



North American Congress of Clinical Toxicology

Prevalence of non-medical use of over-the-counter medications by healthcare providers

Malin Rapp-Olsson, Dr. Joshua C. Black, **Dr. Janetta L. Iwanicki**
Rocky Mountain Poison and Drug Safety – Denver Health, Denver, CO



Objective

- Describe survey methodology for analyzing drug use behaviors in a population
- Understand the definition of non-medical use
- Quantify the prevalence of non-medical use of over the counter drugs among healthcare providers and other adults
- Compare the reasons for non-medical use between healthcare providers and other adults

Conflicts of Interest

Funding provided by Denver Health and Hospital Authority, a non-profit safety net hospital in Denver, CO, USA.

This work was performed by the Researched Abuse, Diversion and Addiction-Related Surveillance (RADARS[®]) System. The RADARS System operations are supported by subscriptions from pharmaceutical manufacturers, government and non-government agencies for surveillance, research, and reporting services. RADARS System is the property of DHHA, a political subdivision of the State of Colorado. No subscriber participated in the conception, analysis, drafting, or review of this work.

No other competing conflicts of interest are declared.

Background

- Healthcare providers may misuse substances at a greater rate than the general population^{1,2,3}
- Many providers may be hesitant to report substance misuse and underlying psychiatric symptoms⁴
- Much substance misuse/abuse research focuses on Rx and illicit substances
- OTC misuse/abuse can be dangerous and indicates risk behaviors

Methods

- Survey of Non-Medical Use of Prescription Drugs Program
 - Semi-annual online panel survey; 3Q19 launch used for this analysis
 - Questions about prescription and non-prescription drug use behaviors
 - 30,000 respondents stratified by region and sex
 - Nationally representative, validated estimates⁵
- Percentages are weighted to be nationally representative
- Prevalence and reasons for non-medical use were compared by healthcare provider status using Rao-Scott chi squared tests with adjustment for multiple comparisons

Methods: Inclusion Criteria

Respondents are classified by healthcare provider (HCP) status:

- a healthcare professional providing care to patients

Must report using at least one over-the-counter medication (OTC):

- acetaminophen, aspirin, dextromethorphan, diphenhydramine, ibuprofen, loperamide, naproxen, or other (non-specified) OTC

Compare Non-Medical Use (NMU) an OTC medication:

- use in a way other than what was stated on the label or directed by a healthcare provider

Results: Who are the respondents?

HCP:

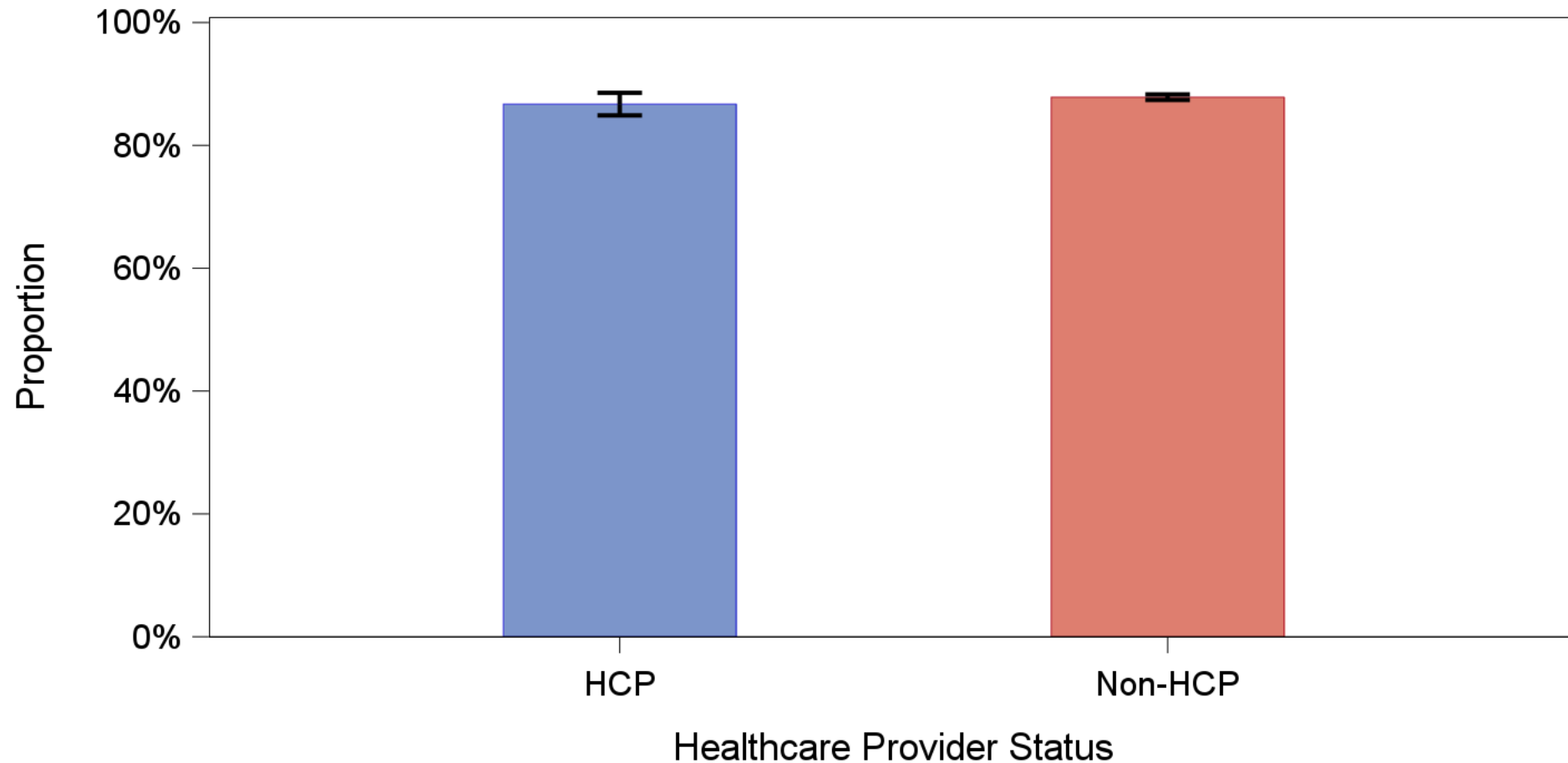
- 1,668 respondents representing 12,450,537 adults
- 65% female
- Mean age: 40 years
- 37% acute pain in the last year
- 27% chronic pain in the last year

Non-HCP:

- 28,062 respondents representing 241,317,555 adults
- 51% female
- Mean age: 47 years
- 23% acute pain in the last year
- 25% chronic pain in the last year

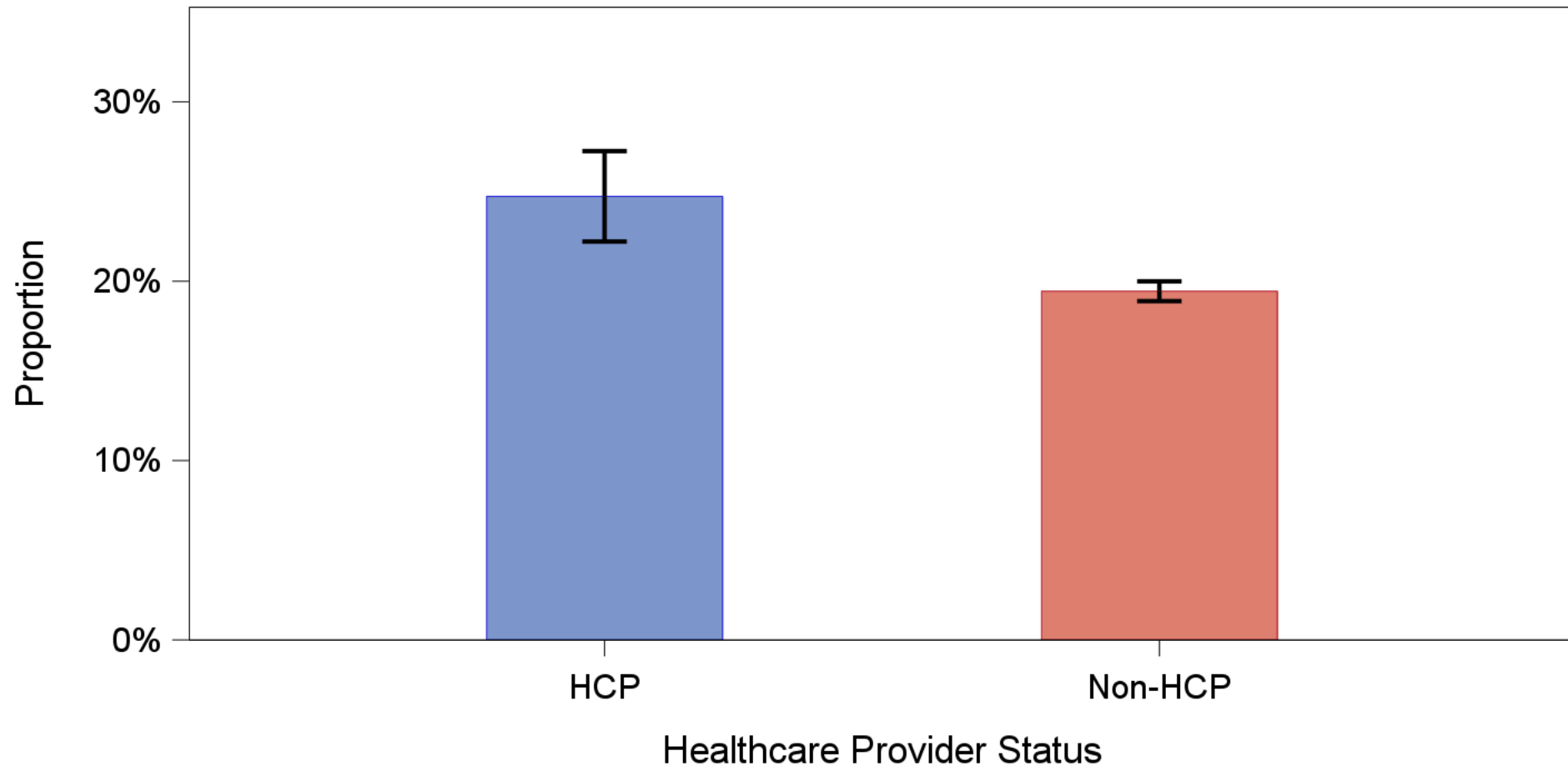
Results

Proportion who used any OTC in the last 12 months is not different by HCP status



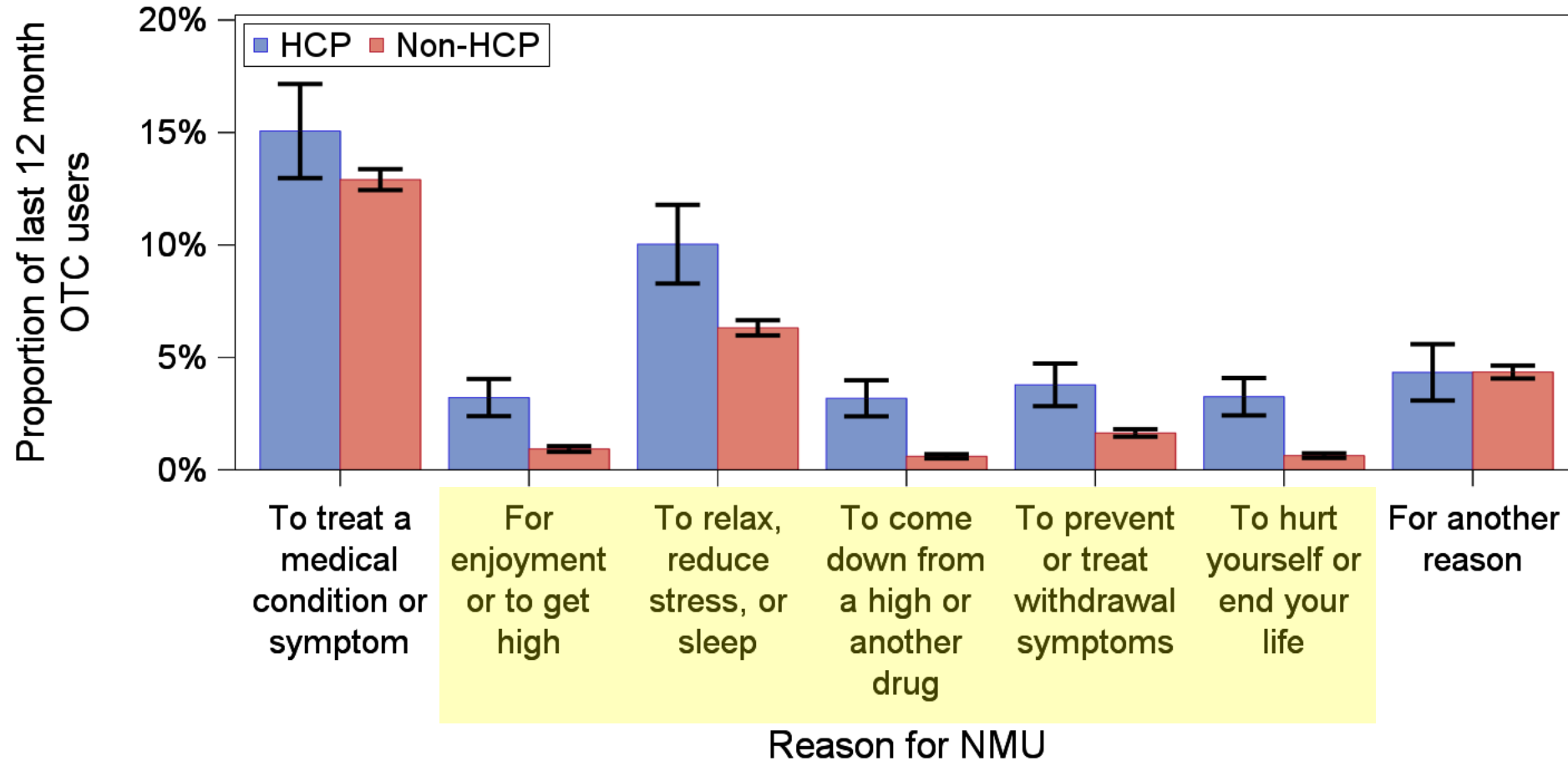
Results

Proportion of last 12-month OTC users that NMU is significantly higher in HCPs



Results

Reason for NMU of any OTC drug in the last 12 months



Strengths and Limitations

- Strengths:
 - Validated, nationally representative survey
 - High power
 - Because of the scope of the survey, we are able to study a hard-to-reach population (healthcare workers)
- Limitations:
 - Because this is an online survey, residual bias from non-probability sampling could exist after calibration weights
 - Only 1 survey launch (1 quarter of data) used for this analysis

Conclusions

- Healthcare providers were more likely to NMU OTC medications
- Healthcare providers more likely to NMU for high risk reasons
 - Hurt themselves
 - Get high
 - Come down from a high
- Where does this lead us?
 - Repeat with more survey launches – does this pattern hold up over time?
 - Are certain demographics more at risk?
 - Association with other risk behaviors?
 - Policy and public health implications

References

1. Bryson EO. The opioid epidemic and the current prevalence of substance use disorder in anesthesiologists. *Curr Opin Anaes.* 2018; 31:388-392. <https://doi.org/10.1097/ac0.0000000000000589>
2. Kenna GA, Wood MD. Prevalence of substance use by pharmacists and other health professionals. *J Am Pharm Assoc.* 2004; 44:684-693. <https://doi.org/10.1331/1544345042467281>
3. Kunyk D. Substance use disorders among registered nurses: prevalence, risks and perceptions in a disciplinary jurisdiction. *J Nurs Manag.* 2015; 23:54-64. <https://doi.org/10.1111/jonm.12081>
4. Vayr F, Herin F, Jullian B, Soulat JM, Franchitto N. Barriers to seeking help for physicians with substance use disorder: A review. *Drug and Alcohol Dependence.* 2019; 199:116-121. <https://doi.org/10.1016/j.drugalcdep.2019.04.004>
5. Black JC, Rockhill K, Forber A, Amioka E, May KP, Haynes CM, et al. An online survey for pharmacoepidemiological investigation (Survey of Non-Medical Use of Prescription Drugs Program): Validation study. *Journal of Medical Internet Research.* 2019; 21:e15830. <https://doi.org/10.2196/15830>

Questions?

Janetta.Iwanicki@RMPDS.org

Twitter @DrJ4747