

**Strategies for Addressing Substance Use and
Misuse in Veteran Populations**



**An Online Toolkit for Preventing Substance Use
and Misuse in Your Communities**

About the Toolkit

In partnership with McKesson, CADCA selected five coalitions to implement substance abuse prevention strategies focused on veterans in their communities, the Veteran Substance Abuse Prevention Project. To achieve lasting change in their communities, the coalitions used CADCA's Seven Strategies for Effective Community Change.

[Every day, more than 115 people in the United States die after overdosing on opioids.](#) The misuse of and addiction to opioids including prescription pain relievers, heroin, and synthetic opioids such as fentanyl is a serious national crisis that affects public health as well as social and economic welfare. This crisis in our country is especially problematic for our veteran population, who in honorable service to our country may have returned home with combat injuries and/or PTSD.

Many veterans are experiencing the following:

Chronic Pain – Chronic pain affects 30% of American adults, but affects [60% of veterans returning from the Middle East](#), and more than 50% of older veterans in the VA health care system. Battlefield injuries can often result in long-term moderate to severe pain. Chronic pain is sometimes treated with powerful, effective painkillers. Used properly, they can ease suffering and improve quality of life, used improperly they can lead to addiction and sometimes to a reliance on illegal drugs like heroin.

Physical Wounds and Posttraumatic Stress Disorder (PTSD) – exposure to combat and other life-threatening situations can be very traumatic and cause psychological and physical wounds. The U.S. Department of Veteran Affairs estimates that [1 in 3](#) veterans seeking help with substance abuse also has PTSD.

Stress – Military life is very structured and contains a clear chain of command, whereas civilian life is generally very unstructured with no clear chain of command. Transitioning to civilian life can be a stressful challenge for many veterans due to an overwhelming amount of daily choices. Finding a job, finding housing, getting transportation, family issues and coping with Posttraumatic Stress Disorder (PTSD) are a few things that could trigger overwhelming stress. This may cause some veterans to rely on opioids and/or alcohol to cope with these stressors.

“Prescription drug abuse is an epidemic that requires more than one strategy or tactic. It’s going to take a comprehensive approach that employs multiple strategies to create population-level reductions to this problem,” notes General Arthur Dean, Chairman & CEO, CADCA.

CADCA's Veteran Substance Abuse Prevention Toolkit contains facts, strategies and tools to prevent and reduce veterans' opioid, alcohol and marijuana abuse in your community.

This toolkit is based on CADCA's Seven Strategies for Effective Community Change. Incorporating these strategies will help you formulate, modify and implement your prevention and intervention strategies.

How to Use the Toolkit

Resources are simple clicks away.

[Prevention Strategies](#): See the Seven Strategies for Effective Community Change in action.

[Project Results](#): Review coalition efforts to reduce substance misuse in communities serving veterans.

[Other Resources](#): Learn about information and tools that can make your programs and interventions successful, including share tools that you can place on your website, Facebook or e-mail signature blocks.

CADCA thanks the following coalitions for participating in the Veterans Substance Abuse Prevention Project:

Coalition Name	Location
Carter County Drug Free Coalition	Ashland, KY
Prevention Coalition for Success (PC4S)	Murfreesboro, TN
Roane County Anti-Drug Coalition, Inc.	Kingston, TN
The Gwinnett Coalition for Health and Human Services	Lawrenceville, GA
Troy Drug Free Community Coalition	Troy, NY

CADCA would like to thank [McKesson](#) for supporting CADCA’s development of this toolkit. The toolkit was made possible by an unrestricted grant from McKesson, which is not responsible for the toolkit’s content. Although McKesson was offered an opportunity to comment on a draft, this toolkit is CADCA’s independent work, and it is solely responsible for the content.

This toolkit describes strategies and provides specific examples of ways in which they are implemented by coalitions and communities to address veteran substance abuse.

McKesson delivers life-saving medicines to millions of Americans each day. As a global leader in healthcare, McKesson is committed to engaging with all who share their dedication to acting with urgency to address the opioid epidemic.

For more information about serving veterans in your community, contact CADCA at training@cadca.org or 1-800-54-CADCA, ext. 240.

Veteran's Substance Abuse Fact Sheet

Veterans and Substance Use

The effects from military stressors can be exacerbated by substance use and related disorders.

- Approximately 18.5% of service members returning from Iraq or Afghanistan have PTSD or depression, and 19.5% report experiencing a traumatic brain injury during deployment.
- Approximately 50% of returning service members seek mental health treatment; however, only slightly more than half receive adequate care.
- Between 2004 and 2006, 7.1% veterans met the criteria for a substance use disorder.
- Mental and substance use disorders caused more hospitalizations among veterans in 2009 than any other cause.
- 70% of homeless veterans also experience a substance use disorder.

Source: <https://www.samhsa.gov/veterans-military-families>

Role of a Coalition in Achieving Community-level Change



Impact a Defined Community



Uses an effective planning framework



Achieve Positive Outcomes



Engage All Sectors of the Community



Promote Comprehensive Strategies

7 STRATEGIES TO EFFECTIVE COMMUNITY CHANGE

As coalition leaders, you know that

- There is no one silver bullet or single strategy to prevent veteran substance abuse.
- No single policy change will magically stop the misuse of opioids, alcohol and marijuana.
- No one curriculum or program can eliminate substance abuse in your community.
- It takes *many* coordinated strategies to change specific behaviors.

Coalitions and communities can be more successful in achieving community-level change related to preventing prescription drug abuse when their strategies are part of a comprehensive plan that targets veterans and impacts the shared community environment.

There are seven strategies typically used by coalitions to change individual behaviors and community conditions. These are commonly referred to as CADCA's Seven Strategies for Effective Community Change. These strategies include:

1. Provide information
2. Build skills
3. Provide social support
4. Reduce barriers/enhance access
5. Change consequences/incentives
6. Alter the physical design of the environment
7. Change policy and rules

Providing Information

Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, dissemination, billboards, community meetings, forums, web-based communication).

Enhancing Skills

Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population-level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development).

Providing Support

Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).

Enhancing Access/Reducing Barriers

Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).

Changing Consequences (Incentives/Disincentives)

Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).

Physical Design

Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).

Modifying/Changing Policies

Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

The information below represents the combined strategies that our cohort of coalitions implemented to specifically help veterans in their individual communities.

Provide Information

- ❖ Provide pamphlets to veteran groups on the dangers of self-medication and importance of treating mental health afflictions.
- ❖ Provide information on binge drinking and problem drinking to veterans and venues. Provide information on what to do if you identify you have a drinking problem. Provide signs in bathrooms on binge drinking and problem drinking and what to do if you have a drinking problem.
- ❖ Social norms campaign on the potential abuse of medical marijuana and the misperceptions of use for PTSD; Distribute push cards (rack cards) that include treatment information.
- ❖ Provide pamphlet for veterans with pertinent hotline numbers to call for crisis intervention and services.
- ❖ Staff Veterans Resource Center with peer volunteers. Produce flyer that has resources available to veterans and distribute at Veteran's Resource Center on proper coping mechanisms and the dangers of using alcohol to cope.

Enhance Skills

- ❖ Provide training to veteran groups specifically addressing self-medication and treating mental health afflictions
- ❖ Train bartenders on proper serving techniques to eliminate overserving
- ❖ Train veterans' outreach group on the potential abuse of medical marijuana and the misperceptions of use for PTSD
- ❖ Provide community training for veteran groups on problem drinking
- ❖ Provide Mental Health CPR to providers who serve veterans on proper coping mechanisms and the dangers of coping with alcohol.

Provide Support

- ❖ Collaborate with veteran support groups to facilitate discussion and referrals on how to treat mental health afflictions
- ❖ Provide cardboard coasters to businesses with pertinent prevention information
- ❖ Establish support group for veterans with PTSD through Veterans' Outreach and Volunteers of America
- ❖ Develop nomination criteria to include minority veterans (veterans of color and female veterans) opportunity for consideration for honor in county and city veteran ceremonies
- ❖ Offer child care during resource center events and treatment sessions

Enhance Access/Reduce Barriers

- ❖ Prepare a mental health resource directory for veterans
- ❖ Train bartenders at VFW and Elks Lodge on state laws to avoid overserving and limit alcohol sales to certain hours
- ❖ Work with community agencies to provide transportation for veterans to access mental health services
- ❖ Collaborate with county veteran coordinators to provide resources (mental health, housing, treatment) to veterans
- ❖ Implement treatment referrals through veteran support/help lines

Change Consequences (incentives/disincentives)

- ❖ Highlight veteran groups/organizations working toward veteran substance abuse prevention and reducing the stigma associated with treatment of substance abuse and mental health afflictions
- ❖ Reduce membership fees for veterans who volunteer for a certain number of alcohol-free events
- ❖ Giveaway gas cards/gift cards for veterans to incentivize them to schedule and attend a counseling session at a local mental health center
- ❖ Acknowledge veterans of color with awards through neighborhood association, elected officials, city, county, and veteran organization
- ❖ Provide “blessing bags” to veterans including toiletries, food vouchers, gas cards, or other incentives for participation in treatment

Physical Design

- ❖ Utilize Veterans Court to position behavioral health therapists and treatment specialists on-site where veterans are assembling
- ❖ Develop program to make sure signage about overserving is visible in the VFW and Elks Lodge bars
- ❖ Install brochure rack to include mental health treatment information at Veterans’ Outreach and other places veterans frequent
- ❖ Include veterans of color on neighborhood banners or other items to honor veterans
- ❖ Offer mental health services at the Veteran’s Resource Center

Policies or Regulations

- ❖ Instituting a Veterans Court policy mandating trainings addressing self-medication and mental health afflictions
- ❖ VFW and Elks Lodge limit the number of drinks served per occasion. Change hour of operations for alcohol sales
- ❖ Develop a drug free policy agreement, veteran’s must sign to move into veteran housing
- ❖ Advocate for additional mandatory training to assist veterans transition back to civilian life

Logic Model Criteria

Problem:

- Veterans are abusing prescription drugs
- Veterans are abusing alcohol
- Veterans are abusing marijuana

But Why?

- Chronic pain
- PTSD and other trauma
- Easy access/availability of drugs
- Favorable attitudes toward marijuana to treat PTSD
- Community norms
- Attitudes favorable to drug use/everyone is doing it/it's no big deal

But Why Here?

- Some veterans are using pain pills to self-medicate to deal with the problems and the stigma associated PTSD.
- Some veterans are abusing prescription drugs and illegal drugs to deal with chronic pain.
- Elks Lodge/VFW posts have bars on site where veterans assemble for comradery and consume large quantities of alcohol.
- Some veterans use marijuana to self-treat PTSD, because they see their peers use medical marijuana in other states to treat PTSD
- Veterans of color commiserate over alcohol because they are rarely acknowledged in county and city veteran ceremonies.
- Some veterans use alcohol as a coping mechanism to deal with stressors.

Successes & Lessons Learned from the Project

Enhancing our presence in the veteran community and with other organizations who work with veterans including: Veterans of Foreign War (VFW), Disabled American Veterans (DAV) and Veterans Service Office.

Veterans are underutilized. They are forthcoming with personal information regarding mental health and substance use/abuse. Many veterans experience social isolation due to their mental health and PTSD. Social isolation is an especially critical issue in rural areas.

Housing is an important issue for many veterans returning to civilian life.

A project like this will teach you a lot about veteran's needs and gaps in services in your area.

When done properly, veteran response to surveys is high.

PTS is preferred instead of PTSD because of stigma.

Planning is critical to implementing strategies effectively with the veteran community.

It was difficult to get local information, especially in a short time frame.

In collecting data, organizations stated, that many veterans do not identify themselves as veterans, especially if they have not fought in combat, so they had to change how they ask questions.

It is very difficult to broadly categorize the behaviors of veterans, that have the disease of addiction.

Veterans and their families have a lot of needs outside of those covered by the Veterans Administration.

Chronic pain associated with injuries sustained during military service is a contributing factor to veteran substance abuse.

Stigma prevents veterans from seeking help, PTSD and other mental health issues still have a lot of stigma associated with them.

Veterans are very proud of their service to our country, yet humble when it comes to seeking recognition.

Veterans helping veterans, focus groups identified that veterans prefer to seek help from other veterans.

Key Takeaways from the Project

Veterans are always willing to help, and they appreciate when individuals take an interest in them and their service. Their desire to serve does not disappear when they leave military service.

Utilize veterans by reaching out to them in your community. Provide opportunities for them to become involved and engaged. For example, allow them to interact with other veterans by providing resources related to suicide and substance abuse treatment. This reduces the social isolation for both the volunteer and the veterans they are assisting.

Do not assume you know, ask them and listen.

Listen and learn, different generations communicate differently, and their needs are different.

Make sure you get veteran input on your efforts and incorporate them into the overall committee work.

Take the time to understand the culture of the veteran community.

Utilize the existing resources among veteran organizations in the community.

Embrace the opportunity to work with organizations in the community that you have not worked with in the past.

Among veterans there is a camaraderie of trust and shared experience. When seeking help, it's more comfortable for veterans to reach out to each other.

Check your local resources first because having an existing funding group could make your project easier to implement.

Focus groups conducted in 2017 identified cultural norms associated with alcohol use in the military identified, service habits of drinking, culture of drinking in some overseas countries (lower drinking age) and cheaper/easier access to alcohol on military bases.

Prescription Drugs Abused

Painkillers or Opioids: Prescribed to treat pain

Include: Hydrocodone (Vicodin), oxycodone (OxyContin, Percocet), propoxyphene (Darvon), hydromorphone (Dilaudid), meperidine (Demerol), and diphenoxylate (Lomotil), morphine (Kadian, Avinza) and fentanyl.

Also known as: Captain Cody, Cody, sizzurp, lean, syrup, schoolboy, doors & fours, loads, oxy, oxycotton, oxycet, hillbilly heroin, percs.

Effects on the brain and body: Drowsiness, nausea, constipation and depressed respiration. Can induce euphoria by affecting the pleasure center of the brain. This feeling is often intensified for those who abuse opioids when used in a manner inconsistent with a doctor's instructions or the product labeling. For example, oxycodone sometimes is snorted or crushed and injected to enhance its effects. This can greatly increase the risk for serious medical consequences, such as opioid addiction and overdose.

Long-term effects: Can be highly addictive when used for nonmedical purposes or in a manner inconsistent with a doctor's instructions. Even patients who are prescribed painkillers for a long time can develop a physical dependence. Stopping the drug abruptly can cause severe withdrawal symptoms.

Signs of overdose

- Breathing problems, breathing may stop.
- Extreme sleepiness or loss of alertness.
- Small pupils.

Depressants: Prescribed to treat anxiety/acute stress and sleep disorders

Includes: Barbiturates to promote sleep; benzodiazepines (Valium and Xanax) to relieve anxiety; and non-benzodiazepinics (Ambien and Lunesta) to treat sleep disorders.

Also known as: Downs, barbs, benzos, reds, red birds, phennies, tooies, yellows, yellow jackets, candy, sleeping pills, tranks, xanies

Effects on the brain and the body: Although the different classes of depressants work in unique ways, they produce a drowsy or calming effect beneficial to those suffering from anxiety or sleep disorders.

Long-term effects: Depressants are highly addictive, and when chronic users or abusers stop taking them, they can experience severe withdrawal symptoms, including anxiety, insomnia and muscle tremors. Going cold turkey off some depressants can have life-threatening consequences, like seizures, convulsions and, in rare instances, death.

Signs of overdose: Sleepiness, slowed or slurred speech, difficulty walking or standing, blurred vision, impaired ability to think, disorientation and mood changes. Symptoms can also include slowed breathing, very low blood pressure, stupor, coma, shock and death.

Stimulants: Treat asthma and other respiratory problems, obesity, neurological disorders and other ailments. Also prescribed for the treatment of narcolepsy (a sleep disorder), ADHD and depression that have not responded to other treatments.

Include: Dextroamphetamine (Dexedrine and Adderall) and methylphenidate (Ritalin and Concerta).

Also known as: Uppers, bennies, black beauties, crosses, hearts, truck drivers, JIF, MPH, R-ball, Skippy, the smart drug, vitamin R.

Effects on the brain and body: Affect the brain through a slow and steady release of dopamine and norepinephrine. Prescription stimulants can help regulate and normalize the dopamine and norepinephrine function in the brain, so a patient with this condition can focus better and pay more attention. Stimulants also increase blood pressure and heart rate, constrict blood vessels, increase blood glucose and open up breathing passages.

Long-term effects: Stimulants can be addictive. The more you take, the easier it is to get hooked. When stimulants are taken over a long period, stimulant abusers run the risk of developing suicidal or homicidal tendencies, paranoia and cardiovascular collapse.

Signs of overdose: Excessive vomiting, tremors, sweating and anxiety. When taken at high doses, with alcohol or with over-the-counter (OTC) medicines, stimulants can cause irregular heartbeat, dangerously high body temperatures and the potential for seizures or heart failure.

ABUSE-DETERRENT MEDICATIONS: Pharmaceutical companies are stepping up to the challenge of trying to create medications that are tamper-free, a formulation process that does not allow medications to be crushed, chewed, snorted or injected. The U.S. Food and Drug Administration has recently released abuse-deterrent formulation recommendations that drug companies can use as general production guidelines. It is important that coalitions understand this new development, so they can support the creation and commitment to such strategies.

For more drug-specific information, visit

Above the Influence, Prescription Drugs:

<http://abovetheinfluence.com/drugs/prescription/#facts>

FDA, Guidance for Industry – Abuse-Deterrent Opioids – Evaluation and Labeling

<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM334743.pdf>

National Coalition Against Prescription Drug Abuse

<http://ncapda.org/index.php>

NIDA, How do opioids affect the brain and body?

<http://www.drugabuse.gov/publications/research-reports/prescription-drugs/opioids/how-do-opioids-affect-brain-body>

NIDA, How do CNS depressants affect the brain and body?

<http://www.drugabuse.gov/publications/research-reports/prescription-drugs/cns-depressants/how-do-cns-depressants-affect-brain-body>

NIDA, How do stimulants affect the brain and body?

<http://www.drugabuse.gov/publications/research-reports/prescription-drugs/stimulants/how-do-stimulants-affect-brain-body>

Helpful Resources

Below is a list of tools and resources you might find helpful in your efforts to reduce substance abuse in your community.

National Veterans Foundation

<https://nvf.org/veteran-substance-abuse-statistics/>

OPIOID ABUSE PREVENTION

Use, Abuse, Misuse & Disposal of Prescription Pain Medication Patient Guide

American College of Preventive Medicine

https://www.acpm.org/page/UseAbuseRx_PatGuide?&hhsearchterms=%22prescription%22

Saving Lives and Protecting People: Preventing Prescription Painkiller Overdoses

Center for Disease Control and Prevention

https://www.cdc.gov/injury/pdfs/som_focusarea/ncipc_factsheets_ppo_v7.pdf

SAMHSA Opioid Overdose Toolkit

Substance Abuse and Mental Health Services Administration

<https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742>

Drug Guide. Prescription Pain Relievers

The Partnership at Drugfree.org

<http://www.drugfree.org/drug-guide/prescription-pain-relievers>

Societal Costs of Prescription Opioid Abuse, Dependence, and Misuse in the United States

American Society for Pain Management Nursing

[http://www.asam.org/docs/advocacy/societal-costs-of-prescription-opioid-abuse-dependence-and-misuse-in-the-united-states.pdf?sfvrsn=0#search="preventing prescription drug abuse"](http://www.asam.org/docs/advocacy/societal-costs-of-prescription-opioid-abuse-dependence-and-misuse-in-the-united-states.pdf?sfvrsn=0#search=)

MEDICINE ABUSE PREVENTION

Stop Medicine Abuse Educational Website

<http://stopmedicineabuse.org/>

Over-the-Counter Medicine Safety Program

[View the infographic](#)

<http://www.scholastic.com/OTCedsafety>

PreventMedAbuse – A CADCA Initiative

www.preventmedabuse.org

ABOVE THE INFLUENCE: Prescription Drugs

Abovetheinfluence.com

<http://abovetheinfluence.com/drugs/prescription/#facts>

Applying the Strategic Prevention Framework to Prescription Drug Abuse

CADCA Online Course

<http://learning.cadca.org/available-courses>

AWARxE Prescription Drug Safety

National Association of Boards of Pharmacy

<https://nabp.pharmacy/initiatives/awarxe/>

The Rx Trap

National Council on Patient Information and Education

https://www.youtube.com/watch?v=NNjBvsL_Pec&feature=c4-overview-vl&list=PLd5vSbOVABucQ8YAgN1QWwQWH5UIbuw8Q

Ignorance is NO excuse Info Graphic

National Institute of Drug Abuse

<http://www.drugabuse.gov/related-topics/trends-statistics/infographics/stop-rx-abuse-ignorance-no-excuse>

NIDA for Teens: The Science Behind Drug Abuse—Prescription Drug Abuse

National Institute on Drug Abuse

<http://teens.drugabuse.gov/educators/curricula-and-lesson-plans/mind-over-matter/prescription-drug-abuse>

The Medicine Abuse Project

The Partnership at Drugfree.org

<http://medicineabuseproject.org/>

Prescription Drug Abuse: Strategies to Stop the Epidemic, 2013

Robert Wood Johnson Foundation

<http://www.rwjf.org/en/research-publications/find-rwjf-research/2013/10/prescription-drug-abuse.html>

Prescription Drug Abuse and Misuse

Substance Abuse and Mental Health Services Administration

<https://www.samhsa.gov/topics/prescription-drug-misuse-abuse>

Good Medicine, Bad Behavior: Drug Diversion in America

US Drug Enforcement Administration

<http://www.goodmedicinebadbehavior.org/index.html>

COUGH MEDICINE ABUSE

Stop Medicine Abuse

Consumer Healthcare Products Association (CHPA)

<http://stopmedicineabuse.org/>

Drug Facts: Cough and Cold Medicine

National Institute on Drug Abuse

<http://www.drugabuse.gov/publications/drugfacts/cough-cold-medicine-abuse>

Dextromethorphan

Drug Enforcement Administration Office of Diversion Control

http://www.deadiversion.usdoj.gov/drug_chem_info/dextro_m.pdf

STIMULANT ABUSE PREVENTION

Preventing Misuse and Abuse of Prescription Stimulants among Students

Children's Safety Network

<http://www.childrensafetynetwork.org/webinar/preventing-abuse-prescription-stimulants-among-students>

Stimulants

Narcotics Overdose Prevention & Education (NOPE) Task Force

<http://www.nopetaskforce.org/stimulants.php>

Drug Facts: Prescription Stimulants

National Institute on Drug Abuse

<http://teens.drugabuse.gov/drug-facts/prescription-stimulants>

RECOVERY AND OTHER SUPPORT

Narcotics Anonymous World Services

Narcotics Anonymous World Services

www.na.org

Recovery Month

SAMHSA

<http://www.recoverymonth.gov/>

RecoveryOpensDoors.org

National Council on Patient Information and Education

www.recoveryopensdoors.org

Substance Abuse Treatment Facility Locator

Substance Abuse and Mental Health Services Administration

<http://findtreatment.samhsa.gov/>

12 Steps For Freedom from Addictive Behaviors

12Steps.org

www.12step.org

DRUG TAKE-BACK PROGRAMS

Drug Take-Back Program Tutorial and Support Materials

CADCA

<http://www.cadca.org/resources/detail/rx-abuse-prevention-toolkit>

Drug Take-Back Toolkit

C.A.R.E.S. Alliance

http://www.caresalliance.org/Resources/HM566%20CARES%20Alliance%20Drug%20Take-Back%20Toolkit_Rev2-5-14.pdf

DisposeMyMeds.org

Disposemymeds.org

www.disposemymeds.org

National Drug Take-Back Initiative

U.S. Drug Enforcement Administration

http://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html

Disposal of Unused Medicines: What You Should Know

U.S. Food and Drug Administration

<http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>

LOCK UP YOUR MEDS

LOCK YOUR MEDS. BE AWARE. DON'T SHARE.

National Family Partnership

<http://www.lockyourmeds.org/>

LEGISLATION

GovTrack.us—key in “Prescription Drug Abuse” in the GovTrack search box

GovTrack.us

<https://www.govtrack.us/>

State Prescription Drug Monitoring Programs

U.S. Drug Enforcement Administration

http://www.dea.gov/diversion/faq/rx_monitor.htm

Prescription Drug Monitoring Programs—Administration, Reporting, Types, Access and More

National Alliance for Model State Drug Laws

<http://www.namsdl.org/prescription-monitoring-programs.cfm>

CADCA would like to thank McKesson Corporation for their partnership on our *Strategies for Addressing Substance Abuse in Veteran Populations* toolkit. Learn more about McKesson Corporation here: <https://www.mckesson.com/>.

The McKesson logo is displayed in a bold, blue, sans-serif font. The letter 'C' in 'MCKESSON' is stylized with a small orange square at its base. The logo is centered within a light gray rectangular background.

MCKESSON