



# Prescription Medication Abuse Subcommittee

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## Materials for the February 18, 2014 Meeting

The Communication and Public Education's Prescription Medication Abuse Subcommittee was formed following the February 2013 Joint California Medical Board and Board of Pharmacy Appropriate Prescribing and Dispensing Forum. This subcommittee was formed to continue to explore ways to address the misuse and abuse of prescription medication, particularly of controlled substances. The Medical Board has formed its own subcommittee to work on similar issues.

### 1. **FOR INFORMATION: Mission Statement for the Subcommittee**

At the January 2014 Board Meeting, the board approved the following mission statement for the subcommittee:

*The mission of the Prescription Drug Abuse Subcommittee is to promote the prevention and treatment of prescription drug abuse, particularly the abuse of controlled substances; provide education to practitioners and the public regarding prescription drug misuse; and optimize the widespread use of tools such as CURES.*

### 2. **FOR INFORMATION: Presentation by the Placer County Task Force to Educate Parents, Teens, Educators, Law Enforcement, Medical and Pharmacy Professionals About Prescription Drug Abuse**

At this meeting, the committee will hear a presentation by a group from Placer County on what they are doing to combat prescription drug abuse in their communities. As the packet is being finalized, we do not yet have materials from this group to share in the packet.

### 3. **FOR INFORMATION: Next DEA-Sponsored Prescription Drug Disposal Day Scheduled for April 26, 2014**

#### **Attachment 1**

The Drug Enforcement Administration is sponsoring its next prescription drug disposal day on April 26. The board will help publicize this event. An announcement of the drug disposal day is provided in **Attachment 1**.

#### 4. **FOR DISCUSSION: Implementation Schedule for the New CURES System and Impediments of the Current System**

As part of the budget for 2013/14 and 2014/15, the healing arts boards in the department that regulate prescribers or dispensers are contributing funding to build a new computer system for CURES. Our contribution this year is \$215,000 (plus the \$92,000 we have been contributing for support of CURES for some time.

In April 2014, all pharmacists, pharmacies, clinics and wholesalers will begin paying \$6 per year as part of their renewals to provide ongoing support for CURES. These renewal notices are already out there.

Currently the Department of Justice executive office is reviewing the feasibility study report that has been jointly written by the information technology and program people at DCA and DOJ. After the approval of DOJ's executives, the feasibility study report must be approved by the state's office of information technology.

One issue for this board (and all other health care boards whose licensees can access CURES) is a requirement that all licensees are registered with CURES by January 1, 2016. Because the new CURES system is not yet in place, and DCA entities are converting to a new system, this deadline will be difficult to meet. It is, however, a strong target for the board to reach for.

On a related note on the value of PMPs, below is an article on the value to having prescribers check the NY PMP before writing prescriptions for controlled substances:

##### ***New York's Strengthened PMP Helped Cut "Doctor Shopping" by 75%***

Since the implementation of New York state's Internet System for Tracking Over-Prescribing Act (I-STOP) in August 2013, "doctor shopping" – when patients visit multiple doctors to obtain controlled substance medications – has been reduced by 75%, [reports the New York Health Commissioner](#). I-STOP required the establishment of a real-time prescription monitoring program (PMP). "Starting in August 2013, doctors are required under the law to consult that database before writing any prescriptions for a Schedule II, III, or IV controlled substance, including narcotic painkillers," indicates a [press release](#) from the state's Attorney General Eric T. Schneiderman. In addition to targeting prescription drug abuse, [I-STOP](#) aims to assist "doctors and pharmacists to provide prescription pain medications, and other controlled substances, to patients who truly need them." More than 66,000 providers have checked the system before prescribing or dispensing medications.

Additional I-STOP provisions established safe disposal programs, providing New Yorkers with a safe method of disposing of expired, unwanted, or unneeded medications. A list of permanent drop box

locations can currently be accessed on the [New York Department of Health website](#) and on the [New York Get Local](#) page of the AWAR<sub>x</sub>E<sup>®</sup> website. The Get Local section of the AWAR<sub>x</sub>E website provides medication disposal information for each state, including permanent prescription drug disposal drop boxes, many of which are able to collect controlled substances.

**5. FOR DISCUSSION: Discussion with Mike Small, California Department of Justice, Regarding Processes to Facilitate the Enrollment of Pharmacists in CURES**

During this meeting, the committee will have the opportunity to obtain information from Mike Small who is currently managing CURES.

The board has expressed strong interest in securing the widest possible enrollment of pharmacists into the CURES system. Currently, before the funding to be provided by DCA boards is in place, the DOJ lacks funding for the program, so enrollment activities are impaired. Additionally the enrollment process itself is difficult, and requires a notarized set of documents that must be sent in to the Department of Justice (e.g., to authenticate of the eligibility of the pharmacist to access CURES).

Mr. Small has indicated a willingness to have the board assist in the enrollment of our licensees. This will be our opportunity to explore this process.

The committee also needs to explore whether a pharmacist can be enrolled in CURES without linkage to a pharmacy if he or she has a DEA number.

**6. FOR DISCUSSION: Pharmacy and Medical Board Future Joint Forum on Appropriate Prescribing and Dispensing**

Both this board and the Medical Board of California have expressed an interest in convening a second forum to follow the successful February 2013 forum we cohosted. At the current time, we expect that such a forum may be convened later in the year (late fall or early winter). One of the presentation topics for this forum is the Medical Board's updated pain guidelines. These are under development by the Medical Board at the current time, following in the work being done by their Federation of Medical Boards.

**7. FOR DISCUSSION: Identification of Effective Ways to Educate Pharmacists About Prescription Drug Abuse and Corresponding Responsibility**

**Attachment 2**

During this segment of the meeting, Chair Castellblanch plans to lead a discussion in identifying materials for the board's web site. Specifically he has planned to focus on:

- i. Reducing conflicts of interest
- ii. Risks of opioids

iii. Alternative treatments for chronic non-cancer pain

**Attachment 2** contains materials developed by various entities to educate health care providers.

**8. FOR DISCUSSION: Pharmacists' Scope of Practice and Consultations for Opioid Dispensing**

A pharmacist has a major opportunity to advise patients when dispensing medication about precautions and appropriate use of opioids, related issues of prescription drug abuse, control and storage of the medication, and appropriate disposal of the medication.

Regarding scope of practice, the Advanced Practice Pharmacist licensure provisions enacted last year as part of SB 493 could provide a means to encourage the development and recognition of pharmacists with this specialty practice. The Board of Pharmacy Specialties has a category under review, but no program yet in place.

**9. FOR DISCUSSION: Activities to Promote March 2014 as Prescription Drug Abuse Awareness Month, Pursuant to SCR 8 (DeSaulnier, Chapter 26, Statutes of 2013)**

**Attachment 3**

March is Prescription Drug Abuse Awareness Month. We only recently learned of this designation, but three short PSAs have are under development by staff for release. Board Member Brooks offered to help disseminate the PSAs. Copies of the PSAs and SCR 8 are in **Attachment 3**.

**10. FOR DISCUSSION: Review of Public Outreach Materials Developed and Shared by Southern California Community Groups at the December 4, 2013 Committee Meeting**

**Attachment 4**

This tab section has a number of materials developed by various entities to educate various populations on issues related to prescription drug abuse.

At the December meeting, the committee heard presentations from two community groups. The County of Orange Health Care Agency had an extensive group of materials they had developed for their community. However, the committee did not have time to review the materials during the meeting. Also, the San Diego presentation contained a component created by a parent group -- *Hope2gether Foundation*.

Time will be available during this meeting to discuss these materials.

**11. FOR DISCUSSION: Review of Industry-Produced Educational Materials for the Public and Licensees**

**Attachment 5**

Purdue Pharma has met with staff of the board to share some of the public educational materials they have developed for the public and for pharmacies. **Attachment 5** contains some materials the company has offered to share with the committee. During the meeting Dr Kristi Dover will provide an overview of these materials.

**12. FOR INFORMATION: Articles Documenting Issues of Prescription Medication Drug Abuse**

**Attachment 6**

**Attachment 6** contains recent articles documenting prescription drug abuse issues.

**13. FOR DISCUSSION: Public Outreach to Address Prescription Drug Abuse**

The board's executive officer has joined with the DEA to provide two day-long presentations on prescription drug abuse and corresponding responsibility in January.

Over the last two years, the board has cohosted highly popular one-day seminars for pharmacists and other interested parties on drug diversion, prescription drug abuse and corresponding responsibility for pharmacists. Six hours of CE is awarded for this training, which is well attended and receives high evaluation scores. The two sessions were provided in Orange County on January 22, 2014 and in Sacramento on January 31, 2014.

# **Attachment 1**

# National Drug Take Back Day

**April 26, 2014**

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Drug Enforcement  
Administration  
Diversion Control Program



# **Attachment 2**

# Abused Pharmaceutical Substances

**NADDI** National Association of Drug Diversion Investigators, Inc.  
410-321-4600 [www.naddi.org](http://www.naddi.org)

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**Alprazolam** (IV)

*Xanax*<sup>®</sup>

0.25 mg

0.5 mg

1 mg

2 mg

**Amphetamine Mixture** (II)

*Adderall*<sup>®</sup>

5 mg

7.5 mg

10 mg

12.5 mg

15 mg

20 mg

30 mg

10 mg

15 mg

25 mg

**Buprenorphine** (III)

*Subutex*<sup>®</sup>

2 mg

8 mg

**Buprenorphine/Naloxone** (III)

*Suboxone*<sup>®</sup>

2 mg/0.5 mg

8 mg/2 mg

*Suboxone*<sup>®</sup> Sublingual Film

2 mg/0.5 mg

8 mg/2 mg

**Carisoprodol** (IV)

*Soma*<sup>®</sup>

350 mg

Generic

350 mg

350 mg

350 mg

350 mg

**Clonazepam** (IV)

*Klonopin*<sup>®</sup>

0.5 mg

1 mg

2 mg

**Codeine/Acetaminophen** (III)

*Tylenol w/Codeine*<sup>®</sup>

30 mg/300 mg

60 mg/300 mg

**Codeine/Promethazine** (V)

*Promethazine Hydrochloride and Codeine Phosphate Syrup*

6.25 mg/10 mg per 5 mL

16 fl oz (473 mL)

**Dextroamphetamine** (II)

*Dexedrine*<sup>®</sup>

5 mg

10 mg

15 mg

**Diazepam** (IV)

*Valium*<sup>®</sup>

2 mg

5 mg

10 mg

**Fentanyl** (II)

*Fentora*<sup>®</sup>

100 mcg

200 mcg

300 mcg

400 mcg

600 mcg

800 mcg

**Duragesic**<sup>®</sup>

(Not shown actual size)

50 mcg/hr

(Also available in 12.5 mcg/hr, 25 mcg/hr, 75 mcg/hr & 100 mcg/hr)

*Actiq*<sup>®</sup>

(Not shown actual size)

400 mcg

(Also available in 200 mcg, 600 mcg, 800 mcg, 1200 mcg & 1600 mcg)

**Hydrocodone/Acetaminophen** (III)

*Lorcet*<sup>®</sup>

5 mg/500 mg

7.5 mg/650 mg

10 mg/650 mg

10 mg/650 mg

*Lortab*<sup>®</sup>

5 mg/500 mg

7.5 mg/500 mg

10 mg/500 mg

10 mg/500 mg

*Norco*<sup>®</sup>

7.5 mg/325 mg

10 mg/325 mg

*Vicodin*<sup>®</sup>

5 mg/500 mg

10 mg/660 mg

7.5 mg/750 mg

**Hydrocodone/Acetaminophen** (III)

Generic

10 mg/325 mg

7.5 mg/750 mg

10 mg/650 mg

10 mg/650 mg

*Norco*<sup>®</sup>

7.5 mg/325 mg

10 mg/325 mg

2.5 mg/500 mg

10 mg/500 mg

10 mg/500 mg

*Vicodin*<sup>®</sup>

5 mg/500 mg

10 mg/650 mg

7.5 mg/650 mg

5 mg/500 mg

7.5 mg/750 mg

**Hydromorphone** (II)

*Dilaudid*<sup>®</sup>

2 mg

4 mg

8 mg

Generic

2 mg

2 mg

2 mg

2 mg

4 mg

4 mg

4 mg

8 mg

**Lorazepam** (IV)

*Ativan*<sup>®</sup>

0.5 mg

1 mg

2 mg

**Meperidine** (II)

*Demerol*<sup>®</sup>

50 mg

100 mg

**Methadone** (II)

5 mg

5 mg

10 mg

10 mg

10 mg

40 mg

**Methylphenidate** (II)

*Ritalin*<sup>®</sup>

5 mg

10 mg

20 mg

*Ritalin SR*<sup>®</sup>

20 mg

*Ritalin LA*<sup>®</sup>

10 mg

20 mg

30 mg

40 mg

**Morphine** (II)

*MS Contin*<sup>®</sup>

15 mg

30 mg

60 mg

100 mg

*Tylox*<sup>®</sup>

5 mg/500 mg

**Oxycodone** (II)

*OxyContin*<sup>®</sup>

10 mg

15 mg

20 mg

30 mg

40 mg

60 mg

80 mg

*Roxicodone*<sup>®</sup>

15 mg

30 mg

Generic

15 mg

30 mg

**Oxycodone/Acetaminophen** (II)

*Percocet*<sup>®</sup>

2.5 mg/325 mg

5 mg/325 mg

7.5 mg/325 mg

7.5 mg/500 mg

10 mg/325 mg

10 mg/325 mg

*Tylox*<sup>®</sup>

5 mg/500 mg

**Oxymorphone** (II)

*Opana*<sup>®</sup>

5 mg

10 mg

*Opana ER*<sup>®</sup>

5 mg

10 mg

20 mg

30 mg

40 mg

**Tramadol** RX

*Ultram*<sup>®</sup>

50 mg

Generic

50 mg

50 mg

*Ultracet*<sup>®</sup> (tramadol w/acetaminophen)

37.5 mg/325 mg

**Zolpidem Tartrate** (IV)

*Ambien*<sup>®</sup>

5 mg

10 mg

*Ambien CR*<sup>®</sup>

6.25 mg

12.5 mg

Generic

5 mg

10 mg

5 mg

10 mg

PAIN RELIEVERS		Lortab <sup>®</sup>		Methadone		Oxycodone		STIMULANTS		Fastin <sup>®</sup>		OVER THE COUNTER	
<b>Butorphanol Tartrate</b> IV	10 mg/ml (Not shown actual size)	5 mg/500 mg		100 mg		<b>Oxycodone</b> II		<b>Amphetamine Mixture</b> II	30 mg		<b>Guafenesin with dextromethorphan (Robitussin<sup>®</sup> DM)</b>		
<b>Stadol NS<sup>®</sup></b>	10 mg/ml (Not shown actual size)	7.5 mg/500 mg		5 mg		10 mg		5 mg		15 mg			
<b>Codeine/Acetaminophen</b> III	<b>Tylenol w/Codeine<sup>®</sup></b>	30 mg/300 mg		5 mg		15 mg		7.5 mg		30 mg			
60 mg/300 mg		10 mg/325 mg		10 mg		20 mg		10 mg		<b>TRANQUILIZERS</b>			
<b>Fentanyl</b> II	<b>Vicodin<sup>®</sup></b>	5 mg/500 mg		10 mg		30 mg		12.5 mg		<b>Alprazolam</b> IV			
400 mcg		10 mg/660 mg		40 mg		40 mg		15 mg		<b>Xanax<sup>®</sup></b>			
600 mcg		7.5 mg/750 mg		40 mg		60 mg		20 mg		0.25 mg			
800 mcg		10 mg/325 mg		40 mg		80 mg		30 mg		0.5 mg			
<b>Duragesic<sup>®</sup></b>	<b>Generic</b>	2 mg		40 mg		10 mg (Canada)		10 mg		1 mg			
50 mcg/hr		4 mg		40 mg		20 mg (Canada)		15 mg		2 mg			
(Not shown actual size)		8 mg		40 mg		40 mg (Canada)		25 mg		<b>Clonazepam</b> IV			
(Also available in 12.5 mcg/hr, 25 mcg/hr, 75 mcg/hr & 100 mcg/hr)		2 mg		40 mg		80 mg (Canada)		10 mg		<b>Klonopin<sup>®</sup></b>			
<b>Actiq<sup>®</sup></b>	<b>Generic</b>	2 mg		40 mg		<b>Roxicodone<sup>®</sup></b>	15 mg	10 mg		0.5 mg			
400 mcg		2 mg		40 mg		30 mg		15 mg		1 mg			
(Not shown actual size)		2 mg		40 mg		40 mg		50 mg/0.5 mg		2 mg			
(Also available in 200 mcg, 600 mcg, 800 mcg, 1200 mcg & 1600 mcg)		2 mg		40 mg		<b>Generic</b>	15 mg	50 mg/0.5 mg		<b>Diazepam</b> IV			
<b>Hydrocodone/Acetaminophen</b> III	<b>MS Contin<sup>®</sup></b>	2 mg		40 mg		15 mg		50 mg/0.5 mg		2 mg			
<b>Lorcet<sup>®</sup></b>		2 mg		40 mg		30 mg		50 mg/0.5 mg		5 mg			
5 mg/500 mg		2 mg		40 mg		30 mg		<b>Propoxyphene/Acetaminophen</b> IV		10 mg			
7.5 mg/650 mg		2 mg		40 mg		30 mg		<b>Darvocet-N<sup>®</sup></b>		20 mg			
10 mg/650 mg		2 mg		40 mg		30 mg		50 mg/325 mg		20 mg			
<b>Hydrocodone/Acetaminophen</b> III	<b>MS Contin<sup>®</sup></b>	2 mg		40 mg		30 mg		100 mg/650 mg		<b>Generic</b>			
<b>Lorcet<sup>®</sup></b>		2 mg		40 mg		30 mg		50 mg		5 mg			
5 mg/500 mg		2 mg		40 mg		30 mg		50 mg		10 mg			
7.5 mg/650 mg		2 mg		40 mg		30 mg		50 mg		20 mg			
10 mg/650 mg		2 mg		40 mg		30 mg		50 mg		<b>Phentermine</b> IV			
<b>Hydrocodone/Acetaminophen</b> III	<b>MS Contin<sup>®</sup></b>	2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Lorcet<sup>®</sup></b>		2 mg		40 mg		30 mg		50 mg		37.5 mg			
5 mg/500 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
7.5 mg/650 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
10 mg/650 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Hydrocodone/Acetaminophen</b> III	<b>MS Contin<sup>®</sup></b>	2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Lorcet<sup>®</sup></b>		2 mg		40 mg		30 mg		50 mg		37.5 mg			
5 mg/500 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
7.5 mg/650 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
10 mg/650 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Hydrocodone/Acetaminophen</b> III	<b>MS Contin<sup>®</sup></b>	2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Lorcet<sup>®</sup></b>		2 mg		40 mg		30 mg		50 mg		37.5 mg			
5 mg/500 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
7.5 mg/650 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
10 mg/650 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Hydrocodone/Acetaminophen</b> III	<b>MS Contin<sup>®</sup></b>	2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Lorcet<sup>®</sup></b>		2 mg		40 mg		30 mg		50 mg		37.5 mg			
5 mg/500 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
7.5 mg/650 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
10 mg/650 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Hydrocodone/Acetaminophen</b> III	<b>MS Contin<sup>®</sup></b>	2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Lorcet<sup>®</sup></b>		2 mg		40 mg		30 mg		50 mg		37.5 mg			
5 mg/500 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
7.5 mg/650 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
10 mg/650 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Hydrocodone/Acetaminophen</b> III	<b>MS Contin<sup>®</sup></b>	2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Lorcet<sup>®</sup></b>		2 mg		40 mg		30 mg		50 mg		37.5 mg			
5 mg/500 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
7.5 mg/650 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
10 mg/650 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Hydrocodone/Acetaminophen</b> III	<b>MS Contin<sup>®</sup></b>	2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Lorcet<sup>®</sup></b>		2 mg		40 mg		30 mg		50 mg		37.5 mg			
5 mg/500 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
7.5 mg/650 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
10 mg/650 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Hydrocodone/Acetaminophen</b> III	<b>MS Contin<sup>®</sup></b>	2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Lorcet<sup>®</sup></b>		2 mg		40 mg		30 mg		50 mg		37.5 mg			
5 mg/500 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
7.5 mg/650 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
10 mg/650 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Hydrocodone/Acetaminophen</b> III	<b>MS Contin<sup>®</sup></b>	2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Lorcet<sup>®</sup></b>		2 mg		40 mg		30 mg		50 mg		37.5 mg			
5 mg/500 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
7.5 mg/650 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
10 mg/650 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Hydrocodone/Acetaminophen</b> III	<b>MS Contin<sup>®</sup></b>	2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Lorcet<sup>®</sup></b>		2 mg		40 mg		30 mg		50 mg		37.5 mg			
5 mg/500 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
7.5 mg/650 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
10 mg/650 mg		2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Hydrocodone/Acetaminophen</b> III	<b>MS Contin<sup>®</sup></b>	2 mg		40 mg		30 mg		50 mg		37.5 mg			
<b>Lorcet<sup>®</sup></b>		2 mg		40 mg		30 mg							

Please remind your patients that prescription drugs, when used correctly and under a doctor's supervision, are safe and effective.

## Additional Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)  
SAMHSA's Health Information Network (SHIN)  
1-877-SAMHSA-7 (1-877-726-4727)  
[www.SAMHSA.gov/shin](http://www.SAMHSA.gov/shin)

Substance Abuse and Mental Health Services Administration (SAMHSA)  
Center for Substance Abuse Treatment (CSAT)  
240-276-2750  
[www.csat.samhsa.gov](http://www.csat.samhsa.gov)

SAMHSA's National Helpline  
800-662-HELP (800-662-4357) (Toll-Free)  
(English and Spanish)  
800-487-4889 (TDD) (Toll-Free)  
Substance Abuse Treatment Facility Locator:  
240-276-2548  
[www.samhsa.gov/treatment](http://www.samhsa.gov/treatment)

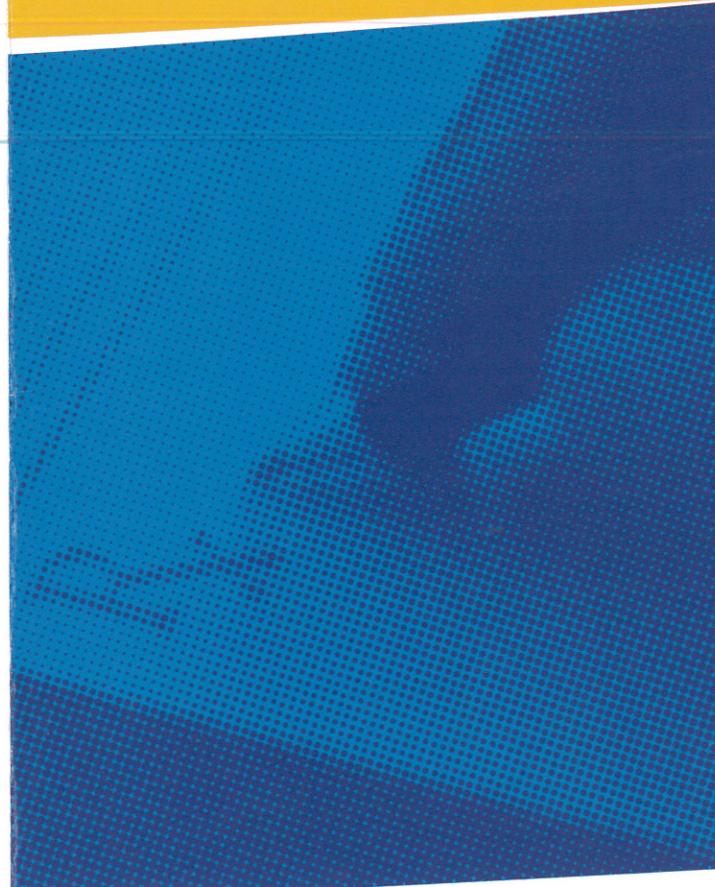
National Council on Patient Information and Education (NCPIE)  
301-656-8565  
[www.talkaboutrx.org](http://www.talkaboutrx.org)

Drug Enforcement Agency (DEA)  
[www.getsmartaboutdrugs.com](http://www.getsmartaboutdrugs.com)

Society for Adolescent Medicine  
816-224-8010  
[www.adolescenthealth.org](http://www.adolescenthealth.org)

This brochure was prepared under contract number 270-03-9001 through the Office of Consumer Affairs in the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services.

Not Worth The Risk  
X even if it's legal



**TALKING** to your patients  
about prescription drug abuse

SMA # 09-4445



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)

What can I do as a  
**healthcare**  
provider

You can influence your patients' decisions about how they use prescription drugs—but nearly half of physicians find it difficult to discuss prescription drug abuse with patients. However, even a brief screening can make a difference. For example, ADHD patients taking prescription stimulants need to be prepared to deal with other students who may ask for their drugs as a study aid.

## Kids abuse prescription drugs?

...seeking psychological or physical pleasure.

...not understand the risks of taking drugs that  
...not prescribed specifically for them. They also  
...realize the danger of mixing prescription drugs  
...alcohol, other prescription drugs, and illegal drugs.

...easier to get prescription drugs than illegal drugs.

...pressure to get better grades or to fit in  
...peers. They also may not be aware of other,  
...alternatives to help them deal with stress.

## Do teens and adults not realize?

...prescription drugs, even if they are prescribed  
...doctor, is not safer than abusing illegal drugs.

...using prescription drugs can lead to addiction.

...prescription drugs without a doctor's  
...attention or abusing someone else's prescriptions—  
...own—is *always* harmful, not to mention illegal.

...patients must take special precautions when storing  
...medicines at home to prevent their abuse by others.

## Could my teenaged patients, their families, and other patients be at risk?

- Prescription drug abuse is second only to marijuana use among some teens.
- More than a quarter of drug-related emergency-room visits for people of all ages dealt with prescription drugs in 2005.
- It is surprisingly easy for teens to gain access to these drugs from friends or their own families' medicine cabinets. Adult patients may also participate in "doctor shopping," moving from provider to provider to get multiple prescriptions.
- Teens are turning to more dangerous methods such as crushing pills, then snorting or injecting their contents. They also are combining them with alcohol or illicit drugs. At "pharming parties," they may dump a variety of prescription drugs in a bowl and take them without knowing what they are.
- Children, teens, and college students are savvy Internet users and sometimes order controlled prescription drugs from illegal Web sites.

## What happens when prescription drugs fall into the wrong hands?

Many teens—and adults, too—have carefree attitudes toward the use of prescription drugs. People ages 12 to 25 have among the highest rates of prescription drug abuse. Your teenaged patients, their families, and other adult patients may be misinformed about the safe storage and hazards associated with the nonmedical use of prescription drugs.

## What questions should I ask my teenaged and adult patients?

At each visit with teenaged patients and their guardians, screen for potential drug problems. Try the **CAGE** screening tool with teens:

- Have you ever felt the need to **C**ut down on your use of prescription drugs?
- Have you ever felt **A**nnoyed by remarks your friends or loved ones made about your use of prescription drugs?
- Have you ever felt **G**uilty or remorseful about your use of prescription drugs?
- Have you **E**ver used prescription drugs as a way to "get going," to "calm down," or to "study better"?

Additionally, when you meet with adults (including those with teens at home), ask how they use and store medicines in their household. Parents often underestimate teens' use of prescription drugs.

Ask the following questions:

- What medicines have you taken and when?
- Are you missing prescription drugs from your medicine cabinet?
- Does your pharmacy claim to have prescriptions you did not know about?
- Do you understand how to take your medicines, what other medicines you should avoid while taking them, and how you can safely store them in your home?

## What should I remind my patients to do?

- **Respect** the power of medicine and use it properly.
- **Recognize** that all medicines, including prescription drugs, have risks along with benefits. The risks tend to increase dramatically when medicines are abused.
- Take **responsibility** for learning how to take prescription drugs safely and appropriately. Seek help at the first sign of their own, a friend's, or child's problem.

## How can I help?

- ✓ **Determine what medicines** have been in the house and how they are stored before prescribing certain drugs.
- ✓ **Record** how often a patient asks for refills.
- ✓ **Encourage patients to avoid stockpiling medicines** and store them safely. Instruct them to promptly and properly dispose of any unused medicines.
- ✓ **Speak to all patients** about prescription drug abuse—illegal drugs and alcohol are not the only threats.
- ✓ **Provide tips to parents.** A brochure for parents, "Talking to your kids about prescription drug abuse," is available at [www.talkaboutrx.org](http://www.talkaboutrx.org).
- ✓ **Teach patients how to watch for the negative side effects** of a prescribed drug and what to do if this is suspected.
- ✓ **Give teens information.** A brochure for teens, "Prescription Drugs: They can help, but also hurt," is available at [www.talkaboutrx.org](http://www.talkaboutrx.org).

# **Attachment 3**



**SCR-8 Prescription Drug Abuse Awareness Month.** (2013-2014)

**Senate Concurrent Resolution No. 8**

**CHAPTER 26**

Relative to Prescription Drug Abuse Awareness Month.

[ Filed with Secretary of State May 08, 2013. ]

**LEGISLATIVE COUNSEL'S DIGEST**

SCR 8, DeSaulnier. Prescription Drug Abuse Awareness Month.

This measure would proclaim the month of March, each year, as Prescription Drug Abuse Awareness Month and encourage all citizens to participate in prevention programs and activities and to pledge to "Spread the Word ... One Pill Can Kill."

Fiscal Committee: no

WHEREAS, In 2008, drug overdoses in the United States caused 36,450 deaths and 20,044 of these were from prescription drug overdoses; and

WHEREAS, Overdose deaths involving opioid pain relievers (OPR) have increased and now exceed deaths involving heroin and cocaine combined; and

WHEREAS, In 2009, 1.2 million emergency department visits were related to misuse or abuse of pharmaceuticals (an increase of 98.4 percent since 2004); and

WHEREAS, Nonmedical use of OPR costs insurance companies up to \$72.5 billion annually in health care costs; and

WHEREAS, By 2010, enough prescription painkillers were sold to medicate every American adult with a typical dose of five milligrams of hydrocodone every four hours for one month; and

WHEREAS, In 2010, 2 million people reported using prescription painkillers nonmedically for the first time within the last year—nearly 5,500 a day; and

WHEREAS, As many as 70 percent of people who abuse prescription drugs get them from a relative or friend instead of a doctor; and

WHEREAS, The National Coalition Against Prescription Drug Abuse, in cooperation with law enforcement agencies, community-based organizations, alcohol and other drug service providers, and civic and business leaders, coordinates Prescription Drug Abuse Awareness Month activities to offer our citizens the opportunity to demonstrate their commitment to campaigns and education aimed at raising awareness about the abuse and misuse of prescription drugs, promoting safe storage and disposal of prescription drugs, and using medications only as prescribed; and

WHEREAS, Families, schools, businesses, faith-based communities, law enforcement, medical professionals, county and local governments, health care practitioners, pharmacists, and the general public throughout the state will demonstrate their commitment to the prevention of prescription medication abuse by participating in activities intended to highlight local efforts during the month of March; now, therefore, be it

Resolved by the Senate of the State of California, the Assembly thereof concurring, That the month of March, each year, is hereby proclaimed to be Prescription Drug Abuse Awareness Month and that all citizens are encouraged to participate in prevention programs and activities and to pledge to "Spread the Word ... One Pill Can Kill"; and be it further

Resolved, That the Secretary of the Senate transmit copies of this resolution to the author for appropriate distribution.

PUBLIC SERVICE ANNOUNCEMENT

Prescription Drug Abuse Awareness Month

START DATE: March 1, 2014

END DATE: March 31, 2014

Contact: Joyia Emard

(916) 574-7957

Joyia.emard@dca.ca.gov

15 SECONDS

PRESCRIPTION DRUG ABUSE IS A NATIONAL EPIDEMIC. PROTECT YOUR FAMILY. SECURE AND MONITOR

PRESCRIPTION DRUGS. GET THEM OUT OF YOUR MEDICINE CABINET AND LOCK THEM UP. SAFELY

DISPOSE OF UNUSED OR EXPIRED DRUGS. SPREAD THE WORD. LEARN MORE AT [PHARMACY.CA.GOV](http://PHARMACY.CA.GOV).

- End -

PUBLIC SERVICE ANNOUNCEMENT

Prescription Drug Abuse Awareness Month

START DATE: March 1, 2014

END DATE: March 31, 2014

Contact: Joyia Emard

(916) 574-7957

Joyia.emard@dca.ca.gov

30 SECONDS

PRESCRIPTION DRUG ABUSE IS A NATIONAL EPIDEMIC AND CAN LEAD TO ADDICTION, OVERDOSE, HEROIN USE AND DEATH. PROTECT YOUR FAMILY. SECURE AND MONITOR PRESCRIPTION DRUGS AND SAFELY DISPOSE OF UNUSED OR EXPIRED DRUGS. COUNT YOUR PILLS. GET THEM OUT OF YOUR MEDICINE CABINET AND LOCK THEM UP. SPREAD THE WORD TO FAMILY AND FRIENDS, ESPECIALLY GRANDPARENTS. TAKE CHARGE OF YOUR MEDICATIONS, REMEMBER: MONITOR, SECURE AND DESTROY. BROUGHT TO YOU BY THE CALIFORNIA STATE BOARD OF PHARMACY. LEARN MORE AT PHARMACY.CA.GOV.

- End -

PUBLIC SERVICE ANNOUNCEMENT

Prescription Drug Abuse Awareness Month

START DATE: March 1, 2014

END DATE: March 31, 2014

Contact: Joyia Emard

(916) 574-7957

Joyia.emard@dca.ca.gov

60 SECONDS

PRESCRIPTION DRUG ABUSE IS A NATIONAL EPIDEMIC AND CAN LEAD TO ADDICTION, OVERDOSE, HEROIN USE AND DEATH. MORE PEOPLE DIE FROM PRESCRIPTION DRUG OVERDOSES THAN FROM CAR ACCIDENTS. MANY TEENS GET THEIR DRUGS FOR FREE FROM THEIR FAMILY MEDICINE CABINET. THEY THINK PRESCRIPTION DRUGS ARE SAFER TO ABUSE. PROTECT YOUR FAMILY AND LOVED ONES. SECURE AND MONITOR PRESCRIPTION DRUGS AND SAFELY DISPOSE OF UNUSED OR EXPIRED DRUGS. COUNT YOUR PILLS. GET THEM OUT OF YOUR MEDICINE CABINET AND LOCK THEM UP. KEEP TRACK OF YOUR FAMILY'S REFILLS. NEEDING REFILLS MORE OFTEN THAN EXPECTED COULD INDICATE A PROBLEM. IF YOUR TEEN HAS BEEN PRESCRIBED A DRUG, BE SURE YOU CONTROL THE MEDICATION AND MONITOR DOSAGES AND REFILLS. SPREAD THE WORD TO FAMILY AND FRIENDS, ESPECIALLY GRANDPARENTS. TAKE CHARGE OF YOUR MEDICATIONS, REMEMBER: MONITOR, SECURE AND DISPOSE. BROUGHT TO YOU BY THE CALIFORNIA STATE BOARD OF PHARMACY. LEARN MORE AT PHARMACY.CA.GOV.

- End -

# **Attachment 4**

Substances: Category and Name	Examples of <i>Commercial</i> and Street Names	DEA Schedule*/How Administered	<i>Intoxication Effects/Health Risks</i>
<b>Depressants</b>			
Barbiturates	<i>Amytal, Nembutal, Seconal, Phenobarbital</i> : barbs, reds, red birds, phennies, tooies, yellows, yellow jackets	II, III, IV/injected, swallowed	<i>Sedation/drowsiness, reduced anxiety, feelings of well-being, lowered inhibitions, slurred speech, poor concentration, confusion, dizziness, impaired coordination and memory/slowed pulse, lowered blood pressure, slowed breathing, tolerance, withdrawal, addiction; increased risk of respiratory distress and death when combined with alcohol</i>
Benzodiazepines	<i>Ativan, Halcion, Librium, Valium, Xanax, Klonopin</i> : candy, downers, sleeping pills, tranks	IV/swallowed	
Sleep Medications	<i>Ambien (zolpidem), Sonata (zaleplon), Lunesta (eszopiclone)</i>	IV/swallowed	<i>for barbiturates—euphoria, unusual excitement, fever, irritability/life-threatening withdrawal in chronic users</i>
<b>Opioids and Morphine Derivatives**</b>			
Codeine	<i>Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine</i> : Captain Cody, Cody, schoolboy; (with glutethimide: doors & fours, loads, pancakes and syrup)	II, III, IV/injected, swallowed	<i>Pain relief, euphoria, drowsiness, sedation, weakness, dizziness, nausea, impaired coordination, confusion, dry mouth, itching, sweating, clammy skin, constipation/slowed or arrested breathing, lowered pulse and blood pressure, tolerance, addiction, unconsciousness, coma, death; risk of death increased when combined with alcohol or other CNS depressants</i>
Morphine	<i>Roxanol, Duramorph</i> : M, Miss Emma, monkey, white stuff	II, III/injected, swallowed, smoked	
Methadone	<i>Methadose, Dolophine</i> : fizzies, amidone, (with MDMA: chocolate chip cookies)	II/swallowed, injected	<i>for fentanyl—80–100 times more potent analgesic than morphine</i>
Fentanyl and analogs	<i>Actiq, Duragesic, Sublimaze</i> : Apache, China girl, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash	II/injected, smoked, snorted	<i>for oxycodone—muscle relaxation/twice as potent analgesic as morphine; high abuse potential</i>
Other Opioid Pain Relievers: Oxycodone HCL Hydrocodone Bitartrate Hydromorphone Oxymorphone Meperidine Propoxyphene	<i>Tylox, Oxycotin, Percodan, Percocet</i> : Oxy, O.C., oxycotton, oxycet, hillbilly heroin, percs <i>Vicodin, Lortab, Lorcet</i> : vike, Watson-387 <i>Dilaudid</i> : juice, smack, D, footballs, dillies <i>Opana, Numorphan, Numorphone</i> : biscuits, blue heaven, blues, Mrs. O, octagons, stop signs, O Bomb <i>Demerol, meperidine hydrochloride</i> : demmies, pain killer <i>Darvon, Darvocet</i>	II, III, IV/chewed, swallowed, snorted, injected, suppositories	<i>for codeine—less analgesia, sedation, and respiratory depression than morphine</i>  <i>for methadone—used to treat opioid addiction and pain; significant overdose risk when used improperly</i>
<b>Stimulants</b>			
Amphetamines	<i>Biphetamine, Dexedrine, Adderall</i> : bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers	II/injected, swallowed, smoked, snorted	<i>Feelings of exhilaration, increased energy, mental alertness/increased heart rate, blood pressure, and metabolism, reduced appetite, weight loss, nervousness, insomnia, seizures, heart attack, stroke</i>
Methylphenidate	<i>Concerta, Ritalin</i> : JIF, MPH, R-ball, Skippy, the smart drug, vitamin R	II/injected, swallowed, snorted	<i>for amphetamines—rapid breathing, tremor, loss of coordination, irritability, anxiousness, restlessness/delirium, panic, paranoia, hallucinations, impulsive behavior, aggressiveness, tolerance, addiction</i>  <i>for methylphenidate—increase or decrease in blood pressure, digestive problems, loss of appetite, weight loss</i>
<b>Other Compounds</b>			
Dextromethorphan (DXM)	<i>Found in some cough and cold medications</i> : Robotripping, Robo, Triple C	not scheduled/swallowed	<i>Euphoria, slurred speech/increased heart rate and blood pressure, dizziness, nausea, vomiting, confusion, paranoia, distorted visual perceptions, impaired motor function</i>

\* Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use. Schedule II drugs are available only by prescription and require a new prescription for each refill. Schedule III and IV drugs are available by prescription, may have five refills in 6 months, and may be ordered orally. Most Schedule V drugs are available over the counter.

\*\* Taking drugs by injection can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms. Injection is a more common practice for opioids, but risks apply to any medication taken by injection.

# Facts About Prescription Drug Abuse

Medications can be effective when they are used properly, but some can be addictive and dangerous when abused. This chart provides a brief look at some prescribed medications that—when used in ways or by people other than prescribed—have the potential for adverse medical consequences, including addiction.

In 2010, approximately 16 million Americans reported using a prescription drug for nonmedical reasons in the past year; 7 million in the past month.

## What types of prescription drugs are abused?

Three types of drugs are abused most often:

- Opioids—prescribed for pain relief
- CNS depressants—barbiturates and benzodiazepines prescribed for anxiety or sleep problems (often referred to as sedatives or tranquilizers)
- Stimulants—prescribed for attention-deficit hyperactivity disorder (ADHD), the sleep disorder narcolepsy, or obesity.

## How can you help prevent prescription drug abuse?

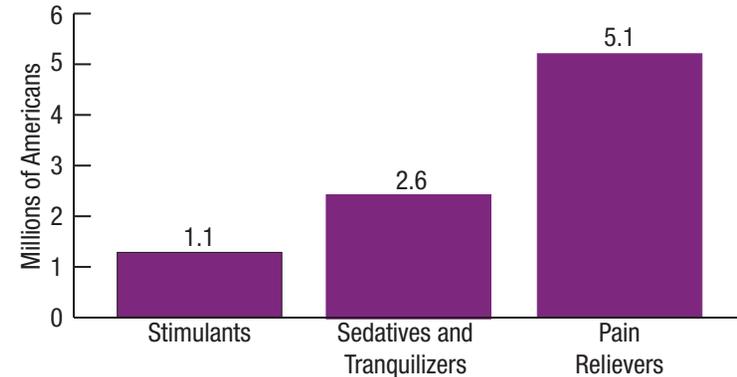
- Ask your doctor or pharmacist about your medication, especially if you are unsure about its effects.
- Keep your doctor informed about all medications you are taking, including over-the-counter medications.
- Read the information your pharmacist provides before starting to take medications.
- Take your medication(s) as prescribed.
- Keep all prescription medications secured at all times and properly dispose of any unused medications.



Order NIDA publications from DrugPubs:  
1-877-643-2644 or 1-240-645-0228 (TTY/TDD)

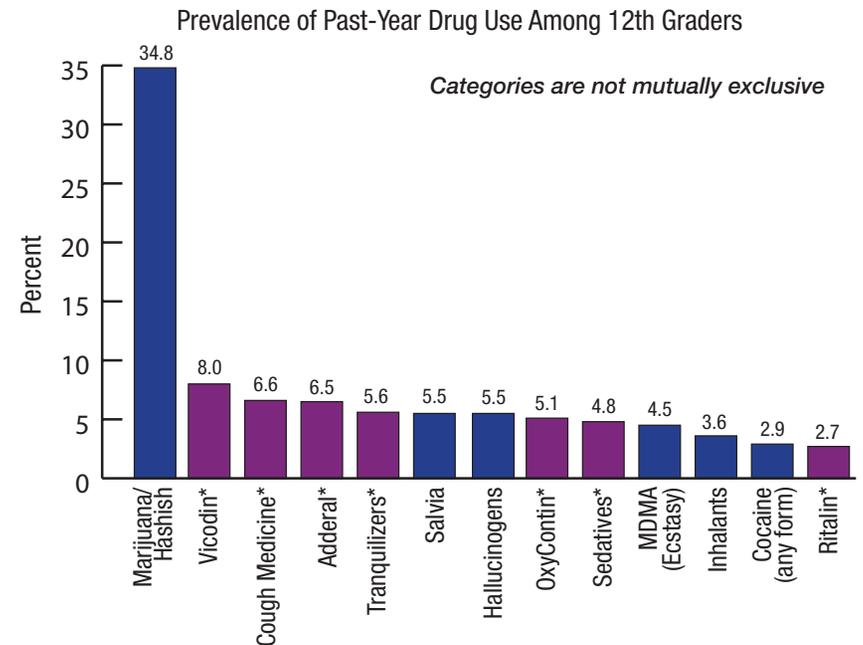
This chart may be reprinted. Citation of the source is appreciated.

## ~7.0 Million Americans Reported Past-Month Use of Rx Drugs for Nonmedical Purposes in 2010



Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2010

## After Marijuana, Prescription and Over-the-Counter Medications\* Account for Most of the Commonly Abused Drugs



\*Nonmedical Use

Source: University of Michigan, 2010 Monitoring the Future Study

Revised October 2011

# PRESCRIPTION DRUGS

When used as prescribed, prescription drugs are safe medications that help millions of people. But abusing them has many health risks, including addiction and overdose.



**NIDA** NATIONAL INSTITUTE  
ON DRUG ABUSE

National Institutes of Health

U.S. Department of Health and Human Services

[drugabuse.gov](http://drugabuse.gov)

For more information or to order free copies of this Prescription Drugs poster, visit [drugabuse.gov](http://drugabuse.gov) (click on the publications tab) or call 1-877-643-2644 and refer to Order Number: AVD222.

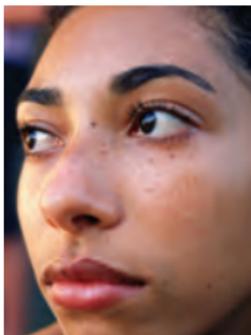


**The Partnership for a Drug-Free America®**  
[www.drugfree.org](http://www.drugfree.org)

**Reckitt Benckiser Pharmaceuticals provided support to the Partnership for a Drug-Free America to print and distribute this brochure. Additional copies are available at 1-877-SAMHSA7.**



**The Partnership**  
for a Drug-Free  
America®



# **Getting High on Prescription and Over-the-Counter Drugs Is Dangerous**

A guide to keeping your teenager  
safe in a changing world

[www.drugfree.org](http://www.drugfree.org)



❏ Prescription and over-the-counter (OTC) medications are fast becoming the new “party” drugs for many teenagers.

But many parents, who may be aware of their children’s familiarity with illegal street drugs, do not have “pharming”—that is, their kids’ using prescription and OTC drugs for recreational use—on their radar screens, even though nearly one in five teens has used powerful narcotic pain relievers for nonmedical reasons.

#### FRIGHTENING STATS

A survey of teenagers by the Partnership for a Drug-Free America found that:

- 1 in 5 teens has tried Vicodin, a powerful and addictive narcotic pain reliever
- 1 in 10 has tried OxyContin, another prescription narcotic
- 1 in 10 has used the stimulants Ritalin or Adderall for nonmedical purposes
- 1 in 11 teens has admitted to getting high on cough medicine



## THE NEW PARTY DRUGS

Nor are parents aware that their own medicine cabinets and home computers are potential sources of these drugs for teenage abuse.

Prescription and OTC drugs are important and beneficial products that every year improve and save countless lives. They are effective, and they are also safe—but only if used as medically intended.

We're NOT talking about kids mistakenly taking the wrong dose of legal medicines or taking a stronger-than-necessary medicine for an ailment. We're talking about drug abuse—kids using prescription and OTC drugs on purpose in order to get high.

If your teen gets in the habit of using medicines that are not medically intended for him or her, or of taking higher-than-recommended doses just for fun, bad things can happen: Dramatic increases in blood pressure and heart rate, organ damage, addiction, difficulty breathing, seizures, and possibly death.

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➔ For more information, visit [www.drugfree.org](http://www.drugfree.org)

### **Why is this increase in teenage prescription and OTC drug abuse happening now?**

Awareness and access. Mainly for good reasons, our society is very familiar—and more and more comfortable—with prescription pharmaceuticals and OTC medicines. Products come to market, their images advertised in newspapers, magazines, and on television and the Internet, with educational programs to raise our understanding of the conditions they treat. Many new drugs replace older ones with safer and more effective formulations.

### **Caught in the Web**

Then there's the Internet, which has been at the center of an explosion of information of all kinds, good and bad. You can find useful information on the Web about the risks from the nonmedical, recreational use of prescription and OTC drugs. But you can also learn how to abuse them. Many websites describe for would-be abusers what kinds of cough medicine they should buy, how much to take, and even how much to take to get high.

Most disturbingly, it is as easy for a teenager to buy narcotic pain relievers like Vicodin or stimulants like Adderall or sedatives like Xanax over the Internet as it is to buy a book or CD. Enter "no prescription Vicodin" in your Web browser's search bar, and you'll find numerous websites ready to sell your son or daughter various prescription drugs—without the nuisance of an actual prescription or even asking your child's age—delivered to your home in an unmarked package.

But the most immediate source of prescription and OTC drugs is your own medicine cabinet or the medicine cabinets in the homes of your child's friends. New and expired or forgotten prescriptions or last winter's OTC cough medicines could be inviting targets for the teenager looking to get high.

## What to Do?

Some parents need to consider their own drug behavior. If you're casual about using prescription or OTC drugs, even if you're not looking to get high, you can set a bad example. Medications should be used by the person for whom they're intended, to treat the conditions for which they're intended. Don't use your kid's Ritalin to give you the energy and focus to complete a difficult work assignment. Regard these drugs seriously, and it's a good bet your child will, too. Start by taking an inventory of the drugs in your medicine cabinet.

It's up to you to educate yourself about the real dangers of prescription and OTC drug abuse and to discuss these risks with your teen. Kids need to hear from parents that **getting high on legal prescription and OTC drugs is not safer than getting high on illegal street drugs.**

And reaching out to have that discussion is not just an idle suggestion. It works. Research shows that kids who learn a lot about drug risks from their parents are up to half as likely to use drugs as kids who haven't had that conversation with Mom and Dad.

Unfortunately, research also shows that fewer parents today are talking to their teenagers about drugs than they were only a few years ago.

It's time to turn that stat around. This brochure can help. So can the information found on the website of the Partnership for a Drug-Free America—[www.drugfree.org](http://www.drugfree.org)—or at the other resources listed at the end of this booklet.

Quite simply, if you're not educating your children about health risks they may encounter, you are not providing the protection they need in today's changing world.

What could be more basic to being a parent than protecting your child from harm?

## Educate Yourself

If you're going to discuss prescription and OTC drug abuse with your kids, you need to know what you're talking about. You should be able to distinguish among the types and effects of drugs some teens use to get high. Some of these drugs are described below.

## PRESCRIPTION (RX) DRUGS

Safe when used according to a doctor's instructions, **these medications should be taken only by the person for whom a doctor has prescribed them.** Using prescription drugs prescribed for others or without doctor's orders is unsafe and illegal.



Codeine

### Pain Medications

Teenagers abuse narcotic pain relievers more than any other prescription medicine. Mentions of these very powerful drugs as reasons for emergency room visits have nearly tripled over the recent decade.

**Vicodin** (hydrocodone) ■ **OxyContin** (oxycodone) ■ **Percocet** (oxycodone and acetaminophen) ■ **Darvon** (propoxyphene) ■ **Codeine**

#### May be medically useful for:

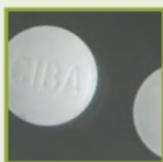
- Treating moderate-to-severe pain, such as after surgery or dental procedures.

#### Abused by teens to:

- Feel pleasure or sensations of well-being.

#### Dangerous because:

- Highly addictive. Over time, tolerance develops to certain effects of these drugs, resulting in the need to take more and more to get the same pleasant feelings. Addicted teens who suddenly stop using may go through withdrawal, a horrible physical experience of intense restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, and cold flashes.
- Taken in overdose, breathing slows down and eventually stops, and death may occur. Time-released products like OxyContin, designed to deliver pain-relieving medication into the system slowly over hours, may be crushed and snorted, causing the drug to enter the system all at once, sometimes resulting in death.
- Taken in combination with other prescription or OTC drugs or alcohol, the risk of life-threatening respiratory depression is increased.



## Stimulants

Stimulants increase the amounts of circulating brain chemicals that raise blood pressure and heart rate, speed up breathing, decrease appetite, and deprive the user of sleep.

**Ritalin, Concerta** (methylphenidate) ■ **Adderall** (mixed amphetamine salts) ■ **Focalin** (dexmethylphenidate) ■ **Dexedrine** (dextroamphetamine)

### May be medically useful for:

- Treating attention deficit/ hyperactivity disorder (ADHD), narcolepsy; short-term treatment of obesity.

### Abused by teens to:

- Feel especially alert, focused, and full of energy. May help them to manage stressful schoolwork or "pull an all-nighter."
- Suppress appetite in order to lose weight.

### Dangerous because:

- Can be addictive.
- High doses taken over a short time can lead to feelings of hostility, intense fear, and paranoia.
- High doses may result in dangerously high body temperature and irregular heartbeat, with possible cardiovascular failure or seizures.
- Use in combination with OTC decongestants can result in dangerously high blood pressure or irregular heart rhythms.
- Can cause insomnia, digestive problems, and erratic weight change.



## Sedatives, Sedative-Hypnotics, and Tranquilizers

Sedatives, sedative-hypnotics, and tranquilizers affect brain systems to produce a drowsy or calming effect, sometimes to the point of inducing sleep.

**Benzodiazepines:** **Valium** (diazepam) ■ **Xanax** (alprazolam) ■ **Ativan** (lorazepam) ■ **Klonopin** (clonazepam) ■ **Restoril** (temazepam)

**Non-Benzodiazepine Sedatives:** **Ambien** (zolpidem) ■ **Lunesta** (eszopiclone)

**Barbiturates:** **Mebaral** (mephobarbital) ■ **Nembutal** (pentobarbital)

### May be medically useful for:

- Treating anxiety, severe stress, panic attacks, and insomnia in the short-term, as well as some types of seizure disorders and muscle spasms.

### Abused by teens to:

- Feel calm and sleepy with less tension, anxiety, or panic, feelings that go away as the body becomes drug-tolerant.

### Dangerous because:

- Can be addictive; when use is reduced or stopped, seizures and other withdrawal symptoms may follow.
- Can be deadly in combination with prescription pain medications, some OTC cold and allergy drugs, or alcohol.

## OVER-THE-COUNTER (OTC) DRUGS

OTC drugs are available at any pharmacy without a prescription. Like prescription drugs, they're safe when used according to packaged instructions or when recommended by a doctor familiar with your medical history and other medications you may be taking.

Cough Medicine



### Cough Medicines

Teens can get high by taking cough medicine in excessive amounts. What makes them high is the cough suppressant ingredient called dextromethorphan, or DXM for short, found in more than 100 OTC products. In syrups, tablets, capsules, lozenges, and gelatin capsules, DXM can be found combined with other substances, such as antihistamines, expectorants, decongestants, and/or simple pain relievers.

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*Coricidin cough and cold tablets ■ Alka-Seltzer Plus cold and cough medicine ■ TheraFlu cough products ■ select Robitussin cough products ■ Tylenol cold and cough products ... and many others, including store brands. To know if a product contains DXM, look on the label for "dextromethorphan" in the list of active ingredients.*

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#### **May be medically useful for:**

- Treating coughs and colds safely and effectively, when used according to directions.

#### **Abused by teens to:**

- Experience DXM's effects, which range from euphoria to feelings of enhanced awareness to distortions of color and sound to visual hallucinations to "out-of-body" sensations, when users lose contact with their senses.

#### **Dangerous because:**

- DXM's negative physical effects from overdose include rapid heartbeat, high blood pressure, diarrhea, seizures, panic, drowsiness, confusion, dizziness, blurred vision, impaired physical coordination, and coma.
- Side effects may be worse when DXM is used with other medications or with alcohol or illegal drugs.
- Overdoses of other ingredients found in DXM-containing medicines have their own serious side effects, including:
  - **Acetaminophen** (pain reliever) = liver damage.
  - **Chlorpheniramine** (antihistamine) = increased heart rate, lack of coordination, seizures, and coma.
  - **Guaifenesin** (expectorant) = vomiting.
  - **Pseudoephedrine** (decongestant) = irregular heartbeat, headaches, difficulty breathing, anxiety, and seizures.

## More Drugs, More Danger

Prescription and OTC drugs have side effects that range from the unpleasant to the dangerous for the teen using them recreationally. But the effects—and the dangers—are intensified when these drugs are combined with each other, with alcohol, or with illegal street drugs. Even when used at the recommended doses to treat medical conditions, combining multiple medications can be dangerous.

## Use an Expert

Further educate yourself about teenage recreational use of prescription and OTC drugs by talking directly to an expert about your concerns. If you find drugs or drug paraphernalia in your child's room, but you're not certain what they are, show them to your child's physician or pharmacist, who are best able to identify suspect substances for you.

And if you need information quickly about the kinds of drugs teens may be abusing, how to talk to your child whom you suspect may be abusing drugs, or what to do if you know your child is definitely using drugs, visit [www.drugfree.org](http://www.drugfree.org).

### WARNING SIGNS

Clues that your child may be abusing prescription or OTC drugs to get high:

- Visits to pro-drug Internet sites devoted to “how to” get and abuse prescription and OTC drugs.
- Cough or cold, prescription, or unidentifiable medications among personal effects with no evidence of illness.
- Unexplained disappearance of medicines from medicine cabinet.
- Declining grades, loss of interest in hobbies and usual activities.
- Changes in friends, physical appearance, hygiene, and general behavior.
- Disrupted eating or sleeping patterns.



As a parent, you are in the best position possible to help steer your child away from intentionally abusing prescription and OTC drugs. Some tips:

### **Set an Example**

Don't abuse prescription and OTC drugs yourself. Use drugs as the doctor or label intends. Don't medicate today's headache or the sore muscles from yesterday's golf game with the prescription pain medication your doctor gave you after last year's surgery. Such a casual attitude may reinforce the false assumption that, because they were made by a pharmaceutical company, these drugs automatically must be safe to treat any condition or problem. If you have a physical complaint, see a doctor. But don't use another person's prescription drugs. Ever.

Use OTC medicines according to packaged instructions or your doctor's recommendations. Taking far more cough medicine than the label instructs will not make your cough go away any faster. It can, however, indicate to your teenager that it is alright to take more medicine than necessary. That's dangerous.

### **Connect with Your Kids**

Get and stay closely involved with your kids' lives as they go through middle school and into high school. You won't connect well with your kids about serious health issues if you haven't been interested in the



day-to-day events of interest to them. Use part of your daily conversations to talk honestly about prescription and OTC drug abuse. Know the facts, clear up wrong information, but don't make it all a lecture: Listen to your children's questions and comments about their drug topics of concern.

### **Stop the Myth**

**Getting high with prescription and OTC medications is NOT safer than getting high with illicit street drugs.** Prescription painkillers, stimulants, sedatives, tranquilizers, and OTC cough medicines are dangerous when used in excess and repeatedly to get high.

### **Help Your Child Make Good Decisions**

Your child is more likely to be offered drugs by a friend than a stranger, and exposure to drugs can begin as early as age 12. He or she may be better equipped to avoid peer pressure to get high if there is a solid, explicit family policy against drug abuse to fall back on. Give your child the ammunition to make clear to his or her acquaintances that the consequences of abusing these drugs are too severe to risk. Set clear and consistent rules for behavior, and help your child come up with firm but friendly responses to use with friends who might urge drug abuse. Remind your child that a real friend won't care if he or she does not abuse these medications.

## SAFEGUARD YOUR MEDICATIONS



■ A main source for teenagers of prescription and OTC drugs is the family medicine cabinet. Think about it: Pharmaceuticals are much easier to get—just a walk down the hall or a peek into a friend’s medicine cabinet—than illegal street drugs. Prescription and OTC drugs are beneficial and necessary, but if you are not in need of them right now, put them out of reach of younger children and teens to avoid accidental use or intentional abuse.

### MEDICINE INVENTORY

- Do an inventory of the contents of your medicine cabinets, kitchen cabinets, bureau tops, or anywhere in the house where you may store medicines.
- If necessary, monitor the pill quantities and medicine levels in your prescription and OTC drug containers.
- Put drugs away. If you currently need these drugs, put them in a place where you can get to them easily but where your child is unlikely to look.
- If drugs in your house are left over from a previous condition or ailment, get rid of them.
- Urge your friends—especially the parents of your children’s friends—to perform medicine inventories of their own.



### **If you suspect you have a kid in trouble, act now!**

Teenage drug abuse is tied to two basic urges:

1. The desire to experiment in order to feel good while wanting to follow the crowd to fit in.
2. The intention to self-medicate to help deal with the various sources of stress—schoolwork, relationships, or conflicts with friends or family members. Recent research estimates that as many as half of teens who abuse drugs also have mental health issues that need treating.

**You DO have the power to influence your child's decision about whether or not to use prescription and OTC drugs for recreation.** Research says that fear of upsetting parents is the number one reason why kids do not use drugs.

### **Intervention**

If you're convinced your child has a drug abuse problem, consider an intervention. It doesn't have to be a formal confrontation; a simple but directed discussion will do. Here are some tips to keep the conversation going:

- Have your discussion when your child is not high and when you are calm and rational.
- Express your love and desire for your child's safety and well-being as the basis for your concern.
- Be as neutral and nonjudgmental as you can.
- Tell your child of the behavioral signs you've observed that made you concerned. Avoid direct accusations, but be open about your suspicions.
- Listen, listen, listen! Consider everything your child has to say. If he or she brings up a related problem, explain that you will address that issue next, but that what you need to talk about right now is prescription or OTC drug abuse.
- If you need help getting this conversation started, involve another family member, your child's guidance counselor, or a physician. Or check out the website of the Partnership for a Drug-Free America—[www.drugfree.org](http://www.drugfree.org)—for more suggestions on raising the topic of drug abuse with your teen.



**The Partnership for a Drug-Free America**

[www.drugfree.org](http://www.drugfree.org) • Comprehensive information, resources and tips from experts and other parents; opportunities to connect and share experiences with other families.

**Substance Abuse and Mental Health Services Administration (SAMHSA)**

[www.samhsa.gov](http://www.samhsa.gov) • Part of the U.S. Department of Health and Human Services: Provides information, statistics and articles on improving the quality and availability of drug and alcohol addiction treatment.

**SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI)**

<http://ncadi.samhsa.gov> or **1-877-SAMHSA7** • Part of the U.S. Department of Health and Human Services and the Substance Abuse and Mental Health Services Administration: A resource for federal government agency publications dealing with alcohol and drug use prevention and addiction treatment.

**SAMHSA's Center on Substance Abuse Treatment (CSAT)**

[www.csat.samhsa.gov](http://www.csat.samhsa.gov) or **1-800-662-HELP** • Part of the U.S. Department of Health and Human Services: Toll-free treatment referral hotline provides callers with information and listings of treatment and recovery services for alcohol and drug problems.



### **National Institute on Drug Abuse (NIDA)**

[www.drugabuse.gov](http://www.drugabuse.gov) • Part of the U.S.

Department of Health and Human Services and one of the National Institutes of Health: Primary source of scientific studies and new discoveries on the effects of drugs of abuse and how best to prevent drug abuse and treat drug addiction.

### **National Institute of Mental Health (NIMH)**

[www.nimh.nih.gov](http://www.nimh.nih.gov) • Part of the U.S.

Department of Health and Human Services and one of the National Institutes of Health: Primary source of scientific research on mental and behavioral disorders.

#### **GET HELP**

The important first step with any health issue is to get a professional evaluation of your child's condition. If you think your child needs professional help, your doctor, hospital, or school nurse may be able to help. Or you can call **1.800.662.HELP** or visit **[www.drugfree.org/intervention](http://www.drugfree.org/intervention)** and click on "Find Treatment."

## HOW CAN I COPE BETTER WITH STRESS AND PEER PRESSURE?

Peer pressure is real, but don't give in to the temptation to fit in. Your true friends will respect your decisions.

- If you're feeling stressed or pressure about class deadlines, ask your professors how you can better manage your time, or find ways to relax, such as exercising or spending time with friends.
- Discuss your prescriptions with your doctor or pharmacist, and learn how to properly use them. Commonly abused medicines include pain relievers, stimulants, sedatives, and tranquilizers.
- If someone offers you a stimulant or another drug to stay up all night cramming for a big exam, remember, not only is this dangerous, but people who are well-rested perform better on tests.
- Turn to your family and friends for support during this exciting, yet challenging, time in your life.
- Look at the big picture – keep your goals and the “finish line” in mind when making decisions – on campus and off.

*Please remember that prescription medicines, when used correctly and under a doctor's supervision, are usually safe and effective.*

SMA12-4676B1

## RESOURCES

Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Helpline:  
800-662-HELP (800-662-4357)  
(Toll-Free) (English and Spanish)  
800-487-4889 (TDD) (Toll-Free)

Substance Abuse and Mental Health Treatment Locator:  
<http://www.samhsa.gov/treatment>

SAMHSA's website:  
<http://www.samhsa.gov>

SAMHSA's **Recovery Month** website:  
<http://www.recoverymonth.gov>

To order SAMHSA publications:  
<http://store.samhsa.gov>

National Institute on Drug Abuse (NIDA):  
301-443-1124  
<http://www.drugabuse.gov>

FDA Safe Disposal of Unused Medication:  
<http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>

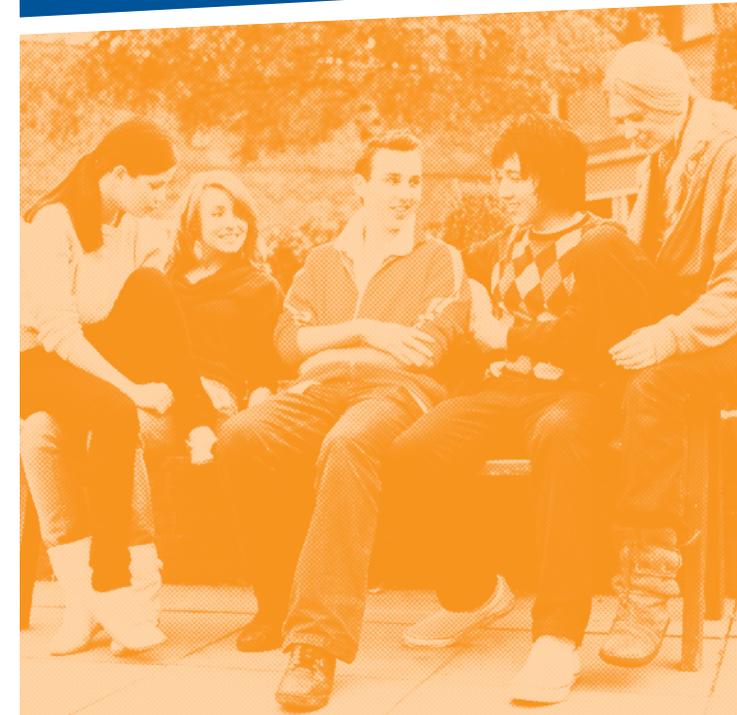
National Council on Patient Information and Education (NCPIE):  
301-340-3940  
<http://www.talkaboutrx.org>



*The statistics in this brochure are from SAMHSA's 2010 National Survey on Drug Use and Health, SAMHSA's Drug Abuse Warning Network, 2009; National Estimates of Drug-Related Emergency Department Visits, and "Drug exposure opportunities and use patterns among college students: Results of a longitudinal prospective cohort study" (Arria et. al., 2008).*

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Not Worth The Risk  
even if it's legal



YOU'RE IN  
CONTROL  
Using Prescription Medicine Responsibly



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)

## I DON'T THINK I'M ABUSING PRESCRIPTION DRUGS...AM I?

Have you ever used a friend's prescription painkiller to get rid of a headache? Taken a prescription stimulant to help you focus better the night before an exam? Or experimented with a prescription medicine to get high? If so, you've misused or abused prescription drugs.

Although most college students do use prescription drugs properly, nearly 30 percent of people aged 18 to 25 (28.7 percent) report using prescription-type psychotherapeutics drugs nonmedically at least once in their lives. The issue is real. By your sophomore year in college, about half of your classmates will have been offered the opportunity to abuse a prescription drug.

## IS IT RISKY?

**Yes.** Combining any medicines (including prescription and/or over-the-counter medicines) together with alcohol or illicit drugs can be deadly.

Remember:

- You can become addicted if you abuse prescription drugs.
- It's illegal to give someone your prescription medicine or to take a prescription medicine that is not prescribed for you.
- Prescription drugs are not safer to use than illicit drugs. All prescription drugs have risks, but can be safe and effective when used as prescribed by a doctor just for you.
- Some painkillers contain ingredients very similar to heroin – and are just as dangerous as heroin.

## WHAT COULD REALLY HAPPEN?

- You could be putting your friends at risk if you share your medicines.
- You could have a seizure or end up in the hospital with serious health problems such as respiratory failure – in 2009, more than 1 million visits to the emergency room involved the nonmedical use of prescription drugs.
- You could face criminal prosecution for possessing prescription drugs without a prescription. Illegal distribution of prescription drugs is a Federal drug violation, punishable by up to five years in Federal prison. The consequences are more severe if the illegal distribution leads to injury or death.
- Your actions now may affect your future, especially when you're trying to complete college and find a job.

Speak with your doctor or other healthcare professional about the medicines you are taking. The risks and dangers tied to abusing prescription drugs are real.

## AREN'T DRUGS JUST A WAY TO DEAL WITH COLLEGE LIFE?

Exams, classes, extracurricular activities, communal living situations, new environments – college is stressful! College-aged people have among the highest rates of prescription drug abuse. But prescription drugs should not be used to relieve stress, or taken because of peer pressure.

YOU are in control of YOUR life and YOUR medications. If you find yourself, or friends, in a situation of abusing prescription drugs, speak with a counselor, trusted teacher, or resident assistant on campus – they are there to help. You and your friends can take steps to avoid the dangers associated with the abuse of prescription drugs.

## HOW DO I KEEP PEOPLE AWAY FROM MY MEDICINES?

The potential for temptation may be in your dorm, sorority or fraternity house, or other communal living situation. People around you may be interested in taking your prescriptions, especially if they are left visible (sitting on your desk or dresser, for example). More than half of people age 12 and older who abuse prescription drugs get them from a friend or relative for free.

It may seem easy for fellow students to gain access to your prescription drugs, but you can play it safe:

- Properly store your medications in a secure place, like a lock box or in the back of your closet, where they are not easy for others to find.
- Keep track of your medicine – know how many pills you have at any given time.
- If a friend or teammate is injured, instead of “sharing” your pain reliever, make sure your friend sees a medical professional for care. It is illegal to share your prescription medicines.
- Your medicines are your business. There's no reason to tell your friends about the medicines you take.
- Do not purchase or use controlled prescription drugs obtained from illegal websites.

RECOGNIZE *the risks.*  
RESPECT *medicine.*  
Take RESPONSIBILITY.

Most students use prescription drugs properly, but nearly one in five teens reports abusing them to get high. By their sophomore year in college, about half of all students have been offered the opportunity to abuse a prescription drug.

#### Consider these facts:

- Teens are engaging in dangerous activities, such as crushing pills, then snorting or injecting their contents. They also combine them with alcohol or illicit drugs. At “pharming parties,” they may dump a variety of drugs in a bowl and take them without knowing what they are.
- Teens most commonly abuse pain relievers (e.g., OxyContin® and Vicodin®), stimulants (e.g., Ritalin® and Adderall®), and sedatives and tranquilizers (e.g., Valium® and Xanax®).
- It is surprisingly easy for teens to gain access to prescription drugs from their families’ medicine cabinets, a friend’s purse, and even a schoolmate’s locker!
- Young people sometimes illegally order controlled prescription drugs from illegal Web sites.

*Please remember that prescription medicines, when used correctly and under a doctor’s supervision, are safe and effective.*

## Additional Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)  
SAMHSA’s Health Information Network (SHIN)  
1-877-SAMHSA-7 (1-877-726-4727)  
[www.SAMHSA.gov/shin](http://www.SAMHSA.gov/shin)

Substance Abuse and Mental Health Services Administration (SAMHSA)  
Center for Substance Abuse Treatment (CSAT)  
240-276-2750  
[www.csat.samhsa.gov](http://www.csat.samhsa.gov)

SAMHSA’s National Helpline  
800-662-HELP (800-662-4357) (Toll-Free)  
(English and Spanish)  
800-487-4889 (TDD) (Toll-Free)  
Substance Abuse Treatment Facility Locator:  
240-276-2548  
[www.samhsa.gov/treatment](http://www.samhsa.gov/treatment)

National Institute on Drug Abuse (NIDA)  
[www.nida.nih.gov/parent-teacher.html](http://www.nida.nih.gov/parent-teacher.html)

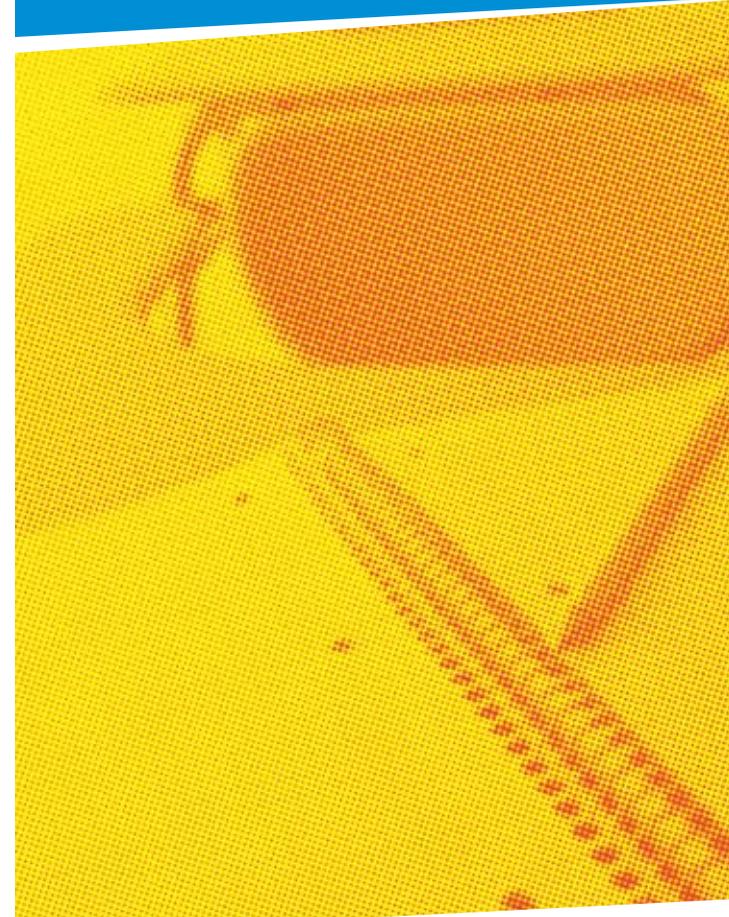
National Council on Patient Information and Education (NCPPIE)  
301-656-8565  
[www.talkaboutrx.org](http://www.talkaboutrx.org)

Drug Enforcement Agency (DEA)  
[www.getsmartaboutdrugs.com](http://www.getsmartaboutdrugs.com)

National Association of School Nurses (NASN)  
240-821-1130  
[www.nasn.org](http://www.nasn.org)

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Not Worth The Risk  
X even if it’s legal



What do  
educators  
need to know?

You care about your students, and you know them as well as anyone. But did you know that while rates of drug abuse are down overall, more and more teens are abusing prescription drugs today?

AN IMPORTANT LESSON:  
helping students avoid prescription drug abuse

SMA # 09-4446

Many teens—and adults, too—have carefree attitudes toward the use of prescription drugs. People ages 12 to 25 have among the highest rates of prescription drug abuse.

## How can I understand “Generation Rx”?

People ages 12 to 25 have among the highest rates of prescription drug abuse. Parents and others often underestimate teens’ abuse of prescription drugs.

Teens may have carefree attitudes about prescription drug abuse and be unaware of the serious and potentially life-threatening risks.

## Why do kids abuse prescription drugs?

- They are seeking psychological or physical pleasure.
- They do not understand the risks of taking drugs that were not prescribed specifically for them. They also fail to realize the danger of mixing prescription drugs with alcohol, other prescription drugs, and illegal drugs.
- It is easier to get prescription drugs than illegal drugs.
- There is pressure to get better grades or to fit in with friends. They also may not be aware of other, positive alternatives to help them deal with stress.

## What do teens not always realize?

- Abusing prescription drugs, even if they are prescribed by a doctor, is *not* safer than abusing illegal drugs.
- Misusing prescription drugs *can* lead to addiction.
- Using prescription drugs without a doctor’s prescription or abusing someone else’s prescriptions—or your own—is *always* harmful, not to mention illegal.

## How do I recognize the signs of prescription drug abuse?

- Decreased or obsessive interest in school work
- Fatigue, red or glazed eyes, and repeated health complaints
- Sudden mood changes, including irritability, negative attitude, personality changes, and general lack of interest in extracurricular activities
- An extreme change in groups of friends or hangout locations

## What should I remind my students to do?

- **Respect** the power of medicine and use it properly.
- **Recognize** that all medicines, including prescription drugs, have risks along with benefits. The risks tend to increase dramatically when medicines are abused.
- Take **responsibility** for learning how to take prescription drugs safely and appropriately. Seek help at the first sign of their own or a friend’s problem.

Help your students understand prescription drug abuse—whether you are a health teacher or simply work closely with students as an athletic coach, mentor, or guidance counselor. Take even just a moment to have a brief conversation in the hallways or locker room. Remind your students that you are there to help.

## How can I help?

- ✓ **Speak to your students** about prescription drug abuse—do not presume that illegal drugs are the only threat.
- ✓ **Alert parents** if you are concerned about their child. Let parents know what they can do. A brochure for parents, “Talking to your kids about prescription drug abuse,” is available at [www.talkaboutrx.org](http://www.talkaboutrx.org).
- ✓ **Provide a safe and open environment** for your students to talk about abuse issues. Empathize with the stresses of growing up and identify positive outlets that can help relieve teens’ stress, such as sports teams and youth groups.
- ✓ **Hold interactive discussions** with your students to dispel myths and give them the facts.
- ✓ **Encourage students to speak with you** or another faculty member if they suspect a friend may have a problem. A brochure for teens, “Prescription drugs: They can help but also hurt,” is available at [www.talkaboutrx.org](http://www.talkaboutrx.org).
- ✓ **Be observant** about discussions students may have in the hallways about prescription drug abuse. If you hear misconceptions, join in to correct them and show your support.

## PRACTICAL ADVICE FOR PARENTS

### As a parent, teach your teen to:

- **Respect** the power of medicine and use it properly.
- **Recognize** that all medicines, including prescription medications, have **risks** along with benefits. The risks tend to increase dramatically when medicines are abused.
- Take **responsibility** for learning how to take prescription medicines safely and appropriately, and seek help at the first sign of a problem for their own or a friend's abuse.

### Here are some ways you can help:

- Speak to your teen about prescription medicines – do not presume that illegal drugs are the only threat, and remind them that taking someone else's prescription or sharing theirs with others is illegal.
- Encourage your teen to ask you or a doctor about the negative side effects of a prescribed medicine, how to watch for them, and what to do if a negative effect is suspected.
- Alert your family physician that you are concerned, and ask him or her to speak to your teen about the importance of proper use of prescription medicines.
- Keep prescription medicines in a safe place and avoid stockpiling them.
- Promptly and properly dispose of any unused prescription medicines.
- Provide a safe and open environment for your teen to talk about abuse issues.
- Monitor your teen's use of the Internet, especially for any illegal online purchases.

Please remember that prescription medicines, when used correctly and under a doctor's supervision, are usually safe and effective.

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## RESOURCES

Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Helpline:  
800-662-HELP (800-662-4357)  
(Toll-Free) (English and Spanish)  
800-487-4889 (TDD) (Toll-Free)

Substance Abuse and Mental Health Treatment Locator:  
<http://www.samhsa.gov/treatment>

SAMHSA's website:  
<http://www.samhsa.gov>

SAMHSA's **Recovery Month** website:  
<http://www.recoverymonth.gov>

To order SAMHSA publications:  
<http://store.samhsa.gov>

National Institute on Drug Abuse (NIDA) for Teens:  
301-443-1124  
<http://www.teens.drugabuse.gov>

NIDA for Parents and Teachers:  
<http://www.drugabuse.gov/parent-teacher.html>

FDA Safe Disposal of Unused Medication:  
<http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>

National Council on Patient Information and Education (NCPIE):  
301-340-3940  
<http://www.talkaboutrx.org>



*The statistics in this brochure are from SAMHSA's Drug Abuse Warning Network, 2009; National Estimates of Drug-Related Emergency Department Visits, and the Partnership at Drugfree.org's 2010 Partnership Attitude Tracking Study: Teens and Parents.*

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# TALKING TO YOUR KIDS *about prescription drug abuse*

*Not Worth The Risk*  
X even if it's legal



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)

## WHAT DO PARENTS NEED TO KNOW?

As a parent of a teenager, you may have spoken to your child about illegal drugs and their harmful effects. But did you know that legally prescribed medicines are also a cause of concern?

An alarming number of teenagers are more likely to have abused prescription and over-the-counter drugs than some illegal drugs, like ecstasy, cocaine, crack, and methamphetamines.

The dangers of prescription medicine abuse include dependence, slower brain activity, irregular heartbeats, dangerously high body temperature, heart failure, or lethal seizures. Prescription drug abuse also increases emergency room visits and suicide attempts. In 2009, more than 1 million emergency room visits involved the nonmedical use of prescription drugs.

**The easiest way for teens to obtain prescription medicines is from their friends or their parents' medicine cabinet. It's so common that it could happen even in your house!**

- Nearly one in four teens (23 percent) report taking a prescription drug not prescribed to them by a doctor at least once in their lives.
- Almost half of teens (47 percent) say it is easy to get prescription drugs from a parent's medicine cabinet.
- Teens are abusing everything from pain medicines to stimulants, sedatives, and tranquilizers.

**Parents can make a difference.** Kids who continue to learn about the risks of drugs at home are up to 50 percent less likely to use drugs than those who are not taught about the dangers. Only 22 percent of teens report discussing the risks of abusing any prescription drug without a doctor's prescription with their parents. **It's up to YOU to talk openly with your kids!**

## UNDERSTANDING "GENERATION RX"

What causes today's teens to abuse prescription drugs to get high? Among the factors are a series of misconceptions, lack of information, and a carefree attitude toward the risks involved in using prescription medicines improperly.

### Why do kids abuse prescription drugs?

- They are seeking psychological or physical pleasure.
- They want to fit in with groups of friends and are in search of acceptance and bonding.
- They do not realize the risks of taking medicines that have not been prescribed specifically for them or the danger of not following a prescription's directions.
- It is easier to get prescription drugs than illegal drugs.

### Teens may believe the following misconceptions such as:

- Prescription medicines are much safer to use than illegal drugs.
- Prescription pain relievers cannot be addictive.
- There is nothing wrong with using prescription drugs without a doctor's prescription.

*As a parent, **YOU** need to explain to your teen the dangers of prescription drug abuse.*

## RECOGNIZE THE SIGNS OF PRESCRIPTION DRUG ABUSE

The best way to prevent prescription drug abuse is to first educate yourself. That way, you can accurately and adequately present the facts when you talk with your teen.

Be sure you can recognize the signs of prescription drug abuse:

- Fatigue, red or glazed eyes, and repeated health complaints
- Sudden mood changes, including irritability, negative attitude, personality changes, and general lack of interest in hobbies/activities
- Secretiveness and withdrawing from family
- Decreased or obsessive interest in school work
- Missing prescription medicines from your medicine cabinet
- Additional filled prescriptions on your pharmacy record that you did not order

Some of these warning signs might signal other problems as well. If you recognize any of these signs, refer to the resources provided in this brochure, or contact your teen's physician or other healthcare professional.

## REMEMBER THAT:

- Prescription drug abuse refers to many things. It could mean using a medication not prescribed for you, using a medication in a manner other than prescribed (such as using more than the amount prescribed) or using a medication for the experience or feeling the drug can cause.
- If abused, some medications can slow breathing, cause irregular heartbeats, be addictive, and even kill you.
- Prescription medicines are usually safe when used correctly under a doctor's supervision. But using prescription drugs that aren't intended for you, or mixing them with any amount of alcohol or illicit drugs, can result in serious health conditions – some of which are fatal.
- If you have a friend who has had severe mood changes, is hanging out with a different crowd, or has less interest in school and hobbies, he or she may be exhibiting signs of prescription drug abuse. But help is available and recovery is possible.

Please remember that prescription medicines, when used correctly and under a doctor's supervision, are usually safe and effective.

SMA-12-4677B2

## RESOURCES

Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Helpline:  
**800-662-HELP (800-662-4357)**  
(Toll-Free) (English and Spanish)  
**800-487-4889 (TDD) (Toll-Free)**

Substance Abuse and Mental Health Treatment Locator:  
<http://www.samhsa.gov/treatment>

SAMHSA's website:  
<http://www.samhsa.gov>

SAMHSA's Center for Substance Abuse Treatment's (CSAT's) **Recovery Month** website:  
<http://www.recoverymonth.gov>

To order SAMHSA publications:  
<http://store.samhsa.gov>

National Institute on Drug Abuse (NIDA) for Teens:  
**301-443-1124**  
<http://www.teens.drugabuse.gov>

FDA Safe Disposal of Unused Medication:  
<http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>

National Council on Patient Information and Education (NCPPIE):  
**301-340-3940**  
<http://www.talkaboutrx.org>



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# PRESCRIPTION DRUGS

They can help but also hurt

Not Worth The Risk  
even if it's legal



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)

## ABUSING PRESCRIPTION DRUGS – NO BIG DEAL...

WRONG!

Prescription drug abuse means using a medication in a different way than how it should be used, including using greater amounts than prescribed. Even if a medicine is specifically prescribed for you, if you don't follow the instructions for using it safely, it may have the potential to be misused. But taking medicine that wasn't prescribed for you at all is abuse. **It's no different than abusing alcohol or illicit drugs.**

Many teens believe that prescription drugs are safer than alcohol or illicit drugs, and that abusing them isn't risky – **but it is, and it is also illegal.**

## WHAT COULD POSSIBLY HAPPEN TO ME IF I ABUSE PRESCRIPTION DRUGS?

The truth is:

- Abusing certain painkillers is similar to **abusing heroin** because their ingredients affect the brain in the same way.
- Sleeping pills can slow your breathing and your heart, which **can be fatal**—especially if combined with certain prescription pain medicines, alcohol, or over-the-counter cold remedies.
- Abusing medicines intended to treat ADHD can cause irregular heartbeats or deadly seizures. Mixing them with cold medicines could make these **dangerous effects** worse.

## MYTHS AND FACTS

You are smart enough to avoid abusing prescription drugs. But chances are you may have a friend who may not be. Nearly 1 and 4 teens (23 percent) report taking a prescription drug not prescribed to them by a doctor at least once in their lives.

Many teens are unaware of the dangerous risks of prescription drug abuse. Below are some common misconceptions and the facts about prescription drugs:

- **MYTH:** Prescription painkillers, even if they are not prescribed by a doctor, are not addictive.

**FACT:** Prescription painkillers act on the same site in the brain as heroin and can be addictive.

- **MYTH:** There is nothing wrong with using prescription drugs without a doctor's consent.

**FACT:** Taking prescription medicine that your doctor didn't prescribe and doesn't know about can be harmful, especially if it shouldn't be mixed with other drugs prescribed for you.

- **MYTH:** If a prescription drug is legal and widely available, it must be safe.

**FACT:** Prescription drugs are safest when used correctly under a doctor's supervision. But taking prescription drugs that aren't intended for you and/or mixing them with alcohol or illicit drugs can result in potentially deadly consequences.

## HOW DO I KNOW IF ONE OF MY FRIENDS (OR I) HAVE A PROBLEM?

Prescription drugs are intended to make people who have a condition or illness better. When people use them for anything other than their recommended purposes, they are at risk for serious health consequences. Here are some things to look for if you suspect your friends are abusing prescription drugs:

- Are they hanging out with new friends or withdrawing from your group of friends entirely?
- Do these friends hold parties where everyone contributes medicines that are taken, often with alcohol or other illegal substances?
- Is there a notable change in their personality? Perhaps starting arguments?
- Do they seem drowsier on some days and have a lot more energy on others?
- Are they less interested in hobbies or school activities that they had been involved with?

*Because these signs could signal other problems, be sure to get help right away.*

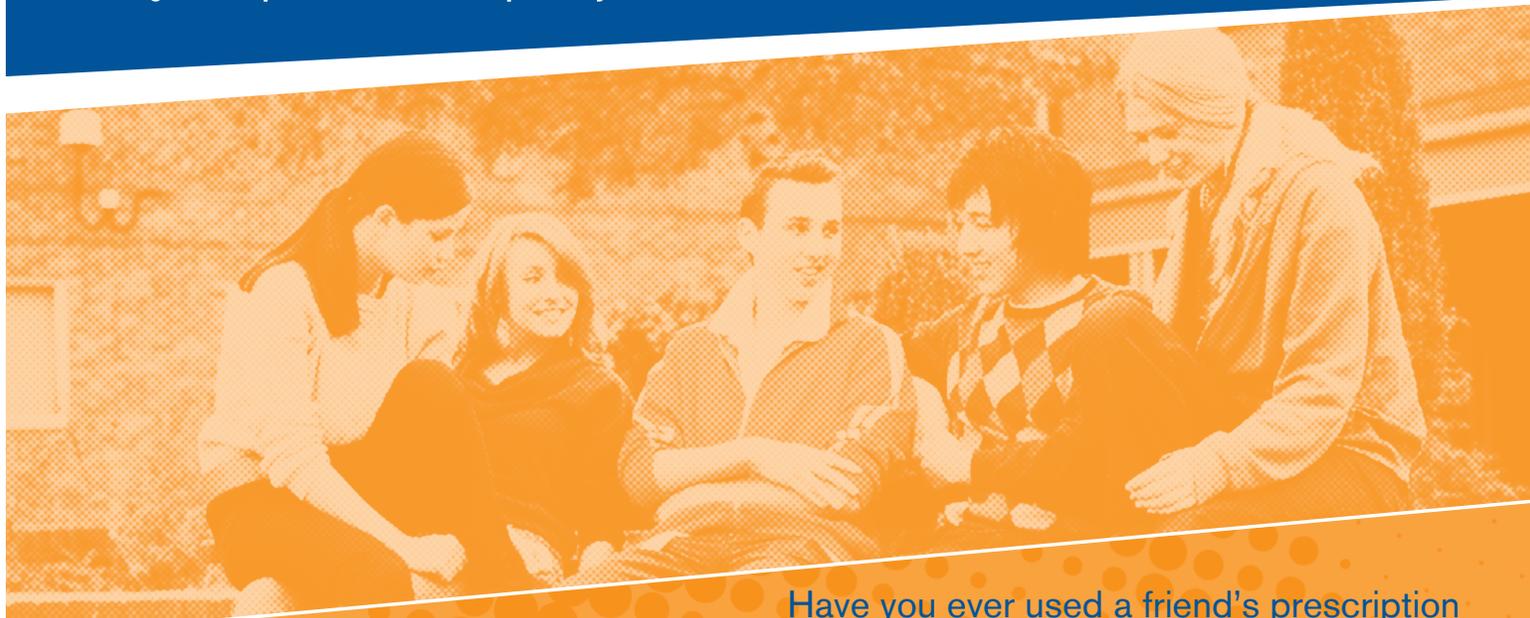
## WHAT IF I NEED HELP?

If you notice a friend who needs help for abusing prescription drugs—or if you feel your own misuse has spiraled out of control—there are ways to get help. Talk to a parent, teacher, guidance counselor, or other trusted adult. There also are additional helpful resources on the back of this brochure. The sooner you acknowledge the problem, the better the chances are of overcoming an addiction—and ultimately saving a life.

Not Worth The Risk  
X even if it's legal

# YOU'RE IN CONTROL

Using Prescription Medicine Responsibly



Have you ever used a friend's prescription medication when you **had a headache**?

Taken a prescription pill to help you **study for an exam**?

If so, you've **abused** prescription drugs.

Risky. Illegal. Potentially harmful. Can lead to addiction. Or worse.  
**YOU** are in control of **YOUR** life and **YOUR** medications.

If you, or a friend, need help – ask for it. You are not alone.

**RECOGNIZE** *the risks.* **RESPECT** *medicine.* Take **RESPONSIBILITY.**

Learn more about prescription drug abuse at <http://www.samhsa.gov>. To find treatment visit <http://www.samhsa.gov/treatment> or call **1-800-662-HELP** for 24/7, free and confidential help and information.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)





**HOPE2GETHER**  
**— FOUNDATION —**

**[WWW.HOPE2GETHER.ORG](http://WWW.HOPE2GETHER.ORG)**

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How to

# Monitor, Secure, and Destroy

your medications

## MONITOR

Take inventory. Count your medications from the pharmacist. Count them as you use them. Take note of missing and quickly used medications.

## SECURE

Lock medications to reduce access. Don't leave them in a bathroom. Keep them away from children and youth.

## DESTROY

Don't throw unused or expired medications down the drain or toilet.

Follow these steps to properly destroy medications!

Preventing prescription drug and over-the-counter abuse starts in your home.

According to the latest National Survey on Drug Use and Health (2010), over 70 percent of people who abused prescription pain relievers got them from friends or relatives. Safeguard your medications by following all three important steps outlined here.

Monitor, secure, and destroy your medications.

### How to Properly Destroy your Expired and Unwanted Medications at Home



#### You Will Need:

- Expired and unwanted medications
- Zip baggie
- Hot water (over 110° F)
- Kitty litter

#### Steps to Follow:

- 1) Pour unwanted or expired medications out of their original containers into a zip baggie.
- 2) Pour hot water (over 110° F — about as hot as a cup of coffee) into the baggie.
- 3) Insert kitty litter into the baggie. Seal baggie. Place in trash bin.

*Be sure your medications are safeguarded. Shred prescription labels or use a black marker to cross out label information.*

*These steps are intended for Orange County, CA residents.*



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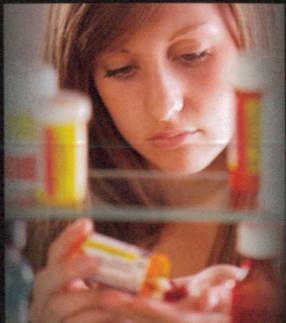


**CSPINC.ORG/RX**

Community Service Programs, Inc.—Project PATH (714) 441-0807

Project funded by the County of Orange Health Care Agency, Alcohol and Drug Education and Prevention Team

WOULD YOU NOTICE IF PILLS WERE MISSING?



MORE YOUNG PEOPLE DIE IN ORANGE COUNTY FROM ABUSING MEDICATION THAN FROM COCAINE, METH AND ECSTASY COMBINED.

 MONITOR  SECURE  DESTROY

   **CSPINC.ORG/RX** 



Cómo

# Controlar, Asegurar y Destruir

sus medicamentos

Prevención del abuso de medicamentos con o sin receta comienza en el hogar.

De acuerdo con la Encuesta Nacional Sobre el Uso de Drogas y la Salud (2010), más de 70% de las personas que abusaron de medicamentos con receta los obtuvieron por parte de amigos y familia. Proteja sus medicamentos por medio de seguir los tres pasos importantes descritos aquí.

**Controle, asegure y destruya sus medicamentos.**

## Cómo Desechar Adecuadamente Los Medicamentos Vencidos o No Deseados en el Hogar



### Lo Que Se Necesita:

- Medicamentos vencidos o no deseados
- Bolsita de plástico zip
- Agua caliente (más de 110° F)
- Arena de gato (kitty litter)

### Siga Estos Pasos:

- 1) Vacíe los medicamentos no deseados o vencidos en una bolsita de plástico zip.
- 2) Eche agua caliente (más de 110° F — similar a la temperatura de una taza de café) dentro de la bolsita.
- 3) Agregue arena para gato dentro de la bolsita. Selle la bolsita. **Tírelo en la basura.**

Asegúrese de que sus medicamentos estén bien guardados. Corte en pedazos las etiquetas de los medicamentos o use un marcador negro para borrar información de la etiqueta.

Estas medidas están destinados a los residentes de Orange County, CA.

### **CONTROLE**

Haga un inventario. Cunte la cantidad de medicamentos que le dio el farmacéutico. Cuéntelos mientras los vaya usando. Tome nota de los medicamentos que faltan o que fueron consumidos rápido.

### **ASEGURE**

Guarde los medicamentos bajo llave para reducir el acceso. No los deje en el baño. Manténgalos lejos del alcance de niños y jóvenes.

### **DESTRUYA**

No tire los medicamentos vencidos o no deseados en la taza del baño o en el drenaje.

WOULD YOU NOTICE IF PILLS WERE MISSING?



MORE YOUNG PEOPLE DIE IN ORANGE COUNTY FROM ABUSING MEDICATION THAN FROM COCAINE, METH AND ECSTASY COMBINED.

 MONITOR  SECURE  DESTROY



CSPINC.ORG/RX



Encuéntrenos en Facebook  
**GOODMEDSBADBEHAVIOR**



ORANGE COUNTY  
**RX & OTC**  
COALITION

**CSPINC.ORG/RX**

Community Service Programs, Inc.—Project PATH (714) 441-0807

Proyecto financiado por el Condado de Orange Agencia del Cuidado de Salud - Equipo de Educación y Prevención de Alcohol y Drogas

WOULD YOU NOTICE IF PILLS WERE MISSING?



MORE YOUNG PEOPLE DIE IN ORANGE COUNTY FROM **ABUSING MEDICATION** THAN FROM COCAINE, METH AND ECSTASY COMBINED.

 **MONITOR**

 **SECURE**

 **DESTROY**



[CSPINC.ORG/RX](http://CSPINC.ORG/RX)



Project funded by the Orange County Health Care Agency, Alcohol & Drug Education and Prevention Team

Source: Coroner Division of the Orange County Sheriff's Department (2012)

**70% of people who abuse prescription pain relievers  
get them from family or friends.**

Break the cycle by safeguarding medications in your own home.

## **MONITOR**

### **Take inventory.**

Count your medications from the pharmacist. Count them as you use them. Take note of missing and quickly used medications.

## **SECURE**

### **Lock medications to reduce access.**

Don't leave them in a bathroom.  
Keep them away from children and youth.

## **DESTROY**

Don't throw unwanted or expired medications down the drain or toilet.

### **Follow these steps instead:**

- 1) Pour unwanted or expired medications out of their original containers into a zip baggie.
- 2) Pour hot water (over 110° F — about as hot as a cup of coffee) into the baggie.
- 3) Insert kitty litter into the baggie. Seal baggie.  
**Place in trash bin.**

Source: National Survey on Drug Use and Health [2010]

# **Attachment 5**



## Providing Relief/Preventing Abuse

Purdue Pharma L.P. has developed an array of programs, and is working with a number of organizations, to help deter the misuse and abuse of prescription medication. These initiatives support the education of healthcare professionals and consumers, the monitoring and tracking of prescription medication, the proper storage and disposal of prescription medications and the appropriate and effective enforcement of existing laws and regulations governing the use of opioid analgesic medications. Additionally, Purdue is developing new formulations of pain medications that are intended to provide pain relief to patients while being less desirable to drug abusers.

### I. Education of Healthcare Professionals and Consumers

#### A. Healthcare Professional Education

Purdue supports and develops a wide range of non-promotional education programs related to pain care and controlled substance risk management, including:

- a) Properly assessing and caring for patients with pain
  - b) Assessing the risk of medication misuse, abuse and addiction in patients who may require treatment for pain
  - c) Appropriate documentation of pain care
1. Educational Grants: Purdue Pharma supports independent accredited and non-accredited educational activities via grants with a commitment toward pain care and/or opioid risk management education to healthcare professional associations, institutions and organizations such as:
    - a) National, regional and state / local education programs
    - b) Live symposia and conferences
    - c) Web-based education: on demand and enduring
    - d) Faculty tools, print-based resources and mobile technology



RxSAFETYMATTERS®  
WWW.RXSAFETYMATTERS.ORG

2. Purdue's Medical Education Resource Catalog Online provides non-accredited, non-product specific educational resources in the areas of pain care and opioid risk management. U.S.-based healthcare professionals can order all items free of charge with no shipping or handling fees. Formats include print, USB, CD-ROM, DVD, and video resources for self-learning, presentations, and educational initiatives. Some of the educational resources currently available include:
  - a) Focused and Customized Educational Topic Selections in Pain Management (FACETS)
  - b) Opioid Analgesics Utilization Data Review: Considerations for Evaluation and Action
  - c) Pain Partnership and Care Today (Pain PACT®)
  - d) Integrative Therapies and Pain Care
  - e) Tele-Assessment of Pain
  - f) Patient Evaluation Resources For Opioid Risk Management (PERFORM®) Online ([www.PurduePERFORMOnline.com](http://www.PurduePERFORMOnline.com), for U.S. healthcare professionals only, registration required)
3. Purdue's Medical Science Liaisons provide education to managed care organizations and healthcare professional groups via live educational webinars or in person.

## B. Risk Evaluation & Mitigation Strategies

Purdue is a member of the REMS Program Companies (RPC), a consortium of pharmaceutical companies that was formed to create the shared REMS for extended-release and long-acting opioid analgesics approved by FDA.

Prescriber training that complies with the criteria specified by FDA for this REMS is being conducted by accredited providers of independent, continuing education. Purdue, as a member of this REMS program, contributes to a fund that is disbursed by the RPC via a grant process to accredited continuing education providers. To learn more visit the RPC's web site at [www.ER-LA-opioidREMS.com](http://www.ER-LA-opioidREMS.com) or the FDA REMS web page at: [www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM311290.pdf](http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM311290.pdf).





RxSAFETYMATTERS®  
WWW.RXSAFETYMATTERS.ORG

## C. Public Education and Community Support

Purdue works with a number of national and local anti-drug abuse organizations to raise awareness of the dangers of prescription drug abuse, including:

### 1. The Partnership® at Drugfree.org

Purdue has supported the development of several Partnership resources for parents, including:

- a) Parent's Toll Free Helpline – a call center manned by substance abuse experts who can provide advice to parents and other individuals seeking information and assistance in getting substance abuse treatment for a family member
- b) Time to Act – an early detection and intervention program for parents who suspect or know their child is abusing drugs ([www.drugfree.org/timetoact](http://www.drugfree.org/timetoact))
- c) Time to Get Help – a resource for parents who are seeking substance abuse treatment for their child (<http://timetogethelp.drugfree.org>)

### 2. National Education Association Health Information Network (NEA NIH)

The NEA NIH has developed “Rx for Understanding”, an educational resource designed to equip middle school and high school students with the understanding and decision-making skills they need to recognize and avoid the dangers of misusing and abusing prescription drugs (<http://www.neahin.org/rxforunderstanding/>).

### 3. National Council on Patient Education and Information (NCPIE)

Purdue is a major supporter of the “Maximizing Your Role as a Teen Influencer”, developed by NCPIE along with the Substance Abuse and Mental Health Services Administration (SAMHSA). The program provides training to parents, educators, healthcare professionals and other influencers to help them address prescription drug abuse with teens. To learn more go to [http://www.talkaboutrx.org/maximizing\\_role.jsp](http://www.talkaboutrx.org/maximizing_role.jsp).





4. Community Anti-Drug Coalitions of America (CADCA)

Purdue supports CADCA's programs to help community anti-drug abuse groups develop the capacity and sustainability to combat prescription drug abuse in their community. Purdue supports the development of CADCA's educational materials, including an online training course on prescription drug abuse (<http://learning.cadca.org/>), which are made available to more than 5,000 anti-drug abuse coalitions across the country.

5. American Medical Association Foundation

Purdue provides funding to the AMA Foundation's Healthy Living Grant Program, which provides funding for community efforts to combat prescription drug abuse. For more information, go to [www.amafoundation.org/go/healthyliving](http://www.amafoundation.org/go/healthyliving).

6. COSHAR Foundation

Funded through an unrestricted educational grant from Purdue, the COSHAR Foundation is partnering with the faith community and community organizations nationwide to implement a prescription drug abuse awareness campaign called Safe Meds with a particular focus on teens. (<http://www.cosharfoundation.org/>)

7. American College of Preventive Medicine

Through an unrestricted grant from Purdue, the American College of Preventive Medicine (ACPM) developed "Use, Abuse, Misuse, and Disposal of Prescription Pain Medication Time Tool", a clinical tool for physicians to help them recognize and address prescription drug abuse in their practice (<http://www.acpm.org/?UseAbuseRxTimeTool>).

8. Grants and In-Kind Services

Purdue also provides funding and in-kind services to state and local anti-drug abuse organizations to support awareness and prevention programs at the grass roots level. Visit [www.purduegrantsandgiving.com](http://www.purduegrantsandgiving.com).



## II. Monitoring and Tracking

### A. Prescription Drug Monitoring Programs

1. For 12 years, Purdue has worked to support the development of state Prescription Drug Monitoring Programs (PDMPs). Properly designed PDMPs can help healthcare professionals and law enforcement detect and prevent doctor shopping. To date, 49 states have enacted PDMP legislation.
2. Purdue also worked to help develop and support enactment of the National All Schedules Prescription Electronic Reporting (NASPER) Act and continues to support its reauthorization and funding.
3. Since 2009, Purdue has supported a grant program by the National Association of State Controlled Substance Authorities ([www.nascsa.org](http://www.nascsa.org)) to provide funding to state PDMPs.
4. Purdue provided a \$1 million grant to the National Association of Boards of Pharmacy (NABP) to support implementation of the PMP *Interconnect™ Hub*, which is designed to enable healthcare professionals to track prescriptions for monitored drugs in other states and help detect “doctor shopping” across state lines, while also protecting patients’ privacy (<http://www.nabp.net/programs/pmp-interconnect/nabp-pmp-interconnect>).

### B. Monitoring and Protecting the Supply Chain

1. Purdue conducts GPS tracking of certain shipments of products from its manufacturing plant to wholesale distributors.
2. Unique tags are incorporated on bottles and cases of certain Schedule II products to enable tracking of product through the supply chain. This initiative can help detect diversion and counterfeit products.
3. Purdue monitors drug distributor and pharmacy customer orders for potentially suspicious activities.

## III. Proper Storage and Disposal

### A. Public Service Advertising Campaigns

1. The company, in partnership with the National Community Pharmacists Association, developed Safeguard My Meds ([www.safeguardmymeds.org](http://www.safeguardmymeds.org)), a national education campaign to promote the proper storage, monitoring and disposal of prescription medications in the home.





2. Purdue and the US Conference of Mayors (USCM) launched a prescription drug abuse awareness campaign with mayors across the country to produce radio and video public service announcements. Purdue supports the USCM Prescription Drug Abuse Recognition Program to honor outstanding education and public awareness initiatives by our nation's mayors. (<http://www.usmayors.org/drugawareness/>)
3. Purdue developed a public service campaign encouraging the public to properly safeguard and dispose of medications in their homes. The campaign includes print, radio and TV ads and PSAs, which can be tailored for use by community groups around the country. Watch the video PSA at <http://www.rxsafetymatters.org/medicine-cabinet-video/>

## IV. Enforcement

### A. Law Enforcement Training/Assistance

1. Purdue's Law Enforcement Liaison and Education (LELE) department provides training to help law enforcement officers and healthcare professionals understand appropriate vs. inappropriate prescribing, common scams used by drug seekers and criminals, and abuse of controlled substances. Since 2006, the LELE group has provided direct training to more than 52,000 law enforcement personnel and approximately 32,000 healthcare professionals (<http://www.rxsafetymatters.org/law-enforcement-and-government/education-and-resources/>).
2. Purdue provides case-specific support to law enforcement handling diversion investigations.
3. Purdue provides free chemical analysis to determine the authenticity of product seized by law enforcement.

### B. Combating Pharmacy Theft

Purdue operates RxPATROL® ([www.rxpathrol.org](http://www.rxpathrol.org)), a web-based database and information resource that collects and analyzes pharmacy crime trends, identifies potential weaknesses in store security and offers guidance to pharmacists on how to minimize the risk of pharmacy-related crime.

RxPATROL also assists law enforcement efforts to investigate pharmacy crimes in their community and partners with anti-crime programs like Crime Stoppers to offer rewards to help apprehend pharmacy crime suspects. To date, this partnership has been credited with aiding in more than 100 arrests.



## C. Partnerships with National Law Enforcement Organizations

### 1. National Association of Drug Diversion Investigators (NADDI)

Purdue sponsors the National Association of Drug Diversion Investigators, Inc. grant program to help address prescription drug diversion and to put more resources in the hands of law enforcement to help combat abuse and diversion of prescription drugs.

[http://www.naddi.org/aws/NADDI/pt/sp/programs\\_le\\_grants](http://www.naddi.org/aws/NADDI/pt/sp/programs_le_grants)

Purdue also supports the printing and distribution of NADDI's "Abused Pharmaceutical Substances" brochure.

### 2. FBI Law Enforcement Executive Development Association

Purdue and FBI LEEDA are partnering to hold regional drug diversion education summits for law enforcement across the country.

### 3. Pharmaceutical Security Institute

The Pharmaceutical Security Institute is a not-for-profit membership organization dedicated to protecting the public health, sharing information on the counterfeiting of pharmaceuticals, and initiating enforcement actions through the appropriate authorities.

## D. Educational brochures and videos for law enforcement and healthcare professionals

### 1. Purdue develops and distributes an array of educational materials including:

- a) How to Stop Drug Diversion and Protect Your Practice,
- b) How to Stop Drug Diversion and Protect Your Pharmacy,
- c) Pharmacy Security Checklist,
- d) How to Protect Your Medicines At Home.

## V. Developing New Formulations of Medications

Purdue is working to incorporate abuse-deterrence technologies into its portfolio of oral, solid-dosage form opioid analgesics and investigational products. It is important to note that all medications are susceptible to abuse in one manner or another and it is not possible to completely deter determined drug seekers.

# ER/LA Opioid Analgesics REMS

The Extended-Release and Long-Acting (ER/LA) Opioid Analgesics  
Risk Evaluation and Mitigation Strategy (REMS)



## REMS-Compliant Prescriber Training

---

In 2007, Congress granted the FDA the authority to require manufacturers of medicinal products to implement a Risk Evaluation and Mitigation Strategy (REMS) if the FDA determines a REMS is necessary to ensure that a drug's benefits outweigh its risks. A REMS is a safety strategy required by the FDA from manufacturers to manage a known or potential serious risk associated with a medication and to enable patients to have continued access to such medications by managing their safe use.

FDA has required a shared REMS for all extended-release (ER) and long-acting (LA) opioid medications called the "ER/LA Opioid Analgesics REMS".

If you prescribe ER/LA opioid analgesics, FDA strongly encourages you to complete a REMS-compliant continuing education (CE) program that provides updated training on the risks and safe use of ER/LA opioids. Numerous CE activities that meet REMS standards (also known as "REMS-compliant CE") are currently available in both live and online formats. These activities are offered by accredited providers of CE at nominal or no cost to you. A listing of the ER/LA Opioid Analgesics REMS-compliant CE activities supported by the REMS Program Companies (RPC), a consortium of ER/LA opioid companies, can be found at: <https://search.er-la-opioidrems.com/>.

Providers of REMS-compliant CE adhere strictly to the accreditation standards of the Accreditation Council for Continuing Medical Education® (ACCME) or other CE accrediting bodies.

The REMS also includes a one-page document that prescribers can use to counsel patients on the risks and safe use of ER/LA opioid analgesics. This patient counseling document can be accessed at:

<http://www.er-la-opioidrems.com/lwgUI/rems/pcd.action>

Additional information/resources may be found at <http://www.er-la-opioidrems.com>.

# New Website Now Available

## PERFORM<sup>®</sup>

### (Patient Evaluation Resources For Opioid Risk Management)

The **PERFORM<sup>®</sup>** website provides information and tools to assess the risk of medication misuse, abuse and addiction in patients who may require opioid therapy for pain.

This website, for US-based healthcare professionals only, features:

- Interactive vignettes
- Information on urine drug testing in clinical practice
- Pain assessment/risk assessment tools
- Documentation/monitoring information
- Useful educational materials



**You can access this web resource at:**  
**[www.PurduePERFORMOnline.com](http://www.PurduePERFORMOnline.com)**  
**Please note: as a healthcare professional only website, you will need to Register (free-of-charge).**

**For additional Medical Education Resources please visit**  
**[www.PurduePharmaMedEdResources.com](http://www.PurduePharmaMedEdResources.com)**

# **Attachment 6**

← Back to Original Article

## State revokes license of store that sold drugs to patients who died

*The Board of Pharmacy finds that Jay Scott Drugs in Burbank failed to properly vet prescriptions for painkillers and other abused drugs that led to deaths.*

January 27, 2014 | By Scott Glover

A Burbank pharmacy that dispensed painkillers and other narcotics to five young patients who later died of overdoses had its license revoked Monday after the state pharmacy board found that its employees failed to properly scrutinize prescriptions that contributed to patient deaths.

The pharmacy, Jay Scott Drugs on Glenoaks Boulevard, catered to patients of doctors Bernard Bass and Massoud Bamdad, both of whom were later convicted of crimes in connection with their prescribing.

Pharmacists are required by law to scrutinize prescriptions, size up customers and refuse to dispense a drug if they suspect a patient does not have a legitimate medical need for it.

Many of Bass' patients were in their 20s and traveled more than 40 miles from their homes in Ventura County to see Bass in North Hollywood, and then another five miles to Jay Scott Drugs where they typically paid cash for a combination of prescription drugs favored by addicts. Though Bamdad was a general practitioner, three-quarters of the prescriptions his patients filled at the store were for painkillers or other commonly abused drugs, the California Board of Pharmacy alleged.

The board faulted lead pharmacist Albert Daher and two colleagues for unquestioningly filling prescriptions, despite multiple red flags that should have caused them to become suspicious. The board's decision noted that the pharmacy "received huge financial gains" of about \$1.7 million from Bass' prescriptions.

During an interview in his store Monday, Daher said he felt unfairly targeted by the board and resented the notion that he put profit before patient care.

"I am not a bad person," he said.

Four Bass patients between the ages of 21 and 31 died of overdoses over the span of a month in 2008 after filling prescriptions at Jay Scott Drugs. A fifth patient fatally overdosed at age 23 after filling a prescription from Bamdad, according to pharmacy board documents.

Among those who died was 22-year-old Andrew Snay. An empty pill vial listing Bass as the doctor and Jay Scott Drugs as the pharmacy was on the night table next his body, according to the board's decision.

The board faulted the pharmacy for feeding the addictions of four other patients who later died with the same kinds of drugs that were filled at Jay Scott Drugs. Even if there was insufficient evidence to prove that the lethal pills were the same ones obtained at Jay Scott, the board's decision said the pharmacy had been routinely filling the prescriptions and therefore fueling addiction.

"If [the Jay Scott pharmacists] contributed to the drug addiction, they contributed to the end result: Death," the 47-page report by board President Stan C. Weissner said. The revocation order was issued Dec. 27 and took effect Monday.

The board took the unusual step of rejecting the proposed decision of Administrative Law Judge Daniel Juarez, who presided over a 16-day hearing that ended last June.

Juarez found that Bass — but not Bamdad — had an obvious prescribing pattern and patient profiles that should have drawn the attention of Daher and his colleagues. He also found that the pharmacists committed professional misconduct by dismissing the long distances traveled by patients and cash payments for commonly abused narcotics as red flags for abuse.

The judge wrote that he found no evidence that Daher or any of the pharmacists had "an improper alliance" with Bass or Bamdad. Their transgressions, he wrote, were committed "without the intention of violating the law."

Juarez wrote that the evidence did not prove that the drugs dispensed by Daher contributed to any of the deaths, including Snay's.

Juarez concluded that license revocation would be "too severe" and recommended a five-year probationary term.

The board disagreed and imposed revocation.

Daher's lawyers requested a stay from a judge Friday so the store could remain open pending an appeal, but it was denied.

On Monday morning, Daher and his employees scrambled to deal with about 7,000 prescriptions that needed to be filled within the next few days, the vast majority for elderly patients in nursing homes, he said.

"They are hurting over 5,000 patients as we speak right now," he said from behind the counter of the pharmacy, which was closed for business due to the revocation. "I had people crying in here yesterday."

Daher, who broke into tears himself at one point, said he was devastated when he learned of patient deaths, including that of Snay, whose mother, Kim, confronted him at the pharmacy.

Daher did not accept blame for Snay's death, but said he still thought of the young man and his family.

"I've prayed the rosary every day for the past several years so that they can have peace and I can have peace," he said. "And I pray for forgiveness."

Daher said he raised concerns about Bass' prescriptions with a medical board investigator and pharmacy board officials before the deaths but was not told to stop filling them. He also pointed out that an earlier investigation based on the same evidence ended with an investigator determining there was "insufficient evidence" against him.

"I made my case in court, and I think I won it," he said.

Ron and Arlene Clyburn, the parents of 23-year-old Alex Clyburn, who fatally overdosed after filling a prescription at Jay Scott, said in an email that they were gratified by the board's decision.

"The pharmacy is one link in the chain of people illegally supplying prescription drugs to the public for the sole purpose of making money off the misery of others," they wrote.

Kim Snay said she was surprised and delighted by the decision. "The system took a long time, but it does work," she said.

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## Rogue pharmacists fuel addiction

*Some provide massive amounts of painkillers and anti-anxiety drugs to addicts and dealers, according to state records, regulators and law enforcement officials.*

December 20, 2012 | By Scott Glover, Lisa Girion and Hailey Branson-Potts

Joey Rovero's quest for pills ended at Pacifica Pharmacy.

It was the same for Naythan Kenney,

Matt Stavron and Joseph Gomez.

All four were patients of a Rowland Heights

physician who was a prolific prescriber of narcotic painkillers and other addictive drugs. To get their fix, they needed more than a piece of paper.

They needed a pharmacist willing to dispense the drugs, and at Pacifica they found one.

All four died of drug overdoses after filling prescriptions at the tiny pharmacy in Huntington Beach, court and coroners' records show.

Pacifica's owner, Thang Q. "Frank" Tran, sold pain medications in large quantities. Particularly popular with his customers were high-dose, 80-milligram tablets of OxyContin. Tran filled nearly twice as many of those prescriptions as did nearby Walgreens, CVS and Sav-On pharmacies combined, according to state records.

Many of his customers traveled long distances and paid cash. Rovero drove more than 350 miles from Arizona State University in Tempe to get his prescriptions in Rowland Heights and then 33 more miles to the pharmacy.

"I thought to myself, 'Why in the world would these kids go that much farther out of their way?' " said April Rovero, whose son was 21 when he died. "Someone must have told them to go there."

Pharmacists are supposed to be a last line of defense against misuse of prescription medications. By law, they are required to scrutinize prescriptions, size up customers and refuse to dispense a drug when they suspect the patient has no medical need for it.

Some, however, provide massive amounts of painkillers and anti-anxiety drugs to addicts and dealers with no questions asked, according to state records, regulators and law enforcement officials.

Rogue pharmacists are key enablers of drug abuse and an important source of supply for the illegal market.

State officials who license and oversee pharmacies are overmatched by the scale of the problem.

Prescription drug abuse has increased sharply over the last decade, fueling a doubling of drug fatalities nationwide.

California's 42,000 pharmacists filled 318 million prescriptions last year.

Those for OxyContin, Dilaudid and other potent painkillers have increased 52% over the last five years, according to a review of prescription data collected by the state. The total dosage dispensed by pharmacies has also grown: by nearly 50%, the data show.

The task of identifying careless or corrupt pharmacists and initiating disciplinary action falls to 37 investigators for the California Board of Pharmacy.

"We are struggling to keep up because there are more pharmacies, more licensees, more places to go," said Virginia Herold, the agency's executive director. "We work really hard. But there's a limit to what we can do."

The board has added investigators in recent years. Even so, "we do have some pharmacies that seem to be able to help deliver unconscionable quantities of drugs to patients," Herold said.

It doesn't help that illegal dispensing is a low priority for law enforcement agencies. Criminal prosecutions are rare and penalties typically light.

Rogue pharmacists have a symbiotic relationship with physicians who prescribe drugs for addicts. Neither can flourish without the other.

Their cooperation is usually unplanned. Through trial and error, addicts whose doctor writes prescriptions for narcotics will discover a pharmacist willing to dispense the drugs without the appropriate scrutiny. Then word gets around.

Both pharmacist and doctor can reap a windfall by writing and filling large numbers of prescriptions for cash.

High-volume dispensing of addictive drugs was par for the course at Burbank Medical Pharmacy, according to board records.

In a single day — Dec. 3, 2007 — the pharmacy filled 85 prescriptions for pain medications, according to a board accusation. None of the doctors who wrote the prescriptions were from the Burbank area, nor were any of the patients, the complaint states. Both are signs that a pharmacy is catering to addicts, according to regulators and law enforcement officials.

Burbank Medical also dispensed painkillers in volume to a drug dealer who claimed to be picking them up for patients too sick to do so, according to the board accusation and court files. The dealer was convicted in a prescription drug fraud scheme that prosecutors said generated millions of dollars.

Pharmacist Nancy Cha and the pharmacy are accused by the board of failing to ensure that the drugs they dispensed were for patients with legitimate need. They have not been implicated in the drug dealer's fraud scheme.

The pharmacy also failed to account for 12,610 OxyContin tablets with a street value of more than \$1 million, the board said.

Cha's attorney, Richard Moss, said she was a well-meaning pharmacist who naively believed she was helping people in need.

"This was a real wake-up call," Moss said of the board accusation. At a recent hearing on the case, Moss presented a defense that he said was largely "explanation and mitigation."

The 13-member board will decide whether to revoke Cha's license or take other disciplinary action.

In recent years, the board has taken disciplinary action only infrequently against pharmacists for filling customers' prescriptions without ensuring that they were for legitimate medical needs.

Since 2006, five pharmacists have had their licenses revoked on those grounds, according to board records. Twelve others surrendered their licenses, and 22 were placed on probation. Over the same period, 23 California pharmacies have been sanctioned for similar offenses.

Derrick Jones, an agent for the U.S. Drug Enforcement Administration who oversees a prescription drug task force, said corrupt or inattentive pharmacists are a boon to addicts and dealers.

"If you've got a 22-year-old kid coming in with a prescription for enough Oxy to put a horse down, that's got to raise some red flags with a good pharmacist," Jones said.

"When those questions don't get asked, that's when the floodgates open. You'll have people coming from L.A. all the way down to Orange County because they know they can get that prescription filled without any questions."

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Andrew Snay was adrift. The 22-year-old bounced from job to job. He worked at Home Depot, as a Kirby vacuum cleaner salesman and as a telemarketer.

The one constant in his life, his mother said, was his addiction to pills.

At one point, he used a shoulder injury as a pretext to obtain pain medications, his mother said. "He was just getting high," she said.

He went to great lengths to get pills — literally.

He would travel 40 miles from his home in Thousand Oaks to the office of Dr. Bernard Bass, a general practitioner in North Hollywood who treated people for chronic pain. Prescription in hand, he would go five more miles to Jay Scott Drugs in Burbank.

Bass would prescribe — and Jay Scott Drugs would dispense — the painkiller Norco, the anti-anxiety drug Xanax and a muscle relaxant called Soma, according to pharmacy board records. Together, they form a drug cocktail popular with addicts.

In a 14-month period, Snay filled 89 prescriptions at Jay Scott Drugs, according to a board accusation. Snay filled two of them — for hydrocodone and Xanax — two days before he died of an overdose on March 20, 2008, records show.

An empty bottle of painkillers with the pharmacy's label was at his bedside.

Shortly after his death, Snay's mother, Kim, confronted Albert Daher, the supervising pharmacist and owner of Jay Scott Drugs, according to her testimony at a pharmacy board hearing. She asked for a record of the drugs her son had purchased. Daher gave her a printout, then asked for it back moments later, she said.

She said she refused and walked out.

Scanning the document, Snay saw that her son was able to obtain 400 pills in one four-day period in 2007, the year before he died.

"I almost fainted," she said.

Snay and three other people from Ventura County, ages 21, 25 and 31, died of overdoses in the span of a month in 2008 after filling prescriptions at Jay Scott Drugs, according to the board accusation.

All four were patients of Bass, who pleaded guilty in May 2009 to illegally prescribing painkillers and other addictive drugs. Bass, 62, died of a heart attack a month later.

Over a 19-month period, Jay Scott Drugs filled an average of 68 prescriptions a day written by Bass for painkillers and other commonly abused drugs, the board said.

On a single day — Sept. 7, 2007 — 93 out of 132 prescriptions for controlled substances filled at the pharmacy were for patients of Bass.

In July of the same year, Jay Scott's wholesaler alerted the pharmacy board that the drugstore was ordering more than 100,000 hydrocodone pills a month, records show. A board expert said at the hearing that 100,000 pills was a "huge amount" for a pharmacy of that size.

In all, the pharmacy dispensed \$1.7 million worth of drugs prescribed by Bass, according to a board investigator's report.

Jay Scott Drugs also catered to patients of Dr. Masoud Bamdad when others would not fill his prescriptions, according to board records and testimony.

Bamdad's patients routinely drove from his office in San Fernando to Jay Scott Drugs, 11 miles away. The pharmacy filled 1,357 prescriptions for Bamdad's patients over 18 months. Nearly three-fourths were for painkillers and other controlled substances.

Bamdad is serving a 25-year sentence in federal prison for selling prescriptions to addicts, one of whom died of an overdose at age 23 after filling a prescription for Xanax at Jay Scott Drugs.

The pharmacy board is seeking to revoke or suspend the licenses of Daher and two colleagues and the pharmacy's operating permit.

In an interview, Daher denied any wrongdoing and said he and his colleagues are "extremely vigilant" in dispensing narcotics. He said he looked forward to mounting a defense against the board accusation when hearings in the case resume next summer.

"I want to clear my name," he said.

Daher said he spoke to Bass after his patients began showing up at the pharmacy with prescriptions for narcotics. He said Bass seemed knowledgeable and compassionate and told him his patients, including the younger ones, suffered from pain and needed the medications.

Daher said that an investigator with the Medical Board of California, which licenses and oversees doctors, visited the pharmacy in July 2007 to obtain records on two of Bass' patients. Daher said he asked whether he should stop filling Bass' prescriptions. Daher said he asked the same question of pharmacy board officials when they visited for a routine inspection.

In neither case did the regulators inform him of the allegations against Bass or tell him to stop filling the doctor's prescriptions, Daher said.

"They should have been more forthcoming," he said.

The pharmacy board said it could not comment on a pending case. The medical board also declined to comment.

Daher said that as soon as he learned of overdose deaths among Bass' patients, he stopped dispensing drugs to patients with chronic pain.

Regarding Bamdad, Daher said that by all indications the doctor was a responsible prescriber, and that he felt betrayed when he learned otherwise.

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Brian Spahr, a financial planner in Huntington Beach, would occasionally look out the window of his office at the parking lot he shared with Pacifica Pharmacy. Young men would congregate there after walking out of the pharmacy. Some would leap into the air and exchange high-fives.

Once, Spahr saw Pacifica customers spread cash across the dashboard of a car. On another occasion, he saw "money and prescriptions changing hands," he said.

Spahr complained first to Huntington Beach police, then to the pharmacy board.

A board investigator ran Pacifica's name through a state database and found that the pharmacy was filling an unusually high number of prescriptions for OxyContin and other potent drugs written by a Rowland Heights physician identified as "Dr. T," according to an accusation filed by the board.

"Dr. T" is Lisa Tseng, who has since been charged with second-degree murder in the overdose deaths of three of her patients.

The investigator studied files on 18 of Tseng's patients who filled prescriptions for 80-milligram doses of OxyContin at Pacifica Pharmacy. He found that 15 lived 35 miles or more from Tseng's office in Rowland Heights, and 15 lived at least 20 miles from the pharmacy.

Brandon Barnes, of Laguna Niguel, described in court how he went to Tseng's office with some friends in 2009 to get prescriptions for narcotics. Barnes, then 19, said he told Tseng his hand hurt from a skateboarding injury. But his real motive was to get high.

Testifying at Tseng's preliminary hearing, Barnes said the doctor gave him prescriptions for Xanax, Soma and the narcotic painkiller Opana. He said one of his friends told him they would have to go to "a special kind of hole-in-the wall pharmacy" to get the prescriptions filled.

The pharmacy was Pacifica, and he and his friends paid for the drugs with \$800 in cash, Barnes testified.

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Lisa Gomez questioned how Pacifica could have filled Tseng's prescription for her son, Joseph. He went on painkillers after surgery to remove a cyst from his tailbone, and he became addicted, she said. Once an avid snowboarder and rugby player, he became red-eyed and listless under the influence of pills.

"I'm sure when he got these prescriptions filled, he wasn't looking good," Gomez said in an interview. "It's a pretty distinct look."

Joseph Gomez went to Pacifica on Aug. 26, 2009, to fill a prescription for Xanax and Soma, coroner records show. He fatally overdosed two days later on a combination of drugs, including the active ingredient in Xanax, the records show. He was 26.

At a board hearing earlier this year, pharmacist Thang Tran repeatedly invoked his 5th Amendment right against self-incrimination.

The board found "clear and convincing evidence" that Tran had dispensed narcotics improperly and revoked his license and Pacifica's permit in April. He has filed an appeal in Superior Court.

A sign on the door of Pacifica's shuttered storefront on Beach Boulevard directs customers to a pharmacy called TLC Xpress in neighboring Fountain Valley.

When reporters visited the pharmacy last week, Tran was behind the counter. When they asked to speak to him, he ducked into a back room and refused to come out.

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# Parents recount struggle of recent Woodcreek high alum who died of heroin overdose

D.E.A. agent, state pharmacy board warn medical community of ‘epidemic’

By: Scott Thomas Anderson, Staff Reporter

Stories of young people dying from heroin plagued Roseville in the second half of 2013. One of the faces lost in that haze was Steven O’Neill, a popular, dynamic athlete who graduated Woodcreek High School in 2012.

In the same period that six other young people died of heroin overdoses in Roseville and Lincoln, O’Neill spent his last day alive in South Placer County, where he evidently bought the supply of heroin that would kill him later that evening in Incline Village.

The same week that O’Neill’s parents spoke out for the first time, experts from the federal Drug Enforcement Agency and California State Pharmacy Board were warning medical professionals that opiate pain killers — and the bridge they build to heroin — are reaching “epidemic” levels in causing fatal overdoses.

## Steven’s path

Tim and Veanne O’Neill are beginning to understand the scope of the problem that ended their son’s life. Divorced but still friends, both parents have read the news stories about the deadly heroin overdoses that cost at least six young people in the area their lives between June and December 2013. They also understand that near-fatal overdoses almost made that number twice as high for South Placer County. But their son, Steven, is not counted in those statistics because, while he developed his addiction to opiates and heroin in Roseville, and spent his last day alive in Roseville, the drug ultimately took while he lay alone on a mattress in a rented room in Nevada.

To have watched Steven O’Neill graduate from Woodcreek High School the year before, few would have guessed what tragedy waited in the wings. Steven had been an outgoing student who played guitar, skateboarded, snowboarded, fished, hunted and raced motorcycles. He had countless friends at Woodcreek High and was well-liked by many of his teachers. However, there was a storm raging inside Steven’s personal life — one that mirrored a number of other Roseville high school students. At some point before he was 17, Steven became addicted to opiate painkillers. He soon followed a well-documented trend in Placer County involving young people progressing from pharmaceutical pill addiction to regularly using black tar heroin.

Despite Veanne O’Neill being a nurse, and despite Tim O’Neil being a retired Roseville police officer, neither immediately understood the dangerous existence their son was living.

Veanne eventually came across indications Steven was involved with heroin. When she confronted him he admitted he had a serious problem. Tim and Veanne quickly worked to get

Steven into treatment, though navigating the landscape of local resources turned out to be vexing.

“It was incredibly hard to get the help we needed for him,” Tim recalled. “It was a living hell to deal with the insurance companies. They don’t consider opiate addiction a life-threatening situation, though they will do that kind of intervention for alcoholics.”

Veanne, too, was at a loss to find good treatment for Steven.

“(the insurance company) said that only after failing out-patient treatment three times would they even consider getting Steven in-patient treatment,” Veanne remembered.

Frustrated by their insurance, Steven’s parents ended up paying for some of his early treatment with their own money. What followed was a two-year cycle of Steven getting clean from heroin and then relapsing. The signs of crisis were clear at times: Desperate for money, Steven was capable of pawning every item he owned. At other moments during the struggle he was moody, irritable and extremely depressed.

Tim O’Neill once saw his son attempt to self-detox. It was a sight he’ll never forget.

“He was violently ill for a week,” Tim said. “It was brutal to watch.”

Steven managed to get sober for a period of time. Tim believes he had a major relapse sometime during the summer of 2013, around the same time Roseville began to experience a rash of fatal and near-fatal overdoses. Tim and Veanne tried to convince Steven to move into a sober living house and start attending Narcotics Anonymous. Steven thought his best chance for normalcy was living up in the high Sierra, in the mountains he loved to snowboard in.

On Thanksgiving 2013, Steven spent the day with his mother and grandparents. Unbeknownst to them, he was using heroin again. He left Roseville for his apartment in Incline Village, extremely excited to start a new job the next morning at a ski resort. Tim believes Steven went to sleep that night looking forward to what the next sunrise would bring.

A few days later, Steven’s sister found his body on a mattress in his apartment lying next to a syringe.

An official coroner’s report would later confirm that Steven had died of heroin toxicity.

Woodcreek High students, former students and teachers flocked to the funeral that was held for Steven in early December.

“I think it’s so easy to stereotype people who are addicted to opiates and heroin, if it’s not your own child,” Tim reflected. “Even with all the training and experience I had from being a police officer, I didn’t recognize the early signs of his addiction — simple things like excessive sleeping.”

Veanne agrees. “I think parents should consider drug testing for their kids if they’re worried something’s happening,” she said. “If I had known about Steven’s pill addiction prior to it becoming heroin, I might have been able to get him into treatment sooner.”

While Steven’s death is still a fresh wound for his family, they believe public awareness is vital to curb more needless deaths in the Roseville area.

“I don’t want this to define who Steven was, because he was so much more than a drug addict who accidentally overdosed,” Tim reflected. “But if telling his story can help even one parent, then I’m willing to do it.”

### **Opiate-to-heroin bridge increasing**

On Jan. 31, the federal Drug Enforcement Agency and the California State Board of Pharmacy held a special conference to update medical professionals about growing role opiate painkillers are playing in thefts, violent crime and fatal overdoses.

The meeting was held at the California Department of Public Health in downtown Sacramento. It was largely attended by pharmacists and assistant pharmacists from across the state.

“We have a situation where the public doesn’t fear the use of prescription drugs, because they’re given out by doctors,” the crowd heard from Virginia Herold, the executive officer of the state pharmacy board. “Unless you’re really astute, you have no idea how valuable those drugs are surrounding you, and why your employees are stealing from you and why you’re being robbed. It’s a mess.”

Herold went on to tell the pharmacy workers and nurses that in 2013, California doctors wrote more than 3 million separate prescriptions for Oxycodone and nearly 16 million separate prescriptions for Hydrocodone.

“There’s a lot of pills out there,” Herold concluded.

The main speaker at the conference was Joseph Rannazzisi, the deputy assistant administrator for the D.E.A. Rannazzisi has been a federal special agent and licensed pharmacist for decades. The agent wasted no time in telling the gathering just how costly America’s pharmaceutical drug scourge has become.

“There were over 22,000 accidental fatal overdoses in 2010 that we’ve attributed to prescription drug abuse,” Rannazzisi observed. “Seventy-two percent of those were tied to opiates ... more people today are dying from drug overdoses than from car accidents.”

One of Rannazzisi’s overhead graphics showed of an array of celebrities that have died from prescription drug or heroin overdose. The special agent did not know that within two days of his speech Oscar-winning actor Philip Seymour Hoffman would be found dead in New York apartment, reportedly with a needle in his arm.

Rannazzisi also spoke to the gathering about how pharmacists and medical professionals can recognize schemes to get opiate painkillers into the hands of street-level drug dealers and addicts. He explained the kinds of illegal deals and practices that some doctors and pharmacists engage in, which in turn prompts federal investigations. Rannazzisi said that corrupt medical professionals, unethical pain clinics and sheer greed with certain pharmaceutical suppliers have all played a role in the current prescription pill epidemic.

The special agent also noted that California pharmacies alone experienced 39 documented armed robberies in 2011.

“Do you want to know why we’re bringing up a whole generation of kids who might not want to buy cocaine, but still think taking prescription drugs is Ok?” Rannazzisi asked aloud. “It’s because we live in a society that says taking pills is fine for whatever ails you — and these young people are ending up on heroin.”

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# Granite Bay doctor charged with criminal conspiracy to distribute painkillers

Physician worked in Yuba City, Grass Valley

By: [Scott Thomas Anderson, Staff Reporter](#)  
Roseville Press Tribune



## DEA busts Granite Bay Doctor

A Granite Bay doctor who practices in Grass Valley and Yuba City has been charged by federal prosecutors with illegally distributing opiate painkillers, as well as running a criminal conspiracy.

Nicholas J. Capos Jr. was handed a six-count indictment in federal court Friday for allegedly distributing the powerful opiate-based painkiller, Oxycodone.

According to special agents from the federal Drug Enforcement Agency, Capos distributed Oxycodone “outside the usual course” of his professional medical practice and “without legitimate medical purposes.” Federal investigators say Capos illegally dispensed 1,590 30-milligram Oxycodone pills in the summer of 2012.

Law enforcement and addiction specialists in south Placer County have spoken at length to the Press Tribune in recent months about the scope of opiate painkiller abuse in the region, as well as the direct role it’s played in numerous addicts progressing to black tar heroin use.

Roseville and Lincoln together have experienced six fatal overdoses from opiates and heroin in the last six months.

On the same day federal prosecutors announced Capos’s arrest, D.E.A. Deputy Assistant Administrator Joseph Rannazisi spoke to medical professionals from across California in downtown Sacramento. Rannazisi said his investigators will continue to probe doctors and pharmacists looking to profit from prescription drug abuse.

“Every case we’ve handled where there’s a professional involved, or a corporation involved, in drug diversion, it was because of money — because of greed,” Rannazisi said. “Greed is the key to every drug trafficking scheme out there. I always hear, ‘Well, why would any doctor do this?’ It’s because some doctors have been able to get a million dollars in their pockets.”

Rannazisi was not commenting on Capos’s specific case when he made the remarks.

Capos is being prosecuted by U.S. Attorney Benjamin Wagner. In a statement on Friday, Wagner said, “The misuse of oxycodone and other prescription painkillers is responsible for thousands of deaths every year.”

He added, “In this case, the government alleges that a licensed physician dispensed these powerful and deadly painkillers without a legitimate medical purpose.”

If convicted, Capos faces a maximum penalty of 20 years in prison and a \$1 million fine.

# Obama Administration Cites Heroin Concerns After Hoffman Death

Drug czar lays out public-health focused response

By [Eliza Gray @elizalgray](#) Feb. 11, 2014  
Spencer Platt / Getty Images

Drugs are prepared to shoot intravenously by a user addicted to heroin on Feb. 6, 2014 in St. Johnsbury, Vermont.

The Obama administration's drug czar acknowledged Tuesday a growing problem with opioids like heroin and prescription painkillers and the need for a coordinated public health response, just over a week after Oscar-winning actor Philip Seymour Hoffman died of an apparent heroin overdose.

Cautioning against a solution too heavily weighted toward law enforcement, R. Gil Kerlikowske, who heads the Office of National Drug Control Policy, called for a more public-health centered approach. The administration's plan includes reducing the availability of prescription drugs through take back programs to get drugs out of homes, and reducing deaths by treating addiction and overdose more effectively.

"We cannot arrest our way out of the drug problem," Kerlikowske told reporters on a conference call. "Drug addiction is a disease of the brain—a disease that can be prevented, treated, and from which one can recover."

While the use of prescription painkillers has remained relatively stable over the past few years, the number of overdose deaths from opioids increased by 21 percent from 2006 to 2010. There are now more deaths by drug overdose—mostly driven by prescription painkillers, Kerlikowske said—than from homicides or traffic crashes. In 2010, roughly 100 Americans died from overdose every day and more than forty percent of the deaths that year, roughly 16,600, involved prescription painkillers. Heroin was involved in roughly 3,000 deaths.

Hoffman's death earlier this month, which coincided with a string of some 50 deaths in Pennsylvania, Michigan and Maryland from heroin laced with the painkiller fentanyl, put a spotlight on the uptick in heroin use, from 373,000 past-year users in 2007 to 669,000 in 2012. The demographics of heroin have also changed, moving beyond poor urban areas into rural and suburban communities. Law enforcement officials attribute some of the spike in heroin use to increased availability and cheaper prices, thanks to more heroin supplied by Latin American cartels coming over the southwest border.

But the administration attempted to refocus concern on broader opioid use on Tuesday. "It is impossible understand heroin problem without nature of prescription drug abuse epidemic," Kerlikowske said.

The first prong of the administration's proposed response is to reduce the availability of prescription drugs by utilizing take-back programs that get unused prescription pills out of medicine cabinets and by cracking down on things like doctor shopping, in which users seek out doctors who will give out prescriptions. The Drug Enforcement Administration has declared April 26 National Prescription Drug Take Back Day, when people can return unused prescription pills to law enforcement. Forty-one percent of chronic abusers of painkillers got them from a friend or a family member for free or without asking, according to the most recent study from the Substance Abuse and Mental Health Services Administration.

The second prong looks at using various available drug therapies to treat addiction and prevent overdose death. The administration encourages local law enforcement around the country to carry naloxone, a drug, delivered nasally, that can prevent overdose. Thanks in part to funding from the administration's drug police office, a precinct in New York City is carrying Naloxone as part of a pilot program, which the administration said allowed an officer to save a life two weeks ago in Staten Island. Boston Mayor Marty Walsh will soon equip city firefighters and police officers with the drug, Kerlikowske said.

Drugs like buprenorphine and methadone, which bind to the same receptors in the brain as heroin but reduce cravings, can also play an important role in treating addiction, said Dr. Wilson Compton, deputy director of the National Institute on Drug Abuse.

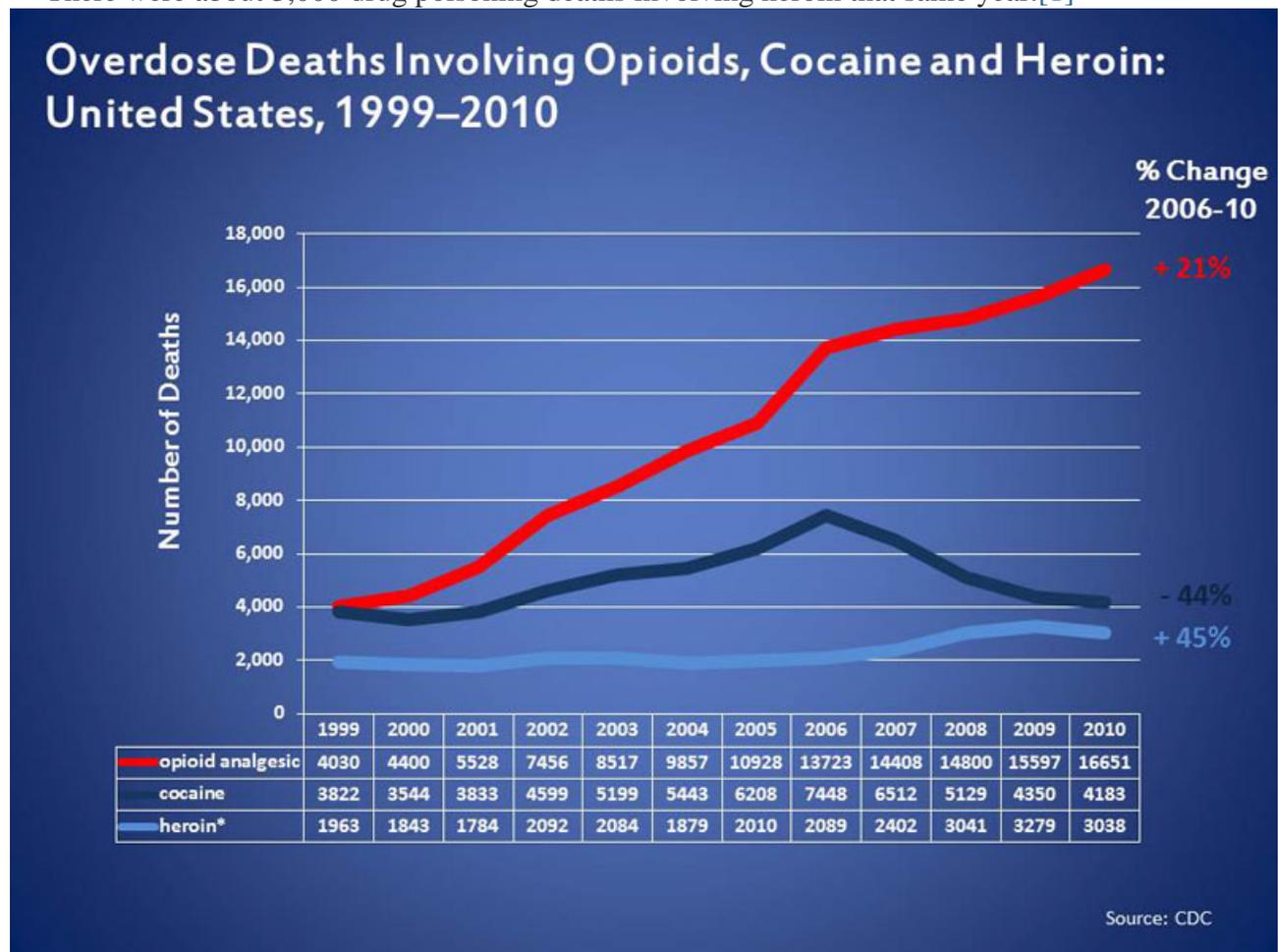
## 5 Things to Know about Opioid Overdoses

Posted by **Cameron Hardesty** on February 11, 2014 at 09:00 AM EST  
The White House Office of National Drug Control

The abuse of opioids – a group of drugs that includes heroin and prescription painkillers – is having a devastating impact on public health and safety in communities across the Nation. With the amount of media attention focused on overdoses right now, it’s important to know the basics about the opioid overdose epidemic.

Here’s what we know:

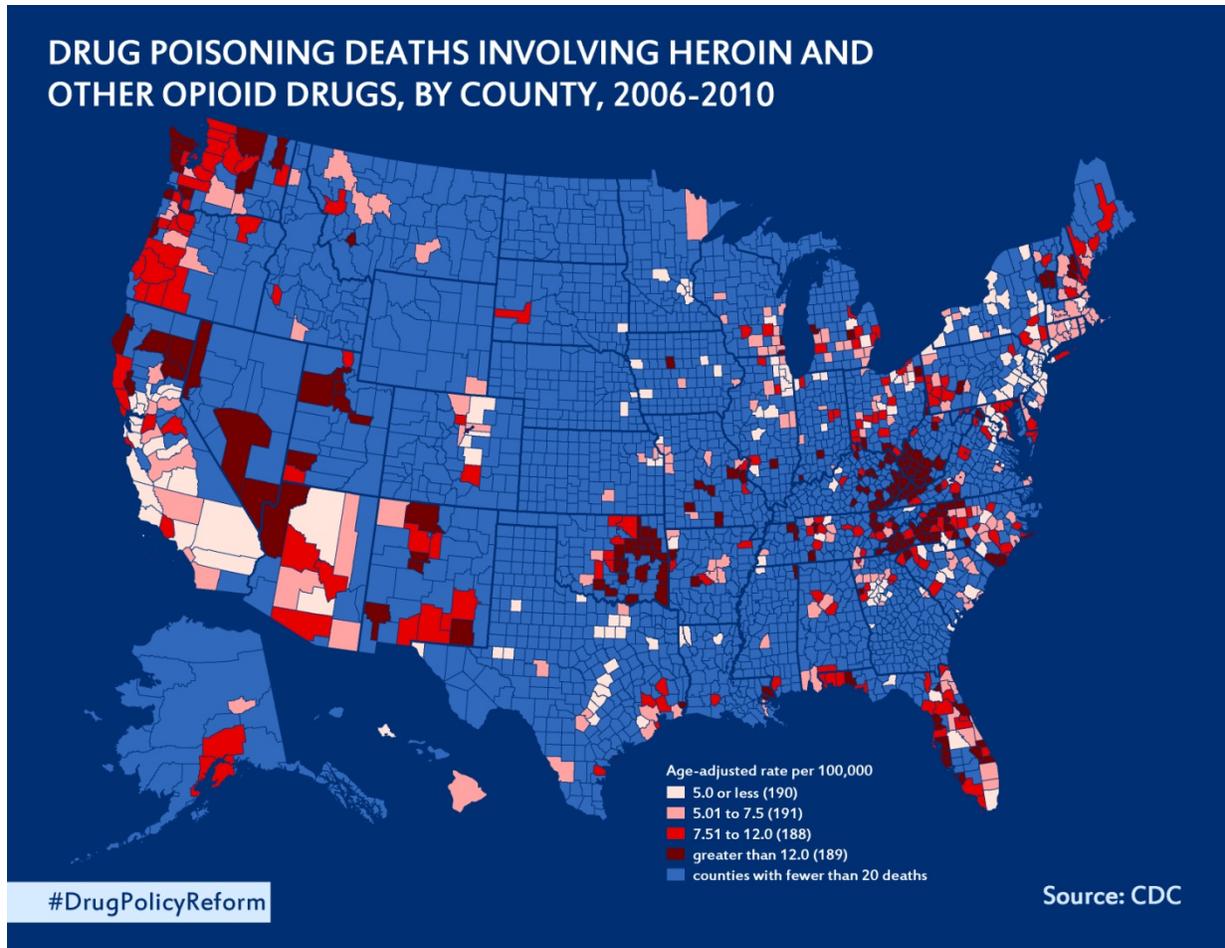
1. **More Americans are using and dying from prescription painkillers than from heroin.** According to the Centers for Disease Control and Prevention (CDC), we've seen roughly a 20 percent increase in overdose deaths involving prescription painkillers since 2006. In 2010, there were over 16,000 drug poisoning deaths involving prescription painkillers. There were about 3,000 drug poisoning deaths involving heroin that same year.[1]



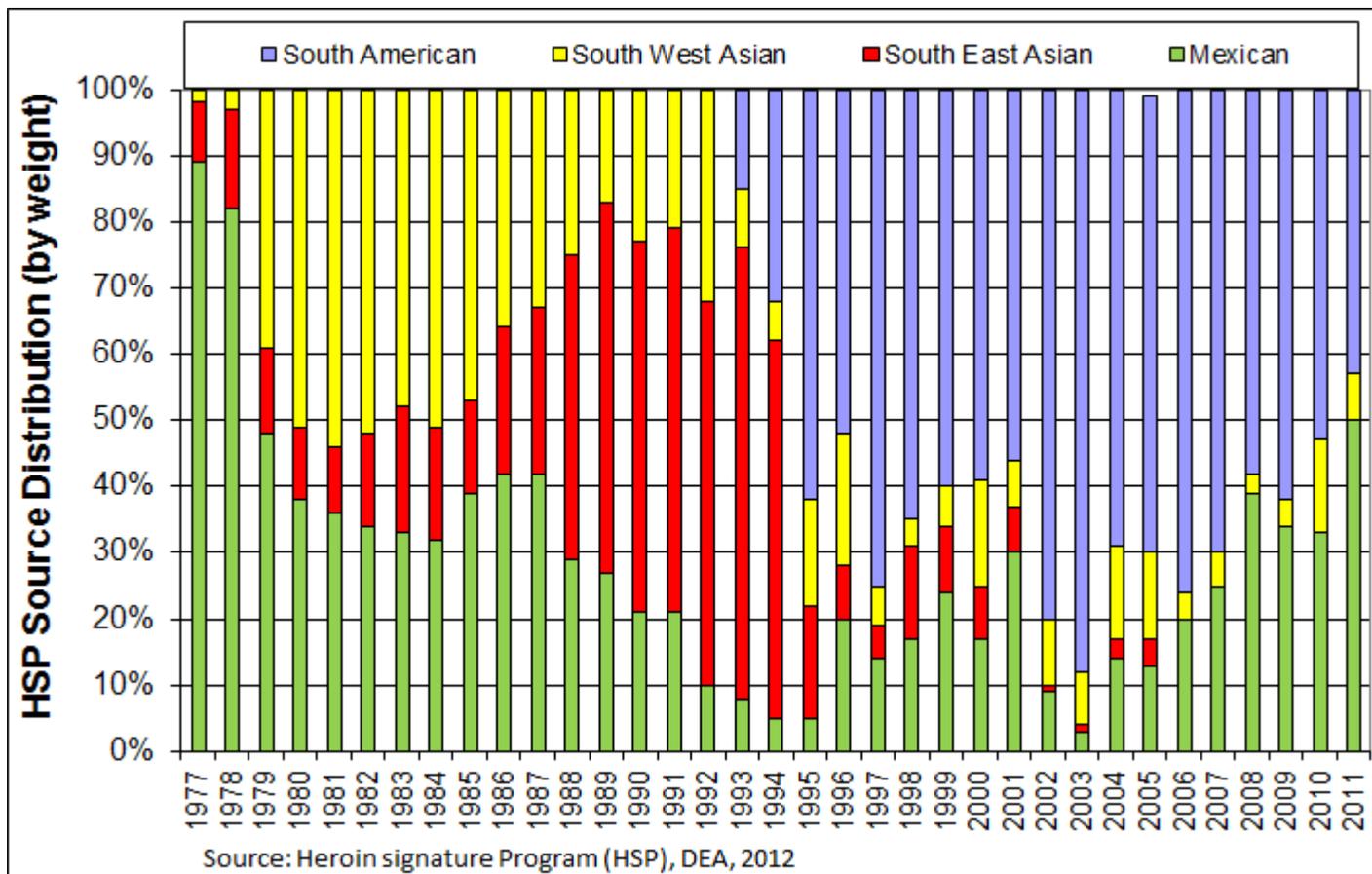
2. **There is no such thing as a “good batch” of heroin versus a “tainted batch” of heroin.** Any heroin use can lead to a fatal overdose. We’re aware of current reports of

fentanyl by coroners and medical examiners in Pennsylvania, Rhode Island, New Jersey, Maryland, and Michigan, and are monitoring this closely.

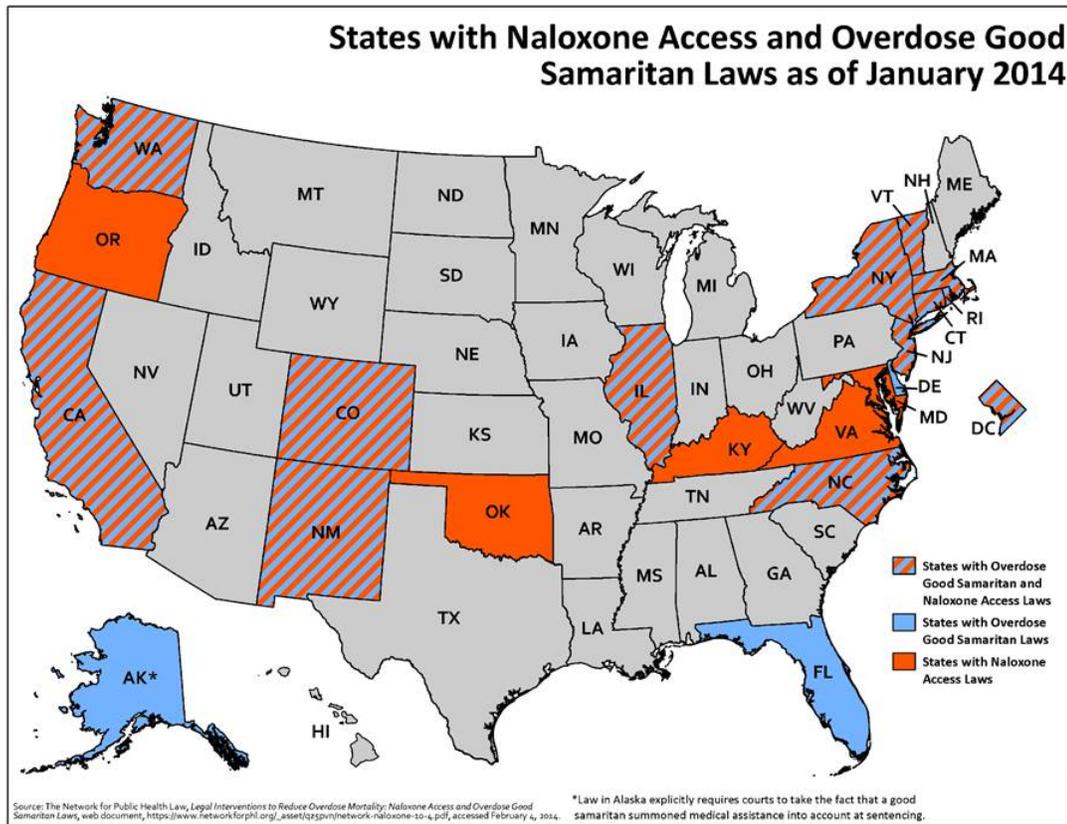
**3. Heroin and prescription drug abuse are not limited to any certain demographic or geographic area.** We see the negative consequences associated with opioid drug use in urban and suburban areas, rural communities, and inner cities alike. We have, however, seen indications that heroin use is increasing among young adults, which is a serious concern.



**4. The vast majority of heroin in the United States comes from Colombia and Mexico, not Afghanistan, and we have not seen any evidence of a shift in this trend.** According to DEA, the amount of heroin seized at the Southwest border increased 324 percent from 2008 to 2013.[2]



**5. Every overdose is preventable.** The Obama Administration is encouraging first responders to carry the overdose-reversal drug naloxone. When administered quickly and effectively, naloxone immediately restores breathing to a victim in the throes of an opioid overdose. Because police are often the first on the scene of an overdose, the Administration strongly encourages local law enforcement agencies to train and equip their personnel with this lifesaving drug. Seventeen states and the District of Columbia have amended their laws to increase access to naloxone, resulting in over 10,000 overdose reversals since 2001. We encourage everyone to learn more about naloxone. Used in concert with “Good Samaritan” laws, which grant immunity from criminal prosecution to those seeking medical help for someone experiencing an overdose, it can and will save [lives](#). The map below shows which states have implemented Good Samaritan overdose laws and have taken action to increase access to naloxone:



[1] CDC Wonder extracted February 4, 2014 [2] Unpublished data from DEA's National Seizure System (NSS), El Paso Intelligence Center, 1/25/14.

## Prescription Drugs Could Be Gateway to Heroin, Officials Say

By Maggie Fox  
NBC News

Prescription drug abuse is a worse problem in the United States than heroin use, federal drug officials said Tuesday, and they said painkillers could be a gateway drug for most heroin users.

The death of actor Philip Seymour Hoffman from an apparent heroin overdose last week may have brought the street drug back into the spotlight, but purloined prescription drugs remain the bigger problem, officials from the White House and the National Institute on Drug Abuse said.

“According to the Centers for Disease Control and Prevention (CDC), we've seen roughly a 20 percent increase in overdose deaths involving prescription painkillers since 2006,” the White House Office of National Drug Control Policy wrote in a blog post. “In 2010, there were over 16,000 drug poisoning deaths involving prescription painkillers. There were about 3,000 drug poisoning deaths involving heroin that same year.”

Heroin may often be “cut” with other drugs, but all heroin is dangerous and can kill, the ONDCP says, a reference to recent reports about heroin mixed with the painkiller fentanyl to make a particularly potent and dangerous combination.

Many heroin users today appear to have gotten their start taking prescription pain drugs, the officials said.

“The pathway appears to be now moving from the prescription drugs to heroin, a very dangerous development,” said Dr. Wilson Compton, deputy director of the National Institute on Drug Abuse.

Opioid prescription painkillers have the same effect on the brain and body as heroin does -- causing physical addiction. Overdoses send victims into a coma, slowing heartbeat and breathing to the point of death.

“Heroin is cheaper than the prescription drugs in many parts of the country,” Compton told reporters on a conference call. Still, Compton said, just 4 percent of people who misuse prescription drugs move on to heroin. “We have, however, seen indications that heroin use is increasing among young adults, which is a serious concern,” the blog post reads.

In 2002, 122,000 people used heroin. The number rose to 272,000 in 2012.

This is one reason why the White House is pressing state and local authorities to equip first responders with a drug called naloxone, which can reverse the effects of an opioid overdose.

“Naloxone immediately restores breathing to a victim of overdose,” ONDCP director Gil Kerlikowske told reporters. “Good Samaritan” laws that protect people who call 911 from

prosecution may encourage more friends and associates of heroin and pill abusers to call for help in time, Kerlikowske said.

“Because police are often the first on the scene of an overdose, the Administration strongly encourages local law enforcement agencies to train and equip their personnel with this lifesaving drug,” the blog reads.

And both officials called for more use of substance abuse treatments. Health insurance companies must now cover substance abuse treatment, under provisions of the 2010 Affordable Care Act.

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Substance abuse still problem in college culture

Northwest Missouri State University's Northwest Missourian News

Substance abuse still problem in college culture

Lauren McCoy Assistant News Editor | @McCoy014 | Posted: Thursday, February 13, 2014 4:15 pm

Alice and the White Rabbit have nothing on college students these days. A journey down the collegiate rabbit hole can turn up pills for down, powders for up, leaves for lazy and anything in between.

The topic of drugs tends to bring to mind substances such as cocaine, heroin or, ever-popular in the Midwest, methamphetamine. In reality, substances do not only include these notorious drugs. Substances purchased or used by college students tend to either be by-products of the "big guys" or prescription drugs. Drugs common to college parties or dorm rooms include stimulants, such as Adderall or Ritalin, opiates, such as oxycodone or hydrocodone, marijuana and club drugs like MDMA, more commonly known as ecstasy.

"With the availability in this town, I know several people that deal," senior Sean Cahill said. "I know several people that buy and have used or do use drugs like weed, speed-type pills like Adderall and a myriad of other drugs.

"It's really not hard to find in this town if you know the right people."

The National Survey on Drug Use and Health, done by the Substance Abuse and Mental Health Services Administration, has been conducted every year since 1971 in an attempt to shed light on exactly how widespread the issue of substance abuse is on college campuses.

In the U.S., illicit drugs are split into five categories: narcotics, stimulants, depressants or sedatives, hallucinogens and cannabis. In 2012, 22 percent of full-time college students and 24 percent of part-time students were reported as using some form of these illicit drugs. This number was significantly higher than adults aged 26 or older, which was reported at only 7 percent.

The University also conducts its own annual survey regarding substance abuse.

"The survey we conduct is the Missouri College Health Behavior Survey," Health Educator Jennifer Kennymore said. "We conduct it every spring and have data going back to 2007. This provides us great info about our students here at Northwest and gives us an opportunity to compare ourselves to the rest of the state."

Twenty other colleges and universities across Missouri participate in this survey as well. The survey is sent out to a random sample of Northwest students, and Kennymore highly encourages students who receive the email to complete the survey.

"We use the data we get from the survey to guide our prevention programming throughout the year," she said.

Both the SAMHSA survey and the MCHBS survey cover a variety of drugs, and according to data from the MCHBS, Northwest appears to be on par with the rest of the state.

These surveys include stimulants, like Adderall. Use of such substances are swiftly climbing the charts for abuse. Medically prescribed to treat Attention Deficit Disorder and Attention Deficit and Hyperactivity Disorder, students frequently list reasons for use as to study better, have more energy and lose weight. Adderall is listed on the National Institute on Drug Abuse's commonly abused prescription drug list, and these small hyper-packed pills are not only easy to get, but are easy to get addicted to.

Adderall is an amphetamine and is known to be habit-forming. The federal government classifies Adderall as a schedule II drug, which according to U.S. law, has the "highest abuse potential and dependence profile of all drugs that have medical utility." This classification puts Adderall on the shelf with drugs such as morphine, oxycodone and cocaine.

Obtaining a prescription for Adderall is easier than some may think, despite the dangers of abuse.

"You just have to know the right things to say," junior Tiffany Sengvong said. "If you tell them you can't sit still and can't focus, they're most likely going to give you a prescription for Adderall or Ritalin or something like it, and people know it. Even if they don't need it, they know they can say those things and get it prescribed to them."

Of the 399 Northwest students surveyed through the MCHBS, 7.2 percent reported using some form of a stimulant, a percentage point higher than the state rate of 6.6 percent.

Evidence of another common college substance can be found wafting among house parties. Results from SAMHSA's survey reported the rate of marijuana use at 18.7 percent in young adults aged 18 to 25. The drug is listed as the most commonly used illicit drug in the U.S. by NIDA.

"I've witnessed it at numerous parties," senior Betsy Heitshusen said. "I think people taking drugs, especially weed, at parties is common, or if they aren't doing it there, they show up having previously done it."

Some would argue marijuana is not a matter of substance abuse but instead of enjoying life. A telephone poll conducted by Opinion Research Corporation International and CNN in January found that "55 percent of those questioned nationally said marijuana should be made legal, with 44 percent disagreeing."

The federal government has classified marijuana as a schedule I substance, meaning it has no medicinal uses and a high risk for abuse, but two states have legalized the drug for adult recreational use, and 20 states have created laws allowing it for use as treatment for certain medical conditions.

On this matter, the CHBMS contradicted SAMSHA findings, reporting almost 80 percent of Northwest students did not use marijuana at all, and those who did only used it one to six times during the last year.

The new bar-entry age has Michelle Jones, licensed counselor and co-owner of New Beginnings Counseling Center, concerned, especially on the topic of marijuana.

“My biggest concern is where they are going to go,” Jones said. “Where are they going to go, and what are they going to do? Are they going to move from alcohol to marijuana because it’s easier to conceal?”

Jones also has worries about the rising numbers in high school use of prescription drugs.

In 2013, 15 percent of high school senior used a prescription drug non-medically, according to a survey by Monitoring the Future, an ongoing study of the behaviors, attitudes and values of American secondary school students, college students and young adults.

“Trends of prescription drugs are really hot and heavy right now in the area, especially in high school,” she said. “If it’s like that in the high school, it’s just going to transfer over.”

SAMHSA reported 54 percent of persons aged 12 or older in 2012 obtained pain pills from a friend or relative for free while four percent of those individuals took the pills without asking.

Pharmacies across the nation have begun campaigns promoting the awareness of prescription pill maintenance for parents with teenagers or college students and the proper disposal of unwanted prescription medications. The Wellness Center will be hosting its own Drug Take Back Event with Maryville Public Safety, University Policy and the campus and community coalition Maryville Partners in Prevention April 26.

“We are hoping to have quite a few students participate and turn in any expired, unwanted or unused prescription drugs that they no longer need before they move out for the year,” Kennymore said. “This will be the first time all of these areas have collaborated this much on the event so we’re excited about it.”

At Northwest, the MCHBS showed 7.5 percent of those surveyed had used pain medications with a doctor’s prescription, such as Vicodin, OxyCotin, Tylenol 3 with codeine, Demerol and Morphine. Other prescription drugs such as sedatives or anxiety medication were reported at 2.1 percent for the college.

“I know people that will sell, or even give away, their old pain pills from surgeries or whatever,” said Sengvong. “Either they make them sick or they just don’t take them all, and then there are people who want to buy them to get high.”

Lastly, while not as common as stimulants or opiates, MDMA is also common and increasing among youth and college students.

The use of MDMA has steadily grown since its initial appearance in the early 1990s. Jones named this as one that is showing up more increasingly in the Maryville area.

A drug that produces feelings of increased energy, and euphoria, the perceived risk of use of MDMA has sharply dropped nearly 20 percent over the last seven years. A particularly dangerous aspect of MDMA is the unpredictable possibility of a large increase in body temperature which can result in liver, kidney or cardiovascular system failure, or death.

Despite an obvious increase in illicit drug use across the nation – 8 percent since 2002 – there is still a wide treatment gap.

New Beginnings is the only treatment center in a five county area that offers day treatment, intensive outpatient treatment and supported recovery for juveniles, adolescents and adults. Jones received 10 to 15 referrals from the college last semester for substance abuse assessment, naming marijuana and alcohol as two of the biggest culprits. The Northwest Wellness Center offers counseling and referrals, but with only three licensed counselors, resources are scarce for those seeking help.

In an attempt to promote responsible decision making, the Wellness Center will be sponsoring several events over the next few months, especially during Safe Spring Break Week, March 17 to 20.

Cahill believes the University could be key in helping students avoid substances, or those who already use them.

“I know they do seminars for drinking and stuff, but open that up to the dangers of party drugs, how to actually be responsible and if you do find yourself using drugs, how to get out of it and the resources to actually help yourself stay away from it,” he said.

# Vermont is Facing a "Full-Blown Heroin Crisis," and Your State Could Easily Be Next

By Laura Dimon February 10, 2014  
Policymic.com



*Image Credit: Raina Lowell. Lowell is far right, with her two sisters.*

Ten years ago, Raina Lowell was 27 years old and living a wholesome life many only dream of. She owned her own business, was married, had a toddler son and a baby girl on the way. The 5-foot-10 blue-eyed blonde, who previously worked as a model, was a "girl about town," she said. She knew everyone and everyone knew her. She had "a million" friends. She frequented parties and events, her picture often graced local Vermont newspapers — the *Times Argus*, the *Bridge*, *Seven Days*.

Unexpectedly, she faced heart-wrenching tragedy. She did have the baby girl, but the baby died upon birth. Lowell refused an autopsy. To this day, she does not know why her baby died. "Nobody should have to survive the loss of a child," she said.

In the aftermath, Lowell grew increasingly angry, even towards her husband, whom she felt was not suffering as deeply. She always suffered from terrible anxiety, but the death triggered a much more intense pain. "I wasn't equipped to deal with that grief. I thought it was going to kill me." She insisted they get pregnant again right away, which they did, and their daughter was born the next year.

She doesn't remember exactly when or how — a doctor possibly prescribed it, she thinks — but she took a Vicodin, a narcotic painkiller for back pain. The calming euphoria washed over her; it was an escape, a dangerous savior. "It was like I could breathe for the first time. I felt warm and safe. It became my survival." She easily assured herself that since it was coming from a doctor, it was legal and safe.

"The first time I felt that high, I was done for," she said.

Six years later, she sat in a friend's trailer, "a sad place, dark and depressing." The curtains were drawn, as they always were; no natural light ever shone in. She couldn't do it herself. Her stomach was in knots. She turned away as her friend inserted a needle near her elbow, first extracting blood to establish connection with a vein and then injecting the heroin. "I was plowed over by the euphoria of it hitting my blood stream all at once, and I immediately knew I would never take drugs any other way again," she said.

Her life had deteriorated completely. The once-successful businesswoman, town darling, beautiful blond and loving mother had become a crack addict and heroin junky. Jobless and divorced, she was living with her two children in a house with no heat in the middle of a Vermont winter. She lit furniture on fire for warmth.

Something was off — not just about *who* Lowell was, but also about *where* she was. Vermont is not supposed to be the land of junkies. It's a place of "green hills and sweet vistas," of snow-topped mountains that "rise majestically from the thick forest," as described by the *Boston Globe*. "It is a jarring contrast — the serenity, the desperation — that has come to characterize a corner of New England many Americans associate with covered bridges and dairy farms."

It's an unfortunate and sad reality. New England — America's clean corridor of clam chowder and bucolic countryside — is not clean at all. In fact, it's suffering greatly.

On January 8, Vermont Gov. Peter Shumlin dedicated nearly his entire 34-minute State of the State address to the opiate problem — a "full-blown crisis" — which he said was far more "complicated, controversial, and difficult to talk about" than other state issues.

These are some of the alarming numbers he gave:

- Since 2000, the number of people seeking treatment for opiate use has increased by 770%.
- What started as an OxyContin and prescription drug problem in Vermont has now grown into a "full-blown heroin crisis."

- Vermont has seen an increase of more than 250% in people receiving heroin treatment since 2000. The greatest percentage increase, nearly 40%, occurred this past year.

- In 2013, there were twice as many federal indictments against heroin dealers than in the previous two years, and over five times as many as had been obtained in 2010.

- Last year, Vermont had nearly twice the number of deaths from heroin overdose as it did the prior year.

But why *Vermont*?

Situated on an interstate between Montreal, Boston, New York and Philadelphia — major cities where black market drugs are easily attainable — the Green Mountain State is highly susceptible to drug traffickers who know they can sell at higher prices to people who are isolated and desperate for a fix.

In a 2010-2011 survey, 15.45% of Vermonters aged 12-17 reported that they'd taken illicit drugs in the past month — the highest rate in the country. Compare that to Utah, at 5.94%, or the U.S. average at 10.12%, and a stark picture emerges.

St. Albans is a small, rural town of about 7,000 people, not exactly what you might imagine when you think of a heroin hotspot. Sixteen percent of the population lives below the poverty line and 30% of people older than 25 have a college degree — numbers in line with the nation's averages. But this small town offers a window into Vermont's striking rates of opiate addiction.

Filmmaker Bess O'Brien recently produced a documentary titled *the Hungry Heart*, which gives a sad account of what's happened there. Lowell features prominently in the film. O'Brien said her idea for the film came about after she received a call from 72-year-old local pediatrician Dr. Fred Holmes, who had been running his local practice for 35 years when, in 2006, he received a life-changing visit from one of his regular patients, Kyle, 19 years old at the time.

Holmes had known Kyle since he was a baby. But this visit was different. The teenager told Holmes that he had developed an addiction to opiates and needed help. Holmes had never encountered a case like Kyle's. In fact, he was unfamiliar with addiction altogether. But he wanted to help Kyle, so he obtained his license to prescribe Suboxone, a medication that minimizes cravings and allows opiate addicts to wean off safely without getting sick. But that was only the beginning for Holmes.

Over the next several months, he began receiving a "staggering" number of phone calls from teenagers and young adults across the town also seeking treatment. He was at a loss. What had happened in his town? How did this happen to these kids?

Holmes treated about 150 people in the years that followed. "Trying to understand the behaviors around addiction is very challenging," he said. "To this day, I'm not sure I understand them at all."

"We all have our vices, but what I have watched over the last couple years is..." he paused. "Sad."

Lt. Matthew Birmingham, the commander of the Drug Task Force for Vermont, said in an interview that starting around 2002, the narcotic painkiller OxyContin hit the market hard and abuse and misuse began to spread wildly across the country. In 2011, the U.S. consumed 81% of the world's OxyContin, even though we make up roughly 4.5% of the world population.

As tighter restrictions were introduced to combat the problem, the price of OxyContin and other prescription pills selling on the black market increased drastically. OxyContin sells for about a dollar per milligram, Birmingham explained. So if you're an addict taking eight 60 mg pills per day to maintain your habit and avoid withdrawal, that's nearly a \$500 per day habit.

On top of that, in 2010, Purdue Pharma, the manufacturers of OxyContin, reformulated the drug to prevent it from being crushed, so that it couldn't be snorted or melted and injected. On Purdue's page for OxyContin, there is specific information for Vermont prescribers.

As OxyContin grew increasingly expensive and hard to get, and was no longer crushable, heroin — another opiate that produces the same euphoric effect — moved in to fill its place. The drug is infinitely cheaper. In New York, a bag of heroin (which looks like half of a sugar packet and is generally considered one dose) might sell for just \$4.

Birmingham said that heroin hit Vermont hard. "It skyrocketed. And it has now reached unbelievable levels, from a law enforcement perspective." Busting 10 to 20 bags used to be significant, he said. They now have cases where they're seizing 400 to 1,000 at a time.

He said that although "heroin is wildly cheap right now all over the east coast," Vermont is in a unique position as an "end user" state. "We are the end of the supply chain." In other words, people in Vermont are buying the drug to consume it, not to continue trafficking it. The recent prices speak to the market for it. It used to cost \$40 per bag. "I just heard today that it's \$8 a bag. It's as cheap as I've ever seen it in Vermont." The drop in price is a result of availability, and the percentage of addicts "has risen dramatically in the last 10 years," Birmingham said.

Opiate addiction is typically thought of as a distant problem, an illness of two extremes, either plaguing celebrities in bathtubs or dirty junkies on city street corners. Not "regular" people like Raina Lowell, or a kid like Kyle, and especially not in the picturesque, wholesome state of Vermont. But as St. Albans shows, that perception couldn't be further from the truth.

This small town is one of just many others, and a reminder that we need to begin talking about opiate addiction in a way that involves neither glorification nor antipathy, neither glamorization nor disgust. This is a very real problem, and one that can impact or affect anyone. Your friends and family, and your state, could be next.

In her book *Painkiller Addict*, Cathryn Kemp writes, "I used to think a drug addict was someone who lived on the far edges of society. Wild-eyed, shaven-headed and living in a filthy squat. That was until I became one."

Perhaps the most beautifully written passage about opiate addiction comes in the 1953 novel *Junky* by William S. Burroughs, a famous writer and lifelong heroin addict:

*"The questions, of course, could be asked: Why did you ever try narcotics? Why did you continue using it long enough to become an addict? You become a narcotics addict because you do not have strong motivations in the other direction. Junk wins by default. I tried it as a matter of curiosity. I drifted along taking shots when I could score. I ended up hooked. Most addicts I have talked to report a similar experience. They did not start using drugs for any reason they can remember. They just drifted along until they got hooked. If you have never been addicted, you can have no clear idea what it means to need junk with the addict's special need. You don't decide to be an addict. One morning you wake up sick..."*

*"and you're an addict."*

Vermont is struggling, but they're also fighting back and fighting hard. According to Birmingham, law enforcement is — for the first time — working with treatment and prevention centers to combat the problem with "all guns blazing." Elizabeth Gamache, the mayor of St. Albans, wrote in an email, "Instead of ignoring the problem, we've been facing it head-on and working to find solutions."

Gov. Shumlin issued a grant for O'Brien to show her film in every high school across the state. It's awareness and education campaigns like this that will be critical to reducing stigma and tackling the problem.

For addicts, recovery is a lifelong process, but it's certainly possible. As of early February, Kyle — the boy who first walked into Holmes' office — is sober and employed. He is living in St. Albans with his fiancé and their baby, with another on the way.

Raina Lowell is the proud mother of her son, now 11, and daughter, 8. This past Thursday, she celebrated three years of sobriety.

She wants to finish her degree and become an addiction counselor.