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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

Prescription Medication Abuse Subcommittee

Ramon Castellblanch, PhD, Chair
Rosalyn Hackworth, Board Member
Amy Gutierrez, PharmD, Board Member
Darlene Fujimoto, PharmD

Materials for the May 28, 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. Presentation to Honor Pharmacist John Robertson For Saving His Patient's Life

Attachment 1

Dr. John Robertson, PharmD of Ramona, a pharmacist at Sav-On pharmacy inside Ramona's Albertsons supermarket, saved a patient's life by going to his home to check on him when the man failed to pick up his prescription medication and didn't answer his phone. With the aid of sheriff's deputies, Dr. Robertson found the man collapsed inside where he had fallen two to three days earlier and was unable to get up. The man was hospitalized and is recovering.

A newspaper article on the rescue is provided in **Attachment 1**.

2. Review of Prescription Drug Abuse Materials Currently Available on the Board of Pharmacy's Website

Attachment 2

The Board of Pharmacy recently created a Prescription Drug Abuse Prevention page on its website which contains public service announcement videos and PDFs of downloadable materials geared towards teens, college students, parents and educators. There are also links to helpful websites.

A listing of materials on the page and the materials are included in **Attachment 2**.

3. Presentation on Prescription Drug Abuse Prevention Materials by Rabia Atayee, PharmD, Assistant Professor of Clinical Pharmacy, UCSD School of Pharmacy; and Nathan Painter, PharmD, Associate Clinical Professor, UCSD School of Pharmacy

   Dr. Atayee and Dr. Painter have put together information for both health care professionals and patients/consumers on medication abuse. The items could be posted on the Board of Pharmacy website under "Prescription Drug Abuse Prevention." Information has been included about benzodiazepines and stimulant medications. They will also discuss their experiences with the CURES system, prescription "red flags" and corresponding responsibility.

4. Review of Educational Curriculum Materials for Teachers Developed by Purdue Pharma.

Attachment 3

Purdu Pharma provided a grant to the National Educator Association Health Information Network to create two books which are available without charge to educators. The books and a synopsis are included in **Attachment 3**. One is geared to grades 5-8 and the other is for grades 9-12. The books each contain more than 100 pages and meet educational curriculum requirements.

The chapters in the high school book are titled: what should we know about prescription drug abuse; creating a learning and action road map; understanding proper use of prescription drugs; understanding misuse of prescription drugs; understanding prescription drug abuse; understanding the issue of prescription drug; abuse in our community; investigating how to make a difference; communicating important messages about prescription drugs; turning learning into action; and reproducible student learning guide and action journal and a reproducible parent letter.

The chapters in the middle school book are titled teacher background information and resources; what should we know about prescription drug abuse; creating a learning and action road map; understanding proper use of prescription drugs; understanding misuse of prescription drugs; understanding prescription drug abuse; understanding the issue of prescription drug abuse in our community; investigating how to make a difference; communicating important messages about prescription drugs; turning learning into action; and reproducible student learning guide and action journal and a reproducible parent letter.

Support Materials include a fact sheet (available in **Attachment 3)** and a webinar series:

- Rx for Understanding: The basics about teen prescription drug abuse
- Getting to know the Rx for Understanding Guide
- How to use the Rx for Understanding drug abuse prevention guide in your school

NEA suggested some ideas for outreach in California to help get the information into the hands of educators:

- Promote the fact sheet (conferences, blog posts, newsletters, etc.)
- Promote the first webinar, which is a good resource for parents and community members, as well as educators. The guide is available on demand and is a good introduction to the issue and sets the stage for the guide.
- Reach out to California PTA about the availability of the materials and share the webinar information.

5. Discussion on Use of/Education about Naloxone as an Overdose Antidote

Attachment 4

Naloxone is used in cases of opioid overdose and acts as an antidote. It neutralizes the effects of opioids, allowing drug users to breathe during an overdose.

Naloxone is an opioid antagonist—meaning that it binds to opioid receptors and can reverse or block the effects of other opioids. It can very quickly restore normal respiration to a person whose breathing has slowed or stopped as a result of abusing heroin or prescription opioids, or accidentally ingesting too much pain medication.

Naloxone has been routinely used in emergency care and in anesthesiology for decades. It can be administered by injection or in a nasal form of the drug, known commonly by its trade name, Narcan. Now, the recent surge in opioid overdose deaths involving prescription painkillers has led policy makers, communities and public health agencies to expand the drug's availability to enable friends and loved ones to respond quickly in emergencies.

A California law took effect January 1, allowing family and friends of heroin and painkiller users to obtain the antidote from doctors. The idea is to have the drug at the ready in case a loved one overdoses.

Assembly Bill 1535, currently pending in the California Legislature, would allow a pharmacist to furnish naloxone hydrochloride to a person pursuant to a standardized procedure or protocol developed by the Board of Pharmacy and the Medical Board of California. Pharmacists furnishing naloxone would be required to complete specified training.

Attachment 4 includes Assembly Bill 1535 and a fact sheet, the Board of Pharmacy's letter of support and articles and information about Naloxone.

6. CURES Registration Procedures for Board of Pharmacy

Attachment 5

In an effort to register pharmacists in the Department of Justice's CURES Program, pharmacists will soon be able to give completed packets to a board inspector or they

can deliver them in person at the Board of Pharmacy office. At this time, the proposed procedure to do this is being reviewed by the CURES Program.

CURES is California's prescription drug monitoring program for controlled substances and is operated under the California Department of Justice. Effective January 1, 2016, all California licensed pharmacists must be registered to access CURES (as required by section 209 of the California Business and Professions Code).

Attachment 5 contains a draft document of information for pharmacists on how they can sign up for CURES and includes instructions on how to turn the materials in to the Board of Pharmacy.

7. Implementation of SB 809 (DeSaulnier, Chapter 400, Statutes of 2013)

   This bill established the CURES Fund within the State Treasury to receive funds from California licensed prescribers and dispensers to be allocated, upon appropriation by the Legislature, to the Department of Justice for the purposes of funding CURES. On April 1, 2014, the Board of Pharmacy began charging on renewals an annual fee of $6 on licensees who administer, furnish or dispense controlled substances. The bill requires the proceeds of the fee to be deposited into the CURES Fund for the support of CURES, as specified.

8. CURES Data Report of Controlled Substances Dispensed in California

   From 4/1/13 to 3/31/14 data reported in CURES indicates that the number of prescriptions filled were as follows: 9,049,441 Schedule II;
   19,043,970 Schedule III; and 19,809,330 Schedule IV.

9. Development of Corresponding Responsibility Brochure

   Board staff is working on a brochure for pharmacists on corresponding responsibility.

10. Results of DEA's April 2014 National Drug TakeBack Day

Attachment 6

The three DEA field divisions in California collected 78,495 pounds of unwanted, used and expired drugs during the TakeBack Event on April 26. The second Drug TakeBack event of the year will be held in October.

A press release from the DEA on the results is included in **Attachment 6**.

11. Board Comments Submitted on a Proposed Federal Rescheduling of Hydrocodone From Schedule III to Schedule II

Attachment 7

The Board of Pharmacy sent a letter to the DEA on April 28 with comments in support of the rescheduling hydrocodone from Schedule III to Schedule II. The letter is included in **Attachment 7**.

12. Report of the Medical Board of California's Prescribing Task Force

    The task force met in February and will meet again June 19, 2014, in Sacramento to finalize revisions to the Medical Board's pain management guidelines. An agenda for this meeting is not yet publicly available.

13. Review of the Medical Board of California's Public Service Announcement Developed for Prescription Drug Abuse Awareness Month.

    The California Medical Board produced a video on prescription drug abuse. It can be found at https://www.youtube.com/watch?v=mGmn8pQwiUU.

14. Review and Discussion of Articles Documenting the Issues of Prescription Medication Abuse

Attachment 8

Attachment 8 contains recent articles documenting prescription drug abuse issues.

15. Public Outreach to Address Prescription Drug Abuse

    Virginia Herold: presentation at CPhA's annual meeting on April 27 regarding new pharmacy laws, corresponding responsibility and CURES.

    Virginia Herold: Fox 40 Sacramento interview on "drugged" driving

    Stan Weisser: presentation on May 7 at Bay Area forum on prescription drug abuse convened by the U.S. Department of Justice

    Ramon Castellblanch: presentation on the board's Prescription Drug Abuse Subcommittee's activities; Virginia Herold's presentation on drug diversion and thefts of prescription drugs and corresponding responsibility; at Department of Health Care Services Medi-Cal Drug Use Review Board Meeting in Sacramento on May 20.

16. Public Comment for Items Not on the Agenda, Matters for Future Meetings*
    **(Note: the committee may not discuss or take action on any matter raised during the public comment section that is not included on this agenda, except to decide to place the matter on the agenda of a future meeting. Government Code Sections 11125 and 11125.7(a))*

Adjournment **2 p.m.**

Attachment 1

Lifesaving pharmacist a ‘hometown hero’

http://www.utsandiego.com/news/2014/May/09/livesaving-pharmacist-hailed-as-hometown-hero/

San Diego Union Tribune

By Pam Kragen6 a.m.May 9, 2014

Ramona pharmacist John Robertson holds the plaque awarded to him Thursday at the Ramona Senior Center, recognizing his efforts to help save the life of a local senior. CREDIT: Pam Kragen/U-T

Ramona resident John Robertson sensed trouble when an ailing customer didn't pick up his prescriptions

He was right.

The 30-year-old Ramona pharmacist was hailed Thursday as a “Hometown Hero” for tracking down 88-year-old Murray Frankel with the help of sheriff’s deputies, who found the widower lying on his bathroom floor after a fall two or three days before. Frankel is now recuperating at a hospital. His family could not be reached for comment.

The soft-spoken Robertson was presented with a plaque, lunch and a warm round of applause Thursday from friends, family and local residents at the Ramona Senior Center, where Frankel has been a daily fixture for the past four years. Center executive director Ray Cardona said Robertson’s actions represent Ramona community spirit at its best.

“He really represents what it means to be a hometown hero,” Cardona said. “Because of John’s actions, Murray was rescued from almost certain death.”

Robertson said he enjoys getting to know his customers at the Sav-On pharmacy inside Ramona’s Albertsons supermarket. He transferred to the store 10 months ago from a pharmacy in San Marcos because he wanted to work in his lifelong hometown. Robertson attended Ramona schools from kindergarten through high school and he bikes to work every day.

“I grew up here and I know this community,” said Robertson, a Life Eagle Scout. “I’ve seen personally how people in our community assist one another. Most don’t ask for help, so it’s our responsibility to reach out and help others when we see a need.”

Robertson met Frankel for the first time on Friday, April 25, when the older man dropped off several prescriptions after a brief hospital stay. He promised to stop by within a day or two to pick them up. After his shift ended that evening, Robertson drove to Frankel’s house to deliver one prescription that was already filled. They sat and talked for about an hour.

“He’s a colorful character,” Robertson said. “I enjoyed getting to know him a little bit.”

Cardona, the senior center director, said Frankel is known for his corny jokes and stories and for his ailing 17-year-old dog Yardsale, who would sit outside in Frankel’s truck while he had lunch at the center each day. Cardona said he wasn’t alarmed when Frankel missed lunch for several days because Frankel told him he’d be home caring for Yardsale (who died of age-related issues last week).

When Robertson came in to work on Monday, April 28, he was concerned when he saw that Frankel’s prescriptions hadn’t been picked up. He called Frankel’s house several times with no success. Then, after a sleepless night, he drove to the man’s house Tuesday morning but nobody answered the door. When Robertson and a neighbor noticed that Frankel’s Sunday newspaper was still untouched in the driveway, they called deputies to investigate. After officers found Frankel injured and severely dehydrated inside, Robertson stayed to give paramedics information on the man’s prescriptions.

Robertson’s girlfriend Shawnee Greer said she wasn’t surprised to hear about the rescue effort last week.

“That’s just who he is, a very thoughtful, humble man who doesn’t feel he deserves the attention,” she said. “He likes to know his customers and he still keeps in touch with his customers from the last store where he worked.”

Sav-On Pharmacy manager Andrew Thomson said he has known Robertson since he was a 20-year-old pharmacy student, and he embodies the company’s community-focused philosophy. Thomson said Robertson is also known for his intuition.

“He’s extremely clever,” Thomson said. “He’s the sharp edge of our sword.”

Attachment 2

Board of Pharmacy Website

http://www.pharmacy.ca.gov/consumers/rx_abuse_prevention.shtml

PRESCRIPTION DRUG ABUSE PREVENTION

Prescription Drug Abuse Prevention Public Service Announcement

60-second video

https://www.youtube.com/watch?v=Lw95thBpA5E

30-second video

https://www.youtube.com/watch?v=ZCAxsKFJx68

MATERIALS

Teens

TEEN Poster PDF
TEENS Drug abuse prevention PDF
TEENS RX abuse prevention PDF

College Students

COLLEGE RX abuse PDF

Parents

PARENT Talk Kit PDF
PARENTING Practices to… PDF
PARENTS Talking to your kids PDF
PARENTS Abuse of prescription and OTC … PDF
PARENTS How teens abuse medicine PDF
PARENT GUIDE Family drug and alcohol testing PDF
PARENTS Synthetic Bath Salts K2 Spice PDF

Teachers

TEACHERS RX abuse education PDF

WEBSITES

Teens

NIDA For Teens – the science behind drug abuse
http://teens.drugabuse.gov/
The National Institute on Drug Abuse (NIDA), a component of the National Institutes of Health (NIH), created this website to educate adolescents, ages 11 through 15, and their parents and teachers on the science behind drug abuse. NIDA enlisted the help of teens in developing the site to ensure that the content addresses appropriate questions and timely concerns.

Above The Influence
www.abovetheinfluence.com

This campaign is inspired by what teens say about their lives and how they deal with the influences that shape their decisions about not using drugs or alcohol. The goal is to help teens stand up to negative pressures or influences.

Just Think Twice
http://www.justthinktwice.com/
Website for teens

Drugs: What you should know
http://kidshealth.org/teen/drug_alcohol/drugs/know_about_drugs.html
Also available in Spanish. TeensHealth is part of the KidsHealth family of websites. These sites, run by the nonprofit Nemours Center for Children's Health Media, provide accurate, up-to-date health information that's free of "doctor speak."

Educators

Free information kit for educators
http://www.drugfreeworld.org/freeinfo.html
The Foundation for a Drug-Free World is a nonprofit public benefit corporation that empowers youth and adults with factual information about drugs so they can make informed decisions and live drug-free.

Free prescription drug abuse education materials for middle school and high school students
http://www.neahin.org/rxforunderstanding/
National Education Association Health Information Network. Shipping costs apply.

Parents

Saving Lives and Protecting People: Preventing Prescription Painkiller Overdoses
http://www.cdc.gov/injury/about/focus-rx.html
Centers For Disease Control

The Partnership at Drugfree.org
http://www.drugfree.org/
Working toward a vision where all young people will be able to live their lives free of drug or alcohol abuse.

Get Smart About Drugs
http://www.getsmartaboutdrugs.com/
DEA sponsored website to educate parents

Treatment

Seeking Drug Abuse Treatment: Know What To Ask
http://www.drugabuse.gov/publications/seeking-drug-abuse-treatment
The National Institute on Drug Abuse (NIDA)

Time to get help: Support for parents of a child struggling with drugs and alcohol
http://timetogethelp.drugfree.org/
By bringing together renowned scientists, parent experts and communications professionals, The Partnership at Drugfree.org translates the science of teen drug use and addiction for families. At

drugfree.org, you can find information, tools and opportunities to help prevent and get help for drug and alcohol abuse by teens and young adults.

Treatment facilities
http://www.adp.ca.gov/help/aod_help.shtml
California Department of Healthcare Services

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

Substance Abuse and Mental Health Ser
SAMHSA

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).

This brochure was prepared under contract number HHSS283200700008I/HHSS28300002T (Reference Number 270-08-0209) 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 (HHS).

Not Worth The Risk
Xeve i it's legal

YOU'RE IN CONTROL

Using Prescription Medicine Responsibly

U.S. DEPARTMENT OF HEALTH AND HUMAN SER I ES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
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.

GUIDE TO RESPONSIBLE FAMILY DRUG AND ALCOHOL TESTING

Robert L. DuPont, M.D.
Richard H. Bucher, Ph.D.

September 30, 2005
Revised March 1, 2012

THINKING ABOUT DRUG, ALCOHOL AND TOBACCO USE

This Guide is written to help families understand why a no-use drug and alcohol prevention standard that includes drug testing can be an important part of building a successful, happy family -- and future for your child.

All children, including teenagers, need actively involved, caring parents who set clear drug-free standards. Parents are most likely to succeed when their parental authority is unmistakably based on love and a commitment to the welfare of the children in the family, including a willingness to accept and even to celebrate the uniqueness of each child.

Families function best, and kids do best in their own lives, when the children grow up alcohol- and drug-free. *Children become adults and determine the rules governing their behaviors for themselves when they leave their parents' home AND FINANCIALLY SUPPORT THEMSELVES.* Until children are on their own and paying for their own way in life, it is important for parents to be engaged directly with behaviors that have a potential for harming their children, such as alcohol, drug and tobacco use, regardless of the child's age.

Drug and alcohol testing is routine in the workplace, and is used with increasing frequency in schools. Tobacco testing is widely used in healthcare settings by insurance companies when establishing premiums and increasingly in wellness or other health promotion programs that require "good health" verification and longevity determination. Family drug and alcohol testing prepares young people for the inevitable tests they will face when they leave school and seek employment, or when they are required to be drug tested as a part of school based athletics or other extra-curricular programs.

Establishing a family policy about children's use of alcohol, drugs of abuse and nicotine is the key to a successful family drug and alcohol testing process.

Drug and alcohol tests used wisely as part of a family drug and alcohol abuse prevention policy require careful thought about how parents and children relate to each other and about how drug and alcohol abuse develops among young people. Many families raising drug-free children are rooted in strong religious or moral values. In all

families substance abuse prevention is based on a commitment to healthy living and the stewardship of the children's precious opportunities to grow, learn and to serve the needs of others.

The establishment of a family contract in which every child in the family agrees, in writing, to refrain from the use of drugs and alcohol, and agrees to specific rewards for abiding by the policy and specific penalties for violating the policy, **and**, the parents, in writing, agree to enforce the policy fairly and reasonably *is the vital first step*. A sample family contract is provided on page 13. You can use this model as it is or use it to develop one of your own. What is important is that everyone in your family understands your family's rules when it comes to alcohol and other drug use.

An important part of your family drug and alcohol abuse prevention policy is to establish clear rewards for adhering to the alcohol- and drug-free standard and establish equally clear punishments for positive test results or other evidence of recent drug or alcohol use. Permission to spend the night at a friend's home, use of the family car, attendance at sporting or other recreational events, priority use of the family television set, or other benefits can be made contingent on negative drug tests which indicate freedom from recent drug, alcohol or tobacco use.

The consequences of a positive test for illegal drugs, alcohol, or tobacco should be prompt, certain, and unpleasant in order to deter drug and alcohol use. For some families, withholding the use of a car for 30 days is sufficient punishment for a positive drug or alcohol test, while other families will establish different consequences such as the young person's payment of a fine (to be sent to a designated charity, for example), withdrawal of participation in extracurricular activities, or grounding from social activities for a specific period of time. Another important option for responding to a positive drug or alcohol test is to get an evaluation and recommendations from a drug rehabilitation counselor or other mental health professional who has expertise in substance abuse.

There are no legal barriers to families instituting drug and alcohol testing. Parents not only have the right to know about the drug and alcohol use of their children, but they have a responsibility to know and to act forcefully to prevent and stop this use.

Use of marijuana, Ecstasy, Spice, and other nonmedical use of prescription drugs, such as OxyContin without a prescription for the user, is always illegal, regardless of age. For children under the age of 18 any use of tobacco is illegal. Twenty-one is the legal age for alcohol use. Not only is use of these substances by youth illegal, it is unwise, unhealthy and often a source of failure at school and in life. If you have questions or concerns about your particular problems when it comes to using tests, you should talk with a local addiction specialist before you start to test for drug or alcohol use. At the end of this report you will find a list of resources including how to find an addiction specialist.

Parents who have alcohol problems, or who use illicit drugs, are urged to seek and make use of treatment for their own sakes and for the welfare of their children.

Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are particularly recommended. Al-Anon is the 12-step program for family members who have to deal with another family member's drug and alcohol problems. These fellowships offer support and guidance for youth and adults and provide a consumer's perspective on local providers including treatment programs and counselors.

What Tests are Available for Alcohol, Drugs of Abuse, and Tobacco?

When people use alcohol it quickly finds its way into the bloodstream through absorption from the stomach and the intestines. The rapid circulation of the blood carries the alcohol to all parts of the body where it is absorbed into tissue including the lungs.

Alcohol tests usually are by breath analysis, though blood, saliva, and urine can also be tested. Breath drawn from blood vessels in the lungs (alveolar breath) contains alcohol in a consistent relation to the amount of alcohol in the blood at the time the sample of breath is taken. The breath alcohol test measures the presence of alcohol in the breath and reports it as the blood alcohol content (BAC) equivalent. Alcohol leaves the body rapidly at a predictable rate. There is nothing that one can do to speed up this rate of alcohol elimination. Therefore, a positive alcohol test indicates that a person who tests positive for alcohol has consumed alcohol within the few hours immediately preceding the alcohol test.

When people use drugs including tobacco, they are found in all parts of the body. The drugs (and their breakdown products called metabolites) are excreted in urine, laid down in the growing hair, and found in sweat and oral fluids (saliva).

The most commonly used drug test is a urine test. Hair tests are also widely used and increasingly sweat patches and oral swabs are used to detect drug use. The chemical tests used for each type of sample are the same beginning with an immunoassay screening test and going to a more sophisticated confirming test, when confirming tests are needed.

Most workplace and school-based drug testing use urine samples although salvia tests are increasingly common. Drugs are usually found in urine for 1 to 3 days after the most recent drug use. Marijuana can be detected for longer periods for people who smoke every day for weeks at a time but urine tests are usually negative for marijuana metabolites after a day or two after use for people who smoke marijuana only occasionally.

A standard hair sample is one and a half inches long. Since hair grows about one half inch each month, this length of hair has information about drug use over the prior 90 days. Sweat is tested by applying a patch to the skin. Drug use is detected over the period the patch is worn, usually 1 to 3 weeks. Oral fluids are tested by taking a swab from a person's mouth. They generally detect drug use within the past 10 to 24 hours.

What Are the Advantages and Disadvantages of Each Type of Test?

Testing for Alcohol

Breath tests for alcohol are easy to use and are less invasive, less troublesome, and less expensive than blood tests. Both provide accurate results. A urine test can determine recent presence of alcohol, but requires a series of voids to determine a level of impairment. As we note below, urine testing is subject to cheating on a much greater basis than any other type of alcohol or drugs of abuse test.

Alcohol can be tested in oral fluids but is not tested for in hair or sweat patches. Alcohol can be detected in continuous monitoring devices commonly worn as bracelets, often on ankles. Since alcohol is rapidly metabolized, when breath and oral fluids are tested the alcohol will be identified only for a few hours after the alcohol use has stopped. Urine, like oral fluids and breath, is in balance with the blood. However, because urine is collected internally for a few hours before voiding, it will be positive for a few hours longer after drinking stops than are breath and oral fluids. Many urine tests do not detect alcohol. There are inexpensive alcohol breath tests available for spot checks of alcohol use in the few hours prior to testing. These tests cost between $3.00 and $5.00 each. Oral fluid alcohol tests cost about $8.00.

Testing for Drugs of Abuse

Urine is the most widely available test and generally least expensive when testing for drugs of abuse. There are home testing kits that can provide immediate screening results. They usually require that a small amount of the collected urine be placed in a reservoir and as the urine moves through the testing strips, results appear. Urine has to be collected in a bathroom and is subject to cheating since drug users – including teenagers – are often clever at substituting someone else's urine or adulterating their samples unless the collection is directly and carefully observed. To prevent this in family testing, it is usually wise to directly observe the urine leaving the tested person's body and going into the test cup to reduce cheating. The tested person should also be observed from the moment he or she is informed that a urine test will be taken to prevent the consumption of products designed to foil the test. Attempts to adulterate (beat the test) can be reduced by using a testing cup that checks for adulterants built into the device.

Hair samples require that a small amount of hair be cut from the back, above the ear, and top of the head and sent to the laboratory. The hair must be cut close to the scalp with the inch and a half closest to the scalp typically analyzed to identify drug use in the prior 90 days. Hair tests are less widely available than either urine or oral fluids and they are substantially more expensive (about $60 per test compared to about $15 for a urine test). Hair tests will not identify drug use within the most recent 7 to 10 days because that is the time it takes for new hair to appear that would contain the drug metabolite.

Hair samples are especially resistant to cheating. However, hair tests are not sensitive to occasional marijuana use. In general it requires marijuana use about twice a week for 90 days to produce a positive hair test for marijuana. In contrast to its insensitivity to marijuana, hair tests are very sensitive to the other drugs tested and can detect them after a few uses over the course of the 90 days the typical hair sample covers.

Oral fluid (saliva) testing requires a brief swab of the tested person's mouth. It requires no special training to take the swab and it is much less invasive than a urine test. It is also very difficult to cheat during an oral-fluid collection. However, the marijuana detection window is from ingestion to a maximum of 24 hrs after drug use. On-site oral fluids tests, like hair tests, are relatively insensitive to marijuana use. Oral fluid drug tests for home use that provide an immediate screening result cost less than $20.00

Sweat patches are not available to families now but may be in the future. They can be used by physicians. They are resistant to cheating and cover longer periods of time than urine tests but not as long as hair.

Testing for Nicotine

Nicotine use is easily detected in urine, hair and sweat but commercially available tests seldom test for it using, hair or sweat. Home nicotine tests, which provide an immediate screening result using urine, cost less than $5.00. Saliva tests for nicotine are now available in the $10 range.

WHEN TO TEST?

A responsible family testing program should include both unannounced and event related testing. We recommend that unannounced testing occur at least four times a year. This frequency will provide enough testing to be a real deterrent, as well as provide the child with a believable explanation to peers for not using alcohol, drugs, or tobacco.

In addition, the family should establish event-oriented testing. For example, a testing *possibility* could always occur after a certain event, such as going out on Saturday night or after a party. A model that has been successfully used in these instances is to have the child roll a die. If a certain number comes up, then the child will be tested. If not, then there is no test – but the deterrent effect is reinforced. Another example would be to require a drug and alcohol test if the child violates a curfew. There are many other possibilities for event testing and families should agree on one or more that they think will provide a real deterrent without overburdening the child or the parents. Parents should also reserve the right to test children any time that the parents are concerned about possible use of alcohol, tobacco and other drugs.

Testing should always occur if the child smells of alcohol or tobacco, if his or her clothes smell smoky or musty, or the child is clearly behaving in an abnormal manner.

A “Family of Tests” Approach

Families should consider using testing methods that best support the specific reason for testing. For example, a family may want to use hair testing once or twice a year to reconfirm negative drug use and to provide the children with a persuasive excuse for not using when approached to do so by peers and others. An oral fluids test for breaking curfew or after a party is easily administered and not burdensome.

Nicotine and alcohol tests could be immediately available if there are any signs of recent use due to odor or behavior. Whichever approach a family takes, ensure that it truly supports the family policy of deterrence without becoming complicated or burdensome.

A Comparison of Home Testing Methods

Method	Normal Window of Detection	Ease of Collection	Limitations	Approximate Cost at Publication	Comments
Drug urine Test	1-3 days since last use	Need privacy & awkwardness or urine collection	Vulnerable to cheating without observed collection	$12.00-$15.00 for 5 drugs	Additional drug assays (e.g. barbiturates, benzodiazepines, Ecstacy, Oxycotine, Oxycodone more available)
Drug hair test	10-90 days since last use	Moderately easy; hard to cheat	Must be sent to laboratory; less sensitive to intermittent marijuana use	$60.00 - $65.00 for 6 drugs	Includes Ecstasy
Drug oral fluids (saliva) test	Up to 10 to 24 hours since last use	Very easy; hard to cheat	Less sensitive to all marijuana use	$16.00	
Alcohol breath test	0-4 hours after last use	Very easy; hard to cheat	Not useful if used more than 6 hours after last use	$4.00	
Alcohol oral fluids (saliva) test	0-4 hours after last use	Very easy; hard to cheat	Not useful if used more than 6 hours after last use	$8.00	
Nicotine urine test	1-3 days since last use	Need privacy & awkwardness of urine collection	Vulnerable to cheating without observed collection	$4.00 - $5.00	
Nicotine saliva test	1-3 days since last use	Moderately easy to use, hard to cheat	Rapid result, can be sent to lab for confirmation	$7.00 - $13.00 plus cost of confirmation-$25	

QUESTIONS AND ANSWERS

Here are answers to the most frequently asked questions about family-based drug, alcohol or nicotine testing.

Question:

How do I answer the charge that testing violates the basic trust which families establish between parents and children, especially if the test result is negative?

Answer:

Trust is one of the first casualties of alcohol and other drug use. **Lying, even by previously honest young people, is universal once drug use begins.** Families who rely on the word of their children when it comes to drug and alcohol use are engaged in dangerous wishful thinking, and often involved in denial of a potentially serious problem. Alcohol and other drug use promote the twin corroders of family trust – denial and dishonesty. To the drug user, deceit and lying are a way of life. All of the love and caring in the world will not overcome this reality. Trust is earned through testing.

Drug and alcohol tests are the only objective way of establishing that a person has not recently used these substances. Then and only then can you know whether your child is telling the truth about alcohol and drug use. A negative test is reinforcement for open and honest communication between parents and children. A positive drug test is a call-to-action to end the use of drugs. Informed and involved parents are most likely to help their children grow up healthy, happy and drug-free.

Our experience is that the use of tests as a part of a family alcohol and drug prevention strategy often results in the establishment of stronger bonds of trust and love between family members because deceit and deception are removed from the discussion of the important issue.

Remember also that loving, involved parents routinely “check up” on their children. You may have checked with another parent to confirm that your child has his or her permission to eat a meal or stay overnight with a friend. Most parents have contacted other parents to determine if a party or other events their children will be attending will be chaperoned. You may have checked your child’s homework to ensure that the “Yes, I finished it” statement is true. *This is considered a part of routine parental responsibility. Using drug testing is an extension of that vitally important responsibility.*

Question:

How do I answer the “But you did it when you were young!” challenge from children who know their parents previously used illegal drugs? Or who presently use alcohol and/or nicotine?

Answer:

These are two important but separate questions. Just because a parent used alcohol, other drugs, or tobacco as a teen is no justification for a child to use it. In acknowledging such, parents need to emphasize that this was adolescent behavior and as they matured they came to realize much more fully the potential negative consequences of their actions: endangering the lives of themselves, their friends, and others, and endangering their chances to go to college, get a job, or hold a driver's license. Parents concern grows out of love for the child and caring for each and every member of the family.

Current parental use of tobacco or alcohol is an adult choice and is a choice children can make when they attain adulthood. However, discussion of parental alcohol and tobacco use is also an opportunity for parents to assess their own tobacco and/or alcohol use and determine whether it is a behavior that befits their family role model or promotes healthy living.

Question:

What does our family need to do before we use a drug or alcohol test?

Answer:

Drug and alcohol testing is best used as a prevention technique. In other words, the primary goal of testing is to provide a strong incentive not to use drugs or alcohol, especially young people.

The first step is to establish a family policy concerning the use of alcohol and such drugs as marijuana, cocaine, Ecstasy, and other drugs of abuse. This is best done by the adults working with the youth in the family. The earlier it is done, the better. It is useful to have this policy written out and understood before any drug testing is done.

Question:

What is the best time to take a drug test? An alcohol test? A nicotine test?

Answer:

For drug testing using urine, the best time to obtain a urine sample is right after a person wakes up in the morning and before he or she has had an opportunity to go to the bathroom. However, anytime during the day or night a person can provide an acceptable urine sample for testing is sufficient. For oral fluids testing, a sample should be taken within 24 hours of suspected drug use. Hair tests can be done at any time that is convenient.

For any alcohol test, the test should be done as soon as there is suspicion for alcohol use. Because alcohol leaves the body very quickly, an alcohol test 12 hours after suspected alcohol use will seldom reveal the presence of alcohol in the body. The liver metabolizes alcohol at the rate of about one drink each 60 - 90 minutes. That means that if a person has consumed 4 drinks in an evening, the blood alcohol concentration will be close to zero about 6 hours after the drinking stopped. For this calculation 1 drink equals 0.5 ounces of ethyl alcohol, the amount of alcohol in 12 ounces of beer, one and one-half ounces of distilled spirits (e.g. gin, vodka or whiskey) or 5 ounces of wine. The best time for an alcohol test is when the person first gets home after a drinking episode. Testing for alcohol the next morning is a waste of time and money since the alcohol will be fully metabolized unless the young person drank a prodigious quantity of alcohol (10 drinks or more) in the 8 hours prior to testing.

A nicotine test should be done as soon as there is suspicion of nicotine use. Because nicotine is identified in urine for 1 to 3 days after the most recent use the time the test is taken is not critical. This is true of the saliva test.

Question:

What if my child refuses to take a drug or alcohol test?

Answer:

The most straightforward way of handling a refusal to be tested is to consider the consequences of refusal to be the same as the consequences of a positive test and to impose the routine consequences for a positive test result. This is the standard used in the workplace and in school-based drug tests. There should be no reward for refusing to take a test.

Question:

Are there other ways to approach refusals?

Answer:

Yes. One alternative for unannounced tests is to agree to have all of the family tested so that the child will not feel singled out. Another is to suggest that the family doctor or the child's pediatrician do the collection. However, the consequences to any approach must be no less than the consequences for a positive test or else almost everyone using drugs or alcohol would refuse to be tested.

Question:

What if the child says he or she can't provide a urine sample?

Answer:

If you have chosen to use a urine testing kit, have the person drink some fluids and wait until he or she can urinate. Tell the child that if an acceptable urine sample is not given, the refusal will be treated the same as a positive test. Almost everybody can provide a urine sample within a few hours after drinking fluids. Oral fluids collections are seldom a problem. In the event of dry mouth give the person some water to sip. If there is no head hair available for testing, use one of the other methods or sample hair from any part of the body since all hair has drugs in it after repeated drug use.

Question:

Are drug and alcohol tests accurate?

Answer:

Yes! Drug tests are positive for specific drugs, not for “drugs in general.” For example, the tests are positive for marijuana or cocaine use, or for phencyclidine (PCP) or amphetamine/methamphetamine use. Drug tests do not confuse one chemical with another, and they are not positive for an abused drug on the basis of use of an over-the-counter or prescribed drug (unless the prescription was for the specific drug identified in the test, such as codeine). A cocaine positive urine test will not occur on the basis of the use of a cold tablet or an antibiotic, for example, and ibuprofen will not give a marijuana positive urine test result.

The urine, oral fluid, or hair sample taken will be analyzed only for those drugs to be tested, usually amphetamine, methamphetamine, cocaine, marijuana, PCP, codeine, heroin, and morphine. These drugs are the standard panel for most drug tests. Most urine testing is done using standards established by the U.S. Department of Health and Human Services (DHHS) which is also developing standards for hair and oral fluids testing. Hair testing also analyzes for Ecstasy.

Breath alcohol tests identify the presence of ethyl-alcohol that has come from the lungs. You can easily prevent “mouth alcohol” positives which can occur after a person uses an alcohol-containing mouthwash by simply having the individual wait fifteen minutes after putting anything in his or her mouth. Any “mouth” alcohol will completely dissipate during this time.

Question:

Is a confirming test needed or is a screening test sufficient for family drug testing?

Answer:

In general the screening tests for alcohol, drugs of abuse and nicotine are accurate and in most family testing situations they are sufficient. There are two exceptions to this

conclusion and one caveat to be understood. First, there are no other drugs or substances that cross-react with immunoassay tests for marijuana, cocaine or PCP. When one of these substances is detected it is usually safe to conclude the person tested recently used the drug which was detected.

Second, in contrast both the amphetamine/methamphetamine and the opiate tests are subject to misinterpretation. Cold medicines containing pseudoephedrine and stimulants used to treat Attention Deficit-Hyperactivity Disorder (ADHD) both can produce "positive" screening tests for amphetamine/methamphetamine. Poppy seeds can produce a positive urine test for opiates as can codeine-containing medicines.

When a positive screening test is obtained for either amphetamines/methamphetamines or opiates, and when the tested person denies drug use, then it is desirable to see an addiction professional and/or to consult a clinical toxicologist at a clinical laboratory for help in interpreting the drug test result.

The caveat: in workplace testing when an employee can lose a job for a single positive drug test, the gold standard is to have not only a confirming test done on all immunoassay, screening positive results but to use a Medical Review Officer (MRO) in the process for all drug results to ensure that rare and unusual circumstances cannot explain away the apparent positive result. In family drug testing, the child usually admits to alcohol or other drug use after a positive screening test making these additional steps unnecessary. If the child denies use of the detected use, the family can pursue the issue further in a variety of ways including getting a consultation from an addiction specialist as described later in this booklet.

Alcohol tests do not need a confirmation test.

Question:

What is a medical review?

Answer:

Medical review is performed by a physician with experience in the addictions to determine if there is any legitimate medical explanation for a laboratory confirmed test. For example, a doctor or dentist may prescribe a pain-killer such as Tylenol No. 3® which has codeine in it. Codeine is an opiate. If taken within a day or so of a drug test, codeine will probably cause a positive drug test for opiates. *You do not want to penalize a person for taking medicines which are properly prescribed and properly used*. You can find an MRO using the guide at the end of this booklet. Medical review can be done on a laboratory positive test to determine if there is a legitimate medical reason for the drug test result.

Question:

What if Ior my child gets angry during a drug, alcohol, or nicotine test?

Answer:

Parents do best when they remain calm about all sorts of teenage behavioral problems. Anger is most likely to lead to hasty or ill-conceived actions. Do not impose consequences on your child when you are angry. Your child and your family are best served by a steady and reasonable, but firm, approach to all sorts of problems, including drug use. Do not be ashamed or afraid to get expert help if you have worries about your choices or your feelings. Remember that Al-Anon is available to family members who are concerned about drug problems, including problems of their teenage children. *There is no charge for this program*. You can also speak to a local addiction specialist to advise and support your family.

We never recommend draconian punishments for youth who test positive for illegal drug or alcohol use. This goes even more strongly for a single positive test when the tested person denies use. If that happens in your family, and it is not a common outcome, get help and do not impose severe punishments. Keep an open mind, continue open communication and get expert help.

Question:

What does a positive drug test mean?

Answer:

A positive urine test result indicates use of the identified drug usually within the one to three days prior to the collection of the urine sample. A hair test positive means use of the identified drug during the previous three months, usually repeated use during that time. An oral fluids test positive means use of the identified drug within one to two days prior to the collection of the oral fluids sample.

Question:

What does a negative drug test mean?

Answer:

It can mean one of two things. Most often it means that your tested family member is drug-free. You should smile and give that person a hug and a “thank you” and celebrate the moment. Take this opportunity to reinforce the message that you care for your child or other family member and thank him or her for this drug-free behavior.

A negative drug test can also mean the person submitting the sample has not used any illicit drug in the test panel in the three days immediately prior to the test, that the amount of drug in the urine or oral fluids is too low to be identified, or that a drug which was used was not tested for (such as inhalants, or LSD). If you get a negative urine drug test result and you think the child being tested had used other drugs nonmedically just before the test, you can consult an expert in addiction for help or discuss your concerns with a counselor.

Question:

What does a positive alcohol test mean?

Answer:

A positive alcohol test usually means that the person being tested has used alcohol within the previous four to six hours. Alcohol tests are usually read as a specific BAC. Highway alcohol test results for adults are considered “negative” when BACs are under 0.08. That is the legal threshold for “intoxication” and “impairment” on the highway. Many young - and older - drinkers are seriously impaired at BACs well under 0.08. BAC levels over 0.08 are not often seen in youth unless there has been very heavy drinking not only just before the test but many other times before in that person’s life.

When people under the age of 21 are tested, in contrast to adult testing, there is no alcohol level that is acceptable since any alcohol use in this age group is illegal.

Impairment of one’s decision making and cognitive skills occur in some people with test results as low as 0.02 BAC. ***We recommend that anything over 0.02 BAC be considered a positive alcohol test when anyone under 21 is tested.***

Question:

What does a negative alcohol test mean?

Answer:

Because alcohol is rapidly metabolized, a negative alcohol test means that the tested person has not used alcohol in the few hours before the test, or used so little alcohol so long ago that the BAC has returned essentially to zero by the time the test was conducted. For example if a young person drank one drink about 9:00 PM and came home after 11:00 PM and was tested when first arriving at the front door, the BAC would be close to zero. It would probably require the consumption of three or more drinks that evening to trigger a positive alcohol test even at 0.02 BAC if the drinking had stopped more than two hours before the young person came home and was tested.

Question:

What about tobacco (nicotine) testing?

Answer:

Nicotine, the addictive chemical found in tobacco, is rapidly metabolized to cotenine and other metabolites in the liver. It is cotenine that is detected in drug tests after the use of tobacco. Cotenine is identified for several days after the last tobacco use and can be detected in urine, hair, oral fluids and sweat. Many insurance companies test urine samples of people applying for insurance for cotenine to detect recent tobacco use. Most drug tests today do not test for cotenine although it is easy to identify this substance in all drug test samples. The only reason cotenine is not currently more widely identified in drug tests is that the market is too small for the drug test manufacturers to build this into their standard test panels. Look for tests that can identify nicotine use. It is important that test manufacturers see that the market for drug tests is interested in cotenine testing. When that happens, cotenine testing will become routine for all drug tests. This is especially important for youth drug testing.

Question:

What about drugs in addition to the standard 5-drug panel?

Answer:

Until recently, the drug test market was dominated by urine testing in the workplace done at laboratories. Taking a urine sample to a laboratory to be tested was the best way to test for drugs outside the 5-drug panel. Most laboratories however required a physician's order to conduct a clinical test (which is how they think of drug tests).

Today, however, there are a variety of home testing options for drugs in addition to the standard 5-drug panel. Currently, parents can purchase urine drug tests for Ecstasy, synthetic narcotics (e.g. Oxycontin®, oxycodone, hydrocodone), benzodiazepines (e.g. Valium®, Librium®, Xanax®), barbiturates, and methadone. Tests for other drugs such as LSD and GHB require urine tests performed by laboratories. In those instances, to get a laboratory test, parents are likely to need a physician to help them. This can be your child's pediatrician or an addiction specialist or a drug treatment program.

It is possible to identify additional drugs, in addition to the 5-drug panel (6-drug panel for hair) in hair, oral fluids, and sweat, but the manufacturers of these tests which are less often used than urine tests, seldom include a wide range of drugs since they have relatively small markets for even the 5-drug panel. In the future, as the drug test market grows there will be a wider range of drugs that can be identified in on-site urine drug testing as well as in tests using samples other than urine.

Question:

Where can I turn for help?

Answer:

You can find a physician expert in addiction near you by calling the American Society of Addiction Medicine (ASAM) at (301) 656-3920 (www.asam.org). You can also check your telephone directory under Alcohol and Drug Abuse Services to find your local alcohol or drug abuse treatment services or other programs in your area that can help you and your family. You might also find help from your local school system, particularly if it has a Student Assistance Program (SAP), or from an Employee Assistance Program (EAP) at your workplace.

One of the best ways for family members to get help with an alcohol or drug problem is to go to local meetings of Al-Anon, the 12-step support program affiliated with Alcoholics Anonymous (AA). You will find Al-Anon listed in your phone book's white pages, or you can find their 24-hour-a-day helpline by calling information. Call Al-Anon and find the most convenient meeting times and locations for you. Go to the meetings a few minutes early, introduce yourself by your first name, and say that you have come for help. At Al-Anon you will find other family members who are coping with the problems of nonmedical alcohol and other drug use. The members of Al-Anon have used many treatment and prevention services in your community. They can give you advice as to where to find the best local resources, since these are the active consumers of the services in your community.

Question:

Where can I get information on the effects of drugs, including alcohol and nicotine?

Answer:

At the end of this guide there is a list of organizations which provide information about the effects of drugs. Libraries and bookstores are additional sources of information. In recent years, specialty bookstores with a vast amount of information on addiction and recovery have become more widespread.

Question:

If our family needs drug treatment, how do I find the best program?

Answer:

Some of the best and the least expensive treatment in the country is provided by the Betty Ford Center in Rancho Mirage, California (800-434-7365), Hazelden in Center City, Minnesota (800-257-7810), Caron Foundation in Wernersville, Pennsylvania (800-

854-6023) and Father Martin's Ashley in Havre de Grace, Maryland (800-799-4673).You can find listings of local treatment programs in your telephone directory. You will also get a consumer's-eye view of alcohol and other drug abuse treatment programs from your local Al-Anon meetings.

In general, addiction treatment is only needed when you have exhausted less expensive and less intensive methods of handling the drug problem, including family-based prevention using urine drug testing linked to consequences for use of alcohol and other drugs. After treatment, family members go to Al-Anon and addicted people go to Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). You do not need to go to addiction treatment to use these entirely free fellowships.

The simple good advice is to **GO TO MEETINGS** of AA, NA, and Al-Anon—they really work!

In addition you can purchase, or read through a library, the book *The Selfish Brain—Learning From Addiction* by Robert L. DuPont, M.D. It is published by Hazelden, the largest publisher of books on addiction and recovery (www.hazelden.org).

Question:

Where can I purchase home drug or alcohol testing kits?

Answer:

Most pharmacies sell drug and alcohol testing kits. If you prefer to purchase them online, go on your favorite search engine (e.g., Google, Yahoo) and enter the search term "home drug test", "home alcohol test", or "home nicotine test." You will find vendors who will sell you one or more test kits. As of the printing of this booklet, the following sites were among those offering home test kits for alcohol, nicotine, and other drugs.

Sample Family Drug Prevention Contract

We commit ourselves as a family to working together as a team in the best interests of all family members. We are committed to our children growing up free of the use of nicotine, alcohol, and other drugs because we know that use of these addictive substances by children is harmful.

As part of our commitment, we will use drug tests routinely as well as when there is any question of possible use of alcohol, other drugs, or tobacco. The tests will be carefully collected and the results used with discretion in the child's best interests as judged by the parent(s).

The consequences of a positive drug test are:

_____
_____
_____
_____
_____

The consequences of a negative urine drug test are:

_____
_____
_____
_____
_____

Signed and dated:

_____
_____
_____
_____
_____

Sources of Additional Information

The following are sources of information which you may wish to contact to find out more about problems associated with substance abuse and help which is available. The Institute for Behavior and Health, Inc. does not warrant any information received from these sources, but does believe that they represent generally recognized programs in the field.

TREATMENT/SUPPORT:

Al-Anon Family Groups

1600 Corporate Landing Pkwy
Virginia Beach, VA 23454
(757) 563-1600
www.al-anon.alateen.org

Alcoholics Anonymous World Services, Inc.
General Service Office
Box 459
Grand Central Station
New York, NY 10163
(212) 870-3400
www.aa.org

American Society of Addiction Medicine (ASAM)
4601 North Park Avenue, Upper Arcade #101
Chevy Chase, MD 20815
(301) 656-3920
www.asam.org
*ASAM also lists certified Medical Review Officers

Betty Ford Center
39000 Bob Hope Drive
Rancho Mirage, CA 92270
800-434-7365
www.bettyfordcenter.org

Caron Foundation
233 N. Galen Hall Road
Wernesville, PA 19565
800-854-6023
www.caron.org

Hazelden Treatment Inquiries
P.O. Box 11
Center City, MN 55012
(800) 257-7810
www.hazelden.org

Narcotics Anonymous World Services, Inc.
P.O. Box 9999
Van Nuys, CA 91409
(818) 780-3951
www.na.org

Phoenix House
164 W. 74th Street
New York, NY 10023
(212) 595-5810
(800) DRUG-HELP /(800) 378-4357
www.phoenixhouse.org

WASHINGTON, DC AREA TREATMENT

Father Martin's Ashley
800 Tydings Lane
Havre de Grace, MD 21078
(800) 799-4673
(410) 273-6600
www.FatherMartinsAshley.org

Kolmac Clinic
15932-B Shady Grove Road
Gaithersburg, MD 20877
(301) 330-7696

1003 Spring Street
Silver Spring, MD 20910
(301) 589-0255

10632 Little Patuxent Pkwy
Suite 410
Columbia, MD 21044
(443) 276-0556

6525 N. Charles Street
The Gibson Building, Suite 085
Towson, MD 21204
(410) 296-2232

1411 K Street, NW Suite 703
Washington, DC:
(202) 638-1992
www.kolmac.com

Suburban Hospital
Behavioral Health 7300
8600 Old Georgetown Road
Bethesda MD 20814
(301) 896-3100

DRUG & ALCOHOL INFORMATION

Drug Enforcement Administration
Mailstop: AES
8701 Morrissette Drive
Springfield, VA 22152
(202) 307-1000
www.dea.gov

Drug Free America Foundation, Inc.
5999 Central Avenue, Suite 301
St. Petersburg, FL 33710
(727) 828-0211
www.dfaf.org

Hazelden Publishing
P.O. Box 176
Center City, MN 55012-0176
(800) 328-9000

Health Communications, Inc.
3201 South West 15th Street
Deerfield Beach, FL 33442
(800) 441-5569
www.hcibooks.com

PRIDE Youth Programs
4 West Oak Street
Fremont, MI 49412
(800) 668-9277
(231) 924-1662
www.prideyouthprograms.org

Substance Abuse and Mental Health Services Administration (SAMHSA)
1 Choke Cherry
Rockville, MD 20850
(240) 276-2000
www.samhsa.gov
SAMHSA Publications
http://store.samhsa.gov/home

SAMHSA provides free material and information on alcohol, tobacco, and other drug problem prevention and treatment.

PARENT-BASED GROUPS & INITIATIVES

Prevent Teen Drug Use
www.PreventTeenDrugUse.org

The Courage to Speak Foundation, Inc.
P. O. Box #1527
Norwalk, CT 06852
(877) 431-3295
www.couragetospeak.org

Drug Free Kids: America's Challenge
Joyce D. Nalepka, President
1805 Tilton Drive
Silver Spring, MD 20902
(301) 681-7861
AmerCares@aol.com

Drug Free Schools Coalition, Inc.
David G. Evans, Esq., Executive Director
146 Main Street
Flemington, NJ 08822
p) 908-788-7077 drugfreesc@aol.com

Families Anonymous
P.O. Box 3475
Culver City, CA 90231
(800) 736-9805

MOMSTELL
Encourages parental support and awareness. Learn what the signs of drug abuse are.
www.momstell.com/ParentsGuide.htm

Mothers Against Drunk Driving (MADD)
511 E. John Carpenter Freeway, Suite 700
Irving, TX 75062-8187
(800) 438-6233 www.madd.org

National Families in Action (NFIA)
P.O. Box 133136 Atlanta, GA 30333
(404) 248-9676
www.nationalfamilies.org

National Family Partnership (NFP)
(Formerly National Federation of Parents for Drug Free Youth)
2490 Coral Way, Suite 501
Miami, FL 33145
(305) 856-4886

Not in My House
Created by Partnership for Drug-Free America, this website addresses one of the most serious problems in drug abuse: prescription drug abuse among youth. More 12 to 17 year olds initiate prescription drug abuse than marijuana. Learn how to address this important issue with your children.
www.notinmyhouse.com

A Parent's Guide to the Teenage Brain
The Partnership for a Drug-Free America partnered with Treatment Research Institute and WGBH Educational Foundation to develop *A Parent's Guide to the Teen Brain*.
www.drugfree.org/teenbrain/

Parents: The Anti-Drug
Sponsored by the Office of National Drug Policy's Media Campaign: Parents, the Anti-Drug, gives parents tips and information about drugs and alcohol.
(800) 663-HELP / (800) 663-4357
www.theanti-drug.com

Time to Talk
Get help talking to your kids about drugs and alcohol.
www.timetotalk.org

Time to Act!
How to tell if your teen is using and taking action to intervene.
timetoact.drugfree.org

Time to Get Help!
How to get help for your teen for drug or alcohol problems.
http://timetogethelp.drugfree.org/

DRUG POLICY INFORMATION

Institute for Behavior and Health, Inc.
6191 Executive Blvd.
Rockville, MD 20852
(301) 231-9010
www.ibhinc.org
Prevention:
www.PreventTeenDrugUse.org
Non-punitive random student drug testing:
www.PreventionNotPunishment.org

Office of National Drug Control Policy (ONDCP)
750 17th Street, NW
Washington, DC 20503
(202) 395-6000
www.whitehousedrugpolicy.gov

Suggested Reading

Coombs, RF: Cool Parents, Drug-Free Kids: A Family Survival Guide. Boston, MA: Allyn & Bacon, 2002.

DuPont RL: The Selfish Brain – Learning From Addiction. Center City, MN: Hazelden, 2000.

DuPont, RL: Getting Tough on Gateway Drugs: A Guide for the Family. Washington, DC: American Psychiatric Press, Inc. 1984.

Mooney, AJ, Eisenberg, A & Eisenberg H: The Recovery Book. New York, NY: Workman Publishing, 1992.

Perkins, WM & McMurtrie-Perkins, N: Raising Drug-Free Kids in a Drug-Filled World. Center City, MN: Hazelden, 1986.

Rahrer, JS: Seven Sensible Strategies for Drug Free Kids. Washington, DC: Child and Family Press, 2003.

Somdahl, GL: Drugs and Kids: How Parents Can Keep Them Apart. Salem, OR: DIMI Press, 1996.

Sturz, EL: Dealing with Disruptive Adolescents and Drugs, Second Edition. New York, NY: Argus Community, Inc., 1994.

The Partnership at Drugfree.org. Synthetic Drugs: Bath Salts, K2/Spice: A guide for parents and other influencers. Parents360, 2012. Available: http://www.drugfree.org/wp-content/uploads/2012/02/Parents360-Synthetics-Bath-Salts-K2-Spice-Parents-Guide-FINAL-2-13-12.pdf

Tobias, JM: Kids & Drugs: A Handbook for Parents and Professionals, Second Edition. Annandale, VA: Panda Press, 1989.

Youngs, B, Youngs, JL, & Moreno T: A Teen's Guide to Living Drug-Free. Deerfield Beach, FL: HCI Teens, 2003.

Feedback and Updates

The authors intend to revise this guide from time to time as new technologies or products are introduced to the public market. They also are interested in reader feedback, particularly regarding family prevention strategies using testing that have been successful. Please provide any comments regarding this guide to ContactUs@ibhinc.org.

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PARENT TALK KIT

Tips for Talking and What to Say to Prevent Drug and Alcohol Abuse

THE MEDICINE ABUSE PROJECT™

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PARENT TALK KIT
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How to Say It

Open, honest conversations are some of the most powerful tools parents can use to connect with — and protect — their kids. But when tackling some of life's tougher topics, especially those about drugs and alcohol, just figuring out what to say can be a challenge. The following scripts will help you start the conversation with your child — and keep it going throughout his or her life.

PRESCHOOL

Scenario: Giving your child a daily vitamin.

What to Say: Vitamins help your body grow. You need to take them every day so that you'll grow up big and strong like Mommy and Daddy — but you should only take what I give you. Too many vitamins can hurt your body and make you sick.

Scenario: Your kids are curious about prescription medicine bottles around the house.

What to Say: You should only take prescription medicine that has your name on it or that your doctor has chosen just for you. If you take prescription medicine that belongs to somebody else, it could be dangerous and make you sick.

Scenario: Your child sees an adult smoking and, since you've talked about the dangers of smoking, is confused. (Parenting expert Jen Singer says the same script applies to grade-schoolers.)

What to Say: Grownups can make their own decisions and sometimes those decisions aren't the best for their bodies. Sometimes, when someone starts smoking, his or her body feels like it has to have cigarettes — even though it's not healthy. And that makes it harder for him or her to quit.

GRADE SCHOOL

Scenario: Your child tells you he was offered prescription medicine by a classmate— but said no.

What to Say: After praising your child for making a good choice and telling you about it, let him know that in the future, he can always blame you to get out of a bad situation. Say, "If you're ever offered drugs — or someone else's medicine — at school, tell that person, 'My mother would kill me if I took that and then she wouldn't let me play baseball.'" And then you'll want to follow up with the other parent and/or school.

Scenario: Your grade-schooler comes home reeking of cigarette smoke.

What to Say: I know you're curious and you wanted to see what smoking was like, but as you can see, it's pretty disgusting and it probably made you cough and gag a lot. It's important for you to know that smoking cigarettes is very unhealthy for your body. I love you and am concerned about your well-being and health and I don't want you smoking. Let's talk about why you decided to smoke. If there are any related issues – or anything on your mind, let's talk about it. I'm here to listen and help you.

Scenario: Your child has expressed curiosity about the pills she sees you take every day — and the other bottles in the medicine cabinet.

What to Say: Just because it's in a family's medicine cabinet doesn't mean that it is safe for you to take. Even if your friends say it's okay, say, "No, my parents won't let me take something that doesn't have my name on the bottle." (Keep in mind that the medicine cabinet isn't the safest place to keep your medicine. Learn the best ways to safeguard medicine: http://medicineabuseproject.org/pages/monitor-secure-dispose-of-your-medicine-a-how-to-guide).

Scenario: One in 7 teens in America has tried huffing — inhaling the fumes from everyday items like nail polish remover, hair spray and cooking spray. Talk to your child about the dangers of the products under the kitchen sink — it's important to reiterate the warning.

What to Say: I know it's been a while since I talked to you about the dangers of cleaning products and that they should only be used for cleaning. But I've heard that some kids are using them to get high. I just want to let you know that even if your friends say, "Hey, we can get this stuff at the supermarket so it's totally okay to sniff it," it's not. Inhaling fumes from cleaners or products like cooking spray and nail polish remover is as dangerous as abusing medicine and street drugs, like marijuana. Now, situation if that happens. What do you think you should say? Remember, you can always blame me and say, "My mom's expecting me to be home now, gotta go!" or "My mom would kill me if I tried that!" or simply, "No thanks, I'm not interested."

MIDDLE SCHOOL

Scenario: Your child is just starting middle school and you know that eventually, he will be offered drugs and alcohol.

What to Say: There are a lot of changes ahead of you in middle school. I know we talked about drinking and drugs when you were younger, but now is when there's probably going to be an issue. I'm guessing you'll at least hear about kids who are experimenting or find yourself some place where kids are doing stuff that is risky. I just want you to remember that I'm here for you and the best thing you can do is just talk to me about the things you hear or see. Don't think there's anything I can't handle or that you can't talk about with me, okay?

Scenario: You find out that kids are selling prescription medicine at your child's school. Your child hasn't mentioned it and you want to start a conversation about it.

What to Say: Hey, you probably know that parents talk to each other and find things out about what's going on at school... I heard there are kids selling pills — prescription medicine that either they are taking or someone in their family takes. Have you heard about kids doing this?

Scenario: Your child's favorite celebrity — the one he or she really looks up to — has been named in a drug scandal.

What to Say: I think it must be really difficult to live a celebrity life and stay away from drugs and alcohol. They're probably under a lot of pressure — always being in the public eye, being watched and having to do well — and, unfortunately, some make the wrong choices and turn to drugs and alcohol. But a lot of famous people manage to stay clean — like [name others who don't do drugs] — and hopefully this incident is going to help [name of celebrity] straighten out his or her life. Of course, people make mistakes — the real measure of a person is how accountable he is when he messes up. The thing is, when a person uses drugs and alcohol — especially a young person because he's still growing — it changes how his brain works and makes him do really stupid things. Most people who use drugs and alcohol need a lot of help to get better. I hope [name] has a good doctor and friends and family members to help him/her.

HIGH SCHOOL

Scenario: Your teen is starting high school — and you want to remind him that he doesn't have to give in to peer pressure to drink or use drugs.

What to Say: You must be so excited about starting high school. It's going to be a ton of fun, and we want you to have a great time. But we also know there's going to be some pressure to start drinking, abusing medicine, smoking pot or taking other drugs. A lot of people feel like this is just what high-school kids do. But, it's not what you have to do. Not all high school kids drink or use drugs! Many don't, which means it won't make you weird to choose not to drink or use drugs, either.

You can still have a lot of fun if you don't drink or use drugs. It is important to seek out these other kids who are making good choices, and be brave about trying new activities or making new friends. You'll have a lot of decisions to make about what you want to do in high school and you might even make some mistakes. Just know that you can talk to us about anything, anytime — even if you DO

make a mistake or feel stuck in a situation that you need help to get out of. We won't freak out. We'll figure out a way to help you. We want you to count on us to help you make smart decisions and stay safe, okay?

Scenario: Every time you ask your teen how his day was, you get a mumbled "Whatever, it was okay" in return.

What to Say: Skip asking general questions like, "How's school?" or questions that only need a... yes/no answer. Instead, ask more specific questions on topics that interest both you and your teen ("Tell me about the pep rally yesterday." "What are the cliques like in your school?" "Fill me in on your Chemistry lab test.") You can also use humor and even some gentle sarcasm, to get yes/no answer. Instead, ask more specific questions on topics that interest both you and your teen ("Tell me about the pep rally yesterday." "What are the cliques like in your school?" "Fill me in on your Chemistry lab test.")

You can also use humor and even some gentle sarcasm, to get the conversation flowing by making your child laugh and start opening up a bit. To show your teen that you want to know what it's like in his or high school, try this with an exaggerated playful and light tone, "If I call the principal and ask for a behind-the-scenes pass, I can tag-along with you to class and know what a day-in-your-life is really like." or "I hope MTV does a reality-show on your high school so I could see what it's really like for you every day." It can also be helpful to share a brief anecdote revealing something about your day to model opening up, and let your teen experience how it feels good to connect, suggests Bonni Hopkins, PhD., Director of Research & Evaluation at The Partnership at Drugfree.org.

Scenario: Your high schooler comes home smelling of alcohol or cigarette smoke for the first time.

What to Say: "The response should be measured, quiet and serious — not yelling, shouting or overly emotional," says parenting expert and author Marybeth Hicks. "Your child should realize that this isn't just a frustrating moment like when he doesn't do a chore you asked for; it's very big, very important and very serious."

Say, "I'm really upset that you're smoking/drinking. I need to get a handle on how often this has been happening and what your experiences have been so far. I get that you're worried about being in trouble, but the worst part of that moment is over — I know that you're experimenting. I love you and care about you. Your health and well-being are very important to me. Let's talk about this. I need you to be honest with me. So for starters, tell me about what happened tonight..."

Scenario: Your teen has started to hang out with kids you don't know — and dropped his old friends.

What to Say: It seems like you are hanging with a different crowd than you have in the past. Is something up with your usual friends? Is there a problem with [old friends' names] or are you just branching out and meeting some new kids? Tell me about your new friends. What are they like? What do they like to do? What do you like about them?

YOUNG ADULTS (18-25)

Scenario: Your adult child is moving to her own apartment or into a college dorm.

What to Say: I know you're off to start your own life, but please know that I'm always here for you. I respect that you're old enough to make your own choices, but if you ever want another perspective on things, please reach out to me. I'll try my hardest to help you out without judging you for your decisions. Sound good?

Amelia Arria, PhD, senior research scientist at the Treatment Research Institute, also suggests saying, "There are certain things that you can count on in life and one of the things you're going to be able to count on is me. As your parent, I am always here for you. Remember, I am your support. I'm the one who can guide you."

Scenario: After watching a movie portraying drug use together, you want to gauge your adult child's opinion on drugs.

What to Say: I know you're going to think that I'm overprotective or meddling, but that movie really disturbed me and I just have to ask: Is there a lot of drug use at your college/in your new town? Do the new friends that you've made dabble in drugs at all? How do you feel about it?

Script coaching was provided by parenting experts Jen Singer, author of You're a Good Mom (and Your Kids Aren't So Bad Either), Marybeth Hicks, author of Bringing Up Geeks: How to Protect Your Kid's Childhood in a Grow-Up-Too-Fast World and Amelia Arria, Ph.D., senior research scientist, Treatment Research Institute.

What to Say: Teen Abuse of Prescription Drugs and Over-The-Counter Cough Medicine Scenarios

In addition to talking with your child about the dangers of street drugs and alcohol, it's essential that you also address the abuse of prescription (Rx) and over-the-counter (OTC) cough drugs. The following scripts will help you address various scenarios and explain to your teen the risks of abusing Rx drugs and OTC cough medicine — and the severity of taking someone else's medicine.

1. Abusing Rx Stimulants for Better Grades

The Situation: Your daughter returns home from her first semester of college and confesses that she used a prescription stimulant typically used to treat ADHD. She says she bought it from a friend to focus and power through long nights of stressful studying. After you express concern about her abusing prescription medicine, she retorts that the stimulant's effectiveness is unquestionable, since she got all A's this semester, and says, "Everybody uses stimulants to study!"

What to Say: Acknowledge that you are proud of her outstanding grades, but assure her that you believe it was her hard work and intelligence that earned them – not her use of stimulants. In fact, using a drug to enhance the performance of any kid (whether it's illegal steroids in sports or a prescription medicine for school) is cheating and research has shown it is actually tied to lower grades. Be sure to let her know that you understand how stressful and time-consuming it can be to go to school while trying to balance a social life, jobs, internships, etc., but stress that you are more concerned over her physical and mental well-being than her grades.

Inform her that stimulants are intended for those with medical conditions like attention deficit hyperactivity disorder (ADHD), and it can be dangerous to her because she took them without a doctor's prescription. Just because she thinks other students are using stimulants does not mean that it is acceptable or safe for her. Side effects of abusing stimulants include vomiting, tremors, increased heart and respiratory rates and cardiovascular collapse. Brainstorm coping, relaxation and time-management skills she could try to help next semester.

2. OTC Cough Medicine Binge

The Situation: While putting away your son's laundry, you notice five bottles of over-the-counter cough medicine in his dresser. When you confront him, he admits that he drinks cough syrup in excess to get high alone in his room. He tells you that he has friends buy the bottles for him on different days of the week so that he can bypass pharmaceutical regulations. While you cannot fathom why he abuses over-the-counter cough medicine of all things, he explains that it is not only cheap, but also gives an "indescribable" high and places him in a new world where "everything is altered."

What to Say: Try to acknowledge and appreciate his honesty before losing your cool. Ask questions and try to understand why your son wants to get high; perhaps the reason isn't as nonchalant as he makes it sound. After hearing him out, explain that just because an cough medicine is sold

over-the-counter does not mean it's safe to consume in excess — abuse of over-the-counter cough medicine can be just as dangerous as abusing prescription medicine and street drugs.

Abusing over-the-counter cough medicine can cause dizziness, double or blurred vision, slurred speech, abdominal pain, nausea and vomiting, rapid heartbeat, drowsiness, and even a coma or death when consumed.

Please seek professional help for your son. You can call our **Parents Toll-Free Helpline** 1-855-DRUG-FREE (1-855-378-4373) to speak to a parent specialist and visit www.drugfree.org/timetogethelp for more information and support.

Learn more about teen over-the-counter cough medicine abuse > (http://medicineabuseproject.org/pages/getting-high-on-prescription-and-over-the-counter-cough-medicine-is-dangero)

3. Painkillers After Sports Injury

The Situation: A few weeks ago, your son suffered a painful sports injury. The doctor prescribed painkillers to ease his agony, but you notice your son's supply of prescription medicine dwindling way too quickly. When you ask him why he has so little medicine left, he says that he's been taking more than prescribed because the pain is unbearable.

What to Say: Be sure to listen and understand the extent of your son's pain before diving into the issue of prescription medicine abuse. It is often the case that the abuse of painkillers by athletes starts off innocently — they genuinely do try to tame the pain. Emphasize the point that prescription painkillers can be dangerous due their highly-addictive nature and that he ne needs to closely follow the doctor's specific instructions about his dosage.

You should then tell him that taking more than prescribed is dangerous because not only can he become addicted, but he can face short-term effects like vomiting and respiratory depression or long-term effects like building up a tolerance where the medicine doesn't help anymore — which can lead many abusers to overdose. Tell him that you will schedule another appointment with his doctor to be sure his pain is addressed right away.

Also, be aware that there is also a chance that your son might be sharing his medicine with his friends.

That's why it is important to manage the supply of these types of medications and be aware of the risk of abuse by your teen or others. Be sure to **monitor and safeguard your son's prescription medicine** and **get him the help he needs**.

4. Being Challenged on Your Own Rx Use

The Situation: You discover that your daughter has been taking a depressant not prescribed to her. When you ask her about it she says it's because she works herself into a breathtaking frenzy whenever she is stressed and it helps her relax. She says she is getting the pills from the family medicine cabinet. When you ask her why she took pills without a prescription, she calls you a hypocrite because you occasionally take a pill or two from an old prescription to "calm your nerves."

What to Say: Whenever a child confronts her parent about his/her own drug or prescription medicine use, the conversation can quickly grow awkward and tense, with the parent stammering, making excuses or getting defensive. While you don't have to tell your child every detail, be open with her. Admit that you have misused prescription medicine, that it was wrong and you regret it. And let her know that you don't want her making the same mistakes. It's important to emphasize that this is about her, not about you.

Try to understand why she felt she needed the prescription medicine and how you can help her manage her stress in a healthier way. [Examples: exercise, relaxation techniques, breaking a large task into smaller, more attainable tasks, taking breaks from stressful situations, listening to music or reaching out to a friend.]

If she pushes the hypocrisy point, cite a bit of science. Scientists believe that it takes about 25 years for the brain to fully develop. Explain that her brain is vulnerable to unhealthy influences like the abuse of Rx drug and OTC cough medicine, street drugs and alcohol. If your daughter is feeling anxious and overly stressed, a consultation with a child and adolescent psychiatrist or qualified mental health professional may be helpful. There are

many techniques such as relaxation and cognitive-behavioral skills training that have been proven to help people feel better.

5. Illegal vs. Legal Drugs

The Situation: You hear rumors from another mom that there was drug use at a recent high-school party your son attended. When you confront your son, he tells you that other kids were taking "hard-core" drugs like cocaine and heroin and he "only" took someone else's prescription medicine. He doesn't believe that prescription medicine and illegal street drugs have the same level of danger.

What to Say: Begin the conversation by letting your son know that you appreciate his honesty and you're glad that he feels he can talk to you. Be sure your son understands that simply because prescription medicine is legal it does not mean it is always safe — and that prescription medicine is only legal for the person for whom it's prescribed. Abuse of prescription and over-the-counter cough medicines can be just as addictive and dangerous (even fatal) as the abuse of illegal street drugs. In fact, some of those "hardcore," illegal street drugs are made of the same stuff as prescription medicine. For instance, heroin and oxycodone are both opioids derived from a common root: poppy. While kids might think that taking a prescription painkiller gives the full-on euphoria of heroin without the risks, the truth is if misused or abused, prescription painkillers are very dangerous. Also, if you take someone else's prescription you may not know what the pill really is or what the strength is. A large, single dose of oxycodone can result in potentially fatal respiratory depression.

6. The Internet and Snooping

The Situation: You look at the Internet history on your family computer and notice that someone searched for information on prescription medicine and where to buy it. You suspect your daughter conducted the search. When you mention your discovery, she adamantly denies that it was her, calling you "paranoid" and "intrusive."

What to Say: Both when you initiate the conversation and respond to her defensiveness, be sure not to sound harsh or accusatory, but rather make it clear that you are coming from a place of genuine concern. Let her know that you weren't out to get her when browsing your computer's Internet history.

Rather than freaking out over your discovery, ask her if anything is bothering her and provide specific examples of questionable behavior that led you to your concerns and suspicions. State any signs of use you've noticed such as a sudden change in mood, her not spending as much time with friends or any other warning signs (http://timetoact.drugfree.org/think-look-for-signs.html). Ask her if she has used anything and, if so, what she has used. By providing these concrete instances, you dismiss her accusation of "paranoia" and begin to show her that you have reasons to be worried. However, be aware that her defensiveness and counter-complaining may be red flags of her guilt.

If you do buy medicine online, be sure it's through safe, legitimate and law-abiding online pharmacies.

- Criminals are selling unsafe medicines on the internet. At any one time there are roughly 40,000 active rogue websites pushing counterfeit or otherwise illegitimate medicines to U.S. consumers, often without requiring a doctor's evaluation in accordance with U.S. state and federal laws.

- Illegal online medicines can put your health at risk. Medicines from illegal online drug sellers are often not what patients expect. Such products have been found to contain anything from powdered concrete to antifreeze. Many people have suffered harm or died from the effects of medicines bought from illegitimate online drug sellers.

- Be smart. Avoid websites that allow you to buy a prescription medicine without a prescription, send you unsolicited emails offering cheap medicines, offer "too good to be true" discounts and offer to ship prescription medicines worldwide.

For more information, visit The Alliance for Safe Online Pharmacies (ASOP) at **http://safeonlinerx.com**.

Regardless of her feelings, you have the right to monitor her behavior and activity as her parent. You may also want to point out the danger of buying medicine online without a prescription — since there are roughly 40,000 illegal websites pushing counterfeit medicines (often with bogus ingredients that can put one's health at risk — see box). However, emphasize that it is never okay to take any kind of Rx medicine without a prescription from a doctor — whether it came from a local pharmacy or the Internet. Purchasing illegal prescription medicine from the Internet simply adds to an already dangerous health risk. Calmly explain that you are not trying to "ruin her life," but it is your house and your computer, and underscore that your love her and that her health and well-being is your utmost responsibility.

7. When Friends Change

The Situation: You notice your son is home more often than usual and you inquire whether everything is okay with friends at school. He tells you that some of his friends have started taking their parents' prescription medicine and that he did not want to take any, so his friends have become distant. You can tell how upset he is and you're worried that his loneliness and peer pressure may cause him to cave in.

What to Say: First, let your son know how proud you are of his decision not to accept the prescription medicine. Shower him with praise! Then discuss the problems he is having with his friends and why he feels isolated.

While you don't want to dismiss his friends as no-good misfits, let him know that sometimes people change and make poor decisions, but that doesn't mean you have to follow down their path. Emphasize that if someone is truly your friend, he or she will not pressure you into taking drugs or condemn you for not taking drugs. Real friends respect your decisions. However, as a parent you still may not want your son immersed in a crowd of kids who abuse drugs — including prescription medicine.

Use our **idea-generator** (http://teenbrain.drugfree.org/tools/channelit/ideagenerator.pdf) to help your son brainstorm activities that might interest and clubs at school where he can meet other kids with similar interests. If he has a greater pool of kids with whom he can spend time, he is less likely to get caught up in risky behavior.

Acknowledge that making the right decision can sometimes be especially hard in the short-term because the positive impact doesn't come until later, emphasizes Bonni Hopkins, PhD, Director of Evaluation & Research at The Partnership at Drugfree.org and a mom of three. She suggests inviting some of his other friends or acquaintances over to your home to actively support new relationships and celebrate his healthy choices with an immediate reward. Most of all, use this "found time" together for any shared activities you both enjoy and might have been putting off, and further strengthen your connection with your child.

Answering the Question: "Did You Do Drugs?"

For many parents, a child's "Did you ever use drugs?" question is a tough one to answer. Unless the answer is no, most parents stutter and stammer through a response and leave their kids feeling like they haven't learned anything — or, even worse, that their parents are hypocrites. Yes, it's difficult to know what to say. You want your kids to follow your rules and you don't want them to hold your history up as an example to follow — or as a tool to use against you. But the conversation doesn't have to be awkward, and you can use it to your advantage by turning it into a teachable moment.

Some parents who've used drugs in the past choose to lie about it — but they risk losing their credibility if their kids ever discover the truth. Many experts recommend that you give an honest answer — but you don't have to tell your kids every detail. As with conversations about sex, some details should remain private. Avoid giving your child more information than she asked for. And ask her a lot of questions to make sure you understand exactly why she's asking about your drug history. Limit your response to that exchange of information.

The discussion provides a great opportunity to speak openly about what tempted you to do

drugs, why drugs are dangerous, and why you want your kids to avoid making the same mistakes you made. The following are good examples of the tone you can take and wording you can use:

"I took drugs because some of my friends used them, and I thought I needed to do the same in order to fit in. In those days, people didn't know as much as they do now about all the bad things that can happen when you take drugs."

"Everyone makes mistakes and trying drugs was one of my biggest mistakes ever. I'll do anything to help you avoid making the same stupid decision that I made when I was your age."

"I started drinking when I was young and, as you can see, it's been a battle ever since. Because of my drinking, I missed a big part of growing up, and every day I have to fight with myself so it doesn't make me miss out on even more — my job, my relationships, and most importantly, my time with you. I love you too much to watch you make the same mistakes I've made."

Five Teachable Moments

Having trouble talking to your teen about the risks of drugs and alcohol? Here are five everyday examples of easy ways to bring up the topic.

1. Fictional Character

You just took your teen to a PG-13 movie in which one of the main characters drinks and smokes excessively. It's a good thing you insisted on tagging along, because now you have the opportunity to discuss the film — especially that lead character's addiction — with your teen. Did your son think the main character's drug use was cool or did he recognize that she had a problem?

2. Movie Star

Your daughter reads every magazine she's in, owns all her movies, and has her posters taped to her wall. So what happens when her magical movie star goes to rehab for the third time? When that famous face graces the cover of Us Weekly, ask your daughter why she thinks [actor or actress' name] it may be this week is such a cool person. If your daughter only cares about her expensive clothes and good looks, remind her that her role model should also be someone who drinks responsibly and either doesn't do drugs or has taken the initiative to get help for her drug problem.

3. Professional Athlete

For as long as you can remember, you've taught your daughter that "cheaters never win." Unfortunately, this holds true when her favorite athlete is in the news for taking drugs. Ask your daughter how she feels about professional athletes using illegal substances of any kind and point out how much it can hurt a person's career and reputation — especially when they get caught.

4. Classmate

You don't need a movie star to get the conversation going with your teen. Two kids in your son's school each received a DUI over the weekend — and they had other friends in their car when it happened. A lot can come out of this conversation — why drunk driving is so dangerous, the consequences of getting caught and why you never want your son to get into a car with a friend who's been using drugs or alcohol — no matter what.

5. Relative

Substance abuse issues can often hit close to home, and it's important that we're open and honest with our kids when it happens. If you can, tell them all the details about your relative who is struggling and how it impacts everyone in the family. Explain why there's a problem and how you, as a family, are going to do what you can to support one another through this tough time. If your teen isn't asking a ton of questions, that's okay — he might be feeling uncomfortable about the topic. It might help to emphasize that while addiction can wreak havoc on a person's life, it is always possible for him or her to make a recovery with the support of friends and family. (For stories of people in recovery, visit **www.drugfree.org/youarenotalone**.)

Please note that if there is a history of drug or alcohol dependence or addiction in your family, you should let your child know since he or she is at a higher risk for developing a drug or alcohol problem. There's no reason to be embarrassed or shy about discussing your own addiction problems with your kids. Discuss it in the same way you would if you had a disease like diabetes.

How To Teach Kids to Turn Down Drugs

There's no way you can shield your kids from finding out that street drugs, alcohol, tobacco and prescription drugs and over-the-counter cough medicine abuse exist — but you can help your child reject offers to try them.

Before you work with your child on this issue, there's one thing you need to know: kids don't usually get drugs from strangers. They get drugs from their friends. And that's the toughest issue of all: teaching your kids that it's okay to say no to their friends — the people they look to for validation, recognition and fun. Strongly encourage your child to avoid friendships with kids who use drugs and alcohol.

A great way to help kids prepare for drug-related situations is by acting out — also known as role playing — scenarios with them. It's important to practice these scenarios with your kids before these situations really happen.

Remember, teens rarely verbally pressure or chastise each other into drinking or doing drugs. Rather, the offer is usually casual. "Peer pressure" is more internal than you probably think. For example, your child sees other teens that she wants to be friends with enjoying a drink, smoke pot or abuse a prescription medicine to get high and she feels like she wants to be part of it too. Or, she may be afraid that the other teens will think she is less cool if she doesn't join them. Try to include this dynamic when you act out scenarios with your teens.

Use the following two scenarios as a starting point, but create new ones based on your child's life and family:

Scenario #1

Your son goes to a party at his friend's house and someone has a brought a bottle of vodka or some beer. Some of the older high school guys are drinking and ask him, "You want some?" Take the role of the older teens or of your son's friends who casually offer beer or vodka to your son.

Help your child develop firm, but friendly responses. Reassure him that his friends will respect his decision not to get involved. Remind him that people are pretty focused on themselves, which leaves much less brain space for them to be concerned with what others do.

Scenario #2

Your daughter is at her friend's house with a few close pals and one of them pulls out a joint. Take the role of her friend offering it to the group.

Help your child develop firm, but friendly responses. Reassure her that her friends will respect her decision not to get involved. Remind her that people are pretty focused on themselves, which leaves much less brain space for them to be concerned with what others do.

Friends, Family and Beyond: How Other Adults Can Help

Even if you're not a parent, you can still play a significant role in a child's life. Grandparents, aunts, uncles, older siblings, mentors, teachers and coaches can all help guide a child toward healthy choices at every stage of life.

For younger children, you can reinforce messages about eating healthy and staying active. And, as kids get older, your advice can help steer them toward positive decisions when they're up against tough choices.

Wondering how you can build a better relationship with the child in your life? Put the following tips to work.

Grandparents

You have a conversational leg up on most people in your grandchild's life; you have the inside scoop on what his parents were like as kids. Help take the

pressure to be perfect off of kids by telling them stories of their own parents' shortcomings when they were younger. The fact that Dad didn't make the varsity soccer team, but discovered he loved to draw soon after can be a big boost to your grandchild's own self-esteem. For more ways grandparents can better communicate with their teenage grandchildren and keep them healthy, download our free guide "The Power of Grandparents" (http://theparenttoolkit.org/media/detail/grandpar-ents-guide).

> **"I think it's a really essential part of children's upbringing to have other significant adults — a teacher, extended family, older siblings — that they know they can be open and be themselves with. It gives them room to be real, to have the space to really express themselves, and to develop free from any judgment or fear of punishment."**
>
> — Dr. Jane Greer, marriage and family therapist

Aunts and Uncles

As kids get older, they tend to think that their aunts and uncles are somehow just a bit cooler than their parents. After all, they usually get to stay up past bedtime at your house. The cool factor you possess can help your niece or nephew feel comfortable opening up to you. Let your niece know that unless you think she's in danger, the things she talks to you about will stay just between the two of you. The best way to find out if something is bothering a tween or teen? "Keep it simple," says family therapist Dr. Jane Greer. An easy conversation starter: "You don't seem like yourself lately. Things going okay?"

Coaches and Mentors

Since coaches and mentors typically get to know kids in performance-related activities, from sports to the school newspaper to debate team, they can notice changes in behavior and motivation. Use those changes as an opportunity to talk to the child you know and find out what's going on in his or her life. If a child seems off his game or is just acting out of sorts, pull him and ask questions like "What's going on today?" or "How come you're not paying attention?" suggests Bob Caruso, CFO of The Partnership at Drugfree.org and a basketball coach for teens. If you're not satisfied with the answer or your concerns continue, call the primary caregivers to see if they too have noticed any changes in their child. Find out more about how to talk with your young athlete about the risks of drugs, alcohol and performance-enhancing substances at Healthy Competition (http://www.timetotalk.org/HealthyCompetition).

From a Distance: Out-of-Town Relatives

You may not get to see your niece, nephew or grandchild every day, but for long-distance relatives, the conversational opportunities still abound. From the time kids are small, ask to speak to them on the phone or use a webcam or Skype, and as they grow, let them know they can always call you to talk. Once the child has a phone or email address, text or write to him/her regularly with questions about his or her life. A simple "How was school today?" or "I love when you tell me stories about things you do with your friends" shows your young relative that you want to know what's going on in his or her life. And don't forget: kids of all ages love to get mail — especially if they're too young for an email account. Let them know you're thinking about them on a regular basis by sending a note their way that says, "Have a happy week," "I'm proud of you!" or simply, "I'm thinking about you."

If You're Worried

Worried about the child in your life? Then it's important that you talk to him, says Dr. Greer. "If you are concerned that there is something going on, be very genuine and very open and say, 'Hey, how are you doing? Is everything okay? You seem a little not yourself. You seem a little low energy. Anything we can talk about?' And then you might throw out a question or two, 'How are things going

with your friends?' or 'How are things going on the dating scene?' depending on how much that niece or nephew has already shared with you."

"If the child is not ready to talk," says Greer, "continue by saying, 'Okay, I'm just going to check in and, of course, you know I'm here.' And then take the responsibility to make the phone calls, to send the emails, to stop by for the visits so that she not only hears that you're there for her but really feels that you're there for her and sees it."

But if you're truly worried and feel there's a real problem, like drug use or depression, it's better to be safe than sorry. While you want to maintain the trust you've developed with the child, his/her safety must come first. Contact his or her parent to share your concerns and see if there's any way you can help.

If you have regular interaction with a child, you'll be able to observe changes in behavior that could signify a mental health issue or problem with drugs and alcohol.

For More Information

For more about signs and symptoms of drug and alcohol use, please visit The Partnership at Drugfree.org at www.drugfree.org.

To speak to a parent specialist in about your teen's substance abuse problem call our Parents Toll-Free Helpline at 1-855-DRUGFREE (1-855-378-4373) Monday to Friday 10am-6 pm ET.

6 PARENTING PRACTICES

Help Reduce the Chances Your Child will Develop a Drug or Alcohol Problem

Here are 6 research-supported parenting practices to set you on the right path.

Get Started

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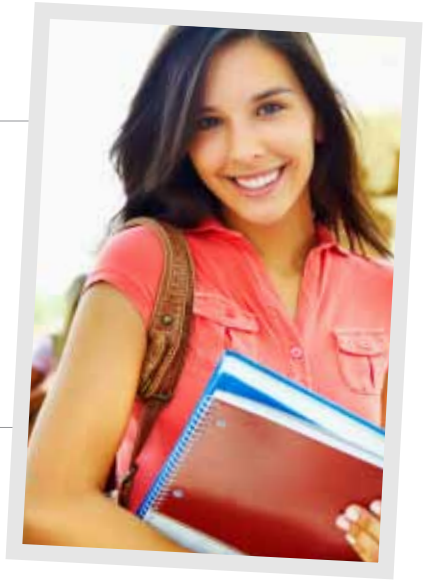
6 PARENTING PRACTICES

Help Reduce the Chances Your Child will Develop a Drug or Alcohol Problem



No one ever said parenting would be easy. When children hit the teenage years, the challenges are great. There are more significant threats that can affect their health and safety, like drugs and alcohol. And, unfortunately, helpful and reliable resources are scarce. So when you are nervously sitting on your couch at 1 a.m. waiting for your 17 year old to come home, please know that you are not alone. Most parents go through this angst.

One very common complaint from parents is, "We didn't know where to go for help" or "We were too ashamed to ask." An Internet search can provide thousands of websites offering parenting advice, but the information across these sites is not consistent or consistently good. So how do you know what advice to follow?

When raising a teenager, it is natural to feel that there is little you can do to change his or her behavior. But there is scientific evidence showing which parenting tips are most effective (and which are not).

Parents often think that friends are more important to their teenager than they are. But studies and clinical experience suggest that parents *can* influence their teens.

Here we share with you our expert opinions on parenting behaviors that are important in preventing your teenager from using drugs and alcohol. These recommendations are based on a sound review of scientific research. However, there are no guarantees — even the smartest, best-skilled, most caring parents in the world have problems with their children.

Information alone is unlikely to solve complicated problems and nothing takes the place of a good clinical opinion for serious issues. But getting reliable information is an important first step. Despite how powerless you may feel, we want to encourage you: **Don't give up on your teenager or your power as a parent.**

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Here are 6 ways to help you reduce the chance that your teenage child will drink, use drugs or engage in other risky behavior.

1. Build a Warm & Supportive Relationship with Your Child
2. Be a Good Role Model When It Comes To Drinking, Taking Medicine & Handling Stress
3. Know Your Child's Risk Level
4. Know Your Child's Friends
5. Monitor, Supervise & Set Boundaries
6. Have Ongoing Conversations & Provide Information About Drugs & Alcohol

Read on to learn more »

» PROVIDE BASIC NEEDS

We all know that the first job of any parent is to keep their child healthy, safe and developing properly. That means providing your child with the basics:

- Proper Nutrition
- Housing
- Clothing
- Health Care Monitoring (Ex: Regular checkups, dental care, etc.)
- Emotional Supports
- Home and Neighborhood Safety

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1 BUILD A WARM & SUPPORTIVE RELATIONSHIP WITH YOUR CHILD

Children who have a warm and supportive relationship with their parents are less likely to use drugs or alcohol.

Research shows it's especially important to have a supportive relationship when your child is young.[1] But it's also essential to maintain a close relationship with your child during the teen years. One reason is that by being close with your child, you'll face less conflict when it comes to monitoring his or her behavior and social life.[2]

Not surprisingly, studies show that families who argue, fight and treat each other badly and parents who are degrading and physically punish their children have unsupportive relationships with their children. This increases the risk for drug and alcohol use.[3]

7 Things You Can Do to Maintain a Close Relationship with Your Child:

1. Regularly discuss shared interests (Example: Sports, music, art, technology, movies). Take time to learn about your child's hobbies to help bond with him or her.

2. Engage in extracurricular activities with your child. (Example: Together, you and your teen train for a race; volunteer at a soup kitchen; cook dinner; attend a free concert.) For healthy teen extracurricular activities use our Idea Generator.

3. Maintain low levels of anger and emotion when talking with your teen (Example: Keep a cool head, speak calmly, try not to be defensive, give praise and positive feedback).

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7 Things You Can Do to Maintain a Close Relationship with Your Child:

4 Work through challenges together (Example: If your child had an argument with a close friend and feels his world has fallen apart, talk about how he feels, what might make him feel better, and what he can do to re-engage with his friend.)

5 Strive for honest and direct communication with your child. Find more tips for having a conversation regarding drugs and alcohol.

6 Offer encouragement for achievements — both large and small — and be sure to attend at least some of your child's activities so he knows what he's doing is important to you. If you miss your child's activities frequently, you might be sending him a message that what he does isn't important. If you miss your child's activities for reasons out of your control (Example: Your work schedule makes it impossible), then be sure to ask him about what happened.

7 Allow your child an appropriate degree of independence. Keeping your child sheltered or being a helicopter parent presents problems of its own. Let her go out with friends, but in the right settings. Let her negotiate with you about what is expected of her, her curfew, what her chores are, and when they need to be completed, etc. When there is a healthy two-way interaction between you and your teen and your expectations are clear it will help her learn to navigate the waters without you.

Remember: "Warm and supportive" does NOT mean "lax or lenient."

Just as research shows that parents who discipline by hitting and degrading their child have children at an increased risk for substance abuse, permissive/lenient parents who allow their children to do what they want when they want (because they either don't want to deal with a child's behavior or they don't want their child to be angry with them) also place their children at increased risk.

An effective parenting strategy is to be warm and supportive but to also set (and stick to) clear boundaries and limits, so children can learn to be responsible for their actions.

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2 BE A GOOD ROLE MODEL WHEN IT COMES TO DRINKING, TAKING MEDICINE & HANDLING STRESS

Research shows that when it comes to alcohol and other drugs, children are likely to model their parents' behaviors — both healthy and unhealthy ones. [4]

Your attitude about drugs and alcohol can also influence your child's attitude about drugs and alcohol — and have an effect on his or her future behavior. Here are three ways that you can be a good role model for your child.

1 If you choose to drink alcohol, consume small amounts with a meal or for a celebratory occasion.

Don't become intoxicated in front of your children. Drinking alcohol in excess around your children or using illicit drugs increases the likelihood they will develop alcohol or drug problems.

When it comes to prescription drugs, be sure to follow the instructions properly. Do not use leftover prescription drugs in your house for casual, non-medical use. It's also important not share your prescription medications with other family members or friends. And be sure to dispose of unused prescription drugs properly (Example: Use a drug-take back program.)

Don't save prescribed medications for when they may come in handy, use it later without a doctor's consent, or share the medications with others.

3 Children learn behavior by observing their parents' behavior. That means your child picks up on the way you cope with stressful situations and how you manage your emotions. When you are overwhelmed, try exercising or using other stress management techniques in order to teach your children that they do not need to drink or use drugs to cope with life's problems. Here are tips on how to handle stress.

Don't use alcohol as a coping mechanism or to relieve stress. (Example: Saying to your kids, "I had a rough day — I need a few beers or a joint to relax.")

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3 KNOW YOUR CHILD'S RISK LEVEL

Several decades of research shows that some teens are more at risk for developing a substance abuse problem than other teens.

Why is that? Well, there is no single factor. However, the more risk factors a teen has, the more likely he or she will abuse drugs or alcohol. Conversely, the fewer the number of risk factors, the less likely he or she will develop a drug or alcohol problem. Also, it's important to recognize that even children raised in the same home may have varying levels of risk.

It is important to keep in mind that risk factors do not determine a child's destiny. Instead, they provide a general gauge as to the likelihood of drug or alcohol abuse.

Addressing risk factors early and paying careful attention to children at higher risk can reduce that child's likelihood of a future problem with drugs or alcohol. Understanding risk factors is also very important when a child with more risk has already experimented with substances or has a problem. In that case, you will have a clearer picture of why things might have happened and know how to get the right kind of treatment.

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Do: Think about your child's risk factors and review them at least annually (Example: On your child's birthday). If your child's risk factors are high or increase over time, watch more carefully for behavioral, psychological and social problems. Take action to address risk factors and don't hesitate to seek professional help if you cannot manage the problems yourself.

Don't: Ignore risk factors and assume your child will be okay or just ignore a problem because you think it is a stage of development. If you notice something, seek help.

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4 Common Risk Factors Associated with Teen Drug and Alcohol Abuse:

Family History: Family history of drug or alcohol problems, especially when it is the parent's history, can place a child at increased risk for developing a problem. Children can inherit genes that increase their risk of alcoholism, so having a parent or grandparent with alcohol problems may indicate increased risk for the child. Inheriting the gene does not mean the child will automatically become dependent on alcohol.

If there is a history of a dependence or addiction in your family, you should let your child know since he or she is at a higher risk for developing a drug or alcohol problem. These conversations should take place when you feel your child is able to understand the information.

2 **Mental or Behavioral Disorder:** If your child has a psychiatric condition like depression, anxiety or Attention Deficit Hyperactivity Disorder (ADHD), he or she is more at risk for developing a drug or alcohol problem. Although not all teenagers with these disorders will develop a substance abuse problem, the chances are higher when they have difficulty regulating their thoughts and emotions. Therefore, parents with children with psychiatric conditions should be vigilant about the possibility of their teen using drugs or alcohol.

It is also a good idea to talk with your health care providers about the connection between psychiatric conditions and substance use. Managing and treating underlying psychiatric conditions, or understanding how emotional and behavioral problems can trigger or escalate a substance use problem, is important for preventing or reducing risk.

3 **Trauma:** Children who have a history of traumatic events (such as witnessing or experiencing a car accident or natural disaster; being a victim of physical or sexual abuse) have been shown to be more at risk for substance use problems later in life. Therefore, it is important for parents to recognize and address the possible impact of trauma on their child and get help for their child.

4 **Impulse Control Problems:** Children who frequently take risks or have difficulty controlling impulses are more at risk for substance use problems. While most teens understand the dangers of taking risks, some have particular difficulty resisting impulses to engage in risky behavior.

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4 KNOW YOUR CHILD'S FRIENDS

You, as the parent, set the foundation for your child's interaction with his friends. As your child gets older, his friends play a more important role in the choices he makes.

Your child's friends can influence him to take part in risky behaviors.[5] This is especially true if your child is more reliant on his friends than he is on you.[6]

Remember: Knowing who your child's friends are and what they are like helps you to be more prepared to intervene if a problem occurs. For example, let's say your child calls and tells you that she will be late because she planned on riding home with her friend Julia who was supposed to meet her 45 minutes ago. It is helpful to know if Julia is a brainy bookworm who becomes engrossed in reading and loses track of time, or if she is someone who never has a curfew, sometimes behaves a bit wildly, and is obsessed with boys.

Here are some tips to help you be better aware of your child's friends and assist your child in developing healthy friendships:

- Ask questions about their friends (Example: "What's your new friend Jake like? What kind of activities is Kira into?")

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Should I host a party with alcohol or "teach" my child to drink so he or she will learn in a safe environment?

It's NOT advisable to host teen parties where alcohol is available (and thus, condone underage drinking.) Also, contrary to popular belief, there is NO evidence that parents can "teach their children to drink responsibly." Quite the opposite is true — the more exposure to drinking in adolescence and parental acceptance of substance use, the higher the risk of later problems with alcohol and other drugs.

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- Have direct conversations with your child's friends whenever the opportunity presents itself so that you get to know them and their household rules in a positive context. (Note: A great time to have these conversations is in a car; so if possible, offer to drive your child and his or her friends to various activities, events, games, etc.) Developing these ties will allow you to guide your child and make it easier to communicate if a problem arises later.
- Explain that it's normal to want to be accepted by others but it's best to focus on friends who are not engaging in substance use. Remind your child that most teens do not drink or use drugs regularly. Let her know that she has a choice in how she interacts with her friends and if she is disappointed by her friends she is free to make new friends. Guide your teen toward opportunities to meet new people.
- Discuss with your teen the importance of choosing supportive, healthy friendships — and what it means to be a good friend. For example, a good friend is someone who is:
  - Loyal
  - Wants what's best for you
  - Likes that you have different interests than he or she has
  - Roots for you
  - Celebrates your successes
- Share information about your own friends, colleagues and neighbors — describe your relationship with them, their interests, their personality traits, what you like about them, how they make you feel and how you resolve differences with them.

  Watch a video about teen friendships.

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If You Don't Like Your Teen's Friends, Follow Your Instinct.

Do you suspect they use drug or alcohol? Do you think they treat your child badly? Do you have a personality conflict?

No matter what the reason is, remember this: If you suspect that a friend is a bad influence, don't wait. Keep a closer eye on him, talk to your teen and make your concerns and expectations clear. (Example: "I'm concerned because Tommy cuts school and has no curfew and I'm worried about these behaviors rubbing off on you.") If necessary, help your child connect with a wider social circle.

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- Encourage your child to recognize and step in when a friend might be having difficulties or be tempted to use drugs or alcohol. She can be a powerful influence on her friends and help her friends make healthy choices. Not only will this help her friends, it will protect your child from being drawn in by the wrong crowd and also set her apart as a proactive and independent thinker.
- Check in with your teen's friends and their parents to find out if their household rules are similar or different than yours, particularly when it comes to their rules on serving alcohol to minors.[7] If their household rules are different than yours (Example: The parents are okay serving alcohol to minors), you can speak with them directly about your rules. You can also make sure that most of the time spent with your child and his or her friend occurs in your home.

For more, read our Healthy Friendships Tipsheet.

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5 MONITOR, SUPERVISE & SET BOUNDARIES

Research shows that when parents monitor, supervise and set boundaries their teens are at a lowered risk for using drugs and alcohol.[8]

To Monitor Your Child

- Know where your child is at all times.
- Be aware of your teen's activities, especially during the after-school period, which is a high-risk period for teen drug use.[9]
- Know who your child is hanging out with.
- Keep track of your child's academic performance. Studies have shown that problems in school are a possible marker for alcohol and drug problems and that school involvement and academic achievement can protect against drug and alcohol use.[10]

To Supervise Your Child

- Be present during recreational events and parties — or at least make your teen aware that there is another adult supervising.
- Help your child with her homework or other school-related projects. This will not only give you quality time with her and reinforce the importance of achievement, but also helps you recognize any difficulties she may be having with school or other activities.

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NOTE

You don't want your "presence" to impinge on your child's need to develop a sense of independence, especially as your child grows older and needs to develop socialization skills. For example, simply being home when an older teen has friends over and periodically checking in and starting conversations with your child and his or her friends is better than constantly interrupting their time together.

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To Set Boundaries

Do

- Explain to your child why you are setting boundaries (Example: “I’m doing this to keep you healthy and safe.”)
- Firmly establish a rule that any drug or alcohol use will not be tolerated. Set a rule prohibiting underage alcohol consumption before age 21. Explain the risks of drinking while his or her brain is still developing. While teens will often discount that risks will actually happen to them, helping your children become future-oriented thinkers is an important lesson. You may have to try a number of different strategies or ideas before one sticks.
- Set firm but reasonable rules (Example: Setting a curfew; expecting to be notified when plans change). Be clear about the consequences if the rules are not followed in advance and follow through consistently.

Don’t

- Establish unreasonable rules (Example: Children have an 8 p.m. bedtime regardless of age or day of the week) or be overly harsh in punishment or consequences if they break rules (Example: Grounding children for a month for being late one time). This might push your child away and prevent him or her from opening up to you.

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6 HAVE ONGOING CONVERSATIONS & PROVIDE INFORMATION ABOUT DRUGS & ALCOHOL

Having ongoing conversations with your child can help build a healthy, supportive relationship.

It can also help you and your child avoid or reduce conflict as situations arise throughout their teen years.

Here are tips for talking with your child:

- Talk regularly with your child about the risks of drug and alcohol use – especially in opportunistic situations (Example: Seeing someone intoxicated; a news story about addiction; before your child starts a new school.)
- State your disapproval of underage drinking and drug use. Research shows that this can decrease the chance that your child will try drugs or alcohol,[11] and reduce the likelihood that he or she will transition from experimenting with drugs and alcohol to more regular or heavy use.[12]
- Instead of a boring lecture, let your child know about the health and safety risks of teen drug and alcohol use. Teens who perceive alcohol and drugs as harmful are less likely to engage in underage drinking.[13] [See our Drug Guide for Parents (pdf) to learn about the latest drugs.]

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6 Skills to Practice When Talking to Your Teen: [16]

1 BE BRIEF:
Avoid long comments and conversations that might be seen as lecturing. Allow your teen to speak and let him know that he is being heard. Giving him the floor by asking brief open-ended questions such as, "What are some of the reasons you think those kids were drinking?," can produce much more effective and interactive conversations than simply telling him why people who use drugs are making poor decisions.

2 BE POSITIVE:
Stay upbeat and avoid blaming. Teens need to hear the "good stuff" just like the rest of us. When you reward good behavior kids are likely to repeat it. (Example: "You did a great job leaving that situation early, it shows you are an independent person and I'm proud of you.")

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Here are tips for talking with your child (continued):

- Keep up-to-date on the latest research and drug trends — including the increased misuse and abuse of prescription drugs among teens.

If you feel uncomfortable striking up these conversations with your teen, one way to begin is to ask your child, "Have you ever been offered drugs or alcohol?"

In this way, your child might be more likely to open up than if asked about his or her own personal use. This can then lead to a discussion about:

- Why people might drink or use drugs (Example: social pressure)
- Your child's own feelings about the risks and benefits of use
- The reasons to avoid use, even though some people might not be outwardly experiencing consequences
- Refusal skills and alternatives to drinking and using

And asking this question may also help you get a better picture of your child's risk for personal use. This can set the stage for ongoing conversations about substance abuse throughout their adolescence.

- Have conversations with your child on all topics — such as his or her activities, friends, school, job, hobbies, etc. In other words, be interested in your child's life. This has been shown to protect against risk for teen tobacco use[14] and the transition to drug and alcohol use.[15] For tips on talking with your teen, visit www.timetotalk.org.

Remember: If you're having trouble communicating with your teen, seek out help from a professional.

6 Skills to Practice When Talking to Your Teen (continued): [16]

3 REFER TO SPECIFIC BEHAVIORS:

State what you want — not what you don't want — and identify exactly what you want your child to do in terms of specific actions (Example: "I want you to be home by eleven o'clock." versus "Don't stay out late.") Don't ask your child to change his or her thoughts, feelings, or attitudes (Example: "You need to think more responsibly about when you come home.")

4 LABEL YOUR FEELINGS:

State how you feel (not what you think) calmly in a non-judgmental manner (Example: "I care about you and I worry when you aren't home on time.") If your teen dismisses you and says, "Don't worry," acknowledge her feelings, but remind her that it is your job to protect her.

5 OFFER AN UNDERSTANDING STATEMENT:

Convey some understanding of your child's perspective (Example: "I know you really want to fit in with your friends...")

6 ACCEPT PARTIAL RESPONSIBILITY:

This is hard for some parents to do, but it can be very helpful in connecting with your child (Example: "I may not have told you what I expected as clearly as I could have...")

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SOURCES

[1] Brook, Brook, Zhang, et al., 2009; Catalano, Morrison, Wells, et al., 1992; Cohen, Richardson, LaBree, 1994; Pires and Jenkins, 2007

[2] Nash, McQueen, Bray et al., 1995

[3] Tschann, Flores, Marin et al., 2002; Chen, Storr, Anthony, 2005; Wright, Fitzpatrick, 2004

[4] Bahr, Hoffman, Yang, 2005

[5] Ary, Duncan, Biglan, 1999; Oetting, Beauvais, 1986

[6] Barnes, Windle, 1987

[7] Yu, 2003

[8] Barnes and Farrell, 1992; Cleveland, Gibbons, Gerard, 2005; Griffin, Botvin, Scheier, et al., 2000; Pilgrim, Schulenberg, O'Malley et al., 2006; Rai, Stanton, Wu et al., 2003

[9] Richardson, Radziszewski, Dent, et al., 1993

[10] Guo, Hawkins, Hill, et al., 2001; Simons-Morton, 2004

[11] Catalano, Morrison, Wells, et al., 1992; Simons-Morton, 2004

[12] Wood, Read, Mitchell et al., 2004; Guilamo-Ramos, Turrisi, Jaccard, 2004

[13] Cleveland, Gibbons, Gerrard, 2005

[14] Hill, Hawkins, Catalano, 2004

[15] Stronski, Ireland, Michaud et al., 2000

[16] Smith & Meters, 2004

Disclaimer: Unfortunately, even with the "best" parenting practices, there is no guarantee that a teenager will refrain from starting to use drugs or alcohol, developing a drug problem, or even worse, experiencing serious drug-related consequences. Conversely, the worst of circumstances does not undeniably predispose a child to a life of addiction. While poor home environments and inadequate parenting certainly raise the risk of poor outcomes, children are remarkably resilient. Many children growing up with these kinds of disadvantages thrive and lead happy and sometimes extraordinary lives.

For more information, please visit drugfree.org

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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.

SMA-12-4676B1

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) 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

Substance Abuse and Mental Health Ser
SAMHSA

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.

This brochure was prepared under contract number HHSS283200700008I/HHSS28300002T (Reference Number 270-08-0209) 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 (HHS).

TALKING TO YOUR KIDS

about prescription drug abuse

Not Worth The Risk

eve i it's legal

EPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
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.

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

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.

For more information, visit ***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**—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.*

Ritalin

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.*

Xanax

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.*

continued

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.

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.*

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.**

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**—for more suggestions on raising the topic of drug abuse with your teen.

NEED HELP? GET HELP!

The Partnership for a Drug-Free America
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 • 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 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 • 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 • 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** and click on "Find Treatment."

The Partnership
for a Drug-Free
America®

The Partnership for a Drug-Free America®
www.drugfree.org

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SECOND EDITION

Prescription for Disaster

How Teens Abuse Medicine

www.GetSmartAboutDrugs.com
www.JustThinkTwice.com

www.DEA.gov
www.DEAdiversion.usdoj.gov

"As America faces an explosive prescription drug abuse problem, parents need to be aware that their family medicine cabinet and the Internet have become today's back alley drug dealers. Teens need to understand that abusing prescription drugs is every bit as dangerous as abusing 'street' drugs. With this booklet, DEA shows the good news for families: That there are simple ways to limit access to these drugs and to keep our teens drug-free."

Michele Leonhart, Administrator, Drug Enforcement Administration

Revised August 2012
First Edition December 2008

To locate your local Poison Control Center, or for assistance and counseling in identifying and responding to a pill or other medicine you find:

www.poisonprevention.org/emergency.htm
Or call 800-222-1222, 24 hours a day, 7 days a week.

GetSmart*About*Drugs

Prescription for Disaster

How Teens Abuse Medicine

A DEA Resource for Parents

This publication is designed to be a guide to help the reader understand and identify the current medications that teens are abusing. It is not all-inclusive; every dosage unit or generic form of the medications cannot be listed due to space constraints and the frequent introduction of new drugs. For more information, go to www.dea.gov or consult the additional resources at the back of this book.

Millions of teens are using very powerful pain medications to get high. Some of these are the same medications doctors use to treat pain in terminal cancer patients.

For many teens, using prescription or over-the-counter medications is their first introduction to getting high. Until recently, teens began their drug use with marijuana.

USA Today, "Teens use Internet to Share Drug Stories" by Donna Leinwand, June 19, 2007

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Prescription Drug Abuse

Although most people take prescription medications responsibly, an estimated 52 million people have used prescription drugs for non-medical reasons at least once in their lifetime. (NIDA, Nov. 2011)

Prescription medication, such as those used to treat pain, attention deficit disorders, and anxiety, are being abused at a rate second only to marijuana among illicit drug users. (NIDA, Nov. 2011)

In 2010, approximately 7 million people (2.7% of the U.S. population) were current users of psychotherapeutic drugs taken non-medically.

5.1 million people used pain relievers

2.2 million people used tranquilizers

1.1 million people used stimulants

.4 million people used sedatives (NSDUH 2010, Sept. 2011)

According to the 2010 National Survey on Drugs Use and Health, an estimated 2.4 million Americans used prescription drugs non-medically for the first time in the past year. This averages about 6,600 initiates per day, of which one-third are 12 to 17 years of age.

In 2010, about one-fourth (26%) of first time drug users began with non-medical use of prescription drugs. (NSDUH 2010)

In 2010, **one in every 20 people in the United States age 12 and older – a total of 12 million people** – reported using prescription painkillers non-medically. (NSDUH, CDC Press Release, Nov. 2011)

Almost 5,500 people start to misuse prescription painkillers every day. (Pamela Hyde, SAMHSA Administrator, CDC Press Release, Nov. 2011)

Over half a million emergency department visits in 2010 were due to people misusing or abusing prescription painkillers. (Highlights of the 2010 DAWN Findings on Drug-Related Emergency Department Visits, July 2012)

Non-medical use of prescription painkillers costs health insurers up to $72.5 billion annually in direct health care costs.

How Teens Abuse Medicine

Despite recent reductions in several areas of teen drug use, teens are continuing to use prescription and over-the-counter medications to get high. It's a serious problem that affects all of us.

Many parents don't know enough about this problem, and many teens don't understand the dangers of using the medications to get high.

The latest attitude surveys tell us that:

Nearly one in five teens (17%) say they have used prescription medicine at least once in their lifetime to get high.

More than one in ten teens (12%) report lifetime use of over-the-counter cough or cold medicines to get high.

One out of ten teens (10%) report using pain medications (OxyContin® and Vicodin®) to get high in the past year; six percent say they've used pain medications in the past 30 days to get high.

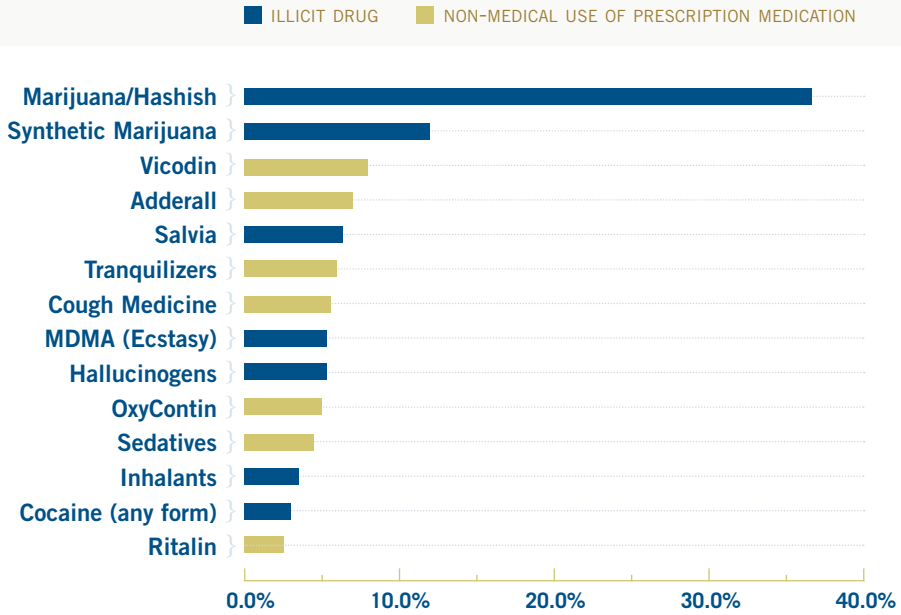
Emergency room visits, as a result of prescription medications, increased by 45% between 2004 and 2010 among children under the age of 20. (Highlights of the 2010 DAWN Findings, July 2012)

Nearly three in five teens (58%) now say that they strongly disapprove of their peers using prescription medication to get high. This is up from 52% in 2010.

Source: Partnership for a Drug Free America, 2011 Partnership Attitude Tracking Survey (PATS)

How Teens Abuse Medicine

Prescription and Over-the-Counter Medications Account for Most of the Commonly Abused Drugs: Past Year Use Among High School Seniors



Categories are not mutally exclusive
Source: University of Michigan, 2011 Monitoring the Future Study

Recent drug surveys also provide evidence that the problem of intentional medicine abuse has grown. Six of the top ten drugs abused by 12th graders are prescription and over-the-counter medications.

After marijuana, prescription and over-the-counter medications account for most of the top illicit drugs abused by 12th graders in the past year.

In 2011, **22% of 12th graders** indicated misuse of a prescription drug without medical supervision in their lifetime; and 15% over the past year.

One in 12 high school seniors reported past year non-medical use of the prescription pain reliever, Vicodin®.

One in 20 high school seniors report abusing OxyContin®.

Additionally, recent drug surveys found that teens generally get their prescription drugs from friends and family; **70% of 12th graders** said they were given the drugs by a friend or relative.

Source: 2011 Monitoring the Future

How Teens Abuse Medicine

In 2010, **three percent of youth 12 to 17** years of age were current medical users of psychotherapeutic drugs.

Of 12 to 13 year olds, two percent were current medical users of psychotherapeutic drugs.

Of 14 to 15 year olds, three percent were current medical users of psychotherapeutic drugs.

Of 16 to 17 year olds, almost four percent were current medical users of psychotherapeutic drugs.

Using prescription drugs to get high is not a problem limited to young teens.

The use of these drugs by college students has increased dramatically within the past decade. According to a 2007 report by the National Center for Addiction and Substance Abuse at Columbia University (CASA), "Wasting the Best and the Brightest: Substance Abuse at America's Colleges and Universities," between 1993 and 2005 the proportion of students abusing prescription drugs increased:

343% for opioids like Percocet®, Vicodin®, and OxyContin®
93% for abuse of stimulants like Ritalin® and Adderall®
450% for tranquilizers like Xanax® and Valium®
225% for sedatives like Nembutal® and Seconal®

In 2010, the abuse of prescription medications was highest among young adults aged 18–25 years of age, with 5.9% reporting non-medical use within the past month. *(NSDUH 2010)*

→ The experts give some reasons why teens might turn to prescription drugs to get high:

To party,

Self-medication,

Escape and boredom,

Preservation of friendships, romantic relationships, and family life,

Competing for college admission, including competition for advance placement and honors courses in high school,

To balance between schoolwork, grades, and extracurricular activities, like sports and clubs,

Academic stress in college, and

The desire to have the "ideal" physical appearance.

Prescription Drug Basics

A "prescription drug" is a drug that is available only with authorization from a healthcare practitioner to a pharmacist. An "over-the-counter" medication is a drug that is sold without a prescription.

Both kinds of drugs come with explicit instructions on how to use the drug, and these instructions should be followed to avoid adverse consequences. The Food and Drug Administration (FDA) approves all drugs on the market and provides sound advice to consumers.

Source: www.fda.gov

Over-The-Counter (OTC)

OTC drug labels contain information about ingredients, uses, warnings, and directions that are important to read and understand. The label also includes important information about possible drug interactions. Further, drug labels may change as new information becomes known. That's why it's especially important to read the label every time you use a drug.

Drug-Drug Interactions

Drug-drug interactions occur when two or more drugs react with each other. This may cause you to experience an unexpected side effect. For example, mixing a drug you take to help you sleep (a sedative) and a drug you take for allergies (an antihistamine) can slow your reactions and make driving a car or operating machinery dangerous.

Drug-Condition Interactions

Drug-condition interactions may occur when an existing medical condition makes certain drugs potentially harmful. For example, if you have high blood pressure, you could experience an unwanted reaction if you take a nasal decongestant.

It is also important to recognize that everyone's metabolism and brain chemistry are different, and the same drugs can have very different effects on individuals. Experimenting with medicine to get high is extremely dangerous, and mixing drugs to get high can be deadly.

"Overdoses involving prescription pain killers are at epidemic levels and now kill more Americans than heroin and cocaine combined."

CDC Director Thomas Frieden, MD, MPH, Nov. 1, 2011

Drug Poisonings

In 2009, the 39,147 drug-induced deaths exceeded the number of deaths from motor vehicle crashes (36,216).

The death toll from overdoses of prescription painkillers has more than tripled in the past decade. More than 40 people die every day from overdoses of narcotic pain relievers like hydrocodone (Vicodin®), methadone, oxycodone (OxyContin®), and oxymorphone (Oxpana®). (CDC Vital Signs Press Release, Nov. 2011)

There was a 91% increase in drug poisoning deaths among teens aged 15 – 19 between 2000 (30%) and 2009 (57%) due to prescription drug overdose. (CDC Press Release, April 16, 2012)

Drug induced deaths now outnumber gunshot deaths in America. (ONDCP Strategy)

a PARENT'S story

Mark Bauer's father, Phil Bauer, writes: "A few years ago, my life was changed forever. On May 27, 2004, my youngest son, Mark, was a week away from graduating from high school. Mark's day went something like this: He woke up and went to school and played in the student/staff basketball game. When he came home from school he lifted weights and ate dinner. He then went to work and returned home at about 9:30 that night. When he got home, Mark talked to us about the game that day, and we knew what a special day it had been for him.

"That was the last conversation we ever had with Mark…. He never woke up the next day. On Friday, May 28, 2004, his mom and I found his lifeless body in bed. Mark died from an accidental overdose of prescription drugs, including OxyContin® and morphine."

Emergency Room Visits

Emergency room visits involving misuse or abuse of pharmaceuticals increased 115% between 2004 and 2010, from 626,472 visits to 1,345,645 visits. This compares to about 1,171,024 emergency room visits involving illicit drugs in 2010. During this period, emergency room visits for misuse and abuse of pharmaceuticals for those 20 or younger increased 45%, from 116,176 to 168,409 people.

Of the 2.3 million emergency department visits involving drug misuse or abuse in 2010, 1.3 million visits involved pharmaceuticals.

People 20 years of age or younger accounted for 18.8% of all drug-related emergency department visits in 2010. About half of these visits involved drug misuse or abuse.

About half of emergency department visits (659,969) for misuse or abuse of pharmaceuticals involved pain relievers. Hydrocodone products were responsible for 115,739 visits and oxycodone products for 182,748 visits.

Source: The DAWN Report: Highlights of the 2010 DAWN Findings on Drug-Related Emergency Department Visits, SAMHSA, July 2012

Drugged Driving

Drugged driving is a public health threat and one that we all need to be concerned about, especially where our children are involved. Driving under the influence of any drugs that act on the brain impairs one's motor skills, reaction time, and judgment. This puts not only the driver at risk but also passengers and others who share the road. (NIDA, Drugged Driving)

Teens are the least experienced drivers, which increases their risk of being involved in an accident. When you combine the lack of experience with substances that impair cognitive and motor skills, you increase the chances of tragic results. Vehicle accidents are one of the leading causes of teen deaths.

An analysis of the National Highway Traffic Safety Administration's Fatality Reporting System revealed that almost one in four (23%) of fatally injured drivers who tested positive for drugs were under the age of 25. (ONDCP Press Release, Oct. 2011)

One in three (33%) motor vehicle accidents with known drug test results tested positive for drugs in 2009. (ONDCP Press Release, 2010)

Involvement of drugs in fatal crashes has increased by five percent over the past five years, even though the overall number of drivers killed by motor vehicle crashes has declined. (ONDCP Press Release, Nov. 2010)

Street Drugs vs. Pharmaceuticals

→ and OTC medicines

"Street drugs" is a term that refers to drugs that are commonly known as illegal drugs—cocaine, heroin, methamphetamine, marijuana, and others. Many teens mistakenly believe that pharmaceuticals (prescription drugs) are safer than "street drugs" for a variety of reasons:

- These are medicines.
- They can be obtained from doctors, pharmacies, friends or family members.
- It's not necessary to buy them from traditional "drug dealers."
- Information on the effects of these drugs is widely available in package inserts, advertisements, and on the Internet.

Parents and teens need to understand that when over-the-counter and prescribed medications are used to get high, they are every bit as dangerous as "street drugs." And when prescribed drugs are used by or distributed to individuals without prescriptions, they are every bit as illegal.

{ HOW DOES IT WORK? }

Dr. Nora Volkow, Director of the National Institute on Drug Abuse (NIDA), explains how the legitimately prescribed drug Ritalin® (methylphenidate), when abused, can act in the same way as cocaine:

"For example, the stimulant methylphenidate (Ritalin®) has much in common with cocaine: they bind to similar sites in the brain, and they both increase the brain chemical dopamine through the same molecular targets. And when both drugs are administered intravenously, they cause a rapid and large increase in dopamine, which a person experiences as a rush or high. However, when methylphenidate is taken orally, as prescribed, it elicits a gradual and sustained increase in dopamine, which is not perceived as euphoria and instead produces the expected therapeutic effects seen in many patients."

Source: Testimony before the House Government Reform Committee, July 26, 2006

Common Drugs of Abuse

Illegal drugs and legitimate medications are categorized according to their medical use, potential for abuse, and their potential for creating physical or psychological dependence.

Dependence means that the body adjusts to allow for them and can't function normally without them. When drugs are used in a manner that is inconsistent with the medical or social patterns of a culture, it is called drug abuse. Addiction is defined as compulsive, drug-seeking behavior where acquiring and using a drug becomes the most important activity in a user's life.

Some pharmaceuticals have the same potential for abuse, dependence, and addiction as heroin. They share many of the same properties and effects as "illegal drugs." It is important for parents to know and understand that using medications outside the scope of sound medical practice is drug abuse.

→ Categories of Drugs

There are five classes of drugs of abuse: **Narcotics**, **Stimulants**, **Depressants**, **Hallucinogens,** and **Anabolic Steroids**.

Within each class are substances that occur naturally and those created in laboratories (synthetics). When they are used appropriately in the practice of medicine, these substances can have very beneficial properties. When used for non-medical purposes, including the desire to get high, these drugs can cause great damage and even death.

→ Dangerous and Addictive

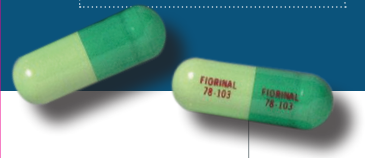
Drugs are placed into five different schedules by DEA according to their medical use and potential for abuse and dependence. Schedule I drugs have no accepted medical use and have not been shown to be safe for people to use. Drugs in Schedules II-V have medical uses and different potentials for abuse.

Within the five classes, individual drugs are ranked according to their abuse potential. When controlled substances are prescribed by a doctor and used according to directions, they can be safe and effective.

"Street drugs" and legitimate medications often have the exact same addictive properties. It is important to remember that people can react to drugs differently, and even drugs that are considered to have a low abuse potential can be addictive and possibly fatal to some users.

narcotics

→ substances that dull the senses and relieve pain



HEROIN, MORPHINE, METHADONE, AND OTHER OPIOIDS

Narcotic Medicines

Used to treat mild to severe pain (anything from dental surgery to terminal cancer). Also used to suppress coughs, treat diarrhea, induce anesthesia, and treat heroin addiction.

Forms

Liquid, tablet, capsule, skinpatch, powder, syrup, lollipop, diskette, suppository, and injectable forms.

Adverse Effects

Euphoria, drowsiness, slowed breathing. Skin, lung, and brain abscesses; endocarditis (inflammation of the lining of the heart); hepatitis; and AIDS are commonly found among narcotics abusers who inject drugs or engage in other risky behaviors.

OD

Slow and shallow breathing, clammy skin, confusion, convulsions, coma, possible death.

Narcotic medications available only with a prescription:

(Note: Lists are not all-inclusive.)

{ codeine cough syrup }

ROBITUSSIN A-C SYRUP® | MYTUSSIN AC COUGH SYRUP®

Cough syrups sometimes include other ingredients such as antihistamines (promethazine).

slang names: **Lean, Purple Drank, Sippin Syrup**

{ fentanyl }

DURAGESIC PATCH® | ACTIQ LOZENGE®

Fentanyl is a very powerful painkiller, 80 times more powerful than morphine. It is used in combination with other drugs to treat extreme pain. The biological effects of fentanyl are indistinguishable from those of heroin, with the exception that some forms of fentanyl may be hundreds of times more potent. Encounters with fentanyl that are not medically supervised are frequently fatal. This narcotic is most commonly used by wearing or chewing a patch or sucking on a lozenge, but like heroin, it may also be smoked or snorted. A new effervescent tablet, Fentora®, is now available to place between the cheek and gum.

slang names: **Tango and Cash, Perc-a-Pop (Actiq®)**

{ hydrocodone }

VICODIN® | LORTAB® | LORECET® | HYDROCODONE WITH ACETAMINOPHEN

Hydrocodone products are used for pain relief and cough suppression and produce effects comparable to oral morphine. Hydrocodone products are the most frequently prescribed opioids in the United States, and they are also the most abused narcotic in the United States.

narcotics

{ methadone }

DOLOPHINE® | METHADOSE®

Methadone has been used for years to treat heroin addicts. It is also used as a powerful painkiller. From 1999 to 2004, the Centers for Disease Control and Prevention (CDC) reported that the rate of methadone deaths in younger individuals (15-24) increased 11-fold. For people who are not regular users of methadone, the drug can be dangerous and must be used with a doctor's supervision.

{ oxycodone }

OXYCONTIN® | OXYCODONE WITH ACETAMINOPHEN | PERCODAN® | PERCOCET®

Oxycodone products are very powerful painkillers. Oxycodone is widely used in clinical medicine. It is marketed either alone as controlled release (OxyContin®) and immediate release formulations (OxyIR®, OxyFast®), or in combination with other non-narcotic analgesics such as aspirin (Percodan®) or acetaminophen (Percocet®). Oxycodone's behavioral effects can last up to five hours. The drug is most often administered orally. The controlled-release product, OxyContin®, has a longer duration of action (8-12 hours).

→ slang names: **Oxycotton, Percs, OC, OX, Oxy, Hillbilly Heroin, Kicker.**

Other abused narcotics

- { **meperidine** } DEMEROL®
- { **hydromorphone** } DILAUDID®
- { **oxycodone with acetaminophen** } ENDOCET®
- { **codeine** } FIORINAL®
- { **morphine** } ORAMORPH SR®
- { **oxycodone with acetaminophen** } ROXICET®
- { **pentazocine** } TALWIN®
- { **cough syrup with hydrocodone** } TUSSIONEX®

How are narcotics abused?

Oral (swallowing pills or liquid). In the case of fentanyl, Actiq® is sucked; fentanyl patches are worn on the skin, and abusers sometimes scrape off the fentanyl from the patch or chew the patch to get high. Hydrocodone and oxycodone pills are most frequently taken orally but can be crushed and snorted. Crushing the pills negates the time-release features of some medications, so the user experiences the full power and effect all at once. Cough syrups can be drunk or mixed in sodas or sports drinks.

Where would a teen obtain narcotics?

Friends, relatives, medicine cabinets, pharmacies, nursing homes, hospitals, hospices, doctors, Internet. They can also be purchased on the street.

narcotics

5mg 7.5mg 10mg

{ LORTAB® }

10mg 20g 40mg 80mg

{ OXYCONTIN® }

*hydrocodone bitartrate-acetaminophen

*5-500mg *10-660mg *7.5-750mg

{ VICODIN® }

600mcg 400mg 600mg

{ ACTIQ® }

{ GLOSSARY }

With repeated use of narcotics, tolerance and dependence develop.

Tolerance *is a state in which a drug user becomes less sensitive to the drug's effects after repeated use. The user must take more of a drug and take it more often to achieve the same painkilling, sedating, or euphoric effect. Tolerant users can consume doses far in excess of the dose they started with or that an average person could safely tolerate.*

Physical Dependence *is a state that develops as a result of repeated use of a drug. A dependent person must consume a drug in order to prevent a withdrawal syndrome. This syndrome can range from mild to severely unpleasant and life-threatening depending on the drug and pattern of use.*

Psychological Dependence *is marked by drug craving, an intense desire to take the drug, which can focus all of the person's thoughts and desires on obtaining and using the drug. While physical dependence will go away in days or weeks after drug use, psychological dependence can continue for years.*

stimulants → substances that stimulate bodily activity and reverse fatigue ("uppers")

COCAINE, CRACK, METHAMPHETAMINE, AMPHETAMINES, KHAT

Stimulant Medicines

Many stimulants have legitimate medical use and are scheduled by the DEA. Caffeine and nicotine are stimulants that are not controlled. Stimulant medicines are used to treat obesity, attention deficit and hyperactivity disorders (ADHD/ADD), and narcolepsy. Pseudoephedrine, found in allergy and cold medications to relieve sinus congestion and pressure, is also a stimulant chemical. Cocaine and methamphetamine have a currently accepted medical use in treatment. Crack cocaine and khat have no legitimate medical uses.

Forms

Powder, "rocks," "crystal," pills, and smokable and injectable forms.

Adverse Effects

Alertness, excitation, euphoria, increase in blood pressure and pulse rates, insomnia, loss of appetite. Abuse is often associated with a pattern of binge use–sporadically consuming large doses of stimulants over a short period of time. Heavy users may inject themselves every few hours, continuing until they have depleted their drug supply or reached a point of delirium, psychosis, and physical exhaustion. During this period of heavy use, all other interests become secondary to recreating the initial euphoric rush. Because accidental death is partially due to the effects of stimulants on the body's cardiovascular and temperature-regulating systems, physical exertion increases the hazards of stimulant use.

OD

Agitation, increased body temperature, hallucinations, convulsions, possible death.

Stimulant medications available only with a prescription:

(Note: Methamphetamine and cocaine have limited legitimate medical uses. Lists are not all-inclusive.)

{ amphetamines }

ADDERALL® | DEXEDRINE® | DESOXYN® (methamphetamine)

Amphetamines are used to treat ADHD/ADD.

slang names: **Ice, Crank, Speed, Bennies, Black Beauties, Uppers**

{ methylphenidate and dexmethylphenidate }

CONCERTA® | RITALIN® | FOCALIN® | FOCALIN XR®

These drugs are used to treat ADHD/ADD.

slang names: **Pellets, R-Ball, Skippy, Vitamin R, Illys**

→ Other abused stimulants

{ phentermine } ADIPEX® | IONAMIN®

{ benzphetamine } DIDREX®

{ phendimetrazine } PRELU-2®

These drugs are used in weight control.

stimulants

How are stimulants abused?

Oral (swallowing pill forms of stimulants), smoked (crack, methamphetamine), crushed and snorted, injected.

Where would a teen obtain stimulants?

Friends, relatives, doctors, pharmacies, schools, medicine cabinets, Internet, street dealers.

{ RITALIN® }

{ ADIPEX® } { PROVIGIL® }

{ DEXEDRINE® }

{ FOCALIN® } { FOCALIN XR® }

depressants → substances that induce sleep, relieve stress, and reduce anxiety ("downers")

ALCOHOL, VALIUM®, XANAX®, TRANQUILIZERS, SLEEPING PILLS, ROHYPNOL®, GHB

Depressant Medicines	Used to treat anxiety, insomnia, seizure disorders, and narcolepsy. Also used to relax muscles and to sedate.
Forms	Mainly pills and liquids. GHB is often found in liquid form.
Adverse Effects	Slurred speech, disorientation, drunken behavior without the odor of alcohol, impaired memory, vivid and disturbing dreams, amnesia.
OD	Shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma, possible death.

Depressant medications available only with a prescription:

(Note: Lists are not all-inclusive)

{ benzodiazepines }

VALIUM® | XANAX® | HALCION® | ATIVAN® | KLONOPIN®

Benzodiazapines are used as sedatives, hypnotics, anti-convulsants, muscle relaxants, and to treat anxiety. Many times they are abused in combination with other drugs or to counteract the effects of other drugs.

slang names: **Downers, Benzos**

{ sleeping pills }

AMBIEN® | SONATA®

These depressants are used to treat insomnia.

→ Other abused depressants

- { **choloral hydrate** } SOMNATE®
- { **barbiturates**, such as amo-, seco- and pentobarbital }
- { **GHB** } XYREM®
- { **carisoprodol** } SOMA®
- { **ketamine** } KETALAR®, KETACET®

Please note that even though ketamine is a depressant, it is abused by kids for its psychedelic effects.

depressants

How are depressants abused?

Oral (swallowing pills).

Where would a teen obtain depressants?

Friends, relatives, medicine cabinet, doctors, hospitals, Internet, street dealers.

a PARENT'S story

Jason Surks was 19 and in his second year of college, studying to be a pharmacist, when he died of an overdose of depressant pills. After his death, his parents discovered that he had been ordering controlled substances from an Internet pharmacy in Mexico. His mother, Linda, writes: "I thought to myself that this couldn't be possible. I work in prevention, and Jason knew the dangers—we talked about it often. I think back to the last several months of my son's life, trying to identify any signs I might have missed.

"I remember that during his first year in college, I discovered an unlabeled pill bottle in his room. I took the pills to my computer and identified them as a generic form of Ritalin. When I confronted Jason, he told me he got them from a friend who'd been prescribed the medication. He wanted to see if they would help him with his problem focusing in school. I took that opportunity to educate him on the dangers of abusing prescription drugs and told him that if he really thought he had ADD (Attention Deficit Disorder), we should pursue this with a clinician. He promised he would stop using the drug. But as a pre-pharmacy major, maybe he felt he knew more about these substances than he actually did and had a 'professional curiosity' about them."

Source: As recounted on www.drugfree.org/memorials.

1mg 2mg

{ ATIVAN® }

7.5mg

{ RESTORIL® }

1mg 2mg

{ XANAX® }

.5mg 3mg

{ XANAX XR® }

2mg 5mg 10mg

{ VALIUM® }

.5mg 1mg 2mg wafer, 1mg

{ KLONOPIN® }

anabolic steroids

→ drugs used to enhance performance, increase muscle mass, and improve appearance

TESTOSTERONE

Anabolic Steroids

Synthetically produced variants of the naturally occurring male hormone testosterone are used to promote muscle growth, enhance performance, or improve physical appearance. Prescribed by doctors for loss of testicle function, breast cancer, low red blood cell count, hypogonadism, delayed puberty, and debilitated states resulting from surgery or sickness (cancer and AIDS). Administered to animals by veterinarians to promote feed efficiency, improve weight gain, and treat anemia and tissue breakdown during illness or trauma.

Forms

Tablets, sublingual tablets, liquid drops, gels, transdermal patch, subdermal implant pellets, water-based injectable solutions, oil-based injectable solutions.

Adverse Effects

Males: In adults, shrinking of testicles, reduced sperm count, infertility, development of breasts, acne, fluid retention, increased risk of prostate cancer. In boys, early sexual development, acne, and stunted growth.

Females: Acne, oily skin, deepening of voice, increased body and facial hair, menstrual irregularities, fluid retention. Also, in girls, stunted growth.

Both: Harm to heart, liver dysfunction, liver tumors, liver cancer, increased blood pressure, increased LDL cholesterol, enlargement of the heart, heart attacks, stroke, hepatitis, HIV, anger, hostility, male pattern baldness.

Upon discontinuation: Prolonged periods of depression, restlessness, insomnia, loss of appetite, decreased sex drive, headaches, irritability.

Steroids available only with a prescription:

(Note: Lists are not all-inclusive)

{ anabolic steroids }

ANADROL® | ANDRO® | DECA-DURABOLIN® | DEPO-TESTOSTERONE® | DIANOBO® DURABOLIN® | EQUIPOISE® | OXANDRIN® | THG® | WINSTROL®

There are over 100 different types of anabolic steroids.

slang names: **Arnolds, Gym Candy, Pumpers, Roids, Stackers, Weight Trainers, Gear Juice**

How are steroids abused?

Steroids are taken orally, injected, taken under the tongue, or applied with topical creams that allow steroids to enter the bloodstream. There are different regimens for taking steroids to increase body mass; they are widely published and available on the Internet.

Where would a teen obtain steroids?

Friends, gyms, school, teammates, coaches, trainers, Internet.

anabolic steroids

THREE PARENTS' STORIES

These three young men were athletes who sought ways to enhance their performance. Each of them turned to steroids, and each of them suffered the depression that comes when steroids are stopped.

{ DEPO-TESTOSTERONE® }

{ TAYLOR HOOTON }

Died at age 17. It took a while for his parents to connect Taylor's recent weight and muscle increases with his uncharacteristic mood swings and violent, angry behavior. He'd been using a cocktail of steroids and other hormones to bulk up, and the drugs were wreaking havoc on his body and emotions.... Taylor went to his room and hanged himself. It was only after his death that the whole picture came into focus.

{ ROB GARIBALDI }

Died at age 24. When supplements and workouts did not produce the desired results, Rob turned to steroids. According to Rob, he first obtained steroids from his trainer at the University of Southern California, whose name Rob never divulged. With a wink and a nod, they kept his use a secret. The desire and need to look bigger, be stronger, and avoid losing muscle gains already achieved prompted him to continue steroid use. Over time, Rob gained 50 pounds and became the powerhouse the steroids promised.... Drinking alcohol or taking any other drug, including prescription medication, compounds the adverse effects of steroids. The most dangerous effect of steroids is suicide. His parents said: "We know, without a doubt, steroids killed our son."

{ EFRAIN MARRERO }

Died at age 19. Efrain had been secretly using steroids to prepare for football season. He had been a standout offensive lineman in high school and was now playing at the junior college level. However, he decided he wanted to move from the offensive line to more of a "glory" position at middle linebacker. Any football fan seeing Efrain would recognize the significant physical transformation it would take for him to make that happen. As his parents tell it, "Efrain began using steroids, under the impression that it would make him bigger, stronger, faster, and earn him the title and recognition he so much desired." Unaware of the serious side effects of steroids, Efrain began to experience severe paranoia and deep depression. Frightened, he turned to his parents for help, who took him to the family doctor. The doctor assured them that the steroids would leave Efrain's system soon and that no further action was required. No one knew that quitting steroids cold turkey was unwise; the physician failed to provide an appropriate course of action. Three weeks later, Efrain shot himself in the head.

over-the-counter → medications with DXM (hallucinogen)

ROBITUSSIN®, CORICIDIN HBP®, NYQUIL®

OTC Medicines with DXM

There are well over 100 medicines that contain dextromethorphan (DXM), either as the only active ingredient or in combination with other active ingredients.

These medications (store brands as well as brand names) can be purchased over-the-counter in pharmacies, some grocery stores, and some other outlets.

Forms

Liquid, gelcaps, pills, powder.

Adverse Effects

High doses produce confusion, dizziness, double or blurred vision, slurred speech, loss of physical coordination, abdominal pain, nausea and vomiting, rapid heart beat, drowsiness, numbness of fingers and toes, and disorientation. DXM abusers describe different "plateaus" ranging from mild distortions of color and sound to visual hallucinations, "out-of-body" dissociative sensations, and loss of motor control. *(Note: Many OTC products listing DXM as an active ingredient may also contain antihistamines, acetaminophen, or other substances, which have other side effects.)*

OD

Unable to move, feel pain, or remember.

→ How are OTCs with DXM abused?

Cough syrup is drunk either alone or in combination with soft drinks or alcohol. Gelcaps and pills are swallowed or crushed and put into drinks.

Where would a teen obtain OTCs with DXM?

Friends, relatives, pharmacies, grocery stores, medicine cabinets. DXM is also available over the Internet.

{ TRENDS

There is little in current teen culture—music, movies, fashion, and entertainment—that promotes or even mentions cough medicine abuse. The one exception is the Internet. A number of disreputable websites promote the abuse of cough medicines containing dextromethorphan. The information on these sites includes recommending how much to take, suggesting other drugs to combine with DXM, instructing how to extract DXM from cough medicines, promoting drug abuse in general, and even selling a powder form of dextromethorphan for snorting. You should be aware of what your teen is doing on the Internet, the websites he or she visits, and the amount of the time he or she is logged on.

Source: Partnership for a Drug-Free America, "What Every Parent Needs to Know About Cough Medicine Abuse," www.drugfree.org.

The Internet, Drugs, and Teens

Many teens obtain illegal drugs, particularly prescription drugs, from their families, friends, or relatives. Since prescription drugs are widely available in the home, teens often do not have to go far to find ways to get high. Other teens turn to the Internet for prescription drugs, and the world wide web plays a big role in providing information and advice to teens.

HERE ARE A FEW THINGS TO CONSIDER

Your teen probably knows a lot more about the Internet than you do. It's never too late for parents to jump in and get acquainted with various websites, communication methods, networking systems, and the lingo teens use to fly under parents' radars.

{ ASHLEY DUFFY }

Ashley Duffy, 18, knew her parents wouldn't tap into her online journal, so she wrote freely about her drug use. She says she used the Internet to contact her dealer and connect at parties with people who had drugs.

"Kids are really open about it. I see posts from other people describing a night on acid or whatever," says Duffy of West Chester, Pennsylvania, who underwent treatment and says she has been drug-free for 16 months. "I think they think their parents are clueless. And I guess they are."

Source: USA Today, "Teens use Internet to Share Drug Stories" by Donna Leinwand, June 19, 2007

Some pharmacies operating on the Internet are legal, and some are not. Some of the legal Internet pharmacies have voluntarily sought certification as "Verified Internet Pharmacy Practice Sites" (VIPPS®) from the National Association of Boards of Pharmacies. "Rogue" pharmacies pretend to be authentic by operating websites that advertise powerful drugs without a prescription or with the "approval" of a "doctor" working for the drug trafficking network. Teens have access to these websites and are exposed to offers of prescription drugs through email spam or pop-ups. Parents should be aware of which sites their teens are visiting and should examine credit card and bank statements that may indicate drug purchases.

The Internet, Drugs, and Teens

{ RYAN HAIGHT }

Francine Haight, Ryan's mother, shares her son's story with the world: "Ryan Thomas Haight overdosed and died on February 12, 2001, on narcotics (Vicodin®) that he had easily purchased on the Internet. A medical doctor on the Internet that he never saw prescribed them, an Internet pharmacy mailed them to his home. He was only 17 when he purchased them; he was only 18 when he died.

"It is too easy to meet and chat with strangers on Internet websites that glorify the use of drugs and who can easily talk our children into experimenting. These websites encourage our children to take drugs and share their highs, which is extremely dangerous and can lead to death," Francine Haight said.

Source: USA Today, "Teens use Internet to Share Drug Stories" by Donna Leinwand, June 19, 2007

Through the efforts of Francine Haight and members of Congress, with support of DEA, the Ryan Haight Online Pharmacy Consumer Protection Act of 2008 was enacted in October 2008. The act focuses on removal from the web and prosecution of unscrupulous or rogue internet pharmacies that exist to profit from the sale of controlled prescription medicines to buyers who have not seen a doctor and don't have a prescription from a registered physician. These pharmacies lack quality assurance and accountability, and their products pose a danger to buyers. This law makes it harder for cybercriminals to supply controlled substances and easier for DEA to prosecute them, and has resulted in the reduction of these online pharmacies.

Teens sometimes brag about their drugging and drinking on social networking sites such as Facebook, Twitter, and YouTube. Their behavior is out there in the open for future employers, college admissions offices, and others to see.

The Internet is a tremendous resource for teens to learn about the dangers of drug abuse. However, it is also full of information about how to use prescription drugs to get high– how much to use, what combinations work best, and what a user can expect to experience.

"Teens who spend more time on social networking sites are more likely to smoke, drink, and use drugs."

The survey of 12 to 17 year olds found that 70% spent time on social networking sites. Of the 70%, 40% have seen pictures on the sites of teens getting drunk, passed out, or using drugs. Half of these teens saw these pictures when they were 13 years of age or younger; 90% first saw them when they were 15 or younger.

The Internet, Drugs, and Teens

Compared to teens that have never seen pictures of kids getting drunk, passed out, or using drugs on social networking sites, teens that have seen these images are much likelier to have friends and classmates who abuse illegal and prescription drugs.

Compared to teens that do not watch suggestive teen programming, teens that watch one or more shows are more than one- and-a-half times likelier to try to get prescription drugs without a prescription within a day or less.

Source: CASA, National Survey XVI

There are thousands of websites dedicated to the proposition that drug use is a rite of passage. So-called experts are more than happy to walk your kids through a drug experience.

DON'T LET THEM.

"Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month. Although most of these pills were prescribed for medical purposes, many ended up in the hands of people who misused or abused them." (CDC Vital Signs, Nov. 2011)

We know that 70% of youth get their prescription drugs from family and friends, yet fewer parents report safeguarding prescription medications. "Anyone can access prescription medicines in the medicine cabinet" went from 50% in 2010 to 64% in 2011, meaning medications are available to anyone in their homes.

Slightly over two-thirds of parents of ninth through twelfth graders say they have ever had a discussion with their children about prescription medicine to get high. This is down from 82% in 2009.

Teens that report learning a lot from their parents about the risks of drugs are half as likely as those who learn nothing from their parents to have ever used prescription medicines to get high, but only 16% say they have discussed prescription medicine with their parents in the past year.

Take the time to talk to your children about prescription medications and over-the-counter drugs. Let them know that just because a doctor has prescribed it or you can buy it in the store does not mean it is safe for them to use. Just because it's not bought from a drug dealer does not mean it's safer. Just because you use it does not mean that it is safe for them to use.

Set an example. If your children see you taking drugs make sure they know what you are taking and why. Kids are smart, and they will know if you are abusing drugs. They watch and often emulate their parents.

Studies have also revealed that parents are increasingly misusing or abusing prescription medications themselves. Nearly one in five parents (18%) reports using a prescription medicine that was not prescribed to them three or more times in their lifetime. Fifteen percent of parents say they've used a prescription medicine not prescribed to them at least once in the past year, a 25% increase from 2010. More frequent past-year misuse of prescription medicines (three or more times) is up 50% from 2010 (5%) to 2011 (10%).

Source: PATS 2011

What You Can Do

Keeping prescription drugs out of the hands of teens is important, and there are things you can do:

Get information about prescription drug medications abused by teens. Learn what the medication is used for, what it looks like, its effects and interactions, and how teens are using it.

Understand the power and danger of these medications. Many drugs, particularly narcotic painkillers (opioid medications), are extremely powerful and are designed to relieve extreme pain. New medications are continually being approved for medical use, and it is important to be informed about the drugs' uses and properties.

Ask your teens what they are experiencing at school, at friends' homes, and at parties. Share with them what you have learned about the dangers of abusing prescription drugs.

Ask your doctor and pharmacist about the medications you are being prescribed. Ask about their side effects and potential addictiveness. Ask which category the drug is: Narcotic, stimulant, depressant, steroid?

Review what is in your medicine cabinet. Keep powerful medications in a safe place, not in the family medicine or kitchen cabinet, under lock if necessary. Count your pills when you receive them, and periodically check to see how many are in the container.

Read the labels. A drug label includes important information about a prescription drug. Many generic prescriptions are substituted for brand name drugs, and it may be easy to overlook the fact that the doctor has prescribed a very powerful narcotic painkiller, for example.

Different pharmaceutical companies produce many products that have the same basic ingredients. Usually, the generic name of the drug is printed in addition to the brand name, making it clearer that the customer is receiving ibuprofen/oxycodone HCL, for instance.

Report Suspicious Internet Pharmacies

If you or your teen is aware of someone distributing prescription drugs or selling them on a suspicious internet pharmacy site, please call the DEA hotline. Callers will be able to make confidential reports by dialing toll free 1-877-RxAbuse (1-877-792-2873) around the clock, 365 days per year. The hotline is staffed by bilingual operators employed by DEA. This is a toll-free call from Mexico as well. During normal business hours, the caller will be connected directly to someone at the responsible DEA Domestic Field Office. After-hours tips will be forwarded by an internal, secure email system for further investigation and follow-up by DEA Special Agents and Diversion Investigators.

Medicine Take-Back Programs

Medicine Take-Back programs are an excellent way to remove expired, unwanted, or unused medicines from your home, and reduces the chances that others may accidently or intentionally take the medicine.

In an effort to further address the abuse and misuse of unused controlled substances in households throughout the country, DEA, working with state and local law enforcement agencies, implemented the National Take-Back Initiative. The purpose of the initiative is to provide a venue for people who want to dispose of unwanted and unused prescription drugs, particularly controlled substances from our nation's medicine cabinets.

The first National Take-Back Day, September 25, 2010, citizens turned in over 121 tons of pills. Due to the success of this initiative, three more Take-Back days have been held. In total, over 774 tons of medication has now been removed from circulation.

In September, right after the first Take-Back Day Initiative, Congress passed the Secure and Responsible Drug Disposal Act of 2010, which amends the Controlled Substances Act to allow an "ultimate user" of controlled substance medications to dispose of them by delivering them to entities authorized by the Attorney General to accept them. This act also allows the Attorney General to authorize long term care facilities to dispose of their residents' controlled substances in certain instances. DEA is in the process of drafting regulations to implement the Act.

While a uniform system for prescription drug disposal is being finalized, DEA will continue to sponsor Take-Back opportunities in coordination with state and local organizations, as a service to our communities.

{ Additional information on the safe disposal of medications can be found on the U.S. Food and Drug Administration's website at www.fda.gov/Drugs/ResourcesForYou/Consumers.

DEA's Role

DEA plays a critical role in preventing prescription drug abuse.

DEA investigates physicians who sell prescriptions to drug dealers or abusers; pharmacists who falsify records and subsequently sell the drugs; employees who steal from inventory; executives who falsify orders to cover illicit sales; prescription forgers; and individuals who commit armed robbery of pharmacies and drug distributors.

DEA investigates unscrupulous Internet pharmacies. Rogue pharmacies exist to profit from the sale of controlled prescription medications to buyers who have not seen a doctor and don't have a prescription from a registered physician. The pharmacies lack quality assurance and accountability, and their products pose a danger to buyers.

DEA works with state, local, and foreign partners to interdict controlled substances and precursor chemicals.

DEA's authority to enforce laws and regulations comes from the Controlled Substances Act, Title 21 of the United States Code. DEA also provides objective and timely information to the public about the dangers of drugs through publications, websites and presentations.

ADDITIONAL RESOURCES

Community Anti-Drug Coalitions of America (CADCA), the Consumer Healthcare Products Association (CHPA), D.A.R.E., and the Partnership at DrugFree provide information on over-the-counter cough medicines at *www.StopMedicineAbuse.org.*

Drug Abuse Resistance Education (D.A.R.E.) provides an information kit and curricula on helping communities respond to Rx and OTC abuse at *www.dare.com/home/featurs/RX.asp.*

Drug Enforcement Administration (DEA) *www.dea.gov*

- DEA's Office of Diversion Control *www.deadiversion.usdoj.gov*
- DEA's teen website *www.JustThinkTwice.com*
- DEA's parent website *www.GetSmartAboutDrugs.com*

Institute for Behavior and Health, Inc. provides information on drugged driving at *www.stopdruggeddriving.org.*

National Institute on Drug Abuse (NIDA) provides information on prescription and over-the-counter drugs at *www.nida.nih.gov.*

- NIDA's teen website on prescription and over-the-counter drugs *www.teens.drugabuse.gov/peerx/*

National Institute of Mental Health's Library of Medicine www.medlineplus.gov

- Spanish version *www.medlineplus.gov/Spanish*

Office of National Drug Control Policy (ONDCP) *www.whitehouse.gov/ondcp/*

- ONDCP's teen website *www.abovetheinfluence.com*
- ONDCP's parent website *www.theantidrug.com*

Partnership at Drug Free provides information for parents on teen prescription drug abuse at *www.drugfree.org.*

All photos courtesy of **Wolters Kluwer Health**—**MediSpan** or the **Drug Enforcement Administration**

Parents360

Synthetic Drugs: Bath Salts, K2/Spice:

A guide for parents and other influencers

THE PARTNERSHIP™
AT DRUGFREE.ORG

February 16, 2012

Parents360

Synthetic Drugs:
Bath Salts, K2/Spice

THE PARTNERSHIP™
AT DRUGFREE.ORG

Hello, and welcome to the Parents360 module that addresses issues pertaining to synthetic drugs such as Bath Salts and K2/Spice.

Some background to start:"Parents360 – Parents: You Matter" is a community education presentation that helps parents and other adults who care about kids learn how to communicate effectively with their children, look out for them and get them help if and when they need it. The presentation has a number of drug-specific modules that can be added to it. The one we're talking about today is Synthetic Drugs such as Bath Salts and K2/Spice.

This is a very important topic to address because synthetic drugs **<u>are</u>** dangerous. They are not 'safe' as a second choice, or as an alternative to more well-known drugs, for your kids, and you must communicate that fact with them. This presentation will help provide you with the information and resources to have that discussion.

"Bath Salts" are not Bath Salts

The first thing that parents should know is that the drug called Bath Salts is very different from the product that you put into a bath. The only reason why they have the same name is because the products look similar like a fine powder.

What are "Bath Salts?"

- Stimulants: Manmade chemicals related to amphetamines (speed)
- Substituted cathinones -- Methylenedioxypyrovalerone (MDPV) and mephedrone, and methylone are the chemicals most often found in "bath salts"
- Consumed orally or nasally

Drug Enforcement Administration

So – what are Bath Salts anyway? They are a man-made, chemical (as opposed to organic) stimulant drug. Generally, stimulants are a class of drugs that elevate mood, increase feelings of well-being and increase energy and alertness. Amphetamines, or speed, are an example of stimulant drugs.

The technical term for Bath Salts is "substituted cathinone." Now, what does that mean? You may have heard of Khat, a plant that is cultivated and used in East Africa and the Middle East. It has a stimulant effect on the user and can be quite dangerous. Substituted cathinones are synthetic, concentrated versions of the stimulant chemical in Khat. Methylenedioxypyrovalerone (MDPV), mephedrone and methylone are the chemicals most often found in "Bath Salts."

They can be ingested orally or snorted through the nose.

So – how can you tell if something that is labeled as a bath salt is really a drug?

Well, first off, if it is contained in a packet that is about the size of a moist towelette, it probably isn't designed for use in a bathtub that can hold anywhere from 30 to 60 gallons of water.

But if it also says, "not for human consumption," says that it is "not illegal" (never a good sign) or that it is for "adults only," it is probably a drug that was created for ingestion and not for a hot bath.

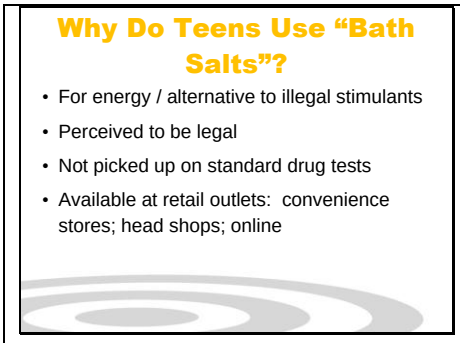
What makes this even trickier is that not all "Bath Salts" are marketed as Bath Salts.

Substituted cathinones and related drugs have been sold as plant feeder, insect repellent and even stain remover.

It is also important to note that there is no standard formulation for these drugs. The composition of chemicals that is sold in one packet may be completely different than what is sold in an identical packet.

So – why all of the mystery?

It is because when these drugs were legal, the people trying to sell them were working to exploit very specific loopholes in the law. For a period of time, these drugs were not illegal because the law did not include them. That has changed, and we will talk about that in a moment. But once word went out that Bath Salts were dangerous, the distributors of these drugs put them in new, deceiving packages.



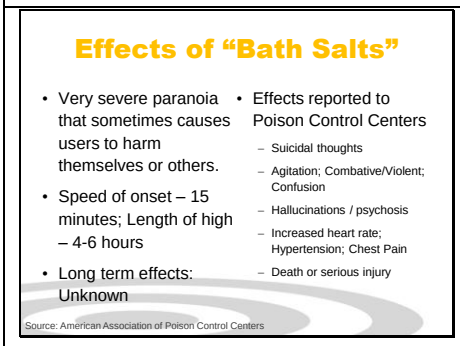
So why would a teen or young adult, or anyone for that matter, make a decision to use "Bath Salts?"

First, we'll look at some of the same reasons why people use stimulants. For some, it is to get high or escape, but for many others it is to get energy or endurance to make it through the day. Many people – not just teens – feel overworked and overstressed, and in those situations, a stimulant can have a lot of appeal.

Peer pressure or curiosity can play a large role, and often teens don't know what the effects will be until it's too late. Word of mouth can also play a big part in deciding to try it.

Anecdotally, potential users may think that Bath Salts are safer than methamphetamine. They may perceive them to be legal. They may think that they would not test positive – at work or at school – if they use it.

And these drugs are readily available – if you walk into some convenience stores or gas stations, you may see a whole display of pills and packages marked as "vitamins" or "energy boosters." Some may be legal, and some may not be. Head shops – which are in the business of selling drug paraphernalia just within the limits of the law – may sell these drugs, and a search for Bath Salts online yields more than 1.3 million results.



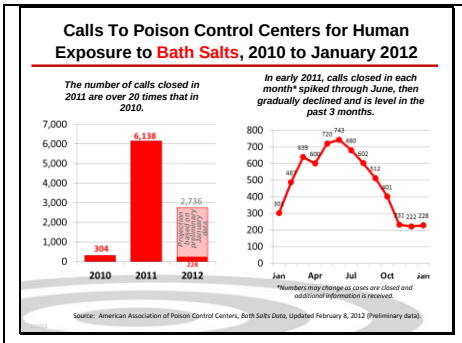
The effects of Bath Salts can be severe.

Very severe paranoia can sometimes cause users to harm themselves or others. Effects reported to Poison Control Centers include:

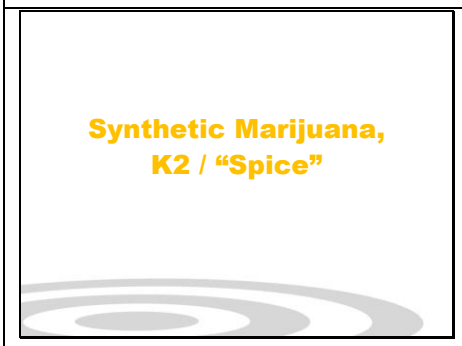
Suicidal thoughts
Agitation
Combative/Violent behavior
Confusion
Hallucinations/psychosis
Increased heart rate
Hypertension
Chest Pain
Death or serious injury

The speed of onset is 15 minutes, while the length of the high from these drugs is four to six hours.

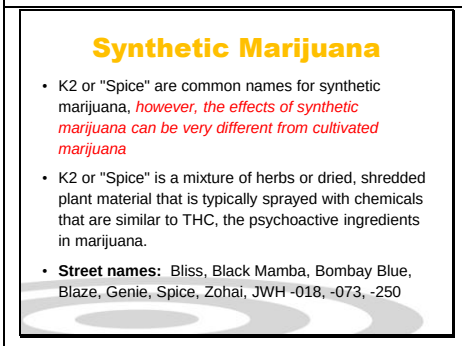
It is especially troubling that the long-term effects of the drug are unknown, because the drug has only been used widely within the past decade. We don't know what the future will hold or exactly how people will be affected.



Poison centers first raised the alarm about Bath Salts in December 2010 after they started receiving calls about people having serious reactions to the chemicals, such as increased blood pressure and heart rate, agitation, hallucinations, extreme paranoia and delusions. In 2010, poison centers received 304 calls about exposures to Bath Salts. That number rose dramatically in 2011 when poison centers received 6,138 calls. In early 2011, calls closed in each month* spiked through June, then gradually declined and was level in November and December 2011 and January 2012. While this is notable progress, projections based on January 2012 data indicate that use will remain far above 2010 levels in 2012.



We now make the move from salts to Spice.

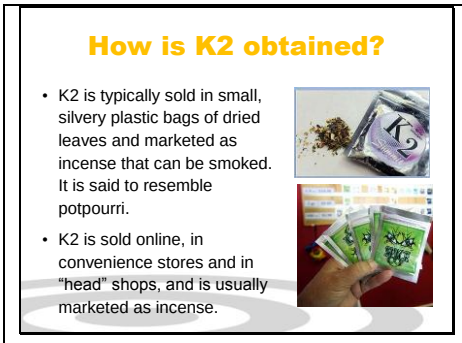


"K2" and "Spice" are street names for synthetic marijuana. Whatever perceptions people have of marijuana, they should not underestimate the risk of this drug or make the mistake that synthetic marijuana is somehow less dangerous than cultivated marijuana.

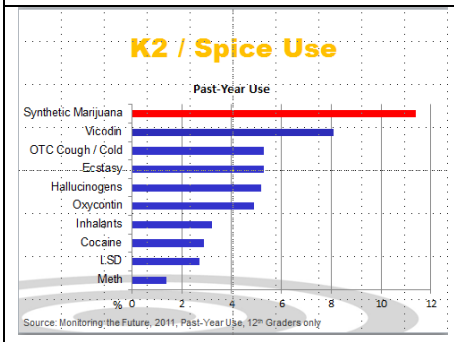
K2 or Spice is a mixture of herbs or other plant materials that have been sprayed with artificial chemicals that are supposed to mimic the effects of THC, the psychoactive ingredient in marijuana. One group of these artificial chemicals has the prefix "JWH," so you will see JWH-018, JWH-073 and others. It is important to note that K2/Spice is completely synthetic, so while these drugs may act on the same parts of the brain and body as THC, the effects can be very different.

In addition to the most common names, K2 and Spice, this product is sold under a number of trade names such as "Blaze," "Bliss," "Black Mamba," "Bombay Blue," "Genie" or by the names of the chemicals that are used in the production process such as JWH-018.

Signs of Use • Strong clove smell • Coffee grinder – finer the powder, easier to smoke • Drug paraphernalia (pipes, screens, etc.) • Typically smoked	One of the signs that parents can look for is a strong clove smell. K2/Spice is typically smoked, so parents may find a coffee grinder around the house – which is often used to reduce the product to a fine powder so that it is easier to smoke – and other drug paraphernalia such as pipes or screens.
Physical Signs of Use • Loss of control • Lack of pain response • Increased agitation • Pale skin • Seizures • Vomiting • Profuse sweating • Uncontrolled / spastic body movements • Elevated blood pressure, heart rate, and palpitations Source: Prosecuting Attorneys Association of Michigan	The physical signs of use are very troubling. You may notice increased agitation, profuse sweating, pale skin or vomiting. But what may be of the greatest concern is the loss of physical control – a kind of brain-body disconnect. This is where you may see seizures, a lack of pain response or uncontrolled/spastic body movements.
Effects of Synthetic Marijuana • Onset – 3-5 minutes • Length of duration – 1-8 hours • Short-term effects: In addition to physical signs of use, users may experience: – Dysphoria – the opposite of euphoria – Paranoia – similar to PCP / Angel Dust – Delusions, hallucinations and increased agitation • Long-term effects: **Unknown** Source: Prosecuting Attorneys Association of Michigan	Looking at the effects another way, parents should know that the onset of this drug is fairly quick, and – depending on a number of factors – the length of the high can last from one to eight hours. The paranoia that is associated with K2/Spice is closer to the psychological reaction to PCP or angel dust than to the paranoia associated with marijuana. One of the most frightening factors is that users may experience dysphoria. The best way to explain dysphoria is that it is the opposite of euphoria. A spice user posted a blog comment that read in part, "I felt as if I was in hell – this morbid place that I couldn't get out of." (http://cenblog.org/terra-sigillata/2010/09/07/whats-the-buzz-synthetic-marijuana-k2-spice-jwh-018/) As troubling as the short-term effects of this drug are, what is even more concerning is the fact that no one knows what their long-term effects will be. They simply haven't been around long enough for medical professionals to know how users will be affected in 10 years, 20 years or even further in the future.



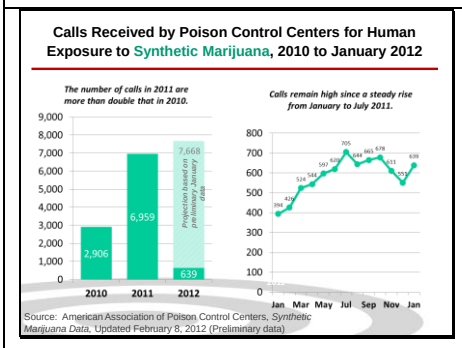
Like Bath Salts, K2/Spice is sold online, in convenience stores and in "head" shops. It is often marketed as incense.



While these drugs may be "news" to many parents, more than one in 10 American high school seniors used synthetic marijuana in the prior year according to the "Monitoring the Future" study, a survey conducted by the University of Michigan,.

At 11.4 percent, the annual prevalence of synthetic marijuana is:
41 percent greater than Vicodin (8.1 percent)
Four times greater than inhalants (3.2 percent)
Four times greater than cocaine (2.9 percent)
Eight times greater than meth (1.4 percent)

It is also more common than hallucinogens, LSD and OxyContin and twice as likely to be used as over-the-counter cough/cold medicine.



Calls to poison control centers for exposure to synthetic marijuana doubled between 2010 and 2011 and is on track to rise again in 2012.

DEA takes action

- On November 24, 2010, the Drug Enforcement Administration (DEA) took emergency action to temporarily control five chemicals used to make K2 and other "fake pot" products.
- On September 7, 2011, the DEA banned three of the drugs found in bath salts
- Possessing and selling these chemicals or the products that contain is now illegal in the U.S.
- The DEA will study these chemicals to determine if these products should be permanently controlled.
- Congress is also working to act on this issue.
- Regulators face the challenge of staying ahead of formulations

In the past two years, the Drug Enforcement Administration has taken emergency action to make both Bath Salts and K2/Spice illegal. There is now a study period taking place to determine if these bans will remain permanent.

The challenge for regulators and parents, however, is to stay ahead of the new formulas and versions of these drugs that may not be covered by current law.

Congress is also working to act on this issue.

However, regulators and parents face the challenge of staying ahead of new formulations.

Messages Parents Can Deliver

- It is impossible to know what these drugs contain, or who made them, or what you are going to get.
- Getting high – no matter how – carries risks of making unsafe or unhealthy decisions
- Just because a drug is legal – or is labeled as legal – does not mean that it is safe
- We don't know the long term effects of synthetic drugs because the drugs are so new

So what can parents and other influencers say to young people about the dangers of these drugs?

A good overarching message to kids is to avoid putting anything in their bodies that would change their feelings or emotions – whether it is something they would smoke, drink, take in pill form or shoot with a needle. The human brain is an incredible machine, and you need to be even more careful with a teenage brain because it is a work in progress.

Additional messages include:

- It is impossible to know what these drugs contain, who made them or what you are going to get.
- Getting high – no matter how – carries risks of making unsafe or unhealthy decisions.
- Just because a drug is legal – or is labeled as legal – does not mean that it is safe.
- We don't know the long-term effects of synthetic drugs because the drugs are so new.

The Partnership at Drugfree.org's "Time To Talk" resource, found at TimeToTalk.org, offers easy-to-use, research-based tips to help you have ongoing conversations with your kids to keep them healthy and drug free.

HablaConTusHijos.org is the Spanish-language version of Time to Talk.

The Decoder blog addresses real issues that real parents face every day.

The Drug Guide for Parents shares facts about the top 13 drugs most commonly abused by teens.

Time to Act! provides parents with step-by-step guidance on what to do if they think or know that their child is using.

The Intervene blog is a forum for experts, parents and caring adults to share their experiences and insights.

The Intervention eBook provides parents with an additional way to learn about how to help their child.

The Treatment eBook provides parents with a guide to understanding what treatment is, how to pay for it, how to start treatment and more.

Time to Get Help gives parents a better understanding of teen and young adult substance abuse and addiction and a community to share their experiences and support one another.

A key message that we want to deliver to parents and other people who care about kids is that whether you are working to prevent use by their child, responding to it or supporting your child's recovery, you are not alone

We want families to connect with the Partnership.

The Partnership at Drugfree.org's Parents Toll-Free Helpline offers assistance to parents who want to talk to someone about their child's drug use and drinking.

Our Helpline is open Monday through Friday from 10:00 am to 6:00 pm ET. We are closed on weekends and holidays. The Helpline is not a crisis line. If you do not connect with a parent specialist, please leave a message and we will make every effort to get back to you by the next business day. If you are in need of immediate or emergency services please call 911 or a 24-hour crisis hotline.

Our eNewsletters are a great way to get updated information about substance abuse and actions parents can take to help their kids delivered directly to your inbox.

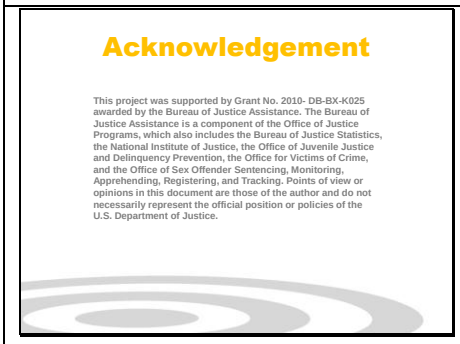
You can friend us on Facebook, or you can follow our Twitter feed.

We try to provide as many ways as possible to for you to keep in touch with us!

In the coming months, we will be creating additional slidecasts that use content from the Parents360 presentation and modules.

If you would like to be notified when these screencasts are published, please be sure to sign up for the Community Education newsletter at drugfree.org, or "like" The Partnership at Drugfree.org on Facebook.

Thank you for your time, your attention and for your concern for the young people in your life.



Parents: You Matter

THE PARTNERSHIP AT DRUGFREE.ORG

The Tip Sheet

Here are important tips, resources and information you can use to give your kids happy, healthy and safe futures, and help them avoid the dangers of drugs and alcohol.

COMMUNICATE

1. Clearly communicate the risks of alcohol and drug use
2. Let your child know you disapprove of any drinking or drug use.
   a. *Kids who believe their parents will be upset if they try drugs are 43 percent less likely to do so.*
3. Use teachable moments to talk about drinking and using drugs.
4. Frequently talk *and listen* to your kids about how things are going in their lives.

MONITOR

1. Know *WHO* your child is with
2. Know *WHAT* they're doing
3. Know *WHERE* your child will be
4. Know *WHEN* your child is expected home
5. Know who your teen's friends are – communicate with their parents
6. Establish and enforce rules – including a clear "no use" policy

SPOT ALCOHOL AND DRUG USE

✓ Here are **five** changes to watch for…

1. Declining school work and grades
2. Abrupt changes in friends, groups or behavior
3. Sleeping habits and abnormal health issues
4. Deteriorating relationships with family
5. Less openness and honesty

✓ Be aware of special vulnerabilities

WHAT TO DO WHEN YOU SPOT ALCOHOL AND DRUG USE

1. Focus, you can do this
   - ✓ Don't panic, but act right away
2. Start talking
   - ✓ Let your child know you are concerned
   - ✓ Communicate your disapproval
3. Set limits, rules and consequences
4. Monitor – look for evidence, make lists, keep track
5. Get outside/professional help – you don't have to do this alone

TAKE ACTION AND LEARN MORE

1. Talk to your kids about the dangers of drinking and using drugs
2. Monitor your kid's whereabouts
3. Connect with other parents
4. Learn more about preventing teen drinking and drug use– go to www.drugfree.org

IMPORTANT RESOURCES FROM THE PARTNERSHIP AT DRUGFREE.ORG

1. www.drugfree.org – Main Site
2. www.timetotalk.org – Learn ***how to start a conversation*** with your child
3. www.drugfree.org/timetoact – Learn ***what to do if you suspect or know*** your child is using
4. www.drugfree.org/teenbrain – Learn about ***teen brain development*** and how you can help your teen make smart, healthy decisions
5. www.drugfree.org/parent – The Parent Tool Kit offers videos & articles on how to talk with your kids at any age

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.

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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

Substance Abuse and Mental Health Services Administration (SAMHSA)
Center for Substance Abuse Treatment (CSAT)
240-276-2750
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

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

National Council on Patient Information and Education (NCPIE)
301-656-8565
www.talkaboutrx.org

Drug Enforcement Agency (DEA)
www.getsmartaboutdrugs.com

National Association of School Nurses (NASN)
240-821-1130
www.nasn.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

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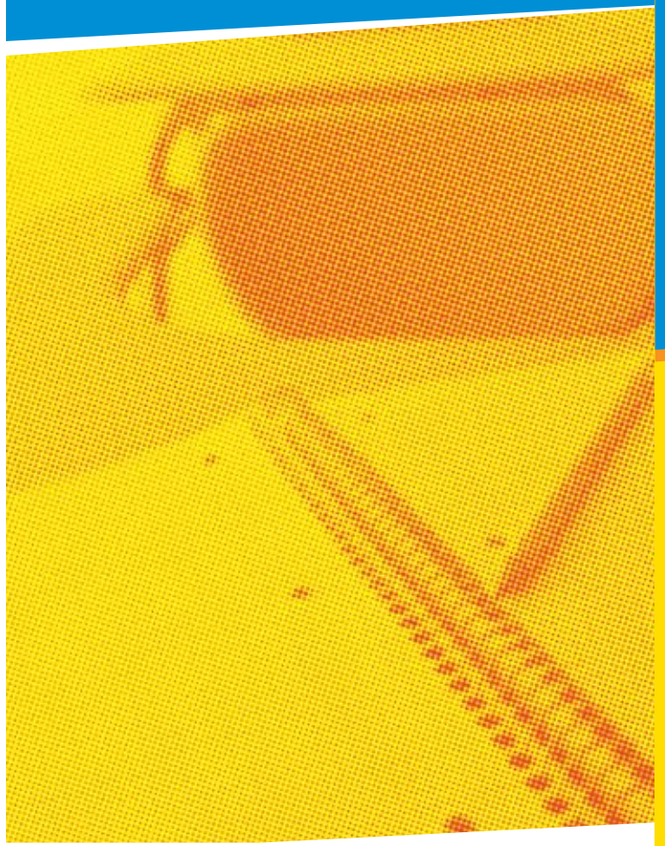

AN IMPORTANT LESSON:

helping students avoid prescription drug abuse

SMA # 09-4446

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

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?

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.
- ☑ **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.
- ☑ **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.

Not Worth The Risk

Xeve i it's legal

YOU'RE IN CONTROL

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.samshsa.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

Substance Abuse and Mental Health Ser
SAMHSA

SMA12-4678B3-Flyer

Drug Prevention 4Teens

A Drug Abuse Prevention Guide For Teens

Drug Prevention 4Teens

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Substance Abuse Guide For Teens

Learning for Life has partnered with the Drug Enforcement Administration (DEA), the federal agency best known for dismantling international and domestic drug trafficking organizations. DEA is also a leader in the prevention community and works with schools, parents, communities, and the public to provide accurate information on the harm drugs cause. Learning for Life groups, posts, and participants embrace these efforts in our communities and, with DEA Special Agents across the nation, hope to have an impact on teen drug use in our country.

Learning for Life and the Drug Enforcement Administration consider young people to be a valuable resource in preventing substance abuse. Whether you make a personal decision not to use drugs, help educate your peers about the dangers of drugs, or inform members of the community about the damages caused by drug use and trafficking, you are making a difference in combating this problem.

Jointly, we are pleased to present this program guide to supplement Learning for Life programs.

Part One: Today's Drug Problem

Extent of Problem

Drug use in the United States is a serious problem, but much progress has been made through effective drug prevention and enforcement programs during the past decade. Teen drug use decreases when young people perceive that drug use is risky, and good drug prevention programs help teens understand how and why drugs are harmful.

Most kids don't take drugs. According to a recent government survey drug use rates have decreased since 2001. Kids are rejecting marijuana, LSD, steroids, ecstasy, methamphetamine, alcohol and tobacco. They are also telling researchers that they know more about the dangers of drugs—and that helps them say no to drugs.

You can find detailed information on drug use in America from the following sources:
Monitoring the Future *www.monitoringthefuture.org* • National Survey on Drug Use and Health *http://oas.samhsa.gov* • Substance Abuse and Mental Health Services Administration *www.samhsa.gov* • National Institute on Drug Abuse *www.drugabuse.gov* • Office of National Drug Control Policy *www.whitehousedrugpolicy.gov* • Drug Enforcement Administration *www.dea.gov* • *www.justthinktwice.com*

Drugs of Abuse

There are many illegal substances abused today. There are other substances, such as over-the-counter medications, household products, and legitimate pharmaceuticals (medicines) that are also abused. This brief guide provides information on the most commonly abused drugs. Here are some facts which will help you understand the facts about illegal drugs.

The Controlled Substances Act (CSA) categorizes drugs into five categories (Schedules I-V) according to their medical use, potential for abuse, and safety. The most addictive drugs, and drugs which have no medical use, are in Schedule I.

Federal penalties for manufacturing and/or distributing illegal drugs are based on the danger each drug poses to individuals and to the public.

There are several classes of drugs; each class has different properties and effects on the user.

Narcotics: Narcotics (such as heroin, morphine, OxyContin, etc.) are used to dull the senses and reduce pain. Narcotics can be made from opium (from the opium poppy) or created in a laboratory (synthetic and semi-synthetic narcotics).

Stimulants: Stimulants reverse the effects of fatigue on the body and brain. Sometimes they are referred to as "uppers." Cocaine, amphetamines, methamphetamine and Ritalin™ are stimulant drugs. Cocaine is derived from the coca plant grown in South America. Nicotine (found in tobacco) is also a stimulant.

Depressants: Substances included in this category are tranquilizers, sedatives, hypnotics, anti-anxiety medications and alcohol.

Cannabis: Marijuana and hashish are substances referred to as cannabis and THC (delta-9-tetrahydrocanabinol) is the ingredient in cannabis which makes the user feel "high."

Hallucinogens: These substances alter the perceptions and moods of users. LSD, Ecstasy, PCP and Ketamine are made in laboratories, some of which are clandestine; non-manufactured hallucinogens include peyote and mescaline.

Inhalants: Many common items such as glue, lighter fluid, paint products, cleaning fluids, gasoline, and propellants in aerosol cans contain chemicals that produce intoxicating effects similar to alcohol. Inhalant abuse is the deliberate inhaling or sniffing of these products to get high.

Steroids: Anabolic steroids are defined as any drug or hormonal substance that is chemically and pharmacologically related to testosterone and promotes muscle growth. Some steroids are used for legitimate medical reasons, but many are illegally manufactured and distributed.

Drug

Effects:Cannabis

Effects: Euphoria, relaxed inhibitions, increased appetite, disorientation, impaired motor skills and concentration. • **Overdose Effects:** Fatigue, paranoia, and possible psychosis. • **CSA Schedule:** Schedule I: Marijuana has no medical use. Schedule II: Marinol™ is a synthetic form of THC which can be prescribed for patients with particular medical conditions. • **Street Names:** Pot, Grass, Sinsemilla, Blunts, Mota, Yerba, Grifa, Aunt Mary, Boom, Chronic (marijuana alone or marijuana with crack), Dope Ganja, Gang-

Specific Drugs

Cannabis

Cannabis Sativa L.

Marijuana is grown in the United States, Mexico, Canada, South America, Asia, and other parts of the world. It can be cultivated outdoors and in indoor settings. Marijuana is usually smoked and the effects are felt within minutes. Depending on the dosage and other variables, users can feel relaxed and have altered senses of smell, sight, taste and hearing, distorted senses of time, shifting sensory imagery, rapidly fluctuating emotions, fragmentary thoughts, impaired memory and dulling of attention.

THC (delta-9-tetrahydrocanabinol) is the psychoactive ingredient found in the marijuana plant. In the 1970's, the average THC content of illicit marijuana was less than one percent. Today most commercial grade marijuana from Mexico/Colombia and domestic outdoor cultivated marijuana has an average THC content of 4 to 6 percent, although some samples have tested as high as 25 percent THC.

High doses of marijuana can result in hallucinations. Marijuana smokers experience the same health problems as tobacco smokers: bronchitis, emphysema, and bronchial asthma. Extended use is associated with anti-motivational syndrome, lung damage, and risk to reproductive systems.

Hashish and Hashish Oil (smoked, ingested)

Hashish consists of the THC-rich resinous material of the cannabis plant which is collected, dried, and then compressed into a variety of forms, such as balls, cakes, or cookie-like sheets. Pieces are then broken off, placed in pipes, and smoked. The Middle East, North Africa, Pakistan, and Afghanistan are the main sources of hashish.

Hash oil is produced by extracting the cannabinoids from plant material with a solvent. The color and odor of the resulting extract will vary, depending on the type of solvent used. Current samples of hash oil, a viscous liquid ranging from amber to dark brown in color, average about 15 percent THC.

Heroin

Heroin is a narcotic which can be injected, smoked or snorted. It comes from the opium poppy grown in Southeast Asia (Thailand, Laos and Myanmar—Burma); Southwest Asia (Afghanistan and Pakistan), Mexico and Colombia. It comes in several forms, the main ones being "black tar" from Mexico (found primarily in the western United States) and white heroin from Colombia (primarily sold on the East Coast).

In the past, heroin was mainly injected. Because of the high purity of the Colombian heroin, many users now snort or smoke heroin. All of the methods of use can lead to addiction, and the use of intravenous needles can result in the transmission of HIV.

Drug Effects: Heroin

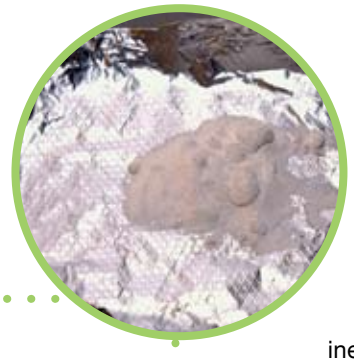
Effects: Euphoria, drowsiness, respiratory depression, constricted pupils, and nausea. • **Overdose Effects:** Slow and shallow breathing, clammy skin, convulsions, coma, and possible death. • **CSA Schedule:** Heroin has no legitimate medical use: Schedule I. • **Street Names:** Horse, Smack, Black Tar, Chiva, and Negra (black tar).

Cocaine

Cocaine is a powerful stimulant derived from coca leaves grown in Bolivia, Peru and Colombia. The most common method of use is snorting the cocaine powder (Cocaine Hcl). Its crack form is smoked (freebased). Cocaine is usually distributed as white powder, often diluted ("cut") with a variety of sub-

Drug Effects: Cocaine

Effects: Increased alertness, excitation, euphoria (sometimes followed by a "crash"), increased pulse rate and blood pressure, insomnia and loss of appetite. • **Overdose Effects:** Agitation, increased body temperature, hallucinations, convulsions, possible death. • **CSA Schedule:** Approved for use as an anesthetic for ear, eye and throat surgeries: Schedule II. • **Street Names:** Coke, Flake, Snow, Crack, Coca, and Blanca.



Drug Effects:
Methamphetamine
Effects: Increased alertness, excitation, euphoria, increased pulse rate and blood pressure, insomnia and loss of appetite. • **Overdose Effects:** Agitation, increased body temperature, hallucinations, convulsions, possible death. • **CSA Schedule:** Methamphetamine hydrochloride is prescribed for appetite suppression: Schedule II. • **Street Names:** Crank, Ice, Crystal, Krystal, Meth, Speed, and Tina.

stances, the most common being sugars and local anesthetics. This is done to stretch the amount of the product and increase profits for dealers.

Crack is sold in small, inexpensive doses that are smoked. Its effects are felt immediately and are very intense and short-lived. The intensity of the psychological effects of cocaine depends on the dose and rate of entry to the brain. Cocaine reaches the brain through the snorting method in three to five minutes. Intravenous injection of cocaine produces a rush in 15-30 seconds, and smoking produces an almost immediate intense experience. These intense effects can be followed by a "crash."

The cocaine manufacturing process takes place in remote jungle labs where the raw product undergoes a series of chemical transformations.

Methamphetamine

Methamphetamine is a stimulant which is generally produced in large laboratories in Mexico, the United States and Asia, or in "small toxic labs" in the United States. It can be injected or smoked. "Ice" is the crystallized form of methamphetamine and it is generally smoked. In all its forms, methamphetamine is highly addictive and toxic.

The onset of meth effects is about the same as cocaine, but they last longer. Meth remains in the central nervous system longer than cocaine, and chronic abuse produces a psychosis that resembles schizophrenia. Other signs of meth use include paranoia, picking at the skin, preoccupation with one's thoughts, and auditory and visual hallucinations. These effects can last for months and even years after using methamphetamine, and violent and erratic behavior is often seen among chronic users.

Prescription Drugs

Pain Killers

Vicodin™ is hydrocodone mixed with acetaminophen. Hydrocodone is a semi-synthetic opioid similar in effects to morphine. Hydrocodone products, when abused, can lead to dependence, tolerance, and addiction. Vicodin™ is one of the most frequently prescribed medications for pain. Other products include Vicoprophen™, Tussionex™, and Lortab™ .

Oxycodone is used as an analgesic and is formulated into numerous pharmaceuticals including OxyContin™ (a controlled-release product) and with aspirin (Percodan™) or with acetaminophen (Percoset™). These drugs are prescribed for pain relief. They all require a doctor's prescription and are prescribed for moderate to severe pain.

Fentynal is extensively used for anesthesia and analgesia. Duragesic™ is a fentanyl transdermal (through the skin) patch used in chronic pain management, and Actiq™ is a solid formulation of fentanyl citrate on a stick that dissolves slowly in the mouth for absorption through mucous membranes.

Illicit use of pharmaceutical fentanyl first appeared in the mid-1970's in the medical community. To date, over 12 different analogues of fentanyl have been produced clandestinely and identified in the U.S. drug traffic.

The biological effects are indistinguishable from those of heroin, with the exception that the fentanyl may be hundreds of times more potent. Fentanyl is most commonly used by intravenous administration, but like heroin, it may

Drug Effects:
Pain Killers
Effects: Euphoria, drowsiness, respiratory depression, constricted pupils, and nausea. • **Overdose Effects:** Slow and shallow breathing, clammy skin, convulsions, coma, and possible death. • **CSA Schedule:** Pure hydrocodone and oxycodone are in Schedule II. Hydrocodone products fall into schedules III and V.

also be smoked or snorted.

Ultram™ (tramadol hydrochloride) and Ultracet™ (tramadol with acetaminophen) are prescription medications indicated for the management of moderate to moderately severe pain.

Depressants

Xanax™ (alprazolam) is from the benzodiazepine family of depressants. It is used to treat anxiety and panic disorders.

Valium™ (diazepam) is also from the benzodiazepine family of depressants. It is usually used to treat anxiety, alcohol withdrawal, muscle spasms, and seizures. Valium™ is among the most widely prescribed medications in the United States. Concurrent use of alcohol or other depressants with Valium™ can be life-threatening.

Alprazolam and diazepam are the two most frequently encountered benzodiazepines on the illicit market. Abuse is frequently associated with adolescents and young adults who take the drug to get high. Abuse of benzodiazepines is particularly high among heroin and cocaine abusers.

Stimulants

Methylphenidate (Ritalin™, Concerta™) is a stimulant which is prescribed for attention deficit/hyperactivity disorder. It has a high potential for abuse and produces many of the same effects as cocaine and amphetamines. Binge use, psychotic episodes, cardiovascular complications, and severe psychological addiction have all been associated with methylphenidate abuse. According to the National Institute on Drug Abuse, methylphenidate is a valuable medicine for adults as well as children with attention deficit and hyperactivity disorder. Research shows that individuals with ADHD do not become addicted to stimulant medications when taken in the form and dosage prescribed by doctors. In fact, it has been reported that stimulant therapy in childhood is associated with a reduction in the risk for subsequent drug and alcohol use disorders.

Adderall™ is an amphetamine which is used to treat attention deficit hyperactivity disorder (ADHD) in children 6 years of age and older and in adults.

Drug Effects: Depressants

Effects: Xanax™ and Valium™ misuse is associated with amnesia, hostility, irritability, and vivid or disturbing dreams, as well as tolerance and physical dependence. • **Overdose Effects:** Concurrent use of alcohol or other depressants with Valium™ or Xanax™ can be life-threatening. • **CSA Schedule:** Xanax™ and Valium™ are in Schedule IV.

Drug Effects: Stimulants

Effects: Misuse of Ritalin™ and Adderall™ may cause short, intense periods of high energy. • **Overdose Effects:** High doses of Ritalin™ or Adderall™ can produce agitation, tremors, euphoria, palpitations, and high blood pressure. Psychotic episodes, paranoid delusions, hallucinations, and bizarre behavior have been associated with stimulant abuse. • **CSA Schedule:** Ritalin™ and Adderall™ are in Schedule II.

GHB

There are three kinds of GHB abusers: those who take the drug to get high, those who use it in bodybuilding, and those who commit sexual assault after drugging their victims. GHB is also frequently used in combination with MDMA (Ecstasy) to counter over-stimulation. It is frequently taken with alcohol and is often found at bars, parties, nightclubs, raves and gyms.

GHB is often called the "date-rape" drug. Because of its effect on memory, GHB may cause users to forget details surrounding a sexual assault. GHB is quickly eliminated from the body, and it is sometimes hard to confirm its presence during rape investigations.

Drug Effects: GHB

Effects: Slurred speech, disorientation, drunken behavior without the odor of alcohol, impaired memory of events, and interaction with alcohol. • **Overdose Effects:** Shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma and possible death. • **CSA Schedule:** GHB in its illegal form is schedule I; a prescription drug, Xyrem™, formulated from components of GHB, is Schedule III. • **Street Names:** GHB, Georgia Home Boy, Grievous Bodily Harm, Liquid Ecstasy, Liquid X, Sodium Oxybate, and Xyrem™.

Ecstasy (MDMA)

Ecstasy is a synthetic drug that produces both stimulation and hallucinatory effects and is associated with increased energy, sensual arousal

Drug Effects: Ecstasy

Effects: Heightened senses, teeth grinding and dehydration. • **Overdose Effects:** Increased body temperature, electrolyte imbalance, cardiac arrest, possible death. • **CSA Schedule:** Schedule I. • **Street Names:** Ecstasy, XTC, Adam, Love Drug, Eve, Hug, and Beans.

and enhanced tactile sensations. The effects of MDMA are felt within 30-45 minutes, peaking at 60-90 minutes, and lasting 4-6 hours.

It produces nerve cell damage that can result in psychiatric disturbances, muscle tension, tremors, blurred vision, and increased body temperature which can result in organ failure and death.

The majority of MDMA is produced in laboratories in Europe and then smuggled into the United States. MDMA is usually distributed in tablet form and many of these tablets are imprinted with pop culture designs or commercial logos.

Drug Effects: LSD

Effects: Illusions and hallucinations, altered perception of time and distance, impaired judgment leading to possible personal injury. • **CSA Schedule:** No recognized medical use: Schedule I. • **Street Names:** Acid, Microdot, Sunshine, and Boomers.

LSD

For years, LSD has been produced in laboratories in the United States. It is generally sold in the form of impregnated paper typically imprinted with colorful graphic designs. It has also been found in tablets (microdots), thin squares of gelatin (window panes), in sugar cubes, and (rarely) in liquid form.

During the first hour after ingestion, users may experience visual changes with extreme changes in mood. While hallucinating, the user may suffer impaired depth and time perception accompanied by distorted perception of the shape and size of objects, movements, colors, sound, touch and the user's own body image.

Drug Effects: PCP

Effects: Illusions and hallucinations, altered perceptions of space and time. • **Overdose Effects:** Suicidal and hostile behavior, coma, convulsions, and possible death from respiratory arrest. • **CSA Schedule:** Was used in 1950's as intravenous anesthetic and discontinued for human use in 1965: Schedule I. • **Street Names:** PCP, Angel Dust, Killer Weed, and Supergrass.

The ability to make sound judgments and see common dangers is impaired, making the user susceptible to personal injury. It is possible for users to suffer acute anxiety and depression after an LSD "trip" and flashbacks have been reported days, even months, after taking the last dose.

PCP

PCP is generally produced in clandestine laboratories in the United States. It was originally used as a veterinary anesthetic and is illegally produced for human consumption in powder, capsule and liquid form, and is frequently sprinkled on parsley, mint, oregano or marijuana and smoked.

PCP use often causes a user to feel detached from his surroundings. Numbness, slurred speech, and loss of coordination can be accompanied by a sense of strength and invulnerability. Auditory hallucinations and severe mood disorders can occur. In some users, acute anxiety, paranoia, hostility, and psychosis can occur.

Ketamine

Ketamine is a fast-acting anesthetic and can be used on both humans and animals.

As a drug of abuse, it can be taken orally, snorted, or injected, and can be sprinkled on marijuana or tobacco and smoked. If used intravenously, effects can be felt immediately, and if snorted or taken orally, effects are evident in 10-15 minutes.

Ketamine can act as a depressant or a psychedelic and low doses can produce vertigo, slurred speech, slow reaction time and euphoria. In higher doses, Ketamine produces amnesia and coma.

Anabolic Steroids

Anabolic steroids are synthetically produced variants of the naturally occurring male hormone testosterone. The two main effects of these drugs are androgenic (developing male characteristics) and anabolic (building muscles).

The three main patterns of abuse include: cycling (alternating periods of use); stacking (using two or more at the same time); and pyramiding (progressively increasing and then decreasing doses and types of steroids).

Besides the short-term effects on both men and women, long-term use can lead to adverse cardiovascular effects, liver dysfunction, liver tumors, liver cancer, and cancer of the prostate in men. Among the most prevalent side-effects of steroids is the development of female characteristics in males (developing breasts) and the masculinization of women.

Inhalants

Inhalants are a diverse group of substances that are sniffed, snorted, huffed, or placed in bags and inhaled to produce intoxication. Common household products such as aerosol propellants, glue, lighter fluid, cleaning fluids, and paint are the most abused inhalants. Inhalant users experience headache, nausea, slurred speech and loss of motor coordination. They sniff or "huff" ordinary household products like nail polish remover, cleaning fluid, gasoline, and spray paint.

Over The Counter (OTCs)

DXM (dextromethorphan) is a cough suppressant available in a variety of over-the-counter cough and cold medications. DXM is abused because, when taken in doses that dramatically exceed those recommended by physicians and pharmacists, it produces hallucinations and a sense of dissociation. As an over-the-counter medication, DXM is available in various forms including liquids, lozenges, tablets, capsules, and gel caps.

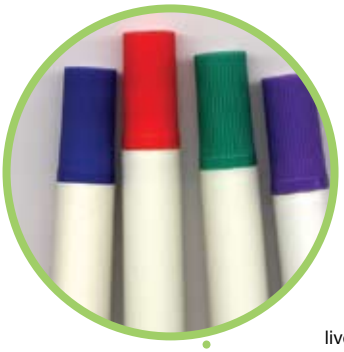
Individuals who abuse DXM consume much higher doses (typically more than 360 milligrams), which produce hallucinations and dissociative effects similar to those experienced with PCP (phencyclidine) or ketamine. While under the influence of the drug,

Drug Effects: Ketamine

Effects: Illusions and hallucinations, altered perceptions of space and time. • **Overdose Effects:** Unable to direct movement, feel pain, or remember. • **CSA Schedule:** Used as veterinary anesthetic: Schedule III. • **Street Names:** Special K.

Drug Effects: Anabolic Steroids

Effects: Virilization, edema, testicular atrophy, gynecomastia, acne, aggressive behavior, and mood changes. • **CSA Schedule:** Anabolic steroids are used medically to treat hormonal imbalances and other medical conditions. • **Street Names**: Depo Testosterone, Juice,



Drug Effects: Inhalants

Effects: Flushing, hypotension, and headache. • **Overdose Effect:** Can include damage to the heart, liver, kidneys, lungs, and brain; death can occur from a single use or after prolonged use. • **CSA Schedule:** Inhalants are not scheduled under CSA. • **Street Names:** Poppers, Rush, Snappers, Whippets, Kick, Bang and Amys.

Drug Effects:
Over the Counter Drugs (OTCs)

Effects: Dissociation and hallucinations. • **Overdose Effects:** Loss of consciousness, seizures, brain damage, death. • **CSA Schedule:** OTCs are not scheduled under the CSA. • **Street Names:** Dex, DM, Drex, Robo, Rojo, Skittles, Triple C, and Velvet.

which can last for as long as 6 hours, DXM abusers risk injuring themselves and others because of the drug's effects on visual perception and cognitive processes. In addition, individuals who ingest high doses of DXM risk hyperthermia (exceptionally high fever), particularly if they use the drug in a hot environment or while physically exerting themselves—such as at a rave or dance club. Other risks associated with DXM abuse include nausea, abdominal pain, vomiting, irregular heartbeat, high blood pressure, headache, numbness of fingers and toes, loss of consciousness, seizures, brain damage, and death. Over-the-counter medications containing DXM frequently contain other ingredients that can cause additional health problems.

Costs to Society

The consequences of drug use are not limited to the individuals who take drugs. Even non-users are at risk; drug use costs our society over $180 billion a year. Drug production harms the global environment; methamphetamine production uses toxic chemicals which seep into the ground and contaminate water sources. The Amazon region is being depleted by coca production. Drugged drivers injure and kill innocent people every year. Terrorist activities are connected to drugs; many organizations raise money for their violent attacks through drug production and trafficking. Children are adversely affected by drugs their parents use or manufacture in their homes.

Did you know that:

- According to government surveys which ask young people about their drug use patterns, about 600,000 high school seniors drive after smoking marijuana. More than 38,000 seniors told surveyors that they had been involved in accidents while driving under the influence of marijuana. Other surveys conducted by MADD (Mothers Against Drunk Driving) and the Liberty Mutual Insurance Company revealed that many teenagers (41 percent) were not concerned about driving after taking drugs. Medical data indicates a connection between drugged driving and accidents. A study of patients in a shock-trauma unit who had been in collisions revealed that 15 percent of those who had been driving a car or motorcycle had been smoking marijuana and another 17 percent had both THC and alcohol in their blood.
- From the clear-cutting of rain forests in Central and South America for the planting of coca fields, to the destruction of national forests in the United States for the growing of marijuana, to the dumping of hazardous waste byproducts into the water table after the manufacture of methamphetamine, illegal drugs have a far-reaching impact on the environment. These activities have consequences for the health of the groundwater, streams, rivers, wildlife, pets and the people living in those areas. Illegal drug production contributes to deforestation, reduced biodiversity, increased erosion, air pollution and global climate change.
- Drug exposed children cost society millions of dollars. The total lifetime costs associated with caring for babies who were exposed to drugs or alcohol range from $750,000 to $1.4 million. These figures take into account the hospital and medical costs for drug exposed babies, housing costs, and other care costs. The long-term health damage to meth-exposed children has not yet been calculated.
- Drug money helps to support terrorists operating in countries around the world.

Activity:
What costs are you and your family paying for others' drug use? What evidence have you seen that drugs damage our society and other societies around the world?

Why Do Young People Use Drugs?

When asked, young people offer a number of reasons for using drugs; most often they cite a desire to change the way they feel, or to "get high."

Other reasons include:

- Escape school and family pressures
- Low self-esteem
- To be accepted by their peers
- To feel adult-like or sophisticated
- Curiosity
- Perception of low risk associated with drugs
- Availability of drugs

Prevention experts have identified "risk factors" and "protective factors" to help determine how drug abuse begins and how it progresses. Risk factors can increase a person's chances for drug abuse, and protective factors can reduce the risks. It's important to remember that not everyone at risk for drug abuse actually becomes a drug user.

Here are some early signs of risk that may predict later drug use:

- Association with drug abusing peers
- A lack of attachment and nurturing by parents or caregivers
- Ineffective parenting
- A caregiver who abuses drugs
- Aggressive behavior
- Lack of self-control
- Poor classroom behavior or social skills
- Academic failure

Young people are most vulnerable to drug use during times of transition; for instance, when teens make the switch from elementary to middle school or when they enter high school, new social and emotional challenges affect them on many levels.

Scientists have also studied the adolescent brain, and have determined that the teen brain is not fully formed until young adulthood. Using drugs during the time that the brain is developing increases the potential for drug addiction. According to the 2003 National Survey on Drug Use and Health, adults who had first used substances at a younger age were more likely to be classified with dependence or abuse than adults who initiated use at a later age. This pattern of higher rates of dependence or abuse among persons starting their use of marijuana at younger ages was observed among all demographic subgroups analyzed.

Experts agree that association with drug abusing peers is often the most immediate risk for exposing adolescents to drug abuse and delinquent behavior.

What other factors contribute to drug abuse among youth?

- We are a pill-taking society. Many of us believe there's a pill for anything and everything that ails us; for improving our appearance; for better performance and mood. There are thousands of good medications which are safe and effective, and new drugs come on the market often. We are bombarded with advertisements about the benefits of these drugs. But don't be fooled: legal prescription drugs are not something to play around with. Neither are some over-the-counter medications, like cough syrup. Just because a doctor prescribed them to a relative or a friend doesn't make them safe for you. Just because something comes from a drug store doesn't make it safe to abuse.
- Our society frequently portrays drug-taking in a positive light, and there is not enough realistic depiction of the consequences of drug use.
- Leading figures in sports, entertainment and public life openly discuss their drug use, sending a message that taking drugs is "normal" behavior.

Activity:
What are some of the most obvious signs of drug addiction? Are there other signs that may not be obvious to family and friends? What are the physical manifestations of drug addiction? What has technology taught us about the impact of drugs on the brain? You may want to ask your friends and classmates to discuss these questions. What other causes can they suggest for the problem?

Attitudes About Drugs

Adult Behavior and Attitudes May Contribute to the Problem

Many adults are uninformed—or in denial—about drug use, and their attitudes contribute to or enable young people to engage in drug-using behavior. According to the Partnership for a Drug Free America, many parents need to get better educated about the drug situation.

- Today's parents see less risk in drugs like marijuana, cocaine and even inhalants, when compared to parents just a few years ago.
- The number of parents who report never talking with their child about drugs has doubled in the past six years, from 6 percent in 1998 to 12 percent in 2004.
- Just 51 percent of today's parents said they would be upset if their child experimented with marijuana.
- While parents believe it's important to discuss drugs with their children, fewer than one in three teens (roughly 30 percent) say they've learned a lot about the risks of drugs at home.
- Just one in five parents (21 percent) believes their teenager has friends who use marijuana, yet 62 percent of teens report having friends who use the drug.
- Fewer than one in five parents (18 percent) believe their teen has smoked marijuana, yet many more (39 percent) already are experimenting with the drug.

Activity

What can adults do to educate themselves about drugs? How should adults discuss drugs with their children? How can children talk to their parents about drugs?

Denial Can Make the Problem Worse

Some parents may be afraid to confront the realities of drug use, so they may deny the truth, even to themselves. You may have heard some adults say: "My kid doesn't use drugs." "It's not a problem for our family." "I used drugs and survived." "Drug use is a normal part of growing up." "We'll never solve the drug problem." "Alcohol is more dangerous than marijuana."

Community Indifference Allows the Drug Problem to Escalate

In some communities, drug abuse goes hand-in-hand with community apathy. If drug dealing and use are allowed to flourish within a community, there is little chance that progress can or will be made.

Sociologists who have studied the phenomenon of urban crime understand the links between community neglect and escalating crime rates. James Q. Wilson, a noted sociologist, put forth the "broken window theory" which claims that little things—like a single broken window—convey a message to criminals that it is okay to break other windows, leading to a succession of actions which further degrade a community. Problems accumulate when the broken window is not fixed quickly. When communities recognize problems quickly, and take positive steps to ad-

dress these problems, criminal activity like drug trafficking has less chance to damage that community.

Many communities have opted to develop and implement comprehensive strategies to address issues related to crime and drug abuse. One critical element in successful strategies is the inclusion of all sectors of a community: law enforcement, businesses, educators, elected officials, the clergy, community leaders, medical and treatment professionals, etc.

For examples of how communities successfully addressed problems and reduced drug trafficking and abuse visit the following web sites: *www.fightingback.org* and *www.cadca.org*.

Activity:

How has your community dealt with the problems of crime and drugs? If you were mayor for a day, what strategies would you employ to address the drug problem?

What Is Addiction?

According to the experts at the National Institute on Drug Abuse (NIDA), addiction is a chronic, relapsing disease characterized by compulsive drug seeking and abuse, and by long-lasting chemical changes in the brain. Some drugs are more addictive than others; however, depending on an individual user's propensity for addiction, someone can become addicted to drugs very quickly.

Experts say that there are several ways to determine if you have a drug problem. A user should ask questions about drinking or drug use and assess how he/she feels when using. "Am I losing control of my life? Am I giving up things I used to love because of drugs? Have family and friends become less important?

Obtain more information on drug addiction from the National Institute on Drug Abuse (NIDA) at *www.nida.gov*. Information on the signs of drug addiction is also available at *www.checkyourself.com*.

"... addiction is a chronic, relapsing disease characterized by compulsive drug-seeking and abuse and by long-lasting chemical changes in the brain."

Drug Treatment

NIDA scientists tell us that "There is no cure for drug addiction, but it is a treatable disease; drug addicts can recover. Drug addiction therapy is a program of behavior change or modification that slowly retrains the brain. Like people with diabetes or heart disease, people in treatment for drug addiction learn behavioral changes and often take medications as part of their treatment regimen."

Did you know that over 60 percent of the young people currently in treatment are there for dependence on marijuana? When using illegal drugs, or abusing other substances such as inhalants, prescription drugs, or over the counter medications, there is a tremendous potential for addiction, and treatment may be the only option.

Drug treatment is available to those who need help, including in-patient and out-patient centers, therapeutic communities and 12-step programs. In addition to medical treatment programs, some are faith-based. Additionally, community programs such as Drug Courts give non-violent drug users in the criminal justice system opportunities for treatment—with conditions—instead of jail time. For more information on drug treatment, go to the Center for Substance Abuse Treatment (CSAT) at *www.samhsa/csat.gov*. Drug Court information is available at *www.nadcp.org*. There are also many stories on the internet about teens seeking drug treatment. For information on how to help someone who needs treatment, go to the National Youth Anti-Drug Media Campaign at *www.mediacampaign.org*.

Activity:

What strategies do treatment programs employ to help users remain drug free? What are the different outcomes that can be expected from the various forms of drug treatment? How can you help a friend or family member who is abusing drugs get into drug treatment?

What About Drug Legalization?

Some people are of the opinion that drug use is a personal choice and that the U.S. Government should legalize drug use. They support their claims with opinions that marijuana is a medicine and is not harmful, that legalization will remove the violence and profit from the drug trade, and that adults will be able to take drugs safely and responsibly. The vast majority of Americans do not want drugs legalized. They believe legalization will lead to further disintegration of families, increase health and social costs, and jeopardize the safety of innocent people. Given the enormous toll that legal substances such as tobacco and alcohol have taken on our society, why would we want to compound our problems by adding legal drugs to the mix? Marijuana is not harmless, nor is it a medicine. Many studies have been conducted to determine whether or not marijuana should be approved as a medicine. There are many rigorous and complex elements to the U.S. government's approval of any drug that is used as medicine in this country. If scientists conclude that marijuana should someday be considered a medicine, these same rigorous steps would need to be followed before doctors are permitted to prescribe it to patients.

Furthermore, there are no smoked medicines. Have you ever heard of anyone who smoked medicine? After all we know about the dangers of cigarette smoking, why would the scientific community approve smoked marijuana? Those who smoke marijuana regularly may have many of the same respiratory problems that tobacco smokers do, such as daily cough and phlegm production, more frequent acute chest illnesses, a heightened risk of lung infections, and a greater tendency toward obstructed airways. Marijuana has the potential to promote cancer of the lungs and other parts of the respiratory tract because marijuana smoke contains 50 percent to 70 percent more carcinogenic hydrocarbons than does tobacco smoke. *Source: National Institute on Drug Abuse, Research Report Series - Marijuana, October 2001.*

Activity:
Imagine a scenario where drugs were legal in your community. What would be affected by the increased drug use that occurred? How would the impact of this policy affect young people? What would the consequences of increased availability and use be on non-users? How would this compare to the problems caused by alcohol?

Part Two: Drug Prevention and Awareness

Drug prevention is a critical component in our nation's effort to reduce drug use, particularly among young people. When it is part of a comprehensive strategy which includes law enforcement and drug treatment, prevention is a very powerful tool to reduce drug use. Over the decades, various types of drug prevention approaches have been implemented to help people reject drugs and choose healthy alternatives. Over the years, many lessons have been learned in the prevention field, and evaluating whether prevention programs actually work has been critical to their success. While drug prevention efforts continually evolve based on actual situations and needs, there are some guiding principles which are basic to successful drug prevention efforts.

The ultimate aim of drug prevention programs is to change behaviors which encourage drug abuse and to reinforce positive behaviors which lead to the rejection of drugs.

Principles of Prevention

Know What The Problem Is and Who You Are Trying To Reach

Address Appropriate Risk and Protective Factors for Substance Abuse in a Defined Population

- **Define a population.** A population can be defined by age, gender, race, geography (neighborhood, town, or region), and institution (school or workplace).
- **Assess levels of risk, protection, and substance abuse for that population.** The risk factors increase the risk of substance abuse, and protective factors inhibit the risk of substance abuse in the presence of risk. Risk and protective factors can be grouped in domains for research purposes (genetic, biological, social, psychological, contextual, economic, and cultural) and characterized as to their relevance to individuals, the family, peers, school, workplace, and community.
- **Focus on all levels of risk, with special attention to those exposed to high risk and low protection.** Prevention programs and policies should focus on all levels of risk, but special attention must be given to the most important risk factors, protective factors, psychoactive substances, individuals, and groups exposed to high risk and low protection in a defined population. Population assessment can help sharpen the focus of prevention.

Find Out What Works—and Use It

Use Approaches that Have Been Shown to be Effective

- **Reduce the availability of illicit drugs, and of alcohol and tobacco for the under-aged.** Community-wide laws, policies, and programs can reduce the availability and marketing of illicit drugs. They can also reduce the availability and appeal of alcohol and tobacco to the underaged.
- **Strengthen anti-drug-use attitudes and norms.** Strengthen environmental support for anti-drug-use attitudes by sharing accurate information about substance abuse, encouraging drug-free activities, and enforcing laws, and policies related to illicit substances.
- **Strengthen life skills and drug refusal techniques.** Teach life skills and drug refusal skills using interactive techniques that focus on critical thinking, communication, and social competency.
- **Reduce risk and enhance protection in families.** Families strengthen these skills by setting rules, clarifying expectations, monitoring behavior, communicating regularly, providing social support, and modeling positive behaviors.
- **Strengthen social bonding.** Strengthen social bonding and caring relationships with people holding strong standards against substance abuse in families, schools, peer groups, mentoring programs, religious and spiritual contexts, and structured recreational activities.

Activity:
Define “critical thinking” and “social competency” and put them into the drug abuse prevention context.

Activity:
Think of three age appropriate programs and activities for elementary students. How about for teens?

Successful drug prevention programs depend on the contributions and expertise of many segments of our society: for example, the media, educators, parents, peers, the clergy, law enforcement, the medical community and community leaders.

- **Ensure that interventions are appropriate for the populations being addressed.** Make sure that prevention interventions, including programs and policies, are acceptable to and appropriate for the needs and motivations of the populations and cultures being addressed.

Understand When And Where Drug Use Begins

Intervene Early

- **Intervene early and at developmental stages and life transitions that predict later substance abuse.** Such developmental stages and life transitions can involve biological, psychological, or social circumstances that can increase the risk of substance abuse. Whether the stages or transitions are expected (such as puberty, adolescence, or graduation from school) or unexpected (such as the sudden death of a loved one), they should be addressed by preventive interventions as soon as possible-even before each stage or transition, whenever feasible.
- **Reinforce interventions over time.** Repeated exposure to scientifically accurate and age-appropriate anti-drug-use messages and other interventions can ensure that skills, norms, expectations, and behaviors learned earlier are reinforced over time.
- **Intervene in appropriate settings and domains.** Intervene in settings and domains that most affect risk and protection for substance abuse, including homes, social services, schools, peer groups, workplaces, recreational settings, religious and spiritual settings, and communities.

Stay On Top of Your Program

Manage Programs Effectively

- **Ensure consistency and coverage of programs and policies.** Implementation of prevention programs, policies, and messages for different parts of the community should be consistent, compatible, and appropriate.
- **Train staff and volunteers.** To ensure that prevention programs and messages are continually delivered as intended, training should be provided regularly to staff and volunteers.
- **Monitor and evaluate programs.** To verify that goals and objectives are being achieved, program monitoring and evaluation should be a regular part of program implementation. When goals are not reached, adjustments should be made to increase effectiveness. *Source: ONDCP.*

Successful drug prevention programs depend on the contributions and expertise of many segments of our society: for example, the media, educators, parents, peers, the clergy, law enforcement, the medical community and community leaders. The success of prevention efforts increases when various segments collaborate and provide clear anti-drug messages to targeted populations.

Drug Prevention Programs

Drug prevention programs are designed and implemented on many levels. The federal government has instituted a number of national drug prevention programs which reach targeted populations through public service announcements, grant programs, educational programs and the sharing of expertise. State and local governments also have a significant number of prevention programs which are tailored to address particular problems and needs. Law enforcement and the military have brought drug prevention expertise into classrooms and communities; businesses have also contributed significantly to drug prevention through sponsored programs, drug-free policies and corporate support for community initiatives. Other segments of society, including faith-based institutions, civic organizations and private foundations are also active forces in drug prevention.

Prevention Resources

Below is a partial list of drug prevention agencies and programs. There are many other outstanding efforts which are ongoing across the nation; it is impossible to include them all. Some programs are aimed at particular populations or specific drugs. Within a given agency, there may be many prevention programs which are aimed at different audiences.

Federal Drug Prevention Agencies and Programs:

Office of National Drug Control Policy (ONDCP):

This office reports to the President of the United States. ONDCP administers the Youth Anti-Drug Media Campaign.

www.mediacampaign.org
www.whitehousedrugpolicy.gov

Substance Abuse and Mental Health Services Administration (SAMHSA):

This organization is responsible for overseeing and administering mental health, drug prevention and drug treatment programs around the nation. The Center for Substance Abuse Prevention (CSAP) and the Center for Substance Abuse Treatment (CSAT) are part of SAMHSA.

www.samhsa.gov
www.samhsa/csap.gov
www.samhsa/csat.gov

U.S. Department of Education (DOE):

DOE has many anti-drug programs.

www.ed.gov

Drug Enforcement Administration (DEA):

In addition to dismantling the major drug trafficking organizations, DEA is committed to reducing the demand for drugs in America. DEA's Demand Reduction Program is carried out by

Special Agents across the United States who work in communities to share expertise and information on drug trends, emerging problems and the dangers of drugs.
www.dea.gov
www.justthinktwice.com
www.GetSmartAboutDrugs.com

National Institute on Drug Abuse (NIDA):

NIDA conducts and disseminates the results of research about the effects of drugs on the body and the brain. NIDA is an excellent source of information on drug addiction.
www.nida.gov

National Guard:

The National Guard provides drug education to communities in all 50 states.
www.ngb.army.mil

Weed and Seed:

Operation Weed and Seed is a strategy to prevent and reduce violent crime, drug abuse, and gang activity in targeted high-crime neighborhood. Law enforcement agencies and prosecutors cooperate in "weeding out" criminals and "seeding" to bring in human services, prevention intervention, treatment, and neighborhood revitalization.
877-727-9919
www.ojp.usdoj.gov/ccdo/ws/welcome.html

Other Anti-Drug Organizations:

National Association of State Alcohol and Drug Abuse Directors (NASADAD)
www.nasadad.org

Community Anti-Drug Coalitions Of America (CADCA)
http://cadca.org

National Crime Prevention Council (NCPC)
www.ncpc.org

National Families in Action (NFIA)
www.nationalfamilies.org

You can obtain free anti-drug information from:

National Clearinghouse for Alcohol and Drug Information (NCADI)
www.health.org

The National Center on Addiction and Substance Abuse at Columbia University (CASA)
www.casacolumbia.org

Elks Drug Awareness Program
www.elks.org/drugs/default.cfm

Partnership for a Drug-Free America (PDFA)
www.drugfree.org

Scott Newman Center
www.scottnewmancenter.org

American Council for Drug Education (ACDE)
www.acde.org

Drug Strategies
www.drugstrategies.org

Youth Anti-Drug Organizations:

Learning For Life
www.learning-for-life.org

PRIDE Youth Programs
www.prideyouthprograms.org

Drug Abuse Resistance Education (DARE America) (DARE)
www.dare.com

Students Against Destructive Decisions (SADD)
www.sadd.org

Teens In Prevention
www.deatip.net

Law Enforcement Exploring
www.learning-for-life.org/exploring/lawenforcement/

Youth Crime Watch of America
www.ycua.org

Part Three: What You Can Do

How Teens Can Assist With Drug Awareness Programs

There are many avenues for teens to work in drug prevention. You can work with established programs, create your own anti-drug programs, or work individually as role models or mentors. Working within the community, schools, faith organizations, or in conjunction with businesses, young people can make a tremendous difference in reducing the demand for drugs.

Working With Schools:

Young people who are aware of the risks and consequences of drug use can make sound life decisions. Prevention programs help to improve skills to resist drugs, strengthen personal commitments against drug use, and increase social competency (communications, peer relationships, self efficacy, and assertiveness), in conjunction with reinforcement of attitudes against drug use. Good prevention programs include interactive methods, such as peer discussion groups, rather than just lecture methods alone.

You can play an important role in drug awareness and prevention by informing the public about the perils of substance abuse. A prerequisite for youth involvement in this area would be a comprehensive training program covering the identification, use, misuse, and effects of drugs. Teens should also be familiar with the dangers and effects of alcohol and tobacco abuse. A vital component of this training would be public speaking skills and methods of presenting substance abuse information to various types of audiences.

Early Elementary School

Prevention programs for youth in this age category should be based on the concept that only sick people need drugs. Children should be taught that while drugs can be beneficial

if medically prescribed and used, all drugs are dangerous if they are misused. Acquaint this age group with the techniques used to lure young people into experimenting with drugs. Because students in this age bracket are more responsive to visual than audio stimulus, audiovisual aids should be an integral part of any such presentation.

Middle School

Use a factual approach with junior high school students. They should be told about the legal, physiological, and psychological consequences of substance abuse. The adverse results of alcohol, tobacco, and marijuana use should receive considerable attention at this level. The importance of positive decision making as it relates to the sometimes negative effect of peer pressure should be examined and discussed. Peer pressure can be used to support either type of decision. Role-playing scenarios would be helpful in reinforcing this information.

High School

Research shows that teens rely on peers for accurate information on all important issues, including drugs. You have lots to say, and are both questioning and skeptical. So, it's important to tell the real truth, without exaggerating, because if teens sense that one bit of information is untruthful or exaggerated, you will tend not to believe any of it. Be prepared to be challenged and ready to back up your information with good sources. Don't forget to respect differing opinions, cultures, and experience levels. It would also be a good idea to get pointers from a trusted teacher or counselor about persuasive ways to deliver information to your peers.

Adults

School organizations, community service groups, etc

There are many avenues for teens to engage adults in drug prevention efforts, and it's important for young people to know what perspectives and attitudes adults have about drugs. Many parents don't know the extent of the drug problem facing teens, and may not be familiar with current drugs of abuse. Some parents are also skeptical about how successful communities and families can be in reducing drug use. You can provide insight and information to adults in many sectors of your communities.

In dealing with adults, be straightforward about the realities you are facing in school, with peers, on weekends and in our culture. They need to know these things. Share your ideas on what they can do to help teens be drug free. For example, members of the business community can join with you to tighten up restrictions on cigarette and alcohol sales to minors. Civic leaders can help make communities and living areas safer for kids and teens. Adults can help get the word out to the media, political leaders and others about your needs and prevention plans.

Encourage adults to read as much as they can about drug use trends, and familiarize themselves with information about what teens are up against. They can be real allies in your efforts to reduce drug use in your schools and communities.

Key elements in the success of any prevention program are training and preparation. Teens can be of vital assistance to our communities and fellow citizens in combating substance abuse.

Drug Prevention Projects

Red Ribbon Week

Red Ribbon Week is an important tradition for the drug prevention community, and especially for the DEA. The event that has become a national symbol of drug prevention began as a grassroots tribute to a fallen DEA hero, Special Agent Enrique Camarena. The National Red Ribbon Campaign was sparked by the murder of DEA Special Agent Camarena by drug traffickers. In March of 1985, Camarena's Congressman, Duncan Hunter, and high school friend Henry Lozano, launched Camarena Clubs in Imperial Valley, California, Camarena's home. Hundreds of club members pledged to lead drug-free lives to honor the sacrifices made by Camarena and others on behalf of all Americans. From these clubs emerged the Red Ribbon Week Campaign.

Today, Red Ribbon Week is nationally recognized and celebrated, helping to preserve Special Agent Camarena's memory and further the cause for which he gave his life. The Red Ribbon Campaign is a symbol of support for DEA's and America's efforts to reduce demand for drugs through prevention and education programs. By wearing a red ribbon during the last week in October, Americans demonstrate their ardent opposition to drugs, and pledge to live drug free lives.

Ideas For Other Substance Abuse Prevention Projects

Forums or discussions:

Hold assemblies that help your peers think about, understand, and make constructive contributions to problems that affect their lives. Subject ideas include: drunk or drugged driving, underage use, drug testing in the schools, impact of drug use on individual and society.

Fairs and displays:

Hold a drug abuse prevention fair in the school parking lot or hallway. Design educational displays for malls, school, hospitals, businesses, and community centers to get more people outside your school or program involved in drug prevention projects.

Pamphlets:

Design and distribute pamphlets on different substance abuse prevention topics. If inhalant abuse or marijuana is the problem in your community, research the issue and make that the subject of your publication. You may find assistance from the Elks Club, a local printer, or other community group in printing your pamphlet.

Videos:

Write, tape and edit a script for a video as part of an education program. You might find assistance at a local public interest television station,

Red Ribbon Week Activities:

• A "wear red" day or week • Poster Contest • Door Decoration Contest • Essay/ Letter Writing Contest • A "plant red tulips" day • Drug-Free pledge banner • Anti-drug/ anti-alcohol pledge

Projects for Businesses:

• Employees wear Red Ribbons • Display Red Ribbon posters • Support local schools' Red Ribbon activities

Community and Religious Group Projects:

• Host Red Ribbon speakers • Pass out Red Ribbon handouts at events • Support local schools' Red Ribbon activities • Include Red Ribbon information in group publications

and they might even broadcast your efforts.

Performances:
Write and perform skits and shows for other students, younger children, the neighborhood, or community dealing with some aspect of drug abuse.

Writing, music, or art contests:
Organize these for your school or your whole community to have fun, educate, and build interest. You might have an essay, song, or poster contest. You could print the essays in the school newspaper or literary magazine, have a talent show with the songs or skits, and display the posters in the hallways or other venue. Sponsor positive graffiti contests.

Media campaign:
You could produce public service announcements (PSAs) for radio or television and urge your local stations to carry them. You could write letters to the editor of your local newspaper. You could write an article for your school newspaper on drug abuse.

Puppet show:
You could write your own script, design your own puppets, and give performances for younger children after school.

Drug-free events:
You could sponsor a drug-free day at school, or organize a drug and alcohol-free prom or dance, or perhaps a 5K run.

Conferences:
You could organize a conference on drug-free youth and give presentations on various drugs and how to say no and live a drug-free life as well as teaching leadership skills.

Peer counseling:
Get training to be peer counselors to help other young people with problems.

Tutoring, mentoring:
Set up a student teaching service to help educate your peers or younger children about substance abuse. Being a big brother or big sister for younger children can make a big impact on their lives.

Community clean-up:
Drugs are less likely to flourish in areas that are clean. With appropriate adult supervision clean up trashy, run-down, or overgrown public areas. Spruce up schools, neighborhood parks, and the yards of those unable to do the work. Wipe out or paint over graffiti.

Summer programs:
Plan and staff recreation programs for young children; build playgrounds, help provide outings for disadvantaged children.

Real Life Examples

Learning for Life (LFL)

Learning for Life is a youth-serving organization which aims to help youth meet the challenge of growing up by teaching character and good decision-making skills and then linking those skills to the real world.

As part of the Elementary Learning for Life program, LFL has developed a set of lesson plans for kindergarten through grade six. Each set of plans contains age appropriate and grade specific lessons and activity sheets. For more information call your local Learning for Life office, or visit *www.learningforlife.org*.

Inspiration from South Carolina Teens

In the Jesse Jackson Housing Project in Greenville, South Carolina, a group of teens decided they would like to make a difference, and they wanted to focus on drug prevention in their community. You have probably heard about McGruff the Crime Dog and The National Crime Prevention Council (NCPC). With the help of this national crime prevention organization and some local pharmacists, these teens researched drugs and their interactions to put together a presentation for parents and grandparents on ways to help keep their kids drug free. They started small by visiting local churches and speaking to the seniors. Within a year, though, they were out there in their community and in the schools doing drug prevention. You can learn a lot about how teens can contribute to community efforts at *www.ncpc.org*.

Teens In Prevention

Teens in Prevention (TiP) is a youth-driven network sponsored by the Drug Enforcement Administration which aims to empower America's youth to become part of the solution to their drug problem and provide a community solution to a community problem. Every

Real Life Example Highlight

Learning for Life

Meet Reginald "Renell" McCullough, former National Youth Representative for Law Enforcement Exploring, a program of Learning for Life. Renell is a former member of Post 219 sponsored by the Franklin, TN, Police Department. He volunteered hundreds of hours to work events with his post and with the Police Department. He has taken part in a number of leadership trainings and experiences, including a four-month program called Youth Leadership Franklin. In May 2008 Renell graduated from the University of Tennessee in Knoxville and is preparing for a career in public service. He believes that knowing that you have made a difference in somebody's life is the greatest feeling in the world.

October, teens from El Paso, Texas; Las Cruces, New Mexico; and Cuidad Juarez, Mexico meet at the International Bridge of the Americas and exchange red ribbons as part of the Annual Bi-National Red Ribbon Rally. The ribbon exchange is followed by a parade and entertainment as well as exhibits where anti-drug material is distributed.

The TiP chapter at LaCueva High School in New Mexico set up a booth for Homecoming and had "drunk goggles" that students could put on. The students could throw a cream pie at a teacher if they answered a drug question correctly, but they had to put on the goggles before they took the shot. The goggles showed what 1.0, 1.5, and 2.0 blood alcohol look like. These same students went to the Zia Native American Pueblo and presented a drug-free program to the students at the Zia Elementary School.

PRIDE Youth Programs

America's PRIDE is a drug and violence prevention program for youth in high school. PRIDE team members reach out to their peers and community with an assertive, drug-free message. They also organize drug-free, fun activities.

A PRIDE team from Newaygo County, Michigan, performs at Champion Cheerleading, a summer camp. The PRIDE team goes to the camp for four days during the months of July and August every year to do an hour-long presentation of high energy drug prevention and awareness to the cheerleaders attending the camp. The object is for the cheerleaders to go back to their schools in the fall and spread the enthusiasm of drug free youth and the PRIDE organization.

Oregon Teens Create Anti-Meth Ads

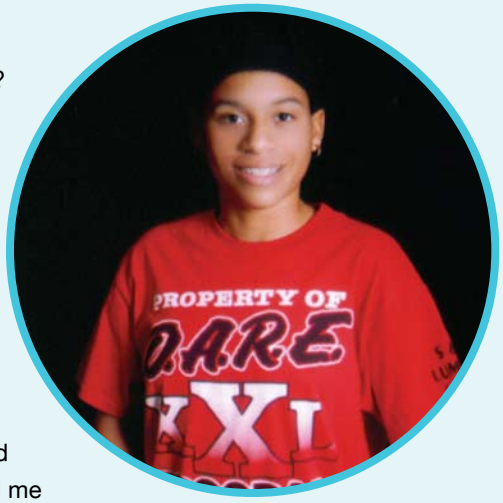
Students at Newberg High School in Oregon created two anti-meth public service announcements (PSAs) as part of the Oregon Partnership's Yamhill County's Meth Awareness Project (MAP). The 30 second ads point out

Real Life Example Highlight

D.A.R.E

Many people know DARE as an elementary school program where police officers teach children about drugs. Did you know that DARE also has a Youth Advisory Board made up of high school representatives from each state? Their role is to provide feedback to the DARE organization and assist DARE programs in the local schools. Working with DARE is a good way to gain leadership experience and help the community at the same time.

Meet Haida Boyd from South Dakota. She has just finished her 2-year term as her state's representative. Among the projects she helped establish was an after-school program in Aberdeen, South Dakota, a community without a DARE program. She worked with the school superintendent and the police department on projects for several schools in that community. Her first project, called PEER PLUS, was a program focused on homework help and outdoor recreation. She says she has learned a lot from the experience and has pledged to never drink alcohol or abuse drugs. "Seeing other teens around me doing drugs only makes me stronger," she said. "To me, life is priceless and drugs always come with a consequence. Learn more at: *www.dare.com*.



the dangers of methamphetamine to other teens. The PSAs were created in conjunction with the Northwest Film Center. They are currently being broadcast by several television stations at a time when methamphetamine use by teens in Oregon is a growing problem. See their PSAs at: *www.methawarenessproject.org*.

Resources

There are lots of resources to help put a program together, including publications, audiovisual material, financial support, and local experts. Speakers are available, often free of charge. Contact local police departments, the Chamber of Commerce, hospitals, parent groups, and other local groups to obtain speakers for your events.

On the federal level, the Drug Enforcement Administration (DEA) and the National Clearinghouse on Alcohol and Drug Information (NCADI) have limited quantities of free publications.

Each state has a drug and alcohol abuse prevention division. These offices are responsible for putting together a prevention plan for the state each year, and they are aware of resources located around the state. You can obtain the address and telephone number of your state office by contacting your state government, the Center for Substance Abuse Prevention, or the National Association of State Alcohol and Drug Abuse Directors (NASADAD).

Films, videos, PSAs and news clips can help make your programs interesting. Your local library may have some for loan, or check with your state prevention coordinator for other possibilities. The National Clearinghouse for Alcohol and Drug Information (NCADI) has audiovisual materials available for a very minimal cost. Videos are also available from many commercial firms. There are also a number of web sites which host satellite broadcasts on topics of interest.

Training Resources

It's important to be up to date on drug trends and anti-drug programs. Get some training from local contacts and programs to help you in these areas. Some potential trainers for you and your groups include:

- Your police department's narcotics or community relations unit;
- The local DEA office has personnel in each Field Division around the country;
- The National Guard in each state has a Drug Demand Reduction Administrator;

Activity:
Are you aware of other organizations which have sponsored events or activities? Talk to people involved in those efforts to learn what worked. Can you join forces with existing programs to accomplish more?

- Substance Abuse Counselors at drug rehabilitation centers;
- Your local pharmacist or doctor;
- Local teachers and college professors.

Planning And Implementing A Successful Drug Prevention Program

Successful prevention programs do not need to be elaborate—sometimes the most successful programs are simple. But planning and carrying out a good program requires some thought, planning and oversight. Here are some things to help with a successful program.

- **Decide what type of effort you want to undertake.** Do you want to influence peers? Help children stay away from drugs? Improve your community? Get the attention of adults and organizations?
- **Identify an advisor/sponsor for your program.** This person can be an adult involved in drug prevention, a teacher, coach, guidance counselor, clergy member, etc. It could be another teen who is already involved in a program or a business person or civic leader who is interested in drug prevention.
- **Form a team of interested people and pick a team leader.** If you choose to work by yourself, identify who is there to help you if you need assistance.
- **Do research on the drug problem in your area.** Find out as much as you can about the problem and community resources to address the problem.
- **Have a plan.** Identify your objectives and set realistic goals. Remember that small steps sometimes lead to great successes.
- **Establish a timetable for your activities.** Adjust the timetable if necessary.
- **Get training from experts in the areas you will need help with.**
- **Keep notes on the progress of your project.** Record information on obstacles you faced during your project, and how you overcame them.
- **Keep track of any funding you have received and spent.**
- **Report back to advisors/ sponsors on the progress you have made, and what you have accomplished.**

Activity:
Do some research in your own community. Your local library or mental health or drug treatment center should have lots of information that you can use in your program. There are many experts in your community who may be willing to assist your group. These include the police, doctors, pharmacists, psychologists, and others.

Financial Resources

Implementing a community drug awareness program need not involve large sums of money. The important thing to remember is that there are organizations willing and able to help young people make a difference in fighting drugs. Potential sources of support may include service or civic clubs, neighborhood watch groups, local corporations, etc. The Elks are one service group which has selected drug abuse prevention as a major project. In addition, groups can earn money by holding events such as dances, bowling, car washes, bake sales, etc.

Sample Drug Abuse Prevention Program Planning Worksheet

Group/Project Name: _____

Advisor/Sponsor: _____

Program Purpose:

Nature of Drug Problem: _____

_____

Selected Target: _____

_____

Brief Statement of Program: _____

_____

_____

Program Resources:

Group Resources: _____

_____

Community Resources Available: _____

_____

Materials Needed: _____

_____

Budget:

Expenses:	Income Sources:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Goals: These are the goals and objectives the group hopes to accomplish in the next year.

30-Day Objectives: _____

_____

60-Day Objectives: _____

_____

90-Day Objectives: _____

_____

6-Month Objectives: _____

_____

1-Year Objectives: _____

_____

Drug Prevention 4Teens

2008 United States Department of Justice
Drug Enforcement Administration
Demand Reduction Programs
www.dea.gov
www.justthinktwice.com
www.GetSmartAboutDrugs.com
www.learning-for-life.org
Item No. 99-349

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 (NCPIE):
301-340-3940
http://www.talkaboutrx.org

Substance Abuse and Mental Health Services Administration
SAMHSA

The statistics in this brochure are from the Partnership at Drugfree.org's 2010 Partnership Attitude Tracking Study: Teens and Parents.

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PRESCRIPTION DRUGS

They can help but also hurt

Not Worth The Risk

Xeve i 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

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.

Attachment 3

Purdue and NEA Educator materials

NEA HIN offers two resources to help educate young people about the misuse, abuse, and proper use of prescription drugs.

Rx for Understanding: Be Smart About Prescription Drugs is a standards-based, cross-curricular teaching resource geared for students in grades 5-8. This resource contains five sequenced lessons for grades 5-6 and five sequenced lessons for grades 7-8. Each set of lessons acts as a mini-unit, focusing on the same five lesson themes:

1. Relating the issue of prescription drug safety to overall health
2. Understanding proper use
3. Understanding misuse
4. Understanding abuse
5. Conducting an application-based culminating project

The **Educator's Resource Guide for grades 5-8** includes background information, lesson plans, reproducible student activity sheets, parent information, and national academic standards alignment charts (including **National Health Education Standards** and **Common Core State Standards**).

Rx for Understanding: Preventing Prescription Drug Abuse is a standards-based, cross-curricular teaching resource geared for students in grades 9-12. It contains 10 lessons that lead students through an inquiry-based, technology inspired project enabling an opportunity to apply the key concepts learned about the misuse, abuse, and proper use of prescription drugs.

The **Educator's Resource Guide for grades 9-12** includes background information, lesson plans, a reproducible student journal, teaching resources, parent information, and national academic standards alignment charts (including **National Health Education Standards** and **Common Core State Standards**).

Getting Started With Rx for Understanding:

1. Explore the issue.
2. Get to know the Educator's Resource Guide for your area.
   - For grades 5-8 download **Rx for Understanding: Be Smart About Prescription Drugs**
   - For grades 9-12 download **Rx for Understanding: Preventing Prescription Drug Abuse**
3. Prepare the lessons.
4. Take action and spread the word.

You can also order free printed copies of Rx for Understanding by **visiting the NEA HIN Online Store**.

What Do You Know About Prescription Drug Abuse?

FACT SHEET

Overview

The U.S. Centers for Disease Control and Prevention (CDC) has classified prescription drug abuse as an epidemic. This is not a new problem, but one that should be communicated and addressed. One of the most significant causes of prescription drug misuse and abuse among youths is a lack of knowledge and understanding about the importance of proper use and consequences of misuse.

What is Prescription Drug Abuse?

According to the National Institute on Drug Abuse (NIDA), "Prescription drug abuse is the use of a medication without a prescription, in a way other than as prescribed, or for the experience or feelings elicited."

Drug Abuse Facts:

- More than 2,000 teens begin abusing prescription drugs each day.
- 21% of high schoolers have taken prescription drugs without a doctor's permission.
- Teenagers who abuse prescription medications are more likely to report use of other drugs.
- There are as many new prescription drug abusers, ages 12 to 17, as there are of marijuana.
- The majority of teens abusing prescription drugs get them easily and for free.
- 65% of teens who report abuse of prescription drugs get them from friends and family.
- According to the CDC, someone in the U.S. dies every 19 minutes from prescription drug abuse.

What Youth Need to Know:

- Never share your prescription with others or take another person's prescription drugs.
- It is never okay to take your own prescription to get high or for any purpose other than what they were intended for.
- You should not change your prescription dosage without a doctor's instructions. This is called self-medication and is very dangerous.
- Prescription drug abuse can lead to addiction and have serious health consequences.
- Prescription drug abuse is illegal.
- Just one instance of accidental misuse or intentional abuse of prescription drugs can be deadly.

NEAHIN
NATIONAL EDUCATION ASSOCIATION
HEALTH INFORMATION NETWORK

Did you know that 43 % of teens indicate prescription drugs are easier to get than illegal drugs?

The National Education Association Health Information Network (NEA HIN) offers two FREE educator resource guides that teach students about prescription drug abuse and misuse (grades 5-8 and grades 9-12). Aligned with the National Health Education Standards and Common Core State Standards, the lessons aim to equip students with the understanding and decision-making skills they need to recognize and avoid the dangers of misusing and abusing prescription drugs. To order or download a free copy, visit http://www.neahin.org/rxforunderstanding.

Rx for Understanding:
Preventing Prescription Drug Abuse

NEAHIN
NATIONAL EDUCATION ASSOCIATION
HEALTH INFORMATION NETWORK

Educator's Resource Guide

PRESCRIPTION DRUGS: Proper Use | Misuse | Abuse

Easy to use, standards-based, cross-curricular lesson plans for grades 9-12

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Welcome

Dear Educator,

Thank you for your commitment to educating your students about the crucial health issue of prescription drug abuse. The Office of National Drug Control Policy calls prescription drug abuse "the Nation's fastest growing drug problem." The U.S. Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic. The problem of prescription drug misuse and abuse is particularly alarming among young people.

Prescription and over-the-counter (OTC) drugs, after marijuana, alcohol, and tobacco, are the most commonly abused substances by Americans 14 and older. In fact, more teenagers are abusing prescription drugs than cocaine, heroin, and methamphetamine combined. Every day in the United States, an average of 2,000 teenagers use prescription drugs without a doctor's guidance for the first time. Nearly 15 percent of high-school seniors reported that they have used a prescription drug for reasons other than prescribed in the past year. We must act now!

1 in 5
9th–12th graders have taken a prescription drug not prescribed for them.

One of the most significant (and preventable) causes of prescription drug misuse and abuse among youths is a lack of knowledge and understanding about the importance of proper use. Forty-one percent of teens believe that it is safer to get high using a prescription drug than it is with a drug such as marijuana or cocaine. Teenagers believe that since doctors give prescription drugs, they must be safe. We need to help build an understanding that this perceived safety is predicated on proper use. The objective of this resource is to change the way teens view prescription drugs, ensuring that they know the value of proper use and the dangers of misuse and abuse.

As an educator, you have a unique opportunity to educate your students about their health and the importance of proper prescription drug use in a way that is meaningful and memorable. We thank you for the opportunity to assist you with this mission! We also thank Purdue Pharma L.P. for it's support of this project through an educational grant.

Sincerely,

NEA Health Information Network

How To Use This Guide

STEP 1:
Explore the issue.

Expanding your own background knowledge is the best way to convey essential messages to your students. You can start by reading the Teacher Background and Resource section included with this resource. We also provide additional sources to help you and your students learn even more.

STEP 2:
Know the resource guide.

Become familiar with the structure of this resource guide. The need for this type of material will vary greatly throughout the country. This resource can easily be adapted to match what you are looking for. It offers educators the versatility of use in multiple subject areas as the main source of instruction or as a supplement to an existing curriculum about health and/or substance abuse. It was developed by a team of education professionals and vetted by seasoned teachers through an extensive multi-phase field-testing process. We look forward to hearing your additional feedback at www.neahin.org/rxforunderstanding.

The guide contains 10 sequenced lessons geared for grades 9-12. The entire set of lessons is structured to function as a project-based mini-unit. There are lessons that provide direct instruction related to our three key themes: proper use, misuse, and abuse of prescription drugs. There are inquiry-based lessons that help the teacher lead students through the learning process. Finally, there are project-based lessons that help the teacher apply what they have learned by developing a communication technique/messaging campaign around the issue of prescription drug abuse that will ultimately lead students to take action. Students are led through a process where they will research the needs for prescription drug education in their community and match those needs to the most effective, technology-inspired communication technique. The entire project comes together in the reflective student journal and action guide. In conjunction with each lesson, students will record ideas and information in the journal. Each lesson features usage of the journal and each journal entry features a section to help students track their project steps.

The lessons in this guide represent a cross-curricular approach to teaching with a concentrated emphasis on national education standards, including the National Health Education Standards and the Common Core State Standards. The lessons can be reorganized to match your own curriculum standards. You may be looking for an opportunity to integrate the topic of prescription drugs into a particular content area. The Meeting National Education Standards chart on page 97 can help you do so.

STEP 3:
Determine your implementation method and prepare the lessons.

No matter how you intend to address the topic of Prescription Drug Proper Use, Misuse, and Abuse, we have you covered. Each lesson in this resource guide is built using the same formula. The At a Glance and teacher preparations sections will familiarize you with the order of the lesson and help you prepare to teach. The lessons themselves are built using three instructional strategies/activities to open, lead, and close the lesson. Each turnkey lesson provides step-by-step teaching procedures. Modification ideas and assessment suggestions are provided.

In order to enable the most comprehensive approach to addressing this topic, the lessons in this guide are presented in a suggested unit format. If you are looking for just a few supplemental activities based on a particular prescription drug topic, then you can easily choose which part of the lesson you would like to teach. A time breakdown is provided for each part.

As an alternative to teaching the entire mini-unit in the sequenced structure provided, you can simply select the topics and activities that you would like to teach from the lessons and get started. In this case, you may choose to omit and/or modify usage of the student journal as you see fit.

STEP 4:
Take action and spread the word.

Collaborate with your peers around this issue by sharing this complementary teaching tool. There are several ways that you can address this issue that extend beyond the classroom. Consider starting a school-wide initiative. Use the lessons in a club or after-school program. Offer a workshop or informational booth on family night. And remember, just your own awareness of the issue will make a huge difference. This resource is designed to empower students and provide them with the knowledge and skills necessary to take ownership of this important health topic.

Teacher Background Information and Resources

Prescription Drug Abuse and Our Nation's Youth

- More than 2,000 teens begin abusing prescription drugs each day.
- When asked if they had ever taken a prescription drug without a doctor's prescription, 21 percent of high school students said yes.
- Seven percent of 12th graders reported using prescription drugs without being told to by a doctor in the past year.
- Prescription and over-the-counter drugs are among the most commonly abused drugs by 12th graders, after alcohol, marijuana, and tobacco.
- Teenagers who abuse prescription medications are more likely to report use of other drugs.
- There are as many new prescription drug abusers ages 12 to 17 as there are of marijuana.
- The majority of teens abusing prescription drugs get them easily and for free.

- 65 percent of teens who report abuse of prescription drugs are getting them from friends, family and acquaintances.
- Adolescents are more likely than young adults to become dependent on prescription medication.
- One person dies every 19 minutes from prescription drug abuse in the United States, according to the Centers for Disease Control and Prevention (CDC).

What Is Prescription Drug Abuse?

- According to the National Institute on Drug Abuse, "Prescription drug abuse is the use of a medication without a prescription, in a way other than as prescribed, or for the experience or feelings elicited."

How Can We Teach Students to Be Smart About Prescription Drugs?

- There is a misperception among youth that it is safer to abuse prescription drugs because they are prescribed by a doctor. In order for teenagers to be smart about prescription drugs, they need to understand the following messages very clearly.

Core Messages for Students:

- It is never okay to share your prescription drugs with others or take another person's prescription drugs, regardless of the reason you are doing it.
- It is never okay to take your own prescription drugs to get high or for any purpose other than what they were intended for.
- It is never okay to change the amount of a prescription drug that you are taking because you think that you need to take more or less to feel better. This is called self-medication and is very dangerous. How much of a prescription drug you should take is for your doctor or other appropriate medical professional to decide.
- It is never okay for your friends to be sharing prescription drugs, for any reason. If you have friends that are in trouble, you should turn to a trusted adult for help.
- Prescription drug abuse can lead to addiction.
- Prescription drug abuse is illegal.

- Prescription drug abuse can have serious health consequences.
- Just one instance of accidental misuse or intentional abuse of prescription drugs can be deadly.
- Knowledge and understanding of these concepts will help prevent the misuse and abuse of prescription drugs and the potentially grave and unnecessary consequences.

What Are the Most Commonly Abused Prescription Drugs?

- Opioids are commonly prescribed to relieve pain. They affect the brain to cause a diminished perception of pain. They can be extremely addictive and can slow down or stop a person's breathing.
- Depressants are commonly prescribed for people who are anxious or cannot sleep. They slow down (or "depress") the normal activity that goes on in the brain. If combined with any medication or substance that causes drowsiness, depressants can slow both the heart and respiration, which can lead to death.
- Stimulants are prescribed to treat only a few health conditions, including attention deficit hyperactivity disorder (ADHD), and narcolepsy (a sleep disorder). They increase (or "stimulate") activities and processes in the body. Taking high doses of a stimulant can cause an irregular heartbeat, dangerously high body temperatures, and the potential for heart failure or seizures.

What Is Proper Use?

- When people take their own prescription drug exactly as directed. Proper use includes taking the medication at the right time, taking the right amount, not sharing the medication with anyone, adhering to the expiration date, and disposing of the medication appropriately. For young people, parent supervision when taking prescription drugs is a part of proper use.

What Is Misuse?

- When a person does not take a prescription drug as directed or intended, either unknowingly or mistakenly. Misuse includes misreading the label, taking the wrong amount, unintentionally mixing medications that should not be taken together, using an expired medication, or unknowingly taking a medication that was prescribed for someone else.

What Are the Signs of Prescription Drug Abuse?

- The following signs could be an indication of prescription drug abuse: constricted pupils, slurred speech, flushed skin, personality changes, mood-swings, irritability, excessive energy, sleepiness, sweating, loss of appetite, forgetfulness, or clumsiness.

How Can I Learn More?

- Centers for Disease Control and Prevention
  www.cdc.gov/healthyyouth/index.htm
- KidsHealth
  www.kidshealth.org/classroom
- National Institute on Drug Abuse
  www.drugabuse.gov/drugs-abuse/prescription-drugs
- National Institute on Drug Abuse for Teens
  www.teens.drugabuse.gov/facts/facts_rx1.php
- National Youth Anti-Drug Media Campaign
  www.abovetheinfluence.com
- Office of National Drug Control Policy
  www.whitehousedrugpolicy.gov
- Partnership at Drugfree.org
  www.drugfree.org
- Substance Abuse and Mental Health Services Administration
  www.samhsa.gov/prevention
  www.samhsa.gov/treatment/index.aspx
- U.S. Drug Enforcement Administration
  www.justice.gov/dea
  www.getsmartaboutdrugs.com
  www.deadiversion.usdoj.gov/drug_disposal/takeback

Introductory Lesson

What Should We Know About Prescription Drug Abuse?

Topic
Prescription Drug Awareness

Estimated Class Time
One 45-minute class session

At a Glance

- ✓ Opening Activity: In the News Today
- ✓ Learning Activity: Terminology Two-Step
- ✓ Closing Activity: Student Learning Guide and Action Journal

Objectives

- Students will explain the connection between proper and safe use of prescription drugs and overall health.
- Students will define the following terms: prescription drug, over-the-counter drug, illegal drug, proper use of prescription drugs, misuse of prescription drugs, and abuse of prescription drugs.

Integrated Subjects

Health, English Language Arts, Science, and Social Studies

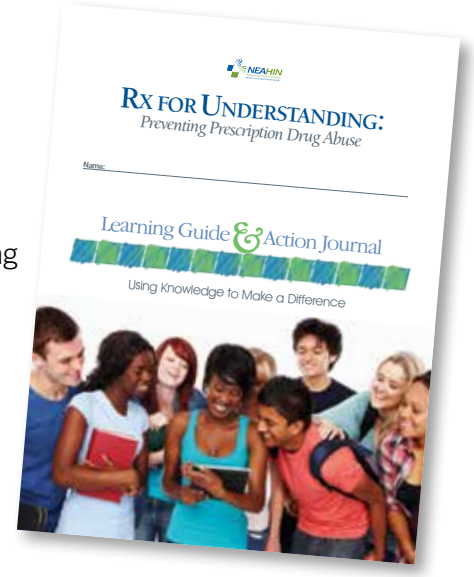
Materials and Preparation

What you will need:

- Chart paper or board
- Basic classroom supplies (markers, pencils, writing paper)

Before the lesson:

- Copy and staple Learning Guide and Action Journals (one journal/student).
- Copy and cut Teaching Resource 1, In the News Today Headline Cards (one card/small-group).



Procedures

Opening the Lesson: In the News Today
(15 minutes)

Teaching Resource 1
In the News Today, Headline Cards

New prescription drug for cancer strengthens power of immune system

Governor encourages residents to participate in national prescription drug take back day, aids community in disposal of unused medications

Prescription drug abuse: a serious and growing problem - 20 percent of people in the united states have used prescription drugs for nonmedical reasons

Approximately 1 million emergency room visits in 2009 attributed to prescription drug abuse

Study finds promise for experimental alzheimer's medication

Prescription drug abuse is the fastest growing drug problem in the united states

National study finds misuse and abuse of prescription drugs by teenagers is up 33 percent since 2008

One death occurs every 19 minutes from unintentional drug overdose in the united states

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NEA Health Information Network

1. **Tell** students that they are about to begin investigating an issue of great importance to their health and future and that of their friends and families. The issue has to do with prescription drugs.

2. **Ask** students to think for a moment about their own experience with and knowledge of prescription drugs. Do they know why some medicines are provided over the counter and some are only available through a prescription? Do they know who can write prescriptions? Do they know that there are guidelines that must be followed in order to ensure that prescription drugs can work as intended? Provide a few minutes for silent reflection about these questions.

Misinformation and Miscommunication Lead to Trends in Increasing Teen Prescription Drug Abuse

- Almost one in four teens (23 percent) say their parents don't care as much if they are caught using Rx drugs without a doctor's prescription, compared to getting caught with illegal drugs.
- More than a quarter of teens (27 percent) mistakenly believe that misusing and abusing prescription drugs is safer than using street drugs.
- One-third of teens (33 percent) say they believe "it's okay to use prescription drugs that were not prescribed to them to deal with an injury, illness or physical pain."

Source: 2012 Partnership Attitude Tracking Study. The Partnership at Drugfree.org and MetLife Foundation.

3. **Tell** students that you have a few headlines that have to do with prescription drugs. You would like to gauge their perception about whether or not the stories are actual news headlines.

4. **Divide** the class into small-groups and give each group an In the News Today Headline Card. Have students read the headlines and discuss within their small-groups.
   - Decide if your group thinks the headline is real and why or why not.
   - Determine who your group reporter will be.
   - Read your headline and share your decision with the whole group.

5. **Reveal** the answers.
   - All of the headlines are adapted from true headlines.

6. **Explain** the implications of the headlines and the multi-faceted issue of prescription drugs.
   - It is important to know about prescription medications and how they help us to stay healthy when used safely and properly. Proper use of prescription drugs plays a large role in our overall health.
   - It is important to understand that misusing and abusing prescription drugs is a huge health risk that can lead to serious harmful consequences, even death.

7. **Discuss** the notion that the positive titles are important to understanding the issue. Were the students surprised that the positive titles about prescription drugs were accurate?

8. **Share** the additional statistics with students.

9. **Ask** students how misinformation and miscommunication are contributing to the problem of prescription drug abuse and discuss.

Leading the Lesson: Terminology Two-Step

(15 minutes)

10. **Explain** to students that in order to fully understand the issues surrounding prescription drugs, we have to understand the difference between misuse and abuse and we must understand the role that knowing about proper use plays in thwarting both abuse and misuse.

11. **Assign** each small-group one of the vocabulary terms. Ask students to decide as a group what they think their assigned term means and record it on a sticky note.

12. **Ask** each group to share their definition, followed by you presenting the given definition.
    - **Explain** that they must also understand the difference between over-the-counter drugs and prescription drugs, that there are important safety measures, and that abuse and misuse are also a problem for OTC drugs.

Vocabulary Terms

Prescription Drug: Medication only provided for a specific individual with a written order from a doctor or other appropriate medical professional.

Proper Prescription Drug Use: When someone takes prescription medication exactly as directed. Examples include taking the medication at the right time, taking the right amount, and disposing of the medication appropriately.

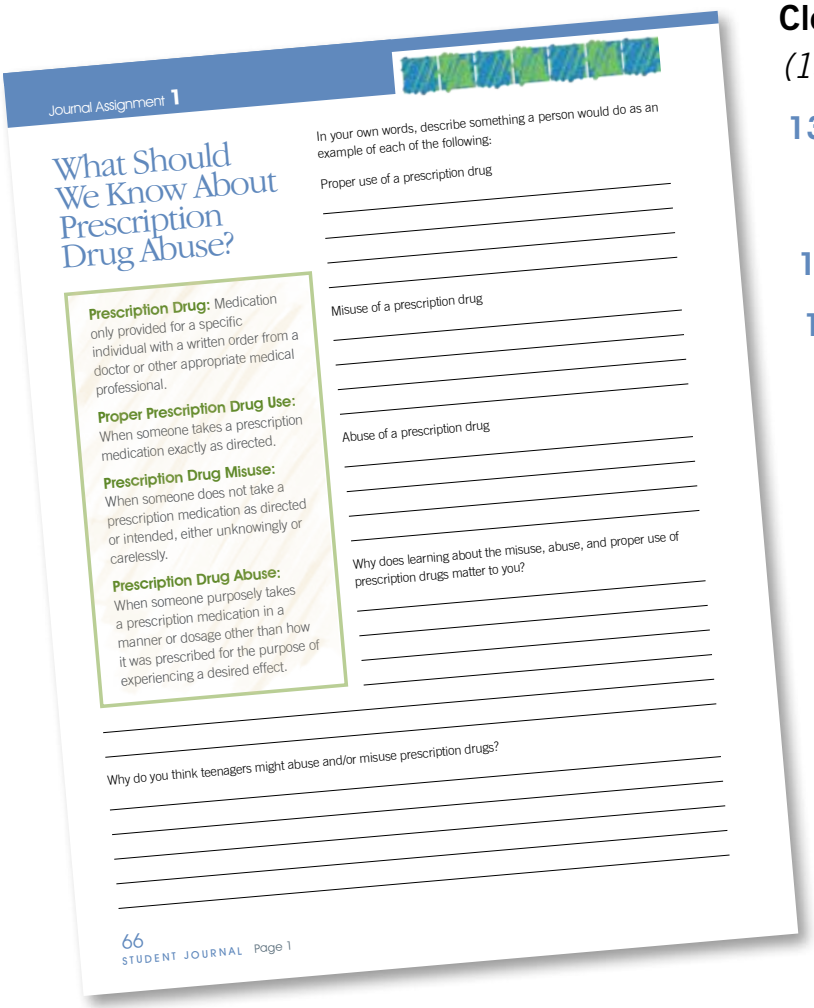
Prescription Drug Misuse: When someone does not take prescription medication as directed or intended either unknowingly or carelessly. Examples include taking the wrong amount, using an expired medication, or taking a medication that was prescribed for someone else.

Over-the-Counter (OTC) Drug: Medication available without a prescription.

Illegal Drug: A drug whose production or use is prohibited by law.

Prescription Drug Abuse: When someone purposely takes prescription medication in a manner or dosage other than what was prescribed for the purpose of experiencing a desired effect.

- **Explain** to students that they must also know the difference between prescription and illegal drugs. Even though prescription drugs themselves are legal, abuse of prescription drugs can lead to legal consequences.



Journal Assignment 1

What Should We Know About Prescription Drug Abuse?

Prescription Drug: Medication only provided for a specific individual with a written order from a doctor or other appropriate medical professional.

Proper Prescription Drug Use: When someone takes a prescription medication exactly as directed.

Prescription Drug Misuse: When someone does not take a prescription medication as directed or intended, either unknowingly or carelessly.

Prescription Drug Abuse: When someone purposely takes a prescription medication in a manner or dosage other than how it was prescribed for the purpose of experiencing a desired effect.

In your own words, describe something a person would do as an example of each of the following:

Proper use of a prescription drug

Misuse of a prescription drug

Abuse of a prescription drug

Why does learning about the misuse, abuse, and proper use of prescription drugs matter to you?

Why do you think teenagers might abuse and/or misuse prescription drugs?

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Closing the Lesson

(15 minutes)

13. **Direct** students to independently complete Learning Guide and Action Journal: Assignment 1.
14. **Discuss** answers to journal question 4.
15. **Review** What's Next.
    - In the next session, we will work together as a class to create a road map for learning about prescription drug abuse and carrying out a project to help with prescription drug abuse prevention.

Modification/Extension Ideas

- Extend the lesson by using actual news and research articles for the opening activity. After students determine if the headlines are real, then have them read the articles. Each small-group can read the article and then students can jigsaw with new small-groups representing one or two students who have read each of the articles and share with the small-group what each article was about.
- Extend the lesson by having students write Letters to the Editor in response to the article for their group. The letter should express their opinions about prescription drug abuse and how the issue should be addressed.
- What if you don't have enough instructional time to teach all 10 lessons? Use the opening and leading activities in this lesson as a stand-alone lesson rather than as a part of a comprehensive unit. Omit the Learning Guide and Action Journal. Use the opening activity to introduce the issue of prescription drug abuse and the leading activity to teach students key terminology.

A Note About Illegal Drugs

When discussing illegal versus prescription drugs with your class, students may have questions about the topic of medical marijuana. This is a good opportunity to address the role that federal and state laws and regulations play in establishing guidelines for proper use of prescription drugs. Explain that in some states marijuana is a legal drug when prescribed by a doctor for medical purposes (for example, medical marijuana is often used in the treatment of certain cancers in order to help patients battle the side effects of cancer medications). If medical marijuana is not prescribed by a doctor, then it is still considered an illegal drug.

Assessment Suggestions

- Review journals to check for understanding.
- Evaluate whole and small-group participation.
- Give a written pre-test prior to starting the lesson.
  - Pre-record the Pretest Questions on the board.
  - Have students number a blank piece of paper and answer each question as "true" or "false."

Pretest Questions

True or False

1. Prescription drug abuse and prescription drug misuse mean the exact same thing.
2. It is safer to abuse prescription drugs than street drugs.
3. It is safe to share your prescription drugs with others or take another person's prescription drugs if it is for medical purposes.
4. It is considered drug abuse if you take your own prescription drugs for any purpose other than what they were intended for.
5. If you think that you need to take a different amount of your prescription medication or take it more often because you still are not getting better, it is safe to do so without a doctor's guidance.
6. It is safe to take a prescription medicine that has expired as long as it is your own prescription.
7. It is safe to take any over-the-counter medication along with your prescription medication since over-the-counter drugs do not require a prescription from a doctor.
8. Prescription drug abuse can lead to addiction.
9. Prescription drug abuse is against the law.
10. Misuse or abuse of prescription drugs can be deadly.

Answer Key

1. False
2. False
3. False
4. True
5. False
6. False
7. False
8. True
9. True
10. True

Teaching Resource 1

In the News Today, Headline Cards

New prescription drug for cancer strengthens power of immune system

Governor encourages residents to participate in national prescription drug take back day, aids community in disposal of unused medications

Prescription drug abuse: a serious and growing problem - 20 percent of people in the United States have used prescription drugs for nonmedical reasons

Approximately 1 million emergency room visits in 2009 attributed to prescription drug abuse

Study finds promise for experimental alzheimer's medication

Prescription drug abuse is the fastest growing drug problem in the United States

National study finds misuse and abuse of prescription drugs by teenagers is up 33 percent since 2008

One death occurs every 19 minutes from unintentional drug overdose in the United States

Lesson 2

Creating a Learning and Action Road Map

Topic
Establishing and Discussing Goals for Learning About Prescription Drug Abuse

Estimated Class Time
One 45-minute class session

At a Glance

- ✓ Opening Activity: Think-Pair-Share
- ✓ Learning Activity: Learning Markers
- ✓ Closing Activity: Student Learning Guide and Action Journal

Objectives

- Students will analyze the potential to promote healthy behaviors among their peers by educating and advocating others to prevent prescription drug abuse.
- Students will establish goals for learning about the misuse, abuse, and proper use of prescription drugs.

Integrated Subjects

Health, English Language Arts, Science, and Social Studies

Materials and Preparation

What you will need:

- Chart paper (eight pieces)
- Sticky notes (several/student)
- Basic classroom supplies (markers, pencils, writing paper)
- Learning Guide and Action Journals (one journal/student)

Before the lesson:

- Copy and cut Teaching Resource 2, Learning Marker Title Cards.
- Glue each title card onto the top of a piece of chart paper and post around the classroom (one card/poster).

A Note About Preserving Privacy

The abuse of prescription drugs and/or illegal substances may be a sensitive topic for some students. Be prepared to adjust the amount of whole group instruction as needed to reflect the needs of your students. You can ensure student comfort levels by keeping the conversations in the context of "peer education" about prescription drug abuse, an important health topic impacting youth, rather than about addressing personal situations publicly.

Procedures

Opening the Lesson: Think-Pair-Share

(5 minutes)

1. **Ask** students to take out their Learning Guide and Action Journals.
   - Remind students that Lesson 1 closed with a discussion about why learning about the misuse, abuse, and proper use of prescription drugs mattered to them. Give students a moment to independently reflect about their answer. Remind students that a result of that discussion was the idea that they, as a class, could do something to help prevent prescription drug abuse in their own community.
   - Re-read and **think** about their answers to question 8, "What do you need to know and understand about this topic in order to be able to help others?"
   - Turn and **pair** with a partner and **share** your answers.
2. **Discuss** the importance of setting goals. Explain to students that it is important to think about what they want to learn about prescription drugs through the lens of what they would want to know to be able to help others. Doing this will help to clarify the purpose of our learning.

Leading the Lesson: Learning Markers

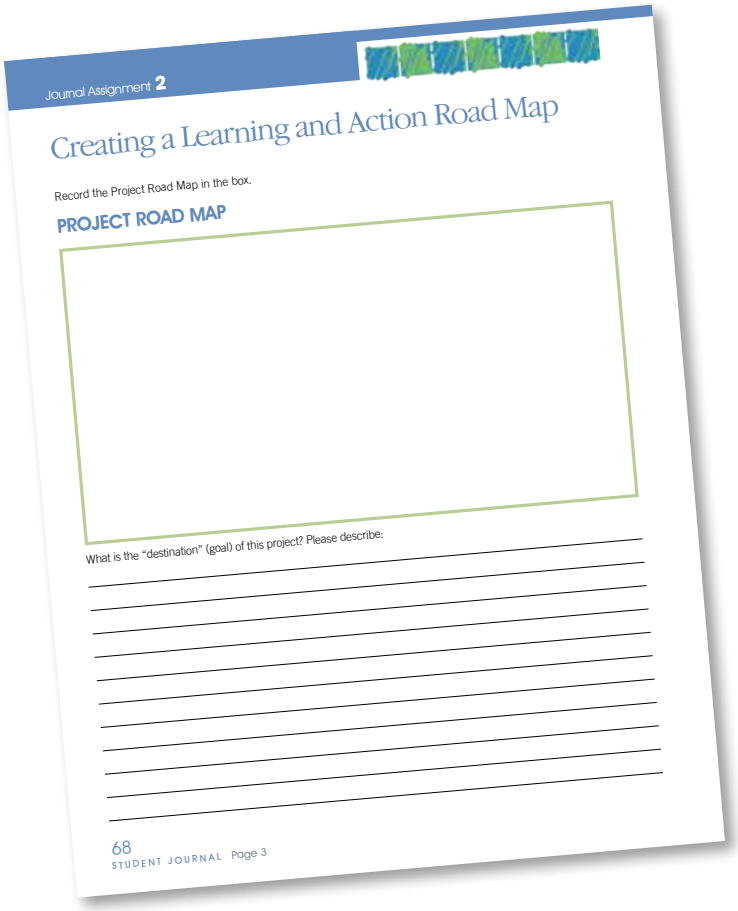
(25 minutes)

3. **Tell** students that in today's lesson they will have a chance to establish goals, identify their key questions, and clarify what information they need to know in order to be able to help prevent prescription drug abuse.
4. **Give** each student several sticky notes. Direct students to use the sticky notes to record specific questions they have about prescription drug abuse. The questions can be anonymous.
5. **Direct** students to determine the category that each of their questions belongs to. Have students walk around the room and post their sticky notes on one of the Learning Marker posters. Students may seek input from other classmates if desired.
6. **Discuss** and summarize the questions that are placed on each poster. As a class, make a determination as to which poster the "undecided" questions belong. Establish the importance of learning the answers to each of the questions.

A Note About the Lesson Order

When the class creates the Road Map, students may suggest a different order for learning about the topics other than what is presented in this guide. Based on the discussion and their reasoning, you may choose to adjust the order of the lessons. You can provide input and suggest an order as well.

7. **Ask** students to share examples of possible learning methods that could be used to answer the questions on each of the poster. Record their ideas in the right-hand column of each poster.
8. **Discuss** the final "destination" or goal for learning about this topic. What is the reason for taking the time to answer these questions and meet each "marker" on the Road Map?
9. **Post** a blank piece of chart paper and create a sample Road Map showing the order of each of the learning topics. Seek input about the order of the learning topics.


Journal Assignment 2

Creating a Learning and Action Road Map

Record the Project Road Map in the box.

PROJECT ROAD MAP

What is the "destination" (goal) of this project? Please describe:

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Closing the Lesson: Learning Guide and Action Journal

(15 minutes)

10. **Direct** students to independently complete Learning Guide and Action Journal: Assignment 2.
11. **Discuss** answers to journal question 4, "Why is advocacy important?" Ask students why peer advocacy is a necessary action for the prevention of prescription drug abuse.
12. **Review** What's Next.
    - In the next session, we will learn about the safe and proper use of prescription medications.

Modification/Extension Ideas

- Make the activity more independent by collecting the students' anonymous questions, sorting them yourself and presenting the information to the class rather than having the groups sort the question.
- Extend the lesson by having small-groups share the project road maps (created in the journal) with each other. Small-groups can collaborate to create one project road map based on the individual versions. Post the road maps and utilize them as a point of reference throughout the unit.

Assessment Suggestions

- Review journals to check for understanding and thoughtful planning of how to address each learning marker.
- Observe and keep anecdotal records on students' participation in the process of formulating questions and determining which category they belong to.
- Review journals for comprehension of advocacy and their ability to influence the health-related behaviors of their peers in a positive way.

Teaching Resource 2

Learning Markers, Title Cards

Proper use
Misuse
Abuse
Information gathering
Communication techniques and messaging campaigns
Project planning
Project implementation
Project evaluation

Lesson 3

Understanding Proper Use of Prescription Drugs

Topic
Prescription Medications Proper and Safe Use Practices

Estimated Class Time
One 45-minute class session

At a Glance

- ✓ Opening Activity: RX/OTC Sort
- ✓ Learning Activity: For What You Need to Know, The Label Is Where to Go
- ✓ Closing Activity: Student Learning Guide and Action

Objectives

- Students will explain the practices of proper use of prescription medications.
- Students will describe how proper use of prescription drugs relates to prevention of prescription drug misuse and abuse.
- Students will determine which tenets of prescription drug proper use should be taught to others.

Integrated Subjects

Health, English Language Arts, Science, and Social Studies

Materials and Preparation

What you will need:

- Chart paper or board
- Basic classroom supplies (markers, pencils, writing paper)
- Learning Guide and Action Journals (one journal/student)

Before the lesson:

- Copy and cut Teaching Resource 3, RX/OTC Sorting Cards (one card/ small-group).

Procedures

Opening the Lesson: RX/OTC Sort

(10 minutes)

1. **Write** the abbreviations "Rx" and "OTC" on the board or chart paper. Ask for volunteers to stipulate what each abbreviation stands for.
2. **Remind** students that they discussed the meaning of prescription (Rx) and over-the-counter (OTC) medications in the first lesson.
3. **Tell** students you want to see how well they remember the difference between the two types of medications.

Vocabulary Terms

Prescription Drug: Medication only provided for a specific individual with a written order from a doctor or other appropriate medical professional.

Over-the-Counter (OTC) Drug: Medication available without a prescription.

RX/OTC Sorting Cards Answer Key

Medicine for one specific person only.
Answer: Rx

Recommended by doctor, dentist, or other appropriate medical professional.
Answer: Both

Can only be purchased with a doctor's or other appropriate medical professional's written order.
Answer: Both

Okay to buy more when needed.
Answer: OTC

Okay to take a different amount than instructed on the label.
Answer: Neither

Can use after expiration date.
Answer: Neither

Special instructions are provided on the label.
Answer: Both

Warnings and side effects are printed on the label.
Answer: Both

4. **Divide** students into small-groups. Give each group an RX/OTC Sorting Card. Have groups decide which of the four categories the statement belongs to.
   - Over-the-Counter Drugs
   - Prescription Drugs
   - Both
   - Neither
5. **Reveal** the correct answers and discuss.
6. **Review** the definitions for prescription and over-the-counter drugs. Explain the background of the notation "Rx" and the word "prescription."

Leading the Lesson: For What You Need to Know, The Label Is Where to Go

(15 minutes)

7. **Discuss:** Why do some medications require a prescription?
   Possible responses: Because they are very strong; Because if they are taken incorrectly there could be serious negative health consequences; Because if the drug is used the wrong way, it could make you very sick; Because some medications should not be taken with others and it takes a skilled medical professional to know which medicines can be used together; Because the medication is so strong that it requires special directions and if the directions are not followed it could be deadly; Because prescription medications are used for very specific reasons.

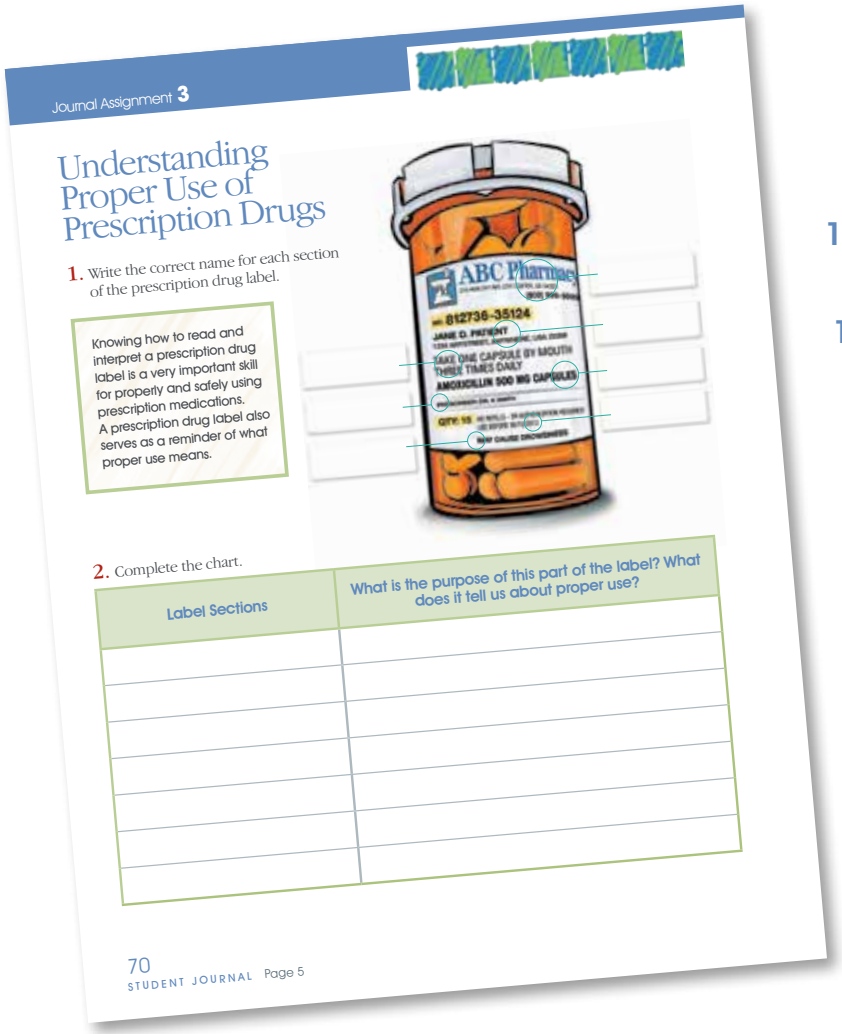
8. **Explain** that prescription drugs can play an important role in health. Prescription medications are powerful drugs that can be very beneficial when taken properly. Sometimes the types of medicines we need to help us get better are prescription drugs. It is important to know some basic guidelines about taking prescription drugs in order to avoid the risks of misuse.

9. **Explain** that the guidelines for proper use of prescription drugs can be conveniently remembered by referencing the prescription drug label and instructions. The same is true for over-the-counter drugs. Tell students that they will be learning the parts of the label and what each part reminds the user.

Understanding Rx Terms and Symbols

The symbol Rx commonly represents the word "prescription." This symbol originated in medieval times as an abbreviation for the Latin word for take, which is "recipe."

The word "prescription" is made from the prefix "pre" which means before, and the base word "script" which means writing. A prescription is an order that must be written down before a drug can be prepared.



Journal Assignment 3

Understanding Proper Use of Prescription Drugs

1. Write the correct name for each section of the prescription drug label.

Knowing how to read and interpret a prescription drug label is a very important skill for properly and safely using prescription medications. A prescription drug label also serves as a reminder of what proper use means.

2. Complete the chart.

Label Sections	What is the purpose of this part of the label? What does it tell us about proper use?

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10. **Distribute** the Learning Guide and Action Journals.

11. **Explain** the sections of a prescription drug label and discuss how each section relates to proper use. As you discuss each section, have students take notes in their journals for questions 1 and 2.

12. **Direct** students to complete Learning Guide and Action Journal, Design a peer-to-peer "warning sticker."

13. **Ask** for a few volunteers to share their "warning sticker" designs with the whole class.

Understanding Rx Labels Talking Points

Pharmacy Information

- Includes the name, address, and phone number of the issuing pharmacy, as well as a prescription number and fill date. This information is important in the event that you have an adverse reaction to the medication, or if you have to call the pharmacy with any questions.

Doctor/Prescriber Information

- Includes the name of the doctor or other appropriate medical professional that prescribed the medication.
- Prescription medication can only be provided to you if ordered by your doctor or other appropriate medical professional.
- A prescription is written for one person, not for a family or group of people.
- The doctor or other appropriate medical professional decides what and how much to prescribe based on factors unique to you (such as symptoms, age, weight, and allergies).

Patient Information

- Includes the name and address of the person for whom the medication was prescribed.
- This information is important because the medicine was prescribed for you only.
- Never take a medicine prescribed for someone else.
- Never share your prescription medication with anyone.

Drug Information

- Includes the name and strength of the drug, along with any additional names that the drug is called. Sometimes a description of what the drug looks like is also included.
- This information helps ensure that you receive the correct medication from the pharmacy and that you are not taking another prescription (from a different doctor) of the same drug.

Directions

- Includes instructions about when and how often to take the medication.
- This information is important because not following directions can have severe consequences. Taking the medication at the wrong time can affect whether the medication does what it is supposed to do. Taking the wrong amount (dosage) can make you sick and can even be deadly.

Warnings and Cautions

- Includes special considerations about proper use, side effects, safe storage, and proper disposal.
- Always pay attention to all warning and caution messages.

Expiration Date

- This is the last date by which medicine should be used. Never use the medication past this date.
- Using medications past their expiration dates is dangerous.
- Remember to properly dispose of expired prescription drugs.

Closing the Lesson: Learning Guide and Action Journal

(15 minutes)

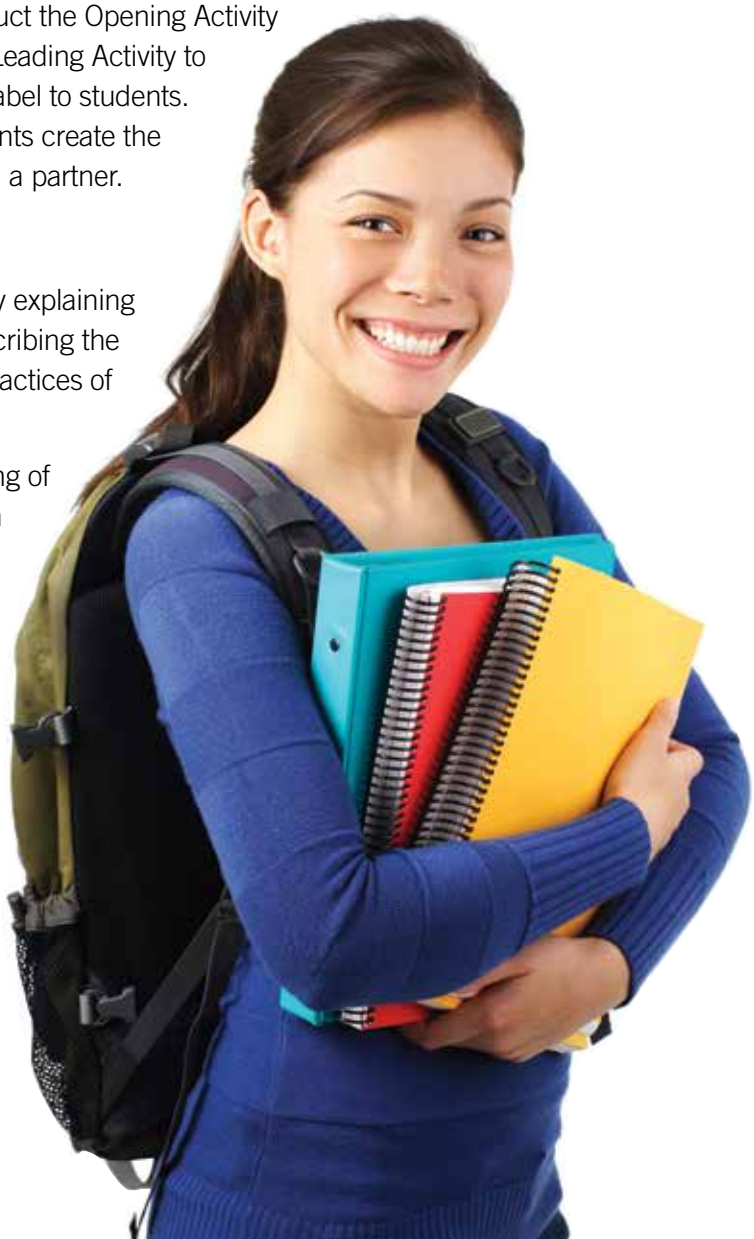
14. **Direct** students to independently complete Learning Guide and Action Journal: Assignment 3, Questions 4 – 7.
15. **Discuss** answers to journal question 4.
16. **Review** What's Next.
    - In the next session, we will learn about the commonly misused and abused prescription drugs and the risks of unintentional misuse.

Modification/Extension Ideas

- If you have more time to conduct the opening activity, then have each small-group sort all eight RX/OTC Sorting Cards.
- Extend the lesson by having students design and deliver a presentation about their "warning sticker" design.
- To reduce the length of the lesson, conduct the Opening Activity to introduce the topic and then use the Leading Activity to explain the parts of a prescription drug label to students. Omit the student journal and have students create the "warning sticker" in small-groups or with a partner.

Assessment Suggestions

- Have students write an explanatory essay explaining each of the parts of an Rx label and describing the connection between the label and the practices of proper use.
- Have students re-create their own drawing of a prescription drug label and name each section without using their journals as a reference.



Teaching Resource 3

RX/OTC, Sorting Cards

Can only be used by one person.

Recommended by doctor, dentist, or other appropriate medical professional.

Medication filled by a pharmacist.

Can only be purchased with a doctor or other appropriate medical professionals written order.

Okay to buy more when needed.

Can use after expiration date.

Special instructions are provided on the label.

Warnings and side effects are provided on the label.

Lesson 4

Understanding Misuse of Prescription Drugs

Topic
Commonly Misused and Abused Prescription Drugs and Their Health Consequences

Estimated Class Time
Two 45-minute class sessions

At a Glance

✓ Opening Activity:
Where Is the Line (and Why Does It Matter)?

✓ Learning Activity:
Inquiry into Commonly Misused and Abused Prescription Drugs

✓ Closing Activity:
Student Learning Guide and Action Journal

Objectives

- Students will analyze the health consequences of prescription drug misuse.
- Students will identify the most commonly misused and abused prescription drugs.
- Students will describe how knowing about commonly misused and abused prescription drugs relates to prevention of prescription drug misuse and abuse.
- Students will determine which tenets of misuse of prescription drugs should be taught to others.

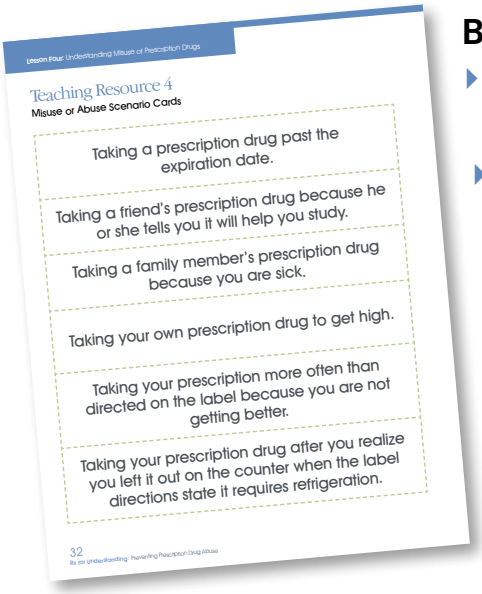
Integrated Subjects

Health, English Language Arts, Science, and Social Studies

Materials and Preparation

What you will need:

- Chart paper or board (six pieces)
- Basic classroom supplies (markers, pencils, writing paper)
- Learning Guide and Action Journals (one journal/student)
  - Construction paper (two sheets)



Lesson Four: Understanding Misuse of Prescription Drugs

Teaching Resource 4

Misuse or Abuse Scenario Cards

- Taking a prescription drug past the expiration date.
- Taking a friend's prescription drug because he or she tells you it will help you study.
- Taking a family member's prescription drug because you are sick.
- Taking your own prescription drug to get high.
- Taking your prescription more often than directed on the label because you are not getting better.
- Taking your prescription drug after you realize you left it out on the counter when the label directions state it requires refrigeration.

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Rx for Understanding: Preventing Prescription Drug Abuse

Before the lesson:

- Copy and cut Teaching Resource 4, Misuse or Abuse Scenario Cards (one card/student).
- Create two signs. Label sign 1, "Misuse," and sign 2, "Abuse." Post signs on separate sides of the classroom with enough space around the sign for students to stand.
- Copy and cut Teaching Resource 5, Prescription Drug Research Cards (one card/student).

Procedures (Session 1)

Opening the Lesson: Where Is the Line (and Why Does It Matter)?

(15 minutes)

1. **Give** each student a Misuse or Abuse Scenario Card.
2. **Direct** students to think, for a moment, about the scenario described on their card and determine if the scenario is an example of prescription drug misuse or abuse.
3. **Direct** students to stand in front of the "Misuse" or "Abuse" signs posted in the classroom, depending on their decision. Once in front of the sign, have students form a pair (or trio) with other students standing at the same sign. Have pairs (or trios) share the scenarios on their assigned cards and discuss why they decided to label the scenario as "Misuse" or "Abuse."
4. **Read** each scenario to the class and ask for a few volunteers to share if they think it is an example of "Misuse" or "Abuse" and why. After a brief discussion of each scenario, provide the correct answer.
5. **Review** the definitions for "Misuse" and "Abuse."
6. **Ask** students why determining the difference between misuse and abuse matters.
   - Possible responses: The health consequences of intentional prescription drug abuse and unintentional misuse can be of the same severity; Referring to all behaviors as "abuse" can lead to a false perception that learning about prescription drug safety does not apply to them because they are not abusing prescription drugs in order to get high or for some other purpose; Mistakenly believing it is safe to use a drug after an expiration date or sharing your prescription medication with another person who is also sick can be just as detrimental to your health.

Vocabulary Terms

Prescription Drug Misuse: When someone does not take prescription medication as directed or intended either unknowingly or carelessly. Examples include taking the wrong amount, using an expired medication, or taking a medication that was prescribed for someone else.

Prescription Drug Abuse: When someone purposely takes prescription medication in a manner or dosage other than what was prescribed for the purpose of experiencing a desired effect.

Categories of Commonly Abused Prescription Drugs

Opioids

- Commonly prescribed to relieve pain
- Affect the brain to cause a diminished perception of pain

Depressants

- Commonly prescribed for people who are anxious or cannot sleep
- Slow down (or "depress") the normal activity that goes on in the brain

Stimulants

- Prescribed for treating only a few health conditions, including attention deficit hyperactivity disorder (ADHD) and narcolepsy (a sleep disorder)
- Increase (or "stimulate") activities and processes in the body

7. **Ask** students to recall from Lesson 3: Why is there a part of a prescription drug label dedicated to warnings and cautions?
   - Possible responses: Prescription drugs are strong medications and they do have side effects. The chances of experiencing side effects are lessened with proper use.
8. **Ask** students if the list of potential side effects changes when the prescription drug has been intentionally abused versus accidentally misused.
   - Possible response: It does not because the potential consequences are the same.
9. **Explain** to students that it is important to be informed of the possible side effects of prescription (and OTC drugs) so that you are aware of the potential harm, know the importance of being careful, and are not taking the medicine incorrectly. Potential side effects are even worse and the risk of experiencing negative side effects increases when the prescription or OTC drug is misused or abused. People are more likely to pay attention and be careful if they know the risks.

Leading the Lesson: Inquiry into Commonly Misused and Abused Prescription Drugs Part 1

(30 minutes)

10. **Tell** students that they will be learning about commonly misused and abused prescription drugs. Learning about prescription drugs, how they affect the body, and what the potential risks are will help them remember to avoid misuse and abuse of prescription drugs.
11. **Introduce** the three categories of commonly misused and abused prescription drugs.
12. **Explain** the research topics.

SUGGESTED WEBSITES FOR RX DRUG RESEARCH

Above the Influence
www.abovetheinfluence.com/facts/drugspresciptionrx

DEA
U.S. Drug Enforcement Administration
www.justthinktwice.com

NIDA
National Institute on Drug Abuse (NIDA)
www.drugabuse.gov/drugs-abuse/prescription-drugs

NIDA for Teens
www.teens.drugabuse.gov/peerx/prescription-drug-facts

U.S. National Library of Medicine, NIH
MedlinePlus
www.nlm.nih.gov/medlineplus/druginformation.html

Prescription Drug Research Topics

1. **Rx Drug Name**
   - Find out how it is pronounced.
2. **Rx Drug Classification**
   - Find out the category for the prescription drug that you are researching.
3. **Street Name**
   - A street name is how is the prescription drug is referred to when it is being abused or sold illegally. Illegal drugs have street names as well. Prescription drugs are legal medications when used exactly as prescribed. Abuse of prescription drugs is illegal.
   - Find out the street names used for the prescription drug that you are researching.
4. **Purpose**
   - What is the prescription drug taken for? What is the intended purpose?
   - Find out the intended purpose for the prescription drug that you are researching.
5. **How They Work**
   - Describe how and why the prescription drug works.
   - It has to do with how the brain works and communicates.
   - Your brain controls everything that happens in your body. It tells all the other parts what to do and when to do it.
   - Once inside your brain, drugs can change the messages your brain cells are sending to each other and to the rest of your body. They do this by interfering with your brain's communication system.
6. **Side Effects**
   - Describe the side effects associated with the drug.
7. **Similar Rx Drugs**
   - List other prescription drugs that do the same thing and/or work in the same way.
8. **Statistics about Misuse or Abuse**
   - Find a statistic about the prescription drug and/or category that pertains to misuse and abuse.
9. **Sources**
   - List the key reliable sources used to complete your research.
10. **Warnings/Consequences of Misuse or Abuse**
    - List and describe special risks, warnings, or dangers associated with the prescription drug.

www.com/org

Reliable Sources Talking Points

Considerations for reliable sources:

- Can you easily figure out who wrote the information; verify the author's credentials; go to the author's web page; find out if the author has published work in a scholarly journal?
- Are all factual claims linked to sources?
- Is there an abundance of grammatical or spelling errors? This could indicate that the content is not credible.
- Can you check to see when the web page was last updated?
- Can you check the URL to see if the information is linked to an organization? (.edu usually means educational institution, .gov means it is most likely a reliable government website, and sites that end in .org are usually nonprofit organizations and are often reliable sources of information.)

In order to accurately assess a source for reliability and truthfulness, one must look at all criteria together. For example, when a URL ends with .org this usually indicates that the site is a nonprofit. This factor alone does not guarantee that the site is valid and reliable. You should consider more than one factor to make your assessment. For example, if the URL you are reviewing ends with .org, then also check to see if there are links to sources or dates when the page was last updated.

Just because something has made its way onto the Internet does not mean that it is credible, reliable, or even true. The same is true for any health information, not just prescription drugs. For example, if students go to the Internet looking for advice or information about a health concern, they also have to apply the same type of scrutiny to their sources. Again, just because a piece of health advice has made it to the Internet does not mean that it is trustworthy or applicable to their unique situation.

Note: Students may ask you about the use of a prescription drug manufacturer's website as a reliable source of information. Drug manufacturers can be used as reliable, accurate, and helpful sources of information about the medicines that they produce. Drug manufacturers adhere to standards established by state and federal laws and regulations regarding the way they communicate and inform consumers about their products.

13. **Discuss** the importance of utilizing reliable sources of information for research.

14. **Give** each student a Prescription Drug Research Card. Have students begin to research each of the 10 topics for their assigned prescription drug.

Procedures (Session 2)

Leading the Lesson (continued): Inquiry into Commonly Misused and Abused Prescription Drugs Part 2

(30 minutes)

1. **Direct** students to continue with their research.

2. **Direct** students to form groups with other students who were assigned the same category for their prescription drug research card. There are three categories (opioids, depressants, stimulants). Have students form two groups for each category.

3. **Direct** students to work with small-groups to create a poster and presentation about the prescription drugs in their category. The presentation should synthesize the information collected for each of the prescription drugs and demonstrate commonalities and differences with the other drugs in the group.

4. **Share** small-group presentations with the whole class.

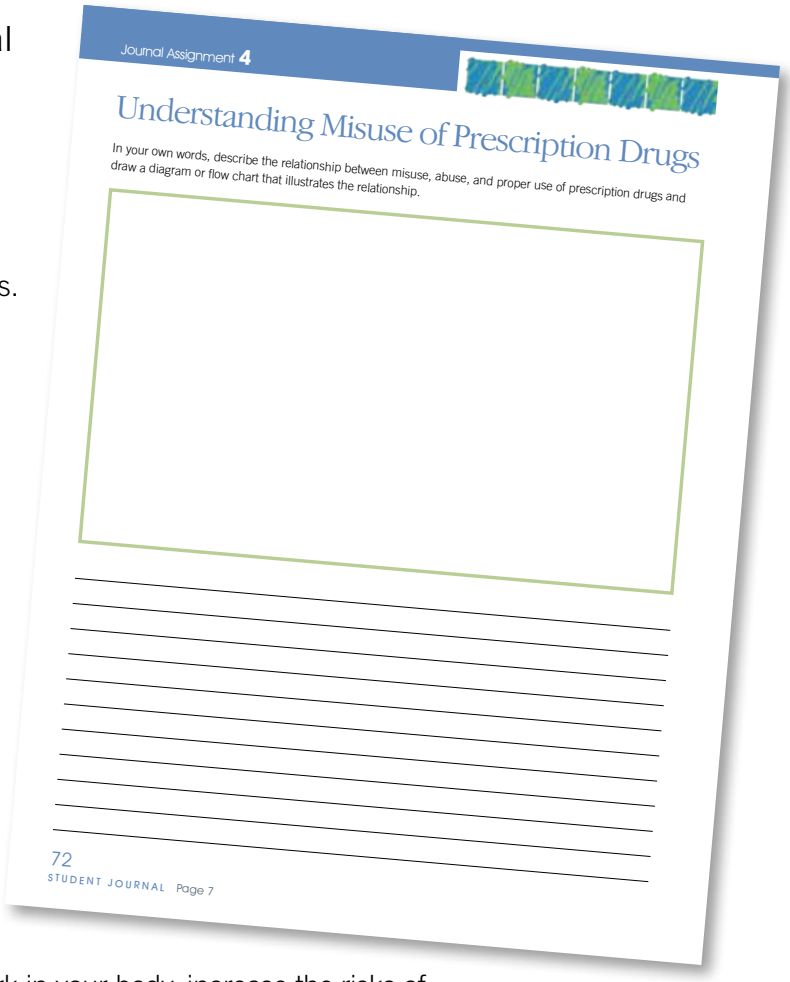
5. **Ask** follow-up questions of each small-group following their presentation. Discuss a few of the following aspects of the research and presentations with the whole class after each of the presentations. Over the course of all presentations, make sure that each aspect is discussed.

RX DRUG NAME	CATEGORY (Answer Key)
Alprazolam	Depressant
Amphetamine	Stimulant
Barbiturates	Depressant
Benzodiazepines	Depressant
Benzphetamine	Stimulant
Buspirone	Depressant
Carisoprodol	Depressant
Chloral Hydrate	Depressant
Codeine	Opioid
Dextroamphetamine	Stimulant
Diazepam	Depressant
Diphenoxylate	Opioid
Fentanyl	Opioid
Flunitrazepam	Depressant
Hydrocodone	Opioid
Hydromorphone	Opioid
Meperidine	Opioid
Methadone	Opioid
Methaqualone	Depressant
Methylphenidate	Stimulant
Morphine	Opioid
Oxycodone	Opioid
Pentobarbital Sodium	Depressant
Phendimetrazine	Stimulant
Phentermine	Stimulant
Zolpidem	Depressant

- Why did you choose this source? Why is it important to use reliable sources?
- Why is it important to know the side effects?
- Are there any prescription drugs in your group that can lead to a very serious, life-threatening consequence if it is misused or abused? If so, what are the warnings and special concerns? Why are they important to know?
- Are there any street names in your group that you had never heard before? Why is it important to be familiar with prescription drugs' street names?

- Why is it important to pay attention to the statistics and/or know where to find them and know that they are accurate? (For example, if a high percentage of youth who abuse prescription drugs are getting them from friends or family, then that tells us that education, awareness, and sharing of information about how dangerous prescription drug use and abuse can help combat prescription drug abuse.)
- Why is it important to know how prescription drugs work in your body? They are intended to work a certain way in order to help your body do things like fight a disease or reduce pain. Misuse and abuse undermine the intended purpose and change the result of the medicine from helpful to harmful.

Closing the Lesson: Student Learning Guide and Action Journal *(15 minutes)*


Journal Assignment 4

Understanding Misuse of Prescription Drugs

In your own words, describe the relationship between misuse, abuse, and proper use of prescription drugs and draw a diagram or flow chart that illustrates the relationship.

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STUDENT JOURNAL Page 7

6. **Direct** students to independently complete Learning Guide and Action Journal: Assignment 4.
7. **Discuss** answers to journal questions. Remind students that the purpose of the final section, "Travel Diary," is to help them keep key information organized for project planning and implementation.
8. **Summarize** Key Messages:
   - Prescription drugs are intended to cause a specific reaction in our bodies. Taking too little or too much will cause the prescription drug to work differently or not work at all. Combining a prescription drug that you have been given by your doctor with another prescription, OTC, or illegal drug could interfere with the prescription drug's ability to work in your body, increase the risks of the side effects, and/or cause an adverse reaction (and in some cases be deadly). By understanding what prescription drugs are and how they work in our bodies, we can understand the importance of avoiding prescription drug misuse. Misuse and abuse of prescription medications is a health risk with very serious consequences. Knowing about commonly misused and abused prescription drugs is an important part of avoiding misuse. If we know what the risks are we can be more cautious.
9. **Review** What's Next:
   - In the next session, we will learn about the prescription drug abuse, the consequences (including drug addiction), refusal, and support.

Modification/Extension Ideas

- Extend the lesson by having students write explanatory essays about their assigned prescription drug categories.
- Extend the lesson with a real or virtual field trip to the Drug Enforcement Agency (DEA) Museum (located in Arlington, Virginia, or online at www.deamuseum.org). The museum's mission is to educate the American public on the history of drugs, drug addiction, and drug law enforcement in the United States. The museum has an interactive exhibit about prescription drugs called "Good Medicine, Bad Behavior: Drug Diversion in America." Admission is free; for more information visit www.goodmedicinebadbehavior.org.
- Use this lesson during NIDA National Drug Facts Week. Post small-group posters around the school to build awareness about prescription drugs. (To find out more information about National Drug Facts Week visit drugfactsweek.drugabuse.gov.)
- Extend the lesson and integrate science by including experiments and/or demonstrations involving chemical interactions to show students why drug interactions are dangerous. Consider collaborating with a science teacher to complete this lesson.
- What if you don't have enough instructional time to teach all 10 lessons? Use the opening and leading activities in this lesson as stand-alone lesson rather than as part of a comprehensive unit. Omit the Learning Guide and Action Journal. Use the opening activity to introduce the topic of prescription drug misuse and the leading activity to teach students about the categories and consequences of the commonly misused and abused prescription drugs.

Assessment Suggestions

- Review journals to check for understanding.
- Evaluate the small-group presentations and posters.
- Observe responses during small-group discussion.
- Observe for active participation in the small-group work process.

Teaching Resource 4

Misuse or Abuse Scenario Cards

Taking a prescription drug past the expiration date.

Taking a friend's prescription drug because he or she tells you it will help you study.

Taking a family member's prescription drug because you are sick.

Taking your own prescription drug to get high.

Taking your prescription more often than directed on the label because you are not getting better.

Taking your prescription drug after you realize you left it out on the counter when the label directions state it requires refrigeration.

Teaching Resource 5

Prescription Drug Research Assignment Cards

Alprazolam	Flunitrazepam
Amphetamine	Hydrocodone
Barbiturates	Hydromorphone
Benzodiazepines	Meperidine
Benzphetamine	Methadone
Buspirone	Methaqualone
Carisoprodol	Methylphenidate
Chloral Hydrate	Morphine
Codeine	Oxycodone
Dextroamphetamine	Pentobarbital Sodium
Diazepam	Phendimetrazine
Diphenoxylate	Phentermine
Fentanyl	Zolpidem

Lesson 5

Understanding Prescription Drug Abuse

Topic
Prescription Drug Abuse Consequences and Support

Estimated Class Time
Two 45-minute class sessions

At a Glance

- ✓ Opening Activity: Drug Abuse Brainstorm
- ✓ Learning Activity 1: Prescription Drug Abuse Is Drug Abuse
- ✓ Learning Activity 2: Understanding Drug Addiction
- ✓ Closing Activity: Student Learning Guide and Action Journal

Objectives

- Students will analyze the short- and long-term health consequences of prescription drug abuse.
- Students describe how abuse of prescription drugs can lead to addiction.
- Students will determine which components of prescription drug abuse should be taught to others.
- Students will analyze the effectiveness of refusal and resistance skills when applied to prescription drug abuse.

Integrated Subjects

Health, Science, English Language Arts, and Social Studies

Materials and Preparation

What you will need:

- Chart paper or board (six pieces)
- Basic classroom supplies (markers, pencils, writing paper, tape)
- Sticky notes (one stack/small-group)
- Learning Guide and Action Journals (one journal/student)

Before the lesson:

- Copy and cut Teaching Resource 6, Drug Abuse Brainstorm Poster Headers (one card/poster); Affix each header to a piece of chart paper and post around the classroom.
- Prepare to use Teaching Resource 7, Brain Diagrams as some type of visual aid (e.g., overhead transparency, poster, Power Point slide) or copy for each student for use as a handout.

Procedures (Session 1)

Opening the Lesson: Prescription Drug Abuse Is Drug Abuse

(15 minutes)

1. **Write** the term, "Drug Abuse" onto the board. Ask students to think for a moment about what comes to mind when they see the term drug abuse.
2. **Divide** students into small-groups. Give each small-group a stack of sticky notes. Have each small-group share their thoughts and record each idea onto a sticky note.
3. **Remove** the slip of paper covering the header on each piece of posted chart paper and read the label of each poster to students.
4. **Direct** small-groups to determine to which category the idea on each of their group's sticky notes belongs and post the sticky note onto the poster.
5. **Tell** students that you will discuss the posters again in a moment and ask them to return to their seats.
6. **Review** the terms "prescription drug misuse" and "prescription drug abuse."
   - Explain to students that prescription drug misuse becomes prescription drug abuse when the misuse is carried out intentionally for a desired effect. Both misuse and abuse can have the same result.
   - If someone takes a parent's prescription pain medication to a party to share with friends to get high, this is prescription drug abuse. People can die from taking too much of this prescription drug.
   - If someone takes too much of their own prescription pain medication because they misread the label, this is prescription drug misuse. People can die from taking too much of this prescription drug.
   - The difference between misuse and abuse is the intent. Is the person misusing the prescription drug on purpose or with the knowledge that they are not supposed to be taking the prescription drug? That is what makes it abuse.

What is a Pharming Party?

Prescription drugs are also referred to as pharmaceuticals, hence the term "Pharming." A pharming party is a get together where teenagers bring prescription drugs and exchange them with each other (often by placing them into a bowl and randomly taking an unknown combination of prescription drugs) in order to get high. Pharming parties are very dangerous and a definite example of prescription drug abuse.

- Tell students that they will be learning more about the reasons for prescription drug abuse, how prescription drugs are abused, the consequences of prescription drug abuse, and how to get help.

Leading the Lesson: Prescription Drug Abuse Is Drug Abuse

(30 minutes)

7. **Comment** on each poster. With students back at their seats, review each poster. Tell students the poster label and a few key examples of sticky notes posted. Ask students if the topics on the poster could also pertain to prescription drugs and discuss using the Prescription Drug Abuse Talking Points.

8. **Ask** students if they feel prescription drug abuse is as serious an issue among teens as the abuse of other drugs.

9. **Ask** students if they are surprised by the following statistics:
   - Prescription and over-the-counter drugs are among the most commonly abused drugs by 12th graders, after alcohol, marijuana, and tobacco.
   - Teenagers who abuse prescription medications are more likely to report use of other drugs.
   - More than 2,000 teens begin abusing prescription drugs each day.
   - More teenagers are abusing prescription drugs than cocaine, heroin, and methamphetamine combined.

10. **Explain** to students that abuse of prescription drugs is of particular concern among youths due to their misperceptions that prescription drugs are safer to abuse then illegal drugs. Ask students if they believe this is true and how their perceptions have changed since learning more about proper use and misuse.

Prescription Drug Abuse Talking Points

Key Topics:

SOURCES

Where are young people getting the prescription drugs that they are abusing?

Possible examples: from a friend; from their parents or relatives without their knowledge; from a person who sells drugs illegally; at a pharming party.

Connecting to Drug Abuse Brainstorm:

Are the ideas posted on the "Sources" chart from the "Drug Abuse Brainstorm" similar to the sources of prescription drugs of abuse? Do you think it is easier or more challenging for teens to access prescription drugs for purposes of abuse?

REASONS

Why are young people abusing prescription drugs?

Possible examples: To party; to get high; to do better in school; to lose weight; to relieve pain (i.e., to self-medicate).

Connecting to Drug Abuse Brainstorm:

Are the ideas posted on the "Reasons" chart from the "Drug Abuse Brainstorm" similar to the reasons for abuse of prescription drugs?

METHODS

How are young people abusing prescription drugs?

Possible examples: altering the form of the prescription drug (e.g., crushing the pill or capsule in order to swallow, sniff, or turn it into liquid to ingest or inject it); taking a prescription drug in an altered form for the intended purpose or to get high; taking the prescription drug in its original form but in a larger dosage, or in combination with alcohol or other prescription or illegal drugs in order to get high.

Connecting to Drug Abuse Brainstorm:

Are the ideas posted on the "Methods" chart from the "Drug Abuse Brainstorm" similar to the methods for abuse of prescription drugs?

Understanding Drug Addiction

What is drug addiction?

Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain—they change its structure and how it works. These brain changes can be long-lasting, and can lead to the harmful behaviors seen in people who abuse drugs.

Is continued drug abuse a voluntary behavior?

The initial decision to take drugs is mostly voluntary. However, when drug abuse takes over, a person's ability to exert self-control can become seriously impaired. Brain-imaging studies from drug-addicted individuals show physical changes in areas of the brain that are critical to judgment, decision-making, learning and memory, and behavior control. Scientists believe that these changes alter the way the brain works, and may help explain the compulsive and destructive behaviors of addiction.

Why do some people become addicted to drugs, while others do not?

As with any other disease, vulnerability to addiction differs from person to person. In general, the more risk factors an individual has, the greater the chance that taking drugs will lead to abuse and addiction. No single factor determines whether a person will become addicted to drugs. Although we know what happens to the brain when someone becomes addicted, we can't predict how many times a person must use a drug before becoming addicted. A person's genetic makeup, the genes that make each of us who we are, and the environment each play a role. What we do know is that a person who uses drugs risks becoming addicted, craving the drug despite its potentially devastating consequences.

Source: National Institute on Drug Abuse
"Drugs, Brains, and Behavior: The Science of Addiction"

Understanding Dependence vs. Addiction

Physical dependence occurs because of normal adaptations to chronic exposure to a drug and is not the same as addiction. Addiction, which can include physical dependence, is distinguished by compulsive drug-seeking and use despite sometimes devastating consequences.

Someone who is physically dependent on a medication will experience withdrawal symptoms when use of the drug is abruptly reduced or stopped. These symptoms can be mild or severe (depending on the drug) and can usually be managed medically or avoided by using a slow drug taper.

Dependence is often accompanied by tolerance, or the need to take higher doses of a medication to get the same effect.

Source: National Institute on Drug Abuse "Prescription Drugs Abuse and Addiction"
For more information visit www.drugabuse.gov.

LEARN MORE ABOUT DRUGS AND THE BRAIN

www.drugabuse.gov/publications/science-addiction/drugs-brain

CONSEQUENCES

What can happen to someone who abuses prescription drugs?

Possible examples: negative impact on relationships with family and friends; negative short- and long-term health consequences; stimulant abuse can cause paranoia, dangerously high body temperatures, and an irregular heartbeat; opioid abuse can cause drowsiness, nausea, constipation, and slowed breathing; depressant abuse can cause slurred speech, shallow breathing, fatigue, disorientation, lack of coordination, and seizures; abuse of any prescription drug can lead to addiction; abuse of mind-altering prescription drugs can impair judgment and lead to an elevated risk of HIV and other dangerous sexually transmitted diseases.

Connecting to Drug Abuse Brainstorm:

Are the ideas posted on the "Consequences" chart from the "Drug Abuse Brainstorm" similar to the consequences of prescription drug abuse?

REFUSAL

What can young people do to refuse the invitation to abuse prescription drugs?

Possible examples: Be knowledgeable about the serious risks involved with prescription drug misuse and abuse and use this knowledge when needing to refuse an invitation to abuse prescription drugs; share knowledge with others; report the abuse to a parent, school guidance counselor, or other trusted adult; ignore the offer and walk away; take a pledge or join an anti-drug campaign.

Connecting to Drug Abuse Brainstorm: Are the ideas posted on the "Refusal" chart from the "Drug Abuse Brainstorm" similar to the ways to refuse offers to abuse prescription drugs?

ASSISTANCE

Who can you turn to if you need help for yourself or a friend or a family member who is abusing prescription drugs?

Possible examples: Parent, school guidance counselor, or other trusted adult; anonymous resources such as the Substance Abuse and Mental Health Services Administration's Treatment Referral Helpline (1-800-662-HELP); websites such as www.findtreatment.samhsa.gov.

Connecting to Drug Abuse Brainstorm:

Are the ideas posted on the "Assistance" chart from the "Drug Abuse Brainstorm" similar to the ways to get assistance when someone you know is abusing prescription drugs? Do you think it is easier or more challenging to get help for prescription drug abuse?

Procedures (Session 2)

Leading the Lesson (continued): Understanding Drug Addiction

(25 minutes)

1. **Focus** on the drug abuse consequence of addiction and the interaction of drugs and the brain.
   - Your brain controls everything that happens in your body. It tells all the other parts what to do and when to do it. Once inside your brain, drugs can change the messages your brain cells are sending to each other and to the rest of your body. They do this by interfering with your brain's communication system.
   - Explain the areas of the brain affected by drug abuse using the Teaching Resource 7, Brain Diagram.
   - Brain cells communicate through a process called neurotransmission.
   - Explain neurotransmission using the Teaching Resource 7, Neurotransmission Diagrams.
2. **Discuss** the ways in which drugs interfere with the brain's communication system. Use Neurotransmission Diagram on Teaching Resource 7 to aid the discussion.

Drugs and the Brain

Drugs can alter important brain areas that are necessary for life-sustaining functions and can drive the compulsive drug abuse that marks addiction.

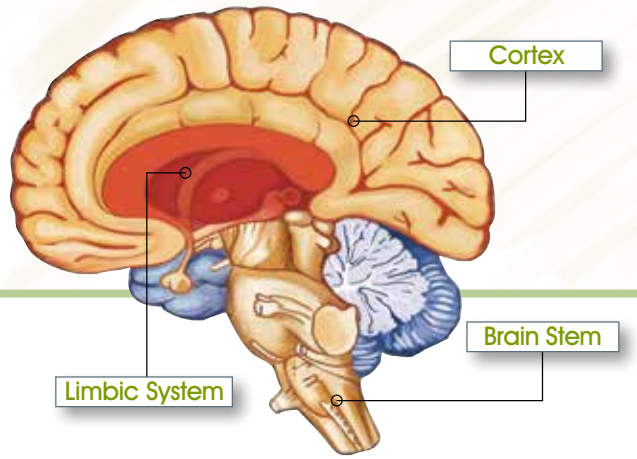
Brain Areas Affected by Drug Abuse

The **brain stem** controls basic functions critical to life, such as heart rate, breathing, and sleeping.

The **limbic system** contains the brain's reward circuit - it links together a number of brain structures that control and regulate our ability to feel pleasure. Feeling pleasure motivates us to repeat behaviors such as eating - actions that are critical to our existence. The limbic system is activated when we perform these activities - and also by drugs of abuse. In addition, the limbic system is responsible for our perception of other emotions, both positive and negative, which explains the mood-altering properties of many drugs.

The **cerebral cortex** is divided into areas that control specific functions. Different areas process information from our senses, enabling us to see, feel, hear, and taste. The front part of the cortex, the frontal cortex or forebrain, is the thinking center of the brain; it powers our ability to think, plan, solve problems, and make decisions.

Source: National Institute on Drug Abuse "Drugs, Brains, and Behavior: The Science of Addiction"



Understanding the Potential Signs of Prescription Drug Abuse

Physical and behavioral changes can be typical of any adolescent or teenager, but could also be a potential sign of prescription drug abuse.

- Abdominal cramps
- Bloodshot eyes
- Changes in appetite or sleep patterns
- Clumsiness or impaired coordination
- Constipation
- Constricted (smaller) pupils
- Decreased rate of breathing
- Dilated (larger) pupils
- Drop in attendance and performance at work or school
- Drowsiness
- Elevated blood pressure
- Excessive energy
- Fear and/or anxiety (for no apparent reason)
- Flushed skin
- Forgetfulness
- Inability to concentrate
- Increased heart rate
- Lowered inhibitions
- Nausea/vomiting
- Personality or attitude changes, mood swings, or irritability
- Secretive or suspicious behaviors
- Sleepiness
- Slurred speech
- Sudden change in friends, leisure activities, and/or hobbies
- Sudden weight loss or weight gain
- Suicidal and/or homicidal tendencies
- Sweating
- Tremors
- Unexplained need for money

Closing the Lesson: Student Learning Guide and Action Journal

(20 minutes)

3. **Direct** students to independently complete Learning Guide and Action Journal: Assignment 5.

4. **Discuss** answers to journal questions. Remind students that the purpose of the final section, "Travel Diary," is to help them keep key information organized for project planning and implementation.

5. **Summarize** Key Messages:

- Prescription drug abuse occurs when a person misuses a prescription drug knowingly or intentionally in order to achieve a desired effect or purpose. Young people abuse prescription drugs for many reasons, including to get high, to perform well on a test, or to change the way they look or feel. No matter what the reason is, it is dangerous and illegal to misuse and abuse prescription drugs. Prescription drug abuse can have serious and deadly consequences, is against the law, and can lead to addiction. Many young people falsely believe that it is safer to abuse prescription drugs over other illegal drugs because prescription drugs come from a doctor.
- Prescription drugs can be even more of a threat to young people than illegal drugs because of this myth. Prescription drug abuse is drug abuse and many of the same life skills that can help you make positive decisions when it comes to illegal drugs (such as marijuana or cocaine) can also help you avoid prescription drug abuse. In turn, the knowledge and skills that you have gained to help you avoid the misuse and abuse of prescription drugs can also help you avoid the misuse and abuse of over-the-counter medications and illegal drugs.

6. **Review** What's Next:

- In the next session, we will begin to take a look at the issue of prescription drug abuse from several perspectives (e.g., as a local and national issue).

Modification/Extension Ideas

- Extend the lesson by having students read the full NIDA article, "Drugs, Brains, and Behavior: The Science of Addiction," which can be downloaded at http://www.drugabuse.gov/publications/science-addiction/drugs-brain.
- Extend the lesson by having students write narrative essays describing a case where prescription drug abuse leads to addiction. Using what they have learned in this lesson. Students can create a hypothetical scenario for their main character.
- Integrate Social Studies by having students study the laws concerning prescription drugs and legal consequences for drug abuse regarding prescription drugs. Consider working collaboratively with a Social Studies teacher to conduct this lesson with students across both of your classes.

HOW DO DRUGS WORK IN THE BRAIN?

Drugs are chemicals. They work in the brain by tapping into the brain's communication system and interfering with the way nerve cells normally send, receive, and process information. Some drugs, such as marijuana and heroin, can activate neurons because their chemical structure mimics that of a natural neurotransmitter. This similarity in structure "fools" receptors and allows the drugs to lock onto and activate the nerve cells. Although these drugs mimic brain chemicals, they don't activate nerve cells in the same way as a natural neurotransmitter, and they lead to abnormal messages being transmitted through the network.

Other drugs, such as amphetamine or cocaine, can cause the nerve cells to release abnormally large amounts of natural neurotransmitters or prevent the normal recycling of these brain chemicals. This disruption produces a greatly amplified message, ultimately disrupting communication channels. The difference in effect can be described as the difference between someone whispering into your ear and someone shouting into a microphone.

How do drugs work in the brain's reward system?

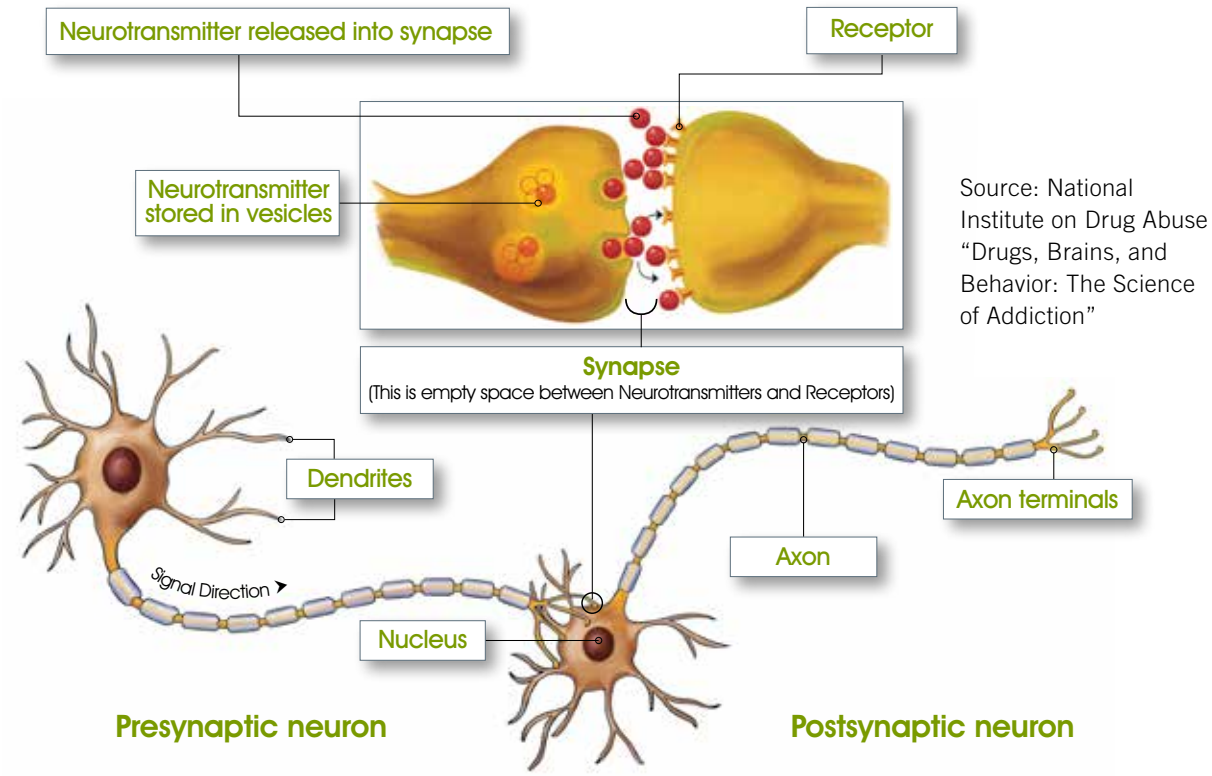
Most drugs of abuse directly or indirectly target the brain's reward system by flooding the circuit with dopamine. Dopamine is a neurotransmitter present in regions of the brain that regulate movement, emotion, cognition, motivation, and feelings of pleasure. The overstimulation of this system, which rewards our natural behaviors, produces the euphoric effects sought by people who abuse drugs and teaches them to repeat the behavior.

Source: National Institute on Drug Abuse
"Drugs, Brains, and Behavior: The Science of Addiction"
For more information visit www.drugabuse.gov

- What if you don't have enough instructional time to teach all 10 lessons? Use the opening and leading activities in this lesson as a stand-alone lesson rather than as part of a comprehensive unit. Omit the Learning Guide and Action Journal. Use the opening activity and leading activities to teach students how drugs work in the brain and how the impact and key topics for abuse of any drug relate to the impact and key topics for abuse of prescription drugs.

Assessment Suggestions

- Review journals to check for understanding.
- Give students a quiz asking them to draw and label a diagram and give one example of how drug abuse interferes with the brain.
- Take anecdotal records to document participation during the discussion about key Prescription Drug Abuse topics.



Source: National Institute on Drug Abuse "Drugs, Brains, and Behavior: The Science of Addiction"

How does the brain communicate?

The brain is a communications center consisting of billions of neurons, or nerve cells. Networks of neurons pass messages back and forth to different structures within the brain, the spinal column, and the peripheral nervous system. These nerve networks coordinate and regulate everything we feel, think, and do.

Neuron to Neuron - Each nerve cell in the brain sends and receives messages in the form of electrical impulses. Once a cell receives and processes a message, it sends it on to other neurons

Neurotransmitters - The Brain's Chemical Messengers

The messages are carried between neurons by chemicals called neurotransmitters. (They transmit messages between neurons.)

Receptors - The Brain's Chemical Receivers

The neurotransmitter attaches to a specialized site on the receiving cell called a receptor. A neurotransmitter and its receptor operate like a "key and lock," an exquisitely specific mechanism that ensures that each receptor will forward the appropriate message only after interacting with the right kind of neurotransmitter.

Transporters - The Brain's Chemical Recyclers

Located on the cell that releases the neurotransmitter, transporters recycle these neurotransmitters (i.e., bringing them back into the cell that released them), thereby shutting off the signal between neurons.

Teaching Resource 6

Drug Abuse Brainstorm Poster Headings

Reasons

Methods

Sources

Consequences and Concerns

Refusal

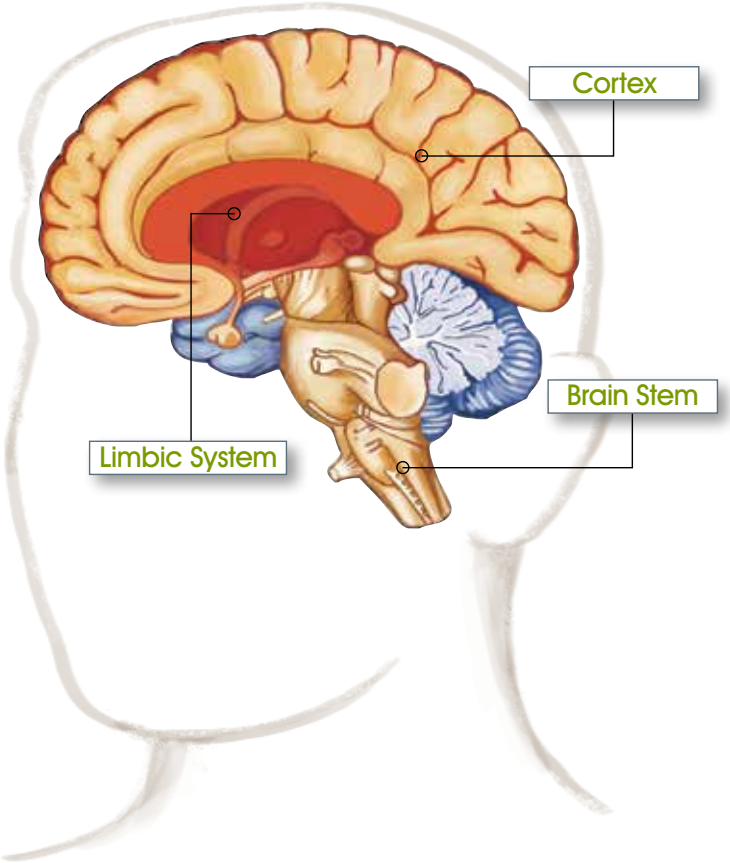
Support

Teaching Resource 7

Brain Diagrams

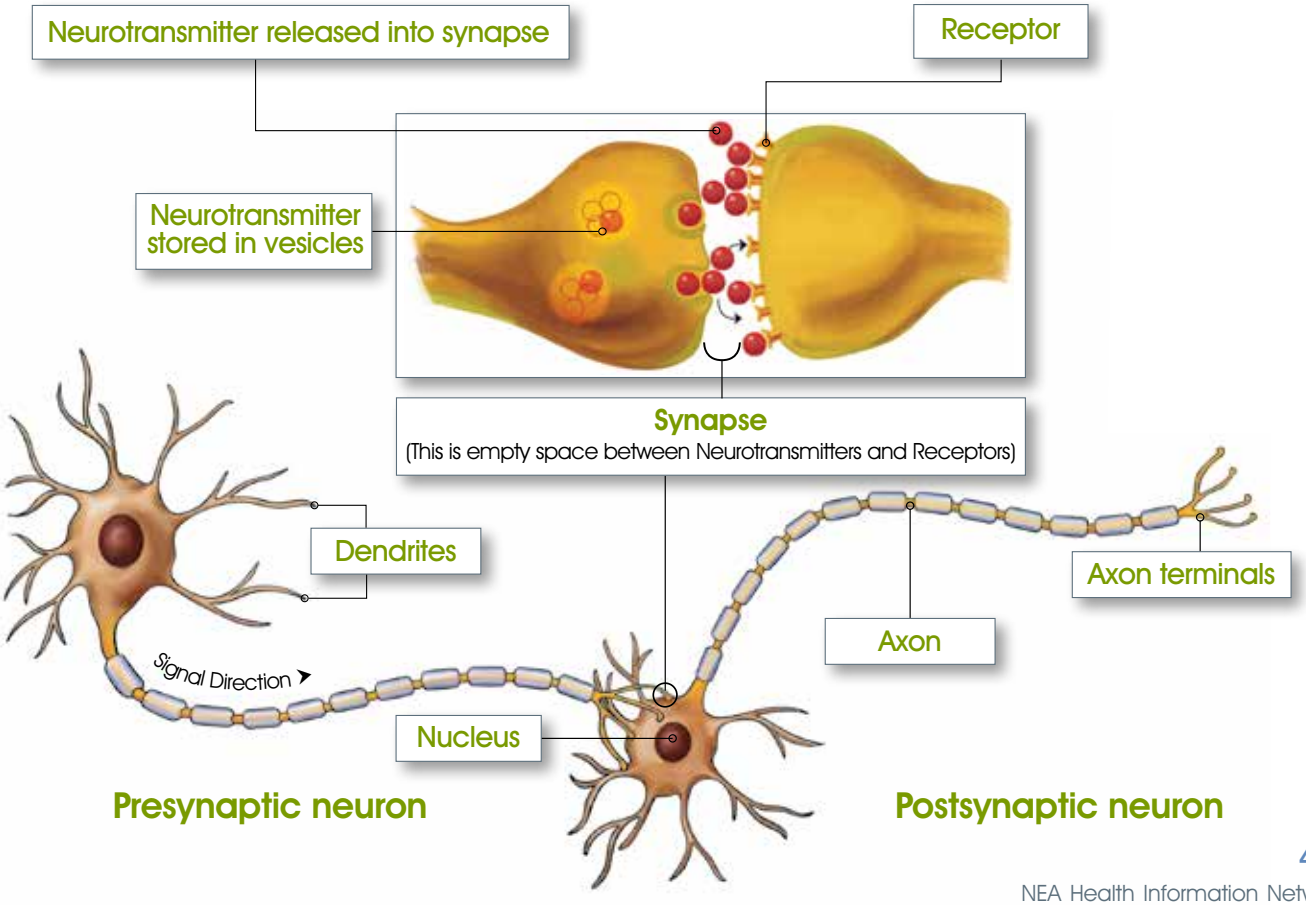
Brain

Areas impacted by Drug Abuse



Neurotransmission

How the Brain Communicates



Lesson 6

Understanding the Issue of Prescription Drug Abuse in Our Community

Topic
How and Why to Examine an Issue Through a Local Lens

Estimated Class Time
One 45-minute class session

At a Glance

✓ Opening Activity:
Glass Full or Glass Empty?

✓ Learning Activity:
A Data-Driven Approach

✓ Closing Activity:
Student Learning Guide and Action Journal

Objectives

- Students will gather national and local data and research about prescription drug abuse.
- Students will analyze research and date in order to determine the most appropriate strategies for support and assistance.
- Students will explain the importance of accurately comprehending a problem in order to formulate appropriate health-enhancing messages.

Integrated Subjects

Health, English Language Arts, Math, Science, and Social Studies

Materials and Preparation

What you will need:

- Chart paper or board (10 pieces)
- Basic classroom supplies (markers, pencils, writing paper)
- Learning Guide and Action Journals (one journal/student)

Before the lesson:

- Record statistics onto chart paper or board for steps 1 and 3.

Procedures

Opening the Lesson: Glass Full or Glass Empty

(15 minutes)

Sources for Statistics

For Recent Statistics:

- The National Survey on Drug Use and Health
  https://nsduhweb.rti.org/
- Centers for Disease Control
  www.cdc.gov
- Monitoring the Future Study
  www.monitoringthefuture.org
- National Institute on Drug Abuse
  www.drugabuse.gov

1. **Record** the following statistics on the board or chart paper.
   - When asked if they had ever taken a prescription drug without a doctor's prescription, 21 percent nationwide of high school students said yes.
   - When asked if they had ever taken a prescription drug without a doctor's prescription, 79 percent of high school students said no.
2. **Divide** students into small-groups. Have students discuss the two statistics. Do the statistics say the same thing? Do they mean the same thing? Do they create the same impression when you read them?
3. **Record** the following statistics on the board or chart paper. Have small-groups discuss the two statistics.
   - When asked if they had ever taken a prescription drug without a doctor's prescription, 22 percent of high school students in Texas said yes.
   - When asked if they had ever taken a prescription drug without a doctor's prescription, 12 percent of high school students in Nebraska said yes.

A NOTE ABOUT PEER AND SOCIETAL NORMS

It is important for students to know how to consider and utilize accurate peer and societal norms to formulate a health-enhancing message. Social norming theory is a model for understanding behavior with significant implications for health education, promotion, and prevention.

Social norming theory asserts:

- Our behavior is influenced by incorrect perceptions of how other members of our social groups think and act.
- For example, teens may over- or under-estimate the number of teens abusing alcohol and underestimate the number of teens reporting to making healthy choices when it comes to drinking.
- Overestimations of problem behavior will increase these problem behaviors
- Underestimations of healthy behaviors will discourage individuals from engaging in them.
- Correcting misperceptions is likely to result in a decrease of problem behaviors or an increase of healthy behaviors and choices.
- Correctly defining a problem using accurate peer and societal norms will help students be able to formulate the most effective prescription drug abuse prevention messages.
- The issue of prescription drugs is particularly sensitive regarding the way the problem is communicated from a social norming perspective. Medication can be an important and valuable aspect of overall health when used properly. Messaging that portrays medications as harmful is also based on misperception. Medication can be helpful, using medication incorrectly or intentionally abusing medication can be very harmful. According to social norming theory, portraying the problem accurately will help reduce the incidence of problem behaviors such as prescription drug abuse.

- Do they describe a similar situation? If you were thinking of a way to address the issue, would the same solution work for both locations? Why or why not?

4. **Discuss** the notion of the saying, "Is the glass half empty or half full?". A half-empty or half-full glass mean the same thing, but one way of saying it ("half full") carries a positive connotation and the other way of saying it ("half empty") carries a negative connotation or creates a feeling that there is a need to solve a problem.

5. **Discuss** the importance of being mindful of social norms, providing accurate information about an issue, and using information that is relevant to your community when addressing an issue or solving a problem. When communicating about the issue of prescription drug abuse, we should use a balanced approach. Relevant, current, and accurate statistics can help establish a need for addressing the issues and providing help, while at the same time, not sanctioning prescription drug abuse by making it seem more prevelant than it is. One death or one case of addiction is one too many. According to social norming theory, portraying to problem accurately will do more to reduce abuse.

Using the Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System (YRBSS)

The YRBSS monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including—alcohol, tobacco, and other drugs.

- Go to http://www.cdc.gov/HealthyYouth/yrbs/
- Click on the "Enter Youth Online" button
- Filter survey results by question, state, grade level, etc.

Leading the Lesson: A Data Driven Approach

(15 minutes)

6. **Direct** students to complete column 1, on page 30 of Journal Assignment 6, in the Student Planning Guide and Action Journal. Students will make predictions about the scope of the problem of teen prescription drug abuse among the demographic groups listed.

7. **Tell** students about the sources of data available for national and state data.

8. **Ask** students to brainstorm ideas for how data can be collected and/or where statistics can be found to get accurate information for the local area and school.

   - Possible responses: Conduct our own survey; look at data available from the county health department; determine a ratiobased on national statistics and local statistics and formulate a prediction for the local area.

- Determine the possiblility of conducting a survey among students at your school. Discuss how the survey would be conducted (anonymously), who you would need to get permission from to conduct the survey, who would be the target of the survey, how many questions there would be, if it would be conducted by paper/pencil, interview, or online.

- If students determine that they would like to conduct a survey, check with your administration for permission and policies. Have students proceed with developing and conducting the survey. Please note this may add instructional time to this lesson.

- When developing the survey, have students reflect back to the first five lessons in the unit in order to determine questions for the survey (e.g., students may want to ask questions about the perception on the dangers or prescription drug abuse as well as if the misuse and or abuse might occur; students may also want to add background information to the survey in order to make a distinction about misuse versus abuse.

9. **Divide** students into small-groups. Assign each group an area of research to conduct and present to the class. Assign two or three of the groups to each area on the chart. As they are collecting information, ask students to look for research pertaining to prescription drug abuse among adults as well as any additional information that may not be called for by the chart.

10. **Direct** students to conduct research, create a poster, and share information with the class. As each group presents, have students complete the rest of the chart in their journals.

Closing the Lesson: Student Learning Guide and Action Journal
(15 minutes)

11. **Write** the term, "Target Audience" onto the board or chart paper. Have students provide ideas for who the audience for their project could be. Ask them to consider the data and research they have collected. Who do they want to help?
    - Possible responses: Peers at the school (whole school or their grade level); the community as a whole; teenagers in their state, teenagers across the country, the community at the state/region/national level.
    - Discuss the suggestions the students have listed and, as a class, agree on the target audience.

12. **Direct** students to independently complete Learning Guide and Action Journal: Assignment 6.
13. **Discuss** answers to journal questions. Remind students that the purpose of the final section, "Travel Diary," is to help them keep key information organized for project planning and implementation.
14. **Review** What's Next.
    - In the next session, we will investigate and evaluate several possible methods for carrying out a project to help with prescription drug abuse prevention. The project will be geared toward the target audience identified in this lesson. Adjustments may be made to the target audience once the project method has been determined. Students may also see a need to start the project with a smaller targeted audience as a first step, with the possibility of broadening the audience in the future.

Modification/Extension Ideas

- Expand integration with English Language Arts by having students self select and read an article about drug abuse (prescription, illegal, or OTC). Have students analyze the article and cite textual evidence of what the text says versus implications and assertions made. Have students rate the article to determine the accurate social norms and whether or not there is over or under-representation of the problem.
- Extend the lesson by having students write a newspaper article summarizing the findings of the research conducted in this lesson.
- What if you don't have enough instructional time to teach all 10 lessons? Use the opening and leading activities in this lesson as a stand-alone lesson rather than as part of a comprehensive unit. Omit the Learning Guide and Action Journal. Use the opening activity and learning activities to research and discuss the issue of prescription drug abuse with your students.

Assessment Suggestions

- Review journals to check for understanding.
- Develop a rubric and score the small-group presentations.
- Observe students' proficiency in using technology as they collect and analyze data.

Lesson 7

Investigating How to Make a Difference

Topic
Strategies That Can Help with Prescription Drug Abuse Prevention in Your Community

Estimated Class Time
One 45-minute class session

At a Glance

- ✓ Opening Activity: How Do We Communicate Today?
- ✓ Learning Activity: Investigating Solutions
- ✓ Closing Activity: Student Learning Guide and Action Journal

Objectives

- Students will investigate effective, technology-driven communication techniques.
- Students will determine which communication technique or messaging campaign strategy is best suited to educating their peers and/or the community about Prescription Drug Abuse.
- Students will utilize their analysis of research and data to select the technique for their project.

Integrated Subjects

Health, English Language Arts, Technology, Science, and Social Studies

Materials and Preparation

What you will need:

- Chart paper or board
- Basic classroom supplies (markers, pencils, writing paper)
- Learning Guide and Action Journals (one journal/student)

Before the lesson:

- Copy and staple Learning Guide and Action Journals (one journal/student).

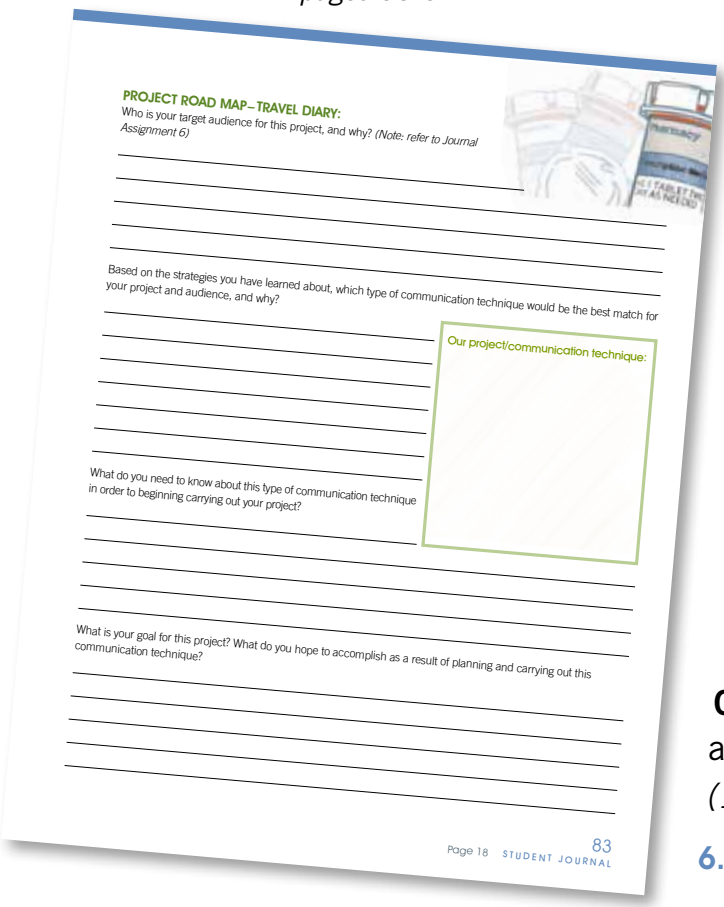
Procedures

Opening the Lesson: How Do We Communicate Today?
(15 minutes)

1. **Direct** students to think for a moment about communication and message campaign ideas that exist today.
2. **Ask** students to share their ideas with the class and list their responses on the board or chart paper.
3. **Discuss** the list and be sure it includes a variety of communication techniques and message campaign ideas (e.g., presentations, community events, flyers/ handout/print information, Twitter or other social media, website, email campaign, newsletter, short video/infomercial, text messaging campaign, etc.). *See chart on pages 53-54.*

A Note About Technology Based Projects

When helping students select a communication technique for their projects, please keep school and district policies about technology and media in mind when weighing the pros and cons. It may be necessary to gain permission from your administration or parents in order for students to carry out one of the nominated projects. Policies may prevent one of the nominated projects from being selected. Be sure your list of possible projects includes one or two ideas that are not solely rooted in technology to provide alternatives if necessary.



PROJECT ROAD MAP–TRAVEL DIARY:
Who is your target audience for this project, and why? *(Note: refer to Journal Assignment 6)*

Based on the strategies you have learned about, which type of communication technique would be the best match for your project and audience, and why?

Our project/communication technique:

What do you need to know about this type of communication technique in order to beginning carrying out your project?

What is your goal for this project? What do you hope to accomplish as a result of planning and carrying out this communication technique?

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Leading the Lesson:
Investigating Solutions
(15 minutes)

4. **Divide** students into small-groups. Assign each group one of the communication techniques. Have the group research the technique, determine what would go into carrying it out for their class project (e.g., feasibility study), and list the pros and cons. Have students prepare to share with the rest of the class.
5. **Decide**, as a class, which technique to implement for the prescription drug abuse prevention project.

Closing the Lesson: Student Learning Guide and Action Journal
(15 minutes)

6. **Direct** students to independently complete Learning Guide and Action Journal: Assignment 7.

Communication Technique/Messaging Campaign Idea	What Is It?	Project Considerations
PowerPoint Presentation	Computer program used to create a visual/multimedia presentation containing slides with information, pictures, graphics, sound, animation, and video.	What would the content be? Where/when/to whom would the project be delivered?
Informational Video	A short video clip	What would the content be? Where/when/to whom would the project be delivered?
Print Information (e.g., handout, flyer, poster campaign, slogan, infographic, fact sheets, newsletter)	A resource that is designed using print or publishing software that has the capacity of being reproduced and distributed.	What would the content be? Where/when/to whom would the project be distributed? If it were a newsletter – how many editions would you do? If it were a poster campaign – where would you display the posters? If it were a slogan – what are the different ways you would showcase the slogan (e.g. buttons, bumper stickers, t-shirts)? How would the project be funded?
Community Event	Examples: Information fair or workshop	What would the content be? Where/when/to whom would the project be delivered? When would you hold the event? Who would you invite? Who would provide the workshop or staff the information booths (e.g., are their outside community agencies that you could invite)?
Twitter	Twitter is a social media site that enables users to create social and professional learning networks. It allows you to share short, 140-character phrases, requiring users to be concise and to the point.	What would the content be? Where/when/to whom would the project be delivered? How many messages would be needed? How long would the messaging campaign last?
Website	A location on the Internet comprised of multiple web pages	What would the content be? Where/when/to whom would the project be delivered?
Email Messaging Campaign	Transmission of messages or mail over electronic networks (i.e., the Internet) where the emails are sent at the same time to multiple addresses	What would the content be? Where/when/to whom would the project be delivered? How many messages would be needed? How long would the messaging campaign last? How would email addresses be collected for the email messaging campaign? Could there be a system where fellow students or community members sign up to receive email messages?

Communication Technique/Messaging Campaign Idea	What Is It?	Project Considerations
Text Broadcasting	Informational text messaging conducted through computer software or online programs	What would the content be? Where/when/to whom would the project be delivered? How many messages would be needed? How long would the messaging campaign last? How would phone numbers be collected for the text messaging campaign – could there be a system where fellow students or community members sign up to receive text messages?
Facebook	Online social networking service	What would the content be? Where/when/to whom would the project be delivered? How many messages would be needed? How long would the messaging campaign last?
Instagram	Online photo-sharing and social networking service	What would the content be? Where/when/to whom would the project be delivered? How many messages would be needed? How long would the messaging campaign last?
Web Applications (Apps)	Computer application that is accessed by users over a network such as the Internet	What would the content be? Where/when/to whom would the project be delivered? How would you advertise the app and/or get students to download it to their phones, etc.?
Combination Approach	Examples: Creating a website that would have a Twitter account where general information would be provided on the website but weekly tweets would also be issued. Creating a website that anyone could access, but handing out a flyer or postcard with the URL or QR code* targeted toward a specific audience that you are hoping to reach through your project. *A QR code stands for Quick Response Code. It is a type of barcode that can be scanned and linked to a certain location of information (e.g., a video clip or website).	How long would the project last if using a combination approach?

7. **Discuss** answers to journal questions. Remind students that the purpose of the final section, "Travel Diary," is to help them keep key information organized for project planning and implementation.
8. **Review** What's Next.
   - In the next session, we will work together as a class to plan our project.

Modification/Extension Ideas

- Extend the lesson by having students develop a PowerPoint presentation and explanatory essay about their assigned communication technique.
- Collaborate with another content area teacher to complete the project (e.g., the technology teacher would be an excellent partner if your students choose to create an app or website; the drama teacher would be an excellent partner if your students choose to produce a video; and the art or Language Arts teacher would be an excellent partner if your students choose to do a print information project).
- What if you don't have enough instructional time to teach all 10 lessons? Use the opening and leading activities in this lesson as a stand-alone lesson rather than as part of a comprehensive unit. Omit the Learning Guide and Action Journal. Use the opening and leading activities to discuss how modern technology-based communication strategies could be used to help teach peers about prescription drug abuse. Students can discuss the pros and cons and assess if each method would be effective and why. This will help students to further analyze the issue.

Assessment Suggestions

- Review journals to check for understanding.
- Observe student participation levels within their small-groups.
- Develop a rubric and score the small-group presentations.

Lesson 8

Communicating Important Messages About Prescription Drugs

Topic
Strategies that Can Help with Prescription Drug Abuse Prevention in Your Community

Estimated Class Time
One 45-minute class session

At a Glance

- ✓ Opening Activity: Why Plan
- ✓ Learning Activity: Formulating a Plan
- ✓ Closing Activity: Student Learning Guide and Action Journal

Objectives

- Students will plan a Prescription Drug Abuse Prevention project.
- Students will utilize collaboration skills.

Integrated Subjects

- Health, English Language Arts, Technology, Science, and Social Studies

Materials and Preparation

What you will need:

- Chart paper or board
- Basic classroom supplies (markers, pencils, writing paper)
- Learning Guide and Action Journals (one journal/student)

Before the lesson:

- Copy and cut Teaching Resource 8, Brainstorm Around the Room Headers (one card/poster); Affix each header to a piece of chart paper and post around the classroom.

Brainstorm Around the Room Poster Headers

- PROPER USE
- COMMONLY MISUSED AND ABUSED RX DRUGS
- PRESCRIPTION DRUG ABUSE
- DRUGS AND THE BRAIN
- SCOPE OF THE PROBLEM

Procedures

Opening the Lesson: Why Plan?

(15 minutes)

1. **Discuss** the importance of creating a project plan (e.g. it is an opportunity to be sure that everything they have learned has a place in the project, it is a way to make sure everyone in the class has a role in the project; it is a way to ensure that the project is implemented in the most effective manner).

Leading the Lesson: Formulating a Plan

(15 minutes)

2. **Conduct** a Brainstorm Around the Room activity to determine the "content" that should be addressed through the project. Have students refer back to the "Travel Diary" for Journal Assignments 3 – 6 in their Student Learning Guide and Action Journals for ideas.

1. Introduce the topic on each poster and explain the questions that you want students to think about and discuss at each of the posters.
2. Assign each student to a starting poster by having the students count off by the total number of posters (e.g., if there are five posters have students count off from 1 - 5). Have students report to the poster for the number that they were given.
3. Provide directions for the brainstorming activity.

Brainstorm Around the Room

Appoint a small-group reporter.

- Groups will rotate (in order and upon your signal) to each poster.
- At each poster groups will address the topic, review the responses that have already been posted, indicate agreement with a check mark, and list all new responses.
- Students will get about two minutes at the first poster and one minute at each subsequent poster.
- Upon your signal, have groups travel to the next poster (clockwise).
- Repeat process and have groups continue traveling and discussing the posters until each small-group has visited every poster and is back to their original poster.
- Conduct a "gallery walk" giving students a few minutes to see what has been recorded on each poster; they may travel freely for a personal "tour."

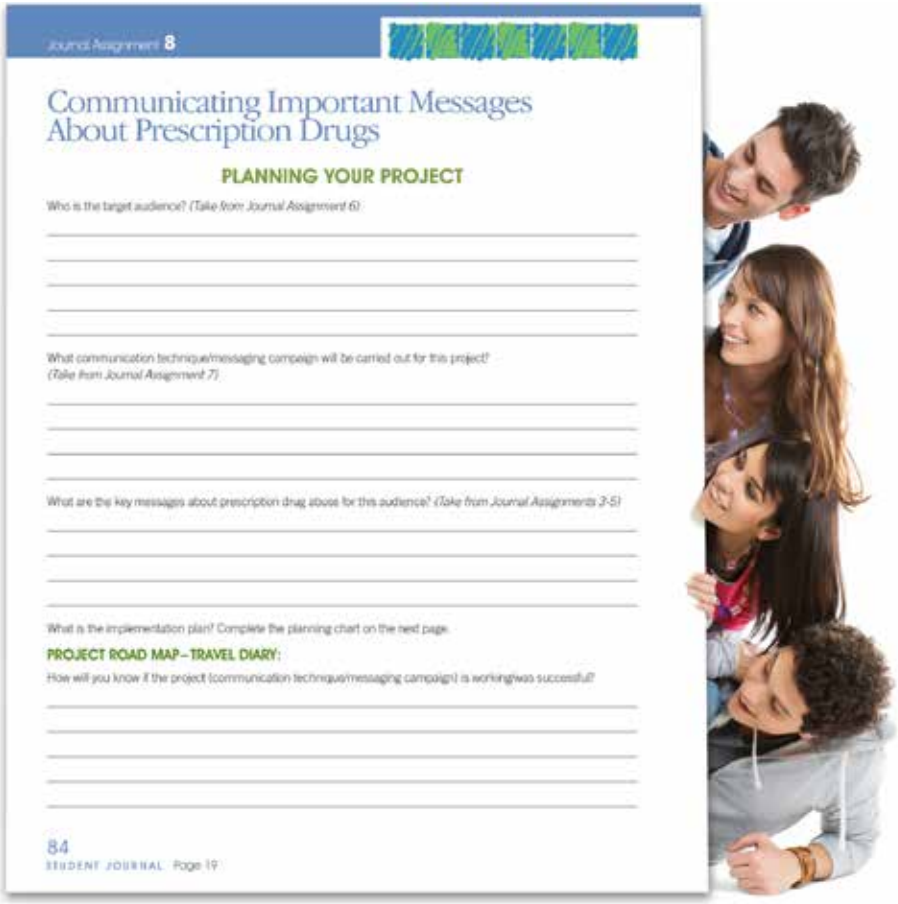
3. **Lead** the class through the planning process by completing Journal Assignment 8, Question 1. Discuss each aspect of the plan with the class and record final decisions on the chart.

Closing the Lesson: Student Learning Guide and Action Journal
(15 minutes)

4. **Direct** students to independently complete Learning Guide and Action Journal: Assignment 8, Questions 2 – 9.
5. **Discuss** answers to journal questions. Remind students that the purpose of the final section, "Travel Diary," is to help them keep key information organized for project planning and implementation.
6. **Review** What's Next.
   - In the next session, we will carry out our plan and keep track of our steps.

Modification/Extension Ideas

- Conduct the project in collaboration with an afterschool club or enrichment program (e.g., Students Against Destructive Decisions - http://www.sadd.org/).



Journal Assignment 8

Communicating Important Messages About Prescription Drugs

PLANNING YOUR PROJECT

Who is the target audience? *(Take from Journal Assignment 6)*

What communication technique/messaging campaign will be carried out for this project? *(Take from Journal Assignment 7)*

What are the key messages about prescription drug abuse for this audience? *(Take from Journal Assignments 3-5)*

What is the implementation plan? Complete the planning chart on the next page.

PROJECT ROAD MAP – TRAVEL DIARY:

How will you know if the project (communication technique/messaging campaign) is working/was successful?

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Teaching Resource 8

Brainstorm Around the Room Poster Headings

Proper Use
Commonly Misused and Abused RX Drugs
Prescription Drug Abuse
Drugs and the Brain
Scope of the Problem

Lesson 9

Turning Learning Into Action

Topic
Project Implementation and Tracking Progress

Estimated Class Time
Varies depending on project selection.
One 45-minute class session

At a Glance

✓ Opening Activity:
Countdown to Action

✓ Learning Activity:
Project Implementation

✓ Closing Activity:
Student Learning Guide and Action Journal

Objectives:

- Students will implement a collaborative project to help prevent prescription drug abuse.
- Students will track and summarize progress toward each project step.

Integrated Subjects

Health, English Language Arts, Technology Science, and Social Studies

Materials and Preparation

What you will need:

- Chart paper or board
- Basic classroom supplies (markers, pencils, writing paper)
- Learning Guide and Action Journals (one journal/student)

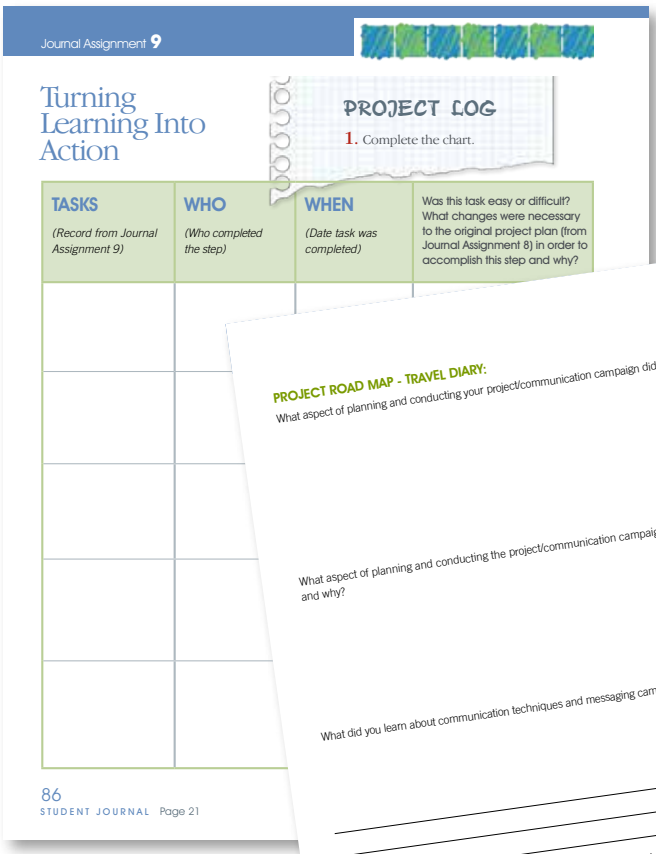
Procedures

Opening the Lesson: Countdown to Action
(15 minutes)

1. **Review** the plan with students.

Leading the Lesson: Project Implementation
(15 minutes)

2. **Direct** students to begin implementing the project plan.



Journal Assignment 9

Turning Learning Into Action

PROJECT LOG

1. Complete the chart.

TASKS (Record from Journal Assignment 9)	WHO (Who completed the step)	WHEN (Date task was completed)	Was this task easy or difficult? What changes were necessary to the original project plan (from Journal Assignment 8) in order to accomplish this step and why?

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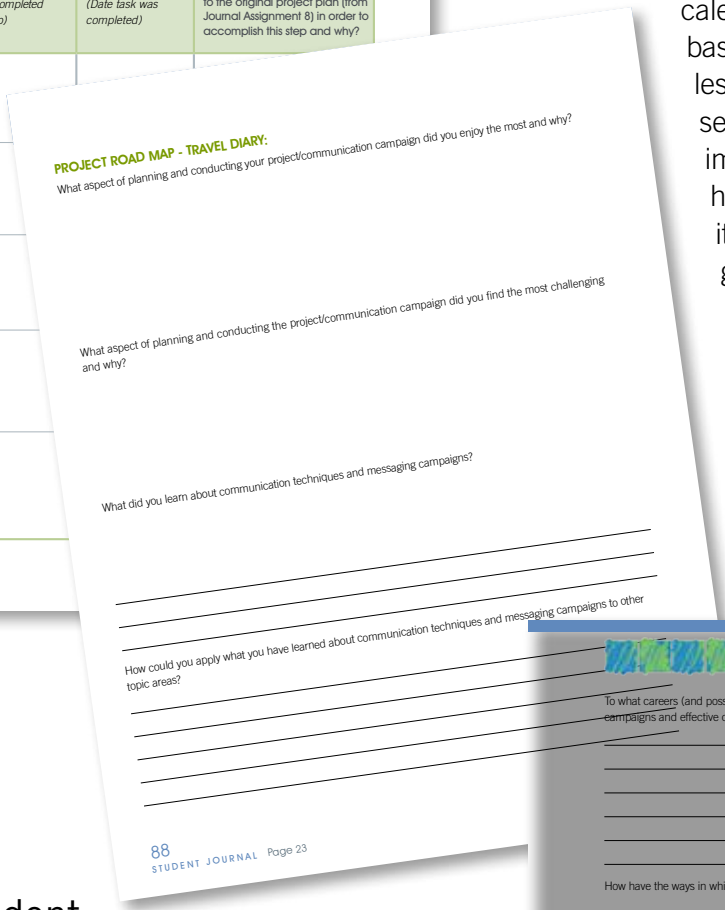
Note: the time and amount of sessions necessary to carry out the project will depend heavily on what the chosen project is (e.g., if students decided to create a messaging campaign through Twitter, then the messages and setup of the system could be completed in one class period, and students will have a message calendar for and prewrite each tweet based on what they have learned in lessons 1 – 6. However it may take several weeks or months to fully implement the project depending on how long the students plan to carry it out). Following the suggested guidance for each type of project described in Lesson 7 will help you predict how long Lesson 9 will last.

3. **Direct** students to document project implementation by completing Learning Guide and Action Journal; Journal Assignment 9, Question 1.



PROJECT ROAD MAP - TRAVEL DIARY:

What aspect of planning and conducting your project/communication campaign did you enjoy the most and why?

What aspect of planning and conducting the project/communication campaign did you find the most challenging and why?

What did you learn about communication techniques and messaging campaigns?

How could you apply what you have learned about communication techniques and messaging campaigns to other topic areas?

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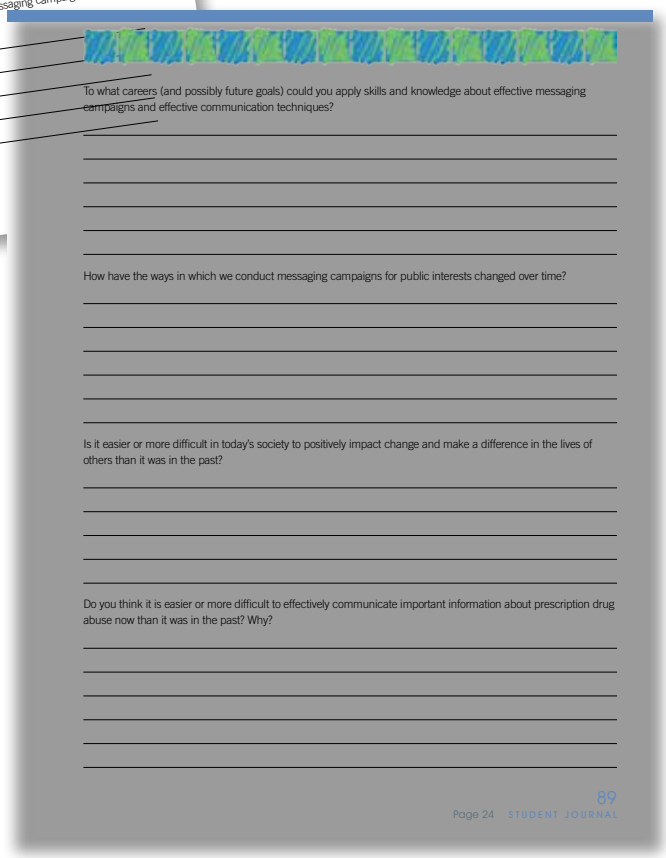

To what careers (and possibly future goals) could you apply skills and knowledge about effective messaging campaigns and effective communication techniques?

How have the ways in which we conduct messaging campaigns for public interests changed over time?

Is it easier or more difficult in today's society to positively impact change and make a difference in the lives of others than it was in the past?

Do you think it is easier or more difficult to effectively communicate important information about prescription drug abuse now than it was in the past? Why?

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Closing the Lesson: Student Learning Guide and Action Journal

(15 minutes)

4. **Direct** studen ts to independently complete Learning Guide and Action Journal: Assignment 9, Questions 2 - 9.
5. **Discuss** answers to journal questions. Remind students of the purpose of the final section, "Travel Diary."
6. **Review** What's Next.
   - In the next session, we will reflect on our project and discuss what we have learned about prescription drug abuse.

Lesson 10

What Have We Learned About Prescription Drug Abuse?

Topic
Reflecting on the Experience of Learning About Prescription Drugs

Estimated Class Time
One 45-minute class session

At a Glance

✓ Opening Activity: Looking Back

✓ Learning Activity: Looking Forward

✓ Closing Activity: Student Learning Guide and Action Journal

Objectives

- Students will evaluate goals.
- Students will reflect about their experiences and attitudes about advocacy.
- Students will summarize prescription drug abuse messages.

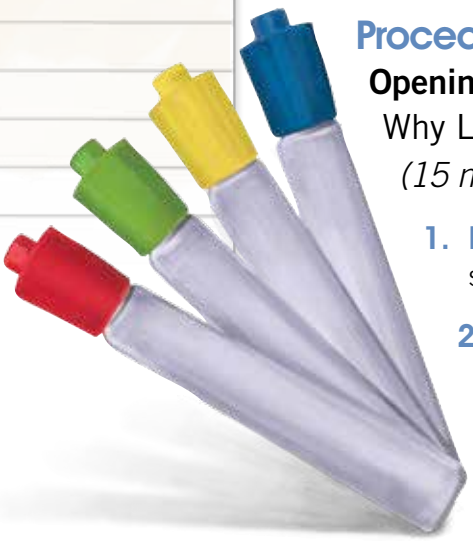
Integrated Subjects

Health, English Language Arts, and Social Studies

Materials and Preparation

What you will need:

- Chart paper or board
- Basic classroom supplies (markers, pencils, writing paper)
- Learning Guide and Action Journals (one journal/student)



Procedures

Opening the Lesson:

Why Look Back?

(15 minutes)

1. **Review** the importance of reflection with students.
2. **Discuss** the original goals for this project.

Leading the Lesson: Looking Back to Look Forward
(15 minutes)

3. Direct students to complete Student Learning Guide and Action Journal, Assignment 10, Questions 1 – 4 and discuss.

Closing the Lesson: Student Learning Guide and Action Journal
(15 minutes)

4. **Direct** students to complete Student Learning Guide and Action Journal, Assignment 10, Questions 8 – 13 and discuss.
5. **Direct** students to independently complete Learning Guide and Action Journal: Assignment 10, remaining questions.
6. **Discuss** answers to journal questions. Remind students that the purpose of the final section, "Travel Diary," was to help them keep key information organized for project planning and implementation; this will be their final "diary entry."

Journal Assignment 10

PROJECT ROAD MAP – TRAVEL DIARY:

Was your goal accomplished? Why or why not?

How did it feel to work on a project that had the goal of positively impacting the health of your peers and the school community?

Has learning about prescription drug abuse prevention and conducting this project changed the way you view prescription drug abuse? If so, how? If not, why?

What have you learned about helping others and making a difference?

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Assessment Suggestions

- Review journals to check for understanding.
- Have students retake the pre-test administered during Lesson 1.

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HEALTH INFORMATION NETWORK

Rx for Understanding:
Preventing Prescription Drug Abuse

Name: _____

Learning Guide & Action Journal

Using Knowledge to Make a Difference

What Should We Know About Prescription Drug Abuse?

Prescription Drug: Medication only provided for a specific individual with a written order from a doctor or other appropriate medical professional.

Proper Prescription Drug Use: When someone takes a prescription medication exactly as directed.

Prescription Drug Misuse: When someone does not take a prescription medication as directed or intended, either unknowingly or carelessly.

Prescription Drug Abuse: When someone purposely takes a prescription medication in a manner or dosage other than how it was prescribed for the purpose of experiencing a desired effect.

In your own words, describe something a person would do as an example of each of the following:

Proper use of a prescription drug

Misuse of a prescription drug

Abuse of a prescription drug

Why does learning about the misuse, abuse, and proper use of prescription drugs matter to you?

Why do you think teenagers might abuse and/or misuse prescription drugs?

What do you think teenagers believe about the risks involved? What do you think about their understanding of the dangers involved with misuse and/or abuse?

What are some ways you and other teenagers could help your peers understand the issue?

What do you need to know and understand about this topic in order to be able to help others?

How does proper use and avoiding misuse and abuse of prescription drugs relate to your overall health and wellness?

What knowledge and skills about this topic will help you to be healthy and make healthy decisions for yourself?

Creating a Learning and Action Road Map

Record the Project Road Map in the box.

PROJECT ROAD MAP

What is the "destination" (goal) of this project? Please describe:

What are the "markers" (major steps) on your road map?

Project Steps Marker Number	Why is this step important?	Describe the learning methods and outcome for this step.

In your own words, explain the term "Advocacy":

_____

_____

_____

_____

_____

_____

_____

Advocate: Someone who supports the interest of another.

Advocating: Speaking or acting in support of or standing up for the interest of another person or a cause.

Advocacy: The active support of a cause.

Why is advocacy important?

_____

_____

_____

_____

_____

_____

Understanding Proper Use of Prescription Drugs

1. Write the correct name for each section of the prescription drug label.

Knowing how to read and interpret a prescription drug label is a very important skill for properly and safely using prescription medications. A prescription drug label also serves as a reminder of what proper use means.

2. Complete the chart.

Label Sections	What is the purpose of this part of the label? What does it tell us about proper use?

Design a peer-to-peer "warning sticker" in the box (Right). Come up with an idea for sticker designed to target teenagers. It would be placed on the Rx container along with the label and other warning stickers. What would your sticker be about? What proper use message do you think is most important? How would you write and/or illustrate that message in a way that other teens would understand the message and its importance? Think about the wording, colors, and symbols or icons you may want to use to create the sticker.

How can knowing about proper use help teens avoid accidental misuse of prescription medications?

How can knowing about proper use help prevent teens from intentionally choosing to abuse prescription medication?

When used properly, prescription drugs can have an important role in our overall health. When misused and abused, prescription drugs can have grave consequences including addiction and even death.

Would a typical "say no to drugs" message work with prescription drugs? Why or why not?

PROJECT ROAD MAP - TRAVEL DIARY:

What are some ideas you have for showing or teaching others about the proper use of prescription drugs? What can you use from this lesson when planning your project?

Understanding Misuse of Prescription Drugs

In your own words, describe the relationship between misuse, abuse, and proper use of prescription drugs, and draw a diagram or flow chart that illustrates the relationship.

In what ways might a teenager unknowingly misuse a prescription drug and why?

When educating others about prescription drugs:

Is it necessary to explain all three aspects (proper use, misuse, and abuse)? Why or why not?

Is it important to make a distinction between misuse and abuse of prescription drugs? Why or why not?

Commonly Misused and Abused Prescription Drugs

Opioids

- Commonly prescribed to relieve pain
- Affect the brain to cause a diminished perception of pain

Depressants

- Commonly prescribed for people who are anxious or cannot sleep
- Slow down (or "depress") the normal activity that goes on in the brain

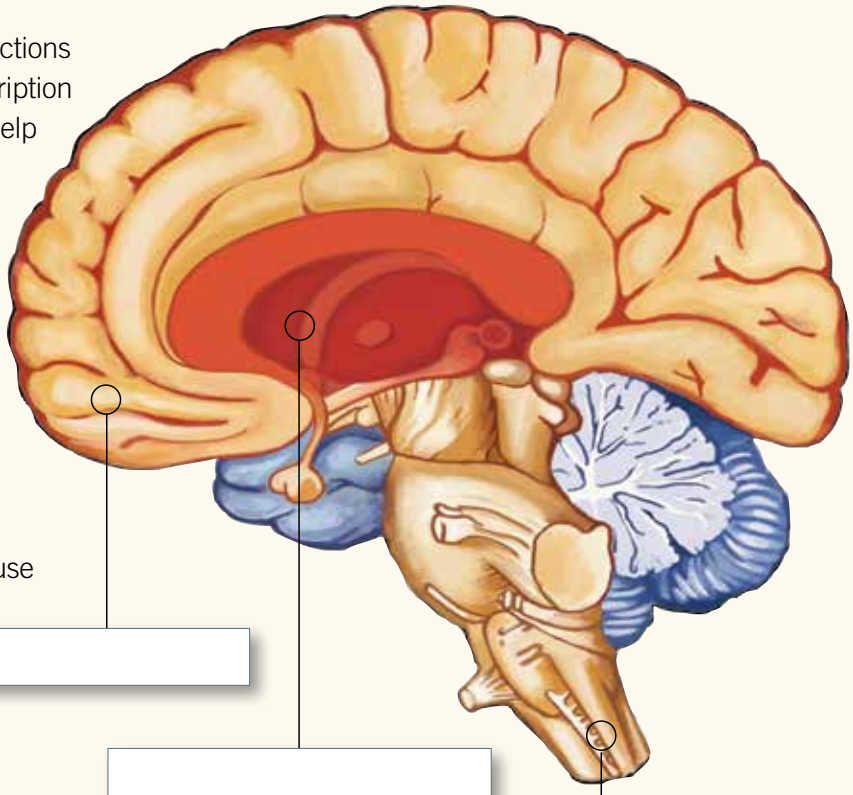
Stimulants

- Prescribed for treating only a few health conditions, including attention deficit hyperactivity disorder (ADHD) and narcolepsy (a sleep disorder)
- Increase (or "stimulate") activities and processes in the body

There are three categories of commonly misused and abused prescription drugs. How does having knowledge about the consequences of misusing and/or abusing these medications help to prevent prescription drug misuse and abuse?

Understanding Prescription Drug Abuse

Understanding how the brain functions and knowing how abuse of prescription drugs can affect your brain can help you avoid intentional prescription drug abuse. Being aware of what you are doing to your brain can help you and your peers make healthy choices. Prescription drug abuse can lead to addiction, and drug addiction is a disease. Understanding the science behind drug abuse and addiction is an important step for preventing prescription drug misuse and abuse.



1. Write the correct name for each part of the brain diagram.

In your own words, explain how drug abuse affects your brain.

How is prescription drug abuse similar to the abuse of illicit drugs?

In your own words, explain drug addiction.

What are some ways you might know that a peer is abusing prescription drugs and needs help?

Where can you look or who can you turn to for help?

Aside from addiction, what are some other consequences of prescription drug abuse?

What would you want another person to understand about drug addiction as it relates to prescription drugs?

Why is it important to understand the consequences of prescription drug abuse?

What is the most significant information to share with others about Rx abuse?

PROJECT ROAD MAP - TRAVEL DIARY:

What are some ideas you have for showing or teaching others about prescription drug abuse? What can you use from this lesson when planning your project?

Understanding the Issue of Prescription Drug Abuse in Our Community

LOOKING AT THE DATA/RESEARCH

1. Complete the chart.

Group	Before *(your prediction)*	After *(what the data says)*	Source of Information	Relevant Information *Describe any details that help put the data in perspective (e.g., how many high school-aged people are there in the United States?)*
United States				
State				
Area				
School				

2. Answer the questions.

What does the research say about prescription drug abuse among adults?

What are some other statistics about prescription drug abuse that interested you?

How does the data about prescription drug abuse compare to the data about abuse of other drugs?

Thinking About What the Data/Research Tells Us

What does the data tell you about prescription drug abuse in your area?

Was your perception of the issue accurate? Why or why not?

How can data help you address the issue of prescription drug abuse?

If an approach to addressing a problem (e.g., prescription drug abuse) is not data driven, then why might the approach be considered ineffective or inappropriate?

What other things should you consider when looking at data and/or research?

How can data and research be a useful teaching tool when informing the community and your peers about the issue of prescription drug abuse?

Why is it relevant to understand what the data and research say about prescription drug abuse?

PROJECT ROAD MAP—TRAVEL DIARY:

Is there any additional information and/or data to gather before planning your project?

What thoughts do you have about who a good target audience would be for your project?

Based on what the data and research say, what are some effective and/or appropriate project topic ideas or communication methods that may meet the needs of your target audience?

Investigating How to Make a Difference

1. Complete the chart.

Communication Technique	What is it?	Pros	Cons	Final thoughts

PROJECT ROAD MAP – TRAVEL DIARY:

Who is your target audience for this project, and why? *(Note: refer to Journal Assignment 6)*

Based on the strategies you have learned about, which type of communication technique would be the best match for your project and audience, and why?

Our project/communication technique:

What do you need to know about this type of communication technique in order to beginning carrying out your project?

What is your goal for this project? What do you hope to accomplish as a result of planning and carrying out this communication technique?

Communicating Important Messages About Prescription Drugs

PLANNING YOUR PROJECT

Who is the target audience? *(Take from Journal Assignment 6)*

What communication technique/messaging campaign will be carried out for this project? *(Take from Journal Assignment 7)*

What are the key messages about prescription drug abuse for this audience? *(Take from Journal Assignments 3-5)*

What is the implementation plan? Complete the planning chart on the next page.

PROJECT ROAD MAP–TRAVEL DIARY:

How will you know if the project (communication technique/messaging campaign) is working/was successful?

Implementation Plan

Task	Timeframe	Who is responsible for this task?

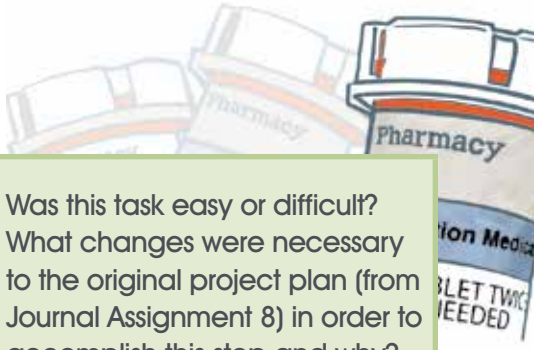
Notes:

Turning Learning Into Action

PROJECT LOG

1. Complete the chart.

TASKS *(Record from Journal Assignment 9)*	WHO *(Who completed the step)*	WHEN *(Date task was completed)*	Was this task easy or difficult? What changes were necessary to the original project plan (from Journal Assignment 8) in order to accomplish this step and why?



TASKS *(Record from Journal Assignment 9)*	WHO *(Who completed the step)*	WHEN *(Date task was completed)*	Was this task easy or difficult? What changes were necessary to the original project plan (from Journal Assignment 8) in order to accomplish this step and why?

PROJECT ROAD MAP - TRAVEL DIARY:

What aspect of planning and conducting your project/communication campaign did you enjoy the most and why?

What aspect of planning and conducting the project/communication campaign did you find the most challenging and why?

What did you learn about communication techniques and messaging campaigns?

How could you apply what you have learned about communication techniques and messaging campaigns to other topic areas?

To what careers (and possibly future goals) could you apply skills and knowledge about effective messaging campaigns and effective communication techniques?

How have the ways in which we conduct messaging campaigns for public interests changed over time?

Is it easier or more difficult in today's society to positively impact change and make a difference in the lives of others than it was in the past?

Do you think it is easier or more difficult to effectively communicate important information about prescription drug abuse now than it was in the past? Why?

What Have We Learned About Prescription Drug Abuse?

Who was the target audience? Was the target audience reached? Were there any additional audiences impacted?

What communication technique was used? Was it the best match?

What were the key messages about prescription drug abuse for this audience? Were they communicated through your project?

What did you learn for each project step/road map marker? (Take from Journal Assignment 2)

Project Steps Marker Number	What was the step?	What did you learn?

What is your reaction to each of the statements about prescription drug abuse?

It is never okay to share your prescription drugs with others or take another person's prescription drugs – regardless of the reason you are doing it.

It is never okay to take your own prescription drugs to get high or for any purpose other than what they were intended for.

It is never okay to change the amount of a prescription drug that you are taking because you think that you need to take more or less to feel better. This is called self-medication and is very dangerous. How much of a prescription drug you should take is for your doctor to decide.

It is never okay for your friends to be sharing prescription drugs for any reason. If you have friends that are in trouble, you should turn to a trusted adult for help.

Prescription drug abuse can lead to addiction.

Prescription drug abuse is illegal.

Prescription drug abuse can have serious health implications.

Just one instance of accidental misuse or intentional abuse of prescription drugs can be deadly.

Knowledge and understanding of these concepts will help prevent the misuse and abuse of prescription drugs and the potentially grave and unnecessary consequences.

PROJECT ROAD MAP – TRAVEL DIARY:

Was your goal accomplished? Why or why not?

How did it feel to work on a project that had the goal of positively impacting the health of your peers and the school community?

Has learning about prescription drug abuse prevention and conducting this project changed the way you view prescription drug abuse? If so, how? If not, why?

What have you learned about helping others and making a difference?

An Important Message about Prescription Drug Education

Dear Parents and Families,

The Office of National Drug Control Policy calls prescription drug abuse "the Nation's fastest growing drug problem." The U.S. Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic. Unintentional drug poisoning is now the second leading cause of accidental death in the United States, after car crashes. The problem of prescription drug misuse and abuse is particularly alarming with young people. More teenagers are abusing prescription drugs than cocaine, heroin, and methamphetamine combined. One in four teens report that they have taken a prescription medication that was not prescribed for them. Sixty percent of teens who have reported abusing prescription pain medications did so before age 15.

Perhaps the most important statistic to note is this: **kids who learn about the risks of drugs and alcohol from their parents are up to 50% less likely to use than those who do not.** Understanding prescription drug misuse, abuse, and proper use is vital at home and school alike. Your child has been learning about these important topics at school through learning activities brought to us by the National Education Association Health Information Network (NEA HIN) with the support of Purdue Pharma L.P. through an educational grant. We encourage you to continue learning together as a family at home. As parents and caring adults you have a unique opportunity to help your children make the healthiest choices in life. That includes helping them understand the importance of the proper use of prescription medication and helping them build the skills to avoid misuse and abuse. NEA HIN is pleased to be able to help you with this critical task.

One of the most significant (and preventable) causes of prescription drug misuse and abuse among youths is a lack of knowledge and under-

Centers for Disease Control and Prevention
www.cdc.gov/healthyyouth/index.htm

Drug Enforcement Administration
www.justice.gov/dea
www.getsmartaboutdrugs.com
www.deadiversion.usdoj.gov/drug_disposal/takeback/

National Institute on Drug Abuse
www.drugabuse.gov

National Institute on Drug Abuse for Teens
www.teens.drugabuse.gov

National Youth Anti-Drug Media Campaign
www.abovetheinfluence.com

Office of National Drug Control Policy
www.whitehousedrugpolicy.gov

Partnership at Drugfree.org
www.drugfree.org

Partnership at Drugfree.org Parent Resource Center
theparenttoolkit.org

Substance Abuse and Mental Health Services Administration
www.samhsa.gov

KidsHealth
kidshealth.org/parents

NEA Health Information Network
www.neahin.org

standing about the importance of proper use. Forty-one percent of teens believe that it is safer to get high using a prescription drug instead of a drug such as marijuana or cocaine. Teenagers believe that since prescription drugs are given by doctors, they must be safe. We need to help build an understanding that this perceived safety is predicated on proper use.

WHAT IS PROPER USE? It is when a person takes his or her own prescription drug exactly as directed. Proper use includes: taking the medication at the right time, taking the right amount, not sharing the medication with anyone, adhering to the expiration date, and disposing of the medication appropriately. For young people, parent supervision when taking prescription drugs is a part of proper use.

WHAT IS MISUSE? It is when a person does not take a prescription drug as directed or intended, either unknowingly or mistakenly. Misuse includes: misreading the label, taking the wrong amount, unintentionally mixing medications that should not be taken together, using an expired medication, or unknowingly taking a medication that was prescribed for someone else.

WHAT IS ABUSE? Prescription drug abuse is the use of a medication without a prescription, in a way other than as prescribed, or for the experience or feelings elicited. It is when someone purposely takes prescription medication in a manner or dosage other than what was prescribed for the purpose of experiencing a desired effect.

Core Messages About Prescription Drugs

- It is never okay to share your prescription drugs with others or take another person's prescription drugs – regardless of the reason you are doing it.
- It is never okay to take your own prescription drugs to get high or for any purpose other than what they were intended for.
- It is never okay to change the amount of a prescription drug that you are taking because you think that you need to take more or less to feel better. This is called self-medication and is very dangerous. How much of a prescription drug you should take is for your doctor to decide.
- It is never okay for your friends to be sharing prescription drugs for any reason. If you have friends that are in trouble, you should turn to a trusted adult for help.
- Prescription drug abuse can lead to addiction.
- Prescription drug abuse is illegal.
- Prescription drug abuse can have serious health implications.
- Just one instance of accidental misuse or intentional abuse of prescription drugs can be deadly.
- Knowledge and understanding of these concepts will help prevent the misuse and abuse of prescription drugs and the potentially grave and unnecessary consequences.

Steps You Can Take Right Now

- Safeguard prescription drugs in your home (65% of teens who report abuse of prescription drugs are getting them from friends, family, and acquaintances).
- Ask family members (especially grandparents) and friends to be alert and also to safeguard prescription drugs.
- Talk to your child today; be sure you are on the same page about prescription drugs. Be clear with your child regarding the core messages about prescription drug safety.
- Talk to other parents and friends and share this information.

NEAHIN
NATIONAL EDUCATION ASSOCIATION HEALTH INFORMATION NETWORK

Meeting National Academic Standards

NATIONAL STANDARDS	LESSONS									
	1	2	3	4	5	6	7	8	9	10
National Health Education Standards (PK – 12)										
Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.	✓		✓	✓	✓					✓
Grades 9 –12 Performance Indicators										
▸ Predict how healthy behaviors can affect health status. ▸ Describe the interrelationships of emotional, intellectual, physical, and social health. ▸ Propose ways to reduce or prevent injuries and health problems. ▸ Compare and contrast the benefits of and barriers to practicing a variety of healthy behaviors. ▸ Analyze personal susceptibility to injury, illness, or death if engaging in unhealthy behaviors. ▸ Analyze the potential severity of injury or illness if engaging in unhealthy behaviors.										
Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.	✓		✓	✓	✓	✓	✓			✓
Grades 9 – 12 Performance Indicators										
▸ Analyze how the family influences the health of individuals. ▸ Analyze how the culture supports and challenges health beliefs, practices, and behaviors. ▸ Analyze how peers influence healthy and unhealthy behaviors. ▸ Evaluate how the school and community can affect personal health practice and behaviors. ▸ Evaluate the effect of media on personal and family health. ▸ Evaluate the impact of technology on personal, family, and community health. ▸ Analyze how the perceptions of norms influence healthy and unhealthy behaviors. ▸ Analyze the influence of personal values and beliefs on individual health practices and behaviors. ▸ Analyze how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors. ▸ Analyze how public health policies and government regulations can influence health promotion and disease prevention.										
Standard 3: Students will demonstrate the ability to access valid information, products, and services to enhance health.			✓	✓	✓	✓			✓	
Grades 9 – 12 Performance Indicators										
▸ Evaluate the validity of health information, products, and services. ▸ Use resources from home, school, and community that provide valid health information. ▸ Determine the accessibility of products and services that enhance health. ▸ Determine when professional health services may be required. ▸ Access valid and reliable health products and services.										
Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grades 9 – 12 Performance Indicators										
▸ Use skills for communicating effectively with family, peers, and others to enhance health. ▸ Demonstrate refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risks. ▸ Demonstrate strategies to prevent, manage, or resolve interpersonal conflicts without harming self or others. ▸ Demonstrate how to ask for and offer assistance to enhance the health of self and others.										

NATIONAL STANDARDS	LESSONS									
	1	2	3	4	5	6	7	8	9	10
Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.	✓		✓	✓	✓				✓	✓
Grades 9 – 12 Performance Indicators										
▸ Examine barriers that can hinder healthy decision making. ▸ Determine the value of applying a thoughtful decision-making process in health-related situations. ▸ Justify when individual or collaborative decision making is appropriate. ▸ Generate alternatives to health-related issues or problems. ▸ Predict the potential short-term and long-term impact of each alternative on self and others. ▸ Defend the healthy choice when making decisions. ▸ Evaluate the effectiveness of health-related decisions.										
Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grades 9 – 12 Performance Indicators										
▸ Assess personal health practices. ▸ Develop a plan to attain a personal health goal that addresses strengths, needs, and risks. ▸ Implement strategies and monitor progress in achieving a personal health goal.										
Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grades 9 – 12 Performance Indicators										
▸ Analyze the role of individual responsibility for enhancing health. ▸ Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others. ▸ Demonstrate a variety of behaviors to avoid or reduce health risks to self and others.										
Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grades 9 – 12 Performance Indicators										
▸ Utilize accurate peer and societal norms to formulate a health-enhancing message. ▸ Demonstrate how to influence and support others to make positive health choices. ▸ Work cooperatively as an advocate for improving personal, family, and community health. ▸ Adapt health messages and communication techniques to a specific target audience.										
Common Core State Standards for English Language Arts & Literacy in History/Social Studies, Science, and Technical Subjects (Grades K – 12)										
College and Career Readiness Anchor Standards for Writing										
Text Types and Purposes										
Standard 2: Write informative/explanatory texts to examine and convey complex ideas and information clearly and accurately through the effective selection, organization, and analysis of content.				✓	✓					
Standard 3: Write narratives to develop real or imagined experiences or events using effective technique, well-chosen details, and well-structured event sequences.					✓					

NATIONAL STANDARDS	LESSONS									
	1	2	3	4	5	6	7	8	9	10
Production and Distribution of Writing										
Standard 4: Produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience.		✓			✓		✓		✓	✓
Standard 5: Develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach.							✓		✓	
Standard 6: Use technology, including the Internet, to produce and publish writing and to interact and collaborate with others.			✓	✓	✓	✓	✓	✓	✓	
Research to Build and Present Knowledge										
Standard 7: Conduct short as well as more sustained research projects based on focused questions, demonstrating understanding of the subject under investigation.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 8: Gather relevant information from multiple print and digital sources, assess the credibility and accuracy of each source, and integrate the information while avoiding plagiarism.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 9: Draw evidence from literary or informational texts to support analysis, reflection, and research.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
College and Career Readiness Anchor Standards for Speaking and Listening										
Comprehension and Collaboration										
Standard 1: Prepare for and participate effectively in a range of conversations and collaborations with diverse partners, building on others' ideas and expressing their own clearly and persuasively.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 2: Integrate and evaluate information presented in diverse media and formats, including visually, quantitatively, and orally.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Presentation of Knowledge and Ideas										
Standard 4: Present information, findings, and supporting evidence such that listeners can follow the line of reasoning and the organization, development, and style are appropriate to task, purpose, and audience.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 5: Make strategic use of digital media and visual displays of data to express information and enhance understanding of presentations.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 6: Adapt speech to a variety of contexts and communicative tasks, demonstrating command of formal English when indicated or appropriate.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

NATIONAL STANDARDS	LESSONS									
	1	2	3	4	5	6	7	8	9	10
College and Career Readiness Anchor Standards for Language										
Conventions of Standard English										
Standard 1: Demonstrate command of the conventions of standard English grammar and usage when writing or speaking.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 2: Demonstrate command of the conventions of standard English capitalization, punctuation, and spelling when writing.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Language Acquisition and Use										
Standard 6: Acquire and use accurately a range of general academic and domain-specific words and phrases sufficient for reading, writing, speaking, and listening at the college and career readiness level; demonstrate independence in gathering vocabulary knowledge when considering a word or phrase important to comprehension or expression.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
College and Career Readiness Anchor Standards for Reading										
Craft and Structure										
Standard 4: Interpret words and phrases as they are used in a text, including determining technical, connotative, and figurative meanings, and analyze how specific word choices shape meaning or tone.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Integration of Knowledge and Ideas										
Standard 7: Integrate and evaluate content presented in diverse formats and media, including visually and quantitatively, as well as in words.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standards for the English Language Arts (Grades K – 12)										
Standard 1: Students read a wide range of print and nonprint texts to build an understanding of texts, of themselves, and of the cultures of the United States and the world; to acquire new information; to respond to the needs and demands of society and the workplace; and for personal fulfillment. Among these texts are fiction and nonfiction, classic and contemporary works.			✓	✓	✓	✓	✓			
Standard 3: Students apply a wide range of strategies to comprehend, interpret, evaluate, and appreciate texts. They draw on their prior experience, their interactions with other readers and writers, their knowledge of word meaning and of other texts, their word identification strategies, and their understanding of textual features (e.g., sound-letter correspondence, sentence structure, context, graphics).			✓	✓	✓	✓	✓			

NATIONAL STANDARDS	LESSONS									
	1	2	3	4	5	6	7	8	9	10
Standard 4: Students adjust their use of spoken, written, and visual language (e.g., conventions, style, vocabulary) to communicate effectively with a variety of audiences and for different purposes.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 5: Students employ a wide range of strategies as they write and use different writing process elements appropriately to communicate with different audiences for a variety of purposes.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 6: Students apply knowledge of language structure, language conventions (e.g., spelling and punctuation), media techniques, figurative language, and genre to create, critique, and discuss print and nonprint texts.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 7: Students conduct research on issues and interests by generating ideas and questions, and by posing problems. They gather, evaluate, and synthesize data from a variety of sources (e.g., print and nonprint texts, artifacts, people) to communicate their discoveries in ways that suit their purpose and audience.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 8: Students use a variety of technological and information resources (e.g., libraries, databases, computer networks, video) to gather and synthesize information and to create and communicate knowledge.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 12: Students use spoken, written, and visual language to accomplish their own purposes (e.g., for learning, enjoyment, persuasion, and the exchange of information).	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Next Generation Science Standards (K –12)										
Physical Sciences										
Matter and Its Interactions				✓	✓					
National Curriculum Standards for the Social Studies (Grades 9 12)										
Individuals, Groups, and Institutions										
Learners will understand how groups and institutions work to meet individual needs, and can promote the common good and address persistent social issues.						✓	✓	✓	✓	✓
Power, Authority, and Governance										
Learners demonstrate understanding by preparing and implementing an action plan addressing a local public issue or problem.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Science, Technology, and Society										
Learners will be able to formulate possible solutions that utilize technology, address real-life issues and problems, weigh alternatives, and provide reasons for preferred choices and plans of action.					✓	✓	✓	✓	✓	✓

NATIONAL STANDARDS	LESSONS									
	1	2	3	4	5	6	7	8	9	10
National Standards for Civics and Government (Grades 5 – 12)										
Standard 5: What are the Roles of the Citizen in American Democracy?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mid-continent Research for Education and Learning Life Skills Standards (Grades K – 12)										
Working with others: Contributes to the overall effort of a group.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Working with others: Displays effective interpersonal communication skills.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Self-Regulation: Considers risks.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Thinking and Reasoning: Applies decision-making techniques.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Common Core State Standards for Mathematics (Grades 6 – 12)										
Standards for Mathematical Practice										
Standard 4: Model with mathematics.		✓				✓				
Standards for School Mathematics (Grades PK – 12)										
Process Standard: Connections										
Recognize and apply mathematics in contexts outside of mathematics.			✓	✓	✓	✓	✓	✓		
National Educational Technology Standards for Students (Grades K – 12)										
Research and Information Fluency: Students apply digital tools to gather, evaluate, and use information.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
National Standards for Arts Education (Grades K – 12)										
Students use different media, techniques, and processes to communicate ideas, experiences, and stories.		✓	✓	✓	✓		✓	✓		
Students use art materials and tools in a safe and responsible manner.		✓	✓	✓	✓		✓	✓		

Sources for National Standards

Achieve, Inc. on behalf of the twenty-six states and partners that collaborated on the NGSS, Next Generation Science Standards, 2013

Consortium of National Arts Education Associations, National Standards for Arts Education, 1994

Joint Committee on National Health Education Standards and American Cancer Society, National Health Education Standards, 2007

Mid-continent Research for Education and Learning, Content Knowledge: A Compendium of Standards and Benchmarks for K-12 Education, 2004

National Council for the Social Studies, National Curriculum Standards for Social Studies, 2010

National Council of Teachers of Mathematics, Standards for School Mathematics, 2001

National Council of Teachers of English and International Reading Association, Standards for the English Language Arts, 1996

National Governors Association Center for Best Practices and the Council of Chief State School Officers, Common Core State Standards for English Language Arts & Literacy in History/Social Studies, Science, and Technical Subjects, 2010

National Governors Association Center for Best Practices and the Council of Chief State School Officers, Common Core State Standards for Mathematics, 2010

Acknowledgements

National Education Association Health Information Network

www.neahin.org

As the non-profit health and safety arm of the National Education Association (NEA), the NEA Health Information Network (NEA HIN) provides health and safety information, programs, and services for the benefit of NEA's more than 3 million members and their 43 million students. NEA members include teachers, bus drivers, school custodians, cafeteria workers, and other school employees who make up almost 15,000 local associations throughout the United States, and military bases in Europe and Asia. NEA HIN's mission is to improve the health and safety of the school community through disseminating information that empowers school professionals and positively impacts the lives of their students.

NEA HIN has been a leader in creating materials for educators that support the healthy development of children and young people. As part of the organization's commitment to ensuring that all children have a high quality education, it has led the way in creating easy to use, standards-based lesson plans and related resources. These materials align to national educational standards including the National Health Education Standards, the Common Core State Standards for English Language Arts and Mathematics and other voluntary national content standards.

NEA HIN also provides training, online learning opportunities, and informational materials that support educators in creating safe and healthy schools. The link between student health and student performance has been well documented. Student health is adversely affected by the inappropriate use of prescription drugs, and this project is an important step in working to address the problem. By raising awareness in students, school employees, parents and the community about the need to use prescription drugs as they are intended to be used, and by translating that awareness into action, student health as well as academic achievement will benefit.

Purdue Pharma L.P.

www.rxsafetymatters.org

Purdue Pharma L.P. (www.purduepharma.com) is a privately-held pharmaceutical company headquartered in Stamford, Connecticut. The company is engaged in the research, development, production, sales and licensing of prescription and over-the-counter medicines. Purdue Pharma L.P. was founded by physicians more than 50 years ago and has long been known for its pioneering work on persistent pain, a principal cause of human suffering. Today, Purdue Pharma and its independent associated companies have a presence in more than 30 countries with more than 5,000 employees.

As part of the company's mission to help improve patient care and quality of life through education, Purdue has been providing healthcare professionals, patients, and caregivers with free comprehensive resources for more than a decade. Educational and advocacy forums foster and support a collaborative network of healthcare professionals with the common goal of improving patient outcomes and removing barriers to appropriate and effective care.

Purdue has taken a leading role in addressing the serious public health issue of prescription drug diversion and abuse by supporting programs intended to help stem this problem. Efforts include educational programs for the healthcare and law enforcement communities and public awareness and education programs for teenagers, parents, and educators on the dangers of prescription drug abuse. Additionally, Purdue has supported the implementation of prescription monitoring programs to help reduce prescription fraud. For more information about Purdue's efforts to prevent and reduce prescription drug abuse, go to www.rxsafetymatters.org.

pharmacy
pharmacy
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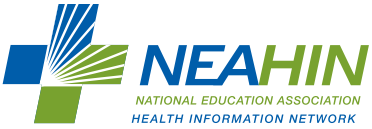
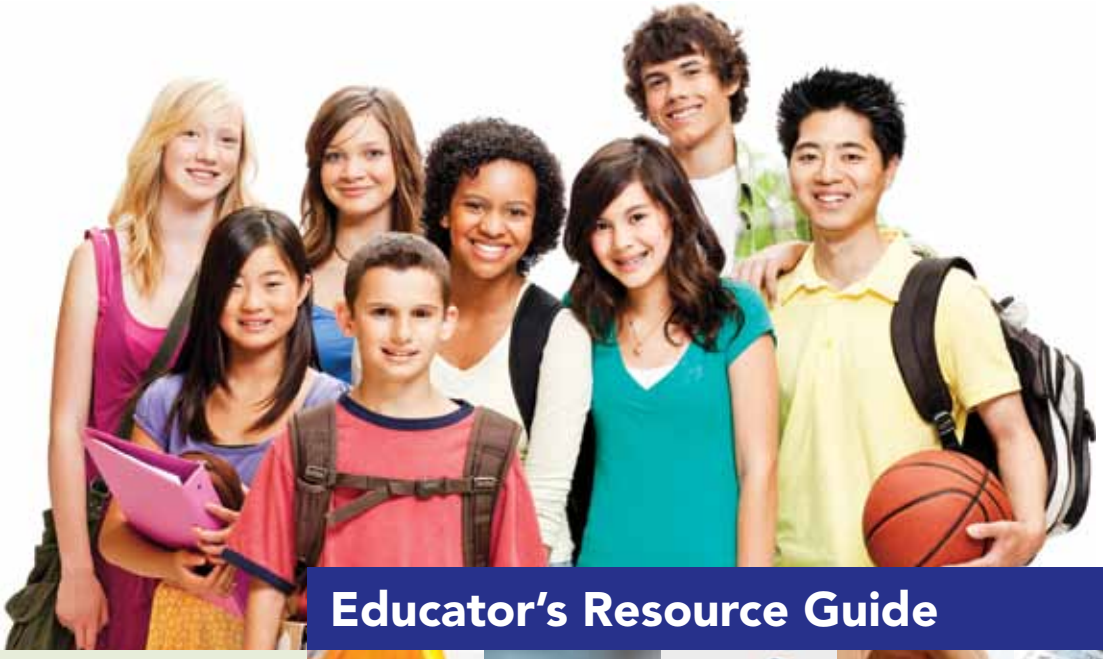
TAKE 1 TABLET TWICE
DAY AS NEEDED



Rx for Understanding: Preventing Prescription Drug Abuse was produced by NEA HIN, supported by an educational grant from Purdue Pharma L.P.

Rx for Understanding:

Be Smart about Prescription Drugs



Educator's Resource Guide

Prescription Drugs:

Proper Use

Misuse

Abuse

Easy-to-use, standards-based, cross-curricular lessons for grades 5 – 8

NEA Health Information Network
Safe and Healthy Schools... A Basic Right for All

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Welcome

Dear Educator,

Thank you for your commitment to educating your students about the crucial health issue of prescription drug **abuse**. The Office of National Drug Control Policy calls prescription drug **abuse** "the Nation's fastest-growing drug problem." The U.S. Centers for Disease Control and Prevention has classified prescription drug **abuse** as an epidemic. The problem of prescription drug **misuse** and **abuse** is particularly alarming among young people.

Every day for the first time, an average of 2,000 teenagers use prescription drugs without a doctor's guidance. More teenagers are abusing prescription drugs than cocaine, heroin, and methamphetamine combined. One in four teens report that they have taken a prescription drug that was not prescribed for them. Sixty percent of teens who have reported abusing prescription pain medications did so before age 15. We must act now!

> Every day for the first time, an average of **2,000** teenagers use prescription drugs without a doctor's guidance.

One of the most significant (and preventable) causes of prescription drug **misuse** and **abuse** among youth is a lack of knowledge and understanding about the importance of **proper use**. Forty-one percent of teens believe that it is safer to get high using a prescription drug than it is with a drug such as marijuana or cocaine. Teenagers believe that since prescription drugs are given by doctors, they must be safe. We need to help build an understanding that this perceived safety is predicated on **proper use**. The objective of this resource is to change the way adolescents and teens view prescription drugs, ensuring that they know the value of **proper use** and the dangers of **misuse** and **abuse**.

> **1** in **4** teenagers report that they have taken a prescription drug not prescribed to them by a doctor at least once in their lives.

As an educator, you have a unique opportunity to educate your students about their health and the importance of proper prescription drug use in a way that is meaningful and memorable. We thank you for the opportunity to assist you with this mission! We also thank Purde Pharma L.P. for their support of this project through an educational grant.

Sincerely,

NEA Health Information Network

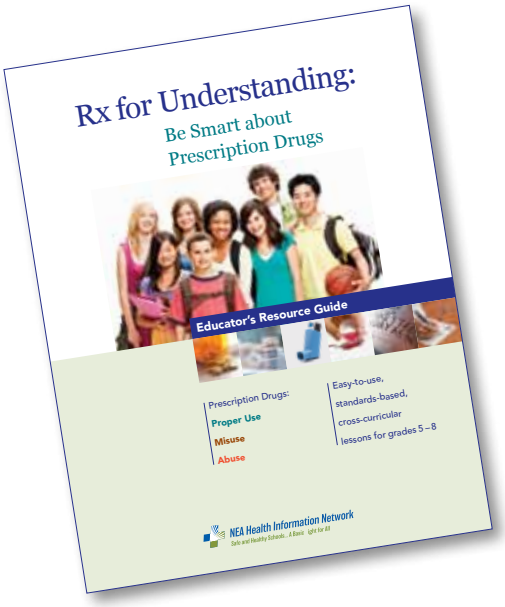
How to Use This Resource Guide

STEP 1 Explore the Issue

Expanding your own background knowledge is the best way to convey essential messages to your students. You can start by reading the Teacher Background section included with this resource. We also provide additional sources to help you and your students learn even more.

STEP 2 Know the Resource Guide

Become familiar with the structure of this resource guide. The needs for this type of material will vary greatly throughout the country. This resource can easily be adapted to match what you are looking for. It offers educators the versatility of use in multiple subject areas, as either the main source of instruction or as a supplement to an existing curriculum about health and/or substance **abuse**. It was developed by a team of education professionals and vetted by seasoned teachers through an extensive multi-phase field testing process. We look forward to hearing your additional feedback at **www.neahin.org/rxforunderstanding.**



This guide contains five sequenced lessons geared for grades 5 – 6 and five sequenced lessons geared for grades 7 – 8. Each set of sequenced lessons acts as a mini-unit. Each grade level based mini-unit focuses on the same five lesson themes: (1) relating the issue of prescription drug safety to overall health; (2) understanding **proper use**; (3) understanding **misuse**; (4) understanding **abuse**; and (5) conducting an application-based culminating project.

The lessons in this guide represent a cross-curricular approach to teaching with a concentrated emphasis on national education standards, including the National Health Education Standards and the Common Core State Standards for English Language Arts and Mathematics. The lessons can be reorganized to match your own curriculum standards. You may be looking for an opportunity to integrate the topic of prescription drugs into a particular content area. The Meeting National Education Standards chart on page 114 – 119 can help you to do so.

STEP 3 Prepare the Lessons

No matter how you intend to address the topic of the **misuse**, **abuse**, and **proper use** of prescription drugs, we have you covered. Each lesson in this resource guide is built using the same formula. The At-A-Glance and teacher preparation sections will familiarize you with the order of the lesson and help you prepare to teach. The lessons themselves are built using three instructional strategies or activities to open, lead, and close the lesson. Each turnkey lesson provides step-by-step teaching procedures. Modification ideas and assessment suggestions are provided. Each lesson includes a reproducible student activity sheet.

In order to enable the most comprehensive approach to addressing this topic, the lessons in this guide are presented in a suggested unit format. If you are looking for just a few supplemental activities based on a particular prescription drug topic, then you can easily choose which part of the lesson you would like to teach. A time breakdown is provided for each part. As an alternative to teaching the entire mini-unit in the sequenced structure provided, you can simply select the topics and activities that you would like to teach from the lessons and get started.

STEP 4 Take Action and Spread the Word

Use the parent letter provided with this resource guide. Collaborate with your peers around this issue by sharing this complimentary teaching tool. There are several ways that you can address this issue that extend beyond the classroom. Consider starting a schoolwide initiative. Utilize the lessons in a club or after- school program. Offer a workshop or informational booth on family night. And remember, just your own awareness of the issue will make a huge difference.

Teacher Background Information and Resources

Prescription Drug Abuse and Our Nation's Youth

- When asked if they had ever taken a prescription drug without a doctor's prescription, 21 percent of high school students said yes.
- Among youth who are 12 to 17 years old, 7.4 percent reported past-year non-medical use of prescription medications.
- Prescription and over-the-counter drugs are among the most commonly abused drugs by 12th graders, after alcohol, marijuana, and tobacco.
- Youth who **abuse** prescription medications are also more likely to report use of other drugs.
- There are as many new prescription drug abusers age 12 to 17 as there are of marijuana.
- The majority of teens abusing prescription drugs get them easily and for free, often from friends or relatives. Seventy percent of people age 12 and older who **abuse** prescription painkillers say they get them from relatives and friends.
- Adolescents are more likely than young adults to become dependent on prescription medication.

One person dies every 19 minutes from prescription drug **abuse** in the United States, according to the Centers for Disease Control and Prevention (CDC).

What is Prescription Drug Abuse?

According to the National Institute on Drug Abuse, "Prescription drug **abuse** is the use of a medication without a prescription, in a way other than as prescribed, or for the experience or feelings elicited."

How Can We Teach Students to be Smart about Prescription Drugs?

There is a misperception among youth that it is safer to **abuse** prescription drugs because they are prescribed by a doctor. In order for teenagers to be smart about prescription drugs, they need to understand the following messages very clearly.

Core Messages for Students:

- It is never okay to share your prescription drugs with others or take another person's prescription drugs, regardless of the reason you are doing it.
- It is never okay to take your own prescription drugs to get high or for any purpose other than what they were intended for.
- It is never okay to change the amount of a prescription drug that you are taking because you think that you need to take more or less to feel better. This is called self-medication and is very dangerous. How much of a prescription drug you should take is for your doctor or other appropriate medical professional to decide.
- It is never okay for your friends to be sharing prescription drugs, for any reason. If you have friends that are in trouble, you should turn to a trusted adult for help.
- Prescription drug **abuse** can lead to addiction.
- Prescription drug **abuse** is illegal.
- Prescription drug **abuse** can have serious health consequences.
- Just one instance of accidental **misuse** or intentional **abuse** of prescription drugs can be deadly.

Knowledge and understanding of these concepts will help prevent the **misuse** and **abuse** of prescription drugs and the potentially grave and unnecessary consequences.

How can I learn more?

National Institute on Drug Abuse
www.drugabuse.gov/drugs-abuse/prescription-medications

National Institute on Drug Abuse for Teens
www.teens.drugabuse.gov/facts/facts_rx1.php

Centers for Disease Control and Prevention
www.cdc.gov/healthyyouth/index.htm

Drug Enforcement Administration
www.justice.gov/dea
www.getsmartaboutdrugs.com
www.deadiversion.usdoj.gov/drug_disposal/takeback

Substance Abuse and Mental Health Services Administration
www.samhsa.gov/prevention
www.samhsa.gov/treatment/index.aspx

Office of National Drug Control Policy
www.whitehousedrugpolicy.gov

Partnership at Drugfree.org
www.drugfree.org

National Youth Anti-Drug Media Campaign
www.abovetheinfluence.com

KidsHealth.org
www.kidshealth.org/classroom

What are the Most Commonly Abused Prescription Drugs?

- Opioids are commonly prescribed to relieve pain. They affect the brain to cause a diminished perception of pain. They can be extremely addictive and can slow down or stop a person's breathing.
- Depressants are commonly prescribed for people who are anxious or cannot sleep. They slow down (or "depress") the normal activity that goes on in the brain. If combined with any medication or substance that causes drowsiness, depressants can slow both the heart and respiration, which can lead to death.
- Stimulants are prescribed to treat only a few health conditions, including attention deficit hyperactivity disorder (ADHD), and narcolepsy (a sleep disorder). They increase (or "stimulate") activities and processes in the body. Taking high doses of a stimulant can cause an irregular heartbeat, dangerously high body temperatures, and the potential for heart failure or seizures.

What is Proper Use?

When a person takes their own prescription drug exactly as directed. **Proper use** includes taking the medication at the right time, taking the right amount, not sharing the medication with anyone, adhering to the expiration date, and disposing of the medication appropriately. For young people, parent supervision when taking prescription drugs is a part of **proper use**.

What is Misuse?

When a person does not take a prescription drug as directed or intended, either unknowingly or mistakenly. **Misuse** includes misreading the label, taking the wrong amount, unintentionally mixing medications that should not be taken together, using an expired medication, or unknowingly taking a medication that was prescribed for someone else.

What are the Signs of Prescription Drug Abuse?

The following signs could be an indication of prescription drug **abuse**: constricted pupils, slurred speech, flushed skin, personality changes, mood swings, irritability, excessive energy, sleepiness, sweating, loss of appetite, forgetfulness, or clumsiness.

Rx for Understanding: Building a Foundation for Health

Topic

Prescription Drug Awareness

Estimated Class Time

Two 45-minute class sessions

Objective(s)

Students will:

- Explain the connection between proper and safe use of prescription drugs and overall health.
- Define the following terms: prescription drug, over-the-counter drug, illegal drug, **proper use** of prescription drugs, **misuse** of prescription drugs, and **abuse** of prescription drugs.

Integrated Subjects

Health and English Language Arts

At-A-Glance

- **Opening Activity:** Think-Pair-Share: What Does Being Healthy Mean?
- **K.Q. Give One – Get One Activity:** Independent/Partner Activity using Student Reproducible 1
- **Vocabulary Posters:** Small Group Activity
- **Closing Activity:** Whole Group Share: Importance of Learning

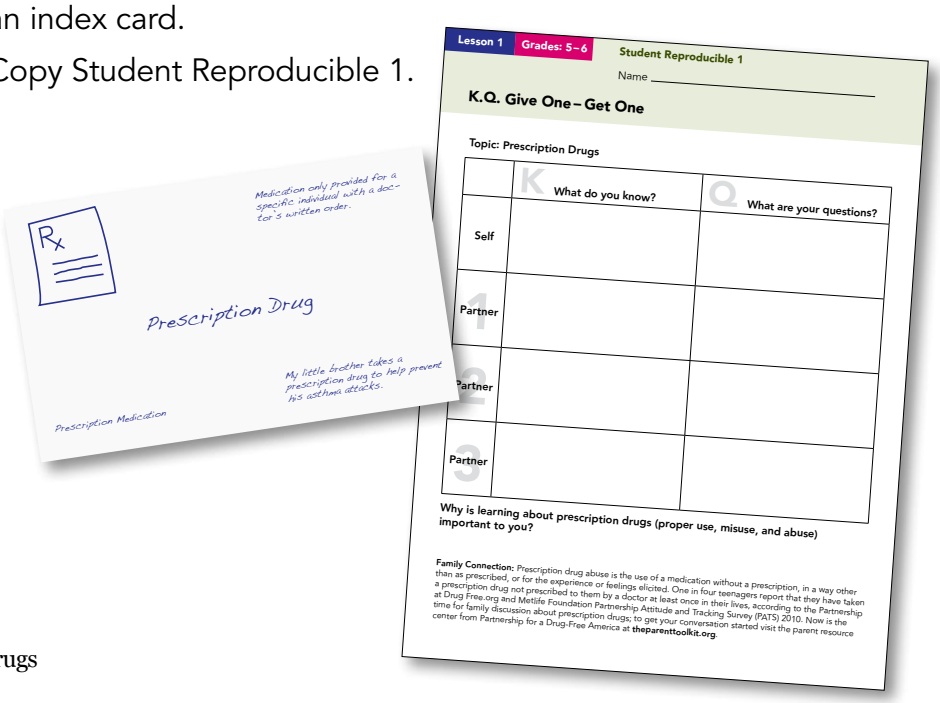
Materials and Preparation

What you will need:

- Student Reproducible 1 (one per student)
- Chart paper (seven pieces)
- Six index cards
- Basic classroom supplies (markers, crayons, and pencils)

Before the lesson:

- Write each vocabulary term and definition onto an index card.
- Copy Student Reproducible 1.



HEALTH

Procedures (Session 1)

Opening the Lesson: Think-Pair-Share
(15 minutes)

1. **Tell** students that they are going to begin today's lesson by talking about what being healthy means.
2. **Direct** students to think to themselves about what being healthy means.
3. **Assign** partners and have students share their thoughts with a partner.
4. **Discuss** responses as a whole group.
5. **Chart** responses until all ideas have been recorded.
6. **Discuss** the list as a whole group. Identify the relationships between the ideas that have been listed (e.g., brushing your teeth and going to the dentist regularly both have to do with having healthy teeth).
7. **Ask:** Are there any ideas about being healthy that are missing from the chart?
8. **Check** that the topic of "medicine" is on the list. Ask students leading questions as necessary.

Tip: If students seem to be having trouble identifying healthy behaviors, try this: have students think about all of the things that they do in a given day and the choices that they make. Have students start at the beginning of the day and list actions on a blank piece of paper. Next, have them look over their lists and decide which choices or actions have to do with being healthy (such as brushing teeth before leaving the house for school).

Rx for Understanding: Building a Foundation for Health *(Continued)*

9. **Discuss** the role that medicine and doctors play in overall health. Look over the ideas on the chart and make connections between ideas that relate to visiting a doctor and taking prescription or over-the-counter medications.

10. **Tell** students that it is important to know about prescription medications and how they help us to stay healthy when used safely and properly. **Proper use** of prescription drugs plays a large role in our overall health. It is important to understand that misusing and abusing prescription drugs is a huge health risk that can lead to serious harmful consequences, even death.

11. **Tell** students that they will be investigating and learning more about the **proper use**, **misuse**, and **abuse** of prescription drugs.

Leading the Lesson: K.Q. Give One – Get One
(30 minutes)

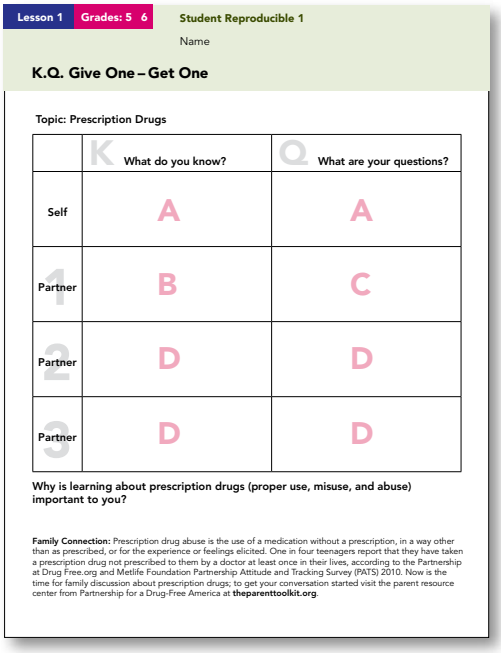
12. **Direct** students to complete K.Q. Give One – Get One Activity (Student Reproducible 1).

A K.Q.: Have students complete the first row ("Self") independently, recording what they think they know in the "K" box and the questions that they have in the "Q" box.

B Give One – Get One exchange: Have students meet with a partner, share what they have recorded for "K", and record their partner's responses in the second row, first column ("K" box for "Partner 1").

C Have students think about their partner's "K" and come up with a new question to record in the second row, second column ("Q" box for "Partner 1").

D Have students meet with two additional partners and repeat steps B and C until the chart is complete.



Lesson 1 Grades: 5 6 Student Reproducible 1

Name

K.Q. Give One – Get One

Topic: Prescription Drugs

	K What do you know?	Q What are your questions?
Self	A	A
1 Partner	B	C
2 Partner	D	D
3 Partner	D	D

Why is learning about prescription drugs (proper use, misuse, and abuse) important to you?

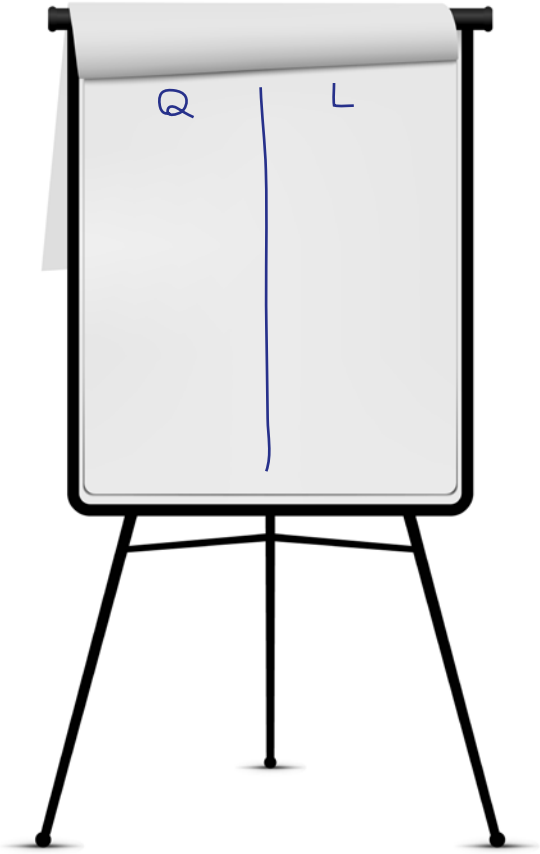
Family Connection: Prescription drug abuse is the use of a medication without a prescription, in a way other than as prescribed, or for the experience or feelings elicited. One in four teenagers report that they have taken a prescription drug not prescribed to them by a doctor at least once in their lives, according to the Partnership at Drug Free.org and Metlife Foundation Partnership Attitude and Tracking Survey (PATS) 2010. Now is the time for family discussion about prescription drugs; to get your conversation started visit the parent resource center from Partnership for a Drug-Free America at **theparenttoolkit.org**.

Tip: The K.Q. Give One – Get One activity is a modified version of a traditional K.W.L. activity.

13. **Create** a Q.L. chart. Post a piece of blank chart paper. Draw two columns. Write "Q" above the first column and "L" above the second column.

14. **Discuss** the questions that students have recorded in the "Q" column on their activity sheets as a whole group.

15. **Record** the questions in the "Q" column on the Q.L. chart.



Note: Continue to display the Q.L. chart in your classroom while you are teaching the prescription drug lessons. At the end of each lesson, refer to the poster and record the answers that have been discovered in the "L" column to represent what students have learned.

Rx for Understanding: Building a Foundation for Health *(Continued)*

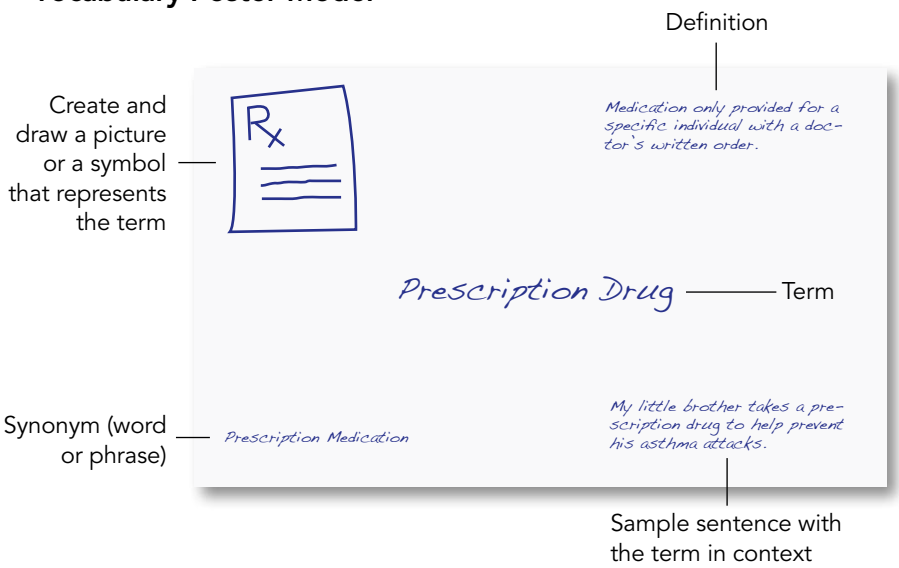
Procedures (Session 2)

Leading the Lesson (continued): Vocabulary Poster Activity *(30 minutes)*

1. **Tell** students that they are going to begin learning the answers to the questions in the "Q" column of the class Q.L. chart by discussing the definitions for some key terms about prescription drugs.

2. **Direct** students to create small group Vocabulary Posters.
   - Divide students into six small groups.
   - Assign each group a vocabulary term or phrase and distribute the vocabulary cards that you created prior to the lesson.
   - Instruct groups to design a poster for their assigned term including:
     > A picture or a symbol that helps you to remember this word or phrase.
     > A sentence with the term.
     > A synonym or alternate way to say the word.
     > Your definition.
   - Allow groups to share posters with the rest of the class.

Vocabulary Poster Model



Vocabulary Terms

Prescription Drug
Medication only provided for a specific individual with a written order from a doctor or other appropriate medical professional.

Over-the-counter (OTC) Drug
Medication available without a prescription.

Illegal Drug
A drug whose production or use is prohibited by law.

Proper Prescription Drug Use
When someone takes prescription medication exactly as directed. Examples include taking the medication at the right time, taking the right amount, and disposing of the medication appropriately.

Prescription Drug Misuse
When someone does not take prescription medication as directed or intended, either unknowingly or carelessly. Examples include: taking the wrong amount, using an expired medication, or taking a medication that was prescribed for someone else.

Prescription Drug Abuse
When someone purposely takes prescription medication in a manner or dosage other than what was prescribed for the purpose of experiencing a desired effect.

Closing the Lesson: Directed Response and Discussion *(15 minutes)*

3. **Direct** students to answer the last question on Student Reproducible 1.
4. **Discuss** answers with the whole class.
5. **Remind** students of the importance of learning about prescription drugs.

Rx for Understanding: Building a Foundation for Health *(Continued)*

Modification Ideas

- In place of the K.Q. Give One – Get One activity, conduct a traditional whole-group K.W.L. chart (complete the "K" and the "W" columns prior to beginning the lesson and the "L" after finishing the lesson or unit).
- In place of the small group vocabulary poster activity, have students create individual vocabulary cards on index cards.
- Extend the Vocabulary Poster activity with Internet research about the meaning of the term.

Assessment Suggestions

- **Formal pre-assessment:** Use the post-assessment included with Lesson 5 as a pre-assessment.
- **Informal pre-assessment:** Use the K.Q. Give One – Get One Activity to gauge students' prior knowledge and experience with the topic.
- **Key message: Did they get it? Did you teach it?** Prescription medications help keep us healthy and serve an important purpose in our lives. **Misuse** and **abuse** of prescription medications is a health risk with very serious consequences, and can even be deadly. Knowing how to safely and properly use prescription drugs is an important part of being healthy.

Name

K.Q. Give One – Get One

Topic: Prescription Drugs

	K What do you know?	Q What are your questions?
Self		
1 Partner		
2 Partner		
3 Partner		

Why is learning about prescription drugs (proper use, misuse, and abuse) important to you?

Family Connection: Prescription drug abuse is the use of a medication without a prescription, in a way other than as prescribed, or for the experience or feelings elicited. Close to one in five teens (17 percent) say they have used a prescription medicine at least once in their lifetime to get high or change their mood, according to the Partnership at Drug Free.org and Metlife Foundation 2011 Partnership Attitude and Tracking Study. Now is the time for family discussion about prescription drugs; to get your conversation started visit the parent resource center from Partnership for a Drug-Free America at **theparenttoolkit.org**.

Rx for Understanding: Proper Use of Prescription Drugs

Topic

Prescription Drug Safety

Estimated Class Time

Two 45-minute class sessions

Objective(s)

Students will:

- Determine the difference between prescription and over-the-counter drugs.
- Explain why it is important to follow the directions for prescription drugs.
- Identify practices that reduce the possibility of **misuse** of prescription drugs.

Integrated Subjects

Health and English Language Arts

At-A-Glance

- **Opening Activity:** Medication Sort
- **Pillars of Proper Use:** Prediction Activity
- **Practice with Labels:** Student Reproducible 2
- **Closing Activity:** Learning Letters

Materials and Preparation

What you will need:

- Student Reproducible 2 (one per student)
- Chart paper (two or three pieces)
- Tape
- Blank paper (one sheet per group of four or five students)
- Writing paper (one sheet per student)
- Basic classroom supplies (markers, crayons, and pencils)

Before the lesson:

- Write the six Reminders for Proper Prescription Drug Use onto the board and cover the list with a piece of chart paper.
- Copy Student Reproducible 2.

Reminders for Proper Prescription Drug Use

- Do not self-medicate
- Do not share
- Store safely and securely
- Follow all directions exactly: how much (dosage), when, where, how, who
- Adhere to the expiration date
- Use correct disposal methods

Procedures (Session 1)

Opening the Lesson: Medication Sort
(40 minutes)

1. **Write** the word "medicine" on the board or piece of chart paper.

2. **Ask** students how they would explain the term "medicine" in their own words. After giving students a few minutes to think to themselves, have students share thoughts with the class.

   Possible responses: medicines are substances that can be helpful to your body when taken properly for a specific purpose; you take medicine to reduce or eliminate pain; a person takes a medicine to help fight a disease.

> **Connect the learning:** In Lesson 1 students learned how medicines serve an important purpose in their overall health (when used properly).

3. **Divide** the class into small groups.

4. **Direct** students to brainstorm names of medications. Have students list and record five medications in one minute. A recorder for each group can list the medications on a piece of blank paper.

5. **Direct** each small group to select a reporter. Have the reporter read their group's list to the class.

6. **Record** the responses read by the reporter on the board or chart paper beneath the word "medicine." If a medicine is listed more than once, then place one check mark next to the name of the medicine for each additional time it is mentioned.

7. **Discuss** the list of medications. Ask students if they know what the medicines are used for or how they are obtained.

   Possible responses: my doctor prescribed that medicine for me when I had strep throat; my mom gives me that medicine when I have a fever; some of the medicines listed are prescription and some are over-the-counter (OTC).

Rx for Understanding: Proper Use of Prescription Drugs *(Continued)*

8. **Ask:** What is the difference between prescription and OTC drugs? How does someone obtain a prescription drug? Who writes a prescription? Which medicines on our list are prescription and which are OTC?

9. **Remind** students of the definitions for prescription and over-the-counter drugs.
   - Prescription Drug – medication only provided for a specific individual with a written order from a doctor or other appropriate medical professional.
   - Over-the-counter (OTC) Drug – medication available without a prescription.
   - Explain the background of the notation "Rx" and the word "prescription."

Connect the learning: In Lesson 1 students learned the definitions of prescription and over-the-counter drugs.

10. **Underline** the medications that the students identify as prescription drugs.

Tip: If there is a medication on the list that you are not familiar with and/or do not recognize as a prescription or over-the-counter drug, then put a question mark beside the medicine and tell students that you will determine the answer and tell them later.

Understanding Rx Terms and Symbols

The symbol Rx commonly represents the word "prescription." This symbol originated in medieval times as an abbreviation for the Latin word for take, which is "recipe."

The word "prescription" is made from the prefix "pre" which means before, and the base word "script" which means writing. A prescription is an order that must be written down before a drug can be prepared.

11. **Discuss:** Why do some medications require a prescription?

    Possible responses: because they are very strong; because if they are taken incorrectly there could be serious negative health consequences; because if the drug is used the wrong way, it could make you very sick; because some medications should not be taken with others and it takes a skilled medical professional to know which medicines can be used together; because the medication is so strong that it requires special directions and if the directions are not followed it could be deadly; because prescription medications are used for very specific reasons.

12. **Explain** that prescription drugs can play an important role in health. Prescription medications are powerful drugs that can be very beneficial when taken properly. Sometimes the types of medicines we need to help us get better are prescription drugs. It is important to know some basic guidelines about taking prescription drugs in order to avoid the risks of **misuse**. Tell students that in this lesson, they will be learning basic guidelines for the **proper use** of prescription drugs.

Leading the Lesson: Pillars of **Proper Use**
(Part 1: Making the Predictions)
(5 minutes)

13. **Refer** to the covered list that you have posted on the board and tell students that on this hidden list you have summarized six important reminders for properly using prescription drugs. Motivate students by asking them if they think they can guess the six reminders.

14. **Give** each student a sticky note. Have students guess what they think the six reminders might be. After recording their guesses, have students set the sticky notes aside for later.

Rx for Understanding: Proper Use of Prescription Drugs *(Continued)*

Procedures (Session 2)

Leading the Lesson (continued): Understanding Prescription Labels *(30 minutes)*

1. **Explain** that there are many aspects of proper prescription drug use. Students, along with their parents, are at the center of the process. They are of minor age, which means that their families must be involved when they take any medication (prescription or over-the-counter). Prescription drugs that are prescribed for a minor should be distributed and taken under the supervision of their parents.

2. **Remind** students of the definition for the term, "**proper use** of prescription drugs."

   Proper prescription drug use – when someone takes prescription medication exactly as directed.

   Connect the learning: In Lesson 1 students learned the definition of the term "**proper use** of prescription drugs."

3. **Ask:** How can you find out how to safely use a prescription drug?
   - **Possible responses:** the doctor will tell me; my parents will tell me what to do and give me the medicine; the pharmacist answers any questions that I might have; there is a label on a prescription drug package with directions.
   - Validate all responses and focus on the role of the prescription label.
   - To use prescription medications properly, always read the information and follow all directions on the label.

4. **Assign** partners and have students complete Student Reproducible 2.

5. **Discuss** the answers with the whole class.
   - Provide the correct section labels and have students make changes on their sheets as necessary.
   - Discuss each section of the prescription label with students. Have students share the answers that they have recorded. Use the talking points to provide additional information.
   - Have the students write additional information on their sheets after the discussion.

Talking Points for Student Reproducible 2 – Understanding Rx Labels

1. Pharmacy Information

- Includes the name, address, and phone number of the issuing pharmacy, as well as a prescription number and fill date.
- This information is important in the event that you have an adverse reaction to the medication, or if you have to call the pharmacy with any questions.

2. Doctor/Prescriber Information

- Includes the name of the doctor or other appropriate medical professional who prescribed the medication.
- Prescription medication can only be provided to you if ordered by your doctor or other appropriate medical professional.
- A prescription is written for one person, not for a family or group of people.
- The doctor or other appropriate medical professional decides what and how much to prescribe based on factors unique to you (such as symptoms, age, weight, and allergies).

3. Patient Information

- Includes the name and address of the person for whom the medication was prescribed.
- This information is important because the medicine was prescribed for you only.
- Never take a medicine prescribed for someone else.
- Never share your prescription medication with anyone.

4. Drug Information

- Includes the name and strength of the drug, along with any additional names that the drug is called. Sometimes a description of what the drug looks like is also included.
- This information helps ensure that you receive the correct medication from the pharmacy and that you are not taking another prescription (from a different doctor) of the same drug.

5. Directions

- Includes instructions about when and how often to take the medication.
- This information is important because not following directions can have severe consequences. Taking the medication at the wrong time can affect whether the medication does what it is supposed to do. Taking the wrong amount (dosage) can make you sick and can even be deadly.

6. Warnings and Cautions

- Includes special considerations about **proper use**, side effects, safe storage, and proper disposal.
- Always pay attention to all warning and caution messages.

7. Expiration Date

- This is the last date by which medicine should be used. Never use the medication past this date.
- Using medications past their expiration dates is dangerous.
- Remember to properly dispose of expired prescription drugs.

Rx for Understanding: Proper Use of Prescription Drugs *(Continued)*

PROPER USE

6. **Ask:** What reminders about **proper use** of prescription drugs does the label emphasize?

   Possible answers: the prescription is only for the person listed on the label – do not share; follow the directions; take the correct dosage; do not use expired medications; properly discard unused medicine; store medicine in an appropriate place.

Leading the Lesson (continued): Pillars of **Proper Use**
(Part 2: Reviewing the Predictions)
(10 minutes)

7. **Refer** to the sticky notes that students set aside at the beginning of the lesson and have students share their predictions about the six reminders.

8. **Uncover** and reveal the six reminders and ask: What are the similarities and differences between your reminders and their predictions? Should any reminders be added to your list? Combine your list with the students' ideas and agree on five to eight Pillars of Proper Prescription Drug Use. Create a new chart listing these pillars.

9. **Discuss** how the pillars pertain to over-the-counter drug use.

Closing the Lesson: Learning Letters
(5 minutes)

10. **Give** each student a blank piece of lined paper.

11. **Direct** students to write a letter to their families/parents explaining the Pillars of **Proper Use** of prescription drugs.

Tip: If you are planning to teach the next lesson in this set, let your students know what's coming up in order to build their excitement. The topic for Lesson 3 is **Misuse** of Prescription Drugs. In the lesson, students will be learning about the types of commonly misused prescription drugs and their side effects.

Modification Ideas

- Extend the lesson by inviting a panel of medical professionals into the classroom for your students to interview. Ask the guests to share advice for **proper use** of prescription drugs.
- Extend the lesson by conducting a career study. Brainstorm all of the careers that are involved with prescription drugs (e.g., researcher, doctor, pharmacist, pharmacy technician). Have students choose a career to learn more about. Students can write a paragraph about the career to share with the class. Have students identify what each career has to do with **proper use** of prescription drugs.

Assessment Suggestions

- **Formal assessment:** Create a mini-quiz. Have students list the parts of a prescription drug label, explain each part, and tell why it is important.
- **Informal assessment:** Review the students' letters for their families/parents before they take them home. Evaluate for accuracy and interpretation of the Pillars of Proper Prescription Drug Use.
- **Key message: Did they get it? Did you teach it?** Medicine can help us to be healthy in many ways. One category of medicine is prescription drugs. In order to obtain a prescription drug you need a written order from a medical practitioner. When not used properly, prescription drugs can have serious health consequences and even lead to death. Doctors are trained professionals who look at a number of factors to determine the need for a specific kind of medicine and who know the proper amount of a prescription drug to give. This decision is made based on information that the doctor weighs very heavily. Every prescription drug has a label. The label gives you the directions and essential information about the prescription. Questions can be answered by your doctor and/or pharmacist. All prescription medication must be taken by the person it is prescribed for and only as directed – without exception.

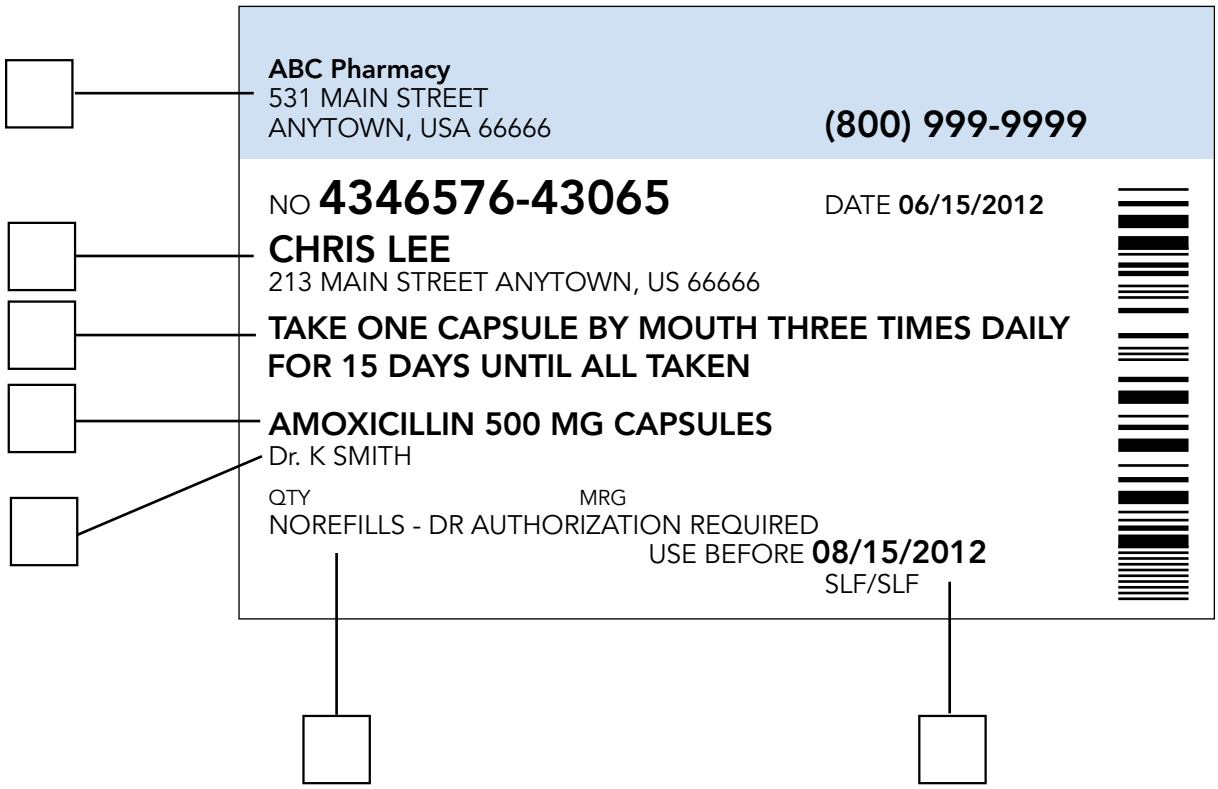
Name _____

Understanding Rx Labels

STEP 1 Read the prescription drug label.

STEP 2 Locate and identify each section of the prescription drug label:

1. Pharmacy Information
2. Doctor/Prescriber Information
3. Patient Information
4. Drug Information
5. Directions
6. Warnings and Cautions
7. Expiration Date



STEP 2 Answer the questions.

	Answers from Partner Discussion What does this section tell you? Why is it important?	**Notes from Class Discussion**
Pharmacy Information		
Doctor/ Prescriber Information		
Patient Information		
Drug Information		
Directions		
Warnings and Cautions		
Expiration Date		

Family Connection: When used as directed, prescription drugs can play a critical role in treating a range of debilitating diseases and conditions. Having prescription drugs in your home is a huge responsibility. Prescription labels provide valuable information for using prescription medications safely, including storage and disposal. You can prevent prescription drug misuse and abuse by keeping an updated inventory of all medications in your home. For more valuable tips visit **www.safeguardmymeds.org.**

Rx for Understanding: Misuse of Prescription Drugs

Topic

How and Why to Avoid **Misuse** of Prescription Drugs

Estimated Time

Two 45-minute class sessions

Objective(s)

Students will:

- Describe common misuses of prescription drugs.
- Explore the categories of commonly misused and abused prescription drugs.

Integrated Subjects

Health and English Language Arts

Materials and Preparation

What you will need:

- Student Reproducible 3 (one per student)
- Sticky notes (one per student)
- Note cards or slips of paper (one per student)
- Chart paper (six pieces)
- Basic classroom supplies (markers, crayons, and pencils)
- Internet access

Before the lesson:

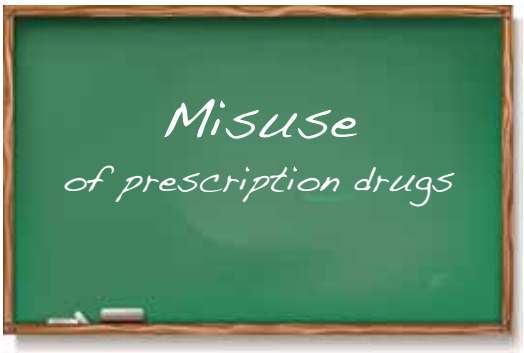
- Copy Student Reproducible 3.
- Record the Guess the Statistic list on the board.
- Bookmark websites for student research.

At-A-Glance

- **Opening Activity:** Guess the Statistic
- **Matrix Research Activity:** Student Reproducible 3
- **Poster Talks:** Small Group Mini-Presentations
- **Closing Activity:** Summary Swap

Websites for research:

- National Institute on Drug Abuse (NIDA)
  www.drugabuse.gov
- NIDA for Teens
  www.teens.drugabuse.gov
- Medline Plus
  U.S. National Library of Medicine
  National Institutes of Health
  www.nlm.nih.gov/medlineplus prescriptiondrugabuse.html



Procedures (Session 1)

Opening the Lesson: Guess the Statistic
(10 minutes)

1. **Write** "**misuse** of prescription drugs" on the board. Ask students to list words that come to mind when they see the term. Prompt students as necessary and record answers until the list reflects key examples of **misuse** of prescription drugs.

   Possible responses: taking medicine that is not yours; sharing your medicine with others; not storing medicine properly; taking the wrong amount.

Connect the learning: In Lesson 1 students learned the definition of the term **misuse** of prescription drugs.

2. **Remind** students that **misuse** of prescription drugs is when someone does not take prescription medication as directed or intended—unknowingly, unintentionally, or accidentally. Draw attention to answers on the list having to do with a person taking a prescription drug that was not prescribed for them—for example, sharing one's own medication with others or taking someone else's prescription.

3. **Explain** to your students that there is so much concern about this problem that researchers have started collecting information to determine how often it is occurring. Misusing prescription drugs is unsafe and can lead to serious health consequences and even death. It is also a serious health concern for their age group.

4. **Refer** to the Guess the Statistic list that you have posted on the board and tell students that one of the statistics on this list represents the number of teenagers who have used a prescription pain medication that was not prescribed for them.

5. **Ask** students to guess which statistic they feel is correct and record it on the sticky note.

Guess the Statistic

Number of teens who have taken a prescription pain medication not prescribed for them:

1 in 500

1 in _____ (insert the number of students at your school)

1 in 50

1 in _____ (insert the number of students in your class)

1 in 10

1 in 5 (correct answer)

Source: Partnership for a Drug Free America

Rx for Understanding: Misuse of Prescription Drugs *(Continued)*

6. **Collect** the sticky notes and post them on the board. Group them together to show the number of students who voted for each statistic. Reveal the correct statistic and discuss.

7. **Explain** to students that pain medications are one type of prescription drug. When teens take prescription drugs not prescribed for them they are taking them illegally and with a serious risk to their health. They need to understand why this is so. Learning more about prescription drugs, how they affect the body, and what the potential risks are will help them remember to avoid **misuse** of prescription drugs.

Connect the learning: In Lesson 2 students learned how to properly use prescription drugs by following all directions provided and not taking medicine prescribed for someone else.

8. **Tell** students that they will conduct a research project in order to help each other learn more about the different types of prescription drugs.

Leading the Lesson: Matrix Research Activity
(35 minutes)

9. **Introduce** the three categories of commonly misused and abused prescription drugs.

10. **Direct** students to complete Student Reproducible 3.
    - Divide students into at least three (and up to six) small groups (depending on the number in your class). Each group will research one category of prescription drugs.
    - Assign each group a category. Make sure each category is covered by at least one group.
    - Provide students with access to the internet with bookmarked websites.
    - Explain each research question on the matrix.
    - Have students record and organize collected research on the matrix row assigned to their drug category.

Common Prescription Drugs

Opioids

- Commonly prescribed to relieve pain
- Affect the brain to cause a diminished perception of pain

Depressants

- Commonly prescribed for people who are anxious or cannot sleep
- Slow down (or "depress") the normal activity that goes on in the brain

Stimulants

- Prescribed for treating only a few health conditions, including attention deficit hyperactivity disorder (ADHD) and narcolepsy (a sleep disorder)
- Increase (or "stimulate") activities and processes in the body

DISCUSS

Procedures (Session 2)

Leading the Lesson (continued): Poster Talks
(40 minutes)

1. **Direct** small groups to create posters and informal mini-presentations in order to teach the class about the category of prescription drugs that they researched.
2. **Direct** students to take notes as the mini-presentations are given. Students can record the notes on the remaining spaces of the matrix.
3. **Answer** any questions after the presentations and reconcile inconsistent information provided from different groups addressing the same prescription drug category.

Closing the Lesson: Summary Swap
(5 minutes)

4. **Direct** students to independently review their notes on Student Reproducible 3. Have students think to themselves and choose one reason why they will avoid misusing prescription drugs.
5. **Direct** students to complete this sentence starter on a blank note card or slip of paper: "I will avoid misusing prescription drugs because _____."
6. **Collect** the slips of paper.
7. **Direct** students to stand in a circle. Randomly redistribute the slips of paper and have students read the slip that they are given.

Modification Ideas

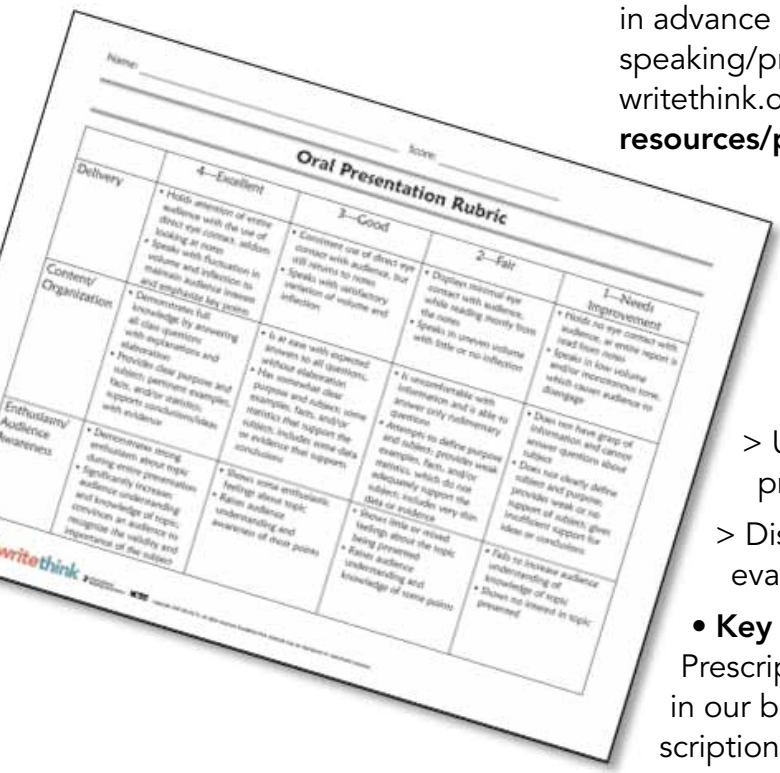
- In place of the small group research, have students conduct the search for an assigned category independently. Then, have students meet with two other students who researched the other two categories. As a trio, have students discuss what they have learned and record notes on the matrix.

Rx for Understanding: Misuse of Prescription Drugs *(Continued)*

- Instead of having students conduct research, provide direct instruction by teaching students about the common prescription drugs. As you conduct your presentation, have students use the matrix as an advance organizer for taking notes.
- If you do not have access to the Internet for this lesson, you can gather print resources (books and articles) to make an in-class research library for your students.

Assessment Suggestions

- **Formal assessment:** Develop a presentation rubric with the class in advance of the assignment, or use an existing rubric to assess speaking/presentation skills. Use this presentation rubric from read-writethink.org to get started: **www.readwritethink.org/classroom-resources/printouts/oral-presentation-rubric-30700.html**.



Name: _____ Score: _____

Oral Presentation Rubric

	4—Excellent	3—Good	2—Fair	1—Needs Improvement
Delivery	• Holds attention of entire audience with the use of direct eye contact, seldom looking at notes • Speaks with fluctuation in volume and inflection to maintain audience interest and emphasize key points	• Consistent use of direct eye contact with audience, but still returns to notes • Speaks with satisfactory variation of volume and inflection	• Displays minimal eye contact with audience, while reading mostly from the notes • Speaks in uneven volume with little or no inflection	• Holds no eye contact with audience, or entire report is read from notes • Speaks in low volume and/or monotonous tone, which causes audience to disengage
Content/ Organization	• Demonstrates full knowledge by answering all class questions with explanation and elaboration • Provides clear purpose and subject, pertinent examples, facts, and/or statistics, supports conclusions/ideas with evidence	• Is at ease with expected answers to all questions, without elaboration • Has somewhat clear purpose and subject, some examples, facts, and/or statistics that support the ideas, includes some data or evidence that supports conclusions	• Is uncomfortable with information and is able to answer only rudimentary questions • Attempts to define purpose and subject, provides weak examples, facts, and/or statistics, which do not adequately support the subject, includes very slim data or evidence	• Does not have grasp of information and cannot answer questions about subject • Does not clearly define subject and purpose; provides weak or no support of subject, gives insufficient support for ideas or conclusions
Enthusiasm/ Audience Awareness	• Demonstrates strong enthusiasm about topic during entire presentation • Significantly increases audience understanding and knowledge of topic; convinces an audience to recognize the validity and importance of the subject	• Shows some enthusiasm • Raises audience understanding and awareness of main points	• Shows little or mixed feelings about the topic being presented • Raises audience understanding and knowledge of some points	• Fails to increase audience understanding of knowledge of topic • Shows no interest in topic presented

writethink

- **Informal assessment:**
  > Quick write – have students describe prescription drug **misuse** and list the three categories of commonly misused and abused prescription drugs. For each category list one drug name, one street name, one side effect, and one major risk to be aware of.

  > Use the closing activity sentence starter as a journal prompt. Collect and review journals.

  > Distribute and collect a peer/cooperative learning evaluation form.
- **Key message: Did they get it? Did you teach it?**
  Prescription drugs are intended to cause a specific reaction in our bodies. Taking too little or too much will cause the prescription drug to work differently or not work at all. Combining a prescription drug that you have been given by your doctor with another prescription, OTC, or illegal drug could interfere with the prescription drug's ability to work in your body, increase the risks of the side effects, and/or cause an adverse reaction (and in some cases be deadly). By understanding what prescription drugs are and how they work in our bodies, we can understand the importance of avoiding prescription drug **misuse**.

Name

Common Prescription Drugs Matrix

Circle the category assigned to your small group	Opioids	Depressants	Stimulants
Names What are some of the prescription drugs in this category? (List at least 5)			
Street Names What are some other names for the prescription drugs in this categ-ory? (List at least 3)			
Purpose What is the prescription drug taken for?			
Side Effects What are the side effects?			
Warnings What is important to remember in order avoid negative consequences or even death?			

Family Connection: Think about your home. What prescription and over-the-counter (OTC) drugs do you have? Where are they kept? Would you know if some were missing? The good news is that there are steps that you can take as a family to reduce the chances that prescription drugs are misused in your home. For a list of steps to take and printable card to help track prescription drugs in your home visit the Parents the Anti-Drug website at **www.theantidrug.com/drug-information/otc-prescription-drug-abuse/preventing-prescription-drug-abuse/default.aspx**.

Lesson 4 **Grades: 5–6**

Rx for Understanding: Abuse of Prescription Drugs – Consequences and Support

Topic

Understanding **Abuse** of Prescription Drugs, the Scope of the Issue, the Consequences, and Where to Turn for Help for Yourself and Others

Estimated Time

One 45-minute class session

At-A-Glance

- **Opening Activity:** **Misuse**/**Abuse** Sort
- **A Mathematical Perspective on Current Events:** Student Reproducible 4
- **Closing Activity:** Pick Your Prompt

Objective(s)

Students will:

- Describe prescription drug **abuse**.
- Examine how and why prescription drugs are being abused.
- Examine the consequences of prescription drug **misuse** and **abuse**.
- Discuss how prescription drug **abuse** impacts families and communities.
- Identify how they can get help if they or someone they know is abusing prescription drugs.

Integrated Subjects

Health, English Language Arts, Social Studies, and Math

Materials and Preparation

What you will need:

- Student Reproducible 4 (one per student)
- Chart paper (six pieces)
- Basic classroom supplies (markers, crayons, and pencils)
- Blank paper (six sheets)

Before the lesson:

- Copy Student Reproducible 4.
- Ask students to bring in a current events news article—from a newspaper, magazine, or Internet publication—about prescription drug **abuse** (or allow students time prior to the lesson to locate and print an article from classroom computers or the computer lab).
- Print a few additional articles to have on hand.

STEP 3 **Read your article and answer the following questions.**

Sources: Where are young people getting the prescription drugs that they are abusing?

Reasons: Why are young people abusing prescription drugs?

Methods: How are young people abusing prescription drugs?

Consequences: What can happen to someone who abuses prescription drugs? What happens to their relationships with their friends and families?

Refusal: What can young people do to refuse the invitation to **abuse** prescription drugs?

Assistance: Who can you turn to if you need help for yourself or for a friend or family member who **is abusing prescription drugs?**

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Procedures

Opening the Lesson: Misuse/Abuse Sort
(10 minutes)

1. **Write** the words "**misuse**" and "**abuse**" on the board and draw a line beneath the words and a line between them (i.e., make a t-chart).

Connect the learning: In Lesson 1 and 3 students learned the definition of the term prescription drug **misuse**. You can build on the key messages from Lessons 1 and 3, when introducing Lesson 4.

2. **Ask** students what **proper use** of prescription drugs means. Have students name a few things that a person can do to use prescription drugs properly.

Connect the learning: In Lesson 1 and 3 students learned what constitutes **proper use** of prescription drugs.

3. **Tell** students that you are going to read two scenarios that are not examples of **proper use**.
4. **Read** Scenario A to the students.
5. **Read** Scenario B to the students.

Scenario A

Your friend has leftover prescription pain medication from when she sprained her ankle; she gives it to another friend who has a backache. She tells her friend not to tell her parents because she does not want to get into trouble; she knows sharing prescription drugs is dangerous.

Scenario B

Your friend has been given a prescription for migraine headaches from his doctor. The instructions say, "Take one tablet no more than once a day as needed for pain associated with a migraine." Your friend does not read the label carefully and does not notice the part that says, "No more than once a day." Your friend takes a pill in the morning. Later in the evening of the same day, his head hurts again, so he takes another tablet.

Rx for Understanding: Abuse of Prescription Drugs–Consequences and Support *(Continued)*

6. **Tell** students that prescription drug **abuse** is knowingly using prescription drugs in a way other than how they were prescribed or for a purpose other than intended.

7. **Ask** students to identify which scenario is an example of **abuse**, which scenario is an example of **misuse**, and explain why. Record the answers in the corresponding column of the t-chart.

Possible answers: Scenario A is prescription drug **abuse** because you can tell the person does not want his or her mother to know, so they must know it is wrong; Scenario A is prescription drug **abuse** because the person is doing it on purpose; Scenario B is prescription drug **misuse** because the person doesn't take the prescription drug incorrectly on purpose; Scenario B is **misuse** because it is accidental; Scenario B is **misuse** because the person is not taking the prescription drug to party or to get high.

8. **Explain** to students that prescription drug **misuse** becomes prescription drug **abuse** when the **misuse** is carried out intentionally for a desired effect. Both **misuse** and **abuse** can end in the same result.
   - If a person takes their parents' prescription pain medication to a party to share with their friends to get high, this is prescription drug **abuse**. A person can die from taking too much of this prescription drug.
   - If a person takes too much of their own prescription pain medication because they misread the label, this is prescription drug **misuse**. A person can die from taking too much of this prescription drug.
   - The difference between **misuse** and **abuse** is the intent. Is the person misusing the prescription drug on purpose or with the knowledge that they are not supposed to be taking the prescription drug? That is what makes it **abuse**.

9. **Tell** students that they will be learning more about the reasons for prescription drug **abuse**, how prescription drugs are abused, the consequences of prescription drug **abuse**, and how to get help.

Leading the Lesson: A Mathematical Perspective of Current Events *(30 minutes)*

10. Review the questions on Student Reproducible 4 with students. Discuss examples of answers that they might read about in the news articles.

ABUSE

Abuse of Prescription Drugs Key Topics:

- **Sources**
  Where are young people getting the prescription drugs that they are abusing? Possible examples: from a friend; from their parents or relatives without their knowledge; from a person who sells drugs illegally; at a pharming party.

Note: A pharming party is a party or get-together where teenagers bring prescription drugs and exchange them with each other (often by placing them into a bowl and randomly taking an unknown combination of prescription drugs) in order to get high.

- **Reasons**
  Why are young people abusing prescription drugs? Possible examples: to party; to get high; to do better in school; to lose weight; to relieve pain (i.e., to self-medicate).

- **Methods**
  How are young people abusing prescription drugs? Possible examples: altering the form of the prescription drug (e.g., crushing the pill or capsule in order to swallow, sniff, or turn it into liquid to ingest or inject it); taking a prescription drug in an altered form for the intended purpose or to get high; taking the prescription drug in its original form but in a larger dosage or in combination with alcohol or other prescription or illegal drugs in order to get high.

- **Consequences**
  What can happen to someone who abuses prescription drugs? Possible examples: negative impact on relationships with family and friends; negative short- and long-term health

Rx for Understanding: Abuse of Prescription Drugs–Consequences and Support *(Continued)*

consequences; stimulant **abuse** can cause paranoia, dangerously high body temperatures, and an irregular heartbeat; opioid **abuse** can cause drowsiness, nausea, constipation, and slowed breathing; depressant **abuse** can cause slurred speech, shallow breathing, fatigue, disorientation, lack of coordination, and seizures; **abuse** of any prescription drug can lead to addiction; **abuse** of mind-altering prescription drugs can impair judgement and lead to a elevated risk of HIV and other dangerous sexually transmitted diseases.

- **Refusal**
  What can young people do to refuse the invitation to **abuse** prescription drugs? Possible examples: be knowledgeable about the serious risks involved with prescription drug **misuse** and **abuse** and use this knowledge when they need to refuse an invitation to **abuse** prescription drugs; share knowledge with others; report the **abuse** to a parent, school guidance counselor, or other trusted adult; ignore the offer and walk away; take a pledge or join an anti-drug campaign.

- **Assistance**
  Who can you turn to if you need help for yourself or a friend or family member who is abusing prescription drugs? Possible examples: parent, school guidance counselor, or other trusted adult; anonymous resources such as the Substance Abuse and Mental Health Services Administration's Treatment Referral Helpline (1-800-662-HELP); websites such as **www.findtreatment.samhsa.gov.**

11. **Direct** students to independently read the articles that they brought with them to class and complete Student Reproducible 4.

12. **Divide** students into six small groups and assign each group one of the key topics (questions) from Student Reproducible 4. Give each group a blank piece of paper and chart paper. Explain the small group steps.

13. **Direct** small groups to share their graphs with the rest of the class.

Closing the Lesson: Pick Your Prompt
(5 minutes)

Write the following journal prompts on the board and have students choose and respond to one prompt on a blank piece of lined paper or in their journals:

- What is one example of how your friends may use peer pressure to get you to take a prescription drug that was prescribed for them or one of their family members?
- How would you respond to peer pressure to **abuse** prescription drugs?
- What is one example of how you could use peer pressure positively in order to encourage your friends to not **abuse** prescription drugs?

Small Group Steps:

- Share and discuss answers to your group's assigned key topic question.
- Create a tally chart to summarize your collective responses to the assigned key topic question. For example, if the key topic that your group is assigned is "sources," then you would record all sources of abused prescription drugs mentioned in your articles and tally the totals.
- If only one or no answers are gained from your articles, then brainstorm additional answers as a group. Add the new answers to your tally chart, but represent the quantity as zero, since they were not mentioned in your articles.
- On the chart paper, create a graph or diagram (e.g., bar graph, picture graph, pie chart, line graph) to represent the results of your tally.

Modification Ideas

- To shorten the length of this lesson, have students read their articles as homework (before coming to class).
- Extend the lesson by having students create math problems to go with their graphs. After they share their graphs, the rest of the class can answer the math problems while interpreting the graphs.
- Extend the lesson by having students dramatize their response to the journal prompt. Students can meet in small groups made up of at least one person who did each of the journal prompts. Have students work together to turn their three combined responses into a script for a mini-play. Over the course of a few weeks or months, invite small groups to present their mini-plays at the end of class. This will give students an opportunity to be reminded of the important lessons that they have learned about this topic in an ongoing fashion.

Rx for Understanding: Abuse of Prescription Drugs–Consequences and Support *(Continued)*

Assessment Suggestions

- **Formal assessment:** Use Student Reproducible 4 to assess students' understanding of the key concepts. While reviewing the assignment, check for the following information:
  - > **Sources**
    Do they understand what "sources" means? Can students name at least one common way that young people get the prescription drugs that they **abuse**?
  - > **Reasons**
    Do they understand what "reasons" means? Can students name at least one common reason that young people **abuse** prescription drugs?
  - > **Methods**
    Do they understand what "methods" means? Can students name at least one way that young people **abuse** prescription drugs?
  - > **Consequences**
    Do they understand what a "consequence" is? Can students name at least one consequence of prescription drug **abuse**?
  - > **Refusal**
    Do they understand what "refusal" means? Can students name at least one way that they can refuse an offer to **abuse** prescription drugs?
  - > **Assistance**
    Do they understand what "assistance" means? Can students name at least one person or place that they could turn to for help if they or someone they know is abusing prescription drugs?

- **Informal assessment:** Conduct a check for understanding as students are working on their journal prompt. Walk around the room and individually ask each student to tell you one example of prescription drug **abuse**.
- **Key message: Did they get it? Did you teach it?** Prescription drug **abuse** occurs when a person misuses a prescription drug knowingly or intentionally in order to achieve a desired effect or purpose (e.g., to get high, to perform well on a test; to lose weight). Prescription drug **abuse** and **misuse** can have serious and deadly consequences, is against the law, and can lead to addiction. Prescription drug **abuse** is drug **abuse**, and many of the same life skills that can help you make positive decisions when it comes to illegal drugs (e.g., marijuana or cocaine) can also help you avoid prescription drug **abuse**.

Name

Current Events Article Summary

STEP 1 **Read your article and answer the following questions.**

Sources: Where are young people getting the prescription drugs that they are abusing?

Reasons: Why are young people abusing prescription drugs?

Methods: How are young people abusing prescription drugs?

Consequences: What can happen to someone who abuses prescription drugs? What happens to their relationships with their friends and families?

Refusal: What can young people do to refuse the invitation to **abuse** prescription drugs?

Assistance: Who can you turn to if you need help for yourself or for a friend or family member who **is abusing prescription drugs?**

STEP 2 Listen to your teacher to find out which group you are assigned to and place a check mark beside your group's assigned question.

STEP 3 Meet with your assigned group. Share the answers for your assigned topic. Tally the results. What other possible answers exist that are not discussed in your article? Include the answers not discussed in your article on your graph, but represent them as zero on your tally.

STEP 4 Work with your group to create a graph to represent your tally. You will help your group present the graph to the class.

Family Connection: Being armed with knowledge is the best defense against prescription drug abuse. To learn more about the consequences and risks of prescription drug abuse. visit the National Institute on Drug Abuse (NIDA) web page geared specifically for prescription drugs at **www.drugabuse.gov/publications/research-reports/prescription-drugs**.

Rx for Understanding: Creating a Healthy Future

Topic

Culminating Activity: **Proper Use**, **Misuse**, and **Abuse** of Prescription Drugs

Estimated Time

Three 45-minute class sessions

At-A-Glance

- **Opening Activity:** Telling Trios
- **Project:** Create a Board Game
- **Closing Activity:**

  Option 1: Beginning Where We Started

  Option 2: Opinion Poll

Objective(s)

Students will explain **proper use**, **misuse**, and **abuse** of prescription drugs.

Integrated Subjects

Health, English Language Arts, and Visual Arts

Materials and Preparation

What you will need:

- Student Reproducible 5 (one per student)
- Chart paper (three or four pieces)
- Basic classroom supplies (markers, crayons, and pencils)
- Additional arts and crafts supplies (glue, scissors, cardboard, card stock, old game pieces, buttons, odds and ends—items students may be able to use to create their games)

Before the lesson:

- Copy Student Reproducible 5.
- Bookmark websites for student research (optional).
- If you completed Lesson 1, post the Q.L. poster from the lesson.

Procedures (Session 1)

Opening the Lesson: Telling Trios and Project Introduction *(15 minutes)*

1. **Divide** students into groups of three.
2. **Assign** each group member a term related to prescription drug use: **proper use**, **misuse**, and **abuse**. In trios, have each student take turns explaining what his or her assigned term means. Then, as a small group, brainstorm a list of topics that are important to know about related to each term. Record the list of topics on a piece of blank paper divided into three columns.

Connect the learning: In Lesson 1 – 4 students learned about **proper use**, **misuse**, and **abuse** of prescription drugs. You can build on the key messages from those lessons when introducing Lesson 5. If you did not teach Lessons 1 – 4, depending on the prior knowledge of your class, you may then want to tell students about the key topics for each term, rather than having the students brainstorm.

3. **Draw** a three-column chart on the board or on a piece of chart paper. Label the columns: "**Proper Use**," "**Misuse**," and "**Abuse**." Have each trio to report their list of topics to the class and record. If students give duplicate topics, then place a check mark for each time the topic is reported. Once all ideas are shared, call attention to everything that the students know about the topic.

4. **Tell** students that they will work within their trio groups to create a board- or card-based trivia game that can be used to practice recalling what they know and want to remember about prescription drugs. The topics that have been recorded on the board will be the key areas to include in the game, with more specific information being built in. Tell students that they will have the rest of the class period to create the game and one class period to play and evaluate another trio's game.

Leading the Lesson: Establishing Criteria for the Project
(10 minutes)

5. **Show** students some examples of familiar games using pictures or real games.

6. **Tell** students that they are going to spend a bit of time talking about the characteristics of games that they will want to emulate in their own games.
   - Brainstorm and chart a list of board game components (including rules, directions, and game pieces).
   - Brainstorm and chart a list of qualities of a fun board game.

Rx for Understanding: Creating a Healthy Future *(Continued)*

7. **Ask:** What will be the evidence that the game has accomplished the goal of helping a person to learn or remember important information about **proper use**, **misuse**, and **abuse** of prescription drugs? Chart the responses.

8. **Direct** attention to the ideas that have been recorded on the three charts and explain to students that the ideas they provided are going to become the guidelines to follow when creating their games.

9. **Tell** students that you will be creating an evaluation form based on what the students have shared. When they play another group's game, they will complete the evaluation form.

Leading the Lesson: Group Work Phase Part One—Game Plan *(20 minutes)*

10. **Remind** students that the topics brainstormed at the beginning of the lesson are the categories of information that they will need to include in their games.

11. **Direct** students to meet with their trios in order to create a game plan addressing the following questions:
    - What type of game do you want to make?
    - How will the game be played and won?
    - What materials are needed to create the game?

Note: Allow students time to look over the materials that you have provided, and ask students to seek your approval for any supplies that are not on display.

    - What will each group member be responsible for?
    - What additional research or information will be needed in order to create the questions and answers for the game?

12. **Direct** students to gather their information and/or complete the additional research needed. To get the detailed information for each topic students can choose one of the following options:
    - If you completed Lessons 1 – 4 with your students, then they can use the information that they have learned throughout the lessons, including completed student reproducibles and posters created during the lessons. As time allows, students who completed Lessons 1 – 4 can also use the bookmarked websites for additional information.
    - If you are teaching only Lesson 5, then students can use the Internet and the bookmarked websites to research the key facts for each of the three topics to include in their games.

Procedures (Session 2)

Leading the Lesson (continued):
Group Work, Part 1 – Game Plan
(45 minutes)

1. **Direct** students to create their games.

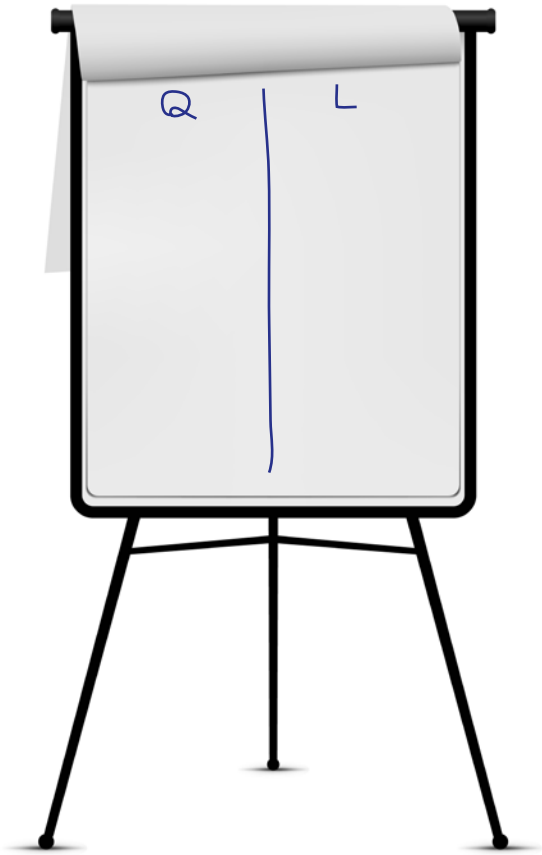
> **Note:** Remember to take some time to create a peer evaluation form using the criteria provided by the students during step seven of Session 1.

Procedures (Session 3)

Leading the Lesson (continued): Game Day
(30 minutes)

1. **Direct** trios to exchange games with another trio and play the other group's game. After they have played the game, have students complete the evaluation forms individually.

Rx for Understanding: Creating a Healthy Future *(Continued)*



Closing the Lesson (continued): Game Day
(15 minutes)

2. Choose one of the following options.

Option 1: Return to the "L" Column of the Q.L. chart from Lesson 1. Discuss the questions in the "Q" column and record the answers in the "L" column.

Option 2: Conduct an opinion poll to see if students' feelings and beliefs about prescription drugs have changed as a result of the lesson. Instruct students to stand at their desks. Explain that you are going to read a series of statements that they will listen to and either agree or disagree with, explaining their reasons for their decisions. Have students move to a designated area of the classroom depending on their answer. Once they are in the respective areas, give students about one minute to discuss why they chose their answer with at least one other person standing in the same area.

Directions:

- Right side of the room – I agree
- Left side of the room – I disagree
- Center of the room – I am not sure

Belief Statements:

- I believe that prescription drugs are safer to **abuse** than illegal drugs like cocaine.
- I believe it is unsafe to take a prescription drug that someone else has offered to me in order to help me with my own health problem (such as pain).
- I believe that abusing or misusing a prescription drug can lead to death.
- I believe that it is important to help my friends and family understand the dangers of prescription drug **abuse**.

Modification Ideas

- To conduct this lesson in less time, make it a whole class project, having everyone work together to develop a trivia-style board game with key categories of questions. Brainstorm with the whole class which categories should be included in the game. Assign small groups of three to five students to develop a predetermined number of question-and-answer cards for one of the categories.
- Set up a game learning station and have one small group at a time play and evaluate the games.
- Play the games in teams or as a whole class.

Assessment Suggestions

- **Formal post-assessment:** Student Reproducible 5: Unit Test; assign a grade value to the Game Project.
- **Informal post-assessment:** Collect and review the Game Evaluation Forms; observe students as they are creating and playing the games.
- **Key message: Did they get it? Did you teach it?** Prescription drugs help keep us healthy and serve an important purpose in our lives. **Misuse** and **abuse** of prescription drugs is a health risk with very serious consequences, and can even be deadly. Knowing how to safely and properly use prescription drugs is an important part of being healthy. Being an advocate and helping others not only helps your friends, school, and community, but it also a way to help yourself.

Answer Key:

1. B	**2.** B	**3.** C
4. B	**5.** D	**6.** A
7. C	**8.** D	**9.** A

10. Evaluate the student responses for the inclusion of one or more of the following: I would tell my friend not to go to the sleepover; that what her friends plan to do is drug **abuse**; that abusing prescription drugs is very dangerous and potentially life threatening; that I would be sad if he or she risked her life; that it is against the law to **abuse** prescription drugs; that they should report the situation to a trusted adult; that they can get help from a parent, school guidance counselor or community organization; that they should use an anonymous resources such as the Substance Abuse and Mental Health Services Administration's Treatment Referral Helpline (1-800-662-HELP); that I know he or she will make the right decision; that I am here to help.

Name

Rx for Understanding: Be Smart about Prescription Drugs Assessment

1. True or False:
It is safer to **abuse** a prescription drug than an illegal drug like cocaine.

a) True b) False

2. True or False:
It is okay to share your prescription drugs with other family members who have the same symptoms.

a) True b) False

3. If a person is taking a prescription pain medication for a sprained ankle and they are still in a lot of pain, they should _____.

a) take more of the medicine than the doctor said to

b) take the medicine more often than the doctor said to

c) call the doctor

d) All of the above

4. An example of _____ is when a person is taking a prescription drug that was prescribed for them, but unknowingly takes too much medicine in one dose because he/she misread the label.

a) **proper use** of prescription drugs

b) **misuse** of prescription drugs

c) **abuse** of prescription drugs

d) addiction to prescription drugs

5. A person is abusing a prescription drug if he or she is _____.

a) knowingly taking a prescription drug that was prescribed for someone else

b) intentionally taking more of the prescription drug than it says to take on the label

c) taking a prescription drug to stay awake in order to study

d) All of the above

6. True or False:
A person can become addicted to prescription drugs.

a) True b) False

7. The difference between prescription drugs and over-the-counter drugs is _____.

a) prescription drugs are more dangerous

b) over-the-counter drugs have side effects

c) prescription drugs are medications that cannot be purchased without a prescription from a physician

d) over-the-counter drugs cannot be abused

8. The most commonly abused prescription drugs are _____.

a) Stimulants

b) Depressants

c) Opioids

d) All of the above

9. True or False:
Accidental **misuse** and intentional **abuse** of prescription drugs can both result in severe health consequences including death.

a) True b) False

10. Respond to the following scenario:
You have a friend who is going to a slumber party at another friend's house this coming weekend. Your friend told you that the person having the slumber party has asked all of the invited guests to bring prescription drugs from their houses to share with everyone at the party. They plan to use them to stay awake longer and have more fun. Your friend asks you what you think he/she should do.

What advice would you give your friend? What would you say in order help keep them safe? Who or where else could you turn to in order to help your friend and other classmates who may be at risk?

Rx for Understanding: Building a Foundation for Health

Topic

Prescription Drug Awareness

Estimated Time

Three 45-minute class sessions

Objective(s)

Students will:

- Describe the purpose of medication (prescription and over-the-counter).
- Describe the significance of medication to their overall health.
- Describe the importance of medication to the health and progression of society.
- Discuss the following terms: drug, prescription drug, over-the-counter drug, illegal drug, **proper use** of prescription drugs, **misuse** of prescription drugs, **abuse** of prescription drugs.
- Construct a timeline that demonstrates understanding of the sequence and importance of events.

At-A-Glance

- **Opening Activity:** Do You Know Much about History?
- **Project:** Timeline Project
- **Closing Activity:** Predict-o-graph

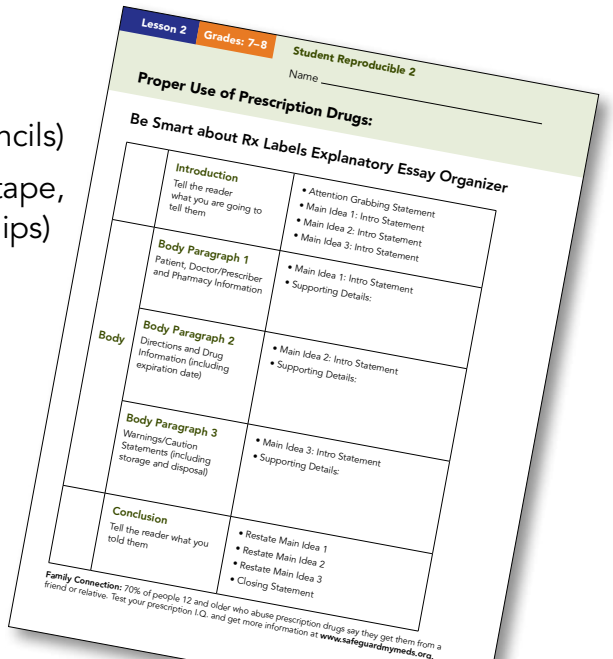
Integrated Subjects

Health, English Language Arts, and Social Studies

Materials and Preparation

What you will need:

- Student Reproducible 1 (one per student)
- Event Cards (half sheets of blank paper or large index cards) (70)
- Time Period Headers (construction paper) (6 sheets)
- Blank paper (10 sheets)
- Sticky notes (2 packs)
- Basic classroom supplies (markers, crayons, and pencils)
- Wall mounting materials (tape, push pins, stapler, paperclips)
- Internet access



Lesson 2 Grades: 7–8 Student Reproducible 2

Name _____

Proper Use of Prescription Drugs:

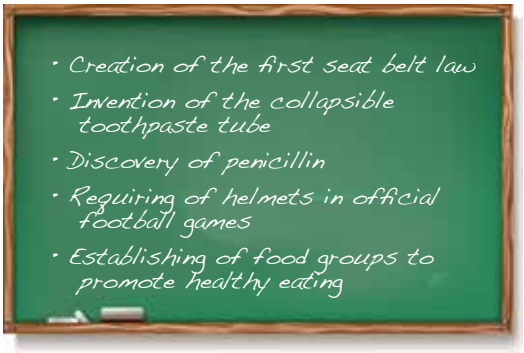
Be Smart about Rx Labels Explanatory Essay Organizer

	Introduction Tell the reader what you are going to tell them	• Attention Grabbing Statement • Main Idea 1: Intro Statement • Main Idea 2: Intro Statement • Main Idea 3: Intro Statement
Body	**Body Paragraph 1** Patient, Doctor/Prescriber and Pharmacy Information	• Main Idea 1: Intro Statement • Supporting Details:
	Body Paragraph 2 Directions and Drug Information (including expiration date)	• Main Idea 2: Intro Statement • Supporting Details:
	Body Paragraph 3 Warnings/Caution Statements (including storage and disposal)	• Main Idea 3: Intro Statement • Supporting Details:
	Conclusion Tell the reader what you told them	• Restate Main Idea 1 • Restate Main Idea 2 • Restate Main Idea 3 • Closing Statement

Family Connection: 70% of people 12 and older who abuse prescription drugs say they get them from a friend or relative. Test your prescription I.Q. and get more information at **www.safeguardmymeds.org.**

Before the lesson:

- Copy Student Reproducible 1.
- Designate a space for the timeline (65-70 event cards, or enough to be displayed in a line on the wall around the perimeter of the room).
- Prepare time period headers (1 C.E. to 500; 501 to 1000; 1001 to 1500; 1501 to 1750; 1751 to 1899; 1900 to 2012).



Internet resources for timeline:

- www.nlm.nih.gov/hmd/especiallyfor/teachersstudents.html
- www.nlm.nih.gov/hmd/ihm/index.html
- www.fda.gov/AboutFDA/WhatWeDo/History/Milestones/ucm128305.htm
- www.readwritethink.org/materials/timeline/

Procedures (Session 1)

Opening the Lesson: Do You Know Much About History *(20 minutes)*

1. **Tell** students that you are going to begin today's lesson discussing things that have happened throughout history that make an important difference in our lives today.

2. **Ask:** What is chronological order?

   Possible response: the sequential order of events that have occurred in the past.

3. **Tell** students that their first challenge is to guess the correct chronological order of a list of events.

4. **Write** the following events on the board:
   - Creation of the first seat belt law
   - Invention of the collapsible toothpaste tube
   - Discovery of penicillin

Rx for Understanding: Building a Foundation for Health *(Continued)*

- Requirement of helmets in official football games
- Establishment of food groups to promote healthy eating

5. **Assign** students to small groups. Give each small group a blank piece of paper. Have students guess the order of the events and record their group's guessed order on blank paper. Give open-ended directions for how students are to represent their guess on the paper (i.e., do not direct students to make a timeline; wait to see if they are inclined to do so on their own).

6. **Invite** a member of each group to share their group's guessed order.

7. **Reveal** the correct order to the class. Share the following information and discuss the importance of each event.

HISTORY

- **Toothpaste**
  In **1892**, Doctor Washington Sheffield of New London, Connecticut, manufactured toothpaste into a collapsible tube.
- **Food Groups**
  In **1916** the United States Department of Agriculture (USDA) released the first nutrition guidelines that categorized foods into milk and meat; cereals; vegetables and fruits; fats and fatty foods; and sugars and sugary foods.
- **Penicillin**
  The discovery of penicillin is attributed to Scottish scientist and Nobel laureate Alexander Fleming. In **1928** he showed that if *Penicillium notatum* were grown in a certain way, it would create a substance with antibiotic properties, which he named penicillin.
- **Helmets**
  In the 1890s many football players began wearing leather helmets. Wearing of protective headgear, like the helmets we see today, was mandated by the National College Athletic Association (NCAA) in **1939**.
- **Seat Belts**
  The first seat belt law was a federal law, which took effect on January 1, **1968**. It required all vehicles (except buses) to be fitted with seat belts in all designated seating positions.

8. **Discuss** the guesses in comparison to the actual order. How close were the guesses? Did any group correctly predict the entire order? Were they surprised by the actual order? If so, why?

9. **Observe** how each group chose to represent their guess on blank paper. Did any of the groups choose to show their guess by drawing a line and plotting the order? Build upon the students' attempts to display the order of events on some type of line.

10. **Introduce** the concept of a timeline. Timelines help us understand history by telling us what happens when and displaying how much time transpires between events. From timelines we can also observe possible causal relationships (such as why certain discoveries or events may have occurred during or in relation to other major historical events or periods).

11. **Model** the creation of a short timeline using the five events that you are currently working with. Think aloud as you draw a line on the board and plot the events.

12. **Discuss** the model timeline. Point out the different types of significant events (some are discoveries, some are historical events).

13. **Ask:** What do these events have to do with each other?

    Ideal responses: they are all historical events/discoveries that have to do with our health.

14. **Ask:** What other events throughout history may have impacted your health?

- **Possible responses:** medical advances (technology, new medicines, vaccines); the Internet (cyberbullying, need for safety); the rise of organized sports (safety equipment, need for sunscreen); the discovery of new diseases and/or cures.
  - Differentiate between events that have to do with overall health and events that have to do with medicine. Focus on medicine. Medicine is one aspect of our overall health. When

Rx for Understanding: Building a Foundation for Health *(Continued)*

we use the term "medicine" it applies to all aspects and discoveries of the medical field (including medications, surgeries, vaccinations, cures, and diagnostic and treatment practices). Ask students what life might have been like today if it were not for some of the medical discoveries mentioned during the discussion.

Leading the Lesson:
Timeline Project Phase 1: Introduce the Project (whole group)
(5 minutes)

15. **Tell** students that they are going to have a chance to discover even more interesting information about the history of medicine. They will be conducting historical research and creating a large and prominent class timeline about the history of medicine to display in their classroom.

16. **Explain** the following terms:

    Historical Research: Research is an investigation into existing or new knowledge. Historical research is the study of things that have happened in the past. Historical research is important because it provides insight into the way societies behave. It is challenging to evaluate information and make decisions without the use of history as a lens.

    Epidemic: An epidemic is an outbreak or the rapid and extensive spreading of an event, disease, or infection that affects the population of a certain area at the same time (such as an outbreak of influenza).

Timeline Project Phase 2: Research and Discovery (independent) *(20 minutes)*

17. **Write** the following time periods on the board:
    - 1 C.E. to 500
    - 501 to 1000
    - 1001 to 1500
    - 1501 to 1750
    - 1751 to 1899
    - 1900 to 2012

18. **Assign** each student to a time period. Assign students evenly so that about the same number of students is assigned to each time period. Distribute Student Reproducible 1 and have students record the time period they have been assigned.

19. **Explain** to students that they will be using the Internet to conduct their research. Caution students about the Internet; it is a great resource, but it is also a public forum in which anyone can make a claim or an assertion. It is your responsibility as a researcher to find and use trustworthy sources. There are several ways to check your sources.

20. **Ask:** How can you be sure the information placed on your timeline is accurate?

    Possible response: you can verify the date with one or two additional sources.

21. **Ask:** How can you be sure that you are using reliable sources on the Internet?

    Possible responses: I can easily figure out who wrote the information; verify the author's credentials; go to the author's web page; find out if the author has published work in a scholarly journal; check to be sure that all factual claims are linked to sources; note that grammatical or spelling errors could indicate that the content is not credible; check to see when the web page was last updated; check the URL to see if the information is linked to an organization (.edu usually

Rx for Understanding: Building a Foundation for Health *(Continued)*

means educational institution,.gov means it is most likely a reliable government website, and sites that end in .org are usually nonprofit organizations and are also most likely reliable sources of information).

Note: In order to accurately assess a source for reliability and truthfulness, one must look at all criteria together. For example, when a URL ends with .org this usually indicates that the site is a nonprofit. This factor alone does not guarantee that the site is valid and reliable. You should consider more than one factor to make your assessment. For example, if the URL you are reviewing ends with .org then also check to see if there are links to sources and/or dates when the page was last updated.

22. **Remind** students that just because something has made its way onto Internet, it does not mean that it is credible, reliable, or even true. Restate this point as it pertains to overall health information as well. For example, if students go to the Internet looking for advice or information about a health concern, they also have to apply the same type of scrutiny to their sources. Again, just because a piece of health advice has made it to the Internet does not mean that it is trustworthy or applicable to their unique situation.

Note: Students may ask you about the use of a prescription drug manufacturers website as a reliable source of information. Drug manufacturers can be used as reliable, accurate, and helpful sources of information about the medicines that they produce. Drug manufacturers adhere to high standards established by state and federal laws and regulations regarding the way they communicate and inform consumers about their products.

23. **Direct** students to complete Student Reproducible 1 independently.

Vocabulary Terms

Prescription Drug
Medication only provided for a specific individual with a written order from a doctor or other appropriate medical professional.

Over-the-counter (OTC) Drug
Medication available without a prescription.

Illegal Drug
A drug whose production or use is prohibited by law.

Proper Prescription Drug Use
When someone takes prescription medication exactly as directed. Examples include taking the medication at the right time, taking the right amount, and disposing of the medication appropriately.

Prescription Drug Misuse
When someone does not take prescription medication as directed or intended either unknowingly or carelessly. Examples include taking the wrong amount, using an expired medication, or taking a medication that was prescribed for someone else.

Prescription Drug Abuse
When someone purposely takes prescription medication in a manner or dosage other than what was prescribed for the purpose of experiencing a desired effect.

Procedures (Session 2)

Leading the Lesson (continued)

Timeline Project Phase 2: Research and Discovery
(10 minutes)

1. **Give** students an additional 10 minutes to complete their independent research and Student Reproducible 1.

Timeline Project Phase 3: Share, Select, and Record (small group)
(25 minutes)

2. **Direct** students to form small groups with all of the other students who were assigned the same time period.
   - Each group member shares the five events that they chose and why.
   - As a group, agree on the 10 most significant events during your time period.
   - For each of the events selected, write the event title, year (and specific date if known), and a brief description of what the event was and why it mattered. If pictures are available, print, cut, and glue them onto the cards.
   - Place the 10 event cards in order and number on the back so that the timeline can be easily assembled.

Timeline Project Phase 4: Create Timeline (whole group)
(10 minutes)

3. **Explain** how to assemble the timeline. Show each group where their section is. Have students post their groups' 10 events under the Time Period Header for their time period.

Rx for Understanding: Building a Foundation for Health *(Continued)*

Procedures (Session 3)

Leading the Lesson (continued)

Timeline Project Phase 5: Timeline Discussion (whole group) *(30 minutes)*

1. **Discuss** the timeline:
   - What types of medical events made it to the timeline? How does each type of event relate to the picture of overall health? What might the state of our health as a society be if the event had not occurred? How did the event help to shape how things are in medicine today?
   - Have students focus on events that have to do with medication. Which of these events are related to over-the-counter medications and which are related to prescription drugs? Which are related to both? What is the difference between these two types of medicine?
   - Draw a connection between the history of medicine and the importance of the **proper use** of medications, and explain why you are choosing to focus on prescription drugs. It is important to understand that prescription drugs are only safe when used properly.
   - On the timeline, mark each event card that has to do with prescription drugs by placing a sticky note next to it.
2. **Explain** the vocabulary terms.
3. **Review** the list of possible Teacher Added Events. Check to see if students have already included each of the events on the timeline. If not, then add the event using one of the extra event cards. Write the date and event summary on the card and post it on the timeline. If there is no space on the line, then place the card above or below the line with an arrow inserting the placement on the timeline.

First Pharmacopeia
1820

A book that containing an official list of medicinal drugs (Rx and OTC) and information for their preparation and use.

Sample Teacher Added Event Card

TEACHER ADDED EVENTS

Discussion Points

- **Origination of the Rx symbol – circa 600**
  The symbol Rx commonly represents the word "prescription." This symbol originated in medieval times as an abbreviation for the Latin word for take, which is "recipe."

  The word "prescription" is made from the prefix "pre" which means before, and the base word "script" which means writing. A prescription is an order that must be written down before a drug can be prepared.

  Note: The year for this event is estimated because the word is said to have originated during medieval times with no specific date given.
- **First Pharmacopeia – 1820**
  First reference work for prescription drugs.
- **Sherley Amendment – 1912**
  First U.S. law to prohibit the labeling of medications with false therapeutic claims and requiring the label to include a list of ingredients. Reportedly the amendment was enacted after a medication for babies, Mrs. Winslow's Soothing Syrup for teething and colic, unlabeled yet laced with morphine, killed many infants.
- **Drug Abuse Control Amendments – 1965**
  First law passed to deal with problems caused by **abuse** of depressants, stimulants, and hallucinogens.
- **First Monitoring the Future Survey (MTF) Study – 1975**
  This study, conducted yearly, surveys trends in legal and illegal drug use among American youth.
- **Prescription Drug Abuse is an Epidemic – 2007**
  In 2007, over 27,000 people died from prescription drug overdoses in the United States. This number is five times higher than it was in 1990 and prescription drugs are now involved in more overdose deaths than heroin and cocaine combined. The Centers for Disease Control and Prevention has classified prescription drug **abuse** as an epidemic.
- **Wide-spread Abuse of Prescription Drugs Among Youth – 2010**
  From the most recent MTF study, we learned that among 12 – 17 year olds, prescription and OTC drugs are, after marijuana, the most commonly abused drugs.

Rx for Understanding: Building a Foundation for Health *(Continued)*

4. **Introduce** the added events and discuss how the event is related to the big picture.
   - Refer to the event card that you have added, or to one that already exists and was posted by students.
   - Explain the event to students and describe why you are choosing to add (or mention) it.
   - Build on the vocabulary terms.
   - Several discoveries and events have led to prescription drug safety.
   - Prescription drugs are powerful drugs that do a lot of good. They are safe and effective when used properly. When misused or abused, however, they are very harmful. Do students see instances of this on the timeline? What are the possible causal factors between the positive and negative aspects of prescription drugs seen on the timeline? Why do students think such an alarming number of youth their ages are abusing prescription drugs?

Closing the Lesson: Predict-o-graph
(15 minutes)

5. **Discuss** the importance of learning about the **proper use** of prescription drugs.

6. **Direct** students to imagine that it is the year 2040 and a new MTF study has just been released. The 2040 study concludes that less that 1% of youth are abusing prescription drugs.

7. **Ask:** Do you think the scenario is possible or likely? What can you do to help make this imaginary scenario possible? If young people learn about the **misuse**, **abuse**, and **proper use** of prescription drugs, does it help this scenario to be more likely?

8. **Ask:** What would happen if we did not have (or could not use) prescription drugs? What would happen if no one had ever discovered penicillin?

   Possible responses: many common infections today would make us a lot more sick than they do; illnesses would be harder to overcome; illnesses would take longer to recover from (impacting other aspects of our lives); it could mean that common treatable illnesses could possibly be deadly.

9. **Ask:** Why is it important to think about the future with regard to prescription drugs?

   Possible responses: we want to use prescription drugs properly for our own safety, but also for the well being of our society; when we learn about using prescription drugs responsibly, we will continue to have effective medications available to us; we do not want science and discovery to be stifled because of **misuse** and **abuse**.

10. **Tell** students that it is important to know about the **proper use**, **misuse**, and **abuse** of prescription drugs in order to make healthy choices and help your family, friends, and community. Working together we can end this epidemic and change the course of our medical history timeline.

11. **Tell** students that they will be learning about important rules for the **proper use** of prescription drugs. Ask students what they think one of these rules is.

12. **Direct** students to make a prediction as to what one of the rules for **proper use** might be and record it on a sticky note.

13. **Create** the Predict-o-graph: What is the most important rule for **proper use** of prescription drugs?

14. **Ask** students finish the sticky notes, group the sticky notes with like rules together.

15. **Create** a bar graph on the board using the sticky notes that visually summarizes students' predictions.

16. **Discuss** the Predict-o-graph:

    Option 1: If you plan to teach Lesson 2, then use the prediction activity to build excitement for the next lesson. Tell students that they will see if their predictions are correct in the next lesson.

    Option 2: If you are teaching this lesson in isolation (and will not be following up with Lesson 2), then discuss the graph now and provide the correct answers (using the students' predictions as a jumping off point).

Rx for Understanding: Building a Foundation for Health *(Continued)*

Modification Ideas

- Incorporate geography by researching where the events occurred and finding the locations on a map or globe.
- Extend the lesson by creating a section of the timeline for future medical discoveries and events. Have students predict what will happen in the future of medicine. Discuss their predictions. Are they realistic? What will have to happen in the present in order for their predictions to come true? What is their role and responsibility in society to see that the positive future predictions are possible and that the negative predictions do not come to fruition?
- Extend the lesson by keeping the timeline posted throughout the unit. Leave space between the event cards and continue to add things that come up throughout the remaining lessons. For example, in Lesson 2 you will be teaching students about **proper use** of prescription drugs. At the conclusion of the lesson, you could direct students to find out when the Food and Drug Administration (FDA) began regulating prescription drug labels. You could close each of the remaining lessons with a question pertaining to history and add the answer to the timeline.
- Integrate the Visual Arts by turning the timeline into a collage. Draw pictures and collect articles, illustrations, quotes, artifacts, etc. that pertain to the events. Add the artwork to the timeline by placing it above, below, and around the event cards. Use string to connect the artwork to a particular date.
- Collaborate with other educators. A timeline project is a wonderful opportunity for cross-curricular integration.
- Shorten the lesson by skipping the independent research section. Have all of the research conducted by the small group. You could also reduce the length of the lesson by having each student select one event to put on the timeline rather than using small group and independent research sections.

Assessment Suggestions

- **Formal pre-assessment:** Use the post-assessment included with Lesson 5 as a pre-assessment.
- **Informal assessment:** Use Student Reproducible 1 to determine if students comprehended the timeline concept. Observe small group participation. Question students during the process. Have students explain why they choose to include the events that they did. Listen for answers that show students making the connection between their health and history. Did students choose to feature/portray the most relevant events during their assigned time period? Did students select important events?
- **Key message: Did they get it? Did you teach it?** Prescription medications help keep us healthy and serve an important purpose in our lives. **Misuse** and **abuse** of prescription medications is a health risk with very serious consequences, and can even be deadly. Knowing how to properly use prescription drugs is an important part of being healthy.

Name

History of Medicine: Timeline Research

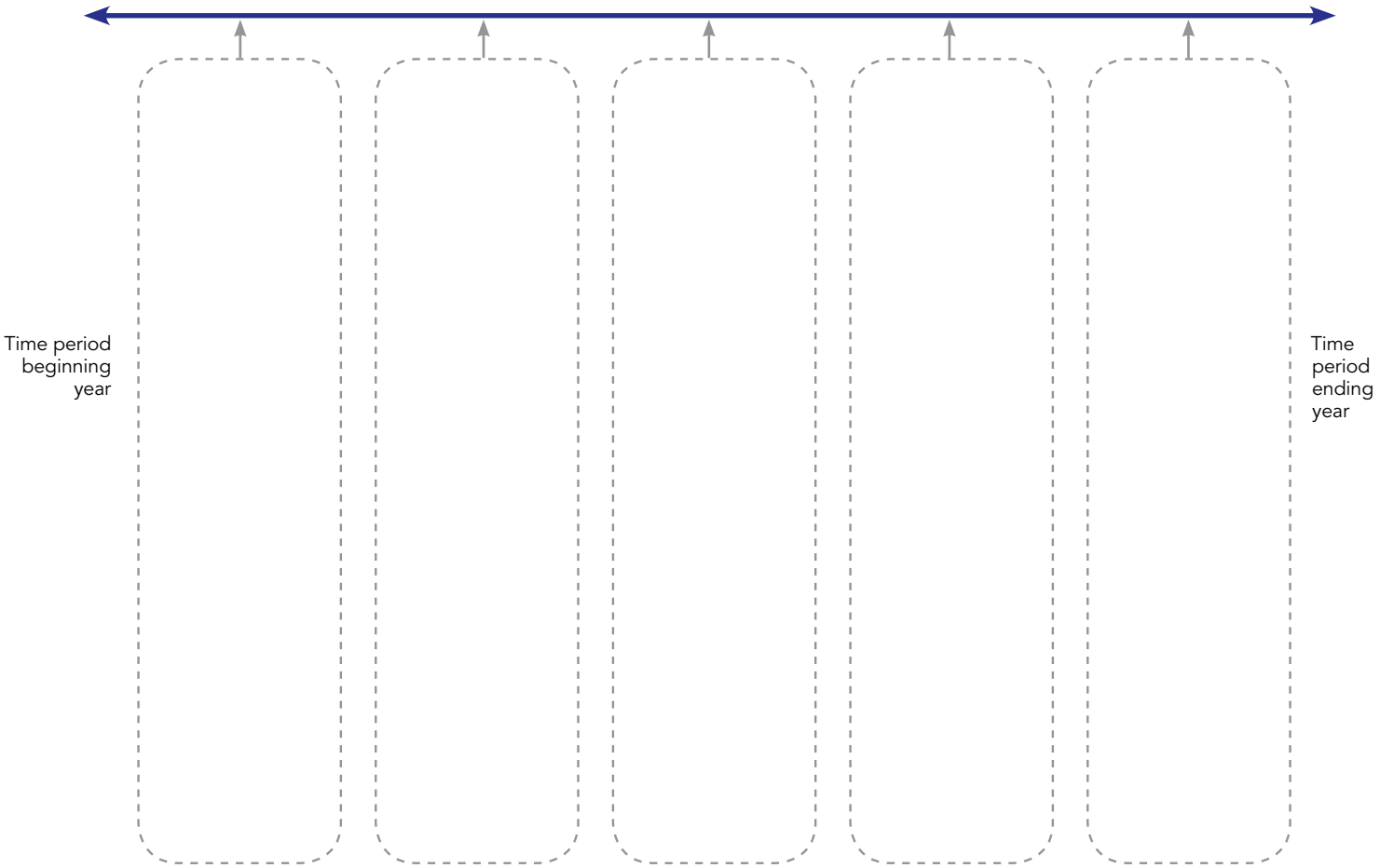
STEP 1 Record assigned time period: _____

STEP 2 List five events during this time period having to do with medicine or health.

EVENT	DATE
1.	
2.	
3.	
4.	
5.	

Were there any other major historical events that occurred during this time period that could be connected to a medical- or health-related event or discovery?

STEP 3 Plot the events you listed on the timeline below:



Family Connection: Every day for the first time, an average of 2,000 teenagers use prescription drugs without a doctor's guidance. Misusing or abusing prescription drugs can have serious health consequences. Safe use of prescription drugs is a vital part of your child's overall health. You can learn more at **www.teenshealth.org/parent.**

Rx for Understanding: Proper Use of Prescription Drugs

Topic

Prescription Drug Safety

Estimated Time

Two 45-minute class sessions

Objective(s)

Students will:

- Explain the difference between prescription and over-the-counter drugs.
- Explain **proper use** practices that reduce the possibility of misusing or abusing prescription drugs.
- Construct an informative essay about **proper use** of prescription drugs.

Integrated Subjects

Health and English Language Arts

At-A-Glance

- **Opening Activity:** Moved to Answer
- **Teaching the Topic:** What is **Proper Use**?
- **Writing Project:** Informative/Explanatory Essay
- **Closing Activity:** Quick Draw

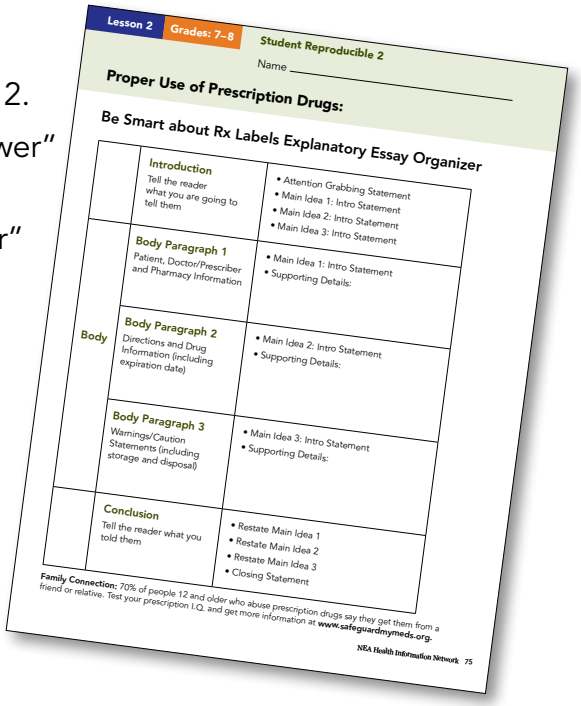
Materials and Preparation

What you will need:

- Student Reproducible 2 (one per student)
- Blank paper (one sheet per student)
- Lined paper (several sheets per student)
- Basic classroom supplies (markers, crayons, and pencils)
- Internet access

Before the lesson:

- Copy Student Reproducible 2.
- Prepare the "Moved to Answer" response choice signs.
- Write the "Moved to Answer" statements on the board. Cover the statements until you are ready to begin the opening activity.



Lesson 2 Grades: 7–8 Student Reproducible 2

Name _____

Proper Use of Prescription Drugs:

Be Smart about Rx Labels Explanatory Essay Organizer

	Introduction Tell the reader what you are going to tell them	• Attention Grabbing Statement • Main Idea 1: Intro Statement • Main Idea 2: Intro Statement • Main Idea 3: Intro Statement
Body	**Body Paragraph 1** Patient, Doctor/Prescriber and Pharmacy Information	• Main Idea 1: Intro Statement • Supporting Details:
	Body Paragraph 2 Directions and Drug Information (including expiration date)	• Main Idea 2: Intro Statement • Supporting Details:
	Body Paragraph 3 Warnings/Caution Statements (including storage and disposal)	• Main Idea 3: Intro Statement • Supporting Details:
	Conclusion Tell the reader what you told them	• Restate Main Idea 1 • Restate Main Idea 2 • Restate Main Idea 3 • Closing Statement

Family Connection: 70% of people 12 and older who abuse prescription drugs say they get them from a friend or relative. Test your prescription I.Q. and get more information at **www.safeguardmymeds.org.**

NEA Health Information Network 75

Procedures (Session 1)

Opening the Lesson: Moved to Answer
(15 minutes)

1. **Write** the term "medicine" on the board. Ask students to name some types of medicine. Focus on the examples of prescription drugs.

2. **Explain** to students that there are many types of medications, and prescription drugs are one category. Prescription drugs are also known as Rx drugs. Prescription drugs are medications provided for a specific individual with a written order from a doctor or other appropriate medical professional.

Connect the learning: In Lesson 1 students learned how medicines serve an important purpose in their overall health (when used properly), and they were also introduced to the concept of prescription and over-the-counter drugs.

Response Choices

- Never okay to do.
- Could be okay to do (under certain circumstances).
- Always okay to do.
- Not sure if this is okay to do or not.

3. **Tell** students that you will be reading them a list of statements about prescription drugs and they will be moving to a certain area of the room and standing beside a sign based on their opinion regarding the statement. Explain the response choices.

4. **Read** each situation aloud, one at a time. Allow students a moment to think, then direct them to move to the posted sign that most represents their opinion.

Situations:

- Taking a prescription drug prescribed for you by your doctor or other appropriate medical professional, exactly as instructed, with adult supervision
- Using another family member's or friend's prescription drug
- Giving your prescription drug to another person to take
- Leaving a prescription drug in a place that is easy for a younger child to reach

Rx for Understanding: Proper Use of Prescription Drugs *(Continued)*

PROPER USE

- Taking your prescription drug at any time that you want
- Taking your prescription drug with food
- Taking more than one prescription drug at a time
- Deciding on your own to take more than the prescribed dosage of a prescription drug, because you think that it isn't working well enough
- Using your own prescription drug after the prescription has expired
- Using another person's prescription drug because you are sick too
- Using your own prescription drug for any other reason than for what it was prescribed
- Using another person's prescription drugs to get high
- Giving or selling your prescription drugs (or a family member's prescription drugs) to someone else for the purpose of getting high
- Throwing leftover prescription drugs in the trash when you are done taking your prescription
- Asking the pharmacy to sell you more of your prescription drug after you run out
- Asking the pharmacist if you have questions about your prescription

5. **Direct** students to discuss why they selected that response with a partner or subgroup within the group of students who chose the same response for each statement. Continue to read statements, and have students move and discuss responses until each statement has been read.

6. **Observe** and tally the number of students who choose each response per statement. Jot the numbers down in your own notes (the total numbers do not need to be visible to the students—in fact, do not let the students know that you are collecting data because this could influence the decisions that they make regarding their responses).

7. **Direct** students to return to their seats after completing this process for each statement.

8. **Reveal** the number of students who thought that "using another family member's or friend's prescription drugs" was "sometimes okay to do." Remind students that intentionally and knowingly using another person's prescription drug is prescription drug **abuse** and is never okay to do. Explain why it is important for students to be clear about what is okay and not okay with regard to prescription drugs (**misuse** and **abuse** of prescription drugs may happen for different reasons; both can be very harmful and have the same consequences).

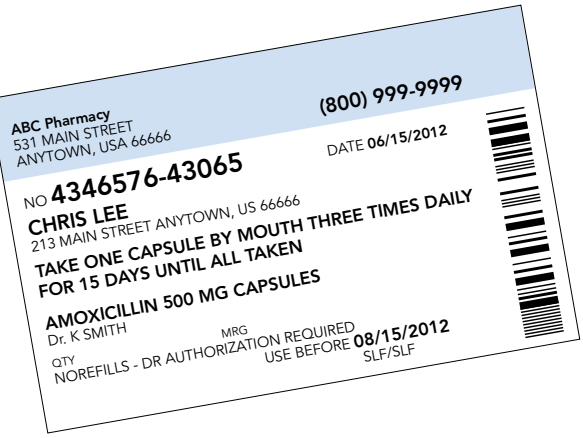
9. **Tell** students over the course of this lesson that all of the correct responses to the "Moved to Answer" statements will be identified and explained.

10. **Tell** students that the best way to avoid **misuse** and **abuse** is to understand **proper use**. Most of the time, the "rules" or things to know about **proper use** are simple to remember and easy to find.

Connect the learning: Remind students that in Lesson 1 they have already made guesses about what the most important rules of **proper use** may be. Tell students that in today's lesson, they will have a chance to find out if their guesses were correct. Refer to the sticky note Predict-o-graph that was created in Lesson 1. Throughout this lesson use the Predict-o-graph to build on what students have learned.

11. **Ask:** What can a person do to find out how to properly use a prescription drug? (**Possible responses:** label; doctor; parent.) Validate and/or clarify answers from students. Draw attention to answers having to do with a prescription drug label, a very helpful and informative tool.

Rx for Understanding: Proper Use of Prescription Drugs *(Continued)*



Leading the Lesson: What is **Proper Use**?
(15 minutes)

12. **Show** students a picture of a prescription drug label. Tell students that the label is a reminder for the rules of **proper use**. Everything that you need to know about **proper use** of prescription drugs, you can read on the label. A label is more than just decoration on the package, it is the prescriber's specific instructions to the person for whom the drug is prescribed.

13. **Ask:** Why do Rx drugs have labels? (**Possible responses:** because they are powerful and serious chemicals; law requires labels; abusing prescription drugs is illegal.) Doctors are trained professionals who look at a number of factors to determine the need for a specific kind of medicine and who know the proper amount of a prescription drug to give. This decision is made based on information that the doctor considers very heavily. Every prescription drug has a label. The label provides instructions and essential information. A doctor and/or pharmacist can answer questions. Prescription drugs must be taken by the person they are prescribed for and only as directed, without exception.

14. **Explain** each section of a prescription drug label using the How to Be Smart About Prescription Drugs Discussion Points. As you share the information for each step, tie in the statements from the opening activity that are connected. Read the statements that align with each label section. Provide general information (no specific names) about the number of students who selected each response. Then, provide the answers and discuss key points.

How to Be Smart About Prescription Drugs – Discussion Points

STEP 1 Know Who

Pharmacy Information

- Includes the name, address, and phone number of the issuing pharmacy, as well as a prescription number and fill date.
- This information is important in the event that you have an adverse reaction to the medication, or if you have to call the pharmacy with any questions.
- Opening Activity statements that connect:
  > Ask the pharmacy to sell you more of your prescription drug after your run out
  Correct response: Could be okay to do; it depends on if the prescriber has authorized any refills for your prescription. Only the person who prescribed the medication can make this determination, because they have the knowledge to determine how long you should be taking the medication and when a prescription drug may start to cause adverse effects when taken for too long a period of time.

  > Ask the pharmacist if you have questions about your prescription
  Correct response: Always okay to do.

Doctor/Prescriber Information

- Includes the name of the doctor or other appropriate medical professional who prescribed the medication.
- Prescription medication can only be provided to you if ordered by your doctor or other appropriate medical professional.
- A prescription is written for one person, not for a family or group of people.
- The doctor or other appropriate medical professional decides what and how much to prescribe based on factors unique to you (such as symptoms, age, weight, allergies, and other medications that you are taking).
- Opening Activity statements that connect:
  > Taking more than one prescription drug at a time
  Correct response: Could be okay to do; it depends on the kind of prescription drug it is, because drugs are chemicals and can interact negatively when taken together; when this happens, it is called drug interaction. Avoiding drug interaction is one of the main reasons why you should only take prescription drugs that are prescribed for you by your doctor, who will know what prescription drugs should not be taken together. It is important that your doctor know all prescription and over-the-counter drugs that you are taking before prescribing a new drug for you.

  > Deciding on your own to take more than the prescribed dosage of a prescription drug because you think that it isn't working well enough
  Correct response: Never okay to do; the amount of a prescription drug that you are supposed to take is determined specifically for you, by your doctor, based on factors such as the strength of the drug and your size. Determining how much of a drug to take without your doctor's guidance is called self-medication, and it is very dangerous. A doctor has unique knowledge to make such a determination.

Continues on the next page

Rx for Understanding: Proper Use of Prescription Drugs *(Continued)*

How to Be Smart About Prescription Drugs – Discussion Points *Continued*

Patient Information

- Includes the name and address of the person for whom the medication was prescribed.
- This information is important because the medicine was prescribed for you only.
- Never take a medicine prescribed for someone else.
- Never share your prescription with anyone. It is for the ONE person only. When the directions are not followed intentionally for any reason, that is prescription drug **abuse**.
- Opening Activity statements that connect:
  - > Taking a prescription drug prescribed for you by your doctor, exactly as instructed, with adult supervision
    Correct response: Always okay to do.
  - > Using another family member's or friend's prescription drug
    Correct response: Never okay to do.
  - > Giving your prescription drug to another person to take
    Correct response: Never okay to do.
  - > Using another person's prescription drug because you are sick too
    Correct response: Never okay to do.
  - > Using your own prescription drug for any other reason than for what it was prescribed
    Correct response: Never okay to do.
  - > Using your own prescription drug to get high
    Correct response: Never okay to do.
  - > Using another person's prescription drug to get high
    Correct response: Never okay to do.
  - > Giving or selling your prescription drugs (or a family member's prescription drugs) to someone else for the purpose of getting high
    Correct response: Never okay to do.

STEP 2 KNOW WHAT AND HOW

Drug Information

- Includes the name and strength of the drug, along with any additional names that the drug is called. Sometimes a description of what the drug looks like is also included.
- This information helps ensure that you receive the correct prescription drug from the pharmacy and that you are not taking another prescription (from a different doctor) of the same drug.

Directions

- Includes instructions about when and how often to take the medication.
- This information is important because not following directions can have severe consequences. Taking the medication at the wrong time can affect whether the medication does what it is supposed to do. Taking the wrong amount (dosage) can make you sick and can even be deadly.
- Opening Activity statements that connect:
  - > Taking your prescription drug at any time that you want.
  - > Taking your prescription drug with food
    Correct response (for both statements): Could be okay to do; this depends on the type of prescription drug it is and this determination will be made by your doctor or other appropriate medical professional and/or the pharmacy and reflected on the label's directions.

How to Be Smart About Prescription Drugs – Discussion Points

STEP 3 KNOW WHAT NOT

Warnings and Cautions

- Includes special considerations about **proper use**, side effects, safe storage, and proper disposal.
- Always pay attention to all warning and caution messages.
- Opening Activity statements that connect:
  - > Throwing leftover prescription drugs in the trash when you are done taking your prescription
    Correct response: Could be okay to do; it depends; for your safety and the safety of the public, some prescription drugs need to be disposed of in a very specific way.
  - > Leaving a prescription drug in a place that is easy for a younger child to reach
    Correct response: Never okay to do.

Expiration Date

- This is the last date by which the medicine should be used. Never use the medication past this date.
- Using medications past their expiration dates or is dangerous.
- Remember to properly dispose of expired prescription drugs.
- Opening Activity statements that connect:
  - > Using a prescription drug after the prescription has expired
    Correct response: Never okay to do.

15. **Tell** students that prescription drug **abuse** is a major heath concern for America's adolescents and teenagers. Young people are abusing prescription drugs at high rates, second only to marijuana. Teens and youth are abusing prescription drugs, intentionally taking them for a reason other than for what they where prescribed (to get high, to help focus on a test, to alter their weight) because they believe that since prescription drugs are medicines and are given by doctors, they must be safe. One way that they can help themselves and others remember that prescription drugs are safe and effective only when used properly is to explain the messages about **proper use** and the importance of the label to others.

Rx for Understanding: Proper Use of Prescription Drugs *(Continued)*

Informative Writing Goals:

- Develop the topic (facts, definitions, concrete details)
- Use appropriate transitions
- Use precise language and domain-specific vocabulary
- Establish and maintain a formal style
- Provide a concluding statement

Common Core State Standards for the English Language Arts

Leading the Lesson
Writing Project: Informative/Explanatory Text
Introduction to the Assignment and Pre-Writing Phase
(15 minutes)

16. **Explain** informative text. Depending on how much background your students have with writing informative/explanatory texts, you will need to either refresh their memory or introduce the genre. In an informative text, the writer takes on the role of a teacher or expert. The purpose of this type of writing is to inform an audience that is unfamiliar with your topic. Informative texts should be both informative and interesting.

17. **Explain** the writing process, using either the structure that your school already has in place or the suggested process.

18. **Direct** students to complete the Pre-Writing Phase (Student Reproducible 2).

Procedures (Session 2)

Leading the Lesson (continued)
Writing Project: Informative/Explanatory Text
(40 minutes)

1. **Conduct** the writing process as you described to students in Session 1. Give students time to complete each phase (drafting, revising, editing, publishing).

2. **Assign** partners and have students read each other's published essays. Have them pick one moment from their partner's essay that either interested or informed them to share with the whole class.

Closing the Lesson: Quick Draw
(5 minutes)

3. **Give** each student a blank piece of paper to create a symbol for one of the rules of **proper use**. The symbol should visually represent the rule and remind youth of **proper use**.

Modification Ideas

- Use the opening activity as an anticipation guide for this lesson. Have students divide a blank piece of paper into two columns, labeled "before" and "after." Before the activity, have students record their responses to each statement in the "before" column. At the end of the lesson, have students revisit each statement and record their responses to each statement in the "after" column. How has the lesson changed their opinions?
- Extend the lesson and integrate technology by having students use the computer to produce their final draft.
- Extend the lesson and integrate technology by having students create PowerPoint presentations to accompany their essays.
- Extend the lesson by having students compare and contrast prescription and over-the-counter drug labels.
- Shorten the lesson by modifying the phases of the writing process, perhaps only having students complete the essay planning organizer and/or rough draft.
- Utilize cross-curricular collaboration with another teacher. Students can learn the background and begin the writing assignment in one class, and carry out the writing process in another class (such as Language Arts).

Components of Informative/ Explanatory Text

- **Introduction**
  engage your readers
- **Body**
  teach your topic
- **Conclusion**
  summarize your key points

Suggested Writing Process

- Pre-Writing
- Drafting
- Revising
- Editing
- Publishing

Common Core State Standards for the English Language Arts

Rx for Understanding: Proper Use of Prescription Drugs *(Continued)*

Assessment Suggestions

- **Formal assessment:** Create and/or use an available rubric to score the essay.
- **Informal assessment:** Evaluate the students' quick draw papers. Listen for understanding as students share what they learned from reading one another's essays with the whole group.
- **Key message: Did they get it? Did you teach it?** Medicine can help us to be healthy in many ways. One category of medicine is prescription drugs. In order to obtain a prescription drug you need a written order from a medical practitioner. When not used properly, prescription drugs can have serious health consequences and even lead to death. Doctors are trained professionals who look at a number of factors to determine the need for a specific kind of medicine and who know the proper amount of a prescription drug to give. This decision is made based on information that the doctor weighs very heavily. Every prescription drug has a label. The label gives you the directions and essential information about the prescription. Your doctor and/or pharmacist can answer questions. All prescription medication must be taken by the person it is prescribed for and only as directed—without exception.

Name _____

Proper Use of Prescription Drugs:

Be Smart about Rx Labels Explanatory Essay Organizer

	Introduction Tell the reader what you are going to tell them	• Attention Grabbing Statement • Main Idea 1: Intro Statement • Main Idea 2: Intro Statement • Main Idea 3: Intro Statement
Body	**Body Paragraph 1** Patient, Doctor/Prescriber and Pharmacy Information	• Main Idea 1: Intro Statement • Supporting Details:
	Body Paragraph 2 Directions and Drug Information (including expiration date)	• Main Idea 2: Intro Statement • Supporting Details:
	Body Paragraph 3 Warnings/Caution Statements (including storage and disposal)	• Main Idea 3: Intro Statement • Supporting Details:
	Conclusion Tell the reader what you told them	• Restate Main Idea 1 • Restate Main Idea 2 • Restate Main Idea 3 • Closing Statement

Family Connection: 70% of people 12 and older who abuse prescription drugs say they get them from a friend or relative. Test your prescription I.Q. and get more information at **www.safeguardmymeds.org.**

Rx for Understanding: Misuse of Prescription Drugs

Topic

How and Why to Avoid **Misuse** of Prescription Drugs

Estimated Time

Two 45-minute class sessions

At-A-Glance

- **Opening Activity:** Side Conversation About Side Effects
- **Research Activity:** Prescription Drug Fact Sheets
- **Closing Activity:** **Misuse** Analogy

Objective(s)

Students will:

- Describe the intended use and benefits of common prescription drugs and explain how they work.
- Describe the side effects of commonly used prescription and over-the-counter drugs.
- Identify commonly misused and abused prescription drugs and the risks and consequences of **misuse**.
- Recognize the street names for commonly misused and abused prescription drugs.
- Recognize the importance of knowing about the **proper use** of prescription drugs as an essential step to avoid **misuse**.

Integrated Subjects

Health, English Language Arts, and Technology

Materials and Preparation

What you will need:

- Scrap or quarter sheet of paper (one per student)
- Blank paper (one sheet per three students)
- Lined writing paper (one sheet per student)
- Basic classroom supplies (markers, crayons, and pencils)
- Student Internet access during the lesson
- Index cards (one per student)
- Student Repoducible 3

Before the lesson:

- Copy Student Reproducible 3.
- Prepare Prescription Drug Research Cards: write drug names onto index cards (one card for every student). Repeat Rx Drug Names as necessary. Do not include the category (this information is for teacher use only).
- Bookmark websites for student research (optional).

Rx Drug Names for Prescription Drug Research Cards

Rx Drug Name	Category (Answer Key)
Alprazolam	Depressant
Amphetamine	Stimulant
Barbiturates	Depressant
Benzodiazepines	Depressant
Benzphetamine	Stimulant
Buspirone	Depressant
Carisoprodol	Depressant
Choloral Hydrate	Depressant
Codeine	Opioid
Dextroamphetamine	Stimulant
Diazepam	Depressant
Diphenoxylate	Opioid
Fentanyl	Opioid
Flunitrazepam	Depressant
Hydrocodone	Opioid
Hydromorphone	Opioid
Meperidine	Opioid
Methadone	Opioid
Methaqualone	Depressant
Methylphenidate	Stimulant
Morphine	Opioid
Oxycodone	Opioid
Pentobarbital Sodium	Depressant
Phendimetrazine	Stimulant
Phentermine	Stimulant
Zolpidem	Depressant

Procedures (Session 1)

Opening the Lesson: Side Conversation About Side Effects *(10 minutes)*

1. **Ask:** What is the name of an over-the-counter (OTC) drug that you are familiar with and/or have heard of before?
2. **Direct** students to write the name of an OTC drug onto a piece of scrap paper.
3. **Ask** a few students to share.
4. **Ask:** What is a side effect? Have students think to themselves and ask a few students to share aloud. Do not give the exact answer as to what a side effect is.
5. **Direct** students to flip the piece of scrap paper over and list one side effect of the OTC drug based on what they think a side effect is.
6. **Ask** a few students to share their answers. Clarify the answers. Explain what "side effect" means. Provide some examples.
7. **Ask:** Why do you think OTC drugs have side effects? Is it the drug manufacturer's responsibility to let consumers know what the side effects could be? How are side effects discovered?
8. **Explain:** It is important to be informed of the possible side effects of prescription and OTC drugs so that you are aware of the potential harm, know the importance of being careful, and are not taking the medicine incorrectly. Potential side effects are even worse and the risk of experiencing negative side effects increases when the prescription or OTC drug is misused or abused.
9. **Remind** students of the differences between OTC and prescription drugs.
10. **Ask:** Do prescription drugs have side effects?

    Possible responses: prescription drugs are strong medications and they do have side effects; just like with OTC drugs the chances of experiencing side effects are lessened with **proper use**.

Rx for Understanding: Misuse of Prescription Drugs *(Continued)*

11. **Ask:** Are people more likely to pay attention and be careful using something if they know the risks?

Connect the learning: In Lesson 2 students learned about **proper use** and the practices that reduce the possibility of misusing a prescription or OTC drug (e.g., follow directions for appropriate use, dosage, storage, etc.). If we know how serious prescription drugs can be we will be too careful to **misuse** and too wise to **abuse**.

For Recent Statistics:

- The National Survey on Drug Use and Health
- Centers for Disease Control
- Monitoring the Future Study
- National Institute on Drug Abuse

12. **Tell:** In this lesson, you will have a chance to learn more about commonly misused prescription drugs. Learning more about these drugs will help you to be careful and discourage **abuse**. You will become an expert on one prescription drug, share your information with others, and then work with a small team to create a prescription drug fact sheet that will encourage others to avoid **misuse**.

Leading the Lesson:
Research Project: Prescription Drug Fact Sheets
(35 minutes)

13. **Distribute, introduce,** and **explain** Student Reproducible 3.

14. **Tell** students what they are looking for on each section of the web.

Rx Drug Name

- This will be given to you on an index card. Record the prescription drug name into the circle in the center.
- Find out how it is pronounced.

Rx Drug Classification

- The commonly misused prescription drugs that we are learning about today fall into three categories: opioids (for pain), central nervous system depressants (for anxiety and sleep disorders), and stimulants (for ADHD and narcolepsy).
- Find out the category for the prescription drug that you are researching.

Street Name

- A street name is how is the prescription drug is referred to when it is being abused or sold illegally. Illegal drugs have street names as well. Prescription drugs are legal medications when used exactly as prescribed. **Abuse** of prescription drugs is illegal.
- Find out the street names used for the prescription drug that you are researching.

Purpose

- What is the prescription drug taken for? What is the intended purpose?
- Find out the intended purpose for the prescription drug that you are researching.

How They Work

- Describe how and why the prescription drug works.
- It has to do with how the brain works and communicates. Your brain controls everything that happens in your body. It tells all the other parts what to do and when to do it.
- Once inside your brain, drugs can change the messages your brain cells are sending to each other and to the rest of your body. They do this by interfering with your brain's communication system.

Side Effects

- Describe the side effects associated with the drug.

Similar Rx Drugs

- List other prescription drugs that do the same thing and/or work in the same way.

Statistics about Misuse or Abuse

- Find a statistic about the prescription drug and/or category that pertains to **misuse** and **abuse**.

Suggested Websites for Rx Drug Research

DEA
Drug Enforcement Administration
www.justthinktwice.com

U.S. National Library of Medicine, NIH
MedlinePlus
www.nlm.nih.gov/medlineplus/druginfo/meds/a682047.html

NIDA
www.drugabuse.gov/drugs-abuse/prescription-medications

NIDA Teens
www.teens.drugabuse.gov/peerx/prescription-drug-facts

Above the Influence
www.abovetheinfluence.com/facts/drugspresciptionrx

Rx for Understanding: Misuse of Prescription Drugs *(Continued)*

Sources

- List the key reliable sources used to complete your research.

Connect the learning: In Lesson 1 students learned about using reliable sources.

Warnings/Consequences of Misuse or Abuse

- List and describe special risks, warnings, or dangers associated with the prescription drug.

15. **Assign** each student a prescription drug to research by distributing the Prescription Drug Research Cards. Evenly distribute cards from all three categories. If you have a larger class size, some cards will be repeated.
16. **Direct** students to conduct the research and complete Student Reproducible 3. Depending on how much class time is available some of the research may be conducted outside of class or during additional technology class periods.

Procedures (Session 2)

Leading the Lesson *(continued)*
Research Project: Prescription Drug Fact Sheets
(35 minutes)

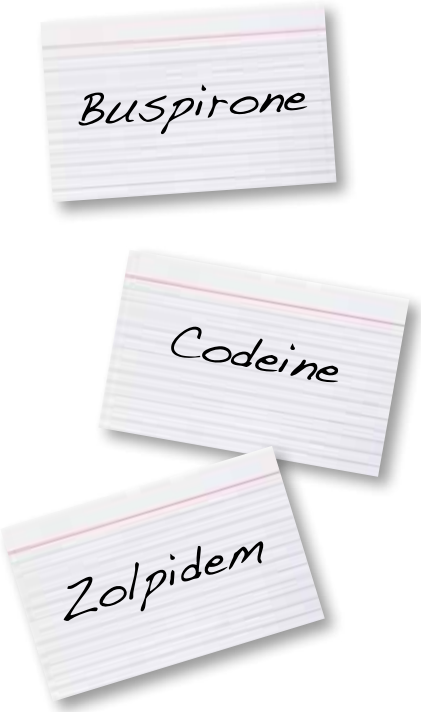
DISCUSS

1. **Conduct** a "Find Someone Who" people search. Have each student take out their completed Student Reproducible 3. Read each of the following statements and have students find a new partner to share with for each statement. Read one statement at a time. Have students discuss the answers with a partner and then discuss one or two responses as a whole class. Then, read the next statement and have students find a new partner.

   "Find Someone Who" Statements

   - Find someone who used one of the same reliable sources as you.
     Discuss: Why did you choose this source? Why is it important to use reliable sources?
   - Find someone who has one of the same side effects listed as you.
     Discuss: What is the common side effect? What are the other side effects of each of the drugs? Do you have any other side effects listed that your partner does not?
   - Find someone who has researched a prescription drug that can lead to a very serious, life-threatening consequence if it is misused or abused.
     Discuss: What are the warnings and special concerns? Why are they important to know?
   - Find someone who has researched a prescription drug with a street name that you have never heard before.
     Discuss: Tell each other about your assigned prescription drugs. Why is it important to be familiar with prescription drugs' street names?

Rx for Understanding: Misuse of Prescription Drugs *(Continued)*



- Find someone who has recorded a different statistic than you have.
  Discuss: Why is it important to pay attention to the statistics and/or know where to find them and know that they are accurate? (For example, if a high percentage of youth who **abuse** prescription drugs are getting them from friends or family, then that tells us that education, awareness, and sharing of information about how dangerous prescription drug use and **abuse** can help combat prescription drug **abuse**.)
- Find someone who researched a prescription drug that works in the same way as the one you researched.
  Discuss: Why is it important to know how prescription drugs work in your body? They are intended work a certain way in order to help your body do things like fight a disease or reduce pain. **Misuse** and **abuse** undermine the intended purpose and change the result of the medicine from helpful to harmful.

2. **Direct** students to find two other classmates who researched prescription drugs in the two other categories. Create teams of three with at least one person representing each prescription drug category (Opioids, Depressants, Stimulants).

3. **Direct** students in each team to stand next to each other and hold up their Prescription Drug Research Cards. Using the Answer Key column of the Rx Drug Names for Prescription Drug Research Cards chart to do a quick glance to make sure that students have formed the groups correctly. If you have an uneven number of students, you may have to allow one or two groups to have more than three members.

4. **Direct** teams to design a fact sheet about prescription drugs based on the information each has gained from their research. The purpose of the fact sheet is to help prevent prescription drug **misuse**. The fact sheet should provide an overview of each prescription drug category and include a message on avoiding **misuse** by being informed about and careful with prescription drugs. The fact sheet can include illustrations. Have teams begin the process by brainstorming what they feel people should know about prescription drugs in order to avoid **misuse**.

5. **Collect** the completed fact sheets and have students to return to their seats. Circulate the fact sheets around the room to give the whole class a chance to review a few other fact sheets.

6. **Ask** for a few volunteers to share something that they learned or will remember from one of the fact sheets.

Closing the Lesson: Misuse Analogy
(10 minutes)

7. **Explain:** There are many things in our lives that are intended to help us or make our lives better but can be very dangerous when misused due to human error. **Proper use** and the avoidance of **misuse** by using caution apply to many aspects of our lives, including prescription drugs. Ask students to think of some other examples. Have a few students share with the class.

   Possible responses: milk is a healthy thing to drink, and to use milk properly you are supposed to store it in the refrigerator, but if you forget and leave the milk out on the counter overnight and you drink it the next morning, it can make you very sick; vehicles were designed to help us get from one place to another and make our lives more convenient, but if you are not paying attention and you **misuse** your car by driving past the recommended speed, you can get in an accident and hurt yourself or others; cleaning products are intended to help us live and work in a healthy environment, but if you do not follow the directions very carefully, you can be injured or get sick.

8. **Ask** students to think to themselves about this question: why would you ever do something on purpose that you know could harm you? Warning labels and directions on prescription drugs are just as important as the labels on appliances, vehicles, and food products. If you know how serious an outcome can be, then you are more likely to be careful not to **misuse** the item.

9. **Give** each student a piece of writing paper and have them write an analogy to help explain prescription drug **misuse** by comparing it to another common sense safety practice that people use in everyday life (e.g., turning off the oven or open flame on your stove, not using a hair dryer or other electrical tool near water).

Rx for Understanding: Misuse of Prescription Drugs *(Continued)*

ANALOGY

10. **Tell** students that in the next lesson they will be learning more about prescription drug **misuse** (if you plan to teach the next lesson). Reintroduce the topic of prescription drug **abuse** by sharing an analogy for prescription drug **misuse** and **abuse**. Example: **misuse** is to **abuse** as bumping into someone is to pushing someone. Accidentally bumping a person and purposefully pushing someone have the same result: the person gets hurt. Even though the behaviors of **misuse** and **abuse** are carried out for different reasons, they are equally as dangerous, and simply following all of the rules can prevent them both.

11. **Ask:** What is **misuse**? Restate the definitions and examples. How can knowing about prescription drugs help you to avoid **misuse**?

Modification Ideas

- Incorporate technology by having teams design their fact sheets using a publishing software program on the computer. Consider working with the technology teacher to co-teach this lesson.
- Extend the lesson and integrate Social Studies by conducting a career study to investigate professions having to do with medical and prescription drug research.
- Extend the lesson with a real or virtual field trip to the Drug Enforcement Agency (DEA) Museum (located in Arlington, Virginia, or online). The museum's mission is to educate the American public on the history of drugs, drug addiction, and drug law enforcement in the United States. The museum has an interactive exhibit about prescription drugs called "Good Medicine, Bad Behavior: Drug Diversion in America." Admission is free; for more information visit **www.goodmedicinebadbehavior.org.**
- Use this lesson during NIDA National Drug Facts Week. Post the fact sheets around the school to build awareness about prescription drugs. (To find out more information about National Drug Facts Week visit **drugfactsweek.drugabuse.gov.**)

- Extend the lesson and integrate Visual Arts by having students draw pictures or create collages with cutout pictures of prescription drugs to incorporate into their prescription drug fact sheets.
- Extend the lesson and integrate science by including experiments and/or demonstrations involving chemical interactions to show students why drug interactions are dangerous.
- Extend the lesson and integrate science by building on what has been learned about the way the brain works. Consider collaborating with a science teacher to complete this lesson.

Assessment Suggestions

- **Formal assessment:** Assign students a quick quiz. Have students fold a blank piece of paper into thirds (creating three columns). Label each column with one of the three prescription drug categories. Under each column header have the students write the numbers 1, 2, 3. Have students address the following points under each column:

1. Name one Rx in this category.	2. What are drugs in this category intended for and, how do they help?	3. Name a consequence of misuse or abuse.

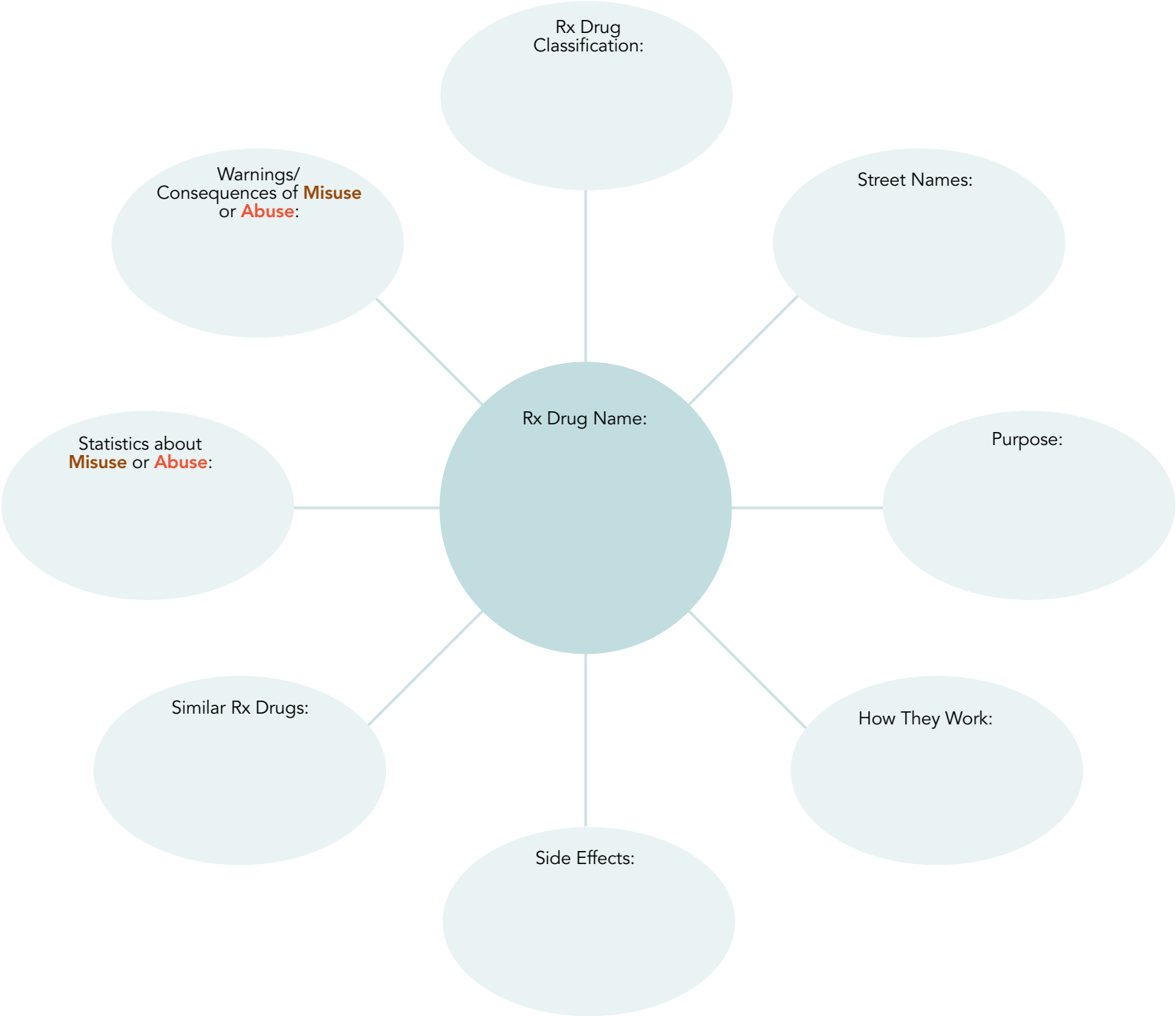
1. Name one Rx in this category.
2. What are drugs in this category intended for and, how do they help?
3. Name a consequence of **misuse** or **abuse**.

Rx for Understanding: Misuse of Prescription Drugs *(Continued)*

- **Informal assessment:** Evaluate Student Reproducible 3 and fact sheets. Did the students find accurate and detailed information for each section of the web? Did the teams accurately communicate the main points about why to be careful and responsible when using prescription drugs?
- **Key message: Did they get it? Did you teach it?** Prescription drugs are intended to cause a specific reaction in our bodies. Taking too little or too much will cause the prescription drug to work differently or not work at all. Combining a prescription drug that you have been given by your doctor with another prescription, OTC, or illegal drug could interfere with the prescription drug's ability to work in your body, increase the risks of the side effects, and/or cause an adverse reaction (and in some cases be deadly). By understanding what prescription drugs are and how they work in our bodies, we can understand the importance of avoiding prescription drug **misuse**. **Misuse** and **abuse** of prescription medications is a health risk with very serious consequences. Knowing about commonly misused and abused prescription drugs is an important part of avoiding **misuse**. If we know what the risks are we can be more cautious.

Name

Prescription Drug Information Web



How do you know the sources that you used are trusted and reliable sources of accurate information?

Family Connection: How can you tell if your child may be misusing or abusing prescription drugs? Physical and behavioral changes can be typical of any adolescent or teenager, but could also mean your child is abusing prescription drugs. Learn more from the National Institute on Drug Abuse (NIDA) at **www.drugabuse.gov/drugs-abuse/prescriptionmedications**.

Rx for Understanding: Abuse of Prescription Drugs–Consequences and Support

Topic

Understanding **Abuse** of Prescription Drugs, the Scope of the Issue, the Consequences, and Where to Turn for Help for Yourself and Others

Estimated Time

Two 45-minute class sessions

Objective(s)

Students will:

- Compare prescription drug **abuse** to illegal drug **abuse**.
- Examine how and why prescription drugs are being abused.
- Examine the short- and long-term consequences of prescription drug **abuse**.
- Describe how **abuse** of prescription drugs leads to addiction.
- Describe how prescription drug **abuse** affects the body systems.
- Apply refusal and resistance skills to prescription drug scenarios.

Integrated Subjects

Health, English Language Arts, and Technology

At-A-Glance

- **Opening Activity:** Similarities and Differences Between Prescription and Illegal Drug **Abuse**
- **Research Activity:** Brainstorm Around the Room and Tackling Prescription Drug **Abuse**
- **Closing Activity:** Class Pledge

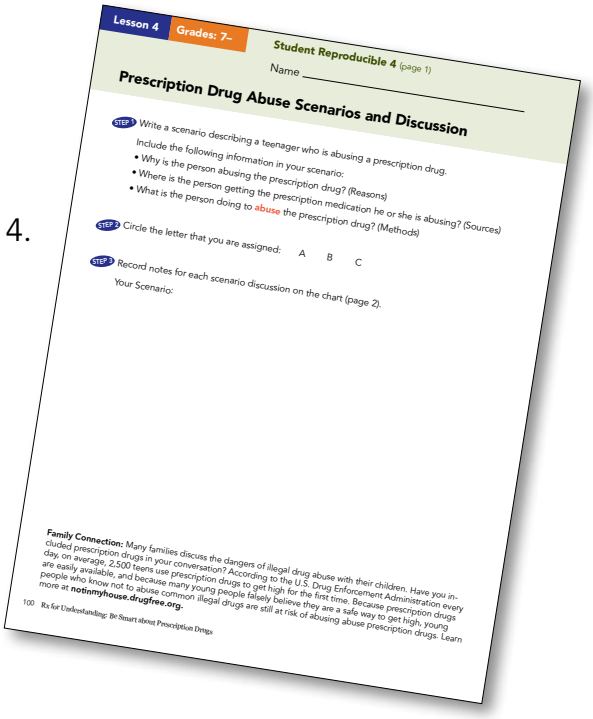
Materials and Preparation

What you will need:

- Scrap paper or sticky note (one per student)
- Student Reproducible 4 (one per student)
- Chart paper (two pieces, optional)
- Chart paper (six pieces)
- Six chart markers
- Masking tape

Before the lesson:

- Copy Student Reproducible 4.
- Set up for the "Brainstorm Around the Room" activity: number, label, and post six posters on the wall in order, in various spaces throughout the classroom (with



Lesson 4 Grades: 7–

Student Reproducible 4 (page 1)

Name _____

Prescription Drug Abuse Scenarios and Discussion

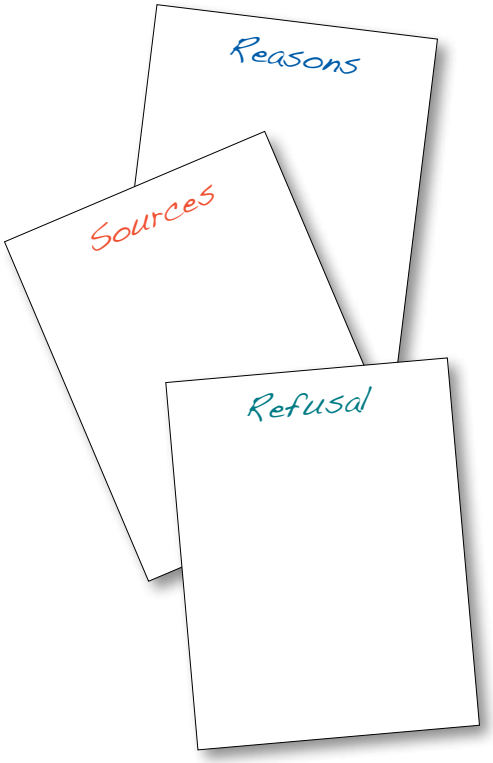
STEP 1 Write a scenario describing a teenager who is abusing a prescription drug.
Include the following information in your scenario:
- Why is the person abusing the prescription drug? (Reasons)
- Where is the person getting the prescription medication he or she is abusing? (Sources)
- What is the person doing to **abuse** the prescription drug? (Methods)

STEP 2 Circle the letter that you are assigned: A B C

STEP 3 Record notes for each scenario discussion on the chart (page 2).
Your Scenario:

Family Connection: Many families discuss the dangers of illegal drug abuse with their children. Have you included prescription drugs in your conversation? According to the U.S. Drug Enforcement Administration every day, on average, 2,500 teens use prescription drugs to get high for the first time. Because prescription drugs are easily available, and because many young people falsely believe they are a safe way to get high, young people who know not to abuse common illegal drugs are still at risk of abusing abuse prescription drugs. Learn more at **notinmyhouse.drugfree.org.**

100 Rx for Understanding: Be Smart about Prescription Drugs



enough room for a small group of students to stand around each poster to discuss and write). Place a marker at each poster for students to write with:

Poster headings:

1. Reasons
2. Methods
3. Sources
4. Consequences and Concerns
5. Refusal
6. Support

Procedures (Session 1)

Opening the Lesson: Similarities and Differences between Prescription and Illegal Drug **Abuse**
(15 minutes)

1. **Write** the term "drug **abuse**" on the board. Ask students to think about what the term means and share with the person sitting beside them. Have a few students share their answers with the whole class.

2. **Explain** to students how drug **abuse** is commonly defined. Remind students of the definition of prescription drug **misuse** and **abuse**.

> **Connect the learning:** In Lesson 1 students learned the definitions of the terms **proper use** of prescription drugs, prescription drug **misuse**, prescription drug **abuse**, and illegal drug.

3. **Ask:** What are the differences and similarities between illegal drug **abuse** and prescription drug **abuse**?

Rx for Understanding: Abuse of Prescription Drugs–Consequences and Support *(Continued)*

4. **Explain** to students that **abuse** of prescription drugs is of particular concern among youth due to their misperceptions that prescription drugs are safer to **abuse** then illegal drugs.

5. **Ask** students to think about the consequences of drug **abuse** and record responses on chart paper or on the board. Read through the list as a whole class and ask students if each instance also applies to prescription drug **abuse**. If it does, place a check mark next to the consequence. Ask students what they notice and discuss.

6. **Read** each of the following statements to the class. Ask students if they are surprised by the information. Have students share responses with the person sitting next to them.

   Statements:

   - More teens **abuse** prescription drugs than any other illegal drug, except marijuana.
   - More teens **abuse** prescription drugs than cocaine, heroin, and methamphetamine combined.
   - Seventy percent of people age 12 and older that **abuse** prescription painkillers say they get them from relatives and friends.
   - Every day for the first time, an average of 2,000 teenagers use prescription drugs without a doctor's guidance.
   - One in four teenagers report that they have taken a prescription medication that was not prescribed for them by a doctor.

7. **Tell** students that they will be learning more about the consequences and implications of prescription drug **abuse**. They will have a chance to discuss how to get help for a family member or friend who may be abusing prescription drugs.

Note:

When discussing illegal versus prescription drugs with your class, students may question the topic of medical marijuana. This is a good opportunity to address the role that federal and state laws and regulations play in establishing guidelines for **proper use** of prescription drugs. Explain to students that in some states marijuana is a legal drug when prescribed by a doctor for medical purposes (for example, medical marijuana is often used in the treatment of certain cancers in order to help patients battle the side effects of cancer medications). If medical marijuana is not prescribed by a doctor, then it is still considered an illegal drug.

Leading the Lesson: Brainstorm Around the Room
(20 minutes)

8. **Introduce** the topic on each poster and explain the questions that you want students to think about and discuss at each of the posters.

Connect the learning: If you taught Lesson 3, then encourage students to recall what they have learned about the most commonly misused and abused prescription drugs.

What is a Pharming Party?

A pharming party is a get-together where teenagers bring prescription drugs and exchange them with each other (often by placing them into a bowl and randomly taking an unknown combination of prescription drugs) in order to get high.

9. **Assign** each student to a starting poster by having the students count off from one to six. Have students report to the poster for the number that they were given.

10. **Provide** directions for the brainstorming activity.
    - Appoint a small group reporter.
    - Groups will rotate (in order and upon your signal) to each poster.
    - At each poster groups will address the topic, review the responses that have already been posted, indicate agreement with a check mark, and list all new responses.
    - Students will get about two minutes at the first poster and one minute at each poster thereafter.
    - Upon your signal, have groups travel to the next poster (clockwise).
    - Repeat process and have groups continue traveling and discussing the posters until each small group has visited every poster.

11. **Direct** students to take a "poster tour." Have students walk around the room to see the final outcome of each poster and return to seats when finished.

12. **Process** the posters. Lead a class discussion about each poster and supplement the information provided by students as necessary.

Rx for Understanding: Abuse of Prescription Drugs–Consequences and Support *(Continued)*

Drug Addiction

What is drug addiction?

Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain—they change its structure and how it works. These brain changes can be long lasting, and can lead to the harmful behaviors seen in people who **abuse** drugs.

Is continued drug abuse a voluntary behavior?

The initial decision to take drugs is mostly voluntary. However, when drug **abuse** takes over, a person's ability to exert self-control can become seriously impaired. Brain imaging studies from drug-addicted individuals show physical changes in areas of the brain that are critical to judgment, decision making, learning and memory, and behavior control. Scientists believe that these changes alter the way the brain works, and may help explain the compulsive and destructive behaviors of addiction.

Why do some people become addicted to drugs, while others do not?

As with any other disease, vulnerability to addiction differs from person to person. In general, the more risk factors an individual has, the greater the chance that taking drugs will lead to **abuse** and addiction. No single factor determines whether a person will become addicted to drugs.

Although we know what happens to the brain when someone becomes addicted, we can't predict how many times a person must use a drug before becoming addicted. A person's genetic makeup, the genes that make each of us who we are, and the environment each play a role. What we do know is that a person who uses drugs risks becoming addicted, craving the drug despite its potentially devastating consequences.

Source: National Institute on Drug Abuse
"Drugs, Brains, and Behavior: The Science of Addiction"
For more information visit www.drugabuse.gov

Understanding the Potential Signs of Prescription Drug Abuse

Physical and behavioral changes can be typical of any adolescent or teenager, but could also be a potential sign of prescription drug **abuse**.

- Abdominal cramps
- Bloodshot eyes
- Changes in appetite or sleep patterns
- Clumsiness or impaired coordination
- Constipation
- Constricted (smaller) pupils
- Decreased rate of breathing
- Dilated (larger) pupils
- Drop in attendance and performance at work or school
- Drowsiness
- Elevated blood pressure
- Excessive energy
- Fear and/or anxiety (for no apparent reason)
- Flushed skin
- Forgetfulness
- Inability to concentrate
- Increased heart rate
- Lowered inhibitions
- Nausea/vomiting
- Personality or attitude changes, mood swings, or irritability
- Secretive or suspicious behaviors
- Sleepiness
- Slurred speech
- Sudden change in friends, leisure activities, and/or hobbies
- Sudden weight loss or weight gain
- Suicidal and/or homicidal tendencies
- Sweating
- Tremors
- Unexplained need for money

Brainstorm Around the Room – Teacher Talking Points

REASONS

Question(s) for students to brainstorm:
Why do you think young people are abusing prescription drugs? What are some reasons why a young person might choose to **abuse** prescription drugs?

Possible examples of what students might put on the poster:

- To party
- To get high
- To do better in school
- To do better at sports
- To lose weight
- Boredom
- Curiosity
- Lack of information about the risks

Follow-up questions and discussion:
Is **abuse** of a prescription drug less dangerous if it is done to perform better in school than if it is done to get high? (No.) Does it make it okay to do? (No.) Is it still **abuse**? (Yes.)

SOURCES

Question(s) for students to brainstorm:
Where are young people getting the prescription drugs that they are abusing?

Possible examples of what students might put on the poster:

- They are taking them from a person without their knowledge
- They get them from a friend who has taken them from an adult without the adults knowledge
- From a friend
- From a relative
- From an older sibling
- From grandparents
- From parents
- Buying them from a person who sells drugs illegally
- At a party (e.g., a pharming party)

Follow-up questions and discussion:
What makes it dangerous to use a prescription drug prescribed for someone else?

METHODS

Question(s) for students to brainstorm:
How are the prescription drugs being abused? What are young people doing with the prescription drugs in order to achieve the results they are looking for?

Possible examples of what students might put on the poster:

- Increasing the dosage of a prescription drug that is yours or that belongs to someone else
- Increasing the frequency of a prescription drug that is your own or that belongs to someone else
- Continuing to take a prescription drug that is yours after the expiration date or after the medicine is no longer needed, for a purpose other than what was intended
- Combining a prescription drug with alcohol or other prescription or illegal drugs
- Altering the form of the prescription drug (e.g., crushing the pill or capsule in order to swallow, sniff, or turn it into liquid to ingest or inject it)

Follow-up questions and discussion stems:
Why is it dangerous to self-medicate, or combine, and/or alter the form of a prescription drug?

Continues on the next page

Rx for Understanding: Abuse of Prescription Drugs–Consequences and Support *(Continued)*

Brainstorm Around the Room – Teacher Talking Points *Continued*

CONSEQUENCES AND CONCERNS

Question(s) for students to brainstorm:
What can happen to a person who abuses a prescription drug? What can happen to the abuser's family and friends?

Possible examples of what students might put on the poster:

- Negative impact on relationships with family and friends
- Negative short- and long-term health consequences
- Death
- Legal consequences
- Impaired judgment and elevated risk of HIV and other dangerous sexually transmitted diseases
- Impaired brain growth development of young people
- Poor academic performance and school attendance
- Physical dependence
- Addiction

Note: The risks for addiction to prescription drugs increase when they are used in ways other than as prescribed (e.g., at higher doses, by different routes of administration, or combined with alcohol or other drugs).

Follow-up questions and discussion stems:
Why is it important to be aware of the consequences of prescription drug **abuse**? Are consequences also symptoms that may help you to recognize that a friend or family member could be struggling with prescription drug **abuse** or addiction?

REFUSAL

Question(s) for students to brainstorm:
What can you say or do to refuse an offer to **abuse** prescription drugs?

Possible examples of what students might put on the poster:

- Tell a trusted adult
- Ignore the request
- Walk away
- Say that it is very dangerous and against the law to take a prescription drug that was not prescribed for you
- Say, "No"
- Avoid the use of alcohol and other substances that will impair your judgment and put you at higher risk for abusing prescription drugs
- Be knowledgeable about the serious risks involved with prescription drug **misuse** and **abuse**; use and share this knowledge with others
- Take a pledge or join an anti-drug campaign

Follow-up questions and discussion stems:
How does being prepared with refusal skills help you to avoid **abuse** of prescription drugs? How can knowing what to do also help you to help your friends and community? How can being knowledgeable about prescription drug **misuse**, **abuse**, and **proper use** be a useful refusal skill?

ASSISTANCE

Question(s) for students to brainstorm:
What are some resources (who to ask for help or where to look for information) about refusing a prescription drug? How do you know when a person needs assistance (what are the symptoms)?

Possible examples of what students might put on the poster:

- Parent
- Teacher
- Principal
- Guidance counselor
- Faith leader
- Coach
- School nurse

Brainstorm Around the Room – Teacher Talking Points

- Your own doctor or pharmacist
- Other trusted adults
- Community agencies and organizations
- Anonymous resources such as the Substance Abuse and Mental Health Services Administration's Treatment Referral Helpline (1-800-662-HELP) and websites such as **www.findtreatment.samhsa.gov**

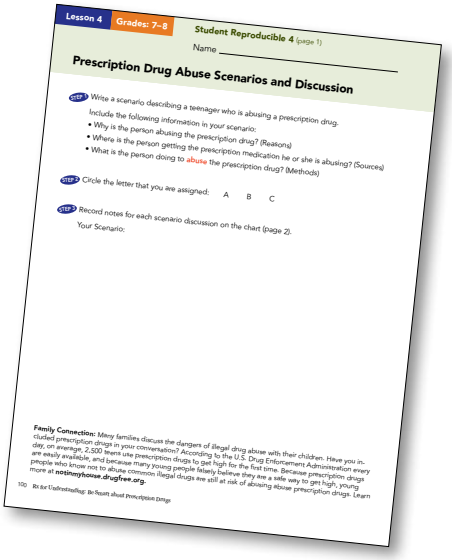
Follow-up questions and discussion stems:
Why is it important to know and remember who to turn or where to go when you need assistance? How can you be sure that the source you turn to for help is trusted and reliable?

Understanding Dependence vs. Addiction

Physical dependence occurs because of normal adaptations to chronic exposure to a drug and is not the same as addiction. Addiction, which can include physical dependence, is distinguished by compulsive drug seeking and use despite sometimes devastating consequences.

Someone who is physically dependent on a medication will experience withdrawal symptoms when use of the drug is abruptly reduced or stopped. These symptoms can be mild or severe (depending on the drug) and can usually be managed medically or avoided by using a slow drug taper. Dependence is often accompanied by tolerance, or the need to take higher doses of a medication to get the same effect.

Source: National Institute on Drug Abuse "Prescription Drugs Abuse and Addiction"
For more information visit www.drugabuse.gov.



Lesson 4 | Grades: 7–8 | Student Reproducible 4 (page 1)

Name _____

Prescription Drug Abuse Scenarios and Discussion

STEP 1 Write a scenario describing a teenager who is abusing a prescription drug.
Include the following information in your scenario:
- Why is the person abusing the prescription drug? (Reasons)
- Where is the person getting the prescription medication he or she is abusing? (Sources)
- What is the person doing to abuse the prescription drug? (Methods)

STEP 2 Circle the letter that you are assigned: A B C

STEP 3 Record notes for each scenario discussion on the chart (page 2).
Your Scenario:

Family Connection: Many families discuss the dangers of illegal drug abuse with their children. Have you included prescription drugs in your conversation? According to the U.S. Drug Enforcement Administration every day, on average, 2,500 teens use prescription drugs to get high for the first time. Because prescription drugs are easily available, and because many young people falsely believe they are a safe way to get high, young people who know not to abuse common illegal drugs are still at risk of abusing abuse prescription drugs. Learn more at **anslowyhouse.drugfree.org**.

100 Be the Understanding: Be Smart about Prescription Drugs

Leading the Lesson

Tackling Trios Part 1: Writing Prescription Drug **Abuse** Scenarios *(10 minutes)*

13. **Tell** students that they will use the ideas generated on the poster to write scenarios and carry out the "Tackling Trios" activity.

14. **Direct** students to independently complete page one of Student Reproducible 4. Have students write a one-page scenario about a person who is struggling with prescription drug **abuse**. Have students use the ideas generated during the around the room brainstorm on the "Reasons," "Methods," and "Sources" posters to help them write their scenarios.

Rx for Understanding: Abuse of Prescription Drugs–Consequences and Support *(Continued)*

Procedures (Session 2)

Leading the Lesson (continued):
Tackling Trios Part 2: Scenario Discussion
(30 minutes)

1. **Assign** students to groups of three.
2. **Designate** each group member as person A, B, and C.
3. **Explain** the roles and directions for each round of Tackling Trios. Direct students to use the recording chart on the second page of Student Reproducible 4 for notes during the activity.
4. **Conduct** three rounds of Tackling Trios.

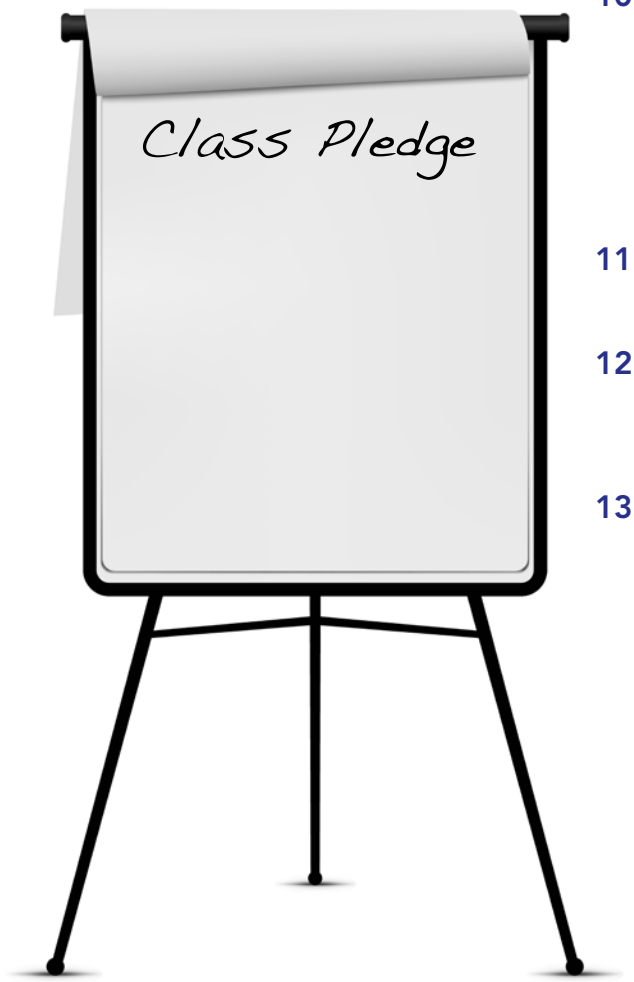
   Round 1
   - Person A shares their scenario.
   - Person B listens and summarizes consequences and concerns.
   - Person C listens and provides advice for refusal and assistance.

   Round 2
   - Person B shares their scenario.
   - Person C listens and summarizes consequences and concerns.
   - Person A listens and provides advice for refusal and assistance.

   Round 3
   - Person C shares their scenario.
   - Person A listens and summarizes consequences and concerns.
   - Person B listens and provides advice for refusal and assistance.
5. **Lead** a whole group discussion. Ask every person to share one thing they learned that could help himself or herself or another person.

Closing the Lesson: Prescription Drug **Abuse** Class Pledge
(15 minutes)

6. **Give** each student a piece of scrap paper or sticky note.
7. **Ask:** What is one rule you can follow, action you can take, or thing that you can promise to do that will help keep you safe from the risks and consequences of prescription drug **abuse**?
8. **Direct** students to record their rule, action, or promise onto the piece of scrap paper or sticky note.
9. **Record** each student's response onto a piece of chart paper or the board as they read it aloud to the class. If a response is duplicated by a similar rule, action, or promise, then place a check mark beside it.
10. **Look** for patterns in the responses and group together like responses. Point out the grouped statements and patterns to the students and ask them to come up with promise statements for each group (e.g., "I promise to only take prescription drugs that are prescribed for me by my own doctor or other appropriate medical professional.").
11. **Record** the promise statements onto the board or poster paper in order to create the class pledge.
12. **Ask** students to look over the final pledge. Is anything missing? Is there anything they can't agree to promise? Do they understand why each of the promises is important?
13. **Direct** students to sign the poster and then hang it in the classroom. Revisit the poster to remind students about **misuse**, **abuse**, and **proper use** of prescription drugs.



Rx for Understanding: Abuse of Prescription Drugs–Consequences and Support *(Continued)*

Modification Ideas

- To shorten the length of the lesson, write three scenarios for students to use during the Tackling Trios activity instead of having students write their own.
- Extend the lesson by having students develop a parent or family section as well. As a homework assignment, have students take copies of the pledge home to share with their families. Their parents and caregivers can sign the pledge and return a copy to school.
- Integrate Social Studies by having students study the laws concerning prescription drugs. Students can research laws regarding controlled substances and sharing prescription drugs, as well as laws that regulate who can prescribe medications. As a class, brainstorm a list of legal questions regarding prescription drugs. Assign each student in the class one of the questions to research and answer. Have students share mini-reports and presentations with the class. Consider working collaboratively with a Social Studies teacher to conduct this lesson with students across both of your classes.
- Connect the learning to the big picture of drug **abuse**. Use the posters from the Around the Room Brainstorm activity. Have students return to the posters and discuss how the ideas on each poster pertain to illegal drug **abuse**.

Assessment Suggestions

- **Formal assessment:** Have students write a one-paragraph explanation of prescription drug **abuse** (including a definition in their own words and at least one example). Assign a participation score for the Around the Room Brainstorm and Tackling Trios activities. Conduct an exit interview: as students prepare to leave the classroom, walk around the room and have each student tell you the answer to their choice of one of the following questions:
  - > Why do young people **abuse** prescription drugs?
  - > Where are young people getting the prescription drugs that they are abusing?

> How do young people **abuse** prescription drugs?

> What is one way that you can refuse an offer to **abuse** prescription drugs?

> Who can you go to for help for yourself or a person you care about who is abusing prescription drugs?

- **Informal assessment** Use Student Reproducible 4 to gauge students' understanding of the topic of prescription drug **abuse**. Observe students as they work through the Tackling Trios activity. Evaluate participation in group work during the Around the Room Brainstorm and Tackling Trios activities. Have students self-evaluate regarding their participation level.
- **Key message: Did they get it? Did you teach it?** Prescription drug **abuse** occurs when a person misuses a prescription drug knowingly or intentionally in order to achieve a desired effect or purpose. Young people **abuse** prescription drugs for many reasons, including to get high, to perform well on a test, or to change the way they look or feel. No matter what the reason is, it is dangerous and illegal to **misuse** and **abuse** prescription drugs. Prescription drug **abuse** can have serious and deadly consequences, is against the law, and can lead to addiction. Many young people falsely believe that it is safer to **abuse** prescription drugs over other illegal drugs because prescription drugs come from a doctor. Prescription drugs can be even more of a threat to young people than illegal drugs because of this myth. Prescription drug **abuse** is drug **abuse** and many of the same life skills that can help you make positive decisions when it comes to illegal drugs (such as marijuana or cocaine) can also help you avoid prescription drug **abuse**. In turn, the knowledge and skills that you have gained to help you avoid the **misuse** and **abuse** of prescription drugs can also help you avoid the **misuse** and **abuse** of over-the-counter medications and illegal drugs.

Name

Prescription Drug Abuse Scenarios and Discussion

STEP 1 Write a scenario describing a teenager who is abusing a prescription drug.

Include the following information in your scenario:

- Why is the person abusing the prescription drug? (Reasons)
- Where is the person getting the prescription medication he or she is abusing? (Sources)
- What is the person doing to **abuse** the prescription drug? (Methods)

STEP 2 Circle the letter that you are assigned: A B C

STEP 3 Record notes for each scenario discussion on the chart (page 2).

Your Scenario:

Family Connection: Many families discuss the dangers of illegal drug abuse with their children. Have you included prescription drugs in your conversation? According to the U.S. Drug Enforcement Administration every day, on average, 2,500 teens use prescription drugs to get high for the first time. Because prescription drugs are easily available, and because many young people falsely believe they are a safe way to get high, young people who know not to abuse common illegal drugs are still at risk of abusing abuse prescription drugs. Learn more at **notinmyhouse.drugfree.org.**

Discussion Recording Chart

Round **1**	**A** Share Your Scenario	**A:** **B:** **C:**
	B Give "A" Advice: Consequences & Concerns	**A:** **B:** **C:**
	C Give "A" Advice: Refusal & Support	**A:** **B:** **C:**
Round **2**	**A** Give "B" Advice: Refusal & Support	**A:** **B:** **C:**
	B Share Your Scenario	**A:** **B:** **C:**
	C Give "B" Advice: Consequences & Concerns	**A:** **B:** **C:**
Round **3**	**A** Give "C" Advice: Consequences & Concerns	**A:** **B:** **C:**
	B Give "C" Advice: Refusal & Support	**A:** **B:** **C:**
	C Share Your Scenario	**A:** **B:** **C:**

Rx for Understanding: Creating a Healthy Future

Topic

Culminating Activity: **Proper Use**, **Misuse**, and **Abuse** of Prescription Drugs

Estimated Time

Two 45-minute class sessions

At-A-Glance

- **Opening Activity:** Building Character
- **Culminating Project:** Plan an Advocacy and Awareness Event
- **Closing Activity:** Prescription for Change

Objective(s)

Students will explain **proper use**, **misuse**, and **abuse** of prescription drugs.

Integrated Subjects

Health, English Language Arts, and Technology

Materials and Preparation

What you will need:

- Student Reproducible 5 (one per student)
- Chart paper (four pieces)
- Blank writing and drawing paper (several pieces per group)
- Basic classroom supplies (masking tape, glue, scissors, markers, crayons, and pencils)

Before the lesson:

- Copy Student Reproducible 5.
- Create and post charts with the following labels: The Event Plan Should Include; The Proposal Should Include; The Pitch Should Include.

Lesson 5 Grades: 7–8 Student Reproducible 5

Name _____

Rx for Understanding: Be Smart About Prescription Drugs

Unit Assessment

1. Describe two examples of **proper use** of prescription drugs.
2. Do you agree or disagree with the following statement? Explain your answer.
   The person for whom the prescription is written must be the only one to take the prescription drug.
3. Describe two examples of prescription drug **misuse**.
4. Describe two examples of prescription drug **abuse**.
5. What are three main categories of prescription drugs that are most commonly misused or abused?
6. Why are young people abusing prescription drugs?
7. Where are young people getting the prescription drugs that they are abusing?
8. Describe one consequence of prescription drug **abuse**.
9. What advice would you give a younger family member or friend who was offered a prescription drug by one of their friends?
10. List one place to get help and information about prescription drug **abuse** for yourself or a friend/family member.

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Procedures (Session 1)

Opening the Lesson: Building Character
(10 minutes)

1. **Write** the phrase "life skill" on the board. Ask students to think about how they would define the phrase. Give students a moment to think independently. Ask them to share their thoughts with the person next to them, and then discuss thoughts as a whole group.

   Possible responses: life skills are also known as character traits; life skills are problem solving behaviors; life skills give you the ability to deal with the challenges of life.

2. **Ask** students to name some character traits or life skills and record their answers on the board.

   Possible responses: responsibility; perseverance; caring; self-discipline; citizenship; honesty, courage; fairness; respect; integrity; advocacy; decision making; goal setting; intra- and interpersonal communication.

3. **Assign** students to small groups and assign each group one of the character traits on the list. Have students discuss within their groups what the life skill means and identify examples of how they use the life skill in their day-to-day lives.

4. **Ask** each group to share their agreed upon definition and one of the examples of how the life skill is used.

5. **Listen** to the examples and focus on responses having to do with drugs (illegal, prescription, or over-the-counter drugs).

6. **Reinforce** to students that we use many life skills when we make good choices with regard to alcohol, tobacco, and other drugs. Remind students about the importance of avoiding **abuse** of prescription drugs as well.

Connect the learning: In Lessons 1 – 4 students learned about the **misuse**, **abuse**, and **proper use** of prescription drugs.

Rx for Understanding: Creating a Healthy Future *(Continued)*

7. **Discuss** and **record** a list of skills for **proper use** of prescription drugs on the board.
8. **Direct** students to continue working in their small groups. Have students discuss what their group's chosen life skill has to do with the list of skills for **proper use**. Allow a few minutes for small group discussion, and then share with the whole group.
9. **Listen** to responses and focus in on advocacy. Define advocacy and explain why it is important.
10. **Tell** students that they will be working in teams to plan an advocacy event about **abuse**, **misuse**, and **proper use** of prescription drugs. The project will include an event plan, an event proposal, and an event pitch. The pitch is a mock presentation to classmates, who will be acting as the review panel that would approve your event proposal.

Leading the Lesson: Culminating Project
(35 minutes)

11. **Assign** students to teams. Have students rearrange themselves to be seated with their team.
12. **Discuss** possible audiences as a whole class and record a list on the board (e.g., fellow students; younger students; parents).
13. **Discuss** possible event types as a whole class and record a list on the board (e.g., information session/workshop; family night; assembly).
14. **Direct** teams to choose a specific type of event to plan, using the list recorded on the board. Students should have an event chosen prior to hearing the event plan criteria.
15. **Explain** the project guidelines (using the charts posted prior to the lessons).

    The Event Plan Should Include

    - Purpose of the event
    - General description of the event

- A list of the key messages for the event
- Proposed audience and size, date, time, location, duration
- Materials and resources needed
- Draft schedule for the event
- Theme or slogan for the event (being creative helps your audience remember your message)

The Event Proposal Should Include

- A copy of the event plan
- One sample of the marketing material for your event (e.g., poster, flyer) with your slogan
- One sample of a handout or other piece of printed material that participants will receive when attending your event
- A cover letter to the review board

The Event Pitch Should Include

- A visual aid explaining the event
- The proposal as a handout
- Reminder: Everyone on your team must have a role in the presentation and be prepared to answer questions

Rx for Understanding: Creating a Healthy Future *(Continued)*

Procedures (Session 2)

Leading the Lesson (continued):
Culminating Project – Work Session and Presentations
(35 minutes)

1. **Give** students time to continue to create event proposal and pitch.
2. **Arrange** the class to be seated as a mock review panel. Have each team present their event pitch.
3. **Give** each student a sticky note or piece of scrap paper. Have the students vote anonymously for which event proposal to accept.
4. **Tally** the results and reveal to the class.

Closing the Lesson:
Prescription for Change
(10 minutes)

5. **Direct** students to write letters to themselves, stating their goals (what they want to do personally to change the future) regarding prescription drug **abuse**. How do they plan to keep themselves and the people they care about safe from the dangers of prescription drug **abuse**?
6. **Collect** the letters and save them to be addressed and mailed to students at a later time (possibly the end of the school year or the beginning of the following school year). At whatever time you determine, mail the letters to the students at their home addresses.

Modification Ideas

- Work together as a class to conduct the event that the students vote for.
- Conduct the event during the National Institute on Drug Abuse's (NIDA) National Drug Facts Week (NDFW). This is a health observance week for teens that aims to shatter the myths about drugs and drug **abuse**. For more information go to **drugfactsweek.drugabuse.gov/planyourevent.php.**

- Give students a choice of working alone or with partners/small group teams. If time for the extra pitch presentations is available to you, some students may appreciate the opportunity to process their learning and develop this project independently.
- Repeat the "Moved to Answer" activity from the beginning of Lesson 2. If you are conducting this lesson in isolation, then use the "Moved to Answer" activity as the opening and closing activity for this lesson.

Assessment Suggestions

- **Formal post-assessment:** Use the post-assessment included with Lesson 5.

Possible responses:
Describe two examples of proper use of prescription drugs.

> Taking a prescription drug prescribed for you by your doctor or other appropriate medical professional

> Taking your prescription drug exactly as instructed

> Taking your prescription drug with adult supervision

> Not using another family member's or friend's prescription drug

> Throwing leftover prescription drugs in the trash when you are done taking your medication (unless the label says otherwise)

> Consulting the pharmacist, doctor, or other appropriate medical professional if you have questions about your prescription

Do you agree or disagree with the following statement? Explain your answer.

The person for whom the prescription is written must be the only one to take the prescription drug.

Yes, doctors (or other appropriate medical professionals) write prescriptions for individuals based on a number of factors like age, size, symptoms, medical history, allergies, etc.

Describe two examples of prescription drug misuse.

> Taking your prescription drug with food when the label says otherwise because you misunderstood the label

Rx for Understanding: Creating a Healthy Future *(Continued)*

> Unknowingly leaving a prescription drug in a place that is easy for a younger child to reach

> Taking your prescription drug at any time that you want because you did not read the label

> Unintentionally using your own prescription drug after the prescription has expired

Describe two examples of prescription drug abuse.

> Using another family member's or friend's prescription drug

> Deciding on your own to take more than the prescribed dosage of a prescription drug, because you think that it isn't working well enough

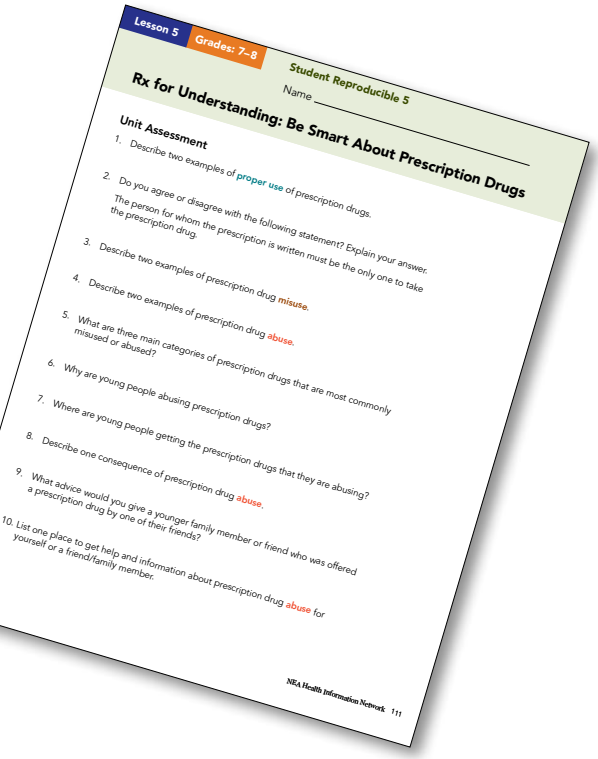
> Knowingly using your own prescription drug after the prescription has expired

> Using another person's prescription drug because you are ill

> Using your own prescription drug for any reason other than for what was prescribed

> Using another person's prescription drugs to get high

> Giving or selling your prescription drugs (or a family member's prescription drugs) to someone else for the purpose of getting high



Lesson 5 Grades: 7–8 Student Reproducible 5

Name _____

Rx for Understanding: Be Smart About Prescription Drugs

Unit Assessment

1. Describe two examples of proper use of prescription drugs.
2. Do you agree or disagree with the following statement? Explain your answer.
   The person for whom the prescription is written must be the only one to take the prescription drug.
3. Describe two examples of prescription drug misuse.
4. Describe two examples of prescription drug abuse.
5. What are three main categories of prescription drugs that are most commonly misused or abused?
6. Why are young people abusing prescription drugs?
7. Where are young people getting the prescription drugs that they are abusing?
8. Describe one consequence of prescription drug abuse.
9. What advice would you give a younger family member or friend who was offered a prescription drug by one of their friends?
10. List one place to get help and information about prescription drug abuse for yourself or a friend/family member.

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What are three main categories of prescription drugs that are most commonly misused or abused?

Stimulants, Depressants, and Pain Relievers (Opioids)

Why are young people abusing prescription drugs?

> To party

> To get high

> To do better in school

> To do better at sports

> To lose weight

> Boredom

> Curiosity

> Lack of information about the risks

Where are young people getting the prescription drugs that they are abusing?

> They are taking them from a person without their knowledge

> They get them from a friend who has taken them from an adult without the adult's knowledge

> From a friend

> From a relative

> From an older sibling

> From grandparents

> From parents

> Buying them from a person who sells drugs illegally

> At a party (e.g., a pharming party)

Describe one consequence of prescription drug abuse.

> Negative impact on relationships with family and friends

> Negative short- and long-term health consequences

> Death

> Legal consequences

> Impaired judgment and elevated risk of HIV and other dangerous sexually transmitted diseases

> Impaired brain growth development of young people

> Poor academic performance and school attendance

> Physical dependence

> Addiction

What advice would you give a younger family member or friend who was offered a prescription drug by one of their friends?

I would tell my friend to say "no," that taking another person's prescription drug for any reason is drug abuse; that abusing prescription drugs is very dangerous and potentially life threatening; that I would be sad if he or she risked her life; that it is against the law to abuse prescription drugs; that they should report the situation to a trusted adult or anonymous resources such as the

Rx for Understanding: Creating a Healthy Future *(Continued)*

Substance Abuse and Mental Health Services Administration's Treatment Referral Helpline (1-800-662-HELP); that I know he or she will make the right decision; that I am here to help.

List one place to get help and information about prescription drug abuse for yourself or a friend/family member.

> Parent

> Teacher

> Principal

> Guidance counselor

> Faith leader

> Coach

> School nurse

> Your own doctor or pharmacist

> Other trusted adults

> Community agencies and organizations

> Anonymous resources such as the Substance Abuse and Mental Health Services Administration's Treatment Referral Helpline (1-800-662-HELP); websites such as **www.findtreatment.samhsa.gov**

- **Informal post-assessment:** Have students develop a project rubric prior to beginning the assignment. Evaluate students for their team participation. Observe for evidence of understanding throughout project work. Read the goal setting letters.

- **Key message: Did they get it? Did you teach it?** Prescription drugs help keep us healthy and serve an important purpose in our lives. **Misuse** and **abuse** of prescription drugs is a health risk with very serious consequences, and can even be deadly. Knowing how to safely and properly use prescription drugs is an important part of being healthy. Being an advocate and helping others not only helps your friends, school, and community, but it is also a way to help yourself.

Name

Rx for Understanding: Be Smart About Prescription Drugs

Unit Assessment

1. Describe two examples of **proper use** of prescription drugs.

2. Do you agree or disagree with the following statement? Explain your answer.

   The person for whom the prescription is written must be the only one to take the prescription drug.

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8. Describe one consequence of prescription drug **abuse**.

9. What advice would you give a younger family member or friend who was offered a prescription drug by one of their friends?

10. List one place to get help and information about prescription drug **abuse** for yourself or a friend/family member.

An Important Message about Prescription Drug Education

Dear Parents and Families,

The Office of National Drug Control Policy calls prescription drug **abuse** "the Nation's fastest growing drug problem." The U.S. Centers for Disease Control and Prevention has classified prescription drug **abuse** as an epidemic. Unintentional drug poisoning is now the second leading cause of accidental death in the United States, after car crashes. The problem of prescription drug **misuse** and **abuse** is particularly alarming with young people. More teenagers are abusing prescription drugs than cocaine, heroin, and methamphetamine combined. One in four teens report that they have taken a prescription medication that was not prescribed for them. Sixty percent of teens who have reported abusing prescription pain medications did so before age fifteen.

Perhaps the most important statistic to note is this: **kids who learn about the risks of drugs and alcohol from their parents are up to 50% less likely to use than those who do not.** Understanding prescription drug **misuse**, **abuse**, and **proper use** is vital at home and school alike. Your child has been learning about these important topics at school through learning activities brought to us by the National Education Association Health Information Network (NEA HIN) with the support of Purdue Pharma L.P. through an educational grant. We encourage you to continue learning together as a family at home. As parents and caring adults you have a unique opportunity to help your children make the healthiest choices in life. That includes helping them understand the importance of the **proper use** of prescription medication and helping them build the skills to avoid **misuse** and **abuse**. NEA HIN is pleased to be able to help you with this critical task.

One of the most significant (and preventable) causes of prescription drug **misuse** and **abuse** among youth is a lack of knowledge and understanding about the importance of **proper use**. Forty-one percent of teens believe that it is safer to get high using a prescription drug instead of a drug such as marijuana or cocaine. Teenagers believe that since prescription drugs are given by doctors, they must be safe. We need to help build an understanding that this perceived safety is predicated on **proper use**.

What is Proper Use? It is when a person takes their own prescription drug exactly as directed. **Proper use** includes: taking the medication at the right time, taking the right amount, not sharing the medication with anyone, adhering to the expiration date, and disposing of the medication appropriately. For young people, parent supervision when taking prescription drugs is a part of **proper use**.

What is Misuse? It is when a person does not take a prescription drug as directed or intended either unknowingly or mistakenly. **Misuse** includes: misreading the label, taking the wrong amount, unintentionally mixing medications that should not be taken together, using an expired medication, or unknowingly taking a medication that was prescribed for someone else.

What is Abuse? Prescription drug **abuse** is the use of a medication without a prescription, in a way other than as prescribed, or for the experience or feelings elicited. It is when someone purposely takes prescription medication in a manner or dosage other than what was prescribed for the purpose of experiencing a desired effect.

Continues on the back

Centers for Disease Control and Prevention
www.cdc.gov/healthyyouth/index.htm

Drug Enforcement Administration
www.justice.gov/dea
www.getsmartaboutdrugs.com
www.deadiversion.usdoj.gov/drug_disposal/takeback/

National Institute on Drug Abuse
www.drugabuse.gov

National Institute on Drug Abuse for Teens
www.teens.drugabuse.gov

National Youth Anti-Drug Media Campaign
www.abovetheinfluence.com

Office of National Drug Control Policy
www.whitehousedrugpolicy.gov

Partnership at Drugfree.org
www.drugfree.org

Partnership at Drugfree.org Parent Resource Center
theparenttoolkit.org

Substance Abuse and Mental Health Services Administration
www.samhsa.gov

KidsHealth.org
kidshealth.org/parents

NEA Health Information Network
www.neahin.org

STEPS YOU CAN TAKE RIGHT NOW

- Safeguard prescription drugs in your home (39% of teens who **abuse** prescription drugs obtain them from friends, or their family's medicine cabinet).
- Ask family members (especially grandparents) and friends to be alert and also safeguard prescription drugs.
- Talk to your child today; be sure that you are on the same page about prescription drugs. Be clear with your child regarding the core messages about prescription drug safety.
- Talk to other parents and friends to share this information.

CORE MESSAGES ABOUT PRESCRIPTION DRUGS

- It is never okay to share your prescription drugs with others or take another person's prescription drugs – regardless of the reason you are doing it.
- It is never okay to take your own prescription drugs to get high or for any purpose other than what they were intended for.
- It is never okay to change the amount of a prescription drug that you are taking because you think that you need to take more or less to feel better. This is called self-medication and is very dangerous. How much of a prescription drug you should take is for your doctor to decide.
- It is never okay for your friends to be sharing prescription drugs for any reason. If you have friends that are in trouble, you should turn to a trusted adult for help.
- Prescription drug **abuse** can lead to addiction.
- Prescription drug **abuse** is illegal.
- Prescription drug **abuse** can have serious health implications.
- Just one instance of accidental **misuse** or intentional **abuse** of prescription drugs can be deadly.
- Knowledge and understanding of these concepts will help prevent the **misuse** and **abuse** of prescription drugs and the potentially grave and unnecessary consequences.

Meeting National Academic Standards

NATIONAL STANDARDS	LESSONS									
	Gr. 5-6 1	Gr. 5-6 2	Gr. 5-6 3	Gr. 5-6 4	Gr. 5-6 5	Gr. 7-8 1	Gr. 7-8 2	Gr. 7-8 3	Gr. 7-8 4	Gr. 7-8 5
National Health Education Standards (PK 12)										
Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grades 3 5 Performance Indicators										
• Describe the relationship between healthy behaviors and personal health. • Identify examples of emotional, intellectual, physical, and social health. • Describe ways in which safe and healthy school and community environments can promote personal health. • Describe ways to prevent common childhood injuries and health problems. • Describe when it is important to seek health care.										
Grades 6 8 Performance Indicators										
• Analyze the relationship between healthy behaviors and personal health. • Describe the interrelationships of emotional, intellectual, physical, and social health in adolescence. • Analyze how the environment affects personal health. • Describe how family history can affect personal health. • Describe ways to reduce or prevent injuries and other adolescent health problems. Explain how appropriate health care can promote personal health. • Describe the benefits of and barriers to practicing healthy behaviors. • Examine the likelihood of injury or illness if engaging in unhealthy behaviors. • Examine the potential seriousness of injury or illness if engaging in unhealthy behaviors.										
Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grades 3 5 Performance Indicators										
• Describe how family influences personal health practices and behaviors. • Identify the influence of culture on health practices and behaviors. • Identify how peers can influence healthy and unhealthy behaviors. • Describe how the school and community can support personal health practices and behaviors. • Explain how media influences thoughts, feelings, and health behaviors. • Describe ways that technology can influence personal health.										
Grades 6 8 Performance Indicators										
• Examine how the family influences the health of adolescents. • Describe the influence of culture on health beliefs, practices, and behaviors. • Describe how peers influence healthy and unhealthy behaviors. • Analyze how the school and community can affect personal health practices and behaviors. • Analyze how messages from media influence health behaviors. • Analyze the influence of technology on personal and family health. • Explain how the perceptions of norms influence healthy and unhealthy behaviors. • Explain the influence of personal values and beliefs on individual health practices and behaviors. • Describe how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors. • Explain how school and public health policies can influence health promotion and disease prevention.										
Standard 3: Students will demonstrate the ability to access valid information, products, and services to enhance health.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grades 3 5 Performance Indicators										
• Identify characteristics of valid health information, products, and services. • Locate resources from home, school, and community that provide valid health information.										

NATIONAL STANDARDS	LESSONS									
	Gr. 5-6 1	Gr. 5-6 2	Gr. 5-6 3	Gr. 5-6 4	Gr. 5-6 5	Gr. 7-8 1	Gr. 7-8 2	Gr. 7-8 3	Gr. 7-8 4	Gr. 7-8 5
Grades 6 8 Performance Indicators										
• Analyze the validity of health information, products, and services. • Access valid health information from home, school, and community. • Determine the accessibility of products that enhance health. • Describe situations that may require professional health services. • Locate valid and reliable health products and services.										
Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grades 3 5 Performance Indicators										
• Demonstrate effective verbal and nonverbal communication skills to enhance health. • Demonstrate refusal skills that avoid or reduce health risks. • Demonstrate nonviolent strategies to manage or resolve conflict. • Demonstrate how to ask for assistance to enhance personal health.										
Grades 6 8 Performance Indicators										
• Apply effective verbal and nonverbal communication skills to enhance health. • Demonstrate refusal and negotiation skills that avoid or reduce health risks. • Demonstrate effective conflict management or resolution strategies. • Demonstrate how to ask for assistance to enhance the health of self and others.										
Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grades 3 5 Performance Indicators										
• Identify health-related situations that might require a thoughtful decision. • Analyze when assistance is needed in making a health-related decision. • List healthy options to health-related issues or problems. • Predict the potential outcomes of each option when making a health-related decision. • Choose a healthy option when making a decision. • Describe the outcomes of a health-related decision.										
Grades 6 8 Performance Indicators										
• Identify circumstances that can help or hinder healthy decision-making. • Determine when health-related situations require the application of a thoughtful decision-making process. • Distinguish when individual or collaborative decision-making is appropriate. • Distinguish between healthy and unhealthy alternatives to health-related issues or problems. • Predict the potential short-term impact of each alternative on self and others. • Choose healthy alternatives over unhealthy alternatives when making a decision. • Analyze the outcomes of a health-related decision.										
Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grades 3 5 Performance Indicators										
• Assess personal health practices. • Develop a goal to adopt, maintain, or improve a personal health practice. • Apply strategies and skills needed to attain a personal health goal. • Describe how personal health goals can vary with changing abilities, priorities, and responsibilities.										
Grades 6 8 Performance Indicators										
• Assess personal health practices. • Develop a goal to adopt, maintain, or improve a personal health practice. • Apply strategies and skills needed to attain a personal health goal. • Describe how personal health goals can vary with changing abilities, priorities, and responsibilities.										

Meeting National Academic Standards *(continued)*

NATIONAL STANDARDS	LESSONS									
	Gr. 5-6 1	Gr. 5-6 2	Gr. 5-6 3	Gr. 5-6 4	Gr. 5-6 5	Gr. 7-8 1	Gr. 7-8 2	Gr. 7-8 3	Gr. 7-8 4	Gr. 7-8 5
Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grades 3 5 Performance Indicators										
• Identify responsible personal health behaviors. • Demonstrate a variety of healthy practices and behaviors to maintain or improve personal health. • Demonstrate a variety of behaviors to avoid or reduce health risks.										
Grades 6 8 Performance Indicators										
• Explain the importance of assuming responsibility for personal health behaviors. • Demonstrate healthy practices and behaviors that will maintain or improve the health of self and others. • Demonstrate behaviors to avoid or reduce health risks to self and others.										
Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grades 3 5 Performance Indicators										
• Express opinions and give accurate information about health issues. • Encourage others to make positive health choices.										
Grades 6 8 Performance Indicators										
• State a health enhancing position on a topic and support it with accurate information. • Demonstrate how to influence and support others to make positive health choices. • Work cooperatively to advocate for healthy individuals, families, and schools. • Identify ways in which health messages and communication techniques can be altered for different audiences.										
Common Core State Standards for English Language Arts & Literacy in History/Social Studies, Science, and Technical Subjects (Grades K 12)										
College and Career Readiness Anchor Standards for Writing										
Text Types and Purposes										
Standard 2: Write informative/explanatory texts to examine and convey complex ideas and information clearly and accurately through the effective selection, organization, and analysis of content.							✓			
Standard 3: Write narratives to develop real or imagined experiences or events using effective technique, well-chosen details, and well-structured event sequences.									✓	
Production and Distribution of Writing										
Standard 4: Produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience.		✓			✓		✓		✓	✓
Standard 5: Develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach.							✓		✓	
Standard 6: Use technology, including the Internet, to produce and publish writing and to interact and collaborate with others.					✓		✓		✓	✓
Research to Build and Present Knowledge										
Standard 7: Conduct short as well as more sustained research projects based on focused questions, demonstrating understanding of the subject under investigation.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 8: Gather relevant information from multiple print and digital sources, assess the credibility and accuracy of each source, and integrate the information while avoiding plagiarism.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 9: Draw evidence from literary or informational texts to support analysis, reflection, and research.		✓		✓	✓		✓			✓

NATIONAL STANDARDS	LESSONS									
	Gr. 5-6 1	Gr. 5-6 2	Gr. 5-6 3	Gr. 5-6 4	Gr. 5-6 5	Gr. 7-8 1	Gr. 7-8 2	Gr. 7-8 3	Gr. 7-8 4	Gr. 7-8 5
College and Career Readiness Anchor Standards for Speaking and Listening										
Comprehension and Collaboration										
Standard 1: Prepare for and participate effectively in a range of conversations and collaborations with diverse partners, building on others' ideas and expressing their own clearly and persuasively.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 2: Integrate and evaluate information presented in diverse media and formats, including visually, quantitatively, and orally.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Presentation of Knowledge and Ideas										
Standard 4: Present information, findings, and supporting evidence such that listeners can follow the line of reasoning and the organization, development, and style are appropriate to task, purpose, and audience.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 5: Make strategic use of digital media and visual displays of data to express information and enhance understanding of presentations.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 6: Adapt speech to a variety of contexts and communicative tasks, demonstrating command of formal English when indicated or appropriate.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
College and Career Readiness Anchor Standards for Language										
Conventions of Standard English										
Standard 1: Demonstrate command of the conventions of standard English grammar and usage when writing or speaking.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 2: Demonstrate command of the conventions of standard English capitalization, punctuation, and spelling when writing.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Language Acquisition and Use										
Standard 6: Acquire and use accurately a range of general academic and domain-specific words and phrases sufficient for reading, writing, speaking, and listening at the college and career readiness level; demonstrate independence in gathering vocabulary knowledge when considering a word or phrase important to comprehension or expression.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
College and Career Readiness Anchor Standards for Reading										
Reading Standards for Literacy in Science and Technical Subjects										
Standard 1: Cite specific textual evidence to support analysis of science and technical texts.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 2: Determine the central ideas or conclusions of a text; provide an accurate summary of the text distinct from prior knowledge or opinions.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 4: Determine the meaning of symbols, key terms, and other domain-specific words and phrases as they are used in a specific scientific or technical context relevant to grades 6–8 texts and topics.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standards for the English Language Arts (Grades K 12)										
Standard 1: Students read a wide range of print and nonprint texts to build an understanding of texts, of themselves, and of the cultures of the United States and the world; to acquire new information; to respond to the needs and demands of society and the workplace; and for personal fulfillment. Among these texts are fiction and nonfiction, classic and contemporary works.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 3: Students apply a wide range of strategies to comprehend, interpret, evaluate, and appreciate texts. They draw on their prior experience, their interactions with other readers and writers, their knowledge of word meaning and of other texts, their word identification strategies, and their understanding of textual features (e.g., sound-letter correspondence, sentence structure, context, graphics).	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 4: Students adjust their use of spoken, written, and visual language (e.g., conventions, style, vocabulary) to communicate effectively with a variety of audiences and for different purposes.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Meeting National Academic Standards *(continued)*

NATIONAL STANDARDS	LESSONS									
	Gr. 5-6 1	Gr. 5-6 2	Gr. 5-6 3	Gr. 5-6 4	Gr. 5-6 5	Gr. 7-8 1	Gr. 7-8 2	Gr. 7-8 3	Gr. 7-8 4	Gr. 7-8 5
Standard 5: Students employ a wide range of strategies as they write and use different writing process elements appropriately to communicate with different audiences for a variety of purposes.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 6: Students apply knowledge of language structure, language conventions (e.g., spelling and punctuation), media techniques, figurative language, and genre to create, critique, and discuss print and nonprint texts.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 7: Students conduct research on issues and interests by generating ideas and questions, and by posing problems. They gather, evaluate, and synthesize data from a variety of sources (e.g., print and nonprint texts, artifacts, people) to communicate their discoveries in ways that suit their purpose and audience.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 8: Students use a variety of technological and information resources (e.g., libraries, databases, computer networks, video) to gather and synthesize information and to create and communicate knowledge.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Standard 12: Students use spoken, written, and visual language to accomplish their own purposes (e.g., for learning, enjoyment, persuasion, and the exchange of information).	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
National Science Education Standards (Grades 5 8)										
Science in Personal and Social Perspectives										
As a result of activities in grades 5-8, all students should develop understanding of personal health.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
National Curriculum Standards for the Social Studies (Grades 5 8)										
Time, Continuity, and Change										
Learners will be able to evaluate the impact of the values, beliefs, and institutions of people in the past on important historical decisions and developments of their times.						✓				
Learners demonstrate understanding by developing an illustrated timeline of a sequence of events representing an important historic era.						✓				
Individual Development and Identity										
Learners will understand that individual choices influence identity and development.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Learners demonstrate understanding by preparing and presenting visuals of an analysis of a local or national issues requiring government action.										✓
Power, Authority, and Governance										
Learners will demonstrate understanding by discussing current and past issues involving science and technology, and their consequences for society.				✓	✓	✓			✓	✓
National Standards for Civics and Government (Grades 5 8)										
Standard 5: What are the Roles of the Citizen in American Democracy?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Contents of Historical Thinking Standards (Grades 5 12)										
Standard 1: Chronological Thinking						✓				
Standard 3: Historical Analysis and Interpretation						✓				
Standard 5: Historical Issues-Analysis and Decision-Making						✓				
Mid continent Research for Education and Learning Life Skills Standards (Grades K 12)										
Working with others: Contributes to the overall effort of a group.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Working with others: Displays effective interpersonal communication skills.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Self-Regulation: Considers risks.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Thinking and Reasoning: Applies decision-making techniques.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

NATIONAL STANDARDS	LESSONS									
	Gr. 5-6 1	Gr. 5-6 2	Gr. 5-6 3	Gr. 5-6 4	Gr. 5-6 5	Gr. 7-8 1	Gr. 7-8 2	Gr. 7-8 3	Gr. 7-8 4	Gr. 7-8 5
Common Core State Standards for Mathematics (Grades 6 12)										
Standards for Mathematical Practice										
Standard 4: Model with mathematics.				✓						
Standards for School Mathematics (Grades PK 12)										
Process Standard: Connections										
Recognize and apply mathematics in contexts outside of mathematics.			✓	✓	✓	✓	✓	✓	✓	✓
National Educational Technology Standards for Students (Grades K 12)										
Research and Information Fluency: Students apply digital tools to gather, evaluate, and use information.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
National Standards for Arts Education (Grades K 12)										
Students use different media, techniques, and processes to communicate ideas, experiences, and stories.	✓				✓				✓	
Students use art materials and tools in a safe and responsible manner.	✓				✓				✓	

Sources for National Standards

- Consortium of National Arts Education Associations, National Standards for Arts Education, 1994
- Joint Committee on National Health Education Standards and American Cancer Society, National Health Education Standards, 2007
- Mid-continent Research for Education and Learning, Content Knowledge: A Compendium of Standards and Benchmarks for K-12 Education, 2004
- National Academies of Sciences, National Research Council, National Science Education Standards, 1996
- National Council for the Social Studies, National Curriculum Standards for Social Studies, 2010
- National Council of Teachers of Mathematics, Standards for School Mathematics, 2001
- National Council of Teachers of English and International Reading Association, Standards for the English Language Arts, 1996
- National Governors Association Center for Best Practices and the Council of Chief State School Officers, Common Core State Standards for English Language Arts & Literacy in History/Social Studies, Science, and Technical Subjects, 2010
- National Governors Association Center for Best Practices and the Council of Chief State School Officers, Common Core State Standards for Mathematics, 2010

Acknowledgements

National Education Association Health Information Network

www.neahin.org

As the non-profit health and safety arm of the National Education Association (NEA), the NEA Health Information Network (NEA HIN) provides health and safety information, programs, and services for the benefit of NEA's more than three million members and their 43 million students. NEA members include teachers, bus drivers, school custodians, cafeteria workers, and other school employees who make up almost 15,000 local associations throughout the U.S, and military bases in Europe and Asia. NEA HIN's mission is to improve the health and safety of the school community through disseminating information that empowers school professionals and positively impacts the lives of their students.

NEA HIN has been a leader in creating materials for educators that support the healthy development of children and young people. As part of the organization's commitment to ensuring that all children have a high quality education, it has led the way in creating easy-to-use, standards-based lesson plans and related resources. These materials align to national educational standards including the National Health Education Standards, the Common Core State Standards for English Language Arts and Mathematics and other voluntary national content standards.

NEA HIN also provides training, online learning opportunities, and informational materials that support educators in creating safe and healthy schools. The link between student health and student performance has been well documented. Student health is adversely affected by the inappropriate use of prescription drugs, and the NEA HIN-Purdue partnership is an important step in working to address the problem. By raising awareness in students, school employees, parents and the community about the need to use prescription drugs as they are intended to be used, and by translating that awareness into action, student health as well as academic achievement will benefit.

NEA Health Information Network
Safe and Healthy Schools... A Basic Right for All

Purdue Pharma L.P.

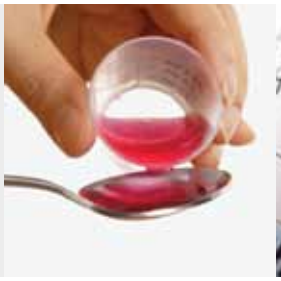
www.rxsafetymatters.org

Purdue Pharma L.P. (www.purduepharma.com) is a privately-held pharmaceutical company headquartered in Stamford, Connecticut. The company is engaged in the research, development, production, sales and licensing of prescription and over-the-counter medicines. Purdue Pharma L.P. was founded by physicians more than 50 years ago and has long been known for its pioneering work on persistent pain, a principal cause of human suffering. Today, Purdue Pharma and its independent associated companies have a presence in more than 30 countries with more than 5,000 employees.

As part of the company's mission to help improve patient care and quality of life through education, Purdue has been providing healthcare professionals, patients, and caregivers with free comprehensive resources for more than a decade. Educational and advocacy forums foster and support a collaborative network of healthcare professionals with the common goal of improving patient outcomes and removing barriers to appropriate and effective care.

Purdue has taken a leading role in addressing the serious public health issue of prescription drug diversion and abuse by supporting programs intended to help stem this problem. Efforts include educational programs for the healthcare and law enforcement communities and public awareness and education programs for teenagers, parents, and educators on the dangers of prescription drug abuse. Additionally, Purdue has supported the implementation of prescription monitoring programs to help reduce prescription fraud.

PURDUE



TAKE 1 TABL
A DAY AS NEE

Rx for Understanding: Be Smart About Prescription Drugs was produced by NEA HIN supported by an educational grant from Purdue Pharma L.P.

Attachment 4

AMENDED IN ASSEMBLY APRIL 1, 2014

AMENDED IN ASSEMBLY MARCH 18, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL No. 1535

Introduced by Assembly Member Bloom
(Coauthor: Senator Pavley)

January 21, 2014

An act to add Section 4052.01 to the Business and Professions Code, relating to pharmacists.

LEGISLATIVE COUNSEL'S DIGEST

AB 1535, as amended, Bloom. Pharmacists: naloxone hydrochloride.

Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. Existing law, generally, authorizes a pharmacist to dispense or furnish drugs only pursuant to a valid prescription. Existing law authorizes a pharmacist to furnish emergency contraceptives and hormonal contraceptives pursuant to standardized procedures or protocols developed and approved by both the board and the Medical Board of California, as specified, or developed by the pharmacist and an authorized prescriber. Existing law also authorizes a pharmacist to furnish nicotine replacement products pursuant to standardized procedures or protocols developed and approved by both the board and the Medical Board of California, as specified. Existing law authorizes a licensed health care provider who is permitted to prescribe an opioid antagonist and is acting with reasonable care to prescribe and dispense or distribute an opioid antagonist for the treatment of an opioid overdose to a person at risk of an opioid-related overdose or a family member,

friend, or other person in a position to assist a person at risk of an opioid-related overdose.

This bill would authorize a pharmacist to furnish naloxone hydrochloride in accordance with standardized procedures or protocols ~~developed by the pharmacist and an authorized prescriber or~~ developed and approved by both the board and the Medical Board of California, *in consultation with specified entities*. The bill would require the board and the Medical Board of California, in developing those procedures and protocols, to ~~consider~~ *include* procedures *requiring the pharmacist to provide a consultation* to ensure *the* education of the person to whom the drug is furnished, as specified, *and notification of the patient's primary care provider of drugs or devices furnished to the patient, as specified. The bill would prohibit a pharmacist furnishing naloxone hydrochloride pursuant to its provisions from permitting the person to whom the drug is furnished to waive the consultation described above*. The bill would require a pharmacist to complete a training program on the use of opioid antagonists prior to performing this procedure. The bill would require each board to enforce these provisions with respect to its respective licensees.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 4052.01 is added to the Business and Professions Code, to read:

4052.01. (a) Notwithstanding any other provision of law, a pharmacist may furnish naloxone hydrochloride in accordance with ~~either of the following:~~

~~(1) Standardized procedures or protocols developed by the pharmacist and an authorized prescriber who is acting within his or her scope of practice.~~

~~(2) Standardized~~ *standardized* procedures or protocols developed and approved by both the board and the Medical Board of California, *in consultation with the California Society of Addiction Medicine, the California Pharmacists Association, and other appropriate entities*. In developing *those* standardized procedures or ~~protocols pursuant to this paragraph,~~ *protocols*, the board and the Medical Board of California shall ~~consider procedures~~ *include the following:*

(1) Procedures to ensure education of the person to whom the drug is furnished, including, but not limited to, opioid overdose prevention, recognition, and response, safe administration of naloxone hydrochloride, potential side effects or adverse events, and the imperative to seek emergency medical care for the patient.

(2) Procedures to ensure the education of the person to whom the drug is furnished regarding the availability of drug treatment programs.

(3) Procedures for the notification of the patient's primary care provider with patient consent of any drugs or devices furnished to the patient, or entry of appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider, and with patient consent.

(b) A pharmacist furnishing naloxone hydrochloride pursuant to this section shall not permit the person to whom the drug is furnished to waive the consultation required by the board and the Medical Board of California.

~~(b)~~

(c) Prior to performing a procedure authorized under this section, a pharmacist shall complete a training program on the use of opioid antagonists that consists of at least one hour of approved continuing education on the use of naloxone hydrochloride.

~~(c)~~

(d) The board and the Medical Board of California are each authorized to ensure compliance with this section. Each board is specifically charged with enforcing this section with respect to its respective licensees. This section ~~shall~~ *does* not ~~be construed to~~ expand the authority of a pharmacist to prescribe any ~~other drug~~ *prescription medication*.

O

California State Board of Pharmacy
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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

April 24, 2014

The Honorable Richard H. Bloom
California State Assembly
State Capitol, Room 2179
Sacramento, CA 95814

RE: Assembly Bill 1535 - Support

Dear Assembly Member Bloom:

The Board of Pharmacy is pleased to Support your Assembly Bill 1535, which would allow a pharmacist to furnish naloxone hydrochloride to a person pursuant to a standardized procedure or protocol developed by the Board of Pharmacy and the Medical Board of California (MBC), and to require pharmacists furnishing naloxone to complete specified training. Assembly Bill 1535 would ensure persons receiving naloxone would receive appropriate education regarding opioid overdose prevention, recognition, and response; potential side effects or adverse events; and education and information related to drug treatment programs.

The board supports your efforts to expand access to this life-saving drug to those who are at risk of an opioid-related overdose, or to those who may assist a person at risk.

Please don't hesitate to contact me at (916) 574-7911 or the board's legislative manager Carolyn Klein at (916) 574-7913 if you have any questions.

Sincerely,

VIRGINIA HEROLD
Executive Officer

The Acorn
Serving Agoura Hills, Calabasas, Oak Park and Westlake Village

Drug antidote saves two lives

By Sylvie Belmond

Two young adults from Simi Valley and Ojai who took lethal doses of opioids are still alive today thanks to an antidote provided at an overdose prevention and response workshop in Oak Park last October.

To save more lives, Oak Park resident Loretta Di Lustro is preparing to host a second overdose prevention workshop at her home on March 1.

“Parents, (people addicted to opiates) and anyone who knows an active user of opioids is invited to attend so they know what to do if a drug-related emergency happens,” said Di Lustro, whose son John died from respiratory failure after an accidental heroin overdose in 2011.

The upcoming workshop is organized in collaboration with Broken No More and Los Angeles Community Health Outreach Project.

Community Health works to improve the health and wellbeing of people affected by drug use in Los Angeles and surrounding communities.

Broken No More consists of families and friends of people with substance dependency that have seen firsthand the results of addiction and overdose deaths.

The antidote, known as the “second-chance drug,” is naloxone hydrochloride, or Narcan. It neutralizes the effects of opioids, allowing drug users to breathe during an overdose. Workshop attendees learn how to inject the antidote and provide rescue breathing to an overdose victim.

With the naloxone program, which provides the antidote to who people who may need it, fatal opioid overdoses can be prevented, Di Lustro said.

“When you leave this training, you will feel more empowered. You will have your very own naloxone antidote kits . . . and you will be able to . . . recognize an overdose before it is fatal,” she said.

Two people who obtained the medication while attending the training offered last year at Di Lustro’s home successfully used their naloxone kits to save a life.

On New Year’s Eve, a young man was visiting the daughter of a Simi Valley woman who had attended the overdose prevention training last fall and obtained a naloxone kit.

The man was blue in color and not breathing, but “a shot of naloxone and rescue breathing brought the boy back,” Di Lustro said.

A second incident occurred in late January when a young woman who attended the training with her mother overdosed at her home in Ojai.

The victim remembered from the training that she should never use alone. So she had a girlfriend staying with her when she used opioids late at night. When the victim began to overdose, the friend

started the rescue breathing procedure and called out for the victim's mother, who was sleeping in a nearby room. The mother quickly administered a shot of naloxone, and it worked, Di Lustro said.

Both victims are in their 20s.

Di Lustro said that since actor Philip Seymour Hoffman's recent death from an apparent heroin overdose at his New York home, she's received dozens of calls from local residents who want to learn about the habits and risks drug users face, and how to use the injectable medicine that reverses the deadly effects of opiate overdose.

The prescription medication has been used in ambulances and hospitals for decades to reverse opioid overdose.

As of January, Assembly Bill 635, the Overdose Treatment Act, encourages healthcare providers and community programs in California to distribute the overdose antidote.

The March 1 workshop will take place from 2 to 5 p.m. To reserve a spot, email Di Lustro at loretta.dilustro@att.net.

For more information, visit www.broken-no-more.org.

Medical News & Perspectives

Back From the Brink
Groups Urge Wide Use of Opioid Antidote to Avert Overdoses

Bridget M. Kuehn, MSJ

For a North Carolina mother who routinely stayed up nights, having naloxone on hand brought some relief. If her opioid-addicted son overdosed, giving him the opioid antagonist could save his life within minutes.

"Peace of mind is priceless," the mother told leaders at Project Lazarus, an organization based in Moravian Falls, North Carolina, that is working to prevent opioid overdoses in the state. A key part of the group's strategy has been to put naloxone, sold under the trade name Narcan, into as many hands as possible—chronic pain patients taking prescription painkillers, law enforcement, loved ones of individuals with prescription or illicit opioid abuse problems, and community groups.

"It reverses an overdose, saves a life," said Fred Wells Brason II, president and chief executive officer of Project Lazarus. It creates an opportunity to help the person going forward, he explained.

Between 1996 and 2010, community-based overdose prevention programs may have saved as many as 10 000 lives, according to a US Centers for Disease Control and Prevention report (*MMWR*. 2012;61[06]:101-105). Increasing evidence supporting the life-saving benefits of making naloxone available to outpatients has led to wider use of the drug.

Putting an Antidote Within Reach

Naloxone has been routinely used in emergency care and in anesthesiology for decades. Now, the recent surge in opioid overdose deaths involving prescription painkillers has led policy makers, communities, and public health agencies to expand the drug's availability to enable friends and loved ones to respond quickly in emergencies.

Opioid overdoses have become all too common. In 2008, illicit and prescription drugs caused 9 of 10 poisoning deaths, which overtook vehicle crashes as the leading cause of accidental deaths in the United States (http://1.usa.gov/LaWOhG). Prescription pain killers caused most of these fatalities; of 38 329 US drug overdose deaths in 2010, more than half involved pharmaceuticals rather than street drugs, such as heroin (http://1.usa.gov/1kUvFjh). Opioid analgesics accounted for 75% of the 22 134 medication-related deaths.

Naloxone is a powerful antidote to prescription opioid or heroin overdoses. The medication can be administered intranasally or by injection, and it is inexpensive—as little as $8 a vial for injection use to $50 dollars for a nasal administration kit. Within minutes, naloxone displaces opioids by binding to their receptors, reversing respiratory and nervous system depression that can be fatal, explained Sharon Stancliff, MD, medical director at the Harm Reduction Coalition in New York City.

The antidote's effects last for 30 to 90 minutes and may trigger withdrawal in individuals who are dependent on opioid medications. People who haven't taken opioids but get naloxone by mistake won't be affected; the drug has no effect on overdoses from nonopioid substances. Stancliff's group urges those who administer it to also call 911 and perform rescue breathing.

R. Gil Kerlikowske, director of the White House Office of National Drug Control Policy, has backed first responders and public health workers using naloxone (http://huff.to/1b6ob2S). The Substance Abuse and Mental Health Services Administration (SAMHSA) in October 2013 released an opioid overdose prevention toolkit (http://1.usa.gov/1dxGIJH), including a recommendation that physicians prescribe naloxone alongside pain medications.

"With naloxone we have a body of evidence that increasingly shows that it reduces death," Stancliff said.

Community-Based Programs

Groups that promote needle exchange or harm reduction strategies for heroin users were among the first to distribute naloxone rescue kits to those at risk of an overdose. But prescription pain medication overdoses have touched a broader cross section of US society, Stancliff noted, and generated demand for help among the general public.

"People are in pain; they are seeing loved ones die," she said. "Parents hear about naloxone and want it."

In 2007, North Carolina's Wilkes County had the third highest opioid overdose death rate in the country. Evidence suggested that

To save lives, naloxone, an antidote to opioid overdoses, is being distributed to patients who are taking opioid painkillers and to individuals who are likely to witness an overdose.

Harry Peronius/Harm Reduction Coalition

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nearly one-third of the overdoses were related to addiction and the others were from misused opioids, so Brason and his cofounders created a multipronged strategy for Project Lazarus. It emphasizes education about safely using opioid medications for prescribers, schools, military institutions, community organizations, and other stakeholders. In addition, the initiative makes naloxone kits available to those at risk or their loved ones.

"We are a society that believes if a physician prescribed it, it is safe, and we can share it," Brason said. He noted that overdoses occur don't occur only among people who are addicted. Chronic pain patients may take too much, people sometimes use a relative's medication for pain relief, and others casually abuse at parties. The program's education component helps eliminate some of the misuse, he said. Substance abuse, he acknowledged, is a "longer-haul problem."

Project Lazarus has had impressive results and is expanding statewide. It has helped reduce overdose deaths in Wilkes County, from 46.6 per 100 000 in 2009 to 29.0 per 100 000 in 2010 (Albert S et al. *Pain Medicine*. 2011;12:S77-S85). The proportion of overdose deaths resulting from medications prescribed by Wilkes County physicians has also declined from 82% in 2008 to 10% in 2010.

Support from state policy makers has helped. The North Carolina Medical Board in 2008 issued a statement backing the effort to distribute naloxone to help someone during an overdose (http://bit.ly/1dhINcM). In 2013, a state law allowed individuals who are not at risk themselves to get a naloxone prescription for another person at risk of overdose.

Other states are following suit. Seventeen states and the District of Columbia now have legislation to allow wider distribution of naloxone, according to the Network for Public Health Law, an initiative of the Robert Wood Johnson Foundation and the Public Health Law Center at William Mitchell College of Law in St Paul, Minnesota (http://bit.ly/1maXgli). Some of these states have laws that increase naloxone access alone; others have added Good Samaritan provisions that protect individuals who try to help during an overdose from being prosecuted for drug violations. For example, someone who is using heroin with a friend and tries to help during an overdose won't be prosecuted for drug charges. Without such protections, individuals may be hesitant to call first responders.

For those who have used naloxone or have prescribed naloxone that has saved a life, the consequences are powerfully reinforcing. Stancliff said one young man who was in treatment for alcohol dependence was prescribed naloxone because his substance abuse history increased the likelihood that he would witness an opioid overdose. A year later, he used the naloxone when his younger brother overdosed. "We need to have naloxone in the family," the man told Stancliff.

Being Proactive in Primary Care

Making primary care physicians more comfortable with coprescribing naloxone to pain patients and educating them about the risks posed by prescribed opioids is a big focus of organizations at the national and local level.

Although most primary care physicians are likely familiar with naloxone from their training, they may not be thinking of it as a preventive tool. But Melinda Campopiano, MD, a medical officer at SAMHSA, said that physicians routinely prescribe drugs to their patients that may be used by others in the case of an emergency. For example, physicians prescribe glucagon to patients with diabetes and devices that autoinject epinephrine to patients with severe allergies.

"That's the type of model we recommend be implemented," she said.

Everyone who receives a prescription of opioid medications is at risk of an overdose, she said. These patients should receive education about how to prevent that from happening, and the agency recommends coprescribing naloxone with opioid medications, according to the Opioid Overdose Prevention Toolkit (http://1.usa.gov/1dxGIJH).

Many physicians may be uncomfortable with the idea of raising the issue of substance abuse with patients. Campopiano noted that before widespread prescribing of opioid painkillers, encountering a patient with an opioid addiction was a relatively rare occurrence for most physicians. But the high volume of prescribing has made opioid access ubiquitous.

"It requires universal precautions," she said. "We want providers to know that substance abuse and misuse is very common."

For example, Campopiano noted that a patient may binge drink once or twice a month, and if those who do so take pain medications at the same time, the combination may lead to a life-threatening situation. "Physicians' levels of awareness needs to be raised," she said.

SAMHSA does not recommend third-party prescribing, because the practice may be illegal in some states. But Campopiano noted that naloxone is also sometimes distributed by public health groups or first responders under a standing order from a physician.

In states with laws allowing third-party prescribing, physicians may be hesitant. "Physicians are understandably uncomfortable prescribing drugs for patients to use on someone [the physician] has never seen," Stancliff said. But she said the practice has become more accepted.

While naloxone can help in an emergency, there is wide agreement that substance abuse prevention and treatment are essential as well. Stancliff said that for patients with opioid addiction, treatment with methadone or buprenorphine, in addition to making naloxone available, is crucial. She noted that relapse is common, even for those receiving treatment, "If a patient leaves treatment, we want them to be alive to come back." ■

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Los Angeles Times

Naloxone can reverse heroin overdose, but it's not widely available

Philip Seymour Hoffman's death brings more attention to heroin overdoses as states consider expanding access to the antidote naloxone.

By Matt Pearce
February 5, 2014, 8:06 p.m.

The young New York woman had just gotten home from rehab but couldn't wait to shoot up again. Her parents, who lived in an affluent neighborhood of Long Island's Suffolk County, found her in the shower when they heard the water running too long.

She had overdosed on heroin.

By the time Suffolk County Police Officer James Garside and a firefighter arrived and pulled her out of the bathroom, she wasn't breathing.

That's when they gave her a dose of naloxone, the go-to drug for treating heroin and painkiller overdoses.

About a minute later, her eyes started to flutter. She started to breathe on her own. Within three minutes, she sat straight up. "And all that was performed in front of her parents," recalled Garside, who is also a trained paramedic.

Rescue stories like this one from early 2013 are becoming more common as heroin makes a comeback in the United States, hitting the Northeast particularly hard as painkiller abusers switch to the cheaper illicit drug. Heroin use gained even more attention this week after Oscar-winning actor Philip Seymour Hoffman was found dead of a possible overdose in his New York apartment.

Some federal data suggest that heroin use has roughly doubled across the country, bringing a corresponding rise in pricey emergency responses and fatal overdoses.

Naloxone could play a big role in trying to fight off that increase in deaths, but it is not widely available to many users and emergency responders, despite a success rate that normally exceeds 80% or 90%, experts say.

"No one really thought to have any particular policies in place expanding access to naloxone. No one was having those conversations," said Meghan Ralston, the harm reduction manager for Drug Policy Alliance, an advocacy group. She called naloxone "an obscure little wonder drug that has been used with quiet success for decades."

"It's incredibly safe and effective, and lawmakers don't really know anything about it, except they're hearing from physicians and others that we need to do more to get these drugs in the hands of moms and others" who know heroin and painkiller abusers, Ralston said.

Legislatures in blue and red states alike are considering proposals that would expand access to naloxone, with bills introduced by Democrats and Republicans.

A California law took effect Jan. 1 allowing family and friends of heroin and painkiller users to obtain the antidote from doctors. The idea is to have the drug at the ready in case a loved one overdoses.

The Network for Public Health Law says California is one of 17 states, plus the District of Columbia, that have adopted laws expanding access to naloxone, which is commonly branded as Narcan.

Nine of those states adopted their laws within the last year. California Assemblyman Richard Hershel Bloom (D-Santa Monica) introduced legislation last week that would make naloxone available over the counter.

"I think of Narcan access as a really low-hanging fruit," Corey Davis, deputy director at the Network for Public Health Law, said in a telephone interview from Chapel Hill, N.C. "There are a lot of things that states can and should be doing to reduce overdose deaths, but increasing access to Narcan is so obvious and easy."

New York limits naloxone access to certain first responders. But a pilot program to give a nasal-spritzer form of the drug to police in Suffolk County has met resounding success over the last 18 months. Suffolk police say naloxone has reversed 172 of the 178 overdoses in which officers administered the drug.

"They literally are at death's door with respirations of maybe two a minute, and when you administer the medication, it's a dramatic reversal within three or four minutes," said Dr. Scott Coyne, the police department's chief surgeon and medical director.

Fourteen states and the District of Columbia also have passed so-called good Samaritan laws that would offer some immunity to drug users who call 911 during an overdose, according to the Network for Public Health Law. California is one of them.

Just three days before Hoffman's death, New York state Sen. Kemp Hannon introduced legislation that would distribute naloxone through public training programs, issuing the drug on completion of the training.

Heather Edney, 43, of Los Angeles can't remember how many times she has been revived with naloxone, perhaps five. But the last time she was saved by the drug, 10 years ago, was also the last time she ever used heroin.

Naloxone "absolutely" saved her life, she said. The people she was with were not going to call 911 "because they could have legal ramifications," she said.

"I got a second chance at life," said Edney, now a behavioral healthcare consultant who helps organize drug treatment programs. "I've been living an amazing life for 10 years. I've been helping other people get treatment — none of that happens without naloxone."

Naloxone, which has few if any side effects, counteracts the effects of opioids such as OxyContin and heroin by blocking the receptors in the brain that take in the drugs.

When injected into an overdose victim whose heart is still beating, "it's virtually 100% effective," said Wilson Compton, deputy director at the National Institute on Drug Abuse in Bethesda, Md.

Edney dismissed the possibility that providing naloxone to heroin addicts would only enable them to overdose again. "When you're using, you're using," she said. "For me, I used to use it [heroin] because I wasn't even thinking about it, let alone naloxone."

Getting a dose of naloxone isn't pleasant, she said: It's like waking up, except with sudden opium withdrawal symptoms, depending on how quickly a user is brought out of an overdose.

"There's nothing about it that's good," Edney said, "because you go from being blissfully unaware to being, 'Now I'm conscious. I'm in withdrawal, and everyone's staring at me.' "

FOR THE RECORD:

Heroin overdoses: An article in the Feb. 6 Section A about the use of the drug naloxone, which can act as an antidote to a heroin overdose, stated that legislation has been introduced in California to make the drug available over the counter. The measure calls for state health authorities to determine how the drug will be disbursed at pharmacies. Also, the article said New York limits the drug’s use by certain first responders. New York has expanded the use of naloxone by first responders and allows trained bystanders to administer the drug to prevent overdoses.

National Institute on Drug Abuse
The Science of Drug Abuse & Addiction

Naloxone—A Potential Lifesaver

by Dr. Nora Volkow, M.D., Director, National Institute on Drug Abuse

March 4, 2014

Combating the epidemic of opioid abuse—including prescription painkillers and, increasingly, heroin—requires a multi-pronged approach that involves reducing drug diversion, expanding delivery of existing treatments (including medication-assisted treatments), and development of new medications for pain that can augment our existing treatment arsenal. But another crucial component we must not forget is that people who abuse or are addicted to opioids need to be kept alive long enough that they can be treated successfully. In this, the drug naloxone has a large potential role to play.

Naloxone is an opioid antagonist—meaning that it binds to opioid receptors and can reverse or block the effects of other opioids. It can very quickly restore normal respiration to a person whose breathing has slowed or stopped as a result of abusing heroin or prescription opioids, or accidentally ingesting too much pain medication. Naloxone is widely used by emergency medical personnel and other first responders for this purpose. Unfortunately, by the time a person having an overdose is reached and treated, it is often too late. To solve this problem, several experimental overdose education and naloxone distribution (OEND) programs have issued naloxone directly to opioid users and their friends or loved ones, or other potential bystanders, along with brief training in how to use these emergency kits. Such programs have been shown to be an effective, as well as cost-effective, way of saving lives.

For example, a Massachusetts OEND program that began in 2006, during a growing overdose epidemic in that state, significantly reduced overdose deaths in the 19 communities that implemented it. As of 2010, the CDC reported that lay-distributed naloxone had prevented more than 10,000 overdose deaths nationwide since 1996. So far, 17 states have passed laws allowing for wider prescription of naloxone to those in a position to help prevent overdose fatalities. These laws help put the life-saving drug not only in the hands of family members and friends of opioid-addicted persons but also a wider array of emergency personnel, such as police and firefighters.

Naloxone is currently only FDA approved in an injectable formulation. To facilitate ease of use, many OEND programs use syringes fitted with an atomizer to enable the drug to be sprayed into the nose. NIDA and other agencies are working with the FDA and drug manufacturers to support the development of an intranasal formulation that would match the pharmacokinetics (i.e., how much and how rapidly the drug gets into the body) of the injectable version.

Over 15,500 Americans died from an overdose involving prescription painkillers in 2009—more than from all other drugs combined--and we are now seeing indicators of a rise in heroin overdose deaths as well. If we are to reverse these terrible trends, we need to do all we can to ensure that emergency personnel as well as at-risk opioid users and their loved ones have access to tools like naloxone that may save people's lives in the event of overdose.

Nora D. Volkow, M.D., became Director of the National Institute on Drug Abuse (NIDA) at the National Institutes of Health in May 2003. Dr. Volkow has published more than 530 peer-reviewed articles and written more than 80 book chapters and non-peer reviewed manuscripts, and has also edited three books on neuroimaging for mental and addictive disorders.

Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 61 / No. 6

February 17, 2012

Community-Based Opioid Overdose Prevention Programs Providing Naloxone — United States, 2010

Drug overdose death rates have increased steadily in the United States since 1979. In 2008, a total of 36,450 drug overdose deaths (i.e., unintentional, intentional [suicide or homicide], or undetermined intent) were reported, with prescription opioid analgesics (e.g., oxycodone, hydrocodone, and methadone), cocaine, and heroin the drugs most commonly involved (*1*). Since the mid-1990s, community-based programs have offered opioid overdose prevention services to persons who use drugs, their families and friends, and service providers. Since 1996, an increasing number of these programs have provided the opioid antagonist naloxone hydrochloride, the treatment of choice to reverse the potentially fatal respiratory depression caused by overdose of heroin and other opioids (*2*). Naloxone has no effect on non-opioid overdoses (e.g., cocaine, benzodiazepines, or alcohol) (*3*). In October 2010, the Harm Reduction Coalition, a national advocacy and capacity-building organization, surveyed 50 programs known to distribute naloxone in the United States, to collect data on local program locations, naloxone distribution, and overdose reversals. This report summarizes the findings for the 48 programs that completed the survey and the 188 local programs represented by the responses. Since the first opioid overdose prevention program began distributing naloxone in 1996, the respondent programs reported training and distributing naloxone to 53,032 persons and receiving reports of 10,171 overdose reversals. Providing opioid overdose education and naloxone to persons who use drugs and to persons who might be present at an opioid overdose can help reduce opioid overdose mortality, a rapidly growing public health concern.

Overdose is common among persons who use opioids, including heroin users. In a 2002–2004 study of 329 drug users, 82% said they had used heroin, 64.6% had witnessed a drug overdose, and 34.6% had experienced an unintentional drug overdose (*4*). In 1996, community-based programs began offering naloxone and other opioid overdose prevention services to persons who use drugs, their families and friends, and service providers (e.g., health-care providers, homeless shelters, and substance abuse treatment programs). These services include education regarding overdose risk factors, recognition of signs of opioid overdose, appropriate responses to an overdose, and administration of naloxone.

To identify local program locations and assess the extent of naloxone distribution, in October 2010 the Harm Reduction Coalition e-mailed an online survey to staff members at the 50 programs then known to distribute naloxone. Follow-up e-mails and telephone calls were used to encourage participation, clarify responses, and obtain information on local, community-based programs. The survey included questions about the year the program began distributing naloxone, the number of persons trained in overdose prevention and naloxone administration, the number of overdose reversals reported, and whether the totals were estimates or based on program data. The survey also asked questions regarding the naloxone formulations currently distributed, any recent difficulties in obtaining naloxone, and the program's experience with naloxone distribution.

Staff members at 48 (96%) of the 50 programs completed the online survey. Since the first program began distributing naloxone in 1996, through June 2010, the 48 responding programs reported providing training and distributing naloxone to an estimated 53,032 persons (program range: zero to 16,220; median: 102.5; mean: 1,104.8).* From the first naloxone distribution in 1996 through June 2010, the programs

* The number of participants to whom naloxone was distributed was estimated by 29 responding programs (26.5% of total) and based on program data for 19 respondents (73.5%).

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U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

received reports of 10,171 overdose reversals using naloxone (range: zero to 2,385; median: 32; mean: 211.9).† During a recent 12-month period, respondents distributed an estimated 38,860 naloxone vials (Table).§ Using data from the survey, the number of programs beginning naloxone distribution each year during 1996–2010 was compared with the annual crude rates of unintentional drug overdose deaths per 100,000 population from 1979 to 2008 (Figure 1) (*1*).

The 48 responding programs were located in 15 states and the District of Columbia. Four responding programs provided consolidated data for multiple local, community-based programs. Three state health departments, in New York, New Mexico, and Massachusetts, provided data for 129 local programs (65, 56, and eight, respectively); a nongovernmental organization in Wisconsin provided data on a statewide operation with 16 local programs. In all, the 48 responding programs provided data for 188 local opioid overdose prevention programs that distributed naloxone (Figure 2). Nineteen (76.0%) of the 25 states with 2008 drug overdose death rates higher than the median and nine (69.2%) of the 13 states in the highest quartile (*1*) did not have a community-based opioid overdose prevention program that distributed naloxone (Figure 2).

For a recent 12-month period, the 48 responding programs reported distributing 38,860 naloxone vials, including refills (range: zero to 12,070; median: 97; mean: 809.6).¶ Overdose prevention programs were characterized as small, medium, large, or very large, based on the number of naloxone vials distributed during that period. The six responding programs in the large and very large categories distributed 32,812 (84.4%) of the naloxone vials (Table).

Twenty-one (43.7%) responding programs reported problems obtaining naloxone in the "past few months" before the survey. The most frequently reported reasons for difficulties obtaining naloxone were the cost of naloxone relative to available funding and the inability of suppliers to fill orders.**

† The number of opioid overdose reversals was estimated by 26 responding programs (25.4% of total) and based on program data for 22 respondents (74.6%).

§ The number of vials distributed to participants during 2009 or July 2009–June 2010 was estimated by 21 program respondents (6.5% of total) and based on program data for 27 respondents (93.5%).

¶ Responding programs provide naloxone for injection in multidose (10 mL) and single-dose (1 mL) vials with concentrations of 0.4 mg/mL. Vials that are adapted for intranasal use (using a mucosal atomization device) are single-dose 2 mL vials with concentration of 1 mg/mL. Typically, respondents provide 1 multidose or 2 single-dose vials in an overdose rescue kit. Forty-two (87.5%) of 48 reported providing only injectable naloxone (63.0% of total vials), four (8.3%) provided only intranasal naloxone (33.1%), and four (8.3%) provided both injectable and intranasal naloxone (3.9%).

** The two most commonly reported reasons for difficulties obtaining naloxone were the cost of naloxone relative to available funding (seven responding programs) and inability of suppliers to fill orders (13 respondents). Four respondents reported interruptions because they did not have a qualified medical provider to either order naloxone from suppliers or prescribe naloxone to users. Five reported two of the three reasons for interruptions.

The *MMWR* series of publications is published by the Office of Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30333.

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TABLE. Number of opioid overdose programs/local programs, naloxone vials provided in a recent 12-month period, program participants overall, and overdose reversals, by program size — United States, 1996–2010

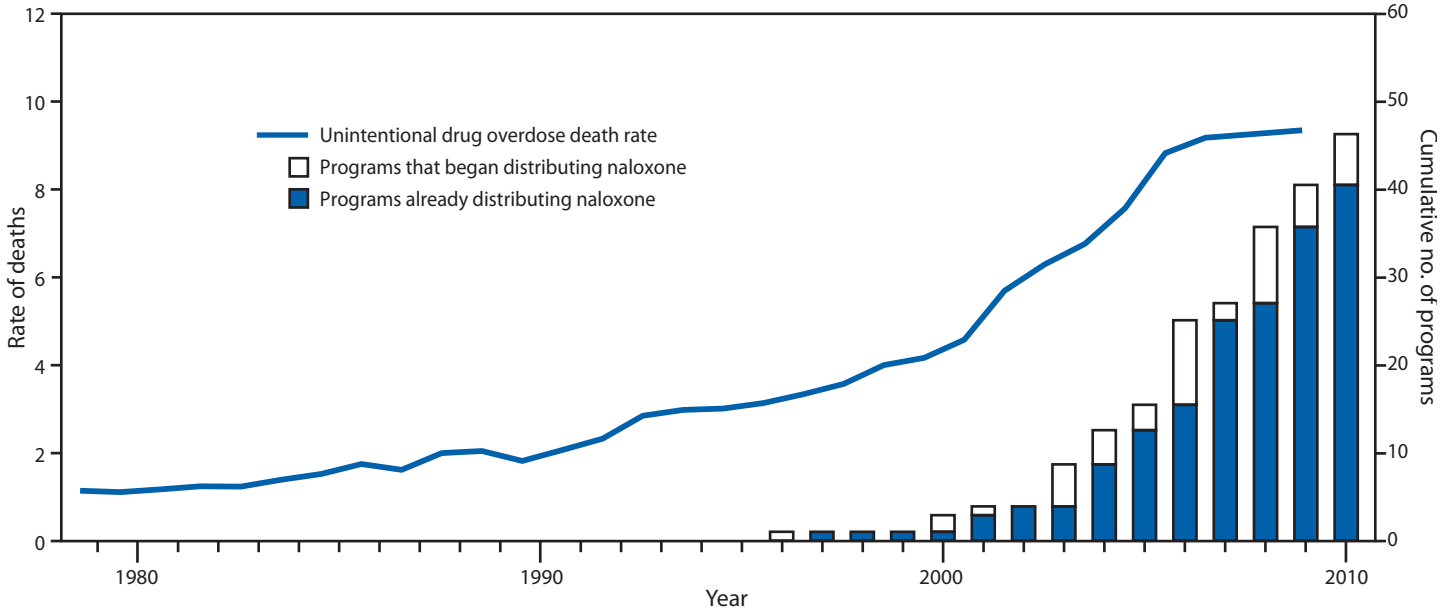
Program size (by no. of vials of naloxone provided during a recent 12-month period)	No. of program respondents	No. of local programs	No. of naloxone vials provided to participants during a recent 12-month period*		No. of program participants from beginning of program through June 2010†		Reported opioid overdose reversals from beginning of program through June 2010§	
			No.	(%)	No.	(%)	No.	(%)
Small <100	24	24	754	(1.9)	1,646	(3.1)	371	(3.6)
Medium 101–1,000	18	18	5,294	(13.6)	13,214	(24.9)	3,241	(31.9)
Large 1,001–10,000	4	74	9,792	(25.3)	26,213	(49.4)	5,648	(55.5)
Very large >10,000	2	72	23,020	(59.2)	11,959	(22.6)	1,091	(10.7)
Total	**48**	**188**	**38,860**	**(100.0)**	**53,032**	**(100.0)**	**10,171**	**(100.0)**

* Units of naloxone (including number of vials or intranasal doses and refills) distributed to participants during 2009 or July 2009–June 2010. Estimated by 21 program respondents (2,524 units, 6.5% of total) and based on program data for 27 respondents (36,336 units, 93.5%).

† Number of participants to whom naloxone was distributed from the start of program through June 2010. Estimated by 29 respondents (14,066 participants, 26.5% of total) and based on program data for 19 respondents (38,966 participants, 73.5%).

§ Number of opioid overdose reversals reported using the naloxone provided by the program from the start of the program through June 2010. Estimated by 26 respondents (2,582 reversals, 25.4% of total) and based on program data for 22 respondents (7,589 reversals, 74.6%).

FIGURE 1. Annual crude rates* of unintentional drug overdose deaths and number of overdose prevention programs distributing naloxone — United States, 1979–2010



* Per 100,000 population.

Reported by

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Editorial Note

The findings in this report suggest that distribution of naloxone and training in its administration might have prevented numerous deaths from opioid overdoses. Syringe exchange and harm reduction programs for injection-drug users were early adopters of opioid overdose prevention interventions, including providing naloxone (*5,6*). More noninjection opioid users might be reached by opioid overdose prevention training and (where feasible) provision of naloxone in jails and prisons, substance abuse treatment programs, parent support groups,

and physician offices (Maya Doe-Simkins, MPH, Boston Medical Center, personal communication, 2011). Reaching users of prescription opioid analgesics is important because a large proportion of drug overdose deaths have been associated with these drugs (*1,7*).

Widespread concern about the substantial increases in opioid drug overdose deaths has prompted adoption of various other prevention measures, including 1) education of patients, clinicians, pharmacists, and emergency department staff members; 2) issuing opioid prescribing guidelines; 3) prescription drug monitoring programs; 4) legal and administrative efforts to reduce illegal prescribing; 5) prescription drug take-back programs; and 6) improved access to substance abuse treatment (*8,9*). Programs such as Project Lazarus and Operation OpioidSAFE in North Carolina include clinicians prescribing naloxone to patients receiving opioid analgesic prescriptions who meet criteria for higher overdose risk (*8*) (Anthony Dragovich, MD, Womack Army Medical Center, Fort Bragg, North Carolina, personal communication, 2011).

In the United States, naloxone is provided to participants in different ways, including through onsite medical professionals and the use of standing orders. Recognizing the potential value of providing naloxone to laypersons, some states (e.g., California, Illinois, New Mexico, New York, and Washington) have passed laws and changed regulations to provide limited liability for prescribers who work with programs providing naloxone to laypersons. In addition, Washington, Connecticut, New Mexico, and New York have enacted Good Samaritan laws providing protection from arrest in an effort to encourage bystanders at a drug overdose to call 911 and use naloxone when available (*9*). Because of high overdose mortality among persons who use drugs, the Global Fund to Fight AIDS, Tuberculosis, and Malaria recommends naloxone distribution as a component of comprehensive services for drug users (*10*).

In this analysis, the majority (76.0%) of the 25 states with 2008 age-adjusted drug overdose death rates higher than the median did not have a community-based opioid overdose prevention program that distributed naloxone. High death rates provide one measure of the extent of drug overdoses; however, the number of deaths also should be considered. For example, in 2008, West Virginia had the highest drug overdose death rate (25.8) in the United States, and Texas (8.6) had one of the lowest. However, the West Virginia rate was based on 459 deaths, whereas the Texas rate was based on 2,053 deaths. States might consider both death rates and number of deaths in their intervention planning.

The findings in this report are subject to at least three limitations. First, other naloxone distribution programs might exist that were unknown to the Harm Reduction Coalition. Second, all data are based on unconfirmed self-reports from the 48 responding programs. Finally, the numbers of persons trained in naloxone administration and the number of overdose reversals involving naloxone likely were underreported because of incomplete data collection and unreported overdose reversals. However, because not all untreated opioid overdoses are fatal, some of the persons with reported overdose reversals likely would have survived without naloxone administration (*2*).

In this report, nearly half (43.7%) of the responding opioid overdose programs reported problems obtaining naloxone related to cost and the supply chain. Price increases of some formulations of naloxone appear to restrict current program activities and the possibility of new programs. Economic pressures on state and local budgets could decrease funding of opioid overdose prevention activities (Daniel Bigg, Chicago Recovery Alliance, personal communication, 2011). To address the substantial increases in opioid-related drug overdose deaths, public health agencies could consider comprehensive measures that include teaching laypersons how to respond to overdoses and administer naloxone to those in need.

What is already known on this topic?

From 1990 to 2008, drug overdose death rates increased threefold in the United States, and the number of annual deaths increased to 36,450. Opioids (including prescription opioid medications and heroin) are major causes of drug overdose deaths. Naloxone is the standard of care for treatment of potentially fatal respiratory depression caused by opioid overdose.

What is added by this report?

In October 2010, at least 188 local opioid overdose prevention programs that distributed naloxone existed. During 1996–2010, these programs in 15 states and the District of Columbia reported training and providing naloxone to 53,032 persons, resulting in 10,171 drug overdose reversals using naloxone. However, many states with high drug overdose death rates have no opioid overdose prevention programs that distribute naloxone.

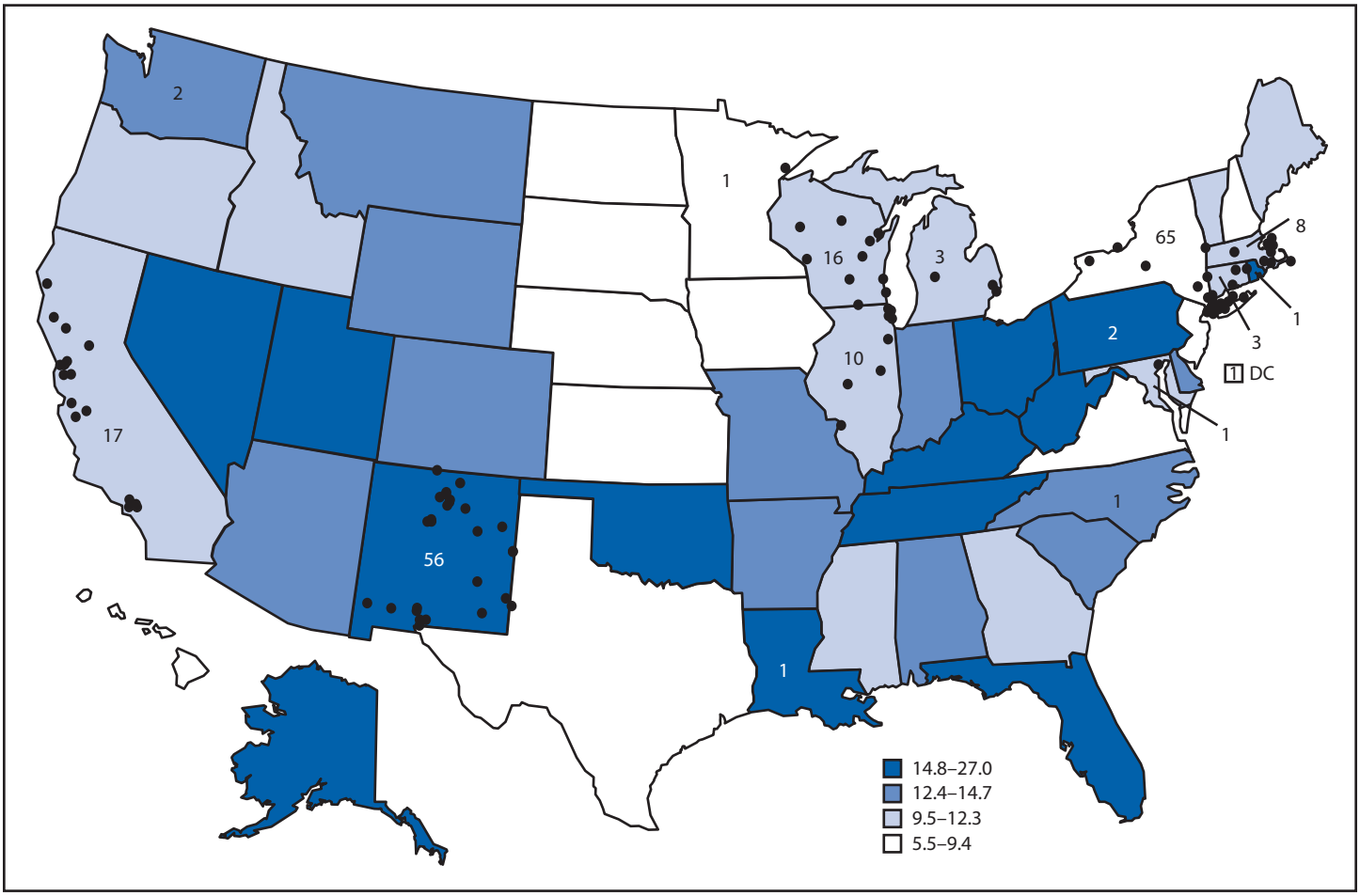
What are the implications for public health practice?

To address the high rates of opioid drug overdose deaths, public health agencies could, as part of a comprehensive prevention program, implement community-based opioid drug overdose prevention programs, including training and providing naloxone to potential overdose witnesses, and systematically assess the impact of these programs.

Acknowledgments

Participating opioid overdose programs. Naloxone Overdose Prevention Education Working Group.

FIGURE 2. Number (N = 188) and location* of local drug overdose prevention programs providing naloxone in 2010 and age-adjusted rates† of drug overdose deaths§ in 2008 — United States



* Not shown in states with fewer than three local programs.
† Per 100,000 population.
§ **Source:** National Vital Statistics System. Available at http://www.cdc.gov/nchs/nvss.htm. Includes intentional, unintentional, and undetermined.

References

1. CDC. WONDER [Database]. Atlanta, GA: US Department of Health and Human Services, CDC; 2012. Available at http://wonder.cdc.gov. Accessed February 13, 2012.
2. Hardman JG, Limbird LE, eds. Goodman and Gilman's the pharmacologic basis of therapeutics. 11th ed. New York, NY: McGraw-Hill; 2006:576–8.
3. Wermeling DP. Opioid harm reduction strategies: focus on expanded access to intranasal naloxone [Editorial]. Pharmacotherapy 2010; 30:627–31.
4. Lagu T, Anderson BJ, Stein M. Overdoses among friends: drug users are willing to administer naloxone to others. J Subst Abuse Treat 2006; 30:129–33.
5. Doe-Simkins M, Walley AY, Epstein A, Moyer P. Saved by the nose: bystander-administered intranasal naloxone hydrochloride for opioid overdose. Am J Public Health 2009;99:788–91.
6. Enteen L, Bauer J, McLean R, et al. Overdose prevention and naloxone prescription for opioid users in San Francisco. J Urban Health 2010; 8:931–41.
7. Young AM, Havens JR, Leukefeld CG. Route of administration for illicit prescription opioids: a comparison of rural and urban drug users. Harm Reduct J 2010;7:24.
8. Albert S, Brason FW, Sanford CK, Dasgupta N, Graham J, Lovette B. Project Lazarus: community-based overdose prevention in rural North Carolina. Pain Med 2011;12(Suppl 2):S77–85.
9. Burris S, Beletsky L, Castagna C, Coyle C, Crowe C, McLaughlin J. Stopping an invisible epidemic: legal issues in the provision of naloxone to prevent opioid overdose. Drexel L Rev 2009;1:273–340.
10. The Global Fund to Fight AIDS, Tuberculosis and Malaria. Harm reduction for people who use drugs: information note. June 2011. Available at http://www.theglobalfund.org/documents/rounds/11/r11_harmreduction_infonote_en. Accessed on February 13, 2012.

Ectopic Pregnancy Mortality — Florida, 2009–2010

Ectopic pregnancy occurs when a fertilized ovum implants on any tissue other than the endometrial lining of the uterus. Approximately 1%–2% of pregnancies in the United States are ectopic (*1*,*2*); however, these pregnancies account for 3%–4% of pregnancy-related deaths (*3*). The ectopic pregnancy mortality ratio in the United States decreased from 1.15 deaths per 100,000 live births in 1980–1984 to 0.50 in 2003–2007 (*4*). During 1999–2008, the ectopic pregnancy mortality ratio in Florida was similar to the national rate, 0.6 deaths per 100,000 live births, but increased abruptly to 2.5 during 2009–2010. Florida's Pregnancy-Associated Mortality Review (PAMR) identified ectopic pregnancy deaths during 1999–2010 through its routine process of identifying all pregnancy-related deaths. A multidisciplinary investigation committee reviewed the ectopic pregnancy deaths for cause of death, risk factors, and prevention opportunities. This report summarizes the investigation results, which identified 11 ectopic pregnancy deaths from 2009–2010 and 13 deaths from the 10-year period 1999–2008. The increase in ectopic mortality appears to be associated with illicit drug use and delays in seeking health care. The findings underscore the importance of ongoing, state-based identification and review of pregnancy-related deaths. Such reviews have the potential to identify emerging causes of deaths and associated risk factors, such as ectopic pregnancy deaths among women who use illicit drugs. Efforts to prevent ectopic pregnancy deaths need to ensure early access to care, promote awareness about early pregnancy testing and ectopic pregnancy risk, and raise public awareness about substance abuse health risks, especially during pregnancy.

In 1996, the Florida Department of Health initiated PAMR to improve surveillance of pregnancy-related deaths in Florida. PAMR was formed to highlight gaps in health care, identify systematic service delivery problems, and make recommendations to facilitate improvements in the overall systems of care. The PAMR process begins by identifying pregnancy-associated deaths. A pregnancy-associated death is defined as occurring during or within 1 year after the end of pregnancy; the association is purely temporal. Pregnancy-associated deaths occurring within the previous year are identified through a quarterly review, using a computer algorithm examining linked data files from 1) death certificates of females aged 8–61 years, 2) statewide prenatal risk screenings for high-risk pregnancies, 3) certificates of live birth, and 4) fetal death certificates. The pregnancy-associated death certificates identified through this computer algorithm are reviewed by a PAMR subcommittee to determine if the death is pregnancy-related and to assign an underlying cause of death. A pregnancy-related death is defined as a pregnancy-associated death resulting from 1) complications of the pregnancy itself, 2) a chain of events initiated by the pregnancy that led to the death, or 3) aggravation of an unrelated condition by the physiologic or pharmacologic effects of the pregnancy that resulted in death. The PAMR subcommittee identified 470 pregnancy-related deaths that occurred during 1999–2010.

In late 2010, the PAMR subcommittee identified a potential increase in ectopic pregnancy deaths in 2009. A retrospective review of the identified pregnancy-related deaths from 1999–2009 confirmed this increase. Ectopic pregnancy deaths in 2010 were identified by a prospective review of the pregnancy-associated deaths for 2010. The PAMR subcommittee found that 24 ectopic pregnancy-related deaths had occurred during 1999–2010.

PAMR staff members abstracted physician, hospital, medical examiner, health department, prenatal screening, and other records of all ectopic pregnancy deaths in Florida. Characteristics of the ectopic pregnancy deaths (e.g., sociodemographics, health history, and events surrounding death) were identified from available data sources. A multidisciplinary investigation committee systematically reviewed the de-identified abstracted records for causes of death, risk factors, and prevention opportunities. For deaths that occurred during 2009–2010, copies of original health records were obtained to ensure completeness. Statewide hospital discharge, ambulatory care, outpatient surgery, and emergency department databases also were searched to find evidence of other health-care encounters. Ectopic pregnancy mortality ratios were calculated as numbers of deaths per 100,000 live births using natality files for the denominator. Poisson distribution was used to calculate 95% confidence intervals. Significance was assessed using the mid-p exact test ($p<0.05$).

The PAMR subcommittee identified 368 pregnancy-related deaths from 1999–2008 and 102 pregnancy-related deaths from 2009–2010. For the period 1999–2008, 13 ectopic pregnancy-related deaths were identified in Florida, comprising 3.5% of all pregnancy-related deaths. For the period 2009–2010, 11 ectopic pregnancy-related deaths were identified, comprising 10.8% of all pregnancy-related deaths. All 24 deaths were confirmed ectopic pregnancy diagnoses and were related to pregnancy in an oviduct. In comparison with the earlier period, the ectopic pregnancy mortality ratios for 2009–2010 were significantly higher among women who were non-Hispanic white (2.0 versus 0.3 deaths per 100,000

live births in 1999–2008), Hispanic (3.3 versus 0.0), unmarried (4.8 versus 0.7), without insurance or a health plan (17.6 versus 1.8), and had less than a high school education (6.4 versus 0.8) (Table).

During 2009–2010, the women who died were more likely to have collapsed, presumably from hemorrhage associated with acute tubal rupture, before seeking health care, compared with women who died during 1999–2008 (1.8 versus 0.3 deaths per 100,000 live births during 1999–2008). Of the eight women who collapsed during 2009–2010, six tested positive at autopsy for illicit drug use; exposure for one death was unknown. Four women tested positive for cocaine. No comparison could be made between the frequencies of illicit drug use among women who died from ectopic pregnancy during 1999–2008 and 2009–2010 because testing for illicit drug use was performed substantially less often in the earlier period. During 2009–2010, among the three women who sought care before collapse, two experienced a delay in medical diagnosis. Five of six women experienced similar delays in medical diagnosis during 1999–2008.

What is already known on this topic?

Only 1%–2% of pregnancies in the United States are ectopic, yet these pregnancies account for 3%–4% of pregnancy-related deaths. The ectopic pregnancy mortality ratio in the United States decreased from 1.15 deaths per 100,000 live births during 1980–1984 to 0.50 during 2003–2007.

What is added by this report?

Florida's ectopic pregnancy mortality ratio abruptly increased from 0.6 deaths per 100,000 live births during 1999–2008 to 2.5 during 2009–2010. The increase in ectopic mortality appears to be associated with illicit drug use and delays in seeking health care.

What are the implications for public health practice?

State-based pregnancy-related mortality surveillance is needed to guide public health actions to prevent future deaths. Efforts to prevent ectopic pregnancy deaths need to ensure early access to care, promote awareness about early pregnancy testing and ectopic pregnancy risk, and raise public attention about substance abuse health risks, especially during pregnancy.

TABLE. Ectopic pregnancy mortality incidence and ratios, by selected characteristics — Florida, 1999–2008 and 2009–2010

	Deaths: 1999–2008				Deaths: 2009–2010			
Characteristic	No.	(%)	Mortality ratio*	(95% CI[†])	No.	(%)	Mortality ratio*	(95% CI[†])
Total[§]	**13**	**(100.0)**	**0.6**	**(0.32–1.03)**	**11**	**(100.0)**	**2.5**	**(1.25–4.47)**
Age group (yrs)								
20–24[§]	2	(15.4)	0.4	(0.05–1.44)	4	(36.4)	3.7	(1.01–9.47)
25–29	3	(23.1)	0.5	(0.10–1.46)	3	(27.3)	2.5	(0.52–7.31)
30–34	4	(30.8)	0.8	(0.22–2.05)	0	(0)	0.0	
35–39[¶]	2	(15.4)	0.8	(0.10–2.89)	4	(36.4)	7.8	(2.13–19.97)
≥40	2	(15.4)	3.4	(0.41–12.28)	0	—	0.0	
Race/Ethnicity								
White, non-Hispanic[¶]	3	(23.1)	0.3	(0.06–0.88)	4	(36.4)	2.0	(0.54–5.12)
Black, non-Hispanic	8	(61.5)	1.7	(0.73–3.35)	3	(27.3)	3.1	(0.64–9.06)
Hispanic[§]	0	—	0.0		4	(36.4)	3.3	(0.90–8.45)
Other	2	(15.4)	2.3	(0.28–8.31)	0	—	0.0	
Education								
Less than high school diploma[¶]	3	(23.1)	0.8	(0.16–2.34)	5	(45.5)	6.4	(2.08–14.94)
High school graduate	7	(53.9)	1.1	(0.44–2.27)	3	(27.3)	2.2	(0.45–6.43)
Some college	1	(7.7)	0.3	(0.01–1.67)	2	(18.2)	1.7	(0.21–6.14)
College graduate	2	(15.4)	0.8	(0.10–2.89)	1	(9.1)	1.0	(0.03–5.57)
Marital status								
Married	7	(53.8)	0.5	(0.20–1.03)	1	(9.1)	0.4	(0.01–2.23)
Not married[§]	6	(46.2)	0.7	(0.26–1.52)	10	(90.9)	4.8	(2.30–8.83)
Health plan**								
Insurance	3	(33.3)	0.6	(0.12–1.75)	0	—	0.0	
Medicaid	2	(22.2)	0.4	(0.05–1.44)	1	(9.1)	0.5	(0.01–2.79)
No insurance or plan[§]	2	(22.2)	1.8	(0.22–6.50)	7	(63.6)	17.6	(7.08–36.26)
Prison	0	—			1	(9.1)		
Unknown	2	(22.2)	22.9	(2.77–82.72)	2	(18.2)	96.0	(11.63–346.78)
Physical collapse								
Yes[§]	7	(53.8)	0.3	(0.12–0.62)	8	(72.7)	1.8	(0.78–3.55)
No	6	(46.2)	0.3	(0.11–0.65)	3	(27.3)	0.7	(0.14–2.05)

* Deaths per100,000 live births.
[†] Confidence interval; calculated using the Poisson distribution.
[§] P-value <0.01 calculated by mid-p exact test.
[¶] P-value <0.05 calculated by mid-p exact test.
** Mortality ratio calculated using deaths and births from March 2004 through December 2008.

Reported by

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Editorial Note

Ectopic pregnancy mortality rates in the United States steadily declined during the late 20th century, through 2007 (*4*). The decline in these deaths has been attributed to improvements in the sensitivity, accuracy, and use of pregnancy testing, ultrasound for diagnosis, and improvements in therapeutic modalities, including laparoscopic surgery and medical management of ectopic pregnancy. This success relies heavily on access to early care so that women who have signs and symptoms of ectopic pregnancy can be identified, diagnosed, and treated. The contribution of any change in the incidence of ectopic pregnancy to the decline in mortality is unknown. Obtaining a reliable incidence rate for ectopic pregnancy in the United States is difficult. The latest estimate of 19.7 ectopic pregnancies per 1,000 pregnancies in the United States for 1990–1992 was reported using inpatient National Hospital Discharge Survey and outpatient National Hospital Ambulatory Medical Care Survey data (*5*). However, hospital discharge data are no longer considered an accurate surveillance data source for all ectopic pregnancies because more of these pregnancies are managed on an outpatient basis and with nonsurgical interventions. Other surveillance approaches suggest that the frequency of ectopic pregnancy in the United States has not changed substantially in the United States since the early 1990s (*6,7*).

The 11 ectopic pregnancy deaths in Florida during 2009–2010 contrast with a total of 14 deaths in the entire United States attributable to ectopic pregnancy identified in national vital statistics for 2007, the most recent year for which national data are available (*8*). Compared with the earlier period, this series of ectopic pregnancy deaths in Florida during 2009–2010 is associated with a higher proportion of women who collapsed, which is generally associated with acute tubal rupture and hemorrhage. Based on limited evidence from household and family members and from electronic hospital, outpatient surgery, and emergency department records, these women had not received any health care before collapse. These findings suggest that delays in obtaining care contributed to the deaths of these women. More often, these women were from disadvantaged groups of women who might have experienced difficulties accessing health care, such as women not covered by insurance or a health plan. The high prevalence of illicit drug users among deaths in Florida during 2009–2010 might have been associated with delays in seeking care, receiving care, or both; this presents a challenge for prevention. The lack of drug testing in the earlier period limits the ability to ascertain whether the recent increase was predominantly related to illicit drug use.

This is the first report of an abrupt increase in ectopic pregnancy deaths identified in the United States in recent times. Pregnancy-related mortality surveillance systems previously have identified various clusters, including a cluster of maternal deaths associated with barbiturate anesthetics in New York City (*9*) and excessive maternal mortality among members of a religious group in Indiana (*10*).

The findings in this report are subject to at least four limitations. First, the total number of ectopic pregnancy deaths in Florida was small. Second, complete medical histories were not obtainable for every woman who died, limiting available information on risk factors and services. Third, rates of ectopic pregnancy deaths could not be calculated based on ectopic pregnancies because an accurate system for surveillance for cases of ectopic pregnancy at the population level is not available. Finally, women who nearly died from ectopic pregnancy were not studied.

This report reinforces the need for pregnancy-related mortality surveillance and its potential for guiding public health actions to prevent future deaths. Based on the findings from its review, Florida's PAMR team recommended promoting awareness among women and health-care providers, especially emergency-care providers, about ensuring early access to care and the importance of early suspicion and testing for pregnancy. The high prevalence of illicit drug use among the women who died highlights the need to raise public awareness about health risks associated with drug exposure during pregnancy.

References

1. CDC. Pregnancy-related mortality surveillance—United States, 1991–1999. MMWR 2003;52(No. SS-2).
2. Saraiya M, Berg CJ, Shulman H, Green CA, Atrash HK. Estimates of the annual number of clinically recognized pregnancies in the United States, 1981–1991. Am J Epidemiol 1999;149:1025–9.
3. Berg CJ, Callaghan WM, Syverson C, Henderson Z. Pregnancy-related mortality in the United States, 1998 to 2005. Obstet Gynecol 2010;116:1302–9.
4. Creanga AA, Shapiro-Mendoza CK, Bish CL, Zane S, Berg CJ, Callaghan WM. Trends in ectopic pregnancy mortality in the United States 1980–2007. Obstet Gynecol 2011;117:837–43.

5. CDC. Ectopic pregnancy—United States, 1990–1992. MMWR 1995;44:46–8.
6. Hoover KW, Tao G, Kent CK. Trends in the diagnosis and treatment of ectopic pregnancy in the United States. Obstet Gynecol 2010; 115:495–502.
7. Van Den Eeden SK, Shan J, Bruce C, Glasser M. Ectopic pregnancy rate and treatment utilization in a large managed care organization. Obstet Gynecol 2005;105:1052–7.
8. Xu J, Kockanek KD, Murphy SL, et al. Deaths: final data for 2007. Natl Vital Stat Rep 2010;58:1–73. Available at www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf. Accessed February 9, 2012.
9. CDC. Maternal deaths associated with barbiturate anesthetics—New York City. MMWR 1986;35:579–82, 587.
10. Kaunitz AM, Spence C, Danielson TS, Rochat RW, Grimes DA. Perinatal and maternal mortality in a religious group avoiding obstetric care. Am J Obstet Gynecol 1984;150:826–31.

Notes from the Field

Norovirus Infections Associated with Frozen Raw Oysters — Washington, 2011

On October 19, 2011, Public Health – Seattle & King County was contacted regarding a woman who had experienced acute gastroenteritis after dining at a local restaurant with friends. Staff members interviewed the diners and confirmed that three of the seven in the party had consumed a raw oyster dish. Within 18–36 hours after consumption, the three had onsets of aches, nausea, and nonbloody diarrhea lasting 24–48 hours. One ill diner also reported vomiting. The four diners who had not eaten the raw oysters did not become ill.

An inspection of a walk-in freezer at the restaurant revealed eight 3-pound bags of frozen raw oysters, which the restaurant indicated had been an ingredient of the dish consumed by the ill diners. The oysters had been imported from South Korea by company A and shipped to a local vendor, which sold them to the restaurant. All eight bags were sent to the Food and Drug Administration's Gulf Coast Seafood Laboratory for norovirus testing and characterization by real-time reverse transcription–polymerase chain reaction (rRT-PCR).

A stool specimen from one of two ill diners collected 17 days after symptom onset tested positive for norovirus; sequence analysis identified GI.1 and GII.17 strains. Sequence analysis of the oysters identified a GII.3 strain. Because oysters can harbor multiple norovirus strains that are unequally amplified by rRT-PCR, discordance between stool specimens and food samples in shellfish-associated norovirus outbreaks is common and does not rule out an association. On November 4, 2011, company A recalled its frozen raw oysters.*

*Additional information available at http://www.fda.gov/food/foodsafety/corenetwork/ucm279170.htm.

The frozen oysters implicated in this outbreak were distributed internationally and had a 2-year shelf-life. Contamination of similar products has been implicated previously in international norovirus transmissions (*1*). Such contamination has potential for exposing persons widely dispersed in space and time, making cases difficult to identify or link through traditional complaint-based surveillance. To facilitate investigation of foodborne norovirus outbreaks, CDC recently implemented CaliciNet, the national electronic norovirus outbreak surveillance network (*2*). During suspected norovirus outbreaks, CDC recommends collection of stool specimens to confirm the diagnosis, characterize norovirus strains, and upload sequence results into CaliciNet. Additionally, all suspected and confirmed norovirus outbreaks should be reported to CDC by state and local health departments through the National Outbreak Reporting System (*3*).

Reported by

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References

1. Webby RJ, Carville KS, Kirk MD, et al. Internationally distributed frozen oyster meat causing multiple outbreaks of norovirus infection in Australia. Clin Infect Dis 2007;44:1026–31.
2. Vega E, Barclay L, Gregoricus N, Williams K, Lee D, Vinjé J. Novel surveillance network for norovirus gastroenteritis outbreaks, United States. Emerg Infect Dis 2011;17:1389–95.
3. CDC. Updated norovirus outbreak management and disease prevention guidelines. MMWR 2011;60(No. RR-3).

Errata

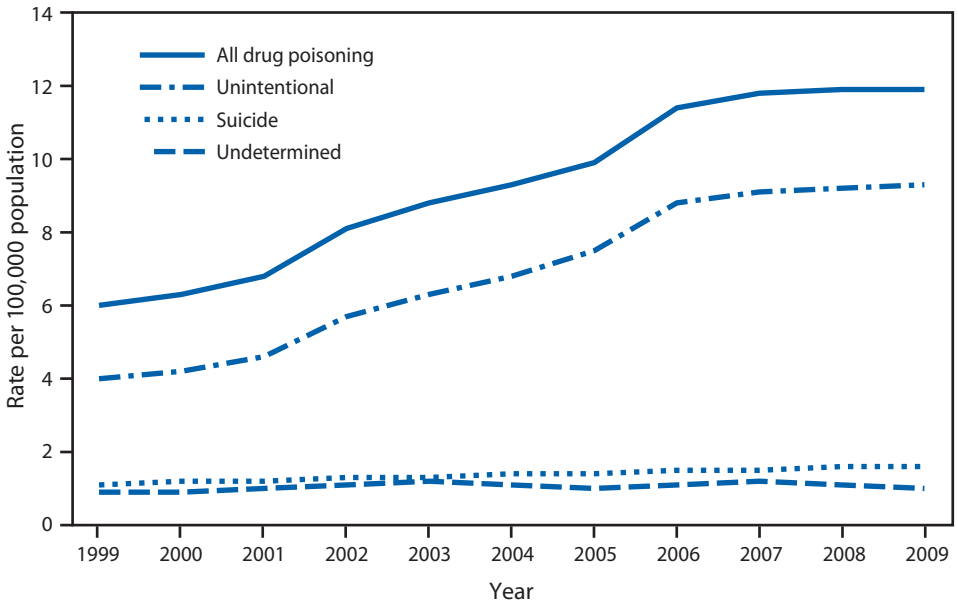
Vol. 61, No. 4

In the report, "Progress in Global Measles Control, 2000–2010," errors occurred. On page 74, in Table 1, the heading over the second column of data under both 2000 and 2010 should read, "**No. of member states in region reporting measles surveillance data**." On page 76, in Table 2, in the row India*, in the seventh column, the "Yes" should be deleted.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Drug Poisoning Death Rates,* by Intent — United States, 1999–2009



* Age-adjusted to the 2000 U.S. standard population. Drug poisoning deaths were defined as those having *International Classification of Diseases, 10th Revision* codes X40–X44 (unintentional), X60–X64 (suicide), X85 (homicide), or Y10–Y14 (undetermined intent). Age-adjusted drug poisoning rates for homicides, legal interventions, and operations of war are <0.1 per 100,000 population each year and are not shown.

During 1999–2009, the age-adjusted drug poisoning death rate nearly doubled, from 6.1 per 100,000 population in 1999 to 12.0 in 2009. The age-adjusted unintentional drug poisoning death rate more than doubled during that period, from 4.0 per 100,000 population in 1999 to 9.3 in 2009. Drug poisoning suicide rates also increased, from 1.1 per 100,000 population in 1999 to 1.6 in 2009. Rates of drug poisoning deaths from undetermined intent remained stable, with a rate of 0.9 per 100,000 population in 1999 and 1.0 in 2009.

Sources: National Vital Statistics System mortality data (1999–2009). Available at http://www.cdc.gov/nchs/deaths.htm.

Warner M, Chen LH, Makuc DM, Anderson RA, Minino AM. Drug poisonings deaths in the United States, 1980–2008. NCHS data brief no. 81. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2011. Available at http://www.cdc.gov/nchs/data/databriefs/db81.htm.

Notifiable Diseases and Mortality Tables

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending February 11, 2012 (6th week)*

Disease	Current week	Cum 2012	5-year weekly average†	Total cases reported for previous years 2011	2010	2009	2008	2007	States reporting cases during current week (No.)
Anthrax	—	—	—	1	—	1	—	1	
Arboviral diseases§,¶:									
California serogroup virus disease	—	—	0	131	75	55	62	55	
Eastern equine encephalitis virus disease	—	—	—	4	10	4	4	4	
Powassan virus disease	—	—	—	16	8	6	2	7	
St. Louis encephalitis virus disease	—	—	—	5	10	12	13	9	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Babesiosis	1	8	—	639	NN	NN	NN	NN	NY (1)
Botulism, total	2	7	2	123	112	118	145	144	
foodborne	—	—	0	11	7	10	17	32	
infant	2	6	1	80	80	83	109	85	PA (1), OH (1)
other (wound and unspecified)	—	1	0	32	25	25	19	27	
Brucellosis	3	6	1	80	115	115	80	131	MD (1), FL (2)
Chancroid	—	1	1	27	24	28	25	23	
Cholera	—	—	0	31	13	10	5	7	
Cyclosporiasis§	—	4	2	145	179	141	139	93	
Diphtheria	—	—	—	—	—	—	—	—	
Haemophilus influenzae,** invasive disease (age <5 yrs):									
serotype b	—	2	1	9	23	35	30	22	
nonserotype b	—	12	5	115	200	236	244	199	
unknown serotype	2	23	4	249	223	178	163	180	NY (1), OH (1)
Hansen disease§	1	5	2	57	98	103	80	101	MS (1)
Hantavirus pulmonary syndrome§	—	—	0	20	20	20	18	32	
Hemolytic uremic syndrome, postdiarrheal§	—	2	2	211	266	242	330	292	
Influenza-associated pediatric mortality§,††	1	3	4	118	61	358	90	77	NV (1)
Listeriosis	2	34	9	803	821	851	759	808	NE (1), NV (1)
Measles§§	—	12	1	216	63	71	140	43	
Meningococcal disease, invasive¶¶:									
A, C, Y, and W-135	—	10	7	195	280	301	330	325	
serogroup B	1	3	4	118	135	174	188	167	OK (1)
other serogroup	—	1	1	17	12	23	38	35	
unknown serogroup	8	44	12	381	406	482	616	550	MA (1), OH (1), FL (3), ID (1), NV (1), OR (1)
Novel influenza A virus infections***	—	—	0	8	4	43,774	2	4	
Plague	—	—	—	2	2	8	3	7	
Poliomyelitis, paralytic	—	—	—	—	—	1	—	—	
Polio virus Infection, nonparalytic§	—	—	—	—	—	—	—	—	
Psittacosis§	—	—	0	2	4	9	8	12	
Q fever, total§	1	4	2	113	131	113	120	171	
acute	—	1	1	90	106	93	106	—	
chronic	1	3	0	23	25	20	14	—	MO (1)
Rabies, human	—	—	—	2	2	4	2	1	
Rubella†††	—	—	0	4	5	3	16	12	
Rubella, congenital syndrome	—	—	0	—	—	2	—	—	
SARS-CoV§	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	9	3	126	142	161	157	132	
Syphilis, congenital (age <1 yr)§§§	—	3	9	274	377	423	431	430	
Tetanus	—	—	0	12	26	18	19	28	
Toxic-shock syndrome (staphylococcal)§	1	3	2	74	82	74	71	92	CA (1)
Trichinellosis	—	1	0	9	7	13	39	5	
Tularemia	—	—	0	138	124	93	123	137	
Typhoid fever	4	25	8	332	467	397	449	434	NY (3), CA (1)
Vancomycin-intermediate *Staphylococcus aureus*§	2	2	1	67	91	78	63	37	NY (1), FL (1)
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	—	2	1	—	2	
Vibriosis (noncholera *Vibrio* species infections)§	4	23	3	748	846	789	588	549	GA (1), FL (2), AL (1)
Viral hemorrhagic fever¶¶¶	—	—	—	—	1	NN	NN	NN	
Yellow fever	—	—	—	—	—	—	—	—	

See Table 1 footnotes on next page.

TABLE I. (*Continued*) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending February 11, 2012 (6th week)*

—: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts.

* Case counts for reporting year 2011 and 2012 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf.

† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/5yearweeklyaverage.pdf.

§ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table except starting in 2007 for the arboviral diseases, STD data, TB data, and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/osels/ph_surveillance/nndss/phs/infdis.htm.

¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.

** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.

†† Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since October 2, 2011, three influenza-associated pediatric deaths occurring during the 2011-12 influenza season have been reported.

§§ No measles cases were reported for the current week.

¶¶ Data for meningococcal disease (all serogroups) are available in Table II.

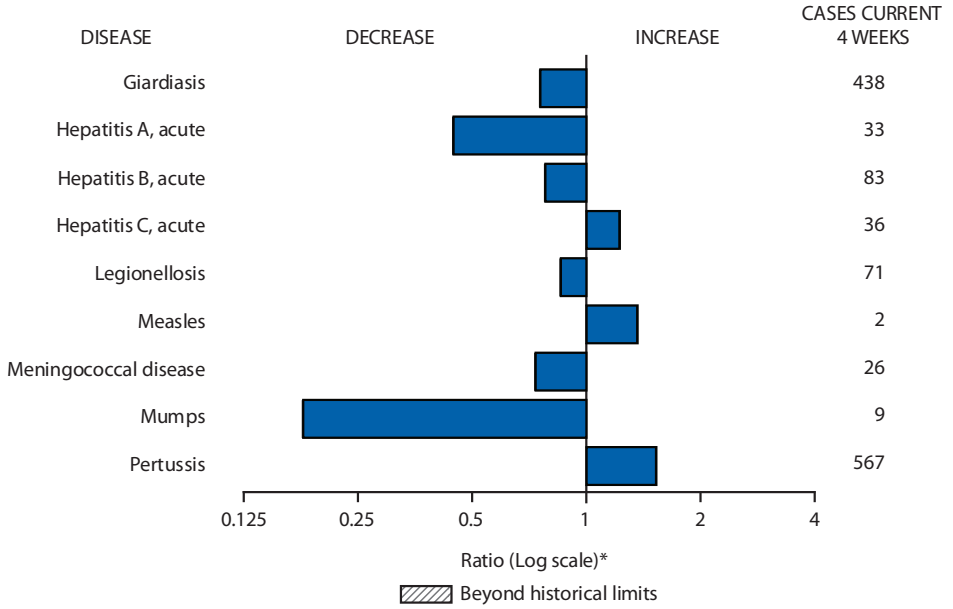
*** CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. During 2009, four cases of human infection with novel influenza A viruses, different from the 2009 pandemic influenza A (H1N1) strain, were reported to CDC. The four cases of novel influenza A virus infection reported to CDC during 2010, and the eight cases reported during 2011, were identified as swine influenza A (H3N2) virus and are unrelated to the 2009 pandemic influenza A (H1N1) virus. Total case counts are provided by the Influenza Division, National Center for Immunization and Respiratory Diseases (NCIRD)..

††† No rubella cases were reported for the current week.

§§§ Updated weekly from reports to the Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

¶¶¶ There were no cases of viral hemorrhagic fever reported during the current week. See Table II for dengue hemorrhagic fever.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals February 11, 2012, with historical data



* Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th week)*

Reporting area	*Chlamydia trachomatis* infection					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2012	Cum 2011	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2012	Cum 2011	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2012	Cum 2011
United States	11,081	26,829	30,720	102,555	152,529	70	400	586	1,402	2,658	43	132	398	441	538
New England	679	892	1,594	3,316	3,871	—	0	1	—	—	1	6	22	27	30
Connecticut	—	240	869	—	150	N	0	0	N	N	—	1	9	4	8
Maine	73	59	100	378	340	N	0	0	N	N	—	1	4	2	4
Massachusetts	452	433	860	2,104	2,381	N	0	0	N	N	1	3	8	15	15
New Hampshire	5	58	90	92	363	—	0	1	—	—	—	1	5	2	1
Rhode Island	99	80	187	648	503	—	0	0	—	—	—	0	1	—	—
Vermont	50	27	84	94	134	N	0	0	N	N	—	1	5	4	2
Mid. Atlantic	1,880	3,203	3,954	15,670	18,417	—	0	0	—	—	2	15	43	50	61
New Jersey	—	540	1,004	2,160	2,599	N	0	0	N	N	—	0	1	1	—
New York (Upstate)	746	715	1,758	3,404	3,351	N	0	0	N	N	1	4	16	14	9
New York City	273	1,046	1,315	3,985	6,607	N	0	0	N	N	—	1	6	9	7
Pennsylvania	861	1,030	1,602	6,121	5,860	N	0	0	N	N	1	9	27	26	45
E.N. Central	1,246	4,131	4,603	15,809	26,466	—	1	5	5	4	8	32	148	103	127
Illinois	36	1,157	1,396	2,850	7,073	N	0	0	N	N	1	3	26	3	13
Indiana	273	550	726	2,413	3,784	N	0	0	N	N	—	3	14	—	20
Michigan	520	922	1,229	4,573	6,486	—	0	3	2	1	—	6	14	17	30
Ohio	238	1,020	1,182	3,892	6,333	—	0	2	3	3	5	11	95	59	41
Wisconsin	179	464	548	2,081	2,790	N	0	0	N	N	2	8	65	24	23
W.N. Central	10	1,501	1,817	2,228	8,720	—	0	2	—	—	2	16	85	34	61
Iowa	1	212	431	1,261	1,290	N	0	0	N	N	—	6	19	12	19
Kansas	—	208	281	104	1,159	N	0	0	N	N	—	0	11	2	—
Minnesota	—	316	401	—	2,042	—	0	0	—	—	—	0	0	—	—
Missouri	—	533	759	—	2,839	—	0	0	—	—	—	5	61	10	18
Nebraska	—	127	215	546	682	—	0	2	—	—	1	2	12	3	18
North Dakota	—	46	76	5	261	N	0	0	N	N	—	0	12	—	—
South Dakota	9	62	89	312	447	N	0	0	N	N	1	2	13	7	6
S. Atlantic	3,554	5,448	7,444	25,900	31,207	—	0	2	—	—	12	22	59	99	118
Delaware	92	86	182	436	456	—	0	0	—	—	—	0	1	1	2
District of Columbia	92	111	219	725	635	—	0	0	—	—	—	0	1	—	1
Florida	1,038	1,501	1,684	8,073	8,816	N	0	0	N	N	7	8	17	41	45
Georgia	742	1,069	1,563	5,179	4,783	N	0	0	N	N	3	5	12	20	30
Maryland	134	481	790	1,101	2,276	—	0	2	—	—	2	1	7	16	6
North Carolina	722	1,000	1,688	5,587	4,932	N	0	0	N	N	—	0	44	—	9
South Carolina	—	528	1,539	—	3,887	N	0	0	N	N	—	2	6	10	16
Virginia	734	659	1,778	4,319	4,878	N	0	0	N	N	—	2	8	10	9
West Virginia	—	81	144	480	544	N	0	0	N	N	—	0	5	1	—
E.S. Central	1,241	1,883	2,804	7,281	10,558	—	0	0	—	—	2	8	25	28	15
Alabama	527	533	1,566	2,362	3,184	N	0	0	N	N	1	2	7	12	8
Kentucky	386	301	557	1,643	1,096	N	0	0	N	N	—	2	17	3	4
Mississippi	—	398	696	—	2,682	N	0	0	N	N	—	1	4	4	2
Tennessee	328	601	782	3,276	3,596	N	0	0	N	N	1	2	6	9	1
W.S. Central	324	3,346	4,313	10,749	19,324	—	0	1	—	—	7	8	44	34	20
Arkansas	—	309	511	—	2,089	N	0	0	N	N	—	0	2	1	—
Louisiana	270	364	1,071	1,566	2,284	—	0	1	—	—	2	1	9	8	3
Oklahoma	54	143	675	543	1,224	N	0	0	N	N	2	2	6	6	4
Texas	—	2,408	3,113	8,640	13,727	N	0	0	N	N	3	5	40	19	13
Mountain	898	1,740	2,409	8,041	10,234	58	306	458	1,232	2,031	3	10	29	28	64
Arizona	109	549	802	2,935	3,112	55	303	455	1,218	2,001	—	1	4	1	3
Colorado	440	415	847	2,096	2,479	N	0	0	N	N	—	2	11	2	18
Idaho	104	85	274	439	508	N	0	0	N	N	1	1	9	11	7
Montana	74	68	88	438	391	N	0	0	N	N	2	1	6	7	4
Nevada	45	203	380	233	1,344	3	2	5	10	12	—	0	2	2	1
New Mexico	125	218	483	1,082	1,378	—	1	4	—	11	—	2	9	4	19
Utah	1	133	190	710	781	—	0	4	2	5	—	1	5	—	6
Wyoming	—	32	67	108	241	—	0	2	2	2	—	0	3	1	6
Pacific	1,249	3,977	5,428	13,561	23,732	12	92	163	165	623	6	10	20	38	42
Alaska	40	109	157	601	767	N	0	0	N	N	—	0	3	—	—
California	805	2,988	4,499	9,915	18,069	12	92	163	165	623	4	6	16	33	18
Hawaii	—	114	142	—	663	N	0	0	N	N	—	0	1	2	—
Oregon	—	273	412	1,095	1,472	N	0	0	N	N	2	2	8	3	18
Washington	404	436	611	1,950	2,761	N	0	0	N	N	—	1	15	—	6
Territories															
American Samoa	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	17	44	—	50	—	0	0	—	—	—	0	0	—	—
Puerto Rico	66	105	348	636	627	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	16	27	—	80	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Case counts for reporting year 2011 and 2012 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th week)*

Reporting area	Dengue Virus Infection									
	Dengue Fever†					Dengue Hemorrhagic Fever§				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max		
United States	—	3	16	—	28	—	0	1	—	—
New England	—	0	1	—	1	—	0	0	—	—
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	0	—	—	—	0	0	—	—
Vermont	—	0	1	—	1	—	0	0	—	—
Mid. Atlantic	—	1	6	—	8	—	0	0	—	—
New Jersey	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	0	2	—	—	—	0	0	—	—
New York City	—	0	4	—	4	—	0	0	—	—
Pennsylvania	—	0	2	—	4	—	0	0	—	—
E.N. Central	—	0	2	—	4	—	0	1	—	—
Illinois	—	0	1	—	—	—	0	1	—	—
Indiana	—	0	1	—	1	—	0	0	—	—
Michigan	—	0	1	—	1	—	0	0	—	—
Ohio	—	0	1	—	—	—	0	0	—	—
Wisconsin	—	0	1	—	2	—	0	0	—	—
W.N. Central	—	0	2	—	—	—	0	0	—	—
Iowa	—	0	1	—	—	—	0	0	—	—
Kansas	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	0	—	—
Missouri	—	0	0	—	—	—	0	0	—	—
Nebraska	—	0	0	—	—	—	0	0	—	—
North Dakota	—	0	1	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	1	8	—	8	—	0	1	—	—
Delaware	—	0	2	—	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—
Florida	—	1	7	—	5	—	0	0	—	—
Georgia	—	0	1	—	1	—	0	0	—	—
Maryland	—	0	2	—	—	—	0	0	—	—
North Carolina	—	0	1	—	1	—	0	0	—	—
South Carolina	—	0	1	—	—	—	0	0	—	—
Virginia	—	0	1	—	1	—	0	1	—	—
West Virginia	—	0	0	—	—	—	0	0	—	—
E.S. Central	—	0	3	—	—	—	0	0	—	—
Alabama	—	0	1	—	—	—	0	0	—	—
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	0	—	—
Tennessee	—	0	2	—	—	—	0	0	—	—
W.S. Central	—	0	2	—	—	—	0	0	—	—
Arkansas	—	0	0	—	—	—	0	0	—	—
Louisiana	—	0	1	—	—	—	0	0	—	—
Oklahoma	—	0	0	—	—	—	0	0	—	—
Texas	—	0	1	—	—	—	0	0	—	—
Mountain	—	0	1	—	2	—	0	0	—	—
Arizona	—	0	1	—	1	—	0	0	—	—
Colorado	—	0	0	—	—	—	0	0	—	—
Idaho	—	0	0	—	—	—	0	0	—	—
Montana	—	0	0	—	—	—	0	0	—	—
Nevada	—	0	1	—	—	—	0	0	—	—
New Mexico	—	0	1	—	1	—	0	0	—	—
Utah	—	0	1	—	—	—	0	0	—	—
Wyoming	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	4	—	5	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	2	—	3	—	0	0	—	—
Hawaii	—	0	4	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	1	—	2	—	0	0	—	—
Territories										
American Samoa	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	16	83	—	125	—	0	3	—	1
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Case counts for reporting year 2011 and 2012 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.
† Dengue Fever includes cases that meet criteria for Dengue Fever with hemorrhage, other clinical and unknown case classifications.
§ DHF includes cases that meet criteria for dengue shock syndrome (DSS), a more severe form of DHF.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	Ehrlichia chaffeensis					*Anaplasma phagocytophilum*					Undetermined				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	1	9	90	8	9	2	16	57	9	11	—	2	8	2	2
New England	—	0	1	—	—	—	3	28	1	4	—	0	1	—	—
Connecticut	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Maine	—	0	1	—	—	—	0	3	1	1	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	1	18	—	—	—	0	0	—	—
New Hampshire	—	0	1	—	—	—	0	4	—	—	—	0	1	—	—
Rhode Island	—	0	1	—	—	—	0	15	—	3	—	0	1	—	—
Vermont	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	1	5	—	1	2	6	35	7	3	—	0	2	—	—
New Jersey	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	0	4	—	—	2	3	35	5	2	—	0	2	—	—
New York City	—	0	2	—	1	—	1	5	2	1	—	0	0	—	—
Pennsylvania	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
E.N. Central	—	0	5	—	1	—	0	2	—	1	—	0	6	—	2
Illinois	—	0	4	—	—	—	0	2	—	—	—	0	1	—	1
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	4	—	1
Michigan	—	0	2	—	—	—	0	0	—	—	—	0	2	—	—
Ohio	—	0	1	—	1	—	0	1	—	—	—	0	1	—	—
Wisconsin	—	0	0	—	—	—	0	1	—	1	—	0	1	—	—
W.N. Central	—	1	16	1	—	—	0	6	—	—	—	0	6	—	—
Iowa	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Kansas	—	0	2	—	—	—	0	1	—	—	—	0	1	—	—
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Missouri	—	1	16	1	—	—	0	5	—	—	—	0	6	—	—
Nebraska	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
North Dakota	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
South Dakota	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
S. Atlantic	1	3	33	7	7	—	1	8	1	2	—	0	2	2	—
Delaware	—	0	2	—	1	—	0	1	—	—	—	0	0	—	—
District of Columbia	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Florida	—	0	3	—	1	—	0	3	—	—	—	0	0	—	—
Georgia	1	0	3	4	1	—	0	2	1	—	—	0	1	1	—
Maryland	—	0	3	—	2	—	0	2	—	—	—	0	1	1	—
North Carolina	—	0	17	1	2	—	0	6	—	2	—	0	0	—	—
South Carolina	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
Virginia	—	1	13	2	—	—	0	3	—	—	—	0	1	—	—
West Virginia	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	1	8	—	—	—	0	2	—	1	—	0	3	—	—
Alabama	—	0	2	—	—	—	0	1	—	1	N	0	0	N	N
Kentucky	—	0	3	—	—	—	0	0	—	—	—	0	0	—	—
Mississippi	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
Tennessee	—	0	5	—	—	—	0	1	—	—	—	0	3	—	—
W.S. Central	—	0	30	—	—	—	0	3	—	—	—	0	0	—	—
Arkansas	—	0	13	—	—	—	0	3	—	—	—	0	0	—	—
Louisiana	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	25	—	—	—	0	1	—	—	—	0	0	—	—
Texas	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Colorado	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Idaho	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Montana	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Nevada	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
New Mexico	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Utah	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Wyoming	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	0	—	—	—	0	1	—	—	—	0	2	—	—
Alaska	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
California	—	0	0	—	—	—	0	0	—	—	—	0	2	—	—
Hawaii	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Oregon	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Puerto Rico	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Case counts for reporting year 2011 and 2012 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.
† Cumulative total *E. ewingii* cases reported for year 2011 = 13, and 0 case reports for 2012.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive† All ages, all serotypes				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2012	Cum 2011	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2012	Cum 2011	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2012	Cum 2011
United States	118	279	449	1,033	1,471	2,384	6,025	6,790	24,476	35,392	31	66	102	342	425
New England	3	27	64	75	135	77	108	178	357	480	1	4	9	29	27
Connecticut	—	4	10	7	26	—	44	101	—	181	—	1	4	7	7
Maine	1	3	10	8	9	7	5	18	47	15	1	0	2	3	5
Massachusetts	2	12	29	47	78	50	47	80	235	242	—	2	7	16	12
New Hampshire	—	2	8	6	7	6	2	7	11	9	—	0	2	2	1
Rhode Island	—	0	10	2	6	10	7	35	60	28	—	0	2	1	1
Vermont	—	3	19	5	9	4	0	6	4	5	—	0	2	—	1
Mid. Atlantic	24	54	90	182	282	393	744	916	3,824	4,203	6	15	28	87	80
New Jersey	—	0	0	—	—	—	150	232	602	724	—	1	6	1	15
New York (Upstate)	9	20	50	61	90	116	116	325	592	520	6	3	14	21	15
New York City	6	16	29	78	111	53	241	315	926	1,478	—	4	10	26	14
Pennsylvania	9	15	30	43	81	224	267	492	1,704	1,481	—	5	14	39	36
E.N. Central	18	47	84	157	264	304	1,063	1,275	4,190	7,078	3	11	22	38	78
Illinois	—	10	19	3	53	7	293	395	704	1,793	—	3	11	1	22
Indiana	1	6	13	8	35	49	132	170	594	1,015	—	2	6	2	10
Michigan	4	10	21	45	55	147	235	371	1,263	1,769	1	1	4	8	10
Ohio	13	15	30	74	75	65	314	403	1,154	1,991	2	4	7	23	24
Wisconsin	—	8	19	27	46	36	91	118	475	510	—	1	4	4	12
W.N. Central	4	18	50	92	113	1	313	382	428	1,710	1	2	9	10	10
Iowa	—	4	15	22	27	1	37	108	244	212	—	0	1	—	—
Kansas	1	2	9	9	14	—	42	65	31	220	—	0	2	2	—
Minnesota	—	0	0	—	—	—	44	61	—	243	—	0	0	—	—
Missouri	2	6	17	38	39	—	149	204	—	802	—	1	5	5	6
Nebraska	1	3	11	18	22	—	28	52	124	136	1	0	2	3	4
North Dakota	—	0	12	—	—	—	5	14	—	25	—	0	6	—	—
South Dakota	—	1	8	5	11	—	11	20	29	72	—	0	1	—	—
S. Atlantic	41	51	105	258	272	883	1,503	1,946	6,948	8,445	10	14	31	88	107
Delaware	—	0	3	1	2	18	15	35	97	111	—	0	2	—	—
District of Columbia	1	1	5	2	6	30	38	105	279	260	—	0	1	—	—
Florida	24	23	69	110	150	251	374	472	2,035	2,307	4	4	12	23	36
Georgia	5	11	51	87	45	216	322	456	1,532	1,507	2	2	6	17	24
Maryland	8	6	14	34	26	31	119	176	336	634	2	2	6	16	15
North Carolina	N	0	0	N	N	191	334	548	1,685	1,691	—	1	7	6	8
South Carolina	—	2	8	10	9	—	152	421	—	1,080	1	1	5	13	6
Virginia	3	5	12	14	34	146	122	353	925	742	—	2	8	7	18
West Virginia	—	0	8	—	—	—	14	29	59	113	1	0	5	6	—
E.S. Central	1	3	9	18	11	297	505	789	1,942	2,909	1	4	12	27	25
Alabama	1	3	9	18	11	148	167	408	673	993	—	1	3	5	8
Kentucky	N	0	0	N	N	91	77	151	422	285	1	1	4	6	6
Mississippi	N	0	0	N	N	—	102	196	—	755	—	0	3	5	2
Tennessee	N	0	0	N	N	58	149	222	847	876	—	2	8	11	9
W.S. Central	—	5	15	29	26	100	877	1,175	2,822	5,238	6	2	10	20	27
Arkansas	—	3	8	11	7	—	87	138	—	601	—	0	3	2	4
Louisiana	—	2	10	18	19	83	120	255	453	670	—	1	4	7	14
Oklahoma	—	0	0	—	—	17	33	196	136	421	6	1	9	11	9
Texas	N	0	0	N	N	—	589	832	2,233	3,546	—	0	1	—	—
Mountain	5	22	41	51	124	77	205	323	986	1,270	2	5	10	25	46
Arizona	1	2	6	8	13	34	87	136	556	434	—	1	6	7	20
Colorado	—	7	23	23	32	38	40	77	229	332	—	1	4	1	12
Idaho	1	3	9	6	18	—	3	15	3	14	1	0	2	2	2
Montana	1	2	5	3	2	3	1	4	9	13	—	0	1	2	1
Nevada	1	1	7	6	14	1	39	103	23	239	1	0	2	3	2
New Mexico	1	1	6	2	10	1	34	73	134	198	—	1	3	7	8
Utah	—	2	9	2	28	—	5	10	28	30	—	0	3	2	1
Wyoming	—	0	5	1	7	—	0	3	4	10	—	0	1	1	—
Pacific	22	47	163	171	244	252	631	758	2,979	4,059	1	4	9	18	25
Alaska	—	2	7	5	7	11	19	31	86	121	—	0	3	1	4
California	14	33	51	129	174	203	517	610	2,574	3,366	—	1	5	6	8
Hawaii	—	0	4	1	2	—	12	24	—	79	—	0	3	2	3
Oregon	2	6	20	21	47	—	26	60	76	156	1	1	6	9	10
Washington	6	6	132	15	14	38	50	79	243	337	—	0	1	—	—
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	5	—	1	—	0	0	—	—
Puerto Rico	—	0	4	—	7	—	6	14	19	36	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	2	10	—	17	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
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† Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th week)*

Reporting area	Hepatitis (viral, acute), by type														
	A					B					C				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	13	22	41	71	141	17	47	97	189	315	10	19	38	84	91
New England	—	1	5	2	11	—	1	8	—	15	—	1	5	2	8
Connecticut	—	0	3	2	5	—	0	4	—	1	—	0	4	2	7
Maine	—	0	2	—	—	—	0	2	—	1	—	0	3	—	—
Massachusetts	—	0	3	—	3	—	0	6	—	12	—	0	2	—	1
New Hampshire	—	0	0	—	—	—	0	1	—	1	N	0	0	N	N
Rhode Island	—	0	1	—	1	U	0	0	U	U	U	0	0	U	U
Vermont	—	0	2	—	2	—	0	0	—	—	—	0	1	—	—
Mid. Atlantic	3	3	7	12	20	1	5	8	12	28	3	2	5	11	6
New Jersey	—	0	0	—	—	—	0	1	2	—	—	0	1	1	—
New York (Upstate)	1	1	4	5	3	1	1	4	2	7	2	1	4	3	4
New York City	—	1	4	3	10	—	1	5	4	9	—	0	1	—	—
Pennsylvania	2	1	4	4	7	—	2	4	4	12	1	1	3	7	2
E.N. Central	1	3	7	7	29	4	6	37	24	63	—	2	8	8	22
Illinois	—	1	5	1	6	—	1	3	1	16	—	0	2	—	1
Indiana	—	0	1	—	4	—	1	4	3	8	—	0	5	2	14
Michigan	—	1	6	5	8	—	1	6	3	16	—	1	4	6	6
Ohio	1	0	2	1	9	4	1	30	17	20	—	0	1	—	—
Wisconsin	—	0	1	—	2	—	0	3	—	3	—	0	1	—	1
W.N. Central	1	1	7	5	6	—	2	9	6	15	—	0	4	1	—
Iowa	—	0	1	—	1	—	0	1	—	1	—	0	0	—	—
Kansas	—	0	1	—	—	—	0	2	—	3	—	0	1	1	—
Minnesota	—	0	7	—	—	—	0	7	—	—	—	0	2	—	—
Missouri	—	0	1	2	3	—	1	4	5	6	—	0	0	—	—
Nebraska	1	0	1	3	—	—	0	2	1	4	—	0	1	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	2	—	0	0	—	1	—	0	0	—	—
S. Atlantic	3	4	11	14	30	5	12	57	55	72	5	5	14	26	17
Delaware	1	0	1	1	1	—	0	2	2	—	U	0	0	U	U
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	2	1	8	6	9	4	4	7	18	25	4	1	3	11	5
Georgia	—	1	5	1	8	—	2	7	7	18	—	1	3	1	4
Maryland	—	0	4	1	4	—	1	4	12	8	—	1	3	2	2
North Carolina	—	0	3	2	2	—	1	9	5	10	—	1	7	3	4
South Carolina	—	0	2	—	2	—	1	3	2	5	—	0	1	—	—
Virginia	—	0	3	2	4	1	1	4	9	6	1	0	3	2	2
West Virginia	—	0	2	1	—	—	0	43	—	—	—	0	7	7	—
E.S. Central	—	1	6	1	3	3	10	18	55	54	2	5	10	20	16
Alabama	—	0	2	—	—	—	2	6	9	7	—	0	3	2	—
Kentucky	—	0	2	—	2	2	3	10	22	21	1	2	8	10	9
Mississippi	—	0	1	—	1	—	1	4	2	3	U	0	0	U	U
Tennessee	—	0	5	1	—	1	4	8	22	23	1	1	5	8	7
W.S. Central	5	3	7	14	5	4	6	14	17	25	—	1	5	5	9
Arkansas	—	0	2	—	—	—	1	4	—	3	—	0	0	—	—
Louisiana	—	0	2	—	1	—	0	2	3	9	—	0	1	—	4
Oklahoma	—	0	2	—	—	—	1	9	2	3	—	1	4	—	3
Texas	5	3	7	14	4	4	3	11	12	10	—	0	3	5	2
Mountain	—	1	5	7	11	—	1	4	8	15	—	1	5	2	7
Arizona	—	0	2	2	4	—	0	3	1	2	U	0	0	U	U
Colorado	—	0	2	3	5	—	0	2	—	2	—	0	2	—	2
Idaho	—	0	1	1	—	—	0	1	—	2	—	0	2	—	3
Montana	—	0	1	—	1	—	0	0	—	—	—	0	2	—	—
Nevada	—	0	3	1	—	—	0	3	7	6	—	0	2	2	—
New Mexico	—	0	1	—	1	—	0	2	—	—	—	0	2	—	—
Utah	—	0	1	—	—	—	0	1	—	3	—	0	2	—	2
Wyoming	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
Pacific	—	3	11	9	26	—	3	8	12	28	—	2	10	9	6
Alaska	—	0	1	—	—	—	0	1	—	1	U	0	0	U	U
California	—	3	7	6	23	—	2	7	7	21	—	1	4	4	2
Hawaii	—	0	2	—	1	—	0	1	1	2	U	0	0	U	U
Oregon	—	0	2	1	1	—	0	4	3	4	—	0	2	3	3
Washington	—	0	4	2	1	—	0	3	1	—	—	0	8	2	1
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	5	—	1	—	2	8	—	7	—	0	3	—	3
Puerto Rico	—	0	1	—	—	—	0	2	—	—	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th week)*

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	19	68	168	176	218	55	410	1,618	1,091	937	8	25	48	96	148
New England	1	4	40	7	20	—	81	504	64	300	—	1	7	6	11
Connecticut	—	1	11	2	3	—	36	234	3	125	—	0	2	—	1
Maine	—	0	3	—	—	—	13	67	23	20	—	0	2	—	—
Massachusetts	1	3	24	4	13	—	17	106	16	99	—	1	6	5	8
New Hampshire	—	0	3	—	1	—	10	90	6	43	—	0	1	—	—
Rhode Island	—	0	9	1	2	—	1	31	1	1	—	0	2	—	—
Vermont	—	0	2	—	1	—	6	70	15	12	—	0	1	1	2
Mid. Atlantic	5	15	77	37	51	41	200	765	851	375	—	6	13	13	39
New Jersey	—	0	0	—	—	—	2	144	511	1	—	0	0	—	—
New York (Upstate)	1	6	27	13	14	29	56	211	79	41	—	1	4	2	4
New York City	—	3	14	6	18	—	1	16	—	14	—	4	11	9	28
Pennsylvania	4	5	42	18	19	12	111	538	261	319	—	1	5	2	7
E.N. Central	2	13	51	35	36	—	23	284	12	83	2	3	10	7	16
Illinois	—	2	11	2	5	—	1	21	—	4	—	1	5	—	6
Indiana	1	2	8	7	6	—	1	12	—	—	—	0	2	1	1
Michigan	—	2	15	—	7	—	1	12	6	—	—	0	4	1	1
Ohio	1	7	34	26	18	—	1	6	5	3	2	0	4	4	7
Wisconsin	—	0	1	—	—	—	20	242	1	76	—	0	2	1	1
W.N. Central	—	1	8	4	4	1	1	16	3	2	1	1	5	6	2
Iowa	—	0	2	—	—	—	0	13	1	1	—	0	3	1	—
Kansas	—	0	2	—	—	—	0	2	—	—	1	0	2	2	—
Minnesota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Missouri	—	1	5	4	3	—	0	2	—	1	—	0	2	3	1
Nebraska	—	0	2	—	—	1	0	2	2	—	—	0	1	—	1
North Dakota	—	0	1	—	—	—	0	9	—	—	—	0	0	—	—
South Dakota	—	0	1	—	1	—	0	2	—	—	—	0	1	—	—
S. Atlantic	3	11	30	51	30	12	64	180	143	170	2	8	25	38	50
Delaware	—	0	4	3	—	3	13	48	34	52	1	0	3	1	—
District of Columbia	—	0	3	1	—	—	0	3	1	2	—	0	2	—	3
Florida	2	4	13	26	15	2	3	8	12	3	—	2	6	14	9
Georgia	—	1	4	4	3	—	0	5	5	1	1	1	6	5	10
Maryland	1	2	15	5	3	3	20	116	50	61	—	2	15	10	12
North Carolina	—	1	7	4	4	—	0	12	1	6	—	0	7	1	5
South Carolina	—	0	5	2	—	—	0	6	1	1	—	0	1	2	—
Virginia	—	1	7	6	5	4	16	75	33	41	—	1	8	5	11
West Virginia	—	0	5	—	—	—	0	13	6	3	—	0	1	—	—
E.S. Central	—	2	11	4	8	—	1	5	1	—	—	1	4	—	2
Alabama	—	0	2	1	1	—	0	2	—	—	—	0	3	—	1
Kentucky	—	1	4	—	3	—	0	1	1	—	—	0	2	—	—
Mississippi	—	0	3	—	1	—	0	1	—	—	—	0	1	—	—
Tennessee	—	1	8	3	3	—	0	4	—	—	—	0	3	—	1
W.S. Central	—	3	8	2	8	1	1	4	2	1	1	1	5	6	5
Arkansas	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
Louisiana	—	0	3	—	4	—	0	1	1	—	—	0	1	—	—
Oklahoma	—	0	3	—	1	—	0	0	—	—	1	0	3	4	1
Texas	—	2	7	2	3	1	1	4	1	1	—	0	5	2	4
Mountain	1	2	9	8	15	—	1	5	5	1	2	1	5	4	9
Arizona	—	1	4	3	4	—	0	4	1	—	—	0	4	—	3
Colorado	—	0	4	—	6	—	0	1	—	—	—	0	3	—	3
Idaho	—	0	1	1	1	—	0	2	2	—	—	0	1	—	—
Montana	—	0	1	—	—	—	0	3	—	—	—	0	1	—	—
Nevada	1	0	2	2	1	—	0	1	—	—	2	0	2	4	2
New Mexico	—	0	2	—	—	—	0	2	—	1	—	0	1	—	1
Utah	—	0	2	1	3	—	0	1	1	—	—	0	1	—	—
Wyoming	—	0	2	1	—	—	0	1	1	—	—	0	0	—	—
Pacific	7	6	17	28	46	—	2	8	10	5	—	3	11	16	14
Alaska	—	0	0	—	—	—	0	3	—	—	—	0	2	1	2
California	7	4	11	24	40	—	1	8	10	3	—	3	7	14	8
Hawaii	—	0	2	—	1	N	0	0	N	N	—	0	1	—	—
Oregon	—	0	3	4	1	—	0	2	—	2	—	0	4	1	3
Washington	—	0	13	—	4	—	0	5	—	—	—	0	2	—	1
Territories															
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	1	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th week)*

Reporting area	Meningococcal disease, invasive† All serogroups					Mumps					Pertussis				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2012	Cum 2011	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2012	Cum 2011	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2012	Cum 2011
United States	9	12	26	58	105	2	7	19	18	42	147	308	760	1,562	2,132
New England	1	0	3	1	3	—	0	2	—	1	10	17	32	111	57
Connecticut	—	0	1	—	1	—	0	0	—	—	—	1	5	2	10
Maine	—	0	1	—	—	—	0	2	—	—	—	3	19	16	10
Massachusetts	1	0	2	1	2	—	0	1	—	1	1	4	10	24	23
New Hampshire	—	0	1	—	—	—	0	0	—	—	—	2	13	3	8
Rhode Island	—	0	1	—	—	—	0	2	—	—	—	0	8	12	6
Vermont	—	0	3	—	—	—	0	1	—	—	9	1	16	54	—
Mid. Atlantic	—	1	4	8	11	1	0	7	1	5	65	40	167	371	183
New Jersey	—	0	0	—	—	—	0	1	—	5	—	4	10	6	15
New York (Upstate)	—	0	4	1	1	—	0	3	—	—	46	13	135	207	53
New York City	—	0	2	3	6	—	0	6	—	—	—	4	42	29	—
Pennsylvania	—	0	2	4	4	1	0	1	1	—	19	13	30	129	115
E.N. Central	1	2	6	6	15	—	2	12	4	12	14	67	214	442	536
Illinois	—	0	3	—	4	—	1	10	—	4	—	21	122	98	102
Indiana	—	0	2	—	2	—	0	2	1	—	—	4	21	10	48
Michigan	—	0	1	—	3	—	0	2	2	2	3	10	38	49	136
Ohio	1	0	2	5	4	—	0	2	1	5	8	13	25	82	185
Wisconsin	—	0	2	1	2	—	0	1	—	1	3	13	64	203	65
W.N. Central	—	1	3	3	8	—	0	3	1	5	7	22	119	112	119
Iowa	—	0	1	—	1	—	0	2	—	—	—	4	9	16	35
Kansas	—	0	1	—	1	—	0	1	—	1	—	2	6	11	17
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	110	—	—
Missouri	—	0	2	3	3	—	0	2	1	3	5	8	33	80	47
Nebraska	—	0	2	—	3	—	0	1	—	1	2	1	5	3	15
North Dakota	—	0	1	—	—	—	0	3	—	—	—	0	10	—	3
South Dakota	—	0	1	—	—	—	0	0	—	—	—	0	7	2	2
S. Atlantic	3	2	8	9	13	—	1	4	4	1	19	26	51	138	233
Delaware	—	0	1	—	—	—	0	0	—	—	1	0	5	5	3
District of Columbia	—	0	1	—	—	—	0	1	—	—	—	0	2	1	1
Florida	3	1	5	7	4	—	0	2	2	—	13	6	17	52	34
Georgia	—	0	1	—	1	—	0	2	—	—	—	3	7	9	37
Maryland	—	0	2	2	1	—	0	1	1	—	3	2	10	20	20
North Carolina	—	0	3	—	3	—	0	2	—	—	—	3	10	5	59
South Carolina	—	0	1	—	2	—	0	1	—	—	—	2	9	6	26
Virginia	—	0	2	—	2	—	0	4	—	1	2	6	25	25	53
West Virginia	—	0	3	—	—	—	0	1	1	—	—	0	15	15	—
E.S. Central	—	0	3	—	6	—	0	1	—	2	1	9	17	54	78
Alabama	—	0	2	—	5	—	0	1	—	1	—	2	11	2	21
Kentucky	—	0	2	—	—	—	0	0	—	—	—	3	9	27	34
Mississippi	—	0	1	—	1	—	0	1	—	1	—	0	4	5	4
Tennessee	—	0	2	—	—	—	0	1	—	—	1	2	7	20	19
W.S. Central	1	1	5	2	9	—	1	13	2	11	8	19	97	47	73
Arkansas	—	0	2	—	2	—	0	2	—	—	—	1	5	1	7
Louisiana	—	0	2	1	3	—	0	0	—	—	—	0	3	2	7
Oklahoma	1	0	2	1	1	—	0	2	—	—	—	0	11	—	2
Texas	—	0	2	—	3	—	1	13	2	11	8	18	94	44	57
Mountain	2	1	4	5	6	—	0	2	2	1	4	39	82	169	301
Arizona	—	0	1	1	2	—	0	0	—	—	1	12	48	93	117
Colorado	—	0	1	—	1	—	0	1	1	—	—	7	25	28	69
Idaho	1	0	1	1	2	—	0	2	—	—	2	3	12	12	17
Montana	—	0	2	1	—	—	0	1	1	—	—	1	32	10	22
Nevada	1	0	1	1	—	—	0	0	—	—	1	0	5	10	7
New Mexico	—	0	1	1	—	—	0	1	—	1	—	4	24	11	11
Utah	—	0	2	—	1	—	0	0	—	—	—	6	15	2	56
Wyoming	—	0	0	—	—	—	0	1	—	—	—	0	3	3	2
Pacific	1	3	11	24	34	1	0	11	4	4	19	60	251	118	552
Alaska	—	0	1	—	1	—	0	1	—	—	1	0	3	10	12
California	—	2	7	16	26	—	0	11	3	—	—	35	78	19	490
Hawaii	—	0	1	—	1	—	0	1	—	1	—	1	9	9	6
Oregon	1	0	4	8	4	—	0	1	—	3	2	5	23	14	24
Washington	—	0	3	—	2	1	0	1	1	—	16	11	199	66	20
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	1	3	—	4	—	2	14	—	4
Puerto Rico	—	0	0	—	—	—	0	1	1	—	—	0	1	—	1
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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† Data for meningococcal disease, invasive caused by serogroups A, C, Y, and W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th week)*

Reporting area	Rabies, animal					Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	36	60	104	164	304	230	870	1,859	2,163	2,824	15	84	206	196	229
New England	5	5	16	36	10	1	36	107	83	139	—	3	13	7	11
Connecticut	—	2	10	13	2	—	8	30	18	38	—	1	4	2	7
Maine	3	1	6	14	2	—	2	7	7	12	—	0	3	—	—
Massachusetts	—	0	0	—	—	1	19	44	46	68	—	1	9	5	2
New Hampshire	—	0	3	3	1	—	3	8	5	12	—	0	3	—	2
Rhode Island	2	0	6	4	—	—	1	62	—	4	—	0	2	—	—
Vermont	—	0	2	2	5	—	1	8	7	5	—	0	3	—	—
Mid. Atlantic	4	16	36	22	79	25	74	172	194	238	2	9	28	29	34
New Jersey	—	0	0	—	—	—	0	3	3	—	—	0	1	1	—
New York (Upstate)	4	7	20	22	27	16	25	67	55	51	1	3	13	6	10
New York City	—	0	3	—	1	3	19	42	63	77	—	2	6	7	6
Pennsylvania	—	8	21	—	51	6	31	113	73	110	1	3	16	15	18
E.N. Central	1	2	17	3	4	14	88	184	157	354	—	15	52	29	53
Illinois	—	0	6	—	3	—	27	80	26	122	—	4	14	5	9
Indiana	—	0	7	—	—	—	8	27	10	33	—	1	10	—	9
Michigan	1	1	6	2	1	3	14	42	41	61	—	3	19	19	13
Ohio	—	1	5	1	—	11	20	46	73	92	—	3	10	5	10
Wisconsin	N	0	0	N	N	—	12	46	7	46	—	3	21	—	12
W.N. Central	5	1	8	11	1	14	39	99	124	127	2	11	40	33	17
Iowa	—	0	0	—	—	—	8	19	16	33	—	2	15	5	4
Kansas	1	0	4	5	1	1	8	27	36	20	—	2	8	4	3
Minnesota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Missouri	—	0	4	2	—	9	15	42	53	53	1	5	32	16	5
Nebraska	—	0	3	—	—	4	4	13	13	12	1	1	8	5	5
North Dakota	4	0	3	4	—	—	0	15	—	—	—	0	4	—	—
South Dakota	—	0	0	—	—	—	3	10	6	9	—	1	4	3	—
S. Atlantic	12	17	48	37	190	76	276	739	840	840	5	12	25	45	43
Delaware	—	0	0	—	—	1	3	12	8	12	—	0	2	1	—
District of Columbia	—	0	0	—	—	—	1	6	—	5	1	0	1	1	1
Florida	11	0	2	13	120	47	107	203	378	324	3	3	9	23	6
Georgia	—	0	0	—	—	17	45	138	113	142	—	2	8	4	7
Maryland	—	6	13	17	18	4	19	46	71	68	1	1	4	2	8
North Carolina	—	0	0	—	—	—	32	251	127	126	—	2	11	4	13
South Carolina	N	0	0	N	N	1	26	71	70	78	—	0	4	2	—
Virginia	—	11	27	—	52	6	19	54	65	85	—	2	8	8	8
West Virginia	1	0	30	7	—	—	0	18	8	—	—	0	2	—	—
E.S. Central	—	3	11	7	11	16	64	190	182	220	—	4	18	13	13
Alabama	—	2	7	6	6	5	19	70	52	78	—	1	15	4	2
Kentucky	—	0	2	1	1	4	11	30	32	32	—	1	5	3	4
Mississippi	—	0	1	—	—	2	22	66	51	39	—	0	4	4	1
Tennessee	—	1	4	—	4	5	15	51	47	71	—	1	11	2	6
W.S. Central	8	1	21	36	—	18	132	250	163	251	2	10	49	13	15
Arkansas	—	0	10	1	—	—	13	52	28	36	—	1	6	3	1
Louisiana	—	0	0	—	—	1	14	44	48	52	—	0	1	—	—
Oklahoma	—	0	21	4	—	15	13	31	38	23	2	1	10	5	4
Texas	8	0	7	31	—	2	92	158	49	140	—	7	49	5	10
Mountain	1	1	4	11	—	8	45	93	121	240	—	11	27	15	25
Arizona	N	0	0	N	N	4	15	35	51	84	—	2	7	2	2
Colorado	—	0	0	—	—	—	9	23	18	50	—	3	9	2	12
Idaho	—	0	1	—	—	3	2	8	7	23	—	1	8	2	4
Montana	N	0	0	N	N	—	2	10	7	5	—	1	4	—	—
Nevada	—	0	2	—	—	1	3	7	8	19	—	1	7	1	1
New Mexico	1	0	4	11	—	—	5	22	13	33	—	1	3	3	3
Utah	—	0	2	—	—	—	6	15	15	23	—	1	7	2	3
Wyoming	—	0	0	—	—	—	1	9	2	3	—	0	7	3	—
Pacific	—	4	13	1	9	58	92	173	299	415	4	9	28	12	18
Alaska	—	0	2	1	4	—	1	6	7	8	—	0	1	—	—
California	—	3	12	—	3	36	72	141	235	310	—	4	14	3	13
Hawaii	—	0	0	—	—	—	7	14	10	40	—	0	2	—	—
Oregon	—	0	2	—	2	—	6	12	16	42	1	1	11	4	4
Washington	—	0	0	—	—	22	9	40	31	15	3	2	19	5	1
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	2	—	3	—	0	0	—	—
Puerto Rico	—	0	6	—	2	—	3	12	3	14	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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† Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th week)*

Reporting area	Shigellosis					Spotted Fever Rickettsiosis (including RMSF)†									
						Confirmed					Probable				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2012	Cum 2011	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2012	Cum 2011	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2012	Cum 2011
United States	107	245	355	933	926	3	3	15	11	8	3	29	138	38	32
New England	1	4	21	10	22	—	0	1	—	—	—	0	1	—	—
Connecticut	—	1	4	2	4	—	0	0	—	—	—	0	0	—	—
Maine	—	0	8	—	1	—	0	0	—	—	—	0	1	—	—
Massachusetts	1	3	20	8	16	—	0	0	—	—	—	0	1	—	—
New Hampshire	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
Rhode Island	—	0	3	—	—	—	0	0	—	—	—	0	1	—	—
Vermont	—	0	1	—	1	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	8	19	49	157	51	2	0	2	3	—	—	1	7	4	2
New Jersey	—	0	24	49	—	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	6	6	35	46	15	—	0	1	—	—	—	0	2	—	—
New York City	1	8	28	54	26	—	0	0	—	—	—	0	3	2	2
Pennsylvania	1	2	13	8	10	2	0	2	3	—	—	0	3	2	—
E.N. Central	10	14	40	124	90	—	0	2	1	—	—	2	10	2	3
Illinois	—	4	16	—	34	—	0	1	—	—	—	1	4	1	2
Indiana	—	1	6	—	9	—	0	1	1	—	—	1	5	1	—
Michigan	1	3	11	20	17	—	0	1	—	—	—	0	1	—	—
Ohio	9	6	27	104	30	—	0	2	—	—	—	0	2	—	1
Wisconsin	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
W.N. Central	1	5	18	34	57	—	0	4	—	—	—	4	24	3	4
Iowa	—	0	3	2	4	—	0	0	—	—	—	0	2	—	—
Kansas	1	1	6	17	13	—	0	0	—	—	—	0	0	—	—
Minnesota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Missouri	—	3	14	13	38	—	0	2	—	—	—	4	22	3	4
Nebraska	—	0	2	2	1	—	0	3	—	—	—	0	1	—	—
North Dakota	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Dakota	—	0	2	—	1	—	0	1	—	—	—	0	0	—	—
S. Atlantic	41	75	134	216	301	1	1	9	6	4	1	6	57	18	13
Delaware	—	0	2	—	—	—	0	1	—	—	—	0	4	1	—
District of Columbia	—	0	5	1	5	—	0	1	—	—	—	0	1	—	—
Florida	22	50	98	126	181	—	0	1	—	1	—	0	2	4	—
Georgia	9	13	26	57	52	1	1	8	6	1	—	0	0	—	—
Maryland	10	2	7	17	13	—	0	1	—	1	—	0	3	2	1
North Carolina	—	3	19	7	32	—	0	4	—	1	—	0	49	3	8
South Carolina	—	1	54	2	7	—	0	2	—	—	—	0	2	—	1
Virginia	—	2	7	6	11	—	0	1	—	—	1	3	14	8	3
West Virginia	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
E.S. Central	12	19	51	151	49	—	0	2	—	—	2	4	25	6	5
Alabama	2	6	21	43	22	—	0	1	—	—	1	1	8	2	3
Kentucky	6	4	22	70	4	—	0	1	—	—	—	0	2	—	—
Mississippi	2	4	24	27	6	—	0	0	—	—	—	0	2	—	1
Tennessee	2	4	11	11	17	—	0	2	—	—	1	4	20	4	1
W.S. Central	20	54	129	144	123	—	0	3	—	—	—	2	52	1	1
Arkansas	—	2	7	8	3	—	0	3	—	—	—	1	52	—	—
Louisiana	—	4	21	12	18	—	0	0	—	—	—	0	2	1	—
Oklahoma	6	4	28	32	7	—	0	1	—	—	—	0	25	—	—
Texas	14	43	99	92	95	—	0	1	—	—	—	0	4	—	1
Mountain	—	14	41	34	90	—	0	3	—	4	—	1	7	3	4
Arizona	—	6	27	23	38	—	0	3	—	4	—	0	6	—	4
Colorado	—	1	8	2	13	—	0	0	—	—	—	0	1	—	—
Idaho	—	0	3	1	3	—	0	0	—	—	—	0	2	2	—
Montana	—	1	15	3	5	—	0	0	—	—	—	0	1	—	—
Nevada	—	0	4	1	6	—	0	0	—	—	—	0	1	—	—
New Mexico	—	2	7	3	20	—	0	0	—	—	—	0	0	—	—
Utah	—	1	4	1	5	—	0	0	—	—	—	0	1	1	—
Wyoming	—	0	1	—	—	—	0	0	—	—	—	0	2	—	—
Pacific	14	19	44	63	143	—	0	2	1	—	—	0	1	1	—
Alaska	—	0	2	2	—	N	0	0	N	N	N	0	0	N	N
California	11	15	41	53	125	—	0	2	1	—	—	0	1	1	—
Hawaii	—	1	3	—	9	N	0	0	N	N	N	0	0	N	N
Oregon	—	1	4	5	6	—	0	0	—	—	—	0	0	—	—
Washington	3	1	9	3	3	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	—	0	0	—	1	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	—	—	N	0	0	N	N	N	0	0	N	N
Puerto Rico	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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† Illnesses with similar clinical presentation that result from Spotted fever group rickettsia infections are reported as Spotted fever rickettsioses. Rocky Mountain spotted fever (RMSF) caused by *Rickettsia rickettsii*, is the most common and well-known spotted fever.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th week)*

Reporting area	*Streptococcus pneumoniae*,† invasive disease										Syphilis, primary and secondary				
	All ages					Age <5									
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	190	252	464	1,596	2,174	15	21	41	110	124	77	265	308	792	1,410
New England	2	13	31	60	130	1	1	4	3	3	3	7	23	23	39
Connecticut	—	6	20	27	64	—	0	3	—	—	—	0	12	—	4
Maine	—	2	8	13	21	—	0	1	—	—	—	0	2	—	2
Massachusetts	2	0	3	5	4	1	0	2	2	2	1	5	10	19	24
New Hampshire	—	1	8	7	15	—	0	1	1	—	—	0	3	1	3
Rhode Island	—	1	6	—	22	—	0	1	—	1	2	0	7	3	6
Vermont	—	1	6	8	4	—	0	2	—	—	—	0	2	—	—
Mid. Atlantic	41	16	53	242	137	3	1	10	12	5	9	29	53	90	191
New Jersey	—	0	16	42	—	—	0	2	4	—	—	4	13	—	23
New York (Upstate)	33	1	28	131	12	3	1	10	7	5	2	4	9	12	14
New York City	8	12	24	69	125	—	0	9	1	—	—	14	24	32	114
Pennsylvania	N	0	0	N	N	N	0	0	N	N	7	7	17	46	40
E.N. Central	29	64	122	345	460	1	3	10	16	22	2	29	48	48	177
Illinois	N	0	0	N	N	—	0	0	—	—	—	11	24	25	67
Indiana	2	13	36	42	106	—	1	4	1	2	2	3	8	10	21
Michigan	8	13	26	77	91	1	0	2	5	7	—	4	12	1	31
Ohio	19	28	43	177	199	—	1	7	7	10	—	8	17	10	51
Wisconsin	—	8	23	49	64	—	0	2	3	3	—	1	6	2	7
W.N. Central	3	2	28	24	18	—	0	2	1	1	—	6	13	3	45
Iowa	N	0	0	N	N	N	0	0	N	N	—	0	3	2	1
Kansas	N	0	0	N	N	N	0	0	N	N	—	0	4	—	1
Minnesota	—	0	0	—	—	—	0	0	—	—	—	2	8	—	23
Missouri	N	0	0	N	N	—	0	0	—	—	—	2	8	—	19
Nebraska	3	2	9	24	18	—	0	2	1	1	—	0	2	1	1
North Dakota	—	0	25	—	—	—	0	1	—	—	—	0	1	—	—
South Dakota	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
S. Atlantic	62	65	143	443	690	7	6	15	37	42	45	66	90	259	306
Delaware	—	1	5	6	13	—	0	0	—	—	—	0	4	7	3
District of Columbia	—	1	5	1	9	—	0	1	1	1	2	3	8	26	22
Florida	29	21	55	168	285	2	2	8	14	18	2	24	36	96	143
Georgia	14	19	38	126	189	2	1	5	10	15	15	12	37	48	22
Maryland	10	9	29	46	102	1	1	3	3	5	6	8	20	23	34
North Carolina	N	0	0	N	N	N	0	0	N	N	7	8	21	35	29
South Carolina	7	8	22	64	92	1	0	3	3	3	—	4	14	—	34
Virginia	N	0	0	N	N	—	0	0	—	—	13	4	12	24	19
West Virginia	2	1	48	32	—	1	0	4	6	—	—	0	2	—	—
E.S. Central	12	23	45	139	196	—	2	4	8	18	5	15	31	34	73
Alabama	N	0	0	N	N	N	0	0	N	N	2	4	11	12	29
Kentucky	3	4	12	28	35	—	0	3	—	5	3	2	8	10	11
Mississippi	N	0	0	N	N	—	0	0	—	—	—	3	22	—	9
Tennessee	9	19	42	111	161	—	1	4	8	13	—	5	11	12	24
W.S. Central	27	31	126	171	215	3	3	10	16	12	1	36	50	122	166
Arkansas	—	4	14	20	36	—	0	4	2	2	—	4	10	—	22
Louisiana	—	2	13	26	44	—	0	2	2	2	—	8	25	17	22
Oklahoma	N	0	0	N	N	—	0	0	—	—	1	1	6	5	6
Texas	27	24	112	125	135	3	3	9	12	8	—	23	38	100	116
Mountain	12	26	72	159	305	—	2	8	11	20	1	12	20	24	65
Arizona	11	12	45	112	163	—	1	5	7	9	—	4	10	9	21
Colorado	—	9	23	18	66	—	0	4	1	4	—	2	6	7	13
Idaho	N	0	0	N	N	—	0	0	—	—	—	0	4	2	3
Montana	N	0	0	N	N	N	0	0	N	N	—	0	1	—	3
Nevada	N	0	0	N	N	N	0	0	N	N	—	2	9	—	16
New Mexico	1	4	12	26	42	—	0	2	3	3	1	1	4	3	5
Utah	—	1	8	—	29	—	0	3	—	4	—	0	2	3	4
Wyoming	—	0	3	3	5	—	0	0	—	—	—	0	0	—	—
Pacific	2	2	11	13	23	—	0	2	6	1	11	57	74	189	348
Alaska	2	2	11	13	23	—	0	2	6	1	—	0	2	2	—
California	N	0	0	N	N	N	0	0	N	N	5	44	62	157	284
Hawaii	—	0	1	—	—	—	0	1	—	—	—	0	3	—	—
Oregon	N	0	0	N	N	N	0	0	N	N	1	4	14	9	21
Washington	N	0	0	N	N	N	0	0	N	N	5	5	11	21	43
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	6	5	15	25	21
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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† Includes drug resistant and susceptible cases of invasive *Streptococcus pneumoniae* disease among children <5 years and among all ages. Case definition: Isolation of *S. pneumoniae* from a normally sterile body site (e.g., blood or cerebrospinal fluid).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2012	Cum 2011	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2012	Cum 2011	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2012	Cum 2011
United States	84	261	350	1,177	1,540	—	0	60	—	1	—	0	31	—	—
New England	13	23	50	124	157	—	0	3	—	—	—	0	1	—	—
Connecticut	—	5	16	27	30	—	0	2	—	—	—	0	1	—	—
Maine	7	4	11	31	28	—	0	0	—	—	—	0	0	—	—
Massachusetts	2	9	18	47	57	—	0	2	—	—	—	0	1	—	—
New Hampshire	—	2	10	—	13	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	6	1	6	—	0	1	—	—	—	0	0	—	—
Vermont	4	1	9	18	23	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	11	22	54	227	109	—	0	11	—	—	—	0	6	—	—
New Jersey	—	0	44	142	—	—	0	1	—	—	—	0	2	—	—
New York (Upstate)	N	0	0	N	N	—	0	5	—	—	—	0	4	—	—
New York City	—	0	0	—	—	—	0	4	—	—	—	0	1	—	—
Pennsylvania	11	19	42	85	109	—	0	2	—	—	—	0	1	—	—
E.N. Central	26	63	114	340	449	—	0	13	—	—	—	0	6	—	—
Illinois	1	18	38	89	92	—	0	6	—	—	—	0	5	—	—
Indiana	—	5	20	38	33	—	0	2	—	—	—	0	1	—	—
Michigan	7	18	44	88	152	—	0	7	—	—	—	0	1	—	—
Ohio	18	21	47	125	172	—	0	3	—	—	—	0	3	—	—
Wisconsin	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
W.N. Central	2	11	32	48	93	—	0	9	—	1	—	0	7	—	—
Iowa	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
Kansas	—	7	21	28	45	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
Missouri	—	3	14	14	43	—	0	2	—	1	—	0	2	—	—
Nebraska	2	0	2	3	1	—	0	4	—	—	—	0	3	—	—
North Dakota	—	0	7	—	1	—	0	1	—	—	—	0	1	—	—
South Dakota	—	1	6	3	3	—	0	0	—	—	—	0	1	—	—
S. Atlantic	2	36	66	149	200	—	0	10	—	—	—	0	5	—	—
Delaware	—	0	2	—	1	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	2	—	3	—	0	3	—	—	—	0	3	—	—
Florida	—	17	38	95	111	—	0	5	—	—	—	0	2	—	—
Georgia	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
Maryland	N	0	0	N	N	—	0	5	—	—	—	0	3	—	—
North Carolina	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
South Carolina	—	0	9	—	—	—	0	0	—	—	—	0	0	—	—
Virginia	2	10	27	25	38	—	0	2	—	—	—	0	0	—	—
West Virginia	—	6	32	29	47	—	0	1	—	—	—	0	0	—	—
E.S. Central	4	5	15	27	30	—	0	11	—	—	—	0	5	—	—
Alabama	3	5	14	24	26	—	0	2	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
Mississippi	1	0	2	3	4	—	0	5	—	—	—	0	4	—	—
Tennessee	N	0	0	N	N	—	0	3	—	—	—	0	1	—	—
W.S. Central	22	56	149	190	189	—	0	4	—	—	—	0	3	—	—
Arkansas	—	5	26	7	17	—	0	1	—	—	—	0	0	—	—
Louisiana	—	2	6	7	8	—	0	1	—	—	—	0	2	—	—
Oklahoma	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Texas	22	48	144	176	164	—	0	3	—	—	—	0	3	—	—
Mountain	1	21	68	66	284	—	0	11	—	—	—	0	5	—	—
Arizona	—	4	50	13	84	—	0	7	—	—	—	0	4	—	—
Colorado	—	7	32	22	80	—	0	2	—	—	—	0	2	—	—
Idaho	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
Montana	—	1	15	—	65	—	0	1	—	—	—	0	0	—	—
Nevada	N	0	0	N	N	—	0	4	—	—	—	0	2	—	—
New Mexico	1	1	8	13	9	—	0	1	—	—	—	0	0	—	—
Utah	—	3	26	16	44	—	0	1	—	—	—	0	1	—	—
Wyoming	—	0	1	2	2	—	0	1	—	—	—	0	1	—	—
Pacific	3	2	9	6	29	—	0	18	—	—	—	0	7	—	—
Alaska	1	1	4	3	10	—	0	0	—	—	—	0	0	—	—
California	2	0	4	2	10	—	0	18	—	—	—	0	7	—	—
Hawaii	—	0	4	1	9	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Washington	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	2	4	—	1	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	2	10	9	26	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Case counts for reporting year 2011 and 2012 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.

§ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/ncphi/disss/nndss/phs/infdis.htm.

TABLE III. Deaths in 122 U.S. cities,* week ending February 11, 2012 (6th week)

Reporting area	All causes, by age (years)						P&I†
	All Ages	≥65	45–64	25–44	1–24	<1	Total
New England	574	423	102	31	5	12	46
Boston, MA	143	100	28	9	2	3	17
Bridgeport, CT	37	23	10	2	1	1	2
Cambridge, MA	22	16	5	1	—	—	2
Fall River, MA	19	15	3	1	—	—	—
Hartford, CT	49	35	9	3	2	—	1
Lowell, MA	22	13	4	5	—	—	1
Lynn, MA	9	7	2	—	—	—	1
New Bedford, MA	27	24	2	1	—	—	3
New Haven, CT	38	24	7	3	—	4	2
Providence, RI	59	51	5	—	—	3	2
Somerville, MA	4	3	1	—	—	—	—
Springfield, MA	44	35	8	1	—	—	2
Waterbury, CT	33	27	5	1	—	—	1
Worcester, MA	68	50	13	4	—	1	12
Mid. Atlantic	1,854	1,319	396	89	29	21	95
Albany, NY	54	39	10	3	—	2	7
Allentown, PA	31	23	7	—	1	—	3
Buffalo, NY	72	43	22	6	—	1	7
Camden, NJ	27	16	6	1	1	3	3
Elizabeth, NJ	27	19	5	2	—	1	—
Erie, PA	48	34	9	4	1	—	—
Jersey City, NJ	18	11	6	—	1	—	—
New York City, NY	1,017	739	211	47	13	7	48
Newark, NJ	32	14	15	3	—	—	1
Paterson, NJ	21	14	5	1	1	—	—
Philadelphia, PA	138	93	30	9	5	1	5
Pittsburgh, PA§	45	40	4	—	—	1	2
Reading, PA	38	31	5	1	1	—	2
Rochester, NY	93	64	23	1	3	2	2
Schenectady, NY	28	21	5	2	—	—	1
Scranton, PA	30	20	7	3	—	—	3
Syracuse, NY	81	64	9	5	—	3	7
Trenton, NJ	22	13	7	1	1	—	—
Utica, NY	17	10	6	—	1	—	1
Yonkers, NY	15	11	4	—	—	—	3
E.N. Central	2,024	1,378	484	106	24	32	129
Akron, OH	59	41	14	1	2	1	5
Canton, OH	42	32	8	2	—	—	2
Chicago, IL	237	153	63	15	1	5	19
Cincinnati, OH	100	60	26	8	2	4	8
Cleveland, OH	273	203	57	6	2	5	16
Columbus, OH	209	139	56	11	—	3	14
Dayton, OH	120	92	24	3	1	—	13
Detroit, MI	137	72	49	10	3	3	4
Evansville, IN	60	41	15	3	1	—	8
Fort Wayne, IN	84	57	23	2	2	—	2
Gary, IN	8	6	1	1	—	—	—
Grand Rapids, MI	42	37	5	—	—	—	1
Indianapolis, IN	213	133	54	21	3	2	12
Lansing, MI	46	30	11	2	1	2	2
Milwaukee, WI	94	61	24	7	1	1	5
Peoria, IL	61	42	14	4	—	1	7
Rockford, IL	52	36	12	2	1	1	2
South Bend, IN	45	34	6	2	3	—	4
Toledo, OH	83	59	14	6	1	3	3
Youngstown, OH	59	50	8	—	—	1	2
W.N. Central	601	404	142	36	10	9	36
Des Moines, IA	119	76	29	11	1	2	7
Duluth, MN	31	18	6	1	2	4	2
Kansas City, KS	17	11	6	—	—	—	2
Kansas City, MO	81	54	23	3	1	—	5
Lincoln, NE	51	44	7	—	—	—	2
Minneapolis, MN	61	35	20	5	1	—	7
Omaha, NE	83	65	14	2	1	1	7
St. Louis, MO	32	19	6	5	2	—	1
St. Paul, MN	44	26	13	3	1	1	1
Wichita, KS	82	56	18	6	1	1	2
S. Atlantic	1,049	660	281	58	22	28	52
Atlanta, GA	161	88	54	11	2	6	10
Baltimore, MD	133	73	40	11	5	4	7
Charlotte, NC	108	77	22	4	3	2	5
Jacksonville, FL	9	5	1	3	—	—	—
Miami, FL	108	81	23	3	1	—	6
Norfolk, VA	41	24	11	3	—	3	4
Richmond, VA	66	40	19	5	2	—	2
Savannah, GA	74	50	16	5	2	1	4
St. Petersburg, FL	62	43	16	2	1	—	2
Tampa, FL	161	113	35	7	3	3	6
Washington, D.C.	117	60	42	3	3	9	6
Wilmington, DE	9	6	2	1	—	—	—
E.S. Central	930	589	246	61	20	14	85
Birmingham, AL	167	101	48	14	1	3	16
Chattanooga, TN	119	89	22	6	2	—	13
Knoxville, TN	111	71	28	9	3	—	14
Lexington, KY	65	47	10	4	2	2	2
Memphis, TN	182	108	46	16	4	8	23
Mobile, AL	122	76	37	7	2	—	7
Montgomery, AL	21	15	4	1	1	—	2
Nashville, TN	143	82	51	4	5	1	8
W.S. Central	1,083	679	251	78	45	30	76
Austin, TX	96	65	22	3	2	4	11
Baton Rouge, LA	59	39	13	6	1	—	—
Corpus Christi, TX	72	45	19	4	3	1	4
Dallas, TX	208	124	60	18	4	2	17
El Paso, TX	66	47	11	4	1	3	4
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	124	56	11	17	25	15	4
Little Rock, AR	74	50	17	6	—	1	8
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	208	132	53	12	7	4	16
Shreveport, LA	61	43	14	4	—	—	5
Tulsa, OK	115	78	31	4	2	—	7
Mountain	1,227	819	287	73	30	18	68
Albuquerque, NM	130	81	35	6	7	1	11
Boise, ID	64	46	17	1	—	—	4
Colorado Springs, CO	66	49	10	4	3	—	1
Denver, CO	95	66	21	4	1	3	5
Las Vegas, NV	324	221	79	17	5	2	21
Ogden, UT	27	20	5	—	—	2	1
Phoenix, AZ	206	113	60	21	7	5	10
Pueblo, CO	34	22	8	3	1	—	1
Salt Lake City, UT	126	91	23	8	3	1	10
Tucson, AZ	155	110	29	9	3	4	4
Pacific	1,865	1,302	415	80	40	28	167
Berkeley, CA	15	9	5	1	—	—	2
Fresno, CA	120	81	28	7	4	—	7
Glendale, CA	32	27	4	1	—	—	6
Honolulu, HI	88	66	17	3	—	2	12
Long Beach, CA	64	45	15	1	—	3	9
Los Angeles, CA	284	187	65	14	11	7	32
Pasadena, CA	21	17	3	1	—	—	2
Portland, OR	175	121	35	12	5	2	7
Sacramento, CA	222	148	61	7	3	3	18
San Diego, CA	196	135	49	7	5	—	20
San Francisco, CA	120	83	25	6	2	4	11
San Jose, CA	241	182	48	4	4	3	25
Santa Cruz, CA	29	17	7	3	—	2	4
Seattle, WA	101	63	24	8	4	2	2
Spokane, WA	46	33	11	2	—	—	3
Tacoma, WA	111	88	18	3	2	—	7
Total¶	**11,207**	**7,573**	**2,604**	**612**	**225**	**192**	**754**

U: Unavailable. —: No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of >100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

† Pneumonia and influenza.

§ Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶ Total includes unknown ages.

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LEGAL INTERVENTIONS TO REDUCE OVERDOSE MORTALITY: NALOXONE ACCESS AND OVERDOSE GOOD SAMARITAN LAWS

Background

Fatal drug overdose has increased more than six-fold in the past three decades, and now claims the lives of over 36,000 Americans every year.[1] Nearly 15,000 of these deaths are known to have been caused by opioids, and the actual number is likely higher.[2] This increase is mostly driven by prescription opioids such as oxycontin and hydrocodone, which now account for more overdose deaths than heroin and cocaine combined.[3] Opioid overdose is typically reversible through the timely administration of the drug naloxone and the provision of emergency care.[4] However, access to naloxone and other emergency treatment is often limited by laws and that pre-date the overdose epidemic. In an attempt to reverse this unprecedented increase in preventable overdose deaths, a number of states have recently amended those laws to increase access to emergency care and treatment for opiate overdose.

Law as both problem and solution

Although naloxone (commonly known by its trade name, Narcan) is a prescription drug, it is not a controlled substance and has no abuse potential.[5] It is regularly carried by medical first responders and can be administered by ordinary citizens with little or no formal training.[6] Yet, it is often not available when and where it is needed. Because opioid overdose often occurs when the victim is with friends or family members, those people may be the best situated to act to save his or her life by administering naloxone. Unfortunately, neither the victim nor his companions typically carry the drug. Law is at least partially responsible for this lack of access. State practice laws generally discourage or prohibit the prescription of drugs to a person other than the intended recipient (a process referred to as third-party prescription) or to a person the physician has not personally examined (a process referred to as prescription via standing order). Additionally, some prescribers are wary of prescribing naloxone because of liability concerns.[7] Likewise, even where naloxone is available, bystanders to a drug overdose may be afraid to administer it for fear of civil or criminal repercussions.[8] Finally, overdose bystanders may fail to summon medical assistance for fear of arrest, particularly for existing warrants as well as drug crimes such as possession of paraphernalia or controlled substances.[9]

Since most of these barriers are rooted in unintended consequences of laws passed for other purposes, they may be addressed through relatively simple changes to those laws. At the urging of organizations including the U.S. Conference of Mayors, the American Medical Association and the American Public Health Association, a number of states have addressed the overdose epidemic by removing some legal barriers to the seeking of emergency medical care and the timely administration of naloxone.[10] These changes come in two general varieties: the first encourages the wider prescription and use of naloxone by clarifying that prescribers acting in good faith may prescribe the drug to persons who may be able to use it to reverse overdose and by removing the possibility of negative legal action against prescribers and lay administrators. The second type encourages bystanders to become “Good Samaritans” by summoning emergency responders without fear of arrest or other negative legal consequences.[11]

Overview of naloxone access and Good Samaritan laws

In 2001, New Mexico became the first state to amend its laws to make it easier for medical professionals to prescribe and dispense naloxone, and for lay administrators to use it without fear of legal repercussions. [12] As of January 1, 2014, sixteen other states (NY, IL, WA, CA, RI, CT, MA, NC, OR, CO, VA, KY, MD, VT, NJ and OK) and the District of Columbia have made similar changes.[13] These steps appear to be working. The CDC recently reported that at least 188 community-based overdose prevention programs now distribute naloxone. To date, these programs have provided training and naloxone to over 50,000 people and resulted in over 10,000 overdose reversals.[14] A recent evaluation of one such program in Massachusetts, which trained over 2,900 potential overdose bystanders, reported that opioid overdose death rates were significantly reduced in communities in which the program was implemented compared to those in which it was not.[15]

In 2007, New Mexico became the first state to amend its laws to encourage Good Samaritans to summon aid in the event of an overdose. As of January 1, 2014, thirteen other states (WA, NY, CT, IL, CO, RI, FL, MA, CA, NC, NJ, VT, and DE) and the District of Columbia have followed suit.[16] Additionally, Alaska has a law explicitly requiring courts to take the fact that a Good Samaritan summoned medical assistance into account at sentencing. Initial evidence from Washington state, which amended its law in 2010, is positive, with 88 percent of drug users surveyed indicating that they would be more likely to summon emergency personnel during an overdose as a result of the legal change.[17]

The following tables document laws that have been amended or enacted to increase access to naloxone and encourage bystanders to summon medical assistance in the event of overdose. Tables 1 and 1a cover laws aimed at increasing lay access to naloxone by reducing barriers to prescription and administration ("state naloxone access laws"). Tables 2 and 2a address criminal concerns for Good Samaritans who summon aid in overdose situations ("state overdose Good Samaritan laws"). Tables 1 and 2 are broken down into columns, with each column identifying whether a particular state law addresses a certain characteristic, such as permitting prescribers to prescribe naloxone to third parties or via standing order. Tables 1a and 2a provide more detailed descriptions of each law, with quotes from those laws where practicable. For those states that have passed laws too recently for those laws to have been codified, only the relevant bill is listed. This chart will be updated regularly to reflect changes in this rapidly evolving area of law.

Note that these tables cover only laws that were passed specifically to address drug overdose. That does not necessarily mean the activities covered by the laws in these tables are not permitted in other states, only that they are not explicitly authorized by laws created for that purpose. For example, North Carolina's Project Lazarus, which has seen marked success using an integrated model that includes partnering with local physicians, pharmacists and law enforcement officials, operated for many years without the benefit of explicit authorizing legislation.[18] Additionally, existing Good Samaritan laws may provide an overdose Good Samaritan some protection, particularly from civil action.[19] The categories listed were chosen because of their prevalence in existing laws and may not necessarily reflect best practices.[20]

Conclusion

Opioid overdose kills thousands of Americans every year. Many of those deaths are preventable through the timely provision of a relatively cheap, safe and effective drug and the summoning of emergency responders. As with most public health problems, there is no magic bullet to preventing overdose deaths. A comprehensive solution that includes input and active involvement from medical providers, policy makers and public health, law enforcement and elected officials is likely necessary to create large-scale, lasting change. Evaluation is necessary to ensure that legal changes have the intended effect and to suggest additional amendments.[21]

However, it is reasonable to believe that laws that encourage the prescription and use of naloxone and the timely seeking of emergency medical assistance will have the intended effect of reducing opioid overdose deaths. Since such laws have few if any foreseeable negative effects, can be implemented at little or no cost, and will likely save both lives and resources, they may represent some of the lowest-hanging public health fruit available to policy-makers today.

Table 1: Characteristics of state naloxone access laws

As of January 1, 2014

State	Citation	Effective date	Removes civil liability for prescribers	3rd party prescription OK	Removes civil liability for lay administration	Removes criminal liability for prescribers	Removes criminal liability for lay administration	Lay administration not UPM[22]	State program created[23]	No criminal liability for possession of naloxone w/o prescription
NM	N.M. Stat. Ann. § 24-23-1 (2001)	Apr. 3, 2001	-	-	Yes[24]	-	Yes[25]	-	-	-
NM	N.M. Stat. Ann. § 24-23-2 (2001)	Apr. 3, 2001	Yes	-	-	Yes	-	-	-	-
NM	N.M.A.C. 7.32.7 (2001)	Sept. 13, 2001	-	-	-	-	-	Yes[26]	Yes	-
CT	Conn. Gen. Stat. § 17a-714a (2003)	Oct. 1, 2003	Yes	-	-	Yes	-	-	-	-
NY	N.Y. Pub. Health Law § 3309 (2009)	Apr. 1, 2006	-	-	Yes[27]	-	-	Yes	Yes	-
NY	N.Y. Comp. Codes R. & Regs. Tit. 10, § 80.138 (2007)	Feb. 1, 2007	-	Yes[28]	-	-	-	Yes[29]	Yes	-

State	Citation	Effective date	Removes civil liability for prescribers	3rd party prescription OK	Removes civil liability for lay administration	Removes criminal liability for prescribers	Removes criminal liability for lay administration	Lay administration not UPM[22]	State program created[23]	No criminal liability for possession of naloxone w/o prescription
IL	20 Ill. Comp. Stat. Ann. 301/5-23 (2010)	Jan 1. 2010	-	Yes[30]	-	-	-	Yes[31]	Yes	Yes[32]
WA	Wash. Rev. Code § 69.50.315 (2010)	June 6, 2010	-	-	-	-	Yes[33]	Yes[34]	-	Yes[35]
WA	Wash. Rev. Code §18.130.345 (2010)	June 10, 2010	-	Yes	-	-	-	Yes	-	-
CA[36]	Cal Civ Code § 1714.22 (2011)	Jan. 1, 2011 (sunsets Jan 1, 2015)	Yes[37]	-[38]	-	Yes[39]	-	Yes[40]	Yes	Yes[41]
RI	R.I. Gen. Laws § 21-28.8-3 (2012)	June 18, 2012 (sunsets July 1, 2015)	-	-	Yes	-	Yes	-	-	-
MA	Mass. Gen. Laws ch. 94c, § 34A (2012)	August 2, 2012	-	-	Yes[42]	-	Yes[43]	Yes[44]	-	Yes
MA	Mass. Gen. Laws ch. 94c, § 19(d) (2012)	August 2, 2012	-[45]	Yes	-	-	-	-	-	-

State	Citation	Effective date	Removes civil liability for prescribers	3rd party prescription OK	Removes civil liability for lay administration	Removes criminal liability for prescribers	Removes criminal liability for lay administration	Lay administration not UPM[22]	State program created[23]	No criminal liability for possession of naloxone w/o prescription
CT	Conn. Gen. Stat. § 17a-714a (2012)	Oct 1, 2012[46]	Yes	-	-	Yes	-	-	-	-
DC	Law L19-0243 (2012)	March 19, 2013	-	-	Yes	-	Yes	-	-	Yes
NC	S.B. 20 (2013)	April 9, 2013	Yes	Yes	Yes	Yes	Yes	Yes[47]	-	-
CO	S.B. 13-014 (2013)	May 10, 2013	Yes	Yes	Yes	Yes	Yes	-	-[48]	-
OR	S.B. 384 (2013)	June 6, 2013	-	Yes[49]	Yes[50]	-	-	-	-[51]	-
KY	H.B. 366 (2013)	June 25, 2013	-[52]	Yes	Yes[53]	-	Yes	-	-	-
VA	H.B. 1672 (2013)	July 1, 2013	-	Yes[54]	Yes[55]	-	Yes[56]	Yes	Yes	-
NJ	S.B. 2082 (2013)	July 1, 2013	Yes[57]	Yes	Yes[58]	Yes	Yes[59]	-[60]	-[61]	Yes[62]

State	Citation	Effective date	Removes civil liability for prescribers	3rd party prescription OK	Removes civil liability for lay administration	Removes criminal liability for prescribers	Removes criminal liability for lay administration	Lay administration not UPM[22]	State program created[23]	No criminal liability for possession of naloxone w/o prescription
VT	ACT075 (2013)	July 1, 2013	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
MD	S.B. 160 (2013)	Oct. 1, 2013	-[63]	Yes	-[64]	-	Yes[65]	Yes	Yes	Yes[66]
OK	H.B. 1782 (2013)	Nov. 1, 2013	-[67]	Yes[68]	-[69]	-	-[70]	-	-	-
CA	A.B. 635 (2013)	Jan. 1, 2014	Yes	Yes[71]	Yes	Yes	Yes	Yes	No[72]	Yes

Table 1a: Summary of state naloxone access laws

As of January 1, 2014

STATE	CITATION	EFFECTIVE DATE	SUMMARY
NM	N.M. Stat. Ann. § 24-23-1 (2001)	Apr. 3, 2001	"A. A person authorized under federal, state or local government regulations, other than a licensed health care professional permitted by law to administer an opioid antagonist, may administer an opioid antagonist to another person if: (1) he, in good faith, believes the other person is experiencing a drug overdose; and (2) he acts with reasonable care in administering the drug to the other person. B. A person who administers an opioid antagonist to another person pursuant to Subsection A of this section shall not be subject to civil liability or criminal prosecution as a result of the administration of the drug."
NM	N.M. Stat. Ann. § 24-	Apr. 3, 2001	"A licensed health care professional, who is permitted by law to prescribe an opioid antagonist, if acting with reasonable care, may prescribe, dispense, distribute or administer an opioid antagonist without

STATE	CITATION	EFFECTIVE DATE	SUMMARY
	23-2 (2001)		being subject to civil liability or criminal prosecution."
NM	N.M.A.C. 7.32.7 (2001)	Sept. 13, 2001	"A person, other than a licensed health care professional permitted by law to administer an opioid antagonist, is authorized to administer an opioid antagonist to another person if he, in good faith, believes the other person is experiencing an opioid drug overdose and he acts with reasonable care in administering the drug to the other person. It is strongly recommended that any person administering an opioid antagonist to another person immediately call for emergency medical services." Lists guidelines for opioid agonist administration programs. Such programs must, among other things, have a program director and physician medical director. Each program must "promptly" notify local EMS of the "activation and existence" of the program and if it stops or cancels its operations. Defines "trained targeted responders." Must also keep certain records and submit an application for registration before beginning operations, and report any use of naloxone by trained responders, among other requirements.
NY	N.Y. Pub. Health Law § 3309 (2009)	Apr. 1, 2006	Authorizes state health commissioner to establish standards for approval of any opioid overdose prevention program, which may include standards for program directors, appropriate clinical oversight and training, record keeping and reporting. Notwithstanding other laws, the "purchase, acquisition, possession or use of an opioid antagonist pursuant to this section shall not constitute the unlawful practice of a profession or other violation under title eight of the education law or this article." "Use of an opioid antagonist pursuant to this section shall be considered first aid or emergency treatment for the purpose of any statute relating to liability."
NY	N.Y. Comp. Codes R. & Regs. Tit. 10, § 80.138 (2007)	Feb. 1, 2007	Defines relevant terms, including "Opioid Overdose Prevention Program," Opioid antagonist," "Trainer Overdose Responder, and "Registered provider." Permits registered providers to operate an Opioid Overdose Prevention Program if they obtain a certificate of approval from Health Department. Lists requirements for registered providers and Programs. Requires Programs to maintain record-keeping system and defines requirements for that system. Purports to limit protections of N.Y. Pub. Health Law § 3309 regarding the "purchase, acquisition, possession or use of an opioid antagonist" to approved programs and Trained Overdose Responders.
IL	20 Ill. Comp. Stat. Ann. 301/5-23 (West 2010)	Jan. 1, 2010	"A health care professional who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antidote to a patient who, in the judgment of the health care professional, is capable of administering the drug in an emergency, shall not, as a result of his or her acts or omissions, be subject to disciplinary or other adverse action under [any professional licensing statute]. "A person who is not otherwise licensed to administer an opioid antidote may in an emergency administer without fee an opioid antidote if the person has received certain patient information specified [in statute] and believes in good faith that another person is experiencing a drug overdose. The person shall not, as a result of his or her acts or omissions, be liable for any violation of [professional practice acts] or any other professional licensing statute, or subject to any criminal prosecution arising from or

STATE	CITATION	EFFECTIVE DATE	SUMMARY
			related to the unauthorized practice of medicine or the possession of an opioid antidote."
WA	Wash. Rev. Code §18.130.345 (2010)	June 10, 2010	"The administering, dispensing, prescribing, purchasing, acquisition, possession, or use of naloxone shall not constitute unprofessional conduct under chapter 18.130 RCW, or be in violation of any provisions under this chapter, by any practitioner or person, if the unprofessional conduct or violation results from a good faith effort to assist: (1) A person experiencing, or likely to experience, an opiate-related overdose; or (2) A family member, friend, or other person in a position to assist a person experiencing, or likely to experience, an opiate-related overdose."
CA	Cal. Civ. Code § 1714.22 (West 2011)	Jan. 1, 2011 (sunsets Jan 1, 2016)	This law applies only to the Counties of Alameda, Fresno, Humboldt, Los Angeles, Mendocino, San Francisco and Santa Cruz. It sunsets on January 1, 2016. "A licensed health care provider who is permitted by law to prescribe an opioid antagonist may, if acting with reasonable care, prescribe and subsequently dispense or distribute an opioid antagonist in conjunction with an opioid overdose prevention and treatment training program, without being subject to civil liability or criminal prosecution. This immunity shall apply to the licensed health care provider even when the opioid antagonist is administered by and to someone other than the person to whom it is prescribed." "A person who is not otherwise licensed to administer an opioid antagonist may administer an opioid antagonist in an emergency without fee if the person has received certain training information from any program operated by a local health jurisdiction or that is registered by a local health jurisdiction to train individuals to prevent, recognize and respond to an opiate overdose, and that provides, at a minimum, training in enumerated areas and believes in good faith that the other person is experiencing a drug overdose. The person shall not, as a result of his or her acts or omissions, be liable for any violation of any professional licensing statute, or subject to any criminal prosecution arising from or related to the unauthorized practice of medicine or the possession of an opioid antagonist." Each local health jurisdiction that operates or registers an opioid overdose prevention and treatment training program shall, by January 1, 2015, collect, and report to the Senate and Assembly Committees on Judiciary, certain required information.

STATE	CITATION	EFFECTIVE DATE	SUMMARY
RI	R.I. Gen. Laws § 21-28.8-3 (2012)	June 18, 2012	"(a) A person may administer an opioid antagonist to another person if: (1) He or she, in good faith, believes the other person is experiencing a drug overdose; and (2) He or she acts with reasonable care in administering the drug to the other person. (b) A person who administers an opioid antagonist to another person pursuant to this section shall not be subject to civil liability or criminal prosecution as a result of the administration of the drug."
MA	Mass. Gen. Laws ch. 94c, § 19 (2012)	August 2, 2012	"(d) Naloxone or other opioid antagonist may lawfully be prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose. For purposes of this chapter and chapter 112 [governing professional licensing and registration], any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice."
MA	Mass. Gen. Laws ch. 94c, § 34A (2012)	August 2, 2012	"(e) A person acting in good faith may receive a naloxone prescription, possess naloxone and administer naloxone to an individual appearing to experience an opiate-related overdose."
CT	Conn. Gen. Stat. § 17a-714a (2012)	Oct 1, 2012	"A licensed health care professional who is permitted by law to prescribe an opioid antagonist may, if acting with reasonable care, prescribe, dispense or administer an opioid antagonist to treat or prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution for prescribing, dispensing or administering such opioid antagonist or for any subsequent use of such opioid antagonist. For purposes of this section, "opioid antagonist" means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose." The Commissioner of Mental Health and Addiction Services is required to report by Jan 15, 2013 the number of opioid antagonist prescriptions issued under programs administered by DMHAS to persons other than drug users for self-administration.
DC	Law L19-2043 (2012)	March 19, 2013	"(f) Notwithstanding any other law, it shall not be considered a crime for a person to possess or administer an opioid antagonist, nor shall such person be subject to civil liability in the absence of gross negligence, if he or she administers the opioid antagonist: (1) In good faith to treat a person who he or she reasonably believes is experiencing an overdose; (2) Outside of a hospital or medical office; and (3) Without the expectation of receiving or intending to seek compensation for such service and acts. …

STATE	CITATION	EFFECTIVE DATE	SUMMARY
			(i) For the purposes of this section, the term: (1) “Good faith” under subsection (a) of this section does not include the seeking of health care as a result of using drugs or alcohol in connection with the execution of an arrest warrant or search warrant or a lawful arrest or search. (2) “Opioid antagonist” means a drug, such as Naloxone, that binds to the opioid receptors with higher affinity than agonists but does not activate the receptors, effectively blocking the receptor, preventing the human body from making use of opiates and endorphins. (3) “Overdose” means an acute condition of physical illness, coma, mania, hysteria, seizure, cardiac arrest, cessation of breathing, or death, which is or reasonably appears to be the result of consumption or use of drugs or alcohol and relates to an adverse reaction to or the quantity ingested of the drugs or alcohol, or to a substance with which the drugs or alcohol was combined. (4) “Supervision status” means probation or release pending trial, sentencing, appeal, or completion of sentence, for a violation of District law.”

STATE	CITATION	EFFECTIVE DATE	SUMMARY
NC	S.B. 20 (2013)	April 9, 2013	"(a) As used in this section, "opioid antagonist" means naloxone hydrochloride that is approved by the federal Food and Drug Administration for the treatment of a drug overdose. (b) A practitioner acting in good faith and exercising reasonable care may directly or by standing order prescribe an opioid antagonist to (i) a person at risk of experiencing an opiate-related overdose or (ii) a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose. As an indicator of good faith, the practitioner, prior to prescribing an opioid under this subsection, may require receipt of a written communication that provides a factual basis for a reasonable conclusion as to either of the following: (1) The person seeking the opioid antagonist is at risk of experiencing an opiate-related overdose. (2) The person other than the person who is at risk of experiencing an opiate-related overdose, and who is seeking the opioid antagonist, is in relation to the person at risk of experiencing an opiate-related overdose: a. A family member, friend, or other person. b. In the position to assist a person at risk of experiencing an opiate-related overdose. (c) A person who receives an opioid antagonist that was prescribed pursuant to subsection (b) of this section may administer an opioid antagonist to another person if (i) the person has a good faith belief that the other person is experiencing a drug-related overdose and (ii) the person exercises reasonable care in administering the drug to the other person. Evidence of the use of reasonable care in administering the drug shall include the receipt of basic instruction and information on how to administer the opioid antagonist. (d) All of the following individuals are immune from any civil or criminal liability for actions authorized by this section: (1) Any practitioner who prescribes an opioid antagonist pursuant to subsection (b) of this section. (2) Any person who administers an opioid antagonist pursuant to subsection (c) of this section."
CO	S.B. 13-014 (2013)	May 10, 2013	[Legislative declaration, defines terms] Provides criminal and civil immunity for "a person other than a health care provider or a health care facility who acts in good faith to administer an opiate antagonist to another person whom the person believes to be suffering an opiate-related drug overdose event" Provides criminal and civil immunity to a person who is permitted by law to prescribe or dispense an opiate antagonist for such prescribing or dispensing, and any outcomes resulting from the eventual administration of the opiate antagonist. States that no standard of care is created. Encourages prescribers and dispensers to educate persons receiving the opiate antagonist on a number of items. Provides that "the prescribing, dispensing or distribution of an opiate antagonist by a licensed health care practitioner, pharmacist or advanced practice nurse shall not constitute unprofessional conduct" if

STATE	CITATION	EFFECTIVE DATE	SUMMARY
			the action was taken in a good faith effort to assist a "person who is at increased risk of experiencing or likely to experience an opiate-related drug overdose event" or "a family member, friend or other person who is in a position to assist" such a person.
OR	S.B. 384 (2013)	June 6, 2013	"(2) The Oregon Health Authority shall establish by rule protocols and criteria for training on lifesaving treatments for opiate overdose. The criteria must specify: (a) the frequency of required retraining or refresher training; and (b) The curriculum for the training, including: (A) The recognition of symptoms and signs of opiate overdose; (B) Nonpharmaceutical treatments for opiate overdose, including rescue breathing and proper positioning of the victim; (C) Obtaining emergency medical services; (D) The proper administration of naloxone to reverse opiate overdose; and (E) The observation and follow-up that is necessary to avoid the recurrence of overdose symptoms" [Section 3 states training must be subject to oversight by physician or certified nurse practitioner and may be conducted by health authorities or organizations that serve to individuals who take opiates] "(4) Notwithstanding any other provision of law, a pharmacy, a health care professional with prescription and dispensing privileges or any other person designated by the State Board of Pharmacy by rule may distribute unit-of-use packages of naloxone, and the necessary medical supplies to administer the naloxone to a person who: (a) Conducts training that meets the protocols and criteria established by the authority under subsection (2) of this section, so that the person may possess and distribute naloxone and necessary medical supplies to persons who successfully complete the training; or (b) Has successfully completed training that meets the protocols and criteria established by the authority under subsection (2) of this section, so that the person may possess and administer naloxone to any individual who appears to be experiencing an opiate overdose. (5) A person who has successfully completed the training described in this section is immune from civil liability for any act or omission committed during the course of providing the treatment pursuant to the authority granted by this section, if the person is acting in good faith and the act or omission does not constitute wanton misconduct."

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KY	H.B. 366 (2013)	June 25, 2013	"(1) A licensed health-care provider who, acting in good faith, directly or by standing order, prescribes or dispenses the drug naloxone to a patient who, in the judgment of the health-care provider, is capable of administering the drug for an emergency opioid overdose, shall not, as a result of his or her acts or omissions, be subject to disciplinary or other adverse action under KRS Chapter 311, 311A, 314, or 315 or any other professional licensing statute. (2) A prescription for naloxone may include authorization for administration of the drug to the person for whom it is prescribed by a third party if the prescribing instructions indicate the need for the third party upon administering the drug to immediately notify a local public safety answering point of the situation necessitating the administration. A person acting in good faith who administers naloxone as the third party under this section shall be immune from criminal and civil liability for the administration, unless personal injury results from the gross negligence or willful or wanton misconduct of the person administering the drug."
VT	ACT075 (2013)	July 1, 2013	Requires Department of Health to develop and implement a prevention, intervention and response strategy including educational materials, community-based prevention programs, increase timely access to treatment, the facilitation of overdose prevention, drug treatment and addiction recovery services, and develop a statewide opioid antagonist pilot program. "(c)(1) A health care professional acting in good faith may directly or by standing order prescribe, dispense, and distribute an opioid antagonist to the following persons, provided the person has been educated about opioid-related overdose prevention and treatment in a manner approved by the Department: (A) a person at risk of experiencing an opioid-related overdose; or (B) a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose. (2) A health care professional who prescribes, dispenses, or distributes an opioid antagonist in accordance with subdivision (1) of this subsection shall be immune from civil or criminal liability with regard to the subsequent use of the opioid antagonist, unless the health professional's actions with regard to prescribing, dispensing, or distributing the opioid antagonist constituted recklessness, gross negligence, or intentional misconduct. The immunity granted in this subdivision shall apply whether or not the opioid antagonist is administered by or to a person other than the person for whom it was prescribed. (d)(1) A person may administer an opioid antagonist to a victim if he or she believes, in good faith, that the victim is experiencing an opioid-related overdose. (2) After a person has administered an opioid antagonist pursuant to subdivision (1) of this subsection (d), he or she shall immediately call for emergency medical services if medical assistance has not yet been sought or is not yet present. (3) A person shall be immune from civil or criminal liability for administering an opioid antagonist to a victim pursuant to subdivision (1) of this subsection unless the person's actions constituted recklessness, gross negligence, or intentional misconduct. The immunity granted in this subdivision shall apply whether or not the opioid antagonist is administered by or to a person other than the person for whom it was prescribed. (e) A person acting on behalf of a community-based overdose prevention program shall be immune from

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			civil or criminal liability for providing education on opioid-related overdose prevention or for purchasing, acquiring, distributing, or possessing an opioid antagonist unless the person's actions constituted recklessness, gross negligence, or intentional misconduct. (f) Any health care professional who treats a victim and who has knowledge that the victim has been administered an opioid antagonist within the preceding 30 days shall refer the victim to professional substance abuse treatment services. To be codified at 18 V.S.A. 4240.
VA	HB 1672 (2013)	July 1, 2013	"A. Any person who: … 11. In good faith and without compensation, administers naloxone in an emergency to an individual who is experiencing or is about to experience a life-threatening opiate overdose shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if such administering person is a participant in a pilot program conducted by the Department of Behavioral Health and Developmental Services on the administration of naloxone for the purpose of counteracting the effects of opiate overdose. …. X. Notwithstanding the provisions of § 54.1-3303 and only for the purpose of participation in pilot programs conducted by the Department of Behavioral Health and Developmental Services, a person may obtain a prescription for a family member or a friend and may possess and administer naloxone for the purpose of counteracting the effects of opiate overdose. … 2. That the Department of Behavioral Health and Developmental Services, in cooperation with the Department of Health, the Department of Health Professions, law-enforcement agencies, substance abuse recovery support organizations, and other stakeholders, shall conduct pilot programs on the administration of naloxone to counteract the effects of opiate overdose. The Department of Behavioral Health and Developmental Services shall evaluate, implement, and report results of such pilot programs to the General Assembly by December 1, 2014."
NJ	S.B. 2082 (2013)	July 1, 2013	"(4) a. A health care professional or pharmacist who, acting in good faith, directly or through a standing order, prescribes or dispenses an opioid antidote to a patient capable, in the judgment of the health care professional, of administering the opioid antidote in an emergency, shall not, as a result of the professional's acts or omissions, be subject to any criminal or civil liability, or any professional disciplinary action under Title 45 of the Revised Statutes for prescribing or dispensing an opioid antidote in accordance with this act. b. A person, other than a health care professional, may in an emergency administer, without fee, an opioid antidote, if the person has received patient overdose information pursuant to section 5 of this act and believes in good faith that another person is experiencing an opioid overdose. The person shall not, as a result of the person's acts or omissions, be subject to any criminal or liability for administering an opioid antidote in accordance with this act… (5) a. A health care professional prescribing or dispensing an opioid antidote to a patient shall ensure that the patient receives patient overdose information. This information shall include, but is not limited to: opioid overdose prevention and recognition; how to perform rescue breathing and resuscitation; opioid antidote dosage and administration; the importance of calling 911 emergency telephone service for

STATE	CITATION	EFFECTIVE DATE	SUMMARY
			assistance with an opioid overdose; and care for an overdose victim after administration of the opioid antidote. b. In order to fulfill the distribution of patient overdose information required by subsection a. of this section, the information may be provided by the health care professional, or a community-based organization, substance abuse organization, or other organization which addresses medical or social issues related to drug addiction that the health care professional maintains a written agreement with, and that includes: procedures for providing patient overdose information; information as to how employees or volunteers providing the information will be trained; and standards for documenting the provision of patient overdose information to patients. c. The provision of patient overdose information shall be documented in the patient's medical record by a health care professional, or through similar means as determined by any written agreement between a health care professional and an organization as set forth in subsection b. of this section. d. The Commissioner of Human Services, in consultation with Statewide organizations representing physicians, advanced practice nurses, or physician assistants, or community-based programs, substance abuse programs, syringe access programs, or other programs which address medical or social issues related to drug addiction, may develop and disseminate training materials in video, electronic, or other formats to health care professionals or organizations operating community-based programs, substance abuse programs, syringe access programs, or other programs which address medical or social issues related to drug addiction, to facilitate the provision of patient overdose information."
MD	S.B. 160 (2013)	Oct. 1, 2013	Creates an Overdose Response Program overseen by the Department of Health and Mental Hygiene. To be codified at MD HEALTH GEN 13-3101 et seq. "13-3102. An overdose response program is a program overseen by the Department for the purpose of providing a means of authorizing certain individuals to administer naloxone to an individual experiencing, or believed to be experiencing, opioid overdose to help prevent a fatality when medical services are not immediately available. .. 13-3104. (A) To qualify for a certificate, an individual shall meet the requirements of this section. (B) The application shall be at least 18 years old. (C) The applicant shall have, or reasonably expect to have, as a result of the individual's occupation or volunteer, family, or social status, the ability to assist an individual who is experiencing an opioid overdose. (D) (1) The applicant shall successfully complete an educational training program offered by a private or public entity authorized by the Department. (2) An educational training program required under this subsection shall: (I) [Be conducted by a licensed physician, nurse practitioner, or employee or volunteer of an entity that maintains a written agreement with a supervisory physician or NP that contains certain information, including training as described in statute] .. 13-3106.

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			[Entities issue certificates to applicants who meet the requirements. Each certificate is valid for two years and may be renewed. It includes the name of the certificate holder, a serial number and a statement that the holder is authorized to administer naloxone in accordance with the law.] 13-3107. An individual who is certified may [present the certificate to any licensed physician or NP and receive a prescription for naloxone and the supplies necessary for administering it; possess naloxone and necessary supplies; administer the naloxone in an emergency to a person experiencing or believed to be experiencing an opioid overdose] .. 13-3109. [Certificate holder who administers naloxone not conducting unauthorized practice of medicine; physician who prescribes or dispenses naloxone to certificate holder not subject to disciplinary action for that action]
OK	H.B. 1782 (2013)	Nov. 1, 2013	A. Upon request, a provider may prescribe an opiate antagonist to an individual for use by that individual when encountering a family member exhibiting signs of an opiate overdose. B. When an opiate antagonist is prescribed in accordance with subsection A of this section, the provider shall provide: 1. Information on how to spot symptoms of an overdose; 2. Instruction in basic resuscitation techniques; 3. Instruction on proper naloxone administration; and 4. The importance of calling 911 for help. C. Any family member administering an opiate antagonist in a manner consistent with addressing opiate overdose shall be covered under the Good Samaritan Act.
CA	A.B. 635 (2013)	Jan. 1, 2014	(a) For purposes of this section, the following definitions shall apply: (1) “Opioid antagonist” means naloxone hydrochloride that is approved by the federal Food and Drug Administration for the treatment of an opioid overdose. (2) “Opioid overdose prevention and treatment training program” means any program operated by a local health jurisdiction or that is registered by a local health jurisdiction to train individuals to prevent, recognize, and respond to an opiate overdose, and that provides, at a minimum, training in all of the following: (A) The causes of an opiate overdose. (B) Mouth to mouth resuscitation. (C) How to contact appropriate emergency medical services. (D) How to administer an opioid antagonist. (b) A licensed health care provider who is authorized by law to prescribe an opioid antagonist may, if acting with reasonable care, prescribe and subsequently dispense or distribute an opioid antagonist to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position

STATE	CITATION	EFFECTIVE DATE	SUMMARY
			to assist a person at risk of an opioid-related overdose. (c) (1) A licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the distribution of an opioid antagonist to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose. (2) A licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the administration of an opioid antagonist to a person at risk of an opioid-related overdose by a family member, friend, or other person in a position to assist a person experiencing or reasonably suspected of experiencing an opioid overdose. (d) (1) A person who is prescribed or possesses an opioid antagonist pursuant to a standing order shall receive the training provided by an opioid overdose prevention and treatment training program. (2) A person who is prescribed an opioid antagonist directly from a licensed prescriber shall not be required to receive training from an opioid prevention and treatment training program. (e) A licensed health care provider who acts with reasonable care shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for issuing a prescription or order pursuant to subdivision (b) or (c). (f) Notwithstanding any other law, a person who possesses or distributes an opioid antagonist pursuant to a prescription or standing order shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this possession or distribution. Notwithstanding any other law, a person not otherwise licensed to administer an opioid antagonist, but trained as required under paragraph (1) of subdivision (d), who acts with reasonable care in administering an opioid antagonist, in good faith and not for compensation, to a person who is experiencing or is suspected of experiencing an overdose shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this administration.

Table 2: Characteristics of state overdose Good Samaritan laws

As of January 1, 2014

State	Citation	Effective date	Samaritan must act in good faith	No charge – CS possession[73]	No prosecution – CS possession	No charge – paraphernalia	No prosecution – paraphernalia	Protection from other crimes	"Overdose" defined	Reporting as mitigating factor
NM	N.M. Stat. Ann. § 30-31-27.1 (2007)	June 15, 2007	Yes	Yes	Yes	-	-	-	No	Yes
AK	Alaska Stat. § 12.55.155 (2008)	September 8, 2008	-	-	-	-	-	-	No	Yes
MD	Md. Code Ann., Crim. Proc. § 1-210 (LexisNexis 2009)	October 1, 2009	-	-	-	-	-	-	No	Yes
WA	Wash. Rev. Code § 69.50.315 (2010)	June 10, 2010	Yes	Yes	Yes	-	-	No[74]	No	No
WA	Wash. Rev. Code § 9.94A.535 (2010)	June 10, 2010	-	-	-	-	-	-	No	Yes
NY	N.Y. Penal Law § 220.78 (Consol. 2011)	September 18, 2011	Yes	Yes	Yes	Yes[75]	Yes[76]	Yes[77]	Yes	No

State	Citation	Effective date	Samaritan must act in good faith	No charge – CS possession[73]	No prosecution – CS possession	No charge – paraphernalia	No prosecution – paraphernalia	Protection from other crimes	"Overdose" defined	Reporting as mitigating factor
NY	N.Y. Crim. Pro. § 390.40 (Consol. 2011)	September 18, 2011	-	-	-	-	-	-	No	Yes
NY	N.Y. Penal Law § 220.03 (Consol. 2011)	September 18, 2011	--	-	Yes[78]	-	-	-	No	No
CT	Conn. Gen. Stat. § 21a-279 (2011);	October 1, 2011	Yes	Yes[79]	Yes	-	-	-	No	-
CT	Conn. Gen. Stat. § 21a-267(d) (2011)	October 1, 2011	-	-	-	Yes	Yes	-	No	-
IL	20 Ill. Comp. Stat. Ann. 301/5-23 (West 2010)	January 1, 2010	Yes	-	-	-	-	Yes[80]	Yes	-
IL	720 Ill. Comp. Stat. Ann. 570/414 (West 2012)	February 6, 2012	Yes	Yes[81]	Yes	-	-	-	Yes	-
IL	720 Ill. Comp. Stat. Ann. 646/115 (West	February 6, 2012	Yes	Yes	Yes	-	-	-	Yes	-

State	Citation	Effective date	Samaritan must act in good faith	No charge – CS possession[73]	No prosecution – CS possession	No charge – paraphernalia	No prosecution – paraphernalia	Protection from other crimes	"Overdose" defined	Reporting as mitigating factor
	2012)									
IL	730 Ill. Comp. Stat. Ann. 5/5-5-3.1 (2012)	February 6, 2012	-	-	-	-	-	-	No	Yes
CO	Colo. Rev. Stat. § 18-1-711 (2012)	May 29, 2012	Yes	-	Yes	-	Yes	Yes[82]	Yes	-
RI	R.I. Gen. Laws §21-28.8-4 (2012)	June 18, 2012 (sunsets July 1, 2015)	Yes	Yes	Yes	Yes	Yes	Yes[83]	No	Yes
MA	Mass. Gen. Laws ch. 94c, § 34A (2012)	August 2, 2012	Yes	Yes	Yes	-	-	-	No	Yes
FL	Fla. Stat. Ann. § 893.21 (2012)	October 1, 2012	Yes	Yes	Yes	-	-	-	No	No
CA	CA Health & Safety Code 11376.5 (2012)	January 1, 2013	Yes	Yes[84]	Yes	Yes	Yes	Yes[85]	Yes	No
DC	Law L19-0243 (2012)	March 19, 2013	Yes	Yes[86]	Yes	Yes	Yes	Yes[87]	Yes	Yes

State	Citation	Effective date	Samaritan must act in good faith	No charge – CS possession[73]	No prosecution – CS possession	No charge – paraphernalia	No prosecution – paraphernalia	Protection from other crimes	"Overdose" defined	Reporting as mitigating factor
NC	S.B. 20 (2013)	April 9, 2013	Yes	-	Yes[88]	-	Yes	Yes[89]	Yes	No
VT	H0065 (2013)	June 5, 2013	Yes	Yes	Yes	-	-	Yes[90]	Yes	Yes
NJ	S.B. 2082 (2013)	July 1, 2013	Yes	Yes[91]	Yes	Yes	Yes	Yes[92]	Yes	No
DE	S.B. 116 (2013)	Aug. 31, 2013	Yes[93]	Yes	Yes	Yes	Yes	Yes[94]	Yes	No

Table 2a: Summary of state overdose Good Samaritan laws

As of January 1, 2014

STATE	CITATION	EFFECTIVE DATE	SUMMARY
NM	N.M. Stat. Ann. § 30-31-27.1 (2007)	June 15, 2007	"A. A person who, in good faith, seeks medical assistance for someone experiencing a drug-related overdose shall not be charged or prosecuted for possession of a controlled substance pursuant to the provisions of [the state Controlled Substances Act] if the evidence for the charge of possession of a controlled substance was gained as a result of the seeking of medical assistance. B. A person who experiences a drug-related overdose and is in need of medical assistance shall not be charged or prosecuted for possession of a controlled substance pursuant to the provisions of [the state Controlled Substances Act] if the evidence for the charge of possession of a controlled substance was gained as a result of the overdose and the need for medical assistance. C. The act of seeking medical assistance for someone who is experiencing a drug-related overdose may be used as a mitigating factor in a criminal prosecution pursuant to the Controlled Substances Act."
AK	Alaska Stat. § 12.55.155 (2008)	Sept. 8, 2008	"The following factors shall be considered by the sentencing court if proven in accordance with this section, and may allow imposition of a sentence below the presumptive range set out in [relevant statute]… [T]he defendant is convicted of an offense under [the state controlled substances law], and the defendant sought medical assistance for another person who was experiencing a drug overdose contemporaneously with the commission of the offense."
MD	Md. Code Ann., Crim. Proc. § 1-210 (LexisNexis 2009)	Oct. 1, 2009	"The act of seeking medical assistance for another person who is experiencing a medical emergency after ingesting alcohol or drugs may be used as a mitigating factor in a criminal prosecution."
WA	Wash. Rev. Code § 69.50.315 (2010)	June 10, 2010	"(1)(a) A person acting in good faith who seeks medical assistance for someone experiencing a drug-related overdose shall not be charged or prosecuted for possession of a controlled substance pursuant to [state law], if the evidence for the charge of possession of a controlled substance was obtained as a result of the person seeking medical assistance. … (2) A person who experiences a drug-related overdose and is in need of medical assistance shall not be charged or prosecuted for possession of a controlled substance pursuant to [state law], if the evidence for the charge of possession of a controlled substance was obtained as a result of the overdose and the need for medical assistance. (3) The protection in this section from prosecution for possession crimes under [state law] shall not be grounds for suppression of evidence in other criminal charges."

STATE	CITATION	EFFECTIVE DATE	SUMMARY
WA	Wash. Rev. Code § 9.94A.535 (2010)	June 10, 2010	"The court may impose a sentence outside the standard sentence range for an offense if it finds, considering the purpose of this chapter, that there are substantial and compelling reasons justifying an exceptional sentence. … The defendant was making a good faith effort to obtain or provide medical assistance for someone who is experiencing a drug-related overdose."
NY	N.Y. Penal Law § 220.78 (Consol. 2011)	Sept. 18, 2011	"1. A person who, in good faith, seeks health care for someone who is experiencing a drug or alcohol overdose or other life threatening medical emergency shall not be charged or prosecuted for a controlled substance offense other than an offense involving sale for consideration or other benefit or gain, or charged or prosecuted for possession of alcohol by a person under age twenty-one years. Or a marihuana offense…other than an offense involving sale...or for possession of drug paraphernalia... [with respect to physical evidence] that was obtained as a result of such seeking or receiving of health care. 2. A person who is experiencing a drug or alcohol overdose or other life threatening medical emergency and, in good faith, seeks health care for himself or herself or is the subject of such a good faith request for health care, shall not be charged or prosecuted for a controlled substance offense under this article or a marihuana offense.. other than an offense involving sale for consideration or other benefit or gain, or charged or prosecuted for possession of alcohol by a person under age twenty-one years.. or for possession of drug paraphernalia.. with respect to any substance, marihuana, alcohol or paraphernalia that was obtained as a result of such seeking or receiving of health care. … 4. It shall be an affirmative defense to a criminal sale controlled substance offense… or a criminal sale of marihuana...with respect to any controlled substance or marihuana which was obtained as a result of such seeking or receiving of health care, that: (a) the defendant, in good faith, seeks health care for someone or for him or herself who is experiencing a drug or alcohol overdose or other life threatening medical emergency; and (b) the defendant has no prior conviction for the commission or attempted commission of a class A–I, A–II or B felony under this article. … 6. The bar to prosecution described in subdivisions one and two of this section shall not apply to the prosecution of a class A–I felony under this article, and the affirmative defense described in subdivision four of this section shall not apply to the prosecution of a class A–I or A–II felony under this article."
NY	N.Y. Crim. Pro. § 390.40 (Consol. 2011)	Sep. 18, 2011	"3. The act of seeking health care for someone who is experiencing a drug or alcohol overdose or other life threatening medical emergency shall be considered by the court when presented as a mitigating factor in any criminal prosecution for a controlled substance, marihuana, drug paraphernalia, or alcohol related offense."

STATE	CITATION	EFFECTIVE DATE	SUMMARY
NY	N.Y. Penal Law § 220.03 (2011)	Sept. 18, 2011	"A person is guilty of criminal possession of a controlled substance in the seventh degree when he or she knowingly and unlawfully possesses a controlled substance; … [but it is not] a violation of this section when a person's unlawful possession of a controlled substance is discovered as a result of seeking immediate health care as defined in.220.78 of the penal law because such person is experiencing a drug or alcohol overdose or other life threatening medical emergency.."
CT	Conn. Gen. Stat. § 21a-279(g) (2011);	Oct. 1, 2011	"(g) [Provisions relating to possession of a controlled substance] shall not apply to any person (1) who in good faith, seeks medical assistance for another person who such person reasonably believes is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, (2) for whom another person, in good faith, seeks medical assistance, reasonably believing such person is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, or (3) who reasonably believes he or she is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance and, in good faith, seeks medical assistance for himself or herself, if evidence of the possession or control of a controlled substance in violation of [possession law] was obtained as a result of the seeking of such medical assistance. For the purposes of this subsection, "good faith" does not include seeking medical assistance during the course of the execution of an arrest warrant or search warrant or a lawful search."
CT	Conn. Gen. Stat. § 21a-267(d) (2011)	Oct. 1, 2011	"(d) The provisions of [the paraphernalia law] shall not apply to any person (1) who in good faith, seeks medical assistance for another person who such person reasonably believes is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, (2) for whom another person, in good faith, seeks medical assistance, reasonably believing such person is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, or (3) who reasonably believes he or she is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance and, in good faith, seeks medical assistance for himself or herself, if evidence of the use or possession of drug paraphernalia in violation of said subsection was obtained as a result of the seeking of such medical assistance. For the purposes of this subsection, "good faith" does not include seeking medical assistance during the course of the execution of an arrest warrant or search warrant or a lawful search."
IL	20 Ill. Comp. Stat. Ann. 301/5-23 (2010)	Jan. 1, 2010	"A person who is not otherwise licensed to administer an opioid antidote may in an emergency administer without fee an opioid antidote if the person has received certain patient information specified [in statute] and believes in good faith that another person is experiencing a drug overdose. The person shall not, as a result of his or her acts or omissions, be liable for any violation of [professional practice acts] or any other professional licensing statute, or subject to any criminal prosecution arising from or related to the unauthorized practice of medicine or the possession of an opioid antidote."

STATE	CITATION	EFFECTIVE DATE	SUMMARY
IL	720 Ill. Comp. Stat. Ann. 570/414 (2012)	Feb. 6, 2012	(a) [defines overdose] "(b) A person who, in good faith, seeks or obtains emergency medical assistance for someone experiencing an overdose shall not be charged or prosecuted for Class 4 felony possession of a controlled, counterfeit, or look-alike substance or a controlled substance analog if evidence for the Class 4 felony possession charge was acquired as a result of the person seeking or obtaining emergency medical assistance and providing the amount of substance recovered is within the amount identified in subsection (d) of this Section. (c) A person who is experiencing an overdose shall not be charged or prosecuted for [same as (b)] (d) For the purposes of subsections (b) and (c), the limited immunity shall only apply to a person possessing the following amount: [limits on amounts] (e) The limited immunity described in subsections (b) and (c) of this Section shall not be extended if law enforcement has reasonable suspicion or probable cause to detain, arrest, or search the person described in subsection (b) or (c)… for criminal activity and the reasonable suspicion or probable cause is based on information obtained prior to or independent of the individual...taking action to seek or obtain emergency medical assistance and not obtained as a direct result of the action of seeking or obtaining emergency medical assistance. Nothing in this Section is intended to interfere with or prevent the investigation, arrest, or prosecution of any person for the delivery or distribution of cannabis, methamphetamine or other controlled substances, drug-induced homicide, or any other crime."
IL	720 Ill. Comp. Stat. Ann. 646/115 (2012)	Feb. 6, 2012	(a) [defines overdose] "(b) A person who, in good faith, seeks emergency medical assistance for someone experiencing an overdose shall not be charged or prosecuted for Class 3 felony possession of methamphetamine if evidence for the Class 3 felony possession charge was acquired as a result of the person seeking or obtaining emergency medical assistance and providing the amount of substance recovered is less than one gram of methamphetamine or a substance containing methamphetamine. (c)A person who is experiencing an overdose shall not be charged or prosecuted for Class 3 felony possession of methamphetamine if evidence for the Class 3 felony possession charge was acquired as a result of the person seeking or obtaining emergency medical assistance and providing the amount of substance recovered is less than one gram of methamphetamine or a substance containing methamphetamine. (d) [same exclusion as 570/414(e)]"
IL	730 Ill. Comp. Stat. Ann. 5/5-5-3.1 (2012)	Feb. 6, 2012	(c) The following grounds shall be accorded weight in favor of withholding or minimizing a sentence of imprisonment: …… (14) The defendant sought or obtained emergency medical assistance for an overdose and was convicted of a Class 3 felony or higher possession, manufacture, or delivery of a controlled, counterfeit, or look-alike substance or a controlled substance analog under the Illinois Controlled Substances Act or a Class 2 felony or higher possession, manufacture or delivery of methamphetamine under the Methamphetamine Control and Community Protection Act.
CO	Colo. Rev. Stat. § 18-1-711 (2012)	May 29, 2012	"(1) A person shall be immune from criminal prosecution for an offense described in subsection (3) of this section if: (a) The person reports in good faith an emergency drug or alcohol overdose event to a law enforcement officer, to the 911 system, or to a medical provider; (b) The person remains at the scene of the event until a law enforcement officer or an emergency medical responder arrives, or the person remains at the facilities of the medical provider until a law enforcement officer

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			arrives; (c) The person identifies himself or herself to, and cooperates with, the law enforcement officer, emergency medical responder, or medical provider; and (d) The offense arises from the same course of events from which the emergency drug or alcohol overdose event arose. (2) The immunity described in subsection (1) of this section also extends to the person who suffered the emergency drug or alcohol overdose event if all of the conditions of subsection (1) are satisfied. (3) The immunity described in subsection (1) of this section shall apply to the following criminal offenses: [unlawful possession of a controlled substance, unlawful use of a controlled substance, unlawful possession of marijuana, open and public display, consumption or use of less than two ounces of marijuana, transferring or dispensing two ounces or less of marijuana from one person to another for no consideration, use or possession of synthetic cannabinoids or salvia divinorum, possession of drug paraphernalia, and illegal possession or consumption of ethyl alcohol by an underage person.] (4) Nothing in this section shall be interpreted to prohibit the prosecution of a person for an offense other than an offense listed in subsection (3) of this section or to limit the ability of a district attorney or a law enforcement officer to obtain or use evidence obtained from a report, recording, or any other statement provided pursuant to subsection (1) of this section to investigate and prosecute an offense other than an offense listed in subsection (3) of this section. …"
RI	R.I. Gen. Laws §21-28.8-4 (2012)	June 18, 2012 (sunsets July 1, 2015)	"(a) Any person who, in good faith, without malice and in the absence of evidence of an intent to defraud, seeks medical assistance for someone experiencing a drug overdose or other drug-related medical emergency shall not be charged or prosecuted for any crime under RIGL 21-28 or 21-28.5, except for a crime involving the manufacture or possession with the intent to manufacture a controlled substance or possession with intent to deliver a controlled substance, if the evidence for the charge was gained as a result of the seeking of medical assistance. (b) A person who experiences a drug overdose or other drug-related medical emergency and is in need of medical assistance shall not be charged or prosecuted for any crime under RIGL 21-28 or 21-28.5, except for a crime involving the manufacture or possession with the intent to manufacture a controlled substance or possession with intent to deliver a controlled substance, if the evidence for the charge was gained as a result of the overdose and the need for medical assistance. (c) The act of providing first aid or other medical assistance to someone who is experiencing a drug overdose or other drug-related medical emergency may be used as a mitigating factor in a criminal prosecution pursuant to the controlled substances act."
MA	Mass. Gen. Laws ch. 94c, § 34A (2012)	Aug. 2, 2012	"(a) A person who, in good faith, seeks medical assistance for someone experiencing a drug-related overdose shall not be charged or prosecuted for possession of a controlled substance under sections 34 or 35 if the evidence for the charge of possession of a controlled substance was gained as a result of the seeking of medical assistance.

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			(b) A person who experiences a drug-related overdose and is in need of medical assistance and, in good faith, seeks such medical assistance, or is the subject of such a good faith request for medical assistance, shall not be charged or prosecuted for possession of a controlled substance under said sections 34 or 35 if the evidence for the charge of possession of a controlled substance was gained as a result of the overdose and the need for medical assistance. (c) The act of seeking medical assistance for someone who is experiencing a drug-related overdose may be used as a mitigating factor in a criminal prosecution under the Controlled Substance Act,1970 P.L. 91-513, 21 U.S.C. section 801, et seq. (d) Nothing contained in this section shall prevent anyone from being charged with trafficking, distribution or possession of a controlled substance with intent to distribute. " Also contains civil liability protections; please see Table 1.
FL	Fla. Stat. Ann. § 893.21 (2012)	Oct. 1, 2012	"(1) A person acting in good faith who seeks medical assistance for an individual experiencing a drug-related overdose may not be charged, prosecuted, or penalized pursuant to this chapter for possession of a controlled substance if the evidence for possession of a controlled substance was obtained as a result of the person's seeking medical assistance. (2) A person who experiences a drug-related overdose and is in need of medical assistance may not be charged, prosecuted, or penalized pursuant to this chapter for possession of a controlled substance if the evidence for possession of a controlled substance was obtained as a result of the overdose and the need for medical assistance. (3) Protection in this section from prosecution for possession offenses under this chapter may not be grounds for suppression of evidence in other criminal prosecutions."
CA	CA Health & Safety Code 11376.5 (2012)	Jan 1, 2013	"(a) Notwithstanding any other law, it shall not be a crime for a person to be under the influence of, or to possess for personal use, a controlled substance, controlled substance analog, or drug paraphernalia, if that person, in good faith, seeks medical assistance for another person experiencing a drug-related overdose that is related to the possession of a controlled substance, controlled substance analog, or drug paraphernalia of the person seeking medical assistance, and that person does not obstruct medical or law enforcement personnel. No other immunities or protections from arrest or prosecution for violations of the law are intended or may be inferred. (b) Notwithstanding any other law, it shall not be a crime for a person who experiences a drug-related overdose and who is in need of medical assistance to be under the influence of, or to possess for personal use, a controlled substance, controlled substance analog, or drug paraphernalia, if the person or one or more other persons at the scene of the overdose, in good faith, seek medical assistance for the person experiencing the overdose. No other immunities or protections from arrest or prosecution for violations of the law are intended or may be inferred. (c) This section shall not affect laws prohibiting the selling, providing, giving, or exchanging of drugs, or laws prohibiting the forcible administration of drugs against a person's will. (d) Nothing in this section shall affect liability for any offense that involves activities made dangerous by the consumption of a controlled substance or controlled substance analog, including, but not limited to, violations of Section 23103 of the Vehicle Code as specified in Section 23103.5 of the Vehicle Code, or violations of Section 23152 or 23153 of the Vehicle Code.

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			(e) For the purposes of this section, "drug-related overdose" means an acute medical condition that is the result of the ingestion or use by an individual of one or more controlled substances or one or more controlled substances in combination with alcohol, in quantities that are excessive for that individual that may result in death, disability, or serious injury. An individual's condition shall be deemed to be a "drug-related overdose" if a reasonable person of ordinary knowledge would believe the condition to be a drug-related overdose that may result in death, disability, or serious injury."
DC	Law L19-2043 (2013)	March 19, 2013	"(a) Notwithstanding any other law, the offenses listed in subsection (b) of this section shall not be considered crimes and shall not serve as the sole basis for revoking or modifying a person's supervision status: (1) For a person who: (A) Reasonably believes that he or she is experiencing a drug or alcohol-related overdose and in good faith seeks health care for himself or herself; (B) Reasonably believes that another person is experiencing a drug or alcohol-related overdose and in good faith seeks healthcare for that person; or (C) Is reasonably believed to be experiencing a drug or alcohol-related overdose and for whom health care is sought; and (2) The offense listed in subsection (b) of this section arises from the same circumstances as the seeking of health care under paragraph (1) of this subsection. (b) The following offenses apply to subsection (a) of this section: … (c) The seeking of health care under subsection (a) of this section, whether or not presented by the parties, may be considered by the court as a mitigating factor in any criminal prosecution or sentencing for a drug or alcohol-related offense that is not an offense listed in subsection (b) of this section. (d) This section does not prohibit a person from being arrested, charged, or prosecuted, or from having his or her supervision status modified or revoked, based on an offense other than an offense listed in subsection (b) of this section, whether or not the offense arises from the same circumstances as the seeking of health care. (e) A law enforcement officer who arrests an individual for an offense listed in subsection (b) of this section shall not be subject to criminal prosecution, or civil liability for false arrest or false imprisonment, if the officer made the arrest based on probable cause. (f) Notwithstanding any other law, it shall not be considered a crime for a person to possess or administer an opioid antagonist, nor shall such person be subject to civil liability in the absence of gross negligence, if he or she administers the opioid antagonist: (1) In good faith to treat a person who he or she reasonably believes is experiencing an overdose; (2) Outside of a hospital or medical office; and (3) Without the expectation of receiving or intending to seek compensation for such service and acts. … (i) For the purposes of this section, the term: (1) "Good faith" under subsection (a) of this section does not include the seeking of health care as a result of using drugs or alcohol in connection with the execution of an arrest warrant or search warrant or a lawful arrest or search. (2) "Opioid antagonist" means a drug, such as Naloxone, that binds to the opioid receptors with higher

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			affinity than agonists but does not activate the receptors, effectively blocking the receptor, preventing the human body from making use of opiates and endorphins. (3) “Overdose” means an acute condition of physical illness, coma, mania, hysteria, seizure, cardiac arrest, cessation of breathing, or death, which is or reasonably appears to be the result of consumption or use of drugs or alcohol and relates to an adverse reaction to or the quantity ingested of the drugs or alcohol, or to a substance with which the drugs or alcohol was combined. (4) “Supervision status” means probation or release pending trial, sentencing, appeal, or completion of sentence, for a violation of District law.”
NC	S.B. 20 (2013)	April 9, 2013	(a) As used in this section, "drug-related overdose" means an acute condition, including mania, hysteria, extreme physical illness, coma, or death resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a layperson would reasonably believe to be a drug overdose that requires medical assistance. (b) A person acting in good faith who seeks medical assistance for an individual experiencing a drug-related overdose shall not be prosecuted for (i) a misdemeanor violation of G.S. 90-95(a)(3), (ii) a felony violation of G.S. 90-95(a)(3) for possession of less than one gram of cocaine, (iii) a felony violation of G.S. 90-95(a)(3) for possession of less than one gram of heroin, or (iv) a violation of G.S. 90-113.22 if the evidence for prosecution under those sections was obtained as a result of the person seeking medical assistance for the drug-related overdose. (c) A person who experiences a drug-related overdose and is in need of medical assistance shall not be prosecuted for (i) a misdemeanor violation of G.S. 90-95(a)(3), (ii) a felony violation of G.S. 90-95(a)(3) for possession of less than one gram of cocaine, (iii) a felony violation of G.S. 90-95(a)(3) for possession of less than one gram of heroin, or (iv) a violation of G.S. 90-113.22 if the evidence for prosecution under those sections was obtained as a result of the drug-related overdose and need for medical assistance. (d) Nothing in this section shall be construed to bar the admissibility of any evidence obtained in connection with the investigation and prosecution of other crimes committed by a person who otherwise qualifies for limited immunity under this section."

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NJ	S.B. 2082 (2013)	May 2, 2013	(7) a. A person who, in good faith, seeks medical assistance for someone experiencing a drug overdose shall not be: (1) arrested, charged, prosecuted, or convicted for obtaining, possessing, using, being under the influence of, or failing to make lawful disposition of, a controlled dangerous substance or controlled substance analog pursuant to subsection a., b., or c. of N.J.S.2C:35-10; (2) arrested, charged, prosecuted, or convicted for inhaling the fumes of or possessing any toxic chemical pursuant to subsection b. of section 7 of P.L.1999, c.90 (C.2C:35-10.4); (3) arrested, charged, prosecuted, or convicted for using, obtaining, attempting to obtain, or possessing any prescription legend drug or stramonium preparation pursuant to subsection b., d., or e. of section 8 of P.L.1999, c.90 (C.2C:35-10.5); (4) arrested, charged, prosecuted, or convicted for acquiring or obtaining possession of a controlled dangerous substance or controlled substance analog by fraud pursuant to N.J.S.2C:35-13; (5) arrested, charged, prosecuted, or convicted for unlawfully possessing a controlled dangerous substance that was lawfully prescribed or dispensed pursuant to N.J.S.2C:35-24; (6) arrested, charged, prosecuted, or convicted for using or possessing with intent to use drug paraphernalia pursuant to N.J.S.2C:36-2 or for having under his control or possessing a hypodermic syringe, hypodermic needle, or any other instrument adapted for the use of a controlled dangerous substance or a controlled substance analog pursuant to subsection a. of N.J.S.2C:36-6; (7) subject to revocation of parole or probation based only upon a violation of offenses described in subsection a. (1) through (6) of this section, provided, however, this circumstance may be considered in establishing or modifying the conditions of parole or probation supervision. b. The provisions of subsection a. of this section shall only apply if: (1) the person seeks medical assistance for another person who is experiencing a drug overdose and is in need of medical assistance; and (2) the evidence for an arrest, charge, prosecution, conviction, or revocation was obtained as a result of the seeking of medical assistance. c. Nothing in this section shall be construed to limit the admissibility of any evidence in connection with the investigation or prosecution of a crime with regard to a defendant who does not qualify for the protections of this act or with regard to other crimes committed by a person who otherwise qualifies for protection pursuant to this act. Nothing in this section shall be construed to limit any seizure of evidence or contraband otherwise permitted by law. Nothing herein shall be construed to limit or abridge the authority of a law enforcement officer to detain or take into custody a person in the course of an investigation or to effectuate an arrest for any offense except as provided in subsection a. of this section. Nothing in this section shall be construed to limit, modify or remove any immunity from liability currently available to public entities or public employees by law. [Section 8 provides Identical protections for the victim]

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VT	H0065 (2013)	June 5, 2013	(a) As used in this section: (1) "Drug overdose" means an acute condition resulting from or believed to be resulting from the use of a regulated drug which a layperson would reasonably believe requires medical assistance. For purposes of this section, "regulated drug" shall include alcohol. (b) A person who, in good faith and in a timely manner, seeks medical assistance for someone who is experiencing a drug overdose shall not be cited, arrested, or prosecuted for a violation of this chapter or cited, arrested, or prosecuted for procuring, possessing, or consuming alcohol by someone under age 21 pursuant to 7 V.S.A §§ 656 and 657 or for providing to or enabling consumption of alcohol by someone under age 21 pursuant to 7 V.S.A. § 658(a)–(c). [Section (c) provides identical protections for a person experiencing an overdose] (d) A person who seeks medical assistance for a drug overdose pursuant to subsection (b) or (c) of this section shall not be subject to any of the penalties for violation of 13 V.S.A. § 1030 (violation of a protection order), for a violation of this chapter or 7 V.S.A §§ 656 and 657, for being at the scene of the drug overdose, or for being within close proximity to any person at the scene of the drug overdose. (e) A person who seeks medical assistance for a drug overdose pursuant to subsection (b) or (c) of this section shall not be subject to any sanction for a violation of a condition of pretrial release, probation, furlough, or parole for a violation of this chapter or 7 V.S.A §§ 656 and 657, for being at the scene of the drug overdose, or for being within close proximity to any person at the scene of the drug overdose. (f) The act of seeking medical assistance for or by someone who is experiencing a drug overdose shall be considered a mitigating circumstance at sentencing for a violation of any other offense.
DE	S.B. 116 (2013)	Aug. 31, 2013	**§ 4769.** Criminal immunity for persons who suffer or report an alcohol or drug overdose or other life threatening medical emergency. (a) For purposes of this chapter: (1) "Medical provider" means the person whose professional services are provided to a person experiencing an overdose or other life threatening medical emergency by a licensed, registered or certified health care professional who, acting within his or her lawful scope of practice, may provide diagnosis, treatment or emergency services. (2) "Overdose" means an acute condition including, but not limited to, physical illness, coma, mania, hysteria, or death resulting from the consumption or use of an ethyl alcohol, a controlled substance, another substance with which a controlled substance was combined, a noncontrolled prescription drug, or any combination of these, including any illicit or licit substance; provided that a person's condition shall be deemed to be an overdose if a layperson could reasonably believe that the condition is in fact an overdose and requires medical assistance. (b) A person who seeks medical attention for someone, including the person reporting, who is experiencing an overdose or other life threatening medical emergency shall not be arrested, charged or prosecuted for an offense described in subsection (c) of this section, or subject to

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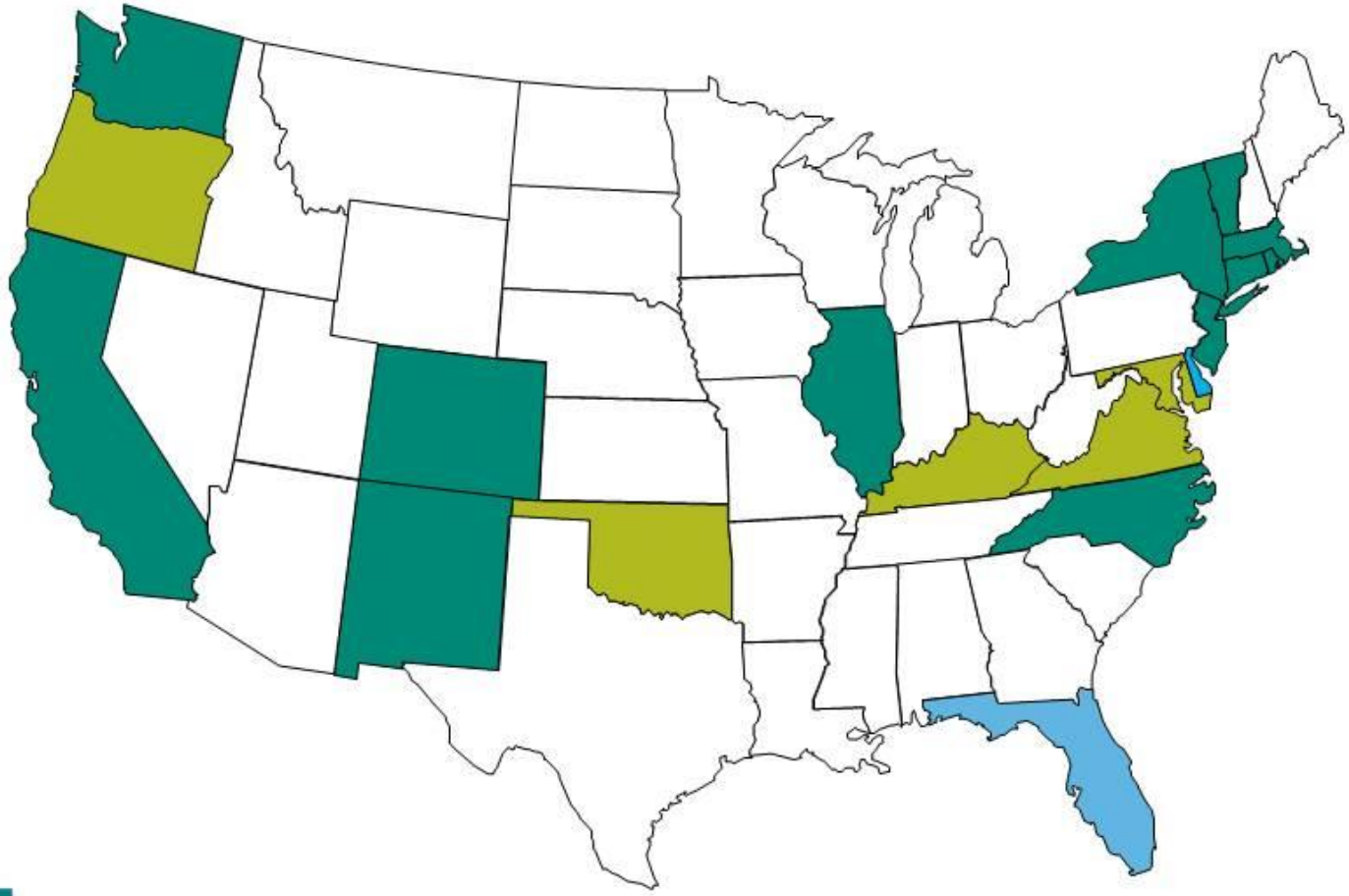
			the revocation or modification of the conditions of probation, if: (1) The person reports in good faith the emergency to law enforcement, the 911 system, a poison control center, or to a medical provider, or if the person in good faith assists someone so reporting; and (2) The person provides all relevant medical information as to the cause of the overdose or other life threatening medical emergency that the person possesses at the scene of the event when a medical provider arrives, or when the person is at the facilities of the medical provider. (c) The immunity described in this section shall apply to the following offenses: (1) Miscellaneous drug crimes as described in § 4757 (a)(3), (6), and (7) of this Chapter; (2) Illegal possession and delivery of noncontrolled prescription drugs as described in § 4761 of this Chapter; (3) Possession of controlled substances or counterfeit controlled substances, as described in § 4763 of this Chapter; (4) Possession of drug paraphernalia as described in §§ 4762 (c) and 4771 of this C hapter; (5) Possession of marijuana as described in § 4764 of this Chapter; and (6) Offenses concerning underage drinking as described in Title 4, § 904 (b), (c), (e), and (f). (d) It shall be an affirmative defense to a drug dealing charge as defined in §§ 4752 and 4753 of this Chapter with respect to good faith seeking of health care for an emergency which arose proximate to the offense. (e) Nothing in this section shall be interpreted to prohibit the prosecution of a person for an offense other than an offense listed in subsection (c) of this section or to limit the ability of the attorney general or a law enforcement officer to obtain or use evidence obtained from a report, recording, or any other statement provided pursuant to subsection (b) of this section to investigate and prosecute an offense other than an offense listed in subsection (c) of this section. (f) Forfeiture of any alcohol, substance, or paraphernalia referenced in this section shall be allowed pursuant to § 4784 of this Title and Chapter 11 of Title 4.



States with naloxone access and drug overdose Good Sam laws

States with drug overdose Good Sam laws only

States with naloxone access laws only

Robert Wood Johnson Foundation

The Network for Public Health Law is a national initiative of the Robert Wood Johnson Foundation with direction and technical assistance by the Public Health Law Center at William Mitchell College of Law.

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References

[1] MARGARET WARNER, ET AL., NAT'L CTR. FOR HEALTH STATISTICS, DRUG POISONING DEATHS IN THE UNITED STATES, 1980–2008 (2011).
[2] *Id.* (reporting that in 2008 14,800 drug poisoning deaths were known to be caused by opioid analgesics, with another 9,300 caused by unknown drug or drugs).
[3] Contrary to the common perception of non-medical users of opioids, the median opioid overdose victim is a 45-54 year old white male. *Id.*
[4] Opioid overdose is caused by excessive depression of the respiratory and central nervous systems. Naloxone, a κ- and δ, and μ-opioid receptor competitive antagonist, works by displacing opioids from these receptors, thereby reversing their depressant effect.
[5] *See* 21 U.S.C. § 801, 21 CFR § 1308.
[6] C. Baca, et al., *Take-home Naloxone to Reduce Heroin Death*, 100 ADDICTION 1823; Centers for Disease Control and Prevention, *Community-Based Opioid Overdose Prevention Programs Providing Naloxone – United States,* 2010, 61 MORBIDITY AND MORTALITY WEEKLY REPORT 61, 101 (2012).
[7] *See* Leo Beletsky, et al., *Physicians' knowledge of and willingness to prescribe naloxone to reverse accidental opiate overdose: challenges and opportunities,* 84 Journal of Urban Health 126 (2007).
[8] For an excellent review of the ways in which law and law enforcement hinder access to naloxone, *see* Scott Burris, et al, *Stopping An Invisible Epidemic: Legal Issues In The Provision Of Naloxone To Prevent Opioid Overdose*, 1 DREXEL LAW REVIEW 273 (2009).
[9] Karin Tobin, et al., *Calling emergency medical services during drug overdose: an examination of individual, social and setting correlates*, 100 ADDICTION 397 (2005); Robin A. Pollini, et al., *Response to Overdose Among Injection Drug Users*, 31 AMERICAN JOURNAL OF PREVENTIVE

MEDICINE 261 (2006). They may, of course, fear arrest for other reasons (such as existing warrants or non-drug crimes) as well, but the immunity in current bills is limited to drug (and in some cases, alcohol) crimes.

[10] See U.S. CONFERENCE OF MAYORS, 2008 ADOPTED RESOLUTIONS – SAVING LIVES, SAVING MONEY: CITY-COORDINATED DRUG OVERDOSE PREVENTION, *available at* http://www.usmayors.org/resolutions/76th_conference/chhs_16.asp; AMERICAN MEDICAL ASSOCIATION, AMA ADOPTS NEW POLICIES AT ANNUAL MEETING, *available at* http://www.ama-assn.org/ama/pub/news/news/2012-06-19-ama-adopts-new-policies.page; American Public Health Association, Prevention Overdose Through Education and Naloxone Distribution, *available at* http://www.apha.org/NR/rdonlyres/D13CCF7A-1E17-4954-BB28-EAEB7D6E261E/0/LB2Naloxone.pdf. A number of other organizations, including the National Association of Drug Diversion Investigators and the Office of National Drug Control Policy also support policy changes to increase access to naloxone. *See* NATIONAL ASSOCIATION OF DRUG DIVERSION INVESTIGATORS, NADDI SUPPORTS NASAL NALOXONE, *available at* http://naddi.org/aws/NADDI/pt/sd/news_article/62028/_PARENT/layout_details/false.

[11] Note that there is no legal reason that changes of both types cannot be made in the same piece of legislation, and indeed the trend appears to be in that direction.

[12] The provision of "take home" naloxone to reduce overdose risk was suggested as early as the mid-1990s. *See* Stang John Strang et al.,*Heroin Overdose: The Case for Take-Home Naloxone*, 312 BRIT. MED. J. 1435 (1996).

[13] For a graphical representation of these laws, please see the relevant LawAtlas map at http://www.lawatlas.org/preview?dataset=laws-regulating-administration-of-naloxone.

[14] Eliza Wheeler, et al., *Community-based opioid overdose prevention programs providing naloxone - United States*, 61 MORBIDITY & MORTALITY WKLY. REP 101 (2012).

[15] Alex Walley, et al., *Opioid overdose rates and implementation of overdose education and nasal naoxone distribution in Massachusetts: interrupted time series analysis*, 346 BMJ f174 (2013).

[16] For a graphical representation of these laws, please see the relevant LawAtlas map at http://www.lawatlas.org/preview?dataset=good-samaritan-overdose-laws.

[17] Banta-Green, C. Washington's 911 Good Samaritan Overdose Law: Initial Evaluation Results (Nov. 2011), *available at* http://adai.uw.edu/pubs/infobriefs/ADAI-IB-2011-05.pdf

[18] *See* Su Albert, et al., *Project Lazarus: community-based overdose prevention in rural North Carolina*, 12 PAIN MEDICINE S77 (2011). The North Carolina Medical Board has endorsed Project Lazarus, but has not explicitly authorized third party prescription of naloxone. *See* NORTH CAROLINA MEDICAL BOARD, DRUG OVERDOSE PREVENTION, *available at* http://www.ncmedboard.org/position_statements/detail/drug_overdose_prevention/.

[19] *See* Burris, et al., *supra* note 7.

[20] For additional thoughts on legal approaches to reducing opioid overdose deaths, *see* Davis CS, Webb D, Burris S. *Changing Law from Barrier to Facilitator of Opioid Overdose Prevention*, 41 J. of Law, Med. & Ethics 33-36 (2013).

[21] For example, existing laws typically do not include funding for education on the use and provision of naloxone. They also tend to limit criminal immunity to drug-related crimes, which may limit their effect.

[22] "UPM" means the Unauthorized Practice of Medicine.

[23] Some state laws authorize or create overdose prevention programs in addition to modifying other laws. Where these laws limit legal protections to those enrolled in or authorized by these programs, they may reduce the effectiveness of legal changes, particularly where insufficient funds are allocated for the programs to reach all those who would benefit from them.

[24] Under the statute, this protection is only available to a layperson "authorized under federal, state or local government regulations." However, N.M.A.C. 7.32.7 authorizes "any person other than a licensed health care professional permitted by law to administer an opioid antagonist when he, in good faith, believes the other person is experiencing an opioid drug overdose and he acts with reasonable care in administering the drug."

[25] *Id.*
[26] Implied by statutory text: "A person, other than a licensed health care professional permitted by law to administer an opioid antagonist, is authorized to administer an opioid antagonist to another person if he, in good faith, believes the other person is experiencing an opioid drug overdose and he acts with reasonable care in administering the drug to the other person."
[27] This protection is partial: "Use of an opioid antagonist pursuant to this section shall be considered first aid or emergency treatment for the purpose of any statute relating to liability."
[28] N.Y. Comp. Codes R. & Regs. Tit. 10, § 80.138 impliedly permits 3rd party prescribing to persons who have completed a state-approved overdose prevention program: "The opioid antagonist shall be dispensed to the trained overdose responder in accordance with all applicable laws, rules and regulations."
[29] Only for an "Opioid Overdose Prevention Program or a Trained Overdose Responder."
[30] Impliedly authorized by statute: "A health care professional who.. prescribes or dispenses an opioid antidote to a patient who, in the judgment of the health care professional, is capable of administering the drug in an emergency, shall not, as a result of his or her acts or omissions, be subject to disciplinary or other adverse action under [relevant practice acts] or any other professional licensing statute." 20 ILCS 301/5-23(d)(1).
[31] Only if administrator has received information specified under statute.
[32] *Id.*
[33] Implied by statutory language: "A person acting in good faith may receive a naloxone prescription, possess naloxone, and administer naloxone to an individual suffering from an apparent opiate-related overdose."
[34] *Id.*
[35] *Id.*
[36] The California law applies only to the counties of Alameda, Fresno, Humboldt, Los Angeles, Mendocino, San Francisco and Santa Cruz.
[37] Only in conjunction with an "opioid overdose prevention and treatment training program."
[38] Statute removes civil liability "even when the opioid antagonist is administered by and to someone other than the person to whom it is prescribed" but does not specifically authorize 3rd party prescription.
[39] *Id.*
[40] Only if the person has received training information as specified in statute.
[41] *Id.*
[42] Implied by statutory language: "A person acting in good faith may receive a naloxone prescription, possess naloxone and administer naloxone to an individual appearing to experience an opiate-related overdose."
[43] *Id.*
[44] *Id.*
[45] Law states, "For purposes of this chapter and chapter 112, any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice," which greatly reduces civil liability.
[46] This is a modification to CT LEGIS P.A. 03-159, noted above and effective October 1, 2003.
[47] UPM is a crime (see N.C.G.S. § 90-18), and law states that person who administers according to the law is "immune from any..criminal liability for actions authorized under this section."
[48] No state program created, but funds in the amount of $8,318 appropriated for implementation.
[49] Only if the person has received training prescribed by the act.
[50] Only if the person has received training prescribed by the act.

[51] Directs the Oregon Health Authority to design criteria for training on lifesaving treatment for opiate overdose, but training need not be conducted by the Authority.

[52] However, the bill does state that a licensed health care provider who "prescribes or dispenses the drug naloxone to a patient who, in the judgment of the health-care provider, is capable of administering the drug for an emergency opioid overdose, shall not, as a result of his or her acts or omissions, be subject to disciplinary or other adverse action under [any relevant professional licensing statute].

[53] "[U]nless personal injury results from the gross negligence or willful or wanton misconduct of the person administering the drug."

[54] Impliedly: "Notwithstanding the provisions of § 54.1-3303 and only for the purpose of participation in pilot programs conducted by the Department of Behavioral Health and Developmental Services, a person may obtain a prescription for a family member or a friend and may possess and administer naloxone for the purpose of counteracting the effects of opiate overdose."

[55] Only "if such administering person is a participant in a pilot program conducted by the Department of Behavioral Health and Developmental Services on the administration of naloxone for the purpose of counteracting the effects of opiate overdose."

[56] Impliedly: "Notwithstanding the provisions of § 54.1-3303 and only for the purpose of participation in pilot programs conducted by the Department of Behavioral Health and Developmental Services, a person may obtain a prescription for a family member or a friend and may possess and administer naloxone for the purpose of counteracting the effects of opiate overdose."

[57] Also removes liability for pharmacists who dispense in good faith, and provides for immunity from professional licensing statutes.

[58] Only if the person has received "patient overdose information" specified in the act.

[59] Id.

[60] Not explicitly covered, but the bill provides blanket criminal immunity for administering naloxone in good faith.

[61] No state programs created, but state given authority to award grants "to create or support local opioid overdose prevention, recognition and response projects."

[62] This protection went into effect immediately on approval of the bill on May 2, 2013.

[63] However, a physician who prescribes or dispenses naloxone to a certificate holder in a manner consistent with the law may not be subject to any disciplinary action under the relevant licensing act solely for that act.

[64] Statute states that a certificate holder may, "In an emergency situation when medical services are not immediately available, administer naloxone to an individual experiencing or believed by the certificate holder to be experiencing an opioid overdose," but does not explicitly provide immunity for that act.

[65] Implied by statutory language, which states that a certificate holder may, "In an emergency situation when medical services are not immediately available, administer naloxone to an individual experiencing or believed by the certificate holder to be experiencing an opioid overdose."

[66] Implied by statutory language, which states that a certificate holder may "possess prescribed naloxone and the necessary supplies for the administration of naloxone."

[67] Law states that "a provider may prescribe an opiate antagonist.." but does not provide explicit immunity for doing so.

[68] Only for use "when encountering a family member exhibiting signs of an opiate overdose."

[69] Permits first responders, as defined in the act, to administer naloxone, and states that such first responders "shall be covered under the Good Samaritan Act."

[70] Does not remove civil liability, but states that a person who administers naloxone to a family member "consistent with addressing opiate overdose shall be covered under the Good Samaritan Act."

[71] Law also explicitly permits licensed health care providers authorized to prescribe naloxone to issue standing orders for its administration (but not dispensing or delivery).

[72] However, the law does refer to "opioid overdose prevention and treatment training programs" operated or registered by local health jurisdictions, and premises some protections on the individual having received training from such a program.
[73] "CS" means "controlled substance."
[74] "The protection in this section from prosecution for possession crimes under RCW 69.50.4013 shall not be grounds for suppression of evidence in other criminal charges."
[75] While the text of the statute provides protection only for drug paraphernalia offenses found in "article thirty-nine of the general business law," which governs the sale and purchase of certain drug paraphernalia, under generally accepted legal principles the immunity from "controlled substance offense under article two hundred twenty" should apply to the paraphernalia-related offenses found there as well.
[76] Id.
[77] No charge or prosecution for possession of alcohol by a person under the age of twenty-one. Additionally, seeking health care in an emergency situation is an affirmative defense to criminal sale of a controlled substances for a person who acts in good faith and does not have prior convictions for the commission or attempted commission of a class A-I, A-II or B felony "under this article."
[78] Applies only to possession in the 7th degree. It is not clear why this law was enacted, since criminal possession in the 7th degree should also be covered by N.Y. Penal Law § 220.78.
[79] Under the relevant law, it is not a crime to possess controlled substances if the person seeks medical assistance in good faith during an overdose. Since there is no crime, there can be no lawful arrest, charge, or prosecution.
[80] Provides protection from "criminal prosecution arising from or related to the unauthorized practice of medicine or the possession of an opioid antidote."
[81] No charge or prosecution for a Class 4 felony possession of a controlled, counterfeit, or look-alike substance. The limited immunity only applies to possession of under certain quantities of drugs, and does not extend to delivery or distribution of drugs.
[82] Provides protection from prosecution for underage possession and consumption of alcohol.
[83] The law provides immunity for "any crime under RIGL 21-28 or 21-28.5, except for a crime involving the manufacture or possession with the intent to manufacture a controlled substance or possession with intent to deliver a controlled substance, if the evidence for the charge was gained as a result of the overdose and the need for medical assistance." RIGL 21-28 is the state controlled substances act, and governs a large number of offenses other than those listed here.
[84] Under the law, the listed actions "shall not be a crime." This precludes charge and prosecution as well as lawful arrest.
[85] Also states that "it shall not be a crime for a person to be under the influence of.. a controlled substance."
[86] The law states that the listed actions (described below) "shall not be considered crimes," which would prohibit arrest as well as charge and prosecution. However, the law also states that a law enforcement officer shall not be subject to criminal prosecution or civil liability for false arrest or imprisonment if he arrests a person for one of the listed offenses, so long as he does so based on probable cause.
[87] In addition to possession of certain drugs and drug paraphernalia, the law also declares that possession and administration of an opioid antagonist, possession of alcohol by a minor, providing alcohol to a minor of at least 16 years of age by a person 25 years of age or younger, and various other alcohol-related offenses "shall not be considered crimes" so long as the requirements of the law are met. Further, the bill states that "..the offenses listed in subsection (b) of this section.. shall not serve as the sole basis for revoking or modifying a person's supervision status.."
[88] Immunity is limited to misdemeanor possession, and possession of less than one gram of cocaine or heroin.
[89] Provides protection from prosecution for underage possession or consumption of alcohol for a person who acts in good faith, upon a reasonable belief that he or she was the first to call for assistance, provides his or her own name when contacting authorities, and remains with

the person needing medical assistance until help arrives. This alcohol-related immunity applies only to the person who seeks help, not the person needing medical assistance.

[90] The law also provides protection for "procuring, possessing or consuming alcohol by someone under 21 or providing or enabling consumption of alcohol
by someone under 21," and a person who seeks medical assistance "shall not be subject to any of the penalties for violation of 13 V.S.A. § 1030 (violation of a protection order) for a violation of this chapter or 7 V.S.A §§ 656 and 657, for being at the scene of the drug overdose, or for being within close proximity to any person at the scene of the drug overdose." Additionally, a person who seeks medical assistance for a drug overdose "shall not be subject to any sanction for a violation of a condition of pretrial release, probation, furlough, or parole for a violation of this chapter or 7 V.S.A. 656 and 657, for being at the scene of the drug overdose, or for being within close proximity to any person at the scene of the drug overdose."

[91] Under the law, neither the Good Samaritan nor the victim may be "arrested, charged, prosecuted or convicted" of the listed crimes, so long as the required conditions are met.

[92] The law also provides protection from a number of other drug crimes, including "obtaining, possessing, using, being under the influence of, or failing to make lawful disposition of, a controlled dangerous substance or controlled substance analog," "inhaling the fumes of or possessing any toxic chemical," "obtaining, attempting to obtain, or possessing any prescription legend drug or stramonium preparation," and "acquiring or obtaining possession of a controlled dangerous substance or controlled substance analog by fraud" as otherwise prohibited by law. The law also states that a person may not be "subject to revocation of parole or probation based only upon a violation of offenses described in" the law, "provided, however, this circumstance may be considered in establishing or modifying the conditions of parole or probation supervision."

[93] The person must also provide "all relevant medical information as to the cause of the overdose or other life threatening medical emergency that the person possesses at the scene of the event when a medical provider arrives, or when the person is at the facilities of the medical provider."

[94] The law protects from arrest, charge and prosecution for possession of controlled substances, drug paraphernalia, and marijuana; certain underage drinking offenses; possession and delivery of noncontrolled prescription drugs; and certain "miscellaneous drug crimes." Also notes that "It shall be an affirmative defense to a drug dealing charge as defined in §§ 4752 and 4753 of this Chapter with respect to good faith seeking of health care for an emergency which arose proximate to the offense."

The New York Times

How to Stop Heroin Deaths

By ROBERT S. HOFFMAN, MD FEB. 6, 2014
The Opinion Pages | OP-ED CONTRIBUTOR

PHILIP SEYMOUR HOFFMAN, who died of an apparent heroin overdose on Sunday, was just one of hundreds of New Yorkers who fall victim to this drug each year. Heroin-related deaths increased 84 percent from 2010 to 2012 in New York City and occur at a higher rate — 52 percent — than overdose deaths involving any other substance.

I am an emergency physician at NYU Langone Medical Center and Bellevue Hospital, but I rarely see victims die of heroin overdose because most fatalities occur before patients get to the hospital. Overdoses often take place over one to three hours. People just slowly stop breathing; often they are assumed to be sleeping deeply, or they are alone.

The most frustrating part is that each of these deaths is preventable, because there is an antidote to heroin overdose that is nearly universally effective. Naloxone, an opioid antidote, is a simple compound that has been in clinical use for more than 30 years. It can be administered via needle or as a nasal spray, and it works by displacing heroin from its receptors in the brain and rapidly restoring the overdose victim to consciousness and normal breathing.

An analysis in the Annals of Internal Medicine last year suggested that up to 85 percent of users overdose in the presence of others. This provides an opportunity for friends, family and other non-health care providers to intervene. In New York State, it has been legal to distribute naloxone to ordinary citizens since 2006. But the distribution has to be done with medical supervision. Naloxone is purchased by the city and state health departments, which then distribute the antidote through hospitals, harm-reduction programs and other outlets at no cost to patients.

Some New York City hospitals are now distributing kits containing naloxone to users and their friends and families. For the past three years, the New York City Department of Homeless Services has administered naloxone in shelters. And a new pilot program on Staten Island — which has the highest rate of heroin overdose deaths in New York City — is supplying the antidote through the Police Department's 120th Precinct there.

The city's health department is conducting a large study following people who get naloxone to assess how frequently the antidote is used to reverse overdose. In 2012, the health department filed a public letter to the Food and Drug Administration recommending that the F.D.A. approve naloxone for over-the-counter use. The letter stated that more than 20,000 kits had been distributed in New York City. It also noted that more than 500 overdose reversals had been reported by civilians who had administered the antidote.

Some people might argue that the widespread distribution of a safe, effective and inexpensive antidote might actually encourage drug use. But that's like suggesting that air bags and seatbelts encourage unsafe driving. Naloxone is a public-health method of intervening when a life is in the balance. Its distribution is endorsed by the American Medical Association.

A new bill that would make it easier for users to obtain naloxone was introduced in the New York State Legislature just last week, and on Tuesday it passed the State Senate Health Committee. It would

increase access to the antidote by allowing doctors and nurses to write standing orders — prescriptions that can be used for anyone — and issue them to community-based drug treatment programs. The programs would then train people on the signs of overdose and provide them with the naloxone kits. This means that the programs would not have to have a doctor present to distribute the antidote, overcoming one major hurdle that impedes widespread distribution.

This bill empowers a community to protect itself and others. If the bill becomes law, it would be one step closer to making naloxone available over the counter — as it already is in Italy.

According to the Centers for Disease Control and Prevention, drug overdose is now the leading cause of injury-related fatalities in the United States, ahead of motor-vehicle collisions and firearms accidents. We make cars safer by having speed limits, seatbelts, crumple zones and D.W.I. laws. We make it harder to buy a firearm with background checks and waiting periods, and we teach gun safety and sometimes mandate trigger locks. We can make heroin safer, too, by supplying methadone or buprenorphine as medications to treat physical dependence, providing clean needles to help prevent the spread of hepatitis and H.I.V., and facilitating the wide availability of naloxone to counteract overdoses.

While Mr. Hoffman's death was without a doubt a tragedy, it is also emblematic of a societal need to take action to prevent the hundreds of deaths that otherwise go largely unnoticed. We can't control heroin — that's the job of law enforcement — but we can make it safer.

Robert S. Hoffman is an emergency physician at NYU Langone Medical Center and Bellevue Hospital and the director of the Division of Medical Toxicology at the New York University School of Medicine.

SAMHSA

Opioid Overdose TOOLKIT

Facts for Community Members

Five Essential Steps for First Reponders

Information for Prescribers

Safety Advice for Patients & Family Members

Recovering from Opioid Overdose

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SCOPE OF THE PROBLEM

Opiate overdose continues to be a major public health problem in the United States. It has contributed significantly to accidental deaths among those who use, misuse or abuse illicit and prescription opioids. In fact, U.S. overdose deaths involving prescription opioid analgesics increased to about 17,000 deaths a year in 2010 [1, 2], almost double the number in 2001 [1]. This increase coincided with a nearly fourfold increase in the use of prescribed opioids for the treatment of pain [3].

WHAT ARE OPIOIDS? Opioids include illegal drugs such as heroin, as well as prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone (Oxycontin, Percodan, Percocet), hydrocodone (Vicodin, Lortab, Norco), fentanyl (Duragesic, Fentora), hydromorphone (Dilaudid, Exalgo), and buprenorphine (Subutex, Suboxone).

Opioids work by binding to specific receptors in the brain, spinal cord and gastrointestinal tract. In doing so, they minimize the body's perception of pain. However, stimulating the opioid receptors or "reward centers" in the brain also can trigger other systems of the body, such as those responsible for regulating mood, breathing and blood pressure.

HOW DOES OVERDOSE OCCUR? A variety of effects can occur after a person takes opioids, ranging from pleasure to nausea, vomiting, severe allergic reactions (anaphylaxis) and overdose, in which breathing and heartbeat slow or even stop.

Opioid overdose can occur when a patient deliberately misuses a prescription opioid or an illicit drug such as heroin. It also can occur when a patient takes an opioid as directed, but the prescriber miscalculated the opioid dose or an error was made by the dispensing pharmacist or the patient misunderstood the directions for use.

Also at risk is the person who takes opioid medications prescribed for someone else, as is the individual who combines opioids — prescribed or illicit — with alcohol, certain other medications, and even some over-the-counter products that depress breathing, heart rate, and other functions of the central nervous system [4].

WHO IS AT RISK? Anyone who uses opioids for long-term management of chronic cancer or non-cancer pain is at risk for opioid overdose, as are persons who use heroin [5]. Others at risk include persons who are:

- Receiving rotating opioid medication regimens (and thus are at risk for incomplete cross-tolerance).
- Discharged from emergency medical care following opioid intoxication or poisoning.
- At high risk for overdose because of a legitimate medical need for analgesia, coupled with a suspected or confirmed history of substance abuse, dependence, or non-medical use of prescription or illicit opioids.
- Completing mandatory opioid detoxification or abstinent for a period of time (and presumably with reduced opioid tolerance and high risk of relapse to opioid use).
- Recently released from incarceration and a past user or abuser of opioids (and presumably with reduced opioid tolerance and high risk of relapse to opioid use).

Tolerance develops when someone uses an opioid drug regularly, so that their body becomes accustomed to the drug and needs a larger or more frequent dose to continue to experience the same effect.

Loss of tolerance occurs when someone stops taking an opioid after long-term use. When someone loses tolerance and then takes the opioid drug again, they can experience serious adverse effects, including overdose, even if they take an amount that caused them no problem in the past.

STRATEGIES TO PREVENT OVERDOSE DEATHS

STRATEGY 1: Encourage providers, persons at high risk, family members and others to learn how to prevent and manage opioid overdose. Providers should be encouraged to keep their knowledge current about evidence-based practices for the use of opioid analgesics to manage pain, as well as specific steps to prevent and manage opioid overdose.

Federally funded Continuing Medical Education courses are available to providers at no charge at http://www.OpioidPrescribing.com (six courses funded by the Substance Abuse and Mental Health Services Administration) and on MedScape (two courses funded by the National Institute on Drug Abuse).

Helpful information for laypersons on how to prevent and manage overdose is available from Project Lazarus at http://projectlazarus.org/ or from the Massachusetts Health Promotion Clearinghouse at http://www.maclearinghouse.org.

Encourage providers and others to learn about preventing and managing opioid overdose.

STRATEGY 2: Ensure access to treatment for individuals who are misusing or addicted to opioids or who have other substance use disorders. Effective treatment of substance use disorders can reduce the risk of overdose and help overdose survivors attain a healthier life. Medication-assisted treatment, as well as counseling and other supportive services, can be obtained at SAMHSA-certified and DEA-registered opioid treatment programs (OTPs), as well as from physicians who are trained to provide care in office-based settings with medications such as buprenorphine and naltrexone.

Information on treatment services available in or near your community can be obtained from your state health department, state alcohol and drug agency, or from the federal Substance Abuse and Mental Health Services Administration (see page 7).

Ensure access to treatment for individuals who are misusing or addicted to opioids or who have other substance use disorders.

STRATEGY 3: Ensure ready access to naloxone. Opioid overdose-related deaths can be prevented when naloxone is administered in a timely manner. As a narcotic antagonist, naloxone displaces opiates from receptor sites in the brain and reverses respiratory depression that usually is the cause of overdose deaths [5]. *During the period of time when an overdose can become fatal, respiratory depression can be reversed by giving the individual naloxone* [4].

On the other hand, naloxone is *not* effective in treating overdoses of benzodiazepines (such as Valium, Xanax, or Klonopin), barbiturates (Seconal or Fiorinal), clonidine, Elavil, GHB, or ketamine. It also is not effective in overdoses with stimulants, such as cocaine and amphetamines (including methamphetamine and Ecstasy). However, if opioids are taken in combination with other sedatives or stimulants, naloxone may be helpful.

Naloxone injection has been approved by FDA and used for more than 40 years by emergency medical services (EMS) personnel to reverse opioid overdose and resuscitate persons who otherwise might have died in the absence of treatment [6].

Naloxone has no psychoactive effects and does not present any potential for abuse [1, 4]. Injectable naloxone is relatively inexpensive. It typically is supplied as a kit with two syringes, at a cost of about $6 per dose and $15 per kit [7].

For these reasons, it is important to determine whether local EMS personnel or other first responders have been trained to care for overdose, and whether they are allowed to stock naloxone in their drug kits. In some jurisdictions, the law protects responders from civil liability and criminal prosecution for administering naloxone. So-called "Good Samaritan" laws are in effect in 10 states and the District of Columbia, and are being considered by legislatures in at least a half-dozen other states [8]. Such laws provide protection against prosecution for both the overdose victim and those who respond to overdose. To find states that have adopted relevant laws, visit the CDC's website at: http://www.cdc.gov/HomeandRecreational Safety/Poisoning/laws/immunity.html.

Encourage the public to call 911.

STRATEGY 4: Encourage the public to call 911. An individual who is experiencing opioid overdose needs immediate medical attention. An essential first step is to get help from someone with medical expertise as quickly as possible [9, 10]. Therefore, members of the public should be encouraged to call 911. All they have to say is, "Someone is not breathing" and give a clear address and location.

Encourage prescribers to use state Prescription Drug Monitoring Programs.

STRATEGY 5: Encourage prescribers to use state Prescription Drug Monitoring Programs (PDMPs). State Prescription Drug Monitoring Programs (PDMPs) have emerged as a key strategy for addressing the misuse and abuse of prescription opioids and thus preventing opioid overdoses and deaths. Specifically, prescribers can check their state's PDMP database to determine whether a patient is filling the prescriptions provided and/or obtaining prescriptions for the same or similar drug from multiple physicians.

While a majority of states now have operational PDMPs, the programs differ from state to state in terms of the exact information collected, how soon that information is available to physicians, and who may access the data. Therefore, information about the program in a particular state is best obtained directly from the state PDMP or from the board of medicine or pharmacy.

RESOURCES FOR COMMUNITIES

Resources that may be useful to local communities and organizations are found at the following websites:

Substance Abuse and Mental Health Services Administration (SAMHSA)
National Treatment Referral Helpline
1-800-662-HELP (4357) or 1-800-487-4889
(TDD — for hearing impaired)

National Substance Abuse Treatment Facility Locator:
http://www.findtreatment.samhsa.gov/TreatmentLocator to search by state, city, county, and zip code

Buprenorphine Physician & Treatment Program Locator:
http://www.buprenorphine.samhsa.gov/bwns_locator

State Substance Abuse Agencies:
http://findtreatment.samhsa.gov/TreatmentLocator/faces/abuseAgencies.jspx

Center for Behavioral Health Statistics and Quality (CBHSQ):
http://www.samhsa.gov/data/

SAMHSA Publications: http://www.store.samhsa.gov
1-877-SAMHSA (1-877-726-4727)

Centers for Disease Control and Prevention (CDC)
http://www.cdc.gov/Features/VitalSigns/PainkillerOverdoses
http://www.cdc.gov/HomeandRecreationSafety/Poisoning

White House Office of National Drug Control Policy (ONDCP)
State and Local Information: http://www.whitehouse.gov/ondcp/state-map

Association of State and Territorial Health Officials (ASTHO)
Prescription Drug Overdose: State Health Agencies Respond (2008):
http://www.astho.org

National Association of State Alcohol and Drug Abuse Directors (NASADAD)
State Issue Brief on Methadone Overdose Deaths:
http://www.nasadad.org/nasadad-reports

National Association of State EMS Officials (NASEMSO)
National Emergency Medical Services Education Standards:
http://www.nasemso.org

American Association for the Treatment of Opioid Dependence (AATOD)
Prevalence of Prescription Opioid Abuse: http://www.aatod.org/

Resources that may be useful to local communities and organizations...

FIVE ESSENTIAL STEPS FOR FIRST RESPONDERS

Overdose is common among persons who use illicit opioids such as heroin and among those who misuse medications prescribed for pain, such as oxycodone, hydrocodone, and morphine. The incidence of opioid overdose is rising nationwide. For example, between 2001 and 2010, the number of poisoning deaths in the United States nearly doubled, largely because of overdoses involving prescription opioid analgesics [1]. This increase coincided with a nearly fourfold increase in the use of prescribed opioids for the treatment of pain [3].

To address the problem, emergency medical personnel, health care professionals, and patients increasingly are being trained in the use of the opioid antagonist naloxone hydrochloride (naloxone or Narcan), which is the treatment of choice to reverse the potentially fatal respiratory depression caused by opioid overdose. (Note that naloxone has no effect on non-opioid overdoses, such as those involving cocaine, benzodiazepines, or alcohol [11].)

Based on current scientific evidence and extensive experience, the steps outlined below are recommended to reduce the number of deaths resulting from opioid overdoses [2, 4, 7, 12-14].

STEP 1: CALL FOR HELP (DIAL 911)

AN OPIOID OVERDOSE NEEDS IMMEDIATE MEDICAL ATTENTION. An essential step is to get someone with medical expertise to see the patient as soon as possible, so if no EMS or other trained personnel are on the scene, dial 911 immediately. All you have to say is: "Someone is not breathing." Be sure to give a clear address and/or description of your location.

STEP 2: CHECK FOR SIGNS OF OPIOID OVERDOSE

Signs of **OVERDOSE**, which often results in death if not treated, include [11]:

- Face is extremely pale and/or clammy to the touch
- Body is limp
- Fingernails or lips have a blue or purple cast
- The patient is vomiting or making gurgling noises
- He or she cannot be awakened from sleep or is unable to speak
- Breathing is very slow or stopped
- Heartbeat is very slow or stopped.

Signs of **OVERMEDICATION**, which may progress to overdose, include [11]:

- Unusual sleepiness or drowsiness
- Mental confusion, slurred speech, intoxicated behavior
- Slow or shallow breathing
- Pinpoint pupils
- Slow heartbeat, low blood pressure
- Difficulty waking the person from sleep.

Because opioids depress respiratory function and breathing, one telltale sign of a person in a critical medical state is the "death rattle." If a person emits a "death rattle" — an exhaled breath with a very distinct, labored sound coming from the throat — emergency resuscitation will be necessary immediately, as it almost always is a sign that the individual is near death [13].

STEP 3: SUPPORT THE PERSON'S BREATHING

Ideally, individuals who are experiencing opioid overdose should be ventilated with 100% oxygen before naloxone is administered so as to reduce the risk of acute lung injury [2, 4]. In situations where 100% oxygen is not available, rescue breathing can be very effective in supporting respiration [2]. Rescue breathing involves the following steps:

- Be sure the person's airway is clear (check that nothing inside the person's mouth or throat is blocking the airway).
- Place one hand on the person's chin, tilt the head back and pinch the nose closed.
- Place your mouth over the person's mouth to make a seal and give 2 slow breaths.
- The person's chest should rise (but not the stomach).
- Follow up with one breath every 5 seconds.

STEP 4: ADMINISTER NALOXONE

Naloxone (Narcan) should be administered to any person who shows signs of opioid overdose, or when overdose is suspected [4]. Naloxone injection is approved by the FDA and has been used for decades by emergency medical services (EMS) personnel to reverse opioid overdose and resuscitate individuals who have overdosed on opioids.

Naloxone can be given by intramuscular or intravenous injection every 2 to 3 minutes [4, 13-14]. The most rapid onset of action is achieved by intravenous administration, which is recommended in emergency situations [13]. The dose should be titrated to the smallest effective dose that maintains spontaneous normal respiratory drive.

Opioid-naive patients may be given starting doses of up to 2 mg without concern for triggering withdrawal symptoms [2, 4, 7, 14].

The intramuscular route of administration may be more suitable for patients with a history of opioid dependence because it provides a slower onset of action and a prolonged duration of effect, which may minimize rapid onset of withdrawal symptoms [2, 4, 7].

DURATION OF EFFECT. The duration of effect of naloxone is 30 to 90 minutes, and patients should be observed after this time frame for the return of overdose symptoms [4, 13-14]. The goal of naloxone therapy should be to restore adequate spontaneous breathing, but not necessarily complete arousal [4].

More than one dose of naloxone may be needed to revive someone who is overdosing. Patients who have taken longer-acting opioids may require further intravenous bolus doses or an infusion of naloxone [4].

Comfort the person being treated, as withdrawal triggered by naloxone can feel unpleasant. As a result, some persons become agitated or combative when this happens and need help to remain calm.

SAFETY OF NALOXONE. The safety profile of naloxone is remarkably high, especially when used in low doses and titrated to effect [2, 4, 13, 17]. When given to individuals who are not opioid-intoxicated or opioid-dependent, naloxone produces no clinical effects, even at high doses. Moreover, while rapid opioid withdrawal in tolerant patients may be unpleasant, it is not life-threatening.

Naloxone can safely be used to manage opioid overdose in pregnant women. The lowest dose to maintain spontaneous respiratory drive should be used to avoid triggering acute opioid withdrawal, which may cause fetal distress [4].

STEP 5: MONITOR THE PERSON'S RESPONSE

All patients should be monitored for recurrence of signs and symptoms of opioid toxicity for at least 4 hours from the last dose of naloxone or discontinuation of the naloxone infusion. Patients who have overdosed on long-acting opioids should have more prolonged monitoring [2, 4, 7].

Most patients respond by returning to spontaneous breathing, with minimal withdrawal symptoms [4]. The response generally occurs within 3 to 5 minutes of naloxone administration. (Rescue breathing should continue while waiting for the naloxone to take effect. [2, 4, 7])

Naloxone will continue to work for 30 to 90 minutes, but after that time, overdose symptoms may return [13, 14]. Therefore, it is essential to get the person to an emergency department or other source of medical care as quickly as possible, even if he or she revives after the initial dose of naloxone and seems to feel better.

SIGNS OF OPIOID WITHDRAWAL. The signs and symptoms of opioid withdrawal in an individual who is physically dependent on opioids may include, but are not limited to, the following: body aches, diarrhea, tachycardia, fever, runny nose, sneezing, piloerection, sweating, yawning, nausea or vomiting, nervousness, restlessness or irritability, shivering or trembling, abdominal cramps, weakness, and increased blood pressure. In the neonate, opioid withdrawal may also include convulsions, excessive crying, and hyperactive reflexes [13].

NALOXONE-RESISTANT PATIENTS. If a patient does not respond to naloxone, an alternative explanation for the clinical symptoms should be considered. The most likely explanation is that the person is not overdosing on an opioid but rather some other substance or may even be experiencing a non-overdose medical emergency. A possible explanation to consider is that the individual has overdosed on buprenorphine, a long-acting opioid partial agonist. Because buprenorphine has a higher affinity for the opioid receptors than do other opioids, naloxone may not be effective at reversing the effects of buprenorphine-induced opioid overdose [14].

In all cases, support of ventilation, oxygenation, and blood pressure should be sufficient to prevent the complications of opioid overdose and should be given priority if the response to naloxone is not prompt.

SUMMARY:

Do's and Don'ts in Responding to Opioid Overdose

- **DO** support the person's breathing by administering oxygen or performing rescue breathing.
- **DO** administer naloxone.
- **DO** put the person in the "recovery position" on the side, if he or she is breathing independently.
- **DO** stay with the person and keep him/her warm.
- **DON'T** slap or try to forcefully stimulate the person — it will only cause further injury. If you are unable to wake the person by shouting, rubbing your knuckles on the sternum (center of the chest or rib cage), or light pinching, he or she may be unconscious.
- **DON'T** put the person into a cold bath or shower. This increases the risk of falling, drowning or going into shock.
- **DON'T** inject the person with any substance (salt water, milk, "speed," heroin, etc.). The only safe and appropriate treatment is naloxone.
- **DON'T** try to make the person vomit drugs that he or she may have swallowed. Choking or inhaling vomit into the lungs can cause a fatal injury.

NOTE: All naloxone products have an expiration date, so it is important to check the expiration date and obtain replacement naloxone as needed.

INFORMATION FOR PRESCRIBERS

Opioid overdose is a major public health problem, accounting for almost 17,000 deaths a year in the United States [15]. Overdose involves both males and females of all ages, ethnicities, and demographic and economic characteristics, and involves both illicit opioids such as heroin and, increasingly, prescription opioid analgesics such as oxycodone, hydrocodone, fentanyl and methadone [3].

Physicians and other health care providers can make a major contribution toward reducing the toll of opioid overdose through the care they take in prescribing opioid analgesics and monitoring patients' response, as well as throiugh their acuity in identifying and effectively addressing opioid overdose. Federally funded CME courses are available at no charge at http://www.OpioidPrescribing.com (six courses funded by the Substance Abuse and Mental Health Services Administration) and on MedScape (two courses funded by the National Institute on Drug Abuse).

OPIOID OVERDOSE

The risk of opioid overdose can be minimized through adherence to the following clinical practices, which are supported by a considerable body of evidence [2, 7, 16-17].

ASSESS THE PATIENT. Obtaining a history of the patient's past use of drugs (either illicit drugs or prescribed medications with abuse potential) is an essential first step in appropriate prescribing. Such a history should include very specific questions. For example:

- "In the past 6 months, have you taken any medications to help you calm down, keep from getting nervous or upset, raise your spirits, make you feel better, and the like?"
- "Have you been taking any medications to help you sleep? Have you been using alcohol for this purpose?"
- "Have you ever taken a medication to help you with a drug or alcohol problem?"
- "Have you ever taken a medication for a nervous stomach?"
- "Have you taken a medication to give you more energy or to cut down on your appetite?"

The patient history also should include questions about use of alcohol and over-the-counter (OTC) preparations. For example, the ingredients in many common cold preparations include alcohol and other central nervous system (CNS) depressants, so these products should not be used in combination with opioid analgesics.

Positive answers to any of these questions warrant further investigation.

TAKE SPECIAL PRECAUTIONS WITH NEW PATIENTS. Many experts recommend that additional precautions be taken in prescribing for new patients [7, 17]. These might involve the following:

1. **Assessment:** In addition to the patient history and examination, the physician should determine who has been caring for the patient in the past, what medications have been prescribed and for what indications, and what substances (including alcohol, illicit drugs and OTC products) the patient has reported using. Medical records should be obtained (with the patient's consent) directly from past caregivers.
2. **Emergencies:** In emergency situations, the physician should prescribe the smallest possible quantity (typically not exceeding 3 days' supply) and arrange for a return visit the next day. The patient's identity should be verified by asking for proper identification.
3. **Non-emergencies:** In non-emergency situations, only enough of an opioid analgesic should be prescribed to meet the patient's needs until the next appointment. The patient should be directed to return to the office for additional prescriptions, as telephone orders do not allow the physician to reassess the patient's continued need for the medication.

STATE PRESCRIPTION DRUG MONITORING PROGRAMS (PDMPs) have emerged as a key strategy for addressing the misuse and abuse of prescription opioids and thus preventing opioid overdoses and deaths. Specifically, prescribers can check their state's PDMP database to determine whether a patient is filling the prescriptions provided and/or obtaining prescriptions for the same or similar drugs from multiple physicians.

While many states now have operational PDMPs, the programs differ from state to state in terms of the exact information collected, how soon that information is available to physicians, and who may access the data. Therefore, information about the program in a particular state is best obtained directly from the PDMP or from the state board of medicine or pharmacy.

SELECT AN APPROPRIATE MEDICATION. Rational drug therapy demands that the efficacy and safety of all potentially useful medications be reviewed for their relevance to the patient's disease or disorder [2, 17].

When an appropriate medication has been selected, the *dose*, *schedule*, and *formulation* should be determined. These choices often are just as important in optimizing pharmacotherapy as the choice of medication itself. Decisions involve (1) dose (based not only on age and weight of the patient, but also on severity of the disorder, possible loading-dose requirement, and the presence of potentially interacting drugs); (2) timing of administration (such as a bedtime dose to minimize problems associated with sedative or respiratory depressant effects); (3) route of administration (chosen to improve compliance/adherence as well as to attain peak drug concentrations rapidly); and (4) formulation (e.g., selecting a patch in preference to a tablet, or an extended-release product rather than an immediate-release formulation).

Even when sound medical indications have been established, physicians typically consider three additional factors before deciding to prescribe an opioid analgesic [2, 17]:

1. The **severity of symptoms**, in terms of the patient's ability to accommodate them. Relief of symptoms is a legitimate goal of medical practice, but using opioid analgesics requires caution.
2. The patient's **reliability in taking medications**, noted through observation and careful history-taking. The physician should assess a patient's history of and risk factors for drug abuse before prescribing any psychoactive drug and weigh the benefits against the risks. The likely development of physical dependence in patients on long-term opioid therapy should be monitored through periodic check-ups.
3. The **dependence-producing potential of the medication**. The physician should consider whether a product with less potential for abuse, or even a non-drug therapy, would provide equivalent benefits. Patients should be warned about possible adverse effects caused by interactions between opioids and other medications or substances, including alcohol.

At the time a drug is prescribed, patients should be informed that it is illegal to sell, give away, or otherwise share their medication with others, including family members. The patient's obligation extends to keeping the medication in a locked cabinet or otherwise restricting access to it and to safely disposing of any unused supply (visit http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm for advice from the FDA on how to safely dispose of unused medications).

EDUCATE THE PATIENT AND OBTAIN INFORMED CONSENT. Obtaining informed consent involves informing the patient about the risks and benefits of the proposed therapy and of the ethical and legal obligations such therapy imposes on both physician and patient [17]. Such informed consent can serve multiple purposes: (1) it provides the patient with information about the risks and benefits of opioid therapy; (2) it fosters adherence to the treatment plan; (3) it limits the potential for inadvertent drug misuse; and (4) it improves the efficacy of the treatment program.

Patient education and informed consent should specifically address the potential for physical dependence and cognitive impairment as side effects of

opioid analgesics. Other issues that should be addressed in the informed consent or treatment agreement include the following [17]:

- The agreement instructs the patient to stop taking all other pain medications, unless explicitly told to continue by the physician. Such a statement reinforces the need to adhere to a single treatment regimen.
- The patient agrees to obtain the prescribed medication from only one physician and, if possible, from one designated pharmacy.
- The patient agrees to take the medication only as prescribed (for some patients, it may be possible to offer latitude to adjust the dose as symptoms dictate).
- The agreement makes it clear that the patient is responsible for safeguarding the written prescription and the supply of medications, and arranging refills during regular office hours. This responsibility includes planning ahead so as not to run out of medication during weekends or vacation.
- The agreement specifies the consequences for failing to adhere to the treatment plan, which may include discontinuation of opioid therapy if the patient's actions compromise his or her safety.

Both patient and physician should sign the informed consent agreement, and a copy should be placed in the patient's medical record. It also is helpful to give the patient a copy of the agreement to carry with him or her, to document the source and reason for any controlled drugs in his or her possession. Some physicians provide a laminated card that identifies the individual as a patient of their practice. This is helpful to other physicians who may see the patient and in the event the patient is seen in an emergency department.

EXECUTE THE PRESCRIPTION ORDER. Careful execution of the prescription order can prevent manipulation by the patient or others intent on obtaining opioids for non-medical purposes. For example, federal law requires that prescription orders for controlled substances be signed and dated on the day they are issued. Also under federal law, every prescription order must include at least the following information:

Name and address of the patient
Name, address and DEA registration number of the physician
Signature of the physician
Name and quantity of the drug prescribed
Directions for use
Refill information
Effective date if other than the date on which the prescription was written.

Many states impose additional requirements, which the physician can determine by consulting the state medical licensing board. In addition, there are special federal requirements for drugs in different schedules of the federal Controlled Substances Act (CSA), particularly those in Schedule II, where many opioid analgesics are classified.

Blank prescription pads — as well as information such as the names of physicians who recently retired, left the state, or died — all can be used to forge prescriptions. Therefore, it is a sound practice to store blank prescriptions in a secure place rather than leaving them in examining rooms.

NOTE: The physician should immediately report the theft or loss of prescription blanks to the nearest field office of the federal Drug Enforcement Administration and to the state board of medicine or pharmacy.

MONITOR THE PATIENT'S RESPONSE TO TREATMENT. Proper prescription practices do not end when the patient receives a prescription. Plans to monitor for drug efficacy and safety, compliance, and potential development of tolerance must be documented and clearly communicated to the patient [2].

Subjective symptoms are important in monitoring, as are objective clinical signs (such as body weight, pulse rate, temperature, blood pressure, and levels of drug metabolites in the bloodstream). These can serve as early signs of therapeutic failure or unacceptable adverse drug reactions that require modification of the treatment plan.

Asking the patient to keep a log of signs and symptoms gives him or her a sense of participation in the treatment

program and facilitates the physician's review of therapeutic progress and adverse events.

Simply recognizing the potential for non-adherence, especially during prolonged treatment, is a significant step toward improving medication use [18]. Steps such as simplifying the drug regimen and offering patient education also improve adherence, as do phone calls to patients, home visits by nursing personnel, convenient packaging of medication, and periodic urine testing for the prescribed opioid as well as any other respiratory depressant.

Finally, the physician should convey to the patient through attitude and manner that any medication, no matter how helpful, is only part of an overall treatment plan.

When the physician is concerned about the behavior or clinical progress (or the lack thereof) of a patient being treated with an opioid analgesic, it usually is advisable to seek a consultation with an expert in the disorder for which the patient is being treated *and* an expert in addiction. Physicians place themselves at risk if they continue to prescribe opioids in the absence of such consultxations [17].

CONSIDER PRESCRIBING NALOXONE ALONG WITH THE PATIENT'S INITIAL OPIOID PRESCRIPTION. With proper education, patients on long-term opioid therapy and others at risk for overdose may benefit from having a naloxone kit to use in the event of overdose [4].

Patients who are candidates for such kits include those who are:

- Taking high doses of opioids for long-term management of chronic malignant or non-malignant pain.
- Receiving rotating opioid medication regimens (and thus are at risk for incomplete cross-tolerance).
- Discharged from emergency medical care following opioid intoxication or poisoning.
- At high risk for overdose because of a legitimate medical need for analgesia, coupled with a suspected or confirmed history of substance abuse, dependence, or non-medical use of prescription or illicit opioids.
- Completing mandatory opioid detoxification or abstinence programs.
- Recently released from incarceration and a past user or abuser of opioids (and presumably with reduced opioid tolerance and high risk of relapse to opioid use).

It also may be advisable to suggest that the at-risk patient create an "overdose plan" to share with friends, partners and/or caregivers. Such a plan would contain information on the signs of overdose and how to administer naloxone or otherwise provide emergency care (as by calling 911).

DECIDE WHETHER AND WHEN TO END OPIOID THERAPY. Certain situations may warrant immediate cessation of prescribing. These generally occur when out-of-control behaviors indicate that continued prescribing is unsafe or causing harm to the patient [2]. Examples include altering or selling prescriptions, accidental or intentional overdose, multiple episodes of running out early (due to excessive use), doctor shopping, or engaging in threatening behavior.

When such events arise, it is important to separate the patient as a person from the behaviors caused by the disease of addiction, as by demonstrating a positive regard for the person but no tolerance for the aberrant behaviors.

In such a situation, the essential steps are to (1) stop prescribing, (2) tell the patient that continued prescribing is not clinically supportable (and thus not possible), (3) urge the patient to accept a referral for assessment by an addiction specialist, (4) educate the patient about signs and symptoms of spontaneous withdrawal and urge the patient to go to the emergency department if withdrawal symptoms occur, and (5) assure the patient that he or she will continue to receive care for the presenting symptoms or condition [17].

Identification of a patient who is abusing a prescribed opioid presents a major therapeutic opportunity. The physician should have a plan for managing such a patient, typically involving work with the patient and the patient's family, referral to an addiction expert for assessment and placement in a formal addiction treatment program, long-term participation in a 12-Step mutual help program such as Narcotics Anonymous, and follow-up of any associated medical or psychiatric comorbidities [2].

In all cases, patients should be given the benefit of the physician's concern and attention. It is important to remember that even drug-seeking patients often have very real medical problems that demand and deserve the same high-quality medical care offered to any patient [2, 17].

TREATING OPIOID OVERDOSE

In the time it takes for an overdose to become fatal, it is possible to reverse the respiratory depression and other effects of opioids through respiratory support and administration of the opioid antagonist naloxone (Narcan) [13]. Naloxone is approved by the FDA and has been used for decades to reverse overdose and resuscitate individuals who have overdosed on opioids.

The safety profile of naloxone is remarkably high, especially when used in low doses and titrated to effect [4, 13]. If given to individuals who are not opioid-intoxicated or opioid-dependent, naloxone produces no clinical effects, even at high doses. Moreover, while rapid opioid withdrawal in tolerant patients may be unpleasant, it is not typically life-threatening.

Naloxone should be part of an overall approach to opioid overdose that incorporates the following steps.

RECOGNIZE THE SIGNS OF OVERDOSE. An opioid overdose requires rapid diagnosis. The most common signs of overdose include [2]:

- Pale and clammy face
- Limp body
- Fingernails or lips turning blue/purple
- Vomiting or gurgling noises
- Cannot be awakened from sleep or is unable to speak
- Very little or no breathing
- Very slow or no heartbeat

Signs of **OVERMEDICATION**, which may progress to overdose, include [2]:

- Unusual sleepiness or drowsiness
- Mental confusion, slurred speech, intoxicated behavior
- Slow or shallow breathing
- Pinpoint pupils
- Slow heartbeat, low blood pressure
- Difficulty waking the individual from sleep

Because opioids depress respiratory function and breathing, one telltale sign of an individual in a critical medical state is the "death rattle." Often mistaken for snoring, the "death rattle" is an exhaled breath with a very distinct, labored sound coming from the throat. It indicates that emergency resuscitation is needed immediately [4].

SUPPORT RESPIRATION. Supporting respiration is the single most important intervention for opioid overdose and may be life-saving on its own. Ideally, individuals who are experiencing opioid overdose should be ventilated with 100% oxygen before naloxone is administered to reduce the risk of acute lung injury [2, 4]. In situations where 100% oxygen is not available, rescue breathing can be very effective in supporting respiration [4]. Rescue breathing involves the following steps:

- Verify that the airway is clear.
- With one hand on the patient's chin, tilt the head back and pinch the nose closed.
- Place your mouth over the patient's mouth to make a seal and give 2 slow breaths (the patient's chest should rise, but not the stomach).
- Follow up with one breath every 5 seconds.

ADMINISTER NALOXONE. Naloxone (Narcan) should be given to any patient who presents with signs of opioid overdose, or when overdose is suspected [4]. Naloxone can be given by intramuscular or intravenous injection every 2 to 3 minutes [4, 13-14].

The most rapid onset of action is achieved by intravenous administration, which is recommended in emergency situations [13]. Intravenous administration generally is used with patients who have no history of opioid dependence. Opioid-naive patients may be given starting doses of up to 2 mg without concern for triggering withdrawal symptoms [4].

The intramuscular route of administration may be more suitable for patients with a history of opioid dependence because it provides a slower onset of action and a prolonged duration of effect, which may minimize rapid onset of withdrawal symptoms [4].

Pregnant patients. Naloxone can be used safely to manage opioid overdose in pregnant women. The lowest dose to maintain spontaneous respiratory drive should be used to avoid triggering acute opioid withdrawal, which may cause fetal distress [4].

MONITOR THE PATIENT'S RESPONSE. Patients should be monitored for re-emergence of signs and symptoms of opioid toxicity for at least 4 hours following the last dose of naloxone (however, patients who have overdosed on long-acting opioids require more prolonged monitoring) [4].

Most patients respond to naloxone by returning to spontaneous breathing, with mild withdrawal symptoms [4]. The response generally occurs within 3 to 5 minutes of naloxone administration. (Rescue breathing should continue while waiting for the naloxone to take effect.)

The duration of effect of naloxone is 30 to 90 minutes. Patients should be observed after that time for re-emergence of overdose symptoms. The goal of naloxone therapy should be restoration of adequate spontaneous breathing, but not necessarily complete arousal [4, 13-14].

More than one dose of naloxone may be required to revive the patient. Those who have taken longer-acting opioids may require further intravenous bolus doses or an infusion of naloxone [4]. Therefore, it is essential to get the person to an emergency department or other source of acute care as quickly as possible, even if he or she revives after the initial dose of naloxone and seems to feel better.

SIGNS OF OPIOID WITHDRAWAL: Withdrawal triggered by naloxone can feel unpleasant. As a result, some persons become agitated or combative when this happens and need help to remain calm.

The signs and symptoms of opioid withdrawal in an individual who is physically dependent on opioids may include (but are not limited to) the following: body aches, diarrhea, tachycardia, fever, runny nose, sneezing, piloerection, sweating, yawning, nausea or vomiting, nervousness, restlessness or irritability, shivering or trembling, abdominal cramps, weakness, and increased blood pressure [13]. Withdrawal syndromes may be precipitated by as little as 0.05 to 0.2 mg intravenous naloxone in a patient taking 24 mg per day of methadone.

In neonates, opioid withdrawal also may produce convulsions, excessive crying, and hyperactive reflexes [13].

NALOXONE-RESISTANT PATIENTS: If a patient does not respond to naloxone, an alternative explanation for the clinical symptoms should be considered. The most likely explanation is that the person is not overdosing on an opioid but rather some other substance or may even be experiencing a non-overdose medical emergency. A possible explanation to consider is that the individual has overdosed on buprenorphine, a long-acting opioid partial agonist. Because buprenorphine has a higher affinity for the opioid receptors than do other opioids, naloxone may not be effective at reversing the effects of buprenorphine-induced opioid overdose [4].

In all cases, support of ventilation, oxygenation, and blood pressure should be sufficient to prevent the complications of opioid overdose and should be given the highest priority if the patient's response to naloxone is not prompt.

NOTE: All naloxone products have an expiration date. It is important to check the expiration date and obtain replacement naloxone as needed.

LEGAL AND LIABILITY CONSIDERATIONS

Health care professionals who are concerned about legal risks associated with prescribing naloxone may be reassured by the fact that prescribing naloxone to manage opioid overdose is consistent with the drug's FDA-approved indication, resulting in no increased liability so long as the prescriber adheres to general rules of professional conduct. State laws and regulations generally prohibit physicians from prescribing a drug such as naloxone to a third party, such as a caregiver. (Illinois, Massachusetts, New York, and Washington State are the exceptions to this general principle.) More information on state policies is available at http://www.prescribetoprevent.org/ or from individual state medical boards.

CLAIMS CODING AND BILLING

Most private health insurance plans, Medicare, and Medicaid cover naloxone for the treatment of opioid overdose, but policies vary by state. The cost of take-home naloxone should not be a prohibitive factor. Not all community pharmacies stock naloxone routinely but can always order it. If you are caring for a large population of patients who are likely to benefit from naloxone, you may wish to notify the pharmacy when you implement naloxone prescribing as a routine practice.

The codes for Screening, Brief Intervention, and Referral to Treatment (SBIRT) can be used to bill time for counseling a patient about how to recognize overdose and how to administer naloxone. Billing codes for SBIRT are as follows:

Commercial Insurance: CPT 99408 (15 to 30 minutes)

Medicare: G0396 (15 to 30 minutes)

Medicaid: H0050 (per 15 minutes)

RESOURCES FOR PRESCRIBERS

Additional information on prescribing opioids for chronic pain is available at the following websites:

http://www.opioidprescribing.com. Sponsored by the Boston University School of Medicine, with support from SAMHSA, this site presents course modules on various aspects of prescribing opioids for chronic pain. To view the list of courses and to register, go to http://www.opioidprescribing.com/overview. CME credits are available at no charge.

http://www.pcss-o.org or http://www.pcssb.org. Sponsored by the American Academy of Addiction Psychiatry in collaboration with other specialty societies and with support from SAMHSA, the Prescriber's Clinical Support System offers multiple resources related to opioid prescribing and the diagnosis and management of opioid use disorders.

http://www.medscape.com. Two course modules sponsored by the National Institute on Drug Abuse and posted on MedScape can be accessed at http://www.medscape.org/viewarticle/770687 and http://www.medscape.org/viewarticle/770440. CME credits are available.

WHAT ARE OPIOIDS?

Opioids include illicit drugs such as heroin and prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone (Oxycontin, Percodan, Percocet), hydrocodone (Vicodin, Lortab, Norco), fentanyl (Duragesic, Fentora), hydromorphone (Dilaudid, Exalgo), and buprenorphine (Suboxone).

Opioids work by binding to specific receptors in the brain, spinal cord and gastrointestinal tract. In doing so, they minimize the body's perception of pain. However, stimulating the opioid receptors or "reward centers" in the brain also can trigger other systems of the body, such as those responsible for regulating mood, breathing, and blood pressure.

A variety of effects can occur after a person takes opioids, ranging from pleasure to nausea, vomiting, severe allergic reactions (anaphylaxis) to overdose, in which breathing and heartbeat slow or even stop.

Opioid overdose can occur when a patient misunderstands the directions for use, accidentally takes an extra dose, or deliberately misuses a prescription opioid or an illicit drug such as heroin. Also at risk is the person who takes opioid medications prescribed for someone else, as is the individual who combines opioids — prescribed or illicit — with alcohol, certain other medications, and even some over-the-counter products that depress breathing, heart rate, and other functions of the central nervous system [4].

PREVENTING OVERDOSE

If you are concerned about your own use of opioids, don't wait! Talk with the health care professional/s who prescribed the medications for you. If you are concerned about a family member or friend, urge him or her to do so as well.

Effective treatment of opioid use disorders can reduce the risk of overdose and help a person who is misusing or addicted to opioid medications attain a healthier life. An evidence-based practice for treating opioid addiction is the use of FDA-approved medications, along with counseling and other supportive services. These services are available at SAMHSA-certified and DEA-registered opioid treatment programs (OTPs) [19-20]. In addition, physicians who are trained to provide treatment for opioid addiction in office-based and other settings with medications such as buprenorphine/naloxone and naltrexone may be available in your community [21].

IF YOU SUSPECT AN OVERDOSE

An opioid overdose requires immediate medical attention. An essential first step is to get help from someone with medical expertise as soon as possible.

Call 911 immediately if you or someone you know exhibits any of the symptoms listed below. All you have to say: "Someone is unresponsive and not breathing." Give a clear address and/or description of your location.

Signs of **OVERDOSE**, which is a life-threatening emergency, include:

- Face is extremely pale and/or clammy to the touch
- Body is limp
- Fingernails or lips have a blue or purple cast
- The patient is vomiting or making gurgling noises
- He or she cannot be awakened from sleep or is unable to speak
- Breathing is very slow or stopped
- Heartbeat is very slow or stopped.

Signs of **OVERMEDICATION**, which may progress to overdose, include:

- Unusual sleepiness or drowsiness
- Mental confusion, slurred speech, intoxicated behavior
- Slow or shallow breathing
- Pinpoint pupils
- Slow heartbeat, low blood pressure
- Difficulty waking the person from sleep.

WHAT IS NALOXONE?

Naloxone (Narcan) is an antidote to opioid overdose. It is an opioid antagonist that is used to reverse the effects of opioids. Naloxone works by blocking opiate receptor sites. It is not effective in treating overdoses of benzodiazepines (such as Valium, Xanax, or Klonopin), barbiturates (Seconal or Fiorinal), clonidine, Elavil, GHB, or ketamine. It also is not effective in treating overdoses of stimulants such as cocaine and amphetamines (including methamphetamine and Ecstasy). However, if opioids are taken in combination with other sedatives or stimulants, naloxone may be helpful.

IMPORTANT SAFETY INFORMATION. Naloxone may cause dizziness, drowsiness, or fainting. These effects may be worse if it is taken with alcohol or certain medicines. Use naloxone with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it.

If you experience a return of symptoms (such as drowsiness or difficulty breathing), ***get help immediately***.

REPORT ANY SIDE EFFECTS

Get emergency medical help if you have any signs of an allergic reaction after taking naloxone, such as hives, difficulty breathing, or swelling of your face, lips, tongue, or throat.

Call your doctor or 911 at once if you have a serious side effect such as:

- Chest pain, or fast or irregular heartbeats;
- Dry cough, wheezing, or feeling short of breath;
- Sweating, severe nausea, or vomiting;
- Severe headache, agitation, anxiety, confusion, or ringing in your ears;
- Seizures (convulsions);
- Feeling that you might pass out; or
- Slow heart rate, weak pulse, fainting, or slowed breathing.

If you are being treated for dependence on opioid drugs (either an illicit drug like heroin or a medication prescribed for pain), you may experience the following symptoms of opioid withdrawal after taking naloxone:

- Feeling nervous, restless, or irritable;
- Body aches;
- Dizziness or weakness;
- Diarrhea, stomach pain, or mild nausea;
- Fever, chills, or goosebumps; or
- Sneezing or runny nose in the absence of a cold.

This is not a complete list of side effects, and others may occur. Talk to your doctor about side effects and how to deal with them.

STORE NALOXONE IN A SAFE PLACE

Naloxone is usually handled and stored by a health care provider. If you are using naloxone at home, store it in a locked cabinet or other space that is out of the reach of children or pets.

SUMMARY: HOW TO AVOID OPIOID OVERDOSE

1. Take medicine only if it has been prescribed to you by your doctor.
2. Do not take more medicine or take it more often than instructed.
3. Call a doctor if your pain gets worse.
4. Never mix pain medicines with alcohol, sleeping pills, or any illicit substance.
5. Store your medicine in a safe place where children or pets cannot reach it.
6. Learn the signs of overdose and how to use naloxone to keep it from becoming fatal.
7. Teach your family and friends how to respond to an overdose.
8. Dispose of unused medication properly.

READ MORE AT http://www.drugs.com/cdi/naloxone.html.

RESOURCES FOR OVERDOSE SURVIVORS AND FAMILY MEMBERS

Survivors of opioid overdose have experienced a life-changing and traumatic event. They have had to deal with the emotional consequences of overdosing, which can involve embarrassment, guilt, anger, and gratitude, all accompanied by the discomfort of opioid withdrawal. Most need the support of family and friends to take the next steps toward recovery.

While many factors can contribute to opioid overdose, it is almost always an accident. Moreover, the underlying problem that led to opioid use — most often pain or substance use disorder — still exists and continues to require attention [2].

Moreover, the individual who has experienced an overdose is not the only one who has endured a traumatic event. Family members often feel judged or inadequate because they could not prevent the overdose. It is important for families to work together to help the overdose survivor obtain the help that he or she needs.

FINDING A NETWORK OF SUPPORT

As with any disease, it is not a sign of weakness to admit that a person or a family cannot deal with the trauma of overdose without help. It takes real courage to reach out to others for support and to connect with members of the community to get help. Health care providers, including those who specialize in treating substance use disorders, can provide structured, therapeutic support and feedback.

If the survivor's underlying problem is pain, referral to a pain specialist may be in order. If it is addiction, the patient should be referred to an addiction specialist for assessment and treatment, either by a physician specializing in the treatment of opioid addiction, in a residential treatment program, or in a federally certified Opioid Treatment Program (OTP). In each case, counseling can help the individual manage his or her problems in a healthier way. Choosing the path to recovery can be a dynamic and challenging process, but there are ways to help.

In addition to receiving support from family and friends, overdose survivors can access a variety of community-based organizations and institutions, such as:

- Health care and behavioral health providers
- Peer-to-peer recovery support groups such as Narcotics Anonymous
- Faith-based organizations
- Educational institutions
- Neighborhood groups
- Government agencies
- Family and community support programs.

RESOURCES

Information on opioid overdose and helpful advice for overdose survivors and their families can be found at the following websites:

Substance Abuse and Mental Health Services Administration (SAMHSA)

- National Treatment Referral Helpline 1-800-662-HELP (4357) or 1-800-487-4889 (TDD — for hearing impaired)
- National Substance Abuse Treatment Facility Locator: http://www.findtreatment.samhsa.gov/TreatmentLocator to search by state, city, county, and zip code
- Buprenorphine Physician & Treatment Program Locator: http://www.buprenorphine.samhsa.gov/bwns_locator
- State Substance Abuse Agencies: http://findtreatment.samhsa.gov/TreatmentLocator/faces/abuse-Agencies.jspx

Centers for Disease Control and Prevention (CDC): http://www.cdc.gov/Features/VitalSigns/PainkillerOverdoses

National Institutes of Health (NIH), National Center for Biotechnical Information: http://www.ncbi.nlm.nih.gov

The Partnership at Drug-Free.org: http://www.drugfree.org/uncategorized/opioid-overdose-antidote

Project Lazarus: http://projectlazarus.org

Harm Reduction Coalition: http://harmreduction.org

Overdose Prevention Alliance: http://overdosepreventionalliance.org

Toward the Heart: http://towardtheheart.com/naloxone

REFERENCES

1. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. CDC WONDER Online Database, 2012.

2. Beletsky LB, Rich JD, Walley AY. Prevention of fatal opioid overdose. *JAMA*. 2013;308(180): 1863–1864.

3. Harvard Medical School. Painkillers fuel growth in drug addiction: Opioid overdoses now kill more people than cocaine or heroin. *Harvard Ment Hlth Let*. 2011;27(7):4–5.

4. BMJ Evidence Centre. Treatment of opioid overdose with naloxone. *British Medical Journal*. Updated October 23, 2012. [Accessed March 24, 2013, at http://www.bmj.com]

5. Enteen L, Bauer J, McLean R, Wheeler E, Huriaux E, Kral AH, Bamberger JD. Overdose prevention and naloxone prescription for opioid users in San Francisco. *J Urban Health*. 2010 Dec;87(6):931–941.

6. Seal KH, Thawley R, Gee L et al. Naloxone distribution and cardiopulmonary resuscitation training for injection drug users to prevent heroin overdose death: A pilot intervention study. *J Urban Health*. 2005;82(2):303–311.

7. Coffin PO, Sullivan SD. Cost effectiveness of distributing naloxone to heroin users for lay overdose reversal. *Ann Intl Med*. 2013;158:1–9.

8. Banta-Green C. Good Samaritan overdose response laws: Lessons learned from Washington State. Washington, DC: Office of National Drug Control Policy, Executive Office of the President, The White House, March 29, 2013. [Accessed at http://www.whitehouse.gov/blog/2013/03/29/good-samaritan-overdose-response-laws-lessonslearned-washington-state]

9. Strang J, Manning V, Mayet S et al. Overdose training and take-home naloxone for opiate users: Prospective cohort study of impact on knowledge and attitudes and subsequent management of overdoses. *Addiction*. 2008;103(10): 1648–1657.

10. Green TC, Heimer R, Grau LE. Distinguishing signs of opioid overdose and indication for naloxone: An evaluation of six overdose training and naloxone distribution programs in the United States. *Addiction*. 2008;103(6): 979–98.

11. Hardman E, Limbird LE, eds. *Goodman and Gilman's the Pharmacologic Basis of Therapeutics, 11th ed*. New York, NY: McGraw-Hill, 2006, pp. 576–578.

12. Centers for Disease Control and Prevention (CDC). Community-based opioid overdose prevention programs providing naloxone — United States, 2010. *MMWR Morb Mortal Wkly Rep*. 2012;261(6):101–105.

13. Rx List [Accessed March 24, 2013, at http://www.rxlist.com]

14. Drugs.com [Accessed March 24, 2013, at http://www.drugs.com]

15. Centers for Disease Control and Prevention (CDC). CDC grand rounds: Prescription drug overdoses — A U.S. epidemic. *MMWR Morb Mortal Wkly Rep*. 2012;61(1):10–13.

16. Isaacson JH, Hopper JA, Alford DP, Parran T. Prescription drug use and abuse. Risk factors, red flags, and prevention strategies. *Postgrad Med*. 2005;118:19.

17. Finch JW, Parran TV, Wilford BB, Wyatt SA. Clinical, legal and ethical considerations in prescribing drugs with abuse potential. In Ries RK, Alford DP, Saitz R, Miller S, eds. *Principles of Addiction Medicine, Fifth Edition*. Philadelphia, PA: Lippincott, Williams & Wilkins, Ch. 109, in press 2013.

18. Michna E, Ross EL, Hynes WL, et al. Predicting aberrant drug behavior in patients treated for chronic pain: Importance of abuse history. *J Pain Symptom Manage*. 2004;28:250.

19. National Treatment Referral Helpline 1-800-662-HELP (4357) or 1-800-487-4889 (TDD for hearing impaired)

20. National Substance Abuse Treatment Facility Locator: http://www.findtreatment.samhsa.gov/TreatmentLocator to search by state, city, county, and zip code

21. Buprenorphine Physician & Treatment Program Locator: http://www.buprenorphine.samhsa.gov/ bwns_locator

22. Bazazi AR, Zaller ND, Fu JJ, Rich JD. Preventing opiate overdose deaths: Examining objections to take-home naloxone. *J Health Care Poor Underserved*. 2010 Nov;21(4):1108–1112.

HHS Publication No. (SMA) 13-4742
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TIME

Naloxone Debate: FDA Hears Testimony About Making an Overdose Antidote Nonprescription

By Maia Szalavitz
April 13, 2012

"Why didn't I know about this when my child was alive?" That was the question raised over and over at a U.S. Food and Drug Administration (FDA) hearing on Thursday by parents whose families make up the terrible statistics on opioid overdose, which now kills some 15,000 Americans each year.

Parents testified at an open meeting called by the FDA to consider whether the lifesaving antidote to opioid overdose — a non-addictive, non-toxic drug called naloxone (Narcan) — should be made available over-the-counter, so that everyone can keep it in their first aid kit, just in case.

The meeting was sponsored by the FDA, the Centers for Disease Control and Prevention (CDC) and the National Institute on Drug Abuse, whose director, Dr. Nora Volkow, has said that she supports making the drug available without a prescription.

The hearing was emotional and, at times, heated. Dozens of people talked about losing family members and friends, and testified to the power of naloxone to save lives. Joanne Peterson, who runs Learn to Cope, a program for family members of drug-addicted people, testified that within two weeks of starting naloxone distribution: "We had a mom save a daughter and a father save a son."

But what was most surprising about the meeting was the underlying sense of consensus. Whether or not the FDA changes the labeling on naloxone, which currently can be acquired only with a doctor's prescription, the majority of people who attended the hearing appeared to be in favor of wider access; some explicitly said that access needs to be expanded, or presented data that supports broader availability.

Naloxone is an opioid antagonist, which means that it attaches to and blocks receptors for opioid drugs like Vicodin and heroin in the brain and body. Because naloxone is more strongly attracted to the receptors than the opioids are, when it is given after an overdose, it displaces these drugs and reverses their effects.

Opioid overdose kills by slowly stopping a person's breathing, so typically there is time to intervene — and often there are other people around when a drug user overdoses. Even though most opioid overdoses involve mixtures of drugs, not just opioids, naloxone is effective even in these cases, and it is not harmful if given in error. Even if used at doses 700 times higher than what is recommended, "you will not see any adverse effects in opioid-naïve patients who are not in pain," testified anesthesiologist Greg Terman on Thursday.

Those who are in pain or who are dependent on opioids will suffer withdrawal symptoms, however. Pain will also return because naloxone blocks the pain-relieving effects of opioid drugs, but these symptoms are not life threatening. Terman noted that when you look in pharmacology textbooks, you'll see that naloxone has a very short list of side effects, "in contrast to a dangerous drug like ibuprofen" (Advil).

Among the more than two dozen members of the public who testified, only one — a representative from the American Society of Anesthesiologists — argued against making naloxone available without a prescription. He argued that a physician's direction is needed when using the drug.

Despite the widespread support for naloxone, however, there are significant barriers to change. For one thing, a drug company would need to submit an application to the FDA to change the status of the drug, which would require presenting a great deal of data. Alternatively, a citizen could petition the agency to make the drug available over-the-counter, but that procedure would take years longer than it would with a drug company involved, an FDA official said.

Since naloxone is off-patent, any company seeking over-the-counter approval would be able to market it exclusively for only three years; if it wanted to seek a longer period of exclusivity by patenting a new method of delivering the drug, that would

require more data and more expense. The CEO of a start-up pharmaceutical company called Anti-Op, which would like to sell naloxone over-the-counter, estimated that the approval process would cost $10 to $20 million, an amount that could exceed the current market for the drug. With insurers and Medicaid unwilling to cover over-the-counter medications, and funding for naloxone programs currently extremely limited, how the drug would be paid for is also unclear.

Right now, only one manufacturer produces naloxone in the U.S. Not only is there currently a national shortage of the drug, its price has also risen dramatically.

The last panel of the daylong meeting was officially charged with debating the question of over-the-counter availability. Of its five members, only one opposed wider availability of naloxone. Dr. Edward Boyer, a professor of emergency medicine at the University of Massachusetts Medical School, argued that making naloxone available without a prescription would actually "increase mortality." He said that while the data supports its use to reverse heroin overdoses, overdoses of some long-acting prescription painkillers require medical attention because naloxone doesn't last as long as those drugs do and so people who are revived might just die later if they aren't taken to the hospital.

Earlier in the day, however, Dr. Alex Walley, assistant professor of medicine at Boston University, presented data that contradicted this argument. Walley said that a study of a Massachusetts naloxone-distribution program compared outcomes in 19 cities and towns that had all experienced at least five or more overdose deaths per year, some of which had naloxone-distribution programs. Communities with more than 150 people per 100,000 members of their population enrolled in the naloxone program saw a 50% reduction in overdose death rates compared with cities without such programs, while those with fewer than 150 per 100,000 participating saw a 27% reduction. Walley and Boyer had a charged exchange over the findings.

Moreover, a recent study published in the CDC's Morbidity and Mortality Weekly Report surveyed 188 naloxone-distribution programs in 15 states, which train drug users and their families and friends how to use the drug and call immediately for medical help. It found that 10,000 overdose reversals have been reported.

Since 1996, when Dan Bigg of the Chicago Recovery Alliance started the first naloxone-distribution program in the nation, the drug has been given to more than 50,000 people. Few side effects have been reported and the rare cases in which the drug did not work occurred either in overdoses of other drugs or when the drug was given after the victim was already dead. Boyer criticized this research, however, because he said it doesn't provide information on whether people who are saved are more likely to overdose again and die later.

In a surprising vote of support, another panel member, Bertha Madras, a former deputy drug czar under President George W. Bush and a professor of psychology at Harvard, said she believed naloxone should be made more widely available, but that she wasn't currently convinced that expanded access should go as far as making the drug nonprescription. Though Madras has previously been quoted as opposing wider distribution, she said that she her comments had been misconstrued. "Life comes first," she testified, arguing that naloxone should be widely distributed but should be integrated into programs to get revived drug users into treatment.

Summing up, Sarah Wattenberg, senior adviser for substance abuse policy in the office of the assistant secretary for health said, "You have our attention. We understand that you want us to do more."

As a grieving mother, Susan Gregory, who lost her son, Denny, at age 20 to overdose, put it: "Any risk of naloxone is very minimal compared to death. … Drug users deserve to live. If it was your child, mother, brother, sister, would you want naloxone in the house?" I can't imagine any parent answering no.

Correction [April 23, 2012]: The original version of this story misstated that communities with more than 150 people enrolled in the Massachusetts naloxone program saw a 50% reduction in overdose death rates compared with cities without such programs, while those with fewer than 150 people participating saw a 27% reduction. The correct population measure is 150 people per 100,000 people in the population. The story has been updated to reflect the correction.

Police carry special drug to reverse heroin overdoses

February 3, 2014

A drug that is highly successful in reversing heroin overdoses is being carried by some police agencies as a way to give quicker treatment before paramedics arrive

Donna Leinwand Leger, USA TODAY

As Boston celebrated its World Series victory last fall with a grand parade through downtown, a distraught young man burst through the crowd in search of police. But he didn't want Boston police. He wanted an officer from Quincy, a Boston suburb.

The man's girlfriend had overdosed on heroin. He had heard Quincy police carry naloxone, a drug that can reverse an opiate overdose instantly. Quincy officers, helping with security at the parade, administered the drug, reversed the overdose and saved the 20-year-old woman.

Since Quincy officers began carrying a nasal form of the drug, known commonly by its trade name, Narcan, in October 2010, they have administered the drug 221 times and reversed 211 overdoses, say Lt. Detective Patrick Glynn, commander of the narcotics unit and special investigations at the Quincy Police Department.

As opiate overdoses have soared nationwide, more police departments are taking a hard look at equipping their police officers and other first responders with naloxone instead of waiting for paramedics to arrive. Police are often the first to arrive at the scene, and experts say those early minutes can be the key to saving a life.

The public safety department in Espanola Valley, New Mexico in early 2013 became the first police agency in the southwest to equip its police and first responders with naloxone, says Chief Eric Garcia, director of public safety.

"It's a great tool to add to our arsenal," Garcia said. "It's not only weapons that we need to have. The bottom line for law enforcement is that we are there to protect and serve the public, to preserve life and property."

In Ocean County, N.J. when overdose deaths doubled from 53 in 2012 to 112 in 2013, Ocean County Prosecutor Joseph Coronato "looked at every option to address the problem," including tougher law enforcement, encouraging private companies to build rehab facilities and equipping officers with naloxone, spokesman Al Della Fave said.

The county will pay for the $25 nasal naloxone kits with money from the county's drug forfeiture fund, he said. "It'll be the drug dealers who will be paying for this," Della Fave said.

Ocean County will begin training its police officers in all 31 local departments to use naloxone in Febuary, Della Fave said. "The officers don't want to be standing there helpless waiting for EMS," he said.

An overdose of heroin or other opiates such as oxycodone or hydrocodone can depress breathing and leave the user unconscious. Untreated, the user can die.

Naloxone binds to the opioid receptors in the brain, displacing other drugs and reversing the effects, says Dr. Alexander Walley, an internist and addiction medicine specialist at the Boston University School of Medicine.

Naloxone can be administered by injection into a muscle or as a nasal spray and lasts 30 to 90 minutes, he said. It won't reverse the effects of other types of drugs, such as cocaine or methamphetamine.

"There is zero risk. It's so safe I can squirt it up my nose right now and it won't do a thing to me," says Dr. Ken Lavelle, an emergency room physician and EMS medical director for departments in Pennsylvania and New Jersey. "There is very little downside to it for police and other first responders."

In Massachusetts, the Department of Public Health established a pilot program to distribute naloxone to friends and families of opiate addicts in 2007. By 2009, police and fire departments asked to participate.

Five departments now equip first responders with naloxone and many more have expressed interest, says Hilary Jacobs, director of the Bureau of Substance Abuse Services.

"Often they were the first people on the scene and they wanted to be able to do something that was effective," Jacobs said.

Police and first responders have reversed more than 300 overdoses statewide, Jacobs said. The department doesn't track whether some people have been reversed multiple times.

The toughest problem, Glynn says, was persuading drug users, their friends and family that they wouldn't get arrested if they call 911 to get help for an overdose. Massachusetts and most other states have Good Samaritan laws that protect people in medical situations.

Now drug users often flag down officers for help rather than running from them, Glynn said.

To be rescued by a police officer instead of being arrested "is a powerful thing," Jacobs said.

"We didn't anticipate how it would change the relationship between the police and the community, including the drug using community," Jacobs said. "There's a lot of compassion and a lot more respect going both ways. "

Heroin overdoses became an issue in the Quincy mayoral election seven years ago. In 18 months, 99 people had overdosed and died in Quincy and two neighboring communities.

"We needed to acknowledge the problem and come together as a community to deal with it," said Mayor Thomas Koch, who created a task force.

Koch first learned of Narcan during his campaign, when the parents of a young heroin addict recounted the terror of their son's overdose. Police arrived, but without the drug, they could only wait helplessly until the ambulance arrived. The paramedics arrived with naloxone and reversed the overdose.

Equipping police with naloxone made sense since they usually get to the scene first, Koch said.

"It's easy for the cynical person to say, 'Oh, they're druggies, they're junkies, let them die. But when you put a name and a face and a family to that, then it's a different story," Koch said. "Some people who go down this road will never come back, but if we can bring them back, there's always hope."

Contributing: Andrea McCarren, WUSA

Attachment 5

DRAFT

Sign up for CURES
Board of Pharmacy now taking CURES registration materials

The California State Board of Pharmacy wants to help pharmacists register to access CURES and has created a procedure to do just that.

CURES is California's prescription drug monitoring program for controlled substances and is operated under the California Department of Justice. Effective January 1, 2016, all California licensed pharmacists must be registered to access CURES (as required by section 209 of the California Business and Professions Code).

To aid pharmacists and the California Department of Justice in meeting this deadline, the board is offering to assist in the registration of pharmacists. The information below advises pharmacists on how to register in CURES in order to access patient activity reports.

There are now three ways for pharmacists to register for CURES.

1. **Via the Board of Pharmacy**

   STEP 1. PREREGISTRATION: To start the process, go to oag.ca.gov/cures-pdmp.

   Select "pharmacist," then:

   1. Complete the online application form
   2. Print out the completed form, then sign and date it
   3. Attach a copy of:
      - Your CA pharmacist license
      - DEA controlled substances registration (if you possess one)
      - Driver's license or other photo government identification

   STEP 2. Personally hand the completed application package to a board inspector or personally bring the completed packet to the Board of Pharmacy office in Sacramento, at 1625 N. Market Blvd., Suite N-219.

   STEP 3. A CONFIRMATION will be emailed to you by the Department of Justice once your registration is processed.

2. **Pharmacists can go online to** oag.ca.gov/cures-pdmp and complete and mail to the DOJ a notarized packet. Instructions are online at this website.

3. **Group Registration by the Department of Justice**

The DOJ CURES Program offers outreach registration to interested prescriber and pharmacist groups.

If a site can present at least 20 prescribers or pharmacists who have completed registration applications in hand – including the completed, downloadable application form; pertinent California professional license; DEA Controlled Substance Certificate (if there is one); and a driver's license or government photo identification – then CURES staff will personally attend and accept the application packages at the site in place of the mail-in process that requires a notary to authenticate the identity of the applicant and required documentation.

Registration applications are available at oag.ca.gov/cures-pdmp.

CURES outreach staff will also provide a short CURES briefing to the group.

To arrange for a sign-up event, contact Mike Small at (916) 227-3324 or mike.small@doj.ca.gov; or Tina Farales (916) 227-3436 or tina.farales@doj.ca.gov.

NOTE THE FOLLOWING

- CURES passwords MUST BE renewed every six weeks.
  Some pharmacists simply renew their passwords on the first of each month. While you CAN use the same password every time, you need to re-fresh/re-new before the password expires.
  - Keep a copy of your original responses. If your password expires, it can be difficult to reset if you did not save all the questions you answered on the original application – which must be entered exactly as you initially entered them.

The following entities do not report to CURES:

- Indian Health Services
- Veterans Administration clinics and hospitals
- Military base pharmacies
- Correctional facilities
- Methadone clinics

DRAFT

Attachment 6

May 8, 2014
Contact: DEA Public Affairs
(202) 307-7977

DEA'S National Prescription Drug Take-Back Days Meet a Growing Need for Americans

MAY 08 (WASHINGTON)–Americans nationwide showed their support for the United States Drug Enforcement Administration's (DEA's) National Prescription Drug Take-Back Day program by dropping off more prescription pills than ever this past Saturday.

After seven previous Take Back Days spread over almost four years, **780,158** pounds (**390** tons) of pills were brought to the **6,072** collection sites that DEA and its **4,423** state, local, and tribal law enforcement partners set up on April 26 so the public could discard unwanted, unused and expired prescription drugs from medicine cabinets, bedside tables, and kitchen drawers. When added to that collected at previous DEA-coordinated Take-Back events, **4.1 million** pounds (**2,123** tons) of prescription medications have been removed from circulation.

"DEA's National Prescription Drug Take-Back events provide an obviously needed and valued service to the public, while also reducing prescription drug abuse and trafficking," said DEA Administrator Michele Leonhart. "By taking these medications off their hands, our citizens know they have made their own families and communities safer. We continue to work toward making the process for disposing of controlled substance medications by users and their caregivers even easier by creating regulations that will enable the public to regularly, safely, and conveniently dispose of such medicines when they are no longer needed or wanted."

The National Prescription Drug Take-Back Day aims to provide a safe, secure, and environmentally responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse and trafficking of medications. This is important because the non-medical use of controlled substance (CS) medications is at an all-time high, with 6.8 million Americans reporting having abused prescription drugs in 2012, according to the Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health (NSDUH) released in 2013. That same study revealed more than 54 percent of people who abuse prescription pain relievers got them through friends or relatives, a statistic that includes raiding the family medicine cabinet.

The DEA's Take-Back events are a significant piece of the Obama administration's strategy for preventing prescription drug abuse and trafficking, which also includes education of health care providers, patients, parents and youth; enhancing and encouraging the establishment of prescription drug monitoring programs in all the states; and increased enforcement to address doctor shopping and pill mills.

Take-Back Days are presently needed because the Controlled Substances Act (CSA) as originally written did not provide a way for patients, caregivers, and pet owners to dispose of such CS medications as painkillers, sedatives, and stimulants like ADHD drugs. People were flushing their old meds down the toilet or throwing them in the trash.

DEA launched its first Take-Back event in September 2010, after which the President signed the Secure and Responsible Drug Disposal Act of 2010, which amended the CSA to allow people, including residents of long term care facilities, to regularly, conveniently, and safely dispose of their CS medications by delivering them to entities authorized by the Attorney General to accept them. DEA is in the process of finalizing regulations to implement the Act, publishing on December 21, 2012, a Notice of Proposed Rulemaking on the Disposal of Controlled Substances that presented possible disposal options.

Date of Take-Back Day	Pounds Collected
Sept. 25, 2010	242,000
April 30, 2011	376,593
October 29, 2011	377,086
April 28, 2012	552,161
Sept. 29, 2012	488,395
April 27, 2013	742,497
Oct. 26, 2013	647,211
April 26, 2014	780,158

Attachment 7

California State Board of Pharmacy
1625 N. Market Blvd., Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

STATE BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
EDMUND G. BROWN, JR., GOVERNOR

April 28, 2014

Drug Enforcement Administration
Attn: DEA Federal Register Representative/ODL
8701 Morrissette Drive
Springfield, VA 22152

RE: COMMENTS OF THE CALIFORNIA STATE BOARD OF PHARMACY
Docket No. DEA-389
Rescheduling of Hydrocodone Combination Products from Schedule III to Schedule II

To Whom It May Concern:

I write on behalf of the California State Board of Pharmacy (Board). We are pleased to have this opportunity to submit comments on Docket No. DEA-389, titled "Schedules of Controlled Substances: Rescheduling of Hydrocodone Combination Products From Schedule III to Schedule II." We will be brief. We strongly support and encourage this timely action, as we believe Schedule II is more appropriate for hydrocodone combination products (HCPs). As we will explain below, however, we do urge you to keep in mind, as you schedule the timing of this transition, the innumerable patients (and their practitioners) who rely on HCPs for legitimate treatment, and respectfully suggest that the Drug Enforcement Administration (DEA) provide sufficient notice and a period of transition to enable those patients and practitioners to adjust their prescribing regimens to the additional requirements that must now be met.

Our experience in California with HCPs illustrates the need for their rescheduling. Our state leads the nation in utilization of HCPs, with over 1.4 billion dosage units dispensed from April 2012 to April 2013.[1] And that figure obviously does not capture usage not pursuant to a prescription. We have seen firsthand the strong potential for abuse of these drugs, which have now significantly surpassed other opioid analgesics, including Schedule II drugs of abuse such as oxycodone and morphine, in their legitimate and illegitimate utilization in California. We are also experiencing consistent and increasing trends in diversion and self-use of these drugs.

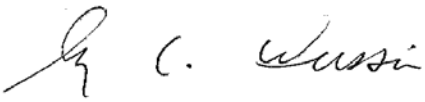
It seems obvious that HCPs belong in Schedule II. We support their rescheduling.

[1] Data from the Controlled Substance Utilization Review and Evaluation System (CURES), California's prescription drug monitoring program (PDMP) to which Schedule II-IV controlled substance prescriptions are reported.

Our only caution would be that you not make this decision suddenly and without some period of time for adjustment and transition. This may occur naturally as a consequence of the rulemaking process, but in the event the rulemaking proceeds relatively quickly, we would ask that you consider building in an adjustment period to allow those patients and practitioners (in long-term care settings, especially) making legitimate use of HCPs for pain management to make changes in their prescribing protocols that will be necessitated by this reclassification, and/or to consider a switch in their treatment plan to another medication or methodology of pain treatment.

Thank you for your attention to these matters, and for your willingness to hear our input. We look forward to continuing to work together to secure the nation's drug supply. Please feel free to contact the Board at any time if we can be of assistance. The best route for contact is via Executive Officer Virginia Herold, at (916) 574-7911, or Virginia.Herold@dca.ca.gov.

Sincerely,



STANLEY C. WEISSER, R.Ph.
President, California State Board of Pharmacy

Attachment 8

Older Americans hooked on Rx: 'I was a zombie:' *Seniors and prescription drugs: as misuse rises, so does the toll*

Janet Loehrke and Peter Eisler, USA TODAY

Peter Eisler, 4:58 p.m. EDT May 20, 2014

Hundreds of thousands of the nation's seniors are misusing prescription drugs, including narcotic painkillers, anxiety medications and other pharmaceuticals, for everything from joint pain to depression.

Betty Van Amburgh became addicted to painkillers after seeking treatment for back pain.(Photo: Robert Hanashiro, USA TODAY)

When Betty Van Amburgh began treatment last year for her addiction to prescription painkillers, she was told to bring along all her medication.

She arrived with a shopping bag — boxes of transdermal patches laced with fentanyl, a narcotic up to 100 times stronger than morphine; bottles of hydrocodone, another powerful opioid; packages of Xanax, an addictive sedative.

"They kept saying, 'How did you get so much?' " recalls Van Amburgh, 68, who'd been on an increasingly potent mix of medications since a series of back surgeries 20 years earlier. "The doctors just kept prescribing them. It was always, 'Do you have pain? Let me give you a prescription. ...' But I got addicted. I was a zombie."

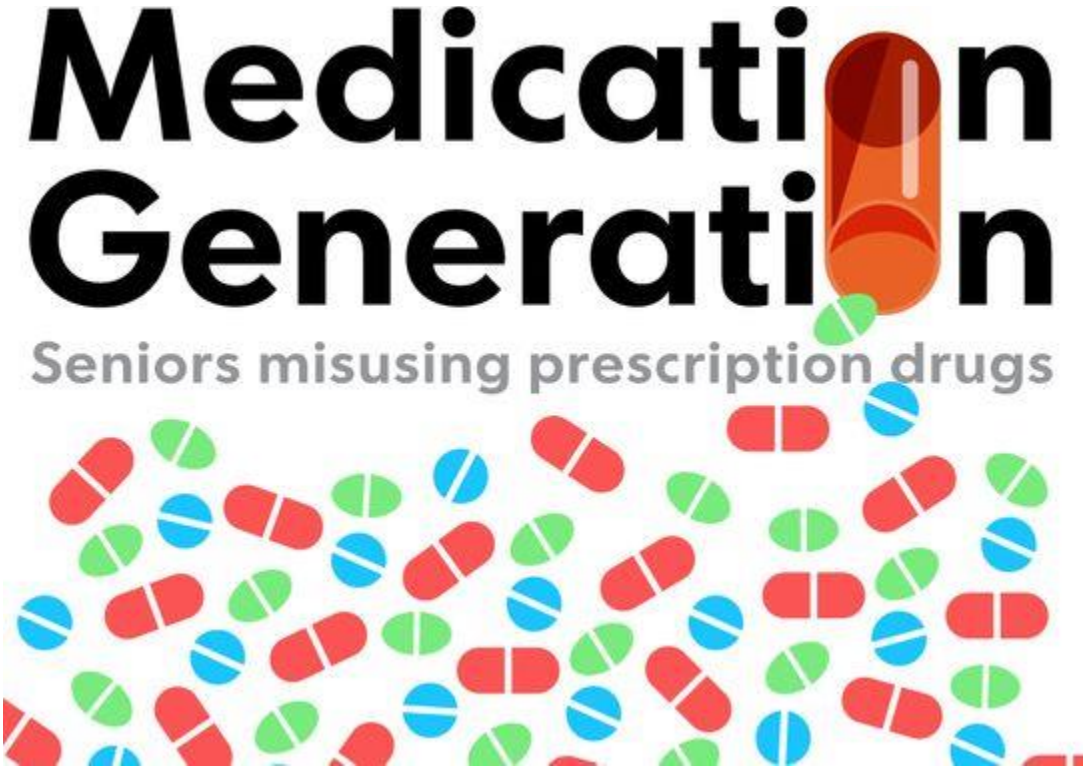
Hundreds of thousands of the nation's seniors are misusing prescription drugs, spurred by a medical community that often is quick to offer narcotic painkillers, anxiety medications and other pharmaceuticals for everything from joint pain to depression. And despite a push by public

health officials to slash dispensing rates, doctors are prescribing the highly addictive drugs at record levels.

By many measures — rising overdose deaths, a spike in emergency room visits, increasing admissions to addiction treatment programs — the toll on the senior community is enormous, a USA TODAY review of government data finds.

"There's this growing group of seniors, they have pain, they have anxiety … and a lot of (doctors) have one thing in their tool box — a prescription pad," says Mel Pohl, medical director at the Las Vegas Recovery Center, which treats seniors for pain and drug dependence. "The doctor wants to make their life better, so they start on the meds."

Over time, patients build up a tolerance or suffer more pain and they ask for more medication, Pohl says. "And without anyone necessarily realizing, it begins a downward spiral with horrible consequences."



More seniors are becoming addicted to prescription drugs.(Photo: Jerry Mosemak)

Older brains and bodies are prone to drug complications, from falls and respiratory failure to cognitive problems and dementia. Yet studies project the number of seniors misusing pharmaceuticals will continue to grow, fueled by aging Baby Boomers and the medicate-first approach many doctors take in treating them.

BIG PROBLEM, BIG TOLL

To assess the scope and impact of the prescription drug problem among older Americans, USA TODAY studied data from an array of federal agencies and private firms. Key findings:

• **More prescriptions:** The medical community is increasingly giving older patients prescriptions for two especially addictive drug classes: opioid pain relievers and benzodiazepines, psychoactive medications such as Xanax and Valium often used for anxiety. According to data collected from IMS Health, which tracks drug dispensing for the government, the 55 million opioid prescriptions written last year for people 65 and over marked a 20% increase over five years — nearly double the growth rate of the senior population. The number of benzodiazepine prescriptions climbed 12% over that period, to 28.4 million.

• **More misuse:** In 2012, the average number of seniors misusing or dependent on prescription pain relievers in the past year grew to an estimated 336,000, up from 132,000 a decade earlier, according to survey data from the Substance Abuse and Mental Health Services Administration (SAMHSA). Misuse is defined as using the drugs without a prescription or not as prescribed.

• **More damage:** Among people 55 and older seeking substance abuse treatment from 2007-11, there was a 46% jump in the share of cases involving prescription narcotics, SAMHSA data show. Annual emergency room visits by people 65 and over for misuse of pharmaceuticals climbed more than 50% during that time, to more than 94,000 a year. And the rate of overdose deaths among people 55 and older, regardless of drug type, nearly tripled from 1999-2010, to 9.4 fatalities per 100,000 people, based on data from by the Centers for Disease Control and Prevention.

The misuse of prescription medication by seniors has the hallmarks of an "emerging epidemic," says Wilson Compton, a psychiatrist and deputy director of the National Institute on Drug Abuse, part of the National Institutes of Health. Both prescribers and patients need better education on the uses and risks of painkillers and psychoactive drugs, Compton says. "We have not focused as specifically on this older population as we might. ... It's a serious problem."

LIVES TAKEN OVER

Van Amburgh figures the doctors treating her back pain wanted to help; by the time she figured out that they were doing just the opposite, it was too late.

Through two decades of back pain, she saw general practitioners, orthopedists, pain specialists. Each would assess her drug regimen, maybe switch a narcotic, tweak a dosage.

"No one ever told me to cut back," she says.

Over time, Van Amburgh felt too foggy to drive, so she gave up her license. She grew isolated, distant from friends, even her two grown daughters. By last summer, she was sleeping through her cherished family vacations.

"For my husband, my family, I was non-existent," she says.

It's a common pattern — an older patient is medicated for a chronic problem, dosages escalate over time, leading to dependence. But different people take different paths.

Some are Boomers who grew up with drug use and never shook it. David Walsh, 62, a facilities services foreman in Boston, has struggled with substance abuse since his teens in the late '60s, including treatment for alcohol, cocaine and heroin. As he aged, he turned to opioid painkillers.

"It was mostly Percocet and Vicodin — I'd buy them off the street, steal them from my wife, my son, from friends' (medicine chests)," says Walsh, who completed treatment last fall. "And if I had an operation or something and the doctor didn't know I was an addict, I'd always ask for Vicodin."

Then there are the seniors who never touched drugs until they were prescribed late in life.

Retired dentist Keith Blair was put on narcotics in his mid-80s to treat back pain. His daughter, Marian Hollingsworth, says he initially was prescribed Percocet. Taking it left him too dazed to get out of bed. After moving to a hospital for back scans, doctors added powerful anti-psychotics to a mix of painkillers. He fell into a semiconscious state. Over the following weeks, as he bounced between two hospitals and a nursing home, his heart and kidney functions declined, then failed.

Marian Hollingsworth's father, Keith Blair, was a lieutenant commander in the Navy and a dentist. Blair was put on a heavy regimen of psychoactive drugs after being hospitalized with back pain. The drugs sent him into a downward spiral that led to him being put in a nursing home, where he got a severe infection and died. In the facility for only 58 days, she feels his mistreatment hastened his demise. He was 86 years old.(Photo: Dan MacMedan, USA TODAY)

Blair died without returning home.

"All of these drugs were being given to him without our knowledge; nobody talked about the risks," says Hollingsworth, who later got her father's medical records and complained to the state health department that the medications were inappropriate. Some had "terrible side effects for someone with the (health) problems he had. ... This was stuff he never should have been given."

1 IN 4 OLDER ADULTS ON RISKY DRUGS

No other segment of the population is prescribed more drugs than seniors, and none faces higher risks of complications.

"The elderly take more prescriptions than other people partly because they have more (medical) conditions, (and) there are special concerns about prescribing to these people," says Leonard Paulozzi, a CDC epidemiologist specializing in drug-related injury. "Everybody needs more education about the use of these drugs, whether it's prescribers or patients."

About one in every four adults 50 and over use psychoactive medications — mostly opioids for pain and benzodiazepines for anxiety — according to research cited in a 2012 brief prepared by SAMHSA and the Administration on Aging. And because older bodies metabolize drugs less quickly, those medications tend to build up in their bodies.

The problem, according to Paulozzi and other experts, is that both types of drugs can cause disorientation and affect balance, compounding the risk seniors face of falling. And combining the two, which many physicians do, can depress respiratory function at high doses — a potentially fatal problem for older people, who often are weakened by other ills.

CDC data from 2010 show that 75% of pharmaceutical overdose deaths involved opioid painkillers, and nearly a third of those cases also involved benzodiazepines.

Yet the number of seniors using — and misusing — those drugs continues to climb.

"The problem really is being fueled by over-prescribing," says Andrew Kolodny, chief medical officer for Phoenix House, which runs scores of addiction treatment programs nationally, and president of Physicians for Responsible Opioid Prescribing.

Kolodny notes that the graying of the Baby Boomers has created a bubble of people inclined to seek drugs for chronic pain, menopause-related anxiety and other age-related afflictions. And patients who ask their doctors for narcotics are far more likely to get them prescribed — a phenomenon documented this year in a study in *Medical Care.*

Researchers see two underlying factors: Drug companies are aggressively marketing pain medications for older consumers, and physicians are treating more aging patients without proper training in addiction.

"Many physicians are not well trained on the consequences of using these drugs so widely," says Susan Foster, who heads policy research at CASAColumbia, a non-profit that studies strategies to prevent and treat addiction. "They're not attending to the fact that these are highly addictive substances that can cause a lot of complications for older patients."

WHEN IT'S TIME TO SAY 'NO'

Part of the challenge is determining which patients truly need prescription drugs — and how long they should stay on them.

Long-term treatment with opioids and benzodiazepines is widely accepted in some cases, especially for patients with certain cancers and end-of-life conditions, and there is debate on whether efforts to constrain prescribing might limit legitimate use of the drugs.

But multiple studies show that opioids lose their effectiveness as patients build tolerance and have little value as a long-term tool for managing chronic pain. Benzodiazepines, such as Valium, also are not considered effective for long-term use.

As those realizations have taken hold, fewer new patients are being introduced to those medications, says David Oslin, an addiction specialist and psychiatry professor at the University of Pennsylvania's Perelman School of Medicine. The bigger challenge is weaning elderly patients who were put on the drugs years ago.

"It's really hard to get them off," Oslin says. "And there's a stigma — people don't want to take away a 70-year-old's medications."

Van Amburgh's dependence on painkillers grew inescapable; when she forgot to put on a fresh fentanyl patch, she felt nauseated, feverish.

"I wanted my life back," she says.

She returned to her most recent doctor, who agreed that her course of pain medicine had become a concern, and she ended up in Pohl's Las Vegas treatment program. The withdrawal was gut-wrenching, but she emerged with less back pain than she had during all her years on narcotics — a common outcome among people who build a tolerance to opioids.

Betty and Fred Van Amburgh relax at their home north of Las Vegas.(Photo: Robert Hanashiro, USA TODAY)

"They told me I'd be in less pain and I didn't believe them, but I'm like a new person," she says. "The thing that still pisses me off, though, is that nobody tried to take me off the drugs sooner. From one doctor to another to another, they just wrote more prescriptions.

"Really," she adds. "I think it was just ignorance."

VA hasn't followed own rules on narcotic prescriptions, audit says

http://cironline.org/reports/va-hasnt-followed-own-rules-narcotic-prescriptions-audit-says-6370

May 14, 2014

Aaron Glantz, Veterans Reporter

The Department of Veterans Affairs has supplied Tim Fazio with nearly 4,000 oxycodone pills since he returned home after tours in Iraq and Afghanistan in 2008. Fazio says he was never in acute physical pain but used the pills to blot out feelings of guilt for surviving when many of his friends did not.

Credit: Adithya Sambamurthy/The Center for Investigative Reporting

The U.S. Department of Veterans Affairs has systematically failed to follow its own rules governing the prescription of addictive narcotic painkillers, contributing to overdoses and deaths, according to 68-page report released today by the agency's inspector general.

The audit comes a day before Secretary of Veterans Affairs Eric Shinseki is to testify before a Senate committee to answer allegations that dozens of veterans in Phoenix died waiting for care.

"They don't know what they're doing. They don't care," said Steven Harvey, a 57-year-old Army veteran who was sent home with morphine even after he fell into a coma when he was given 10 times the recommended dose of the painkiller fentanyl during a routine procedure to remove a kidney stone at a Los Angeles VA in August 2012.

The inspector general reviewed patient records for nearly a half-million veterans prescribed opiates in 2012 and found widespread problems:

- More than 90 percent of veterans regularly prescribed opiates also were prescribed benzodiazepine muscle relaxants, even though taking the two together increases the likelihood of overdose and death.
- VA policy requires that veterans being prescribed opiates receive urine tests to prevent abuse, but less than 8 percent of new patients were screened.
- Thirteen percent of veterans receiving opiate prescriptions were known addicts.
- A majority of veterans on opiates have post-traumatic stress disorder or another mental health condition, but a national policy discourages narcotic prescriptions for these patients because of their increased risk of overdose.
- Although psychotherapy is recommended to relieve pain, about 45 percent of veterans on opiates were receiving it.

The VA did not immediately return calls for comment on the auditor's report. In his written response, the agency's undersecretary for health, Dr. Robert Petzel, agreed with the inspector general's findings, saying the report "provides an important baseline for understanding" how VA clinicians were prescribing opiates two years ago.

"Since that time," he said, the VA "has initiated several new modalities for improving patients care, including: pain schools, tele-pain schools, smartphone type applications and web based modules for patient family education, case based audio conference, nationwide community of practice calls, self-management strategies, and complementary and integrative medicine modalities."

By last November, he said, about 39,000 fewer veterans were on opiates than in October 2012.

The audit of the VA's prescription practices comes as the agency faces increased scrutiny from members of Congress and veterans' advocates over reports that VA officials in Arizona, Colorado and Texas manipulated data or maintained secret lists to hide lengthy wait times for medical care.

The American Legion, the nation's largest veterans group, has called for Shinseki's resignation.

Even before this latest scandal emerged, the agency's prescription practices were under fire from members of Congress.

In September, The Center for Investigative Reporting revealed that VA prescriptions for four highly addictive opiates – hydrocodone, oxycodone, methadone and morphine – surged by 270 percent between 2001 and 2012. That far outpaced the increase in patients and contributed to a fatal overdose rate among VA patients that was nearly double the national average.

At a congressional hearing in October, VA officials promised to combat the problem. In February, VA officials told members of the House Committee on Veterans' Affairs that the number of veterans being prescribed opiates had fallen by 20,000 during the previous four months.

At that hearing, Petzel said the VA would expand alternative pain therapies, including acupuncture, meditation, yoga and imaging therapy.

But in interviews this week, veterans said that while VA doctors have become more conservative in prescribing narcotics, alternative therapies have yet to materialize.

"They don't offer anything but pills," said Iraq War veteran Ryan Holleran, 28, who was discharged from the military last year.

Holleran said he was put on Vicodin in the Army for chronic back pain from carrying a 75-pound backpack in Iraq. Holleran said he has turned down narcotic prescriptions at the VA despite continued pain.

Now, he says, he takes large amounts of ibuprofen prescribed by the VA in San Francisco – so much, in fact, that an agency doctor prescribed him another medicine to protect his stomach lining. He also takes an antidepressant and an antipsychotic prescribed by the VA, he said, but receives no therapy.

Holleran said he was turned away from yoga. The only class offered, he said, was for VA employees. The San Francisco VA did not respond to a request for comment.

This story was edited by Amy Pyle and copy edited by Nikki Frick.

May 8, 2014

California a heavy user of opioids for injured workers

California's system of compensating workers for job-related illnesses and injuries has one of the nation's highest rates of prescribing powerful pain-reducing drugs called opioids, a massive study by the Workers Compensation Research Institute found.

The findings suggest that injured workers may be overprescribed with narcotics, leading to addiction and other problems.

"Opioid misuse resulting in overdose deaths, addiction and diversion constitutes a top priority public health problem in the United States," the report says, adding that "an increasing number of states" have adopted policies to reduce use of opioids such as oxycodone and hydrocodone.

The institute examined serious work-related injuries in 25 states, encompassing more than 70 percent of the workers compensation benefits in the nation, and 1.5 million pain prescriptions to develop its profiles of each state's opioid use.

Louisiana stood out as the state with the heaviest long-term use of opioids to treat pain, but California was clustered with several other states in the second tier. The report recommends that states with high levels of opioid use adopt policies to monitor prescriptions and reduce use where possible.

The full report can be obtained from the Massachusetts-based organization here.

PHOTO: Amy Schutt deposits unwanted prescription drugs at a special receptacle at the state Capitol in Bismarck, N.D. on April 25, 2014. Attorney General Wayne Stenehjem says a state

program that collects unused medication to help fight prescription drug abuse has destroyed 3.3 tons of OxyContin and other drugs in the past five years. Associated Press Photo/James MacPherson

Read more here: http://blogs.sacbee.com/capitolalertlatest/2014/05/california-a-heavy-user-of-opiods-for-injured-workers.html#storylink=cpy

Injured Workers Opioid Use on Rise in California, Washington

http://www.insurancejournal.com/news/west/2013/05/20/292533.htm

May 2013

Washington and California are among states in the U.S. Western Region that have publicly struggled with opioid abuse in workers' compensation.

In California, home to one-in-eight Americans, just 3 percent of the state's doctors prescribe 55 percent of the opioids, according to findings from the California Workers' Compensation Institute.

California has seen a large increase in opioid prescriptions over the last decade, according to CWCI, which has been tracking opioid usage in workers' comp for the past eight years.

Between 2002 and 2011 CWCI tracked a 300 percent increase in opioids, according to CWCI President Alex Swedlow.

In 2002 roughly 1 percent of all injured worker outpatients were prescribed opioids. By 2011 it was 5 percent, and payments for opioid prescriptions rose from 4 percent to 18 percent during that period, according to Swedlow.

"That's a 321 percent increase in payments," he added.

Driving these escalations were not more workers being injured, nor were there more injuries that warranted doctors prescribing more painkillers, according to Swedlow.

"It really had no significant relationship to changes in workplace injuries," he said. "They were just prescribing more."

CWCI published a study in 2008 that looked at different levels of opioid prescriptions and different workers' comp claim outcomes. The study population consisted of a sample of 166,336 workers' comp claims for back conditions without spinal cord involvement with dates of injury between 2002 and 2005.

What it found was the higher the dose level the worse the outcome. Higher dosage equated to higher cost, more time out of work, and more litigation.

Average claim costs of workers receiving seven or more opioid prescriptions were three times more expensive than workers who received one or no opioid prescription, and those workers receiving more opioids were 2.7 times more likely to be off work and had 4.7 times as many days off work, according to the study.

The study shows the likelihood of indemnity payments among claims with no filled opioid prescriptions was 34 percent. When there was one opioid prescription, the likelihood of rose to 56 percent, and when there were two or three opioid prescriptions, the likelihood of indemnity payments was more than 86 percent. That likelihood rose to nearly 90 percent among claims that had four to seven opioid prescriptions, according to the report.

Washington is in the process of introducing a set of more stringent guidelines for workers' comp medical providers that detail when opioids should and shouldn't be prescribed, as well as consequences for failure to follow these best practices.

Washington has been among the states with the highest rate of prescription opioid-related deaths, according to a CDC, which reports on the U.S. and the rate of death from overdoses, and it breaks out opioids.

The latest report shows there are 14.7 drug overdose deaths per 100,000 population in Washington. Of those, 6.1 per 100,000 were opioid related overdoses, according to the report. The report shows the national average for drug overdose deaths was 11.9 per 100,000, with opioids accounting for 4.8 per 100,000.

New Mexico (27.0, and 5.7), West Virginia (25.8, 5.9) and Kentucky (17.9, 6.0) were among the top states with drug overdose and opioid-related deaths, according to the report.

That report was one of the factors that prompted the state to take action, said Jaymie Mai, pharmacy manager for Washington's Department of Labor & Industries.

"We're in the higher tier states," Mai said.

Washington is now taking action to limit opioid prescription for injured workers to when such drugs can help bring about a "clinical meaningful improvement in function and pain," Mai said.

They are also setting triggers for when opioids should be used to set a clear bar for when such potent pain relievers should be prescribed, she said.

"We want to balance the use of opioids with all the risk that comes," Mai said. "I think what we've seen in the last 10 years or so there's been an uptick in the use of opioids. And when we look at our data there's been an uptick in the use of Schedule II opioids."

The department's stance is that ensuring best practices is the best place to start. The department closed a public comment period in late April on proposed rules, which are based on the new guidelines approved by the state's Industrial Insurance Medical Advisory Committee – the committee is comprised of practicing providers in state, and its role is to help create treatment guidelines.

The committee adopted the guidelines in October, 2012 and the department began the rulemaking process in January when the guidelines were published.

"Our primary focus is that these rules will help providers prescribe opioids in an effective and safe manner," she said.

Medical providers who don't follow the best practices can face a variety of corrective steps. In cases of imminent harm, the patient can be removed from the provider's care, or where a pattern of harm is established the provider can be removed from the network.

During the acute phase following a workplace injury the guidelines advise medical providers to set expectations about clinical improvement required for continued payment of pain medication. Providers are also being encouraged to check the state's prescription monitoring program database before prescribing opioids for new injuries.

During the subacute phase, six to 12 weeks from injury, providers are being asked to assess whether there is clinical improvement in function and pain with acute use and for opioid risk and psychological comorbidity disorders.

The guidelines also address the chronic phase, greater than 12 weeks from injury.

Terms echoed throughout the guidelines encourage the use of pain medications for “clinically meaningful improvement in function,” and “clinically meaningful improvement in pain” and set standards and definitions for those terms.

Providers are required to administer a urine drug test and document results during the subacute phase and repeat this at intervals according to a worker’s risk category as described in the agency medical directors’ group’s guideline if prescribing chronic opioid therapy.

Workers Comp Study: **Despite Reforms, Long-Term Opioid Use Still Prevalent**

http://www.smallcapnetwork.com/Despite-Reforms-Long-Term-Opioid-Use-Still-Prevalent-Study/s/via/32790/article/view/p/mid/1/id/81/

A study by the Workers Compensation Research Institute (WCRI) found that despite a number of reforms, over-prescribing and long-term use of opioids or prescription drugs are still prevalent.

Looking into 264,000 workers' compensation claims and 1.5 million prescriptions from the claims in 25 states, the study showed that over time, there was minimal reduction in the prevalence of long-term opioid use, according to Human Resource Executive Online (HREOnline).

While there was a substantial increase in drug testing of long-term opioid users, the percentage of claims involving prescription drugs changed little, within two percentage points only. The team also discovered that in some states, drug testing and psychological evaluations of long-term users was quite low.

Of the 25 states surveyed, Louisiana topped the list where longer-term opioid use was most prevalent. Statistics show that one out of six injured workers were using prescription drugs for the long-term. Other states that ranked high were New York and Pennsylvania.

Based on the claims, states with the lowest number of long-term prescription drug users, or those with fewer than one in 20, were Indiana, Missouri, New Jersey and Wisconsin.

WCRI executive director Richard Victor said in a statement, "The issue this study addresses is very serious, which is how often doctors followed recommended treatment guidelines for monitoring injured workers who are longer-term users of opioids."

HREOnline pointed out that painkillers have become a major cause for concern in the workers' compensation industry, especially when employees become addicted to the drugs, causing additional problems in health care.

"There's a growing concern that doctors may be over-prescribing opioids while failing to properly address the root causes of the pain and discomfort WC patients are suffering from," the article said.

With opioid addiction still a serious problem for the US, stakeholders are banking on newer and more effective treatments and programs.

Companies like BioCorRx Inc. (BICX) are offering effective medication in even more effective forms such as implants.

Under BioCorRx's Start Fresh Program, the opioid antagonist naltrexone is introduced to the patient's body in pellet form, which is inserted in the lower abdomen.

Naltrexone has long been approved by the Food and Drug Administration (FDA) for the treatment of opioid and alcohol dependence. Because it blocks the part of the brain that feels euphoria or pleasure in the intake of such addictive substances, naltrexone is able to curb the cravings of patients.

Because of the effectiveness of such drugs, there are now a number of similar programs offering alcohol and drug rehabilitation through medication.

BioCorRx, on the other hand, offers a dual approach of medication and counseling. While the naltrexone, in implant form, is able to stop alcohol and drug cravings for several months, patients can concentrate on addressing the psycho-social aspect of their addiction.

After undergoing estimated 20-minute outpatient procedure to place the implant under the skin, the patient then undergoes a 15-session life coaching program within a span of six months.

Such programs are expected to help curb opioid abuse for the long-term and bring down medical expenses of both governments and insurance companies.

Opioid Epidemic Plagues Workers' Comp

http://www.insurancejournal.com/news/national/2013/05/17/292528.htm

Editor's Note: This is part of a team report on opioid use by injured workers. For stories focused on particular regions click on the respective links below.

Insurance Journal

May 2013

The national "epidemic" of opioid usage has garnered a great deal of public attention, but amid those concerns is a less publicized battle being waged by workers' compensation stakeholders who are stepping up efforts to call more attention to the use of the potent pain relieving narcotics by injured workers.

In the highly complex and diverse field of workers' comp, entities from state governments to insurers to an array of workers' comp stakeholders have been forced to face down the issue of opioid usage by injured workers in varying degrees through myriad methods.

Pinning down just where the problem lies for these entities is a task as arguably as tough as correcting the problem of opioid abuse itself.

Improved utilization of statewide databases that track opioid prescriptions, ferreting out and punishing overprescribing doctors, dealing with the growing number of pain management clinics and stricter controls in management provider networks are among the solutions a number of states have adopted or are considering to tackle this multifaceted problem.

And the problem of opioid abuse continues to grow to the point of posing enough of a national danger that it's gotten the attention of the Centers for Disease Control and Prevention.

"It's a big problem, and it's a growing problem," said Dr. Leonard J. Paulozzi, a medical epidemiologist with CDC's National Center for Injury Prevention & Control, which has been studying not just the impact of opioid overdoses, but the problem of overuse among America's populous.

There are close to 40,000 drug overdose drug deaths each year in the United States, and the number continues to rise, according to CDC's latest statistics, which show more than half of overdose deaths involve prescription drugs and that opioid-related deaths now exceed deaths involving heroin and cocaine combined.

"Drug overdoses, the deaths, are more numerous than motor vehicle crash deaths in the United States," Paulozzi said. "And it's gone up for 11 consecutive years as of 2010. We've called it an epidemic, drug overdoses, and it's a high priority topic here at the CDC."

Paulozzi views the drug problem as being potentially more prevalent among the injured worker population.

"The overdose rate is highest among people of working age, that is middle-age people," he said.

Further exacerbating the problem is that many work-related injuries occur to the back, for which doctors are increasingly prescribing opioids both short-term and long-term to address pain, despite broad medical recommendations against long-term use of such painkillers in back cases, according to Paulozzi.

“There’s an awful lot of back injuries in the workers’ comp population and subsequent surgery related to back problems, and back pain is one of the most common indications now of use of opioids in the United States,” he said. “And it’s being used frequently for back pain and it’s being used long-term for back pain.”

Hear a podcast with CDC’s Paulozzi talking about the opioid epidemic.

Paulozzi backed his statements by citing guidelines from the American College of Occupational and Environmental Medicine, and guidelines about to be approved by Washington’s Department of Labor & Industries, which address when opioids should be used, and how long they should be used.

“They notice in their past histories that 42 percent of workers with back injuries got an opioid prescription in the first year after injury – most of the time after the first medical visit,” Paulozzi said. “But one year after the injury, 16 percent of those workers were still getting opioids.”

He added, “In fact the recommendations really are just for use in more short-term situations with back pain. Opioids might be good for use in the acute phase, say within six weeks after injury. But if it doesn’t improve the situation in the short term, continuation is not really indicated.”

Trey Gillespie, senior workers’ compensation director for the Property Casualty Insurers Association of America, has been closely following the issue across the country for a number of years, particularly at the state level where much of the battle against overuse and overprescribing opioids in workers’ comp cases is being fought.

Most of the legislative and regulatory attempts to address the overutilization of prescription drugs lies with state legislatures and state agencies, although the Food and Drug Administration is considering the reclassification of Hydrocodone – an opioid that finds its way into may workers’ comp prescriptions – from Schedule III to Schedule II, according to Gillespie.

“All states have a problem with the overutilization of prescription drugs including narcotics,” Gillespie said. “The Workers’ Compensation Research Institute has looked at the data from 21 states and found longer-term use of opioids was most prevalent in New York and Louisiana. Other states with significant long-term opioid usage were Texas, Pennsylvania, South Carolina, California and North Carolina.”

Georgia just passed a “pill mill” bill that would license and regulate pain management clinics, and require the owner of such an establishment to be a doctor. States like Kentucky, Ohio, Tennessee, West Virginia, Texas, Louisiana, Mississippi and Florida have passed similar legislation.

Such actions are not without a potential downside. A few years ago pill mill legislation was introduced in Florida, however that sent people in that state to other nearby states looking for prescriptions and caused increased drug dispensing in neighboring territories, according to Gillespie.

Many states are still trying to catch up in terms of policing or at least curbing opioid abuse. In Missouri lawmakers are still trying to pass legislation to create a prescription drug monitoring

program. Sen. David Sater, R-Cassville, and Rep. Kevin Engler, R-Farmington, have introduced legislation to establish such a program.

Other states have been more aggressive in the battle.

Texas implemented a closed formulary on prescription drugs in the workers' comp system. The Texas Workers Compensation Research and Evaluation Group in an early study of the state's closed formulary suggests it may reduce the utilization of Schedule II narcotics.

For more on the South Central Region read **Texas, Oklahoma Battle Opioids With Legislation**

In the world of workers' comp, the studies and efforts to curb usages are also being driven by the bottom line, since the medical benefits portion of a workers' comp claim may be open for a number of years and may be open for the lifetime of the injured worker.

"As the years progress, prescription medication becomes a bigger portion of the medical expense," Gillespie said. "This is especially true if the worker has become dependent or addicted to opioid medication to control pain. Consequently, payers are working hard to reduce the incidence of workers who become dependent or addicted to pain medication and look for better treatment alternatives to opioid pain medication to manage pain."

Carriers and Providers

While federal and state agencies work to abate prescription drug abuse nationally and on the local level, workers' comp carriers and service providers are examining the problem of opioids prescribed to injured workers, which can lead to higher costs and legacy claims, according to industry experts.

A recent study of more than 12,000 workers' comp claims processed by Lansing, Mich.-based Accident Fund Holdings found that when prescriptions for certain opioid painkillers were prescribed in workers' comp injuries, claims were almost four times as likely to have a total cost of $100,000 or more compared with claims without any prescriptions.

Opioids make up to 3 percent of costs in shorter claims and between 15 and 20 percent of all medical costs on longer term claims, according to Dongchun Wang, an economist with WCRI, part of a team of researchers that analyzed long-term opioid use in 21 states.

Travelers estimates medical costs currently make up 60 percent of workers' comp claim costs and are projected to increase to 67 percent by 2019. Willis' has expanded its medical cost consulting service based on its similar estimation that by 2020, medical costs will account for 70 percent of workers' comp costs.

Though often used synonymously, opioids are natural opiates derived from poppy plants while narcotics are a synthetic version.

There are many variations of opioids – fentanyl, morphine, codeine, hydrocodone (Vicodin, Lortab), methadone, oxycodone, (Percocet, OxyContin), hydromorphone (Dilaudid) and meperidine (Demerol) – with different levels of potency. In order to compare one to the other, morphine is considered the baseline.

"Morphine has a one-to-one relationship – morphine is equivalent to morphine. OxyContin is one-and-a-half times more potent than morphine. Methadone, depending on the dosage, is 10 to 12

times more potent. Fentanyl can be anywhere from 10 to 12 times more potent than morphine," according to Mark Pew, senior vice president of business development for PRIUM.

He said that opioids are generally prescribed for three reasons in workers' comp claims: Catastrophic injury with chronic pain; an injury involving surgical treatment which necessitates immediate pain control; general pain control.

Backing the assessment of CDC's Paulozzi, Pew noted that although opioids are prescribed regularly when a worker is injured on the job, the Food and Drug Administration on-label approved use of opioids is for cancer patients, AIDS patients and for surgery-related pain.

According to Pew, medical guidelines generally specify a two-week timeframe after surgery or substantial injury for opioid use.

"Using opioids as a crutch really is the wrong thing. What you need to be focusing on is coping with it and managing it like the vast majority of humanity does with chronic pain or just the fact of getting old," Pew said.

An annual workers' comp report from pharmacy benefit managing giant Express Scripts noted: "The issue of opioid prescribing becomes even more important in workers' compensation settings as prolonged opioid use has been shown to be associated with poorer outcomes, longer disability and higher medical costs for injured workers."

The study, 2012 Workers' Compensation Drug Trend Report, also found that high narcotic prescribers tend to treat fewer injured workers. The researchers' theory is that "prescribers who don't routinely treat work-related injuries are more likely to prescribe larger amounts of narcotics than their peers."

Pew said there is a tipping point in the long-term use of opioids in worker injuries.

"When somebody is off work, the thing that complicates matters on workers' comp is you've got the secondary standing entitlement mentality that oftentimes comes with workers' comp," Pew said. "You have to be self-motivated, really, to get back to work and do the right thing."

The higher the potency, the greater the likelihood for problems, according to Pew, who added that because of the numerous side effects associated with opioids, there is the risk of poly-pharmacy.

"It means there are too many drugs – drugs that shouldn't be used together, drugs that should be counter-indicated," Pew said. "And so what started out as a one or two-drug regimen, over time has become a three-drug, a five-drug, an eight-drug, a 15-drug regimen because all the side effects compound each other and the side effects sometimes create the need for additional drugs to deal with the additional side effect."

According to the PRIUM executive, when claimants are on multiple drugs with potentially high dosages, "their quality of life and function never gets any better. In fact, it actually gets worse over time."

Worst States

WCRI's research found that the highest utilization of opioids on a long-term basis was in Louisiana and New York. The report also noted that despite limitations on dispensing opioids to injured workers, between 55 to 85 percent have received an opioid prescription in those states.

According to Pew, roughly a third of the prescriptions written in Illinois were for drugs dispensed by the physicians.

“Illinois said, ‘That’s not best practices because it bypasses the pharmacist oversight.’ They instituted a fee schedule. They capped the amount of money that doctors could make on physician dispensing, and all of a sudden physicians didn’t dispense as much as they used to,” Pew said.

For more on the Midwest Region read **Ohio, Indiana Struggle with Impact of Opioids on Injured Workers**

The epidemic of opioid abuse and its impact on workers’ compensation in the Northeast is particularly noticeable in New York and Pennsylvania, where the percentages of injured workers that become longer-term users of opioids are among the highest in the nation.

In its recent study, WRCI found that in New York, 14 percent of non-surgical workers’ comp claims with narcotics were identified as longer-term users of narcotics. That’s the highest percentage among all Northeast states and second only to Louisiana (with 17 percent) in the WCRI study. The underlying data encompassed 21 states across the country and included non-surgical claims with more than seven days of lost time that had injuries arising from Oct. 2008 to Sept. 2009 and prescriptions filled through March 2011.

In Pennsylvania, 11 percent of non-surgical workers’ comp claims with narcotics were identified as longer-term users, tying Texas for the third-highest figure in the research.

For more on the East Region read **New York, Pennsylvania Rank High for Opioids Among Injured Workers**

In California, home to one-in-eight Americans, just 3 percent of the state’s doctors prescribe 55 percent of the opioids, according to findings from the California Workers’ Compensation Institute.

California has seen a large increase in opioid prescriptions over the last decade, according to CWCI, which has been tracking opioid usage in workers’ comp for the past eight years.

Between 2002 and 2011 CWCI tracked a 300 percent increase in opioids, according to CWCI President Alex Swedlow.

In 2002 roughly 1 percent of all injured worker outpatients were prescribed opioids. By 2011 it was 5 percent, and payments for opioid prescriptions rose from 4 percent to 18 percent during that period, according to Swedlow.

“That’s a 321 percent increase in payments,” he added.

Washington is in the process of introducing a set of more stringent guidelines for workers’ comp medical providers that detail when opioids should and shouldn’t be prescribed, as well as consequences for failure to follow these best practices.

Washington has been among the states with the highest rate of prescription opioid-related deaths, according to a CDC, which reports on the U.S. and the rate of death from overdoses, and it breaks out opioids.

The latest report shows there are 14.7 drug overdose deaths per 100,000 population in Washington. Of those, 6.1 per 100,000 were opioid related overdoses, according to the report. The report shows the national average for drug overdose deaths was 11.9 per 100,000, with opioids accounting for 4.8 per 100,000.

New Mexico (27.0, and 5.7), West Virginia (25.8, 5.9) and Kentucky (17.9, 6.0) were among the top states with drug overdose and opioid-related deaths, according to the report.

Deaths from prescription drug overdoses jumped 360 percent in the last decade in the Appalachian region of the U.S., according to experts at the Center for Clinical and Translation Science. The Appalachian region is a 205,000-square-mile area that spans several southeastern states. As a result of this growing epidemic, many states in the Southeast proposed new legislation that addresses myriad issues that foster prescription drug abuse.

Taking action in 2011, Florida cracked down on pain clinics, known as “pill mills”, and prohibited physicians from dispensing Schedule II and III drugs, except in limited instances.

“They’ve [Florida] historically had a big problem with pill mills, where you can go in and get pills, not necessarily for legitimate reasons, and the reason why people go in to get the pills is so that they can resell them on the street,” said Mark Pew, senior vice president of business development for PRIUM.

Legislation in Alabama and Georgia also sought to clamp down on pain management clinics.

For more on the Southeast Region read **Southeastern States Battle Against Prescription Drug/Opioid Abuse**

Controlling Problem

Though 49 states have prescription drug monitoring program laws and 44 states have operational programs, the statewide electronic databases that collect designated data on prescription controlled substances and drugs of concern are not enough to control the opioid abuse epidemic. As a result, workers’ comp service providers have come up with a variety of ways to address the opioid problem.

Progressive Medical, a workers’ comp pharmacy benefit manager released its 2013 Workers’ Compensation Drug Trend Report in April, which found it was beneficial to utilize analytics to predict potential high-cost, high-risk claims assists payers and injured workers. The company reported more claims closed in the acute phase and resulted in a 51 percent decrease in the likelihood that a claim would mature into a two-year claim. In addition, the use of opioids went down.

Travelers recently introduced its Medical Center of Excellence, a program that incorporates medical bill review advancements and network, pharmacy and fraud management. The company recommended that “employers, brokers, and carriers proactively partner on timely intervention, proven return-to-work strategies and skilled case management to avoid unnecessary delays and expense in treatment.”

“Travelers’ wealth of medical and loss data, combined with our in-house medical and analytic capabilities, allows us to develop proactive strategies for managing injured workers’ safe and timely return to work,” said Jim Wucherpfennig, vice president, workers’ compensation, claim.

Express Scripts outlined some of its programs to combat opioid abuse and reduce associated costs: Long-acting narcotics; retrospective drug utilization review; injured worker narcotics education; physician dispensing education.

Programs that address opioid use and abuse benefit not only the injured worker, they benefit the insurer by reducing costs and liability risk, said Pew with PRIUM.

“There have been case law in several states now where an injured worker overdosed on drugs that were prescribed by the work comp doctor and paid for by the work comp payer, and even though they obviously had a problem with the use of that drug – they were abusing it or misusing it. Ultimately, the insurance carrier had to pay for death benefits because they somewhat enabled the processor to pay for it,” he said.

WCRI in a 2012 study found that the price of a physician-dispensed drug is 60 to 300 percent higher than the price of an identical drug from a retail pharmacy, and that amount of physician-dispensed drugs has increased significantly between the study period of 2007 through 2011.

Express Scripts analysis shows bad prescription decisions have a disproportionate effect on the poorest states. Mississippi, which has the lowest median household income in the country, had the most wasteful spending, totaling $1,622.76 per resident. The other low-income states that top the list in unnecessary pharmacy-related costs include: Louisiana, Arkansas, Alabama, Kentucky, Tennessee, South Carolina, New Mexico and Oklahoma.

“Our nation pays a huge price for bad medication-related decisions, and it is clear that the price is even more costly for those at the lowest end of the economic spectrum,” said Steve Miller, MD, chief medical officer at Express Scripts. “The good news is that our country can save billions of dollars for patients, employers and the government – and achieve healthier outcomes – simply by driving better decisions within the pharmacy benefit.”

Counties sue narcotics makers, alleging 'campaign of deception'

http://www.latimes.com/local/la-me-rx-big-pharma-suit-20140522-story.html#page=2

LA Times
May 21, 2014

Two California counties sued five of the world's largest narcotics manufacturers on Wednesday, accusing the companies of causing the nation's prescription drug epidemic by waging a "campaign of deception" aimed at boosting sales of potent painkillers such as OxyContin.

Officials from Orange and Santa Clara counties — both hit hard by overdose deaths, emergency room visits and escalating medical costs associated with prescription narcotics — contend the drug makers violated California laws against false advertising, unfair business practices and creating a public nuisance.

SUPERIOR COURT OF THE STATE OF CALIFORNIA

IN AND FOR THE COUNTY OF ORANGE

THE PEOPLE OF THE STATE OF CALIFORNIA, acting by and through Santa Clara County Counsel Orry P. Korb and Orange County District Attorney Tony Rackauckas,

Plaintiff,

v.

PURDUE PHARMA L.P.; PURDUE, INC.; THE PURDUE FREDERICK COMPANY, INC.; TEVA PHARMACEUTICAL INDUSTRIES, LTD.; CEPHALON, INC.; JOHNSON & JOHNSON; JANSSEN PHARMACEUTICALS, INC.; ENDO HEALTH SOLUTIONS INC.; ACTAVIS, PLC; AND DOES 1 THROUGH 100, INCLUSIVE,

Defendants.

No.

COMPLAINT FOR VIOLATIONS OF CALIFORNIA FALSE ADVERTISING LAW, CALIFORNIA UNFAIR COMPETITION LAW, AND PUBLIC NUISANCE, SEEKING RESTITUTION, CIVIL PENALTIES, ABATEMENT, AND INJUNCTIVE RELIEF

Document

Read the lawsuit: Counties sue narcotics makers Open link

In sweeping language reminiscent of the legal attack against the tobacco industry, the lawsuit alleges the drug companies have reaped blockbuster profits by manipulating doctors into believing the benefits of narcotic painkillers outweighed the risks, despite "a wealth of scientific evidence to the contrary." The effort "opened the floodgates" for such drugs and "the result has been catastrophic," the lawsuit contends.

The complaint accuses the companies of encouraging patients, including well-insured veterans and the elderly, to ask their doctors for the painkillers to treat common conditions such as headaches, arthritis and back pain.

The widespread prescribing of narcotics has created "a population of addicts" and triggered a resurgence in the use of heroin, which produces a similar high to opiate-based painkillers, but is cheaper, the suit says.

In Orange County, where the lawsuit alleges there is a painkiller-related death every other day, Dist. Atty. Tony Rackauckas said he decided to pursue the case "as a matter of public protection."

The primary goal, Rackauckas said in an interview, is "to stop the lies about what these drugs do."The 100-page lawsuit brought on behalf of the entire state seeks compensation for the damages allegedly caused by the drugs, as well as a court order forcing the companies to forfeit revenue based on the contested marketing campaign.

Named in the suit are: Actavis, Endo Health Solutions Inc., Johnson & Johnson's Janssen Pharmaceuticals, Purdue Pharma, and Teva Pharmaceutical Industries' Cephalon Inc.

"We're committed to responsible promotion, prescribing and use of all our medications," said Robyn Reed Frenze, a spokeswoman for Janssen Pharmaceuticals. She said her company was reviewing the case and had no further comment at this time.

Representatives for the other drug makers either declined to comment or were not immediately available Wednesday afternoon.

Robert Fellmeth, a University of San Diego School of Law professor and former deputy district attorney, says he expects the manufacturers to challenge the counties' authority over federally regulated drugs.

California is suffering disproportionately from this problem, so it is appropriate for this state to take up this hammer. - Robert Fellmeth, a University of San Diego School of Law professor and former deputy district attorney

But Fellmeth, who served as an expert witness in the tobacco litigation and helped write the unfair business practices law, says the case is precisely what the statute was designed for.

"California is suffering disproportionately from this problem, so it is appropriate for this state to take up this hammer," he said.

Twenty years ago, the narcotics industry was hemmed in by a small market because the long-held fear of addiction stopped doctors from prescribing powerful painkillers for anything but cancer pain and end-of-life suffering. To expand their market, the drug companies engaged in a dishonest campaign that "reeducated" doctors and revolutionized the treatment of pain associated with a wider array of aliments, the suit alleges.

All of the painkillers were approved by the U.S. Food and Drug Administration. Those approvals tightly control what the companies can say about the drugs they sell, and require that individual product labels carry warnings about addiction and other serious side effects.

The counties allege in the lawsuit that the drug manufacturers broadly promoted the entire class of narcotic painkillers as safer than they are. The marketing campaign promised unproven benefits — such as improved sleep and quality of life — that went beyond the claims the FDA allowed the companies to make in marketing specific drugs, the suit says.

The companies employed tactics similar to those used by the tobacco industry to "conceal their deceptive marketing and conspiratorial behavior," the suit states.

One such tactic involved the use of leading physicians — known within the companies as "key opinion leaders" — to spread the message to their peers, it says. The drug makers allegedly recruited and paid those physicians to give speeches and write policy papers.

Watchdog
Dying for Relief: A Times Investigation Read more stories

Another marketing ploy was to create and co-opt patient advocacy organizations and medical specialty societies, the suit says. The companies used these front groups to promote narcotic painkillers and to write treatment guidelines that expanded the market, it says.

It was the drug makers' "marketing — and not any medical breakthrough — that rationalized prescribing opioids for chronic pain and opened the floodgates of opioid use and abuse," the suit says.

The companies have continued to promote the use of narcotics for chronic pain even though doing so is "unsupported by competent scientific evidence," the suit contends.

Painkillers are involved in more than 16,000 deaths each year and are responsible for pushing fatal overdoses ahead of traffic accidents as a leading cause of death in the U.S.

This is not the first time drug makers have been accused of fraudulently promoting narcotic painkillers. In 2007, Purdue agreed to pay $635 million to settle criminal and civil charges by the federal government and several states that it had underplayed OxyContin's addiction risk to persuade doctors to prescribe it.

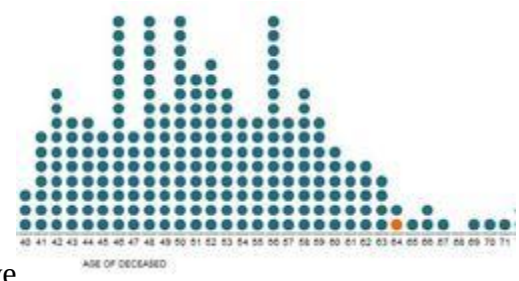
The counties' suit alleges Purdue, the maker of OxyContin, continued its deceptive marketing even after it pleaded guilty and pledged to stop. The suit cited a 2013 Times' article that revealed Purdue kept a database of doctors it suspected of recklessly prescribing its drug to addicts and dealers. That program, the suit alleged, was evidence that the company "was aware of, and profited from," the misuse of its popular painkiller.

The manufacturers' deceptive marketing campaign, carried out over 20 years, "deprived California patients and their doctors of the ability to make informed medical decisions and, instead, caused important, sometimes life-or-death decisions to be made based not on science, but on hype," the complaint states.

Over the same period, narcotic prescriptions have soared as doctors often turn to them first — rather than as a last resort — for all types of pain, and keep many patients on them indefinitely. The consequences of this revolution in medical practice have been dire.

A Times investigation published in 2012 found that nearly half of the prescription-drug-involved deaths in Southern California from 2006 through 2011 involved at least one drug prescribed by a doctor.

The Times' identified 71 Southern California doctors, including several from Orange County, who prescribed drugs to three or more patients who fatally overdosed.



Interactive
Risk factors in prescription deaths Open link

Rackauckas said he was well aware of the toll prescription narcotic abuse has had in his county, based in part on consultation with the coroner's office. He said the problem stems from the pharmaceutical companies who put profit before patient care.

"In order to put money in their pockets," he said, "they've done serious harm to many thousands of people."

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Authorities Troubled by Rise in Prescription Drug DUIs

http://fox40.com/2014/05/19/authorities-troubled-by-rise-in-prescription-drug-duis/#ixzz32Gtm5mci

SACRAMENTO- Whether it's for an illness or pain, Americans are not short on prescription medications.

"While the United States is roughly 5 percent of the world's population, we consume roughly 80 percent of narcotic prescriptions that are prescribed, and 99 percent of the hydrocodone prescriptions," California Highway Patrol Sergeant Jarod Primicerio said.

While the need for these drugs is up for debate, law enforcement across the country and in California agree – too many who are popping pills are getting behind the wheel.

"We are in a place right now with the drugged driving that we were with alcohol 25 or 30 years ago," Sacramento Police Sergeant Chris Prince told FOX40.

Some drivers don't even realize they are impaired.

"Now you have, basically for lack of a better term, the soccer moms that have some medication they're taking that might be driving the kids to school that are impaired because, 'Shoulder hurt a little bit more this morning so I took an extra Vicodin,' and suddenly now you're an impaired driver just as if you'd been somebody smoking meth or cocaine," Prince said.

Law enforcement says the problem is making drunk driving even more dangerous.

"A lot of drugs that people take to get loaded, are the same kinds of things that when mixed with alcohol will intensify the effect," Virgina Herold, an executive officer at the California Board of Pharmacy, told FOX40.

While the effects of prescription drugs on drivers are similar to alcohol, testing for them in order to make an arrest is complex. There's no easy Breathalyzer test, but there are other methods.

"This equipment here actually can take an oral fluid sample on the end of a swab and, in about five minutes, process it through the machine and give me a positive or negative," Prince said.

Sacramento Police are using the new machines as part of a trial run but, so far, officers can only use the machine with consent from the driver and the law hasn't yet allowed its results to be treated like a Breathalyzer test.

In the meantime, they call in officers with specialized training.

"If an officer arrests a driver that they presume is under the influence of drugs, if available, a drug recognition expert would be called to perform the evaluation," Primicerio said.

The CHP has about 550 of those drug recognition experts, or DREs across the state. At the CHP academy in West Sacramento, DREs are constantly re-training as newer drugs come onto the market.

"We do seek out the experts and stay current with all of the changes, synthetic drugs both legal and illegal," Primicerio said.

Each DRE can identify which of seven categories of drugs that may cause a driver to be impaired but the most effective weapon officers have against the problem is not enforcement, but education with doctors and pharmacists making the first step.

"In the case the drug is potentially going to cause a problem for you if you're driving, or especially if it's mixed with alcohol and you're driving, they should be discussing that," Herold said.

Unfortunately, too many drugged drivers were not prescribed the medication they're taking. According to the Drug Enforcement Administration, 6.8 million Americans reported abusing prescription drugs in 2012, with more than half getting them through friends' or relatives' medicine cabinets.

The issue typically involves teens or young adults.

"What we recommend is a locked medicine cabinet or box that's lockable," Primicerio said.

As more drugs are prescribed, officers fear the problem on the roads will become more prevalent.

You know, in a perfect, world we'd have zero," Prince said. "But we won't, unfortunately."

(The onset newscaster added that the pharmacy law goes into effect July 1, 2014.)

Bad News For Ivy Leaguers: ADHD Drugs Hurt Your Memory

http://time.com/97448/bad-news-for-ivy-leaguers-adhd-drugs-hurt-your-memory/

Time Magazine

Smart drugs used to boost performance in the short term have long term damage for the young brain, a new study says

Prescription drug abuse is rampant, and for a third of Americans, the first drug of any kind that they take—including illicit drugs—is an Rx that has not been prescribed to them. That's not surprising when you consider how many students abuse ADHD drugs for performance. But new research shows that recreational use of smart drugs comes at a cost.

Researchers from the University of Delaware and Drexel University College of Medicine reviewed the latest research on the effects of medications like Ritalin and Proviigil on the juvenile brain and discovered smart drug use is certainly not benign. The new research published in the journal F*rontiers in Systems Neuroscience* shows that while a drug like Ritalin may offer a boost in mental performance, it's a short-term crutch that can actually adversely impact the brain's plasticity, interfering with people's ability to plan ahead, switch between tasks and be overall flexible in their behaviors.

For instance, the researchers looked at one of the most popular smart drugs on the market: Methylphenidate (otherwise known as Ritalin and Concerta). The drug is meant to treat ADHD, and about 1.3 million U.S. teens have reportedly used the drug without a prescription in the last month. Rat studies have shown that young brains are very sensitive to methylphenidate and that even low doses can harm nerve activity in the brain as well as memory and complex learning abilities. For a drug that's supposed to offer better mental performance, the long term effects appear to do the opposite.

The study also took a look at the drug modafinil, also known as Proviigil which is used for sleep disorders like narcolepsy. The drug can help boost memory and is abused for various mental tasks, especially tasks related to numbers. But once again, the drug has very similar long-term effects on the young brain.

Finally, the researchers looked at a lesser-used class of drugs called ampakines, which are being studied by the military to increase alertness. They are known to improve memory and cognition, but for young people, unsupervised use can result in an overstimulated nervous system which could actually kill nerve cells.

"The desire for development of cognitive enhancing substances is unlikely to diminish with time; it may represent the next stage in evolution—man's desire for self-improvement driving artificial enhancement of innate abilities," the authors write.

And there's no arguing with that. Other recent research looking at the use of smart drugs among Ivy League students found that many use ADHD drugs for academic performance, and they don't think it constitutes as cheating. The study found that a third of the students in the study said using ADHD drugs for performance enhancement did not count as cheating, 41% said it was cheating, and 25% said they were not sure. People who used ADHD meds were also more likely to think it was a commonplace on campus.

The use of ADHD and other smart drugs has long been an ethical issue, and a growing one at that. Increasingly more people are being diagnosed with ADHD, even adults. The amount of adults taking ADHD drugs rose by over 50% between 2008 and 2012, according to a recent report. But now, emerging research shows the issue is also a biological one, and the early findings are not pretty.

The researchers of the latest study conclude that scientists and the medical community have a responsibility to very carefully evaluate and research each no drug to gain a greater understanding of drugs' impact on the brain.

Dangers of Abusing ADHD Medication

Updated: Thu 10:49 PM, May 15, 2014
By: David Jespersen

ADHD abuse is becoming more common on college campuses. Officials are seeing more cases and bigger dangers with the increase in use.

Prescription drug abuse isn't a new problem. For college campuses like UNL abuse of ADHD medication is becoming all too common as well. The real problem may be the perception.

"I've taken it a few times, once was a big event. We wanted to have a good time. I heard through the grapevine, a bunch of friends that take it all the time, they say if you take it you can drink a lot more and when you come down you're really drunk. You can drink more through night, have more energy all night." says a UNL student that only wanted to identified as John.

John has only used Adderall a few times, but he says it's been great.

"When I took it I noticed I was really focused and was antsy, I wanted to do something. When party started it was more fun, I had more energy."

John does not have a prescription. Neither do the 3/4 of his friends he says he knows abuse the medication. UNL police say they have seen more cases, because of the bad reactions they are responding to after the users mix pills with alcohol.

"We are seeing more and more and seeing different things. Students blacking out, getting alcohol poisoning, sometimes make really poor choices and ending up in jail." says UNLPD Officer Charlotte Evans.

The problem is mixing the medication, a stimulant with the alcohol, a depressant. Experts say the combination creates unpredictable outcomes and can become very dangerous for students who don't realize they are drinking far past their limits.

Many students don't hear about the negative consequences. John had no idea he could be in danger. Another student who wanted to be identified as Joe knows the dangers involved, but that hasn't stopped him from illegally using Adderall. In fact what started out as a now and then thing, has turned into a routine.

"My friend had some and I told him I was having trouble in class and he said you should try this. I took it and I was eating breakfast and was like, oh ok, that kicked in. I went to class and never had anything so clear, the focus was so much better."

Joe admits to using Adderall 3-5 times a week for the past 2 years. He doesn't use it while drinking, for him it's a study aid.

"It's like cheating almost. I can spend this much time or take it and spend less time and be efficient."

Joe isn't alone. He estimates half of the students at UNL have used ADHD medication illegally at one time or another. Finals week is a perfect example of how widespread the problem has become.

"At the library we'd all study and everyone had their own hook up for Adderall. It was free flowing through campus. It's all over. Everyone i know can find Adderall any point in day." Joe said he could get some pills within minutes, depending on the drive time to his supplier.

Joe knows the legal trouble he could get into. He even warns others of the dangers of using Adderall and drinking. But he also says he has no plans to stop. In his mind the rewards outweigh the risks. A perception officials hope change before the problem gets any worse.

Extended-release medication offers promise for treating alcohol, opioid dependence

http://medicalxpress.com/news/2014-05-extended-release-medication-alcohol-opioid.html

Medical Express

A comparatively new form of a medication for alcohol and opioid dependence that's injected once a month instead of taken orally once a day appears to be significantly more effective than some other medications – because more patients actually continue the prescribed regimen.

The findings, published in the Journal of Substance Abuse Treatment by researchers from Oregon State University and other institutions, offer support for a wider use of medications that may help reduce or prevent substance abuse and related hospital admissions.

The cost savings could offset the cost of the medication, researchers said.

In the past, there has been fairly low use of medications to treat alcohol and opioid dependence. Several treatment options are available, with differing mechanisms of action, and they generally work to reduce the pleasurable feelings associated with drug and alcohol use, thereby discouraging the use of them.

The medication in the study that was found to be more effective than some past approaches was extended-release Naltrexone, which is administered once a month by injection in a medical setting. The research was supported by Alkermes, Inc., the manufacturer of that medication.

"Some of these medications are opioid antagonists, which reduce the euphoric effects of alcohol and some drugs," said Dan Hartung, an associate professor in the Oregon State University/Oregon Health & Science University College of Pharmacy, and lead author on the study.

"Historically, oral medications for substance abuse have not often been prescribed or found to have a high degree of success, mostly because patients stopped taking them," Hartung said. "But there are patients who are committed to treating their problems and data showed that they clearly appear to have success with extended-release Naltrexone, which is administered just once a month."

The issue may be of increased importance, experts said, because of health and prescription drug coverage that is now being made available through the Affordable Care Act. It may make such medications available to many people who previously did not have access to them, and in the process achieve some goals of reducing hospital admissions.

Former FDA Staffer Claims Prescription Drug 'Black Market' Going Unreported

The rise of prescription pill abuse in the U.S. is being well documented but it's what is not in the Center for Disease Control's reports that is most alarming to a former FDA staffer.

By Katie Rucke @katierucke | May 5, 2014

(Photo/Eric Hunsaker via Flikr)

When the Center for Disease Control issued a press release this past March regarding prescription drug abuse rates in the United States, James Harris, Ph.D., a former Food and Drug Administration staffer and trained toxicologist, couldn't help but notice there were some crucial flaws in the federal agencies explanation of the health crisis — namely the absence of the role of the black market in the sales and inherent abuse of the drug.

Talking to MintPress, Harris said he was disappointed by the CDC's "simplistic" view of the prescription drug abuse crisis in the U.S., in which physicians were cited as being the number one direct source of prescription drugs, and a failure to include information about the power and influence of the black market on prescription drug abuse.

While an addiction to prescription pills may sound harmless to some, the reality is quite serious. Last fall, it was estimated 6.1 million people abused prescription drugs in the U.S., with the most commonly abused drugs being prescription painkillers or opioid pain relievers such as Vicodin, OxyContin, Percocet, Xanax, Valium, Adderall and Ritalin.

Harris said awareness of the black market's estimated $25 billion prescription pill sales market is crucial — especially for parents of high school-aged children — and says he is shocked the CDC has not made journalists and therefore the public more aware of the issue, given that black market prescription sales are occurring at historic proportions.

"As an ex fed I think the feds are supposed to tell it straight and not send people into the ditch," Harris said. "I've warned them about basically having a very simplistic view of the crisis," yet the doctor says "for reasons that I can't understand they are very serious about keeping it very simple, and in fact that over simplification is damaging."

Concerned the agency was sending an inaccurate message to the American public about how this prescription drug abuse problem had occurred and why it was still ongoing, Harris made it part of his mission in recent years to properly educate the media and public on the issue. He has even asked the CDC directly to change it's messaging so that the public would be better informed as to how large of an industry the illegal sale of prescription drugs had become.

In March, Harris, who co-founded Vatex Explorations LLC, a company that develops technology to combat prescription drug abuse and trafficking, including Harris' own Divert-X system, wrote an email to the CDC shortly after the release of the controversial press release, informing agency officials of his concerns about the agency's failure to wholly describe the issue.

What was of particular concern for Harris was that the CDC's message centered around the idea that all of the prescription medications found in ones medicine cabinet are likely to be abused, so parents especially, needed to either lock the medicine cabinet or throw everything out.

Comparing today's medicine cabinet to the liquor cabinet of yesteryear, Harris explained that simply cleaning out ones medicine cabinet or not accepting prescriptions from one's physician offers no guarantee that a child, friend or loved one wouldn't be able to obtain the drugs. That's not Harris' opinion either — there have been several studies in the past decade or so that have all found the street or the black market is a large source for many who abuse prescription drugs.

However the agency didn't agree with Harris' assessment of the information and responded via email saying "Our intention was to emphasize that physicians are

increasingly important sources as the frequency of nonmedical use per person increases. And, since most of the friends/relatives who provide the opioids to nonmedical users report that they themselves got them from physicians, the prescribers are only two removes from all opioids used nonmedically.

“The point is that prescribers can do something about this problem by checking the histories of their patients in prescription drug monitoring programs,” the CDC’s Len Paulozzi wrote. “They might then avoid providing drugs for nonmedical use.”

Black Market Addictions

Though it’s a hard concept for some to grasp, turning to the black market is not necessarily an individual’s choice. The problem is that the withdrawal symptoms associated with many prescription medications are so painful and the high is so intoxicating that many users often have no choice but to turn to the black market to obtain more of the drug.

While prescription medications may not be foreign sounding and are technically legal in the U.S., the drugs are actually very expensive on the black market, which is why Harris says prescription pill dealers are most often found in middle class and wealthy neighborhoods.

The various medications all have varying street prices, which are largely dependent on the type of high a person can get from that medication. Harris says this high profitability rate from the largely opiate-heavy prescriptions on the drug market has caught the attention of drug dealers, who either try to obtain the pills themselves from a physician or ask someone else to do so.

Although Harris recognizes that ultimately the drugs come from doctors, he said physicians in the U.S. don’t currently have the tools to differentiate between a patient who really needs the medication and an individual who is faking an illness or the severity of their pain in order to turn a $20 co-pay into a several thousand dollar paycheck.

As a result, Dr. Nora Volkow, director of the National Institute on Drug Abuse, says there were 210 million prescriptions written for opiate medications in 2011 alone, even though the U.S. population was around 312 million people.

“The doctors are usually duped into prescribing to ‘patients’ who are skilled at exaggerating the magnitude and duration of symptoms,” Harris said. “This is the new supply chain for the black market, and CDC purposely sends the press in the opposite direction for reasons unknown to me.

“This hidden agenda is the story,” Harris told MintPress about the CDC. “It must be important to them because misrepresenting their own data is risky.”

Related concerns

In the past few years federal agencies such as the Drug Enforcement Administration and the FDA have proposed implementing more restrictions on when and how doctors would be able to prescribe narcotic painkillers, including those that contain acetaminophen or aspirin, but these proposals have often been criticized by groups such as the American Medical Association and pharmacy organizations who say the impact on patients is too great and that the policy may affect how pharmacies operate and who in the medical field can prescribe medications.

Since there haven’t been any major changes to how physicians prescribe drugs, or a crackdown on the black market, the number of prescription drug abusers in the U.S. has only increased, along with the price of the drugs.

Despite the high cost to the buyer, Harris says prescription pills are easier for teenagers to obtain than beer, which likely explains why a study published in the Journal of Adolescent Health last February found that young people abuse prescription drugs at a 40 percent higher rate than previous generations.

According to law enforcement officials in Southlake, Texas, where Harris lives, teenagers find buying beer difficult compared to prescription pills because all they have to do to get a pill is text a dealer — who could be a friend or family member — and meet up with them about an hour or so later.

The high cost for these drugs brings up another concern for Harris. In the CDC’s report, Harris points out that the agency talks about how some people obtain the pills for “free.”

“What does that mean,” Harris rhetorically asked. “Is there maybe trading of sexual favors? Is that ‘free’? There’s no cash, but it’s a cash equivalent.”

In previous interviews with MintPress, current and former drug users have shared that a user’s decision to trade a sexual favor for a drug usually occurs because they feel they either owe the dealer something, or they have no money and are so physically desperate to experience that drug, they are willing to do just about anything.

While prescription drugs may be the “pedigree” of the drugs on the black market, the high cost of these drugs has led to an increase in heroin users in the United States.

Like many prescription drugs currently being abused by the American public, heroin has an opiate base, which means the withdrawal symptoms of prescription drugs can be fixed with heroin.

Dan Duncan, associate executive director at St. Louis's National Council on Alcoholism and Drug Abuse, aid that most heroin users' addiction starts with the use of pain pills, or at least 86 percent, according to Harris, which likely explains why both heroin and prescription drug abuse has skyrocketed in recent years. Yet, that possible connection was absent from the CDC's report as well.

Given that a November 2013 poll from the Pew Research Center found that only 16 percent of Americans believe that progress is being made when it comes to dealing with the issue of prescription drug abuse in the country, Harris is far from alone in his thought that the CDC needs to accurately and wholly explain the issue to the media and public.

When or if that will ever happen remains unknown.

MintPress requested an interview or at least a statement from the CDC regarding Harris' claims, and asked whether big pharmaceutical companies have any influence in how the issue is being addressed. Our request was denied, and instead, spokeswoman Courtney Lenard offered us the following:

"As the nation's health protection agency, CDC led the way in identifying the epidemic of prescription painkiller overdoses. Prescription opioid overdoses quadrupled in the United States between 1999 and 2010. During this same time period, the amount of prescription opioids prescribed in the United States also quadrupled. We are now working to reverse the prescription drug overdose epidemic…"

Many Ivy League Kids Don't Think Taking ADHD Drugs is Cheating

http://time.com/84554/many-ivy-league-kids-dont-think-taking-adhd-drugs-is-cheating/

Time Magazine

Peter Cade--Getty Images

Many students use ADHD drugs for academic performance, and they don't think it's cheating

About one in five students at an Ivy League college said they've used a prescription ADHD drug while studying, and a third of the college students did not think that qualified as cheating, according to new research.

ADHD medications, like adderall or ritalin, are commonly misused among people without a diagnosis as a way to perform and concentrate better. A 2011 paper from the College Board reported that though available numbers are small, students do obtain and use ADHD drugs and learning disorder diagnoses to gain an academic advantage, the *New York Times* reports. Of course, there are people with legitimate disorders, but the new study focused on students without ADHD.

The researchers, who will present their findings at the Pediatric Academic Societies (PAS) annual meeting this weekend, interviewed 616 students at a "highly selective college" (the researchers did not say which), and found that 18% used the drugs for academic reasons, and 24% had done so eight or more times. College juniors were the most likely to abuse the medication, and students who played sports or were involved in Greek life were also the most common abusers. Since the researchers excluded anyone with an ADHD diagnosis, all the students were therefore using the drugs illegally. The researchers did not ask about the source of the medications, but told TIME in an email that they are almost always from other students.

When asked whether this type of behavior classified as cheating, a third of the students said it did not, 41% said it was cheating, and 25% said they were not sure. People who used ADHD meds were also more likely to think it was a common phenomenon on campus.

More and more people are being diagnosed with ADHD, including adults. The number of adults taking ADHD drugs rose by over 50% between 2008 and 2012, according to a report. One of the hard parts about screening for the disorder is that doctors need to

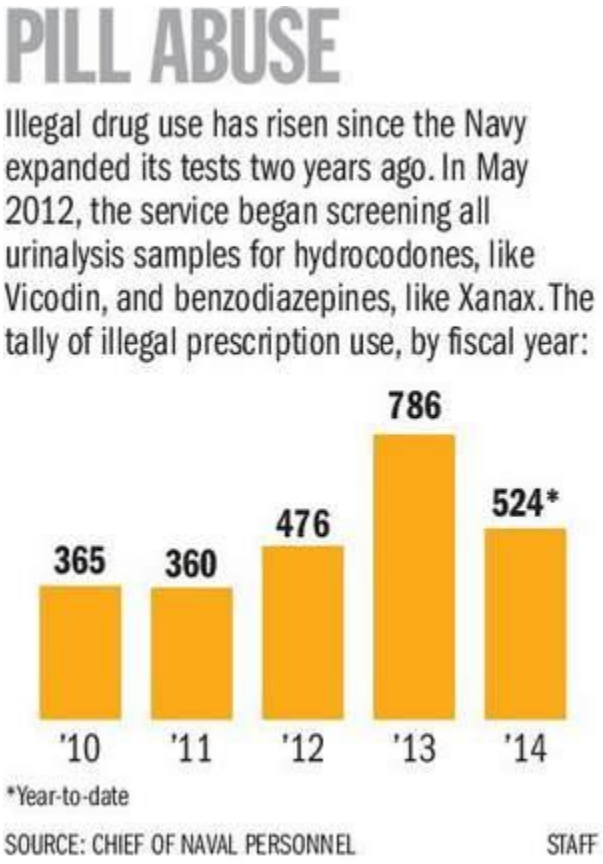
determine who has a legitimate disorder and who is looking for a performance fix. The researchers say their study raises those serious questions for providers: “To the extent that some high school and college students have reported feigning ADHD symptoms to obtain stimulant medication, should physicians become more cautious or conservative when newly diagnosing ADHD in teens?” study author Dr. Andrew Adesman, chief of developmental and behavioral pediatrics at Steven & Alexandra Cohen Children’s Medical Center of New York, said in a statement.

The findings will be presented Saturday, May 3, at the Pediatric Academic Societies (PAS) annual meeting in Vancouver.

Navy campaign targets growing misuse of prescription drugs

Apr. 29, 2014 - 06:00AM |

Navy Times



Pills and orange bottle (c8501089 / Getty Images/iStockphoto)

The Navy is kicking off a campaign to curb misuse of prescription drugs after concerning trends among sailors since the service began testing for more drugs two years ago.

Five hundred and twenty-four sailors have popped positive for illegal prescription drug usage in the first seven months of this fiscal year — and the Navy is on track to surpass last year's total.

That has Navy experts racing to find out what's going on before it's too late.

The "Prescription for Discharge" campaign aims to ensure sailors correctly take their meds, report prescriptions and dispose of unneeded extras.

The misuse and abuse of prescription medication is a growing concern throughout the Defense Department, and it has had substantial implications for readiness and the military health system.

Roughly 25 percent of sailors are prescribed some type of medication, according to LaNorfeia Parker, deputy director of the Navy Alcohol and Drug Abuse Prevention Office

Approximately 0.7 percent of sailors confidentially reported “misuse” of prescription meds, according to the 2011 DoD Survey of Health Related Behaviors, which found the Navy’s rates below the DoD average.

The group most at risk for drug abuse: sailors ages 18 to 25. Though they constitute 30 percent of the Navy, they account for 71 percent of positive drug tests.

When it comes to prescription drugs, the old salts are more likely to pop positive.

“Prescription drugs are more associated with ailments and age, so it is more prevalent in older populations,” Parker said.

Use only as directed

The drugs most frequently prescribed — amphetamines, hydrocodone, hydromorphones, oxycodone and oxymorphones — have many dangerous side effects.

Sedatives are the second most commonly used, with 9.8 percent of sailors reporting using them in 2011. Of those, 0.6 percent reported misuse.

Both stimulants and anabolic steroids were used by fewer than 5 percent of service members.

Sailor focus groups also raised troubling issues.

They found that many sailors thought it was OK to take medication that had been prescribed to a family member. They associated the label of “illicit drugs” with marijuana, cocaine and methamphetamine — not a little pill taken for a backache or a headache.

Not so, officials say: If your name is not on the bottle, don’t take it. And if your name is on the bottle, take it only as directed.

“We do have an aggressive urinalysis program,” Parker said. “The probability of someone being caught misusing is extremely high. We really want to sailors to take heed.”

The Navy in 2012 added two commonly abused and highly addictive prescription drugs to standard urinalysis tests: benzodiazepines (such as such as Ambien, Xanax and Valium) and hydrocodones (such as Xanax and Vicodin).

Any vaild prescription obtained off base must be documented in your service record, officials said. This will help manage your medications and prevent problems when you pop positive on a urinalysis.

Another goal: properly disposing of unneeded meds. Having those meds stick around in your medicine cabinet or under your bunk increases the propensity for misuse.

Parental disapproval contributes to racial, ethnic differences in prescription drug misuse by teens

http://medicalxpress.com/news/2014-05-parental-contributes-racial-ethnic-differences.html

Parents' attitudes toward substance use may help to explain observed racial/ethnic variations in prescription drug misuse among teens, reports a study in the May *Journal of Developmental & Behavioral Pediatrics*, the official journal of the Society for Developmental and Behavioral Pediatrics.

"Our findings add support to growing evidence that parents continue to remain a vital part of adolescents' decision-making, particularly regarding potentially risky behaviors," according to the new research by Brigid M. Conn, MA, and Amy K. Marks, PhD, of Suffolk University, Boston.

Parent Disapproval Linked to Lower Rate of Drug Misuse

The researchers analyzed data on prescription drug misuse from a national survey of more than 18,000 adolescents. "Misuse and abuse of prescription drugs is one of the fastest growing drug epidemics in the United States," the researchers write.

As in previous studies, Caucasian teens had the highest rates of prescription drug misuse. For example, 3.4 percent of Caucasian adolescents misused tranquilizers, compared to 2.9 percent of Hispanic and 0.9 percent of African American youth.

In contrast to previous studies, teens from higher-income families had lower rates of prescription drug misuse. Rates were also higher in older adolescents, and in girls compared to boys.

The teens were also asked about their parents' and peers' attitudes toward specific types of substance use. Parental disapproval was associated with lower rates of prescription drug misuse—although this effect varied by race/ethnicity. Even though Caucasian teens had the highest rates of prescription drug misuse, those whose parents strongly disproved of all types of substance use were at lower risk than teens in the two minority groups.

Strong parental disapproval of alcohol use was linked to lower rates of prescription drug misuse in African American teens, while parental disapproval of marijuana use was a stronger factor for Hispanic teens. Dr. Marks comments, "No matter what the ethnic/racial background of the family, parents' disapproving attitudes about misusing substances in general—whether alcohol, marijuana, or tobacco—play a strong role in protecting their adolescents from misusing prescription medicine."

Step toward Understanding 'Culture-Specific' Factors in Substance Abuse

Caucasian teens whose close friends disapproved of substance use had lower rates of prescription drug misuse, although peer attitudes had little impact for African American or Hispanic teens.

Dr. Marks adds, "Parents can also help their adolescents navigate toward friends with shared substance use disapproval attitudes."

The study confirms racial/ethnic variations in substance use by adolescents. It also provides initial evidence that disapproval by "important socialization agents"—especially parents—has a significant effect on prescription drug misuse.

That result may provide clues as to how the racial/ethnic variations arise. Past studies of substance use in teens have typically used race as an "explanation" for observed differences.

More recently, researchers are focusing on values and other "culture-specific factors" that may explain risk behaviors, rather than generalizing across groups. "We're already working on new studies to understand some of the unique socializing factors or agents which seem to be protective for Hispanic and African American adolescents, beyond parental disapproval," says Dr Marks.

She adds, "As we learn more about what kinds of socializing messages matter most to which cultural groups, clinicians, teachers, social workers, and parents alike can help keep steering their adolescents in meaningful ways to make healthy behavioral choices when it comes to prescription drugs."

Explore further: Hispanic teens more likely to abuse drugs, survey finds

Prescription abuse skyrocketing, leading to more heroin addicts, experts say

http://www.mercurynews.com/crime-courts/ci_25717582/prescription-abuse-skyrocketing-leading-more-heroin-addicts-experts
San Jose Mercury News
SAN FRANCISCO -- Prescription drug abuse in the Bay Area and nationwide is a growing problem, outpacing illegal drugs and creating a new generation of heroin addicts, law enforcement, public health officials and substance abuse specialists said during a regional summit Wednesday.

The number of accidental overdose deaths from prescription pills has skyrocketed in recent years, more than quadrupling since 1999, according to Centers for Disease Control and Prevention data. In 2010, nearly 60 percent of drug overdoses involved legal opiates, pain medication such as oxycodone, hydrocodone and methadone, said U.S. Attorney Melinda Haag, whose office organized the summit.

The problem is especially acute among teens and young adults ages 18-25, who tend to view prescription pills as "safe" because they are legal and given out by doctors.

"We know that the overdose deaths and the increased heroin use are being driven by previous prescription drug misuse," said Steve Pasierb, chief executive officer at The Partnership at Drugfree.org, a nonprofit organization that works to educate about the dangers of drug abuse. "Still, there are too many parents out there who don't believe this is a problem and who you could say are not minding their meds."

According to Pasierb, 4 out of 5 heroin users previously used prescription drugs but switched to heroin after not being able to find the medications or not being able to afford them as prices have risen in recent years.

"We are at the front end of a national catastrophe, and the numbers are going to get worse," Pasierb said.

On Wednesday, presenters offered numerous solutions, including requiring all doctors to check a database before writing a prescription, prescribing smaller amount of pills for injuries, and expanding city- and county-run drug disposal programs that allow residents to safely dispose of unwanted medicine.

"Prescription drugs are coming from only one source: doctors," said Erin Loback, a deputy district attorney for Alameda County, who is part of a unit that cracks down on health care and Medicare fraud.

The unit encourages pharmacies to report fraudulent prescriptions and cracks down on "dirty doctors" who give out prescriptions to anyone who asks, often billing Medicare for the unnecessary pills. Despite a statewide database run by the Department of Justice that allows doctors to check the prescription history of a patient, the system is not often used, allowing addicts to "doctor shop" for as many prescriptions as they want.

"A lot of this problem could be avoided if doctors just checking before they prescribe to see if they are getting those drugs somewhere else," Loback said.

April Rovero, a San Ramon resident, spoke of her 21-year-old son Joey, a student at Arizona State University who died in 2009 from a combination of Xanax, anti-anxiety medication, OxyContin, a pain reliever, and alcohol.

Joey and his friends obtained the pills from an alleged dirty doctor in Los Angeles, she said. The doctor reportedly wrote an estimated 27,000 prescriptions over three years, resulting in the deaths of three people, she added.

"We need to get this into our schools, we need to start talking about the problem and educating our kids about the dangers as early as elementary school," said Rovero, who founded the National Coalition Against Prescription Drug Abuse in 2010. The coalition's website (http://ncapda.org/) offers tips for parents about how to spot signs of addiction and treatment options.

"A lot of kids think these pills are candy and they're taking them and dying."

Why Are More Doctors Prescribing Opioid Painkillers to Pregnant Women?

Science World Report

Despite the widespread opioid addiction and misuse across the United States, more doctors are prescribing pregnant women the prescription painkillers even without knowing risk factors for the developing fetus. (Photo : Marcelo Cantarela)

Despite the widespread opioid addiction and misuse across the United States, more doctors are prescribing pregnant women the prescription painkillers even without knowing risk factors for the developing fetus.

The Centers for Disease Control and Prevention released a report last July that focused on women and prescription painkillers such as Vicodin and OxyCotin. They found that about 18 women die every day due to prescription painkiller use and that since 2007, more women have died from painkillers than from car accidents.

Yesterday, the New York Times reported that over one in five pregnant women (23%) were prescribed opioid painkillers in 2007, compared to 18.5% back in 2000. According to a study published in the journal Obstetrics and Gynecology, the statistics revealed that an overwhelming percentage of the 1.1 million pregnant women enrolled in Medicaid filled an opioid prescription during the time frame that was analyzed. Additionally, a study of 500,000 privately insured pregnant women found that 14% of these women filled an opioid prescription once during pregnancy.

More recent numbers will take a few years to be revealed, but this is still startling even for seven years ago. Statistics are available from 1992, when researchers found that over a 20-year span,

opioid prescriptions increased from 76 million to 2010 million. Additionally, since 1999, prescription opioid-related deaths skyrocketed from 4,030 to 16,651 in 2010, according to this CNN News article.

These numbers, according to the CDC, also included a greater percentage increase among women, with a 400% increase in painkiller overdoses since 1999. It's puzzling why doctors would prescribe these dangerous and addictive prescription opioids to pregnant women. During pregnancy, women are already fairly sedentary, dealing with pain and feelings of sickness.

"Opioid use in very early pregnancy is associated with an approximate doubling the risk of neural tube defects," said Martha M. Werler, a professor of epidemiology at the Boston University School of Public Health, in this Fox News article.

It's possible that the numbers have decreased since 2007; yet this seems unlikely, since recent reports revealed widespread abuse and misuse of opioids in the tri-state and New England areas. But since this issue is making news, hopefully medical experts and doctors can put a stop to the apparent growing problem.

Stanly Co. student wins statewide public service announcement contest

- **By: Jenna Barnes**
- 05/15/2014 08:41 PM

Play now

STANLY COUNTY -- Attorney General Roy Cooper awarded a Stanly County 10th grader the first prize award in the office's annual PSA contest Wednesday.

Brandi Walker, a student at Stanly Early College High School in Albemarle, created a 30-second video about the dangers of prescription drug abuse.

Walker says her video warns her fellow teens against using prescription drugs because they are addictive. And taking them can be deadly.

"A lot of people my age may not realize that even prescription drugs are dangerous because they can get addicted, and it can take away their dreams and even their life," she said.

Walker explains in the video about 1,000 people die from prescription drug overdoses in North Carolina each year.

To watch her video, visit: https://www.youtube.com/watch?v=UKVK2I2Af4M.

- See more at: http://triadnc.twcnews.com/content/news/charlotte/707767/stanly-co--student-wins-statewide-public-service-announcement-contest#sthash.E7GdRxNC.dpuf