



PRESCRIPTION DRUG ABUSE IN OKLAHOMA

by Carly Putnam

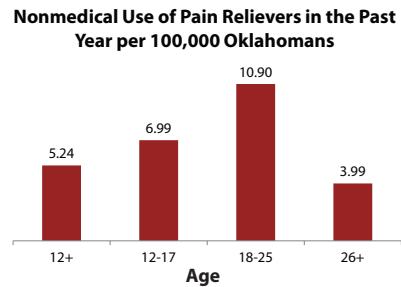
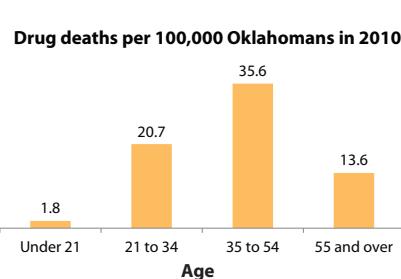
"We believe there's over 100,000 Oklahomans addicted to prescription drugs..."

We're not going to arrest our way out of this problem."

-Darrell Weaver, Director of the Oklahoma Bureau of Narcotics and Dangerous Drugs

Prescription drug abuse is a public health crisis in Oklahoma.

Prescription drug overdoses kill nearly two Oklahomans per day. They are now the leading cause of injury death for Oklahomans ages 25-64, according to the Oklahoma Health Department. Oklahoma ranks eighth nationally for prescription drug addiction and fifth for drug overdose mortality.

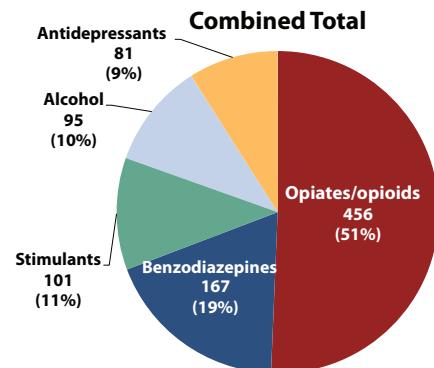
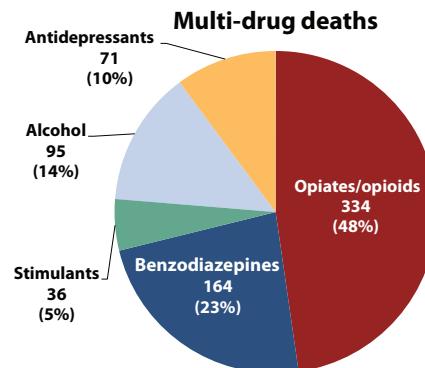
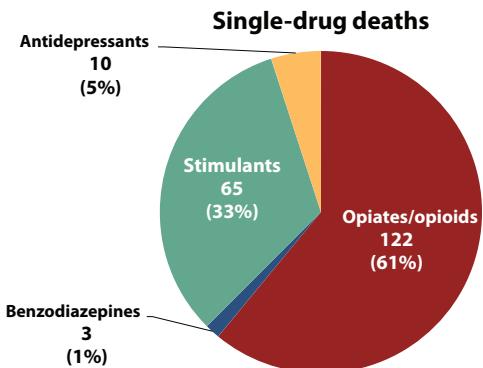


Source: Substance Abuse and Mental Health Services Administration

In 2011, about 5 percent of the population took prescription painkillers for nonmedical reasons. While use rates are highest among youth ages 18-25, the drug overdose death rate is highest among people 35-54.

Medications involved

- Opioids constituted five of the eight most common drugs present in overdoses in 2012.
- Most drug-related deaths involve more than one drug. Some drugs are more deadly when combined with other drugs: benzodiazepines were found in only three single drug-related deaths but in 167 multiple drug-related deaths in 2010. Alcohol overdoses were responsible for no deaths on their own, but contributed to 95 deaths involving multiple substances.



Source: Substance Abuse and Mental Health Services Administration

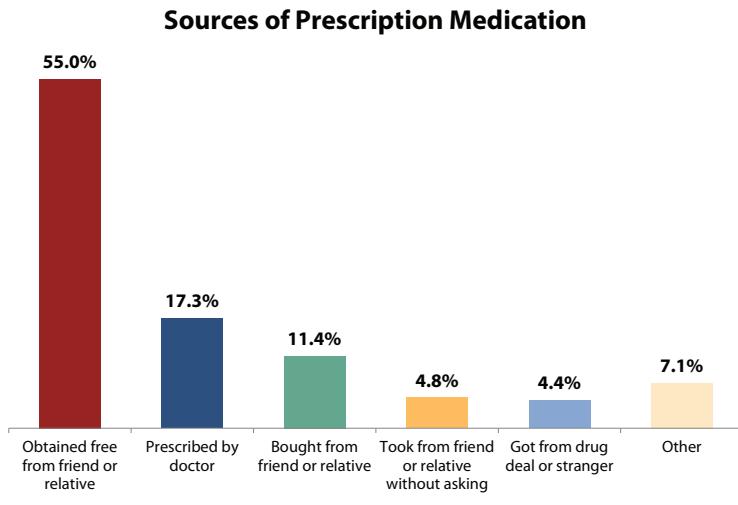
Prescription drug abuse doesn't look like stereotypical drug abuse.

The vast majority of people who misuse prescription medication get it from their doctor or from someone they know.

Most narcotics prescriptions are written by a minority of health professionals. About 16,000 people are licensed to write narcotics prescriptions in Oklahoma. 1,500 of them write three-quarters of the controlled substance prescriptions.

Of the top ten prescribed narcotics in OK, five are opioids and three are benzodiazepines. The most commonly prescribed by far is hydrocodone. Oklahoma's Prescription Monitoring Program

shows that more than 2.93 million Hydrocodone prescriptions were filled in the state in 2013, nearly 4 times more than the next most prescribed narcotic (Oxycodone).



Going forward

Lock-in programs are state-implemented programs requiring high users of certain drugs to only use one pharmacy and get prescriptions for controlled substances from only one medical office. According to the Oklahoma Health Care Authority, a pilot lock-in program at a SoonerCare pharmacy demonstrated positive outcomes in behavior without "any change in the use of maintenance medications for these members, suggesting that the lock-in program did not affect therapies for chronic conditions." It also resulted in savings of about \$600 per patient. More lock-in programs would better control access to prescription medications without interfering in patient care.

Oklahoma's Prescription Drug Monitoring Program (PDP) is a state-run database that tracks the prescribing and dispensing of prescription drugs and flags patients who seek multiple prescriptions. About 74 percent of Oklahoma prescribers who wrote more than 10 controlled substance prescriptions used the state's PDP at least once last year, but that leaves room for improvement. Increasing usage of the database would allow physicians to check for drugseeking behavior without unfairly penalizing patients.

Hydrocodone and other painkillers do have valid medical applications. According to the United Health Foundation, Oklahomans rank 42nd for poor physical health days and 45th for occupational fatalities (which suggests a similarly high level of occupational injuries). Dental disease, a common source of severe pain, is also very prevalent in Oklahoma. Research by the Institute of Medicine has found that chronic pain may in fact be undertreated in the US.

Despite the dangers of prescription drug abuse, we should not forget that chronic pain is severely harmful to quality of life. Our goal cannot be simply to restrict access to painkillers. To protect Oklahomans, we must reduce the need in the first place.