LNP 224
Is the Adderall Epidemic Mirroring the Opioid Epidemic?
Sharon Kelley

Kelly:

Hi and welcome to the Legal Nurse Business Podcast. This is Kelly, your co-host, and today we have a great guest, Dr. Sharon Kelley. She serves as CEO for a number of corporations, including the Alliance for Global Narcotics Training. She also oversees related corporations in emergency, sports and military medicine.

While completing her bachelor's in pre-medical sciences at the University of South Florida, she served as a Tampa police officer, which afforded her firsthand experience and recognition of street and prescription drug abuse. She received her master's degree in drug chemistry from the University of Florida and a PhD in toxicology. She's an affiliate faculty member with the University of Florida Clinical Toxicology Program, as well as the University of South Florida College of Medicine. She serves as a narcotics consultant for the Florida Attorney General, Department of Health, and numerous law enforcement entities. She lectures nationally and internationally to medical, legal and corporate entities, including military and sports organizations, with respect and enhanced recognition in medical/legal management of licit and illicit drug abuse.

Sharon, thank you for dedicating some time for our podcast, you are a fascinating woman.

Sharon: Well thank you, Kelly. I feel the same in reverse and thanks for the opportunity. I've enjoyed being with you all in the past, and I just appreciate that we all have a concern for narcotics in the role that the legal nurse consultant plays in our current epidemic.

Kelly: Yes, so today we would like to learn a little bit more about the rising legal concern with the ADHD medications and what you've learned and will share with us.

Sharon: This has been interesting in researching drugs like Adderall and Ritalin. We hear about them so much, and most of the time, the picture that probably comes through all the listeners' minds is the third grader who can't sit in his seat, who just has a lot of energy and needs ADHD meds. It's almost become a household word, and so I find it very interesting that this almost mirrors our opioid epidemic from a legal standpoint. When you think about ADHD, it's a subjective diagnosis.

I thought it was interesting; I actually pulled up the ADHD testing because you know obviously we don't have a physical "test" for it. People will tell you that there's no single test that you can use for it, so it's always going to be a little bit of a legal quagmire to read some of the questions that they ask for ADHD. I'm not sure that all of us wouldn't score in some of those categories.

I was with one of our doctors the other day, and you're trying to manage three patients at one time, the telephone is ringing, and your text message is going off with your dinner reservations that you need to be reminded of. I said, "You know, I think I have ADHD," and he goes "Oh, no, you have it. We have it, and we all have it."

He says, "You can't be in medicine…," so what is that saying? He says that it's almost becoming like going to the doctor and asking, "I need a Percocet" or "I need a hydrocodone." In so many ways I think that we need to be more aware that this is an abusive situation or at least potentially abusive.

If you Google ADHD, one of the things that we're seeing in the last 10 years is the rise in problems as shown by the poison control centers reporting tremendous rises in calls that are being placed to them. Think about all the calls that aren't being placed to them. These are a significant marker to the deaths. In talking to our hospitals and admissions up in the ICUs, we find that they are getting more and more young people who are actually coming in for ADHD abuse complications like cardiac arrhythmias or a stroke sometimes.

I definitely think that we're looking at this now as a pot that's starting to simmer. We've all paid attention this with the opioid issues, which we certainly understand. I'm a little concerned that this is a rising issue at the center. We're now starting to see that this, too, may be just

as big a drug abuse as opioids have become because right now there's no stigma on prescribing ADHD meds, but then again in the early 2000s there was no stigma on prescribing opioids. I find a lot of interesting parallels from a legal standpoint with this.

Kelly: Right, for instance, the college kids. I know there's a large promotion in competition within the college age students.

Sharon: Yeah and who would be one of the biggest groups? Pre-med students.

There's so much pressure now and so much competition about what schools to kind of get into, to get into medical school or into law school. There is so very much competition.

My niece just graduated from a university that's very well known— if I mention it, everybody listening would recognize the name—but she says, "It's interesting on finals week or just the weeks in general when we have exams that when you're studying in the library all you hear are prescription bottles being opened."

She says, "There's a distinctive sound when you hear that, and the pills are rattling, and the bottle is being placed back on the desk. It's almost like non-stop." She says, "I tried not to pay much attention to it, but you're hearing it. If I would look up from my book, you would just see person after person around me taking their meds."

In fact, there's a documentary out now, "Take Your Pills". It will be very interesting for any legal nurse consultant, especially if they get called upon on some of these cases to take a look at that documentary. Just like there's no stigma for opioids if people have pain, and it's not like opioids are all bad, it's not like heroin and cocaine, well, what's with ADHD meds?

Another area where we see a lot of the problems is using these meds for performance enhancement. Now the problem when I say performance enhancement, most people are thinking like athletes, and that's true, and that's the example I'm going to give.

"What does performance enhancement mean?"

I can go right back to the college students who are just trying to increase their scores on their exams. Are they going to stay up later with less sleep and be more focused?

In athletics, there has been a lot of attention paid to this. You have to have what they call an exemption. Major league baseball, I think, has done a really good job as far as these meds in that they actually have committees of physicians and psychologists who will evaluate players. Anybody can read what you and I can read on the Internet and look at the questions that are going to be asked. That's how the ADHD diagnosis for many is just reading off these questions and seeing how high you score.

Well, anybody can pull those questions up and know exactly what to say, so the thing is major league baseball is taking a much deeper look into whether these athletes truly have ADHD. This is where I think your LNCs may end up being called into this more and more, as now the alarms are starting. The alarms are starting to come out as to whether these patients are truly ADHD. Or is it just too easy to follow a set of questions and give them medications because there's pressure placed on our prescribers obviously to give medications?

What is the ramification? If someone is prescribed ADHD medication, and they're not truly ADHD, it actually does a transformation of the brain chemistry, and that's going to follow these people forever.

My nephew played baseball for a university. He and I were talking about it, and he said, "You have no idea how many athletes are using this." I said, "Let me explain this to you because I would hope that you would never do this."

I believe in not just saying, "Don't do this." I like to give them the rationale so that when I'm not around they can think it through. I explained that to him. I said, "You're right. It may increase your RBIs (runs batted in)," and he's a pitcher. I said, "Yeah, you focus better. Your RBIs may go up a little bit, like with any performance enhancement drug, but what's going to be the long end result?"

I think we're starting to see that. There are also some articles that really been hitting on the subject this year. The last one I saw was maybe in May of 2018. We're having more and more concerns about

females. There's a very big rise of females who are getting ADHD meds, so your LNCs are reviewing cases where there's a potential litigation or a regulatory concern about whether the prescriber did their due diligence before prescribing. One of the things now is warning them about if you get pregnant.

You can have a teratogenic affect, and the jury is still out there.

I got a statistic that I thought was very interesting. I don't know how they get this number, but 70 percent of pregnancies are unexpected. If you have a girl who's not expecting to get pregnant and she's on ADHD meds, is there going to be a potential fallback on the prescriber? In that case, did you diagnose appropriately? Do you have appropriate documentation for why you gave this? Did you stress other means of perhaps how they could handle some of their symptoms?

Does this all sound familiar? It sounds just like what we do with opioids. Are there alternatives? I really appreciate the articles that say are they truly ADHD or is there something else?

Kelly: Or is it based on a subjective diagnosis versus a truly objective diagnosis?

Sharon: Right and think about the pain scale with opioids. That's totally subjective. We don't have a pain meter and we don't have an attention deficit meter. The articles are especially talking about women, and you and I can both relate to this. Why women more than men when you think about pressures?

Not to say that men don't have pressures, and I'm not making that comment, but they brought out a lot of things that are very germane to a woman's lifestyle as far as you've got your job, but you also have the kids, and aging parents. Most of the times, those responsibilities do tend to fall back on women and just job performance. I'm not a sexist who talks about a woman's role or telling you that you get the short end, but there's validity to that and I do think my male colleagues as well have pressures on them. Now look at hormonal women are described as being more predisposed to anxiety and depressive disorders.

I think that's all very important. When I'm looking at a case, I really like to look at everything. Look at the totality of the person who is being asked. "Can I have Adderall?" "Can I have Ritalin?" Maybe there are better psychological approaches. That question has come up for many years now, and I would say in the last five to seven years about, "Are these kids truly ADHD, or is this a parenting issue?"

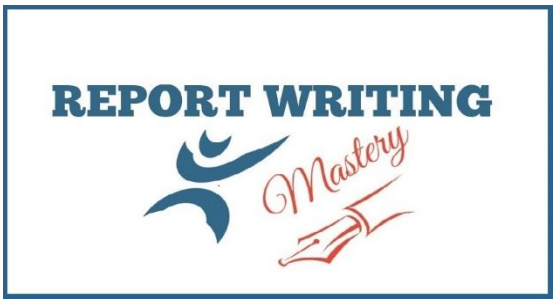
I deal with a lot of kids in juvenile justice. I would have to say in my experience a lot of them are there because they have absentee parents. There's no one teaching them that you need to sit down and that you need to stay focused because I'm going to stay focused with you. They don't have the parents at home. Again, this is not to say that ADHD is not a legitimate diagnosis, but it is being questioned due to the strong escalation of how many of these medications are being prescribed now. There's concern.

Where was that 20 years ago or was it just totally misdiagnosed, or did we not have it as much? Is it diet?

One of the first things a lot of my doctors ask when a parent thinks their child is ADHD is, "What's their sugar intake?" "What are your electronic times where it's fast and furious constantly?"

I think that an LNC if they were speaking to a physician who may have been accused of inappropriately prescribing would want to know if the physician asked these questions.

Pat: This is Pat Iyer. I am sharing a resource for you if you have not written LNC reports or you are at the beginning stages of your career and want to get feedback from an experienced LNC. You don't want to hand a set of sample reports to an attorney without assurance that they are well done.



Invest in my Report Writing Mastery course. In this online course, you gain experience in creating sample reports from a real case. There's nothing to make up. You'll get medical records, correspondence, and expert reports of a real case.

With my guidance, you prepare a chronology, a medical summary, a screening report, an expert witness report and an analysis of the expert reports written for the case. This variety of report formats gives you an opportunity to create the most commonly requested LNC report, and to learn how to make your reports shine in a professional way.

You get my personal feedback on every report you send to me.

I wrap up the course by giving you step by step guidance on how to secure an appointment with an attorney to be able to show your sample reports. You'll learn exactly how to handle the sales call so that you can confidently ask for work.

This course is available online in our learning center. You may start it right now. Get the details at http://LNC.tips/reports and this is huge – you'll get a 25% discount if you use the code listened.

Kelly: Speaking of diet, it makes me remember seeing the ADHD clinics advertising these drugs for weight loss because they're amphetamines.

Sharon: Absolutely because look at methamphetamine. One of the problems that I have as a toxicologist is a trick that substance abusers learn very quickly. If they have a methamphetamine problem, the fastest thing to do is to go and find a weight loss clinic or maybe an ADHD clinic and now they give them a prescription for amphetamine. This can be by a very conservative cautious provider who says, "I'm going to drug test you." Well think about the drug test that we do in offices. They may show up for amphetamines, but they're not going to differentiate many times between methamphetamine and amphetamines.

The thing is that to actually get that true differential and not risk a false positive or false negative, you would have to send it for a fairly expensive laboratory test. Most prescribers are not going to do that. They're going to consider: "My due diligence was that I didn't drug test them at all, so I gave them a script for an amphetamine or Adderall or Ritalin. I did a drug test and there's amphetamine on the drug cup."

Okay, good job, but they don't realize they are abusing other drugs, and that's always going to be a concern when it comes to this. You hit the nail on the head that now they're being more attractive. Now rather than a situation where I have to take off for lunch because I'm hungry, I can take the amphetamines. I can stay more focused on my job. I can do another hit of my energy drink and skip a meal. I can get more prepared for my meeting.

You can see how it very much fits into our American lifestyles right now, so that's just going to make it more of a reason for abuse. Because we have lots of prescriptions out there, you go into another round of liability. The doctor prescribed it for the mom, but now the teenager has it. I like to research and find out what the most recent opinions are, and that's what's coming into the poison centers a lot. It's that the people who are coming with overdose situations are abusing prescription drugs.

Again, does that sound familiar with opioids and the medicine cabinet?

Now it's like I think we need to be more vigilant in our awareness that any drug that can be abused. As part of the workout for the LNCs, they need to document that these drugs like Adderall and Ritalin are actually classified by the DEA as Schedule II. That's right below total illegal drugs. What a Schedule II says is that there's a medical use, but it has a high propensity for abuse.

Are we doing the same diligence? I think we can learn from the opioids and maybe heading off more of a Ritalin crisis if you want to call it that.

Are we doing that due diligence again to make sure that we're not making it so available?

The kids know exactly what to say to the doctors. They can get their own scripts, and then they're being sold at the high schools. Even at the high school and college levels and even with athletes, they're not getting typically the same drug testing. I work with some universities where their athletes have very strong testing, but for the general population and university there's not.

Are we opening this up so there's a second population we need to be worried about?

We need to worry about our females potentially getting pregnant. We need to worry about the college kids abusing. We need to worry about now even high school where there's so much emphasis now on high school scoring. There's so much pressure placed on even the schools now to make sure that their kids have a great Florida FCATs. I think once again it's a field wide open for abuse.

Kelly: Right and then they do develop a tolerance, and once a tolerance is developed, increased dosage is needed. You briefly touched on side effects, cardiac side effects. What are some other concerns besides pregnancy?

Sharon: Because it is an amphetamine, what happens when they're not eating, especially if they're not drinking and not eating? The mildest findings would be dehydration, but you start looking at electrolytes with potential imbalances if they're not eating, drinking, and they're staying up for long periods of time. Cardiac arrhythmia certainly be on the other end of the scales as a big concern. I say any kind of amphetamines will have a stimulant affect, a tachycardia affect.

Another thing too for the LNCs is: Let's say you had a death, and the LNC have to review the case. What were the presenting symptoms? Because if you're seeing pinpoint pupils and bradycardia, that's not the Ritalin. If you're seeing tachycardia, hypothermia, hypertension, and over the years tachyarrhythmia, then that would be a major piece because you may not be defending the doctor. You may be on the other side where you're doing a case for a family. Those are the hallmarks that we would look for.

Certainly, you touched on weight loss. Has there been recent weight loss? You then look at the psychological effects like irritability and improved focus. It's like kind of back in our day in school, remember it was the uppers and downers. That was just a common phrase that we heard when people were discussing abuse. It's not all that much different today.

I do some work with our local forensics lab. I was just there yesterday, and the mixing of the drugs now is unbelievable. You do

your Adderall and your Ritalin, but then you're going to turn around and do alcohol, benzodiazepines and possibly even opioids to bring on this CNS depressant effect to kind of counteract it. We're really having problems with that now. Let's say you have a patient who was doing stimulants, and then they say, "Okay I'm going to maybe take some Percocets and chase it with some alcohol." Well, the problem is if we reverse the opioid, then we're left with the raging effects of the stimulant and then it's like, okay, now what?

We definitely have to worry about drug interactions with them and then there's psychological dependence. We've seen it in professional sports. It's "I like this." "I feel better." "The baseball looks like a basketball." "My RBIs are going up." "My paycheck is going up." "My bonuses are going up." "I'm making more appearances."

LNCs may be looking at a professional athlete in that case. At least there's a lot more scrutiny with them, our professional leagues. I know people say they're not doing enough, and I understand that, but they are doing something. We have the US Anti-Doping Agency as far as sports medicine and they're very diligent about amphetamines.

Kelly: I read about that, especially in gymnastics. They almost banned ADHD medications unless the child has been diagnosed, I think below a certain age now.

Sharon: Look at Simone Biles. She was one of the poster children who got what they call an exemption for that because she was diagnosed and has been using them since she was I think five if I remember right. Who wants to focus more when I get nervous just watching them climb up on that balance beam? I see trauma alerts everywhere. I can only imagine if I was going to be doing that I might want that board to look eight inches wide too.

The thing with the kids is that there's so much pressure to perform now. It's economics. Back when people could be satisfied with non-seven figure salaries I think it was a lot less stressful, but now with kids it's different.

I have a niece and nephew both going into the job market now. They have both graduated from college, and there are some very lucrative jobs out there. I have to ask them before they even get into it does the

stress meet the dollar sign? You always want to consider that, but it's hard to tell them at that age.

We're a very financially driven country, and so it's hard to discourage. There again, we don't want an epidemic. It's the signs. You got a lot of availability. You got pressure to use them. The short-term benefits are much less than the long-term concerns, but again the people using them are not looking at long term. I think age and population will definitely be something I would look for if I was an LNC as far as prescribing.

Did they meet the criteria for that?

Another situation we can be looking at is abuse situations that the LNC may have to review. We may be looking at challenges to prescribing, but there's one other that may eventually evolve out of this and that's pharmaceutical liability. "What is the or needs to be..." and it's starting. I've seen the first little bubble in the pot on this. It's that are the drug manufacturers just making a ton of money off this and disregarding the high abuse potential.

Does that sound familiar again?

It so parallels the opioids, but they're not having the numbers of deaths going with it. The problem with uppers is that you may not have the death, but what if you have a stroke, what if you have cardiac damage? You may not die now, but what's the quality of life going to be? What's going to be the cost to society for increased insurance cost to pay for the medical bills that are going to follow these people from this point forward?

I think that's a definite concern when thinking about a case with how do you come up with dollar figures that a settlement should be reached at based on what are going to be their medical needs for the rest of their lives or when they're that young? It's tragic to see a 22-year-old stroke patient on these meds. I definitely think that there's a place for legal nurse consultants or a role for them in these cases.

Kelly: So very true. What stands out to me during this conversation is the words "Mirror Epidemic". I think that's very true and it's slowly being recognized, which is very sad.

Sharon: Again, you don't see the deaths with that. If the opioid issue had not been there, I have a feeling there would be no attention being paid to this subject. When your niece sits across the dinner table and says, "You can hardly study because of the sound of all the prescription bottles being open and shut," that means the pot needs to start boiling a little bit more on that. That's frightening to hear, as is the lack of concern. There's a bigger concern for the test score than there is for their health. As prescribers, once again I think that there needs to be more attention placed on what are the dangers rather than just what are the benefits.

Kelly: Right because these young college kids are going into adulthood and they may continue to be addicted or psychologically dependent. It will continue.

Sharon: Yeah. I know that some of your legal nurse consultants, because I work with one here in Tampa, actually go in and do reviews for doctors' offices, so in other words they practice risk mitigation and don't just wait for a lawsuit to occur. I think that's yet another role. If your legal nurse consultants are on a retainer with doctors for risks, maybe that's one of the things they want to start thinking about.

Maybe the next time you're in their office say, "What's in your ADHD medication profile? Are you finding yourself giving more or less?" It's especially needed if you're in university areas where you have younger populations. Is that maybe a way to not only ethically preserve health of our patient but also keep the physician from risk litigation and potentially ending up on the wrong side of a regulatory, civil, or even potentially criminal proceeding?

Kelly: So very true. It works both sides and the main thing is the patient, the person.

Sharon: I think that's kind of the tough love, and more of our doctors are doing that now with the opioids. It's "No, we need to find an alternative. I know you want them."

When people start getting frantic and all this for a drug what does that tell you?

That there's a dependency issue there, and you know what's going to be said by the teenagers, "Well, all my friends have it." That's where I

do think that our prescribers may need to be a lot more diligent in explaining to parents what are the long-term effects of those. Explain it to the teens. They want a voice, so they need to have an ear and that means that you need to understand what is this long term going to be for you and are there no other alternatives?

We talked about not having really good individual tests, but have we tested for other things? Have we tested for a thyroid? Have we tested for sugar? Have we tested for other things that may play hand and hand with some of their anxiety and extra energy states?

Kelly: Yes exactly. There are lots of things to test for and to try; meditations, diets and that sort of thing.

Well, Sharon, thank you. Thank you so very much. You're always so enlightening. Tell us how we can follow you and continue to learn from you?

Sharon: Thank you so much for that. I definitely would love to hear back from your audience. We're in Florida, and we do have a lot of contacts around the country, but I always welcome more because that's how we can kind of keep our fingers on the pulse of what's going on and what you all see that I can help you more with and do more research. You can always reach me through our website, which is Alliance for Global Narcotics Training, so it's www.agnt.org. You're not spelling it incorrectly. It's not A-G-E-N-T. Everybody is like where's the "E" and I say, "It's actually our acronym." It's www.agnt.org and there's a contact. You can contact me, and our telephone number is on there. Please do, I sincerely say that. We will love to hear back.

Sometimes I get some sad letters from people whom hopefully we can help. I have nurses who contact me who do some of our lectures who discover that they have a problem, their children have a problem, or their mate has a problem. Hopefully we can at least give them some ideas about how they can research and give them some resources. Unfortunately, nurses are not immune to the very same pressures, and it's very easy to fall into that trap when it's a legal drug. It's again just like the opioids. I definitely hope that people will reach out and give some good ideas about how we can help them.

Kelly: All right, well thank you, Sharon. Thanks so much.

Sharon: Thank you for the opportunity, Kelly.

Kelly: All right and legal nurses tune in next week. Thanks for listening. Bye-bye.