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EDITORIAL

Prescription drug mayhem and rural America

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Addiction problems in America are increasing and rural areas are greatly affected. Drug problems have often been linked to illegal drug manufacture and distribution; however, the recent increases involve drugs that are manufactured by leading drug manufacturers and prescribed by physicians.

Rural areas have a number of characteristics that facilitate greater awareness of health problem areas, such as drug abuse. In a forthcoming *Rural and Remote Health* publication, rural pharmacists and practitioners acting at the local level identified drug abuse, doctor shopping, early refills, and drug shortages as major problems. Living in a rural location can magnify the impact of these problems.

Rural areas are not alone. National data from the Drug Abuse Warning Network indicates rapid increases in abuse and misuse of prescription drugs¹. Misdirected narcotic pain killers, stimulant medications, and antidepressants result in more and more emergency room visits and worse. The predominant source of these drugs is doctor prescriptions. Massive marketing campaigns have contributed to the widespread availability of pain medications. Purdue Frederick paid \$600 million for marketing for oxycontin². Endo Pharmaceuticals is reformulating Opana® to reduce its abuse potential in areas such as ability to inject the drug². It will take more than simple changes in formulations to impact the overall abuse problem.

'Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month'³. For every one of over 14 000 deaths in 2008 there were 10 treatment admissions for abuse, 32 emergency room visits, 130 people who abuse or are dependent, and 825 who use the drugs but do not have a prescription. In surveys, less than 5% obtained drugs from a stranger or the internet or a 'drug dealer'. Most got the drugs from family or friends⁴.

Recommendations from the Centers for Disease Control and Prevention (CDC) include statewide prescription drug monitoring programs, monitoring of health insurance information to identify patterns suggestive of abuse, actions

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taken against prescribers who clearly deviate from accepted medical practice, laws to reduce 'shopping' for drugs, and better access to drug treatment⁴.

More than recommendations will be needed. The ink was hardly dry on the first draft of this editorial when the CDC released a new study noting a 91% increase in accidental poisonings of older teens – another result of increases in prescription pain-killer overdoses⁵. And deaths are just the most visible tip of the iceberg.

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