

WVU Medicine Resident Orientation
June 19, 2018

PRESRCIBER BEWARE:

Medication Misuse in West Virginia

OBJECTIVES

- Describe the “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

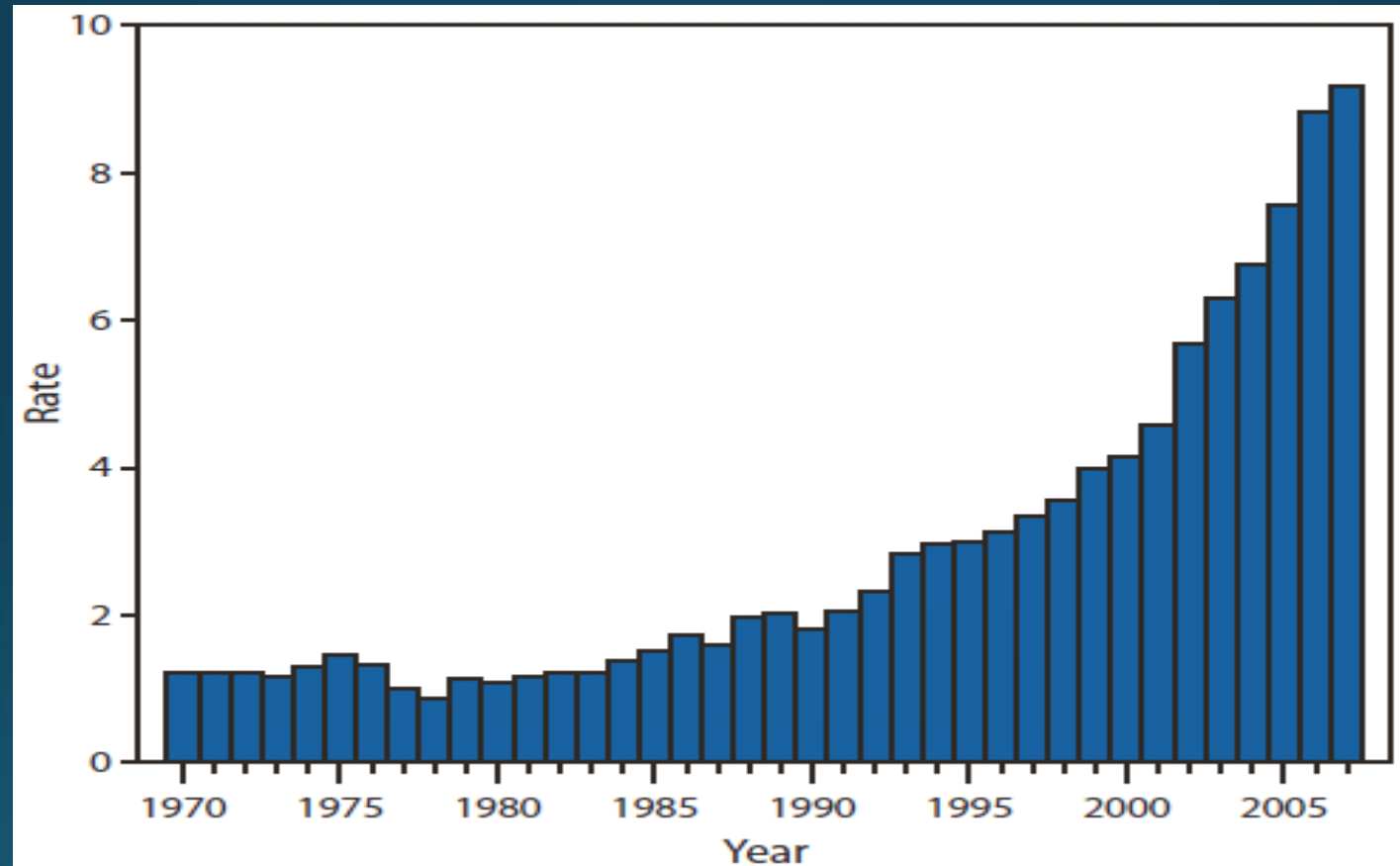
- Deaths from drug overdose have risen steadily over the past two decades and have become the leading cause of injury death in the United States
 - ~64,000 OD deaths in 2016
 - 21% increase from 2015
 - 175 deaths/day
- 2002 to 2015: 2.8 fold increase in the deaths involving opioids
- West Virginia led the country in deaths due to drug overdose with **~52/100k deaths** in 2016
 - 86% involved at least one opioid
 - 1 West Virginia dying every 10 hours

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/mm6403a10.htm>

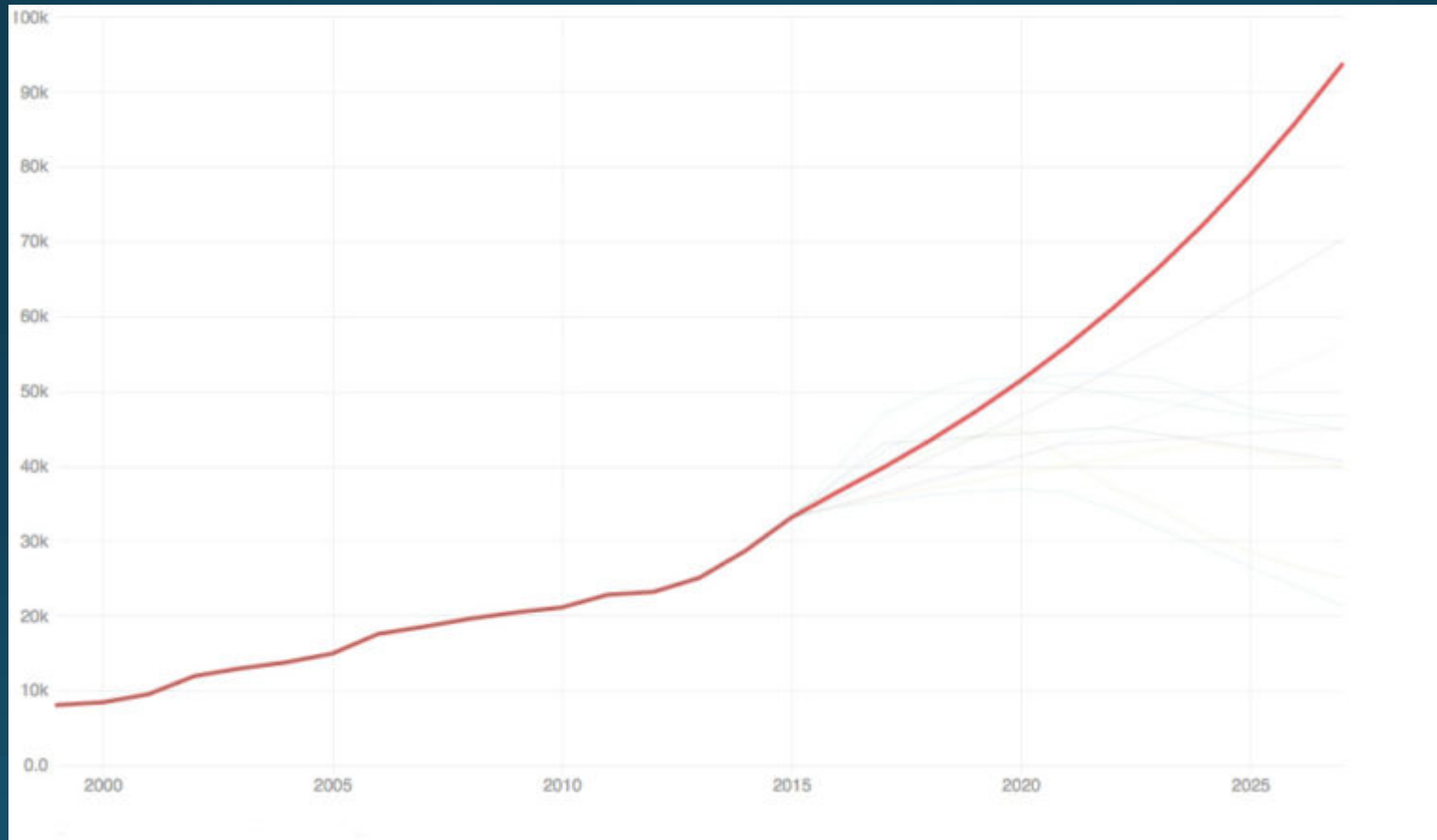
3. <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

OVERDOSE EPIDEMIC



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

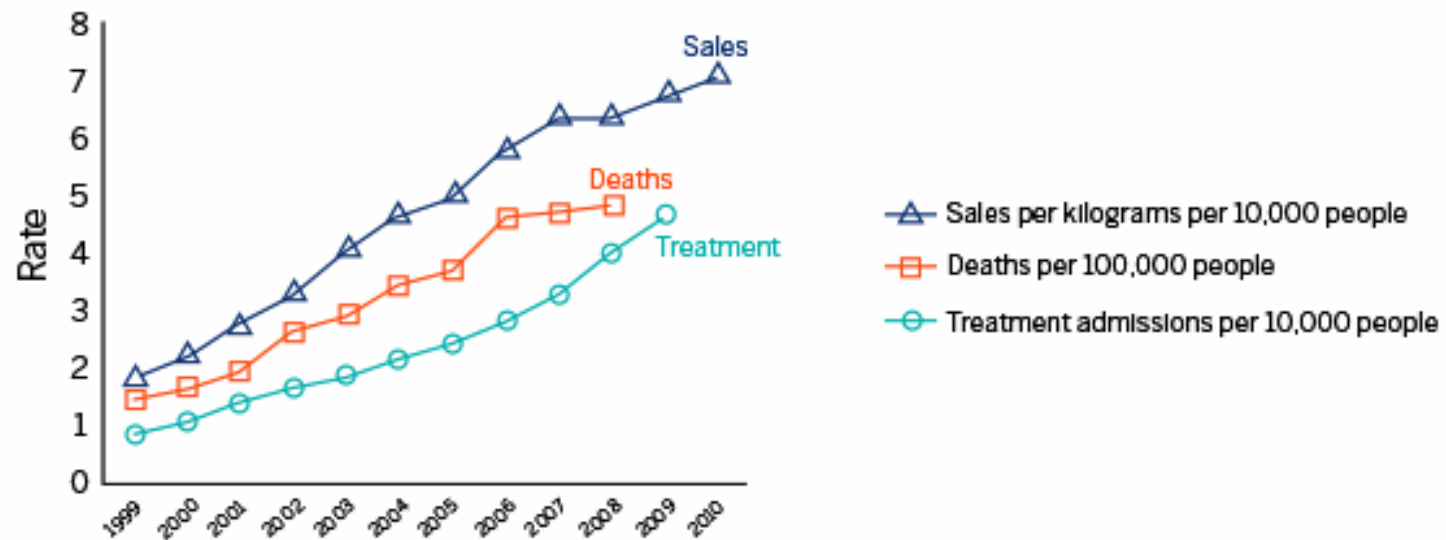
Opioid deaths: Worst case scenario



[STAT forecast: Opioids could kill nearly 500,000 Americans in the next decade](https://www.statnews.com/2017/06/27/opioid-deaths-forecast/)

<https://www.statnews.com/2017/06/27/opioid-deaths-forecast/>

TRENDS



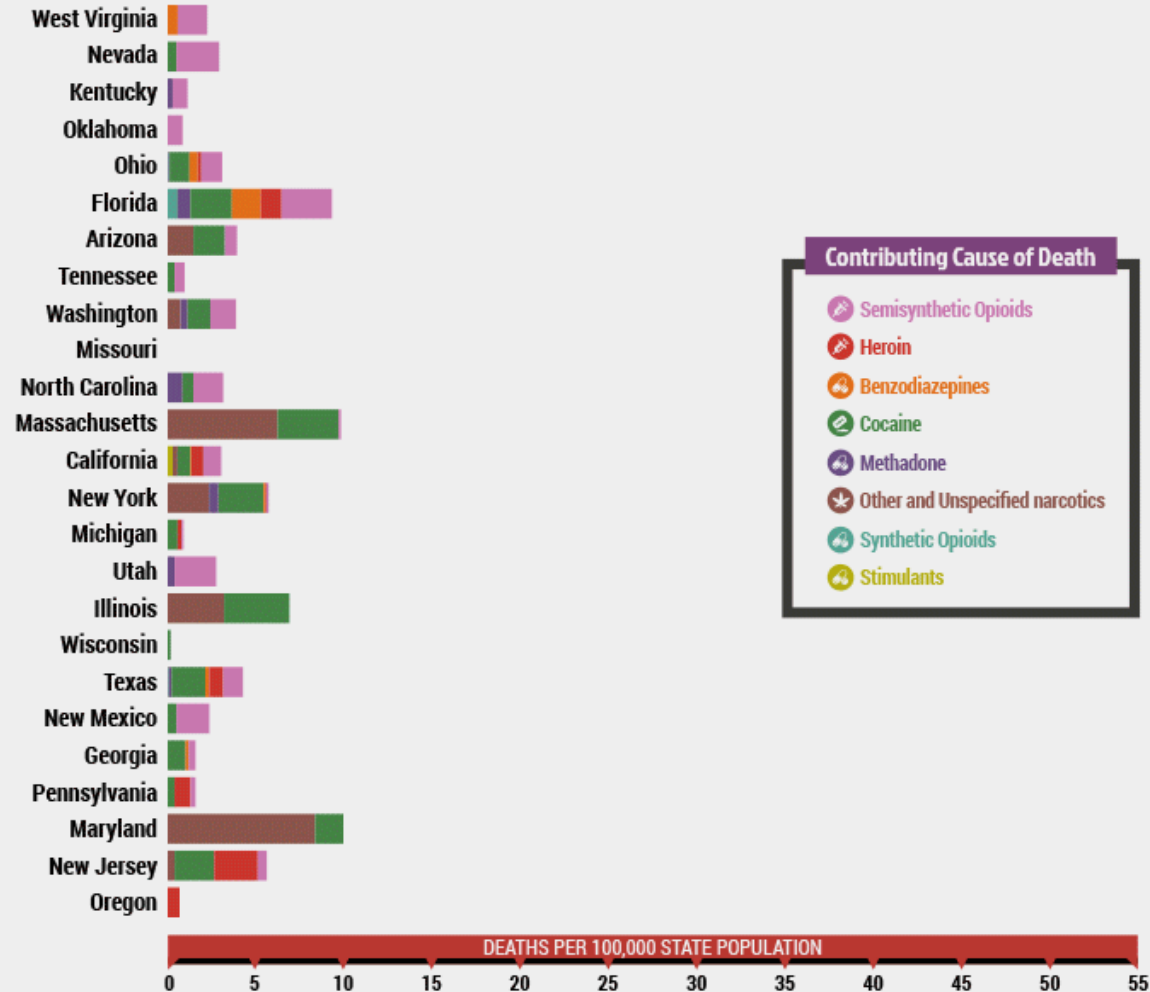
National Vital Statistics System, 1999-2008; ARCOs, Drug Enforcement Administration (DEA), 1999-2010; Treatment Episode Data Set, 1999-2009.

DRUG OVERDOSE DEATHS

PER 100,000

STATE POPULATION

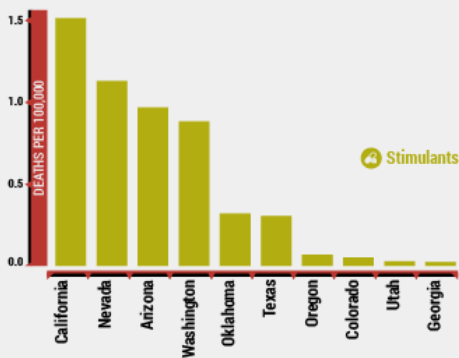
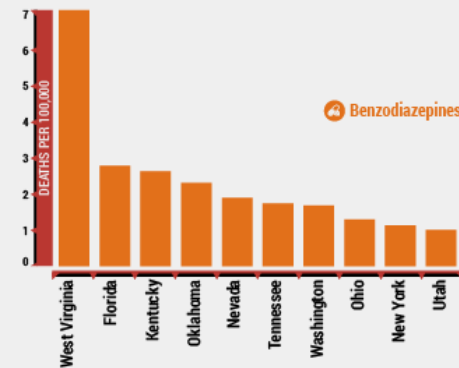
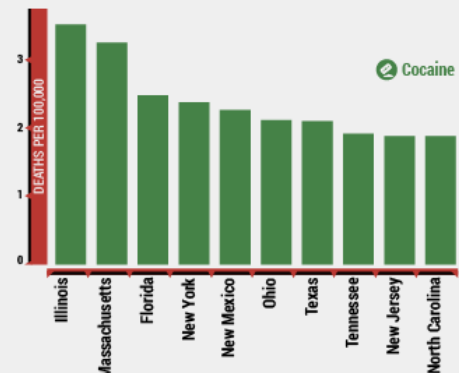
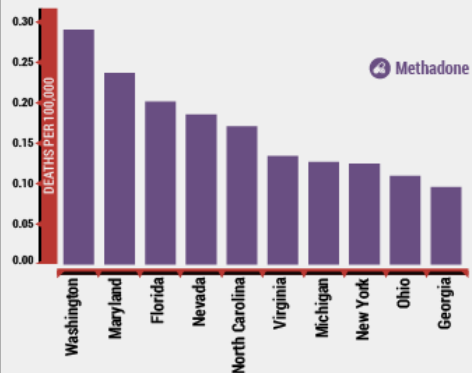
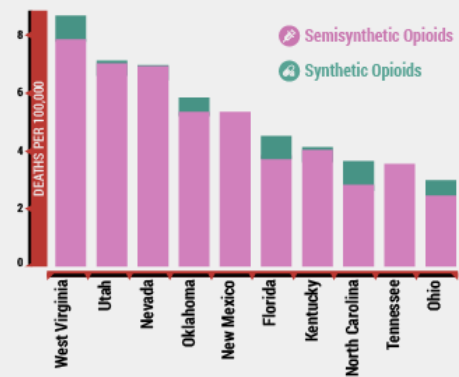
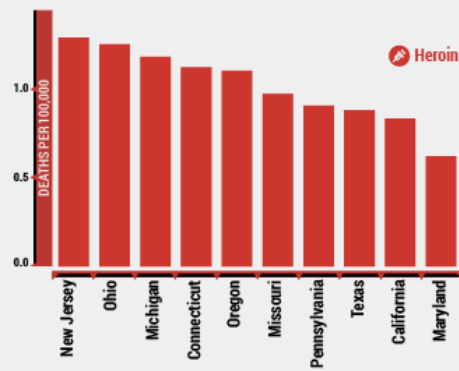
TOP 25 STATES



OVERDOSES

PER 100,000

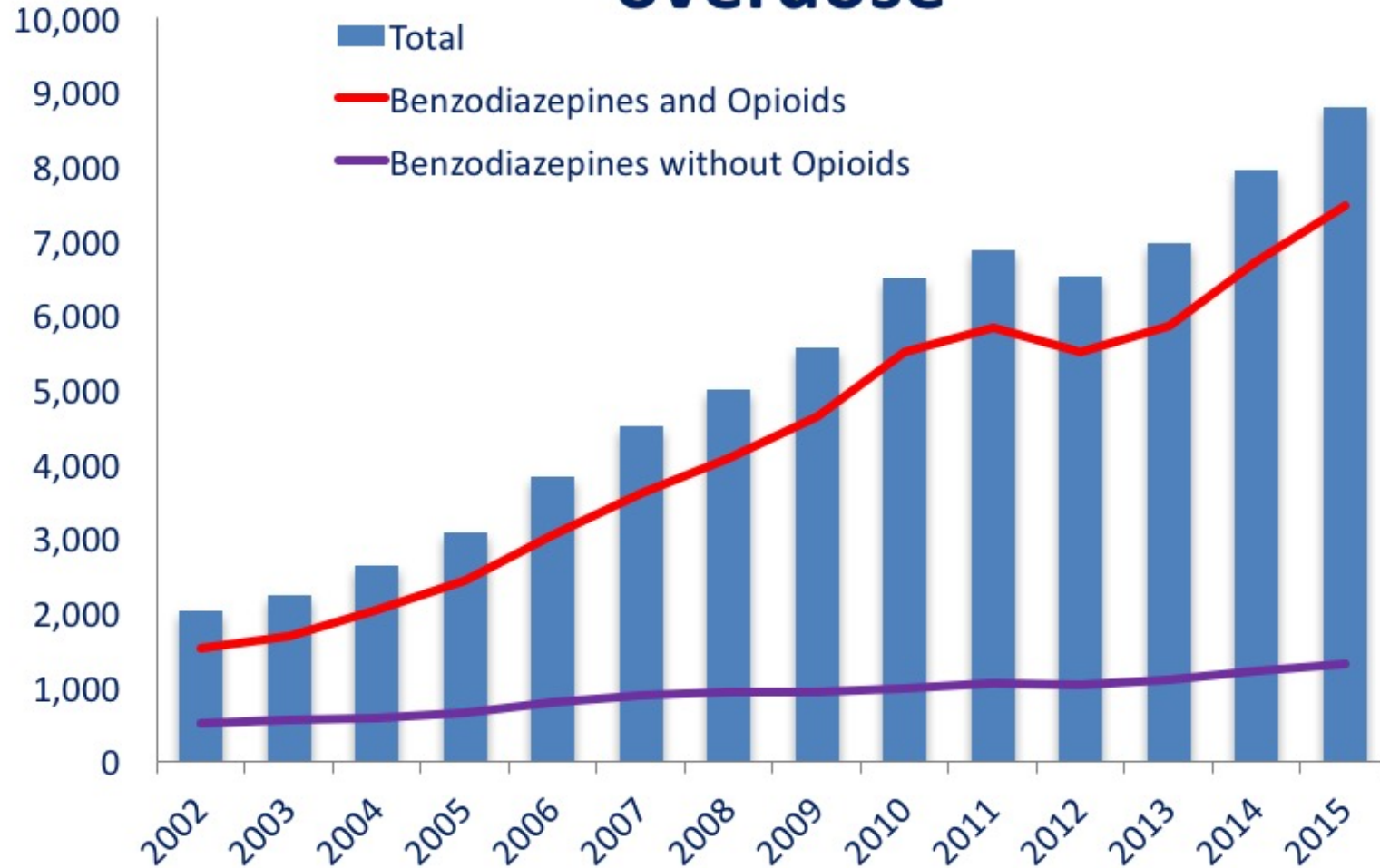
STATE RESIDENTS



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

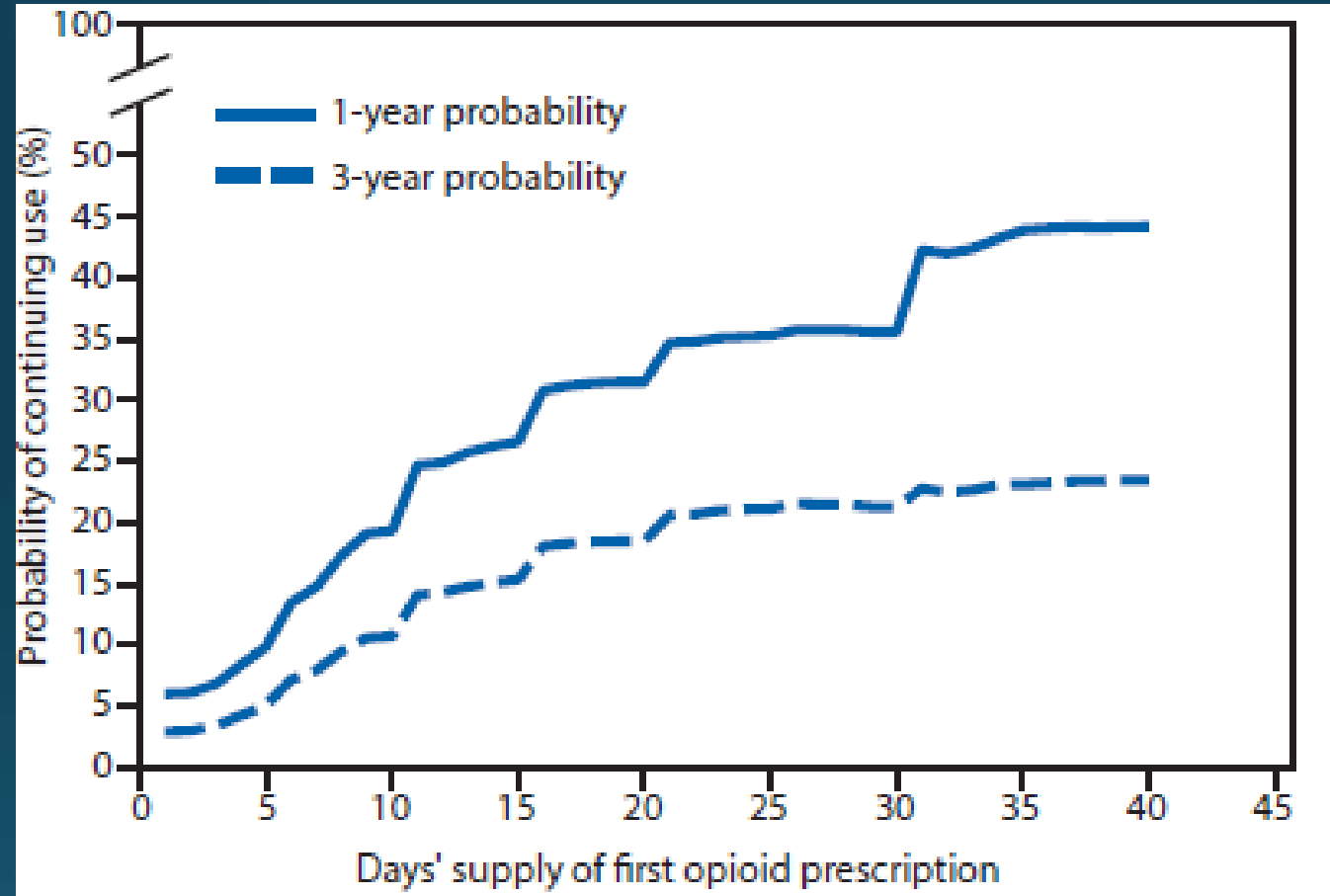


Opioid involvement in benzodiazepine overdose



Source: National Center for Health Statistics, CDC Wonder

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%



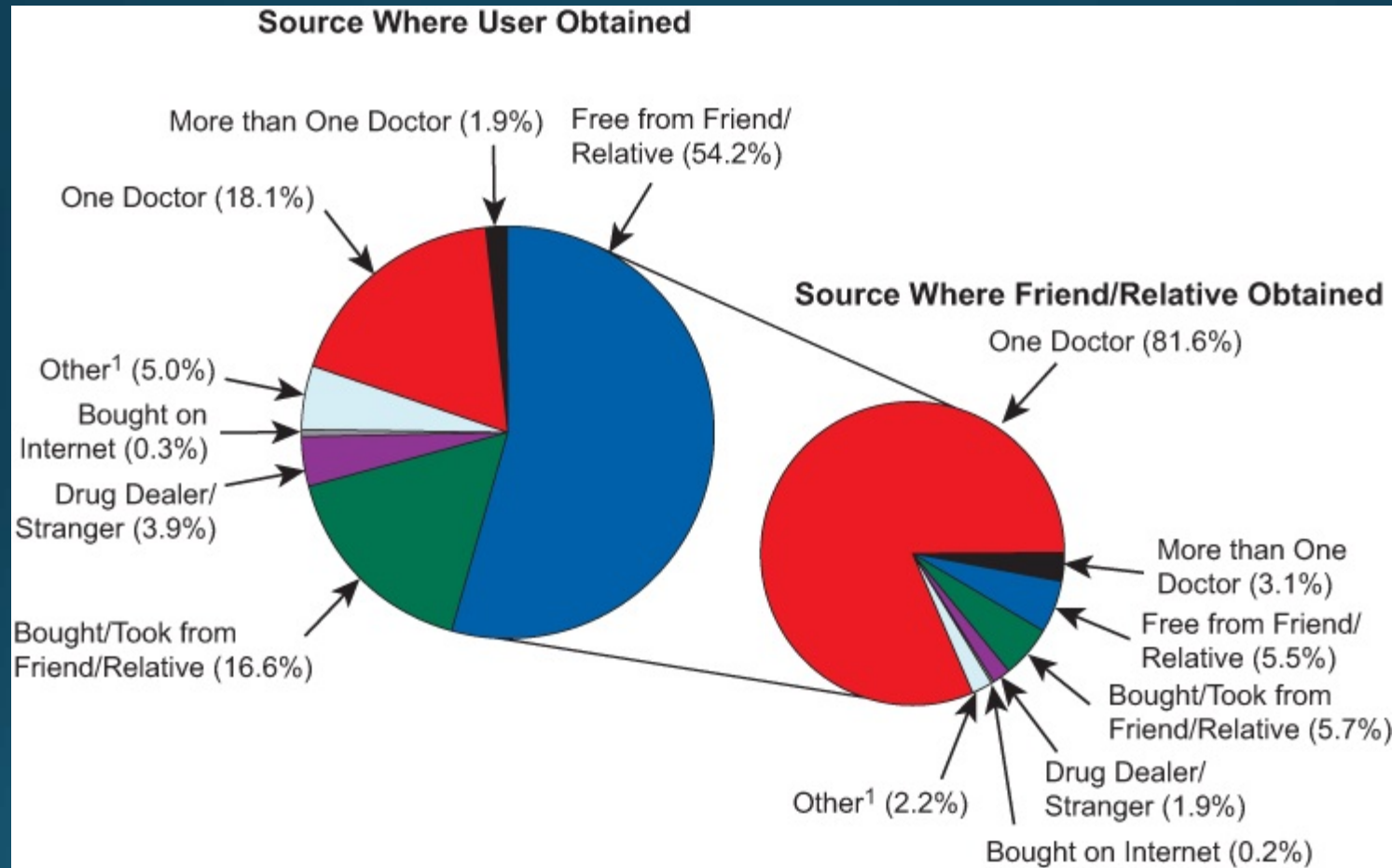
Street Values of Legal Drugs

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
Methylphenidate	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, Version 1~3/29/2006



How do you get your drugs?



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



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



Controlled Substance Monitoring Program



WWW.CSAPPWV.COM

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



WV Opioid Reduction Act - 2018

- ED and Urgent Care: **4 day supply**
- Peds, Dentist, Optometry: **3 day supply**
- All others: **7 day supply**
- Document history of:
 - non-opioid tx
 - non-pharmacologic tx
 - substance use history
- Physical exam pertinent to problem
- Treatment plan
- Document review of CSMP
- Must complete a narcotics agreement with the patient whenever a Schedule II opioid is prescribed
- For 1st refill (in 6 days):
 - Document discussion of opioid addiction risk
 - Document risk of sedatives and ETOH
- For 2nd refill
 - Referral to pain specialist and/or alternative treatments must always be considered.
 - Patient acceptance or refusal of such must be documented prior to refill
 - Must assess for addiction and/or dependence
- For ongoing prescribing:
 - Must assess need for medication at least q 90 d
 - Must attempt to decrease dose, stop, or use other modalities q 90 d



WV Opioid Reduction Act - 2018

EXCEPTIONS:

- Active cancer treatment
- Hospice
- Long-term care facility
- Active addiction treatment
- Receiving chronic opioids prior to Jan 1, 2018

Questions?