

Prescription Drug Abuse Increases Among Teens

BY MIRIAM E. TUCKER
Senior Writer

WASHINGTON — There's good and bad news from the 2006 National Survey on Drug Use and Health: Overall drug use among adolescents has declined since 2002, but prescription drug misuse among young adults has skyrocketed.

In the federally funded annual survey of approximately 67,500 Americans, the proportion of adolescents aged 12-17 years who acknowledged drug use in the past month dropped from 11.6% in 2002 to 9.8% in 2006, similar to the 9.9% level in 2005. Current marijuana use in that age group declined even more significantly in those 4 years, from 8.2% to 6.7%.

"Illicit drug use among youth [aged] 12-17 is at a 5-year low. That's definitely cause for celebration. Tobacco use continues to decline and perceptions about risk for marijuana use continue to increase, and that's a great combination," said Terry L. Cline, Ph.D., administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), at a press briefing.

But nonmedical use of prescription drugs among young adults aged 18-25 years increased from 5.4% in 2002 to 6.4% in 2006, largely because of a rise in the nonmedical use of pain relievers. "The survey also tells us there is much work left to be done. Many of these painkillers being abused are unused medications that should have been properly disposed [of]," Dr. Cline said.

SAMHSA currently is involved in a national point-of-purchase public education campaign to release information about the proper disposal of unused medications. The information soon will be available at more than 6,300 pharmacies across the country, he said.

Underage drinking is another area of concern, as the level among 12- to 20-year-olds remains unchanged since 2002, at 28.3% in 2006. The Surgeon General's recently released Call to Action to Reduce and Prevent Underage Drinking is part of an interagency effort to target the problem, Dr. Cline noted.

John P. Walters, director of the White House Office of National Drug Control Policy (ONDCP), presented additional findings from the survey. Of note, he said, is that a huge difference in marijuana use was found between youth aged 12-17 years who reported that their parents strongly disapprove of marijuana use, at 4.6%, versus those who did not perceive strong parental disapproval, 26.5%, a fivefold difference.

Among young adults aged 18-24, the drop in marijuana use from 17.3% in 2002 to 16.3% in 2006 was "vastly overshadowed" by the increase in prescription drug use, 75% of which are pain relievers. That usage is now much greater than that of cocaine and heroin and is even reaching the initiation rate for marijuana. Most people who abuse prescription drugs get them from family and friends, Mr. Walters said.

"You have to help people understand that when they're done with prescription painkillers in particular, [they need to] throw them away. ... We have to start remembering that OxyContin and Vicodin in

the medicine cabinet today, if not protected, are as dangerous as cocaine and heroin," said Mr. Walters, whose job title is known informally as "the nation's drug czar."

A somewhat surprising finding is the striking rise in drug use rates among Baby Boomers aged 50-54, which shot up by over the 4-year survey period, from 3.4% to 6.0%. "What we have here is something we've never seen before: Increasing rates of illicit drug use among older Americans. This was typically a problem of youth. But

today, we have older Americans bringing those levels of substance abuse with them [as they age]. ... Once you become involved with these substances, it is very difficult to become clean and sober," Mr. Walters noted.

Dr. Cline said SAMHSA is collaborating with various entities to address the issues brought out by the survey. Among those efforts are a partnership with the ONDCP to provide resources to more than 700 communities to prevent drug abuse and

provision of grants to 34 states, 3 territories, and 5 tribal organizations to promote science-based prevention strategies at the community level. In addition, SAMHSA has just launched a new initiative called ACTION (Adopting Changes to Improve Outcomes Now), aiming to improve access to addiction treatment services and to keep clients engaged in treatment. "We need to make certain that addiction is treated with the same sense of urgency as other medical conditions," he said. ■



Predictable onset, continued relief,* long-term safety profile^{††}

- The ONLY agent approved for adults that includes those 65 years and older
- In clinical studies, 57%-63% of patients had a first SBM[‡] within 24 hours^{§†}

Indication

- AMITIZA® (lubiprostone) is indicated for the treatment of Chronic Idiopathic Constipation in adults.

Important Safety Information

- AMITIZA is contraindicated in patients with known mechanical gastrointestinal obstruction. Patients with symptoms suggestive of mechanical gastrointestinal obstruction should be thoroughly evaluated by the treating physician to confirm the absence of such an obstruction prior to initiating AMITIZA treatment.
- The safety of AMITIZA in pregnancy has not been evaluated in humans. In guinea pigs, lubiprostone has been shown to have the potential to cause fetal loss. AMITIZA should be used during pregnancy only if the benefit justifies the potential risk to the fetus. Women who could become pregnant should have a negative pregnancy test prior to beginning therapy with AMITIZA and should be capable of complying with effective contraceptive measures.
- Patients taking AMITIZA may experience nausea. If this occurs, concomitant administration of food with AMITIZA may reduce symptoms of nausea. Patients who experience severe nausea should inform their physician.
- AMITIZA should not be prescribed to patients that have severe diarrhea. Patients should be aware of the possible occurrence of diarrhea during treatment and inform their physician if the diarrhea becomes severe.
- In clinical trials, the most common adverse reactions (incidence >4%) were nausea (29%), diarrhea (12%), headache (11%), abdominal pain (8%), abdominal distention (6%), and flatulence (6%).

Relief is defined as ≥ 3 SBMs per week.

Please see Brief Summary of Prescribing Information on adjacent page.

*In 4-week clinical trials.

†Demonstrated in 6-month and 12-month safety studies.

‡Spontaneous bowel movement.

§Placebo: 32%-37%.

Reference: 1. AMITIZA [package insert]. Bethesda, Md: Sucampo Pharmaceuticals, Inc.; 2007.

AMITIZA is a registered trademark of Sucampo Pharmaceuticals, Inc.

©2007 Takeda Pharmaceuticals North America, Inc.

LUB-01258

Printed in U.S.A.

10/07

amitiza®
lubiprostone
Way to relief
www.amitiza.com