

Women's Health Update



December 2010

Bureau of Health Promotion and Risk Reduction, Office of Healthy Ohio, Ohio Department of Health



Update Focus: Women and Prescription Drug Abuse

Letter from Debra Seltzer

Thinking of women and drug abuse conjures multiple stereotypical images, from the bored housewife on valium, to the drug addicted welfare mother, to the overworked performer or career women swinging between diet pills, caffeine and sleeping pills. The reality behind these stereotypes is that addiction to prescription pain killers is a challenge that real women face in a multitude of ways and situations. While prescription drug abuse also affects men, the unique experiences and impact of drug abuse for women is deserving of specific attention. Ohio specific data shows that males account for about two-thirds of the overdose deaths and are at greater risk than females, but females now represent the fastest growing group at risk for unintentional fatal drug/medication overdose. In one of the articles found in this issue, author Robert Jamison notes that "drug misuse by women is motivated more by emotional issues and psychological distress". Awareness of challenging societal expectations of women with regard to appearance, roles and responsibilities for work, home and family, and rates of sexual and intimate partner violence provide insight into some broad areas of emotional issues and psychological distress women may disproportionately face. These challenges put women at risk for multiple health problems including addictions. As professionals



working in a wide variety of ways to improve women's health in our communities, we all benefit when we better understand the multiple dimensions of health challenges facing the women with whom we work. A community response to prevent and treat prescription drug abuse by women is an important component of the overall promotion of women's health. The articles in this issue of the women's health update will help those of us to whom this is new information better understand this current epidemic and its impact on women.

Debra Seltzer - Program Administrator



Epidemic of Prescription Drug Overdose in Ohio

To see complete document go to:

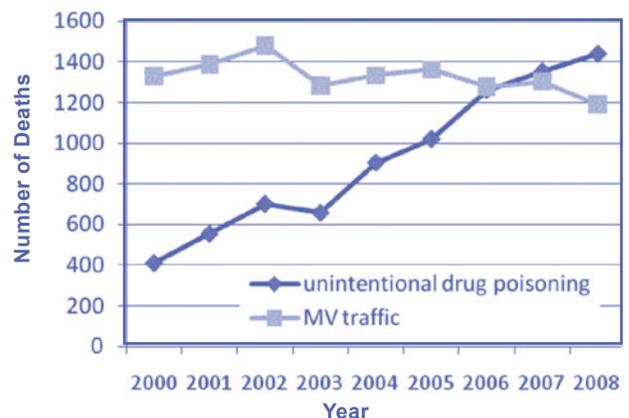
<http://www.healthyohioprogram.org/ASSETS/8D54F439CB7B4144B5B18573C7C586DA/drugfs.pdf>



DID YOU KNOW?

- In 2007, unintentional drug poisoning became the leading cause of injury death in Ohio, surpassing motor vehicle crashes and suicide for the first time on record. This trend continued in 2008.
- Among the leading causes of injury death, unintentional poisonings increased from the cause of the fewest number of annual deaths in 1999 (369 deaths) to the greatest in 2008 (1,568).^I
- From 1999 to 2008, Ohio's death rate due to unintentional drug poisonings increased 350 percent, and the increase in deaths has been driven largely by prescription drug overdoses. In Ohio, there were 327 fatal unintentional drug overdoses in 1999 growing to 1,473 annual deaths in 2008.
- On average, from 2006 to 2008, approximately four people died each day in Ohio due to drug-related poisoning.^V

There were more Ohio deaths in 2007 and 2008 from unintentional drug poisoning than from motor vehicle crashes.



¹Source: Ohio Department of Health, Office of Vital Statistics

²Source: Ohio Department of Public Safety

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There is a strong relationship between increases in sales of prescription opioids and fatal unintentional drug poisoning rates.

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DRUGS AND MEDICATIONS ARE THE LEADING CAUSE OF POISONING DEATH:

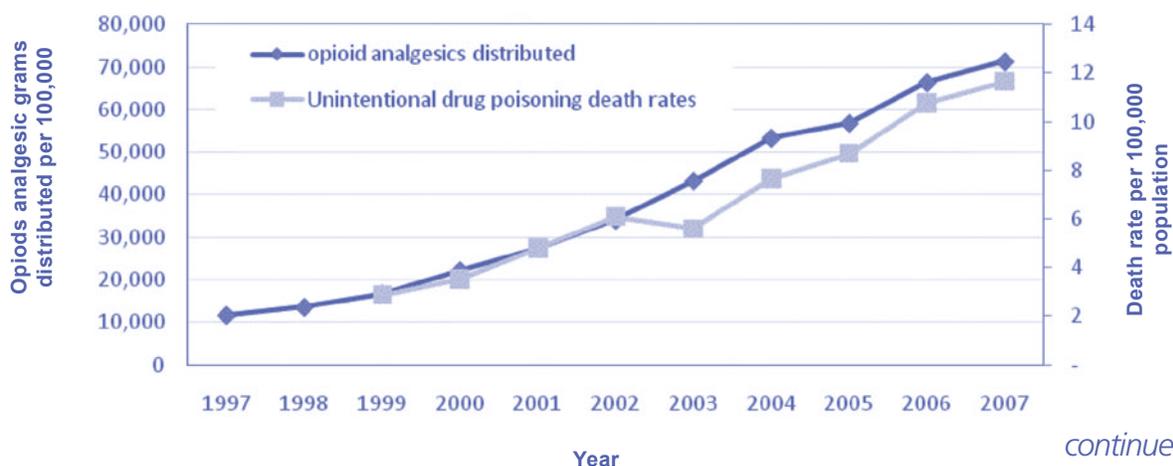
- Nearly all (94.7 percent) unintentional poisoning deaths in Ohio from 2000-2008 were due to drugs.
- More than nine out of 10 (95.7 percent) poisoning hospitalizations in Ohio are due to drugs.^v

ROLE OF PRESCRIPTION PAIN MEDICATIONS:

Prescription opioids (pain medications) are associated with more overdoses than any other prescription or illegal drug including cocaine and heroin.

- Opioids are largely responsible for this alarming increase in drug poisoning death rates.ⁱⁱ
- Opioids were involved in at least 37 percent of all drug poisoning deaths in the Ohio in 2008 (See Figure 4).ⁱ
- The opioids most associated with overdose are methadone, oxycodone (e.g., OxyContin[™]), hydrocodone (e.g., Vicodin[™]) and fentanyl.
- Opioids with a long half life (e.g., methadone stays in the body 8 to 60 hours but only relieves pain for 4 to 8 hours) and/or a controlled-release mechanism (e.g., OxyContin[™], Duragesic[™] (fentanyl transdermal), Opana ER[™]) have been especially associated with fatal overdoses.
- Prescription opioids were involved in more unintentional overdoses (40 percent) than heroin and cocaine combined (33 percent) in Ohio in 2008.
- From 1999 to 2007 in Ohio, there were increases of 304 percent and 325 percent, respectively in the unintentional drug poisoning death rate and total grams of prescription opioids distributed per 100,000 population. See Figure 4.

FIGURE 4: Unintentional fatal drug poisoning rates² and distribution rates of prescription opioids^{2,3} in grams per 100,000 population⁴ by year, Ohio 1997-2007⁵



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MULTIPLE DRUG USE:

Use of multiple drugs, especially multiple depressants, is a risk factor for unintentional overdose.

- Most “other/unspecified” drug deaths are associated with multiple drug use.
- In 2008, at least 75 percent of all unintentional drug poisoning deaths involved multiple drugs

WHO IS AFFECTED?

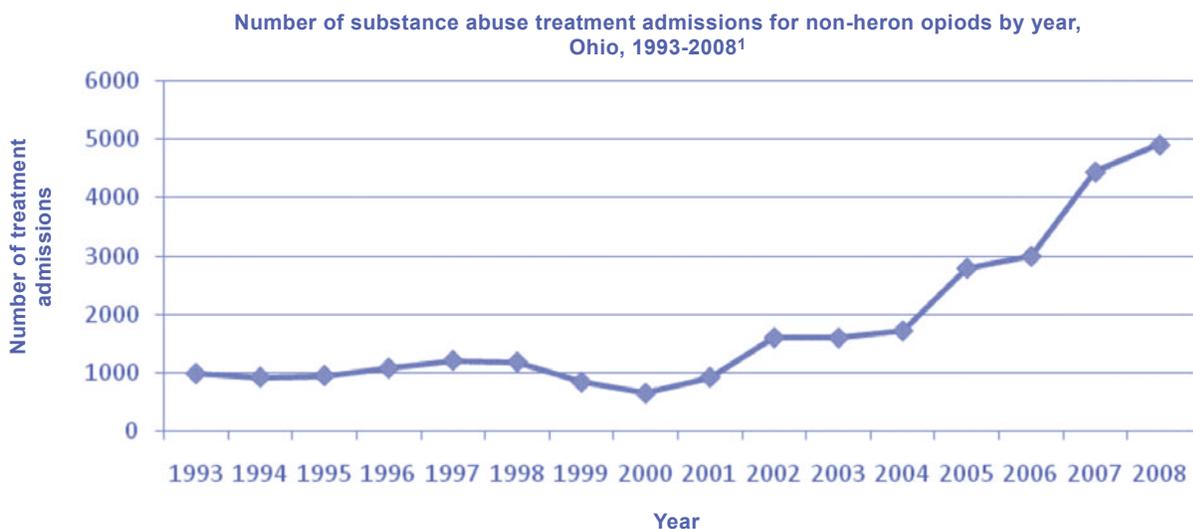
- Death rates from unintentional drug/medication-related poisoning are highest for Ohioans ages 45-54, with rates for males 1.5 times greater than the rates for females.ⁱ
- White males have the highest death rates from unintentional opioid poisoning; however, females represent the fastest growing group at risk.^j
- In 2007, 26.5 percent of high school students reported using a prescription drug without a doctor’s prescription one or more times during their life.^{vi}

CONTRIBUTING FACTORS AND CURRENT TRENDS:

- According to the Institute for Safe Medication Practices, half of the prescriptions taken each year in the United States are used improperly. In addition, changing medical and advertising practices have contributed to widespread use of prescription drugs across all levels of the population. Many of these prescription drugs may be misused or abused.
- Societal and medical trends that lead to this problem include changes in clinical prescribing practices for pain medication, changes in marketing of medications directly to consumers, overmedication and mixing medications, substance abuse, widespread diversion of medications, deception of providers including doctor shopping and prescription fraud, illegal online “pharmacies,” unscrupulous providers (e.g., “pill mills”), medication errors and improper storage and disposal of excess medications.^{vii, viii}

MORE CONSEQUENCES TO OHIOANS:

Another consequence of these trends is that admissions for non-heroin opioid substance abuse treatment are on the rise. In the past decade, admissions have increased more than 300% in Ohio.



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COSTS TO OHIOANS:

In addition to the tragic loss of human life, drug overdoses are associated with high direct and indirect costs. Unintentional fatal poisonings cost Ohioans \$3.5 billion on average each year; while non-fatal, hospital-admitted poisonings cost an additional \$31.9 million. These costs include medical, work loss and quality-of-life loss.

Estimated average annual costs of fatal and non-fatal, hospital-admitted unintentional drug overdose in Ohio ¹		
Type of Costs	Fatal Costs ²	Non-fatal, hospital admitted costs ³
Medical	\$4.9 million	\$19.1 million
Work loss	\$1.2 billion	\$5.2 million
Quality-of-Life loss	\$2.2 billion	\$7.6 million
Total	\$3.5 Billion	\$31.9 Million

WHAT CAN BE DONE TO ADDRESS THIS ISSUE?

AT THE LOCAL LEVEL...

- Form a drug poisoning/overdose coalition to address the problem at the county or regional level.
- Members should include local leadership from health departments, coroners, health care professionals, alcohol and drug addiction treatment centers, law enforcement agencies, health professional associations, mental health agencies, hospitals, pharmacists, private citizens, businesses, media, and other interested and relevant organizations or agencies.
- Implement social marketing campaigns to educate the public about prescription drug abuse and misuse.
- Conduct education campaigns specifically for local populations particularly at risk.
- Develop training programs for use in reaching adults in a variety of settings (e.g. places of employment, professional conferences/meetings, doctor's offices, dentists' offices, etc.)
- Conduct proper prescription drug storage and disposal programs such as Drug Take Back programs.
- Establish county Poison Death Review (PDR) committees to identify the circumstances surrounding drug poisoning/overdose deaths to provide insight into prevention.

Sources:

- i. Ohio Department of Health, Office of Vital Statistics, Analysis by Injury Prevention Program
- ii. Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2005.
- iii. Paulozzi, LJ, Budnitz, DS, Xi, Y. Increasing deaths from opioid analgesics in the United States. *Pharmacoepidemiology and Drug Safety*. 2006; 15:618-627.
- iv. Dasgupta N, Jonsson, FM, Brownstein JS. Accidental opioid poisoning mortality, United States, 1999-2004.
- v. Ohio Hospital Association. Hospital discharge data. (2002-2007)
- vi. Ohio Department of Health. (2007). Tobacco-alcohol-drugs. 2007 Ohio Youth Risk Behavior Survey. http://www.odh.ohio.gov/odhPrograms/chss/lad_hlth/YouthRsk/youthrsk1.aspx
- vii. Hall AJ, Logan JE, Toblin RL, et al. Patterns of abuse among unintentional pharmaceutical overdose fatalities. *JAMA* 2008;300(22):2613-20. <http://jama.ama-assn.org/cgi/content/full/300/22/2613>
- viii. Food and Drug Administration. FDA Public Health Advisory, Methadone Use for Pain Control May Result in Death and Life-Threatening Changes in Breathing and Heart Beat. Bethesda, MD: Center for Drug Evaluation and Research; 2007 November 27. <http://www.fda.gov/cder/drug/advisory/methadone.htm>

Produced by the Violence and Injury Prevention Program, Ohio Department of Health.

For more information contact Judi Moseley, Injury Prevention Program at 614-728-8016 or Judi.Moseley@odh.ohio.gov

Women and Prescription Drug Abuse

April 21, 2010 Karen Wright (with permission)

Adolescent girls have almost 60 to 70 percent higher rates of abuse of these substances than adolescent boys.

Between 1999 and 2006, U.S. hospital admissions due to poisoning by prescription opioids, sedatives, and tranquilizers rose from approximately 43,000 to about 71,000. Hospitalizations from prescription drug poisonings more often involved women 35 to 54 years old living in urban settings. Research increasingly suggests that women may be more vulnerable than men to particular consequences of drug abuse, including addiction. This greater vulnerability may stem from gender-specific differences in motivations for drug use, differing sensitivities to drug effects, and a host of other biological and environmental factors. And studies suggest that females may be more vulnerable than males to the rewarding effects of drugs, which could increase their risk for dependence.

The National Institute of Health's Office of Research on Women's Health monthly podcast, "Pinn Point on Women's Health," provides updates on women's health research, and is hosted by Vivian W. Pinn, M.D., Director of NIH's Office of Research on Women's Health. In April, Dr. Pinn interviewed Nora Volkow, M.D., Director of the National Institute on Drug Abuse.

Dr. Volkow stated that it is important to understand the gender-based differences regarding prescription drug abuse, as it informs interventions to both prevent and treat it.

Prescription Drug Use Patterns by Gender and Age

"In general, males tend to take more drugs than females, except in the period of time between 12 and 17 years of age, and there, we see a higher rate of abuse of drugs, including psychotherapeutics, among girls than among boys," Dr. Volkow said.

Drugs of abuse also include pain medications that contain opiates, such as Vicodin or OxyContin, as well as stimulant medications, which are the medications used to treat attention deficit hyperactivity disorder, like amphetamines and Ritalin. Dr. Volkow noted that adolescent girls have almost 60 to 70 percent higher rates of abuse of these substances than adolescent boys.

"Adolescents and 18- to 25-year-olds take stimulant medications to improve cognitive performance, to study for an exam, or to prepare for something that requires a deadline involving intense work," Dr. Volkow said. In addition, girls take stimulants in order to lose weight.

In half of the cases, prescription drug abusers get their psychotherapeutics from friends or relatives, who give them as presents. Then, depending on the age, between 18 and 30 percent of them buy the drugs from a friend or relative. Approximately 30 percent of adolescents get the drugs from physician-issued prescriptions.

Effects of Prescription Drug Abuse

Not surprisingly, prescription drug abuse can result in addiction. Through imaging studies that Dr. Volkow has undertaken, she has been able to identify that repeated use of drugs affects how the brain works, disrupting many functional circuits that include reward, which is the ability to feel pleasure, and the learning and memory circuit, which leads to conditioned responses.

The studies have also shown "significant disruption of frontal areas of the brain that are involved with executive control and that enable you to make decisions, to judge, to control your desires and your emotions," Dr. Volkow said.

Risk Factors for Addiction

The risk of addiction is higher if a person has a family history of addictive disorders, such as to nicotine and alcohol. There exists a misguided belief that abuse of psychotherapeutics is less dangerous than that of illicit substances because they are prescribed by physicians, which is a fallacy. "When you take psychotherapeutics outside the surveillance of a physician, these drugs, these medications can be as dangerous as illicit substances," Dr. Volkow said. She noted the importance of educating both the public as well as the health care system about how these drugs work and under what conditions their use is beneficial and under what conditions their use can lead to adverse medical consequences.

Do Men and Women Differ in Opioid – Abuse Risks?

A study recently published in the *Journal of Pain* found important differences between men and women that determine risks for abuse of opioid analgesics prescribed for chronic noncancer pain. However, the indiscriminate application of such stereotypes may hinder effective pain management.

Researchers affiliated with Harvard Medical School enrolled 275 male and 335 female patients who had been prescribed opioid analgesics for chronic noncancer pain in a longitudinal predictive study. Participants were asked to complete a series of baseline questionnaires, including the revised Screener and Opioid Assessment for Pain Patients (SOAPP-R). After 5 months, subjects were administered the Prescription Drug Use Questionnaire (PDUQ) and submitted a urine sample for toxicology assessment. Their treating physicians also completed a substance misuse behavior checklist (Prescription Opioid Therapy Questionnaire; POTQ).

The results of the study showed that men and women have similar frequencies of aberrant drug-use behavior, but gender differences were found in risk factors for misuse of opioid medications. At the 5-month followup, women showed significantly higher scores on the PDUQ ($p < .05$), whereas men had a higher incidence of physician-rated aberrant drug behavior on the POTQ ($p < .05$). An item analysis of the SOAPP-R, PDUQ, and POTQ showed that women scored higher on items relating to psychological factors, whereas male patients reported having more legal and behavioral problems.



In a news release (via NewsWise), lead author Robert Jamison noted, “Our analysis showed that drug misuse by women is motivated more by emotional issues and psychological distress while in men this behavior usually stems from problematic social and behavioral problems that lead to substance abuse. Further, women who misuse pain drugs are more likely to admit to being sexually or physically abused or have a history of psychiatric or psychological problems.” The researchers recommend that for women being treated with opioids for chronic noncancer pain with evidence of significant affective stress, clinicians should treat the mood disorder and counsel on the dangers of relying on opioids to reduce stress and improve sleep. For men, closer monitoring of known or suspected behavioral problems, frequent urine screens, pill counts, and compliance monitoring are recommended to help reduce risks for drug misuse.

REFERENCE: Jamison RN, Butler SF, Budman SH, et al. “Gender Differences in Risk Factors for Aberrant Prescription Opioid Use”. *Journal of Pain*. 2010;11(4):312-320



Ohio Prescription Drug Abuse Task Force



Ohio Governor Ted Strickland received the Ohio Prescription Drug Abuse Task Force's (OPDATF) final report on Friday, October 1, 2010.

The report included 20 recommendations to the Governor and leaders of the General Assembly and outlined significant steps toward addressing the issue of prescription drug abuse on a statewide level.

"I want to thank the Task Force for its collaborative, thoughtful approach to addressing this epidemic," Gov. Strickland said. "We will move quickly to work with the legislature to adopt recommendations that

will help combat prescription drug abuse, including implementing standards for pain management clinics, working with providers to improve the use of the Ohio Automated Rx Reporting System, establishing and supporting local coalitions, and exploring ways to support critical drug and alcohol treatment services for Ohioans."

In order to ensure the state's approach is both multifaceted and comprehensive the recommendations address issues related to treatment, law enforcement, public health and regulation. Recommendations include legislative reform, increased funding and education, facilitating proper disposal of prescription medication, as well as establishing new and supporting existing coalitions to address the prevention of prescription drug misuse, abuse and overdose.

Ohio has already taken steps that align with some of the Task Force's recommendations: the State previously set aside \$250,000 in Justice Assistance Grants to assist local law enforcement with funding to investigate and prosecute cases involving prescription drug abuse, the state conducted a prescription medication drop-off in collaboration with the U.S. Drug Enforcement Agency and the Ohio Department of Health is sponsoring an awareness campaign called Prescription for Prevention: Stop the Epidemic.

The final OPDATF report can be found online at: <http://www.odh.ohio.gov/drugoverdose>.



We're Updating Our Records!



Ohio Department of Health Sexual Assault and Domestic Violence Prevention Program needs your new information if there has been a change of address or change in contact person!

PREVIOUS ADDRESS:

Name/Contact Person _____ Agency _____

Address _____

City _____ Zip _____

Phone () _____ Email _____

NEW ADDRESS:

Name/Contact Person _____ Agency _____

Address _____

City _____ Zip _____

Phone () _____ Email _____

EMAIL us your new information to: bhpr@odh.ohio.gov or **FAX** this form to **614-644-7740**
TO MAIL: Cut out form then fold and tape shut with personal address information inside.
Place Stamp on pre-addressed form and mail.



cut, then fold in half to mail

Resources

1. Injury Prevention Program, Ohio Department of Health: <http://www.odh.ohio.gov/odhPrograms/hpr/injprev/OVIPP.aspx>
2. National Poison Help: <http://poisonhelp.hrsa.gov>
3. Food and Drug Administration, Center for Drug Evaluation and Research: <http://www.fda.gov/cder/index.html>
4. Office of National Drug Control Policy, Proper Disposal of Medications Factsheet: http://www.whitehousedrugpolicy.gov/publications/pdf/prescrip_disposal.pdf
5. National Safety Council Poison Prevention Information: http://www.nsc.org/Safety_Home/Resources/PoisonPreventionKit
6. Poison Prevention Week Council web site: <http://www.poisonprevention.org/>
7. Rx Use Only as Directed – Utah Department of Health: <http://www.useonlyasdirected.org/>
8. "A Guide to Safe Use of Pain Medicine": <http://www.fda.gov/Downloads/ForConsumer/ConsumerUpdates/ucm095742.pdf>
9. <http://drug-abuse.suite101.com/article.cfm/women-and-prescription-drug-abuse>

Updating My Records!



Jenelle Adkins
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Columbus, OH 43215

Place
Stamp
Here

Federal Guidelines: Proper Disposal of Prescription Drugs

www.WhiteHouseDrugPolicy.gov



Take unused, unneeded, or expired prescription drugs out of their original containers and throw them in the trash.



Mixing prescription drugs with an undesirable substance, such as used coffee grounds or kitty litter, and putting them in impermeable, non-descript containers, such as empty cans or sealable bags, will further ensure the drugs are not diverted.



Flush prescription drugs down the toilet only if the label or accompanying patient information specifically instructs doing so (see box).



Take advantage of community pharmaceutical take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Some communities have pharmaceutical take-back programs or community solid-waste programs that allow the public to bring unused drugs to a central location for proper disposal. Where these exist, they are a good way to dispose of unused pharmaceuticals.

The FDA advises that the following drugs be flushed down the toilet instead of thrown in the trash:

- Actiq (fentanyl citrate)
- Daytrana Transdermal Patch (methylphenidate)
- Duragesic Transdermal System (fentanyl)
- OxyContin Tablets (oxycodone)
- Avinza Capsules (morphine sulfate)
- Baraclude Tablets (entecavir)
- Reyataz Capsules (atazanavir sulfate)
- Tequin Tablets (gatifloxacin)
- Zerit for Oral Solution (stavudine)
- Meperidine HCl Tablets
- Percocet (Oxycodone and Acetaminophen)
- Xyrem (Sodium Oxybate)
- Fentora (fentanyl buccal tablet)

Note: Patients should always refer to printed material accompanying their medication for specific instructions.

ORGANIZATIONS AND ASSOCIATIONS

Ohio Citizen Advocates

PO Box 539
New Albany, OH 43054
Office Phone: (614) 486-2430

Website: <http://www.oca-ohio.org/home.asp>

The mission of Ohio Citizen Advocates for Chemical Dependency Prevention and Treatment is to eliminate the stigma and discrimination associated with alcohol and other drug addiction by:

- educating the public that alcohol and other drug addiction is a preventable, treatable medical illness,
- reducing barriers to treatment, and
- advocating for a system of care that supports a continuum of effective alcohol and other drug services.

The Ohio Department of Alcohol and Drug Addiction Services (ODADAS)

280 Plaza, 280 North High Street, 12th floor,
Columbus, OH 43215-2550
INFO@ada.ohio.gov

Website: <http://www.odadas.ohio.gov>

The mission of the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) is to provide statewide leadership in establishing a high quality addiction prevention, treatment and recovery services system of care that is effective, accessible and valued by all Ohioans.

ODADAS is responsible for the development of a comprehensive statewide plan, emphasizing abstinence as its primary goal, to distribute federal and state funds for the prevention and treatment of alcohol and other drug addictions.

The Substance Abuse & Mental Health Services Administration (SAMSHA)

SAMSHA's Health Information Network
P.O. Box 2345, Rockville, MD 20847-2345
Email: SAMSHAInfo@samhsa.hhs.gov
Phone: 1-877-SAMSHA-7 (1-877-726-4727)
TTY: 1-800-487-4889, Fax: 240-221-4292

Website: <http://store.samhsa.gov/home>

The Substance Abuse & Mental Health Services Administration's (SAMSHA) mission is to reduce the impact of substance abuse and mental illness on America's communities. The Agency was established in 1992 and directed by Congress to target effectively substance abuse and mental health services to the people most in need and to translate research in these areas more effectively and more rapidly into the general health care system.

To accomplish its work SAMSHA administers a combination of competitive, formula, and block grant programs and data collection activities. The Agency's programs are carried out through:

- The Center for Mental Health Services (CMHS) which focuses on the prevention and treatment of mental disorders.
- The Center for Substance Abuse Prevention (CSAP) which seeks to prevent and reduce the abuse of illegal drugs, alcohol, and tobacco.
- The Center for Substance Abuse Treatment (CSAT) which supports the provision of effective substance abuse treatment and recovery services.
- The Center for Behavioral Health Statistics and Quality (CBHSQ) which has primary responsibility for the collection, analysis and dissemination of behavioral health data.



Ohio Department of Health VIOLENCE AND INJURY PREVENTION PROGRAM

Sexual Assault And Domestic Violence Prevention Programs:

Debra Seltzer, Program Administrator – (614) 728-2176 – Debra.Seltzer@odh.ohio.gov

Jenelle Adkins, Executive Secretary – (614) 644-7854 – Jenelle.Adkins@odh.ohio.gov

Joyce Hersh, Women's Health Coordinator – (614) 728-4885 – Joyce.Hersh@odh.ohio.gov

Beth Malchus, Rape Prevention Coordinator – (614) 466-8960 – Beth.Malchus@odh.ohio.gov

Amanda Suttle, Rape Prevention Coordinator – (614) 644-7618 – Amanda.Suttle@odh.ohio.gov



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For more information
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WINTER 2010
**Women
& Prescription
Drug Abuse**

WOMEN'S HEALTH PROGRAM

http://www.odh.ohio.gov/pdhPrograms/hprp/wom_hlt/sadvhlth.aspx

HEALTHY OHIO

Web Site: <http://www.healthyohioprogram.org>



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