



Research Bulletin

Vol. 7, No. 2

November 2008

Prescription drug abuse, drug treatment needs on rise in Illinois

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While the use of street drugs, such as marijuana and cocaine, has declined in recent decades, prescription drug abuse is on the rise.

The Drug Enforcement Administration estimates 7 million Americans are abusing prescription drugs, an increase of 80 percent since 2002. The Partnership for a Drug Free America estimates that nearly one in five teens has abused prescription drugs. The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates about 500,000 Illinois residents are using prescription drugs illegally and in ways that can lead to dependence and even death. Treatment admissions also are increasing in Illinois for prescription drug abuse.

Prescription drug overview

Depressants, opioids, and stimulants are the most commonly abused prescription drugs (*Table 1*). Depressants such as Valium and Xanax, often prescribed for anxiety and sleep disorders, are also used illegally for their calming effects. Opioids, OxyContin, and Vicodin are most commonly used and are pain relievers that can create a euphoric effect in the user. Finally, stimulants, such as Adderall and Ritalin, prescribed for individuals with attention deficit hyperactive disorder, are abused for their ability to increase alertness and energy.

The federal Controlled Substances Act regulates the manufacture, importation, possession, and distribution of certain drugs. The Act categorizes drugs into five “schedule” classifications. The schedules are ranked in descending order from highest potential for abuse to the lowest. Schedule I substances have no medical use and include street drugs, such as heroin and LSD. Schedule II drugs include morphine, cocaine, methadone, and methamphetamine. Anabolic steroids, codeine, OxyContin, and some barbiturates are Schedule III substances. Valium and Xanax fall under schedule IV. Schedule V drugs include cough medicines with codeine.

Almost 8 million prescriptions were dispensed in Illinois during the first half of 2008. More than 1 million of those were Schedule II drugs, the most harmful and addictive among those that can be prescribed (*Table 2*).

Prescription drug use increasing

People use prescription drugs unlawfully to get high, treat depression or other mental health disorders,

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Research Bulletins are published periodically by the Illinois Criminal Justice Information Authority. They focus on research conducted by or for the Authority on a topic of interest to Illinois criminal justice professionals and policy-makers.

This project was supported by grant #04-DB-BX-0043 awarded by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice to the Illinois Criminal Justice Information Authority. Points of view in this document do not necessarily represent the official position or policies of the U.S. Department of Justice.

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Printed by authority of the State of Illinois, November 2008.

Table 1
Prescription drug categories, types, and common names

Drug categories	Drug types	Common drug names
Depressants	Barbiturates, benzodiazepines, sedatives, tranquilizers	Ativan, Klonopin, Restoril, Valium, Xanax
Opioids	Narcotics, pain relievers	OxyContin, Percocet, Vicodin, methadone, codeine
Stimulants	Amphetamines	Adderall, Ritalin

relieve stress, lose weight, or stay alert, according to SAMHSA.

According to Partnership for Drug Free America's Partnership Attitude Tracking study, teens view prescription drugs as safer and more socially acceptable than other drugs. In the U.S. Department of Health and Human Services' Monitoring the Future 2007 survey, 15 percent of 12th graders reported using a prescription drug for non-medical reasons within the past year. The national school-based survey is conducted annually and includes students in grades 8, 10, and 12. In each grade, high rates of non-medical Vicodin and OxyContin use were reported. In the survey, 10 percent of 12th grade students surveyed reported use of Vicodin within the past year and 5 percent reported OxyContin use.

Individuals can easily obtain prescription drugs from friends, family members, and others who sell or give away their own prescriptions, theft of pharmacies or homes, "doctor shopping" or visiting multiple doctors for prescriptions, and on the Internet, where pills are sold to anyone with a credit card. In the National Center on Addiction and Substance Abuse's 2008 National Survey of American Attitudes on Substance Abuse, 19 percent of teens said prescription drugs were easier to buy than cigarettes, beer, or marijuana, up from 9 percent in 2007. Thirty-four percent of teens indicated prescription drugs were available in their home or medicine cabinet and another 31 percent said they obtained them from friends or classmates.

A 2007 National Center on Addiction and Substance Abuse study located 159 websites selling prescription drugs, and only two were certified as legitimate pharmacies.¹ Eighty-five percent of sites selling pharmaceuticals did not require a physician's prescription.

Overdoses and deaths

Prescription drugs are more likely to cause an unintentional fatal overdose than street drugs, such as heroin

Table 2
Number of legally dispensed prescriptions in Illinois, January to June 2008

Drug schedule	Number of prescriptions
II	1,170,193
III	2,783,798
IV	3,430,570
V	580,691
Total	7,965,252

Source: Illinois Department of Human Services

Table 3
Non-medical prescription drug users in Illinois, annual estimated averages

Drug	Number of users
All prescription drugs	502,000
Pain relievers	387,000
Depressants	
Sedatives	18,000
Tranquilizers	160,000
Stimulants	80,000

Source: SAMHSA National Survey on Drug Use and Health

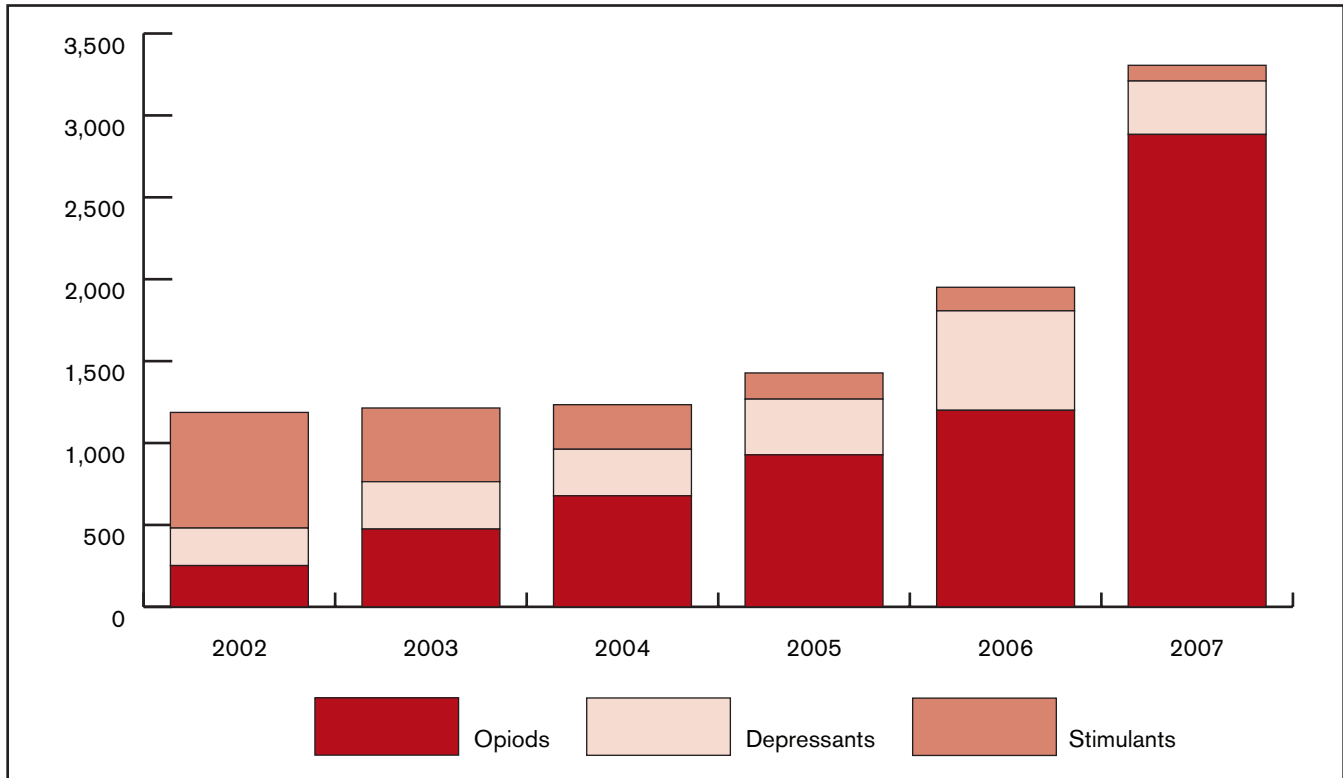
or cocaine. A study by the Centers for Disease Control revealed that deaths caused by prescription drugs more than doubled between 1999 and 2005, from 2,900 to 7,500. Studies show that those who unintentionally overdose from prescription drugs often have a history of substance abuse, have no prescriptions for their drugs, mix prescriptions, and alter drugs by crushing and snorting them or dissolving and injecting them.²

Illinois prescription drug trends

Prescription drug use

SAMHSA estimates more than 500,000 people use prescription drugs illegally each year in Illinois (Table

Figure 1
Illinois drug treatment admissions by prescription drug type, 2002-2007



Source: Illinois Department of Human Services Division of Alcohol and Substance Abuse

3).³ Pain relievers, such as OxyContin and Vicodin, were the most commonly abused prescription drugs in Illinois between 2002 and 2004. Most users were between the ages of 18 and 25 years old. An estimated 12 percent of that age group used prescription drugs for non-medical purposes, and 10 percent specifically used pain relievers.

The Illinois Department of Human Services' annual Illinois Youth Survey of 8th, 10th, and 12th graders revealed that the use of pain pills by Illinois students increased slightly from 14.5 percent to 15 percent between 2004 and 2006. Of all youth surveyed in 2006, 15 percent had used pain relievers and 13 percent had used other prescription drugs within the year.⁴ Black students were more likely to use pain pills than students of other races and ethnicities, but Hispanics were more likely to use other prescription drugs. Girls were slightly more likely than boys to use pain pills and other prescription drugs.

Treatment admissions

Drug treatment admissions for prescription drugs nearly tripled between 2002 and 2007, according to

the Illinois Department of Human Services Division of Alcoholism and Substance Abuse (DASA) (*Figure 1*).

Since 2002, DASA has documented the number of admissions to substance abuse treatment programs for the abuse of prescription depressants and opioids. In 2007, admissions to drug treatment for the abuse of prescription opioids were 11 times the 2002 admissions, an increase from 252 to 2,884. In addition, during the time period examined, admissions to treatment for depressants rose 42 percent. Admissions for benzodiazepines increased 78 percent.

Drug submissions to state crime labs

While other data sources indicate the use of illegal prescription drug are increasing, Illinois State Police has reported reductions since 2002 in all prescription drug submissions to crime laboratories for testing. One cause for the reduction may be that law enforcement resources have been diverted to street drugs, such as methamphetamine. Officers have difficulty in making prescription drug arrests because they can be obtained legally and then shared, stolen, or sold. In addition, few mechanisms are in place to aid law enforcement in

detecting and investigating prescription drug abuse.

Emergency room visits

Illinois hospitals are seeing an increase in patients visiting emergency rooms due to prescription drug misuse. The Drug Abuse Warning Network (DAWN), operated by SAMHSA, tracks drug-related hospital emergency room visits and deaths across the United States. More than 30 hospitals in the Chicago metro region report annually to DAWN. From 2003 to 2007, those hospitals noted a four-fold increase in emergency room visits for sedative misuse or overdose. During that same time period, increases in emergency room visits for pain medication misuse and overdose more than doubled. Emergency room visits may include treatment for detoxification, overmedication, adverse reactions, and suicide attempts.

State efforts to reduce illegal prescription drug use

Illinois laws

Several state laws regulate use, sale, and dispensing of prescription drugs. In Illinois, it is illegal to unlawfully possess prescription drugs [720 ILCS 570/204] and to unlawfully deliver or manufacture prescription drugs [720 ILCS 570/401(a)]. A state law that went into effect in 2008 makes it illegal to have unauthorized possession of a prescription form, or to alter a properly authorized prescription form [720 ILCS 570/406.2)]. Physicians may be prosecuted for illegally issuing prescriptions and pharmacists may be prosecuted for illegally filling them [720 ILCS 570/406(a)].

Prescription drug monitoring program

In 2002, the Harold Rogers Prescription Drug Monitoring Program, administered by the U.S. Department of Justice, began funding local prescription drug monitoring programs to create databases that help state and federal agencies monitor the quantity and disbursement of prescription drugs at pharmacies.

Prescription drug monitoring programs aim to prohibit illegal provision and receipt of prescription drugs by health care professionals and patients. The programs can identify indiscriminate prescriptions by physicians, as well as forgeries and doctor shopping by patients. The programs also assist pharmacies by monitoring thefts, robberies, and burglaries, which amount to millions in losses annually.

While they are not mandatory, 38 states, including Illinois, have implemented a monitoring program. A program evaluation found that the growth of abuse of prescription drugs was much lower in states using databases.⁵ Illinois law enforcement officers with probable cause to suspect prescription drug abuse may request information on individuals who have been entered into the database. Illinois began monitoring all Schedule II, III, and IV drugs in January 2008 and received data on more than 7 million prescriptions in the first six months of the year.

Outreach

The Illinois Department of Human Services began airing public service announcements on the dangers of prescription drug abuse on radio and television stations statewide in May. In addition, Illinois drug prevention organization Prevention First, a state affiliate of the Partnership for a Drug-Free America, launched “Time to Talk,” a campaign that encourages parents to have conversations with their teens about prescription drug abuse.

John Ingrassia contributed to this report.

Notes

¹ National Center on Addiction and Substance Abuse, “You’ve Got Drugs!” V: Prescription Drug Pushers on the Internet,” The National Center on Addiction and Substance Abuse, Columbia University (July 2008): i-ii.

² Paulozzi, Leonard J., “Trends in Unintentional Drug Overdose Deaths,” testimony presented to subcommittee on the judiciary and the caucus on international narcotics control United States Senate, Centers for Disease Control and Prevention, March 12, 2008, 1.

³ Colliver, James D., Larry A. Kroutil, Lanting Dai, and Joseph C. Gfroerer, “Misuse of prescription drugs: Data from the 2002, 2003, and 2004 National Surveys on Drug Use and Health,” Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies (2006).

⁴ Chestnut Health Systems, “Youth Study on Substance Use: Comparing the 2002, 2004, and 2006 Results from the Illinois Youth Survey,” Illinois Department of Human Services, Division of Community Health and Prevention (March 2007): 58.

⁵ Simeone, Ronald, and Lynn Holland, “An Evaluation of Prescription Drug Monitoring Programs,” Simeone Associates, Inc. (September 2006): 41.