

**Prescription Drug Abuse in Hall County, Georgia:
A Tough Pill to Swallow**

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**Prescription Drug Abuse in Hall County, Georgia:
A Tough Pill to Swallow**

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Prescription Drug Abuse in Hall County, Georgia: A Tough Pill to Swallow

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Abstract

Prescription Drug Abuse in Hall County, Georgia: A Tough Pill to Swallow

Prescription drug abuse has become a public health crisis in our nation, state and local communities. Every day in the U.S., 2,500 youth try prescription drugs non-medically for the first time, which adds almost one million new users every year to the approximately 48 million people who have abused prescription drugs. In Hall County, 14.24% of high school seniors said that they used prescription drugs non-medically. Societal costs on the national level for prescription drug misuse and abuse surpassed \$55.7 billion in 2007, including \$25.6 billion workplace costs, \$25 billion healthcare costs, and \$5.1 billion criminal justice costs.

Behavior or attitude of individuals, and particularly youth that leads to the misuse of prescription drugs is another important concern. One-in-three teens believes there is nothing wrong with abusing prescription drugs every once in awhile, and one-in-six adults say they would share their prescription drugs with others. However, these beliefs can result in negative consequences on health outcomes. In 2010, there were 20 reported overdose deaths in Hall County from prescription drugs.

Identifying interventions that raise awareness, change behaviors, change policy, or reduce/eliminate access to prescription drugs can be effective in reducing diversion of these drugs for non-medical use and subsequent abuse. Three steps individuals can take to reduce abuse are to monitor and secure personal prescription drugs, and dispose of expired and unused prescription drugs. Take-Back Programs can eliminate access to drugs by destroying them before they can be diverted. Also, destroying the drugs by incineration will and keep them from entering the environment. Additional interventions include educating

the community, especially youth and young adults that prescription drugs are dangerous and are to be taken only by the person for whom they are prescribed.

The Medical Association of Georgia (MAG) funded a pilot program called "*Think About It*" to address prescription drug abuse in Hall County, Georgia. This survey project was a part of that pilot program and focused on learning attitudes and opinions about prescription drug misuse and abuse in Hall County. Results from this survey will be used to develop an education and awareness campaign component for the pilot program.

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Chapter 1: Introduction

Prescription drug misuse is a growing problem among youth and young adults in our nation, our state, and our county. Many people believe that prescription drugs are safe because they are prescribed by a doctor. However, when taken for non-medical purposes, prescription drugs are as dangerous as illicit or street drugs. One of the best ways to stop the abuse of prescription drugs is to limit access to these drugs. Some experts argue that individuals need to be educated in proper storage and security of drugs (U.S. Drug Enforcement Agency, 2011). While this is certainly important, it is only part of the solution. A much more effective method of controlling access is to destroy excess and expired prescription drugs in a controlled environment such as a drug take-back program.

Education and awareness is another important component in the reduction of prescription drug misuse and abuse. While a large number of American's take prescription drugs, many remain unaware of the potential dangers that these drugs pose when taken non-medically or accidentally.

Problem Statement

Nationwide, one in five teens (4.5 million) has abused prescription drugs and one in three teens reports knowing someone that has abused prescription drugs. The National Institute on Drug Abuse reported that every day in the U.S., 2,500 youth try prescription drugs for the first time resulting in about one million new youth who misuse prescription drugs each year. An estimated 9.2 million people aged 12 or older (3.6 percent) were current users of illicit drugs other than marijuana in 2009. The majority of these (7.0 million persons or 2.8 percent of the population) used psychotherapeutic drugs non-

medically. An estimated 5.3 million persons used pain relievers non-medically, 2.0 million used tranquilizers, 1.3 million used stimulants, and 370,000 used sedatives.

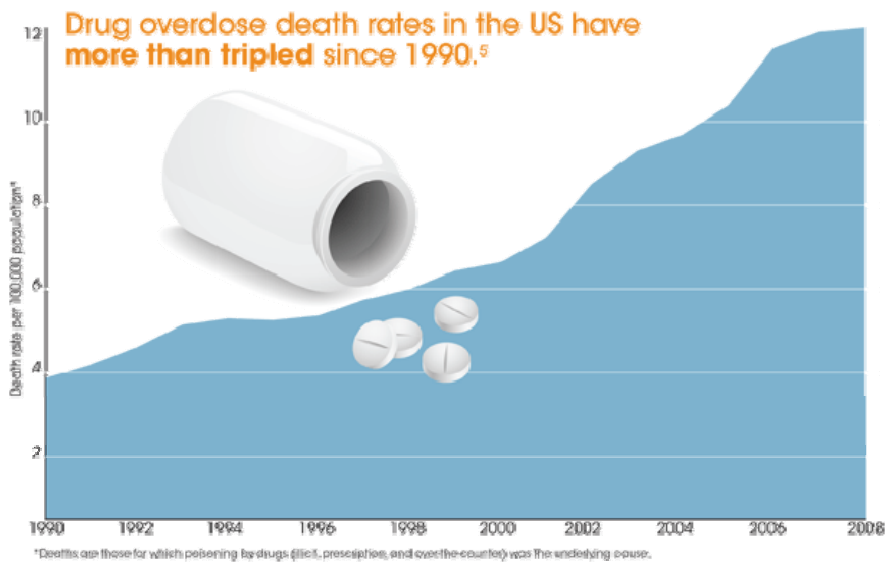
According to the Substance Abuse and Mental Health Administration the leading cause for emergency room visits due to drugs was non-medical use of pharmaceuticals. From 2004 to 2008 emergency room visits caused by prescription pain killers more than doubled and between 1990 and 2008 the number of overdose deaths tripled. Hospital records showed that oxycodone was the drug of choice for individuals abusing prescription drugs, followed by hydrocodone and methadone. Although these statistics are staggering, many parents remain unaware of prescription drug abuse, and specifically the misuse of these drugs among youth. Prescription drug abuse is affecting the health status of our communities, placing an economic burden on society and increasing health care costs.

Theoretical Framework

Diffusion of Innovations is a process by which an innovation is communicated through certain channels over time among the members of a social system. Individuals progress through five stages: awareness, persuasion, decision, implementation and adoption (Estabrooks, Thompson, Lovely, Hofmeyer, 2006). When and if adoption of the innovation occurs, it is then promulgated by communication channels and among members of the social system. "Social systems determine diffusion, norms on diffusion, roles of opinion leaders and change agents, types of innovation decisions, and innovation consequences. To use Rogers' model in health requires us to assume that the innovation in classical diffusion theory is equivalent to scientific research findings in the context of practice, an assumption that has not been rigorously tested." (Estabrooks, Thompson, Lovely, Hofmeyer, 2006).

The Diffusion of Innovations theory shows how new drugs created for many health conditions have been accepted and adopted not only in the U.S. in the medical field, but society as well. Regarding prescription drug use in the United States, Figure 1 shows how an increase in prescription drug use coincides with a marked increase of prescription drug overdoses between 1990 and 2008 and that overdose deaths tripled.

Figure 1.



Source: Centers for Disease Control and Prevention

National Institutes of Health points out that emergency room visits due to prescription drug abuse continue to rise. Since 1990, mentions of tranquilizers by emergency departments increased by 170 percent. For prescription pain relievers, emergency departments reported a 450 percent increase in mentions. More than 200,000 visits to emergency rooms around the country each year result from prescription drug abuse (NIDA, 2011). Much of this increased use can be linked to the development of pain management therapy with more and different drugs being prescribed for specific ailments with some portion of these drugs getting to unintended users through diversion.

Moreover, prescription drug sales increased from \$40.3 billion in 1990 to over \$234 billion in 2008 (Kaiser Family Foundation, 2010). This increased use of drugs has created an over-availability of prescription drugs for diversion. The Diffusion of Innovations approach to change attitudes surrounding drug abuse seeks to incorporate all five stages to educate, raise awareness and change behavior toward prescribing, using, securing and disposing of drugs.

Purpose

The intent of this project was to measure the awareness among adults about the misuse of prescription drugs by the youth in Hall County and to assist the Hall County Anti-Drug Coalition in determining appropriate interventions to reduce the misuse of prescription drugs, especially among youth. By learning about the opinions, awareness and knowledge that residents have about prescription drug misuse, messages can be created to inform the population about how to diminish the illicit use of these drugs. Sharing important information and statistics with residents will help the community address this problem. Table one shows the percentage of Hall County School System students who reported using prescription drugs non-medically.

Table 1: Students in the Hall County School System Students who reported taking prescription drugs non-medically

Grade	Percent Using Prescription Drugs
Sixth	9.85%
Eighth	10.9%
Ninth	12.52%
Tenth	14.36%
Eleventh	13.28%
Twelfth	14.24%

Source: Georgia Student Health Survey II. 2010

As one can see, the problem among youth in Hall County is significant, and to properly address the problem an assessment of the community's knowledge and overall awareness about the situation was conducted through the use of a survey. The survey of adults in the county asked pertinent questions about prescription drug use, storage of drugs in the home, and disposal methods used for expired and unused medications.

Research Question

The goal of this study is to assess the awareness and knowledge of adults about prescription drug use and abuse by youth in Hall County. To achieve this goal, it will be necessary to learn about three primary areas:

1. Are prescription drugs taken by a large percentage of people in Hall County?
2. Do adults secure their drugs in the home and how do they dispose of them?
3. Would adults share their prescription drugs with others if asked to do so?

From these questions, the opinions and attitudes of adults can be evaluated to gain insight into the diversion problem of prescription drugs in the county.

Significance Statement

Prescription drugs create problems when children or pets are accidentally poisoned by them or when individuals intentionally abuse them. The adverse health effects of illicit drug use can be significant, but vary greatly depending on the type of drug used and the mode, amount, and frequency of use. Mortality among injection drug users is high due to overdose and medical complications (e.g., HIV, hepatitis, bacterial endocarditis) of injecting contaminated materials. (Hogan, 2001) When taken under the supervision of a physician, prescription drugs can be lifesaving, but when abused, they can be as life-threatening as illicit drugs. Stimulants can elevate blood pressure, increase

heart rate and respiration, cause sleep deprivation, and elicit paranoia. Their continued abuse, or even one high dose, can cause irregular heartbeat, heart failure, seizures, and death.

Painkillers and anti-anxiety medications can cause depressed respiration and even death, and central nervous system (CNS) depressants can also induce seizures.

Particularly dangerous is when young people indiscriminately mix and share prescription drugs, sometimes combining them with alcohol or other drugs. This risky practice is likely to contribute to the growing trend of drug abuse-related emergency room visits involving prescribed narcotics. (Volkow, 2006)

Current illicit drug use among persons aged 12 or older varied by race/ethnicity in 2009, with the lowest rate occurring among Asians (3.7 percent) Rates were 18.3 percent for American Indians or Alaska Natives, 14.3 percent for persons reporting two or more races, 9.6 percent for blacks, 8.8 percent for whites, and 7.9 percent for Hispanics (SAMHSA, 2010).

Definition of Terms

A drug take-back program is a sponsored event where authorized personnel are on hand to collect expired, unused or excess quantities of drugs from individuals. Typically these events are sponsored by the community and include law enforcement, pharmacists and volunteers who oversee the collection, sorting, transportation and destruction of the collected medications. (U.S. Department of Justice, 2011)

Home disposal of drugs is the act of crushing pills and mixing with undesirable materials, like used coffee grounds, placing them in a sealable bag, and throwing in the trash. Liquid medicines would be poured in the sealable bag with coffee grounds or other

materials and thrown in the trash. This method is less desirable than drug take-back events because the drugs could end up in the environment (U.S. Food and Drug Administration, 2011). Drugs that enter the environment by improper disposal could go into individual or municipal water systems, or could spill off into lakes, rivers, and streams.

Chapter Two: Literature Review

Introduction

The non-medical use or abuse of prescription drugs is a serious and growing public health problem in this country. Most people take prescription medications responsibly; however, an estimated 48 million people (ages 12 and older) have used prescription drugs for non-medical reasons in their lifetimes. This represents approximately 20 percent of the U.S. population (NIDA, 2011). To determine how widespread the problem is in Hall County, one must look at trends that are occurring in our state and nation. Previous studies and statistics gathered through health care and law enforcement agencies provided a wealth of information about prescription drug misuse and abuse.

The literature review showed that prescription drug misuse affects the community in multiple areas including economics, health status, workplace productivity, education and crime. Parents and adults are often unaware of the signs of prescription drug abuse in youth. According to a 2006 National Survey on Drug Use and Health, 47 percent of teens who abuse prescription drugs got them from a relative or friend, and 10 percent said they took the drugs without asking (SAMHSA, 2010). An estimated 40% of prescription drugs are not taken by the person for whom they are prescribed, creating the potential for others to get them. In Georgia, there were over 119 million prescriptions filled in 2009 compared to more than 3.6 billion nationally (Kaiser Family Foundation, 2011).

Socioeconomic Burden

Economically, societal costs on the national level for prescription drug abuse surpassed \$55.7 billion in 2007, including \$25.6 billion workplace costs, \$25 billion

healthcare costs, and \$5.1 billion criminal justice costs. The increased prevalence of abuse suggests an even greater societal burden in the future (Birnbaum, White, Schiller, Waldman, Cleveland, Roland, 2011). In Birnham's study costs were estimated by the quantity method and the apportionment method. The quantity method multiplies the number of opioid abuse patients by cost per opioid abuse patient, while the apportionment method begins with overall costs of drug abuse per component and apportions the share associated with prescription opioid abuse based on relative prevalence of prescription opioid to overall drug abuse. Excess health care costs per patient were based on claims data analysis of privately insured and Medicaid beneficiaries. Other data/information was derived from publicly available survey and other secondary sources (Birnbaum et al, 2011).

A separate economic study conducted by Hansen et al estimated 2006 societal costs at \$53.4 billion. Of this total, \$42 billion was attributable to lost productivity, \$8.2 billion to criminal justice costs, \$2.2 billion to drug abuse treatment, and \$944 million to medical complications. This study estimated the current economic burden of non-medical use of opioids in terms of direct substance abuse treatment, medical complications, productivity loss and criminal justice. The broad cost estimates were then distributed across the various drugs of misuse, including prescription opioids, down to the individual drug level (Hansen, Oster, Edelsberg, Woody, Sullivan, 2011). Interestingly, socioeconomic status was not as great a factor in prescription drug abuse as other illicit drugs. Although the rate of illicit drug use was higher among unemployed persons compared with those from other employment groups, most prescription drug users in 2009 were employed. Of the

estimated 19.3 million current illicit prescription drug users aged 18 or older in 2009, 12.9 million (66.6 percent) were employed either full or part time. (SAMHSA, 2010)

The 12-month rates of illicit use of prescription drugs among college students were 16.2% for Hispanic men, 13.8% for White men, 9.0% for Asian men, 8.6% for African American men and 9.9% for men from other racial categories. Among college women, the 12-month rates of illicit use of prescription drugs were 18.2% for Hispanic women, 13.8% for White women, 6.3% for Asian women, 8.4% for African American women and 11.6% for women from other racial categories (McCabe, Morales, Cranford, Delva, McPherson, Boyd, 2008). These statistics illustrate that illicit prescription drug use affects both men and women across racial and ethnic lines and that overall rates are similar for non-medical use. However, studies suggest that women are more likely than men to be prescribed an abusable prescription drug, particularly narcotics and anti-anxiety drugs. (NIDA, 2011)

The study conducted by McCabe et al, drew on a total undergraduate population of 20,138 full-time students at a Midwestern research university. Participating students answered survey questions related to the frequency of use of both illicit and prescription drugs. As shown above, higher rates of prescription drug abuse were found among Hispanic and White students and use among men and women were similar.

Behavioral Risk Factors

Behavior or attitude of individuals and particularly youth that leads to the misuse of prescription drugs is another important concern. One-in-three teens believes there is nothing wrong with abusing prescription drugs every once in awhile (CADCA, 2010). And one-in-six adults say they would share their prescription drugs with others. However, these

beliefs can have dire consequences on health outcomes. There were 20 reported overdose deaths in 2010 in Hall County from prescription drugs (www.accessnorthga.com, 2010). Also in 2010, Georgia reported a 10% increase in overdose deaths from prescription drugs in 152 counties, from 508 in 2009 to 560 in 2010. The report did not include autopsies performed by medical examiners in Fulton, Cobb, Gwinnett, Dekalb, Henry, Hall or Rockdale counties (Georgia Bureau of Investigation, 2011). According to the report, these counties were omitted in the report because information is reported differently in these counties to the Georgia Bureau of Investigation.

Table 2: Drug deaths in Georgia 2008 - 2010.

Deaths from:	2008	2009	2010
Rx Only	496	508	560
Illicit Drugs only	95	86	101
Combination Rx & Illicit	47	76	68
Total Overdose Deaths	638	670	729

Source: Georgia Bureau of Investigation. 2010

While interventions to prevent or reduce illicit drug use have been proposed for use in schools and sites of employment, evidence assessing preventive measures delivered in settings other than primary care practice was outside the scope of the U.S. Preventive Service Task Force (USPSTF) review. However, the Centers for Disease

Control and Prevention's (CDC) Task Force on Community Preventive Services has announced plans to assess the effectiveness of selected population-based interventions for preventing or reducing abuse of drugs (other than tobacco and alcohol) and to make recommendations based on these findings (CDC, 2011).

Interventions

Interventions that raise awareness, change behaviors, change policy, and reduce or eliminate access to prescription drugs for non-medical purposes have been successful. These interventions can effectively be achieved by building relationships through community coalitions (Javdani, Allen, 2011). Three steps individuals can take to reduce diversion of drugs are to monitor quantities of prescribed medicines, secure their prescription drugs, and dispose of expired and unused prescription drugs. Monitoring ensures that prescribed drugs are taken as ordered and keeps up with quantities, securing prescriptions keeps them away from others, and disposing of expired and unused drugs in the home, diminishes or eliminates the potential for accidental poisoning and abuse (<http://notinmyhouse.drugfree.org>, 2011).

Take back programs have proven to be effective disposal methods for unused drugs and achieve two goals - eliminating access to drugs and keeping them from entering the environment. Discarding unused medicines by flushing them down the toilet or mixing the drugs with undesirable materials and throwing in the trash reduce access to drugs but could allow the drugs to enter the environment (U.S. Environmental Protection Agency, 2011). In October, 2010 the *Safe and Secure Drug Take Back Act* was signed into law and allowed the Drug Enforcement Agency to develop a process for people to safely dispose of their unwanted prescription drugs (U.S. Drug Enforcement Agency, 2010). This policy change

resulted in a take back of 376,593 pounds (188 tons) of prescription drugs at 5,361 sites nationwide on April 30, 2011. Two take-back events have been held in Hall County and have netted over 50 pounds of prescription drugs (www.accessnorthga.com, 2011)

In identifying strategies that work to reduce abuse in the individual, risk factors were considered. Risks for prescription drug misuse include: past or present addictions to other substances, including alcohol; younger age, specifically the teens or early 20s; exposure to peer pressure or a social environment where there's drug use; easy access to prescription drugs (working in a health care setting or unsecured in the home); lack of knowledge about prescription drugs, or thinking that taking someone else's prescription drug is safe because it was prescribed by a doctor (Mayo Clinic, 2011).

In some cases, an intercession from a family member or friend has motivated an individual to seek help for addiction to prescription drugs. At times direct confrontation has swayed an individual to start the road to recovery, though people with addictive behaviors commonly are in denial about their situation or are unwilling to seek help (Mayo Clinic, 2011). There are several options for medical and psychological interventions in the Hall County area. Information about these organizations and their services should be widely distributed to assist individuals with addiction problems.

Education, focused on the medical community, businesses, legal and law enforcement agencies, and the general public is another method that has proven effective. For instance, *Time to Talk*, an initiative of the Partnership for a Drug Free America, gives parents guidance on how to discuss issues like substance abuse with their children. Children who are taught about drugs by their parents are 50% less likely to use them, yet only about 3 in 10 children report talking to their parents about drugs (Partnership

Attitude Tracking Study, 2011). This study consisted of two nationwide samples, one of parents with children from 10 to 19 years of age and the other a sample of teens from grade 9 to 12. Both groups were given surveys to assess attitudes and knowledge around substance abuse and the survey confirmed that education is needed.

Education in the medical, legal and law enforcement professions was addressed by the federal government through the Prevention and National Drug Control Strategy. This policy is composed of five overarching principles and eighteen actions related to drug abuse prevention. This strategy focused on both the public health and public safety aspects of drug use and addiction and is guided by the National Institute on Drug Abuse (Office of National Drug Control Policy, 2011). This multi-faceted approach emphasized community-based prevention programs, early intervention healthcare programs, aligning legal policies with public health systems to redirect non-violent drug offenders into treatment, funding scientific research on drug use, and expanding access to substance abuse treatment. From this strategy, many states have already implemented Prescription Drug Monitoring Programs (PDMP).

Summary

The review of literature revealed that a number of factors contribute to prescription drug abuse, including: insufficient education about drugs and the dangers they pose; lax monitoring of personal prescription medicines in the home; access to unsecured drugs in the home; excess quantities of unused and expired medications; and the perception that drugs prescribed by a physician are safer, even if used by a person for whom the drug was not prescribed, because they are approved by the FDA. Additionally, education and

awareness about the potential threat of prescription drugs must be addressed with all segments of society.

Ease of access to prescription drugs was perhaps the most concerning. While legislation and laws have provided more control of narcotics and medicines at the provider and pharmacy level, drugs are often easily accessible in the home. Therefore, it is very important that the public is educated about the hazards and risks associated with prescription drugs. Because Hall County is much like other parts of Georgia and the nation, it is believed that the residents share many of the same beliefs and attitudes about prescription drugs. Therefore, best practices from programs utilized in other locations around the country could be implemented here.

Chapter Three: Methodology

Introduction

The Medical Association of Georgia (MAG) funded a pilot program called *'Think About It'* to address prescription drug abuse in Hall County, Georgia (www.accessnorthga.com, 2011). This survey project was a part of that pilot program and focused on learning attitudes and opinions about prescription drug misuse and abuse in Hall County. Results from this survey will be used to develop an education and awareness campaign component for the pilot program. If the overall pilot program is successful in Hall County, the Medical Association of Georgia will offer the program to all counties in Georgia.

In determining the best method to gather information about the knowledge, attitudes and opinions of adults in Hall County, several research methods were examined. First, interviews with residents could have provided the needed information, but would be time consuming and more expensive. Residents might also be less willing to participate in face-to-face or phone interviews because of privacy or time issues.

Focus groups were considered, but were ruled out because they could be less representative of the population (Dillman, Smyth, Christian, 2009). Moreover, it would be more difficult to arrange focus group interviews and there could be some bias if group members did not feel comfortable answering questions in a group setting. An additional concern with focus groups was that it might require more than one facilitator, which could lead to differences in the way questions were posed (Patton, 2002). This could unintentionally result in some or all questions being interpreted differently by the focus groups.

Anonymous surveys on the other hand, allow for privacy as well as convenience. Residents can complete the survey in the privacy of their homes and at a time that is convenient for them. The low cost in implementing the survey and collecting responses was also an advantage. This can also be seen as a limitation as electronic surveys can only be completed by individuals that have access to a computer and often the rate of response drops after a few days (Couper, 2000). To accommodate residents that did not have access to a computer, the survey was printed and completed at the point of contact, such as at health fairs and other events. The surveys were then collected and the results entered into the survey tool. Printed surveys can also be distributed to specific populations to make sure that the sample is representative of the population. This could be helpful for lower socioeconomic populations or those without access to the internet.

Population and Sample

In 2010 Hall County had 179,684 residents primarily represented by Caucasian (74.1%), African Americans (7.4%), and Latino (26.1%) groups. Asians, American Indians, and Pacific Islanders made up 2.4% of the population (US Census, 2010). The sample for this survey was taken from the general adult population of Hall County to ascertain the prevailing thoughts and attitudes about prescription drug use. From previous studies, we know that prescription drug abuse is prevalent among Caucasians, 38.2%, African Americans, 30.6% and Latinos, 27.5% (SAMSHA, 2010) By performing a cross sectional survey in Hall County, these groups have been represented.

The study was approved for exempt status by the Emory International Review Board and the letter of approval is included in Appendix 1. Informed consent was obtained from participants prior to answering the survey questions and was presented on

the first page of the survey (Appendix 2). Respondents were given a check box option to continue the survey. For paper surveys, the consent form was printed and displayed prominently along with the surveys and individuals taking the survey were advised that they could quit the survey at any time. The survey was widely distributed to reach as many residents as possible and to guarantee a large random sample of the population. The survey link was distributed via email to organizations and agencies in Hall County including, but not limited to, public health, county and city government, school systems, media, and stakeholders with a request to include the link on their appropriate web sites (Appendix 3). The protocol submitted to Emory IRB is included in Appendix 4.

Research Design

Using Survey Monkey®, the questionnaire was a combination of Likert Scale responses, yes and no responses, and multiple choice questions. Both quantitative and qualitative information was gathered through the survey (SurveyMonkey, 2011). The questions were developed to obtain attitudes and opinions of residents about prescription drug abuse and were made available in electronic and paper form. A list of the survey questions is included in Appendix 5.

Instrument

This project employed a sixteen question, cross-sectional survey of the adult population, 18 years of age and older, in Hall County, Georgia. The purpose of the survey was to gather opinions and awareness of adults about prescription drug use and misuse, storage of drugs in the home, and disposal methods for expired or excess drugs. Survey questions were written with guidance and approval from members of the Hall County Anti-Drug Coalition.

The survey was distributed in the community by placing an URL on the web sites of agencies and organizations with directions for residents to complete the survey. Paper copies of the survey were handed out at various events in Hall County whereby residents could complete the survey and place in collection boxes. Results from the paper surveys were later entered into survey monkey so all analysis could be completed with the Survey Monkey® analysis tool. No identifying information was requested or collected on any participant, to make sure that the survey remained an anonymous study.

Data Analysis

Data analysis was conducted using the collection tool in SurveyMonkey® to gather responses and analyze the responses. The resulting information from the survey will be provided in a report to the coalition using text, charts, and graphs. Univariate analysis of quantitative data was carried out using the SurveyMonkey® analysis tool and utilized frequency distribution and central tendency.

Limitations and Delimitations

Limitations of the survey included distribution via email and web sites which required participants to have access to a computer. Although the request to take the survey was widely distributed, many who received the email request did not participate in the survey. The number of participants that completed the survey was 249.

While some paper copies were handed out at events in Hall County, this limited the scope of paper surveys to individuals that attended the events where the survey was available. Self-reporting could also have been a limitation and lead to bias if respondents were not truthful in answering the questions. In reflection, it might have been appropriate

to ask respondents if they had children in the home to get an estimate of how many youth could potentially have access to drugs.

Delimitations included the choice to use a one-time email contact to request individuals to complete the survey and utilizing stakeholder organizations to disseminate the survey. While utilizing stakeholders is good for collaboration and strengthening partnerships, it could mean that the survey was delivered mainly to individuals with experience or knowledge in the area of prescription drug abuse. This could introduce possible bias as the respondents have more knowledge about the subject.

Summary

This project focused on learning attitudes about prescription drug misuse and abuse in Hall County, Georgia. Results from the survey will be used by the Hall County Anti-Drug Coalition to design and implement education and awareness messages to reduce non-medical use and abuse of prescription drugs and accidental poisonings.

Messages will address the four target segments identified by the pilot program: medical and healthcare, business community, legal and law enforcement, and general public.

Chapter Four: Results

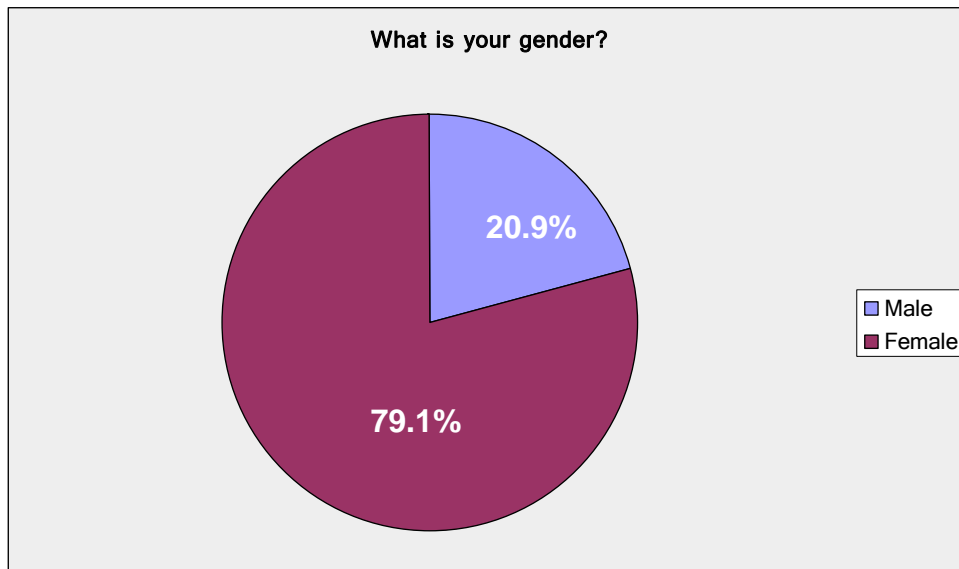
Introduction

The survey questions were grouped to gather information about demographics, storage of drugs, disposal of drugs, and opinions about use of prescription drugs. Two key questions about securing drugs in the home and whether or not adults would share their prescription drugs with others were important in learning about awareness and attitudes of adults in Hall County.

Findings

Of the 249 respondents that started the survey, all answered questions one through three. However, 120 participants skipped at least one question on the remainder of the survey. Question eleven "If so, which drug do you think is the biggest problem in Hall County?" had the most non-responses with 25 unanswered.

Figure 2.



Demographically, more females completed the survey than males, and more Caucasians completed the survey than any other group as shown in Figures 2 and 4. The

number of individuals in the different age groups completing the survey was comparable across all age ranges, and most of the participants answered all of the questions. The three largest groups of participants in the survey were 30 to 39, 40 to 49 and 50 to 59 year olds, (63.9%) which was representative of the age for parents of teenagers as seen in Figure 3.

Figure 3.

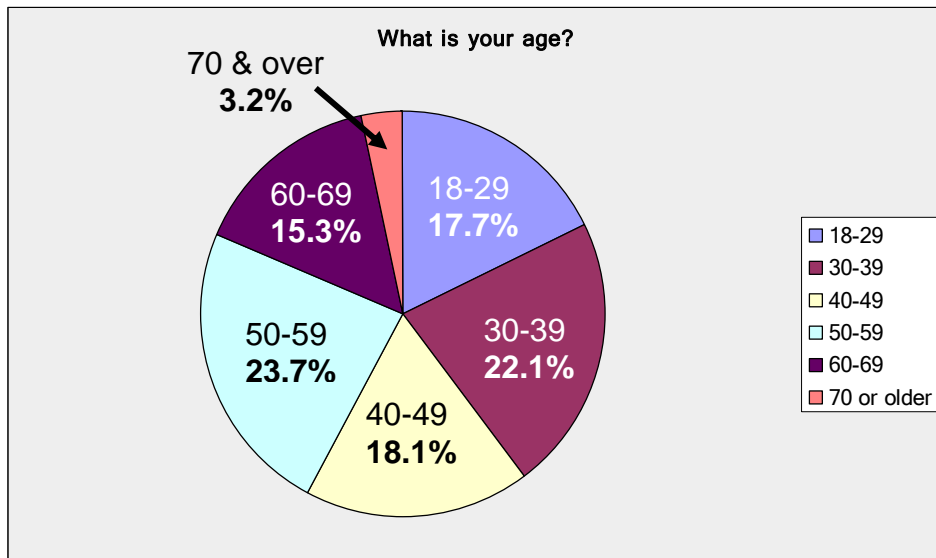
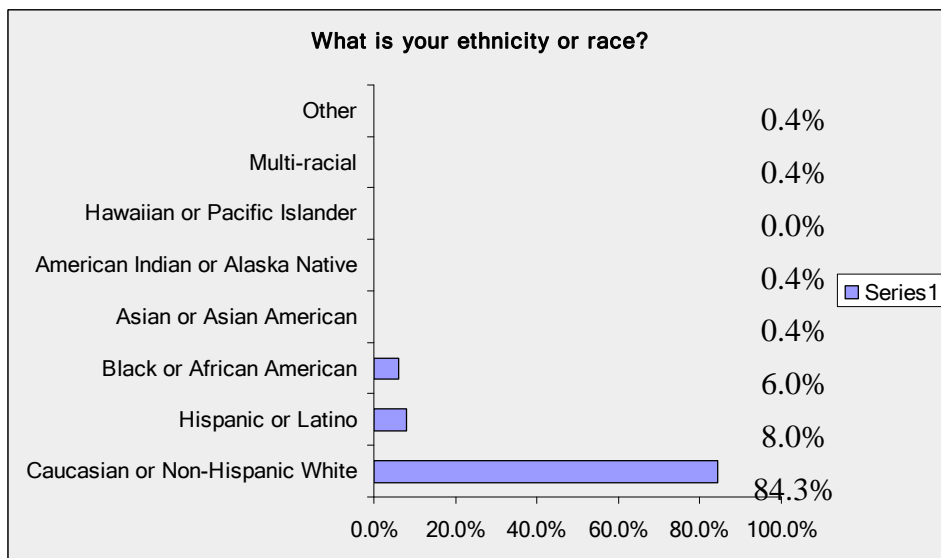


Figure 4.



The survey showed that 64.9% of respondents take prescription drugs of some type as seen in Figure 5 and almost the same amount, 57.9% admit that others have access to their drugs as seen in Figure 6. Most individuals indicated that they keep their drugs unsecured in a kitchen cabinet or bathroom cabinet; while less than five percent of respondents claimed to secure their prescription drugs in a locked box or cabinet.

Figure 5.

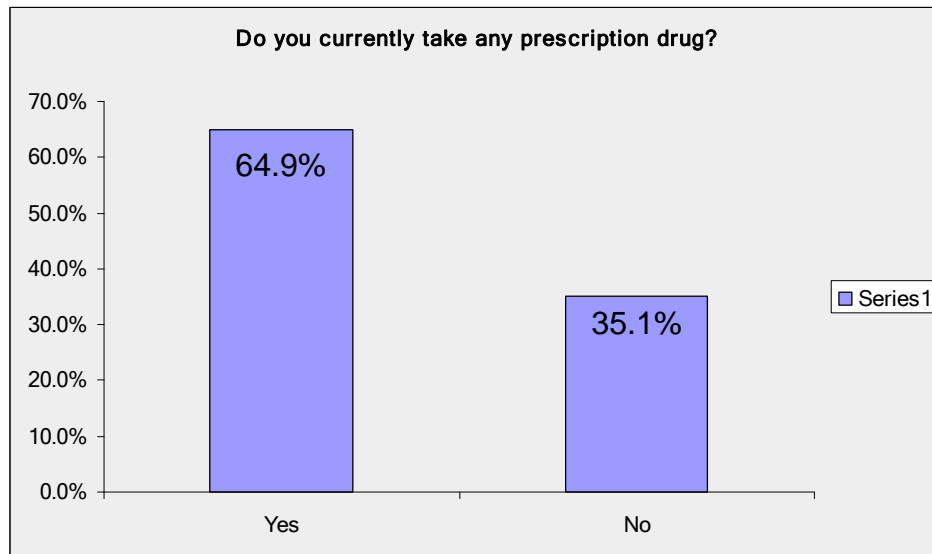
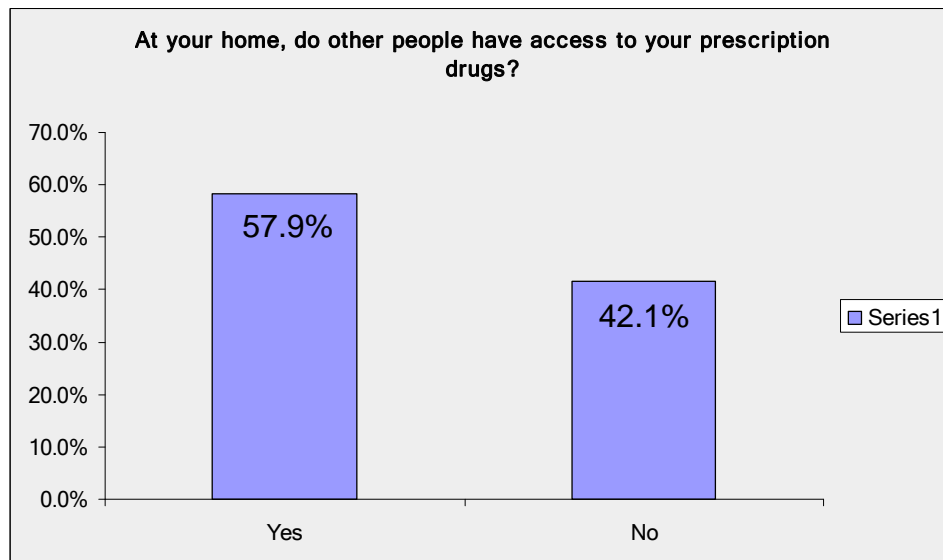


Figure 6.



Over ninety percent of adults do not lock up their drugs in the home as shown in Figure 7. Still 42.1% said that others do not have access to their drugs, and most (84%) said they would not share their drugs with others. Only 2.0% of respondents said they would share their drugs, while 13.9% were unsure or had no opinion about sharing their drugs as seen in Figure 8.

Figure 7.

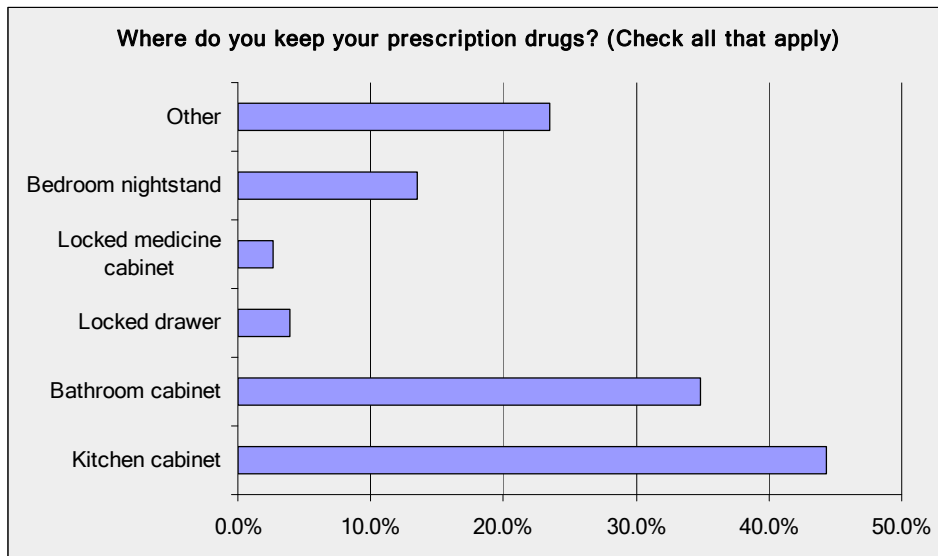


Figure 8.

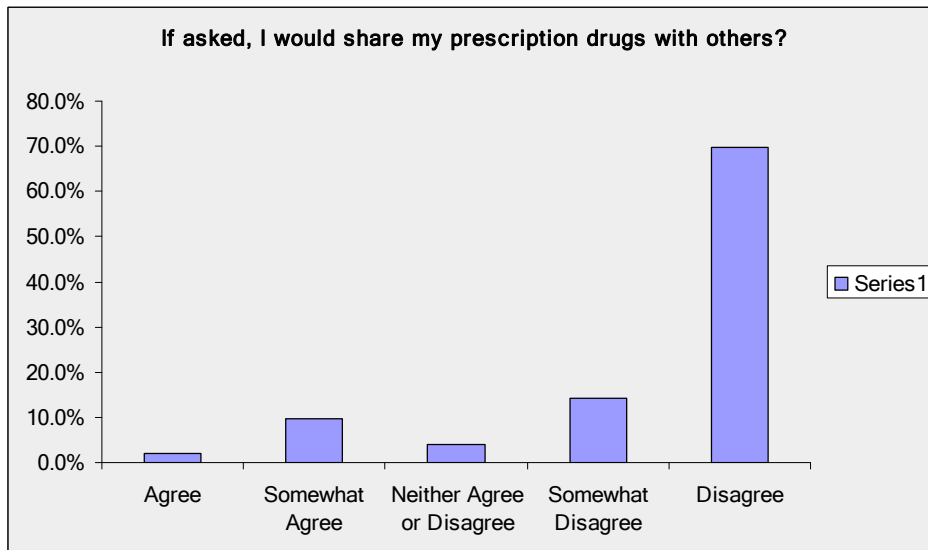
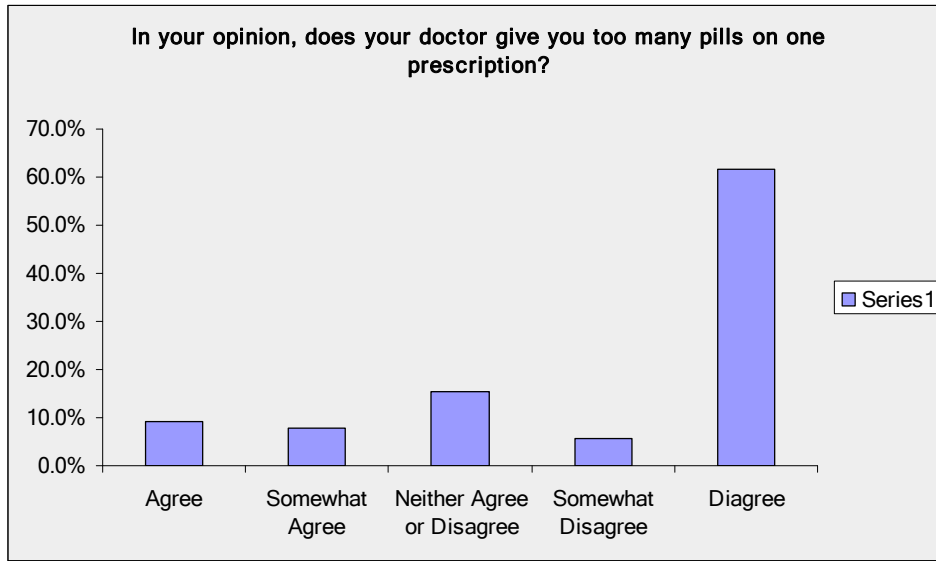


Figure 9.



In Figure 9, respondents, (61.7%) did not think that doctors prescribed too many pills with each individual prescription, however, many respondents (70.5%) knew someone who had been affected by prescription drug abuse as shown in Figure 10. A substantial number (69.0%) felt that prescription drug abuse was a problem in Hall County while only 2% said it was not as seen in Figure 11.

Figure 10.

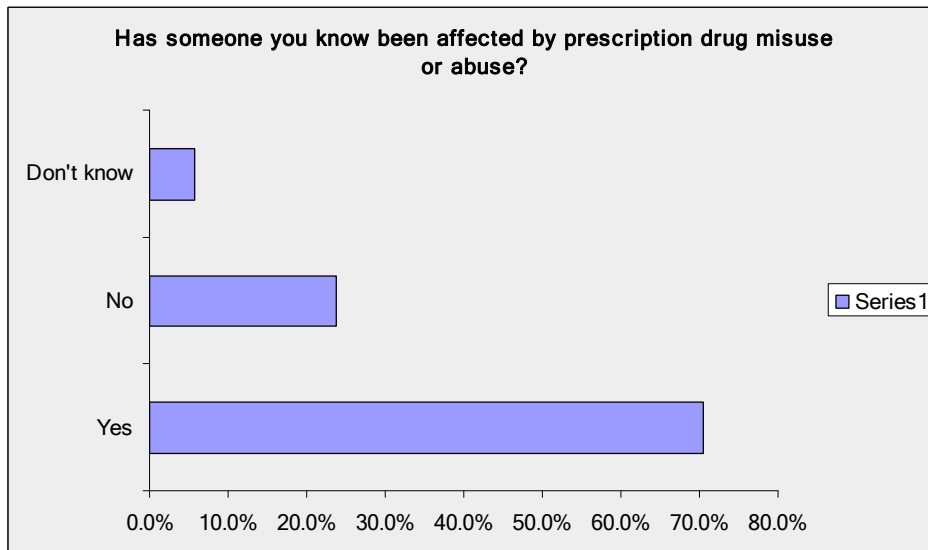
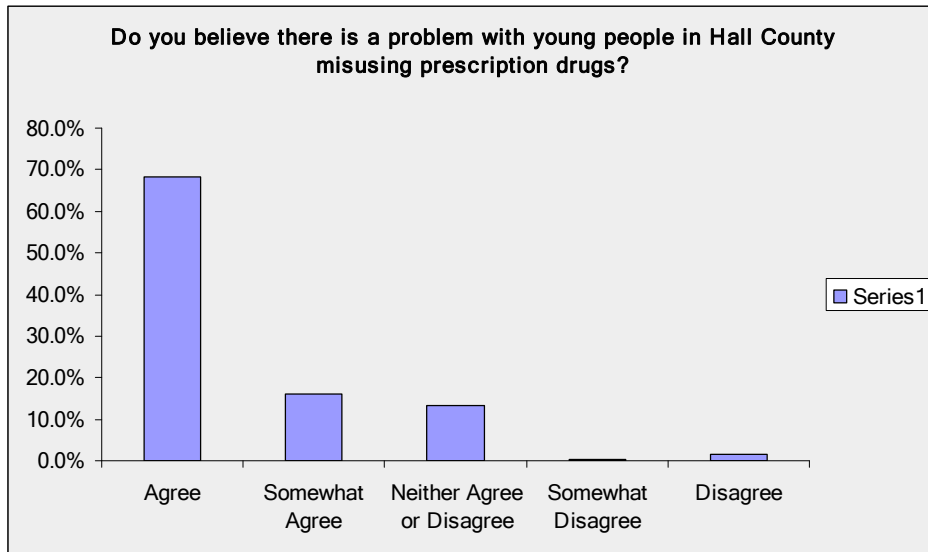
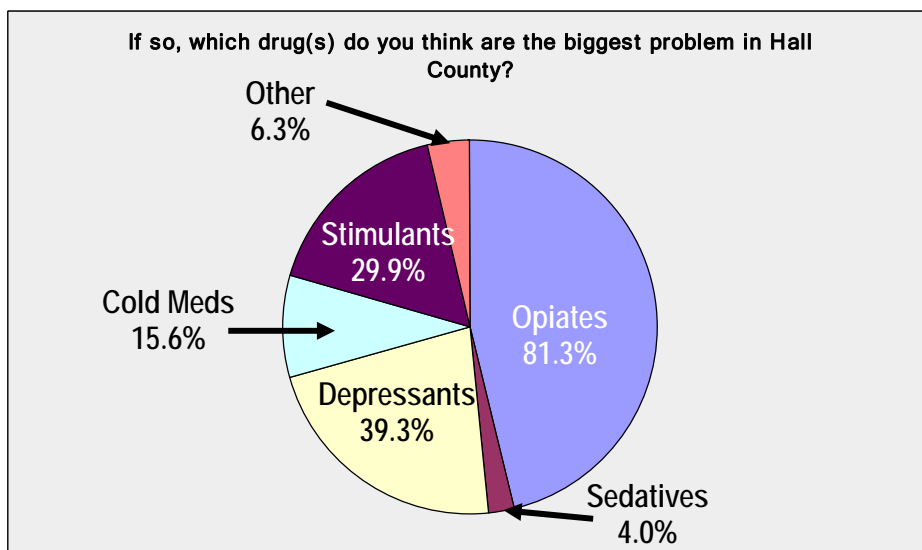


Figure 11.



When asked which drugs were being abused, participants recognized the types of drugs identified by experts as problem drugs; opiates (81.3%), depressants (39.3%) and stimulants (29.9%) as the three most common as seen in Figure 12.

Figure 12.



Other drugs, such as sedatives and over-the-counter medicines were selected less frequently. Most survey participants agreed that youth got drugs from their homes or

from friends as illustrated in Figure 13. However, some said that they got them from the street, and while some prescription drugs are sold on the street, most are taken from known sources (CADCA, 2011).

Figure 13.

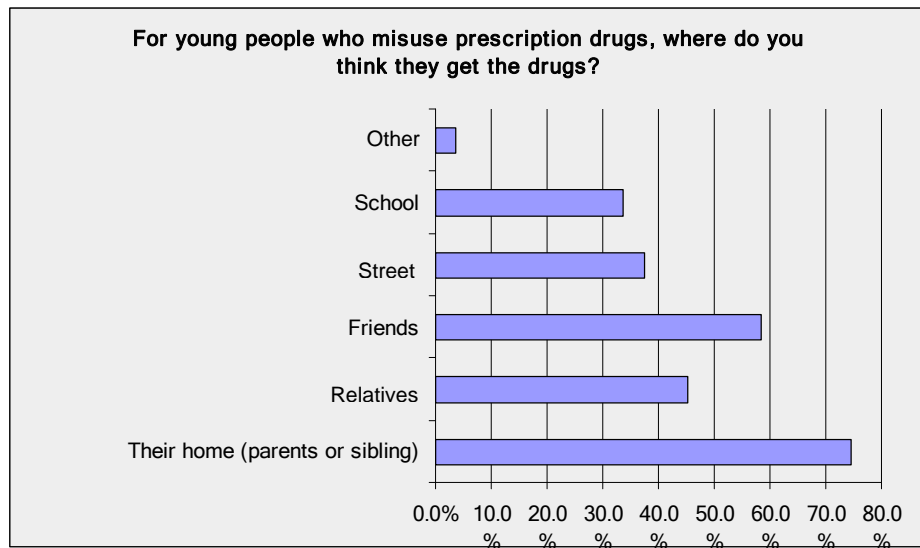


Figure 14.

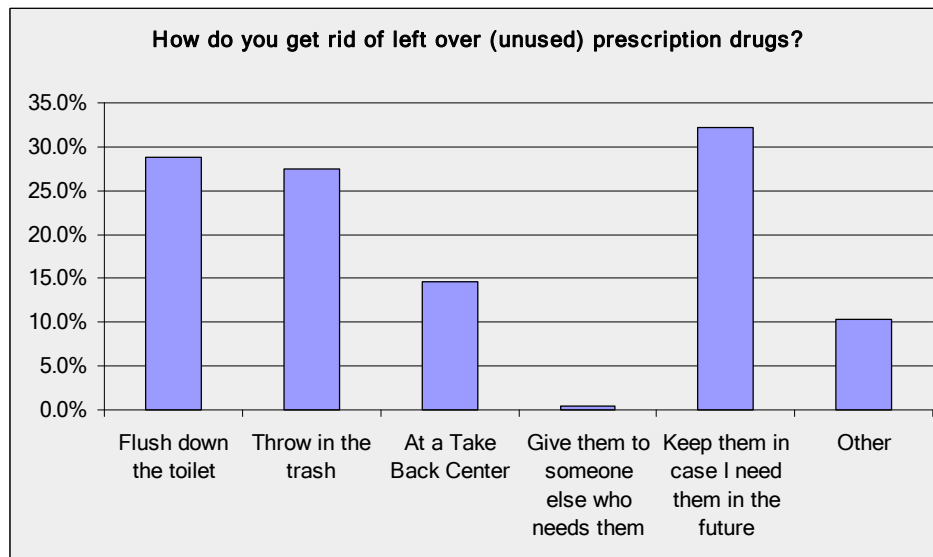
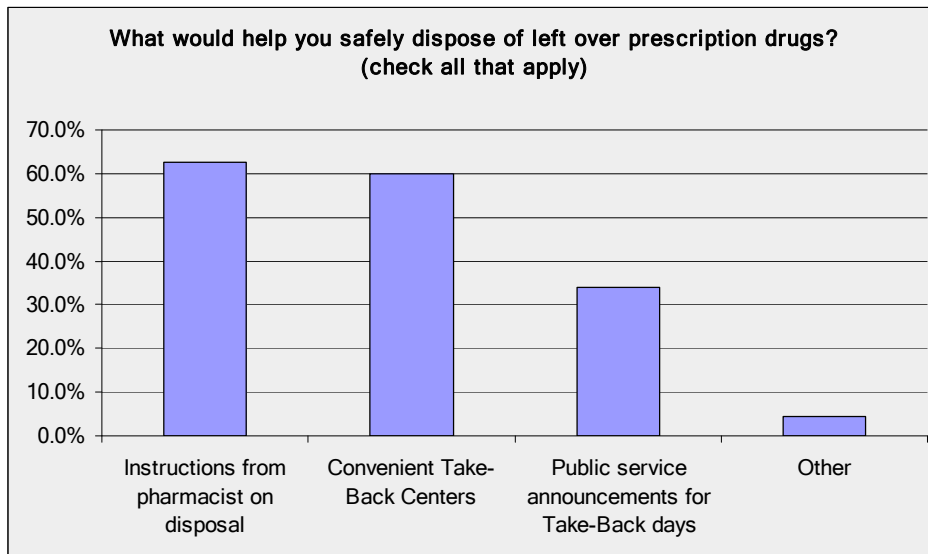


Figure 14 illustrates preferred disposal methods of drugs. Flushing them down the toilet or throwing them in the trash were the two most commonly chosen methods of

disposal. However, a greater number of people, (32.5%) said that they keep their drugs in case they need them in the future.

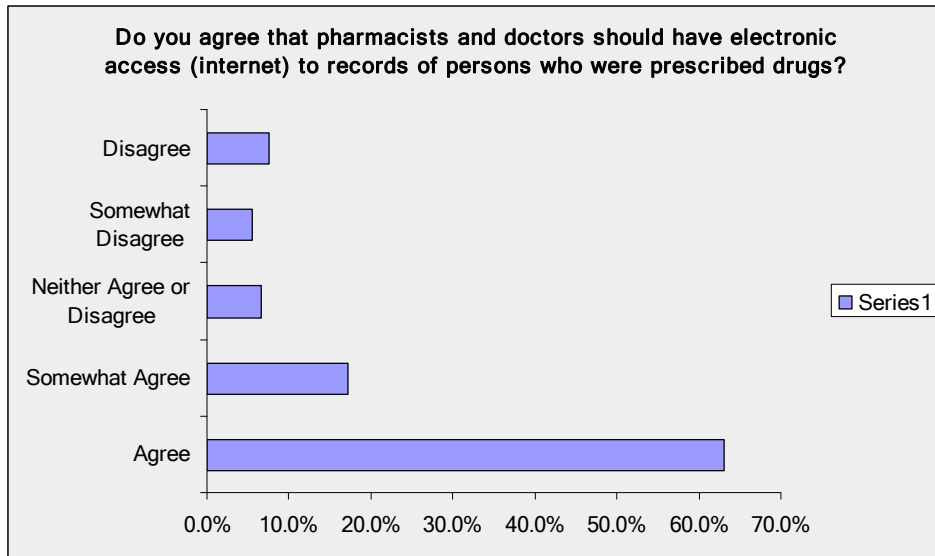
Over fifty-nine percent of adults said that they would utilize take-back centers if they were available, while others (60.5%) said they would like to have instructions from their pharmacists on how to safely dispose of drugs as seen in Figure 15.

Figure 15.



Thirty seven states now have Prescription Drug Monitoring Programs (PDMP), an electronic database for prescribed controlled substances that can be accessed by health care providers. Georgia and eleven other states have passed legislation for electronic databases, but the databases are not yet operational in these twelve states. Most respondents (82.4%) supported the use of state-run Prescription Drug Monitoring Programs (electronic databases) to allow pharmacists and physicians access to patients' controlled substance prescription records as shown in Figure 16. Electronic databases have been developed to prevent people from 'doctor shopping' to get multiple prescriptions filled (U.S. Department of Justice, 2011).

Figure 16.



Other Findings

It is important to point out that two Take-Back Events have been held in Hall County -- one in the spring and one in the fall of 2011. These events netted a total of 6.2 pounds of prescription drugs at the spring event and 44 pounds in the fall event (www.accessnorthga.com, 2011). Participants in the survey pointed to instructions from pharmacists and drug take-back events as the most important aids for disposing of unused and unwanted medications.

Over sixty percent of the population reported taking prescription drugs, yet only 5.7% reported locking their drugs in a locking drawer or medicine cabinet. A very large percentage, 57.9% admitted that others had access to their drugs, and 74.5% said they believed that youth who use drugs non-medically got the drugs from their homes.

When asked about drug disposal, a large number of people said they keep their unused drugs in case they need them in the future. When tied to the fact that these drugs are unsecured, one realizes how easily youth can obtain drugs.

A large number of adults (70.9%) reported knowing someone that had misused or abused prescription drugs. This is almost twice the number of youths (33%) that reported knowing someone that had misused or abused prescription drugs (Georgia Student Health Survey, 2010).

Summary

Communities like Hall County exist all across the state of Georgia and face these same issues. Knowing how easily youth can access these drugs, it is time to implement programs to prevent the diversion of prescription drugs to youth. First, this change must start with each individual ensuring that their prescription drugs are secured in their home. Next, communities should form coalitions to promote and hold drug take-back events to take unused prescription drugs from the hands of youth. Third, health care providers, pharmacists, and other health and medical entities must educate across society of the dangers of non-medical use of prescription drugs. More than one in four respondents said they threw their excess drugs in the trash. This can be another mode of accessibility for teenagers to get drugs.

Disposal of prescription drugs is one of the main concerns that was considered in this study. By far, the most safe and reliable method of disposing of prescription drugs is utilization of drug take-back events.

Chapter Five: Implications and Conclusions

Introduction

Prescription drug abuse is a public health problem that is facilitated by diversion of legally obtained and medically necessary drugs into the hands of those who use them non-medically. Many factors perpetuate prescription drug abuse, including easy access to drugs, unsecured storage of drugs in the home, and the incorrect assumption that 'legal' drugs are safer because they are prescribed by a doctor (CADCA, 2011).

A review of literature revealed that approximately 52 million (20%) Americans aged 12 or older has taken prescription drugs non-medically (NIDA, 2011). The survey of Hall County residents for this project found that 15.9% of respondents said that they would or might share their prescription drugs with others if asked. This is troubling when viewed with the facts that drugs are not secured in the home and that youth have access to these drugs in their homes. Add the belief of many youth that prescription drugs are safer than street drugs increases youth attraction to these drugs and this scenario becomes a recipe for disaster.

Summary of Study

This study focuses on learning the attitudes and beliefs of adults in Hall County about prescription drug use, abuse, storage, and disposal of drugs in order to develop educational messages and programs to lower the incidence of prescription drug abuse. In addition, it explores attitudes concerning sharing drugs with others and opinions about whether electronic databases called Prescription Drug Monitoring Programs (PDMPs) for tracking a patient's controlled substance prescription history should be used by pharmacists and physicians.

By learning the attitudes and opinions of residents in Hall County about prescription drug abuse, the Hall County Anti Drug Coalition will be better able to understand what types of messages will be needed to inform and educate the community. Additionally, learning the opinions about methods of disposal will be key to pursuing disposal methods such as drug take-back events or establishing drug take-back centers.

Conclusion

The findings from this study show that a significant number of adults in Hall County take prescription drugs and that these drugs remain unsecured in the home. Demographic information suggests that the respondents in the study are of the age to be parents of teenagers and therefore, implies that teens have access to drugs in the home. Furthermore, the 2010 Georgia Student Health Survey shows that a sizeable percentage of middle-and-high school students have tried, or are currently taking, prescription drugs non-medically. In addition, law enforcement records show that there were 20 overdose deaths related to prescription drugs in Hall County in 2010.

Drug availability is compounded by people who are willing to share their prescription drugs with others and by individuals who seek drugs from several different physicians. Therefore, limiting the number of excess drugs is critical to reducing the incidence of prescription drug abuse. Moreover, when asked, most adults taking the survey felt that doctors do not prescribe too many pills on one prescription, and many said that they held onto unused drugs in case they needed them in the future. Stockpiling leftover drugs can create a temptation for youth to take them since the drugs would probably not be monitored very closely in the home. This can contribute to youth taking

the drugs and sharing them with friends. A few respondents said that they give their unused drugs to others who need them, although it was a low number.

On a more positive note, most participants stated that drug take-back events would be helpful for them to dispose of their excess prescription drugs and many said they would like to have disposal information made available from their pharmacists. This could mean that adults would be open to information from their pharmacist about how to store their drugs as well.

Implications

The implications from this study are that the population in Hall County is aware of prescription drug abuse and most people are even conscious of the drugs that are most abused. However, few have taken any steps to secure drugs in their homes to reduce the opportunity for youth to get drugs at home. This creates a public health problem in two ways. First, it creates the possibility for young children or pets to get the medications and thus be unintentionally harmed. Second, youth can get them for non-medical use and share them with friends. This often leads to emergency room visits for youth or in some cases death.

Most respondents agree that they would dispose of unused drugs given a good method to do so and would welcome information from their pharmacists on disposal of drugs. Another positive implied message is that respondents are supportive of legislation such as establishing local drug take-back events and a statewide electronic database for controlled substances. By destroying excess quantities of drugs, the number of drugs diverted to non-medical use is greatly reduced. Additionally, Prescription Drug Monitoring Programs (electronic databases) would alert pharmacists and physicians of a

patient's prescription drug usage history, thereby identifying high-risk patients for early interventions (CDC, 2011).

Recommendations

From the conclusions drawn from the survey, it is evident that education about the dangers of prescription drugs is lacking. There are three areas that should become priorities for education: storing and securing drugs in the home, disposal of expired and excess drugs, and why drugs should not be shared. First, education messages should include information about the dangers of unsecured medications including the number of accidental poisonings and overdoses, the number of emergency department visits due to prescription drugs, and how to prevent youth from getting the drugs. Messages should be developed to target individuals in the four identified segments: healthcare and medical, legal and law enforcement, business, and the general public.

Several positive policy changes have occurred recently in the nation and the state of Georgia concerning prescription drug control and disposal. These legislative policies need to be acted upon by the local government in Hall County to provide methods for disposal of prescription drugs. The Safe and Secure Drug Act of 2010, now allows communities to organize and conduct drug take-back events. As mentioned previously, two of these events have been held in Hall County in Oakwood and Gainesville. All of the municipal police departments should work with the Hall County Sheriffs department to coordinate these take-back events. Stakeholders such as pharmacies, anti-drug coalitions, public health, schools, and others need to be involved in promoting and helping with this effort.

Awareness and education campaigns must also be developed to inform the four identified segments of actions they can take to help reduce prescription drug abuse. This effort should be a yearlong campaign with each of the segments highlighted during a particular quarter to keep the campaign fresh and allow new materials to be added frequently to keep a higher level of interest in the project. Every year each segment needs to be updated with new policies, ideas, and messages.

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Appendix 1: Approval Letter from Emory International Review Board

Davey Palmer
Principal Investigator
Public Health

RE: **Exemption of Human Subjects Research**
 IRB00052766
 Prescription Drug Abuse in Hall County Georgia: A Tough Pill to Swallow.

Dear Principal Investigator:

Thank you for submitting an application to the Emory IRB for the above-referenced project. Based on the information you have provided, we have determined on 11/1/2011 that although it is human subjects research, it is exempt from further IRB review and approval. This determination is good indefinitely unless substantive revisions to the study design (e.g., population or type of data to be obtained) occur which alter our analysis. Please consult the Emory IRB for clarification in case of such a change. Exempt projects do not require continuing renewal applications.

This project meets the criteria for exemption under 45 CFR 46.101(b)(2). Specifically, you will be conducting a survey of adult Hall County residents who elect to participate on their knowledge and attitudes concerning prescription drug abuse. The survey will be anonymous, i.e., will not have names or other identifiers or links to identifiers associated with it such that answers can be traced back to a particular individual. The following are associated with this approval:

- Protocol uploaded 10/11/2011
- Prescription Drug Survey uploaded 8/9/2011
- Survey Monkey links (English and Spanish versions)
- Information Sheet-Final ("52766 consent form") uploaded 11/1/2011
- Survey Request uploaded 11/1/2011
- A waiver of documentation of informed consent is granted.

Please note that the Belmont Report principles apply to this research: respect for persons, beneficence, and justice. You should use the informed consent materials reviewed by the IRB unless a waiver of consent was granted. Similarly, if HIPAA applies to this project, you should use the HIPAA patient authorization and revocation materials reviewed by the IRB unless a waiver was granted. CITI certification is required of all personnel conducting this research.

Unanticipated problems involving risk to subjects or others or violations of the HIPAA Privacy Rule must be reported promptly to the Emory IRB and the sponsoring agency (if any).

In future correspondence about this matter, please refer to the study ID shown above. Thank you.

Sincerely,

Regina Drake, M.Div.,CIP
Research Protocol Analyst
This letter has been digitally signed

Appendix 2: Participant Consent Form

Study No.: «ID»

Document Approved On: «ApproveDate»
Project Approval Expires On: «ExpireDate»

1)

2) *Emory University*
IRB

IRB use only

Emory University **About this Study**

Title: Prescription Drug Abuse in Hall County Georgia: A Tough Pill to Swallow.

The privacy and rights of those who join research studies are important to us. For this reason I am required to tell you how the information from this survey will be used and who you can contact if you have questions.

My name is Dave Palmer and I am a MPH candidate from Emory's Rollins School of Public Health. I am working on my thesis project on prescription drug abuse in Hall County, Georgia. The goal of this project is to help the Anti-Drug Coalition of Hall County, a nonprofit group, find effective ways to reduce the number of people who use prescription drugs non-medically.

You are being asked to join this study because you are a resident of Hall County who is at least 18 years old. We want to know how adults in the county think and feel about prescription drug abuse. There are 16 questions in the survey. There are no right or wrong answers. The survey will take about 10-15 minutes. You may choose to skip any question(s) or stop at any time, although completing all questions will be more helpful to us. We expect to enroll about 400 persons.

You have the right to refuse to be in this study. It will not affect any other programs or services which you receive. You will not benefit directly from being in the survey. However if you complete the survey, you will help with information that may be used by to develop programs that help the community.

I will keep all facts and information that you give me confidential. This is an anonymous survey so your name or other identifying data will not be placed on your answers or requested. No one with whom this data is shared, will be able to link your answers to you.

If you have any questions about this study, feel free to contact me (Dave Palmer) at (706) 244-9451. If you have questions, concerns or complaints concerning your rights in research, please contact the Emory Institutional Review Board at 404-712-0720 or toll-free at 1-877-503-9797.

Appendix 3: Request to Take the Survey

Survey about prescription drugs

Did you know that prescription drug abuse/misuse is one of the leading causes for emergency room visits in the U.S.? Or that approximately 2,500 young people try prescription drugs for non-medical reasons for the first time every day in the U.S.? (Source: Substance Abuse and Mental Health Services Administration)

The Hall County Anti-drug Coalition is seeking adults (18 years or older) to complete this 16 question survey about prescription drugs. Responses will be used to help us determine how to best proceed with programs in our area about prescription drug misuse and abuse. The survey is anonymous and you may quit at any time, but we hope that you will answer all of the questions. You should be able to complete the survey in about ten minutes. Thank you in advance for your time. If you have questions about this survey, please contact Dave Palmer at 706-244-9451.

You may access the survey online at:

<http://www.surveymonkey.com/s/VRKXZJC>

Appendix 4: Protocol

Prescription drug misuse is a growing problem among youth and young adults in our nation, our state, and our county. Many people believe that prescription drugs are safe because they are prescribed by a doctor. However, when taken for non-medical purposes, prescription drugs are as dangerous as illicit, or street drugs. One of the best ways to stop the abuse of prescription drugs is to limit the access to these drugs. Many experts argue that individuals need to be educated in proper storage and security of drugs. While this is certainly important, it is only a part of the solution. A much more effective method of controlling access is to destroy excess and expired prescription drugs in a controlled environment such as a drug take back program.

Background Nationwide, one in five teens (4.5 million) has abused prescription drugs and one in three teens reports knowing someone that has abused prescription drugs. Every day 2,500 youth try prescription drugs for the first time which results in about one million new youth who misuse prescription drugs each year. (National Institute on Drug Abuse. 2011)

In the U.S. an estimated 9.2 million people aged 12 or older (3.6 percent) were current users of illicit drugs other than marijuana in 2009. The majority of these (7.0 million persons or 2.8 percent of the population) used psychotherapeutic drugs non-medically. An estimated 5.3 million persons used pain relievers non-medically, 2.0 million used tranquilizers, 1.3 million used stimulants, and 370,000 used sedatives. (SAMHSA. 2010)

Purpose The intent of this project is to measure the awareness among adults about the misuse of prescription drugs by the youth in Hall County and to assist the Hall County

Anti-Drug Coalition in determining appropriate interventions to reduce the use of prescription drugs among youth. By learning the opinions and knowledge that residents have about prescription drug misuse, messages can be created to inform the population about how to reduce the illicit use of these drugs. Sharing important information and statistics with residents will help the community address this problem.

Significance Prescription drugs create problems when children or pets are accidentally poisoned by them or when individuals abuse them. The adverse health effects of illicit drug use can be significant, but vary greatly depending on the type of drug used and the mode, amount, and frequency of use. Mortality among injection drug users is high due to overdose and medical complications (e.g., HIV, hepatitis, bacterial endocarditis) of injecting contaminated materials. (Hogan. 2001) When taken under the supervision of a physician, prescription drugs can be lifesaving, but when abused, they can be as life-threatening as illicit drugs. Stimulants can elevate blood pressure, increase heart rate and respiration, cause sleep deprivation, and elicit paranoia. Their continued abuse, or even one high dose, can cause irregular heartbeat, heart failure, and seizures.

Painkillers and anti-anxiety medications can cause depressed respiration and even death, and CNS depressants can also induce seizures. Particularly dangerous is when young people indiscriminately mix and share prescription drugs, also combining them with alcohol or other drugs. This risky practice is likely to contribute to the growing trend of drug abuse-related emergency room visits involving prescribed narcotics. (Volkow. 2006)

Current illicit drug use among persons aged 12 or older varied by race/ethnicity in 2009, with the lowest rate occurring among Asians (3.7 percent) Rates were 18.3 percent

for American Indians or Alaska Natives, 14.3 percent for persons reporting two or more races, 9.6 percent for blacks, 8.8 percent for whites, and 7.9 percent for Hispanics.

(SAMHSA.2010)

To properly address the problem, an assessment of the community's knowledge and overall awareness about the situation will be conducted through the use of a survey. The survey of adults in the county will be performed asking pertinent questions to gather the information about prescription drug use, storage in the home, and disposal of expired and unused medications.

Research Question Are adults in Hall County, Georgia informed or are they in denial about the problems associated with prescription drug abuse among youth and young adults?

Literature Review Much is known about the effects of prescription drug abuse on individuals and society including events such as accidental poisoning of children, overdoses and death. The review of literature revealed that several factors contribute to prescription drug abuse including lax monitoring of quantity of drugs in the home, unsecured drugs in the home, and excess quantities of unused and expired medications. The perception that drugs prescribed by a physician are safer, even if used by a person to whom the drug was not prescribed because they have been approved by the FDA.

Ease of access to prescription drugs is perhaps the most concerning. While legislation and laws have provided more control of narcotics and medicines at the provider and pharmacy level, they often become easily accessible in the home. Therefore, it is very important to educate the public about the hazards and risks associated with prescription drugs.

Authors	Objective	Design	Methods	Results	Strengths	Limitations
Birnbaum, HG, et al 2011	Estimate societal costs of prescrip. drug abuse	Costs grouped in health care, work place and justice system	Quantity and apportionment formulas	Societal costs \$55B Work place cost \$26B Health care cost \$25B Judicial costs \$5B	Shows substantial and growing burden on society	Study does not consider intangible costs such as emotional or psychological burden on families and society
Hogan, CJ, et al RWJF 2001	Review trends in substance abuse in the US	Literature review and secondary data analysis	Cross sectional surveys and trend data	Substance abuse is the nation's number one health problem	Data includes many years of reseach including sub groups	Gaps in years when research was not conducted
SAMHSA <i>The NSDUH Report</i> 2002 - 2007	Study non medical use of prescription drugs among youth	Face-to-face interviews with representative sample in residence	Cross sectional surveys and trend data	Data collected for various age groups, gender and socio-economic groups	Specific data gathered about prescription drugs	Subjects may not be truthful in responses
Siler, S. et al, 2010	Prescription drug disposal	Review of laws and policies regarding disposal	Literature and law reviews	Data collected from states, agencies and pharmaceutical companies	Data from many sources	Laws and policies may be difficult to interpret or to change

This study will allow the Anti-Drug Coalition of Hall County to identify areas where residents need additional information and education to help reduce prescription drug abuse among youth. The survey will be distributed widely throughout the community to get as large a sample as possible. Responses will be collected and analyzed to determine the level of knowledge about prescription drug abuse in the community.

Objective	Outcomes	Method of measurement
Determine level of knowledge about prescription drug abuse	Develop education campaign	Questionnaire
Determine level of knowledge about safe disposal of drugs	Develop education campaign	Questionnaire

Study Design The study will consist of a sixteen question survey.

Study Period The study period will be September 2011 until October 2011.

Study Subjects Residents of Hall County, Georgia will be asked to complete the questionnaire.

Sample Size We will attempt to get as many participants as possible within the study period.

Method of Recruitment Participants will be recruited through email, web sites, media, schools, churches, and coalition members.

Intervention Education campaign about prescription drug abuse and how to reduce non-medical abuse by using drug take-back centers and proper drug disposal.

Ethical Consideration This is an anonymous questionnaire that allows the participant to skip questions or to quit at any time. None of the questions on the questionnaire are intended to cause the participant to be uncomfortable or to cause stress. The survey does seek to gather demographic information as well as information about the subject.

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Appendix 5: Survey Questions

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1. Participant Consent

Emory University
About this Study

Title: Prescription Drug Abuse in Hall County Georgia: A Tough Pill to Swallow.

The privacy and rights of those who join research studies are important to us. For this reason I am required to tell you how the information from this survey will be used and who you can contact if you have questions.

My name is Dave Palmer and I am a MPH candidate from Emory's Rollins School of Public Health. I am working on my thesis project on prescription drug abuse in Hall County, Georgia. The goal of this project is to help the Anti-Drug Coalition of Hall County, a nonprofit group, find effective ways to reduce the number of people who use prescription drugs non-medically.

You are being asked to join this study because you are a resident of Hall County who is at least 18 years old. We want to know how adults in the county think and feel about prescription drug abuse. There are 16 questions in the survey. There are no right or wrong answers. The survey will take about 10-15 minutes. You may choose to skip any question(s) or stop at any time, although completing all questions will be more helpful to us. We expect to enroll about 400 persons.

You have the right to refuse to be in this study. It will not affect any other programs or services which you receive. You will not benefit directly from being in the survey. However if you complete the survey, you will help with information that may be used by to develop programs that help the community.

I will keep all facts and information that you give me confidential. This is an anonymous survey so your name or other identifying data will not be placed on your answers or requested. No one with whom this data is shared, will be able to link your answers to you.

If you have any questions about this study, feel free to contact me (Dave Palmer) at (706) 244-9451. If you have questions, concerns or complaints concerning your rights in research, please contact the Emory Institutional Review Board at 404-712-0720 or toll-free at 1-877-503-9797.

Next

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Exit this survey

2. Prescription Drug Use Survey

Participant Information

1. What is your gender?

- What is your gender? Male
- Female

2. What is your age?

- What is your age? 18-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70 or older

3. What is your ethnicity or race?

- What is your ethnicity or race? Caucasian or Non-Hispanic White
- Hispanic or Latino
- Black or African American
- Asian or Asian American
- American Indian or Alaska Native
- Hawaiian or Pacific Islander
- Multi-racial
- Other

(please specify)

Survey Questions

4. Do you currently take any prescription drug?

- Do you currently take any prescription drug? Yes
- No

5. At your home, do other people have access to your prescription drugs?

- At your home, do other people have access to your prescription drugs? Yes

- No

6. Where do you keep your prescription drugs? (Check all that apply)

- Where do you keep your prescription drugs? (Check all that apply) Kitchen cabinet
- Bathroom cabinet
- Locked drawer
- Locked medicine cabinet
- Bedroom nightstand
- Other

(please specify)

7. If asked, I would share my prescription drugs with others?

- If asked, I would share my prescription drugs with others? Agree
- Somewhat Agree
- Neither Agree or Disagree
- Somewhat Disagree
- Disagree

8. In your opinion, does your doctor give you too many pills on one prescription?

- In your opinion, does your doctor give you too many pills on one prescription? Agree
- Somewhat Agree
- Neither Agree or Disagree
- Somewhat Disagree
- Disagree

9. Has someone you know been affected by prescription drug misuse or abuse?

- Has someone you know been affected by prescription drug misuse or abuse? Yes
- No
- Don't know

10. Do you believe there is a problem with young people in Hall County misusing prescription drugs?

- Do you believe there is a problem with young people in Hall County misusing prescription drugs? Agree
- Somewhat Agree
- Neither Agree or Disagree
- Somewhat Disagree
- Disagree

11. If so, which drug(s) do you think are the biggest problem in Hall County?

- If so, which drug(s) do you think are the biggest problem in Hall County?
Opiates (examples: Vicodin, Percocet, OxyContin, Lortab, Lorcet, Hydrocodone)
- Sedatives (examples: Nembutal, Seconal, Ambien, Sonata)
- Depressants/Tranquilizers (examples: Xanax, Valium, Ativan, Halcion, Klonopin)
- Cold Medicine (examples: Robitussin A-C Syrup, MyTussin AC Cough Syrup, Coricidan D)
- Stimulants/Amphetamines (examples: Ritalin, Adderall, Dexadrine, Concerta)
- Other

(please specify)

12. For young people who misuse prescription drugs, where do you think they get the drugs?

- For young people who misuse prescription drugs, where do you think they get the drugs? Their home (parents or sibling)
- Relative's home (grandparent, aunt/uncle, cousin)
- Friends
- Purchase on the street
- School
- Other

(please specify)

13. How do you get rid of left over (unused) prescription drugs?

- How do you get rid of left over (unused) prescription drugs? Flush down the toilet
- Throw in the trash
- At a Take Back Center

- Give them to someone else who needs them
- Keep them in case I need them in the future
- Other

(please specify)

14. What would help you safely dispose of left over prescription drugs? (check all that apply)

- What would help you safely dispose of left over prescription drugs? (check all that apply) Instructions from pharmacist on disposal
- Convenient Take-Back Centers
- Public service announcements for Take-Back days
- Other

(please specify)

15. Do you agree that pharmacists and doctors should have electronic access (internet) to records of persons who were prescribed drugs?

- Do you agree that pharmacists and doctors should have electronic access (internet) to records of persons who were prescribed drugs? Agree
- Somewhat Agree
- Neither Agree or Disagree
- Somewhat Disagree
- Disagree

16. You were asked to take this survey as a participant in a (check the group that best fits)?

- You were asked to take this survey as a participant in a (check the group that best fits)? Take Back Program event
- Community Focus Group
- Health and Wellness Expo Fair
- Worksite meeting
- Public meeting
- Church group
- Other

(please specify)

Prev Done

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