



## NATIONAL SAFETY COUNCIL

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### Position/Policy Statement

#### Prevention, Education and Public Awareness

*This policy position supersedes policy position #122. The National Safety Council initially passed the Prevention of Prescription Drug Overdose policy position (#122) in November 2014. Since that time, significant strides have been made in strengthening prevention programs, initiatives and policies. Additionally, given the increase in non-prescription opioid overdose fatalities<sup>1</sup>, it is critical to extend the voice and support of NSC to reflect these trends. This policy replaces policy #122 with expanded and new evidence-based recommendations.*

#### **Policy/Position**

The National Safety Council supports evidence-based policies and programs that work to educate and support individuals and communities to prevent the misuse of drugs and the development of substance use disorders (SUDs). The National Institute on Drug Abuse (NIDA) defines SUD as a long term, relapsing brain disease that is characterized by compulsive drug-seeking and use despite harmful consequences. SUDs can impair physical health, mental health and other functioning.<sup>2</sup> Substance misuse and SUDs can make daily activities difficult and impair a person's ability to work and fulfill other major life functions, and are among the top conditions that cause disability in the United States. Preventing substance misuse, SUD, and related problems is critical to behavioral and physical health.

Key components to enhancing prevention include:

1. Expanding and enhancing development of and funding for evidence-based and or best-practice prevention programs
2. Increasing public education and awareness
3. Addressing the role of medical professionals, prescribers and prescribing
4. Ensuring evidence-based prevention interventions are all funded and implemented (e.g., universal interventions across the general population, and selective and indicated interventions for the appropriate populations and individuals, respectively)
5. Capturing complete data on relevant factors to better influence prevention efforts, including but not limited to drug-impaired driving, overdoses, overdose prevention efforts, location-specific information, evaluation of prevention initiatives, etc.

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<sup>1</sup> <https://www.cdc.gov/drugoverdose/epidemic/index.html#three-waves>

<sup>2</sup> <https://www.nsc.org/getmedia/9cabd1b4-c328-4a7a-acdd-3ed9b1998f17/understanding-substance-use-disorders.pdf.aspx>

6. Ensuring that programs, education efforts, funding allocations, interventions and data collection processes are designed and implemented consistent with the diversity of the community to be served by the activity.

### *Background*

In 2020, preliminary data shows that over 93,000 people died due to drug overdoses, and nearly 70,000 of those were caused by opioids.<sup>3</sup> Prevention of substance misuse, SUD and related overdoses is complex, as there are many root causes and risk factors for addiction.<sup>4</sup>

Evidence-based interventions, carried out before the need for treatment, are critical because they can delay early use and stop the progression from use to problematic use or to a SUD, all of which are associated with costly individual, social, and public health consequences. Preventing or reducing early substance use initiation, substance misuse and the related harms, requires the implementation of effective programs and policies that address substance misuse across the lifespan.

There are several different types of prevention interventions, per the Surgeon General's Report on Alcohol, Drugs, and Health.<sup>5</sup>

- *Universal interventions* attempt to reduce specific health problems for all people in a particular population by reducing a variety of risk factors and promoting a broad range of protective factors. Because they focus on the entire population, universal interventions tend to have the greatest overall impact on substance misuse and related harms relative to interventions focused on individuals alone.
- *Selective interventions* are delivered to particular communities, families, or children who, due to their exposure to risk factors, are at increased risk of substance misuse problems. Selective interventions typically deliver specialized prevention services to individuals with the goal of reducing identified risk factors, increasing protective factors or both. However, they are typically not population-based and have more limited reach.
- *Indicated interventions* are directed to those who are already involved in a risky behavior, such as substance misuse or are beginning to have problems, but who have not yet developed a SUD. Such programs are often intensive and expensive but may still be cost-effective, given the high likelihood of an ensuing expensive disorder or other costly negative consequences in the future.

All types of interventions must be prioritized to effectively prevent substance misuse from starting and to support those who have already begun to misuse substances.

### **Recommendations**

1. Expanding and enhancing development of and funding for evidence-based prevention practices and programs, such as:
  - **Screening upon prescribing for family or individual history of addiction and SUDs.** Both brief as well as comprehensive screening tools across medical settings can help identify patients who have or are at risk for developing alcohol- or drug-related problems. Within that group, these screenings can identify patients who need further assessment to

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<sup>3</sup> Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

<sup>4</sup> Risk factors are characteristics that are associated with a higher likelihood of developing a SUD. Protective factors are characteristics that are associated with a lower likelihood of developing a SUD, and reducing a risk factor's impact.

<sup>5</sup> <https://addiction.surgeongeneral.gov/sites/default/files/chapter-3-prevention.pdf>

diagnose a SUD and develop treatment plans.<sup>6</sup> Screenings allow medical professionals to initiate appropriate referrals if needed,<sup>7</sup> and have open discussions with patients to provide education on substance use and SUDs in a health promotion and prevention role. This is also an opportunity to reduce stigma in medical settings against people who use drugs.

However, it is critical to recognize the potential for bias in screenings, given misconceptions about people of color, assumed substance use, and the inequitable impact of SUD on various populations. Screeners should be trained on and made aware the potential for both implicit and explicit bias and stereotyping, in themselves and others, and safeguards should be put in place to prevent inequitable treatment of vulnerable populations.

- **Early intervention programs, such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) and other evidence-based interventions.** SBIRT is an evidence-based approach to delivering early intervention treatment services for persons with SUDs, and, for those at risk, preventing a SUD.<sup>8</sup> SBIRT provides help to individuals with non-dependent substance use before more extensive or specialized treatment is needed. This approach differs from specialized treatment of individuals with more severe substance misuse or those who meet criteria for a SUD.<sup>9</sup> There are other evidence-based programs that perform similar functions. These programs have the following impacts:<sup>10</sup>
  - Reduced health care costs
  - Decreased severity of drug and alcohol use
  - Reduced number of patients who go without specialized treatment
- **Drug take-back programs.** Take-back programs such as safe disposal sites at pharmacies, police stations and municipal buildings, increase the presence of secure, free-standing drop-boxes in the community, and expand access to drug disposal technologies. In 2019, over 50% of people who misused prescription opioid painkillers obtained them from a friend or family member.<sup>11</sup> Many people are not aware of drug disposal options and of the potential risks or harms of keeping medications in their homes. Instead, they may dispose of these medications unsafely or prefer to keep them for emergency use.

Increasing access to and awareness of safe medication disposal options can help minimize the risk of someone obtaining an opioid prescription that is not theirs. Pharmacists, physicians, community health centers, local health departments, national and community-based organizations can all help raise awareness of the importance and available options for safe drug disposal.

## 2. Increasing public education and awareness that:

- **Helps people understand substance use disorders**, including how community, environmental and individual factors as well as other social determinants of health increase the risk of developing an SUD and impact treatment. This includes but is not

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<sup>6</sup> <https://www.ncbi.nlm.nih.gov/books/NBK64820/>

<sup>7</sup> <https://www.ncbi.nlm.nih.gov/books/NBK64828/>

<sup>8</sup> [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/sbirt\\_factsheet\\_icn904084.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/sbirt_factsheet_icn904084.pdf)

<sup>9</sup> Ibid

<sup>10</sup> Ibid

<sup>11</sup>

<https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf>

limited to community, environmental and individual factors as well as other social factors. Some of these circumstances or identities include:

- Socio-economic status
- Mental health conditions
- People who have experienced trauma, including Adverse Childhood Experiences (ACEs), which are traumatic events occurring before age 18 (ACEs include all types of abuse and neglect as well as parental mental illness, substance use, divorce, incarceration, and domestic violence<sup>12</sup>)
- Gender identity
- Sexual orientation
- People of color
- Native Americans
- Veterans
- Rural Americans
- Persons who are incarcerated

A person's environment includes many different influences, from family and friends to economic status and general quality of life. Factors such as peer pressure, physical and sexual abuse, early exposure to drugs, stress, and parental guidance can greatly increase a person's likelihood of misusing substances or developing a SUD.<sup>13</sup>

Understanding how these factors can significantly impact a person lends itself to informed selective interventions for communities, families, or children who are at increased risk of substance misuse problems. Selective interventions typically deliver specialized prevention services to individuals with the goal of reducing identified risk factors, increasing protective factors, or both. Ensuring these programs and initiatives are targeted appropriately, are culturally sensitive, competent and informed, and address the unique characteristics and needs of vulnerable communities and address other circumstances that impact equity and access to services, can increase their effectiveness.

- **Increases accessibility of evidence-based, adolescent- and teen-focused education initiatives and interventions.** Relevant data points include<sup>14</sup>:

- Alcohol, marijuana, and tobacco are substances most commonly used by adolescents
- By 12th grade, about two-thirds of students have tried alcohol
- About half of 9th through 12th grade students report having used marijuana
- About 40% of 9th through 12th grade students report having tried cigarettes
- Among 12th graders, close to 2 in 10 report using prescription medicine without a prescription

Additionally, teen substance use can:

- Affect teen growth and development, especially brain development
- Occur more frequently with other risky behaviors, such as unprotected sex and dangerous driving
- Contribute to the development of adult health problems, such as heart disease, high blood pressure, and sleep disorders

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<sup>12</sup> <https://www.childwelfare.gov/topics/preventing/preventionmonth/resources/ace/>

<sup>13</sup> <https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction>

<sup>14</sup> <https://www.cdc.gov/ncbddd/fasd/features/teen-substance-use.html>

Finally, the earlier teens start using substances, the greater their chances of continuing to use and developing substance use problems later in life.<sup>15</sup> When teens begin drinking at an early age, the chance of becoming addicted to or continuing to misuse substances increases later in life. Evidence-based adolescent- and teen-focused initiatives must be well-funded, prioritized, common and widespread through communities and schools.

- **Increases understanding of the risks of opioids and how to ask prescribers for alternatives.** Serious risks are associated with their use, and it is essential to carefully consider the risks of using prescription opioids alongside their benefits. These risks include, but are not limited to, misuse, opioid use disorder (addiction), overdoses, and death.<sup>16</sup> An NSC poll found that only 12% of respondents were worried about opioid addiction when prescribed opioids<sup>17</sup> – and that 1 in 3 Americans did not know they had been prescribed opioids. When patients are aware of the risks of opioids and empowered to ask questions, they can engage with their medical teams regarding their prescriptions and pain management options. For example, they may be more likely to ascertain if they are receiving an opioid medication, if there are other options and if they face increased risk. Public awareness campaigns and other education initiatives that focus on these goals should be prioritized.
- **Increases awareness of the myriad impacts the opioid crisis and substance use has on families.** Spouses, children, and parents who witness a family member struggling with addiction experience emotional damage, as well as financial, legal, medical and other consequences.<sup>18</sup> Families may also experience separation due to incarceration for substance-use related charges. Family members may experience feelings of abandonment, anxiety, fear, anger, concern, embarrassment, or guilt; they may wish to ignore or cut ties with the person with the SUD. Some family members even may feel the need for legal protection from the person with the SUD.<sup>19</sup> Neonatal abstinence syndrome risks arise when newborns withdraw from certain substances, including opioids that they were exposed to before birth. Infants born with neonatal abstinence syndrome face adverse health outcomes that include pre-term birth, low birthweight, infant breathing and feeding problems, and increased maternal mortality.<sup>20</sup> Lastly, children who grow up with a parent with an SUD are more likely to develop SUDs in adulthood.<sup>21</sup> Building awareness of these impacts, in addition to programs and initiatives that support families and loved ones of people with a SUD, will help mitigate some of the long-term impacts and help prevent them from developing in the future.
- **Supports education campaigns for the general public to recognize the signs and symptoms of an opioid overdose and understand how to access and use naloxone.** Naloxone is an opioid antagonist that temporarily reverses the effects of opioid medications.<sup>22</sup> Research shows that when naloxone and overdose education are available to community members, overdose deaths decrease. Expanding the awareness

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<sup>15</sup> <https://www.nih.gov/news-events/news-releases/younger-age-first-cannabis-use-or-prescription-drug-misuse-associated-faster-development-substance-use-disorders>

<sup>16</sup> <https://www.cdc.gov/drugoverdose/data/prescribing.html>

<sup>17</sup> <https://www.nsc.org/getmedia/33ee2d61-de88-4e93-bb7b-11182fc7462e/031115-public-opinion-poll.pdf>

<sup>18</sup> <https://www.addictioncenter.com/addiction/how-addiction-affects-the-family/>

<sup>19</sup> <https://www.ncbi.nlm.nih.gov/books/NBK64258/>

<sup>20</sup> <https://www.cdc.gov/reproductivehealth/opioid-use-disorder-pregnancy/pdf/MMWR-Opioids-Use-Disorder-Pregnancy-Infographic-h.pdf>

<sup>21</sup> <https://www.addictioncenter.com/addiction/how-addiction-affects-the-family/>

<sup>22</sup> <https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-reversal-naloxone-narcan-evzio>

and availability and targeted distribution of this medication is a key part of the public health effort to reduce opioid-related overdose deaths.<sup>23</sup> Learn more about naloxone in [NSC policy position #171 on Naloxone](#).

3. Addressing the role prescribers and prescribing play by:

- **Mandating utilization of Prescription Drug Monitoring Programs (PDMPs) demands assessment and evaluation of their efficacy**, both in terms of prescription reduction and long-term impact on patients. The NSC [Policy Position #123 on Prescription Drug Monitoring Programs](#) describes specific recommendations regarding PDMPs. PDMPs must evolve as we learn about what works and what doesn't work and should receive the funding to do so. If operationalized appropriately, they remain a valuable piece of a broader strategy to combat the opioid crisis. However, recent studies have found limited evidence between PDMPs and reductions in opioid-related fatal and non-fatal overdoses, opioid dependence, crime, illicit opioid use, treatment admissions, and other consequences,<sup>24</sup> as well as reduced prescribing practices.<sup>25</sup> PDMPs do not address the root causes of addiction or guide patients directly to treatment options. However, they serve as a reminder to physicians that they need to fully consider all relevant factors, such as family history, past SUD diagnosis, and others, when prescribing opioids and can be an important tool for minimizing potential harm when used in tandem with other opioid prevention programs.
- **Mandate prescriber education on appropriate and best practice in the management of acute and chronic pain.** Medical professionals play a key role in facilitating the proper use of opioids. Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective acute and chronic pain treatment while reducing the number of people who misuse or overdose on opioids. The NSC [policy position #121 on Prescribing Guidelines](#) details specific support mechanisms.
- **Mandate addiction education for prescribers starting in medical, dental, and nursing schools, and encourage academic detailing.** Academic detailing consists of structured visits to healthcare providers by trained professionals who can provide tailored training and technical assistance, helping healthcare providers use best practices. Academic detailing has been used to assist physicians and dentists in reducing potentially risky opioid prescribing practices, to prepare pharmacists to effectively distribute naloxone to the public, and many other innovative and community-based initiatives designed to deliver new skills to those individuals poised to make an impact on the rate of overdose in their communities.<sup>26</sup>
- **Continue to evaluate and update prescriber guidelines**, including the [CDC Guideline for Prescribing Opioids for Chronic Pain](#) (amended slightly for clarity and accuracy after publication) and standardize use for anyone who prescribes opioids. At the time of this writing (January 2021), these guidelines are being updated (as deemed necessary after a series of 2020 reports by the [Agency for Healthcare Research and Quality](#)). Given that "best practice" continues to change, NSC supports consistent evaluation and update of prescriber guidelines. Guidelines should always be matched with easy-to-use tools and programs to ensure providers can implement necessary changes and abide by the recommendations.

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<sup>23</sup> <https://www.hhs.gov/surgeongeneral/priorities/opioids-and-addiction/naloxone-advisory/index.html>

<sup>24</sup> <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4642-8>

<sup>25</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5477729/>

<sup>26</sup> <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

- **Increase access to evidence-based non-opioid pain treatment alternatives** such as physical and occupational therapy and massage. Research also shows that acute pain relief can be best achieved through nonsteroidal anti-inflammatory agents (NSAIDs) and that the combinations of NSAID and acetaminophen is more effective than an opioid alone or combined with NSAID and acetaminophen.<sup>27</sup>
  - **Ensure insurance plans (both public and private) cover non-opioid pain management treatment options at the same rate as opioid treatments.** Current federal reimbursement policy does not incentivize non-opioid pain management approaches in the hospital setting. As a result, patients and providers are often unable to access opioid-sparing pain management protocols. These barriers must be reduced so as to increase the wide array of medically appropriate, safe, and effective non-opioid approaches to pain management for five years. Studying the effectiveness of increasing patient access to therapeutic services such as physical therapy, psychological services, acupuncture, massage therapy, and others in providing effective pain management is also critical in removing opioids as the first step in pain treatment.
4. Ensuring all appropriate preventive interventions are funded and implemented wherever needed.

**NSC supports enhanced federal and state funding for entities and evidence-based programs and initiatives that address the full spectrum of prevention**, including universal interventions across the general population, and selective and indicated interventions for the appropriate populations and individuals, respectively. Robust funding of prevention initiatives at all levels is critical to driving long-term impact. Different populations have different needs at different times.

5. Capturing complete data on relevant factors to better influence prevention efforts, including but not limited to drug impaired driving, overdose prevention efforts, location-specific information, evaluation of prevention initiatives, etc.

**NSC supports data collection to better understand trends and accurately target programs and initiatives** (see [NSC Policy Position #137 on Research and Data Collection](#) for more details). In this case, data collection is critical to addressing the drug overdose crisis in the US. While broad interventions and policies are necessary, state and local data can guide targeted interventions based on specific community needs to have greater impact. Many of these systems need increased support and funding from the federal government. NSC supports programs and initiatives that:

- **Require states to build the infrastructure for, screen for and identify all drugs present in overdose fatalities**<sup>28</sup>
- **Require hospitals, emergency medical technicians (EMTs), paramedics, law enforcement, coroners and medical examiners to promptly report drug overdoses** to the appropriate jurisdictional authority or authorities
  - Require said jurisdictional authority to report out on data points, including but not limited to drugs present during toxicology screen, de-identified demographic data and other points as determined
- **Expand and enhance reporting on non-fatal opioid overdoses**

<sup>27</sup> [acpjournals.org/doi/10.7326/M19-3601](https://acpjournals.org/doi/10.7326/M19-3601)

<sup>28</sup> <https://academic.oup.com/jat/article/42/2/63/4653729>

- Support and expand capacity at state and local public health laboratories to detect and identify opioids and novel fentanyl analogues associated with non-fatal overdoses with the aim of informing and maximizing the impact of public health interventions
  - Require hospitals, EMTs, paramedics, law enforcement, coroners, medical examiners and other entities to promptly report non-fatal drug overdose reversals to the appropriate jurisdictional authority
  - **Expand data funding eligibility to allow toxicological testing** in line with Recommendations for Toxicological Investigations of Drug-Impaired Driving and Motor Vehicle Fatalities 2017<sup>29</sup> and future editions of impaired drivers to better understand the drug use problem in the U.S.
  - **Expand and enhance other reporting systems** such as those developed by the Centers for Disease Control and Prevention, the Office of National Drug Control and Policy, Health and Human Services, Centers for Medicare and Medicaid Services, and Agency for Healthcare Research and Quality
6. Ensuring that programs, education efforts, funding allocations, interventions and data collection processes are designed and implemented consistent with the diversity of the community to be served by the activity.

Universal, broad, substance prevention campaigns have limited impact in diverse communities. The expectation that general prevention efforts and messaging will be equally relevant from community to community is unrealistic. The framing of a prevention message must be tailored to resonate with the community culture and be conveyed by a trusted messenger. Asking to learn from the community, recognizing their assets, and acknowledging failed and successful policies is critical to engaging the community.

Key steps to accomplishing this include:

- Understanding the existing assets in a community is essential. Where residents go for information, whom they trust to deliver care, and who the explicit and implicit community leaders are is critical information. Having the community's first-hand knowledge about where people live, work, learn, play, worship and age and how these places promote healthy functioning and quality of life is essential to addressing opioid misuse and OUD.
- Understanding characteristics of a community such as community engagement, economic stability, and neighborhood safety all have an impact on the wellbeing and health of its residents.
- Involving the community—its residents, leaders and organizations—in solving community issues. Involving the community in prevention, treatment, and recovery strategies relies on multi-sectoral partnerships and collaborations to leverage resources and expertise.
- Building public awareness campaigns on the needs assessments of the community. Communities are able to identify gaps in awareness and knowledge and provide key information in developing and tailoring health communication campaigns and subsequent prevention programs.
- Utilizing communication mediums that are appealing, representative and engaging for the community

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<sup>29</sup> <https://pubmed.ncbi.nlm.nih.gov/29186455/>



In particular, it is critical to recognize the historic context of substance use, misuse and overdose in any given community, and address is appropriately. While a full discussion of the War on Drugs and its disproportionate impacts on communities of color that extend to today, an example follows, adapted from SAMHSA's [the Opioid Crisis and the Black / African American Population: an Urgent Issue](#).

For Black Americans, the current rise in opioid misuse and overdose deaths involves multiple pathways. One route to opioid misuse and overdose death is initiated through excessive prescribing and use of prescription opioids leading to OUD. For some individuals, as dependency grows on these pain medications, this evolves into the use of heroin, a cheaper and more readily accessible illicit opioid. Yet another pathway is initiated through the use of illicit drugs, i.e. heroin and cocaine, which has a history in low-income Black/African American communities dating back to the drug epidemics of the 1960s and 1970s.

In terms of prescription opioids, it has been proposed that Black Americans may be insulated from fast-rising rates of opioid misuse and overdose deaths due to lack of access to these medications. The lack of access to prescription opioids is rooted in misperceptions and biases in the health care system including the undervaluing of Black Americans' self-reports of pain and stereotyping by providers. Key points include:

- Black Americans are significantly less likely to be prescribed opioid prescriptions for pain from medical providers than White patient
- Compared to Whites, Black Americans were 29 percent less likely to be prescribed opioids for pain
- Racial and ethnic minorities are more likely to experience miscommunication or misinterpretation about their pain with their medical providers. For example, Black Americans have higher self-reported pain scores when compared to White, yet some doctors believe that pain levels are lower for Black Americans compared to Whites or that Black Americans are drug seekers.

This lower access to prescription opioids for Black Americans contributes to at least two adverse outcomes: a myth of Black Americans being "perversely protected" from the opioid crisis is spread, and the potential for severe under-treatment or mistreatment of pain for Black Americans with severely painful medical conditions such as sickle cell disease, certain cancers, HIV/AIDS and other autoimmune diseases. The data show that Black Americans are not "protected" from this epidemic, and under-prescribing in some cases may have life-threatening consequences for people affected with pain disorders.

NSC recognizes the need to confront racial and other equity issues related to existing drug policies and programs, especially given the disproportionate impact that the opioid crisis has had on communities of color and other vulnerable populations, and encourages Congress to do the same. Substance use and SUDs impact all population groups in the U.S. and strategies to address them must be tailored to the diversity of targeted communities. Promoting a one-size-fits-all strategy inhibits access to appropriate, quality prevention and treatment for culturally diverse populations, as well as the efficacy of those interventions. An interdisciplinary, multi-level team approach including community leaders, associations, advocates and the general population working with policymakers, government agencies, educators, prevention specialists, employers and workplaces, and treatment and recovery providers is critical to understand the related issues and prevention barriers and to develop and implement successful community-informed strategies.

## **Conclusion**

Given the impact of substance misuse on public health and the increased risk for long-term medical consequences, it is critical to educate patients, providers and community members and re-evaluate policies based on the latest available research and data in order to prevent substance misuse, identify those at risk for early intervention, and provide effective treatments to reduce the risk of opioid related overdose and save lives.

*This position statement reflects the opinions of the National Safety Council but not necessarily those of each member organization.*

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