

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

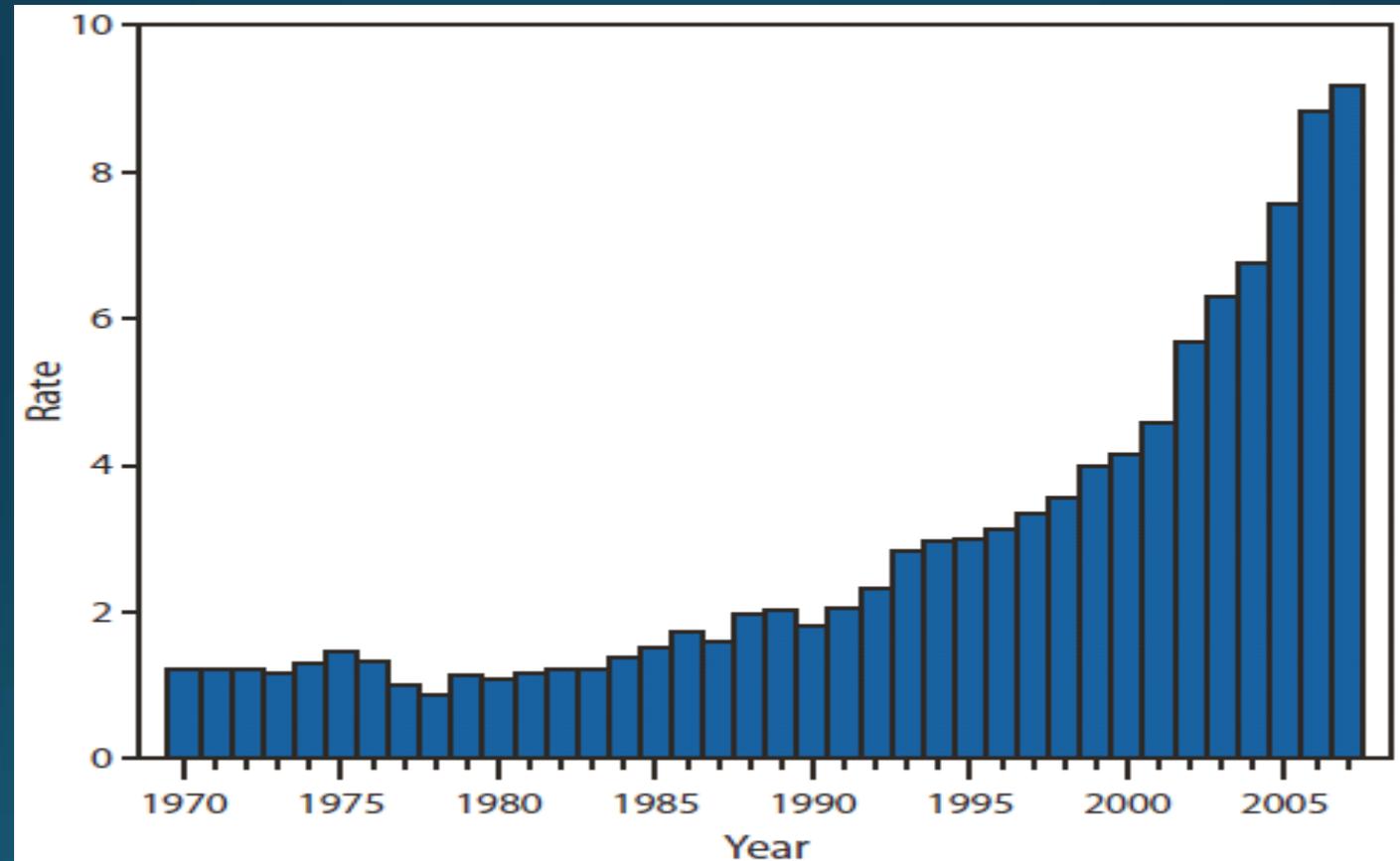
- Deaths from drug overdose have risen steadily over the past two decades and have become the leading cause of injury death in the United States
  - ~64,000 OD deaths in 2016
    - 21% increase from 2015
  - 175 deaths/day
- 2002 to 2015: 2.8 fold increase in the deaths involving opioids
- West Virginia 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>

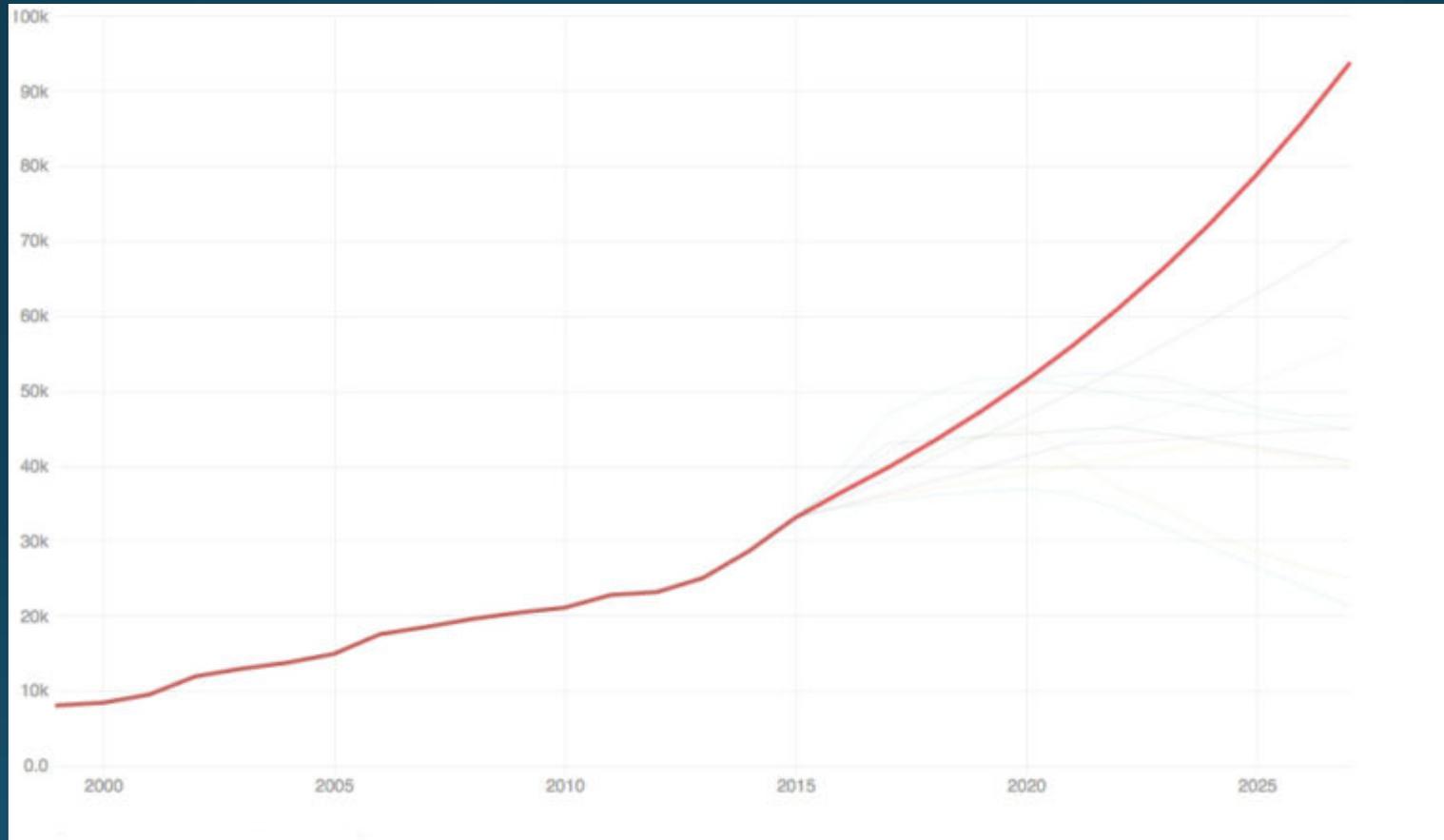
3. <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

# 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

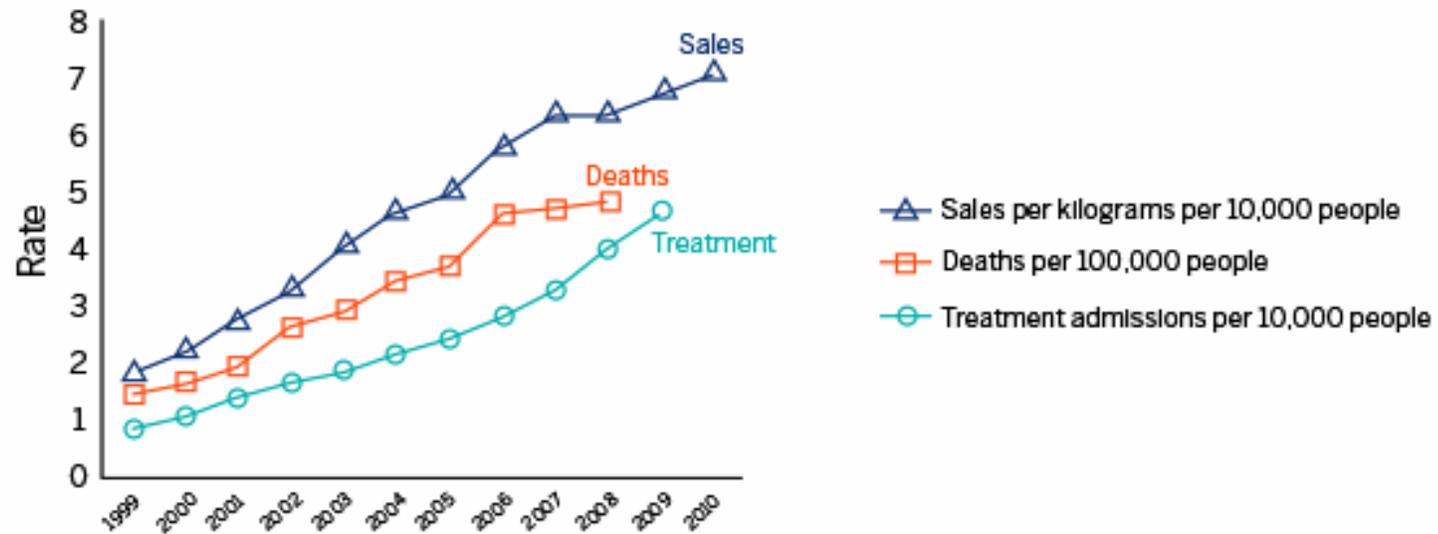
# Opioid deaths: Worst case scenario



[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



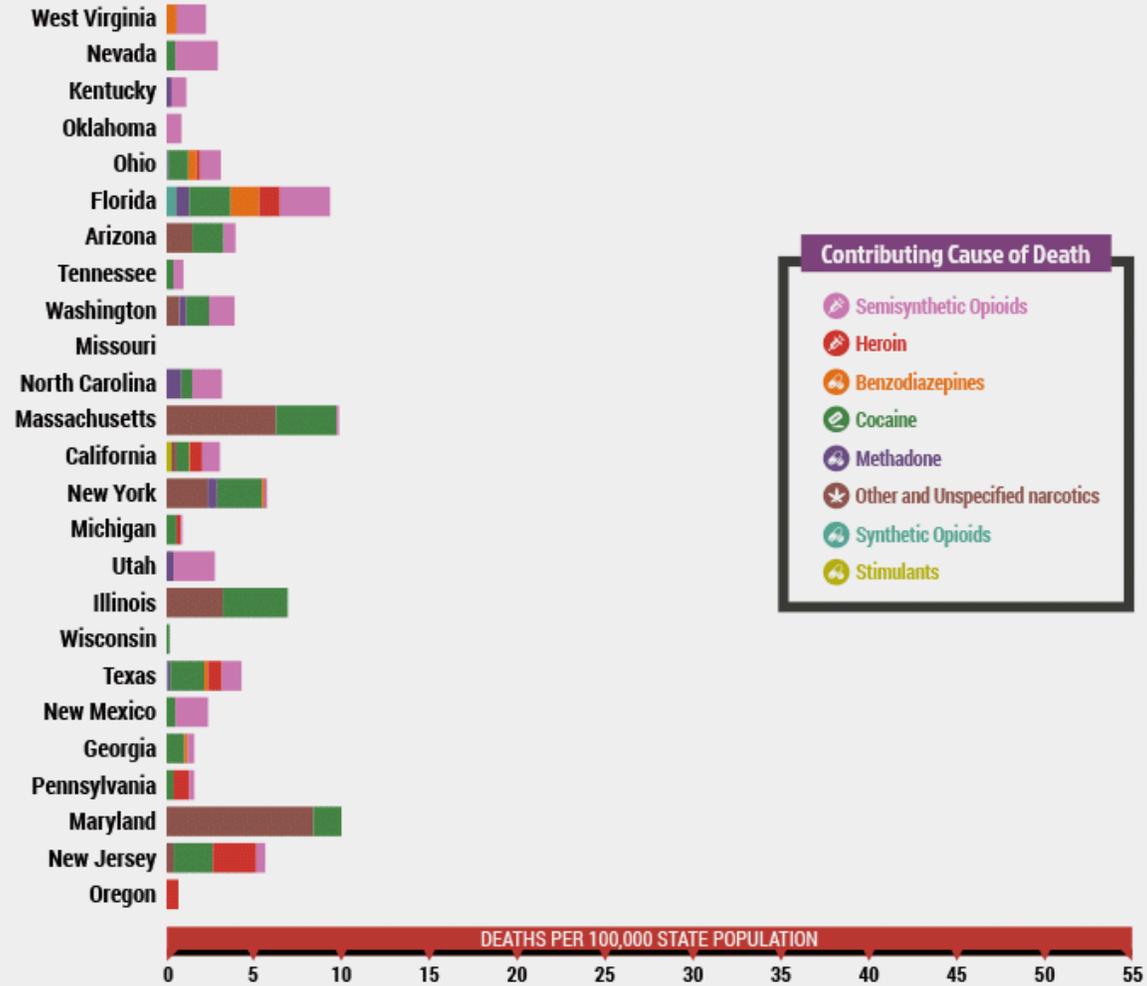
National Vital Statistics System, 1999-2008; ARCOS, Drug Enforcement Administration (DEA), 1999-2010; Treatment Episode Data Set, 1999-2009.

# DRUG OVERDOSE DEATHS

PER 100,000

# STATE POPULATION

TOP 25 STATES

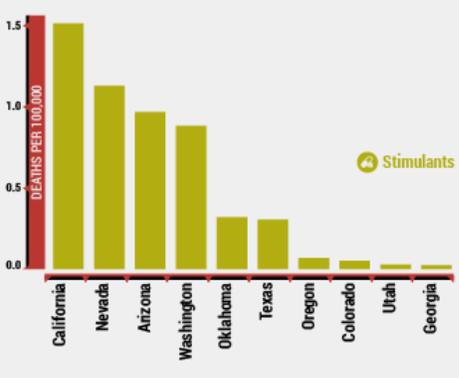
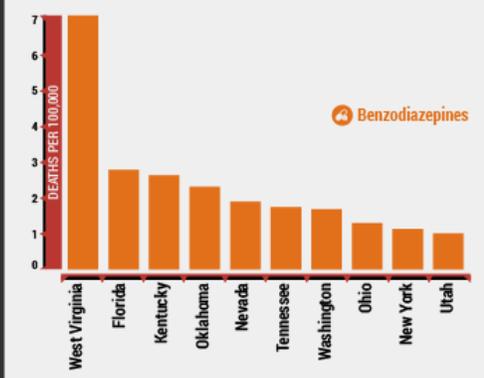
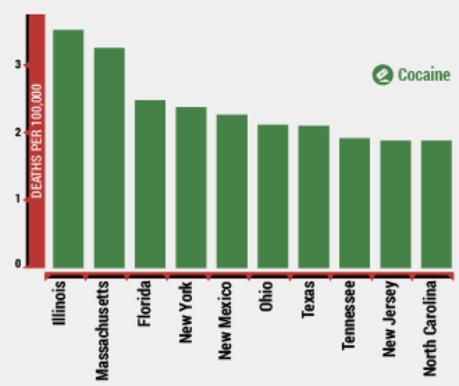
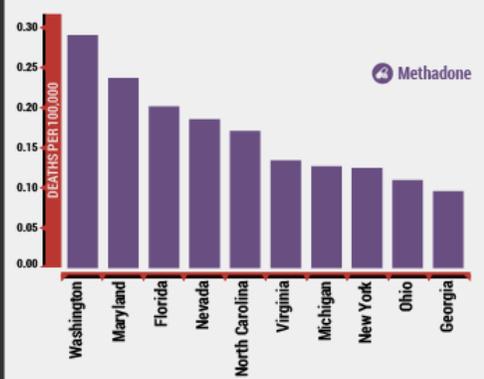
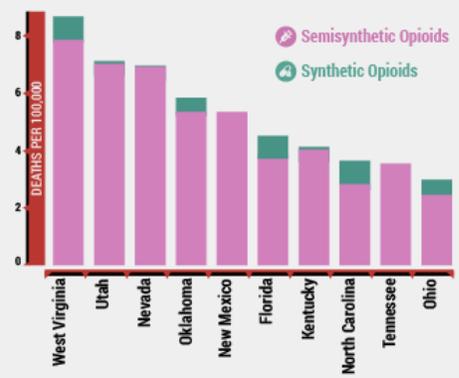
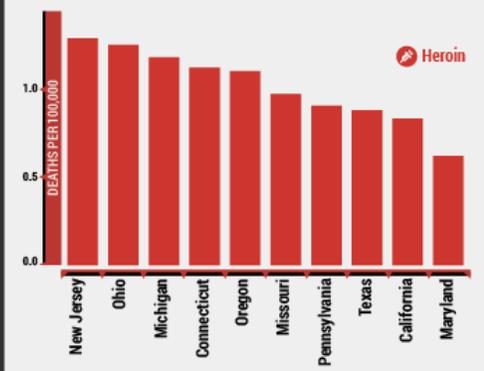


**Contributing Cause of Death**

- Semisynthetic Opioids
- Heroin
- Benzodiazepines
- Cocaine
- Methodone
- Other and Unspecified narcotics
- Synthetic Opioids
- Stimulants

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

# OVERDOSES PER 100,000 STATE RESIDENTS

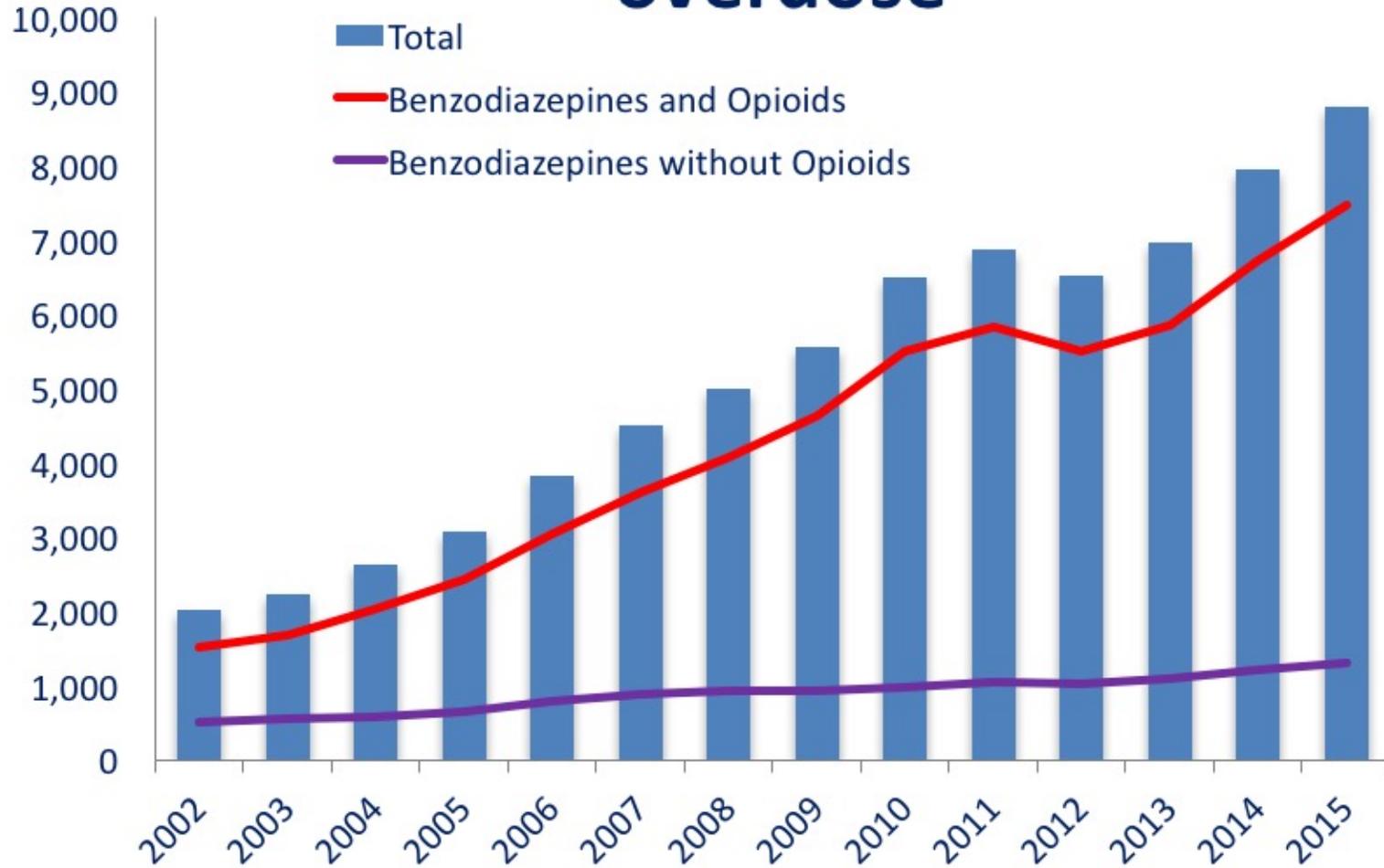


Total No. of Deaths from 1999-2011 per 100,000 State Residents

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

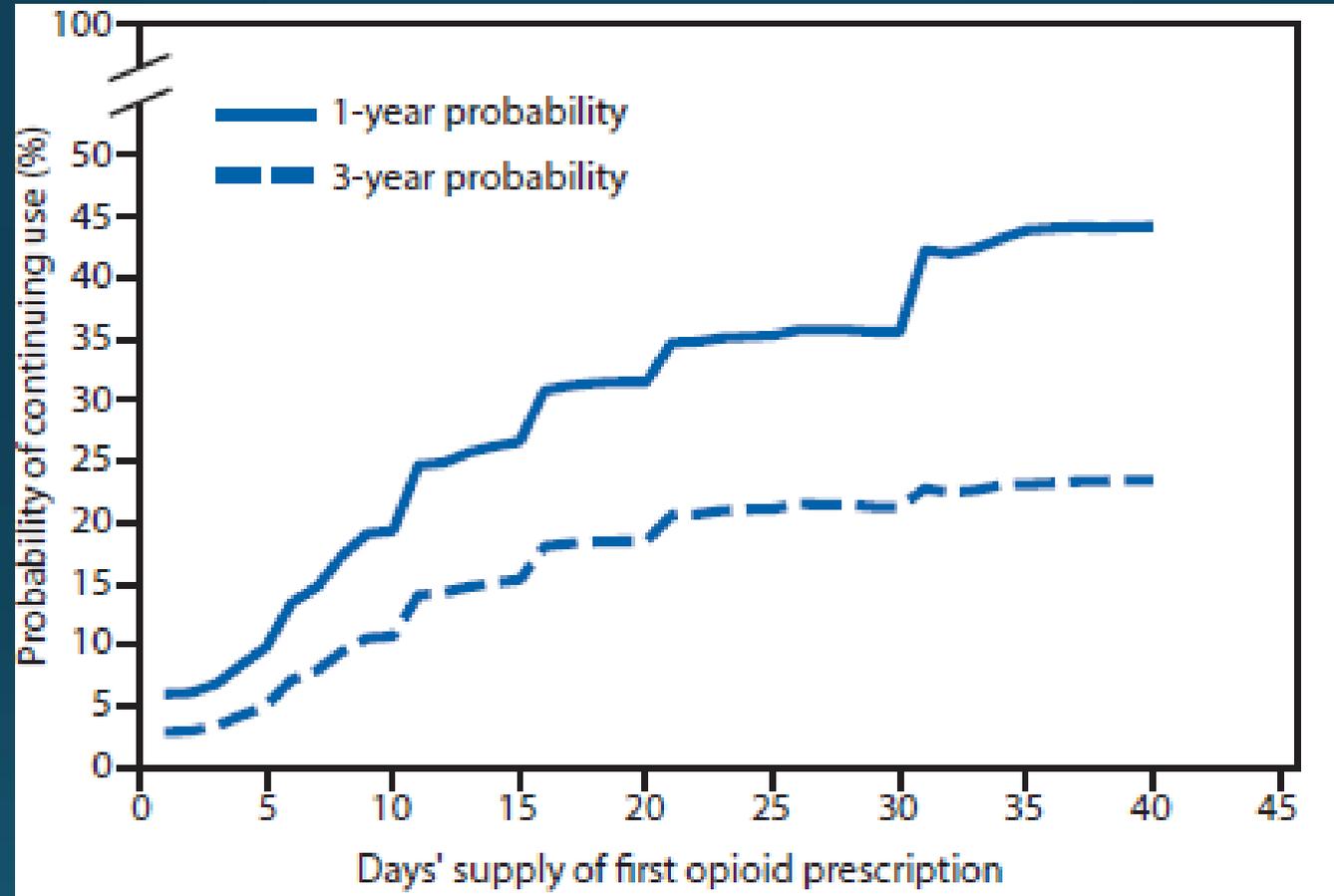


# Opioid involvement in benzodiazepine overdose



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

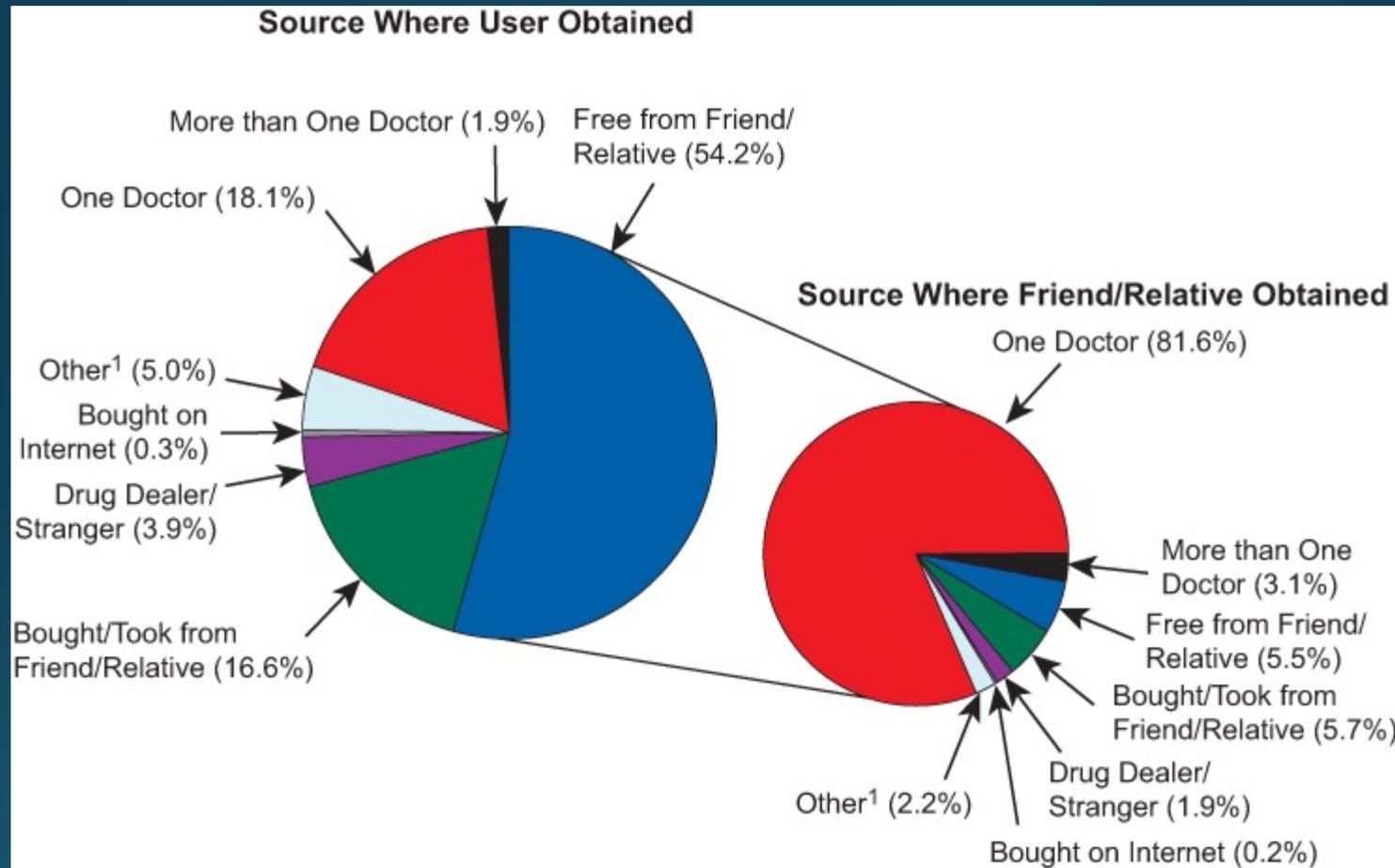
| Generic Name          | Brand Name      | Brand Cost/100 | Street Value per 100 |
|-----------------------|-----------------|----------------|----------------------|
| Tylenol w/<br>Codeine | Tylenol #3      | \$56.49        | \$800.00             |
| Diazepam              | Valium 10mg     | \$298.04       | \$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

**DIVERSION**



# 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](http://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 1<sup>st</sup> refill (in 6 days):
  - Document discussion of opioid addiction risk
  - Document risk of sedatives and ETOH
- For 2<sup>nd</sup> 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?