WVUMedicine Resident Orientation

June 20,2017

PRESRIBER BEWARE:

Medication Misuse in West Virginia

OBJECTIVES

- Describe “pill” problem in West Virginia
- Equip you to not contribute to this problem

IMPROPER PRESCRIBING

- Usually due to lack of knowledge
- Potential for arrest
- Actions by licensing boards increased

MISUSE

Opioid Epidemic

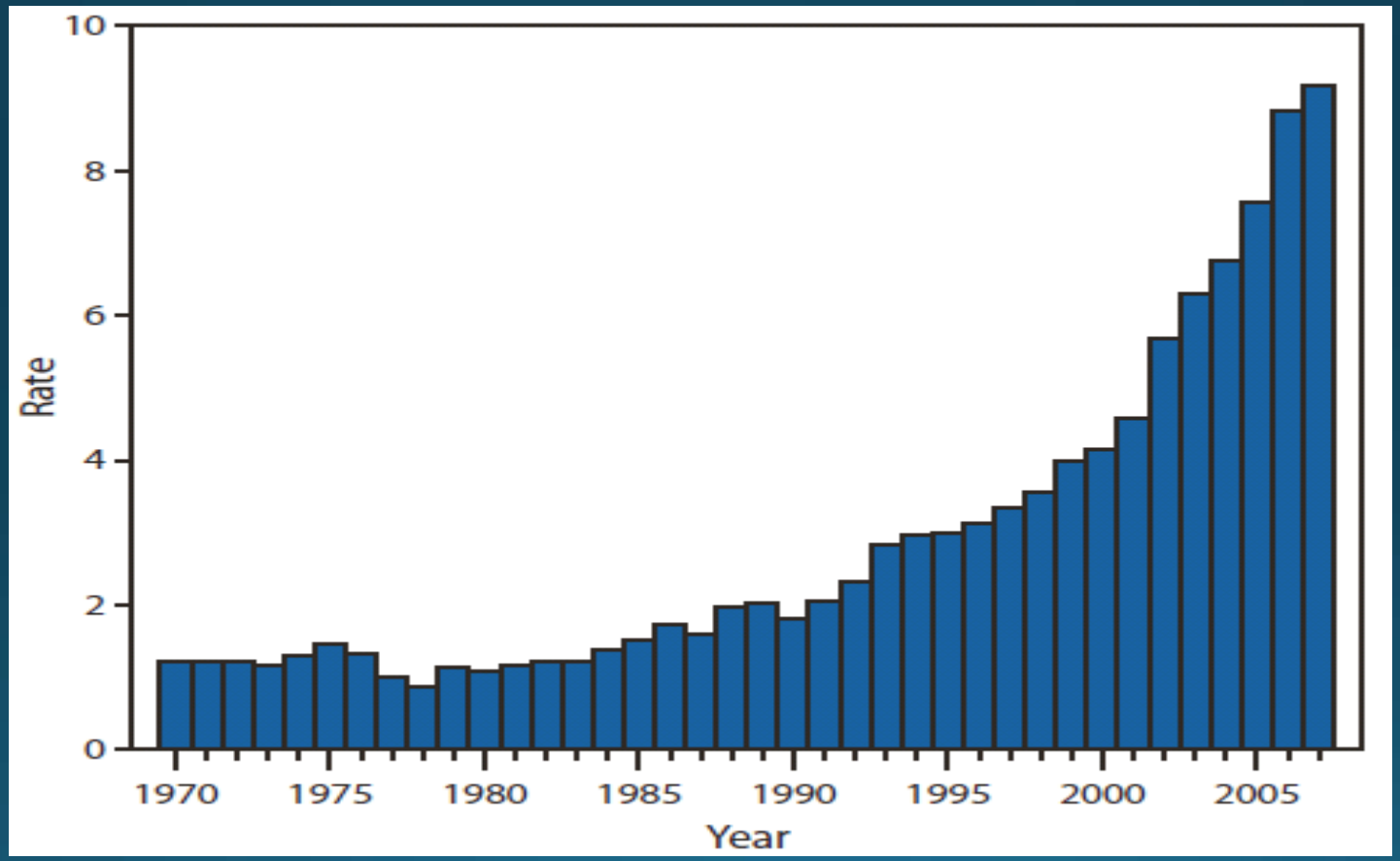
- Deaths from drug overdose have risen steadily over the past two decades and have become the **leading cause** of injury death in the United States[1]
  - 33,091 opioid deaths in 2015
  - 90 deaths/day[3]
- 1999 to 2013, the rate for drug poisoning deaths involving **opioid analgesics** nearly quadrupled[2]
- Among drug overdose deaths in 2013, approximately 37 percent involved **prescription opioids**[2]
- West Virginia led the country in deaths due to drug overdose with **41.5 deaths** in 2015[3]

1. Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. 2014. Retrieved from: http://www.cdc.gov/injury/wisqars/fatal.html

2. Centers for Disease Control and Prevention. QuickStats: Rates of Deaths from Drug Poisoning and Drug Poisoning Involving Opioid Analgesics — United States, 1999–2013. MMWR Weekly. Retrieved from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6401a10.htm

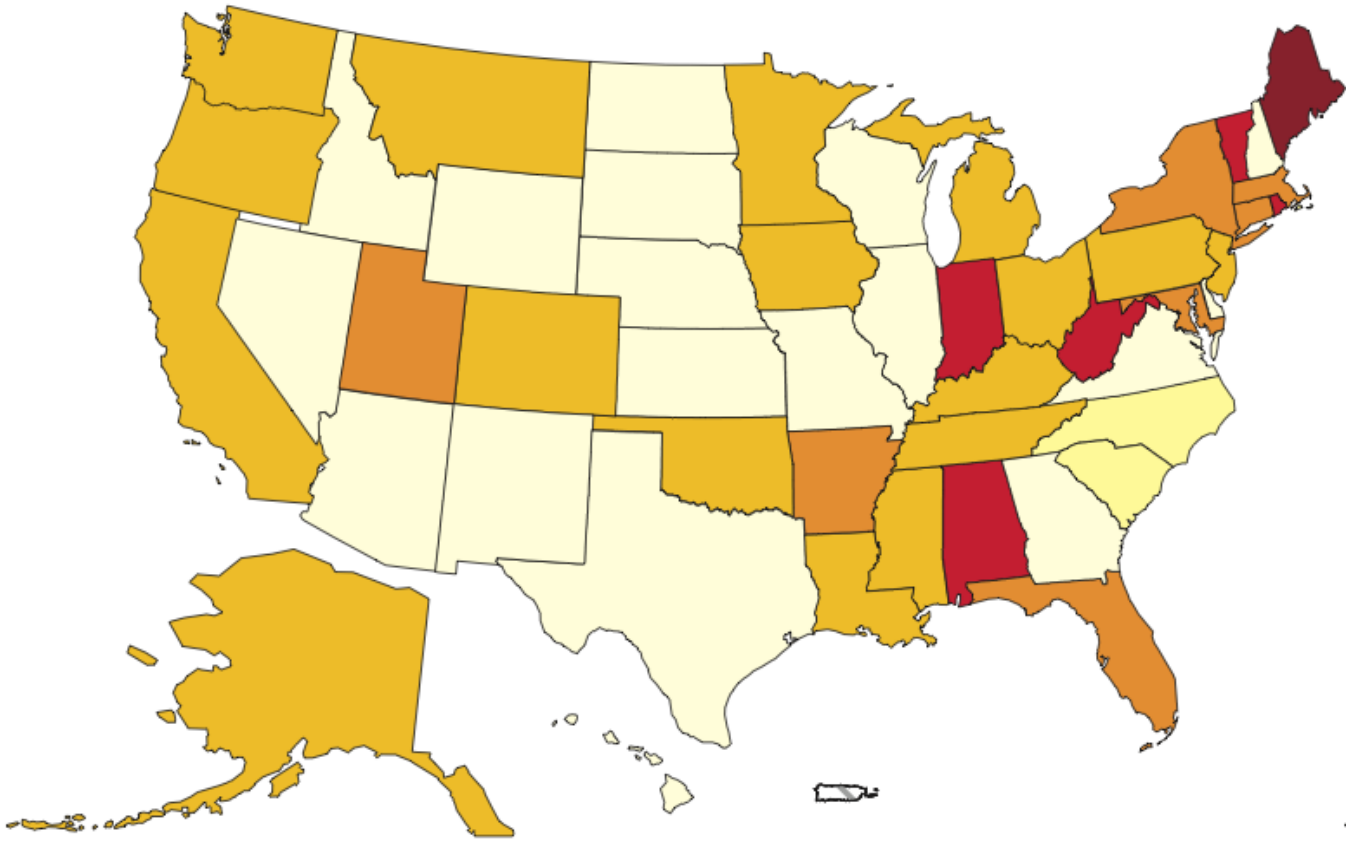
3. https://www.cdc.gov/drugoverdose/data/statedeaths.html

UNINTENTIONAL OVERDOSE DEATHS



Centers for Disease Control and Prevention. CDC grand rounds: prescription drug overdoses—a US epidemic. *MMWR Morb Mortal Wkly Rep*. 2012;61(1):10-13

Primary non-heroin opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)



1999

(range 1 - 50)

< 8	15 - 18	45 or more
8 - 14	19 - 44	Incomplete data

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

A. Kolodny

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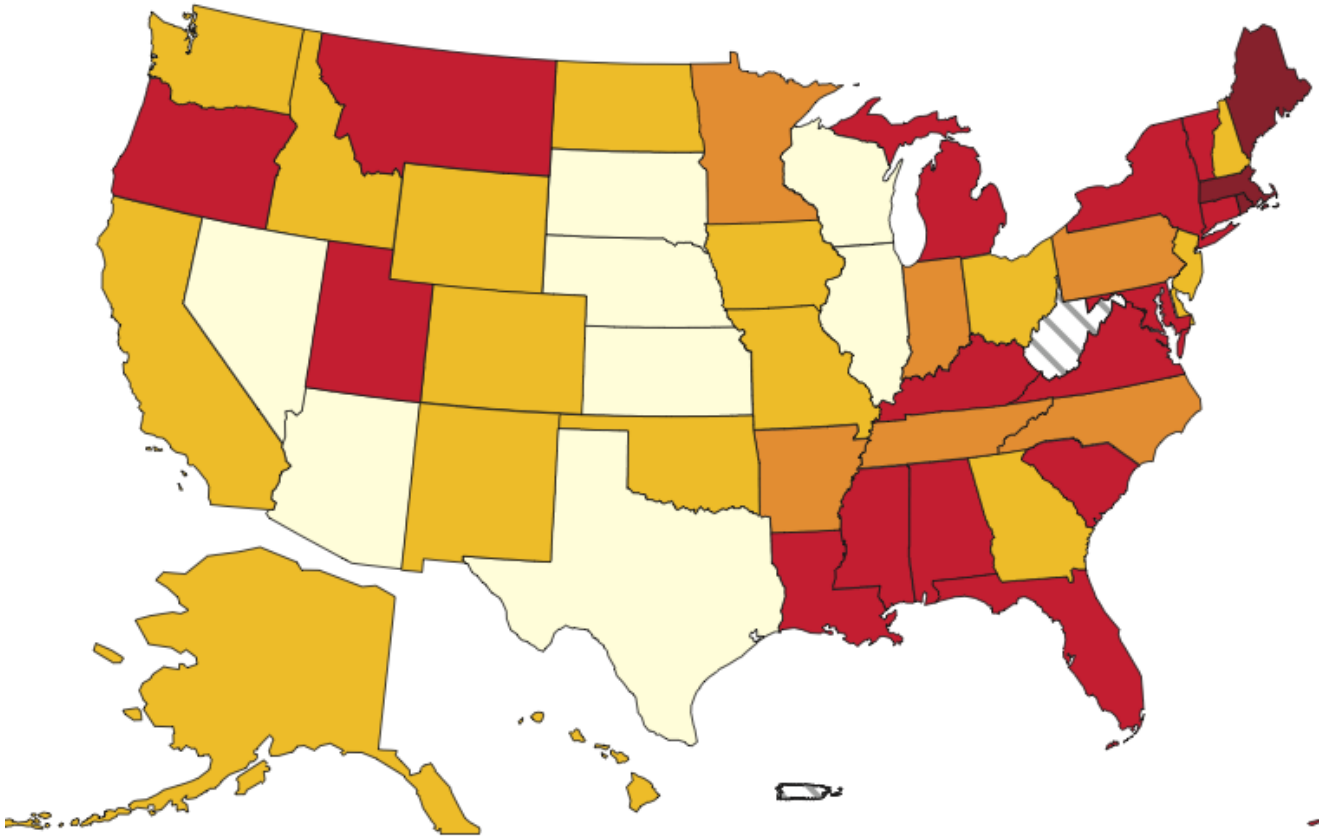

2001

(range 1 – 71)

< 8	15 - 18	45 or more
8 - 14	19 - 44	Incomplete data

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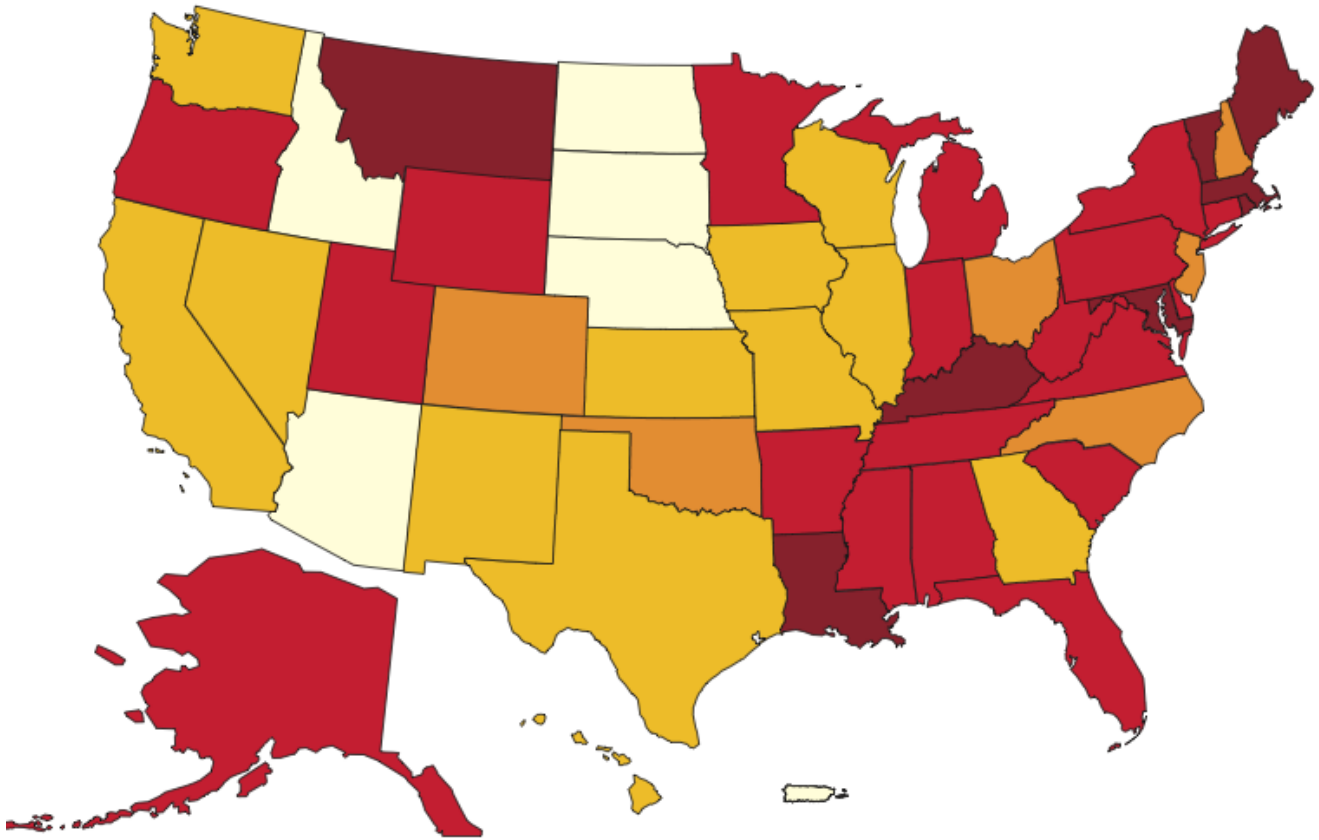

2003

(range 2 – 139)

< 8	15 - 18	45 or more
8 - 14	19 - 44	Incomplete data

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

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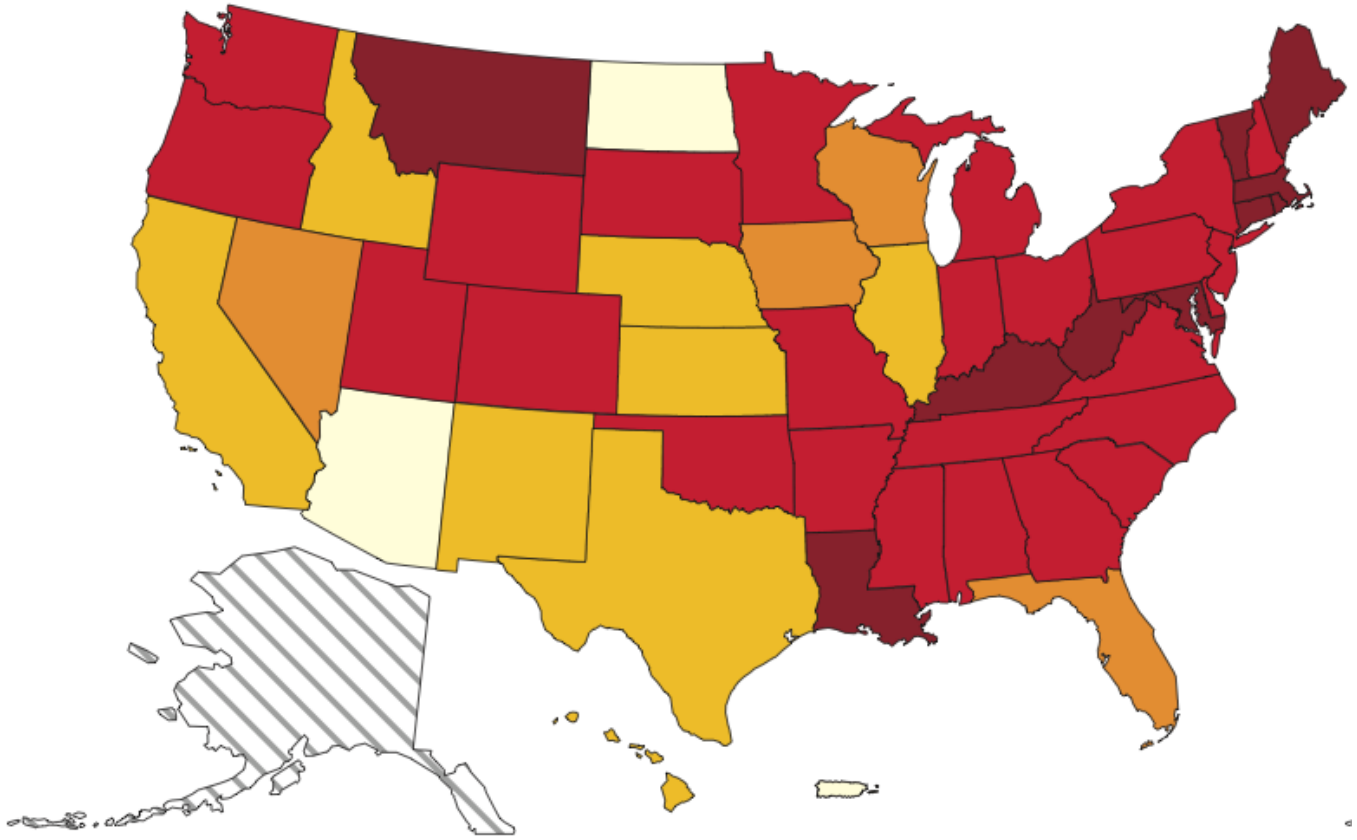

2005

(range 0 – 214)

< 8	15 - 18	45 or more
8 - 14	19 - 44	Incomplete data

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

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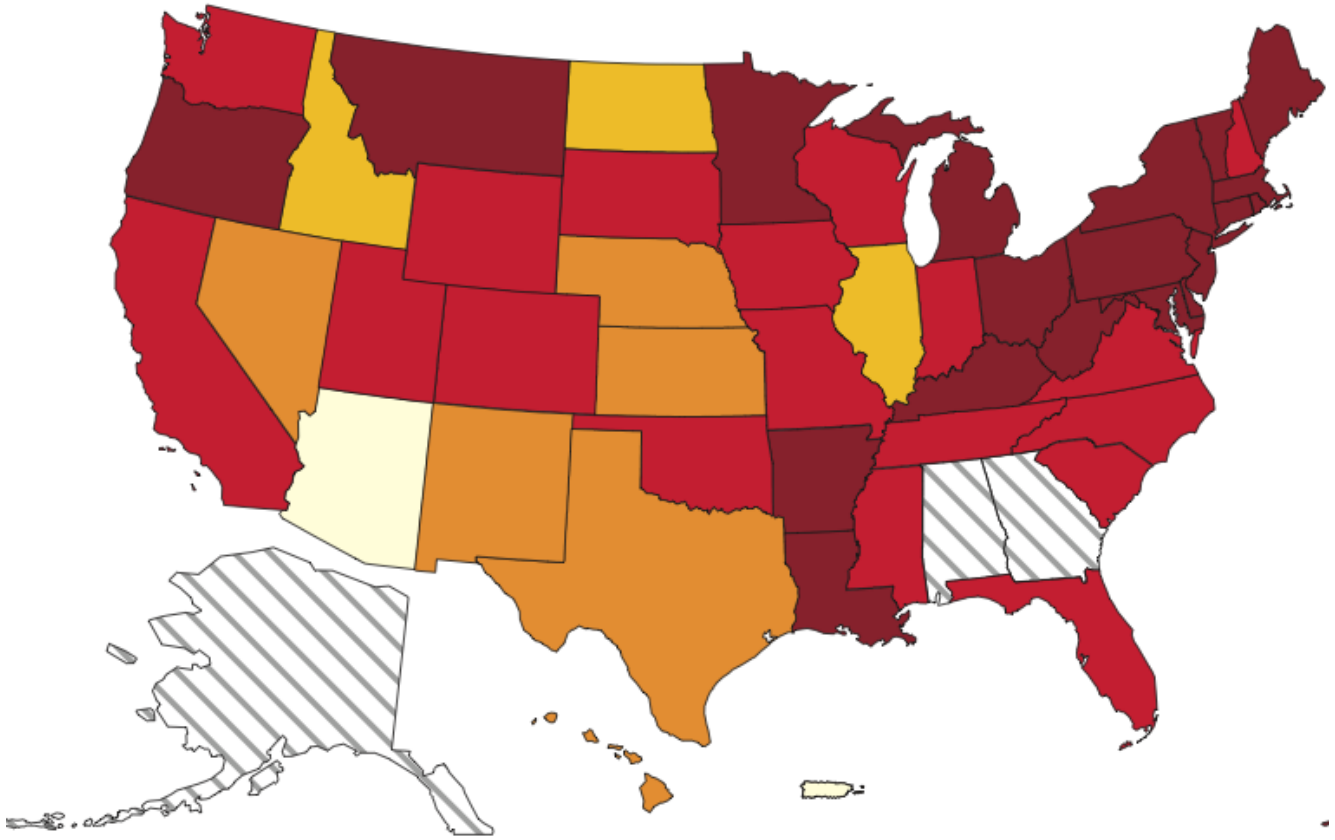

2007

(range 1 – 340)

< 8	15 - 18	45 or more
8 - 14	19 - 44	Incomplete data

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

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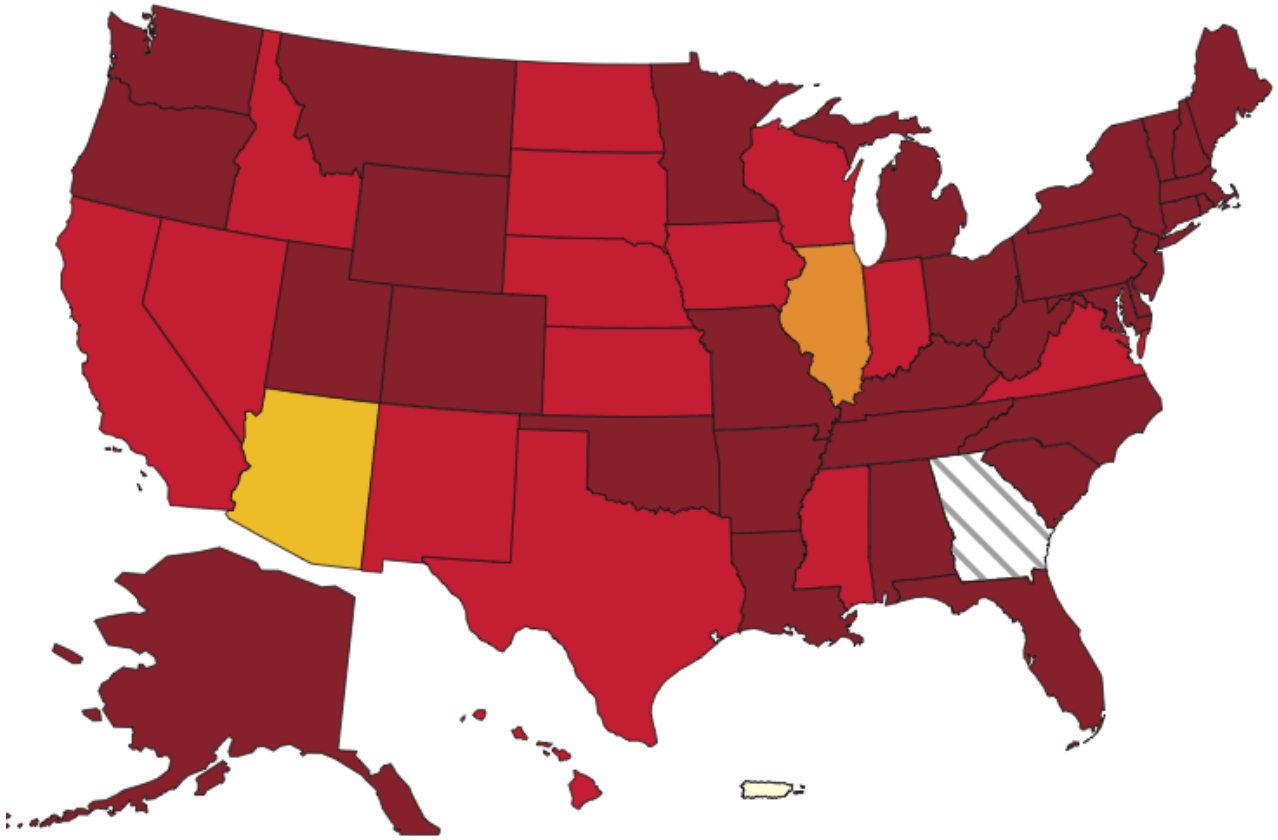


2009

(range 1 – 379)

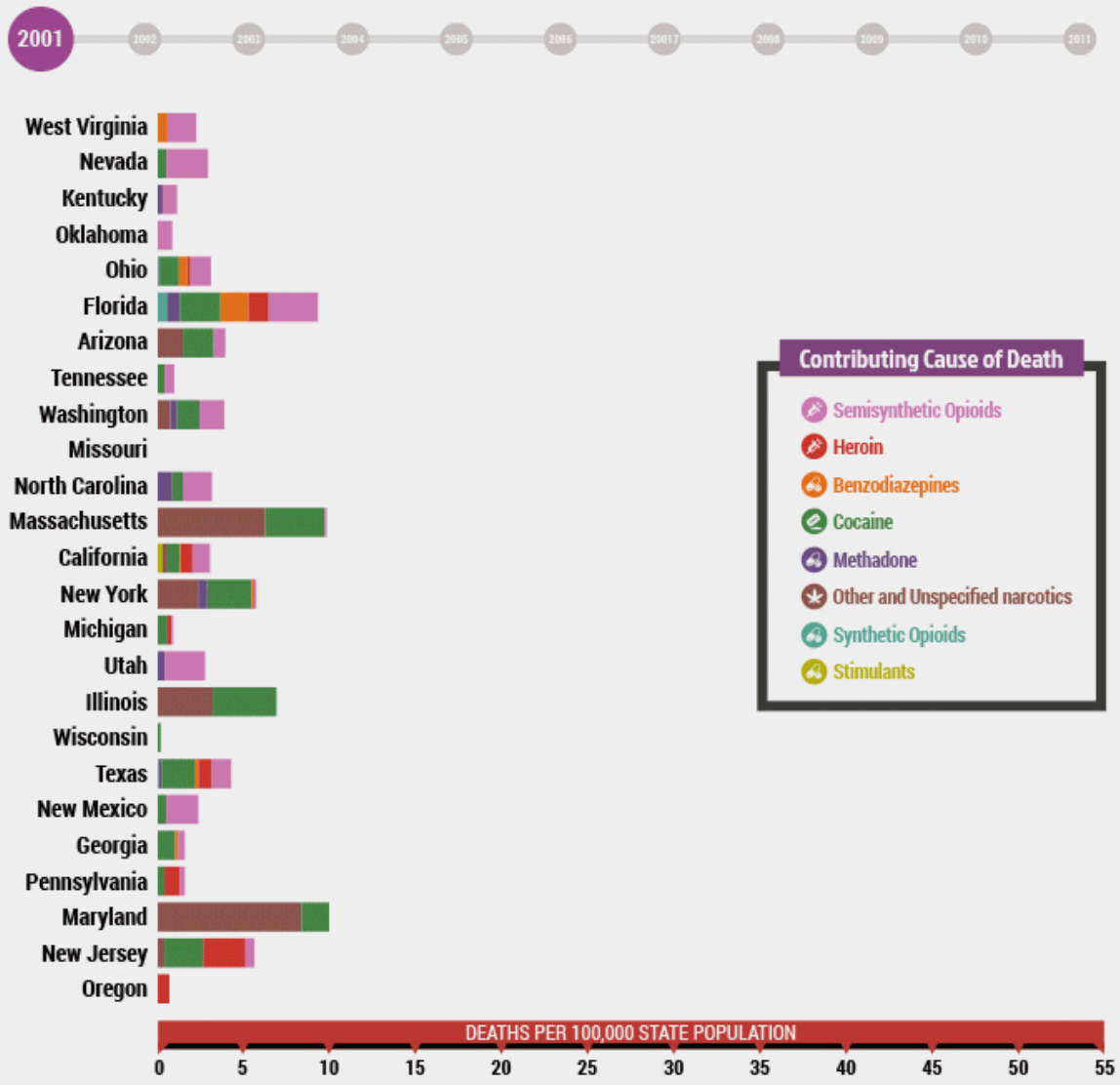
< 8	15 - 18	45 or more
8 - 14	19 - 44	Incomplete data

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

A. Kolodny

DRUG OVERDOSE DEATHS PER 100,000 STATE POPULATION

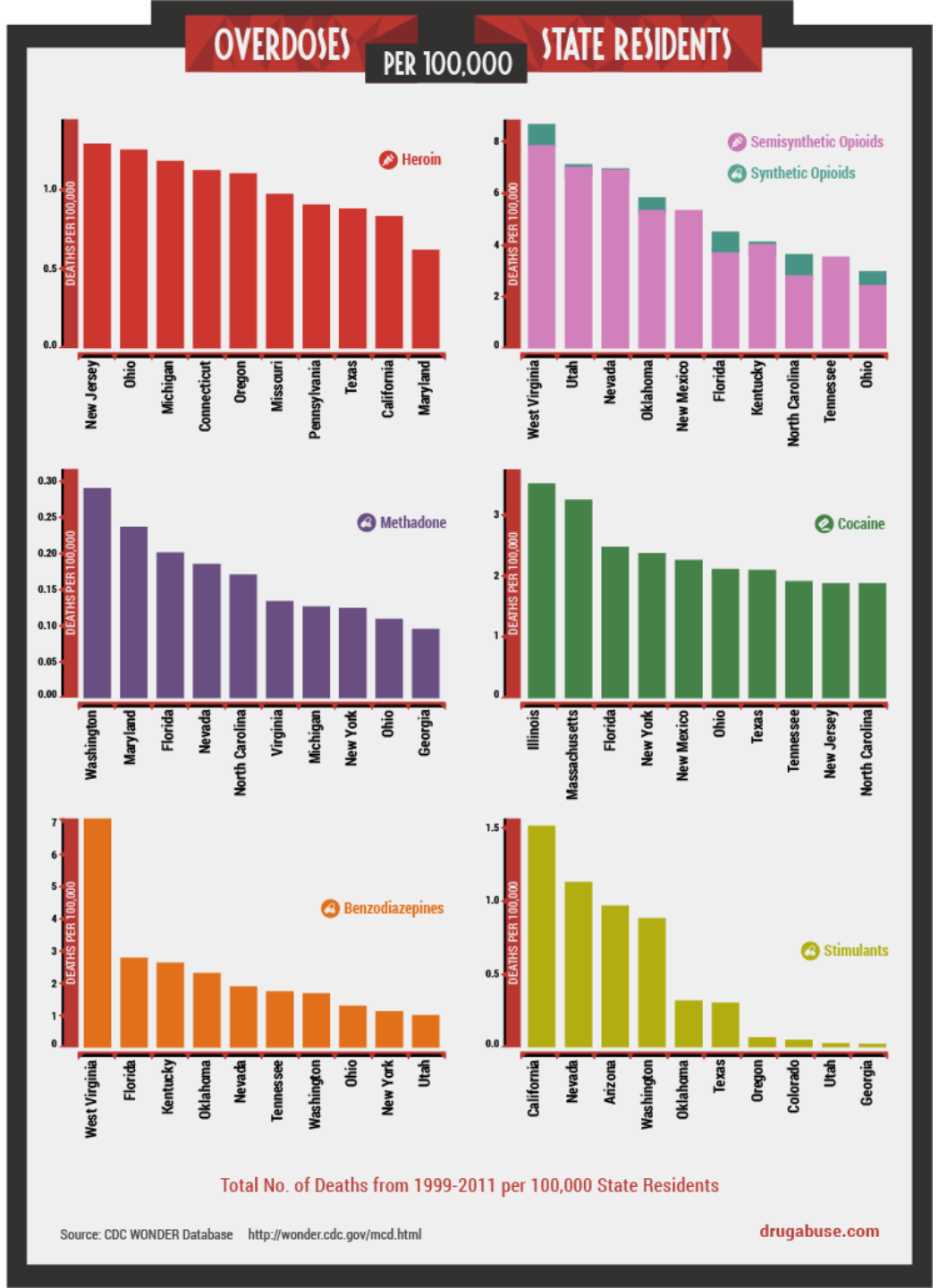
TOP 25 STATES



Source: CDC WONDER Database http://wonder.cdc.gov/mcd.html

drugabuse.com

OVERDOSES PER 100,000 STATE RESIDENTS



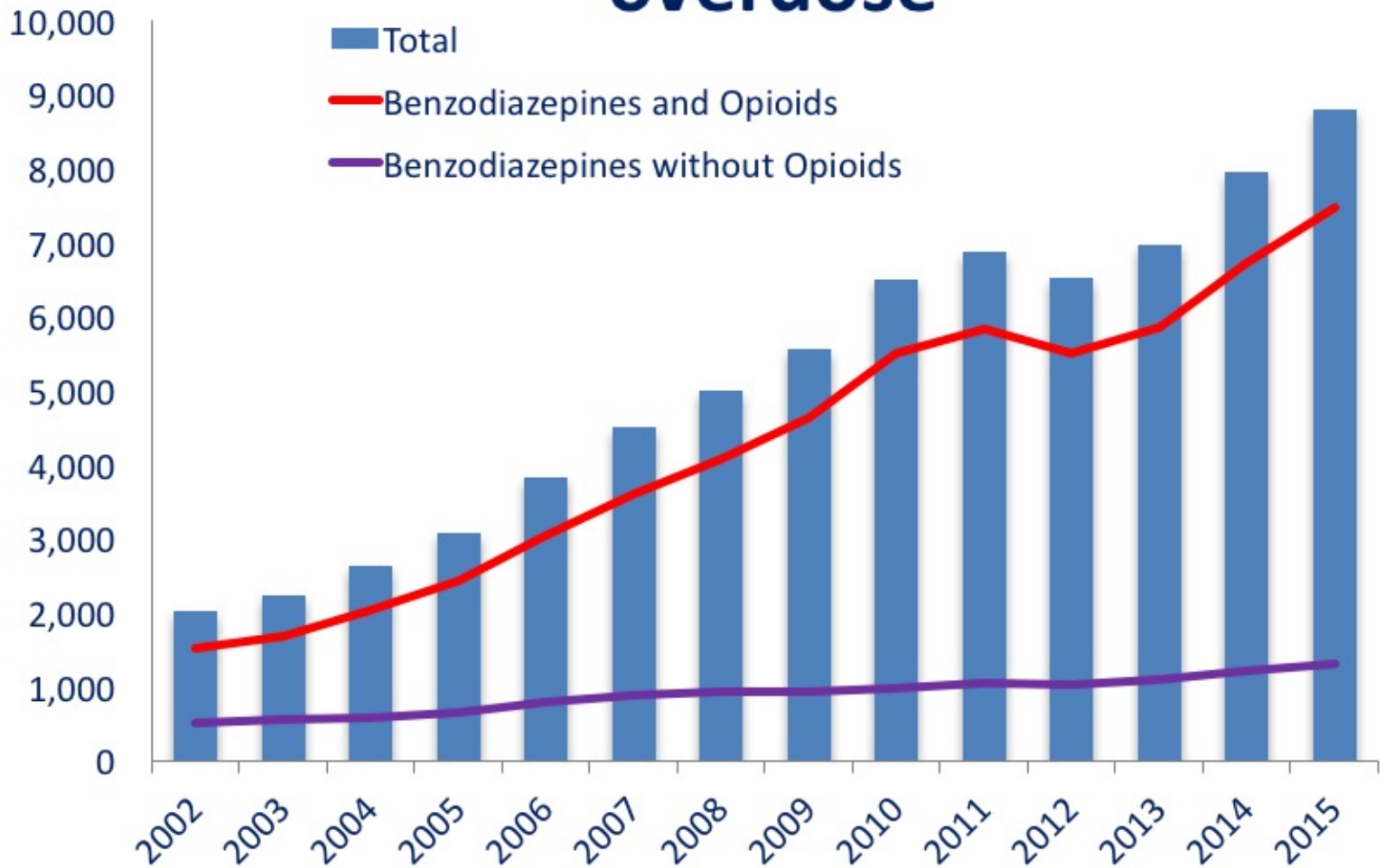
Total No. of Deaths from 1999-2011 per 100,000 State Residents

Source: CDC WONDER Database http://wonder.cdc.gov/mcd.html

drugabuse.com

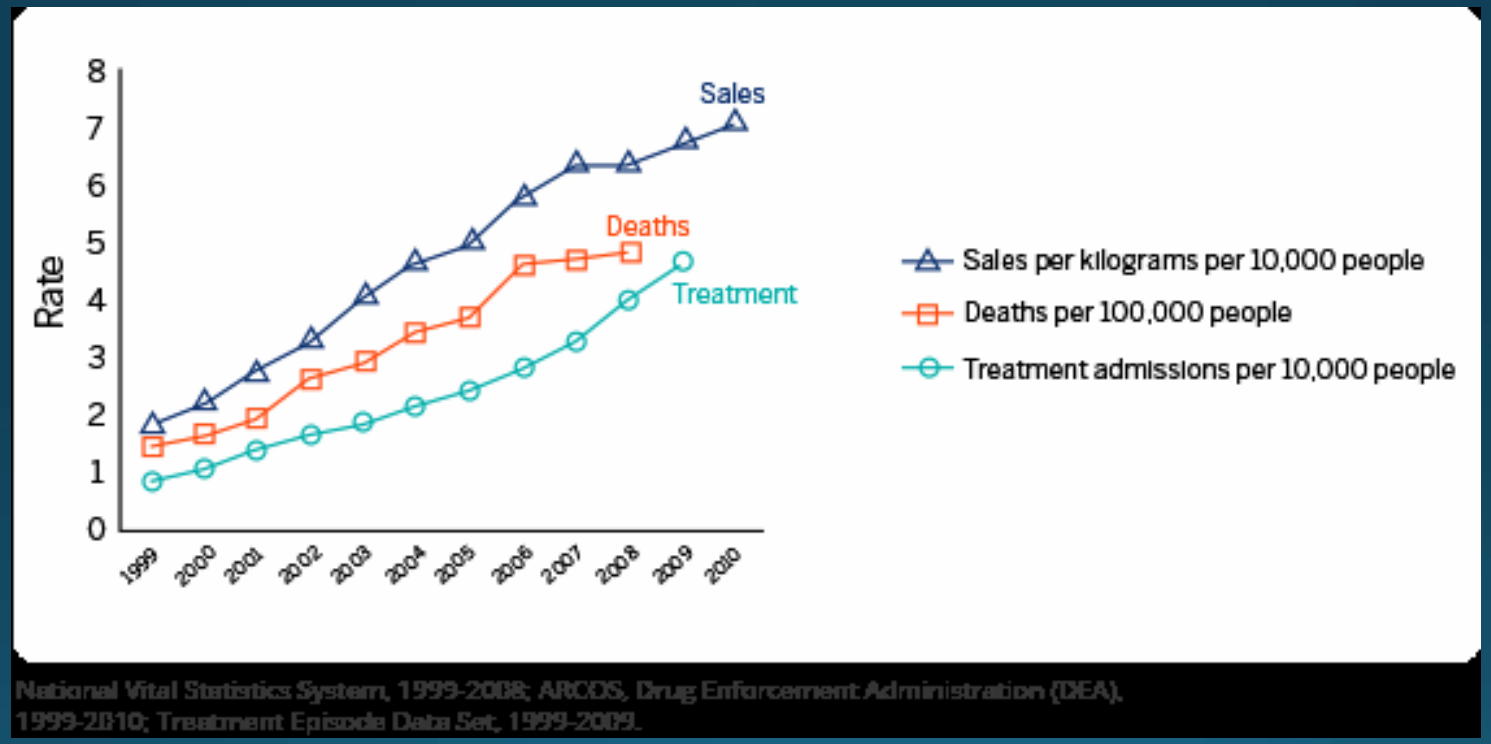
National Institute on Drug Abuse

Opioid involvement in benzodiazepine overdose



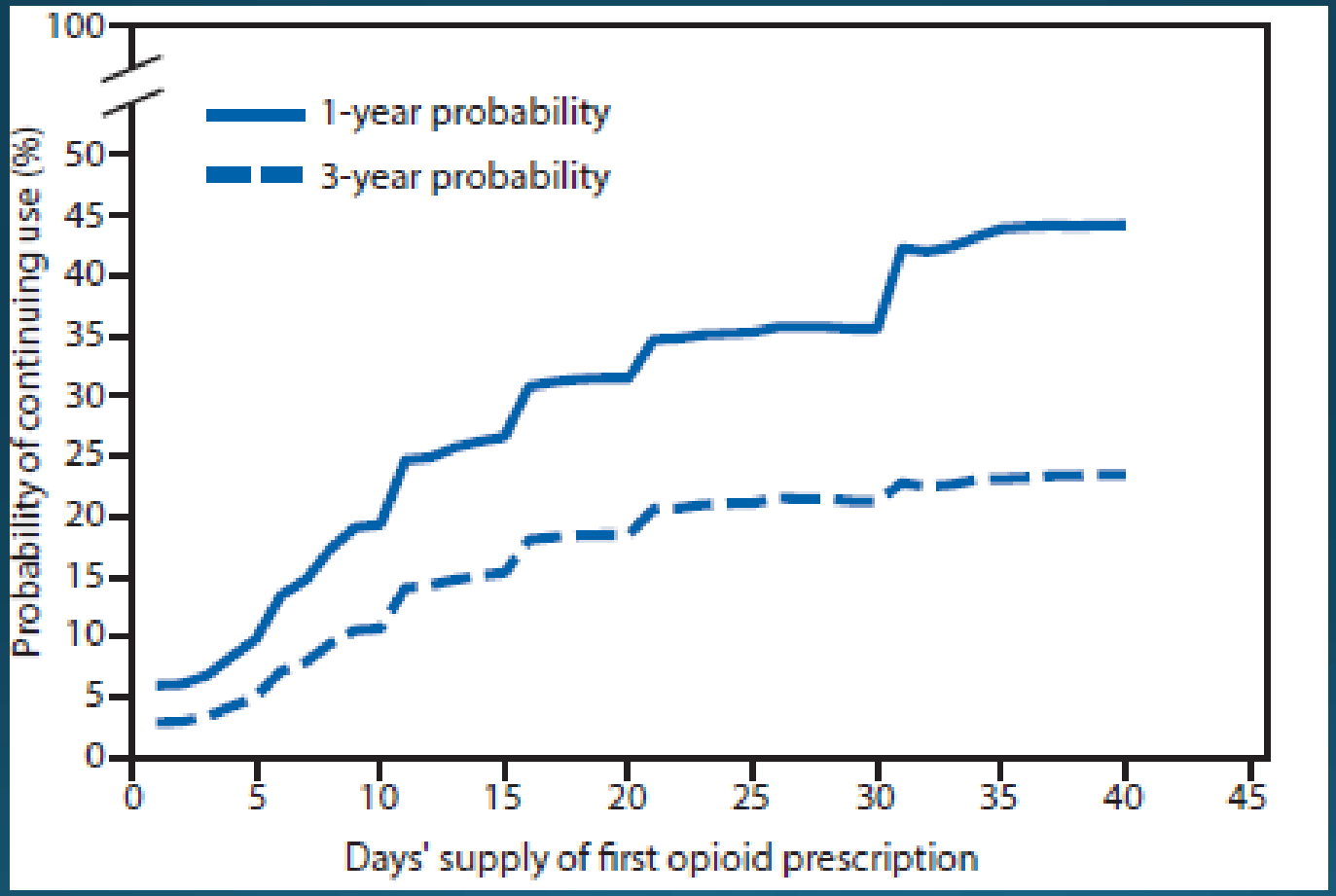
Source: National Center for Health Statistics, CDC Wonder

TRENDS



National Vital Statistics System, 1999-2008; ARCOS, Drug Enforcement Administration (DEA), 1999-2010; Treatment Episode Data Set, 1999-2009.

One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of days' supply* of the first opioid prescription — United States, 2006–2015



Shah, A, et al.Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use - United States, 2006-2015. MMWR Morb Mortal Wkly Rep 2017 Mar 17;66(10):265-269.

PREGNANCY

- Umbilical cord tested after delivery (n=759) August, 2009
- 19.2% pos for drugs/ETOH
  - 28% pos for Opioids
  - 5.4% of population
- Polysubstance Use with Opioids
  - THC 8%
  - Benzos 29%
  - Methadone 21%
  - ETOH 7%

Stitely ML, WVMJ vol:106

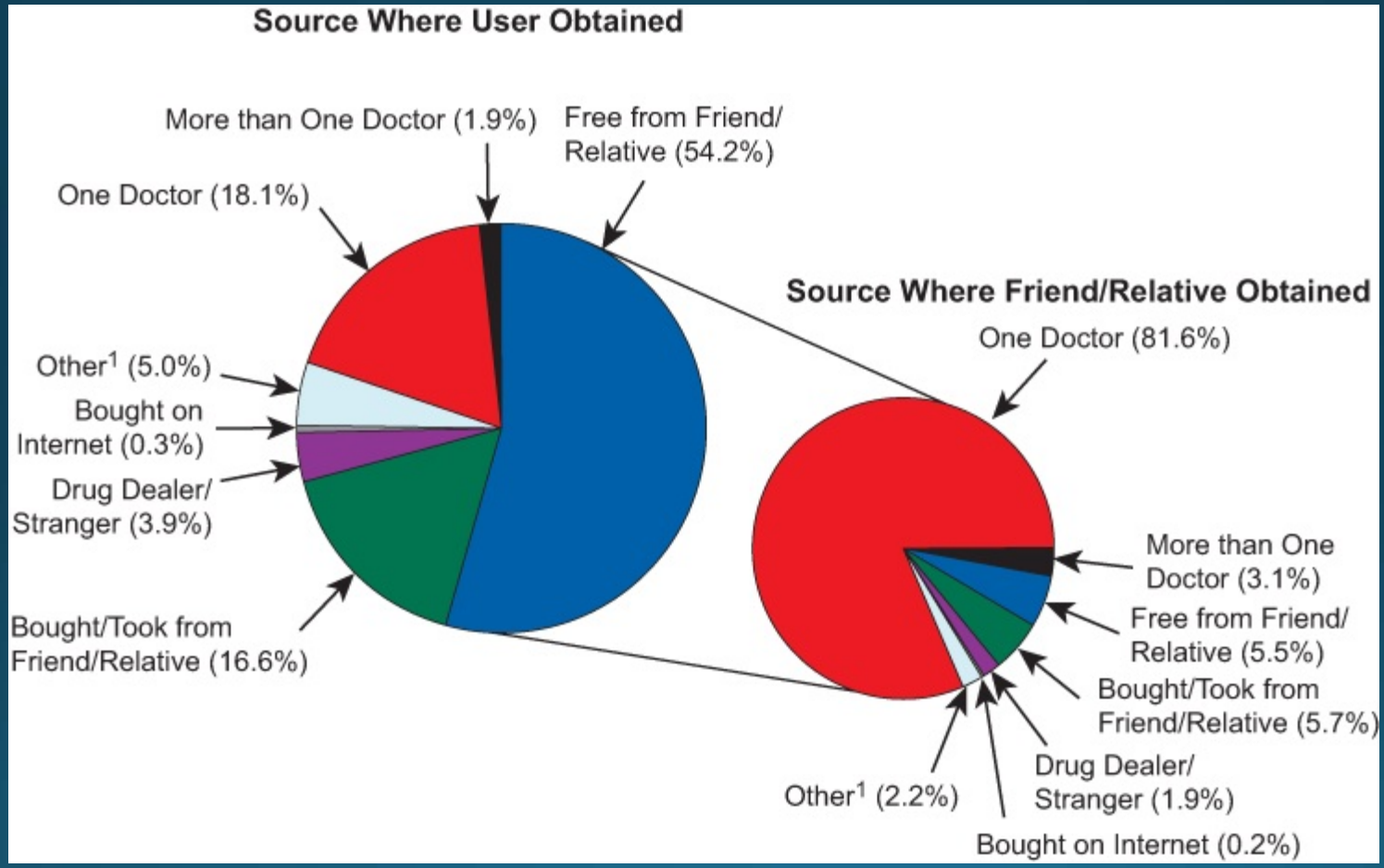
Street Values of Legal Drugs

Generic Name	Brand Name	Brand Cost/100	Street Value per 100
Tylenol w/ Codeine	Tylenol #3	$56.49	$800.00
Diazepam	Valium 10mg	$298.04	$1,000.00
Hydromorphone	Dilaudid 4 mg	$88.94	$10,000.00
Mehylphenidate	Ritalin	$88.24	$1,500.00
Oxycodone	Oxycontin 80 mg	$1,081.36	$8,000.00

Source: Kentucky All Schedule Prescription Electronic Reporting (KASPER). A Comprehensive Report on Kentucky's Prescription Monitoring Program Prepared by the Cabinet for Health and Family Services Office of the Inspector General, Verson 1~3/29/2006


DIVERSION

How do you get your drugs?



SAMHSA 2012 NATIONAL SURVEY

The Role of Cancer and Chronic Pain Patients in the Diversion of Prescription Opioids

Where are prescription opioids most readily available ?

- Chronic pain patients represent the easiest access for opioids second only to drug dealers.
- Chronic pain and cancer patients are perceived to be more readily available sources of prescription opioids than ED or physicians.
- Survey participants identified chronic pain patients as the #1 source of prescription opioids for drug dealers.

UDS in Chronic Pain Patients on OPRs

- n= 938,420
- 75% of patients likely misused
- 38% - prescribed med was absent
- 29% - non-prescribed med present
- 11% - illicit drugs present

Couto JE, Goldfarb NI, et al. High Rates of Inappropriate Drug Use in the Chronic Pain Population. *Popul Health Manag*. 2009;12(4):185-190.

WHAT TO DO?

- Be Aware
- Educate
- Monitor
- Act

Aberrant Drug-Taking Behaviors

- Lost prescriptions more than once
- Early refills
- Poor compliance with treatment plan
- Many drug "allergies"
- Requests frequent drug escalations
- Multiple prescribers and pharmacies
- Aggressive complaining

Adapted from Passik

EDUCATE

- Good personal and family history
- Collateral information
- Random urine drug screens
- People will steal your pills
- Lock box

DRUG TESTING

- Know your drug screens
- Good relationship with lab
- Illicits and medication prescribed
- Limitations of POC testing and need to get confirmation (i.e. don't make drastic changes until certain)
- Discuss with patient in altruistic terms
- Document!

WHIZZINATOR

WV BOP Website

https://www.csapp.wv.gov

Deciding to Stop: Diffusing methods

- *I'm worried because …*
  - *your level of pain doesn't match your condition*
  - *you should be getting better*
  - *you should be needing less medicine*
  - *you should be responding to other treatments*
- *I'm not comfortable prescribing this much medicine*
- *I think you now have another condition*
- *It's our policy…*

Deciding to Stop: Wean vs DC

- Emergency STOP if
  - Alter script or Selling Rx drugs *(felony)*
  - Accidental/intentional OD *(death)*
  - Threatening staff *(extortion)*
  - Too many scams *(out of control)*

- Stop treatment if ineffective or if other conditions contraindicates continued use

SUMMARY

- Prescription pill misuse is a BIG problem in WV
- Be diligent
- https://www.csapp.wv.gov/
  - Law (6/8/12) requires @ initiation and q year
  - "Useful Links" in Merlin
    - Controlled Substances Rx Database
- Urine Drug Screens

Questions?