



"Preventing Prescription Drug Abuse"

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Promoting Pain Relief and Preventing Abuse of Pain Medications A Critical Balancing Act

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Undertreatment of pain still considered an epidemic by the World Health Organization. Effective pain management is an integral and important aspect of quality medical care, and pain should be treated aggressively, but....



Drug abuse also a very serious problem, and DAWN data suggest that prescription drugs account for about 25-30% of all drug abuse.



The Pain Management Challenge

Striking the right balance between sufficient latitude in prescription regulation to permit practitioners to properly treat pain & sufficient control in prescription regulation to discourage diversion



Pain Management in Our Social Context

- Nearly 25 years of *War on Drugs*
- Prescription & illegal drug addiction is a chronic disease & is epidemic in northern New England
- The Calais experience: from OxyContin to heroin
- For studies on Maine's recent experience: <http://www.state.me.us/bds/osa>



Pain Management Obstacles

Inadequate pain management is a result not so much of insufficient knowledge as of concern about the laws governing the prescription of opiates & public attitudes & patient fears about the potential for addiction in this method of pain control



Searching for Balance

- Practitioners have a legal & ethical duty to effectively diagnose & manage pain
- Practitioners must be aware of federal & state laws governing the prescription of controlled substances for pain management & must keep them in mind when developing treatment plans
- Following medically-based, peer reviewed, & nationally-recognized guidelines, documenting good faith prior exams, & outlining the parameters of treatment plans will put you in the best position to defend enforcement actions



Law Enforcement & the Medical Community Cross Paths in Pain Management

- Law enforcement is not interested in appropriate prescribers
- Law enforcement doesn't decide whether there's a legitimate medical purpose for the prescription - your medical peers do - expert testimony will be required to sustain civil or criminal action



Fundamental Federal Requirement for Prescribing Controlled Substances

- A prescription for a controlled substance to be effective must be issued *for a legitimate medical purpose* by an individual practitioner acting in the usual course of his professional practice.
 - 21 C.F.R. sec. 1306.4, *Purpose of issue of prescription*



Federal Resources

- U.S. DEA web site:
<http://www.dea.gov/>
- U.S. DEA diversion web site:
<http://www.deadiversion.usdoj.gov/>



State Law Aimed at Preventing Diversion

- BOLIM/BOL Rule Chapter 11, *Use of Controlled Substances for Treatment of Pain*
- MDEA Rule Chapter 1, *Requirements of Written Prescriptions of Schedule II Drugs* (with printer & waiver lists)
- Board of Pharmacy Rule Chapter 10, *General Rules*
- L.D. 945, *An Act to Facilitate Communication between Prescribers & Dispensers of Prescription Medication* (P.L. 2003, Chapter 483; effective 9/13/03) - *Prescription Monitoring Program*
- Federal: Tamper Resistent Scripts for all Medicaid (Oct. 1, 2007)



Related Issue

Impact of HIPAA privacy rule and state medical privacy statute, 22 M.R.S.A. Section 1711-C

17-A M.R.S.A. Section 1108

- Acquiring Drugs by Deception
- For purposes of this section, information communicated to a physician in an effort to violate this section, including a violation by procuring the administration of a scheduled drug by deception, shall not be deemed a privileged communication.



Trends in Abuse

- Culture of drug use in our society
- 6% of general population abuses substances including those with legitimate need for prescription drugs
- Number of Americans that used prescription pain relievers non-medically for the first time...
 - 1980's Fewer than 500,000
 - 1998 1.6 Million
 - 1999 2.6 Million



Non-Medical Use of Rx Drugs: The Problem

- Misuse and abuse of prescription drugs
 - More than \$100 billion impact on the nation's health-care costs
 - Today
 - 6.3 million Americans abuse Rx drugs





Monitoring the Future - 2004

• **Prescription Drugs** - Annual use of **Ritalin** remained statistically unchanged for all grades from 2003 to 2004. Annual use of **Vicodin** and **OxyContin** remained stable among all grades, but at somewhat high levels. Annual use of **Vicodin** was at 2.5 percent for 8th-graders, 6.2 percent for 10-graders, and 9.3 percent for 12th-graders. Annual use of **OxyContin** was at 1.7 percent for 8th-graders, 3.5 percent for 10th-graders, and 5.0 percent for 12th-graders.



Diverted Rx Drugs

- Morphine Sulfate \$1 per mg.
- Percodan/Percocet \$5 to \$10 per d.u.
- Tylox, Tylox
- OxyContin \$1 per mg.(\$40-\$80)
- Hydrocodone - Vicodin \$4 to \$8 per d.u.
- Methylphenidate - \$5 to \$10 per d.u.
Ritalin
- Propoxyphene-Darvon
- Hydromorphone - \$4 to \$8 per d.u.
Dilaudid



Diverted Rx Drugs , (cont.)

- Alprozolam - Xanax \$5 per d.u.
- Clonazapam - Klonopin \$5 to \$10 per d.u.
- Diazepam - Valium \$1 per mg (\$2-\$10)



Common Diversion Methods

- Doctor Shopping
 - Individuals visit numerous doctors to acquire large amounts of controlled substances.
 - May or may not have a legitimate ailment requiring controlled substances.
 - Visits to hospital emergency rooms on nights and weekends, claiming unbearable pain.
 - Visits are made all over the state and in other states.



Common Diversion Methods

- Pharmacy Shopping
 - Individuals make photocopies of their legitimate prescription and take them to various pharmacies to get large amounts of controlled substances.
 - Most individuals are aware of computer links at some pharmacy chains.



Common Diversion Methods

- Pharmacy Diversion
 - Individuals working at a pharmacy take drugs directly off the shelf.
 - Individuals make fraudulent prescriptions for OxyContin.
 - Photocopy of legitimate prescriptions
 - Writing prescriptions from blanks
 - Calling in prescriptions to pharmacy



Suspect Patient Behaviors

- Inability to take medications according to an agreed upon schedule
- Takes multiple doses together
- Frequently runs out of medication early despite dose agreement
- Frequently reports lost or stolen prescriptions
- Solicits multiple prescribers
- Uses multiple pharmacies to fill prescriptions

Note: these are very subjective



Suspect Patient Behaviors (cont.)

- Is non-adherent to other treatments
- Fails to refill other Rxs; always arrives for opioid Rxs
- Uses street drugs
- Reports no relief with other meds or treatments
- Reports allergies to all other drugs
- Has declining function despite apparent analgesia
- Is observed to be frequently intoxicated or high

Note: these are very subjective



Possible Characteristics of Diverters/Abusers

- Unusual behavior in waiting room
- Assertive, demands immediate attention
- Either slovenly or overdressed
- Unusual knowledge of CSs/may insist on particular med
- Medical history of "textbook" Sx, or vague Sx
- Often no health insurance
- Cutaneous signs of drug abuse

Note: these are very subjective



Schemes Used by Diverters/Abusers

- "Traveling through town"
- States allergic to non-narcotic analgesics
- Rx was lost or stolen
- Requests refills more often than Rx'd
- Pressures practitioner with direct threats or tries to elicit sympathy
- Manipulates another "patient" for CS



Schemes Used by Diverters/Abusers (cont.)

- **Shorted pills**—patient claims wrong number of pills dispensed
- **Wrong strength**—patient fills Rx for high dosage, returns later with lower dosage and claims error
- **Filling errors**—patient brings 1 Rx for CS, 1 for other med, returns later with other med in both bottles, claims error
- **Brand name**—patient asks for brand and returns later with generic, claims error



What to DO

- Evaluation of the patient
- Treatment plan
- Consultation as needed
- Periodic review
- Documentation
- Narcotics Contract



What you may also DO

- Call a previous practitioner, pharmacist or hospitals to confirm patient's story.
- ❖ Make an inquiry of Maine Prescription Monitoring Program
- Always request photo identification and social security number, and photocopy these documents for the patient's record.
- Obtain photo I.D. from the person picking up a prescription for someone else.
- If you suspect an attempt to divert, call your local police department.



Recommendations for Prescribers

- Use tamper-resistant Rx forms
- Use numbers and words for quantities
- Specify name of pharmacy on Rx
- Fax a copy of Rx to pharmacy for authentication



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