



Two Perspectives on Preventing Prescription Drug Abuse Among Youth and Young Adults: Injury Prevention and Substance Abuse

Presenters: Alan Dellapena and Geoff Miller

Facilitators: Cindy Rodgers and Erica Streit-Kaplan

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Two Perspectives on Preventing Prescription Drug Abuse Among Youth and Young Adults: Injury Prevention and Substance Abuse

Our Presenters:



Geoff Miller - Associate Director, Office of Substance Abuse, State of Maine



Alan Dellapena - Injury and Violence Branch Head, North Carolina Division of Public Health



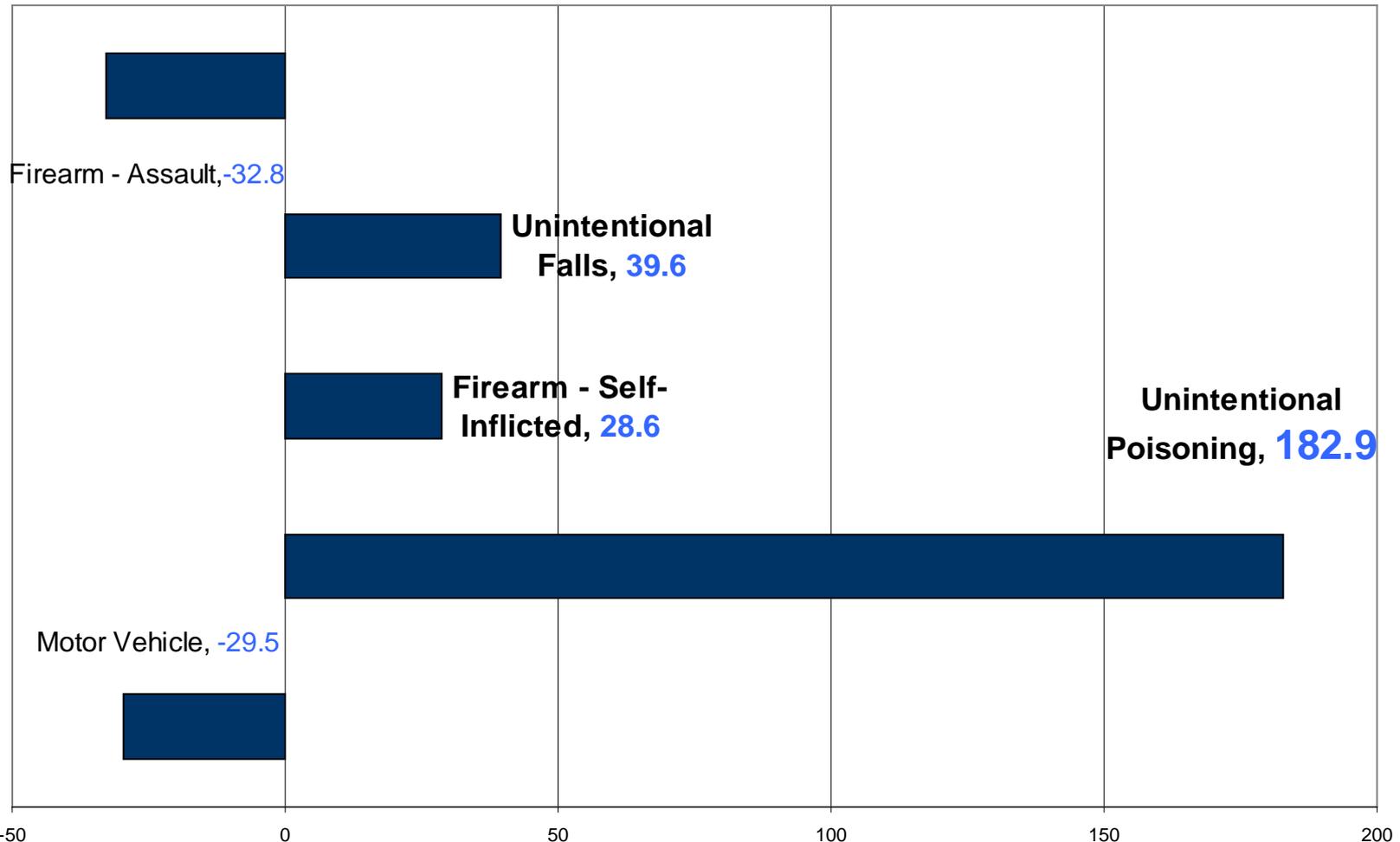
Question 1:

How do you define/describe the problem of prescription drug abuse among youth and young adults in your state?

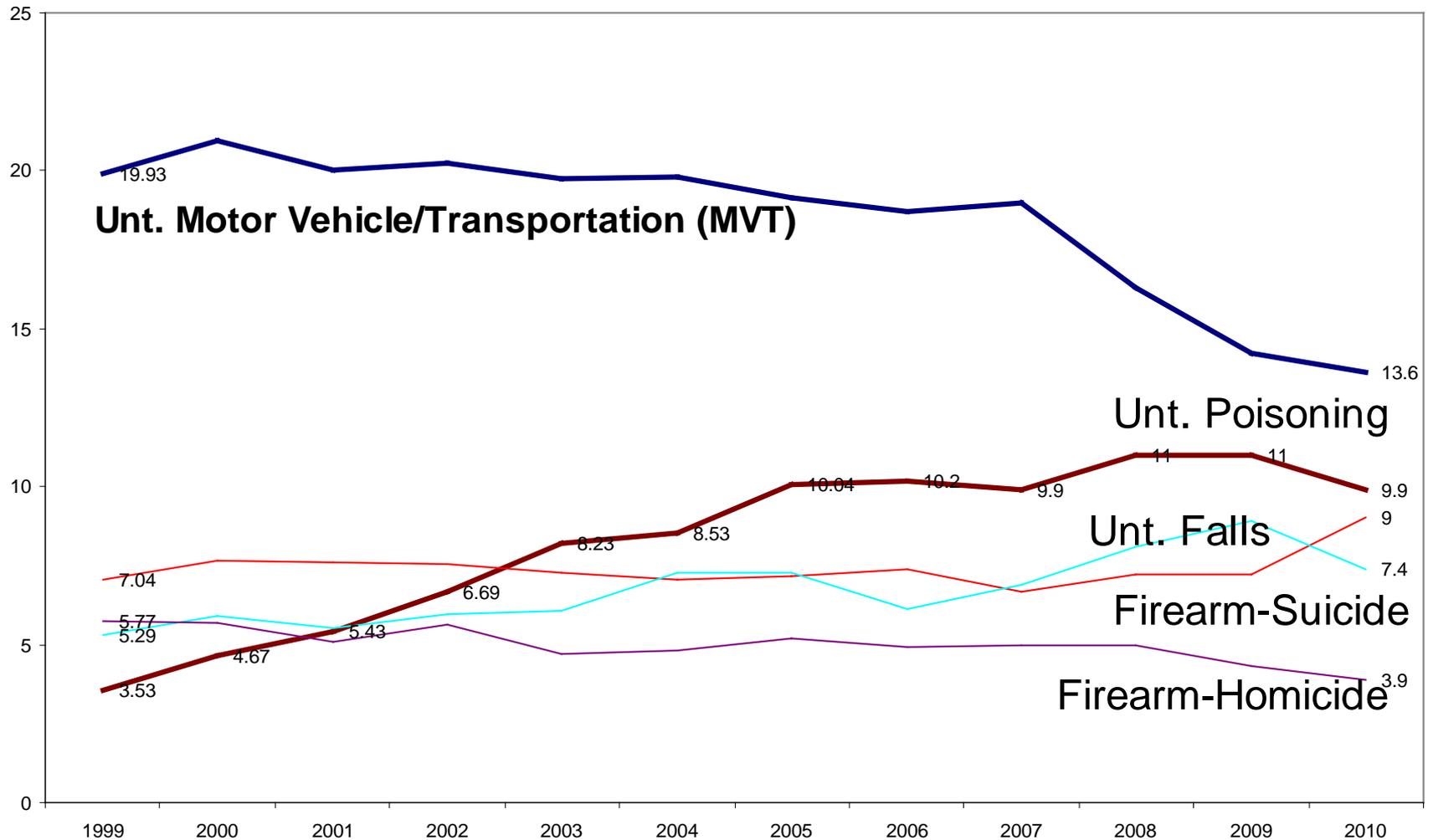




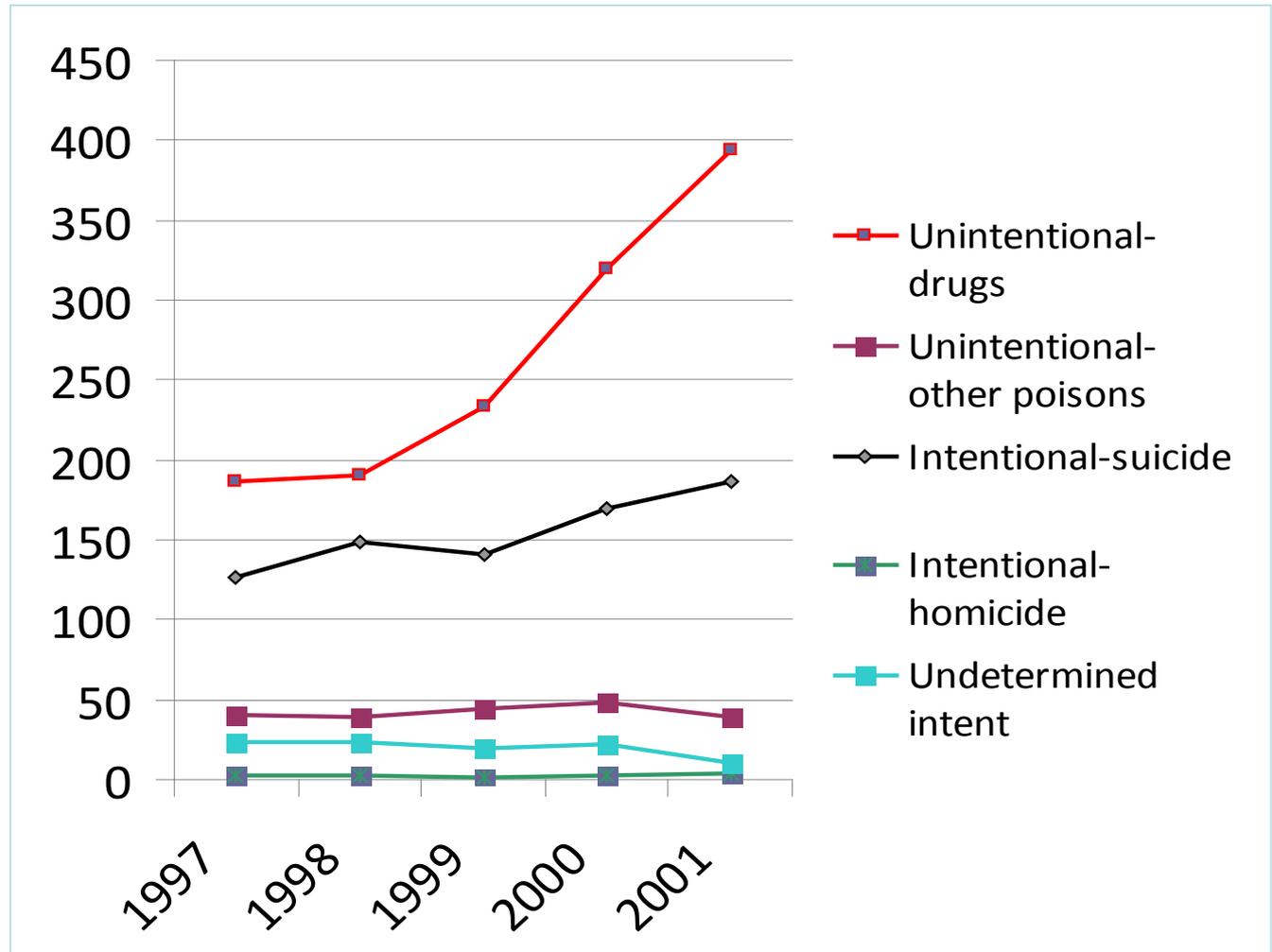
Percent Change in Rates Between 1999 and 2010 Leading Causes of Injury Deaths



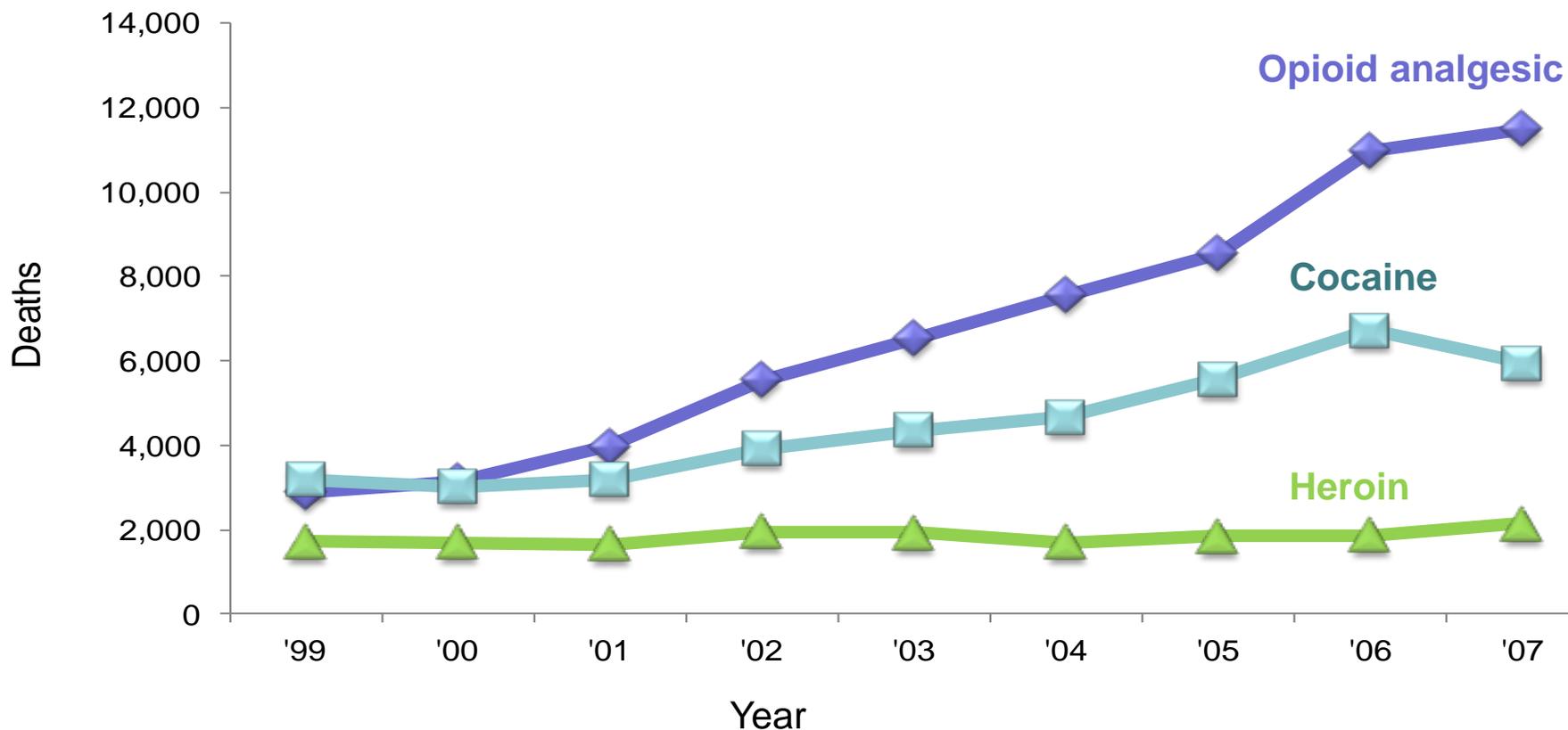
Leading Causes of Injury Death Rates per 100,000, NC 1999-2010



Poisonings Deaths in North Carolina Characterized



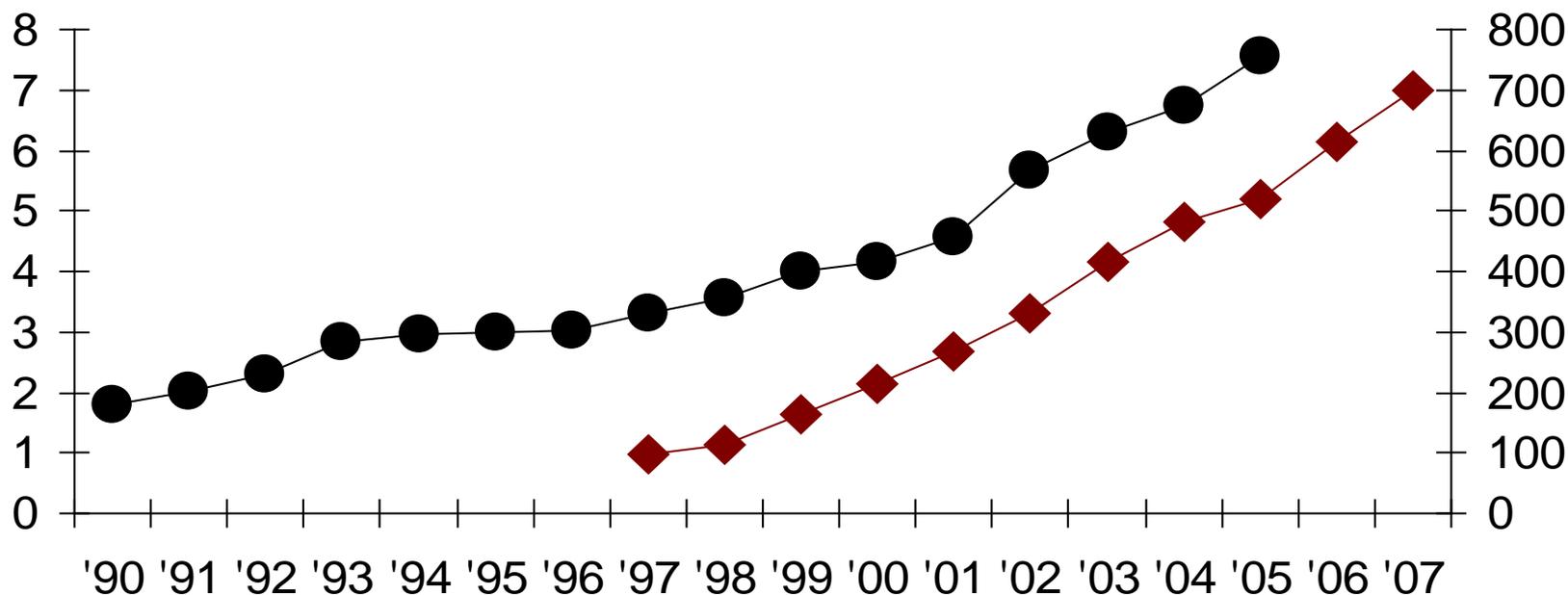
Unintentional Overdose Deaths Involving Opioid Analgesics, Cocaine and Heroin United States, 1999–2007



Source: Len Paulozzi, CDC Nov. 2011

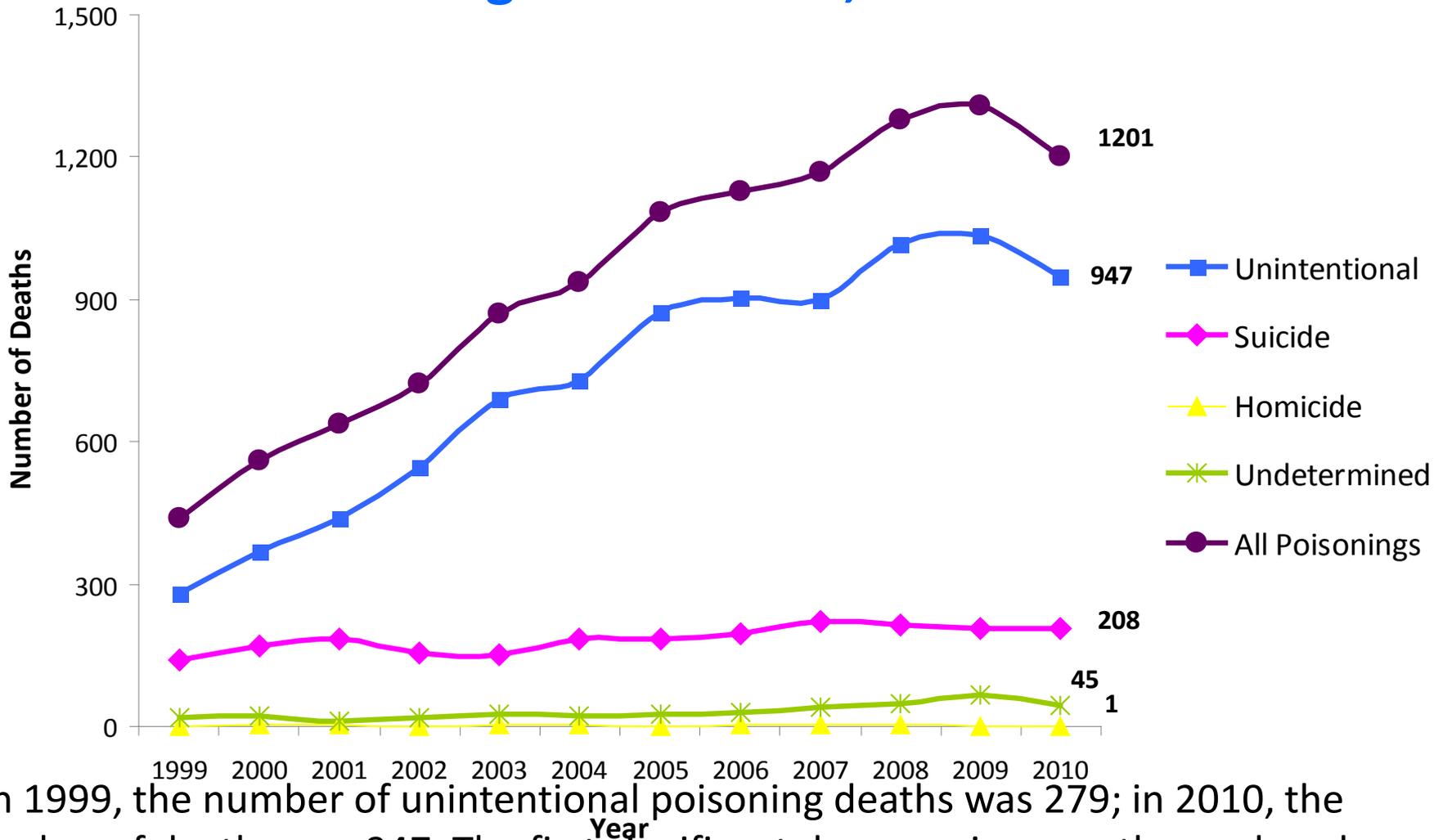
Unintentional Drug Overdose Death Rates Total Sales of Opioid Analgesics in Morphine Equivalents by year in the U.S.

● Deaths/100,000 ◆ Opioid sales (mg/person)



Source: Len Paulozzi, CDC Nov. 2011

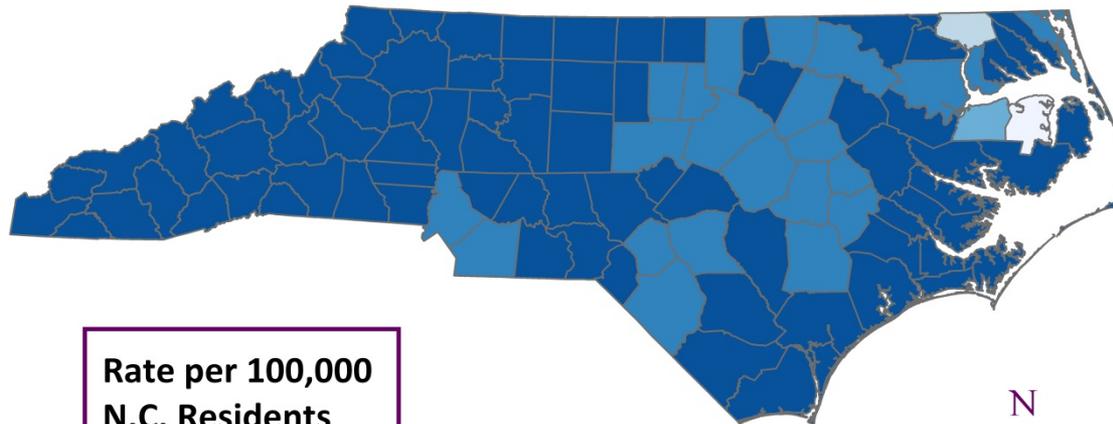
Poisoning Deaths: N.C., 1999-2010



• In 1999, the number of unintentional poisoning deaths was 279; in 2010, the number of deaths was 947. The first significant decrease in more than a decade.

Unintentional Poisoning Deaths by County: N.C., 1999-2009

2006-2009



**Rate per 100,000
N.C. Residents**

- 0.0 - 1.1
- 1.2 - 3.7
- 3.8 - 5.5
- 5.6 - 9.6
- 9.7 - 42.0





Prevention Priorities of Maine OSA Strategic Plan:

Underage Drinking,
High risk drinking among 18-25 year olds,
Misuse of Rx Drugs among 18 – 25 year
olds,
and marijuana use in 12 – 25 year olds



Substance Abuse Trends in Maine State Epidemiological Profile 2012

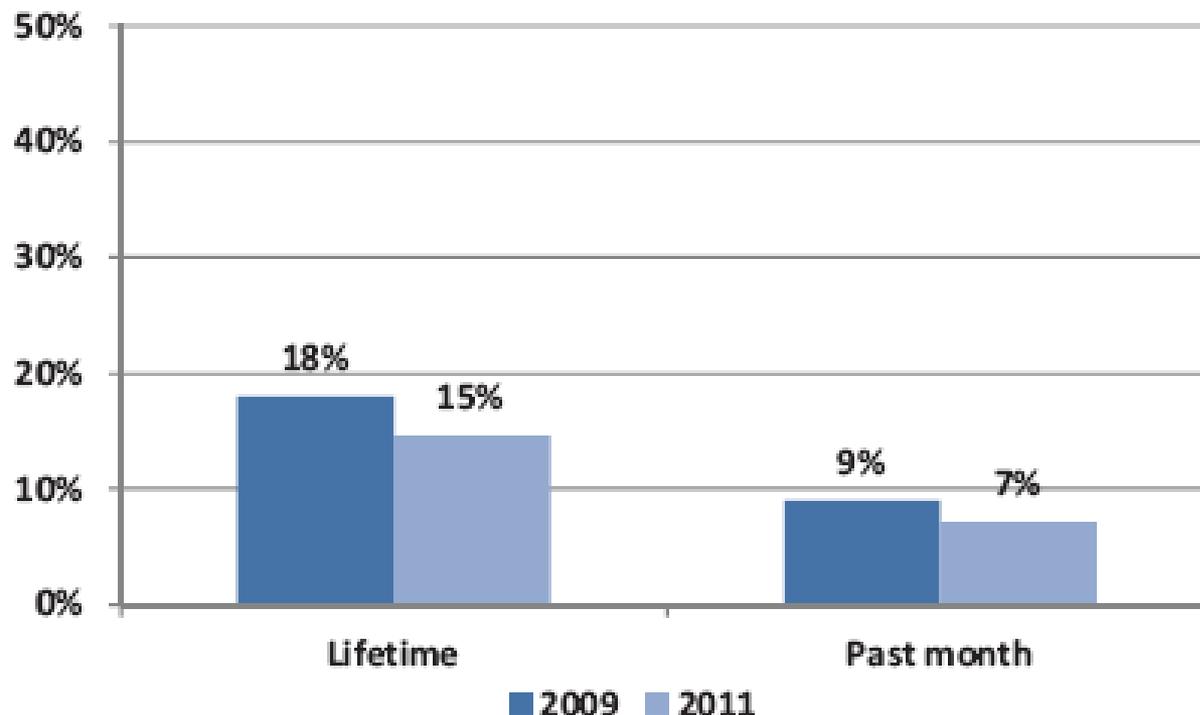
Adult prescription drug abuse appears to be highest among those ages 18 to 25.

In 2011, one in seven high school students in Maine reported misusing a prescription drug at least once in their lifetime; less than one in ten reported doing so within the Past month. Both appear to have decreased since 2009.

Data Source(s): MIYHS, 2009-2011.

Summary: It appears that among high school students, the rates for lifetime as well as past month usage of prescription drugs that were not prescribed have decreased from 2009 to 2011. In 2011, about one in seven high school students reported misusing a prescription drug in their lifetime.

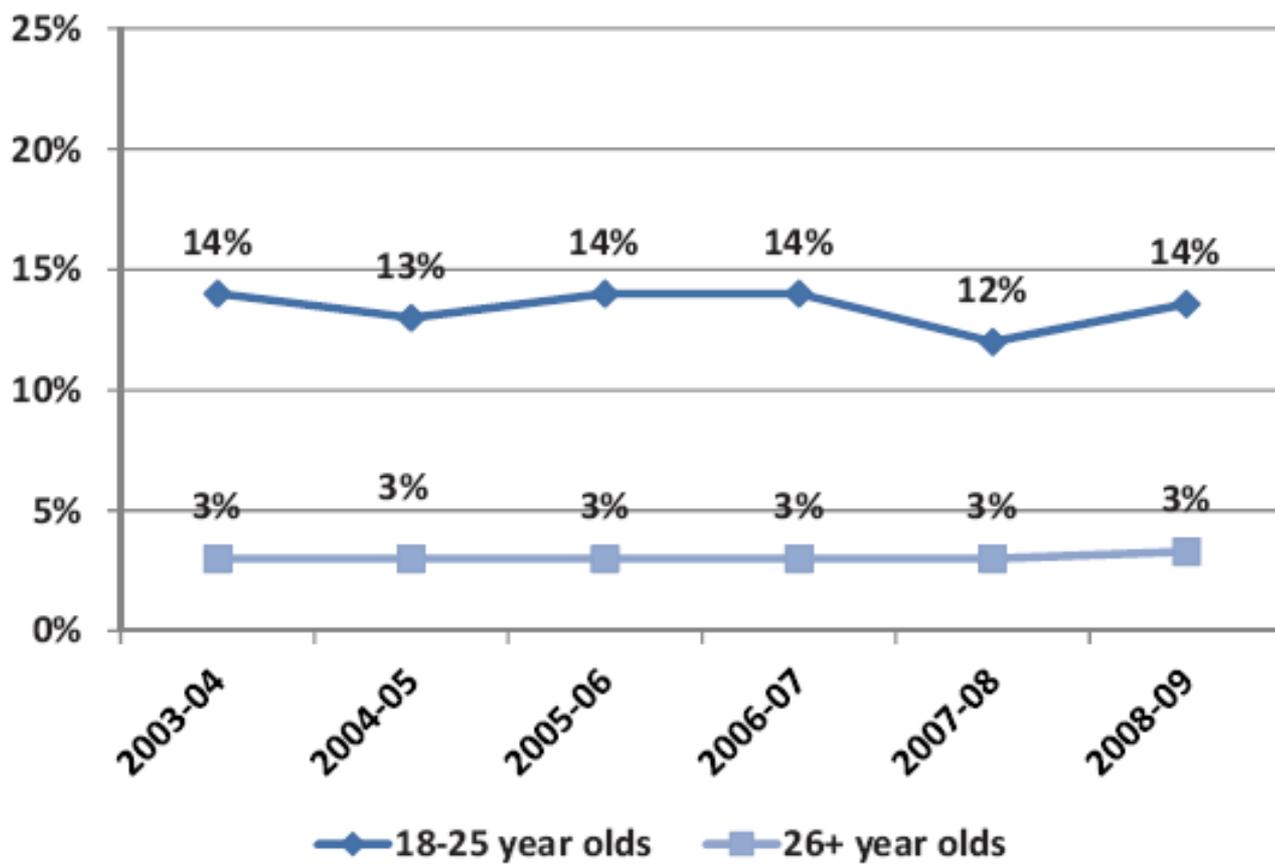
Figure 14. Percent of high school students who have taken prescription drugs that were not prescribed to them in their lifetime and in the past month: 2009 and 2011



Data Source(s): NSDUH, 2003-04 to 2008-09

Summary: Adult prescription drug misuse is highest among those ages 18 to 25.

Figure 15. Non-medical use of pain relievers among Maine residents in the past year, by age group: 2003-04 through 2008-09



Maine Integrated Youth Health Survey - Middle School Survey 7 – 8 Grades

Have you ever taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

Percentage of students who answered 'Yes'

2011 6.4% (6.0% - 6.8%)

2009 9.1% (8.6% - 9.6%)

During the past 30 days, how many times did you take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

Percentage of students who answered at least 1 time

2011 3.2% (2.8% - 3.5%)

2009 4.8% (4.4% - 5.2%)



Question 2:
How do you approach prevention and what strategies/interventions do you use?



Maine:

How do you approach prevention and what strategies/interventions do you use?



Maine's Prescription Monitoring Program (PMP)

The PMP is an electronic web-based secure portal for registered prescribers and dispensers to enter a first name, last name, and date of birth to generate a report of all Schedule II, III, and IV drugs that have been dispensed to a particular patient.

Online Training Course for the PMP

The screenshot shows a Windows Internet Explorer browser window displaying the Maine Prescription Monitoring Program (PMP) training course. The browser's address bar shows the URL: <http://www.maine.gov/> - The Maine Prescription Monitoring Program - Windows Internet Explorer provided by IE8 Policy Ver. 8 - St. The browser's navigation bar includes the Maine.gov logo, links for Agencies, Online Services, and Help, a Page Tools dropdown menu, a GO button, and a State Search field with a GO button.

The main content area features a large image of a laptop screen displaying a data table. To the right of the image, the text reads: "WELCOME TO... MAINE PRESCRIPTION MONITORING PROGRAM".

Below the image, the course title is displayed: "Prescription Monitoring Program | Module 01: The Prescription Monitoring Program". A "CLOSE COURSE" button is visible in the top right corner of the course frame.

The course content area is currently blank, with a "CLOSED CAPTIONING OFF" indicator on the left. On the right side of the content area, there are navigation controls: "SCREEN 01/08", "MAIN MENU", "RESOURCES", "HELP", "BACK", "PLAY", and "NEXT".

At the bottom of the course frame, a welcome message reads: "Welcome to the Maine Prescription Monitoring Program Web Training. The Prescription Monitoring Program is a web-based system that aids in the collection, analysis, and reporting of information on the prescribing, dispensing, and use".

The Windows taskbar at the bottom shows the Start button and several open applications, including AdolesRx.p..., Window..., Inbox - Ge..., pmpindex..., EpiProfile..., PMPbrochu..., and Prescriptio... The system tray on the right shows the time as 3:08 PM.

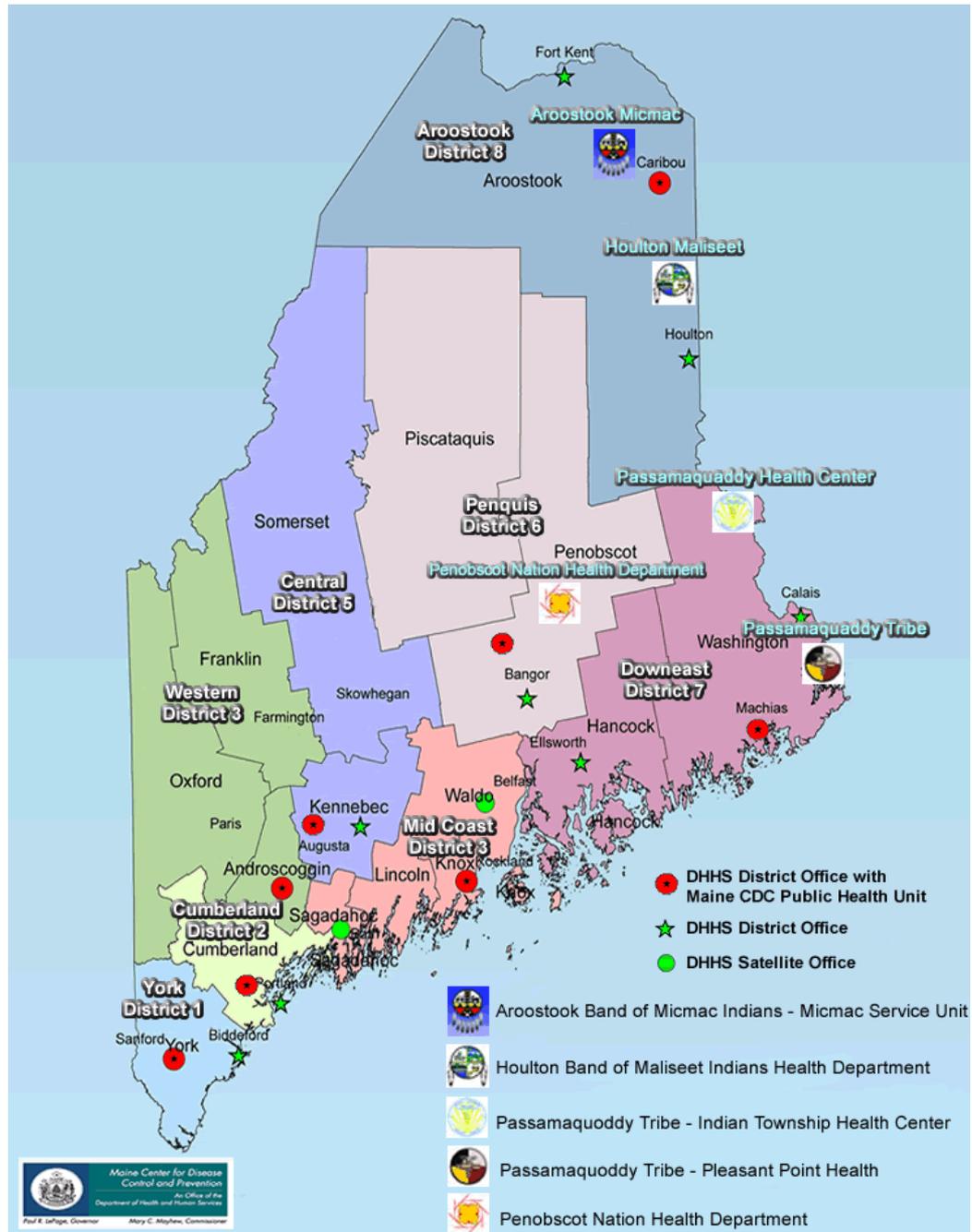
http://www.maine.gov/dhhs/osa/data/pmp/Web_Course/index.htm



Maine's Public Health Infrastructure

9 Public Health Districts

27 Health Maine Partnership Coalitions
(Includes 1 Tribal)





July 2002

North Carolina requests 1st CDC Epidemic Intelligence Service (EIS) Poisoning Investigation

3 EIS Officers investigate fatal drug overdoses with NC-DPH Injury Branch.

- 1,096 accidental poisonings death records abstracted & analyzed with NC Office of Chief Medical Examiner.
- Report to NC-DHHS Secretary prompted a task force on unintentional drug-related death prevention.
- A letter to the JAMA editor (2003) highlights the enhanced lethality of methadone when prescribed as a pain reliever.

**Findings and Recommendations
of the Task Force to Prevent Deaths from
Unintentional Drug Overdoses
in North Carolina, 2003**

Submitted to

Carmen Hooker Odom, Secretary, Department of Health and Human Services
Roy Cooper, Attorney General, Department of Justice
April 2004



N.C. Department of Health and Human Services
Division of Public Health
Injury and Violence Prevention Branch

DHHS Secretary Task Force Report 2004

- **43 recommendations**
 - Leadership,
 - Surveillance,
 - Law Enforcement,
 - Legislative,
 - Education,
 - Clinical Interventions
- **Controlled Substance Reporting System (CSRS)**
 - NC Prescription Monitoring Program

CONTROLLED SUBSTANCES REPORTING SYSTEM



NORTH CAROLINA DIVISION OF MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES

Established by State law.

A prescription reporting system that allows registered dispensers and practitioners to review a patient's controlled substances prescription history on the web.

Intended to assist practitioners in monitoring patients by identifying and referring patients for specialized substance abuse treatment or specialized pain management.

Project Lazarus



Innovative community intervention

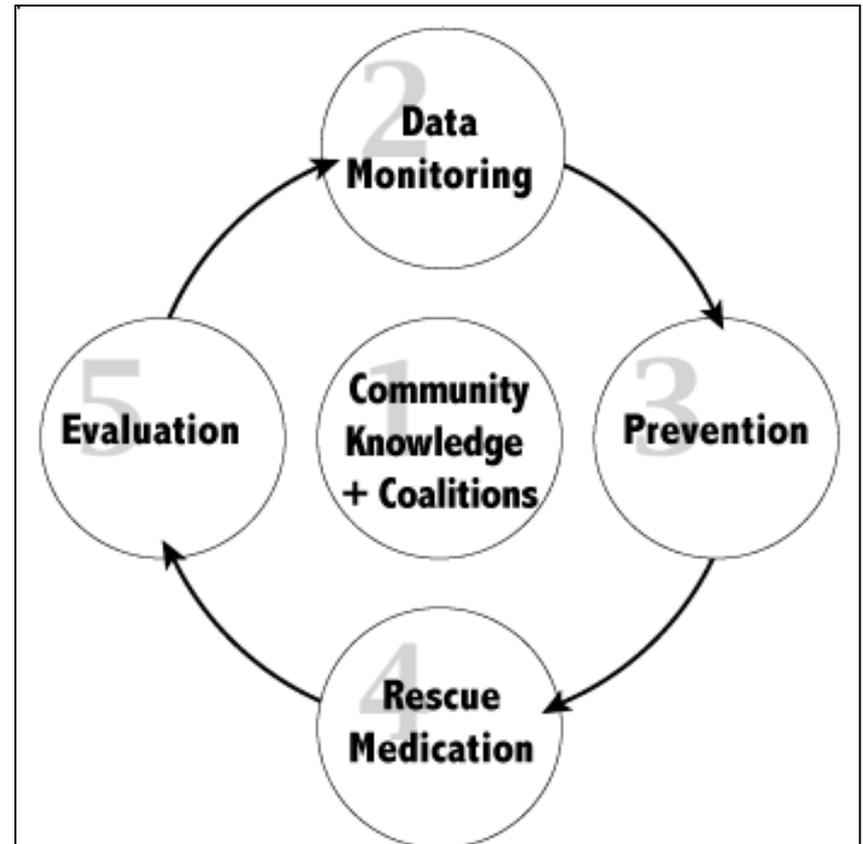
Lead by Wilkes County with efforts across NC, the Cherokee Reservation, & Fort Bragg

Focused on avoiding & responding to opioid overdose

Includes provision of naloxone (opioid overdose antidote)

Training for

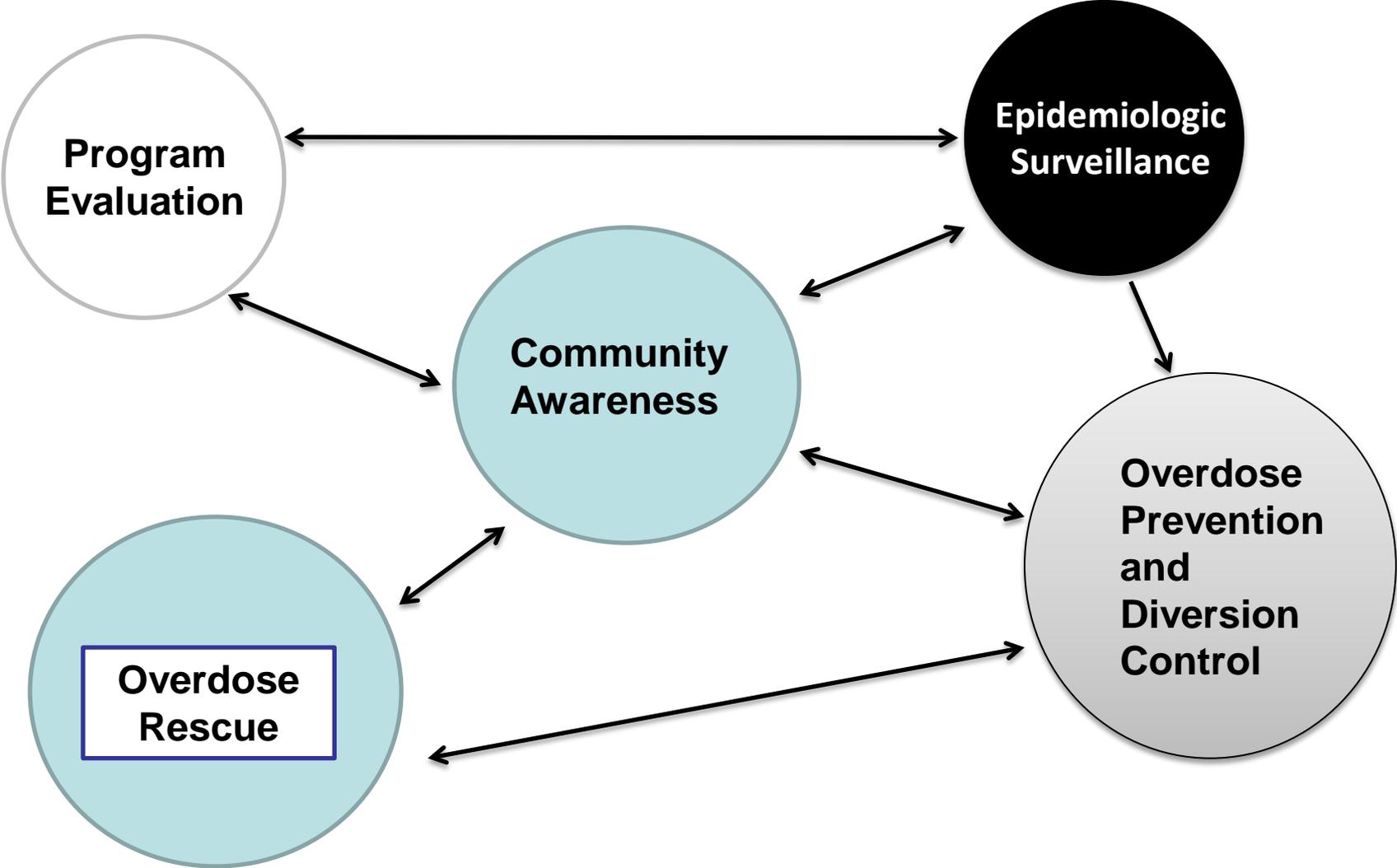
- Medical Providers
- Patients, Family, Peers including a free overdose rescue kit



Project Lazarus Expands: 2012 joins North Carolina's Medicaid Authority (CCNC) for Statewide Implementation

Project Lazarus – Strategies to community coalitions	Chronic Pain Initiative – Strategies to health care providers
Community awareness	Provider education
Coalition formation and development	ED policy change
Diversion control	Expanded access to drug treatment
Pain patient support	Patient risk reduction

Project Lazarus/Chronic Pain Initiative Model





Removed 5 million morphine equivalent doses from NC Homes.

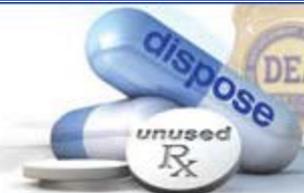
Partners

- Safe Kids North Carolina
- State Bureau of Investigation
- Waterkeepers Carolina
- Coastal Coalition for Substance Abuse Prevention



Got Drugs?

October 29, 2011
10:00 AM - 2:00 PM

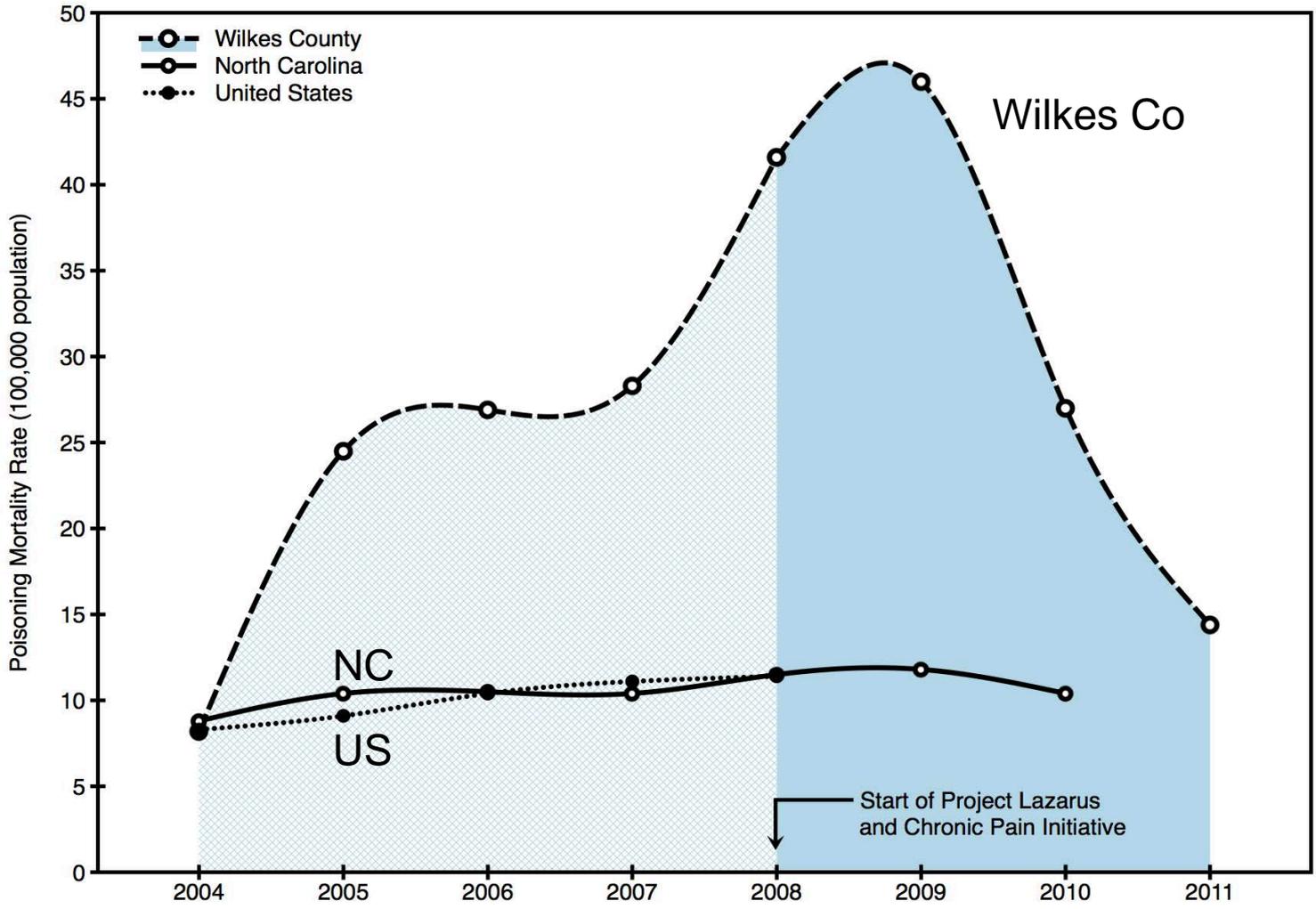




Question 3: How do you measure success?



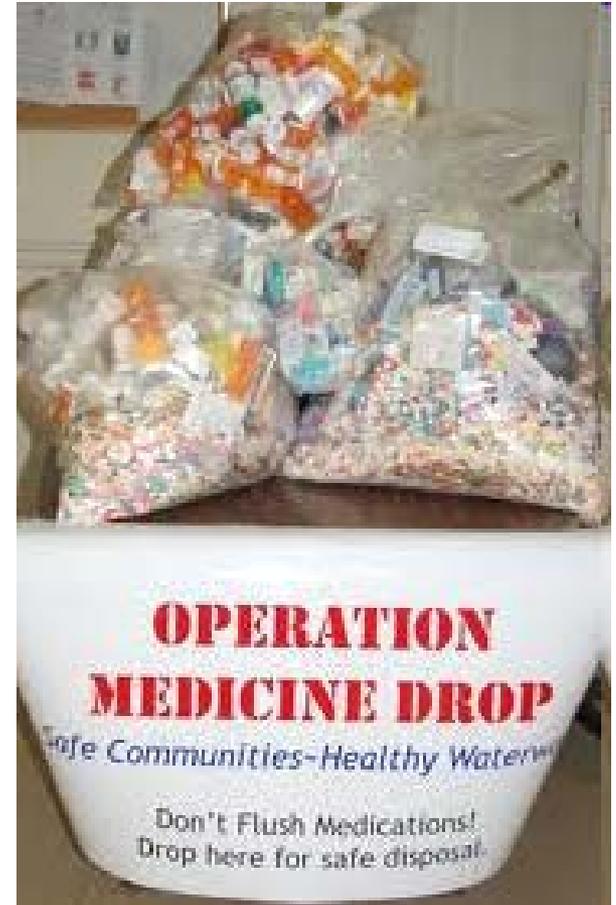
Project Lazarus in Wilkes County



Source: Wilkes Co. Health Department; NC SCHS; CDC Wonder

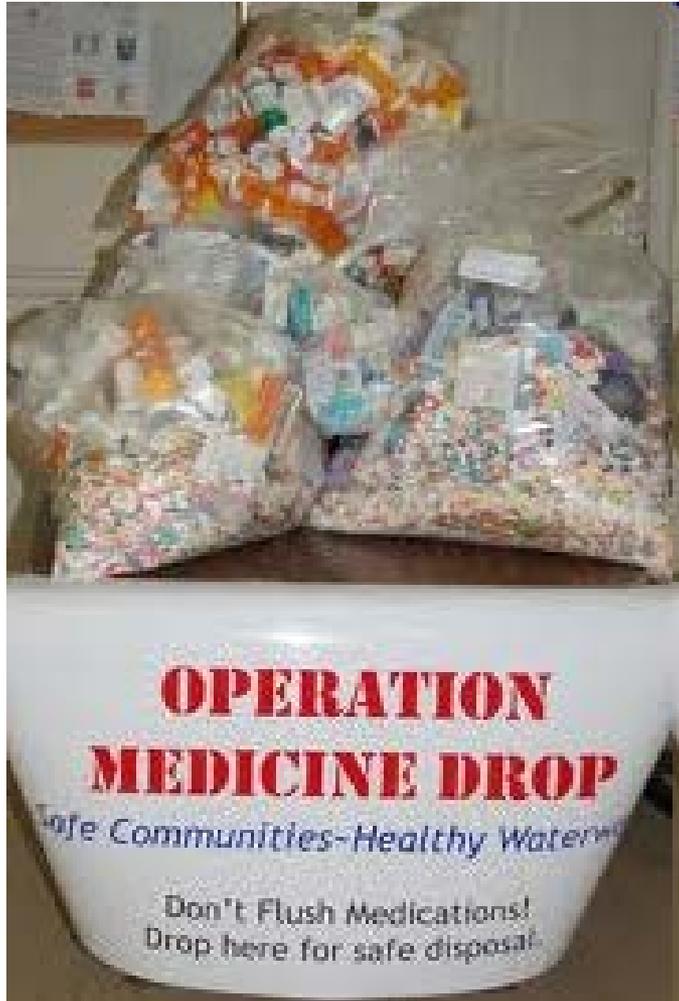
North Carolina Operation Medicine Drop Results March, 2012

- 236 events held in NC
- 7.7 MILLION doses of medications were safely collected and destroyed
- Keeping drugs out of the wrong hands and out of our waterways.



**In 3 years, over 20 million doses collected
30% estimated to be narcotics**

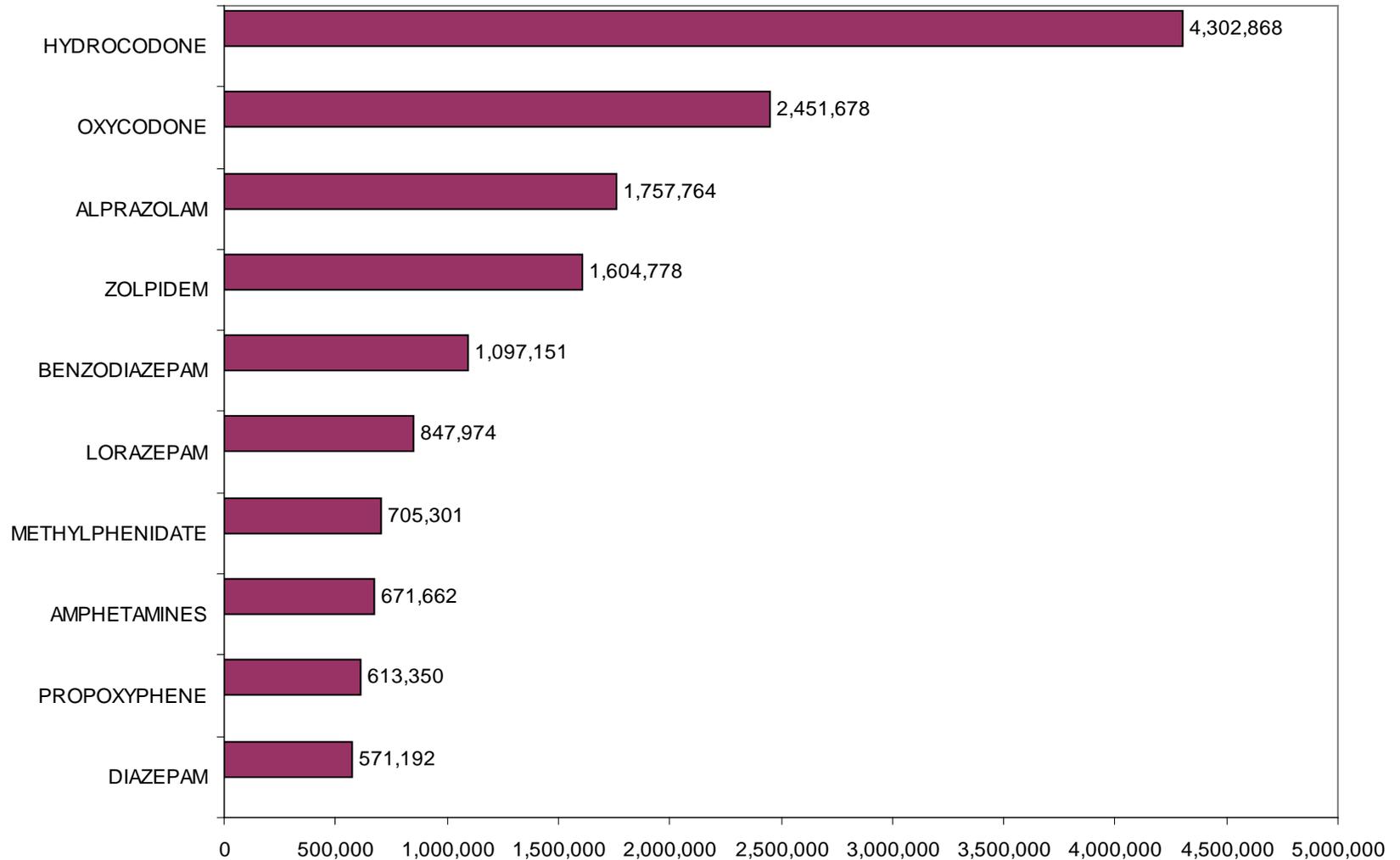
Operation Medicine Drop moving from Annual Campaign to Permanent Drop Boxes



North Carolina Controlled Substances Reporting System Data

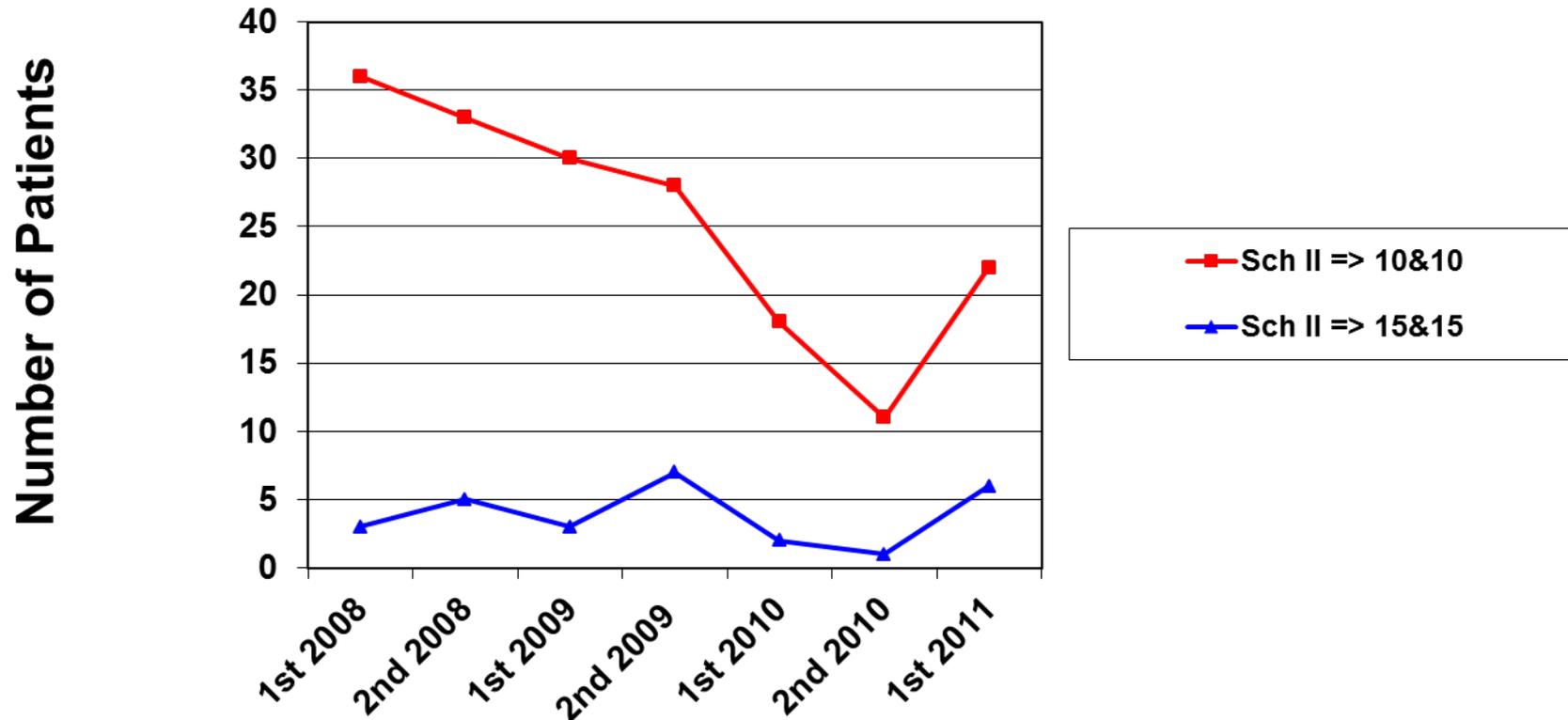
- Over 84,000,000 prescriptions in the database (started July 1, 2007)
- Approx. 17.5 million per year
- Over 2,750,000 queries have been made of the system
- Over 11,300 dispensers and practitioners currently registered to use the system
- Averaging 2,300 queries per day

Top 10 Controlled Substances Dispensed in North Carolina: Number of Prescriptions, CSRS 2010



Source: Preliminary data: NC Controlled Substances Reporting System, Nov. 2011

Doctor Shopping*: Trends for Schedule II

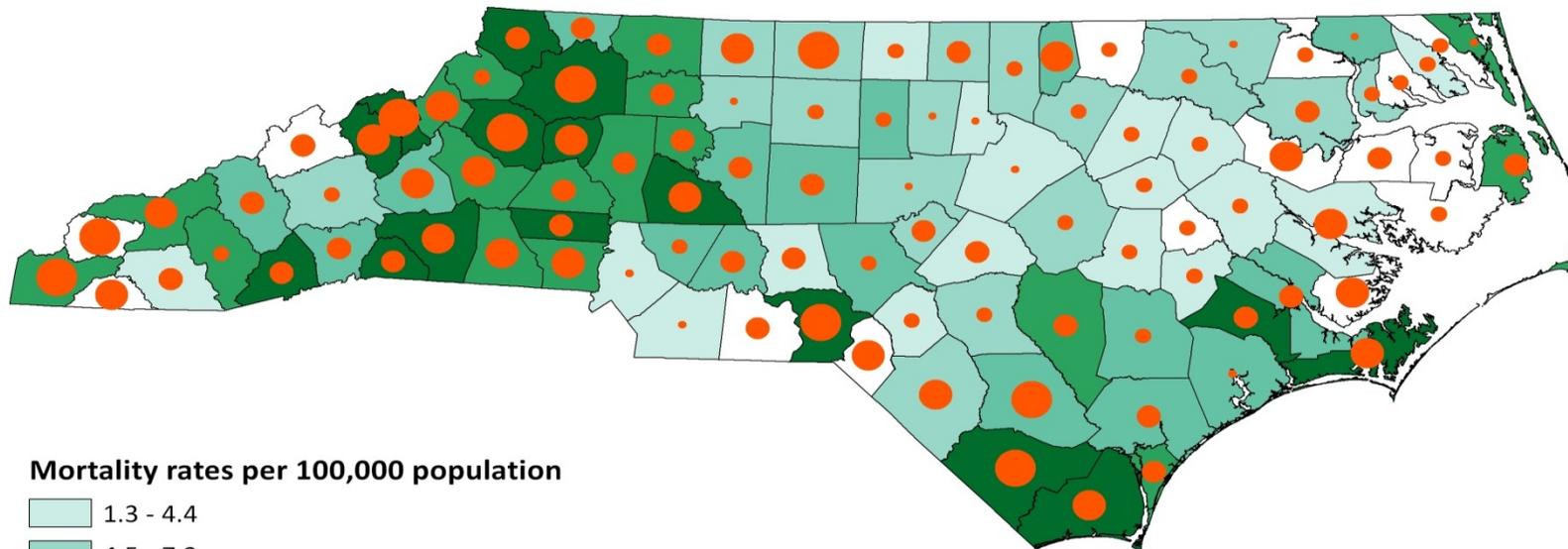


Patients with Multiple Prescribers and Dispensers

Source: NC CSRS

*Based on number of prescribers AND number of pharmacies within each 6 month period for schedule II.

Mortality Rates of Unintentional and Undetermined Opioid Overdoses and Dispensation Rates of Opioid Analgesics*: North Carolina Residents, 2009



Mortality rates per 100,000 population

1.3 - 4.4

4.5 - 7.3

7.4 - 10.6

10.7 - 15.4

15.5 - 40.6

Insufficient data; rate not calculated

Rates of opioid dispensation per 100,000 population

46,099.6 - 68,739.6

68,739.7 - 88,608.9

88,609.0 - 107,067.7

107,067.8 - 127,297.1

127,297.2 - 162,444.4

*Source:

Mortality data: State Center for Health Statistics, NC Division of Public Health, 2009

Population data: National Center for Health Statistics, 2009

Prescription dispensation data: Controlled Substances Reporting System, 2009

Analysis:

KJ Harmon, Injury Epidemiology and Surveillance Unit, Injury and Violence Prevention Branch,, NC Division of Public Health



Maine: How do you measure success?

Maine Integrated Youth Health Survey - High School Survey 9 – 12 Grades

During your life, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

Percentage of students who answered at least 1 time

2011 14.6% (14.0% - 15.2%)

2009 17.7% (17.0% - 18.4%)

During the past 30 days, how many times did you take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?

Percentage of students who answered at least 1 time

2011 7.1% (6.7% - 7.5%)

2009 8.7% (8.2% - 9.1%)



Question 4:

Who are your partners? What partnerships have been easy to develop and which have been a struggle? What are the benefits of these partnerships?



Maine:

Who are your partners? What partnerships have been easy to develop and which have been a struggle? What are the benefits of these partnerships?



Prevention Media Materials



maineparents.net

Tips for Monitoring Your Teen

5 ways to reduce your teen's risk:

Start Here > > >

Then Try > > >

1

Limit
Access

Good: If you have alcohol in your home, keep track of it—know what and how much you have, and keep it where it is not accessible to teens.

Better: Thank store clerks when you see them card someone who is buying alcohol.

2

Network

Good: Get to know your teen's friends.

Better: Get to know the parents of your teen's friends. Know their rules so you don't have to just accept the argument "everybody else is allowed to..."

3

Reinforce and
Enforce Rules

Good: Reinforce the rules and consequences of underage drinking before your teen goes out.

Better: Frequently explain the reasons behind the rules so your teen understands that rules are a protective measure, not just a restriction on their freedom.

4

Check in
Often

Good: Before your teen goes out to a party or with friends, ask if adults will be present and if alcohol will be present.

Better: Ask your teen to call you from the party or gathering; if you have caller ID, you can ask them to use a landline, not a cell phone so that you can tell where they actually are when they call.

5

Be Up &
Be Ready

Good: Wait up, or set the alarm for curfew time—talk with your teen about their night.

Better: When your teen arrives home, look for signs of use. Teens who believe their parents will catch them are less likely to drink.

Do YOU really know?

Identifying signs of early alcohol and other drug use in children can be difficult, even with careful monitoring.

Being aware of the signs, however, is an important way to reduce your teens' risk.

One sign that your child is experimenting, or considering doing so, could be a casual mention that one or more of their friends are drinking. Or, your child may say that one of their friend's parents lets their teen drink. This could be your child testing you to see how you react to underage drinking.

Does your teen joke about alcohol advertisements or

other alcohol-related scenes in TV shows or movies?

Has your teen started buying alcohol or other drug-related promotional items such as T-shirts, mugs, stickers, etc? If so, your teen may be thinking about experimenting with alcohol or other drugs — or already doing so.

Find out *More*

Do More

www.MaineParents.net



41 Anthony Avenue
11 State House Station
Augusta, ME 04333-0011
1-800-499-0027
www.MaineParents.net

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Your Teen, Alcohol and Other Drugs

Signs to Watch for



Find out *More* **Do More**

Signs of adolescence—

or signs of a problem?

Some of the signs that indicate a teen may be using could also be “normal” adolescent behavior. The most effective approach to reduce teen alcohol and other drug use is for parents to monitor their teens. Here are some signs to watch for and what you can do.

Signs to Watch For:

Family – Deteriorating relationships with family, behavior changes such as anger or withdrawal

School – Truancy, drop in grades, behavior problems

Social life – Deteriorating relationships with old friends, developing a network of friends who are using alcohol or loss of interest in sports or other favorite activities

Behavior/emotion – Noticeable personality changes, unexplained and sudden mood changes, decreased appetite or continually hungry, memory problems, delayed response time, fatigue or hyperactive behavior, sleep disturbances, apathy

Appearance – Red or blood-shot eyes, carelessness with grooming, weight loss or gain, circles under eyes, slurred or rapid speech, smell of alcohol on breath, sudden, frequent use of breath mints

Circumstantial evidence – Disappearance of beer or alcohol supply, money or valuables missing

What You Can Do:

If you have a concern, or think there may be a problem, talk with your child. Believe in your power to help, but don't be afraid to seek support if you feel overwhelmed, uncertain, or simply want more information.

If you think your child may be using drugs or alcohol:

- **Keep Communicating.** It is critical to talk to your child and to listen. Don't give up even if your child doesn't want to talk.
- **Keep Watching.** Continue to monitor your child, watching for signs of use. Enforce and reinforce rules that limit their opportunity to use.
- **Share Information.** Reach out to others in your community for help and support. Work to build a partnership with your child's school – they can be a very helpful resource. Learn as much as you can about use and addiction.
- **Seek Help.** Talk to your child's doctor or other professionals, and seek help for yourself. There are many resources available to help parents both understand and cope with a teen's use.

If you are sure that your child is using alcohol or other drugs, you also may want to encourage them to have a professional evaluation. This step can begin the process of treatment, if needed.



There are many resources available to help you. Visit www.MaineParents.net/Using or call the Information & Resource Center at 1-800-499-0027

Your Teen & Prescription Drugs

What do Parents need to know?



41 Anthony Avenue
11 State House Station
Augusta, ME 04333-0011
1-800-499-0027
www.MaineParents.net

Call the Northern New England Poison Center for information and advice at 1-800-222-1222.

2009 Maine Integrated Youth Health Survey

Much of the research in this publication is from Parents: The Anti Drug http://www.theantidrug.com/drug_info/prescription_drugs.asp Partnership for Drug-Free America, Partnership Attitude Tracking Study (PATS) 2007

1: Prescription for Danger: A Report on the Troubling Trend of Prescription and Over-the-Counter Drug Abuse Among the Nation's Teens, ONDCP, January 2008 -- http://www.theantidrug.com/pdfs/prescription_report.pdf

2: Phillips, DP et al. "A steep increase in domestic total medication errors with use of alcohol and/or street drugs." Archives of Internal Medicine. 2008;168(14):1561-1566. from: <http://www.abcnetline.com/facts/drugs-prescription-etc.aspx#>

3: Treatment Episode Data Set (TEDS), (2008). Substance abuse treatment admissions by primary substance of abuse according to sex, age group, race and ethnicity, 2004. Substance Abuse and Mental Health Services Administration.

4: Treatment Data System, Maine Office of Substance Abuse, SFY 2010

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Caring...Responsive...Well-Managed...We Are DHHS.

Find out *More* **Do More**

In Maine,

20.3% of High School students, grades 9-12, said they had taken a prescription drug not prescribed for them.



Some teens abuse prescription and over-the-counter (OTC) drugs to get high. This includes pain medications, such as drugs prescribed after surgery; depressants, such as sleeping pills or anti-anxiety drugs; and stimulants, such as drugs prescribed for attention deficit hyperactivity disorder (ADHD). OTC drugs such as cough and cold remedies can also be abused. Prescription drugs are readily available in the medicine cabinets of many homes.

Teens sometimes think that using prescription drugs ordered by a doctor is a "safer" way to get high.

Unfortunately, not many parents talk about prescription or OTC drug use, even though teens report that parental disapproval is a powerful way to keep them away from drugs.

Talk to your teen today about the dangers of abusing prescription and OTC drugs. These are powerful drugs that, when abused, are dangerous.

Find out *More*
Do More
www.MaineParents.net

Prescription Drugs – Find out *More Do More*

What are the dangers?

There are serious health risks related to abuse of prescription drugs. Many teens report mixing prescription drugs or OTC drugs, and alcohol. Mixing alcohol and medications can be harmful. Drinking alcohol with prescription drugs and/or OTC medications can intensify the sedentary effects of alcohol, leading to injuries or death.

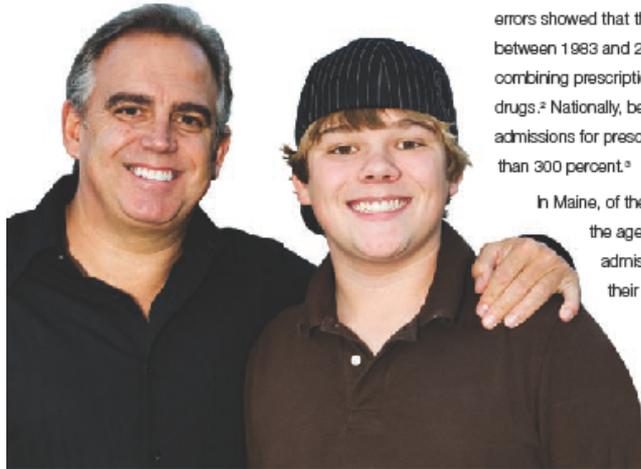
Medications commonly abused are painkillers (like OxyContin® or Vicodin®), **depressants** (such as Valium® or Xanax®) and **stimulants** (such as medications for ADD and ADHD – Ritalin® and Adderall®) These are addictive

and can lead to overdose when taken in excess or mixed with other drugs, such as alcohol.

Teens are also abusing some over-the-counter (OTC) drugs, primarily cough and cold remedies that contain dextromethorphan (DXM), a cough suppressant. Products with DXM include NyQuil®, Coricidin®, and Robitussin®, among others. Teens often have easy access to these products.¹ The abuse of OTC cough and cold remedies can cause blurred vision, nausea, vomiting, dizziness, coma, and even death.

Taking prescription drugs without a prescription, not taking them as directed, or mixing them with alcohol are all unsafe and potentially deadly. A 2008 study of U.S. death certificates for which people died from medication errors showed that there was a 3,196 percent increase between 1983 and 2004 in deaths at home from combining prescription drugs with alcohol and/or street drugs.² Nationally, between 1995 and 2005, treatment admissions for prescription painkillers increased more than 300 percent.³

In Maine, of the 631 admissions for youths under the age of 18, 10.3% (65) of those admissions listed a Prescription Drug as their primary drug leading to admission.⁴



What can I do as a parent?

Monitor quantities and control access of drugs in the home. Take note of how many pills are in a bottle or pill packet, and keep track of refills. Consider placing all medicines in a locked cabinet or box.

This goes for your own medication, as well as prescribed medication for your teen and other members of your household. If your teen has been prescribed a drug, be sure you control the medication, and monitor dosages and refills.

Follow doctor's orders and set clear rules about not sharing medicine. Make sure your teen uses prescription drugs only as directed by a medical provider and follows instructions for OTC products carefully. This includes taking the proper dosage and not using with other substances without a medical provider's approval.

Be a good role model. Examine your own behavior to ensure you set a good example. If you misuse your prescription drugs, such as share them with your kids, or abuse them, your teen will take notice. Avoid sharing your drugs and always follow your medical provider's instructions.

Properly conceal and dispose of unused medicines.

Properly conceal and dispose of old or unused medicines. Unused prescription drugs should be disposed of through a take back program or hidden and thrown away in the trash. If you put them in the trash, mix them with an undesirable substance (like used coffee grounds or kitty litter) and put the mixture in an empty can or bag. Unless the directions say otherwise, do NOT flush medications down the drain or toilet because the chemicals can pollute the water supply. Also, remove any personal, identifiable information from prescription bottles or pill packages before you throw them away. For more information about Take Back programs in Maine, visit <http://www.safemeddisposal.com/>

Ask friends and family to safeguard their prescription drugs as well. Make sure your friends and relatives (especially grandparents) also know about the risks and encourage them to regularly monitor their own medicine cabinets. If there are other households your teen has access to, talk to those families about the importance of safeguarding medications. If you don't know the parents of your child's friends, then make an effort to get to know them and get on the same page about rules and expectations for use of all drugs, including alcohol and illicit drugs.

**The Substance Abuse and the Workplace
Program (SAW)**



www.maine.gov/workalert



Partners in the NC Response to the Poisoning Epidemic

- Narcotics Task Force (Medicaid)
- Controlled Substance Reporting System
- State Bureau of Investigation
- NC State Center for Health Statistics
- Office of Chief Medical Examiner's Office
- Governor's Institute on Alcohol & Substance Abuse
- Carolina's Poison Center
- NC Division of Mental Health & Substance Abuse Services
- Project Lazarus
- SafeKids NC
- Waterkeepers Carolina
- Local Law Enforcement
- Coastal Coalition for Substance Abuse Prevention
- CCNC
- Local Health Departments
- NC Medical Society
- Statewide Strategic Plan-Injury/Violence Prevention
 - Poisoning is a top priority
- NC IOM Healthy NC plan

Carolinas Poison Center

1-800-222-1222



- Official state poison center for NC
- Not-for-profit telephone resource center of poisoning information
- Available by phone 24/7
- Staffed by registered nurses and board certified medical toxicologists and pharmacists
- Free Service, Private and confidential

- Answered 113,417 calls from public and healthcare providers
 - 17,000 calls were from doctors, nurses and pharmacists
- Over 75% of callers were managed at a non-healthcare facility
- **More than 26,000 calls involved pain medicines**



The mission of Safe Kids North Carolina is to reduce and prevent accidental childhood injuries birth through age 14.

[SAFE KIDS NC HOME](#)

[ABOUT SAFE KIDS NC](#)

[INFO FOR SAFE KIDS COALITIONS](#)

[FOR PARENTS AND CAREGIVERS](#)

[FREE SAFETY INFORMATION](#)

[CHILD PASSENGER SAFETY LAWS
IN NORTH CAROLINA](#)

[OPERATION MEDICINE DROP](#)

[BUCKLE UP KIDS](#)

[FIRE SAFETY FOR KIDS](#)

[BUCKLE BEAR](#)

[SAFETY LINKS AND DOWNLOADS](#)



WELCOME

Every year in North Carolina, some 200 children die from accidental injuries and another 45,000 visit a doctor's office for treatment of such injuries. Safe Kids North Carolina works to prevent these injuries in children 14

LATEST NEWS AND UPDATES

- [Safe Kids Worldwide Releases the 2012 Medicine Safety Study](#)
- [Register now for the 2012 Injury and Violence Prevention Conference, May 9, 2012 at the Sheraton Chapel Hill. It's free.](#)
- [Changes to infants' acetaminophen](#)
- [Protect Children From Swallowing Lithium Batteries](#)
- [2011 Fire Prevention Week Information](#)
- [Operation Medicine Drop Information](#)
- [Injuries To North Carolina Children: 2004 To 2007](#)
- [Report Links Research on a Child's Development and the Risk of Unintentional Injury with Age-Appropriate Safety Recommendations](#)
- [Toy Safety Information!](#)



SAC Donnie R. Varnell

North Carolina State Bureau of Investigation

Diversion and Environmental Crimes Unit

(919)-779-8186

dvarnell@ncdoj.gov

MH/DD/SAS Home

Controlled Substances Reporting System

1915 b/c Waiver

Audit Information

CABHA

CAP-MR/DD

(CDW) Consumer Data Warehouse

Child and Family Mental Health Services

Controlled Substances Reporting System

Crisis Intervention Teams

Crisis Services Information

Deaf and Hard of Hearing

Developmental Disabilities

DHHS NC Open Window

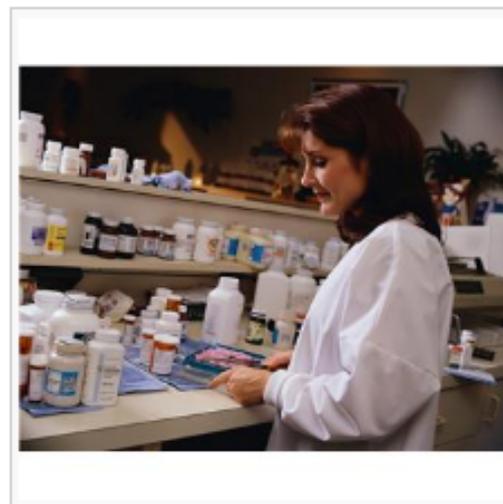
Disaster Preparedness

Division of Health Service Regulation

[For Providers](#) > NC Controlled Substances Reporting System

NC Controlled Substances Reporting System

This statewide reporting system was established by North Carolina law to improve the state's ability to identify people who abuse and misuse prescription drugs classified as Schedule II-V controlled substances (Defined). It is also meant to assist clinicians in identifying and referring for treatment patients misusing controlled substances. The NC Commission for, and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services make rules and manage the program. ([For details, go to the NC law.](#))



Program Goals

- To identify and prevent diversion of prescribed controlled substances.
- To reduce morbidity and mortality from unintentional drug overdoses. To reduce the costs associated with the misuse and abuse of controlled substances.



PROJECT
LAZARUS

www.projectlazarus.org

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Question 5:
What do you see as the barriers to moving your efforts forward?



North Carolina: What do you see as the barriers to moving your efforts forward?



Maine: What do you see as the barriers to moving your efforts forward?



Q & A



Thank You!

Save the date: Our next session will be July 16!