief intervention, an important tool in helping users recognize substance abuse problems and acquire the skills and knowledge necessary for seeking assistance and preventing unintended misuse or abuse of prescription medications.

What are the important components of SmartRx?
SmartRx emphasizes the advantages of multiple ways of addressing the emotional, physical, and social aspects of medical conditions, thereby reducing overreliance on prescription medications used in the treatment of chronic pain, insomnia, anxiety, and depression.

How does SmartRx work?
For most users, SmartRx contains all the essential information that they will need to take medications safely and thus prevent drug-related problems. For others, SmartRx will help ensure early intervention, a better prognosis, and lower treatment costs for drug-related problems.
Directory of Prescription Abuse
Fact Sheets and Web Resources

Compiled by SAMHSA Prevention of Prescription Abuse in the Workplace Technical Assistance Center, 2012

This paper and the accompanying matrix catalog fact sheets and related Internet resources that address issues related to prescription abuse. We cover topics related to prescription abuse in general and to specific prescription drugs. We identify resources for use by businesses, employees, and consumers. The fact sheets generally are not directed at employers. We were unable to locate up-to-date fact sheets with a statistical description of the prescription abuse problem or a layperson’s explanation of how opioid painkillers work and why they can be dangerous if overused or taken in combination. In addition, few disposal fact sheets give reasons for promptly disposing of unwanted or expired prescription drugs, and no fact sheets comprehensively lists programs that will take back drugs.

This catalog covers eight topics: (1) preventing prescription abuse, (2) abuse risk due to drug interactions, (3) proper disposal of prescription and over-the-counter drugs, (4) recognizing prescription abuse, (5) recognizing a problem and seeking help, (6) workplaces and prescription abuse, (7) safe storage, and (8) other resources. By topic, Tables 1-8 list readily available fact sheets and resources on prescription abuse and rate their quality and usability. Within each table, the fact sheets with quality ratings of good are listed first; the fact sheets of lesser quality then are presented in gray. We organized details about the fact sheets in several columns: Summary (topics, number of pages, document format), Reading Level, Target Audience, Quality, Recommended Uses, Publication (title and year), and Web Link.

The reading levels are defined as follows:
High = advanced or technical terms,
Medium = average text, and
Low = simple language.

The quality ratings considered how well topics were covered, if the fact sheet was ready-to-use or easily adaptable, and if it had visually appealing formatting and graphics. The “Recommended Use” column expands on the quality rating. The quality levels are defined as follows:
Good = ready to use,
Average = nothing about its content or appearance stood out, and
Poor = lacked several elements or was outdated.

In the following sections, we describe the best fact sheets and identify gaps and needs by topic.

1. Preventing Prescription Abuse

Table 1 lists resources that focus on preventing prescription abuse. Twelve are ready-to-use or easy to convert into fact sheets. Each has a low reading level, except for one. Resources from the Centers for Disease Control and Prevention (CDC); Food and Drug Administration (FDA); and the Agency for Healthcare Research Quality (AHRQ) target parents/caregivers, including caregivers for the elderly. The Administration on Aging fact sheet targets older adults. The more comprehensive AHRQ fact sheet also suggests keeping track of medication with a Medication Wallet Card and gives a Web link to one. Another AHRO fact sheet provides details on the safe use of prescribed blood thinners. The Substance Abuse and Mental Health Services Administration (SAMHSA) fact sheet focuses on safe use of methadone. The American Society of Health-System Pharmacists fact sheet discusses Zolpidem (Ambien) sleeping pills. The Janssen Pharmaceuticals fact sheet discusses the causes of medication errors and tips for avoiding them at the doctor’s office, pharmacy, hospital, and home. The Prescription Drug Abuse Help fact sheet highlights how dental patients are prone to narcotic abuse.
Prescription Drug Abuse Weekly Update

PAW TA Center Weekly E-Mail Update

Summaries of authoritative journal articles, news stories, reports, conferences, and programs on, for example --

-- prescription drug use and abuse trends
-- prescription drug abuse prevention and treatment
-- state prescription drug monitoring programs

To subscribe to the Update, for free, send your email address to paw@dsgonline.com.

Archive of all past issues of the Update collaborative effort with the West Virginia Injury Control Research Center (funded through CDC):
http://www.hsc.wvu.edu/icrc/Pages/SAMHSA-Prevention-of-Prescription-Drug-Abuse-in-th
| **Potential Responses to Rx Abuse: Haddon Matrix** |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| **Pre-Event** | **During Event** | **Post Event** |
| Host | Youth/elder educ/prevention programs  
Worker education  
Patient education  
Pregnancy education | Self-assessment  
Wellness programs  
Co-prescribed  
Naloxone antidote | Brief intervention  
Treatment/Voc rehab  
Naltrexone  
Limit to one source |
| Agent (the Drug/Rx) | Reformulate to stop tampering  
Reduce/ban toxic ARAP combinations  
Move more opioids to Schedule II  
Secure/electronic Rx pads/EHR  
Package warning  
Dispenser/prescriber warning  
Disposal instructions | PMP check as prescribe  
Proactive PMP patient reports  
Case manager in ED  
Limited pills per script  
No refills  
Short Rx expiration | Take back/ dispose of unused Rx drugs  
Theft safeguards  
Restrict to one prescriber/dispenser |
| Physical Environment | Cover alternative pain management  
PMP proactive provider monitoring  
Regulate internet/import sales  
Testing  
Medicine cabinet lockboxes  
Take-back programs | Screening  
Poison control centers  
Law enforcement  
For-cause testing  
Needle exchange | Trace drug source  
Prosecute dealers & pill mills  
Scheduled testing (monitoring) |
| Social Environment | Drug-free policies & programs  
Train providers/practice guidelines  
Media campaign  
Surveillance surveys/research  
Community mobilization  
Comprehensive SA prevention pgms | Family/friend assessment  
Immunize 911 caller | Collect/analyze event data  
Evaluate programs  
Family/peer support |

Ted Miller, PAW TA Center, Webinar, 2/28/2013
Health/Wellness & Prevention Strategies

- Integrated Health/Wellness with Behavioral Health
- Drug-Free Workplace
- Health and Wellness Programs including Screening and Brief Intervention
- Peer-to-Peer Programs
- Team Awareness
- Interactive Web Sites & Videos
- Webinars and Social Media
- Enhanced EAPs (supervisor training/employee education)
Workplace Intervention Findings

- In union-based workplaces, unions and management must collaborate to achieve the best outcomes.
- Interactive web-based interventions decrease substance use and increase use of EAPs.
Workplace Program Findings

✓ Workplace substance abuse prevention messages embedded in health promotion are received better than without health/wellness approach.

✓ Messages must be in sync with the audience (e.g., age, culture, etc.)
What Works

- Linking program to workplace mission, goals, and objectives;
- Leadership support;
- Continuous planning;
- Ongoing employee input and feedback;
- Linking substance abuse and mental health (behavioral health) prevention to physical health and a wide variety of types of interventions for large range of health issues;
- Effective targeting of those with high-risk, high-need, or high-interest;
- Incentives;
- Accessibility;
- Cultural, Age, Linguistic, and Target Group Specific
- Effective communications; and
- Evaluation

Increased Adoption of Evidence Based Practices and Program Enhancement

Ongoing Needs Assessments, Screenings, Peer-to-Peer, Team Trainings, Interactive Websites, APPS, EAPs, SAPs, etc.
Synopsis of PAW’s Analysis & Findings

- Evidence base is improving
- Increasing ability to provide prevention and early intervention
- Environmental strategies are compelling
- Coalition models applicable and collaboration with workplaces promising
- Workplaces are key for addressing issues of employees and their families
- Multi-media approaches have far reach including webinars, apps, and social networking
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