

CSAT TA Package

Prescription Medication Abuse and Treatment

News reports suggest that prescription medication abuse is among the country's leading public health crises. National data indicate that in 2010, more than 7 million adults were current users of prescription medication including pain relievers, sedatives, and stimulants (CBHSQ, 2011). Among adults misusing prescription medication, more than 2 million meet the clinical criteria for dependence or abuse.

From 1999 through 2009, substance abuse treatment admissions for opiates other than heroin increased from 1 percent to 7 percent (SAMHSA, 2011). In addition, admissions seeking treatment for opiates other than heroin represented 8 percent of all opiate admissions in 1999 and skyrocketed to 33 percent in 2009 (SAMHSA, 2011).



Given the increasing number of people seeking and receiving treatment for prescription medication abuse, treatment providers can benefit from knowing the differences between these and other clients. Analyzing data regarding clients with prescription medication problems can help providers identify areas to improve treatment services. Doing so can lead to improved outcomes during and following treatment.

About this Guide. This Technical Assistance (TA) Package was developed by the Center for Substance Abuse Treatment (CSAT) to provide guidance to program leaders like you on how to use your program's data to assess prescription medication abuse among your clients and to use this data to improve client outcomes. Presenting data on prescription medication abuse among your clients is an important way to demonstrate to policymakers and community stakeholders how your program is closely aligned with current issues in the substance abuse treatment field.

What is in this Guide? This guide will address the following questions that can help inform your decisions regarding support for your clients who are abusing prescription medication:

- Why is it important to focus on clients who are abusing prescription medication?
- How do I use online reports to analyze program data on clients abusing prescription medication?
- What other methods can I use to analyze program data on client prescription medication abuse?

We provide examples of data analysis using a hypothetical grantee, Clearview Center, to illustrate ways in which program directors and staff can use their program's Government Performance and Results Act (GPRA) data to identify prescription medication abuse among their clients and improve services for these clients. Clearview Center is a day treatment center that specializes in treatment and recovery planning. Although this program receives funding from multiple sources, its main source of funding is from CSAT's Targeted Capacity Expansion (TCE) program.

Most of the clients receiving services from Clearview Center have stable and supportive home environments, but their substance use interferes with their home or work life. Lately, Clearview Center staff members have noticed an increase in clients reporting "pill popping" during their intake interviews and in their individual and group counseling sessions. With this information, the Program Director wants to learn more about prescription medication abuse among clients. Using program and client data, the program can modify its treatment services to address unmet treatment needs and increase the treatment effectiveness for clients who abuse prescription medication.

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Prescription Medication Problems

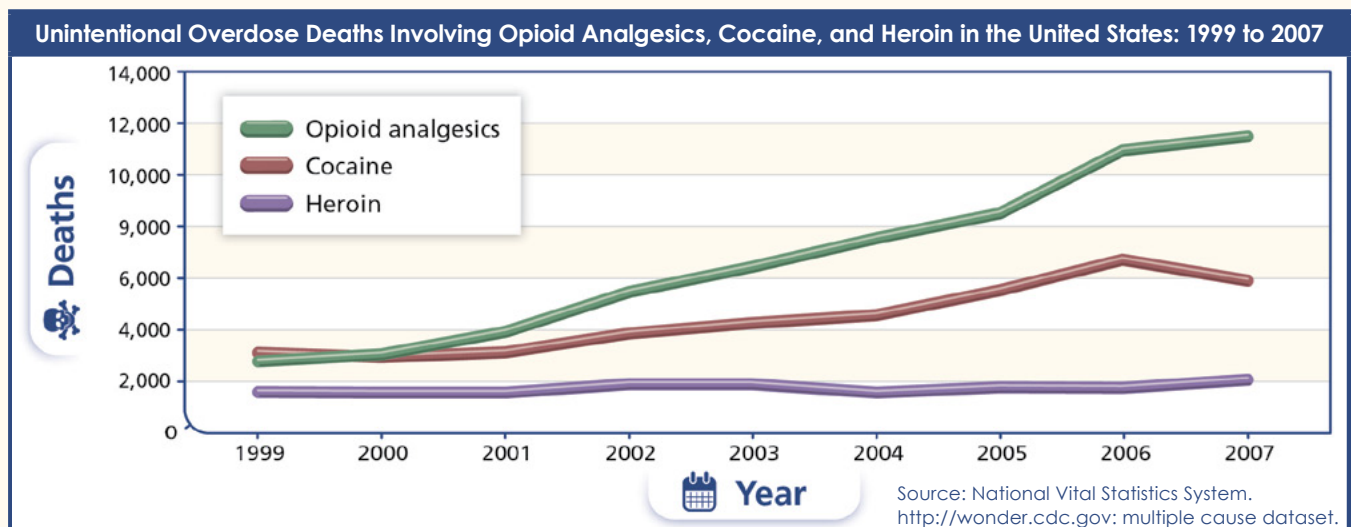
Most people take prescription medication as prescribed for medical problems. Some engage in *prescription medication misuse*: taking medication for a purpose other than as prescribed or taking more or for longer than prescribed. Others engage in *prescription medication abuse*: a maladaptive pattern of use that leads to impairment or distress as manifested by one or more behaviorally-based criteria: not meeting major obligations, use in hazardous situations, use that leads to legal problems, or use despite persistent social problems.



Prescription medication abuse can lead to *prescription medication dependence*: a maladaptive pattern leading to significant impairment or distress manifested by three or more criteria. These include tolerance, withdrawal, taking more or over a longer period than intended, a persistent desire or unsuccessful efforts to cut down, spending a great deal of time obtaining the substance, reducing important activities, and continued use despite adverse consequences. Some medications have a high potential for abuse and dependence, especially opioids, depressants, and stimulants.

In 2010, nearly 2.6 million Americans used a prescription medication nonmedically for the first time in the past year (CBHSQ, 2011), averaging to over 7,000 first-time uses per day. These users have a high potential for medication abuse and a high risk of diverting medications to others. Combined annual averages from 2009 and 2010 indicate that the most common way to obtain medications for nonmedical use is from a friend or relative for free (55 percent) (CBHSQ, 2011). Another 16 percent obtained medications for nonmedical use by buying or taking them from a friend or relative (CBHSQ, 2011).

People who misuse or abuse medication are at higher risk for serious health consequences. Data on drug-related emergency department (ED) visits in 2009 reveal that nonmedical prescription medication use accounted for 25 percent of all drug-related ED visits and more than half of ED visits for medication abuse or misuse (SAMHSA, 2011a). Medication abuse can lead to addiction and produce long-term effects. The long-term use of opioids or depressants can lead to physical dependence, depressed breathing, slowing of brain function, and slowing of heart and respiration rates when combined with alcohol. Long-term stimulant use can lead to anxiety, paranoia, high body temperature, irregular heartbeat, and seizures. From 1999 to 2007, unintentional overdose deaths from opioid analgesics nearly quadrupled from roughly 3,000 deaths per year to almost 12,000 deaths per year (CDC, 2010). As the graph below illustrates, since 2003, more overdose deaths have involved opioid analgesics than heroin and cocaine combined.



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Medication Dependence Treatment

Different treatments have been found to be effective depending on the type of prescription medication that is being used (Novak et al., 2011). When pharmacological treatment approaches are used, treatment is generally enhanced by the addition of behavioral or cognitive-behavioral therapies and self-help support.

Prescription Opioids

Several options are available for treating prescription opioid addiction. These are drawn from research on the treatment of heroin addiction and include medications and cognitive-behavioral treatment.



Naltrexone is an antagonist medication that prevents opioids from activating their receptors. It is used to treat overdose and addiction, although its use for addiction has been limited due to poor adherence and tolerability by patients. Recently, an injectable, long-acting form of naltrexone (Vivitrol), originally approved for treating alcoholism, has also received FDA approval to treat opioid addiction. Because its effects last for weeks, Vivitrol is ideal for patients who do not have ready access to healthcare or who struggle with taking their medications regularly. Methadone is a synthetic opioid agonist that eliminates withdrawal symptoms and relieves drug cravings by acting on the same brain receptors as other opioids. It has been used successfully for more than 40 years to treat heroin addiction, but must be dispensed through opioid treatment programs. Buprenorphine is a partial opioid agonist (i.e., it has agonist and antagonist properties), which can be prescribed by certified physicians in an office setting. Like methadone, it can reduce cravings and is well tolerated by patients.

Prescription Stimulants

Treatment of addiction to prescription stimulants, such as Adderall and Concerta, is based on behavioral therapies used in treating cocaine and methamphetamine addiction. At this time, no medications are FDA-approved for treating stimulant addiction. Depending on the patient's situation, the first steps in treating prescription stimulant addiction may be to taper the drug dosage and attempt to ease withdrawal symptoms. The detoxification process could then be followed by behavioral therapy. Contingency management, for example, uses a system that enables patients to earn vouchers for drug-free urine test results. Cognitive-behavioral therapy is an effective treatment for addressing stimulant addiction. Recovery support groups may be helpful in conjunction with behavioral and cognitive-behavioral therapy.

Prescription Depressants

Patients addicted to barbiturates and benzodiazepines should not attempt to stop taking them on their own. Withdrawal symptoms from these medications can be problematic, and—in the case of certain depressants—potentially life-threatening. Research on treating barbiturate and benzodiazepine addiction is sparse; however, addicted patients should undergo medically supervised detoxification because the dosage they take should be gradually tapered. Inpatient or outpatient counseling can help individuals through this process. Cognitive-behavioral therapy, which focuses on modifying the patient's thinking, expectations, and behaviors while increasing skills for coping with various life stressors, also has been used successfully to help individuals adapt to discontinuing benzodiazepines. Often, barbiturate and benzodiazepine abuse occurs in conjunction with the abuse of other drugs, such as alcohol or cocaine. In such cases of polydrug abuse, the treatment approach should address the multiple addictions.

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Treatment Planning and Data

Each client has unique treatment needs. Thus, each client must have a unique treatment plan designed to address those needs. At the same time, clients who have similar substance-related problems and experiences will likely have several similar treatment needs.

For this reason, treatment programs should regularly and proactively take steps to identify shared and unmet treatment needs among clients. By taking a flexible approach to treatment services, and welcoming opportunities for refining treatment services, treatment programs can continually adapt to the changing treatment needs of their clients.



As a treatment provider, your performance data can provide valuable information to help you to develop treatment plans and provide services that clients with prescription medication problems need. Performance data are highly visible indicators showing the characteristics of the clients accessing your program's services. Therefore, your data can provide a window into the scope of the problems among prescription medication abusers and what services you can provide to address their specific needs.

Prescription Medication Use Questions in the CSAT-GPRA Tool

The CSAT-GPRA Tool collects information from your clients on a range of prescription medication. To find this information, go to Section B of the CSAT-GPRA Tool. In Question 2 of that section, you will find a list of illicit and licit drugs. CSAT considers the following sub-items of question B2 as prescription medications:

- c2—Morphine
- c3—Dilaudid
- c4—Demerol
- c5—Percocet
- c6—Darvon
- c7—Codeine
- c8—Tylenol 2, 3, 4
- c9—Oxycontin/Oxycodone
- g1—Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosam and Rophypnol—also known as roofies, roche, and cope)
- g2—Barbiturates: Mephobarbital (Mebacut); and pentobarbital sodium (Nembutal)
- g5—Other tranquilizers, downers, sedatives, or hypnotics

Nonmedical opiate use (sub-items c2–9) is captured in the CSAT-GPRA Tool if the client indicates that he or she is taking an opiate that is usually prescribed but is using it in an unprescribed amount or without a prescription.

The CSAT-GPRA Tool captures the number of days in the past 30 that a client has used these drugs. It also captures the route of administration. These options include oral, nasal, smoking, non-IV injection, and IV injection methods.

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Examining Prescription Medication Abuse in Your Program

The CSAT-GPRA online system allows CSAT discretionary grantees like you to generate a variety of reports on your clients' nonmedical use or abuse of prescription medication.

To begin, visit the CSAT-GPRA website and click on the Reports button. You will be prompted to enter your username and password. Once you are logged in, select the Services option under the Reports menu on the left-hand side. This will bring you to a list of reports that you can run on your grant's data.

Prescription Medication Use Report

To get an initial idea about how many prescription medication users are in your program, choose the *Frequency Report* from the list of reports. The *Frequency Report* allows you to see the frequency of answers for up to 12 CSAT-GPRA Tool questions.

To determine how many of your clients use prescription medications at intake, select All (matched and unmatched) intake interviews on the appropriate page. When the Question Selection page appears, choose CSAT-GPRA items B2c2 through B2c9 and B2g1, B2g2, and B2g5 (see below). Click the Next button in the upper right-hand corner of the page. Then, click the Run button to generate your results. The report output will show the frequency of responses to each question separately.

The screenshot shows the CSAT GPRA website interface. The header includes the CSAT GPRA logo and the text "Government Performance and Results Act" and "CSAT Center for Substance Abuse Treatment SAMHSA". The main content area is titled "Discretionary Services Report Menu" and includes a "Print" button. Below the title is a "Dashboard" section with a description of the Performance Management Dashboard Interface (PMDI). A table lists various reports with columns for "Title", "Description", "Synopsis", and "Detailed Description". The "Frequency Report" is circled in red in the original image.

Title	Description	Synopsis	Detailed Description
SBIRT Distribution		Synopsis	Detailed Description
Intake Coverage Report		Synopsis	Detailed Description
3 Month Follow-up Rate		Synopsis	Detailed Description
6 Month Follow-up Rate		Synopsis	Detailed Description
12 Month Follow-up Rate		Synopsis	Detailed Description
Intake Graph Report		Synopsis	Detailed Description
Intake/Follow-up Rate Graph Report		Synopsis	Detailed Description
Grantee Delinquency		Synopsis	Detailed Description
3 Month Follow-up Change Report		Synopsis	Detailed Description
6 Month Follow-up Change Report		Synopsis	Detailed Description
6 Month Follow-up Change Report (with New GPRA Items)		Synopsis	Detailed Description
12 Month Follow-up Change Report		Synopsis	Detailed Description
Grantee Cost		Synopsis	Detailed Description
Summary Cost		Synopsis	Detailed Description
Frequency Report		Synopsis	Detailed Description
Crosstabulations Report		Synopsis	Detailed Description
Missing Data Frequency Report		Synopsis	Detailed Description
3 Month Follow-up Notification		Synopsis	Detailed Description
6 Month Follow-up Notification		Synopsis	Detailed Description

B-2. During the past 30 days, how many days have you used the following:

- a. Cocaine/Crack
- b. Marijuana/Hashish
- c1. Heroin (Smack, H, Junk, Skag)
- c2. Morphine
- c3. Diluadid
- c4. Demerol
- c5. Percocet
- c6. Darvon
- c7. Codeine
- c8. Tylenol 2,3,4
- c9. Oxycontin/Oxycodone
- d. Non-prescription methadone
- e. Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, RocketFuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms or Mescaline.
- f. Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)
- g1. Benzodiazepines: Diazepam (Valium), Alprazolam (Xanax), Triazolam (Halcion), and Estazolam (Prosom and Rohypnol-also known as Roofies, Roche, and Cope)
- g2. Barbiturates: Mephobarbital (Mebacut), and pentobarbital sodium (Nembutal)
- g3. Non-prescription GHB (known as Grievous Bodily Harm, Liquid Ecstasy, and Georgia Home Boy)
- g4. Ketamine (known as Special K or Vitamin K)
- g5. Other tranquilizers, downers, sedatives or hypnotics

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The screen grab below shows the frequency of all clients at intake that answered question B2c9 for Oxycontin/Oxycodone. The Frequency column shows the number of clients responding. The Rate column shows the percentage of all clients responding. The Valid Rate column shows the percentage for valid responses only. The Valid Rate column does not include the responses for "refused," "don't know," or "missing." When reporting your prescription medication use percentages, use the data from the Valid Rate column.

In this example, you can see that 97.7 percent of the program clients reported they did not use Oxycontin/Oxycodone nonmedically in the 30 days prior to their intake interview. Thus, 2.3 percent of the clients reported nonmedical Oxycontin/Oxycodone use in the 30 days prior to their intake interview. You can use this method for all of the prescription medication outputs in the *Frequency Report*.

Frequency Report

All GFA Programs (Combined)
Grant No: All
FFY: All Quarter: All
Selected Interview Type: Intake (All Matched and Unmatched)
Selected Sub-population Group: None

Question: B - 2. During the past 30 days how many days have you used the following:
c9. Oxycontin/Oxycodone

# of days	Frequency	Rate	Valid Rate
0	296,766	96.6 %	97.7 %
1	926	0.3 %	0.3 %
2	671	0.2 %	0.2 %
3	395	0.1 %	0.1 %
4	304	0.1 %	0.1 %
5	412	0.1 %	0.1 %
6	144	0.0 %	0.0 %
7	233	0.1 %	0.1 %
8	122	0.0 %	0.0 %
9	58	0.0 %	0.0 %
10	499	0.2 %	0.2 %

Prescription Medication Use Change Report

Another way to use the *Frequency Report* is to run the report for intakes matched with 6-month follow-ups and then again for 6-month follow-up interviews. This allows you to create a makeshift change report from intake to follow-up. To do so, first run the *Frequency Report* for intakes matched with 6-month follow-ups on the prescription medication questions. Then run the report again using 6-month follow-up interviews.

This will provide you with the number and percentage of clients who had an intake matched with a 6-month follow-up interview and reported using prescription medication nonmedically at their follow-up interview. If the percentage of prescription medication abuse increases from intake to 6-month follow-up, it indicates that your program should possibly tailor its treatment services to better serve clients who are using prescription medication nonmedically.

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Prescription Medication Use Change Report Example

The Program Director at Clearview Center wanted to understand how prescription medication use among clients changed from intake to 6-month follow-up. As shown in Table 1, the nonmedical use of most prescription medications is low among clients at Clearview Center. However, the intake percentages for Percocet, Oxycontin/Oxycodone, and benzodiazepines are much higher than other medications.

After reviewing the percentages of nonmedical prescription medication use at follow-up, the Program Director noted that the use of Oxycontin/Oxycodone increased among clients from intake to 6-month follow-up. This increase provides valuable information suggesting that these clients have treatment needs that the program is not meeting. This data suggests that the treatment program should take steps to identify unmet treatment needs and services that can be modified or added to meet those needs.

To do so, the Program Director conducted a survey with these clients asking about their perceived barriers to recovery. Most identified reemerging pain as a barrier to recovery. With this information, the Program Director made arrangements for a local pain management center to provide a weekly pain management clinic. Clients were taught about nonpharmacological pain management, such as progressive muscle relaxation and exercise therapy, and also how to best use non-steroidal anti-inflammatory medications.

Table 1: Nonmedical Use of Prescription Medications for Clients with Intakes Matched with 6-Month Follow-ups

Prescription Medication	Percent of Clients Using at Intake	Percent of Clients Using at 6-Month Follow-up
Morphine	0.9%	0.2%
Dilaudid	0.5%	0.1%
Demerol	0.1%	0.0%
Percocet	6.4%	3.2%
Darvon	0.1%	0.0%
Codeine	0.9%	0.2%
Tylenol 2, 3, 4	0.7%	0.2%
Oxycontin/Oxycodone	9.7%	10.1%
Benzodiazepines	7.3%	4.2%
Barbiturates	0.2%	0.0%
Other tranquilizers, downers, sedatives, or hypnotics	0.5%	0.1%

Additional Analysis of Prescription Medication Use in Your Program

Although the CSAT-GPRA website allows for basic analysis of prescription medication use among clients in your program, you may want more in-depth analyses. To do so, you can download your program data from the CSAT-GPRA website and then conduct your own analyses. To download your data from the website, go to the Data Download option in the Reports menu on the left-hand side of the screen. Download All Years and all data collection points and save the file in Excel format onto your computer.

To run additional analyses on your program's data, you will need to use either the SPSS or SAS statistical software packages. If you already have one of these programs, you can contact the CSAT-GPRA Help Desk at (888) 507-9351 or gprahelp@sais.rti.org to request SPSS syntax or SAS code along with a user guide to transform your Excel dataset into either an SPSS or SAS dataset. This is free of charge to your program. After you have created the SPSS or SAS dataset, you can conduct more in-depth analyses on your program's data on prescription medication abuse. An internal or external evaluator can help you with this task.

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Analysis Example: Multidrug Use Involving Medication

Most substance abuse treatment clients are polydrug users. Typically, clients have a primary and one or more secondary drugs of abuse. Among polydrug users, prescription medications are a common secondary drug of choice. Polydrug users may seek treatment for their primary drug of choice, such as alcohol, but may not recognize their prescription medication use as a problem or as a barrier to recovery.

It can be useful to analyze data regarding clients who use prescription medication concurrently with alcohol or other illicit drugs at intake. For example, it can be valuable to examine the substance using characteristics of clients at the 6-month follow-up in relation to their use or nonuse of prescription medications at intake. For illustrative purposes, Table 2 shows this analysis for all active CSAT discretionary grantees.

6-Month Follow-up Characteristic	Intake Characteristic	
	Using at least one prescription medication in addition to alcohol or other illicit drugs	Not using at least one prescription medication in addition to alcohol or other illicit drugs
Total abstinence from all alcohol or illicit drugs	57.9%	71.1%
Abstinence from prescription medications but still using alcohol or other illicit drugs	29.8%	27.5%
Using at least one prescription medication but no alcohol or other illicit drugs	2.2%	0.4%
Using at least one prescription medication in addition to alcohol or other illicit drugs	10.1%	1.1%
Total	100.0%	100.1%*

*Does not add to 100.0% due to rounding

In Table 2, you can see that among the clients who were using at least one prescription medication along with alcohol or another illicit drug at intake, only 12.3 percent (2.2 percent + 10.1 percent) were still using at least one prescription medication at the 6-month follow-up. More than 10 percent were still using at least one prescription medication at follow-up in addition to alcohol or other illicit drugs. On a positive note, nearly 88 percent of clients were abstinent from prescription medication at their 6-month follow-up interview.

This analysis can help you to determine if your program is providing services that treat your clients' prescription medication problems as well as their addiction to their primary drug of choice, such as alcohol or other illicit drugs. This analysis can also help you to examine whether those clients who use prescription medication plus other drugs at intake are continuing to use prescription medication after treatment.

The Program Director at Clearview Center realizes that they need more information on prescription medication abuse in their program. She contacts the program's external evaluator for help. They meet to determine the types of analyses that can help them to better understand the various patterns of substance use among clients who use prescription medication and to identify and address their unmet treatment needs.

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Summary

The CSAT-GPRA Tool collects valuable client information regarding prescription medication use. You can use this data to help you to identify unmet treatment needs and enhance treatment services for clients who have prescription medication-related problems. The online CSAT-GPRA system can generate a variety of reports regarding your clients' nonmedical use of prescription medication. Generate a *Frequency Report* to get an initial idea about how many prescription medication users are in your program. This will identify the number of clients who use prescription medication at intake.

To identify changes over time, generate a *Frequency Report* for intakes matched with 6-month follow-ups and then again for 6-month follow-up interviews. This will identify the number and percentage of clients who had an intake matched with a 6-month follow-up interview and reported using prescription medication nonmedically at their follow-up interview. This report can help you to know if the percentage of prescription medication abuse increases from intake to 6-month follow-up. It can provide information about the need to tailor treatment services for clients who are using prescription medication nonmedically.

In addition, you can download your program data from the CSAT-GPRA website and generate your own analyses using SPSS or SAS. For example, you may find it useful to analyze data regarding clients who use prescription medication concurrently with alcohol or illicit drugs at intake. This can be valuable for examining data for clients who have a primary drug of abuse, such as alcohol, and use prescription medication as a secondary drug of choice. Such analyses can help you to determine if your program is providing services that adequately address your clients' primary and secondary drugs of abuse.

Resources for Prescription Medication Abuse

MedlinePlus

The U.S. National Library of Medicine MedlinePlus Prescription Drug Abuse page provides links to a wealth of information related to prescription medication abuse. It includes overview articles, treatment issues, tutorials, journal articles, statistics, and organizations related to prescription medication abuse.

Visit: <http://www.nlm.nih.gov/medlineplus/prescriptiondrugabuse.html>

National Institute on Drug Abuse

The National Institute on Drug Abuse Prescription Medications page provides links to numerous publications regarding prescription medication abuse, *NIDA Notes* articles on issues related to prescription medication abuse, and statistics and trends.

Visit: <http://www.drugabuse.gov/drugs-abuse/prescription-medications/>

National Institute on Drug Abuse Research Report

The National Institute on Drug Abuse Research Report titled *Prescription Drugs: Abuse and Addiction* examines the nonmedical use of opioids, depressants, and stimulants. The report describes the adverse health effects of their use and the prevention and treatment of addiction to prescription medication.

Visit: <http://www.drugabuse.gov/publications/research-reports/prescription-drugs/>

SAMHSA's National Registry of Evidence-based Programs and Practices

The SAMHSA National Registry of Evidence-based Programs and Practices website is a searchable online registry of behavioral health interventions. You can search the registry for best practices for substance abuse treatment, including the treatment of prescription medication abuse.

Visit: <http://www.nrepp.samhsa.gov>



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SAMHSA's Prevent Prescription Drug Abuse Page

The SAMHSA Prevent Prescription Drug Abuse page provides links to such issues as properly disposing of medications, information about prescription medication abuse, statistics and trends, and publications for treatment providers, concerned individuals, and youth.

Visit: <http://www.samhsa.gov/rxsafety/>

The SAMHSA Substance Abuse Treatment Advisory

The SAMHSA Substance Abuse Treatment Advisory titled *Prescription Medications: Misuse, Abuse, Dependence, and Addiction* reviews the nature of prescription medication use problems, various nomenclatures of use, and treatment issues.

Visit: <http://www.kap.samhsa.gov/products/manuals/advisory/pdfs/Prescription-Meds.pdf>

Tips for Prescription Medication Disposal

Follow Disposal Guidelines

Teach your program staff members to recommend that clients follow the proper disposal guidelines for their medications. Visit the Food and Drug Administration website to learn how to dispose of unused medicines and download their factsheet. Provide copies of the factsheet to your clients.

Visit: <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>

Use Community Take-back Programs

Call your local trash and recycling service or law enforcement to determine if your community has a take-back program. Visit The Drug Take-Back Network website for information about safety and environmental issues, local take-back efforts, links to sites about take-back issues, and news about take-back laws.

Visit: <http://www.takebacknetwork.com>

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