

Reno, Nevada
Smart Policing Initiative
Reducing Prescription Drug Abuse

Smart Policing Initiative: Program Profile

April 2013

Program Overview

Prescription drugs are among the fastest growing form of drugs being abused in the United States, and Nevada ranks first among the 50 states in prevalence rates. The Reno Police Department and its research partner at the University of Nevada, Reno sought to reduce prescription drug abuse throughout the Reno community by achieving three goals:

1. Increase knowledge about the problem (Education/Prevention).
2. Reduce the number of prescription pills available for illicit use (Supply Reduction).
3. Aggressively investigate and prosecute offenders (Law Enforcement Suppression).

The Bureau of Justice Assistance selected the Reno Police Department to receive funding through the Smart Policing Initiative (SPI) because their program reflected the core principles of SPI, most notably collaboration, comprehensive responses, and prevention. The foundation of the Reno SPI involves a collaborative partnership between the Reno Police Department, its research partner, and key stakeholders—including non-profit coalitions (e.g., a local substance abuse coalition called *Join Together Northern Nevada*), pharmacies, physicians, other healthcare professionals, school district personnel, and parents and their children.

The *Education/Prevention* component of the Reno SPI included a school-based survey that captured prescription drug use patterns among students. Survey results helped to guide the development of an informational video that was shown to more than 1,100 students across six regional schools. The Reno SPI also included specialized training for police regarding the nature of prescription drug abuse; information on how to report prescription drug offenses more accurately; relevant criminal statutes and charging methods; and pill confiscation and identification. The SPI team also developed individualized training regarding various aspects of the prescription drug abuse problem for medical professionals (many of whom reported that they had not received such training previously), including physicians and nurses, pharmacists, and dentists. More than 530 medical professionals in the Reno area received the training.

The centerpiece of the *Supply Reduction* component involved a series of prescription drug round-ups, in which more than 750,000 pills were collected and destroyed. The Reno SPI team also distributed 800 “MedSafe” locking medicine cabinets for home use, and distributed more than 100,000 educational stickers that pharmacies placed on prescription bags given to customers.

The *Law Enforcement Suppression* component involved the assignment of a dedicated detective to handle all prescription drug abuse and fraud cases. The Reno SPI team also opened a phone line for the medical community to report suspicious or fraudulent behavior. Early results from the program evaluation suggest that progress has been made toward reducing the availability of prescription drugs in the Reno area. The Reno SPI highlights the importance of collaboration between law enforcement and other stakeholders to address this complex problem, most notably parents and their children, medical professionals, and the prosecutor’s office. The Reno Smart Policing Initiative has been recognized by the Center for Problem-Oriented Policing, and by the White House Office of National Drug Control Policy (<http://www.whitehouse.gov/blog/2011/10/25/smart-policing-reno-nevada>).

THE RENO, NEVADA SMART POLICING INITIATIVE: REDUCING PRESCRIPTION DRUG ABUSE

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I. THE PROBLEM

The nonmedical use of prescription drugs has become a widespread problem throughout the United States, especially among young people. Results from the National Survey of Drug Use and Health (NSDUH) indicate that, in 2008, more than 6.2 million persons aged 12 or older reported that they had used nonmedical prescription drugs in the past 30 days.¹ Moreover, the National Center on Addiction and Substance Abuse (2005) reported that, from 1992-2003, nonmedical prescription drug use increased by 212 percent among teenagers.² The consequences of prescription drug abuse are no less serious than those tied to illicit substances. The Centers for Disease Control and Prevention (CDC) recently reported that one person dies from prescription drug abuse every 19 minutes in the United States.³ National data from the Drug Abuse Warning Network (DAWN) estimate that emergency room visits for prescription drug abuse (both alone and in combination with other drugs) have increased by more than 60 percent in the

past few years.⁴ Prescription drug abuse is especially prevalent in Nevada. According to the National Survey on Drug Use and Health, Nevada ranks first in the nation for prevalence rates of nonmedical prescription drug use (ages 26 or older).⁵

The Challenges of Prescription Drug Abuse for Law Enforcement

Methods of obtaining prescription drugs are varied and present numerous challenges for law enforcement. For example, one of the most common acquisition methods involves “doctor shopping,” whereby a person will visit several doctors in the hopes of obtaining multiple prescriptions. Other common methods include claiming to be out of town and forgetting prescription drugs, or losing drugs from a legitimate prescription. With multiple prescriptions in hand, the abuser then visits several pharmacies to reduce risk of detection. Given that pharmacists traditionally do not monitor the frequency of prescription requests among their customers (especially across different pharmacies), individuals often have little trouble obtaining significant supplies of their drugs of choice in a short period of time.

¹ Substance Abuse and Mental Health Services Administration. *Results from the 2008 National Survey on Drug Use and Health: National Findings*. (Office of Applied Studies, NSDUH Series H-36, HHS Publication No. SMA 09-4434). Rockville, MD: Office of Applied Studies. 2009.

² National Center on Addiction and Substance Abuse. *Under the Counter: The Diversion and Abuse of Controlled Prescription Drugs in the U.S.* New York: Columbia University. 2005.

³ CDC. “Morbidity and Mortality Weekly Report.” January 2012.

⁴ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Drug-Related Emergency Department Visits Involving Pharmaceutical Misuse and Abuse by Older Adults*. The DAWN Report. Washington, D.C.: SAMSHA. 2010.

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

More motivated offenders may engage in counterfeiting schemes, whereby they either steal or reproduce a medical professional's prescription pad and obtain prescription drugs using the fraudulent instrument. Abusers may also commit burglaries and robberies at pharmacies and doctors' offices to obtain drugs. With perhaps the exception of this last category of "smash and grab" offenders, there is very little that law enforcement can do by themselves to reduce prescription drug abuse. Police and prosecutors require the cooperation and assistance of other stakeholders to effectively respond to the problem.

II. THE RENO, NEVADA SMART POLICING INITIATIVE

In response to growing recognition of the prescription drug abuse problem in northern Nevada,⁶ in 2009 the Reno Police Department developed a collaborative, comprehensive approach that involved a range of non-traditional law enforcement interventions. The Bureau of Justice Assistance provided funding to the Reno team through its Smart Policing Initiative (SPI) to support this innovative program. Through local problem analysis, the Reno Police Department and its research partner at the University of Nevada, Reno identified several underlying propositions which they believed to be at the core of the prescription drug abuse problem. These "hypotheses" centered on insufficient knowledge about prescription drug abuse and

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

its consequences; easy access to prescription drugs; and the low likelihood of apprehension and punishment for offenders. As a result, the Reno SPI team sought to reduce prescription drug abuse in their jurisdiction by achieving three goals:

1. Increase knowledge about the problem (Education/Prevention).
2. Reduce the number of prescription pills available for illicit use (Supply Reduction).
3. Aggressively investigate and prosecute offenders (Law Enforcement Suppression).

The Reno approach recognizes that traditional law enforcement requires an innovative set of strategies that address prescription drug abuse from several vantage points, including working with schools, parents, and the medical profession. The Reno SPI team engaged key stakeholders—including non-profit coalitions, pharmacies, physicians, other healthcare professionals, school district personnel, and parents and their children, thus embodying a core SPI principle – collaboration.

Goal I: Education/Prevention

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

Students and Parents: In order to gain an understanding of the nature and scope of the prescription drug abuse problem, the Reno SPI team conducted a school-based survey of more

than 1,100 students across six different middle schools and high schools in the area. The survey sought to capture students' self-reported drug use generally, as well as their perceptions and use of prescription drugs.⁷ The results of the survey helped to inform the Reno SPI's educational strategies. Key findings from the survey include the following:

- 22 percent of students reported illegal drug use in the past year (most commonly marijuana). 15 percent of students reported recreational use of prescription drugs in the past year.
- Among students admitting prescription drug use, 33 percent obtained the drugs from home; 27 percent obtained the drugs from friends.
- When asked about the level of difficulty in obtaining prescription drugs, more than half (53 percent) said it was easy.
- More than half of those reporting use said that they took prescription drugs monthly; 14 percent reported weekly use.
- The most commonly abused prescription drugs were painkillers (56 percent), followed by stimulants (14 percent) and depressants (15 percent). Notably, 16 percent did not know what they had taken.

⁷ Blank surveys were delivered to school principals. They surveys were administered in a health class attended by all students. Surveys were collected by the teacher and returned to the principal for pick-up by the SPI team members. The surveys were anonymous and voluntary.

The results of the teen survey validated many of the hypotheses that the team had about teen abuse of prescription drugs, including the reasons for it, the types of drugs commonly abused, and the common misconceptions among teens. The Reno SPI team also partnered with a local anti-drug awareness coalition, called *Join Together Northern Nevada*, to develop an informational video on the dangers and consequences of prescription drug abuse. The video features interviews with an emergency room physician, a juvenile court judge, and a local parent dealing with a child's prescription drug abuse. Students at the six different middle schools and high schools were shown the instructional video.⁸ The team also created a parent version of the video that was distributed to families throughout the community (e.g., making copies available to parents through the schools, as well as through local substance abuse treatment programs).

Police: While most police officers are trained to recognize illicit street drugs (e.g., marijuana, cocaine, heroin), very few are skilled in prescription drug identification. In order to effectively enforce laws regarding illegal possession and distribution of prescription drugs, officers need specialized training. The Reno SPI team worked with a detective assigned to the department's Street Enforcement Team (SET, which is responsible for drug interdiction) to develop an in-service training that provided guidance on prescription

⁸ The schools were divided up into "treatment" and "control" schools. Students in four of the schools were surveyed before and after watching the informational video. Students in control schools were surveyed twice (before watching the video).

drug abuse, the relevant criminal statutes and charging procedures, pill confiscation, and pill identification. All patrol officers in the department attended the training. Moreover, all patrol vehicles were equipped with a specialized database that allows officers to query and identify specific pills. Last, the Reno SPI team arranged for a separate, specialized training on prescription drug abuse, led by Purdue Pharma's⁹ Law Enforcement Liaison/Education Division. Approximately 50 officers attended this training session.

Pharmacies, Physicians, Nurses and Dentists:

The Reno SPI team collaborated with a subject matter expert on prescription drug abuse to develop a specialized training curriculum for the medical community, including physicians, nurses, dentists, and pharmacists. The expert is a physician who is a regular instructor for the California Department of Justice and the California Narcotics Officers' Association, and he has presented regularly to both law enforcement and medical audiences. The goals of the training were to raise awareness regarding the prevalence and dangers of prescription drug abuse and to highlight practices the medical profession could adopt to reduce the prevalence of the problem. The curriculum focused on the nature of addiction, the addictive properties of commonly prescribed medications, and the techniques often employed by individuals to illegally obtain prescription drugs. Different versions of the training were developed for the various medical professionals, which were taught by Reno Police Department personnel and the expert physician.

⁹ Purdue Pharma is the manufacturer of Oxycontin.

Physicians and nurses were offered continuing education credits for the sessions,¹⁰ as were pharmacists through an agreement between the SPI team and the Nevada Board of Pharmacy. In 2010-2011, the SPI team organized nine different training sessions: two sessions for physicians and nurses (90 attendees); one session for nursing and pharmacy students (25 attendees); and four sessions for pharmacists, dentists, and technicians (415 attendees).¹¹

Goal II: Supply Reduction

Prescription Drug Round-Ups: A central feature of the Reno SPI team's supply reduction strategy involved prescription drug round-ups in conjunction with the Drug Enforcement Agency's (DEA's) *National Prescription Drug Take-Back Day*.¹² From 2009-2012, the Reno SPI team organized seven different round-ups, in which more than 750,000 pills were collected and destroyed (see Table 1). Approximately 15 percent of the pills were classified as opiates (nearly 53,000 pills), and about 6 percent were either depressants or stimulants (39,366 and 8,424 pills, respectively). The largest category of pills were classified as "other," indicating that citizens took this opportunity to turn in all sorts of medications, from heart and diabetes

¹⁰ Physicians and nurses are required to obtain continuing education credits to maintain their licenses.

¹¹ The SPI team also organized a session for students at the University of Nevada, Reno (50 attendees) and students at Reno High School (100 attendees).

¹² The DEA has strict protocols in place governing the collection, handling, storage, and disposal of prescription drugs received during round-ups. For more information, see Barthe, E., Venzon, M., and Shamblin, S. *Final report on the Reno Police Department's Smart Policing Initiative to Reduce Prescription Drug Abuse*. Reno: University of Nevada Reno. 2012.

medicine to diet pills, birth control pills, and veterinary medication. The SPI team also handed out more than 800 “MedSafe” locking medicine cabinets for home use at the prescription drug round-ups (first come, first serve). The Reno SPI’s supply reduction efforts received considerable media attention, and led to special recognition from the White House Office of National Drug Control Policy. The Reno SPI team was also invited to present at the 2011 International Problem-Oriented Policing conference, held in Miami.

Pharmacy Stickers: The Reno SPI team developed an informational sticker to be placed

on pharmacy bags when customers pick up their prescriptions. The stickers, printed on adhesive rolls, were distributed to pharmacies throughout the region. The sticker provides information regarding proper disposal of old/unused medications; facts related to prescription drug abuse; and text highlighting both the importance of secure storage of prescription medications and the importance of talking to youth about the dangers of prescription drug abuse. Since 2009, more than 100,000 stickers have been produced and distributed to pharmacies in the Reno area.

Table 1: Round-ups and Number of pills collected in Reno (2009-2012)

	Opiates	Depressants	Stimulants	Other	Total
10/17/2009	4,554	6,635	50	28,233	39,472
4/24/2010	7,474	3,401	545	82,071	93,490
9/25/2010	9,041	4,248	743	54,792	68,824
4/30/2011	8,454	4,289	475	71,968	85,186
10/1/2011	7,242	2,515	1,457	95,267	268,181 ¹³
10/29/2011	4,606	2,214	247	46,646	53,713
4/28/2012	11,504	16,064	4,907	111,388	144,863
Total	52,875	39,366	8,424	490,365	753,729

Goal III: Law Enforcement Suppression

The Street Enforcement Team (SET), a specialized narcotics unit composed of 10 detectives and 2 supervisors, is responsible for drug interdiction in the Reno area.¹⁴ One of the

SET detectives was assigned to take the lead on all prescription drug abuse and fraud cases. This detective became a specialist on prescription drug fraud. He became well-versed in the relevant state and federal laws, and personally oversaw the arrest and prosecution of numerous offenders. The detective also took a

¹³ During the round-up on 10/1/11, the Reno Police Department collected 106,481 pills. The Washoe County Health Department also collected 161,700 pills on this date. The type of pills collected by the Health Department is not reflected in this table, only the total number.

¹⁴ SET also includes officers from nearby police departments (Sparks and University of Nevada, Reno).

lead role in the educational strategies described earlier. Importantly, as the assigned detective acquired new knowledge and expertise regarding prescription drug abuse and fraud, he educated the rest of the narcotics unit, and, as a result, the police department as a whole became better equipped to handle these difficult, complex cases.

Also, the SET team established a dedicated, direct phone line for the medical community to report concerns about suspicious or fraudulent behavior. For example, if a pharmacist had suspicions about a particular prescription or customer, they could call this number and speak directly to one of the SET detectives.

Progress to Date

Collaborative interventions such as the Reno SPI are often difficult to assess in terms of impact, because of the preventative nature of the program, and because of the reliability of and access to relevant data to capture program effect (both in the police department and elsewhere). Moreover, the foundational goal of this project has always been to reduce the prevalence of prescription drug abuse in the community (e.g., primary focus on public health outcomes, rather than more narrow public safety outcomes). As such, the program's initiatives were implemented community-wide so as to achieve the greatest positive effect, rather than within the confines of a strict experimental design (e.g., with a control group that receives no intervention). Though results are preliminary and additional research would boost confidence, they suggest progress in the process-related goals of increased education, reduced availability and enhanced suppression. For example, the school-based survey provided

critical information regarding perceptions and use of prescription drugs, which has been very useful to the SPI team in the development of subsequent strategies. Moreover, the SPI team provided training to more than 500 medical professionals in the Reno area, and surveys of attendees indicate that those trainings provided valuable information on the scope and nature of the problem.¹⁵ The drug round-ups have resulted in the collection and destruction of more than 750,000 pills, in addition to the distribution of 800 locking medicine cabinets. Finally, more than 100,000 stickers have been distributed to pharmacies, conveying critical information on the dangers of prescription drug abuse.

There are a number of potential indicators of impact for these educational and enforcement efforts. For example, arrests for prescription-related offenses increased notably during the first two years of the SPI grant period (78 in 2009 and 92 in 2010; up from just 40 in 2008), before dropping in 2011 (73). In addition to arrests, other important outcomes to be examined to assess program impact include emergency room visits, drug treatment admissions, ambulance "runs," and school-based reports of drug activity.

III. CHALLENGES TO REDUCING PRESCRIPTION DRUG ABUSE

Reno's experiences highlight the difficult challenges that law enforcement agencies must

¹⁵ For more information, see Barthe, E., Venzon, M., and Shamblin, S. *Final report on the Reno Police Department's Smart Policing Initiative to Reduce Prescription Drug Abuse*. Reno: University of Nevada, Reno. 2012.

overcome if they are to be successful in their efforts to combat prescription drug abuse.

Educating Communities and Reducing Drug Availability

Research indicates that non-medical prescription drug use is among the fastest growing drug-related problems affecting children and teenagers. The growth in prescription drug abuse, especially among children, is tied directly to easy access (e.g., found in their parents' medicine cabinet), misunderstanding of the dangers associated with their use (survey results suggest that some youth do not consider prescription medications as "drugs"), and the potent effects of the drugs.

The Reno SPI team believed that the key to successfully reducing prescription drug use among youth is a combination of education, prevention, enforcement, and reduced access. The Reno SPI team employed all of these strategies, including mass viewings of an informational video, public service campaigns (media coverage and pharmacy stickers), distribution of locking medicine cabinets, and drug round-ups that removed three-quarters of a million pills from the Reno community. However, the benefits of the drug round-ups go far beyond reduced access. The drug round-ups offer a chance for law enforcement and the community to gather in a public forum where a candid, informative dialogue about the problem can occur. The drug round-ups also provide an ideal setting for publicizing the police department's and the community's dedication to reducing this problem. In short, the combined strategies of increasing awareness among parents and their children, along with limiting access through "target-hardening" and

reduced supply, can serve as powerful tools for reducing recreational prescription drug abuse among youth.

Engaging the Medical Community

While efforts to work with parents and their children help to cut off one access point for nonmedical use of prescription drugs, it is also critical to engage the medical community, including physicians, nurses, pharmacists, and dentists. It is a fact that some medical professionals over-prescribe medications (sometimes with good intentions). It is also a fact that many medical professionals are unaware of the prevalence and consequences of prescription drug abuse, as well as the strategies employed by abusers to obtain their pills. Physicians, nurses, pharmacists, and dentists are in a unique position to: 1) educate their patients on the risks of prescription drug abuse; and 2) directly manage the dosage (e.g., number of pills) of their prescriptions, and, as a result, to control the number of prescription pills available for abuse in the community.

The experience in Reno demonstrates that medical professionals vary in their willingness to partner with law enforcement regarding this problem. For example, the state Pharmacy Board and the pharmacist community in general were very receptive to the training. Surveys of pharmacists after the trainings consistently indicated that they found the training informative, that it would enhance their "professional effectiveness," that it increased their awareness of the problem, and that they would alter their practices to help reduce prescription drug abuse. Physicians were more ambivalent about the training. Many attended

the training out of some external obligation (e.g., continuing education credits), and, in general, they appeared to question this attention on their practices. Moreover, there was a general sentiment among physicians that the Reno Police Department was “lecturing” them on how to do their job and that this initiative represented a precursor to government interference with how they run their practice and care for patients. Some physicians have indicated that they feel torn between professional mandates that they treat pain when patients claim to experience it (they cannot easily disprove that a patient is in pain) and their duty to exercise discernment in treating patients claiming pain. Oftentimes, this leads to an apprehensive attitude when an external agency or organization attempts to engage in a dialogue over their long-held prescribing practices.

As a result, law enforcement efforts to engage the medical community may require a dynamic approach that employs different strategies and messages, depending on the profession being targeted. In addition, partnering with leaders in the medical community so that these messages can be delivered physician-to-physician—rather than police-to-physician—may go a long way in easing this apprehension and convincing the medical community to implement stricter drug-prescribing policies.

Engaging Prosecutors

The experience in Reno highlights the importance of engaging the Prosecutor’s Office in the collaborative effort to reduce prescription drug abuse. For example, there were several cases in which detectives made

prescription fraud arrests after lengthy investigations, but the Prosecutor’s Office simply did not pursue the cases. Police personnel perceived a disconnect between the energies and efforts of the detectives assigned to these cases and the response from the Prosecutor’s Office. The Prosecutor’s response was not necessarily from a lack of interest in these cases. The Office, as a policy matter, may have viewed these cases as very difficult to prosecute; or they may not have perceived prosecution as the most effective way to deal with the problem. Regardless, a lack of support from the Prosecutor can have a chilling effect on detectives’ handling of these cases. Quite simply, officers will not actively pursue prescription drug abuse cases if they believe that the prosecuting attorney will allow the case to be pleaded down to a minor charge. As a result, it is important to engage representatives from the Prosecutor’s Office early on, to obtain collaborative buy-in prior to launching the initiative. Law enforcement can explain their goals and objectives, as well as their planned strategies for targeting the problem. Prosecutors can offer their insights on the problem, highlight challenges for prosecution, and offer guidance on the investigations that will optimize the likelihood of conviction.

IV. CONCLUDING THOUGHTS

The Reno, Nevada SPI reflected the spirit of several core Smart Policing principles, most notably problem analysis, stakeholder collaboration, problem-solving, and community engagement. Quite simply, prescription drug abuse is a problem that cannot be effectively

addressed by traditional law enforcement alone. Other stakeholders—including parents, schools, medical professionals, and prosecutors—must be brought to the table in a collaborative effort. The Reno SPI experience demonstrates that, when law enforcement successfully engages these collective groups and develops a comprehensive response, significant progress can be made toward improved education regarding prescription drug abuse, reduced availability of prescription drugs, and enhanced law enforcement suppression.

ABOUT THE AUTHORS

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Commander Mac Venzon is a 16-year veteran of the Reno Police Department with command duties that include the investigations and administrative divisions. Commander Venzon received a Bachelor's degree from the University of Nevada in 2001. He has spent the majority of his law enforcement career in the areas of narcotics enforcement and training. Prior to promotion, Commander Venzon

oversaw the implementation of the Smart Policing Initiative targeting prescription drug abuse.

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