Protecting Your Practice and Patients – Tackling Prescription Drug Abuse

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Educational Objectives

- Outline the deleterious effects of prescription opioid abuse on individuals and society
- Describe the signs and symptoms of prescription opioid abuse and withdrawal
- Identify the most common methods that patients use to obtain prescription opioids for purposes of abuse
- Outline strategies pharmacists can use in their practice to identify, manage and prevent prescription drug abuse

Defining the Problem

- A critical public health problem and fastest growing form of drug abuse in U.S.
- Defined as the intentional use of a medication without a prescription; use in a way other than prescribed; or use for the experience or feeling it produces
- Close to 48 million people have used prescription drugs for nonmedical purposes with nearly 14 percent meeting the criteria for abuse or dependence
- Over the last decade, the abuse of prescription drugs has surpassed that of cocaine, heroin, hallucinogens, ecstasy, and inhalants combined
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Growing Problem

- Most common in individuals between 18 and 25 years of age with 3 million youths (12 to 25) becoming new abusers each year
  - Excluding tobacco and alcohol, prescription drugs most abused substance by 12th graders
- Prescriptions for opioid analgesics has risen 30 million to 180 million over last twenty years
- ER visits up 170% and 450% from tranquilizers and prescription analgesics, respectively, since 1990
- Fourfold increase in deaths from prescription drug overdoses over last ten years (more than cocaine and heroin combined)

Prescription Drug Classes and Names

There are four primary classes of prescription drugs:

- Stimulants (e.g. Amphetamines)
- Anxiolytics (e.g. Benzodiazepines)
- Opioids (e.g. Opioid Analgesics)
- Other Drugs (e.g. Dissociative Anesthetics)

Controlled Medication Schedules

- **Schedule I** - High abuse potential. No medical use. Cannot be prescribed. Examples are Heroin, LSD, and Mescaline
- **Schedule II** - High abuse potential. Some medical indications but severe restrictions. Examples are Morphine, Oxycodone
- **Schedule III** - Less abuse potential than Schedule II. Refillable up to five times every 6 months. Examples are Codeine, Hydrocodone
- **Schedule IV** - Less abuse potential than Schedule III. Refillable up to five times every 6 months. Examples are Phentermine, Modafinil
- **Schedule V** - Less abuse potential than Schedule IV. Preparations have limited quantities opioids and stimulants. Examples Antitussive, Antidiarrheal medications

Abuse Facts

- Prescription opioids are the class most commonly abused
- Teens abuse prescription stimulants (Ritalin and Adderall) almost as frequently as prescription opioids
- Rate of stimulant prescriptions ninefold increase over last ten years
- Of nine million prescription drug abusers, 5.3 million abuse prescription opioids, 2.0 million abuse tranquilizers, and 1.3 million abuse stimulants
Prescription Opioids

- When used as prescribed, minimal addictive problems or tendencies
- Most commonly oral, also crushed, snorted, and injected
- Oxycontin: Slow-release formulation of oxycodone.
  - Injection causes exponential rise in circulatory system
  - Newer formulation (Oxynéo), harder to crush, turns to gel when mixed with liquid
- Opioids alleviate pain and alter pleasure and reward centers in brain
  - Contentment, euphoria
- Excessive binding causes drowsiness, respiratory depression, and death

Addiction Treatment

- Medically supervised detoxification
- Behavioral treatments (therapy, support groups, Narcotics Anonymous)
- Medical treatments like methadone, buprenorphine, and naltrexone

Opioid

<table>
<thead>
<tr>
<th>Opioid Generic Name</th>
<th>Opioid Trade Name</th>
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<tbody>
<tr>
<td>Oxycodone</td>
<td>OxyContin, Percodan, Percocet</td>
</tr>
<tr>
<td>Hydrocodone</td>
<td>Vicodin, Lortab, Lorcan</td>
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<tr>
<td>Hydromorphone</td>
<td>Dilaudid</td>
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<tr>
<td>Meperidine</td>
<td>Demerol</td>
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<tr>
<td>Diphenoxylate</td>
<td>Lomotil</td>
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<tr>
<td>Morphine</td>
<td>Kadian, Avinza, MS Contin</td>
</tr>
<tr>
<td>Codeine</td>
<td></td>
</tr>
<tr>
<td>Fentanyl</td>
<td>Duragesic</td>
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<tr>
<td>Methadone</td>
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Knowledge Gap

- 484 pharmacist survey – 67.5% pharmacists had less than 2 hours of substance abuse and addiction education in pharmacy school, and 29.2% received no education
- Pharmacy schools implemented only 50% of proposed guidelines from the American Association of Colleges of Pharmacy on the topics of addiction, pain, and ADD/ADHD management
- Only ½ pharmacists received training in identifying prescription drug abuse and addiction, and less than ½ in prescription drug diversion
- Those receiving training were more confident and capable of managing addiction problems
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Role of Pharmacists

- Pharmacists most accessible front-line healthcare delivery providers
- “Pharmacists have the unique knowledge, skills, and responsibilities for assuming an important role in substance abuse prevention, education, and assistance. Pharmacists, as health care providers, should be actively involved in reducing the negative effects that substance abuse has on society, health systems, and the pharmacy profession.” - American Society of Health-System Pharmacists (ASHP)
- “The mission of Pharmacy is to serve society as the profession responsible for the appropriate use of medications, devices, and services to achieve optimal therapeutic outcomes.” - American Pharmacists Association

National Community Pharmacists Association

1) Community pharmacists support all efforts to prevent prescription drug abuse, and at the same time recognize that Congress should not lessen access to necessary pain treatments for patients that require them
2) Community pharmacists deliver crucial patient counseling to minimize the chances that these medications are abused or diverted
3) NCPA allies itself with any effort to control the illegal distribution of controlled substances outside the community pharmacy setting (e.g., illegal internet pharmacies)

Controlled Substance Act

- Pharmacist can only dispense a controlled substance if it is for a "legitimate medical purpose" and if issued in the "usual course of professional practice"
- Any pharmacist that "knowingly" dispenses a prescription not in usual course of professional treatment can be subject to serious sanctions
- Any pharmacist disposing narcotics for reasons other than legitimate medical purposes may be prosecuted

Abuse VS Addiction

1) Abuse – Frequency of consumption often varies and accompanied by adverse consequences such as damaged relationships and loss of employment
2) Addiction – Primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. Characterized by compulsive use, continued use despite harm, cravings, and impaired control
Pharmacists must be knowledgeable about pathophysiology of addiction

Understand the behaviors, tendencies, and patterns of prescription drug addiction

Must be able to identify signs and symptoms of opioid intoxication and withdrawal
  - Opioid intoxication - see slurred speech, sedation, constricted pupils
  - Opioid withdrawal - see extreme restlessness, agitation, sweating, tearing, yawning, and rhinorrhea

Pharmacotherapy and counseling helpful in managing withdrawal and long-term maintenance

Many treatment program options like community-based outpatient interventions and long-term residential programs

1) Drug – Rapidity of onset, dopamine surge, route of administration, and purity

2) Patient – Previous alcohol, tobacco, and/or marijuana use. History of using controlled substances different than prescribed

3) Prescriber – Specific characteristics more prone to overprescribing (8 “D”s)

1) Difficulty – Lack training and have difficulty identifying aberrant medication-taking behavior
2) Dated – Lack up-to-date knowledge to know doses and alternatives
3) Deceived – Easily deceived by manipulative behavior
4) Distracted – Overworked and too stressed to concentrate on sound prescribing practices
5) Defiant – Step outside bounds of their specialty
6) Disabled – Personal experience causes leniency
7) Dishonest – Reasons other than legitimate medical purposes
8) Discomfort – Uncomfortable confronting addictive behavior
Drug seeking behaviors

1) Doctor Shopping – Visiting numerous physicians for same prescription
2) Thefts from homes and pharmacies
3) Acquiring drugs from the internet without a physician visit
4) Receiving drugs from family and friends
5) Buying drugs from patients leaving pharmacies or pain clinics
6) Feigning legitimate injuries

DEA Criteria for Fraudulent Prescriptions

1) Physician’s prescribing pattern drastically differs from others’ in the same specialty
2) Physician prescribes antagonistic drugs simultaneously suggesting an “upper/downer” pattern of prescribing
3) Patient returns to a pharmacy earlier or more frequently than expected
4) Patient arrives with multiple prescriptions for the same medication for different people
5) Large number of previously unknown patrons show up with prescriptions from the same physician
6) The patient presents a prescription that shows evidence of possible forgery

Common Deceptive Practices

1) Patient demands to be seen right away
2) Patient states in town visiting friends for the day
3) Patient states under care of unavailable provider
4) Patient requests brand names and unwilling to accept generics
5) Patient reports allergies to non-opiate alternative medications
6) Patient demonstrates vast knowledge of prescription narcotics
7) Patient reports prescription lost or stolen
8) Patient tries to elicit sympathy from pharmacist
9) Patient uses surrogate (e.g. Elderly companion)

Roles in Prevention

- Pharmacist is usually the last healthcare provider a prescription drug addict encounters prior to receiving prescription
- Pharmacist must familiarize themselves with up-to-date knowledge regarding addiction, brain physiology, pharmacology, available interventions and treatments, and the protocols for referring to appropriate medical care
- Unique ability to participate and develop addiction prevention and assistance programs
- Can organize transdisciplinary controlled substance inventory systems to enhance transparency and accountability
- May ally themselves with authorities and cooperate in investigations
Educating Others

- Pharmacists possess in-depth knowledge of pharmacokinetics and can make educated recommendations to healthcare providers regarding appropriate use of mind-altering substances in the recovering drug addict
- Can educate substance abuse counselors about the pharmacology of abused substances and detoxification medications
- May develop and implement substance abuse and addiction curricula in graduate pharmacy education
- May conduct clinical trials and research on substance abuse and prescription drug addiction

CAGE Questionnaire

- Self-administered test
- Two or more “Yes” likely showing signs of prescription drug addiction
- Even just one “Yes” may necessitate referral to qualified health care provider

Responsibilities of a Pharmacist

<table>
<thead>
<tr>
<th>CAGE Questionnaire for Prescription Drug Abuse</th>
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<tbody>
<tr>
<td>1. Have you ever felt you needed to Cut down on prescription drugs?</td>
</tr>
<tr>
<td>2. Have people Annoyed you by criticizing your prescription drug use?</td>
</tr>
<tr>
<td>3. Have you ever felt Guilty about your prescription drug use?</td>
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<tr>
<td>4. Have you Ever used prescription drugs as a way to “get going” or to “calm down”?</td>
</tr>
</tbody>
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Be Prepared

- Omnibus Budget Reconciliation Act (OBRA) states that all patients, especially those seeking assistance for potential drug abuse, have the right to a consultation with a pharmacist
- If unfamiliar with the availability of local resources, pharmacists are urged to consult any local Yellow Pages lists under the following headings: 1) Alcoholism & Drug Abuse Information, 2) Drug Abuse & Addiction Information & Treatment Centers, and 3) Information & Referral Services Drug Abuse & Addiction.
**Looking into the Future**

- "Epidemic: Responding to America’s Prescription Drug Abuse Crisis" April 19, 2011
- Transdisciplinary efforts by federal and state governments in four critical areas (education/training, tracking/monitoring, proper medication disposal, and enforcement)
- Calls for changes to CSA
- Integral part of plan is to require physicians to "be trained on responsible opioid prescribing practices" before registering with DEA
- All states must enroll in Prescription Drug Monitoring Programs ("PDMPs") (Currently 15 states do not have functioning programs
- State PDMPs must share information between states to prevent "doctor shopping" across state borders

**States Making Changes**

- On June 14, 2011, New York proposed legislation to implement an online database to report and track the prescription and dispensing of certain narcotics. The "Internet System for Tracking Over-Prescribing Act," or "I-STOP," would allow pharmacists to consult centralized information in order to avoid overprescribing, curtail prescription drug trafficking, and identify and treat patients who obviously intend to abuse prescription narcotics
  - I-STOP would require health care practitioners and pharmacists to report specific information to the database when Schedule II, III, IV, and V controlled substances are prescribed and dispensed
- Florida, one of the 15 states without narcotic database, proposed law that could convict physicians of murder if illegitimate prescriptions caused overdose death

**Summary of Key “RED FLAGS”**

- Drug Seeking Behaviors (i.e., Doctor Shopping, Thefts from Pharmacies, Internet, Family/Friends, Pain Clinics, Feigning Legitimate Injuries)
- Additional Behaviors include: Patient demanding, Patient from out of town, provider unavailable, brand names only, allergies to non-opiates, lost of stolen prescription, uses surrogate
- Other red flags: Different prescribing practices, antagonistics drugs simultaneously, early or frequent arrival to pharmacy, multiple prescriptions for same drug, numerous unknown with same drug, unusual appearing prescription

**Conclusions**

- Prescription drug abuse and addiction is an enormous public health problem in this country
- Pharmacists are uniquely equipped to manage prescription drug addiction
- Pharmacists must familiarize themselves with up-to-date information regarding prescription drug abuse
- Pharmacists must have in depth knowledge about specific “drug seeking” behavior
- Pharmacists must have in depth knowledge about specific physician and drug characteristics that may lead to addiction and abuse
- Pharmacists must know how to manage a patient presumed to be addicted to prescription drugs
- Pharmacists are able and should assume a larger role in the future