

Prescription Drug Spotlight Report of the Arizona Emerging Issues Subcommittee

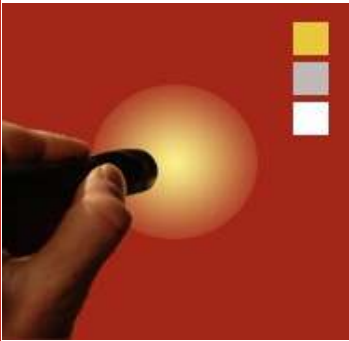
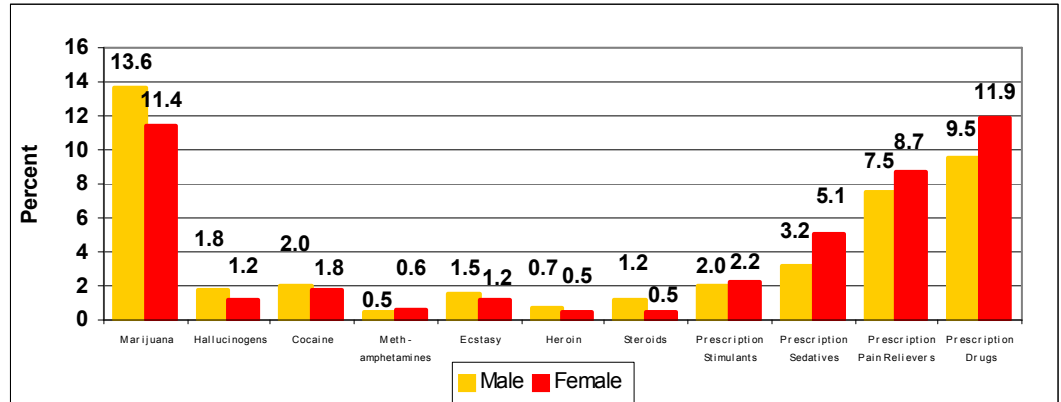


Figure 1. Past 30-Day Use of Illicit and Prescription Drugs, Arizona 8th, 10th and 12th Graders, 2008.



Source: Arizona Youth Survey, 2008: <http://azcjc.gov/sac/AYS.asp>

Arizona Trends and Projected Arizona Impact

Data from the 2008 Arizona Youth Survey (AYS) indicate that the rate of youth misuse and abuse of prescription medications exceeds the use of hallucinogens, cocaine, methamphetamine, heroin, and steroids. Unlike most other illicit substances, every type of prescription drug captured in the survey is misused or abused more by young Arizona females than males. In 2008, questions were changed to include three different types of prescription drugs; prescription stimulants, prescription sedatives, and prescription pain relievers. Of those categories, youth reported using more prescription pain relievers than prescription stimulants or prescription sedatives.

National Trends

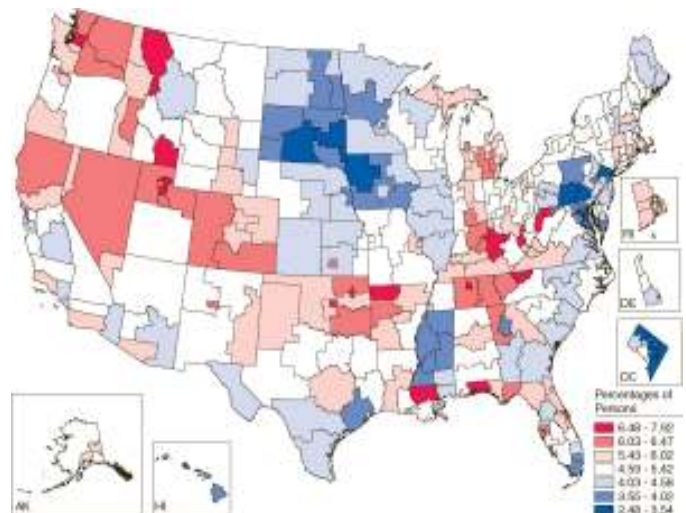
Multiple data sources show that prescription stimulants and prescription pain killers are now being abused, traded and sold illegally, at rapidly increasing rates. The National Survey on Drug Use and Health (NSDUH) asks adults and youth aged 12 to 17 in every state about the illegal use of one of the most commonly prescribed drugs for children and youth—stimulants. The survey finds that in the last year:

- Youth aged 12 to 17 who used stimulants non-medically were more likely to have used other illicit drugs than youth who did not use stimulants non-medically.
- Over 71 percent of youth who used stimulants non-medically engaged in at least one of six types of delinquent behavior in that period, compared with approximately 34 percent of youth who did not use stimulants non-medically.
- A 2006 report by the U.S. Centers for Disease Control and Prevention indicates that rates of accidental overdoses from prescription painkillers are on the rise.

- Almost 23 percent of youth who used stimulants non-medically experienced a major depressive episode compared with 8.1 percent of youth who did not use stimulants non-medically.

As shown in the 2004-06 National Survey on Drug Abuse, while the non-medical use of prescription pain relievers in Arizona is lower than that in other states, there is still cause for concern. Rates of prescription drug abuse could rise as a reaction to successful anti-meth campaigns. Youth may discontinue methamphetamine use, in favor of perceived “safer” prescription drugs. Emergency rooms across the nation are being overburdened with prescription drug overdoses, which significantly stresses the health-care and emergency-service delivery systems.

Figure 2. Non-Medical Use of Pain Relievers by State.



Source: National Survey on Drug Use and Health.

Common Myths

Many teens and parents believe that using prescription drugs without a doctor's permission is less harmful and less addictive than illicit drugs. It is important that the public understand that prescription drugs, particularly when misused or abused, can be just as dangerous as illicit drugs. Between 1994 and 2004, accidental overdoses of prescription drugs rose between 50 and 80 percent and the number of people admitted for the treatment of prescription drug abuse rose 300 percent over a ten year period (1995-2004).¹⁶

People commonly believe that problems such as ADHD or depression are only effectively treated by prescription medications.² Pharmaceutical remedies are not the only effective means of dealing with these ailments. Parents concerned about having to use prescription drugs to help with these conditions in their children have alternatives. There are extensive non-drug prevention strategies and therapies with gold standard scientific studies, which are largely unknown by doctors, schools and families.¹⁻⁷ For example, media promotions suggest that chronic pain can only be reduced by medication. The *Journal of the American Medical Association* showed that a simple writing activity provided major reduction in pain,⁸ and the science of why this works is well established.^{9 10}

Why Is This Happening?

The rapid increase in the extent of prescription drug abuse in the U.S. is the result of combined events:

1. An apparent increase in the prevalence and/or diagnosis of symptoms that respond to prescription drugs;
2. Significant increases in the number of prescriptions written, increasing availability to youth;
3. Although they currently present only a small percentage as a source, illegal internet pharmacies are an easy method of access for youth,¹¹
4. A greater social acceptability for medicating a growing number of conditions;
5. Limited promotion of non-medication strategies;
6. Insufficient prevention efforts that would potentially reduce the number of diagnoses requiring prescription medication; and
7. A common misconception held by some youth and parents who feel that prescription drugs are not as harmful or addictive as other illicit drugs.¹⁶

For more information: Blueprint Model Programs

<http://ibs.colorado.edu/cspv/blueprintsquery/>

Partnership for a Drug free America:

<http://www.drugfree.org/NotInMyHouse/steps.aspx>

SAMHSA's Family Guide:

<http://www.family.samhsa.gov/be/prescriptionharm.aspx>

National Institute on Drug Abuse:

<http://www.nida.nih.gov/drugpages/prescription.html>

What Can Be Done to Reverse this Trend?

Five key actions can be taken:

1. **Reduce Supply:** Prescription drug abuse is not likely to react to traditional drug interdiction strategies, as only 4% of youth report receiving their pain relievers from a drug dealer or a stranger. Active solutions to monitor and enforce improved prescription monitoring, allowing doctors and pharmacists to identify individuals who may be "doctor-shopping" for duplicative prescriptions.
2. **Promotion of Non-Pharmaceutical Treatments Where Appropriate:** Longitudinal studies have found successful non-pharmaceutical strategies in the prevention and treatment for ADHD and related externalizing disorders. Increased use of these alternatives can reduce the availability of prescription stimulants and result in saving large amounts of money on healthcare and behavioral healthcare.^{2 3 12-16}
3. **Community-Based Prevention:** A number of evidenced-based prevention programs have shown remarkable success.¹⁷ For example, Promoting Alternative Thinking Strategies (PATHS),¹⁸ a community based program targeting K-5 elementary school children, or the SOAR¹⁹⁻²¹ (Skills, Opportunity, And Recognition) program targeting 1st thru 6th graders.
4. **School-Based Prevention:** School-based prevention programs can be very effective, in part because they are better able to reach the target population (youth), and because the programs are able to address the issues youth face within the context of their daily lives. One example of a school-based program is Project STAR,²¹⁻²² a comprehensive program which includes components for schools, parents, community organizations, and health policymakers. Another SAMHSA model program is *keepin' it REAL* (kiR),²³ which is a culturally grounded drug prevention curriculum for grades 6-9 that has been proven effective for reducing drug use and establishing anti-drug attitudes and beliefs.²⁴⁻²⁶
5. **Individualized and Family-Based Prevention:** Implementing individual and family prevention and treatment programs focusing on juvenile substance misuse, delinquency, and other problem behavior can reduce drug abuse generally, including prescription drug abuse specifically.¹⁷ There are several evidence-based programs that have shown remarkable success. One such example is the Strengthening Families Program,²⁷⁻²⁸ which is a multifaceted, family based prevention program for families with children aged 6-11.

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