Indian Health Service
2012 National Behavioral Health Conference

Welcome

Prescription Drug Abuse & Diversion: Strategies for Prevention/Intervention

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Mobilizing Partnerships to Promote Wellness

House Keeping

- Please be sure to sign in and out on the Sign In Sheets located near the entrance to this room.
- Please complete the evaluation at the end of this presentation.
- For more information on Continuing Education Units (CEUs), please visit the Registration Desk

Comfort Room

- To promote wellness and self-care, a Comfort Room is available in Atrium Room 8 for your use.

- If you need further assistance, please visit the Indian Health Service Division of Behavioral Health booth.

Presentation Objectives

Participants will be able to:

- List the 3 leading classes and brands of abused Prescription medications
- List 3 substance abuse/drug seeking behavioral clues
- Describe 3 strategies to minimize inappropriate medication use and drug diversion

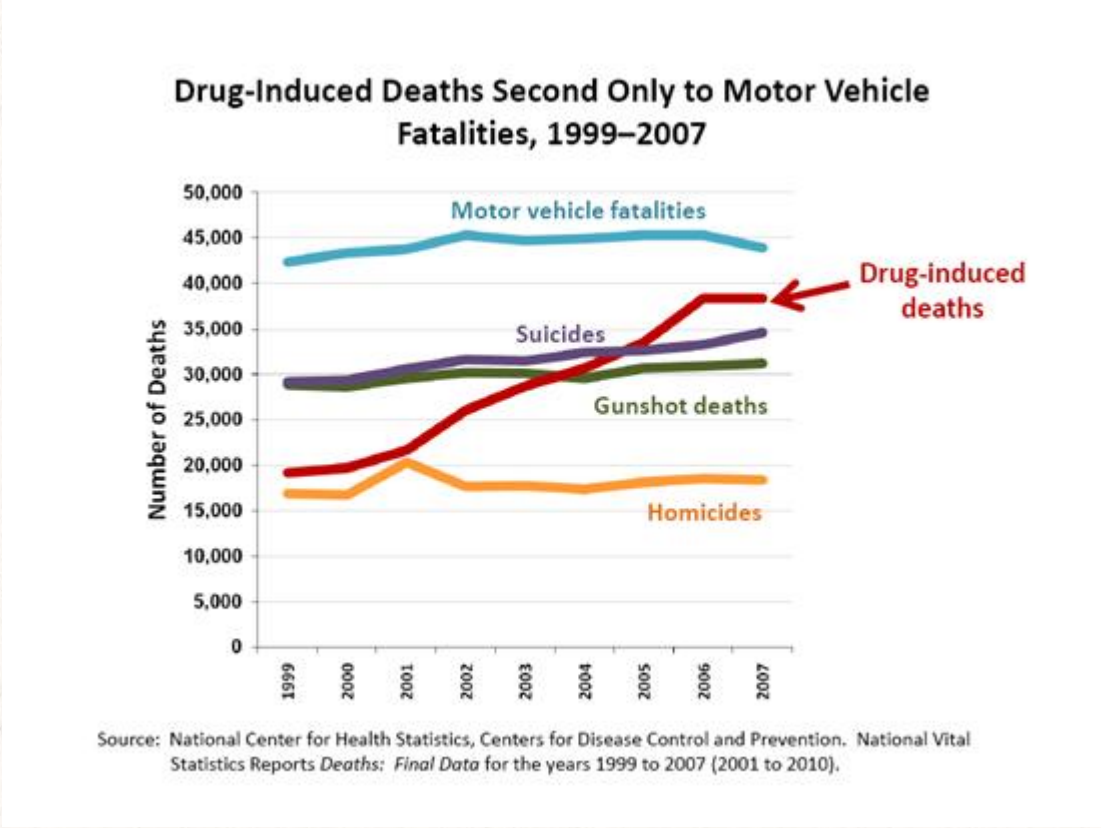
Background – Data

- The potent medications science has developed have great potential for relieving suffering, as well as great potential for abuse
- Prescription medication misuse and abuse is a serious public health and public safety crisis - considered an emergency
  - Compounded by many social problems that often result in domestic violence, criminal activity, injuries, and suicide
- Prescription drug abuse is the Nation's fastest-growing drug problem
- Military: illicit drug use increased 5%-> 12% among active duty service members over 3 years 2005-2008, primarily attributed to prescription drug abuse

Background – Data

- 10 year dramatic increase in # of prescriptions filled for opioid pain relievers
- Drug-induced Deaths 2nd to Motor Vehicle fatalities, and exceeds suicide and homicide (starting 2006-2007)
- Unintentional Drug Poisonings, Overdose Deaths by Opioids analgesics exceeds Cocaine & Heroin (x10+yrs)
- 2007 the CDC announced that opioid overdoses are the 2nd leading cause of accidental death in the U.S.

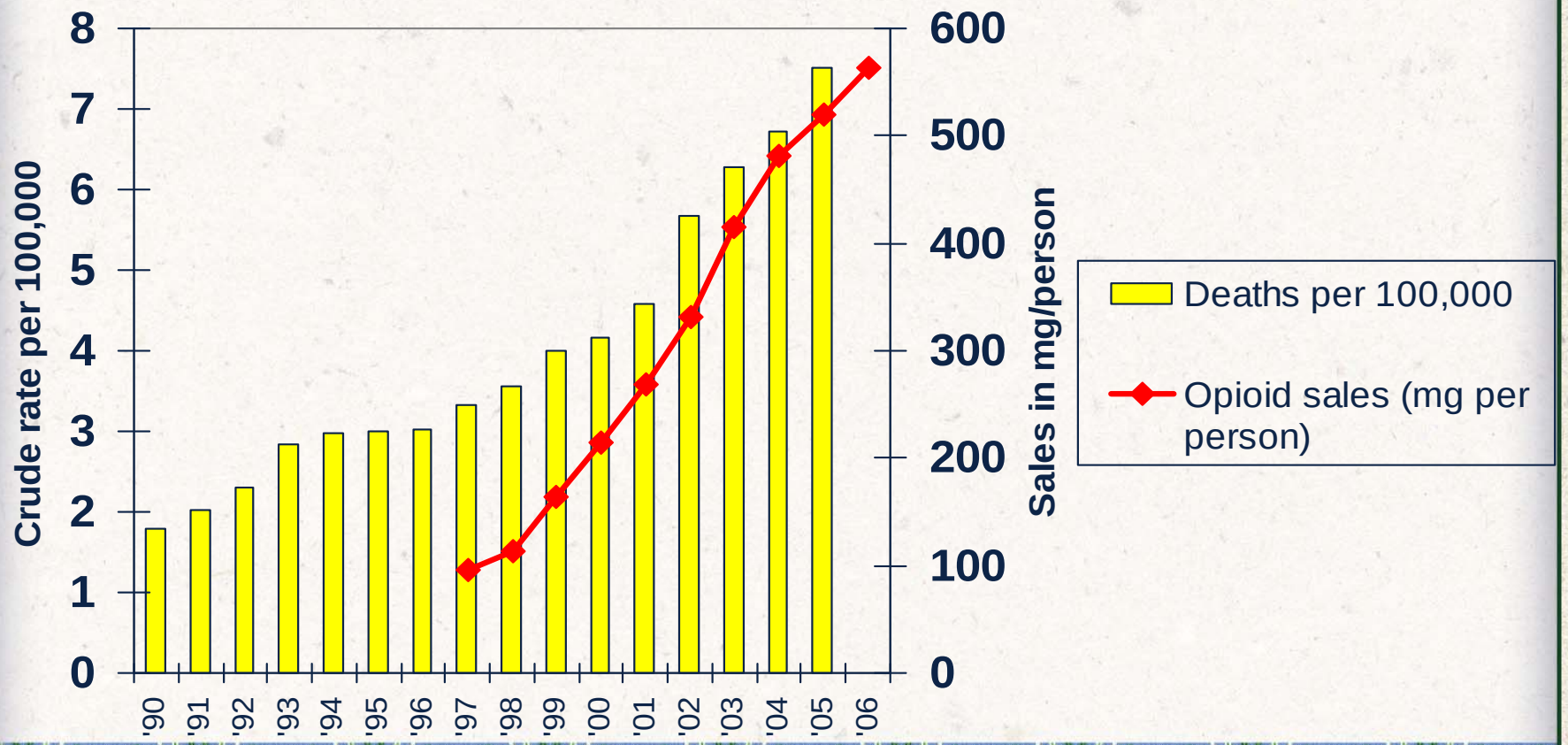
Background – Data



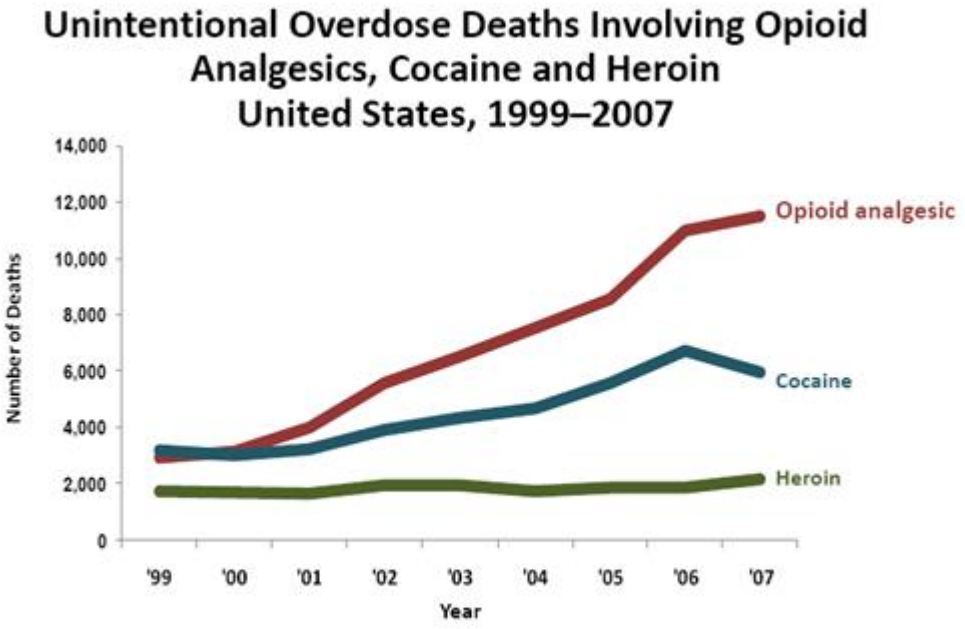
Source: National Center for Health Statistics, Centers for Disease Control and Prevention. National Vital Statistics Reports *Deaths: Final Data* for the years 1999 to 2007 (2001 to 2010).

Deaths per 100,000 related to unintentional overdose and annual sales of prescription opioids by year, 1990 - 2006

Source: Paulozzi, CDC, Congressional testimony, 2007

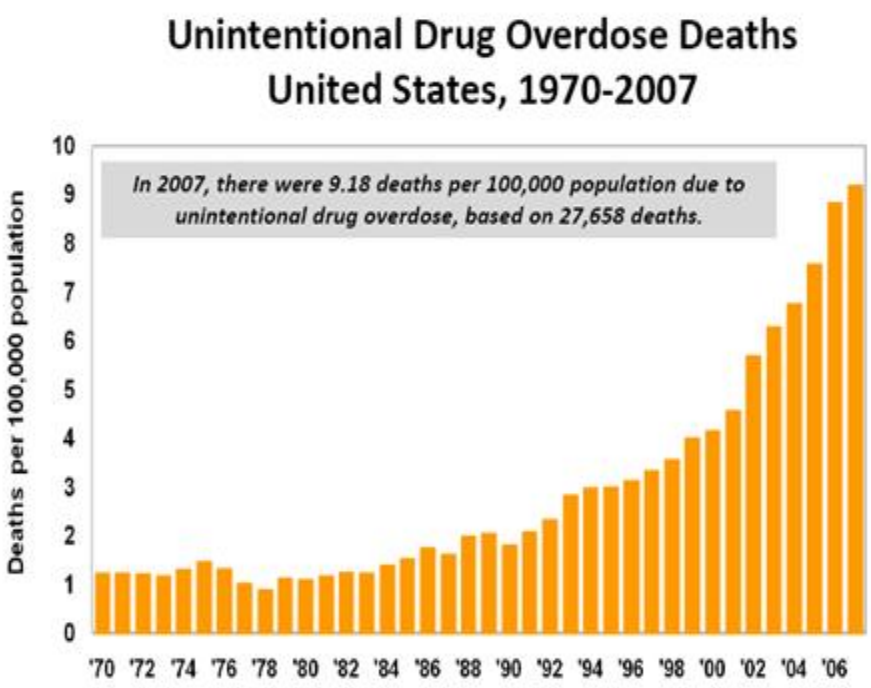


Background – Data



Source: Centers for Disease Control and Prevention. *Unintentional Drug Poisoning in the United States* (July 2010).

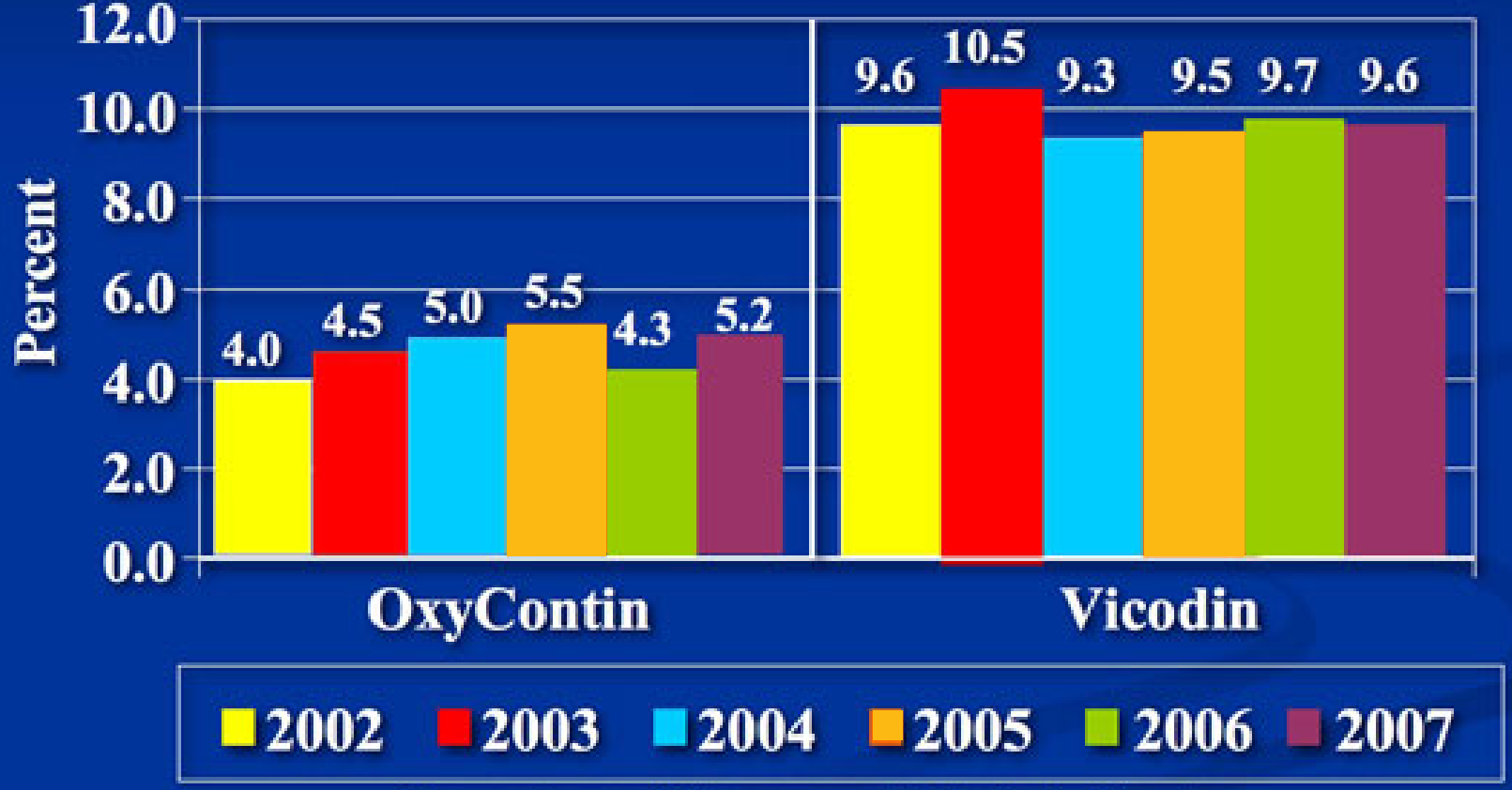
Background – Data



Source: Centers for Disease Control and Prevention. *Unintentional Drug Poisoning in the United States* (July 2010).

Issues of Concern

Percent of 12th Graders Reporting Nonmedical Use of OxyContin and Vicodin in the Past Year Remained High



No year-to-year differences are statistically significant.

2009 SAMHSA National Survey on Drug Use and Health

- Nearly 1/3 of people age 12 and over who used drugs for the 1st time in 2009 began by using a prescription drug non-medically
- Prescription drugs are the 2nd most abused category of drugs in US after Marijuana
  - 70% of people who use pain relievers for non-medical use got the drug from friends or relatives for free
  - 18% reported getting the drug from one doctor
  - 5% got them from a drug dealer
  - <0.5% from the Internet

Behavioral Health Data

- 60% (> 26 million) who experience mental health problems and nearly 90% (> 20 million) who need drug abuse treatment do not receive care
- By 2020, mental and substance use disorders (M/SUDs) will surpass all physical diseases as a major cause of disability worldwide
- M/SUDs: ~$94 billion in lost productivity costs/year
- Indirect cost of pain:
  - Untreated or inadequately treated pain impacts patients' quality of life and increases health care costs
  - More than 50 million workdays are lost each year due to chronic pain
- 30-44% of all cigarettes consumed in U.S. by individuals with M/SUDs
- Health Care Professionals Vulnerable To A/SA: Physicians, Dentists, Nurses, Veterinarians, Pharmacists, Behavioral Health Specialists, etc

Data on Physicians

- Studies on Medical Residents
  - 52% of 381 residents surveyed reported self-prescribing (Christie, JAMA280(14), 1253-55,1998)
  - 42% from sample closets
  - 11% from pharmaceutical representatives
- Alcohol - most frequent primary drug of abuse
- Opioids - Medications Accessible
  - 2nd most frequently abused substance by physicians arriving in treatment
- Marijuana - Used more commonly by ER, anesthesiology, family practice and psychiatric physicians
- Cocaine - diversion among medical specialties used in practice, low numbers, ER most common

Demographics – Gender

- Males account for the majority of physician addiction cases, ratios varying between 7:1 and 10:1. This contrasts with the 3 to 1 male to female ratio in the physician population at large.
- Female physicians:
  - More likely to report problematic drinking by the end of medical school
  - More likely to have alcohol problems later in life than their non-medical counterparts
  - Were more likely to be younger, and to have medical and psychiatric comorbidity
  - Are the subject of more severe sanctions by medical boards than their male counterparts

Substance Abuse by Specialty Conclusions

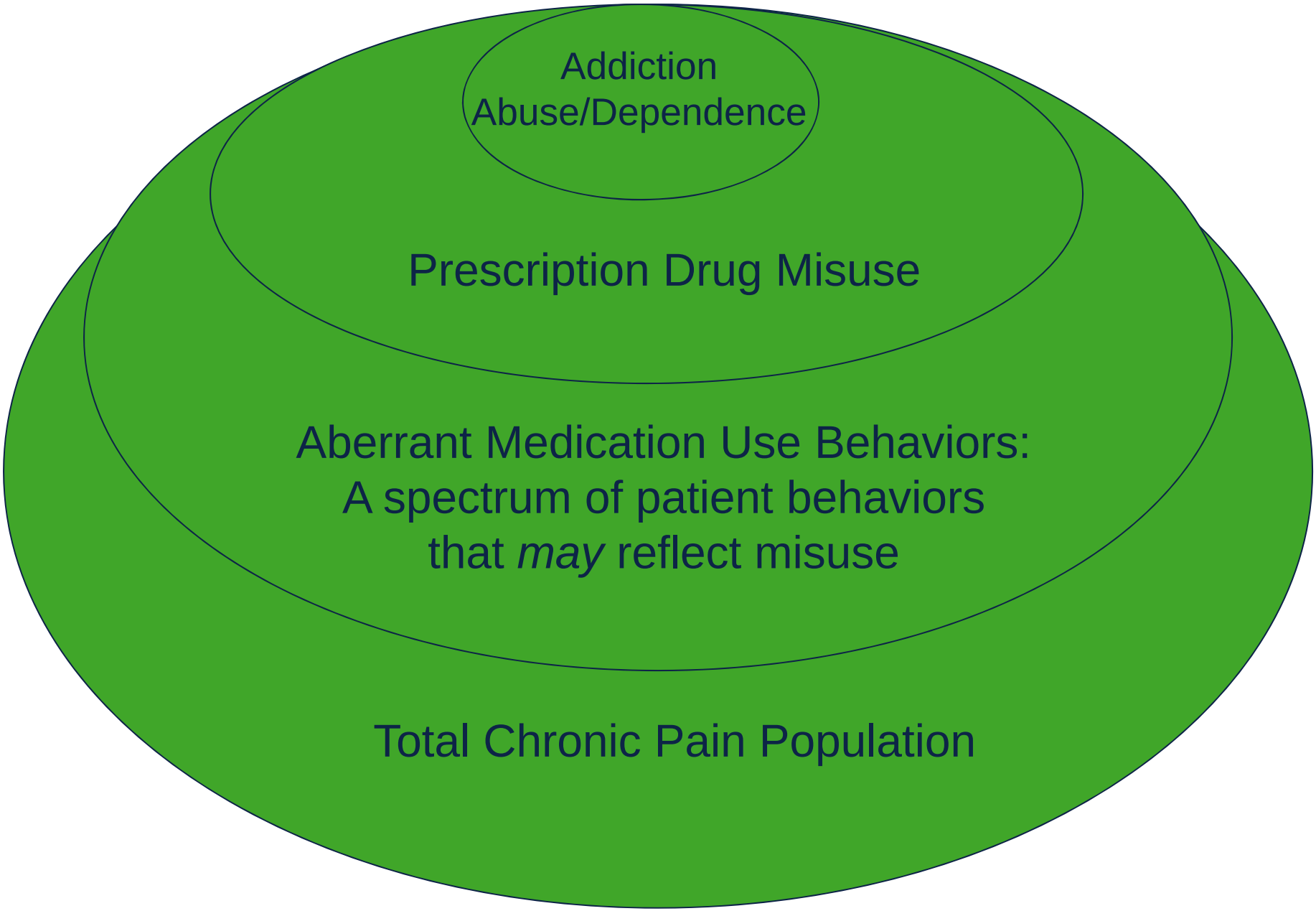
- 11 studies over 32 years on Physician Substance Abuse
- Multiple ways of sampling the physician population
- Total of 6797 physicians studied
- Over represented: Anesthesiology, Psychiatry, Emergency Medicine and Family Medicine (Probably)
  - Anesthesiology
  - Psychiatry
  - Emergency Medicine
  - Family Practice (probably)
- Under represented: Pediatrics, Surgery (maybe)
- Age Range: 25 - 83, median 49

Prescription Medications

- Important for legitimate medical purposes
  - Treatment of acute and some chronic pain conditions (e.g. RA)
  - Safe and effective when used as prescribed
  - Dual Challenge of Undertreated Pain & Opioid Abuse

Most commonly misused medications:

- Opioids (Tx Pain)
  - OxyContin (oxycodone
  - Vicodin (hydrocodone)
  - Demeral (meperidine)
- CNS Stimulants (Tx ADHD)
  - Ritalin (methylphenidate
  - Adderall (ampethamine/dextroamphetamine)
- CNS Depressants aka Tranquilizers, Sedatives (Tx Anxiety)
  - Valium (diazepam)
  - Xanax (alprazolam)



Adapted from Passik. APS Resident Course, 2007

Most Common Pain Chief Complaints Presenting to a Clinic

- Headache
- Back Pain
- Dental Pain
- Colitis/Irritable Bowel Symptoms
- Fibromyalgia

Patient Presentation

- Patients with substance disorder and drug seekers vary in age, gender, and socioeconomic status
- Some may have a legitimate problem
- Some exaggerate or fake symptoms to seek medications
- Pain is the chief complaint

Categories & Definitions of Pain

- Acute
  - Pain is typically ***a symptom*** of disease
  - Recent onset
  - Relatively short duration, lasting no more than 3 - 6 months
- Chronic (Persistent, Benign/Non-Malignant)
  - Pain ***is the disease***
  - Persisting for at least 1 month beyond usual course of acute illness or time required for an injury to heal
  - Patient's may experience intermittent episodes of acute pain (breakthrough pain/flare)
- Recurrent
- Malignant-Cancer

Pain is:

- Subjective
- Multi-determined
- Environmentally specific
- Pain does not always correlate with an identifiable causative injury or organic disorder

Experience - In other words:

What's real is what's real for the patient.

And can change depending on what they're doing, who they're with, what mood they're in . . . .

Pain: Facts and Fiction

- ***Facts***
  - Acute and chronic pain are serious problems for 20%–30% of the U.S. population
  - At any point, one-half of Americans have experienced some kind of pain within the past two weeks
  - Some 50 million people in America have disabling chronic pain
  - JCAHO statement: All patients have a right to adequate pain control

Pain: Facts and Fiction

- ***Fiction***
  - Pain is inevitable
  - Pain will not kill you
  - Taking pain medication early, when the pain appears to be most bearable, leads to:
    - Development of tolerance
    - Less effective pain relief later when the pain is severe

Primary Goals of Pain Treatment

- Establish policies/procedures for pain assessment and treatment consistent with JC approved standards

- To relieve/reduce pain severity
- To restore/improve function & activities of daily living (ADLs)
- Improve mood & sleep patterns
- To positively impact quality of life

Why Providers Have Difficulty Identifying Substance Disorder

- Clinician does not consider substance disorder in the patient's differential diagnosis
- Inadequate training in Addiction Medicine & Behavioral Health
- Provider co-dependence / boundary issues & enabling
- Patient (& family) is in denial or conceals problem
- Substance disorder may not be obvious from a single visit

Why Providers Have Difficulty Identifying Substance Disorder

- Patient tests the provider by presenting unrelated problems or minimizing
- Stereotypic assumption of what a substance abuser looks like
- Difficult to differentiate use from abuse, often no overt symptoms, signs until late into addiction

Definitions

- **Substance Intoxication**
  - Reversible due to ingestion of/or exposure to a substance
- **Substance Abuse**
  - Maladaptive pattern of substance use with recurrent & significant adverse consequences related to repeated use
  - Use of any substance(s) for non-therapeutic purpose, or use of Rx for purposes other than those for which it is prescribed
- **Substance Dependence**
  - Maladaptive pattern of substance use, leading to clinically significant impairment or distress

Definitions - continued

- **Physical Dependence**
  - Physiological state of adaptation characterized by emergence of a withdrawal syndrome
  - Withdrawal produced by:
    - Abrupt cessation
    - Rapid dose reduction
    - Decreasing blood levels
    - Administration of antagonist (Naloxone)

Definitions - continued

- **Analgesic Tolerance**
  - A physiologic state of adaptation resulting from regular use of a Rx in which an increased dosage is needed to produce the same effect, or a reduced effect is observed with a constant dose
  - Increasing medication need may result, especially with disease progression

- ***Physical Dependence & Tolerance***
  - Normal physiologic consequences of extended Opioid therapy for pain
  - Should not be considered Addiction

Definitions - continued

- **Addiction**
  - A primary, chronic, neurobiological disease that results in psychological dependence on a substance for its psychic effects
    - Influenced by genetic, psychosocial, & environmental factors
  - Characterized by 1 or >maladaptive behaviors:
    - Impaired Control over drug use
    - Compulsive use
    - Craving
    - Continued use despite harm/adverse consequences
    - Relapse after cessation/withdrawal

Definitions - continued

- **Pseudo-Addiction**
  - Pattern of behaviors by pain patients who are receiving inadequate pain management that can be mistaken for addiction
    - Drug seeking
    - Medications taken in larger amounts than prescribed
    - Running out of medications prematurely
    - Family concern about prescriptions
    - Withdrawal symptoms
  - Behaviors reflect under-treatment of pain
  - Adequate pain relief eliminates behaviors

Media Influence

We live in a "Drug Exposed" World

How do we sort out legitimate patients and their communications to us?

Media Influence
We live in a "Drug Exposed" World

- Advertisements by Pharmaceutical companies for medications prevalent on TV, Billboards, Radio
- Frequent images of alcohol & drug use content in Television shows
- Public Announcements "Just Say No to Drugs"
- Quick fix culture promotes pill, injection
  - Medical Professionals have contributed to this dilemma

Useful Questions to Probe for Drug Abuse in Patients

- Has patient restricted communication with providers?
- Have doctors terminated care or refused to prescribe?
- Diversion - Does patient have contact with street-drug culture?
- With patient's permission, consider interview family members to verify patient history

Substance Abuse/Drug Seeking Behavioral Clues

- History/situation confusion with disproportionate complaints of pain, atypical symptoms
- The patient's complaint of pain does not match the clinical findings
- Report of multiple drug allergies
- States they're "visiting", from "out of town"
- Frequently reports of lost, stolen, or destroyed Rx
- Prescription alteration or forgery
- Unauthorized self-dose escalation

Substance Abuse/Drug Seeking Behavioral Clues

- Fails to keep appointments
- Appearance at clinic without appt and in "distress", often near end of work day
- Inconsistent behavior from the waiting room to the treatment room
- Frequent use of emergency, after-hours, on-call providers
  - Higher rates of trauma/injuries, altercations
- Seeks prescriptions from multiple providers
- Has prescriptions filled at multiple pharmacies
- Patient leaves before treatment is complete if perceive will not be given their drug of choice

Substance Abuse/Drug Seeking Behavioral Clues

- Fails to comply with non-drug pain therapies
- Shows interest only in relief of symptoms, not rehabilitation
  - Preference for specific narcotic (identifies by name) & routes of administration
  - States particular drug prescribed by another provider in different locale
  - Demands drugs of high street value - very insistent!
  - Non-medical source of purchase

Substance Abuse/Drug Seeking Behavioral Clues

- Reports/claims non-opioid interventions & certain drugs are ineffective
- Failed or unwilling to try alternative meds/therapy
- Avoids producing prior medical records
- Avoids work up and diagnostic tests
- Requests work absence excuses/worker's comp/SSI
- **Desire to terminate care by either patient &/or clinician!**

Negotiating with Drug-Seeking Patients * *Process*

- Elicit the patient's perspective
  - Don't assume you know
- Present your perspective
  - Create an emphatic bridge
- Arrive at common goals
  - Concentrate on areas of agreement
- State boundaries
  - Concentrate on what you are willing to do, rather than on what you refuse to do - what you feel comfortable with
  - Tolerate your own discomfort in setting limits

Negotiating with Drug-Seeking Patients * *Process*

- Deal with emotions
  - Reflection: acknowledges feelings, opens discussion
  - Validation: normalizes the patient's experience
  - Support: empathy starts problem-solving
- Be understanding, not defensive
  - Defensiveness escalates emotions
  - You don't have to agree to express understanding
- Share control
  - Empowers patient to make changes
- Focus on function, not pain
  - Ask what patient can do and what pain is preventing patient from doing

Dealing with Disruptive or Drug-Seeking Patients

- Usually have substance disorder &/or mental health condition -> referral to Behavioral Health Counselor
- De-Escalation Training / Skills
- Establish clear clinic policies/procedures
- Do not hesitate - Immediately contact security/police if patient becomes threatening or violent
  - Order of protection
- Finally, if absolutely necessary, may discharge ("fire") a patient from the "practice" with proper notification (transfer care, prevent "patient abandonment" claim)

General Strategies

- Promote Behavioral Health and Primary Care Integration, expanding opportunity for intervention earlier in BH cycle
  - Relates to the IHS National Improvements in Patient Care (IPC) collaborative
- Implement Multi-disciplinary Team Approach
- Implement "Medical Home"- Individualized Patient Care
- Pain Management - Formal Treatment plan is essential
  - Based on objectives used to determine success (pain relief, improved ADLs, etc); Rx: Non-Opioid, Opioid & other CS
- Establish Prescribing Standards of Care in Clinical Management of Patients per best practices

General Intervention Strategies

- **Prevention/Treatment Works:** Research shows combination of medication & behavioral therapies most successful
- Adolescent A/SA Treatment Programs (11 YRTC in IHS)
  - Aftercare planning and follow-up after discharge essential
  - Focus on culturally appropriate interventions AI/AN youth
- Alternatives to incarceration for non-violent SA offenders
- Employee Assistance Program
  - Confidentiality
  - Protection
  - No cost for the initial evaluation and therapy
  - Objectivity

The Good News!

- The success rate of health professionals in programs dedicated to staying clean and sober is 95%!

Strategies to Minimizing Inappropriate Medication Use and Drug Diversion

- Stay current on and comply with laws & regulations (rapid change)
- Effective communication
- Ask for identification-driver's license, SSN
- Verify patient's medical history by directly contacting prior physicians, obtain records
- Do a complete H&PE and document well
- Schedule regular visits & frequently prescribe small quantities (but adequate doses) of Rx

Strategies to Minimizing Inappropriate Medication Use and Drug Diversion

- Avoid refills; No replacement or early Rx
- Avoid telephone Rx & leaving written Rx with staff for patient when you're not in the office
- Do not prescribe to patients on demand
- Do not prescribe just to get rid of the patient
- Do not prescribe small dose hoping it will be the patient's last visit

Strategies to Minimizing Inappropriate Medication Use and Drug Diversion

- Select long-acting drugs; no rescue doses
- Determine minimum Rx dose necessary to maintain function/ADLs by attempting to decrease dose by 25% (titrate)
- Use Pain Agreements & address deviations
- Use EHR; Write out Rx amount & refills (#10-Ten)
- Keep copy of all controlled prescriptions
- Use one pharmacy; conduct pill counts

Strategies to Minimizing Inappropriate Medication Use and Drug Diversion

- Always document why patient continues to need Opioid Rx
- Do not document treatment failure & continue with the same treatment
- Do not hesitate - Immediately contact security/ police if patient becomes threatening or violent
- Keep current by continuing education
- Cooperate with regulatory agencies

Legal & Regulatory Considerations

- State Licensing Boards
  - Judge validity of prescribing based on the provider's treatment of the patient and on available documentation, rather than quantity and chronicity of prescribing
  - Define what constitutes unprofessional conduct
  - May sanction a health professional's license (deny, reprimand, suspend, or revoke)
- Internet "On-line" Prescribing Issues
  - A legitimate provider-patient relationship must exist
  - It's illegal to prescribe without a good faith exam & appropriate medical indications/purpose

"Guidelines for the Use of Controlled Substances for Pain Control"

- Evaluate the patient - Thorough H&PE
- Treatment Plan
  - Multiple modalities: PT/OT, BH, Traditional Medicine, CAM, Rx, Surgery
  - Written stated objectives to determine treatment success
- Informed Consent (risks & benefits of Opioids) & Agreement for Treatment
- Periodic Review
  - Course of treatment, new info on pain etiology, re-evaluate appropriateness of continued treatment
- Consultation & Referral
- Medical Records Documentation
  - Keep current, accurate, consistent, & complete records, readily available for review
- Compliance with Controlled Substance Laws & Regulations

Obama Administration's National Drug Control Strategy

A Balanced Approach: 2012 Strategy Action Items

- Strengthen Efforts to Prevent Drug Use
- Seek Early Intervention Opportunities in Health Care
- Integrate Treatment into Mainstream Health Care
- Break the Cycle of Drug Use and Crime, Delinquency, and Incarceration
- Disrupt Drug Production and Trafficking
- Strengthen International Partnerships
- Improve Information Systems

Obama Administration's National Drug Control Strategy

- Office of National Drug Control Policy - 2011 Prescription Drug Abuse Prevention Plan

  "Epidemic: Responding to America's Prescription Drug Abuse Crisis"

- System's Approach - 4 Pillars:
  - Education
  - Monitoring – PDMPs data sharing
  - Proper Medication Disposal
  - Enforcement

Education for Prevention
Crucial 1st Step to Raise Awareness

- Patient
- Parent, youth
- Community
- Leadership /Policy Level
- Healthcare Providers & Staff / Prescribers & Pharmacists
  - Appropriate prescribing, safe use, storage, disposal

Clinician Education

- IHS National Training Opportunities
  - IHS-BIA-BIE-SAMHSA Behavioral Health Conference
  - Advances in Indian Health Course
  - National Combined Councils Meeting
  - Clinical Update on Substance Abuse and Chemical Dependency Course
  - Office Based Opioid Therapy (OBOT) - Suboxone (buprenorphine)
    - To date, 200+ physicians & 200+ mid-level providers trained
    - Risk Evaluation and Mitigation Strategies (REMS) – incorporated into training and practice at OBOT sites
    - Great care is taken to prevent the misuse and diversion of opioid medications including buprenorphine
- Brief Intervention & Motivational Interviewing
- ASAM -Provide CME resources & encourage physicians to become certified in Addiction Medicine
- IHS Chronic Non-Cancer Pain Management Policy

Monitoring

- DEA Registration: Individually assigned # for prescribers
  - Ability for DEA to monitor prescribing patterns of individual clinicians working in ITU facilities
  - Required to be granted a Drug Addiction Treatment Act 2008 (DATA) program waiver to prescribe Buprenorphine (Buprenex) for the treatment of Opioid addiction
- State Prescription Drug Monitoring Program
  - Data sharing implemented; Software interfaced between IHS-RPMS & some states complete
  - Most State PDMPs are operational
- "National All Schedules Prescription Electronic Reporting Act of 2005" (NASPER) program
- McKesson & Prime Vendor reporting to DEA

Monitoring

- Area Pharmacy circulars:
  - Medication Safety/Security policy
  - Lost or Stolen Medication Policy
- IHS EHR; IHS Pharmacy Practice interface, E-Prescribing
- Pharmacy
  - Conduct controlled substance audits
  - P&T Committee: decision to delete OxyContin and/or Vicodin off formulary
  - Implemented tamper resistant prescriptions
- Patient – Urine Drug Screening (UDS)/Toxicology

Proper Medication Disposal

- Local Law Enforcement
  - Locked drop boxes @ stations
- At Home - Mix with kitty litter
- DEA Prescription Drug Take-Back Days
  - Urban: Local Pharmacies
  - Rural: Local Law Enforcement sites and Tribal sites in partnership

Enforcement

- Security: Facility Alarm System
  - Pharmacy and Pharmaceutical Storage Sites
    - Locked Door & Storage Cabinets
    - Cameras
    - Robotic dispensing
    - Routine Rx supply reconciliation
- Collaborate with Local Law Enforcement – Joint Task Force
- ONDCP Initiatives: Criminal Justice Reform, Alternatives to Incarceration, Drug & Veteran Courts

Partnerships
Public Health Approach

- HHS – SAMHSA, ONDCP
- Drug Enforcement Agency
- Judicial System & Law Enforcement
- Local Collaborations
  - Community Organizations
  - Educational system
  - Health Care
  - Faith Based

Crisis Hotline Numbers

Suicide Prevention Lifeline Number:

- 1-800-273-TALK (8255)

National Domestic Violence Hotline:

- 1-800-799-SAFE (7233) or TTY 1-800-787-3224

National Child Abuse Hotline:

- 1-800-4-A-CHILD

Sexual Assault Hotline:

- 1-800-262-9800

References:

- Office of National Drug Control Policy: www.whitehousedrugpolicy.gov
  - http://www.whitehouse.gov/ondcp/prescription-drug-abuse
- Drug-Free Communities Support (DFC)
  - www.whitehousedrugpolicy.gov/dfc/
- Substance Abuse and Mental Health Services Administration
  - www.samhsa.gov
- National Youth Anti-Drug Media Campaign
  - www.mediacampaign.org
- National Institute on Drug Abuse (NIDA)
  - www.drugabuse.gov/nidahome.html
- Trends in Indian Health
- Bridges Out of Poverty: www.bridgesoutofpoverty.com

Resources - Websites

- American Academy of Family Medicine:
  - www.aafp.org
- American Academy of Pain Medicine
  - **www.painmed.org**
- American Academy of Pain Management
  - Article: Cole, Prescribing Opioids
  - **www.aapainmanage.org**
- America Medical Association
  - "Pain Management: The Series"
  - **www.ama-assn.org**
- American Pain Society
  - **www.ampainsoc.org**

Resources - Websites

- American Society of Addiction Medicine
  - **www.asam.org**
- Drug Enforcement Administration
  - www.dea.gov
  - www.deadiversion.usdoj.gov/
- Federation of State Medical Boards
  - **www.fsmb.org**
- Joint Commission for Accreditation of Healthcare Organizations
  - **www.jcaho.org**
- MN Board of Medical Practice
  - http://www.bmp.state.mn.us/ (Pain management section)
- The Mayday Pain Project
  - www.painandhealth.org

Contact Information

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