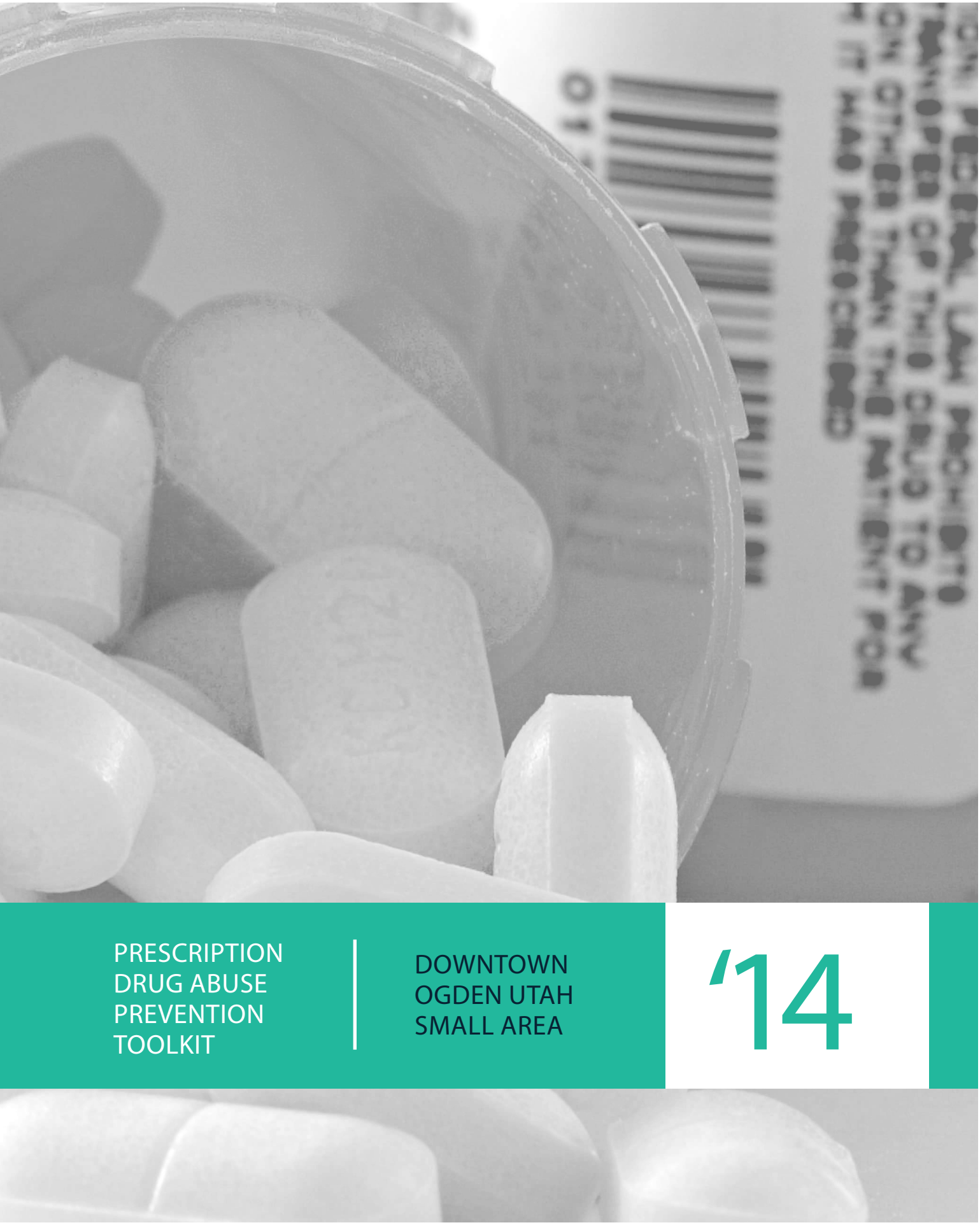

PRESCRIPTION DRUG ABUSE PREVENTION TOOLKIT

DOWNTOWN OGDEN UTAH SMALL AREA

'14

PRESCRIPTION DRUG ABUSE PREVENTION COMMUNITY PROFILE AND TOOLKIT

DOWNTOWN OGDEN UTAH SMALL AREA

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ACKNOWLEDGMENTS

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We would also like to acknowledge the North Dakota Prescription Drug Abuse Prevention Toolkit for serving as a guide in the development of this publication. North Dakota's toolkit to guide local prevention efforts is available online at: http://www.nd.gov/dhs/services/mentalhealth/prevention/pdf/drug-toolkit.pdf.

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INTRODUCTION

THE EPIDEMIC OF DRUG OVERDOSE DEATHS IS STRONGLY RELATED TO THE SHARP INCREASE IN THE PRESCRIBING OF OPIOID PAIN RELIEVERS, ALSO CALLED PRESCRIPTION PAINKILLERS, SUCH AS OXYCODONE, HYDROCODONE, FENTANYL, AND HYDROMORPHONE. THESE DRUGS ARE RESPONSIBLE FOR THREE-FOURTHS OF ALL PRESCRIPTION DRUG OVERDOSE DEATHS IN THE U.S. [1]

When used properly, prescription drugs are an important and necessary component of pain management. However, misuse of these medications can lead to serious legal and personal consequences, including health problems and even death. Alarmingly, more people are losing their lives to prescription drug overdoses than ever before. It is a problem that continues to grow nationally and in Utah.

In response to a nearly fivefold increase in prescription opioid-related deaths (2000 to 2009), Utah developed a multi-faceted intervention and education strategy to reduce opioid abuse, misuse, and death through the legislatively established Prescription Pain Medication Program (PPMP) in 2007, which in Utah is the state's Controlled Substance Database. The collective strategies included five main components: a media campaign targeting high-risk populations, provider education and development of clinical guidelines, community "take-back" events, improvements to the state's PPMP, and targeted law enforcement and prosecution. In addition, the Utah Pharmaceutical Drug Crime Project (UPDCP) was established in 2009 through a federal grant. Recently, UPDCP changed its name to the Utah Pharmaceutical Drug Community Project to show a broader community focus in its efforts to address prescription drug overdose, misuse, abuse, and deaths.

The adult prescription pain medication death rate in Utah decreased significantly from 2007 to 2012 (17.6 to 12.7 per 100,000 adults) (Table 1). However, this rate has leveled off since 2010, when funding for the PPMP ended (Figure 1). Much effort has been put into prescription drug abuse prevention in the state, but more is needed. Utah's experience has proven that prescription drug overdose deaths are preventable through targeted interventions and stakeholder coordination.

COUNT AND RATE OF POISONING DEATHS IN UTAH, 2006-2012

YEAR	OCCURRENT* POISONING DEATHS	OCCURRENT* RX DRUG DEATHS	OCCURRENT* RX OPIOID DEATHS	RX OPIOID DEATHS, UT RESIDENTS 18+	RX OPIOID DEATH RATE PER 100,000 UT RESIDENTS 18+	95% CONFIDENCE INTERVAL
2006	416	308	280	274	15.5	14.0-17.8
2007	478	371	326	313	17.6	15.7-19.6
2008	430	321	288	278	15.2	13.5-17.1
2009	420	306	272	296	14.4	12.7-16.2
2010	369	278	236	227	11.9	10.4-13.6
2011	444	306	243	233	12.0	10.5-13.7
2012	502	323	261	250	12.7	11.2-14.4

Table (1)

*Occurrent deaths include individuals who died in Utah, whether or not they were a resident of Utah.

UTAH SMALL AREAS

UTAH IS COMPOSED OF 62 SMALL AREAS THAT ARE DETERMINED BY POPULATION SIZE, POLITICAL BOUNDARIES OF CITIES AND TOWNS, AND ECONOMIC SIMILARITY.

Utah Small Areas are especially useful for assessing health needs at the community level and targeting programs to those at greatest risk for an injury. Analysis by small area helps to identify partners in establishing critical target areas by identifying demographic risk factors to help focus prevention efforts on disparate populations. Downtown Ogden was identified as a Utah Small Area with one of the state's highest rates (29.6 per 100,000 population) of adult prescription pain medication deaths in Utah (state rate is 12.8 per 100,000 population), along with Carbon/Emery Counties and South Salt Lake (37.8 and 34.8 per 100,000 population, respectively) (Figure 2 and Figure 3).

RATE OF PRESCRIPTION PAIN MEDICATION DEATHS PER 100,000 ADULTS BY YEAR, UTAH, 2000-2012

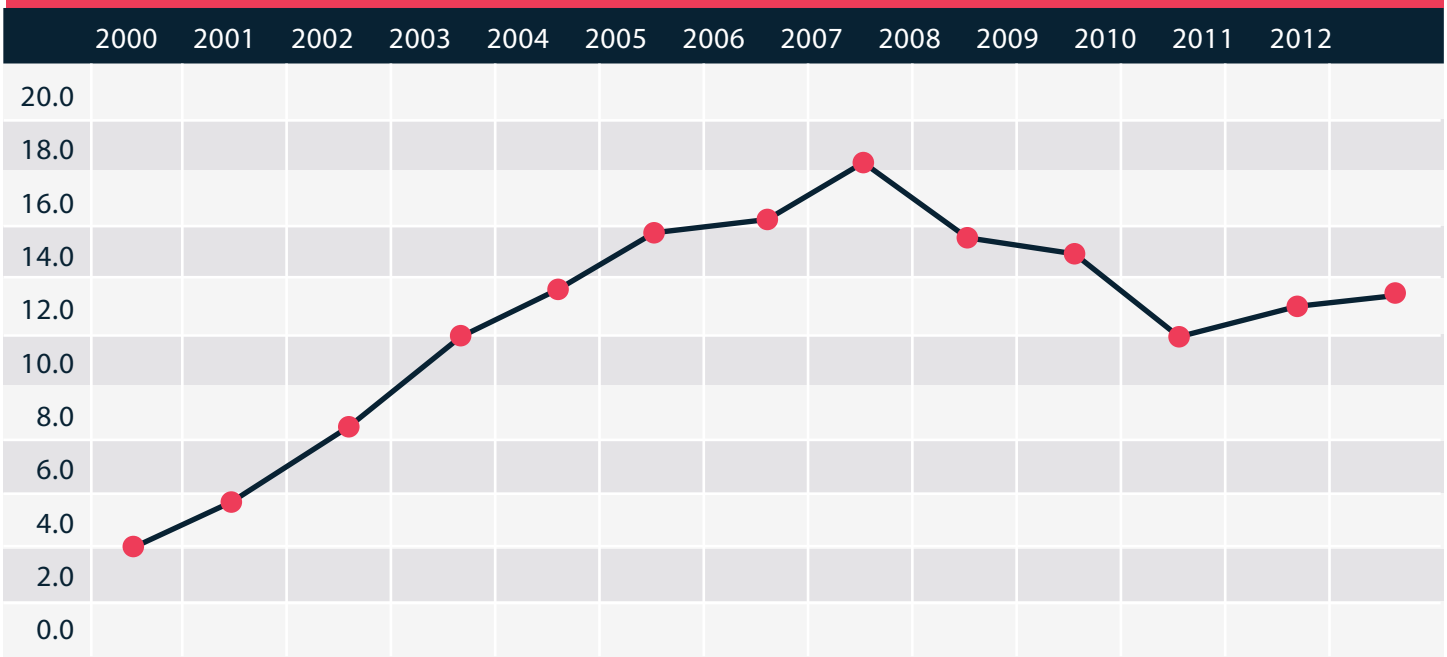
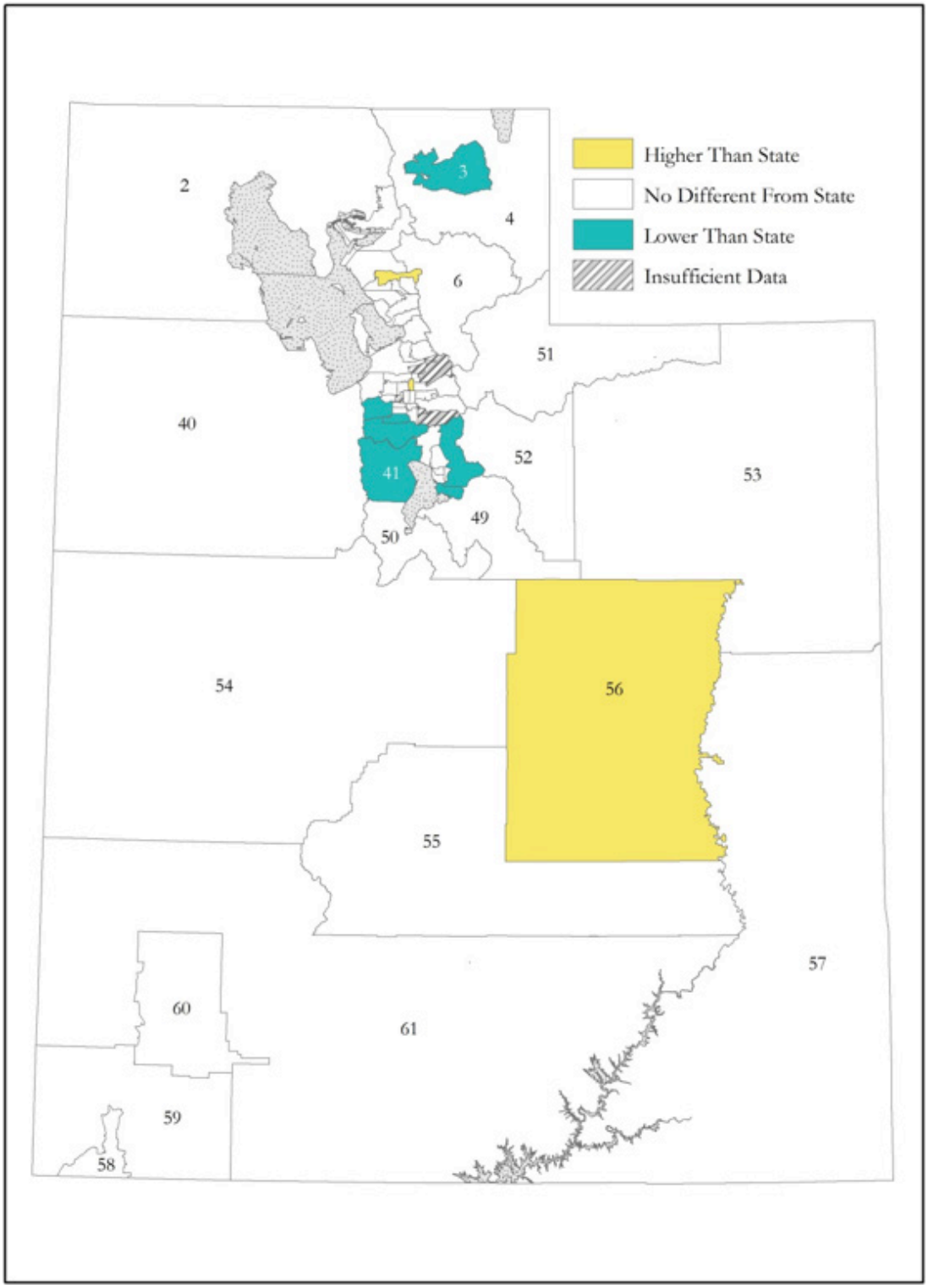
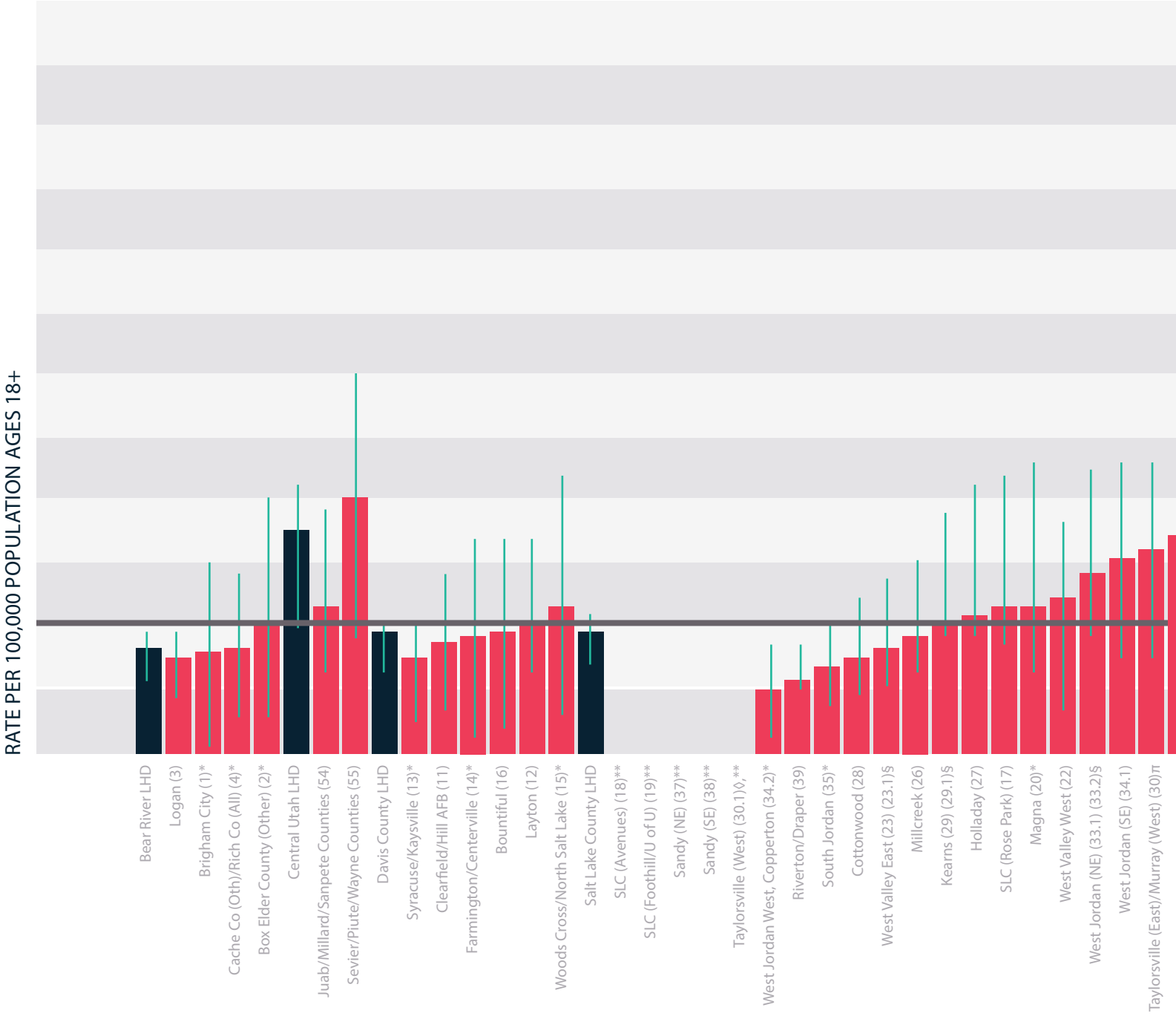


Figure [1]



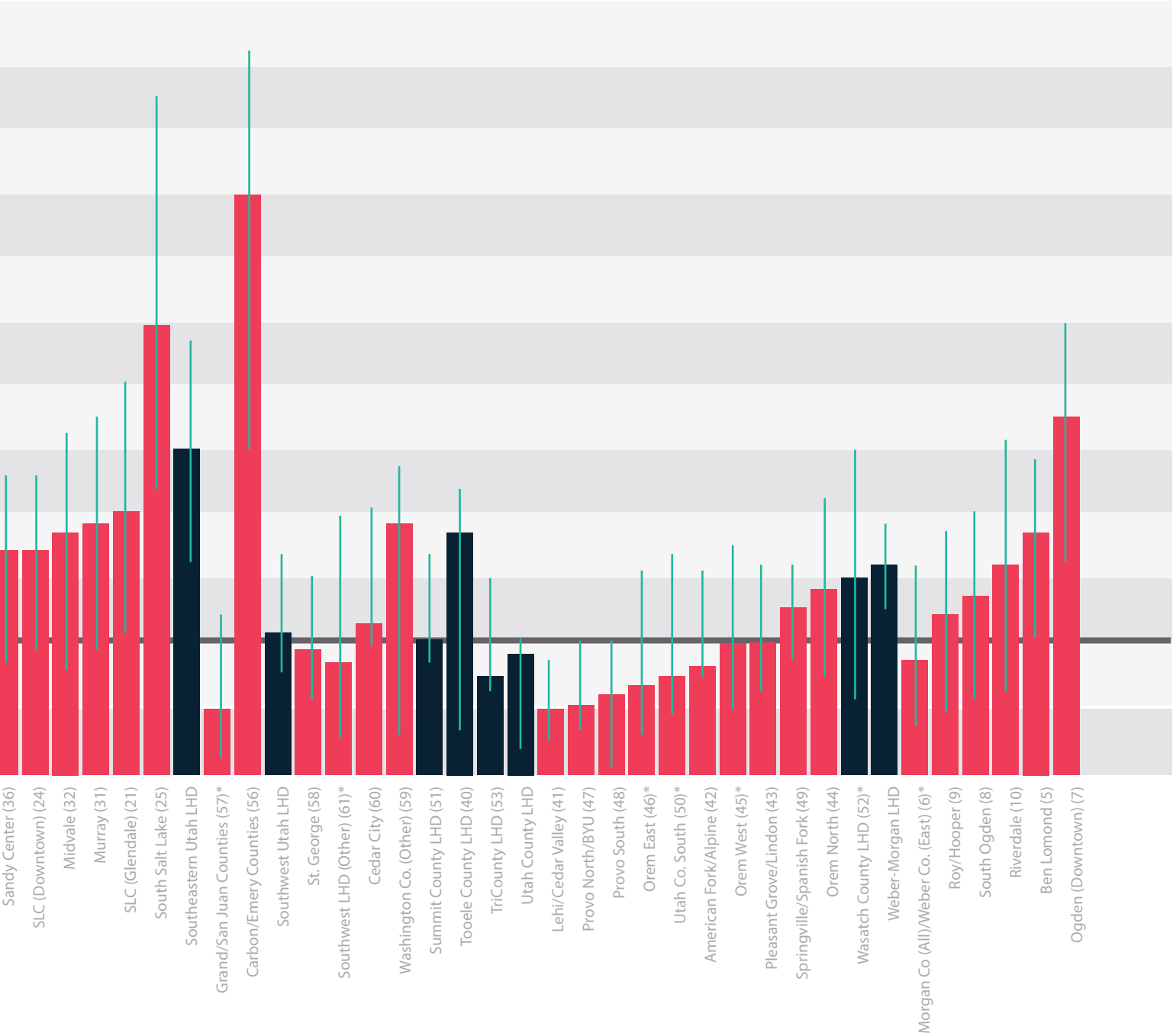
Prescription Opioid Deaths per 100,000 Population Ages 18+ by Small Area, Utah, 2009-2011

PRESCRIPTION OPIOID DEATHS PER 100,000 POPULATION AGES 18+ BY SMALL AREA, HEALTH DISTRICT, UTAH, 2009-2012



§In 2012, the Kearns, West Jordan Northeast, and West Valley East small areas were redefined. πIn 2012, the Taylorsville Utah Small Area was renamed Taylorsville (East)/Murray (West) and the Taylorsville (West) Utah Small Area was created. ◊Data are from 2012. *Insufficient number of cases to meet UDOH standards for data reliability, interpret with caution. **The count, rank, or rate has been suppressed because the observed number of events is <5 or the estimate is unreliable.

UTAH RATE 12.2 PER
100,000 POPULATION



SCOPE OF THE PROBLEM

NATIONAL DATA

- Drug overdose was the leading cause of injury death in 2010; among people 25 to 64 years old, drug overdose caused more deaths than motor vehicle traffic crashes. [2]
- Deaths involving opioids have more than quadrupled since 1999. [3]
- In 2011, drug misuse and abuse caused about 2.5 million emergency department visits; over half of those were related to prescription pharmaceuticals. [4]
- 75% of deaths related to prescription drug overdose in 2010 involved opioid analgesics (pain relievers); 30% involved benzodiazepines (anti-anxiety medications). [5]
- An estimated 12 million Americans ages 13 and older misused prescription opioid medications in 2010. (6)

UTAH DATA

- In 2012, an average of 21 Utah adults died as a result of prescription pain medications each month. [7]
- In 2012, the total cost of Utah hospitalizations as a result of an opioid overdose was $12 million.
- Since 2002, prescription pain medications led to more drug deaths in Utah than all other drug categories, such as anti-anxiety medications, over-the counter medications, or illicit drugs. Prescription pain medication deaths have outnumbered heroin and cocaine deaths combined since 2002.

- In Utah, the top five circumstances observed in prescription pain medication deaths from 2009-2012 were: [8]

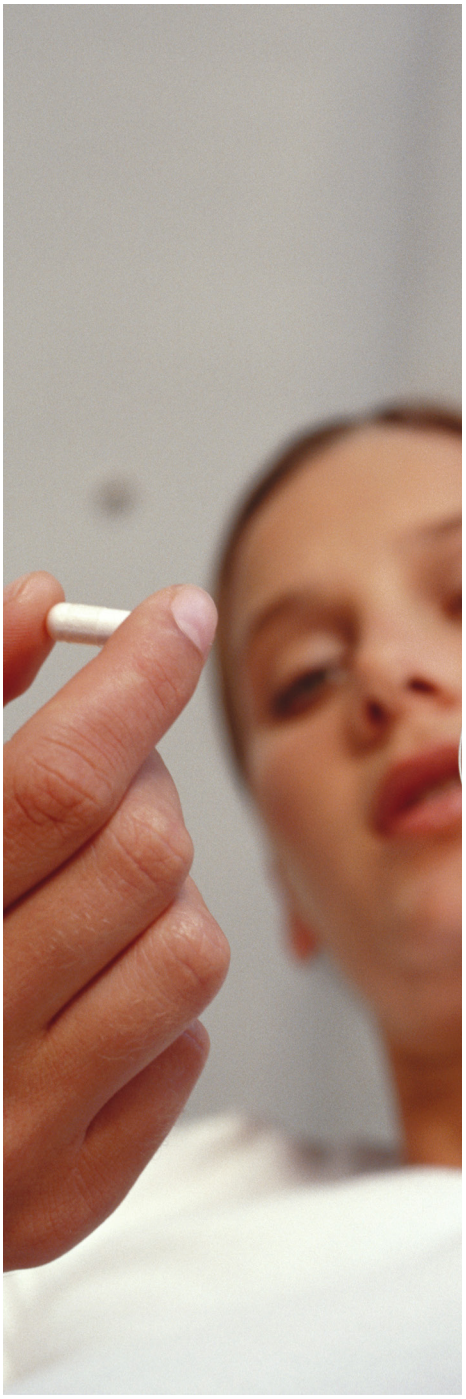
  - 73.1% substance abuse problem
  - 67.7% physical health problem
  - 65.5% current mental health problem
  - 19.4% alcohol dependence/problem
  - 12.7% history of suicide attempts

- In a 2008 Behavioral Risk Factor Surveillance Survey, 24.5% of Utahns reported using some type of prescribed opioid during the previous year. [9]

- In 2013, 2.6% of students in grades 8, 10, and 12 reported that they had used prescription drugs in the past 30 days, not prescribed to them by a doctor. [10]

- In 2013, 10th and 12th grade students were significantly more likely than 8th grade students (3.0%, 3.4%, and 1.5%, respectively) to report using prescription drugs not prescribed to them within the past 30 days. [11]

- Among local health districts, Weber-Morgan students reported the highest rate of prescription drug misuse (3.8%), followed by Southeastern Utah (3.2%). [12]



POLICY

ACCORDING TO THE 2013 TRUST FOR AMERICA'S HEALTH (TFAH) REPORT, UTAH SCORED SIX OUT OF TEN ON THE POLICY REPORT CARD OF PROMISING STRATEGIES TO HELP CURB PRESCRIPTION DRUG ABUSE (TABLE 2). [13]

Data for the indicators were drawn from a number of sources, including the National Alliance for Model State Drug Laws, CDC, the Alliance of States with Prescription Drug Monitoring Programs, the National Conference of State Legislatures, the Network for Public Health Law, the Kaiser Family Foundation, and a review of current state legislation and regulations by TFAH. Utah Department of Health experts also revised Utah's information.

Since the release of the report, the Utah State Legislature passed (1) a Good Samaritan Law (H.B. 11 Overdose Reporting Amendments) enabling bystanders to report an overdose without fearing criminal prosecution for illegal possession of a controlled substance or illicit drug; and (2) a law permitting physicians to prescribe naloxone—an opioid "antidote"—to third parties, and permitting third parties to administer the antidote, without legal liability (H.B. 119 Emergency Administration of Opiate Antagonist Act).

These two laws are critical in advancing Utah's efforts to address prescription drug abuse, misuse, and overdose deaths and moves Utah's score to 8/10 on the Policy Report Card of Promising Strategies to Help Curb Prescription Drug Abuse (Table 2).

POLICY REPORT CARD OF PROMISING STRATEGIES TO HELP CURB PRESCRIPTION DRUG ABUSE

#	INDICATOR	RECEIVED A POINT FOR THAT INDICATOR	# OF STATES RECEIVING POINTS
1	EXISTENCE OF PRESCRIPTION DRUG MONITORING PROGRAM (PDMP): HAS AN ACTIVE PROGRAM	YES	49
2	PDMP: REQUIRES MANDATORY UTILIZATION BY PRESCRIBERS	NA	16

3	DOCTOR SHOPPING LAWS: HAS A LAW SPECIFYING THAT PATIENTS ARE PROHIBITED FROM WITHHOLDING INFORMATION ABOUT PRIOR PRESCRIPTIONS FROM THEIR HEALTH CARE PROVIDER	YES	50 + WASHINGTON, D.C.
4	SUPPORT FOR SUBSTANCE ABUSE TREATMENT SERVICES: PARTICIPATING IN MEDICAID EXPANSION, WHICH HELPS EXPAND COVERAGE OF SUBSTANCE ABUSE SERVICES AND TREATMENT	NA	24 + WASHINGTON, D.C.
5	PRESCRIBER EDUCATION REQUIRED OR RECOMMENDED	YES	22
6	GOOD SAMARITAN LAWS: HAS A LAW TO PROVIDE A DEGREE OF IMMUNITY OR MITIGATION OF SENTENCING FOR INDIVIDUALS SEEKING TO HELP THEMSELVES OR OTHERS EXPERIENCING AN OVERDOSE	YES, AS OF 2014	17+ WASHINGTON, D.C.
7	RESCUE DRUG LAWS: HAS A LAW TO EXPAND ACCESS TO AND USE OF NALOXONE, A PRESCRIPTION DRUG THAT CAN HELP COUNTERACT AN OVERDOSE, BY LAYPEOPLE	YES, AS OF 2014	17+ WASHINGTON, D.C.
8	PHYSICAL EXAM REQUIREMENT: HAS A LAW REQUIRING HEALTH CARE PROVIDERS TO PHYSICALLY EXAMINE PATIENTS OR HAVE A BONA FIDE PATIENT-PHYSICIAN RELATIONSHIP BEFORE PRESCRIBING A CONTROLLED SUBSTANCE	YES	44+ WASHINGTON, D.C.
9	ID REQUIREMENT: HAS A LAW REQUIRING OR PERMITTING A PHARMACIST TO REQUIRE AN ID PRIOR TO DISPENSING A CONTROLLED SUBSTANCE	YES	32
10	LOCK-IN PROGRAMS: HAS A PHARMACY LOCK-IN PROGRAM UNDER THE STATE'S MEDICAID PLAN WHEREBY INDIVIDUALS SUSPECTED OF MISUSING CONTROLLED SUBSTANCES MUST USE A SINGLE PRESCRIBER AND PHARMACY	YES	46+ WASHINGTON, D.C.
	TOTAL	EIGHT (AS OF 2014)	

Table [2]

MYTH VS. FACT

WHAT IS PRESCRIPTION DRUG ABUSE?

PRESCRIPTION DRUG ABUSE IS TAKING A PRESCRIPTION MEDICATION THAT IS NOT PRESCRIBED TO YOU, OR TAKING A PRESCRIPTION OR PHARMACEUTICAL FOR REASONS OR IN DOSAGES OTHER THAN PRESCRIBED.

COMMON BEHAVIORAL SIGNS OF ABUSE:

- TAKING HIGHER DOSES THAN PRESCRIBED
- SEEKING PRESCRIPTION FROM MORE THAN ONE DOCTOR
- EXCESSIVE MOOD SWINGS
- INCREASE OR DECREASE IN SLEEP
- STEALING, FORGING, OR SELLING PRESCRIPTIONS
- APPEARING TO BE HIGH, UNUSUALLY ENERGETIC OR REVVED UP, OR SEDATED
- CONTINUALLY "LOSING" PRESCRIPTION, SO MORE PRESCRIPTIONS MUST BE WRITTEN

MYTH:
Taking an extra pill from my prescription, or sharing one with a friend, is not harmful because it was prescribed by a doctor.

FACT:
Taking prescription drugs that are not prescribed to you, or taking them in any way other than directed by a doctor, can be harmful. Using another person's medication or sharing your medications is illegal! [Utah Controlled Substances Act]

MYTH:
If a prescription is dangerous, the doctor wouldn't prescribe it. And, they are safer than illegal drugs.

FACT:
Prescription drugs provide many benefits when used correctly under a prescriber's care. Prescribers take into account specifics about an individual patient and the medication should be used only by that patient. However, if prescription drugs are misused or abused, they can be just as dangerous as illicit drugs, especially when taken with alcohol or other drugs. [14]

MYTH:
Prescription painkillers, even if they are not prescribed by a doctor, are not addictive.

FACT:
Prescription painkillers act on the same site in the brain as heroin and can be addictive. [15]

SIGNS & SYMPTOMS [16]

DRUG TYPE	PHYSIOLOGICAL / PSYCHOLOGICAL EFFECTS OF ABUSE	POTENTIAL HEALTH CONSEQUENCES
PAINKILLERS – USUALLY PRESCRIBED TO TREAT PAIN (VICODIN, OXYCODONE (OXYCONTIN), DARVON, DILAUDID, TRAMADOL, DEMEROL, MORPHINE, FENTANYL, CODEINE, METHADONE, ETC.)	• SMALLER (CONSTRICTED) PUPILS • DROWSINESS • WEAKNESS/DIZZINESS • IMPAIRED COORDINATION • NAUSEA • CONFUSION • DRY MOUTH • ITCHING • SWEATING • FLUSHED, CLAMMY SKIN	• SLOWED OR ARRESTED BREATHING • LOWERED PULSE AND BLOOD PRESSURE • TOLERANCE • ADDICTION • UNCONSCIOUSNESS • COMA • DEATH (RISK OF DEATH INCREASES WHEN COMBINED WITH ALCOHOL OR OTHER DEPRESSANTS)
DEPRESSANTS – USUALLY PRESCRIBED TO TREAT ANXIETY AND SLEEP DISORDERS (ATIVAN, LIBRIUM, VALIUM, XANAX, ETC.)	• ENLARGED (DILATED) PUPILS • DROWSINESS/FATIGUE • LOWERED INHIBITIONS • SLURRED SPEECH • POOR CONCENTRATION • CONFUSION • IRRITABILITY • DIZZINESS • IMPAIRED COORDINATION AND MEMORY	• LOWERED BLOOD PRESSURE • SLOWED BREATHING • TOLERANCE • WITHDRAWAL • ADDICTION • INCREASED RISK OF RESPIRATORY DISTRESS AND DEATH WHEN COMBINED WITH ALCOHOL
STIMULANTS – USUALLY PRESCRIBED TO TREAT ADHD, NARCOLEPSY, AND OBESITY (ADDERALL, CONCERTA, RITALIN, ETC.)	• ENLARGED (DILATED) PUPILS • DECREASED APPETITE • FEELINGS OF EXHILARATION • INCREASED ENERGY OR RESTLESSNESS • MENTAL ALERTNESS • EXCESSIVE SWEATING/ FLUSHED SKIN • NERVOUSNESS • INSOMNIA • HOSTILITY/AGGRESSION • PANIC/PARANOIA	• INCREASED HEART RATE, BLOOD PRESSURE, AND METABOLISM • WEIGHT LOSS • SEIZURES • HEART ATTACK • STROKE

TIPS FOR PREVENTION EFFORTS [17]

COMMUNITY

EFFECTIVE PRESCRIPTION DRUG ABUSE PREVENTION EFFORTS SHOULD…

1. Incorporate a consistent message from multiple groups of people/ organzations (e.g., school, parents, youth, law enforcement, etc.).

2. Be implemented over a period of time and in different ways (e.g., media, education, policy, etc.).

3. Impact the entire community and not just one person.

4. Limit access to prescription drugs (to those who do not legitimately need medication).

COMMUNITY EFFORTS

- Request Use Only As Directed materials to use in community efforts for prescription drug abuse prevention.

- Place articles and opinion editorials in community bulletins, local newpapers, chamber newsletters, etc.

- Post fliers/posters in stores, pharmacies, hospitals, nursing homes, and other locations around town.

- Host and advertise local drug take-back events.

- Set up a booth at a frequented community location (post office, clinic, community center, farmers market, etc.) with information about local take-back programs, if available, and how to safeguard/lock prescription drugs.

- Businesses/realtors should encourage sellers to safeguard/lock prescription drugs when holding open houses or showings and/or provide lock boxes for the seller to store prescription medications during open houses/showings.

A survey evaluating the Use Only As Directed media campaign found that 20% of Utah respondents kept leftover prescription pain medications for cases of emergency. (R&R Partners – Utah Pain Rx Study, Dan Jones & Associates).

PARENTS

TALKING TO YOUTH

- Do not use language suggesting that all teens (or a majority) are abusing prescription drugs.
- Avoid glamorizing or glorifying use, such as linking these drugs to popular celebrities or associating use with benefits such as weight loss and increased energy.
- Avoid using images of people taking these drugs.
- Focus on educating about the safe use of medication (as prescribed).
- Set a good example by never sharing presciption medications with family or friends.

Nationally, 1 in 6 (16%) parents believe that using prescription drugs to get high is safer than using street drugs. More than 1 in 4 teens (27%) share the same belief.

Parents can make a difference: teens who had learned about prescription drugs from their parents or grandparents were up to 42% less likely to abuse prescription drugs than teens who didn't. (Partnership at Drugfree.org. 2012 Partnership Attitude Tracking Study,

TIPS FOR PREVENTION EFFORTS (CONTINUED)

http://bit.ly/11Pw3Sb).

SCHOOLS

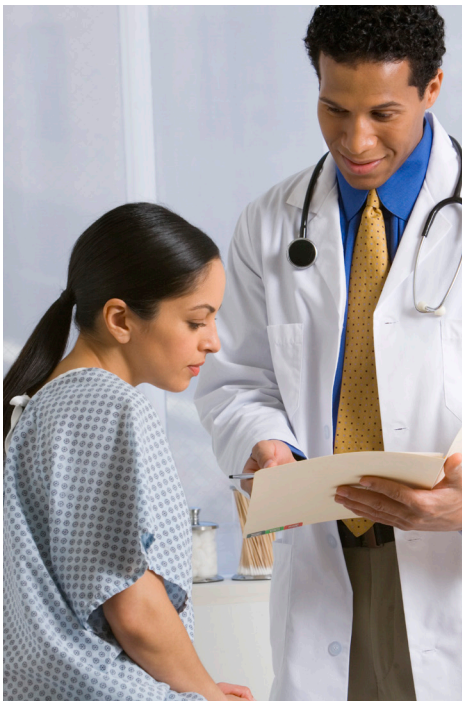
Incorporate substance abuse prevention activities into daily curriculum, such as the Prevention Dimensions curriculum (contact your Safe and Drug-Free Schools or Prevention Specialist).

UTILIZE AWARENESS TOOLS YEAR-ROUND TO EDUCATE STUDENTS AND PARENTS

- Hang posters in your school.
- Distribute information to parents/caregivers.
- Include articles focusing on prescription drug abuse and prevention of prescription drug abuse in school newspapers/newsletters.
- Highlight prevention efforts on your school's website.

EDUCATORS

- Be aware of changes in students.
- Implement awareness programs.
- Get parents involved.
- Get involved in community efforts.



HEALTH CARE

(Including pharmacists, dentists, veterinarians, and other professionals that handle prescription medications)

ACQUIRE INFORMATION

- Utilize Use Only As Directed materials and hang up fliers/posters around your hospital, clinic, pharmacy, etc.
- Provide patients with information about safeguarding their medications.

- Review prescribing practices and encourage continuing education related to prescription drug abuse and responsible prescribing, especially for opioids.

  - Ask patients about their use of prescription drugs.

  - Distribute information to patients and their family members related to prescription drug abuse.

  - Use medication agreement forms that outline the appropriate amount of medications to take, the physician's refill policy, and adverse consequences of prescription drug abuse.

- Purchase lock boxes to sell or give to patients for locking up medications that have a potential for abuse.

- Participate in Utah's Controlled Substance Database for prescription drug monitoring.

- Ensure prescription pads are kept secure to prevent theft.

- Be knowledgeable of and provide information about getting help for substance use disorders to patients and their family members.

- Use the Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain. (http://health.utah.gov/prescription/pdf/guidelines/final.04.09opioidGuidlines.pdf)

LAW ENFORCEMENT

WE NEED YOUR HELP

- Support and advertise local take-back events and drop-off locations.

- Provide training/information to officers on detection of prescription drug abuse.

- Purchase lock boxes to sell or give away to community members for locking up medications that have a potential for abuse.

More than 780,150 pounds of pills were collected nationwide at the DEA National Prescription Drug Take-Back Day event on April 26, 2014.

USE ONLY AS DIRECTED

EVERYONE CAN PRACTICE SAFE USE, STORAGE, AND DISPOSAL OF PRESCRIPTION MEDICATIONS TO PROTECT THEMSELVES AND OTHERS.

SAFE USE

- Never take prescription pain medication that is not prescribed to you.
- Never take your prescription pain medication more often or in higher doses than prescribed.
- Never drink alcoholic beverages while taking prescription pain medications.
- Driving under the influence of alcohol or drugs – which can include legally – prescribed or over-the-counter medications - is not only dangerous, it is illegal.
- Never share your prescription pain medications with anyone.
- Taking prescription pain medications with other depressants, such as sleep aids, anti-anxiety medications, or cold medicine, can be dangerous.
- Tell your health care provider about ALL medicines and supplements you take.

SAFE STORAGE

- Store prescription medications out of reach of children, family, and guests.
- Know where your prescription medications are at all times.
- Keep prescription medications in the original bottle with the label attached.
- Keep track of how many pills are in your bottle so you are aware if any are missing.

SAFE DISPOSAL

- Take steps to dispose of unused or expired prescription medications properly.

- Take your medications to a permanent collection site or a special community take-back event (see page 34 for permanent disposal locations in Weber county).

- If you are unable to utilize a permanent drop-off or attend a take-back event, please use the following guidelines to dispose of medications at home:

  - Take prescriptions out of original containers.

  - Crush and mix all unused drugs with an undesirable substance, such as used (wet) coffee grounds, moist, unused cat litter, spoiled food, flour mixed with a large amount of salt and water to make a paste, or another undesirable substance, put it in a plastic bag and seal it. Wrap it in duct tape or place into another container. If medication is solid, add water to dissolve it and make sure it is thoroughly mixed.

  - Throw container in the trash on the same day that trash is collected.

  - Conceal, remove, and destroy ALL identifying personal information (prescription label) from all medication containers before recycling them (using black permanent marker or duct tape, or by scratching it off).

UTILIZING THE MEDIA

THE MEDIA PLAY AN IMPORTANT ROLE IN GETTING THE WORD OUT ABOUT PREVENTION EFFORTS. PARTNER WITH MEDIA OUTLETS TO PREVENT PRESCRIPTION DRUG ABUSE.

COMPOSE YOUR STORY

You don't have to be a published writer to develop a story that will interest the media, but before you contact the media, you should compose your thoughts about why your story is important – why it will make news.

- Is your effort the first of its kind in your community?
- Do readers want to know if there are individuals in the community who are working on prescription drug abuse? Can others join you?
- Is there a volunteer or youth group working with you whose story would inspire others?

CREATE A MEDIA LIST

Do some research first to find out which reporters cover stories addressing community and health issues. Read articles in the local newspaper and watch the news to help create a list of media contacts that will be helpful in the future.

DRAFT A PRESS RELEASE OR LETTER TO THE EDITOR

- Check the submission guidelines for your local papers.
- Keep the press release to no more than two pages.
- Use quotes from people involved with your event or effort and include data or new information relevant to your community.
- Give exact date, time, and location of event or effort.
- Provide your contact information so the media can call for interviews or clarification.

CONTACT THE MEDIA

At least one week prior to your event, send the approved press release to your media contact list. Follow up with each contact by phone to confirm receipt.

INTERVIEWS

Be prepared! Make sure your message is crafted. Bring relevant data and other information that will be useful.

Always respect reporters' deadlines. Provide reporters copies of your materials with details about your effort/event. Also, be prepared to answer:

- Why are you involved in this effort?
- How can people get involved?
- What do you want the public to know about your event/effort?
- Date, time, location, and other specifics for your event.

THANK REPORTERS

After your story runs, contact reporters and thank them for their time and for sharing your message with the public.

SAMPLE TALKING POINTS

GENERAL

- Prescription drug abuse is a growing problem and we want to make sure we are addressing it in our community.
- The goal of this effort is to create awareness of the problem and encourage individuals to practice safe use, storage, and disposal of unused, unwanted, or expired prescription drugs.
- We can all be involved in this effort. Lock up and monitor your medications.
- The misuse of prescription drugs impacts our families, friends, and community.
- Most individuals who misuse or abuse prescription medications get them from a friend or relative.

LEARN TO SAFEGUARD YOUR MEDICATIONS

- Consider using a lock box or hide medications in a discreet location in your home so they are not easy for others to find.
- Keep track of your medicine. Count how many pills you have at any given time to check for missing pills.
- Don't share your medications under any circumstances. If a family member or friend is injured, instead of "sharing" a pain reliever, make sure he or she sees a health care professional for treatment.
- Keep a low profile. Your medicines are your business. There's no reason to tell people about the medicines you take.
- Properly dispose of old or unused medicines, (see page 25 for proper disposal methods).
- Store your medications in a secure and dry place (not bathrooms).

ADDITIONAL INFORMATION

- Always read and follow the label on any medicine you are taking.
- Prescription drugs are safe to use only at the dose and in the manner in which they are prescribed.
- When taken correctly, prescription and nonprescription (over-the-counter) medications can relieve symptoms and improve overall quality of life.
- There are numerous permanent drop-off sites located at law enforcement agencies in 17 Utah counties.

PRESS RELEASE TEMPLATE

Insert image of agency logo

For Immediate Release:
Insert date (Day of week, month, day, year)
Media Contact:
Insert name of media spokesperson
Insert name of agency
(o) Insert office # (m) Insert mobile phone #

News Release

Utahns Urged to Rid Homes of Leftover Medications

(Insert City, UT) – Utah ranks 8th highest in the nation for drug overdose deaths and a campaign is underway to safely dispose of the kinds of drugs that are killing people. A recent report from the Trust for America's Health shows the majority of overdose deaths involve prescription pain medications – primarily opioids like Oxycontin and Percocet. The (Insert name of agency) is urging Utahns to take advantage of the National Take Back Initiative on Saturday, (Insert date) to clean out medicine cabinets and safely dispose of leftover prescription medications.

In 2012, an average of 21 Utah adults died each month as a result of prescription opioids (12.7 per 100,000 population). Over the past decade, prescription opioids have been responsible for more drug deaths in our state than all other drug categories, including heroin and cocaine, combined. Oxycodone drugs accounted for 52.8 percent of all prescription opioid deaths in 2012, followed by methadone at 21.6 percent.

(Insert quote from agency representative. Example quote: "This is a very real epidemic, and it warrants a strong public health response," said (Insert name of spokesperson and title). "If we use the best lessons learned from other public health and injury prevention success stories and work together, we can curb this crisis.")

A study by Dan Jones & Associates found that in 2012, 20 percent of respondents reported that they definitely had leftover prescription pain medications in their homes. When improperly stored or disposed of, leftover medications can be dangerous.

The National Take Back Initiative is a nationwide event sponsored by the Drug Enforcement Administration to encourage people to properly dispose of leftover

-More-

Page 2 of 2 – Utahns Urged to Rid Homes of Leftover Medications

medications. The (Insert name of agency) encourages anyone with leftover drugs to take them to one of the take back events throughout the state on (Insert date). A list of disposal locations can be found on the Office of Diversion Control's website at http://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html.

In addition, permanent, year-round disposal sites can be found on the Use Only As Directed website at http://useonlyasdirected.org/safe-disposal-drop-off-locator.

Prescription overdose deaths can be prevented. Tips include:

- Never take a prescription pain medication not prescribed to you or take it more often or in higher doses than prescribed.
- Never share your prescription pain medications with anyone.
- Store medications out of reach with the label attached and the child-resistant cap secured.
- Keep track of the number of pills in the bottle so you are immediately aware if any are missing.
- Dispose of all unused and expired prescription pain medications properly.

You can find data on the growing prescription drug overdose problem in Utah at http://health.utah.gov/vipp.

# # #

(Insert agency mission statement)

PSAs SAMPLE

TO DOWNLOAD COPIES OF THE USE ONLY AS DIRECTED CAMPAIGN MATERIALS, VISIT USEONLYASDIRECTED.ORG.

SHARING
can turn good prescriptions into
KILLERS.
USE ONLY AS
DIRECTED

WORLD'S MOST
DANGEROUS LEFTOVERS
Learn proper disposal at UseOnlyAsDirected.org
USE ONLY AS
DIRECTED

THANK YOU FOR BEING
SELFISH
NEVER SHARE PRESCRIPTIONS
USE ONLY AS
DIRECTED

WORLD'S MOST
DANGEROUS LEFTOVERS
Learn proper disposal at UseOnlyAsDirected.org
USE ONLY AS
DIRECTED

OGDEN AREA RESOURCES

OTHER RESOURCES:

- DRUGFREE.ORG
- THEPARENTTOOLKIT.ORG
- TEENS.DRUGABUSE.GOV
- SAMHSA.GOV
- CDC.GOV
- HEALTH.UTAH.GOV/VIPP
- PRESCRIBETOPREVENT.ORG

PERMANENT DROP-OFF SITES
(www.useonlyasdirected.org/drop-off-locator)

FARR WEST CITY BUILDING/WEBER COUNTY SHERIFF SUBSTATION
1896 West 1800 North
Ogden, UT 84404
(801) 731-4187
8:30AM – 4PM, Monday – Thursday
8:30AM – 12PM, Friday

HARRISVILLE CITY BUILDING/HARRISVILLE POLICE DEPARTMENT
363 Independence Blvd
Ogden, UT 84404
(801) 782-9648
8AM – 5PM, Monday – Thursday
8AM – 12PM, Friday

MORGAN COUNTY SHERIFF
48 W Young Street
Morgan UT 84050
(801) 829-0590

NORTH OGDEN POLICE DEPARTMENT
515 East 2600 North
Ogden, UT 84414
(801) 782-7219
8AM – 6PM, Monday
8AM – 5PM, Tuesday – Friday

MARRIOTT-SLATERVILLE CITY BUILDING/WEBER COUNTY SHERIFF SUBSTATION
1570 West 400 North, Ogden, UT 84404
(801) 627-1919
9AM – 5PM, Monday – Thursday

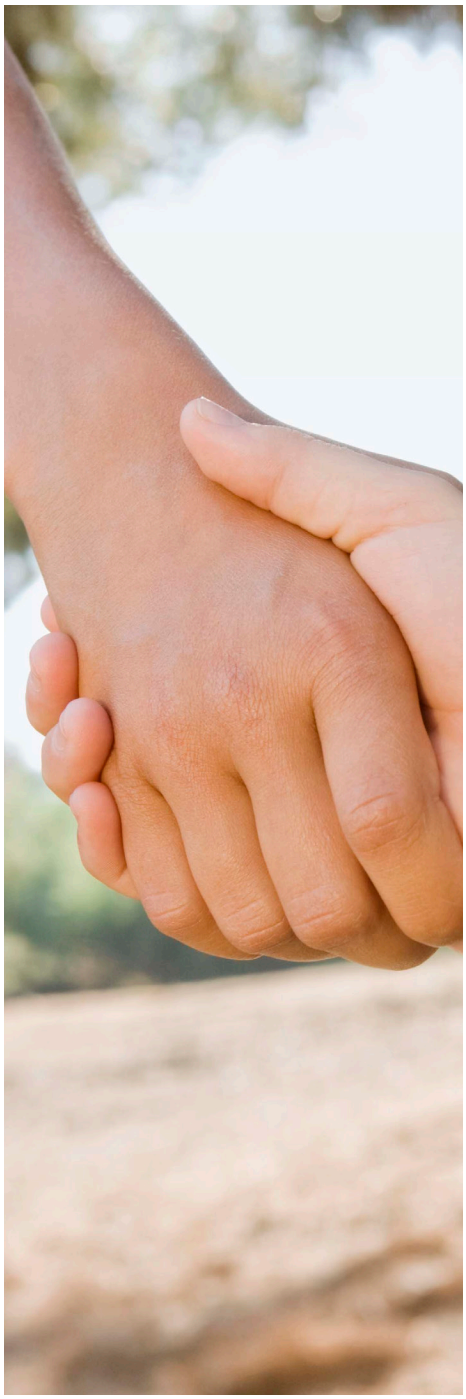
OGDEN CITY POLICE DEPARTMENT
2186 Lincoln Avenue
Ogden, UT, 84401
(801) 629-8221
8AM – 10PM, Daily

RIVERDALE POLICE DEPARTMENT
4580 S. Weber River Drive
Riverdale, UT 84405
(801)394-6616
8AM-5PM, Monday – Friday

ROY POLICE DEPARTMENT
5051 South 1900 West
Roy, UT 84067
(801) 774-1010
8AM – 5PM, Monday – Friday

SOUTH OGDEN POLICE DEPARTMENT
3950 South Adams Avenue #1
South Ogden, UT 84403
(801) 622-2800
8AM – 5PM, Monday – Friday

WEBER COUNTY SHERIFF'S DEPARTMENT
721 W 12th Street
Ogden, UT, 84404
(801) 778-6600
8AM – 5PM, Monday – Friday



OGDEN AREA RESOURCES (CONTINUED)

OTHER RESOURCES:

- DRUGFREE.ORG
- THEPARENTTOOLKIT.ORG
- TEENS.DRUGABUSE.GOV
- SAMHSA.GOV
- CDC.GOV
- HEALTH.UTAH.GOV/VIPP
- PRESCRIBETOPREVENT.ORG

SUBSTANCE ABUSE PREVENTION COORDINATOR

Weber Human Services
237 26th Street
Ogden, UT 84401
Phone: (801) 625-3679
Fax: (801) 778-6827

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH (DSAMH)

195 North 1950 West
Salt Lake City, UT, 84116
Phone: (801) 538-3939
Fax: (801) 538-9892
Email: dsamh@utah.gov
Website: dsamh.utah.gov

TREATMENT

MCKAY-DEE HOSPITAL

4401 Harrison Blvd.
Ogden, UT, 84403
(810) 387-2800
Website: intermountainhealthcare.org

OGDEN REGIONAL MEDICAL CENTER

5475 Adams Ave. Pkwy
Ogden, UT, 84405
(801) 479-2111
Website: ogdenregional.com

OGDEN VA OUTPATIENT CLINIC

982 Chambers St.
Ogden, UT, 84403
(801) 479-4105

UTAH POISON CONTROL CENTER
1-800-222-1222
Website: poisoncontrol.utah.edu

WEBER HUMAN SERVICES
237 26th St.
Ogden, UT, 84401
(801) 625-3700
Email: contactWHS@weberhs.org
Website: weberhs.org

WEBER-MORGAN HEALTH DEPARTMENT
477 23rd St.
Ogden, UT, 84401
(801) 399-7100
Website: webermorganhealth.org

UTAH PHARMACEUTICAL DRUG CRIME PROJECT (UPDCP)

In 2009, the Utah Pharmaceutical Drug Crime Project (UPDCP) was convened to address the growing problem of prescription drug abuse in Utah. A public-private, multidisciplinary partnership, UPDCP involves over 20 local, state and federal experts in the fields of substance abuse prevention and treatment, law enforcement, environmental quality, medicine, human services, the judiciary and public health, as well as legislators and prosecutors.

WHAT CAN YOU DO?

FOR MORE INFORMATION ON PRESCRIPTION DRUG ABUSE PREVENTION IN UTAH, GO TO USEONLYASDIRECTED.ORG OR HEALTH.UTAH.GOV/VIPP

RECOGNIZE WARNING SIGNS OF OPIOID OVERDOSE

CALL 9-1-1 OR SEEK IMMEDIATE HELP FROM A MEDICAL PROVIDER WHEN YOU HEAR OR SEE ANY ONE OF THESE BEHAVIORS:

- Face is extremely pale and/or clammy to the touch
- Body is limp
- Fingernails or lips have a blue or purple cast
- The patient is vomiting or making gurgling noises
- He or she cannot be awakened from sleep or is unable to speak
- Breathing and/or heartbeat are very slow or stopped

SIGNS OF OVERMEDICATION, WHICH MAY PROGRESS TO AN OVERDOSE, INCLUDE:

- Unusual sleepiness/drowsiness
- Mental confusion, slurred speech, intoxicated behavior
- Pinpoint pupils
- Slow heartbeat, low blood pressure

REFER TO HELP [18]

Seek help for prescription drug abuse by contacting a substance abuse treatment professional or calling 1-800-662-HELP for a referral should you recognize any of the following behaviors:

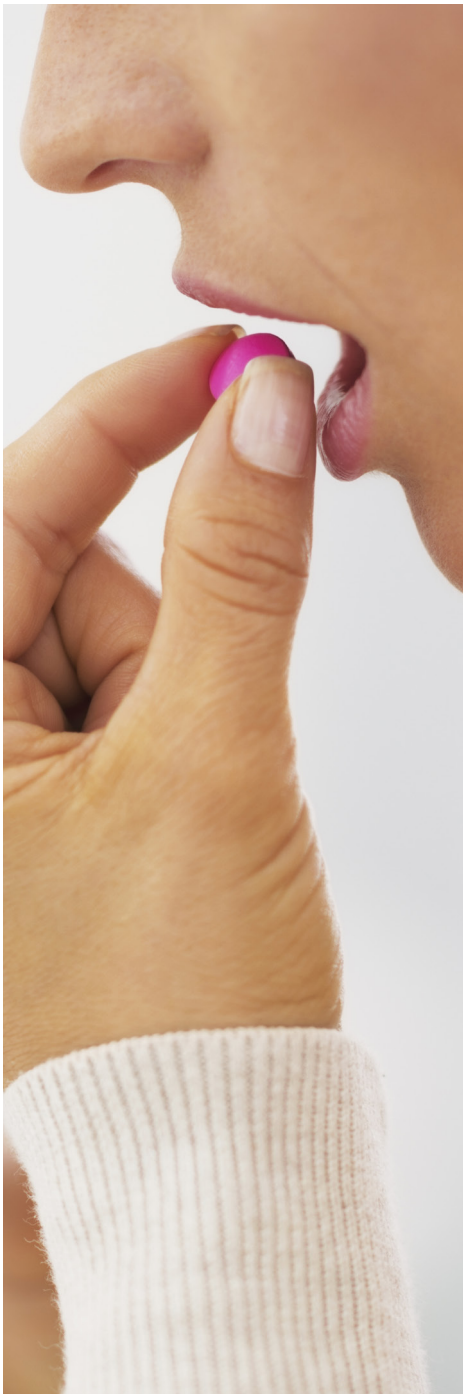
- Sudden changes in personality, behavior (mood swings), or physical appearance (e.g., weight loss, poor hygiene)
- Increase or decrease in sleep

- Poor decision-making
- Appearing to be high, unusually energetic or revved up, or sedated
- Frequently asking others for money or sudden financial difficulties with no apparent cause
- Social withdrawal, moodiness, irritability, paranoia, defensiveness, aggression
- Poor work performance: calling in sick, leaving early, failure to complete tasks
- Poor physical health, tooth deterioration
- Stealing, forging, or selling prescriptions
- Taking higher doses than prescribed
- Continually "losing" prescription, so more prescriptions must be written
- Seeking prescriptions from more than one doctor

For help finding treatment, visit findtreatment.samhsa.gov.

KNOW THE FACTS [19]

- Utah ranks 8th in the nation for drug overdose deaths.
- Improper use of prescription pain medications has been responsible for more drug deaths in Utah than all other drug categories.
- Prescription opioid deaths have outnumbered motor vehicle crash deaths since 2007.
- 73.3% of individuals who died from a prescription pain medication overdose also had a sustance abuse problem.



NALOXONE (NARCAN®)

FOR MORE INFORMATION ON NALOXONE VISIT:

- PRESCRIBETOPREVENT.ORG
- DRUGPOLICY.ORG
- PROJECTLAZARUS.ORG
- LEARN2COPE.ORG

IN 2014, THE UTAH STATE LEGISLATURE PASSED TWO BILLS TO HELP REDUCE THE NUMBER OF PRESCRIPTION DRUG OVERDOSES.

- H.B. 11 Overdose Reporting Amendments is also known as the "Good Samaritan" law. It enables bystanders to report an overdose without fearing criminal prosecution for illegal possession of a controlled substance or illicit drug.

- H.B. 119 Emergency Administration of Opiate Antagonist Act permits physicians to prescribe naloxone (an opioid "antidote" or rescue medication) to third parties and permits these individuals to administer the medication without legal liability. A third party is someone who is usually a caregiver to a person at risk for an overdose.

WHAT IS NALOXONE?

NALOXONE (NARCAN®) IS A DRUG THAT CAN REVERSE OPIOID OVERDOSES. Naloxone is an inexpensive, fast-acting drug that, when administered during an opioid overdose, blocks the effects of opiates (oxycodone, morphine, heroin, etc.) on the brain and restores breathing within two to three minutes of administration.

THERE IS NO POTENTIAL FOR ABUSE AND SIDE EFFECTS ARE RARE. You cannot get "high" from using naloxone, so it has no potential for misuse.

IT IS LEGAL AND FDA-APPROVED and has been used in the U.S. and throughout the world to treat opioid overdoses. Since 1996, states with programs that distribute naloxone report more than 10,000 successful overdose reversals.

For decades, naloxone has been used in ambulances and hospitals to treat opioid overdoses. In 1996, the first take-home naloxone distribution programs were established. Now, more drug-users, pain patients, bystanders, and nonmedical first responders have access to naloxone to prevent overdoses.

HOW IS NALOXONE ADMINISTERED?

There are two types of naloxone formulations available. Intra-muscular injection is cheaper and involves using a needle syringe. Intra-nasal spray is as effective as intra-muscular injection but can sometimes be hard to get at pharmacies. Talk to your pharmacist about which type of naloxone is available to you.

HOW DO I GET NALOXONE?

IF YOU ARE AT RISK FOR AN OPIOID OVERDOSE OR CARE FOR SOMEONE WHO IS AT RISK, TALK TO YOUR DOCTOR OR PHARMACIST about how to get a prescription for naloxone. Most private health insurers, Medicare, and Medicaid cover naloxone prescriptions.

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[4] Substance Abuse and Mental Health Services Administration. Highlights of the 2011 Drug Abuse Warning Network (DAWN) findings on drug-related emergency department visits. The DAWN Report. Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration; 2013. Available from URL:http://www.samhsa.gov/data/2k13/DAWN127/sr127-DAWN-highlights.htm.

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PRESCRIPTION DRUG ABUSE PREVENTION TOOLKIT

DOWNTOWN OGDEN UTAH SMALL AREA

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