

The Role of Personal Responsibility in the Occurrence of Prescription Opioid Abuse: An Analysis of the Source of Abused Opioid Prescription Drugs Derived from Public Commentary Submitted to the FDA's Opioid REMS Docket

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Purpose

Personal stories are advocated by some as a powerful a tool in the art and practice of medicine. While often termed "anecdotal" in mainstream western medicine, and therefore, not evidence on which to base medical decisions, nonetheless, specific and powerful personal stories are known to profoundly affect professional medical practice policy and the delivery of effective pain care nationally. (Chin-Bergman Elder Abuse Case, see <http://www.braytonlaw.com/news/verdicts/2001bergman.htm> accessed 7/15/2010).

This review attempts to determine, from the available public comments in the FDA's REMS docket from April 20 through June 20, 2009, the original source of any prescribed opioid that resulted in harm or death after its use, derived from the information provided in these letters by their authors.

Method

A review of the 2,170 written comments posted between April 20 and June 30, 2009 to the FDA's REMS public comment docket is being performed to ascertain:

Author of the letter and relationship to harmed person(s)

Type of harm identified per individual, i.e. overdose, death, other adverse effects

Details of source of the opioid causing harm: Rx or other access: freely given or purchased, from whom, etc.

Any behavior or activity proposed or undertaken to preclude such future tragic events.

Data will be cumulated and analyzed for clues to actions or behaviors that might have prevented or mitigated the observed harm. Findings will be discussed and recommendations for potential future activities and actions will be proposed based on these findings..

Results

Pending, not yet completed. Other research has demonstrated that there is clear data showing that as prescription volume for controlled substances increases, a parallel increase in substance abuse involving these products is observed. However, causation is not established. It is widely assumed that opioids are mis-prescribed and over-prescribed. However, in this equation, the impact of the role of patient for whom the drugs are prescribed, rather than the prescriber, has not been fully explored. Patient and public knowledge regarding the safe use, storage and disposal of opioids has not been adequately assessed as factors contributing to this problem. Scant data exists to identify the source of misused or abused opioids. Data from SAMHSA's 2008 National Survey on Drug Use and Health demonstrated that only 7% of non-medical users of OxyContin had received it through a prescription from their doctor, while 76% of non-medical users either bought, took or received the drug as a gift from a friend or relative. It remains

presumed, but undocumented, that those friends and relatives originally obtained their drug through a prescriber for a legitimate reason.

Conclusions

Based on the findings from this review, the author intends to propose some metric to evaluate the contribution of diversion of legitimately and appropriately prescribed opioids to the problems of misuse, abuse and death that should be applied to evaluate and mitigate its impact on this epidemic by offering some potential solutions.