

Message from the Director

Adolescents and Prescription Drug Abuse

Across the nation, communities are seeing an increase in prescription drug abuse among adolescents and Chester County is no exception. Much is written on teens use of illegal "street drugs" such as marijuana, cocaine, crack and heroin, but until very recently little was said about teen prescription drug abuse. According to the National Institute of Drug Abuse (NIDA) historically prescription drug addiction has been the most underreported drug problem in the nation.

Statistics from our Chester County 2005 Youth Survey Report demonstrate that we are not immune to this problem. Overall, between 3.5 to almost 5% of the 15,000 6th, 8th, 10th and 12th grade youth included in the survey reported past year non-medical prescription drug use. When looking at only 12th graders, this range jumps to 8.5 to almost 13% reporting past year misuse of prescription drugs. Information on past 30-day use can be found later in this article.

Why is this happening now?

NIDA reports that the recent increase in prescription drug abuse - not just among adolescents, but adults as well - may be due to a combination of the following factors:

- Significant increases in the number of legitimate prescriptions written by doctors;

- Aggressive marketing by pharmaceutical companies;
- Proliferation of illegal Internet pharmacies that dispense these drugs without proper prescriptions and surveillance and,
- Greater social acceptability for medicating a growing number of conditions.

NIDA asserts that "the fact doctors are prescribing these drugs legitimately and with increasing frequency to treat a variety of ailments leads to the misguided and dangerous conclusion that their non-medical use should be equally as safe".

With the steady rise in the number of legitimate prescriptions being written comes the problem of increased accessibility of prescription drugs to teens:

When teens were asked why prescription medicine abuse was increasing among peers, teens cited "ease of access" as a major factor. Specifically, the majority cited parents' medicine cabinets, and/or medicine cabinets in the homes of friends, as major access points (2004 Partnership Attitude tracking Survey – The Partnership for a Drug-Free America).

What are some of the commonly abused prescription drugs?

The three (3) classes of prescription drugs most commonly abused are:

- Opioids, which are most often prescribed to treat pain. Examples – Codeine, OxyContin, Percodan, Percocet.
- Central Nervous System (CNS) depressants (tranquilizers, sedatives, barbiturates) which are used to treat anxiety, tension, panic attacks and sleep

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disorders. Examples: Valium, Xanax, Nembutal.

- Stimulants, which are prescribed to treat the sleep disorder narcolepsy and attention-deficit hyperactivity disorder (ADHD). Examples: Dexedrine, Ritalin, Adderall.

In Chester County, our young people are abusing these drugs at a higher rate than their peers. Self-reported use of non-medical prescription drugs, as reported in the 2005 Chester County Youth Survey, shows that a higher percent of our 12th graders (during the month prior to taking the survey) abused prescription drugs at a higher rate than both Pennsylvania and the nation:

Non-Medical Use of Selected Prescription Drugs by 12th Graders – Past Month (2005 Chester County Youth Survey)

	Chester Co.	PA	National
RX Amphetamines	5.7%	4.4%	3.9%
RX Sedatives	4.7%	4.2%	3.3%
RX Tranquilizers	4.4%	3.7%	2.9%
RX Narcotics	5.9%	5.4%	3.9%

It is important to note that the number for amphetamines is likely low, as the survey question did not include amphetamines commonly prescribed for ADHD - which are often abused by youth.

While Chester County’s percentages may be only slightly higher than PA and the nation, this trend is still cause for concern. Prescription drug abuse is a life threatening behavior especially among youth. Young people report indiscriminately mixing and sharing prescription drugs, as well as combining them with alcohol and other illicit drugs – placing them at risk for potentially lethal drug interactions and overdose.

What is being done?

Advancement in scientific research is enabling us to better understand the brain’s role in addiction. For example, NIDA scientists and physicians are studying the substantial overlap between the brain systems that mediate the medical benefits of psychotropic drugs and those responsible for reinforcing the effects of drug of abuse (i.e. rapid and large increase in dopamine, which a person experiences as a rush or high). Understanding

how these drugs effect the brain will enable us to identify strategies to prevent and treat the problem.

Additionally, the federal government (as well as at the state and county levels) has been, and will continue to, monitor trends in prescription drug use/abuse. Knowing prevalence rates among our youth helps set priorities for long-term prevention and treatment programming.

What can we do?

All of us play a role when it comes to the misuse of prescription drugs. “Parents need to teach their children about potentially deadly drugs found in the home medicine cabinet, as well as the legal consequences of illegally possessing them (Boston Public Health Commission, Fall 2004 Volume 2, Issue 1)”. Additionally, parents need to be aware of the warning signs of teen substance abuse, monitor their children’s behaviors and know their community’s resources.

NIDA reports that patients, healthcare professionals, and pharmacists also have roles in preventing misuse and addiction to prescription medications. Physicians should screen their patients for any history of substance abuse as well as current use; pharmacists and physicians should also be aware of any rapid increases in the amount of medication needed or frequent requests for refills. Lastly, patients need to read all information provided by their doctor and pharmacist, follow directions and keep all prescription medications away from young people.

To learn more about prescription drug abuse and adolescents, contact the Community Prevention Department at The Coad Group at 610-363-6164 or 1-800-917-1117. Or log onto one of the following web sites: www.nida.nih.gov, www.drugfree.org, www.theantidrug.com.

Kim P. Bowman
Director, Chester County
Department of Drug and Alcohol Services



IN VIEW

CCIU

changes

“A drug and alcohol treatment program for adolescents that addresses the academic, social, emotional, and behavioral needs of students who are not succeeding in a traditional high school setting as a result of substance abuse”.

Youth trying to achieve and sustain addiction recovery face many challenges that are different from adults. One area that many kids struggle with is how to disengage from the old “people, places, and things” that supported their addictions. Everyone is aware of how difficult it can be to change peer groups in high school. Imagine as a high school student trying to disengage from the people you used with and establish new friendships and relationships that support a drug and alcohol free lifestyle. This is a significant factor in the high relapse rates experienced by youth in early recovery.

There is a new resource available for Chester County teens experiencing alcohol or other drug problems that will help address this difficulty. The Chester County Intermediate Unit, working with the Department of Drug and Alcohol Services, opened the Changes program in April 2007. Changes is designed for kids who are not succeeding in their high schools because of alcohol or other drug problems. Changes is licensed to provide drug and alcohol outpatient and partial hospitalization treatment. The program integrates alcohol and other drug treatment with an academic program that youth attend daily. Changes can be primary care or aftercare for kids coming from residential rehab. The home school district must agree to the youth’s transfer to Changes. For more information or to refer a student, the Changes program can be reached at 610-518-6979.

Chester County Treatment Client Profile

(Source: Chester County Department of Drug and Alcohol Services FY 2006/07 Annual Report.)

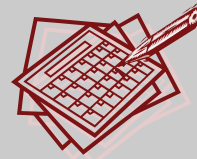
The typical client admitted to outpatient treatment in fiscal year 2006/07 was a Caucasian male who primarily abused or was addicted to alcohol. Fifty-five percent of these clients fell between the ages of 18-34; another 37% fell between the ages of 35 and 54.

The typical client admitted to partial hospitalization treatment was male, Caucasian, with the largest group falling into the 18-34 age range (50%). While the primary substance used by the largest percentage of partial clients was alcohol, there was a greater percent of other drug use (cocaine, crack, heroin) for partial clients (41%) than for outpatient clients (23%).

The typical client admitted to county-funded residential treatment was male, Caucasian; African Americans and Latinos as a combined percentage represented 21% of residential clients. A smaller proportion of residential clients primarily used alcohol and a much higher portion (51%) primarily abused cocaine, crack, and heroin when compared to the partial. Residential clients also tended to fall more heavily into the 18-34 age range (58%).

(A copy of the 2006/07 Annual Report is available by contacting Betty Wade, Administrative Assistant, at 610-344-6620 or bwade@chesco.org).

Mark Your Calendar



NATIONAL OBSERVANCES:

February 10-16, 2008: National Children of Alcoholics Week - www.nacoa.net

March 9-16, 2008: National Problem Gambling Awareness Week - www.ncpgambling.org

March 16-23, 2008: National Inhalants and Poison Awareness Week - www.inhalants.org

TRAINING OPPORTUNITIES:

For a list of upcoming trainings, log onto the following web sites:

PA Dept. of Health, Bureau of Drug and Alcohol Programs - <http://bdap.health.state.pa.us/btms>

Gaudenzia Training Institute - www.gaudenzia.org

Teens and Prescription Drug Use

FAST FACTS

Excerpts from: Teens and Prescription Drugs – An Analysis of Recent Trends on the Emerging Drug Threat (Office of National Drug Control Policy Executive Office of the President – February 2007)

⇒ **Prevalence and Incidence**

- Teens ages 12-17 have the second highest annual rates of prescription drug abuse after young adults.
- Among 12-17 year olds, the gap between new marijuana users and new prescription drug users is shrinking. Between 2003 and 2005, the gap closed by 5.9%.
- Pain relievers such as OxyContin and Vicodin are the most commonly abused prescription drugs by teens.
- Next to marijuana, the most common illegal drugs teens are using to get high are prescription medications.
- Adolescents are more likely than young adults to become dependent on prescription medication.

⇒ **Myth vs. Reality**

- Teens are abusing prescription drugs because they believe the myth that these drugs provide a medically safe high.
- Four (4) out of 10 teens agree that prescription medicines are much safer than illegal drugs, even if they are not prescribed by a doctor.
- One-third of teens (31% or 7.3 million) believe that there's "nothing wrong" with using prescription medicines without a prescription once in awhile.
- Nearly three (3) out of 10 teens (28% or 6.8 million) believe that prescription pain relievers – even if not prescribed by a doctor – are not addictive.

⇒ **Availability and Accessibility**

- Nearly half (47%) of teens who use prescription drugs say they get them for free from a relative or friend. Ten percent say they buy pain relievers from a friend or relative, and another 10 percent say they took the drugs without asking.
- 14-year-olds are four times more likely than 13-year-olds to be offered prescription drugs.
- Thirty-nine percent of 14-20 year olds say it is easy to get prescription drugs online or by phone. Of that total, more girls than boys said it was easy (48% vs. 31%).
- The majority of teens (56% or 13.4 million) say that prescription drugs are easier to get than illegal drugs.

⇒ **Dependence and Treatment**

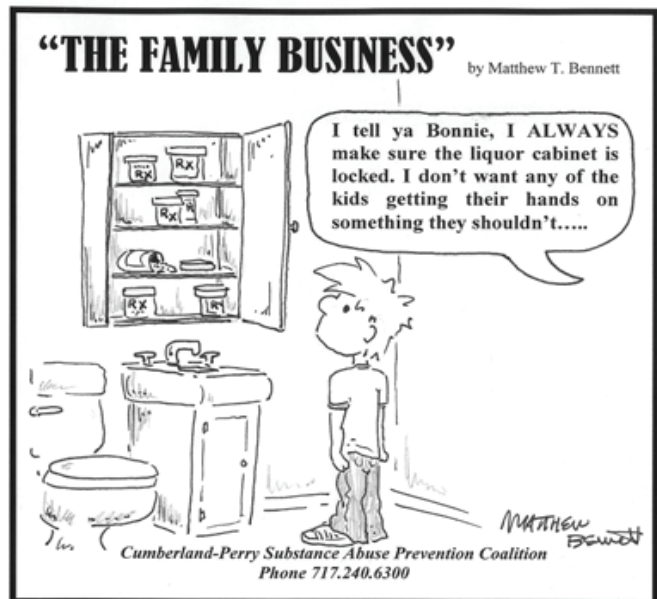
- In 2004, more than 29 percent of teens in treatment were dependent on tranquilizers, sedatives, amphetamines and other stimulants.
- Abusing prescription drugs for the first time before age 16 leads to a greater risk of dependence later in life.
- Emergency room visits involving abuse of prescription or over the counter drugs increased 21% from 2004-2005.

FAMILY CORNER

The abuse of prescription medication by adolescents is a current trend with staying power.

“Many teens think these drugs are safe because they have legitimate uses, but taking them without a prescription to get high or ‘self-medicate’ can be as dangerous – and addictive – as using street narcotics and other illicit drugs.” Find the information that supports this quote from the Partnership for a Drug-Free America web site at:

<http://www.drugfree.org/Parent> (follow the “Prescription Medication” link). Another great site is “Parents. The Anti-Drug” which also includes tips on the proper disposal of prescription drugs. Click on the “A Prescription for Parents” link at <http://www.theantidrug.com> for a variety of information about teens and prescription drug abuse.



Many thanks to the artist – Mark Bennett, Cumberland-Perry Drug and Alcohol Commission.



Proper Disposal of Prescription Drugs

Federal Guidelines:

- Take unused, unneeded, or expired prescription drugs out of their original containers and throw them in the trash.
- Mixing prescription drugs with an undesirable substance, such as used coffee grounds or kitty litter, and putting them in impermeable, non-descript containers, such as empty cans or sealable bags, will further ensure the drugs are not diverted.
- Flush prescription drugs down the toilet *only* if the label or accompanying patient information specifically instructs doing so.
- Take advantage of community pharmaceutical take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Some communities have pharmaceutical take-back programs or community solid-waste programs that allow the public to bring unused drugs to a central location for proper disposal. Where these exist, they are a good way to dispose of unused pharmaceuticals.

The FDA advises that the following drugs be flushed down the toilet instead of thrown in the trash:

Actiq (fentanyl citrate)
Daytrana Transdermal Patch
(methylphenidate)
Duragesic Transdermal System (fentanyl)
OxyContin Tablets (oxycodone)
Avinza Capsules (morphine sulfate)
Baraclude Tablets (entecavir)
Reyataz Capsules (atazanavir sulfate)
Tequin Tablets (gatifloxacin)
Zerit for Oral Solution (stavudine)
Meperidine HCl Tablets
Percocet (Oxycodone and Acetaminophen)
Xyrem (Sodium Oxybate)
Fentora (fentanyl buccal tablet)

Note: Patients should always refer to printed material accompanying their medication for specific instructions.

The Chester County
Department of Drug and Alcohol Services
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West Chester, PA 19380-0990

The Exchange Winter 2007



The Exchange is sponsored by: The Chester County Department of Drug and Alcohol Services, P.O. Box 2747, 601 Westtown Road Suite 325, West Chester, PA 19380-0990.

For more information or to be on the mailing list for this newsletter, contact the Community Prevention staff at: The Coad Group, 930 East Lancaster Avenue, Exton, PA 19341, 610.363.6164 or 1.800.917.1117

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The Department of Health and Chester County Commissioners specifically disclaim responsibility for any analyses, interpretations, or conclusions herein.

Resources

Looking for Help in Chester County?

AA Web Site

www.aachesco.org

Al-Anon/Ala-Teen

1-888-4AL-ANON

Al-Anon/Ala-Teen Web Site

www.al-anon-alateen.org

Alcohol and Drug Information

– Personal & Confidential 1-866-286-3767

Alcoholics Anonymous (AA)

215-923-7900

Crisis Intervention

1-877-918-2100

Domestic Violence

1-888-711-6270

Health and Human Service Agencies

www.referweb.net/chesco

Narcotics Anonymous (NA)

215-629-6757

NA Web Site

www.na.org

Welfare Office

610-466-1000

You can view or print this newsletter by visiting Chester County's Website: www.chesco.org and following the links for Human Services to Drug & Alcohol Services.