Best Practices Prescribing & Preventing Drug Diversion

Prescription Drug Abuse
A Public Health Crisis

- 2010 – there were 1.2 million E.R. visits related to non-medical use of prescription drugs.
- Prescriptions for opiods have drastically increased
  - 1990's 30mg/person/year;
  - 2009 725mg/person per year
- Unintentional overdose deaths quadrupled between 1999 – 2008
  - Most Common source
  - Family & Friends (54%)
- Overdose deaths by prescription drugs now exceeds deaths from all illegal drugs for every age category
- Opioid overdose is now the second-leading cause of accidental death in America.

What you will Learn

- The current dilemma: pain management vs. risk of substance misuse/abuse
- Best practices for rational, transparent and risk managed opioid prescribing.
- How to Recognize aberrant drug taking behaviors that may indicate misuse/abuse.
- Requirements for compliance with current legislative mandates.

National Legislation

- 2011 – White House office of National Drug Control Policy introduced
  - Action Plan to Address the National Prescription drug abuse Epidemic
- Provided support to states to
  - Expand state based prescription drug monitoring programs (PDMP's)
  - Education for patients and healthcare providers
  - Enforcement efforts aimed at eliminating "pill mills"

State Legislation (WV)

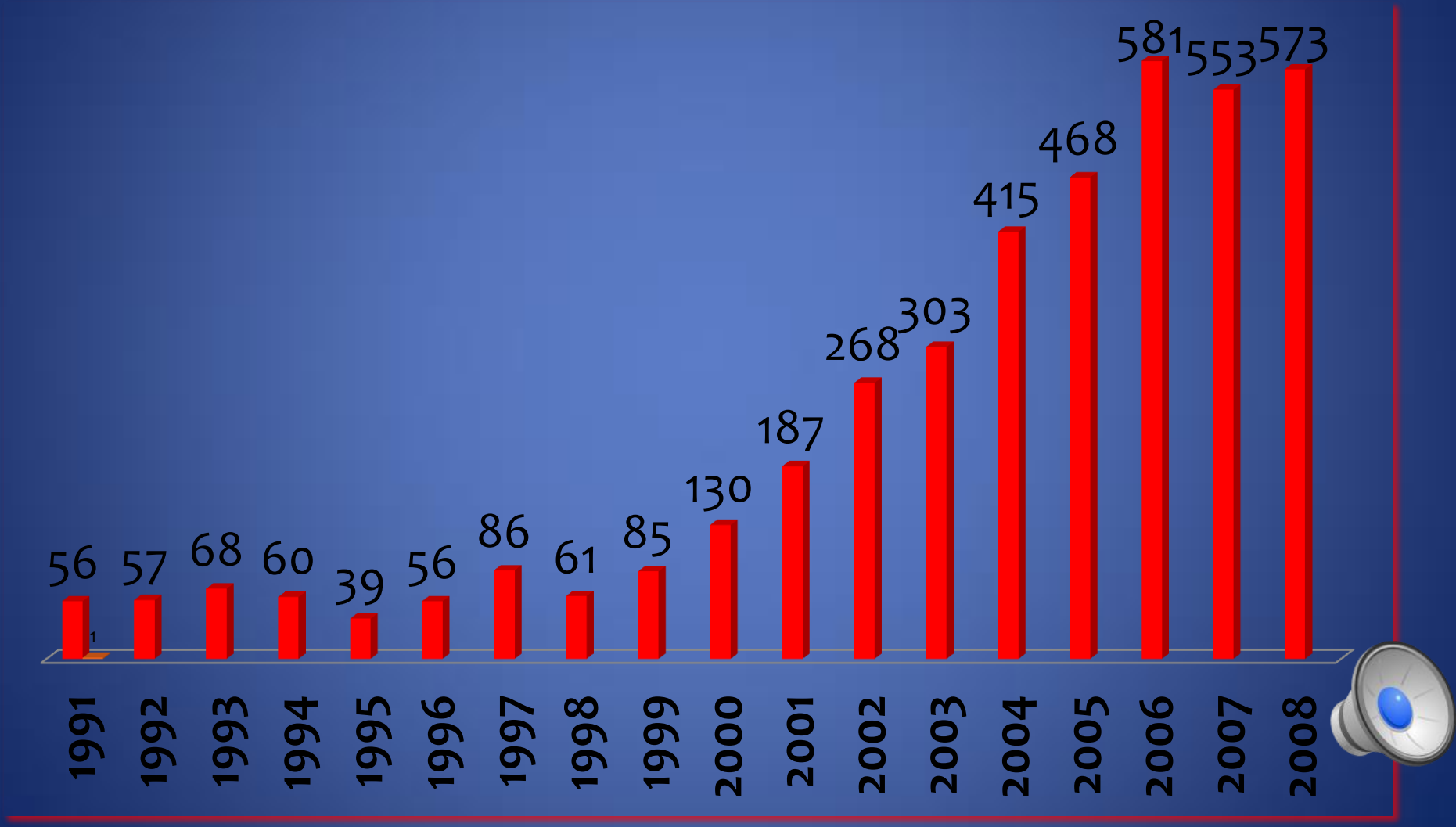
- SB 365 – Online access to controlled substance database must be available in all pharmacies
- SB 81 – WV Official Prescription Program Act; prescriptions must be written on tamper proof pads.
- SB 362 – Clarifies “Doctor Shopping”; prohibits providing false information to obtain prescriptions.
- SB 514 – Clarifies language in Controlled Substances Monitoring Act

West Virginia

- Between 1999-2004 there was a 550% increase in unintentional poisoning mortality in WV, with more than 90% of the deaths due to prescription drug overdoses.

In 2008, WV had the highest rate of prescription drug overdose deaths in the U.S., surpassing both Motor vehicle crashes and falls as the leading cause of accidental death.

WV Overdose Deaths by Year

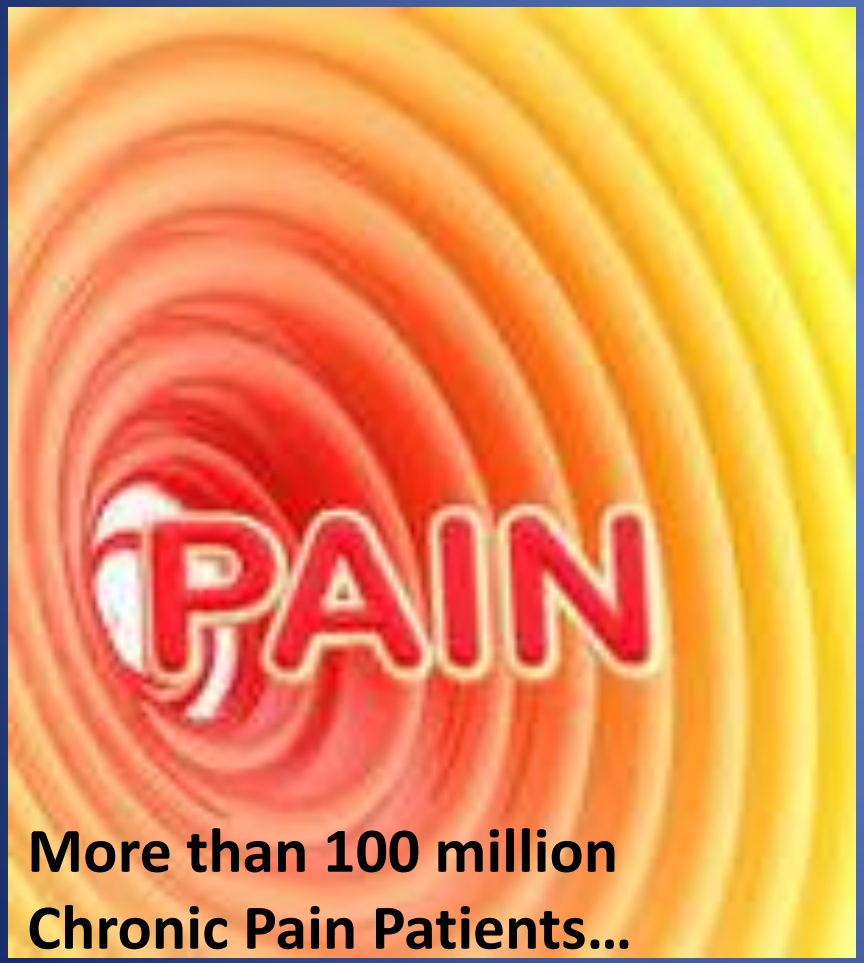


More Legislation / WV

- Compliance with Controlled Substance Monitoring Program (CSMP) - Established in WV Code Chapter 60A; Article 9

- SB 437 – established a requirement for Substance abuse education for all providers who dispense, prescribe or administer controlled substances.

Pain / Addiction



More than 100 million Chronic Pain Patients…

The Dilemma

Can we Treat pain effectively without addiction?

IOM Report 2011

- 100 million American suffer from chronic pain, costing up to 635 billion annually in treatment and lost productivity.
- The number of patients with chronic pain exceeds diabetes, heart disease and cancer combined.

World Health Report

- World Health Organization reports that substance abuse is the most preventable health problem.
- Addiction costs our nation billions of dollars per year and contributing to the deaths of millions of Americans.

By Taking Simple Steps to ensure that opioids are prescribed safely and transparently, clinicians can help their patients achieve better outcomes and prevent misuse/abuse.

Two Faces of Pain

- What is Pain?
  - An unpleasant sensory and emotional experience associated with actual or potential tissue damage.
  - Human Perception of Pain
    - Influenced by physiological, psychological and social Factors.
- Categories of Pain
  - Acute Pain – results from disease, inflammation or injury to tissues; generally comes on suddenly and may be accompanied by anxiety or emotional distress.
  - Chronic Pain – widely believed to represent disease itself and can be made much worse by environmental and psychological factors; persists over a long period of time and is resistant to most medical treatments.

Characteristics of Acute & Chronic Pain

ACUTE PAIN

- Sharp, stabbing, agonizing
- Localized
- Predictable duration
- Responsive to standard treatment modalities

(fracture, post-op pain)

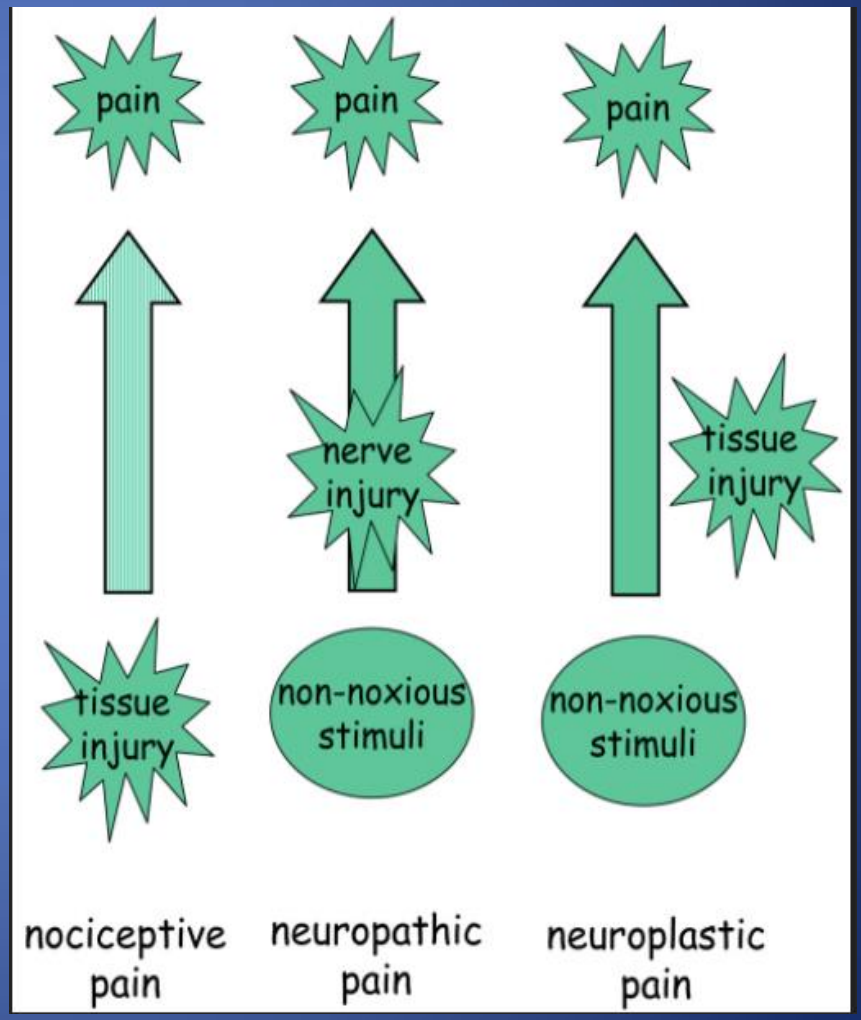
CHRONIC PAIN

- Serves no useful function
- May be pain that was acute but persists past the healing phase
- No direct relationship to original injury
- Resistant to Treatment

(Neuropathic pain, arthritis)

Types of Pain

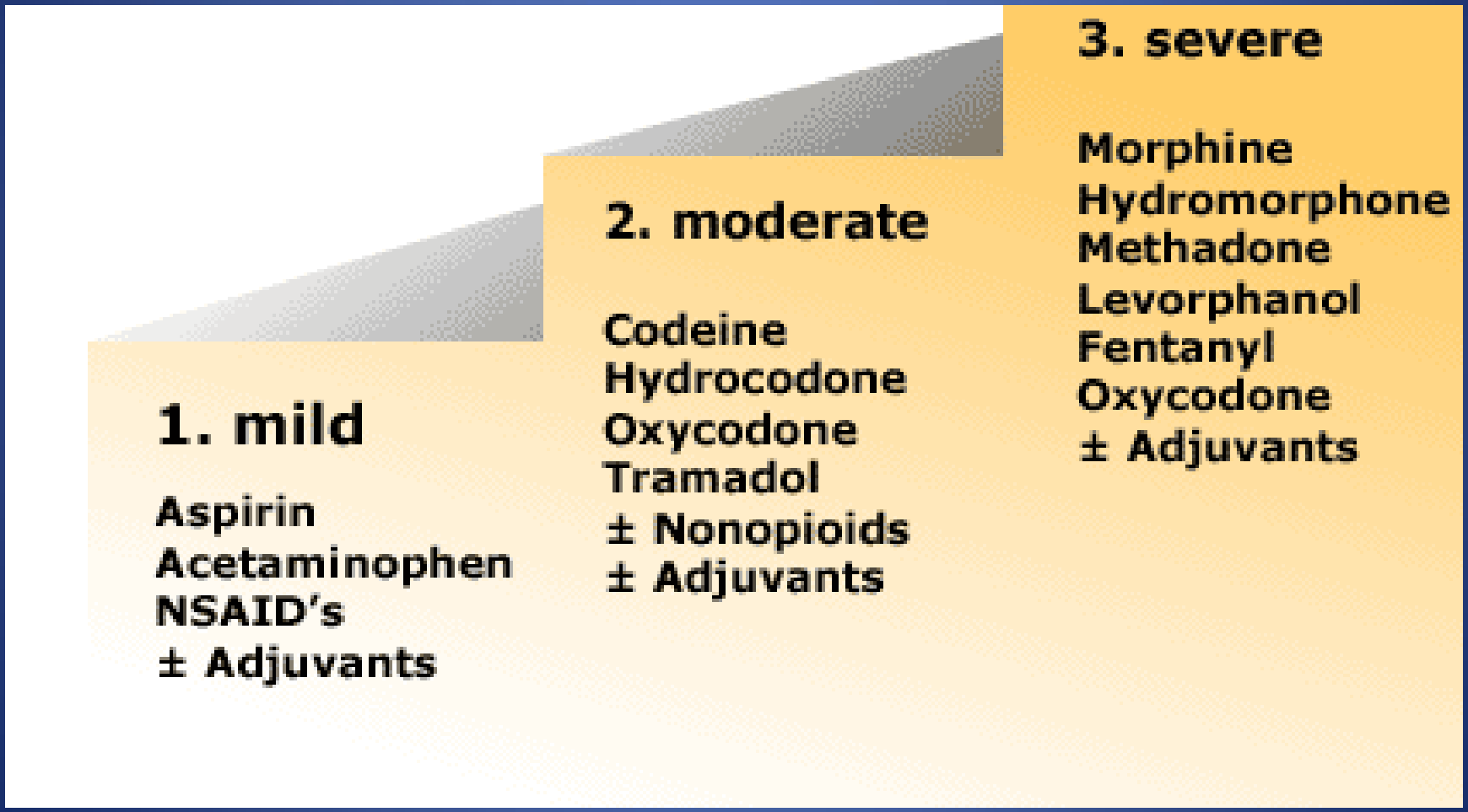
1. Nociceptive Pain – caused by a direct injury (sprains, bone fractures, burns, bruises)
2. Neuropathic Pain – caused by a primary dysfunction in the nervous system (shingles, neuralgia, phantom limb pain, peripheral neuropathy)
3. Neuroplastic Pain – pain caused by or increased by changes in the Nervous System.



Challenges with Chronic Pain

- Pain is influenced by emotional, cognitive, and psychosocial factors including
  - Depression, anxiety, insomnia, neuroticism
- Comorbid psychopathology often coexists in patients with chronic pain
  - Depression, anxiety, somatoform disorders, personality disorders, SUD

Pain Control Ladder



Has the pendulum swung too far?

Undertreated Pain vs Over-Prescribing

A dilemma for
Healthcare Providers ..

1. Lack of knowledge among prescribers about current pain management guidelines, risk management practices, and research in pain medicine.
2. Lack of knowledge among prescribers about addiction, dependence and misuse.

Chronic Pain

What does the Evidence Say about treating these Chronic Pain Conditions?

Best Practices for Managing Pain

Universal Precautions –

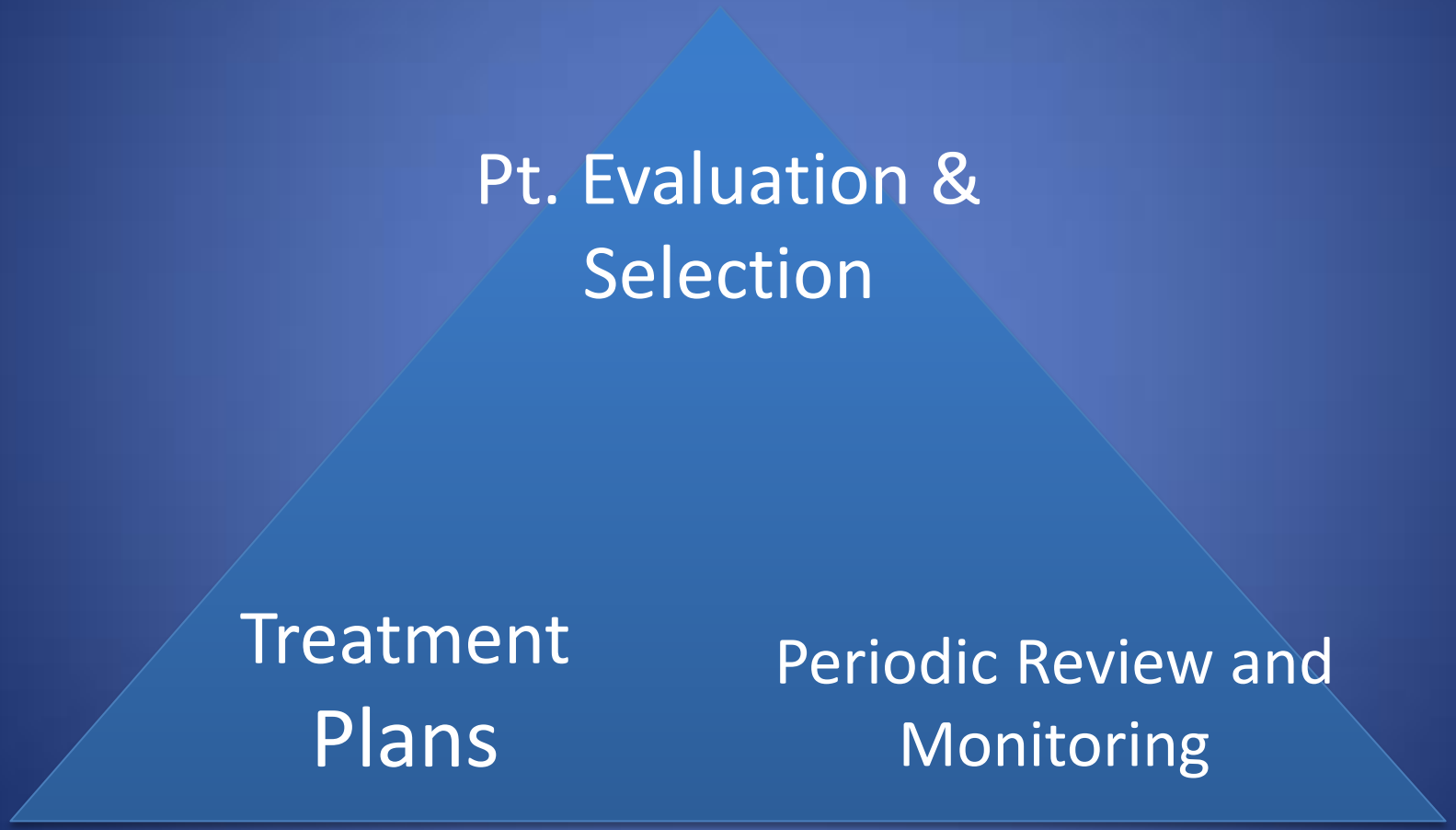
the best practice for

management of pain.

- Screen
- Categorize
- Monitor

- Universal Precautions for all patients receiving controlled substances helps provide continuity of care and reduces stigma.
- As part of office policy all patients receiving controlled substances are treated the same.

Fundamental Tenets of Responsible Opioid Prescribing



Universal Precautions

- Patient Evaluation
  - Is the patient a candidate for opioid therapy
    - A medical Complaint that responds to opioid therapy
    - Moderate to severe pain.
  - Treatment Agreement
    - Informed Consent
      - Process of communication that results in the patients authorization to undergo a specific intervention.
      - Discussion about diagnosis and scope of treatment
      - Risks, Benefits and alternative treatments

Risk Factors

- History of Smoking
- Personal or family history of drug or alcohol abuse or addiction.
- History of mood disorder
- History of depression
- History of childhood sexual abuse

Appropriate Prescribing

- Is a prescription opioid indicated and appropriate?
  - Moderate to Severe Pain
  - A medical complaint that responds to opioid therapy (most affective for acute pain).
- Do Benefits of treatment outweigh negative effects (sedations, confusion, constipation) and Risks to patient (tolerance & addiction)?

Patient Evaluation

What to Document

medical history and physical examination

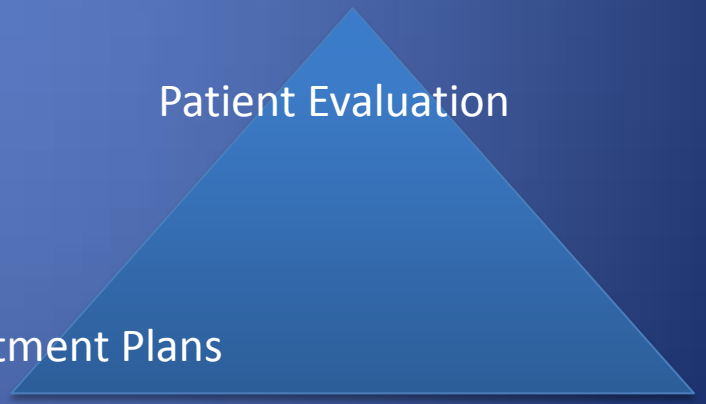
- Document nature and intensity of pain
- Document current and past treatments for pain
- Document underlying or coexisting diseases or conditions
- Document effect of pain on physical and psychological function
- Document History of substance abuse.
- Document the presence of one or more recognized medical indications for the use of controlled substances.

Treatment Plan

- A universal office policy related to prescribing opioids for pain management
- Identifies level of risk
- Outlines
  - Strategies to monitor the ongoing benefits
    - Improved level of activity, reduced pain
  - Eg. Strategies for monitoring continued safe use
    - Eg. Single pharmacy, office visit for refills; Urine Drug screens , pill counts

Treatment Plan Guidelines

- Functional Goals
  - Progress in physical therapy
  - Better sleeping patterns
  - Increased activities of daily living
  - Return to work
  - Increased social Activities
  - Regular exercise



Evaluating Ongoing Benefit of Treatment Plan

4 A's for Evaluating Opioid Therapy

- Analgesia
- Activities
- Adverse
- Aberrant

- A level of Analgesia that allows for Activities of Daily living without adverse effects or aberrant drug-taking behaviors.

Treatment Plan Documentation

1. Treatment success (eg. Pain relief and improved physical and psychosocial function).
2. If other diagnostic evaluations or treatments are planned.

Opioid Care Plan

- A written Plan of Care for Pain Mgt. with Opioids should include …
  1. Diagnosis
  2. Goals (maximize quality of life & level of fx)
  3. Ways to help patient reach goals
  4. Your specific plan of care for the patient
  5. Follow – up instructions & pt. education

Periodic Review
Ongoing Monitoring

- Reevaluate on a regular basis to assure continuous safety and appropriate treatment.
  - Is the opioid still indicated as an appropriate treatment for the patient
  - Do the benefits outweigh the negative effects (sedation, confusion, constipation) and risks (tolerance & addiction).
- Is the patient moving toward improvement (reduced pain, improvement in functional goals).
- Never Continue long term treatment if there is inadequate progress toward functional goals
- Consult with Specialists when problem exceeds your expertise

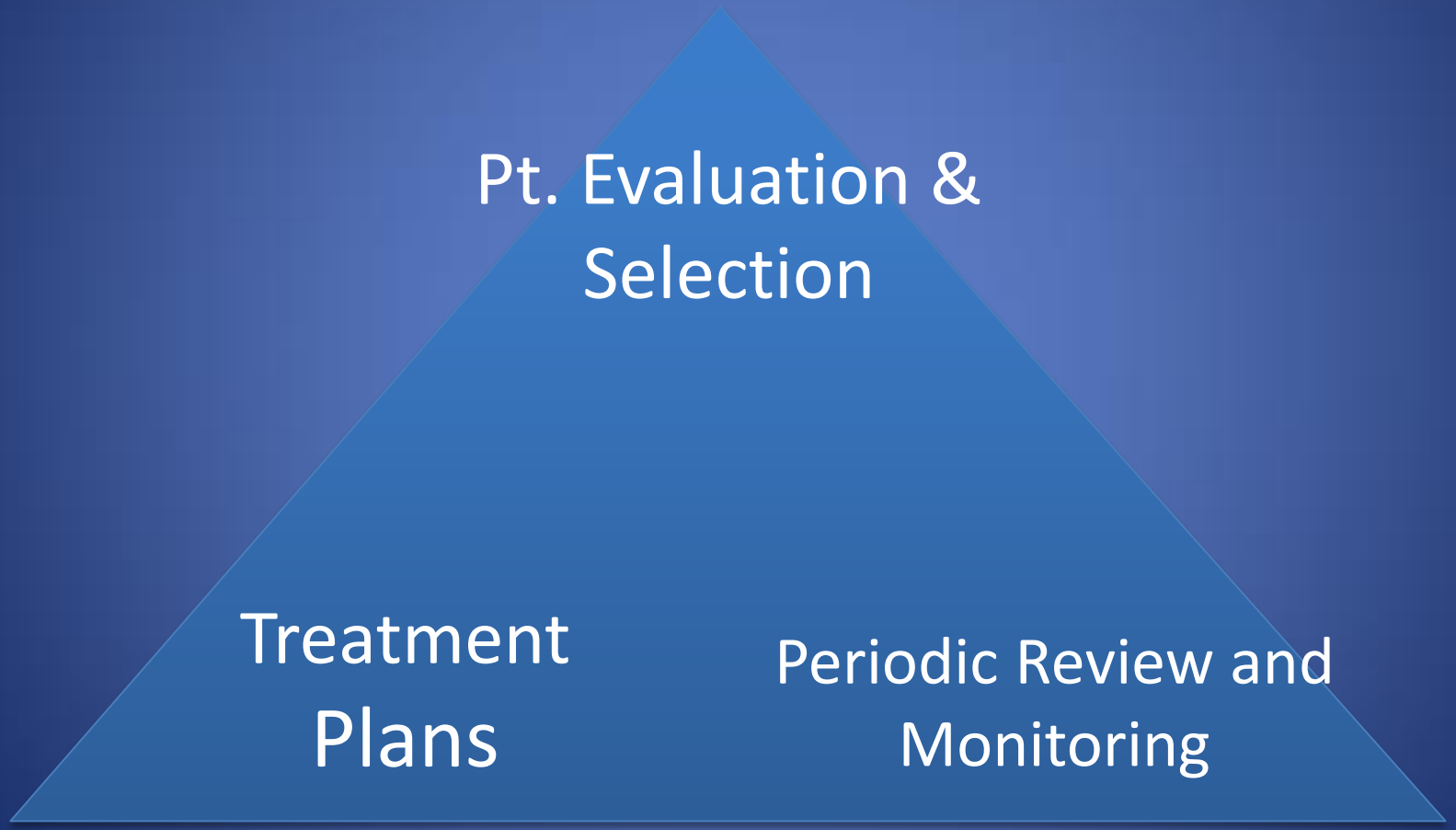
Myths & Facts about Opioid Prescribing

Myths and Facts about Chronic Opioid Therapy (COT)

www.responsibleopioidprescribing.org

Myth: COT for chronic pain is supported by strong evidence.	**Fact:** Evidence of long-term efficacy for chronic non-cancer pain (≥16 weeks) is limited,[1,2,3] and of low quality.[4,5] Opioids are effective for short-term pain management. But, for many patients with chronic pain, analgesic efficacy is not maintained over long time periods.[6]
Myth: Physical dependence only happens with high doses over long periods of time.	**Fact:** With daily opioid use, physical dependence and tolerance can develop in days or weeks.[7,8]
Myth: Patients who develop physical dependence on opioids can easily be tapered off.	**FACT:** Successfully tapering chronic pain patients from opioids can be difficult – even for patients who are motivated to discontinue opioid use.[33]
Myth: Addiction is rare in patients receiving medically prescribed COT.	**Fact:** Estimates vary. Between 4% and 26% of patients receiving COT have an opioid use disorder.[9-12] Among patients without an opioid use disorder, more than one in ten misuse opioids by: intentional over-sedation; concurrently using alcohol for pain relief; hoarding medications; increasing dose on their own; and borrowing opioids from friends.[9,15]
Myth: Addiction is the main risk to be concerned about when prescribing opioids.	**Fact:** Opioids have significant risks besides addiction and misuse.[18,19] These risks include respiratory depression and unintentional overdose death;[20,21] serious fractures from falls;[22,23] hypogonadism and other endocrine effects that can cause a spectrum of adverse effects;[24] increased pain sensitivity,[25] sleep-disordered breathing,[26] chronic constipation and serious fecal impaction,[27,28] and chronic dry mouth which can lead to tooth decay.[29]
Myth: Extended-release opioids are better than short-acting opioids for managing chronic pain.	**Fact:** Extended-release opioids have **not** been proven to be safer or more effective than short-acting opioids for managing chronic pain.[30]
Myth: Prescribing high-dose opioid therapy (≥120 mg morphine equivalents/day) is supported by strong evidence that benefits outweigh risks.	**Fact:** No randomized trials show long-term effectiveness of high opioid doses for chronic non-cancer pain. Many patients on high doses continue to have substantial pain and related dysfunction.[32] Higher doses come with increased risks for adverse events and side effects including overdose, fractures, hormonal changes, and increased pain sensitivity.[18-26]
Myth: Opioid overdoses only occur among drug abusers and patients who attempt suicide.	**Fact:** Patients using prescription opioids are at risk of unintentional overdose and death.[20] This risk increases with dose and when opioids are combined with other CNS depressants like benzodiazepines and alcohol.[21]
Myth: Dose escalation is the best response when patients experience decreased pain control.	**Fact:** When treating chronic pain, dose escalation has **not** been proven to reduce pain or increase function, but it can increase risks.[32]

Fundamental Tenets of Responsible Opioid Prescribing



Tools for Assessing Addiction Risk

- Opioid Risk Tool – Clinician Form
  - Family History of Substance Abuse
  - Personal History of Substance Abuse
  - History of preadolescent sexual abuse
  - Psychological disorders
    - (ADD,OCD,Bipolar,depression)
- SOAPP 14 Q - Screener and Opioid Assessment Tool

Tools to Evaluate Current Misuse

- Current Opioid Misuse Measure (COMM)
  - 17 questions
  - Recommended for patients who are currently on opioid therapy.

Risk / Benefit of Continuing Therapy

- Tools help us
  - Evaluates the efficacy of pain treatment
  - Also provides assessment to determine if patient is abusing prescription medication
    - PADT – Pain Assessment and Documentation Tool (assesses long term progress of pt. receiving opioids)
    - SAFE – Measures 4 domains to evaluate efficacy of tx
      - Physical, Social, Emotional, Analgesia

Prescription Drug Monitoring Programs (PDMP's)

- Statewide programs that collect data on various controlled substance prescriptions
  - 48 states and one US territory have enacted PDMP legislation
  - Help Identify patients engaged in prescription drug abuse and diversion

PDMP'S ARE TO PRESCRIBERS WHAT RADAR IS TO THE POLICE

WV PDMP

- APRN CONTROLLED SUBSTANCE MONITORING REQUIREMENT
  - Authorized prescribers writing prescriptions for controlled substances are required to access and query the Board of Pharmacy Controlled Substance Monitoring Database for a specific client prior to writing a prescription for a controlled substance.
  - WV RN Board – link to sign up

Patient Education

- Safe Use of Opioid medication
- Storage and disposal of medication
- Accountability through PDMP's, drug screening & pill counts.
- Termination strategies for chronic therapy.

Patient Education

** Opiod Treatment Fact Sheet **

- Overview of using opioid medications to treat your pain
- Goals and possible benefits of opioid treatment
- Common Side Effects and Risks of opioids
- Alternatives to opioid treatment for chronic pain

- Urine Drug Screens, Pill Counts, PDMP
  - The purpose for testing, What will be screened for, possible cost to patient.
  - Actions that may be taken based on results of screen, pill count or information obtained from PDMP

Opiod Misuse Behaviors to Watch for

RED FLAGS

- ✓ **Highly Suggestive of Substance Use Disorder**

- **Deteriorating functioning at work/home**
- **Using medication in ways other than prescribed**
- **Legal Problems**
- **Concurrent abuse of alcohol or other drugs**
- **Obtaining prescritptions from non medical sources**

YELLOW FLAGS

- ✓ **Less Suggestive but may indicate addiction**

- **Missed Appointments**
- **Requesting Specific Medication**
- **Increasing dosage needed**
- **Obtaining similar meds from other physicians**
- **Complaints of needing more medication**

How to deal with Drug seeking behavior

AIDET Approach

- A – Acknowledge the patient & their pain
- I – Introduce yourself
- D – Duration – Review Hx / Physical and discuss duration of pain & TX
- E – Explanation – Provide appropriate explanation about why continuation of opioid meds is not in the patients best interest.
- T – Thank the patient for trusting you to provide the best and most appropriate care for the particular condition.

Key Universal Precautions in Prescribing Controlled Substances

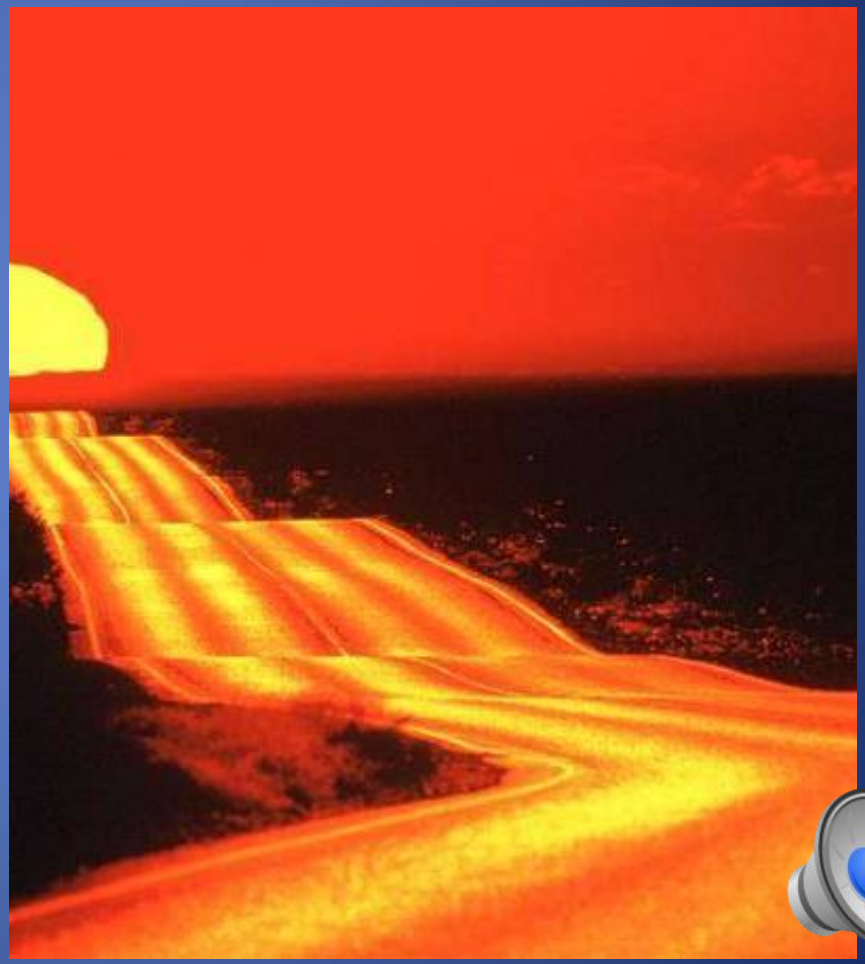
1. Select Patients who are appropriate Candidates for opioid management of chronic pain.
2. Follow an evidence-based protocol for initiating, titrating and concluding opioid therapy.
3. Recognize & Intervene when aberrant drug taking behaviors are identified.

Polling Question 6

Take Home Messages

- Lack of knowledge about addiction, appropriate pain management & risk are key contributing factors to prescription drug abuse & diversion.

- Universal Precautions for all opioid prescribing is “Best Practice”



Best Practices for Prescribing & Preventing Diversion

1. The Federation of State Medical Boards (FSMB) "Model Policy for the Use of Controlled Substances for the Treatment of Pain"

   http://www.fsmb.com

2. The American Pain Society (APS) and American Academy of pain Medicine (AAPM) "Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic non-cancer pain".

   http://www.aps.com **and** http://www.AAPM.com

Resources

Free Pain Assessment Tools and Addiction Risk Tools.

- Federation State Medical Boards

http://www.fsmb.org/

http://www.pain-resources.html

Agency for Healthcare Research – Guideline Clearinghouse

- http://guideline.gov/content.aspx?id=36924

Thank You

Questions

Comments