

# Prescription Medication Abuse by Teens Soars

BY TIMOTHY F. KIRN  
Sacramento Bureau

TORONTO — Prescription drug abuse is growing at a faster rate than is illegal substance abuse, particularly among adolescents, Joseph A. Califano Jr. said at the annual meeting of the American Psychiatric Association.

"We think the country has got to deal with this problem, because the reality is we are seeing a tremendous increase in prescription drug abuse, particularly in young people," said Mr. Califano, chairman of the National Center on Addiction and Substance Abuse (CASA) at Columbia University, New York and a former Health and Human Services secretary under the Carter administration.

According to a large research project conducted by CASA that drew on several surveys and databases, the number of Americans abusing prescription drugs exceeds the numbers abusing illegal drugs, except marijuana, he said.

In 2003, 15 million Americans were abusing prescription drugs, compared with only 6 million using cocaine and 4 million using hallucinogens.

The number of Americans abusing drugs increased dramatically between 1991 and 2003, with the greatest rate increase coming among adolescents, for whom the absolute numbers rose from about 700,000 in 1992 to 2.3 million in

2003, an increase that surpasses 200%, Mr. Califano said.

That increase coincided with a huge increase in prescriptions for controlled substances, he noted. From 1992 to 2002, the population of the country grew 13%. The number of prescriptions written grew 57%. But the number of prescriptions for controlled substances rose 154%.

Physician and pharmacist surveys suggest that lax practice by members of both professions is partly to blame, or at least represents a missed opportunity to curb some prescription drug abuse, Mr. Califano said.

In a survey of 1,000 physicians and 1,000 pharmacists, a little more than half of each group said they blamed patients for most prescription drug abuse; altered prescriptions, doctor shopping, and outright lying were cited as ways people obtain controlled substances for abuse. However, 33% of the doctors said that before prescribing a controlled drug, they do not check and obtain patients' medical records to investigate patients' previous conduct and contact with physicians. Forty-three percent of doctors do not ask patients about their drug abuse history.

Sixty-one percent of the pharmacists said they never

question patients about prescriptions for controlled drugs before they fill the prescriptions; one-third said they never review the patients' other previous or current prescriptions, and 28% said they do not regularly validate the Drug Enforcement Administration number on the prescription.

It is clear, too, that these prescription drugs are getting into the hands of teenagers and that teenagers who abuse prescription drugs will abuse other drugs, Mr. Califano said. Teenagers who abuse prescription drugs are twice as likely to abuse alcohol, five times more likely to use marijuana, and 15 times more likely to use ecstasy.

Focus groups suggest that adolescents do not view prescription drugs with the same reservations that they view illegal substances such as marijuana and cocaine.

"They don't look at them as illegal drugs," Mr. Califano said. Part of that probably stems from the ubiquitous nature of prescription drugs. Teenagers see prescription drugs advertised, and they also see their friends—and even their parents—taking them. "For some kids, the medicine cabinet is a worse threat than the local dealer," he added. ■

**Teenagers see their friends—and even their parents—taking them. 'For some kids, the medicine cabinet is a worse threat than the local dealer.'**

## NIH: Access Issues Stymie Smoking Cessation Success

BY ALICIA AULT  
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BETHESDA, MD. — Tobacco cessation programs that employ telephone quit lines and counseling and nicotine replacement therapy are highly effective, and they should be offered to more smokers and users of smokeless tobacco, according to a panel of physicians, other health care providers, and community advocates at a conference on the prevention, cessation, and control of tobacco use sponsored by the National Institutes of Health.

The 14-member panel was charged with issuing a consensus statement on the state of the science after sifting through the available evidence and listening to several days of presentations from the public. The NIH committee found ample evidence that tobacco-related illnesses are a huge burden in the United States—leading to 440,000 deaths each year—and also that there are many successful strategies for preventing use or helping people quit. But there are huge and numerous barriers blocking tobacco users from taking advantage of prevention and cessation programs, the committee added.

Of the 44.5 million adult smokers in the United States, 77% would like to quit, and 40% make an attempt in any given year, according to the panel. But only 5% succeed, mostly because those attempting to quit cannot access effective treatments.

"To increase demand for treatments, we must motivate smokers to want them, expect them, and use them," said Dr. David F. Ransohoff of the University of North Carolina at Chapel Hill, and chairman of the NIH panel, in a statement.

One of the biggest challenges is stopping people from starting. The data show that most smokers begin in adolescence.

Effective strategies to keep children from picking up the habit include raising taxes to increase cigarette prices, passing—and then enforcing—laws to prohibit minors' access to tobacco, and creating smoke-free zones, said the panel. Restricting tobacco ads and promotion and disseminating antitobacco mass media campaigns also work, the committee said.

"Tobacco is a legal product, but it's illegal to sell that product to youth, so simply enforcing the law of not selling tobacco products to youth would help a great deal," said panelist Stephen B. Thomas, Ph.D., director of the Center for Minority Health at the University of Pittsburgh.

The committee also found that reimbursement for smoking cessation counseling or nicotine replacement products increased physician intervention and encouraged more patients to make use of the services. Patients also are more apt to seek out and use the services when discussions of smoking and quitting are made a routine part of every primary care visit or before every hospital discharge.

The committee also stated that people with psychiatric conditions—especially schizophrenia and major depressive disorder—are more likely to be smokers and to have a harder time quitting, with more severe withdrawal symptoms.

Going forward, patients and providers should be made more aware of the benefits of cessation and the resources for quitting, and reimbursement policies should be established, said the panel. Its advice to tobacco users: "If at first you don't succeed, try, try again and get some help," said panelist Dr. Christine Laine of Jefferson Medical College, Philadelphia. ■

Copies of the consensus statement can be found at <http://consensus.nih.gov>.

## Black Box Sparks Drop in Sales Of Antidepressants for Children

BY DAMIAN McNAMARA  
Miami Bureau

BOCA RATON, FLA. — The black box warning of potential increased suicidality among pediatric patients treated with antidepressants spurred an overall 10% decrease in prescriptions in the ensuing year, according to a study of a large managed care database.

There were 68,121 prescriptions for patients 17 years old and younger in the United Healthcare database in the year before the October 2004 black box warning, compared with 61,561 afterward. This 10% decrease was statistically significant ( $P < .001$ ), Christine Thomason, Ph.D., said in an interview at a poster session at a meeting of the New Clinical Drug Evaluation Unit sponsored by the National Institute of Mental Health.

"We expected it to go down, but I want to make it clear that access to effective treatment is so important," said Dr. Thomason, director of the pediatric CNS division of i3 Research.

Dr. Thomason and her associates assessed the data by individual agent(s) prescribed, antidepressant drug class, new prescriptions only, and patient age.

"Fluoxetine use increased. It is the only approved medication for major depressive disorder in children," Dr. Thomason said. Postwarning prescriptions increased 9% for fluoxetine, while prescriptions decreased 19% for sertraline (Zoloft) and 29% for venlafaxine (Effexor).

When researchers specifically looked at only selective and nonselective serotonin reuptake inhibitors, the overall decrease was 12%. Regarding new prescriptions, the number fell 20% in the year after the black box warning, Dr. Thomason said. "It is likely that patients taking antide-

pressants are maintained on that treatment, but physicians are prescribing antidepressants at a lower rate for new patients," the authors wrote.

The highest decreases for any antidepressant prescription were among younger patients. For example, prescriptions decreased 18% (from 466 before the warning to 383 afterward) among those 0-4 years old. Prescriptions dropped 15% among patients 5-9 years old; 11% among 10- to 14-year-olds; and 7% among 15- to 17-year-olds. About half of the pediatric patients in the study fell in the 15- to 17-year-old group.

Sex was almost evenly split between prewarning and postwarning groups. Psychiatric diagnoses (all counts at all encounters) were likewise similar between groups. For example, depressive disorder accounted for 30% of the prewarning encounters vs. 29% post warning; attention-deficit hyperactivity disorder accounted for 24% in each group; and anxiety/general anxiety disorder accounted for 10% of prewarning and 11% of postwarning encounters.

All data in the study were deidentified to protect patient privacy. Data were limited to outpatient retail, mail order, and specialty pharmacy claims.

The researchers plan to expand the study to cover more than 1 year before and after the black box warning. In addition, plans include a comparison of prescribing habits of general practitioners vs. child psychiatrists.

"We also want to see if there is any seasonal variation in prescriptions—such as increased use during the holidays or lower use during the summertime," Dr. Thomason said at the meeting, which was cosponsored by the American Society for Clinical Psychopharmacology. ■