

REB CLOSE, MD

Community Hospital of the Monterey Peninsula

**PRESCRIPTION DRUG MISUSE IN  
THE UNITED STATES AND  
MONTEREY COUNTY**

# The Scope of the Problem<sup>1-5</sup>

## ◎ Opiate use in the US

- 80% of the world's prescription opiate supply
- 99% of the world's hydrocodone supply
- From 1997 to 2007, the milligram per person use of prescription opioids in the U.S. increased from 74 milligrams to 369 milligrams, an increase of 402 percent (**enough to supply every American adult with 5mg of hydrocodone every 4 hours for a month**)

# The Scope of the Problem<sup>1,2,3</sup>

- 7,000,000 Americans use prescription drugs recreationally annually (2.3% of the US population)
- 50,000,000 Americans have used at least once during their lifetime (16.1% of the US population)

# The Scope of the Problem

- Which means...that at the next Green Bay Packers home game (Lambeau Field seats 73,000)



# The Scope of the Problem

- ⦿ There will be
  - Approximately 1,700 fans in attendance recreationally using prescription Rx this year
  - And approximately 11,700 fans in attendance who have or will use prescription Rx recreationally



# The Scope of the Problem<sup>2,3,5,6</sup>

- ⦿ Increased adverse events related to prescription drug misuse
  - Estimated > 700,000 ED visits per year related to prescription drug misuse alone
- ⦿ Approximately 10% of all patients on chronic opiates account for 40% of all overdoses
  - Usually on high daily doses
  - Getting drugs from multiple prescribers

# The Scope of the Problem<sup>5,6</sup>

- Death from opiate overdoses have increased a factor of 3 since the 1990s
- We lose more years of productive life in the US to prescription drug overdose than motor vehicle accidents

# The Scope of the Problem<sup>4,7,8</sup>

- Prescription drug related deaths now outnumber those from heroin and cocaine combined
- Prescription drug related deaths exceed motor vehicle-related deaths in 29 states and Washington, D.C. and Monterey County
- nearly one-third of people aged 12 and over who used drugs for the first time in 2009 began by using a prescription drug non-medically



# Street Value



# Street value

- ◎ <http://streetrx.com/>

Submissions are anonymous  
**DID YOU GET a good deal?**

hydrocodone (generic Vicodin)

City California

\$ Price\*

Continue

- Show me:
- All
  - Most Popular
  - Best Price

Prices for Accurox, Apo-Oxycodone CR (imprinted APO OCD), Co-Oxycodone CR (imprinted OXY CR), Combunox, Endocet, generic ER oxycodone, Generic ER oxycodone by Mallinckrodt, generic OxyContin, ... — USA

Drug	Location	Price	Date	Rating
OxyContin (new OP, hard to crush), 10mg pill	Seattle, Washington	\$60	Aug 13	Rate: \$\$\$\$\$\$
oxycodone, 5mg pill	Newport Beach, California	\$15	Aug 12	Overpriced \$\$\$\$\$\$
oxycodone, 5mg pill	St. Louis, Missouri	\$29	Aug 12	Overpriced \$\$\$\$\$\$
oxycodone, 5mg pill	San Bernardino, California	\$22	Aug 12	Overpriced \$\$\$\$\$\$
oxycodone / APAP (generic Percocet, Percodan, Tylox), 3/325mg pill	46113, Indiana	\$5	Aug 12	Reasonable \$\$\$\$\$\$

## See what OTHERS paid

percocet Search



# Street value

- ⦿ Per streetrx, price per pill
  - Hydrocodone 5 mg: \$2-10
  - Oxycodone 5 mg: \$5-100
  - Oxycontin (oxycodone ER) 10 mg: \$10-80
  - Dilaudid (hydromorphone) 2 mg: \$5-50
  - Morphine 15 mg: \$5-50
  - Methadone 10 mg: \$2-30
  - Tramadol 50 mg: \$1-50

# Street value

## ⦿ Per streetrx

- Ativan (lorazepam) 1 mg: \$1-10
- Xanax (alprazolam) 1 mg: \$2-20
- Valium (diazepam) 2 mg: \$5-10 (up to 100)
- Ambien (zolpidem) 5 mg: \$2-20



# Street value<sup>9</sup>

- ⦿ Per streetrx and reference above
- ⦿ Some you might not expect
  - Seroquel (quetiapine) 25mg: \$3-8
  - Zyprexa (olanzapine) 10 mg: \$1-20
  - Viagra (sildenafil) 25 mg: \$1-50

# Street value

- ◎ Phenergan with codeine
  - Up to \$400 a pint (per Global Safety Network, 2010) – approx 500 cc
  - “Lean” and “Purple Drank”
  - Phenergan with codeine, lemon-lime soda, ice, crushed hard candies
  - Kaiser prescription policy

# Street Value and Diversion<sup>10</sup>

- ⦿ Structured interviews of dealers
- ⦿ Opiates are the most sold
  - Oxycodone most popular
    - Oxy 30s most popular dose
    - Popular due to lack of filler and tylenol





# Street Value and Diversion<sup>10</sup>

- ⦿ Pain clinic and ED shopping up and down the state
- ⦿ Black market for MRI
- ⦿ MRI forgery
- ⦿ Returning prescriptions back to addicted physicians
- ⦿ Sexual favors/illicit drugs for Rx

# Street Value and Diversion<sup>10</sup>

- Varying pharmacy usage
- Sponsoring to increase pill yield/avoid detection
- “Connects” in the health care system
  
- As much as \$40,000/month profit

# Prescription Drug Monitoring Programs (PDMPs)

- ⦿ Web-based software that allow physicians to access a patient's use of controlled substances
  - **Tramadol is not controlled!!**
- ⦿ Run state-by-state, available > 40 states
- ⦿ Check out the Alliance of States with prescription monitoring programs for your state
  - <http://pmpalliance.org/>

# PDMPs<sup>11-13</sup>

- ⦿ Do they work?
- ⦿ The data
  - Ohio-based study in 2010, ED based
  - Access to PDMP changed physician discharge prescribing behavior in > 40% of cases
    - >60% prescribed fewer or no opioid medications than originally planned
- ⦿ Also been shown to be useful in non-ED settings



**Tools & Resources**

- Patient Activity Report
- Theft or Loss of Prescriptions
- FAQ's

### Patient/Client Activity Report

\* Indicates Required Fields

**Client**

Last Name\*  First Name\*

Date of Birth\*  mm/dd/yyyy Gender

Address

City  State  Zip

Period in Months\*  3

#### Search Mode

Search Mode  Partial match  Exact match

\*  I certify, under the penalty of perjury, that I am a licenced healthcare provider and I am authorized to obtain the above mentioned patient's dispensed controlled substance history.



PATIENT/CLIENT ACTIVITY : CONSOLIDATED REPORT

**CONFIDENTIAL  
DOCUMENT**

**Prescription Drug Transaction Details :**

Number of Records: 29		Start Date: 02/12/2013				End Date: 08/13/2013								
Date Filled	First Name	Last Name	DOB	Address	Drug Name	Form	Str	Qty	PHY Name	PHY#	Dr.'s DEA #	Dr.'s Name	RX#	Refill#
02/21/2013			04/01/1948		MODAFINIL	TAB	200 MG	60	CVS/PHARMACY #09612	PHY49355	BT3484312		00370961	0
02/25/2013			04/01/1948		LUNESTA	TAB	3 MG	30	CVS/PHARMACY #09802	PHY49351	BT3484312		00396106	1
02/25/2013			04/01/1948		SUBOXONE	FIL	8 MG-2 MG	30	NOB HILL PHARMACY #607	PHY45755	BC9224623		4053834	0
03/11/2013			04/01/1948		APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	20	CVS/PHARMACY #09802	PHY49351	BB1407368		00400368	0
03/11/2013			04/01/1948		SUBOXONE	FIL	8 MG-2 MG	60	NOB HILL PHARMACY #607	PHY45755	BC9224623		4054090	0
03/18/2013			04/01/1948		MODAFINIL	TAB	200 MG	60	CVS/PHARMACY #09612	PHY49355	BT3484312		00378997	0
04/03/2013			04/01/1948		LUNESTA	TAB	3 MG	30	CVS/PHARMACY #09612	PHY49355	BT3484312		00383099	0
04/08/2013			04/01/1948		SUBOXONE	FIL	8 MG-2 MG	60	NOB HILL PHARMACY #607	PHY45755	BC9224623		4054611	0
04/13/2013			04/01/1948		MODAFINIL	TAB	200 MG	60	CVS/PHARMACY #09612	PHY49355	BT3484312		00378997	1
04/15/2013			04/01/1948		HYDROCODONE BITARTRATE AND ACETAMIN	TAB	325 MG-10 MG	120	WALGREENS NO 07081	PHY45761	BT3484312		309806	0
04/26/2013			04/01/1948		LUNESTA	TAB	3 MG	30	CVS/PHARMACY #09612	PHY49355	BT3484312		00388863	0
05/03/2013			04/01/1948		SUBOXONE	FIL	8 MG-2 MG	60	NOB HILL PHARMACY #607	PHY45755	AT8414360		4055071	0
05/06/2013			04/01/1948		HYDROCODONE BITARTRATE AND ACETAMIN	TAB	325 MG-10 MG	120	WALGREENS NO 07081	PHY45761	BT3484312		309806	1
05/13/2013			04/01/1948		MODAFINIL	TAB	200 MG	60	CVS/PHARMACY #09612	PHY49355	BT3484312		00392677	0
05/22/2013			04/01/1948		LUNESTA	TAB	3 MG	30	CVS/PHARMACY #09612	PHY49355	BT3484312		00395092	0
05/28/2013			04/01/1948		CLONAZEPAM	TAB	1 MG	90	CVS/PHARMACY #09612	PHY49355	BT3484312		00396340	0
05/31/2013			04/01/1948		HYDROCODONE BITARTRATE AND ACETAMIN	TAB	325 MG-10 MG	120	WALGREENS NO 07081	PHY45761	BT3484312		312428	0

# Chronic Pain in the ED<sup>14-16</sup>

- ⦿ What is the role of the ED in the treatment of chronic pain?
- ⦿ Chronic pain is well-established to be poorly managed in the ED, and best managed by a single, regular, provider

PAIN MANAGEMENT/CLINICAL POLICY

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*Clinical Policy: Critical Issues in the Prescribing of Opioids for Adult Patients in the Emergency Department*

From the American College of Emergency Physicians Opioid Guideline Writing Panel

# Chronic Pain in the ED<sup>15</sup>

- ACEP Clinical Policy
- “4. In the adult ED patient with an acute exacerbation of noncancer chronic pain, do the benefits of prescribing opioids on discharge from the ED outweigh the potential harms?”.
- Level C recommendations:



# Chronic Pain in the ED<sup>15</sup>

- ACEP Clinical Policy
- 1. “Physicians should avoid the routine prescribing of outpatient opioids for a patient with an acute exacerbation of chronic noncancer pain seen in the ED”

# Chronic Pain in the ED<sup>12</sup>

- ACEP Clinical Policy
- 2. “If opioids are prescribed on discharge, the prescription should be for the lowest practical dose for a limited duration (eg, < 1 week), and the prescriber should consider the patient’s risk for misuse, abuse, or diversion.”

# Chronic Pain in the ED<sup>12</sup>

- ⦿ ACEP Clinical Policy
- ⦿ 3. “The clinician should, if practicable, honor existing patient-physician pain contracts/treatment agreements and consider past prescription patterns from information sources such as prescription drug monitoring programs.”

# Chronic Pain in the ED<sup>17</sup>

- ◎ AAEM weighs in with similar recommendations
  - Narcotic analgesics are appropriate to treat acute illness or injury. Discharge prescriptions should be limited to the amount needed until follow-up and should not exceed 7 days worth
  - The patient should not receive narcotic prescriptions from multiple doctors. Emergency physicians should not prescribe additional narcotics for a condition previously treated in their ED or by another physician unless there are extenuating circumstance
  - Patients with chronic non-cancer pain should not receive injections of narcotic analgesics in the ED

# Chronic Pain in the ED<sup>17</sup>

- ⦿ Emergency physicians should not prescribe long acting narcotic agents such as oxycontin, extended release morphine or methadone. Oxycodone, hydrocodone, and hydromorphone have high abuse potential and the physician should consider using alternative agents
- ⦿ Emergency physicians should not replace lost or stolen prescriptions for controlled substances
- ⦿ Emergency physicians should not fill prescriptions for patients who have run out of pain medications. Refills are to be arranged with the primary or specialty prescribing physician

# Chronic Pain in the ED<sup>17</sup>

- ⦿ Narcotic pain medication is discouraged for certain conditions including:
  - Back pain whether acute or chronic
  - Routine dental pain
  - Migraines
  - Chronic abdominal or pelvic pain and gastroparesis
- ⦿ Patients with suspected substance abuse behavior should be referred to appropriate resources
- ⦿ If circumstances warrant, EM physicians should consider accessing their state's prescription data base (for states with physician access to this)

# Chronic Pain in the ED<sup>17</sup>

- ◎ Patients identified with multiple ED visits for pain, problematic or dishonest behavior (abusive, altering prescriptions, false reports or use of multiple hospitals for pain) should be reviewed by the ED physician leadership team which should consider the following actions:
  - Sending a certified letter stating the patient will no longer be provided narcotics in the ED
  - Adding an internal code (ex. 555) identifying probable drug seeking behavior into their medical record

# Chronic Pain in the ED

- ⦿ A quick Google search will identify many counties and states who are enacting programs to combat this problem
  - ⦿ Ohio
  - ⦿ N. Carolina
  - ⦿ Washington State (as a whole)
  - ⦿ Illinois
  - ⦿ Indiana
  - ⦿ NYC
  - ⦿ PA
  - ⦿ San Diego
  - ⦿ The list continues.....



# In Summary

- ⦿ Prescription drug abuse and diversion are local and national problems that demand action
- ⦿ Emergency providers are constantly faced with patients with acute and chronic pain for whom opiate or other addictive prescriptions may be written
- ⦿ These prescriptions are the very ones that can be diverted and abused

# In Summary

- ACEP, our own professional society, is clear in their recommendations that chronic pain should not be managed in the ED
- For acute painful conditions ACEP is also clear that short course and lowest practical doses should be used with attention to the risk for misuse, abuse or diversion
- AAEM has published clear guidelines for emergency providers and those are being used nationally by EDs to address this issue

# In Summary



# References

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# Questions?



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