



## Appendix A

### STRATEGIC PLAN – *Caldwell County, 2014*

**Issue/Problem Statement:**

*The need to address Prescription and Non-Prescription Drug Abuse and Drug Overdose Poisonings in Caldwell County, NC.*

**GOAL 1:**

*Raise Community Awareness and Provide Education*

**OBJECTIVE A:**

*Reach and teach the Community that we have a problem and educate them on what needs to be done in order to address the problem (what they can do to help).*

<b>ACTION STEPS</b>	<b>TIMEFRAME</b>	<b>RESPONSIBLE PARTIES</b>
<i>Use social media (Facebook, Website, blogs, Twitter, etc.)</i>	<i>Ongoing</i>	<i>All Coalition Groups</i>
<i>Use radio, newspaper, billboards, bulletin boards, local TV spot, etc.</i>	<i>Ongoing</i>	<i>All Coalition Groups</i>
<i>Distribute flyers, hands-outs, and information at events, meetings and community gatherings</i>	<i>Ongoing</i>	<i>All Coalition Groups</i>
<i>Present speakers, presentations, statistics, etc. to support the claim and provide one-on-one dialog</i>	<i>6 months to a year</i>	<i>All Coalition Groups</i>
<i>Place stickers on Rx bags</i>	<i>6 months to a year</i>	<i>Medical/Pharmaceutical Group</i>
<i>Send information home with students, present at PTO, poster contest for students, etc.</i>	<i>6 months to a year</i>	<i>Education Coalition Group</i>

**Rationale for Selected Prevention Strategies:**

*The first step is to make our community aware that we have a problem by supplying them with facts and data from reliable sources in the county. We then need to share with them things they can do to help address the problem. The only way to reach everyone is to cover all methods of communication and get everyone to commit to sharing this information with those they come into contact with. Many times, this will involve written material that we can put into the hands of the community. It may also involve getting speakers and presentations together for a more personal, one-on-one dialog.*

**GOAL 2:**

*Shore up policies and procedures and address any gaps*

**OBJECTIVE A:**

*Identify all the ways that prescription and non-prescription drugs are getting into the hands of unauthorized, uninformed users, what policies and procedures are in place to counter abuse, and what steps can we take to address these issues.*

<b>ACTION STEPS</b>	<b>TIMEFRAME</b>	<b>RESPONSIBLE PARTIES</b>
<i>Review Hospital Emergency Department and Pharmaceutical Policies and Protocol</i>	<i>Possibly Ongoing 6 months to a year</i>	<i>Healthcare Coalition Group</i>
<i>Work with Pharmaceutical companies to create more medications that cannot be crushed</i>	<i>6 months to a year</i>	<i>Healthcare/Business/Government Coalition Group</i>
<i>Identify trafficking methods and research proactive ways to curb</i>	<i>6 months to a year</i>	<i>Criminal Justice Coalition Group</i>
<i>Petition for stiffer penalties for criminals supplying drugs</i>	<i>6 months to a year</i>	<i>Criminal Justice/Government Coalition Group</i>
<i>Review policies and procedures governing the distribution of medication at Senior Care Centers, Rest Homes, Helping Hands, Juvenile Homes, Home Health Care, etc.</i>	<i>Possibly Ongoing 6 months to a year</i>	<i>Healthcare/Mental Health Coalition Group</i>

**Rationale for Selected Prevention Strategies:**

*No one group is solely responsible for creating the problem and it will take a combined effort from everyone to make it more difficult for the abuser, seller, or innocent party to get their hands on drugs that are not prescribed to them and/or are harmful. We can address this by tightening down on the accessibility of drugs. Great strides have been made; however, we need to continue to look at ways to combat online sales and distribution, pharmacy/doctor shopping across multiple jurisdictions, break-ins to houses and businesses where medication is known to be, encouraging the use of medicine lock boxes, implementing stricter guidelines and stronger punishment for criminal dealers, research and address any known issues surrounding the sell and delivery.*

**GOAL 3:**

*Work on pain patient support, harm reduction and expanding access to drug treatment*

**OBJECTIVE A:**

*Identify ways that we can offer support not only to the patients in physical and emotional pain, but to family members and friends who have been affected.*

<b>ACTION STEPS</b>	<b>TIMEFRAME</b>	<b>RESPONSIBLE PARTIES</b>
<i>Review and look at implementing guidelines from the Chronic Pain Initiative toolkits for primary care providers, EDs, and care managers</i>	<i>Possibly Ongoing 6 months to a year</i>	<i>Healthcare/Mental Health Coalition Group</i>
<i>Equip the community with medicine naloxone to reverse overdoses</i>	<i>Possibly Ongoing 6 months to a year</i>	<i>All Coalition Groups</i>
<i>Expand access to drug treatment facilities and support groups</i>	<i>Possibly Ongoing 6 months to a year</i>	<i>All Coalition Groups</i>
<i>Work with Medicaid for policy changes and getting eligible people enrolled to access drug treatment services for free or reduced cost</i>	<i>Possibly Ongoing 6 months to a year</i>	<i>Healthcare/Mental Health Coalition Group</i>

**Rationale for Selected Prevention Strategies:**

*There are a number of reasons why prescription and non-prescription drug abuse has risen and accidental overdoses have increased. Each area needs to be addressed separately and appropriate steps put into place to identify and assist with support functions in each of these areas. We will never be able to get a handle on the problem if we do not first address the areas we can fix and remove the barriers that prevent people from being able to receive help.*