



Summary of Children's Safety Network Prescription and Over-the-Counter Drug Abuse Environmental Scan

Introduction

Prescription and over-the-counter (OTC) drug abuse and its consequences are a fast growing major public health problem in America. Deaths from unintentional overdoses in the US have increased roughly five-fold since the 1990's according to the National Vital Statistics System. This increase has been propelled by a rising number of overdoses of opioids which caused 14,800 (73.8%) of the 20,044 prescription drug overdose deaths in 2008. (1)

Teens and young adults are at risk of abusing prescription medications because they are widely available, free or inexpensive, and falsely believed to be safer than illicit drugs. According to the CDC, in 2010, 25.8% of US high school students had taken a prescription drug without a doctor's prescription. (2) Misuse of prescription and OTC medications can cause serious health effects, addiction, and death.

Recognizing the impact of this epidemic on youth and their families, in September, 2011 the Children's Safety Network (CSN) conducted an environmental scan through the Maternal and Child Health (MCH) and Injury and Violence Prevention (IVP) Program Directors, in all 50 states and the District of Columbia. A slightly modified version of the scan was conducted with state Substance Abuse Services (SAS) Directors. The purpose of the scan was to understand the current level of involvement and interest in the prevention of prescription and over-the-counter drug abuse. The information was intended to identify needs in relation to training and technical assistance in addressing this public health problem.

This document describes the results of the environmental scan.

Scan Results

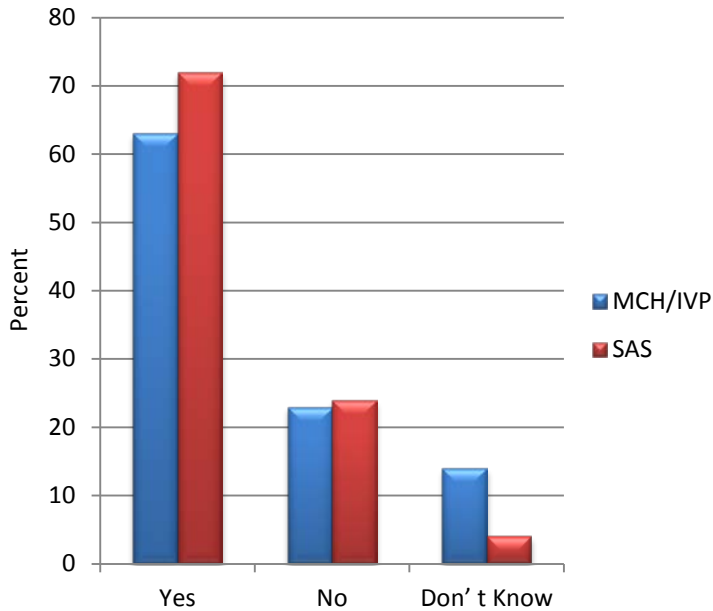
Sixty-eight responses were gathered from 45 states, including 25 from Substance Abuse Services Directors and 43 from Maternal and Child Health/Injury and Violence Prevention Program Directors. In 23 states both the Substance Abuse and Maternal and Child Health/Injury and Violence Prevention directors responded. The scan consisted of 9 primary content questions, with additional components if a respondent answered "Yes," to certain questions.

Commonly abused classes or prescription medications include:

- **Opioids** (for pain), include hydrocodone (Vicodin), oxycodone (OxyContin), propoxyphene (Darvon), hydromorphone (Dilaudid), meperidine (Demerol) and diphenoxylate (Lomotil)
- **Central nervous system (CNS) depressants** (for anxiety and sleep disorders), include barbiturates such as pentobarbital sodium (Nembutal) and benzodiazepines such as diazepam (Valium) and alprazolam (Xanax)
- **Stimulants** (for ADHD and narcolepsy) include dextroamphetamine (Dexedrine), methylphenidate (Ritalin and Concerta) and amphetamines (Adderall).

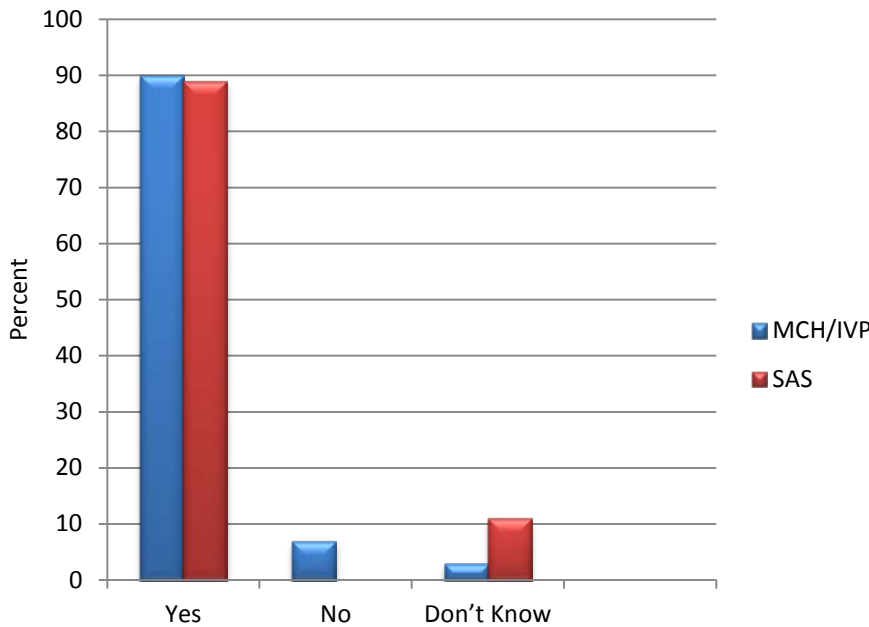
(Source: NIDA Prescription Medications)

Figure 1. Percent reporting that prevention of prescription drug and over-the-counter medication abuse is included in any state Public Health Agency/Substance Abuse Services prevention plan.



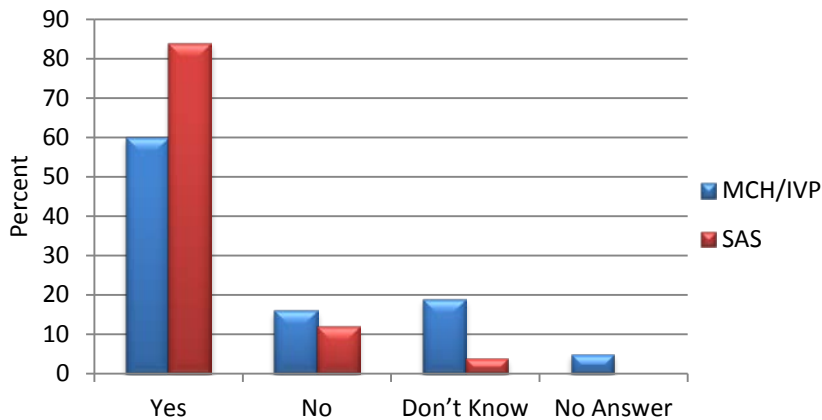
- A clear majority of programs responded Yes to this question;
 - 63% (27/43) MCH/IVP
 - 72% (18/25) Substance Abuse Services.
- Of the MCH/IVP respondents who provided the title of the plan (n=25), 19 specifically mentioned the State Injury Prevention Plan; others included Suicide Prevention Plan, Child Death Review Annual Report, and State Health Improvement Plan.
- Of the Substance Abuse Services respondents who provided the title of the plan (n=18), 8 specifically identified the Substance Abuse Strategic Plan, 2 identified the State Block Grant; others included Statewide Prescription Drug Initiative and Prescription Opioid Poisoning Prevention Action Plan.

Figure 2. Percent of prevention plans that include youth and/or young adults.



- Youth and/or young adults are included in almost all of the prevention plans; 90% (24/27) of the MCH/IVP and 89% (16/18) of Substance Abuse Services responded Yes to this question.

Figure 3. Percent of state Public Health/Substance Abuse Services agencies involved in prevention of prescription and/or OTC drug abuse among youth.



- While the majority of both MCH/IVP and SAS programs responded Yes, a significantly higher proportion of SAS are involved in prescription/OTC drug abuse among youth; 84% (n=21) SAS and 60% (n=26) MCH/IVP.

Figure 4. Those respondents whose agencies are involved in prevention of prescription and/or OTC drug abuse were asked to identify *their* role:

	MCH/IVP	SAS
Data collection and reporting	85% (22/26)	86% (18/21)
Provide training/technical assistance	42% (11/26)	90% (19/21)
Participation in a collaboration	88% (23/26)	71% (15/21)
Disseminate information/materials	85% (22/26)	76% (16/21)
No answer	58% (15/26)	19% (4/21)
Other	23% (6/26)	9% (2/21)

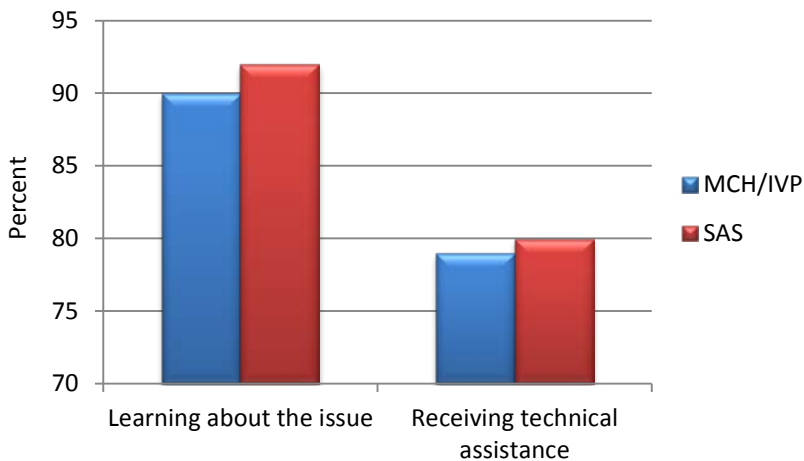
- The majority of MCH/IVP respondents identified participation in a collaboration, data collection and reporting and dissemination of information and materials. One state injury prevention program noted that it had just launched the state prescription drug monitoring program.
- Respondents from SAS identified providing training and technical assistance, data collection and reporting and dissemination of information and materials.
- Many more SAS provide training/technical assistance than do MCH/IVP, 90% vs. 42%.

Figure 5. Those respondents whose agencies are involved in prevention of prescription and/or OTC drug abuse were asked to describe any type of work that had been conducted *by their* agency:

	MCH/IVP	SAS
Coalition development	62% (16/26)	76% (16/21)
Distributed grants	27% (7/26)	48% (10/21)
Development of policies	31% (8/26)	52% (11/21)
Development/implementation of laws/regulations	35% (9/26)	29% (6/21)
Development of new dataset	31% (8/26)	33% (7/21)
Other	38% (10/26)	29% (6/21)

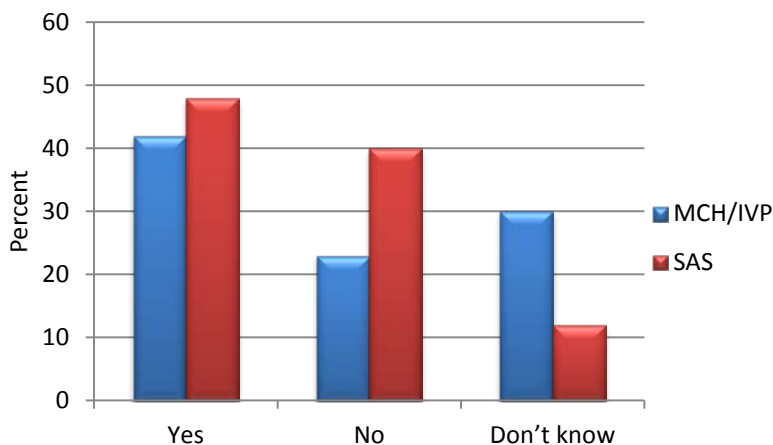
- The majority of MCH/IVP (62%) and SAS (76%) identified coalition development as work that is conducted by their agency.
- 52% of SAS respondents also indicated that their agency was involved in policy development and 48% distributed grants.
- One MCH/IVP respondent included development of new questions to capture prescription drug abuse among youth in their state, and one SAS respondent identified the development of media kits for prescription drug prevention.
- Significantly more SAS than MCH/IVP agencies distributed grants and developed polices, 48% vs. 27% and 52% vs. 31% respectively.

Figure 6. Percent of respondents interested in learning more about this issue and in receiving technical assistance in preventing prescription and/or OTC drug abuse among youth and/or young adults.



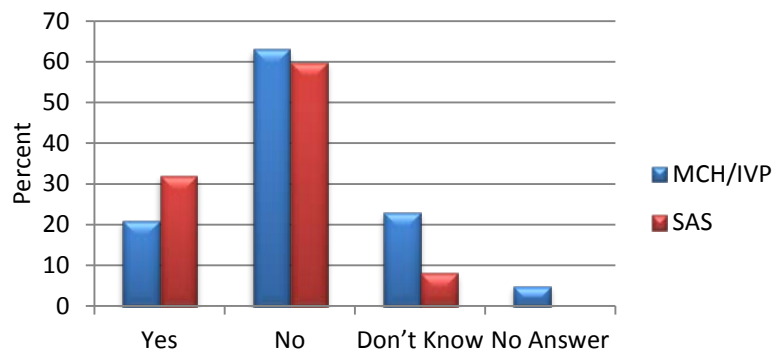
- A clear majority of both MCH/IVP and SAS directors are interested in learning more about and receiving technical assistance in preventing prescription and OTC drug abuse among youth and young adults.
 - 90% (n=39) of MCH/IVP and 92% (n=23) of SAS are interested in learning more about the issue
 - 79% (n=34) of MCH/IVP and 80% (n=20) of SAS are interesting in receiving technical assistance

Figure 7. Percent of states with a prescription and/or OTC drug abuse prevention task force/committee.



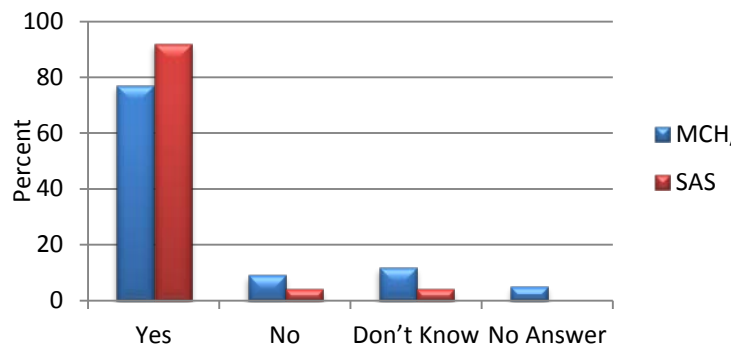
- 42% (n=18) of MCH/IVP and 48% (n=12) of SAS have a prescription/OTC drug abuse task force/committee in their state.

Figure 8. Percent that have partnered with their state’s Medicaid agency or any health plans on this topic.



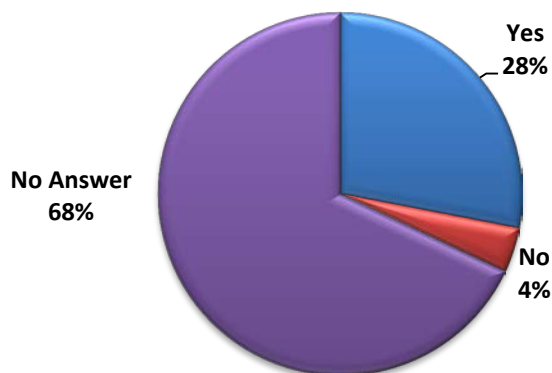
- 32% of SAS (n=8) and 21% of MCH/IVP (n=9) have partnered with Medicaid or other health plan on this topic.

Figure 9. Percent that are aware of any community-initiated efforts to prevent prescription and/or OTC drug abuse.



- The majority of both MCH/IVP (77% or 33 states) and SAS (92% or 23 states) respondents are aware of community-initiated efforts to prevent prescription and/or OTC drug abuse.
- The most commonly identified effort was drug take back efforts including permanent kiosks (16 of SAS and 29 MCH/IVP).
- Others included community forums and local awareness campaigns targeting teens and parents

Figure 10. Percent of Substance Abuse Services Programs that have partnered with their Prescription Drug Monitoring Program (PDMP) on this issue.



- Seven Substance Abuse Services have partnered with the PDMP in their state, 1 responded no and 17 did not answer the question.

Summary

Data from the CSN environmental scan indicate that there is significant activity within states regarding the prevention of prescription and/or OTC drug abuse; the issue is included in the majority of state Public Health and Substance Abuse Services agency plans, and most of those plans include youth and/or young adults. The majority of MCH/IVP (88%) and SAS (71%) participate in a collaboration on this topic and 52% of the SAS respondents indicated they were involved in policy development. Both are involved in the dissemination of information/materials, collection and reporting of data, training and technical assistance. The majority (77% of MCH/IVP and 92% of SAS) indicated that they were aware of community-initiated efforts to prevent prescription and over-the-counter drug abuse in their state.

States are engaged in collaborations and cross agency work with twenty-one percent of the MCH/IVP and thirty –two percent of the Substance Abuse Services programs reporting that they have partnered with their state’s Medicaid agency or other health plan on this topic. The states also indicated a clear interest for more information and technical assistance with 91% of all respondents’ indicating interest in learning more and 79% of all respondents interested in receiving technical assistance about this issue.

To respond to the high level of interest expressed in this scan, CSN has organized a Learning Circle to provide information on prevention strategies, data, and existing resources and programs as well as to connect those working in this area to provide mutual support. Thirty-five states are currently participating in this effort.

The abuse or misuse of prescription medications is clearly one of the emerging issues which states are addressing at multiple levels and within multiple agencies. While middle-aged adults have the highest prescription painkiller overdose rates and have therefore been the focus of much of the work in this area, teens and young adults are at risk of abusing prescription medications because they are widely available, free or inexpensive, and falsely believed to be safer than illicit drugs. According to the CDC, in 2010, 25.8% of US high school students had taken a prescription drug without a doctor’s prescription. Researcher Dan Blazer says the teen years are a good time for action: “Probably during adolescence, we have our very best opportunity to prevent, intervene, and hopefully turn around adolescents who may be moving toward a lifelong pattern of substance use and disorder.” (3)

Preventing prescription and OTC drug abuse is a complex problem which requires a multi-disciplinary effort. Maternal and Child Health, Injury and Violence Prevention and Substance Abuse professionals can work together to complement each other’s effort to implement primary, secondary and tertiary prevention measures.

References:

1. CDC Vital Signs. Nov. 2011 <http://www.cdc.gov/vitalsigns>
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3. Teens’ drug problems (HHS Healthbeat) News Tribune. <http://www.newstribune.com/podcasts/hhs.../2011.../teens-drug-problems>

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