

*The California State Task Force
on Prescription Drug Misuse*

**Summary Report
and Recommendations on
PRESCRIPTION DRUGS:
MISUSE, ABUSE AND
DEPENDENCY**

Prepared for the



California Department of Alcohol and Drug Programs
1700 K Street ♦ Sacramento, CA 95811

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California Prescription Drug Task Force Membership

Renée Zito, Director, Department of Alcohol and Drug Programs
Michael Cunningham, Chief Deputy Director, Department of Alcohol and Drug Programs
Allison Moore, Associate Professor, University of California, Los Angeles, Geriatric Medicine
Andrew Lee, University of California, Los Angeles
Brian Glaudel, US Drug Enforcement Administration, Department of Justice - Sacramento District Office
Cathy Dunn, Regional Manager, The Partnership for a Drug-Free America
Elinore McCance-Katz, Professor of Psychology, University of California San Francisco
Gloria Pingrey, Department of Justice
Gordon Taylor, US Drug Enforcement Admin, Department of Justice- Sacramento District Office
Greg Austin, California Student Survey, WestEd
Heather Dunn Carlton, Director of Judicial Affairs, University of the Pacific
James Lange, San Diego State University
Jeff Moore, Captain, California National Guard, Counter Drug Task Force
Jim Kooler, Friday Night Live Partnership
Joël Phillips, Center for Applied Research Solutions (CARS)
John Vigallon, CEO, Adolescent Recovery & Educational Services
Judith Martin, MD, Medical Director
Karen Miotto, University of California, Los Angeles
Kathy Ellis, Department of Justice
Kerrilyn Scott-Nakai, Center for Applied Research Solutions (CARS)
Dr. Larissa Mooney, University of California, Los Angeles, Integrated Substance Abuse Programs (ISAP)
Liz Stanley Salazar, Phoenix House
Maureen Sedonaen, President and CEO, Youth Leadership Institute
McGregor Scott, US Department of Justice
Merrill Jacobs, Deputy Vice President, PhRMA
Michelle Gregory, Special Agent, California Department of Justice, Bureau of Narcotic Enforcement
Nancy Matson, Attorney General's Office, Crime and Violence Prevention Center
Patrick Cullinane, Project Director, American Society on Aging
Rachel Gonzales, University of California, Los Angeles
Rick Rawson, University of California, Los Angeles
Robert Denniston, White House, Office of National Drug Control Policy (ONDCP) Advertising
Ronna Kephart, CI & I Supervisor, CA Department of Justice, Bureau of Narcotic Enforcement,
Controlled Substance Utilization Review and Evaluation System
Sara Simpson, Department of Justice
Stephen Bright, California Department of Public Health, Epidemiology and Prevention for Injury Control
Branch
Stephen Wirtz, Research Scientist, California Department of Public Health, Epidemiology and Prevention
for Injury Control Branch
Teri Christensen, The Partnership for a Drug-Free America
Tom Renfree, County Alcohol and Drug Program Administrators' Association of California
Wendy Tully, Chief, Drug Enforcement Section, Governor's Office of Emergency Services

ADP Staff

Michael Cunningham
Don Braeger
Paul Brower
Craig Chaffee
Sharon Dais

Lisa Fisher
Andrea Howard
Sally Jew-Lochman
Denise Kincaid
Tom Leigh

George Lembi
Marjorie McKisson
Dave Neilsen
Richard Woonacott

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

1700 K STREET
SACRAMENTO, CA 95811-4037
(TDD) (916) 445-1942
(916) 445-1943



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Prescription drug abuse is a growing problem in California. In recognition of this, the Department of Alcohol and Drug Programs (ADP) established a Prescription Drug Task Force to examine and address the emerging health and safety issues related to the increase in prescription drug misuse and abuse.

The Task Force included individuals from multiple professional backgrounds and various State agencies and constituencies such as: the Department of Justice, the Department of Public Health, California Universities, The Partnership for a Drug-Free America, and numerous alcohol and other drug workforce professionals. The diversity of the members allowed the Task Force to review the problem from different angles and to identify problem areas and potential broad strategies for addressing them. The Task Force members' discussions included prescription drug disposal procedures, other state's efforts regarding prescription drugs, training materials, public awareness campaigns, and potential collaborations and associations that could be strategic partners in implementing recommendations.

This final report provides background information on prescription drug misuse in detail and a summary of recommendations for addressing prescription drug misuse issues. A total of 18 recommendations have been identified and focus on five broad areas: lack of awareness, training and education, availability, tracking information on prescription drug use, and policies for identifying and treating prescription drug use.

These recommendations lay the foundation for future efforts toward addressing the complex issue of prescription drug misuse and abuse. While some of these recommendations represent issues beyond the purview of ADP, they may point out ways in which all professionals and agencies can do their part. The recommendations can also help to identify potential partners for implementation. This opens opportunities for alliances across governmental systems and between public and private sectors. To have an impact, we must all work together to do our part.

I would like to express my sincere appreciation to the members of the Prescription Drug Task Force, for dedicating their time and resources to this important effort.

A handwritten signature in cursive script that reads "Renée Zito".

RENÉE ZITO, LMSW, CASAC
Director



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For energy saving tips, visit the Flex Your Power website at
<http://www.fypower.org>

FORWARD AND ACKNOWLEDGEMENTS

The nonmedical use of prescription drugs has emerged as a growing and serious problem in California. In response, the California Department of Alcohol and Drug Programs (ADP), under the leadership of Director Renée Zito, convened the Prescription Drug Misuse (PDM) Task Force. The Task Force was charged with studying the problem and developing recommendations to increase awareness, limit access, and reduce misuse rates. For the past year, this group has convened by teleconference. The Task Force developed information and discussed issues concerning use patterns, availability, awareness levels and problems associated with the nonmedical use of prescription drugs by diverse population sub-groups. This report is a culmination of their efforts.

The Task Force members convened on March 6, 2008, for formal introductions and to establish procedures to guide the work of the Task Force. The Task Force developed an aggressive agenda. Less than three months later, on May 29, 2008, the Task Force convened to discuss specific information on a California prescription drug monitoring system Controlled Substance Utilization Review and Evaluation System (CURES), and to review a background document on prescription drug trends and issues prepared by ADP. The report provided detailed National and California data on prevalence rates and trends and included information on the work and recommendations of other state Task Forces. On July 23, 2008, the first recommendation meeting focused on information awareness and training-related recommendations. On October 28, 2008, the Task Force met to continue developing recommendations. Based on that meeting, ADP prepared two documents for the Task Force; one contained recommendations on the pharmacist's role, and the other was a summary of prescription drug disposal in California. Recommendations were revised through member input. A January 26, 2009, call provided an opportunity for final input on recommendations, and solicited member participation in continued work for a recommendation implementation phase. Throughout this yearlong process, Task Force members participated in an active network providing information, valuable ideas, and additional informational materials.

This report formally concludes the Phase I Planning and Recommendation phase of the project. The next step will involve implementation of recommendations taking into account resource burdens faced by all California agencies.

The Department acknowledges the following individuals for the active contributions during the past year. Their guidance and thoughtful input provided the basis for this careful examination of options and future direction for the State to consider as it moves forward to address the serious problem affecting hundreds of thousands of Californians. The members were:

Allison Moore	John Vigallon	Patrick Cullinane
Andrew Lee	Judith Martin	Rachel Gonzales
Brian Glaudel	Karen Miotto	Rick Rawson
Cathy Dunn	Kathy Ellis	Robert Denniston
Elinore McCance-Katz	Kerrilyn Scott-Nakai	Ronna Kephart
Gloria Pingrey	Dr. Larissa Mooney	Sara Simpson
Gordon Taylor	Liz Stanley Salazar	Stephen Bright
Greg Austin	Maureen Sedonaen	Stephen Wirtz
Heather Dunn Carlton	McGregor Scott	Teri Christensen
James Lange	Merrill Jacobs	Tom Renfree
Jeff Moore	Michelle Gregory	Wendy Tully
Jim Kooler	Nancy Matson	

Renée Zito, Director, ADP, chaired the Task Force. Her staff included:

Michael Cunningham	Lisa Fisher	George Lembi
Don Braeger	Andrea Howard	Marjorie McKisson
Paul Brower	Sally Jew-Lochman	Dave Neilsen
Craig Chaffee	Denise Kincaid	Richard Woonacott
Sharon Dais	Tom Leigh	

The Center for Applied Research Solutions (CARS), Inc., under contract with ADP, had primary responsibility in facilitating the Task Force sessions, preparing background material and drafting the final report. The work was done under the direction of Joël L. Phillips, CARS' Executive Director. David Gray and Belinda Basca assisted in the preparation of the background documents. Alissa Nielson assisted in production of the final report and documentation of the teleconferences.

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Summary Report and Recommendations on Prescription Drugs: Misuse, Abuse and Dependency

INTRODUCTION

During the past fifty years, the use of prescription drugs to treat medical and mental disorders has risen substantially in the United States. From 1960 to 2005, the consumer expenditures on prescription drugs rose from \$2.7 billion to \$200.7 billion. Expenditures are projected to be nearly \$500 billion by 2016 – a 148 percent increase in just eleven years.¹ This increased use of prescription drugs for legitimate medical reasons has unfortunately resulted in broadening the inappropriate and illegal use for recreational purposes. Understanding the misuse of prescription drugs has grown substantially over the years as measurement tools have been revised to reflect this growing concern. In 2002, the Monitoring the Future Survey, which tracks illicit drug use and attitudes towards drugs by 8th, 10th, and 12th graders, college students and young adults, added items to specifically track the use of pain relievers OxyContin® (a controlled-release form of Oxycodone® that can cause severe health consequences if crushed and ingested intravenously), Vicodin® (Hydrocodone®), and Percocet®. In addition, the 2005-06 California Student Survey, which was the 11th biennial statewide assessment of alcohol and other drug use among California secondary school students, included a new item to assess the illicit use of prescription painkillers such as OxyContin®, Vicodin® and Percodan®. Both the National Survey on Drug Use and Health (NSDUH) and the Drug Abuse Warning Network (DAWN) have reported on prescription drug prevalence for many years. Together, these reports have documented nonmedical use of prescription drugs which often have devastating consequences.

In recognition of this serious emerging health issue, ADP, under the leadership of Director Renée Zito, convened a Task Force in the spring of 2008 to examine this issue and present recommendations to ADP. This report provides background information on PDM² and a summary of recommendations for future State efforts in addressing issues associated with PDM that emerged from the careful review and deliberations of the Task Force members.³

¹ Prescription Drug Trends. (2007). Kaiser Family Foundation. www.kff.org/rxdrugs/upload/3057_06.pdf

² This report was prepared with numerous source documents and statistical data tables from key surveys: the National Survey on Drug Use and Health conducted by the federal Office of Applied Studies of the Substance Abuse and Mental Health Services Administration; the Monitoring the Future Survey conducted by the Institute for Social Research at the University of Michigan; and the California Student Survey conducted by WestEd through a partnership between the California Attorney General's Office, Department of Alcohol and Drug Programs and Department of Education.

³ The term misuse refers to “nonmedical” use of prescription drugs, as in, *use without a prescription of the individual's own or simply for the experience or feeling the drugs cause*. Although the National Institute on Drug Abuse refers to prescription drug abuse and the “nonmedical use of prescription medications” it points out that this definition of abuse does not correspond to the definition of abuse/dependence listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). (Research Report Series, Prescription Drugs, National Institute on Drug Abuse.)

PRESCRIPTION DRUGS OVERVIEW

Prescription drugs encompass a broad category of psychotherapeutic drugs that includes narcotic analgesics or pain relievers, tranquilizers, sedatives and stimulants⁴ available by prescription. These drugs have been developed, tested and approved for legitimate medical uses, and are regularly prescribed by physicians to treat an array of medical and psychological maladies. Exhibit 1 presents a brief overview of the major psychotherapeutic drugs, how they affect the brain and body and highlights the short-term, long-term, and possible negative effects that can occur with their use.

Exhibit 1 Use and Consequences of Commonly Prescribed Medications ⁵		
Pain Relievers	Tranquilizers and Sedatives	Stimulants
Effects of short-term use	Effects of short-term use	Effects of short-term use
<ul style="list-style-type: none"> Alleviates pain Drowsiness Constipation Depressed respiration (high dose) 	<ul style="list-style-type: none"> A 'sleepy' and uncoordinated feeling during the first few days; as the body becomes accustomed (tolerant) to the effects, these feelings diminish. 	<ul style="list-style-type: none"> Elevated blood pressure Increased heart rate/respiration Suppressed appetite Sleep deprivation
Effects of long-term use		
Potential for physical dependence and addiction		
Possible negative effects	Possible negative effects	Possible negative effects
Severe respiratory depression or death following a large single dose	Seizures following a rebound in brain activity after reducing or discontinuing use	<ul style="list-style-type: none"> With high doses, possibly dangerously high body temperature/irregular heartbeat/hostility/paranoia Cardiovascular failure/lethal seizures
Not to be used with other substances that cause Central Nervous System depression	Not to be used with other substances that cause Central Nervous System depression	Should not be used with
<ul style="list-style-type: none"> Alcohol Antihistamines Tranquilizers/Sedatives 	<ul style="list-style-type: none"> Alcohol Prescription pain reliever medicines Some over-the-counter cold/allergy medications 	<ul style="list-style-type: none"> Over-the-counter decongestant medications Antidepressants, unless supervised by a physician Some asthma medications

Over-the-counter (OTC) drugs (available without a doctor's prescription) are also included in this report. OTC's are increasingly misused, particularly by youth. OTC drugs of choice are cough and cold medicines containing dextromethorphan (DXM), including Coricidin®, Robitussin®, and NyQuil® products, and many others. Other abused OTC drugs are sleep aids (Unisom®), antihistamines (Benadryl®), and anti-nausea agents (Gravol® or Dramamine®).

Unintentional poisoning deaths involving drugs (primarily pain relievers) increased 113 percent from 1999 to 2004 among youths ages 15 - 24. Other consequences of increasing PDM include:⁶

- Abusing prescription drugs before age 16 leads to a greater risk of dependence later in life.
- The number of teens going into treatment for prescription drug abuse has increased by more than 300 percent during the last 10 years.
- From 2004-2005, the proportion of those seeking treatment for prescription drugs increased by nine percent.

⁴ See Attachment A for listing of specific drugs in each category

⁵ Prescription Drugs Abuse and Addiction. (2005). National Institute on Drug Abuse. U.S. Department of Health and Human Services. www.drugabuse.gov/ResearchReports/Prescription/prescription8.html

⁶ Treatment Episode Data Set Highlights 2006. (2006). National Admissions to Substance Abuse Treatment Services. Department of Health and Human Services. www.oas.samhsa.gov/teds2k6highlights/teds2k6highWeb.pdf

According to NSDUH data, youths who reported using stimulants nonmedically in the past year were significantly more likely than those who did not to engage in delinquent behaviors. More than two-thirds (70 percent) of youths ages 12 - 17 who had used stimulants nonmedically in the past year also said that they used marijuana, and more than half (57 percent) reported nonmedical pain reliever use. Similar results were found for other illicit drugs, including hallucinogens and tranquilizers. Youths who reported nonmedical stimulant use were also more likely to engage in other delinquent behaviors such as physical violence, selling drugs, and stealing.⁷

PRESCRIPTION DRUG MISUSE: GENERAL FINDINGS

National Data

The NSDUH is conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2006 NSDUH⁸ estimated that more than **16 million** people in America, aged 12 years or older, had misused a prescription drug sometime within the past year (see Table 1). The highest percentage of misuse occurred with Pain Relievers. Nearly five percent of survey respondents (about 12,649,000 persons in 2006) reported prescription pain reliever *use without a prescription of the individual's own or simply for the experience or feeling the drugs caused*. About two percent reported misuse of Tranquilizers (about 5,058,000 persons), more than one percent reported misuse of Stimulants (about 3,761,000 persons), and about one half of one percent (about 926,000 persons) reported misuse of Sedatives. The data highlights that millions of people in America are involved in the misuse of prescription drugs, suggesting that PDM is a significant national health phenomenon.

	Lifetime		Past Year		Past Month	
	2006	2007	2006	2007	2006	2007
Nonmedical Use of Psychotherapeutics	50,965	50,412	16,482	16,280	7,095	6,895
Pain Relievers	33,472	33,060	12,649	12,466	5,220	5,174
OxyContin®	4,098	4,354	1,323	1,422	276	369
Tranquilizers	21,303	20,208	5,058	5,282	1,766	1,835
Stimulants	22,468	21,654	3,761	2,998	1,385	1,053
Methamphetamine	14,206	13,065	1,889	1,343	731	529
Sedatives	8,822	8,396	926	864	385	346

Marijuana remains the most commonly misused drug across the country (NSDUH, 2006). However, nonmedical use of prescription drugs is second, well ahead of cocaine, hallucinogenic drugs, and every other type of illicit drug. Although the illicit use of cocaine, crack and hallucinogenic drugs is a common topic in the news and public policy discussions, PDM is three or more times as prevalent.

⁷ Youths Who Use Stimulants Nonmedically More Likely to Report Illicit Drug Use and Other Delinquent Behaviors. (2008). CESAR FAX. University of Maryland, College Park. 17(9). March 3, 2008.

⁸ Results from the 2006 NSDUH: National Findings. <http://oas.samhsa.gov/nsduh/2k6nsduh/2k6Results.pdf>

	12 to 13		14 to 15		16 to 17		18 to 20		21 to 25		26 to 34		35 and Older	
	%	1000s	%	1000s										
Nonmedical Use of Psychotherapeutics	3.9	315	8.2	723	13.4	1,142	17.0	2,174	14.8	2,948	9.1	3,203	3.7	8,905
Pain Relievers	3.3	265	7.0	614	11.0	938	13.9	1,781	11.5	2,289	6.9	2,452	2.7	7,223
OxyContin®	0.1	7	0.9	77	1.3	115	2.1	271	1.5	304	0.8	269	0.2	788
Tranquilizers	0.4	30	1.5	134	3.7	319	5.9	751	5.2	1,034	3.2	1,146	1.1	2,436
Stimulants	0.7	54	2.1	183	3.6	310	4.6	594	3.9	782	1.6	580	0.7	1,949
Sedatives	0.3	26	0.5	43	0.5	40	0.6	71	0.6	114	0.4	131	0.3	407

Table 2 presents past year nonmedical use of psychotherapeutics by various age groupings. Pain relievers are the predominant drug of choice across all age groupings, ranging from 3.9 percent of 12 - 13 year olds to 17 percent of 18 - 20 year olds.

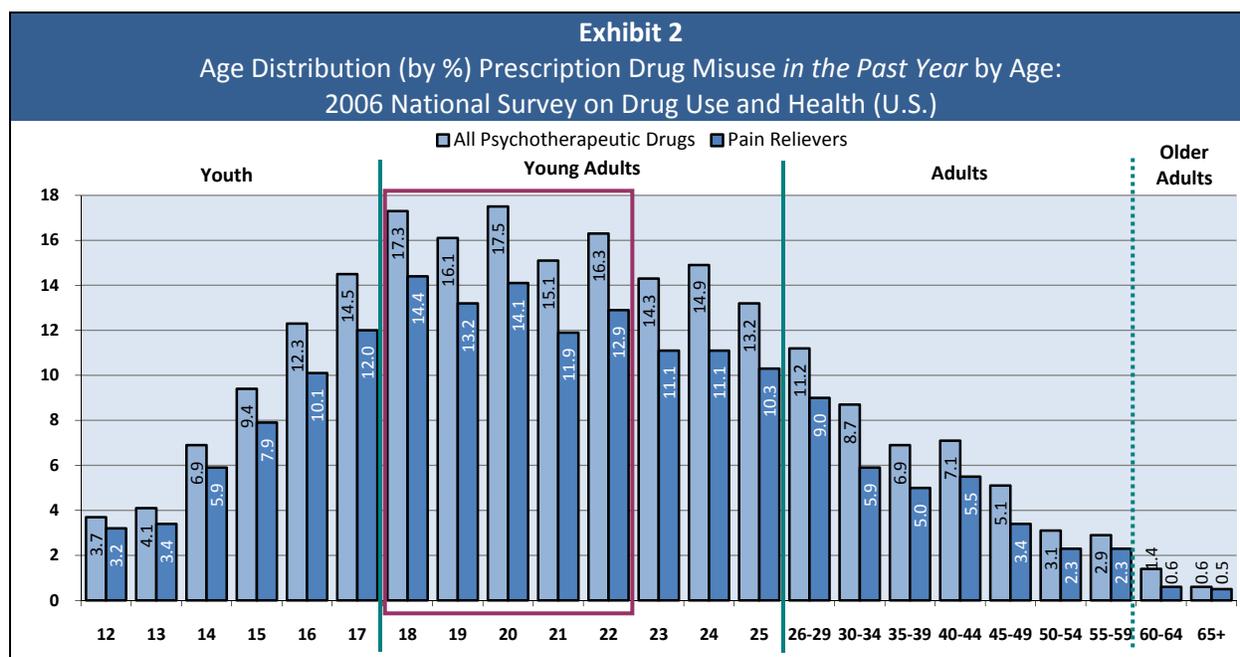


Exhibit 2 graphically displays the incidence of PDM across the age spectrum, beginning with persons aged 12 and spanning across to persons aged 65 and older. The Exhibit introduces the finding that PDM is very closely associated with age; that is, across the population at any given time, the percentage of PDM appears to increase among youth as they get older, peaking among young adults in their late teens, beginning to fall at about age 20 although remaining relatively high through the mid-twenties, and gradually declining among adults through their thirties, forties and fifties with very low rates of PDM among persons sixty years and older.

	White	African-American	American Indian	Pacific Islander	Asian	Two or More	Hispanic/Latino
All Psychotherapeutics	75.5	7.3	0.7	0.4	1.9	1.3	12.8
Pain Relievers	74.2	8.2	0.7	0.4	1.9	1.3	13.3
Tranquilizers	83.5	3.4	0.9	0.2	1.6	1.6	8.9
Stimulants	82.2	0.5	1.1	0.7	1.3	2.4	8.7
Sedatives	83.6	5.6	0.7	0.3	0.8	1.6	6.9

Table 3 displays the percent of individuals from demographic subgroups who reported misusing prescription drugs in the past year. Of the 16 million plus individuals in 2006 who reported using a prescription drug for nonmedical reasons, over 12 million (or 75 percent) were White. As can be seen in Table 3, no other demographic group reported PDM at anywhere near the rates of Whites. Simply stated, the Table suggests PDM is largely a White phenomenon.

Finally, the NSDUH data reveals some differences in male and female use rates. Table 4 presents information on use of psychotherapeutic and pain killers by gender and age groupings. Although the age groupings span a large number of years, the data suggests, and is born out in other prevalence studies that young females tend to be more involved in nonmedical use of prescription drugs than teenage males. This use behavior pattern shifts over in the late teens and early 20s, although rates are elevated for both sexes. Rates stabilize in the later years (26 and older).

	12 to 17		18 to 25		26 and Older	
	%	1000s	%	1000s	%	1000s
Psychotherapeutic						
Male	8.1	1,052	17.2	2,836	5.6	5,017
Female	9.1	1,129	14.1	2,285	4.2	4,163
Pain Relievers						
Male	6.8	882	14.2	2,334	4.5	4,006
Female	7.5	936	10.7	1,736	2.8	2,755

For California, the NSDUH 2006 data indicate that approximately 214,000 youth; 456,000 young adults; and 812,000 adults – all together, nearly 1.5 million Californians – misused prescription drugs during 2005-2006. These totals suggest that the distribution of PDM across the three age groups in California is consistent with the national pattern of age-related PDM. As with the national data, pain relievers are the most commonly misused prescription drug in California. Based on this comparison between California and national NSDUH data, it appears reasonable to use the national findings to inform prevention planning in California since California use appears generally to follow the national patterns.

The DAWN monitors drug-related visits to hospital emergency departments (ED). In 2006, hospitals in the United States handled a total of 113 million ED visits and DAWN estimates that

1,742,887 (or 1.5 percent) of these ED visits were associated with drug misuse or abuse. Of these visits, DAWN estimates that 741,425 (or 42.5 percent) involved the nonmedical use of prescription or OTC pharmaceuticals or dietary supplements. The majority of these visits (54 percent) involved multiple drugs. Two of the most frequently reported prescription medications are the benzodiazepines (e.g., diazepam[®], alprazolam[®], clonazepam[®] and lorazepam[®]) with 195,625 admissions and narcotic-analgesic pain relievers (e.g., oxycodone[®], hydrocodone[®], morphine, methadone) and combinations including these drugs, with 201,280 admissions. Significantly DAWN reports a **36 percent increase** for the benzodiazepines class of drug between 2004 and 2006 and a **39 percent increase** for the narcotic analgesics class for this period. Emergency room visits for the misuse of these drugs has risen substantially during the past four reporting periods.

In summary:

- Approximately 16 million Americans age 12 and older engaged in the nonmedical use of psychotherapeutics in the past year.
- Slightly more than 75 percent were White.
- Prescription drugs are the most abused category of drugs following marijuana.
- Nearly one-third of the new abusers of prescription drugs were between the ages of 12 - 17 years.
- Teen girls (12 - 17) are more likely than teen boys to have engaged in the nonmedical use of prescription drugs.
- Use of prescription drugs increases among youth as they grow older, peaking among young adults in their late teens, beginning to fall at about age 20, although remaining relatively high through the mid-20s and gradually declining among adults through 30s, 40s and 50s with very low rates among persons sixty years or older.
- However, while the rate of nonmedical use is lower for adults 26 and older (4.9 percent), given their overall population size, more individuals in this age grouping engaged in the nonmedical use of prescription drugs (9,180,000) than the other two age groupings used in the NSDUH report.

PRESCRIPTION DRUG MISUSE: YOUTH

Prevalence of Prescription Drug Misuse among Youth: National Data

This section of the report focuses on PDM among youth, using data from the NSDUH, the Monitoring the Future (MTF) Survey, and the California Student Survey (CSS) to inform the discussion.

According to 2006 NSDUH data, 9.8 percent of youths aged 12 - 17 were current illicit drug users: 6.7 percent used marijuana, 3.3 percent engaged in nonmedical use of prescription-type drugs, 1.3 percent used inhalants, 0.7 percent used hallucinogens, and 0.4 percent used cocaine.

Among youths aged 12 - 17, the types of drugs used in the past month varied by age group. Among 12 and 13 year olds, 2.0 percent used prescription-type drugs nonmedically, 1.2 percent used inhalants, and 0.9 percent used marijuana. Among 14 and 15 year olds, marijuana was the

dominant drug used (5.8 percent), followed by prescription-type drugs used nonmedically (3.1 percent), and then by inhalants (1.7 percent). Marijuana also was the most commonly used drug among 16 and 17 year olds (13.0 percent), followed by prescription-type drugs used nonmedically (4.7 percent), and then by hallucinogens (1.3 percent), inhalants (1.1 percent), and cocaine (0.8 percent).

Current illicit drug use rates remained stable from 2005 to 2006 among youths aged 12 - 17. However, rates of current use declined significantly from 2002 to 2006 for any illicit drug and several specific drugs (including marijuana, hallucinogens, LSD, Ecstasy, prescription-type drugs used nonmedically, pain relievers, tranquilizers, and the use of illicit drugs other than marijuana). For any illicit drug use, the rates were 11.6 percent in 2002, 11.2 percent in 2003, 10.6 percent in 2004, 9.9 percent in 2005, and 9.8 percent in 2006.

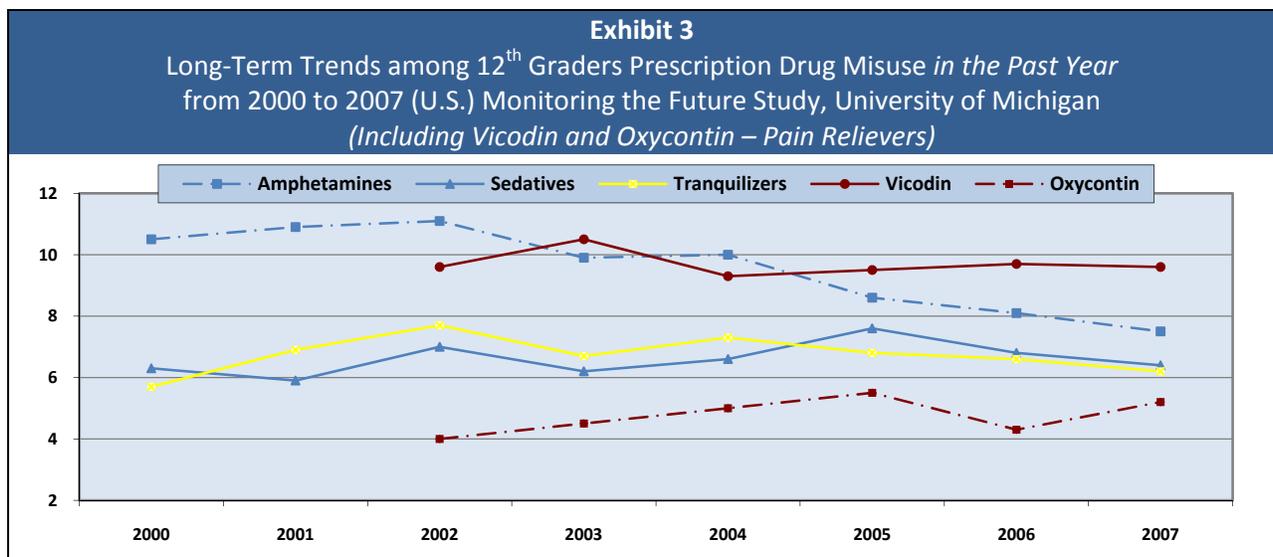
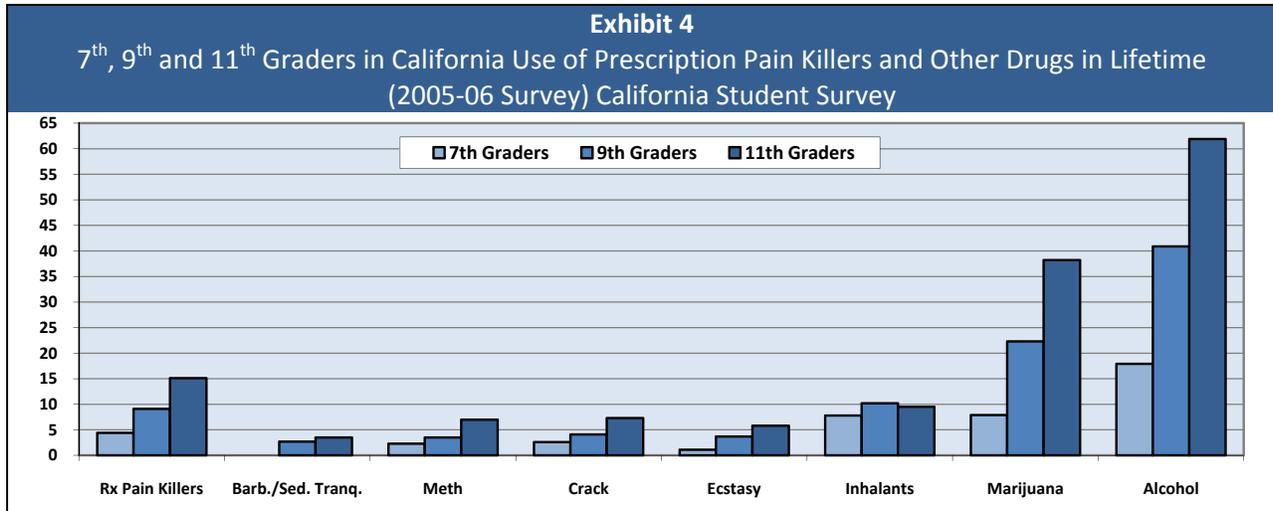


Exhibit 3 illuminates recent trends in PDM according to the MTF study. As the exhibit shows, the percentage rate of PDM involving Vicodin® is several percentage points above the rates for tranquilizers, sedatives and amphetamines – similar to data from the NSDUH where misuse of pain relievers is higher than that of other prescription drugs. However, the trend rate of Oxycontin®, another type of pain reliever, is running lower than the other drugs. Overall, misuse of prescription drugs as reported on the MTF study is consistent with that reported on the NSDUH, adding credence to the general finding that PDM is a persistent phenomenon among youth that, although relatively lower than the more commonly discussed misuse of alcohol and marijuana, is nonetheless a significant health phenomenon across the U.S.

Prevalence of Prescription Drug Misuse among Youth: California Data

The California Office of the Attorney General, Department of Alcohol and Drug Programs, and Department of Education sponsor the bi-annual CSS of alcohol, tobacco and other drug use among middle and high school students across the state. Self-reported data collected from 7th, 9th and 11th graders can be used to understand current rates of substance use and can be compared across the past two decades to understand substance abuse trends among youth. In

recent years, the CSS has added survey questions about pain relievers to the study which, compared with other types of drugs, offers another perspective on the misuse of prescription drugs among California youth. Exhibit 4 displays data from the 2005-06 CSS that further illustrates the PDM phenomenon.



7th, 9th and 11th graders reported misuse of pain relievers at percentage rates of 4.4 percent, 9.1 percent, and 15.1 percent respectively. The rapidly increasing rate of PDM across different ages corresponds to findings from the NSDUH that PDM, along with other forms of illicit drug use, increases as children age. The CSS data corroborate similar findings in the NSDUH and MTF studies, generally confirming the persistent presence and relatively significant growth rate of PDM among youth. According to the CSS data, alcohol is the most commonly misused drug among youth, followed by marijuana; prescription drugs are the third most commonly misused drug, occurring more frequently than other very troubling drugs such as methamphetamine, cocaine and crack, Ecstasy and, at least among 11th graders, inhalants.

The most recent CSS Biennial Report (2007-08) released in the fall of 2008 indicates higher patterns of use rates for prescription drugs than reported in the 11th Biennial Report (2005-06). Specifically, lifetime use rates for prescription pain killers (e.g., Vicodin®, OxyContin® and Percodan®) went from 9 percent for 9th graders in the 2005-06 school year to **11.6 percent** in 2007-08. 11th graders went from 15 percent in 2005-06 to **17.6 percent** in 2007-08. This pattern of increasing nonmedical use of prescription drugs by adolescents in California underscores the importance for this Task Force to incorporate prevention efforts as a key component in the recommendations.

Issues with Youth

The evidence is clear that an alarming number of teenagers are abusing a variety of prescription drugs to get high. These drugs can be abused by youth in a number of ways. Some teens simply swallow the pills or drink liquids; others may crush the pills before snorting or smoking the powder. Still others melt or dissolve the drugs and then inject them. Another popular way of abusing prescription drugs is to mix them with alcohol and street drugs into “cocktails.”

According to the Partnership Attitude Tracking Study (PATs)⁹, an alarming number of teens have a false sense of security about the safety of abusing prescription and OTC medications:

- Two in five teens (40 percent or 9.4 million) agree that prescription medicines, even if they are not prescribed by a doctor, are “much safer” to use than illegal drugs;
- Nearly one-third of teens (31 percent or 7.3 million) believe there’s “nothing wrong” with using prescription medicines without a prescription “once in a while”;
- Nearly three out of ten teens (29 percent or 6.8 million) believe prescription pain relievers, even if not prescribed by a doctor, are not addictive; and
- More than half of teens (55 percent or 13 million) do not agree strongly that using cough medicines to get high is risky.
- More than three in five teens say prescription pain relievers are easy to get from parents’ medicine cabinets; half of teens say they are easy to get through other people’s prescriptions; and more than half (52 percent) say prescription pain relievers are “available everywhere.” The majority of teens (56 percent) agree that prescription drugs are easier to get than illicit drugs.
- While 70 percent of parents warn their children about the risks of marijuana, only 36 percent have similar conversations about prescription drug abuse.

A risky, new activity among some teens is “pharming.” This term is used to refer to the trading of prescription/OTC medications, then ingesting the mix of pills, often with alcohol (which is a depressant), in the hopes of getting high. Frequently teens do not take a few pills, but instead ingest handfuls, sometimes several bottles of pills and cough syrup a day. “Partying” this way is dangerous and often leads to terrible consequences. Overdoses of prescription and OTC drugs accounted for approximately 42 percent of the 1.7 million drug-related emergency room admissions in 2006, SAMHSA reported.¹⁰

PRESCRIPTION DRUG MISUSE: YOUNG ADULTS

This section of the report focuses on PDM among young adults, using data from the NSDUH to look at the percentages and total numbers of young adults involved in PDM and to discuss different ways young adults get the prescription drugs that they misuse.

Prevalence of Prescription Drug Misuse among Young Adults

According to the NSDUH data, approximately 15.6 percent of young adults (18 - 25) – about 5,121,000 persons across the U.S. in 2006 – misused prescription drugs annually during the time period. PDM among young adults in California indicate a slightly lower rate of just under twelve percent, and a total estimate of 456,000 Californians. In both percentages and total numbers, PDM among young adults is higher than PDM among youth, by a factor of about two

⁹ The Partnership Attitude Tracking Study (2006). The Partnership for a Drug-Free America: Teens in grades 7 through 12 2005. May 16, 2006. www.drugfree.org/Files/Full_Teen_Report

¹⁰ Emergency department visits involving nonmedical use of selected pharmaceuticals. 2006. Drug Abuse Warning Network Office of Applied Studies, Substance Abuse and Mental Health Services Administration. <http://dawninfo.samhsa.gov/files/TNDR07EDvisitsNonmedicalUse.htm>

to one. That is, the percentage rate of PDM among young adults is nearly twice as high as the rate among youth, and nearly twice as many young adults are involved in PDM.

The principle category of misused prescription drugs is pain relievers, affecting 4,070,000 young adults nationwide and hundreds of thousands in California; lower percentages and total numbers appear for misuse of tranquilizers, stimulants and sedatives.

College students may be at greater risk than other young people in their age grouping. A recent unpublished study on the non-prescription use of prescription drugs, specifically Ritalin/Adderall at a Southwestern California campus, found the use of these substances to be only behind use of marijuana and alcohol among the student population. Lange (2007) found significant differences in all drug use between general campus residents and members of Fraternities and Sororities. Table 5 presents his findings from a spring 2007 survey involving 839 students.

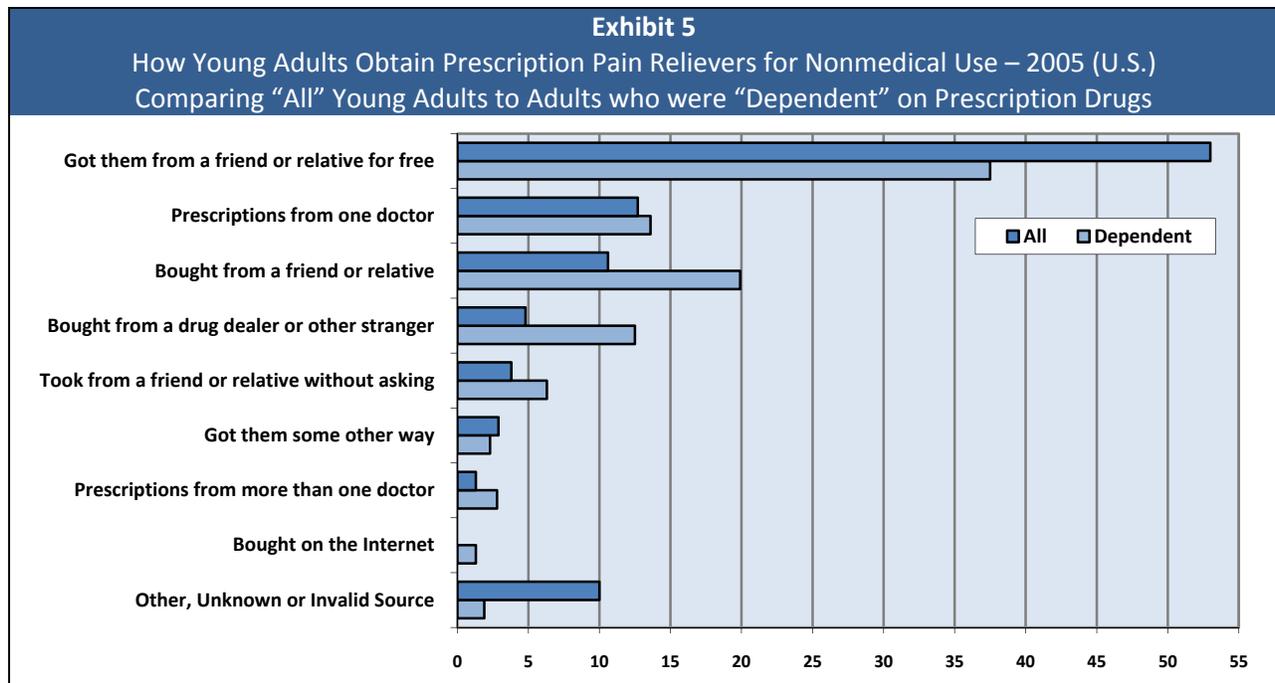
Drugs	General		18-24 year olds		Campus Residents		Fraternity/Sorority	
	Past Year	Month	Past Year	Month	Past Year	Month	Past Year	Month
Marijuana	36.5%	22.6%	39.0%	24.4%	46.1%	33.2%	64.4%	44.8%
Ritalin/Adderall	10.3%	5.2%	11.7%	6.0%	15.7%	8.6%	40.3%	28.2%
Soma/Muscle Relaxant	9.8%	2.7%	9.6%	2.6%	9.9%	2.8%	15.7%	9.1%
Cocaine	6.8%	3.0%	7.5%	3.5%	9.6%	4.6%	21.3%	12.2%
Ecstasy	5.2%	1.7%	5.2%	1.7%	7.8%	3.8%	11.7%	6.3%
Alcohol (Recent Heavy Drinking)	31.2%	-	33.1%	-	35.4%	-	50.8%	-

The survey results clearly reveal important directions on prevalence rates within the collegiate setting, with members from the Fraternities and Sororities dominant in usage of nonprescribed medications as compared to other students. Other studies of college student use of nonprescribed medications cited in Shillington et. al.¹¹ indicate prevalence rates from 0 percent at some colleges to 25 percent for past year use, and 0-13 percent for past month use.

How Young Adults Obtain Prescription Pain Relievers for Nonmedical Use

The NSDUH summary report for 2005 included a special discussion about the ways young adults get the prescription drugs they misuse. The summary focused on how people got pain relievers, and compared the acquisition strategies for people who weren't drug dependent with people who were, essentially to see if drug dependency affects the way people seek and acquire drugs. Exhibit 5 displays findings from the pain reliever acquisition study.

¹¹ Shillington, A. M.; Reed, M. B.; Lang J. E.; Clapp, J. D.; and Henry, S. "College Undergraduate Ritalin Abusers in Southwestern California: Protective and Risk Factors." *Journal of Drug Issues* 100-114, 2006.



Slightly more than half (53.0 percent) of all young adult survey respondents claimed that they “Got [the pain relievers] from a friend or relative for free;” this explanation received the highest number of responses, suggesting that the majority of young adults who misused prescription drugs got them through their social or familial relationships. Persons who appeared to be drug dependent were less likely to use these social and familial sources (37.5 percent), although this was also their primary source for misused prescription drugs.

Internet Access

Beau Dietl & Associates (BDA) conducted a systematic examination of the availability of prescription drugs on the Internet between January 15 and January 22, 2004. During this one-week period, BDA found the following:

- A total of 495 Web sites offered Schedules II-V controlled prescription drugs including opioids, Central Nervous System depressants, and stimulants;
- 68 percent were portal sites –Web sites that act as a conduit to another Web site which sells the drugs; and,
- 32 percent were anchor sites where the customer purchases the drugs.

According to the research done by BDA,

- Only six percent of the sites selling drugs required a prescription to either be mailed (two percent) or faxed (four percent);
- There were no mechanisms in place to block children from purchasing these drugs; and,
- Of the sites selling drugs, 47 percent indicated they would be coming from outside the U.S., 28 percent indicated that the drugs would be shipped from a U.S. pharmacy and 25 percent did not indicate where the drugs would come from.

--From Farming to Pharming. (2004). Iowa Prescription and Over-the-Counter Drug Abuse

This special report adds to understanding about the ways people get the prescription drugs that they misuse. Most people get their pain relievers from someone they know, presumably by sharing with one another, or they get them from their own doctor for legitimate needs and then misuse them for nonmedical reasons. Some buy them outside the ordinary medication distribution system, either from someone they know or from a drug dealer or from a stranger.

Perhaps the most interesting finding is that only a very small number of people got the drugs they used for nonmedical purposes through multiple doctors, a process known as “doctor shopping,” which many states have identified as a key target for enforcement intervention or prescription drug monitoring. We will return to this last observation in a later section of this report that covers state-level strategies to prevent PDM.

Accessing Prescription Drugs for Nonmedical Use

As part of a comprehensive report on prescription drug misuse, Maryland’s Attorney General’s office identified four major pathways used by individuals. They were:

- 1. Prescription Fraud** – this covered a wide range of approaches from “forging or altering prescriptions, producing counterfeit prescriptions and (even) impersonating physicians over the phone.”
- 2. Doctor Shopping** – individuals go to numerous physicians and obtaining multiple prescriptions.
- 3. Theft** – “millions of pharmaceuticals are diverted through theft from pharmacies, manufacturers, distributors, importers/exporters and people with legitimate prescriptions.”
- 4. Internet** – the report cited the internet as quickly “evolving into a significant means of drug diversion.” The research literature is less clear on the actual volume of drugs coming into our society via this mechanism.

Added to this list, but not cited in the Maryland report:

- 5. Illicit Street Sales** –prescription drugs diverted by illegal street sales.

PRESCRIPTION DRUG MISUSE: ADULTS AND OLDER ADULTS

In this section of the report, the discussion centers on PDM among adults and older adults. Again, the core data are drawn from the NSDUH.

Prevalence of Prescription Drug Misuse among Adults and Older Adults

According to the most recent NSDUH data, slightly more than four percent of adults (4.9 percent in 2006) engaged in PDM, representing an estimated total of 9,180,000 adults across the US in 2006. Although both the youth and young adult groups reported higher percentages of PDM, the total number of adults involved is larger than youth and young adults combined (7,302,000 youth and young adults), due mainly to the large number of people included in the 26-and-older age group. Although the relative percentage of PDM among adults is lowest of the three age groups (8.6 percent of youth and 15.6 percent of young adults), PDM is a significant adult drug problem affecting millions of adults in the US.

Within California, the 2006 NSDUH data found that 3.7 percent or about 812,000 adults were involved in the misuse of prescription drugs during the same annual time period. As with National data on use, the primary prescription drug used by California adults involves painkillers. Misuse of tranquilizers, stimulants and sedatives are proportionally lower. Overall, while the proportion of PDM was lower among adults, the total number of people involved is higher because of the large size of the NSDUH adult group.

Currently, the misuse of prescription drugs accounts for a relatively small number of admissions to public supported treatment facilities in California. Five other categories of drugs, including alcohol, are more frequently the primary reasons for individuals seeking treatment services. For too many, not dealing with their nonmedical use of prescription drugs results in

tragic and deadly outcomes. Over the past three years in California, over 1,200 individuals per year (or three each day) die from the toxic effects of drugs (1,184, 1,252 and 1,333).

Issues for Older Adults

PDM is a growing problem for the baby boom cohort whose lifetime rates of illicit drug use are higher than those of older cohorts and are now developing many chronic age-related conditions. Alcohol and prescription drug misuse may affect as many as 17 percent of older adults according to SAMHSA reports. In addition, proper treatment of many medical conditions requires the use of medications that can be misused, abused, and/or lead to dependency. As a result, concerns have been raised about increasing substance abuse among older adults (age 60 and older) and the need for substance abuse treatment.

Elderly individuals are particularly vulnerable to PDM. While individuals 65 years old and older represent approximately 13 percent of the population in the United States, they account for one third of all medications prescribed. Some factors to consider include:

- The elderly are more likely to be prescribed several different medications at once and for a prolonged duration of time.
- Screening for drug abuse in the elderly can be difficult. Most elderly will deny symptoms and usage.
- 83 percent of people age 60 and over take prescription drugs.
- Elderly women take an average of five prescription drugs at a time, for longer periods of time than men.

Prescription drug abuse is present in 12 percent to 15 percent of elderly individuals who seek medical attention. Health problems related to substance abuse cost Medicare \$233 million dollars per year in 1989, and probably account for much larger expenditures today. Although 60 percent of substance abuse is recognized in patients under the age of 60, only 37 percent is recognized in patients over the age of 60.¹²

In general, prescription drug abuse in older adults begins with misuse due to inappropriate prescribing or lack of patient compliance with medication regimens. Continued misuse may progress to abuse and dependence. Older adults may be more vulnerable to prescription drug abuse because of age-related physiological changes that may influence the metabolism and response to prescription drugs, greater likelihood of having undiagnosed psychiatric and medical comorbidities, and difficulties in compliance with complex multiple drug regimens that may increase the likelihood of drug interactions. For example, benzodiazepines are frequently prescribed to older adults, but age-related changes in drug metabolism, interactions with other prescription and OTC medications, and use of alcohol may lead to increased use/ misuse/abuse and adverse consequences such as impaired functional capacity and cognition.

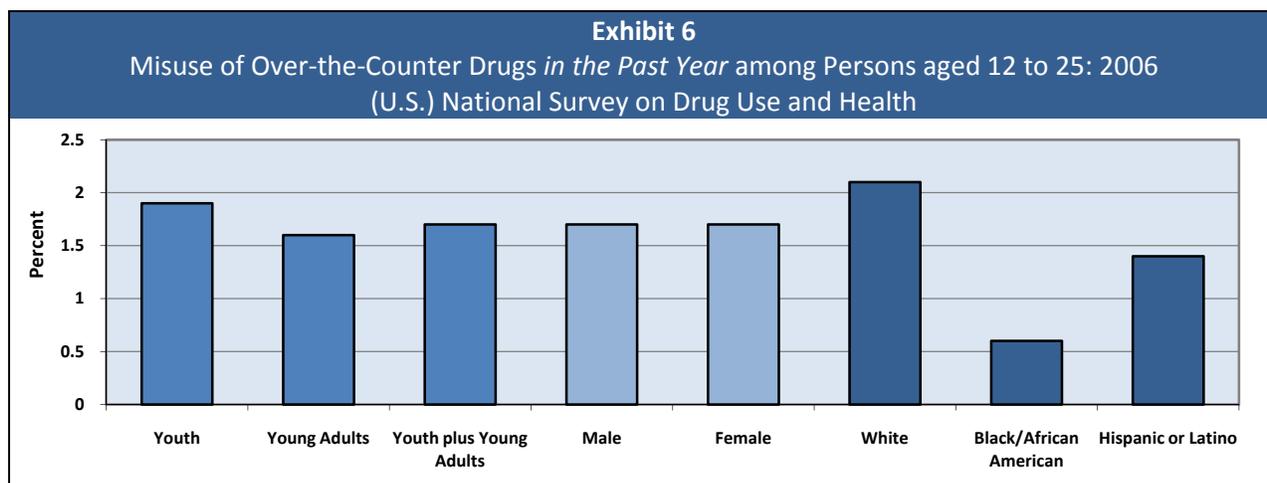
¹² Meyer, C. (2005). Prescription Drug Abuse in the Elderly: How the Elderly Become Addicted to their Medications. The People's Media Company. July 18, 2005.
www.associatedcontent.com/article/5731/prescription_drug_abuse_in_the_elderly.html

Considerable attention has been paid in recent years to the problem of older adults misusing their prescription medications. Although some of this clearly involves the deliberate misuse of prescription drugs for nonmedical reasons, it is also very likely that older adults experience a great deal of “unintentional” PDM, either by taking the wrong amounts of prescribed medications, or by inadvertently confusing one medication with another, or by mixing medications with vitamin supplements or alcohol, or by substituting a less costly medication for a more expensive one with the chance expectation that it might have the same beneficial medical effect. There is some confusion about the causes of misuse of prescription medication among older adults that goes beyond the scope of this study. However, it is apparent from the NSDUH data that hundreds of thousands of older adults misuse prescription drugs for nonmedical reasons nationwide, and that tens of thousands probably do so in California in any given year.

OVER-THE-COUNTER DRUGS MISUSE AMONG YOUTH AND YOUNG ADULTS

Recently, concern about the misuse of OTC cough and cold medication to get high has garnered national attention. Availability of nonprescription cough/cold suppressants is widespread, with more than 140 cough and cold medications containing the active ingredient DXM. While safe when taken at the recommended dosage, products containing DXM can produce “hallucinations and dissociative, out-of-body experiences” when taken in larger amounts.

Although OTC drugs do not require a prescription and are not included in most youth drug use surveys, concern with increasing calls to poison control centers involving DXM-related episodes resulted in the NSDUH adding a set of questions about misuse of OTC drugs. Findings from the 2006 NSDUH survey are displayed on Exhibit 6.



In 2006, about 3.1 million people age 12 – 25 reported using an OTC cough and cold medication to get high, and nearly 1 million had done so in the past year (474,000 youth and 514,000 young adults). The report also notes that OTC drug misuse is divided about evenly between males and females although there is some variation by age groupings. Females among youth aged 12 - 17 tend to misuse more than males, however, males among the 18 - 25 age grouping misuse OTC

cough/cold medication more than females. As with PDM, it is more likely to be an issue among Whites than other racial categories. In addition, the 2007 MTF survey estimates the intentional abuse of cough medicine among 8th, 10th, and 12th graders at roughly 4 percent, 5 percent, and 6 percent respectively – on par with cocaine.¹³

The recent NSDUH report on OTC cough and cold medications use among young people aged 12 - 25 indicate high levels of polydrug use among the population who reported using the OTC cough/cold medications. Specifically, **81.9 percent** of individuals aged 12 – 25 who had ever misused OTC cough/cold medications were also lifetime users of marijuana. Slightly less than 50 percent were lifetime users of hallucinogens or ecstasy (44.2 percent) or were lifetime users of inhalants (49.3 percent). Rates were very comparable between males and females for marijuana and inhalants use, however males who misused OTC cough/cold medications were more likely than females to also misuse LSD, PCP or ecstasy.

Although OTC drugs are considered “safe” enough to be sold without restrictions, there is evidence from hospital emergency department data that about 12,500 persons nationwide are treated annually for overdose of non-prescription medicines – especially cough syrups – some of which is related to the deliberate misuse of DXM as an intoxicant or hallucinogen. Although the total number of emergency room visits is relatively small and the overall incidence of OTC misuse is lower than the incidence of PDM, these findings are included in this study to add additional perspective to the range of planning decisions facing the Task Force.

TREATMENT OF PRESCRIPTION DRUG MISUSE

In 2004, the number of Americans reporting abuse of prescription medications was higher than the combined total of those reporting abuse of cocaine, hallucinogens, inhalants, and heroin.¹⁴ Given these numbers, it is important for the Task Force to also take into consideration what is currently being done in terms of treatment for PDM.

According to SAMHSA, the first step toward effective treatment of a substance use disorder is screening and comprehensive assessment, including:

- Evaluation of how the person began using prescription medication;
- Medical history and evaluation to determine underlying medical issues; and
- Screening for and, when indicated, assessment of mental health issues.

¹³ *Misuse of Over-the Counter Cough and Cold Medications among Persons Aged 12 to 25*. (2008). The NSDUH Report. National Survey on Drug Use and Health. SAMHSA. www.oas.samhsa.gov/2k8/cough/cough.htm

¹⁴ *Prescription Medications: Misuse, Abuse, Dependence, and Addiction*. (2006). Substance Abuse Treatment Advisory: News for the Treatment Field. SAMHSA. <http://download.ncadi.samhsa.gov/prevline/pdfs/ms987.pdf>

A distinction should be made between nonmedical use of substances, substance misuse, abuse, physiological dependence, psychological dependence (also known as “addiction”), and pseudoaddiction.¹

- **Nonmedical Use:** Use of prescription drugs that were not prescribed by a medical professional (i.e., obtained illicitly) or use for the experience or feeling a drug causes.
- **Misuse:** Incorrect use of a medication by patients, who may use a drug for a purpose other than that for which it was prescribed, take too little or too much of a drug, take it too often, or take it for too long (misuse does not apply to off-label prescribing [prescribing a medication for a condition other than the conditions for which the Food and Drug Administration approved the medication] when such use is supported by common medical practice, research, or rational pharmacology).
- **Abuse:** A maladaptive pattern of substance use, leading to clinically significant impairment or distress as manifested by one or more behaviorally based criteria.
- **Physiological Dependence:** Increasing tolerance for a drug, withdrawal signs and symptoms when a drug is discontinued, or the continued use of a substance to avoid withdrawal.
- **Psychological Dependence (addiction):** A set of psychological symptoms that demonstrate overall loss of control or obsessive compulsive drug-seeking and continued use of a substance in spite of clearly adverse consequences. Symptoms may include specific physiological signs of dependence such as increasing tolerance or withdrawal signs and symptoms when the drug is discontinued.
- **Pseudoaddiction:** Drug-seeking and other behavior that is consistent with addiction but actually results from inadequate pain relief. Once the pain is adequately treated, the person no longer abuses the medication.

Programs treating clients with addictions to prescription medications need to ensure that they have access to the following resources or professionals, either on site or through appropriate referral sources:

- Appropriate dose-tapering or other detoxification services;
- Physicians, physician’s assistants, or nurse practitioners with expertise in pain management and/or pain clinics;
- Psychiatrists with expertise in addiction treatment and psychotropic medication management; and,
- Addiction counselors, social workers, and/or psychiatric nurses with experience and training in providing cognitive–behavioral therapy and other approaches for treating anxiety and panic disorders, Post Traumatic Stress Disorder, Attention Deficit Disorder, Attention Deficit/Hyperactivity Disorder, and eating disorders.

Programs also need to ensure that clients in recovery have adequate information about working with physicians if and when pain or other psychoactive prescription medications are needed. And finally, providers should use evidence-based brief interventions such as motivational enhancement, cognitive–behavioral therapy, or 12-Step facilitation, along with referrals to an addiction medicine/psychiatry specialist for patients with more severe drug dependence.

SUMMARY AND CONCLUSIONS

Perhaps the most important finding of this study is that the nonmedical use of prescription psychotherapeutic drugs – and of pain relievers in particular – is now second only to marijuana use among the Nation’s most prevalent drugs of choice. Prescription drug abuse is increasing and is becoming more prevalent, particularly among high school and college students. It is a drug problem that is increasingly getting attention at the state and national level. Specifically, this report highlights the following findings.

1. Use of prescription drugs is increasing in all age groupings, however for 2005-06 the higher prevalence rates were seen in the 18 - 25 age grouping (15.6 percent and 11.7 percent) for the U.S. and California, respectively. The 12 - 17 age group was next with 6.5 percent reporting use in the past year in California. Special notice concerning adolescent use is the fact that the CSS has only recently begun to track use of prescription drugs. In the most recently available report 17.6 percent of 11th graders reported using prescription drugs, second only to marijuana.
2. Two recent California studies of collegiate student use suggest that rates of prescription drug use, particularly among Fraternities and Sororities, are very high (40.3 percent past month, 28.2 percent past year).
3. The problem of PDM impacts all segments of our society, however a disproportionate amount of the reported use occurs in the white population.
4. The nonmedical use of cough/cold OTC medications is increasingly being used by adolescents and young adults to get high. More significantly, a recent NSDUH report indicates high levels of polydrug use among the 12 - 25 age population who reported use of cough/cold OTC remedies. Specifically 81.9 percent of individuals aged 12 - 25 who had ever misused OTC cough/cold medication were also lifetime users of marijuana.
5. While the access to the internet remains a viable option, most individuals secure pharmaceuticals through family or friend connections.
6. There is considerable lack of knowledge concerning the dangers of prescription drug use among adolescents and their parents.
7. There are very few prescription drug-only curriculums/programs. Most prevention efforts have involved public awareness campaigns and targeted training and information dissemination efforts to health care workers.

RECOMMENDATIONS

The Task Force received and reviewed a comprehensive report presenting more detailed information than this summary document. It also provided the members with a national review of various efforts initiated at a state level to combat prescription drug use. Table 6 presents an overview of various problem areas associated with prescription drug misuse and potential broad strategies appropriate for addressing them. Some of these strategies are used by other states in efforts to curb the misuse of prescription drugs. This summary provided a template for the California Task Force members to organize their recommendations.

Table 6 Prescription Drug Misuse and Potential Strategies											
PROBLEM AREAS				POTENTIAL STRATEGIES							
	Public Outreach/ Awareness Campaigns	Targeted Informa- tion Awareness	Targeted Trainings	Interventions (Brief Intervention)	Programs (Curriculums)	Legal Sanctions	Policies	Data Surveillance/ Tracking	Coalitions/ Interagency Strategy	Integration with Existing Efforts/Programs	
AVAILABILITY											
Prescription Fraud											
“Doctor Shopping”											
Theft											
The Internet											
Nonmedical Use of Legitimately prescribed Prescriptions											
Street Sales											
Polydrug Use - Prescriptions and Illicit Drugs/Alcohol											
Marketing											
LACK OF AWARENESS											
Adolescents											
Adolescent’s Parents											
Educators/Teachers											
Health Care Providers (Elder Care)											
Health Educators											
Elderly											
AOD Providers and Clients											
Physicians/Nurses											
Pharmacists											
Caregivers (Family Members)											
POPULATIONS AT RISK											
Adolescents											
Young Adults (especially higher education students)											
Elderly											
Whites											
People with Substance Problems, Dependency and Addition (i.e., overdose deaths)											
ADDICTION/DEPENDENCY											
All impacted Populations											

The recommendations are grouped into five categories:

1. Lack of awareness
2. Training and education
3. Availability
4. Tracking information on prescription drug use
5. Policies for identifying and treating prescription drug use.

A total of eighteen recommendations were identified by the Task Force members.

LACK OF AWARENESS

Lack of awareness as to the dangers of misuse of prescription drugs is a priority concern. The diversity of PDM behavior and the different knowledge and access patterns for age groups means that awareness strategies must be designed to meet the needs of diverse subpopulation and professional groups. Specifically, information developed to promote greater awareness of health, legal and other consequences must be tailored to targeted populations (e.g., information about prescription drug misuse would be different for adolescents, college students, or the elderly as well as for the different professionals such as teachers, physicians, health care workers). The Task Force identified multiple strategies, from informational awareness campaigns to specific training/education approaches, to promote better awareness about PDM. An initial recommendation focused on expanding the categories of impacted individuals to include informal caregivers (e.g., family members).

***Recommendation 1:** Target informal caregivers such as family members and educate them concerning the signs, symptoms of abuse and potential services for assistance.*

This target population could, at minimum, be accessed through assisted care facilities or other organizations or resources that support or assist those facing caregiving needs. Publications could be developed and made available to physicians and health care organizations for distribution to caregivers. Messages must be sensitive to the concerns of informal caregivers who want to meet the needs of those for whom they care. They will require careful and specific materials development. A focus on preventing future dependency should be outlined (e.g., monitoring of medicines and use, becoming more informed on risks, symptoms, etc.).

***Recommendation 2:** Target middle and high school students for education on the potential harm associated with the misuse of prescription drugs, OTC medicines (e.g., cough syrup) and engaging in poly drug use (e.g., illegal drugs and alcohol with prescription/OTC medicines).*

There are multiple approaches in delivering information to this population. They include: presentations at teacher conferences (e.g., Reach Conference), preparing materials for distribution to schools' prevention staff, working with the California Department of Education, Title IV alcohol and drug coordinators, involving state level youth organizations such as the California Friday Night Live Program (FNL) and establishing a website on this topic as a resource center.

This is a high priority for Task Force members. Several members offered suggestions concerning potential activities to mobilize action on this issue. These included:

- Use of pamphlets. Director Zito identified Abbot Laboratories and the Partnership for a Drug-Free America information bulletin as one mechanism. Mr. Jacobs indicated he will review what the pharmaceutical industry is or has done in this area.
- Promoting access to www.notinmyhouse.com which contains a number of videos, one of which focuses on the death of a teenage son by an overdose.

Recommendation 3: *Target students at all three California higher education systems (i.e., community colleges, state universities, University of California system) for information on the dangers and potential harm associated with PDM, OTC medicines and engaging in polydrug use, and knowledge on how to use medicines responsibly.*

Recent studies indicate high rates of PDM among collegiate students, particularly members of Fraternities and Sororities. Working in collaboration with various state-level higher education commissions, informational bulletins could be prepared and distributed throughout California's higher education system. Additional recommendations targeting specific campus-based health staff are discussed in the next subsection.

Recommendation 4: *Increase public awareness through the involvement of pharmacists in the dissemination of information on the proper use and disposal of prescription drugs and on PDM to their patient population.*

The Task Force made recommendations for involving pharmacists to broaden awareness among their patient population. This recommendation has a number of prerequisite steps, including:

1. Involvement of the two state pharmacist associations;
2. Review current procedures regarding the dispensation of advice concerning prescription drugs;
3. Review current trainings provided to pharmacists on the subject of PDM; and,
4. In partnership with the appropriate state-level organization, assist in the development of informational flyers and procedures for broadening patient awareness concerning PDM.

This recommendation's action plan should include public relations dissemination examples (e.g., Abbott Laboratories pamphlet). As part of a statewide public awareness campaign, one state got pharmacies to include a flyer in prescription sales concerning potential dangers associated with their use. Many pharmacies are already providing information concerning the prescribed medication. The process for adding some warnings on PDM should be explored.

Recommendation 5: *Engage the veteran community in understanding risks associated with PDM, focusing on proper pain medication and access to treatment. Ensure military physicians and civilian physicians treating this population are aware of the dangers associated with PDM and their role in informing veterans.*

Veterans represent a population at risk and some effort to reach out to them on the dangers associated with PDM should be initiated. A first step is to work with veteran groups and veterans' health administration to review current approaches in dealing with this problem and determine potential areas for improvement (e.g., better outreach, screening for prescription drug misuse, use of brief intervention, techniques, etc.).

There are over 2.1 million veterans residing in the state of California. A recent SAMHSA report highlights the substance and mental health risks often present in this population. Specifically, the NSDUH Report: *Serious Psychological Distress and Substance Use Disorder among Veterans* combined data from SAMHSA's 2004-2006 NSDUH indicate that an annual average of 7 percent of veterans aged 18 or older experienced past year serious psychological distress, 7.1 percent met the criteria for a past year substance use disorder, and 1.5 percent had co-occurring serious psychological distress and substance use disorder.

The report goes on to state that veterans aged 18 - 25 were more likely than older veterans to have higher rates of serious psychological distress, substance use disorder, or co-occurring psychological distress and substance use disorder in the past year. Veterans with family incomes of less than \$20,000 per year were more likely than veterans with higher family incomes to have had serious psychological distress, substance use disorder, or co-occurring psychological distress and substance use disorder in the past year.

Many of the returning veterans from the wars in Iraq and Afghanistan come back with serious medical conditions requiring lifelong dependence on painkillers, putting these individuals at even greater risk for developing abuse patterns of use. The Task Force recommendation in this area calls for more engagement with this community to help ensure full attention and procedures are in place that address problems associated with PDM.

Recommendation 6: Increase physician and medical health providers' awareness on accessing and using California's Controlled Substance Utilization Review and Evaluation System (CURES) to minimize 'doctor shopping' among their patient population.

The Task Force discussions clearly identified a lack of information among physicians concerning CURES and its information capacities. A well-thought through public awareness campaign targeting the physician community needs to be implemented with the collaborative support of physician groups/associations (e.g., American Medical Association, California Medical Association, California Nurses Association). Physicians and medical health care providers need to become aware of the broader impact (i.e., costs associated with PDM).

There were several suggestions for expanding physician awareness. Specifically, efforts to broaden physician awareness of CURES and its services could be achieved through monthly notifications sent by the California Medical Board highlighting CURES in addition to having information about CURES on its website. For this recommendation, physicians need to be actively engaged in the planning process for additional ideas. The California Medical Board should consider including an article on CURES in their publication.

TRAINING AND EDUCATION

The Task Force discussed the special need for training and education in this emerging and complex problem area. The discussions resulted in a number of sub-recommendations focusing on awareness and workforce development in the professional prevention and treatment

workforce, and relevant professionals who are important screeners and referral sources for persons with prescription drug problems.

Recommendation 7: *Provide the public health and education system workforce (including public health nurses, emergency room (ER) physicians, health educators in secondary/alternative and higher education settings, etc.) training and education on adequate screening tools that can be used to recognize/identify prescription drug problems among adults and youth.*

Recommendation 8: *Provide increased education and training for the public health and education system workforce (including public health nurses, ER physicians, health educators in secondary/alternative and higher education settings, etc.) on how to conduct brief interventions and make proper treatment referrals for prescription drug problems among adults and youth.*

Recommendation 9: *Deliver increased training to the alcohol and other drug (AOD) Workforce on:*

- *Empirically based treatment and prevention models (including screening and brief intervention tools) available for prescription drug problems.*
- *The nature of the specific compounds of prescription drugs, the effects of common combinations of compounds, medical withdrawal risks and protocols.*

Recommendation 10: *Develop training programs for the addiction treatment workforce to:*

- *Increase physician/psychiatrist involvement in the delivery of addiction treatment to be able to properly evaluate the medical withdrawal risks associated with prescription drug abuse as well as allow for the use of the most effective pharmacotherapies (e.g., buprenorphine).*

Recommendation 11: *Increase training with California medical personnel on the recognition of prescription drug abuse. This might be done via training sessions with the California Medical Association, California Nurses Association, etc. Training should focus on:*

- *Specific recognition skills for prescription drug categories and combinations along with screening and brief intervention strategies.*
- *The proper prescription of pain medicine, including methadone.*
- *The proper use and disposal of unused medicines.*

The discussion highlighted the opportunity provided by careful identification of areas of particular need, and ways in which target populations might be accessed. In particular, the Task Force identified the need to target student health centers at California institutions of higher learning. The use of brief intervention involving both a screening and brief one-on-one engagement with the student was highly recommended. The necessity for this emphasis was underscored by the recent research findings (Lange 2008) concerning the high rates of PDM by collegiate students, in particular by members of the Greek societies.

Recommendation 12: *Develop and implement a comprehensive training program for staff of student health or counseling centers at California institutions of higher learning. Training should focus on student health care provider interactions to determine current use and direct students to appropriate intervention and if necessary treatment services. Simple screening tools such as ASSIST should be considered as well as intervention procedures (e.g., brief intervention).*

AVAILABILITY

The widespread availability of prescription drugs was discussed by the Task Force. One member reported that injured individuals legitimately prescribed painkillers can develop a chronic dependence on their use. Emerging research suggests that thirty to fifty year olds are a vulnerable population for this induced dependence. There is also evidence that some of these individuals engage in the practice of ‘doctor shopping’ to ensure a continued supply and access to these painkillers. Several strategies including improvements in California’s Prescription Drug Monitoring Program (PMP) and data from CURES were discussed. Of particular interest was the San Diego Fax Alert System.

Recommendation 13: *Strengthen the State’s prescription drug monitoring system (CURES) through broadening their marketing outreach to physicians (see Recommendation 6) increasing automation and reporting capabilities and exploring the expanded use of the Fax Alert System.*

Specifically, response speed of the system was identified as a current problem. The State is collaborating with a private business organization to develop real-time access to the system. The Fax Alert System, piloted initially in San Diego with great success, sends out real-time information to pharmacies, alerting them about potential ‘doctor shoppers’ or fraudulent prescription claims.

Recommendation 14: *Explore enforcement options concerning misuse of prescription drugs. This includes industry marketing and advertising practices should be reviewed to minimize the potential misuse of prescription drugs, retail pharmacies’ practices, Internet access and various doctor shopping schemes.*

Currently, CURES operates predominantly in a reactive search mode. Patient reports are generated upon request from physicians. Data are not typically analyzed without a precursor request for information. However, when a physician requests a CURES report and the patient is found to be a ‘doctor shopper’, the CURES analyst may send the report to all of the patient’s other doctors. This is at the discretion of the analyst. An examination of what is involved to make CURES more proactive in the analysis of individual use patterns needs to be undertaken. Explore strengthening voluntary self regulations concerning industry marketing and retail advertising practices.

TRACKING INFORMATION ON PRESCRIPTION DRUG USE

The Task Force examined ways to improve data collection on PDM. The importance of the University surveys in detecting high use rates among students of institutions of higher education was cited as an excellent application of surveillance data collection. Similarly, the recent addition of prescription drug use in the CSS will enable State policy makers to track the use of this class of drugs by our adolescent population. The University of California, Los Angeles representatives provided a specific recommendation concerning data collection.

***Recommendation 15:** Implement a comprehensive system to monitor nonmedical prescription drug use and its consequences in California.*

There are limited data on nonmedical use of prescription drugs related to privately funded treatment services. For instance, there is not a common statewide data set reporting on privately funded outpatient drug treatment services similar to ADP's California Outcome Measurement System Treatment client data. Developing such a system would be cost prohibitive and require legislation. Therefore, the first priority should be to ensure the use of existing data sources effectively. For instance, the Office of Statewide Health Planning and Development emergency department and inpatient hospital data should be utilized for ongoing tracking (surveillance) of health care system encounters related to nonmedical use of prescription drugs. In addition, the feasibility of expanding questions asked on existing population-based surveys (e.g., the California Health Interview Survey, the Behavioral Risk Factor Surveillance System, the California Student Survey and the California Healthy Kids Survey, the Youth Risk Behavior Survey) should be fully explored.

POLICIES FOR IDENTIFYING AND TREATING PRESCRIPTION DRUG USE

There is clear evidence of increasing treatment demand for prescription opiate dependence. One key treatment tool will be the use of the partial agonist medication Suboxone. Currently Medi-Cal reimbursement for this medication is only accessible via the lengthy and unpredictable method of a Treatment Authorization Request (TAR) approval. This TAR approval only allows for a limited period of medication, without any of the necessary support services.

***Recommendation 16:** ADP work with Medi-Cal officials to enact emergency regulations to allow Medi-Cal reimbursement for Suboxone, together with necessary ancillary counseling services, possibly via emergency regulations. A model similar to that used for reimbursement for methadone maintenance is suggested.*

In order to promote the use of screening and brief intervention activities as described above under training and education recommendations, it will be necessary for physicians to be reimbursed for these screening and brief intervention activities. Given these issues, the following two recommendations are suggested.

Recommendation 17: ADP should encourage that legislation be passed and signed by the Governor to allow Medi-Cal reimbursement for Screening and Brief Intervention (CPT codes 99408 and 99409) in order to facilitate the use of screening and brief intervention practices.

Recommendation 18: The Task Force supports the ongoing work pursuant to Senate Bill 966 examining appropriate and environmentally friendly return of unused and expired prescription drugs.

The systematic collection and safe disposal of unused and expired medicines is an important objective of this Task Force. Maine has implemented a process for individuals to anonymously return unused and expired prescription drugs. It should be studied to determine feasibility for implementing a similar program in a cost effective manner in California.

NEXT STEPS

The next phase of Task Force activities is to develop individual action plans for each of these eighteen recommendations. These action plans are essential to guide statewide action on this critical, emerging drug problem. The plans will include a) the specific identification of implementation tasks and timelines; b) the identification of important collaborative partners, the expertise and capacity they bring to the effort, and the role they should fulfill; c) the identifiable barriers to successfully implementing the task and how these barriers can be resolved; and d) the general resource requirements of the task, and specific cost estimates when feasible.

ATTACHMENT A

Prescription Drug Listing

These four categories of prescription-type drugs cover numerous pharmaceutical drugs available by prescription, along with drugs within these groupings that may be manufactured illegally, such as methamphetamine, which is included under stimulants. They are listed here by their commercial names.

Pain Relievers:

Darvocet®	Codeine	Propoxyphene
Darvon®	Demerol®	SK-65®
Tylenol® with Codeine	Dilaudid®	Stadol®
Percocet®	Fioricet®	Talacen®
Percodan®	Fiorinal®	Talwin®
Tylox®	Hydrocodone	Talwin NX®
Vicodin®	Methadone	Tramadol
Lortab®	Morphine	Ultram®
Lorcet®	OxyContin®	
Lorcet Plus®	Phenaphen® with Codeine;	

Tranquilizers:

Klonopin®	Diazepam	Meprobamate
Clonazepam	Atarax®	Miltown®
Xanax®	BuSpar®	Rohypnol®
Alprazolam	Equanil®	Serax®
Ativan®	Flexeril®	Soma®
Lorazepam	Librium®	Tranxene®
Valium®	Limbitrol®	Vistaril®

Sedatives:

Methaqualone	Secobarbital	Chloral Hydrate
Sopor®	Butalbital	Dalmane®
Quaalude®	Restoril®	Halcion®
Nembutal®	Temazepam	Phenobarbital
Pentobarbital	Amytal®	Placidyl®
Seconal®	Butisol®	Tuinal®

Stimulants:

Desoxyn®	Ritalin®	Ionamin®
Methedrine®	Methylphenidate	Mazanor®
Amphetamines	Cylert®	Obedrin-LA®
Benzedrine®	Dexedrine®	Plegine®
Biphetamine®	Dextroamphetamine	Preludin®
Fastin®	Didrex®	Sanorex®
Phentermine	Eskatrol®	Tenuate®

ATTACHMENT B

Prescription Drug Informational Resources and Websites As of May 2009

California Department of Alcohol and Drug Programs

ADP's home page includes information on prevention and treatment services: www.adp.ca.gov

Prescription Drugs page: www.adp.ca.gov/Director/prescription_misuse.shtml

ADP's Resource Center maintains a comprehensive collection of alcohol, tobacco, and other drug prevention and treatment information: www.adp.ca.gov/RC/rc_sub.shtml

Order free publications from the Publications Catalog at http://rc.adp.ca.gov/RC_PC_main.asp

Community Prevention Initiative (CPI)

A Technical Assistance and Training project, funded by ADP, is intended to serve California agencies and organizations involved in community-based prevention.

Publications – Prevention Tactics - Youth Prescription Drug Abuse: A Growing Concern:
www.ca-cpi.org/Publications/Prevention_Tactics/PrescriptionDrugAbuseFinal.pdf

Publications – Prevention Tactics – A Generation at Risk.....Applying Prevention Concepts to the Elderly:
www.mypreventioncommunity.org/resource/collection/8CC9C598-EF77-4CDB-A2DF-88AB150A4832/07EPrevConceptsElderly.pdf

MyPreventionCommunity (MPC), under CPI, is a free social utility network that connects prevention-focused professionals, consultants and adult students locally and throughout the country. Join or visit the site for interact with other participants, stay up-to-date with prevention news, find out about upcoming events, collaborate on group sites, submit resources and photos, maintain a personal profile page, and much more, all within a private network. www.mypreventioncommunity.org

National Institute on Drug Abuse (NIDA)

NIDA provides information for youth, parents, teachers, medical & health professionals and researchers on the science of drug abuse and addiction: www.nida.nih.gov/NIDAhome.html

NIDA's page for prescription drugs; includes types of drugs, trends, prevention, detection, and treatment information: www.nida.nih.gov/ResearchReports/Prescription/Prescription.html

Partnership for a Drug-Free America (PDFA)

PDFA is a nonprofit organization that unites parents, scientists and communications professionals to help families raise healthy children: www.drugfree.org/Portal

PDFA's main page for drug information with links to prescription pain relievers, prescription sedatives and tranquilizers, prescription stimulants and also the over-the-counter drugs like DXM (Dextromethorphan) and Pseudoephedrine with related links and articles: www.drugfree.org/Portal/Drug_Guide

Office of National Drug Control Policy (ONDCP)

The principal purpose of ONDCP is to establish policies, priorities, and objectives for the Nation's drug control program. The goals of the program are to reduce illicit drug use, manufacturing, and trafficking, drug-related crime and violence, and drug-related health consequences: www.whitehousedrugpolicy.gov

ONDCP's Prescription Drug Abuse Prevention page with information about drug facts, statistics, trends, proper disposal procedures and links for youth and parents: www.whitehousedrugpolicy.gov/drugfact/prescr_drug_abuse.html

ONDCP's MEDIA CAMPAIGNS: The National Youth Anti-Drug Media Campaign, under the management of the ONDCP, is a strategically integrated communications effort that combines advertising with public communications outreach to deliver anti-drug messages to America's youth, their parents, and other influential adults. Below are some of the campaigns.

DIRECTED AT TEENS:

The Above the Influence campaign site reflects what teens across the country have told us is going on in their lives, and provides perspective on what influences they face every day: www.abovetheinfluence.com

Prescription Drug Facts page: www.abovetheinfluence.com/facts/drugs-prescription-otc.aspx#

Over-the-Counter Drug Facts page: www.abovetheinfluence.com/facts/drugs-otc.aspx#

DIRECTED AT PARENTS:

Parents – the Anti Drug – campaign site for parents provides drug facts, prevention strategies and information. Sites are also available in Spanish, Chinese, Filipino, Korean, and Vietnamese. www.theantidrug.com

Prescription Drug Abuse page: www.theantidrug.com/drug_info/prescription_drugs.asp

Prescription Drug Ads: www.theantidrug.com/drug_info/prescription_ads.asp

Substance Abuse and Mental Health Services Administration (SAMHSA)

Older Americans Substance Abuse and Mental Health Technical Assistance Center, a program under SAMHSA, provides technical assistance and information, training, and direct assistance in the prevention and early intervention of substance abuse and mental health problems of older Americans, including Medication misuse and abuse.

Articles - Prescription Drug Misuse in Older Adults: www.samhsa.gov/OlderAdultsTAC/index.aspx

Toolkits: <http://ncadistore.samhsa.gov/catalog/ProductDetails.aspx?ProductID=16523>

A Family Guide To Keeping Youth Mentally Healthy & Drug Free (Family Guide), under SAMHSA, is a public education Web site developed to support the efforts of parents and other caring adults to promote mental health and prevent the use of alcohol, tobacco, and illegal drugs among 7- to 18-year-olds: <http://family.samhsa.gov/default.aspx>

Prescription Drug Page: <http://family.samhsa.gov/talk/painkillers.aspx>

SAMHSA, National Clearinghouse for Alcohol and Drug Information (NCADI)

Order free publications, videos, toolkits, etc. - Follow the links to prescription drugs, prescription medications, opiates and narcotics, etc.: <http://ncadistore.samhsa.gov/catalog/drugs.aspx>

ATTACHMENT C

Resource Center Publications

Pub. No.	Title	Description
2708	Basic Facts About Drugs: OxyContin	Describes OxyContin and how it is taken. Gives the street names and what it looks like. Explains some of the common side effects both long- and short-term.
6009	Guia Para Los Padres: Prevenga Que Sus Hijos Abusen De Las Medicinas Contra La Tos	Written in Spanish, this guide will provide the answers to many questions about cough medicine abuse, give helpful tips for preventing this and other types of drug abuse, and offer other resources for more information. Limit 25. (English version #6630)
2726	Harmful Interactions: Mixing Alcohol with Medicines	This pamphlet describes the harmful effects of drinking while taking certain prescribed and over-the-counter medicines. (Spanish version #2720)
6010	Kids Aren't Just Small Adults	Information developed by the Consumer Healthcare Products Association and the U.S. Food and Drug Administration about giving over-the-counter medicines to children.
6814	My Medicines	This brochure provides consumers guidelines for keeping track of their medicine information.
2554	Over-the-Counter Drug Abuse: Over-the-counter danger	Although they may seem harmless, over-the-counter (OTC) drugs can be abused. This eye-catching folder educates older teens and young adults on the harms of OTC drug abuse, and helps them develop the refusal skills they need to stay safe and healthy. Also lists additional sources of help. 8 panels, 3 1/2" x 8"--Limit 25
6784	Over-the-Counter Medicines: Keeping You and Your Family Healthy	This booklet provides women the information they need to know about over-the-counter medicines. It is packed with information, including considerations when medicating children, tips for pregnant and nursing mothers, and guidelines for caring for an aging relative who may be taking more than one medicine. Limit 25.
2738	OxyContin Fast Facts: Questions and Answers	Contains information on OxyContin, what it looks like, how it is obtained and abused, the risks associated with this drug, legality issues, and street terms for OxyContin. Limit 25.
2674	OxyContin: Fact Sheet	Information about the drug, use and abuse, the increase in abuse, and common street terms.
2640	OxyContin: Prescription Drug Abuse	Designed for the treatment field, this publication tells what OxyContin is, how it is used and abused, addiction, treatment and detoxification protocols, how abuse differs from the abuse of other pain prescriptions, and other treatment subjects.
2555	Prescription Drug Abuse: A dose of trouble	For mature teens and young adults. Straightforward language and graphics deliver clear messages about the dangers of using prescription drugs for recreational purposes. Emphasizes the addictive potential of the most commonly abused prescription drugs, and discusses the downside of partying with these drugs: an increased risk of personal injury, problems in school, and breakdowns in personal relationships. 8 panels, 3 1/2" x 8"--Limit 25

Pub. No.	Title	Description
2631	Prescription Drugs Abuse and Addiction: Research Report	Lists commonly abused prescription drugs. Provides information on opioids, central nervous system depressants (CNS), and stimulants, and how they affect the brain and body, possible consequences of use and abuse, possible interactions with other medications, drug addiction treatments and more.
2753	Prescription Medication Abuse By Teens	Set in a question/answer format for parents, this publication discusses the growing problem of prescription medication misuse and abuse by teens.
2612	Prescription and Over-the-Counter Drug Abuse	Information about both prescription and over-the-counter drugs and what can happen if they are misused.
6630	Preventing Teen Cough Medicine Abuse: A Parent's Guide	This guide will provide the answers to many questions about cough medicine abuse, give helpful tips to preventing this and other types of drug abuse, and offer other resources for more information. (Spanish version #6009)
2720	Reacciones Peligrosas: Mezclando Bebidas Alcoholicas con Medicamentos	Written in Spanish, this pamphlet describes the harmful effects of drinking while taking certain prescribed and over-the-counter medicines. (English version #2726)
2721	Ritalin Fast Facts: Questions and Answers	Contains information on Ritalin, what it looks like, how it is obtained and abused, the risks associated with this drug, and street terms for Ritalin. Limit 25.
2608	Rx Drugs: The Dangers of Prescription Drug Abuse	This pamphlet offers a straightforward overview of the many hazards associated with the most commonly abused Rx and OTC drugs and challenges the misperception that using these drugs to get high is a safe alternative to illegal drugs. A great discussion piece for drug education programs targeting adolescents and teens, this pamphlet tackles one of the most widespread substance abuse issues and delivers a powerful prevention message. Limit 25.
6007	Triple C Fast Facts: Questions and Answers	Contains information on Triple X (over-the-counter Coricidin HBP Cough and Cold medicine), what it looks like, how it is obtained and abused, and the risks associated with this drug.
2013	Under the Counter: The Diversion and Abuse of Controlled Prescription Drugs in the U.S.	This report is a comprehensive analysis of how widely opioids, central nervous system depressants, stimulants and steroids are abused and by whom, the health and social consequences of such abuse, and how these drugs are diverted from normal distribution channels. Limit 1.
5774	You've Got Drugs! IV: Prescription Drug Pushers on the Internet	This publication reveals that nine of 10 (89 percent) of those Web sites selling controlled prescription drugs do not require prescriptions. Of those sites not requiring prescriptions, 30 percent advertised that no prescription was needed, 60 percent offered "online consultations" and 10 percent made no mention of a prescription.