

# **West Virginia Prescription Drug Abuse Quitline**

**2<sup>nd</sup> Quarter of 2010**

**Progress Report**

April 1, 2010 – June 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 p.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 mission of service, outreach, and research, the Quitline aims to educate prescription drug abusers and their families and provides information about available treatment and recovery resources 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, one month, and three 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 2<sup>nd</sup> Quarter of 2010 from April 1, 2010 to June 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
April 2010	70	27	12	3	1	10	17
May 2010	43	14	8	8	4	0	9
June 2010	31	12	7	2	2	4	4
Totals	144	53	27	13	7	14	30

Figure 1: Total Calls to Quitline by Month

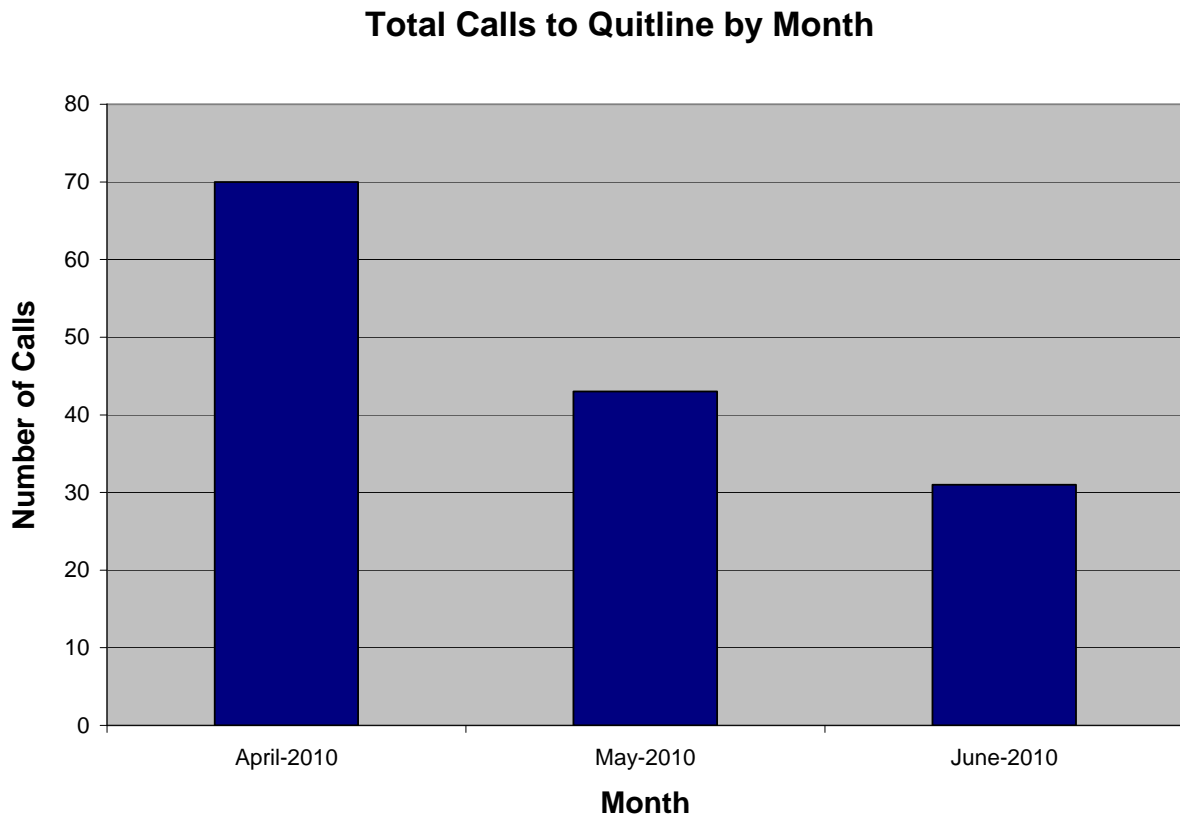
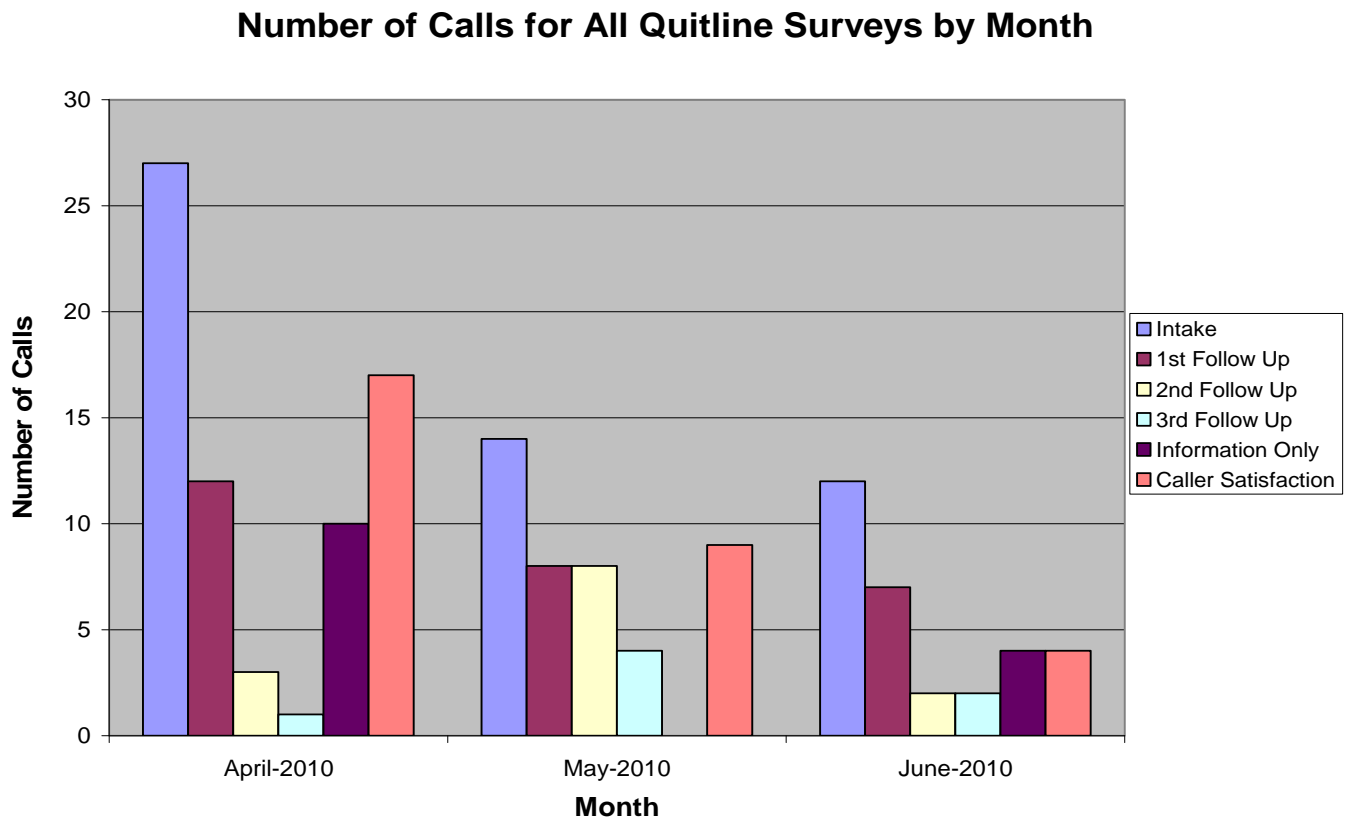


Figure 2: Calls to Quitline by Month for All Surveys



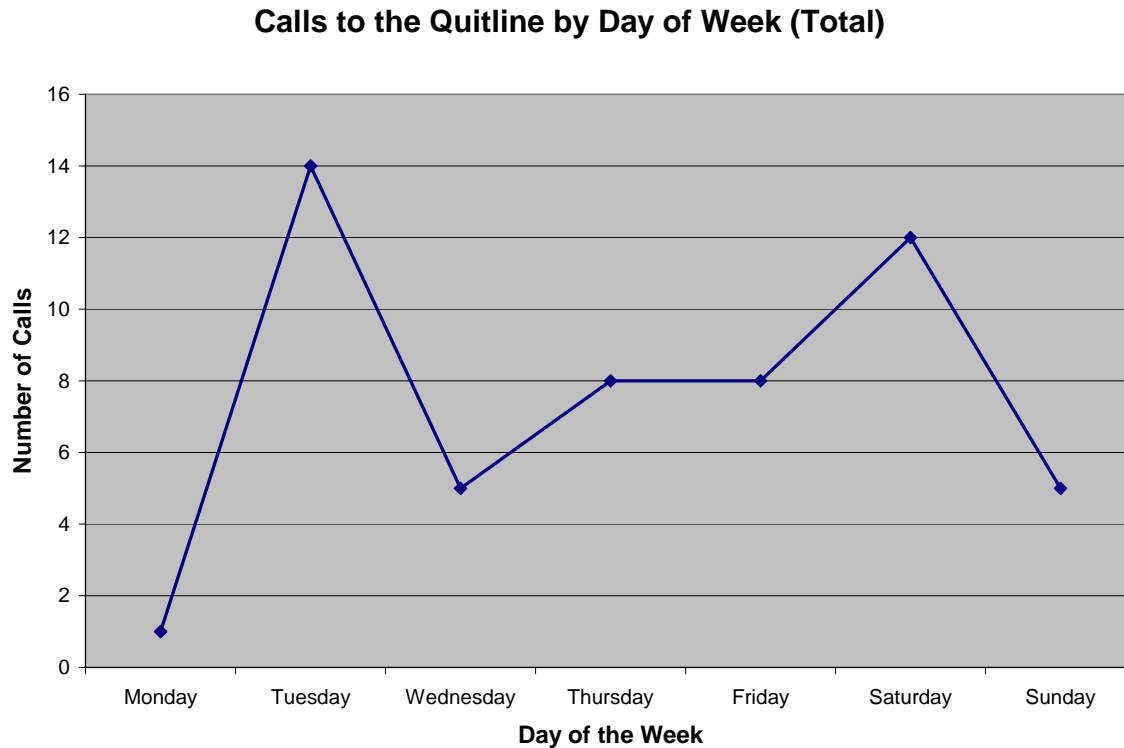
For the current reporting quarter, the Quitline received the highest call volume in April 2010 with 70 calls, followed by May with 43 calls, and then June with 31 calls.

## 2. Call Patterns by Day of Week

Table 2: Intake Calls to Quitline by Day of Week

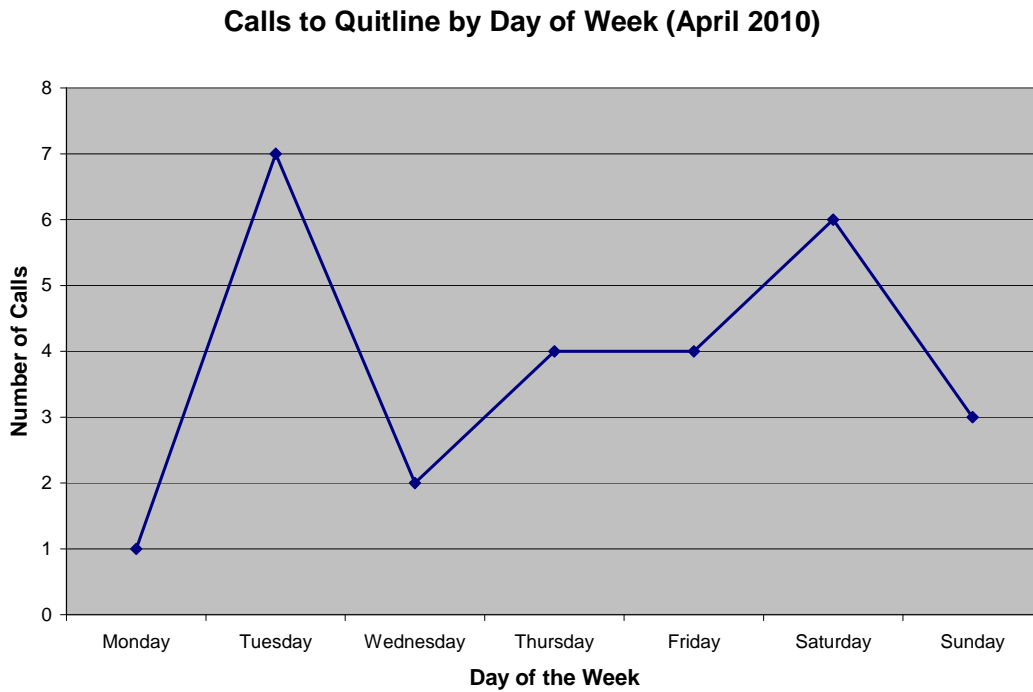
Day of Week	Total Intake Calls	April 2010	May 2010	June 2010
Monday	1	1	0	0
Tuesday	14	7	2	5
Wednesday	5	2	1	2
Thursday	8	4	3	1
Friday	8	4	3	1
Saturday	12	6	3	3
Sunday	5	3	2	0
Totals	53	27	14	12

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



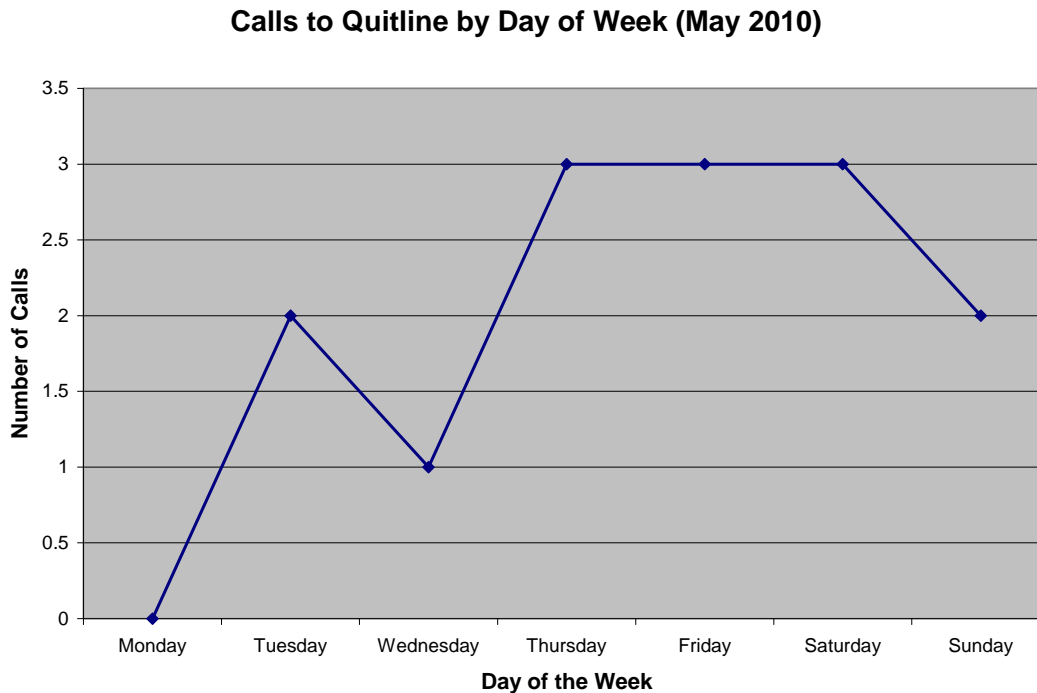
Overall for the current reporting quarter, the Quitline received the most calls on Tuesdays (14 calls), followed by Saturdays (12). The fewest number of calls was received on Mondays with only 1 call being received to the Quitline on a Monday during April, May, and June 2010. These trends are somewhat different than what has previously been seen at the Quitline in that other reporting periods showed more call volume during the week, with calls dropping off during the weekends.

Figure 4: Calls to the Quitline by Day of the Week (April 1, 2010 – April 30, 2010)



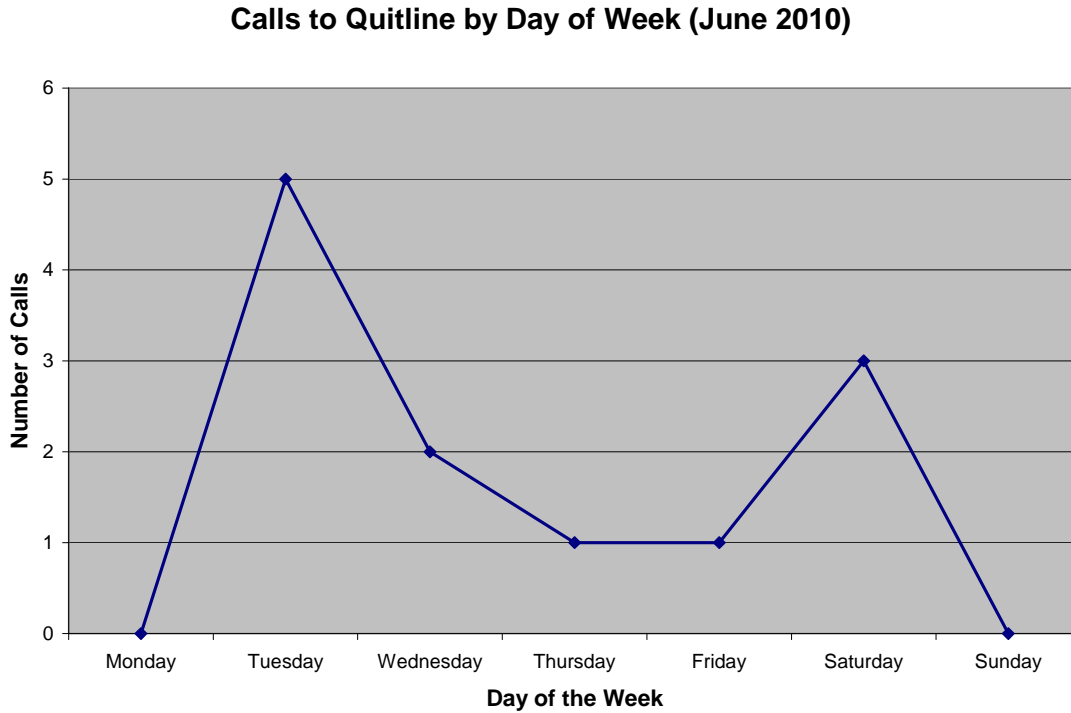
For the present quarter of operation, the month of April had the highest call volume on Tuesdays with 7 calls, followed by Saturdays with 6 calls. The lowest call volume was seen on Mondays with only 1 call.

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



For the present quarter of operation, the month of May had the highest call volume on Thursdays, Fridays, and Saturdays with 3 calls each and the lowest call volume on Mondays with 0 calls.

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



For the present quarter of operation, the month of June had the highest call volume on Tuesdays, with 5 calls. The lowest call volume in June was seen on Mondays with 0 calls.

### 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 demonstrate the call volume per hour for the months of April, May, and June 2010.

Figure 7: Calls to Quitline by Hour (April 1, 2010 – April 30, 2010)

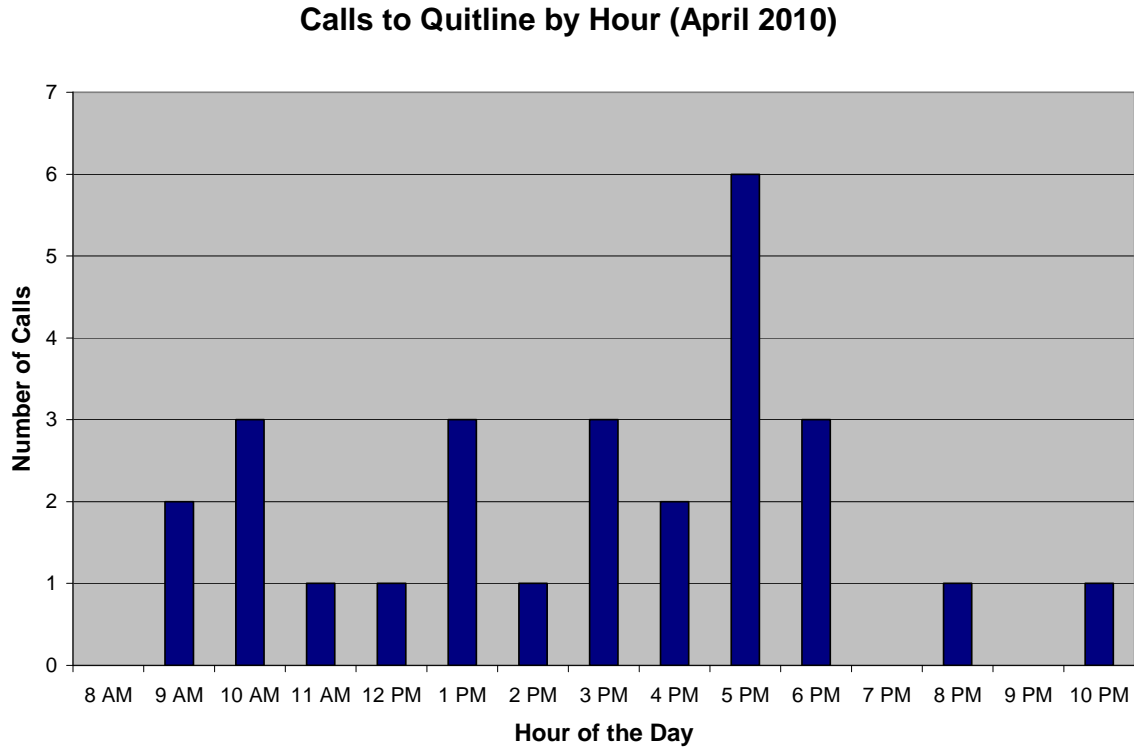


Figure 8: Calls to Quitline by Hour (May 1, 2010 – May 31, 2010)

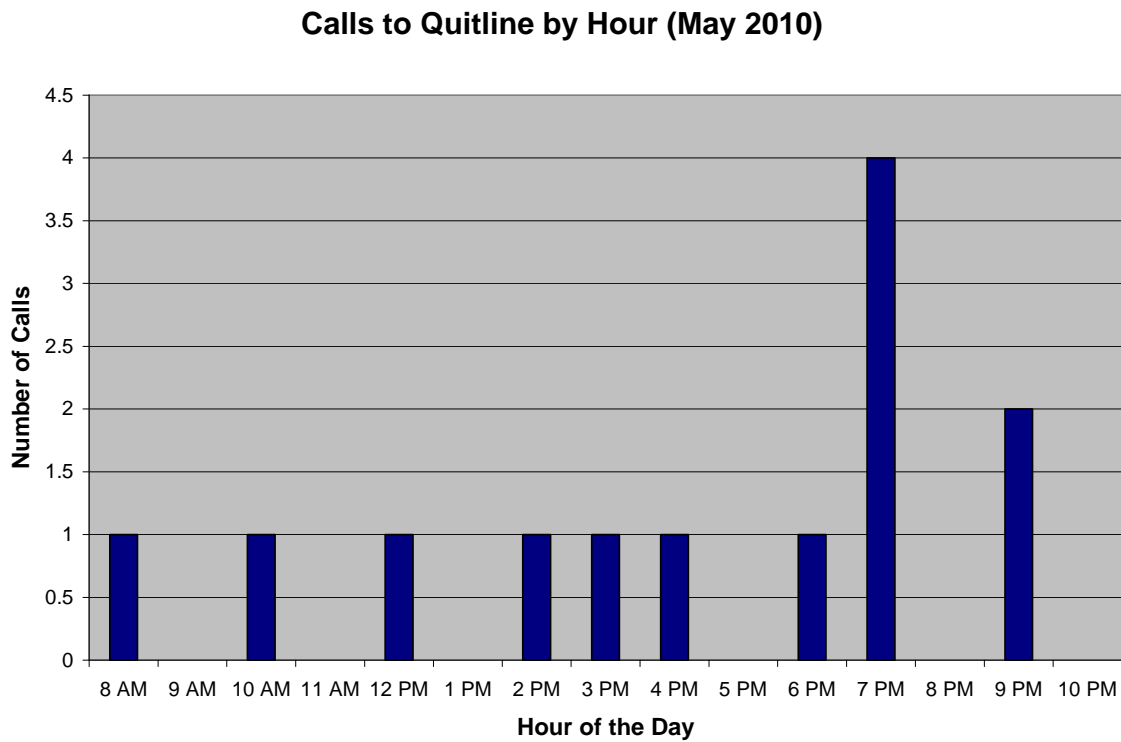
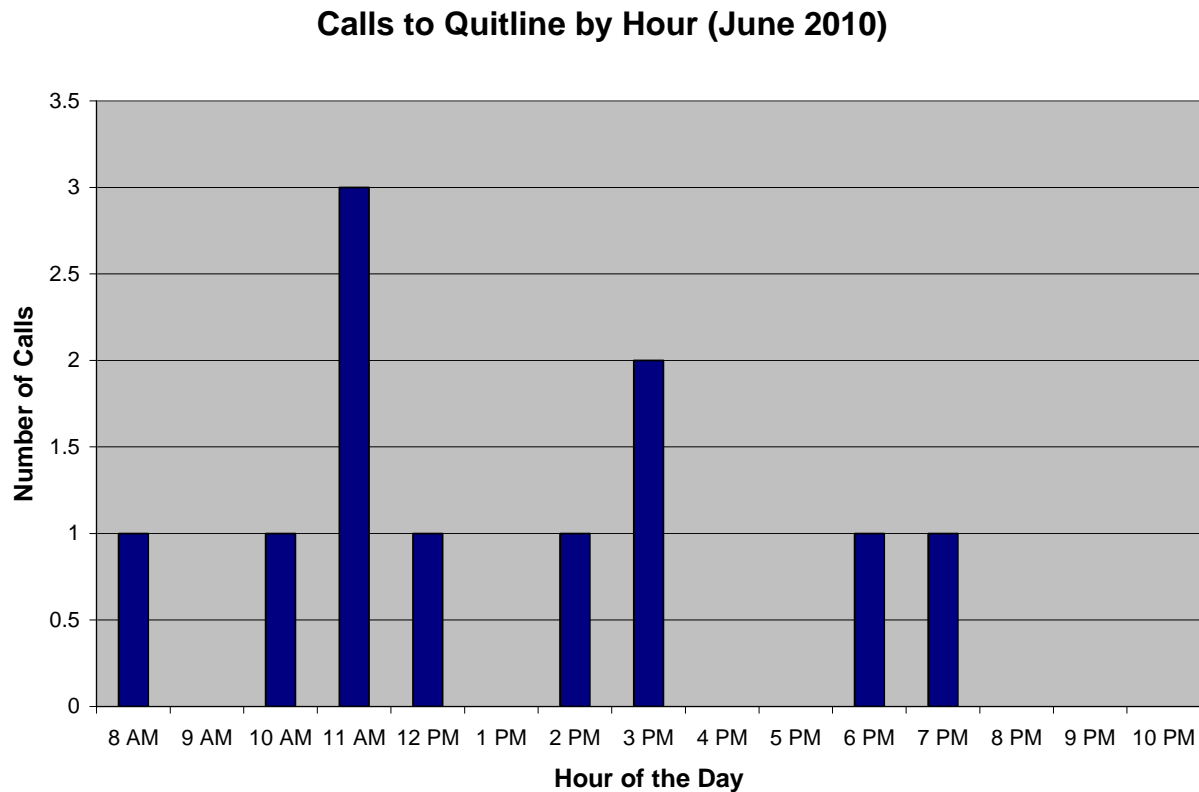


Figure 9: Calls to Quitline by Hour (June 1, 2010 – June 30, 2010)



### B. Caller Demographics/Characteristics

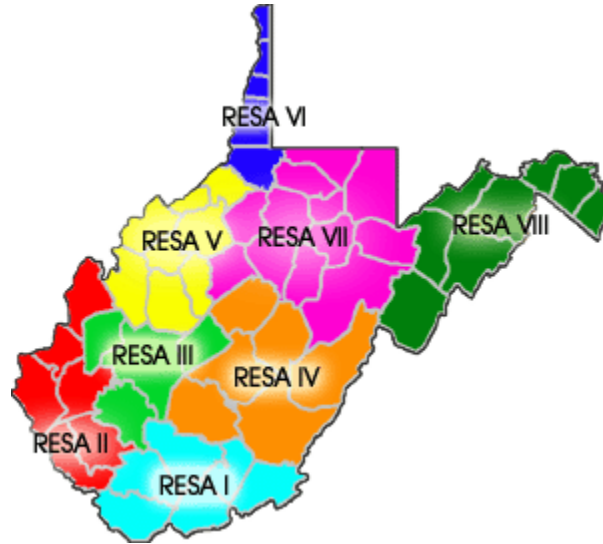
\* Data reported in the following section are specific to the present quarter of Quitline operation (April 1, 2010 to June 30, 2010). Also, the percentages shown have been computed by excluding callers who did not answer the survey questions.\*

Regarding caller demographics for the present quarter of operation, 70% of callers were calling for themselves whereas 30% of callers were calling for someone other than themselves. Of those calling for others, 100% were calling for a family member or friend.

During the present reporting quarter, the most common reasons for calling as reported by the callers were: wanting help or information about quitting (59%), wanting to refer someone to the Quitline for help (21%), and wanting help or information about staying clean (6%).

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 (28%), RESA Region I (25%), followed by RESA Region VIII (14%).

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 of operation, most of the callers to the Quitline had been female. However, during the second year of operation, the trend has been for more males to call the Quitline.

Similar to previous reporting periods, 53% of callers reported having health insurance where as 47% of callers reported having no health insurance. The most common forms of health insurance reported were Medicaid insurance (42%) and private insurance (42%).

The majority of callers to the Quitline (81%) have their GED/high school diploma or higher education. Also consistent with previous reports, 94% of callers reported their ethnicity as white during this reporting quarter.

The majority of callers (86%) requested a referral for treatment and 100% requested a follow-up call from the Quitline educators. In comparison, during the previous reporting period, 67% of callers requested referral for treatment and 91% requested a follow-up call. Trends for the current reporting period therefore demonstrate an increase in callers requesting referral for treatment as well as an increase in callers requesting a follow-up call from Quitline educators.

### C. Key Findings

\* Data presented for this report are specific to the 2<sup>nd</sup> Quarter of 2010 (April 1, 2010 through June 30, 2010). The percentages shown have been computed by excluding callers who did not answer the survey questions.\*

For the April-June 2010 quarter, there were a total of 144 calls; 53 intake calls, 27 - 1<sup>st</sup> Follow Up calls, 13 - 2<sup>nd</sup> Follow Up calls, 7 - 3<sup>rd</sup> Follow Up calls, 30 caller satisfaction calls, and 14 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 (89%) reported using prescription drugs non-medically everyday (81%) or some days (8%). Also, 100% of callers reported feeling addicted to prescription drugs. For drugs abused, 88% of callers reported abusing opiates, 6% benzodiazapines,

4% other drugs, and 2% depressants, and no callers reported abusing stimulants. The most commonly reported drugs abused were opiates and of these drugs, Oxycodone was most commonly reported (56% of all opioid-based drugs reported) followed by Hydrocodone (28%).

For the most frequent age that callers started misusing prescription drugs, 33% reported between the ages of 16-19 and another 33% reported between the ages of 20-29. This was followed by less than 16 years old (21%), 30-39 years old (9%), and 50-59 years old (3%). This represents a large increase in callers to the Quitline who started misusing prescription drugs at a younger age. For example, from the previous reporting period, only 11% of callers reported starting to misuse drugs between the ages of 16-19 and no callers reported misusing for the age category of less than 16 years old. For this quarter, 77% of callers reported beginning to abuse drugs 1 year or less after they started misusing drugs.

The majority of callers for this present quarter (70%) reported that they did not have a prescription for the drugs they misused/abused. However, 18% of callers did have a prescription and 12% reported that they had a prescription but they abused the prescription or did not really need it. No callers 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 (84%), buying the drugs from a friend or family member (56%), being given the drugs by a family member or friend (50%), and stealing the drugs from a family member or friend (12%). 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, 64% of callers reported that they did not have a pattern to their prescription drug abuse. However, 88% of callers reported using their prescription drugs within 1 hour of waking (53% within 5 minutes of waking). This therefore, demonstrates a pattern to their prescription drug abuse.

Reports of the time of day that callers used their prescription drugs varied. The highest percentage of callers (31%) reported using drugs in the early morning (5 a.m. – 9 a.m.), followed by 12% during mid-morning (9 a.m. – 12 a.m.), 27% in the afternoon (12 p.m. – 4 p.m.), 18% in the evening (4 p.m. – 9 p.m.), and 12% during the nighttime (9 p.m. – 4 a.m.).

Forty percent of callers reported taking prescription drugs by mouth, 37% reported snorting prescription drugs, and 23% reported injecting prescription drugs intravenously.

Eighty-seven percent of callers reported a physical precursor as a contributor to their abuse of prescription drugs. The most commonly reported physical precursors included an accident or other injury (22%), to control pain (22%), to ease physical pain (16%), and for back pain specifically (15%). Also, 83% of callers reported a mental precursor as a contributor to their abuse of prescription drugs. The most commonly reported mental precursors included depression (16%), other stresses (15%), and that the caller felt things were just bad in general (13%).

Seventy-three 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 (34%), alcohol (21%), marijuana (14%), and heroin (11%). Also, 68% of callers reported using cigarettes more than 3 times a week.

Regarding the effect that callers are most seeking when taking prescription drugs, 53% of callers stated they take prescription drugs to feel normal, 19% said for relief (of pain), and 11% wanted to achieve a “high” by taking 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 financial problems (12%), destruction of relationships (12%), the addiction becoming a full-time occupation (12%), withdrawal symptoms (11%), and health deterioration (8%),

Seventy-eight percent of callers reported intentions to quit abusing prescription drugs within the next 30 days. The majority of callers (71%) 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 (18%), referral (23%), and other advertising (59%):

- Of callers who heard about the Quitline from media, 88% reported television as the source, 12% reported newspapers, and no callers reported hearing about the Quitline from radio advertisements.
- For callers who heard about the Quitline from other advertising, 41% reported hearing about the Quitline from billboards, 32% from flyers, 27% from brochures, and no callers reported hearing about the Quitline from phone directories.
- For callers who heard about the Quitline from referrals, 44% were from family and friends and 11% each were from the workplace, health organizations, health professionals, community organizations, and other (including internet sources).

These data remain similar to the data presented in previous reports 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 2<sup>nd</sup> quarter of operation for 2010 (April 1, 2010 to June 30, 2010). From these surveys (n=30) 100% of callers reported being somewhat to very satisfied with the services they received (93% were very satisfied). Also, 92% of callers stated that they were able to speak to an educator right away and 100% 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

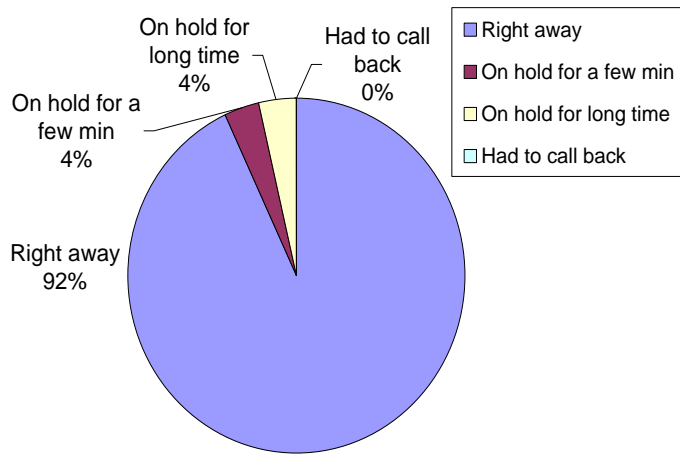


Figure 12: Would Recommend Qitline to Others

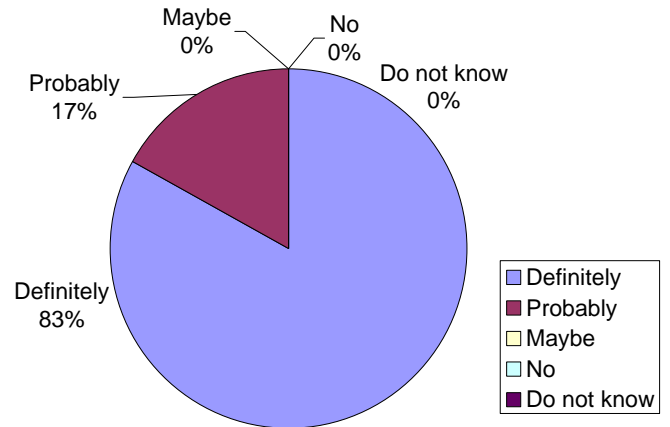
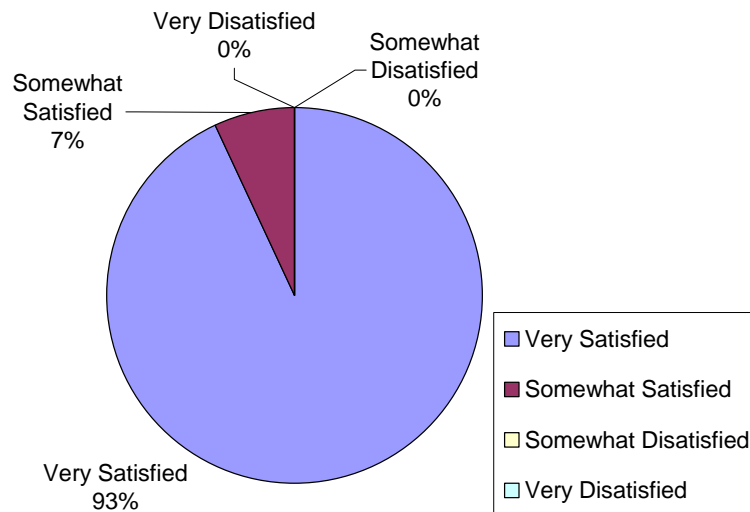


Figure 13: Caller Satisfaction with PDAQ Services



## **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 25.6% 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 17.1%, 13.7%, and 3.1%, 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 +5.4%, -7.8%, and +11.5%, 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 45% from the Intake call to the 1<sup>st</sup> Follow Up ( $p < .0001$ ).

Importantly, approximately 84% 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 13% of callers reported they received counseling or treatment as a result of their initial call to the Quitline. Another 13.3% 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 18% of callers reported they received counseling or treatment as a result of their initial call to the Quitline. Another 15.6% report intentions to get counseling or treatment, but have yet to take action.***

83.5 % 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, 46% of callers reported they received counseling or treatment as a result of their initial call to the Quitline. Another 10% 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

These pamphlets may also be viewed and/or printed from the PDAQ website at [www.wvrxabuse.org](http://www.wvrxabuse.org).

## **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 2<sup>nd</sup> Quarter of 2010 (April 1, 2010 to June 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*
539	3.53	2:48	76%	46%

\* “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) References/TreatmentCenters

#### *Top Traffic Sources*

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

Table 4: Top Cities for WVPDAQ Website

(539Visits came from 631 Cities)

City	Visits	Pages/Visit	Avg. Time on Site (min)
1) Morgantown	81	2.7	2:16
2) Charleston	79	3.7	2:30
3) Huntington	27	3.86	2:21
4) Beckley	18	2.54	3:49
5) Princeton	13	2.22	2:02

#### **H. Groups Contacted**

1. West Virginia Governor’s Office
2. WV Dept. of Health & Human Resources
3. Mine Safety and Health Administration
4. American Red Cross
5. WV Chapter of the National Association of Social Workers
6. West Virginia Prosecuting Attorney’s Institute
7. WV Prevention Network
8. West Virginia State Police
9. Federal Bureau of Investigation
10. Valley Alliance Treatment Services

## 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=203)\***

Questionnaire Item	% (Intake)	% (1 <sup>st</sup> Follow-up)	Difference*	P value
Use prescription drugs non-medically?				
Every day	70.2	47.7	-22.5	
Some days	14.7	16.1	+1.4	
Not at all	8.3	33.9	+25.6	<b>&lt;.0001</b>
Have a pattern to your drug use?				
Yes	26.6	13.3	-13.3	
No	58.3	39.9	+18.4	<b>&lt;.0001</b>
Feel addicted to prescription drugs?				
Yes	82.6	51.8	-30.8	
No	0.9	1.8	+0.9	<b>.016</b>
How soon do you take your first pill after waking up?				
Within 5 min. of waking	47.7	25.7	-22.0	.1329
What times of day do you use most?				
A.M. hours 12 a.m.-11.59 a.m.	28.1	20.9	-7.2	
P.M. hours 12 pm.-11:59 p.m.	54.6	42.1	-12.5	<b>&lt;.0001</b>
How do you take your prescription drugs?				
By mouth	42.6	25.5	-17.1	
Snorting	37.6	23.9	-13.7	
Intravenously	10.6	7.5	-3.1	<b>&lt;.0001</b>
Intend to quit in the next 30 days?				
Yes	75.7	43.6	-32.1	
No	1.4	2.3	+0.9	
Do not know	16.1	7.3	-8.8	<b>&lt;.0001</b>
What will encourage your quit attempts to be successful?				
Self-help materials	2.8	8.2	+5.4	
Referral or treatment for detoxification	19.7	11.9	-7.8	
Community support group	1.8	13.3	+11.5	<b>&lt;.0001</b>
Get drugs from a doctor shop?#	11.0	5.1	-5.9	.4119
Buy drugs from streets?#	67.4	41.3	-26.1	<b>.0131</b>
Buy drugs from family members/friends?#	44.4	27.1	-17.3	.9327
Steal drugs from family members/friends?#	9.6	2.3	-7.3	<b>.0181</b>
Given drugs by family member/friend?#	31.2	14.7	-16.5	.148
Get /buy drugs by some other means?#	10.1	6.4	-3.7	.7947
Would like a referral to a treatment center?				
Yes	71.6	27.1	-44.5	
No	5.1	56.9	+51.8	<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=83)\***

Questionnaire Item	% (Intake)	% (2 <sup>nd</sup> Follow-up)	Difference*	P value
Use prescription drugs non-medically?				
Every day	78.9	33.1	-45.8	
Some days	11.9	14.7	+2.8	
Not at all	5.5	49.5	+44.0	<b>&lt;.0001</b>
Have a pattern to your drug use?				
Yes	33.9	7.3	-26.6	
No	56.9	29.4	-27.5	<b>.0001</b>
Feel addicted to prescription drugs?				
Yes	89.0	34.9	-54.1	
No	0.9	0.9	0.0	0.5
How soon do you take your first pill after waking up?				
Within 5 min. of waking	45.0	15.6	-29.4	.2317
What times of day do you use most?				
A.M. hours 12 a.m.-11.59 a.m.	28.9	38.2	+9.3	
P.M. hours 12 pm.-11:59 p.m.	58.8	27.0	-31.8	<b>.0001</b>
How do you take your prescription drugs?				
By mouth	43.1	21.2	-21.9	
Snorting	36.7	11.5	-25.2	
Intravenously	13.8	5.3	-8.5	.0625
Intend to quit in the next 30 days?				
Yes	80.7	28.4	-52.3	
No	1.8	0.0	-1.8	
Do not know	13.8	7.3	-6.5	<b>.0039</b>
What will encourage your quit attempts to be successful?				
Self-help materials	5.5	11.2	+5.7	
Referral or treatment for detoxification	20.8	10.5	-10.3	
Community support group	0.9	11.2	+10.3	<b>&lt;.0001</b>
Get drugs from a doctor shop?#	10.9	4.6	-6.3	.623
Buy drugs from streets?#	75.2	31.2	-44.0	.8367
Buy drugs from family members/friends?#	49.6	18.4	-31.2	.2789
Steal drugs from family members/friends?#	12.8	2.8	-12.0	.25
Given drugs by family member/friend?#	34.9	10.1	-24.8	.1801
Get /buy drugs by some other means?#	10.1	0.9	-9.8	.5
Would like a referral to a treatment center?				
Yes	73.4	15.6	-57.8	
No	5.5	72.5	+67.0	<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=49)\***

Questionnaire Item	% (Intake)	% (3 <sup>rd</sup> Follow-up)	Difference*	P value
Use prescription drugs non-medically?				
Every day	88.0	32.0	-56.0	
Some days	6.0	14.0	+8.0	
Not at all	4.0	54.0	+50.0	<b>&lt;.0001</b>
Have a pattern to your drug use?				
Yes	44.0	4.0	-40.0	
No	50.0	38.0	-12.0	<b>.0039</b>
Feel addicted to prescription drugs?				
Yes	90.0	44.0	-46.0	
No	2.0	2.0	0.0	0.5
How soon do you take your first pill after waking up?				
Within 5 min. of waking	48.0	20.0	-28.0	.3953
What times of day do you use most?				
A.M. hours 12 a.m.-11.59 a.m.	26.5	18.0	-8.5	
P.M. hours 12 pm.-11:59 p.m.	60.3	37.2	-23.1	.25
How do you take your prescription drugs?				
By mouth	46.0	13.0	-33.0	
Snorting	38.0	14.3	-23.7	
Intravenously	12.0	6.5	-5.5	<b>.0156</b>
Intend to quit in the next 30 days?				
Yes	84.0	28.0	-56.0	
No	0.0	4.0	+4.0	
Do not know	14.0	8.0	-6.0	<b>.0313</b>
What will encourage your quit attempts to be successful?				
Self-help materials	6.0	11.5	+5.5	
Referral or treatment for detoxification	22.0	16.4	-5.6	
Community support group	2.0	11.5	+9.5	<b>&lt;.0001</b>
Get drugs from a doctor shop?#	16.0	6.0	-10.0	.4375
Buy drugs from streets?#	80.0	30.0	-50.0	.1764
Buy drugs from family members/friends?#	56.0	28.0	-28.0	.5671
Steal drugs from family members/friends?#	12.0	0.0	-12.0	.5
Given drugs by family member/friend?#	36.0	20.0	-16.0	<b>&lt;.0001</b>
Get /buy drugs by some other means?#	14.0	4.0	-10.0	.5
Would like a referral to a treatment center?				
Yes	76.0	16.0	-60.0	
No	4.0	76.0	+72.0	<b>&lt;.0001</b>

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