Lowering Drug Overdoses by Instituting On-Site Drug Take Back Programs at Universities

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Summary: The US has seen a dramatic rise in heroin addiction. This sharp increase in addiction is partly due to the availability of prescription painkillers. With this rise in addiction comes an obvious but unfortunate increase in the number of heroin and opiate-related fatalities. Timely administration of Narcan by authorized personnel will prevent many of these deaths. Universities have also seen their share of fatalities and many of their students are at high risk. By instituting a Drug Take Back event as well as the installation of MedReturn drug take-back units at colleges and universities such as Rutgers, we can significantly cut down on heroin and prescription drug abuse and subsequent overdoses.

Video Link: https://www.youtube.com/edit?o=U&video_id=W83uAprHWhI.

Rising prescription drug and heroin fatalities

Heroin addiction is not a new problem. It has been with us for a long time more or less. Despite our state and government’s best effort to crack down on drug use, we still see reports of increasing drug use. In our state, the number of deaths attributed to heroin abuse, have gone up from 443 to 591, a sharp increase (1). While these numbers may not seem high, they are disturbing none the less. These are people, people who missed out on the necessary help they needed. Since most addicts are in the age range of 18-25 (2) we can see that they die at their prime which is most disturbing. These trends should come as no surprise however. Addicts generally choose heroin due to its low price in comparison to prescription opiate drugs. Indeed the rise in heroin use may be partly attributed to an increase in prescription drug abuse.

The basics about heroin:

Heroin is an opiate of the same class as morphine, and the other prescription pain killers. Recreational users report an intense sense of well-being and euphoria while using this drug(3) The problem is that users must take an increasingly high amount of this drug as tolerance develops very quickly. The drug is extremely addictive due too many factors. The drug affects part of the brain related to reward and is pleasurable (4). Addicts find themselves losing control of their heroin usage. Then their sole purpose in life is to keep getting the drug. Short term effects include, slowing of breathing, the skin flushing, a dry mouth and other symptoms (3). Long term use of heroin should not cause too many problems, however due to the fact that street heroin is impure, the users cause harm to their bodies. Addicts can look at collapsed veins, infections, etc(4). This street heroin is also not even consistent in its heroin content. The amount of heroin can vary from 40% to 60%(3). This seemingly small change, it’s enough to cause an
overdose. Other problems that may arise is the use of needles. The sharing of needles can spread pathogens such as HIV and hepatitis, which are serious concerns for a community.

An overdose of heroin can kill pretty quickly due to lack of oxygen reaching the brain. Even if a user survives, they may have permanent brain damage due to the brain’s tissues not receiving oxygen. Overdoses can also occur as a result of drug interactions. Alcohol and benzodiazepines, which are both depressants, can cause fatal reactions when combined with heroin(3). Another way an addict can overdose is by changing locations. Drug users can inject a certain amount of the drug in their house for a long time and then they could change location, inject the same amount of the drug and drop dead instantly. It would seem that when a pattern is followed the body can sort of brace itself for incoming heroin. But if the pattern is broken the body does not compensate, and the user experiences an overdose, which can be fatal(3).

Other abused opiates

One of the commonly prescribed opiates pain killers is oxycodone. It relieves moderate to severe pain and it is commonly combined with acetaminophen(5). Acetaminophen cannot be taken in large amounts which I believe is good deterrent for stopping excessive doses of this drug. Of course, addicts find ways around this. As is the case with heroin, physical dependence and addiction is possible with this drug specially if taken for prolonged periods. Prolonged use and discontinuation can cause painful withdrawal symptoms. This seems to be the case with all drugs of the opiate class. A visible trend with this drug is that people in well off neighborhoods are more likely to overdose from prescription medication and people in disadvantaged neighborhoods tend to overdose more often on heroin(6). No surprises there. Other commonly prescribed pain killer drugs are Vicodin, Merepidine and Hydrocodone. These prescription drugs are seen as a gateway to heroin, as will be explained later.

Are Prescription Drugs the Gateway to Heroin Addiction?

According to the 2014 Taskforce Report (7), most addicts start legitimately using prescription drugs that may or may not have been prescribed to the abuser. Due to a prescription drug’s addictive nature, several users become hooked on it and seek more of it. Somehow, prescription drug abuse leads to heroin. Several studies show that there is a causal relationship between prescription drug abuse and heroin abuse and overdoses. A study done in the year 2004, looked at 163 people aged 15-30, who had used heroin in the past and were at a very high risk of overdosing (8). These individuals were given a questionnaire made by an advisory committee of general practitioners in which they were asked about their mental health, drug use, and life factors (8). The researchers performed a statistical analysis of the data obtained from the questionnaire in order to determine which factor was more likely to cause heroin overdoses. The results, to the experimenters surprise, showed that prescription drug usage was more likely to lead to overdoses than mental health problems and life factors (8). Past use of benzodiazepines and opiates were more likely to cause overdoses. This study showed that prescription drug use had a very strong association with future heroin overdoses.

Another related study looked at 149 adults that had died of heroin overdoses. They looked at the deceased patients toxicology reports and found that 90% of them had other drugs in their system.
80% of the deceased had prescription drugs at the time of their death, particularly opiate drugs and benzodiazepines (9). These studies show that there is a clear link between heroin overdoses and prescription drug abuse, yet they do not tell us why there is a link. The connection may be attributed to the price of heroin.

The costs of Heroin

State officials are concerned about the link between prescription abuse and heroin. They are seeing a pattern of prescription drug abuse leading to heroin use and ultimately overdose (10). This is attributed to heroin’s relatively cheap cost compared to prescription medications. Prescription medications cost $20 up to $60 depending on who you are getting it from. Heroin on the other hand, costs $3 to $10 a bag (11). Users who move on from prescription drugs to heroin find themselves injecting the drug in a matter of weeks, versus snorting it. The heroin high is also much more intense. These two factors are why addicts see heroin as a more attractive choice. It is cheaper and they get more pleasure from it. Availability is also a factor. Out of the available illegal opiates, heroin is the one that is most abused due to its availability. Users that live in the city also report that the heroin is much easier to get than prescription drugs (11). This is a very disturbing pattern. Heroin use is on the rise and we could be seeing an overdose epidemic if we don’t do anything to stop this.

U.S drug heroin usage

There is some interesting data that came from the 2012 National Survey of Drug Use and Health regarding heroin use. One statistic that is of particular interest is the one on heroin use. It was reported that in the U.S, the amount of heroin users almost doubled from 2007- 2012(2). The numbers are 373,000 in 2007 to 669,000 in 2012 (2). Pain reliever abusers were numbered to be 2.1 million (2). This too is a worrying static since eventually abusers will turn to the cheapest pain reliever in the streets or heroin. Also in this year, those people that were abusing heroin were numbered to be 467,000 whilst in 2002, it was 214,000 (2).This means that more than half of heroin users are abusing the drug. This clearly speaks of heroin’s addictive and destructive nature. As a direct result of increased drug use, the amount of people receiving treatment for abusing this drug has increased as well. It is questionable how effective these programs are given that the number of heroin addicts continues to rise.

Among heroin users, the average year of first use was stated to be 23 years old . With most drug users starting when they are 18- 25 years old. (2). Most drug users start at a young age. High school graduates as well as college students are in this group. This survey also mentioned that the users thought the drug was much easier to obtain than in years past. There is no doubt many problems with this.

N.J Drug Abuse Fatalities

In the year 2012, there were close to 1,300 deaths that were caused by substance abuse in the state of New Jersey (7). The taskforce estimates that about 2/3 of this deaths were caused by prescription drugs (7). Prescription drug abusers are the most numerous out of all addicts. Once they run out of money they turn to the much cheaper heroin. This keeps the pool of heroin users
very large. Drug dealers obviously capitalize on this fact; supply and demand in action. In the end, we should focus our energy in breaking this cycle. We must understand that prescription medication is just as dangerous as the illicit drugs like heroin.

This problem is multidimensional. There is the demand for heroin which causes a problem, addicts who can no longer afford prescription drugs and must turn to the streets to get their fix and lack of drug treatment programs in our state and which have been shown to be definitely helpful. I don’t think one solution can solve everything, but I hope that through taking some simple steps we can make a positive impact in the war against addiction.

**An Antidote to Opiate Overdoses**

Naloxone is an opioid antagonist (12). It has a very high affinity for the receptors were heroin binds. So in effect, it knocks off the heroin from the receptors in the brain resulting in the ceasing of heroin’s effects. The effects are fairly rapid and people suffering from an overdose can be saved efficiently with this drug. If one would desire fast action then it can be injected directly. However, a nasal atomizer is also available which releases a mist that it’s absorbed through the nose. This is slightly slower acting but it gets the job done. It has been proven that Naloxone lowers the rate of fatal overdose. Naloxone is also an antidote for Vicodin, oxycodone and other opiates (13). Its excellent affinity for opiate receptors makes it the current best drug of choice in our arsenal against fatal overdoses.

**Narcan’s Side Effects**

No drug is without side effects, however. Narcan can cause change in mood, increased sweating, nausea, nervousness, restlessness, trembling, vomiting, allergic reactions such as rash or swelling, dizziness, fainting, fast or irregular pulse, flushing, headache, heart rhythm changes, seizures, sudden chest pain, and pulmonary edema (12). However, these are much better than permanent brain damage and death. The serious side effects don’t seem to be very common though.

In the US, one can get Naloxone through prescription. Naloxone has been a pivotal tool in saving people who are overdosing on heroin. Many states have already legalized the carrying of this drug by personnel like police men, ERs and firefighters.

**The Controversy over Naloxone**

One argument that proponents of Naloxone make is that it will encourage addicts to engage in risky behavior because they have the ability to stop their overdose should it happen (14). They worry that giving addicts naloxone will reassure them that they will be fine and therefore drive up heroin usage. This in turn could cause even more deaths. However, heroin abusers do not normally have the intension of overdosing and dying, so this argument that an antidote would be there to save them is not terribly relevant. Additionally, addicts should be given the chance to reform themselves and live to do so, and Narcan gives them that chance.

**Naloxone Administration Requires Proper Training**
Improper use of Naloxone is also a problem. A published study (15), talks about some of the problems that people who might administering the drug would encounter. Number one is that when used on opioid-dependent patients, or an overdosing patient, acute withdrawal can occur. This leads to vomiting as well as pulmonary aspiration which can be life-threatening. Secondly, that naloxone can wear off before intended when dealing with an overdose, in which case the patient is still at risk of dying due to insufficient oxygen. Additionally, if the patients are using the heroin for pain relief, then catecholamine may be rapidly released leading to pulmonary edema as well as cardiac arrhythmias.

These problems justify why Naloxone should not be given to any random Joe, or that it should be an over-the-counter medication. The people carrying Naloxone to combat overdoses should be the police, who happen to be the first responders (most of the time) when an emergency occurs. However, police personnel, must be trained to make the most effective use of this drug. As it currently stands, members of some Police Departments, especially those at colleges and universities, are not currently trained to administer Narcan or naloxone or do they have the authority to carry it. This is a problem. The evidence suggests that this drug is a life saver when it comes to saving people from drug overdoses.

**Drug Use at Universities**

A report by CASA Columbia sheds some light on the drug problem on University campuses. The report compiles information from 2000 students across the US from 400 different colleges. In addition, they interviewed researchers in the field and reviewed around 800 publications (16). Their results show that opiate use in campuses across the US had increased by 345% between the years 1993 and 2005. Drugs like Adderall saw an increase in 93% (16). Also, cocaine, heroin and other illegal drugs, not counting marihuana, have seen an increase of 53% by University students in those same years. This is a very real problem, with very real repercussions. We are talking about, violence, death, and other problems related to drug usage.

**Is There a Drug Problem at Rutgers University?**

Although there are not many statistics related to drug use, it is obvious that there too are drug over doses at Rutgers University. A paper released in April 14, 2014 to the Daily Targum, talks about some fatalities that have occurred on campus (17). In this article, the director of ADAP (Alcohol and Drug Assistance Program), Lisa Laitman, reports that she knew that some Rutgers students have overdosed in the last year. She also explains that cause of death is not always reported by the family, or an autopsy report is not always available. So it may be the case that there are even more overdoses than are reported. This article also talks about a new version of heroin which is spiked with fentanyl making the heroin-fentanyl concoction several orders more potent. As a result of this more potent concoction, we may be looking at even more overdoses in the near future.

The Director of the Counseling, Alcohol and Other Drug Assistance, and Psychiatric Services (CAPS) Jill Richards was contacted to find out about what statistics were available with regard to Rutgers students and substance abuse. I was told that in New Jersey, prescription drug abuse is becoming a more concerning problem each year, but there were no numbers. How could this be
true? It is a reasonable and safe assumption that Rutgers too is experiencing problems regarding prescription drug abuse and fatalities.

**Drug Take back Programs**

Much attention has been given to this issue in the past year not just in New Jersey but across the country as well. An article released in the past month describes some of the measures that New Jersey has taken to combat this epidemic. They in essence want to slow the flow of prescription drug meds that reach people and also to completely rehash their rehab system which they see as failing (18). However, one very successful way combat the drug epidemic in our state is the National Drug Take Back program.

On any particular day, residents can drop off drugs that are old, unused or just simply unwanted in their police departments. When the DEA instituted the Drug Take Back program, it was an instant success. 4,094 collection sites and 2,992 state and local enforcements agencies participated in the first year of this program (19). This move by the DEA brought on many helpful changes. Very soon after congress passed the Controlled Substances Act which allowed the DEA to develop a permanent way for people to dispose of their prescription medications (20). President Obama signed the Safe and Secure Drug Disposal Act of 2010 in October 2012, and the DEA immediately began adopting regulation for a more permanent solution. This paved the way for programs that take back drugs on a day to day basis.

Several counties have drug take back programs on a more regular basis and they have reported huge successes in obtaining medications. All prescription drugs can be taken by law enforcement so long as they are not needles, empty, aerosol cans or thermometers. Furthermore, pharmacies cannot take back controlled substances. Controlled substances have to be taken by law enforcement.

The reason why Drug Take Back programs are so effective in reducing overdoses is because of the high rate of prescription abuse in this country. Over half of teenagers that abuse prescription medications get them from their home cabinet or friends (21). If we take the drugs out of the cabinet, then we significantly cut down on the number of teenagers that start using such drugs. As an added bonus, drug take back programs allow for safe disposal of drugs that are known to have contaminated our drinking water in the past (19).

**Instituting a drug take back program at Rutgers University**

So what can we do to help this pattern of prescription drug abuse and overdoses that is rampant in our state as well as Rutgers University? This community project will make use of Rutgers’ recovery program and treatment center, CAPS. CAPS will be a huge resource in tackling this problem in the Rutgers community. It has been proven by several other sources that drug take back programs are hugely beneficial in lowering prescription drug abuse and therefore lower overdose deaths. So it is hoped that this plan will have those same benefits here at Rutgers.
What this project hopes to accomplish is to make these events much more common at Rutgers. A particular senator of New York exclaims his concern over how the drug take back programs are not happening frequently enough (22). The directors of CAPS have also stated that Rutgers has not sponsored any such events in the past.

So part of the solution is to adopt a yearly event that will be hosted by CAPS and the Health Center in which they take back prescription drugs and such and dispose of them. By increasing the frequency of this event we hope to get rid of even more problematic drugs off the street and by extension, to lower the amount of heroin abuse and overdoses and to also educate the student body.

In order for this program to become known, we have social media as well as the CAPS website in order to promote the event and to increase turn out. So the way this event will be hosted will be by following a model created by a Task Force appointed by the Office of the Attorney General.

The steps are as follows according to the Task Force(23)

1) Planning
2) Funding- This will be mostly by Rutgers and CAPS. Costs include movement of prescription drugs and the destruction of the old medications. We can also use off duty police members from RUPD, or regular duty police (cheaper) And of course advertisement, which will be accomplished by the CAPS website, social media, the school newspaper The Daily Targum and flyers. Rutgers also has its own radio and TV station (RUTV) which may also be useful.
3) Police Cooperation- Due to some drugs being controlled substances, we need the cooperation of police. Thankfully, we have RUPD on campus to help out.
4) DEA approval- Once the event is planned a letter must be sent by Rutgers for approval 4 months prior to the event taking place.
5) Multiple locations- Rutgers has CAPS as well as the Hurtado Health Center. We also have several police offices on campus.
6) During the collection- Controlled substances mean that every location must have at least 1 police officer. As well as 2 volunteers and a data entry person. They must also have a basic understanding of the drugs they are working with.
7) After collection- Never to be stored on site. They must be promptly taken to be transported under police escort to be destroyed.

The above steps will incur some costs but thankfully Rutgers can provide regular duty officers from RUPD to offset the costs somewhat.

Even though this would be a Rutgers event, this should not necessarily mean that it is only open to Rutgers students. Parents of students, friends, alumni, and residents who reside close to Rutgers should be encouraged to drop off their drugs in order to maximize the drugs being disposed of. The date of this event could be on one day in late April, perhaps on the same day (or the day before which is a weekday), as the National Take Back Drug program. Late April is right before final semester exams commence. Exam time is a very stressful period for students and
they might be tempted to use drugs at this period. So by hosting the event during this time, we can deter students potentially from using these drugs as a stress reliever.

**Helping Making sure the drugs are off the streets for good**

In addition to promoting these events, Rutgers also should also give the option to take back drugs on a day to day basis. The DEA states that such an operation would cost a lot of money, the cost mentioned above would happen daily. Also, there would be a need for a dedicated police squad, and police are over-stretched as it is. Thankfully, there is a very useful invention that has seen a lot of success in counties that have adopted it.

Drug Take-Back Units

This is a MedReturn Drug Collection Unit created by MedReturn LLC (24) Students can drop off their unused medications here and then police can pick them up and dispose of them. The price of this unit is $995 plus installations costs (24), an affordable price, and it is very durable. This will allow daily drug drop offs, removing potentially unsafe drugs out of student’s hands. It is also much better for the environment.

How ones gets a Medreturn Box

Many counties already have installed MedReturn Boxes in New Jersey. The very first thing Rutgers must do is to contact local law enforcement to make sure that they abide by all the laws and regulations that are part of drug take back programs (Med reference). Once this has been done, then it’s just a matter of ordering the box which is $995 and installing it in a proper locations (RUPD locations ?). Rutgers could order as many as it needs, and be placed in all RUPD locations on campus, in order to maximize the drugs disposed of.

Why Rutgers and Other Universities will Benefit From Drug Take Back Units

As the data shown earlier in this report indicates, Universities have to deal with many of their students abusing drugs and the like. Rutgers is no exception. Like other universities, Rutgers has students that are abusing pain medications such as Oxycodone. Frank L Greenagel Jr, President of the NJ opiate Task Force on Heroin and other Opiates, who worked as a Rutgers CAPS since
2009, said he was “stunned” at the amount of Rutgers Students that were addicted to Oxycodone. He also spoke to the parents who lost their children to drug overdoses. This is a very serious issue. One can say that this is silent epidemic. Most students don’t know it’s happening, but it is. Therefore, it is up to Rutgers to take steps to prevent more student deaths. This is where the Medreturn Box comes in.

Medreturn will allow for students and their friends to dispose of their drugs on campus when they want to. MedReturn Boxes should preferentially be installed near where Campus police is. That way controlled substances can be disposed of. As stated before, the box is not too costly, but Rutgers has to take the proper steps to make it a reality on campus.

The Next Important Part

Another key feature of this plan is that it will be hosted by CAPS. So this event will expose many students to CAPS as an available treatment resource on campus. Students will learn about the Recovery Houses that CAPS employs to treat substance addiction. Students that are high at risk of dependence will learn that CAPS can help them. CAPS can also leave brochures and similar information packets at the prescription drug drop off areas.

In the end, the hosting of this event and the adoption of the MedReturn Boxes will promote a culture in Rutgers which values health and its students. It will promote a culture of understanding and lower stigma related to drug use. It will make the community safer and much nicer. Drugs will be taken of the street and students will be exposed to CAPS, which will lead to more students seeking treatment further lowering the drug usage rate.

There is a clear link between prescription drug pain killer and heroin. The much more expensive prescription drugs are a gateway to illegal heroin use. This plan aims to attack the source which is prescription drug abuse in order to cut down on heroin abuse rates. CAPS will also gain much exposure and students will learn and make use of CAPS. This plan is certainly doable by Rutgers, which has the resources and will benefit the school, its students and the community.

In order for this plan to work I have expressed these concerns with the directors of CAPS but I encourage any person reading this paper and proposal to contact the Rutgers Health Center and to write letters expressing a need for more drug take back events as well as the MedReturn Box which have collected many potentially dangerous drugs. I hope that this paper educates as many people as possible about the issue, and to entice students and faculty alike into pushing for the measures proposed. This along with the drug Narcan, really do give addicts a much better chance to recover!

Letter to Jill Richards, director of CAPS

Dear Ms. Richards,

I hope that you are wrapping up the semester smoothly. I am writing you regarding the drug abuse problem we face in the University and how we can help this issue by instituting a drug
take back program and by the installation of MedReturn boxes. Evidence from studies have shown that there is a clear link between heroin overdoses and prescription drug abuse. As you are aware, some students at Rutgers suffer from problems with prescription addiction, and these students are at a very high risk of suffering an overdose in their future. Drug take back programs have been shown to be useful in decreasing prescription drug abuse ergo they lower the chances of heroin overdoses. Unfortunately, Rutgers has no such Drug Take Back program.

MedReturn Boxes have shown to be an excellent investment when it comes to fighting addiction in the populace. Several counties have reported collecting hundreds of pounds of unused medications in just a few weeks. MedReturn boxes have the advantage of being relatively cheap, a unit is $995 All one has to do is contact their local law enforcement agency to make sure federal and state standards and regulations are being met and then the MedReturn can be ordered and installed promptly. The boxes are built to last, so they won’t be a need to replace them often. The advantage of having an everyday built-in drug disposal unit cannot be understated enough. Students will be able to drop off medication off at these sites before they are tempted to use them.

The following measures could be taken to maximize the effectiveness of Drug Take back programs that will benefit the student body.

1) Work with RUPD to be able to install MedReturn Boxes in the RUPD police departments. Police are the only ones who can dispose of controlled substances. Drugs can be dropped anonymously with MedReturn.
2) Increase student awareness of the existence of these boxes. This can be accomplished through flyers and the CAPS website.
3) Work with Rutgers to host a Rutgers Take Back Program. This is to encourage students and their friends and families to drop off unused medications. Furthermore, this day will also serve the purpose of educating the student body of CAPS and the service it provides. The date of the event would preferably be in late April, perhaps the day before the National Drug Take back program (which is on a Saturday), when students are faced with finals. Finals are stressful and can tempt drug use in students.

For this program to work we will need the cooperation of CAPS, RUPD and Rutgers but it will benefit the student body as whole, as well as CAPS and Rutgers in the long run. Taking the steps outlined above will result in a healthier Rutgers community. We will also foster an environment of tolerance, safety and will make our University much better. Please, consider taking the steps outlined above, the benefits cannot be overstated. Thank you for your time.

Sincerely,
David Tejada

References


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Letter to the Editor sent to the Star Ledger to tmoran@starledger.com
Dear Editor of the Star Ledger,

I am writing today about an issue that is important to the state of New Jersey. I am hoping that the information that I will disclose with you today will receive more attention because it concerns New Jersey Residents everywhere.

As you may very well know, heroin usage is a problem for people addicted to prescription meds. The number of people receiving prescriptions and subsequently taking heroin are increasing. The steps that the state has taken to combat the rise in addicts are good but far from perfect. I am aware that police, and others have access to the lifesaving Narcan, still many addicts still die from the complications of overdose. What we need is to equip the general populace with the lifesaving drug, so that no more tragedies can happen. The solution is slowly making the drug available to high risk individuals, then to push for over the counter status. Why was we make it hard for it to save a life? Not all addicts are created the same! They are people too, and we must have compassion and help them. The thought that this potential life saver, which is super safe is not so available to the general public is a chilling thought to me.

I truly urge you to write on this subject, we need to change people’s minds so that we can urge law makers to make changes. My email is <redacted> I have compiled information about this subject as well as models to fix this problem based on programs that seem to be working.

Sincerely David Tejada