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DEPARTMENT OF HEALTH & HUMAN SERVICES • USA

Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

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Preventing Prescription Abuse in the Workplace (PAW) Prescription Drug Abuse Webinar

November 27, 2012

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Welcome

- Introduction from SAMHSA
  - **Frances M. Harding**, Director of Center for Substance Abuse Prevention, SAMHSA
  - **Deborah Galvin, Ph.D**. and **Michael J. Koscinski, MS., MSW,** Contract Officers, SAMHSA

SAMHSA's 8 Strategic Initiatives

Goal 1: Prevention of Substance Abuse

- Identify populations in need of services
- Uncover risk and protective factors
- Evaluate the effectiveness of program initiatives

Goals 2 and 4: Public Awareness/Support

- Underage drinking
- Prescription drugs
- Lethal/addictive combinations

Goal 3: Preventing Suicides

- Identify high risk groups
- Prescription drug abuse involved in intentional overdoses and death

Overview of Today's Webinar

- Introduction
  - Scott Novak, Ph.D. (RTI International)

Introduction

- **Preventing Prescription Abuse in the Workforce (PAW)** Technical Assistance program purpose is provide technical assistance that will help military and civilian workplaces reduce prescription drug abuse. We are identifying, developing and providing a variety of resources including:
  - Fact sheets
  - Web and social networking products
  - Assessment tools
  - Presentations and training materials

PAW Structure

- **PAW objective is to reach workplaces by**
  - Providing TA to SAMHSA grantees who provide materials and services to the workplaces in their communities
  - Training SAMHSA staff
  - Collaborating with national organizations, including professional associations, unions, trade groups, and large employers

PAW Team

- Led through the Substance Abuse and Mental Health Services Administration (SAMHSA) Centers for Substance Abuse Prevention (CSAP) Division of Systems Development
- Pacific Institute for Research and Evaluation holds the prime contract
- RTI International; Development Services Group, Inc.; ISA Associates; and Econometrica are subcontractors

Informative Listserv

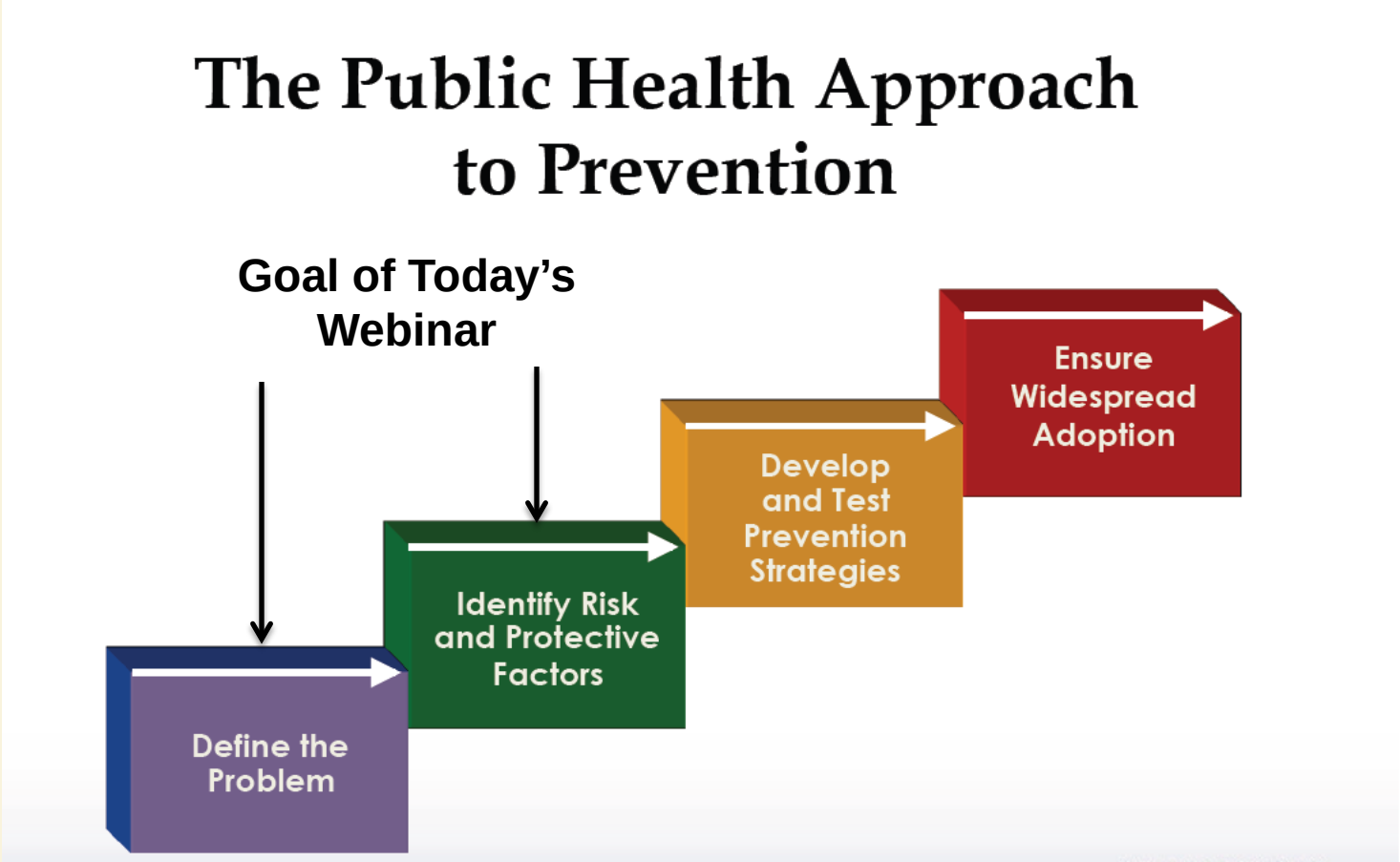
- Weekly updates of
  - Summary of key research papers with links
  - Media coverage of prescription drug abuse
  - Practitioner's corner—evidence-based prevention ideas

- Send e-mail to subscribe or if have useful topic: paw@dsgonline.com

Learning Objectives

1) List the 4 major subtypes of non-medical drug use
2) Distinguish types of prescription drugs that are most abused
3) Identify the populations at-risk for different types of prescription drug abuse
4) Identify the risk factors for various consumption patterns

How all this fits together



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Scenario #1

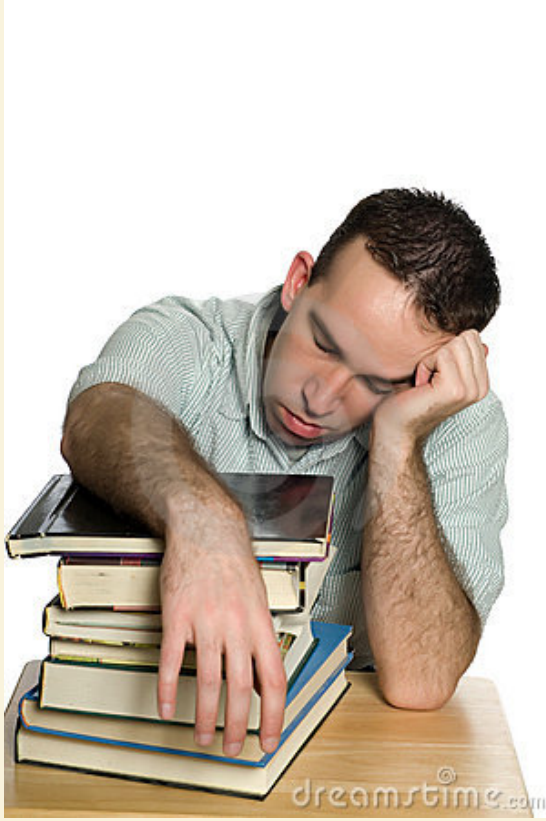
- Case Study #1:
  - A 16 year-old girl was going to prom and was suffering from severe migraine headache
  - Parent gave her 1 tablet (5mg) left over Vicodin/hydrocodone (from the same child's wisdom tooth extraction)
  - Teen went to prom and later felt fine

Scenario #2

- Case Study #2:
  - A 32 year-old mother tried her child's ADHD medication and took it "a couple of times" because she had seen on the ABC hit show "Desperate Housewives" that it would allow her to be more productive.
  - It didn't work for her and she stopped.

Scenario #3

- Case Study #3
  - College student has been prescribed Ritalin in high school for ADD, later switched to non-stimulant Concerta®
  - Student ingests several tablets on Friday night of homecoming because he had worked a double shift in the cafeteria the night before and wants to stay awake and keep the party going
  - Later ends up in ED with alcohol poisoning



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Scenario #4

- Case Study #4
  - 22 year-old man started stealing OxyContin from grandparent's medicine chest
  - Currently addicted and trying to quit, and cutting down but still tampers (takes via crushing and injecting)

Nomenclature

Definition of Terms

Misuse

- Use of a medication (for a medical purpose) other than as directed or as indicated, whether willful or unintentional, and whether harm results or not

Abuse

- Any use of an illegal drug
- The intentional self administration of a medication for a non-medical purpose such as altering one's state of consciousness, e.g. getting high

Addiction

- A primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations
- Behavioral characteristics include one or more of the following: Impaired control over drug use, compulsive use, continued use despite harm, craving

Diversion

- The intentional removal of a medication from legitimate and dispensing channels

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Typology of Abuse

	Acquired Drug with Legitimate Prescription	Acquired Drug without Legitimate Prescription
Used to Self-Treat	Self-treat other medical condition with previous Rx (off label use)	Use other person's medication (sharing)
Used to Get High/Euphoria	May start off with legitimate pain med, but get addicted over time Use current medication to party/get high	May have bought/traded with others to get medication used to get high

(see McCabe & Boyd, 2010)

Typology of "Nonmedical Use"

	Acquired Drug with Legitimate Prescription	Acquired Drug without Legitimate Prescription
Used to Self-Treat	Scenario #1: Self-treat migraine with their own medication	Scenario #2: Parent taking child's medication to be productive
Used to Get High/Euphoria	Scenario #3: Using their own Rx, but taking it with alcohol to keep party going	Scenario #4: Stealing grandparent's and getting high

How is a prescription drug different?

- Has to be "prescribed" by licensed medical professional
  - DEA authorization (MD and DO, DDS and DMD, PAs*, RNs*)
  - States may impose additional regulations on who and what can be prescribed
- Drugs move from prescription to OTC (over the counter) if proven to be safe at therapeutically acceptable dosages
  - Cold medicines/antibiotics (not yet)

DEA Drug Scheduling

Drugs are scheduled under Federal law according to their effects, medical use, and potential for abuse

DEA Schedule	Abuse Potential	Examples of Drugs Covered	Some of the Effects	Medical Use
I	Highest	heroin, LSD, hashish, marijuana methaqualone, designer drugs	Unpredictable effects, severe psychological or physical dependence, or death	No accepted use; some are legal for limited research use only
II	High	morphine, PCP, codeine, cocaine methadone, Demerol benezedrine, dexedrine	May lead to severe psychological or physical dependence	Accepted use with restrictions
II	Medium	codeine with aspirin or Tylenol, some amphetamines, anabolic steroids	May lead to moderate or low physical dependence or high psychological dependence	Accepted use
IV	Low	Darvon, Talwin phenobarbital, Equanil, Miltown, Librium diazepam	May lead to limited physical or psychological dependence	Accepted use
V	Lowest	Over-the-counter or prescription compounds with codeine, Lomotil Robitussin A-C	May lead to limited physical or psychological dependence	Accepted use

Source: Adapted from DEA, Drugs of Abuse, 1989

What can be prescribed/OTC

How much can be prescribed per RX

How the prescription is filled/routed

How many refills can be authorized

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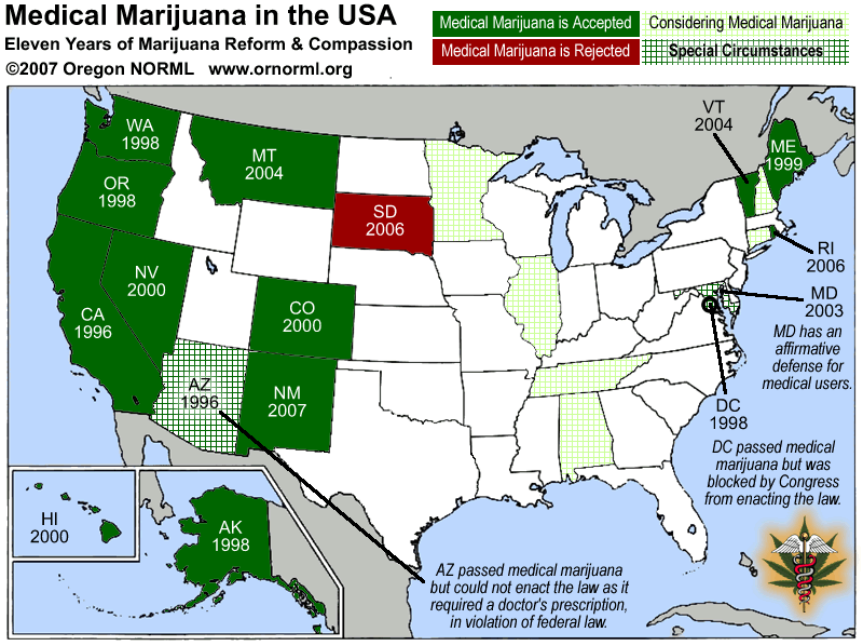
Some Controversial "Medications"

- Marijuana (legalized for medical use versus decriminalization both by States—Still illegal at federal level)
- "Pre-cursor" drugs, such as pseudoephedrine (used in production of methamphetamine)



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Ever Wondered….

Q1: "What is the difference between Vicodin and hydrocodone?"

Q2: "My medicine bottle says I have 2 refills—can I get that sent to me?"

Q3: "Is taking 2 at the same time more harmful than spreading them out over the day?"

Q4:"What does ER/LA mean?"

Q5: "What does an active ingredient mean?"

Q6: "What makes a drug a generic?"

Answers

A1: There is a drug/chemical/pharmaceutical name (hydrocodone) and a trade/product brand name (Vicodin).

A2: By law, you can only carry a specific amount of your Rx, and you cannot transport it in anything other than your prescription bottle.

A3: Sometimes! It depends on the dosage and formulation of the medication.

Answers

- A4: ER/LA is extended release, long acting. Some medications are immediately broken down and metabolized in body, whereas others take significant amount of time. ER/LAs are more potent (like old OxyContin).
- A5: API is the main pharmaceutical agents and the others are just added for flavor/appearance or side effect profile (adding aspirin).

Answers

- A6 Generics: A pharmaceutical company has a patent on a drug for X years, after which the competitors can produce “pharmacologically equivalent” drugs. The drugs are almost exactly the same, but may differ. Anecdotally, people swear by brand names, but no study has definitively proven the generics are not equivalent.

Bonus?

- Which is stronger—Oxycodone, Hydrocodone, Morphine, OxyMorphone, codeine?

Bonus Answer!

- In theory:
  - Codeine
  - Hydrocodone
  - Morphine*
  - Oxycodone
  - Hydromorphone

No one knows how much you can take before you get addicted!

Opioid	Strength (Codeine)	Equivalent Dose (30 mg codeine)	Strength (Morphine)	Equivalent Dose (10 mg morphine mg)
Aspirin	13150	1080 mg	1/360	3600 mg
Difusinal	35811	480 mg	1/160	1600 mg
Dextropropoxyphene	35799	120 mg	14611	400 mg
Codeine	1	30 mg	35805	100 mg
Tramadol	1	30 mg	35805	100 mg
Anileridine	2.5	12 mg	35799	40 mg
Demerol	3.6	8.3 mg	0.36	27.8 mg
Hydrocodone	6	5 mg	0.6	16.67 mg
Morphine	10	3 mg	1	10 mg
Oxycodone	15-20	1.5-2 mg	1.5-2	4.5-6 mg
Morphine IV/IM	40	.75 mg	4	2.5 mg
Hydromorphone	50	.6 mg	5	2 mg
Oxymorphone	70	0.4 mg	7	1.4 mg
Levorphanol	80	0.26 mg	8	.8 mg
Buprenophine	400	0.075 mg	40	.25 mg
Fentanyl	500-1000	0.03-0.06 mg	50-100	0.1-0.2 mg

What to Look for in Rx Abuse

- **Indications:** What conditions the Rx is prescribed
- **Dosage/Strength**—How many units (e.g., mg) are prescribed
- **Side Effect Profile**— What are the side effects associated with too much drug intake
- **Interactions/Contraindications:** What drugs will cause problems is taken concurrently
- **Formulation/Route of Administration**:
- Tablets/Capsules
- Modified-Release capsules
- Extended-Release (24hr) tablets
- Controlled-Release capsules
- Suppository
- Powder for injection
- Oral liquid (HCl)
- Cough Syrup
- Injection (HCl)

Detection of Rx Abuse

- Pills in bottles should match--Cross reference medicine with pictures of medicines on internet
- Medications for “mysterious pain”
- Abusers know very specific information on what works for them (drug seeking behavior)
- Early refills for medicines
- Paying out of pocket

Questions

- Let's stop now and see if there are questions on the types of prescription drug consumption patterns?

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Most Common Rx Therapeutic Classes Used Nonmedically*

- All Rx:
  - 20% in lifetime
  - 6.3% in past-year
  - 2.3% in past-month
- Pain Relievers:
  - 4.8% in past-year
  - 2.1% in past-month
- Stimulants:
  - 1% in past-year
  - 0.5% in past-month
- Sedatives/tranquilizers:
  - 2% in past-year
  - 0.8% in past-month

**includes abuse/self-treatment Source: 2010 NSDUH*

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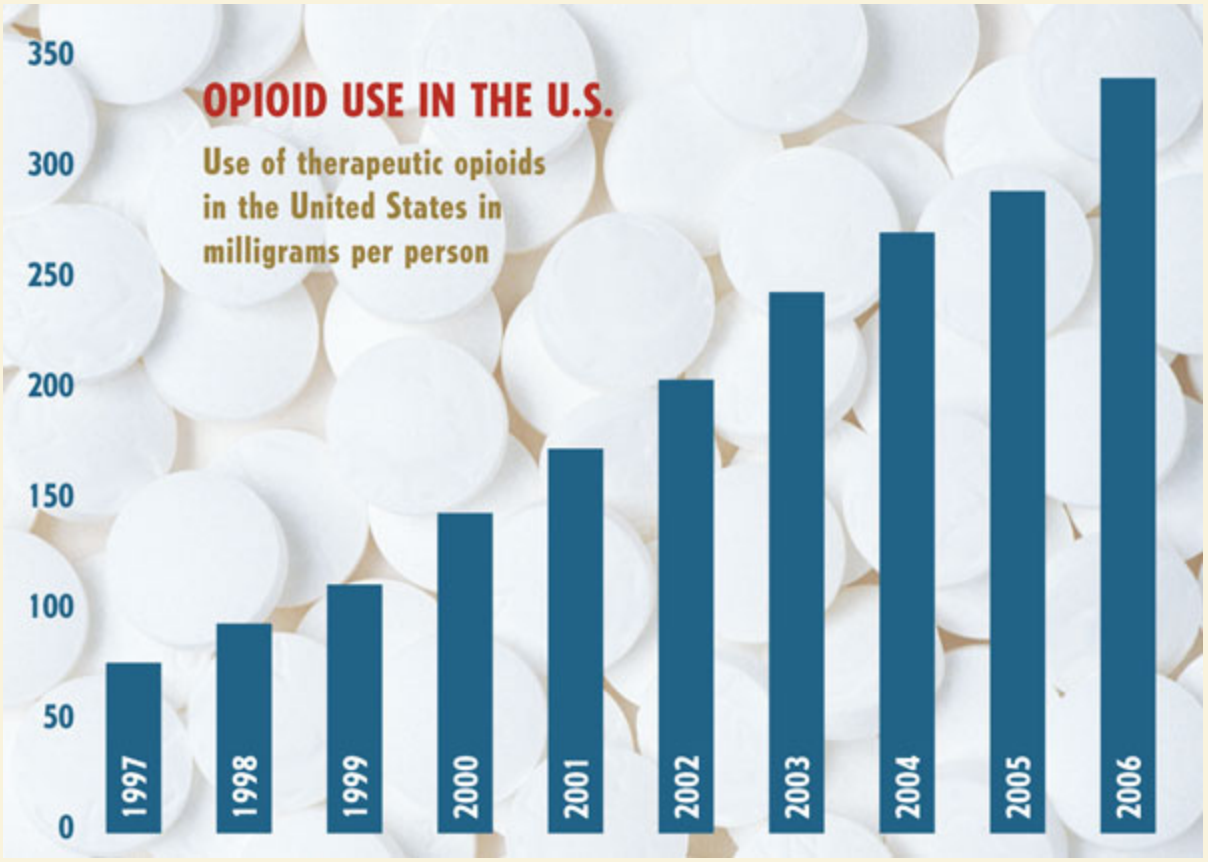
All Rx Abuse is on the Rise, but Opioids are the Most Abused



What do these numbers really mean?

- Enough medication to give every person in the United States at least 4 tablets of 10mg dose to last for 4 years!

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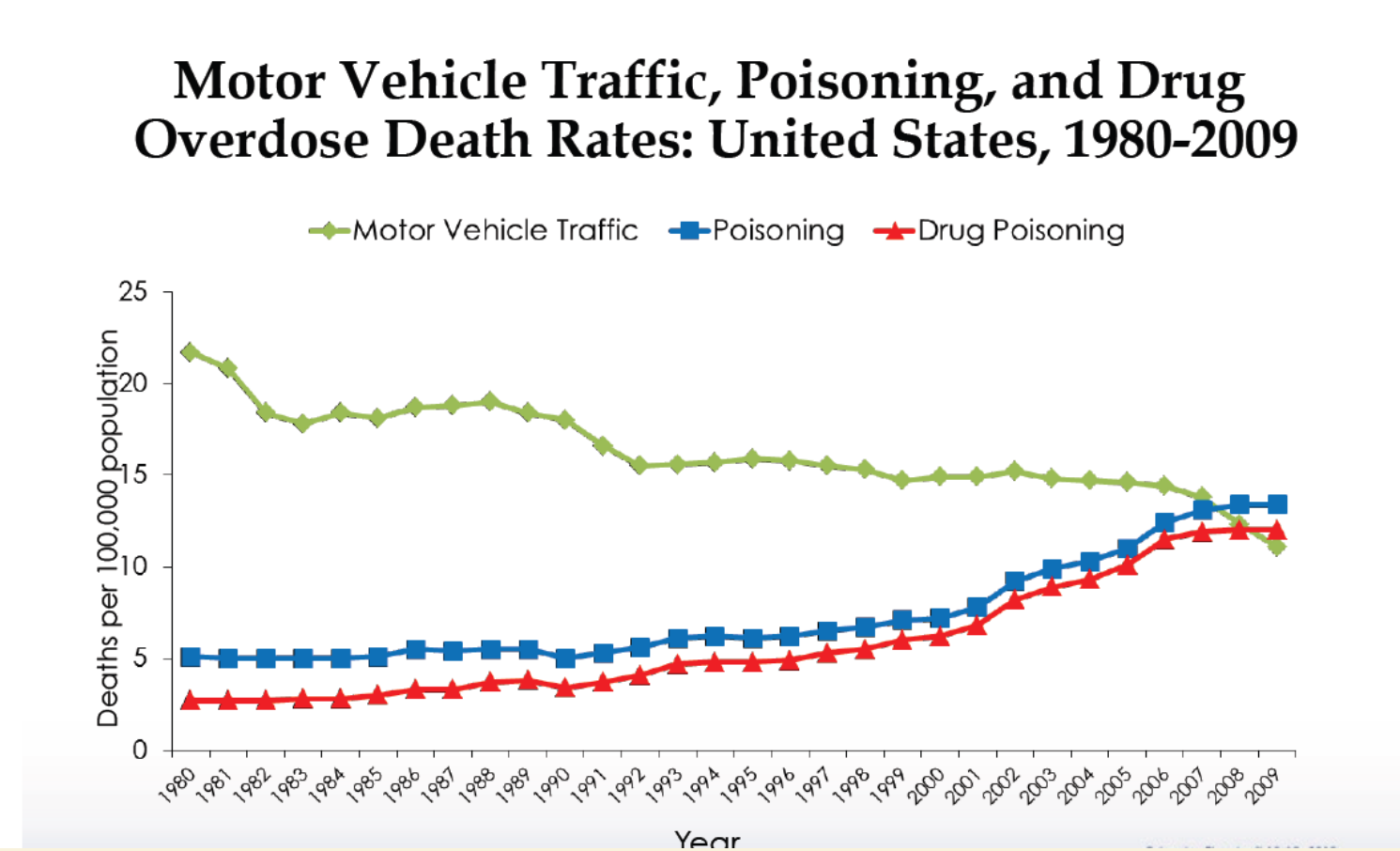
What are the Consequences



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Consequences of Increased Exposure

- **Overdoses** (calls to poison control for intentional and unintentional overdose, ER visits)
- **Deaths** (kept track by public health department)
- **Unreported** (non-medical use/addiction)

Why is there so much medication out there?

- Culture of “Pain-Free” society
- Blind Faith in medical system to cure anything
- Direct to consumer marketing from pharmaceutical companies
- Prescription medications are safe

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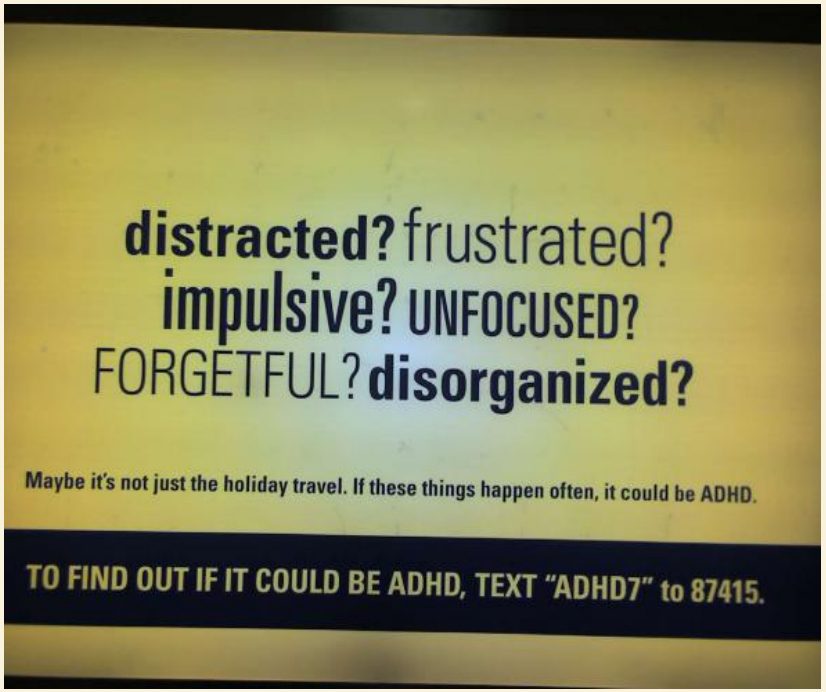
The Direct to Consumer Marketing of Psychological Disorders

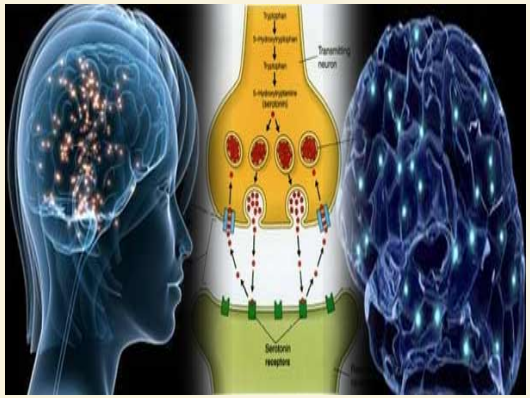


Key to medicalization: (1) everyone is at risk; (2) there is a happy ending thru medications

How does a prescription drug "know" where to go?

- **ABSORPTION**—rate at which drug is made available in body/fluids/tissues
- **DISTRIBUTION**—way in which drug is passed throughout the body
- **METABOLISM**—transformation of a drug into its 'active' state and then rendered inactive
- **EXCRETION**—removed from body (urine/sweat/bile)

Answer



- If it is CNS drug, then it will “bind” and become made bioavailable through metabolism to neuronal receptors in the brain and/or spine.
- Different drugs fit into different receptors (like Mu, Kappa) similar to a lock and key.
- Drugs may “slow/block” metabolism (e.g., antogonist) or increase distribution (agonist)
- In other areas of body (e.g., hair) the drug passes harmlessly through….

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Buprenorhine (suboxone) versus ER/LA Opioids

- Buprenorphine used in the treatment of opioid addiction
- “High” affinity for mu opioid receptor at low dosages. So, it rapidly/easily attaches to receptor and “blocks” it so the receptor cannot be activated by more powerful opioids. Because it attaches at such a low dose, you won’t feel the euphoric effects, but it staves off withdrawal symptoms.
- Naloxone—Reverse opioid overdose
- Naltrexone—Antagonist that blocks effects of opioids, similar in action to antibuse for AA

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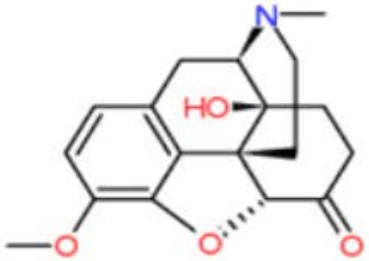
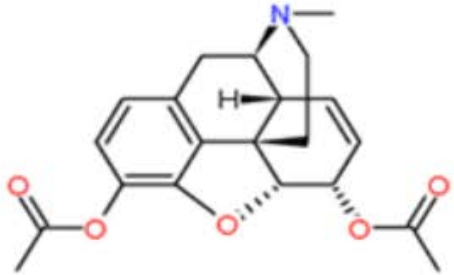
Drug Composition

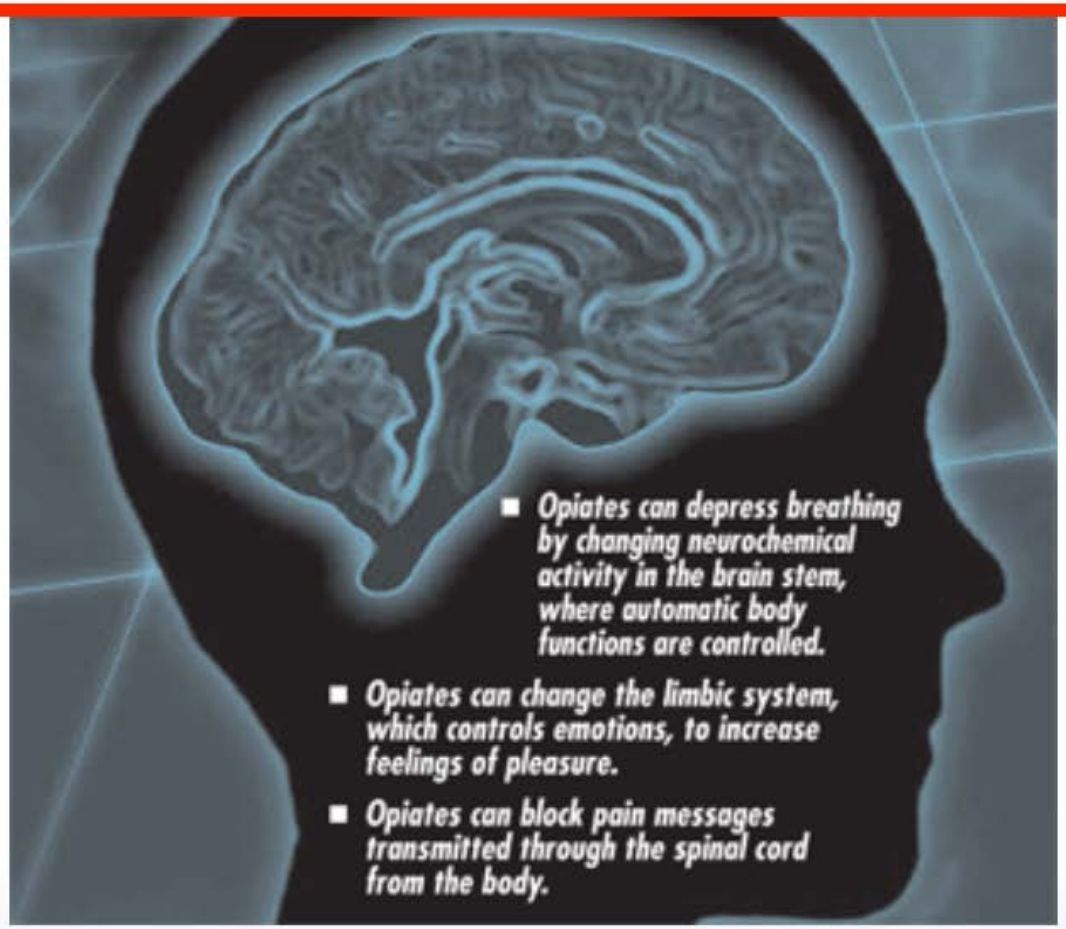
Similarities Between Illicit & Prescription Drugs



OXYCONTIN (OXYCODONE)



HEROIN



Therapeutic Classes

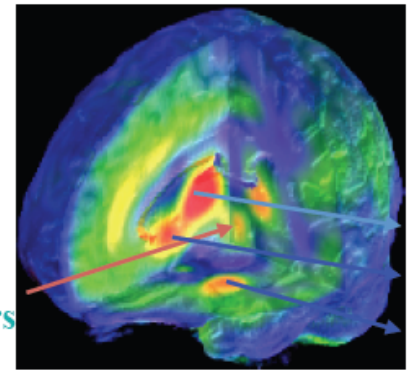
Opioids

Examples: OxyContin, Vicodin

How They Work…

Attach to opioid receptors in the brain and spinal cord, blocking the transmission of pain messages and causing an increase in the activity of dopamine

Activate Opiate Receptors, which Modulate Pain & Reward



Opioids are Generally Prescribed for:

- **Postsurgical pain relief**
- **Management of acute or chronic pain**
- **Relief of coughs and diarrhea**

Therapeutic Classes

Stimulants

Example: Ritalin

How They Work…

Enhance brain activity by increasing the activity of brain excitatory chemical messengers, such as norepinephrine and dopamine, leading to mental stimulation

Stimulants Are Generally Prescribed For:

- **ADHD**
- **Narcolepsy**
- **Depression that does not respond to other treatments**
- **Asthma that does not respond to other treatment**

Therapeutic Classes

CNS Depressants

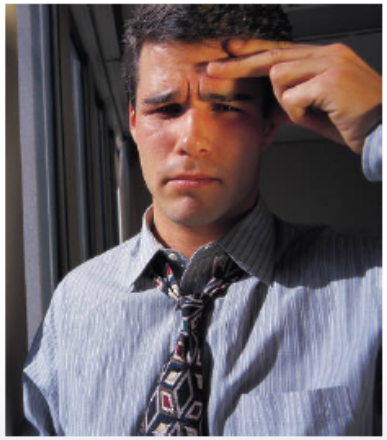
Examples: Valium, Xanax

How They Work…

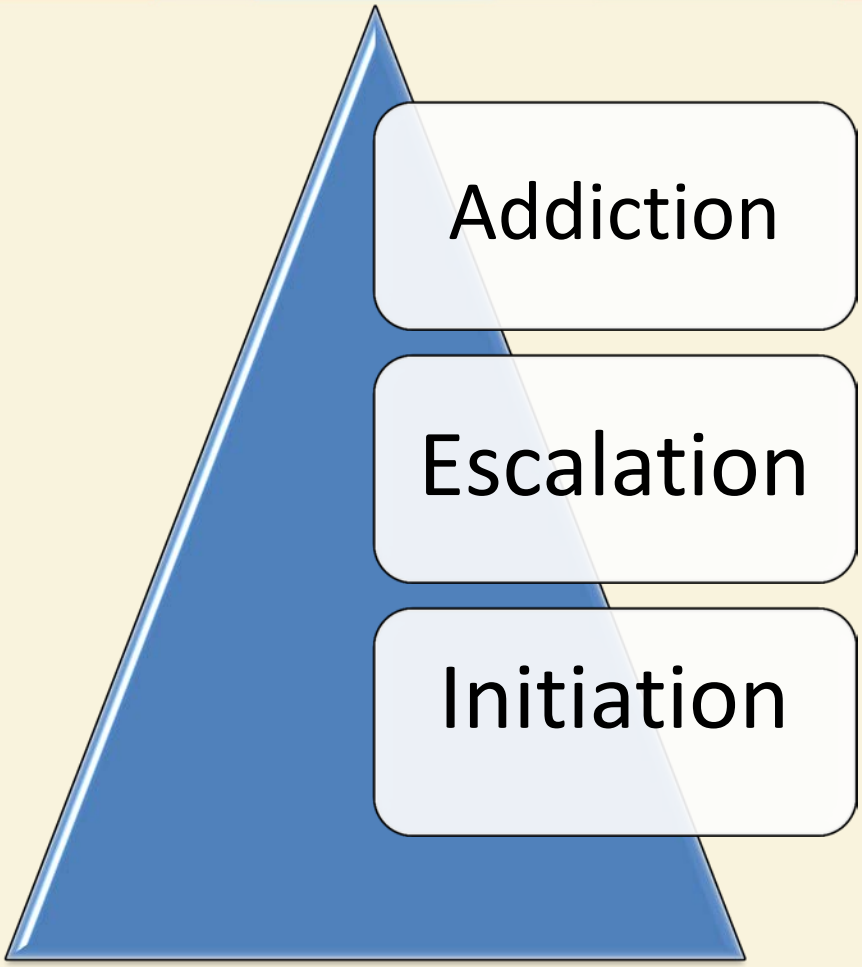
Cause an increase in gamma-aminobutyric acid (GABA), an inhibitory chemical messenger leading to a decrease in brain activity

CNS Depressants are Generally Prescribed for:

- Anxiety
- Tension
- Panic attacks
- Acute stress reactions
- Sleep disorders
- Anesthesia (at high doses)



Stages of Drug Use



Addiction marked by abuse/dependence):

Abuse: Negative consequences with use (loss of job)

Dependence: Physical tolerance, Withdrawal

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Intervention Targets and Messages

- **Initiation/Escalation**
  Prevention: Keep those from repeated exposure
- **Addiction**
  Brief screening (in school, work, medical care) and referral to treatment

- **Messages**

Alter risk perceptions, prevention models, personal economic costs

*Physical and social harm, motivation to quit, triggers for relapse

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Questions

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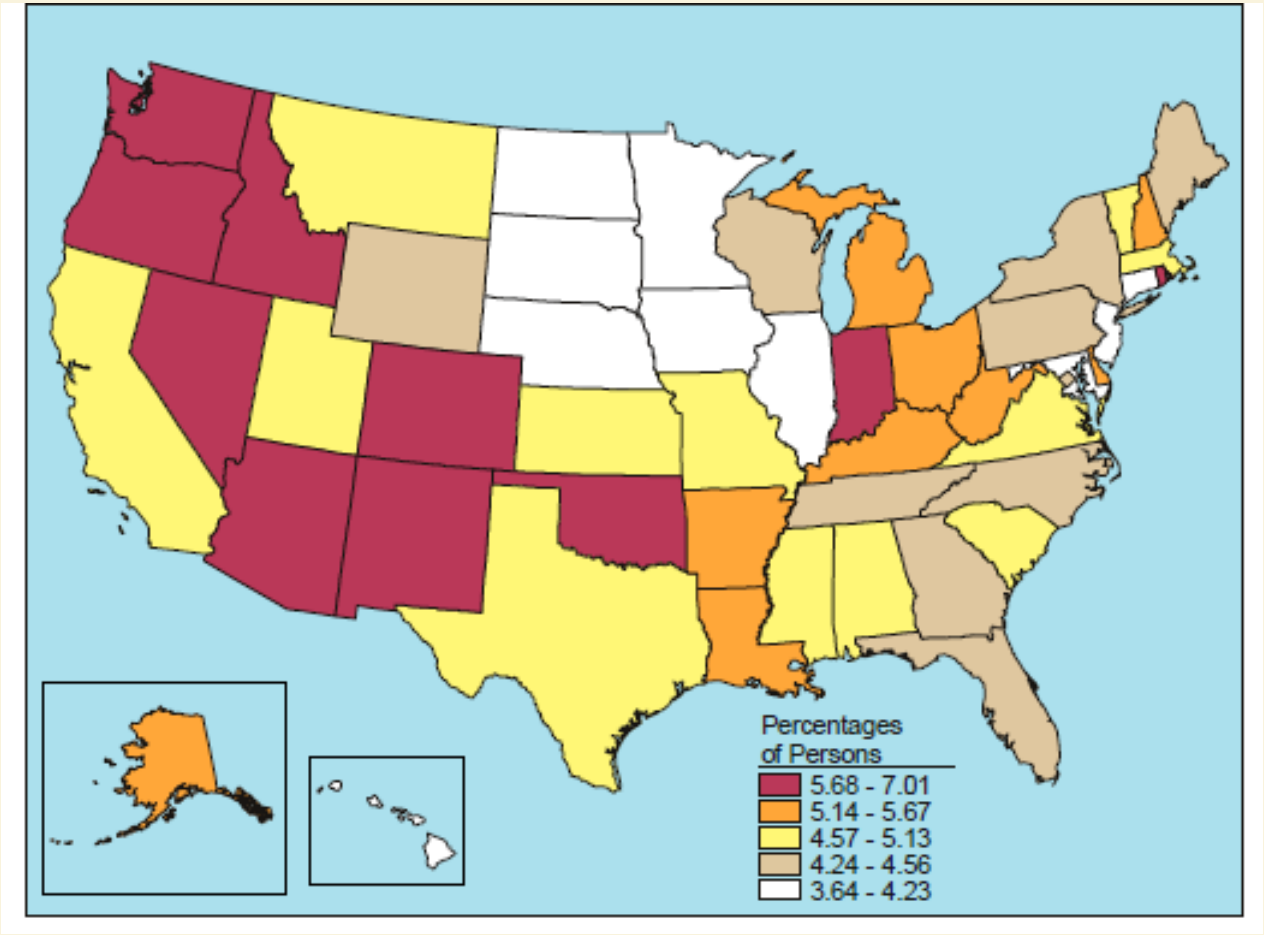
Past-Year Pain Reliever NMU (2009-2010 NSDUH)



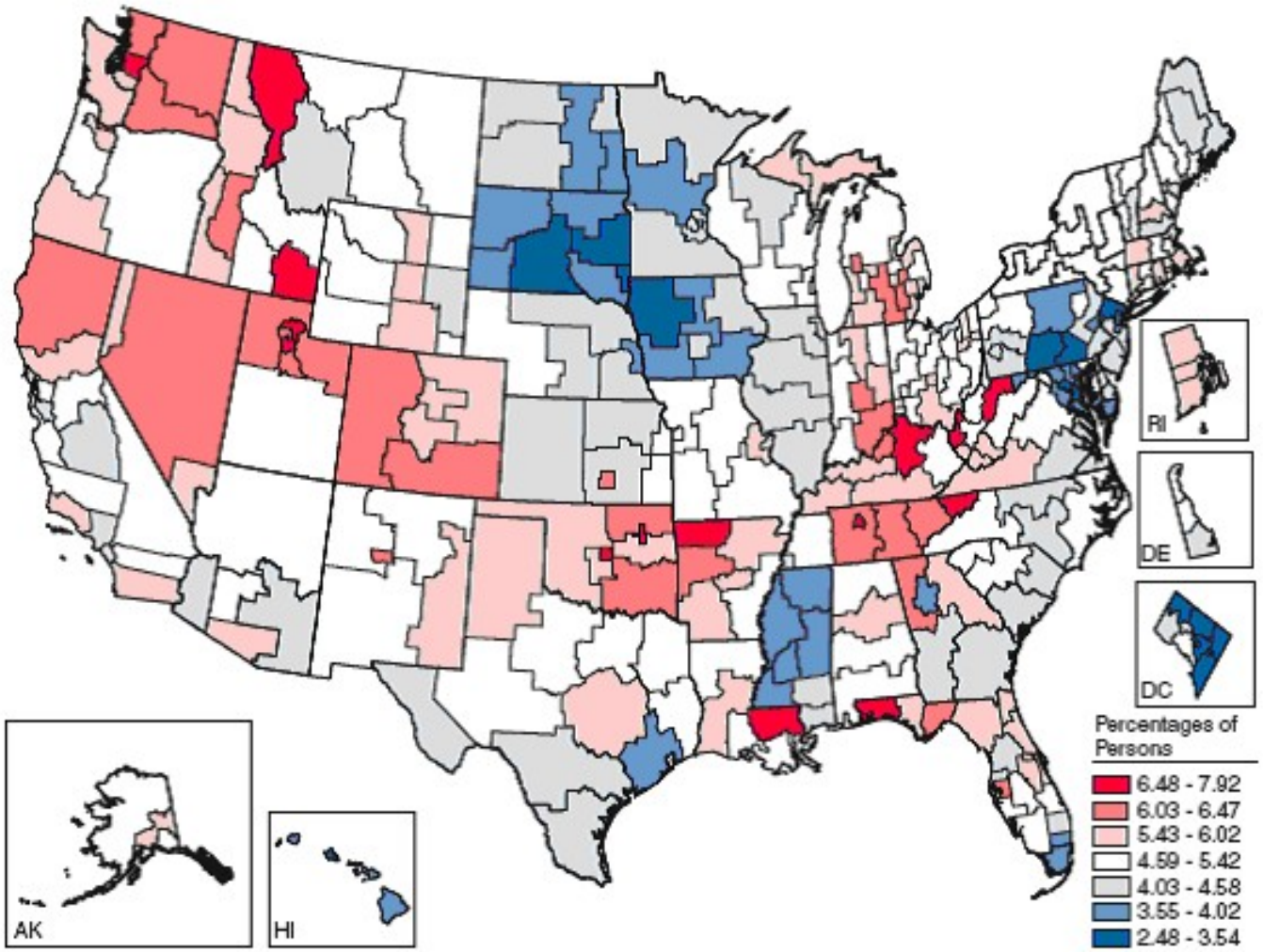
Identifying Patterns of Nonmedical Use for Prescription Pain Relievers (2006-2008)

Note that S. Florida has low rate of NMU

Highest rates in central KY, Seattle, Western Montana, UT

How the prescription is filled/routed

How many refills can be authorized



National Surveillance Systems for Rx Abuse are Lacking

	TEDS	DAWN-Live	NSDUH	HMO/ ADMN	NHIS/MEP	PMPs
Product specificity	X	X	✔	✔	X	✔
Consumption	Freq	None	Freq	Dose	Freq	None
Motivation	X	X	X	X	X	X
Timeliness	X	✔	X	X	X	✔
Data Collection	Client	Tx Staff	Person	Tx Staff	Person	Report
Risk Factors	Med	Low	High	Med	Med	Low-Med
Health Care Utilization	✔🔔	X	✔	✔	✔	X

Call to action: More data are needed on therapeutic class/product, motivations (abuse/misuse), individual risk and protective factors, and interactions with health care system

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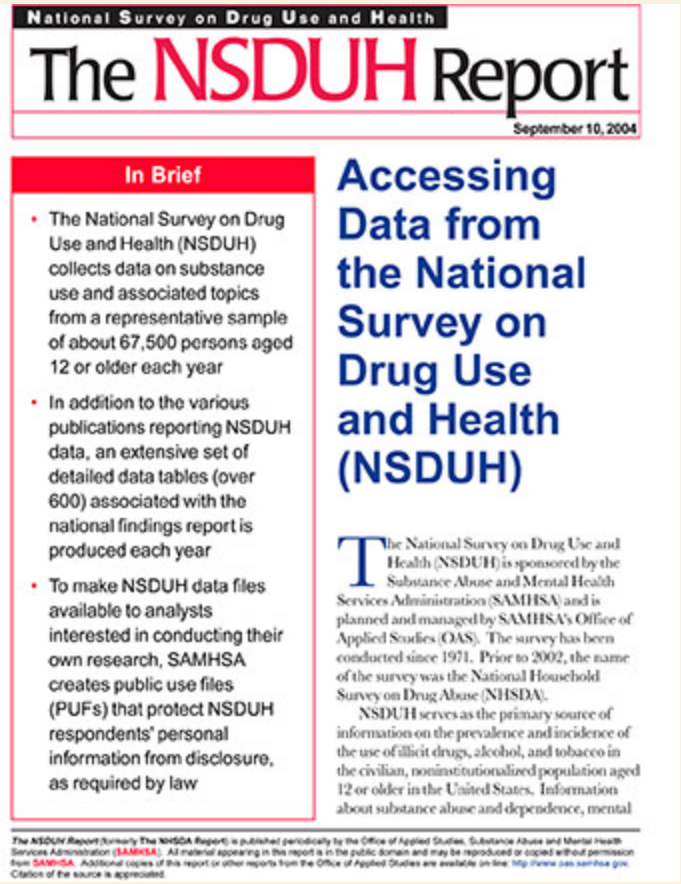
Where Can I find Prevalence Data on Prescription Drug Abuse?

- Search SAMHSA, CDC, and NIDA websites
- DAWN/TEDS/NSDUH online analyses from ICPSR (Univ of Michigan)
- E-mail SAMHSA



National Survey on Drug Use and Health

The NSDUH Report

September 10, 2004

In Brief

- The National Survey on Drug Use and Health (NSDUH) collects data on substance use and associated topics from a representative sample of about 67,500 persons aged 12 or older each year
- In addition to the various publications reporting NSDUH data, an extensive set of detailed data tables (over 600) associated with the national findings report is produced each year
- To make NSDUH data files available to analysts interested in conducting their own research, SAMHSA creates public use files (PUFs) that protect NSDUH respondents' personal information from disclosure, as required by law

Accessing Data from the National Survey on Drug Use and Health (NSDUH)

The National Survey on Drug Use and Health (NSDUH) is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is planned and managed by SAMHSA's Office of Applied Studies (OAS). The survey has been conducted since 1971. Prior to 2002, the name of the survey was the National Household Survey on Drug Abuse (NHSDA).

NSDUH serves as the primary source of information on the prevalence and incidence of the use of illicit drugs, alcohol, and tobacco in the civilian, noninstitutionalized population aged 12 or older in the United States. Information about substance abuse and dependence, mental

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Emerging Drug Trends and High Risk Groups

- Reformulation of OxyContin
- Rise in ADHD/ADD medications for study aids, and tranquilizers for sleep aids
- Dr. Shopping and the Internet

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History of OxyContin

- Approved by FDA in mid 1990s as extended release product
- Contained protective tamper-resistant coating that once crushed, rendered drug inactive
- Led the charge that chronic opioid therapy was safe way to treat long-term pain. Tamper resistant was less likely to lead to abuse/depenence
- In early 2000s, abuse started to skyrocket
- In 2007, Purdue fined 600 million by FDA for misleading statements about abuse potential
- In Q3 of 2010, buyback of old formulation (OC) and now new formulation (OP) introduced

Source: Purdue Pharma

Are former OxyContin Abusers Switching to Heroin?

Heroin Use is on the Rise:

2011 NSDUH found that past-year heroin use almost doubled between 2007 and 2010, from 373,000 to 620,000. For people with heroin dependence or abuse, the number also nearly doubled, from 214,000 in 2007 to 426,000 in 2011.

OxyContin Use is on the Decline:

2011 NSDUH found that prescription opioid abuse declined from 3.2 percent in 2002 to 2.3 percent in 2011 among youths; among young adults, it declined from 4.4 percent in 2010 to 3.6 percent in 2011.

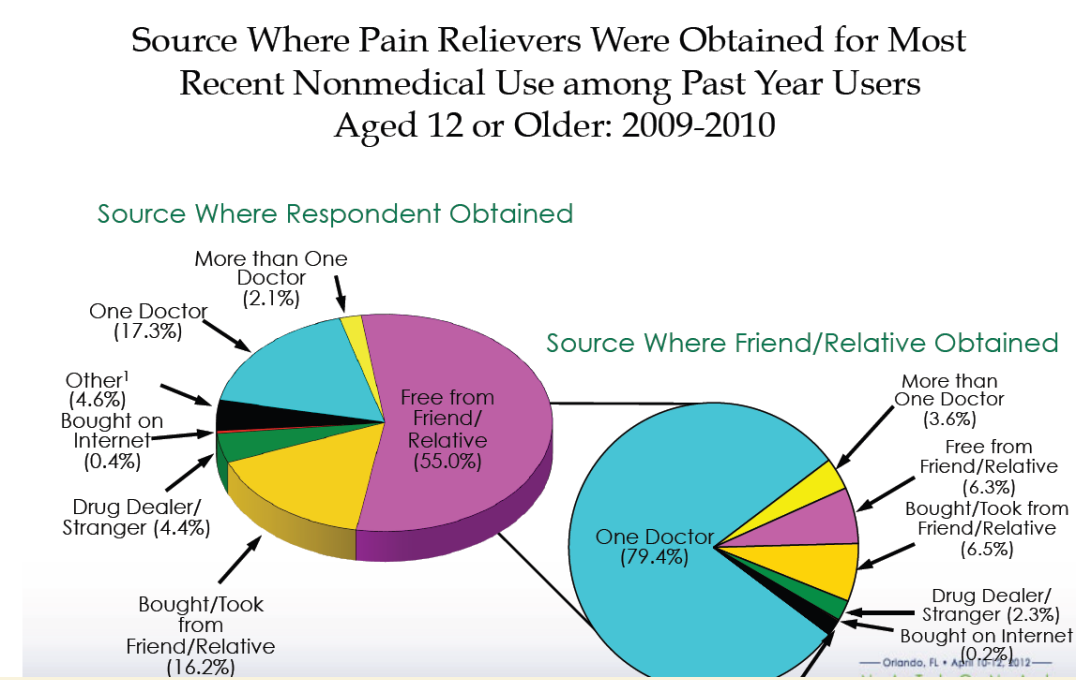
Correlation doesn't equal causation--- still controversial, though evidence suggestive that abusers are switching, but not causing new initiation.

Medicating Sleep and Wake Cycles

- Perceived as less dangerous than other medications, so higher risk of medication sharing
- Body becomes dependent on these medications because physiological adaptation occurs—body seeks to maintain a homeostatic state and drugs affect the state, and body reacts
- Danger interactions with alcohol, and evidence indicates that ADHD stimulants have lead to increased risk of ED visits among students (relative to non-students)
- Occupations with disturbed sleep cycles (medicine, transportation, industry)

Dr. Shopping and Internet Pharmacies

- Over 2/3 medication comes from friend/relative, 1/5 direct from dr.
- But, nearly 80% of those who get it from friend or relative also got it from dr/prescriber, so about 75% of all prescriptions can be linked to a single prescriber.
- Prescription drug monitoring programs (enacted in 37 states and legislation pending in rest) allow stakeholders (drs., pharmacies) to look up your Rx data to ensure no dr. shopping.
- Internet pharmacies—highly regulated by DEA. Beware of sites from Mexico, and India—likely fraud.
- Mob in FL actually tried to buy/run a pharmacy!



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Suspicious Web Sites

- Medications may be expired or fake, but very dangerous because made with unstable ingredients
- User chat-rooms (Blue-Light.com) are places where users dispense information on the most reliable fake-pharmacies
- Internet pharmacies—highly regulated by DEA. Beware of sites from Mexico, and India—likely fraud

Question

Can you use a medication if it has expired?

Answer

Depends! The date listed on the medication is the date through which the manufacturer guarantees efficacy. The medicine may last longer but in some cases, may actual expire rather quickly (like compounded medications involving creams or liquids or gels). Better to dispose of them (medication take back) when they do expire.

Learning Objectives

1) Distinguish types of prescription drugs that are most abused
2) List the 4 major subtypes of non-medical drug use
3) Identify the populations at-risk for different types of prescription drug abuse
4) **Identify the risk factors for various consumption patterns**

Keys to Identification

- Biological Identification
- Self-report screening instruments for abuse liability
- Risk factors identified by research studies

Difference between Drug Test vs. Drug Screen

- **Screen**—
  - Sensitivity (identify pos) and specificity (identify neg)
  - Typically urine
  - Detects use of small numbers of substances (big 5)
  - Window of 24 to 48h
  - Detects temperature of fluid to ensure valid sample. Results available in few minutes
- **Confirmatory test**-
  - Blood, urine, hair, body tissue
  - More specific substances, Longer window—wks to 1-2m
  - Better tests rely on chromatography/spectroscopy

Self-Report Instruments

- Several new instruments to determine which patients/employees are more likely to divert
- Questions range from risk-taking propensity to prior drug use history
- Tricky because abusers may not be honest
- Consequences of misidentification are dire, so better to have high specificity and low sensitivity

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Administrative Data

- Use existing health record data to identify likelihood of abuse
  - Early refills
  - Number of medications
  - Prior substance use history

Caveat: Tremendous market for stakeholders looking for quick fix instruments.

Who are the High-Risk Targets for

- Youth (approximately 10% reported any NMPD in past year)
- Injection drug users: 90% of IDUs report co-occurring NMPD
- Pain Patients (20% report chronic pain, 30% NMPD)
- Military: ???
- Unemployed (in labor force)
- Substance abuse and mental health hx

Myths:

College students—use 1-2 times often stimulants for studying

Elderly—initiation rates less than 1%, mostly due to continued use from middle adulthood

Next Steps

- Rx Nonmedical use has remained relatively stable over past decade, but health consequences (overdose/ED visits have increased), focus on reduce health threat
- Friends/family are most common source of medications, so focus on safe storage
- Most "abuse" of Rx occurs on just a few occasions per year, focus on education, prevention
- Rate of abuse/dependence for Rx is increasing, so need effective prevention/treatment tools (source of next webinar)

EPIDEMIC:
RESPONDING TO AMERICA'S
PRESCRIPTION
DRUG ABUSE CRISIS

2011

Office of National Drug Control Policy
April 2011

Any Questions

Faces of Prescription Drug Deaths

Further Questions/Issues?

- Send e-mail to subscribe or if have useful topic: paw@dsgonline.com
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