



Prevention of Prescription Drug Abuse

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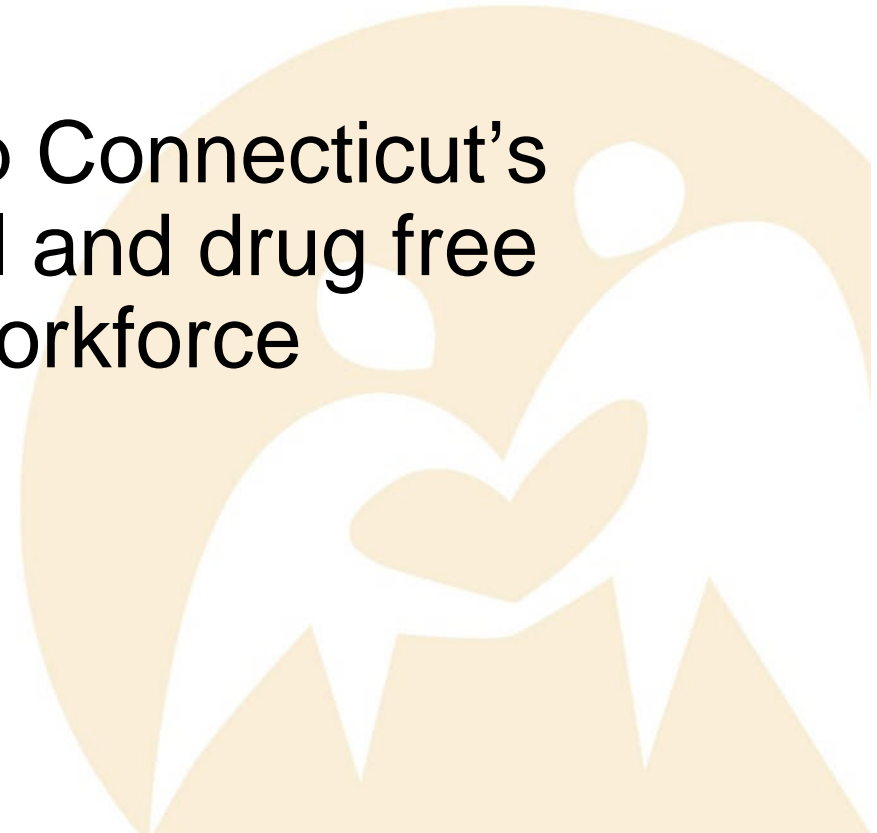
Program Director

The Governor's Prevention Partnership



Our Mission

Our mission is to keep Connecticut's youth safe, successful and drug free today for a stronger workforce tomorrow.





Our Focus Areas

- Connecticut Mentoring Partnership
- Service to K-12 schools (school climate, bullying prevention, Student Assistance, peer mediation)
- Substance abuse prevention (prescription drug abuse, underage drinking, Strategic Prevention Framework, coalition assistance, SADD, compliance checks)
- Media/public outreach and messaging



Who We Serve

- Youth
- Coordinators of business- and community-based mentoring programs and other youth-serving organizations
- Business leaders and their employees
- Community leaders and individuals who form local and regional coalitions
- College administrators and staff
- School administrators, guidance counselors, social workers, teachers and other staff
- Law enforcement personnel
- Parents



Put these substances in order of how commonly they are used by teens:

Marijuana

Prescription drugs

Cocaine

Tobacco

Heroin

Alcohol



Answers:

1. Alcohol (46% CT high-schoolers in past month)
2. Marijuana (23% CT high-schoolers in past month)
3. Tobacco (21% CT high-schoolers in past month)
4. Prescription drugs (Vicodin 10%, OxyContin 5% for 12th-graders nationally in past year)
5. Cocaine (4% CT high-schoolers in past month)
6. Heroin (4% CT high-schoolers in lifetime)

Source: 2007 CT School Health Survey, except for prescription drugs (Monitoring the Future, 2008)

Caveats

- No way to know just from “use” statistics how much of the substance youth are taking and whether they are, or will become, addicted.
- “Past month,” “past year” and “in my lifetime” are different measures; the first is likely to produce the lowest percentage.
- We assume that national data is also true of CT.

Misuse vs. Abuse vs. Dependence

**Which scenario describes misuse, which describes abuse
and which describes addiction?**

- Teen stealing 10 of Grandma's Valium pills a few times a year and sharing them with friends at parties, even though she passed out and felt very ill after the first party
- College student asking roommate for one of her Ritalin pills so she can stay up all night to study
- Adult buying Vicodin on the Internet without a prescription so he can take increasingly higher doses (more than originally prescribed), experience a "high" and avoid withdrawal symptoms

NOTE: All of these scenarios are problematic at differing levels of severity. All of the above medications are "controlled substances," and possession of them without a valid prescription is illegal.

Predicting Addiction

- When used occasionally at a proper dose under medical supervision, risk of addiction is low
- However, some will begin to take more than recommended, raise their physical tolerance and begin to crave pleasurable effects (not just pain relief)
- It is difficult to predict who will become addicted; assume everyone is vulnerable
- Addiction consists of both physical and psychological dependence (use becomes central to daily activities)
- Opioid abuse “rewires” the brain and has permanent effects even if the person recovers from addiction
- Individuals (“good kids”) with no obvious risk factors can become addicted

Adult abuse of & addiction to prescription drugs

www.streetdrugs.org

From 1995-2002 (nationally):

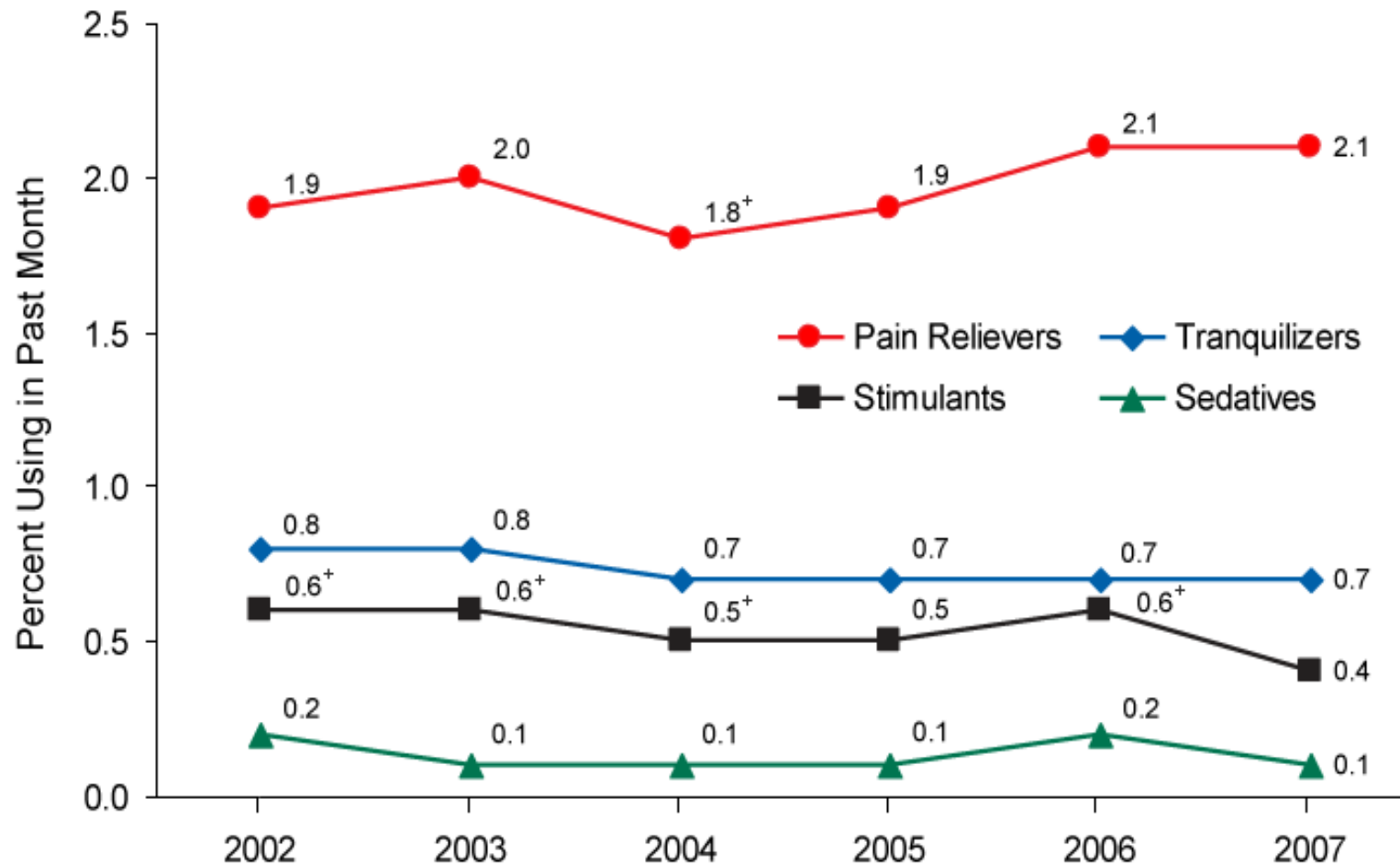
- ER mentions of prescription narcotics (primarily painkillers) jumped 300%
- Treatment admissions for “opiates other than heroin” (primarily painkillers) increased more than 200%
- ER mentions of benzodiazepenes (anxiety meds) jumped 38%

Painkillers

Nationally:

- ✓ 13% of individuals 12 and older have EVER used prescription painkillers non-medically.
- ✓ 2% of individuals have used prescription painkillers non-medically in the past month.
- ✓ 1.5 million individuals (0.5% of roughly 300 million in U.S.) are dependent on, or abusing, pain medications.

Past-month non-medical use of prescription drugs (age 12+)
 – Natl. Survey of Drug Use and Health



Opioid painkillers

- All are controlled substances
- Activate primitive brain reward pathways; the brains of addicted individuals have diminished impulse control and equate the drug with survival
- Detox causes severe illness and must be medically supervised
- Immediately following detox is a vulnerable period for relapse
- Brand names include: Vicodin, Tylenol with Codeine, OxyContin, Percocet, Dilaudid and Fentanyl

Physical side effects of opioid painkiller abuse

- Nausea
- Drowsiness
- Clammy skin
- Muscle relaxation
- Lowered blood pressure, heart rate and respiratory rate
- Allergic reactions
- Seizures
- Loss of consciousness, coma



Signs of opioid painkiller abuse

- Constricted pupils
- Slurred speech
- Impaired judgment
- Impaired attention and/or memory
- Impaired coordination



Depressants (sedatives, tranquilizers)

- Ease anxiety and aid sleep
- Brand names include: Klonopin, Valium, Ativan, Xanax, Nembutal, Soma and Ambien.



Physical side effects of depressant abuse

- Slowed heart rate and breathing
- Drowsiness



Signs of depressant abuse

- Lack of coordination
- Unsteady gait
- Slurred speech
- Impaired judgment
- Impaired attention and/or memory
- Impaired social or occupational functioning
- Irritability
- Euphoria



Stimulants (amphetamines)

- Most commonly prescribed for ADHD, these drugs can produce euphoric effects when taken in high doses.
- Individuals without ADHD may take these drugs believing them to be “performance enhancers.”*
- Brand names include: Concerta, Dexedrine, Adderall and Ritalin.

*A third of 11- to 18-year-olds on ADHD medication report being approached to sell or trade their medication.

Physical side effects of stimulant abuse

- Irregular heartbeat
- Insomnia
- Dangerously high body temperature
- Nausea or vomiting
- Cardiovascular failure
- Seizures



Signs of stimulant abuse

- Dilated pupils
- Physical aggression
- Hostility or paranoia
- Impaired social or occupational functioning
- Increased energy
- Euphoria



The extent of the youth problem

- Recent data from one region in CT (Regional Action Council school survey) showed 9% lifetime misuse and 3% 30-day misuse by students in grades 6-12.
- 12- to 17-year-olds nationally reported 20% lifetime abuse of prescription drugs (Partnership Attitude Tracking Study, 2008)
- 15% of 12th-graders nationally reported abusing prescription drugs in the past year (Monitoring the Future, 2008).
- 10% of 12th-graders nationally had misused Vicodin and 5% had used Oxycontin in the past year (Monitoring the Future, 2008).

Why prescription drugs?

- Perception of safety
- Easy availability (legal under some circumstances)
- Reflection of wider cultural trends and values*
- Use of other illicit drugs has decreased

*There is anecdotal evidence that higher-income, suburban youth are more likely to abuse prescription drugs (Fairfield County, Northeast and Northwest CT)

Youth phenomena associated with prescription drug abuse

- “Pharming” parties that involve mixing of medications and substances and/or taking unidentified medications (dangerous synergistic effects)
- College students taking stimulants as “performance-enhancing” study drugs
- Decision-making impacted by young brains that lack fully developed impulse control (brains not finished developing until about age 25)

Painkillers in CT

- Dept. Mental Health & Addiction Services

- In CT, treatment admissions due to opioid painkiller addiction have increased more than admissions for any other substance over the past several years.
- In 2006, admissions for heroin addiction were more common than those for alcohol and other illicit drugs (more true among adults than among youth).
- From 2003-2006, treatment admissions of 18- to 24-year-olds increased by 18%, with heroin and other opioid painkillers largely responsible (admissions for younger youth less common, but increasing).
- Among those admitted to treatment for opiate addiction, age of first use of heroin was 21 and age of first use of other opiates was 25.

Other Data Mirroring CT's Problem

- For the past decade, accidental overdose deaths have risen in sync with sales of prescription opioids (CDC, 2007). The highest death rate is among adult males (not youth).
- An estimated one-quarter of all prescription opioids are diverted - stolen, traded or improperly prescribed (Tennessee Medical Foundation).
- The majority of medications turned in as part of community “take-back” programs are prescription opioids (CT Dept. Consumer Protection).

Link between opioid painkillers and heroin

- According to the 2006 National Survey of Drug Use and Health, in terms of individuals' first entry point into "illicit" drugs, the number of people trying pain medications is greater than the number trying marijuana
- Prescription drugs are the new "gateway"

Link between opioid painkillers and heroin, cont.

- Heroin is “natural” while prescription opioids are synthetic, but they are chemically similar.
- Prescription opioids’ release into body is different than for heroin, yet time-release feature can be defeated by chopping or crushing pills.
- Even at proper doses, prescription opioids cause physical tolerance; tolerance for some can lead to addiction.
- Prescriptions do have purity, yet misused/diverted medications are often taken in higher-than-recommended doses or mixed with alcohol, other medications and substances.

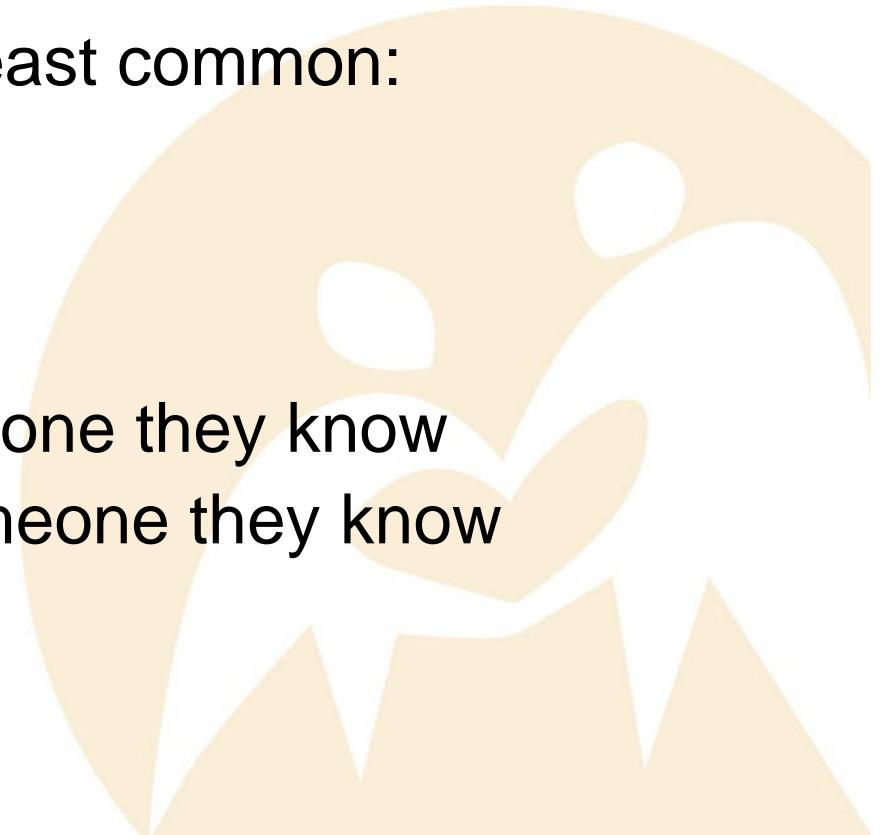
Link between opioid painkillers and heroin, cont.

- ✓ Once supply of prescription opioids is cut off, abusers often move on to heroin, since it is much cheaper: \$20 for a day's worth of hits vs. up to \$80 per prescription pill
- ✓ Heroin is readily available in the suburbs
- ✓ Heroin is CT DEA's top concern

Where do abusers get prescription painkillers?

Put the following methods/sources in order of most common to least common:

- One doctor
- “Street drug” dealer
- Internet
- Bought or stole from someone they know
- Obtained for free from someone they know
- More than one doctor



Answers:

- Obtained free from someone they know (56%)
- One doctor (20%)
- Bought or stole from someone they know (15%)
- “Street drug” dealer (4%)
- More than one doctor (2%)
- Internet (1%)

(For individuals 12 and older;
2006 Natl. Survey of Drug Use and Health)

Where do youth get prescription drugs?

- Youth are probably even more likely than adults to get prescription drugs from someone they know
- One-third of 12- to 17-year-olds report obtaining prescription drugs in their own homes (Natl. Center on Addiction & Substance Abuse, 2008)



What are your ideas for
prevention?



Prevention

- ✓ Youth are not “islands unto themselves” but instead are influenced by many environmental factors (parents, other adults, peers, neighborhood, school, law enforcement, media, etc.)
- ✓ Effective prevention therefore must involve coordinated efforts at BOTH the individual and environmental levels
- ✓ While youth “perception of harm” and parental disapproval (protective factors at the individual level) are important, environmental approaches may have a better cost-benefit ratio (don’t neglect the supply side of the supply-demand equation)

Individual-Level Prevention: What Parents Can Do

- Talk about health consequences of prescription drug abuse; emphasize caring rather than morality, obedience or scare tactics
- Talk about effects on the growing adolescent brain
- Point out link between opioid painkillers and heroin
- Explain “synergistic effects” of mixing medications (stronger effects combined than each has by itself)
- Explain when to call 911 for friends
- Be available to give “no-questions” ride home
- Set clear, no-use expectations
- Set and enforce reasonable consequences (avoid “zero-tolerance” and allow for mistakes)

Individual-Level Prevention: What Parents Can Do

- Be appropriately honest (every detail is not necessary) about own substance use and own regrets
- Use “teachable moments” and media (e.g., HBO’s “Addiction” series/book)
- For young children, avoid calling medications “candy”
- Don’t let teens’ “eye-rolling” take the discussion off track
- Listen more than you talk; don’t lecture
- Keep it short, but keep the conversations going throughout middle-school, high-school and college years
- Encourage youth activism on the issue
- Be a good role model; don’t self-medicate and get help if you are addicted

Environmental-Level Prevention: What Parents Can Do

*REMEMBER: Kids get/steal pills
from people they know.

- Lock up your medications
- If youth is on medication, make sure that adult keeps/dispenses
- Count pills so theft would be apparent
- Properly dispose of expired and unused medications
- Instruct others who may supervise the youth to do the same
- Get involved in community prevention efforts

Good Parenting is Prevention

- Know youth's whereabouts at all times
- Monitor online and cell phone activity
- Supervise hosted parties; be selective about which parties youth is allowed to attend
- Know the host parents and beware of "sleepovers" and last-minute changes in plans
- Check for physical symptoms when youth arrives home
- Do "honesty checks" (check backpack, verify whereabouts, etc.)
- Be as loving as you are firm
- Have dinner together
- Set life goals together
- Nurture strengths (Search Institute's Developmental Assets)
- Find positive ways for youth to "fit in" and be "cool"
- Address mental health concerns (anxiety, depression, bullying)
- Teach healthy stress relief, particularly re. academic stress

Parent education works!

Compared to 2007:

- Fewer parents believe that misuse of prescription drugs is “much safer” than use of illicit drugs.
- Fewer parents believe that misuse of prescription drugs “cannot be addictive.”
- More parents say they have discussed the dangers of prescription drugs with their children/teens.

PDFA/MetLife Parent Attitude Tracking Study, 2008



Individual-Level Prevention: What Schools Can Do

- Include prescription drugs in health curriculum
- Use additional comprehensive prevention curriculum
- Don't rely on "assemblies" alone
- Connect each student with a caring adult
- Treat each student as if s/he were your only student
- Train staff to intervene early if there are concerns about substance use, family problems, mental health, etc.
- Set up coordinated prevention, screening, support-group, treatment and re-integration mechanisms
- Encourage student leadership on the issue (SADD, etc.)
- Reach out to and educate parents
- Bring the community into the school (providers, coalitions, etc.)

Example of comprehensive prevention curriculum

- Botvin's Life Skills curriculum is well-regarded and has demonstrated effectiveness
- Curriculum addresses “underpinnings” of violence and substance abuse (healthy stress reduction, resisting peer pressure, critical evaluation of media, decision-making, etc.)

Environmental-Level Prevention: What Schools Can Do

- Do annual school survey and track trends to determine if prevention efforts are working
- Set and enforce clear school rules and policies (when law enforcement becomes involved, screening at school dances, etc.)

Environmental-Level Prevention: What States Can Do

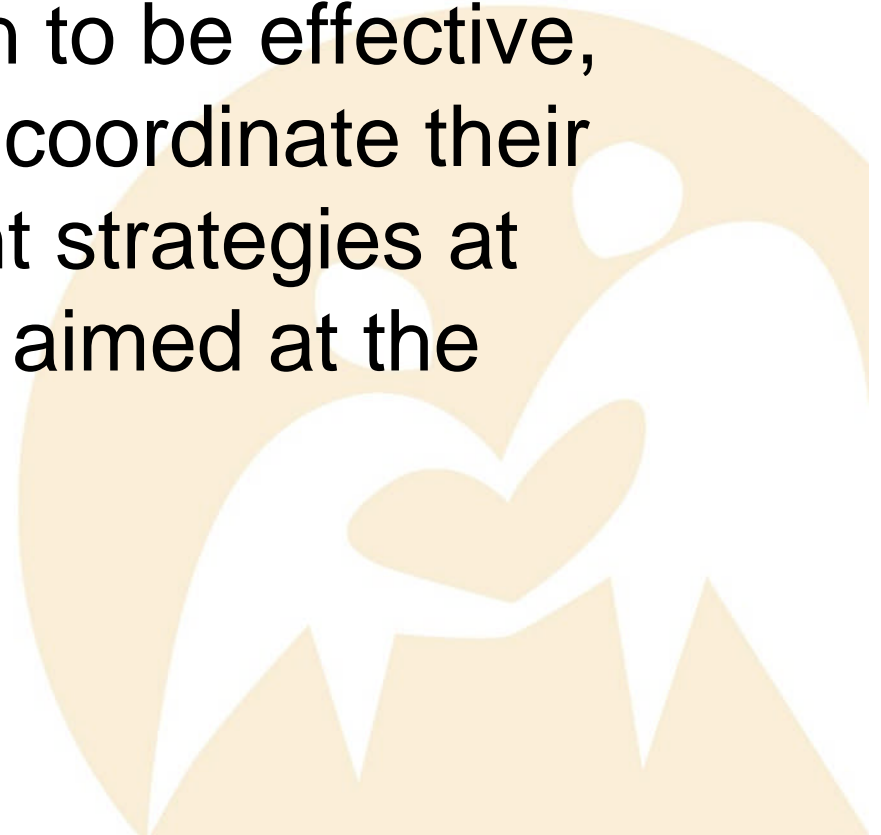
- Pass and enforce appropriate laws and policies (e.g., mandate proper disposal, mandate physician training, regulate advertising, regulate Internet sales (Ryan Haight federal law), set school health curriculum requirements, mandate student surveys)
- Implement prescription drug monitoring system and complaint hotline to prevent fraud and “doctor shopping”
- Devote adequate resources to preventing diversion (DEA)
- Create statewide task force with key stakeholders
- Raise awareness through major media outlets and broad dissemination efforts (e.g., “Lock Up Your Meds” campaign)
- Partner with pharmaceutical manufacturers, physicians and pharmacists in prevention initiatives
- Fund university studies to evaluate prevention efforts

Environmental-Level Prevention: What Communities & Organizations Can Do

- Implement drug “take-back” programs (with police)
- Provide training in prevention “best practices” to schools (school board members, PTA members, administrators)
- Do needs assessments and run focus groups
- Start a community coalition with broad representation
- Advocate for law/policy change
- Outreach to pharmacists, parents, teachers, physicians (e.g., “point of sale” flyer at pharmacies)
- Outreach to workplaces to reach potential adult abusers
- Run local awareness-raising campaigns (posters, flyers, speaking engagements, local media)

All entities must collaborate

- In order for prevention to be effective, multiple entities must coordinate their efforts so that different strategies at different levels are all aimed at the same goal.



Allocation of resources

- More prevention resources should be allocated to educating/outreaching to adults and disposal/restricting access
- Less prevention resources should be allocated to “danger” messages aimed at youth.



Recent Local Prevention Activities: Regional Action Councils

- Presentations at conferences
- Speaking engagements for adults and youth
- Parent and teacher trainings
- Media coverage/advertising
- Flyers (e.g., “Lock your Meds” campaign)
- Outreach to physicians, pharmacists, law enforcement
- School surveys
- Prescription drug “take-back” programs



Recent State-Level Prevention Activities: CT Prescription Drug Abuse Task Force (Fall 2008)

Organizations & agencies represented:

- Northeast Communities Against Substance Abuse
- Drug Enforcement Administration
- CT State Medical Society
- CT Department of Consumer Protection
- CT Pharmacists Association
- CT Department of Public Safety
- CT Poison Control Center
- CT Attorney General's Office



CT Prescription Drug Abuse Task Force, cont.

- Meriden and Wallingford Substance Abuse Council
- CT Army National Guard
- CT Department of Children and Families
- CT State Department of Education
- CT Dept. of Mental Health and Addiction Services
- Schepker & Associates (representing Pharmaceutical Research and Manufacturers Association)
- Substance Abuse Services - Rushford Behavioral Health
- The Governor's Prevention Partnership
- CT Dept. of Public Health - Injury Prevention Program
- University of CT Health Center





Recent State-Level Prevention Activities: CT Prescription Monitoring & Reporting System (CPMRS)

- CT is 29th state to get such a system
- Tracks prescriptions written for Schedule 2, 3, 4 and 5 controlled substances including OxyContin, Vicodin, Ritalin, Valium, Xanax
- Only doctors, pharmacists and law enforcement can access
- Physicians are not mandated to use the system, but pharmacies are
- Reports cannot be shared with patients
- http://www.ct.gov/dcp/cwp/view.asp?a=1620&q=411378&dcpNav_GID=1881

Recent State-Level Prevention Activities: Awareness/Disposal Flyer

Proper disposal involves:

- Remove identifying info from medication bottle.
- Mix medication with undesirable substance.
- Place medication bottle inside larger opaque container and tape shut.
- Put in trash.
- These disposal methods are designed to avoid flushing medications, which pollutes the water supply; however, FDA guidelines require flushing of certain medications because of their potential for abuse. If the bottle label instructs flushing, do not dispose of the medication in the trash; options would be to flush it OR bring it to a community take-back program coordinated by police.



How The Governor's Prevention Partnership Can Help

- Advice on planning community prevention activities
- Advice on school programming, services and policies
- Assistance in working with the media (affiliate of Partnership for a Drug-Free America; PSAs)
- Assistance in forming/maintaining coalitions
- Speaking engagements
- Written and electronic resources
- Statewide prescription drug “strategy implementation” group

Additional Web Resources

- www.talkaboutrx.org
- www.samhsa.gov/rxsafety
- www.drugfree.org/notinmyhouse
- www.deadiversion.usdoj.gov
- http://www.ct.gov/dcp/cwp/view.asp?a=1620&q=411378&dcpNav_GID=1881
- www.cadca.org/PrescriptionDrugAbuse/CADCAInitiatives.htm
- <http://cmnfp.pictco.org/default.asp?PageNum=588>
- http://www.theantidrug.com/DRUG_INFO/PRESCRIPTION_DRUGS.ASP



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