Prescription drug abuse can change the face of a community, whether it is rural, suburban or inner city. No community has been left untouched by Rx abuse. Community anti-drug coalitions are well-positioned to address this challenge because they are adept at moving communities from sounding the alarm to changing behavior.

Coalitions have told CADCA that in order to impact the rise in Rx abuse, it is no longer enough to provide information. Targeted, well thought-out strategies must be developed and implemented in order to influence behavior change. CADCA’s Rx Abuse Prevention Toolkit: From Awareness to Action raises the bar—moving from “prescription drug abuse 101” to a “call for action.”

This Rx Abuse Fact Book gives you facts and statistics, drug-specific information, clarifies the difference between fact and myth and steers you to additional resources to help you create strategies that hit the mark. Feel free to:

- Integrate this information into presentations.
- Use the pages as stand-alone pieces.
- Disseminate it in its entirety to partners who need a crash course on prescription drug abuse.
The incidence of prescription drug abuse among teens is a source of serious concern in communities across the country. What was seen as a mere blip on the radar screen a few years ago has become a significant threat. Story after story tells of parents unaware that their teenagers are abusing these drugs, and at times discovering this fact when it was too late. While prescription drug abuse can affect people of all ages, perhaps most disturbing is seeing children succumbing to this dangerous form of drug abuse. As indicated later in this Rx Abuse Fact Book, teens—so full of promise—are turning away from street drugs and are using prescription medications to get high.

“I used prescription meds because they were logically the next step in my addiction. I had done some hard drugs that used to scare me so what was a little pill that doctors give out everyday going to do to me? Little did I know the Rx meds were going to completely take over and be my baseline to feel ‘normal’. I wasted so much time and effort and money to get pills that I will never get back in the end.”

Student
Northshore Recovery High School, Beverly, MA
The national picture indicates that:

- New users of prescription drugs have caught up with new users of marijuana, and next to marijuana, the most common drugs teens abuse are prescription medications. Approximately 9.3 percent of youths aged 12 to 17 were current illicit drug users—6.7 percent used marijuana and 2.9 percent engaged in nonmedical use of prescription-type psychotherapeutics (NSDUH, 2008). While this is good news, drilling down further reveals a disturbing picture that does not allow us to “rest on our laurels.”

- Among 12-17 year olds, Rx drug abuse took either first or second place in abuse prevalence. Among 12- or 13-year olds, 1.5 percent used prescription-type drugs non-medically, followed by inhalant abuse at 1.2 percent and marijuana use at 1.0 percent. For 14-15 year olds, marijuana was the most commonly used drug (5.7 percent), followed by prescription-type drugs used non-medically (3.0 percent). While marijuana was the most commonly used drug among 16-17 year olds (12.7 percent, it was followed by prescription-type drugs used non-medically (4.0 percent) (NSDUH, 2008).

- According to the Monitoring the Future (MTF 2009) survey, the nonmedical use of amphetamines showed no significant decrease in 2009. Use of sedatives (measured in 12th grade) continues a very gradual decline that began after 2005. Tranquilizer use declined slightly to 6 percent, while use of narcotics other than heroin has been the exception, holding steady at historically high levels since 2002 among 12th graders particularly for opiate or opiate-like analgesics.
Perhaps the biggest challenge coalitions face regarding Rx abuse is to acknowledge the balance between supporting the rights of individuals who genuinely need these medications and helping to ensure that medicines are not shared, or misused or abused. Coalitions can play an important role in educating and changing behaviors on both sides of the fence. Behavior change begins with “busting the myths of Rx abuse.”

**MYTH:** Having an Rx prescription gives a patient license to adjust the dosage, and it is safe to continue taking the medicine after it is no longer needed. Likewise, if the medication is prescribed, it can be shared with family and friends.

**FACT:** Taking prescription drugs that are not prescribed—or taking them in any way other than directed by a doctor—is considered misuse or abuse and can lead to dangerous outcomes. Additionally, using another person’s medication is against the law. Sharing your prescription medicines with another person is also illegal and could lead to devastating results.

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**DID YOU KNOW?**

- One in five teens (4.5 million) has abused Rx drugs.
- One in three teens report knowing someone who abuses prescription drugs.
- One in three teens surveyed say there is “nothing wrong” with abusing prescription drugs “every once in a while.”

Source: Maximizing Your Role as Teen Influencer: What You Can Do to Help Prevent Drug Abuse
**MYTH:** Because Rx drugs are legal, misuse and abuse of these drugs is less risky than using illegal drugs.

**FACT:** Rx medications provide many benefits when used correctly under a prescriber’s care. But when misused or abused, they can be just as dangerous as illicit drugs, especially when taken with alcohol or other drugs.

**MYTH:** Prescription medications are not drugs of typical abuse among teens and young adults.

**FACT:** Even though the percentages of teens abusing these drugs is relatively low, compared to marijuana, current trends reveal troubling signs that abuse of these medications is acceptable behavior. What makes it more complicated is that parents, other adult caregivers and those prescribing the medications to teens seem to be unaware of the problem.

**MYTH:** Rx medications are more difficult to obtain than illegal drugs.

**FACT:** Those who abuse Rx medications report that these drugs can be easily obtained from family members and friends. Additional sources include family medicine cabinets and other frequented locations such as kitchen cabinets, night stands and purses.

**MYTH:** Parents believe that because Rx medications are prescribed by healthcare professionals, teens and young adults will not abuse them.

**FACT:** Many parents are not even aware that commonly prescribed medications are being abused to get high. In fact, some do not consider the possibility that their unused medicines could get into the wrong hands, and many do not know how to properly dispose of old medicines.
RX DRUGS OF ABUSE

PAINKILLERS OR OPIOIDS

Most often prescribed to treat pain.

Include...hydrocodone (Vicodin®), oxycodone (OxyContin®), propoxyphene (Darvon®), hydromorphone (Dilaudid®), meperidine (Demerol®), and diphenoxylate (Lomotil®), morphine and fentanyl. (NIDA Research Report Series).

Effects on the body...produce drowsiness, nausea, constipation and depending upon the amount of drug taken, depress respiration. These drugs also can induce euphoria by affecting the pleasure center of the brain. This feeling is often intensified for those who abuse opioids when administered by routes other than those recommended. For example, OxyContin often is snorted or injected to enhance its effects, while at the same time increasing the risk for serious medical consequences, such as opioid addiction and overdose (NIDA Research Report Series).

Signs of overdose...slow, shallow breathing, clammy skin, convulsions, respiratory depression and arrest (stop breathing), coma, death (Above the Influence).

DEPRESSANTS

Used to treat anxiety/acute stress and sleep disorders—the two classes of drugs are: barbiturates and benzodiazepines.

Include...barbiturates—mephobarbital (Mebaral) and pentobarbital sodium (Nembutal)—and benzodiazepines—diazepam (Valium), chlordiazepoxide HCl (Librium) and alprazolam (Xanax) and are not usually prescribed for long-term use (NIDA Research Report Series).

Effects on the body...intoxication similar to alcohol, slurred speech, impaired memory and judgment, increased confusion, loss of motor coordination, respiratory depression, staggering or stumbling, falling asleep, difficulty concentrating, dilated pupils, slowed pulse and breathing and lowered blood pressure (Above the Influence).
**Overdose**...shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, respiratory depression and arrest (stop breathing), coma and death (*Above the Influence*).

**STIMULANTS**…were historically used to treat asthma and other respiratory problems, obesity, neurological disorders and other ailments. As their potential for abuse and addiction became apparent, their medical use began to wane. Stimulants are now prescribed for the treatment of only a few health conditions, including narcolepsy (a sleep disorder), ADHD and depression that have not responded to other treatments.

**Include**…dextroamphetamine (Dexedrine and Adderall) and methylphenidate (Ritalin and Concerta) (*NIDA Research Report Series*).

**Effects on the body**…increased, rapid or irregular heart and respiratory rates, rapid or irregular heartbeat, elevated blood pressure, decreased appetite, loss of coordination, collapse, unhealthy weight loss, perspiration, blurred vision, irritability, argumentativeness, nervousness, increased blood pressure or pulse rate, dilated pupils, long periods without sleeping or eating, dizziness, insomnia, restlessness, anxiety and delusions (*Above the Influence*).

**Overdose**…agitation, increase in body temperature, hallucinations, heart failure, nervousness, convulsions and death (*Above the Influence*).

**ABUSE-DETERRENT MEDICATIONS**…pharmaceutical companies are stepping up to the challenge of creating medications that are tamper-free—a formulation process that does not allow medications to be crushed, chewed, snorted or injected. For example, if one of the drugs is crushed, the narcotic’s effects are blocked. Said a recent CBS News Series, Easing the Pain, “if these new formulations are as effective and safe as we think, they probably will replace most all of the [similar] medications out there.”
learn more

2009 National Youth Risk Behavior Survey (YRBS), Centers for Disease Control and Prevention
www.cdc.gov/HealthyYouth/yrbs

Above the Influence: Rx drugs
www.abovetheinfluence.com/default.aspx?path=nav

Community Anti-Drug Coalitions of America: www.cadca.org

Medline Plus: Prescription Drug Abuse
www.nlm.nih.gov/medlineplus/prescriptiondrugabuse.html

National Association of Drug Diversion Investigators (NADDI)
www.naddi.org

National Council on Patient Information and Education (NCPIE)
www.talkaboutrx.org/index.jsp

National Institute on Drug Abuse’s Prescription medications
www.nida.nih.gov/drugpages/prescription.html

Office of National Drug Control Policy’s Drug Facts: Prescription Drugs
www.whitehousedrugpolicy.gov/drugfact/prescrptn_drgs/index.html

2009 Monitoring the Future Survey, National Institute on Drug Abuse & the University of Michigan
http://monitoringthefuture.org

National Survey on Drug Use and Health, Substance Abuse & Mental Health Services Administration
http://oas.samhsa.gov/nsduhLatest.htm

Community Anti-Drug Coalitions of America
www.cadca.org
www.PreventRxAbuse.org

King Pharmaceuticals, Inc.
www.kingpharm.com

RX ABUSE PREVENTION TOOLKIT: from awareness to action