



# **PRESCRIPTION DRUG ABUSE MEDICAL PERSPECTIVES**

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**9/12/12 @ PC/BH Integration Summit**

# **PRESCRIPTION DRUG ABUSE**

**1**

**SCOPE & MAGNITUDE OF PROBLEM**

**2**

**BARRIERS TO CARE**

**3**

**CURRENT SOLUTIONS**

**4**

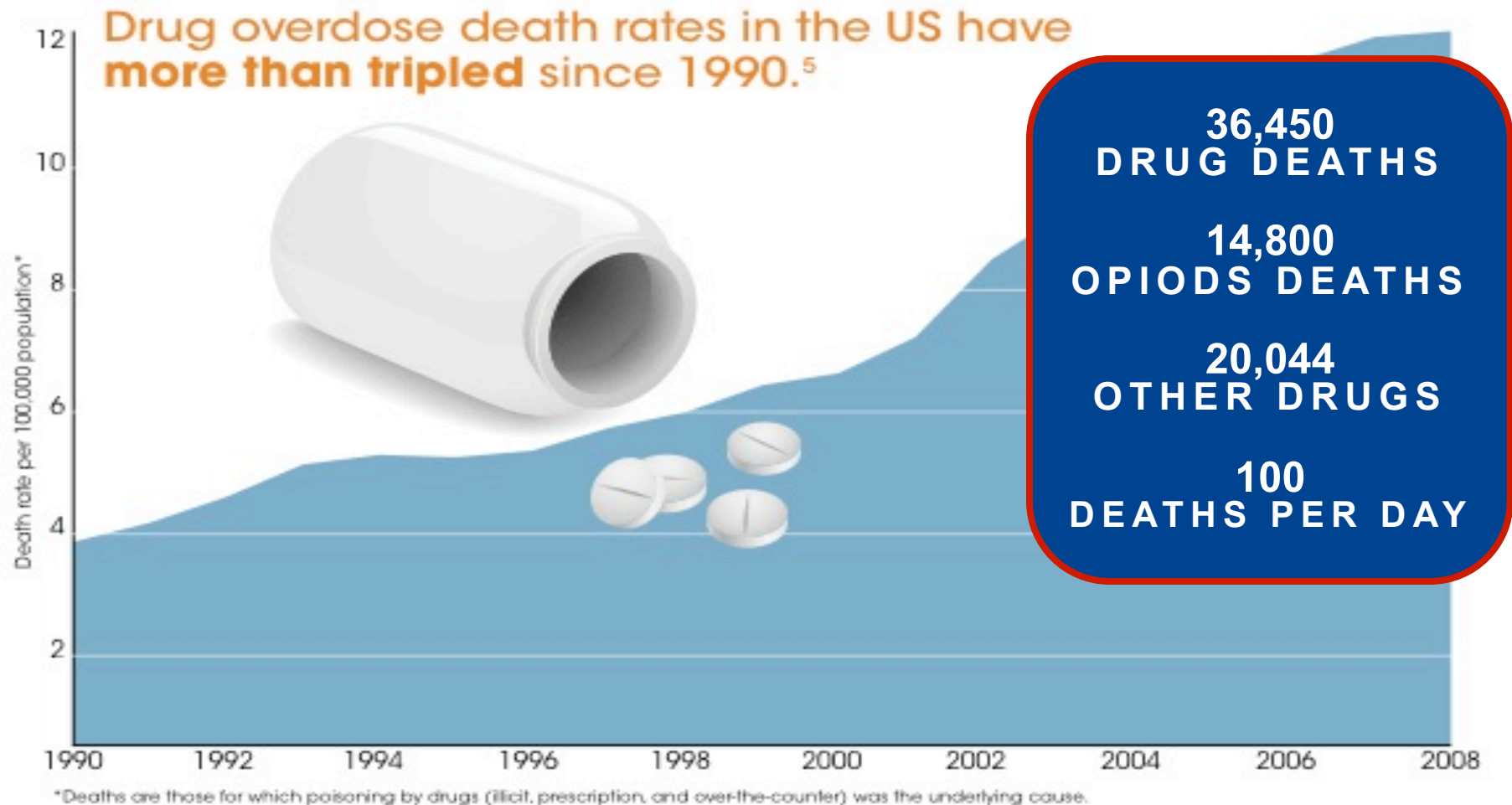
**FUTURE SOLUTIONS**

# THE EMERGENCY ROOM



# DEATHS - NATIONWIDE

**CDC: Prescription Drug Abuse is an Epidemic**



**36,450  
DRUG DEATHS**

**14,800  
OPIOIDS DEATHS**

**20,044  
OTHER DRUGS**

**100  
DEATHS PER DAY**

**2008 Data**

# DEATHS IN SAN DIEGO

## 20,000 TOTAL

**18,162**  
**NATURAL**

**479**  
**UNINTENTIONAL**  
**DRUGS, MEDS, ALCOHOL**



**80%**  
**Increase**  
**Since 2000**  
  
**#2**  
**Behind Heart**  
**Disease**

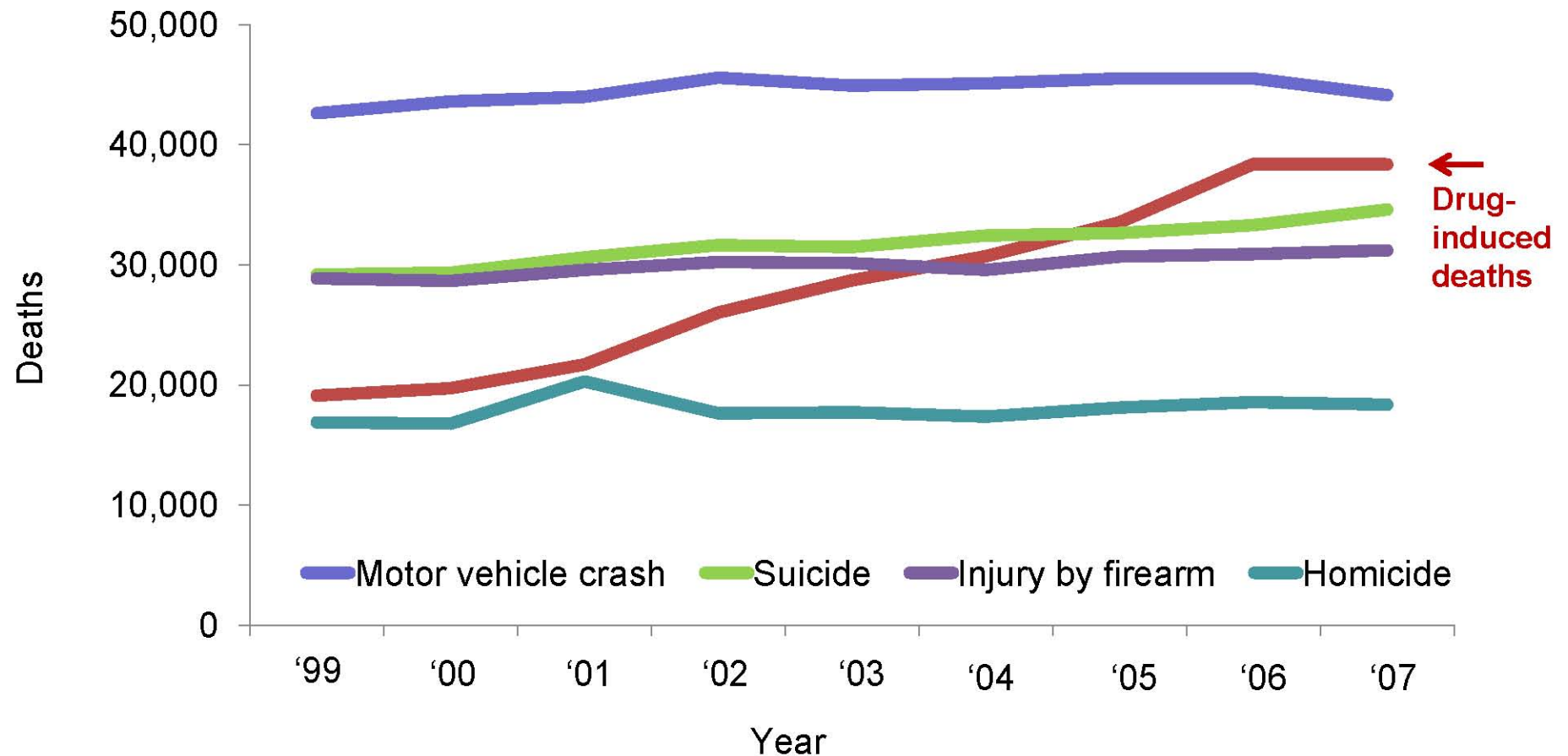
**267**  
**PRESCRIPTION DRUGS**

**1,038**  
**NON-NATURAL**

**2011 Data, Approximate**



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

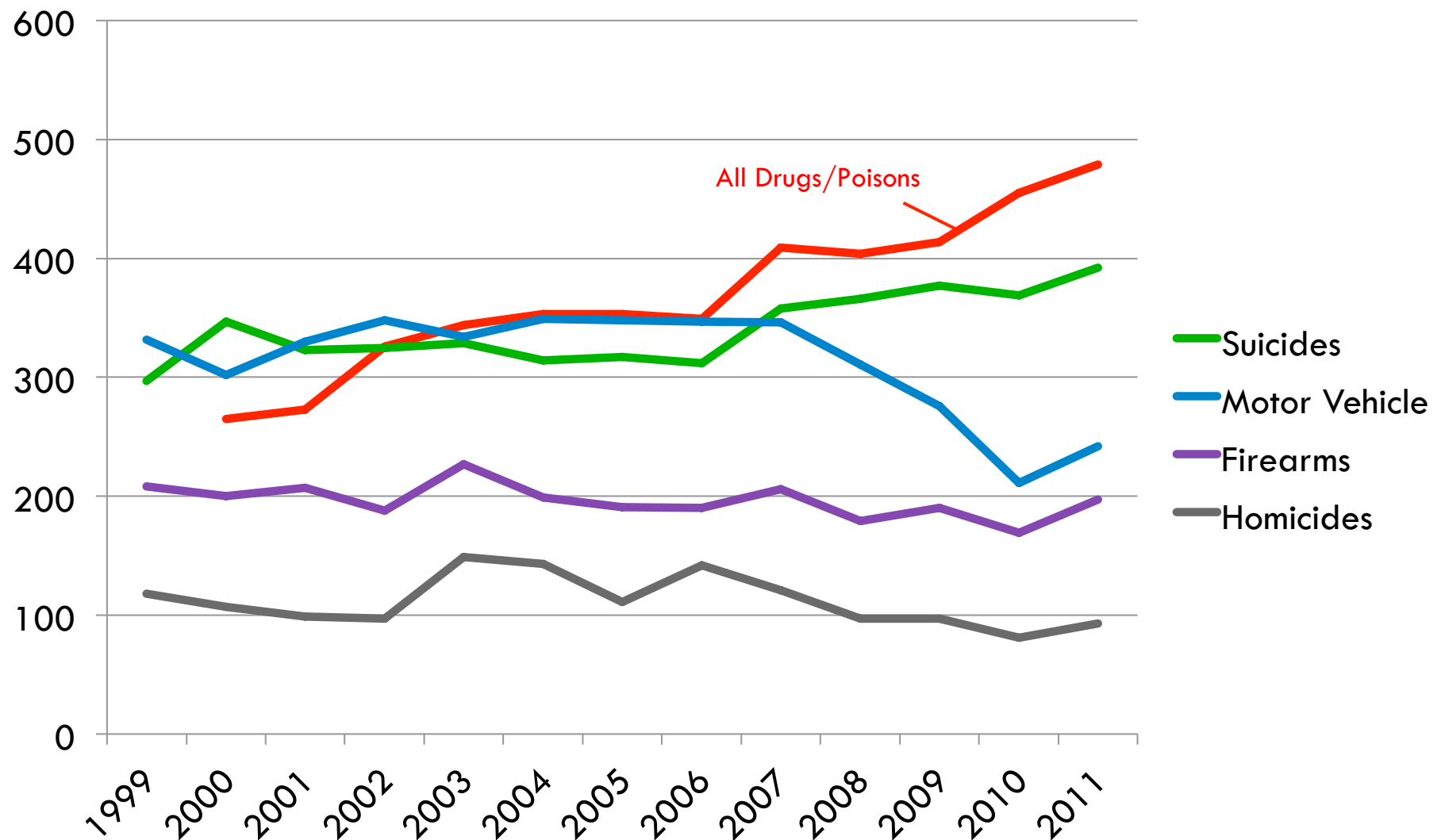


Xu JQ, et al. Deaths: Final Data for 2007, National Vital Statistics Reports, 2010;58 (19)  
[http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58\\_19.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf)



# SAN DIEGO NON-NATURAL DEATHS

## DRUGS ARE #1



# 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

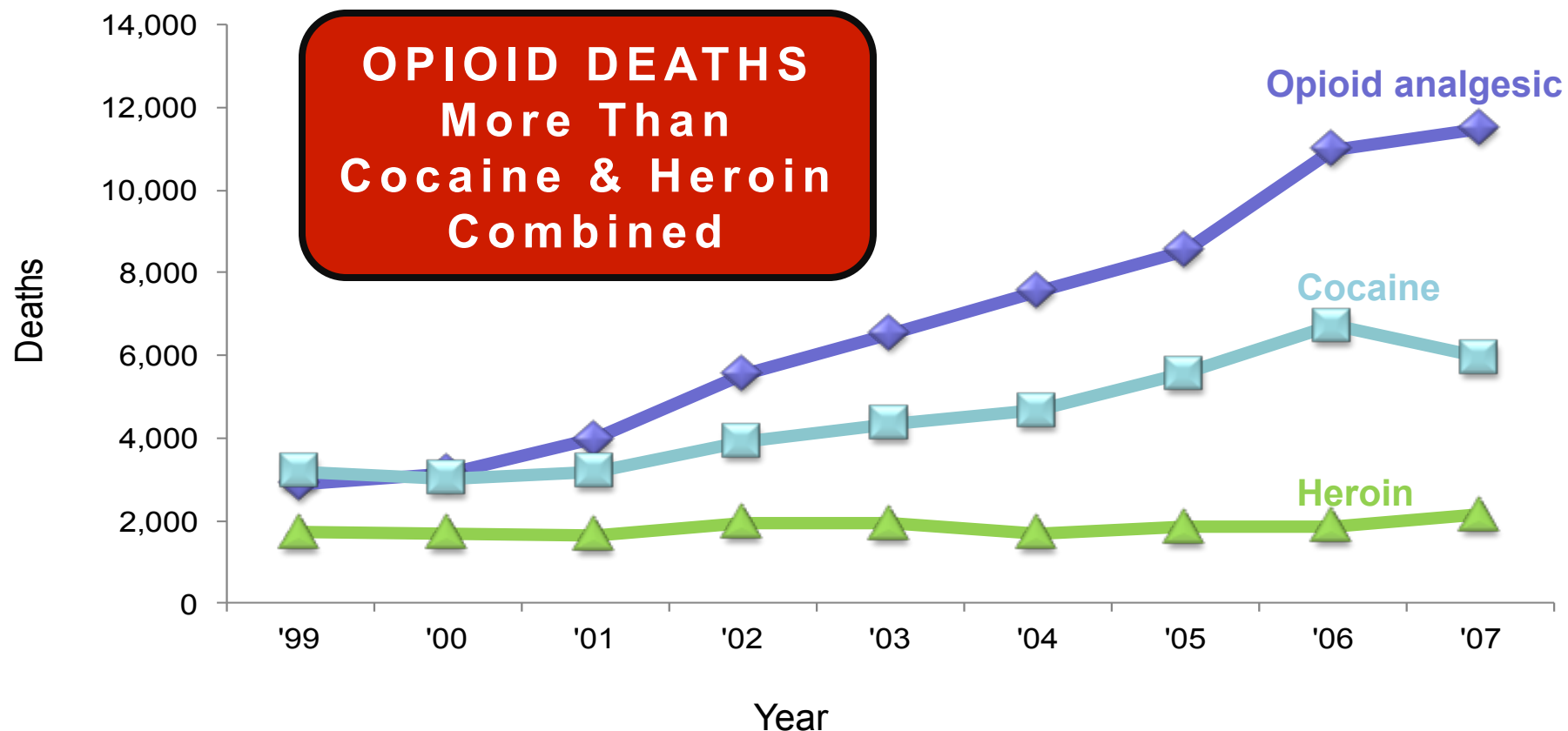
**Total 479**

**56%**

**PRESCRIPTION**



# Unintentional Overdose Deaths Involving Opioid Analgesics, Cocaine, and Heroin United States, 1999–2007

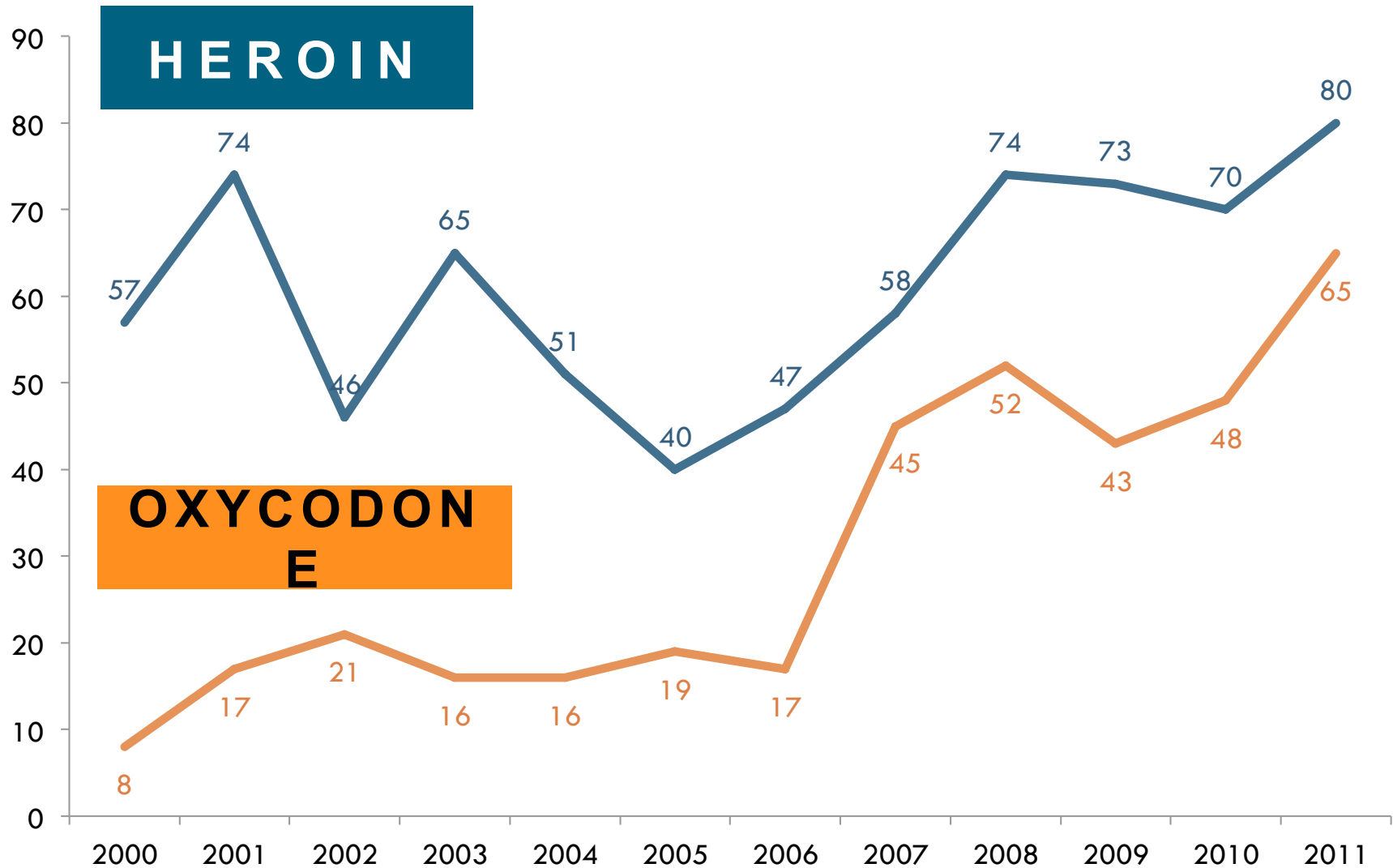


National Vital Statistics System. <http://wonder.cdc.gov>, multiple cause dataset



# HEROIN & OXYCODONE DEATHS

## SAN DIEGO



# **PRESCRIPTION DRUGS**

## **NATURE OF PROBLEM**

**20%**

**EMERGENCY DEPARTMENT PATIENTS**

**4.6%**

**WORLD POPULATION**

**80%**

**OPIOID SUPPLY**

**99%**

**HYDROCODONE SUPPLY**

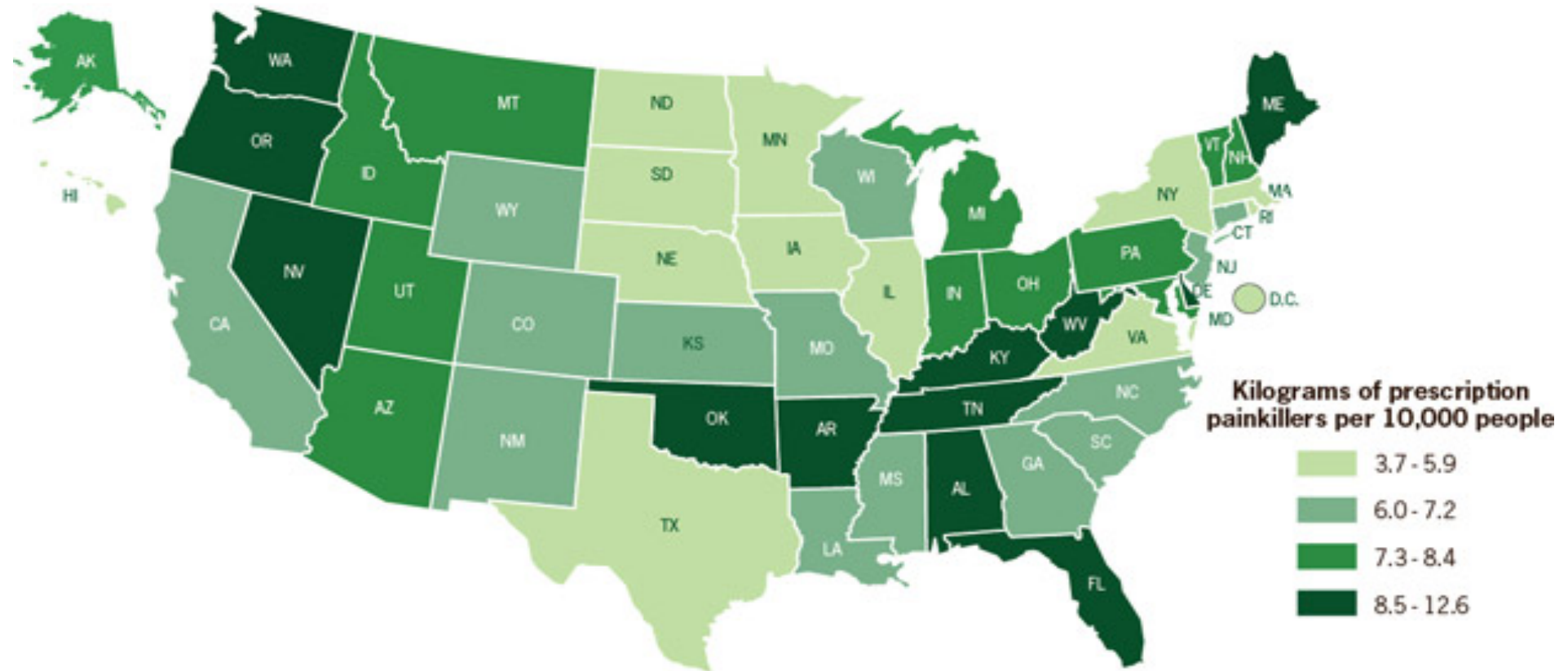
**2/3**

**WORLD'S ILLEGAL  
DRUGS**

**10 TIMES MORE PAIN PILLS  
THIS YEAR THAN 10 YEARS AGO**

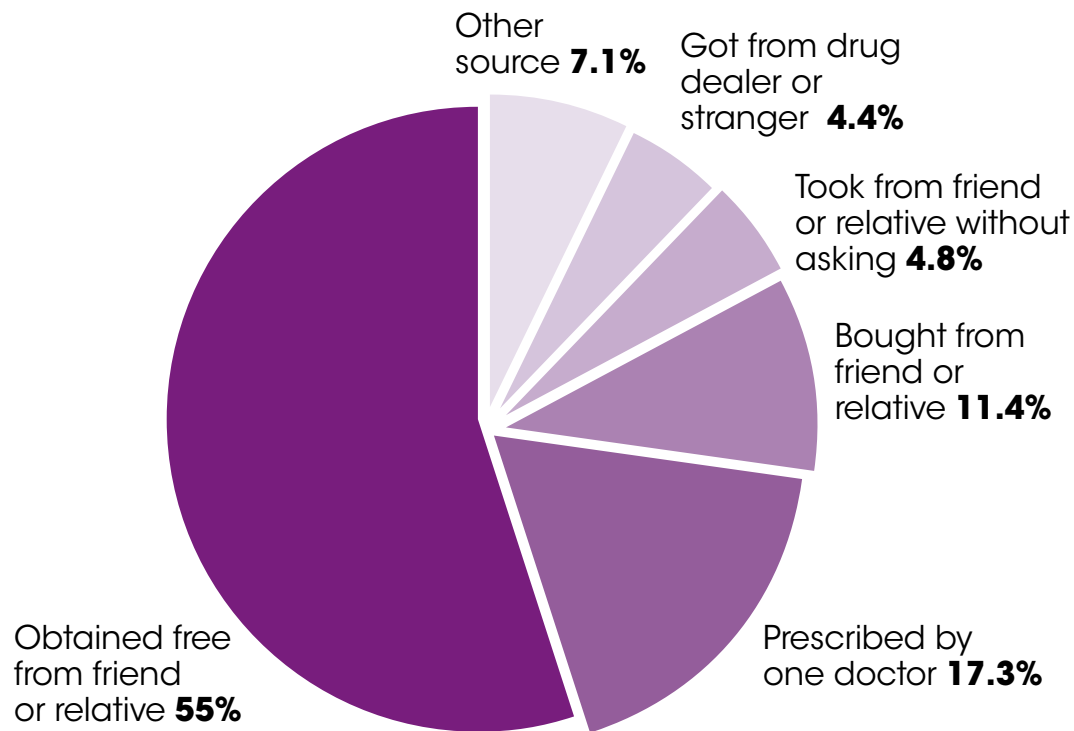
**California 6.2 KG Pain Killers Per 10,000 People (FL 12.6)**  
**ENOUGH TO MEDICATE EVERY AMERICAN FOR A MONTH**

**ENOUGH TO MEDICATE EVERY AMERICAN FOR A MONTH**



# WHERE DO PILLS COME FROM?

People who abuse prescription painkillers  
get drugs from a variety of sources<sup>7</sup>



**100%  
FROM DOCTORS**

**ADULTS**  
PRIMARY CARE,  
INTERNIST,  
DENTIST,  
ORTHOPEDIST

**10-19 YEAR OLDS**  
DENTIST or  
EMERGENCY

**12 Step Program for Physicians**

# BARRIERS TO PROPER CARE

## **HISTORICAL PUSH TO PRESCRIBE**

2001 Decade Pain Control and Research  
2005 California Pain Management Standards

## **HOSPITAL PUSH TO TREAT PAIN**

Patient Satisfaction Survey  
Tied to Income

## **OVERPRESCRIBING**

## **DIFFICULT TO COMFORT PATIENT**

Candy Man / Candy Land

## **PHYSICIAN UNDERSTANDING OF CHRONIC PAIN**

**SUED IF YOU GIVE & SUED IF YOU**

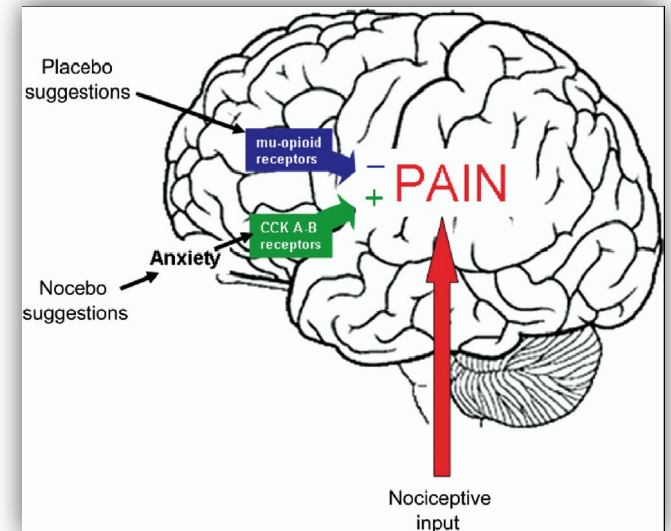
# UNDERSTANDING CHRONIC PAIN

PERCEPTION OF PAIN

THE PAIN RECEPTORS  
“STOP WORKING”

QUESTIONABLE USEFULNESS  
OF OPIOIDS FOR CHRONIC  
PAIN

CHRONIC PAIN MANAGEMENT:  
MULTIDISCIPLINARY  
APPROACH



GOOD DOCTORS TRYING TO BE NICE  
ARE ACTUALLY HURTING PATIENTS



# CURRENT SOLUTIONS

## **RULE #1**

**MAKE SURE THERE ARE NO  
UNDERLYING MEDICAL  
CONDITIONS**

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**CURES**

**EMOC GUIDELINES**

**INDIVIDUAL CARE PLANS**

# CURES

## The California Prescription Drug Monitoring Program

State of California Department of Justice

Office of the Attorney General



Kamala D. Harris  
Attorney General

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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.

# **SAN DIEGO EMERGENCY DEPARTMENTS**

**Emergency Medicine Oversight Commission, EMOC**

## **NARCOTIC TREATMENT GUIDELINES**

- 1. Patients who have established chronic pain conditions and have a medical home should not receive narcotic prescriptions from the emergency department and are encouraged to obtain any new prescriptions or refills by their physician or clinic.**
- 2. Patient who received a recent prescription for narcotics as determined by the hospitals medical records, health plan records, or by CURES database should not receive repeat narcotic prescription from the emergency department for the same medical condition. Repeat prescriptions should be obtained by their medical follow-up physician or clinic.**

**INDICATORS FOR ABUSE AND FRAUD  
WHAT TO DO FOR PATIENTS WITH FREQUENT ED VISITS  
REPORTING SUSPECT ABUSE  
ACCESSING CURES**

**INDIVIDUAL CARE PLANS**

**EMERGENCY DEPARTMENT  
CARE PLANS**

**PRIMARY CARE SETTING  
NARCOTIC PAIN AGREEMENTS**

# POTENTIAL SOLUTIONS

## EMERGENCY DEPARTMENT

OXY FREE ED

## PDATF

PRESCRIPTION DRUG ABUSE TASK FORCE

## SAN DIEGO MEDICAL SOCIETY TASK FORCE

COUNTY WIDE PATIENT CHRONIC PAIN CONTRACT

PAIN MEDICATIONS NEEDED > 3 MONTH

ANY LONG ACTING PAIN MEDICATION

COUNTY WIDE PHYSICIAN GUIDELINES

## PHARMACIES

DATA

PHOTO ID

WORK WITH MEDICAL COMMUNITY – LINK PAIN CONTACT

## CORONER OFFICE

INFORM PRACTITIONERS OF PRESCRIPTION DEATHS

CLEAR MESSAGES FOR PHYSICIANS &  
PATIENTS

No Narcotic Rx After First Ed Visit Or  
If Already Have From Another Source

No Pain Shots For Chronic Pain

Photo Id Or Picture Taken For  
All Narcotic Prescriptions

No Refills For Narcotic Or  
Controlled Substances

We Do Not Write Prescriptions For  
Schedule II Narcotics – Oxycodone  
(Percocet, Oxycontin) Fentanyl,  
(Duragesic), Morphine (Ms Contin),  
Hydromorphone (Dilaudid),  
And Others



**Due to the Recent Increase in  
Prescription Medication Addiction, Overdose and Deaths,  
the Swedish Emergency Departments Follow  
These Guidelines to Reduce Prescription Drug Abuse\***

1. One provider should provide all opioids to treat a patient's chronic pain:

**We do not prescribe additional narcotic pain medications after the first Emergency Department (ED) visit or if you have already received narcotic medications from another doctor or ED. Any exception may be made only after a urine drug screen and direct contact with your regular doctor.**

2. The administration of intravenous and intramuscular opioids in the emergency department for the relief of acute exacerbations of chronic pain is discouraged:

**We do not give pain-medication shots (injections) for exacerbations of chronic pain.**

3. Prescriptions for controlled substances from the emergency department should state the patient is required to provide a government-issued picture identification (ID) to the pharmacy filling the prescription:

**You may be asked to show a photo ID (driver license or similar) when you get a narcotic prescription from our Emergency Department filled at the Pharmacy.**

4. Emergency departments should photograph patients who present for pain-related complaints without a government issued ID:

**If you do not have photo ID and are requesting or prescribed narcotic pain medication we may take your photograph for the medical record.**

5. Emergency medical providers should abstain from providing replacement prescriptions for controlled substances that were lost, destroyed or stolen:

**We do not refill stolen or lost prescriptions for narcotics or controlled substances.**

6. Emergency medical providers should not provide replacement doses of methadone for patients in a methadone treatment program who have missed a dose:

**We do not provide missed methadone doses.**

7. Long-acting or controlled-release opioids (such as OxyContin, fentanyl patches and methadone) should not be prescribed for acute pain:

**We do not prescribe long-acting or controlled-release opioids (such as OxyContin, MSContin, fentanyl, Duragesic and methadone).**

8. Emergency departments should share the ED visit history of a patient with other emergency physicians who are treating a patient:

**Health-care laws allow us to request your medical record and share information with other doctors who are treating you.**

9. Emergency departments should coordinate the care of patients who frequently visit the ED using an ED coordination program:

**Frequent users of the Emergency Department will often have care plans made to assist in improving their care, including avoidance of use of medications associated with abuse or addiction.**

10. **The Swedish Emergency Department physicians do not prescribe Schedule 2 Controlled Substances – those most associated with abuse or addiction – including oxycodone or oxycodone-containing medications (Percocet, OxyContin), Dilaudid (hydromorphone), morphine (MSContin), fentanyl (Duragesic) and others.**

\*From the Washington ED Opioid Abuse Work Group sponsored by the Washington State Department of Health.

# **PRESCRIPTION DRUGS**

## **KEY POINTS**

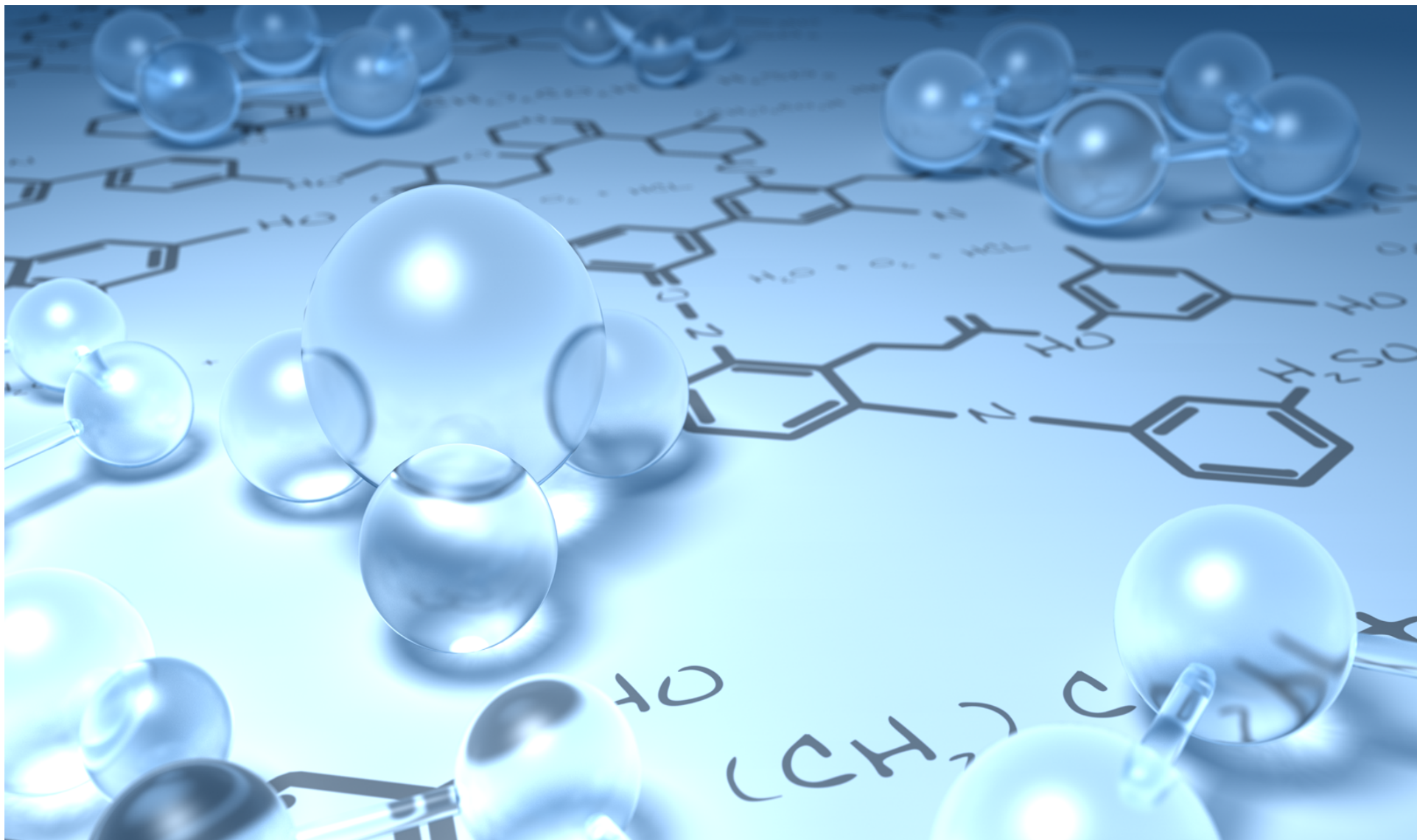
**PRESCRIPTION DRUG DEATHS ARE AN EPIDEMIC  
LEADING CAUSE OF UNINTENTIONAL DEATHS IN SAN DIEGO  
#2 NATIONWIDE**

**NARCOTICS ARE MINIMALLY HELPFUL FOR CHRONIC  
PAIN**

**PATIENTS CHRONIC PAIN SHOULD HAVE A CONTRACT**

**NEED COMMUNITY WIDE DETOX  
FOR PATIENTS & PHYSICIANS --- LESS PILLS IN CIRCULATION**





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