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Preventing Unintentional Prescription Drug Poisoning Project: 2012 Annual Report

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Preventing Unintentional Prescription Drug Poisoning Project
2012 Annual Report
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Summary of 2012 Project Activities

This narrative addresses the three broad categories of project objectives for 2012:

- (1) Transition of the Prescription Drug Poisoning Coalition to the *Montgomery County Opiate Task Force*.
- (2) The continued development and operation of a *Poison Death Review* process focusing on prescription drugs.
- (3) The facilitation and conduct of targeted *Information, Training and Educational Activities* to help address and prevent prescription drug overdoses.

Montgomery County Opiate Task Force

The initial meeting of the Montgomery County Opiate Task Force was held February 28, 2012. Selected members of the previous coalition (Unintentional Prescription Drug Poisoning Coalition) , along with other people from the community, were invited to participate in the Task Force by the Alcohol, Drug Abuse, and Mental Health Services Board of Montgomery County. Meeting notes were sent electronically to all Task Force members and are posted on the Project web site.

The Task Force consists of representatives from , drug abuse treatment programs, hospitals, pharmacies, law enforcement, fire department/emergency services, , , a pain clinic, the community-at-large, the Montgomery County Coroner's Office, Public Health – Dayton & Montgomery County, and the Montgomery County ADAMHS board (see attached Membership List). Notes from these meetings are available on the project web site: <http://www.med.wright.edu/citar/prescriptiondrugs.html>. Task Force members prioritized activities, focusing on developing an effective response to the evolving nature and extent of the unintentional drug poisoning problem in the county. They continued to review data on overdose deaths, prescriber and first responder views of the problem, and available research findings on the problem. The Task Force also reviewed information provided at Ohio Prescription Drug Abuse Action Group meetings, attended by the Injury Prevention Coordinators.

In 2012, the project staff continued its initiative to conduct a preliminary qualitative investigation of the experiences of overdose survivors: “Unintentional Overdoses Related to Pain Pill Use: Survivor Experiences”. The qualitative effort was funded by Wright State’s Center for Interventions, Treatment, and Addictions Research (CITAR), and not by the Unintentional Prescription Drug Poisoning Project grant. When sufficient data are available from the investigation, a report will be issued. The Task Force considered and approved recommendations for addressing the prescription drug overdose issue, including several educational initiatives, and the geographically-targeted hierarchical risk reduction program. These activities are described below in the section titled *Information, Training, and Educational Activities*.

Poison Death Review 2012 - Preliminary

As of this writing, we estimate that the 2012 Poison Death Review (PDR) will be completed in March 2013, after the Coroner’s Office has completed their findings for all 2012 cases. When the findings are available, an updated report will be issued. The current report is based on the first 96 cases of 2012. The date of death of the most recent decedent is September 17, 2012.

The PDR process included two significant modifications from 2011. First, in response to an apparent rise in the prevalence of heroin in drug overdose deaths, the project staff began to track indications of IV drug use. The new column “Investigator or Pathologist Indicator of IV Drug Use” was created in the “Death Investigation” sheet to capture relevant data from the investigator’s synopsis and the post-mortem examination report. Second, in order to support the risk reduction strategy, a “Census Tract” column was added to the “Demographics” sheet to record census tract designations associated with the decedent’s residence address.

As in 2011, actual data compilation and analysis categories were slightly modified based on prior year findings in order to streamline data entry. For example, since there were no instances in 2010-2011 of toxicology results listing stimulants or other medications that were not captured in the main toxicology spreadsheets, “Other Stimulants” and “Other Meds” were deleted from the “Toxicology Screen Part 3” spreadsheet.

The following describes the *preliminary* PDR data for 2012:

Cases of Unintentional Drug Poisoning Fatalities reviewed in 2012: 96

Date of Death for Most Recent Case Reviewed: September 17, 2012

Estimated Completion Date for all 2012 Cases: March 15, 2013

Unintentional Drug Poisoning Fatalities, 2008: 132

Unintentional Drug Poisoning Fatalities, 2009: 126

Unintentional Drug Poisoning Fatalities, 2010: 127

Unintentional Drug Poisoning Fatalities, 2011: 136

Demographic Characteristics of Population, 2012:

Male: 63%

White: 82%

Average Age: 43.3 years

High School Graduate: 66%

Single: 40% Married: 19% Divorced: 31% Widowed: 10%

53% of the deaths occurred in the decedent's home; 8% in the home of a friend; and 27% in a medical facility.

The population consisted primarily of poly-drug users, with high rates of prescription opioid use (49%) and frequent exposure to sedatives (60%), including benzodiazepines (47%). However, the rates of prescription opioid and benzodiazepine mentions in toxicology reports from the *preliminary* 2012 data declined significantly from previous years (See multi-year Summary, attached).

Coroner's Office toxicology report data show that prescription opioids consisted primarily of oxycodone (18%), methadone (14%), morphine (10%), and hydrocodone (9%).

Alprazolam was the most prevalent benzodiazepine (23% of all cases), followed by clonazepam (19%) and diazepam (15%).

Heroin was present in 52% of the deaths. However, only 13% of the deaths involved heroin without alcohol, sedatives, or prescription opioids.

There were verifiable, valid prescriptions for 37% of the controlled drugs listed on the toxicology reports. However, since no Ohio Automated Prescription Drug Reporting System (OARRS) data were available that could be matched to individual cases, these data reflect only prescription drugs found at the scene of death or in the home of the decedent.

The demographic characteristics of the group of 50 heroin users were nearly identical to those of the other 46 individuals in the population.

There was conclusive indication of IV drug use in 14% of the deaths.

The incidence of overdoses that might have been prevented by the use of opioid antagonists by family members, fellow users, or other by-standers was 22%. This should be interpreted with caution because the context in which a person overdosed is often difficult to assess.

It is important to note that all data used in the PDR are from people who died in Montgomery County, regardless of whether they were county residents. Consequently, Montgomery County PDR data will not precisely mirror Ohio Department of Health (ODH) drugs and death data as ODH assigns decedents to their county of residence, regardless of where in Ohio they died.

Information, Training and Educational Activities

The project's principal activities related to this objective in 2012 were to implement training and educational opportunities consistent with needs that were identified and recommended by the Montgomery County Unintentional Prescription Drug Poisoning Coalition in the previous two years.

Educational videos targeting community members and prescribers continued to play an important role in the Task Force's education efforts. The series consists of 9 stand-alone segments that run from 4-9 minutes in length. The topic areas covered include pain management contracts, alternatives to opioids for pain relief, substance use disorders, prescribing opioids, talking with someone who has a drug problem, and epidemiology of the problem from national, state and local perspectives. Links to additional resources are provided for each video. The series was and still is being publicized through local hospitals and professional societies. The video series is available on YouTube as well as a WSU channel. Links to the videos are also available on the coalition web site. The videos have been viewed more than 7400 times since being posted on November 9, 2011. This is a combination of YouTube and non-YouTube views (some organizations, like hospitals, block YouTube).

The largest education session for prescribers in 2012 was attended by 65 medical students, residents, and attending physicians. The training addressed: (1) the epidemiology of the prescription drug abuse epidemic; (2) Ohio Automated Prescription Drug Reporting System (OARRS); and (3) Overview of Drug-Seeking Behavior. Of 43 attendees who were not registered with OARRS, 40 made a commitment to do so. In addition, Mr. Falck and Mr. Lane met with 14 emergency department residents and reviewed recent changes in prescriber requirements for checking OARRS when patients show signs of possible abuse or intent to divert. Mr. Falck, Mr. Lane, and Dr. Carlson also conducted a presentation for the Dayton Dental Society, attended by approximately 50 dentists.

Mr. Falck presented a poster session at the WSU 2012 Central Research Forum sponsored by the Office of Research Affairs at the Boonshoft School of Medicine. During the session, Mr. Falck reviewed epidemiological data on drug overdose deaths and emergency department visits and described Task Force measures to respond to the overdose epidemic.

In 2012, the project conducted the first of what will be a series of informal on-line polls via the Wright State University home page “WINGS Quick Poll”. The objective of the polling questions is to informally gauge attitudes and behaviors related to prescription drug use, and to raise campus awareness of prescription drug misuse. For example, the first poll asked: “Is it okay to use pain pills (like Vicodin or Percocet) without a prescription?”

| Responses (N=4987) | Students (N=4453) | Faculty and Staff (N=534) |
|---|-------------------|---------------------------|
| “Yes, as long as it’s for a health problem and not to get high” | 26% | 16% |
| “Yes, as long as you don’t make a habit of it” | 15% | 8% |
| “No” | 59% | 76% |

Inclusion of Prescription Drug Abuse materials in orientation courses was also completed in 2012.

CITAR is also using the Announce Page on Wings (a portal for students, faculty, and staff) and the University faculty and staff announcement lists to provide the student body, faculty and staff with more information and resources on this topic. The first of these emails and Wings announcements provided a link to “The Mouse Party”, an education video produced by the University of Utah: <http://learn.genetics.utah.edu/content/addiction/drugs/mouse.html>. The Mouse Party is an interactive way to learn about how specific drugs affect brain function. It covers commonly abused legal drugs, such as alcohol, as well as illicit drugs, such as heroin, cocaine, and marijuana. The second email in the series provides the University community with a link to the Rx OD Project website as well as a link to the Rx video series produced by the Project. The third email in the series will provide links to Rx OD programs that are currently underway and supported by the Ohio Department of Health.

The project also included Sinclair Community College (SCC) and the University of Dayton (UD) in the above-described email educational effort. Both SCC and UD have expressed interest in using information provided by Wright State University (WSU) to increase faculty, staff, and student awareness and education about prescription drug abuse. Each school is provided with the emails WSU is using to disseminate information to the academic community.

The Project developed the hierarchical risk reduction message in 2012, obtained Task Force approval of its content, and submitted final materials for publication. The poster approved by the Task Force will be the centerpiece of the geographically targeted awareness campaign to reach those at risk of unintentional drug overdose, as well as their family and friends. The medical correctness of the poster's message was reviewed and approved by an addiction medical specialist, an anesthesiologist/pain management specialist, and an emergency medicine physician. A copy of the approved poster is attached to this report.

The distribution of the poster will begin in the 1st quarter of 2013. The Task Force has enlisted the help of community outreach workers and others who can help in the distribution of the posters in those areas the Task Force has identified as having high numbers of accidental overdose cases. Distribution will begin in East Dayton. Ideally, posters will find their way into bars, carry-outs, medical clinics, pharmacies, convenience stores, gas stations and fast food restaurants. The Project is developing talking points to help those who are distributing posters engage with business proprietors/managers.

Summary of Progress on Prior Year Recommendations

The Montgomery County Opiate Task Force continued to focus on Unintentional Prescription Drug Overdoses by adopting the membership and objectives of the Montgomery County Unintentional Prescription Drug Poisoning Coalition (the Coalition).

The Task Force continued the Poisoning Death Review process. The continued cooperation of the Montgomery County Coroner's Office is an essential element of the process, and their efforts to support the PDR process in 2012 have been commendable.

The Task Force adopted measures to support a geographically-targeted hierarchical risk reduction model. These included: (1) development of the risk reduction message, including review by Task Force members and other community experts; (2) collection and analysis of overdose death geographical data so the risk reduction message could be tailored to specific census tracts within Montgomery County; and (3) production of the overdose death prevention poster that will initially provide the initial focus for prevention efforts; and (4) Task Force approval of the means of distributing the message.

As recommended by the Coalition, the Center for Interventions, Treatment, and Addictions Research maintained the project web site, including providing access to the series of nine educational videos.

In 2012, CITAR continued to meet with Public Health Dayton Montgomery County to develop the prescription drug overdose prevention media toolkit, using the NIDA media guide as a model. CITAR also compiled a list of content experts for inclusion in the toolkit.

Educational activities that had been conducted by the Coalition in 2010 and 2011 have been incorporated into the Project's routine activities. For example, Project members now provide prescription drug education and training annually for emergency department residents. In 2012, these education and training activities were expanded to include: (1) Wright State faculty, staff and students; (2) Montgomery County Association of Police Chiefs; and (3) the Dayton Dental Society. Extension of these efforts has already been scheduled for 2013, including providing education and prevention activities for faculty, staff and students at the University of Dayton and Cedarville University, and for participants in the Montgomery Valley Community Problem Oriented Policing Conference (May 2013). In addition, Project members are participating in the planning group for the Montgomery County Opiate Forum tentatively scheduled for May 2013.

Project Activities Attachments

Montgomery County Opiate Task Force Membership List

Preliminary Poisoning Death Review Summary Report, 2012, with Final 2010 and 2011
Summaries

Rx Drug Abuse Educational Video Series: Prescription Drugs: Questions and Answers —
Education for Health Care Professionals and the Community

Risk Reduction Poster

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POISONING DEATH REVIEW SUMMARY REPORT, Jan - Sep, 2012

| Characteristic | | | | | |
|-----------------------------|---|-----------|---------|----------------------------|----------------------------|
| | Total Cases Jan 1-Sep 17, 2012 | 96 | | 2011 Cases: 130 | 2010 Cases: 127 |
| DEMOGRAPHICS | | | | | |
| Characteristic | | | | | |
| | Category | Freq | Percent | 2011 Percent | 2010 Percent |
| Age | <15 years | 0 | 0% | 0% | 0% |
| | 15-24 years | 3 | 3% | 5% | 14% |
| | 25-34 years | 24 | 25% | 22% | 22% |
| | 35-44 years | 21 | 22% | 26% | 28% |
| | 45-54 years | 34 | 35% | 32% | 18% |
| | 55-64 years | 12 | 13% | 14% | 16% |
| | 65-74 years | 2 | 2% | 1% | 2% |
| | 75+ years | 0 | 0% | 0% | 0% |
| | Gender | Male | 60 | 63% | 59% |
| Female | | 36 | 38% | 41% | 43% |
| Race | White | 82 | 85% | 87% | 90% |
| | Black | 14 | 15% | 13% | 10% |
| | Other | 0 | 0% | 0% | 0% |
| Hispanic | Hispanic/Latino | 1 | 1% | 0% | 0% |
| Education | <High School | 27 | 28% | 28% | 20% |
| | HS graduate | 63 | 66% | 69% | 76% |
| | College graduate | 4 | 4% | 2% | 2% |
| | Post-graduate | 0 | 0% | 1% | 1% |
| Marital Status | Single | 38 | 40% | 39% | 41% |
| | Married | 18 | 19% | 31% | 29% |
| | Divorced | 30 | 31% | 25% | 26% |
| | Separated | 0 | 0% | 3% | 2% |
| | Widowed | 10 | 10% | 2% | 2% |
| Military | Ever in US Armed Forces | 12 | 13% | 4% | 13% |
| HEALTH | | | | | |
| Characteristic | | | | | |
| | | Freq | Percent | 2011 Percent | 2010 Percent |
| Physical Disability/Illness | | 83 | 86% | 74% | 79% |
| | Heart Disease | 51 | 53% | 56% | 65% |
| Mental Disability/Illness | | 23 | 24% | 23% | 27% |

| HISTORY OF SUBSTANCE ABUSE | | | | | |
|--|---|-------------|----------------|----------------------------|----------------------------|
| | Total Cases Jan 1-Sep 17, 2012 | 96 | | 2011 Cases: 130 | 2010 Cases: 127 |
| Substance Abuse | | | | | |
| | | Freq | Percent | 2011 Percent | 2010 Percent |
| Any history | | 76 | 79% | 82% | 75% |
| Alcohol | | 18 | 19% | 18% | 13% |
| Cocaine | | 13 | 14% | 17% | 12% |
| Marijuana | | 4 | 4% | 2% | 5% |
| Heroin | | 24 | 25% | 26% | 26% |
| Prescription opioids | | 7 | 17% | 27% | 27% |
| Benzodiazepines | | 8 | 8% | 16% | 15% |
| Other Prescription Medications | | 1 | 1% | 5% | 3% |
| Over-the-Counter Medications | | 0 | 0% | 0% | 0% |
| DEATH INVESTIGATION | | | | | |
| Characteristic | Category | | | | |
| | | Freq | Percent | 2011 Percent | 2010 Percent |
| Location of death | Decedent's home | 51 | 53% | 53% | 68% |
| | Relative's home | 2 | 2% | 0% | 2% |
| | Friend's home | 8 | 8% | 16% | 14% |
| | Place of work | 0 | 0% | 1% | 0% |
| | School | 0 | 0% | 0% | 0% |
| | Hospital | 26 | 27% | 22% | 9% |
| | Drug tx facility | 1 | 1% | 0% | 0% |
| | Jail/detention area | 1 | 1% | 0% | 0% |
| | Public area | 2 | 2% | 2% | 2% |
| | Other | 5 | 5% | 6% | 4% |
| 911 called | Yes | 89 | 93% | 98% | 96% |
| Person reporting death | Coroner | 0 | 0% | 0% | 1% |
| | Hospital physician | 32 | 33% | 23% | 17% |
| | Mortician | 0 | 0% | 0% | 0% |
| | EMS/Police | 64 | 67% | 75% | 82% |
| Possible prevention by use of opioid antagonist? | | 21 | 22% | 14% | 11% |

| TOXICOLOGY REPORT | | | | | |
|---|---|-------------|----------------|----------------------------|----------------------------|
| | Total Cases Jan 1-Sep 17, 2012 | 96 | | 2011 Cases: 130 | 2010 Cases: 127 |
| Characteristic | Category | Freq | Percent | 2011 Percent | 2010 Percent |
| | Alcohol | 29 | 30% | 23% | 23% |
| | Cocaine | 31 | 32% | 41% | 30% |
| | Methamphetamine | 2 | 2% | 2% | 1% |
| | Heroin | 50 | 52% | 35% | 31% |
| Prescription Opioids | Any | 47 | 49% | 62% | 74% |
| | Oxycodone | 17 | 18% | 19% | 23% |
| | Hydrocodone | 9 | 9% | 15% | 24% |
| | Methadone | 13 | 14% | 33% | 32% |
| | Fentanyl | 4 | 4% | 6% | 7% |
| | Tramadol | 5 | 5% | 4% | 6% |
| | Hydromorphone | 0 | 0% | 0% | 1% |
| | Morphine | 10 | 10% | 8% | 9% |
| | Other | 2 | 2% | 3% | 4% |
| Anti-Depressants | Any | 31 | 32% | 32% | 38% |
| Sedatives (Including Benzodiazepines) | Any | 58 | 60% | 74% | 76% |
| Benzodiazepines | Any | 45 | 47% | 65% | 70% |
| Any Prescription Opioid + Any Benzodiazepine | | 26 | 27% | 49% | 57% |
| Two or more of the following CNS depressants: alcohol, heroin, prescription opioids, sedatives | | 87 | 91% | 82% | 85% |
| Heroin + Any Other CNS Depressant | | 38 | 40% | 31% | 27% |
| Heroin without Any Other CNS Depressant | | 12 | 13% | 5% | 4% |
| Any Opiate | | 85 | 89% | 88% | 92% |
| Other Prescription | Any | 32 | 33% | 37% | 39% |
| Over-The-Counter | Any | 22 | 23% | 19% | 20% |
| Verifiable Valid Prescription for Controlled Drugs in Tox Report | | 73 | 37% | 37% | 33% |
| Indication of IV Drug Use + Presence of Heroin in Tox Report | | 13 | 14% | | |

| PRESCRIPTION OPIOIDS | | Cases with Prescription Opioids Jan 1-Sep 17, 2012 | | 2011 Cases with Prescription Opioids | 2010 Cases with Prescription Opioids |
|--|--------------------------------|--|------------|--------------------------------------|--------------------------------------|
| | | | | | |
| Decedents with Postmortem Prescription Opioids: | | 47 | 49% | 62% | 74% |
| Age | <15 years | 0 | 0% | 0% | 0% |
| | 15-24 years | 1 | 2% | 7% | 13% |
| | 25-34 years | 11 | 23% | 21% | 23% |
| | 35-44 years | 11 | 23% | 22% | 27% |
| | 45-54 years | 17 | 36% | 35% | 19% |
| | 55-64 years | 6 | 13% | 15% | 17% |
| | 65-74 years | 1 | 2% | 0% | 1% |
| | 75+ years | 0 | 0% | 0% | 0% |
| Gender | Male | 26 | 55% | 49% | 53% |
| | Female | 21 | 45% | 51% | 47% |
| Race | White | 42 | 89% | 90% | 93% |
| | Black | 5 | 11% | 10% | 7% |
| Hispanic | Hispanic/Latino | 0 | 0% | 0% | 0% |
| Education | <High School | 13 | 29% | 29% | 22% |
| | HS graduate | 28 | 62% | 69% | 74% |
| | College graduate | 4 | 9% | 0% | 3% |
| | Post-graduate | 0 | 0% | 1% | 1% |
| Marital Status | Single | 16 | 34% | 32% | 39% |
| | Married | 10 | 21% | 37% | 34% |
| | Divorced | 14 | 30% | 26% | 23% |
| | Separated | 0 | 0% | 2% | 1% |
| | Widowed | 7 | 15% | 2% | 2% |
| Military | Ever in US Armed Forces | 5 | 11% | 2% | 11% |
| Verifiable Physical Illness | Any | 43 | 91% | 74% | 83% |
| Heart Disease | | 24 | 51% | 56% | 67% |
| Verifiable Valid Prescription | | | 37% | 37% | 33% |

Rx Drug Abuse Educational Video Series: Prescription Drugs: Questions and Answers — Education for Health Care Professionals and the Community

A set of nine videos comprise an educational series on prescription drug disorders produced by the Center for Interventions, Treatment & Addictions Research (CITAR) at the Wright State University Boonshoft School of Medicine. The series was produced to meet an educational objective under a contract from Public Health — Dayton and Montgomery County (PHDMC). This project was funded, in part, by the Preventive Health and Health Services Block Grant from the Centers for Disease Control and Prevention (CDC) and administered by the Ohio Department of Health (ODH). The contents of the series are solely the responsibility of the presenters and do not necessarily represent the official views of the CDC, ODH, PHDMC or Wright State University.

The series was created and developed by Russel Falck, M.A., associate professor of community health and project PI, with Robert Carlson, Ph.D., professor of community health, project co-PI and CITAR director; Raminta Daniulaityte, Ph.D., research assistant professor of community health and project co-investigator; and Tim Lane, M.Ed., the project's injury prevention coordinator. Videotaping and editing was provided by Wright State's Computing and Telecommunications Services.

- **Pain Management Contracts** — featuring Rick Buenaventura, M.D., Anesthesiologist & Interventional Pain Management Physician, Pain Relief of Dayton
- **Alternatives to Opioids for Pain Management** — featuring Rick Buenaventura, M.D., Anesthesiologist & Interventional Pain Management Physician, Pain Relief of Dayton
- **Prescription Drugs and Their Effects (Opioids and Benzodiazepines)** — featuring Douglas Teller, M.D., Internal Medicine & Addiction Medicine Specialist, Kettering Health Network
- **Prescribing Multiple Drugs: Prescriber Perspectives** — featuring Douglas Teller, M.D., Internal Medicine & Addiction Medicine Specialist, Kettering Health Network
- **Substance Use Disorders** — featuring Brenda Roman, M.D., Professor of Psychiatry, Wright State University Boonshoft School of Medicine

- **Treating Substance Use Disorders** — featuring Brenda Roman, M.D., Professor of Psychiatry, Wright State University Boonshoft School of Medicine
 - **Talking with Someone About Prescription Drug Abuse** — featuring Monica Sutter, R.N., Chemical Dependency Resource Nurse, Good Samaritan Hospital, Dayton
 - **Multiple Drug Prescriptions: Patient Perspectives** — featuring Douglas Teller, M.D., Internal Medicine & Addiction Medicine Specialist, Kettering Health Network
 - **Drug Overdose in Montgomery County: The Scope of the Problem** — featuring Tim Lane, M.Ed., Injury Prevention Coordinator, Wright State University Boonshoft School of Medicine, Center for Interventions, Treatment & Addictions Research
-



PREVENT PRESCRIPTION DRUG OVERDOSE

OD SYMPTOMS

- Gurgling or raspy breathing
- Very slow or shallow breathing
- Blue lips or fingernails
- Pale skin
- Very slow pulse
- Limp body
- Vomiting
- Can't speak or slurred speech
- Dizziness
- Passed out or can't respond

If someone has these symptoms, CALL 911. Don't let them try to sleep it off.

PREVENTION

- The best way you can prevent a fatal overdose (OD) from morphine-type drugs like Vicodin™, Percodan™, OxyContin™, and methadone is not to take them.
- If you don't stop using these drugs, take them in lower doses and less often.

REDUCE YOUR RISK

- Take only drugs that have been prescribed and use them as directed.
- Tell all your doctors and your pharmacist what medications you are taking.

YOUR RISK INCREASES IF YOU:

- Drink alcohol, use heroin, or take other drugs like Xanax™, Klonopin™, or Valium™ along with morphine-type drugs.
- Buy drugs "off the street."
- Have a history of drug abuse or addiction.
- Use more than the prescribed dose.

If you need help with drugs, call CrisisCare at (937) 224-4646 or contact a physician or hospital.