American Dental Association - Webinar

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Discussing Safe Use, Storage and Disposal of Medicines, including Opioids with Your Patients

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• Making Sure Your Patients Understand How to Use the Medicines You Prescribe Safely. These include Rx Pain Relievers, Opioids and OTC Medicines.

• Safe Medicine Storage in the Home

• Safe Disposal of Medicines in the Home

• Resources You Can Use
NCPIE Mission

*Working to promote the wise use of medicines through trusted communication for better health*

**Collaboration is our key**

- NCPIE is a 501(c)(3) nonprofit coalition of consumer, government, patient advocacy, health professional, industry and public health organizations working together to improve health and stimulate conversation between healthcare professionals and patients about the safe, appropriate use of medicines. We help consumers make sound decisions about their health and about the prescription and over-the-counter medicines they take.

- NCPIE’s 35 year legacy -- Raising awareness about the role of enhanced patient-health professional communication in promoting good health and the safe and appropriate use of medicines.
NCPIE Educational Programs

• Flagship educational campaigns include Talk Before You Take, Talk About Your Medicines Month (TAYMM) each October, MUST for Seniors, SCOUTStrong BeMedWise Award, Recovery Opens Doors.

• TAYM Month keeps the spotlight on the role that high quality medicine communication can play in promoting better medicine use and better health outcomes.

• NCPIE New Website will launch April 2017– New URL www.BeMedWise.org
Problems Affecting Safe Use of Opioid Medicines

• A recent study finds more than 100 million opioid pills go unused after dental surgery, including wisdom teeth extraction - leaves door open for possible misuse / abuse by patients, friends & family.

• Researchers recommend that all prescribers - including oral surgeons & dental clinicians have a responsibility to limit opioid exposure, to explain the risks of opioid misuse, & educate points on proper drug disposal.

• Increasingly, non-medical use of opioids is being recognized as a primary gateway to narcotic addiction in adolescents.

*100 million prescription opioids go unused each year following wisdom teeth removal,“ study estimates. Perelman School of Medicine at the University of Pennsylvania, Science Daily, 22 September 2016
Dentistry is at a crossroads. Many in the field are reassessing prescribing habits, with state dental boards and associations, including the American Dental Association, issuing new guidelines for patients and practitioners.

- Pennsylvania requires new dentists and those renewing their clinical license to get training in the best practices of opioid prescribing.

In 2014, Dr. Joel Funari, an oral & maxillofacial surgery specialist in Devon, PA joined a group tasked by the PA health depart. to develop prescribing guidelines for dentists. In reviewing the science, he and his colleagues realized there's a better way to address standard dental pain.

- "Non-steroidal anti-inflammatory drugs – Motrin, Advil, Aleve - when used in a certain way, are very effective," Funari says. "More effective than the narcotics."

An “Ah Ha” Moment
In March 2016, the Centers for Disease Control and Prevention released recommendations for primary care physicians and others who prescribe opioid painkillers -- the first time a federal agency has issued prescribing directives.

The Guidelines call on prescribers to voluntarily limit their first prescriptions for acute pain to a three-day supply or less, rather than a 30-day supply, which is common practice in most hospitals and physicians’ offices.

The final guidelines noted that “more than seven days will rarely be needed.”

Practitioners urged to try non-opioid pain relievers such as acetaminophen and ibuprofen before resorting to opioid pills. If opioids needed, the guidelines recommend starting with smallest effective dose of immediate-release opioids, avoiding more dangerous time-release formulations except when needed.

(CDC Guideline for Prescribing Opioids for Chronic Pain, MMWR, Volume 65, March 15, 2016)
Annually more than 3.5 million people, mainly young adults, have their wisdom teeth removed.

Many addictions start during adolescence.

Experimenting with prescription medications or any other drug can be particularly harmful to teens.

Prescribing more pills than are needed to mitigate pain, leaves extra pills or unused prescriptions that can be given away, sold or abused.
Discuss medications with parents & teens during dental appointment.
Include negative side effects of a prescribed medicine, how to watch for them and what to do if a negative side effect is suspected.
Speak with older kids about the dangers of abusing prescription medicines.
  • Do not share medicines with friends.
  • Combining certain medicines with alcohol can be dangerous. Taking prescription pain relievers and alcohol may slow breathing. Taking too much of these together at the same time can cause someone to literally stop breathing.
  • Medicines affect everyone differently, a medicine that works for your friend can trigger an adverse reaction in you.
**Risks of Polypharmacy in Older Adults**

- **Polypharmacy** - the use of multiple medicines - can result in adverse drug events (side effects) and drug interactions.

- Adverse drug events account for nearly 700,000 emergency department visits and 100,000 hospitalizations each year*.

- As older Americans age 65+ tend to suffer from the most chronic conditions and see a broad number of medical specialists, they are at the highest risk for polypharmacy.

- Always review the medications currently being used by the patient before prescribing new medicines.

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Promoting Informed Safe Medicine Use

Patient
OK—I take this medicine 3 times a day. Then if I get nauseous I can...”
What did she just say—and there’s a second medicine? Do these two
 go together? I don’t understand...
How much longer is this going to take?
Oh—she just asked if I had questions...
I really need to get going.

Doctor
These instructions are pretty straight-forward.
Why do I get the feeling that this patient isn’t
listening? Better ask if he has questions...

“No questions right now. Thank you for your time.”

“Take this medication 3 times a day. If you get nauseous, you can take it with food, but not after 8:00 pm. Take this second medication twice a day without food, but not before 8:00 am or after 11:00 pm. And that’s it. If you have questions, call me.”

“All Questions?”

NCPNE
National Council on Patient Information and Education
Working together to promote safe medicine use
As healthcare providers, through high-quality medicine communication, you can help your patients:

• **Lessen** the possibility of a harmful interaction between the medicine and foods, beverages, dietary supplement(s) (including vitamins and herbals) or other medicines.

• **Recognize** and avoid side effects.

• **Monitor** their medicines’ effects.

Better communication contributes to **maximizing** the helpful effects and **minimizing** the possible unwanted effects for the medicines you prescribe.
According to research conducted by NCPIE in 2014:* 

- Patients and their caregivers are often unaware of safety warnings or do not recall the warnings.
- Patient adherence may be lower than you think.
- Healthcare providers are patients’ primary sources of information about the safety of their prescription medicines.

Talk Before You Take is a research-based public education campaign designed to encourage and increase communications between healthcare providers (HCP) and patients about their medicines.

*NCPIE wishes to acknowledge that this work was supported by the U.S. Food and Drug Administration, Center for Drug Evaluation and Research under grant number 5U18FD004653. The content is solely the responsibility of NCPIE and does not necessarily represent the official views of the Food and Drug Administration.
Four tips to guide the conversation:

1. Talk to your healthcare provider and ask questions about the benefits and potential risks of prescription medicines you take.

2. Tell your healthcare provider about all of the medicines you are taking—including over-the-counter medicines, vitamins, and dietary supplements.

3. Tell your healthcare provider about any allergies or sensitivities that you may have.

4. Read and follow the medicine label and directions.

Visit [www.talkbeforeyoutake.org](http://www.talkbeforeyoutake.org) for more insights, downloadable Patient Pocket Guide and Poster for your office.
Safe Medicine Use includes OTC Medicines

Acetaminophen

• Available in prescription form and as an OTC medicine; this common pain relief medicine is an ingredient in more than 600 medicines, including cough suppressants, cold and allergy medicines, and some sleep aids.

Remind Patients:

• Taking a higher dose than recommended will not provide more relief and can be dangerous.
• Do not combine multiple acetaminophen-containing medicines.
• Risk for liver damage may be increased in people who drink three or more alcoholic beverages a day while using medicines with acetaminophen.

Learn more at www.KnowYourDose.org. NCPIE is a member of the Acetaminophen Awareness Coalition.
Safe Medicine Use Includes OTC Medicines

Non-steroidal anti-inflammatory drugs (NSAIDs)

Includes ibuprofen, aspirin and naproxen; available in prescription form and as an OTC medicine.

Remind Patients:

• People who have cardiovascular disease—particularly those who recently had a heart attack, cardiac bypass surgery or stroke—are at the highest risk for adverse events related to NSAID use.

• When recommending NSAID medicines to manage pain, always aim to use the lowest effective dosage strength for the shortest time.

• Potential for gastrointestinal bleeding. The risk is low for people who use NSAIDs intermittently but goes up for people who take them regularly, especially for people who are older than 65, people with a history of stomach ulcers, or who take blood thinners or corticosteroids (prednisone).

Learn more from the Alliance for Rational Use of NSAIDs
Safe Use of Medicine Includes Safe Storage and Disposal

Advise Patients:

• Keep medicines in secure place, away from toddlers, tweens, teens, pets, or even a visiting house guest.

• Opioids and prescription pain medications, have a “street value” and can be stolen out of the medicine cabinets of friends and family members.

• Check expiration dates. Discard expired medications.

• Keep all medications in the bottle, box or tube that they came in so the dosage and directions are always close at hand.

• Never share your prescription medicines or take others’ medications.
Safe Medicine Storage - Children

• New Safe Kids Worldwide Survey * - According to the American Association of Poison Control Centers (AAPC), nearly 60,000 young children are seen at emergency departments (EDs) each year because they got into medicine - Pressing need to educate parents further on why “up and away and out of sight” is so important. See: www.Upandaway.org.

• Parents may underestimate their own child’s risk of medicine poisoning because:
  • They think their child can tell the difference between medicine and candy.
  • They don’t realize how resourceful even very young children can be when it comes to climbing up and opening containers.
  • Instructing children to stay away from medicine and child-resistant packaging may be giving parents a false sense of security.

(*“Safe Medicine Storage: A Look at the Disconnect Between Parent Knowledge and Behavior,” based on findings from a nationwide survey of 2,000 parents conducted in January 2017)
Advice for Parents and Grandparents

• Store medicine (Rx, OTC and Vitamins) up and away and out of sight and reach every time.
• Keep medicine in its original child-resistant packaging.
• Practice safe storage of medicine as soon as your first child is born.
• Put the Poison Help number – 1-800-222-1222 – into your phone and post it visibly at home.
• Instead of keeping your medicine handy, use safe reminder tools like cell phone alarms or medication schedules.

- Safe Kids Worldwide 2017-Medication Storage Infographic
- Visit Up and Away and Out of Sight campaign:
  o Travel Tip Sheet
  o Tips for Grandparents
  o Video
Safe Medicine Disposal

Best Practices When Throwing Medicines in Your Trash

• Almost all medicines can be safely disposed of by using “take-back” programs at participating pharmacies or thrown away in the household trash.
• Mix the medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, kitty litter, or used coffee grounds.
• Then, place the mixture in a container such as a zip-top or sealable plastic bag, and throw the container away in your household trash.
• When disposing of a prescription product, remove the label and/or scratch off all personal information on the label.

Additional Information: See Safe Disposal of Medicines (FDA.gov)
Safe Medicine Disposal - Opioids

• For a handful of medications - primarily, strong prescription painkillers, including opioids - that, because of their particular danger to children or pets who sometimes get in to trash - should only be disposed of through a drug take-back program or flushing down the toilet.

• U.S. Food and Drug Administration
  o List of Medicines Recommended for Disposal by Flushing- (PDF)
  o Medication Disposal: Questions and Answers

• National and local “Drug Take Back” programs
• Additional Info: See Safe Disposal of Medicines (FDA.gov)
Additional Resources

• KnowYourOTCs.org
  o Safe Disposal page and Safe In-home Medicine Disposal Video
  o Do’s and Don’ts of Medicine Disposal Poster

• Alliance for Aging Research - Safe Medication Disposal Video
Thank You

Additional resources are available at: www.talkaboutrx.org
April 2017 - please visit: www.bemedwise.org
Providers’ Clinical Support System for Opioid Therapies (PCSS-O) Training

PCSS-O is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with: Addiction Technology Transfer Center (ATTC), American Academy of Neurology (AAN), American Academy of Pain Medicine (AAPM), American Academy of Pediatrics (AAP), American College of Physicians (ACP), American Dental Association (ADA), American Medical Association (AMA), American Osteopathic Academy of Addiction Medicine (AOAAM), American Psychiatric Association (APA), American Society for Pain Management Nursing (ASPMN), International Nurses Society on Addictions (IntNSA), and Southeast Consortium for Substance Abuse Training (SECSAT).

For more information visit: www.pcss-o.org

For questions, email: pcss-o@aaap.org

Visit us on Twitter: @PCSSProjects

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Webinar Evaluations (Post and 30-Day)

Each PCSS-O partner organization is asked to distribute a post and 30-day evaluation to participants for their completion.

Participants in today’s webinar will be emailed the following link to complete their evaluation:
http://www.cvent.com/d/65q0zk
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