America’s Drug Abuse Problem Increasingly Starts in the Medicine Cabinet

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**INTRODUCTION**

For several decades, America has fought a “War on Drugs” to stem the abuse of illicit substances. Launched by President Richard Nixon in 1969, the initiative responded in part to the plight of many American soldiers who returned home from the Vietnam War with drug addictions.

Today, this battle is a two-pronged campaign: it seeks to limit the supply of illicit agents through border patrols and the eradication of crops and to suppress demand through education and rehabilitation. The underlying threats lie in addiction, which enslaves drug abusers to substances that poison them over time, and in overdoses that bring sudden health emergencies.

The War on Drugs has seen varying levels of success over time, but to the surprise of many experts, it has recently faced setbacks on a second front. The International Narcotics Control Board, an affiliate of the United Nations, recently reported that abuse of prescription drugs is about to exceed that of illicit drugs worldwide.1 In the U.S., the aggregate is about to exceed that of illicit drugs combined, and potential drug abusers are increasingly turning to legal substances first.

**EXTENT OF PRESCRIPTION DRUG ABUSE**

The statistics are startling. The National Institute on Drug Abuse (NIDA) estimates that the number of prescription drug abusers in the U.S grew from 7.8 million in 1992 to 15.1 million in 2003. Two painkillers in particular, oxycodone, sold as OxyContin (Purdue Pharma LP, a Purdue Frederick Company), and a hydrocodone/acetaminophen combination, sold as Vicodin (Abbott), were reportedly used by as many as 7% of college students in 2005.1

On May 10, Purdue Frederick agreed to pay more than $630 million to resolve charges that it sought to promote, market, and sell OxyContin through illegal means.2

The National Center on Addiction and Substance Abuse at Columbia University found that during the same year almost 3% of college students abused stimulants, such as methylphenidate (Ritalin, Novartis) and amphetamine (Adderall, Shire).3

According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the misuse of pharmaceuticals rose by 21% between 2004 and 2005.4 Emergency departments treated almost 600,000 patients for misuse of prescription drugs in 2005, just 15,000 fewer than the number of people treated for cocaine and heroin overdoses.4

Even though recent investigations have identified growing prescription drug abuse among the young, all ages are involved. In fact, the most vulnerable group of all may be the elderly, according to the National Institute on Drug Abuse (NIDA).5 With most medications prescribed for elderly patients, those in this age group are most prone to misuse, both deliberate and unintentional. When all age categories are combined, NIDA estimates that 48 million Americans older than 12 years of age have used prescription drugs for nonmedical reasons at some time. For many of these people, abuse leads to addiction with long-term consequences.

Concerns over the intentional misuse of prescription drugs are compounded by growing reports of adulteration of medications that are obtained for legitimate therapeutic purposes. The increasing prevalence of tainted medicines means that prescription drugs can present hazards to many who are not deliberate drug abusers. Data from the World Health Organization (WHO) indicate that up to half of all prescription drugs taken in the developing world are counterfeit.5

Recent press reports document a rising tide of imitation products containing poisons that have killed thousands globally.6 Although most adulterated medicines reach the developing world, counterfeit drugs can enter the U.S. through Internet pharmacies that ship products from overseas without regard to authenticity.

**NEW CHALLENGES FOR DRUG ABUSE ENFORCEMENT**

The new front in the War on Drugs poses a different set of challenges for enforcement. Because most abused prescription drugs are in the U.S. legally, border controls are of little value. Control through eradication of supply is not available, because the products have legitimate uses that meet serious medical needs. New strategies and an arsenal of new enforcement weapons are needed.

As a start, regulators need stronger tools to oversee foreign-based Internet pharmacies. Many of these pharmacies dispense medicines without prescriptions. Because they operate outside the jurisdiction of any state, they escape the oversight of state pharmacy boards, and federal authority to control them is limited. At the same time, more resources for inspections by the Food and Drug Administration (FDA) would enable the agency to police the nation’s prescription drug supply more efficiently.

The most effective new weapon of all is likely to be education. A common

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misperception is that after a medication receives FDA approval, its absolute safety is ensured. Quite to the contrary: all drugs present risks, even when they are used properly. Rather than certifying complete safety, FDA approval determines that the risks are acceptable in relation to the condition being treated. When drugs are used improperly, these risks can be substantial, without the potential for a therapeutic benefit. The public should understand that legal drugs, if abused, fall outside of any FDA assurance of even relative safety and that they can present hazards as great as those of illicit substances.

THE CONFLICT FOR PUBLIC POLICY

Efforts to control prescription drug abuse create an additional dilemma in terms of policy. The risk of enforcement makes many physicians reluctant to prescribe needed pain medication, even when it is clearly necessary. Some physicians also fear that patients will become addicted, although only a tiny fraction of patients do when the drugs are administered properly. As a result, pain is often undertreated, even when effective medications are available, and many cancer patients and others in need of pain relief receive less than optimal treatment. A policy of enforcement must balance the needs of these patients with the need to be aggressive in discouraging drug abuse.

Some experts see the answer in new classes of painkillers that are not addictive and that target pain without producing intoxication. Although this type of advance has the potential to improve safety for patients and to reduce the incentive for abuse, the fruits of this research are probably years away.

In the meantime, fresh approaches to enforcement of laws concerning prescription drug abuse are needed. With new and more powerful drugs constantly joining the arsenal of therapies, the possibilities for abuse and for adulteration will only continue to grow. Existing regulatory gaps, such as those in the oversight of Internet pharmacies and in FDA resources, must be closed in order to effectively fight back in the War on Drugs.

It is also essential to better inform the public about the hazards of prescription drug abuse. Without these steps, a new public health threat looms from our own otherwise legitimate medications.

REFERENCES