



# **West Virginia Prescription Drug Abuse Quitline**

**3<sup>rd</sup> Quarter of 2010**

**Progress Report**

July 1, 2010 – September 30, 2010



## West Virginia Prescription Drug Abuse Quitline Overview and Progress

The West Virginia Prescription Drug Abuse Quitline (PDAQ) is a telephone hotline that aims to help individuals stop abusing or misusing prescription drugs. The Quitline began operations on September 11, 2008 and began as a remote Quitline; utilizing laptop computers and mobile phones to answer calls. However, from financial and logistical analyses, the remote operation of the Quitline was found to be unfeasible. Since March 2, 2009, The Quitline, **1-866-WVQUIT**, has operated through a central call center located within the Department of Community Medicine at West Virginia University. The Quitline operates 7 days a week from 8 a.m. to 10 a.m. Monday – Friday and from 10 a.m. to 10 p.m. on Saturday and Sunday. Callers calling after hours of operation can leave a message and are called back on the following morning shift if requested. With the objectives of service, outreach, and research, the Quitline aims to educate prescription drug abusers and their families about drug abuse and provides information about available services in their areas. Telephone staff educators can give information about referrals to treatment centers, provide education about Narcotics Anonymous meetings, and mail self-help materials. Educators can also make up to three follow-up calls over the course of several months. With the callers' permission, follow up calls are made by the educators at one week, three week, and two month intervals from the time of the initial call. Educational materials can be physically mailed to the callers upon request as well. Callers may also be directed to the PDAQ website, [www.wvrxabuse.org](http://www.wvrxabuse.org), for educational materials and information. As prescription drug abuse continues to be an increasing problem, the West Virginia Prescription Drug Abuse Quitline represents an important and valuable resource for the state of West Virginia.

Data reported here are for the Prescription Drug Abuse Quitline and are specific to the 3<sup>rd</sup> Quarter of 2010 from July 1, 2010 to September 30, 2010.

The report includes:

- A. Call Patterns
- B. Caller Demographics/ Characteristics
- C. Key Findings
- D. Quitline Caller Satisfaction Survey Information
- E. Quitline Follow Up Survey Information
- F. Distributed Informational and Educational Materials
- G. Website
- H. Groups Contacted

**A. Call Patterns**

April 1, 2010 – June 30, 2010

**1. Call Patterns by Month**

Table 1: Calls to Quitline by Month

Month	Total Calls to Quitline	Intake	1st Follow Up	2 <sup>nd</sup> Follow Up	3 <sup>rd</sup> Follow Up	Information Only	Caller Satisfaction
July 2010	36	17	3	1	4	4	11
August 2010	44	20	6	3	2	4	13
September 2010	34	16	7	4	0	2	7
Totals	114	53	16	8	6	10	31

Figure 1: Total Calls to Quitline by Month

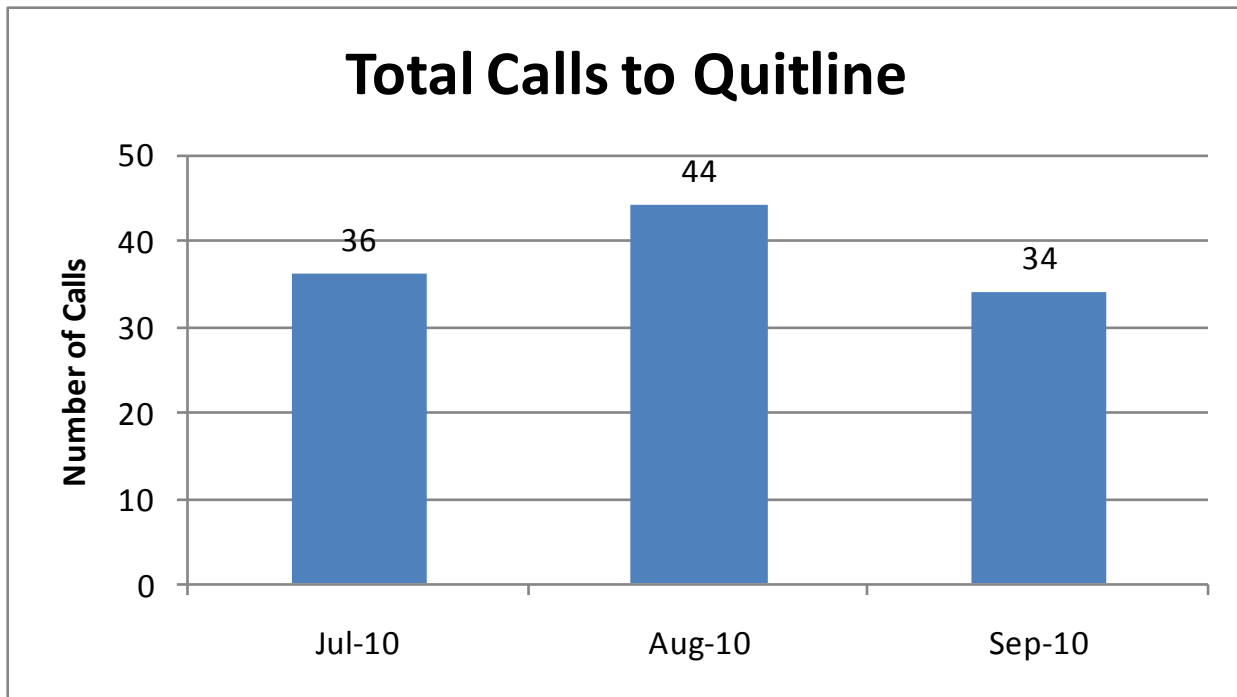
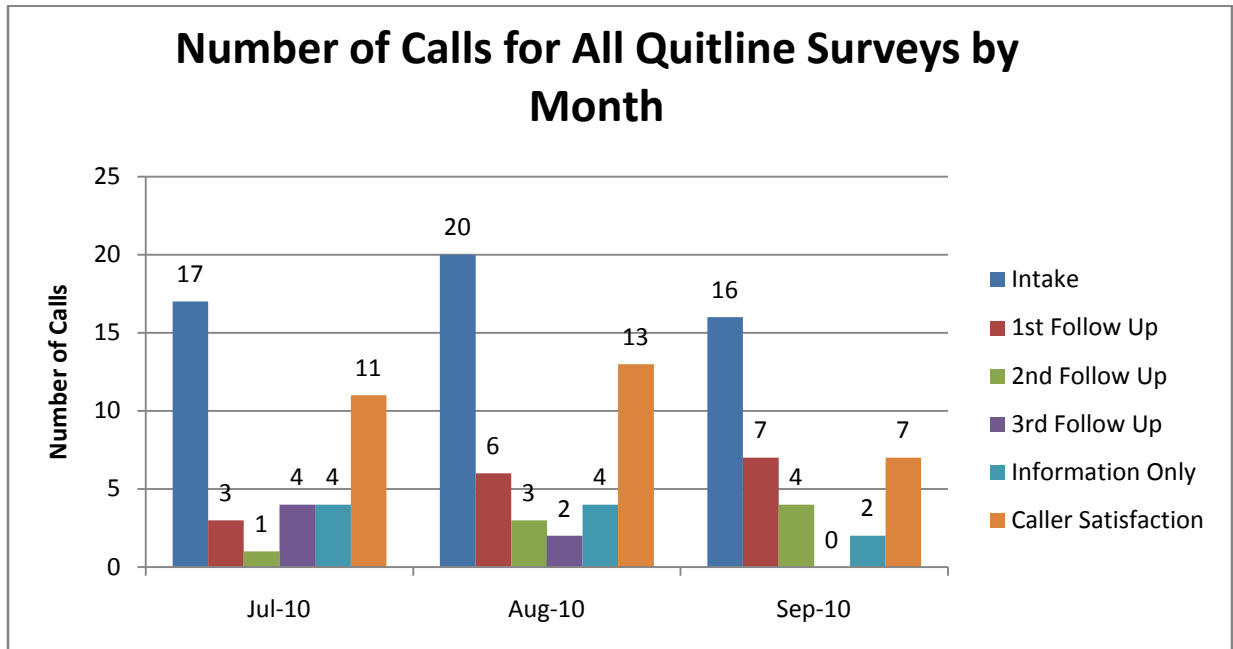


Figure 2: Calls to Quitline by Month for All Surveys



For the current reporting quarter, the Quitline received the highest call volume in August 2010 with 44 calls, followed by July with 36 calls, and then September with 34 calls.

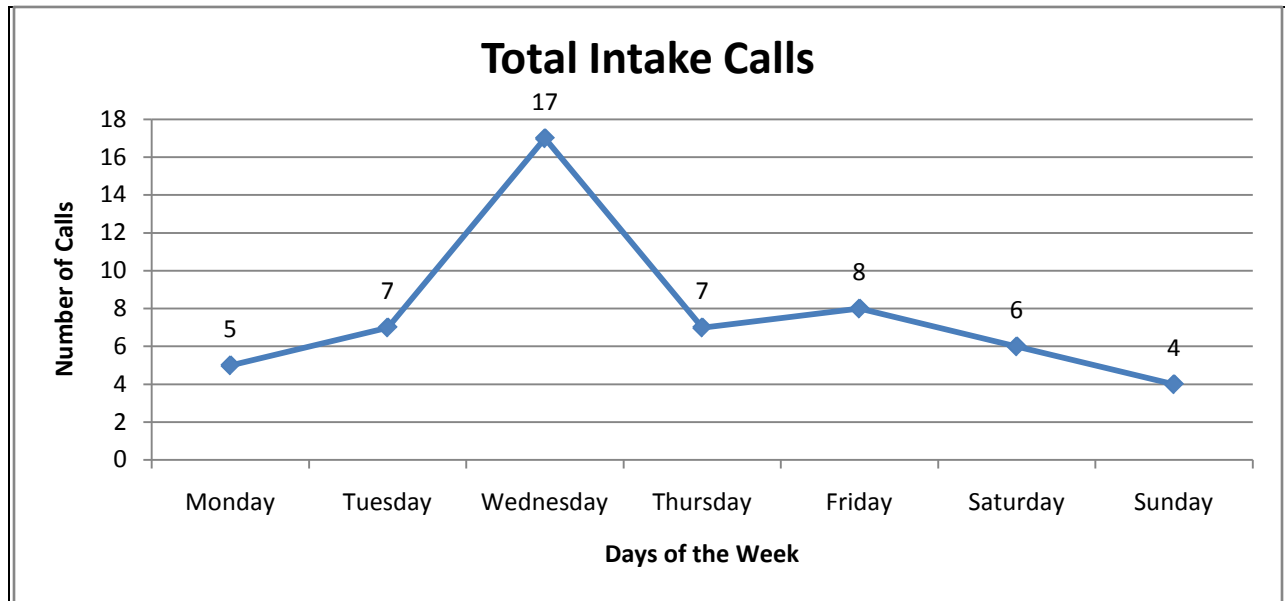
The grant funding for the Quitline and associated services is anticipated to finish in March 2011. During this reporting quarter and the previous quarter, the Quitline has not been as active in advertising and promotional efforts and has focused more on service delivery and funding searches owing to a limited promotion budget.

## 2. Call Patterns by Day of Week

Table 2: Intake Calls to Quitline by Day of Week

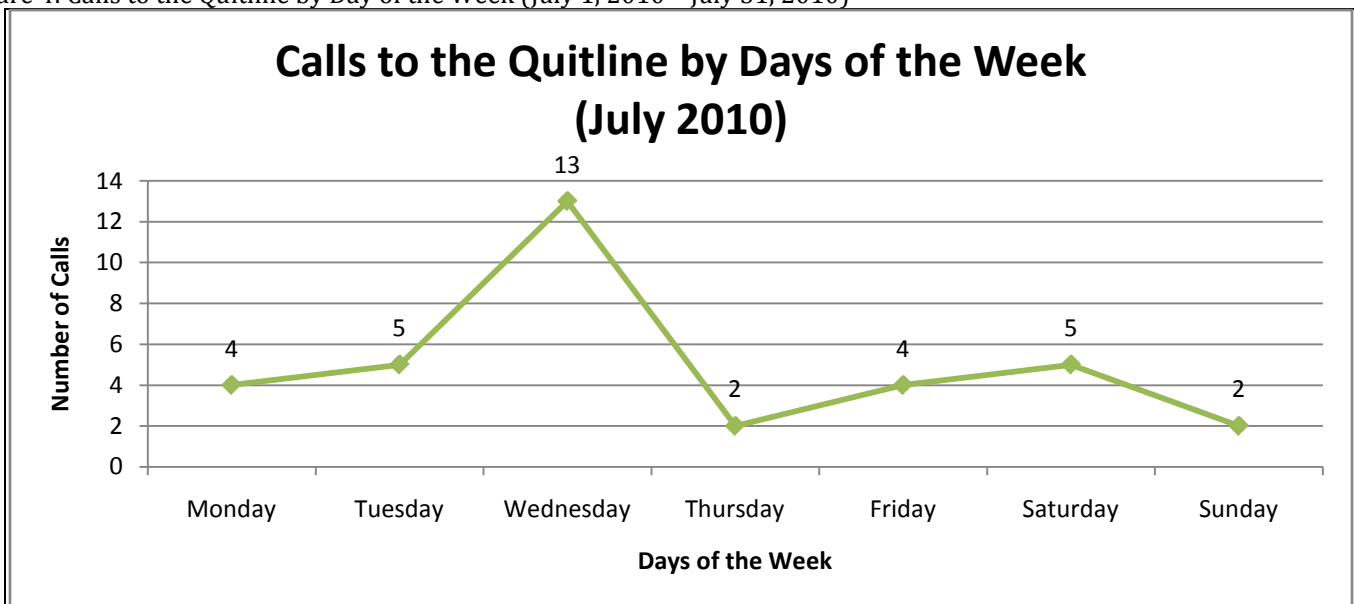
Day of Week	Total Intake Calls	July 2010	August 2010	September 2010
Monday	5	1	1	3
Tuesday	7	2	3	2
Wednesday	17	7	5	5
Thursday	7	1	5	1
Friday	8	4	2	2
Saturday	6	2	2	2
Sunday	4	0	3	1
Totals	54	17	21	16

Figure 3: Calls to the Quitline by Day of the Week (Total)



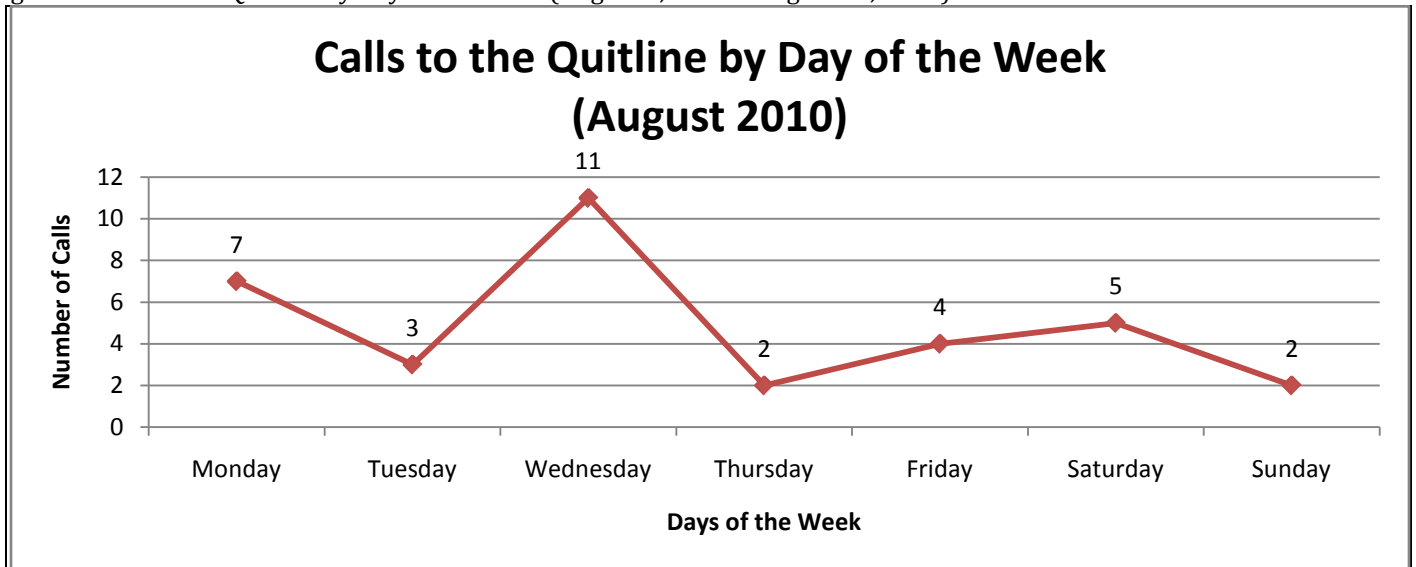
Overall for the current reporting quarter, the Quitline received the most calls on Wednesday (17 calls), followed by Fridays (8). The fewest number of calls was received on Sundays with only 4 call being received to the Quitline on a Monday during July, August, and September 2010.

Figure 4: Calls to the Quitline by Day of the Week (July 1, 2010 - July 31, 2010)



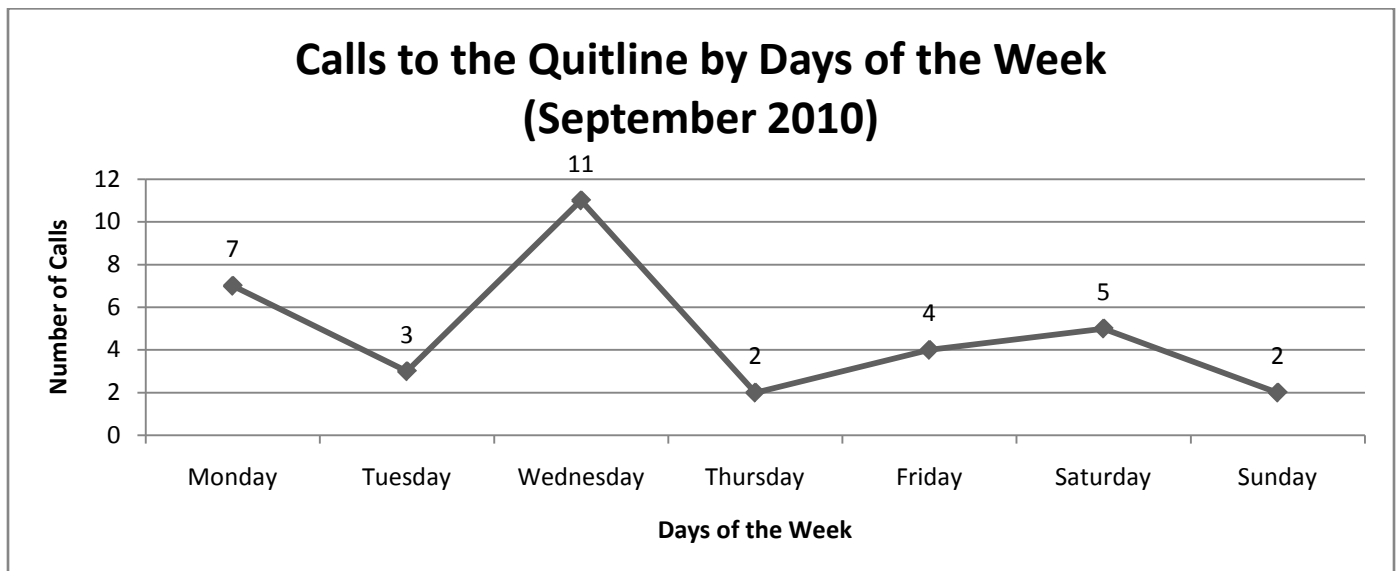
For the present quarter of operation, the month of July had the highest call volume on Wednesdays with 13 calls, followed by Tuesdays, Fridays, and Saturdays with 5 calls each. The lowest call volume was seen on Thursdays and Sundays with only 2 call each.

Figure 5: Calls to the Quitline by Day of the Week (August 1, 2010 – August 31, 2010)



For the present quarter of operation, the month of August had the highest call volume on Wednesdays with 11 calls, and the lowest call volume on Thursdays and Sundays with 2 calls each.

Figure 6: Calls to the Quitline by the Day of the Week (September 1, 2010 – September 30, 2010)



For the present quarter of operation, the month of September had the highest call volume on Wednesdays with 11 calls. The lowest call volume in September was seen on Thursdays and Sundays with 2 calls each.

### 3. Call Patterns by Hour

For the present quarter of operation, the Quitline was available from 8 a.m. until 10 p.m. Monday – Friday and 10 a.m. to 10 p.m. Saturday and Sunday. Callers calling after hours were able to leave a message and their calls were returned at the following 8 a.m. shift if requested by the caller. The following data demonstrates the call volume per hour for the individual months of July, August, and September 2010.

Figure 7: Calls to Quitline by Hour (July 1, 2010 – July 31, 2010)

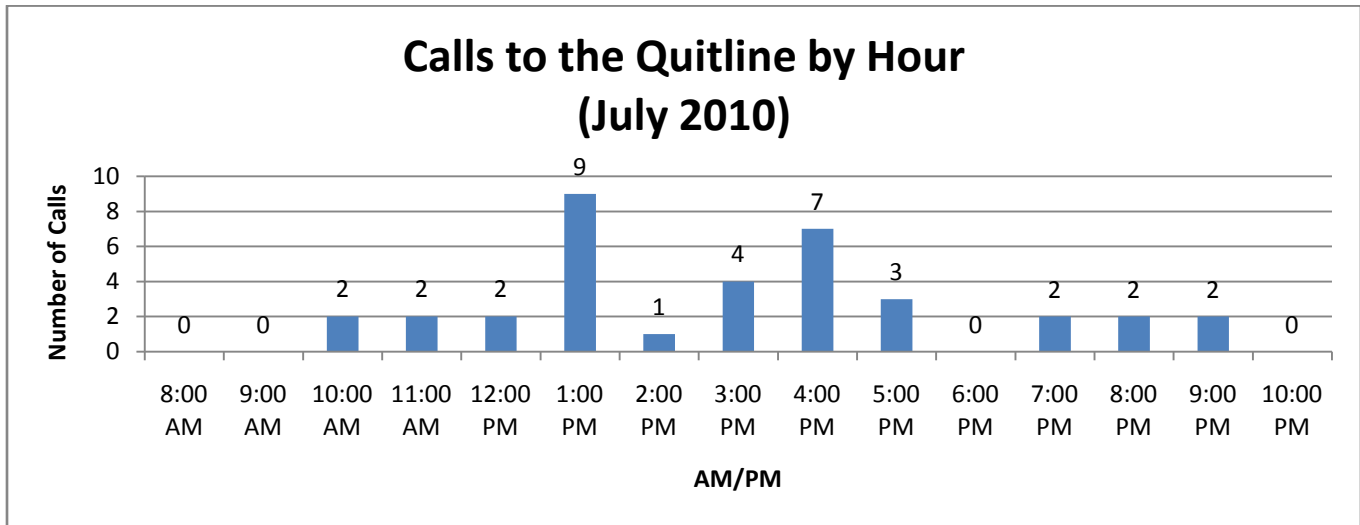


Figure 8: Calls to Quitline by Hour (August 1, 2100 – August 31, 2010)

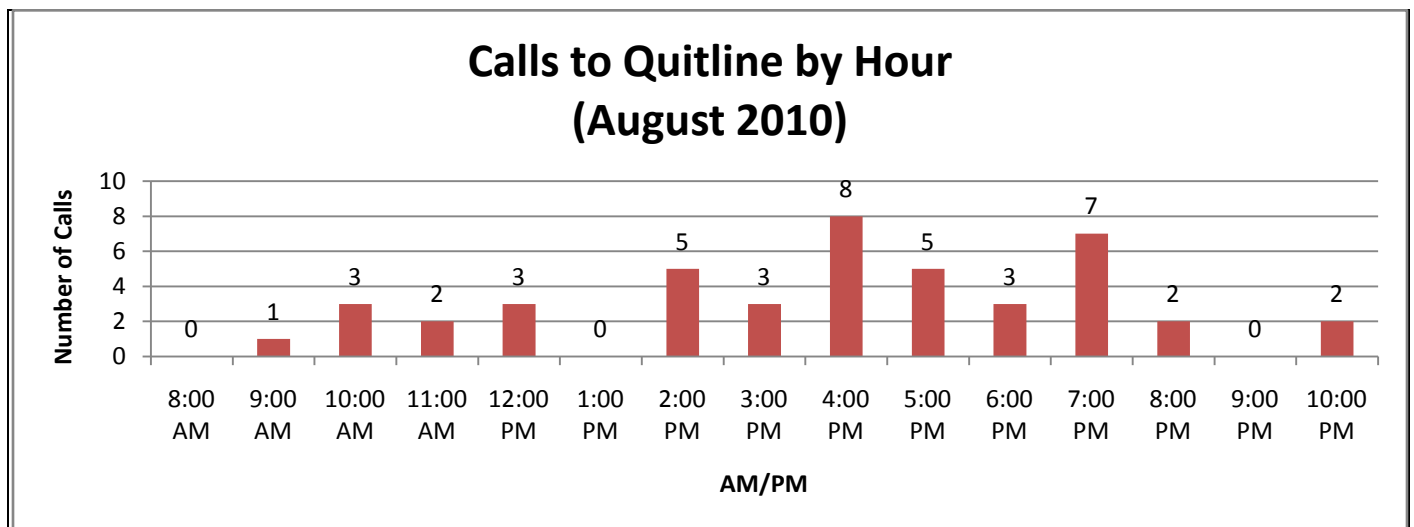
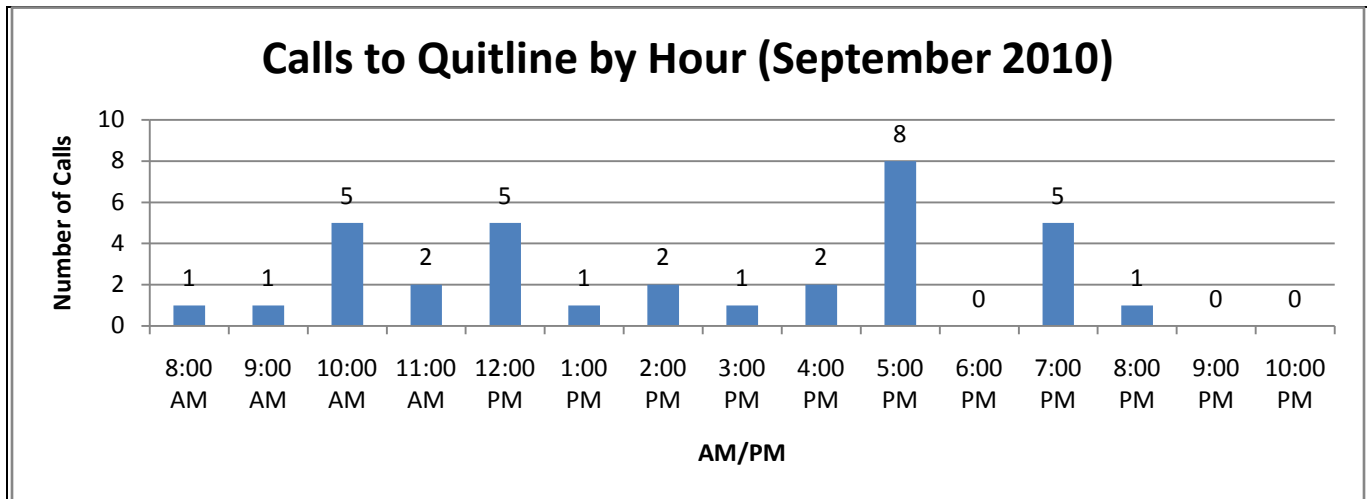


Figure 9: Calls to Quitline by Hour (September 1, 2010 – September 30, 2010)



## B. Caller Demographics/Characteristics

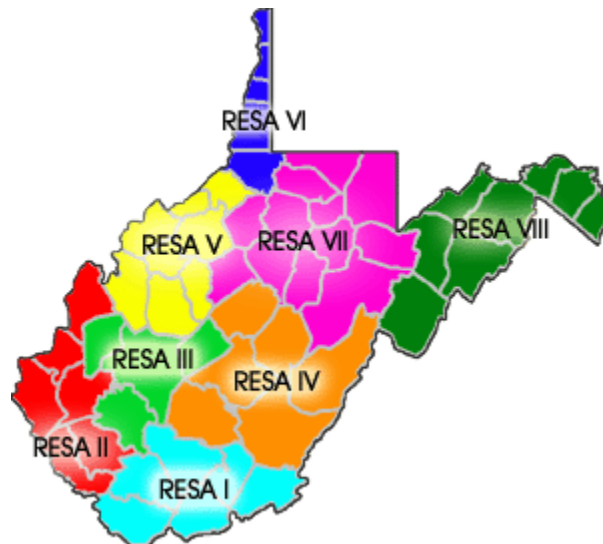
\* Data reported in the following section are specific to the present quarter of Quitline operation (July 1, 2010 to September 30, 2010). Also, the percentages shown have been computed by excluding callers who did not answer the survey questions.\*

Regarding caller demographics for the present quarter of operation, 64% of callers were calling for themselves whereas 35% of callers were calling for someone other than themselves. Of those calling for others, 79% were calling for a family member or friend and 10% identified themselves as concerned health professionals.

During the present reporting quarter, the most common reasons for calling as reported by the callers were: wanting help or information about quitting (60%), wanting to refer someone to the Quitline for help (24%), and wanting help through a proactive counseling session (8%).

Although many callers did not provide a response as to what region that they were from, of the callers who did respond during the present quarter, the majority responded that they were from RESA Region III (29%), RESA Region I (24%), followed by RESA Region II (20%).

Figure 10: West Virginia RESA Region Map



For the present reporting quarter, 56% of callers were male and 44% were female. During the first year and second year of operation, most of the callers to the Quitline have been female. However, during the third year of operation, the trend has shown equal calling from both males and females at 50% each.

Similar to previous reporting periods, 70% of callers reported having health insurance where as 30% of callers reported having no health insurance. The most common forms of health insurance reported were Medicaid insurance (35%) and self-pay/no insurance (30%).

The majority of callers to the Quitline (70%) have their GED/high school diploma or higher education. Also consistent with previous reports, 82% of callers reported their ethnicity as white/non-hispanic during this reporting quarter.

The majority of callers (85%) requested a referral for treatment and 88% requested a follow-up call from the Quitline educators in one week. In comparison, during the previous reporting period, 83% of callers requested referral for treatment and 100% requested a follow-up call. Trends for the current reporting period therefore demonstrate an increase in callers requesting referral for treatment, but a decrease in callers requesting a follow-up call from Quitline educators.

### C. Key Findings

\* Data presented for this report are specific to the 3<sup>rd</sup> Quarter of 2010 (July 1, 2010 through September 30, 2010). The percentages shown have been computed by excluding callers who did not answer the survey questions.\*

For the July-September 2010 quarter, there were a total of 115 calls; 53 intake calls, 17 - 1<sup>st</sup> Follow Up calls, 8 - 2<sup>nd</sup> Follow Up calls, 6 - 3<sup>rd</sup> Follow Up calls, 31 caller satisfaction calls, and 10 information only callers. From these calls and surveys there are various key findings about drug abuse and misuse in West Virginia.

Similar to the previous period, the majority of callers reported using prescription drugs non-medically everyday (79%) or some days (12%). Also, 100% of callers reported feeling addicted to prescription drugs. For drugs abused, 73% of callers reported abusing opiates, 25% benzodiazapines, and 2% depressants, and no callers reported abusing stimulants. Of these drugs, the most commonly reported drugs abused were opiates. Oxycodone was most commonly reported (46% of all opioid-based drugs reported) followed by Hydrocodone (43%).

For the most frequent age that callers identified as when they started misusing prescription drugs, 35% reported between the ages of 20-29 years and another 20% reported between the ages of 30-39. This was followed by 16-19 years old (17%), 40-49 years old (8%), and less than 16 years old (5%). As compared to the previous reporting period, these trends represent a 16% decrease in callers to the Quitline who started misusing prescription drugs at a younger age in life, in both the less than 16 years group (21% previously) and the 16-19 years group (33% previously). These were the biggest differences from the previous reporting period. Those who reported that they started using between the ages of 20-29 years stayed about the same (33% previously, compared to 35% now). Also, majority of callers (43%) reported beginning to abuse drugs 6 months or less after they started misusing drugs.

The majority of callers for this present quarter (45%) reported that they did not have a prescription for the drugs they misused/abused. However, 35% of callers did have a prescription and 16% reported that they had a prescription but they abused the prescription or did not really need it. One caller reported having a prescription that they obtained through doctor shopping for this present quarter.

Callers reported obtaining prescription drugs by the following means occasionally to always: buying the prescription drugs from the street (35%), buying the drugs from a friend or family member (25%), being given the drugs by a family member or friend (20%), through doctor shopping (9%), and stealing the drugs from a family member or friend (6%). Notably, diversion (buying drugs from the street) is associated with 63% of overdose fatalities (Hall et al., 2008).

Similar to previous reporting period, during the present quarter, 58% of callers reported that they did not have a pattern to their prescription drug abuse. However, 41% of callers reported using their prescription drugs within 5 minutes of waking up (20% within 1 hour of waking up). Therefore, we can see one of the potential patterns to their prescription drug abuse.

Reports of the time of day that callers used their prescription drugs varied. The highest percentage of callers (23%) reported using drugs at no particular time of the day, followed by 17% during mid-morning (9 a.m. – 12 a.m.), 15% in the early morning (5 a.m. – 9:00 a.m.), 12% in the late afternoon (2:00 p.m. – 4:00 p.m.) and early evening (4 p.m. – 6 p.m.).

Fifty seven percent of callers reported taking prescription drugs by mouth, 36% reported snorting prescription drugs, and 6% reported injecting prescription drugs intravenously.

Eighty-four percent of callers reported a physical pain precursor as a contributor to their abuse of prescription drugs. The most commonly reported physical precursors included an accident or other injury (17%), surgery (15%), to control physical pain (15%), and for back pain specifically (11%). Also, 86% of callers reported a mental precursor as a contributor to their abuse of prescription drugs. The most commonly reported mental precursors included anxiety and other stresses (16%), and depression

(15%). It is also important to point out that in both categories, the proportion of callers who identified as having no physical/mental pain precursors was 15% and 14% respectively.

Seventy-six percent of callers reported using some other substance in combination with their prescription drug use for an enhanced effect of the prescription drug. The most common other substances reported included cigarettes (40%), alcohol (14%), marijuana (12%), and benzodiazepine (7%). Also, 51% of callers reported using cigarettes more than 3 times a week.

Regarding the effect that callers are most seeking when taking prescription drugs, 42% of callers stated they take prescription drugs to feel normal, 20% said for relief (of pain), and 12% wanted to achieve an “energy high” from using prescription drugs.

Callers reported various consequences that they feel they are facing as a result of their prescription drug abuse. The most commonly reported consequences were destruction of relationships (14%), withdrawal symptoms (13%), financial problems (12%), and the addiction has become a full-time occupation and side effects (8%).

Sixty-nine percent of callers reported intentions to quit abusing prescription drugs within the next 30 days. The majority of callers (48%) stated that they thought a combination of self-help materials, counseling sessions, follow-up sessions, detox treatment, and community support groups would best aid their quit attempts.

Callers reported hearing about the Quitline from various sources including media (5%), referral (22%), and other advertising (55%):

- Of callers who heard about the Quitline from media, 66% reported television as the source, 33% reported newspapers, and no callers reported hearing about the Quitline from radio advertisements.
- For callers who heard about the Quitline from other advertising, 31% reported hearing about the Quitline from billboards, 19% from flyers, 40% from brochures, and no callers reported hearing about the Quitline from phone directories.
- For callers who heard about the Quitline from referrals, 42% were from other sources (including the internet), 33% were from health professionals, 17% were from family and friends.
- These data are similar to the data presented for previous reporting period and demonstrate the continued effectiveness of the media and advertising efforts of the Quitline.

#### **D. Quitline Caller Satisfaction Survey Information**

In September 2009, a Caller Satisfaction survey was implemented at the Quitline. The Caller Satisfaction survey is a five question survey asking callers about their opinions and satisfaction with the Quitline services. Caller satisfaction data is provided here for the 3<sup>rd</sup> quarter of operation for 2010 (July 1, 2010 to September 30, 2010). From these surveys (n=31) 100% of callers reported being somewhat to very

satisfied with the services they received (84% were very satisfied). Also, 96% of callers stated that they were able to speak to an educator right away and 84% of callers said that they would definitely or probably recommend the Quitline to others.

Figure 11: Length of Time to Talk to a PDAQ Educator

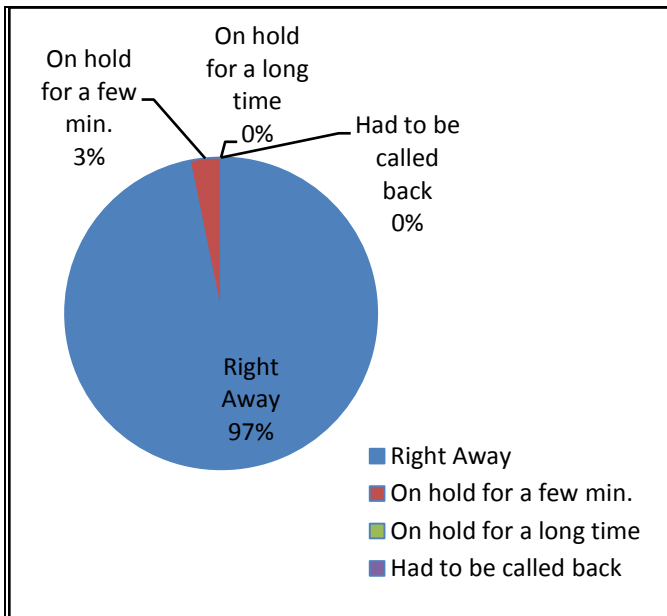


Figure 12: Would Recommend Quitline to Others

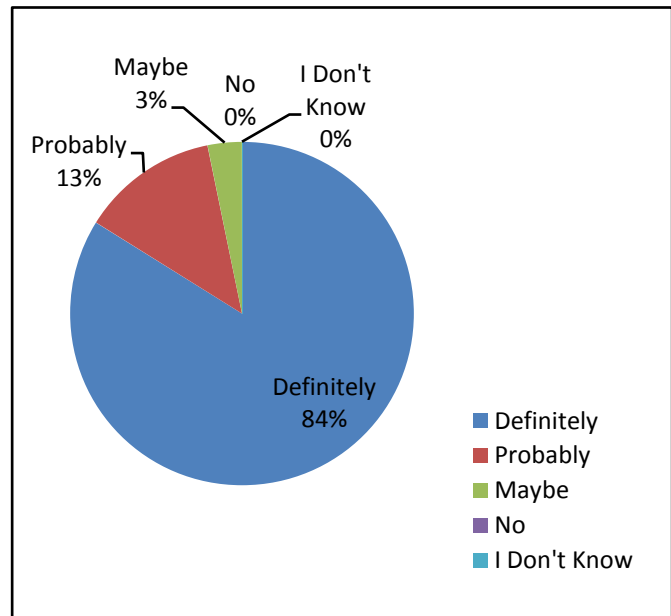
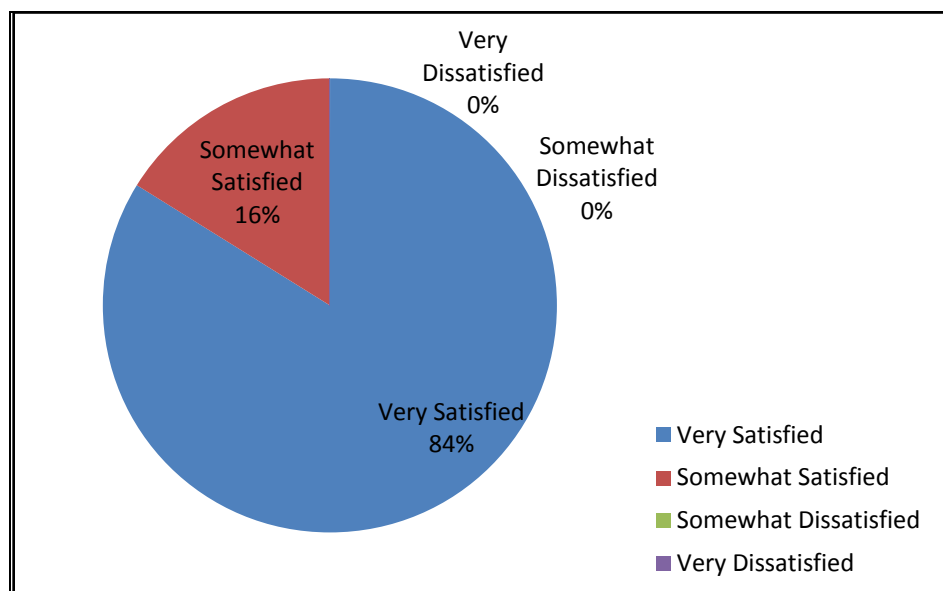


Figure 13: Caller Satisfaction with PDAQ Services



## **E. Quitline Follow Up Survey Information**

### **1<sup>st</sup> (One-Week) Follow Up**

\*1<sup>st</sup> Follow Up surveys are completed when an educator calls a caller one week after their initial call to the Quitline, if requested by the caller. Percentages shown only include callers who answered all survey questions. Information in the table in Appendix A supplements information presented here.

A Wilcoxon Signed Rank Sum test was performed between the Intake and 1<sup>st</sup> Follow Up surveys to evaluate Quitline effectiveness. Some of the significant differences are presented here:

- The percentage of callers reporting no use of prescription medication increased 25.5% from the Intake call to the 1<sup>st</sup> Follow Up call ( $p < .0001$ ).
- The percentage of callers who reported taking prescription drugs by mouth, snorting, or intravenously decreased 17.3%, 13.8%, and 2.8%, respectively, from the Intake call to the 1<sup>st</sup> Follow Up ( $p < .0001$ ).
- The percentage of callers who reported that self-help materials, referral for treatment, or a community support group will encourage quit attempts changed +5.7%, -8.8%, and +11.1%, respectively, from the Intake call to the 1<sup>st</sup> Follow Up ( $p < .0001$ ).
- Interestingly, the percentage of callers who reported they would like a referral to a treatment center decreased by approximately 46% from the Intake call to the 1<sup>st</sup> Follow Up ( $p < .0001$ ).

Importantly, approximately 85% of callers who receive a follow-up call report they would like a 1-month follow-up call. This demonstrates the effectiveness of the PDA Quitline educators in developing rapport with the caller and carrying out interventions that are perceived as helpful by the callers.

***Additionally, about 15% of callers reported they received counseling or treatment as a result of their initial call to the Quitline. Another 14.9% report intentions to get counseling or treatment, but have yet to take action.***

### **2<sup>nd</sup> (One-Month) Follow Up**

\* 2<sup>nd</sup> Follow Up surveys are completed when an educator calls a caller one month after their initial call to the Quitline, if requested by the caller. Percentages shown only include callers who answered all survey questions. Although not discussed in great length here, the trends noted from the 1<sup>st</sup> Follow Up survey generally continue or further improve in the hypothesized directions. For specifics, see the table in Appendix B.

***During the 2<sup>nd</sup> Follow Up, 67% of callers reported they quit using drugs for 24 hours or longer.***

***At the 2<sup>nd</sup> Follow Up, about 17% of callers reported they received counseling or treatment as a result of their initial call to the Quitline. Another 18% report intentions to get counseling or treatment, but have yet to take action.***

83 % of callers during the 2<sup>nd</sup> Follow Up requested another follow up call. Again, this demonstrates the effectiveness of the PDA Quitline interventions carried out by the educators and the value and importance of the PDA Quitline to callers in helping them implement changes in their lives.

### **3<sup>rd</sup> (Three-Month) Follow Up**

\* 3<sup>rd</sup> Follow Up surveys are completed when an educator calls a caller three months after their initial call to the Quitline, if requested by the caller. This is the final call made by the Quitline. Percentages shown only include callers who answered all survey questions. Important trends noted in the previous follow up surveys generally continue or further improve in the hypothesized directions. For specifics, see the table in Appendix C.

***During the 3<sup>rd</sup> Follow Up, 70% of callers reported they quit using drugs for 24 hours or longer.***

***At the 3<sup>rd</sup> Follow Up, 48% of callers reported they received counseling or treatment as a result of their initial call to the Quitline. Another 9% report intentions to get counseling or treatment, but have yet to take action.***

The combined preliminary data from all the surveys suggest the PDA Quitline interventions carried out by the educators are valuable and important in assisting callers with implementing changes in their lives and connecting them with treatment resources.

## **F. Distributed Informational and Educational Materials**

As reported in previous reports, upon request, callers may be mailed informational and educational pamphlets about prescription drug misuse and abuse. The titles of available pamphlets include:

- What is Prescription Drug Abuse?
- Prescription Drug Abuse and Rural Life
- Young Adults and Prescription Drug Abuse
- Tools for Recovery
- Treatment: How to Choose
- What to Expect During Recovery
- Friends and Family (\*Added during the present reporting quarter\*)

These pamphlets may also be viewed and/or printed from the PDAQ website at.

**G. Website**

The WVPDAQ website, [www.wvrxabuse.org](http://www.wvrxabuse.org), is a resource where individuals can go to obtain information such as information about the services offered by the Quitline, prescription drug abuse facts, treatment center information, and other resources. Also, materials provided by the Quitline, including brochures and business cards, are available on the website as well.

For the 3<sup>rd</sup> Quarter of 2010 (July 1, 2010 to September 30, 2010) there are various trends that can be seen regarding website traffic and usage.

Table 3: WVPDAQ Website Traffic Information

Number of Visits	Average Pages per Visit	Average Time on Site	Percent New Visits	Bounce Rate*
586	3.34	3:35	67%	49%

\* “Bounce rate: The percentage of initial visitors who “bounce” away to a different site rather than continuing on to other pages within the same site.” \*

**Top Content Viewed**

- 1) PDA Facts
- 2) Resources
- 3) Services
- 4) Materials

**Top Traffic Sources**

- 1) Google
- 2) Direct
- 3) WVDHHR
- 4) Takecarewv.org

Table 4: Top Cities for WVPDAQ Website

(586 Visits came from 333 Cities) \*Already changed

City	Visits	Pages/Visit	Avg. Time on Site (min)
1) Morgantown	135	2.8	2:13
2) Charleston	41	3.4	2:12
3) Huntington	15	3.5	1:07
4) Beckley	16	4.11	3:23
5) Washington	14	2.57	3:04

## H. Groups Contacted

Bureau for Behavioral Health and Health Facilities

All Magistrate Offices across the State

All DHHR County Offices across the State

All Domestic Violence Shelters across the State

All Homeless Shelters across the State

WV Prevention Resource Center

West Virginia Junior College

Guardian House Moundsville

Bluefield Union Mission

Maya Angelou House, High View

Clarksburg City Mission

Bartlett House, Morgantown

Scott Place Shelter Fairmont

Union Mission Fairmont

Huntington City Mission

Nourished Hearts Emergency Shelter Charleston

Charleston Urban Youth Ministries

Roark-Sullivan Lifeway Center Charleston

Huntington Food Bank

Mountaineer Food Bank Gassaway, WV

Soup Kitchen of Greater Wheeling

Ittman Food Bank Mullens, WV

Faith in Action Keyser WV

Soup Opera 425 Quincy Street Fairmont WV

WV Council of Churches

Hansford Center

BARH/Beckley Appalachian Regional Hospital

## Literature Cited

Hall, AJ, JE Logan, RL Toblin, JA Kaplan, JC Kraner, D Bixler, AE Crosby, LJ Paulozzi. (2008). Patterns of Abuse Among Unintentional Pharmaceutical Overdose Fatalities. *JAMA*. 300(22): 2613-2620.

## Glossary

### 1. Prescription Drug Abuse Quitline

The Prescription Drug Abuse Quitline (PDAQ) is an anonymous hotline that serves to help and educate individuals who misuse or abuse prescription drugs. The number for the Quitline is 1-866-WVQUIT and the Quitline was available 24 hours a day, 7 days a week for the first quarter of operation.

### 2. Educators

Educators are the staff members that are trained to answer calls that come to the Quitline. The educators have personal backgrounds in social work and are able to answer calls, complete caller surveys, and provide information to the caller.

### 3. Caller Surveys

When callers call the Quitline and are seeking help for prescription drug abuse or misuse, a part of the process is the caller survey. This survey aims to gather important information about the caller through an initial intake survey, and subsequent 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> follow-up surveys to be completed upon agreement of the caller.

### 4. Educator Scripts

Information the educators read and provide for the callers during the Quitline calls.

### 5. Educator Technology

The Quitline is unique in that it is not housed in a physical location with a hard telephone line. Instead, educators have cellular phones in order to take calls from a safe, private, and secure location during their shifts. The educators are also provided with laptop computers in order to complete caller surveys during their shifts.

### 6. Intake

The intake survey is the first survey that the educators complete for a first time caller to the Quitline.

### 7. 1<sup>st</sup> Follow Up

Upon agreement, an educator will call a caller back in one week from date of the initial call to the Quitline. The educators will complete a 1<sup>st</sup> Follow Up survey for the caller.

8. 2<sup>nd</sup> Follow Up

Upon agreement, an educator will call a caller back in one month from the date of the initial call to the Quitline. The educators will complete a 2<sup>nd</sup> Follow Up survey for the caller.

9. 3<sup>rd</sup> Follow Up

Upon agreement, an educator will call a caller back in three months from the date of the initial call to the Quitline. The educators will complete a 3<sup>rd</sup> Follow Up survey for the caller.

10. Referral

When callers call the Quitline they are asked how they heard of the Quitline. One choice to answer this question is through a referral which could be from a health professional, family member or friend. Also, the caller may ask to be referred to a medical professional or treatment center for help with drug abuse or misuse. This is also called a referral.

11. Missed Calls/Hang-up calls

Missed/Hang-up calls are calls that are received to the educator's cellular phone but are either dropped or discontinued before the educator can complete a survey.

12. Pamphlets

Callers may request physical educational material to be mailed to them. This information can include pamphlets that are designed to educate and help the callers themselves or family members or friends.

13. PDAQ Website

The Quitline Website is [www.wvrxabuse.org](http://www.wvrxabuse.org). The website includes educational information about prescription drug abuse, West Virginia, and methods for getting help. Self-help materials such as pamphlets are also available on the website. Materials such as business cards, flyers, and pamphlets are also available to be printed from the website.

**Appendix A: Wilcoxon Signed Rank Sum test for Intake and First Follow-up Surveys (n=220)\***

Questionnaire Item	% (Intake)	% (1 <sup>st</sup> Follow-up)	Difference*	P-Value
Use prescription drugs non-medically?				
Everyday	70.6	48.5	-22.1	
Somedays	14.5	15.7	-2.1	
Not at all	8.1	33.6	+25.5	<b>&lt;.0001</b>
Have a pattern to your drug use?				
Yes	27.7	13.6	-14.1	
No	57.5	40.9	+16.6	<b>&lt;.0001</b>
Feel Addicted to prescription drugs?				
Yes	83.4	53.2	-30.2	
No	0.9	1.7	-0.8	<b>.016</b>
How soon do you take your first pill after waking up?				
Within 5 min. of waking	46.8	26.4	-20.4	.1643
What times of day do you use most?				
AM hours 12am-11:59am	28.4	21.9	-6.5	
PM hours 12pm-11:59pm	53.3	41.3	-12.0	<b>&lt;.0001</b>
How do you take your prescription drugs?				
By mouth	43.4	26.1	-17.3	
Snorting	37.9	24.1	-13.8	
Intravenously	10.2	7.4	-2.8	<b>&lt;.0001</b>
Intend to quit in the next 30 days?				
Yes	74.5	44.7	-29.8	
No	1.3	2.1	-0.8	
Do not know	17.9	7.7	-10.2	<b>&lt;.0001</b>
What will encourage your quit attempts to be successful?				
Self-help materials	2.6	8.3	-5.7	
Referral or treatment for detoxification	20.0	11.2	-8.8	
Community support group	1.7	12.8	+11.1	<b>&lt;.0001</b>
Get drugs from a doctor shop? #	11.9	5.5	-6.4	.5077
Buy drugs from streets? #	68.9	42.1	-26.8	<b>.0092</b>
Buy drugs from family members/friends? #	45.1	27.7	-17.4	.971
Steal drugs from family members/friends? #	9.8	2.9	-6.9	<b>.022</b>
Given drugs by family members/friend? #	32.3	16.2	-16.1	.2483
Get/buy drugs by some other means? #	9.4	5.9	-3.5	.7753
Would you like a referral to a treatment center?				
Yes	72.3	26.8	-45.5	
No	5.1	57.5	+52.4	<b>&lt;.0001</b>

\*Differences computed only for those completing both surveys; # % reporting occasional or greater frequency.

**Appendix B: Wilcoxon Signed Rank Sum test for Intake and Second Follow-up Surveys (n=111)\***

Questionnaire Item	% (Intake)	% (1 <sup>st</sup> Follow-up)	Difference*	P-Value
Use prescription drugs non-medically?				
Everyday	79.5	33.3	-46.2	
Somedays	12.0	17.1	+5.1	
Not at all	5.1	47.0	+41.9	<b>&lt;.0001</b>
Have a pattern to your drug use?				
Yes	35.0	7.7	-27.3	
No	56.4	30.8	-25.6	<b>.0001</b>
Feel Addicted to prescription drugs?				
Yes	89.7	37.6	-52.1	
No	0.9	0.9	0.0	.25
How soon do you take your first pill after waking up?				
Within 5 min. of waking	44.4	17.1	-27.3	.0403
What times of day do you use most?				
AM hours 12am-11:59am	29.5	40.9	+11.4	
PM hours 12pm-11:59pm	58.0	27.1	-30.9	<b>.0001</b>
How do you take your prescription drugs?				
By mouth	44.4	23.8	-20.6	
Snorting	35.9	12.3	-23.6	
Intravenously	13.7	5.7	-8.0	<b>.0002</b>
Intend to quit in the next 30 days?				
Yes	80.3	29.1	-51.2	
No	1.7	0.0	-1.7	
Do not know	4.5	10.3	-4.2	<b>&lt;.0001</b>
What will encourage your quit attempts to be successful?				
Self-help materials	5.1	11.3	+6.2	
Referral or treatment for detoxification	19.7	9.9	-9.8	
Community support group	0.9	10.6	+9.7	<b>&lt;.0001</b>
Get drugs from a doctor shop? #	11.1	4.3	-6.8	.5234
Buy drugs from streets? #	76.1	33.3	-42.8	.4102
Buy drugs from family members/friends? #	45.6	20.5	-29.1	.3392
Steal drugs from family members/friends? #	12.8	2.6	-10.2	.0566
Given drugs by family members/friend? #	35.9	12.0	-23.9	.0557
Get/buy drugs by some other means? #	9.4	0.9	-8.5	.5
Would you like a referral to a treatment center?				
Yes	72.7	15.4	-57.3	
No	6.0	73.5	+67.5	<b>&lt;.0001</b>

\*Differences computed only for those completing both surveys; # % reporting occasional or greater frequency.

**Appendix C: Wilcoxon Signed Rank Sum test for Intake and Third (Three-Month) Follow-up Surveys (n=55)\***

Questionnaire Item	% (Intake)	% (1 <sup>st</sup> Follow-up)	Difference*	P-Value
Use prescription drugs non-medically?				
Everyday	85.7	32.1	-53.6	
Somedays	7.1	12.5	+5.4	
Not at all	5.4	55.4	+50.0	<b>&lt;.0001</b>
Have a pattern to your drug use?				
Yes	41.1	5.4	-35.7	
No	51.8	33.9	-17.9	<b>.002</b>
Feel Addicted to prescription drugs?				
Yes	89.3	42.9	-46.4	
No	1.8	1.8	0.0	1.0
How soon do you take your first pill after waking up?				
Within 5 min. of waking	48.2	19.6	-28.6	.3953
What times of day do you use most?				
AM hours 12am-11:59am	27.3	17.5	-9.8	
PM hours 12pm-11:59pm	58.8	34.5	-24.3	.125
How do you take your prescription drugs?				
By mouth	44.6	23.0	-21.6	
Snorting	39.3	14.3	-25.0	
Intravenously	12.5	0.0 $\Psi$	-----	<b>.0078</b>
Intend to quit in the next 30 days?				
Yes	83.9	26.8	-57.1	
No	0.0	3.6	+3.6	
Do not know	14.3	7.1	-7.2	<b>.0313</b>
What will encourage your quit attempts to be successful?				
Self-help materials	5.4	10.3	+4.9	
Referral or treatment for detoxification	19.6	8.8	-10.8	
Community support group	1.8	11.8	+10.0	<b>&lt;.0001</b>
Get drugs from a doctor shop? #	10.7	5.4	-5.3	.4375
Buy drugs from streets? #	78.6	26.8	-51.8	.1091
Buy drugs from family members/friends? #	53.6	25.0	-28.6	.5671
Steal drugs from family members/friends? #	10.7	0.0	-10.7	.5
Given drugs by family members/friend? #	33.9	17.9	-16.0	<b>&lt;.0001</b>
Get/buy drugs by some other means? #	12.5	3.6	-8.9	1.0
Would you like a referral to a treatment center?				
Yes	76.8	16.1	-60.7	
No	3.6	73.2	+69.2	<b>&lt;.0001</b>

\*Differences computed only for those completing both surveys; # % reporting occasional or greater frequency;  $\Psi$  due to missing data