



Department of Criminal Justice

**FINAL REPORT ON THE RENO POLICE DEPARTMENT'S
SMART POLICING INITIATIVE TO REDUCE PRESCRIPTION DRUG ABUSE**

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(Special thanks to research assistants Svetlana Brovko and Jessie Huff for their hard work on this project)

EXECUTIVE SUMMARY

- Reno's SPI involved educating the medical community, students, and parents about the harms of prescription drug abuse
- The effort also focused on removing old prescription pills from circulation by partaking in drug take back programs and installing permanent drop off boxes in select areas of the city
- Law enforcement personnel were trained to recognize prescription drugs
- Some law enforcement personnel were dedicated to investigating prescription fraud cases
- Relationships between agencies affected by the problem were formalized and are being sustained
- Student surveys show that students are aware of prescription drug problem
- 15% of students surveyed reported taking prescription drugs that were not theirs.
- Students reported taking the drugs from their homes (32%) and friends' homes (28%).
- 34% of youths who reported not taking drugs reported taking prescription drugs that were not theirs. This demonstrates that they do not consider prescription drugs as being in the same category as illicit drugs
- Showing students video on harms of prescription drugs had mixed effects. While experimental and control group both showed changes in perception of harm, the change was greatest in students who had previously experimented with prescription drugs. In short, the message reached the desired population.
- Students found video on harms of prescription drugs interesting and considered it a useful tool to reduce prescription drug use among youths.
- Over 80% of parents had never heard of drug take back programs before this project
- 40% of parents thought that there was enough information to warn kids about prescription drug abuse
- Over 80% of parents thought there should be education about prescription drugs in schools.
- Over 350 medical professionals attended training concerning prescription drug abuse
- 92% of medical professionals found the training sessions informative and helpful to reduce prescription drug abuse.
- Only 43% of medical professionals reported having been personally trained to recognize drug seeking behaviors of customers/patients

- 70% of medical professionals stated they would adopt different practices to help reduce prescription drug abuse
- 11 drug take back events collected over 1,200,000 unused prescription pills
- Opiates and depressants made up 14% of the collected pills
- Permanent drop boxes collected 23 pounds of pills in two month period
- Over 100,000 stickers with information on safe storage of prescription drugs handed out to local pharmacies (to be placed on customer bags)
- Over study period, approximately 2% of police incidents were prescription drug related
- 14% of drug arrests were prescription drug related
- 40% of prescription drug arrests involved pain pills
- There were 14,000,000+ prescriptions filled out yielding a total of 1,071,677,298 pills over the 44 month study period
- Almost 50% of all prescriptions were for pain medications (oxycodone, etc.)
- The majority of physicians (75%) across the state prescribed between 1-100 prescriptions during study period
- However, six doctors filled out over 50,000 prescriptions for pain medications
- Physicians who attended training sessions prescribed 17% less pills compared to the 3% decrease in the comparison group
- Training also had impact on physicians called “heavy hitters” with an average 20% decrease in number of pills prescribed.
- There are too few emergency room admissions to determine effect on hospital intake numbers.
- Reno Police Department leadership is committed to SPI principles due to paralleling of promotions with grant progression
- SPI principles have been integrated in several aspects of the RPD operations
- Several projects have grown from SPI experience that involve RPD and research partner
- SPI project may be over in terms of a “grant funded operation”, but infrastructure created by the grant continues to this day (collaborations, education, inter-agency partnerships)

TARGETED PROBLEM

Statement of the Problem

Prescription drug abuse has become a serious drug problem across the country. While traditional street drugs such as cocaine, heroin, or methamphetamine have a negative social stigma attached to them, it appears that the problem in fighting prescription drug abuse is that the abusers do not consider these colored and shiny pills coming from a bottle to be toxic and dangerous. Over the last few years, there have been several high-profile cases of people dying from prescription drug overdoses, but many more have succumbed to the very addicting effects of prescription drugs. Our nation is facing a startling epidemic: the new drug of choice for today is something that does not have to be purchased from a drug dealer on the street – it can simply be accessed in the family medicine cabinet. The abuse of prescription drugs is now growing faster than any other drug problem in our country and due to the false belief that these drugs are safer to abuse than illicit drugs because they originated from a doctor, one third of teens believe that there is “nothing wrong” with using prescription medicines without a prescription once in a while.ⁱ Adding to this problem is the accessibility of prescription drugs. More than 3 in 5 teens report that the reason they abuse prescription pain relievers is that they are easy to get from parents’ medicine cabinets.ⁱⁱ A recent nationwide study showed that one half of the nonmedical users of prescription drugs got the drugs they most recently used “from a friend or relative for free,” and of those, 79.4% reported that the friend or relative obtained the drugs from just one doctor.ⁱⁱⁱ

The prescription drug abuse epidemic is not only rampant, but deadly. The Centers for Disease Control recently reported that one person dies from prescription drug abuse every 19 minutes in the United States.^{iv} Additionally, the CDC reports that for every unintentional overdose death linked to opioids, nine people are admitted for substance abuse treatment, 35

people go to the emergency room, 161 report drug abuse or dependence, and 461 report non-medical uses of opioids.^v Medications that were intended to alleviate suffering are being diverted, overused and abused, and it is costing lives.

Prescription drug abuse is widespread across the country, and Nevada has not been spared. According to the National Survey on Drug Use and Health, Nevada ranks highest in the nation for prevalence of persons aged 26 or older who had used a prescription psychotherapeutic drug non-medically in the previous year – Nevada’s rate was 6.7% compared to a national average of 4.4%.^{vi} In Nevada, admissions to treatment in which prescription drug abuse was identified as a drug of choice increased 49% between 2007 and 2008.^{vii}

The prescription drug problem is a unique one. These are not drugs that are being manufactured illicitly in foreign countries, smuggled into the United States, and sold by drug dealers on street corners – these are drugs that originate from a physician. Therefore, the medical community holds a great deal of power to affect positive change in this area. Because so many teens report that they abuse prescription drugs due to their ease of access, a huge difference can be made by limiting the supply of prescription drugs. Stricter prescribing and fraud-prevention practices can drastically lower the amount of prescription drugs available for abuse.

Prescription drugs also present an interesting convergence between legal drugs and the illicit drug markets. Due to their highly addictive properties, opiate-based prescription drugs have been linked to a revival of the illicit heroin market. The sequence of events is simple. A patient suffers some type of injury, they seek medical attention at a local physician’s office, and upon a quick consultation, they are sent home with a large dose of

prescribed opiate-based medication. The patient, under doctor's orders, takes the prescribed medication, and in short time, becomes addicted to the pain pills. Many times, the patient will have the prescription refilled in order to prolong the effect of the medication. Once the medication runs out and the patient has no more legal avenues to obtain these strong pain pills, they turn to the illicit drug market, and rely on heroin to provide their opiate fix. The resurgence of heroin's popularity has been linked to pain pills as opioid pain medications such as OxyContin and Vicodin, when taken over time, have similar effects as heroin.

Nearly half of young people who inject heroin report abusing prescription medications before starting heroin.¹ Therefore, the problem of prescription drugs does not begin and end at the doctor's office - its impact are wide-ranging, and successful interventions need to realize how widespread this problem is, and the secondary or even tertiary problems it can create. In 2011, the White House and the Office of National Drug Control Policy (ONDCP) declared prescription drug abuse as an "epidemic"². As a response, the ONDCP offered a national prevention plan, which included education, monitoring, proper medication disposal, and enforcement. The Smart Policing Initiative project implemented interventions that focused on all of these components.

Prescription Drug Diversion

Individuals can obtain prescription drugs illegally by employing several means. The first is by engaging in "doctor shopping", whereby a person will visit several doctors in the hopes of obtaining multiple prescriptions. Doctor shopping implies going to multiple

¹ <http://www.drugabuse.gov/publications/drugfacts/heroin>; <http://www.cnn.com/2014/02/02/us/heroin-use-rising/>

² <http://www.whitehouse.gov/ondcp/prescription-drug-abuse>

doctors, emergency rooms, and pharmacies and people who doctor shop fake their condition and symptoms or earn trust and sympathy to receive multiple prescriptions. Other methods include claiming to be out of town and forgetting prescription drugs or losing drugs from a legitimate prescription. With several prescriptions in hand, the abuser then visits several pharmacies to have them filled out. Visiting several different pharmacies reduces the risk of detection as distracted pharmacists will not check to see how many prescriptions have been filled for this particular individual in the recent past. Truly motivated offenders will engage in counterfeiting schemes and prescription fraud whereby they either steal or reproduce a medical professional's prescription pad and obtain prescription drugs with this fraudulent instrument by essentially "writing their own prescriptions". Some users have been known to take up employment in a doctor's office, learning the routine for calling in patient prescriptions, and then fraudulently calling in their own prescriptions or creating false ones for relatives or associates. Finally, there are the smash and grab types, the thieves who engage in pharmacy burglaries, or robberies where physical force is used to obtain the prescription drugs held behind the counters. For a detailed description of prescription fraud, readers should refer to the informative guide published by the COPS office entitled "Prescription Fraud" as authors Julie Wartell and Nancy Lavigne clearly illustrate the nature of this crime, the type of offenders involved, and some of the effective prevention strategies. Below are a few stories that made headlines recently and they exemplify the nature of prescription drug abuse.

ELKO DAILY FREE PRESS

A new scourge: Prescription drug abuse on the rise among teens

By **JARED DuBACH** - Staff Writer | Posted: Monday, November 17, 2008 10:00 pm

They're easier to get hold of than virtually any other drug, and if abused they can be just as deadly.

Prescription drugs, although under federal regulation, are the primary drug of choice for teens.

Doug Fisher, a deputy and canine handler with the Elko County Sheriff's Office, said he has found through his discussions with teens that prescription drugs and marijuana are the two most abused substances among them. Methamphetamine, which has been the focus of major anti-drug campaigns, is much further down the line of abuse. This matches national trends.

What's more, overdose deaths among both teens and adults are on the rise.

The drugs in question are painkillers, tranquilizers and stimulants.

Popular painkillers include oxycodone, hydrocodone (Vicodin and Lortab), fentanyl and methadone. Methadone, although archaic to many, is commonly prescribed under the name Dolophine. Once used to wean heroin addicts off the illicit drug, it is increasingly being prescribed as a painkiller.

Tranquilizers include the popular drugs Xanax and Valium, and one of the most commonly abused stimulants is Ritalin.

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MARLENE

October 14, 2011

Baby Boy Dies; Was Given Pills as a Toy

By THE NEW YORK TIMES

A 13-month-old boy died after he apparently swallowed pills from a bottle of prescription drugs that his parents had given him to play with as a rattle, the authorities said on Friday.

The boy, Edwin Perocier Jr., was put in his crib in his parents' apartment, on Southern Boulevard near 156th Street, in the Bronx, about 9 p.m. on Thursday, a law enforcement official said.

One or both of the parents, Edwin Perocier, 44, and Zoraiva Santiago, 22, gave the child a bottle of Suboxone that belonged to Mr. Perocier, the official said. The medication is used to treat people who are addicted to illegal or prescription opioid drugs.

A short time later, Ms. Santiago went to check on Edwin and found the bottle open. Some of the pills had fallen out and one of them was wet. Ms. Santiago took the pills away, gave the child a bottle of milk, and went to sleep, a law enforcement official said.

At 7:45 a.m. Friday, the parents awoke and found Edwin unconscious in his crib. They called 911, and Edwin was taken to Lincoln Medical and Mental Health Center, where he was pronounced dead on arrival.


No charges had been filed as of Friday night, a police official said.


Ms. Santiago's 4-year-old daughter was taken into custody by the Administration for Children's Services, according to a law enforcement official.

Published: June 26, 2012 Updated: 3:14 p.m.

Doctor faces murder trial in overdose deaths

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By LINDA DEUTSCH / The Associated Press

LOS ANGELES – A doctor accused of prescribing painkillers to three young men who died was ordered Tuesday to stand trial for second degree murder in the overdose deaths.

The decision by Superior Court Judge M.L. Villar de Longoria came after a three-week preliminary hearing.



Lisa Tseng, then 40, a general osteopath whose full name is Hsiu-Ying Lisa Tseng, is shown in this Aug. 24, 2010, file photo. She has been ordered to stand trial on second-degree murder charges in the overdose deaths of three men.

IRFAN KHAN, LOS ANGELES TIMES

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Dr. Hsui-Ying "Lisa" Tseng is one of only a handful of doctors nationwide to be charged with murder related to prescription drugs.

Tseng was portrayed at a preliminary hearing as the go-to doctor for people seeking drugs. Young men told of coming to Tseng after using up prescriptions from other physicians. A few testified under grants of immunity.

There was testimony about a total of 12 of Tseng's patients who died of drug overdoses. Only three deaths were charged by prosecutors as solely caused by her prescriptions.

Some patients acknowledged using illegal drugs such as heroin which they did not get from Tseng.

She was charged with prescribing Xanax, oxycodone, methadone, Soma and other drugs.

Authorities allege that Tseng, who with her husband operated a storefront medical clinic in Rowland Heights, wrote more than 27,000 prescriptions over a three-year period.

She has pleaded not guilty to 24 felony counts and could face 45 years to life in prison if convicted on all charges.

ABC NEWS

Drug Deaths Exceed Traffic Deaths

By KATIE MOISSE

Drugs now kill more people than motor vehicle accidents in the U.S. -- a monumental shift that reflects gains in road safety amid a troubling rise in prescription drug abuse.

Drug overdoses and brain damage linked to long-term drug abuse killed an estimated 37,485 people in 2009, the latest year for which preliminary data are available, surpassing the toll of traffic accidents by 1,201. And the number is likely to rise as the U.S. Centers for Disease Control and Prevention prepares to release its official statistics in December.

Dr. Leonard Paulozzi, medical epidemiologist at the CDC's division of unintentional injury prevention, said prescription drugs were driving up the death toll.

"There has been a dramatic increase in use of prescription drugs as physicians have become more liberal in prescribing them," said Paulozzi, adding that the bulk of drug-related deaths stem from accidental opioid painkiller overdoses. "And with the decrease in the motor vehicle crash mortality rate, drug-induced deaths have now passed motor vehicle crash deaths."

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June 15, 2011

Drug Is Harder to Abuse, but Users Persevere

By ABBY GOODNOUGH and KATIE ZEJIMA

BROCKTON, Mass. — Michael Capece had been snorting OxyContin for five years when a new version of the drug, intended to deter such abuse, hit the market last summer. The reformulated pills are harder to crush, turning instead into a gummy substance that cannot be easily snorted, injected or chewed.

Instructed by his dealer, Mr. Capece, 21, tried microwaving one of the new pills, then sniffing up the burnt remains. Other addicts have tried to defeat the new formula by freezing, baking or soaking the pills in solvents ranging from soda to acetone. Many are ending up frustrated.

"It's too much work," said Mr. Capece who entered a rehab program here last month. "It wasn't anything I enjoyed."

A powerful narcotic meant for cancer patients and others with searing pain, OxyContin is designed to slowly release its active ingredient, oxycodone, over 12 hours. But after it was introduced in 1996, drug abusers quickly discovered that chewing an OxyContin tablet — or crushing one and snorting the powder, or injecting it with a needle — produced an instant high as powerful as heroin. It has been blamed for waves of addiction that have ravaged certain regions of the country, and has been a factor in many overdose deaths.

Purdue Pharma, the maker of OxyContin, may have succeeded for now in reducing illicit demand for its reformulated drug. But in several dozen interviews over the last few months, drug abuse experts, law enforcement officials and addicts said the reformulation had only driven up interest for other narcotics.

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Descendants
COMING SOON

May 6, 2011

Not Far From the Pharmacy, a Different Sort of Drug Deal

By MICHAEL WILSON

The universal, not-so-secret password of the drug deal: "What you got, man?"

Only, in a twist on drug deals and, perhaps, health care reform and the law of supply and demand, the question plays out in reverse on a few busy blocks of Washington Heights.

All day, every day, at the top of the steps of the uptown No. 1 train station at 157th Street and Broadway, the "dealer" is the person asking the question, and the person he is asking is you, if you're carrying any sort of bag from a drug store. The dealer is not interested in drugs like cocaine, heroin or marijuana. The dealer wants to talk about Oxycontin and Percocet and, increasingly, the pills that make up the cocktail that combats H.I.V.

Here is how it works:

"These guys come out at 9:30 or 10 in the morning and step out with a cup of coffee and a doughnut like they're going to a real job," said a 59-year-old resident who, despite a long enough history of complaining to the authorities to qualify him as a gadfly, declined to give his name for fear of reprisal from the dealers.

A person with a bag from a drugstore finds himself — perhaps unintentionally, perhaps not — walking a gantlet of sharp-eyed young men outside the station. "They're all over you like crazy," said a longtime building superintendent in the area, again unidentified.

It doesn't matter what is in the bag. "You've got a little lunch in your hand," the gadfly said. "They're approaching you to see if you want to sell your old prescription products."

theguardian

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Pharmageddon: how America got hooked on killer prescription drugs

White House declares prescription drug abuse in US 'alarming' as thousands flock to Florida — the home of oxycodone pill mills



Ed Pilkington in Palm Beach
guardian.co.uk, Thursday 9 June 2011 15:03 EDT

[A larger image.](#)



A man protests against pill mills in Fort Lauderdale. 98% of doctors who prescribe oxycodone work in Florida, and America travels far to get the drug — many arriving on the 'Oxycodone Express'. Photograph: Alan Diaz/AP

The Kentucky number plate on Chad's pick-up truck, parked round the back of a doctor's clinic in Palm Beach, Florida, reveals that he has just driven a thousand miles, 16 hours overnight, to be here — and he's not come for the surfing.

"It's my back," he says, rubbing his lower vertebrae. "I'm a builder. I fell off the roof and hurt my back."

That's odd, as we have just watched him run out of the clinic and over to his truck without so much as a limp. He's clutching a prescription for 180 30mg doses of the painkiller oxycodone.

Local Problem Statement

In the spring of 2009, a local Reno couple reached out to Join Together Northern Nevada (a non-profit substance abuse coalition) and the Reno Police Department seeking help. Their 15-year old son, Austin, had recently died of an overdose of prescription pain medications, and they wanted to know what could be done to educate the public about this problem and to prevent it from occurring again. The Reno Police Department began analyzing data to gain perspective on the scope of the prescription drug abuse program locally. As a result of these findings, the Reno Police Department designed a program and applied for funding to implement it. The proposal was funded through a federal grant, the Bureau of Justice Assistance's Smart Policing Initiative (SPI). Initially, this was a two-year project, but the Reno SPI was selected as one of three sites to receive supplemental funding for an additional two years. This multi-faceted program was designed to prevent prescription drug abuse, by reducing access to pills and through varied educational efforts. The abuse of prescription drugs is our nation's fastest-growing drug problem, and one of the primary reasons is the availability of prescription drugs. This program utilized cooperative relationships between law enforcement and many other agencies, such as non-profit coalitions, pharmacies, physicians, school district personnel, and others. The primary goals of the program were: to decrease the availability of prescription drugs, educate healthcare professionals and the public about the dangers of prescription drug abuse, and enforce related laws to reduce prescription drug fraud and diversion. While it was initially difficult to accurately measure the exact level of the prescription drug problem in Northern Nevada, this effort was proactive in that it addressed a social harm before it was out of control. In addition, this program raised awareness of the prescription drug problem in the law enforcement community. In the past, police officers would not pay much attention to pills

they would encounter during routine stops, but now officers are much more aware of the importance of reporting and recording incidents that involve the illegitimate use of prescription pills.

Participants and Organization of the Grant

The street enforcement team unit was the specific entity within the police department to be assigned the responsibility to administer and carry out this grant. Within this unit, there are sworn supervisors (Sergeants and Lieutenants) and a handful of detectives who carry out operational directives. There is also a civilian project administrator in charge of conceptualizing, writing, and implementing all of the grant activity coming through the SET office. This civilian administrator was a key component in the success of this grant in that she was able to be a liaison between the police department, community agencies, stakeholders and other community leaders. Also, there was the research partnership with the local university, the University of Nevada, Reno. This relationship allowed for the exchange of ideas and fruitful data collection efforts as both entities were able to provide crucial parts of the data puzzle. The police department made contact with agencies, administered surveys and collected the data, while the research entity analyzed the data, and tabulated it to provide meaningful results. In addition to the SPI meetings held annually, the grant participants traveled to several conferences over the last four years to discuss and partake in research and operational conferences. One of these conferences was the Problem Oriented Policing meeting (POP) where grant participants were invited to discuss the project and some of the preliminary results. These conferences are a good example of the collaboration between operational and research entities, and all grant participants benefited from interacting with practitioners and researchers alike.

Description of the Street Enforcement Team (SET)

The Street Enforcement Team (SET) is a specialized narcotics team comprised of 10 detectives and 2 supervisors, with members from different local law enforcement agencies. The Sparks Police Department and the University of Nevada, Reno Police Department usually contribute officers to be part of SET, with the remaining officers being from the Reno Police Department. SET headquarters is located at the Reno Police Department main station on 2nd Street in the downtown district. Street level narcotics and prostitution operations that occur throughout Washoe County are SET's main responsibilities, although they assist with related operations in all aforementioned agencies as well the Washoe County Sheriff's Office, Drug Enforcement Administration (DEA), FBI, or the Bureau of Alcohol, Tobacco, Firearms, and explosives (ATF) when needed (City of Reno, 2009). SET's hours of operation differ from typical day, swing, and graveyard shifts of traditional police officers. Shifts are Monday through Friday from 1p.m. to 11p.m. however, occasionally officers work over-time into the early morning hours or even on weekends. SET members typically work in plain clothes, and are encouraged to take on their desired appearance in order to fit in better on the street with their target population. While SET members once appeared as clean cut officers, they now adorn long hair, ponytails, scruffy beards, and grungy clothing. Confidential informants (CI) also play a large role in SET's operations by giving them many leads - acquiring information from an insider on the street can often lead to breakthroughs in other cases and even to the arrest of a key player in a drug market. Arrestees usually take on the role of a CI in exchange for a lesser criminal charge. The use of confidential informants in this type of police work is common as those that routinely come into contact with the police usually have information regarding illicit activities in a given area. This also allows the team

to gain new inside information regarding characteristics of the drug markets: what drugs are most frequently being sold, which ones are used most frequently, where is 'business' is being conducted, and are drugs coming from different cities or states, and so forth. For SET, these CI's are oftentimes prostitutes, a population with higher risk for drug use and dependence, who at times exchange sex for drugs. For example, when an individual is arrested for prostitution and drug possession, a suspect may have their charges reduced by the prosecuting attorney if they have helpful information regarding a major seller in the Reno drug market. Additionally, those arrested for minor drug charges, public intoxication, or disturbing the peace can also be offered some sort of deal if they can provide useful information on other ongoing investigations.

COMMUNITY OUTREACH AND COLLABORATION

An integral component of the Smart Policing Initiative is to invite different stakeholders at the problem-solving table. Through outreach and collaboration, a variety of agencies concerned by a problem can come together and offer input to arrive at solutions that may not have been considered otherwise. With the prescription drug abuse SPI project, the Reno Police Department was very lucky to have a dedicated civilian drug abuse prevention coordinator oversee much of the grant implementation. In that capacity, this coordinator sought out and created lasting relationships with numerous agencies and organizations that were affected by the prescription drug problem. Because of her success in this community outreach and collaborative effort, the following section is her description of the strategies she employed to create and maintain these important relationships.

Perhaps the most critical component of the Reno SPI program was external partnerships, and for this reason we felt it was vital to expand on this concept. As the Program Coordinator, it was my responsibility to oversee this component of the project. In this section I will elaborate on the specifics of how these partnerships were created and maintained, as well as recommendations for other departments.

Creating and Sustaining Partnerships

In the process of reaching out to non-law enforcement partners, the first step will be to identify potential partners in the community. Which organizations, groups and agencies are most relevant will vary depending upon the focus and goals of the project. A helpful place to begin is to think through the facets of the problem that you are trying to address, and ask certain questions about that problem:

What are the root causes of this problem?

For example, our project focused on youth substance abuse (prescription drug abuse in particular). In the realm of youth substance abuse, many different root causes exist, and many can be identified by looking at risk factors. These include (among others): family history of drug use, lack of adequate supervision of the child, history of trauma or victimization, and low perception of harm. Some of these root causes, such as low perception of harm, were feasible for us to address within the scope of our project, and others were not. In any case, these root causes are extremely helpful in identifying potential partners. The next step is to identify which of the identified possible root causes can be impacted by law enforcement efforts, and which cannot. For those that cannot be impacted by enforcement efforts – and in virtually every crime problem, these will exist – the next question is, what sectors/groups *can* have an impact on this root cause? For example, when it comes to history of trauma or victimization as a root cause for youth substance abuse, enforcement actions would not be the appropriate response. This is a root cause which will require partnership with the areas of social services and mental health.

Who else is affected by the target problem?

Rarely are law enforcement agencies seeking to solve problems which have little to no impact on the community as a whole. In nearly every instance, many more individuals beyond the direct victims are impacted. Thinking through who else is negatively affected by this problem can lead you to find potential partners, because groups and individuals who feel those negative effects will be more likely to want to pitch in to the problem solving efforts. This being said, it is important to note that in some cases, affected groups/individuals will be unaware that they are impacted by the

problem or issue. These instances will require a thorough and creative analysis of the problem, to identify tangential impacts made on a particular group, as well as tangential benefits for them in partnering to solve the problem. In the Reno SPI project, for example, some physicians were initially unaware that they were being directly impacted by the prescription drug abuse epidemic. They acknowledged the instances that they encountered “patients” who were obviously drug seeking, but beyond that did not always see the direct negative impact on them as individuals. As one component of our program, we pointed out to physicians (using case examples) that if they are not diligent, they can be victimized by individuals committing prescription fraud, and prescriptions may be filled under their name without their knowledge. While it is only a small component of the prescription drug abuse epidemic, and not necessarily the one that leads to the most widespread abuse of prescription drugs (especially among youth), this angle seemed to resonate with the physicians and motivated them to pay closer attention to ensure that they were not becoming victims themselves.

What sectors and organizations are in a position to help, even if they are not directly harmed by the problem?

In the realm of prescription drug abuse, one organization which has proven beneficial to partner with has been the Retail Association of Nevada, which represents retail pharmacies in the state. This is a higher level organization which would not have necessarily been identified as feeling the negative impacts of the prescription drug abuse issue, but was in a position to assist with outreach to, and education of, pharmacists, as well as funding components of educational events. In many cases, these

types of organizations can accomplish certain tasks more effectively than law enforcement could.

Beginning a new conversation about partnership can be a challenging endeavor. One way that the Reno SPI helped this process along was by looking at existing external partnerships. The Reno Police Department was fortunate to have an existing relationship with a local substance abuse coalition, Join Together Northern Nevada. This partnership had recently been in place to focus on the methamphetamine issue, but was successfully able to shift focus and begin working on the prevention of prescription drug abuse. Police departments are encouraged to look at what external partnerships may already exist, even if their current area of focus is very different from the focus of the SPI project, and tap into those relationships. In the case of existing partners as well as new partners, data becomes very important to this process of working together on a particular issue for the first time. Utilize the data obtained by the research partner to effectively make a case as to why this problem needs to be addressed, and why it will take a team effort to address it. As mentioned previously, there may be some sectors of the community who do not immediately see how this problem affects them. In these cases, it is helpful to demonstrate to them the benefits of the partnership as a whole. For example, these relationships can be extremely helpful in making contacts for future efforts or in future grant collaborations. It should be made clear that these partnerships should and will extend beyond the immediate problem being addressed.

It is very possible that the partners necessary will be unfamiliar with, or even resistant to, working with law enforcement. Some sectors of the community will have certain assumptions about the motives of law enforcement, and will expect a typical enforcement-

oriented mindset. With these groups in particular – and with all partners – it is vital for law enforcement to begin by offering resources and asking how they can be of service, long before asking for anything in return from external partners. In some cases, the things that partners want may be unrealistic. Even in these circumstances, the fact that law enforcement personnel took the time to listen to their concerns can go a long way. In the Reno SPI project, some pharmacists expressed to law enforcement that when they call the police to respond to someone presenting a fraudulent prescription at their pharmacy, they want an officer to show up much more quickly than they have in the past. This was not a problem that could necessarily be fixed in the way the pharmacists hoped for, as these types of calls will always be a lower priority than others such as violent crimes. However, the Reno Police Department listened to the concern, explained the reasons why those responses take time, and provided personal contact information for a Detective for the pharmacists to call. Even though this Detective is not always able to respond right away, this small step made a world of difference to the pharmacists, and increased their reporting rates dramatically.

An important way to nourish these external partnerships is to bring the partners in on the discussion of possible solutions right away. Of course, the research partner and the evidence base need to be core components of this process, so they should be included as well. A quick way to alienate partners and make them feel unimportant would be to decide on the strategies and interventions without any input from the external partners, and then to simply ask them to help you implement your strategies. A true partnership needs to include this critical step of joint decision making. Have the group brainstorm together to identify root causes and possible responses to address them. In the Reno SPI, the creation of the Prescription Drug Round Up event was decided on by a collaborative effort. While this event

may not have had the most direct impact on prescription abuse rates of all of the interventions, it has definitely been the most successful result of the partnership and has gained the most momentum to continue moving forward after the funding goes away, largely because it is viewed as a joint venture rather than a police department initiative. Another critical part of this joint planning process is for law enforcement to look beyond typical police approaches. External partners and the community need to see that law enforcement is interested in the problem as a whole, not just the traditional law enforcement perspective on it.

Choosing Law Enforcement Representatives

In the Reno SPI project, one aspect which we found to have a lot of impact on the success of partnerships is which personnel from the police department are designated to these partner relationships/groups. Essentially, police departments have the option of assigning either sworn or civilian staff (or both) to work with external partners on the issue in question. As a component of the Reno SPI project, I was hired as the civilian coordinator for the program, with one of my primary responsibilities being the establishment and maintenance of relationships with external partners with respect to the problem of prescription drug abuse. In addition, one of the Sergeants supervising the narcotics unit was also designated to participate in these partnerships, though at times to a lesser extent. Due to this arrangement, we have seen both the benefits and the challenges to designating sworn versus civilian staff in this way. Our project experienced many benefits to having a civilian representing the police department in external partnership groups. We have observed that civilians can be more easily tasked with spending the majority of their time on these partnerships than sworn personnel can. On a related note, sworn personnel have a higher likelihood of transferring or

promoting (often causing them to leave the external partner relationships) than civilians do, and so assigning a civilian is often a more lasting arrangement. Additionally, civilian personnel tend to have more of a non-traditional mindset when it comes to solving problems, as their first instinct is not necessarily to take some kind of enforcement action. This can lead to a more natural working relationship with non-law enforcement partners. In these ways, my role in our project has worked extremely well.

On the other hand, designating sworn staff to work with external partners has many benefits as well. For example, dedicating sworn personnel to non-traditional tasks can sometimes carry more meaning in the eyes of the public and external partners, as it demonstrates that the police department values external partnership enough to devote the valuable time of a sworn officer to this cause. Another benefit is that sworn personnel are better equipped to answer certain questions/issues and to make decisions specific to law enforcement interventions than civilian personnel are. And finally, given the current financial strain experienced by many law enforcement agencies, it is important to note that in the event of reductions in force, sworn personnel are significantly more likely to remain in the department whereas civilian personnel are often first on the chopping block. In this way, partnerships maintained by sworn staff can sometimes be more sustainable.

Another important point to consider when designating staff to work with external partners is the degree to which these individuals are empowered by the department. Particularly when civilian staff members are assigned to work with partners, a challenge can be that they are sometimes not given the authority by the command staff to make decisions on behalf of the department. When this is the case, these civilian law enforcement representatives are essentially acting as – and being viewed as – merely a meeting proxy, and

thus quickly lose credibility in the eyes of the partners. It is vital that command staff at the police department empower their designees to speak on behalf of the department, and to make decisions which will be backed up. On that note, another critical piece of external partnerships is buy-in at the highest command staff level. As much as it is critical that line-level and supervisory personnel value these partnerships, the Chiefs need to as well, in order for the partnerships to be meaningful and useful.

Overall, the Reno SPI project demonstrated that the ideal scenario is to designate both sworn and civilian staff to external partnerships, with the full backing at the Chief's level. Our project experienced the greatest level of success in this area by having a dedicated civilian devoted to working with partners on the target problem, accompanied by a forward-thinking sworn supervisor with a genuine interest in working with partners and implementing non-traditional approaches to solve the problem.

Partnership Structure

Once a group of external partners has been assembled, the specific mechanics of how the partnership will proceed need to be addressed. In the Reno SPI project, one of the primary avenues for working with external partners was through a monthly coalition meeting. This group was overseen by the substance abuse coalition mentioned previously, Join Together Northern Nevada (JTNN). A JTNN staff member maintained the list of group members, and scheduled meetings. After discussion among the group regarding scheduling availability, the coalition meetings were set for a recurring day and time each month, which proved to be very helpful in getting partners to attend. In addition to these monthly meetings, other informal meetings between the Reno Police Department and external partners occurred

on an as-needed basis. Also, for various reasons, not all of the partners involved in this project became regular members of the coalition group. For example, a partner that the Reno Police Department worked with very closely for many years is the State of Nevada Board of Pharmacy. This agency rarely had representation at the coalition meetings, but was still a vital component, so I as the project coordinator kept in close contact with them via phone and email, and scheduled in-person meetings at their office as necessary. Throughout the course of our project, we observed the importance of staying in contact with members between meetings as well as being available to partners outside of the designated meeting times. While recurring meetings are very helpful and can accomplish a lot, that one or two hours per month is typically not enough time to get everything done. In addition, things come up at other times which need to be addressed, and when certain partners are unable to make it to the meetings we need to ensure that they are still kept in the loop and that relationship is still maintained well.

Our project provided some valuable lessons learned as to creating and sustaining a viable partnership network. One thing which would have been very helpful would have been sharing the member list/email list with all of the partners. The coalition group chair maintained an email list, but this was not routinely shared with all of the members of the group. Making this information more readily available would have fostered more collaboration between meetings, and I believe would have helped to build these relationships to better survive beyond the grant funding and beyond the focus on the problem of prescription drug abuse. Another component which we did not implement, but which may have been helpful, would be the creation of a blog. This could be a great tool for passively sharing information about the problem and about how the partners are combating it. A blog

could also potentially reach new members that had not been contacted or approached, as it could be accessed by anyone. In this vein, partnerships can be greatly enhanced by utilizing and leveraging a number of other forms of technology to keep partners connected and share information efficiently. Finally, one consideration that we did implement but could have done a better job with was keeping the group broad enough that its focus could shift when necessary. This particular coalition group (working on prescription drug abuse) seemed less amiable to changing its focus than the previous group mentioned, which had focused on methamphetamine but then adapted to changing substance abuse trends. Helping to foster partnerships which can tackle different problems can prevent those partnerships from dissolving once the project is over or the initial problem has been successfully addressed.

Problems Encountered in Partnerships

As is the case with any collaboration, working with external partners poses many potential problems. The Reno SPI project did encounter several issues in our relationships with our partners. Fortunately, in many of those cases we were able to overcome the barriers and move forward with successful collaborations. Our observed and recommended solutions will follow the discussion of potential problem areas.

Perhaps the easiest problem to fall into when forging partnerships with non-law enforcement participants stems from the law enforcement representatives themselves. In many instances working hand-in-hand with outside individuals or agencies, and working on strategies that do not center on enforcement, is unfamiliar to law enforcement personnel. Some law enforcement representatives fail to see the value in these partnerships, and thus do not invest in them whole-heartedly. This lack of appreciation for external partners can

sometimes be rooted in an underlying “what’s in it for me” attitude, and other times simply grows out of unfamiliarity with this process and with the merits of non-traditional problem solving approaches. In the Reno SPI project, some of the law enforcement personnel clearly had a genuine interest in working with partners towards common goals, whereas others worked together amicably on the surface but never fully bought into the idea of community collaboration. Based on our experience, we have observed that it is imperative that all law enforcement personnel (not just the project manager or civilian coordinator) take these partnerships seriously, take ownership of these relationships, and open their minds to new ideas and approaches. When this collaborative attitude is missing, community partners can sense it, and that can be a great detriment to the progress of the project. However, when law enforcement personnel possess and demonstrate an authentic interest in considering alternative approaches, hearing different viewpoints and dedicating time and effort to innovative interventions, relations with community partners can see a drastic improvement, as can the problem being addressed. In this respect, the research partner can be a tremendous asset, as they can utilize available data to attest to the fact that enforcement-only approaches seldom solve problems on their own, and that cooperation with community partners is vital to overall, lasting success.

Many other potential problems exist within external partnerships. In the Reno SPI project, we experienced some initial problems with trust and cooperation among different partners. Some partners, such as physicians, tended to have an initial distrust of the idea that law enforcement was interested in working together on interventions that did not center on making arrests. This atmosphere of distrust sometimes existed between other partners as well -- groups that were not accustomed to working together occasionally struggled to trust

that the other partnering organizations had no ulterior motives behind their participation. In some cases, different partners do indeed have competing agendas. For example, one recurring theme in our coalition discussions was the possibility of legislatively mandating that medical professionals utilize the prescription monitoring program. While many partners in the group were in support of this idea, one particular partner was strongly opposed to it and lobbied against it. Fortunately, in our case that particular intervention was not a central focus of our project. However, similar issues could pose a larger problem in other circumstances, and would need to be handled carefully and with a great deal of open communication and work toward finding common ground and common goals.

Another problem we encountered was the result of the loss of a core partner. Near the end of our SPI project, the partner who was primarily responsible for organizing the coalition group and scheduling meetings left the group (for reasons unrelated to the project). For a short time thereafter, the group was somewhat forgotten. Meetings were not scheduled, and updates were not being sent out. This duty was soon picked up by a new partner, however, by that time some previous partners had somewhat drifted away. This circumstance emphasized the importance of making sure that all partners are equally committed to seeing the effort continue forward, and that the loss of one key member will not result in the dissolution of the entire group. Finally, an issue the Reno SPI encountered was resistance from particular groups. Some of this stemmed from a prideful attitude – certain sectors perceived (at least initially) law enforcement involvement as cops telling them how to do their jobs, which they did not appreciate. The reverse is true as well; law enforcement does not want to be told by external partners how to do their jobs either. A recurring issue related to this was an instinctive reaction toward finger pointing. While many partners were

quick to acknowledge their role in the prescription drug abuse problem and take steps to make a positive impact, other partners quickly became defensive and shifted blame to other sectors. For example, throughout the project we observed that some pharmacists would immediately blame the physicians for creating the whole problem, while some physicians would deny any responsibility and instead maintain that the pharmacists were the ones who needed to modify their practices. In reality, both groups are critical components of this issue and cannot be ignored, and both groups have a responsibility in the matter and the capability of making a huge positive impact. This was perhaps our most difficult hurdle to overcome, as changing cultural norms like these takes quite a bit of time.

The Reno SPI experience provided a lot of opportunity to address difficulties and overcome them. One of the primary ways that we combated a variety of problems – including resistance to and distrust of law enforcement – was to consistently ask the partners how law enforcement could be more helpful, and to make ourselves available as a resource. We listened to the concerns of all partners, especially those who were resistant to working with us, and worked to address them whenever possible. For example, many medical professionals were frustrated at the perceived lack of interest from law enforcement in responding to their calls. To alleviate this, we conducted as many face-to-face visits as possible, and provided them with the name and phone number of an individual from the police department that they could contact. This simple step went a long way in building a great working relationship between law enforcement and the health care professions. In addition, there is a great deal that law enforcement can do just through our attitude and actions. It is imperative that law enforcement be consistent, patient, and respectful of all partners involved – no one profession or sector is more or less important than another. When

law enforcement is willing to acknowledge publicly that cops do not have all the answers, and that enforcement alone cannot fix all of the problems, the community takes notice and becomes more willing to work together. On several occasions, after an educational event at which law enforcement representatives spoke, partners or community members made comments such as “It is so refreshing to see a police officer saying the things that you said, and getting outside of the usual lock-them-up mindset.” Toward this end, I cannot overstate the importance of choosing the law enforcement representatives who will work with external partners carefully. As mentioned previously, these individuals must have an authentic interest in partnership, collaboration, pursuing non-traditional interventions and meeting the community’s needs.

The reasons for law enforcement to engage and invest in partnerships with outside forces are plentiful. In many departments nationwide, law enforcement agencies are operating with very limited resources. Police departments have had to adjust to less funding and fewer staff, and therefore are not able to accomplish as many non-essential tasks on their own. Community partners can fill these gaps by providing things such as manpower, time and other resources. In addition, the benefit to engaging in community partnerships is substantial. Commitment to external partners and non-traditional initiatives leads to an improved community perception of the police, and subsequently, a greater willingness to cooperate. This cooperation can manifest itself in a variety of ways, including better reporting rates, higher quality of information, and additional sources of data. For example, as a result of our highly successful partnership with the State of Nevada Board of Pharmacy, the Reno SPI project was given access to very valuable aggregate data from the prescription monitoring program, which would otherwise have been unavailable. Finally, the core reason

that external partnerships are so vital is simply that enforcement alone is not enough. With virtually every crime problem, a variety of causal factors are at play, many of which cannot be addressed through enforcement. And with some crime problems in particular, such as drug related crimes, enforcement alone will only make a small impact. When law enforcement looks around at the plethora of other sectors of the community which can play a role, and works side by side with them to develop and implement solutions together, lasting changes can be made and partnerships can be sustained.

GOALS AND STRATEGIES

This project had three different major goals to be achieved using the described strategies.

- 1) Goal 1 (*Education*): To increase knowledge about the problem in our jurisdiction by targeting relevant stakeholders

(Students/Youth)

Strategies:

1. Carried out student surveys and provided the results to police department and school district
2. A video was designed and showed across the entire school district to thousands of students.

(Parents)

Strategies:

1. Parents were shown the video (the parental version)
2. Parents were exposed to classes describing the dangers of prescription drug abuse.

(Law Enforcement)

Strategies:

1. Police officers were trained on how to recognize and how to properly charge infractions involving prescription drug use.
2. Police officers also attended a specialized training on the problems related to prescription drug use.

(Medical Community)

Strategies:

1. Dentists, physicians, nurse practitioners, and pharmacists were all invited to partake in specialized trainings on the problems related to prescription drug use.

- 2) Goal 2 (*Supply reduction / reducing availability*): To reduce the number of available prescription pills available for fraudulent or illicit use using the following interventions

Strategies:

1. Carry out several drop-off events where residents can turn in old medicines
2. Hand out “Med-Save” boxes to residents to help them secure their prescription drugs at home
3. Hand out stickers to be applied to pharmacy bags to educate customers about the dangers of prescription drug misuse.
4. Provide permanent prescription drop off boxes at designated locations

- 3) Goal 3 (*Law enforcement Intervention*): To aggressively investigate and prosecute known prescription drug offenders such as doctor shoppers and individuals who use fraudulent prescriptions.

Strategies:

1. Have dedicated officers to investigate prescription drug cases
2. Have dedicated officers build relationships with medical professional and act as a liaison to the police department.

Goal 1 (*Education*): To increase knowledge about the problem in our jurisdiction by targeting relevant stakeholders

(Students/Youth)

Strategies:

1. Carried out student surveys and provided the results to police department and school district
2. A video was designed and showed across the entire school district to thousands of students.

Description

One of the grant goals was to educate children concerning the dangers of prescription drug abuse. The police department was interested in not only sharing information with students, but also in learning about the extent of the problem. In conjunction with a local anti-drug awareness agency, Join Together Northern Nevada (JTNN), a video was developed, and through a coordinated effort with the Washoe County School District, the video was shown to high school students during the school year. The video featured interviews with an ER doctor, a juvenile court judge, and a local parent dealing with prescription drug abuse. The video was shown to middle and high school students across Washoe County. A parent version of the video was also created and distributed to parents community-wide.

Process

The student education component had a dual pronged approach. While it was decided to expose middle and high school students to the video message, the police department also wanted to survey the students about their knowledge of prescription drug use. A post survey was to serve as an evaluation tool to see if the video had any effect on the students' behavior. The police department and school officials decided to survey a sample of students, expose half of the students to the video intervention, keeping the other half for a control group

comparison, and then re-survey the students to see if the video had an impact. The table below shows the numeric breakdown for the survey effort.

<u>Treatment Schools</u>	# of Pre-surveys (Spring 2010)	# of Post-surveys (Spring 2011)
1	184	0
2	48	0
3	68	306
4	100	94
<i>Total</i>	<i>400</i>	<i>400</i>

<u>Control Schools</u>	# of Pre-surveys (Spring 2010)	# of Post-surveys (Spring 2011)
5	535	0
6	198	400
<i>Total</i>	<i>733</i>	<i>400</i>

A total of six schools agreed to participate with the police department in terms of administering the survey. Law enforcement officials and school district officials met and discussed the terms and conditions under which the survey would be implemented, and a letter was sent to the parents to obtain approval for their child to participate in the survey. A sample of 400 students from four different schools would become the treatment group. The students were pre-surveyed in 2010, and they were shown the video in early 2011. A second sample which comprised our control group was drawn from two schools, and these students were not shown the video until much later in the 2011 school year. The control group was

shown the video only after the students were able to complete the post survey without being exposed to the video message.

It should be said that methodologically speaking, large-scale survey efforts are fraught with problems and roadblocks. For instance, in this case, the students sampled were not necessarily the same students during the pre-and post-tests. They were simply drawn from the same pool of students. With this caveat, we can still say that the students in the control group as a whole were never exposed to video message until after their second wave of surveys. However, we can be assured that the treatment group was well dosed in terms of the intervention, because the video was shown to every student doing a mandatory health class during the course of the year. This means that every student (unless they were absent that day) was exposed to the anti-prescription drug message in the experimental schools.

On a practical level, the blank surveys were delivered to the school principals and these were to be administered during the health class in question. Once the students filled out the anonymous surveys, these were collected by their teachers and returned to the principal's office for pickup by police officials. These were then coded with the help of the research partner and maintained in a spreadsheet database for analysis purposes.

Results

The survey results will be reported in two sections. The first section will be a basic description of the initial survey effort on all the students, and the second section will examine the impact of the video on student beliefs concerning prescription drug abuse. It should be noted that on some of the charts, the total number of cases varies due to missing cases or improperly filled out surveys. Only the valid entries are accounted for the survey totals.

The first set of tables includes demographic information to show that the sample was representative and unbiased. Table 1 displays a similar number of males and females were surveyed.

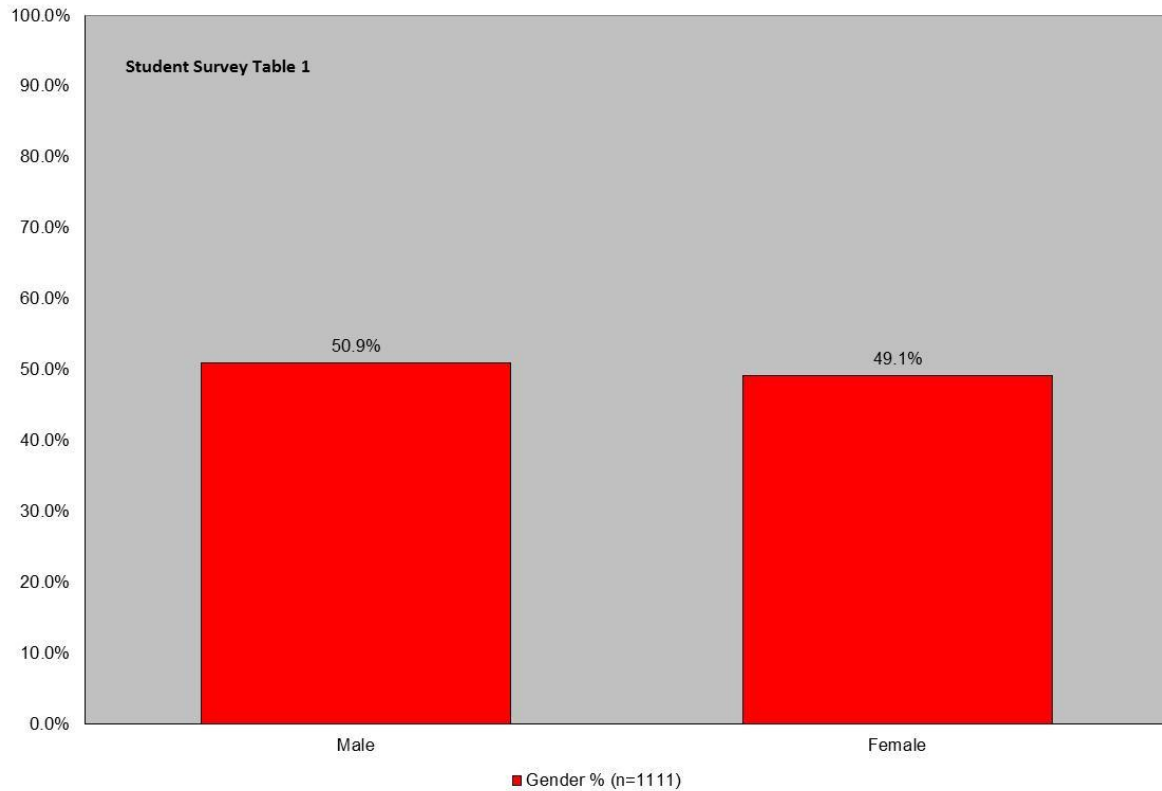
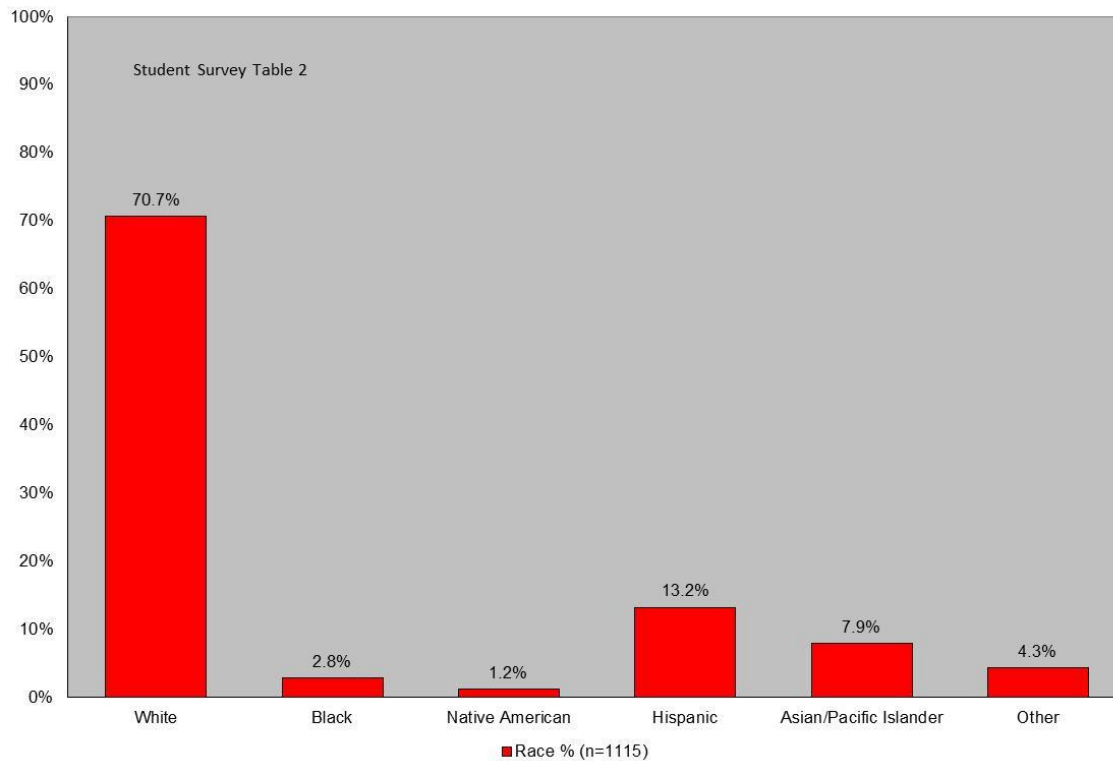


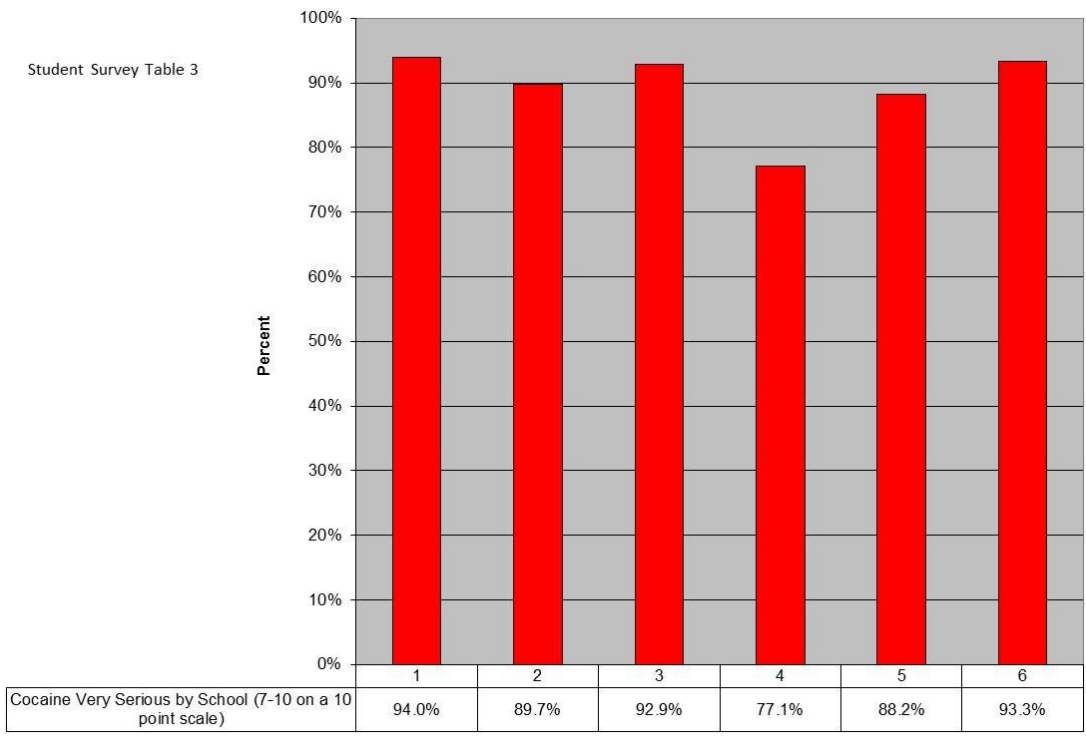
Table 2 shows the ethnic breakdown of the students surveyed. The majority of students were White with 70.7% and the second largest category was Hispanic with 13.2%.



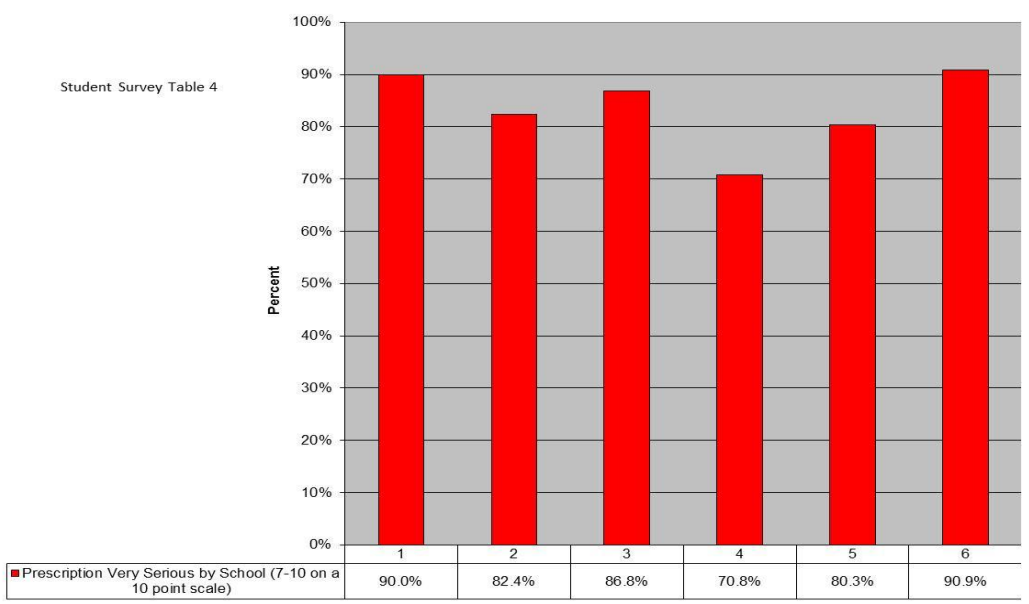
In order to create a comparison measure for how students viewed prescription drugs, the survey asked the students to rate how serious they viewed cocaine use on a scale of 1 to 10 with 10 being the most serious. This method allows the prescription drug responses to be compared to a known illicit drug, in this case, cocaine.

The following tables compare the student views on cocaine vs. prescription drugs based on school, gender, and race. For example, table 3 shows that students in each of the six schools considered cocaine to be very serious (measured by an aggregate score of 7 through 10 on the severity scale).

For example, 94% of students in school 1 believe that cocaine use is very serious, etc.



Whereas, table 4 shows that only 90% of the students in school 1 thought prescription drug use was “very serious”.



From table 5, we see that 89% of males and 91.3% of females believe that cocaine use is “very serious”, whereas table 6 shows that these slightly lower percentage in both groups consider prescription drugs used to be “very serious”. This shows that across both sexes, there is a diminution in the perception of the severity of prescription drug abuse.

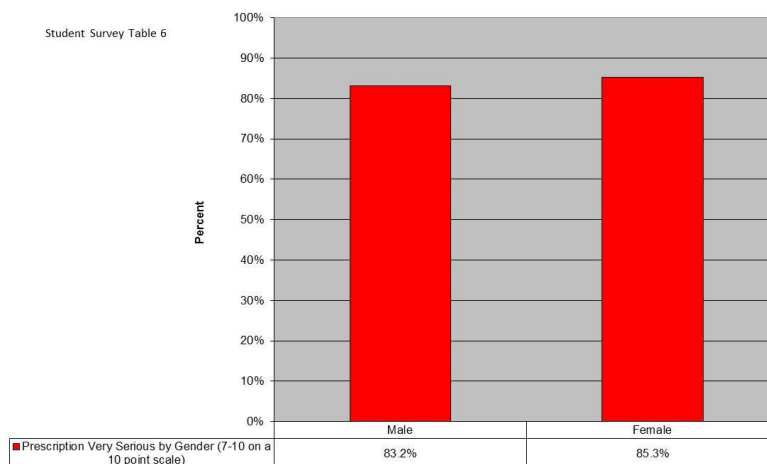
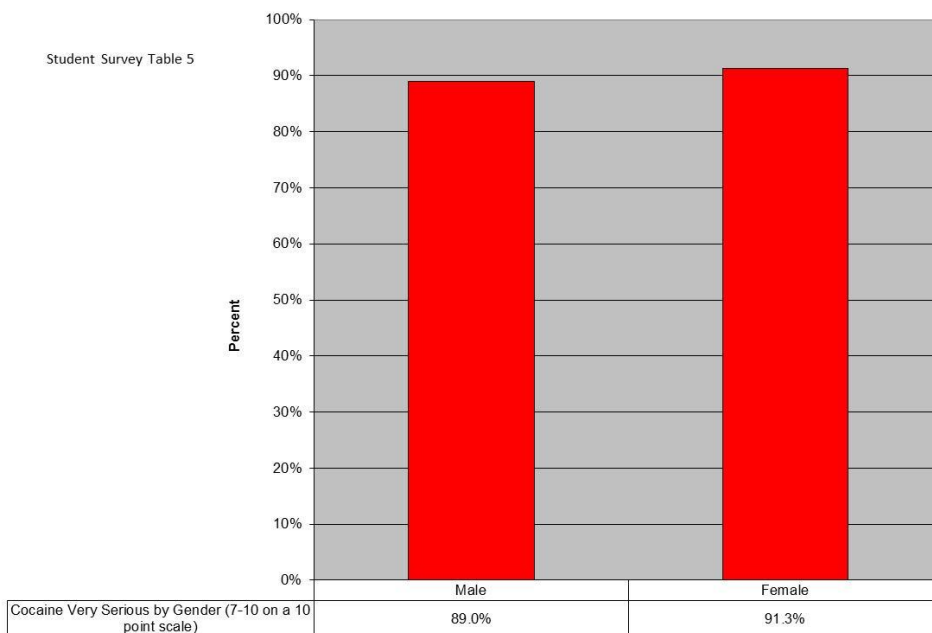
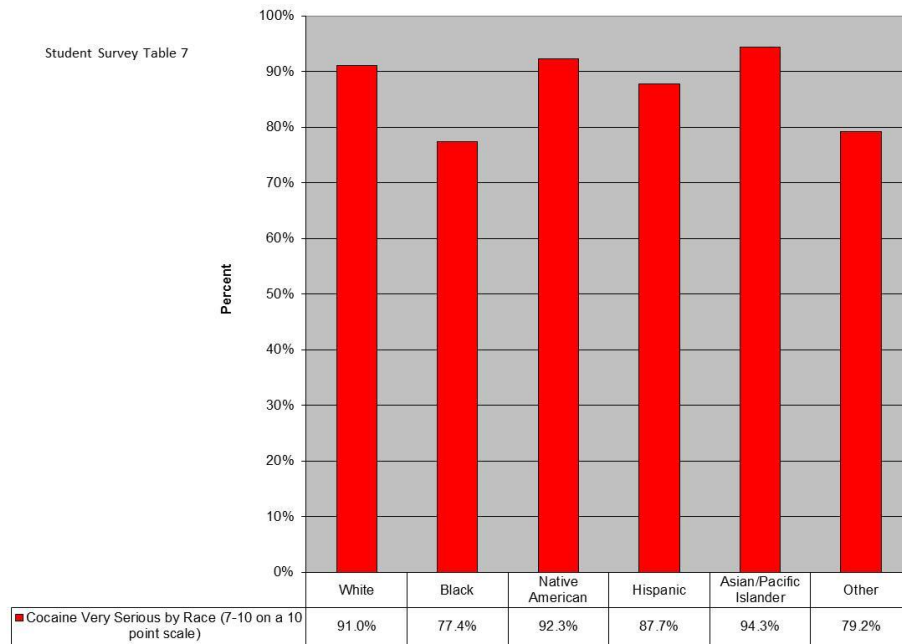
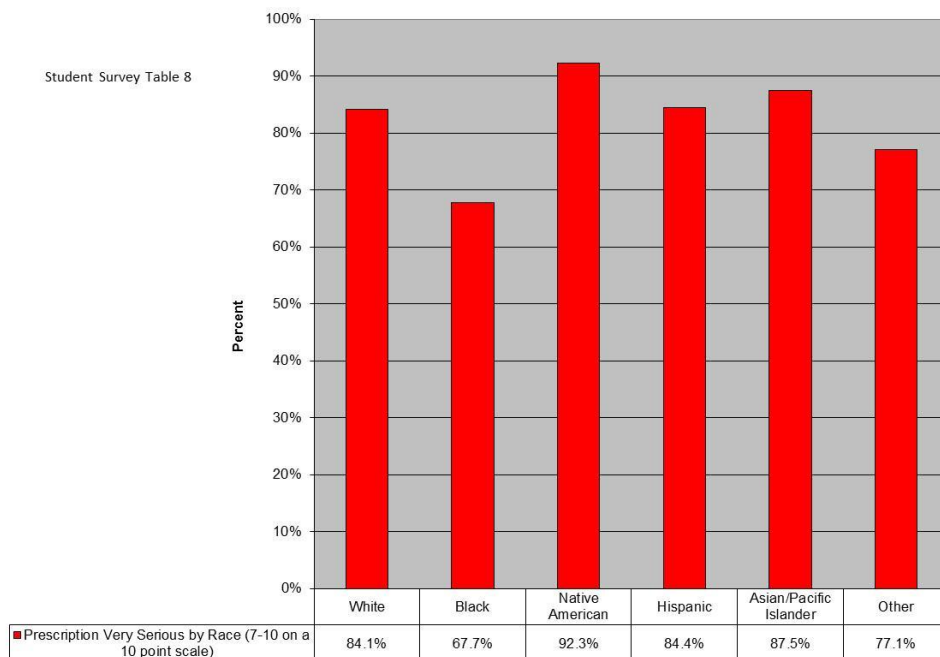
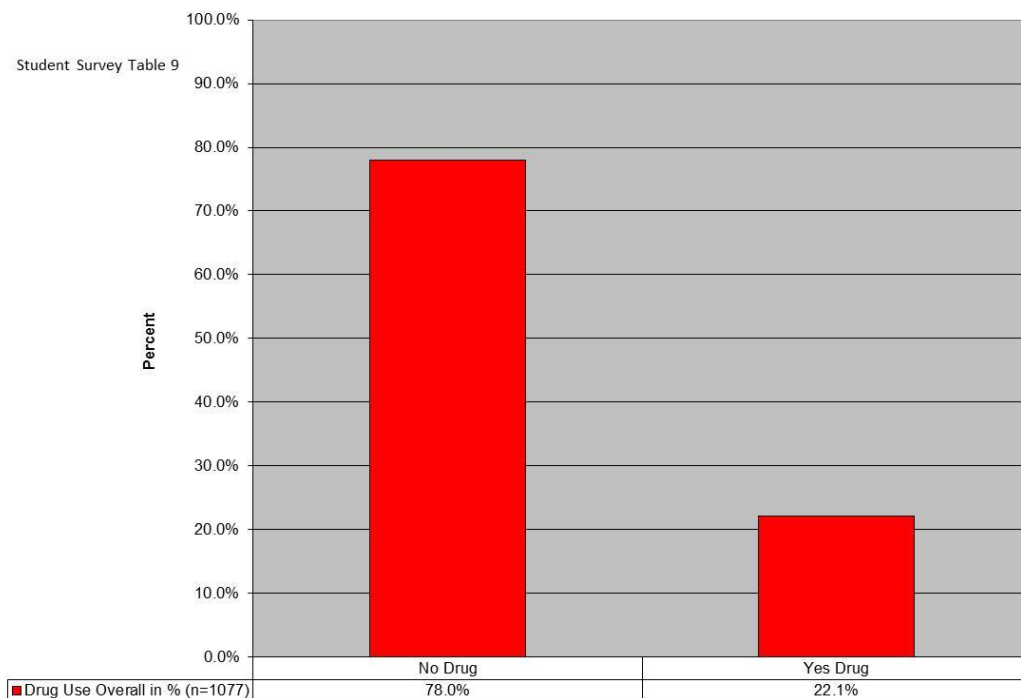


Table 7 and 8 compare cocaine and prescription drug use by the different ethnic groups. It appears that while Native Americans view both drug problems as equally serious, in all of the other ethnic groups, more students consider cocaine use more serious than prescription drug use (91% for white cocaine use vs. 84% white prescription drug use).

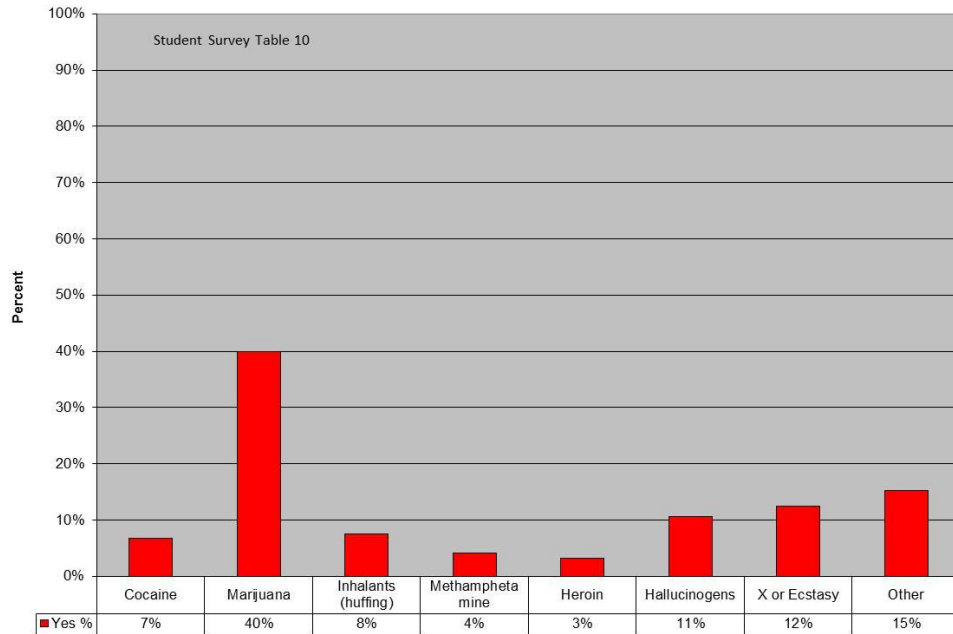




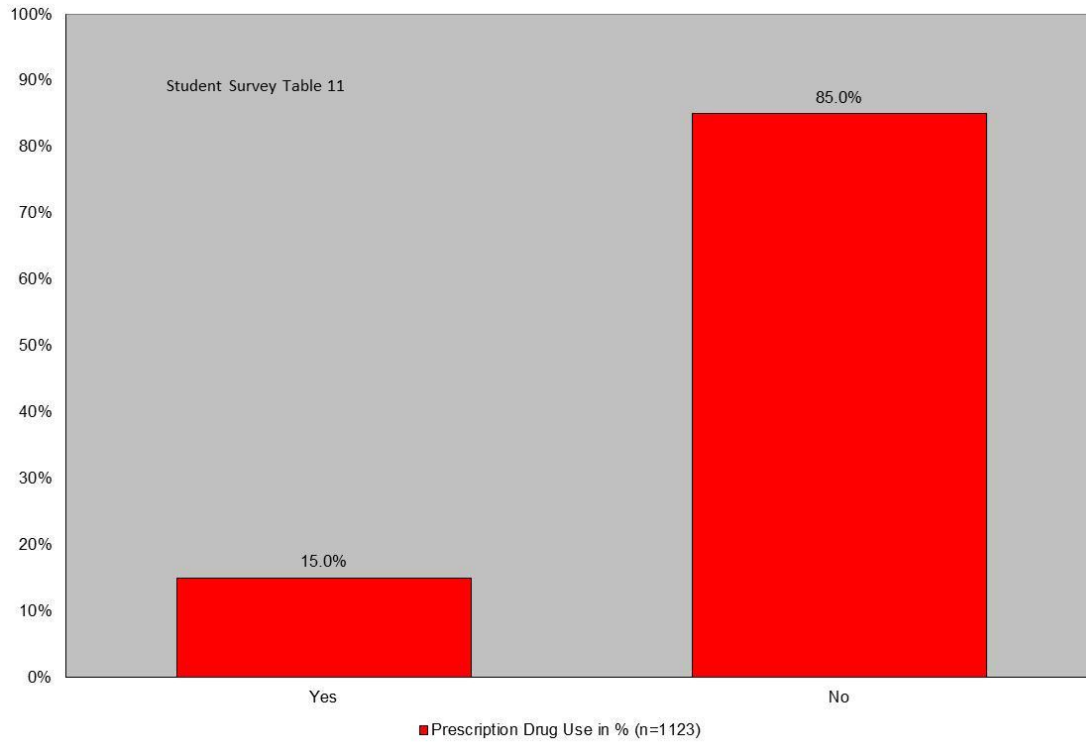
The next section of the student survey asked students to report what kind of drugs they had experimented with in the last year. Out of all the students surveyed in the pre-intervention period, 22% reported having used illegal drugs in the last year. As in all self-reported data, one can question the validity of this self-reported drug use, but in this particular survey, there was no real incentive for the students to lie or fabricate previous drug use. While this 22% rate does exceed the national average for this age group (which tends to hover around 10%-15%), some national surveys show that 26% of 12 graders report having used using illicit drugs.



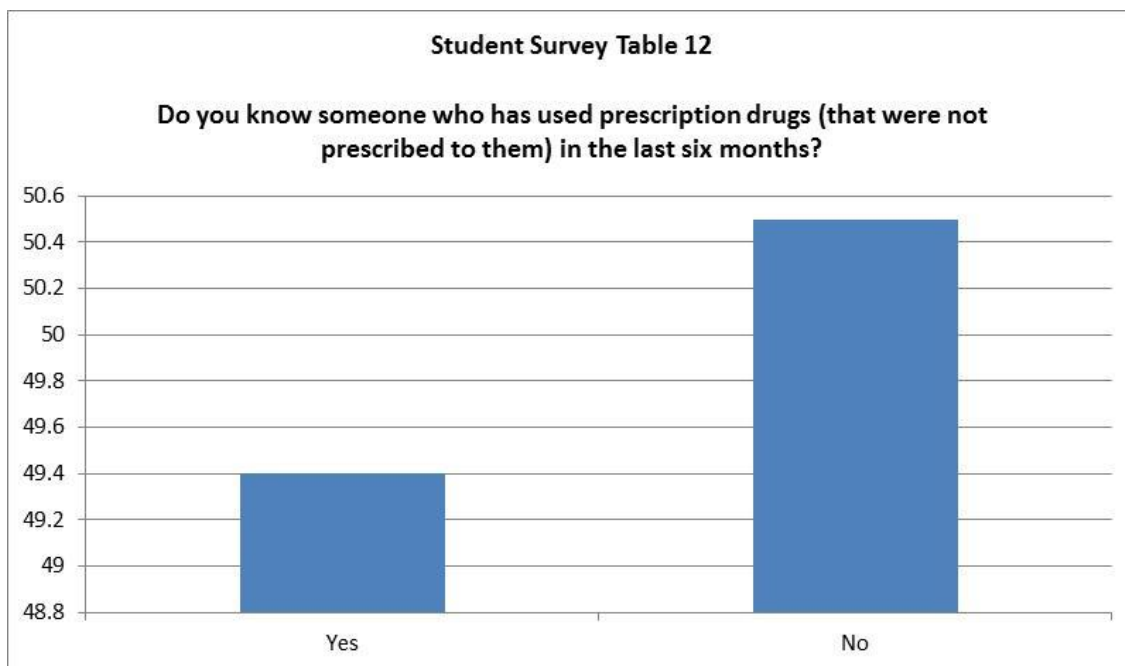
For the 236 respondents who reported using drugs in the last year, table 10 lists the most common usage by type of drug. Marijuana was the predominant category with 40%, and ecstasy was the third-highest category with 12%. “Other” types of drugs comprised 15% of the drug sample.



Students were also asked if they ever used a prescription drug that was not prescribed for them in a recreational manner. This question was listed separately from the traditional illicit drugs question, and as table 11 depicts, 15% of the sample or 168 students responded in the affirmative.



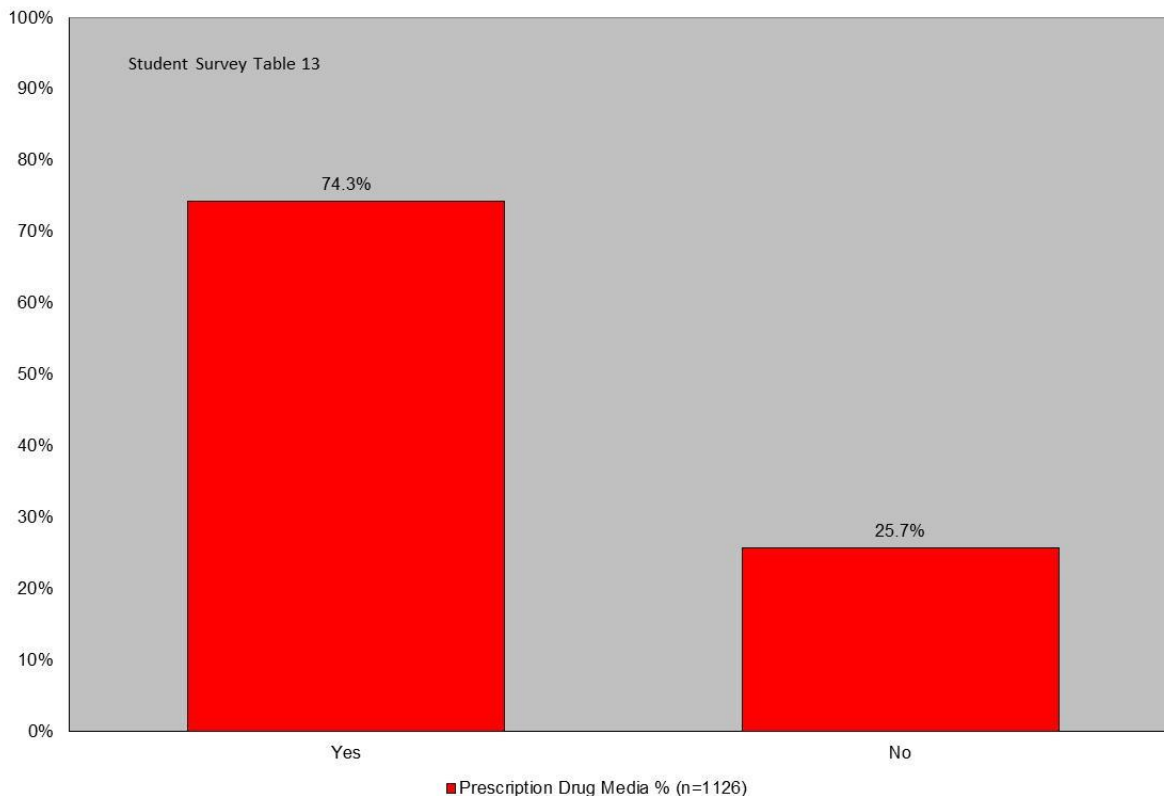
Finally, the students were asked to indicate if they knew of another student who had ever taken prescription drugs in a recreational manner and as table 12 demonstrates, almost 50% of the sample reported “yes”.



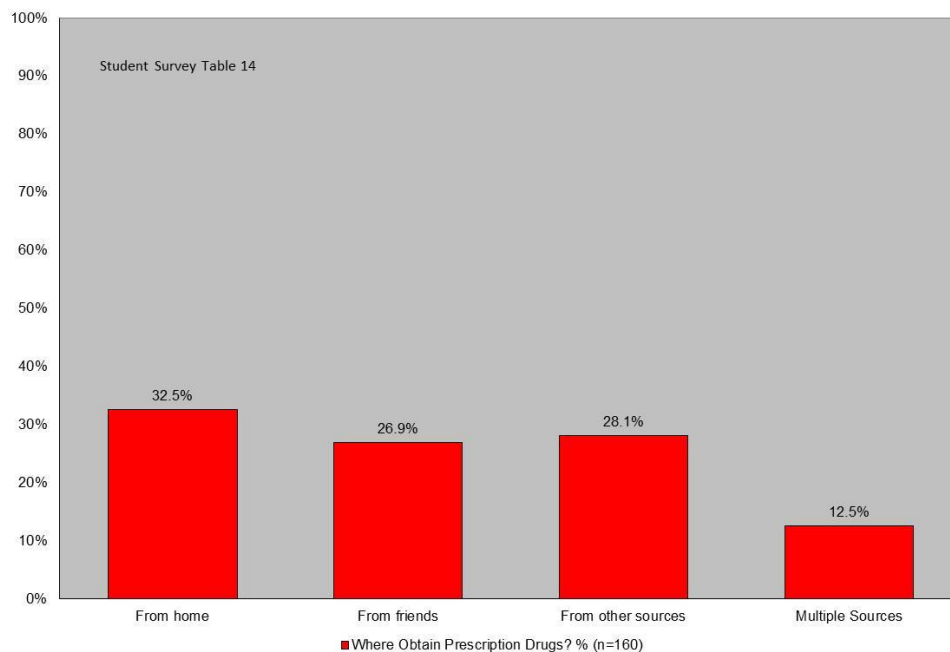
One of the more perplexing findings involves questions concerning the students' prescription drug use compared to their overall "drug use". For example, the table below shows that of all the students reporting that they had taken prescription drug in a recreational manner in the past year, 34% also noted that they did not "use drugs" in that year. This demonstrates that 34% of students did not consider prescription drug use as "drug use". It is as if they make a mental separation between the illicit street drugs, and the "safer" pills found in the medicine cabinet.

General Drug Use?	Prescription Drug Use?	
	Yes	No
Yes	66%	14%
No	34%	87%

These findings show that prescription drug use has found its way into the juvenile population, and that for these children this is not something obscure or unknown. This is their new reality. When half of the student population reports knowing somebody who has abused prescription drugs, and when 15% report having taken prescription drugs in an abusive manner in the recent past, it indicates the growing nature of the problem. Ironically enough, table 13 shows that the majority of students, almost 75%, had heard about the dangers of prescription drug abuse through some media campaign in the last year. This shows that the students were not ignorant or uninformed about the dangers involved. It also indicates the importance for media campaigns to be effective and reach their population in an effective manner.



The next section of the survey focused primarily on the 15%, or the 168 students who reported taking prescription drugs recreationally. The next set of questions inquired about their practices with prescription drugs, etc. (Students who reported no personal prescription drug use were asked to end the survey at this point.) Table 14 indicates where most of the students obtained their prescription drugs from. As is known with this particular drug problem, the primary source of supply is the students' own home. Medications left in the medicine cabinet are routinely pilfered and abused. Almost 33% of those who abuse prescription drugs got them from their own house. 27% obtained the pills from friends and 20% obtained them from other sources.



Tables 15 and 16 demonstrate the frequency with which the students reported using prescription drugs. While almost 40% of the prescription drug users had taken pills within the last year, 36% took pills in the last six months and 21% of them had done it the immediate previous week. Table 15 also shows that the majority of these prescription drug users do it rather routinely with only 2.5% of them admitting to using more than a year ago. Table 16 shows that over half of the sample took prescription pills on a monthly basis with 14% doing it weekly, and 8% doing it daily. 21% of the sample reported taking these pills only on rare occasion, but the other 80% report a much more active level of use.

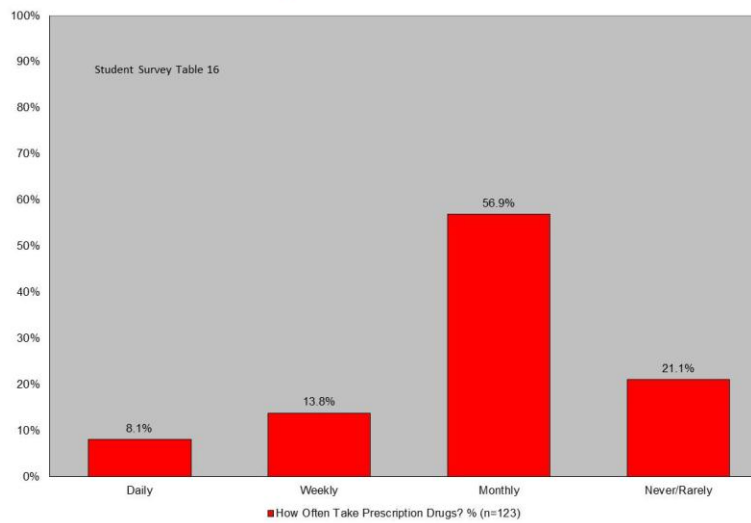
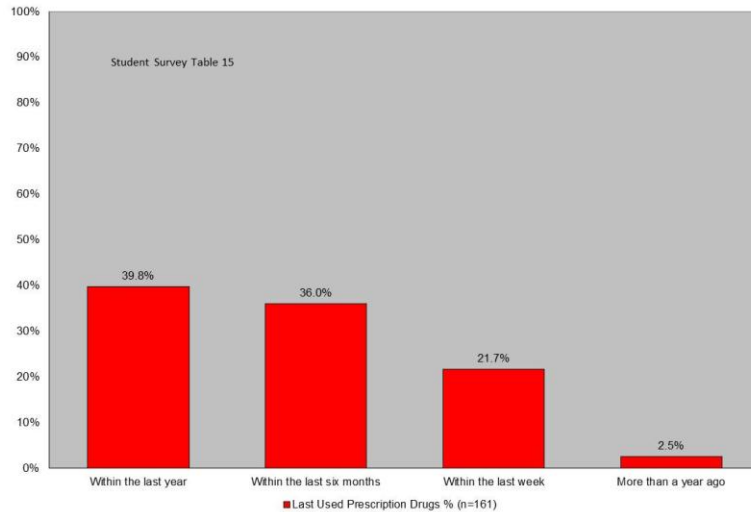
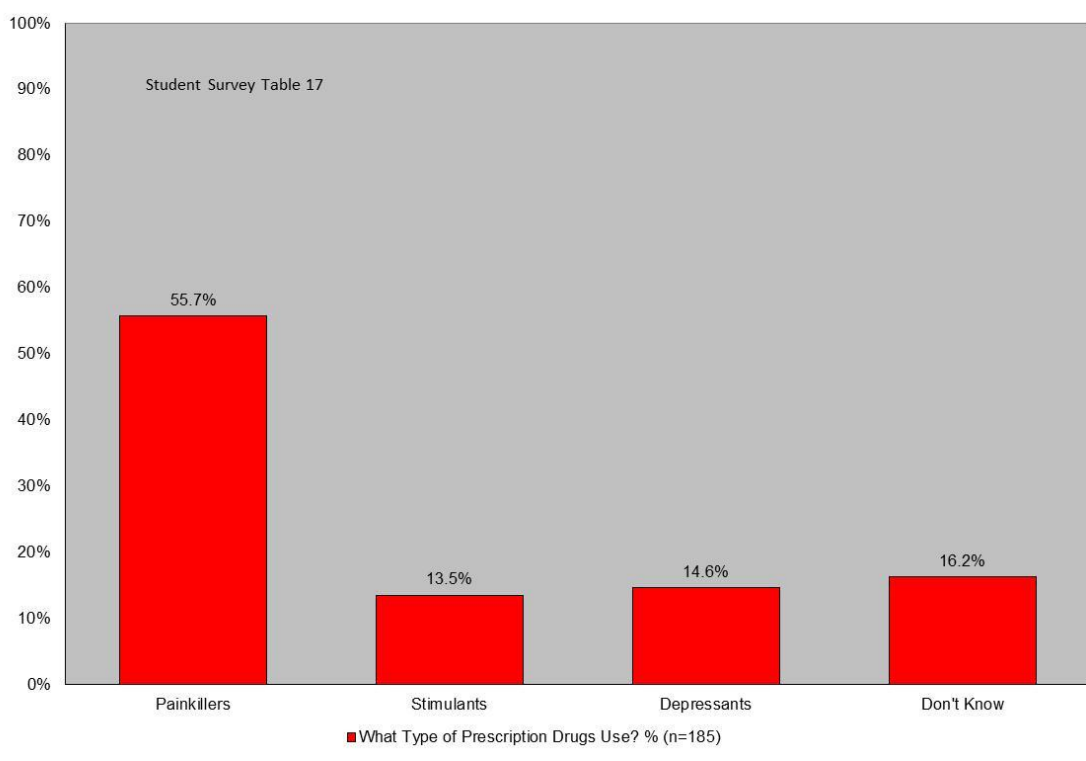
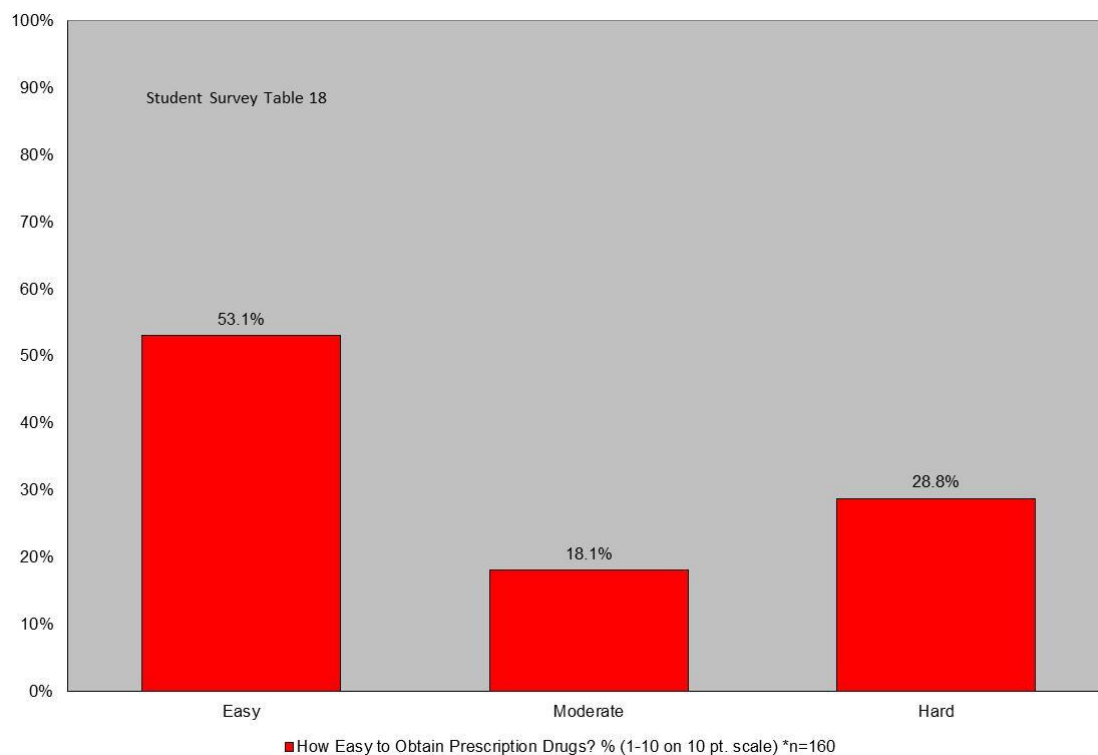


Table 17 indicates the type of drugs being taken by the students. The primary category being painkillers with 56%, while stimulants and depressants hovered in the low 13% and 15%. 16% of the sample reported not even knowing what they were taking, which is even more disconcerting. Overall, however, the use of painkillers reflects once again national trends when it comes to prescription drug abuse with narcotics being the primary target for this drug use. This also reflects the prescription patterns and behaviors of the medical community in that the majority of prescribed drugs fall in the painkillers category.



The final descriptive chart in the student survey involves the practice of obtaining these prescription drugs. Table 18 demonstrates the students do not feel it is terribly hard to get their hands on recreational prescription drugs. Only 28.8% of the sample report that it is “hard” to obtain prescription drugs with over 53% of the reported prescription drug users stating that it is “easy”.



The second section of the analysis for the student survey involved examining the impact of the video shown to the students in the hopes of increasing their awareness about the dangers of prescription drug abuse. Did this video have any effect on the student population? And if so, how big was this impact?

After the four treatment schools were shown the educational video, a second wave of surveys was carried out, with identical questions to the initial survey. The specific question of interest involved the perception about the severity of “taking prescription drugs that were not prescribed to you” (on a scale of 1 to 10). Significance tests were carried out and the results appear in the table below. It should be noted that none of the attempted comparisons yielded any statistically significant results. This means that the general impact of the video could not be statistically verified or supported given the current data. However, there is statistical significance and substantive significance, and while the computer output may not seem favorable, a closer inspection of the numbers highlights some interesting findings. The first part of the chart to examine is the first row, the row dealing with the comparison question on cocaine use. We see that for those students who did not report using prescription drug abuse, there were minimal changes between the control and treatment groups when it came to the pre-and post-video surveys. For example, those reported not taking prescription drugs and who did not see the video found the severity of the cocaine at 9.15 before the video and found the severity of cocaine at 9.33, a negligible 1.97% increase. Similarly, those who were exposed to the video had a very slight decrease in terms of how they viewed cocaine going from and 9.23 to 9.21. For those who did report prescription drug use, there was also little change in their perception of cocaine severity based on their assignment to the treatment or control group. When looking at the second row of the table, the one that deals with prescription drug use, it appears that the greatest percentage change in the perception of the severity of prescription drug use happens in the group of students that reported prescription drug use in the initial survey. Ideally, the treatment group of students would have shown the greatest increase in change their perception as this could then be attributed to the video

intervention. We do see that, in the treatment group, the severity of prescription drugs went from 6.66 to 6.89, a 3.45% change. What is interesting is that the greatest percentage change occurs in the control group of those who reported prescription drug use. In short, it means that those who take prescriptions pills recreationally who did not see the video had the biggest change in terms of their perception of severity of the problem. It should be noted, however, that the “no prescription drug use” group had minimal changes between the control or treatment group when it came to the perceived severity (2.87 and 1.25% respectively). What remains interesting is that the biggest increases in terms of percentage change toward increased severity occurred in the group that reported prescription drug use. This means that the actual target of the video was in essence reached and the goal somewhat achieved in that the perception of the severity was increased. Of course, it is slightly peculiar that the control group would have the greatest change when in fact they received no intervention per se. However, there is the possibility that, since it was impossible to completely separate the students during the entire study period, and artificially keep them in control or treatment groups, that there was a slight contamination effect across different student groups. For example, it is not inconceivable to have a student in the treatment group see the video, and later discuss it with a friend of his who attends a separate school who did not see the video. In that particular case, the control group becomes “tainted” per se but this becomes an indirect benefit of treatment contamination and actually increases the diffusion of the message. It is hard to say exactly what and how the video affected a student, but from the table below, one substantive finding could be that the greatest change was visible in students who reported previous prescription drug use and ultimately, that was the point of the video: to warn those students who dabbled in this dangerous activity to desist.

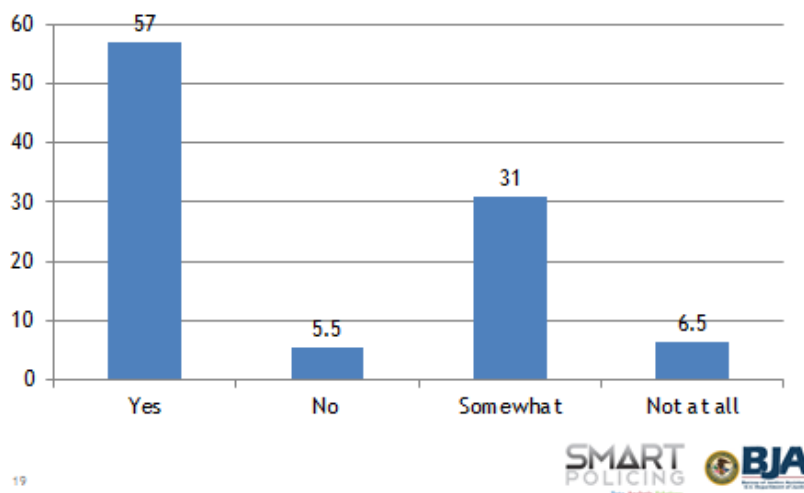
		NO PRESCRIPTION DRUG USE REPORTED						REPORTED PRESCRIPTION DRUG USE					
		CONTROL			TREATMENT			CONTROL			TREATMENT		
		N	Mean	Std. Dev.	N	Mean	Std. Dev.	N	Mean	Std. Dev.	N	Mean	Std. Dev.
On a scale of 1-10 (10 being the most serious) how wrong would you say it is to take cocaine?	Pre Survey	352	9.15	1.952	314	9.23	1.739	39	8.28	2.395	83	8.28	2.451
	Post Survey	363	9.33	1.577	291	9.21	1.879	31	8.45	2.263	100	8.38	2.39
	% Change		1.97		% Change	-0.22		% Change	2.05		% Change	1.21	
On a scale of 1-10 (10 being the most serious) how wrong would you say it is to take prescription drugs that were not prescribed to you?	Pre Survey	355	8.71	0.115	314	8.78	1.812	39	5.97	3.183	83	6.66	2.711
	Post Survey	362	8.96	0.099	295	8.89	2.016	32	6.44	2.687	100	6.89	2.693
	% Change		2.87		% Change	1.25		% Change	7.87		% Change	3.45	

Impact evaluation of the video

In order to contextualize the effect of the video on the students, a short survey on the video contents and the video production itself was carried out. The survey was important because the police department wanted to see if the students felt positive about the way they received the message or if the format was the appropriate one. Obviously, the video survey was only carried out in the classes where the video was shown and the results were coded into a spreadsheet for analysis purposes. A total of 400 students were surveyed concerning their thoughts on the video.

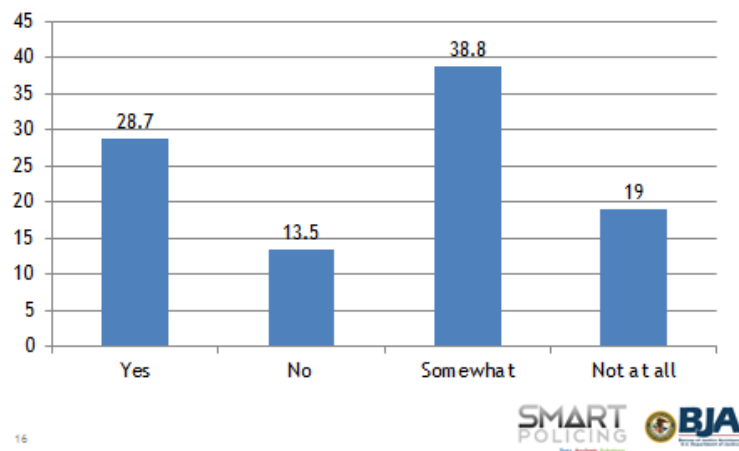
One of the very first questions on the survey had to do with whether or not the format of the video was pleasing to the audience. In short, did the video keep your attention? Approximately 60% of the student respondents answered “yes”, with 31% stating “somewhat”. While it is impossible to reach everybody, this demonstrates that the video failed to capture almost a third of the audience attention. The majority of the students, however, appeared engaged by the video content.

Did the video keep your attention?



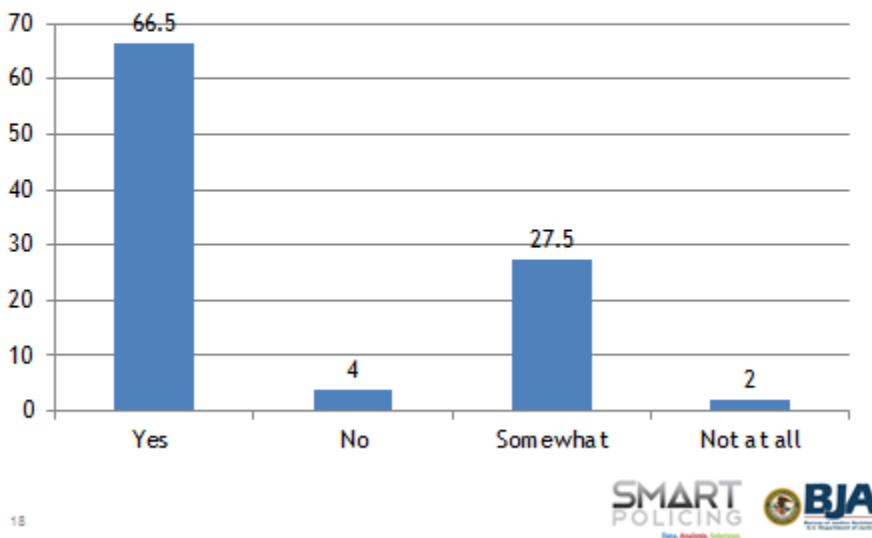
From the chart below, one can see that almost 29% of the students claimed that the video changed the way they thought about the dangers of prescription drugs. 13.5% of the students said the video had no effect on them, and 19% said “not at all”. In effect, a third of the students were affected by the video but 38.8% reported only being affected “somewhat”.

Did the video change the way you thought about the dangers of prescription drugs?



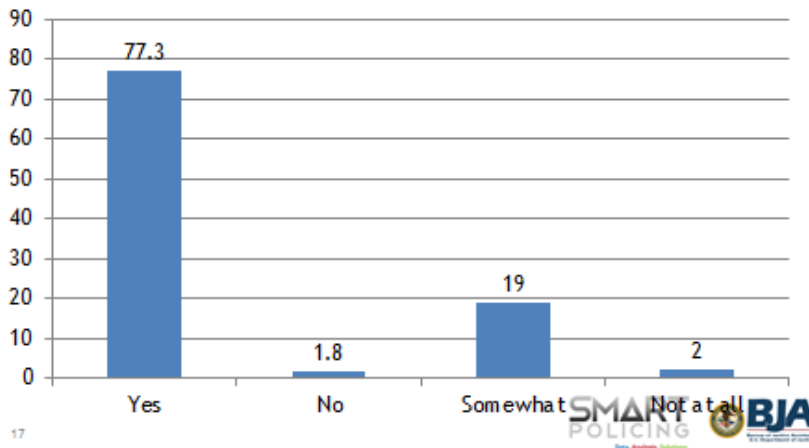
While 32.5% of the students claimed that the video would not change their views of the dangers of prescription drug abuse, 66.5% claimed that the video was accurate in its representation of the dangers. 27.5% of the student thought the video was somewhat on the mark and 6% of the students felt the video was not accurate in its portrayal of prescription drugs.

Do you think the video accurately represents the dangers of prescription drug abuse?



Ironically, even though some students thought the video was uninteresting, and others stated that they would not change their behaviors based on the video content, 77% of student respondents thought that this video should be shown to students in the future. This finding shows that while the current class did not totally buy into the video's message, the majority of the students still found importance in its message, and felt that other students could benefit from it.

Do you think this video should be shown to students in the future?



The next few questions were based on a 1-10 scale. From the table below, we see that the students found the video informative ($X=7.43$) and that they found it effective in helping juveniles deal with the problem of prescription drug abuse ($X=6.96$). When asked how much they had learned about prescription drugs in the video, the mean score was 6.28, and when asked if they thought this video would change people's behavior, the mean score was 6.41. This demonstrates that while the students found the video informative, it was not a life or game changer. It appears that most of the students were already familiar with a lot of the content, and they doubted that the video's message would have much of an impact on their fellow students. This finding, however, is in line with previous research concerning media campaigns, and the difficulty such campaigns face when it comes to changing attitudes or behaviors.

Video Question	Mean Score (Out of 10)
On scale of 1 to 10 (10 being the highest) how informative did you find the video?	7.43
On scale of 1 to 10 (10 being the highest) how effective is it to show this video to deal with the problem of juvenile prescription drug abuse?	6.96
On scale of 1 to 10 (10 being the highest) how effective was Austin's story?	8.17
On scale of 1 to 10 (10 being the highest) how much did you learn about prescription drugs from the video?	6.28
On scale of 1 to 10 (10 being the highest) do you think the video will change people's minds about abusing prescription drugs?	6.41

Goal 1: Education (Parents)

Objective 1: To educate parents by showing them the video on prescription drugs (the parental version)

Objective 2: To expose parents to classes describing the dangers of prescription drug abuse.

Description

Efforts were also made to reach out to the parent community in order to increase awareness. A large component of the parent education intervention came in conjunction with an existing community outreach effort called the “strengthening families program”.

Prevention research indicates that risk factors for youth drug use must be addressed, and one of the most prominent risk factors is drug abuse by the parents. The Reno Police Department partnered with Washoe County Child Protective Services to identify children of drug abusers, and referred them into the Strengthening Families program. Strengthening Families consists of 14 weeks of 2 hour/week family counseling sessions. This program has been shown effective at preventing youth drug use in many instances, and is currently in operation in Washoe County.

Process

The “strengthening families program” is a model family parenting program. This program is made available through family resource centers in Washoe County by a grant from the Bureau of Alcohol and Drug Abuse. The long-range goal of the strengthening families program is to reduce substance abuse and behavior problems during adolescence. The program handles families with drug problems, and sometimes families are referred to the program through the intervention of Child Protective Services. The impetus of the 14 week

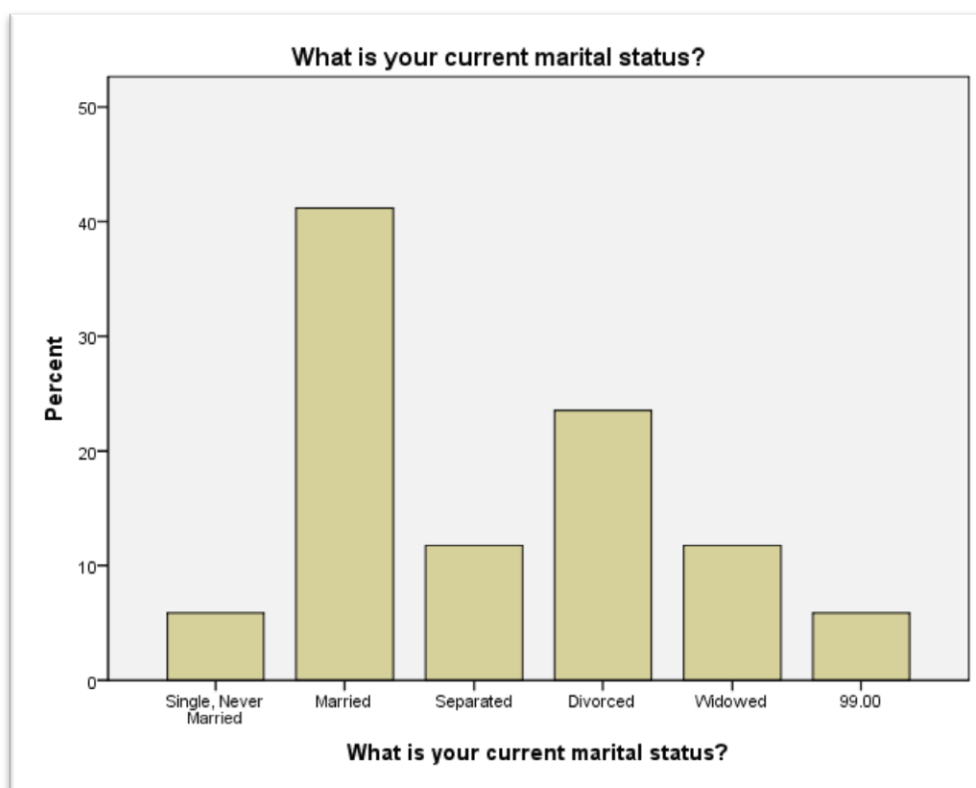
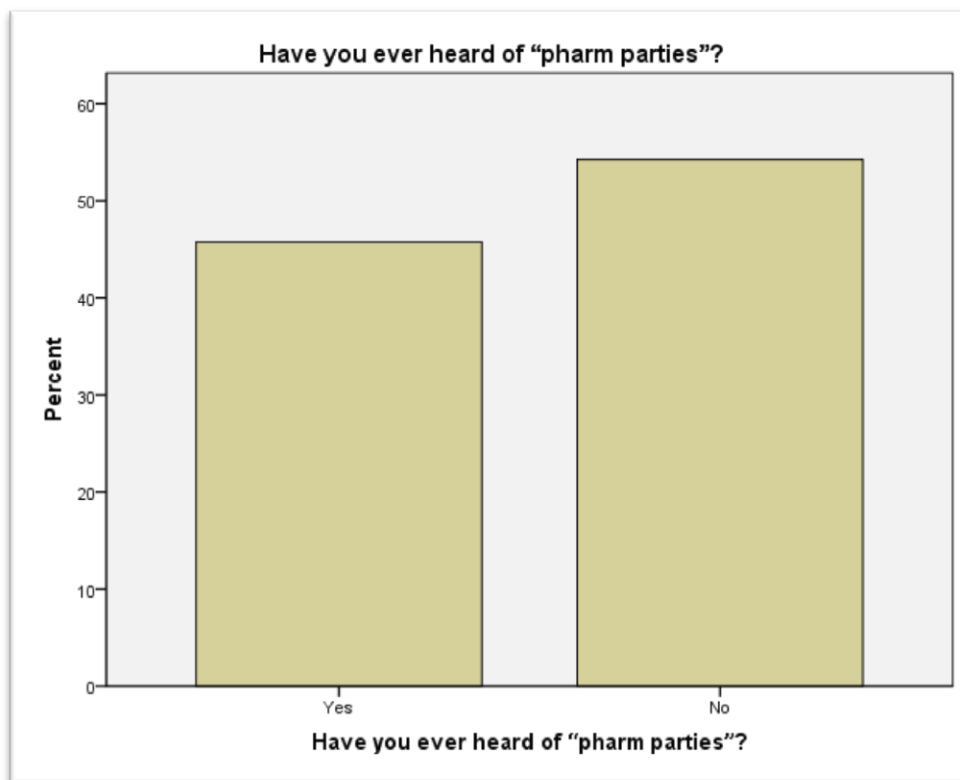
program is to teach families basic life coping skills, communication skills, and it stresses other elements such as respecting different values and how to establish mutual respect in relationships. At the end of the 14 week period, family members write letters to each other, express their appreciation for each other, and a graduation celebration ensues.

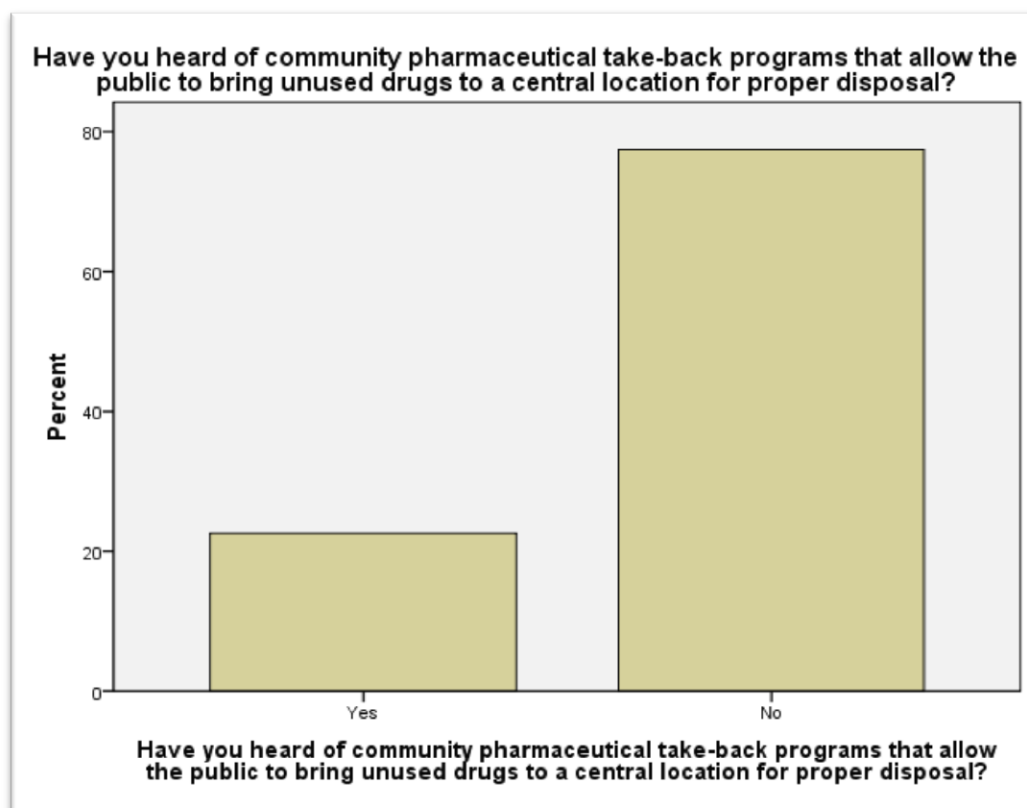
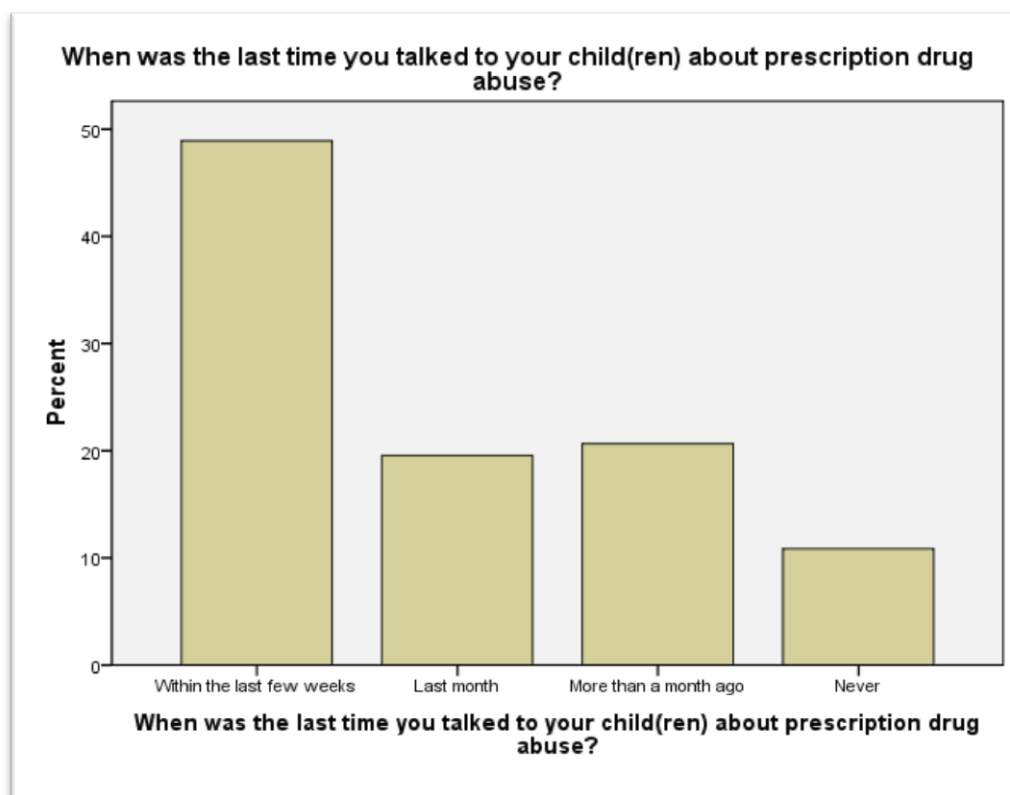
Representatives from the police department relied on the infra-structure of the program to promote their prescription drug abuse message. Parents were shown the video designed for this grant and during the session, they were given a brief survey to determine their perception of the prescription drug problem. Several sessions were held through the Strengthening Families Program and over 100 parents were reached because of this intervention.

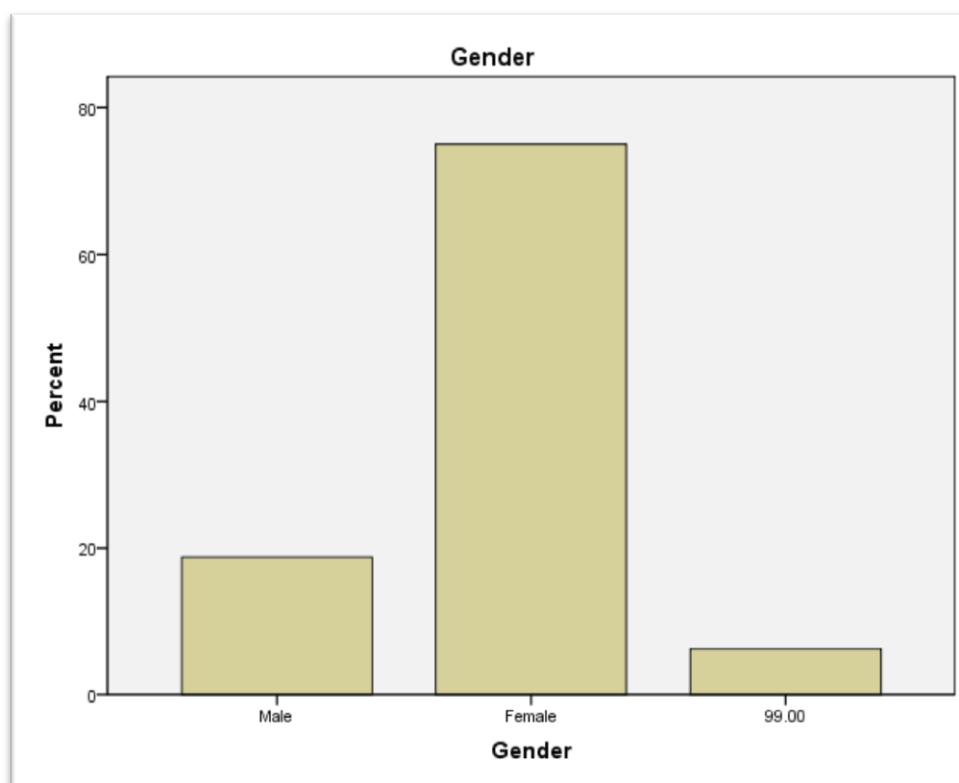
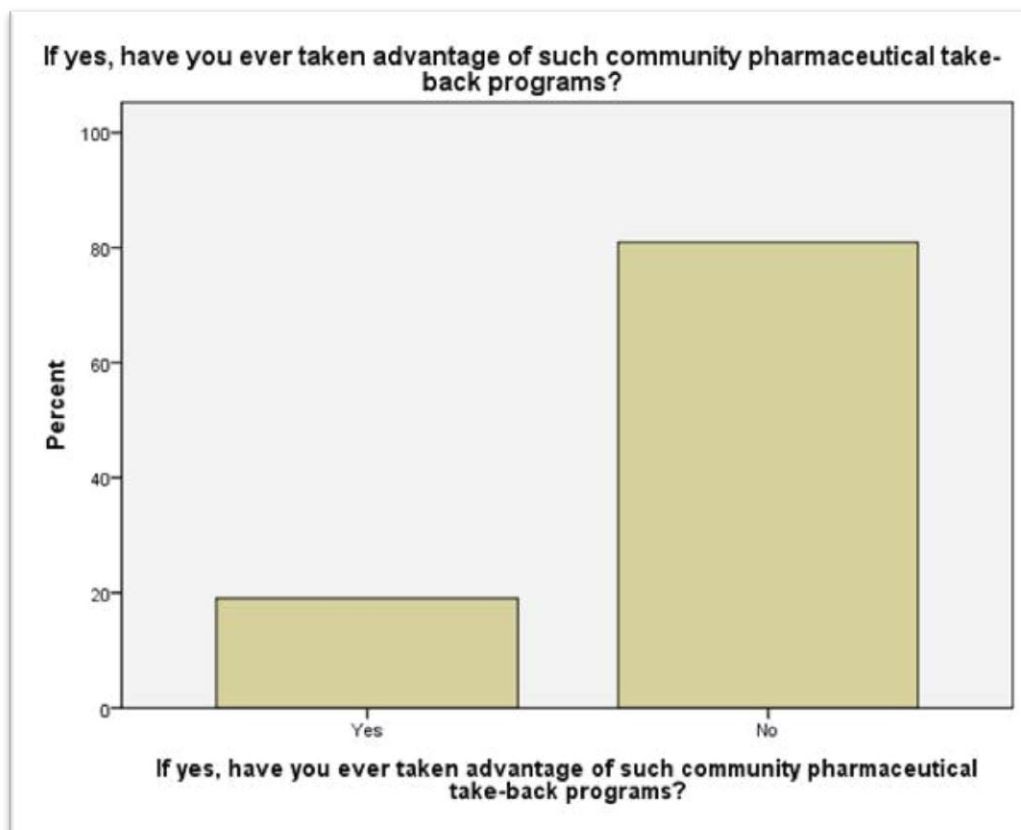
Results

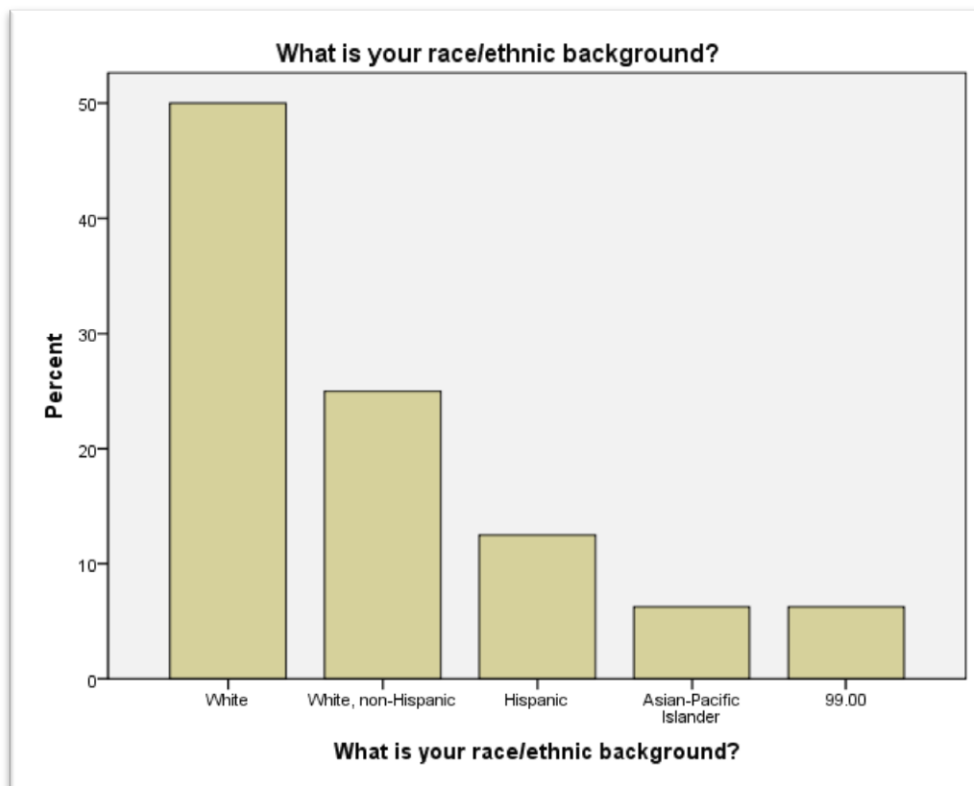
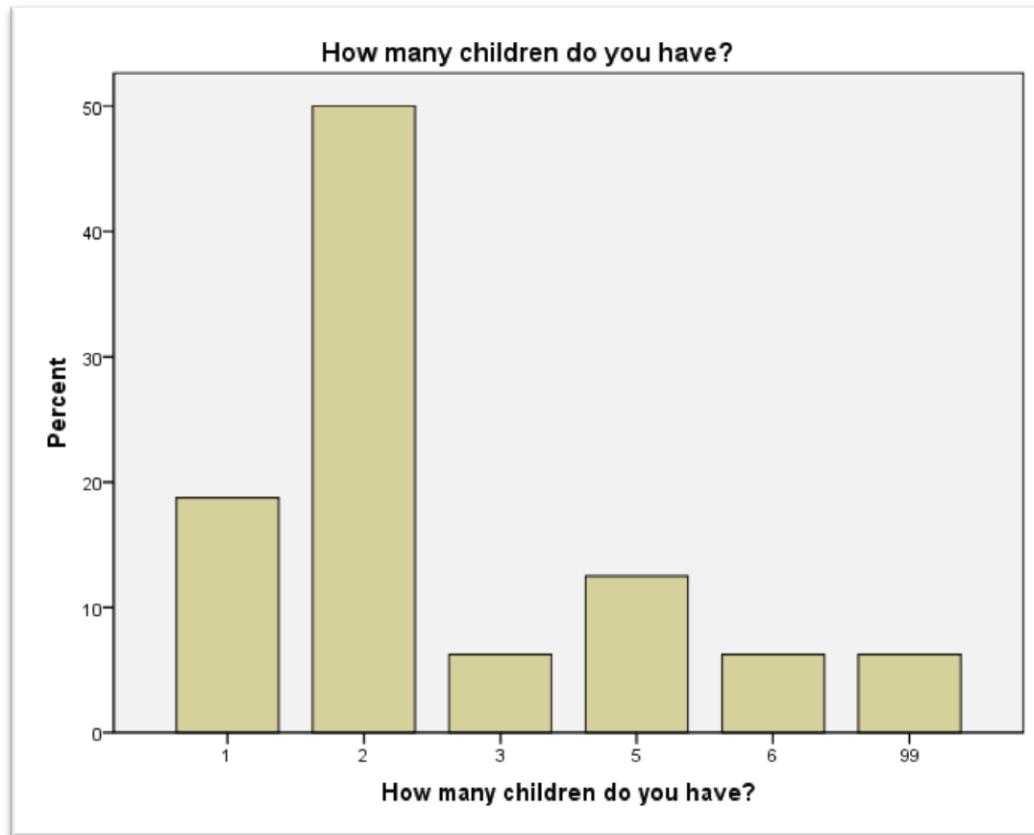
In terms of impact, the parent education component was harder to evaluate because the parents were not been the primary focus of the intervention efforts. While there have been some classes directed at parent education, the targets or subjects of this educational component were not a representative sample of the parent population. Other intervention efforts have indirectly affected the parent through casual contact, such as during the drop-off events held every few months, but there have been no specific interventions developed to measure the change on parental behavior so far. The 95 parent surveys collected thus far have shed some light, however, on how they perceive the nature of the problem. From the parent surveys, it seems that the parents are aware of this problem, they have been exposed to different media messages concerning the dangers of prescription pills (60%), but some of their answers also point to some missing or inaccurate information. For example, almost half of the parents had not heard of “pharm parties”, which are supposedly gatherings where

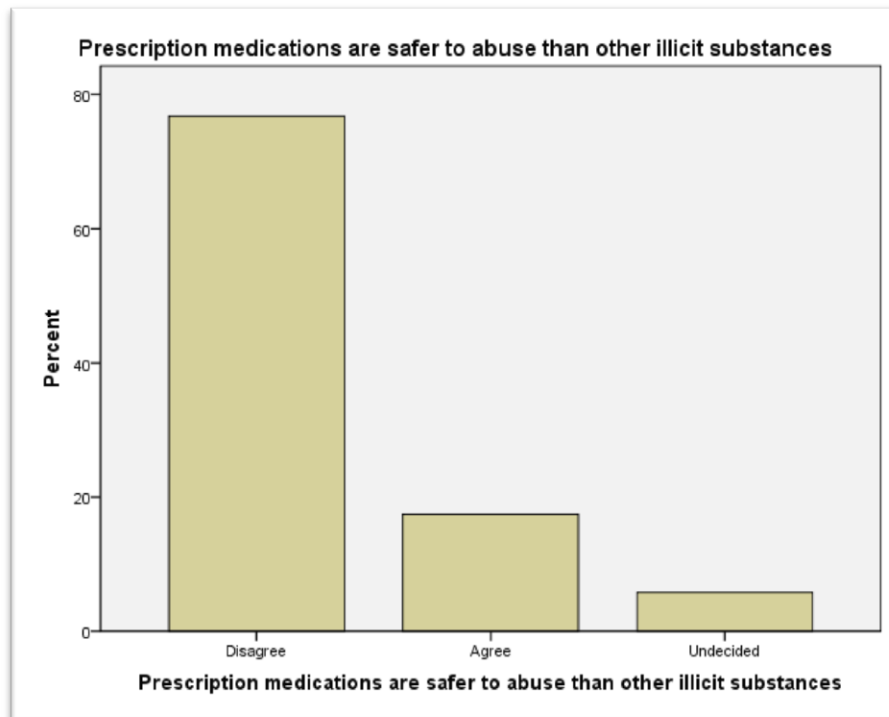
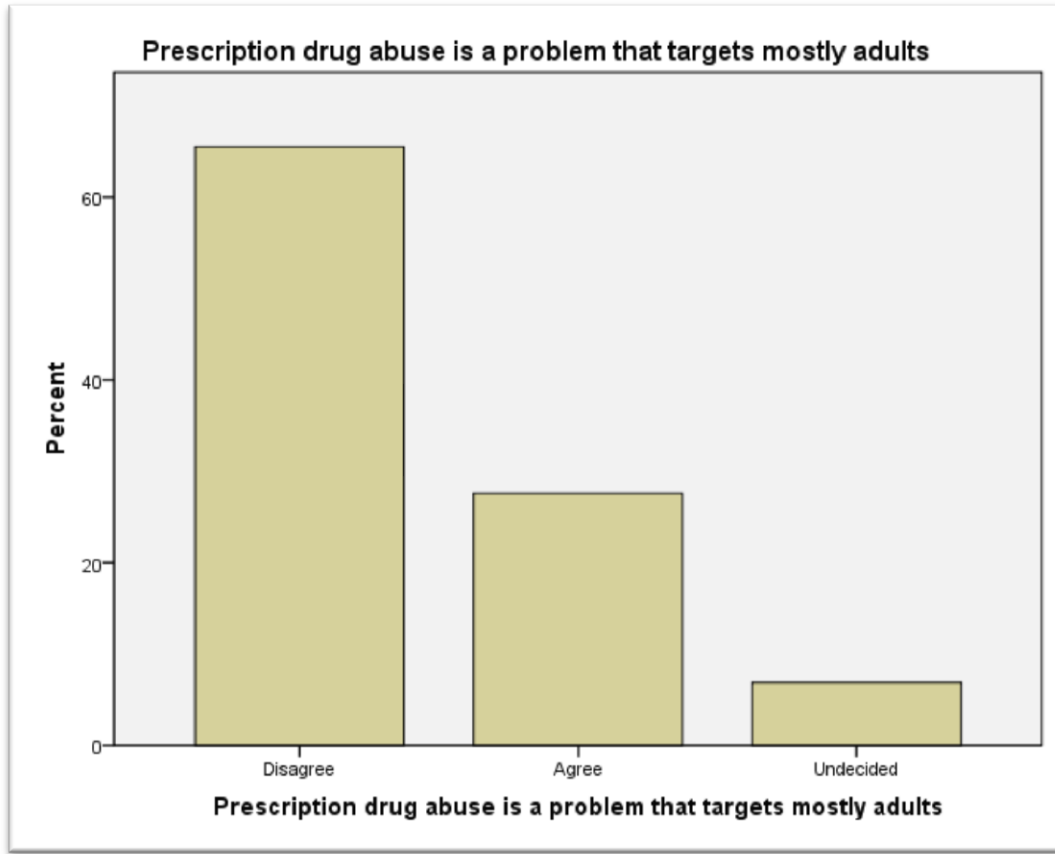
students mix numerous pills together in a large bowl and ingest them by the handful – (It should be noted that “pharm parties” remains a topic of debate as there are competing claims regarding their actual existence). Similarly, while most parents claimed to be knowledgeable about ways to prevent prescription drug abuse, almost 80% of respondents had never heard of community pharmaceutical take back programs that take place in their neighborhood. Of the 20% who had heard of these take back programs, only a small fraction had ever taken advantage of such programs by taking old or unused medication to have them properly disposed of. In the same vein, only 40% of parents believed that there was adequate information on how to prevent prescription drug abuse available to parents or guardians. This indicates that parents are thirsty for such information and prevention campaigns should also target the parent population by offering them relevant and timely resources. Finally, the survey results indicated that parents had no issues with this problem being addressed in the schools via health classes or other educational venues. Parents also stated that they welcomed law enforcement involvement in addressing this problem and that the medical community should be more responsible when it comes to their role concerning this problem. The tables for all of the parent survey questions are listed below and a document detailing prior evaluations of the Strengthening Families Program is included in the appendix.

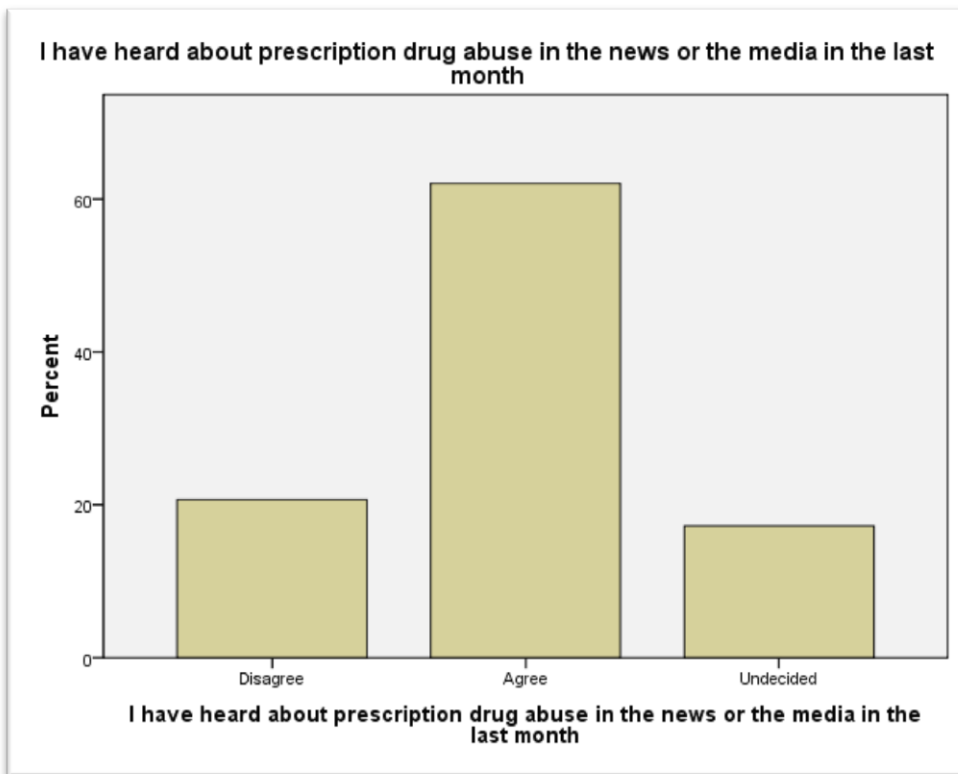
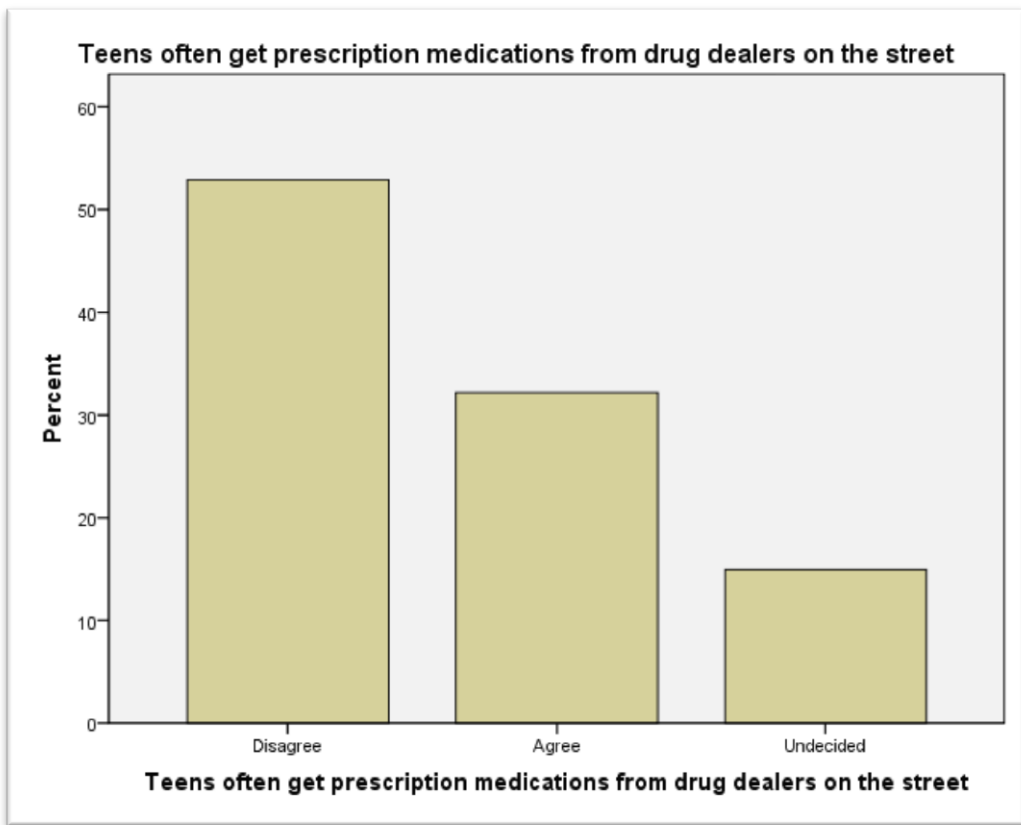


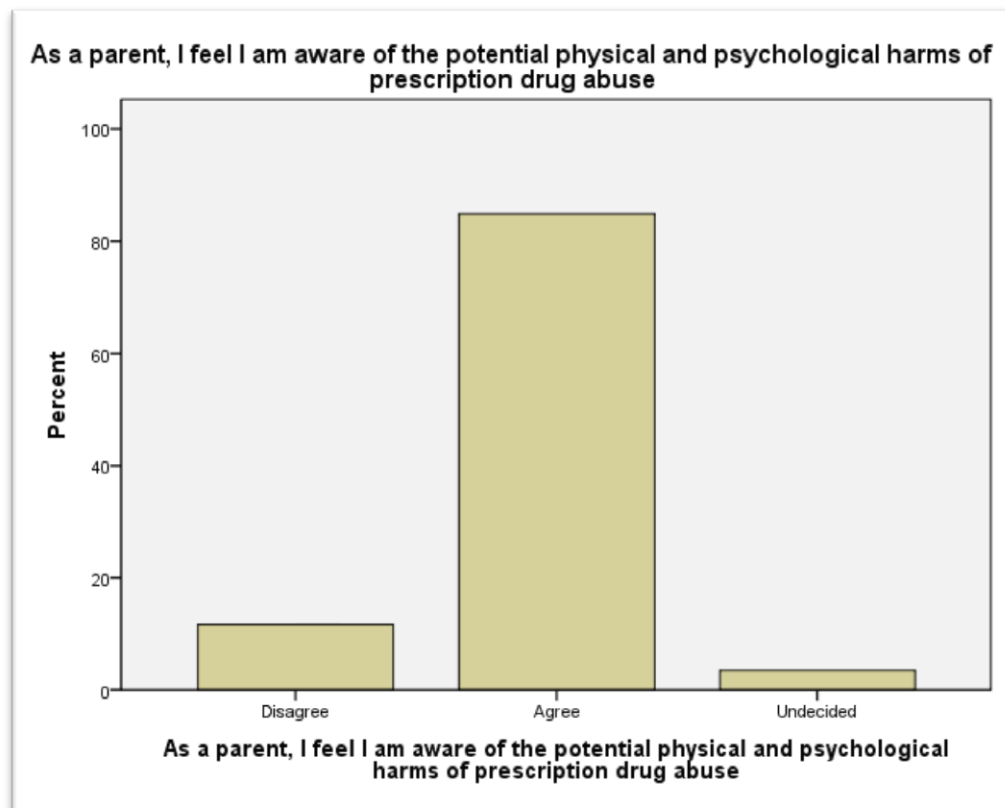
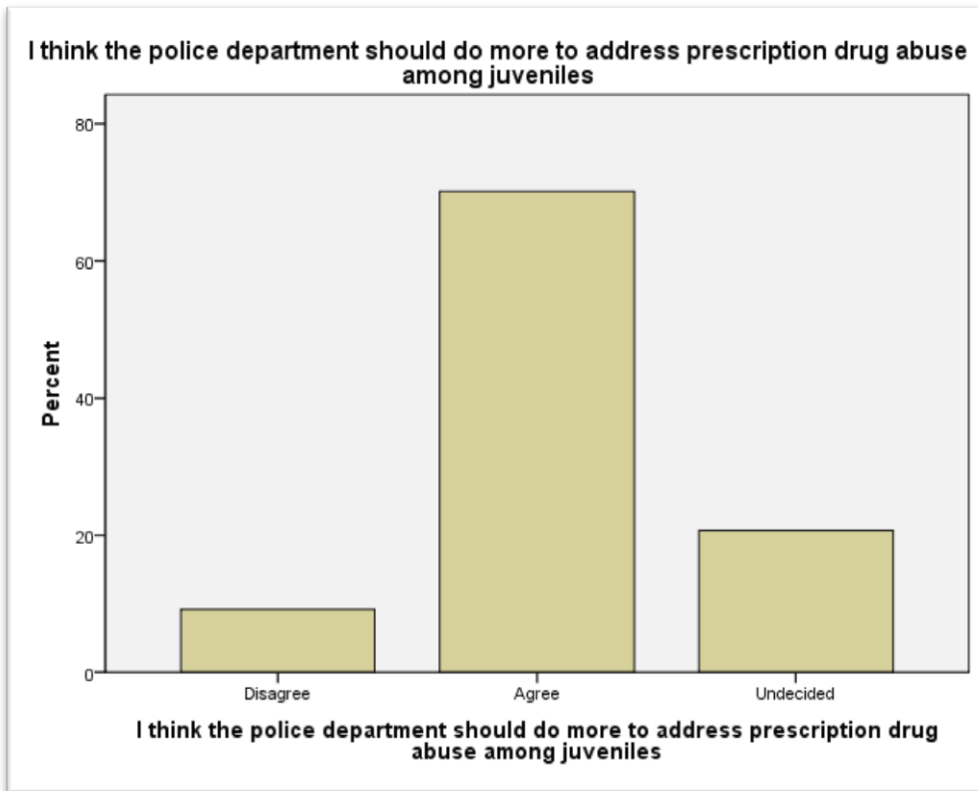


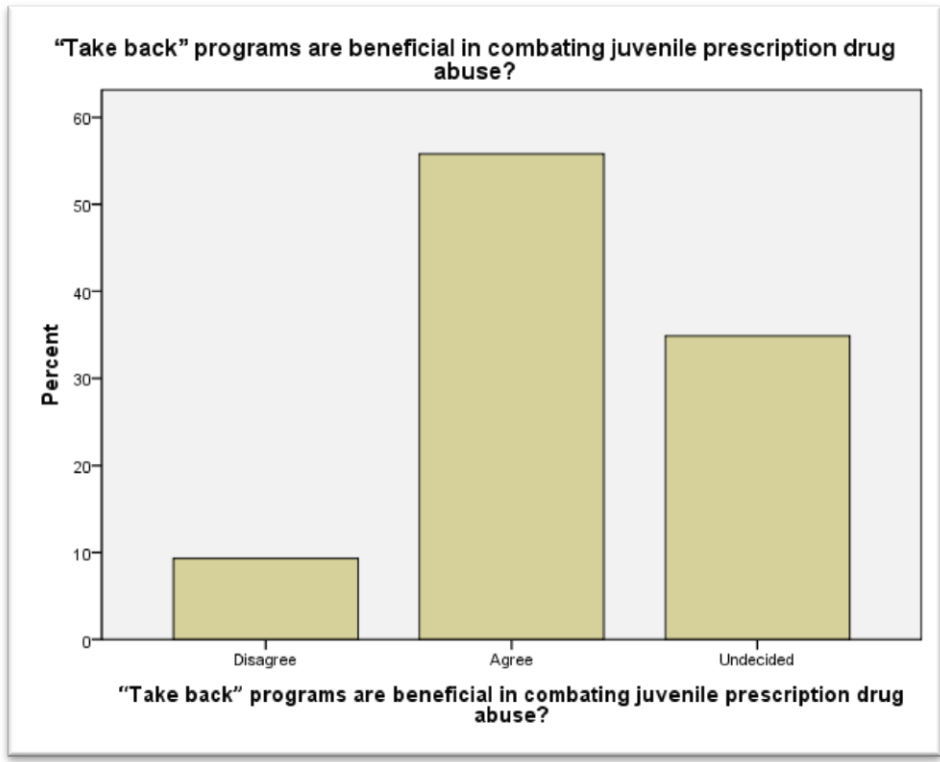
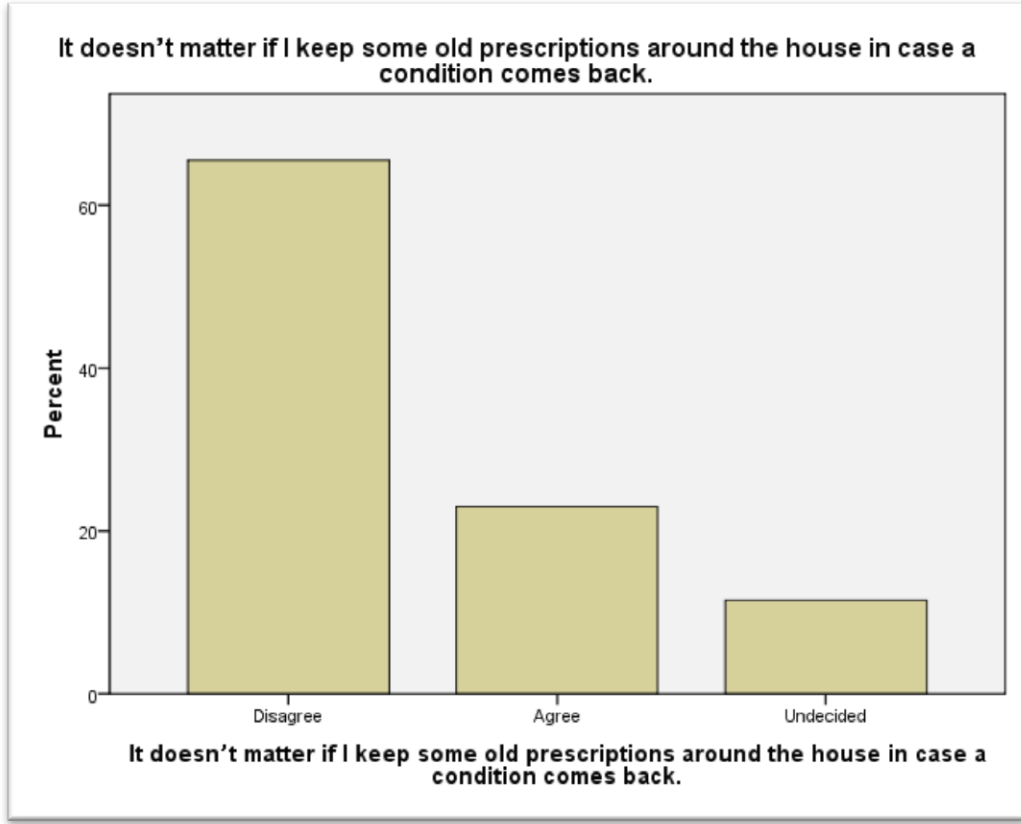


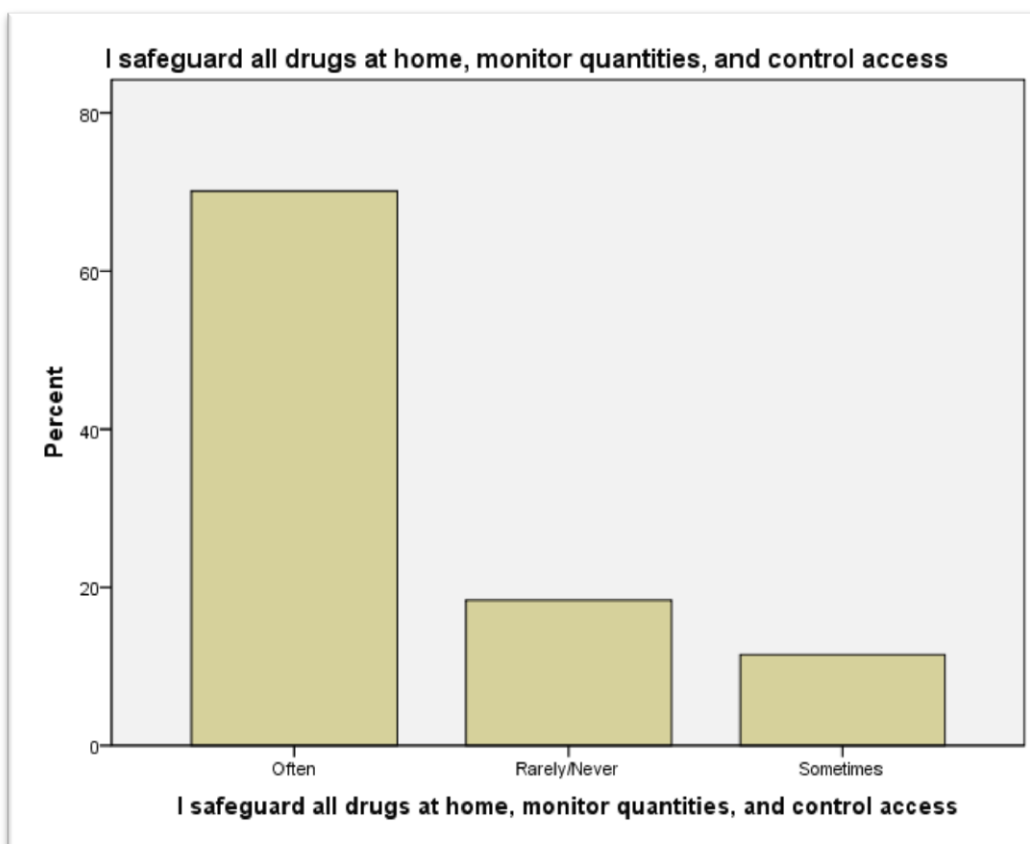
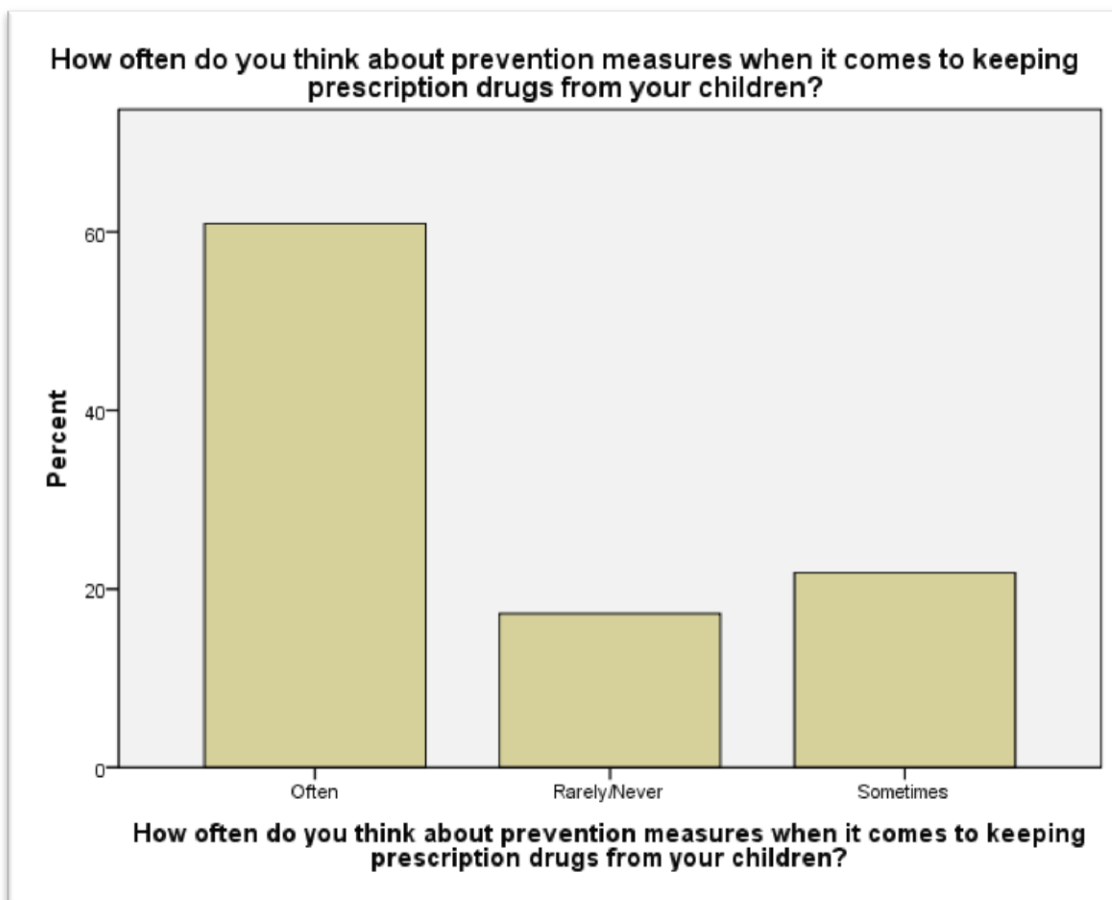


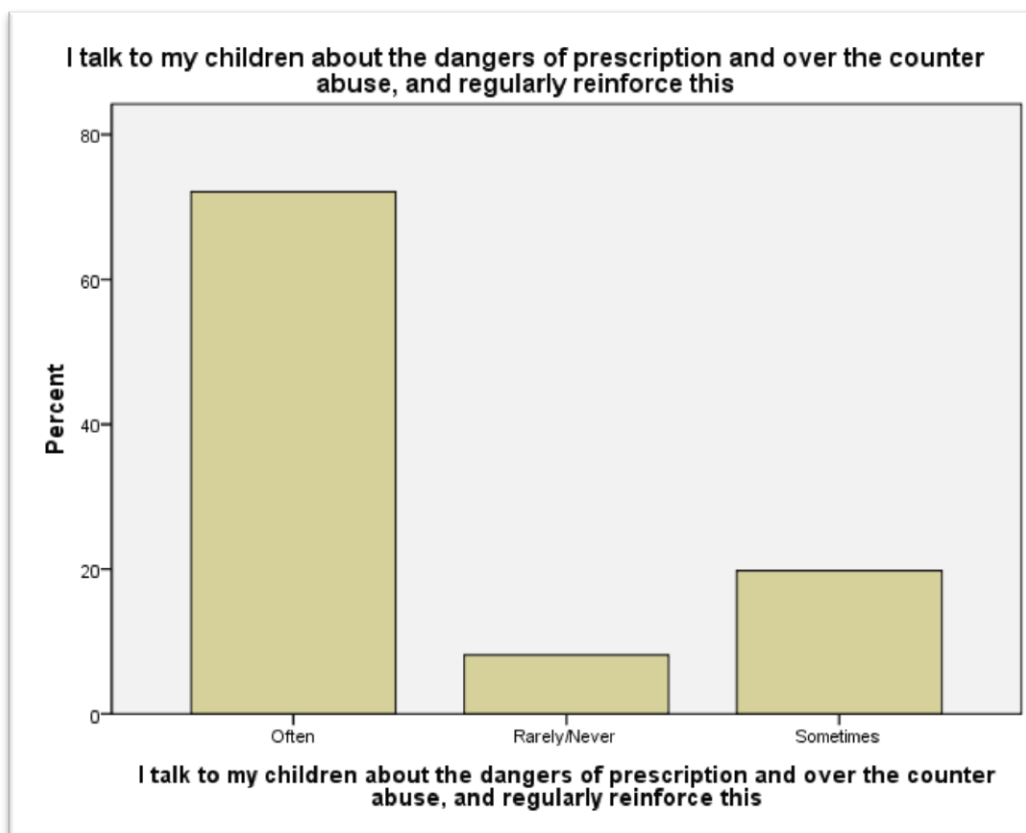
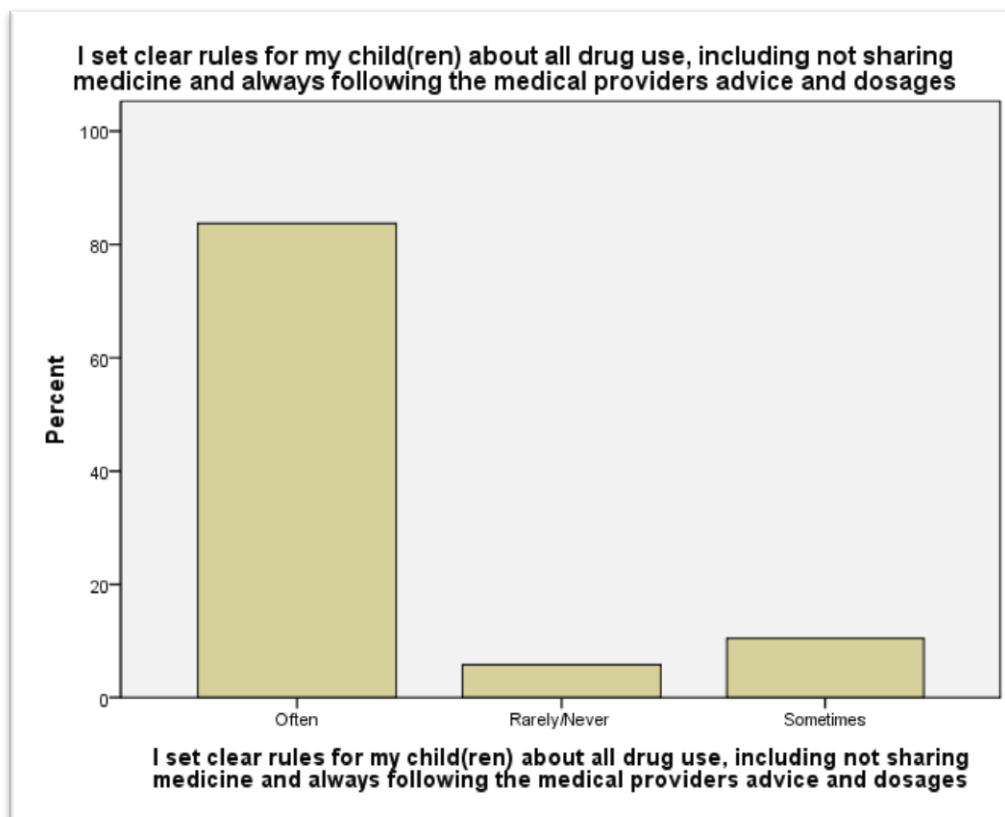


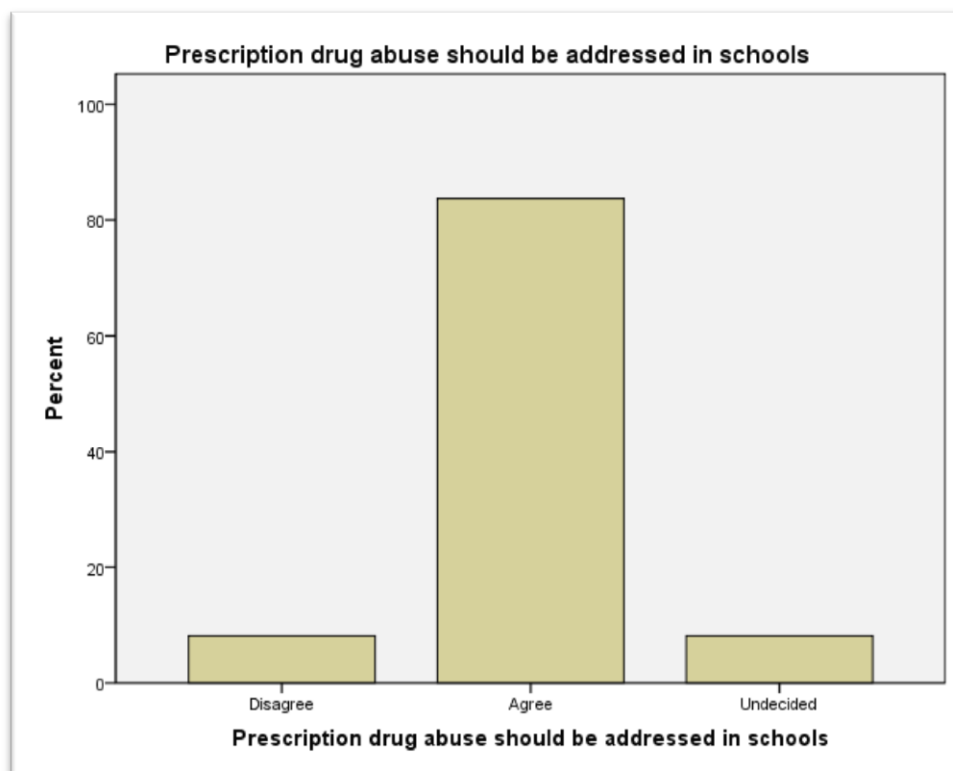
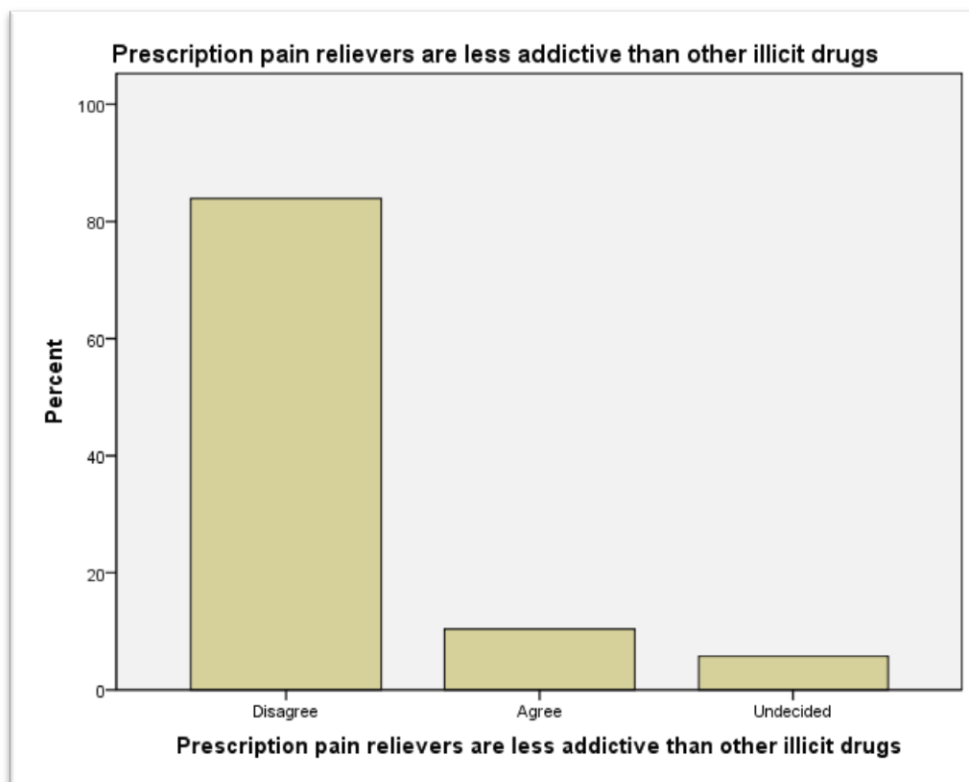


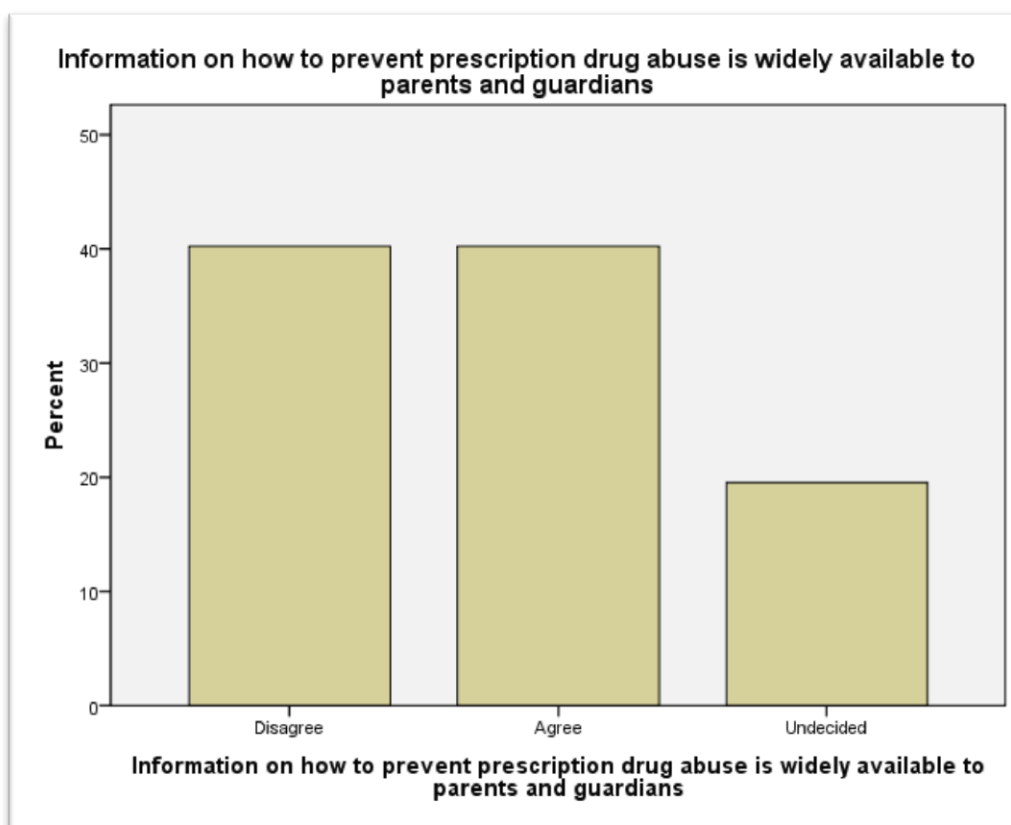
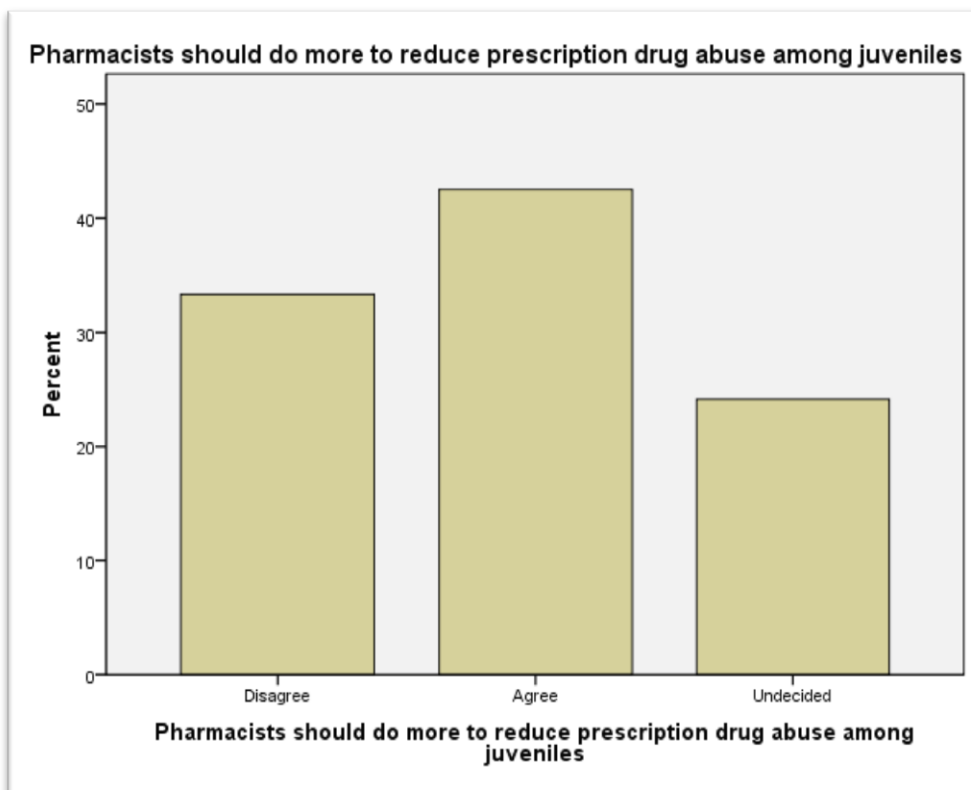


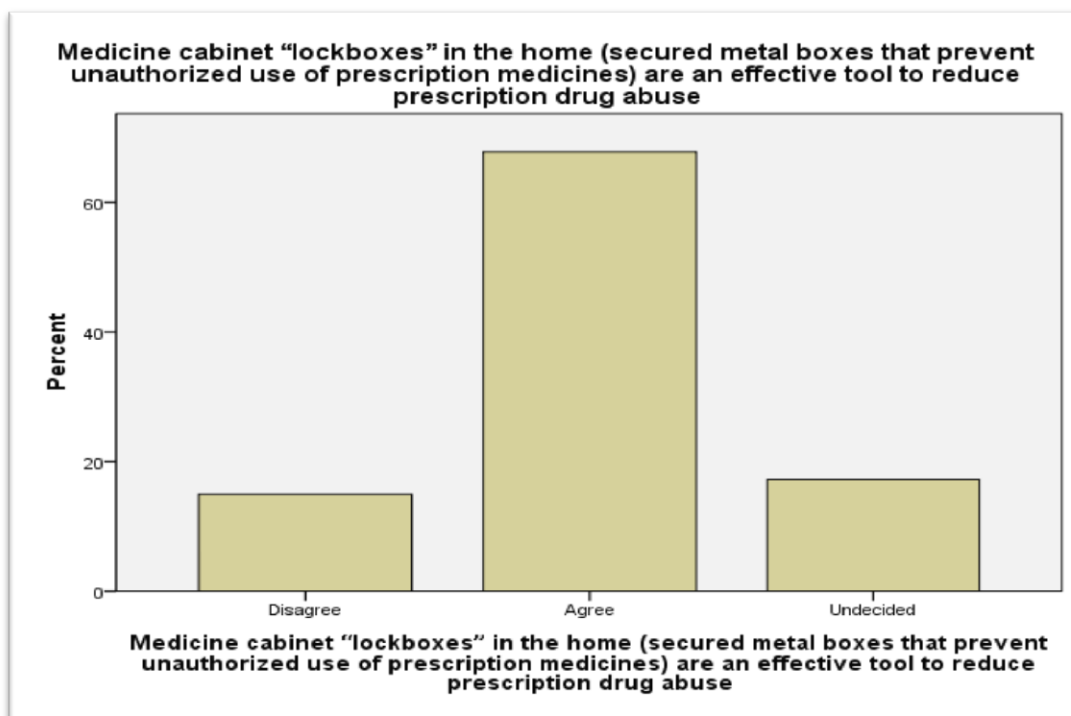
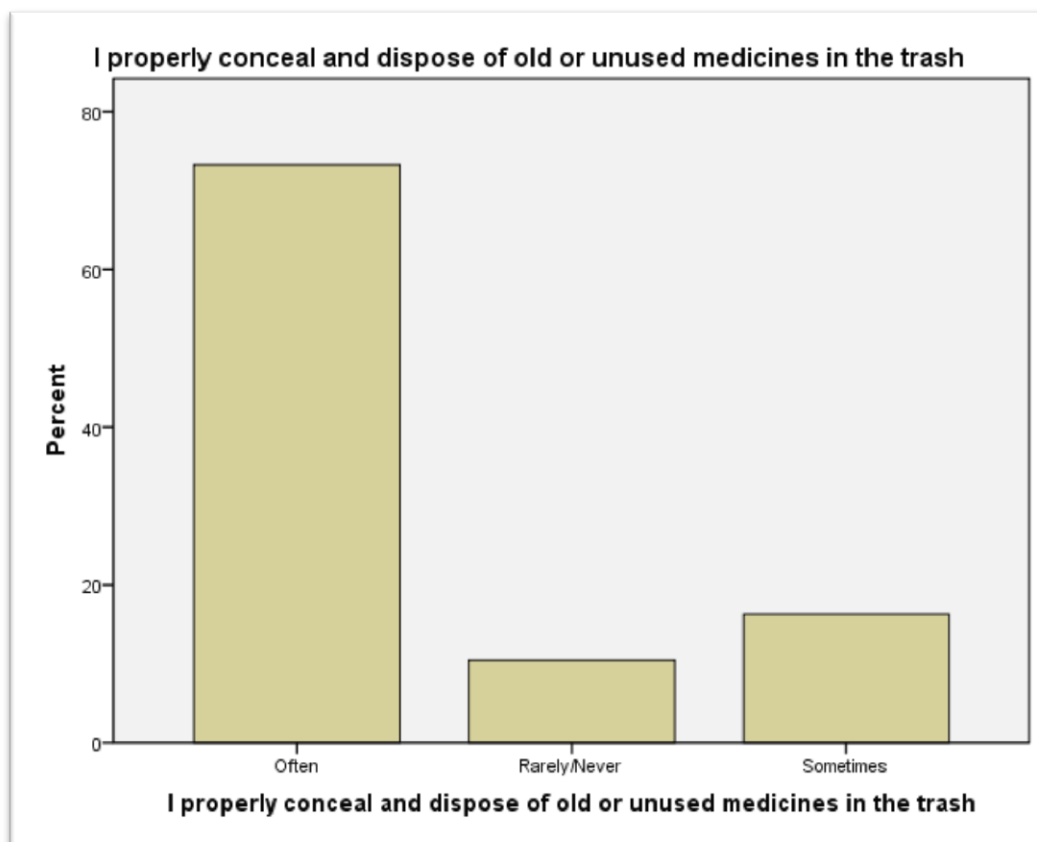


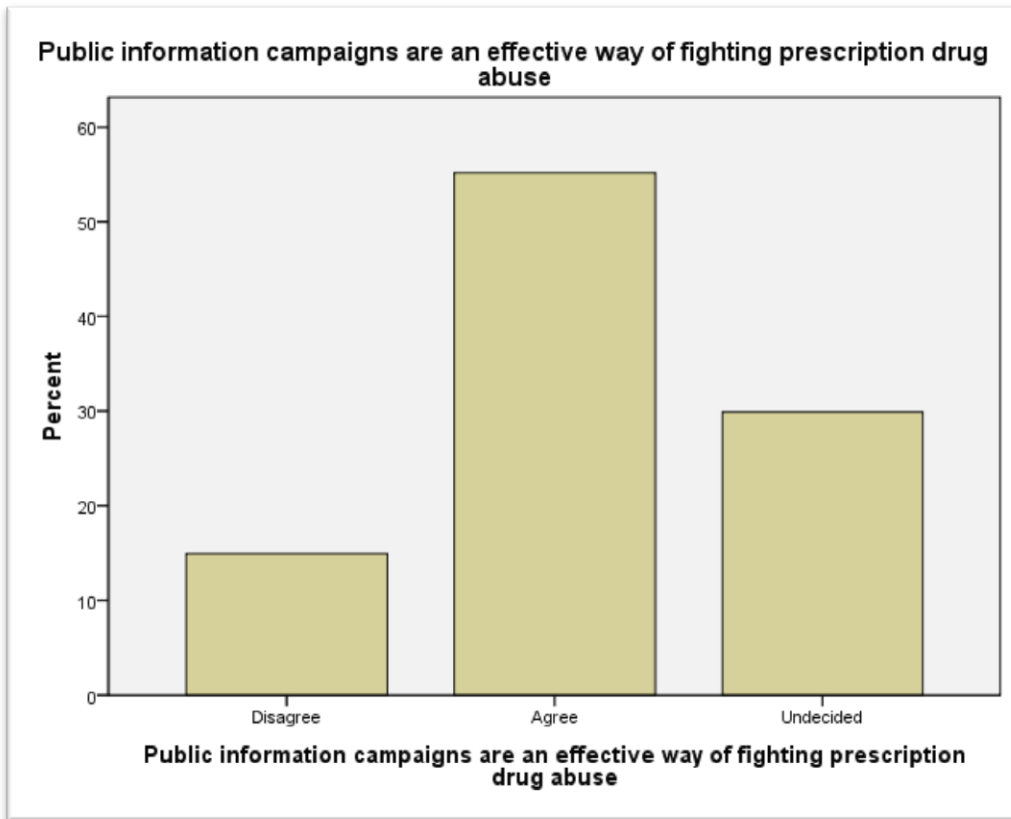












Goal 1: Education (Law enforcement personnel)

Objective 1: Train police officers on how to recognize and how to properly charge infractions involving prescription drug use.

Objective 2: Offer police officers a specialized training on the problems related to prescription drug use.

Description

In order to effectively enforce laws regarding illegal possession and distribution of prescription drugs, officers need to be trained to recognize these matters. While most police officers are trained to recognize illicit street drugs (marijuana, cocaine, heroin, etc.) very few are skilled in prescription drug identification. Therefore, when officers encounter loose prescription pills, they either ignore the offense, or they mischarge the suspect with the wrong statute. In all fairness, given the sheer number of different prescription pills in circulation, an officer would need to be able to recognize hundreds, if not thousands, of shapes and sizes of the different medications. In that vein, officer training in how to use the proper resources available to help in the identification process was a crucial component of the proper law enforcement interdiction effort.

Process

A detective assigned to the drug interdiction unit, whose assignment was to focus on prescription drug fraud, organized a special training session for patrol officers on how to recognize prescription drugs, and the officers were provided with the technology in their patrol vehicles to look up and identify specific pills when they were found. The purpose was to increase the officers' awareness of the problem and allow them to react appropriately

when they encountered someone with prescription pills outside of the proper container. The training was carried out on several occasions to all of the patrol officers of the police department. All working patrol officers were exposed to the presentation and its contents. A PowerPoint presentation was created and it directed officers as to how to charge suspects properly, the list of possible charges involved when dealing with prescription drugs, and it reiterated the fact that prescription drugs as a social problem is gaining on the traditional street drugs. Sample PowerPoint presentation slides are included below:

Slide 1



Slide 2

Prescription Drug Abuse Stats

- SET team seizures of prescription pills more than **doubled** from 2008 to 2009
- The number of new users of prescription drugs has **equaled** the number of new users of marijuana
- Nearly **1 in 5 teens** report abusing prescription medications that were not prescribed to them
- Among 12-13 year olds, prescription drugs are **the most commonly** abused drug

Slide 3

Laws

- NRS 453.336 PCS – Other
 - Schedules I through V
- NRS 454.316 Possession of a dangerous drug without prescription
 - Any unscheduled prescription drug

Slide 4

PC requirements

- Identification of pill
 - Generic name, schedule
- Who identified it
- If trafficking is applicable (schedule I or II), weight of all pills combined

Slide 5

Trafficking weights

- Schedule I
 - 4-14 grams: Level 1
 - 14-28 grams: Level 2
 - 28+ grams: Level 3
- Schedule II
 - 28-199 grams: Level 1
 - 200-399 grams: Level 2
 - 400+ grams: Level 3

Slide 6

Pill Identification

- Generic drug names listed in the Controlled Substances List
- www.drugs.com
 - Lists generic name, brand name, CSA schedule, pill photos
- Epocrates iPhone app

Slide 7

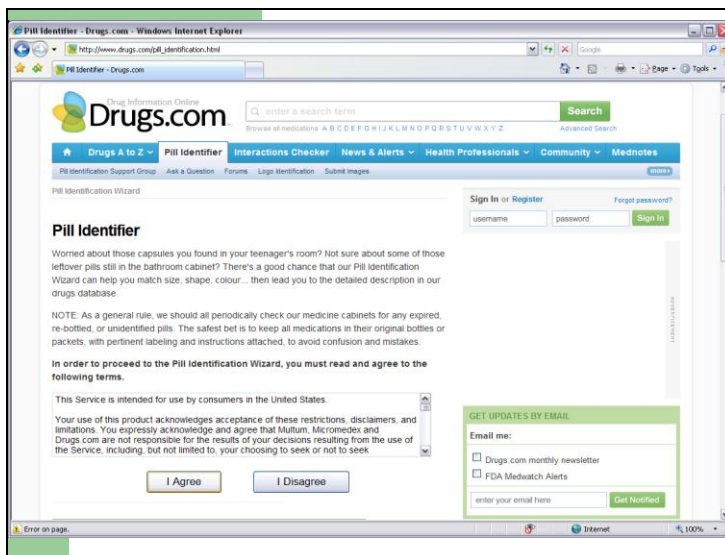
The screenshot displays the Drugs.com website interface. At the top, there is a search bar with the text "enter a search term" and a "Search" button. Below the search bar, a navigation menu includes "Drugs A to Z", "Pill Identifier", "Interactions Checker", "News & Alerts", "Health Professionals", "Community", and "Mednotes". The "Pill Identifier" tab is currently selected.

The main content area features several promotional banners and service lists:

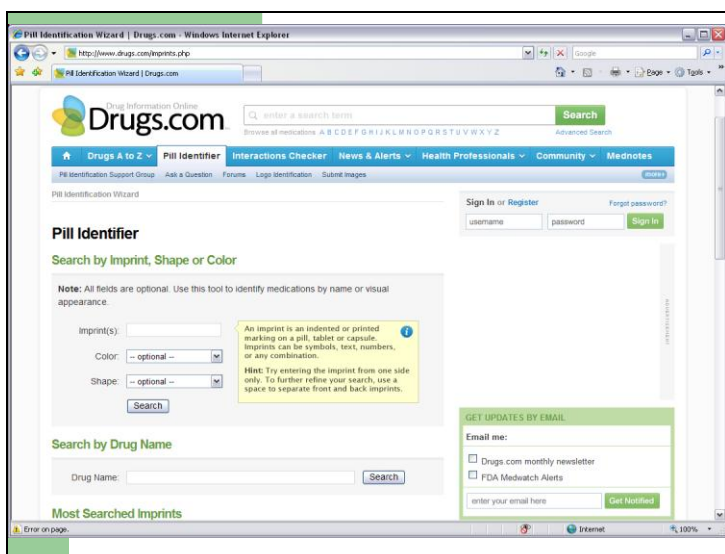
- Keep track of all your medications. Introducing the FREE Mednotes system by Drugs.com.** This banner includes an image of a family and a "More" link.
- Having trouble identifying pills or medications?** This section offers a "Pill Identification Wizard" and a "More" link.
- More Specialist tools** section includes:
 - Custom search for Medical Transcriptionists.
 - Check drug interactions between your medications.
 - Learn about your pet's medications using the Drugs.com veterinary edition.
- Sign In or Register** section with fields for "username" and "password", and "Sign In" and "Forgot password?" buttons.
- Blocked Website** notification: "Your access to the website http://ad.doubleclick.net was blocked for the following reason: Blocked URL. Rule type is: Keyword, IP." A link "Click here to run the Site" is provided.
- FEATURED SERVICES** list:
 - A to Z Drug List
 - Drugs by Condition
 - Pill Identifier
 - Interactions Checker
 - Drug Image Search
 - News & Articles
 - New Drug Approvals
 - New Drug Applications
 - Drug Side Effects
 - Drug Imprint Codes
 - International Drugs
 - Drugs by Category
 - Natural Products
 - Mobile Edition
 - MedNotes
 - FDA Drug Alerts
 - Clinical Trial Results
 - Community Forums
 - Medical Encyclopedia
 - Patient Care Notes
 - Phonetic Search
 - For Professionals
 - Veterinary Drugs
 - Pregnancy Warnings
 - Info en Español
- Welcome to Drugs.com** section:
 - Drugs.com is the most popular, comprehensive and up-to-date source of drug information online. Providing free, peer-reviewed, accurate and independent advice on more than 24,000 prescription drugs, over-the-counter medicines & natural products.
 - Daily Medical News
 - Crestor Approval Expanded For People Without High Cholesterol** (rosuvastatin) has been widened to include people who have no obvious symptoms of heart disease. Dow Jones reported. Merck AstraZeneca can now market the drug to people with normal or slightly above-normal levels of...
 - Obstructive Sleep Apnea in Kids May Have Genetic Cause** TUESDAY Feb. 9 - Children with obstructive sleep apnea may someday be able...

The browser's address bar shows "http://www.drugs.com/pill_identification.html" and the page title is "Drugs.com | Prescription Drugs - Information, Interactions & Side Effects - Windows Internet Explorer".

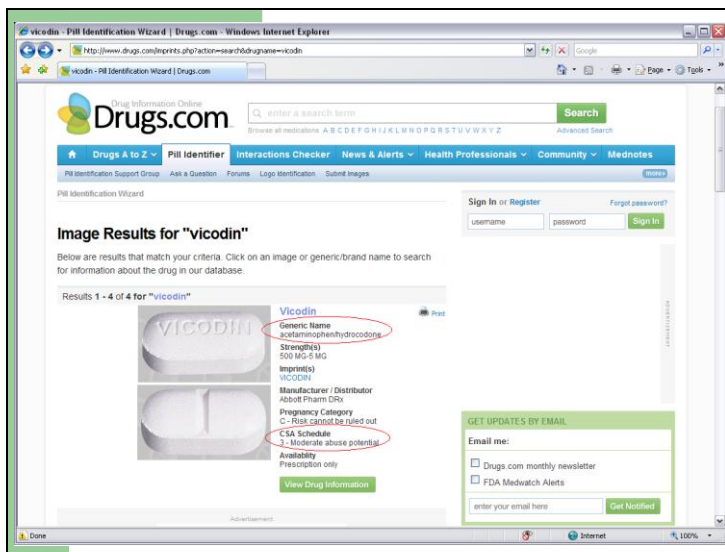
Slide 8



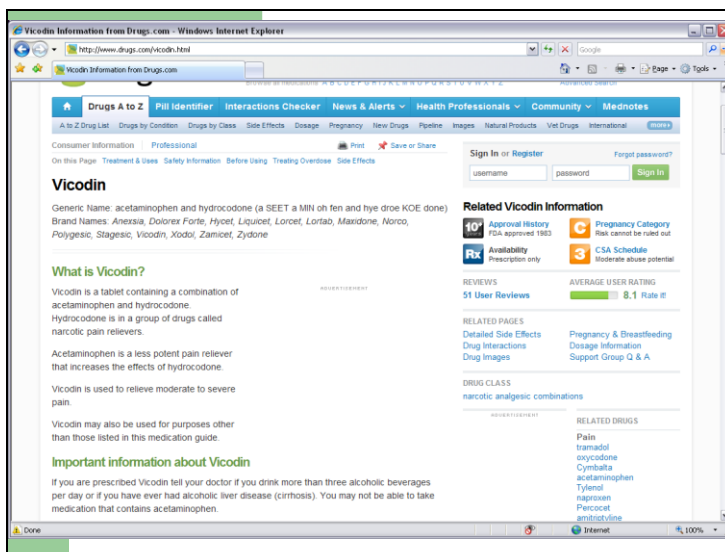
Slide 9



Slide 10



Slide 11



Slide 12

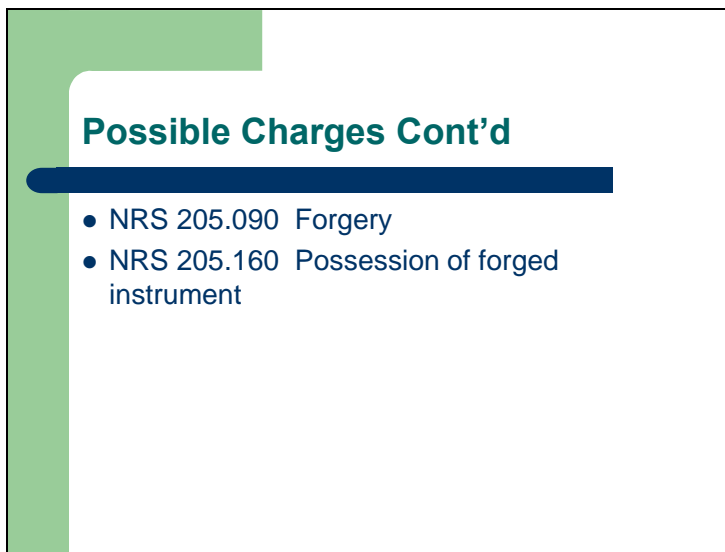


Slide 13

Possible Charges for Pharmacy Calls

- NRS 205.060 Burglary
- NRS 454.311.2 Possession of false/forged prescription for a dangerous drug
- NRS 454.311.3 Obtaining a dangerous drug by a forged prescription (not PCS)
- NRS 453.336 PCS-Other
- NRS 454.316 Possession of dangerous drug without prescription (gross misdemeanor)
- NRS 453.3385 Trafficking - Schedule I
- NRS 453.3395 Trafficking - Schedule II

Slide 14

The slide features a green L-shaped graphic on the left side. The title "Possible Charges Cont'd" is centered at the top in a bold, teal font. Below the title is a dark blue horizontal bar. A bulleted list follows, containing two items: "NRS 205.090 Forgery" and "NRS 205.160 Possession of forged instrument".

Possible Charges Cont'd

- NRS 205.090 Forgery
- NRS 205.160 Possession of forged instrument

While it is important for police officers to be exposed to the proper statutes, and the legal protocols when it comes to prescription drugs, the educational component for the law enforcement community also included a broader discussion about the social ills of prescription drug use. Therefore, a specialized training session was organized and offered patrol officers a chance to be exposed to the dynamics of prescription drug diversion, and all of the fraudulent activities associated with it.

A special training session was sponsored by the Purdue Pharma Law Enforcement Liaison/Education division and the Reno Police Department. This event was designed to educate law enforcement professionals when it came to pharmaceutical diversion enforcement. This training session included topics such as pharmaceutical drug identification, lawful prescribing and prevention of diversion, and understanding prescription drug abuse. The speaker was a recognized professional in the field of drug diversion and currently serves as an instructor for the California Narcotic Officers' Association.

For the specialized law enforcement training session, approximately 50 law enforcement officials from several local agencies signed up for the course. This training was in addition to the regular patrol presentation that was provided earlier and discussed the more practical aspects of law enforcement and prescription drugs.



Pharmaceutical Diversion Enforcement

WHEN: April 22, 2010 0800-1200hrs.
WHERE: REGIONAL PUBLIC SAFETY TRAINING CENTER
 5190 SPECTRUM BLVD
 RENO, NV 89512
PRESENTER: Marc Gonzalez
COST: Free – Seating is limited, registration is required

About the Course:

Course topics will include:

- Pharmaceutical Drug Identification - A review of the classes of pharmaceutical drugs with an emphasis on how they are used appropriately and how they can be abused. Each student receives the latest edition of a full color brochure with the commonly abused drugs published by the National Association of Drug Diversion Investigators.
- Lawful Prescribing and Prevention of Diversion - A national overview of federal data related to the abuse of prescription drugs (DAWN and NSDUH), an understanding of the CSA as it applies to prescription controlled substances and a description of prescription drug crimes and their victims. The course explains the problems surrounding misuse, abuse and diversion of pharmaceutical drugs.
- Prescription Drug Abuse and Diversion - This course will provide a national overview of the abuse of prescription drugs (DAWN and NSDUH), an understanding of federal data related to the CSA as it applies to prescription controlled substances and a description of prescription drug crimes and their victims. Actual case examples will be used throughout the program. Each participant will be given a packet containing resource materials on diversion of prescription drugs that can be useful to their departments and communities.

About the Trainer:

Marc Gonzalez, Pharm.D, is a 20 year LEO and current Director, Law Enforcement Liaison/Education, Purdue Pharma. He focuses on increasing law enforcement's ability to deal with criminals who abuse prescription drugs while ensuring that legitimate patients have access to needed medications. Dr. Gonzalez also serves as President, California Chapter, National Association of Drug Diversion Investigators (NADDI), is currently an instructor for the California Narcotic Officers' Association and the International Chiefs' of Police – Drug Recognition Experts.

Training sponsored by: Purdue Pharma Law Enforcement Liaison/Education division and Reno Police Department.

To Register:

- ✓ Create student profile: log onto www.rpstc-reno.com. Click on "schedule/login". Click on "sign-in" and open the "create new student profile" link. Enter the required info and click "submit" at the bottom of the page. If you already have a profile BUT forget your login/password please do not create a new one, call Beth at (775) 789-5417
- ✓ Click on "Courses". Under "Public Safety Courses", click on "Law Enforcement". Scroll down to "Prescription Fraud for Law Enforcement". "Add to my Shopping Cart" and complete the registration process. You will receive an email class confirmation.

Hotel Information: (1) Call John Ascuaga's Nugget at (775) 356-3380-must mention RPSTC's corporate account—to receive a rate of \$59/night. OR (2) Call Comfort Inn (1250 E Plumb Lane) at 775-682-4444 – must mention Regional Public Safety Training Center to receive a rate of \$69/night PLUS complimentary full, hot breakfast and they will shuttle to/from training center.

If you have any questions, please call Beth 775-789-5417.

Results

For this particular intervention, the impact will be discussed in Section 6 (Analysis and Evaluation) since the evaluation of the overall project involves examining the prevalence of prescription drugs in routine police activities and reports.

Goal 1: Education (Medical Community)

Objective 1: Offer dentists, physicians, nurse practitioners, and pharmacists specialized training on the problems related to prescription drug use.

Objective 2: Survey medical professionals on their perception of the dangers and prevalence of prescription drug abuse.

Description

An integral part of the smart policing implementation was to seek a reduction in the number of prescription pills prescribed by the medical community. It was determined that an educational campaign should be devised for the primary actors in this community: doctors, dentists, pharmacists, and registered nurses. Doctors were selected because they are the obvious entities that prescribe medications to the patients. While the majority of prescriptions are valid and legitimate, some doctors may have over-prescribed out of sympathy or out of manipulation on the part of the patient. Dentists were also included in the educational/training component because it was determined that some dentists tend to overprescribe the number of pills required after a routine dental procedure. Some of the medical professionals and dentists we encountered during this project related the fact that for routine procedures such as a root canal, dentists tend to over-prescribe pain medication to their patients. Whereas two pills of the pain suppressant would have sufficed, dentists were known to prescribe between 20 and 60 pills per procedure. Finally, pharmacists were also targeted for this educational/training because while pharmacists are only required to fill a prescription written out by a medical professional, there are instances where pharmacists need to be aware of fraudulent scripts, fraudulent doctors, or other instances where the prescription (while valid) should be questioned and possibly not filled based on ethical or

legal grounds. For example, if a patient is fraudulently trying to fill out 20 prescriptions from 20 different doctors at the same pharmacy, while each prescription is valid, the pharmacist has an ethical obligation to question this patient and decide whether or not to comply with the 20 prescriptions.

The purpose of the training for the medical community was not to point fingers, be accusatory, or to create an atmosphere of fear through the threat of legal consequences. The training was simply to raise awareness in the medical community when it came to the prescription drug abuse problem. Most training sessions discussed how to recognize attempts at prescription drug fraud, how to make their own place of work safer against prescription fraud, and how to reach out to other entities in case they recognized fraud. For example, the attendees at these trainings were offered different contact numbers such as the local police department, pharmacy board, board of health, and other outreach possibilities so as to create a clearinghouse to share information about this important problem.

Process

Part of the difficulty in reaching out to the medical community was the extent to which they would listen to and trust members of the law enforcement community to talk about this topic. In a sense, the medical community feels that this is a problem that concerns them and they would like to discuss it amongst themselves. As such, the decision was made to invite a medical doctor as a guest speaker to be in charge of the training/educational campaign for the medical community in order to increase the interest and adhesion level when it came to prescription drug fraud. Through some research, a doctor with some experience speaking on the topic and who had presented previously in front of other medical

community groups was identified as he was invited to speak on numerous occasions to the medical personnel.

The speaker had provided similar lectures to different agencies throughout the country. He had been to Washoe County several times and had spoken to law enforcement officers, social workers, and physicians. In addition, he had presented to many audiences including: UCSF Pain Group, UC Davis Family Practice, St. Helena Center, Kaiser Foundation Hospitals and many others. He had delivered speeches at many large-scale medical events, such as the Addiction and Recovery World Affairs Council, and before the Drug Enforcement Administration, National Drug Intelligence Center and California State Assembly. He was also a regular instructor for the California Department of Justice and the California Narcotics Officers' Association.

The target audience for this training was physicians and nurses in the Reno/Sparks area. Education for physicians was vital to the success of this program as all of these drugs are originating from a doctor's office. Whether it is through "doctor shopping," over-prescribing, prescription fraud or some other means, these pills are being diverted and abused. Whatever the method, the doctors are at the heart of the issue and have a great amount of power and responsibility to stop it. Doctors in our area needed to be educated about what a significant problem prescription abuse and addiction is, and what they could do about it. Without cooperation from the physicians, this program's success would have been seriously compromised in terms of curbing the prescription drug abuse problem. The speaker was able to inform doctors of the problem and their role in solving it. As a result, it was hoped that some doctors would adopt some changes in their methods: more in-depth evaluation of patient complaints before giving a prescription, tracking patient activity to find

those who are "doctor shopping," enhanced prescription fraud prevention measures, and greater awareness of addiction to prescription drugs and how to treat patients in a way that avoids this addiction.

The main topic of the speaker's training course was prescription drug addiction and abuse. He was not only a physician himself, but he was a drug treatment provider as well, and hence, he was able to relate to physicians especially well and deliver the information in a way that was well received. During his training sessions, he would offer an overview of drug addiction and the specific ways that it affects the brain. The speaker covers this topic routinely because he believes that physicians need more education in this area, or at the very least, a solid review. Most physicians who do not deal regularly with addiction are somewhat unfamiliar with its intricacies. The training also discussed key terms in the science of addiction, including neuroadaptation, tolerance, and withdrawal. He then explained the specifics of addiction to prescription medications, and discussed those that are most commonly abused: opiates and benzodiazepines. Attendees were reminded that many of the medications they routinely prescribe had the highest risks for abuse and addiction, and thus they needed to more carefully monitor their use of such medications. Because the type of prescription drug most commonly abused -especially among youth is opiates, the speaker then discussed options for physicians to treat pain as well as opiate addiction. The addiction to opiates is extremely difficult to break, and the presentation's goal was to prevent this addiction from occurring if at all possible. By teaching physicians in Washoe County how best to prescribe these drugs responsibly and look out for signs of prescription diversion and abuse, the training was a vital component in the efforts to prevent this type of abuse.

The coordinators of the training also put in a considerable amount of preparation for the training. This included publicizing the event and gathering RSVP's from the physicians and nurses. They also completed the necessary paperwork in order to offer CME's (continuing education credits) to doctors and CEU's for nurses. It was determined that offering CEUs to doctors and nurses was a simple yet efficient way to attract the medical community to this discussion. While the topic matter was relevant to their profession, there was no requirement that they attend. Therefore, learning that doctors and nurse practitioners need a certain amount of hours of continuing education credits in order to maintain their licenses, we offered them a chance to acquire some of these credits if they chose to attend our speaking engagement. It turned out that this method worked quite well as the response to the speaking engagement/training in exchange for CMU's exceeded all expectations in terms of attendance. Finally, coordinators also handled all of the logistics of the training such as reserving a facility and providing necessary refreshments, as well as the technology and equipment required by the speaker.

A similar training opportunity was offered to the pharmacists. The pharmacists were trained by a different professional than the one who addressed the medical community. This is because the pharmacists have a different stake in the problem. In essence, pharmacists not only have to manage their store, their businesses, and their bottom lines, they also have to deal with the substantive nature of their job which is administering drugs and filling out prescriptions. Pharmacists are involved in this problem in that they can either be victims due to fraudulent practices on the part of their customers, or they may become robbery and assault victims as offenders attempt to steal medications from their counters using physical force.

The training designed for the pharmacists was a dual effort between the Reno Police Department and the Nevada Board of Pharmacy. Like the medical community, pharmacists were offered two hours' worth of continuing education credits in exchange for their attendance at this presentation. The two hour training was held in a large room at the regional public safety training center on several occasions. The pharmacist training addressed the growing issue of pharmaceutical diversion and abuse and helped the pharmacists and pharmacy techs to better understand their role in the prevention of this problem. Some of the topics presented by the Reno Police Department representative and the inspector/investigator from the Nevada Board of Pharmacy included the overview of the new fax fraud alert system for Northern Nevada, case studies from local prescription fraud and diversion cases, and more practical applications such as how to secure a pharmacy, and using video surveillance systems. The presentation also covered techniques on how to become a good witness and how to protect your patients in case of a robbery or other violent crime. Pharmacists and pharmacy techs were also given information on how to recognize and how to handle a forged or altered prescription script. Finally, the legal side of this problem was presented. All of the federal and local regulations that apply to controlled substance handling/prescribing were discussed. Also covered were regulations concerning diversion investigations, and HIPAA requirements. Finally, the presentation covered some more general pharmacy related practices such as how to prevent employee theft, how to reduce errors when filling out prescriptions, and how to prepare for a board of pharmacy inspection. In short, this two-hour training session was designed to give pharmacists an overview of the problem of prescription drug abuse by approaching it from a legal, practical, and ethical perspective.

Over the course of the Smart Policing Initiative, many similar training sessions were organized and presented to the medical community. Overall, there were over a dozen training sessions aimed at educating the professionals that handle prescription drugs. It should be mentioned that in addition to the trainings that were directly organized by the police department and other local agencies, there were other educational opportunities provided to the medical professionals. For example, the local medical school offered several sessions on prescription drug abuse and addiction problems. Therefore, it is hard to quantify exactly how much educational exposure the medical community was given. This caveat aside, the SPI participants are confident that the medical community of northern Nevada had numerous opportunities to be educated concerning the dynamics of prescription drug use and abuse, and once again, there is hope that there is a diffusion effect in this professional community – a doctor who attended a training may share what they learned with other doctors who did not attend the training. From an evaluation perspective, since hundreds of doctors and medical professionals attended these various trainings, these meetings were considered a procedural success, and the impact of these trainings is evaluated in a later section. Below are some sample flyers for the different training sessions.



Medicine Potpourri
 Renown Regional Medical Center
 Mack Auditorium
 12:00 noon to 1:00 p.m.

September 14, 2010

**"Prescription Substance Abuse:
 Nevada Teens in Crisis"**

Presented by

S. Alex Stalcup, M.D.

New Leaf Treatment Center, Lafayette, California

Objectives: At the completion of this activity the physician participant will be able to:

- Describe the issues of misuse and abuse of medications and addiction in pain management
- Explain the concepts of tolerance, dependence, addiction, abuse/misuse, and diversion, along with potential strategies to minimize their occurrence
- List differential features on nociceptive and neuropathic pain states
- Discuss the relationship between prescription drug abuse and heroin addiction

This program is designed for All Physicians and all other Interested Healthcare Providers.

► **This activity is an initiative and is supported by the Join Together Northern Nevada & Renown Regional Medical Center** ◀

Renown Regional Medical Center designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Renown Regional Medical Center is accredited by the Nevada State Medical Association to provide continuing medical education for physicians.

For information on upcoming activities, call 982-4355, option 1 or www.renown.org/CME

(Flyer for physician and resident training)

PHARMACEUTICAL DIVERSION AND FRAUD

Presented by: **Scott Smith, Detective, Reno Police Department**

Joe Depczynski, Inspector/Investigator, NV Board of Pharmacy

**2 hours of Law CE for pharmacists and pharmacy technicians through the State of Nevada Board of Pharmacy*

This course will address the growing issue of pharmaceutical diversion and abuse, and help the pharmacist and pharmacy tech understand his/her role in the prevention of this problem.

YOU WILL LEARN:

- Overview of the new fax fraud alert system for Northern NV
- Case studies from local prescription fraud and diversion cases
- How to secure the pharmacy: A review of video surveillance systems
- Techniques to become a good witness and protect your patients, employees and yourself during stressful situations such as: robberies, burglaries, forged/altered prescriptions, and fraudulent call in prescriptions
- Federal and local regulations that apply to controlled substance handling/prescribing and diversion investigations, including HIPAA
- Preparing for a Board of Pharmacy inspection
- Medication safety practices
- Preventing pharmacy errors
- Preventing employee theft

Sponsored by: **Reno Police Department**



WHEN: February 22, 2011 6:00 - 8:00 p.m.

.OR-

February 24, 2011 6:00 - 8:00 p.m.

WHERE: Regional Public Safety Training Center
5190 Spectrum Blvd. Reno, NV 89521

COST: Free – refreshments will be provided

Seating is limited - registration contact is below
Please RSVP by February 15th



Please contact **Stacy Shamblin** to register | 775-657-4794 | ShamblinS@reno.gov
Classes fill quickly – RSVP soon to reserve a seat

(Flyer for pharmacist training)

“SAVE THE DATE”

NVSHP

PHARMACY TECHNICIAN WORKSHOP



Saturday September 24, 2011

8:00am to 4:30pm

3315 Spring Mountain Rd
Las Vegas

Kaplan College Campus

All Nevada pharmacy technicians and students are invited to attend this one day event for continued education including Nevada Required Law CE provided by our state board of pharmacy.

For more information, Visit NVSHP.org

Registration Fees:

NVSHP Pharmacy Technician Members: \$10.00

Pharmacy Technicians: \$45.00 (includes annual NVSHP membership of \$35.00)

Pharmacy Technicians attending workshop only: \$25.00

NVSHP Student Members: \$10.00

NVSHP Student Non-members: \$20.00

Attend the workshop and join your state NVSHP association!
Vendor Luncheon will be included

(Flyer for pharmacy technicians)

PHARMACY SAFETY AND SECURITY

Presented by Marc Gonzalez, Pharm.D.

**2 hours of Law CE for pharmacists and pharmacy technicians
through the Nevada State Board of Pharmacy*

This course will address the growing issue of pharmaceutical diversion and abuse, as well as help the health care practitioner evaluate the circumstances that surround the trends, patterns, and risk factors associated with pharmacy crime.

WHEN: October 6, 2010 6:00 p.m. - 8:00 p.m.

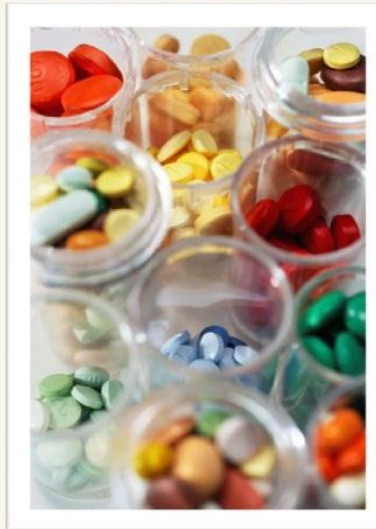
WHERE: Regional Public Safety Training Center
5190 Spectrum Blvd., Room 105
Reno, NV 89521

YOU WILL LEARN:

- How to secure the pharmacy: A review of intrusion detection systems, intrusion devices and video surveillance systems.
- Techniques to become a good witness and protect your patients, employees and yourself during stressful situations such as: robberies, burglaries, forged/altered prescriptions, and fraudulent call in prescriptions
- How to recognize and address losses due to an impaired employee
- Federal regulations that apply to controlled substance handling/prescribing

COST: Free - Dinner will be provided at 5:15 p.m.

***Seating is limited - registration contact is below.
Please RSVP by September 24th**



ABOUT THE TRAINER:

Marc Gonzalez, Pharm.D., is a Director, Law Enforcement Liaison/Education at Purdue Pharma. As an educator he teaches law enforcement and healthcare groups about lawful prescribing and prevention of pharmaceutical diversion. He earned his Doctor of Pharmacy degree from the University of Southern California, School of Pharmacy.

Dr. Gonzalez served as head of the Professional Diversion Intelligence Network/Drug Enforcement Administration, a training and task force dealing with pharmaceutical diversion cases nation-wide. Dr. Gonzalez was a clinical Instructor of Pharmacy at the University of Southern California, School of Pharmacy, and is also a retired law enforcement officer.

Sponsored by: **Reno Police Department**



Please contact Stacy Shamblin to register. | 775-657-4794 | Shamblins@reno.gov

(Flyer for pharmacy training)

PAIN OPIOIDS AND ADDICTION

MONDAY, MAY 21, 2012

Location: Center for Health Auditorium at St. Mary's Regional Medical Center | 235 West Sixth Street, Reno
Faculty: Mel Pohl, MD, FASAM, Medical Director, Las Vegas Recovery Center, Las Vegas, Nevada

Overview

The purpose of this activity is to update physicians and other healthcare providers on the facts and fallacies of treating chronic pain with opioids. Neurobiology of pain will be reviewed with an emphasis on the emotional aspects of pain that impact prognosis.

Learning Objectives

- Assess risks for addiction and drug misuse when prescribing opioids.
- Discuss the emotional aspects of chronic pain and become familiar with assessment tools.

Ethics Credits Available

Schedule

- 5:00pm – 5:30pm | Registration and Welcome
- 5:30pm – 7:30pm | Presentation

Registration and Fees:

To register, visit our website at www.medicine.nevada.edu/cme

Cost: \$35.00 ~ Dinner provided

For additional information please call 775.785.2222



(Flyer for physician training)

THE PRESCRIPTION FOR ADDICTION

OPIOIDS OR NOT?

Series – 2014

WEDNESDAY, MAY 28, 2014

University of Nevada School of Medicine, PHS 103, Reno, NV • Great Basin College, High-Tech Center, Room 121, Elko, NV (Televideo)

Faculty

Mel Pohl, MD, FASAM, Medical Director,
Las Vegas Recovery Center, Las Vegas, Nevada

Schedule

5:00 pm | Registration – light meal will be provided
5:30 pm - 7:30 pm | Presentations

Registration and Fees

To register and view full agenda, visit our website at
medicine.nevada.edu/cme

Cost

\$55.00
For additional information please call
(775) 784-4791

Learning Objectives

- Appropriately and safely prescribe opiate medications to treat pain
- Discuss narcotic alternatives
- Identify new trends in pain management



University of Nevada
School of Medicine

School of Medicine / 150
University of Nevada, Reno
Reno, NV 89557-0147

Non-Profit Org.
U.S. POSTAGE
PAID
RENO, NV
PERMIT NO. 26

Physicians:

The University of Nevada School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Nevada School of Medicine designates this live activity for a maximum of 2 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurses:

The University of Nevada School of Medicine approves this program for 2 hours of nursing continuing education credit.

Pharmacists:

The University of Nevada School of Medicine is a provider of continuing education credit through the Nevada State Board of Pharmacy. This program is approved for 2 hours of continuing education credit for pharmacists.

Ethics Credit:

This program meets the Nevada State Board of Medical Examiners' requirement for 2 continuing medical education credits in ethics.

This project supported by BJA grant 2011-DG-BX-00031 awarded to the Reno police Department by the US Department of Justice.

Results of Medical Professional Education

Audience	Date	Attendees	Location
Physicians and Nurses	September 14, 2010	75	Renown hospital
University of Nevada students	September 14, 2010	50	UNR
High School Students	September 15, 2010	100	Reno high
Physicians and Nurses	July 30, 2010	15	Fallon
Nursing and pharmacy tech students	November 14, 2010	25	Carrington College
Pharmacists and technicians	April 21, 2010	100	Reno
Pharmacists and technicians	October 6, 2010	70	Reno
Pharmacists and technicians	January 11, 2011	20	Reno
Pharmacists and technicians	February 22 & 24, 2011	225	Reno
Physicians and Nurses	February 26, 2013	86	Reno
Physicians and Nurses	February 28, 2013	113	Las Vegas
Physicians and Nurses	May 28, 2014	66	Reno

As the table above shows, the SPI was successful in carrying out numerous training sessions covering law enforcement professionals, the medical community, and students. Also, the table depicts that a lot of emphasis was placed on physicians and nurses, and also on the pharmacist community. In order to measure the impact of these trainings, surveys were carried out after some of the training sessions to inquire about the relevance of the

information shared. The surveys also asked questions concerning changes in practice. I.e. “after this training, will you be adopting different practices when it comes to pharmaceuticals?” All of the post training surveys were analyzed at the end of the grant period. Some sessions focused on particular medical professionals (dentists, physicians, etc.) while others did not differentiate its audience members. The first table shows the aggregated results for all the trainees and the second set of results are broken down by different medical professionals. Below is a sample program evaluation form concerning the content of the presentation. The complete survey is attached to the end of this report.

Program Evaluation
“Prescription Substance Abuse: Nevada Teens in Crisis”
S. Alex Stalcup, M.D.
September 14, 2010

Total Attendance: 75
 M.D.: 35 Res.: 29
 Other: 11

Learning Objectives: At the completion of this activity the physician participant will be able to:

- Describe the issues of misuse and abuse of medications and addiction in pain management
- Explain the concepts of tolerance, dependence, addiction, abuse/misuse, and diversion, along with potential strategies to minimize their occurrence
- List differential features on nociceptive and neuropathic pain states
- Discuss the relationship between prescription drug abuse and heroin addiction

Please complete this evaluation/post test. Circle the appropriate answer.

The presenters met the stated objectives for the session

1	2	3	4- <input checked="" type="checkbox"/>	5- <input checked="" type="checkbox"/>
not at all			extremely	

How valuable was the information to you?

1	2	3- <input checked="" type="checkbox"/>	4- <input checked="" type="checkbox"/>	5- <input checked="" type="checkbox"/>
not at all			extremely	

Was the information clear and understandable?

1	2	3	4-5	5- <input checked="" type="checkbox"/>
not at all			extremely	

Did the content extend your knowledge of the topic?

1	2	3- <input checked="" type="checkbox"/>	4- <input checked="" type="checkbox"/>	5- <input checked="" type="checkbox"/>
not at all			extremely	

Do you think the speakers were promoting a special interest group?

No

Renown Regional Medical Center

SURVEY RESULTS FOR AGGREGATED MEDICAL GROUPS

	(N=359)	%
Q1. Do you believe that the information and/or skills learned in this presentation will enhance your professional effectiveness?	Yes	84.4
	No	0.3
	Somewhat	15.3
	Total	100
Q2. Approximately what proportion of the material presented was new to you?	Almost all	22.7
	About 75%	24.15
	About 50%	38.05
	About 25%	14.85
	Almost none	
	Total	100
Q3. Did you find the content of the presentation useful in terms of addressing the problem of prescription drug abuse?	Yes	92.2
	No	2.5
	Somewhat	5.3
	Total	100
Q4. Do you think the pharmacist community can benefit from such a presentation?	Yes	94.7
	Somewhat	5.3
	Total	100
Q5. After this presentation, do you feel more aware of the problems/dangers related to prescription drug abuse?	Yes	69.95
	No	17.95
	Somewhat	12.05
	Total	100
Q6. After this presentation, will you adopt different practices to help reduce prescription drug abuse?	Yes	70
	No	19.2
	Somewhat	10.5
	Not at all	0.3
	Total	100

Q7. Did you find the format of the presentation useful in terms of addressing the problem of prescription drug abuse?	Yes	85.65
	Somewhat	14.35
	Total	100
Q8. Do you think police departments should be more involved in addressing the problem of prescription drug abuse?	Yes	75.9
	No	24.1
	Total	100
Q9. What drugs do you believe are the most sought by drug seeking customers?	Stimulants	4.05
	Pain killers/ opiates	86.45
	Benzos/anti-depr.	4
	All three	5.55
	Total	100
Q10. Do you think prescription drug lock boxes are an effective tool to prevent prescription drug abuse?	Yes	50.45
	No	49.55
	Total	100
Q11. In the past 5 years, have you seen an increase in prescription drug seeking behaviors on the part of customers / patients?	Yes	54.7
	No	24.4
	Don't know	20.9
	Total	100.0
Q12. Have you been personally trained to recognize drug seeking behaviors of customers/patients?	Yes	43.4
	No	56.6
	Total	100.0
Q13. Do you think pharmacists/physicians/dentists in general are adequately trained to recognize drug seeking behaviors?	Yes	39.1
	No	60.9
	Total	100.0
Q14. Do you feel there are adequate legal outlets/resources to report drug seeking customers?	Yes	41.8
	No	58.2
	Total	100.0

Q15. Do you believe there has been an increase in juvenile prescription drug abuse in the last few years?	Yes	91.4
	No	7.6
	Don't know	1.6
Q16. Do you think there should be improved protocols between pharmacists and physicians/dentists to reduce prescription drug abuse?	Yes	88.4
	No	11.6
	Total	100.0
Q17. How often do you experience drug seeking customers?	Daily	13.8
	Weekly	31.0
	Monthly	18.4
	Few times a year	36.8
	Total	100.0
Q18. Do you think law enforcement agencies are doing enough to prevent prescription drug abuse among juveniles?	Yes	43.3
	No	54.1
	Don't Know	2.6
	Total	100.0
Q19. Do you think there are enough public service announcement efforts aimed at warning juveniles about the dangers of prescription drug use?	Yes	29.3
	No	70.7
	Total	100.0

From the table above, we see that the majority of attendees benefited from the presentation materials with an 84% positive response rate. While most respondents agreed that the material presented was not new to them (Q2), 92% found the content of the presentation useful in terms of addressing the problem prescription drug abuse. Across all medical groups, 70% felt more aware of the problems or dangers related to prescription drug abuse (Q5). Question number six was a pivotal question in that it asked respondents if they would

change or adopt different practices to help reduce prescription drug abuse. 70% of the respondents said they would, with another 10.5% responding “somewhat”. This indicates that almost 80% would be willing to alter medical practices to reduce prescription drug abuse. With question eight, it is clear that most medical professionals think the police should be more involved in addressing the problem of prescription drug abuse with 76% of the respondents responding “yes”. In terms of the nature of the problem, 86% of the medical community believes that painkillers and opiates are the most sought after drug by drug seeking customers (86%). This result shows that a targeted response should address the problem of opiate painkiller prescriptions. The medical community was split when it came to the effectiveness of drug lock boxes as an effort to prevent drug abuse (50% answering “yes” and 49.5% answering “no”). Interestingly, while 55% of respondents reported seeing an increase in drug seeking patients, almost 57% reported having received no training in recognizing such drug seeking behaviors. This indicates that the majority of medical professionals have not received the appropriate education when it comes to prescription drug abuse. Similarly, 61% of the respondents felt that the medical community as a whole is not adequately trained to recognize drug seeking behaviors. A parallel finding reports that almost 60% of medical professionals would like additional outlets and resources to be able to report drug seeking customers. These findings are rather alarming given the response to question 15 which indicates that 91% of medical professionals believe that there has been an increase in juvenile prescription drug abuse in the last five years. According to the survey, the medical community also appears to be longing for improved protocols between pharmacists and physicians to reduce prescription drug abuse. 88% of respondents feel isolated in the face of prescription drug abuse, and it would appear that mechanisms need to

be implemented so that these separate yet related medical professions can identify and reduce prescription drug abuse practices. This is especially important when the survey respondents report that they experience drug seeking customers on a weekly and daily basis (31% and 14% respectively). Only 36% of the respondents reported experiencing drug seeking customers only a few times a year. The prevalence of this problem is clear, as demonstrated by the survey results. While the medical community is split on the role of law enforcement agencies when it comes to prescription drug abuse, 70% of respondents do not believe that they are enough public service announcements to warn juveniles about the dangers of prescription drug use.

Note: the evaluation surveys carried out after the presentations were very similar in nature so that comparisons could be made across different medical professionals. While the pharmacists and physicians were asked questions about the presentation itself, these questions were removed for the dentist survey out of fear that they would impact the response rate. This conclusion was reached after a few respondents commented that the evaluation survey was too long and needed to be abridged slightly. Thus, in the table below, there are no data for the dentist group for some of the questions in the survey. In the latter questions, all three groups are represented in the survey.

Overall, medical professionals stated that the information learned in the presentation enhanced their professional effectiveness (Q1) (94% of pharmacists and 75% of physicians).

When it came to how new this material was (Q2), 40% of pharmacists claimed that “almost all” of the material was new to them, whereas only 5% of physicians claimed so.

Both doctors and pharmacists found the content of the presentation useful (Q3). 90% of the physicians and 94.4% of the pharmacists answered “yes” to this question.

With Q5, the pharmacists reported feeling more aware about the problems related to prescription drug abuse than the physicians (87% and 53% respectively). Question 6 is also very interesting in that it touches upon a change in practice. 85% of pharmacists report the date will change or adopt new practices when it comes to prescription drugs whereas 55% of physicians report such willingness to do things differently. In essence, it appears that the presentation had a greater impact on the pharmacists than the physician community.

Perhaps, the physicians feel that they are limited in how they can change their behavior given that their primary function is to deal with sick patients who request pain management.

However, the presentation did highlight numerous steps the physicians could take to reduce prescription drug abuse in the community, therefore, the low percentage in their response concerning their willingness to change shows a more ingrained and perhaps stubborn attitude toward this problem.

Question 8 was also interesting in that it touched upon the extent to which the police department should be involved in addressing the problem of prescription drug abuse. Over 90% of the pharmacists agreed that law enforcement should be more involved whereas only 61% of physicians reported so. Once again, it shows a greater resistance from the physician community when it comes to prescription drug abuse whereas the pharmacist community seems much more willing to embrace interventions and prevention ideas.

Finally, Q9 shows that both doctors and pharmacists are facing the same problems in terms of the type of drug sought out by abusers. Both groups reported overwhelmingly that painkillers were the drug of choice for drug seeking patients and customers (83% for the pharmacists and 89% for physicians).

According to question 11, the pharmacists and physicians are more likely to have witnessed an increase of drug seeking behaviors in the last five years with 75% and 61% respectively. Only 28% of dentists have reported such an increase which may show that drug seeking customers are focusing more on physicians and pharmacists instead of the dentist community. From question 12, it becomes evident that the problem of prescription drug abuse is directly linked to poor training on the part of the medical community. When asked if they had personally received training to recognize drug seeking behavior, only 44.7% of pharmacists reported “yes”, and physicians reported on an alarmingly low 26% when it came to being trained. 55% of dentists reported being trained. In short, the majority of the medical community reports having received little to no training when it comes to recognizing drug seeking behaviors. The following question asked if they thought their peers were generally adequately trained to recognize drug seeking behaviors. From question 13, we see that only

21% of physicians report that their peers are adequately trained. 54% of pharmacists and 41% of dentists believe their peers are properly trained.

Question 14 indicates that both pharmacists and dentists feel that there are adequate legal outlets to report drug seeking customers. Ironically 83% of the doctors report that they would like increased legal outlets. All three groups report that there is an increase in juvenile prescription drug abuse, (92% of pharmacists, 94% of doctors, 88% of dentists).

When it comes to their operations, all three groups reported that improved protocols between the physicians/dentist and the pharmacists could be helpful in reducing prescription drug abuse. Question 16 demonstrates that almost 97% of pharmacists would welcome changes in how prescription pills are dispensed or prescribed. Even the physicians feel that there should be improvements in how the drugs are dispensed or administered between the doctors' office and the pharmacy, with 84% of physicians supporting protocol changes. Similarly 84% of dentist support such improved protocols. Question 17 highlights the severity of this problem by asking the medical community how often they experience drug seeking customers. While physicians and dentists report that they experience drug seeking customers on a daily basis at a very low rate (5.9% and 4.5% respectively), 31% of pharmacists report having to deal with these types of customers on a daily basis. This demonstrates that pharmacists are at the forefront of this problem and they deal with this population routinely. All three groups, however, reported that they experience drug seeking customers on a weekly basis, with the physicians being the highest category (47%). In short, question 17 shows that while pharmacists have to deal with drug seeking customers on a daily basis, all three groups experience at least a weekly drug seeking customer, with physicians being the biggest targets.

At the end of the survey, an open ended question asked the respondents what they thought would be the most beneficial practice in terms of reducing prescription drug abuse. These comments are listed after the table below and they are separated between what the physicians/nurses and what the pharmacist reported. Glancing through the responses, it becomes clear that the pharmacists had a lot more to say in this respect, and most of the responses involved the protocol between the doctors' office and the pharmacy itself when it comes to dispensing prescription medication (better communication between doctor and pharmacist, electronic scripting, identification verification, etc.)

In terms of the actual impact or the effectiveness of the training in changing behaviors, this is examined in Section 6 of this report under the Analysis and Evaluation section. An examination of prevailing prescribing practices will also be offered. When it comes to these survey results, however, pharmacists state that they are much more likely to adopt new changes than physicians. This does not mean, however, that physicians cannot be part of the solution. Old habits die hard, institutional memories last a long time, and professional pride cannot be ignored. With continued efforts on educating the stakeholders, it is strongly believed that education should change the manner in which prescription drugs are perceived by the medical community, and that there will also be a decrease in the sheer quantity of pills being released from medical establishments.

SURVEY RESULTS BROKEN DOWN BY MEDICAL GROUPS

		PHARMACISTS	DOCTORS
		n=165	n=150
		Percent	Percent
Q1 Do you believe that the information and/or skills learned in this presentation will enhance your professional effectiveness?	Yes	93.8	75
	No	0.6	0
	Somewhat	5.6	25
	Total	100	100
Q2. Approximately what proportion of the material presented was new to you?		Percent	Percent
	Almost all	40.1	5.3
	About 75%	27.2	21.1
	About 50%	23.5	52.6
	About 25%	8.6	21.1
	Almost none	0.6	0
Total	100	100	
Q3. Did you find the content of the presentation useful in terms of addressing the problem of prescription drug abuse?		Percent	Percent
	Yes	94.4	90
	No	0	5
	Somewhat	5.6	5
	Total	100	100
Q4. Do you think the pharmacist community can benefit from such a presentation?		Percent	Percent
	Yes	99.4	90
	Somewhat	0.6	10
	Total	100	100
Q5. After this presentation, do you feel more aware of the problems/dangers related to prescription drug abuse?		Percent	Percent
	Yes	87	52.9
	No	0.6	35.3
	Somewhat	12.3	11.8
	Total	100	100
Q6. After this presentation, will you adopt different practices to help reduce prescription drug abuse?		Percent	Percent
	Yes	85	55
	No	3.1	35.3
	Somewhat	11	10
	Not at all	0.6	0

	Total	100	100
		Percent	Percent
Q7. Did you find the format of the presentation useful in terms of addressing the problem of prescription drug abuse?	Yes	96.3	75
	Somewhat	3.7	25
	Total	100	100
		Percent	Percent
Q8. Do you think police departments should be more involved in addressing the problem of prescription drug abuse?	Yes	90.7	61.1
	No	9.3	38.9
	Total	100	100
		Percent	Percent
Q9. What drugs do you believe are the most sought by drug seeking customers?	Stimulants	2.8	5.3
	Pain killers/ opiates	83.4	89.5
	Benzos/anti-depr	2.7	5.3
	All three	11.1	0
	Total	100	100
		Percent	Percent
Q10. Do you think prescription drug lock boxes are an effective tool to prevent prescription drug abuse?	Yes	58	42.9
	No	42	57.1
	Total	100	100

		<u>PHARMACISTS</u>	<u>DOCTORS</u>	<u>DENTISTS</u>
		n=165	n=150	n=44
		Percent	Percent	Percent
Q11. In the past 5 years, have you seen an increase in prescription drug seeking behaviors on the part of customers / patients?	Yes	75	61.1	27.9
	No	5.3	16.7	51.2
	Don't know	19.7	22.2	20.9
	Total	100	100	100
		Percent	Percent	Percent
Q12. Have you been personally trained to recognize drug seeking behaviors of customers/patients?	Yes	44.7	26.3	59.1
	No	55.3	73.7	40.9
	Total	100	100	100
		Percent	Percent	Percent
Q13. Do you think pharmacists/physicians/dentists in general are adequately trained to recognize drug seeking behaviors?	Yes	54.3	21.1	41.9
	No	45.7	78.9	58.1
	Total	100	100	100

		Percent	Percent	Percent
Q14. Do you feel there are adequate legal outlets/resources to report drug seeking customers?	Yes	61.2	16.7	47.5
	No	38.8	83.3	52.5
	Total	100	100	100
		Percent	Percent	Percent
Q15. Do you believe there has been an increase in juvenile prescription drug abuse in the last few years?	Yes	91.9	94.4	87.8
	No	7.4	5.6	9.8
	Don't know	0.7		2.4
		Percent	Percent	Percent
Q16. Do you think there should be improved protocols between pharmacists and physicians/dentists to reduce prescription drug abuse?	Yes	96.8	84.2	84.1
	No	3.2	15.8	15.9
	Total	100	100	100
Q17. How often do you experience drug seeking customers?	Daily	31	5.9	4.5
	Weekly	34.5	47.1	11.4
	Monthly	14.8	17.6	22.7
	Few times a year	19.7	29.4	61.4
	Total	100	100	100
		Percent	Percent	Percent
Q18. Do you think law enforcement agencies are doing enough to prevent prescription drug abuse among juveniles?	Yes	39.9	35.3	54.8
	No	59.4	64.7	38.1
	Don't Know	0.7	0	7.1
	Total	100	100	100
			Percent	
Q19. Do you think there are enough public service announcement efforts aimed at warning juveniles about the dangers of prescription drug use?	Yes		29.3	
	No		70.7	
	Total		100	

At the end of the survey, respondents were asked to answer a few open ended questions. One question concerned what changes in their practices. Some professionals were willing to make changes to address prescription drug abuse, and others provided what they thought the medical community should be doing to deal with this problem. The answers compiled from them numerous surveys are listed below.

What changes will you be making in your practice to reduce prescription drug abuse?

- Do more drug testing and implementing an exit strategy
- reluctance to use narcotic for chronic pain
- Pharmacy board info
- Institute a "Pain Medication Agreement"
- Utilize the NBOP Rx Medication website
- Better, wiser use of morphine primarily, other narcotics secondarily.
- validate patients that all pain is real however there may also be emotional issues underneath the pain
- Use alternative methods for pain
- Carefully evaluate pain treatment regimens and be prepared to offer counselling if appropriate.
- discuss plan, pain contract, and exit strategies with patients
- use of Nevada prescription monitor program
- More knowledgeable discussion regarding treatment for chronic pain and effects of long-term opioid use.
- be more aware of chronic pain
- avoid soma in these patients. Continue RX monitoring and drug testing
- Have an exit strategy if I ever decide to consider a trial of opioids for chronic pain. Use screening tools for addiction when considering opioids for patients.
- greater awareness of prescribing for chronic pain
- evaluate the patient for pain level and use the appropriate dose of medications
- Better screening
- Will try to consider alternative treatments of pain early in course of injury/illness
- 1. More careful prescribing narcotics. 2. Use pain specialists more 3. More awareness of ways people may commit fraud with prescriptions.

- Even more cautious about rare controlled substance Rxs that I write
- 1. be more mindful of chronic pain patients' altered sense of pain 2. Increasing dose of opiates may actually cause increased sensation of pain 3. More conservative approach to prescribing opiates
- PMP, UDT, and stricter selection of patients
- be more vigilant and on the lookout for abuse of prescription drugs
- Look for alternatives in treating chronic pain patients.
- 1. Log in PMP website and check my own prescription record at least monthly. 2. Call police and notify state board of pharmacy if/when I become aware of a fraudulent/forged prescription. 3. Modify my thinking about management of chronic pelvic pain
- avoid Soma prescribing, sign up to monitor narcotic users online
- fewer rx for opioid for chronic pain. Suggest acupuncture. quicker dispo
- more strict measures for prescriptions
- treat acute and chronic pain in a different manner. Understand dependency and addiction better and underlying physiologic, psychosocial and behavioral issues that lead to dependency and addiction.
- Entry plan Define goals Exit strategy
- As a Radiologist, I prescribe few controlled substances.
- Try to look more into emotional factors Treat underlying cause like depression Get family involved also as support system
- Check my controlled substance prescription record more regularly Be more conservative in my prescriptions of controlled substances
- (I work in public health and do not prescribe pain medications in my job.)
- Be more aware of abuse patterns.
- Im a non-chronic pain management physician.
- Not a physician, but will make changes in dealing with patients.
- 1. more cautious to prescribe narcotics. 2. wean the patient off narcotics as soon as possible. 3. better use electronic prescription.
- I don't treat any patients anymore.
- currently follow gcp standards
- I will be more diligent in evaluating mg patients about who really need narcotics and offer them alternatives first.

- not certain yet
 - Curb the number of refills post-operative patients get for pain medication Get a clearer history of patient's use of pain medication. Use more non-narcotic pain medication
 - 1. reactivate PMP login 2. less narcotics 3. decrease # of days for acute care
 - be more assertive with dea reports and referrals to pain management.
 - Safety paper for prescriptions produced on computer.
 - increased documentation of alternative complementary treatments for chronic pain; continue to advocate for greater insurance coverage of greater variety medications in pain management; use of the police narcotics hotline when we have suspicious patient pharmacy "activity"
 - I do not prescribe opioids, but I know what to be more aware of in general with patients, as well as following up with other physicians.
 - try to switch from Soma to other. refer to pain management.
 - Identify abusers No opioids beyond 6 months Refer to pain management
 - Monitor task force more closely, Call local law enforcement for fraudulent prescriptions, avoid Soma as a muscle relaxant
 - Will discuss alternative plans with my patients that are on an excessive amount of narcotics, Make the effort on behalf of my tribe and others to coordinate efforts with the State Pharmacy folks in improving patient care, will continue to provide the best care possible while weeding out the bogus pain folks
 - Prescribe smaller amounts of opiates
 - I will be doing background checks I will consider using urine testing I will be even more circumspect about prescribing opioids
-
- check PMP more often
 - 1. register with pmp 2. use pmp website frequently 3. discourage opioid use more strongly than previously
 - Use pain contracts more often, sign up and use PMP reports, consider other modalities for chronic non-malignant pain.
 - 1. Use less opioids for chronic pain. 2. Use physical therapy more 3. Have an "exit" strategy
 - To better identify the possible drugs abuse through gut feeling and PMP
 - stop using SOMA
 - Discuss an exit strategy before prescribing opioids. I have a renewed interest in

recovery treatment. Write out number of refills (zero).

- I will use the pmp website.
- Non-prescribing Pathologist
- Check my own NV State data base.
- Watch the PMP
- 1. Prescribe smaller amounts with more frequent visits for refills 2. plan an exit strategy with patients early on in treatment 3. Refer all patients to mental health that show resistance to other forms of pain treatment (other than opioids).
- ACCESS DATA BASE MORE FREQUENTLY

- I will check patient DEA reports more frequently I will check my own provider DEA report I will feel more confident in offering patients alternative treatments for pain.
- Prescribe less narcotics Register for PMP Better understand patients' pain perception
- I do not prescribe pain meds. I am on the NBME
- Refinements in prescribing
- More closely follow pain patients. Decrease the size of Rxs. Refer to Pain specialist early.
- Am semi-retired so will have only a small effect but will screen pt's more carefully for tendency to abuse drugs and make better use of none opioid options in chronic pain.
- More intensive hpi, more patient education, decrease in narcotic use
- 1. Fewer narcotic prescriptions 2. More physical therapy options to treat pain 3. More use of the pmp program
- consider registering with Nevada Prescription Monitoring Program consider removing DEA # from non-narcotic prescription blanks chart review of chronic pain cases to include the criteria of program
- Begin decreasing narcotic Rx
- Set up PMP account
- careful in prescribing pain medications identify people with abuse potential use task-force if needed
- Less Narcotics, use the pmp, no chronic narcotics.
- Discuss with patients: opioids ineffective for chronic pain can make pain worse alternatives
- more aware
- I do not have a practice involving this issue but I understand it better now.

- No longer prescribe Soma Utilize the online program more Advise pts of need for pain management

What do you think would be the most beneficial practice in terms of reducing prescription drug abuse?

- Physician encouragement and control.
- Sustained acting preparations.
- Don't prescribe in the first place.
- Education programs.
- Greater sensitivity to prescribing these meds.
- Less use and prescribing of abusive drugs.
- Awareness
- Have MD's work closer w/pharmacies and not let their patients have what they want.
- Better communication of Rx prescribing between prescribers.
- Be alert at drop-off/ pharmacist checking of fraud Rx's.
- Verifying Rx information with doctor's office when possible.
- Need to verify all control Rx with doctor and get ID on all control Rx.
- E-scripting (direct transmission from the MD office)
- Doctors and Pharmacists working together. Patients that have or take controlled medications should only be able to use 1 pharmacy.
- Physician computer order entry. Physicians turning down patients.
- Have the doctor say- "No".
- Get the doctors more involved.
- Increased vigilance by doctors and pharmacy staff.
- Having 1-2 people identified from an office for call-ins. Requesting ID at drop-off and pick-up.
- Electronic prescribing and electronic medical records.
- Arrest and prosecute- Do Not Plead Cases!
- Verifying MD's DEA Number. Using video surveillance.
- ID every C-2 and C-4 regardless of customer.
- Educating physicians to just say "no" to drug seeking patients - they are too willing to write prescriptions for patients they know are abusing/seeking drugs.
- Effective drug rehab program in community
- Verifying DEA #'s
- Verifying called in prescriptions.
- Being aware and making community and parents aware.
- Doctors need to limit their writing of scripts.
- Awareness
- Getting timely feedback – when a report of a fraudulent Rx is submitted
- From the class, it sounds like pharmacists and technicians need to double check DEA numbers and double check with physicians when fraudulent prescriptions are suspected.
- To be able to access Task Force via pharmacy computers.

- Getting patients Id and get MD's DEA number for call-in Rxs.
- Stop allowing phone-ins in prescriptions.
- Verify all info, get IDs.
- Checking more on called in Rxs to make sure they are legit! Some type of doctor checking: so many people con doctors!
- Recording the physician's DEA number for any controlled substances.
- Education and Awareness.
- Have doctors say NO.
- Educate MDs how to handle Rxs (don't leave pads in pt rooms). Mandate RNs and office personnel to use DEA number.
- Pain has to be treated like any other disease (ex. Diabetes) mental disorders need to be addressed.
- Awareness.
- Prescription Verification.
- Stop allowing phone-in prescriptions for controlled substances.
- Verifying ID and documenting them.
- I applaud the police department's involvement.
- A state law requiring pharmacies to record Id when controlled substances are dropped off and picked up. (My pharmacy does not do this).
- Positive Px. Id's.
- We need to legalize and/or lighten up on drug addiction and abuse. These are medical problems not legal problems. We have been fighting a drug war for decades and it is not working. So now the only alternative for people with addictions today is via the prescription drug abuse. We need to have medical alternatives for addiction to lower demand and we need to lower penalties to lower crime.
- Chop their hands off!!! ☺ - Really, I believe what you are doing is great!!
- Have prescribers call in Rx personally if E-script is not used.
- Education of physicians to stop automatically authorizing forms of controlled substances.
- The PMP website seems to be the most helpful idea. This clever list had good ideas but seemed time consuming. If all stores had the ability to scan Id's in that would be extremely helpful.
- Obtaining driver's license number, address, phone number of the person dropping off, picking up script. Always ask for Dr. DEA and writing it down on all controlled substance Rx.
- No phone-in Rx's. With so many advances in technology – Faxing, sending Rx through Using Ipads, smart phones ... is possible. Technology is available. Make doctors use them mandatory.
- Nationwide database.
- Increased involvement of pharmacists/physicians. More required seminars by pharmacists and physicians. Create a task force where detectives, pharmacists, physicians work together. Have the pharmacist and physician sign up for task force on volunteer status for a period of time. (i.e. meet once weekly x6 mths).
- Always verify fraudulent Rx and communication with doctors and law enforcement.
- Limit phone-in Rx to emergency supply.

- If outliers such as GDVL, Carson, Fallon, etc. had a person to contact directly at their local sheriff/police dept. 2. Annual CE on this year/previous year incidents/arrests to learn from.
- Have doctor's office have a "code" they use to ID their office when calling controlled substances.
- ID drop off/pick up, copy of Rx and all info list of employees handling, DEA numbers on all, fraud-verify.
- Real time access to PMP.
- More task force participation thru all states.
- Verify quantity and DEA.
- Faster police response – where called. Get physicians involved. Medical Examiners Board placing more priority on the issue – tighter controls/observation of Las Vegas Rx stores and large volume CII fills.
- Present and ask for as much of information as possible same as the detectives "Dream List".
- DEA numbers requested. ID's written down at pickup.
- Doctors not being so comfortable giving/writing for drugs. Sooo many given out as if they were not harmful. Everybody wants a quick answer. Doctors don't have time to listen/research. Patients want an instant relief.
- Consistency between all pharmacies (chain, private) gathering information on receiving, drop-off and pick-up from doctors and patients. Information must be a standard for not just in one or two pharmacies in town.
- Being connected in a national database.
- Request DEA number on phone-in Rx's for controlled substances.
- Know the patients.
- Good communication between everyone in the pharmacy.
- Like you said know your doctors and patients... Communication between staff and pharmacist.
- Stiffer penalties.
- Teamwork between law enforcement and pharmacies.
- Making all "controlled" Rx's require a tamper resistant script.
- United front between Medical Board, Pharmacy Board, Nursing Board and Law Enforcement to communicate and work together.

Goal 2: Supply reduction / reducing availability

Objective 1: Hold regular drop off events so residents can dispose of their prescription drugs easily. Hand out “MedSafe” boxes during events.

Objective 2: Create and distribute pharmacy stickers to be placed on pharmacy bags to educate consumers about proper disposal practices.

Objective 3: Install permanent prescription drug drop off boxes in select locations around city

Description of “Drop Off” Events

An integral part of this grant effort was to reduce the supply of prescription drugs. After a routine doctor's visit, many patients leave with a prescription and head to the nearest pharmacy to have it filled out. After taking a few pills to relieve their aches and pains, the rest of the pills in the bottle end up in the medicine chest and usually stay there for many months, if not years. This problem of over-prescription was central to this program. Not only were efforts made to have the medical community be more aware about overprescribing pills, there was an equally concerted effort to remove old and unwanted prescription pills from the family medicine cabinet. This was part of the supply reduction effort and its goal was to limit the number of pills young people could get their hands on and abuse.

The main effort of the supply reduction side focused around drop off events held every few months at different locations across the city. People involved in the community prescription roundup included community residents, local businesses, county agencies, and a host of other stakeholders. Here is a list of the groups that participated in the round-up events (an earlier section describes how these stakeholders were brought to the SPI problem-solving table):

Law Enforcement:

Washoe County Health Department
Reno Police Department
DEA
Washoe County Sheriff's Office
Sparks Police Department

Agencies:

Truckee Meadows Water Authority
Waste Management
Reno Radio Representatives
Child Protective Services
Washoe County School District
Nevada Attorney General's Office
Medical Reserve Corps
Nevada Prevention Resource Center
Join Together Northern Nevada
VA Sierra Nevada Healthcare System
Retailers' Association of Nevada

Private Retailers:

Scolari's
Walgreen's
Save Mart

Local parents

Process

In terms of how the roundup events are carried out, local law enforcement agencies have to follow strict guidelines that need to meet federal standards. As a rule, these drug round up events are done in conjunction with the Drug Enforcement Agency's National Prescription Drug Take Back Day. For instance, there are strict rules about the collection, handling, storage, and disposal of prescription drugs as they are considered controlled substances. The following is the list of procedures that were carried out during each drug roundup to ensure conformity, legality, and safety for all involved.

Prescription Drug Round Up Standard Operating Procedures (Revised 7/13/2010)

- Laws on redistribution of prescription drugs

The Nevada Administrative Code specifies that prescription drugs cannot be returned to the pharmacy for repackaging and redistribution to another patient unless they are packaged in unit doses by the original manufacturer. Pursuant to NAC [639.760](#): “A prescription for a dangerous drug or controlled substance dispensed by a pharmacy that has been removed from the premises of the pharmacy may not be returned to the pharmacy pursuant to subsection 3 of [NRS 639.267](#) for the destruction of the drug or substance, or for the return of the drug or substance to the stock of drugs of the pharmacy, if the dangerous drug or controlled substance is not packaged in a unit dose by its original manufacturer as required by subsection 1.”

- DEA Letter of permission

In accordance with CFR 21 – 1307.21 and 1307.24 (attached), any law enforcement agency planning to hold a prescription drug take-back event may first submit a written request for assistance from the Special Agent in Charge of the Drug Enforcement Administration in the area in which the person is located for authority and instructions to dispose of such substances. Specifics of the necessary request are outlined in the attached documents (attachments 1 and 2). These letters were acquired.

- Choose date, sites

A date for the events to be held were selected at least 2 months in advance to allow sufficient time for advertisement, sign up of volunteers, and other planning and logistics. The Round

Up events in Reno/Sparks in 2009 and 2010 each had five sites, staffed for 4-5 hour periods on a Saturday.

- Enlist partners

Potential community partners included, but are not limited to: law enforcement agencies, non-profit groups, city or county health and water departments, school districts, universities, pharmacies/grocery stores, and others.

- Develop flyers and advertisement

Flyers advertising the event were placed at each drop off location, as well as at the offices of any partnering agencies. A sample flyer from the Reno/Sparks Round Up event is attached (attachment 3). Other forms of advertisement included newspaper, radio, and television.

- Standards in terms of uniformed, DRE trained officers, etc.

Each collection site was staffed by at least one sworn, uniformed law enforcement officer. The officer(s) maintained possession of the substances at all times, and were responsible for the proper transportation of the drugs and destruction upon conclusion of the event. Reno/Sparks Round Up events were staffed with 1-2 uniformed officers per site, many of whom are certified DRE officers.

- Who to recruit for greeters

Sites were staffed with civilian volunteer “greeters.” Greeters included volunteers from the partnering agencies, as well as any other interested individuals. Possible ideas for additional

greeters include college students, law enforcement agency volunteers, and other community service organization volunteers.

- Pharmacist volunteers

In addition to officers and civilian greeters, event planners requested the assistance of volunteering pharmacists for identification, counting and logging of pills. The April 2010 Reno/Sparks Round Up event staffed each site with at least two pharmacists, who assisted the officer in identification, counting and logging of all prescription medications collected.

- Briefing for officers

Participating officers were briefed prior to the event on proper collection procedures, logging of pills, booking of evidence, security protocols, and any other pertinent issues, to ensure proper compliance with regulations as well as consistency of procedures throughout the sites.

- Materials boxes

Event planners created a materials box for each site prior to the event, which included all necessary materials for the greeters, officers and pharmacists. Materials included varied depending on the nature of each event and resources available. A sample materials inventory from the Reno/Sparks Round Up is attached.

- Log sheet

All medications collected were tracked on a log form, which was then submitted along with the pills when they are booked into evidence. The degree of detail to be included in the log

may vary, and should be discussed with the participating DEA office prior to the event to ensure compliance with federal regulations. In addition, the pill log allowed event planners to analyze the data after the event and collect information such as what types of prescription medications are most popular, etc. A sample log form from the Reno/Sparks Round Up event is attached. The Event:

- Role of “greeters”

The responsibility of the greeter was to speak to members of the public that attended the event, collect their medications, provide them with any brochures/gift cards/etc. that were being given away, and answer any questions. Greeters handled all liaison duties with the public, so that the officers and pharmacists could focus on collection and logging of medications. Event planners also decided to have the greeters ask questions of those dropping off medications, such as how they heard about the event, why they decided to participate, etc.

- What was accepted and what was not: what to do with illicit drugs

Per DEA regulations (CFR 21 – 1307.21), illicit drugs may not be collected as a part of the prescription drug take-back event. Participating law enforcement agencies should determine protocol in the event that a citizen brings illicit drugs to the event. Event planners decided prior to the event that over-the-counter drugs would be collected in addition to prescription drugs. Planners also decided to accept sharps, liquids, and pet medications.

- Storing used Sharps

Citizens may bring new or used sharps to the event, with or without a sharps container. Each site should have either a plastic sharps container or another sturdy container for collecting sharps. Sharps were handled with care, and were only handled by the law enforcement officer at the site.

- Identifying information on pill bottles

Citizens brought their pills in the original prescription bottles with their names on the label. Greeters offered to black out any identifying patient information on the bottle with a permanent marker, if the citizen was concerned about privacy. All pill bottles were either taken back to the police station with the medications and then recycled, or taken directly to the recycling center and immediately destroyed, to eliminate any chance of theft of the patient bottles.

- Literature offers from greeters

The Reno/Sparks Round Up events provided a wide variety of materials for the public relating to prescription drug abuse. These included: brochures for parents, information sheets, magnets, bookmarks, medication tracking cards, and other items.

- Other giveaways (coupons, DVD's, MedSafes, etc.)

The Reno/Sparks Round Up events offered certain items as free gifts to citizens who dropped off medications. At the first event this included gift certificates from our site host, Scolari's grocery store. Partnering agencies and companies may be willing to offer free incentives to the public at the event. Some events offered prescription drug abuse DVD's which were

produced by the school district, as well as MedSafe locking medicine cabinets (to the first 15 people at each site), which were purchased by the Reno Police Department. For this particular grant, the locking medicine cabinets were a key component in terms of reducing the supply from household a standpoint. The Medsafes were small boxes that easily fit into existing medicine chests and could be affixed permanently to the wall. The safes came with a small combination locking device to ensure that the pills placed inside were safe from wandering fingers. As mentioned above, the safes were given out to the first 15 or so people who arrived at each drug roundup, and this was done to ensure that there would be enough safes to hand out during any future drug roundups. Recipients of the safes were also required to sign a pledge stating that they would keep prescription drugs in a safe place in their household. The idea of the pledge is to increase parent participation and involvement in the prevention of this problem and to remind them to store and dispose of pills properly. Below is a picture of the safes handed out during the drug round up events:



- Counting the drugs

Pharmacist volunteers assisted law enforcement officers in the identification, counting and logging of prescription medications collected. The degree of detail to which medications are logged should be discussed with the participating DEA office prior to the event. Pill counters from pharmacies can be extremely helpful in this process. In addition, many citizens brought pills which are not in the original bottles. Some useful tools for pill identification are www.drugs.com, if internet access is available, and the Epocrates app for iPhone.

- How to utilize evidence bags/garbage bags

All prescription medications collected were placed into evidence bags, so that they could later be booked into evidence for destruction by the participating law enforcement agency. In the Reno/Sparks Round Up events, all pills were dumped from containers and collected together in evidence bags, including over-the-counter pills. All prescription bottles were collected in a garbage bag for recycling, and prescription liquids and their containers in a separate garbage bag. The procedure for destruction and recycling of all pertinent materials will vary by location and department, and each participating law enforcement agency should consult existing department protocols to ensure compliance.

- Chain of custody

Per federal regulations, all prescription medications collected must remain in the possession of a law enforcement officer at all times. Upon conclusion of the event, officers at

each site transported the collected items back to the police station so that they could be compiled and booked into evidence.

- Disposal of drugs

The Reno Police Department maintained a log of all prescription medications collected, and this log was booked into evidence along with the drugs, per department policy. These drugs were then disposed of according to department procedure for destruction of illicit narcotics. Each department should follow its existing procedures for destruction of narcotics.

- Data analysis

Upon conclusion of the Prescription Drug Round Up events, the Reno Police Department compiled the logs of pills collected at all sites in order to analyze the data. Pills were divided into four categories: opiates, CNS depressants, CNS stimulants, and other. This allowed for tracking what types of prescription drugs were collected, and how this changed over time. The results of this analysis are then presented to the group of community partners organizing the Round Ups.

- Press release

As soon as possible after the Round Up event, the Reno Police Department issued a press release containing the total number and weight of pills collected at the event.

- Recycling Sharps and med containers

In order to handle all pill bottles, sharps, liquids and other hazardous materials collected, the Reno Police Department contacted Waste Management, who agreed to accept and subsequently recycle or destroy these materials. Each department is advised to contact its local waste management company prior to the event to determine the proper method for handling of these materials.

It should be noted, that each one of these events were heavily advertised in local media, and other social media outlets. Below are some sample news stories covering the events.



*Nevada Attorney General Catherine Cortez Masto (center)
at a Prescription Drug Round Up*

Attachment 1: CFR 21- 1307.21

http://www.deadiversion.usdoj.gov/21cfr/cfr/1307/1307_21.htm

Code of Federal Regulations

DISPOSAL OF CONTROLLED SUBSTANCES

Section 1307.21 Procedure for disposing of controlled substances.

(a) Any person in possession of any controlled substance and desiring or required to dispose of such substance may request assistance from the Special Agent in Charge of the Administration in the area in which the person is located for authority and instructions to dispose of such substance. The request should be made as follows:

- (1) If the person is a registrant, he/she shall list the controlled substance or substances which he/she desires to dispose of on DEA Form 41, and submit three copies of that form to the Special Agent in Charge in his/her area; or
- (2) If the person is not a registrant, he/she shall submit to the Special Agent in Charge a letter stating:
 - (i) The name and address of the person;
 - (ii) The name and quantity of each controlled substance to be disposed of;
 - (iii) How the applicant obtained the substance, if known; and
 - (iv) The name, address, and registration number, if known, of the person who possessed the controlled substances prior to the applicant, if known.

(b) The Special Agent in Charge shall authorize and instruct the applicant to dispose of the controlled substance in one of the following manners:

- (1) By transfer to person registered under the Act and authorized to possess the substance;
- (2) By delivery to an agent of the Administration or to the nearest office of the Administration;
- (3) By destruction in the presence of an agent of the Administration or other authorized person; or
- (4) By such other means as the Special Agent in Charge may determine to assure that the substance does not become available to unauthorized persons.

(c) In the event that a registrant is required regularly to dispose of controlled substances, the Special Agent in Charge may authorize the registrant to dispose of such substances, in accordance with paragraph (b) of this section, without prior approval of the Administration in each instance, on the condition that the registrant keep records of such disposals and file periodic reports with the Special Agent in Charge summarizing the disposals made by the registrant. In granting such authority, the Special Agent in Charge may place such conditions as he deems proper on the disposal of controlled substances, including the method of disposal and the frequency and detail of reports.

(d) This section shall not be construed as affecting or altering in any way the disposal of controlled substances through procedures provided in laws and regulations adopted by any State.

[38 FR 7801, Apr. 24, 1971, as amended at 37 FR 15922, Aug. 8, 1972. Redesignated at 38 FR 26609, Sept. 24, 1973, and amended at 47 FR 41735, Sept. 22, 1982; 62 FR 13967, Mar. 24, 1997.]

NOTICE: This is an unofficial version. An official version of this publication may be obtained directly from the Government Printing Office (GPO).

Attachment 2: CFR 21- 1307.24

http://www.deadiversion.usdoj.gov/21cfr/cfr/1301/1301_24.htm

Code of Federal Regulations

Section 1301.24 Exemption of law enforcement officials.

(a) The requirement of registration is waived for the following persons in the circumstances described in this section:

(1) Any officer or employee of the Administration, any officer of the U.S. Customs Service, any officer or employee of the United States Food and Drug Administration, and any other Federal officer who is lawfully engaged in the enforcement of any Federal law relating to controlled substances, drugs or customs, and is duly authorized to possess or to import or export controlled substances in the course of his/her official duties; and

(2) Any officer or employee of any State, or any political subdivision or agency thereof, who is engaged in the enforcement of any State or local law relating to controlled substances and is duly authorized to possess controlled substances in the course of his/her official duties.

(b) Any official exempted by this section may, when acting in the course of his/her official duties, procure any controlled substance in the course of an inspection, in accordance with Sec. 1316.03(d) of this chapter, or in the course of any criminal investigation involving the person from whom the substance was procured, and may possess any controlled substance and distribute any such substance to any other official who is also exempted by this section and acting in the course of his/her official duties.

(c) In order to enable law enforcement agency laboratories, including laboratories of the Administration, to obtain and transfer controlled substances for use as standards in chemical analysis, such laboratories shall obtain annually a registration to conduct chemical analysis. Such laboratories shall be exempted from payment of a fee for registration. Laboratory personnel, when acting in the scope of their official duties, are deemed to be officials exempted by this section and within the activity described in section 515(d) of the Act (21 U.S.C. 885(d)). For purposes of this paragraph, laboratory activities shall not include field or other preliminary chemical tests by officials exempted by this section.

(d) In addition to the activities authorized under a registration to conduct chemical analysis pursuant to Sec. 1301.13(e)(1)(x), laboratories of the Administration shall be authorized to manufacture or import controlled substances for any lawful purpose, to distribute or export such substances to any person, and to import and export such substances in emergencies without regard to the requirements of part 1312 of this chapter if a report concerning the importation or exportation is made to the Drug Operations Section of the Administration within 30 days of such importation or exportation.

[62 FR 13951, Mar. 24, 1997]

NOTICE: This is an unofficial version. An official version of this publication may be obtained directly from the Government Printing Office (GPO).

Attachment 3: Sample Round Up Event Flyer

Prescription Drug Round Up

Saturday, April 24

8:00 AM - 2:00 PM

A Prescription for a Healthy Community



Proper disposal of medications protects teens, children, pets and the environment

Acceptable items: Unused or expired prescription drugs, over-the-counter pills, prescription liquids, pet medications in their original containers (mark out the patient's name on the bottle), and residential sharps.



Drop-off locations

- Family Resource Center
- 115 W. 6th Ave., Sun Valley
- Sak 'N Save - 1000 Plumb Lane, Reno
- Scolari's - 1300 Disc Drive, Sparks
- Scolari's - 8165 So. Virginia St., Reno
- Scolari's - 200 Lemmon Valley Rd., Reno

Unable to drop by on April 24?

Dispose of unused drugs by crushing them in a seal-tight plastic bag, add kitty litter or coffee grounds, seal the bag and dispose in the trash.

Sponsors



Prescription Drug Round Up

The next Round Up will be held on **Saturday, October 1 from 9 a.m. - 1 p.m.** at the following locations:

SaveMart - 565 East Prater Way, Sparks
Scolari's - 1300 Disc Dr., Sparks
Scolari's - 8165 S. Virginia St., Reno
Smith's - 175 Lemmon Drive, Reno
Walgreens - 10370 N. McCarran Blvd., Reno
Walmart - 4855 Kietzke Lane, Reno

And on **Saturday, October 29 from 10 a.m. - 2 p.m.** at the following locations:

SaveMart - 565 East Prater Way, Sparks
Scolari's - 8165 S. Virginia St., Reno

WHAT IS THE ROUND UP?

It's a safe place to dispose of expired, unwanted prescription drugs.

WHY?

Rates of prescription drug abuse are increasing throughout the country, and studies show that a majority of abused prescription drugs are obtained from family and friends. The community is safer without unneeded prescription drugs in your medicine cabinet with the potential for abuse by young children or others. Proper disposal of unused medicines is a public health issue since the environment can become polluted by medicines that are thrown away or flushed down toilets.

WHAT CAN I BRING?

Unused/expired prescription medications, nonprescription pills, and prescription liquids in the original container. Feel free to remove any personal identification from the container.

WHAT IF I CAN'T ATTEND?

If you're not able to make it to the Drug Round Up, please click [here](#) to learn safe disposal methods for prescription drugs.

WHAT IF I STILL HAVE QUESTIONS?

Call us at 775-324-7557.

Attachment 4: Sample Materials List

Prescription Drug Round Up
Materials List

Location: _____ Greeter(s): _____

Free gifts for the public:

- 1 Instructions for MedSafe distribution
- 15 MedSafe boxes ****The first 15 people will get a box. Each recipient must sign the release of liability waiver.**
- 20 MedSafe Release of Liability waiver ****To be signed by every recipient of a box**
- 20 "Lock Your Meds" Pledge ****To be signed by every recipient of a box; they keep it**
- 40 Kites for Kite Festival on May 1"
- 15 DVD: "The Truth about Prescription Drug Use and Abuse"

Materials/Resources:

- 50 JTNN magnets
- 40 MedSafe informational sheets
- 75 CPR Resource Card
- 70 Medication Tracking Card
- 30 "The Abuse of Prescription and Over-the-counter Drugs" – white brochure
- 10 "Selected Prescription Drugs of Abuse" – purple laminated card
- 300 "Smart Disposal" bookmark
- 75 "Smart Disposal" magnet
- 25 "Preventing Teen Abuse of Prescription Drugs" fact sheet – red border flyer
- 30 "Parents, The Anti Drug – What Can You Do?" flyer

Supplies:

- 1 Round Up poster
- 4 Name tags for volunteers
- 2 Black pens
- 1 Black Sharpie marker
- 1 Roll packing tape
- 1 Pair scissors
- 5 Balloons *(ask the Scolari's florist to fill these with helium for you)*
- 1 String for balloons

For Officers/Pharmacists:

- 1 Pill log form
- 1 Box latex gloves
- 5 Small brown evidence bags ***Pills must go in these smaller bags**
- 2 Large evidence bags - for sharps only
- 3 Black garbage bags ***Please collect all plastic pill bottles in one bag (for recycling), and all other waste in a separate bag – return these to RPD**

*If you have questions or run out of anything, call: _____

Attachment 5: Sample Pill Log

www.drugs.com

Poison Control #: 800-222-1222

Pharmacy #: 770-3220

**Prescription Drug Round Up
Inventory Form**

Date: _____

Case #: _____

Time: _____

Location: _____

<u>Qty</u>	<u>Drug & Dosage (mg/ml)</u>	<u>Drug Category</u>	<u>Type (pills, liquid, etc.)</u>	<u>Time Collected</u>	<u>Officer #</u>
		<input type="checkbox"/> Depressant <input type="checkbox"/> Opiate <input type="checkbox"/> Stimulant <input type="checkbox"/> Other			
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Prescription Drug Roundup on October 1st

Images



Related Links

- Information on Proper Disposal

This will be our area's fifth Prescription Drug Round Up event. To date, the Round Ups have collected a total of over 285,000 prescription pills. These pills will no longer be improperly disposed of or make it into the hands of youth or adults who might abuse them. This is a collaborative effort, and a result of partnerships with many other community agencies including Join Together Northern Nevada and local pharmacies and retailers.

Prescription drug abuse is the fastest growing drug problem in our nation today. Prescription drugs are now the 2nd most commonly abused drug type among all teens, and among 12-13 year olds are the most common - even more prevalent than marijuana. Approximately 1 in 5 teens admit to abusing prescription drugs to get high. The Prescription Drug Round Up is one way that we can raise awareness of this problem, provide information and resources, and reduce the availability of prescription drugs for abuse.

Medications can be dropped off confidentially, with no questions asked. No identifying patient information will be collected. Please bring medications in their original containers if possible, and feel free to mark out the patient's name. Those dropping off medications will also receive educational materials as well as a free MedSafe locking medicine cabinet (limited supply available) to safely store their medications in the future.

Round Up Locations:

October 1st 9:00am - 1:00pm:

Scolari's - 1300 Disc Dr., Sparks

Scolari's - 8165 S. Virginia St., Reno

Save Mart - 565 East Prater Way, Sparks

Walgreens - 10370 N. McCarran Blvd., Reno

Smith's - 175 Lemmon Dr., Reno

Walmart - 4855 Kietzke Lane, Reno



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RENO, Nev. (MyNews4.com & KRNV) - On October 1st, 2011 and again on October 29th, 2011, Officers of the Reno Police Department, Sparks Police Department, and Washoe County Sheriff's Office will hold a Prescription Drug Round Up at various locations throughout Washoe County. During this event citizens can drop off expired or unused prescription and over-the-counter medications, which will be safely destroyed.

FOX 11

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WCSO to participating in prescription drugs roundup

Updated: Wednesday, September 10 2014, 02:15 PM PDT

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RENO - The Washoe County Sheriff's Office is teaming up with Join Together Northern Nevada for a prescription drug roundup in late September.

The organizations will be collecting expired, unused and unwanted prescription drugs that can be potentially dangerous to keep around the house. Officials say just flushing them down the toilet or throwing them in the trash could be dangerous to health and safety.

The roundup is set for Saturday the 27 from 10 a.m. until 2 p.m. -- it is both free and anonymous. Below is a list of all the locations that'll take the prescription drugs:

- Raleys- 18144 Wedge Parkway, Reno
- Save Mart- 4995 Kietzke Lane, Reno
- Save Mart- 565 E. Prater Way, Sparks
- Smith's - 750 South Meadows, Reno
- Scolari's - 8165 S. Virginia St, Reno
- Walgreens - 10370 N. McCarran Blvd., Reno
- CVS- 5151 Sparks Blvd., Sparks

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Local Authorities Introduce Drug Drop-Off Locations

Posted: Feb 22, 2012 9:42 PM PST
Updated: Mar 01, 2012 12:35 PM PST

Adam Rasmussen
Channel 2 News

Local authorities are taking another step in the fight against prescription drug abuse.

The problem continues to skyrocket across the country, especially with teenagers. Instead of waiting for drug roundups, locals can now get rid of pills anytime they want at permanent prescription drop boxes across town.

Wednesday, The Reno Police Department cracked open one of those boxes for us. It's only been in place a couple weeks, but inside are bottles and plastic bags filled with pills and other medications.

"We needed something permanent that's in a secure location where people can come and safely, confidentially just drop something off and go," says Stacy Shamblin, a prevention coordinator with the Reno Police Department.

There's three of these drop boxes in town. One is at the Washoe County Sheriff's Office and the other two are at the Reno Police Department on 455 East 2nd Street, and the Sparks Police Department at 1701 East Prater Way.

So far, people have taken advantage of the new drop off locations, disposing of medication that may have been sitting around for quite some time.

"The common comment we get is, 'They have been in my cupboard for a couple of years and I didn't know what to do with them,'" says Kevin Quint with Join Together Northern Nevada.

Authorities also hold drug roundups twice a year and say they have been a big success. In six roundups, they collected more than 600,000 pills. Quint says most of those pills are pain killers.

Those are drugs that law enforcement hopes to keep off the streets and out of kids' hands, something these new drop boxes help accomplish.

"It won't be so easy for anybody, especially a teenager, to just walk into mom or dad or grandma's medicine cabinet and take a few pain pills without anybody noticing," says Shamblin.

Because the drug roundups have received such positive feedback from the community, authorities hope the boxes will garner even more support. Around the country, people are dying from prescription drug abuse, and local authorities want to make clear how dangerous some medications can be.

"You need to lock these things up or if you don't need them anymore, you need to get rid of them because you may not be paying attention, but somebody else will," says Shamblin.

Another way to safely dispose of old medications at home is by crushing pills in a plastic bag, then add kitty litter or wet coffee grounds. After that, seal the bag and throw it in the trash.



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Prescription Drug Round Up on April 26th

Post Date: 04/11/2014 8:38 AM

Local law enforcement agencies – Reno Police Department, Sparks Police Department and Washoe County Sheriff's Office – collaborate with the DEA as well as Join Together Northern Nevada and many other community partners to offer this event to our citizens. Our area has held semi-annual Prescription Drug Round Ups since October of 2009. To date, the Round Ups in Washoe County have collected over 1 million prescription pills. More than 130,000 of those pills were in categories that are commonly diverted and abused, such as painkillers and depressants.

Prescription drug abuse has been declared an epidemic by the Centers for Disease Control. Nevada has one of the highest rates in the country of prescription drug overdose deaths – between 2009 and 2011, there were 2,082 prescription drug overdose deaths in Nevada, with 110 of those occurring in Washoe County. A primary factor in this problem is the fact that prescription medications are so readily available, especially to teens, and many times are accessible in unsuspecting citizens' unlocked medicine cabinets.

Medications – including household prescription and over the counter pills and liquids – can be dropped off at the Round Up event with no questions asked. Prescription waste or expired/surplus medications from commercial pharmaceutical companies and medical offices are not accepted. Citizens are asked to bring medications in their original containers if possible, and may mark out the patient's name if they wish. In addition, volunteers from Northern Nevada HOPES will be collecting residential sharps and providing information to the community about proper syringe disposal.

Prescription Drug Round Up

Search

Saturday, September 27, 2014 from 10 a.m. – 2 p.m.

Locations:

CVS– 5151 Sparks Blvd., Sparks
 Raleys- 18144 Wedge Parkway, Reno
 Save Mart– 4995 Kietzke Lane, Reno
 Save Mart– 565 E. Prater Way, Sparks
 Smith’s – 750 South Meadows, Reno
 Scolari’s – 8165 S. Virginia St, Reno
 Walgreens – 10370 N. McCarran Blvd., Reno

The Prescription Drug Round Up, held each spring and fall, is a safe place to dispose of expired, unwanted prescription drugs.

More than 1.2 million pills have been collected at the Washoe County Round Ups since October 2009, and the April 2014 was the busiest collection day yet.

WHY DISPOSE OF YOUR UNWANTED PRESCRIPTION DRUGS?

Rates of prescription drug abuse are increasing throughout the country, and studies show that a majority of abused prescription drugs are obtained from family and friends. The community is safer without unneeded prescription drugs in a home with the potential for abuse by young children or others. Proper disposal of unused medicines is a public health issue since the environment can become polluted by medicines that are thrown away or flushed down toilets.

WHAT CAN I BRING?

Unused/expired prescription medications, nonprescription pills, and prescription liquids in the original container. Feel free to remove any personal identification from the container.

WHAT ABOUT SHARPS?

Sharps are collected at the Round Up. If you’d like to dispose of sharps at another time, please contact Northern Nevada Hopes at 775-348-2893 or review the following information: [Sharps Disposal Card](#)

WHAT IF I CAN’T ATTEND?

You can dispose of unwanted prescription drugs at permanent prescription drug drop boxes located in the lobbies of the Reno Police Department, Sparks Police Department and Washoe County Sheriff’s Office during regular business hours.



Parent Resources



Community Resources



Youth Resources

Join our mailing list.



Join Together Northern Nevada



Sample pictures of the numerous medication pills collected during a typical Prescription Drug Round Up:





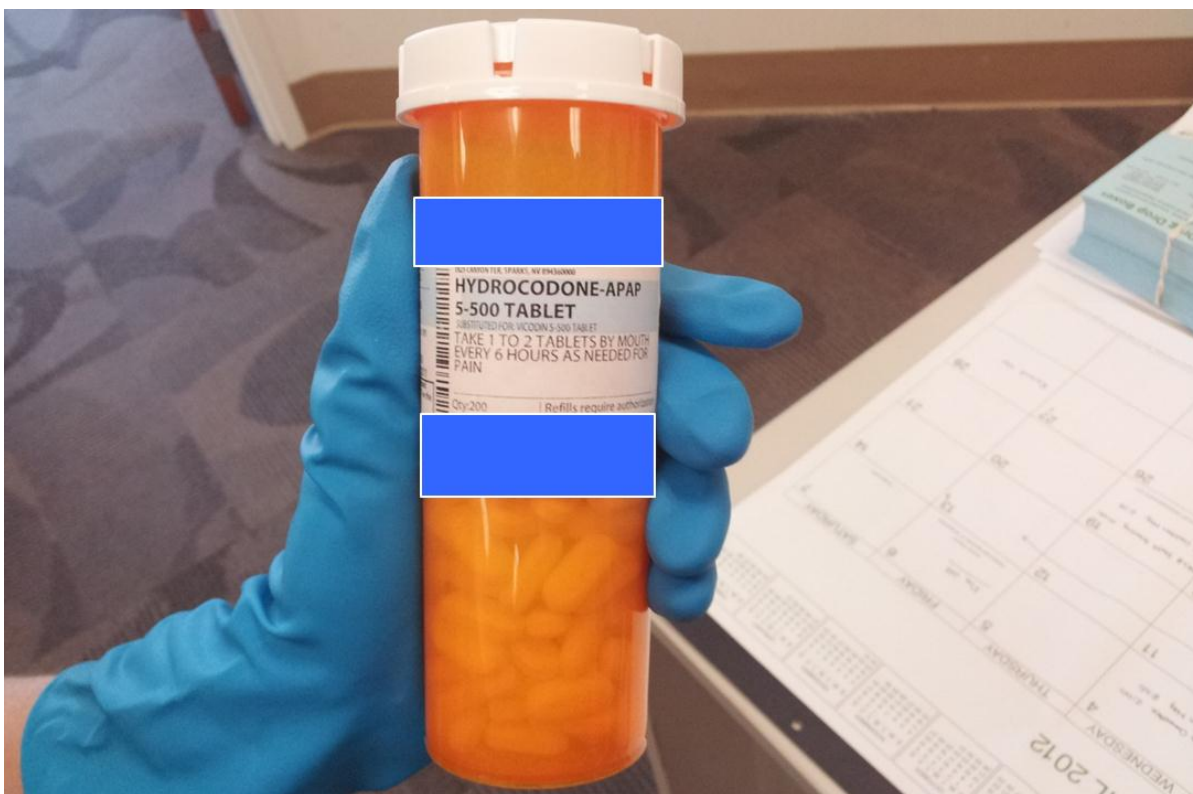
These drop off events also had value in that they demonstrated how people stored and kept prescription drugs. For example, there were numerous instances where elderly patients would remove the child proof caps, because they found those to be a hassle to open. The picture below shows how one resident simply stuffed the top of her prescription drugs with toilet tissue to act as a “cap”, but this obviously makes these dangerous drugs very accessible to young children.



These roundups also showed that while opiates and pain pills only made up a small portion of the prescription drugs collected, some pill bottles contained rather large amount of these highly addictive pills. For example, a picture like the one below was not uncommon during the drug roundups. As one will notice, this one bottle contained 180 pills of the highly addictive drug oxycodone.



The following picture depicts one bottle with 200 pills of hydrocodone.



An important component of the prescription drug drop-off event was the cataloging and monitoring of the drugs that were collected. After each event, dedicated staff from the Police Department and pharmacy techs would go through every single prescription container and count the number of pills collected. This allowed for the creation of a baseline as to what these drug roundups would produce, and what kind of drugs could be expected in the permanent prescription drop-off boxes. Below are some pictures of this arduous task:





Result of Drug Round Up events

The exact impact of the roundups on the problem of prescription drug abuse is hard to quantify on a countywide level. While it is obviously a good thing to remove such a large amount of pills from circulation, it is hard to determine the exact effect this removal has on the overall problem. More importantly, there may very well be a lag effect whereby the benefits of such supply reduction techniques may not be felt for a few months or even years down the road as people find less and less pills at their disposal for recreational or illegal use. To the extent that these drug roundups have collected and destroyed over a million prescription pills in just eleven events is quite a success in itself.

During the course of the grant period, eleven round-up events were held and all were successful in collecting large numbers of prescription drugs from residents. After cataloging the drugs, it was determined that of all the pills collected during the roundups, opiates and depressants comprised approximately 8 and 6 percent of all pills collected. Other pill types

included heart medication, anti-anxiety medications, diabetes medication, etc. The roundups also showed that, in many cases, these prescription pills were being brought in by the family of a terminally ill patient who had recently passed away. The family all of a sudden found themselves with an inordinate amount of medication that was no longer needed by the patient and hence they appreciated the roundup events as it allowed them to dispose of numerous pill bottles and their contents. Other items brought into the drop-off event were patches designed to relieve topical pain such as fentanyl patches or lidocaine patches. Other people brought in asthma inhalers, birth control pills, diet pills, and some even brought expired pills obtained from their veterinarian. Below are the pill totals for each of the 11 drug round up events carried out during the grant period.

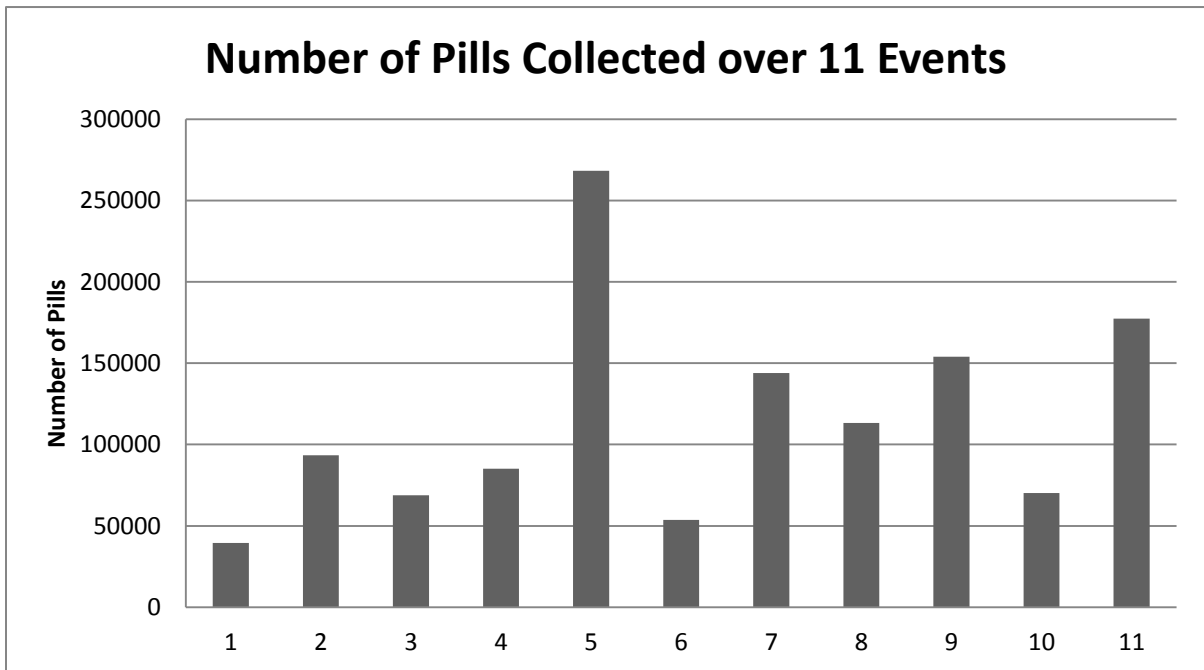
		Cumulative Total of Pills Collected - By Category				
Event #		Opiates	Depressants	Stimulants	Other	Total
1	10/17/2009	4,554	6,635	50	28,233	39,472
2	4/24/2010	7,474	3,401	545	82,071	93,491
3	9/25/2010	9,041	4,248	743	54,792	68,824
4	4/30/2011	8,454	4,289	475	71,968	85,186
5	10/1/2011	7,242	2,515	1,457	256,967	268,181
6	10/29/2011	4,606	2,214	247	46,646	53,713
7	4/28/2012	11,504	16,064	4,907	111,388	143,863
8	9/29/2012	9,539	5,232	681	97,827	113,279
9	4/27/2013	12,213	4,481	699	136,613	154,006
10	10/5/2013	4,149	1,556	29	64,474	70,208
11	4/1/2104	14,600	11,107	13,380	138,232	177,319
	<u>TOTAL:</u>	78,775	50,634	9,833	789,278	1,267,542

Event #	Percentage of Drug Type Collected				Total % of total
	Opiates	Depressants	Stimulants	Other	
	% of total	% of total	% of total	% of total	
1	12	17	0	72	100
2	8	4	1	88	100
3	13	6	1	80	100
4	10	5	1	84	100
5	3	1	1	96	100
6	9	4	0	87	100
7	8	11	3	77	100
8	8	5	1	86	100
9	8	3	0	89	100
10	6	2	0	92	100
11	8	6	8	78	100
Tot. Avg.	8	6	1	84	100

The following chart also demonstrates the percentage of the type of drugs collected at these roundups. Each roundup event yielded a consistent amount of the different drug types. The largest category for each roundup was “other”, but this is because people took this opportunity to rid themselves of all different types of medications they found in their medicine cabinet. In essence, this shows a success as residents took full opportunity of these events by bringing not only the opiates and the painkillers, but by bringing in all different types of medically related substances. While there may not be an immediate threat from less harmful medications such as heart medicine, or diabetes medicine, any overdose or wrongful ingestion of these substances could lead to problems, and hence residents were reminded to bring any and all unwanted medications.

The table below shows the variation in the total counts of pills collected for each roundup. It is clear that different roundups yield different totals, but this would be expected as different people are available at different times, and perhaps the accumulation of unwanted


medications occurs in cyclical periods. Overall, the tens of thousands of pills collected at each event has a cumulative effect on the success of this project as more and more dangerous medications are taken out of circulation and destroyed. In all, the eleven events collected over 1,267,542 pills.



Installation of permanent prescription drug drop off boxes

Since the federal drug drop off events were designed to occur on certain specific dates, many residents complained that they had to hold unused or unwanted prescription drugs in their house in between drug drop-off events. A decision was therefore made to install permanent drop boxes where residents could stop by and drop off unwanted prescription pills at any time during the month. These permanent drop off boxes look like large steel mailboxes and due to federal regulations, they had to be installed in the lobbies of local law enforcement agencies and can only be accessed only by law enforcement officials for emptying purposes. Once the prescription drugs are removed for disposal, the same protocols take place as when the federally regulated drop-off events occur. The installation of these prescription drug drop off boxes were heavily advertised in the media and SPI participants used numerous avenues to let the public know about the locations and operation of these new installations. Web announcements on municipal websites, news interviews, and other media outlets were used to achieve this goal.

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The Wilbur D. May Museum at Rancho San Rafael has a wide range of historic artifacts



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Crush, Don't Flush

Dispose of Old Medicines Correctly - Both Prescription and Over-the-counter

For years we were told to "Crush & Flush" old drugs - but not anymore! The "Crush" part is still good, but the "Flush" part flushes the drugs into our water sources. To help keep medications out of our rivers and streams, follow one of these simple rules:

- Bring your unused/expired prescription medications (pills and/or liquids) and non-prescription drugs in their original containers (feel free to remove any personal identification from the container) to one of the secure local Round Ups coordinated by Join Together Northern Nevada (JTNN). Call 775-324-7557 or [see the next scheduled date](#).
- Another option is to use one of the permanent prescription drug drop boxes located in secure lobbies of the **Reno Police Department** (775-334-2175), **Sparks Police Department** (775-353-2231), and **Washoe County Sheriff's Office** (775-328-3001) during their regular business hours.
- You can still "CRUSH" and dispose of old prescription drugs, aspirin and vitamins by following these steps:
 - Take drugs out of the original container;
 - Place old drugs on a piece of wax paper and fold the paper over the drugs;
 - Use household items to crush the materials, like a rolling pin, jar, heavy water glass or a meat tenderizer; and,
 - Place some dry cat litter or wood shavings in a plastic bag, pour the crushed drugs into the cat litter, seal the bag and toss everything into the trash.



Reno Police Department - Prescription Drug Drop Off

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Published on Mar 13, 2012

Due to positive reactions to the prescription drug round-ups, the Reno Police Department, Sparks Police Department, and Washoe County Sheriff's Office have all implemented a new program regarding prescription drug drop offs. The boxes will be located right inside each of the stations. Come to the next drug round-up on April 28th, or drop off old medications in the boxes any time.

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Prescription Drop Boxes Now in Police Lobbies

Posted: Thu 12:10 PM, Feb 23, 2012

By: Staff Email

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RENO, NV - Three local police agencies have partnered to offer permanent locations to drop off unwanted or unused prescription drugs for safe disposal.

According to the Reno police, the diversion and abuse of prescription drugs is a problem nationwide and locally. Prescription drug abuse is now the fastest growing drug problem in America, and the CDC has declared it to be an epidemic. Prescription drugs are especially appealing to youth, and these drugs are now the second most commonly abused drug type for teens. One of the main contributing factors to this problem is the ease of accessibility to prescription drugs – many citizens unknowingly store drugs of abuse in their medicine cabinets, sometimes for years. These pills can then be stolen and abused, often without the owner ever noticing that they are missing.

To combat this problem, in 2009, with funding from the Bureau of Justice Assistance (BJA) Smart Policing Initiative, the Reno Police Department launched a comprehensive program targeted at reducing the prevalence of prescription drug abuse in Washoe County. One of the most visible aspects of this program has been the Prescription Drug Roundup events, which have been held twice annually since fall 2009. The results of these events are evidence that a vast number of unused prescription drugs are available in our own homes: to date, over 600,000 pills have been collected and safely destroyed.

To supplement the semi-annual Roundup events, local law enforcement agencies have collaborated to offer permanent drop-off sites for prescription medications. The prescription drug drop boxes are located in the main lobby areas of the Reno Police Department, Sparks Police Department and Washoe County Sheriff's Office. Citizens can drop off prescription pills, pet medications, and over-the-counter medications, which will then be safely destroyed so that they cannot be abused and cannot harm our water supply through improper disposal. Liquids, sharps and inhalers are not accepted in the drop boxes, but these items can be brought to the next Prescription Drug Round Up event on Saturday, April 28th.



Three such boxes were installed around the Reno area in local police precincts. Above is a picture of such a drop box.

Results

After the installation of these permanent drop boxes, the police department decided to wait two months before cataloging and counting the number of pills that had been collected. In those two short months, a total of 23 pounds of medication had been collected across the three boxes. The percentages in terms of drug types mirrored what had been collected in previous drop off events, but the sheer volume of pills collected showed that there was a need

for these permanent drop boxes. One interesting outcome of these permanent drop boxes is that the public was not apprehensive in going to local police departments at drop-off their prescription drugs. One initial fear of this implementation was that residents would be hesitant to walk into a police building for such a transaction. As it turns out, this fear was unfounded, and residents took to using these boxes, perhaps more than expected. Below is a picture of the prescription pills collected after two months through one of the permanent drop boxes:



Prescription pills collected using a permanent drop off box.

Pharmacy Stickers: Description

Part of the supply reduction effort involved the innovative use of pharmacy stickers. The stickers were designed by the police department and distributed to numerous area pharmacies. The premise behind the stickers was to include the pharmacist community in helping educate residents about the disposal and abuse of prescription drugs.

Process

The stickers were printed on adhesive rolls and pharmacists were asked to place a sticker on the customer's prescription bag at the end of their transaction. The stickers were created without a particular pharmacy's name or logo on them so they were interchangeable between pharmacies which helped in the dissemination process. Most pharmacies were receptive to the idea while others stated that they had to check with their corporate offices before they could alter the appearance of the pharmacy bags with stickers or other decorations, even if it was for a good cause. Over the grant period, over 100,000 stickers have been handed out across several major pharmacies. One drawback of this approach is that it is unclear whether or not the pharmacists actually use the stickers as they are intended. Simply accepting the roll and leaving it to collect dust under the counter is not going to fulfill its educational purpose. Evidence that the stickers are actually being used by the pharmacies is the occasional phone call from the pharmacist themselves requesting additional stickers as they have run out or are about to do so.

The table below demonstrates the distribution of these stickers during the grant period.

Pharmacy	Address	4/16/2010	4/23/2010	5/6/2010	5/12/2010	6/15/2010	7/21/2010	9/1/2010
Costco	2200 Harvard Way	2,000		7,000				6,000
Safeway	5150 Mae Anne Ave	1,000				2,000		3,000
Safeway	2858 Vista Blvd.	1,000		2,000				3,000
Wal-Mart	4855 Kietzke Lane	3,000	16,000					9,000
Smith's	750 South Meadows Pkwy	1,000			4,000			2,000
Smith's	1255 Baring Blvd	1,000				2,000		3,000
Smith's	175 Lemmon Drive	2,000		4,000				5,000
Don's	501 Rakston Street	1,000		2,000				2,000
Save Mart	565 East Prater Way						1,000	3,000

P.A.S.S. It On!

Proper disposal of old/unused medications

For information on the next Prescription Drug Round Up, visit Join Together Northern Nevada at www.jtnn.org

Awareness of prescription abuse

Nearly **1 in 5 teens** has abused prescription medications
Abuse of prescription drugs can be **addictive and fatal**

Secure storage of prescription medications

Keep them in a locked location, out of the hands of those who could abuse them

Safety for children and teens

Talk to your loved ones about the dangers of abusing prescription and over-the-counter drugs

(Sample pharmacy sticker)

Results

The actual impact of the pharmacy sticker campaign was not closely evaluated as its own distinct intervention. But a link could be made, however, between the pharmacy stickers and the popularity of the drug roundup events - which may be the result of the pharmacy sticker bags. It is hoped, however, that the pharmacy bag campaign is yet another piece of the educational campaign that supports much of this grant. It is but a small part of the cumulative nature of the educational approach the police department has adopted. With over 100,000 prescription stickers being handed out, it is hoped that the message somehow reached its intended audience. Once again, this is dependent on the pharmacist actually applying the pharmacy stickers to the bags.

Goal 3: Law enforcement and investigation of prescription fraud

Objective 1: assign dedicated officers to prescription drug fraud and aggressively investigate and prosecute known prescription drug offenders.

Objective 2: create a partnership between the law enforcement entity and the medical community to facilitate reporting of fraudulent prescription practices

Description of prescription fraud investigations and partnership building

The law enforcement component of this grant entailed having officers that were primarily responsible for investigating prescription fraud cases. Prior to the SPI, these cases would usually not receive much attention as other drug cases would take precedence. The problem was also that the victims of prescription fraud did not feel as though they had an ally in the fight. For example, a doctor who suspected a patient of trying to obtain pills fraudulently may have had a hard time knowing how to handle the situation. Having an officer dedicated to prescription cases now allows the medical community to have an outlet to report and deal with prescription fraud cases.

Process

Since this grant was being run out of the narcotics and vice unit (the Street Enforcement Team), it was very convenient to identify and assign an officer to prescription cases. This officer was to spend the majority of his time dealing and handling prescription fraud cases. As the need arose, he was free to work on other narcotic cases, and participate in routine police department duties. However, the benefits of this grant allowed this officer to become a specialist of sorts when it came to prescription drug fraud. This officer prepared presentations, organized materials, became acquainted with the laws related to this problem,

and he personally oversaw the arrest and prosecution of several key players. In that capacity, the narcotics unit, and the police department as a whole, became better equipped to handle prescription fraud cases when they were encountered. As the grant progressed, a second police officer was assigned to prescription fraud cases and these two detectives shared their investigative duties concerning these cases. Unfortunately, the second detective assigned to this project was moved due to a personnel rotation and he was never replaced.

The detective also played a major role in educating local medical professionals in the prevention of prescription drug fraud. In that capacity, the officer participated in presentations to doctors and pharmacists where he explained the different techniques counterfeiters or drug abusers would use to obtain prescription drugs illegally. Relying on previous research and other case studies, the presentation highlighted how doctors and pharmacists facilitated this crime. For example, the detective would remind physicians to not leave their prescription pad in the examination room with a patient, as these could be easily stolen and replicated. Pharmacists were warned about people who claimed to have lost prescriptions, and were told to be on the lookout for suspicious activity, such as altered prescriptions, where a patient may add a zero to the number of prescribed pills, in effect changing a prescription for 10 pills to 100.

The police department also had a direct telephone line that the medical community could call the moment they suspected some fraudulent behavior. This step, while seemingly minor, provided a great relief to the medical community as they previously stated that they felt at a loss many times when it came time to reporting this problem. Now, they were able to contact the detectives assigned to these types of cases, and they were happy to have this direct connection to the police department. Facilitating the link between the medical

community and the police department was a crucial factor in initiating and building viable criminal cases against the suspects. For example, a pharmacist would suspect a customer of fraudulently trying to obtain prescription pills, and after calling the detectives to report this incident, surveillance could be established, and an investigation started.

Result of the law enforcement effort

As it can be expected, investigating prescription cases is difficult. Most of the time, individuals are found to be in possession of pills without a prescription during the course of another investigation, and thus the prescription charge becomes secondary in nature and is usually not given much legal attention. While the more active prescription fraudsters and abusers do exist, they remain harder to detect and are hence more elusive to law enforcement tactics. There were several cases when the detectives were informed of prescription fraud, and when their investigation led to a viable arrest ripe for prosecution, the district attorney's office simply did not pursue the case as aggressively as it could have. There seems to have been a slight disconnect between the energies and efforts put in by the detectives assigned to these cases, and the response from the prosecutor's office. At this point, more effort should be devoted to bridging this gap so that prescription fraud cases are treated as such, and not simply plea bargained down to minor crimes where the whole process fails to send the right message.

Over the course of this grant the detectives worked on approximately 40 to 50 cases. The majority of these cases involved individuals who were either doctor shopping or employing counterfeit means to obtain prescription drugs. The most common charges were "burglary", "possession of a controlled substance", and "unlawful obtaining of

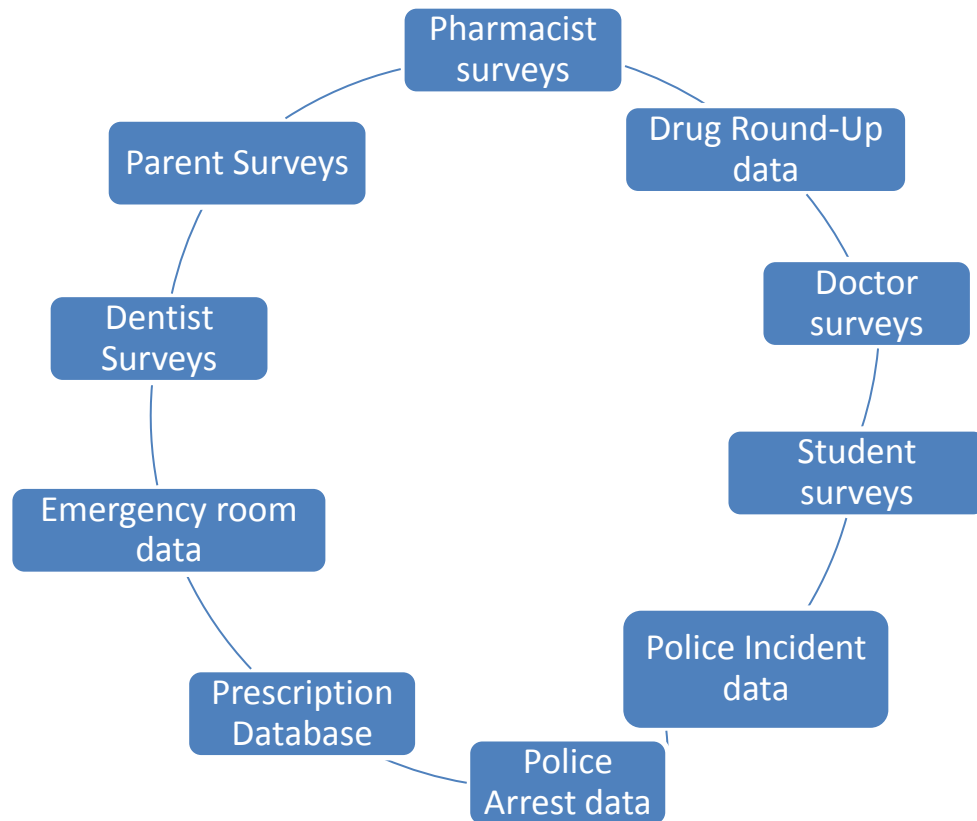
prescriptions”. In terms of disposition, several defendants pleaded guilty, a few were sentenced to treatment, and a few were given jail or prison time. Several of the cases are still pending and hence their disposition is not yet known. It should be noted, however, that this grant’s main objective was not to approach the problem from a “detect and arrest” philosophy as research has shown that this mentality does little to solve crime problems. The law enforcement component was designed to allow resources to be devoted to the investigation of important prescription diversion cases. As discussed above, it appears that the adjudication of these cases is still behind given the severity of the problem. Also, further efforts should be made to publicize these cases so that other offenders can see the consequences of these behaviors.

DATA AND INTELLIGENCE

Data used through SPI Initiative

As stated previously, this SPI program relied on multiple sources of information and data sources. The data included official statistics, secondary data, surveys, and anecdotal evidence. The official data was collected from the Police Department. An existing relationship with the crime analysis unit and other police personnel facilitated the transfer of the incident, arrest, and calls for service data. Due to an earlier project, the research partner had already devised protocol to the code and recode official police mainframe data into usable research data. Much of the other data was obtained through the contacts created by the drug prevention coordinator hired under this grant. This crucial civilian position was the liaison between many agencies and the data used by the research partner. It should be stated that much of this data had to be manipulated so that it could be used in the program evaluation. Perhaps the most important and unconventional source of data was the information provided by the Nevada pharmacy board concerning all of the prescriptions filled during the program period. This data source gave her the research partner and the ability to quantify the magnitude of this problem down to the last pill prescribed. The detail offered by the data illustrated the geographic nature of the problem, the drug types involved, and it allowed the researcher to identify the “heavy hitters” (doctors who prescribed too much). The pharmacy board data was yet another example of operational information that is accumulated over the years, but not thoroughly researched in an analytical sense. This SPI allowed the research partner to summarize, quantify, and organize the pharmacy board data in a way that had not been done before. For instance, through the SPI, a technique was developed to identify the doctors who prescribed the most pills per month. Once these doctor IDs were identified, they were shared with the pharmacy board and they would check the real

identity of these physicians. In some cases, the pharmacy board was already aware of some of these “heavy hitters”, but in others, they were surprised by the finding and they initiated their own internal investigations. In short, the pharmacy board data not only helped the research partner and the police department paint a clearer picture of the prescribing patterns in Nevada, but it helped the pharmacy board identify some troublesome patterns with a few of their physicians. This was a good example of how collaborating between agencies and the sharing of data can yield some surprising results and outcomes. The graph below illustrates the different sources of data used in this particular SPI:



Change of code

One important development concerning this SPI involves a structural change in the data collection protocols of the Police Department. For much of this project, there was a problem measuring incidents involving prescription drug abuse when it came to the police official data. This was due to the simple fact that the mainframe data collection system, Tiburon, did not include a drop-down menu for prescription drugs when it came down to identify different drug types. As expected, the drop down menu included typical street illicit drugs such as cocaine, heroin, and marijuana. However, an officer faced prescription drugs during the course of an incident had to rely on the “other” category, which meant that all of the prescription drugs were lost with all of the “other” drugs. This inability to adequately and accurately quantify the prescription drug problem in all facets of the police data proved to be frustrating overtime. To remedy this problem, the research partner wrote a stand-alone program that would scan the police narratives for certain keywords, and flag reports as being prescription drug related. This temporary measure worked during the course of the grant, but this did not help the officers on the street who needed to enter the drugs they encountered in the Tiburon system. Therefore, the research partner and the deputy chief started a small campaign to have a permanent change made to the Tiburon system to include prescription drugs and their own separate drug category. As expected, there was some reticence in changing the software, interest in the problem came and went, but through persistence, and several letters later, the police department decided to honor the request and prescription drugs will be included in the new drug type drop-down menu. From the screenshot below, the red circle highlights the drop-down menu that will be edited.

The screenshot displays a software interface for managing incident records. At the top, there is a toolbar with icons for navigation and actions like 'DEL', 'ADD', 'DUP REC', and a help icon. Below the toolbar is a menu bar with options: 'List', '1 Incident', '2 Persons', '3 Vehicle', '4 Vessel', '5 Property', '6 Modus Operandi', '7 Narrative', '8 E-Files', and '9 RCS'. The main window has a sub-menu bar with 'List', 'All Property Notes', 'Article', 'Bicycle', 'Drug', 'Firearm', 'Jewelry', 'Security', 'Automotive', 'Fast Entry', and 'Details'. The 'Drug' option is selected.

The main data entry area contains several fields:

- Agency: RP
- OCA#: [Redacted]
- Supplement No: [Redacted]
- Reported Date: 04/02/2014
- Invl: EVD
- IC: Y
- Ty: D
- Description: 1.1 GM of AMPHETAMINES, METHAMPHETAMINE

Below this, there is a table-like structure with the following fields:

- Involvement: EVD
- Invl Date: 04/02/2014
- In Custody?: Y
- Cat: Y
- Article: DRUGS
- Drug Type: L (circled in red)
- # Pieces: 1
- Message Key: [Empty]
- Message Key Level: [Empty]
- File Control No.: [Empty]
- FCN Date: [Empty]
- Send: [Button]

Further down, there are fields for:

- Bar Code: 90037556
- Item No: 1
- Quantity: 1.100
- Measure: GM
- Serial No: [Empty]
- Owner Applied No: [Empty]
- Value: [Empty]
- Recv Value: [Empty]
- Dispo: [Empty]
- Dispo Date: [Empty]
- Destruction Days: [Empty]
- Scheduled Destruction Date: [Empty]
- Rcv Date: [Empty]
- Damaged: [Empty]
- Rcv Location: [Empty]
- Rcv City: [Empty]
- Rcv St: [Empty]
- Rep Dist: [Empty]
- Beat: [Empty]
- Area: [Empty]
- Storage building: [Empty]
- Storage room: [Empty]
- Storage shelf: [Empty]
- Storage bin: [Empty]
- Storage Fee: [Empty]
- Special Fee: [Empty]
- Other Agency: [Empty]
- OA Case No: [Empty]
- Emp #: [Empty]
- Security: N
- Control: [Redacted]

The small change will greatly improve the department's ability to query out and identify prescription related incidents, arrests, and calls for service. This will also lower the number of drugs categorized as "other", reducing the number of unusable, or less than informative data.

Other data uses

The Reno Police Department also encourages its officers to routinely use data in the course of their work. The crime analysis unit has created an internal information network called TCAR, which disseminates bulletins, crime reports, and crime statistics to officers on the field via their laptops or mobile devices. This information is updated frequently to make sure the officers have the latest information at their disposal. The department also carries out a yearly resident survey and the results are discussed at command staff meetings to ensure that

the police operations are in line with the public's expectations. As a whole, the department embraces intelligence led principles and trains its officers in problem solving techniques, all in an effort to increase accountability and efficiency.

ANALYSIS AND EVALUATION

Role of the Researcher

In this particular Smart Policing Initiative, the role of the researcher was twofold. The first was to assist the Police Department in developing sound and viable interventions that could be evaluated. The second role involved data analysis and quantitative manipulations of the outcomes. In the first role, the police department staff was well trained and equipped to develop the chosen interventions, but the research partner offered input as to the type of data that would be needed for the evaluation purposes. For example, when it came to training of the medical community, the research partner worked with the Police Department to develop a survey to tap into that community to gather more information about prescription drug abuse. Therefore, the research partner did not create the interventions, per se, but he worked hand-in-hand with the police personnel to develop instruments and data collection protocols that could be fruitful when it came time to do the final evaluation.

The second role of the research partner was the data analysis. In this function, the researcher was responsible for collecting, collating, manipulating, and analyzing the vast amount of data produced by such a project. For example, the researcher had to deal with official data, such as calls for service, incident reports, arrest reports, multiple surveys, and other forms of data, to eventually paint the full picture of the prescription drug problem and the interventions that were implemented. As a researcher, the challenge was to keep the data organized and comparable across the multiple years that the initiative was in operation. Working with police data is always challenging, as the data structure always changes, downloading protocols are altered, and inputting procedures vary from year-to-year. As a result, the researcher must make sure that what was coded one way in year one is coded the

same way in year two. In short, not only are there numerous data manipulations that must occur when given a new batch of police data, but these manipulations must be replicated over time across multiple databases. As part of the data analysis responsibilities, the researcher also presented his findings to local agencies when they requested it, or at national conferences where the SPI program would be discussed.

Impact of the Smart Policing Initiative on the Problem

In order to examine the impact of the education, the supply reduction, and the law enforcement effort on the problem of prescription diversion, different data sources were used. Databases were collected from different agencies to provide a bigger and clearer picture of the prescription drug dynamics. The evaluation first examined official police data, by focusing on incidents related to prescription drug abuse, arrests related to prescription drug abuse, and property seizures related to drug arrests. The evaluation then examined data provided by the Nevada Pharmacy Board on all of the filled prescriptions in the state of Nevada. This data was to examine the impact of the training of the medical professionals to see if education component did in fact alter their prescribing behaviors. Finally, data on emergency room visits related to prescription drug abuse was also examined.

Since this grant was not a typical intervention in that the “treatment” was not limited to a very specific amount of time, traditional pre-post measures are not adequate in this case. This is especially true since many of the interventions are still ongoing as the grant work involved the raising of awareness and the implementation of drug take-back events. For example, permanent drop boxes are still in place, and the focus of the police department on

prescription drugs is ongoing. Therefore, the data will include data before any of the multiple interventions were implemented, and these will be compared to subsequent years.

Incidents

In order to measure changes in incidents involving prescription drug abuse in the Washoe County area, it was logical to look at the number of incidents reporting a prescription drug encounter. Unfortunately, many police department information systems are not designed to capture prescription related incidents. For instance, when an officer encounters cocaine, heroin, or marijuana, it is very easy to input this type of data in the incident report using drop-down menus or to enter a certain code created by the police agency. Early on in the grant, it was clear that such a code did not exist for prescription drugs, and that there was no easy way to retrieve incidents that involved prescription drugs. After numerous discussions and deliberations, it was decided that the research partner would write a small program that would scan the narrative of every single report provided by the police department, looking for keywords that would identify the incidents as somehow being related to prescription drug use. The program was created in SPSS and listed numerous different names and types of prescription drugs, and while the list was quite extensive, it was not exhaustive and could not include every single possible drug type. However, the list was deemed sufficient to capture the relevant incidents, (the syntax is attached in the appendix). Over the course of the grant, the syntax was run on all of the incident reports created by the police department, and when there was a match or a recognized drug type, that incident was given a certain code and a separate database was created with only the coded reports. The entire process was quite time consuming as the syntax had to scan every narrative from every

report for every single drug type. The syntax purposefully left off the first letter of every drug type so that they could be recognized whether the officer capitalized the name or not. For this current analysis, data was collected from January 2009 to December 2013. This provided one full year of data before the grant began (2009), and three full years of data during the implementation months of the grant, until December 2013.

Findings:

The first thing to be determined was the extent of the prescription drug problem given all of the other criminal incidents. This was achieved by recoding all of the incidents into discrete categories and counting how many incidents occurred in each category. Then, the same was done for the prescription related incidents and a percentage was derived. The table below illustrates the number of prescription drug incidents and the percentage they make up of the total crime problem:

Official Police Incidents 2009-2013

Incident Type	All	Prescription	Percentage
Violent/Person	20,173	334	1.7
Property	52,210	715	1.4
Other	55,208	881	1.6
Unknown	4,027	27	0.7
Drugs	5,208	524	10.1
Total	136,826	2,481	1.8
Missing	14,375	641	4.5
Grand Total	151,201	3,122	6

As one can see, prescription drugs appeared in approximately 2% of all police incident reports. It should be noted, however, that this only reflects the incident reports that

had one or more of the keywords listed in the syntax used to scan all of the reports.

Prescription drugs did make up 10% of all the drug cases, indicating that this is a significant problem for police officers.

Prescription Drug Incidents 2009-2013

	Frequency	Percent
Violent/Person	334	14
Property	715	29
Other	881	36
Don't Know	27	1
Drugs	524	21
Total	2,481	100

In the table above, when we examine only the prescription drug related events (n=2481), 21% have to do with drug cases, 29% are involved in some sort of property crime, and prescription drugs are involved in 14% of violent or person crimes. 36% of prescription cases are involved in “other” crime types. From the incident data provided by the police department, a frequency was done on the very specific crime types that showed some kind of prescription drug use in the narrative. While the entire frequency table is not shown, the table represents the top crimes (those that make up 80% of prescription drug cases), and from the table below, we can see the specifics of where prescription drugs show up when it comes to police incidents (and hence workload).

Crime Type	Frequency
Drugs (sales, possession, etc.)	513
Death	395
DUI	285
Larceny	277

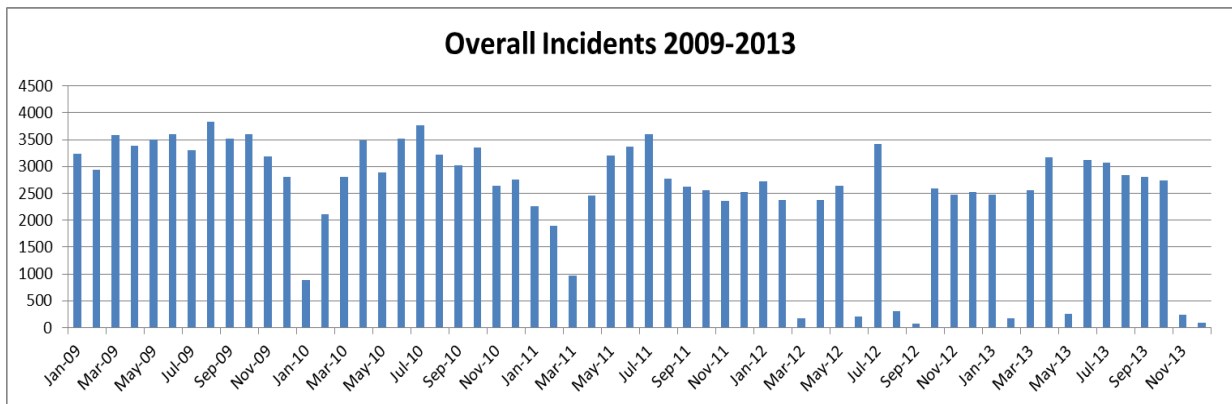
Suicidal Person	243
Unknown Incident	153
Vehicle Burglary	146
Residential Burglary	139
Domestic Battery	126
Lost Property	120
Fraud	63
Robbery	50
Total	2510

Of course, it should be restated that the above cases are not cases that solely involved prescription drugs, but cases where prescription drugs were listed in the narrative of the particular incident. For example, in the robbery cases, a suspect was found to be in possession of prescription drugs, the victim was robbed of prescription drugs, or there was some other involvement when it came to prescription drugs. This note aside, the above table is still indicative of the presence of prescription drugs when it comes to criminal activity and police workload. In terms of the drug category, it is anecdotally known that when a drug user or seller is arrested, that individual is very likely to have multiple drug types on their person, and often times, prescription drugs are found alongside other illicit street drugs.

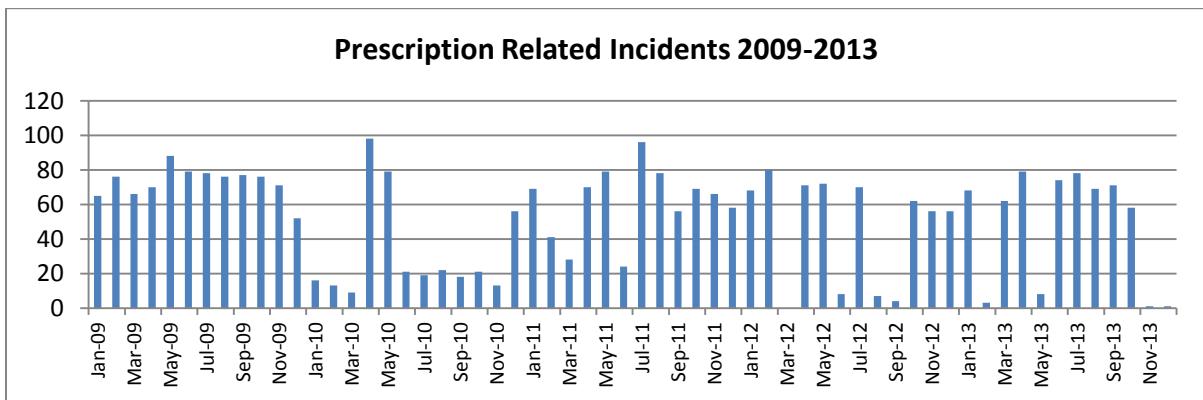
The above numbers can also be looked at in a different way. If one takes the DUI incidents that involve prescription drugs (285), and we compare that to the total number of DUIs for the same time period (4987), we can conclude that 5% of DUIs involved, some sort of prescription drug intoxication. While a small percentage, these 285 cases remain severe in their consequences and could have posed severe harm to those involved or innocent parties.

When we examine official incidents over time, we see from the table below that for each year, there are seasonal variations with incidents increasing during the warmer summer

months, and slowly decreasing during the winter months. The table below demonstrates that for the Reno Police Department, there was consistency across the years in terms of the total number of incidents reported by the police. There are several months where the overall incident count seems rather low (March 2011, March 2012, June 2012, etc.), but these are inherent in the data as all of the incidents were downloaded at once, using the same parameters for all of the concerned years. Therefore, the missing information is an artifact of the data downloads, and not the product of mismatched yearly data sets.



When we examine just the prescription related incidents, a similar picture emerges.



It appears that relying on police incidents and trying to decipher prescription related incidents by searching for keywords produces a sketchy picture at best. From the data, it is difficult to tell exactly what is going on. What is interesting is that in 2010, the grant was in its beginning stages, and perhaps the spikes in April and May 2010 may be linked to officers being asked to report prescription related incidents more than before, with a rapid decline in the following months. This issue of having to rely on syntax to query the narratives to determine which incidents involved prescription drugs would be solved at a later date when the police department finally agreed to have its coding structure changed in its record management system. This will be discussed in a later section of this report.

Arrests

Since the incident data provided only a partial picture of the prescription drug problem, drug arrest data was relied upon as another source of information to examine the impact of the interventions. When it came to the arrest data, the police department was able to supply multiple years of data and this data was also more consistent than the incident data as there was not the problem of missing cases or low month counts.

In order to create the arrest data file, some data manipulations were required. Once again, there was no easy way to identify the prescription drug related arrests as these were simply entered as “other drugs” or “controlled substances”. In order to find the nature of the drug arrest, we queried the narrative field where officers entered what was found on the suspect, in terms of quantity, the type of drug, or any will other relevant information concerning the drugs encountered. The same syntax that was created for the incident reports was run on the arrest file to select and pull out the arrests that had an evidence tab that showed prescription drugs were involved. Once the prescription related cases were identified, they were recoded into either street drugs or prescription drugs. Therefore, after all the data manipulation, a file was created that identified individual instances of arrest that involved prescription drugs and indicated what type of prescription drugs was involved. It should be mentioned, however, that when we referred to “prescription arrests” these indicate arrests that involved prescription drugs in some shape or form. It does not mean that the arrest were solely (although they could have been) for prescription drugs. It is more of a measure of the charges brought against an individual. For instance, if a person is arrested for cocaine trafficking, but prescription drugs are found on the person at the time of the arrest, that case or arrest will be labeled as a “prescription related” arrest.

Another aspect of the arrest data file is that the rows of data referred to individual charges, and not individuals. Therefore, if officers arrested one individual with three different drug types with a total of 20 charges, then there would be 20 lines listed in the arrest database. Individual arrests were identified through a unique case number assigned to each charge. In order to measure the prevalence of prescription drug related arrests, arrests that involved prescription drugs were flagged, and if there were additional drug charges, only one of those was kept. Therefore, cases that had no prescription drugs at all but had other drugs, resulted in one entry, cases that had only prescription drugs represented one entry and cases that had both prescription drugs and other drugs made up two entries. Through other data manipulations, it was possible to determine how many people were arrested for each instance.

Results:

Between 2008 and 2013, there were approximately 4500 arrests that involved drugs, with an average of 62 per month. As seen in the table below, 94% of these arrests involved only one drug type, while 6% of arrests list both prescription drugs and street drugs.

Number of Drug Types per Arrest	Frequency	Percent
One Drug Only	4195	94
Multiple Drugs (street and prescription)	261	6
Missing	3	0
Total	4459	100

When broken down by type of drugs found in the arrest report, the majority (86%) were street drugs such as cocaine, marijuana or heroin. However, it should be noted that in 14% of the incidents, the officers found prescription drugs.

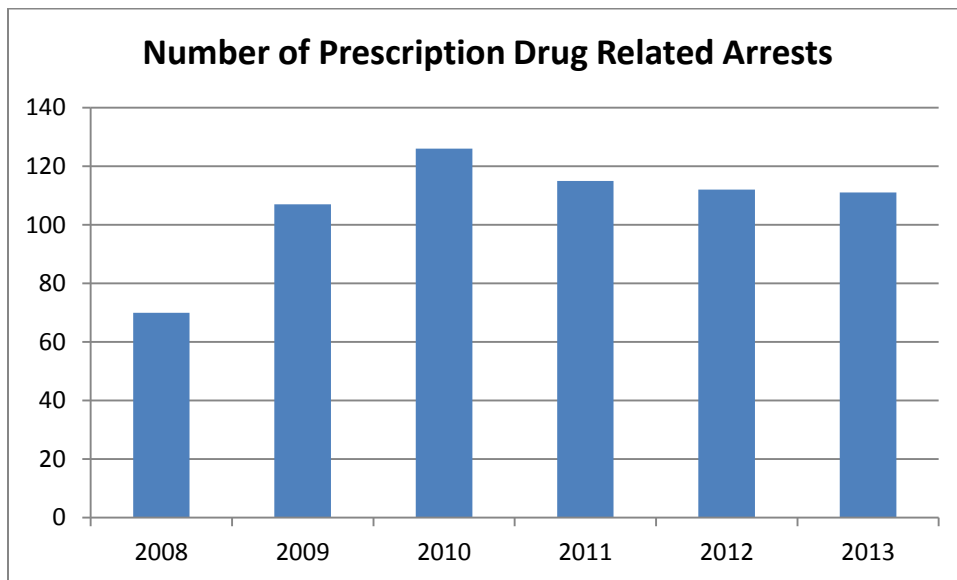
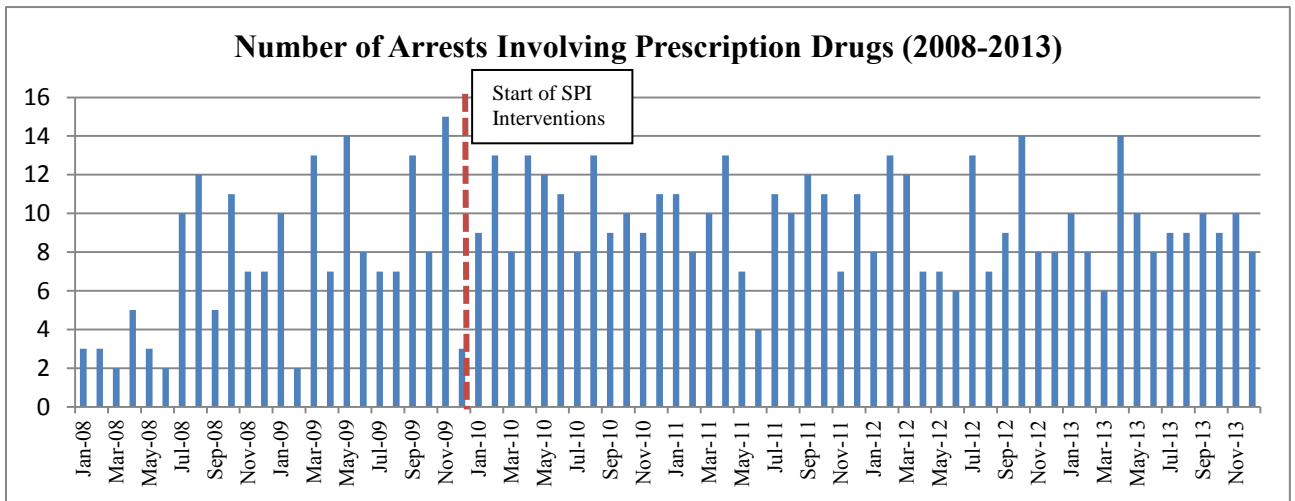
Type of Drugs by Arrest	Frequency	Percent
Prescription Drugs	641	14.4
Street Drugs	3818	85.6
Total	4459	100

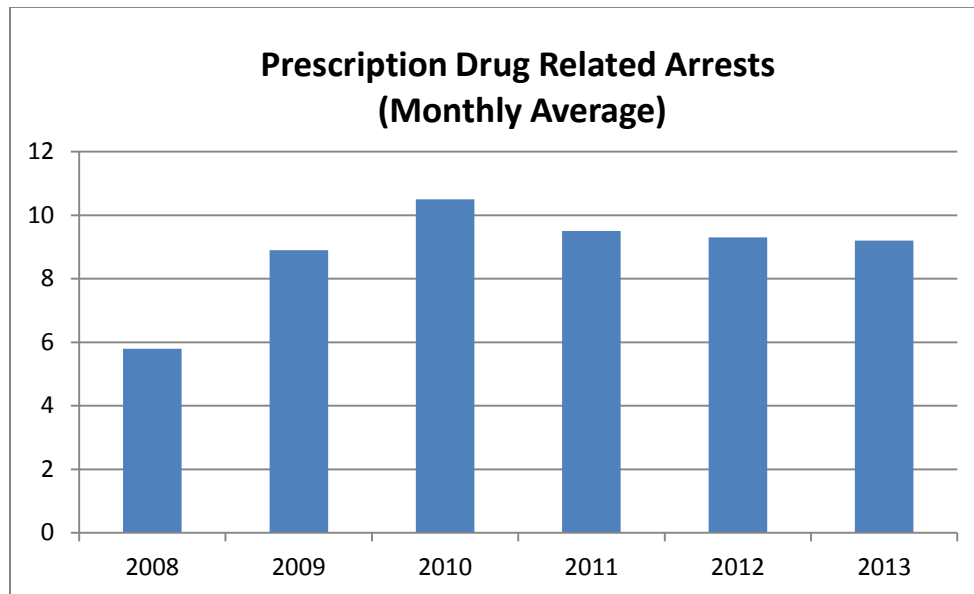
The table below breaks down the type of prescription drugs encountered by officers from 2008-2013.

Drug Types	Frequency	Percent
Pain Pills	253	39.5
Benzodiazepines	163	25.4
Stimulants	7	1.1
Unidentifiable	218	34
Total	641	100

In 34% of the cases, the officers could not identify the pills or the prescription medication encountered during the arrest. In many of the reports, the officers wrote down “white pill” or “unknown blue pills”. While not terribly high, this percentage does show the need to increase officer education when it comes to dealing with prescription medications so that paperwork can be filled out properly for prosecution, or other research purposes. The highest category of drugs encountered was pain pills, with 39.5%, and these pills were usually OxyContin, oxycodone, hydrocodone, and other similar medications. The benzodiazepines were the second highest category with 25.4%, and these are usually the anti-anxiety prescription medications such as alprazolam and clonazepam. Stimulants made up

the smallest category and these were usually appetite suppressants or other diet aids. In sum, most of the arrests dealt with painkillers, which mirrors what is happening in terms of the influx of these pills onto the illegal markets. The tables below show the number of arrests involving prescription drugs from 2008 to 2013.



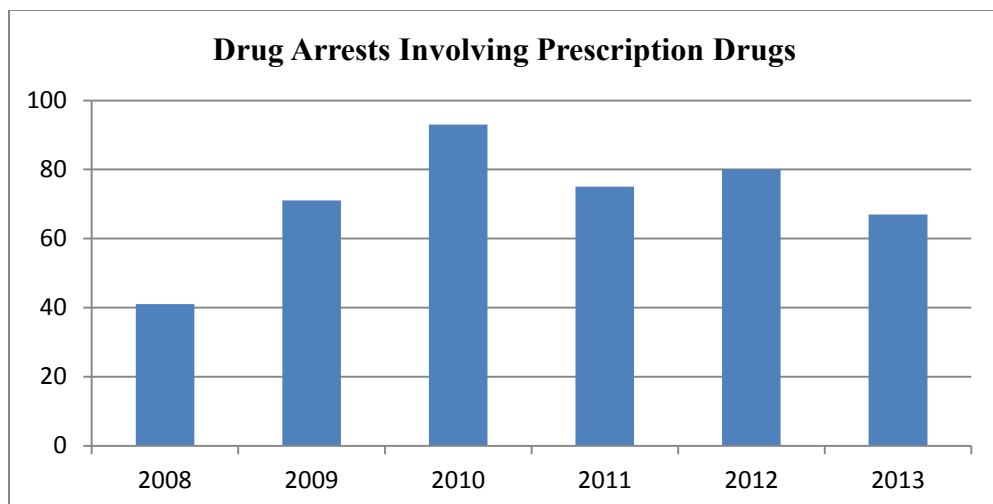
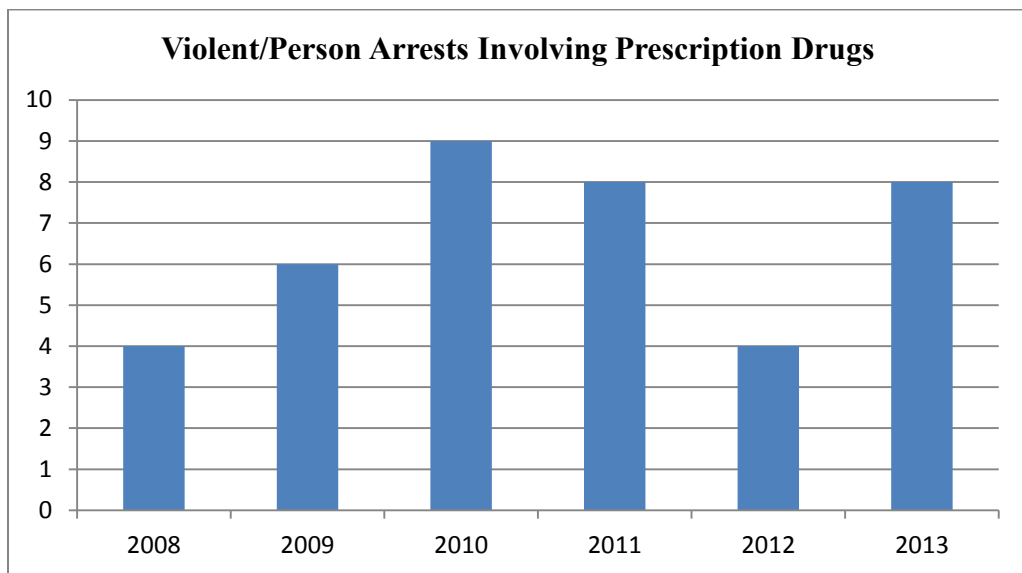
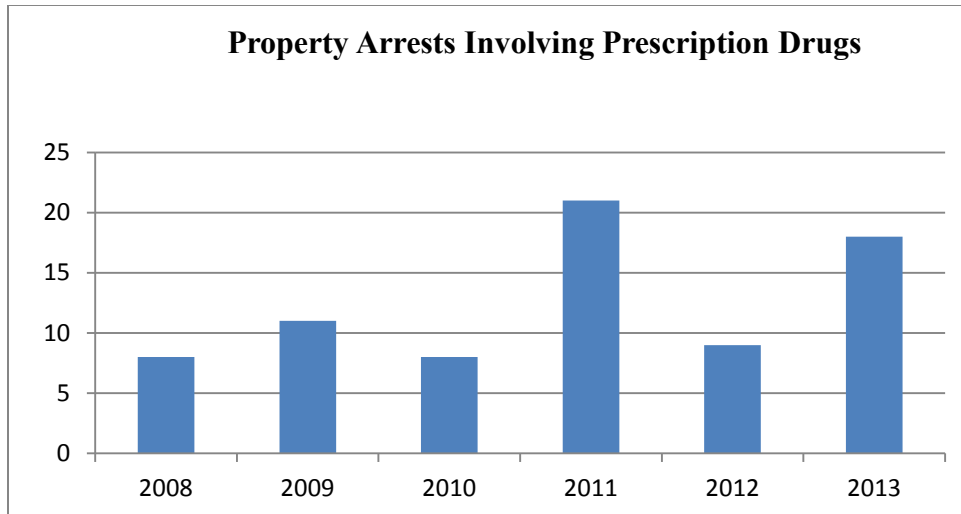


In terms of statistical significance, when prescription arrests are compared to regular street drug arrests, there was a significant increase after the implementation of the program. The table below shows that the mean monthly number of arrests for prescription drugs was 5.8 in 2008 and 8.9 in 2009 (both pre-intervention years), but the years 2010 to 2013 saw a monthly rate of 10.5 and then some leveling off around 9 arrests per month. Conversely, for street drugs, there was little change in the number of monthly arrests over the course of the SPI period. These findings indicate that while officers encountered the same number of arrests involving street drugs on a monthly basis, there was an increase in the number of arrests involving prescription drugs. This could be due to the fact that the officers were more aware of the problem concerning prescription drugs, and perhaps they made more of an effort to catalog and report prescription drugs when they encountered them, which is a success in itself as far as this SPI effort is concerned.

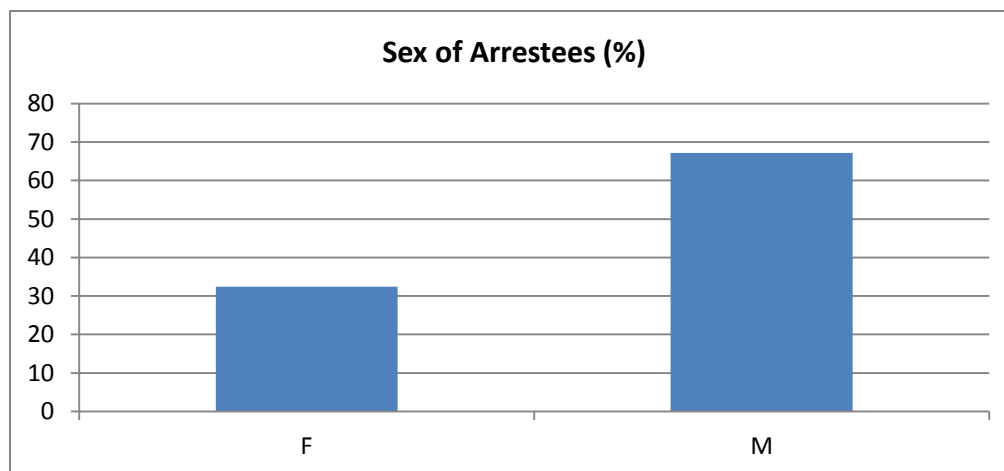
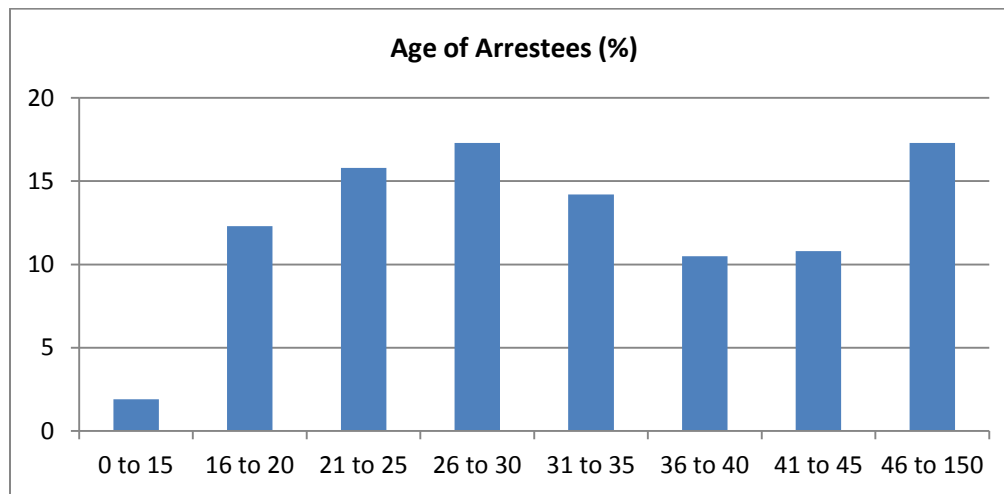
		N	Mean	SD	Std. Error	
Street Drugs	2008	12	49.8	7.0	2.0	
	2009	12	54.1	8.3	2.4	
	2010	12	53.1	8.5	2.5	
	2011	12	50.2	9.6	2.8	
	2012	12	54.5	9.4	2.7	
	2013	12	56.5	10.1	2.9	
	Total	72	53.0	8.9	1.0	F=1.0, p=.397
Prescription Drugs	2008	12	5.8	3.6	1.0	
	2009	12	8.9	4.2	1.2	
	2010	12	10.5	1.9	0.6	
	2011	12	9.6	2.6	0.7	
	2012	12	9.3	2.8	0.8	
	2013	12	9.3	1.9	0.6	
	Total	72	8.9	3.2	0.4	F=3.5, p=.007

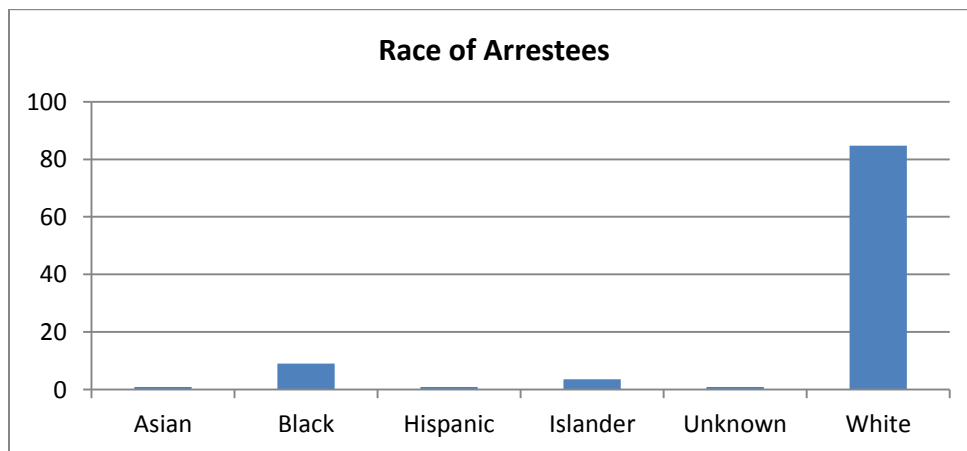
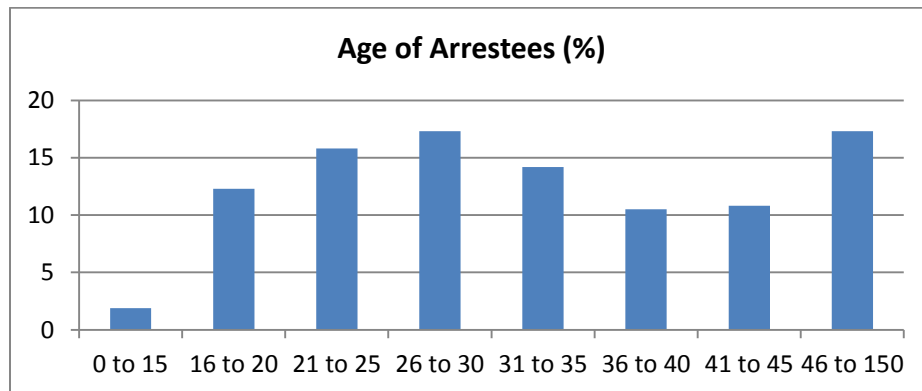
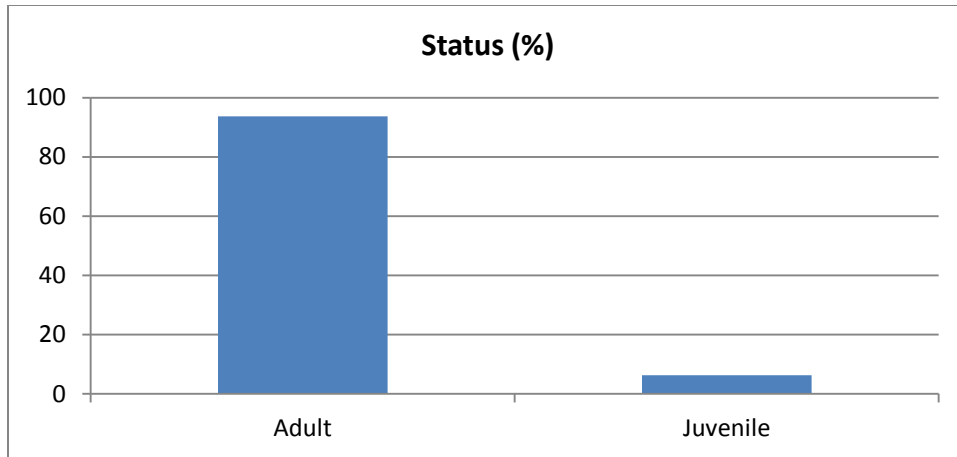
In terms of the original reason for the police intervention that led to the arrest, we see from the table below that the majority of arrests had to do with drugs. This is not a big surprise, as most of these drug related arrests are probably occurring during drug interventions. It is interesting to note however that in 2010, once again, the start of the SPI implementation, there was an increase in prescription drug related arrests across all crime categories. This means that prescription drugs were not only found during drug interventions, but that they were present when the police were called to answer more routine calls for service.

	2008	2009	2010	2011	2012	2013
Violent/Person	4	6	9	8	4	8
Property	8	11	8	21	9	18
Other	15	18	16	10	18	17
Don't Know	2	1	0	0	1	0
Drugs	41	71	93	75	80	67
Total	70	107	126	114	112	110



From the arrest data, it was also possible to examine some of the demographics of prescription drug arrestees.





From the above tables, one can see that the typical prescription drug arrestee is usually a white adult male between the ages of 21 and 35. In order to compare demographics

for prescription drug arrestees to nonprescription drug arrestees, cross tabulations were done for three variables, age, sex, and race.

Age Cross-tabulation

	0 to 15	16 to 20	21 to 25	26 to 30	31 to 35	36 to 40	41 to 45	46 to 150	Total
Prescription	12	79	101	111	91	67	69	111	641
	14.50%	10.70%	12.30%	14.60%	16.20%	14.10%	16.80%	18.20%	14.40%
Street	71	658	720	649	470	408	342	499	3817
	85.50%	89.30%	87.70%	85.40%	83.80%	85.90%	83.20%	81.80%	85.60%
	83	737	821	760	561	475	411	610	4458
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

Sex Cross-tabulation

	Female	Male
Prescription	208	431
	22.20%	12.30%
Street	728	3083
	77.80%	87.70%
	936	3514
Total	100%	100%

Race Cross-tabulation

	Asian	Black	Hispanic	Islander	Unknown	White	Total
Prescription	6	65	24	15	2	526	641
	9.70%	10.10%	7.90%	23.10%	6.50%	15.80%	14.40%
Street	56	578	281	50	29	2809	3817
	90.30%	89.90%	92.10%	76.90%	93.50%	84.20%	85.60%
	62	643	305	65	31	3335	4458
Total	100%	100%	100%	100%	100%	100%	100%

From the above tables, there are a few key findings. When it comes to age, it is noticeable that the older age groups tend to be more represented in the prescription drug arrest category with 18% of that age group. It should also be noted that females are much more likely to be involved in prescription drug arrests than their male counterparts (22% to

12%). When it comes to race, while whites are numerically the biggest category, the Islander ethnic group is the largest in terms of percentage when it comes to prescription drug arrests (although in this case, one should be careful of low numbers and how these can affect percentages).

Part of this program was to educate police officers in using the proper Nevada Revised Statute (NRS) codes when arresting suspects found in possession of prescription drugs. While there are general NRS codes concerning possession of illicit street drugs, there are two primary NRS codes concerning possessing prescription drugs illegally (without a prescription):

NRS 454.311 Fraudulent possession of dangerous drug or prescription, false or altered prescription.
NRS 454.316 Possession of dangerous drug without prescription

While the following NRS codes are usually reserved for other illicit Street drugs

NRS 453.336 Unlawful possession not for purpose of sale
NRS 453.566 Unlawful use or possession / Paraphernalia

Over the course of the grant, there were 641 arrest that involved prescription drugs. We examined the NRS codes the officers used when completing the arrest reports. From the table below, we can see the percentage breakdown by NRS codes.

453.336	14%
453.566	8%
454.316	30%
454.311	1%
Others	47%
Total	100%

The 641 arrest that involved prescription drugs should have all been coded using the NRS 454 designation. From the table above, it is obvious that some officers are still relying on the NRS 453 codes when they encounter prescription drugs.

From the table below, we can examine the change in the coding practices of prescription drug arrests across the different years. Remembering that the grant started in

Pharmacy Board / Prescription Drug Monitoring Data

A very important source of data that was examined for this evaluation came from the Nevada Pharmacy Board. This agency is the regulatory body for all pharmacists and prescription drug related business for the state of Nevada. Part of their function is to monitor doctors, their prescribing habits, and pharmacies that release the medications to the public. Because of this responsibility, they have access to the prescription monitoring program (PMP) which collects information on controlled substance prescriptions that are filled in the state of Nevada. The information in the program is varied and can be extracted using different reports created by the company that designed the software. One of the drawbacks of the PMP data is that one can only extract information from the system if there is a specific report created for it. In essence the PMP program was written by an external agency for the state of Nevada, and its output functions were designed by computer engineers who could have not foreseen the needs of researchers and practitioners alike in this field. For example, it is not currently possible to extract information about the type of physician responsible for the prescription. Is it a medical doctor, a dentist, a podiatrist, or a psychiatrist? Nevertheless, the PMP data offers basic information about each prescription filled out with type of drug, size of the prescription, and the location (city, zip code) of the prescribing physician. As part of the SPI program, this was one of the key partners that we used to triangulate our data collection efforts. Since this project had to deal with prescription drugs, it would make sense to count how many pills were prescribed in a given timeframe, and who exactly was prescribing them. It should be noted that privacy concerns were respected and all of the data provided by the pharmacy board contained no unique identifiers. For example, all of the physician names and DEA numbers were reduced to simple ID numbers so that

they could not be identified. Likewise, patient information was removed as this was not the primary focus of this inquiry.

Gathering the data from the pharmacy board was laborious and complex. Given the sheer number of prescriptions written per month by physicians in the state of Nevada, the reports had to be run for each individual month, and each report took quite some time to download. Of course, over the course of the program, there were issues concerning similar download protocols and great effort was made to have consistent data from the beginning of the project up until the end. Numerous phone calls were made to the pharmacy board in order to explain some of the downloaded data, and over time, a working relationship allowed for the proper analysis of the PMP database.

The following is a screen shot of what the Prescription Drug Monitoring (PMP) data screen looks like:

Prescriber Activity - By Drug /Dosage

Prescriber ID:	All	State:	All	Zip:	All
City:	All	Drug Schedule:	3	Drug Generic Name:	All
Drug Category:	All				
Report Period:	02/01/2013 - 02/28/2013	Report Run Date:	10/30/2013		
NY Prescription Monitoring Program <small>Requested by null on Wed Oct 30 14:34:03 EDT 2013</small>					

Prescriber Activity - By Drug /Dosage

Prescriber ID	Prescriber First Name	Prescriber Last Name	City	State	Zip	Drug Sched	Drug Category	Drug Generic Name	Dosage	Qty Disp	Script Count
			null	null	null	3	Pain Reliever	HYDROCODONE BIT/ACETAMINOPHEN	10MG-500MG	40.	2.
			LAS VEGAS	NV	89128	3	Pain Reliever	HYDROCODONE BIT/ACETAMINOPHEN	7.5-500MG	60.	2.
			BUFFALO	NY	14224	3	NA	TESTOSTERONE	50MG(1%)	300.	1.
			LAS VEGAS	NV	89169	3	Sedative	BUTALBITAL/ASPIRIN/CAFFEINE	50-325-40	3.	1.
			LAS VEGAS	NV	89169	3	Pain Reliever	HYDROCODONE BIT/ACETAMINOPHEN	5MG-500MG	240.	4.
			LAS VEGAS	NV	89169	3	Pain Reliever	HYDROCODONE BIT/ACETAMINOPHEN	7.5-325MG	60.	1.
			LAS VEGAS	NV	89169	3	Pain Reliever	HYDROCODONE BIT/ACETAMINOPHEN	7.5-500MG	120.	2.
			CARSON CITY	NV	89703	3	Pain Reliever	ACETAMINOPHEN WITH CODEINE	300MG-30MG	12.	1.
			CARSON CITY	NV	89703	3	Pain Reliever	HYDROCODONE BIT/ACETAMINOPHEN	5MG-500MG	108.	7.
			RENO	NV	89503	3	NA	HYDROCODONE/CHLORPHENPOLIS	10-8MG/5ML	235.	2.
			RENO	NV	89503	3	Pain Reliever	HYDROCODONE BIT/ACETAMINOPHEN	5MG-500MG	72.	3.
			RENO	NV	89503	3	NA	METHYLTESTOSTERONE	10MG	30.	1.
			REDLANDS	CA	92374	3	Pain Reliever	HYDROCODONE BIT/ACETAMINOPHEN	5MG-500MG	30.	2.
			MILL CREEK	WA	98012	3	Pain Reliever	HYDROCODONE BIT/ACETAMINOPHEN	7.5-325MG	190.	3.
			HARRISBURG	PA	17109	3	Pain Reliever	HYDROCODONE BIT/ACETAMINOPHEN	10MG-325MG	30.	1.

may contain errors. The Board of Pharmacy recommends independent verification with information may be subject to disciplinary action, civil penalties or criminal action.

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From the screenshot, we can see what the drug schedule is (in this case, schedule 3), the city of the residing physician, the state, and the ZIP Code. The database also provides the drug generic name, the dosage, the quantity dispensed and the number of scripts filled out for that physician. Therefore, if one looks at the second line, one can see that in Las Vegas, a prescriber prescribed a schedule 3 drug, which was a pain reliever, in the form of hydrocodone acetaminophen, 60 pills were dispensed over two prescriptions, and the dosage range from 7.5 mg to 500 mg. It should be noted that the quantity dispensed should be divided by the script count. So in this particular case, it is likely that there were two prescriptions for 30 pills each. This particular report collects all the data for the month of February 2013, and from the lower right-hand corner, one see that this screenshot represents one page of 1314 total pages. This is the first indicator of the number of pills being

prescribed in a given month. The other piece of information that the PMP data set offers is the number of pills prescribed. This allowed for a total count by pill type for each month over the program duration. Once again, if we refer to the screenshot above, one can see that there were 300 testosterone pills prescribed, 240 hydrocodone pills prescribed, and yet another 235 hydrocodone pills prescribed, all in separate instances. It should also be noted that each line in the PMP data represents the total prescribing behavior for individual doctors, and for their different prescriptions. For example, if a doctor only prescribed 60 pills of hydrocodone in a month, there would only be one line entry for that physician. However, if that doctor prescribed 60 pills of hydrocodone and 100 pills of alprazolam, then there would be two lines for each separate drug type even though they came from the same doctor.

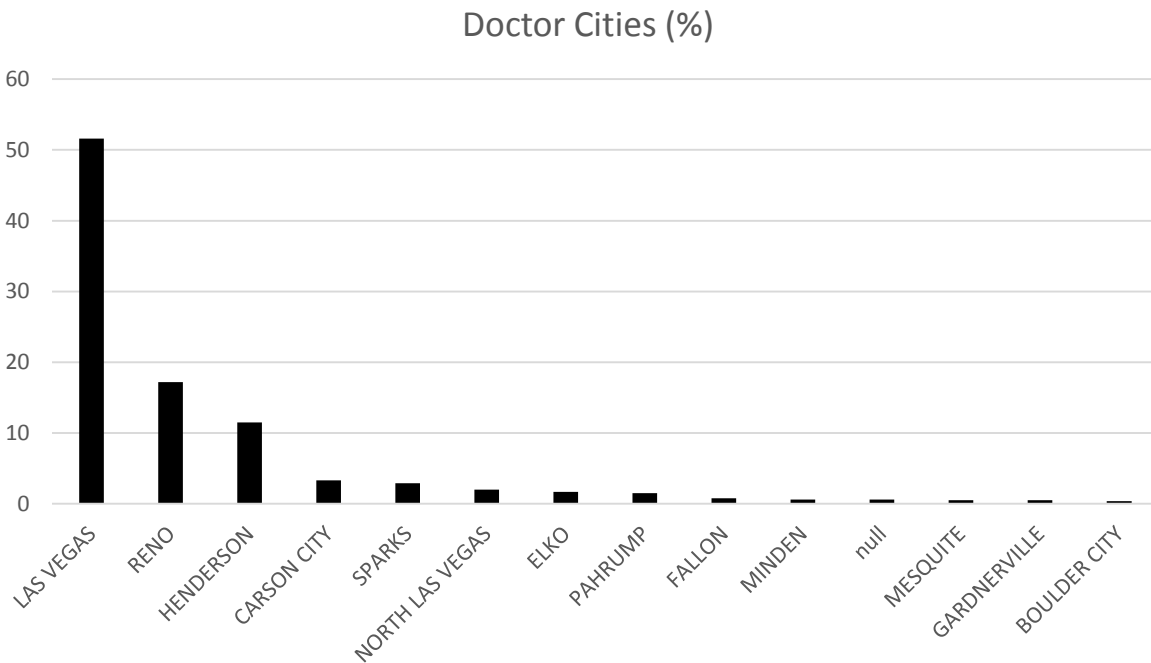
In order to clean the PMP data, only doctors from Nevada were kept for the analysis. Also, only prescriptions that involved prescription pills were kept. This excluded any liquids or patches as those were measured differently when it came to dosage. For example, liquid prescriptions were entered in milliliters and this made the tabulation of the total pill count more complicated. Once all of the data was transferred into an SPSS database, data manipulations were carried out and based on the drug name listed in the PMP database, drug types were recoded into categories: pain medications, anti-anxiety medications, stimulants, sleeping pills, and “other”. For data analysis purposes, we collected information from the pharmacy board from January 2011 to August 2013.

In the 44 month study period, there were a total of 14,861,946 prescriptions filled in Nevada. All of these prescriptions were prescribed by approximately 25,000 medical professionals (Nevada has approximately 5000+ physicians and 16,000 nurses). Of course, there could be out of town doctors that filled out a prescription in Nevada and these were

included in the analysis. The 14,000,000+ prescriptions yielded a total of 1,071,677,298 pills. To recap, 44 months of prescribing behavior released more than 1 billion pills into the state of Nevada, a state with a total population of slightly under 3 million people.

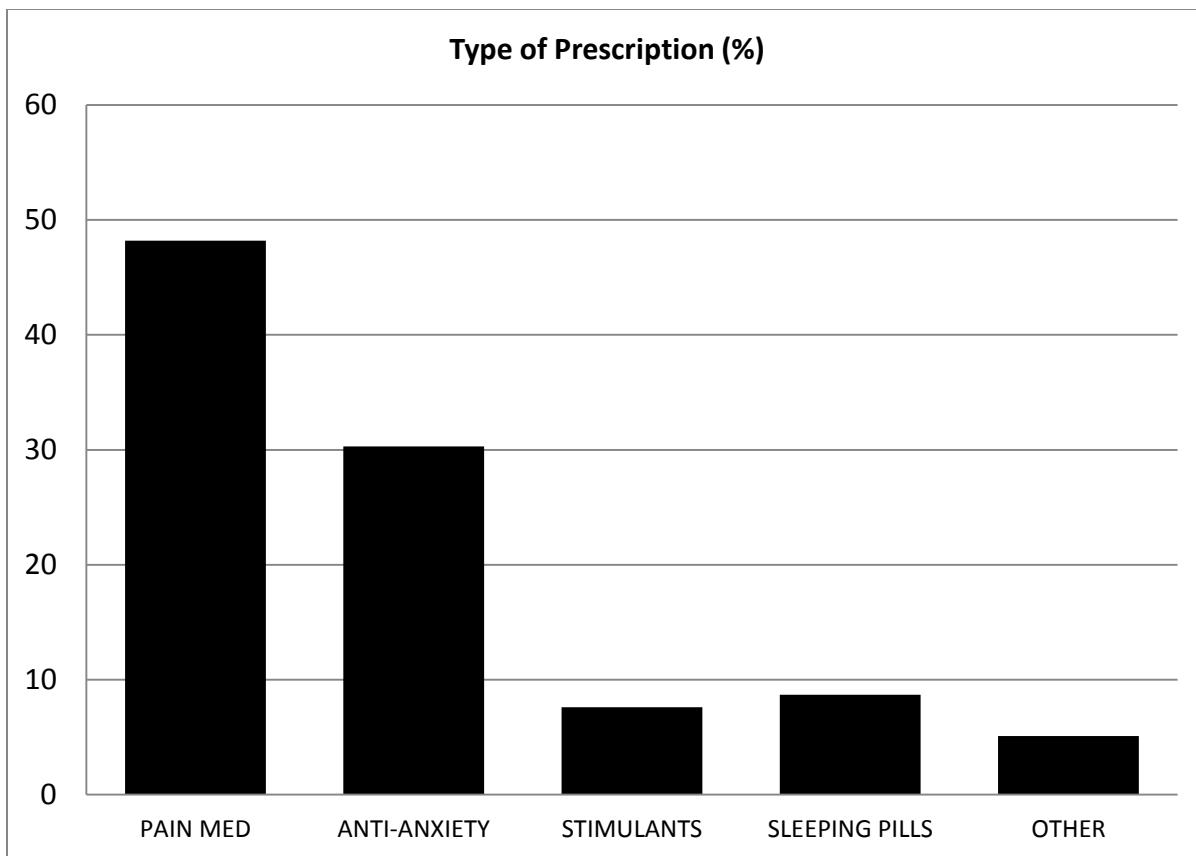
Drug Type	Number of Pills (January 2010-August 2013)
Pain Pills	727,074,944
Anti-Anxiety	220,757,635
Stimulants	33,302,557
Sleeping Pills	48,291,922
Other	25,527,989
Unknown	16,722,251
Total	1,071,677,298

The table below shows which cities were responsible for what percentage of the total prescribed pills in the state of Nevada.

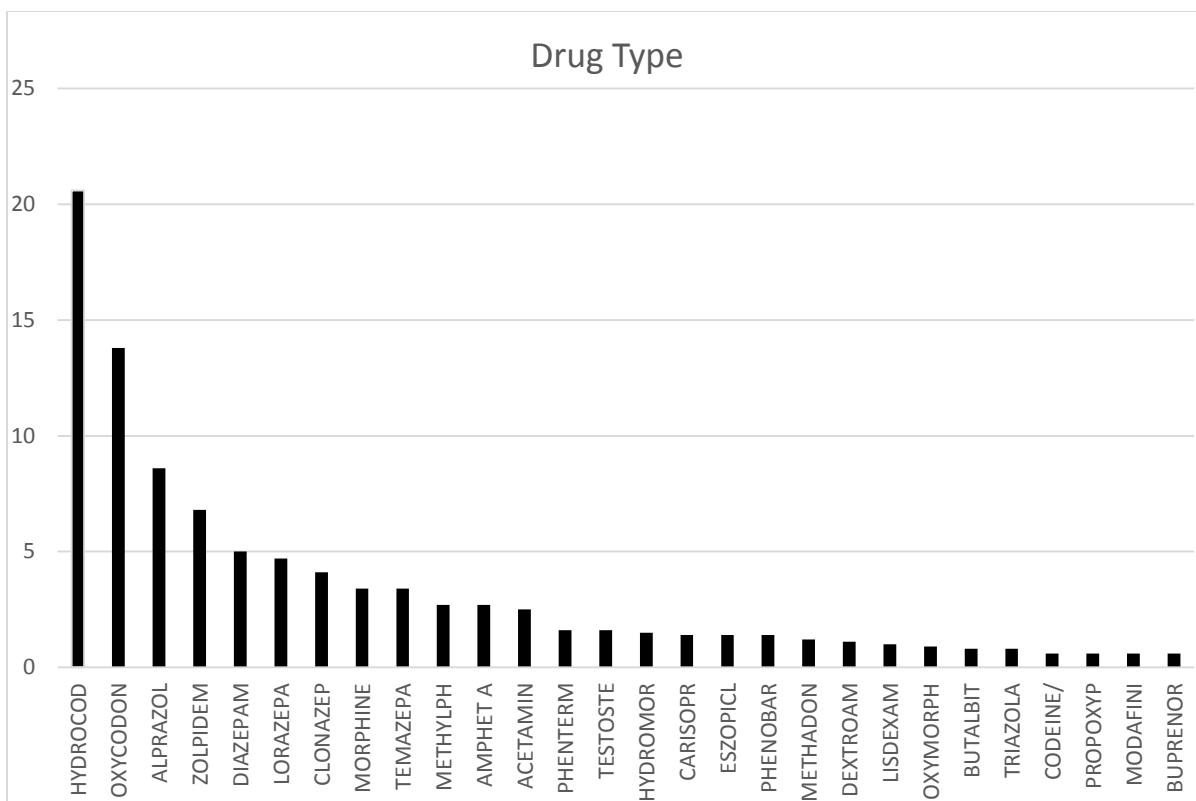


Obviously, Las Vegas was the primary prescriber, but given its population, that is not terribly surprising. In northern Nevada, cities like Reno and Carson City and Sparks figured as the leaders, but since these are the main population hubs in the northern part of the state, that is also to be expected. Anecdotal evidence pointed to an interesting finding concerning one particular city listed in the table above. The town of Elko (pop. 20,000) had a very high rate of prescriptions for fentanyl patches and other pain medication. The informal explanation concerning this very little town having such a high degree of prescription for such strong medications is that Elko remains an active mining town in the state of Nevada, and many of its young men are claiming back pains, or other bodily pain, and doctors are prescribing medicated patches at a very high rate in this very small jurisdiction.

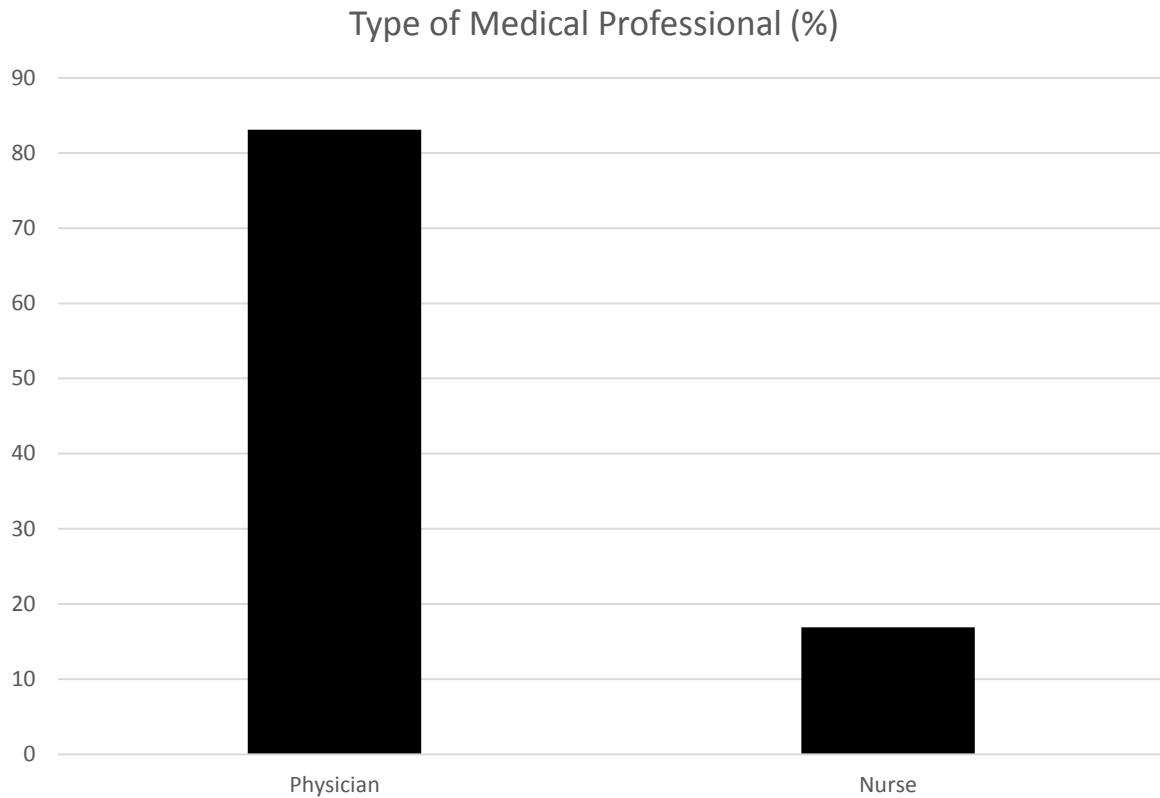
The table below illustrates the type of medications prescribed during the study period, and once again, it is no surprise that almost half of all the prescribed pills are pain medications such as OxyContin and hydrocodone. Anti-anxiety made up 30% of all the prescribed medications. In the world of the illegal prescription drug use pills are often misused and abused together to form potent “cocktails” that remain inherently very dangerous for the users. For example, mixing a sleeping pill (Soma) with a painkiller (Vicodin) is called a “Las Vegas Cocktail”.



The following table breaks down the medication type by specific drug name. Once again we see hydrocodone and oxycodone being the two largest categories with 21% and 14% respectively, followed by alprazolam, which is more routinely known as Xanax, an anti-anxiety medication.

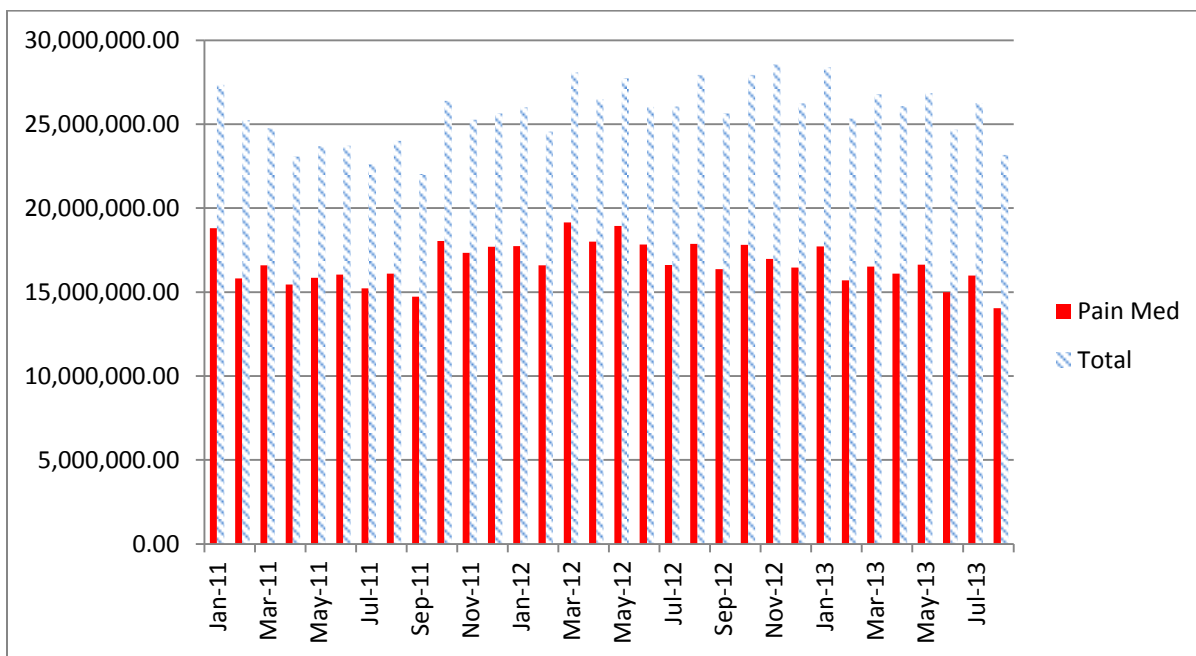


The table below shows that the majority of prescriptions in Nevada were filled out by a physician (80%+) while nurse practitioners made up slightly less than 20%. This indicates that the doctors and physicians should be the primary target of any educational campaign when it comes to changing prescribing behaviors. However, the nurse practitioners, and other medical professionals able to prescribe should not be ignored in efforts to reduce prescription drug abuse as they remain a potential pipeline to the illicit prescription street drug market.



Since the problem of prescription drugs is primarily pain pill-based, the focus of this inquiry is to examine the prevalence of pain pill prescriptions. The table below compares the total number of prescribed pills when compared to the number of pain pills.

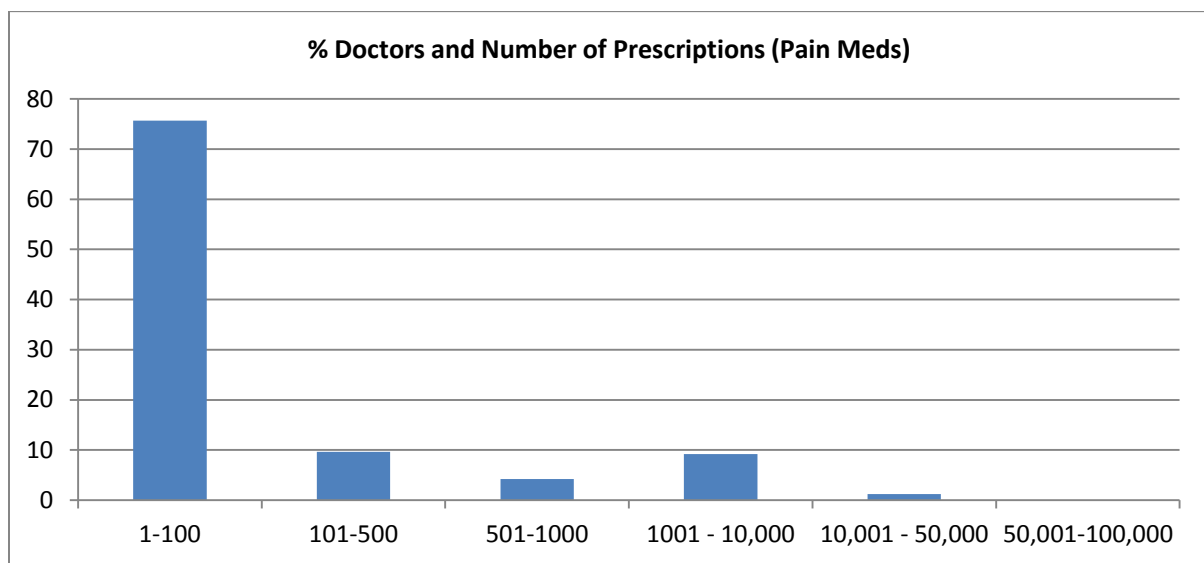
Prescribed Pills in Nevada (January 2011 to August 2013)



As the table demonstrates, during the current study period, there were approximately 15,000,000 pain prescription pills prescribed each month in a state of Nevada. The prescribing habits appear to be relatively consistent across all of the months under study.

The PMP data showed us the type of drug being prescribed, who was prescribing it (although the doctor was only recognizable by an arbitrary ID number), and what cities were primarily responsible for most of the pills being sent out of doctors' offices. Part of this evaluation, however, sought to focus on the "heavy hitters" as they became known. Following hotspot theory in general crime analysis, the idea was that all of these pills were not evenly being prescribed by all physicians. There were some doctors who had to be more prolific in their prescribing patterns. There had to be a few doctors or medical professionals responsible for the bulk of the prescribing behaviors. With this hypothesis in mind, the

number of prescriptions filled out by each medical professional was calculated and broken down by drug type. From the table below (it should be noted that this represents only pain medications, and excludes all other types of pills), it is clear that the majority of doctors (over 70%) prescribed only 1-100 prescriptions during the study period. 10% of doctors prescribed 101 to 500 prescriptions, 4% prescribed 501 to 1000 prescriptions, etc. This table demonstrates that a small amount of doctors responsible for a high number of prescriptions when it comes to pain medications.



Presented differently, the table below shows the exact number of medical professionals responsible for the very high number of prescriptions. 310 medical professionals filled out over 10,000 and 50,000 pain prescriptions, and six doctors filled out over 50,000 prescriptions for pain medications.

# of Prescriptions	Frequency	Percent
1-100	19337	75.7
101-500	2456	9.6
501-1000	1074	4.2
1001 - 10,000	2359	9.2
10,001 - 50,000	310	1.2
50,001-100,000	6	0
Total	25542	100

Having identified the top prescribers, the top 20 doctors' totals were compiled and the total number of pills they prescribed was tabulated.

TOP 20 DOCTORS	# of Pills
1	5,633,087
2	5,218,464
3	5,163,448
4	4,798,749
5	3,679,692
6	3,638,779
7	3,598,333
8	3,273,128
9	3,228,051
10	3,177,101
11	3,059,254
12	2,952,751
13	2,935,296
14	2,858,669
15	2,794,222
16	2,664,509
17	2,645,785
18	2,561,803
19	2,499,922
20	2,474,646

The next step consisted of selecting just the top 10 doctors and their total number of prescribed pain pill totals was tabulated. The table below shows the top 10 prescribers (in terms of total pills) and what percentage of their prescriptions involves pain medications.

TOP 10 DOCTORS	TOTAL PILLS	# of Pain Pills	Type of Pain Pill	% of total Pills Prescribed
1	5,633,087	2,120,427	Oxycodone	38
2	5,218,464	2,862,264	Hydrocodone	55
3	5,163,448	2,171,056	Hydrocodone	42
4	4,798,749	2,269,776	Oxycodone	47
5	3,679,692	1,326,086	Hydrocodone	36
6	3,638,779	1,537,358	Oxycodone	42
7	3,598,333	1,509,952	Oxycodone	42
8	3,273,128	1,257,279	Hydrocodone	38
9	3,228,051	2,182,194	Hydrocodone	68
10	3,177,101	1,387,142	Oxycodone	44

Therefore, for the top doctor, 38% of the prescriptions involved oxycodone pills. For the second doctor, 55% of the total pills were hydrocodone. For number 9, 60% of his prescriptions were pain med related. At this point, it should be stated that these top 10 doctors were identified as being “heavy prescribers” only due to the sheer number of pills they prescribed. This is important because we do not know the type of doctors they were, the situations under which they prescribed these pills, and other contextual factors that could explain it these high number of prescriptions. Obviously, doctors that treat cancer patients, trauma doctors, end-of-life doctors, will all have higher rates of prescribing pain medications. This analysis does not purport to draw judgment on the prescription of pain medications to the truly needy, and those that rely on them for compassionate reasons (end-of-life

situations). At this point of the analysis, we cannot determine the conditions, or situations under which these pills were prescribed. We can only rely on the raw numbers and simply indicate that certain doctors were prescribing the majority of all the pain pills. In terms of this SPI program, the concern is that many of these pills will go unused and fall into the wrong hands, hence the emphasis on educating doctors to prescribe just the right amount of pills to avoid having an excess in local medicine cabinets, and also educating the public and providing them ways to turn in unused pain medications that may have been prescribed for a legitimate reason.

Doctor Training

Even though it was determined that a few doctors prescribed an inordinate amount of prescription medications, it was also determined that across all doctors, there was a very high rate of prescriptions for pain medications (oxycodone, hydrocodone). Therefore, as part of the interventions under this SPI program, educating physicians about the risks of addiction, fraudulent prescriptions, doctor shoppers, etc., was a viable intervention. In addition to discussing the corollary problems associated with prescription drug abuse, these gatherings and training sessions also provided an opportunity for the medical community to be introduced to law enforcement efforts underway and to be informed about the legal resources at their disposal should they encounter criminal behaviors on the parts of patients.

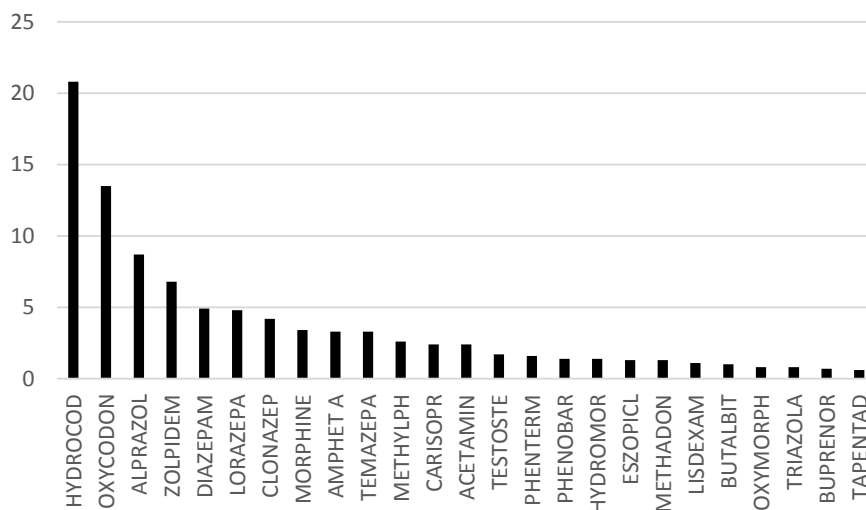
The specifics of the medical professional training are covered in a previous section, but a brief overview follows. There were several training events held in northern Nevada, a few were also held in Las Vegas, and a few were also held in more remote locations via videoconferencing. These trainings focused on doctors, pharmacists, and other medical professionals and they consisted of presentations on the nature of addiction, the dangers of prescription drug abuse, and fraudulent prescription diversion. Attendees also received continuing education credits for their participation in the seminars. The participation of the police department varied across the different sessions: in some trainings the narcotics detective were the central presenters, and in other trainings, the officers would speak briefly at the beginning or at the end about the problem of prescription drug abuse. Emphasis was always placed on the use of the PMP program, and the police departments contact information was freely shared with the attendees so that they could call upon them should they be faced with criminal behaviors. At the end of the training, surveys were passed out to

the participants asking them to comment on the nature of the presentations and several question inquired as to their experience with drug seeking behaviors from patients. One particular question had to do with whether or not or they would change their prescribing practices or implement changes in the way that they would run their office to reduce prescription drug abuse. This question was designed to see the impact of these educational sessions in terms of eventual change in prescribing behaviors, especially when it came to prescription pain medications such as oxycodone and hydrocodone.

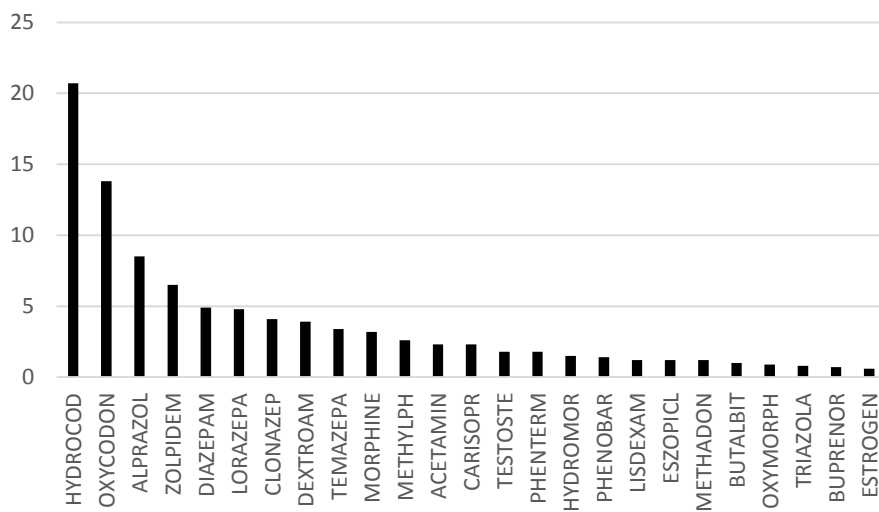
In order to receive their continuing education credits, attendees had to sign in to these training sessions. Once the sessions were over, the police department forwarded the sign-up sheet to the pharmacy board whose staff cross-referenced the names on the list with the doctor ID list they had created to remove any unique identifiers of the PMP database. The pharmacy board then indicated which ID numbers attended training, and a new field was created in the database, listing that individual medical professional as having attended training. Of course, since the post training surveys were anonymous, there was no way of linking the survey responses to the PMP data (especially in terms of whether or not they stated they would change prescribing behaviors). In any case, the PMP database was coded by prescribing behavior, and whether or not a physician or medical professional attended a training session. Prescribing behaviors were then compared for the 6 months previous to the training and for a 6 month period post the training. A comparison group was also selected from doctors who did not attend training and these doctors were match to the “trained” doctors based on their prescribing behaviors. In short, the comparison group was roughly made up of comparable doctors in terms of number of monthly prescriptions and geographic locations.

In order to compare prescribing behaviors pre and post training for medical professionals, it was decided to focus on two of the larger training sessions. One training occurred in October and one occurred in February. The October 2012 training was attended primarily by physicians, had a lecture format, dinner was provided, and as always, continuing education credits were provided to the participants. The second training occurred in February 2013 and consisted of presentations from a physician, law enforcement, and the Nevada board of pharmacy. Like the October training, the format was lecture, dinner was served, and continuing credits were given to the attendees. The February training was also carried out in Las Vegas, and televised to a smaller town in northern Nevada, Elko, Nevada. Due to this geographic coverage, the February training had approximately 100+ medical professionals in attendance. Based on these two training opportunities, the physicians in the PMP database were coded as either having attended the October 2012 or the February 2013 trainings, and all of the others received a “no training” code. Prescribing behavior for the six months prior to the training was selected and the prescribing behavior for six months after the trainings was selected. Below are the results for the non-trained doctors. There was very little change in the comparison group (the non-trained) in terms of the type of drug they prescribed.

Pre-Period for Non-Trained Doctors (%)

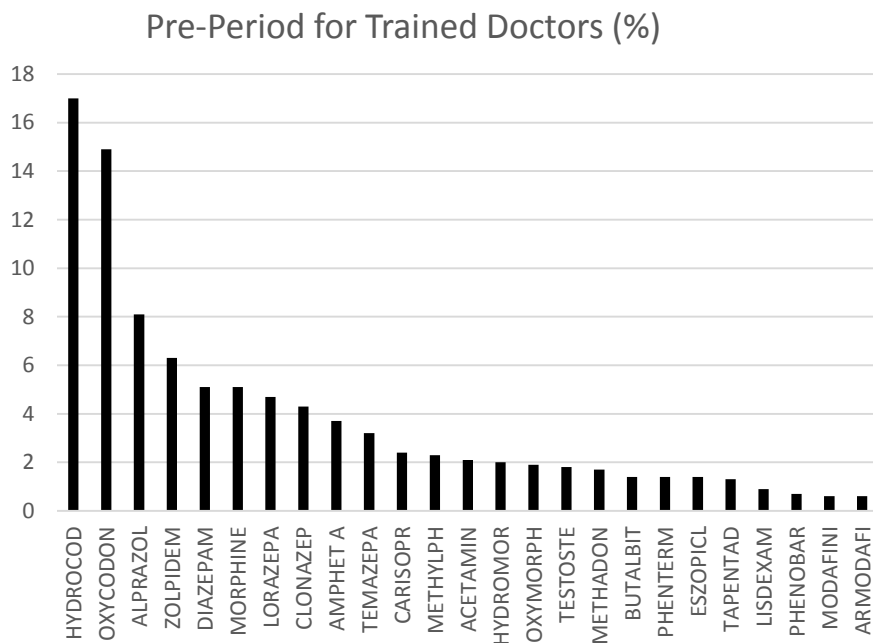


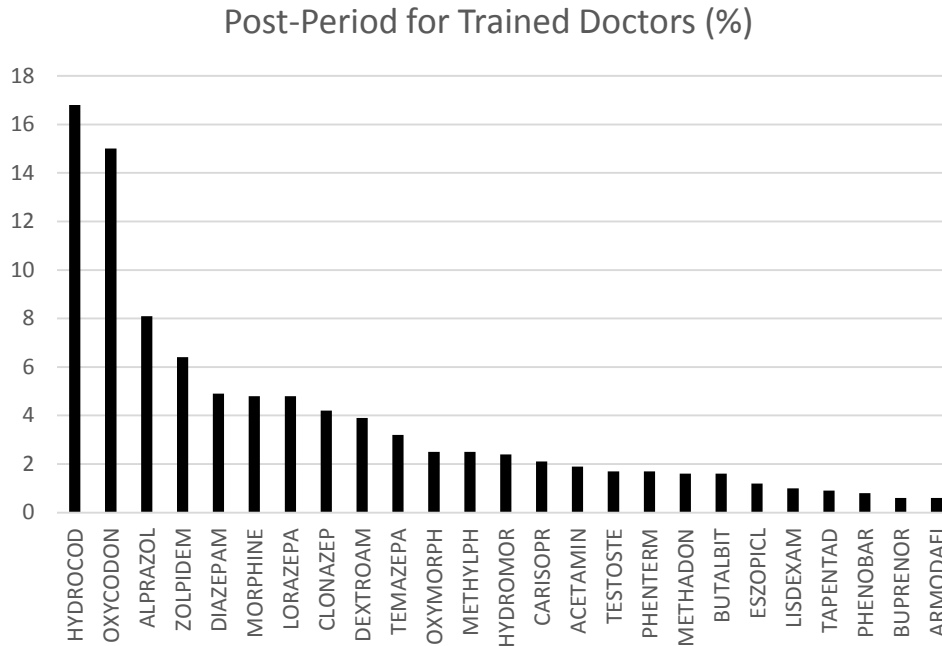
Post-Period for Non-Trained Doctors (%)



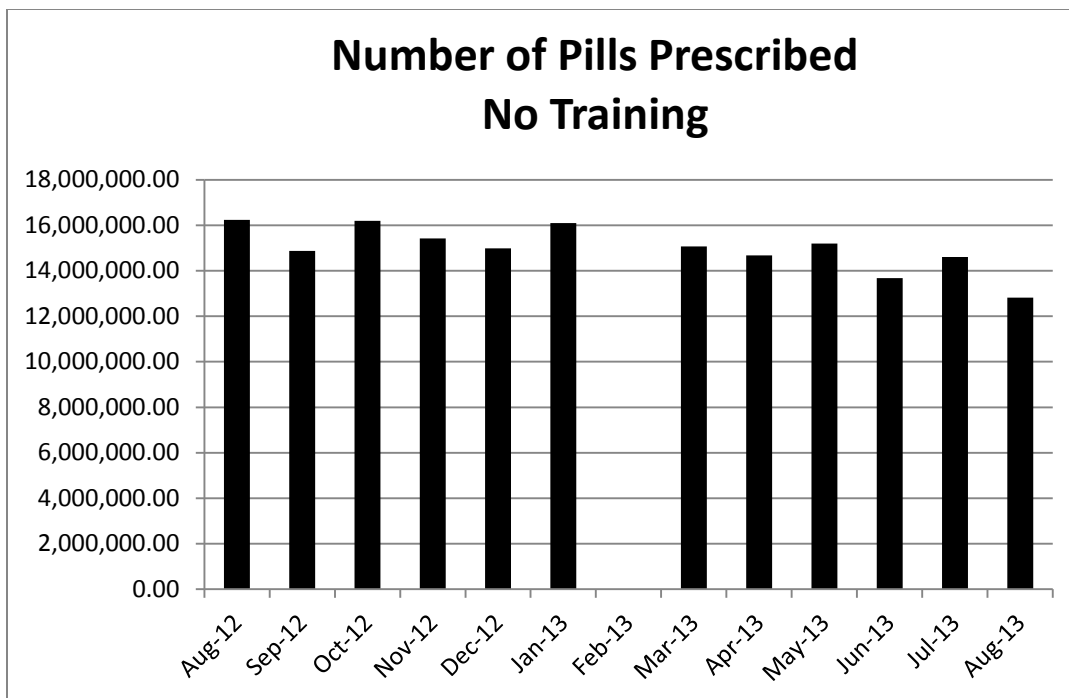
While the two charts and look almost identical, they are not. If one looks at the eighth drug type on the charts, the pre table shows “morphine” but the post table shows “Temazepam”. Of course, this is expected given the fact that these medical professionals have not been trained, and hence we would not expect any change in their prescribing practices. Therefore, the conclusion is that of all the untrained doctors, more than 20% primarily prescribe

hydrocodone with the second-biggest category being oxycodone. The tables below concern the doctors that did experience training. Unfortunately, like the untrained doctors, there is very little change in the nature of the drugs being prescribed between the pre and post period. This result should be contextualized once again in the fact that we do not know what kind of doctors we are talking about. It could be that these medical professionals deal with “end of life” situations, and they are hence unable to modify or alter their prescribing practices.



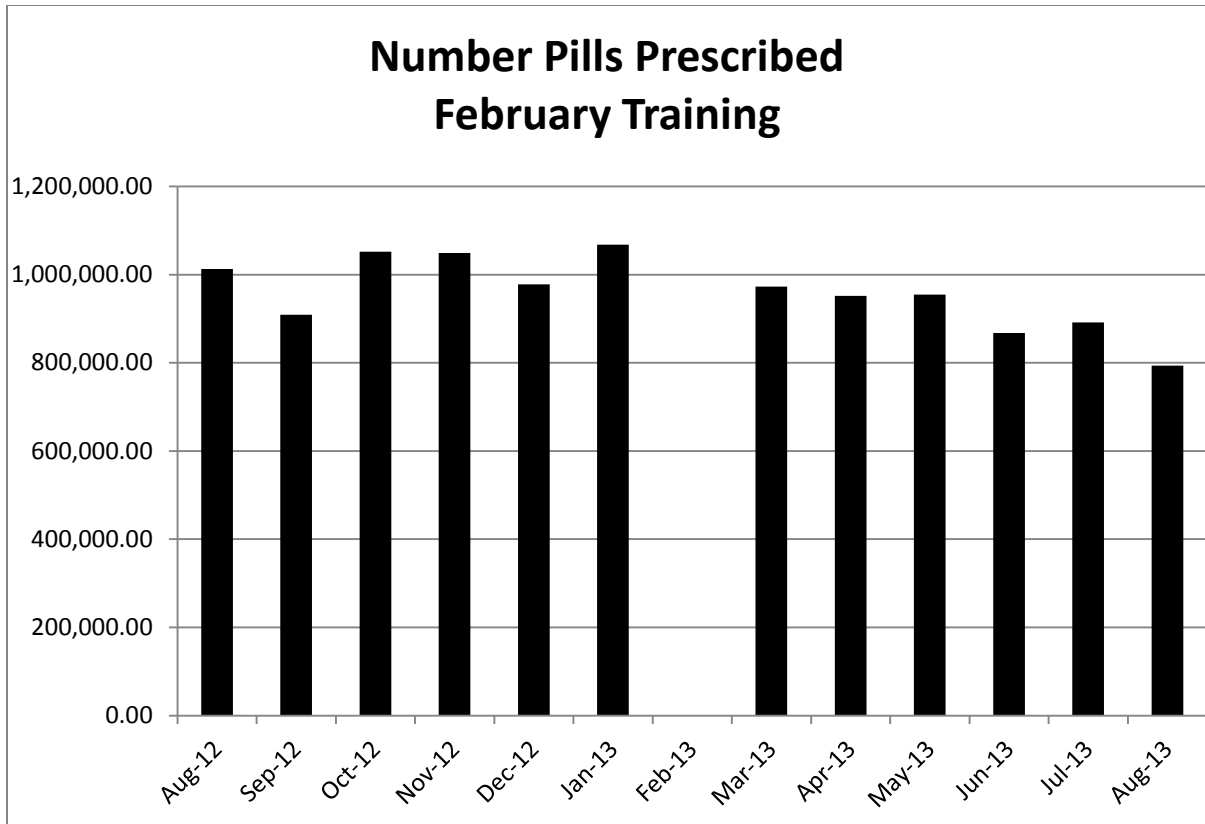


The above tables deal with the type of drugs being prescribed. However, what about the number of pills being prescribed to each patient? Technically, the training should have an impact on the dispensing practices not by altering the nature of the drug, but by impacting the number of pills being given to patients. Comparing the training group to the non-trained group by the number of pills prescribed was carried out. The table below shows the monthly totals for the untrained doctors.



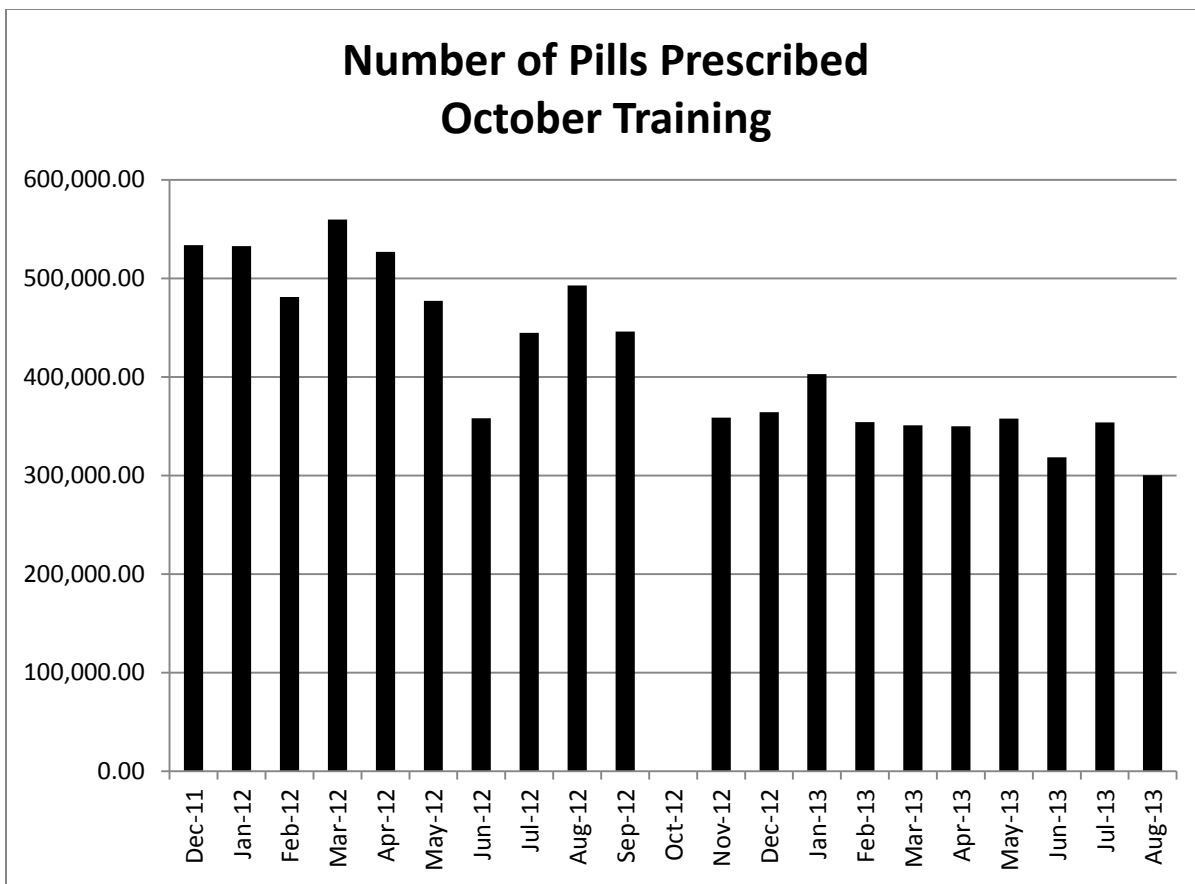
(Since one of the trainings occurred in February 2013, the comparison group was compared across the same time points as the doctors who experienced training). In the table above, there is no data for February 2013 as that was when the training occurred for the “treatment group”. As one can see, there is a slight decrease in the March-Aug 2013 period, but overall there is no significant change in the total number of pills being prescribed.

When it came to the “trained” doctors, the results were mixed when we compared the two training sessions. For the February training, the results mirrored the no training group, although there was a decrease in the number of pills being prescribed in the post training time.



The biggest impact of the education component was in the October training session. This group of 50+ doctors had a significant decrease in their total number of prescribed pills.

From the table below, we can see that after the October training, there was a consistent drop across all months post training.



While it is interesting to separate the different training sessions, it is important to examine the effect of training on the aggregate level, comparing “trained” doctors to the comparison group. This was done by looking at the number of pills prescribed, and the number of prescriptions filled out. This is because the number prescriptions may decrease, but if a physician increases the number of pills per prescription, there is little gain. Therefore, two measures were examined: number of pills and the number prescriptions. The table below show the impact of the over training when compared to the comparison group.

	Pre Period	Post Period	Difference	% Change
Monthly Mean Number of Pills per Doctor				
Training (N=151)	72,138	59,202	-12,936	-17.93
Comparison (N=200)	22,146	21,331	-815	-3.68
Monthly Mean Number of Prescriptions per Doctor				
Training (N=151)	723	606	-117	-16.2
Comparison (N=200)	249	246	-3	-1.12

From the table above, we see that there are a total of 151 trained doctors compared to a comparison group of 200 doctors. Those doctors that received training went from 72,000 pills per month to 59,000 pills a month, for a difference of 12,000 pills, a 17.9% decrease. This is significant in that the comparison group of doctors only changed 3.6% during the same time period. Similarly, the doctors who experienced training filled out 117 prescriptions less per month, essentially reducing their prescriptions by 16%. The untrained doctors only experience a 1.1% reduction, or 3 per month.

To delve deeper into these findings, we wanted to see the reduction effects of education on the different types of doctors, i.e., regular prescribers verses heavy hitters. In essence, are all doctors susceptible to the same effect when it comes to training, or are the heavy hitters for instance, immune to the educational component? The table below looks at five different groups of doctors, each based on the number of mean prescriptions that they

filled during the study period. The table below demonstrates the number of pills prescribed before the training and the number of pills prescribed after the training.

By Number of Pills				
# of Prescriptions		Monthly Mean	% age diff.	N
30-1,000	Pre_Pills	493		23
	Post_Pills	655	32.8	23
1,001-5,000	Pre_Pills	2,979		44
	Post_Pills	2,517	-15.5	44
5,001-10,000	Pre_Pills	7,478		14
	Post_Pills	6,394	-14.5	14
10,000 - 50,000	Pre_Pills	24,646		24
	Post_Pills	20,641	-16.3	24
50,001 +	Pre_Pills	218,571		46
	Post_Pills	178,887	-18.2	46

In the table above, we see that there were 23 doctors with a low prescribing record (30-1,000 prescriptions per month) and these doctors prescribed an average of 493 pills per month before the education, but they prescribed an average of 655 pills after the training. In this case, that is a 32% increase. It would also appear as if the low prescribing doctors, after seeing the education component, felt reassured that they could actually prescribe more given the magnitude of the prevailing prescribing behaviors. We should focus, however, on all of the other groups, and across all groups there was a decrease in the number of pills prescribed after the education component. For instance, in the “heavy hitter” group, those with 50,000+ prescriptions per month, there was still an 18% decrease in the number of pills prescribed per month after the education component.

By Number of Prescriptions

# of Prescriptions		Monthly Mean	% age diff.	N
30-1,000	Pre_Pres	14		23
	Post_Pres	14	-1.5	23
1,001-5,000	Pre_Pres	87		44
	Post_Pres	81	-6.3	44
5,001-10,000	Pre_Pres	155		14
	Post_Pres	124	-19.8	14
10,000 - 50,000	Pre_Pres	350		24
	Post_Pres	270	-22.9	24
50,001 +	Pre_Pres	2,054		46
	Post_Pres	1,726	-16.0	46

Very similar results can be seen in terms of the number of prescriptions filled out by the medical community after being exposed to training. Once again, there was little change in the low end of the spectrum, with only a 1% decrease in the number prescriptions for those low prescribers, but there was a 22% decrease and a 16% decrease in the two highest groups. This indicates that the doctors not only prescribed fewer pills, but they also filled out fewer scripts after the education intervention.

The final analysis involved looking at the top 5% of the heavy prescribers. There were 1206 doctors who did not attend training that figured in the top 5% of the heavy hitters. Conversely, 63 heavy hitters (top 5%) who attended training were identified. This analysis was to see if there was a significant difference in the type of drugs they prescribed.

Changes in type of prescription for “heavy hitters” who attended training (n=63)

	Period	N	Mean	Difference	% Difference
Pain med*	Pre	7	1,433,952		
	Post	6	1,184,710	-249,242	-0.21
Anti anxiety*	Pre	7	243,987		
	Post	6	199,658	-44,329	-0.22
Stimulants	Pre	7	23,240		
	Post	6	22,656	-584	-0.03
Sleeping Pills*	Pre	7	46,521		
	Post	6	34,974	-11,547	-0.33
Other*	Pre	7	19,158		
	Post	6	16,258	-2,900	-0.18

*Significant at $p < .05$

From the table above, we see the changes in prescribing patterns for the heavy hitters who attended the training. There was only one drug category (stimulants) that did not experience a significant decrease in terms of the number of pills prescribed, but this is somewhat expected as stimulants are not heavily prescribed, and are much less likely to be abused by the general public. It should be noted, however, that there was a 21% decrease and 22% decrease in for pain meds and anti-anxiety medications respectively.

Changes in type of prescription for “heavy hitters” who did not attend training

(n=1206)

	Period	N	Mean	Difference	% Difference
Pain med*	Pre	7	1,495,798		
	Post	6	1,352,467	-143,331	-0.11
Anti anxiety	Pre	7	480,049		
	Post	6	446,409	-33,640	-0.08
Stimulants	Pre	7	65,783		
	Post	6	68,056	2,273	0.03
Sleeping Pills*	Pre	7	119,862		
	Post	6	108,680	-11,182	-0.10
Other*	Pre	7	65,526		
	Post	6	58,490	-7,036	-0.12

* Significant at $p < .05$

The table above shows the same analysis for the doctors who did not attend training. While there were some decrease in the number of pain meds, anti-anxiety, and sleeping pills, the drop was not of the same magnitude as those who attended training. Pain meds only dropped 11%, and anti-anxiety only dropped 8%. This would indicate that while there is a general tendency toward prescribing less, there is more of a decrease for the doctors who attended training. The drop in prescribing patterns for the “no training” group could also be due to an increased awareness of the prescription drug problem due to its coverage in the national media. Obviously, physicians are aware of the problems associated with prescription drugs and it would be foolish to assume that only the doctors who attended the training are conscientious of the risks associated with overprescribing.

Overall, these findings indicate that when presented with viable information, the medical community is willing to change some of their practices when it comes to the number of pills they prescribe and the number of prescriptions they fill out. This is interesting also because it mirrors what doctors reported in their exit surveys when they were asked how they would change their behaviors. Numerous doctors wrote that they would monitor, or be more aware of the number of pills they prescribed per patient. In essence, it appears as though when left unchecked, the medical community feels no reason to reduce the number of pills they prescribe. However, when this issue is discussed with them, it appears as though they are willing to take some part of the responsibility when it comes to resolving the problem.

Hospital data:

Another type of data that can be used to measure the harm of prescription drug abuse is emergency room intake information. As people go to the emergency room to seek urgent care, data is collected on their demographics, condition, and ultimately, their disposition. Emergency room data is a good indicator of social health as they offer a snapshot of resident behavior when it comes to harmful or traumatic events. For example, emergency room data is used to measure gunshot activity in a jurisdiction, accident rates, drug overdoses, and other social ills. In this case, it was decided to examine the frequency with which individuals came to the emergency room for prescription drug related occurrences. There are three main hospitals in Washoe County (Renown, St. Mary's, and the Northern Nevada Medical Center). The Police Department was able to collect data from one major hospital center but the other hospitals did not provide data. Regardless, the data collected from that one hospital was used as an indicator of the frequency and nature of prescription drug intake cases.

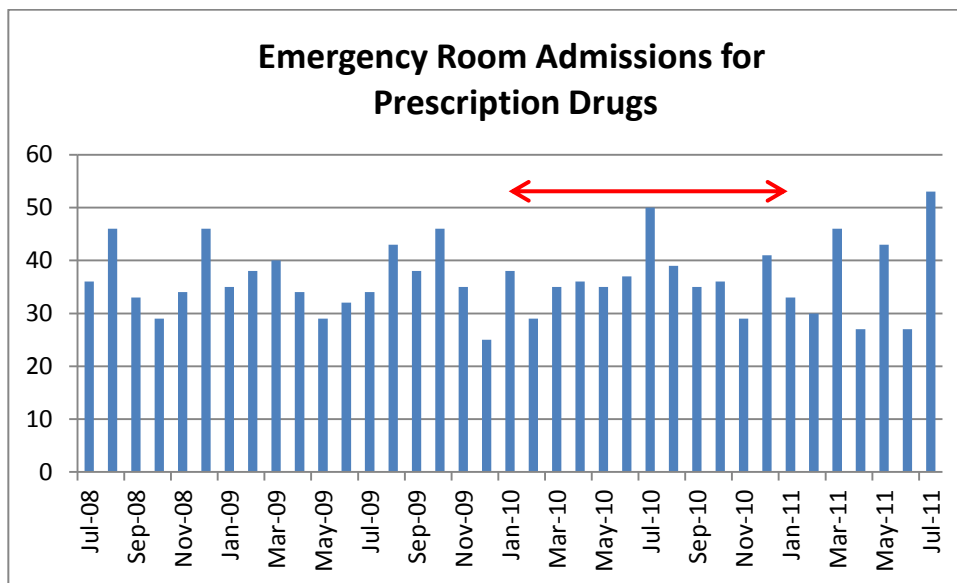
Findings:

It does not appear as though there was a definite effect from the current interventions on emergency room admissions. As with the PMP data, it is expected that over time, with a reduction in prescribed pills and a reduction in overall drug supply in the population, there will be a decrease in emergency room admissions for overdoses. It should be noted that this data reflects only one local area hospital, however, it remains the largest medical facility in the jurisdiction, and hence provides a representative sample of hospital intakes. For the period from July 2008 to July 2009, there were 2722 cases of “poisoning” that came through the emergency room at this one hospital. Any time a patient comes into the ER having ingested a foreign substance, it is considered a poisoning. These include street drugs, vapors, and of course, prescription drugs. From the table below, it is evident that prescription drug poisoning poses a real problem for the medical community. Almost half of all of the poisoning intakes are due to prescription drugs. It appears that only a handful of other cases involve street drugs, ironically, those deemed much more dangerous than prescription drugs. The types of prescription drugs involved range from benzodiazepines, antidepressants, methadone, to pain suppressants. In short, everything eventually ends up in the emergency room and from the numbers below we see how taxing this problem has truly become.

Hospital Intakes for Poisonings by Drug Types (2008-2009)

	Frequency	Percent
Prescription	1352	49.7
Other	943	34.6
Opiates	272	10
Heroin	78	2.9
Hallucinogens	20	0.7
Amphetamines	46	1.7
Cocaine	3	0.1
Mushrooms	8	0.3
Total	2722	100

In terms of the interventions, the emergency room intake data was plotted temporally across several months. From the table below, we see that there was no significant change in the rate of emergency room intakes for several months of the grant period.



In terms of the lethality of prescription drug overdoses, data was collected from the medical examiner's office for several years. From the table below, it is difficult to say if the interventions of the SPI had a significant effect on the number of deaths due to prescription drugs. This is one of those in the data points that needs to be monitored over the long-term, as there should be a lag effect between the removal of excess prescription pills from medicine cabinets and recorded overdoses. As it stands, however, the number of fatal overdoses seems to be relatively consistent, and as in any social intervention, one cannot expect to eradicate the problem completely.

Year	Number of Deaths due to Prescription Drugs (Data from Medical Examiner's Office)
2009	48
2010	28
2011	53
2012	53
2013	41

INTEGRATION AND SUSTAINABILITY

Leadership Committed to SPI Principles

This Smart Policing Initiative could not have happened at a more opportune time. When the grant was applied for, there was a motivated and ambitious police sergeant in charge of the Street Enforcement Team, the regional vice crime unit. Upon funding, this sergeant embraced the entire SPI proposal and its requirements with energy and fervor. The focus on developing tactics and strategies that are effective, efficient, and economical seemed logical to this up-and-coming police commander. As the head of the vice unit, the sergeant also realized that there were limited resources at his disposal and he also understood that mere arrests were no longer a viable solution to broad social problems. Quickly reaching out to the research partner at the local University, the sergeant started to build the foundation for a successful SPI project. Relying often on his civilian drug prevention coordinator for guidance, a plan was hatched, deadlines secured, and personnel assigned. Having to approach prescription drug abuse from a different angle than what had been done in the past was not seen as a challenge, but as an opportunity for the police department to engage in new techniques, evidence-based techniques, and a chance to develop relationships with other agencies also affected by this problem. As the grant progressed, there were required national meetings with SPI staff to make sure that the different sites stayed on task and met the appropriate deadlines. At each meeting, the sergeant traveled along his civilian coordinator and the research partner. This sergeant was determined to make this work and his dedication to the SPI principles was visible from the beginning of the project. Unlike the caricature of the seasoned and bitter police officer, the sergeant embraced every part of this project. The reliance on data analysis, the incorporation of coalitions into the problem-solving process,

asking his staff and officers to think about the problem differently, and making every effort to think outside of the box is what allowed this SPI project to be so successful. Obviously, this commanding officer was not the sole reason for the SPI success, but it was a crucial key to the complicated puzzle that is grant implementation. Over the years, the grant progressed along, and the initial two years of funding were extended another two, for a total of four years. During this time, the sergeant was promoted to lieutenant, and then to deputy chief. While his professional path took him away from the direct supervision of the SPI project on prescription drug abuse, his interest in the program never waned, and he made it a point to ask for frequent updates. During his tenure as deputy chief, he routinely attended meetings and conferences as a supporter of the SPI initiative and thought about how to implement these principles department wide. As the funding for this program comes to an end, this deputy chief is well poised to make sure that the SPI principles are fully integrated into the department's operations, and its philosophy sustained through the years.

The premise that effective policing needs to be based on evidence-based practices, with measurable outcomes and integrated within all aspects of the department is already being espoused at the Reno Police Department. The Reno Police Department officers are no strangers to problem solving techniques, the SARA model, or intelligence-led policing. In that vein, adopting Smart Policing strategies is not a far stretch. Perhaps the most novel idea that the SPI program proposes is the continued collaboration with different agencies and the requirement of the research partner in the implementation process of various interventions. Once again, even this idea has been adopted by the Reno Police Department as the examples below will show. In sum, the four years of exposure to the SPI framework allowed an up-and-coming commander to be part of a project that rewarded the application of evidence-

based practices and heralded the value of data in police problem-solving, and because of the experience, his position as an agency leader cannot but lead to a fruitful future involving analysis, coalitions, assessment, and accountability.

SPI Principles in Operation

(Section written by Deputy Chief Mac Venzon)

Reno Police Department – Administration/Support Services Division

The Reno Police Department (RPD) has been, and will continue to be, an organization centered on community oriented policing and problem solving. Facing severe budget cuts in FY 2009, the Department realized that we simply can't afford, figuratively and literally, to continue doing business as we had always done.

During the aforementioned budget cuts, there was a confluence of situations that made the RPD ripe for change in its crime fighting efforts. Among other issues, the agency was granted funding for the SPI prescription drug project and, more importantly, the agency was looking for a better way to conduct crime fighting with a 25% reduction in sworn staff. Out of this situation, was born the idea of a research based approach that we titled Intelligence Led Policing (ILP). While the RPD had utilized the skills of a very capable crime analyst for the past 20 years, it would be a stretch to say that there was ever a true, research based, evaluation of interventions conducted by the RPD. Further, it would be equally difficult to proclaim that the design of all interventions came from a research methodology; arguably, most interventions were targeted at hot spots and crime trends.

I am proud to say that we, at RPD, have made huge strides in changing the culture of the organization to one that is focused on research for the development of interventions, and shored up our focus on researching the outcomes of those interventions to determine their

effectiveness. As many executives and supervisors know, changing the culture of an organization is neither an easy task, nor one that should be half-heartedly endeavored.

In our efforts to make cultural change during the 2009/2010 fiscal year, the RPD established six guiding principles. These guiding principles were identified, by a cross section of the agency, as the six key success factors for a policing organization. One of those guiding principles is Intelligence Led Policing (ILP). In our “Unified Command Intent” statement, ILP is loosely defined as a data driven approach to crime fighting that applies the correct resources to any given crime or disorder issue. Admittedly, a change in crime fighting approach, does not, in and of itself, mean cultural change.

So how do we know that there exists a true change in the culture of an organization? How is that change measured and how will an executive team continue to foster the Smart Policing philosophy that we advocate as the future of policing? Personally, my advancement through the organization; starting as a sergeant heading up a Smart Policing initiative to my current position as Divisional Deputy Chief, has allowed for a complete philosophical buy-in at the executive level. Executive level buy-in is essential to the success of any change. I require those subordinate to me to apply a Smart Policing approach to everything they do. While a quantitative measure of change might be important to some, I prefer to look at the qualitative change in day-to-day operations. But the two are obviously inextricably linked together.

As we learned from the reform era of policing, an executive can easily gather traditional crime fighting measures and statistics and determine the effectiveness of his staff by pointing to changes in the reduction of crime or other quantifiable outcome measure. Arguably, that is a measure of your ability to fight crime, not a measure of the organization’s

ability or tendency to use a research based philosophy in every endeavor. I would submit that the following examples are better proof that the Smart Policing philosophy has caught on at the RPD:

Example 1: A rookie officer, albeit one who learned true beat integrity, started to look at the data surrounding his calls for service. In that analysis, the data showed that he spent an inordinate amount of his time at a particular park in his beat. With very little guidance from executive staff, the officer approached a local University professor for research assistance in identifying the problem, and together they developed an intervention and they are currently implementing their response with the help of the researcher's class. Future classes will work at measuring the impact of the intervention. This is a qualitative indicator that cultural change is occurring.

Example 2: The Chief of Police has instituted an officer safety and wellness program throughout the agency. As the program got off the ground, he assembled a group of officers and sergeants to assist him with the development of the program. The team, again without specific direction from executive staff, started to gather data and research about officer safety and wellness to assist them in developing a viable program. This researched based program is now an institution in this organization and is garnering a lot of attention at the national level.

Example 3: As the RPD began looking for better ways to serve the public, it was determined that our customer service counter was not well equipped to provide the type of service that the community was requesting. That determination was based on survey data gathered from the customers themselves, not anecdotal "evidence" presumed to be accurate.

In response, architectural changes are planned for the public counter at the main police station.

The above three examples are a few of many that show a cultural change in the RPD. While none of these examples, when reviewed in isolation from the others, would indicate a shift to the Smart Policing philosophy; in review as a whole, it is clear that a research based approach to problem solving is the new culture of the organization.

Looking forward, it is the intention of the RPD to continue our efforts in data driven, researched based solutions to not only crime issues, but to the problem solving process.

Maintenance of Civilian Drug Prevention Coordinator

Another important element to support the sustainability of the SPI principles in the Police Department is the retention of the civilian drug prevention coordinator. This position was funded through the SPI grant funds and over the years the civilian coordinator became an integral, if not crucial part, of the SPI initiative. In her capacity, the drug prevention coordinator built a vast network made up of community resources, activists, residents, government agencies, and more resulting in a viable coalition that met regularly to discuss the problems concerning the prescription drug abuse epidemic. This civilian was also crucial in the organization of training sessions, educational efforts, conference planning, and other important tasks. As the funded portion of the SPI project was nearing its end, the question arose as to what would become of her position. How could this work be continued if this position no longer existed? Realizing the severity of the situation, the research partner and the deputy chief working on the grant decided to make a case for this position to be made permanent using hard funds from the Police Department. Many of the agencies that the coordinator had worked with during the course of her tenure were contacted and they were

asked what would happen if this position no longer existed. Several agencies were alarmed at the thought of this position disappearing, and they voluntarily wrote letters of support to the chief of police asking that the position be kept and made permanent. Along with these letters support, the research partner and the deputy chief also stated why this position should not be considered temporary and how vital it was to a comprehensive drug prevention approach. After some discussions, there was agreement as to the importance of this position, and it is now funded separately from the SPI funds and the good work of the drug prevention coordinator can continue into the future. This was a crucial development in ensuring the sustainability of the SPI principles within the Reno Police Department. For example, even though the SPI funds have run their course, the drug prevention coordinator is continuing her work with the coalition partners, and furthering the cause of drug prevention through evidence-based practices. Another example is her focus on education and her ability to organize classes for parents, students, or other audiences that would benefit from a prevention message. All of this is possible because of the contacts she made during the implementation of the Smart Policing Initiative.

Internship projects

The Smart Policing Initiative will also be sustained in the Police Department as the current program has led to numerous meetings between the research partner and police officials. From these meetings, other research ideas involving analysis and evidence-based practices were discussed, and these are currently being implemented. Police command staff and the research partner have created a new internship program between the University and the Police Department that utilizes undergraduate and graduate students. This revised

internship program was designed so that students could be assigned a very specific and tailored research project for a given unit. During the course of the semester, the students usually code, and then analyze data to report to the unit's commanding officer. This new internship program provides not only students with an opportunity to work with real data created by Police Department, but it also allows the Police Department to turn their operational data into research data. It was determined that a lot of units create a lot of information for operational purposes, but this information was not always used or compiled a way that could be used for research, analysis of trends, patterns, successes, or failures. There are three current and ongoing projects of this nature. There is one intern who is coding use of force incidents to create a database of incidents that can be routinely analyzed. It is hoped that the database will yield results that can be used for training purposes at the Academy level in an effort to reduce future problematic uses of force. The other intern was placed in the Street Enforcement Team (SET) unit, and that project involves coding the activity carried out by the detectives. Primarily, data on location of incidents, nature of incidents, and type of drug recovered during investigations will hopefully paint a broader picture of the activities undertaken by this unit. Furthermore, the analysis will demonstrate where enforcement should be targeted, what strategies are the most effective, and the impact they have on the broader community. Finally, a third intern was placed in the gang unit tasked with analyzing graffiti patterns. Currently, there is a database that collects all of the graffiti incidents, but there have been few attempts to look at this information spatially or temporally. These interns' sole responsibility is to use the data already created by the police department to help them see the problem from a different perspective and to help police officials devise more targeted and direct future interventions. This program has been in

operation for a semester, but there are plans to have it expanded so that there is analysis in more and more individual units. Once again, this project spawned from the Smart Policing Initiative conferences and the regional meetings held over the years. Some of these ideas came from discussions with other police officials present at these conferences.

Class Project

One final example of the integration of SPI principles in the Reno Police Department is the continued collaboration with the local University. Once again, during a meeting with police officials, it was determined to have an “Advanced Topics in Policing” class taught by the research partner to work hand-in-hand with police personnel to tackle a problem-solving project. The initial project involved the students applying the SARA model to a particular neighborhood in Reno and through data analysis students had to identify the most pressing problem in the area. Students focused on property crime, violent crime, and disorder issues. The Police Department took the entire class on individual ride alongs during which students made observations concerning the spatial and geographic properties of the area. Over the semester, the students developed viable interventions and these were presented to police command staff at the end of the semester during a formal presentation session. The entire experience was a great success, and the Police Department has once again reached out to the University to have the next class continue this work so that some of the designed interventions can be implemented the following semester. This is a great example of merging operational police work with research and analysis, and this collaborative class is a good indicator of the integration of SPI principles into the police department culture. Below are some pictures taken during the students’ final presentation to police officials.







GENERAL OBSERVATIONS AND REMARKS

Note of the evaluation process

This Smart Policing Initiative was multipronged, multi-staged, and involved numerous stakeholders. The interventions were countywide, covering a large geographic area. Unlike traditional intervention studies, where a treatment is applied to the selected area, or a select group of people, with a control group receiving no such treatment, this program sought to blanket a whole region with education, training, and general awareness. As such, there is no control group by which to compare the success of this effort. Having said this, the aim of the grant was not to simply show statistical significance, but rather to have a substantive impact on the general problem of prescription drug use. As such, the best measures for success were the pre and post measures for the various data sources (incidents, arrests, PMP prescribing rates, visits to the emergency room for poisoning, etc). This SPI program should be gauged on the success of implementing the designed interventions, rather than focusing too much on numerical measures across half of the state. For example, removing millions of pills from circulation, educating doctors, and increasing awareness in the community cannot have negative effects, and hence, when these measures have been properly implemented, there should be a measure of success (in terms of the process).

It should also be noted that the multi-intervention approach in this case makes determining exactly what element was successful very difficult. If in one year there is education, training, and increased enforcement, and there is a decrease in prescription drug use, which of the three is responsible for the decrease? This of course becomes much more complicated when there is no control group or an intricate classical experiment. The Reno Police Department's approach was basically to throw multiple interventions to the problem,

without so much concern as to which specific intervention had the most success. It should also be recognized that such approaches are sometimes more effective in reducing a problem as there are interaction effects, or a multiplying effect, which is much more effective in reducing a targeted rate. Once again, this effort was focused more on the problem reduction, than statistical significance. While some of the results have not shown a dramatic decrease, it is hoped that with time, the simple reduction of the supply, and increased awareness of the medical community, cannot but help the prescription drug problem in this jurisdiction

Finally, it should be mentioned that the Reno Police Department's efforts have been in line with the White House directives concerning prescription drug abuse. The federal government recommends supply reduction, education, enforcement, and training of medical personnel as effective tools to combat this problem. All of these have been implemented successfully by the Reno Police Department and because of this effort they have been recognized by the Office of National Drug Control Policy, as evidenced by the webpage below:

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Posted by **Stacy Shamblin** on October 25, 2011 at 01:33 PM EDT



Across the Nation community leaders, public health offices, and police departments are working to address today's prescription drug abuse epidemic. As part of the Smart Policing Initiative, the [Reno, Nevada Police Department](#) recently launched an innovative new project aimed at preventing prescription drug abuse within our community. Based on a comprehensive strategy with both enforcement and prevention components, the initiative decreases availability of prescription drugs, increases knowledge about the dangers of substance abuse, and enforces laws designed to reduce prescription drug fraud and diversion.

This collaborative initiative was developed in partnership with the pharmaceutical, medical, education, and business communities, and with the support of substance abuse prevention advocates. Ongoing activities include:

- Prescription fraud training for over 300 pharmacists in the Reno area;
- Meetings with pharmaceutical and medical boards to enhance knowledge sharing and collaboration;
- Prescription Drug Round Up events which have collected and destroyed over 285,000 pills including highly addictive opiates, depressants, and stimulants;
- Distribution of over 500 lockable medicine cabinets that help limit in-home access to prescription drugs; and
- Series of interactive discussions and surveys with teens and adults to gain better understanding of the extent and nature of prescription drug abuse.

To date, the results of this initiative, which is funded by the Bureau of Justice Assistance, include enhanced collaboration and cooperation throughout the area. Among the participants, both physicians and pharmacists have stated that they believe improved protocols for the dispensing of drugs are required and that police should play a major role in this issue. By taking a comprehensive and proactive approach to addressing prescription drug abuse, the Reno, Nevada Police Department is working hard to ensure that our community is healthy and safe.

Stacy Shamblin is Drug Abuse Prevention Coordinator at the Reno Police Department

Comments on the stakeholders

An interesting part of this research was the variation in terms of the participation and interest of the different community agencies. For example, the pharmacy board, and the pharmacist community were very receptive to all of the training possibilities, and with all of the information provided to them. As mentioned earlier in the report, the physicians were much more reticent to be lectured on this problem, and many attended the training out of some external obligation rather than out of professional responsibility. A lot of physicians appeared to question this attention on their practices as they feel that their role is to help patients, and there was a general sentiment that this grant was somehow trying to tell them how to do their jobs, and was a precursor to government control into how they run their practice, and ultimately care for their patients. In short, some of the physicians consider this a medical problem, and would prefer if law enforcement stayed out of it. On the other hand, there were also physicians that welcomed the law enforcement interest in this problem and these professionals forged lasting relationships with the law enforcement officials. Interestingly enough, a doctor from Los Angeles has recently been arrested on murder charges (see news articles at the beginning of the report) and is being blamed for prescribing medications to three patients all the while knowing that these were not needed and the prosecutors felt that the doctor should be responsible for the overdose deaths.

While the Reno Police Department did not expect pharmaceutical companies to openly admit their role in the problem, there was an instance of cooperation. The speaker who trained the police personnel and pharmacists was paid by the pharmaceutical firm Purdue Pharma (makers of Oxycontin). It is imperative that the pharmaceutical companies be part of the solution in order to show a common front when addressing this problem.

While it is obvious that they have a financial goal in this venture, they should also be regular attendees at the solutions table and help reduce the impact of this social ill. It should also be mentioned, that while the pharmacists themselves welcomed this grant's goals, the corporate entities they sometimes worked for were less receptive to openly discussing this problem. For example, there were some large corporate stores which housed pharmacies, and these corporate entities were sometimes hesitant to participate in some supply reduction efforts, such as the pharmacy sticker program. Similarly, when the police detectives assigned to the prescription fraud aspect of this grant, would meet with pharmacy officials, their suggestions to reduce fraudulent prescriptions were not always met with open arms. For example, the idea that customers should provide a picture ID when picking up their prescriptions was not always well received as these corporate entities saw this as interfering with their customer relationships, and they feared that this additional step could alienate some customers, ultimately costing them money.

During some parts of the grant, the school district was also weary of this police presence in the schools, the surveys being administered to the children, and the general suspicion that their school would be targeted or singled out as a "problem school". Also with the school system, the school police felt at times threatened by the larger Reno Police Department getting involved in what was considered "their turf", and the sharing of information was not always the most efficient.

Recommendations

Education Component

Based on the last four years of implementation, the Reno Police Department has learned about the benefits and pitfalls of some of the interventions. As a minor example, it was discovered that when food is offered, or advertised when providing training to the medical community, the attendance increases dramatically. Therefore, future training or educational efforts should make an attempt to provide a light meal and beverages to the attendees in the hopes of reaching more people. The food and drink could be donated by a local food store or restaurant in exchange for advertising during the event. In short, there are ways to improve these interventions and offering food to the attendees is a small, but very feasible innovation.

Food aside, the future of this grant needs to focus primarily on the medical community. Physician education and training needs to be relentless, and needs to expand beyond the occasional presentation that doctors can choose to attend or not. Mailing campaigns directly to physician offices have been considered, or even creating small posters that can be displayed in doctors' offices reminding patients about the dangers of prescription drugs. To refine the physician education further, perhaps a session dedicated to the legal ramifications of over prescribing medications to patients could be considered. For example, the case of the Los Angeles doctor currently on trial for murder in three overdose deaths, could be brought up to remind doctors that there are consequences to simply doling out pills to needy patients. Of course, this could not be carried out in an accusatory or threatening manner, but simply as a reminder that once the pills are prescribed, there may be consequences down the road that they should keep in mind. Another educational possibility

is to invite the pharmacy board to speak to the medical community and have the pharmacy board explain that because of this grant, prescription practices will be monitored, and that physician behaviors are no longer ignored and will no longer benefit from a “hands-off” doctrine. Once again, this will not be done to scare physicians into the idea that big brother is watching them, simply that out of concern for public health, and social consequences, the number of pills released into society will be monitored more closely so that problematic prescriptions can be flagged and dealt with. The pharmacy board is convinced that most doctors would be receptive to this kind of monitoring as the majority of them prescribe legally and ethically.

In terms of the student education component, more demonstrations from the police department could be carried out in the future. Educational campaigns work best when they experience a repeated dosage, and not rely on a single treatment period. Whether the police department does the presentation, or an outside speaker is invited, it is important to remind students about the dangers of prescription drug abuse, and through repeated contact with prescription drug messages, it is hoped that the prevalence of this problem will decrease. One idea to increase student awareness about this problem would be to involve them directly in the discussion. For example, a poster drawing campaign could be instituted whereby the two best posters drawn by students with an anti-prescription drug message would be selected and printed to be displayed around town. This would give the students an active role in the discussion about prescription drug use, as opposed to simply listening to another presentation from someone telling them that drugs are bad. Other options for the poster campaign could include giving the school a monetary prize, offering the event students a donated lunch from

a local restaurant, or organizing a social event after school centered around prescription drug prevention.

As part of the student educational effort, it would be interesting to work with a select group of students, a focus group of sorts, asking them specific questions about how to most effectively reach the student population. Asking kids what kids want is probably the best approach to be successful.

A related intervention to the student education component is increasing the parent awareness. While parents have been difficult to reach, because no single method has proven efficient so far, this possibility needs to be further explored. The idea of a letter or information sent home with the children was considered, but there was doubt as to whether or not these would ever make it home. Another idea was to create a website where parents could go and learn about this problem, but there was no way to ensure that the parents would log on and participate online. Sure, a few parents would use this medium, but there was no guarantee that the majority would. One proposed idea was to meet the parents during school registration/orientation and provide them with literature and information concerning this problem. However there is the concern that the school district will not want to mix registration activities and other administrative duties with an anti-drugs campaign. Nevertheless, these ideas need to be explored and hopefully the most fruitful intervention will surface.

Reducing the Supply

Big components in terms of reducing the supply are the drug roundups and the drop boxes placed in police agencies. While the drug roundups have been very successful in

collecting numerous pills from residents, the drop boxes also proved to have their advantages in that they offered convenience and freedom to individuals wanting to get rid of the pills. The benefits of the drug roundups, however, go far beyond their pill collecting function. The drug roundups offer a chance for the community to get together with their local law enforcement agency and they provide a forum when discussion about this problem can occur. Likewise, leaflets can be handed out, pledges can be signed, children can be educated through stickers and cartoons, and maybe some food can be offered to participants. In short, the drug roundups provide a great setting for publicizing the police department's and the community's dedication to reducing this problem. Simply relying on the drop boxes as a means of pill collections because they are cheaper would be a mistake. Over time, the drop boxes will fall out of public view, and may yield very few pills as people lose interest in this outlet. Therefore, it is recommended to keep both methods of pill collection as one is public, visible, and engaging while the other is also a viable and convenient pill collection tool. In short, the public needs and enjoys displays of official concern for social problems, and when these are witnessed, the community participation increases dramatically. And when all of the partners work together, the problem is reduced at a much faster rate.

Another recommendation tied to the drug roundups or drop boxes has to do with the drugs that are collected. As discussed in the supply reduction section, residents turned in a variety of medical supplies during the events. There were prescription pills, nonprescription pills, over-the-counter medicines, and a variety of other items such as inhalers, topical pain pads, and other supplies. While it is clear that the scheduled prescription pills need to be handled and destroyed according to federal guidelines, there were a slew of other medicines that did not fall under these federal regulations. For example, an inordinate amount of

unopened yet unexpired inhalers were turned in, and these were simply thrown away and destroyed along with the other medical supplies. During the course of this grant, it became known that there are community shelters that specialize in providing medicines to those less fortunate. The question arose as to whether or not it would be possible to turn over the nonscheduled prescription drugs to this organization so that they may go to the needy in our community. Of course, some agreement needs to be worked out between the two agencies but perhaps this is a venture that could further increase public support for this program as the less fortunate and the elderly would now be receiving much-needed medical supplies that would otherwise be needlessly destroyed.

Enforcing the laws

The law enforcement component of this grant is crucial. While there have been numerous cases involving prescription fraud because of this grant, this effort cannot stop once the grant ends. The problem of illegal prescription drug possession needs to be considered as important and serious as the traditional illicit street drugs. Unfortunately, conventional police wisdom does not give prescription drugs the same attention. For some reason, cocaine, heroin and marijuana have a traditionally more alluring nature when it comes to interdiction efforts. Police officers consider these arrests “real police work” whereas prescription drugs do not appear to have the same glamorous appeal. This needs to change. When prescription drugs are found, they should not necessarily always take a back seat to the other illicit drugs encountered. This brings up the point that prosecuting attorneys need to also change their mindset when it comes to prescription drug cases. Officers will not pursue prescription drug cases with a lot of effort if they know that these will not be

recognized by the prosecuting attorney and be simply dismissed as a minor charge. With this mindset, you cannot blame the police officers for not considering prescription drugs an interesting arrest. This change of mindset should also occur in the general police culture, with supervisors and commanders addressing the problem of prescription drugs with the same fervor as when they discuss other illicit drugs. As it stands, the worst thing that could happen is to have only a few detectives assigned to prescription drug cases, as they will inevitably feel ostracized from the other officers who are engaging in “real police work”, and the prescription drug assignment will be considered more of a burden than a beneficial assignment.

A distant but related component to the law enforcement intervention is the importance of the prescription monitoring program (PMP). Nevada’s PMP is the Prescription Controlled Substance Abuse Prevention Program, operated by the Nevada Board of Pharmacy. Nevada currently monitors controlled substance Schedules II – IV and Carisoprodol. In, 2007 the Nevada legislature passed a law requiring practitioners to access the State's PMP if: 1) they suspect a patient has a drug addiction problem; 2) if the patient is new to the practitioner and is requesting a controlled substance prescription and 3) if an existing patient is requesting a controlled substance and the practitioner has not checked with the State's PMP within the last 12 months for this patient. Aside from that, use of the PMP is currently voluntary for doctors and hence the PMP is not used to its full potential. The pharmacy board is convinced that as new doctors enter the profession, they are being trained to use the PMP regularly, and over time they are confident that use of the PMP will become commonplace in physician’s offices. Until that time, perhaps this grant could reiterate to the doctor community the importance of using the PMP as it will help reduce social harm and help them identify potential addicts who

are misusing the medical profession for their next fix. Once again, the idea is not to threaten the physicians into compliance, but to seek compliance by explaining to them the broader issues surrounding this health problem.

Concluding thoughts

It is generally agreed that prescription drug abuse is a growing problem. While this SPI program was run through the Reno Police Department, the solution cannot only lie there. The police department was very effective and dedicated in their intervention strategies and how they implemented them. Every objective was met, every component was carried out as planned, every goal achieved. A huge part of this success was the ability for the police department to reach out to the community, and other agencies, and bring them to the table and get involved in this problem. The solution in this case could have never been solely based on a law enforcement response. While there was a law enforcement component to this effort, it was embedded in two or three other responses which included education, supply reduction, and training. The greatest success to addressing a social ill is when law enforcement agencies combine their efforts with other entities, other city agencies, or community groups. Once again, this grant successfully brought together numerous actors from many different settings and provided a common front when addressing this problem. The future of this grant is to continue this collaborative effort. Prescription drug abuse is not a police problem. It is a social health problem. It is a community problem. It is a societal problem. While the police can be an integral part of the solution, they should not be the sole entity responsible for its eradication. Parents need to be told that they have a stake in this, doctors need to be reminded of their impact on the problem, the pharmacies need to realize

they are the conduit for this problem, educators need to realize when their students are addicted to these pills, and the legal system needs to be prepared to handle the cases that will inevitably come through its doors.

Appendices

1. Dentist Surveys
2. Physician, Nurse, and Pharmacist Surveys
3. Student Survey
4. Parent Survey
5. Strengthening Family Program Evaluation
6. Sample page of syntax to extract prescription cases
7. Profile of Reno's SPI
8. Letter to request change to Tiburon to include prescription drugs
9. Letter (supporting letters) to request keeping civilian drug prevention coordinator position

Dentists Surveys

“Prescription drug abuse” refers to individuals taking medications that were not prescribed to them or patients who misuse prescription medicines)

1. On a scale of 1 to 10 (10 being the highest) how serious do you think prescription drug abuse is among adults?

1 2 3 4 5 6 7 8 9 10

2. On a scale of 1 to 10 (10 being the highest) how serious do you think prescription drug abuse is among juveniles?

1 2 3 4 5 6 7 8 9 10

3. In the past 5 years, have you seen an increase in prescription drug seeking behaviors on the part of patients?

Yes

No

Don't Know

4. On a scale of 1 to 10 (10 being the highest) to what extent do you think the pharmacist community is responsible for prescription drug abuse?

1 2 3 4 5 6 7 8 9 10

5. On a scale of 1 to 10 (10 being the highest) to what extent do you think the physician community is responsible for prescription drug abuse?

1 2 3 4 5 6 7 8 9 10

6. On a scale of 1 to 10 (10 being the highest) to what extent do you think the dentist community is responsible for prescription drug abuse?

1 2 3 4 5 6 7 8 9 10

7. On a scale of 1 to 10 (10 being the highest) to what extent do you think parents are responsible for prescription drug abuse?

1 2 3 4 5 6 7 8 9 10

8. Have you been personally trained to recognize drug seeking behaviors of patients?

Yes

No

9. Do you think dentists in general are adequately trained to recognize drug seeking behaviors?

Yes

No

10. Do you feel there are adequate legal outlets/resources to report drug seeking patients?

Yes

No

11. What drugs do you believe are the most sought by drug seeking patients?

Stimulants/amphetamines

Pain killers/opiates

Benzodiazepines/anti-depressants

None /other: _____

12. Do you believe there has been an increase in juvenile prescription drug abuse in the last few years?

Yes

No

13. On a scale of 1 to 10 (10 being the highest) what do you think is the impact of televised prescription drug advertisements on prescription drug abuse?

1 2 3 4 5 6 7 8 9 10

14. Do you think there should be improved protocols between pharmacists and dentists to reduce prescription drug abuse?

Yes

No

15. How frequently do you experience drug seeking patients?

Daily

Weekly

Monthly

Few times a year

16. Do you think there are enough public service announcement efforts aimed at warning juveniles about the dangers of prescription drug use?

Yes

No

17. Do you think law enforcement agencies are doing enough to prevent prescription drug abuse among juveniles?

Yes

No

Physician, Nurse, and Pharmacist Surveys

Section 1: Evaluation of the Presentation

1. Did you find the presentation a valuable learning experience?
 Yes No Somewhat Not at all
2. Did the presentation reach its stated educational objectives?
 Yes No Somewhat Not at all
3. Would you recommend this presentation to your colleagues?
 Yes No Somewhat Not at all
4. Do you believe that the information and/or skills learned in this presentation will enhance your professional effectiveness?
 Yes No Somewhat Not at all
5. Was the material presented in a manner that was objective and free from bias?
 Yes No Somewhat Not at all
6. Approximately what proportion of the material presented was either new to you or a useful review of what you had previously learned?
 Almost all
 About 75%
 About 50%
 About 25%
 Almost none
7. Did you think the speaker had the required background and credentials to properly address prescription drug abuse?
 Yes No Somewhat Not at all
8. Did you find the content of the presentation useful in terms of addressing the problem of prescription drug abuse?
 Yes No Somewhat Not at all
9. Did you find the format of the presentation useful in terms of addressing the problem of prescription drug abuse?
 Yes No Somewhat Not at all
10. Do you think the pharmacist community can benefit from such a presentation?
 Yes No Somewhat Not at all
11. After this presentation, do you feel more aware of the problems/dangers related to prescription drug abuse?
 Yes No Somewhat Not at all

12. After this presentation, will you adopt different practices to help reduce prescription drug abuse?

Yes No Somewhat Not at all

13. What do you think would be the most beneficial practice in terms of reducing prescription drug abuse?

Section 2: Evaluation of the Problem

(For this section, "prescription drug abuse" refers to individuals taking medications that were not prescribed to them or patients who misuse prescription medicines)

14. On a scale of 1 to 10 (10 being the highest) how serious do you think prescription drug abuse is among adults?

1 2 3 4 5 6 7 8 9 10

15. On a scale of 1 to 10 (10 being the highest) how serious do you think prescription drug abuse is among juveniles?

1 2 3 4 5 6 7 8 9 10

16. In the past 5 years, have you seen an increase in prescription drug seeking behaviors on the part of customers?

Yes

No

Don't Know

17. On a scale of 1 to 10 (10 being the highest) to what extent do you think the pharmacist community is responsible for prescription drug abuse?

1 2 3 4 5 6 7 8 9 10

18. On a scale of 1 to 10 (10 being the highest) to what extent do you think the physician community is responsible for prescription drug abuse?

1 2 3 4 5 6 7 8 9 10

19. On a scale of 1 to 10 (10 being the highest) to what extent do you think parents are responsible for prescription drug abuse?

1 2 3 4 5 6 7 8 9 10

20. Have you been personally trained to recognize drug seeking behaviors of customers?

Yes

No

21. Do you think pharmacists in general are adequately trained to recognize drug seeking behaviors?

Yes

No

22. Do you feel there are adequate legal outlets/resources to report drug seeking customers?

Yes

No

23. Do you think police departments should be more involved in addressing the problem of prescription drug abuse?

Yes

No

24. What drugs do you believe are the most sought by drug seeking customers?

Stimulants/amphetamines

Pain killers/opiates

Benzodiazepines/anti-depressants

Other: _____

25. Do you believe there has been an increase in juvenile prescription drug abuse in the last few years?

Yes

No

26. On a scale of 1 to 10 (10 being the highest) what do you think is the impact of televised prescription drug advertisements on prescription drug abuse?

1 2 3 4 5 6 7 8 9 10

28. Do you think there should be improved protocols between pharmacists and physicians to reduce prescription drug abuse?

Yes

No

29. Do you think prescription drug lock boxes are an effective tool to prevent prescription drug abuse?

Yes

No

30. How frequently do you experience drug seeking customers?

Daily

Weekly

Monthly

Few times a year

31. Do you think there are enough public service announcement efforts aimed at warning juveniles about the dangers of prescription drug use?

Yes

No

32. Do you think law enforcement agencies are doing enough to prevent prescription drug abuse among juveniles?

Yes

No

Student Survey (used for pre and post intervention)

School: _____

Gender: Male Female

Race: White Black Native American Hispanic Asian/Pacific Islander Other

On a scale of 1 -10 (10 being the most serious) how wrong would you say it is to take cocaine? (Please circle a number)
 1 2 3 4 5 6 7 8 9 10

On a scale of 1 -10 (10 being the most serious) how wrong would you say it is to take prescription drugs that were not prescribed to you? (Please circle a number)
 1 2 3 4 5 6 7 8 9 10

Have you tried any of the following drugs during the past 12 months? If so, check off all that apply.
 None, I have not tried any of the drugs listed below

<input type="checkbox"/> Cocaine	<input type="checkbox"/> Heroin
<input type="checkbox"/> Marijuana	<input type="checkbox"/> Hallucinogens (pcp/mushrooms, etc.)
<input type="checkbox"/> Inhalants (huffing)	<input type="checkbox"/> X or Ecstasy
<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> other

Do you know someone who has used prescription drugs (that were not prescribed to them) in the last six months?
 Yes No

Have you ever heard or seen media advertisements concerning the harms of abusing prescription drugs?
 Yes No

Have you ever, even once, used any prescription drug that was not prescribed for you?
 Yes No

Thank you, you are done with the survey now.

(If you answered yes, please complete the questions below)

When did you last use prescription drugs not prescribed to you?
 Within the last year
 Within the last six months
 Within the last week

How often do you take prescription drugs that were not prescribed to you?
 daily weekly monthly

Where do you usually get your prescription drugs?
 From home (bathroom medicine cabinet)
 From friends
 From other sources (other family members, dealers)

What types of prescription drugs do you normally take (check all that apply)?
 Painkillers (i.e. Percocet, Vicodin, Oxycontin)
 Stimulants (i.e. Ritalin, Adderall)
 Depressants (i.e. Valium, Xanax, Soma)
 Don't know

On a scale of 1 -10 (1 being very easy and 10 being very hard) how easy is it to obtain prescription drugs? (Please circle a number)
 1 2 3 4 5 6 7 8 9 10

Parent Survey

Dear Parent/Guardian,

Please take a minute to fill out this short survey on prescription drug use among juveniles. This survey is anonymous and the results will be used to help the police department improve its efforts to prevent illicit drug use among juveniles. Please do not write your name on the survey.

1. On a scale of 1-10, how serious would you rate the prescription drug abuse problem among juveniles (10 being the most serious)?

1 2 3 4 5 6 7 8 9 10

2. On a scale of 1-10, how serious would you rate the prescription drug abuse problem when compared to the abuse of illegal street drugs (10 being the most serious)?

1 2 3 4 5 6 7 8 9 10

3. Prescription drug abuse is a problem that targets mostly adults.

Strongly disagree

Disagree

Undecided

Agree

Strongly agree

4. Prescription medications are safer to abuse than other illicit substances

Strongly disagree

Disagree

Undecided

Agree

Strongly agree

5. Teens often get prescription medications from drug dealers on the street

Strongly disagree

Disagree

Undecided

Agree

Strongly agree

6. I have heard about prescription drug abuse in the news or the media in the last month

Strongly disagree

Disagree

Undecided

Agree

Strongly agree

7. Prescription pain relievers are less addictive than other illicit drugs

- Strongly disagree
- Disagree
- Undecided
- Agree
- Strongly agree

8. Public information campaigns are an effective way of fighting prescription drug abuse

- Strongly disagree
- Disagree
- Undecided
- Agree
- Strongly agree

9. Medicine cabinet “lockboxes” in the home (secured metal boxes that prevent unauthorized use of prescription medicines) are an effective tool to reduce prescription drug abuse.

- Strongly disagree
- Disagree
- Undecided
- Agree
- Strongly agree

10. Information on how to prevent prescription drug abuse is widely available to parents and guardians

- Strongly disagree
- Disagree
- Undecided
- Agree
- Strongly agree

11. Pharmacists should do more to reduce prescription drug abuse among juveniles

- Strongly disagree
- Disagree
- Undecided
- Agree
- Strongly agree

12. Prescription drug abuse should be addressed in schools.

- Strongly disagree
- Disagree
- Undecided
- Agree
- Strongly agree

13. As a parent, I feel I am aware of the potential physical and psychological harms of prescription drug abuse

- Strongly disagree
- Disagree
- Undecided
- Agree
- Strongly agree

14. Have you ever heard of “pharm parties”?

- Yes
- No

15. I think the police department should do more to address prescription drug abuse among juveniles

- Strongly disagree
- Disagree
- Undecided
- Agree
- Strongly agree

16. How often do you think about prevention measures when it comes to keeping prescription drugs from your children?

- Always
- Very Often
- Sometimes
- Rarely
- Never

17. It doesn't matter if I keep some old prescriptions around the house in case a condition comes back.

- Strongly disagree
- Disagree
- Undecided
- Agree
- Strongly agree

18. I safeguard all drugs at home, monitor quantities, and control access.

- Always
- Very Often
- Sometimes
- Rarely
- Never

19. I set clear rules for my child(ren) about all drug use, including not sharing medicine and always following the medical provider's advice and dosages

- Always
- Very Often
- Sometimes
- Rarely
- Never

20. I talk to my children about the dangers of prescription and over the counter abuse, and regularly reinforce this.

- Always
- Very Often
- Sometimes
- Rarely
- Never

21. I properly conceal and dispose of old or unused medicines in the trash

- Always
- Very Often
- Sometimes
- Rarely
- Never

22. When was the last time you talked to your child(ren) about prescription drug abuse?

- Within the last few weeks
- Last month
- More than a month ago
- Never

23a. Have you heard of community pharmaceutical take-back programs that allow the public to bring unused drugs to a central location for proper disposal?

Yes
No

23b. If yes, have you ever taken advantage of such community pharmaceutical take-back programs?

Yes
No

24. "Take back" programs are beneficial in combating juvenile prescription drug abuse?

- Strongly disagree
- Disagree
- Undecided
- Agree
- Strongly agree



Strengthening Family Program Evaluation

A multi-method and multi-informant assessment strategy is used for the process and outcome evaluation and includes three primary interview instrument batteries measuring: 1) parent, 2) child, 3) therapist/trainer report to improve outcome validity. The process evaluation includes at least two forms: the Family Attendance Form, including the attendance, participation, and homework completion for each session for each participant, and 2) a Group Leader (trainer or therapist) Session Rating for each session that documents any changes that the leaders made in the sessions, their satisfaction with the session, how well the families understood the material, and any suggestions for improvement.

Data Collection Methods

Parents and children attend a Pre-Program Enrollment and Pre-test Session, one week prior to beginning Session #1. This session begins with an introduction to the program, description of contents of program, incentives to be provided, benefits and risks of enrollment to parents and children, and Informed Consent Forms for the parents to sign. Once the consent to participate in the evaluation are completed, the parent's and children are separated and either interviewed individually or in groups by having the trainers, site coordinator, and evaluation staff read the questions while the clients confidentially mark their answers. The answers can be marked directly on the questionnaires or on optical scan answer sheets. One week after the ending of the program, the families are post-tested. The same instruments are used for the pre-test and post-test. Follow-up testing is conducted at the 6-month and 12-month booster sessions using the same questionnaires.

Parents and the group trainers complete data on only one target child (the one in the age group with the most problems), but all children complete the Children's Interview Questionnaire. The child is not told that they are the "target child" for the purposes of the evaluation. This cuts the testing burden as it could be difficult for tests to be collected from parents on all their children. If both parents or caretakers come, they can rate two children if they have two children. Most of the time, they rate the one "target child". All children in the family are allowed to take the pre-and post-tests (and older siblings) even though the data will not be used in the data analysis for children younger than 9 years of age, because the responses are generally not valid or reliable. The young children enjoy being interviewed and their answers are clinically useful to the therapist/trainers.

SFP Local Evaluation Measures

1. The standardized SFP Parent Interview Questionnaire (195-items) with client satisfaction and recommendations for SFP improvements added for the Follow-up Parent Interviews;
2. The SFP Children's Interview Questionnaire (150-items);
3. SFP Teacher/Trainer Interview Questionnaire (about 160-items), used in prior SFP studies modified by the local site evaluator recommendations and an pilot tests of the instruments.

Similar data is requested from all three informants to improve triangulation of the data. Well-known, standardized CSAP Family Core Measures and GPRA measures with high reliability, change sensitivity, and validity that match the hypothesized subject change objectives are used. To reduce testing burden, only sub-scales of selected instruments that match the hypothesized dependent variables are used in the construction of the testing batteries. Since changes are hypothesized in the child, the parents, and the family environment, all three of these areas of change are measured through the three major data sources: parent, child, and therapist/trainer.

The subscales measure the hypothesized outcomes for SFP, namely:

- Family Relationships, including family conflict, communication, cohesions, and organization
- Parenting, including parenting style, discipline, monitoring, parenting self-efficacy
- Children's social skills and resiliency, grade
- Children's aggression, depression, and conduct disorders
- Parent's depression
- Association with using or anti-social peers
- Children's and parents' tobacco, alcohol, and other drug use

The students or parents will be requested to bring their report cards to the trainers so this objective school achievement data (grades, times absent, times tardy, effort) can be recorded in the Management Information System (MIS), where the parent attendance and participation data is recorded.

SFP Research Measures

For research grants, more complex measures are used as listed below by informant and by construct. The dependent variables or latent constructs are ordered from the most proximal (parent and child alcohol and drug use) to the most distal (family and school environment) as predicted in the Social Ecology Model to be tested.

Table 1: Instruments by Informant Source by Construct **Parent Alcohol and Drug Use**

Parent 30-day Alcohol and Drug Use (GPRA) 11-items

Parent Attitude Towards Adult Drug Use (GPRA) 3-items

Parent Attitude Towards Risk (GPRA/Household Survey) 5-items

Parent Thrill Seeking (Household Survey) 4-items

Family History of AOD Problems (CSAP Core) 1-item

Child Alcohol and Drug Use

Parent Attitude Towards Child Drug Use (Arthur) 3-items

Child 30-day Drug and Alcohol Use (GPRA) 11-items

Child or Parent Depression/Self Esteem or Self Concept

Child Depression Scale (Kellam POCA) 3-items

Parent Depression: (Mod. Beck) 11-items

Peer Influence

Susceptibility to Peer Pressure

Social Support for Non-drug Use

Peer Alcohol Use (Jessor & Jessor, 1977)

Academic Competency

School Report Cards (grades)

School Bonding

BASC: Attitude toward Teachers and School

Report Cards: Attendance, Tardy

Social Skills

BASC-Parent Rating

BASC Teacher Rating Scale

BASC-Child Rating Scale

(Reynolds & Kamphaus, 1992) Leadership/Social Skills

What About You (Gresham & Elliott)

Conduct Disorders/Self Regulation

Parent Observation of Children's Activities (Kellam) TOCA

(POCA—anti-social and aggression scales 40-items)

Thrill Seeking (Household Survey)

Parenting Skills

Parent Child Affective Quality (Spoth & Redmond) 7-11 items

Family Attachment (Hawkins, CTC)

Family Management (Parenting) Scale (Arthur), 8-items

Parental Monitoring (Arthur) 3-items

Household Survey

Parent/Child Time Together, (Tolan) 4-items

Opportunities for Pro-social Involvement (Kumpfer/Arthur) 4-items

Rewards for Pro-social Involvement (Arthur) 2-items

Discipline Style (Alabama Parenting) 10-items

Family Environment

Family Conflict Scale (Hawkins, 3-items)

Family Cohesion Scale (Moos, 9-items)

Family Organization Scale (Moos, 7-items)

Family Mobility (HHS)

Total 169 Questions or Items

Most of these measures are Cross-site Family Core Measures selected by expert teams as the best measures having high reliability and change sensitivity. By selecting SAMHSA GPRA and Core Measures, we are able to compare our baseline data to other sites as well as the effectiveness of the outcomes. Scales that match were selected for comparability across source of data.

Retrospective Pre- and Post-tests with Triangulation across Parents, Youth, and Trainers.

Recently some SFP sites have been finding negative effects on sensitive questions such as drug use and severe discipline from clients who do not trust the agency staff to not report them to authorities. Hence, on the pre-test they say they are 'perfect parents' and their children are "perfect kids" with no problems. The children's group leaders do not observe the children to be "perfect" children. Then on the post-tests the parents now trust the staff more and report accurately their problems. When the data is analyzed, these people look like they have gotten worse, when, in fact, they are much better. To check for positive biases on the pre-test due to lack of trust in the confidentiality of the data (found more in disenfranchised youth and families such as poor, stigmatized, and some immigrant families), a short retrospective pre-test and post-test could also be given to the parents, child, and trainers. In this procedure, developed with school-based studies of drug-abusing adolescents by Rhodes & Jason (1988), the youth are asked about their baseline (pre-test) drug use again at the post-test. This retrospective pre-test data is then correlated with the actual pretest data to determine the amount of potential bias in the pre-test.

Data Analysis

Means, standard deviations, and change scores are calculated for each question as well and the sub-scales. Missing data is calculated using missing data multiple imputation programs. When two adults complete the parent interview items concerning the target child, inter-rater reliabilities are calculated and decisions made as to whether to average both scores or only use the mother's self-reports frequently found more valid (Fitzgerald, Zucker, Maguin, & Reider, 1994). Chronbach' s alpha reliabilities are calculated. Valid self-report data can be

problematic with children younger than 9 years of age. Scales with low reliability will not be used; hence, some of the data for the 8-9 year olds may not be used in the final data analysis. Since not all child data will be used, the parents' and therapist/trainers' reports on the children are very important data sources as are the archival school data.

Statistical significance is calculated by comparing the changes in the families participating in SFP with the comparison group, could be any existing parenting services or families who are not receiving any parenting services. If no comparison group, then just compare the pre- to the post-test paired means. Never include subjects who have dropped out in the analysis as they can bias the data. These tests calculated using standard SPSS software, first conducting analysis of variance or co-variance to determine if there are any significant interactions in the data as determined by the F-values. If there are significant F-values, then matching mean differences can be tested using t-tests, with one-tail tests for hypothesized directions of effect. The effect sizes should also then be calculated for each major scale to determine how large was the statistically significant effect.

Family Qualitative Outcome Data

While these are the best measures found by the CSAP Core Measures Expert Panel, it is not known how culturally-valid are these SAMHSA GPRA and Core Measures are for the various ethnic groups that could be participating in SFP studies. Following a strict protocol, qualitative data could be collected by the evaluation staff at baseline (pre-test and needs assessment) and post-test, as well as at the annual surveys. The transcriptions of the interviews would then be analyzed by an ethnographic software program (Nudist) looking for emerging themes in risk and protective factors and how they change after the interventions. In addition, categorically coded data could be entered into a computer from the structured and semi-structured parts of the interview protocol. The client participants and stakeholders in the Project Advisory Committee could structure the interview questions. Some ethnic clients relate better to being asked to tell their story about their changes than to rate on a five point scale their improvements.

Staffing the Evaluation

The SFP evaluation is generally staffed by an evaluator, generally from a local university. They can be found by calling departments of psychology, social work, sociology, nursing, and public health or health education. Generally, you are looking for someone, a professor or graduate student, who will analyze the data collected in exchange for having the data to publish. Dr. Kumpfer's office at the University of Utah is also willing to conduct the data analyses and e-mail the results. The data is generally collected by the group leaders and site coordinator who collect the data at the SFP sessions. It is best for them to collect the data because the families get to know and trust them. If more than \$5,000 is available for evaluation, then you may be able to get a local evaluator to have evaluation assistants come to collect the data.

Evaluation Design

The Strengthening Families Program has been evaluated in as many as 15 different research studies by independent evaluators. The original NIDA study (1983 to 1987) involved a true pre-test, post-test, and follow-up experimental design with random assignment of families to one of four experimental groups: 1) parent training only, 2) parent training plus children's skills training, 3) the total three component SFP program including the family relational skills component, or to 4) no treatment that included drug treatment as usual with no parent or child training. Because of the positive results, SFP was then replicated and evaluated on five CSAP High Risk Youth Program grants with diverse ethnic groups by independent evaluators using quasi-experimental, pre-, post- and 6-, 12-, 18-, and 24-month follow-up statistical control group designs comparing drug-abusing families with non-drug abusing families. SFP has also been evaluated on a CSAP Predictor Variable grant in two rural Utah school districts employing a true experimental pre-, post-, 12 and 24 month follow-up design which randomly assigned elementary schools to either: 1) the full SFP, 2) a child-only school-based program--I Can Problem Solve (ICPS), 3) a combination of SFP with ICPS, or 4) no new family intervention services. SFP was found highly effective in decreasing anti-social behaviors, conduct disorder, and aggression with Effect Sizes (ES) ranging from .85 to 1.11 range depending on outcomes measured. Currently, the preliminary two year results of a NIDA effectiveness research study with 195 African-American and White WDC families randomly assigned to parent training only, children's skills training only, the full SFP, or minimal contact control suggest very positive results in reducing children's behavior problems (e.g., aggression and conduct disorders) and, improving children's social skills.

Who Can Benefit?

The original Strengthening Families Program was developed to improve behavioral problems in 6 to 11 year old children of alcohol or drug abusers. It has been culturally adapted and tested with urban and rural families with elementary school-aged children. SFP has proven successful with high-risk children whose parents are not drug or alcohol abusers and with families of diverse backgrounds. Separate training manuals have been developed for African American families, which contain the same basic content as the original SFP but have culturally appropriate pictures and language with some specific information regarding African American families and communities. SFP has also been modified for Asian/Pacific Islanders in Utah and Hawaii, rural families, early teens in the Midwest, and Hispanic families. Currently it is also being offered to court-ordered parents, homeless families, and parents with children in protective services.

How the Program Works

Implementing the Strengthening Families Program involves the following activities:

- Hiring and training at least four effective group leaders, two to run the children's groups and two for the parent's groups, and a program or site coordinator.
- Recruiting families by stressing improvements in family relationships, parenting skills, and youth's behaviors and grades.
- Using creative recruitment and retention strategies matched to the needs of participating families, such as special incentives, family meals, transportation, and

- child care.
- Implementing the full Strengthening Families Program once per week for 14 weeks or in alternative formats, such as twice per week or at retreat weekends.
 - Eating meals together as a family, attending separate parent training classes and children's skills training classes and then in the second hour participating in structured family activities including practice sessions in therapeutic child-play, family meetings, communication skills, effective discipline, reinforcing positive behavior and planning fun family activities together.
 - Conducting a needs assessment and evaluating the program using standardized family, parent, and child outcome measures and using the outcome and process measures for continuous quality improvement.

Grant Writing and Program Evaluation

The Strengthening Families Program staff also offer grant writing and program evaluation consultation services including: proposal and grant writing, community and family needs assessments surveys and focus groups to determine needs. Process evaluation materials and data analysis are available with optional site visits, fidelity checklists, or reviews of session video tapes to critique fidelity and implementation quality. Outcome evaluation testing batteries can be custom tailored to the needs of the agency and include a pre-test, post-test, and booster session follow-up test. Outcome data analysis with written reports is also available.



Sample page of syntax program

IF index(NARRATIVE,'dderall')<>0 NEWCAT=90715.
 IF index(NARRATIVE,'derol')<>0 NEWCAT=90009.
 IF index(NARRATIVE,'droyd')<>0 NEWCAT=89318.
 IF index(NARRATIVE,'lbego')<>0 NEWCAT=89234.
 IF index(NARRATIVE,'lfentani')<>0 NEWCAT=90205.
 IF index(NARRATIVE,'lphaprodine')<>0 NEWCAT=90206.
 IF index(NARRATIVE,'lprazolam')<>0 NEWCAT=89074.
 IF index(NARRATIVE,'ambien')<>0 NEWCAT=89289.
 IF index(NARRATIVE,'mexate')<>0 NEWCAT=89345.
 IF index(NARRATIVE,'midone')<>0 NEWCAT=89156.
 IF index(NARRATIVE,'minorex')<>0 NEWCAT=90438.
 IF index(NARRATIVE,'mobarbital')<>0 NEWCAT=89182.
 IF index(NARRATIVE,'amytal')<>0 NEWCAT=90698.
 IF index(NARRATIVE,'namidol')<>0 NEWCAT=89216.
 IF index(narrative,'apolon')<>0 newcat=89920.
 IF index(narrative,'nasteron')<>0 newcat=89946.
 IF index(NARRATIVE,'anavar')<>0 NEWCAT=89215.
 IF index(NARRATIVE,'ndractim')<>0 NEWCAT=89320.
 IF index(NARRATIVE,'ndrolan')<>0 NEWCAT=89322.
 IF index(NARRATIVE,'nileridine')<>0 NEWCAT=90208.
 IF index(NARRATIVE,'axon')<>0 NEWCAT=89258.
 IF index(NARRATIVE,'probarbital')<>0 NEWCAT=89016.
 IF index(NARRATIVE,'psedon')<>0 NEWCAT=89362.
 IF index(NARRATIVE,'ativan')<>0 NEWCAT=89259.
 IF index(NARRATIVE,'alnimax')<>0 NEWCAT=89317.
 IF index(NARRATIVE,'arbital')<>0 NEWCAT=89075.
 IF index(NARRATIVE,'arbitone')<>0 NEWCAT=89382.
 IF index(NARRATIVE,'enzaprine')<>0 NEWCAT=89986.
 IF index(NARRATIVE,'enzethidine')<>0 NEWCAT=90439.
 IF index(NARRATIVE,'enzoylecgonine')<>0 NEWCAT=90209.
 IF index(NARRATIVE,'enzphetamine')<>0 NEWCAT=89018.
 IF index(NARRATIVE,'enzylmethylketone')<>0 NEWCAT=89359.
 IF index(NARRATIVE,'enzylmorphine')<>0 NEWCAT=90440.
 IF index(NARRATIVE,'etamethadol')<>0 NEWCAT=90445.
 IF index(NARRATIVE,'etaprodine')<>0 NEWCAT=90446.
 IF index(NARRATIVE,'ezetramide')<>0 NEWCAT=90210.
 IF index(NARRATIVE,'iphetamine')<>0 NEWCAT=90713.
 IF index(NARRATIVE,'olasterone')<>0 NEWCAT=90271.
 IF index(NARRATIVE,'oldenone')<>0 NEWCAT=90272.
 IF index(NARRATIVE,'oldione')<>0 NEWCAT=90273.
 IF index(narrative,'bontril')<>0 newcat=89921.
 IF index(NARRATIVE,'romazepam')<>0 NEWCAT=89076.
 IF index(NARRATIVE,'ufotenine')<>0 NEWCAT=90447.
 Etc...

Reno, Nevada
Smart Policing Initiative
Reducing Prescription Drug Abuse

Smart Policing Initiative: Program Profile

November 2012

The Reno, Nevada *Smart Policing Initiative*:

Reducing Prescription Drug Abuse

Program Overview

Research indicates that prescription drugs are among the fastest growing drugs of abuse in the United States, especially among youth. The Reno Police Department and its research partner at the University of Nevada, Reno sought to reduce prescription drug abuse throughout the Reno community by achieving three goals: increase knowledge about the problem (Education); reduce the number of prescription pills available for illicit use (Supply Reduction); and aggressively investigate and prosecute offenders (Law Enforcement Suppression). The foundation of the Reno SPI involves a collaborative partnership between the Reno Police Department, its research partner and key stakeholders including non-profit coalitions, pharmacies, physicians, other healthcare professionals, school district personnel, parents and their children. From the beginning, the goal of the Reno Police Department was to address the issue of the prescription drug abuse in a new way, rather than trying to solve the problem through traditional enforcement methods. The most fundamental of these community partnerships is with a local non-profit substance abuse coalition, Join Together Northern Nevada. The Reno Police Department and JTNN have a long history of great collaboration, and many of the accomplishments of this current project can be attributed largely to this partnership. The importance of the cooperation with JTNN and other community in our success thus far cannot be overstated.

The *Education* component of the Reno SPI included a school-based survey that captured prescription drug use patterns among students. Survey results helped to guide the development of an informational video that was shown to more than 1,100 students across six regional schools. The Reno SPI also included specialized training for police regarding the nature of prescription drug abuse, relevant criminal statutes and charging methods, and pill confiscation and identification. The Reno SPI team also developed individualized training for medical professionals including physicians and nurses, pharmacists, and dentists. More than 530 medical professionals in the Reno area received the training.

The centerpiece of the *Supply Reduction* component involved a series of prescription drug round-ups, in which more than 750,000 pills were collected and destroyed. The Reno SPI team also handed out 800 “MedSafe” locking medicine cabinets, and distributed more than 100,000 educational stickers to pharmacies to place on prescription bags being picked up by customers. The *Law Enforcement Suppression* component involved the assignment of a dedicated detective to handle all prescription drug abuse and fraud cases. The Reno SPI team also opened a direct phone line for the medical community to report suspicious and fraudulent behavior.

Early results from the program evaluation suggest that progress has been made toward reducing the availability of prescription drugs in the Reno area. The Reno SPI highlights the importance of collaboration between law enforcement and other stakeholders to address this complex problem, most notably parents and their children, medical

professionals, and the prosecutor's office. The Reno SPI has been highlighted by the Center for Problem –Oriented Policing, and by the White House Office of National Drug Control Policy (<http://www.whitehouse.gov/blog/2011/10/25/smart-policing-reno-nevada>).

The Reno, Nevada *Smart Policing Initiative*:

Reducing Prescription Drug Abuse

Emmanuel Barthe, Mac Venzon, Stacy Ward, and Michael D. White

I. THE PROBLEM

The nonmedical use of prescription drugs has become a widespread problem throughout the United States, especially among young people. Results from the National Survey of Drug Use and Health (NSDUH) indicate that, in 2008, more than 6.2 million persons age 12 or older indicated that they had used nonmedical prescription drugs in the past 30 days.³ Moreover, the National Center on Addiction and Substance Abuse (2005) reported that, from 1992-2003, nonmedical prescription drug use increased by 212% among teenagers. The consequences of prescription drug abuse are no less serious than those tied to illicit substances. The Centers for Disease Control recently reported that one person dies from prescription drug abuse every 19 minutes in the United States.⁴ Prescription drug abuse is especially prevalent in Nevada. According to the National Survey on Drug Use and Health (2009), Nevada ranks first in the nation for prevalence rates of nonmedical prescription drug use (age 26 or older).⁵

The Challenges of Prescription Drug Abuse for Law Enforcement

Methods of obtaining prescription drugs are varied and present numerous challenges for law enforcement. For example, one of the most common acquisition methods involves

³ Substance Abuse and Mental Health Services Administration. (2009). *Results from the 2008 National Survey on Drug Use and Health: National Findings*. (Office of Applied Studies, NSDUH Series H-36, HHS Publication No. SMA 09-4434). Rockville, MD: Office of Applied Studies.

⁴ CDC Morbidity and Mortality Weekly Report, January 2012.

⁵ Substance Abuse and Mental Health Services Administration, Office of Applied Studies (2009). *Trends in Nonmedical Use of Prescription Pain Relievers: 2002 to 2007*. The NSDUH Report. Washington, D.C.: SAMHSA.

“doctor shopping,” whereby a person will visit several doctors in the hopes of obtaining multiple prescriptions. Other common methods include claiming to be out of town and forgetting prescription drugs, or losing drugs from a legitimate prescription. With multiple prescriptions in hand, the abuser then visits several pharmacies to reduce risk of detection. Given that pharmacists traditionally do not monitor the frequency of prescription requests among their customers (especially across different pharmacies), individuals often have little trouble obtaining significant supplies of their drugs of choice in a short period of time. More motivated offenders may engage in counterfeiting schemes whereby they either steal or reproduce a medical professional’s prescription pad and obtain prescription drugs using the fraudulent instrument. Abusers may also commit burglaries and robberies at pharmacies and doctor’s offices to obtain drugs. With perhaps the exception of the “smash and grab” offenders, there is very little that law enforcement, by themselves, can do to reduce prescription drug abuse.

II. THE RENO, NEVADA SMART POLICING INITIATIVE

In response to growing recognition of the prescription drug problem in northern Nevada,⁶ in 2009 the Reno Police Department applied for and received funding from the Bureau of Justice Assistance’s *Smart Policing Initiative* (SPI). The Reno Police Department and its research partner at the University of Nevada, Reno sought to reduce prescription drug abuse throughout the Reno community. The Reno SPI team sought to achieve three goals:

I. Increase knowledge about the problem (Education);

⁶ The concerns over prescription drug abuse in Reno, Nevada reached a tipping point in spring 2009, when a local 15 year old boy died from an overdose of prescription pain medication.

- II. Reduce the number of prescription pills available for illicit use (Supply Reduction);
- III. Aggressively investigate and prosecute offenders (Law Enforcement Suppression).

The foundation of the Reno SPI involves a collaborative partnership between the Reno Police Department, their research partner and key stakeholders including non-profit coalitions, pharmacies, physicians, other healthcare professionals, school district personnel, parents and their children.

Goal I: Education

The Reno SPI team sought to improve knowledge and awareness of the dangers surrounding prescription drug abuse. Educational efforts were targeted at students and their parents; the police; and medical professionals (pharmacists, physicians, nurses and dentists).

Students and Parents: In order to gain an understanding of the nature and scope of the prescription drug abuse problem, the Reno SPI team conducted a school-based survey of more than 1,100 students across six different middle and high schools in the area. The survey sought to capture students' self reported drug use generally, as well as their perceptions and use of prescription drugs. The results of the survey helped to inform the Reno SPI's educational strategies. Key findings from the survey include the following:

- 22 percent of students reported illegal drug use in the past year (most commonly marijuana). Fifteen percent of students reported recreational use of prescription drugs in the past year.
- 50 percent of students reported that they know someone who has taken prescription drugs recreationally in the last six months.

- Among students admitting prescription drug use, 33 percent obtained the drugs from home; and 27 percent obtained the drug from friends.
- When asked about the level of difficulty in obtaining the prescription drugs, more than half (53 percent) said it was easy.
- More than half (of those reporting use) said they took prescription drugs monthly; 14 percent reported weekly use.
- The most commonly abused prescription drugs were painkillers (56 percent), followed by stimulants (14 percent) and depressants (15 percent). Notably, 16 percent did not know what they had taken.

Shortly before this survey was administered, the Reno SPI team partnered with a local anti-drug awareness agency, called *Join Together Northern Nevada*, to develop an informational video on the dangers and consequences of prescription drug abuse. The video features interviews with an emergency room physician, a juvenile court judge, and a local parent dealing with prescription drug abuse. Students at the six different middle and high schools were shown the instructional video.⁷ The team also created a parent version of the video that was distributed to families throughout the community. The results of the teen survey validated many of the hypotheses that the team had about teen abuse of prescription drugs – the reasons for it, commonly abused types of drugs, and common misconceptions among teens.

Police: While most police officers are trained to recognize illicit street drugs (marijuana, cocaine, heroin, etc.), very few are skilled in prescription drug identification. In order to effectively enforce laws regarding illegal possession and distribution of prescription drugs, officers need specialized training. The Reno SPI team worked with a detective

⁷ The schools were divided up into “treatment” and “control” schools. Students in four of the schools were surveyed before and after watching the informational video. Students in control schools were surveyed twice (pre-post) before watching the video.

assigned to the Street Enforcement Team to develop an in-service training that provided guidance on prescription drug abuse, the relevant criminal statutes and charging procedures, pill confiscation, and pill identification. All patrol officers in the department attended the training. Moreover, all patrol vehicles were equipped with a specialized database that allows officers to query and identify specific pills. Last, the Reno SPI team also arranged for a separate, specialized training on prescription drug abuse, led by Purdue Pharma's Law Enforcement Liaison/Education Division.⁸ Approximately 50 officers attended this training session.

Pharmacies, Physicians, Nurses and Dentists: The Reno SPI team developed a specialized training curriculum for the medical community, including physicians, nurses, dentists and pharmacists. The goal of the training was to raise awareness regarding the prevalence and dangers of prescription drug abuse, and to highlight practices the medical profession could adopt to reduce the prevalence of the problem. Two of these training events were led by a physician who is a regular instructor for the California Department of Justice and the California Narcotics Officers' Association. The curriculum focused on the nature of addiction, the addictive properties of commonly prescribed medications, and the techniques often employed by individuals to illegally obtain prescription drugs. Different versions of the training were developed for the various medical professionals, most of which were taught by RPD personnel. Physicians and nurses were offered continuing education credits for the session,⁹ as were pharmacists through an agreement between the SPI team and the Nevada Board of Pharmacy. In 2010-2011, the SPI team organized nine different training sessions: two sessions for physicians and nurses (90 attendees); one session for nursing and pharmacy

⁸ Purdue Pharma is the manufacturer of Oxycontin.

⁹ Physicians and nurses are required to obtain continuing education credits to maintain their licenses.

students (25 attendees); and four sessions for pharmacists, dentists and technicians (415 attendees).¹⁰

Goal II: Supply Reduction

Prescription Drug Round-Ups: A central feature of the Reno SPI team's supply reduction strategy involved prescription drug round-ups in conjunction with the Drug Enforcement Agency's *National Prescription Drug Take Back Day*.¹¹ From 2009-2012, the Reno SPI team organized seven different round-ups, in which more than 750,000 pills were collected and destroyed (see Table 1). Approximately 15 percent of the pills were classified as opiates (nearly 53,000 pills), and about 6 percent were either depressants or stimulants (39,365 and 8,424 pills, respectively). The largest category of pills were classified as "other," indicating that citizens took this opportunity to turn in all sorts of medications, from heart and diabetes medicine to diet and birth control pills and veterinary medication. The SPI team also handed out more than 800 "MedSafe" locking medicine cabinets at the prescription drug round-ups. The Reno SPI's supply reduction efforts received considerable media attention, and led to special recognition from the White House Office of National Drug Control Policy. The Reno SPI team was also invited to present at the 2011 Center for Problem-Oriented Policing conference. Notably, in February 2012, the Reno SPI team placed permanent prescription drug drop boxes in police stations throughout the region; thereby offering a new, convenient way for citizens to drop off their unwanted and unused medications.

¹⁰ The SPI team also organized a session for students at the University of Nevada, Reno (50 attendees) and students at Reno High School (100 attendees).

¹¹ The DEA has strict protocols in place governing the collection, handling, storage and disposal of prescription received during round-ups. For more information see Barthe, E., Venzon, M., and Shamblin, S. (2012). *Final report on the Reno Police Department's Smart Policing Initiative to reduce prescription drug abuse*. Reno: University of Nevada Reno.

Table 1: Round-ups and # of pills collected

	<u>Opiates</u>	<u>Depressants</u>	<u>Stimulants</u>	<u>Other</u>	<u>Total</u>
10/17/2009	4,554	6,635	50	28,233	39,471
4/24/2010	7,474	3,401	545	82,071	93,490
9/25/2010	9,041	4,248	743	54,792	68,824
4/30/2011	8,454	4,289	475	71,968	85,186
10/1/2011	7,242	2,515	1,457	95,267	268,181
10/29/2011	4,606	2,214	247	46,646	53,714
4/28/2012	11,504	16,064	4,907	111,388	144,863
TOTAL:	52,874	39,365	8,424	490,364	753,728

Pharmacy Stickers: The Reno SPI team also developed a sticker to be placed on pharmacy bags when customers pick up their prescriptions. The stickers, printed on adhesive rolls, were distributed to pharmacies throughout the region. The sticker provides information regarding: proper disposal of old/unused medications; facts related to prescription drug abuse; and highlights the importance of both secure storage of prescription medications, and the importance of talking to youth about the dangers of prescription drug abuse. Since 2009, more than 100,000 stickers have been produced and distributed to pharmacies in the Reno area.

Goal III: Law Enforcement Suppression

The Street Enforcement Team (SET), a specialized narcotics team composed of 10 detectives and two supervisors, were core members of the SPI team.¹² The SET team set up a dedicated, direct phone line for the medical community to report concerns about suspicious or fraudulent behavior. For example, if a pharmacist had suspicions about a particular prescription or customer, they could call this number and speak directly to one of the detectives in SET. Moreover, one of the SET detectives was assigned to take the lead on all prescription drug abuse and fraud cases. This detective became a specialist on prescription drug fraud. He became well-versed in the relevant state and federal laws, and personally oversaw the arrest and prosecution of numerous offenders. The detective also took a lead role in the educational strategies described earlier. Importantly, as the assigned detective acquired new knowledge and expertise regarding prescription drug abuse and fraud, he educated the rest of the narcotics unit, and as a result, the police department as a whole became better equipped to handle these difficult, complex cases.

Progress to Date

Collaborative interventions such as the Reno SPI are often difficult to assess in terms of impact. The primary reason for this is the preventative nature of the program. The foundational goal of this project has always been to reduce the prevalence of prescription drug abuse in the community. As such, the program's initiatives were implemented community-wide so as to achieve the greatest positive effect, rather than within a strict experimental design with a control group that receives no intervention (which poses ethical problems). In addition, because the goal is to prevent the abuse from ever occurring, it proves extremely difficult to track and measure an event that did not happen. Nonetheless, research findings thus far are promising. Though results are preliminary and additional research would

¹² SET includes officers from nearby police departments (Sparks and University of Nevada, Reno).

boost confidence, they suggest progress. For example, the school-based survey provided critical information regarding perceptions and use of prescription drugs, which has been very useful to the SPI team in the development of subsequent program objectives and methods. Moreover, the SPI team provided training to more than 500 medical professionals in the Reno area, and surveys of attendees indicate that those trainings provided valuable information on the scope and nature of the problem.¹³ The drug round-ups have resulted in the collection and destruction of more than 750,000 pills – in addition to the distribution of 800 locking medicine cabinets. And more than 100,000 stickers have been distributed to pharmacies, conveying critical information on the dangers of prescription drug abuse. Perhaps as an indicator of the success of these educational and enforcement efforts, arrests for prescription-related offenses increased notably during the first two years of the SPI grant period (78 in 2009 and 92 in 2010; up from just 40 in 2008), before dropping in 2011 (73).

III. CHALLENGES TO REDUCING PRESCRIPTION DRUG ABUSE

The experiences in Reno highlight a number of difficult challenges that law enforcement agencies must overcome if they are to be successful in their efforts to combat prescription drug abuse.

Engaging Children, Teenagers and their Parents

Research indicates that non-medical prescription drug use is among the fastest growing drugs of choice for children and teenagers. The growth in prescription drug abuse, especially among children, is tied directly to easy access (e.g., found in their parents' medicine cabinet), misunderstanding of the dangers associated with their use, and the potent

¹³ For more information see Barthe, E., Venzon, M., and Shamblin, S. (2012). *Final report on the Reno Police Department's Smart Policing Initiative to reduce prescription drug abuse*. Reno: University of Nevada, Reno.

effects of the drugs. When abused, the effects of prescription drug abuse can be just as devastating as other illicit drugs. For example, national data from the Drug Abuse Warning Network (DAWN) estimate that emergency room visits for prescription drug abuse, both alone and in combination with other drugs, have increased by more than 60% in the past few years.¹⁴ The key to successfully reducing prescription drug use among youth is a combination of education, prevention, and reduced access. The Reno SPI team employed all of these strategies, including mass viewings of an informational video, public service campaigns (media coverage and pharmacy stickers), distribution of locking medicine cabinets, and drug round-ups that removed three-quarters of a million pills from the Reno community.

The benefits of the drug round-ups, in particular, go far beyond reduced access through pill collection. The drug round-ups offer a chance for law enforcement and the community to get together in a forum where a candid, informative dialogue about the problem can occur. The drug round-ups also provide an ideal setting for publicizing the police department and the community's dedication to reducing this problem. In short, the combined strategies of increasing awareness among parents and their children, along with limiting access through "target hardening" and reduced supply can serve as a powerful tool to reduce recreational prescription drug abuse among youth.

Engaging the Medical Community

While working with parents and their children can cut off one access point for non-medical use of prescription drugs, it is also critical to engage the medical community, including physicians, nurses, pharmacists and dentists. It is a simple fact that some medical professionals over-prescribe medications, many times with good intentions but a lack of

¹⁴ Substance Abuse and Mental Health Services Administration, Office of Applied Studies (2010). *Drug-Related Emergency Department Visits Involving Pharmaceutical Misuse and Abuse by Older Adults*. The DAWN Report. Washington, D.C.: SAMSHA.

awareness of the consequences. It is also a fact that many medical professionals are unaware of the prevalence of prescription drug abuse, as well as the strategies employed by abusers to obtain their pills. Physicians, nurses, pharmacists and dentists are in a unique position to directly manage the dosage (e.g., number of pills) of their prescriptions, and as a result, to control the number of prescription pills available for abuse in the community.

The experience in Reno demonstrates that medical professionals vary in their willingness to partner with law enforcement on this problem. For example, the pharmacy board, and the pharmacist community in general, were very receptive to the training. Surveys of pharmacists after the trainings consistently indicated that they found the training informative, that it would enhance their “professional effectiveness,” that it increased their awareness of the problem, and that they would adopt different practices to help reduce prescription drug abuse.

Physicians were much more ambivalent about the training. Many attended the training out of some external obligation (e.g., continuing education credits), and in general, physicians appeared to question this attention on their practices. Moreover, there was a general sentiment among physicians that the Reno Police Department was “lecturing” them on how to do their jobs; and that this initiative represented a precursor to government interference with how they run their practice and care for their patients. Some physicians have indicated that they feel torn between national mandates that they treat pain when patients claim to experience it (and they cannot easily disprove that a patient is in pain), and their duty to exercise discernment in treating pain patients. Often times this leads to an apprehensive attitude when an external agency or organization attempts to change their long-held prescribing practices. As a result, law enforcement efforts to engage the medical community

may require a fluid approach that employs different strategies (and messages), depending on the profession being targeted. In addition, partnering with leaders in the medical community so that these messages can be delivered physician-to-physician, rather than cop-to-physician, may go a long way in easing the apprehension and helping the medical community to feel more receptive to implementing stricter prescribing policies.

Engaging the Prosecutor

The experience in Reno also highlights the importance of engaging the Prosecutor's Office in the collaborative effort to reduce prescription drug abuse. For example, there were several cases where detectives made prescription fraud arrests after lengthy investigations, but the Prosecutor's Office simply did not pursue these cases as aggressively as it could have. There was a clear disconnect between the energies and efforts put in by the detectives assigned to these cases, and the response from the Prosecutor's Office. A lack of support from the Prosecutor can have a chilling effect on detectives' handling of these cases. Quite simply, officers will not actively pursue prescription drug abuse cases if they believe that the prosecuting attorney is not on board and will allow the case to be pleaded down to a minor charge. As a result, it is important to bring in representatives from the Prosecutor's Office at the early stages of the initiative. Law enforcement can explain their goals and objectives, as well as their planned strategies for targeting the problem. Prosecutors can offer their insights on the problem, highlight challenges for prosecution, and offer guidance on the investigations that will optimize the likelihood of conviction.

Final Thoughts

The Reno, Nevada SPI reflected the spirit of several core *Smart Policing* principles, most notably collaboration, problem-solving, and community engagement. Quite simply,

prescription drug abuse is a problem that will not be solved by traditional enforcement alone. Other stakeholders including parents, schools, medical professionals and prosecutors must be brought to the table in a collaborative effort. The Reno SPI experience demonstrates that, when law enforcement successfully engages these collective groups, and develops an overall response that includes education, supply reduction and suppression, significant progress can be made toward reducing prescription drug abuse.

For more information on the Reno, Nevada Smart Policing Initiative, see:

<http://www.smartpolicinginitiative.com/SPIsites/reno-nevada>

ABOUT THE AUTHORS

Emmanuel P. Barthe is an Associate Professor in the Criminal Justice Department. His research interests lie in the arena of policing, situational crime prevention, and spatial analysis. He works closely with local law enforcement agencies and has served as an external evaluator for several projects, including a methamphetamine interdiction effort, a campaign to reduce commercial traffic accidents, and this BJA funded Smart Policing grant on prescription drug abuse. He has a doctorate and a master's in criminal justice from the School of Criminal Justice at Rutgers, The State University of New Jersey.

Michael D. White is an Associate Professor in the School of Criminology and Criminal Justice at Arizona State University, and is Associate Director of ASU's Center for Violence Prevention and Community Safety. He is also a Subject Matter Expert for BJA's *Smart Policing Initiative*. He received his Ph.D. in Criminal Justice from Temple University in 1999. Prior to entering academia, Dr. White worked as a deputy sheriff in Pennsylvania. Dr. White's primary research interests involve the police, including use of force, training, and misconduct. His recent work has been published in *Justice Quarterly*, *Criminology and Public Policy*, *Crime and Delinquency*, and *Criminal Justice and Behavior*.

Commander Mac Venzon is a 16 year veteran with the Reno Police Department with command duties that include the investigations and administrative divisions. Commander Venzon received a Bachelor's degree from the University of Nevada in 2001. He has spent the majority of his law enforcement career in the areas of narcotics enforcement and training. Prior to promotion Commander Venzon oversaw the implementation of the Smart Policing Initiative project targeting prescription drug abuse.

Stacy Shamblin-Ward is the Drug Abuse Prevention Coordinator for the Reno Police Department. She received her Bachelor's Degree in Criminal Justice from the University of Nevada Reno in 2007. She previously served as the prevention/education coordinator for the Reno Police Department's COPS Methamphetamine Initiative, and she currently runs the day-to-day implementation of the Smart Policing Initiative project targeting prescription drug abuse.



Sgt. Leyva
Reno Police Department
Regional Street Enforcement Team
455 E 2nd St, Reno, NV 89501

April 24, 2013

Dear Sgt. Leyva,

As we enter the third year of our Smart Policing Initiative (SPI) relationship to address prescription drug abuse in Washoe County, I think it is important that we focus on a crucial component of this project. Over the last few years, the police department has made great progress toward understanding the nature of the problem, educating members of the community, and forging partnerships that will hopefully last well beyond the funding period.

One of the challenges of studying prescription drug abuse is being able to obtain the appropriate data from law enforcement agencies. During our work on this grant, all parties involved agreed that incidents involving prescription drugs were not properly captured by the existing management information system. This is primarily due to the conventional law enforcement wisdom that drug intervention efforts should be directed at traditional drug types such as marijuana, cocaine, heroin, etc. While it is true that these drugs merit police attention, I think you will agree that the prescription drug abuse grant has shown that prescription drugs are a significant social problem that continues to increase in frequency and severity. It is also obvious that this problem is receiving national attention and that multiple jurisdictions are now agreeing that prescription drug abuse is becoming their number one drug concern.

With this brief introduction, allow me to state the reason for this letter. As the designated research partner on this important grant, I believe that it is imperative for the Reno Police Department to be able to properly measure, quantify, and evaluate their prescription drug problem by being able to identify prescription drug related cases. As it stands, the current

Tiburon system does not allow officers to select “prescription drugs” as an option in their “drug type” drop-down menus. The consequence of not having “prescription drugs” as an option is that all prescription drug related incidents are catalogued as “other drug” or some other obscure category which inevitably leads to that particular incident being lost in the vast sea of police data. In short, prescription drug related events are not being coded or identified as such.

I truly believe that if the officers had the option to select “prescription drugs” when filling out their reports, the police department (patrol officers and commanders alike) would be in a much better position to analyze and gauge the extent of this problem in their jurisdiction. As it stands, there is no simple way to get an aggregate picture of the incidents involving prescription drugs, and given the national scope of this problem, I believe this problem should be remedied.

Fortunately, the problem has an easy fix. All that would be required is an edit to the Tiburon software, whereby an additional value would be added to the drop-down menu to include the words “prescription drugs”. I understand these changes cannot be made overnight, but I strongly urge that this important addition to Tiburon be considered next time changes or upgrades are made.

Emmanuel P. Barthe, Ph.D.
Associate Professor
Criminal Justice Department M/S 214
University of Nevada, Reno
Reno, NV 89557



Department of Criminal Justice

December 11th, 2013

Dear Deputy Chief Venzon,

My name is Emmanuel Barthe and I am an Associate Professor in the criminal justice department at the University of Nevada, Reno. Since my areas of expertise are primarily policing, crime-prevention, and program evaluation, I have worked very closely with the Reno Police Department on numerous projects covering a variety of topics. One of these relationships has been with the Street Enforcement Team (SET), a unit that deals primarily with vice crimes, notably prostitution and narcotics related activities. While a big component of the SET unit's work has to do with investigating and enforcing local drug activities, the Reno Police Department's progressive approach to the drug problem has included a strong prevention focus, one based on education, social programs, and networking with local agencies that deal with the problem of drug addiction and prevention. Many police departments have not adopted this proactive view, but I am proud to say that the men and women of the Reno Police Department see a benefit in addressing the crime and drug nexus from a collaborative effort with the community.

A key member in this effort has been a diligent worker (and a former student of mine at UNR, might I add) named Stacy Ward. Stacy was hired more than five years ago through a grant, and her tenure at the Police Department has been continuously grant funded. During her tenure, Stacy has spearheaded anti-drug campaigns, educational programs, has forged countless fruitful relationships with local and state agencies, and is currently in charge of the nationally recognized Smart Policing initiative to reduce prescription drug abuse in Washoe County. Through her position, Stacy applies for grants (state and federal), monitors them, oversees their implementation, and has become an integral part of the Reno Police Department effort to address the problem of drugs in our jurisdiction. Of course, the Reno Police Department still employs traditional law enforcement tactics to deal with some drug issues, but through Stacy's efforts, the men and women of the SET unit have also adopted an alternative view when it comes to drugs, one based heavily on education and preventive techniques. I think we can all agree that any police effort that deals with the scourge of drug addiction needs to invest in these two prongs: enforcement and education.

It appears that Stacy's position with the Police Department will come to an end by early summer 2014 due to her current grant expiring, and without this funding, all of her responsibilities will cease to be carried out. (Stacy has already stated that she has considered moving on after this

grant, but she remains a strong supporter of maintaining the position. Either way, she wants to be very involved in selecting/training her potential replacement).

At the present time, it appears that the Police Department is considering not renewing this crucial position. There have been past discussions of creating a permanent position that would continue Stacy's important work, allowing the Reno Police Department to stay at the forefront of innovative drug prevention practices. Unfortunately, it seems these discussions have not progressed and time is passing fast. As a tenured professor at UNR, I can attest to the value of all of the grants and programs that have been implemented because of this position, and I think it is very important to continue this kind of work in our community.

The reason for this letter is to ask you to consider conserving this position within the police department. Ideally, this position should be fully funded through the police department's budget as the benefits the Police Department and the community will reap will far outweigh the small expenditure that this position would require.

I have collected some letters from some of the people and agencies Stacy has forged relationships with to show how valuable and productive her efforts have been during her tenure with the police department. Hopefully, our collective voices will lead to a decision that is sure to benefit this community's effort to reduce the drug problem for years to come.

Please feel free to contact me if you have any questions. My direct number is (775) 784 6334. My email is epbarthe@unr.edu

Sincerely Yours,

Emmanuel Barthe, Ph.D.
Associate Professor
Criminal Justice Department M/S 214
University of Nevada
Reno, NV 89557



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

September 18, 2013

Emmanuel P. Barthe, Ph.D.
Associate Professor
Criminal Justice Department M/S 214
University of Nevada, Reno
Reno, Nevada 89557

Dear Dr. Barthe,

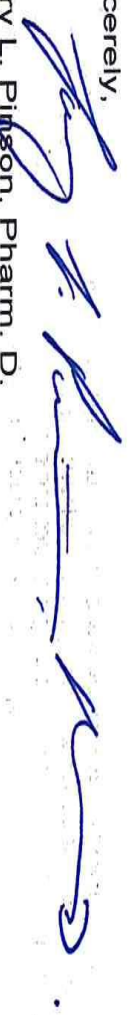
It has come to my attention that one of your former students, Stacy Ward, who is currently staffed at the Reno Police Department under a grant as part of the Street Enforcement Team (SET), is in jeopardy of losing her position by early summer 2014, due to the grant expiring. I, and my staff at the Nevada State Board of Pharmacy, find this alarming given the truly magnificent work that Stacy has done over the past five years. As you are well aware, prescription drug abuse in Nevada, as well as our entire country, is out of control, and it is through efforts by Stacy that we have been able to offer training to practitioners (doctors, dentists, pharmacists, nurses) and their ancillary staffs on how to better handle and curtail this epidemic. I personally have been part of the presentations that Stacy has coordinated over the years, and can tell you that through her efforts, the men and women of the SET unit have adopted a progressive, intelligent view based upon education and prevention when it comes to drug abuse.

Stacy's position is crucial to the efforts of staying on the forefront of drug prevention tactics. Therefore, I am formally asking that you convey the following to the decision makers regarding her position:

- Stacy's work has made a difference and simply letting it fade away would be very shortsighted.
- Stacy's position should be made permanent and funded through the police department's budget to ensure its continuance.
- I cannot begin to tell you how valuable her work has been to my licensees, the pharmacists and physicians who must deal daily with prescription drug abuse and its wrath.
- And finally, the fact that prescription drug abuse in Nevada is among the highest per capita in the nation should speak for the need.

Thank you for the opportunity to opine, and please contact me if I can offer more.

Sincerely,


Larry L. Pilson, Pharm. D.
Executive Secretary

cc: Lisa Adams, PMP Administrator



JTNN

Join Together Northern Nevada
Building Partnerships for a Healthy Community

September 25, 2013

Steve Pitts, Chief
Reno Police Department
455 E. Second St.
Reno, NV 89502

RE: Stacy Ward

Join Together Northern Nevada (JTNN) is a non-profit, community based organization whose resources are geared toward substance abuse prevention in the Washoe County area. We work with many partners but one of JTNN's strongest partnerships has been developed with the Reno Police Department.

Space would not allow me to describe all of the collaborations, projects, and partnerships that JTNN and the Reno P.D. have been involved in together but I did want to describe the value of one person in the Reno P.D. that has been responsible for much of the collaboration between our two organizations.

Stacy Ward was hired by the Reno P.D. about five years ago and was assigned to the Street Enforcement Team (SET) to develop and implement innovative prevention approaches in the community. We have been a part of each other's coalition work and she has chaired our Prevention Committee for several years. That particular committee has designed and implemented a cutting edge project that will use adolescents and young adults to teach younger students about substance abuse issues. Stacy has also been part of our Community Prescription Round Up Coalition, which has been sponsoring twice a year drug collection programs in concert with local law enforcement, pharmacies, and others. This program has collected and properly disposed of over 1,000,000 unwanted and unused prescription pills. Stacy designed the actual Round Up program and is the person that makes sure each event is staffed and is operational. In addition, she has also written and administered grants, attended countless planning meetings, helped create a prescription drug training program for physicians, and worked closely with JTNN staff to brainstorm and implement creative prevention ideas in the community. In short, Stacy has been the perfect partner in that she leads but is also able to work alongside others who are leading, she is energetic and creative, and, simply put, she gets the job done.

I understand that Stacy's position at the Reno P.D. will end in the early summer of 2014 due to grant funds that are aging out. I also understand that the Reno P.D. is not planning on renewing Stacy's position. If this is true, I ask that the Reno P.D. reconsider this as Stacy and her position are very valuable to the substance abuse prevention efforts that are going on right now in Reno and the Washoe County area. Even if Stacy decides to move on (which we hope she doesn't!), this position remains critical to our community's health and wellbeing. If you would like to talk further or need more information, please contact me.

Sincerely,

Kevin Quint, Executive Director, Join Together Northern Nevada

505 S. Arlington Ave. Suite 110
Reno, NV 89509
775-324-7557
www.jtnn.org



BOYS & GIRLS CLUB
OF TRUCKEE MEADOWS

September 23, 2013

To Whom It May Concern:

My name is Casey Rogers and I am the Director of Program Development for the Boys & Girls Club of Truckee Meadows. I am writing to express my concern for the potential loss of the Drug Abuse Prevention Coordinator position that has been held by Stacy Ward for more than five years. In that time, I have worked with Stacy on a number of different prevention projects and partnerships that not only benefit our community at large, but specifically members and employees of the Boys & Girls Club of Truckee Meadows.

In the time I have known Stacy, she has displayed a high degree of responsibility and drive to constantly get the prevention message out and involve as many community groups and members as possible. She has played a central role in creating and maintaining the prevention committee through a partnership with Join Together Northern Nevada. This committee assists community agencies in networking and providing services to their clients and the community as a whole. This includes: youth and teen surveys to gather data on how to better prevent youth drug use, prescription drug round ups around the Truckee Meadows, and putting together sub committees to help better focus on prevention in different areas of the community. Stacy has also been an essential part in helping train our employees at the Boys & Girls Club of Truckee Meadows on drug awareness and trends in our community, including what warning signs to look for when working with youth and teens.

The ending of the Drug Abuse Prevention Coordinator position would be a huge loss to the prevention side of the Reno Police Department and I fear that all the gains that have been made in Stacey's tenure would disappear without this position. I believe it is essential to have this position continue, even without the grant funding, to ensure the drug prevention efforts go on. If you should have any questions, please do not hesitate to contact me directly at crogers@bgctm.org. Thank you for your time and consideration.

Sincerely,

Casey Rogers
Director of Program Development
Boys & Girls Club of Truckee Meadows

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