

2027 Montana Suicide Prevention Strategic Plan

JULY 2026



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

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OVERVIEW

This 2027 suicide prevention strategic plan includes goals, objectives, and strategies designed to support a multifaceted, coordinated approach to reducing suicide in our state. It includes tracking progress on the strategic activities of each of the five goals. Additionally, information on suicides among the armed forces and current Montana initiatives aimed at reducing suicides among our veteran population is discussed, as well as the exploration of controlled substance information in deaths ruled to be suicides. This plan and its priorities are updated biennially.

As part of its ongoing efforts to build a strong suicide prevention infrastructure, the Department of Public Health and Human Services (DPHHS) participates annually in statewide meetings with key stakeholders and partners.

GOALS, OBJECTIVES, AND STRATEGIES

GOAL 1

Implement a suicide prevention program led by the suicide prevention office based on the best available evidence.

OBJECTIVE 1.1

Dedicate core staff positions to carry out the essential functions of DPHHS's suicide prevention efforts.

STRATEGIES

- 1.1.1 Sustain a statutory suicide prevention coordinator and suicide prevention manager for the DPHHS Suicide Prevention Program.
- 1.1.2 Support and partner with the Director of American Indian Health to provide resources to tribal nations that reflect a cultural understanding and responsiveness.

OBJECTIVE 1.2

Implement a biennial suicide prevention action plan.

STRATEGIES

- 1.2.1 The DPHHS suicide prevention office will continue to implement and update the state strategic suicide prevention action plan at a minimum of every two years, as required by statute.

- 1.2.2 A statewide stakeholder group will be updated on the progress of the Montana Suicide Prevention Strategic plan at the yearly stakeholder meeting. The DPHHS suicide prevention office will provide regular updates and consultation as needed to internal DPHHS staff.

OBJECTIVE 1.3

Coordinate and integrate DPHHS's suicide prevention activities through the Suicide Prevention Program, encouraging cross-department collaboration and integration of programs across funding sources within state government.

STRATEGIES

- 1.3.1 Improve communication and coordination across non-profit organizations and state branches, divisions, and programs to better collaborate on suicide prevention efforts through annual stakeholder meetings initiated by the suicide prevention coordinator to provide for coordination of all suicide prevention efforts.
- 1.3.2 Policy and educational documents (i.e., website, postvention plan, state plan, etc.) will be shared across these branches, divisions, and programs.
- 1.3.3 Continue to improve communication and coordination for crisis services through the 988 stakeholders' coalition.
- 1.3.4 Continue to improve communication and coordination for service members, veterans, and their families through the Montana Warriors Forward (Formerly the Governor's Challenge to prevent Veteran Suicide) stakeholder coalition.

OBJECTIVE 1.4

Provide recommendations for changed or amended policies to DPHHS-based or published data, best practices, and state-specific data analysis.

STRATEGIES

- 1.4.1 Maintain a link between the DPHHS suicide prevention coordinator and national experts in the field of suicidology to ensure a comprehensive approach to evidence-based practices and metrics. This will be achieved through consultation with the National Council for Mental Wellbeing, the American Foundation for Suicide Prevention, the American Association of Suicidology, the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Veterans Administration's data experts, and other regional and federal entities.

GOAL 2

Develop a comprehensive communication plan for suicide prevention.

OBJECTIVE 2.1

Research effective suicide prevention messaging and explore resources to create and then disseminate public awareness messaging.

STRATEGIES

- 2.1.1 Identify key internal and external stakeholder groups and a plan for outreach with targeted messaging strategies, including the 988 Stakeholders Coalition and Montana Warriors Forward initiative (formerly the Governor's Challenge to prevent Veteran Suicide).
- 2.1.2 Promotion of 988 and suicide awareness in aging adult programs with emphasis on 211 to address social determinants of health specific to aging adults and other high-risk populations.
- 2.1.3 Explore use of existing public-facing platforms, including social media, to disseminate suicide prevention messaging and resources.
- 2.1.4 Continue to expand the current Montana 988 project communication effort to additional partners, including veterans' organizations, colleges, high schools, disability services, aging services, tribal communities, and urban Indian health.
- 2.1.5 Continue to expand the current public information campaign for 988 for American Indian/Alaska Native (AI/AN) communities to additional tribal communities and urban Indian health centers.

OBJECTIVE 2.2

Direct resources towards identifying and implementing evidence-based strategies to reduce access to lethal means through messaging for target groups.

STRATEGIES

- 2.2.1 Work with substance abuse prevention experts to continue to promote safe storage and disposal of prescription medications.
- 2.2.2 Disseminate best practices from local county "Safer Communities Montana" and peer-established safe storage programs (i.e. Safe Place at the Southwestern Montana Veteran Food Pantry in Deer Lodge).

- 2.2.3 Support and promote initiatives around safe firearm storage and pharmaceutical disposal programs through statewide media campaigns and training.
- 2.2.4 Through a memorandum of understanding between the Montana Veteran Affairs Division (MVAD) and DPHHS, a safe storage initiative will be implemented through Safer Communities Montana to complete three objectives:
 - 1) Establish safe storage sites across Montana and connect them with 211 and 988.
 - 2) Conduct safe storage training in accordance with best practices.
 - 3) Promote safe storage through media and engagement with stakeholders.
- 2.2.5 Continue partnering with subject matter experts and community stakeholders, such as the Veterans' Affairs (VA) and the Indian Health Service (IHS), to hold focus groups and study how best to communicate best practice strategies, including reducing access to lethal means for high-risk individuals experiencing acute suicidality and/or a mental health crisis.

GOAL 3

Identify and use available resources to guide state, tribal, county, and local efforts, including crisis response, in suicide prevention and intervention.

OBJECTIVE 3.1

Oversee an overall suicide prevention training plan for prevention and intervention training within communities.

STRATEGIES

- 3.1.1 Monitor the updated online toolkit resource with self-guided online educational resources for providers, residents, and different target populations.
- 3.1.2 Deliver a coordinated state-provided train-the-trainer program.

- 3.1.3 Maintain a database of trainers who have been trained in Question, Persuade, Refer (QPR) or suicide safe care for health care settings to use in spreading these trainings statewide.
- 3.1.4 Support Montana's university system in embedding suicide safe care training and principles into all curricula for physical and behavioral health providers with internal capacity within the faculty to continue training.
- 3.1.5 Engage health care, behavioral health, and public health providers in planning for and delivering targeted training for suicide safe care. Specific high-risk populations include AI/AN, pediatrics, people with physical disabilities, and geriatrics.
- 3.1.6 Increase military cultural competency in primary care providers and identification of veterans seeking health care through continued participation in the Montana Warriors Forward initiative (formerly the Governor's Challenge to Prevent Veteran Suicide)

OBJECTIVE 3.2

Strengthening the crisis response system infrastructure in Montana through active partnerships with providers, funders, and community stakeholders.

STRATEGIES

- 3.2.1 Maintain and strengthen the suicide crisis response infrastructure in Montana through support of the three-suicide prevention/mental health crisis lifeline call centers (988).
- 3.2.2 Coordinate with other Behavioral Health and Developmental Disabilities Division (BHDD) sections to enable an "Air Traffic Control" level of crisis management based on the "Crisis Now" model developed by the National Action Alliance for Suicide Prevention (NAASP) and the National Association of State Mental Health Program Directors (NASMHPD).
- 3.2.3 Support the use of Mental Health First Aid, Crisis Intervention Training, and other evidence-supported crisis interventions for law enforcement, first responders, and hospital emergency room staff.
- 3.2.4 Engage AI/AN representation in planning for crisis response system supports, including 988, for both urban and reservation-based Indian health centers.

- 3.2.5 Partner with community crisis service providers (Mobile Crisis Teams (MCTs), 911 Public Safety Answering Points (PSAPs), crisis stabilization facilities) to encourage the development of integrated crisis behavioral health care systems.

GOAL 4

Build a multifaceted, lifespan approach to suicide prevention.

OBJECTIVE 4.1

Support efforts to ensure a systematic approach to provide suicide safe care by partnering with health care and behavioral health programs.

STRATEGIES

- 4.1.1 Partner with organizations and initiatives that encourage the development of integrated behavioral health care models across Montana, creating “no wrong door” access to individuals with behavioral health concerns, including IHS and tribal health providers, pediatrics, and aging adults.
- 4.1.2 Support the use of universal depression and anxiety screening, substance use disorder (SUD) screening, suicide risk assessment, safety planning, lethal means counseling, and follow-up contact within the health care community, including pediatrics, people with physical disabilities, and aging adults.
- 4.1.3 Support the use of suicide safe care with school counselors, first responders, behavioral health providers, and human resource personnel.
- 4.1.4 Support the use of universal depression and anxiety screening, SUD screening, suicide risk assessment, safety planning, lethal means counseling, and follow-up contact within urban Indian health centers and tribal health departments.

OBJECTIVE 4.2

Develop a network of trainers to ensure a systematic approach to provide suicide safe care to health care and behavioral health programs.

STRATEGIES

- 4.2.1 Provide suicide safe care training to health professionals through a network of trainers that has been developed, and track the number of trainings completed.

OBJECTIVE 4.3

Develop and support suicide prevention programs to address suicide prevention with at-risk groups in Montana.

STRATEGIES

- 4.3.1 Develop and support suicide prevention programs for AI through the development of a local advisory council on each reservation and in each urban Indian health center. These local councils will represent a state-level advisory council that will provide guidance to DPHHS on suicide prevention policies and practices for tribal groups.
- 4.3.2 Promote the use of the PAX Good Behavior Game (or other programs recommended by the Office of Public Instruction's (OPI) Early Identification Survey (EIS)) in all elementary schools through school-based training and referrals to the University of Montana Health Center for Children, Families, and Workforce Development.
- 4.3.3 Promote the use of Youth Aware of Mental Illness (YAM) and Signs of Suicide (SOS) in secondary education.
- 4.3.4 Through the Montana Warriors Forward initiative, develop and support suicide prevention programs for Service Members, Veterans Suicide Intervention Officer (SIO), and Military Families by partnering with veteran services organizations, Montana National Guard and Reserve, and the VA.
- 4.3.5 Collaborate with the Department of Labor to train employees in suicide awareness through "SafetyFestMT" conferences, providing resources to human resource directors, and training for companies and corporations.
- 4.3.6 Develop and support suicide prevention programs for individuals in the LGBTQ community through the development of culturally responsive publicity materials through the Montana 988 project and promotion of the Trevor Project.

- 4.3.7 Increase gatekeeper training with a focus on aging adults and to include utilizing the Columbia Suicide Severity Rating Scale, for first responders, senior caregivers, senior centers, and faith-based leaders.
- 4.3.8 Increase gatekeeper training with a focus on those in the construction/building industry, and to include utilizing the Columbia Suicide Severity Rating Scale.
- 4.3.9 Increase gatekeeper training with a focus on educators to meet legislative mandates requiring one hour of suicide prevention training every three years.

OBJECTIVE 4.4

Establish policies, model practices, and develop resources in preparation for post-suicide response (postvention), including the event of a suicide cluster.

STRATEGIES

- 4.4.1 Promote the online suicide postvention toolkit for communities across Montana through meetings with key stakeholder groups and community training.
- 4.4.2 Review existing crisis response infrastructure and models in communities to leverage and develop response teams for postvention (e.g., school crisis response model, Fetal, Infant, Child, Maternal Morbidity Review (FICMMR) teams, and regional emergency preparedness programs).
- 4.4.3 Promote the 988 tribal call centers as the hub of prevention and postvention efforts in Indian country using example models that have emerged in tribal communities.
- 4.4.4 Coordinate with Montana National Guard and Reserve headquarters, veteran service organizations, the VA, and other agencies and peer networks aimed at reducing veteran and service member suicide to ensure that their suicide prevention standard operating procedures include postvention plans of action.
- 4.4.5 Through collaboration with the OPI and community training, promote the use of the Montana Crisis Action School Toolkit on Suicide (CAST-S) in all Montana schools to reduce the risk of suicide contagion.

OBJECTIVE 4.5

Maintain a statewide suicide prevention task force and receive feedback on actions taken to date and on improvements to the state's strategic suicide prevention plan.

STRATEGIES

- 4.5.1 Convene task force annually to review progress, receive feedback on action plan, and assess strategic plan.

GOAL 5

Support high-quality, privacy-protected suicide morbidity and mortality data collection and analysis.

OBJECTIVE 5.1

Increase the use of data to understand the problem of suicide and effectively target interventions.

STRATEGIES

- 5.1.1 Improve surveillance of suicide mortality data and suicide risk factors through the Montana Violent Death Reporting System (MT-VDRS) with funding from the Centers for Disease Control and Prevention (CDC).
- 5.1.2 Analyze existing population-level data to ascertain specific risk factors for suicide to better target evidence-based practices for suicide prevention.

OBJECTIVE 5.2

Establish a system for using and communicating data.

STRATEGIES

- 5.2.1 DPHHS Office of Epidemiology and Scientific Support (OESS) will compile an annual data report on suicide morbidity and mortality in Montana based on data sets available from MT-VDRS and identify recommendations.
- 5.2.2 DPHHS will provide suicide-specific grief resources to next of kin identified on all death certificates ruled a suicide.

APPENDIX A: MONTANA SUICIDES BY THOSE WHO SERVED IN THE ARMED FORCES, 2024-2025

Source: Montana Violent Death Reporting System

MONTANA DATA FOR SUICIDES BY THOSE WHO SERVED IN THE ARMED FORCES, 2024-2025:

Over the past two years, there have been 121 suicides by those who served in the armed forces. Below are the demographics associated with those deaths.

- 72% of the suicides were aged 50 or older
- 97% were male
- 93% were white
- 69% did not have a college degree
- 66% were either single, divorced, or widowed
- 76% died by firearm
- 21% worked in the construction or building industry
- 55% were not Montana natives (not born in Montana)
- 6% were not residents of Montana
- Flathead and Missoula County had the highest percentage of armed forces suicides (12%)

RISK AND PROTECTIVE FACTORS

RISK FACTORS FOR SUICIDE INCLUDE:

- Prolonged family separation during deployments.
- A “suck-it-up” culture concerning mental illness. Although progress has been made, the perception remains that seeking treatment will jeopardize your career.
- A high-stress, zero-defect culture where a failure to meet standards results in significant pressure and harassment by peers and leaders.

- Non-judicial punishment under the Uniform Code of Military Justice, which often results in immediate reduction in rank and forfeiture of pay, causing extreme financial stress.
- An acquired and highly developed capacity for the use of firearms as a lethal means.
- Significant stress upon retirement or voluntary/involuntary separation from the service. Unlike many other careers, military service provides a well-defined and high-status identity. Losing it can be extremely traumatic.
- Female combat veterans are at much higher risk of suicide where a firearm is the lethal means due to much greater acquired capacity than their civilian counterparts.
- Military spouses are at greater risk due to social isolation during deployments and abrupt shifts in professional and parenting responsibilities.
- Military children are at greater risk due to the prolonged absence of one of their parents during deployments and frequent changes in schools and social groups.

PROTECTIVE FACTORS FOR SUICIDE INCLUDE:

- Unit cohesion: Soldiers who feel like an integral part of their team are less likely to suffer from perceived burdensomeness and social isolation.
- Command climate: When commanders and senior non-commissioned officers are engaged and broadcast their support for soldiers in need of mental health treatment, risk is greatly reduced. When command teams put families first and make sure spouses and children are not forgotten during deployments, risk is reduced.
- Training: Suicide intervention training like Applied Suicide Intervention Skills Training (ASIST) and the Army's Ask, Care, Escort-Suicide Intervention (ACE-SI) are very effective in instilling a suicide prevention (SP)/suicide intervention (SI) attitude in units. Soldiers react extremely well when given the tools to intervene and create a climate of openness and empathy within their unit. The Department of War resiliency training helps service members develop coping strategies and protective factors based on cognitive behavioral therapy skills.

- Postvention: There is a need for improved suicide postvention resources. When a suicide occurs within a unit, the loss is deeply felt because every member plays an important role in the team's strength and cohesion. With the right support and guidance, leaders can help their teams navigate the aftermath with resilience and care, reducing the risk of additional harm and fostering a path toward healing.
- Pre-, during-, and post-deployment mental health treatment: Availability of consistent and high-quality physical and behavioral health care.

CURRENT MONTANA INITIATIVES AIMED AT REDUCING SUICIDE AMONG OUR VETERAN POPULATION

SUICIDE PREVENTION PROGRAM MANAGER (CRISIS/VETERAN FOCUS)

The Suicide Prevention Program Manager (SPPM) focuses on the 988/Veterans Crisis Line implementation for Montana; the Montana Warriors Forward initiative; and works collaboratively with Montana VA and Montana National Guard on suicide prevention initiatives for those serving in the Armed Forces. The SPPM is a retired veteran who previously served as the Suicide Prevention Coordinator for the Montana National Guard.

MONTANA WARRIORS FORWARD (FORMERLY THE GOVERNOR'S CHALLENGE TO PREVENT VETERAN SUICIDES)



MONTANA WARRIORS FORWARD MISSION

- **Task** – Implement a suicide prevention program for Montana's Service Members, Veterans, and their Families (SMVF) that addresses the root causes of suicide

through identification and screening for risk, building protective factors, and facilitating care transitions for those determined to be at risk, and by providing safe storage and/or disposal of lethal means for individuals in crisis.

- **Purpose** – To reduce the number of suicides among the SMVF community in Montana and to build a network of protective factors to reduce suicide risk.
- **End state** – The suicide rate for SMVF in Montana lowered to below the state rate, and a statewide network of providers and community supports.

GOALS OF THE MONTANA WARRIORS FORWARD STAKEHOLDERS' COALITION



BUILD A COALITION OF INDIVIDUALS AND AGENCIES INVOLVED IN SUPPORTING SMVF IN THEIR COMMUNITIES.



SOLICIT IDEAS FOR EXPANDING THE PROGRAM'S REACH AND IMPACT.



ASSIST PEER COACHES WITH BUILDING SMVF SUPPORT UNITS IN UNDERSERVED COUNTIES AND TRIBAL COMMUNITIES.

MONTANA WARRIORS FORWARD PRIORITY AREAS



Priority Area 1

Identifying SMVF and Screening for Suicide Risk



Priority Area 2

Promoting Connectedness and Improving Care Transitions



Priority Area 3

Increasing Lethal Means Safety and Safety Planning

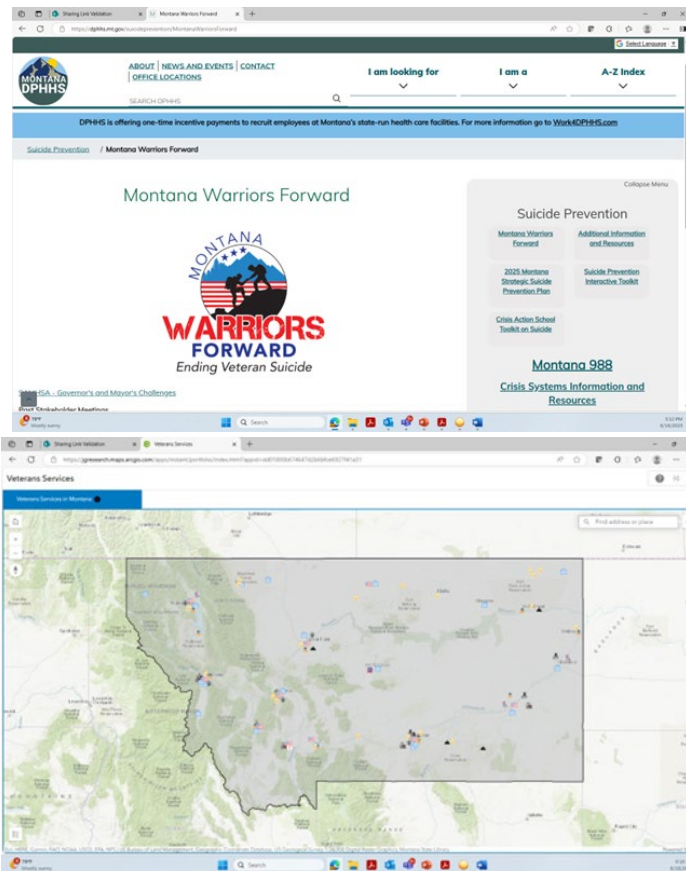
MONTANA SAFE STORAGE INITIATIVE

- \$300,000 for the 2026 – 2027 biennium was allocated to MVAD for the safe storage of lethal means in House Bill 2.

- The MVAD and DPHHS signed a memorandum of understanding transferring the funds and responsibility for executing the mission to DPHHS and the Montana Warriors Forward program.
- Lewis and Clark County Public Health was tasked with expanding the Safer Communities Montana (<https://lcsuicideprevention.org/safer-communities-montana-lethal-means/>) program statewide during 2026-2027.
- Three tasks were identified:
 1. Establish safe storage sites across Montana and connect them with 211 and 988.
 2. Conduct safe storage training in accordance with best practices.
 3. Promote safe storage through media and engagement with stakeholders.

A Montana Warriors Forward webpage was created with a resource map.

- Links to partners and stakeholders
- Resources and toolkits for VSOs and peers
- Interactive map of SMVF resources at:
<https://jgresearch.maps.arcgis.com/apps/instant/portfolio/index.html?appid=dd01000b674647d2b6bfce6927f41a31>





VETERAN'S CHALLENGE

For the last 40 years, Montana has ranked among the top five states in the U.S. for suicides per capita. Suicide has a devastating effect on the people and their communities in Montana. For Montana Veterans, this issue is a major concern.

The MT 988 Veteran's Challenge is a collaborative endeavor between Montana Veterans and MSU School of Art students. The project seeks to increase knowledge and awareness around the issues of suicide and suicide prevention.

The MT 988 Veteran's Challenge is part of a series of projects done by students and artists across Montana that deal with the issue of suicide and suicide prevention. The projects focus on learning, community engagement, and outreach.

SPONSORS INCLUDE:
 MSU VETERAN SERVICES | MSU DIVISION OF STUDENT SUCCESS
 MSU SCHOOL OF ART | MSU COLLEGE OF ARTS AND ARCHITECTURE
 ARTHUR M. BLANK FAMILY FOUNDATION | MONTANA DPHHS

If you or someone you know is in crisis—speak with a friend, parent, teacher, school counselor, call 988 or text "MT" to 747474 where there are trained, caring, individuals available to help.

MT988PROJECT VETERAN'S CHALLENGE

















These challenge coins were designed by students, with help from their Montana State Veteran partners, as part of MSU's Graphic Design 307 Laundry Symposium.

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MT 988 Challenge Coin
 Coin designed by MSU student Jessica Rietan.



Rick Gale, Veterans Alliance of Southwest Montana, displays the MT 988 Challenge Coins at Bozeman High.

APPENDIX B: SUICIDE AND THE PRESCRIPTION DRUG REGISTRY

In the 2023 legislative session, the Montana legislature passed SB 284, an act revising laws related to the reporting of drugs taken by or prescribed to individuals whose deaths were ruled to be a suicide. This bill requires a report on toxicology and controlled substance information in deaths ruled to be a suicide.

The following data were based on the suicides that occurred in Montana in calendar year 2025. The suicides were cross-referenced with the Prescription Drug Registry. Eighty-seven of the suicides were also identified on the Prescription Drug Registry. Thirty-two controlled substances were identified.

The chart below depicts which controlled substances were prescribed to the 87 people who died by suicide. These medications were prescribed within 90 days of the death date. On the last page is a graph showing the primary use of the identified controlled substances.

SUMMARY OF FINDINGS

Of the 87 suicides identified as also being on the Prescription Drug Registry:

CONCERNING MEDICATIONS FOUND IN THE SYSTEM

- 57% (50/87) were prescribed an opioid.
 - Of that, 40% (20/50) were Hydrocodone
 - Of that, 20% (10/50) were Oxycodone
- 28% (24/87) were prescribed a benzodiazepine.
 - Of that, 38% (9/24) were Lorazepam
 - Of that, 29% (7/24) were Clonazepam
- 23% (20/87) were prescribed a sedative/hypnotic
 - Of that, 65% (13/20) were Daridorexant
- 17% (15/87) were prescribed an anticonvulsant
 - Of that, 53% (8/15) were Pregabalin

- Of that, 40% (6/15) were Gabapentin
- 11% (10/87) were prescribed a stimulant.
 - Of that, 40% (4/10) were Vyvanse.

NUMBER OF MEDICATIONS FOUND IN THE SYSTEM

- 22% (19/87) of the suicides were prescribed two or more medications.

DRUG CLASSIFICATION OF MEDICATIONS FOUND AND NUMBER OF ASSOCIATED DEATHS

- Opioid - 50 Deaths
 - ACETAMINOPHEN-COD #3 TABLET
 - FENTANYL
 - GUAIFENESIN-CODEINE
 - HYDROCODONE-ACETAMINOPHEN
 - HYDROMORPHONE
 - METHADONE
 - MORPHINE
 - OXYCODONE HCL
 - OXYCODONE-ACETAMINOPHEN
 - SUBOXONE
 - TRAMADOL
- Stimulant - 10 Deaths
 - ADDERALL XR
 - DEXTROAMPHETAMINE
 - METHYLPHENIDATE
 - MODAFINIL

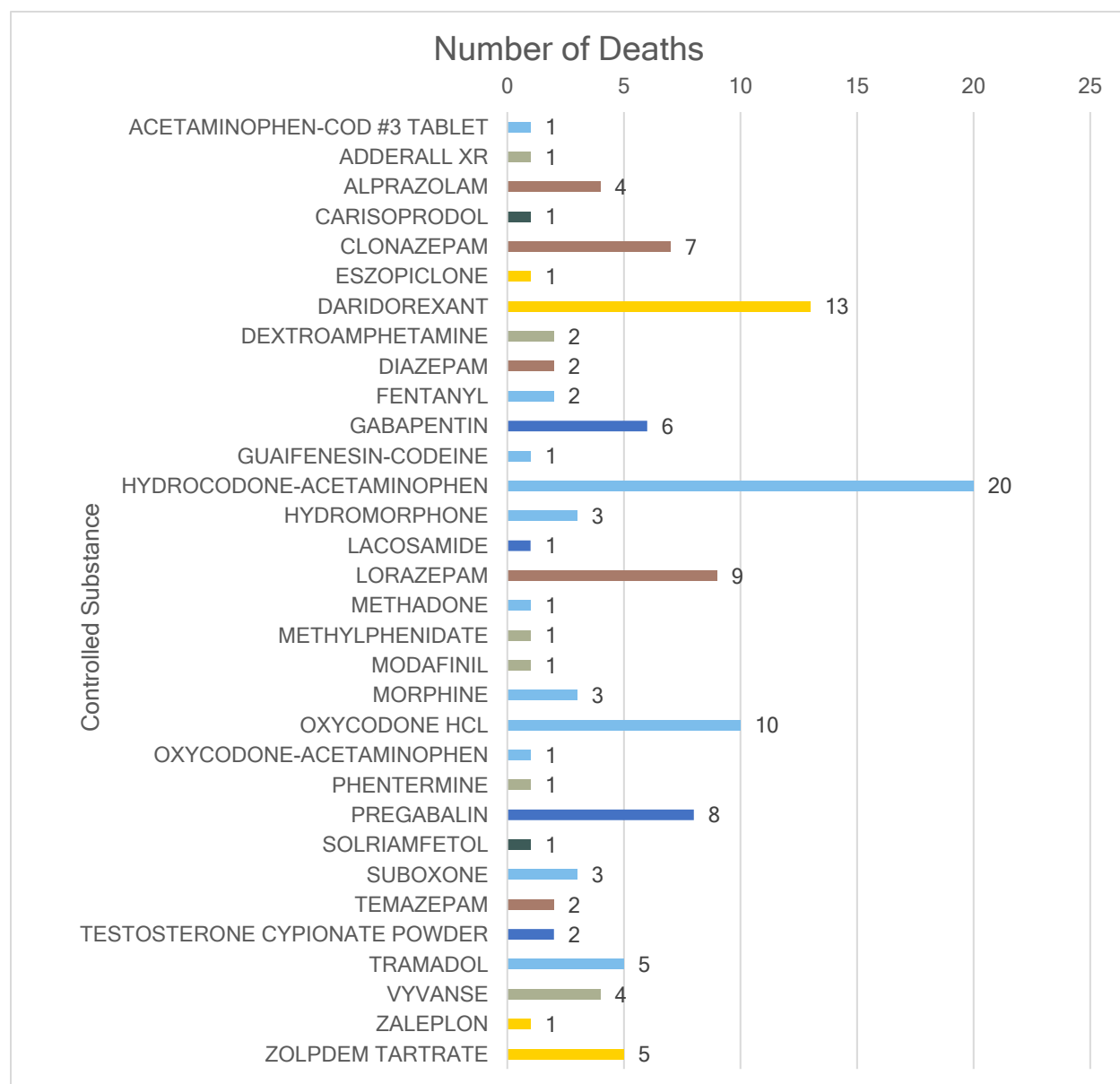
- PHENTERMINE
 - VYVANSE
- Benzodiazepine - 24 Deaths
 - ALPRAZOLAM
 - CLONAZEPAM
 - DIAZEPAM
 - LORAZEPAM
 - TEMAZEPAM
- Sedative/Hypnotic - 20 Deaths
 - ESZOPICLONE
 - DARIDOREXANT
 - ZALEPLON
 - ZOLPDEM TARTRATE
- Anticonvulsant - 15 Deaths
 - GABAPENTIN
 - LACOSAMIDE
 - PREGABALIN
- Other - 4 Deaths
 - CARISOPRODOL
 - SOLRIAMFETOL
 - TESTOSTERONE CYPIONATE POWDER

FORMS OF PAYMENT

- 26% (23/87) used two or more forms of payment to pay for one or multiple medications.

- 23% (20/87) of the prescriptions were paid partially or completely by Medicare/Medicaid.
- 97% (85/87) of the prescriptions were paid partially or completely by commercial insurance.
 - Only 10% used exclusively commercial insurance.

CONTROLLED SUBSTANCES FOUND IN PEOPLE WHO DIED BY SUICIDE WHO WERE ALSO ON THE PRESCRIPTION DRUG REGISTRY (N=87)



Benzodiazepine	Stimulant	Anticonvulsant	Opioid	Sedative/Hypnotic	Other
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PRIMARY USE OF CONTROLLED SUBSTANCES

Controlled Substance	# of Deaths	Primary Use of Controlled Substance
ACETAMINOPHEN-COD #3 TABLET	1	An opioid used to help relieve mild to moderate pain
ADDERALL XR	1	A stimulant used to treat attention deficit hyperactivity disorder
ALPRAZOLAM	4	The most prescribed psychotropic medication in the United States. Alprazolam is frequently prescribed to manage panic and anxiety disorders.
CARISOPRODOL	1	Used to relax certain muscles in your body and relieve discomfort caused by acute (short-term), painful muscle or bone conditions.
CLONAZEPAM	7	A benzodiazepine drug used for acute treatment of panic disorder, epilepsy, and nonconvulsive status epilepticus.
ESZOPICLONE	1	A prescription medicine for adults with insomnia
DARIDOREXANT	13	A prescription medicine for adults with insomnia
DEXTROAMPHETAMINE	2	Used to treat attention-deficit hyperactivity disorder (ADHD) and narcolepsy (sleep disorder).
DIAZEPAM	2	Used to treat anxiety, muscle spasms, and seizures or fit
FENTANYL	2	A potent synthetic opioid drug approved by the Food and Drug Administration for use as an analgesic (pain relief) and anesthetic.
GABAPENTIN	6	an anticonvulsant used to treat neuropathic pain and as an adjunctive therapy for partial-onset seizures
GUAIFENESIN-CODEINE	1	Guaifenesin-codeine is classified as an opioid-containing antitussive/expectorant combination used to relieve cough and chest congestion.

HYDROCODONE- ACETAMINOPHEN	20	This combination medication is used to relieve moderate to severe pain. It contains an opioid pain reliever (hydrocodone) and a non-opioid pain reliever (acetaminophen).
HYDROMORPHONE	3	This medication belongs to the opioid class of medications and is utilized to effectively manage and treat moderate-to-severe acute pain and severe chronic pain in patients.
LACOSAMIDE	1	An anticonvulsant used to treat partial-onset and primary generalized tonic-clonic seizures in adults and children
LORAZEPAM	9	This medication is used to treat anxiety. Lorazepam belongs to a class of drugs known as benzodiazepines
METHADONE	1	A long-acting synthetic opioid agonist used to treat severe chronic pain and manage opioid use disorder
METHYLPHENIDATE	1	Methylphenidate is used to treat attention deficit hyperactivity disorder (ADHD).
MODAFINIL	1	Modafinil is a non-amphetamine central nervous system (CNS) stimulant with wakefulness-promoting properties. It is used in the treatment of conditions that cause excessive daytime sleepiness.
MORPHINE	3	Morphine is a non-synthetic narcotic with a high potential for abuse and is derived from opium.
OXYCODONE HCL	10	Oxycodone immediate-release tablets, capsules, and oral solutions are used to relieve severe, acute pain. It is an opioid.
OXYCODONE- ACETAMINOPHEN	1	Oxycodone and acetaminophen combination is used to relieve pain severe enough to require opioid treatment and when other pain medicines do not work well enough or cannot be tolerated.
PHENTERMINE	1	A stimulant medication used short-term to treat obesity
PREGABALIN	8	Pregabalin is an anticonvulsant medication that treats nerve pain and seizures.

SOLRIAMFETOL	1	A prescription medicine for adults that improves wakefulness in patients with excessive daytime sleepiness
SUBOXONE	3	A prescription medication used to treat opioid addiction by reducing cravings and withdrawal symptoms.
TEMAZEPAM	2	Temazepam is used to treat insomnia (trouble with sleeping). This medicine is for short-term (usually 7 to 10 days) use only. Temazepam is a benzodiazepine.
TESTOSTERONE CYPIONATE POWDER	2	Testosterone cypionate injection is indicated for replacement therapy in the male in conditions associated with symptoms of deficiency or absence of endogenous testosterone.
TRAMADOL	5	Tramadol belongs to the group of medicines called opioid analgesics. It acts in the central nervous system (CNS) to relieve pain.
VYVANSE	4	A stimulant used to treat attention deficit hyperactivity disorder
ZALEPLON	1	A prescription sedative-hypnotic used for short-term treatment of insomnia
ZOLPDEM TARTRATE	5	A non-benzodiazepine receptor modulator primarily used in the FDA-approved short-term treatment of insomnia