



Welcome

Thank you for your interest in the Prescription Drug Community Action Kit. The Action Kit is a first step to addressing prescription drug misuse, abuse and overdose in your community. Each year, more than 43,000 people die from drug overdose in the United States, largely from opioid painkillers. Opioid painkillers include hydrocodone and oxycodone and brand names such as **Vicodin**, **Percocet**, **Oxycontin** or **Opana**.

The action kit is a roadmap to mobilize your community to save lives. It provides your community with key strategies, identifies who should be involved, goals, action steps and ways to measure your success.

THE ACTION KIT AIMS TO:

- **Inform about best and promising practices to address prescription drug overdose**
- **Equip community leaders with resources and tools to mobilize your community**

THE PRESCRIPTION DRUG ACTION KIT

Please click on a topic below to view that resource. Please use [Back to Welcome](#) button at the end of each section to return to this menu.

Roadmap

Strategy Guides

- Engaging the Medical Community
- Safe Medication Disposal Guide
- Preventing Overdose
- Public Education and Media
- Early Intervention Treatment and Recovery
- Advocating for Change

Case Study

- Madison-Dane County Wisconsin:
A Coordinated Response to Stop
the Drug Overdose Epidemic
- Case Study Video

Survivor Advocate Stories

Educational Resources

- Facts Sheets
- Social Share Graphics
- Videos:
 - Alternatives to Opioid Pain Medications (Grand Rounds)
 - Behind the Statistics: Louie Miceli
 - Opioid Advice for Dentists: A Path to Healthier Prescribing
 - Opioid Advice for Doctors: A Path to Healthier Prescribing
 - A Coordinated Response to Stop Drug Overdose

We would like your feedback



YOU KNOW YOUR COMMUNITY BEST

Every community is different. You may already know people in your community who are working on this problem. This action kit may help take your efforts to the next level. If you are just getting started, you may want to contact community leaders in the police department, coroner's office, hospital or substance abuse treatment program to express your concerns and willingness to help. A key first step may be to identify community champions who are also concerned and set up a meeting to discuss next steps.

How's it going?

We would love to know more about your program and how you are using this action kit! Please share any problems and feedback with us at rxsafety@nsc.org so that we can showcase your commitment to prevent prescription drug overdose in your community.

Using the Community Action Kit

Who Should Be Involved

Goals

Taking Action

Measuring Success

Engaging the Medical Community

public health, hospitals, physicians, dentists

reduce opioid prescriptions, improve pain and treatment

conduct hospital grand rounds, safer opioid prescriber training, academic detailing

number of prescribers trained, reduced number of prescriptions written

Safe Medication Disposal Guide

law enforcement, pharmacies, healthcare facilities, environmental groups

reduce amount of leftover drugs in community

start or expand permanent collection sites, host take back events

number of collection sites, number of pounds of unwanted drugs disposed

Preventing Overdose

law enforcement, first responders, medical community, parents, people in recovery

increase access to opioid antidote, reduce stigma

train first responders, drug users and family members in naloxone, change community policy, advocate for good samaritan law, if needed

number of naloxone kits distributed and people trained, overdose reversals

Public Education and Media

parents, schools, police, medical professionals, survivors

inform about dangers of opioid medications

hold overdose awareness events and school prevention activities, invite media, educate employers

number of events, number of attendees, number of media impressions

Early Intervention Treatment and Recovery

substance abuse professionals, medical providers, people in recovery, survivors, police, employers

increase awareness of treatment resources, expand access and availability of treatment, recovery resources - sober homes and recovery friendly jobs

build community resource network and/or referral systems, increase access to treatment

number of treatment providers, reduction in wait for treatment, increase resource guides and referrals

Advocating for Change

parents, community members, everyone, politicians, faith community

change laws, policies or how systems address the issue

actively engage community members in advocacy efforts

number of laws or systems changed



Prescription Drug Community Action Kit

Engaging the Medical Community

For many, a doctor's prescription for an opioid painkiller started them on the road to addiction. Opioid painkillers are too easily and often prescribed for mild or moderate pain when non-opioid alternatives may be safer and provide more effective pain relief.

Two recent National Safety Council white papers compare the evidence on the effectiveness of pain medications and their side effects. For most acute pain, non-steroidal anti-inflammatory drugs such as ibuprofen are the safer choice. The most effective pain relief combination is one 500 mg acetaminophen tablet (extra-strength Tylenol) taken with one 200 mg ibuprofen tablet.

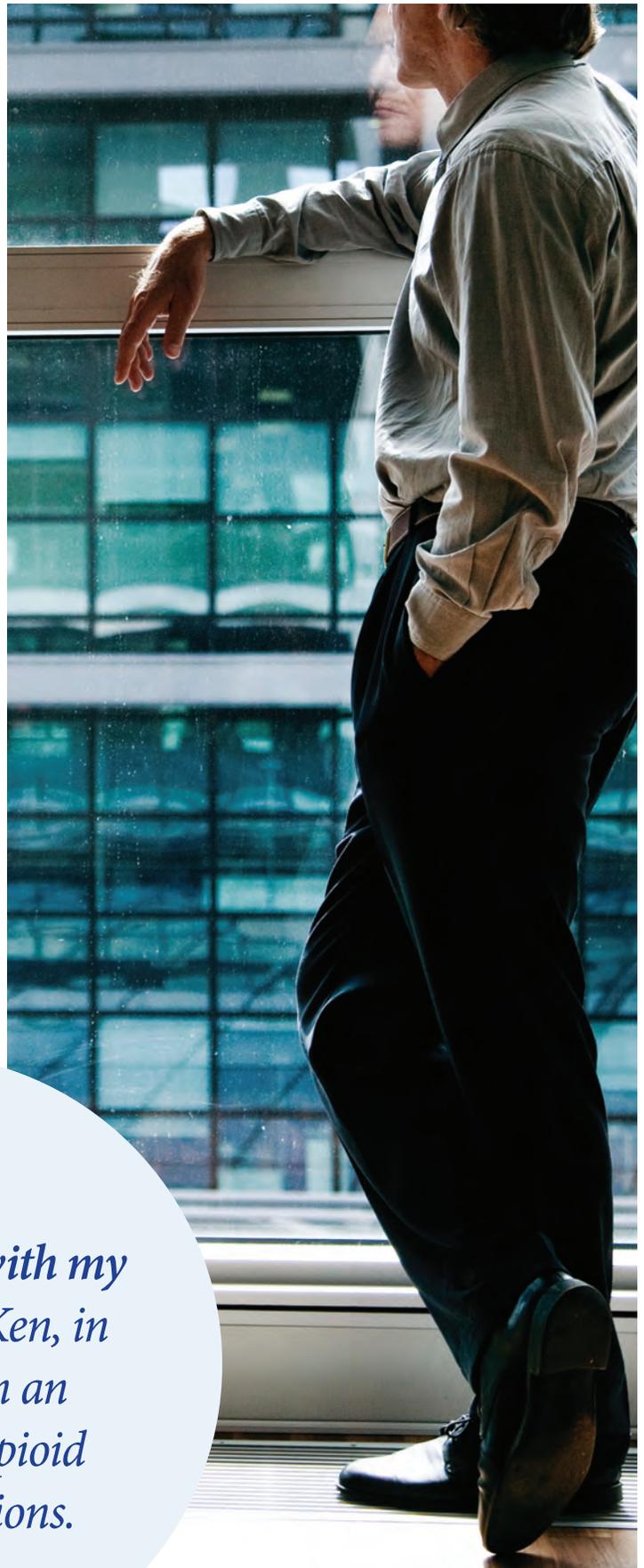
Although evidence indicates opioids are less effective, many doctors are unaware of this research and continue to prescribe large quantities. The Centers for Disease Control reports more than 259 million prescriptions were issued for opioid pain medications in 2012. In fact, enough pain medications are prescribed to supply each U.S. adult with a month's supply of pills. The increase in painkiller overdose deaths parallels the increase in sales of opioid pain medications.

Community leaders can partner with their local healthcare community to inform prescribers on the need to address the over-prescribing problem. Key individuals and groups to bring to the table include physicians, dentists, nurses, hospitals, pharmacists, addiction treatment specialists, public health practitioners and other providers.

Also identify physician champions who can help you identify strategies and get buy-in from the medical community.

“

It grabbed me with my first pill,” said Ken, in recovery from an addiction to opioid pain medications.



Many communities form a healthcare or medical workgroup representing a variety of clinical practice settings. Involvement of chief executive officers of your hospitals and major physician health systems can ensure support for your healthcare outreach. Include CEOs on news updates and distribution of workgroup meetings. CEO support makes it easier to form strong collaborative partnerships and deliver a consistent message on the importance of the drug overdose problem in your community.

Prescriber education and outreach can take many forms. It can include:

- Formal medical education such as hospital grand rounds, workshops and continuing education
- Academic detailing efforts in which “educational sales calls” are delivered to community medical providers
- Sharing of best practice guidelines, clinical tools and relevant research

This guide will share information about three outreach activities to educate medical providers about safer opioid prescribing and alternatives to opioid pain medications.



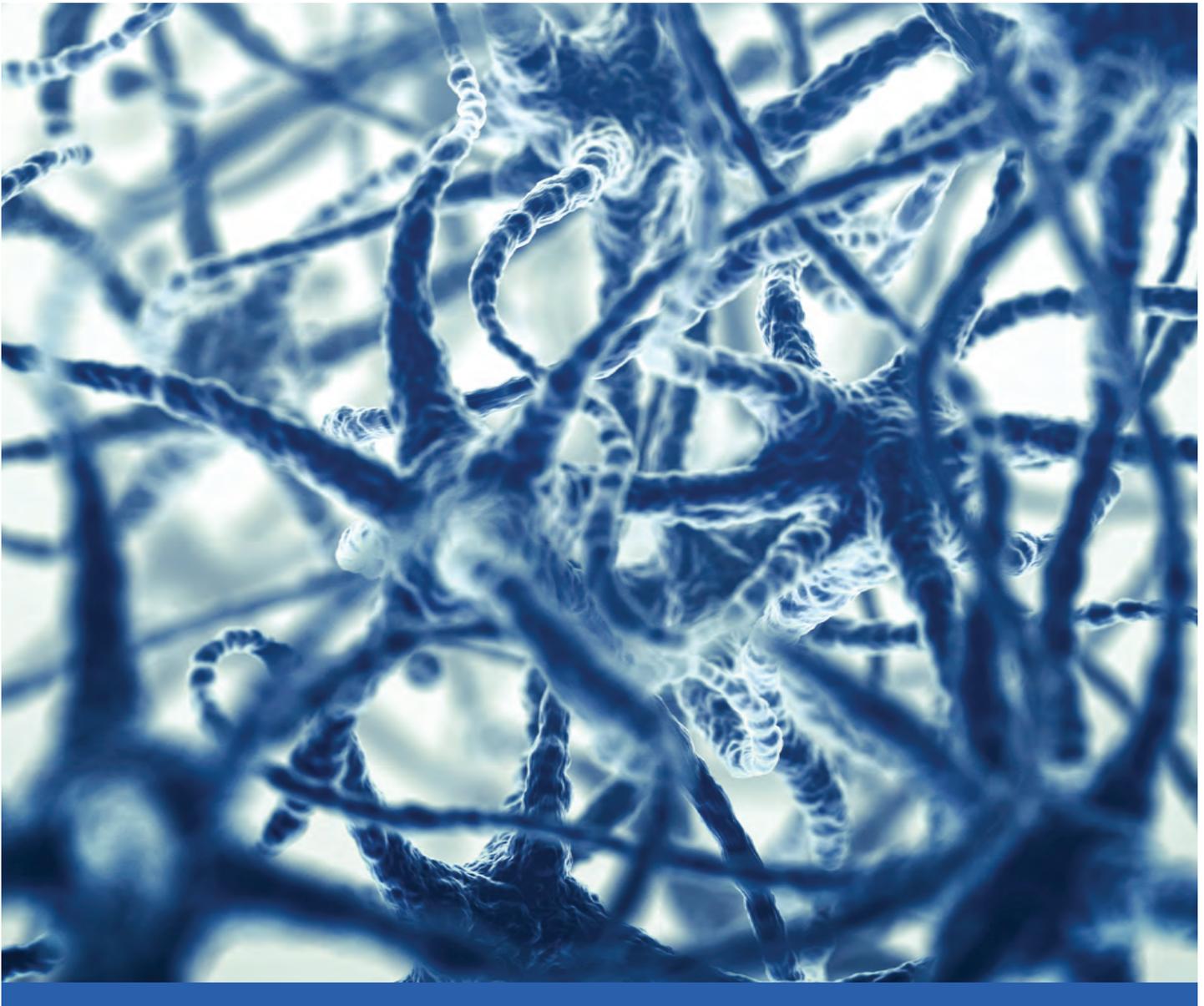
HOSPITAL GRAND ROUNDS AND CONTINUING MEDICAL EDUCATION

Many hospitals and large healthcare systems offer regular opportunities for continuing medical education. A key person to contact is the director or coordinator of medical education at your local hospital. They are responsible for developing educational offerings and ensuring that they meet professional standards for physicians, nurses and other medical professionals in their organization.

These programs can be a grand rounds presentation – most typically a research-based presentation built around a patient case study, a webinar offering or even a self-study module. Possible topics include:

- Alternatives to opioid pain medications
- Non-pharmaceutical pain relief treatment
- Best practices for managing chronic pain
- Pain management: cognitive behavioral therapy





A healthcare workgroup could identify other topics of interest for the medical community. Dr. Don Teater, NSC medical advisor, presented “**Alternatives to Opioids for the Treatment of Pain**” at grand rounds offered by three hospital systems in Madison, WI. A video of this presentation can be viewed on YouTube and shared with your medical community. More than 200 medical professionals participated in the three grand rounds offered in November 2014. Clinicians at one location indicated they would make the following changes to their practicing habits:

- Prescribe less opioid; continue to encourage reduced opioid use, and less use of narcotics
- More awareness of effectiveness of NSAIDs compared with opioids and will share with patients
- Lean more toward non-opioids
- Prescribe less COT (Chronic Opioid Therapy); more counseling
- Advise use of acetaminophen and ibuprofen first for treatment of any pain

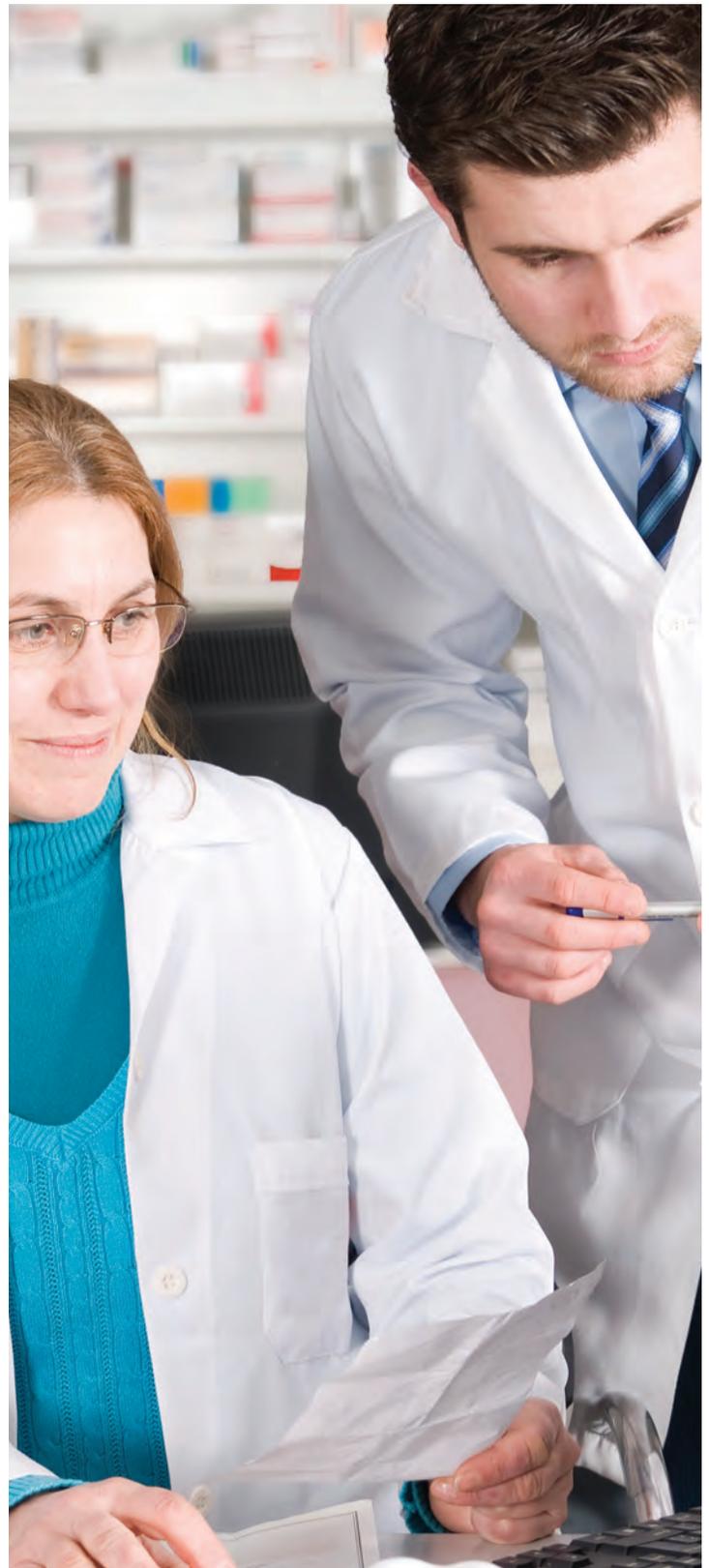
ACADEMIC DETAILING

Academic detailing projects use educational tactics developed by the pharmaceutical industry to educate physicians. Successful projects train a small group of physician educators about safe opioid prescribing. The trained physician educators call on every physician and dentist in a defined geographic area, usually an area that is experiencing a high rate of opioid prescribing and/or drug overdose deaths. The physician educators deliver a short, no longer than 10-minute presentation, with two or three specific recommendations for physician action. Often, a resource packet is provided.

The New York City Department of Health and Mental Hygiene (DOHMH) conducted an extensive physician education and outreach effort to reduce opioid prescribing among Staten Island prescribers, highest among the city's boroughs. The campaign used the following key messages.

- A 3-day supply of short-acting opioid analgesic is usually sufficient for acute pain
- Avoid prescribing opioid analgesics for chronic non-cancer pain
- Avoid high-dose opioid analgesic prescriptions
- Avoid prescribing opioid analgesics to patients taking benzodiazepines

The key messages were promoted to Staten Island prescribers via one-on-one office educational visits in which DOHMH recommendations, resources and tools were handed out. Following the physician outreach efforts and other city and statewide education and policy changes, Staten Island experienced a decrease in overdose fatalities and high-dose opioid prescribing. In other NYC boroughs, the overdose mortality rate remained the same and high-dose opioid prescribing increased slightly for the same time period.



The Pain Changers taskforce of Haywood County, North Carolina is actively educating prescribers and the public to use ibuprofen and acetaminophen instead of opioids for treating acute pain. This project has several areas of focus:

- Introduce the subject to prescribers using a video produced by NSC and a resource packet of informational materials with the scientific evidence
- Educate the public. (Often, patient expectations and pressure are a leading reason why providers prescribe opioids instead of other treatments.)
- Provide “pain packs” which contain ibuprofen and acetaminophen in blister cards to medical and dental providers. These pain packs can then be given to patients at no cost instead of an opioid prescription. The pack explains how this is more effective than opioids for pain
- Develop a program to facilitate easier and faster referral for treatment

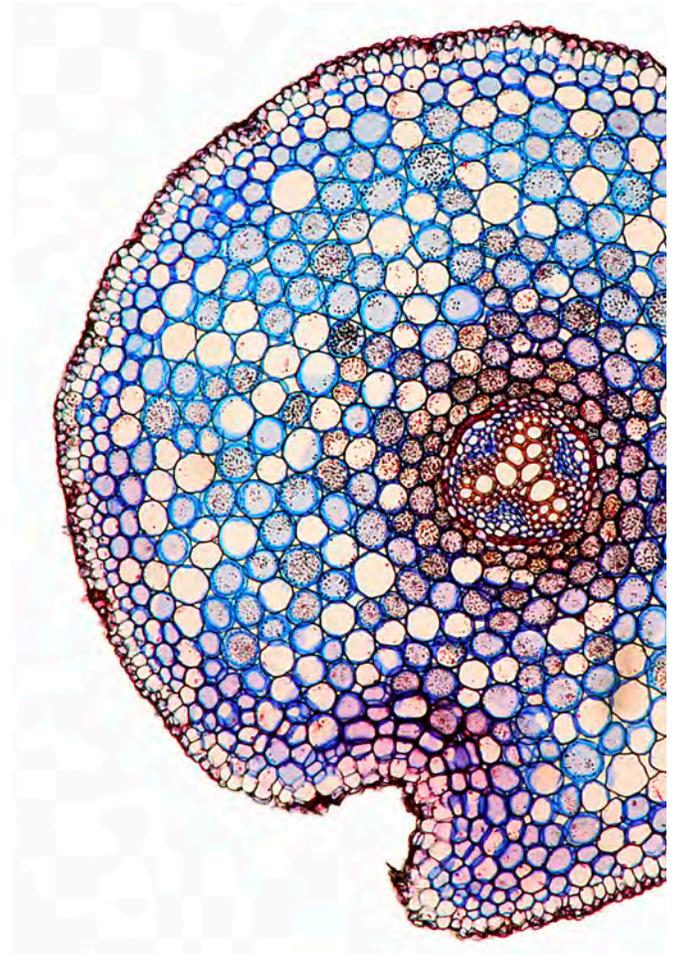
PRESCRIBING GUIDELINES AND CLINICAL SUPPORT TOOLS

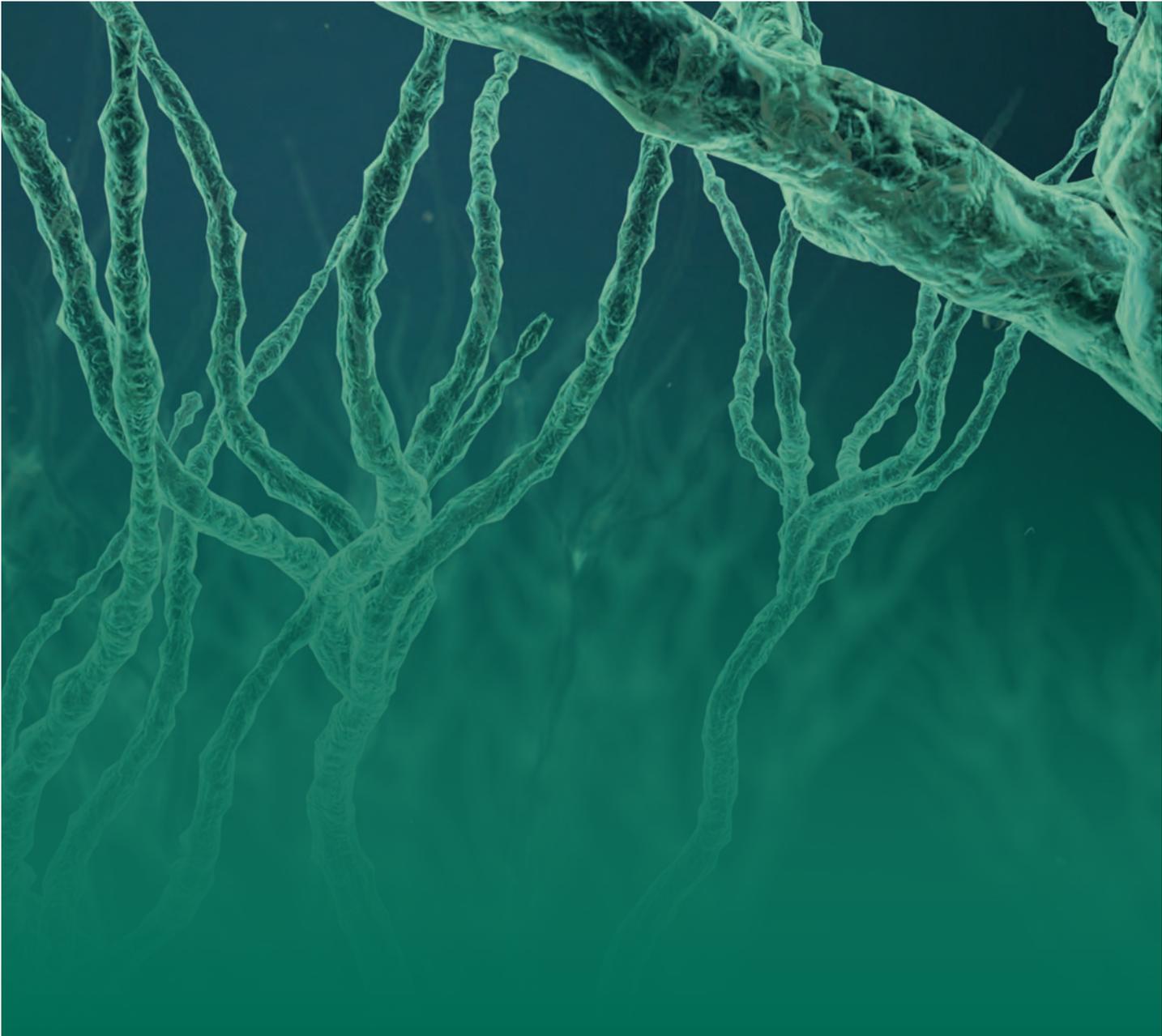
Sharing evidence-based prescribing guidelines and clinical tools is another way to educate the medical community. Prescribing guidelines are recommendations developed after a careful review of medical evidence. A number of state medical societies and professional medical organizations have developed opioid prescribing guidelines.

Prescribing guidelines have proven effective in reducing opioid-related overdose fatalities in the state of Washington. Since implementing mandatory interagency and opioid prescribing guidelines in 2010, the state has seen an overall 29 percent decrease in drug overdose between

2008 and 2014. Ohio, Indiana, New York, and Kentucky are among states that have also implemented mandatory opioid prescribing guidelines. Other states like Utah and North Carolina have worked with their state medical society to develop voluntary opioid prescribing guidelines.

Several professional medical organizations, most notably the American College of Emergency Physicians, American College of Occupational and Environmental Medicine and the American Academy of Neurology have developed opioid prescribing guidelines for physicians in these practice settings. A library of evidence-based guidelines can be located at <http://guidelines.gov>. Other resources to consider sharing with your medical community are clinical risk assessment and screening tools. These tools are available by a number of organizations. Some examples of these tools can be found in the Physician Toolkit from the Indiana Attorney General Bitter Pill Taskforce at <http://www.in.gov/bitterpill/>.





PHYSICIAN OUTREACH RESOURCES

[National Guideline Clearinghouse](#)

[National Safety Council Prescriber Resources](#)

[Indiana Bitter Pill Taskforce Clinician Resources](#)

[Washington Agency Medical Directors Opioid Dosing Guidelines and Resources](#)

[Decrease in Rate of Opioid Analgesic Overdose Deaths — Staten Island, New York City, 2011–2013](#)





Prescription Drug Community Action Kit

Safe Medication Disposal Guide

SAFE MEDICATION DISPOSAL GUIDE

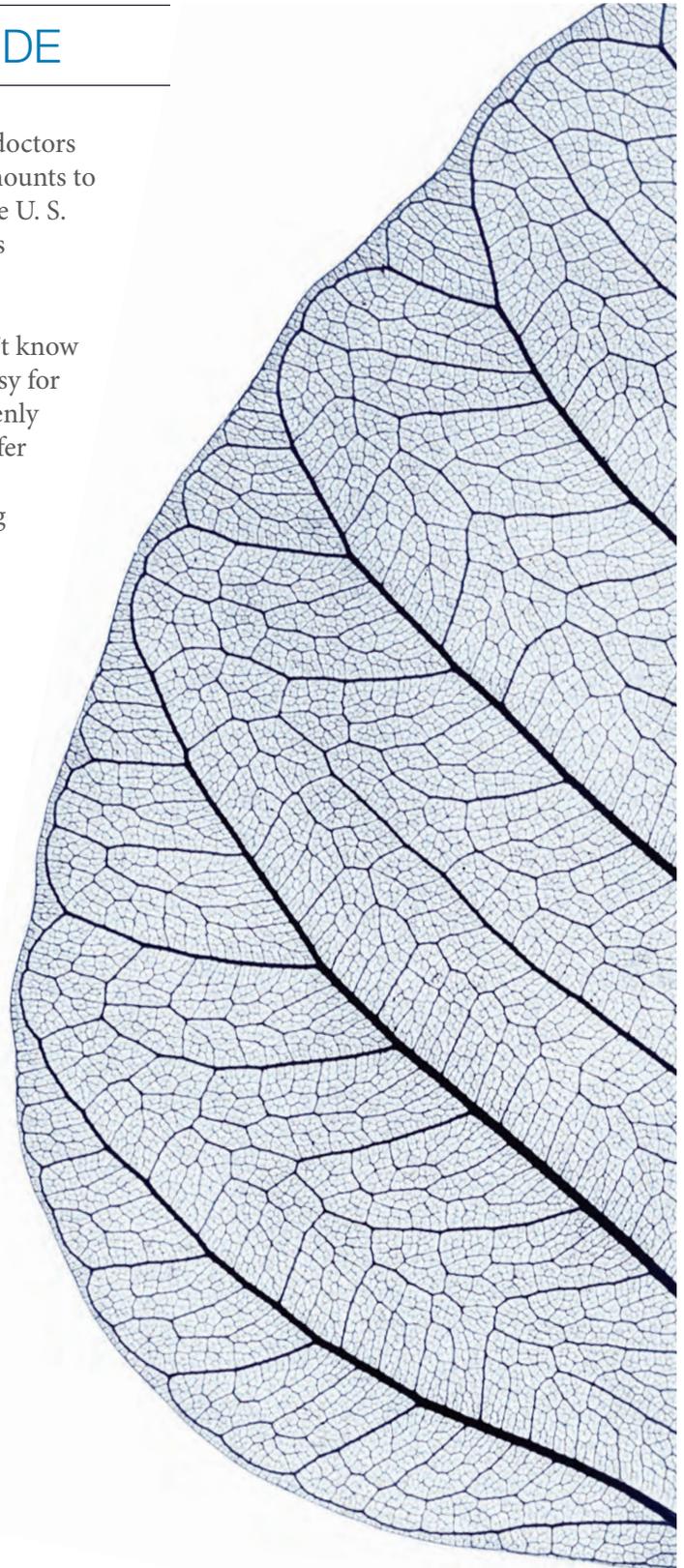
According to the Centers for Disease Control and Prevention, doctors wrote 259 million prescriptions for painkillers in 2012. That amounts to a one month supply of opioid painkillers for every person in the U. S. Many families have stockpiles of leftover and expired medicines in their homes.

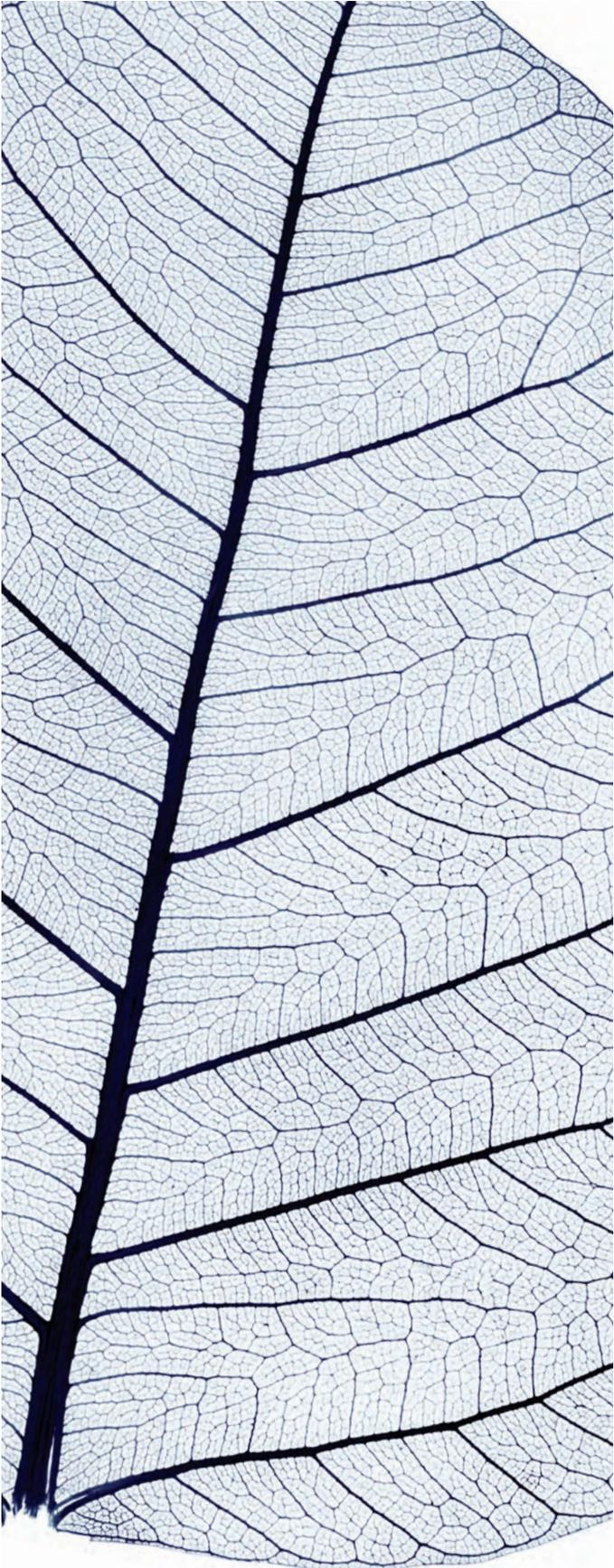
Whether the pills are kept for future use or because people don't know how to properly get rid of them, these leftover drugs make it easy for teens and adults to access. More than a quarter of teens mistakenly believe misusing or abusing prescription drugs to get high is safer than using street drugs. One-third believe it is okay to use prescription drugs that were not prescribed to them for treating an injury, illness or physical pain. (The Partnership at Drugfree.org, 2013) In fact, more than 70 percent of drug users said they access prescription drugs from family members or friends (SAMHSA 2013).

This easily accessed supply of leftover prescription drugs contributes to our current drug overdose epidemic. Local leaders in many communities are working together to start medication disposal programs to reduce the supply of leftover drugs. Among the many benefits, these programs help prevent:

- Children from unintentionally eating unused medication
- Misuse and theft
- Unsafe levels of contaminants entering local rivers, lakes, and streams

Learn the ins and outs of safe medication disposal. This guide explains how communities can start or enhance a medication disposal program and educate the public.





WHO CAN COLLECT LEFTOVER PRESCRIPTION MEDICATIONS?

The U.S. Drug Enforcement Agency (DEA) has rules about who can legally handle controlled substances – legally prescribed medications defined by the DEA as very addictive or easily abused. Any police officer or department can receive leftover controlled substances for disposal directly from the public. Recent changes now allow some DEA registered controlled substance permit holders to join police in collecting and disposing of unwanted drugs. DEA permit holders allowed to take back unwanted drugs include:

- Drug manufacturers
- Distributors
- Reverse distributors
- Narcotic treatment programs
- Hospitals and clinics with an on-site pharmacy
- Retail pharmacies

Before pharmacies, hospitals and other permit holders can start a drug take-back program, there are some requirements. Permit holders must modify their original DEA registration to allow them to collect unwanted drugs from the public. The DEA also has some extra requirements to ensure drugs are destroyed and don't end up in the wrong hands. Read the DEA guidelines for more information at http://www.deadiversion.usdoj.gov/drug_disposal/index.html

Be sure to also check whether your state has regulations for medication disposal or if it requires a special permit or permission to hold a take-back event.

WHAT ARE THE TYPES OF DRUG DISPOSAL PROGRAMS?

There are three types of disposal programs: permanent collection sites, take-back events and mail-back programs. Before starting these programs, it's important to know a little about them to help decide which one(s) will work best in your community.

PERMANENT COLLECTION SITES

Permanent collection sites are typically collection boxes anchored outside of or in a building lobby. Most permanent collection sites are located at police and sheriff's offices. The best sites are highly visible, marked with instructional signage and easy access at different times of day. Factors to consider when deciding the location for drug collection boxes include:

- Need - which neighborhoods or communities have high overdose rate
- Convenience – identify locations that are convenient to community residents
- Type of location– if possible, place boxes in a variety of sites including hospitals, pharmacies and law enforcement agencies. Each location will attract a different cross-section of your community

TAKE-BACK EVENTS

Take-back events are scheduled and highly-publicized opportunities for the public to bring their unwanted drugs for disposal. Temporary collection boxes are brought to the location by the sponsoring organization. Volunteers direct the public to the collection boxes where they can dispose of their unwanted medications. Police officers are required to be on hand to oversee and maintain custody of the collected drugs until they are destroyed. Take-back events work best when actively promoted and located at large community events and festivals, or locations that appeal to a number of different audiences (i.e. grocery store, farmers' market, senior center or schools).

MAIL-BACK PROGRAMS

Until recently, only non-controlled substances could be disposed of in mail-back programs. Pharmacies or "reverse distributors" can collect unused prescription drugs through a mail-in program. While this might sound easy, it's not as simple as tossing prescription drugs in an envelope and placing a stamp on it. The operators of the mail-back program must have an on-site incinerator or other means to destroy the drugs that complies with the DEA rules. Pharmacies or communities may partner with the operator of a mail-in program.

Two examples of these programs are the Yellow Jug Old Drug and MedSafe. These programs provide a collection receptacle and individually numbered liners to pharmacies and other approved locations. The collection receptacles are placed in a convenient location for customers to deposit their unneeded medications. When full, two pharmacy staff members record and remove the numbered liners. The liners are sealed and shipped using the preprinted packaging to the designated incinerator or waste disposal facility.

In the MedSafe program pharmacies purchase replacement liners for a reasonable monthly fee that includes shipping and disposal costs. Annual costs for one location with a monthly liner purchase and shipment would be approximately \$3,000. In the Yellow Jug program, pharmacies pay a small annual fee, \$300 and a \$100 deposit for a lock box if collecting controlled substances.

WHO SHOULD BE INVOLVED?

Starting and promoting a medication disposal program will often involve partnerships with many different organizations in your community. Two key partners are your local law enforcement agencies and your municipal solid waste and environmental management department. The police department or sheriff's office are logical partners as they must be present at take-back events and permanent collection boxes have fewer restrictions when placed at a law enforcement agency. Your local solid waste/environmental management office or water treatment department may also be helpful as medication disposal programs remove these drugs from the landfill and sewage system. They may be familiar with your state's regulations and, sometimes, they may have access to state funding or grants to pay for the destruction of the collected drugs.

Other important partners may include:

- City or county government
- Pharmacies
- Hospitals
- Medical providers
- Drug and alcohol treatment providers
- Schools, education professionals and student organizations
- Community, professional and fraternal organizations
- Family members struggling with prescription drug overdose

These partners may be willing to be the site of a permanent collection box, actively promote the program to their customers or the public or provide a donation or funding.



HOW MUCH WILL IT COST?

A drug collection box may range from \$400 to \$800 dollars. Disposal costs for the collected drugs can vary depending on the amount of drugs collected and geographic location of your community. The Environmental Protection Agency (EPA) recommends destroying the drugs by incineration. The incinerators should meet the [EPA standards](#). Incinerators may not be located close to your community, requiring the drugs to be transported. This increases the cost.

In Dane County, Wis., for example, it costs approximately \$28,000 to transport and destroy the 4.6 tons of unwanted drugs collected annually. In Illinois, the Village of New Lenox Police Department partners with [Will County Land Use Department](#) which includes and destroys collected drugs as part of a county-wide medication disposal program. Without this partnership, the small community would find it difficult to provide this service to the community. Innovative technology as used in the Yellow Jug Old Drug program and new companies entering this market as such as MedSafe have the potential to greatly reduce the costs associated with medication disposal. These programs expand safe medication disposal options for the consumer while making it easier for pharmacies to participate in community medication disposal efforts.

Today, many drug collection programs are funded by state governments, pharmacies and other partners that help to pay for disposing the drugs. However, a few communities like Alameda County, CA and King County, WA have enacted municipal ordinances that require pharmaceutical producers to pay for the costs associated with disposal of their products.



PROMOTING SAFE MEDICATION DISPOSAL

One key to successful drug take-back events and medication disposal programs is actively marketing your event and permanent collection locations. A variety of methods should be used to inform the public including posters, flyers, news articles and other advertising. A number of states and communities have launched successful public education campaigns to inform the public about the need to safely dispose of unwanted medications. Often communities can, with permission, use these public education campaigns. Sometimes your local newspapers, radio or television stations will donate advertising as a community service.



HELPFUL RESOURCES

Product Stewardship Institute Go to Guide for Safe Drug Take-Back

Yellow Jug Old Drugs

MedSafe

Americana Medicine Chest Challenge

Prescription for Safety Program

MedReturn Drug Collection Unit - Locations and Resources

Green Pharmacy Program (Teleosis Institute)

RESOURCES FOR HOLDING A DRUG TAKE-BACK COLLECTION EVENT

Video Series - How to Organize a Collection for Household Pharmaceutical Waste; Ed Gottlieb, Ithaca Area Wastewater Treatment Facility, NY
Project Drug Drop. National Association of Drug Diversion Investigators (NADDI)

STATE-SPECIFIC RESOURCES

New York Department of Energy and Conservation. How to Hold a Pharmaceutical Collection

Washington Take Back Your Meds Coalition

Wisconsin Department of Natural Resources. Collecting Unwanted Household Pharmaceuticals

Use Only As Directed Educational Campaign





Prescription Drug Community Action Kit

Preventing Overdose



“

Community-based programs have provided naloxone and training that has reversed more than 10,000 overdoses.

PREVENTING OVERDOSE

More than 44 people die each day from an opioid painkiller overdose. However, an overdose doesn't need to result in death. Timely first aid and the use of naloxone can counteract the overdose. Naloxone is an antidote to counter the effects of an opioid-based drug overdose.

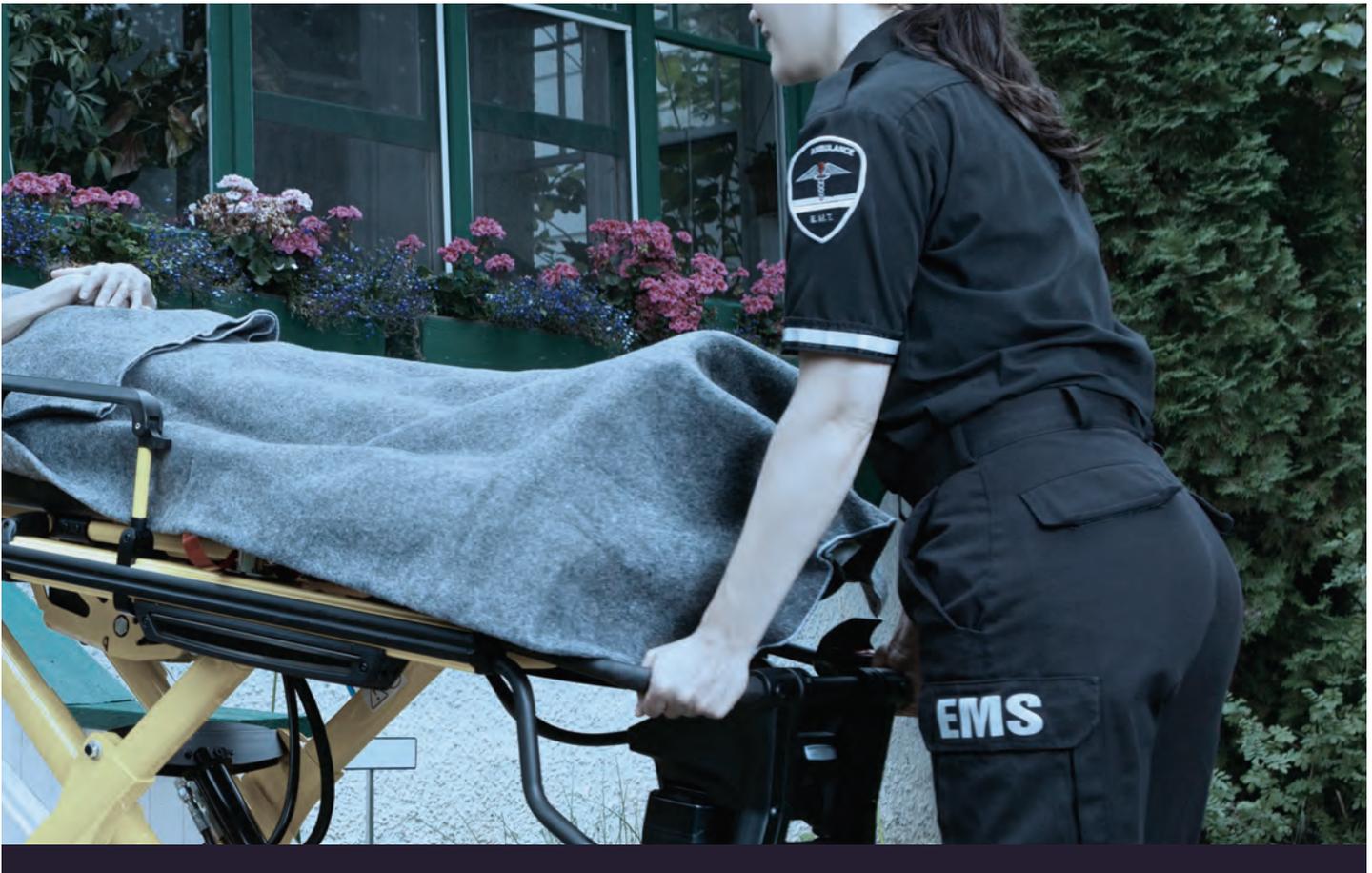
In an opioid overdose, the individual becomes sedated and gradually loses the urge to breathe. Opioid Overdose Prevention Programs are effective in preventing fatal opioid overdoses.

Opioids include:

- Heroin
- Morphine
- Codeine
- Methadone
- Oxycodone (Oxycontin, Percodan, Percocet)
- Hydrocodone (Vicodin)
- Fentanyl (Duragesic)
- Hydromorphone (Dilaudid)

FATAL OPIOID OVERDOSES CAN BE PREVENTED

Most overdoses are not instantaneous, and the majority of them are witnessed by others. Many overdose fatalities are preventable, especially if witnesses have had appropriate training and are prepared to respond in a safe and effective manner. Prevention measures include education on risk factors, recognition of the signs and symptoms of an overdose and an appropriate first aid response. Response includes contacting emergency medical services (EMS) and providing first aid - rescue breathing and administration of naloxone to immediately reverse the effects of heroin overdose.



OFFERING AN OPIOID OVERDOSE PREVENTION PROGRAM

Many different organizations in your community could offer an Opioid Overdose Prevention Program:

- Hospitals
- Clinics
- Health care practitioners
- Drug treatment programs
- Community-based organizations
- Local health departments

The Substance Abuse and Mental Health Administration (SAMHSA) [Opioid Overdose Prevention Toolkit](#) provides resources to prevent opioid overdose.

Opioid overdose prevention programs provide training on how to respond to an opioid overdose. Opioid overdose prevention programs will typically:

- Have a program director who has overall responsibility for the program
- Have a clinical director (i.e., physician, physician assistant or nurse practitioner) who provides clinical oversight of the program
- Recruit and train overdose responders
- Dispense naloxone to trained responders in accordance with your state's laws, rules and regulations
- Maintain and provide response supplies (e.g., latex gloves, sharps containers)
- Establish and maintain a record keeping system (e.g., opioid antagonist administration usage reports and forms)
- Report use of naloxone to reverse overdoses to State Department of Health, if required

NALOXONE ACCESS AND GOOD SAMARITAN LAWS

In some states and communities, access to naloxone and other emergency treatment is limited by laws and regulations that pre-date the overdose epidemic. A number of states have recently changed those laws to increase access to emergency care and treatment for opiate overdose. Typically, these laws will address two areas:

- Allow naloxone to be more widely prescribed by clarifying that prescribers may prescribe naloxone to third-parties and remove possibility of legal action against prescribers, first responders and community members who use naloxone to reverse an overdose
- Good Samaritan laws that encourage witnesses to an overdose to summon help by calling 911 without fear of arrest or other negative legal consequences

You can search your state's law at the [Network for Public Health Law](#) website.



HELPFUL RESOURCES

[SAMHSA Opioid Overdose Prevention Toolkit](#)

[Harm Reduction Coalition: Overdose Prevention Resources](#)

[Network For Public Health Law Overdose Prevention Legal Interventions to Reduce Overdose Mortality](#)

[CDC Report: Community-Based Opioid Overdose Prevention Programs Providing Naloxone - United States, 2010](#)

[Ohio Project DAWN \(Deaths Avoided with Naloxone\) Background Document and At A Glance Site Development](#)

[Illinois Opioid Overdose Website](#)

[Opiate Overdose App](#)





Prescription Drug Community Action Kit

Public Education and Media

PUBLIC EDUCATION

Soon you will begin working toward building your own coalitions and campaigns to reduce opioid-based drug misuse and overdose in your community. This Public Education guide serves as a valuable resource for showing you what programs, campaigns, and events can look like and how to begin putting them together.

HERE, YOU'LL FIND A:

- List of existing campaigns, programs, and events
- Sample checklist for a creating a community event
- Media guide for raising awareness about your initiatives

For any campaign or program to succeed it's important to raise awareness among community leaders, families, physicians and, among others, members of the media. Local newspapers, TV news, magazines, and local web bloggers can help to spread the word, raise awareness, and rally support for your initiative. Our media guide will teach you how to acquire coverage.

LIST OF PUBLIC EDUCATION CAMPAIGNS AND PREVENTION PROGRAMS

Creating campaigns and organizing events require a lot of detailed planning. Many communities across the United States have already developed campaigns and programs to address drug overdose and addiction. Use this list of resources to network, gather resources, think about ideas, and learn how to organize your community to combat opioid misuse and abuse. This list includes three sections: educational campaigns, prevention programs, and website resources.



EDUCATIONAL CAMPAIGNS

DON'T RUN, CALL 911

New York, New Jersey, California, Illinois, and Wisconsin have launched “Don’t Run, Call 911” campaigns to help promote those states’ Good Samaritan laws. The laws encourage drug users to call 911, if they witness an overdose, without fear of being arrested. In New Jersey, billboard companies donated the space, while in Madison, WI. campaign signs were posted on public buses.

<http://www.safercommunity.net/DontRunCall911.php>

NATIONAL PREVENTION WEEK

National Prevention Week (NPW) is held annually each May to coincide with events and activities prone to substance use and abuse. These include graduation parties, proms, weddings, sporting events, and outdoor activities. Schools, organizations, and community coalitions are encouraged to hold prevention-themed events to raise students’ awareness of abuse. NPW aims to involve communities to implement prevention strategies, build partnerships and work with federal agencies committed to public health, and distribute health resources and publications.

<http://www.samhsa.gov/prevention-week/about>

PREVENTION PROGRAMS

AWARxE

The AWARxE Prescription Drug Safety Program distributes resources about the dangers of prescription drug use including medication safety, abuse, medication disposal, and how to buy medications on the Internet safely. The campaign was founded following the drug overdose death of a young adult who purchased prescription drugs from an illegal website.

AWARxE
1600 Feehanville Drive
Mount Prospect, IL 60056
855/229-2793
AWARERX@NABP.NET

GOOD DRUGS GONE BAD

This education program targets youth, parents, older adults, and health care workers to prevent prescription drug abuse in Northeast Wisconsin. The organization has built a coalition of partners that include law enforcement, victims, youth workers, juvenile justice, parents, school staff, and other state and national organizations.

Jason Weber, Town of Menasha Police Department
jweber@town-menasha.com
(920)720-7109

GENERATION RX

GenerationRx offers medication safety and prescription drug abuse prevention resources for schools, colleges, and communities. Resources include age-specific Toolkits specific for students, adults, and seniors, providing a foundation for understanding how to use medicines safely. The program welcomes group partners to enhance medication safety and prescription drug abuse prevention.

217 Lloyd M. Parks Hall
500 W. 12th Ave.
Columbus, OH 43210
614.292.2266
<http://cardinalhealth.com/us/en/generationrx>

ABOVE THE INFLUENCE

This program helps teens to recognize surrounding negative pressures and coaches them in being their own persons and holding their ground, including against giving-in to pressures of using drugs and alcohol. Teens have access to self-assessment quizzes and other resources to help them make their own educated decisions.

<http://abovetheinfluence.com/>

USE ONLY AS DIRECTED

This media and education program aims to draw attention to the drug misuse and abuse in Utah. The initiative focuses on safe use, safe storage, and safe disposal. The campaign partners with more than 20 local, state, and federal experts in the areas of substance abuse prevention, law enforcement, human services, and medicine.

useonlyasdirected@utah.gov

PARTNERSHIP FOR DRUGS-FREE KIDS. (DRUGFREE.ORG)

Drugfree.org provides direct support to help families both prevent and deal with teen drug and alcohol abuse, including abuse of prescription drugs. They also engage in direct outreach to teens to help them make positive decisions for staying healthy and away from drugs and alcohol; and encourage parents, teachers, healthcare providers and law enforcement to help with ending drug problems in their communities.

Partnership for Drug-Free Kids
352 Park Avenue South, 9th Floor
New York, NY 10010
212-922-1560

PHYSICIANS FOR RESPONSIBLE OPIOID PRESCRIBING (PROP)

PROP educates physicians on how to cautiously and safely prescribe addictive prescription drugs. The organization invites anybody to join its efforts, even if you're not a doctor.

akolodny@phoenixhouse.org
vonkorff.m@ghc.org

BEHAVIORAL HEALTH EQUITY

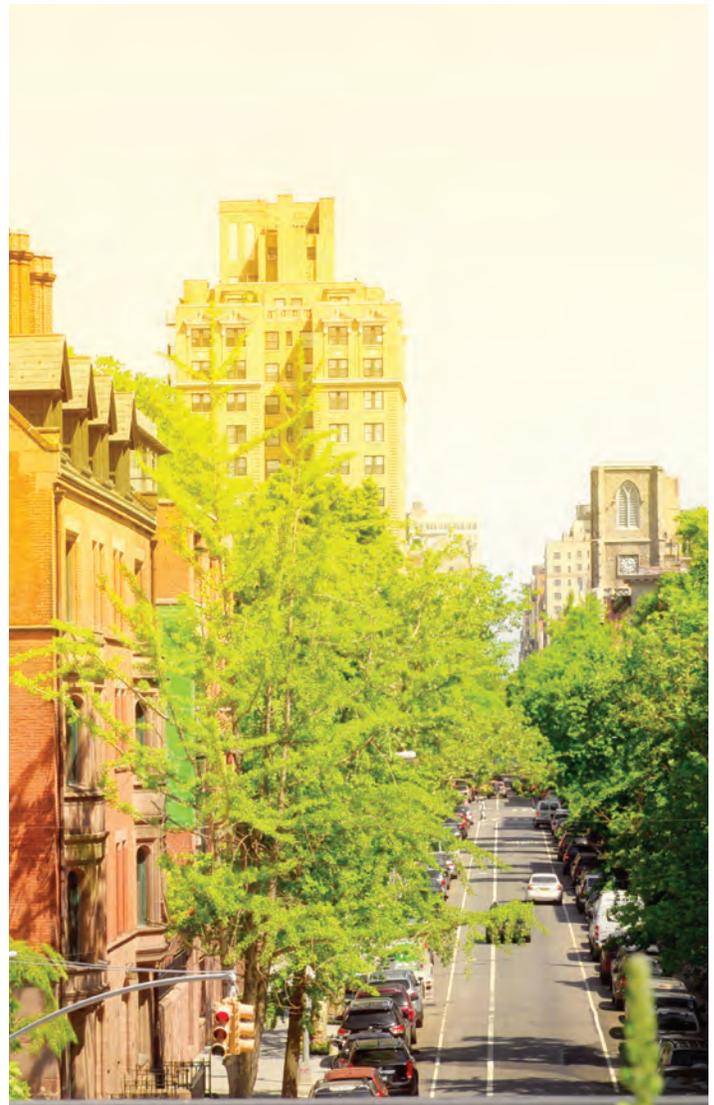
Behavioral Health Equity aims to reduce substance abuse disparities for diverse racial and ethnic, as well as lesbian, gay, bisexual, and transgender (LGBT) populations.

<http://www.samhsa.gov/behavioral-health-equity/about>

PROJECT LAZARUS

In 2007, Wilkes County, North Carolina had the third highest drug overdose rate in the country. Project Lazarus was created to help communities and individuals to prevent drug overdoses in their communities and assist people living with chronic pain. The organization provides technical assistance to create and maintain community coalitions so they can create their own drug overdose prevention programs, and connect them to state and national resources.

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P.O. Box 261
Moravian Falls, NC 28654





COLORADO CONSORTIUM FOR PRESCRIPTION DRUG ABUSE PREVENTION

The Consortium is a state-wide coalition response to the prescription drug epidemic in Colorado. The mission focuses on improvements in education, public outreach, research, safe disposal, and treatment. The coalition consists of leaders from the health professions, associations, task forces, and many agencies and programs that had been dealing with the prescription drug abuse problem, individually, without the benefit of an organized, coordinated approach.

<http://takemedseriously.org/resources/about/>

HARM REDUCTION COALITION

The Harm Reduction Coalition aims to prevent drug overdose, offer access to quality healthcare, and form alliances so that community leaders can better understand ways to improve communities on the local, state and national level. The organization has an east and west coast overdose initiative.

West Coast

Drug Overdose Prevention & Education Project (DOPE) is Harm Reduction Coalition's. It teaches people in shelters and jails how to prevent drug overdose, including overdose of opiate-based drugs.

West Coast

1440 Broadway, Suite 902

Oakland, CA 94612

(510) 444-6969

hrcwest@harmreduction.org

East Coast

Skills & Knowledge on Overdose Prevention (SKOOP) trains heroin users and their peers, allies, friends and family members how to prevent overdose and administer naloxone to reverse opioid overdose. Anyone who participates in the training receives a naloxone kit.

East Coast

22 West 27th Street, 5th Floor

New York, NY 10001

(212) 213-6376

hrc@harmreduction.org

COMMUNITY ANTI-DRUG COALITIONS OF AMERICA (CADCA)

When bringing together leaders to combat the drug problem in your community, CADCA can train your coalition to effectively work together. They can teach you how to structure yourselves and work properly with data so you can evaluate the drug problem in your area. CADCA can also help with planning effective programs and strategies, and teach you how to track the results of your efforts.

<http://www.cadca.org/about/institute/detail>

625 Slaters Lane, Suite 300

Alexandria, VA 22314

Tel 1-800-54-CADCA

WEBSITES

PARENT ADDICTION NETWORK (PAN)

When watching a loved one with a drug use disorder, it is often difficult to know who to turn to, what to ask, and how to navigate the issues and how to start the recovery process. Founded in 2012, PAN is an educational resource for any person who has a family member or friend affected by drug addiction in Dane County-Madison, WI. The organization provides answers to commonly asked questions, information on signs and symptoms of addiction, treatment providers, law enforcement issues, drug court and how it operates, support groups, and other resources.

http://www.safercommunity.net/parent_addiction_network.php

MEDICINE ABUSE PROJECT

The Medicine Abuse Project provides comprehensive resources for parents and caregivers, law enforcement officials, health care providers, and educators to help end medicine abuse among teens. The website includes information on preventing prescription drug abuse, painkiller addiction, and over-the-counter (OTC) medicine abuse. It discusses how to safely safeguard and dispose of medicine in your home, and includes comprehensive information about the most abused prescription drugs.

www.medicineabuseproject.org

PARENT SUPPORT NETWORK

The Parent Support Network website offers resources for parents whose teen and young adult children are struggling with drugs and alcohol. The listed resources equip parents to play an educated and complementary role, working in concert with clinicians to achieve better outcomes for kids and families.

<http://www.drugfree.org>

Building programs, campaigns, and events takes diligent planning. You will need help. To ensure success, it's essential to have the right community leaders on board who have genuine interest in reducing the prescription drug problem in your community. The next section teaches who you need on your team and how to work together toward organizing an event.

SAMPLE CHECKLIST FOR COMMUNITY AWARENESS EVENT

Creating an event that raises awareness of the prescription drug overdose problem in your community is essential to curbing the epidemic. To succeed you need to bring people together, recruit others, discuss, details, and organize. Events require careful planning of both large and small details. Below is a checklist for producing a successful event. It includes ideas for:

- Writing a mission statement
- Assembling a planning team
- Collecting and analyzing data
- Holding your first meeting agenda
- Promoting Your Event

You can modify the guidelines listed below to meet the specific needs and size of your community. You can also refer back to the list of campaigns and programs for ideas.

Event Mission/Aim

If you already have an idea for an event, write a mission statement. A mission statement specifically states what the event aims to accomplish so others can quickly and clearly understand your objective. If you don't have a mission statement, brainstorm ideas and draft one with your planning team.

Planning Team

Bringing together people who already understand something about prescription drug abuse and overdose in your community will help to build momentum for creating an event because they will likely have a genuine interest in seeing it succeed. Your planning committee can include:

- Families coping with substance abuse issues. They will feel connected to and supported by the community
- Users who are now in recovery
- Mental health practitioners who can lend expertise and provide data to help position and tell a compelling story behind why the event needs to take place
- Substance abuse treatment providers
- Public health professionals. You may want to start with your local health department
- Law enforcement professionals
- Local Politicians

- Members of mass media. Attracting politicians and news reporters can sometimes be tough, especially in the early stages. If they decline, reach out again as the event details begin to take shape. When the team meets, find out each person's strength and expertise. For example, if someone works in the food industry, perhaps he or she can sponsor meals for future meetings or the event itself, while someone who works in public relations can help get the word out.

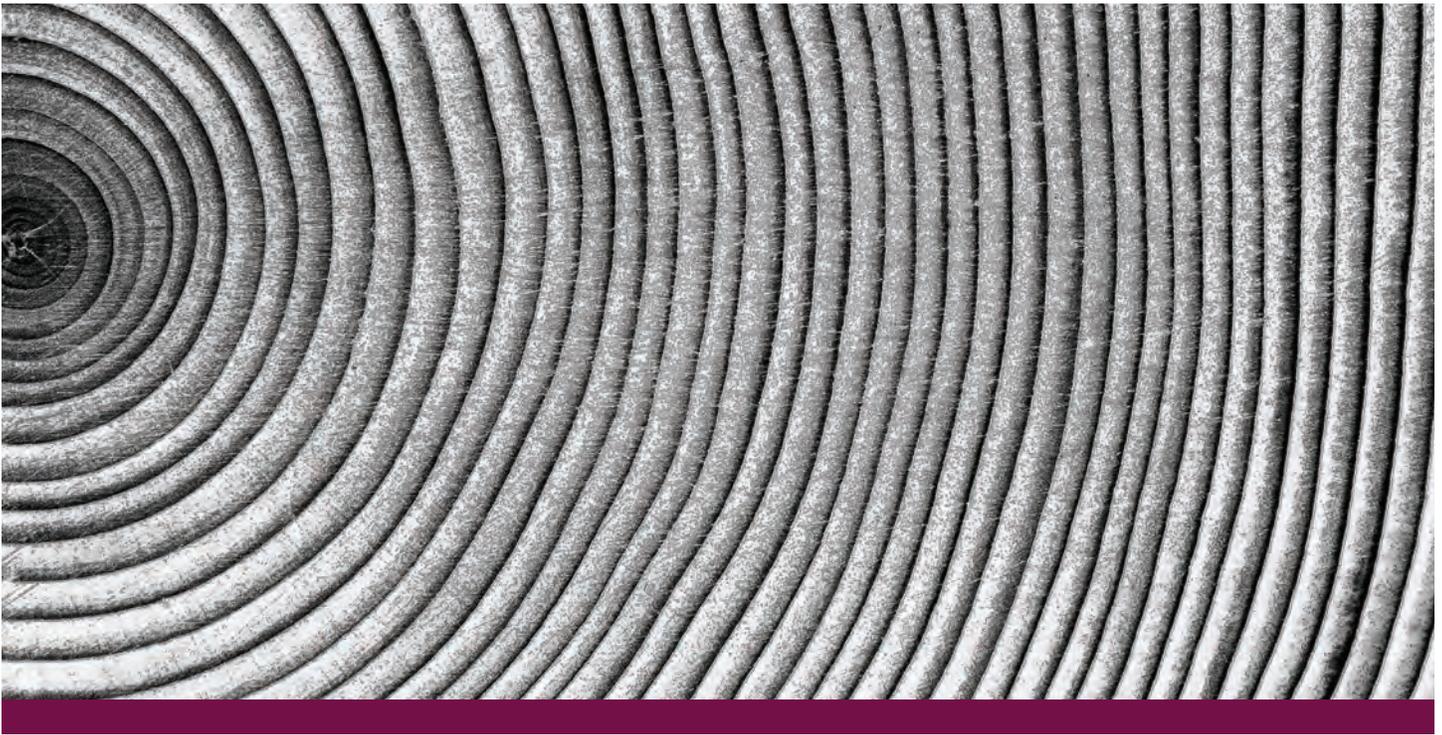
Gathering Data

Collecting data is a vital component for building a community awareness event. Analyzing data helps to communicate the impact that the prescription drug abuse problem is having on your community. Your local health department should be able to access much of this data.

Types of data to gather include:

- Overdose rate
- Age and gender demographics of users and nonusers
- Financial cost to the community and taxpayers
- Statistics and trends from other communities. This helps to know how your community compares to other counties and towns in your state and across the nation





When your team has gathered data, it's important to interpret what the data means and how it impacts individuals, families, and your community. This is detailed work and can take some time. You might want to appoint a committee to do this and then report back to the planning team.

Once the data has been interpreted, you can use it to:

- Build a case for the event
- Approach potential sponsors
- Educate residents about the local drug abuse problem and explain why they should care
- Create posters, flyers, and other promotional materials that raise awareness both to the problem and your event

Selecting a Venue and Date

When the planning team decides on the type of event, it will need to choose a location. Some suggestions:

- School
- Outdoor park
- Indoor public park facility
- Church parking lot
- Hospital
- Banquet room
- Local government building

Wherever you hold the event, make sure to secure written agreements that address costs, liability, facility provisions, and other details. Once agreements are signed, it's time to begin spreading the word and generating buzz around the event.

Promoting the Event

Local media is an important resource for raising awareness of your event and campaign. Many media platforms exist such as television, radio, billboards, newspapers and magazines, and popular social media networks like Facebook, Twitter, and YouTube.

To grab people's attention, your planning team will need to:

- Create and print press releases, posters, and flyers
- Hang posters and distribute flyers around town, in schools, in restaurants, at public libraries, and at other events; if the budget allows, consider doing a mass mailing
- Send press releases to local television and radio stations so they can announce the event. Ask if they can periodically announce it for free as a public service
- Produce your own short video or audio message for upload onto social media. Ask if anybody on your planning committee has experience or access to audio-visual resources

Next, The Media Training Guide will teach you how to effectively capture the media's attention so you can promote your program, campaign, and events.

MEDIA TRAINING GUIDE

Your community already has a powerful resource that can help to raise awareness about your initiative and event – local news media. Buying advertising space in magazines and on television can cost money. One way to save money is by obtaining earned (unpaid) media coverage. This guide serves as an introduction into how the media work and includes tips for:

- Writing media alerts and press releases
- Writing Letters-to-the-Editor
- Pitching story ideas
- Monitoring the Media
- Setting up Google alerts

How to obtain earned media coverage

There are several ways to secure earned media coverage. First, it is best to start monitoring your local news and taking advantage of current news trends. There may be opportunities for you to react. Anniversaries, events, summits and press conferences are additional ways to get your issue in the news.

How to write media alerts, press releases, letters-to-the-editor and op-eds

Media alerts and press releases aren't the same thing, so they shouldn't be used interchangeably. A media alert is like an invitation to reporters, encouraging them to attend your event and giving them time to schedule the event into their coverage. For this reason, a media alert should be sent before the event.

A press release is more comprehensive and essentially a short, pre-written article for a news outlet. Many newspapers will print press releases exactly as they are received, and reporters often pull quotes and other information directly from press releases. Here's how to write both:

MEDIA ALERT

- Answer Who, What, When, Where and Why
- Don't give too many details. Just the basics will do
- Keep it short. Anything longer than three paragraphs is too long
- Offer an angle. For example, if you're hosting a public forum, explain why this is important. Use state or local statistics, talk about the scope of the issue and offer

to set up interviews with subject matter experts. Making your story relevant to your community or state gives the best chance of being covered

- Make sure to clearly explain the point of the event ("Why"), and, if possible, include a call to action. For example, the goal of your forum is to give community members tools and information about how to curb prescription painkiller overdose
- Include contact information for someone who can answer a reporter's questions consistently

If you are working on a media alert for your event, consider including local elected officials in your distribution list.

P R E S S R E L E A S E

- Follow the guidelines for a media alert, adding more comprehensive information
- Write the release as you would a news story. The most important information should be at the top and the least important details at the bottom. Make sure your lead paragraph is strong and compelling
- Include quotes from the subject matter expert, event leader or others relevant to the story
- Write in AP Style (see Style Guide pg 5), as reporters are trained to write in this style

L E T T E R - T O - T H E - E D I T O R V S . O P - E D

Letters to the editor and op-eds are great ways to get your message across rather than having your issue or event filtered through a reporter.

A letter to the editor is a short piece – often no more than 200 words – that responds to something previously published in the media outlet. A letter to the editor can be from anyone and offers a personal viewpoint. You might consider a letter to the editor if you want to immediately respond to something published or offer another viewpoint on an issue related to your goal.

Things to remember:

- It's often easy to get a letter to the editor published, especially at smaller papers

- Create a target list of papers you think you may respond to at some time. If you have the letters-to-the-editor policy and preferred submission methods for each of these papers on hand, it will be easier to submit your letter when the time comes
- Always reference a recent article, opinion piece, etc. These letters should be direct responses to recent coverage and either build on what was presented or offer another viewpoint
- Time is of the essence when it comes to these letters. You might consider having a draft letter to the editor on hand to quickly respond
- Be concise and make sure to put your most important point at the top
- Don't write too often or your letters run the risk of being ignored
- Avoid being rude or insulting. Instead, educate readers and reflect thoughtfulness

An op-ed is a longer article written by experts, key figures or leaders of organizations. Op-eds express a specific view and are meant to influence communities and policymakers.

Things to remember:

- Op-eds are reviewed by editorial boards and are much more difficult to have published. However, this method is one of the best ways to present your argument and editorialize in greater detail
- Make sure the op-ed is focused with a clear call to action
- Use facts that are relevant to your state or community
- Pitching an op-ed should be an exclusive. Many outlets require that you send your op-ed to them and no one else
- Follow your target paper's submission guidelines

How to pitch stories to the media

To ensure coverage consistent with your message and to build relationships with the media, pitch stories directly to reporters. To start, ask yourself why your event or issue is newsworthy. Next, think about what results you hope to gain from having a news story published. Is it education? Action? Think about your broad goals (reducing opioid painkiller deaths) as well as more specific goals (increasing the number of take-back locations in your community). Consider ways your event or specific issue is different than other events or issues impacting your community or state.



Key things to remember:

Pitching to the media is not sending an email with a press release to 100 reporters. That's spam. Pitching is targeting specific areas, outlets or reporters with a unique, exclusive idea that will be beneficial to both you and them.

Pitch your story to one reporter at a time. Reporters have specific beats. If you monitor the media, you'll see reporters who consistently cover certain issues, which will help with your pitches. Craft pitches to reflect what a reporter covers.

Explain the local angle and big picture. There should be a state- or community-specific angle that makes your story relevant to readers, but reporters also should have the background information on overarching, national trends.

Offer sources and facts to support your story. Is there a victim advocate or impacted family who would be willing to share a personal story with a reporter? If so, consider including them in your pitch. If you present your story as a ready-made package, you are more likely to get it picked up.

Make sure to follow up. If a reporter seems interested, it's vital to follow up with more information, confirmation of interview dates and times, etc. This makes the reporter's job easier, which can ensure coverage for other stories down the line.

More key things:

- Don't send email attachments or email the same message to many reporters at one time

- Craft your pitch letter the way you would write a media alert or press release – make sure the Who, What, When, Where and Why is clearly stated, and that you call attention to your angle
- State why this specific angle is especially important to this specific reporter and why readers will care about the issue
- Be concise. Shorter is better. Don't give all of your information away immediately
- Don't forget to pitch bloggers, especially if your community has a local blog
- Remember that reporters work on deadline. Call or email newspaper reporters in the morning. Call TV reporters midday, when they aren't busy with morning and afternoon newscasts

How to monitor the media

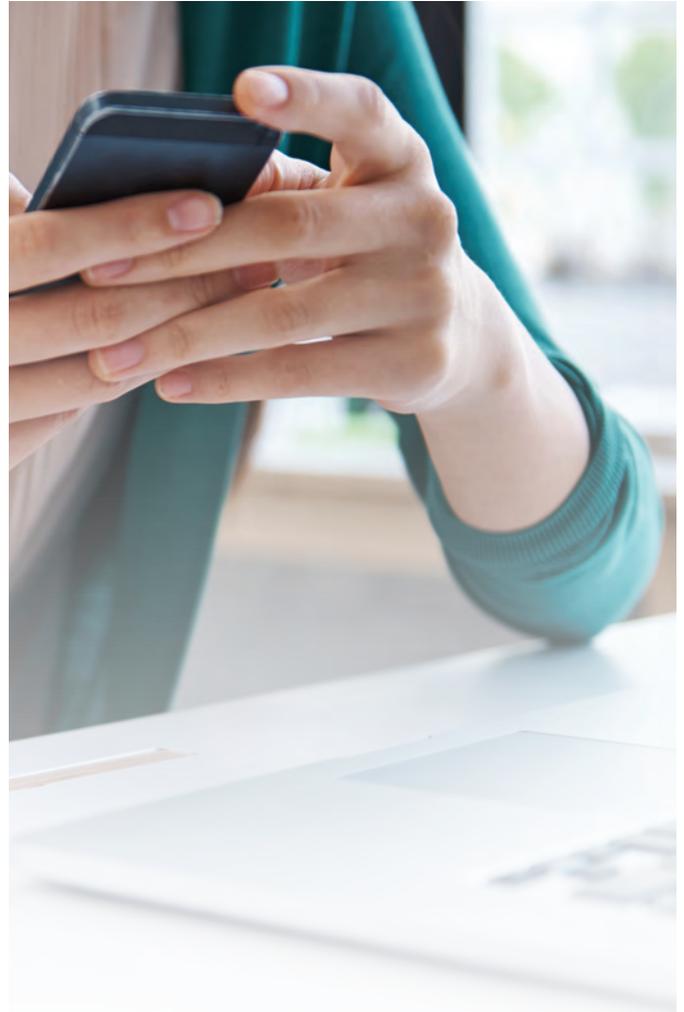
Keeping an eye on how your state and local papers cover issues can help you in a variety of ways:

- Track your own publicity
- See how other groups are making headlines on the same issue
- Monitor the issue in your area
- Build a contact base of reporters, key influencers, possible future partners, etc.
- Measure the impact of your work on your target market and assess whether local and statewide messages are consistent with yours



Here's how to set up Google Alerts that deliver media clips to your email inbox:

- 1 Open a Google email account by visiting gmail.com.
- 2 Once you've opened your account, visit google.com/alerts.
- 3 Type a phrase in the search bar that is important to your cause. For example: prescription drug abuse, hydrocodone abuse, opioid painkillers, prescription, or painkiller.
- 4 Choose the "Type" of media you want to monitor from the first drop-down menu.
- 5 Choose "How Often" you want to receive media clips.
- 6 Click "Create Alert."
- 7 Google will email you to confirm that you want the Alert to be created.
- 8 Create an Alert for each phrase you want to monitor.





Prescription Drug Community Action Kit

Early Intervention Treatment Recovery

EARLY INTERVENTION

While many people are becoming addicted to and dying from opioid painkillers, it doesn't have to happen. Early identification and intervention can prevent people who abuse opioids from becoming addicted, and treating those already addicted can be very successful.

MOST PEOPLE'S ADDICTIONS DEVELOP IN STAGES:



Once addiction has developed, the brain has suffered chemical and structural changes that make logical reasoning impossible. For that reason, it is ideal to identify and treat problems before the addiction stage. This is called early intervention.

HERE ARE SOME THINGS TO LOOK FOR:

AT HOME

- Often family members may notice a change of behavior before anyone else. If someone is abusing opioids, they may appear more mellow at times and more irritable at other times. They may begin missing meals or family events. Money may start disappearing.
- If a family member is taking opioid painkillers for more than a few days after an injury, you should be concerned. These medications often cause a condition known as hyperalgesia where the body becomes more sensitive to pain. Hyperalgesia results in the consumption of more opioids and can begin the downward spiral to addiction.

AT WORK

- When an employer discovers substance abuse or addiction and refers the employee to treatment, the treatment is more likely to succeed than if an individual self-refers.
- Appropriate drug-free workplace programs can deter abuse and prevent addiction.
- For more information, download the NSC Employer toolkit at <http://safety.nsc.org/rxemployerkit>

AT MEDICAL/DENTAL OFFICE

- Screening, Brief Intervention and Referral to Treatment (SBIRT) is a proven technique for medical offices to identify, prevent, or treat alcoholism. It is unclear if it works as well in opioid dependence, but likely it does in areas where there is a higher incidence of opioid prescribing and abuse.
- TAP 33 is a resource produced by SAMHSA for those who want to learn more, <http://store.samhsa.gov/shin/content/SMA13-4741/TAP33.pdf>

TREATMENT

For those who are addicted, several treatment options exist:

- Detox followed by abstinence
- Detox followed by once monthly shots of naltrexone
- Medicated assisted treatment with buprenorphine
- Medicated assisted treatment with methadone

DETOX FOLLOWED BY ABSTINENCE

This is the least effective of the four treatment options. It can be successful in individuals who are highly motivated and have the resources for residential treatment followed by major changes in their social environment.

Many people who have been addicted have structural and chemical changes of their brain. Some of these changes never return to normal and many will suffer from depression, anxiety, fatigue and drug cravings when abstinent.

DETOX FOLLOWED BY NALTREXONE INJECTION.

Naltrexone is a medication that helps people maintain abstinence. It will block the effects of all opioids. If an individual takes an opioid pain medication, it will have no effect. Naltrexone comes in both pill and injection but is only effective if given as a sustained-release injection once a month.

People must go through detox prior to getting their first shot. That makes this very difficult to use. It is also very expensive; each shot costs about \$1,500.

Naltrexone will not correct the brain changes that have occurred. For that reason, many people getting naltrexone shots will still struggle. It is most successful in those that are highly motivated and have a strong support system. Naltrexone is not impairing and can be used by pilots and other professionals.

MEDICATION ASSISTED TREATMENT (MAT) WITH BUPRENORPHINE OR METHADONE

MAT with both buprenorphine and methadone are the most effective treatments for opioid addiction. Both medicines are opioid-type medications but this is not trading one addiction for another. When prescribed appropriately, individuals on these medicines do not feel high. In fact, they feel normal. Because these medications address some of the chemical imbalance in the brain, people do not have as much depression or anxiety, and they do not have drug cravings. Buprenorphine and methadone also prevent most of the effects of opioid painkillers.

Methadone is somewhat stronger than buprenorphine and must be provided through a certified methadone clinic. Buprenorphine can be prescribed by physicians with special certification.

More information about these medications are available at:

- MAT
<http://www.samhsa.gov/medication-assisted-treatment>
- Buprenorphine
<http://www.samhsa.gov/buprenorphine-information-center>
- Methadone
<http://dpt.samhsa.gov/medications/methadone.aspx>



RECOVERY

Recovery is the ongoing treatment stage of opioid addiction. Individuals in early recovery face major challenges as they try to get their lives back on track. It is very important that communities support those in recovery. Consider sponsoring a community-wide event. Getting back to work or becoming involved in the community is an important part of treatment. The support of family and friends is also very important.

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DEFINITIONS:

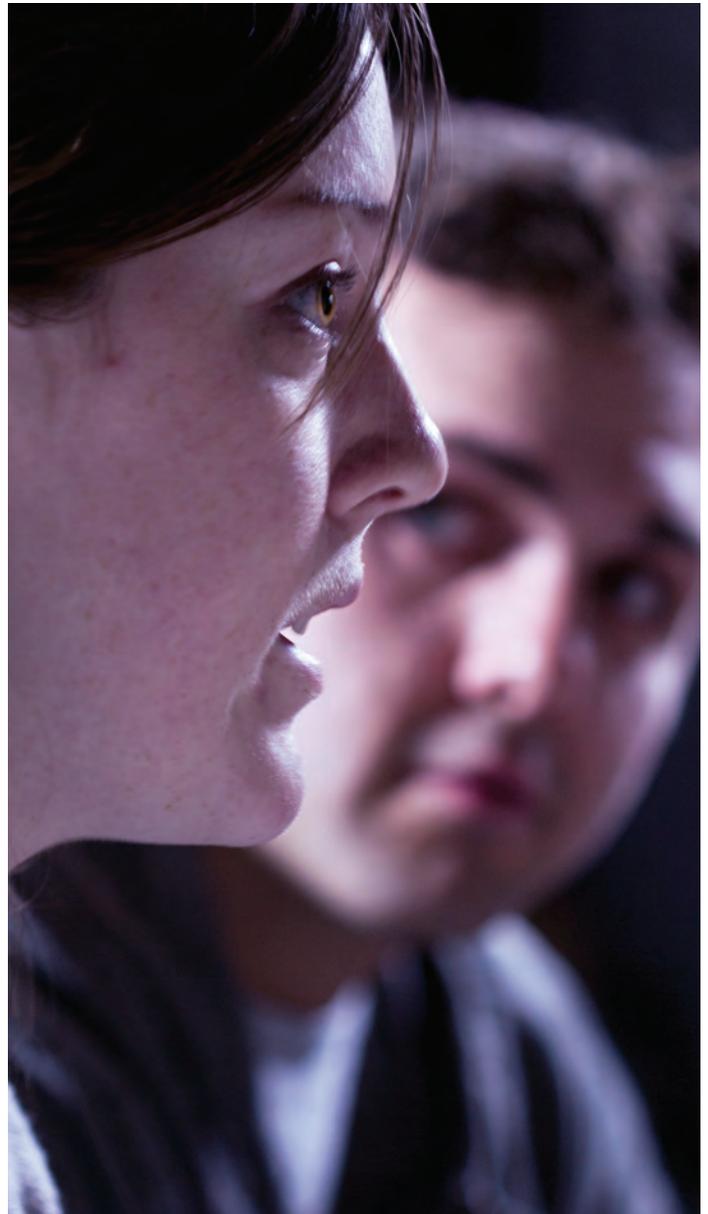
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Detoxification (detox)

is when someone stops taking an opioid and subsequently goes through withdrawal. Withdrawal symptoms are extremely uncomfortable but are not life-threatening. Symptoms may last 21 days or more.

Abstinence

from opioids means avoiding the use of opioids even if they are prescribed.



HELPFUL RESOURCES

Learn more about recovery and community action here:

<http://www.samhsa.gov/recovery>

<http://manyfaces1voice.org/>

<http://www.facesandvoicesofrecovery.org/>





Prescription Drug Community Action Kit

Advocating
for Change

As a leader in your community, you are a powerful force for change. You may identify a number of areas where you and other advocates can help address prescription drug abuse at the local, state and national levels.

States and communities have passed laws or changed regulations to address various aspects of the prescription drug overdose problem. These include:

- Creating and improving Prescription Drug Monitoring Programs
- Reducing inappropriate prescribing
- Improving prescriber training
- Drug take-back and medication disposal
- Efforts to increase access to naloxone
- Expanding access to substance abuse treatment

These laws and regulations are a good first step. Advocacy can take them to the next level.

STATE PRESCRIPTION DRUG MONITORING PROGRAMS (PDMPs)

PDMPs are state operated databases that collect prescription information from pharmacies and dispensers of controlled substances. The Prescription Drug Monitoring Program Center of Excellence at Brandeis University (COE) identifies recommended best practices. A number of recommended improvements require changes in laws or regulations. Some of these include:

- Prescription data can be accessed by a variety of professionals and state agencies including:
 - Prescribers and dispensers
 - Law enforcement, coroners or medical examiners and licensing boards with probable cause or active investigation
 - State insurance programs such as Medicaid, etc.
- The PDMP makes it easy for prescribers to register to use the system and allows dispenser and prescriber delegates
- Prescription data is real time or collected from pharmacies within 24 hours
- State PDMP shares data with other states
- PDMP proactively alerts the following user groups: prescribers, dispensers, law enforcement and licensing boards

- Prescription data is easy for prescribers to access and use in clinical practice

You can view the status of your state Prescription Monitoring Program at the **National Alliance of Model State Drug Laws**.

ACCESS TO NALOXONE AND GOOD SAMARITAN LAWS

Opioid overdose can be reversed with the timely use of naloxone. However, access to naloxone and other emergency treatment is often limited by laws and regulations that pre-date the overdose epidemic. A number of states have recently changed those laws to increase access to emergency care and treatment for opiate overdose. Typically, laws will address two areas:

- Allow prescribers to prescribe naloxone to third parties
- Ensure prescribers, first responders and community members who use naloxone to reverse an overdose do not incur legal recourse
- Good Samaritan laws that encourage those who witness an overdose to calling 911 without fear of arrest or other negative legal consequences

You can search for your state's law at the **Network for Public Health Law** website.

INAPPROPRIATE PRESCRIBING

In addition to community efforts to educate prescribers about safer opioid prescribing practices, many states are taking action. Some of these include:

- Pain clinic regulations
- State medical boards and licensing agencies provide rules or guidance to all prescribers on responsible prescribing of opioid pain relievers
- Requirements for additional education regarding responsible prescribing of controlled substances, pain management, screening for substance use disorders and state prescription monitoring program. A number of states are requiring certain prescribers, such as pain management professionals, to obtain mandatory education
- Some states are requiring prescribers to register or use the state PDMP

EXPANSION OF ACCESS TO SUBSTANCE ABUSE TREATMENT AND MEDICATION-ASSISTED TREATMENT

Many community substance treatment programs have waiting lists or cannot serve everyone who wants and needs treatment. According to SAMHSA, in 2013 more than 22.7 million people ages 12 or older needed treatment for an illicit drug or alcohol problem, but only 2.5 million received treatment. Advocacy increases visibility. Therefore, it can help increase access to treatment. Advocacy can lead to:

- Increased funding for state substance abuse treatment
- Development of programs that purchase opioid treatment medications, such as methadone or buprenorphine for low-income or uninsured individuals
- Expansion of Medicaid in states that did not expand under the Affordable Care Act
- Utilization or expansion of drug courts



TIPS FOR ADVOCACY

Why get involved in legislative advocacy? Because you have a unique role to play and can make a difference.

Grassroots advocacy is when ordinary people, not professional lobbyists, get together to advocate on behalf of an issue. You are at the grassroots level, which makes you very powerful. You live in the state; you are personally impacted by its lack of strong laws to address the prescription drug epidemic. By speaking to the impact the law will have on you and your community, you can weave a powerful, personal and impactful story. Finally, you vote and ultimately decide whether your lawmakers return to office. Because of this, legislators place great weight on the views of their constituents.

A Congressional Management Foundation survey found that:

- 96% of Congressional staff say constituent visits have some or a lot of influence on an undecided member
- 87% said town hall meetings, and 80% said letters to the editor have some or a lot of influence
- Constituents who personally make an effort to communicate with their legislators are more influential than lobbyists and news editors
- Personalized contact makes a difference, with 88% of staffers saying personalized emails make an impact

There are many different ways you can get involved in advocacy efforts to support the passage of legislation in your state – from simple, low time commitment activities to more time consuming, resource intensive activities.

You could:

- Write letters or emails to your elected officials
- Call the office of your elected official and sharing your views on an issue with staff
- Mention your legislators in letters to the editor or op-eds. Legislative staff look for mentions of their boss's name (both good and bad) in local newspapers.

If you decide to go to a meeting with your legislator or his or her staff, there are several easy things you can do to ensure you have the greatest impact:

- Do your research into the legislative climate
- Have a concise message, tailored to each office
- Have a clear ask – what are you seeking from the legislator?
- Use facts and statistics
- Tell your personal story and how this request will impact you
- Leave behind a one-page summary of your requests and the reasoning behind them
- Send a thank you note
- Follow up at appropriate times

The National Safety Council is ready to help you make an impact in many ways. Two of the biggest ways NSC can help you maximize your impact are through our advocacy alerts and key contact program.

You can sign up for advocacy alerts at <http://www.nsc.org/alerts>. By signing up for advocacy alerts, NSC will reach out to you at key points in the legislative cycle when your outreach to lawmakers will make the biggest difference. You can sign up to receive alerts in those areas that interest you most, including prescription drugs, distracted driving, teen driving and workplace safety. Please sign up for alerts today.

You can also help make a difference by participating in the Council's key contact program. Often times convincing a key lawmaker to support a piece of legislation can make the difference between a bill being stuck in committee or being signed into law. NSC has a key contact **program survey** to help identify supporters' relationships with elected officials and their willingness to engage these lawmakers at key points in the legislative process. Please help advocate for safety by completing the survey today.

No matter what level of experience you have with advocacy, your efforts can make a difference. All it takes is the willingness to commit time and effort, and your efforts can save lives.





**Madison-Dane County, Wisconsin:
A Coordinated Response
to Stop the Drug
Overdose Epidemic**

An NSC Safe Community in Action

safe
COMMUNITIES
AMERICA
NATIONAL SAFETY COUNCIL



In 2009, Madison-Dane County, Wisconsin, became an accredited Safe Community, a program that brings key stakeholders together to promote community safety and reduce injury. Prescription drug poisoning was identified as the leading cause of injury death in the community. Those involved in the Safe Community program coordinated a multi-strategy response to stop the drug overdose epidemic. This case study examines how the Madison-Dane County Safe Community program executed four of its strategies:

- 1) MedDrop – Reducing Access to Drugs
- 2) Prescriber Education and Outreach – Reducing Inappropriate Prescription Use
- 3) Don't Run Call 911 – Improving Overdose Intervention
- 4) Parent Addiction Network – Supporting Early Intervention, Drug Treatment and Recovery

The Drug Poisoning Problem

During a 2009 review of community injury data, Safe Communities Madison-Dane County was shocked to find poisoning deaths had significantly increased. In fact, they exceeded the previous top causes of injury fatalities – motor vehicle crashes, suicide and older adult falls.

“It hit us between the eyes” said Cheryl Wittke, executive director of Madison-Dane County Safe Community program. “We had noticed a small uptick a few years earlier but at that time we did not dig deeply into what was causing the slight increase.”

In less than a decade, opioid death rates had almost quadrupled (Bullard-Cawthorne & Ndiaye, 2015). The dramatic increase in poisoning fatalities was from drug overdoses – specifically from prescription painkillers, not from cocaine or heroin. Also surprising was the age of the people dying. With Madison being home to the University of Wisconsin (UW), people initially thought “drug overdose” equals college student; however, the

data showed the greatest number of deaths were among those 25-30 and those 40-45 years of age. In addition, drug poisoning hospital visits occurred across Dane County and not centered in the city of Madison near the UW campus (Bullard-Cawthorne & Ndiaye, 2015). It became clear drug overdose was a community-wide problem. Dane County, like so much of the U.S., was experiencing what the Centers for Disease Control and Prevention describes as a prescription drug overdose epidemic.

“For our Safe Community program, it is now the issue that we spend the most of our time addressing,” said Wittke.

Safe Communities Approach

Accredited Safe Communities such as Madison-Dane County demonstrate competency in four key areas identified as critical for effective injury prevention: sustained collaboration, community data, programs and evaluation. Madison-Dane County uses a thoughtful and consistent approach

to build a coordinated response to the most critical injury issues in the community: prescription drug overdose, car crashes, suicide and elder falls.

This approach includes regular examination of injury data and trends to identify the most critical injury and safety issues impacting the community. Once an injury issue is identified, the Safe Community program works to better understand the problem. Using the data, the community begins to determine the circumstances or the “who, what, when, where and how” leading to drug overdose and death. A scan of the scientific literature revealed that other communities and states are also experiencing an increase in drug overdose. As a member of Safe Communities America, Madison-Dane County has a network of hundreds of national and international Safe Communities that are willing to share their experiences in tackling drug overdose.

Madison-Dane County also recruits community champions and local experts who are willing to volunteer and advise the community on identifying evidence-based programs and promising solutions. These community champions along with other volunteers form a steering committee responsible for developing a coordinated response. The steering committee sets initiative goals, monitors injury trends and reviews marketing and outcome measurements.

Community stakeholders gather to learn about the problem, share their perspectives and build consensus around the proposed strategies. Workgroups are formed to develop and implement each strategy. Measurement and outcomes are built into each strategy and monitored by both the workgroup members and the steering committee.



Safe Communities America is an accreditation program of the National Safety Council that recognizes communities committed to reducing injuries and deaths in an effort to make their community safer.

The Safe Communities model is a community-driven approach that prioritizes safety by bringing all sectors of the community together, including local business, government, and nonprofits and working in a coordinated way to identify local injury priorities and mobilize the community to take action.

Four Criteria:

1. Sustained collaboration – community leaders and advocates working together to improve the quality of life in the community
2. Data collection and application – collection and thorough examination of community injury data to set injury prevention priorities
3. Effective strategies that address intentional and unintentional injuries – proactively and strategically addressing high injury areas in the community
4. Evaluation methods – implementing evaluation methods and measuring progress of coalition led initiatives

Designation 2009, 6th U.S. Safe Community, 160th International Safe Community



One of the most difficult challenges for small and medium-sized communities such as Madison-Dane County is securing the funding and other resources to implement a coordinated response. The economic recession severely impacted the Safe Community program's revenue, limiting its operations. Wittke reduced her hours to part-time in order to keep the doors open and continue working on other safety initiatives. During the economic downturn, the board of directors continued to meet, learn about the issue and identify potential solutions.

Meanwhile, prescription drug overdose steadily increased. In 2012, recognizing the serious loss of life from overdose, the city of Madison and Dane County jointly awarded approximately \$80,000 to the Safe Community program to launch a coordinated response.

Drug Poisoning Summit

On Jan. 30, 2012, Madison-Dane County Safe Community program convened the Drug Poisoning Summit: Stop the Overdose Epidemic. More than 130 professionals from health care, drug and alcohol rehabilitation, law enforcement, education, courts and public policy focused attention on understanding drug poisoning and potential solutions. A roadmap was presented outlining six strategies to stop the drug overdose epidemic. Community stakeholders helped refine the strategies with volunteers forming workgroups for each strategy.

Reducing Access to Drugs – MedDrop

The prescription painkiller epidemic differs from previous drug crises in the U.S. Prescription painkillers are legal, available by a doctor's prescription, casually stored and easily accessed in many home medicine cabinets. More than 70 percent of drug users report obtaining these drugs for free from family or friends (SAMHSA,

2013). Madison-Dane County's MedDrop program reduces the availability of prescription drugs by providing a convenient way to safely dispose of leftover medication.

MedDrop places drug collection boxes at police stations throughout the city of Madison and Dane County. The U.S. Drug Enforcement Agency (DEA) has strict rules regarding collection box sites and the handling, storage and disposal of the collected drugs. Under 2014 DEA rules, only law enforcement or certain DEA controlled substance license holders such as pharmacies, hospitals and long-term care facilities can modify their licenses in order to collect unwanted drugs. Collection sites have to maintain strict control of the collected drugs to ensure they are completely destroyed and not diverted into the wrong hands.

Two pilot sites, Madison East Police District Station and Middleton Police, launched in 2011.

MedDrop Outcomes

- 13 permanent MedDrop collection locations
- Since 2012, approximately 4.6 tons of unwanted medication is collected annually.
- More than 27 community partners contribute funds or help market the MedDrop program.



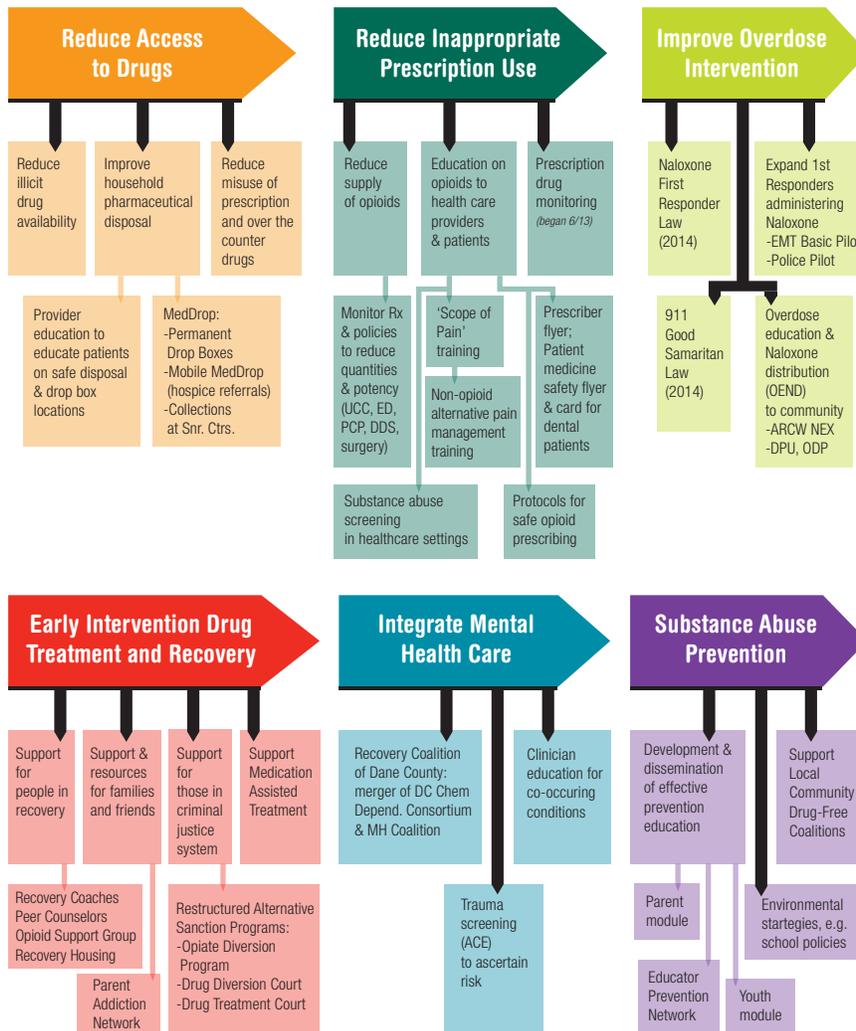
The Summit recommended expanding the number of permanent drug collection sites. To maximize the impact of MedDrop boxes, criteria placed sites in communities with the highest overdose rates and easily accessible to all Dane County residents.

Madison-Dane County has 13 permanent MedDrop sites. Each box is highly visible and marked with signage explaining what medications can be safely disposed. MedDrop cannot collect IV bags, oxygen tanks, nebulizer machines, thermometers, sharps, EpiPens or anything with a needle or lancet.



Dane County Coordinated Response to STOP THE DRUG OVERDOSE EPIDEMIC

Steering Committee to Coordinate Across All Six Strategy Areas | Conduct Marketing and Evaluation Across All Six Strategy Areas



Police officers move deposited drugs from collection boxes to locked evidence storage at their departments. At an annual roundup, participating police departments bring collected drugs to the Middleton Police Department. The drugs are weighed and repackaged for transport. The Safe Community program contracts with a pharmaceutical waste hauler to transport and incinerate the drugs. The Dane County Narcotics Taskforce, a collaboration of area law enforcement agencies, provide a police escort for waste hauler and supervise the incineration at the disposal facility as an in-kind contribution to the effort. Aside from the contribution of police time, it is approximately \$28,000 to transport and destroy the 4.6 tons of drugs collected annually.

MedDrop is funded by a Dane County grant and matching funds from the participating municipalities. More than 16 partners contribute fiscal support. Nineteen partners, hospitals, pharmacies, pharmacy school students and community recycling programs help make patients

and the community aware of MedDrop collection sites and the need to dispose of unwanted medications.

Next steps include a public education campaign to increase awareness of safe storage and disposal. Safe Communities received permission from the state of Utah to utilize its successful “Use Only As Directed” educational campaign. Outdoor ads began appearing throughout Dane County in Spring 2015.

Reducing Inappropriate Prescription Use

According to CDC, the increase in opioid overdose parallels the increase in the sales of opioid medication (Paulozzi, Jones, Mack, & Rudd, 2011). Overprescribing of opioid painkillers can result in multiple adverse health outcomes, including fatal overdoses. Madison-Dane County began to partner with the Dane County medical community to address this problem locally.



Physician champions, Dr. Andy Kosseff, retired clinical improvement director from St. Mary's Hospital, and Dr. Geoff Priest, chief medical officer with Meriter-UnityPoint Health, helped the Safe Community program identify strategies and build support among the medical community. The Madison Patient Safety Collaborative was identified as a previously successful model that could be replicated to address the prescription drug problem.

Safe Community program formed a healthcare workgroup. Representing a variety of clinical practice settings, the healthcare workgroup includes pharmacists, physicians, nurses, Advanced Practice Nurses (APRNs), addictionologists and public health practitioners as appointed by CEOs of major hospital health systems. CEOs are included on the news updates and distribution of the minutes for all workgroup meetings.

With CEO support, the major health systems set aside market competition to collaborate and share resources to address the prescription drug problem. Examples of collaboration include:

- UW Health System Chronic Pain kit
- Emergency Department Guidelines
- Webinar and conference calls

To build awareness about the initiative and get prescribers and patients on the same page, the workgroup developed two flyers – one for prescribers and another for patients. The flyers offered tips on safe opioid use, storage and disposal. The flyers were distributed to patients and prescribers by all major hospitals and health systems in Dane County. No matter which hospital or health system was used, all patients receive the same messages from their medical provider.

The next task was to educate prescribers about safer opioid prescribing practices. The workgroup took advantage of training offered through the Federal Drug Administration (FDA) Risk Evaluation

Inappropriate Prescription Use Outcomes

- Active engagement of medical providers and the major hospital and health systems in Madison-Dane County
- Established hospital emergency department practices for opioid prescribing
- Creation of patient and prescriber flyers with tips on how to safely use, store and dispose of opioid painkillers
- More than 200 prescribers educated about safer opioid prescribing and alternatives to opioids for the treatment of pain.



and Mitigation Strategies (REMS) program. Through this program, the FDA requires the makers of long acting and extended release opioid pain medications to provide clinician training in an effort to address the increase in opioid addiction and overdose deaths. The “Scope of Pain: Safe

and Competent Opioid Prescribing Education” workshop was developed and provided by Boston University School of Medicine in collaboration with the Council of Medical Specialty Societies (CMSS) and the Federation of State Medical Boards (FSMB). The training included information on how to assess pain, function and patient risk factors, universal precautions in pain medicine and risks of high dose medications, treatment planning and monitoring, identification of potential problems such as addiction and when and how to discontinue opioid treatment. Speaker fees, travel costs and participant workshop materials are all provided at no charge to the community as part of the REMS program. More than 150 medical professionals attended the workshop held Nov. 1, 2013.

The healthcare workgroup also educated prescribers about alternatives to opioid medications for the treatment of pain. Dr. Don Teater, M.D., presented “Alternatives to Opioids for the Treatment of Pain” at grand rounds offered by Meriter-UnityPoint Health, St. Mary’s and UW Health, Madison’s three hospital systems. It was the first time the same topic was presented in the same week by all three organizations. More than 200 medical professionals participated in the three grand rounds offered in November 2014. Clinicians at one location indicated they would make changes to their practicing habits. Practice changes described were:

- Less likely to prescribe opioids, continue to encourage reduced opioid use, less use of narcotics
- More awareness of effectiveness of NSAIDs compared with opioids and will share with patients
- Lean more toward non-opioids
- Less prescribing of COT (Chronic Opioid Therapy) more counseling
- Use of acetaminophen and ibuprofen first for treatment of any pain

One challenge with Safe Communities data-driven approach has been the lack of real time prescription data. Wisconsin’s Prescription Drug Monitoring Program (WI PDMP) started in June 2013 and is used to monitor trends in opioid prescribing in Madison-Dane County. This helps the Safe Community program measure the progress of its prescriber outreach efforts.

Next steps for the healthcare workgroup include increasing referrals to treatment and improving communication between addiction, pain management and primary care practitioners.

Improving Overdose Intervention – Don’t Run, Call 911

Naloxone, a lifesaving antidote, reverses opioid drug overdose. The harm reduction workgroup determined that naloxone needed to be made readily available in the community in order to reduce opioid deaths. A 2013 survey of current and past drug users and first responders and focus groups with people in recovery and service providers found that more than 783 (75 percent) people witnessed an opioid overdose. (Public Health Madison and Dane County, 2013)

The survey also uncovered misinformation about opioid-related issues. Fifty-four percent of the time, current and past drug users said no one called 911 during an overdose because they either worried about police (50.7), they were afraid of arrest (36.3) or they administered naloxone and the victim woke up (40.7). (Public Health Madison and Dane County, 2013) However, law enforcement officers surveyed said they actually make an arrest less than 50 percent of the time at the scene of an overdose. (Public Health Madison and Dane County, 2013)

The Aids Resource Center of Wisconsin (ARCW), a harm reduction workgroup member, operates needle exchange programs and provides naloxone overdose kits to drug users. However, the survey revealed that expanding access to naloxone,

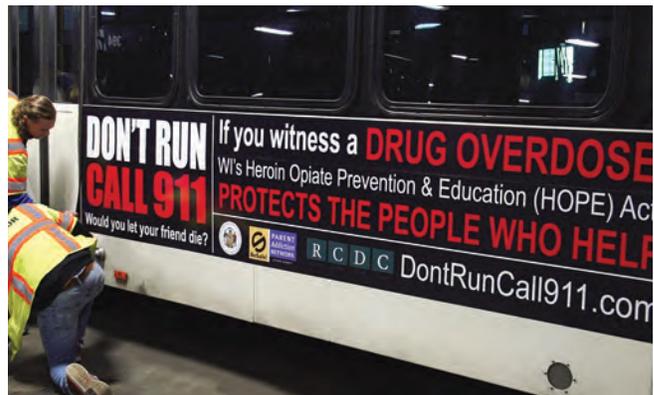
especially by training police officers and providing Good Samaritan protection for witness and bystanders to an overdose, could potentially save more lives. At the time of the survey and focus groups, efforts were underway to introduce legislation on criminal immunity for drug possession for people who call 911. HOPE legislation was successfully introduced by Rep. John Nygren and became law in spring 2014.

“Our partnership with Safe Communities to increase access to naloxone and the need for Good Samaritan protection has improved relationships between the harm reduction community and law enforcement” said Scott Stokes, prevention director at ARCW.

After the laws passed, the harm reduction workgroup created a plan to conduct naloxone training and educate the public. ARCW continues to fund naloxone training and provide it to bystanders and family members. ARCW trained 252 Dane County residents in 2014. ARCW, NarAnon and the Parent Addiction Network have partnered to provide two very well-attended naloxone trainings with more planned in the Spring 2015.

The city of Madison Police Department became the first police agency in Dane County to train and equip police sergeants with naloxone. Training costs and naloxone purchases were funded through the police department budget. Madison’s 39 sergeants were trained in November 2014. The first naloxone reversal by a Madison police officer occurred November 19, the day after the sergeant’s training. Other Dane County police departments are exploring whether to train and equip officers with naloxone.

The Safe Community program quickly spread the word that people who witness an overdose and call 911 receive criminal immunity. A key target audience was drug users, who may be able to save the life of friend. They reached out to other states with Good Samaritan legislation and public education campaigns. New Jersey gave permission



Improving Overdose Intervention Outcomes

- Provided opportunities for partnership between harm reduction, recovery and law enforcement communities.
- Trained approximately 26 City of Madison police sergeants. The first overdose reversal occurred November 19th, the day after the sergeants training.
- ARCW, NarAnon and Parent Addiction Network partnered to provide two community naloxone trainings with more planned in 2015.
- Implemented the “Don’t Run, Call 911” public education campaign.

to use its successful “Don’t Run, Call 911” public education campaign. “Don’t Run, Call 911” bus signs, bi-fold business card, posters and flyers hit the streets of Madison in December 2014. A grant from the Wisconsin Department of Justice funded the campaign.

Next steps include expanding the public education campaign, hosting a series of trainings for family members and bystanders, providing naloxone to attendees and offering naloxone training to other police departments in Dane County.

Parent Addiction Network – Supporting Early Intervention, Treatment and Recovery

The early intervention, treatment and recovery workgroup connects parents, friends and loved ones affected by substance abuse with Dane County service providers, law enforcement and criminal justice professionals to create the Parent Addiction Network of Dane County. The network's vision is to make Dane County, "a community that understands drug addiction as a disease, that is free of the stigma associated with drug addiction and that supports prevention, intervention, treatment and recovery for all."



Early Intervention, Treatment and Recovery Outcomes

- More than 40 parents, friends and service providers participate in the workgroup
- Parent Addiction Network of Dane County website launched March 2013
- More than 4.19 thousand unique visitors to the Parent Addiction Website

The workgroup's first task was to create a comprehensive, online information and educational center about identification, treatment and support of addiction with emphasis on Dane County issues, programs and services. The workgroup met for eight months to design the website. Substance abuse, law enforcement and criminal justice system professionals worked with parents to write easy-to-understand guides about the Dane County legal system, answer questions about insurance, provide information about Dane County substance abuse treatment providers and other related topics. The website www.parentaddictionnetwork.org launched in March 2013 and is supported by the Safe Community program. Workgroup volunteers update and maintain the content.

"Members of the parent addiction network understand the anguish and frustration in trying to find help, figuring out what to do or who to talk with or even what questions to ask," said Ellen Taylor-Powell. "The Parent Addiction Network website is our way to help other parents so no parent, friend or relative has to struggle finding answers to their questions."

Next steps include creation of a recovery guide that lists referral sources for recovery-friendly jobs and housing.

The Work Continues

Although Safe Communities is closely monitoring its data, drug overdose continues to increase. However, Madison-Dane County knows it can tackle problems like drug overdose and suicide because of the partnerships and trust it has built through Safe Community efforts.

"It's a constant challenge to keep the public and media focus on what is behind these overdose deaths – it's not heroin, it's prescription drugs," Wittke said. "Ten or 15 years ago, our community wouldn't have been able to rally the leadership and resources to effectively address this issue."

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About the Council

Founded in 1913 and chartered by Congress, the National Safety Council (nsc.org) is a nonprofit organization whose mission is to save lives by preventing injuries and deaths at work, in homes and communities, and on the road through leadership, research, education and advocacy. NSC advances this mission by partnering with businesses, government agencies, elected officials and the public in areas where we can make the most impact – distracted driving, teen driving, workplace safety, prescription drug overdoses and Safe Communities.



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Prescription Drug Community Action Kit

SURVIVOR STORY

Skye

NOW COUNSELS OTHER TEENS IN RECOVERY

Shortly after having a tooth pulled, Skye's dentist prescribed her hydrocodone, an opioid painkiller. She was 13. She experienced a mild happy sensation and began using pills on and off.

"OxyContin was being prescribed pretty heavily at that time so it was easy for people to get access," Skye explains. "Friends had grandparents or parents who had pain issues and so we had access to the drugs."

Always a good student and employee, Skye attended college as a political science major, earned good grades, worked on Yearbook, reported for work and always got the job done. In fact, the police officer at school always thought of Skye as a good kid, that was, until her first arrest. "Then it seemed like they didn't care about me, like they were angry," Skye explained. "When people see you as a bad person, it's hard not to see yourself as a bad person, as well." Skye was arrested six more times during the course of her addiction.

Skye feels her use of prescription drugs contributed to her willingness to try heroin with her boyfriend. He was already addicted. At first, Skye limited her heroin use only to weekends, gradually consuming more during the week. "The only day we agreed not use was on Tuesdays. But then we did. Once the addiction took hold we'd access the drugs in any way that we can."

Eventually, her addiction took over her life. Then she lost her job. "My addiction got so bad that I couldn't function day to day. It got to the point where I couldn't show up for work."

Skye entered into a residential recovery program. She discharged after about three weeks. She had a good experience, but then moved back in with her boyfriend who was continuing to use heroin. "It took about seven hours to relapse on heroin again," Skye said.

"Recovery didn't start until I was honest with my family. Telling them about my addiction was the scariest thing I ever did. After that they were able to get me into an intensive out-patient program. They were able to support me. They were able to work through

their own anger toward me. We came back together as a family." Skye was invited to start mentoring other addicts at Connections Counseling, in Madison, Wis. and started working as an advocate for overdose prevention.

When Skye started her advocacy work as a person in recovery, she held the perception that police viewed people who struggle with addiction as the "bad guys." But she quickly learned that many of the officers with whom she did her advocacy work held the same perception about those who are addicted. "Both sides brought our preconceived notions about the other; and, getting to know each other as people, we were both able to set those notions aside."

Today, Skye Tikkanen works as a therapist and Assistant Director at Connections Counseling, in Madison, working with teens and those suffering from opiate dependence. She believes that people change from tapping into their strengths and resiliencies and encourages family involvement in the treatment process.

"The more people have on their recovery team, the better they do," Skye says. "When law enforcement is supportive of recovery, when drug court is supporting recovery, when somebody has a counselor or therapist they really connect with, when their family is involved – every person added to their recovery team makes it more likely they get into recovery and stay in recovery."

“

Recovery didn't start until I was honest with my family. Telling them about my addiction was the scariest thing I ever did.



Prescription Drug Community Action Kit

SURVIVOR STORY

Ken

WORKPLACE INJURY LEADS TO FOUR YEARS OF ADDICTION

Ken always felt a deep sense of gratitude. He thought often about the things he loved – his work in masonry, his home and his family. Tragically and unexpectedly, Ken's thoughts became dominated by an addiction he never intended to have.

To deal with pain from a neck injury, Ken was given a high dose prescription for Percocet, one of the most powerful opioid painkillers on the market. After 60 days, Ken's dosage increased. People began to ask Ken if he would sell his Percocet, but he was too deep into his addiction. Ken was snorting as many as 300 pills each month and spending around \$200 each day to support his habit. Eventually, Ken was prescribed OxyContin – even more powerful than Percocet – and could not get up in morning until he snorted it.

Ken's life began unraveling. Every day of his four-year battle with addiction pulled Ken further from the things he valued most. He worked on a project and was compensated with painkillers in lieu of cash. Ken's house was searched by the police, and he was very close to losing his child.

Many people who develop addictions to these legally-obtainable drugs find themselves spiraling downward in a similar manner. Opioid painkillers account for more fatal overdoses than heroin and cocaine combined. While opioids can help manage pain after surgery or serious injury, they are often only needed for a short period of time. A person can develop an opioid painkiller addiction in as few as five days.

Ken is a testament to the power of treatment. In his case, medication-assisted therapy has been extremely successful. Today, Ken takes methadone, a synthetic opioid that is used medically to treat opioid dependence. He works with his counselor to identify ways to stay free of the drugs. This includes being grateful for his work, his home and his family.

He is especially grateful for each day of sobriety, because he was fighting a drug addiction far too many people are unable to shake.

"Nothing grabbed me like the opioids," he said.

“

Tragically and unexpectedly, Ken's thoughts became dominated by an addiction he never intended to have ... Nothing grabbed me like the opioids.



Prescription Drug Community Action Kit

SURVIVOR STORY

Sally

WINNING THE BATTLE AGAINST ADDICTION

“Life was unraveling, if we couldn’t find ‘Perc’ we used heroin.”

Sally is a 23-year-old bright, articulate woman and an enthusiastic mother of two girls. It’s a life Sally didn’t realize was possible; a long battle with opioid painkiller addiction kept her from seeing her potential for many years.

Sally first took opioid painkillers at age 14 following a difficult surgery to remove her tonsils. She was given 10 mg of Percocet to manage the pain. Sally immediately loved the buzz of the opioids.

At age 16, Sally again began taking opioids. She had an appendectomy with ongoing complications, and she was given a three-month supply of narcotics. Sally experienced that familiar buzz she’d grown to enjoy when she had her tonsils removed. She wanted the narcotics more and more.

As she got older, Sally used marijuana occasionally and bought opioids when they were available. She enrolled in a demanding and stressful medical tech program, and a friend recommended taking the opioids to help her ‘cope.’ Sally’s use began to increase.

Using opioids made Sally feel more focused and productive, and she felt she performed better and slept well. Sally started using 30mg Percocet and eventually began taking 10-13 pills per day. She also added cocaine to the cocktail of drugs she was taking. As her addiction spiraled, Sally started crushing the Percocet, mixing it with water and injecting it.

It was a low point in her battle. Injecting drugs was something Sally never thought she would do.

She lost her job due as a medical tech to performance issues. Her relationship with her boyfriend, also an opioid user, was unraveling. They had no food and were living moment to moment. When they couldn’t get Percocet, they used heroin. She never really felt high; Sally just felt like she was maintaining.

She knew what she was doing was wrong and incredibly damaging; her medical background told her so. But Sally was convinced she could handle it. Finally, Sally and her boyfriend reached a point where they knew they had to stop and were admitted into treatment.

It was just the beginning of Sally’s recovery efforts. After nearly three years of rehab and relapses, sober houses, and new starts, Sally determined that methadone was the only way she was going to stay clean. She struggled against her own cravings and fought against a familial predisposition to addiction, making treatment that much more difficult. Sally entered into a methadone program and continues taking it today. Her recovery process has four components: commitment, her doctor’s care, methadone and counseling.

In sobriety, Sally can now care for her two young girls. She hopes to someday be an advocate for other recovering addicts and raise awareness about how opioids damage the brain.

They can “rob you of your future,” Sally said.

“

Life was unraveling, if we couldn’t find ‘Perc’ we used heroin ... It was a low point in her battle. Injecting drugs was something Sally never thought she would do.



Louie

SPORTS INJURY LEADS TO ADDICTION

Felicia thinks of addiction as a river flowing into an ocean. Heroin is the rapids, with a strong and relentless undercurrent. When those struggling with addiction reach the rapids, they either decide to fight and swim against the rapids or let the current take them away.

The latter happened to 24-year-old Louie.

Felicia's eldest son loved to laugh, eat and flirt. Before his addiction to prescription painkillers and heroin, Louie spent time with his big Italian family at Felicia's home in Medinah, Illinois. He pulled out chairs for his grandmother. Chillingly, he won a medal for having the best anti-drug speech in his elementary school class. Louie loved swimming, baseball and soccer, though football was his passion.

Inadvertently, it also was his undoing.

Louie started taking opioid prescription painkillers following a football injury. Louie's doctor prescribed the pills, but they were widely available, anyway.

"All the football players were injured and passing pills around," Felicia said. "It was the norm."

Louie's doctor continued to fill prescriptions for painkillers long after Louie's injury, afraid he would be in pain. But the overprescribing helped create an addiction Louie could not shake. Eventually, Louie switched to heroin – a cheaper, but illegal, alternative that has infiltrated suburbia and changed the face of drug addiction.

Suddenly, Felicia's son was unrecognizable. Louie began stealing from her. He missed family events. Twice he went to rehabilitation, and twice he left committed to staying clean.

But like many who struggle with addiction, Louie's need became too great. On Aug. 7, 2012, one month after his second rehab stint, Louie fatally overdosed on heroin.

Like Louie's, many heroin addictions begin with addictions to prescription opioid painkillers. Many of these prescriptions follow legitimate injuries or surgeries. "Louie himself was shocked that this drug got a hold of him," Felicia said. "If he had survived his addiction, he would have been the biggest advocate for this issue."

Felicia now does the advocacy in Louie's name through her not-for-profit LTM Heroin Awareness and Support Foundation. Felicia travels to schools sharing Louie's story and educating students about the dangers of painkiller and heroin abuse.

Felicia will not be silenced. She speaks because Louie can't. She speaks because she needs to break the stigma surrounding addiction. And she speaks because tomorrow, 45 more mothers will tell the exact same story.

"Louie, you did not die in vain," she said, "and you will never be forgotten."

“

Louie started taking opioid prescription painkillers following a football injury ... All the football players were injured and passing pills around”



Prescription Drug Community Action Kit

SURVIVOR STORY

Bill

INJURED AT WORK, OVERDOSED AT HOME

Rex is well-versed in the demands of safety and environmental compliance. As a safety professional at a utility company, he has dealt with a variety of safety issues. However, his professional training and experience did not prepare him for the unexpected tragedy that occurred outside his workplace.

Rex's 33-year-old brother, Bill, died of an accidental overdose of methadone on July 12, 2006. A machinist dealing with severe lower back pain for most of his life, Bill had been preparing for surgery to relieve the unremitting pain.

"He had been taking hydrocodone for pain relief but developed a tolerance to it," explains Rex. "His doctor then prescribed methadone. What Bill didn't understand is that methadone accumulates slowly and remains in the body for a longer period of time than hydrocodone."

Bill took too large of a methadone dose from which he never woke up, leaving behind a wife, two sons, a large extended family and many friends. Tragically, he joined a burgeoning number of Americans who are succumbing to unintentional drug overdoses.

"My brother was injured at work, but he overdosed at home. So obviously, this isn't a concern isolated to the workplace," Bill says. It is an issue that could impact anyone, regardless of income, age, or circumstance."

Rex believes in the importance of a safe workplace and home environment. "I never want to see another person fall victim to addiction, overdose or lack of knowledge when it comes to prescription medication," emphasizes Rex, who has a family.

His personal tragedy has energized him to do what he can to awaken people to the hazards of misusing prescription drugs.

"Organizations need to get information out to their employees and help employees understand the gravity of prescription drug use," Rex says. "It's a life or death situation."

“

I never want to see another person fall victim to addiction, overdose or lack of knowledge when it comes to prescription medicine.



Talking with your medical provider when you are prescribed an opioid painkiller

In the unfortunate event of an injury, accident, surgery or other medical condition, your medical provider may recommend an opioid prescription painkiller for you or your child. It's a good plan to be prepared to discuss this choice of medicine, as there are certain risks when taking opioids that might be able to be avoided.

Ask your doctor if there is a non-addictive alternative

Studies have shown that opioid pain killers like Percocet and Vicodin are no more effective than many of the non-addicting alternatives. Nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen and naproxen treat pain as effectively as opioids and have less side-effects.

If opioids are necessary, request a short term prescription

Some doctors may think that you need medication in addition to NSAIDs or may feel that NSAIDs should not be used in your case. If this happens, ask if a 3 day prescription is appropriate. Many doctors tend to prescribe a 7-10 day supply of opioids which is seldom necessary.

Be sure to tell your provider if you have these medical conditions

The following medical conditions may increase the risks associated with taking opioid painkillers:

- COPD-(chronic obstructive pulmonary disease)
- Sleep apnea
- Depression
- Anxiety
- History of addiction
- Chronic constipation

Also be sure to discuss:

- Family history of addiction or alcoholism
- Working in a safety-sensitive position.
- How your driving will be affected initially, and ongoing

Other important questions for your medical provider

- **If you are taking this after an injury, will taking opioids delay your recovery?** Studies have shown that opioid pain relievers may delay recovery and increase your risk of permanent disability.
- **If surgery is expected, how will this affect the outcome?** If taken prior to surgery, opioid medications may delay your recovery from orthopedic surgery.
- **How can I know if these pills are causing me to experience MORE pain?** Longer term use of opioid medications can cause a condition called opioid hyperalgesia where your experience of pain actually increases.



Studies have shown that opioid pain relievers may delay recovery and increase your risk of permanent disability.

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Opioid painkillers: What you need to know before you start taking them

Opioids are powerful medications that are prescribed for many types of pain, the flu or a cough.

Common reactions

While opioids are very effective medications, you can have reactions to them. They can make you:

- sleepy
- sick to your stomach
- constipated
- feel confused
- dizzy

These reactions can happen suddenly and while taking the usual dose of your medicine. Be careful to follow your doctor's or pharmacist's instructions. Many opioids will take about 90 minutes to become fully active in your body. Be sure to check the warning labels on the bottle: you may need to be careful going about ordinary activities such as driving.

Serious reactions

If you take more than prescribed, or combine opioids with alcohol or some other drugs, such as sleep aids and anti-anxiety medications, they can cause

- clammy skin
- weak muscles
- dangerously low blood pressure
- slowed or stopped breathing
- coma
- death

EXAMPLES OF OPIOID CONTAINING MEDICINES		
	Generic	Brand Name
SHORT-ACTING	morphine	MSIR, Roxanol
	oxycodone	OxyIR, Oxyfast, Endocodone
	oxycodone (with acetaminophen)	Roxicod, Roxicet, Percocet, Tylox, Endocet
	hydrocodone (with acetaminophen)	Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco
	hydromorphone	Dilaudid, Hydrostat
LONG-ACTING	morphine	MSContin, Oramorph SR, Kadian, Avinza
	oxycodone	Oxycontin
	fentanyl	Duragesic patch

1.4 million emergency room visits in 2011 were related to the misuse or abuse of prescription medicines, an increase of 114% since 2004.¹

Do not share opioid pain medications

Never share medication your doctor has given you; even with family members. You may be endangering someone's life if you let them take your medicine.

Long-term problems

If you take opioids for a long time, your body can feel less of their effect, and you may feel the need to use more of the drug to get results. Do not use more without talking to your doctor. Taking more opioids can increase the chance that you may have side effects or overdose. Opioids are highly addictive medications so it's important to work closely with your doctor.

What can I do to prevent problems?

While these drugs are effective for pain, you may want to ask your doctor if you can try a non-opioid drug first. Also, if you do take opioids, talk to your doctor about limiting the time you take them. Tell your doctor about all other medications and drugs you take and about how much alcohol you consume. Ask your doctor about whether, and when you can drive and be sure to discuss the nature of your work and how you may be impaired.

Opioid painkillers can be dangerous and need to be disposed of promptly and properly. If you have any medicine left over, you can bring your medication to a drug take-back collection site or event. Take-back programs allow the public to bring unused drugs to a central location for proper disposal. If your community does not have a take-back program, you can visit nsc.org/disposalresources to learn how to throw away the medicine safely.

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Opioid painkillers: How they work and why they can be risky

Pain is the most common reason people seek medical treatment. Patients often want the most potent painkillers—opioid drugs. There are many reasons why you should try safer medications before taking opioid painkillers.

Misuse and abuse of opioid painkillers is the fastest growing drug problem in the United States. Since 2003, more overdose deaths have involved opioid painkillers than heroin and cocaine combined. This epidemic parallels the huge increase in the number of prescriptions written for opioid medications during the past decade.

What are opioids?

Opioid painkillers include a wide variety of compounds divided into classes based on whether they are straight extracts from the opium poppy, extracts that have been chemically modified or completely manmade compounds that have a similar action.

Heroin, codeine and morphine are natural derivatives of opium. Their effects, and the abuse potential of the various compounds, differ. Opioids can be short acting (e.g., morphine sulfate), extended release (short-acting formulations that are absorbed slowly so they can be taken at longer intervals) or long acting (e.g., methadone).

How do these drugs work?

These drugs are easily absorbed through the gastrointestinal tract and attach to one or more of the four types of opiate receptors in the brain. When receptors are stimulated, they reduce pain without eliminating its cause. They produce sleepiness, euphoria and respiratory depression. And they slow gut function, leading to constipation. Peak effects generally are reached in 10 minutes if taken intravenously—30-45 minutes with an intramuscular injection, and 90 minutes by mouth.

How opioids kill

These medications are dangerous because the difference between the amount needed to feel their effects and the amount needed to kill a person is small and unpredictable.

Respiratory depression is the chief hazard associated with opioid painkillers. Other especially problematic drugs—in particular alcohol, sleeping pills and anti-anxiety medications—increase the respiratory depression caused by opioids. So if someone is drinking or taking sleeping pills and takes what would be usual doses of opioids, he or she may pass out, stop breathing and die.

Mixing extended-release and long-acting opioids can be deadly. The pain-relieving and euphoria-inducing aspect of opioids may wear off before the tendency to depress breathing does.

This is especially true of methadone. Methadone's peak respiratory effects typically occur later, and last longer, than its peak painkilling effects. Overdoses often occur when someone takes methadone for the first time or the dose is increased. What is worse, doctors prescribing various opioid medications may not understand how different opioid brands are metabolized, how different drugs interact and how this affects overdose potential.

EXAMPLES OF OPIOID CONTAINING MEDICINES

	Generic	Brand Name
SHORT-ACTING	morphine	MSIR, Roxanol
	oxycodone	OxylR, Oxyfast, Endocodone
	oxycodone (with acetaminophen)	Roxilox, Roxicet, Percocet, Tylox, Endocet
	hydrocodone (with acetaminophen)	Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco
	hydromorphone	Dilaudid, Hydrostat
LONG-ACTING	morphine	MSContin, Oramorph SR, Kadian, Avinza
	oxycodone	Oxycontin
	fentanyl	Duragesic patch

Prescription drug abuse, caused mainly by misuse of opioid painkillers, is the fastest growing drug problem in the United States.

Tolerance brings further peril

Another serious problem with opioids is tolerance—when your body feels less of the effect of a drug. Regular users of opioids and other drugs (such as alcohol) develop tolerance. In effect, a person who is a chronic opioid user feels less of its effect (and his or her body can tolerate more of the drug) than a new user feels. A common overdose death scenario among opioid addicts is when, because of tolerance, they increase the dose to get a rush, not realizing they are not tolerant to the respiratory depression effects.

Tolerance may not be the same for different opioids. This can make changing from one opioid to another dangerous.

There is evidence that opioids taken for long periods may actually increase the body's perception of pain called hyperalgesia. This may lead to a feedback loop of need for higher and higher doses, more and more risk of overdose, and increasing pain.

Why are opioids prescribed if they are so risky?

Opioid pain medications are often believed to be the most powerful pain relievers available to ease severe pain. Studies have shown, however, that they are NOT MORE EFFECTIVE THAN other available oral medications. Too often, they are prescribed when safer medications would suffice and they are prescribed in larger amounts than needed. If you need to take a prescription opioid painkiller, do so with caution and talk to your doctor about limiting the length of time you take them.



Respiratory depression is the chief hazard associated with opiate painkillers.



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How to reduce your risk of overdosing from prescription painkillers

The two main groups of people at risk for prescription drug overdose are those who report long-term medical use of opioids and those who report nonmedical use (use without a prescription or medical need) in the past month.

Those at particularly high risk include persons:

- taking opioid painkillers for the first time;
- taking multiple forms of opioids or who mix them with alcohol, sleeping pills or anti-anxiety medications;
- with sleep apnea, heart failure, obesity, severe asthma or respiratory conditions

How to reduce your risk of overdose

A number of steps can be taken to reduce your risk of overdose:

- Discuss non-opioid alternatives with your doctor and if an opioid is still indicated, discuss taking the lowest dose possible for the shortest duration.
- Tell your doctor about all other medications and drugs you take and about how much alcohol you consume.
- Ask your doctor about how long the medicine will be in your body and whether and when you can drive.
- Do not use more of an opioid painkiller without talking to your doctor.
- Avoid mixing opioid drugs with alcohol, sleeping pills and anti-anxiety medications
- Obtain a prescription for naloxone or carry a naloxone overdose prevention kit if you or a family member is using a high daily dosage of opioids. Naloxone is a medication that can treat the effects of an opioid overdose until 911/medical help arrives.

What are the signs of and overdose?

Signs of overdose include slow and loud (or stopped) breathing; sleepiness progressing to stupor or coma; weak, floppy muscles; cold and clammy skin; pinpoint pupils; slow heart rate; dangerously low blood pressure and ultimately, death.

What you should do in the event of a suspected overdose

If you suspect someone may have overdosed, call 9-1-1 immediately. Although they may look as if they are sleeping, they may actually be unconscious. After calling 9-1-1, move the person into the recovery position and be prepared for CPR. If you or anyone around has naloxone, administer it immediately. Treating someone with naloxone will not harm them and it may mean the difference between life and death.

Naloxone is a medication that can treat the effects of an opioid overdose until 911/medical help arrives.

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Practice safety at home with opioid painkillers

Safe storage

Opioid medications need to be stored securely, preferably locked up just the way you would if you keep a firearm in your home.

- Choose a location in your house that is up and away and out of sight of children and visitors. Install a lock or use a locking medicine cabinet.
- Return medication to your secure location after every use. Avoid leaving medication or pill containers on countertops, tables or nightstands in open view where they can be easily accessed by others.
- Do not keep loose pills in easily opened plastic bags or containers in your purse, luggage or office drawer. Locking travel cases are available to carry prescription medicines.

Safe disposal

Once an individual is finished taking an opioid painkiller, they should promptly dispose of them and not keep these medications for “later.”

- Take-back programs and events allow the public to bring unused drugs to a central location for proper disposal.
- Many pharmacies offer mail-back programs where you can pick up a drug disposal envelope at their nearest store. Most pharmacies charge a small fee for a postage paid envelope.
- Avoid flushing prescriptions down the toilet or pour in a drain because they can pollute water supplies. In some states, it is illegal to flush any medications.
- If a take-back or pharmacy mail-back program is not available in your community, you can go online to learn how to safely dispose of unused medications.

Visit nsc.org/disposalresources to find a take back program or learn how to safely dispose of unwanted medicine.

Don't mix

Opioid medications are dangerous because the difference between the amount needed to feel their effects and the amount needed to kill a person is small and unpredictable.

Respiratory depression is the chief hazard associated with opioid painkillers. Using them with alcohol, sleeping pills and anti-anxiety medications increase the respiratory depression caused by opioids. So if someone is drinking or taking tranquilizers and takes the usual doses of opioids, he or she may pass out, stop breathing and die.

- Never mix opioid medications with alcohol, sleep aids, anti-anxiety drugs or other pain relievers.
- Mixing extended-release and long acting opioids can be dangerous. Do not take extended-release opioids as-needed for pain or more frequently than the doctor prescribed.
- Individuals should talk to their prescriber and/or pharmacist to ensure they are not at risk for any other drug interactions.

Don't share

Do NOT share your opioid painkillers. Don't give a pill to a friend, family member or co-worker, even if the person is in pain. Sharing pain medication is illegal and dangerous.

- Opioid medications should not be given to, sold to, or 'borrowed' by friends or relatives.
- Keeping your medication in locked storage will prevent anyone else from taking your medications. Count and keep an inventory of your opioid pills so you will know if any go missing.
- The majority of people who abuse these drugs obtain them from friends or relatives.

Take-back programs and events allow the public to bring unused drugs to a central location for proper disposal.

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How to safely dispose of leftover prescription medication

Many households have prescription drugs that are expired or unused. These drugs, especially opioid painkillers, can be dangerous and need to be disposed of promptly and properly.

Why you shouldn't keep unused prescription drugs

- **Poisoning Risks:** Children or pets may be accidentally poisoned by swallowing medicine. One study reported that nearly 248,000 children visiting emergency rooms between 2001 and 2008 had been accidentally poisoned by ingesting prescription medications.¹ In 2011, prescription human medications were the number one cause of pet poisoning.² Cardiac and Attention Deficit Hyperactivity Disorder medications were the most prevalent.
- **Availability:** Family members, friends or other visitors to your home may take your drugs for their own use or sell them if they are accessible. More than 70% of people who abuse prescription painkillers obtained them from family or friends, with or without permission.³
- **Medication Shelf-Life and Misuse:** Some medicines degrade over time and some can become ineffective. Antibiotics should never be taken without a doctor's permission as they can make your infection antibiotic-resistant and hard to treat.
- **Dangers of Self-Medicating:** Self-medicating by taking someone else's medicine or your own unused medicine may lead to misread symptoms and potentially delayed treatment of a serious medical problem. Some medications also have dangerous interactions with each other and with foods that may not be noted on the label. Doctors look at medical history, symptoms and interactions before prescribing drugs.
- **Suicide Attempts:** Sometimes people attempt suicide by swallowing whatever is in the medicine cabinet. Prescription drugs and over-the-counter medications accounted for 94% of emergency room visits related to suicide attempts in 2009.⁴

How to safely dispose of your leftover drugs

Most prescriptions should not be flushed down the toilet or poured in a drain because they can pollute water supplies. In some states, it is illegal to flush any medications.

Your community may have a drug take-back program. Take-back programs and events allow the public to bring unused drugs to a central location for proper disposal. In addition to take-back programs, many pharmacies offer mail-back programs where you can pick up a drug disposal envelope at their nearest store. Most pharmacies charge a small fee for a postage paid envelope.

If your community does not offer a drug take-back or mail-back program, you can visit nsc.org/disposalresources to learn how to safely dispose of unused medications.

Leftover,
unused or old
medication is
dangerous to
keep in your
home. it is
important for
you to know
how to properly
dispose of it.

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¹ Bond GR, Woodward RW, Ho M. "The Growing Impact of Pediatric Pharmaceutical Poisoning." *Journal of Pediatrics*. Vol. 160, Issue 2, Pages 265-270, February 2012

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What parents (and grandparents) need to know about prescription opioid painkillers

The largest source of easily available and 'free' abused medications are the billions of prescription pills readily accessible in home medicine cabinets. Some are powerful opioid pain medications that can be attractive to young people, who can take them without parents knowing — contributing to an epidemic of opioid abuse and dependence, overdose and potential loss of life.

The majority of people including teens and other young people who abuse prescription medications access them from medicine cabinets in their, or other's homes.

It's important to find an area in your home where you can lock up all your medications, including those prescribed for pets. Store medications in a locked cabinet, drawer, or toolbox or purchase child-proof lock boxes.

Parents and grandparents should also be aware that up to 20% of childhood prescription drug poisonings involve a grandparent's medication. Grandparents often have prescription bottles that are not child-resistant or loose pills out on tables, kitchen counters or in purses or pockets.

What if a prescriber wants to write an opioid pain medication for your child or teenager?

Prescription opioids are powerful highly addictive medications. It's important that the conversation with your child's physician include questions about whether use of an alternate non-opioid painkiller can be recommended for non-cancer pain. Research has shown that non-opioid pain medications are just as effective as opioids for most pain. If an opioid painkiller is needed for your child or teen, talk with your doctor about limiting the duration of therapy.

Understand how opioid painkiller addiction can lead to heroin addiction

Too often communities, especially those in rural and suburban areas, are shocked by the number of young people tragically dying from heroin overdose. A renowned medical facility recently explained that nearly half of the patients being treated for heroin addiction in their clinic started with an opioid painkiller prescription. These opioid pain medications can create dependency very quickly which can lead to addiction. Once addicted, an individual may have difficulty getting a continuing supply of the painkiller, and switches to heroin which is now easily accessible and relatively inexpensive. Parents may never imagine their child using heroin especially using a needle, but heroin is now commonly smoked or snorted doing away with any need for syringes.

"Pharming Parties" - fact or fiction

Often talked about in the media 'Pharming' refers to a gathering where attendees bring prescription pills they can access from their own, relative's and friend's medicine cabinets. These pills are said to either be traded or poured into a bowl which attendees can take to achieve a recreational, but very dangerous 'high'. Proof of the actual extent of these 'Pharming' parties is unverified. However some teens buy, 'borrow' or trade these prescription medications that may ultimately lead to dependency or addiction. In 2013, 15.0 percent of high school seniors used a prescription drug non-medically in the past year.

Communicate

Talk to your kids and teens

Talk to their grandparents

Let your teens know you're aware of the problem

Warn them that taking a prescribed drug that wasn't provided for their medical care is just as dangerous as taking illegal street drugs

Discuss the dangers of mixing multiple types of drugs or using drugs with alcohol

Explain how painkillers are made from opioids, which is similar to heroin

Monitor computers

Keep all computers and laptops in open areas such as living rooms and family rooms, as well as closely monitor children's online activities

Secure any painkillers, sleep medications or stimulants in a locked drawer or container

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DRUG OVERDOSES

Opioid Painkillers

(1999-2013)

2013: **16,235**

1999: **4,030**

nsc.org/rxpainkillers



2013

OVERDOSES

vs. Other Causes of Death



43,982

DRUG OVERDOSES



16,121

HOMICIDES

nsc.org/rxpainkillers



2013

OVERDOSES

vs. Other Causes of Death



43,982

DRUG OVERDOSES



30,208

FALLS

nsc.org/rxpainkillers



2013

OVERDOSES

vs. Other Causes of Death



43,982

DRUG OVERDOSES



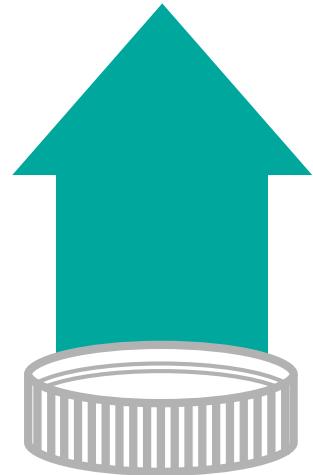
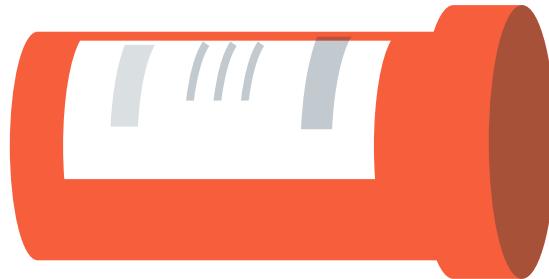
2,818

FIRES/BURNS

nsc.org/rxpainkillers



The worst drug epidemic **TODAY**



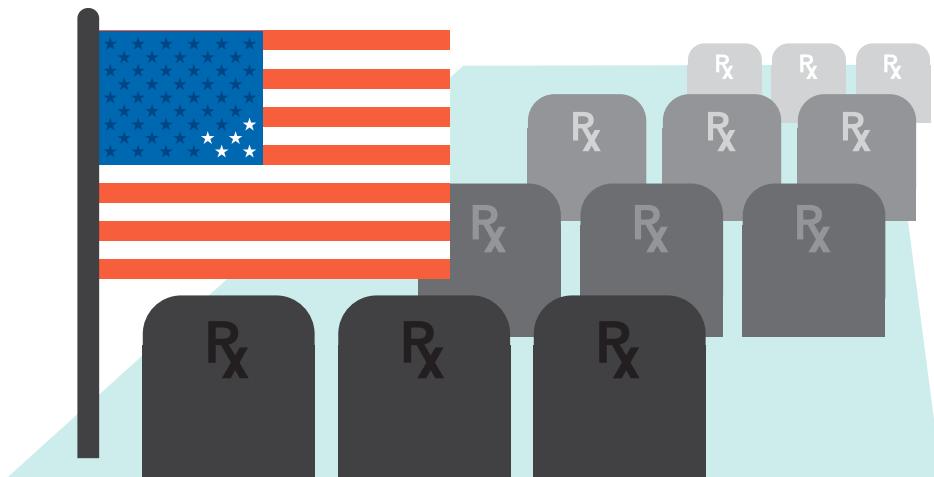
Since 1999, the number of **prescription painkiller deaths** has risen by **more than 300%**

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44 U.S. CITIZENS DIE Everyday

from **OVERDOSES** on
prescription pain relievers



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