



Collaborative Call To Action: October 2017

Opioid Disposal

Action required no later than: October 20, 2017

Instructions for Opioid Oversight Committee Members (*Change-Makers*)

There are two goals of the opioid disposal call-to-action:

- Elevate provider, staff and patient awareness of the importance of disposing of medications
- Elevate provider, staff and patient awareness of how to dispose of medications

The package contains several parts:

- Table of Contents
- Introduction – why this work is important
- Recommendation – what each organization is being asked to do
- Measurement and Reporting – what needs to be reported back to the collaborative
- Resources - table that outlines the advantages and disadvantages of disposal methods (this table is for internal discussions at your organizations to help decide the messaging you want for patients and providers---this is not for widespread distribution)

As your organization's change-maker, we ask you to:

- Bring this call-to-action to the appropriate person(s)/committee in your system
- Ensure that your organization's activities are reported to the collaborative by **October 20, 2017; the learning will be shared with the CEOs on October 27, 2017**
- Please also designate at least one person from your organization to attend an educational webinar by Dana Slade, MS, CHMM, Director, Sustainability Programs at HealthPartners Medical Group and Regions Hospital on Tuesday, October 30, 2017, from 12:15-1:00 pm to discuss HealthPartners' approach to disposal, including the implementation of disposal kiosks.

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Introduction

Disposal of opioids remains an important but often overlooked contributor to the opioid epidemic. Unused opioids that remain in the home pose multiple safety risks: They may be used by the patient at a later date without a clinician's knowledge; they may be taken with or without permission by a family member/friend/stranger; they may be accidentally ingested by a child.

In a recent systematic review of six studies, 67 to 92% of post-surgical patients reported unused opioids. Five studies reported low rates of planned or actual disposal (4% to 30%) of these unused opioids. Few patients (4% to 9%) considered or utilized an FDA-recommended disposal method (*Bicket 2017**).

Unfortunately, there is no consistent standard in the country or in Minnesota for educating patients and providers about opioid disposal. The work of this collaborative will change that. It is expected that all organizations in the collaborative will develop messaging that increases both patient and staff awareness of the importance and the methods of opioid disposal. Based on expert consensus, the working group also developed a tiered table (best, good, least preferred) of possible disposal options to help organizations understand the pros and cons of each option and decide what should be discussed with patients. This table is for internal use only.

*Bicket MC, Long JJ, Pronovost JJ, Alexander GC, Wu CL. Prescription Opioid Analgesics Commonly Unused After Surgery: A Systematic Review. *JAMA Surg* 2017 Aug 2.

Recommendation (what organizations are being asked to do)

As a participant in the Collaborative, your organization will:

Elevate provider, staff and patient awareness of 1) the importance of disposing of medications and 2) how to dispose of medications. Your health system/plan will customize messaging to fit your organization's needs. The following elements should be considered as you create your communication:

The most effective way of ensuring medications are not diverted is to prescribe the right amount of medication.

Awareness Element 1: Why should I dispose of unused medication?

- Risk of accidental poisoning
- Risk of non-prescription use (by you or someone who may obtain your unused medication)
- Damage to environment

Awareness Element 2: How do I dispose of my medications?

- **Best Choice:** Medication Drop Box or Take-Back Event
 - *Provide locations and/or date of event(s)*
- **If you aren't able to drop off your medication at a Medication Drop Box or Take-Back Event, choose one of the following options:**
 - The best method for the environment is to deactivate your meds and throw them in the trash.
 - *Provide instructions on how to deactivate*
 - *Provide information on any pouch or deactivation tools your organization provides*
 - A method to quickly ensure no one else is exposed to the medication is to flush the medication down the drain/toilet.

Resources:

- Learn more about how to dispose of unused medicine from the FDA: <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>
- MPCA Medication Disposal Toolkit: <https://www.pca.state.mn.us/waste/medication-disposal-toolkit>
- Rethink Recycling Website: <https://www.rethinkrecycling.com/residents/materials-name/medicine-prescription-drugs>
- DEA Controlled Substance Public Disposal Locations: <https://apps.dea.diversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1>

Measurement and Reporting

You are asked to provide an update by October 20, 2017, using this link to the Controlled Substances Disposal Activities Report activities

report: <https://app.smartsheet.com/b/form/84b4a83392e940a093583f85746883b9>

The purpose of this report is to capture what you have done (activities begun and/or completed), what you will do (future activities), and what you've learned. Your work will be shared within the Collaborative, so others can learn from your experience.

Please submit your results no later than Friday, October 20, 2017, so we can showcase your work to the Collaborative CEO group at their October meeting. Regular, ongoing progress updates will be bundled with other Opioid Collaborative measures.

In this report, provide narrative answers to the following questions:

- What are you trying to accomplish around this call to action?
- What activities are in place or will be initiated to achieve your organization's and the Collaborative's aims?
- What are the new activities as a result of the Collaborative's call to action?
- What have you learned that would benefit your Collaborative partners?
- What are your next steps to move this topic forward.

You will also be asked to name your organization's representative(s) to attend an educational webinar on Tuesday, October 30, 2017, from 12:15-1:00 pm (see page 8 for details).

Resources

Summary of Disposal Options

This table is for internal use only within each organization. While prescribing fewer opioids is the best way to prevent the problems associated with disposal, the following disposal options should be considered within your organizations as you decide next steps.

Method	Advantage	Disadvantage
BEST OPTIONS		
Take-Back Days	<ul style="list-style-type: none"> • Easy • Already exists 	<ul style="list-style-type: none"> • Not well publicized (patients do not always know) • Need law enforcement present It is just one day (must save up meds, remember the day, have transportation)
Collection Center (Law Enforcement)	<ul style="list-style-type: none"> • Easy • Already exists 	<ul style="list-style-type: none"> • Need staff training • Opportunity for diversion • Stigma with law enforcement being present
Collection Center (Kiosk)	<ul style="list-style-type: none"> • Public service • Patients need options beyond law enforcement agencies • Convenient • Anyone can bring in the meds • Gets people into those facilities 	<ul style="list-style-type: none"> • Concerns about security • Do not really know what people are putting in there • Staff need to be trained • Risk of diversion • Expensive
GOOD OPTIONS		
Patient Direct Mail Back	Convenient	<ul style="list-style-type: none"> • Cost to buy pouch • Patient may have to discern appropriate med types • Pouch would not be able to hold a lot of meds • Not good for large amounts of meds
Charcoal Bag	<ul style="list-style-type: none"> • Easy to use • Low cost • Effective • Takes patches • Is an inpatient option at some hospitals 	<ul style="list-style-type: none"> • Added cost of bag (currently, patient pays) • Not good for larger amounts of meds • Still goes to landfill – potential for leak
LEAST PREFERRED OPTIONS		
Trash (Chemically Irretrievable)	<ul style="list-style-type: none"> • Better than keeping it in the medicine cabinet (after inactivating) 	<ul style="list-style-type: none"> • Opportunity for diversion
Flushing	<ul style="list-style-type: none"> • Low cost • Easy/convenient • Considered acceptable by regulators 	<ul style="list-style-type: none"> • Goes into sewer (bad for environment – goes into water sources) • Frowned upon by agencies