



TakeChargeOhio

Manage Pain.
Prevent Medication Abuse.



Take Charge of Pain Medication Safety

Before you take any type of prescription pain medication, it is important to be aware of the risks involved as well as safe medication practices, including tips on how to properly consume, store, and dispose of medication.



Be Aware of The Risks

Before taking a prescription medication, it is important to be aware of the risks involved, including:

- Psychological dependence or addiction
- Unintentional overdose
- Serious side effects, such as sedation, nausea, or vomiting
- Individuals stealing or accessing your prescribed medications

Other Ways to Safely Manage Pain

Before being prescribed pain medication, ask your doctor about other ways to manage pain:



Non-Opioid
Pain Medications



Non-Medication Treatment

Safe Pain Management Practices Start with You

If you decide to take pain pills, it is important to do the following:

- Only use prescription medications as directed by a health professional.
- Most pain medications are prescribed as needed for pain and can be safely stopped if the pain has subsided, even if there are some pills left. If you have questions or concerns about stopping your pain medication, please do not hesitate to contact your physician to discuss.
- Never share or use someone else's prescription medication. Remember that sharing or taking medications that are not prescribed by a doctor may be a felony.
- Always store and dispose of your medication safely to prevent others from taking medications.
- Be a good example to those around you by modeling safe medication habits and discussing medication safety with your family, friends, etc.

Safe Storage Practices

After being prescribed a prescription pain medication, consider the following medication storage options:



Store your medication in the original container and out of sight.



Keep medication in a locked container, drug-safe cabinet, or drawer, and out of the reach of children and pets.



If you have leftover medication, it is important to safely dispose of any unused or remaining pills.

Safe Disposal Tips

Once finished with a prescription pain medication, consider the following medication disposal options:



Read the materials that came with your prescription to see if there are any special instructions for disposing of unused medication.



Take advantage of local drug take-back events or community drop boxes like rxdrugdropbox.org.



Dispose of unused medications in the trash with an unpleasant substance such as coffee grounds or cat litter.



Visit FDA.gov to find a list of medications that can be flushed.

For more information on safe pain management tips, visit TakeChargeOhio.org



PREVENTING FATAL OPIOID OVERDOSE AMONG YOUR PATIENTS

Opioid overdose fatalities have been steadily increasing for the last 15 years.¹ Each year more people die from overdose than from motor vehicle crashes².

EDUCATE YOUR PATIENTS: OVERDOSE PREVENTION MESSAGES

Keep yourself safe

- Only take opioids prescribed to you and as directed
- Make sure your prescribers know of all medications you are taking
- Don't mix opioids with alcohol or other sedatives
- Abstinence lowers tolerance take less opioid upon restart
- If you are not taking opioids safely, we can help you find treatment

Keep your family and household safe

- Teach friends and family how to respond to overdose with Naloxone
- Store all medication in a safe and secure place



PRESCRIBE TO SAVE LIVES

Increasing access to Naloxone for at-risk individuals and their families is supported by the American Medical Association, American Pharmacists Association, American Society of Addiction Medicine, the World Health Organization and the Office for National Drug Control Policy.³⁻⁷ Also see: www.prescribeprevent.org

ASSESS OVERDOSE RISK

 <p>History of alcohol/ other substance use disorder</p>	 <p>High daily doses of opioids</p>	 <p>Any active illicit use</p>	 <p>Any opioid for pain + benzodiazepine or other sedative</p>	 <p>History of opioid overdose or sedation</p>
 <p>Switching from one opioid to another</p>	 <p>Any opioid for pain + renal/liver disease or other conditions</p>	 <p>Any opioid for pain + underlying mental health problem</p>	 <p>Any opioid for pain + respiratory problems</p>	



BUPRENORPHINE TRAINING & CERTIFICATION

- **Ohio's Opiate Project ECHO™: Expanding Access to Medication Assisted Treatment:** <http://workforce.mha.ohio.gov/Workforce-Development/Health-Professionals/Opiate-Project-ECHO-CMEs>
- **Data 2000 Prescriber Training for Medication-Assisted-Treatment:** <http://workforce.mha.ohio.gov/Workforce-Development/Health-Professionals/Cures-Act-Prescriber-MAT-Training>
- **eTraining and Practice Tools:** www.buppractice.com

OFFER BUPRENORPHINE TREATMENT

- Highly effective in reducing illicit opioid use^{8,9}
- Associated with reduced overdose death rates¹⁰
- Very low risk for overdose
- Decreased risk of abuse
- Available in ambulatory care settings



	INTRA-NASAL 	INTRA-NASAL RELEASED IN 2016 	IM 	AUTO-IM 
STRENGTH	Naloxone 1mg/1mL	Naloxone 4mg/0.1mL	Naloxone 0.4mg/1mL	Naloxone 0.4mg/1mL
QUANTITY	Two 2 mL prefilled Luer-Jet™ Luer-Lock needleless syringe PLUS 2 mucosal atomizer devices (MAD-300)	#1 two pack	Two single-use 1 mL vials	#1 two pack
SIG for suspected opioid overdose	Spray 1 mL (half of the syringe) into each nostril. Repeat after 2-3 minutes if no or minimal response.	Spray full dose into one nostril. Repeat into other nostril after 2-3 minutes if no or minimal response.	Inject 1 mL in shoulder or thigh. Repeat after 2-3 minutes if no or minimal response.	Use as directed by voice-prompt. Press black side firmly on outer thigh. Repeat after 2-3 minutes if no or minimal response.
REFILLS	Two	Two	Two	Two



References:

- 1 www.cdc.gov/drugoverdose/data/overdose.html
- 2 www.cdc.gov/nchs/deaths.htm
- 3 *Help Save Lives: Increase access to naloxone.* AMA Task Force to Reduce Opioid Abuse. September 2015. www.ama-assn.org
- 4 *APhA Policy: Controlled Substances and Other Medications with the Potential for Abuse and Use of Opioid Reversal Agents.* (japha 54(4) July/August 2014) (reviewed 2015). www.pharmacist.com
- 5 *Use of Naloxone for the Prevention of Drug Overdose Deaths.* Adoption date April 15, 2010; rev. August 16, 2014. www.asam.org
- 6 *Opioid Overdose: preventing and reducing opioid overdose mortality.* Discussion paper UNODC/WHO 2013. www.unodc.org
- 7 *Fact Sheet: Preventing, Treating, and Surviving Overdose.* Office of National Drug Control Policy, Office of Public Affairs. August 28, 2013. www.whitehouse.gov
- 8 Johnson RE, Jaffe JH, Fudala PJ. A controlled trial of buprenorphine treatment for opioid dependence. *JAMA* 1992 May 27;267(20):2750-5.
- 9 Hser YI, Evans E, Huang D, Weiss R, Saxon A, Carroll KM, Woody G, Liu D, Wakim F, Matthews AG, Hatch-Maillette M, Jelstrom E, Wiest K, McLaughlin P, Ling W. Long-term outcomes after randomization to buprenorphine/naloxone versus methadone in a multi-site trial. *Addiction* 2015 Nov 24.
- 10 Kimber J, Larney S, Hickman M, Randall D, Degenhardt L. Mortality risk of opioid substitution therapy with methadone versus buprenorphine: a retrospective cohort study. *Lancet Psychiatry* 2015 Oct;2(10):901-8.

Used with permission from the Prescribe to Save Lives project (NIDA grant 7R01DA038082; PI: Friedmann/Rich).

Learn More | PrescribeToPrevent.org

Visit TakeChargeOhio.org to find more tips and resources on safe medication and prescribing practices.

BROUGHT TO YOU BY:

PRESCRIBE
 **Save Lives**

New Limits on Prescription Opioids for Acute Pain



The new rules for prescribing opioid analgesics for the treatment of acute pain are effective August 31, 2017. These rules DO NOT apply to the use of opioids for the treatment of chronic pain.

The New Rules for Physicians and Physician Assistants

Generally, the rules limit the prescribing of opioid analgesics for acute pain, as follows:

- 1** No more than seven days of opioids can be prescribed for the first prescription for adults.
- 2** No more than five days of opioids can be prescribed for the first prescription for minors, and only after the written consent of the parent or guardian is obtained.
- 3** Health care providers may prescribe opioids in excess of the day supply limits only if a specific reason is provided in the patient's record.
- 4** Except as provided for in the rules, the total morphine equivalent dose (MED) of a prescription for acute pain cannot exceed an average of 30 MED per day.
- 5** The new limits do not apply to opioids prescribed for cancer, palliative care, end-of-life/hospice care or medication-assisted treatment for addiction.

Part 2 of the Acute Prescribing Rules

Starting December 29, 2017 prescribers are required to:

- 1** Include the first four alphanumeric characters of the diagnosis code or full procedure code **on opioid prescriptions**. The inclusion of a diagnosis/procedure code (CDT) will be required for all other controlled substance prescriptions on June 1, 2018.
- 2** Indicate the days' supply on **all other** controlled substance and gabapentin prescriptions.

For complete information see [Ohio Administrative Codes 4731-11-01, 4731-11-02, 4731-11-13, 4729-5-30, med.ohio.gov](#)

Tools for Educating Patients on Safe Medication Practices



Make sure to check out Ohio's campaign, Take Charge Ohio, to access educational materials that you can use to help inform patients on the importance of pain medication safety.

Brought to you by:



State Medical Board of
Ohio

med.ohio.gov



New Limits on Prescription Opioids for Acute Pain



There are many resources and educational tools available to help prescribers easily put the new acute pain prescribing rules into every day practice. Help us to reduce the frequency and amount of opioids prescribed for acute pain, by checking out resources and tools below.

Prescriber Resources

The prescriber resources are as follows:

Opioid (strength in mg except where noted) M	ME Conversion Factor
Buprenorphine, Transdermal patch (MFC/ME)	1:1
Buprenorphine, tablet or film	30
Buprenorphine, film (MFC)	0.50
Butorphanol	7.5
Codeine	0.15
Oral Morphine	0.25
Fentanyl, buccal/SL tablet or lozenge/lozenge (MFC)	0.10
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Oral Morphine Milligram Equivalent Conversion Table: To assist prescribers in calculating a patient's morphine equivalent dose, the State of Ohio Board of Pharmacy has developed a reference guide to help physicians calculate the 30 M-E-D. Find a more robust listing online at pharmacy.ohio.gov/MEDtable



MED Calculator: To calculate the morphine equivalent dose, the Board of Pharmacy has developed an online calculator, which can be accessed by visiting pharmacy.ohio.gov/calculator



Prescribing Opioids for Chronic Pain Guidelines: To learn more about how to effectively prescribe for chronic pain, visit bit.ly/ChronicPainGuidelines



General Prescriber Resources: For more information on general prescriber practices, visit: med.ohio.gov/PrescriberResources.aspx

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HELP FIGHT OPIOID ADDICTION

WHAT YOU NEED TO KNOW ABOUT OHIO'S PRESCRIBING GUIDELINES FOR ACUTE PAIN

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- Morphine equivalent dose (MED) may not exceed an average of 30 MED/day
- Providers can prescribe in excess of the new limits only if a specific reason is in the patient's chart
- New limits do not apply to opioids when prescribed for cancer, palliative care, end-of-life/hospice care or medication-assisted treatment for addiction

WHAT YOU CAN DO

- Properly dispose of medication
 - Properly dispose of medication at **D.U.M.P** Boxes in the community
 - Participate in **National Prescription Drug Take-Back Day** to rid households of any unused medication
 - Routinely clean out medicine cabinets with deactivation pouches provided by **The Summit County Community Partnership** to eliminate the risk for drug misuse
- Talk to your kids
 - Reach out to **Partnership for Drug-Free Kids**, a national initiative whose objective is to provide information to families so they can communicate more effectively with teens about drug use
- Alternatives for pain management
 - Discuss alternative ways to manage pain that don't involve prescription opioids with your doctor or ask about over-the-counter (OTC) options

WAYS TO MANAGE PAIN WITHOUT OPIATES

- Learn deep breathing or meditation to help you relax
- Reduce stress in your life
- Boost pain relief with the natural endorphins from exercise
- Cut back on alcohol, which can worsen sleep problems
- Join a support group
- Don't smoke
- Track your pain level and activities every day
- Get a massage for chronic pain
- Eat a healthy diet

If you need help fighting addiction, call the Addiction Helpline at 330.940.1133 or for more information about what your community is doing, visit www.summitcountyaddictionhelp.org.



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