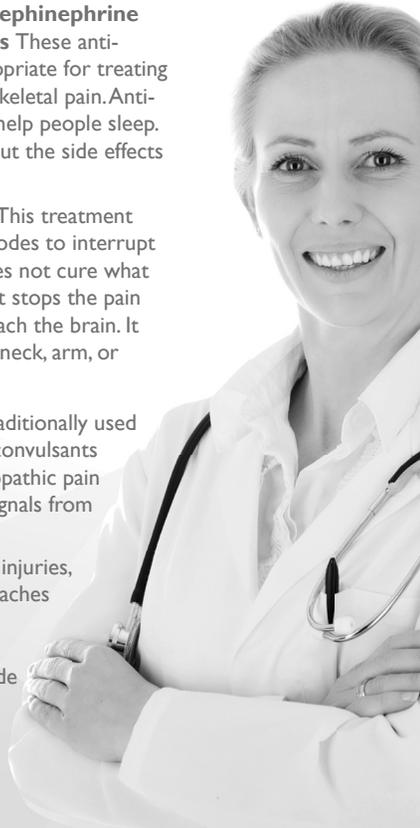


Know Your Options

(Check with your health plan to ensure recommended services are covered)

- **Over-the-Counter Acetaminophen** Acetaminophen, the active ingredient in Tylenol, is another common and effective pain reliever. It is recommended as a first-line of treatment by the American College of Rheumatology.
- **Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)** These are more potent than acetaminophen, but also available in over-the-counter dosage. Higher doses can be taken with a prescription. NSAIDs include anti-inflammatory drugs, such as Aleve. The downside to these drugs, for older patients, is risk of organ toxicity, kidney or liver failure and ulcers.
- **Massage, Acupuncture and Chiropractic Care** (Check with your health plan to ensure these recommended services are covered)
- **Physical Therapy (PT)** PT is often essential to improving physical healing and relieving pain long-term.
- **Exercise** Low-impact exercise helps improve mobility and functionality. Studies have shown that chronic back pain, joint pain, arthritis, and fibromyalgia can all be improved with yoga and tai chi.
- **Corticosteroids** Steroids inhibit injured nerves to provide pain relief. Drawbacks include the potential to accelerate joint destruction. Other side effects can include immune system suppression, gastrointestinal issues and psychiatric effects.
- **Serotonin and Norepinephrine Reuptake Inhibitors** These anti-depressants are appropriate for treating nerve, muscular and skeletal pain. Anti-depressants can also help people sleep. They offer help without the side effects of opioids.
- **Neurostimulators** This treatment uses implanted electrodes to interrupt nerve signals. This does not cure what is causing the pain, but stops the pain signals before they reach the brain. It can be used for back, neck, arm, or leg pain.
- **Anticonvulsants** Traditionally used to treat epilepsy, anticonvulsants can also relieve neuropathic pain by suppressing pain signals from the brain.
- **Injections** Arthritis, injuries, muscle pain, and headaches are among the kinds of pain treatable with injections. Types include nerve, trigger point, radiofrequency, and epidural injections.



Safe Storage and Disposal

- Always store medication in a safe, hidden place out of childrens' reach.
- Your prescription is written specifically for you, do not share your medication with anyone.
- Unused or expired prescription drugs in the home can be a public safety issue and lead to accidental overdose, poisoning and abuse.

Nevada offers several year round prescription drug take-back or round up programs that are run through prevention coalitions and law enforcement. Follow these steps if you are unable to bring your medication to a substation for disposal.

1. Collect all expired or unused medications.
2. Dump all solid medications into a sealable plastic bag.
3. Add an absorbent product (kitty litter, coffee grounds, etc.).
4. Add liquid medications.
5. Seal or tape bag shut.
6. Place sealed bag in trash.
7. Remove and destroy ALL identifying personal information (prescription label) from all medication containers before recycling them or throwing them away, or
8. Take your unused medications back to a local pharmacy that accepts and disposes of unused medications. Certain pharmacies have scheduled days they accept unused medications. Check with your pharmacy.

Disposal Locations

DEA Collection Location Search Tool
AwareRX | DisposeMyMeds | Rx Drug Drop Box
Walgreens Pharmacy Kiosk Program

Walgreens and Law Enforcement Agencies have dropboxes.

Note: Always contact a collection site prior to visiting to confirm its drug take-back program is active and for hours of operation.

If you or a loved one is concerned about prescription drug abuse, resources are available:

Division of Health and Human Services (DHHS):

Naloxone resources for providers, naloxone legal status, trainings and contact information: prescribe365.nv.gov

Contact DHHS for additional questions at
775-784-8090 or 800-273-8255 or
opioidstrgrant@health.nv.gov.

Substance Abuse Prevention and Treatment Agency (SAPTA):
http://dpbh.nv.gov/Programs/ClinicalSAPTA/Home_-_SAPTA

Crisis Call Center - 24 Hour Crisis Hotline:
Hotline: 775.784.8090 | 1(800) 273-8255 | Text "Answer" to 839863

Nevada 211: Call 2-1-1 or 1(866) 535-5654

Integrated Opioid Treatment and Recovery Centers:

Center for Behavioral Health
3050 E Desert Inn #116 Las Vegas, NV 89121 | 702.796.0660

Life Change Center
1201 N Stewart St, Carson City, NV 89701 | 775.350.7250

Vitality Unlimited
1250 Lamoille Highway, Suite 208 Elko, NV 89803 | 775.738.8004

Websites:

Know your Pain Meds: Information about prescription drug abuse and awareness in Nevada: knowyourpainmeds.com

Healthier Nevada: Information on resources available in Nevada:
healthiernv.org

prescribe365

A new law for Nevadans

Start the conversation

Know your options

Participate in your treatment plan

Locate resources



prescribe365.nv.gov



A New Law for Nevadans

During the 2017 session of the Nevada Legislature, Governor Brian Sandoval sponsored the Controlled Substance Abuse Prevention Act. The new law, effective January 1, 2018, was developed to ensure patients have opportunities to discuss their treatment options with their providers. The new law also provides steps providers must take to reduce risks related to use of certain medications and inform patients about their treatment, risks and benefits of the medications, alternative options for treating their pain, and the providers' policies for prescribing controlled substances for pain management.

Opioids are powerful drugs, not without risk. Begin a conversation with your provider about alternatives to opiates for pain management. Through a close examination of your needs, you and your doctor/provider can have an informed conversation about alternative options available. Working together, the two of you can choose the best method of pain control and treatment.



Start the Conversation

- Every pain medication, including controlled substances, has different benefits and risks in the treatment of symptoms.
- Before taking prescription pain medications, explore alternative means for the treatment of pain with your provider.
- Never combine an opioid with other medications, unless directed by your prescriber - and never use with alcohol.
- When taking medications, certain reactions or side effects, including sleepiness or sedation, constipation, nausea, itching, allergic reactions, problems with thinking clearly, slowing of reactions, or slowing of breathing can occur.
- When taking medications, it may not be safe to drive a car, operate machinery, or take care of other people.
- Taking controlled substances for the treatment of pain, may result in becoming physically dependent on them.
- Controlled substances should be stored in a secure place and out of the reach of children and other family members. Safely dispose of unused medications.
- Refills of prescription pain medications should be discussed with a provider.
- Due to the risk of possible overdose resulting from use of controlled substances, the opioid overdose antidote naloxone (Narcan[®]) is now available without a prescription. Naloxone (Narcan[®]) can be obtained from a pharmacist, not only for yourself, but for a family member or friend.
- Women: Tell your prescriber if you are pregnant or thinking about getting pregnant. The risks to a fetus of chronic exposure to controlled substances during pregnancy, include, without limitation, the risks of fetal dependency on the controlled substance and neonatal abstinence syndrome.

Frequently Asked Questions

Here are a few commonly asked questions patients may have about this new law and their treatment:

1) How will this change the way I receive treatment?

All treatment is individualized. Prior to being prescribed a controlled substance, your physician will be required to: (1) run a report on your prescriptions through a state-wide prescription database, (2) obtain your written informed consent to receive prescribed controlled substances for pain; and (3) evaluate you for possible risk of addiction or dependence on controlled substances. Prescriptions over 30 days will require a prescription medication agreement.

2) Does this new law require my doctor to see me more often?

The law requires prescribers to see their patients no less frequently than every 90 days. That means that you will need to be seen by your treating provider at least once every three months, or 4 times a year. Your provider may require you to be seen more often as part of your treatment plan.

3) Am I required to be drug-tested as a result of this law?

Consent to drug-testing may be required if your provider thinks it is necessary as part of the mandatory prescription medication agreement. For treatment with a controlled substance for pain lasting more than 30 days, the law requires you to agree to submit to urine drug testing if your prescriber determines it necessary. Your prescriber may require additional tests as part of your treatment plan.

4) Does law prevent my prescriber from prescribing me medications I have been on for the treatment of chronic pain?

The law allows prescribers to continue to prescribe medications for patients with chronic pain under their care. Changes in prescribing by providers is a decision made by the provider with the patient. The law does not prevent prescribers for treating patients with controlled substances.

5) The informed consent mentions naloxone, a medication used to reverse an opioid overdose.

Am I required to have a prescription for naloxone as a result of the changes in the law?

Prescribers may co-prescribe naloxone to you or you may obtain naloxone from a pharmacy without a prescription. The law does not require patients to obtain naloxone, but it may be recommended by your provider for your safety.