

Needs Assessment Report

Ohio's Strategic Prevention Framework – State Incentive Grant (SPF SIG)
FAIRFIELD COUNTY

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Community Profile

Fairfield County has an estimated population of 147,066. The population is predominantly Caucasian (90.4%), with a small African American population (6.2%). Approximately 1.9% of the population identifies as multiracial and a similar percentage (1.9%) of the county's population reports being of Hispanic or Latino origin.

English is the predominant language, with 3.9% of residents reporting that another language is spoken at home.

Among residents above 25 years of age, 91.6% have a high school diploma and 24.4% have a Bachelor's degree or higher. The high school graduation rate in the county is considerably higher than that in the state (87.4%) whereas the percentage of higher education degrees in the county is similar to the state rate (24.1%).

The median household income (2006-2010) is \$56,796, which is above the state median of \$47,358.

The five year (2006-2010) estimated percentage of the county population below poverty level is 10.4%. This is considerably better than the estimated state percentage (14.2%).

Fairfield County is home to a satellite campus of Ohio University.

Note: Data sources include the 2011 Census and the 2006-2010 American Community Survey.

Introduction

The community's biggest issue related to substance abuse:

The prescription opiate problem, and the community perception of that problem, has caused great concern in Fairfield County. Data collected from our 18-25 year-old individual consumption and perception survey indicates that prescription opiate misuse is indeed a large issue; 25.2% of 18-25 year olds in Lancaster reported lifetime misuse of prescription pain medication. Prevalence of misuse of prescription pain medication is also evident in Pickerington (18.2% reporting lifetime misuse) and on the Ohio University Lancaster Campus and Pickerington Center (15.0% reporting lifetime misuse). However, data from the same survey also indicates that misuse of prescription medication in general is also a concern; with 32.6% (Lancaster), 35.2% (Pickerington), and 23.2% (Ohio University L/P campuses) of 18-25 year olds reporting lifetime use of a prescription drug without a doctor's prescription.*

* Fairfield County, Ohio Young Adult Survey - 2012

A description of the population being targeted for SPF SIG project:

Our target population includes all young adults (18-25 years of age) living in Lancaster, Ohio. Lancaster represents the largest population of 18-25 year olds in Fairfield County. Lancaster is home to 3,929 18-25 year olds which is 10.13% of the city's population. Lancaster 18-25 year-old consumption and perception data* shows that, when asked, "How old were you the first time you used a prescription medication that was not prescribed for you?" The maximum age of first use was 23 years old; with 14.7% reporting first use between the ages of 18-23 and 58.3% reported never having used. This data shows that there is a continued need for primary prevention once persons hit the 18-25 year-old age range. Through the needs assessment process our coalition has determined that while some efforts have been made, Lancaster does not yet have a comprehensive prevention strategy for 18-25 year olds in our community. Results from our Community Readiness Assessment*** show that Lancaster is at a Stage 4- Preplanning and is primed and ready for prevention efforts.

* Fairfield County, Ohio Young Adult Survey – 2012

*** Fairfield County Community Readiness Assessment-2012

Sub-target/underserved population(s) chosen for SPF SIG project:

- Ohio University - Lancaster/Pickerington Campus
- Pickerington 18-25 year olds

Description of sub-target/underserved population(s):

Ohio University- Lancaster/Pickerington Campus: Sub-population A for this project is all young adults (18-25 years old) attending Ohio University Lancaster and Ohio University Pickerington campuses (1,486 students). Ohio University 18-25 year-old consumption and perception data *shows that, when asked, “How old were you the first time you used a prescription medication that was not prescribed for you?” 8.94% reported first use between the ages of 18-25 and 71.2% reported never having used. This data shows a continued need for primary prevention once persons hit the 18-25 year-old age range. This sub-target population was selected for multiple reasons. The first is due to a specific request from the campus, additionally through the needs assessment process our coalition has determined that while some efforts have been made, Lancaster does not yet have a comprehensive prevention strategy for 18-25 year olds in our community. Results from our Community Readiness Assessment*** show that this community is at a Stage 2-Denial/Resistance.

* Fairfield County, Ohio Young Adult Survey – 2012

*** Fairfield County Community Readiness Assessment-2012

Pickerington 18-25 year olds: Sub-population B for this project is all young adults (18-25 years old) living in the city of Pickerington (1,392 18-25 year olds) which is 7.61% of the city’s population. Pickerington 18-25 year-old consumption and perception data* shows that, when asked, “How old were you the first time you used a prescription medication that was not prescribed for you?” The maximum age of first use was 24 years old; with 14.9% reporting first use between the ages of 18-24 and 56.9% reported never having used. This data shows a continued need for primary prevention once persons hit the 18-25 year-old age range. Through the needs assessment process our coalition has determined that while some efforts have been made, Pickerington does not yet have a comprehensive prevention strategy for 18-25 year olds in our community. Results from our Community Readiness Assessment*** show that Pickerington is at a Stage 3-Vague Awareness.

* Fairfield County, Ohio Young Adult Survey – 2012

*** Fairfield County Community Readiness Assessment-2012

Recent Community Needs Assessments

Total Number of Needs Assessments: Three

Needs Assessment:	Fairfield First
Year Conducted:	2007
Sponsoring Agency	United Way
Findings Relevant to 18-25 Year Olds:	None
Findings Relevant to Community Readiness:	<ul style="list-style-type: none"> • Pg. 6 - Mental health and addiction issues were viewed as predominate in household and key informant surveys and the secondary research. Many respondents voiced the need for expanded services. • Pg. 16 - In the household phone survey, “alcoholism or drug abuse” ranked as the second highest area of concern at 27%. • Pg. 23 - In Phase II the visioning committee listed the following as issues: <ul style="list-style-type: none"> ○ Community recognizes addiction and mental health as serious problems but many perceive these issues as “moral flaws” and have difficulty supporting it financially. ○ Growing demand for opiate related detox centers. ○ Heroin is increasing, and overprescribing pharmaceuticals with opiates (access increasing). ○ Perceived safety due to rural nature of the county. “We don’t have the problems of big cities.”

Needs Assessment:	Fairfield County Health Assessment
Year Conducted:	2010
Sponsoring Agency	Fairfield County Department of Health, Fairfield Medical Center, Fairfield Community Health
Findings Relevant to 18-25 Year Olds:	<ul style="list-style-type: none"> • 5% of all Fairfield County adults used recreational drugs in the past six months, 7% of adults under the age of 30 were current users and 10% of adults with incomes < \$25,000 were current users. • 5% of adults had used medication not prescribed to them or they took more than prescribed to feel good or high and/or more active and alert during the past 6 months. • 6% of adults had taken prescription opiates (Oxycontin, Codeine, Demerol, etc.) on a regular basis for more than two weeks.
Findings Relevant to Community Readiness:	None

Needs Assessment:	Fairfield County Youth Behavior Survey
Year Conducted:	2004, 2006, 2008, 2010, 2012
Sponsoring Agency	Prevention Works for a Drug Free Fairfield County, Fairfield County Family Adult and Children First Council
Findings Relevant to 18-25 Year Olds:	<ul style="list-style-type: none"> • High school seniors: 30 day use of other peoples' prescription drugs - 9.3% (2004), 8.5% (2006), 7.2% (2008), 5.7% (2010), 2.4% (2012) • High school seniors: Average age of first use of illegal Rx drugs - 14.85 (2004), 14.59 (2006), 15.60 (2008), 14.84 (2010), 15.08 (2012) • High school seniors: Ease of access of illegal Rx drugs ("very easy" and "somewhat easy") - 49% (2004), 49% (2006), 45.3% (2008), 45.7% (2010), 35.7% (2012) • High school seniors: Perception of harm of other peoples' Rx drugs - 2.3 (2004), 2.34 (2006), 2.46 (2008), 2.48 (2010) (on a scale of 1-3 with 1 being the lowest harm), 61.6% (2012) ("great risk") • High school seniors (2012): "Where do students get Rx drugs?" - 81.3% "have not misused," 7.1% "friend gave them to me," 4.2% "took them from a parent, family member, or friend," 2.8% "parent gave them to me," 1.9% "bought them from someone else" 1.8% "bought them from a friend," .9% "another family member gave them to me." • High school seniors (2010): "During the past year have you or a family member been prescribed pain medication?" - 58.3% "yes," 19% "no," 21.8% "don't know." • High school seniors (2012): "Rate parents disapproval of teen use Rx drugs nor prescribed for them" - 87% "very wrong," 7.7% "wrong," 3.1% "a little bit wrong," 2.2% "not at all wrong." • High school seniors: "How many times [during lifetime] have you used medications that were either not prescribed for you or took more than was prescribed to feel good or high?" - 0 times 82.8% (2012), 68.8% (2010); 1 or 2 times 7.6% (2012), 9.8% (2010); 3-9 times - 4% (2012), 7.1% (2010); 10-19 times 2% (2012), 3.5% (2010); 20-39 times 1.1% (2012), 2.6%(2010); 40 or more times 2.5%(2012), 6.5% (2010)
Findings Relevant to Community Readiness:	None

Community Readiness

Community Readiness Assessment Used:

MIPH Community Readiness Survey and Tri-Ethnic Center for Prevention Research's Community Readiness Model

Community Readiness Assessment Conducted:

The MIPH Community Readiness Survey was conducted from June 15, 2011 thru July 1, 2012. The Tri-Ethnic Center for Prevention Research's Community Readiness Model was conducted from June 2012 through July 2012.

A review of the community readiness in the community, with respect to priority substance, found the following:

For **prescription drug misuse/abuse**, the coalition determined that Lancaster is in the *preplanning* stage of community readiness.

Sharing community readiness findings in the community:

We presented the report from MIPH and a report created detailing the Tri-Ethnic results to the coalition as a whole. In the presentation we touched on each community and its stage of readiness, as well as how this would directly affect where we start with prevention efforts in each community. The response was that of heightened interest, and the coalition seemed to be able to visualize the way this assessment and the needs assessment in general would drive our prevention efforts.

Use of community readiness findings in strategic planning:

It was very beneficial to see where each community was on the stage of readiness. The Tri-Ethnic model allowed the SPF SIG coordinator to meet with key leaders and truly get a sense of the communities' attitudes toward the prescription drug problem. The results showed that our target cities as well as our sub-target population were at three different levels of readiness. The results will definitely help the coalition when it comes to the strategic planning process; the results will be used to provide information as to where to start with prevention efforts in each of these three areas of our community.

Suggested strategies for strategic planning:

In the Lancaster Community, the lowest scores are related to: Community Knowledge of the Efforts, Community Climate, Community Knowledge of the Issue, and Resources Related to the Issue; in these four dimensions the scores are in Stage 4-Preplanning. As we begin planning for implementation, it is important that we look at those dimensions and their corresponding stage of readiness and use the combination of information to develop our strategic plan. In this case, initial efforts should focus on raising awareness with concrete ideas to combat prescription drug misuse among 18-25 year olds and should include:

- Raising awareness about the causes of prescription drug misuse among 18-25 year olds, the consequences, and how it impacts the community.
- Increasing the awareness of local efforts to prevent prescription drug misuse among 18-25 year olds and their effectiveness among community members.

- Helping to mold the prevailing attitude in the community to reflect responsibility and empowerment around the prevention of prescription drug misuse among 18-25 year olds.
- Increasing the amount of local resources available to support the prevention of prescription drug misuse among 18-25 year olds.

Individual-Level

Based on the consumption data (30-day use and age of first use) analyzed, these are the community's major concerns surrounding the problem of consumption of the priority substance:

Our coalition has identified two issues of major concern surrounding the problem of prescription drug misuse consumption based on results from our Lancaster Young Adult Survey (2012). When asked "During your life, how many times have you taken a prescription drug without a doctor's prescription?" of those respondents who had taken a prescription drug without a doctor's prescription, 46.3% of Lancaster respondents reported doing so 20 or more times.* Also of major community concern is when asked, "How old were you the first time you used a prescription medication that was not prescribed for you?" The maximum age of first use was 23 years old; with 14.7% of respondents reported having used between the ages of 18-23 and 58.3% reported they had never used.* This data indicates a continued need for primary prevention targeted at 18-25 year olds, however a scan of available community services, as well as community focus group data shows a gap in services available to this age group in our community.**

* Fairfield County, Ohio Young Adult Survey - 2012

**Young Adult Prevention Initiative Focus Group Data (2012)

Based on the perceptions of disapproval data (attitudes) analyzed, these are the community's major concerns regarding the attitudes surrounding consumption of the priority substance:

The major concerns our community has regarding the perception of disapproval surrounding prescription drug misuse consumption are 18-25 year olds see self-medicating as a justifiable reason to use a prescription medication that is not prescribed to them. While our survey* showed that 68.8% of respondents answered that they "strongly disapprove of others your age using prescription medications that are not prescribed for them once a month or more." Our focus group data revealed some additional data that showed 18-25 year olds felt there was a difference between using to "get high" and using to self-medicate. This focus group data revealed that while 18-25 year olds did "strongly disapprove" of using prescription medication to "get high" they seemed to feel it was reasonable to use the same medications to self-medicate.

The following quotes are an example of favorable attitudes toward self-medicating: **

- "I mean yeah, if you like hurt your back, you don't have insurance, someone's got somethin' strong, and you need one of 'em to get through the day, you know?"
- "Yeah, like I've used my mom's stuff before, but not like abused it."
- "Depends on if you're in pain or not. Or, if you're just taking it to take it."

When asked, "How do you feel about others your age using prescription medication that are not prescribed for them once a month or more?," 12.7% of respondents "neither approve nor disapprove," 1.2% "somewhat approve," and 1.7% "strongly approve."*

* Fairfield County, Ohio Young Adult Survey - 2012

**Young Adult Prevention Initiative Focus Group Data (2012)

Based on the perceived risk/harm data analyzed, these are the community's major concerns surrounding the perceived risk/harm of consuming the priority substance:

18-25 year olds see prescription medications as safer than illicit drugs because they are made by pharmaceutical companies and prescribed regularly by doctors. While our survey results showed that 70.3% answered great risk when asked, "How much do people risk harming themselves physically and in other ways when they use pain medication that are not prescribed for them?" Our focus group data revealed additional data that showed 18-25 year olds felt there was a certain amount of safety to prescription medications compared to illicit drugs. This focus group data revealed that while 18-25 year olds did feel that it was a great risk to use prescription medication to "get high," they seem to feel it was okay to use those same medications to self-medicate. They also stated that those medications are reasonably safe to use because they are manufactured by pharmaceutical companies and are prescribed by doctors on a regular basis.

Priority Substance: Prescription Drugs									
Data Available for Target Population									
Age of First Use									
Specific Measure: How old were you the first time you used a prescription medication (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) that was not prescribed for you? (Age _____)									
Does this measure qualify as a NOMs item?					No				
Data Source	Year(s)	Population	Population Size	Sampling Strategy	Sample Size	Response #	Reported Outcome	Value	Value Type
Fairfield County Young Adult Survey	2012	18-25 year olds living within the city of Lancaster.	3929	Convenience	417	173	Age of first use out of responses from those who have used	16.48	Mean
Lifetime Use Indicators									
Specific Measure: How often do you use the following, not prescribed to you? Pain Medication such as Vicodin, Oxycontin, Percocet, Tylenol 3 with Codeine, Darvocet, or Morphine.									
Does this measure qualify as a NOMs item?					No				
Data Source	Year(s)	Population	Population Size	Sampling Strategy	Sample Size	Response #	Reported Outcome	Value	Value Type
Fairfield County Young Adult Survey	2012	18-25 year olds living within the city of Lancaster.	3929	Convenience	417	416	% reporting "never"	74.80%	Percent
Specific Measure: How often do you use the following, not prescribed to you? Stimulant medication such as Ritalin, Dexedrine, Adderall, Concerta									
Does this measure qualify as a NOMs item?					No				
Data Source	Year(s)	Population	Population Size	Sampling Strategy	Sample Size	Response #	Reported Outcome	Value	Value Type
Fairfield County Young Adult Survey	2012	18-25 year olds living within the city of Lancaster.	3929	Convenience	417	414	% reporting "never"	89.40%	Percent
Specific Measure: How often do you use the following, not prescribed to you? Sleeping medications such as Ambien, Halcion, Restoril.									
Does this measure qualify as a NOMs item?					No				
Data Source	Year(s)	Population	Population Size	Sampling Strategy	Sample Size	Response #	Reported Outcome	Value	Value Type
Fairfield County Young Adult Survey	2012	18-25 year olds living within the city of Lancaster.	3929	Convenience	417	414	% reporting "never"	91.10%	Percent
Specific Measure: How often do you use the following, not prescribed to you? Sedative/anxiety medication such as Ativan, Xanax, Valium, Klonopin.									
Does this measure qualify as a NOMs item?					No				
Data Source	Year(s)	Population	Population Size	Sampling Strategy	Sample Size	Response #	Reported Outcome	Value	Value Type
Fairfield County Young Adult Survey	2012	18-25 year olds living within the city of Lancaster.	3929	Convenience	417	416	% reporting "never"	84.90%	Percent

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Disapproval of Use									
Specific Measure: How do you feel about others your age using prescription medications that are not prescribed for them once a month or more? (Strongly approve, Somewhat approve, Neither approve nor disapprove, Somewhat disapprove, Strongly disapprove).									
Does this measure qualify as a NOMs item?					No				
Data Source	Year(s)	Population	Population Size	Sampling Strategy	Sample Size	Response #	Reported Outcome	Value	Value Type
Fairfield County Young Adult Survey	2012	18-25 year olds living within the city of Lancaster.	3929	Convenience	417	417	% who somewhat disapprove and strongly disapprove	84.40%	Percent
Perceived Risk/Harm of Use									
Specific Measure: How much do people risk harming themselves physically and in other ways when they use pain medications that are not prescribed for them? (No Risk, Slight Risk, Moderate Risk, Great Risk)									
Does this measure qualify as a NOMs item?					No				
Data Source	Year(s)	Population	Population Size	Sampling Strategy	Sample Size	Response #	Reported Outcome	Value	Value Type
Fairfield County Young Adult Survey	2012	18-25 year olds living within the city of Lancaster.	3929	Convenience	417	417	% who see it as a great risk.	70.30%	Percent

Priority Substance: Other Illegal Drugs									
Data Available for Target Population									
30 Day Use									
Specific Measure: Think specifically about the last 30 days. During the past 30 days, on how many days did you use any other illegal drug? (# __ days)									
Does this measure qualify as a NOMs item?					Yes				
Data Source	Year(s)	Population	Population Size	Sampling Strategy	Sample Size	Response #	Reported Outcome	Value	Value Type
Fairfield County Young Adult Survey	2012	18-25 year olds living within the city of Lancaster	3,929	Convenience	417	417	% of respondents who have used "any other illegal drug" in the past 30 days.	15.60%	Percent

Interpersonal-Level

Identified contributing factors with good data and/or evidence to justify that they are impacting priority substance use in the community:

- Ease of access
- Lack of education
- Self-medicating

Contributing factors for which the community needs to collect more data and/or evidence to justify they are impacting priority substance use in the community:

None - already collected.

Plans to collect that data and/or evidence:

Already collected.

Based on the data gathered on social norms, these are the concerns around social norms that might contribute to priority substance use in the community:

Based on the data gathered by the Young Adult Prevention Initiative Coalition, our concerns around social norms that might contribute to 18-25 year-old prescription drug misuse in our community include:

- Ease of access: medical providers, 18-25 year olds in the community, social service providers, and ATOD prevention and treatment providers all agreed that prescription medications were very easy to access in our community with or without a prescription.**
- Lack of education: it is clear from our focus group data** that there is a serious lack of prescription drug risk education in our community. Medical, 18-25 year old, and ATOD focus groups indicated this specifically by pointing out that there was a lack of education in the community. Patients feel prescription drugs are safe because they are prescribed by doctors.**
- Self-medicating: 18-25 year olds are self-medicating for both emotional and medical reasons according to focus group data.**
 - Emotional: as a way to escape pain/depression, anxiety, because it feels good/numbs pain, stress, coping.
 - Medical: using Rx medicines under conditions for which they could use OTC or alternative treatments (e.g., treat injuries, stay awake to study, energy).

**Young Adult Prevention Initiative Focus Group Data (2012)

Priority Substance	
Prescription Drugs	
Contributing Factors Presenting in Community	
Acceptance Example	Self-medicating - 18-25 year olds believe it is ok to use as long as you're not "trying to get high."
Supporting Evidence	Focus group data
Rite of Passage Example	No response
Supporting Evidence	No response
Multigenerational Use	Reports of multigenerational use/abuse
Supporting Evidence	Focus group data
Public Substance Use	No response
Supporting Evidence	No response
18-25 Year Old Perception	Millennial Generation believe they are immune, in control, want a quick fix or instant gratification.
Supporting Evidence	Focus group data
Culturally Acceptable	No response
Supporting Evidence	No response
Available in Home	Ease of access
Supporting Evidence	Focus group data
Other (Favorable Attitudes/Friends Who Engage)	It's fun, peers use, hanging out on college campuses to party
Supporting Evidence	Focus group and survey data
Other (Lack of Prevention Education)	Not knowing the effects/not understanding the risks
Supporting Evidence	Focus group data

Factors Related to Social Norms That Contribute to Consumption in Your Community
Factor 1: Ease of Access
Whom does this affect/occur with?
Generation Rx: including 18-25 year olds
Who allows this?
N/A
When does this occur?
Varies
Where does this occur?
Varies
How does this occur?
Sharing/selling/stealing old prescriptions among family and friends, doctors over-prescribing, patients faking symptoms, drugs available on "streets" from other users who sell their prescriptions
Under what conditions is this allowed to happen?
Various
Factor 2: Lack of Education
Whom does this affect/occur with?
Entire community including 18-25 year olds
Who allows this?
N/A
When does this occur?
N/A
Where does this occur?
N/A
How does this occur?
This occurs due to a lack of policies regarding prescription drug education when prescribing such drugs, as well as the issue of perception by patients due to lack of education. This leads to patients assuming that prescription drugs are safe because they are not being educated on the risks and because those prescriptions are given to them by doctors.
Under what conditions is this allowed to happen?
Lack of existing policies
Factor 3: Acceptance/Self-Medicating
Whom does this affect/occur with?
Generation Rx including 18-25 year olds
Who allows this?
N/A
When does this occur?
N/A
Where does this occur?
N/A
How does this occur?
Self-medicating occurs when 18-25 year olds are self-medicating for both emotional and medical reasons. Emotional: as a way to escape pain/depression or anxiety because it feels good/numbs pain, stress and coping. Medical: Using Rx medicine in conditions for which they could use OTC or alternative treatments (e.g., treat injuries, stay awake to study, energy).
Under what conditions is this allowed to happen?
Self-medicating occurs due to social norms that lead to 18-25 year olds thinking that it is "ok" so long as they are using the prescription to treat what they perceive to be a legitimate ailment.

Community-Level

Retail Factors

Retail Availability: Identified contributing factors with good data and/or evidence to justify that they are impacting priority substance use in the community:

- Overprescribing
- ER - self-injury and/or faking
- Dentist

Contributing factors for which the community needs to collect more data and/or evidence to justify they are impacting priority substance use in the community:

None - already collected.

Plans to collect that data and/or evidence:

Already collected.

Based on the data gathered on retail availability, these are the concerns around retail availability that might contribute to priority substance use in the community:

The data collected by the Young Adult Prevention Initiative brings to light a few retail concerns surrounding prescription drug misuse in our community.

- Overprescribing: according to our focus group data, while some doctors have responsible prescribing practices there are a number of physicians that are still overprescribing in our community.* “I mean the last time I went, I was being discharged from the hospital, and I wasn’t in that much pain, and he wrote me two prescriptions where one would have been fine like I got two and I didn’t ask for it.”**
- ER - self-injury/faking symptoms: according to our data, addicted persons frequently go to the ER to obtain prescription medications after researching and faking symptoms and/or self-injury.**
- Dentist: we conducted focus groups with multiple sectors of the community and every sector listed dentists as a major factor in prescription drug availability and overprescribing.** These focus groups also expressed dentists regularly failing to inform the patients of the risks associated with those prescriptions. Anecdotally, YAPI coalition members expressed a failure by community dentists to proactively stay informed about prescription drug misuse and the ways in which they can become a part of the solution in our community. This information came from a coalition member who participated in an Opiate Task Force committee’s continuous effort to reach out to the dental community with information on prescription drug abuse.

**Young Adult Prevention Initiative Focus Group Data (2012)

Priority Substance	
Prescription Drugs	
Contributing Factors Presenting in Community	
ID Issues	No response
Supporting Evidence	No response
Density	No response
Supporting Evidence	No response
Characteristics	No response
Supporting Evidence	No response
Employees	No response
Supporting Evidence	No response
Product Placement	No response
Supporting Evidence	No response
Potential Sources for Prescription Drugs	ERs: patients faking symptoms/self injury
Supporting Evidence	Focus group data
Retailers	No response
Supporting Evidence	No response
Other (Potential Sources)	Dentists: 18-25 year olds going to get their wisdom teeth out; overprescribing for regular dental procedures
Supporting Evidence	Focus group data
Other (Potential Sources)	Medical community overprescribing
Supporting Evidence	Focus group data
Other (Dr. Shopping)	Patients going to multiple doctors to obtain more than one prescription
Supporting Evidence	Focus group data

Factors Related to Retail Availability that Contribute the Most to Availability
Factor 1: Overprescribing
Whom does this affect/occur with?
While some doctors have responsible prescribing practices, there are a number of physicians that are still overprescribing.
Who allows this?
N/A
When does this occur?
Varies
Where does this occur?
N/A
How does this occur?
N/A
Under what conditions is this allowed to happen?
Lack of established prescribing standards/lack of established and consistent enforcement by medical facilities that do have policies in place
Factor 2: ER- Self injury and/or faking symptoms
Whom does this affect/occur with?
Doctors/patients
Who allows this?
N/A
When does this occur?
When addicted persons are desperate to obtain pharmaceuticals
Where does this occur?
Emergency rooms
How does this occur?
Addicts research and fake legitimate medical symptoms and/or injure themselves to obtain prescription medication.
Under what conditions is this allowed to happen?
N/A
Factor 3: Dentists
Whom does this affect/occur with?
Dentists
Who allows this?
Occupational culture
When does this occur?
Varies
Where does this occur?
Varies
How does this occur?
N/A
Under what conditions is this allowed to happen?
No clear policies in the dental community regarding education/prescribing standards.

Social Availability Factors

Social Availability: Identified contributing factors with good data and/or evidence to justify that they are impacting priority substance use in the community:

- 18-25 year olds giving and/or selling prescription drugs to their friends.
- Prescription medications being readily available at work for employees working in restaurants.
- 18-25 year olds stealing to obtain prescription drugs.

Contributing factors for which the community needs to collect more data and/or evidence to justify they are impacting priority substance use in the community:

None - already collected.

Plans to collect that data and/or evidence:

Already collected.

Based on the data gathered on social availability, these are the concerns around social availability that might contribute to priority substance use in the community:

The data collected by the Young Adult Prevention Initiative brings to light a few social availability concerns surrounding prescription drug misuse in our community.

- 18-25 year olds giving and/or selling prescription drugs to their friends: according to our survey, when asked, “where have you obtained prescription medications that were not prescribed to you?” of those responses from 18-25 year olds who indicated use, 51% indicated, “A friend gave them to me and/or I bought them from a friend.”* The survey also revealed that 18% of the responses showed “Friends’ home” as one of the places they had seen prescription drugs available for use by those who do not have a prescription.* Our 18-25 year-old focus groups indicated friends as a way in which their peers were obtaining prescription drugs without a prescription.**
- Prescription medications being readily available at work for employees who work in restaurants: when asked, “Where have you seen prescription medications available for use by those who do not have a prescription?” 10% reported “bar/restaurant” as one of the places and 10% reported “workplace” as one of the places.* Further data collection revealed that 18-25 year olds who currently work in restaurants and/or had previously worked in restaurants reported regularly seeing prescription drugs available and/or being used at their workplace.**
- 18-25 year olds stealing to obtain prescription drugs: according to results from our individual level survey, 12.5% of respondents who had obtained prescription medication answered, “Took from a family member/friend without asking” when asked, “Where have you obtained prescription medication that was not prescribed to you?”*
- Focus group data presented theft as one of the predominate ways in which 18-25 year olds were obtaining prescription medications without a prescription. **

According to this focus group data, prescription drug theft occurs in multiple forms including:

- Stealing from friends/family
- Stealing from elderly

- Robbing stores
- Stealing from others' medicine cabinets

*Fairfield County, Ohio Young Adult Survey – 2012

**Young Adult Prevention Initiative Focus Group Data (2012)

Priority Substance	
Prescription Drugs	
Contributing Factors Presenting in Community	
18-25 year olds getting priority substance from...	Other drug abusers, word of mouth, "drug sharing networks," trading or selling drugs
Supporting Evidence	Focus group data
18-25 year olds attending gatherings with large amounts of the priority substance...	Seeking Rx drugs available for use at parties and/or college campuses
Supporting Evidence	Survey and focus group data
Other (Family)	Being given or sold Rx drugs by family members
Supporting Evidence	Survey and focus group data
Other (Friends)	Friends giving and/or selling each other Rx Drugs
Supporting Evidence	Survey and focus group data
Other (At work in restaurants)	Coworkers, kitchen staff in restaurants selling drugs
Supporting Evidence	Survey and focus group data
Other (Stealing)	Stealing from friends/family/community/pharmacies
Supporting Evidence	Survey and focus group data

Factors Related to Social Availability that Contribute the Most to Availability
Factor 1: 18-25 year olds giving and/or selling prescription drugs to their friends
Whom does this affect/occur with?
18-25 year olds
Who allows this?
N/A
When does this occur?
N/A
Where does this occur?
N/A
How does this occur?
18-25 year olds who get prescriptions either by taking them from their own homes and/or having them left over routinely give and/or sell these prescriptions to their friends.
Under what conditions is this allowed to happen?
Social norms and favorable attitudes
Factor 2: Prescription medication being readily available at work for employees who work in restaurants
Whom does this affect/occur with?
Community
Who allows this?
N/A
When does this occur?
During work
Where does this occur?
At work
How does this occur?
Due to the nature of the restaurant business: long hours, good money with no higher education requirement and the lack of policies in place for drug use enforcement. The restaurant industry has by inaction allowed a culture of drug use to form in the workplace.
Under what conditions is this allowed to happen?
No established policies or enforcement
Factor 3: 18-25 year olds stealing to obtain prescription drugs
Whom does this affect/occur with?
18-25 year olds
Who allows this?
N/A
When does this occur?
N/A
Where does this occur?
N/A
How does this occur?
18-25 year olds become addicted and are so desperate to feed that addiction they take prescriptions that don't belong to them.
Under what conditions is this allowed to happen?
N/A

Promotional Factors

Promotion: Identified contributing factors with good data and/or evidence to justify that they are impacting priority substance use in the community:

- Media: TV
- Media: Music

Contributing factors for which the community needs to collect more data and/or evidence to justify they are impacting priority substance use in the community:

None – already collected.

Plans to collect that data and/or evidence:

Already collected.

Based on the data gathered on promotion, these are the concerns around promotion that might contribute to priority substance use in the community:

The data collected by the Young Adult Prevention Initiative brings to light a promotion concern surrounding prescription drug misuse in our community.

- Media –TV: Movies and TV shows promote use by either glamorizing or creating a social norm by presenting prescription drug use as a general occurrence with little to no consequences.** Example: “The show House. He’s like addicted to all kinds of prescription pain pills and all kinds of pain medication. It’s kind of like, I don’t know, like he’s a doctor, and he functions, but he takes a lot of pills and like nothing bad really happens, he doesn’t get fired, or he doesn’t get in trouble.”
- Media – Music: Artists and songs promoting use by either glamorizing or creating a social norm by presenting prescription drug use as “cool” or “normal” or “popular” as a part of their glamorous culture.

**Young Adult Prevention Initiative Focus Group Data (2012)

Priority Substance	
Prescription Drugs	
Contributing Factors Presenting in Community	
Local Promotion	No response
Supporting Evidence	No response
National Promotion	No response
Supporting Evidence	No response
Other (Visual Media Promotion)	Movies and TV shows promoting use by either glamorizing or creating a social norm by showing Rx drug use as a general occurrence with little to no consequences: ex: House, Weeds etc.
Supporting Evidence	Focus group data
Other (Music Media Promotion)	Artists and songs promoting use by either glamorizing or creating a social norm by showing prescription drug use as "cool" or "normal" or "popular" as a part of their glamorous culture. Example: songs like "Sippin on Sizzurp" and "Because I got High"
Supporting Evidence	Focus group data

Factors Related to Promotion that Contribute the Most to Availability	
Factor 1: Media: TV	
Whom does this affect/occur with?	
	18-25 year olds
Who allows this?	
	N/A
When does this occur?	
	N/A
Where does this occur?	
	N/A
How does this occur?	
	Movies and TV shows glamorize/social norm use by presenting it as an everyday occurrence with the actors in the movies/shows.
Under what conditions is this allowed to happen?	
	Lack of policy against it and/or social norm
Factor 2: Media: Music	
Whom does this affect/occur with?	
	18-25 year olds
Who allows this?	
	N/A
When does this occur?	
	N/A
Where does this occur?	
	N/A
How does this occur?	
	Music songs glamorize use by singing about drugs in their songs as if it is normal and/or "cool."
Under what conditions is this allowed to happen?	
	Freedom of speech

Organizational-Level

Capacities

Organizations currently implementing prevention strategies for priority substance:

- The Recovery Center
- Prevention Works for a Drug Free Fairfield County
- Opiate Task Force
- Law Enforcement
- FMC
- FACFC
- Solace of Fairfield County
- Teen Institute
- Students Against Destructive Decisions
- Various agencies through supportive services that indirectly provide prevention through increased self-esteem, as well as community support and assistance.

Opportunities for SPF SIG coalition to work with these organizations:

- Prevention Works: Specifically focuses on teens. In addition to prevention in schools for teens, this coalition does many initiatives in the community to raise awareness such as town hall meetings and drug drop-off days. YAPI could partner with PW to work to help make these types of events culturally competent for 18-25 year olds.
- Various Agencies - Partnerships for drug drop-off days/Street Smart Seminars. Opiate Task Force CEC: The Community Education Committee works on environmental change in the community as well as educational initiatives.
- Recovery Center: Provides various education initiatives including workplace/parent etc. that could provide future partnership in community education endeavors.
- Solace of Fairfield County is a new group that is working on awareness in our community; YAPI could team up with Solace to do awareness events.
- Community Neighborhood Watch programs: These groups can provide a good resource for information both in spreading information and giving our coalition information.
- Teen Institute and Students Against Destructive Decisions: YAPI can partner with seniors in these high school programs. These youth are already invested in the prevention cause and would be a good resource in peer training within the community.

Types of prevention strategies currently being implemented for the priority substance in the community:

- Community awareness and education
- Community policing and deterrence from law enforcement efforts
- Social norms and policy change
- Drug disposal days

Opportunities for the SPF SIG coalition to capitalize on current prevention programming to help support or buttress SPF SIG efforts:

There are numerous agencies in both the Lancaster and Pickerington communities that are organizing events to enhance community awareness. By partnering with these organizations, YAPI will be able to reach more of the community and share in the costs for some of the events.

Gaps

Gaps in prevention programming for the priority substance:

Gap in prevention targeting 18-25 year olds: The current efforts do not target this age group and are not culturally appropriate in reaching this age group.

Ways the SPF SIG coalition can fill these gaps:

By doing the needed research to offer prevention in the community, targeting 18-25 year olds as well as working with current prevention initiatives to help ensure their materials are culturally appropriate for 18-25 year olds in our community.

Policy-Level

Policy issues, based on gathered data that may contribute to consumption of the priority substance within the community:

In general, the Lancaster Community has done a wonderful job working together on policy issues surrounding prescription drug misuse in our community. Law enforcement agencies across the county have been working together on increased enforcement, Fairfield Medical Center has worked on changing the policies within the hospital, and various employers throughout the community have worked with the Opiate Task Force to make changes both internally and in the community as a whole. While our community has done an outstanding job addressing these issues there is still work to be done. The data collected by the Young Adult Prevention Initiative Coalition brings to light a few policy issues, which if addressed, would help combat prescription drug misuse in our community.

- Prescribing standards: According to our data this is a multi-faceted issue. A lack of enforcement of already established policies, including OARRS and local medical facility/office policies. **
- Patient education issues: According to our focus group data there is a clear issue with lack of patient education but some confusion about who's responsibility it is to provide that education.**
- A lack of continued education/knowledge of doctors. **
- A failure to explore alternative treatment options, such as exercise and diet change, prior to turning to pharmaceuticals for treatment. **
- Overprescribing by doctors. **
- Workplace policy issues: Young adults 18-25 report work as a place they see prescription drugs available for use without a prescription.* Restaurants were reported most frequently as a workplace where this is a predominate issue.** Additionally, according to anecdotal evidence, workplaces that do have policies are experiencing hiring and employee retention difficulties due to those policies.
- Lack of uniformity in data reporting: There are many agencies in our community collecting statistics and data which would be beneficial to prescription drug prevention, both on the assessment and evaluation side of the process. Currently there is no centralized location to compile this data and the data is reported differently by each agency. One prime example of this occurs in regard to drug arrest data. Each law enforcement agency in our county has a different way of reporting out drug arrest data: one agency reports in general categories such as drug offenses, one agency reports specific drugs such as pharmaceutical arrests and heroin arrests and one agency reports by the actual ORC codes under which the offense falls. In order to more productively use this data to drive prevention efforts, it would be helpful if there was a centralized location to collect the data as well as continuity in the way it is reported.

* Fairfield County, Ohio Young Adult Survey - 2012

**Young Adult Prevention Initiative Focus Group Data (2012)

Policy		Number of Infractions (arrests, etc.)				
Policy Level: State, local or IHE	Description	2007	2008	2009	2010	2011
Local: Fairfield/Hocking Drug Task Force**	Heroin arrests	16	57	43	68	50
Local: Fairfield/Hocking Drug Task Force**	Pharmaceuticals	14	19	47	37	46
Local: Lancaster Police Department	Drug offenses	151	174	240	292	444
Local: Lancaster Police Department	Overdoses	28	49	38	61	58
Local: Lancaster Police Department	Intoxicated person*	250	269	259	240	292
Local: Lancaster Police Department	Intoxicated driver*	255	132	140	74	90

*Note: Drugs including prescriptions are included within this offense

** The Fairfield/Hocking Major Crimes Task Force deals with more strategic drug enforcement by targeting the mid and upper level dealers and users in all areas of our county as well as Hocking County.

Factors Related to Policy Issues That Contribute to Consumption in Your Community
Factor 1: Prescribing standards
Whom does this affect/occur with?
Doctors/patients
Who allows this?
Social norm, medical facilities, state
When does this occur?
Varies
Where does this occur?
Varies
How does this occur?
A lack of enforcement of already established policies, confusion as to whose job it is to educate the patients when they receive a prescription, lack of knowledge and/or lack of continuing education required of doctors, failure to explore healthy alternative treatment options and overprescribing by doctors.
Under what conditions is this allowed to happen?
Varies
Factor 2: Lack of effective workplace drug use policies
Whom does this affect/occur with?
Employers/employees
Who allows this?
Employers
When does this occur?
Varies
Where does this occur?
At work
How does this occur?
Workplaces that have no existing enforced policies have created environments where employees are using, selling and obtaining prescription drugs in the workplace with little to no knowledge by their employers. Additionally, employers that do have existing policies, and enforce those policies in ways such as drug screens, are experiencing hiring shortages and problems with employee retention.
Under what conditions is this allowed to happen?
Lack of existing policies and/or ineffective policies
Factor 3: Lack of uniformity in community data reporting
Whom does this affect/occur with?
Community agencies
Who allows this?
Community agencies
When does this occur?
N/A
Where does this occur?
N/A
How does this occur?
There are many agencies in our community collecting statistics and reporting out data. Because there is no established community policy or norm, each agency chooses what data it collects and how that data is reported out.
Under what conditions is this allowed to happen?
Lack of existing collaborative community data process

Cultural Competence

Millennials (Generation Next)

Prevention Programming:

- **These prevention programs are offered to Millennials by the following group(s):**
None
- **These programs do not specifically target Millennials, but could potentially reach them or be modified:**
Mentoring models (i.e., Teen Institute, Big Brothers Big Sisters, and Bridges out of Poverty)
- **Sources for program information:**
Focus group data/organizational scan

Expertise:

Individuals with Expertise Working with Millennials		
Name	Agency	Contact Information
No response	Community Assistance Organizations	No response
No response	Churches	No response
No response	Informal Athletic Leagues	No response
No response	Ohio University-Lancaster	No response
No response	Pickerington Branch Campuses	No response

- **Ways local expertise can be tapped into for the SPF SIG process:**
 - Cross Training, working together to provide services.
 - Expand the coalition to include these groups/individuals with expertise.
 - Coalition members go to them and/or work on becoming integrated into their organization to gain expertise.
 - Further research on local young adult groups in churches.
- **Sources for expertise information:**
Focus group data/organizational scan

Gaps:

- **Perceived gaps in prevention programming for Millennials:**

As shown in the focus group data, there appears to be a gap in prevention programming during the transitional period that the Millennial Generation experiences between high school and adult independence.
- **Ways these gaps were identified:**
 - Through the community focus group data process our coalition collected data that indicates there are multiple issues that exist in our community surrounding the Transitions and Mobility risk category in regards to 18-25 year olds including:
 - Economic deprivation: Not having insurance, instability with housing, unemployment and stress due to finances.
 - Low neighborhood attachment: Not having enough to do and boredom.
 - Lack of community support: Not enough prevention groups in Lancaster, no programs for those transitioning from high school to college and no prevention education groups for non-college students. This gap was also highlighted by our focus group data through the list of community needs that were identified. Social Service and ATOD treatment providers identified the following as things needed in our community for young adults transitioning after high school:
 - Functional workplace training
 - Coping skills training
 - Community activities
 - Mentoring programs
 - Fun/free activities for young adults
- **Ways to close these gaps:**
 - Community-based processes and alternative activities, including coalition building, cross training among agencies surrounding Millennials and community mentoring programs.

Sub-Target/Underserved Population

Due to the decision to re-align our target and sub-target populations, we will complete this section with the sub-target/underserved needs assessment. This decision was done with careful consideration among our core team and our OSET evaluator.

Prevention Programming:

- **These prevention programs are offered to the sub-target/underserved population by the following group(s):**
 - No response
- **These programs do not specifically target the sub-target/underserved population, but could potentially reach them or be modified:**
 - No response
- **Sources for program information:**
 - No response

Expertise:

Individuals with Expertise Working with Sub-Target/Underserved Population		
Name	Agency	Contact Information
No response	No response	No response

- **Ways local expertise can be tapped into for the SPF SIG process:**
 - No response
- **Sources for expertise information:**
 - No response

Gaps:

- **Perceived gaps in prevention programming for the sub-target/underserved population:**
 - No response
- **Ways these gaps were identified:**
 - No response
- **Ways to close these gaps:**
 - No response

Generation Rx

Prevention Programming:

- **These prevention programs are offered to Generation Rx by the following group(s):**
None
- **These programs do not specifically target Generation Rx, but could potentially reach them or be modified:**
Generation Rx curriculum developed by OSU school of Pharmacy. In the FMC community, “Fit Together” program.
- **Sources for program information:**
Focus group data from multiple sources as well as an organizational scan

Expertise:

Individuals with Expertise Working with Sub-Target/Underserved Population		
Name	Agency	Contact Information
The Recovery Center	Fairfield Medical Center	No response

- **Ways local expertise can be tapped into for the SPF SIG process:**
Expertise can be tapped into by cross training, working together across agencies.
- **Sources for expertise information:**
Focus groups/community scan

Gaps

- **Perceived gaps in prevention programming for Generation Rx:**
There is a gap between patient and provider which leads to a lack in education surrounding risk of prescription drugs. Additionally there is a continued fueling of the Generation Rx culture in the absence of healthier lifestyle activities and alternative wellbeing treatment options prior to prescription drugs as treatment. Also included in this gap is the need for patients to become more proactive and responsible for their own wellbeing rather than leaving that to their doctor.
- **Ways these gaps were identified:**
Young Adult Prevention Initiative Focus Group Data (2012) revealed that a gap exists between medical providers and consumers, policies and social norms like patient satisfaction surveys feed into this gap as well as a lack of education on the part of the consumer.
- **Ways to close these gaps:**
The gaps can be closed through information dissemination and community-based processes such as programs like “Fit Together.”

Appendix I: Organizational-Level Assessment Tools

Agency Name:	Child and Family First/Department of Health/Community Action	Contact:	Suzanna Twining
Address:	108 W. Main Street Suite B		
Phone:	(740) 475-1976	Email:	stwinning@fairfield.co.oh.us
Resource Type:	Program		
Resource Name:	Child and Family Health Services Program		
Resource Description:	Designed to eliminate health disparities, improve birth outcomes, and improve the health status of women, infants, and children in Fairfield County.		
Target Population:	Women, infants, and children in Fairfield County		
Causal Factors Targeted:			
Social Availability		Community Norms	
Retail Availability		Individual Factors	X
Promotion		Provider Lack of Knowledge	
Criminal Justice/Enforcement		Other	
Risk/Protective Factors Targeted:			
Family	Protective: healthy beliefs and clear standards		
Community			
School			
Individual/Peer			
Implementing Agency:	CFHS Advisory Team		
Number Reached Annually:	Varies depending on the program.		
Duration:	Varies depending on the program.		
Frequency:	N/A		
Prevention Strategies Utilized:			
Education	X	Problem Identification and Referral	X
Environmental Strategies	X	Information Dissemination	X
Alternative Activities		Other	
Community-Based Process	X		
Type of Implementation Data Collected:			
Attendance		Other	
Satisfaction			
Evidence-Based:	No		
Agency List Containing the Program:			
NIDA		DOE	
CDC		Drug Strategies	
CSAP		OJJDP	
Has Implementing Agency Evaluated Outcomes:	No	If 'yes', describe below:	
Geographical Area Served:	Fairfield County		
Culturally Competent:	Yes	If 'yes', describe below:	
The programs are culturally appropriate as they address current cultural trends and issues in our community. The programs themselves were created and driven by local professionals who see the issues every day.			

Agency Name:	Numerous agency partners	Contact:	No response
Address:	No response		
Phone:	No response	Email:	No response
Resource Type:	Practice		
Resource Name:	Prescription Drug Drop-off Days		
Resource Description:	Numerous organizations in both the Lancaster and Pickerington areas have organized prescription drug drop-off events in the community.		
Target Population:	Fairfield County		
Causal Factors Targeted:			
Social Availability	X	Community Norms	
Retail Availability		Individual Factors	
Promotion		Provider Lack of Knowledge	
Criminal Justice/Enforcement		Other	
Risk/Protective Factors Targeted:			
Family			
Community	Risk: availability of drugs		
School			
Individual/Peer			
Implementing Agency:	Numerous agencies partnering together		
Number Reached Annually:	Unknown		
Duration:	Several hours		
Frequency:	Several times a year		
Prevention Strategies Utilized:			
Education		Problem Identification and Referral	
Environmental Strategies	X	Information Dissemination	
Alternative Activities		Other	
Community-Based Process			
Type of Implementation Data Collected:			
Attendance		Other	X
Satisfaction		Quantities of drugs collected	
Evidence-Based:	No		
Agency List Containing the Program:			
NIDA		DOE	
CDC		Drug Strategies	
CSAP		OJJDP	
Has Implementing Agency Evaluated Outcomes:	No	If 'yes', describe below:	
Geographical Area Served:	Fairfield County		
Culturally Competent:	Yes	If 'yes', describe below:	
Prescription drop-off days are culturally appropriate as they offer a much needed service to all members of our community.			

Agency Name:	Numerous agencies	Contact:	No response
Address:	No response		
Phone:	No response	Email:	No response
Resource Type:	Program		
Resource Name:	Operation Street Smart		
Resource Description:	To provide current and up-to-date narcotics information on trends, terminology, paraphernalia, and physiological effects to those individuals who deal with today's youth on a daily basis.		
Target Population:	Parents, teachers, social workers, community partners, and anyone with a nexus to children.		
Causal Factors Targeted:			
Social Availability		Community Norms	
Retail Availability		Individual Factors	
Promotion		Provider Lack of Knowledge	X
Criminal Justice/Enforcement		Other (Community lack of knowledge)	X
Risk/Protective Factors Targeted:			
Family	Poor supervision due to lack of knowledge		
Community			
School	Availability of dangerous substances on school property		
Individual/Peer			
Implementing Agency:	Franklin County Sheriff's Department		
Number Reached Annually:	Varies		
Duration:	4 hour sessions		
Frequency:	Once or twice a year for 4 hours		
Prevention Strategies Utilized:			
Education	X	Problem Identification and Referral	
Environmental Strategies		Information Dissemination	X
Alternative Activities		Other	
Community-Based Process			
Type of Implementation Data Collected:			
Attendance	X	Other	
Satisfaction			
Evidence-Based:	No		
Agency List Containing the Program:			
NIDA		DOE	
CDC		Drug Strategies	
CSAP		OJJDP	
Has Implementing Agency Evaluated Outcomes:	No	If 'yes', describe below:	
Geographical Area Served:	Fairfield County		
Culturally Competent:	Yes	If 'yes', describe below:	
The very idea behind Operation Street Smart is cultural competence, it is to educate parents/teachers/nurses/doctors/etc. on current trends/slang/what drugs look like so they can be aware and use that knowledge in their interactions with children and young adults.			

Agency Name:	Recovery Center, Lancaster City Schools, Pickerington Central High School	Contact:	No response
Address:	No response		
Phone:	No response	Email:	No response
Resource Type:	Program		
Resource Name:	Teen Institute		
Resource Description:	Empowering youth to develop the skills to make drug free, healthy lifestyle choices, become resilient and responsible adults, and to positively impact their schools and communities. The Teen Institute program planted its roots in Ohio in 1966 and are proud to be continuing this program 46 years later!		
Target Population:	High School Students		
Causal Factors Targeted:			
Social Availability		Community Norms	X
Retail Availability		Individual Factors	X
Promotion		Provider Lack of Knowledge	
Criminal Justice/Enforcement		Other	
Risk/Protective Factors Targeted:			
Family			
Community	Risk: community norms favorable to drug use; Protective: opportunities for pro-social involvement in the community.		
School			
Individual/Peer	Risk: friends who engage in problem behavior; Protective: bonding to peers with healthy beliefs and clear standards, opportunities for pro-social involvement		
Implementing Agency:	Various		
Number Reached Annually:	Various		
Duration:	Throughout the school year		
Frequency:	Various		
Prevention Strategies Utilized:			
Education	X	Problem Identification and Referral	
Environmental Strategies	X	Information Dissemination	X
Alternative Activities	X	Other	
Community-Based Process	X		
Type of Implementation Data Collected:			
Attendance		Other	
Satisfaction			
Evidence-Based:	No response		
Agency List Containing the Program:			
NIDA		DOE	
CDC		Drug Strategies	
CSAP		OJJDP	
Has Implementing Agency Evaluated Outcomes:	Unknown	If 'yes', describe below:	
Geographical Area Served:	No response		
Culturally Competent:	Yes	If 'yes', describe below:	
Peer to peer education is a recognized, culturally appropriate prevention education strategy.			

Agency Name:	Prevention Works for a Drug Free Fairfield County	Contact:	Toni Ashton
Address:	108 W. Main St. Lancaster, Ohio 43130		
Phone:	(740) 681-5542	Email:	tashton@co.fairfield.oh.us
Resource Type:	Coalition		
Resource Name:	Prevention Works for a Drug Free Fairfield County		
Resource Description:	A community coalition to prevent and reduce substance abuse in youth.		
Target Population:	Youth under the age of 18		
Causal Factors Targeted:			
Social Availability	X	Community Norms	
Retail Availability	X	Individual Factors	
Promotion		Provider Lack of Knowledge	X
Criminal Justice/Enforcement	X	Other	
Risk/Protective Factors Targeted:			
Family			
Community	Availability of Rx Drugs		
School			
Individual/Peer			
Implementing Agency:	The coalition itself		
Number Reached Annually:	Unknown		
Duration:	Ongoing		
Frequency:	Ongoing		
Prevention Strategies Utilized:			
Education	X	Problem Identification and Referral	
Environmental Strategies	X	Information Dissemination	X
Alternative Activities	X	Other	
Community-Based Process			
Type of Implementation Data Collected:			
Attendance	X	Other	
Satisfaction	X		
Evidence-Based:	Yes		
Agency List Containing the Program:			
NIDA		DOE	
CDC		Drug Strategies	
CSAP		OJJDP	
Has Implementing Agency Evaluated Outcomes:	Yes	If 'yes', describe below:	
Outcomes are evaluated per program. Overall outcome evaluated by utilizing the Fairfield County Youth Behavior Survey.			
Geographical Area Served:	Fairfield County		
Culturally Competent:	Yes	If 'yes', describe below:	
Teens are on the coalition and serve in an advisory capacity.			

Agency Name:	Opiate Task Force	Contact:	Rhonda Myers
Address:	108 W. Main St. Lancaster, Ohio		
Phone:	(740) 654-0829	Email:	rhonda@ohiopps.org
Resource Type:	Task Force/Coalition		
Resource Name:	The Opiate Task Force		
Resource Description:	<p>The Opiate Task Force has established six committees to work on different aspects of this problem. They are: 1. Community Awareness and Education - to educate the citizens of Fairfield County about the scope and nature of opiate addiction in our community. 2. Medical Professionals - to develop protocol for the local use of opiate analgesics in Fairfield County. 3. Corrections & Treatment - to develop a comprehensive and integrated approach to the interdiction, judicial and treatment components of the heroin and other opiates problem in Fairfield County. 4. Measurement - to develop and execute a needs assessment and evaluation process that will allow the Opiate Task Force to determine the scope of opiate addiction in Fairfield County and the impact of interventions in reducing the problem. 5. Fundraising - to raise money to help fund prevention and treatment services. 6. Business and Industry- to develop resources for and awareness among the Fairfield County business community that will assist them in addressing opiate addiction issues in the workplace.</p>		
Target Population:	Fairfield County		
Causal Factors Targeted:			
Social Availability	X	Community Norms	X
Retail Availability	X	Individual Factors	X
Promotion	X	Provider Lack of Knowledge	X
Criminal Justice/Enforcement	X	Other	
Risk/Protective Factors Targeted:			
Family	Parental attitudes and involvement in the problem behavior		
Community	All risk and protective factors		
School	Availability of dangerous substances on school property		
Individual/Peer			
Implementing Agency:	Opiate Task Force		
Number Reached Annually:	Entire community		
Duration:	Ongoing		
Frequency:	Continuous		
Prevention Strategies Utilized:			
Education	X	Problem Identification and Referral	X
Environmental Strategies	X	Information Dissemination	X
Alternative Activities		Other	
Community-Based Process	X		
Type of Implementation Data Collected:			
Attendance		Other (Tracking actual policy change and community attitudes)	X
Satisfaction			
Evidence-Based:	No		
Agency List Containing the Program:			
NIDA		DOE	
CDC		Drug Strategies	
CSAP		OJJDP	
Has Implementing Agency Evaluated Outcomes:	Yes	If 'yes', describe below:	
The Of-One Mind survey is the starting point but the measurement committee continues to work on ways to assess and provide evaluation.			
Geographical Area Served:	Fairfield County		
Culturally Competent:	Yes	If 'yes', describe below:	
The task force itself continuously examines, implements and/or changes strategies based on information and needs of the community.			

Agency Name:	Recovery Center	Contact:	Traci Mason
Address:	210 South Columbus Street, Lancaster, OH		
Phone:	(740) 687-4500	Email:	tmason@therecoverycenter.org
Resource Type:	Program		
Resource Name:	No response		
Resource Description:	Alcohol, Tobacco and Other Drug Education on topics related to substance use including health risks and possible consequences, current drug use trends and the dangers of multiple drug interactions.		
Target Population:	Elementary/High School students		
Causal Factors Targeted:			
Social Availability		Community Norms	X
Retail Availability		Individual Factors	X
Promotion		Provider Lack of Knowledge	
Criminal Justice/Enforcement		Other	
Risk/Protective Factors Targeted:			
Family	All risk factors		
Community	Risk: availability of alcohol/other drugs; Protective: opportunities for pro-social involvement		
School	All risk and protective factors		
Individual/Peer	All risk factors; Protective: bonding to peers with healthy beliefs and clear standards		
Implementing Agency:	The Recovery Center		
Number Reached Annually:	2400		
Duration:	6-10 sessions per classroom		
Frequency:	Throughout the school year		
Prevention Strategies Utilized:			
Education	X	Problem Identification and Referral	
Environmental Strategies		Information Dissemination	
Alternative Activities		Other	
Community-Based Process			
Type of Implementation Data Collected:			
Attendance		Other (Pre/Post student test)	X
Satisfaction	X		
Evidence-Based:	Yes		
Agency List Containing the Program:			
NIDA		DOE	
CDC		Drug Strategies	
CSAP	X	OJJDP	
Has Implementing Agency Evaluated Outcomes:	Yes	If 'yes', describe below:	
Already evaluated since they are evidence-based.			
Geographical Area Served:	Fairfield County		
Culturally Competent:	Yes	If 'yes', describe below:	
Determined by developer of evidence-based program.			

Agency Name:	Recovery Center	Contact:	Traci Mason
Address:	210 South Columbus Street, Lancaster, OH		
Phone:	(740) 687-4500	Email:	tmason@therecoverycenter.org
Resource Type:	Program		
Resource Name:	Ohio Works Drug-Free		
Resource Description:	A collaborative with Fairfield Information Services to prepare companies for participation in the Ohio Bureau of Workers' Compensation Drug-Free workplace program and save on BWC premiums. The program may include policy development, supervisor and employee training and drug testing to maintain a drug-free workplace.		
Target Population:	Workplace/companies		
Causal Factors Targeted:			
Social Availability		Community Norms	
Retail Availability		Individual Factors	
Promotion		Provider Lack of Knowledge	
Criminal Justice/Enforcement		Other (Reduction in workplace incidences)	X
Risk/Protective Factors Targeted:			
Family	Depending upon the training requested, Ohio Works Drug-Free can address all family risk factors to varying degrees. All Ohio Works Drug-Free programs touch on each family risk/protective factor in some manner (Family history of the problem behavior; Family management problems; Family conflict; Favorable parental attitudes and involvement in problem behaviors)		
Community	Ohio Works Drug-Free addresses the availability of alcohol/other drugs; Community laws and norms favorable to drug use and low neighborhood attachment and community disorganization; Extreme economic deprivation can be avoided through job retention by implementing Ohio Works Drug-Free.		
School	Ohio Works Drug-Free can help parents/guardians improve upon academic failure beginning in late elementary school and the lack of commitment to school through more involved and drug-free parents.		
Individual/Peer	Ohio Works Drug-Free seeks to assist parents/guardians in being better parents by addressing all risk factors in the Individual/Peer realm. Quite a bit of the trainings address family and parenting issues. We do not address gang involvement or constitutional factors.		

(Continued on next page)

Implementing Agency:	The Recovery Center		
Number Reached Annually:	Ohio Works Drug-Free is targeted toward local businesses. Typically, those who choose to implement the program are doing so to get a discount through the Ohio Bureau of Worker's Compensation. Our numbers vary. We have worked with between three and ten businesses per year.		
Duration:	Ohio Works Drug-Free is offered to all area businesses to suit their needs. As mentioned, most take part to gain a discount and is, therefore, done one time per year for one hour each time.		
Frequency:	The program is offered year-around but is most utilized shortly before reporting is needed in March and September		
Prevention Strategies Utilized:			
Education	X	Problem Identification and Referral	X
Environmental Strategies		Information Dissemination	X
Alternative Activities		Other	
Community-Based Process	X		
Type of Implementation Data Collected:			
Attendance	X	Other	
Satisfaction	X		
Evidence-Based:	No		
Agency List Containing the Program:			
NIDA		DOE	
CDC		Drug Strategies	
CSAP		OJJDP	
Has Implementing Agency Evaluated Outcomes:	Yes	If 'yes', describe below:	
Impact Evaluation is completed by the employer who opts to implement a Drug-Free Workplace Safety Program through the Ohio Bureau of Worker's Compensation. This evaluates the workplace injuries, death and rates of recidivism. The Recovery Center implements Process Evaluation on actual trainings and fulfilling needed education.			
Geographical Area Served:	Fairfield County		
Culturally Competent:	Yes	If 'yes', describe below:	
Ohio Works Drug-Free is offered to all area businesses to suit their needs and is based on current trends.			

Agency Name:	Recovery Center	Contact:	Traci Mason
Address:	210 South Columbus Street, Lancaster, OH		
Phone:	(740) 687-4500	Email:	tmason@therecoverycenter.org
Resource Type:	Program		
Resource Name:	Parent/Teacher Education		
Resource Description:	Education and resources on variety of alcohol and other drug related topics including, but not limited to: signs and symptoms, family roles, drugs and paraphernalia, progression of drug use and how to support a student in recovery.		
Target Population:	No response		
Causal Factors Targeted:			
Social Availability		Community Norms	X
Retail Availability		Individual Factors	X
Promotion		Provider Lack of Knowledge	X
Criminal Justice/Enforcement		Other	
Risk/Protective Factors Targeted:			
Family	All risk and protective factors		
Community	Risk: availability of alcohol/other drugs		
School	All risk and protective factors		
Individual/Peer			
Implementing Agency:	The Recovery Center		
Number Reached Annually:	Varies depending on request and availability of staff		
Duration:	Varies depending on situation		
Frequency:	Varies		
Prevention Strategies Utilized:			
Education	X	Problem Identification and Referral	
Environmental Strategies		Information Dissemination	X
Alternative Activities		Other	
Community-Based Process			
Type of Implementation Data Collected:			
Attendance	X	Other	
Satisfaction			
Evidence-Based:	No		
Agency List Containing the Program:			
NIDA		DOE	
CDC		Drug Strategies	
CSAP		OJJDP	
Has Implementing Agency Evaluated Outcomes:	No	If 'yes', describe below:	
Geographical Area Served:	Fairfield county		
Culturally Competent:	Yes	If 'yes', describe below:	
The program involves educating parents and teachers on current drug slang and trends to make them more culturally aware of the use/habits/identification while working with teens/children in our community.			

Organization Category:	Employment and Training Services	
Agency:		Contact Info:
Community Action	653-4146	
Fairfield County Job & Family Services	No response	
Community Services	652-7856	
Worknet	689-2494	
Eastland & Fairfield Career & Tech	756-9245	
Fairfield County Board of Developmental Disabilities Adult Service Options	652-7230	
Bureau of Vocational Rehabilitation	(614) 466-6031 or (800) 430-6940	
Bridges out of Poverty - Becky Edwards	(740) 681-4712	
Geography:	Fairfield County	
Targeted Risk or Protective Factors :		
	Family	
X	Community	Unemployment/under-employment, opportunities for participation as active members of the community.
	School	
X	Individual/Peer	Positive sense of self.
Prevention Strategy Used:	Environmental strategies, alternative activities, developmental assets	
Culturally Appropriate:	Yes	If 'yes,' please explain how:
Unemployment is a major issue affecting all age groups. Our community offers a variety of available resources to choose from that offer inclusive and targeted services.		

Organization Category:	Day Care: Child	
Agency:		Contact Info:
Fairfield County Job & Family Services Childcare	652-7889	
Child Care Finder	687-6833	
Family Y	654-0616	
Maywood Mission	653-5734	
After School Centers (West, East, Cedar Heights, Tallmadge)	653-5678	
Geography:	Fairfield County	
Targeted Risk or Protective Factors :		
	Family	
X	Community	Protective: social networks and support systems with the community.
	School	
	Individual/Peer	
Prevention Strategy Used:	Support systems	
Culturally Appropriate:	Yes	If 'yes,' please explain how:
Our community provides multiple options and locations for child care to meet diverse community needs.		

Organization Category: Counseling/Crisis		
Agency:		
Contact Info:		
Crisis Talk Line	687-Talk (8255)	
New Horizons	687-0835	
Fairhope Hospice	654-7077	
The Lighthouse	687-4423	
The Recovery Center	687-4500 Voice & TDD	
Mid-Ohio Psychological Services	687-0042	
Pickerington Area Counseling Service	(614) 834-1919 Voice & TDD	
ADAMH Board	654-0829	
Fairfield Psychiatric Health Services	689-6600	
Lancaster Veteran Outpatient Clinic	653-6145	
Geography:	Fairfield County	
Targeted Risk or Protective Factors :		
<input checked="" type="checkbox"/>	Family	Risk: family history of the problem behavior, family management problems, family conflict. Protective: bonding, attachment to family with healthy beliefs and clear standards.
<input type="checkbox"/>	Community	
<input type="checkbox"/>	School	
<input checked="" type="checkbox"/>	Individual/Peer	Risk: counseling can aid in all individual risk and protective factors depending on individual need.
Prevention Strategy Used:		Education, environmental strategies, problem identification and referral, information dissemination
Culturally Appropriate:		Yes If 'yes,' please explain how:
Our community offers a wide variety of counseling services to meet the varying needs of community members.		

Organization Category: Drug Use/Sale Deterrence	
Agency/Program:	
	Description
LPD and PPD Neighborhood watch	A program that brings together local officials, law enforcement and citizens to protect our communities.
Sheriff's Department Mobile Community Watch Program	Patrol a designated area and observes suspicious occurrences, people or objects and check closed buildings upon request. Perform routine house checks, when requested, and report any unusual occurrences. Contact Sheriff's Office upon observation of any suspicious activity, vehicle or person.
Sheriff's Department K-9, Pickerington Police K-9	Detecting illegal narcotics.
Fairfield-Hocking Major Crime Unit	A cooperative effort between area law enforcement agencies. Its primary goal is to reduce drug offenses and the street level crimes associated with them.
S.C.R.A.P.	The Street Crime Reduction and Apprehension Program is a unit of deputies working to reduce the drug problem in Fairfield County. The unit responds to resident complaints and goes into areas where crime and drug dealing are suspected. The unit meets every day to brief one another on possible suspects or leads.
Geography:	Fairfield County
Targeted Risk or Protective Factors :	
	Family
X	Community Availability of alcohol/other drugs, community laws and norms favorable to drug use, firearms and crime.
	School
	Individual/Peer
Prevention Strategy Used:	Environmental strategies
Culturally Appropriate:	Yes If 'yes,' please explain how:
Law enforcement deterrent programs are culturally appropriate. Neighborhood watch programs are especially culturally competent in that they provide a bridge between law enforcement and the community which enhances cultural awareness.	

Organization Category:	Education: Adult	
Agency:		Contact Info:
EDUCATION: ADULT (including GED)		
Eastland Fairfield Career & Tech School	756-9245	
Community Action ABLE	653-4146	
Fairfield Career Center ABLE	756-9243	
Ohio State University Extension	653-5419 or (800) 589-8292 TDD	
Ohio University – Lancaster Campus	654-6711	
Fairfield County Job and Family Services	652-7811	
Fairfield Medical Center	687-8007	
EDUCATION: LITERACY		
Fairfield County District Library	653-2745 or 653-8282 TDD	
Fairfield County Literacy Council	653-2745 ext. 109	
Community Action	653-4146	
Pickerington Public Library	(614) 837-4104	
Wagnall’s Memorial Library	(614) 837-4765	
Geography:	Fairfield County	
Targeted Risk or Protective Factors :		
	Family	
	Community	
	School	
X	Individual/Peer	Protective: positive sense of self.
Prevention Strategy Used:		Increased self-esteem
Culturally Appropriate:		Yes If 'yes,' please explain how:
Increased sense of self leads to resiliency and can be a very strong deterrent to drug use. Our community offers a wide variety of options to fit different needs for adult education.		

Organization Category: Education: Parenting		
Agency:		
Contact Info:		
Community Action Head Start/Early Head Start	653-1305	
The Parent Project	681-5542	
Fairfield Medical Center	687-8218	
Help Me Grow - Teens with Tots	681-4881	
Active Parenting	475-0404	
Parent Education Cooperative	475-0404	
Geography:	Fairfield County	
Targeted Risk or Protective Factors :		
<input checked="" type="checkbox"/>	Family	Protective: all risk and protective factors.
<input checked="" type="checkbox"/>	Community	Protective: social networks and support systems with the community.
	School	
	Individual/Peer	
Prevention Strategy Used:		No response
Culturally Appropriate:		Yes If 'yes,' please explain how:
<p>Family is one of the core sections looked at for risk and protective factors. Our community parenting classes are culturally appropriate in that there are various options and locations provided to meet varying needs in order to strengthen parenting skills and families in our community. Many of these parenting programs are also culturally competent in that they address needs that have been currently identified as serious in our community.</p>		

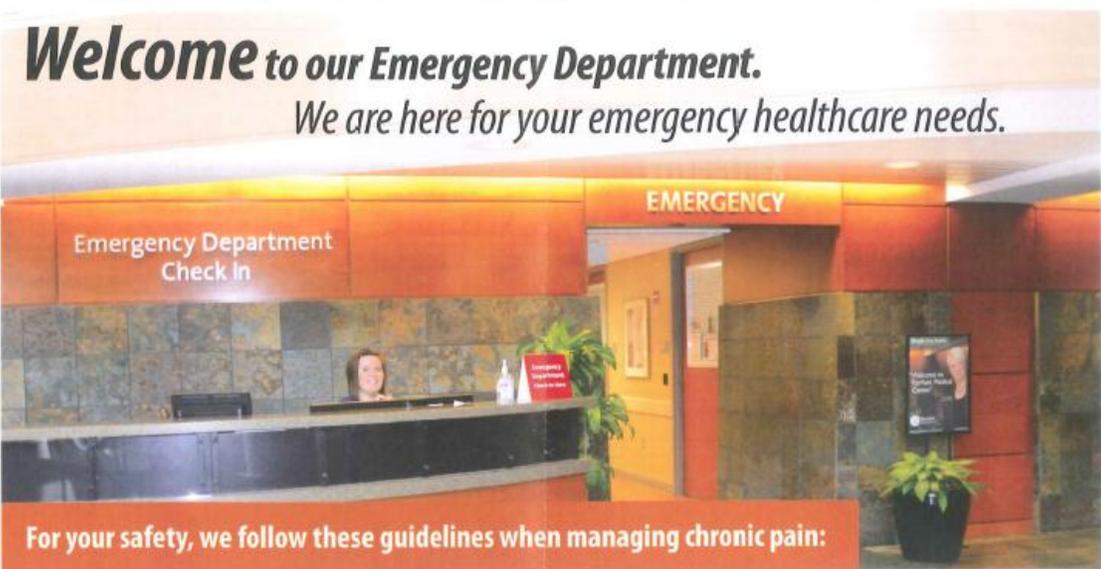
Organization Category: Food/Shelter Services		
Agency:		
Contact Info:		
Food		
Food Pantry Referral - Fairfield County	211-211 or 687-0500	
Church Lunches (free) - Fairfield County	211-211 or 687-0500	
Community Action	653-4146	
First United Methodist Free Lunch	653-3330	
Salvation Army	687-1921	
WIC (Women, Infants, Children)	652-2800	
Fairfield County Job & Family Services	652-7889	
Meals on Wheels	681-5050	
Foundation Dinners	653-3233	
Canal Winchester Food Pantry	(614) 837-7734	
Foreclosure Assistance		
FMHA Housing Solutions	653-6618 ext. 242 (TTY 653-2653)	
Home Ownership Preservation Foundation	(1-888)995-HOPE	
Columbus Housing Partnership	Partnership (614) 221-8889 ext. 134	
Save the Dream	(888) 404-4674	
MORPC-Mid-Ohio Regional Planning Commission	(614) 233-4177	
Community Action Agency	653-4146	
Heating Assistance		
Fairfield County	211-211 or 687-0500	
Community Action	653-4146	
Fairfield County Job & Family Services	652-7889	
Homeless Services		
Fairfield County Emergency Shelter	653-2265	
Community Action	653-4146	
Foundation Shelters	653-1960 or 503-2381	
Fairfield County Job & Family Services	652-7889	
Geography:	Fairfield County	
Targeted Risk or Protective Factors :		
	Family	
X	Community	Risk: extreme economic deprivation. Protective: social networks and support systems with the community.
	School	
	Individual/Peer	
Prevention Strategy Used:		Environmental strategies
Culturally Appropriate:		Yes If 'yes,' please explain how:
Socioeconomics being one of the things to consider when looking at cultural diversity - our community exhibits cultural competence in regard to food/shelter by offering a wide variety of programs with different levels of assistance and different sources of assistance to aid the county's population in times of need. This variety allows for each person to get the level of help they need from a source they are comfortable with.		

Organization Category: Health Services including Medicare/Medicaid		
Agency:		
Contact Info:		
American Cancer Society	(888) 227-6446	
AlternaCare Home Health Services, Inc.	653-2224	
Caretenders VNA	687-4410	
Fairfield Department of Health	652-2802	
WIC (Women, Infants, Children)	652-2800	
Car seat safety	652-2825	
Immunizations	652-2800	
Community Health Center	689-6758	
American Red Cross	687-5585	
Arthritis Foundation	654-4334	
Southeast Ohio Sight Center	687-4785	
Fairfield County Job & Family Services	652-7889	
Family Health Services	654-6338	
Health Source Physician Referral	687-8687	
VA Out-Patient Clinic	653-6145	
Fairfield Medical Center	687-8007	
Fairhope Hospice and Palliative Care	654-7077	
By The Way Free Clinic	653-5734	
Medicare Part D Rx Assistance	(877) 405-3638	
Family Health Services	654-6338	
Geography:	Fairfield County	
Targeted Risk or Protective Factors :		
	Family	
	Community	
	School	
X	Individual/Peer	Risk: self-medicating due to lack of resources for medical conditions and injuries.
Prevention Strategy Used:		Environmental strategies
Culturally Appropriate:		Yes If 'yes,' please explain how:
Offers many different options for services throughout our county to various populations and levels of need.		

Appendix II: Additional Policy Information

Level	Policy
State- ORC offenses	ORC 2925 Drug Offenses 2925.02A2- Corrupt Another with Drugs 2925.03- Trafficking Drugs 2925.11A- Possession of Drugs 2925.11C1- drug abuse Schedule I or II (prescription drugs/ Heroin) 2925.11C2 drug abuse Schedule III, IV, V 2925.12- Possessing Drug Abuse Instrument 2925.13 Permitting drug abuse 2925.14-Paraphernalia 2925.22- Deception to obtain a dangerous drug 2925.23 Illegally Processing of Drug Document ORC 3715 Pure Food and Drug Law ORC 4729 Pharmacists; Dangerous Drugs
Local- City of Lancaster	513.03 Drug Abuse; Controlled substance possession or use 513.04 Possessing Drug Abuse Instruments 513.05 Permitting Drug Abuse 513.08 Illegally Dispensing drug samples 513.09 Controlled Substance or Prescription Labels
Local- FMC	Emergency Room Guidelines preventing drug/doctor shopping. All Doctors practicing at FMC must be registered and using OARRS.

Appendix III: Fairfield Medical Center Emergency Department Guidelines



1. We do not prescribe narcotic pain medicine for chronic pain:
 - After the first Emergency Department (ED) visit.
 - If you have already received narcotic pain medicines from another doctor or ED.
2. We reserve the right to do a urine drug screen and to contact your doctor to discuss your care. We will not call your doctor after normal office hours, and we will likely not prescribe narcotic pain medicine if we cannot talk directly with your doctor.
3. We do not routinely give narcotic pain medicine shots (injections) for flare-ups of chronic pain.
4. You will be asked to show a valid photo ID (a driver's license or state ID) when you get a narcotic prescription from our ED.
5. If you do not have a photo ID and are asking for narcotic pain medicine, we may take your picture for the medical record.
6. We do not refill stolen or lost prescriptions for narcotics or controlled substances.
7. We do not provide missed Subutex, Suboxone or Methadone doses.
8. We do not prescribe long-acting or controlled-release narcotics (such as OxyContin, MS Contin, Duragesic, Methadone, Exalgo, Opana ER).
9. Healthcare laws allow us to request your medical record and share information with other doctors who are treating you.
10. Frequent users of the ED may have care plans made to assist in improving their care. The plans may include avoiding medicines likely to be abused or addictive.
11. Your doctor in the ED checks a database that tracks your narcotic and other controlled-substance prescriptions.
12. We do not prescribe narcotics to people with a history of substance abuse or illegal drug use.

We expect our patients to be honest about all medicines.
(Please know that it is against the law to attempt to obtain controlled-substance pain medicines by deceiving the doctor caring for you. This can include getting multiple prescriptions from more than one doctor.)

- Examples of controlled-substance medicines include oxycodone (in Percocet and OxyContin), hydrocodone (in Vicoden and Lortab), hydromorphone (in Dilaudid and Exalgo), morphine (MS Contin), fentanyl (Duragesic), oxymorphone (Opana), benzodiazepines (Xanax, Ativan and Valium), and many others.
- For more information about problems with prescription medication in Ohio, see the Ohio Department of Health's Prescription Drug Abuse Task Force website at www.odh.ohio.gov/features/odhfeatures/druged/drugoverdose.aspx

