

Prescription Drug Abuse

**Providers Need Drug Rehab
Before They Can Lead Our Nation
Into Recovery**



Roneet Lev, MD FACEP

SCOPE OF PROBLEM

THE WALL STREET JOURNAL
WSJ.com

THE SATURDAY ESSAY | October 5, 2012, 6:51 p.m. ET

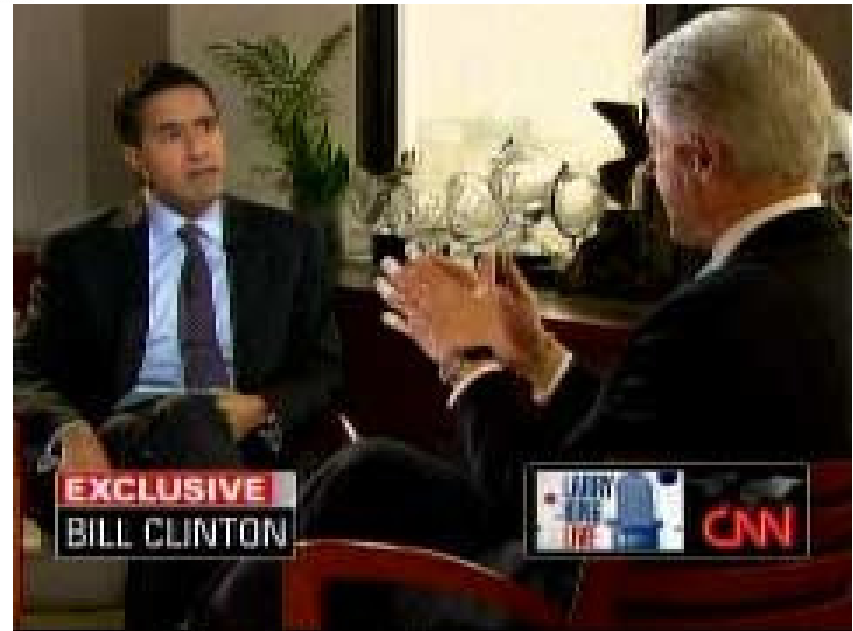
Prescription for Addiction

By THOMAS CATAN, DEVLIN BARRETT and TIMOTHY W. MARTIN



Ann and Bruce Kinkade discovered a network of doctors and pharmacies that fueled the addiction that killed their daughter. More Americans now die each year from prescription drug overdoses than from cocaine, heroin and other illegal drugs. Weekend Review editor Gary Rosen discusses the problem with WSJ staff writer Thomas Catan.

Jaclyn Kinkade, a 23-year-old doctor's-office receptionist and occasional model, was a casualty of America's No. 1 drug menace when she overdosed and died, alone, in a tumbledown clapboard house in Dunnellon, Fla.



Health Ledger

1979 - 2008

- Oxycodone
- Hydcodone
- Diazepam (valium)
- Temazepam (restoril)
- Alprazolam (ativan)
- Doxylamine (antihistamine)



Michael Jackson

1958 - 2009

Propofol

Lorazepam (Ativan)

Diazepam (Valium)

Midazolam (Versed)



Whitney Houston

1963 - 2012

Cocaine

Marijuana

Benadryl

Flexeril

Xanax



Anna Nicole Smith

1967 - 2007

Chloral Hydrate

Valium

Klonopin

Ativan

Serax

Benadryl

Topamax

Methadone (in bile, not blood,
so not recent)



PHYSICIANS CREATED PROBLEM

PHYSICIANS NEED TO LEAD THE RECOVERY



12 STEP PROGRAM



STEP 1: Decade of Pain Control

- 1997 SB 402 The Pain Patient's Bill of Rights
 - 1999 Pain – 5th Vital Sign
 - 2001 Clinton Administration: Decade Pain Control and Research
 - 2005 California Pain Management Standards
 - CME, Eliminate Triplicate Rx
 - Patient Satisfaction Surveys
-

THE DARK TRUTH BEHIND PAIN AS THE FIFTH VITAL SIGN

WALL STREET JOURNAL DEC 2012

“A PAIN CHAMPION HAS SECOND THOUGHTS”

Dr. Russell Portenoy

- Pain Specialist NY
- Pain 1986;25(2):171
- Review of **38 patients**. “opioid medications can be safely and effectively prescribed to selected patients with relatively little risk of producing the maladaptive behaviors which define opioid abuse”
- Less than 1% risk addiction
- Director American Pain Foundation
- Advocate Pain as **5th Vital Sign**
- \$\$\$\$\$\$ from multiple opioid manufacturers



US Opioid Fun Facts

4.6% of world population

80% opioid supply

99% hydrocodone supply

2/3 world's illegal drugs



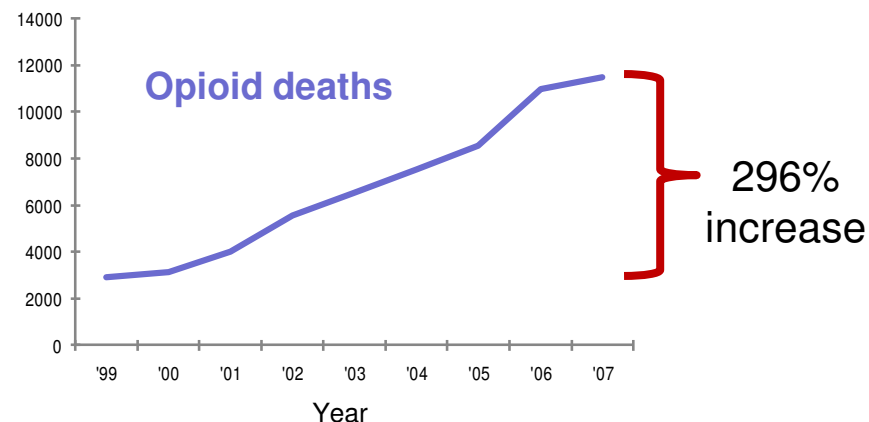
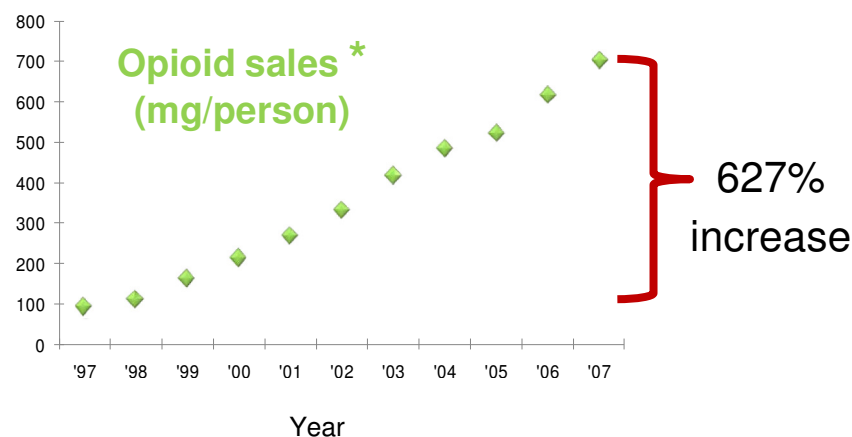
Unintentional Overdose Deaths Involving Opioid Analgesics Parallel Opioid Sales United States, 1997–2007

□ Distribution by drug companies

- 96 mg/person in 1997
- 698 mg/person in 2007
 - Enough for every American to take 5 mg Vicodin every 4 hrs for 3 weeks

□ Overdose deaths

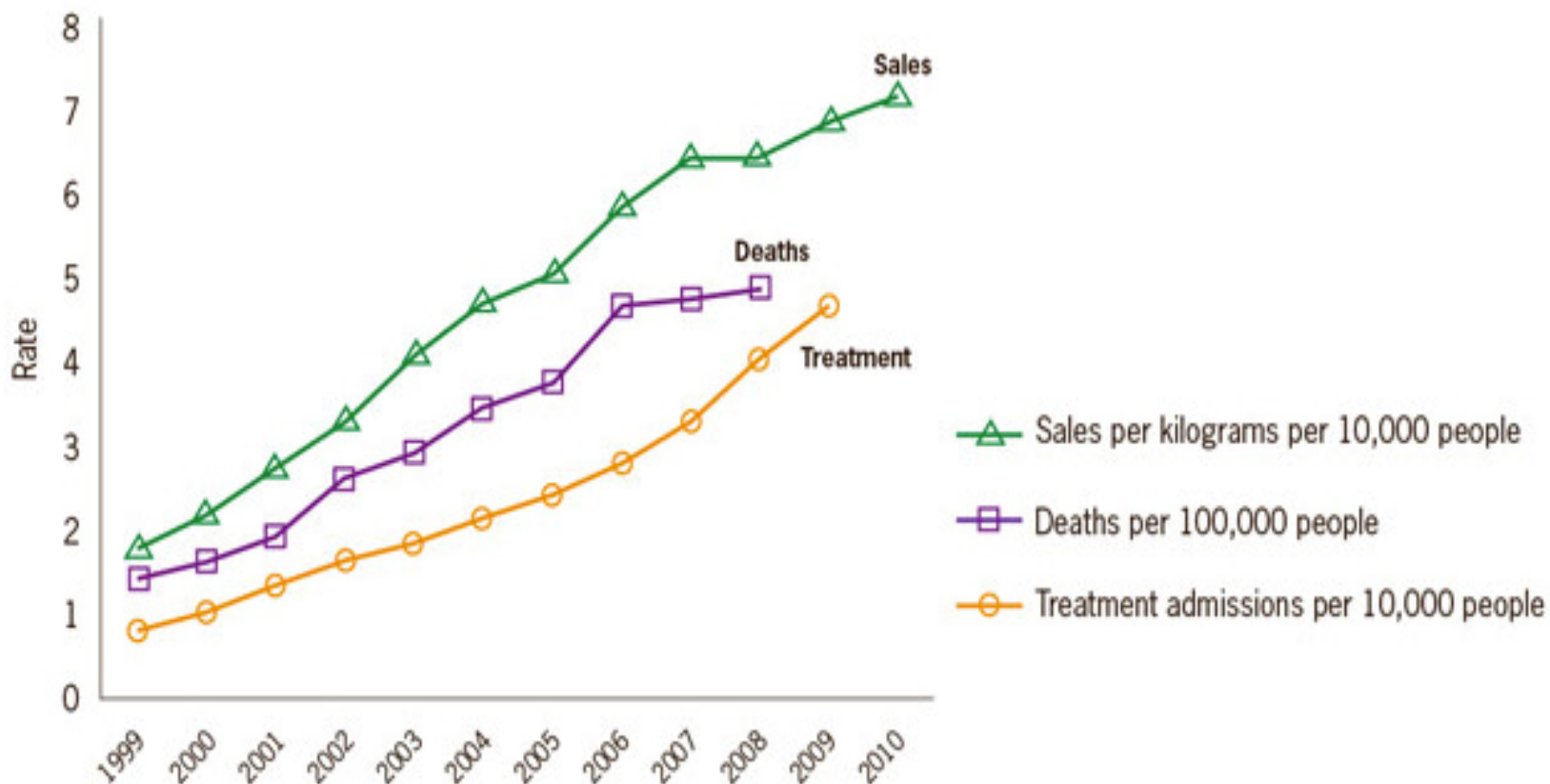
- 2,901 in 1999
- 11,499 in 2007



National Vital Statistics System, multiple cause of death data set and Drug Enforcement Administration ARCOS System
 * 2007 opioid sales figure is preliminary



RATES OF OPIOID SALES, DEATHS, ADDICTION TREATMENT (1999-2010)



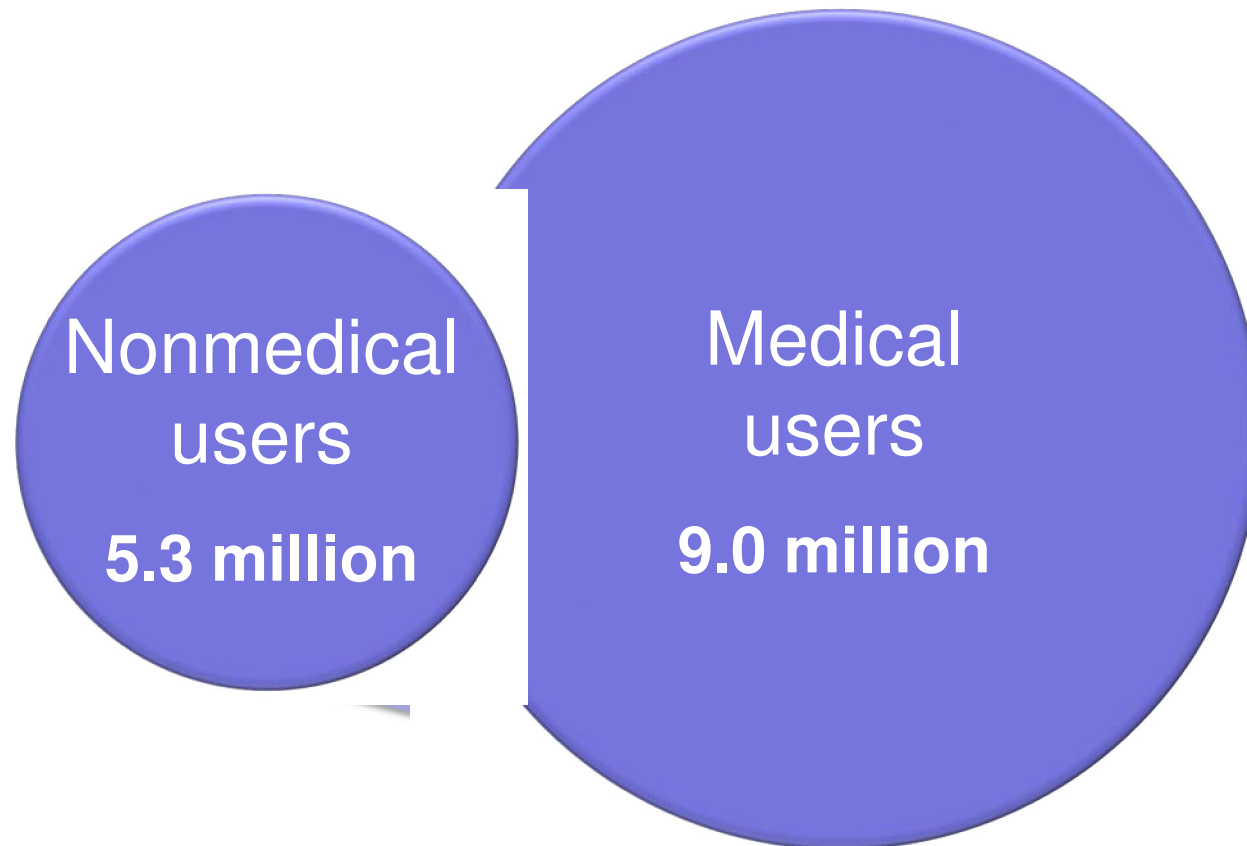
SOURCES: National Vital Statistics System, 1999-2008; Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 1999-2010; Treatment Episode Data Set, 1999-2009



STEP 3: Misuse of Pills

- **2009: 16 million Americans report non medical use of painkillers, stimulants, tranquilizers**
 - **About 10% high schools abuse Vicodin for non medical purposes**
-

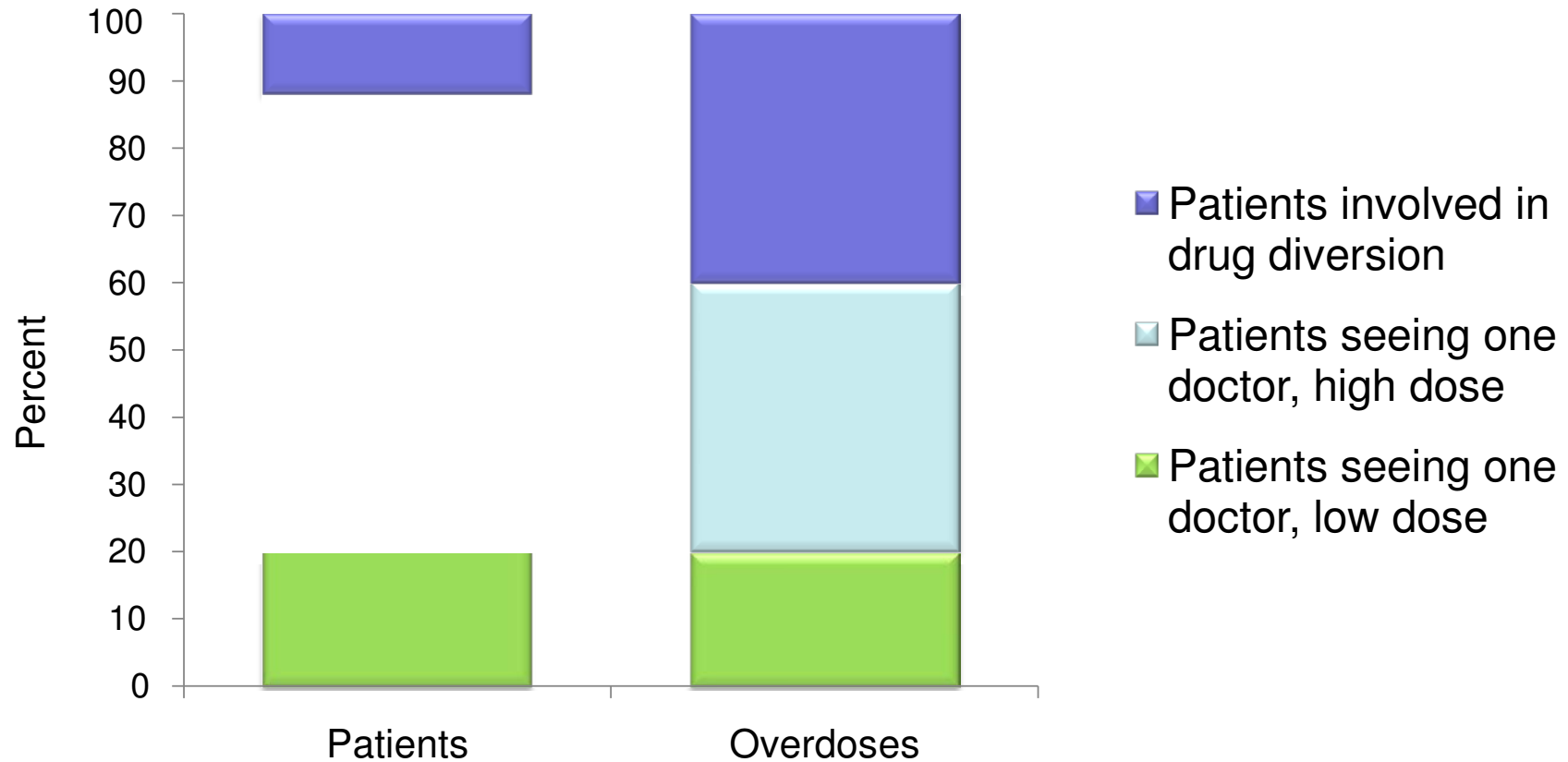
Opioid Analgesics: Users in the Past Month



National Survey on Drug Use and Health, 2009. <http://www.oas.samhsa.gov>



Distribution of Patients and Overdoses by Risk Group



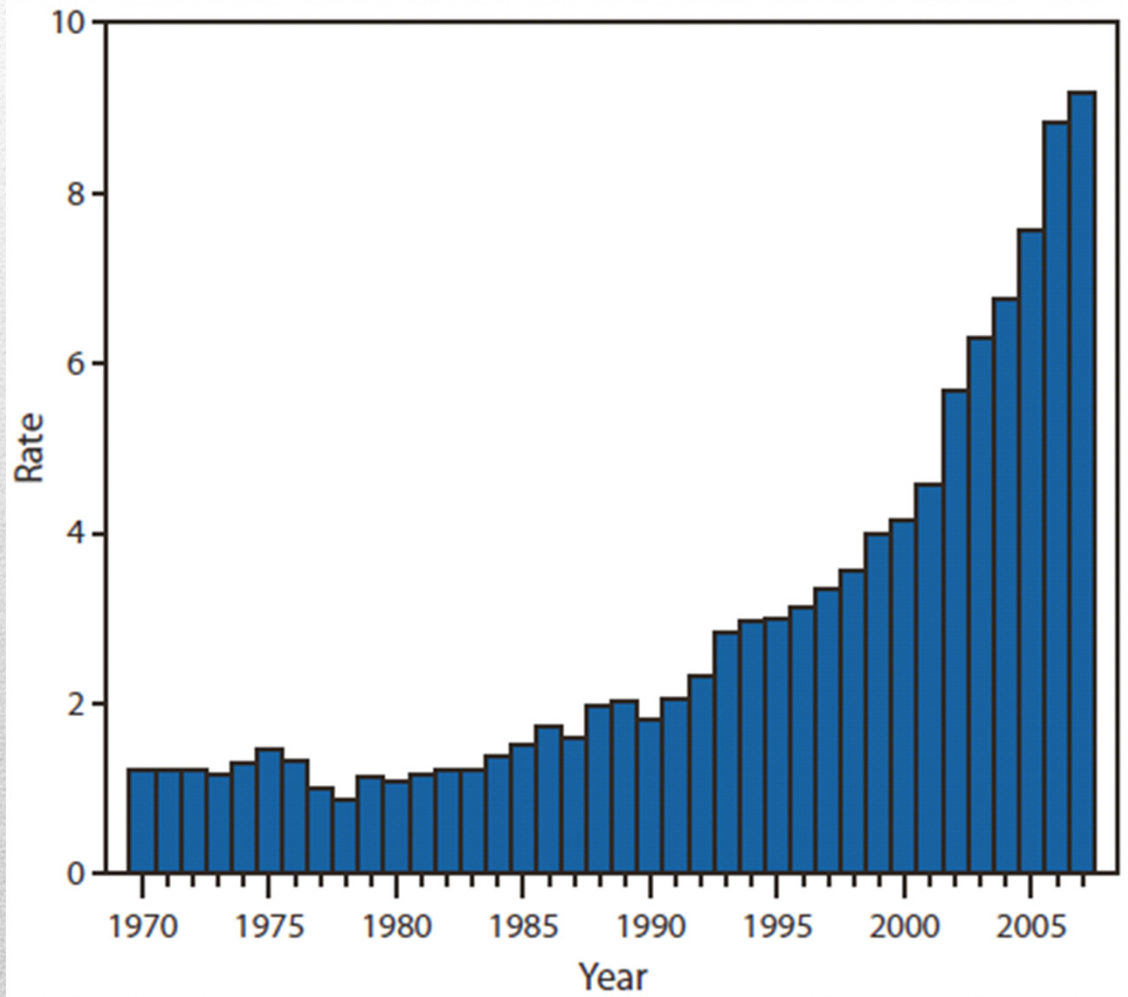
STEP 4: The Emergency Department

20% of Patients have Chronic Pain Condition



STEP 5. Deaths

CDC: RATE OF UNINTENTIONAL DRUG OVERDOSE DEATHS

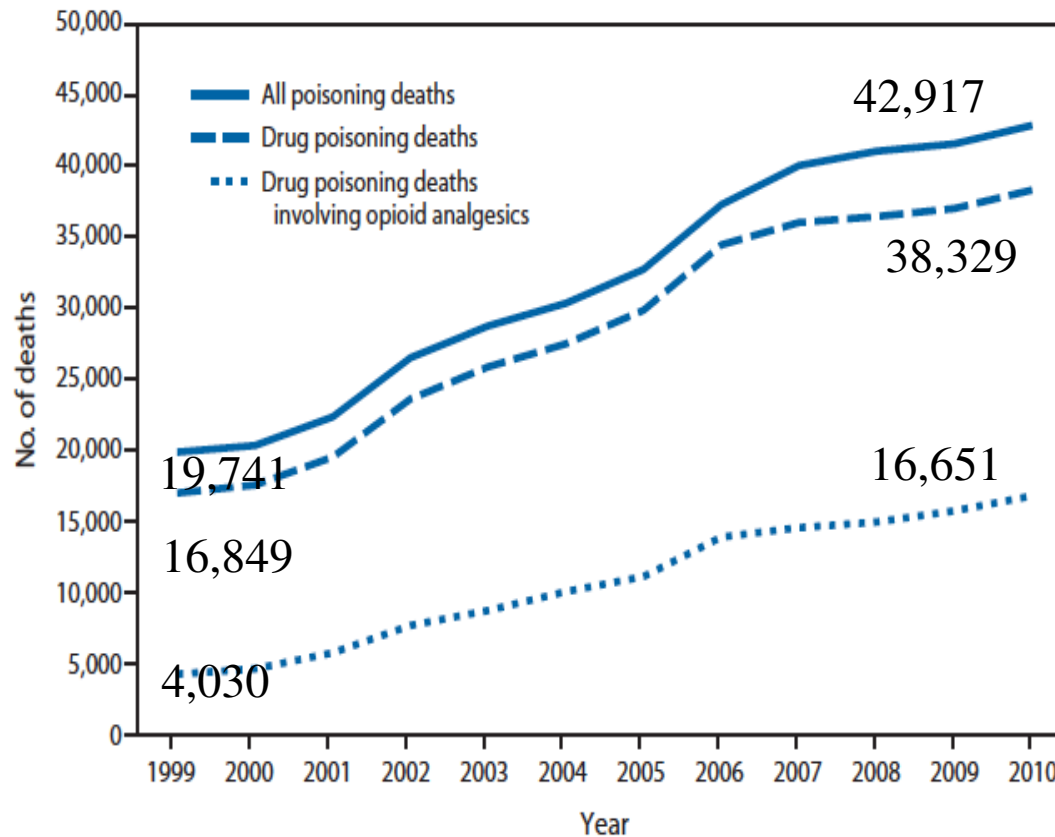


105
deaths
a day

Deaths - Nationwide

CDC: PRESCRIPTION DRUG ABUSE IS EPIDEMIC

Number of Deaths From Poisoning,* Drug Poisoning,† and Drug Poisoning Involving Opioid Analgesics§ — United States, 1999–2010



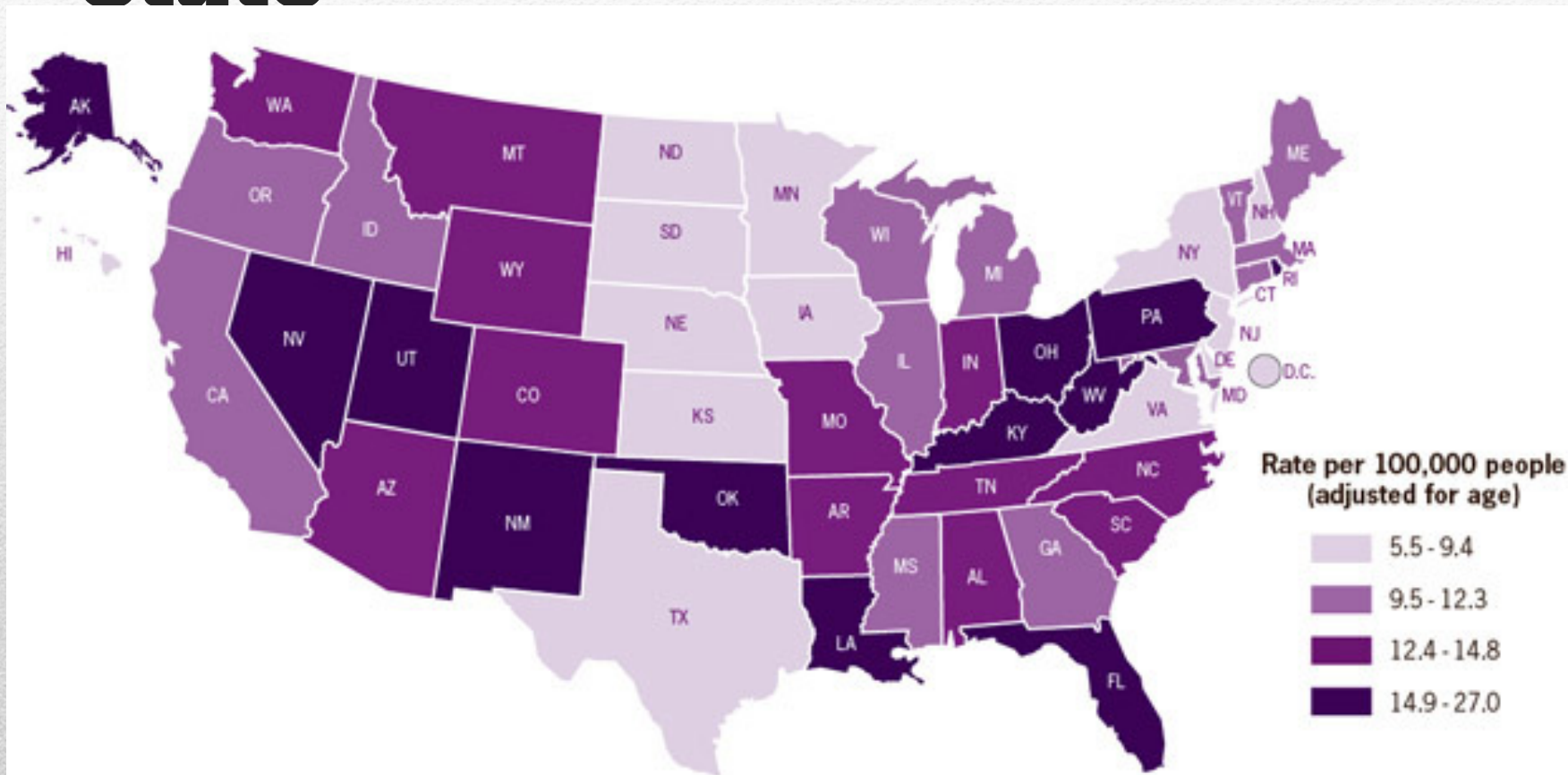
4 x increase
in deaths due
to opioids

105 deaths per
day from PDA

Opioids involved in
43% of total 38,329
drug poisoning
deaths in 2010
(was 24% in 1999)

Drug Overdose Death Rate by State

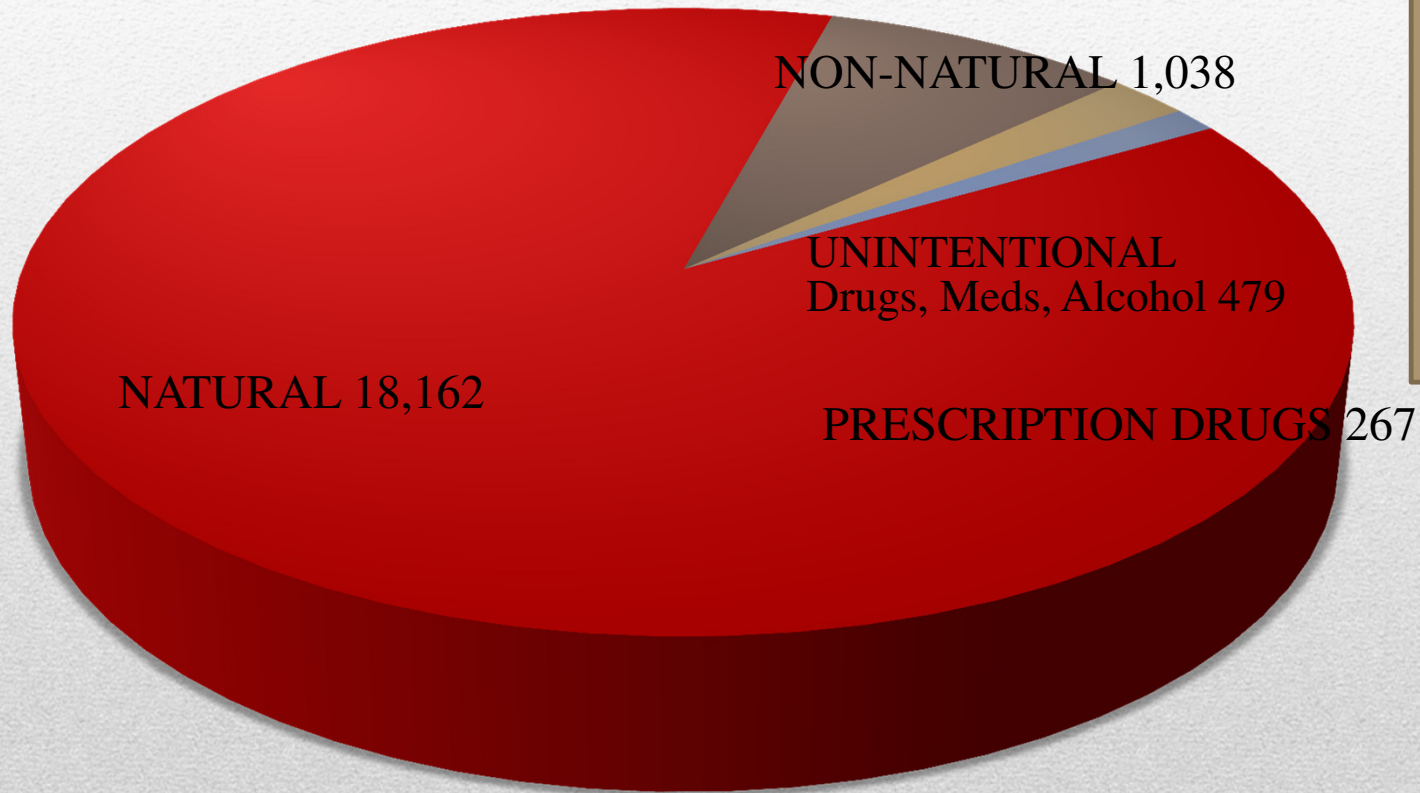
PER 100,000 PEOPLE, 2008



SOURCE: National Vital Statistics System, 2008

CALIFORNIA 10.4; **HIGH:** New Mexico 27; **LOW:** Nebraska 5.5

Deaths – San Diego

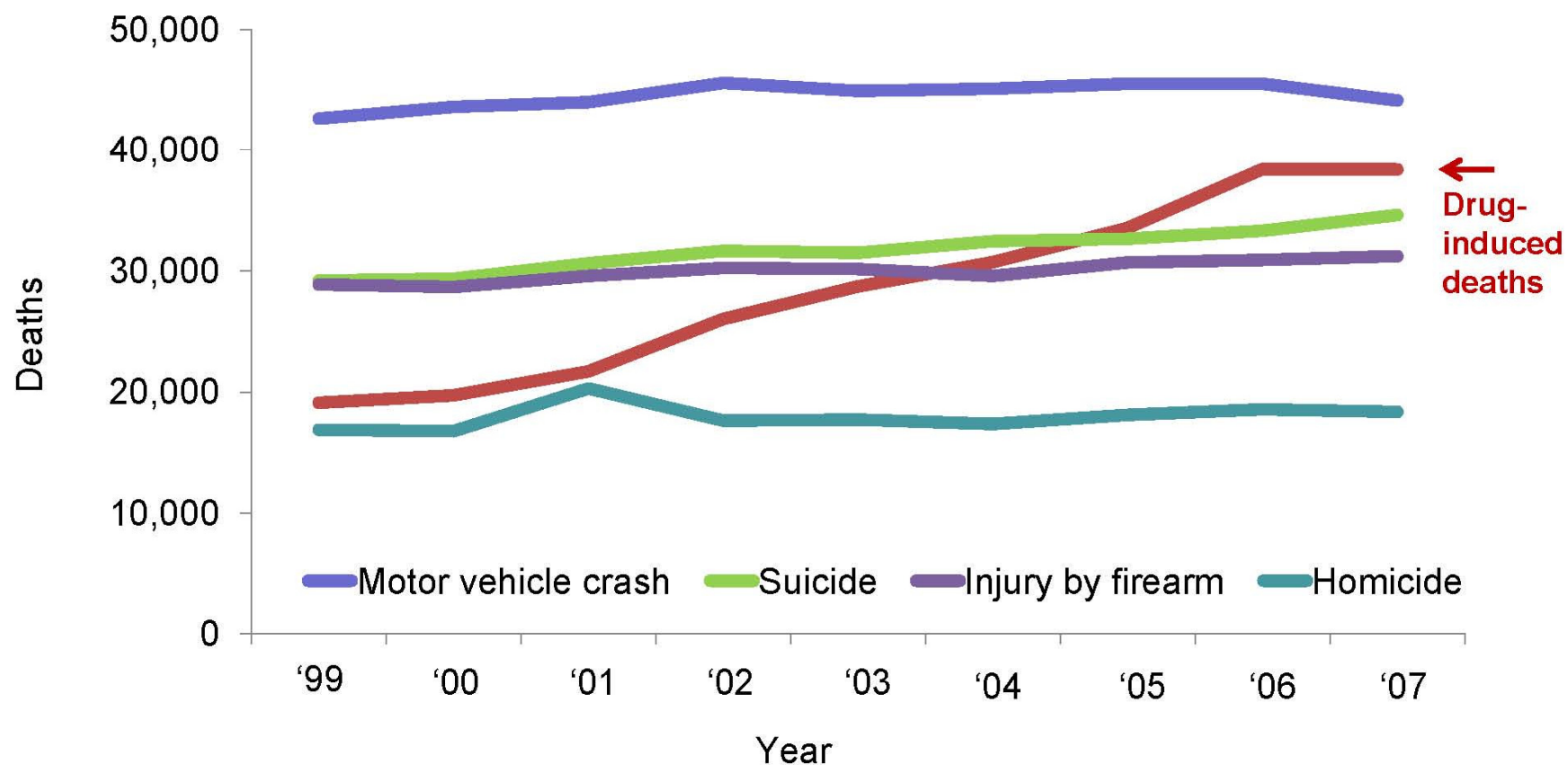


479 Total is
*80%
increase
since 2000
* #2 behind
heart
disease

2011 Data, approximate

~~20,000~~ Total

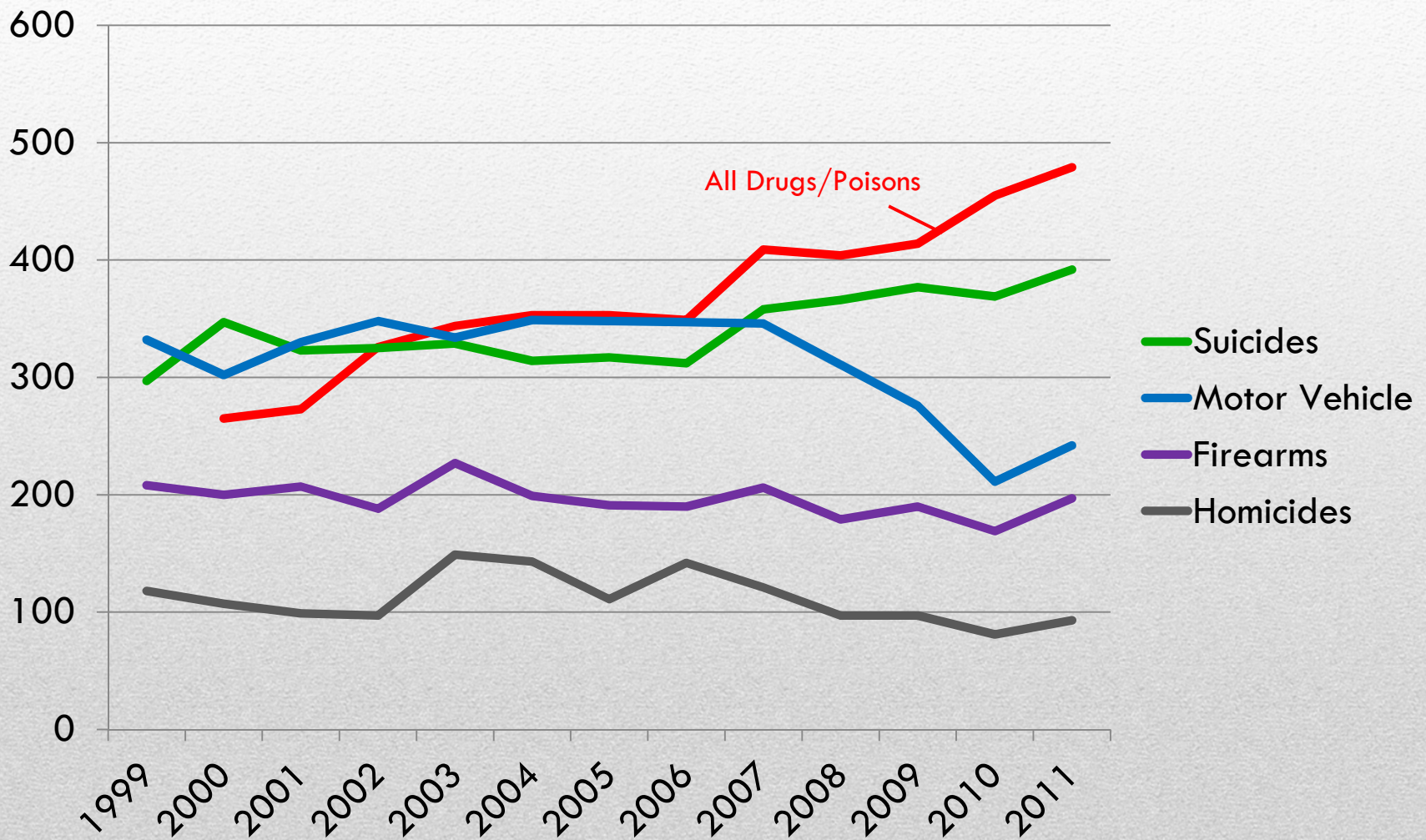
Drug-induced and Other Types of Injury Deaths United States, 1999–2007



Xu JQ, et al. Deaths: Final Data for 2007, National Vital Statistics Reports, 2010;58 (19)
http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf



San Diego Non-Natural Deaths



San Diego Drug Deaths

2011 DATA

Prescription	158
Illicit	135
Alcohol	55
Prescription and Illicit	49
Prescription and Alcohol	40
Illicit and Alcohol	20
Prescription and OTC	10
Prescription, Illicit and alcohol	6
Prescription, alcohol and OTC	3
OTC	2
Prescription, Illicit and OTC	1
Total	479

56% Rx

Top 10 Drug Deaths

San Diego County

2000-2011

1. Methamphetamine
2. Alcohol
3. Heroin
4. Morphine
5. Cocaine
6. Diazepam (Valium)
7. Methadone
8. Oxycodone (Percocet)
9. Hydrocodone (Vicodin, Norco)
10. Diphenhydramine (Benadryl)

2011

1. Alcohol
 2. Methamphetamine
 3. Heroin
 4. Oxycodone (Percocet)
 5. Methadone
 6. Alprazolam (Xanax)
 7. Hydrocodone (Vicodin)
 8. Diazepam (Valium)
 9. Morphine
 10. Diphenhydramine (Benadryl)
-

Deaths related to selected meds

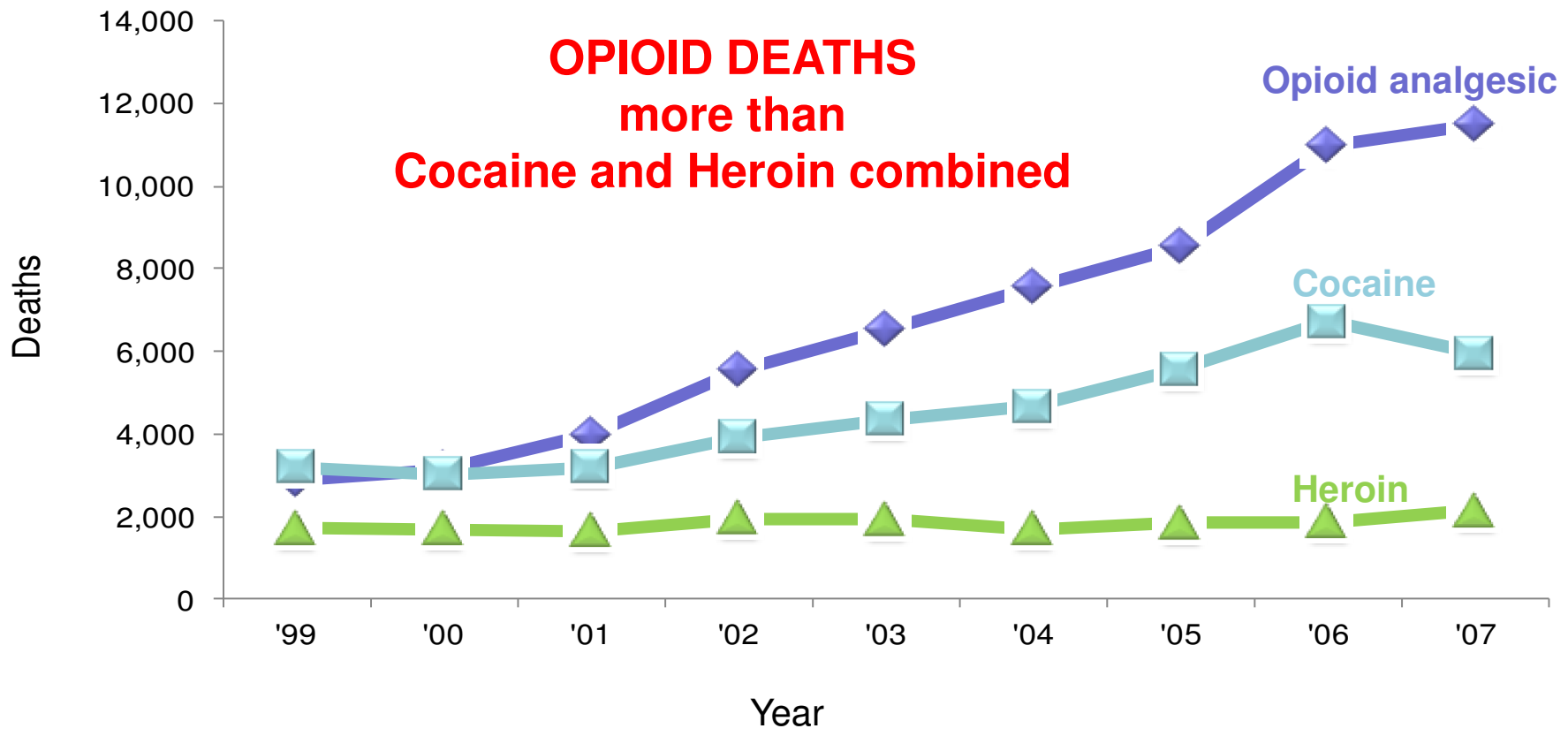
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Alprazolam		5	1	7	6	15	13	13	15	23	28	52
Diphenhydramine	2	5	14	13	14	10	14	21	17	21	21	30
Hydrocodone	10	14	23	23	26	21	32	28	34	44	37	52
Methadone	7	10	18	20	29	32	35	43	47	41	53	53
Oxycodone	8	17	21	16	16	19	17	45	52	43	48	65

Ranking of Substance by Age Group, 2011

	10-19	20-29	30-39	40-49	50-59	60-69
1	Heroin (3)*	Heroin (10)	Heroin (20)	Methamphetamine (40)	Methamphetamine (46)	Methamphetamine (15)
2	Alprazolam (2)*	Alprazolam (20)	Methamphetamine (16)	Oxycodone (23)	Hydrocodone (23)	Methadone (8)
3	Methadone (1)*	Methadone (5)*	Alprazolam (12)	Alprazolam (13)	Oxycodone (21)	Morphine (6)
	Methamphetamine* (1)	Diazepam (5)*	Oxycodone (12)			
	Methylone (1)*	Clonazepam (5)*				
4		Hydrocodone (5)*	Methadone (9)	Heroin (12)	Heroin (20)	Oxycodone (5)*
		Methamphetamine* (4)				Heroin (5)*
		Cocaine (4)*		Hydrocodone (12)		Hydrocodone (5)*
5		Oxycodone (4)*	Diazepam (7)	Methadone (11)	Methadone (17)	
			Cocaine (7)		Diazepam (17)	
6			Hydrocodone (6)	Diphenhydramine (10)	Alprazolam (15)	
					Morphine (15)	

*5 or fewer cases

(Excludes Alcohol)





National Vital Statistics System. <http://wonder.cdc.gov>, multiple cause dataset



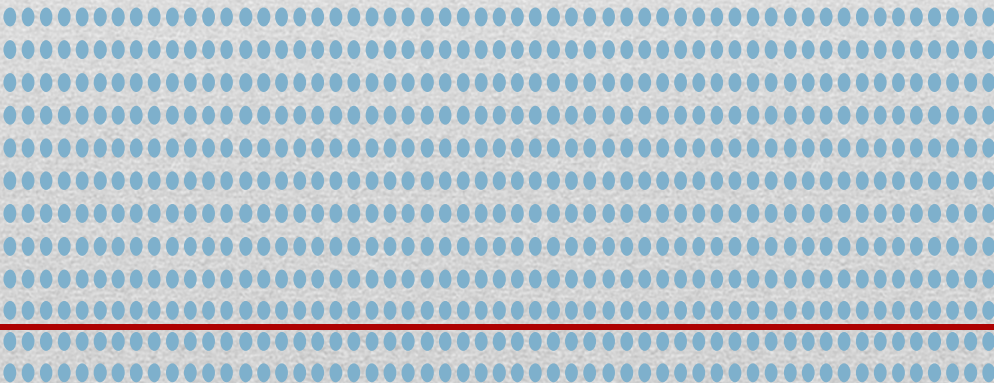
For every **1** death there are...



 **10** treatment admissions for abuse⁹

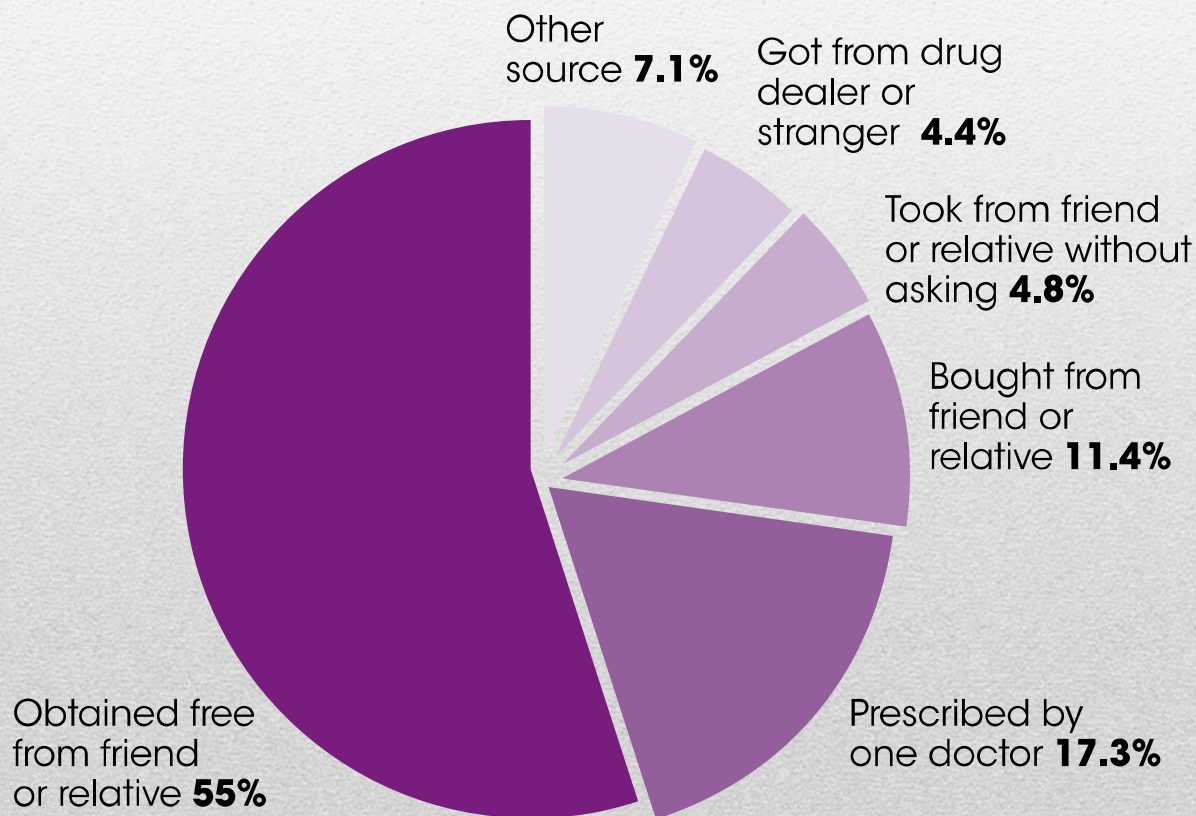
 **32** emergency dept visits for misuse or abuse⁶

 **130** people who abuse or are dependent⁷

 **825** nonmedical users⁷

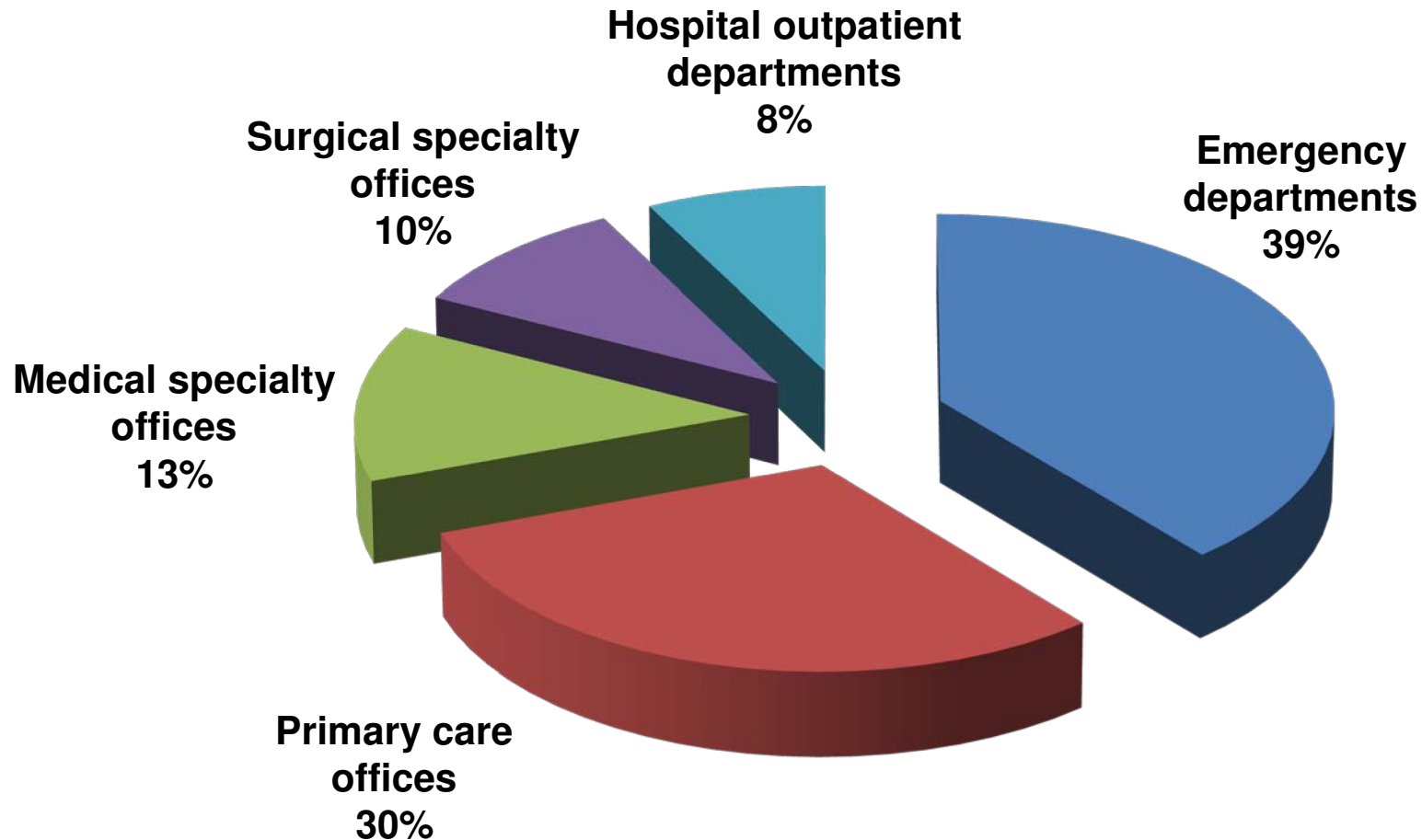
STEP 6: Pills come from docs

People who abuse prescription painkillers get drugs from a variety of sources⁷



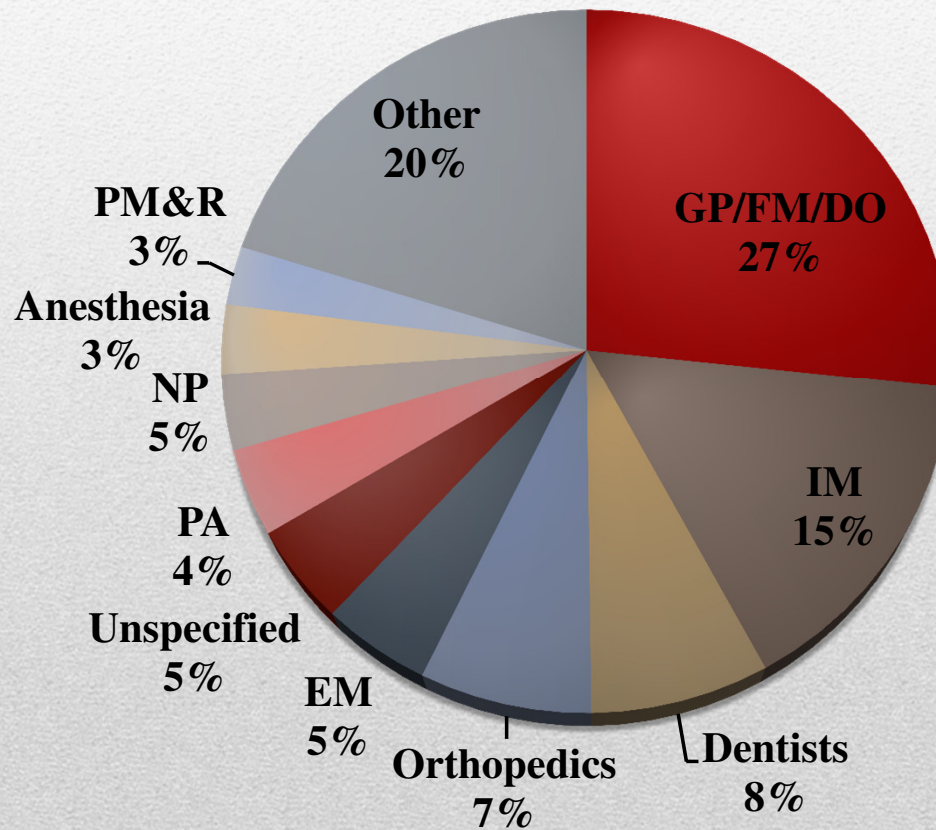
- 100% from Doctors
- Adults
- Primary Care
- Internist
- Dentist
- Orthopedist
- 10 -19 year
- Dentist
- Emergency

Distribution of Narcotic Analgesics to Patients by Health Care Setting



Raofi S, Schappert SM. Medication therapy in ambulatory medical care: United States, 2003–04
National Center for Health Statistics. Vital Health Stat 13(163). 2006.
http://www.cdc.gov/nchs/data/series/sr_13/sr13_163.pdf

Number of IR Opioids Dispensed in US 2009





STEP 7: Red Flags – Patients at Risk

1. Doctor Shopping
 2. High Dose User, Multiple Drug User
 3. Patient making specific requests
 4. Repeatedly running out
 5. Unscheduled refill requests
 6. Unwilling to try non-opioid options
 7. Lack of Pathology
-

Opioid Risk Tool

	Female	Male
Family History of Substance Abuse		
Alcohol	1	3
Illegal Drugs	2	3
Prescription Drugs	4	4
Personal History of Substance Abuse		
Alcohol	3	3
Illegal Drugs	4	4
Prescription Drugs	5	5
Age 16 - 45	1	1
History of Preadolescent Sexual Abuse	3	0
Psychological Disease		
ADO, OCD, Bipolar, Schizophrenia	2	2
Depression	1	1
SCORING TOTALS		

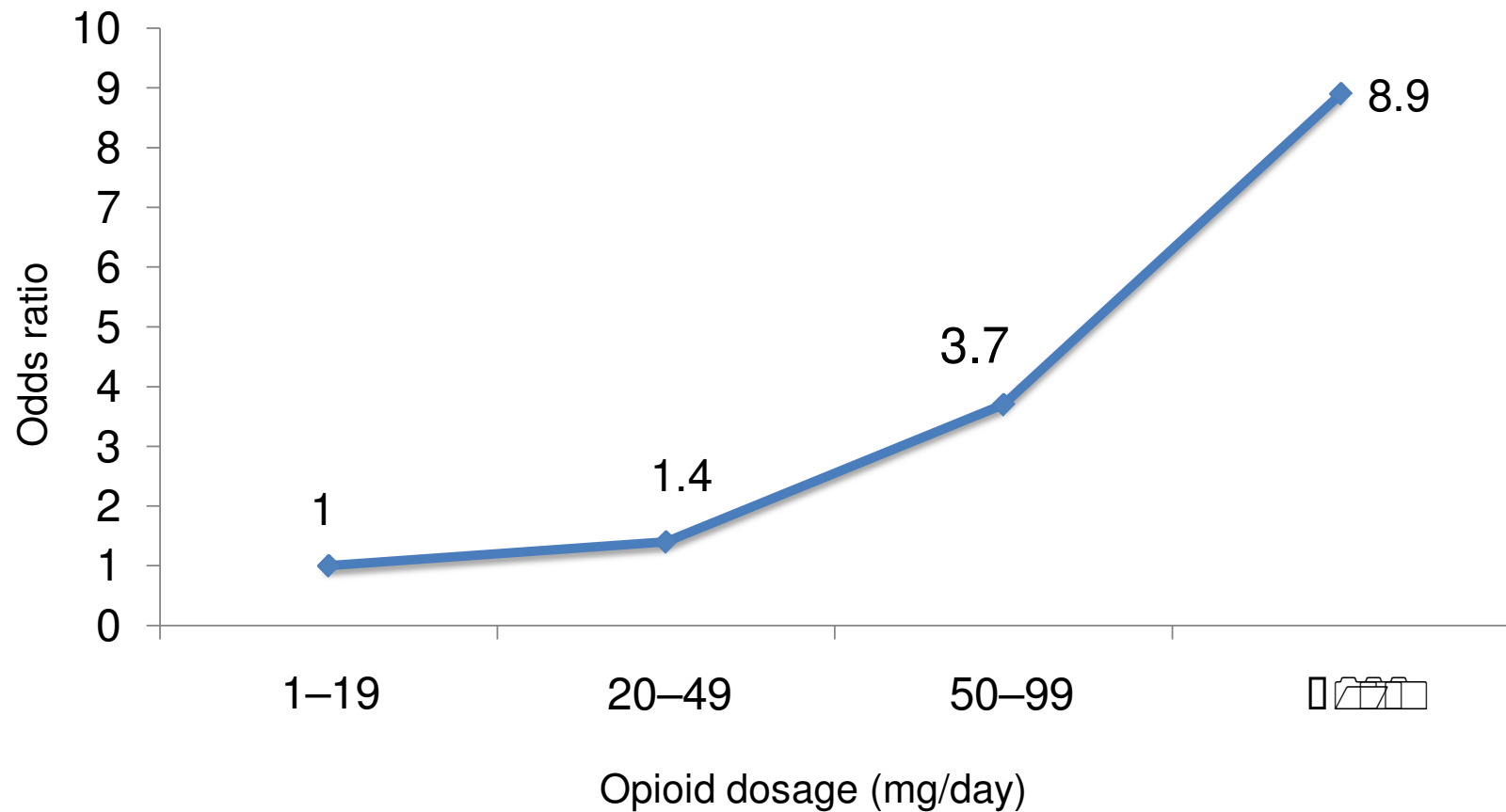
RISK

0 -3 **LOW** 6%

4-7 **MOD** 28%

>8 **HIGH** >90%

Risk of Overdose by Prescribed Opioid Dosage among Medical Users of Opioids

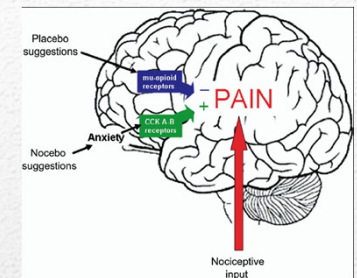


Dunn KM, et al. Ann Int Med 2010;152:85-92



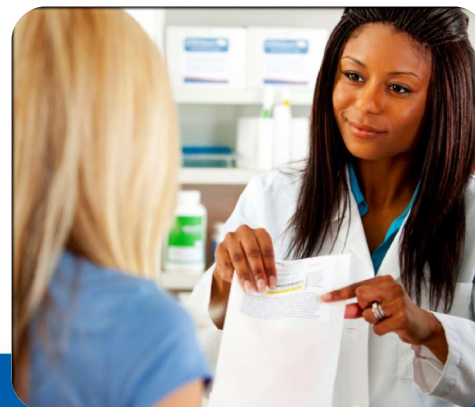
STEP 8: Understanding chronic pain

- Perception of Pain
- The Pain Receptors – “stop working”
- Opioid Induced Hyperalgesia – diffuse pain which increases with more opioids
- Questionable Usefulness of Opioids for Chronic Pain
- Chronic Pain Management – Multidisciplinary Approach



Limitations of Long-term (>3 Months) Opioid Therapy

- ❑ Overall, the evidence for long-term analgesic efficacy is weak
- ❑ Putative mechanisms for failed opioid analgesia may be related to rampant tolerance
- ❑ The premise that tolerance can always be overcome by dose escalation is now questioned
- ❑ 100% of patients on opioids chronically develop dependence



Ballantyne J. Pain Physician 2007;10:479-91



STEP 9: Government Response

- Epidemic: CDC 5 recommendations
 - California Legislation
 - Federal Legislation
-

10. California Response :CURES

State of California Department of Justice
Office of the Attorney General



Kamala D. Harris
Attorney General

[Skip to content](#)

[AG Home Page](#)

Tools & Resources

[Health Information Privacy
\(HIPAA Guidelines\)](#)

[FAQ's](#)

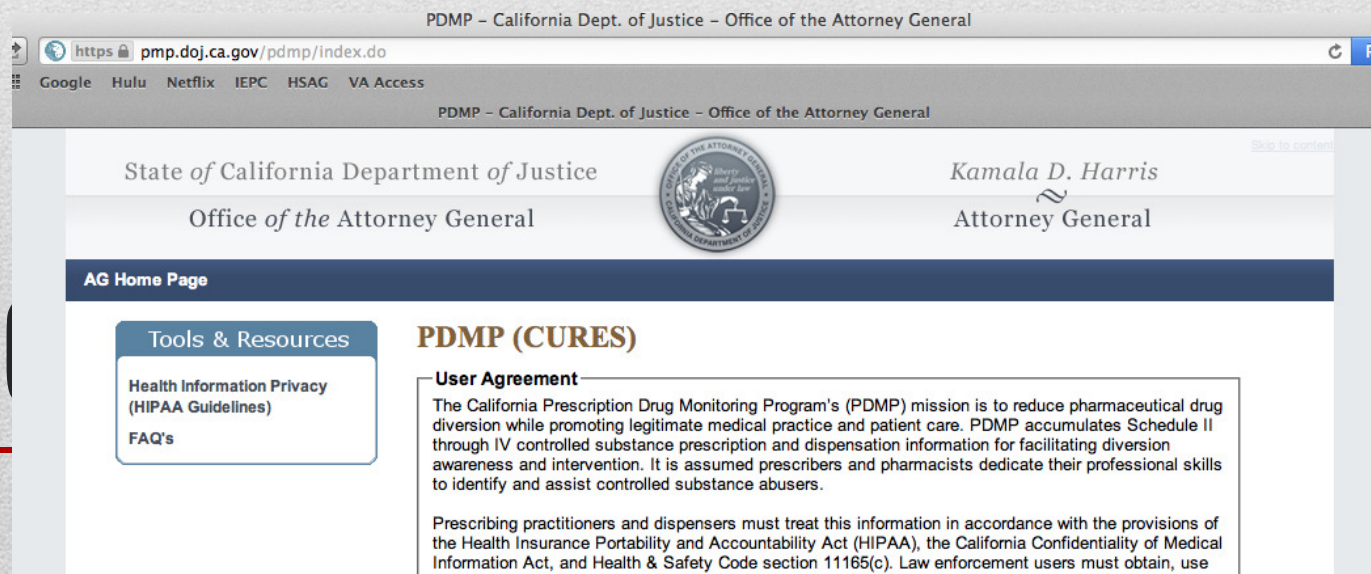
PDMP (CURES)

User Agreement

The California Prescription Drug Monitoring Program (PDMP), **CURES**, is committed to assisting in the reduction of pharmaceutical drug diversion without affecting legitimate medical practice and patient care. The CURES system is designed to identify and deter drug abuse and diversion through accurate and rapid tracking of Schedule II through IV controlled substances. The role of the PDMP entrusts that well informed prescribers and pharmacists can and will use their professional expertise to evaluate their patients care and assist those patients who may be abusing controlled substances.

pmp.doj.ca.gov
Google Search: CURES LOGIN

- Is my patient already receiving opioids from another provider?
- Is my patient taking prescription as directed or running out early?
- Is my patient receiving additional medications from other providers?



The screenshot shows the PDMP (CURES) website interface. At the top, the browser address bar displays <https://pmp.doj.ca.gov/pdmp/index.do>. The page header includes the text "PDMP - California Dept. of Justice - Office of the Attorney General" and a navigation menu with links for "Google", "Hulu", "Netflix", "IEPC", "HSAG", and "VA Access". The main content area features the "State of California Department of Justice" and "Office of the Attorney General" on the left, the "Seal of the State of California" in the center, and "Kamala D. Harris Attorney General" on the right. Below this, a dark blue bar reads "AG Home Page". A "Tools & Resources" sidebar on the left contains links for "Health Information Privacy (HIPAA Guidelines)" and "FAQ's". The main content area is titled "PDMP (CURES)" and includes a "User Agreement" section. The agreement text states: "The California Prescription Drug Monitoring Program's (PDMP) mission is to reduce pharmaceutical drug diversion while promoting legitimate medical practice and patient care. PDMP accumulates Schedule II through IV controlled substance prescription and dispensation information for facilitating diversion awareness and intervention. It is assumed prescribers and pharmacists dedicate their professional skills to identify and assist controlled substance abusers." Below the agreement, a paragraph states: "Prescribing practitioners and dispensers must treat this information in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA), the California Confidentiality of Medical Information Act, and Health & Safety Code section 11165(c). Law enforcement users must obtain, use

CURES REGISTRATION

EVENTS

- Tuesday, May 7, 2013
 - 5:30 - 8:30 p.m.
 - Council of Community Clinics
 - 7535 Metropolitan Drive
 - San Diego, CA 92108
 -
 - Wednesday, May 8, 2013
 - 9:00 a.m. - 1:00 p.m.
 - Scripps Mercy Hospital
 - 4077 5th Avenue (Foundation Room/Lower Level)
 - San Diego, CA
-

Logging into the PDMP system signifies you understand and agree to these terms.

Login Information

Username

Password

Login

[Forgot password](#) | [New users register here](#)

2. Patient activity report

Tools & Resources

[Patient Activity Report](#)

[Theft or Loss of Prescriptions](#)

[FAQ's](#)

Welcome to the PDMP Application

CURES

The California Prescription Drug Monitoring Program's (PDMP) mission is to reduce pharmaceutical drug diversion while promoting legitimate medical practice and patient care. PDMP accumulates Schedule II through IV controlled substance prescription and dispensation information for facilitating diversion awareness and intervention. It is assumed prescribers and pharmacists dedicate their professional skills to identify and assist controlled substance abusers.

Prescribing practitioners and dispensers must treat this information in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA), the California Confidentiality of Medical Information Act, and Health & Safety Code section 11165(c). Law enforcement users must obtain, use and share this information with criminal justice partners only in conjunction with criminal investigative matters. This data shall not be disclosed, sold, or transferred to any third party.

Any other use of this information is strictly prohibited.

Users of the information herein must know, understand, and abide by these provisions.

3. Enter Name, DOB,

Period in Months

Certify - SEARCH

Client

Last Name *	<input type="text" value="Lev"/>	First Name *	<input type="text" value="Roneet"/>
Date of Birth *	<input type="text" value="10/12/0000"/> mm/dd/yyyy	Gender	<input type="button" value="Female"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="button" value=""/>
Period in Months *	<input type="button" value="12"/>		
Zip	<input type="text"/>		

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.

Search Results

Last Name

Middle Initials

First Name

LEV

RONEET

Generate Report

Reset

**4. CHECK ALL BOXES
WITH NAMES**

5. **CLICK VIEW/PRINT** **CONSOLIDATED REPORT**

You May Leave Comments for Other Providers

No Patient Prescription transactions found for the selected period.

Comments

Suspicious Activity?

Confidential Comments

Save Comments

View/Print Report

View/Print Consolidated Report

Reset

11. Local Response

- PDA Task Force
- PDA Medical Task Force



PDA Report Card

4

Heroin Addendum

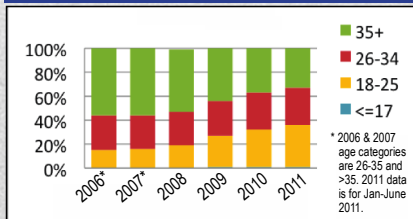
Table 1. Tracking Heroin

Heroin abuse is growing. Heroin seizures and treatment admits throughout the county have increased consistently in the last five years. Experts suggest that part of this trend is due to oxycontin (oxy) users who switch to heroin after it becomes harder to find/pay for oxy. In a 2010 study of 18-40 year old Injection Drug Users in San Diego County, 40% said that they had misused opioids prior to initiating heroin injection.¹

Other indicators of the growing heroin problem are below.

	2007	2008	2009	2010	2011
Heroin Seizures (Kgs.)					
• In San Diego County	10.6	7.3	53.2	40.1	24
• At San Diego County Ports of Entry	111	161.2	217.8	214.1	319
Heroin Price per Gram	NA	\$80-100	\$60-80	\$50-80	\$80-100
Percent of Adult Arrestees Positive Heroin Rate	7%	7%	7%	10%	9%
Percent of Treatment Admits: Heroin Primary Drug of Choice	17.2%	18.5%	19.4%	21.4%	22.3% ²
Number of Heroin Overdose Deaths	57	74	73	71	80

Figure 1. Public Treatment System Admissions for Heroin, by Age

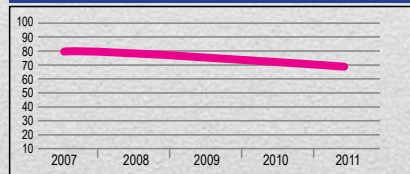


Note that the average age of heroin users in treatment is trending younger, and injection preference is decreasing, suggesting that users are entering treatment before beginning injection use.

¹ Substance Abuse and Rehabilitation, Problematic use of prescription-type opioids prior to heroin use among young heroin injectors, Pollini RA, Banta-Green CJ, Cuevas-Mota J, Metzner M, Teshale E, Garfein RS, October 2011 Volume 2011:2(1) Pages 173 – 180.

² 2011 drug treatment data are reported for the first half of 2011 only (January through June)

Figure 2. Percent of Heroin Users in Treatment Who Had Preference To Inject



The Status of Prescription Drug Abuse in San Diego County: June 2012



THE PRESCRIPTION DRUG ABUSE TASK FORCE (PDATF), originally the Oxy Task Force, was convened by San Diego County Supervisor Pam Slater-Price, the County's Sheriff Department, District Attorney, Health and Human Services Agency (HHSA) and the Drug Enforcement Administration (DEA) in 2008. From the beginning, these partners agreed that participation from law enforcement, prevention, treatment, education, health, and community advocates was essential. Many partners stepped forward as dramatic increases in prescription drug overdose deaths occurred. The group developed an Action Plan, and began working to address this growing problem.

This Report Card provides a look at key indicators with regard to the prescription drug (Rx) problem over the last five years in San Diego County. The 2012 PDATF Report Card is the first time that these data have been compiled in one place to review the scale of the problem by looking at multiple factors and data points. Readers are cautioned not to consider a single data point alone, but rather are encouraged to look at all of the information to consider how they add up together – or not – as well as the direction of the trends over time.

Bottom Line: Prescription Drug Misuse and Abuse are serious problems that affect both health and public safety – at individual, family and community levels. The Rx problem isn't a onetime phenomenon, but rather a growing problem with serious repercussions to quality of life in our region.

The PDATF will continue collecting data to inform priorities for action. **Highlights of actions to reduce motivation to use, or to reduce access to unprescribed Rx, are described below.**

What We Want to Change	Action Underway
Awareness, Perceptions and Motivation to Misuse Rx	<ul style="list-style-type: none"> • PDATF partners present at schools and conduct specialized training with pharmacists and doctors throughout the year. Prevention advocates and community members have facilitated town hall meetings to increase awareness that Rx is potentially dangerous when misused and how to prevent Rx misuse. • HHSA funds prevention and treatment services throughout the county. • Because Rx abuse occurs among youth, youth are part of the solution. Youth all over the county have participated in focus groups, youth conversations and media efforts. • Schools are part of the solution. Several districts are considering policy changes to require drug testing for athletes, or to require attendance at educational sessions.
Access to Rx	<ul style="list-style-type: none"> • The public can safely dispose of unwanted medications through highly visible countywide Take Back events, and at year-round collection boxes located at all Sheriff stations and several Police Departments throughout the region. • The San Diego County Medical Society developed guidelines for Emergency Departments to reduce pharmaceutical drug misuse without affecting legitimate medical practice and patient care.

Become Involved in Keeping San Diego County Healthy, Safe & Thriving You can make a difference!

- ✓ Safely dispose of your old prescriptions at a Take Back Event or Local Disposal Bins www.sdsheeriff.net/oxycontin/dropbox.html
- ✓ Don't share your own medications, or use medications prescribed to someone else
- ✓ Ask for help to gather interested residents in your own community to a meeting or event that mobilizes your neighbors on this issue
- ✓ Share this information and talk to your family members and neighbors about the risks involved with the misuse of prescription drugs
- ✓ Please contact www.facebook.com/SanDiegoRxAbuseTaskForce for additional information.

San Diego PDA Medical Task Force

- Committee:
 - Primary Care, Dental Association, Psychiatric Association, Hospital Association
 - Scripps, Sharp, Kaiser, UCSD, PPH, Community Clinics, Pain Specialists
 - Products:
 - Patient Pain Agreement
 - Prescriber Guidelines
 - Emergency Department Guidelines
 - Endorsements:
 - Dept Health and Human Services
 - Hospital Association
 - Medical Society
-

PROVIDER GUIDELINES

- Safe dosing for acute and chronic pain
- Do not mix opioids and benzodiazepines
- Avoid Tramadol, Soma, Phenergan Rx
- Use CURES
- Work with DEA

SAFE PAIN MEDICATION PRESCRIBING GUIDELINES

Prescription drug abuse has been declared an epidemic by the Centers for Disease Control. According to 2012 San Diego Medical Examiner data, the number one cause of non-natural death is due to drug overdoses and exceeds the number of deaths in motor vehicle crashes. The majority of these deaths are from prescription drugs.

The following guidelines are a collection of recommendations developed by the San Diego County Medical Society Prescription Drug Abuse Medical Task Force and draws on experience of various groups across the country. These are guidelines, not policies and up to physician discretion.

Guidance for Primary Care Providers on Safe and Effective Use of Opioids for Chronic Non-cancer Pain

- ❑ **Establish an opioid treatment agreement**
- ❑ **Screen for**
 - Prior or current substance abuse
 - Depression
- ❑ **Use random urine drug screening judiciously**
 - Shows patient is taking prescribed drugs
 - Identifies non-prescribed drugs
- ❑ **Do not use concomitant sedative-hypnotics**
- ❑ **Track pain and function to recognize tolerance**
- ❑ **Seek help if dose reaches 120 mg MED, and pain and function have not substantially improved**



- For Chronic Pain = 3 months of short acting or anyone requiring long acting opioids
- Only 1 provider and 1 pharmacy
- No ED visit
- No refills
- Do not drive

PATIENT PAIN MEDICATION AGREEMENT AND CONSENT

This agreement is important for you:

- You will have a **safe and controlled** pain treatment plan.
- Your medicines have a high potential for abuse. They can be dangerous if used in the wrong way. You need to understand the risks that come from use of pain medicines.

Please read and make sure you understand each statement here. Here are rules about refills and health risks. Here are also reasons for stopping your pain control treatment.

I WILL:

- I will only get my pain medicine from this clinic during scheduled appointments.
- I will take my pain medicine the way that my healthcare provider has ordered.
- I will be honest with all my healthcare providers if I am using street drugs.
- I will be honest about all the medicine I use. This includes medicine from stores and herbal medicines.
- I will be honest about my full health history.

Safe Pain Medicine Prescribing in the Emergency Department

We care about you. We are committed to treating you safely and in the right way. Pain relief treatment can be complicated. Mistakes or abuse of pain medicine can cause serious health problems and death. Our emergency department will only provide pain relief options that are safe and correct.

For your **SAFETY**, we follow these rules when helping you with your pain.

1. We look for and treat emergencies. We use our best judgment when treating pain. These recommendations follow legal and ethical advice.
2. You should have only ONE provider and ONE pharmacy helping you with pain. We do not usually prescribe pain medication if you already receive pain medicine from another health care provider.
3. If pain prescriptions are needed for pain, we can only give you a small amount.
4. We do not refill stolen prescriptions. We do not refill lost prescriptions. If your prescription is stolen, please contact the police.
5. We do not prescribe long acting pain medicines: OxyContin, MSContin, Dilaudid, Fentanyl (Duragesic), Methadone, Opana ER, Exalgo, and others.
6. We do not provide missing doses of Subutex, Suboxone, or Methadone.
7. We do not usually give shots for flare-ups of chronic pain. Medicines taken by mouth may be offered instead.
8. Health care laws, including HIPAA, allow us to ask for your medical records. These laws allow us to share information with other health providers who are treating you.
9. We may ask you to show a photo ID when you receive a prescription for pain medicines.
10. We use the California Prescription Drug Monitoring Program called CURES. This statewide computer system tracks narcotic and other controlled substance prescriptions.

If you need help with substance abuse or addiction,
please call 1-888-724-7240 for confidential referral and treatment.

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12. Individual Response

- Don't be the Candy Man

Learn to Say NO

10 THINGS YOU CAN DO

- 1. Use CURES
 - 2. Do Not Overprescribe
 - 10-20 pills for acute pain
 - Only what will be used, no leftovers
 - Subtract pills from other prescribers for chronic pain
 - 3. Don't mix Opioid and Benzodiazepines
 - Tramadol – not on CURES, can refill, abused
 - 4. Use Drug Screen
 - 5. Use Patient Pain Agreement for Chronic Pain
 - DEFINITION: > 3 months or any long acting opioid
 - 6. Follow Prescriber Guidelines
 - 7. Support Emergency Department Safe Pain Prescribing
 - 8. Use functional pain scale
 - 9. Refer to pain specialist and addiction when appropriate
 - 10. Cooperate with DEA
-

PRESCRIPTION DRUGS

Key Points

1

Prescription Drug Deaths are EPIDEMIC
leading cause of unintentional deaths in San Diego

2

Do not overprescribe

3

Do not mix opioids and benzodiazepines

4

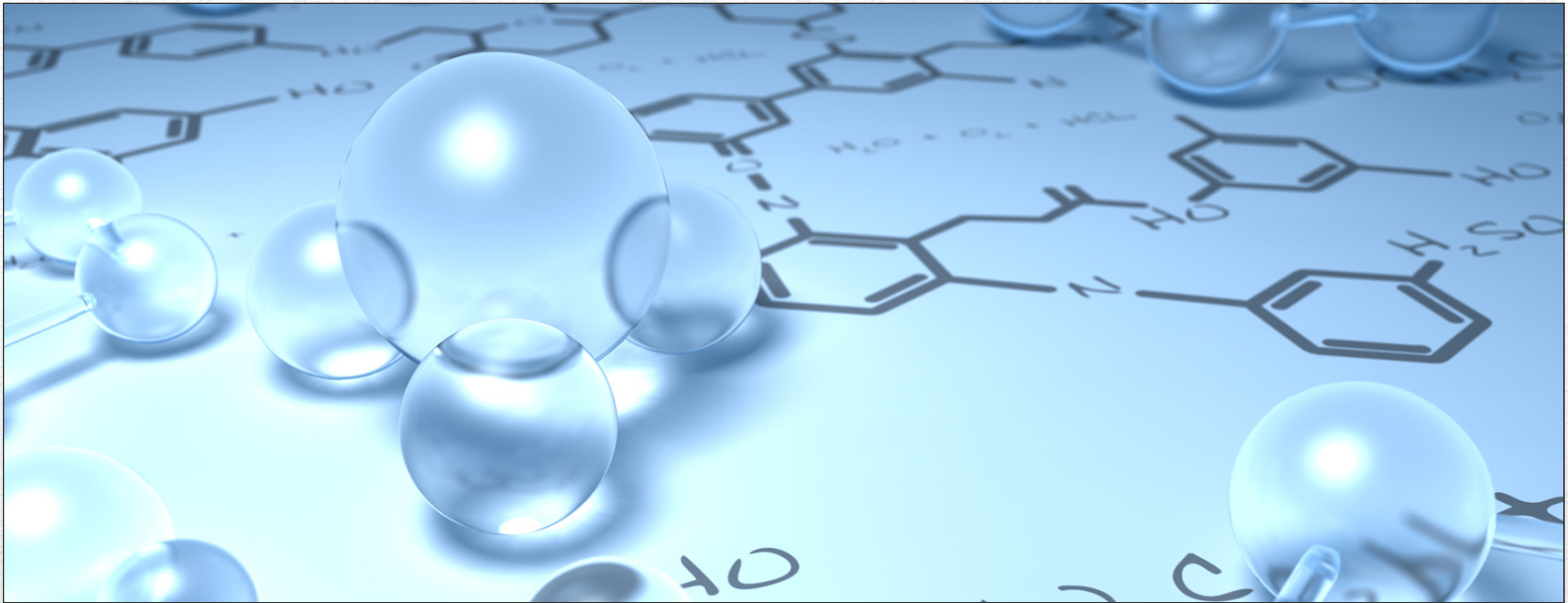
Use Patient Pain Agreement, Guidelines
San Diego Prescription Drugs Abuse Medical Task Force

5

Use CURES



www.sdems.org



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