

Wicomico County Health Department  
Prescription Drug Task Force

**Wicomico County Prescription Drug Task Force**

**Data Analysis:**

*Data will be submitted to the Wicomico County Health Department on a monthly basis to upload into their data system. Dash boards and reports will be generated to show trends, concerns, and improvement in the reduction of overdose, deaths, and use of illegal substances.*

Data Collection	Responsible Person	Data Collection	Responsible Person
Data Provided by DHMH as it relates to Wicomico County	Heather Brown	SBIRT: Referrals, interventions, and linkages to mental health and substance abuse treatment. Also monitor demographic information.	Heather Brown/Babies Born Healthy
Track data for prescription drop off boxes	Cindy Shifler	Naloxone: The number of individuals who have become certified.	Heather Brown
Data submitted by the medical examiner related to vital statics of individuals who have died from an overdose.	Heather Brown/Lori Brewster	Collect poundage of prescription drugs. Contact enforcement and the Disposal Company on a monthly basis.	Cindy Shifler
Prescription and other overdose related crime data	Local Police Departments	Develop and implement collection of overdose data from enforcement on a monthly basis.	Law Enforcement Agencies and 911
Collect information from community providers through observations, surveys, and focus groups.	Heather Brown and Cindy Shifler	Focus groups with the following: physicians, dentists, and veterinarians; pharmacists; PRMC ER; community members. Implement surveys through Survey Monkey with the same populations.	Heather Brown and Cindy Shifler
SMART data (Opioid use in admission data, #'s reporting bupernorphine, #'s reporting methadone, OMT admissions) Request data via email to Bill	Heather Brown	Track the amount of Naloxone that is being administered by EMS.	Patrick Doughty and Heather Brown

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Rusinko <a href="mailto:William.rusinko@maryland.gov">William.rusinko@maryland.gov</a>			
Data Collection	Responsible Person	Data Collection	Responsible Person
Overdose Data	Cindy Shifler/State Prevention Coordinators/Staff, ADAA, etc.	Define suspicious; develop a collection tool to assist Pharmacies to share information on suspicious users.	Pharmacy Group
Work with PRMC to obtain hospital data related to opiate use from patient's seeking care.	Heather Brown/Lori Brewster	HSCRC Data: <a href="http://www.hscrc.state.md.us/">http://www.hscrc.state.md.us/</a>	Heather Brown
Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) <a href="http://www.pharmacy.umaryland.edu/programs/seow/">http://www.pharmacy.umaryland.edu/programs/seow/</a>	Heather Brown		
Overdose data and other drug related data for Wicomico County. Contact the Maryland Poison Control Center to find out whether they could be a viable venue to collect local data.	Cindy Shifler, Maryland Poison Control		
Home invasions, street robberies, pharmacy robberies, and non-criminal activity.	Local Police Departments		

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**Education of the clinical community:**  
*Strategies for engaging with the medical community and other behavioral health providers to collaborate and develop effective interventions to prevent opiate overdoses.*

	<b>Local Conditions &amp; Data (Specific, identifiable, actionable) But Why Here?</b>	<b>Strategies/Activities</b>	<b>Short Term Outcomes</b>	<b>Intermediate Outcomes</b>	<b>Long Term Outcomes</b>
<b>Availability and Access to Prescription Medication</b>	Ease of obtaining prescriptions by doctors. (Data obtained from CESAR, treatment admissions, etc.).	<b>Enhance Skills</b> – Implement training for physicians, dentists, and veterinarians on prescription drugs. (Purdue Pharma)	Contact Local/National CME, Purdue Pharma in relation to potential training on prescription drugs; survey physicians on interests through Survey Monkey	Establish a date, time, speakers, etc., for training	Implementation of Training/Training Results
	Lack of knowledge of pain contracts on patients which means they cannot be monitored by the Pharmacy, and other Health Care	<b>Modify/change policies</b> – When a pain contract is written on a patient, it needs to be shared with the ER, the pharmacy, and it needs to be written on the prescription as well. <b>Update:</b> Pain Dr.s are sharing pain contracts with the ED in hopes that they will continue to provide a stable pain tx plan for the patient receiving services. The ED has also created flags and contracts to better address those that are continuing to use their services and divert pain medication abuse and selling. FY 15: Continue to monitor the communication regarding pain contracts and pain drs. and ED	Develop a plan, research potential resources/proper use of resources, and educate physicians. <b>Update:</b> Continue to refer to the Lazrus Program as guidance. Resources for physicians were identified and are being shared with all local Dr.s.	Review the State Opioid Overdose Prevention Plan Assist ADAA to bring Risk Evaluation and Mitigation strategy (REMS) continuing education programs to prescribers within Wicomico County. <b>Update:</b> Med Chi presented REMS to local physicians. Websites have also been identified and PRMC along with the Pain Management Committee are working on placing them on PRMC portal for easy reference.	Policy change is selected, implemented, and followed <b>Update: Prescribing guidelines have been developed to help dr.s have a quick reference and reminder to stay within these guidelines.</b>
	Inconsistency of how prescriptions are written/quantity provided to patients who doctor/pharmacy	<b>Modify/change policies</b> – Develop and implement a policy for writing prescriptions for opioids for those who	Implement focus groups for pharmacists and physicians and/or utilize Survey Monkey to determine what physicians	Begin planning educational sessions based on the data received through the survey and/or focus groups.	Provide training in the areas where the survey indicates the greatest need.

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	shop.	<p>doctor/pharmacy shop.</p> <p><b>Update: Prescribing guidelines have been developed to help dr.s have a quick reference and reminder to stay within these guidelines.</b></p>	<p>are seeing in terms of drug seeking behaviors.</p> <p>Review present policies for prescribing opioids.</p> <p><b>Update: WiCHD prevention program received approval to conduct focus groups which will focus on STIs and Drug Abuse.</b></p> <p>FY 15: Focus groups will be conducted with Youth to gather further information on their education, knowledge and awareness about prescription drug abuse.</p>	<p>Develop a prescribing guideline that will cover this issue.</p> <p>Explore further ways to implement prescription guidance into an EMR.</p>	Policy Change.
<b>Availability and Access to Prescription Medication</b>	<b>Local Conditions &amp; Data (Specific, identifiable, actionable) But Why Here?</b>	<b>Strategies/Activities</b>	<b>Short Term Outcomes</b>	<b>Intermediate Outcomes</b>	<b>Long Term Outcomes</b>
	Prescription medication policies are different from one pharmacy to another.	<p><b>Modify/Change Policies:</b> Develop and implement a policy that requires a photo ID and/or signature from the individual picking up medication for self or others and phone owner of policy, in all pharmacies in Wicomico County.</p>	Survey/offer focus groups to pharmacies to determine their present/prior policies and procedures, and reasons for prior policy changes.	Utilize collected information to develop potential tracking mechanisms as well as policy changes and practices.	Enhance pharmacy policies to address local and corporate needs.
	Lack of a formal tracking system for prescription drugs: where they are purchased, how	<p><b>Changing the physical design:</b> Maryland's Prescription Drug Monitoring Program will be up and running</p>	Determine how the PDMP will track doctors who have and have not registered on the system	Wicomico Physicians and pharmacies will utilize the PDMP and enter real time data.	Prescription drug use will be tracked and monitored in Wicomico County, Maryland.

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<b>Low Perception of Harm</b>	The community believes that it is legal for individuals to share and/or sell their prescriptions to others. For that reason, Jurists are not providing sanctions to those who share and/or sell their prescriptions to others.	<p><b>Provide information</b> by educating the public about the consequences of sharing and/or selling prescription drugs to others</p> <p><b>Provide information</b> through pharmacies, posters, local cable segments.</p>	<p><b>Develop</b> a public service announcement and materials to educate the public that it is against the law to sell/share prescribed medication.</p> <p>Contact Jury Commissioner about providing prescription law information to jurists</p> <p>Develop prescription drug materials that focus on localized needs.</p> <p>Educate the public about the harm that prescription drugs cause.</p>	<p>Implement public meetings to share dangers of prescription drug abuse.</p> <p>Disperse newly developed materials/information to targeted populations.</p> <p>Use social media to disseminate information regarding addictions, resources, and alerts.</p> <p><b>Update: Informed is posted on Twitter, Facebook and Pintrest weekly in relation to the dangers, treatment, outcomes, and resources.</b></p>	The public will increase their knowledge of the dangers of prescription drug abuse.

***Outreach to high-risk individuals and communities:***  
*Identifying high-risk individuals and situations within our community. Plans should be developed to intervene with addiction, referrals, and other necessary actions for the safety of the individual.*

	<b>Local Conditions &amp; Data (Specific, identifiable, actionable) But Why Here?</b>	<b>Strategies/Activities</b>	<b>Short Term Outcomes</b>	<b>Intermediate Outcomes</b>	<b>Long Term Outcomes</b>
<b>Naloxone</b>	Family members and first responders are not able to utilize Naloxone to protect those who are at risk for overdose.	<p>Begin to educate the community regarding Naloxone and the new COMAR Regulations.</p> <p>Develop baseline data regarding the number of naloxone doses administered by EMS on a monthly basis.</p> <p>Submit Proposal to ADAA for funding to provide training</p> <p><b>Update Proposal was submitted</b></p>	<p>Identify who will conduct the training to certify individuals to administer the medication.</p> <p>Contract with Community Pharmacy to purchase Naloxone Kits for 1<sup>st</sup> Responders and individuals who become certified but do not have medical insurance to cover the cost of the medication.</p>	<p>Provide certification sessions for those requesting to support and prevent deaths related to opiates.</p> <p><b>Update: Over 50 individuals have been trained and certified.</b></p> <p>Purchase kits to be available for 1<sup>st</sup> responders.</p> <p><b>Update: Kits have been purchased for Law Enforcement.</b></p>	<p>The majority of family members will be trained to administer Naloxone to those that are prescribed an opiate.</p> <p>All Law Enforcement and EMS will be trained and will continue to train those that are new.</p>

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		<p>and approved.</p> <p>FY 15: New proposal will be submitted for additional funding to continue ORP.</p>	<p>Updates: MOU was established with Community Pharmacy</p> <p>Educate the medical community about the services that is available.</p>	<p>Collect data regarding the number of individuals certified, reasons for becoming certified, and kits that were provided.</p> <p>Update: Data is being entered into WiCHD data base to track the numbers of individual trained and kits dispensed.</p> <p>Reinforce resources and ways to refer individuals for addictions treatment within Wicomico County.</p>	<p>Update: EMS does not have to be trained.</p> <p>FY 15: Track the number of doses that have been administered to someone who OD.</p>
<b>Local Overdose Fatality Review Team</b>	<p>Lack of a formal process to review deaths that are related to an overdose.</p>	<p>Develop a committee to formally review the deaths of individuals who have died due to an overdose.</p> <p>FY 15: The committee will meet every other month to review deaths related to an overdose.</p> <p>Review surveillance data collected from ESSECNCE showing the chief complain as an overdose. <b>Discontinued</b></p>	<p>Identify agencies that can participate and provide input related to the death of the individual.</p> <p>Develop an MOU to ensure confidentiality of the reports and outcomes.</p> <p>Develop baseline data to help show the impact of recommended activities.</p> <p>ADAA (BHA) will assist with TA.</p> <p>Update: MOUs have been signed. Agencies have been participatient. Three cases have been reviewed. ADAA has provided TA to the Team.</p>	<p>Develop strategic activities to address concerns identified during the reviews.</p> <p>Submit data and reports to the State to show activities.</p> <p>Update: Minutes are submitted to ADAA (BHA) from the meeting.</p>	<p>Decrease in the deaths related to overdose.</p>
<b>Crisis Support for 1<sup>st</sup> Responders</b>	<p>Lack of crisis support for first responders.</p>	<p>Educate and develop a crisis support system that can assist first responders with individuals struggling with behavioral health issues.</p> <p>Update: CIT Committee was established.</p>	<p>Evaluate the current crisis system to look for gaps in services.</p> <p>Identify the needs of the first responders to provide them support.</p>	<p>Provide education to first responders regarding behavioral health and appropriate responses.</p> <p>Look for funding to assist in the development of crisis support for the first responders.</p>	<p>Have a crisis support system that allows the first responders to have assistance when dealing with the individual who is having a crisis.</p> <p>Decrease ED</p>

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			<p>Update: CIT committee identified barriers and assets. 1<sup>st</sup> Responders identified the lack of understanding a BH crisis and resources that can assist them after work hours.</p> <p>FY 15: The committee will continue to meet and identify additional gaps or barriers.</p>	<p>Update: 40 Hour curriculum was created for Crisis Intervention Team (law enforcement, EMS, and Corrections).</p> <p>WBHA staff was trained as trainers to provide MH first Aid Core, First Responders and Youth MH first Aid. These trainings include substances and overdose information which helps identify and prevent further harm and early interventions.</p> <p>Hospital Diversion Committee has begun looking at resources and linkages at the time of discharge from the ED and Inpatient facility.</p>	<p>admissions with the support of further linkages to treatment due to the crisis support system.</p>
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**Other Interventions/Initiatives:**  
*Information on interventions or initiatives Wicomico County plans to implement.*

	Local Conditions & Data (Specific, identifiable, actionable) But Why Here?	Strategies/Activities	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
<b>SBIRT</b>	Lack of ability to directly link individuals with interventions or referrals from medical offices.	Identify potential offices to pilot the project.	<p>Provide education to office staff regarding tools, interventions, and methods to engage individuals in further help.</p> <p>Hire Peer Support staff to assist with potential pilot site.</p> <p>Update: Peer Support Staff have been hired and are working with the program.</p>	<p>Work with Babies Born Healthy to pilot the project</p> <p>Staff will become trained in motivational interviewing.</p> <p>Update: Staff have been trained in motivational interviewing during May, June and July 2014.</p> <p>Begin providing the services and linking individuals with the appropriate interventions and treatment.</p> <p>Update: Peer support assist the program to provide resources and link individuals to treatment.</p>	Expand SBIRT within the medical community (pain management, ED, primary care offices)

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<b>Prescription Drop Off Locations</b>	Residents were not aware of how to dispose of their medications safely.	Develop and implement stationary prescription drop off boxes to be located at the local police departments	Continue to advertise the prescription drop off locations and times.	Resolve issues that may arise with the collection of the medications.  Track the pounds that are collected from each location.  <b>Update: As of April 2014 a total of 1,686 lbs of medication have been collected through the drop off boxes.</b>  Look for additional sites that are able to comply with the regulations surrounding the collection of medications. <b>Discontinue because legally other places are not able to collect the medications.</b>	Implement solution to problems that occur with the stationary prescription drop off boxes.
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**Performance Metrics:**  
Five performance metrics to assess the implementation and effectiveness of the actions.  
**Overdose Prevention Plan FY 14 Updates**

Problem Statement	Strategies	Activities	Measurable Outcomes/Timeline	Updates:
There is a lack of early screening for women of childbearing age related to substance use.	Train appropriate staff to implement SBIRT within Babies Born Healthy	Identify key participants to assist with the development of SBIRT.  Complete a Charter to outline each agency/program role within SBIRT  Train staff to utilize MI	At least one provider will implement SBIRT within daily practices by Fall of 2013, as recorded through the completion of the screening tool.	Motivational Interviewing Training was scheduled and provided in June 2014 and one session in July 2014 for local providers. This training allowed individuals to fully understand and practice MI skills.  Babies Born Healthy has SBIRT and peer support has been added to this program if the person is identified has having a positive result for substance or mental health concerns.
Wicomico County has seen a rise in crime that is related to prescription drug abuse.	Compile the most recent Opiate related crime data for Wicomico County.	Compile opiate related data, including crime.  Determine baseline.  Determine what additional data needs to be collected.  Design mechanism to collect new opiate related data.	Wicomico County Enforcement agencies will achieve at least a 5% reduction in prescription drug crimes one year after the implementation Evaluated by the collection of data on pharmacy robberies, home invasions, street robberies, and other related crimes.	Data is continued to be collected from police agencies. However the information that each police agency can provide is different based on their computer systems. We continue to identify how this data can be evaluated to determine if there will be a decrease in crime as it related to prescription drug use and heroin specifically.

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First responders are not able to utilize Naloxone to protect those who are at risk for overdose.	Educate and certify individuals who are able to appropriate to administer Naloxone.	Identify who will conduct the training to certify individuals to administer the medication.  Identify individuals within the police and EMS departments that will participate in the certification process.	Ninety percent of First Responders will be educated and certified to administer Naloxone by July 1, 2014, as recorded by the completion of the certification course.	As of July 1, 2014 over 50 individuals were trained to administer naloxone. The populations included Law Enforcement, Homeless Shelter Staff, Case Managers, Addictions Counselors, and Mental Health Therapist.  <b>Additional Trainings are scheduled for FY 15 to include law enforcement and expand the populations within the community.</b>
Problem Statement	Strategies	Activities	Measurable Outcomes/Timeline	Updates:
Wicomico County has a high rate of fatalities related to overdoses from opiates and other drugs.	Develop a committee to formally review the deaths of individuals who have died due to an overdose.	Identify potential member for Overdose Fatality Review Team.  Determine protocols.  Develop an MOU.  Develop baseline.	An Overdose Fatality Review Team will be established and begin reviewing cases by January 1, 2013.	Overdose Fatality Review Team first met and reviewed a case on 2/14/14. The team met again in April to review two cases.  WBHA and EMS established an MOU that will allow for EMS to refer individuals they respond to for an OD. The WBHA Add Coord. Will then conduct out reach to those referred and attempt to link to services or at the minimum provide resources and offer services once interested.  <b>During FY 15, the team will be scheduled to meet every other month to review cases and make recommendations.</b>  <b>MOU will continue with EMS. Peer support may be expanded to the ED.</b>
There is a lack of understanding among the medical community and county residents	Educate residents and medical providers about the increase in the use of illegal	Apply for a BJAG grant to assist in a Gap Analysis to fully identify areas of concern within the county related to crime and opiate/heroin abuse.	A minimum of 4 focus groups will be held within the community by July 1, 2014.  Tool Kits will be distributed to all	Wicomico County has been approved by the IRB to conduct focus groups for youth.  A town hall meeting was held to further educate the community in relation to prescription drug

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<p>regarding the impact illegal use of opiates has on Wicomico County.</p>	<p>opiates/heroin.</p>	<p>Conduct focus groups to gather information from the community regarding their concerns and gaps in resources as it relates to opiates and heroin. Develop tool kits for the medical community and behavioral health providers to assist in the development of overdose prevention plans with their patients.</p>	<p>Behavioral Health and Medical Providers within Wicomico County by January 1, 2014.</p>	<p>abuse and receive feedback from community members in regards to their concerns and ideas.</p> <p>A team member from the Prescription Drug Task Force provided RX Talks to all middle schools in Wicomico County. She was also able to provide her presentation to private schools to help spread the word about the dangers.</p> <p><b>During FY 15, the groups will be conducted. The primary topics will be STIs and drug use.</b></p> <p><b>During FY 15, there will be additional community events to bring awareness and allow for feedback.</b></p> <p><b>A new RX Talk is currently being developed to provide outreach to business.</b></p>
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**Wicomico Co. Drug and Alcohol Council**

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Problem Statement	Strategies	Activities	Measurable Outcomes/Timeline	Updates:
<p>Educate and assist families of Wicomico County to live healthy and drug free lives</p>	<p>Continue to implement the Eastern Shore regional fall and spring Media Campaign.</p>	<p>Continue to implement the Eastern Shore regional fall and spring Media Campaign.</p>	<p>A minimum of 1000 people will be reached through an underage drinking media campaign in Wicomico County (dependant on media sources utilized, etc.).</p>	<p>Fall and Spring Campaign took place. Each campaign covered the same number of households in Wicomico County: 24,646.</p>
		<p>Continue to reward and recognize those individuals who have made an impact on underage alcohol and tobacco use by recognizing them at the Annual Awards Luncheon.</p>	<p>Enforcement, establishments, youth, and the community will be recognized for their commitment to reducing underage alcohol, tobacco, and marijuana usage in Wicomico County.</p>	<p>The 14<sup>th</sup> Awards Luncheon took place on June 25, 2014. A total of 32 awards were given out.</p>
	<p>Continue to implement the Eastern Shore regional fall and spring Media Campaign.</p>	<p>Plan to offer Strategic Prevention Framework Training to Drug Free Wicomico members, Wicomico County Drug Council members, and people in the community offering prevention programming.</p> <p>The San Domingo community (San Domingo, Mardela, Sharptown, Hebron area) will implement environmental strategies to address underage drinking (Strategic Prevention Framework State Incentive Grant)</p>	<p>Drug Free Wicomico, Wicomico County Drug Council, and the community will be more informed and educated on the Strategic Prevention Framework.</p> <p>Begin to address adult and underage drinking in the San Domingo community.</p>	<p>Unfortunately, we were not able to offer this during FY 2014 due to other responsibilities.</p> <p>San Domingo implemented billboards, public service announcement, implemented a new web site, and held two workshops to people in the San Domingo community. NCA had a program that they were planning on implementing in April. Instead we expanded the project for the National Underage Drinking Town Hall meeting that included partnering with Drug Free Wicomico.</p>
	<p><b>Strategies</b></p>	<p><b>Activities</b></p>	<p><b>Measurable Outcomes/Timeline</b></p>	<p><b>Updates:</b></p>

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	<p>Increase the effectiveness of prevention activities by targeting direct interventions to children who have risk factors for ATOD use.</p>	<p>Elementary age youth will be offered the newest version of the Second Step program.</p>	<p>Strengthening Families 10-14 will serve 8-10 families a minimum of once a year.</p> <p>Second Step programming will be implemented with elementary students (<b>24 students</b>) at the Westside Salvation Army Youth Club.</p> <p>ATOD preschool education will be provided to the Salisbury and Eden Head Start Centers serving 275 three to five year olds starting in the <b>spring 2014</b>.</p> <p>Summer programming will be provided to children at child care facilities during the summer months.</p> <p>Overall wellness, nutrition, life skills, overdose prevention education, etc., will be provided to treatment and mental health facilities.</p>	<p>8 families</p> <p>25 students</p> <p>340 students</p> <p>42 children</p> <p>Programming was provided to 36 adults and 69 youth. Programming was provided to Lower Shore Friends,</p>
<p>Educate and assist families of Wicomico County to live healthy and drug free lives</p>	<p>Implement environmental strategies. youth</p>	<p>Potential Strategies are as follows: compliance checks, Cops in Shops, GIS Mapping of Outlet Density, policy development (as part of CMCA, etc.), party patrols, advocacy on alcohol/drug related laws, placement of alcohol products, liquor licensee window clutter; design materials to educate and inform the public on prescription drugs, etc.</p>	<p># of people involved in educating others on proposed legislation</p> <p># of people involved in Drug Free Wicomico efforts</p> <p>Completed tasks for policy change, completed tasks for coalition building.</p> <p># of underage alcohol and tobacco award winners, # of underage alcohol and tobacco citations.</p> <p>Data on alcohol outlet density. Types of environmental strategies utilized in the county.</p>	<p>Cops in Shops took place on May 15, 2014. MSP Salisbury in conjunction with the Wicomico County Health Department and the General Manager of Brew River Restaurant worked an undercover ID/Underage operation "Cops and Shops". MSP Salisbury provided six undercover road troopers who worked directly with the General Manager in spotting patrons using false ID's to gain entry into the establishment with the purpose to purchase alcohol. During the operation the troopers were able to detain and issue five underage subjects attempting to use other persons ID's or false ID's. These subjects were issued Uniform Civil Citations for "Possession of False Document identifying a person 21, while under the age of 21 Yrs." This operation was a success not only for the above results but by deterring others from attempting the same.</p> <p>A total of 32 awards were given out this year at the Awards Luncheon. The number of citations given out by the Award Winners totaled: 295 (277 for alcohol and 18 for tobacco).</p>

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			<p>Implementation of strategic plan strategies for Prescription Drug Task Force.</p>	<p>We started doing some environmental scans at local convenience stores. We plan to continue to do so possibly this summer. Numerous convenience stores no longer sell alcohol (7-11). More windows are covered with tobacco than with alcohol. E-Cigarettes are right on the counters of most stores in full view. There is more information in relation to not selling tobacco to anyone under the age of 18 than on alcohol. Non- prescription Viagra is on the shelves at numerous convenience stores and drug stores. Synthetic drugs were not seen but we believe they are behind the counter .</p> <p>1,686 pounds of prescription drugs have been collected in Wicomico County, Maryland.</p> <p>A number of PAC 14 programming was implemented on prescription drug abuse during the year.</p> <p>Presenter on prescription drugs educated our youth coalition, DART in May 2014. Talked to 211 about working together to offer a tips line for youth and adult overdoses next year.</p> <p>Approval from DHMH IRB to offer focus groups to youth and their parents on STI and Drug Use. Advertising was utilized on Comcast Spotlight to promote the use of the prescription drug drop off boxes /fall 2013.</p> <p>Posters and bookmarks were developed to assist in educating the public about the consequences of sharing and/or selling prescription drugs to others. They were given out but we still have some left. Public service announcement was on Comcast Spotlight and WBOC during the Fall of 2013. Contacted the Jury Commissioner about prescription law information.. She recommended that I talk to the judges or provide them with information.</p>
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