

### NDLERF RESEARCH SUMMARY SERIES.

## TRENDS IN PHARMACEUTICAL DRUG MISUSE IN THE UNITED STATES

### Drug Abuse Warning Network 2005: National Estimates of Drug Related Emergency Department Visits (2007).

Drug Abuse Warning Network. United States Department of Health and Human Services. Accessed on 14 December 2007 from: <http://dawninfo.samhsa.gov/files/DAWN-ED-2005-Web.pdf>

Plain English summary and implications for police prepared by Roger Nicholas.

#### Aims and Methodology

The United States Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors drug-related emergency department (ED) visits in the United States. The DAWN collects data on a range of substances including illicit drugs, prescription drugs, over the counter medications, dietary supplements, psychoactive non-pharmaceutical inhalants, alcohol in combination with other drugs, and alcohol alone in patients less than 21 years of age. The purpose of this research summary is to focus on trends in ED presentations stemming from the non-medical use of pharmaceutical drugs, given that there have been major changes in this regard. These may point to future trends in Australia.

#### Key findings:

- In 2005, there were 108 million ED visits of which approximately 1.45 million were associated with drug misuse. Of these: 31% involved illicit drug use only; 27% involved pharmaceutical misuse only; 7% involved alcohol misuse in patients under 21 years of age; 14% involved illicit drugs with alcohol; 10% involved alcohol with pharmaceuticals; 8% involved illicit drugs and pharmaceuticals; and, 4% involved illicit drugs with pharmaceuticals and alcohol.
- In 2005 ED visits related to the non-medical use of pharmaceuticals only, jumped by 26% and the number of visits that involved pharmaceuticals and other drugs jumped by 21%.
- Central nervous system drugs were associated with 51% of non-medical pharmaceutical drug use visits (primarily analgesics, 33% of all non-medical pharmaceutical drug use visits) and foremost among these were the drugs hydrocodone<sup>1</sup> and oxycodone<sup>2</sup>. Drugs used in the treatment of psychological / psychiatric problems were associated with 46% of non-medical pharmaceutical drug use visits and foremost among these were anti-anxiety agents, sleeping tablets and sedatives (34% of all non-medical pharmaceutical drug use visits).
- In 2005, ED visits involving: benzodiazepines<sup>3</sup> increased by 19%; opiates/opioids increased 24%; and, methadone increased 29%. There was a 108% increase in ED visits involving central nervous system stimulants (such as pharmaceutical amphetamine / dextroamphetamine, caffeine and methylphenidate<sup>4</sup> [which experienced a 108% increase]) and there was a 92% increase in

1 Hydrocodone is a semi-synthetic narcotic analgesic and cough suppressant.

2 Oxycodone is a narcotic analgesic.

3 Benzodiazepines are a group of sedative drugs commonly prescribed for conditions such as insomnia and anxiety. Included in this group are drugs such as Valium(tm) (diazepam), Serapax(tm) (oxazepam), and Normison(tm) (temazepam).

4 Methylphenidate (Ritalin(tm), Attenda(tm)) is a prescription stimulant used to treat conditions such as attention deficit hyperactivity disorder.

ED presentations involving hydromorphone<sup>5</sup>/combinations.

## Implications for policing

The links between pharmaceutical drug use and crime have been the subject of recent NDLERF-funded research<sup>6</sup>. While this research indicated that there was not a significant level of organised criminal involvement in the illicit pharmaceutical drug market, there are other reasons why the misuse of pharmaceutical drugs is of interest to police. These reasons include: that they provide an additional dynamic to an already complex illicit drug market; the behavioural problems associated with intoxication with pharmaceuticals; crime committed either while under the influence of pharmaceuticals or to obtain pharmaceuticals; and, driving while under the influence of pharmaceuticals<sup>7</sup>.

The DAWN is a program that provides an early warning of changes in drug markets in the United States. The substantial spike in pharmaceutical drug-related presentations that occurred in 2005 provides an indication of a burgeoning problem in that country.

With the exception of dealing with thefts of pharmaceuticals and the forging of prescriptions, reducing the supply of pharmaceuticals is not an area in which policing has a major level of responsibility. Nevertheless for the reasons discussed above, this is an issue that is of considerable interest to police.

In Australia, the Pharmaceutical Benefits Scheme (PBS) is able to track the provision of subsidised prescriptions in Australia and as such, those obtaining excessive amounts of drugs are able to be identified. No such tracking scheme exists for private prescriptions that fall outside the PBS. Although the prescription of all Schedule 8 drugs (controlled drugs) is tracked using other (jurisdictionally based) means, no such tracking system exists for private prescriptions. This is clearly a matter of some concern.

In short, pharmaceutical drug misuse is clearly an issue that warrants police attention. There may also be opportunities for police to support health colleagues in their efforts to reduce the misuse of pharmaceuticals in to the Australian market.

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5 Hydromorphone is a narcotic analgesic.

6 Fry, C., Smith, B., Bruno, R., O'Keefe, B., & Miller, P. (2007). Benzodiazepine and pharmaceutical opioid misuse and their relationship to crime. NDLERF Monograph no. 21. Hobart: National Drug Law Enforcement Research Fund.

7 Nicholas, R. (2002). The diversion of pharmaceuticals onto the illicit drug market. Adelaide: Commissioners' Drugs Committee: Australasian Centre for Policing Research.

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