Physician Practices to Prevent ADHD Stimulant Diversion and Misuse

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Abstract

Background
Recent studies report that a significant number of adolescents’ misuse and divert prescription stimulants. As prescribers of these medications, physicians have a unique opportunity to help prevent the improper use and unlawful distribution of these medications. This study evaluates the extent to which physicians employ prevention practices with their adolescent patients with ADHD and their perceptions of the effectiveness of these practices.

Methods
A questionnaire was developed and mailed to child and adolescent psychiatrists, child neurologists, and developmental-behavioral pediatricians in the US. Descriptive statistics were performed on the final sample (n = 828; response rate = 18.4%), as were regressions to identify differences when physicians were grouped by subspecialty and prescribing volume.

Results
Many physicians “never” or “rarely” use medication contracts (85.2%) or distribute print materials (81.0%) to patients with ADHD when they suspect misuse and/or diversion. 46.2% do not “often” refer for drug counseling or substance abuse treatment when they suspect a patient of stimulant misuse and/or diversion. The leading prevention practices implemented by physician respondents at least “often” when they suspect stimulant misuse and/or diversion are prescribing long-acting instead of immediate-release stimulants (79.2%) and prescribing non-stimulants (71.9%). 71.4% of respondents believed prescribing non-stimulants is “very effective” at preventing misuse and diversion. Conversely, 53.4% and 31.5% of physicians, respectively, labeled using a medication contract and distributing print materials as “not likely effective.” Child and adolescent psychiatrists were more likely to implement certain prevention practices compared to other subspecialists. Many responding physicians do not regularly implement practices that may prevent stimulant misuse, and the majority thinks most prevention practices are not very effective.

Conclusion
Physicians should assume greater responsibility in the prevention of stimulant misuse and diversion by implementing prevention practices more often with their adolescent patients with ADHD. With respect to the generalizability of these findings, it must be noted that the sample was limited to pediatric subspecialists and may be influenced by selection bias and response bias. Further research must be performed to better understand physicians’ views of the risks and benefits of stimulants and to ascertain best practices for the prevention of stimulant misuse and diversion.