

# Woodlake Neighborhood Watch Newsletter

## BELTON LAKE DROWNING VICTIM IDENTIFIED

The body of 40-year-old Amanda Rogers of Little River-Academy was found on Monday around 12:45 p.m. by a Texas Parks & Wildlife Department dive team. The divers found her in a 39-foot-deep patch of water between Lawson's Point and Pier 36 Marina.

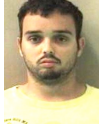
Rogers was reportedly boating with three friends Saturday evening when she jumped into the water near Lawson's Point, at which point her friends lost sight of her.

Rogers was not wearing a life vest when she jumped from the boat. Authorities want to remind everyone to wear a safety vest at all times while boating. (Source: ktemnews.com)

## BELL COUNTY SHERIFF TIP LINE:

### WANTED AS OF AUGUST 31<sup>st</sup>, 2015 -

[http://71.6.170.26/revize/bellcounty/departments/cscd/adult\\_probation/most\\_wanted.php](http://71.6.170.26/revize/bellcounty/departments/cscd/adult_probation/most_wanted.php) , and/or; <http://bellcountycrimestoppers.com/>;



Kevin Jackson, 21, is a 5'3", 156 lbs, W/M from Harker Heights with BRO Eyes and BRO Hair; Wanted For: Arson.

**FROM AUSTIN:** The Texas Department of Public Safety (DPS) has announced that Michael Osborn was taken into custody by the U.S. Marshals Florida/Caribbean Fugitive Task Force on August 21, 2015, at a motel in Lantana, Florida! The arrest was the result of tip information received through Texas Crime Stoppers and the \$7500 reward will be paid.

Osborn is a sex offender with convictions for Aggravated Assault, Unlawful Carrying of a Weapon and two counts of Possession with Intent to Promote Child Pornography.

## HOLD-ON! DON'T TOSS THOSE EXPIRED DRUGS JUST YET!

Drug expiration dates exist on most medication labels, including prescription, over-the-counter (OTC) and dietary (herbal) supplements. This date, required by law in the U.S., represents the final day the manufacturer guarantees the full potency and safety of a medication. For legal and liability reasons,

manufacturers will not make recommendations about the stability of drugs past the original expiration date.

Expiration dates are established through use of stability testing under good manufacturer practices and extend from 12 to 60 months from the time of manufacturer. Once the original container is opened, that original expiration date on the container can no longer be relied upon.

Because the stability of a drug cannot be guaranteed once the original bottle is opened, the many states require a servicing pharmacy to enter "beyond-use...", "do not use after..." or "discard after..." dates on the labels. These are typically one year from the date on the stock bottle but never later than the expiration on the manufacturer's bottle.

Evidenced by the Shelf Life Extension Program (SLEP) studies undertaken by the FDA for the DoD to determine the actual shelf life of stockpiled military medications, and to save government dollars, have shown the actual shelf life of the drug may be much longer.

The ability for a drug to have an extended shelf life is dependent upon the actual drug ingredients, presence of preservatives, temperature fluctuations, light, humidity, and other storage conditions. Many of the drug lots tested, kept in their original packaging and under optimum storage conditions, retained 90% of their potency.

If you need the medication and not able to replace it, there is no evidence that it is unsafe to take or specific reports linking expired medication use to human toxicity. However, if a medication is essential for a chronic and potentially life-threatening disease, for example, a heart condition, seizure, or life-threatening allergy, it is probably wise to get a new prescription.

An expired medication for minor health problems: headache, hay fever, or mild pain, the drug potency may be degraded but it may also be safe to take.

If an expired medication is taken, and the patient notices the drug has limited or no therapeutic effect, the medication should be replaced.

Solid dosage forms, such as tablets and capsules appear to be most stable past their expiration date. Drugs that exist in solution or as a reconstituted suspension, and that require refrigeration may not have the required potency if used when outdated. This can be a major health concern, especially when treating an infection with an antibiotic. Additionally,

antibiotic resistance may occur with sub-potent medications. Drugs that exist in solution, especially injectable drugs, should be discarded if the product forms a precipitant or looks cloudy or discolored.

If the medication is a biologic product, insulin, EpiPen, refrigerated liquid, eye drop, injectable, or looks like it is degraded or cloudy, it should be discarded and replaced.

Then, what about that leftover pain medication from knee surgery, the few antibiotic pills you forgot to finish, or bottles half-filled with potent drugs or medications you no longer use?

Most drugs can be thrown in the household trash, but consumers should take certain precautions before tossing them out. Unless the label requires it, never flush drugs down a toilet.

FDA has established basic guidelines for the proper disposal of prescription drugs, and many community-based "take-back" programs offer safe disposal alternatives:

- Follow any specific disposal instructions on the drug label or patient information that accompanies the medication.
- Call your city or county government's household trash and recycling service (see blue pages in phone book) to see if a take-back program is available in your community. The DEA work with state and local law enforcement agencies in sponsoring National Prescription Drug Take Back Days. ([www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov))
- If no instructions are given on the drug label and no take-back program is available in your area, throw the drugs in the household trash, but first:
  - Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.
  - Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.
  - Before throwing out a medicine container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.
  - Do not give medications to friends. Doctors prescribe drugs based on a person's specific symptoms and medical history. A drug that works for you could be dangerous for someone else.

*The publication of this newsletter is unofficial and does not express any opinion, directive, or policy of the Woodlake Property Owners Association members or Board of Directors. The primary purpose of the newsletter is to convey information designed to assist us to reduce or prevent crime in our community. The information presented is available through various public access sources, personal interview, or observation. Your comments as to how we can improve this effort are welcome.*

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° When in doubt about proper disposal, talk to your pharmacist.

Despite the safety reasons for flushing drugs, some people are questioning the practice because of concerns about trace levels of drug residues found in surface water, such as rivers and lakes, and in some community drinking water supplies. However, the main way drug residues enter water systems is by people taking medications and then naturally passing them through their bodies.

The Texas Pharmacy Congress recognizes that there should be a mechanism in place for Texans to properly dispose of their unused medications, and that there are various approaches the state or the marketplace could employ to meet this goal. It is our recommendation that any program developed to aid consumers with disposal of unused medications should include the following:

- Pharmacy participation should be voluntary.
- Feasible funding sources such as grants, drug manufacturers or state hazardous waste resources must be identified; pharmacy should not be required to bear the cost of a program.
- Consumers must be educated regarding appropriate methods of disposal.
- The potential for substance abuse and drug use of un-used medications and the problem of diversion of legitimately prescribed medications needs to be explained when seeking public support for disposal programs.

The Texas Pharmacy Congress urges implementation of an approach that is sustainable and workable for all stakeholders. San Antonio, Amarillo, Dallas and Lubbock have held community events with law enforcement involved that allow consumers to “drive-thru” to drop off unwanted drugs. The drugs must be in their original container. Additionally, a statewide takeaway program, implemented by the Texas Pharmacy Association, allows consumers to drop off prescription and over-the-counter drugs at a participating pharmacy. The pharmacy places the drugs in a container, which

is shipped to a disposal facility. The program does not accept controlled substances.

(Sources: Anon. *Drugs Past Their Expiration Date. The Medical Letter on Drugs and Therapeutics.* 2009;51:101-102. American Medical Association. "Pharmaceutical Expiration Dates." Report 1 of the Council on Scientific Affairs (A-01). July 25, 2001. Accessed November 18, 2011. <http://www.ama-assn.org/resources/doc/csaph/csaa-01.pdf>. Lyon RC, Taylor JS, Porter DA, et al. *Stability profiles of drug products extended beyond labeled expiration dates.* J Pharm Sci 2006;95:1549-60. American Society of Health System Pharmacists (ASHP.org). Q&A on Proposed USP Chapter 797 Revisions with E. Clyde Buchanan, Woods M. *Drugs may outlast label date.* Post-Gazette National Bureau. May 30, 2005. Accessed Nov. 17, 2011. Simons FER, et al. *Outdated EpiPen and EpiPen Jr autoinjectors: past their prime?* J Allergy Clin Immunol 2000;105:102. John Hopkins Health Alert: *Ask the Doctor About Your Prescriptions.* Accessed November 20, 2011. [http://www.johnshopkinshealthalerts.com/alerts/prescription\\_drugs/johnsHopkinsPrescriptionDrugsHealthAlert\\_677-1.html](http://www.johnshopkinshealthalerts.com/alerts/prescription_drugs/johnsHopkinsPrescriptionDrugsHealthAlert_677-1.html))

## CERT – THE NEXT PHASE IN THE MATURATION OF OUR NEIGHBORHOOD WATCH EFFORTS - *Knowing and understanding the threat/hazard is one thing. Being prepared as an individual household dealing with a natural disaster, pandemic, large zone power loss (black-outs), or mass destruction is another.*

It's impossible to predict when or if the event that cuts our community off from First Responders will occur. To cope as a community, answering questions from the sample survey is a first step identifying assets, strength and vulnerabilities.

### 1. Preparation:

- What is the hazard (Tornado, Wildfire, Earthquake, etc)?
- Determine deadline to shelter in place or evacuate (unless mandatory).
- Are you and your family prepared to evacuate within 30 minutes or less?
- Are your vehicle fuel tanks kept at least ½ filled?
- Is your designated shelter safe, immediately accessible and large enough?
- If not at home, do you and your family know where to go in an emergency?
- Do you, a family member or any neighbor require special assistance?
- Do you and your family have contact information for your neighbors?
- Is out-of-area next of kin contact information available?

### 2. Resources:

- Are you prepared or know whom to contact if emergency medical attention is needed and EMS cannot respond or is unable to get to your location?
- Do you have the ability to provide emergency medical assistance?
- Are your emergency supplies (food, water, first aid) adequate to your needs and if necessary, your neighbor?
- Would you be willing/able to provide shelter for your neighbor should the need arise?
- Do you have the ability to provide material support (bedding, clothing, financial assistance or temporary quarters) to a neighbor in need?
- Do you have tools, equipment and materials necessary for wildfire abatement or casualty rescue (shovel, rake, flashlight/batteries, pry bar, long water hose, etc)?
- Are you physically able/capable and willing to assist/organize teams for fire suppression and light search and rescue?
- Do you have a generator?  
Are refuel cans on-hand, extra propane supply, lantern or cooking fuel available?

### 3. Communication:

- Do you have a cell phone with immediate family members, out-of-area next of kin, and immediate neighbors listed in “Emergency Contact” group for ready access?
- Do you have all emergency and non-emergency numbers readily available?
- Are the latest emergency notification and/or weather forecast apps like “Code Red” or “Weather Radar” loaded on your I-phone?
- Do you have the ability to communicate via High Frequency or Ham radio?
- During power outages, do you have the ability to communicate/receive hazardous weather information or call a first responder (police, fire, EMS)?
- Are you able to contact/check-on neighbors you are aware of that may require special assistance in an emergency situation?

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