



Maryland Poison Center  
University of Maryland School of Pharmacy

1-800-222-1222

# Poison Prevention Press

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## Nonmedical Use of Prescription Medicines

### Proper Disposal of Medicine

- Take medicine to a drug take-back program, often located at local law enforcement offices.
- Flush medicines down the toilet or drain *only* when the patient information sheet tells you to do so. See more information at the [FDA website](#).
- To discard medicines at home, mix them with kitty litter or used coffee grounds. Put the mixture in a disposable container with a lid or into a sealable bag and place the container in the trash.

### Did you know that...

- According to 2008 Maryland Department of Health and Mental Hygiene data, the leading cause of injury-related death was poisoning, which includes medicines and illicit drugs.
- Approximately 70% of poisoning and overdose calls to the Maryland Poison Center in 2009 involved a drug.



MayoClinic.com defines prescription drug abuse as the use of a prescription in a way not intended by the prescribing doctor. This includes taking a friend's pain pill for your toothache. This may seem like a good idea at the time, but it could be a recipe for disaster. In fact, emergency room visits involving the nonmedical use of narcotic pain relievers have risen dramatically in the past few years.

According to the 2009 National Survey on Drug Use and Health (NSDUH), 7 million people age 12 or older admitted to using a prescription medicine nonmedically (without a doctor's order) in the month prior to being surveyed. Among individuals who used a pain medicine without the approval of a doctor, over half said they got the drug from someone they knew and did not pay for it. The nonmedical use of prescription drugs increased in adults aged 18-25 from 2002-2009. This was driven mainly by an increase in pain reliever misuse. Nonmedical use of pain relievers was second only to marijuana use in persons age 12 or older new to substance abuse.<sup>1</sup>

Current drug overdose statistics are alarming. Deaths from drug overdoses are second only to motor vehicle crashes according to studies from the Centers for Disease Control and Prevention (CDC). This increase is mainly due to prescription opioid painkillers. Examples of opioids are oxycodone, hydrocodone, and methadone. They are very effective at relieving pain, but when taken in too large of a quantity they can slow breathing enough to cause death. Because doctors are currently treating pain more aggressively, the use of opioid painkillers is 10 times higher now than it was 20 years ago. As a result, more households have opioid painkillers in their medicine cabinets than before. Often, a physician will prescribe more pills than the patient needs for their pain, causing there to be leftover medications in the home.<sup>2</sup>

The nonmedical use of prescription medicines occurs in all age groups. According to the 2009 Monitoring the Future Survey, about 9.5% of 12<sup>th</sup>-grade students said they used a narcotic (including oxycodone and hydrocodone), in the last 12 months. Over 35% of 12<sup>th</sup> grade students said it was "fairly easy" or "very easy" to get a hold of a narcotic. The CDC reports that the highest drug overdose death rate is seen in people age 45-54. The number of emergency department visits involving prescription misuse and abuse by adults age 50 and older has more than doubled from 2004-2008.

How can we stop this trend? First, only use medicines prescribed for you by your doctor. Second, discard unused medicine as soon as you no longer need it. Third, be aware of the medicines in your house and be alert when there may be quantities missing. If you think someone has taken too much of a medicine or is having a reaction to taking someone else's medicine, call the poison center at 1-800-222-1222 right away.

<sup>1</sup><http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9Results.htm#7.1>

<sup>2</sup>[http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/brief\\_full\\_page.htm](http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/brief_full_page.htm)