



What is the scope of the prescription drug problem in the United States?

The White House Office of National Drug Control Policy (ONDCP) recently declared prescription drug abuse to be “the Nation’s fastest growing drug problem (1).” Prescription drugs are the third most commonly abused drugs after alcohol and marijuana (2). Data from the largest substance abuse survey in the nation show approximately 14.7 million individuals aged 12 or older used prescription drugs *nonmedically* in the past 12 months (3). Nonmedical use refers to use without a prescription, taking more than prescribed by a doctor, or taking it for a different reason than initially prescribed. Nonmedical prescription drug use can lead to serious medical complications or even death. In 2009, approximately 1.2 million visits to the emergency room (an increase of almost 100% since 2004) were related to nonmedical use of prescriptions drugs (4). In fact, nonmedical prescription drug use produces more deaths, annually, than those caused by the abuse of cocaine and heroin *combined* (5). Due to the sudden rise of nonmedical prescription drug use, drug overdose has exceeded car accidents as the leading cause of accidental death in the United States (6). People of all nationalities, races, cultures, ages, and backgrounds in the United States are at increasing risk for prescription drug abuse. The misperception that the user is guilty of lack of self-control or other blame, is all too common. In fact, addiction can quickly and easily happen to anyone who has been injured on the job, been to the dentist to pull teeth, or has a chronic illness.

Which prescription drugs are most commonly misused?

Type of drug	Therapeutic Use	Common drug names	Consequences of Abuse
Opioids or Narcotic Analgesics	Pain	Hydrocodone (e.g., Vicodin, Lortab, Lorcet), Oxycodone (e.g., OxyContin, Percocet), Methadone, Hydromorphone (e.g., Dilaudid)	Addiction, constipation, drowsiness, lethargy, withdrawal (withdrawal symptoms may include anxiety, insomnia, gastrointestinal distress, muscle spasms, muscle and bone pains)
Central Nervous System (CNS) Depressants	Insomnia, Anxiety, Panic Attacks	Barbiturates, Benzodiazepines (e.g., Valium, Xanax, Klonopin, Halcion, Nembutal)	Addiction, drowsiness, and withdrawal symptoms (some withdrawal symptoms such as seizures, may be life-threatening). These drugs are very dangerous when combined with other CNS depressants such as alcohol or certain cold medicines.
Stimulants	Attention Deficit Disorder (ADD), Narcolepsy	Ritalin, Adderall, Dexadrine, Benzadrine, Concerta	Addiction, anxiety, irritability, paranoia, seizures, irregular heartbeat, and withdrawal symptoms which may include depression, lethargy, and insomnia.

What are the dangers associated with nonmedical prescription drug use?

- **Addiction:** People are considered addicted when their use continues despite negative health, social, and legal consequences. Addiction to prescription drugs can have just as serious outcomes as alcohol and illegal drugs such as cocaine or heroin and may require professional treatment to overcome. For example, symptoms of withdrawal from prescription drugs can be very serious and require medical attention similar to withdrawing from alcohol or heroin.

- **Drug Interactions:** Because many prescription drug abusers are taking powerful drugs without the supervision of a medical professional, users may be unaware of dangerous interactions with alcohol or other drugs (prescription or illegal) they are already taking or may begin taking.
- **Overdose:** Prescription drug overdose is serious and can be fatal. Look out for the following symptoms of overdose: Nausea and vomiting, delirium, small pupils, slowed breathing, dizziness, lethargy, weakness. Call 911 immediately if you suspect someone is suffering from a drug overdose.
- **Social Impact:** Drug abuse can also have devastating social consequences including damaged relationships with friends and family, social isolation, conflict, and failure to fulfill role obligations in parenting and at work. [Singles out Indians or Alaska Natives when it applies to all people, all races, all segments of society]

What Factors Contribute to Nonmedical Prescription Drug Use?

People may begin using prescription drugs nonmedically for a variety of reasons including when prescription runs out, a desire to lose weight or improve mental or physical performance, or to feel good and improve mood. People can even become addicted to drugs prescribed by their doctor while taking them to treat legitimate medical problems or pain if they begin to take more than prescribed or use the medicine for other reasons than prescribed.

People who have endured victimization, adverse social conditions or trauma are at higher risk. Returning veterans, children who have witnessed or experienced violence, bullied youth, and others have an increased risk for prescription drug misuse. Additionally those who face a chronic disease, injury, surgery, or other types of ongoing pain such as migraines and excessive stress related pain are more likely to be introduced to medical prescription drug use and addiction following to nonmedical misuse. Children and youth who are diagnosed with ADD (Attention Deficit Disorder) and have regular use of medical prescription drugs typically have lower addiction rates than those who have not been diagnosed or medicated professionally. However, these prescriptions often become the source of peer's addiction and misuse.

How can I recognize prescription drug abuse?

- Sudden changes in personality, behavior, or physical appearance (e.g., weight loss, poor hygiene)
- Frequently asking others for money or sudden financial difficulties with no apparent cause
- Social withdrawal, moodiness, irritability, paranoia, defensiveness, aggression
- Poor work performance: calling in sick, leaving early, failure to complete tasks
- Poor physical health, tooth deterioration

What can YOU do?

- **Get Help** for prescription drug misusing family and friends. Addiction to alcohol and drugs is treatable. People can and do recover. Treatment usually begins with detoxification (medically-supervised drug withdrawal) and is accompanied by longer-term cognitive and behavioral interventions as well as mutual aid-self-help. [Contact NCADD or your local NCADD Affiliate to get help](#) for yourself, a friend or family member [NOTE: We connect people to their local NCADD Affiliate ad when no Affiliate is available, refer to the SAMHSA Referral Helpline]Storage: Keep all prescription medications secure and out of the way of children and teenagers.
- **Disposal:** Participate in the DEA - Drug Enforcement Administration's annual National Prescription Drug Take-Back days. For more information on when and where these events take place in your area, visit the DEA's website: http://www.deadiversion.usdoj.gov/drug_disposal/takeback/
- **Don't Share:** Never share prescription drugs with anyone, it can be illegal.

Where can I find more information to help me reduce prescription drug abuse?

[NCADD'S WEB-BASED RESOURCES ON PRESCRIPTION DRUGS:](#)

1. [NCADD ADDICTION MEDICINE UPDATE:](#) Published by the NCADD Medical Scientific Committee, the **NCADD Addiction Medicine Update** provides NCADD Affiliates and the public with authoritative information and commentary on specific medical and scientific topics pertaining to addiction and recovery. Over the past several months, they have written a series of three articles on Prescription Drugs:
 - [Too Many Painkillers](#)
 - [Reduce The Supply](#)
 - [Reduce The Demand](#)
2. [NCADD CONSUMER GUIDE TO MEDICATION ASSISTED RECOVERY:](#)
The purpose of [NCADD's Consumer Guide to Medication-Assisted Recovery](#) is to educate the "consumer"—anyone considering medications to aid their own addiction recovery or that of a family member, and anyone who has reservations or questions about this option

[GET HELP: NCADD AFFILIATES- CONTACT INFORMATION](#)

REFERENCES

- 1: Office of National Drug Control Policy (ONDCP). *Prescription Drug Abuse*. Retrieved April 4, 2012, from ONDCP Web site: <http://www.whitehouse.gov/ondcp/prescription-drug-abuse>
- 2: National Institute on Drug Abuse (NIDA). (2011, December). *NIDA Topics in Brief: Prescription Drug Abuse*. Retrieved April 4, 2012, from NIDA Web site: <http://www.drugabuse.gov/publications/topics-in-brief/prescription-drug-abuse>
- 3: Center for Behavioral Health Statistics and Quality. (2012). *Results from the 2011 National Survey on Drug Use and Health: Summary of national findings* (HHS Publication No. SMA 12-4713, NSDUH Series H-44). Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 4: Center for Behavioral Health Statistics and Quality. (2010). *Drug Abuse Warning Network, 2009: Selected tables of drug-related emergency department visits*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 5: CDC. Vital Signs: Overdoses of Prescription Opioid Pain Relievers—United States, 1999-2008. *MMWR* 2011; 60: 1-6
- 6: Warner M, Chen LH, Makuc DM, Anderson RN, Miniño AM. Drug poisoning deaths in the United States, 1980-2008. NCHS data brief, no 81. Hyattsville, MD: National Center for Health Statistics. 2011.
- 9: Center for Behavioral Health Statistics and Quality. (2012). *Results from the 2011 National Survey on Drug Use and Health: Summary of national findings* (HHS Publication No. SMA 12-4713, NSDUH Series H-44). Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 10: Wiechelt, S. A., Gryszyński, J, Johnson, J. L., & Caldwell, D. (2012) Historical trauma among urban American Indians: impact on substance abuse and family cohesion. *Journal of Loss and Trauma: International Perspectives on Stress and Coping*, (17)4, p. 319-336,
- 11: Sarche M, Spicer P. Poverty and health disparities for American Indian and Alaska Native children: current knowledge and future prospects. [Accessed October 5, 2009]; *Ann N Y Acad Sci.* 2008 1136: 126-136. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2567901>.
- 12: Forcehimes, A. A., Venner, K. L., Bogenschutz, M. P., Foley, K., Davis, M. P., Houck, J. M., & ... Begaye, P. (2011). American Indian methamphetamine and other drug use in the Southwestern United States. *Cultural Diversity and Ethnic Minority Psychology*, 17(4), 366-376. doi:10.1037/a0025431.
- 13: Pluralism Project, the. (2005). Native American religious and cultural freedom: An introductory essay. Retrieved from <http://pluralism.org/reports/view/176>
- 14: LaFromboise, T. D., Hoyt, D. R., Oliver, L., & Whitbeck, L. B. (2006). Family, community, and school influences on resilience among American Indian adolescents in the upper midwest. *Journal of Community Psychology*, 34(2), 193-209.
- 15: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (August 23, 2007). *The NSDUH Report: Worker Substance Use, by Industry Category*. Rockville, MD.
- 16: Substance Abuse and Mental Health Services Administration, Worker Drug Use and Workplace Policies and Programs: Results from the 1994 and 1997 National Household Survey on Drug Abuse, September 1999.
- 17: Quest Diagnostics (2011) *Drug Testing Index*. Lyndhurst, NJ: Quest Diagnostics.
- 18: Prescription for peril: how insurance fraud finances theft and abuse of addictive prescription drugs. Washington, DC: Coalition Against Insurance Fraud; 2007.
- 19: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Worker Substance Use and Workplace Policies and Programs. OAS Series A#29, DHHS Publication No. (SMA) 07-4273, Rockville, MD, 2007.