

## **USA INCREASED EMERGENCY DEPARTMENT VISITS OVER PAST 10 YEARS DUE TO ABUSE OF BENZODIAZEPINES AND NARCOTIC PAIN RELIEVERS.**

Substance abuse treatment admissions for addiction involving combined use of benzodiazepine and narcotic pain relievers rose a total of 569.7 percent, to 33,701, from 2000 to 2010, according to a report by the Substance Abuse and Mental Health Services Administration (SAMHSA). Overall substance abuse treatment admissions of people ages 12 and older in the same period rose 4 percent, to 1.82 million, the agency said.

"Clearly, the rise in this form of substance abuse is a public health problem that all parts of the treatment community need to be aware of," said SAMHSA Administrator Pamela S. Hyde. "When patients are battling severe withdrawal effects from two addictive drugs, new treatment strategies may be needed to meet this challenge. These findings will help us better understand the nature and scope of this problem and to develop better approaches to address it."

The report showed that 38.7 percent of those with this combined addiction began use of both drugs in the same year; 34.1 percent first used narcotic pain relievers, and the remaining 27.1 percent started with benzodiazepines.

Almost half of patients admitted for combined use also had a co-occurring psychiatric disorder, were largely self-referred, and were less likely to receive regular outpatient treatment than other admissions.

Specific demographic groups have higher rates of admission for combination benzodiazepine/NPR treatment when compared with admissions for other treatment. Non-Hispanic whites account for 91.4 percent of combination admissions versus only 55.8 percent of other admissions. Females make up 49.2 percent of combined admissions versus 30.2 percent of other admissions, and people aged 18-34 account for 66.9 percent of combined admissions versus 43.7 of other admissions.

"The public health and safety threat we face from the abuse of prescription drugs is indisputable and these data show the increasing need for treatment for those suffering from addiction to prescription drugs," said Office of National Drug Control Policy Director Gil Kerlikowske. "While prevention is a critically important pillar of our prescription drug prevention plan, equally important is ensuring that treatment is available to those in need."

SAMHSA recognizes the importance of providing education to medical professionals about the appropriate prescribing of opioids and benzodiazepines. SAMHSA's Prescribers' Clinical Support System for Opioid Therapies (PCSS-O) is a national training and mentoring program addressing safe use of opioid medications and treatment of opioid dependence.

The program is undertaken by a consortium of national clinical specialty organizations, including the American Academy of Addiction Psychiatry, American Psychiatric Association, American Osteopathic Academy of Addiction Medicine, American Medical Association, American Dental Association, American Society for Pain Management Nursing, and the International Nurses Society on Addictions. The PCSS-O offers webinars and educational modules on various topics related to opioid use, as well as mentoring and a list-serve addressing current questions related to opioid use, opioid use disorders and the confounding effects of benzodiazepines.

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