

PRESCRIPTION DRUG ABUSE

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OUTLINE

- ① *PRESCRIPTION DRUG ABUSE IN PERSPECTIVE .*
- ① *A REVIEW OF TERMS AND DEFINITIONS .*
- ① *A REVIEW OF CONTROLLED “ SCHEDULED “ DRUGS .*
- ① *THE MOST COMMONLY ABUSED PRESCRIPTION MEDICATIONS :*
 1. *OPIOIDS .*
 2. *(CNS) DEPRESSANTS .*
 3. *(CNS) STIMULANTS .*
- ① *OVER – THE – COUNTER (OTC) MEDICATIONS .*

*PRESCRIPTION DRUG ABUSE IN
PERSPECTIVE*

PRESCRIPTION DRUG ABUSE IN PERSPECTIVE

- ◉ *PRESCRIPTION DRUGS ARE THE SECOND MOST FREQUENTLY ABUSED CLASS OF DRUGS BEHIND MARIJUANA .*
- ◉ *MOST INDIVIDUALS ABUSING PRESCRIPTION DRUGS SECURE THEIR DRUGS THROUGH :*
 - 1. ILLICIT MEANS : (FRIENDS , STEALING , DEALING) .*
 - 2. FAMILY MEMBERS POSSESSING A LEGITIMATE PRESCRIPTION .*
 - 3. MANIPULATING PRESCRIBING HEATH CARE PROVIDERS .*
- ◉ *THE MOST COMMON REASONS INDIVIDUALS ABUSE PRESCRIPTION MEDICATIONS ARE DUE TOO :*
 - 1. LEGITIMATE PHYSICAL (ACUTE - CHRONIC) .*
 - 2. MENTAL HEALTH CONCERNS (MOOD DISORDERS) .*
 - 3. SLEEP DISORDERS (INSOMNIA OR HYPERSOMNIA) .*

*A REVIEW OF CONTROLLED SUBSTANCE
“ SCHEDULED “
DRUGS*

SCHEDULE I

- NO CURRENT ACCEPTABLE MEDICAL USE IN THE UNITED STATES .
- USED FOR RESEARCH ONLY .
- POSSESS A HIGH POTENTIAL FOR ABUSE .
- MEDICATIONS THAT ARE CONSIDERED NOT SAFE , DANGEROUS AND UNPREDICTABLE .
- ANY LEGALLY PRESCRIBED MEDICATION THAT HAS BEEN DIVERTED .
- HEROIN
- MARIJUANA (HASHISH)
- COCAINE (POWDER OR CRYSTAL)
- LSD (ACID)
- MDMA (ECSTASY)
- PSILOCYBIN (MUSHROOM)
- METHAMPHETAMINE (ICE)
- PHENCYCLIDINE (PCP)
- MESCALINE (PEYOTE CACTUS)
- γ -HYDROXYBUTYRATE (GHB)
- INHALANTS OR SOLVENTS (GAS , GLUE , NITRATES)

SCHEDULE II

- CURRENTLY CONSIDERED TO POSSESS MEDICAL VALUE .
- MEDICATIONS AVAILABLE BY WRITTEN PRESCRIPTION ONLY (NONREFILLABLE) .
- POSSESS A HIGH POTENTIAL FOR ABUSE .
- ABUSE MAY PRODUCE SEVERE PSYCHOLOGICAL AND PHYSICAL DEPENDENCE .
- STRICT RESTRICTIONS REGARDING STORAGE AND ORDERING .
- MORPHINE (MS CONTIN)
- OXYCODONE (OXYCONTIN , PERCOCET)
- OPIUM
- FENTANYL (DURAGESIC)
- HYDROCODONE (DILAUDID)
- HYDROCODONE (VICODIN)
- MEPERIDINE (DEMEROL)
- PROPOXYPHENE (DARVON)
- PENTOBARBITAL (NEMBUTAL)
- SECOBARBITAL (SECONAL)
- METHYLPHENIDATE (RITALIN , CONCERTA)
- PHENMETRAZINE (PRELUDIN)
- COCAINE
- AMPHETAMINES (ADDERALL , DEXEDRINE)
- METHAMPHETAMINES (DESOXYN)

SCHEDULE III

- ◉ CURRENTLY CONSIDERED TO POSSESS MEDICAL VALUE .
- ◉ MEDICATIONS REQUIRE A PRESCRIPTION , THAT MAY ALLOW FIVE (5) REFILLS IN SIX (6) MONTHS .
- ◉ MEDICATIONS MAY BE ORDERED BY THE PRESCRIBER VERBALLY (FOLLOWED BY A WRITTEN PRESCRIPTION) .
- ◉ POTENTIAL FOR ABUSE IS CONSIDERED LESS THAN FOR SCHEDULED I AND II .
- ◉ ABUSE MAY LEAD TO “ MODERATE “ PHYSICAL DEPENDENCE OR HIGH PSYCHOLOGICAL DEPENDENCE .
- ◉ ANABOLIC STEROIDS (BODY BUILDING DRUGS) .
- ◉ BARBITURATES
- ◉ CODEINE COMBINATIONS (EMPIRINE , FIORINAL) .
- ◉ DRONABINOL (MARINOL , SYNTHETIC THC) .
- ◉ OPIUM COMBINATIONS (PAREGORIC) .

SCHEDULE IV

- ◉ CURRENTLY CONSIDERED TO POSSESS MEDICAL VALUE .
 - ◉ MEDICATIONS REQUIRE A PRESCRIPTION , THAT MAY ALLOW FIVE (5) REFILLS IN SIX (6) MONTHS .
 - ◉ MEDICATIONS MAY BE ORDERED BY THE PRESCRIBER VERBALLY (FOLLOWED BY A WRITTEN PRESCRIPTION) .
 - ◉ POTENTIAL FOR ABUSE IS CONSIDERED LESS THAN FOR SCHEDULED III' s .
 - ◉ ABUSE MAY LEAD TO “ LIMITED “ PHYSICAL DEPENDENCE OR HIGH PSYCHOLOGICAL DEPENDENCE .
- ◉ ALPRAZOLAM (XANAX)
 - ◉ CHLORDIAZEPOXIDE (LIBRIUM)
 - ◉ CLONAZEPAM (KLONOPIN)
 - ◉ DEXFENFLURAMINE (REDUX)
 - ◉ DIAZEPAM (VALIUM)
 - ◉ ESTAZOLAM (PROSOM)
 - ◉ ETHCHLORVYNOL (PLACIDYL)
 - ◉ FENFLURAMINE (PONDIMIN)
 - ◉ FLUNITRAZEPAM (ROHYPNOL)
 - ◉ MODAFINIL (PROVIGIL)
 - ◉ PEMOLINE (CYLERT)
 - ◉ TEMAZEPAM (RESTORIL)
 - ◉ TRIAZOLAM (HALCION)
 - ◉ ZOLPIDEM (AMBIEN)

SCHEDULE V

- ◉ CURRENTLY CONSIDERED TO POSSESS MEDICAL VALUE .
- ◉ MEDICATIONS MAY REQUIRE A PRESCRIPTION .
- ◉ MEDICATIONS MAY BE DISPENSED BY A PHARMACIST AS AN OVER THE COUNTER (OTC) DRUG .
- ◉ POTENTIAL FOR ABUSE IS CONSIDERED LESS THAN FOR SCHEDULED IV's .
- ◉ ABUSE MAY LEAD TO “ LIMITED “ PHYSICAL DEPENDENCE OR PSYCHOLOGICAL DEPENDENCE RELATIVE TO SCHEDULE IV 's .
- ◉ MIXTURES OR COMBINATIONS TYPICALLY POSSESSING SMALL AMOUNTS OF CODEINE OR OPIUM .
- ◉ CODEINE PREPARATIONS
(200mg/100ml)
(ROBITUSSIN A)
- ◉ DIPHENOXYLATE PREPARATIONS (2.5mg)
(LOMOTIL)
- ◉ OPIUM PREPARATIONS
(100mg/100ml)
(PAREPECTOLIN ,
KAPECTOLIN)
- ◉ PSEUDOEPHEDRINE OR EPHEDRINE PRODUCTS .

*THE MOST COMMONLY ABUSED
PERSCRIPTION MEDICATIONS*

OPIOIDS
(*aka : narcotics*)

COMMONLY PRESCRIBED OPIOIDS AND THEIR BRAND NAMES

- *OXYCODONE (OxyContin , Percodan , Percocet) .*
- *PROXYPHENE (Darvon) .*
- *HYDROCODONE (Vicodin , Lortab , Lorcet) .*
- *HYDROMORPNONE (Dilaudid) .*
- *MEPERIDINE (Demerol) .*
- *DIPHENOXYLATE (Lomotil) .*
- *MORPINE (Kadian , Avinza , MS Contin) .*
- *CODEINE*
- *PENTAZOCINE (Talwin) .*
- *FENTANYL (Sublimaze) .*
- *METHADONE*

*Non - Opioid prescribed analgesic medications
with the potential for abuse :*

- *TRAMADOL (Ultram) .*

OPIOIDS

- ◉ *OPIOIDS ARE ANALGESIC (PAIN – RELIEVING)
MEDICATIONS .*
- ◉ *OPIOIDS IMITATE THE BODY'S OWN PAIN – RELIEVING
SUBSTANCES FOUND NATURALLY IN THE HUMAN BODY ,
“ CNS and GASTROINTESTINAL TRACT “ .
(ENKEPHALINES and ENDORPHINS)*
- ◉ *OPIOIDS ARE ALSO USED AS ANTI – COUGH AND
ANTI – DIARRHEA MEDICATIONS .*

OPIOIDS

- OPIOIDS CREATE AN “ ADDITIVE EFFECT “ WHEN USED WITH ALCOHOL OR SEDATIVE (HYPNOTIC) MEDICATIONS .
- OPIOID SUBSTANCES ARE KNOWN TO PRODUCE PSYCHOLOGICAL AND PHYSICAL ABUSE AND DEPENDENCY CONCERNS .
- OVERDOSE : OPIOID SUBSTANCES ARE KNOWN TO DEPRESS THE BRAINS RESPIRATORY CENTERS .

OPIOID “ NARCOTIC “ TRIAD SIGNS AND SYMPTOMS OF OVERDOSE :

1. COMA
2. DEPESED RESPIRATION
3. PINPOINT PUPILS

OPIOIDS " WITHDRAWAL "
 SIGNS AND SYMPTOMS

APPROX. HR's AFTER LAST DOSAGE

	HEROIN / MORPHINE	METHADONE
1. CRAVING FOR THE DRUG , ANXIETY .	<u>6</u>	<u>24</u>
2. YAWNING , PERSPIRATION , RUNNING NOSE AND EYES .	<u>14</u>	<u>34</u> – <u>48</u>
3. PUPIL DILATION , GOOSE BUMPS (PILORECTIONS) , TREMORS (MUSCLE TWITCHING) , HOT & COLD FLASHES , ACHING BONES , MUSCLES AND LOSS OF APPETITE .	<u>16</u>	<u>48</u> – <u>72</u>
4. INSOMNIA , RAISED BP , INCREASED TEMP . PULSE RATE , RESPIRATORY RATE AND DEPTH , RESTLESSNESS AND NAUSEA .	<u>24</u> – <u>36</u>	
5. CURLED – UP POSITION , VOMITING , DIARRHEA , WEIGHT LOSS , SONTANEOUS EJACULATION OR ORGASM , INCREASED BLOOD SUGAR .	<u>36</u> – <u>48</u>	

○ MEDICALLY SUPERVISED DETOXIFICATION :

1. A NECESSARY FIRST STEP IN DISCONTINUING OPIOID USE .
2. MEDICAL DETOXIFICATION IS USUALLY CONDUCTED IN A INPATIENT – RESIDENTIAL TREATMENT SETTING UNDER MEDICAL SUPERVISION .
3. THE MEDICALLY SUPERVISED DETOXIFICATION OPTION IS DESIGNED TO LESSEN ANY OR ALL OPIOID WITHDRAWAL SIGNS AND SYMPTOMS , AND AVOID ANY POSSIBLE MEDICAL EMERGENCIES THAT MIGHT OCCUR DURING THIS PHASE OF RECOVERY . OPIOID WITHDRAWAL IS NOT CONSIDERED LIFE THREATENING .
4. MEDICALLY SUPERVISED DETOXIFICATION ALLOWS THE TREATMENT TEAM TO DISCUSS , WITH THE PATIENT , POSSIBLE OPTIONS FOR FURTHER FOLLOW UP TREATMENT AND / OR THE USE OF ANTI – OPIOID MEDICATIONS .

OPIOID “ANTI – OPIOID “ MEDICATIONS

- ① **METHADONE** : A SYNTHETIC OPIOID THAT HELPS ELIMINATE SYMPTOMS OF OPIOID “HEROIN “ WITHDRAWAL AND OTHER OPIATES .
- ② **BUPRENORPHONE** : A SYNTHETIC OPIOID , LESS POWERFUL THAN METHADONE , AND RECENTLY APPROVED TO BE USED WITH OPIOID WITHDRAWAL . **BUPRENORPHONE** BASED MEDICATIONS CAN BE PRESCRIBED IN AN INPATIENT OR OUTPATIENT SETTING .
- ③ **NALTREXONE** : A LONG – ACTING OPIOID BLOCKER “ANTAGONIST “ THAT CAN ALSO BE USED IN THE TREATMENT OF ALCOHOL ABUSE AND DEPENDENCE .
- ④ **NALOXONE** : A SHORT – ACTING OPIOID BLOCKER “ANTAGONIST “ THAT CAN USED ALONE OR IN COMBINATION WITH **BUPRENORPHONE** .

CENTRAL NERVOUS SYSTEM (CNS) DEPRESSANTS

Barbiturates

Benzodiazepines

Sedatives (Hypnotics)

○ *EACH CLASS OF THE FOLLOWING MEDICATIONS ARE KNOWN TO PRODUCE THE FOLLOWING :*

- 1 . MEETS THE DSM-IV-TR'S CRITERIA FOR ABUSE AND DEPENDENCE (TOLERANCE AND WITHDRAWAL).*
- 2 . PRODUCE AN " ADDITIVE " EFFECT WHEN COMBINED WITH ALCOHOL AND OTHER CNS DEPRESSANTS .*
- 3 . PRODUCE A " REBOUND " EFFECT WHEN ABRUPTLY DISCONTINUED .*
- 4 . ROUTINELY PRESCRIBED FOR EITHER ANXIETY , ANXIOUS SYMPTOMS ASSOCIATED WITH OTHER PSYCHIATRIC DISORDERS (MOOD DISORDERS) AND SLEEP DISORDERS (A.M. / P.M. INSOMNIA).*

BARBITURATES

BARBITURATES

- ◉ *BARBITURATES ARE NOT PRESCRIBED AS ROUTINELY AS BENZODIAZEPINES . . . DUE TO A RAPID PHYSICAL TOLERANCE AND DANGEROUS WITHDRAWAL SYMPTOMS .*
- ◉ *BARBITURATES HAVE HIGH POTENTIAL FOR LOW DOSAGE SEIZURE ACTIVITY .*
- ◉ *BARBITURATES POSSESS A HIGH POTENTIAL FOR ABUSE AND DEPENDENCY AND ENTER THE BODY THROUGH THE GABA SYSTEM .*
- ◉ *BARBITURATES ARE MORE POWERFUL THAN BENZODIAZEPINE TYPE MEDICATIONS .*

COMMONLY PRESCRIBED BARBITURATES
AND THEIR BRAND NAMES

- ◉ *AMOBARBITAL (Amytal , Tuinal) .*
- ◉ *SECOBARBITAL (Seconal , Tuinal) .*
- ◉ *MEPROBAMATE (Miltown , Equanil) .*
- ◉ *MEPHOBARBITAL (Mebaral) .*
- ◉ *PENTOBARBITAL (Nembutal) .*
- ◉ *LUMINAL*

BENZODIAZEPINES

BENZODIAZEPINES

- ⦿ *BENZODIAZEPINE MEDICATIONS POSSESS A HIGH POTENTIAL FOR ABUSE AND DEPENDENCY CONCERNS .*
- ⦿ *BENZODIAZEPINE MEDICATION ABUSE TYPICALLY DOES NOT RESULT IN FATAL OR LETHAL DRUG OVERDOSE .*
- ⦿ *BENZODIAZEPINE WITHDRAWAL POSSESS A POTENTIAL FOR POSSIBLE DRUG RELATED SEIZURES .*
- ⦿ *BENZODIAZEPINE MEDICATIONS ARE NOT INDICATED WHEN PRESCRIBED ANTI – ALCOHOL AND ANTI – OPIOID MEDICATIONS .*

COMMONLY PRESCRIBED BENZODIAZEPINES AND THEIR BRAND NAMES

- ◉ *DIAZEPAM (Valium)*
- ◉ *CHLORDIAZEPOXIDE HYDROCHLORIDE (Librium)*
- ◉ *ALPRAZOLAM (Xanax)*
- ◉ *ESTAZOLAM (ProSom)*
- ◉ *CLONAZEPAM (Klonopin , Clonopin)*
- ◉ *LORAZEPAM (Ativan)*

Less Frequently Prescribed Benzodiazepines :

- ◉ *CLORAZEPATE (Tranxene)*
- ◉ *OXAZEPAM (Serax) .*
- ◉ *OXAZOLAM (Serenal)*

SEDATIVE (HYPNOTICS)

SEDATIVE (HYPNOTICS) “ SLEEP AIDS “

- SEDATIVE (HYPNOTICS) MEDICATIONS ARE CONSIDERED SLEEP AIDS .
- SEDATIVE (HYPNOTICS) ARE TYPICALLY PRESCRIBED FOR SLEEP DISORDERS (INSOMNIA : DIFFICULTY BEING ABLE TO PRODUCE SLEEP , OR THE INABILITY TO STAY A SLEEP) .
- SEDATIVE (HYPNOTICS) ARE CONSIDERED CNS DEPRESSANTS AND ARE CREATED FROM VARIATIONS OF BARBITURATES , BENZODIAZEPINES OR NON – BENZODIAZEPINES MEDICATIONS .
- CURRENTLY MOST SEDATIVE (HYPNOTIC) MEDICATIONS ARE NOT RECOMMENDED TO BE TAKEN LONGER THAN TWO (2) TO SIX (6) WEEKS .

COMMONLY PRESCRIBED SEDATIVES AND THEIR BRAND NAMES

- ◉ *CHLORAL HYDRATE (Noctec) .*
- ◉ *ESTAZOLAM (ProSom) .*
- ◉ *ETHINAMATE (Placidyl) .*
- ◉ *FLURAZAEPAM (Dalmane) .*
- ◉ *ESZOPICLONE (Lunesta) .*
- ◉ *TEMAZEPAM (Restoril) .*
- ◉ *TRIAZOLAM (Halcion) .*
- ◉ *ZALEPLON (Sonata) .*
- ◉ *ZOLPIDEM (Ambien) .*

*CENTRAL NERVOUS SYSTEM (CNS)
(STIMULANTS)*

CNS STIMULANTS

- ◉ *STIMULANT MEDICATIONS ARE TYPICALLY PRESCRIBED FOR THE FOLLOWING :*
 - 1 . *ATTENTION - CONCENTRATION “ ADOLESCENT / ADULT “ DISORDERS (ADD , ADHD)*
 - 2 . *WEIGHT MANAGEMENT AND CONTROL*
 - 3 . *SPECIFIC SLEEP DISORDERS (NARCOLEPSY)*
 - 4 . *LIMITED PSYCHIATRIC DISORDERS (MOOD DISORDER)*
- ◉ *STIMULANT MEDICATIONS MEET THE CRITERIA FOR THE DSMIV-TR’s DIAGNOSIS OF ABUSE AND DEPENDENCE .*
- ◉ *LONG-TERM ABUSE OF STIMULANT MEDICATIONS CAN RESULT IN MODERATE TO SEVERE TOLERANCE AND WITHDRAWAL SYMPTOMS CHARACTERISTIC OF MOOD AND PSYCHOTIC DISORDERS .*

COMMONLY PRESCRIBED STIMULANTS AND THEIR BRAND NAMES

- ◉ *DEXTROAMPHETAMINE (Adderall , Dexedrine) .*
- ◉ *AMPHETAMINE (Adderall , Dexedrine , Vyvanse) .*
- ◉ *METHYLPHENIDATE (Ritalin , Concerta) .*
- ◉ *COCAINE .*
- ◉ *FENFLURAMINE (Pondimin, Ponderal) .*
- ◉ *MODAFINIL (Provigil) .*
- ◉ *PEMOLINE (Cylert) .*
- ◉ *METHAMPHETAMINE (Desoxyn) .*

Non-Stimulating ADHD medications :

- ◉ *ATOMOXETINE (Strattera) .*

OVER-THE-COUNTER (OTC) MEDICATIONS

(OTC) OVER -THE -COUNTER PRODUCTS

- OVER-THE-COUNTER (OTC) DRUGS ARE MEDICATIONS THAT HAVE BEEN SELF – PRESCRIBED AND SELF – ADMINISTERED FOR THE GENERAL RELIEF OF SIGNS AND SYMPTOMS OF A SELF – DIAGNOSED ILLNESS .*
- THE FOOD AND DRUG ADMINISTRATION (FDA) ESTIMATES THAT CONSUMERS SELF – DIAGNOSE AND SELF - TREAT FOUR (4x's) MORE THAN DOCTORS , USING OTC MEDICATIONS .*
- AMERICAN CONSUMERS SPEND APPROXIMATELY EIGHTEEN (18) BILLION PER YEAR ON OTC MEDICATIONS .*

- **ABUSE:** NOT IN REFERENCE TO THE DSMIV. WHEN USED IN PRESCRIPTION DRUG ABUSE, IT IS REFERRING TO THE MIS-USE OF A DRUG OTHER THAN IT WAS PRESCRIBED FOR BY THE, EITHER USING MORE THAN RECOMMENDED OR BEING USED DIFFERENTLY THAN DESIGNED.
- **OFF LABEL:** A TERM USED TO DESCRIBE A DRUG THAT IS BEING USED FOR MEDICAL CONCERNS OTHER THAN IT WAS ORIGINALLY INTENDED OR THAN IT WAS MANUFACTURED.
- **DRUG ENFORCEMENT ADMINISTRATION (DEA): IS A BRANCH OF THE DEPARTMENT OF JUSTICE . Created in 1970 as a consequence of the Comprehensive Drug Abuse Prevention and Control Act.**
- **ADDITIVE EFFECT :** When two different drugs produce a greater effect than one of the drugs alone.
- **ANALGESIC :** SPECIFIC PAIN RELIEVING
- **ANESTHETIC :** GENERAL PAIN RELIEVING
- **ANXIOLYTICS :** CLASS OF DRUGS DESIGNED TO REDUCE ANXIETY (BARBITURATES AND BENZODIAZEPINES).
- **ANTI-HISTAMINES:**
- **BRAND NAME:** THE TITLE THE DRUG COMPANY GIVES A MEDICATION.
- **CHEMICAL OR GENERIC NAME :** THE ACTUAL NAME GIVEN TO THE CHEMICAL MAKE UP OF A DRUG.
- **CENTRALLY ACTIVE DRUGS “ MEDICATIONS ”, (AKA: PSYCHOACTIVE).**

- **HYPNOTICS** : A TERM USED TO IDENTIFY A CLASS OF DRUGS PRESCRIBED FOR INSOMNIA, OR A DISORDER WHERE AN INDIVIDUAL HAS DIFFICULTY FALL OR STAYING ASLEEP.
- **SEDATIVES** : DRUGS DESIGNED TO RELAX OR REDUCE ANXIETY OR STRESS. A MEDICATION THAT DEPRESSES THE ACTIVITY OF THE CNS.
- **INSOMNIA** : A SLEEP DISORDER, WHERE THE INDIVIDUAL HAS EITHER DIFFICULTY GETTING TO SLEEP OR CAN NOT STAY ASLEEP.
- **OVER THE COUNTER (OTC) MEDICATIONS**: MEDICATIONS USED TO TREAT VARIOUS MEDICAL SIGNS AND SYMPTOMS THAT DO NOT REQUIRE A PRESCRIPTION.
- **OPIOIDS (AKA: NARCOTICS)** A CLASS OF DRUGS THAT ARE DESIGNED TO TREAT OR REDUCE THE EFFECTS OF SPECIFIC OR GENERALIZED PHYSICAL PAIN.
- **BENZODIAZEPINES**: A CLASS OF DRUG DESIGNED TO TREATMENT ANXIETY. GENERALLY CONSIDERED A SEDATIVE, DUE TO ITS CNS DEPRESSIVE EFFECTS.
- **BARBITURATES**: A CLASS OF DRUGS DESIGNED TO TREAT ANXIETY. GENERALLY CONSIDERED A SEDATIVE, DUE TO ITS CNS DEPRESSIVE EFFECTS.
- **PRESCRIBER** : ANY LICENSED PROFESSIONAL THAT HAS BEEN APPROVED BY THE MEDICAL STATE LICENSING BOARD TO DIAGNOSE AND TREAT MEDICAL OR BEHAVIORS DISORDERS .
- **DRUGS**: AS USED IN THIS PRESENTATION, ANY SUBSTANCE THAT REQUIRES A PRESCRIPTION AND CAN BE FOUND IN THE SCHEDULED CLASSIFICATION OF MEDICATIONS.

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