

Greater Spokane Substance Abuse Council (GSSAC)
Working Together Toward
Safe Communities
Free From Substance Abuse
NW High Intensity Drug Trafficking Area (HIDTA)

A Companion Program

- Meth Watch
 - Education and Prevention on dangers of Meth
 - Helped to reduce Meth Labs
- WA Rx Watch
 - Increase awareness about prescription drug abuse, addiction & prevention

Rx Watch Program Goals

- Designed to help stop Prescription Drug Abuse
 - With strong collaboration with Law Enforcement, Treatment, and the Medical Community
 - Community Presentations that build awareness and educate the public on the dangers of Rx drug abuse
 - Designed for Washington State

Prescription Drug Abuse & Meth

- Prescription drug abuse is increasing in communities, passing up Meth in some areas
- In Washington State, for every baby born prenatally exposed to meth, 3 are born to opiate addicted mothers (3-1 ratio)
- Meth & prescription drugs are increasingly presenting simultaneously

Northwest HIDTA Strategy

Combining Public Safety and Public Health Approaches:

ENFORCEMENT

Investigative Support
Task Force Support

TREATMENT

Drug Court Programs
Data Management & Evaluation

PREVENTION

Community Coalition Support
Public Education & Awareness

Overview

- Commonly Abused Prescription Drugs
- Demographics & Trends
- Street Use/Pill Mills
- Prenatal Drug Use
- Signs & Symptoms of Use
- Prevention & Questions

Types of Commonly Abused Prescription Drugs

- **Stimulants (Uppers)**
 - Prescribed to treat narcolepsy and ADHD
 - Examples include: Ritalin, Adderall
- **Depressants (Downers)**
 - Prescribed to treat anxiety and sleep disorders
 - Examples include: Xanax, Valium
- **Opiates/Opioids (Pain Killers)**
 - Prescribed to treat pain
 - Examples include: Methadone, OxyContin, and Hydrocodone

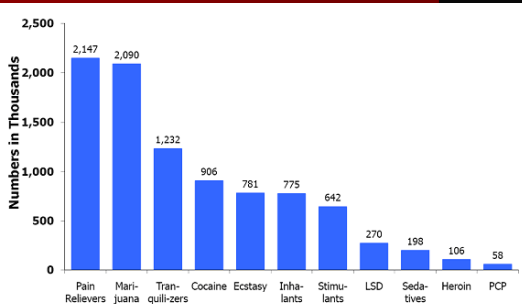
U.S. Drug Enforcement Administration (DEA)

What Makes a Substance “Psychoactive”?

- Psychoactive substances -- “drugs” – effect chemistry in the reward/pleasure center of the brain
- Activate or imitate the chemicals -- neurotransmitters -- associated with or located in the reward/pleasure center
- Drugs stimulate the release of dopamine and endorphin but in an enhanced manner
- Changes in perception, mood & behavior

World Health Organization (WHO)

Rates of Drug Abuse, 2007



Source: SAMHSA, 2007 National Survey on Drug Use and Health (September 2008).

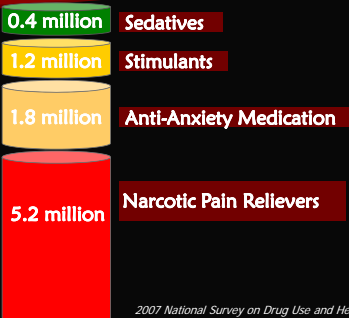
Prescription Drug Abuse & Crime



- **Fastest** growing drug threat in the U.S.
- 2nd fastest drug growth contributing to **violent crime** (next to crack cocaine)
- Largest upward trend for **property crime**

National Drug Intelligence Center: National Prescription Drug Threat Assessment 2009

Abuse of Rx Drugs



2007 National Survey on Drug Use and Health

Demographics



- **Youth** - most dramatic increases in illegal Rx drug abuse
- **Women** – 48% more likely to be prescribed a controlled substance & more likely to become addicted
- **Older Adults** – use controlled substances 3 times that of general population
- **Existing Addicts** – increased rate of Rx drug abuse among heroin addicts and poly drug users to ease the effects of other drugs
- **Healthcare Workers** – in unique position to acquire and abuse Rx drugs

U.S. Department of Justice Drug Enforcement Administration (DEA) : Office of Diversion Control

Brief Opiate History

- **Opium** has been used as far back as 4000 years ago and by 1000 AD its use was widespread in China.
- **Opium** use continued to expand and by the 17th Century, **opium** smoking became a major concern throughout China and southwest Asia.



www.Opioids.com

Brief Opiate History

- During the 17th century, **Opium** continues to expand to the United States. Immigrant Chinese railroad workers expand the use in our country.
- With the invention of the hypodermic syringe, along with several **Opium**-based medicines being marketed in the 1800s, use increased.



www.Opioids.com

Brief Opiate History

- During the early 20th century, Britain and the U.S. go to war with China in attempt to stop production and importation.
- Today, **Opium** production continues to make headlines as a cash crop to fund terrorist networks.



www.Opioids.com

Opium Today

- Afghanistan produces 92% of the world's opium
- \$65 billion a year profit
- Feeds some 15 million addicts worldwide
- Kills around 100,000 people annually
- Many OxyContin addicts become heroin addicts due to 1/3 of the price

United Nations Office on Drugs and Crime (UNODC)

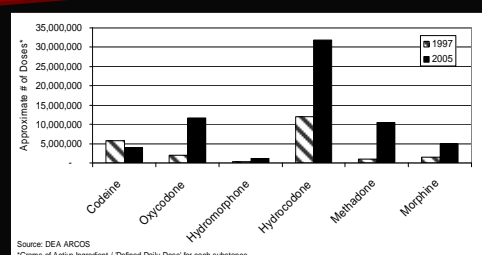
Opiates

- **Potent pain relievers:** imitate endorphins
- **Natural:** Opium, morphine, codeine
- **Semi-synthetic:** Heroin, Dilaudid
- **Synthetics (man made):**
 - OxyContin
 - Hydrocodone
 - Methadone
 - Propoxyphene
 - Demerol
 - Fentanyl



U.S. Department of Justice Drug Enforcement Administration (DEA)

Volume of Prescription Opiates Distributed in WA Pharmacies Hospitals



Source: DEA ARCOS
*Grams of Active Ingredient / Defined Daily Dose for each substance

* Does not include distribution through methadone treatment programs

(Vicodin) hydrocodone

- Narcotic/Opioid pain reliever
- Habit-forming: use/abuse tolerance, dependence, and addiction
- #1 most widely prescribed medication
- 124 million prescriptions written in 2008
- The number of prescriptions was astronomical, enough to average one prescription for every other person in the United States
- Street names: Vike, Hydro, Norco



IMS National Prescription Audit: www.Drugs.com

OxyContin (oxycodone)

- Narcotic/Opioid pain reliever
- Has been abused illicitly for the past 30+ years
- Drugs abusers crush, snort, inject, smoke the pills to bypass the time-release outer layer
- 50.1 million prescriptions written in 2008
- Street Names: Oxys, Hillbilly Heroin, OCs, Cotton



U.S. Department of Justice Drug Enforcement Administration (DEA) : Office of Diversion Control

Why is OxyContin so popular?

- Breaking time release provides quick rush
- Produces a heroin like euphoria
- Easy to obtain
- Very potent



U.S. Department of Justice Drug Enforcement Administration (DEA)

Methadone

- Narcotic/Opioid pain reliever
- Developed for treatment of heroin dependency
- Prescriptions increased by 700% since 1996
- Presently also being used in the treatment of pain medication addiction
- Street Names: dollies, fuzzies, amidone



U.S. Department of Justice Drug Enforcement Administration (DEA)

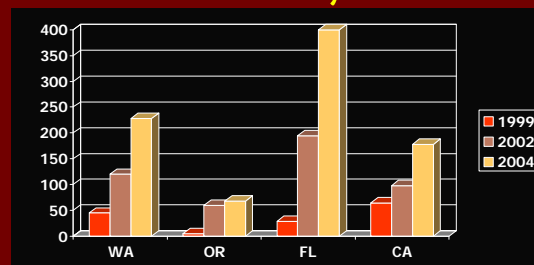
Methadone

- Fastest-growing cause of narcotic deaths
- From 1999 to 2004, methadone deaths jumped from 786 to 3,849
- Longest half-life



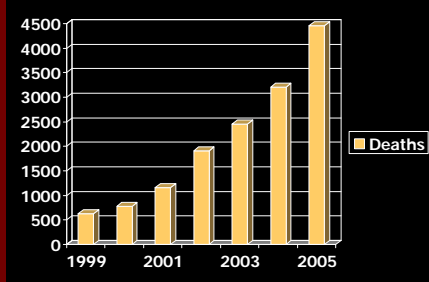
U.S. Department of Justice Drug Enforcement Administration (DEA)

Methadone-Related Unintentional Poisoning Deaths 1999-2004 by State



Centers for Disease Control & Prevention (CDC) : National Center for Health Statistics (NCHS)

Methadone-Related Unintentional Poisoning Deaths 1999-2005 U.S. Rates



Centers for Disease Control & Prevention (CDC): National Center for Health Statistics (NCHS)

Signs of Opiate Abuse

Physical Signs:

- Euphoric, drowsiness
- Slurred speech
- Constricted pupils
- Shallow breathing
- Sleepiness/sedation/nodding
- Decreased heart rate, blood pressure and respiration rate

U.S. Department of Justice Drug Enforcement Administration (DEA) : Office of Diversion Control

Classic Sign of Opiate Use



Talbot Drug Abuse Recognition Training

Opiates

Chronic Use Symptoms

- Constipation
- Decreased sexual interest/activity
- Psychological dependence
- Tolerance/addiction



U.S. Department of Justice Drug Enforcement Administration (DEA) : Office of Diversion Control

Opiates

Withdrawal Symptoms

- Flu-like symptoms (4 – 7 days)
 - Runny nose
 - Watery eyes
 - Dilated pupils
 - Sweating
 - Stomach cramps and diarrhea
 - Muscle aches
 - Anxiety



U.S. Department of Justice Drug Enforcement Administration (DEA) : Office of Diversion Control

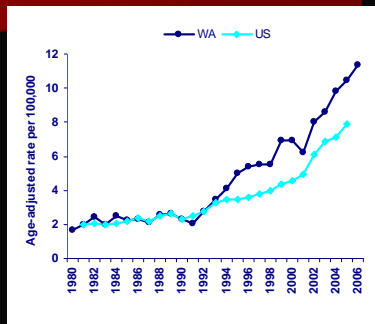
Painkillers Can KILL

- Overall opiate-related deaths in WA rose **800% from 45 in 1995 to 555 in 2004**
- Accidental poisonings, primarily overdoses, now **kill more people than car crashes**



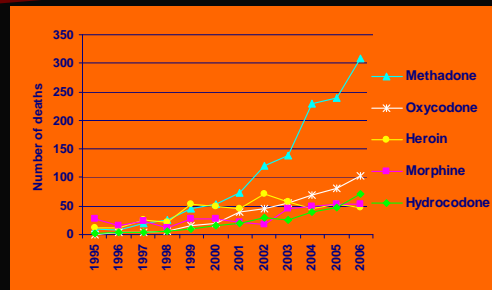
Join Together

Unintentional Poisoning Deaths WA & US, 1980-2006



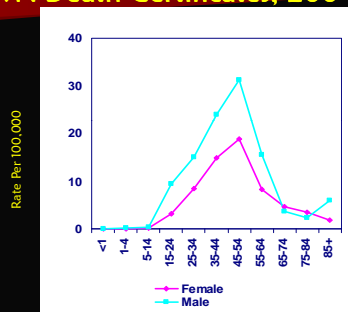
Washington State Department of Health (DOH)

Trends for Specific Opiates Washington 1995-2006



Washington State Board of Health

Unintentional Poisonings Age and Gender WA Death Certificates, 2004-2006



Washington State Department of Health (DOH)

2008 Overdose Data Spokane County

- UNINTENTIONAL POISONING DEATHS: 133
- 108 Involved Rx Drugs
- Methadone contributing factor in 39
- 17 Involved Combination of Rx & Illicit Drugs
- Illicit drug overdoses: 8



Spokane County Medical Examiner's Office

Stimulants

- Used to speed up brain activity
- Prescribed for Hyperactivity (ADHD/ADD) & Narcolepsy
- Abuse of stimulants:
 - Appetite Suppression
 - Increased Attentiveness & Energy
 - Euphoria
 - Effects similar to those of methamphetamines



U.S. Department of Justice Drug Enforcement Administration (DEA) : Office of Diversion Control

Ritalin

- Affects chemicals in brain and nerves that contribute to hyperactivity and impulse control
- Street Names: Rids, Vitamin R, Uppers



U.S. Department of Justice Drug Enforcement Administration (DEA) : Office of Diversion Control

Adderall

- Affects chemicals in the brain and nerves that contribute to hyperactivity and impulse control
- **Street Names:** Speed, Beans, Pep Pills



National Institute on Drug Abuse (NIDA)

Problems Associated with Abusing any Stimulant (including Meth):

- Dangerously high body temperatures
- Loss of appetite
- Inability to sleep
- Feelings of hostility, distorted thinking, or paranoia
- Hallucinations
- Seizures
- Death



National Institute on Drug Abuse (NIDA)

Long Term Effects of Stimulant Abuse

- Severe weight loss or malnutrition
- Mental illness
- Periods of restlessness, delirium and panic
- Insomnia (serious inability to sleep), exhaustion and mental confusion
- Feelings of hostility, distorted thinking, or paranoia



National Institute on Drug Abuse (NIDA)

Signs of Stimulant Abuse



Talbot Drug Abuse Recognition Training

CNS Depressants



- Prescribed to treat anxiety disorders and sleep disturbances
- Have a depressant effect on the central nervous system
- Effects are similar to alcohol use



National Institute on Drug Abuse (NIDA)

Xanax (alprazolam)

- A Benzodiazepine for:
 - Anxiety disorders
 - Panic disorders
 - Anxiety caused by depression
- **Street Names:** School Bus, Footballs, Bars (depending on color of pill)



National Institute on Drug Abuse (NIDA)

Valium (diazepam)

- A Benzodiazepine for:
 - Anxiety disorders



Street Names: Candy, Downers, Tranks

National Institute on Drug Abuse (NIDA)

Acute Use Symptoms of Depressants

- Resemble alcohol intoxication
- Other symptoms include:**
 - Reduced mental alertness
 - Constricted pupils
 - Depressed breathing
 - Sleepiness and drowsiness
 - Confusion and disorientation



National Institute on Drug Abuse (NIDA)

Potentiation

- Potentiation occurs when two drugs are taken together and one of them intensifies the action of the other
- Poly drug users
- $2 + 2 = 10$



www.Opioids.com

Routes of Drug Administration

- **Oral Route** – most common, safest and least expensive
- **Injection Routes** – use of needles, high risk for infections, AIDS/HIV and Hepatitis C
- **Nasal Route** – crushing and sniffing the drug
- **Inhalation Route** – smoking the drug
- **Transdermal Route** – absorption through skin patches

Robert L. Copeland, Ph.D., Howard University College of Medicine, Department of Pharmacology

Rx Drug Paraphernalia

- Pieces of Foil
- Straws/hollow pens
- Rolled up dollar bills
- Needles
- Spoons



National Drug Intelligence Center: National Prescription Drug Threat Assessment 2009

Smoking OxyContin



Juneau Empire, Brian Wallace

Sources of Rx Drugs

- 56% get free from friend or family member
- 19% from a doctor
- 9% bought them from friend or family
- 4% from a drug dealer
- 0.1% purchasing them from the internet

National Survey on Drug Use & Health, 2006

Methods of Diversion

- Doctor shopping
- Traditional drug dealing
- Theft from pharmacies or homes
- Internet pharmacies
- Receiving drugs from friends or family
- Buying drugs from patients leaving clinics
- Feigning legitimate illness (i.e. sports injury, anxiety)

U.S. Department of Justice Drug Enforcement Administration (DEA) : Office of Diversion Control

Fraudulent Prescriptions

- Forging prescriptions
- Altering prescriptions to increase quantity
- Tamper-resistant prescription pads/paper
 - RCW 18.64.500 Effective July 1, 2010
 - Every prescription written in this state by a licensed practitioner must be written on a tamper-resistant paper



*National Drug Intelligence Center:
National Prescription Drug Threat Assessment 2009;
Washington State Department of Health (DOH)*

“Pill Mills” (Internet Pharmacies)



- Perceived as convenient
- May be illegal source of prescription drugs
- 85% do not require documentation of a medical professional's prescription

National Drug Intelligence Center: National Prescription Drug Threat Assessment 2009

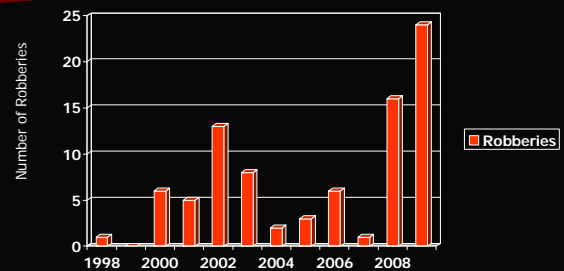
Pharmacy Robberies

- WA State leads the nation in pharmacy burglaries/robberies
- Mainly painkiller theft (90% of the thefts are for OxyContin)



Spokane County Sheriff's Department

Spokane County Pharmacy Robberies



Spokane County Sheriff's Department

Prescription Drug Monitoring Programs (PDMPs)

- Electronic database that collects data on substances dispensed in the state
- Helps prescribers & pharmacists communicate about patient's medication use
- Help to deter doctor shopping – red flags patients with multiple prescriptions from various physicians
- 24 states have a PDMP (excluding WA)

U.S. Department of Justice Drug Enforcement Administration (DEA)

Physical Dependency



- A physiological need for a substance
- Absence of which leads to withdrawal
- Distinguishable from addiction in that addiction also involves mental fixation

Addiction

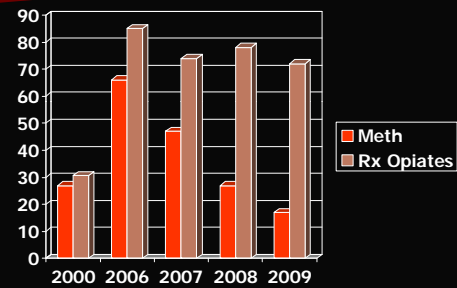
U.S. Department of Justice Drug Enforcement Administration (DEA)

Withdrawal Syndrome

- Experience the opposite of the effects the drug produced
 - Example: Xanax prescribed for anxiety, sedation
 - Withdrawal include: severe anxiety, insomnia, racing thoughts as the brain rebounds from its depressed state and this can cause seizures
 - Can be life threatening and must be supervised by a doctor

U.S. Department of Justice Drug Enforcement Administration (DEA)

WA State Prenatal Drug Use



Pediatric Interim Care Center (PICC): Kent, WA

Prenatal Opiate Exposure

- Associated with:
 - Tremors
 - Self consolability
 - Poor feeding
 - Growth challenges
 - Sleep deprivation
 - Frantic movement



Pediatric Interim Care Center (PICC): Kent, WA

Prenatal Stimulant Exposure

- Lethargic-excessive sleep period
- Poor suck and swallow coordination
- Birth defects
- Cardiac defects
- Prematurity
- Low birth weight



Pediatric Interim Care Center (PICC): Kent, WA

Prenatal Drug Exposure



- There are over 12,000 babies born each year in Washington State that have been prenatally exposed to illicit drugs
- Most include Opiates and Meth

Pediatric Interim Care Center, Kent, WA, 2009

Why Prescription Drugs?

- Increase in number of prescriptions written
 - Doctors prescribing more: # of prescriptions escalated from 40 million in 1991 to 180 million in 2007 (350% increase)
- Greater social acceptance of using medications (pill taking society)
- Perceived safer than “street drugs”
- Aggressive marketing by pharmaceutical companies
- Rise of technology (internet pharmacies, how to abuse Rx drugs)

U.S. Department of Health & Human Services

Warning Signs of Potential Prescription Drug Abuse

- Taking more medication than prescribed
- Doctor Shopping
- Stealing prescription drugs
- Using other people’s prescription drugs

Community Anti-Drug Coalitions of America (CADCA)

LOCK UP MEDICATIONS



KEEP TRACK OF MEDICATIONS

- Check what you have
- Keep careful track of quantities
- Check expiration dates



Proper Disposal of Rx Drugs

Federal Guidelines:

- Take unused, unneeded, or expired prescription drugs out of their original containers and throw them in the trash.
- Mixing prescription drugs with an undesirable substance, such as coffee grounds or kitty litter, and putting them in impermeable, non-descript containers, such as sealable bags will further ensure the drugs are not diverted.
- Flush medications down the toilet *only* if the label or accompanying patient information specifically instruct.
- Spokane County has a solid-waste program at the Waste Energy Plant, where unused medications are burned.

Office of National Drug Control Policy, October 2009

Prevention: Parents

- Education yourself on Rx Abuse signs
- Talk with your child about Rx drug abuse
- Get to know your child's friends
- Store prescription medications properly
- Monitor child's online activity
- Keep track of your medications



Community Anti-Drug Coalitions of America (CADCA)

Prevention: Community Leaders

Education/Awareness

- Create and implement laws that call for the sure consequences for prescription fraud and abuse



Community Anti-Drug Coalitions of America (CADCA)

Prevention: Law Enforcement



- Education/Awareness
- Involved in drug diversion activities
- Identify and apprehend those who are "diverting" prescription medications from the legal market
- Support the integration of Prescription Drug Monitoring Programs (PDMP's)

Community Anti-Drug Coalitions of America (CADCA)

Prevention: Prescribing Health Care Providers



- Education/Awareness
- Keep detailed records of patient's prescriptions
- Secure prescription pads
- Call in prescriptions to pharmacy
- Inform patients of possible addiction/dependence of a medication
- Inquire history of substance abuse of patient
- Medication agreement forms
- Additional training
- Identify drug seekers

Community Anti-Drug Coalitions of America (CADCA)

Prevention: Pharmacists

- Provide clear information about medication's potential for abuse/dependence
- Identifying false or altered prescription forms
- Actively aware about patients with multiple prescriptions from various physicians
- Open communication with physicians and other pharmacies



Community Anti-Drug Coalitions of America (CADCA)

Prevention: Coalitions

- Education/Awareness
- Create initiatives and campaigns
- Identify problems and share information with appropriate entities
- Gather data and report information
- Recruit a plethora of individuals to the table



Community Anti-Drug Coalitions of America (CADCA)

What you can do to help?

- Provide or host a Rx training event in your community
- Involve your local media to increase awareness of this problem
- Share this information



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Acknowledgements/References

- NW High Intensity Drug Trafficking Area (HIDTA)
- Spokane County Sheriff's Office
- National Survey on Drug Abuse & Health (NSDAH)
- Substance Abuse & Mental Health Services Administration (SAMHSA)
- Drug Abuse Warning Network (DAWN)
- U.S. Department of Health & Human Services
- Mayo Clinic
- U.S. Department of Justice Drug Enforcement Administration (DEA)
- Community Anti-Drug Coalitions of America (CADCA)
- March of Dimes
- Pediatric Interim Care Center (PICC); Kent, WA
- National Institute on Drug Abuse (NIDA)
- National Prescription Drug Assessment 2009
- PrescriptionDrugAddiction.com
- National Drug Intelligence Center
- MethPedia.com
- MethResources.gov
- Spokane County Medical Examiner's Office
- Spokane County Drug Endangered Children (DEC)
- Washington State Drug Endangered Children (DEC) Alliance

CLALLAM COUNTY YOUTH USE OF PRESCRIPTION MEDICATIONS - 2008

For Port Angeles survey – Question was: Use of prescription drugs that were not prescribed for you to get high in the last 30 days?

Grade 8	7.6% in 2006 6.1% in 2008 (Alcohol 32.7%, Marijuana 11.9%)
Grade 10	13.5% in 2006 12.8% in 2008 (Alcohol 39.7%, Marijuana 26.8%)
Grade 12	11.3% in 2006 12.6% in 2008 (Alcohol 45%, Marijuana 20.6%)

For the other four school districts in 2008 the questions were:

Use Ritalin without a doctor's orders in the last 30 days?

Grade 8	2.8% (Alcohol 18%, Marijuana 8.5%)
Grade 10	5.2% (Alcohol 33.3%, Marijuana 26.3%)
Grade 12	2.7% (Alcohol 33.3%, Marijuana 25.7%)

Use of a pain killer to get high, like Vicodin, Oxycontin or Percocet in the last 30 days?

Grade 8	4.2%
Grade 10	9.9%
Grade 12	15.2%

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www.clallam.net/healthservices

OPIATE TREATMENT ADMISSIONS

Clallam County

2009 12-month period, primary drug of choice

Opiates (not heroin)	11.5%	(102 of 884 admissions)
All opiates:	15.3%	(135 of 884 admissions)

Opiates rank 3rd in treatment admissions, after alcohol and marijuana

State

2009 12-month period, primary drug of choice

Opiates (not heroin)	7.9%	(6,433 of 81,500 admissions)
All opiates:	18.5%	(15,064 of 81,500 admissions)

Opiates rank 2nd in treatment admissions, after alcohol

COMPARISON DATA

Clallam County

2005 12-month period, primary drug of choice

Opiates (not heroin)	2.6%	(24 of 924 admissions)
All opiates	5.6%	(52 of 924 admissions)

State

2005 12-month period, primary drug of choice

Opiates (not heroin)	3.9%	(2,716 of 70,464)
All opiates	13.7%	(9,643 of 70,464)

Clallam County

2000 12-month period, primary drug of choice

Opiates (not heroin)	.004%	(1 of 262 admissions)
All opiates	3%	(8 of 262 admissions)

State

2000 12-month period, primary drug of choice

Opiates (not heroin)	.004%	(661 of 60,565 admissions)
All opiates	13%	(7,830 of 60,565 admissions)

March 2009

Prescription Pain-Reliever Abuse Among Teens

Many teenagers are mis-using prescription pain relievers. This is partly because the use of these medications has grown dramatically.

In Washington, the number of prescriptions for pain relievers (opiates) almost tripled between 1997 and 2006.¹ While crucial to the appropriate treatment of pain, prescription pain relievers can be misused and abused, and that can cause harm.

The number of teens abusing pain relievers is high.

- According to the 2008 Healthy Youth Survey (HYS), over 4 percent of Washington 8th graders, almost 10 percent of 10th graders, and 12 percent of 12th graders used prescription pain medications "to get high" in the past 30 days.
- In 2005-2006, Washington ranked sixth in the nation for the percentage of people 12 and older who mis-used prescription pain relievers (6 percent).²
- Among 12th graders who abused pain relievers, over half used them three or more times in the past month.

Prescription pain relievers (opiates) can cause addiction and death.

- Youth admissions to DASA-funded treatment for prescription opiates are now 16 times higher than in 2000. There were 22 admissions in 2000, 101 in 2004, and 360 in 2008.³
- In 2008, the Washington State Poison Center received 89 reports of intentional exposure to prescription pain relievers (opiates) by teens. Abuse was the most common motivation, followed by attempted suicide.
- In 2007, 454 people died of prescription opiate-related overdoses, including three youth. There were only 24 such deaths in 1995.⁴
- In 2006, there were nine recorded deaths among youth ages 12-17. Prior to 2004, there were never more than two per year.

**Signs of potential
prescription pain reliever
overdose:
Call 9-1-1**

- Person won't wake up
- No response to yelling
- Clammy, cool skin
- Blue lips or fingernails
- Shallow, slow breathing
- Pinpoint pupils
- Slow heart rate or pulse

To access this fact sheet online, go to <http://www.dshs.wa.gov/dasa/services/research/reports.shtml> and select *Prevention*.

¹ Drug Enforcement Administration, 2007.

² Office of Applied Studies, *State Estimates of Substance Use from the 2005-2006 National Surveys on Drug Use and Health*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Administration, 2008.

³ Treatment and Assessment Report Generation Tool (TARGET, Division of Alcohol and Substance Abuse.

⁴ Center for Health Statistics, Washington State Department of Health, January 8, 2009.

Preventing Pain-Reliever Abuse Among Teens

How do teens get prescription pain relievers (opiates)?

Most 10th graders who abused prescription pain relievers usually got them from friends or from their own prescriptions. The most common sources are:

- 36% from a friend or acquaintance
- 21% from their own prescriptions
- 15% taken from their own or someone else's home without permission
- 11% from a family member
- 6% from a drug dealer⁵

What can parents, other relatives, and caregivers do?

- Talk with children about using medications properly.
- Keep track of the number of pills in all family members' prescriptions and monitor refills.
- Friends and relatives need to be aware of the potential risks of their medications to others. Everyone should monitor their medications more closely.
- Keep all medicines, both prescription and over-the-counter, in a locked cabinet or box.
- Discard expired or unused prescription drugs.
 - Find a local "Take Back" program.
 - Only discard drugs in the trash if they are mixed with a wet undesirable substance, such as used coffee grounds or kitty litter.
 - Do not flush medications down the drain or toilet.
- Supervise children when they take their prescribed medication, then immediately lock up the medication.
- To help prevent unauthorized refills, remove any personal information from prescription bottles or pill packages before you throw them away.

What policies and practices may reduce prescription medication abuse?

- Many states have an electronic prescription monitoring program for controlled substances, including opiates, that keeps track of prescriptions. These systems could be used to identify those who abuse controlled substances and refer them to treatment, as well as to improve coordination between prescribing doctors.
- Pharmacies may offer a take-back program that disposes of unused medications.
- Doctors have new guidelines for treating chronic, non-cancer pain with opiates.⁶ Education programs can teach healthcare providers how to use these guidelines and how to respond to potential unintended consequences of pain management.
- Emergency department policies could limit prescription refills for people who frequently visit emergency rooms.

For more prevention tips visit www.theantidrug.com and www.drugfree.org.

⁵ Healthy Youth Survey – 2008.

⁶ <http://www.ini.wa.gov/news/files/AMDGOpioidGuidelinesDraft.pdf>

SUGGESTIONS FOR PREVENTION OF MEDICINE ABUSE

Educate: what methods??

Community – use Prevention Works! website to other links, billboard, radio, newspaper?? educate about Lock meds, count meds, what meds, risks, interactions, prevalence

Parents - use Prevention Works! website – Links, educate about Lock meds, count meds, what meds, risks, interactions, prevalence

Youth – risks, interactions, prevalence

Clinicians – MD's and Dentists – prescription practice, risks, interactions

Pharmacists – message stapled to each prescription, depository of returned meds, disposal of medicines

Nursing homes, senior centers, Emergency Rooms – risks, interactions

Poison Control – Educate on use of poison control center 1-800 number

CD Treatment Providers – prevalence, risks, interactions

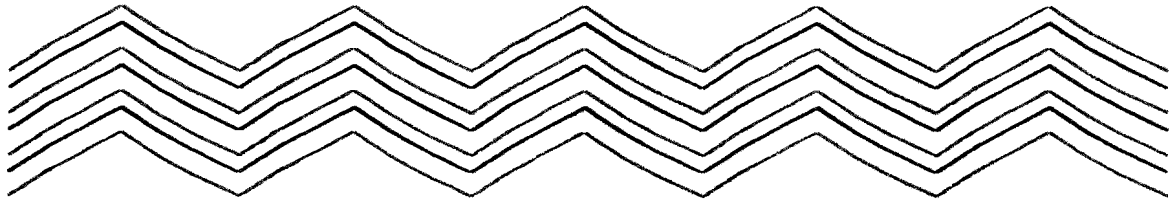
Pain Management Consortium – prevalence, risks, interactions, prevention process

Changes in Policy –

Prescription providers – use of certain meds

Pharmacists and providers of non-prescription meds – sticker messages??

Depository of Meds and destruction of them



THE CLALLAM COUNTY MEDICATION ABUSE WORKING GROUP

WAS CREATED IN 2009 IN RESPONSE TO THE PRESCRIPTION DRUG ABUSE AND ADDICTION ISSUES THAT ARE CHALLENGING OUR COMMUNITY

Members include medical providers; pharmacists; law enforcement officers; chemical dependency, mental health and social service providers; civic leaders; tribal administrators; community advocates and youth

The Clallam County Medication Abuse Working Group is:

--A community-based prescription drug abuse prevention coalition made up of medical providers, local government agencies, non-profit organizations, and concerned citizens, including youth

-Dedicated to identifying and developing programs for training providers, informing the media, and educating the community about the dangers of prescription drug abuse and addiction and effective prevention and treatment strategies

-Developing partnerships with existing community organizations and associations that share the common goal of making the community a healthier and safer place to live.

Meetings are held the first Monday of each month from 4:00 to 5:00 at the offices of the Clallam County Board of Commissioners. To receive information about meetings and related events, as well as educational materials on prescription drug abuse, addiction and prevention issues, please contact Jude Anderson at janderson1@co.clallam.wa.us.

