

## Prescription Drug Abuse and Diversion: The Hidden Crisis

### The Extent of the Problem

The misuse, abuse and illegal diversion of licit or prescription medications has received less media attention, less public funding, less legal scrutiny and less political priority than other drug-related problems. Data from national self-report surveys, hospital emergency room admissions and treatment records, poison control centers and even morbidity and mortality reports suggest the problem is quite larger than perceived.

While overall illegal drug use has declined or remained steady in recent years, the use and abuse of prescription and over the counter drugs has increased, especially in the teen and young adult population where prescription drugs are abused more than any other drug with the exception of marijuana. Of note, the number of teens abusing prescription and over the counter drugs is greater than the number abusing cocaine, heroin and methamphetamine combined (Office of National Drug Control Policy, 2008). Data from the National Survey on Drug Use and Health (2008) suggest that more than 2 million teens abuse prescription drugs each year. Prescription drugs, in fact, are the drug of choice for 12 and 13 year olds.

Forty percent of teens believe that it is safer to abuse prescription drugs versus illegal drugs while 30 percent of these teens believe that prescription pain killers are not addictive (Partnership Attitude Tracking Study, 2006). However, treatment center admission data suggest otherwise, with the number of persons admitted for the abuse of pain relief medications growing 300 percent from 1995 to 2005 (Treatment Episode Data Set, 2006). More recent admission data indicate an alarming rise in the number of prescription drug abusers, with increases occurring among both males and females, all racial/ethnic groups, all age groups and also across all socioeconomic status sets (Office of National Drug Control Policy, 2010).



National data on hospital emergency room visits document a dramatic escalation in the number of admissions for non-medical use of prescription and over-the-counter drugs. The number of admissions grew from 538,247 in 2004 to 971,914 in 2008; an increase of 81 percent. In contrast, there was less than one percent increase in the number of visits involving illicit drugs such as cocaine, heroin, marijuana and methamphetamine (Office of National Drug Control Policy, 2010b).

Likewise, unintentional poisoning deaths from psychotherapeutic drugs, such as sedatives and anti-depressants, increased 84 percent between 1999 and 2004 (Centers for Disease Control and Prevention, 2007). During 2007 alone, the number of deaths attributable to opioid analgesics, such as Oxycontin®, Vicodin® and methadone, nearly doubled those caused by cocaine and was five times greater than the number involving heroin (Centers for Disease Control and Prevention, 2010).

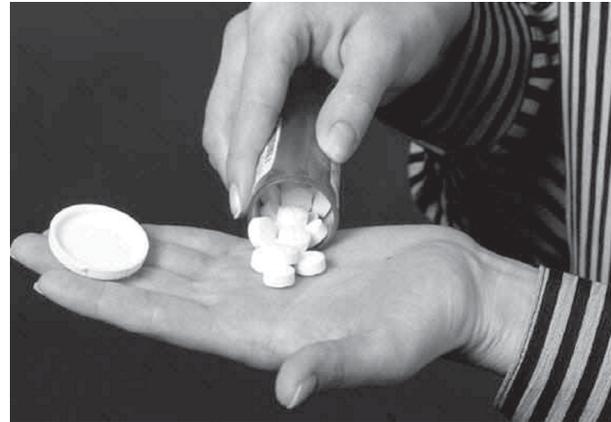
The deleterious effect of this abuse is only exacerbated by the fact that prescription drugs are widely available, fairly easy to obtain and relatively inexpensive in relation to most illegal drugs. Obtaining prescription drugs from dealers of illicit drugs or through Internet purchases are extremely rare. In reported cases, only six percent of people who use prescription drugs for non-medical purposes use these as their

## Prescription Drug Abuse and Diversion: The Hidden Crisis

drug source (NSDUH, 2010). Seventy percent of people who abuse prescription pain killers and 64 percent of teens who abuse these drugs report receiving them from family or friends often without their knowledge. Nearly half of the teens also report that the drugs were obtained at no cost (NSDUH, 2008). Additionally, the majority of teens agree that prescription drugs are “everywhere” with 60 percent taking them from their parents’ medicine cabinets or through someone else’s prescription. Nearly one in five students who were legally prescribed stimulants were asked by their peers to give away, sell or trade their medication (Wilens, Adler, Adams, Sgambati, Rotrosen, Sawtelle, Utzinger and Fusillo, 2008). These teens also state that there is less shame or stigma associated with using prescription pain killers, that it is acceptable because they are not illegal and that they are easier to obtain compared to illicit drugs (Partnership Attitude Tracking Study, 2006).

North Carolina specific data extracted from the NSDUH (2008) indicate that seven to eight percent of teen respondents, in the age range of 12 to 17, reported that they used a pain killer for non-medical purposes in the past year. Responses from young adults, aged 18 to 25, were higher with 10 to 12 percent reporting non-medical usage while only two to three percent of adults aged 26 and older reported the same. Recent data from the Youth Risk Behavior Survey (2009) paint a grimmer picture with three percent of 6th graders reporting that they have used pain killers such as Oxycontin®, Percocet® or Demerol® without a physician’s prescription. Fourteen percent of the responding ninth graders noted the same with usage gaining in frequency to nearly one in four high school seniors.

Historical threat assessment statistics indicate that the diversion of pharmaceuticals for illegal purposes was identified as a growing problem at the turn of the century, with prescription drug thefts increasing 111 percent from 1995 to 2000 (National Drug Intelligence Center, 2003). The International Narcotics Control Board predicted in 2006 that on a worldwide basis prescription drug abuse would soon surpass illegal drug abuse with narcotic and psychotropic medications becoming the drug of choice. This trend would subsequently lead to an increase in prescription drug trafficking, diversion and the production of counterfeit substances (Kuehn,



2007). Analysis further predicted an increase in the theft, illegal diversion and distribution of Oxycontin®.

Inciardi, Surratt, Kurtz and Burke (2006) studied drug diversion police case files in Cincinnati, Ohio, over an eleven year period. Findings indicated that hospitals were the most frequent source of reported diversion cases followed by pharmacies. These researchers further reported that opioids and benzodiazepines were the most commonly diverted drugs with nurses, nursing assistants and medical assistants being involved in nearly 75 percent of the cases.

More recent data from the Diversion and Environmental Crimes Unit of the North Carolina State Bureau of Investigation validates this prediction. Since 2004, this agency’s diverted drug caseload swelled from 40 to 208 in 2009 — an astounding 420 percent increase. A concurrent or simultaneous increase in the number of statewide diversion arrests also occurred as charges grew from 2,139 in 1998 to 11,465 in 2009 (436%). The top drugs being diverted in North Carolina include hydrocodone, which has been the most prevalent medication since 2005, oxycodone, alprazolam, methadone and phentermine. In addition, Ambien® diversion has become more common in the last two years (Bowman, 2010).

According to data provided by the United States Drug Enforcement Agency (2011), at least 2,846 cases of prescription drug theft and loss reportedly occurred in North Carolina between 2000 and 2010. Despite tight security and other regulatory controlling and maintenance safeguards, this still equates to nearly 285 cases a year, with the majority of these cases involving incidents at pharmacies (60.6%). Of the 1,725 pharmacy incidents, 26 percent were a result of employee pilferage, 20 percent were attributed to

## Prescription Drug Abuse and Diversion: The Hidden Crisis

night time break-ins and armed robberies, and nearly seven percent involved incidents in which the drugs were lost in transit. Customer theft merely accounted for three percent of these reported incidents.

Similar incidents at hospitals and clinics accounted for 19 percent of the total 2,846 cases followed by losses and thefts from distributors (11.1%) and practitioners (6.3%). Irrespective of incident location the most commonly stolen, lost and diverted drugs were oxycodone, which was involved in nearly half of the incidents (44.8%), followed by hydrocodone (33%), alprazolam (14.2%) and morphine (11.7%). In terms of the types of drugs being diverted, records from both state and federal law enforcement officials are nearly identical with most cases involving the same drugs. The exception to this is that state officials are investigating more cases involving hydrocodone while more federal cases involve oxycodone.

### Creation of a State Controlled Substances Reporting System

System or administrative data from the state's Controlled Substances Reporting System (CSRS), which was created by general statute (N.C.G.S. 90-113.70) in 2005, document the voluminous number of prescriptions and drugs which are being processed and are available across the state. Data for the first half of 2010 reveal that 459,214 people received prescriptions for Schedule II drugs for a total of 146.6 million doses, averaging over 15 per person in North Carolina. Combining prescriptions for Schedule III and IV drugs produces over two million people (N=2,488,186) with 375.6 million doses, or approximately 39 doses for each person in the state. Over 27 percent of the population received at least one script or prescription during this period. The CSRS now includes information on more than 53.5 million prescriptions with over 7,400 dispensers and practitioners being registered to use and query the system. Currently there are, on average, 2,200 queries a day with more than 1 million occurring since reporting began in July 2007 (Bronson, 2010).

### Methods

#### *Survey Instrument*

In an effort to collect information on the number of prescription drug abuse and diversion cases over the past year, as well as on short-term trends within the respondents' respective jurisdictions, a 19-item

survey questionnaire was developed. Questions were included to identify the basic case attributes of this phenomenon such as the age of offenders, type of drugs, drug sources and perceptions of the severity of the problem. The questionnaire also included items to ascertain the divergence or convergence of illegal drugs and prescription medicines in the underground market as well. Respondents were also provided with the opportunity to offer policy and programmatic recommendations for addressing the issue of illegal prescription drug abuse and diversion.

#### *Survey Sample*

Two separate stratified survey samples were drawn, one for police departments and another for sheriffs' offices. The number of agencies selected to receive a survey was derived by dividing the total number of agencies into proportionate groups based upon the average or mean population of their respective jurisdictions and the standard deviation. A power analysis calculator was used to determine the required number of surveys at the 95<sup>th</sup> confidence intervals. Agencies were randomly selected from each group with the total sample obtained being proportionate to the entire group's statewide population coverage.

For example, the mean or average population coverage for local law enforcement agencies is 13,628 with a standard deviation of 50,645. Group I consisted of the smallest agencies with jurisdictions ranging from a low of 88 citizens to the sample mean (13,648). Group II contained agencies with populations from the sample mean to one standard deviation above (64,274). Group III contained larger agencies from 64,274 to two standard deviations above the mean (114,919). The largest group contained police



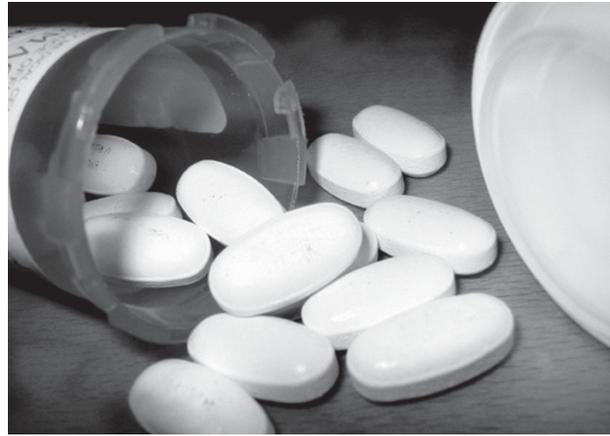
## Prescription Drug Abuse and Diversion: The Hidden Crisis

agencies who patrol the state's largest cities as defined as being two or more standard deviations above the mean or average city population (114,920 residents or greater).

In order to ensure study reliability, the required sample size from a total number of 349 police agencies was determined to be 183 randomly selected agencies. The number of agencies within the smallest group represented 83.6 percent of the total number of police departments in the state, thus 83.6 percent of the required 183 sampled agencies were randomly drawn from this group (N=153). This process was completed for each group with the number of selected agencies corresponding to the group's respective percentage of the total. Group II agencies represented 12.4 percent of the total police departments, thus 23 departments were randomly selected from these strata (183 x 12.4%). Groups III and IV each represented two percent, so four departments were included from each group.

The number of required sheriffs' offices to receive surveys was calculated to be 80 in order to ensure study reliability and generalizability. The average population coverage for the state's sheriffs' offices is 41,850 with a standard deviation of 32,609 residents. Again, the offices were divided into four strata with Group I containing those offices which provided protection to the state's smallest counties ranging in population from a statewide low of 4,290 to the sample average of 41,850. This group represented 62 percent of the state's sheriffs' offices so consequently 62 percent of the required 80 surveys were mailed to offices within this group (N=50). Group II included offices with average population jurisdictions between 41,851 and 74,460 and represented 21 percent of the total number of offices, thus 21 percent, or 16, of the required 80 agencies were randomly selected to receive surveys. Group III included 13 percent of the total agencies with jurisdictions ranging from 74,461 to 107,070 citizens while the remaining group contained four percent of the state's sheriffs' offices, which provide protection to counties with more than 107,070. Ten agencies from Group III and four agencies from the last group were randomly selected to complete the required 80 agencies to be administered a survey.

Thirty-four hospitals across North Carolina have police agencies that conduct active investigations



concerning criminal activities that occur on hospital property. All of these agencies, because they house pharmaceutical supplies and deal directly with prescription medicines, were selected and mailed a survey.

### **Results**

A total of 91 surveys were completed and returned for a sample wide return rate of approximately 31 percent (30.6%). Representatives from 57 law enforcement agencies, 31 sheriff's offices and three hospitals responded.

### ***Documenting the Nature and Extent of Prescription Drug Abuse and Diversion***

The survey respondents were asked about the level of prescription drug abuse within their respective jurisdictions and the extent to which it has changed over the last five years and more specifically the past year. Nearly 75 percent stated that they have noticed a significant increase in prescription drug abuse since 2006, with another 15 percent noting a slight increase. Only 11 respondents (12.1%) stated that prescription drug abuse had not changed or had slightly declined during the past five years. Short-term trends indicate an increase in this behavior over the past year, but fewer respondents described it as severe or as significant (45.1%) when contrasted with the past five years. Thirty (33%) respondents noted a slight increase with the remaining 20 (22%) suggesting that prescription drug abuse has remained the same or declined in their areas during the last year.

In an effort to obtain more reliable information on the extent of prescription drug abuse and diversion, respondents were asked to provide data on the number of investigations which were conducted by

## Prescription Drug Abuse and Diversion: The Hidden Crisis

their respective organizations during 2010. Almost all (96.7%) of respondents were able to provide this information. These data reflect cases involving only prescription drugs and do not include cases in which prescription drugs and illegal drugs were both being investigated or discovered. Across these 88 different law enforcement agencies, a cumulative total of 4,499 cases were investigated, ranging from a low of zero to a sample high of 556. This equates to an average of 51 prescription drug abuse and diversion cases per agency.

Translating these numbers into rates per 100,000 citizens provides for more accuracy and standardization when drawing comparisons across jurisdictions, over distinct time periods or with other types of reported crime. The prescription drug case investigation rate among the responding law enforcement agencies ranged from 14 per 100,000, excluding those agencies with no reported cases, to a high of 4,829 per capita. The sample mean was 356 cases per 100,000 residents.

Comparing this rate to the reported crime rate for various offenses puts the issue of prescription drug diversion into context and provides further support for the assertion that this is a serious issue among North Carolina's population. In 2010, the latest year for which crime statistics are available, the state's murder rate was 5.1 per 100,000, followed by 21.5 forcible rapes, 105 robberies and 242.7 reported aggravated assaults per capita. The motor vehicle theft rate and reported arson rate were 192.5 and 20.6 respectively. Only reported burglaries (1,125.7 per capita) and reported larceny-thefts (2,263.2 per 100,000) had higher rates compared to prescription drug case investigations (North Carolina Department of Justice, 2010).

Survey questions asked participants to elucidate on how the number of prescription drug investigations in 2010 compared to the previous year and on the ratio of prescription drug investigations to total drug investigations, both legal and illegal. Respondents were also asked to rank the severity of their community's prescription drug abuse and diversion problem in relation to other types

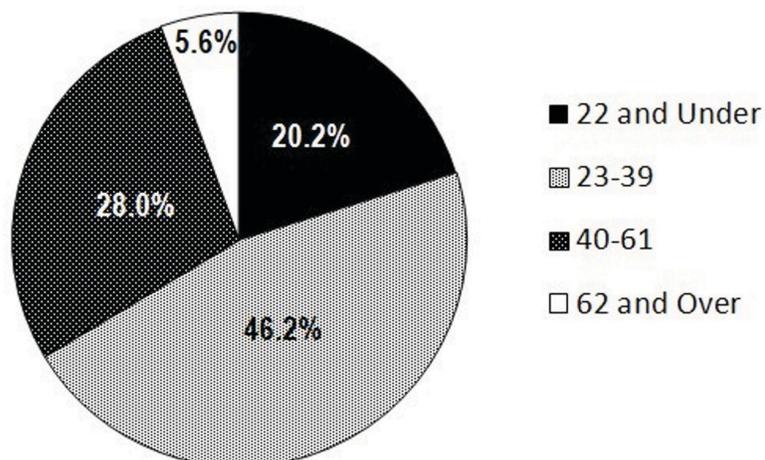
of criminal behavior and community issues such as illegal drug use, firearm violations and gangs. Seventy percent of the survey participants declared that the number of case investigations had either significantly increased (23.3%) or slightly increased (46.7%) from 2009 to 2010. The remaining thirty percent reported either no change (20%) or a slight drop (10%) over the two year period. Four individuals reported that prescription drug abuse cases were minimal or almost non-existent when considering them as a percentage of the total number of all drug case investigations, while another four reported that prescription drug cases constituted all of their total drug case investigations. The remaining respondents reported that on average, 34 percent of their total drug case investigations involved prescription medications.

### *Types of Prescription Drugs, Drug Sources and Diversion Offender Attributes*

Demographic information was available for 4,215 of the 4,499 case investigations which were reported by the 91 survey participants. As Figure 1 illustrates, 20 percent (N=851) involved juvenile and youthful offenders who were 22 years of age or under. Just over 46 percent (N=1,945) of the reported cases involved perpetrators in the age range of 23 to 39, 28 percent (N=1,182) who were in the age range of 40 to 61, and the remaining cases (N=237) involving senior citizens over the age of 61.

Among case investigations, the most common offense type reported was possession with intent

**Figure 1: Prescription Drug Diversion Cases by Age of Offender**



## Prescription Drug Abuse and Diversion: The Hidden Crisis



to sell and deliver (30.3%), with 1,170 cases of the 3,865 cases for which data were available. Nearly one-quarter (24.1%) of the cases involved simple possession of prescription drugs, while 14 percent of the investigations involved the trafficking or importing of large quantities of medications. More than 13 percent of the cases involved investigations where prescription drugs were reported as stolen through acts of larceny-theft. The remaining case investigations involved other offenses such as prescription fraud and forgery with 422 (11%) cases and 63 (1.6%) cases of reported doctor shopping. Less common investigations where prescription drugs were associated with the case included armed robbery and Medicaid or insurance fraud.

**Table 1: Prescription Drug Diversion by Offense Type**

Offense Type	Percent
Possession with intent to sell/deliver	30.3%
Simple possession	24.2%
Trafficking/Importing	13.9%
Larceny-theft	13.2%
Prescription fraud/forgery	10.9%
Doctor shopping	1.6%
Other	5.9%

As Table 2 depicts, oxycodone, hydrocodone, and Xanax® were the three most commonly reported drugs associated with the prescription drug case investigations carried out last year. Over one-half of respondents encountered these substances during their work, with slightly less than one-half encountering Percocet®, and more than one-third

reporting Oxycontin® as a commonly occurring drug. Slightly more than one-quarter reported methadone, with less than 20 percent reporting the other drugs listed as being common in their case investigations.

**Table 2: Frequency of Drugs Encountered/ Reported and Percent Reporting**

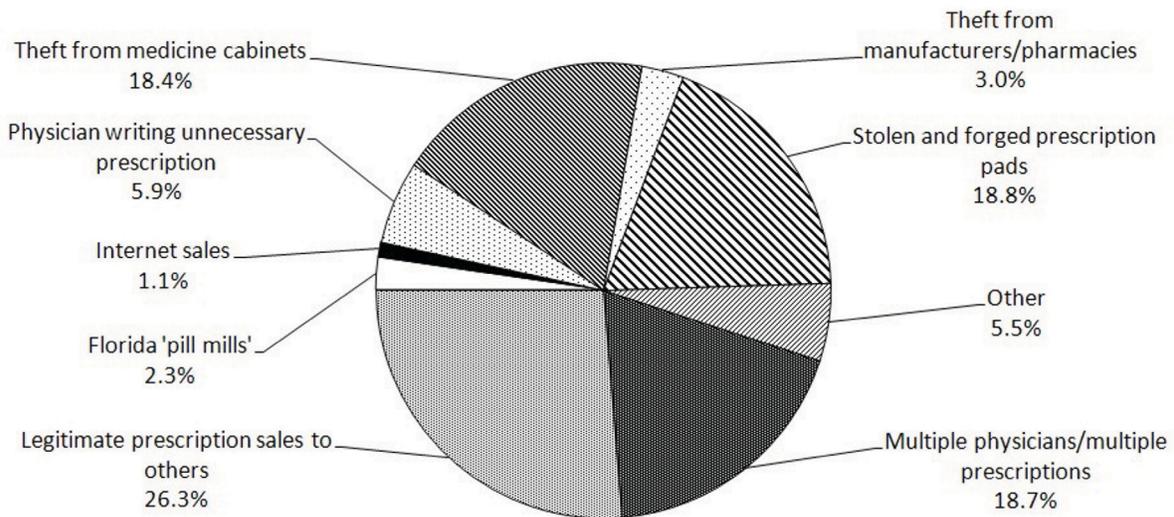
Drug Type/Name	Number	Percent of Sample Reporting
Oxycodone	54	59.3 %
Hydrocodone	50	54.9 %
Xanax®	46	50.5 %
Percocet®	41	45.1 %
Oxycontin®	36	39.6 %
Methadone	25	27.5 %
Valium®	16	17.6 %
Vicodin®	13	14.3 %
Morphine	12	13.2 %
Lorcet®/Lortab®	11	12.1 %
Alprazolam	11	12.1 %

*Note: Grouping these drugs together produces two major classification types - pain relievers or analgesics and anxiety reducers. The pain medications listed above are all morphine derivatives and can be divided into two groups, hydrocodone and oxycodone. Lorcet®, Lortab® and Vicodin® are either derivatives or brand names for hydrocodone, while Oxycontin® and Percocet® are either derivatives or brand names for oxycodone. Methadone is also an analgesic but its chemical structure differs from morphine. Drugs belonging to the benzodiazepine class include the anxiety reducers of Valium®, alprazolam and its brand name Xanax®.*

In an effort to document the sources from which prescription drugs are diverted, respondents were provided with a list of common diversion sources or methods and were instructed to provide the percentage of their 2010 cases which fell into each source on the list. Despite the fact that only 57 (62.6%) respondents were able to completely provide this information the results are informative nonetheless.

## Prescription Drug Abuse and Diversion: The Hidden Crisis

**Figure 2: Prescription Drug Diversion by Source of Method**



As Figure 2 documents, over 25 percent of diverted drug cases involved persons with legitimate prescriptions illegally selling their medicine to others. The second most common source involved the use of stolen and forged prescription pads (18.8%), followed by individuals who knowingly receive multiple prescriptions from multiple physicians (18.7%), and thefts from home medicine cabinets (18.4%).

Several survey items were included in the questionnaire in order to ascertain the extent, if any, to which organized criminal groups, gangs or syndicates are involved in the selling or distributing of illicitly diverted prescription medications. More than half of the respondents (58%) reported no involvement on the part of street gangs in their respective jurisdictions with 35 (39.8%) suggesting a slight or moderate level of involvement on the part of these gangs. Only two respondents noted a significant level of involvement (2.3%).

Responses indicate an even lower level of involvement on the part of motorcycle gangs with 71 (80.7%) individuals documenting that the motorcycle gangs in their areas do not get involved with prescription drug sales or distribution. Sixteen respondents (18.2%) suggested a slight level of involvement with only one participant (1.1%) noting a significant level of involvement on the part of motorcycle gangs. Responses were similar when discussing other gang or organized crime groups with the majority

of the respondents noting no involvement (65.5%) or only a slight level (32.2%) of organized crime involvement.

Responses were different when discussing the level of involvement of individuals who sell and distribute the most commonly known illegal drugs such as marijuana, cocaine and heroin. More than half of the participants (54.5%) suggested that dealers of illegal drugs also sell and distribute diverted prescription drugs, while another 34 percent reported a slight to moderate level of involvement on the part of these individuals. Ten respondents (11.4%) stated that these sellers did not get involved with prescription drugs in their respective communities.

### Geographical Commonalities and Differences

The following section presents comparative information on a city by county basis and by geographical region of the state in order to determine if any significant differences exist between and across these subgroups. Comparing the responses obtained from the city police departments with those of the county sheriffs' offices reveals that prescription drug abuse has increased significantly more among those individuals living outside of the city limits with 100 percent of the sheriffs' respondents noting an increase over the past five years compared to a lower — but still high — 80 percent of the police department respondents. Seventeen percent of the

## Prescription Drug Abuse and Diversion: The Hidden Crisis

police participants noted that prescription drug abuse has remained constant during the last five years. This finding was consistent for short-term trends as well, with a significantly higher percentage of sheriffs' respondents (90.3%) reporting slight and substantial increases in prescription drug abuse, over the past year, compared to 70 percent of the police respondents.

While the sheriffs' offices conducted, on average, a greater number of investigations involving prescription drugs than the police departments represented in the survey, this difference was not statistically significant. However, a comparison of the case investigation rates does reveal a significant difference with the case rate of the police departments, 447.3 per capita, being significantly larger than the sheriffs' rate of 200.1 per 100,000.

Two significant differences were found to exist when examining drug diversion sources. Respondents from the police departments reported that diversion by stolen and forged prescription pads constituted on the average slightly more than 25 percent of their investigations compared to an average of eight percent of the sheriffs' offices cases. Conversely, cases involving persons with legitimate prescriptions diverting/selling their medications to others constituted a far and significantly greater percentage (38.9%) of the sheriffs' offices diversion cases compared to an average of 18.8 percent of the city cases.

Regional comparisons between those respondents from the east, Piedmont, and western portions of the state reveal no significant differences in terms of the extent to which prescription drug abuse has increased over the past five years or even the last year. Simply put, agencies across the entire state are reporting sizeable increases in prescription drug abuse irrespective of location.

While agencies in the Piedmont region had, on average, a greater number of case investigations versus those in the east and the west, these differences were not statistically significant. No significant differences existed in the case investigation rates, although the west rate was considerably higher than the eastern rate and the Piedmont rate.

Significant differences also existed between the western agencies and the Piedmont agencies on



their perceptions of the severity of prescription drug abuse and diversion with this issue being rated as more severe in the western part of North Carolina. No regional differences were found to exist between the western agencies and the eastern agencies or between the eastern and Piedmont agencies on their perceptions of the severity of prescription drug abuse and diversion.

Law enforcement agencies located in the Piedmont part of the state had, on average, more simple possession cases than those in the east and west. Agencies in the western and Piedmont sections of the state reported more cases of possession with intent to sell and deliver while the eastern agencies had substantially higher numbers of trafficking/importing cases compared to the average number of cases in the western and Piedmont part of the state. The average number of cases involving the theft of prescription drugs was higher in the west. However, despite these differences none approached statistical significance.

Two significant differences were noted for prescription drug sources with the regions differing on the average percentage of diversion cases attributable to home burglaries. Agencies in the west reported significantly more cases of prescription drug theft through home break-ins versus those in the Piedmont. Thefts by medical personnel were significantly more common in the Piedmont portion of the state compared to the east. The three regions of the state did not differ

## Prescription Drug Abuse and Diversion: The Hidden Crisis

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significantly in terms of the remaining drug sources such as stolen and forged prescription pads, Internet sales, pill mills or other types of theft.

### Conclusion

Ninety percent of the law enforcement respondents reported an increase in abuse and diversion over the past five years, with the typical agency investigating 51 prescription drug cases per year or 356 per year on a per capita basis. In fact, the case investigation rate exceeds the reported crime rates for all of the violent Part I Uniform Crime Report categories.

Respondents' perceptions on the prescription drug abuse and diversion topic indicate the magnitude of this issue, with one in three drug investigation cases centering on prescription medications alone. The typical law enforcement respondent rated prescription drug diversion as being more serious in their respective communities than violent crime, firearm violations and gangs. More than one-half of the survey participants rated prescription drug diversion as a high priority in their communities as indicated by an urgency score of six or greater.

Simple possession and possession with the intent to sell and deliver are typical with far fewer trafficking and large scale theft cases being reported by the local law enforcement agencies as these cases are normally referred to, and investigated by, state and federal law enforcement agencies. Typically, local cases involve individuals with legitimate prescriptions selling them illegally, persons obtaining drugs through stolen and forged scripts, by obtaining multiple prescriptions from multiple physicians and thefts from home medicine cabinets. Unlike the Inciardi, et. al study (2006), few local diversion cases were

reported in which medical personnel were implicated as offenders or accessories.

Numerous regional differences appear to exist across the state, with prescription drug abuse and diversion being more problematic

among those persons residing in the county or outside of the city limits. Respondents from the county sheriffs' offices also rated this issue as significantly more serious than their counterparts from the city police departments. Sheriffs' offices also report significantly more trafficking and theft cases as well as a significant number of diversion cases involving persons selling their legally obtained prescription drugs to others. Survey participants from the western part of the state did rate prescription drug diversion as being a significantly more urgent issue as well as reporting a significantly greater percentage of stolen drugs through home burglaries. Higher case investigation rates and more possession with intent to sell and deliver cases were noted in the west but these did not differ significantly from those reported in other parts of the state.

It is clearly evident that administrative and system data, along with the results of this study, indicate that prescription drug abuse and diversion is a prominent and preeminent issue facing North Carolina's medical and law enforcement organizations and personnel.



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**Criminal Justice Analysis Center**

**N.C. Governor's Crime Commission**

**February 2, 1965 - June 11, 2011**

*Doug Yearwood, director of the Criminal Justice Analysis Center passed away suddenly on June 11, 2011 at the age of 46. He is survived by his wife Natalia, his son Alexei Lyman and his parents, Clarence and Deanna Yearwood. This article summarizes the last research he conducted on behalf of the GCC.*

*Doug will be remembered for his extensive knowledge of the criminal justice system, his dedication to research supporting the goals of the commission and his effective leadership of the Criminal Justice Analysis Center, as well as his dry sense of humor and his avid love of sports. He is greatly missed.*

## Prescription Drug Abuse and Diversion: The Hidden Crisis

### References

- Bowman, J. (2010). Unpublished conference presentation. Safe Communities Conference. Greensboro, NC: December 1-3, 2010. Sponsored by the North Carolina Governor's Crime Commission.
- Bronson, W. D. (2010). Age related prescription drug misuse and the North Carolina controlled substances reporting system. Presentation to the Child Fatality Task Force.
- Centers for Disease Control and Prevention. (2007). Unintentional poisoning deaths: United States, 1999-2004.
- Centers for Disease Control and Prevention. (2010). Unintentional drug poisoning in the United States.
- Inciardi, J.A., Surratt, H.L., Kurtz, S.P. & Burke, J.J. (2006). The diversion of prescription drugs by health care workers in Cincinnati, Ohio. *Substance Use and Misuse*. 41 (2) p. 255-264.
- Kuehn, B. M. (2007). Prescription drug abuse rises globally. *The Journal of the American Medical Association*. Retrieved February 22, 2011 from <http://jama.ama-assn.org/content/297/12/1306.extract>
- National Drug Intelligence Center. (2003). North Carolina drug threat assessment. Retrieved December 9, 2010 from <http://www.justice.gov/ndic/pubs3/3690/3690p.pdf>
- National Survey on Drug Use and Health. (2008). Results from the 2007 National Survey on Drug Use and Health: National findings. Retrieved December 6, 2010 from <http://www.oas.samhsa.gov/NSDUH/2k7NSDUH/2k7results.cfm>
- National Survey on Drug Use and Health. (2010). Results from the 2009 National Survey on Drug Use and Health: National findings. Retrieved January 7, 2011 from <http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf>
- North Carolina Department of Justice. (2010). Crime in North Carolina. Retrieved August 2, 2011 from <http://www.ncdoj.com/getdoc/85af28c4-333e-4b6c-9ee3-fe30db2a34bf/2010-Crime-Statistics-Annual-Summary.aspx>
- North Carolina General Statute §90-113.70.
- Office of National Drug Control Policy. (2008). Prescription for danger: A report on the troubling trend of prescription and over-the-counter drug abuse among the nation's teens. Retrieved December 6, 2010 from [http://www.theantidrug.com/pdfs/prescription\\_report.pdf](http://www.theantidrug.com/pdfs/prescription_report.pdf)
- Office of National Drug Control Policy. (2010). Rate of prescription pain reliever abuse quadrupled since 1998. ONDCP Update. 1 (6).
- Office of National Drug Control Policy. (2010b). Emergency rooms seeing surge in nonmedical use of pharmaceutical drugs. ONDCP Update. 1 (3).
- Partnership Attitude Tracking Study (2006). Retrieved December 7, 2010 from <http://www.drugfree.org/newsroom/research-publications>
- Treatment Episode Data Set. (2006). 2006 Highlights: Treatment episode data set. Retrieved December 7, 2010 from <http://oas.samhsa.gov/TEDS2k6highlights/toc.cfm>
- United States Drug Enforcement Agency (2011). Personal data request.
- Wilens, T.E., Adler, L.A., Adams, J., Sgambati, S., Rotrosen, J., Sawtelle, R., Utzinger, L. & Fusillo, S. (2008). Misuse and diversion of stimulants prescribed for ADHD: A systematic review of the literature. *Journal of the American Academy of Child & Adolescent Psychiatry*. 47 (1) p. 21-31.
- Youth Risk Behavior Survey. (2009). North Carolina Healthy Schools Initiative. North Carolina Department of Public Instruction and Department of Health and Human Services. Retrieved December 9, 2010 from <http://www.nchealthyschools.org/docs/data/yrbs/2009/highschool/statewide/graphs.pdf>

The Governor's Crime Commission was established in 1977 by the North Carolina General Assembly under G.S. 143B-479. Its primary duty is "to be the chief advisory body to the Governor and the Secretary of the Department of Public Safety for the development and implementation of criminal justice policy." The Crime Commission is always open to comments and suggestions from the public as well as criminal justice officials. Please contact us and let us know your thoughts and feelings on the information contained in this publication or on any other criminal justice issue of concern to you.

Beverly Eaves Perdue Governor	Scott E. Thomas, Chair Governor's Crime Commission	Secretary Reuben F. Young Department of Public Safety
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*Commission Members as of June 30, 2012*

## SYSTEMSTATS

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