Prescription Drug Abuse Task Force

Materials Distributed
May 24, 2012

Prescription Drug Abuse Task Force

May 24, 2012 · 10:00 a.m. – 12:00 p.m.

Cross Office Building, Room 208

Streaming Online: http://www.maine.gov/legis/audio/lab_cmte.html

AGENDA

I. Recap of previous meeting

II. Semi-Annual Draft Reports of Subcommittee Work

a. Disposal
   i. What can be accomplished now?
   ii. What requires legislation?
   iii. What requires money and how much?

b. Diversion Alert
   i. What can be accomplished now?
   ii. What requires legislation?
   iii. What requires money and how much?

c. PMP
   i. What can be accomplished now?
   ii. What requires legislation?
   iii. What requires money and how much?

d. Education
   i. What can be accomplished now?
   ii. What requires legislation?
   iii. What requires money and how much?

III. Next Steps

IV. Next Meeting

Tuesday, June 26th, 3:00 – 5:00 p.m.
Cross Office Building, Room 208
Streaming online: http://www.maine.gov/legis/audio/lab_cmte.html

DISPOSAL Subcommittee Report

Draft of Summary of Disposal Subcommittee Work - Interim Report of Task Force

The Disposal Subcommittee of the Prescription Drug Task Force focused its efforts on creating solutions to three areas:

- Solutions for disposal of collected unwanted medications which provide for environmentally safe, legal and affordable options to facilitate and enhance collection programs;
- Solutions which provide consistency among various regulatory jurisdictions to provide for safe, legal and consistent requirements to facilitate and enhance the collection of unused/unwanted medications;
- Solutions which provide for consistency among messages and outreach programs among diverse audiences to provide similar messages regardless of the audience. E.g., "Don't throw-it out – take it back".

The Disposal Subcommittee members include:

Patricia Aho	Stevan Gressitt	Michael Wardrop
William Savage	Rebecca Miller	Heather Parent
Greg Couture	Jayne Harper	

Following the three areas above, our interim work includes the following solutions and actions.

Safe, legal and affordable disposal options for collection programs

The Department of Environmental Protection has clarified the requirements of waste disposal options for collection programs to follow which will allow for much of the medications which are collected to be incinerated within the State. There are constraints which must be followed during the implementation of the collection programs and ultimate incineration of the unused/unwanted medications and DEP is continuing to work with law enforcement offices to ensure that the protocol constraints are understood and easy to implement by the local and regional law enforcement officials. These newly clarified protocols have already been implemented and are currently in place.

In order for the different types of collection programs to have equal opportunities to receive potential funding, the Subcommittee has recommended a change to the Unused Pharmaceutical Disposal Program, 22 MRSA §2700. The change would allow for collection programs other than just mail-back programs, be eligible for funding if and when it becomes available. The proposed language change will be presented to the 126th Legislature during the January 2013 session for its consideration.

Consistency among various regulatory jurisdictions

The Disposal Subcommittee has requested the Department of Environmental Protection, the Department of Health and Human Services, and the Department of Public Safety work to ensure consistency among the regulations of the three agencies to ensure the proper disposal of unused medications occurs and that any regulatory requirements to the contrary are modified to the extent allowable under competing legal requirements.

This work will also include creating consistency among various accounting and data collection protocols relating to unused medications, in order to, again, provide ease in compliance among various jurisdictional programs.

Consistency among messaging and outreach efforts

The Disposal subcommittee encourages the Education subcommittee to create outreach efforts which have consistent messages regardless of the jurisdictional agencies or the diverse audiences. The concern is that we don't have unintended results or unintended actions occur. Recognizing all the multiple audiences, include disposal behavior will complement the work of the Task Force and the various subcommittee efforts.

Prepared by: Patricia Aho, Department of Environmental Protection. May 9, 2012

DIVERSION ALERT Subcommittee Report

Demeritt, Martha

From:
Sent: Wednesday, May 23, 2012 9:47 PM
To: Demeritt, Martha
Subject: Fw: Fwd: DRAFT Subcommittee semi-annual report
Attachments: MEHAF application DA.docx; Breakeven Analysis - DAP Statewide.xlsx

-----Original Message-----
From: Susan Morissette <morissette2010@gmail.com>
Date: Wed, 23 May 2012 21:43:47
To: Morse, Natalie<natalie.morse@mainegeneral.org>; Crandall, Darrell O<Darrell.O.Crandall@maine.gov>; Clare Desrosiers<clare@asapcoalition.com>; Martha Demeritt
Subject: Fwd: DRAFT Subcommittee semi-annual report

Martha,
Please print for the full committee. Thank you kindly for your attention and patience.
Susan

Prescription Drug Task Force

Subcommittee Semi-Annual Report

Diversion Alert Subcommittee

MEMBERSHIP:

Ms. Susan Morissette, Representative to the Maine Legislature, District 54 (CHAIR)

Mr. Darrell Crandall, Commander - Maine Drug Enforcement Agency

Ms. Natalie Morse, Prevention Center Director - Maine General Medical Center

Dr. Denise Theriault, Southern Maine Periodontal Associates, Member – Maine Dental Association

ALSO PARTICIPATING IN SUBCOMMITTEE DISCUSSIONS:

Ms. Clare Desrosiers, MSW, Project Director of the Aroostook Substance Abuse Prevention Coalition

Mr. Bill Flagg, Cary Medical Center

Attorney General William Schneider

EXECUTIVE SUMMARY:

Following the first full task force meeting, the Diversion Alert (herein D/A) Subcommittee met several times. This subcommittee perhaps had an advantage because of two things: First, our mandate was singular and unambigous, and from the outset there was no direct opposition, within the membership, to establishing a statewide system for notifying providers about people who have been arrested and charged with criminal drug offenses. Our task quickly became answering the following three key questions: what form will the system take, who will manage the system and the big question for every worthwhile project... how shall we pay for it?

In one of our earliest meetings we decided to bring in the subject matter expert, Clare Desrosiers, the project director for the Aroostook Substance Abuse Prevention Coalition - and the matriarch of the current Diversion Alert program. Clare, MDEA and other local collaborators started the program in Aroostook County several years ago and this program model has already expanded into Washington, Hancock, Piscataquis and Penobscot Counties. Clare has a copyright on the Diversion Alert moniker and logo and was more than willing to provide the subcommittee with the history and mechanics of the program. Clare had already received a grant from the Maine CDC to expand Diversion Alert throughout Maine, although the grant funding was not sufficient to fully actually accomplish that goal.

The subcommittee agreed unanimously that the best avenue was to recommend and pursue a two year pilot project that expands Diversion Alert to all sixteen counties. At the end of that two years, an independent, thorough evaluation will be undertaken to determine the continued efficacy of the program. This was presented at the April meeting of the full task force with support from the task force membership.

Clare was subsequently authorized by the subcommittee to pursue a planning grant through the Maine Health Access Foundation (MeHAF), which she has done. Feedback from MeHAF is initially and conceptually positive, and our planning grant application projects a statewide roll out of the pilot program January 1, 2013 (funding permitted).

We then asked Clare to prepare a budget or "break even analysis" for ASAP to take on the implementation and operation of a statewide program for two years. She did that, and it is attached.

Two funding sources for implementation and operation of the program have surfaced as priorities for exploration: The White House Office of National Drug Control Policy and the Maine Health Access Foundation.

ENCLOSURES:

1. MeHAF planning grant application (SUPPLEMENTAL DRAFT)

2. Implementation and operation budget (DRAFT)

Project Description

The purpose of the Diversion Alert Project is to complete an implementation and sustainability plan for expansion of the Diversion Alert Program for use of health care providers statewide; and evaluate outcomes from expansion of the Program to Penobscot, Washington and Hancock counties in order to inform the statewide plan.

Project Collaborators

- Office of the Maine Attorney General
- Commander Darrell Crandall, Maine Drug Enforcement Agency, Region 5
- Susan Morissette, Maine State Representative, District Four
- Natalie Morse, Prevention Center Director, Maine General Medical Center
- Dr. Denise Theriault, Southern Maine Periodontal Associates, Member – Maine Dental Association
- Maine Nurse Practitioners Association
- Joseph Bruno, Maine Pharmacy Association
- Gordon Smith, Maine Medical Association
- Neill Minor, Maine Drug Free Communities Coalition Network
- Maine Association of Substance Abuse Programs

Grant Narrative (2 pages):

What are the specific activities for which MeHAF funds are requested?

MeHAF grant monies are requested to support staff time to complete the planning process for a statewide Diversion Alert program for use by health care providers. This work was initiated by the Maine Attorney General's Prescription Drug Task Force – Diversion Alert Sub-Committee, created in February, 2012. Over a 7-month-period, the Diversion Alert Sub-Committee will complete the planning and implementation of a statewide Diversion Alert system that health care providers can access anywhere in Maine.

<u>Diversion Alert – History and Program Summary</u>

Diversion Alert is a program of Aroostook Substance Abuse Prevention (ASAP) which was initiated in January, 2009. The mission of the program is to reduce the amount of prescription drugs diverted from legitimate use for illegal sale, distribution, and abuse and, thereby, reduce prescription drug abuse and diversion. This mission is accomplished by (1) compiling arrest data from Aroostook County into one document on a monthly basis, and (2) mailing or emailing the monthly report to prescribers and pharmacists in Aroostook County. An additional facet of the program is ongoing education about addiction related topics provided to prescribers at least annually. The Diversion Alert Sub-Committee will enhance this facet of the program in its work under this grant through the development of materials that will provide education to Diversion Alert Participants in appropriate use of Diversion Alert data, screening and referral for substance use disorders, and compassionate and effective pain management.

Diversion Alert's outcomes have been evaluated on an annual basis since 2009. Survey responses suggest that the Diversion Alert Program (1) raises prescriber awareness of the prescription drug abuse/diversion problem in their local area; (2) alerts providers to patients who have been arrested to prescription or other illegal drug related crimes (other than marijuana); (3) stimulates communication between health care providers about shared patients; and (4) facilitates a change in health care provider behaviors with patients they discover are abusing or diverting prescriptions.

The Diversion Alert Program expanded to Washington, Hancock, and Penobscot Counties in September, 2011 (Washington/Hancock), and February, 2012 (Penobscot County). Grant monies will also be used to evaluate the program in Washington, Hancock and Penobscot Counties as a means to inform planning for statewide expansion. Planning activities are listed below:

Objective 1: By September 30, 2012 develop a plan for initiation of the Diversion Alert Program statewide.

Activity
Work with Penobscot, Washington and Hancock counties to identify lessons learned from expansion into the three counties.
Evaluate outcomes in Penobscot, Washington and Hancock counties using the Diversion Alert Outcome Survey.
Develop a plan for engaging law enforcement agencies to participate in the program, include information learned from Penobscot, Washington and Hancock counties.
Develop a plan for engaging community coalitions and health care facilities to promote the program and to register providers to use the program, include information learned from Penobscot, Washington and Hancock counties.
Develop a plan for evaluating the outcomes of the Diversion Alert Program statewide.

Objective 2: By October 31, 2012 review, discuss, and revise (as appropriate) existing Diversion Alert Program practices to ensure a smooth transition from a small, regional program, to a statewide program.

Activity
Review existing criteria for who can register for the Diversion Alert Program. Finalize criteria for the statewide program.
Using existing criteria for use and storage of Diversion Alert data, identify any additional limitations on the use of the information that may be missing and revise existing criteria if needed.
Clarify if there are any legal repercussions for distribution of erroneous information. Create a protocol for managing the risk associated with the potential for erroneous information.
Examine whether there are any legal repercussions for users of Diversion Alert Program data. Examine if there are any potential issues that need to be addressed pertaining to Diversion Alert and HIPAA requirements (i.e. sharing patient information). Develop materials that clearly explain these issues for Diversion Alert users.
Develop policy for response to Diversion Alert registrants who may have misused the information provided to them by the Diversion Alert Program.

Objective 3: By December 31, 2012 develop a plan for sustaining the Diversion Alert Program statewide that would require all prescribers to receive training in a substance abuse related topic on an annual basis, with all funds from the training going to sustain Diversion Alert.

Activity
Meet with stakeholder groups (e.g. Maine Medical Association) to discuss the idea of requiring annual training of all prescribers.

Identify mechanism for providing the training and for receiving payments.
Identify policy steps that will need to be taken to require the training of all prescribers in Maine.
Work with the Attorney General's Prescription Drug Task Force – Education Committee to identify areas of education needed for prescribers.
Identify and seek out funding for a 2-year statewide pilot program.
Identify a State agency willing to provide oversight to the Diversion Alert Program.
Establish a mechanism for enabling ASAP Coalition's Diversion Alert Program to be contracted by the state to provide the program statewide.

How do these activities advance the mission and strategic goals of the Foundation?
MeHAF Mission: To *promote access to quality health care, especially for those who are uninsured and underserved, and improve the health of everyone in Maine.*
The Diversion Alert Program promotes access to quality health care by providing a tool that assists prescribers and pharmacists in their efforts to determine whether patients are legitimately in need of controlled substance prescription drugs.
MeHAF Strategic Goal: *Achieving better health in communities.*
The Diversion Alert Program aims to achieve better health in communities by reducing access to prescription drugs for illegitimate use through health care providers, by increasing prescriber and pharmacists awareness of the prescription drug abuse problem in Maine, and providing education to health care providers about how to respond to patients who are diverting or abusing prescriptions.

How do these activities address the needs of MeHAF's priority population, the uninsured and medically underserved? These activities address the needs of the medically underserved by increasing prescriber vigilance regarding the issue of prescription drug misuse and by educating prescribers about how to respond to patients in need of substance abuse treatment.

Who are your collaborators and how will they contribute to the outlined activities? The collaborators for this project are the members of the Attorney General's Prescription Drug Task Force (listed previously) as well as members of statewide organizations representing health care providers, pharmacists, substance abuse treatment providers, and people in recovery. Member of the Prescription Drug Task Force's Diversion Alert Subcommittee will be responsible for working with ASAP's Project Director, Clare Desrosiers, to complete planning tasks. The Subcommittee will seek feedback from the larger task force at Full Task Force meetings and will seek feedback and input from other listed agencies through an invitation to participate in planning meetings or to attend the Full Task Force meetings.

Breakeven Analysis

DAP - Statewide: Mailed, emailed, Online database

Annual costs

Cost Description	Fixed Costs ($)	
Fixed Costs		
Salaries (includes payroll taxes)		
Program Director	58,001.00	1 Director at 30 hours/week
Program Assistant	20,956.00	1 Program Assistant at 20 hours/week
Promotional Supplies	1,600.00	Brochures, letterhead, business cards
Computer/Software	1,200.00	2 laptops and software purchased once very 2 years - $2400
Program Development	2,000.00	Monies to purchase new software or program to improve program processes
Travel		
Mileage	9,000.00	Travel to facilitate and promote Diversion Alert
Conference, Meeting	3,000.00	Travel for staff training or to attend professional conferences to promote DA
Accounting and legal	46,970.00	Cary Medical Center Federally approved indirect cost rate at 37%
Printing supplies (paper, print job)	1,000.00	Paper to print monthly installments
Telephone	1,440.00	$120/month for cell phone for two employees
Postage and Mailing Supplies	21,780.00	Cost for 75% of prescribers (4,125) in Maine to receive DA by mail monthly
Printer Lease	1,629.00	$135.77/month to lease a printer
Office Space	4,800.00	$2.85/square foot - 10x14 foot space (140sq ft) - $400/month
Evaluation	10,000.00	50 hours/year x $200/hour
Internet	540.00	$45/month x 12 months
Supplies	1,200.00	$100/month x 12 months
Secure Server	110.00	$110/year for Secure website software
Web Support	600.00	$30/hour x 20 hours/year
Web Domain & Domain Name	150.00	$150/year to maintain website domain name and website
Total Fixed Costs	185,976.00	
Total Variable Costs		0%

Breakeven Sales level = 185,976.00

PMP Subcommittee Report

May 24, 2012

Maine's Prescription Monitoring Program

Maine is one of 41 states that support a fully operational Prescription Monitoring Program (PMP). (While 49 states have legislation enabling PMPs, 41 states have fully operational PMPs.) Housed in the Office of Substance Abuse (OSA), Department of Health and Human Services, Maine's PMP currently provides over 3,750 health practitioners secure access to information about their patients' prescription history (37,888 individual reports were requested from January-March 2012[1]). This program is evidence based, comprehensive tool that helps prevent and address prescription drug misuse, addiction and diversion, but is also a tool that enhances the overall coordination of care for all patients. Data from the PMP has also contributed to an extensive amount of research.

Particularly in recent years, the PMP has had a dramatic rise in not only registration, but also active use (See figures 1&3). Additionally, the amount of unsolicited reports[2] has begun to decrease (See figure 3). This is indicative of a decrease in a type and at least extreme and high cases of "doctor shopping" and/or "pharmacy hopping" behaviors. Additionally, the number of individuals filling prescriptions for controlled substances has begun to decline in certain categories (such as narcotics). Although there is no one measure of the success of PMPs, these measures are accepted as good indicators (see appendix A for a list of citations to evidence-based research citing the efficacy of PMPs as a national initiative).

In addition to these statistical indicators, the Maine PMP with support from OSA has participated in many national organizations, committees and statewide collaborative efforts in which state PMPs, state and federal government, and private industry have collaborated and worked to progressively and consistently enhance PMPs. Maine's PMP also has an extremely involved, diverse and active Advisory Board, members of who are experts in the field of the law, substance abuse treatment, prevention and policy development.

While the Maine PMP is at the forefront, there is an ever evolving climate and potential for enhancements, especially as technological capabilities improve and enhancements become available. This subgroup has discussed several enhancements to the PMP, as directed by the Attorney General's Prescription Drug Abuse Task Force. The PMP Subgroup recommends the following enhancements receive support (and if necessary discussion) in moving forward:

1. Interstate Data Sharing ǂΦ
   For this recommendation, current legislation does enable this effort and a federal funding source exists to support testing, implementation and maintenance.
2. Real Time Reporting ǂƆΦ£
   For this recommendation, current legislation does allow for this effort, but would require a change to ensure compliance. A federal funding source exists to support testing, implementation and maintenance. This enhancement has a fiscal note.

[1] Reports requested is indicative of how many times the PMP database is utilized.
[2] Reports are automatically sent to prescribers when threshold numbers of prescribers and pharmacies have been reached or exceeded by a patient during a given quarter.

Φ cost with identified funding source
$ cost without identified funding source
Ɔ cost to small business identified
£ legislative action required
ǂ identified as best practice

3. Ongoing support for PMP Promotion Efforts ╪
   Currently, the PMP is heavily reliant on federal funding sources for staffing, partial operations and enhancements and maintenance costs. This Task Force strongly recommends consideration of other funding sources to ensure program sustainability, as well as funding to allow for sustained and appropriate staffing capacity to ensure full program capacity may be reached and maintained.
4. Changing the level at which law enforcement may request PMP data. £
   This enhancement would require a change to the statute and Rules Governing the Prescription Monitoring Program as this enhancement is not within the intention of the initial rules and policies governing the PMP.
5. Institutional Policies for PMP ╪
   Several major healthcare institutions have internally developed policies for the mandated registration and utilization of the PMP as a best practice and standard of care. The task force recommends that these policies and practices are encouraged and supported statewide (by professional organizations, pertinent state agencies and other relevant stakeholders).
6. Utilization of the PMP by all professional health licensing boards and Mainecare ╪
   The Task Force recommends the review of current utilization of PMP data by authorized investigators (specifically those from professional health licensing boards and Mainecare) and collaborative efforts between these offices and OSA to ensure that policies and procedures for investigators allow for PMP data to be utilized to its fullest capacity.

The subgroup has discussed the following enhancements and would like to defer the following recommendations for enhancement to the PMP Advisory Board for further consideration:

7. Prescriber Ranking $
   For this recommendation, the subgroup recommends the PMP Advisory Board review efficacy, impact and addresses privacy concerns, potential outcomes and upon review, provides a recommendation or feedback to the Task Force. It is recommended as an agenda item for the summer 2012 PMP Advisory Group Meeting.
8. Adjusting threshold levels for the Unsolicited Reports ╪
   The subgroup recommends that the PMP Advisory Board review current levels, as well as evidence-based research, and best practices from other state PMPs and adjust as necessary. It is recommended as an agenda item for the summer 2012 PMP Advisory Group Meeting.

Figure 1.

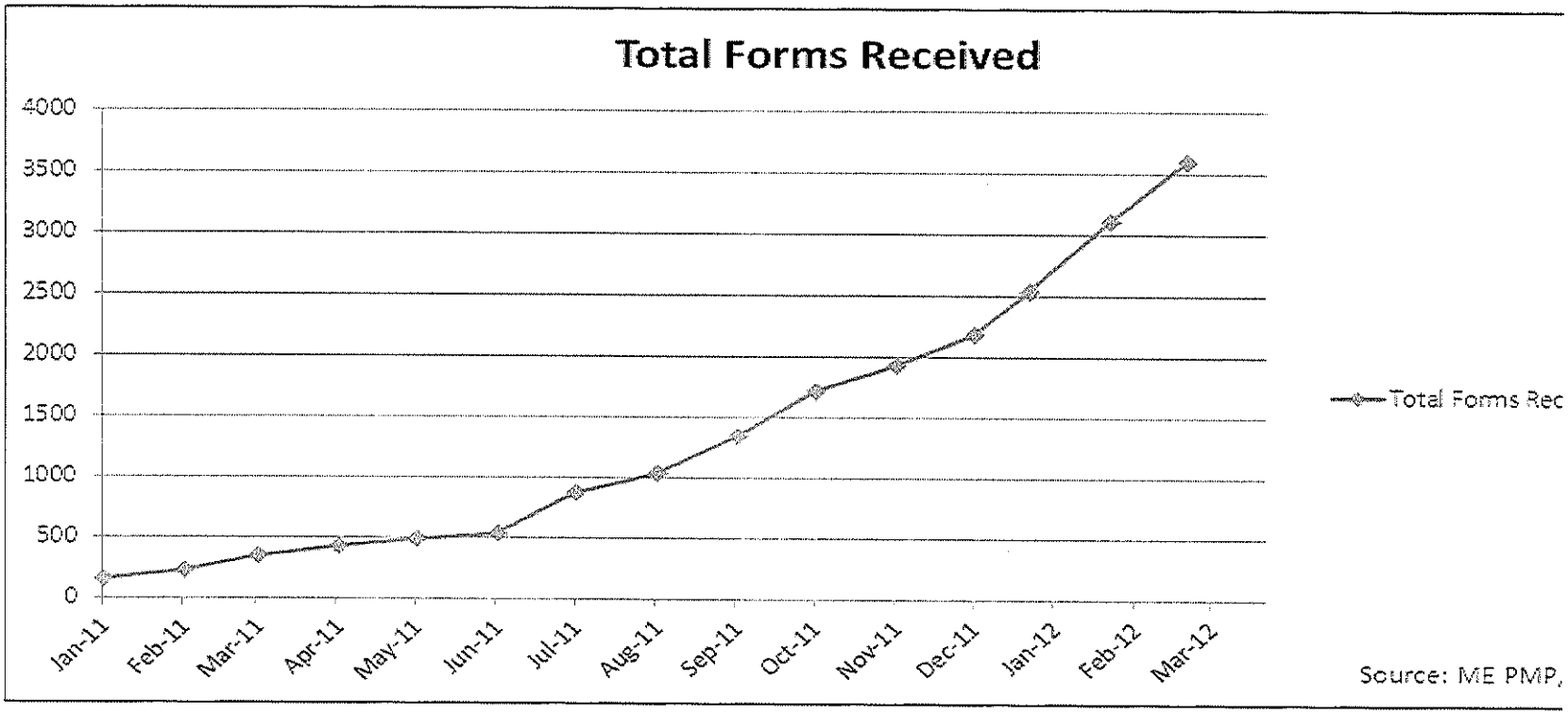
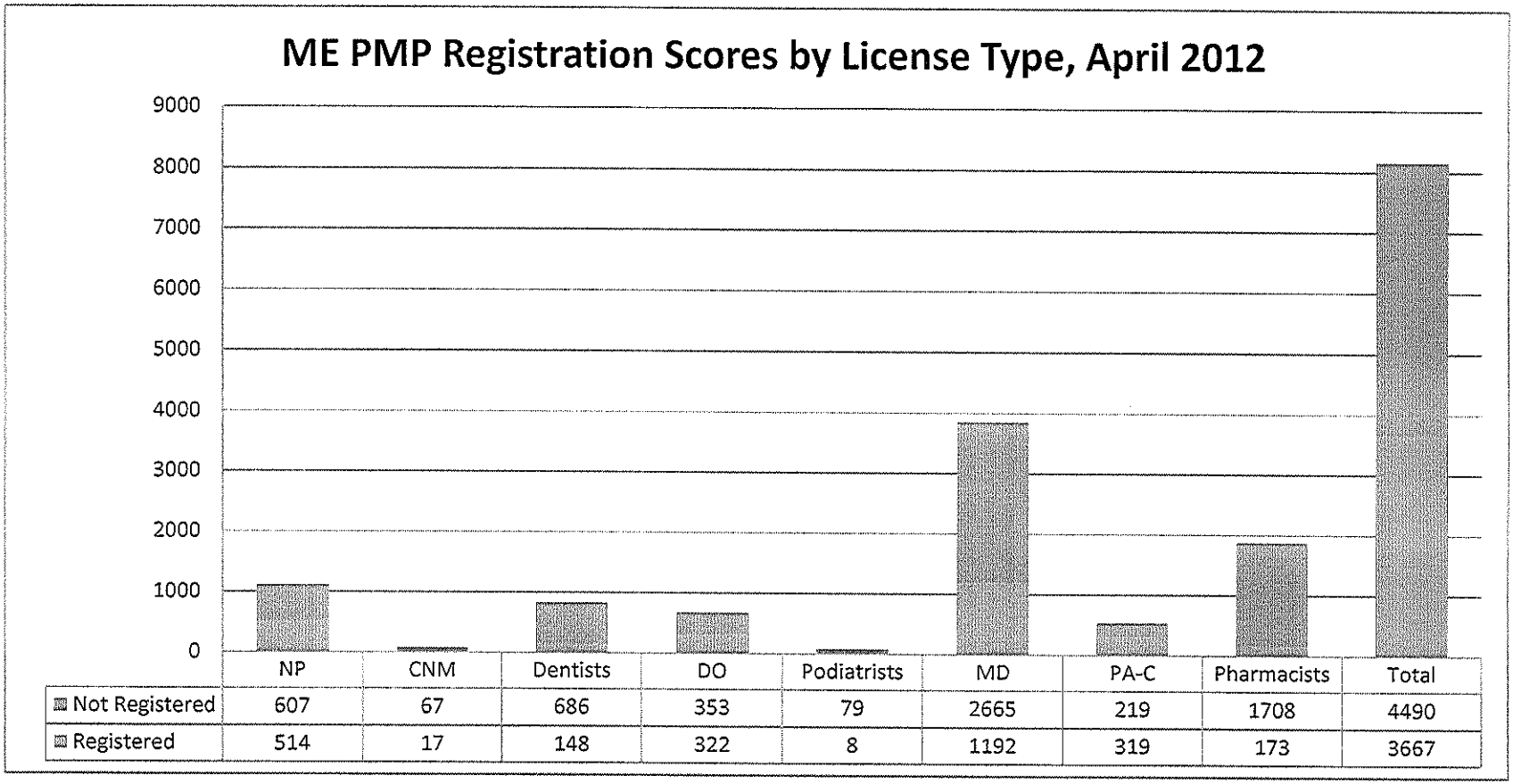

Total Forms Received
4000
3500
3000
2500
2000
1500
1000
500
0
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Total Forms Rec
Source: ME PMP,

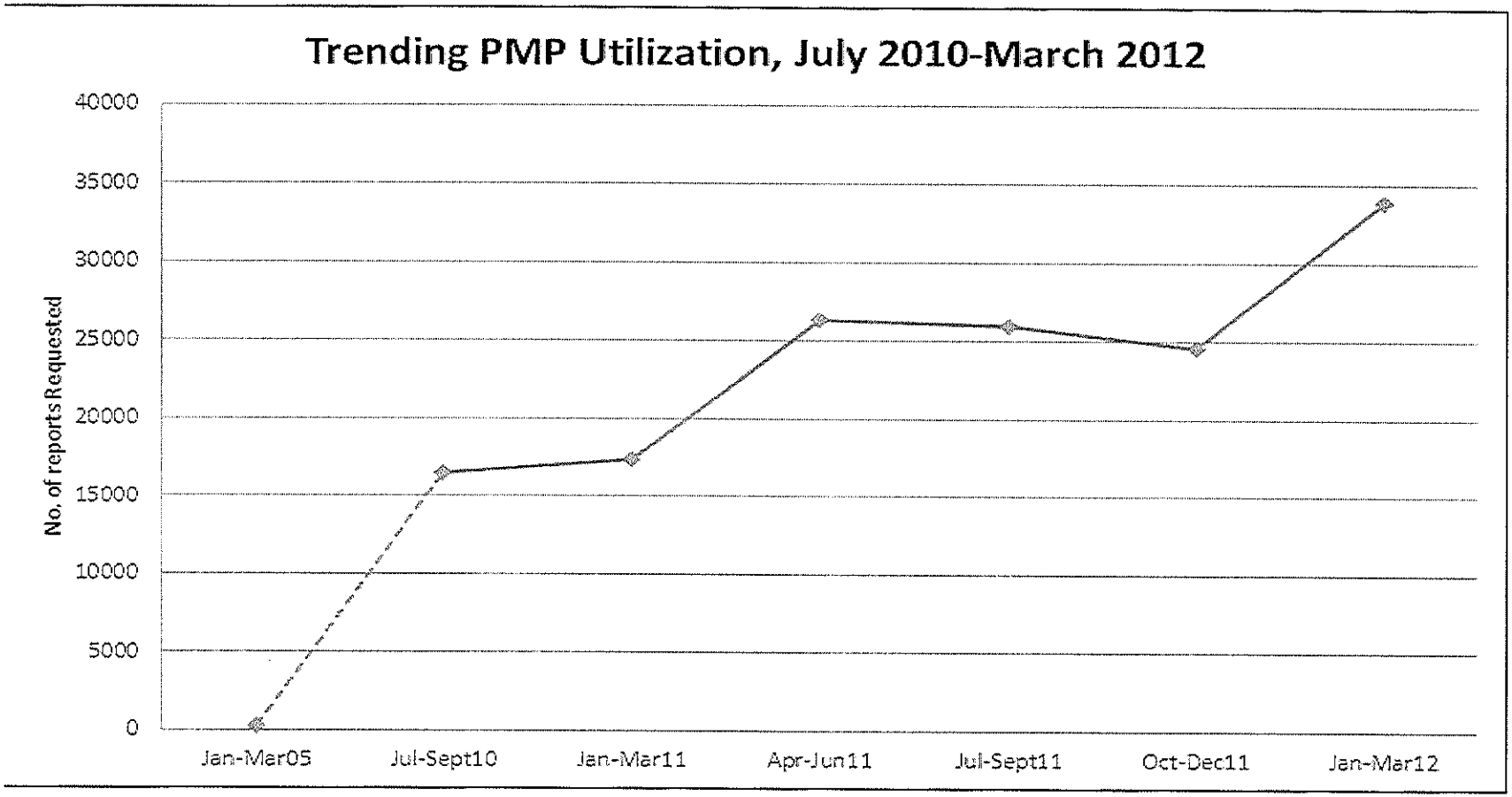
Figure 2.



	NP	CNM	Dentists	DO	Podiatrists	MD	PA-C	Pharmacists	Total
Not Registered	607	67	686	353	79	2665	219	1708	4490
Registered	514	17	148	322	8	1192	319	173	3667

Source: ME PMP, 2012

Figure 3a.

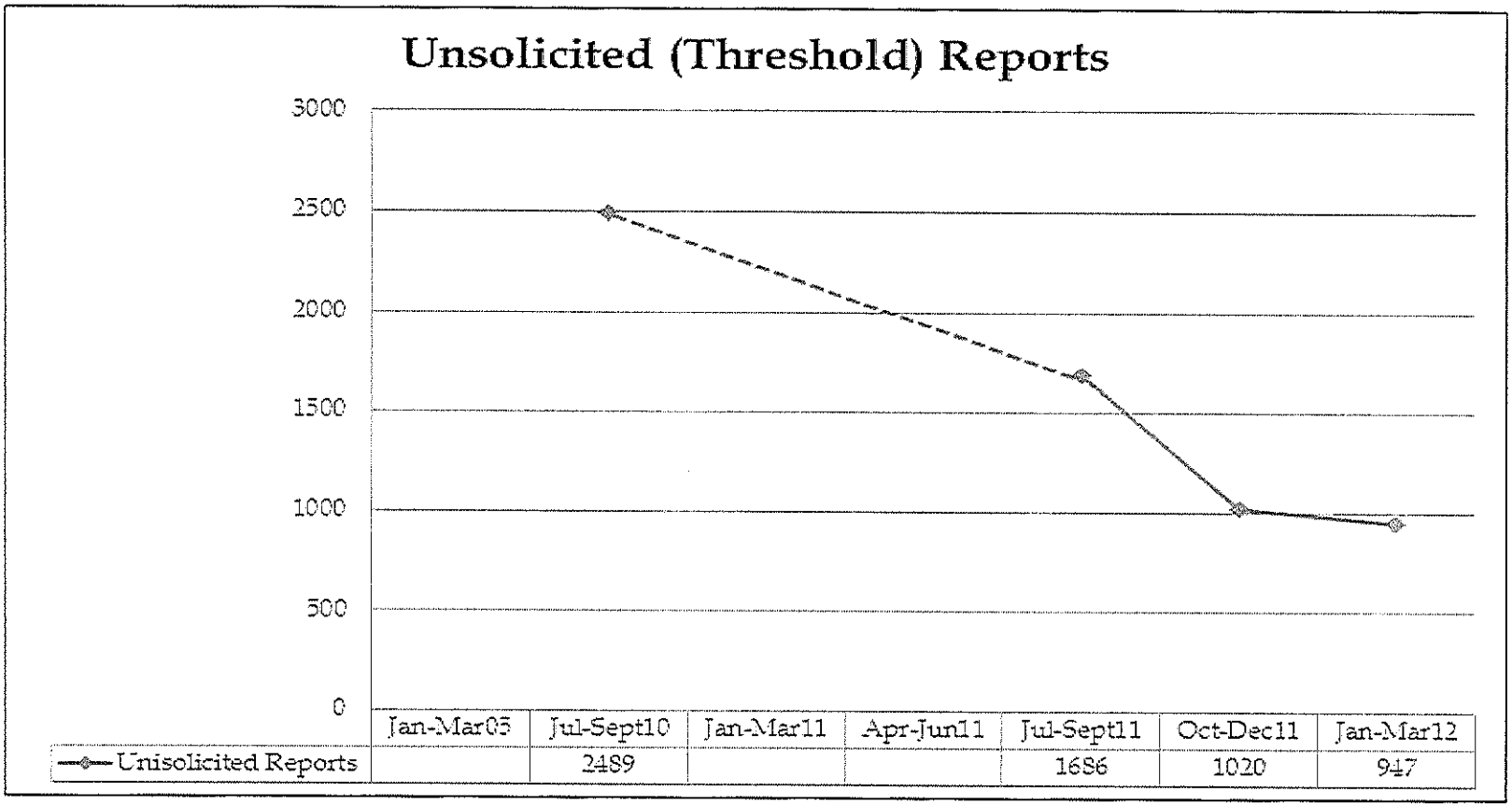


Reports Requested-PMP Users logon and request a report. This trend measures PMP utilization.

Note: data collection methodology was not consistent from 2005-2010. Consistency has been established with data from Jul 2010-present.
Note: Drop in registration in Sept. 2011 due to re-registration requirement from grant funder.

Source: ME PMP, 2012

Figure 3b.

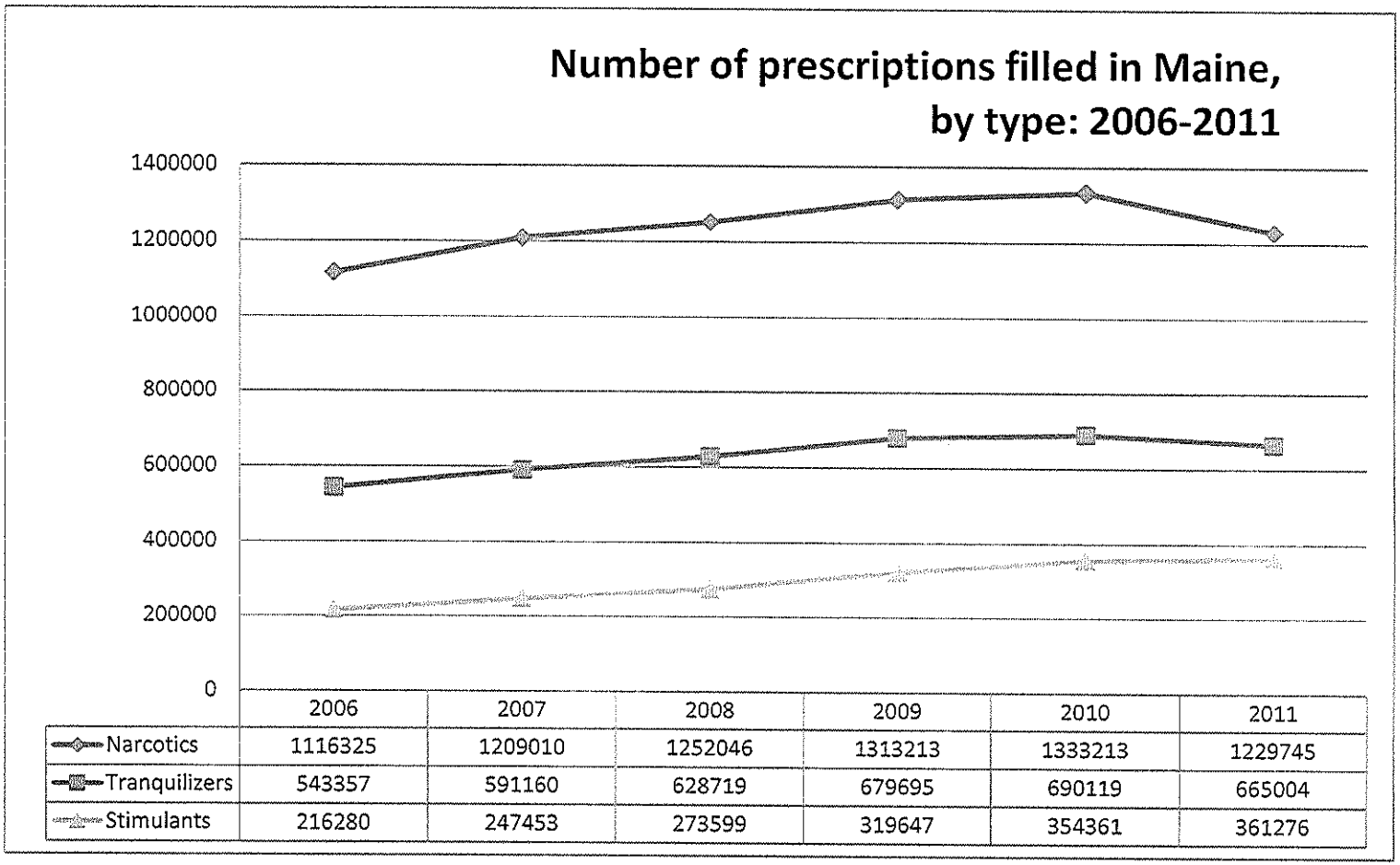


Unsolicited Report- Reports are automatically sent to prescribers when threshold numbers of prescribers and pharmacies have been reached or exceeded by a

Note: reports were not mailed in indicated break due to vendor change.

Source: ME PMP, 2012

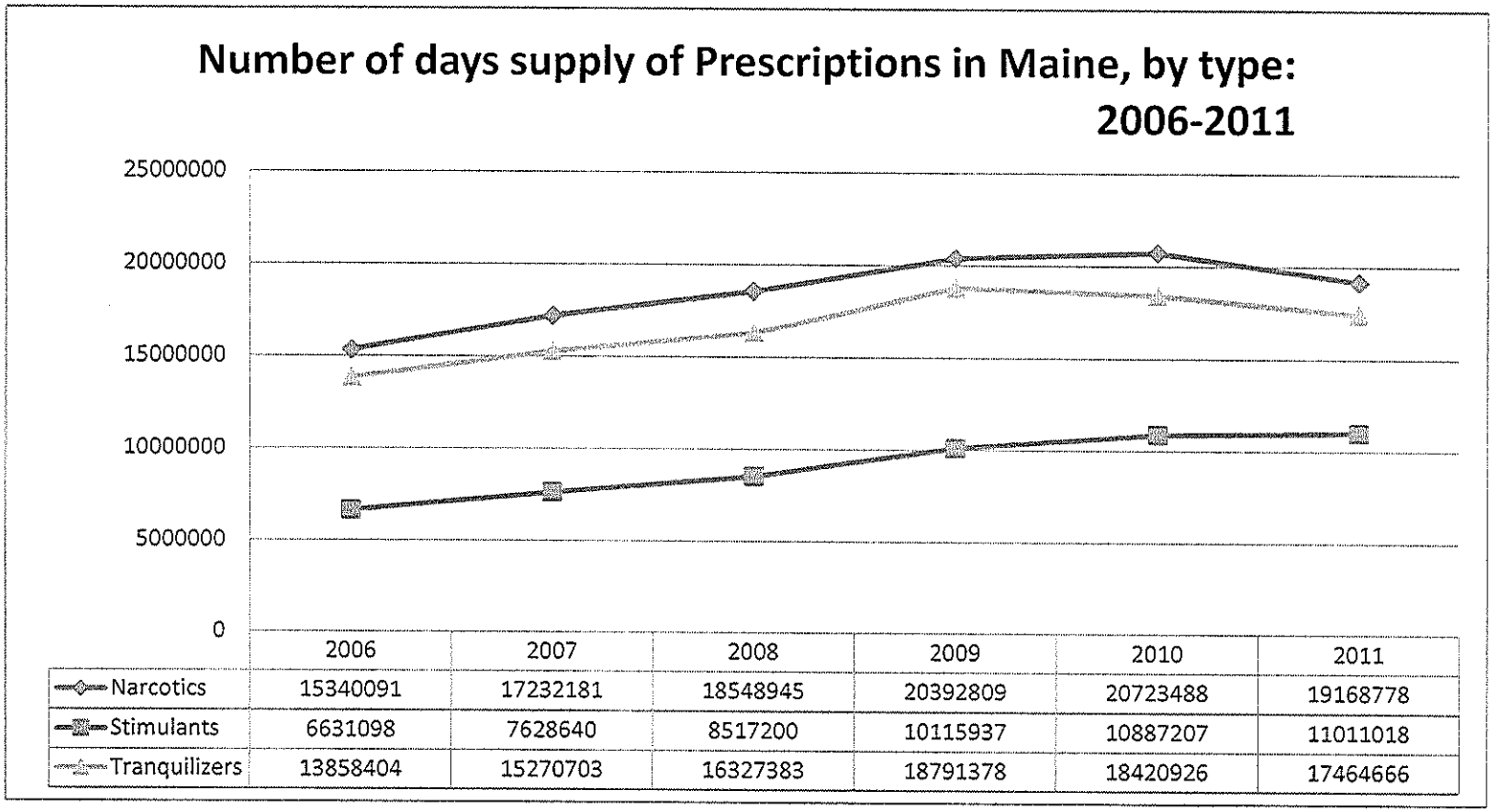
Figure 5.



	2006	2007	2008	2009	2010	2011
Narcotics	1116325	1209010	1252046	1313213	1333213	1229745
Tranquilizers	543357	591160	628719	679695	690119	665004
Stimulants	216280	247453	273599	319647	354361	361276

Source: ME PMP, 2012

Figure 6.



	2006	2007	2008	2009	2010	2011
Narcotics	15340091	17232181	18548945	20392809	20723488	19168778
Stimulants	6631098	7628640	8517200	10115937	10887207	11011018
Tranquilizers	13858404	15270703	16327383	18791378	18420926	17464666

Source: ME PMP, 2012

Appendix A

Supporting Evidence of PMP Efficacy:

1. American Society of Addiction Medicine. (2011). Public Policy Statement on Measures to Counteract Prescription Drug Diversion, Misuse and
2. Berkshire Healthcare Systems. (2010). Pain Care Resource manual: A practical Guide for Health Care Professionals.
3. Chapter 21: use of Controlled Substances for the Treatment of Pain.
4. Fishman, Scott, (2010) Responsible Opioid Prescribing.
5. Letter Dated October 2011, SAHMSA.
6. Inland Hospital –Medication Monitoring Policies. (Developed 2011).
7. Maine General Medical Center. (2011). Compassionate Limits Prescription Program.
8. Maine Primary Care Association. (2011) White Paper.
9. National Alliance for State Prescription Monitoring Programs. (2011).
10. ONDCP. (2011). Epidemic: Responding to America's Prescription Drug Crisis.
11. ONDCP. (2012). Epidemic: Responding to America's Prescription Drug Crisis.
12. Oxycontin Abuse: Maine's Newest Epidemic
13. Payne, Susan. (2010). Epidemiological Profile of Maine's Prescription Monitoring Program.
14. Reisman, Richard et al. (2009) Prescription Opioid Usage and Abuse Relationships: An Evaluation of State Prescription Drug Monitoring Program Efficiency. Substance Abuse Research and Treatment, (3), 41-41.
15. Simone, Ronald and Lynn Holland. (2006) An Evaluation of Prescription Drug Monitoring Programs
16. State Council on Alcohol and Other Drug Abuse, Controlled Substances Workgroup. (2011) Wisconsin Prescription Drug Recommendation Report.
17. The Largest Hidden Tax: Substance Abuse in Maine
18. Turk, Dennis and Kimberly Swanson. Efficacy and Cost Effectiveness Treatment from Chronic Pain: An Analysis and Evidence Based Synthesis.
19. West Virginia State Medical Association. (2011) Physician Leadership in Addressing
Prescription Drug Diversion.
20. World Health Organization. (2011). Ensuring Balance in National Policies on Controlled Substances.

EDUCATION Subcommittee Report

Education Subcommittee Report
5/21/12, Revised

Members:
Jayne Harper, MaineGeneral Prevention Center,
Neill Miner, Healthy Communities of the Capital Area
Lauri Sidelko, University of Maine Orono
Gordon Smith, Esq., Maine Medical Association

Additional Participants:
Stevan Gressit, MD, UNE College of Osteopathic Medicine, AG's Task Force
Susan Kring, Maine Alliance to Prevention Substance Abuse
Leanne Morin, Office of Substance Abuse
William Savage, Attorney General's Office, AG's Task Force
Natalie Morse, MaineGeneral Prevention Center, AG's Task Force

The Education Subcommittee has, over the past several months, gathered preliminary information about the current status of community prevention and professional education efforts focused on Maine's prescription drug abuse problem. It found many efforts in place in selected local communities, targeting and sharing information with a wide range of community members. It also identified provider focused efforts, including some that are still under development, designed to promote and support revised prescribing practices.

With input from others who have a special concern about this issue, the subcommittee members prepared a list of the primary target audiences that most need information about the problem and how to address it. The group also identified specific messages that are most relevant to each target audience. It has identified a number of national sources of information, including downloadable handouts and complete presentations that can be used to inform the community about the issue.

Public Education Campaign
Through its work, the subcommittee uncovered some significant barriers to the completion, in the short term, of its core assignment: Crafting and implementing a broad, evidence-based community education campaign. Those barriers include: a) the lack of a single, existing, comprehensive, fully-proven campaign that fits all of Maine's needs, and b) the unavailability at this time of new resources to pay for the development and implementation of a comprehensive, Maine-specific campaign.

At the same time, however, a variety of existing resources can be accessed and used to support parts of the community education work that needs to be done right now in our state. The subcommittee has explored the feasibility of creating a network of web pages, with several different partners taking on the responsibility of hosting and periodically updating the content of specific pages. Having this network in place would make it easier for existing and new groups working on community education to find the best available resources and do their prevention and education work. For example, the Office of Substance Abuse is in the final stages of allocating small grants to local Healthy Maine Partnerships across the state to initiate or expand Rx misuse

prevention efforts at the community level. Having this kind of resource at their fingertips would be most helpful to this kind of initiative.

Living within the "no new resources" framework, the subcommittee recommends that the full Task Force review, consider, and respond to these potential next steps:

1) The creation of a network of web pages (as outlined in the attached chart), dedicating at least one page to each of the other three subcommittees of the task force, in order to promote public awareness of these initiatives.
2) The strategy of recruiting organizations with special interest and ongoing engagement in Rx misuse prevention to host individual web page(s) and update the content on those web page(s) as needed.
3) Allocation of the resources necessary to sustain over time the kind of community education efforts with which the Task Force has been charged to establish. This includes a) an going oversight group, responsible for management of the web-based effort, and b) allocation of limited funding to support this group. One example of the creation of a collaborative oversight body is the Maine Meth Watch Group:
http://www.mainelegislature.org/legis/statutes/22/title22ch556.pdf Some examples of funds that might be used to support community education efforts, excluding state general fund dollars, are settlement dollars related to violations processed by the Attorney General's Office; assessments associated with prescription drug related crimes; a share of consent decrees associated with over-prescribing practices; etc. Of note: there will be no sustained, coordinated community education effort without the assignment of some level of resources to support the effort.

Attachments:

- Chart of target audiences and messages.
- Chart of recommended web pages, include suggested content and host organizations.

Outline of the AG's Web-Based Promotion of Prescription Drug Misuse Prevention Efforts

Following is one idea of the beginning of a coordinated, web-site based promotion of Rx misuse prevention efforts. It is offered as a minimal-cost beginning to a more comprehensive, robust, and polished effort to be developed at a later date, when and if additional resources become available.

Included below are:
-an outline of the content, by page, and
-where possible, the potential hosts of specific web pages

The management and development of the site could be overseen by an ad hoc group of people connected to the Task Force. This effort could be reviewed and commented upon during the next AG's Summit Meeting.

Outline of the Web Site Content:

Web Page, Potential Host	Content Notes
Maine Taking Action To Prevention Prescription Drug Misuse (Potential Host: AG's Office)	
A) About the Task Force (Host??: AG's Office)	
B) The Size and Nature of Maine's Problem (Host??: AG's Office)	
C) Taking Action to Reduce the Problem: Overview of What is Being Done (Host??: AG's Office)	
1) Diversion Alerts (Host??: Maine DEA)	Overview of the goals, uses, and current availability of Maine's diversion alerts
2) Safe Disposal (Host??: Stevan??)	The critical importance of safe disposal; services/options available to the public
3) The Prescription Drug Monitoring Program (Host??: Office of Substance Abuse)	Overview of the goals, uses, and this critical tool. Links for providers for more information
4) Community Based Prevention Efforts (Host??: Maine Assn of Prevention Programs)	Umbrella language/content for the information below
a) What Every Community Member Can Do To Help Prevent and Reduce This Problem (Host??: Maine Assn of Prevention Programs)	An overview of community member actions. Links to community groups taking action. Should include the comprehensive message document, with the invitation

	to review and comment
b) Actions by the College Community (Host??: UMO)	What the college community (including and especially HEAP?) is doing; resources for members.
c) National resources available to the public and prevention groups. Special Feature: Generation Rx messages and materials (Host??: Maine Assn of Prevention Programs)	Offered as one broad based set of resources available to the public. Could be posted for a period of time, with the intent to revise if another national resource emerges.
d) Physician Action, Resources (Host??: Maine Medical Association)	Could reference the provider community roles, actions being taken, training opportunities
e) Pharmacist Action, Resources (Host??: UNE?? Husson??)	Could reference this provider group's community roles, actions being taken, training opportunities

Core Messages

Informing and Engaging Community Members How to Prevent R_x Drug Misuse:

Target Audience	Messages	Snapshot of Current Communication Channels
The General Public		
Sub-populations: -Rural communities -People with an R_x for controlled drugs -People who live with someone with an R_x for controlled drugs -Senior Housing facilities -Long-term Care facilities -Substance Use Disorder Treatment Providers, Hospice, & Home Heath Agencies -Adolescents/young children -Ethnic groups in ME -Affinity groups – organized religion (Jewish, Muslim, Orthodox groups)	⚙ Take R_x as directed. Don't mix. ⚙ Lock your medications/store in a safe place. Don't share. ⚙ Proper disposal of unused medicine. Don't flush. Ask health care provider what to do with it (work with licensing assns) – FYI: statewide symbol for disposal [large D with purple arrow], locking, safe Rx, education (Gressitt, Larson, Schloss, Kay) ⚙ Contact police if medication is missing/stolen. ⚙ Recognize and respond to drug overdose ⚙ Ask about short 1st R_x ⚙ Ask about interactions ⚙ Review all medications with prescriber/pharmacist ⚙ Treatment works and is available ⚙ Medication assisted treatment (MAT) in the form of methadone, suboxone & buprenorphine works for many people with opioid addictions	Posters, Pamphlets, Media (newspapers, radio, TV, internet), Public Events, etc. -National Family Partnership (NFP)/Lock Your Meds Campaign -Eastern ME Medical/Penquis Region HMP's Resources -Central Region OD Px Program & HMP's disposal pamphlet/DontFlushME.org -Locally produced flyers announcing community collections -Choose To Be Healthy Street Banners for drug take-back events -Portland Overdose Prevention Project Overdose Px posters In selected locations: Community members trained to teach these messages others (family, friends, neighbors, professional colleagues, clients, students, etc.) -Central Region HMP's "HECK of a Problem w/Rx Meds" Rx Drug Abuse Prevention Week Proclamation -Old Orchard Beach Police Dept/Crime Watch Group -Healthy Portland & Overdose Prevention Project awarded funds for May '12 SAMHSA Prevention Week campaign including Prevention Pledge, educational booth at Farmer's Market and Facebook campaign

Target Audience	Messages	Snapshot of Current Communication Channels
Parents		
Sub-population: -Parents of youth caught misusing R_x drugs -School personnel and other youth-serving personnel in the community -Homeschoolers & youth group leaders (4H, Scouting)	۞ Same messages as above, AND ۞ Teen R_x misuse is a drug problem, 2nd only to marijuana ۞ Set clear family rules and communicate with your child/ren. ۞ Misused R_x medications are as dangerous as street drugs. ۞ Monitor R_x medications as you would alcohol in your home. ۞ Be a good role model. ۞ Treatment works and is available ۞ MAT (methadone, suboxone & buprenorphine) works for many people with opioid addictions	Posters, Pamphlets, Media (newspapers, radio, TV, internet), School-Based/School Sponsored Events -Healthy Androscoggin Rx for Prevention Resource & Tips for Parents handout -CADET/Aroostook Parent mailers through schools -Healthy SV "Be a part of the solution" guide (NFP) -Choose To Be Healthy parent brochures for Open Houses -Healthy Portland/Healthy Casco Bay parent workshops at worksites using OSA's parent tips to create discussion In selected locations: Community members trained to teach these messages others (family, friends, neighbors, professional colleagues, clients, students, etc.) -Central Region HMP's & Overdose Prevention Program's "HECK of a Problem w/Rx Meds" Skill building classes for youth who have been caught misusing prescription drugs – depending on the class, parents may be required to attend. (i.e. SIRP, Boomerang) -Alliance for Substance Abuse Prevention provides SIRP for secondary and college students in Southern Kennebec -Kennebec Behavioral Health provides SIRP for secondary students in Northern Kennebec -Youth Matter! provides Boomerang in the Northern Kennebec region -SIRP also offered in Lewiston/Auburn area and Bath/Brunswick (Mid-coast) areas through 2 other OSA contracts -Portland Overdose Prevention Project Overdose Prevention Jeopardy at Day One IOP & Young Parents' workshops for teen parents at 22 Park Place

Target Audience	Messages	Snapshot of Current Communication Channels
Youth		
Sub-populations: -Middle/High School Students -Youth caught misusing R_x drugs	۞ Make healthy choices. ۞ Only use R_x drugs when a doctor prescribes them to you. ۞ Take R_x drugs as directed. ۞ Using R_x drugs without a prescription is illegal. ۞ Misused R_x medications are as dangerous as street drugs. ۞ Treatment works and is available	Posters, Pamphlets, Media (newspapers, radio, TV, internet), School-Based/School Sponsored Events -Coastal Healthy Communities Coalition Student-generated Rx abuse prevention PSA's and posters & DITEP Trg for ~50 school personnel in 12/2011 Skill building classes for youth who have been caught misusing prescription drugs. (i.e. SIRP, Boomerang, Diversion To Assets). -Alliance for Substance Abuse Prevention provides SIRP for secondary and college students in Southern Kennebec -Kennebec Behavioral Health provides SIRP for secondary students in Northern Kennebec -Youth Matter! provides Boomerang in the Northern Kennebec region -South End Teen Center (Waterville) and Augusta Boys & Girls Club provide Diversion To Assets
Patients		

who are prescribed narcotic analgesics &/or benzodiazepines -who are prescribed ADHD medications	۞ Be an active member of your health care team. ۞ Question your doctor until you understand the purpose, risks, and alternate drugs for treating your pain and/or anxiety. [Seek alternative treatments before drugs – PT, chiropractic, osteopathic…preferred to seek alt before drugs] ۞ Learn all treatment options for pain management and/or anxiety. ۞ Accept and take only what you need. ۞ Encourage your doctor to use the PMP and Diversion Alert systems. ۞ Recognize and respond to overdose (poisoning): Wake, Turn, Call, Stay	Medical Center Public Awareness Campaigns: Handouts and/or conversations with healthcare staff. -CADET/Aroostook Pharmacy "stuffers" -Eastern ME Medical/Penquis Region HMP's Resources -Central Region HMP's disposal pamphlet/DontFlushME.org -MaineGeneral MEDSmart social marketing campaign: Medication List -Kennebec County Drug Overdose Prevention Program pamphlets located in practice wait rooms, provided to buprenorphine prescribers Overdose Prevention Public Awareness Campaigns: -Portland Overdose Prevention Project distributes "Call 911" overdose prevention cards and posters throughout city -Bangor Area Overdose Prevention Program "Call 911" overdose prevention cards, posters, and "Rx pads" in Penobscot, Hancock, and Washington Counties -Kennebec County Overdose Prevention Program distributes "Call 911" posters and "Drug Overdose Prevention " pamphlets throughout Kennebec County

Target Audience	Messages	Snapshot of Current Communication Channels
Patients (continued) Sub-populations: -Recent medical care for opioid poisoning or intoxication -Suspected or confirmed history of opioid misuse -High-dose opioid R_x (>100 mg/day MED) -Methadone R_x for opioid naïve patient -Recent release from jail, prison, mandatory detox or abstinence program -Enrolled in MAT program (methadone or buprenorphine) -Opioid R_x AND emphysema, asthma, sleep apnea, COPD, renal/hepatic disease, alcohol dependence, R_x for benzodiazepine, or R_x for antidepressant	۞ Understand increased risk for overdose (poisoning). Recognize and respond to signs of overdose: Wake, Turn, Call, Stay. ۞ R_x opioids are only one strategy: Pain also may be managed in many ways using alternative therapies. ۞ The goal of treatment is to increase body/mind function and not necessarily the absence of pain. ۞ Treatment works and is available ۞ MAT (methadone, suboxone & buprenorphine) works for many people with opioid addictions	Medical Center Public Awareness Campaigns: Handouts and/or conversations with healthcare staff. -CADET/Aroostook Pharmacy "stuffers" -Eastern ME Medical/Penquis Region HMP's Resources -Central Region HMP's disposal pamphlet/DontFlushME.org -MaineGeneral MEDSmart social marketing campaign: Medication List -Kennebec County Drug Overdose Prevention Program pamphlets located in practice wait rooms, provided to buprenorphine prescribers Messages delivered as needed by physicians, behavioral health/treatment professionals, case managers, and outreach workers. Includes one-on-one and small group coaching sessions. -MaineGeneral MEDSmart social marketing campaign: CLiPP (Compassionate Limits Prescription Program)
Healthcare Providers		
Includes physicians, mid-level practitioners, and pharmacists	۞ Become/remain fully informed about best practices for pain management. ۞ Use alternative therapies first and narcotics second. ۞ Implement universal precautions when prescribing narcotics. [people don't know what this is yet – include a short description for people to discuss] ۞ Use pain management agreements and monitoring plans for patients on narcotics or benzodiazepines for more then 45 days. ۞ Utilize the PMP and Diversion Alert System. ۞ Treatment works and is available ۞ MAT (methadone, suboxone &	In-person or on-line training seminars, in connection with revised Guidelines/ Recommended Practices for Providers. -Coastal Healthy Communities Coalition trg for SMMC and Goodall Hospital -EMMC/Inland Hospital adoption of opioid prescribing guidelines -MaineGeneral adoption of CLPP Guidelines In-person training seminars for PMP by contracted Healthy ME Partnerships through May '12. In-person or on-line training seminars for PMP and Diversion Alert System as it gets implemented.

	buprenorphine) works for many people with opioid addictions	
Target Audience	**Messages**	**Snapshot of Current Communication Channels**
College Students		
Sub-populations: -Undergraduates -Medical students -Allied Health Care students -Social Work/Counseling students -theology students (pastoral counseling)	⚙ Misused R_x medications are as dangerous as street drugs. ⚙ Using R_x medications without a valid prescription is illegal. ⚙ Recognize and respond to overdose (poisoning): Wake, Turn, Call, Stay. ⚙ Become/remain fully informed about best practices for pain management. ⚙ Treatment works and is available ⚙ MAT (methadone, suboxone & buprenorphine) works for many people with opioid addictions	In-person or on-line training programs educating selected classes about these topics. -University of Maine, Orono: "Wake, Turn, Call, Stay" messaging in residence halls -Coastal Healthy Communities Coalition trg on Rx Abuse Prevention for UNE students and Medical Students (4/2012) -Kennebec County Drug Overdose Prevention Program "HECK of a Problem w/Rx Meds" online training for U Maine Augusta *[Note: contact UNE (Heather Stewart) Student Association; Husson College (Rod Larson)]*
Law Enforcement Professionals		
	What CADCA recommends for this audience: ⚙ Teens are abusing Rx drugs ⚙ Take teen Rx abuse seriously ⚙ Use this intervention to provide "wake-up calls" to young abusers ⚙ Store medications properly (share with public) ⚙ Treatment works and is available ⚙ MAT (methadone, suboxone & buprenorphine) works for many people with opioid addictions *As the state wide diversion registry emerges:* ⚙ Partner with providers and pharmacists when possible to help reduce this problem *As the state wide disposal program emerges:* ⚙ Educate people during home visits that unused medicines can/should be disposed properly	

Women of Child-bearing Age w/ Opioid Addictions		
-Post partum depression (Dr. Lynn Ouellette call 622-3374 and ask how to contact Dr. Lynn)	۞ If you're pregnant and have an opiate addiction, there is help ۞ Methadone or buprenorphine treatment is safe for you and your baby	Posters, Pamphlets, In-person training seminars and outreach efforts. -Portland Women's Task Force and the Methadone and Pregnancy Campaign -Kennebec County Drug Overdose Prevention Program OSA/MCD FASD/DAB Coordinator Position
People on Probation		
	۞ Treatment works and is available	Messenger – LEA or AG
Policy Makers		
Sub-populations: -State Legislators -Licensing Boards (health care providers)	۞ Become/remain fully informed about best practices for pain management. ۞ Use alternative therapies first and narcotics second. ۞ Implement universal precautions when prescribing narcotics. [people don't know what this is yet – include a short description for people to discuss] ۞ Use pain management agreements and monitoring plans for patients on narcotics or benzodiazepines for more then 45 days. ۞ Utilize the PMP and Diversion Alert System. ۞ Treatment works and is available ۞ MAT (methadone, suboxone & buprenorphine) works for many people with opioid addictions	

OTHER MATERIALS

Demeritt, Martha

From: ohmalee@aol.com
Sent: Wednesday, May 23, 2012 7:53 PM
To: Demeritt, Martha
Subject: Re: 5/24 Prescription Drug Abuse Task Force Meeting

05/0612

Martha,
Below is a copy of my letter to Governor Lepage. Wish I could be there. Thank you.....Lee Ohmart

Dear Governor Lepage,
In my position as a pharmacist, I am confronted regularly with the problem of removing pharmaceuticals from the community and disposing of them in a safe and environmentally secure manner. An elegant solution occurred to me which I wish to share with you. Recently, in a newspaper article, I read that municipal incinerators are undergoing some regulatory actions as a result of changes in the industry. Studies done by The World Health Organization and others have shown that incineration is the preferred method to safely destroy unwanted pharmaceuticals. Most municipal incinerators are only partially adequate for this task as they operate at moderate temperatures. High temperatures are the ideal method for incinerating this type of waste. Redesigning municipal incinerators to operate in these temperature ranges would most likely be cost prohibitive. I propose that Maine require municipal waste incineration plants, as part of their licensing, be required to establish a high temperature waste incinerator in Maine and to allow collected medications to be burned at no or minimal cost to the people of Maine. They could charge businesses for this service, however. In this way we could solve the problem of ridding our communities of medications that find their way into the hands of drug abusers and offer an improvement in how businesses in Maine dispose of their waste. If approached correctly by the owners of municipal waste incineration plants, it could be an added service resulting in profit for their enterprise.
Thank you for all your hard work. In spite of what the media reports, I believe you are doing a good job and your efforts are a breath of fresh air.
Warmest Regards,
Leslie M. Ohmart III

-----Original Message-----
From: Demeritt, Martha <Martha.Demeritt@maine.gov>
To: ohmalee <ohmalee@aol.com>
Sent: Wed, May 23, 2012 11:26 am
Subject: RE: 5/24 Prescription Drug Abuse Task Force Meeting

Yes, Lee, if you could send your comments along I will share them with the group tomorrow.

From: ohmalee@aol.com [mailto:ohmalee@aol.com]
Sent: Tuesday, May 22, 2012 3:39 PM
To: Demeritt, Martha
Subject: Re: 5/24 Prescription Drug Abuse Task Force Meeting

Martha,
I had sent Governor Lepage an idea concerning drug disposal. If it did not matriculate it's way to the committe, let me know and I'll copy it to you. Thanks.....Lee Ohmart

Demeritt, Martha

From: Sally Manninen <SManninen@yorkhospital.com>
Sent: Tuesday, May 22, 2012 5:19 PM
To: Demeritt, Martha
Cc: croux@goodallhospital.org; wpaterson@une.edu
Subject: RE: 5/24 Prescription Drug Abuse Task Force Meeting
Attachments: Summary of Drug Take Back Day Survey Results for April 28.doc; RXDrug_Brochure.pdf

Hi Martha:

Thought this might be helpful for the meeting on Thursday. Connie, Bill and I work with communities in York County re prescription drug abuse prevention including providing education resources and training, promoting the PMP and helping police with Drug Take Back Day.

We did a voluntary survey at some of our Drug Take Back Day events. A summary of the results are attached. Also attached is a recent brochure we created and distributed at the DTBD event.
Also, FYI - We have purchased MedReturn boxes for the following communities out of either the Dept of Safety grant or Drug Free Communities Grants:

MedReturn Drug Drop Boxes in

South Berwick PD
York PD
Wells PD
OOB PD
Kennebunk PD
Saco PD
Sanford PD
York County Sherriff's Office

Hope the meeting goes well! Thanks for keeping us in the loop!
Sally

Sally Manninen, MA
Substance Abuse Prevention Coordinator
Choose To Be Healthy, a local Healthy Maine Partnership ~ serving the Berwicks, Eliot, Kittery, Lebanon, Ogunquit, Wells and York
www.ctbh.org

Follow us!
Facebook: http://www.facebook.com/choosetobehealthy and http://www.facebook.com/pages/Southern-Maine-Healthy-Parents-Network

Twitter: @CTBH_HMP

p: 207.439.2936
f: 207.439.8764

York Hospital Center for Community Health Promotion ~ Access, Prevention, Health Promotion
15 Hospital Drive
York, Maine 03909

Summary of Drug Take Back Day Survey Results for April 28, 2012

7 Police Departments (OOB, Kennebunk, North Berwick, Berwick, South Berwick, Wells, Ogunquit) and York County Sherriff's Office had responses

293 people filled out survey
Wells PD had most respondents, 94

Top 4 ways people heard about Drug Take Back Day:

- 49% from newspaper, television or radio
- 22% from a banner
- 18 from flyer or poster
- 12% from word of mouth

What people would have done with medications if no Drug Take Back Day:

- 51% said, "kept them"
- 13% would have flushed them down toilet
- 12% would have put them in trash
- 12% said "I don't know"

37% said they had 1 or more children under 21 living in or visiting their home regularly

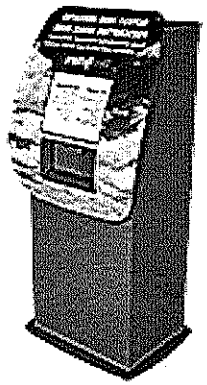
When told we were trying to determine how best to sustain the effort and asked which method of disposal they would most likely to use in future to dispose of medications,

70% said Drug Take Back Day
26% said use a MedReturn Drug Drop Box
2% said a mail back program
3% said other

#4 PROPERLY DISPOSE OF OLD OR UNUSED MEDICINES

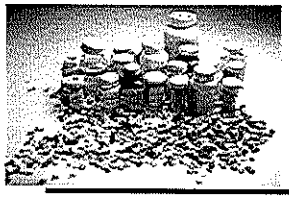
• Do NOT flush medication down the drain or toilet. Crush up medicine and mix with cat litter or coffee grounds, put in with trash.

• Or, bring your old or unused medications to a **Drug Take Back Day** or MedReturn Drug Drop Box in York, Wells, South Berwick Police Departments and the York County Sheriff's Office in Alfred.



#5 ASK FRIENDS AND FAMILY TO SAFEGUARD THEIR PRESCRIPTION DRUGS, TOO

• Also, find out what your school and community are doing to address prescription drug abuse and see how you can be involved.



Substance Abuse Prevention and Parenting Websites and Resources

www.theantidrug.com

www.parentfurther.com

www.maineparents.net

www.ctbh.org

www.facebook.com/pages/Southern-Maine-Healthy-Parents-Network

www.familiesfirstseacoast.org

Local Alcoholics Anonymous info: 1-800-737-6237

Local Narcotics Anonymous info: 1-800-974-0062

Making Change, Teen Support Group: 363-1814

The Cottage Program, Treatment, York: 351-2118

Counseling Services Inc., Kittery: 439-8391

Choose To Be Healthy Partnership at York Hospital

A Local Healthy Maine Partnership

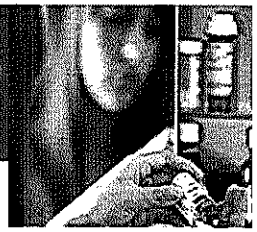
Phone: 207-439-2936
Fax: 207-439-8764
E-mail: smanninen@yorkhospital.com
Web: www.ctbh.org

This brochure was created by Choose To Be Healthy with funding from the Drug Free Communities Program of the ONDCP and the Maine Office of Substance Abuse. Content was adapted from The Partnership for a Drug Free America at www.theantidrug.com and the National Institute on Drug Abuse at www.drugabuse.gov.

PREVENTING PRESCRIPTION DRUG MISUSE

SUBSTANCE ABUSE PREVENTION RESOURCES FOR PARENTS

Every day, 2,500 American teenagers



use a prescription drug to get high for the first time. They commonly are getting these drugs in their own homes.

In York County, 16% of high school youth surveyed said they had used prescription drugs without permission at least once in their lifetimes.

And, 14% said they didn't think misusing prescription drugs was very harmful. (Maine Integrated Youth Health Survey, 2011)

Commonly abused classes of prescription medications include opioids (for pain), central nervous system depressants (for anxiety and sleep disorders), and stimulants (for ADHD and narcolepsy).

Long-term use of opioids or central nervous system depressants can lead to physical dependence and addiction.

Short term effects of **opioids** can produce drowsiness, constipation and, depending on amount taken, can depress breathing.

Central nervous system **depressants** slow down brain function; if combined with other medications that cause drowsiness or with alcohol, heart rate and respiration can slow down dangerously.

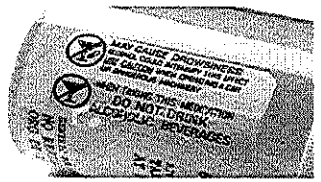
Taken repeatedly or in high doses, **stimulants** can cause anxiety, paranoia, dangerously high body temperatures, irregular heartbeat, or seizures.

The good news is most teens report that their parents — not their peers or the media — still have the biggest influence on their decision to stay drug-free.

So, here are some steps you can take to help protect your kids from prescription drug abuse.

#1 MONITOR QUANTITIES AND CONTROL ACCESS

- Take note of how many pills are in your prescription bottles.
- Keep track of your and other family member's refills—if they are filled more often than expected, that could indicate a problem.
- If your teen has been prescribed a drug, be sure you control the medication.
- Keep all medicines in a safe place, such as a locked cabinet your teen cannot access.
- Tell relatives, especially grandparents, to lock their medications or keep them in a safe place.



#2 SET CLEAR RULES ABOUT ALL DRUG USE

- Make sure your teen uses prescription drugs only as directed and follows the directions for OTC products.

#3 BE A GOOD ROLE MODEL

- If you misuse prescription drugs, such as share them with others or abuse them, your child will take notice.