

We Have a Problem in Arkansas

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Introduction

The purpose of this paper is to provide other police agencies with knowledge about the prescription drug problem we have in Arkansas. The importance of taking action and educating citizens about this growing problem will be addressed as a means to combating drug abuse and misuse in our communities. I'm sharing what seems to be working for our department, the Benton Police Department, in this fight to save lives in our community.

The abuse of prescription medicines is something a lot of people, including police agencies, don't think about since other illegal substances commonly come to mind (cocaine, meth, etc.). Abusing prescription medicine has become the latest trend among teens and young adults during the past decade.

Often, the pills are obtained from parents or guardians without them ever realizing they were taken. Close to 71% of individuals who obtained prescription pain relievers were given them, bought them, or stole them from friends or relatives, and over one-half received them for free. (SAMHSA, January 2011).

This problem was something that came to the attention of the Benton Police Department four years ago and we have been combating it ever since. When reviewing local and nation

data it was a great awakening to even those of us in law enforcement. We have taken different avenues at fighting prescription drug abuse, which will be addressed as well.

The Local Problem

During the spring of 2009 we were approached by a citizen, Russell Goodwin, who owns a monument company about the rising problem of prescription drug abuse. He was tired of making headstones for children he coached through American Legion Baseball that had abused prescription drugs and passed away as a result. He asked for assistance in helping to raise awareness in the community about this growing problem.

Goodwin proposed educating the public about the dangers associated with prescription drugs. Too many people assumed that since the drugs were prescribed by a medical doctor and dispensed by a doctor of pharmacy that the pills didn't pose any dangers to them.

In addition to the information Mr. Goodwin presented there was also information that teenagers and young adults were having "Pharm" parties in our community. These are parties where the participants gather together and throw various pills into a large bowl and then each person takes two or three of the "cool" looking ones. These pills were all too often taken without any knowledge about side effects or the consequences of mixing them together.

Surveys conducted by the Federal Substance Abuse & Mental Health Services Administration (SAMHSA) and the Arkansas Drug Directors Office both indicated that

Arkansas had the worst teen prescription pain reliever abuse problem in the entire nation at that time (SAMHSA 2007 Survey). At that time, the rate of the past 30 day sedative use among Arkansas high school seniors was roughly three times the national rate. (Arkansas Prevention Needs Assessment Survey, June 2009).

Arkansas has consistently ranked among the ten states with the highest rate of non-medical use of pain relievers by twelve to twenty-five year old individuals since state estimates of this measure first began in 2002 (SAMHSA, Dec. 2008). This information solidified the fact that we indeed had a serious problem since it found that Arkansas has the worst teen prescription pain reliever abuse problem in the entire nation. With the statewide data in hand we set out to determine if there really was a problem on a local level in our city.

In the city of Benton alone there was also a noticeable increase in the amount of incidents we were dealing with involving prescription medicine and its abuse by teens and young adults in our city. Within the previous five years the number of arrests had doubled and we had seen a spike in prescription drug related deaths in the form of overdoses and traffic crashes where they at least played an integral part.

We then decided to look into the problem not just in the city of Benton, but in the county (Saline) as a whole to gain a better perspective on it. The Saline County coroner provided us with some startling numbers on this issue. It was determined that 30 people had died in 2008 as direct result of abusing/misusing prescription drugs. It further showed that all but two of the people were less than 25 years of age. These numbers might not sound alarming until you factor in the population of our city is 30,000 residents and the county is 100,000.

Our initial analysis seemed to show a common theme: Most young adults and teenagers were not aware of the dangers associated with prescription drugs and had never been warned about it. Our information seemed to indicate that children wanted something to be done about the problem, because they had seen firsthand the dangers involved. It seemed to be a rising problem and there was a peer pressure indicator about it in the schools. The Arkansas Prevention Needs Assessment Survey (2009) backed this information up by showing there was almost no education provided on the subject and that it was indeed a problem. This survey was done in 2009 and took responses from all 6th grade through 12th grade age students in Arkansas on a volunteer basis.

The APNA survey further showed that the problem wasn't just older teenagers, but it was also having a huge negative impact as young as 6th grade. Arkansas 6th graders abuse prescription drugs more than any other substance except alcohol, cigarettes, and inhalants. In 2008 alone, 93 young people in Arkansas aged 12-17 were admitted to substance abuse treatment services related to non-heroin opiates, synthetics, tranquilizers, and sedative abuse, misuse, and dependency (SAMHSA, 2009). SAMHSA has consistently ranked Arkansas among the ten states with the highest rate of non-medical use of pain relievers by twelve to twenty-five year old individuals since state estimates of this measure first began in 2002 (SAMHSA, Office of Applied Studies, Short Report on Substance Abuse and Mental Health Issues-Arkansas, December 2008).

A survey was conducted in June, 2009 by the Arkansas Department of Human Services (ARDHS) regarding prescription drug abuse and misuse. It showed that the rate of past 30-day sedative use among Arkansas seniors is roughly three times the national rate. Another

report put out by ARDHS in October, 2009 strongly indicated that over-the-counter and prescription drug abuse is rapidly increasing in earlier grades and at a rate comparable to, but faster than alcohol and cigarettes (Special Report on Over the Counter and Prescription Drug Abuse Among Arkansas Students).

The problem of prescription drug abuse/misuse really wasn't being addressed on a large scale prior to our problem-solving project. Prior to our project the main focus of drug prevention dealt with marijuana, cocaine, methamphetamine, and other illicit drugs. Very few programs mentioned, let alone focused, on the problem of prescription drugs. For all intents and purposes it appeared that there wasn't a perceived problem until the past few years. Since they were prescribed by a medical doctor and dispensed by a doctor of pharmacology, then the misconception seemed to be there couldn't be any danger associated with prescription drugs.

Situational information was needed to be able to specifically address the problem and tailor it to the right target group in our community. A lot of this information was already available through the APNA survey, but more information was desired. A small, unpublished, survey was done through the American Legion Baseball program during the fall of 2009. It showed us another vital piece of information in that it indicated the public schools in our community were more inundated with prescription drug issues than originally believed.

Initial Two-Pronged Approach

It was determined that it would be best to combat this problem was through a two-pronged approach of education and community action. It was decided the education

segment would be the design of an informative drug booklet containing all of the most commonly abused drugs, and the community action would start off with a drug take-back event.

To design the drug booklet we approached a local pharmacist in September of 2009, Christina King, about helping to design it. With her help a booklet was soon drafted that included color pictures of commonly abused prescription drugs, slang or street names for them, side effects and symptoms of use, and resources for obtaining help if a problem is detected. The pharmacy she worked for, Smith-Caldwell Drug Store, was helpful through the process of designing the booklet and provided monetary donations towards its design.

The booklet was designed with the local school mascot, a panther, on the front. This was done because the original book was aimed at parents and guardians in our school district. We made 500 of the booklets and coordinated with the local newspaper about announcing the release of them. People were encouraged to come to the police department to obtain a copy and we handed them out at community events. Another order for 500 had to be placed within two months because we exhausted our stock due to strong demand for them. All of these booklets were funded by drug seizure money taken from local drug dealers.

Due to the success of the citywide booklet it was determined, after a meeting with other local law enforcement officials, that the booklets should be distributed to the other four school districts in our county. We started work on a redesign of the cover to include a picture of the mascot from every school district where they would be distributed. All of the law enforcement agencies involved were also added to the booklet to show a unified

response to this problem. The rest of the booklet remained in the same format as the original and 1,000 were ordered. (See below for examples of the booklets)



We held a formal unveiling of the countywide drug booklet at our department in December of 2009. We asked that the superintendents from all of the schools attend along with the head of the law enforcement agencies involved in the project. Local television and newsprint media were invited as well to help spread the word about the booklets. All of the school superintendents were given 200 copies of the booklet to distribute to the parents and teachers in their districts.

It was decided that we would hold our first drug take-back event during the winter of 2009-2010. It was decided that the event would be a countywide endeavor with all of the law enforcement agencies in our county signing on to participate. It was decided that the

Prescription take-back event would be held on February 6th, 2010 with four different drop-off locations in the county.

To help promote the event we approached the editor and publisher of the local newspaper, The Saline Courier. We had a meeting with them and presented some of the data and information we had on the prescription drug problem to help garner support for the event. As it turned out, the publisher at the time was familiar with the problem in his own family and was extremely helpful in providing free advertisements preceding the take-back and coverage of the event. It was decided that in the poor economic conditions that it would benefit our citizens if we could provide them with a “reward” for taking the time to get rid of their old, unused prescriptions. We approached numerous businesses in our community and were able to secure various gift cards from grocery and department stores, and coupons for free food from restaurants. Thanks to them we were able to offer over \$1,000 worth of free items to our citizens during the event.

We decided on an event name of Operation Medicine Cabinet which had been used before in another part of the country for something similar. We obtained permission to use it because it really fit the persona of the whole event and what we were trying to accomplish with it by having people clean out their medicine cabinets.

We also marketed our event to the local television media and they provided advance notice to people in our viewing area prior to the event, and they provided coverage during the event to help promote it. Press releases were put out for the event on our website and also forwarded to our neighborhood watch groups and citizen police academy alumni for additional exposure.

Operation Medicine Cabinet was a huge success with 142 lbs. of pills collected during a four period on a Saturday. We had an agreement with a local hazardous waste disposal company, Rineco, to incinerate the drugs collected at no cost to our agency. The success of the event spawned another issue with people wanting to continue donating pills for the days and weeks after the event.

To effectively deal with the intake of pills after Operation Medicine Cabinet it was decided that a permanent drop-off box would be installed during the spring of 2010. The drop-off box, basically a bank night deposit box, was installed in the lobby of our police department to provide easy access 24 hours a day and seven days a week.

Not only did the drop-off box provide a safe and secure place to dispose of unwanted drugs, but it provided a basis for citizens to interact with officers when they stopped by the station. The drop-off box was paid for using drug seizure money so in-effect our local drug dealers financed it. Rineco continues to incinerate drugs that we collect in the drop-box without a cost to our department (See drop-off box below).



The Next Step

During the summer of 2010 we received information that the DEA was launching a nationwide drug take-back in September. Given the success of our first take-back event our officers were excited about the prospect of spreading the word more and with the help of the federal government this time. Our second event was labeled Operation Medicine Cabinet II in keeping with our original theme.

The state drug director approached us after the DEA announcement about the Benton Police Department designing a website for the take-back event. A statewide website devoted to the take-back was soon born and was operational a month prior to the event. It provided information on the dangers of prescription drug misuse/abuse, resources for those seeking help, and detailed information on when and where they could find the closest drop-off location during the event. (www.artakeback.org)

Operation Medicine Cabinet II involved even more community planning and interaction between groups to help spread the word. We held community action meetings at our police department with health and safety officials, surrounding law enforcement agencies, hospital and pharmacy staff, and other volunteers. We started using social media, such as Facebook, to provide a different avenue to provide information on the event to our community. Our press releases were continually linked to our department Facebook page along with constant reminders about the event as the date approached. Numerous citizens interacted and asked questions through our Facebook page, because of the ease of use and familiarity with it.

It was decided that for this event we would expand the drop-off sites to eight throughout our county and also host a mobile collection site at our local senior adult center. By adding the senior adult center it targeted those in our community who might not be able to make it to a drop-off location, but still wanted to participate.

Operation Medicine Cabinet II was held September 25, 2010 in conjunction with the nationwide take-back. 540 lbs. of drugs were collected in our county and 440 lbs. of that was collected in our city. The statewide total was over two and a half tons of pills collected and disposed of by the DEA. Our city was the top collection site in the state, taking back more than cities many times larger than our own (i.e.: Little Rock, Fayetteville, etc.).

After Operation Medicine Cabinet II was over we continued working with our local health and safety officials, surrounding law enforcement agencies, hospital and pharmacy staff, and other volunteers to plan the next take-back event. Also during this time we assisted our local Rotary Club with a video about the dangers of prescription drug abuse titled, "We Have a Problem." The video was mass produced by Rotary International for distribution throughout our state and is also featured on You Tube and Facebook.

During the winter of 2010-2011 it was announced by the DEA that a second national drug take-back would take place on April 30th, 2011. It was decided that we would take a different approach to this event by fostering more of a grassroots movement than ever before. We made contact with the Saline County Ministerial Alliance who agreed to pass the information on the event to all of their 60+ member churches throughout our county. We also decided to incorporate children in the local schools into the program by holding a community-wide pep rally press conference just prior to the event.

For the pep rally we invited cheerleaders and the drum line from the Benton High School to participate. Also invited were the Benton Mayor's Youth Council who consists of 11th and 12th grade students. The event was held at a local business that has a large sign that reads, "Benton Proud" and we setup our pep rally center of focus under it. The Arkansas State Drug Director and the Arkansas Attorney General both agreed to attend the event and help us spread the word about prescription drug dangers. We also unveiled four pill bottle costumes at the pep rally that the Mayor's Youth Council students wore to help draw attention from passing motorists. The pep rally was a huge success with a large turnout and television and newspaper media coverage of the entire event.

It was decided that another way to help spread the message was to solicit help from the pharmacies. We decided the best way to help educate people was to go straight to the source where they have their prescriptions filled. We had 8,000 miniature flyers made up announcing our event and our local pharmacies agreed to put them in every single prescription that went out. Additionally, Smith-Caldwell Drug Store provided us with another \$500 to help cover the cost of the flyers and the rest was paid for using drug seizure money.

Operation Medicine Cabinet III was the title given to our third take-back event held on April 30th, 2011. During this event we added one additional drop-off location for a total of nine in our county. We also had assistance from the Mayor's Youth Council students who volunteered to help. They assisted by handing out gift cards and literature, and by wearing the pill bottle costumes near intersections to attract attention to our event.

Operation Medicine Cabinet III brought in 734 lbs. in our county and 512 lbs. of it was collected in Benton. We also held a raffle during this event to reward those in our community who took the time to participate. We gave away three cash prizes (\$100, \$50, \$50) and a grand prize of four St. Louis Cardinal baseball tickets to the July 4th game in St. Louis. The baseball tickets were valued at \$200 and were donated by a local business specifically for this event.

During the summer of 2011 the DEA announced that another take-back event was going to be held on Oct. 31st. With this also being Halloween there was a big community event planned that evening around the downtown square so it was decided to host the take-back in conjunction with it. Officers and volunteers dressed up in costumes to help fit in with the overall theme of the event and even handed out candy while also taking back old prescriptions. This event, Operation Medicine Cabinet IV, was another great success with 537 lbs. of medicine turned in and destroyed.

Two events were held during the spring and fall of 2012, Operation Medicine Cabinet's V & VI. We continued to partner with our usual alliances to get the word out on both events, but this time we added a drop-off location at Saline Memorial Hospital. This proved to be a great resourced because with the hospital on-board they were able to help us spread the word through their channels, which led to higher turn-in numbers. We took in 830 lbs. during the Medicine Cabinet V and 1,175 lbs. during Medicine Cabinet VI. (See results below from one of the events)



Results to Date

Our first indication that our efforts are working is that there has been a 50% reduction in prescription drug related deaths in our county in 2011 when compared to 2008 statistics (15 vs. 30). This information demonstrates that by raising awareness about the problem there has been a significant drop in deaths in our county as a result. This will require continued monitoring and efforts on our part to ensure the numbers continue to drop.

Prior to the 2011 legislative session, Arkansas was one of only seven states which did not possess a functional or legislatively authorized Prescription Drug Monitoring Program (National Association for Model State Drug Laws, Oct. 2010). On March 17, 2011, Governor Mike Beebe signed Senate Bill 345 establishing an Arkansas Prescription Monitoring Program. The system will become operational in 2013, and will:

- Make it more difficult for “doctor shoppers” to obtain multiple prescriptions from different physicians for drugs they sell or abuse.**
- Deter individuals from attempting to “doctor shop”.**
- Offer physicians ways to validate prescription histories provided by patients and to prevent inappropriate prescribing.**
- Reduce inappropriate access to medications commonly abused by young people.**
- Increase detection of forged prescriptions.**

Significant progress is being made in reducing youth prescription abuse rates. Lifetime use is down 4.2% and past thirty day use is down 1.9% since 2009. Arkansas youth Rx abuse rates have dropped in 27 of 30 possible measures in the past three years. (DBHS and Pride Surveys, 2012 Arkansas Prevention Needs Assessment [APNA], March, 2013)

Conclusion

Although great strides have been made in the area of prescription drug abuse and misuse on our state, there is still a lot of work to be done. Hopefully by sharing our department’s success to date in combating this issue facing us it will lead other police agencies to participate in the future.

For a number of years parents, educators, and police agencies have turned a blind eye to this burgeoning problem, but now it has come full circle and is on the front burner of problems to tackle. We owe it to our future generation to tackle this problem now and keep it from having any effect on our children's future: a future without prescription drug deaths.

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