

Safe Medication Storage and Disposal

Transcript:

Dr Schetzina: Okay, everyone, we'll go ahead and get started. One change that Katie helped us make since our series session last month is that we've turned off the ding that dings when you folks join the calls, hopefully that'll be less distracting. Since that's pretty distracting, you hear dings while you're trying to talk in here.

So once again, I'm Karen Schetzina, I'm a pediatrician at ETSU and director of the Child and Family Health Institute. Thank you so much for joining us. As I mentioned, we would like to use the chat feature.

So if you've not already done so feel free to introduce yourself, if you have any questions or comments that occur to you during the presentation, I told Jennifer that I'd help to monitor that and bring up questions and comments at a convenient time. And we should have some time at the end for discussion as well.

Just as a reminder, we do record these sessions and post them on the ETSU Child and Family Health website a few days after each session. So I wanted to go ahead in and introduce Jennifer.

We're just thrilled that she was able to be here and talk with us today. Jennifer Berven has been part of Insight Alliance since 2007. She spent much of her career in prevention. Prevention of child abuse, teen pregnancy, school drop out and most recently, substance use.

So she previously worked for several years in direct service as an in-home crisis case manager and through serving families and seeing the roadblocks that they face as they try to navigate through systems meant to help, she has embarked upon this more recent position with the prevention coalition Insight Alliance doing prevention work and helping to convene various sectors of the community to work best together to try to come, overcome as those challenges of working in silos and help families navigating and get to the services that they need.

So she also shared some personal notes. She lives here in Washington County with her husband. She is mother of two grown sons who are married and a donkey. So welcome, Jennifer. And, you know, one of the reasons we reached out to her to speak, of course, with the Child and Family Health Institute, this topic of safe medication, storage and disposal is a really important one.

Secondly, through the institute, we do currently have funding from the Tennessee Department of Health for addressing maternal mortality prevention priorities in the state and in our region. And the topic of medication safety and overdose prevention is one of the priorities that we're seeking to address.

So thank you again, Jennifer. She's been helping us, advise us, as we embark upon our grant activities that are, in addition to some discussions during the collaborative series, we are also in the process of developing some health information and tools to distribute through the ETSU health clinics for prevention of maternal mortality.

So we're very excited about that. So, Jennifer, I will turn things over to you.

Jennifer Berven: Thank you all for having me today. I recently did a presentation where we kind of looked back where we were, say eight years ago, six, eight years ago when we started to turn this ship of the opioid epidemic.

And we've certainly come a long way. In fact, I have a whole other presentation about all the changes and different things that are much better now. However, it's still an issue. And one of the ways that as a coalition, as a prevention coalition, that we, I guess you could say, help contribute to or support improving the opioid epidemic is through helping people understand how to safely store and dispose of their medication.

And so I will, here's my information if anybody would like to reach me.

And I think I have that again at the end. So first, I'll just tell you that an antidrug coalition, which or a prevention coalition, is a formal arrangement for collaboration among different sectors of the community. That is the home base of which we do our work here.

So we all hold a piece of the of the problem. And as you can see, there's all these puzzle pieces.

So whether you're a medical professional, a parent, work in a school, even businesses, everybody's affected and everybody has a part of the solution. And I truly believe that you can help from wherever you're coming from.

So just a quick review, you know, in a lot of folks know this, but, you know, who are the addicts?

Who is affected? And I know like I just said, we're all affected. Everybody in the community. But there's individuals themselves. Of course, their families are affected, their communities affected in broader ways, such as it affects the workforce.

I know at one time it was difficult for employers to find a clean workforce, to find enough people to start open a business or to start a project.

Schools are affected both in that they have children who are born dependent on opioids and other medications, as well as children whose parents are using who are affected by that substance use in their home.

So in every which way, everybody's affected. So as most of us know about addiction, when someone takes opiates, two things can happen.

One of them is dependance. Now, this is just obviously when the drug is stopped, there are predictable physiological withdrawals syndrome that occurs. And this can happen to anybody. Addiction, however, is the compulsive use, loss of control and continued use despite adverse consequences. And the hallmark is cravings.

So if you think about some of the stories and issues you've heard regarding people suffering from addiction and the things they do, it may be a step in helping understand, well, why don't they just stop?

And as several folks I know who are in recovery have said, wow, I wish I thought of that.

So it is, it can be a very difficult challenge.

And the fact that those cravings are so strong that they are willing to risk their own life, their own lives, their livelihood, their families, their children even is an indication that this is more than just a choice that somebody makes.

And, you know, we know again that it is characterized by compulsive behavior, continued use despite negative consequences, persistent changes in the brain structure and function. But it is preventable. It is treatable. It changes the biology of the brain. And if untreated, it can last lifetime those changes.

It can change the brain. It can change the heart and other body systems.

And so it's important that you understand when dealing with somebody who is dealing with addiction and substance use disorder, that you understand to the extent. How has it affected them? How has it affected their body in their biology?

So one of the reasons why talking about medication storage and disposal and what to do with them is, and this is really for anybody is, of course, there's genetics, there's the increased risk of developing addiction. If you have somebody, a first degree relative with opioid addiction.

But then there's the environmental factors. And two of the highest is the availability of opioids.

And so if they're in the home, if they're readily available, if they're easily accessed, then of course, that is going to be a lot easier, for one, for somebody to start using or if they're in recovery, that they may be tempted to utilize them.

And then there's the perceived risk of opioid of the dangers of opioids.

And I think, you know, this is one of the issues and why education around opioids is so important today of understanding what they are and how they work and what they are for and what they can do to the body and the natural dependence.

You know, like many prescription drugs, a lot of people felt, quote unquote, safe because a doctor gave them to me. So they're not they're not as scary. They're not as risky. It's a pill manufactured in a lab. And so they don't understand the larger picture of why these are dangerous.

And I think I touch on this later but in case I don't, you know, the danger, especially now that we like I said, we've been kind of turning the tide on the opioid crisis is that we have a lot of manufactured, I guess you could say fake opioids that appear to be prescription medications that are not using fentanyl, and carfentanil, which, of course, increases the possibility of overdose. And, you know, and are a lot more dangerous.

So that is almost another education point that people need to understand of why using opioids, especially in what seems to be over-the-counter pill form is so dangerous is because now we have a lot of fake opioids out there with things that certainly put people at a much higher risk of overdose.

Of course, psychological stressors. You know, and in focusing this on, you know, maternal health in some of these things.

I've been pregnant twice and I remember being very stressed out. I remember having young children. So psychological stressors, parenting, dealing with health issues. Those are certainly stressors that can put expectant and new mothers at particularly higher risk.

And learned coping mechanisms. Have, you know, do you have people who learned how to cope with stress in life and things like that?

And of course, one of the things that a lot of folks talk about is traumatic lifetime experiences, which is the adverse childhood events.

OK. So and of course, one of the large risks, especially for the child, is neonatal abstinence syndrome in which a baby has withdrawal symptoms after being exposed to certain substances.

Fortunately, this has been coming down quite a bit. And if you don't know, the Department of Health has, if you were to Google Department of Health Neonatal Abstinence Syndrome, you can see the record of the reporting system. And so it is quite amazing.

We used to track that as part of our information that we put out as to how many and the cases are definitely coming down.

So why has prescription medications been such a problem more in the past? Part of it is lack of education by prescribers.

And I will add that while I know a lot of folks have been making a better effort, a lot of medical professionals, prescribers as well as pharmacists to educate patients I experienced with my mom, she had some minor surgery to have something of growth in her mouth removed. And when I went to the ear, nose and throat doctor, the lady, as we were checking out, kind of threw this paper across the table at me and said, oh, by the way, she's getting some opioids, so you need to sign this.

And that was the sum total of our opioid education that informed consent, which is supposed to be more about the prescribing process.

So. And, you know, she was the checkout clerk.

So for those of you who are in practice or have a practice, I think it's important to think about who's delivering it and the quality of that education that is happening.

I mean, I know it's important to have that, to have in your file to have that signed piece of paper. But I did address it with her doctor to say, you know, I know a little bit about this and I know that while I happen to know a lot about it, a lot of people don't.

And they don't realize the danger and they don't realize it.

I know from working with people and doing public events such as at the fair, you know, and educating people and talking to people that some people aren't even sure what opioids are.

And they also don't realize that some of the other medications that they may have are dangerous, such as benzos, and that there are other things that are addictive that may be in their cabinet.

So that's one of the things, the diversion of medications is another reason.

So theft, people sharing them, people selling them, of course, are some of the biggest things.

I know that for youth that 75 percent of youth, their first introduction to prescription medications are through their own home. And usually it is not through prescribed, it's through their medicine cabinet.

So in the same way, we encourage in the prevention field, we encourage people to lock up their liquor cabinets. We also then begin to educate people about locking up their medicine cabinets or having a safe place to put them.

And plus, you know, there's just a people hear that my doctor gave me this when I had a headache or when I was sore or when I was this and so this might help you. And so people think that they're being helpful by sharing their medication when it's not.

So helping people to understand that. We can't take for granted that people know and understand these things.

And then intergenerational patterns. Again, addiction definitely, you know, like we saw in the previous slide, that it is, if you have a first degree relative, there's a good chance that you may also be at risk.

So I always let people know, how can how can I make a difference?

And remember, I said earlier that people from all walks of life, whether you're a professional or just a parent, so whatever arena in your life, you have an opportunity.

So awareness and understanding, making sure that people understand it.

We have a slogan, a kind of a campaign, an education series.

We do what's called talk about it. It helps parents understand how to talk about it with their children but also just talking about addiction, talking about substance use.

You know, if you're comfortable and you've experienced it either personally or in your family, sharing about that, letting people know that they're not alone, that they're not the only ones going through that. And so helping people find the words to talk about it.

And then prevention, again, talk about it to young people, to patients, to each other, ask questions of prescribers. That is when we have outreach with people, we teach them to ask about the medications. Help me understand, what does this do? What will this do to me? For me? What happens if I take it long term?

And then, of course, locking up medications to prevent the diversion from happening in the first place.

You know, as I as I tell folks when we give out our lockboxes, is that they're not a safe and it's not going to prevent somebody from with a crowbar prying it open. But the thing of it is, is most diversion doesn't happen as strong armed robbery, it happens as somebody just simply walking up, picking up a bottle and dumping a couple out into their hand and sticking them in their pocket and walking off.

So. All right. NAS, and I think my slides may have gotten a little out of order, but we'll hop back to that, overprescribing was one of the things that happened with this addiction.

And that's important to note is that one of the things that the health department online system talks about is what was the source? If a child was born with neonatal abstinence syndrome, what was the source? Was it unknown? Was it heroin or was it prescription medication? Was it a prescription medication to which they didn't have a prescription for?

But a lot of them were due to MAT, which is medication assisted treatment for substance use disorder.

And despite a lot of the controversy and it's probably a whole other presentation, but it is currently the recommended treatment, according to medical experts.

Cutting somebody off who is pregnant, abstinence can lead to health issues for the mom or the baby. And that includes relapse, overdose, as well as physical dangers.

There are some doctors who lead mothers who are taking medical assisted treatment for their substance use disorder, that can lead them through a guided withdrawal. But it takes a lot of supervision and a lot of understanding and a lot of guidance and a lot of wrap around for that mother.

So it is important to know and understand that. And how have we improved?

Well, there's better and more treatment options available. There are programs that are especially for expecting mothers. And for women even before they're expecting.

So there's better and more treatment options. There's a decrease in prescribing and there's better prescribing practices.

Now that they're aware of the dangers of using opiates while pregnant, that if a woman is on long term use of opiates, that they have some kind of like call it VRLAC, which is voluntary, reversible, long acting contraception. Meaning that if they have to use opiates and they're going to be using them over time, that they have good birth control, too, that is long acting in order to prevent that.

And just to show you, I told you that the cases had come down quite a bit, so you can see here. I think this was from fall of 2020 like November.

So you can see here all of the different pretty colors. It looks like the peak was back in 2016, which is this red line up here, if you can see my mouse. I don't know if you can but it's, it's right there.

And as you can see here we are five years later in 2020 in the same week, which was like I said, I think November. You know, we've dropped this much. So it looks like around maybe two to three hundred cases less than where we were then.

So we've come a long way in educating ourselves as professionals, as well as educating the people who are served.

All right. So that brings us to our strategic approach to prescription drug abuse prevention.

All right, so the components of CLV, which is count it, lock it, drop it.

We used to have a one that before we started using this one, we called it monitor, secure, dispose.

I think CBS has their own brand of it. But basically it involves three things. And the way that we introduced this, we've actually for, gosh, the last, except for this past year in 2020, usually during the Appalachian fair in Gray, we actually go out.

And I would say that during those weeks we talked to between three to 700 people.

Like I said, I know that there's times where we have interacted with at least 700 people and then somebody says, how do you do that?

How do you how do you approach somebody and have that conversation? And not only do we approach them, but we have it in about 30 to 45 seconds.

So when we talked to other professionals about how to incorporate this into whatever it is that they do, I promise them it doesn't take a long a very long time.

Because if we have pharmacy students who come out and help us, if we can talk to 500 people at the fair over a week, certainly you can squeeze this into your repertoire in your office with whoever it is that's in there.

So we just usually start out by saying, do you take medications? Do you have them in your home? If so, where do you keep them? You know, we say you don't have to tell us what you're taking, but what do you take?

And then we say, well, for those that you have, do you track them? Do you keep an eye on them? Do you know how many are left off to make sure that you're taking them correctly, either too much or not enough? And then a lot of people say, oh, no, no, I don't take any of those. I don't take any of those pain pills. I just have my nerve pills and my heart pills.

And that's where we have an opportunity to educate them about what is actually in their cabinet, if they're sharing with us what type of medications to let them know that things like valium and Xanax are actually addictive and very divertible and it may be something that somebody might want to get their hands on.

But that also that some for some people, if they just see a lot of prescription bottles, they it's kind of like a red light that says, hey, there might be something in there that we want that we might want.

So and then a lot of people say, well, I don't have anybody. We don't have any kids. We don't have any children. But then we ask them, do you have frequent visitors to your home? Do you have people that come by, whether it's maintenance or friends or anybody, because it's not just children and teens that take them and then say, have you ever had them taken without your permission?

And then again, helping them understand what is that high risk to be stolen or abused.

From all of this one of the things we learned is that people don't understand that their pet medications actually are sometimes real medications. I had a lady tell me that she locked up all over other medications, however, that she didn't realize that her cat, Valium, was really valium.

She thought it was a euphemism for whatever the medication was, but that indeed it was and that the whole bottle disappeared from her knitting bag that she used.

So, again, making sure that people understand. So, you know, in that we found a whole other group of people to educate and that was veterinarians, that making sure that when they prescribe medications for their animals.

So that's another question that you as a professional or in whatever arena you practice in that you can, you know, talk to them about is what medications not only for you, but for your pet.

So, again, this little checklist right here is the checklist that we kind of use as our risk factors. And it kind of acts as a guide to have that conversation with people.

So the count it. So here's the count it. This is just an example of a counting sheet.

And we tell people there's a lot of different ways that you can do it, but it's basically a way to, you know, when was it filled? How many should be gone? How many are left? Are they disappearing?

I know my mother, who has dementia, lives with us. And when she first, before she started declining and we took complete control of her medication, that's the one way we found that she was not adhering to taking her prescriptions properly, is because we just dumped the bottle out and counted how many should be gone and how many are left in finding out that there was too many left and that we needed to kind of take over and keep an eye on those.

So it could be as simple as that or just having a thing once a month or every couple weeks where you kind of just keep an eye on how many are there.

And like I said, this could be done in a lot of different ways. So then the next one is to lock up your medication.

So we had count it. Now we're at locking it, to lock up the medication, store them in a safe place where others wouldn't think to look.

And like I said, we have these lock boxes, but then also people can add a lock to an existing cabinet or drawer.

I know one lady told me that she and her husband had a simple tool box that had a place to put a padlock on it. Then I said, that's perfect. Then you don't need one of these boxes. So helping them explore existing, you know, answers in their home, you know, things that are already there.

You know, you can you know, like I said, there's a lot of possibilities for that.

And then drop them off, drop off your unused expired medications for proper disposal at law enforcement sites.

So these are some of the, this has got an old date on it, but you can see that there's all of these different locations. We always put all of them because we realize even though we're in Washington County, that people come from all over the place, they come to the doctor and for services and everything else.

So we list all of them so that people know what their options are.

I think most of these places are open and accessible, except I know the sheriff's department at the jail, they're not open, they're not, they're locked up. Jonesboro Police Department, however, is open and theirs is when you walk in, it's right through the door to the left.

Johnson City Police Department, I know that there they were open and then they were closed. So I'm not sure. So, again, a lot of these places you want to call before you haul, before you go to take medications there.

However, West Town Pharmacy has one which is over on Market Street and there's a pharmacy in the Johnson City Medical Center.

Again, I'm not sure what the status is of the hospital right now, but for when it is open, they actually have a disposal box there at that pharmacy that's right there in the lobby.

So, again, you can see a lot of the different places that are available around the community for disposal at any times.

Of course, we have events. We hear from a lot of people that they like those better because they don't even have to get out of their car. They simply drive up, roll down their window, canvas a bag of medications out the window and they roll on.

We always encourage people to leave the label on it if they can mark out their name, if they're worried about their personal information but the whole bottle gets incinerated. So we just tell them, if you don't want to do a lot of work, just throw them in a bag.

We did have an event in October of 2020. So they did resume. I think we missed the spring one, but they resumed and our next one, as you can see right here, is April the 24th 2021 from 10:00 a.m. to 2:00 p.m. I'm not, again, I'm not sure what all sites will be participating. I know that for sure Johnson City will and maybe Jonesboro.

So that's where that. So one of the things that we have learned about the effectiveness of this and while by volume only around 8 to 10 percent of what is brought back is a controlled substance because we get a lot of over-the-counter medications. So where we might have a large bag, there

might be one or two controlled and then we have old cold pills and cold medicine and other vitamins and stuff like that that are out of date.

So by volume, only 8 to 10 percent are controlled substances. However, when we go back and we look at each car and we do track that, we've been tracking that information for over ten years now, and that at least half on average, so it's usually anywhere from about 45 to 70 percent of the people who come to the event, bring at least one medication that is a controlled substance.

So that means half the people who are removing some kind of an opioid from their home that could be at risk of diversion or accidental overdose.

Other findings is that most people like the locations and the time and the convenience.

Mail order prescriptions often create more drugs that need disposal. So that's another education point is teaching people how to stop a prescription or auto refill or don't renew them if they're not needed.

So we hear that a lot of people say, well, I just keep sending it in there, it's there. And it's like, but if you're not taking it anymore, just tell him to stop.

And after 10 years at the events, usually anywhere from 30 to 60 percent are still new customers. People who have never been before and that people often need a couple of years to follow through of taking advantage.

So it's so important that all the professionals, that all of you that are out there, again, whatever it is that you do, is that you talk to people about it. People often say, well, I've been meaning to do this for years. I keep hearing about it. I see the commercials. I hear about it. But it's taking me a couple of years to finally remember to do it.

So we need that boots on the ground, people talking about these events and encouraging people to dispose of it properly.

So what can you all do? And like I said, whether you work directly with clients or patients or even in your own personal realm, is that include the count it, lock it, drop it education with clients, patients and I just say with anybody. Follow prescribing guidelines and make sure that the prescribing guidelines are something that's actually helpful and effective of who's carrying those out.

I told you a story about my mom's doctor's office making sure that they understand what is being prescribed. And again, even if you're not in a role to do that, talking to your family, friends and family members and making sure that they understand. Is this an opiate, what they can expect and look at alternatives to opioid medication.

And that is. And if this was live, I'd have a brochure. I will scan it and I will send it. And maybe Katie or Karen can send it out to you all. But the National Safety Council has some research on how alternating ibuprofen and acetaminophen can be just as effective as using opioids, and that it's actually a brochure that was made for people to take to their doctor to say, hey, is this an alternative for me? Is this something possible rather than you giving me that?

And then caution for long term use, VRLAC for women who are using opiates in long term use, co prescribing naloxone for risk of overdose, and make lockboxes available. If any of you are interested in purchasing them, we can connect you with that.

And for needy patients, for low income, we do have some available that we can share with practices.

And then again, talk about it, encouraging people to talk about it. Specifically in Washington County, on an average, only 56 percent of 8th, 10th and 12th graders reported that their parents discussed the dangers of alcohol or drugs in the past year.

That means we have a whole lot of young people out there whose families are not talking about those dangers to them. That is half of our kids, half of our young people who are almost adults, whose parents are not talking about it.

So we actually have a whole campaign. And this is something, too, that I feel I can probably do a link for or we have them available and a handout, but we actually have a handout that is an age appropriate developmental based on the different developmental stages of young of young people, how to talk about addiction and drugs and alcohol.

So questions?

Dr. Schetzina: Jennifer, thank you. That is really great information and reminders. I was thinking when you were talking about, you know, access to medication in the homes and in potential for misuse or diversion, what have you seen or what what's been reported since COVID?

You know something, as pediatricians we've been concerned about with young children, just households in injury prevention in general. But we've had a lot of kids and teens at home, a lot more. And we worry about lack of supervision just given the circumstances. So I wondered if you had any comments on that or what you heard or observed.

Jennifer Berven: I have not heard of any data directly. You know, that makes me think of like, where would you, when you think about data points, where would I get that from? And I would say probably from the E.R. or the doctors, medical professionals. And I don't know if that is gathered anywhere. It would be interesting to see if there has been an increase. I mean, we know that there's been an increase in overdoses. However, from what I've read and seen, it's been mostly in adults. However, I don't think that there's a doubt in anybody's mind the strain that it has had on young people, well, on adults, and then in turn that the strain that is occurring in the home. So in considering that just now our kids getting back to school, I'm not sure if we'll see the bigger picture. I think that once they return and they're actually in the company of other adults, will we start to see and hear more of those stories?

So it'll be interesting by the end of the school year as kids are returning in person to kind of see and hear what they're encountering.

I would ask, you know, anybody, I saw somebody who was on there that was works, was a pediatric doctor, maybe. So I was curious if pediatricians had seen maybe an increase in that.

Katie Duvall: Well, there was the story last week of the TV host Dr. Laura Berman, whose son died of an overdose from a pill he bought from a guy off Snapchat, and it was laced with fentanyl. With this scary story, she said she thought they were talking to her, her kids, and that was it.

Jennifer Berven: Well, I think we talked about, I think people talk about the dangers. I think the piece that's missing and that we have talked about and I've encouraged, especially medical professionals and other folks is you know, I mentioned about the fake medications that are out there. You know, the question is she may have talked about alcohol and drugs, but did she talk to them about the fact that there are people manufacturing and taking advantage of the I guess you could say that the turn in the epidemic where now there's less of the legitimate pills available, but are they talking about that aspect of it? So, it's important that you are aware of the whole picture.

Participant: And Jennifer, I'm one of the general pediatricians with Dr. Schetzina and I think thank you for a wonderful presentation. I think Dr. Schetzina does pose a really interesting question. And I think we might put our heads together to see where we can collect that data from. I know there are reports from DCS and other agencies that there certainly has been an increase in sort of mental health issues, you know, suicidality and those kinds of things. But I don't know specifically related to this question. A question I had, you know, our team, our clinic works sort of on a team based way and has social work, we call them a resource team, ask the question of families when they come for a checkup, if they have a need for a lockbox for medications and then we do hand out those boxes.

Jennifer Berven: Yeah. You guys are one of our biggest distributors. So we appreciate that.

Participant: So is there a thought for sort of a some kind of grant support for those boxes? I mean, and we really appreciate getting them from you. Is that something? And this is for maybe Dr. Schetzina, too. Is that something the institute helps or supports with?

Dr. Schetzina: So I mentioned at the beginning of the call that one of the focus areas for the institute comes from a new grant contract that we have with the Tennessee Department of Health. And it is a project that aims to help address the causes of maternal mortality in Tennessee that have been identified so that death during pregnancy or one year after deliveries is the definition of maternal mortality. So there's a long list of things that contribute to that. Certainly health conditions in the mother and access and quality of care that she receives. But, you know, this topic was one that that caught our eye, you know, of overdose and the challenges that families with a opioid or drug misuse or dependence or addiction face that are complicated and contribute to maternal mortality.

So through that funding, we do now have funding to purchase medication lockboxes. And Jennifer has been advising and holding our hand as we figure out how to get those purchased. Her organization is going to also help us to prep those to distribute through the ETSU health clinics. So not just in pediatrics, but family medicine and OBGYN. And we're particularly going to work with our team members, like you mentioned, like our care coordinators, behavioral health and resource teams, to help make sure we're getting those resources, which will be paired

with this safe storage and disposal information that Jennifer shared today, as well as information about naloxone access in use.

And we are planning to have a speaker from the Gatton College of Pharmacy, be our presenter next month for the collaborative series. And she he or she is going to be specifically talking about naloxone access and in use because we kind of want to pair this together. So Dr. Sara Melton is helping to arrange that, like I said, from Gatton. But, you know, we're, we've been excited to partner with Jennifer and it's certainly nice to learn more about the coalition Insight Alliance. So you look like you might have some other thoughts. Were you going to raise your hand?

Participant: I just said thumbs up.

Dr. Schetzina: Thumbs up. Good. Yeah. So that's our latest. And, you know, I noticed, let's see if they're still here, that we do have some folks from Niswonger, and it looked like Tiffany was still on the call right now. But Tiffany and Caitlin are interns from the ETSU Health Administration program. And they right now are serving as interns at the Nismonger Children's Resource Center and they are also helping with our Safe Kids coalition. So that's a, you know, like Jennifer said, you've got to get, got to get different organizations and professionals to work together. That's the goal of that, that coalition, Safe Kids coalition and it's aimed at injury prevention just in general. So I think, you know, this topic is going to be one that we'll want to discuss more within that Safe Kids Coalition. And we've got coalitions now throughout northeast Tennessee and soon southwest Virginia that'll be partaking in this and I think that'll just be one more opportunity to expand education and support for programs.

Jennifer Berven: And the boxes that we get, they're 14 or 15 or they're like 15.40 apiece or something like that. We used to get them for like 12.99 or 13.99. But they raised the price when there was the big embargo with China or something. So they had to bump the price up because there was a lot of tariffs and things. But you know, we have offered, we had a grant for many years that helped us get quite a few of them. We still have some money left in a block grant that we get every year, but we can't buy them at the same volume. So we encourage people, you know, we're even willing to do a cost share. Like there's been a couple of organizations where they paid us five or ten dollars per box and we paid the balance of it in order to do that. So we always encourage folks is look at your budget, see what you could afford. Even, we even have a thing of how to figure out of how to pass that cost along to patients. You know, if it's affordable, if it's something they could afford to pay 5, 10 or even 15 dollars for the box, a lot of people want them. And we've even had people say, well, how much is that? And we certainly accept a donation if people are willing to do that. So there's a lot of possibilities. And I'd be happy to discuss those with anybody. So and if anybody is interested in being a part of our coalition, certainly just type your name and your email address in the chat and we can make sure that you get on our coalition list.

Dr. Schetzina: All right. That's wonderful. So I will certainly follow up with you about that, Jennifer. We are right at the end of our time. Certainly, if anybody else has a last question or comment, but that was a great discussion. And Katie's got up here our Thank you slide, so thank

you so much, Jennifer. This presentation will be the recording will be available on the institute web site. And I'm excited about that. I can see the opportunities to share it with some of our trainees that come through the college of medicine and pediatrics, so that's exciting. As I mentioned, our next collaborative series meeting will be March 16th from 12 to 1 and we'll be focusing on naloxone access and use with the ETSU Operation Substance Use Disorders group from the Gatton College of Pharmacy. And I hope you all have a great rest of the day and week.