

As If We Didn't Have Enough on Our Plates: Marijuana & Prescription Drugs

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It falls to the public health community to raise awareness about **substance abuse** and, likewise, the **potential consequences** associated with both **prescription drugs** *and* **marijuana**.

Why is it so challenging?

Perceptions of Risk



Prescription drugs often perceived as “safe” because they are legally manufactured and dispensed.

The percentage of youths aged 12 to 17 **perceiving great risk in smoking marijuana** once or twice a week **decreased** between 2007-2012, from 54.6 to 43.6 percent.

Source: 2012 National Survey on Drug Use and Health (NSDUH)

Making drugs legal does not necessarily make them safe for all consumers in all settings *or* for all conditions.

DAWN REPORT: HIGHLIGHTS OF THE 2010 DRUG ABUSE WARNING NETWORK (DAWN) FINDINGS ON DRUG-RELATED EMERGENCY DEPARTMENT VISITS

July 2, 2012

Table 4. Drugs with Increasing Involvement in Emergency Department (ED) Visits for Drug Misuse or Abuse: 2004 to 2010

Drug	ED Visits, 2004	ED Visits, 2010	Percent Change, 2004 to 2010*
Illicit Drugs	991,640	1,171,024	NC
Marijuana	281,619	461,028	64
MDMA (Ecstasy)	10,227	21,836	114
Pharmaceuticals	626,472	1,345,645	115
Anti-anxiety and Insomnia Drugs	210,711	472,769	124
Benzodiazepines	170,471	408,021	139
Antipsychotics	41,930	69,149	65
CNS Stimulants (e.g., ADHD Drugs)	10,656	31,507	196
Muscle Relaxants	29,014	58,783	103
Pain Relievers	282,275	659,969	134
Narcotic Pain Relievers	166,338	425,247	156
Hydrocodone Products	46,536	115,739	149
Oxycodone Products	51,418	182,748	255

* Percent change is measured as difference in the estimated number of visits between 2004 and 2010. Reported changes are significant at the .05 level; "NC" signifies no significant change.

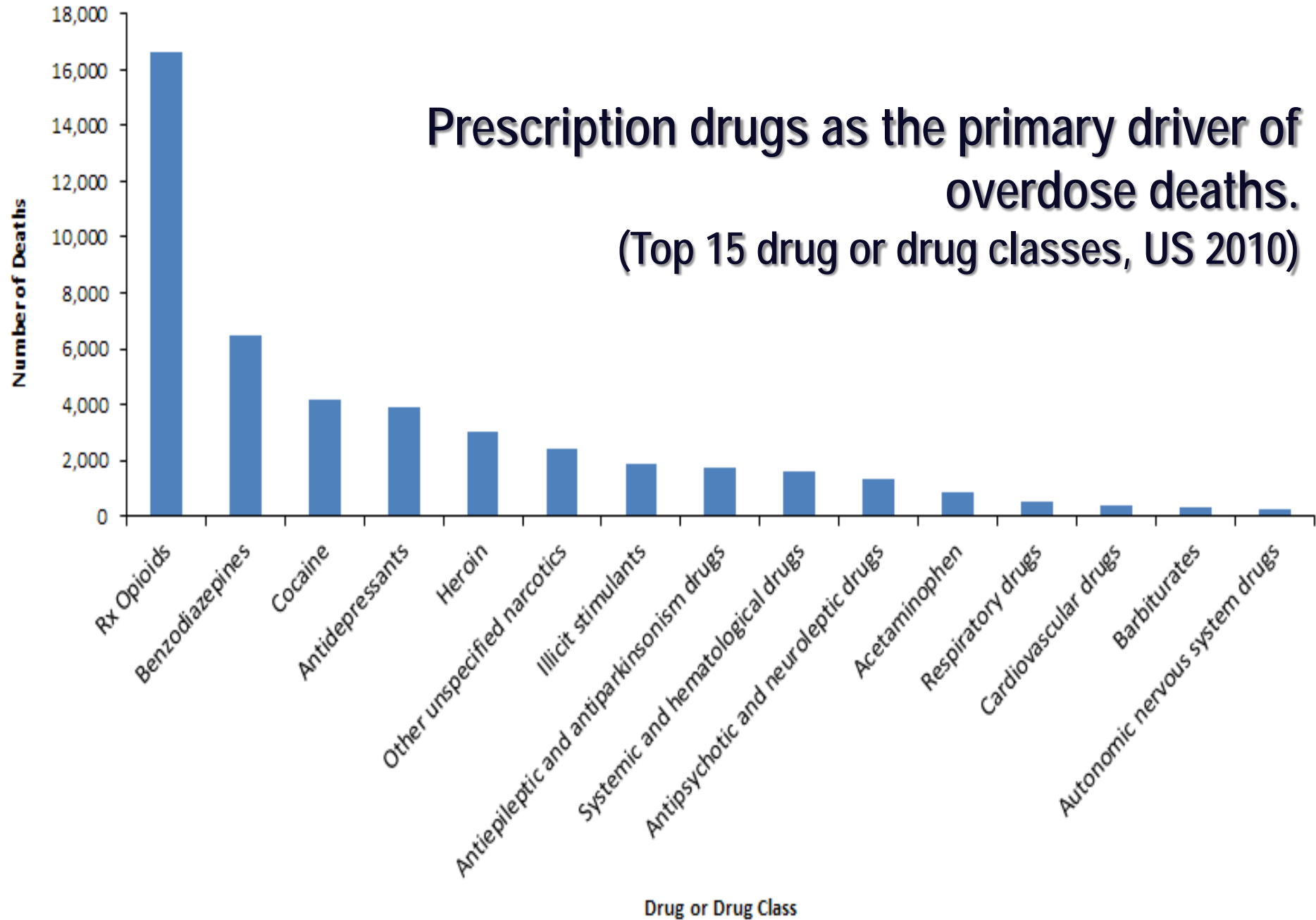
Source: 2010 SAMHSA Drug Abuse Warning Network (DAWN).

Determining the Public Health Impact of Legalizing Marijuana Is Complicated

“The intersection of **demographic factors** such as race and ethnicity with drug and alcohol use remains among the **unexplained anomalies** in the epidemiological literature on **substance use.**”

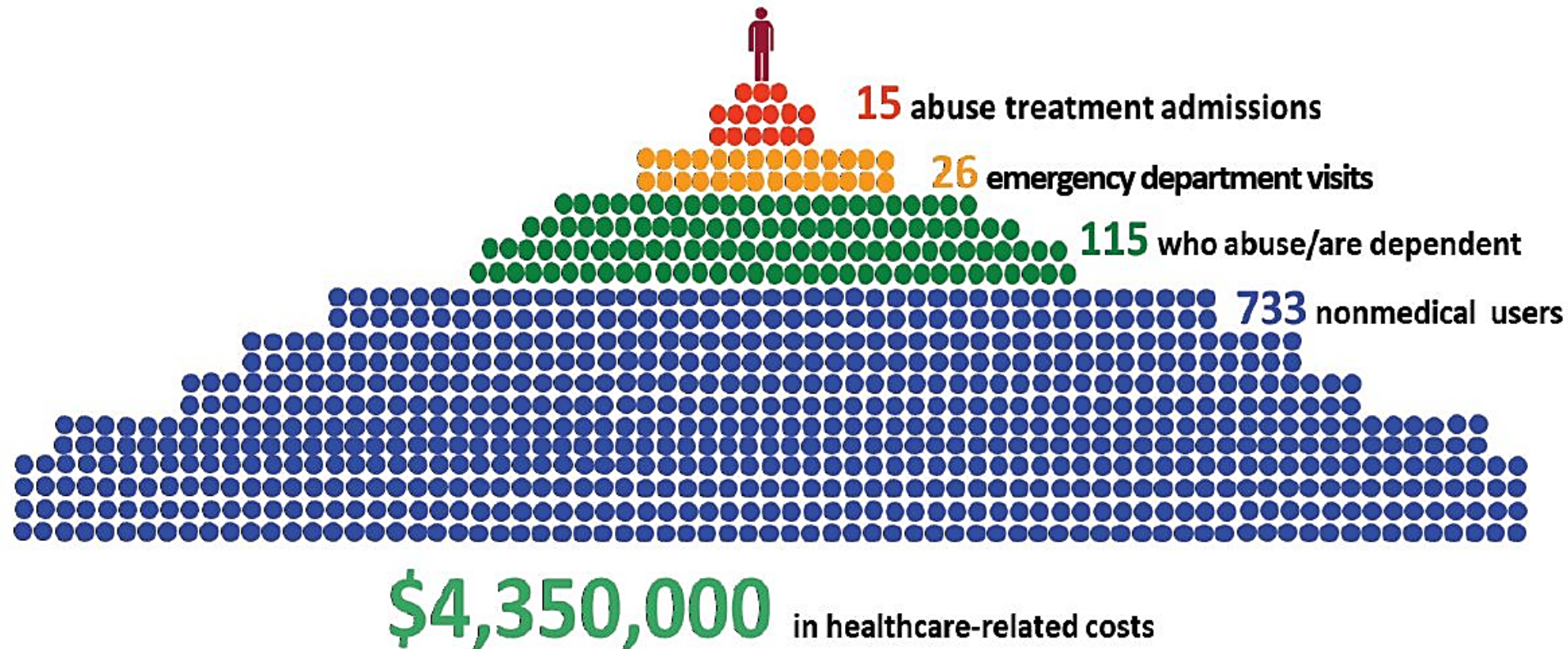
Source: KM Keyes, XC Liu, M Cerda. The role of race/ethnicity in alcohol-attributable injury in the United States. *Epidemiol Rev.* 2012;34(1):89–102.

Prescription drugs as the primary driver of overdose deaths. (Top 15 drug or drug classes, US 2010)



But deaths are just the “tip of the iceberg...”

For every **1** prescription opioid overdose death in 2010 there were...



Source: SAMHSA, NSDUH, DAWN, TEDS datasets. Coalition Against Insurance Fraud, 2007.

National Rx Abuse Summit (2014): Thomas Frieden, MD, MPH; CDC, *Ending the Epidemic of Prescription Drug Abuse—From Awareness to Action*.

Where Controlled Prescription Drugs and Marijuana Intersect: Public Health Principles

- Prevent youth initiation and consumption
- Prevent impaired driving (“drugged driving”)
- Address excessive direct to consumer advertising
- Regulate contents/ingredients, formulation, and labeling
- Determine who may lawfully obtain these drugs and what is a reasonable quantity to possess
- Develop rules to determine where and how products may be sold, dispensed, and/or used



TABLE 1—Linking Regulatory Approaches to Public Health Objectives

Regulatory Choices	Public Health Objective to Minimize				
	Youths' Access and Use	Drugged Driving	Dependence and Addiction	Unwanted Contaminants and Uncertain Potency	Concurrent Use of Marijuana and Alcohol ^a
Increase prices	X	X	X		?
Create state monopoly	X	X	X	X	X
Restrict and monitor licenses and licensees	X	X	X	X	X
Limit products sold	X	X	X	X	
Limit marketing	X	X	X		X
Restrict public consumption	X	X	X		X
Measure and prevent impaired driving		X			X

^aIt is impossible to predict how concurrent use will influence social welfare under legalization, but because of the existing evidence it seems appropriate, at least initially, to minimize the concurrent use of marijuana and alcohol in public.

Source: Pacula RL, Kilmer B, Wagenaar AC, Chaloupka FJ, Caulkins JP. Developing Public Health Regulations for Marijuana: Lessons From Alcohol and Tobacco. *American Journal of Public Health*. 2014; 104(6): 1021-1028.

Comprehensive and Cross-sector Strategies



Prevention
Education



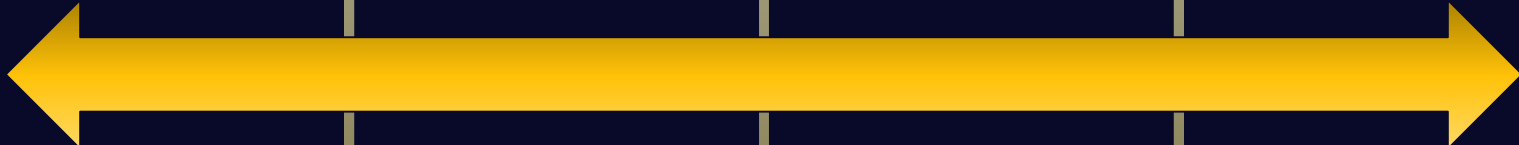
Surveillance
Monitoring
(PDMPs)



Diversion Control
Law Enforcement
Licensure



Treatment
Recovery



ASTHO President's Challenge

- Focuses attention on a critical national health issue
 - ✓ Public health
 - ✓ Population impact
- Public health strategies can be applied
- Yields benefits and impact in a relatively short period of time



2014 President's Challenge

Goal:

- Improve health outcomes and reduce human and economic costs associated with prescription drug misuse, abuse, and overdose.

Pledge:

- Reduce the rate of nonmedical use and the number of unintentional overdose deaths involving controlled prescription drugs* 15 percent by 2015.

**(including opioid analgesics, stimulants, tranquilizers, and sedatives)*

Building a Strategic Map: The Role of Partners

Prioritize multi-sector efforts and identify collaborations, partnerships, stakeholders, and corresponding efforts to address prescription drug abuse.

- American Academy of Pain Management
- American Pharmacists Association
- American Association of Poison Control Centers
- American Society of Addiction Medicine
- PDMP Center of Excellence (Brandeis University)
- Centers for Disease Control and Prevention
- Clinton Foundation
- Federation of State Medical Boards
- Kanawha-Charleston Health Department
- Maryland Poison Control Center
- National Alliance for Model State Drug Laws
- National Association of Chain Drug Stores
- National Association of County and City Health Officials
- National Association of State Alcohol and Drug Abuse Directors
- National Governors Association
- National Institute on Drug Abuse
- Office of the Army Surgeon General
- Ohio Department of Health
- Oklahoma State Department of Health
- Pennsylvania Department of Drug and Alcohol Programs
- Personal Advocate
- Pharmaceutical Research and Manufacturers of America
- Project Lazarus
- Safe States Alliance
- Substance Abuse and Mental Health Services Administration
- Tennessee Department of Health
- United States Department of Justice
- University of Kansas School of Medicine
- University of Rochester Medical Center
- Vermont Department of Health
- White House Office of National Drug Control Policy

Ongoing Work: Expand and Strengthen
Key Partnerships & Collaborative Infrastructure



ASTHO Prescription Drug Misuse and Abuse Strategic Map: 2013 - 2015

**Achieve Measurable
Reductions in Controlled Prescription
Drug Misuse, Abuse & Overdose Using
a Comprehensive Approach**

A

**Expand and
Strengthen
Prevention
Strategies**

B

**Improve
Monitoring and
Surveillance**

C

**Expand and
Strengthen
Control and
Enforcement**

D

**Improve Access
to and Use of
Effective
Treatment and
Recovery Support**

E

Expand and Strengthen Key Partnerships and Collaborative Infrastructure

F

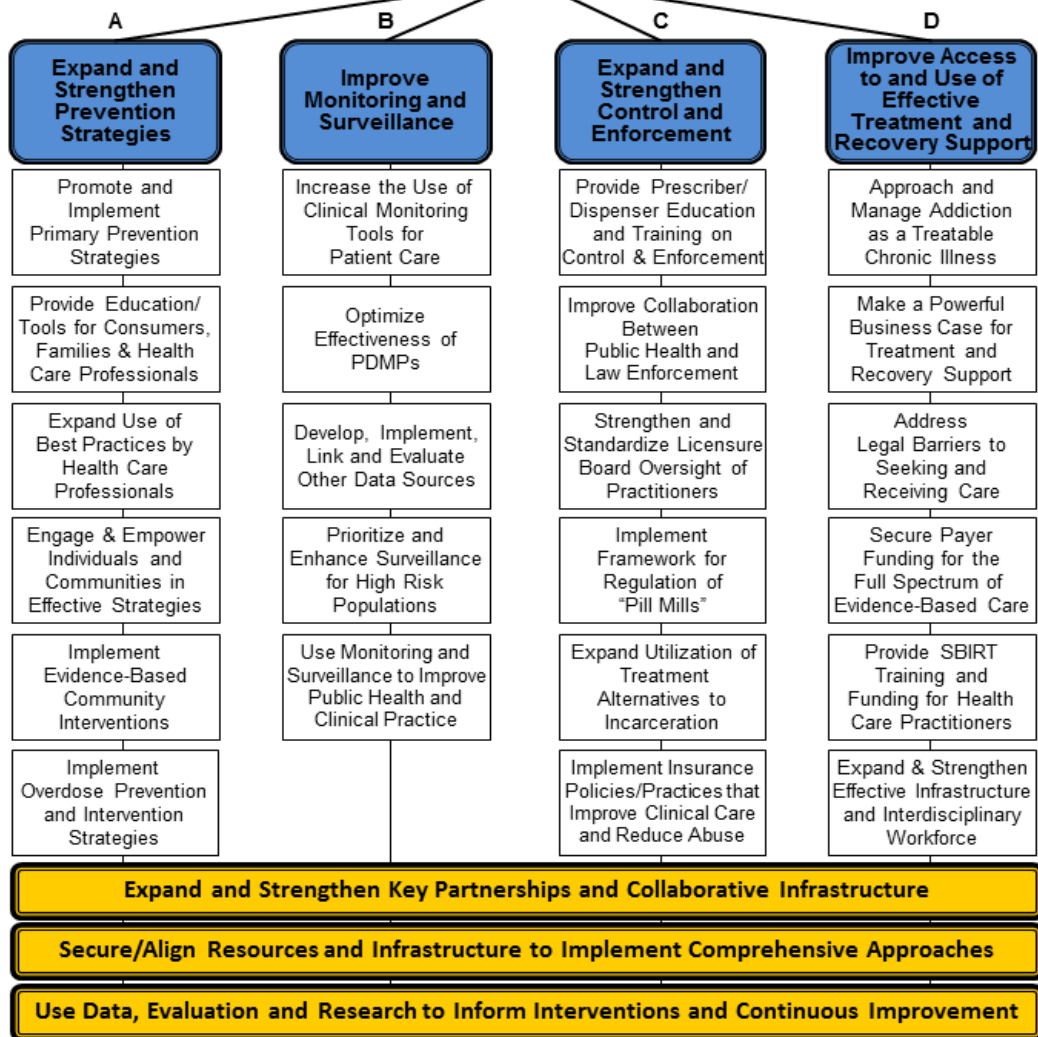
Secure/Align Resources and Infrastructure to Implement Comprehensive Approaches

G

Use Data, Evaluation and Research to Inform Interventions and Continuous Improvement

**ASTHO Prescription Drug Abuse and Misuse
Strategic Map: 2013 - 2015**

**Achieve Measurable
Reductions in Controlled Prescription
Drug Misuse, Abuse & Overdose Using
a Comprehensive Approach**



Strategic Framework



2014 President's Challenge



Encourages all S/THOs to apply strategies to achieve measurable reductions in controlled prescription drug misuse, abuse, and overdose



- Identify at least one policy or program to implement, improve, or evaluate in the next year



Move beyond “silo-based” approaches to focus on collaboration with partners to carry out aligned, comprehensive efforts



2014 President's Challenge



As of 05/19/2014, 32 states and one territory have accepted the Challenge!





Prevention
Education



Surveillance
Monitoring
(PDMPs)



Diversion Control
Law Enforcement
Licensure



Treatment
Recovery

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Thank You