

Opioids and Other Prescription Drugs: Parents and Communities Collaborate

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Use of opioids and other prescription drugs for non-medical use is increasing at incredible rates. Approximately 1.3 million US citizens report abuse of prescription drugs each year. (Simoni-Wastila, 2004) Opioids fall into the narcotic analgesics class which is the leader in non-medical abuse. (Simoni-Wastila, 2004) The problems are not all arising from physician prescriptions but largely from illicit sources such as family, friends or illegitimate sources. (Carise, 2007) The Internet has also become a popular source for obtaining these drugs without prescriptions. (Forman, 2006) These drugs can be very effective if used under a physician's care, however, if misused they can prove deadly. Parents and communities need to work together to help prevent the misuse and abuse of these powerful substances.

Recent media attention largely due to the deaths of celebrities, have brought to light the dangers of these drugs. Anna Nicole Smith died of an overdose in 2007. She had been prescribed 1,800 pills in the previous five weeks of her life. Her son died from a lethal combination of methadone and two anti-depressants, 120 day prior to her death. Heath Ledger died in 2008 from an accidental overdose. He died from a combination of several doctor prescribed drugs. And June of 2009, Michael Jackson died from what appears to be a cocktail of pain medications. Criminal charges are pending on this case. Medications assist many with relief from pain often associated with health issues, if used as prescribed. When abused, these drugs can have deadly results.

According to some of the latest drug usage trend reports, illicit drug use is declining for teens. Unfortunately, the use of prescription drug abuse is increasing and is currently being abused more than any illicit drug except marijuana. Prescription drugs are being abused more than heroin, methamphetamine and cocaine combined. (CADCA, 2008) In 2005, over 9 million people (age 12 and older) were current users of illicit drugs other than marijuana. Of these, 6.4 million non-medically used psychotherapeutic drugs. If we break this down even further, 4.7 million used pain relievers, 1.8 million used tranquilizers, 1.1 million used stimulants (approx. 512,000 meth), and 272,000 sedatives. (Streetdrugs, 2008) According to the Office of National Drug Control Policy, in 2006 more than 2.1 million teens abused prescription drugs and most teens get these drugs from friends and family. Parents are often unaware of this abuse and are not discussing the dangers to their children even though research shows that parental disapproval is one of the most effective ways to keep kids from using drugs. These drugs can often be found in a child's home and some teens are using these prescription and over-the-counter drugs with alcohol and other drugs. The interaction of these combinations, often referred to as cocktails, can have serious medical complications. (ONDCP, 2008)

Drugs being abused: opioids/pain relievers such as hydrocodone, oxycodone, morphine, fentanyl (Vicodin, Lorcet, Dilaudid, OxyContin, MS-Contin, Sublimaze); tranquilizers such as Valium and Xanax; stimulants such as Adderall, Concerta, Ritalin; and cough medicine containing dextromethorphan (DXM); sleep aids such as Tylenol PM; and motion sickness pills such as Dramamine. Adults and children feel safe taking prescription or over the counter

medications because they are given to us by doctors. However, these drugs can have the same affects as drugs like heroin. The public has to be educated about the consequences of the misuse and abuse of these drugs.

This growing problem is going to cost our country billions of dollars in our criminal justice system as crime increases to feed this habit and violence from the use and abuse. We will pay in treatment centers and hospitals as many new patients will enter that would never have used “illegal” drugs. And social services will feel the burden as families are devastated and destroyed by addiction, accidents, and death.

Parental and community involvement, along with prevention education for children, seems to be a key in slowing the abuse of these drugs and the impact on society. The effectiveness of prevention components for students could be greatly enhanced if they are done along with community presentations for adults. According to the National Office of Drug Control Strategy’s Performance Measures of Effectiveness; intervention should begin early, it should be repeated over time especially in later developmental stages, and intervention should be done in settings that affect the risk of and protection for abuse such as homes and communities (ONDCP, Principles of Prevention, 2003) Often the extension of programming for the parents and communities is left out of prevention programs. The National Institute on Drug Abuse states in “Principal 1” of their *Prevention Principles under Preventing Drug Abuse among Children and Adolescents* that programs need to enhance protective factors and reverse risk factors. One of these protective factors is the support of parents. “Principal 5” encourages drug education and information for families. “Principal 10” states that combining two or more effective programs can be more effective such as school-based and family-based programs. (NIDCP, 2008) In order to incorporate the parents and other community members, they need to be properly educated on the topic and given tools to utilize in providing this support.

Utilizing a panel of community experts appears to be an effective way to attack the problem. If we take the information gained from our students on the impact of their instructor and apply it to the parents, we will find that a positive perception of the instructor can affect “refusal, communication and decision-making skills, normative beliefs, perceived consequences of use, and substance use.” (Tonkin, 2008) We take this one step further and involve law enforcement as a presenter in our adult programming. Hammond et al. (2007) found that “students who had police officers as instructors evaluated program instructors significantly higher than students who had non-police officers.” If these same findings were also found effective with parents, the article goes on to state that the use of police officers has the potential to help improve the effectiveness of the prevention program. (Hammond, 2007) One study of D.A.R.E. found that parents, an important piece in prevention, respond positively to the program, and view police officers as positive instructors. (Donnermeyer, 2000) If the officer making an impact in the classroom were to be a part of the panel providing information to the parents, the impact and perceptions could be carried over to these parents and community members.

A physician, as a presenter, may also have an impact on parents. In a 2007 study done on alcohol prevention, measured the reactions of adolescents and parents, to a screening and brief intervention with a physician. This was done to see if primary care physicians could be used to help reduce alcohol consumption in their non-alcohol-dependent patients. Parents and adolescents were found to be very interested, receptive and supported a physician-initiated component. (Youast, 2007) Physicians and pharmacists are experts on the topics of drugs and their actions and reactions. This addition or combination could also help ensure that accurate

information is provided to the parents and community members and that their questions are adequately answered.

Prevention programming expanding to include parents, peers, and other community members have shown to be more effective. (Perry, 1996) Project Northland, a program that has evidence of effectiveness, utilizes parents, peer, and community involvement. This program uses the approach “to empower parents and other citizens in these communities to build their own capacity for prevention based on building networks of support and encouraging broad-based participation.” (Williams, 1995) Mangham (2007) sees “that prevention is a whole community endeavor.” He goes on to say that D.A.R.E.’s use of trained peace officers who work and live in the community, utilizes this resource. Building on this idea and putting together a panel of community experts on this topic, can help encourage parents and others in the community, to come together to be a part of the solution.

If you compare this community panel of experts against CASAS Promising Practices (2008), you will find that it can be effective, as the studies cited indicate. It is innovative and creative as it is pulling together several sections of the community in a collaboration not normally utilized as a team in prevention, but all are involved in some way with the topic. And it goes beyond the basics in discussing a topic that is beyond basic drug prevention education by pulling together experts in the area. It addresses a specific problem, Prescription and Over-the-Counter Drug Abuse, and calls for action and accountability from our parents and communities. What would happen if we all worked together on an issue?

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