

A series of technical assistance
manuals for community coalitions

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STRATEGIZER

**Prescription
Drug Abuse
Prevention**

**Where Do We
Go From Here?**



Prescription Drug Abuse Prevention – Where Do We Go From Here?

Written and Developed by Community Anti-Drug Coalitions of America and underwritten by an unrestricted educational grant from The Purdue Pharma Fund

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INTRODUCTION

Abusing prescription drugs is dangerous—some may argue even more so than illicit drugs. Their concentration is pure and strong and they also tend to be inexpensive and accessible. These characteristics make this form of substance abuse particularly disturbing. The reality is that prescription drug abuse is a challenge that communities have battled for decades. However, there is a sense that communities are receiving additional wake-up calls that require action.

- ✓ Honolulu, HI's *Star Bulletin* (1997): "Painkiller Abuse Sweeps Isles"
- ✓ Birmingham, AL's *The Birmingham News* (1997): "No. 1 Abused Prescription Narcotic"
- ✓ Shawnee, OK's *Shawnee News-Star* (June 1998): "Alcohol and Prescription Drug Addiction Hidden Problems Among Older Women"

- ✓ Traverse City, Michigan's *Traverse City Record-Eagle* (1999): "Prescription Drug Abuse Becoming Big: A Third of All Abuse Involves Prescription Medication, But It's Often Tough to Discover"
- ✓ *Associated Press*, February, 2001: "Kentucky Sees Surge in Abuse of Prescription Painkiller"
- ✓ *Time Magazine*, March 19, 2001: "Painkillers: the Latest Drug Trend"

"An estimated four million people aged 12 or older used prescription sedatives, stimulants, tranquilizers, or opioids for non-medical reasons in 1999."

-JoinTogether Online, *New Initiative on Prescription Misuse/Abuse*, 4/01, page 1.

Community coalitions are in a perfect position to address prescription medication abuse because of their ability to bring all of the players to the table, including local health care practitioners, community health systems, law enforcement personnel, pharmaceutical companies, school systems, and families.

In December 2000, CADCA created an opportunity for community leaders to talk about the problems associated with prescription drug abuse and how coalitions can address such challenges. Fifteen anti-drug coalition leaders from across the country were brought together for a three-hour focus group to:

1. Talk about prescription drug abuse in their communities; and
2. Identify messages, methods, and materials that better educate the public, education departments, health care providers, and other community-based organizations about the abuse of such drugs.

Most participants concurred that while there was some level of prescription drug abuse in their communities, concrete strategies on how to deal with the problem were far from solidified. In fact, some participants noted that prescription drug abuse had just recently appeared on their community radar screen and they were anxious to learn more about the problem and appropriate prevention and deterrence strategies.

The goal of this *Strategizer* is to address communities' concerns about this issue, regardless of what stage the community is at programmatically. Specifically, it will:

- ✓ Answer critical questions about prescription drug abuse;
- ✓ Furnish information on promising practices; and
- ✓ Arm coalitions with additional resources.

Let's begin with, "What You Need to Know About Prescription Drug Abuse."

What You Need to Know about Prescription Drug Abuse

What are the most commonly abused prescription drugs?

What are the trends in prescription drug abuse—who is abusing, how many people does this involve?

What factors contribute to prescription medication abuse and why does the problem seem so elusive?

How can prescription drug abuse be detected and prevented?



PRESCRIPTION DRUG ABUSE PREVENTION —WHERE DO WE GO FROM HERE?

WHAT ARE THE MOST COMMONLY ABUSED PRESCRIPTION DRUGS?

Right now, there is no single authoritative answer to this very important question. From anecdotal accounts in the press, by no means an adequate substitute for serious empirical study, there are three broad categories of drugs that frequently are abused:

- **Opioids:** Opioids are usually prescribed for their effective analgesic, or pain-relieving properties. Medications that fall within this class—sometimes referred to as analgesics or narcotics—include oxycodone, propoxyphene, hydrocodone, morphine, codeine, and related drugs. Brand names that coalitions may be familiar with include OxyContin®, Percocet®, Tylox® (oxycodone containing medications); Darvon®, Darvocet® (propoxyphene) Vicodin®, Lorcet®, Lortab®, Tussionex® (hydrocodone) Lomotil® (loperamide), and Dilaudid® (hydromorphone).
- **Central Nervous System (CNS) Depressants:** CNS depressants are substances that can slow normal brain function. Because of this property, some CNS depressants are useful in the treatment of anxiety and sleep disorders. Among the medications that are commonly prescribed for these purposes are:
 - Barbiturates, such as Mebaral® (mephobarbital) and Nembutal® (pentobarbital sodium) which are used to treat anxiety, tension, and sleep disorders.
 - Benzodiazepines, such as Valium® (diazepam), Librium® (chlordiazepoxide HCl), and Xanax® (alprazolam) which can be prescribed to treat anxiety, acute stress reactions, and panic attacks. The more sedating benzodiazepines, such as Halcion® (triazolam) and ProSom® (estazolam) can be prescribed for short-term treatment of sleep disorders.

In higher doses, some CNS depressants can be used as general anesthetics.

- **Stimulants:** As the name suggests, stimulants are a class of drugs that enhance brain activity. They cause an increase in alertness, attention, and energy that is accompanied by elevated blood pressure and increased heart rate and respiration. Stimulants were used historically to treat asthma and other respiratory problems, obesity, neurological disorders, and a variety of other ailments. The medical use of stimulants began to wane when their potential for abuse and addiction became apparent. Now, stimulants are prescribed for the treatment of only a few health conditions including narcolepsy, attention-deficit hyperactivity disorder, and depression that has not responded to other treatments. Stimulants may be used as appetite suppressants for short-term treatment of obesity and they also may be used for patients with asthma who do not respond to other medications.

Common names include: amphetamine, dextroamphetamine, methamphetamine, methcathinone, orphenadrine, khat, Ritalin® (methylphenidate), cocaine, and anorectic drugs (appetite suppressants) such as Didrex® (benzphetamine), Tenuate® (diethylpropion), Pondimin® (fenfluramine), Sanorex® (mazindol), Bontril® (phendimetrazine), and Ionamin® (phentermine).

WHAT ARE THE TRENDS IN PRESCRIPTION DRUG ABUSE —WHO IS ABUSING, HOW MANY PEOPLE DOES THIS INVOLVE?

According to the National Institute on Drug Abuse (NIDA), prescription drug abuse is on the rise, and accounts for about a third of all drug abuse in the United States. The 2000 National Household Survey on Drug Abuse substantiates this:

- In 1999, 1.5 million persons used pain relievers nonmedically for the first time. The number of initiates has been rising since the mid 1980's, when it was below 400, 000 per year.
- In 1999, an estimated 4 million people—almost 2 percent of the population aged 12 and older—were using certain prescription drugs nonmedically: pain relievers (2.6 million users), sedatives and tranquilizers (1.3 million users), and stimulants (0.9 million users) (Prescription Drugs: Abuse and Addiction, *Trends in Prescription Drug Abuse*, page 1).

Although prescription drug abuse affects many Americans, some trends of concern can be seen among adolescents and young adults, older adults, and women. In addition, health care professionals—including physicians, nurses, pharmacists, dentists, anesthesiologists, and veterinarians—may be at increased risk of prescription drug abuse. Take a look at the portraits below for details about these populations' abuse patterns.

Adolescents and Young Adults

Data from the 2000 National Household Survey on Drug Abuse indicate that the most dramatic increase in new users of prescription drugs for nonmedical purposes occurs within two pockets of time—during the teen (12- to 17-years of age) and the young adult years (18- to 25-years of age). The 2000 Monitoring the Future Survey showed that for barbiturates, tranquilizers, and narcotics other than heroin, the general, usage remained low and stable between 1999 to 2000 in all categories—lifetime, past year, past month, and daily use. Data indicate that there was a slight rise in heroin usage among high school seniors in 2000. According to NIDA, it appears that college students' nonmedical use of pain relievers such as Percodan® (oxycodone with aspirin) and Vicodin® (hydrocodone with acetaminophen) is on the rise. Why has there been an increase?

“Although the exact figure of prescription drug abuse is unknown in the U.S., it has been reported that more than 50 percent of all emergency room visits for drug-related problems are connected to prescription drug misuse or accidental overdose. It has also been estimated that in some communities, more than 60 percent of medical examiner cases are related to prescription drugs...”

—NIDA

There are four populations who are using prescription drugs:

- **Patients with legitimate medical need for controlled substances:** Medications are used to control pain, ADHD symptoms, narcolepsy, obesity, panic disorder, etc. Focus should be to ensure that these individuals' rights to appropriate and effective care are not impinged by anti-drug abuse efforts.
- **Abusers (not yet addicted):** Prevention, early recognition, and early intervention should be emphasized.
- **Addicts:** Focus should be placed on early recognition and early intervention.
- **Criminals:** Emphasis should be placed recognition, interdiction, and appropriate legal penalties.

Unfortunately, it is all too easy for people to somehow get caught in the moment and fail to consider how an intervention aimed at one group has unintended consequences for another.

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1. Prescription medications are inexpensive and easy to obtain—making these drugs attractive to adolescents and young adults.
2. There is a myth, especially among younger populations, that abuse of prescription drugs is safer than abuse of illicit drugs.
3. Medications to treat conditions such as Attention Deficit Hyperactivity Disorder (ADHD) are being more heavily prescribed among this population than in the past and as a result, these drugs are either being misused and/or getting into the wrong hands.

Additionally, adolescents and young adults feel that they are invulnerable and abusing licit and illicit drugs will not hurt them. In fact it does. Young people frequently mix prescription medications with marijuana and alcohol, putting them at risk for drug interactions and overdose.

Older Adults

According to NIDA, up to 17 percent of adults aged 60 or older may be affected by prescription drug abuse. Why is this occurring?

1. Elderly adults use prescription medications approximately three times as frequently as the general population.
2. Statistically, they have the poorest rates of compliance with directions for taking medications.
3. They may be inappropriately diagnosed and thus receive inaccurate prescriptions and/or improper dosages of correct prescriptions.

Women

Overall, men and women have roughly *similar rates* of nonmedical use of prescription drugs. However, data suggest that women are more likely than men to use an abusable prescription drug, particularly narcotics and anti-anxiety medications—in some cases 48 percent more likely. This may be due in part because women are two to three times more inclined to be diagnosed with depression and thus are often treated with psychotherapeutic drugs. Additionally, among women

and men who use sedatives, anti-anxiety drugs, and hypnotics, women are almost two times more prone to addiction. (*Making the Link: Alcohol, Tobacco, and Other Drugs & Women's Health*)

Women combine alcohol with prescription drugs more often than men. Additionally, dangerous alcohol-drug or drug-drug interactions occur more frequently in older than younger women. This may occur because older women's declining health leads to more prescribed medications and inadequate communication among various prescribing doctors. (*Making the Link: Alcohol, Tobacco, and Other Drugs & Women's Health*)

Health care professionals

Health care professionals may be at increased risk of prescription drug abuse because:

1. Medications are more accessible to them;
2. They have the ability to self-medicate; and
3. They use certain medications to relieve stress and/or to improve work performance and alertness.

In spite of this increased risk, however, recent surveys and research conducted in the early 1990s indicate that health care providers suffer from alcohol and other drug abuse at a rate comparable to society as a whole, in the range of eight to 12 percent (*NIDA, Prescription Drugs: Abuse and Addiction, Trends in Prescription Drug Abuse*, pg. 1).

Central nervous system depressants are frequently prescribed to older adults, but age related changes in drug metabolism, interactions with other prescription and over-the-counter medications, and use of alcohol may lead to increased use/misuse/abuse and adverse consequences such as impaired functional capacity, cognition, and physical dependence.

-Prescription Drugs: Abuse and Addiction
Trends in prescription drug abuse, older adults

WHAT FACTORS CONTRIBUTE TO PRESCRIPTION MEDICATION ABUSE AND WHY DO PEOPLE SAY THAT THE PROBLEM IS SO ELUSIVE?

According to a 1996 edition of News Briefs, an on-line service of the National Drug Strategy Network, the DEA estimated that prescription drugs were sold for about \$25 billion in 1993 on the illegal drug market, compared to an estimated \$31 billion spent that year on cocaine, including crack. This means that prescription drug abuse rivals the level of illicit drug abuse in our country and yet the problem appears to be elusive. Research data reveal that the problem is difficult to control because:

- There is a double standard concerning the enforcement of prescription fraud and abuse laws.
- Pursuing doctors and pharmacists does not have the same media appeal as other drug arrests.
- Consumers have easy access to prescription medications through the Internet.

- Consumers who want to abuse prescription drugs become “doctor shoppers” and their “shopping expeditions” are difficult to track.
- Similar to other forms of drug abuse and addiction, there is tremendous stigma related to admitting that individuals have a prescription drug problem.
- Most police departments do not have someone assigned specifically to investigate diversion of prescription medications.

While the results of prescription drug abuse are quite tangible, namely people are dying from overdoses and drug interactions, the sources of the problem appear to be quite elusive. Thus, efforts at prevention and detection must be comprehensive. The first step is to educate communities, the medical profession, and the general public that the problem really exists.

HOW CAN PRESCRIPTION DRUG ABUSE BE DETECTED AND PREVENTED?

Similar to addressing alcohol and other drug problems, the community must take full responsibility for detecting, interceding, and preventing prescription drug abuse. Community leaders, law enforcement officers, health care practitioners—such as physicians, pharmacists, and nurses, and community coalitions all play critical roles.

Community leaders

These individuals include concerned community activists, our mayors, governors, legislatures, our teachers and school administrators, etc. They are responsible for creating and implementing strong laws that call for the enactment of swift and sure consequences for prescription fraud and abuse. Many states have surprisingly little penalties for prescription forgery.

Law enforcement officers

Law enforcement officers at all levels—local, state, and Federal—are involved in drug diversion activities. This means that police officers try to identify and apprehend those who are “diverting” prescription medications from the legal market. These efforts take substantial amounts of time and effort. Success depends on a community’s willingness to work closely with law enforcement officers. A community’s commitment to the issue sustains their enforcement activities. Likewise, the community is an information source for the police and its input is invaluable to them.

Prescribing Health Care Professionals

About 70 percent of Americans—approximately 191 million people—visit health care professionals, such as primary care physicians, at least once every two years.





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Thus, these practitioners are in a unique position not only to prescribe needed medications appropriately, but also to identify prescription drug abuse when it exists and help patients recognize the problem, set goals for recovery, and seek appropriate treatment when necessary. Unfortunately, many providers do not receive the necessary training in medical school to make them effective at carrying out these functions. The first defense against prescription drug abuse is proper assessment including assessing the risk of abuse in an individual, proper diagnosis, and proper record keeping. Screening for any type of substance abuse can be incorporated into routine history taking with questions about what prescriptions and over-the-counter medicines patients are taking and why. Screening also can be performed if patients present with specific symptoms associated with problem use of a medication.

Over time, practitioners should note any rapid increases in the amount of a medication needed or frequent requests for refills before the quantity prescribed should have been used. This may indicate under-treatment, diversion, addiction or, rarely, the development of tolerance to a medication. As stated earlier, they should also be alert to the fact that those addicted to or those selling prescription medications may engage in "doctor shopping"—moving from health professional to professional—in an effort to get multiple prescriptions for the drugs they abuse or sell. In monitoring all of these factors, however, doctors should never lose sight of the need to provide proper medical care to all of their patients.

Pharmacists

Pharmacists play a key role in preventing prescription drug misuse and abuse by providing clear information and advice about how to take medications properly, how to store medications, and how to appropriately dispose of them when they are no longer needed. Information about medication effects, including any possible drug interactions should also be clearly described. Pharmacists help prevent prescription

fraud or diversion by looking for false or altered prescription forms. Many pharmacies have developed hotlines to alert other pharmacies in the region when fraud is detected.

Coalitions

Community coalitions can play an important role in preventing and combating prescription drug abuse. For example, they can create initiatives and campaigns that focus on prescription drug abuse. They are also in a position to help identify the exact problem(s) and share information with appropriate entities. Coalitions can gather data, bring information to the table, and recruit other community leaders based on the data. Additionally, they can establish a memorandum of understanding (MOU) among state and local agencies to better ensure their commitment to this issue, involve pharmaceutical companies, pharmacies, and medical professionals, encouraging them to come to the table, and create programs and activities during Prescription Awareness Month, held in October each year.

Assessing Prescription Drug Abuse: Four Simple Questions for Your Physician and You

1. **Have you ever felt the need to Cut down on your use of prescription drugs?**
2. **Have you ever felt Annoyed by remarks your friends or loved ones made about your use of prescription drugs?**
3. **Have you ever felt Guilty or remorseful about your use of prescription drugs?**
4. **Have you Ever used prescription drugs as a way to "get going" or to "calm down?"**

Adapted from Ewing, J.A.,
"Detecting Alcoholism: The CAGE Questionnaire."
Journal of American Medical Association
252(14): 1905-1907, 1984.



PROMISING PRACTICES

Let's Take a Moment to Review What We Have Learned

- The problem of prescription drug abuse is widespread and it affects all types of communities across the country, regardless of size.
- The most commonly abused prescription drugs are opioids, CNS depressants, and stimulants.
- A variety of factors affect the continued incidence of prescription drug abuse including a lack of stringent enforcement practices, ineffective laws, ability to obtain medications over the Internet, and our actions of, “sweeping the problem under the rug.”
- The people who seem to be impacted the most by prescription drug abuse are older adults, adolescents/young people, women, and health care providers.
- We can all play a role in detecting and preventing prescription drug abuse. In fact, it is our responsibility to face this problem squarely and do something about it.

This section on **Promising Practices** provides concrete ideas on how to prevent and combat prescription drug abuse. Most of the information presented is derived from the CADCA focus group held in December, 2000. Therefore, the comments, ideas, and strategies should hopefully reflect coalition concerns. A word to the wise, however, when you are reviewing the information: never assume that the programmatic ideas presented will meet your community's needs. Take these ideas and use them as catalysts for action in your community.

An *Idea Sampler*, which provides sample strategies according to target audiences, will be presented first. *Communities in Action* concludes the section.

Idea Sampler

The descriptions that follow provide broad, programmatic ideas that coalitions may find useful in creating and implementing prescription drug prevention/deterrence campaigns. Ideas are grouped according to the target audiences described earlier in the Strategizer—adolescents/young adults, older adults, women, and health care professionals. Ideas applicable to all audiences are also presented.

Adolescents/young adults:

- Create and disseminate youth-oriented print materials on the hazards of prescription drug abuse.

- Gain the support of the local school board, medical and religious communities, and the media in promoting your efforts.
- Enlist the assistance of the local police department, community coalition, and other appropriate sources of information to present classes on the dangers of prescription drug abuse, especially among young people.
- Spread the word that, “abusing prescription drugs can ruin your life—particularly when you are young and your body is growing.” Another message idea is, “Prescription drug abuse IS drug abuse!”
- Ensure that school-aged youth/young adults understand the rules about the use of prescription drugs in school: “Students are not allowed to self-medicate. The school nurse must administer all medications. Students caught self-medicating will be suspended. Students caught giving medication to others will be expelled. Taking over-the-counter medications in school is restricted.”

“Seniors need to record prescriptions taken and be proactive in their attempts to manage the medicines they take.”

- CADCA focus group member, December, 2000

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Older Adults:

- Create and disseminate promotional materials (make it available in large print) that specifically target older adults. Examples include prescription diaries that allow individuals to list the medications they are taking, easy-to-read, comprehensive booklets on how to take prescription drugs wisely, tips for keeping medications secure, and a list of questions that elders should ask about their medications when they go to the doctor or pharmacist.
- Create an elder consumer education program that specifically targets older adult concerns, including an ongoing wellness discussion series and activities.
- Integrate older adults as spokespersons for your efforts.
- Partner with local Retired Senior Volunteer Programs, the American Association for Retired Persons (AARP), Area Agencies on Aging, Departments of Health, community centers, retirement homes, and the faith community.

Women:

- Develop and disseminate women-focused educational materials. Themes might include, “The hazard of combining alcohol with prescription medications” and “Stress, depression, and prescription meds.”
- Partner with family practitioners, obstetricians/gynecologists, pediatricians, therapists and individuals who may frequently come in contact with women.
- Create programs and activities that particularly target older women.

Health care professionals:

- Provide better training for medical professionals (physicians, physician assistants, nurse practitioners, dentists, and pharmacists) on the pharmacology,

“While it was not created for identifying prescription drug abuse, the computerized records of patients that some doctors are using in our area can function to determine drug interactions [and could] flag long-term or extensive use of particular medications.”

- CADCA focus group member, December 2000

the abuse of prescription medications, the prevention of diversion, identifiable characteristics of “typical” prescription drug abusers, and the legal implications of prescribing medications without careful patient assessment. It is crucial that these messages also emphasize the reason these medications are available. Efforts to prevent abuse and diversion should not interfere with care of patients with legitimate medical needs.

- Enlist the assistance of the local and state medical societies in developing and disseminating information.

For all audiences:

- Ensure that substance abuse treatment professionals are included in the preparation and launching of all educational activities. They are an excellent source of help, especially for speakers, intervention strategies, and materials.
- Ensure that media coverage about a particular drug abuse problem accurately reports the facts, and tells how people can get involved in the solution.
- Reinforce the importance of collaboration in all of your activities—that success depends upon a cadre of community resources working together to combat and prevent prescription drug abuse.

COMMUNITIES IN ACTION

Prescription drug abuse is an ever-evolving community challenge, and will not go away easily. Therefore, a community's response to prescription medication abuse must also be ever evolving and long-term in order to be effective. Because the issue is so current, it is beneficial to take a look at "Communities-in-Action"—examples of how communities are dealing with the issue in the "here and now." Three examples are presented and while these represent only a small sampling of initiatives dealing with this problem, they provide readers with a glimpse of the cast of players needed to create and maintain on-going activities. Program descriptions and target audiences, materials and activities, messengers and key players (organizations/agencies that make program implementation possible), and contact information are provided.

Colorado Prescription Drug Abuse Task Force

Program description and target audience(s):

"Collaboration" has effectively reduced the incidence of prescription drug abuse in Colorado, says Colorado Prescription Drug Task Force Director, Jody Gingery. This nonprofit organization is a consortium of more than 75 private and public health care, regulatory, and law enforcement agencies. Its primary function is to alert and educate health care professionals, law enforcement personnel, educators, senior citizens, adolescents, and the general public about the problem of prescription drug abuse and misuse. As such, the task force provides training, technical assistance, and product development and dissemination.

The task force:

- Produces and disseminates guidelines for the handling of controlled substances by physicians, nurses, pharmacists, veterinarians, dentists, and podiatrists

- Creates and implements education programs and training of trainer activities, targeting the medical and law enforcement communities
- Compiles drug diversion scenarios ("scams") that are commonly used by prescription drug abusers, strategies for prevention, and other relevant resource materials (subjects include the signs and symptoms of abuse, addiction treatment information, etc.)
- Created the Statewide PharmAlert Hotline, linking pharmacies, doctors' offices, and hospital emergency rooms to each other in order to prevent and deter prescription fraud
- Created a hotline for prescribing health care professionals, law enforcement, and regulatory agencies to answer questions about available treatment/addiction resources

Contact information:

Jody Gingery, Director
Colorado Prescription Drug Abuse Task Force
Phone: (303) 299-0113
Website: www.corxtaskforce.org

About Colorado and Prescription Drug Abuse

In 1982, Colorado ranked among the top 15 states in per capita consumption of nine commonly abused prescription drugs. The Colorado Prescription Drug Abuse Task Force was organized in 1984 to counteract this abuse and misuse. Tremendous progress has been made since that time. For the nine drugs described above, in 2001, Colorado is now ranked in the middle and/or on the lower end of consumption and statistics are continuing to improve.



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NIDA's New Public Health Initiative: Prescription Drugs: Misuse, Abuse, and Addiction

Program description and target audience(s): This national public health initiative is aimed at raising awareness and promoting the need for research among the public, physicians, pharmacists, and others about recent trends in the misuse and abuse of prescription drugs.

Materials: As part of its awareness effort, NIDA is distributing 400,000 postcards with messages about the dangers of prescription drugs to restaurants, book stores, clubs, record stores, coffee shops, gyms, and other stores in several large cities.

Contact information:

National Institute on Drug Abuse
www.drugabuse.gov/DrugPages/Prescription.html

Southwest Ohio's prescription drug abuse prevention, intervention, and enforcement efforts

Program description and target audience(s): As is typical for many areas, prevention and intervention efforts in southwest Ohio are not housed under one umbrella. A number of agencies and organizations are involved, including the drug and poison information center, local governments, law enforcement agencies, treatment programs, and community groups. Program strategies are adapted as problems arise among specific populations because no formal organizational structure exists to specifically prevent and deter prescription drug abuse.

Materials and activities:

The messengers and key players referenced below:

- Convene weekly and monthly meetings, providing opportunities to share information;
- Offer community presentations, forums, and educational programs;
- Write and disseminate newsletters and other resource materials;
- Organize, facilitate, and participate in community coalition building activities; and
- Ensure that hotlines and other real-time resources are available to the public.

Southwest Ohio and Prescription Drug Abuse

Southwest Ohio, which includes both highly urban and rural communities, is home to approximately 1.5 million people. It has always experienced significant prescription drug abuse, and is currently dealing with a high incidence of opioid and tranquilizer abuse.

Messengers and key players include:

The list below represents only a small portion of those involved in southwest Ohio's prescription drug abuse prevention and deterrence efforts.

- **Drug and Poison Information Center:**
The Center serves as the drug and poison control information and training resource for southwest Ohio, serving eight counties, including Cincinnati. Unlike many other poison information centers, it emphasizes data collection and dissemination particularly about substance abuse.
- **Coalition for a Drug-Free Greater Cincinnati:**
The Coalition brings together community leaders already involved in the anti-drug effort with parents, schools, youth, faith leaders, business leaders, the media, law enforcement officials, and others in the community to implement specific initiatives with proven track records for reducing drug abuse. Specifically, the coalition provides training, mentoring, and technical and financial assistance to 22 local and community coalitions in Ohio, Kentucky, and Indiana.
- **Cincinnati Police Department's Pharmaceutical Diversion Division:** This unit investigates forged prescription ("doctor shoppers") cases, diversion by health care professionals and health care facilities (nurses, people stealing), and traffickers.
- **Warren County Drug Task Force:** This Task Force focuses on licit and illicit drug abuse, and has a very active pharmaceutical diversion unit, which completes investigations, facilitates presentations, and works closely with

pharmacists. It produces and disseminates a monthly newsletter sent to pharmacists and provides information about who was arrested and who is under current investigation. The newsletter also informs readers of anything that is new—laws, doctors who have had their prescription blanks stolen—anything that places their readers on alert.

- Other organizations involved in preventing and deterring prescription drug abuse include: Safe and Drug-Free Schools Program, the Cincinnati Children's Medical Center, the Alcohol and Drug Addiction Services Board (13 drug abuse prevention and treatment agencies), and local chapters of the Association of Drug Abuse Professionals.

Contact information:

Dr. Earl Siegel

Co-Director

Drug and Poison Information Center

Phone: 513-636-5053

E-mail: earl.siegel@chmcc.org

Website: www.chmcc.org

Commander John Burke

Warren County Drug Task Force

Phone (513) 336-0070

E-mail: Burke@choice.net

Ms. Rhonda Ramsey-Molina

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Coalition for a Drug-Free Greater Cincinnati

Phone: (513) 751-8000

E-mail: r6ramsey@aol.com

Website: www.drugfreecincinnati.org

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Substance Abuse Treatment and Reduction in Rural Appalachia (SATIRA)

Program description and target audience(s):

An upsurge in the incidence of prescription drug abuse prompted Tazewell County, Virginia to create Substance Abuse Treatment and Reduction in Rural Appalachia (SATIRA). This task force, which was organized in October, 2000, consists of community agencies, law enforcement departments, medical personnel, and interested individuals who came together to develop drug education and awareness programs. County youth are the task force's primary audience.

Materials and activities:

- **Developed a weekly series for the local newspaper:** These short pieces provide readers with a quick and easy way to learn about specific drugs and their effects. The tagline, "What you need to know about drugs and..." changes with each edition. One week the focus may be on law, while another week the focus may be on health.
- **Created and presents a prescription drug abuse education program targeting middle school (8th grade students) students:** This curriculum is unique because it engages the full range of community institutions that are involved in preventing and deterring prescription medication abuse. On the first day of the program, students hear about the dangers of prescription drug abuse from police officers. The students gain a different perspective the

Tazewell County, Virginia and Prescription Drug Abuse

Tazewell County is located in southwest Virginia. It is a rural community of approximately 45,000 residents. The county is part of a financially depressed area, with its main industry being coal mining. Most recently, the community has experienced a surge in the misuse and abuse of (oxycodone) OxyContin® and hydrocodone by individuals ranging from 17 through 40 years of age. The Prosecutor's Office is indicting approximately 100 people per year for felony distribution charges.

next day when doctors and pharmacists present their view of the problem. The third and final day of training focuses on the legal consequences of drug abuse, presented by a probation and parole officer.

- **Convenes monthly meetings** among key players, as well as town hall events for the entire community.

Contact information:

Dennis H. Lee or Debbie Johnson
SATIRA
PO Box 946
Tazewell, VA
(540) 988-7541 x511

RESOURCES

The following represents a short list of national organizations, educational institutions, and federal agencies that are dealing with prescription drug abuse. Use these names as a starting point in your research and project development/implementation efforts.

National organizations and educational institutions:

American Association of Retired Persons (AARP)

Website: <http://www.aarp.org>

Community Anti-Drug Coalitions of America (CADCA)

Website: <http://www.cadca.org>

Gerontological Society of America (GSA)

Website: <http://www.geron.org>

Elderly Use and Abuse of Alcohol and Drugs Website:

<http://amhserver.fmhi.usf.edu/schonfeld/gsa/home.htm>

Join Together Online

Website: <http://www.jointogether.org>

National Association of Drug Diversion Investigators (NADDI)

Website: <http://www.naddi.org>

National Association of State Controlled Substances Authorities (NASCSA)

Website: <http://www.nascsa.org/about.htm>

National Council on the Aging (NCOA)

Website: <http://www.ncoa.org>

National Drug Strategy Network (NDSN)

Website: <http://www.ndsn.org>

Drug Enforcement Administration (DEA)

Website: <http://www.deadiversion.usdoj.gov>

Food and Drug Administration (FDA)

Website: <http://www.fda.gov>

National Clearinghouse for Alcohol and Drug Information (NCADI)

Website: <http://www.health.org>

NIDA's Prescription Drug website

Website: <http://www.drugabuse.gov>

Purdue Pharma LP

Website: <http://www.painfullyobvious.com>

PRESCRIPTION DRUG ABUSE PREVENTION —WHERE DO WE GO FROM HERE?

CONCLUSIONS AND NEXT STEPS

As stated at the beginning of this document, prescription medication abuse is not new—the names of the drugs may change, but the results are always the same—people misuse or abuse medications and some people even die as a result of their actions. The challenge is to create activities and programs that evolve with the changing patterns of abuse. The information, ideas, and approaches presented in this *Strategizer* respond to this challenge.

As with other anti-drug abuse initiatives, successful programs depend on broad-based of community support. Prescription medication abuse provides coalitions with the opportunity to enlarge their partnership base. This presents exciting and new possibilities. CADCA hopes that the scope of information provided here will arm coalitions with the tools they need to move forward with recruitment and project development efforts, and that these efforts will ultimately save lives.

Community Anti-Drug Coalitions of America is a membership-driven organization put in place to give anti-drug and drug-related violence coalitions technical assistance and support. The purpose of the *Strategizer Technical Assistance Manuals* is to provide step-by-step guidance on various topics relevant to the work you do in your community each day. We know you are busy, so *Strategizers* are designed to be easy-to-use guides that help to streamline the planning process.

Strategizers cover such topics as long-range planning, board and staff development, development of media strategies, marketing

planning, fundraising for coalition operations and programs, methods for engaging hard-to-reach populations, and more. For a current list of *Strategizer Technical Assistance Manuals* or for additional technical assistance on the topic covered in this *Strategizer*, contact the CADCA staff by writing to: 901 North Pitt Street, Suite 300, Alexandria, VA 22314, or call toll-free: 1-800-54-CADCA.

Please notify CADCA regarding the technical assistance needs you may have. Your coalition is on the front line against the ravages of drugs, alcohol and violence.



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