ADDRESSING PRESCRIPTION PAIN MEDICINE ABUSE & MISUSE: A FRAMEWORK FOR SAFE PRESCRIBING

Overview

PRESENTATION
60 MINUTES
- Unintentional Overdose Deaths
- Medical vs. Non-Medical Users
- Public Health Impact
Part 2. Framework for Safe Prescribing
- "Managing" Opioid Risk
- Monitoring Patients on Chronic Therapy
- Identifying Aberrant Drug-Related Behavior
Part 3. Protecting Your Practice

PANEL DISCUSSION
30 MINUTES
Addiction Treatment Perspective
Law Enforcement Perspective

Q & A
30 MINUTES

Learning Objectives

- Understand Current Trends in Prescription Pain Medicine Misuse and Abuse
- Understand Considerations for Managing Opioid Risk in Clinical Practice
- Improve Patient Safety and Outcomes Through Better Identification and Monitoring of Those Likely to Abuse or Divert Opioids
- Understand Relevant Terminology Associated with Aberrant Drug-related Behavior
- Understand Approaches for Addressing Aberrant Drug-related Behavior
Stakeholders

- We are all stakeholders
- Physicians
- Nurses
- Pharmacists
- Dentists
- Law Enforcement Officials
- Hospitals
- EDs, Clinics
- Insert your name here______________________

PART 1
STATUS REPORT

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

Source: CDC Public Health Grand Rounds 2.18.2011
Unintentional and Undetermined Intent Drug Overdose Death Rates by State, 2007


Total Number of Lethal Occurrences of Prescription Drugs vs. The Number of Deaths Caused by at Least One Prescription Drug

Source: Florida Office of Drug Control Annual Report, 2010

Age-Adjusted Unintentional Poisoning Death Rate in 4-County Region, 3 Year Rolling Rate

Nonmedical Use of Prescription Pain Medications

- Ages 12 and older: The 2009 estimate of 5.3 million current nonmedical users is up 20% from the 2002 estimate of 4.4 million.
- Ages 12-17: The rate of current nonmedical use increased 17%, from 2.3% to 2.7%.

Initiation

- As a class of drugs, the nonmedical use of prescription drugs continues to have more new users in the past year than any other class. In 2009, there were 2.6 million new users, 2.2 million of which were for nonmedical use of pain relievers.

Reasons

- Most young people who misuse prescription medications report that they obtain the drugs from friends or family. Many of these medications, particularly prescription painkillers, sit unused and unsecured in medicine cabinets, thereby making them readily available.
- Unfortunately, young people often mistakenly think these drugs are safer than so-called “street drugs.”

Opioid Analgesics: Medical Users in the Past Month

<table>
<thead>
<tr>
<th>Medical Users</th>
<th>Nonmedical Users</th>
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<tr>
<td>9.0 million</td>
<td>5.3 million</td>
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Opioid Analgesics: Sources for Nonmedical Users

- United States, 2009

- 76% Prescribed to User
- 20% Other
- 4% Prescribed to Someone Else
- 4% Other
Public Health Impact of Opioid Analgesic Use:
For every 1 overdose death there are

Abuse treatment admissions: 9
ED visits for misuse or abuse: 35
People with abuse/dependence: 161
Nonmedical users: 461

Far-Reaching Public Health Impact of Widespread Opioid Analgesic Use

- Mental impairment leads to other types of unintentional injuries
  - Falls and fractures among elderly
  - Motor vehicle crashes involving “drugged driving”
- Substance abuse leads to intentional injuries
  - Drug-related self harm and drug-crime related interpersonal violence
- Intravenous use leads to infections
  - HIV transmission to injection of dissolved tablets
  - Hepatitis C: “Graduating” from OxyContin to injected heroin
- Reproductive health effects
  - Congenital defects associated with opioid exposure in utero
  - Newborn withdrawal syndrome
  - Infertility from chronic heavy use
- Family Stability
  - Primary reason for needing to shelter children

Dependent on Prescription Drugs, Even Before Birth
By ABBY GOODNOUGH and KATIE ZEZIMA
New York Times Published: April 9, 2011
PART 2
FRAMEWORK FOR SAFE PRESCRIBING

1. General Thoughts
2. ‘Managing’ Opioid Risk
3. Monitoring Patients on Chronic Therapy
4. Identifying Aberrant Drug-Related Behavior

Distribution of Prescription Opioid Analgesics by Health Care Setting

When are opioids indicated?

- It depends........
- Pain is moderate to severe
  - Has significant impact on function
  - Has significant impact on quality of life
- Non-opioid pharmacotherapy has been tried and failed
- Patient agreeable to close monitoring* i.e., Coumadin
- "To write prescriptions is easy, but to come to an understanding with people is hard."2

1. Frank Kafka, Country Physician
Safe and Appropriate Use

- What does this mean?
- Risk factors
  - What does risk mean?
- Prior experiences
- Comfort level of all parties involved
- Education
- The Law

Opioid Risk

An increase in prescription opioid misuse and mortality associated with opioid use has been observed. The reasons for this can be attributed to many different factors:

- The use of opioids as part of a comprehensive treatment plan has gained significant traction.
- The number of opioid prescriptions have increased over the last 20 years.
- The number of people suffering from chronic pain has increased and continues to increase.
- Educational deficits of non-expert health care providers with regard to safe and appropriate use of chronic opioid therapy.

Medications Most Likely to ……

- Long-acting vs. short-acting?
- Give the best “high”
- Easy to get
- Easy to hack
- Most prescribed
- Most amenable to combination with other drugs
Which prescription medications are most likely to be abused?

- COMMONLY ABUSED MEDICATIONS
  - Opioids
  - CNS Depressants
    - Benzodiazepines
    - Barbiturates
  - Stimulants
  - Others

Which prescription medications are most likely to be diverted?

- CHARACTERISTICS
  - Onset of action
  - Intensity of effect
  - Trade name -> generic
  - Cost and availability of illicit equivalent

Acute vs. Chronic Pain

- Acute
  - Generally sudden onset
  - Usually has identifiable cause (e.g., injury, disease, iatrogenic)
  - Short duration (< 1 month)
  - Variable intensity
Acute vs. Chronic Pain

- **Chronic**
  - Persistent (generally ≥ 3 months)
  - Often undetermined onset
  - Usually the result of some identifiable cause
  - May be absent
  - Prolonged functional impairment
    - Physical
    - Psychological
  - May be tied to other behaviors (e.g., insomnia, depression, anorexia)

Chronic Pain

- Pain is the most commonly reported symptom in the primary care setting with 57% of American adults suffering from chronic or recurrent pain
- Chronic pain is under-treated in a variety of settings
- Lack a specialized clinics lead most patients to be managed in the primary care setting
- Challenges
  - Education
  - Time
  - Consensus
  - Controversy surrounding opioids

The Importance of Patient Selection

- History & physical examination
  - All aspects of pain (e.g., location, description, frequency, intensity)
    - Visual scale
    - Numerical rating scale
    - Faces
  - Diagnostic tools/examinations
  - Prior TX
  - Psychosocial evaluation
    - Coping skills
    - Psych history
  - Goals of treatment – what are expectations?
**Context**

What makes pain the same or different compared to other conditions?

- The same
  - It fits with the Hippocratic model
  - It’s what we do – treat people with problems
    - Assess, diagnose, treat
    - **People expect it**
- Way different
  - The patient gets to have a say in what determines a successful treatment outcome

**Cancer vs. Noncancer Pain**

- Emotion plays a role in the use of opioids to treat cancer pain
  - Maybe not so much in noncancer pain
- Guidelines and advocacy are different
- Palliative vs. long-term treatment
Why do some healthcare providers overprescribe?

- Duped
- Dated
- Dishonest
- Medication Mania
- Hypertrophied enabling
- Confrontation phobia

Why do some healthcare providers under-prescribe?

- Overestimate potency and duration of action
- Fear of being scammed
- Often prescribe too small of a dose and too long of a dosing interval
- Exaggerate addiction potential

Opioid Risk

- Old definition
  - The potential for opioid analgesia adverse effects
    - Constipation
    - Nausea/Vomiting
    - Dry mouth
    - Itching
    - Sweating

- Respiratory Depression

References:

Opioid Risk

- **New definition**
  - Adverse effects
  - Aberrant drug-related behavior
    - Abuse
    - Misuse
    - Diversion
    - Addiction
- **Unintended Deaths**

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Universal Precautions Approach

- Make a diagnosis with appropriate differential
  - Appropriate differential
    - Don’t treat with opioids unless you have a working or presumptive diagnosis
    - Do what would normally be done
    - Address comorbid conditions

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Universal Precautions Approach

- Psychological assessment including risk assessment of addictive disorders
  - Personal and family HX of substance abuse
  - Sensitive and respectful use of opioid risk assessment tools
  - Discuss approaches to monitoring up front

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Opioid Risk Assessment Tools

- Opioid Risk Tool (ORT)\(^1\)
  - Brief screening tool
  - Simple
  - Clinician administered
  - Not validated, but used frequently

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Opioid Risk Assessment Tools

- Screener and Opioid Assessment for Patients with Pain (SOAPP)\(^2\)
  - 5, 14, and 24 – item
  - Intended for use at the time the decision is made to utilize chronic opioid therapy
  - Self-report
  - Scientifically validated
  - Includes instructions and monitoring recommendations

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2. Link to tool on PainEDU.org

Opioid Risk Assessment Tools

- Current Opioid Misuse Measure (COMM)\(^3\)
  - 17 – item
  - Intended to be used to reassess opioid risk along the continuum of opioid therapy
  - Patient self-report
  - Scientifically validated
  - Includes instructions and monitoring recommendations

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Opioid Risk Assessment Tools

- Pain Assessment and Documentation Tool (PADT™)¹
  - Clinician-directed interview – progress note format
  - Covers the 4 “A”s
  - Not scientifically validated
  - Subjective assessment
    - No scoring
    - Overall impression of benefit
  - Includes a section for plan


Universal Precautions Approach

- Informed Consent
  - Educate about the treatment plan with opioids
    - Benefits
    - Risks
    - Concerns

Universal Precautions Approach

- Treatment Agreement
  - In addition to Informed Consent
    - Make sure everyone understands:
      - Expectations
      - Obligations
      - Goals of treatment
      - It is dynamic, not static, and a "living" agreement
      - Monitoring
      - Anything else
    - Often written (easier to document and refer to), sometimes verbal
Universal Precautions Approach

- Pre-and Post-Intervention Pain Assessment
  - Includes pain level and function
  - Consider initiation of opioid therapy a trial, understood by both parties
  - “If you don’t identify the destination, how do you know if you ever get there?”

Universal Precautions Approach

- Appropriate Trial of Opioid Therapy +/- Adjunctive Medications
  - 1st line of treatment? Maybe yes, maybe no
  - Most likely part of multimodal plan
  - Consider drug-drug interactions, etc.

Universal Precautions Approach

- Reassessment of Pain Score and Function
  - At regular intervals
  - Supports the decision to continue or discontinue trial
Universal Precautions Approach

- Regularly Assess the Four “A”s1 of Pain Management
  - Analgesia
  - Activity
  - Adverse effects
  - Aberrant drug-related behavior


Universal Precautions Approach

- Periodically Review Pain Diagnosis and Comorbid Conditions
  - Need to be considered to be dynamic phenomena
    - Things happen
    - Stress happens
    - Social changes happen
    - Structural changes happen
    - Pain sources can change

Universal Precautions Approach

- Documentation
  - Medico-legally indicated
  - Everyone’s best interest
  - Regulatory safeguard
  - “If you did not document it, it did not happen”
The Role of Patient Education

- Shared decision-making and the “Medical Home”
  - Patient-centered care may be as important as the treatment selected
  - Education and understanding are key elements
    - e.g., How to deal with breakthrough pain
  - Conversation may be the best tool available
  - Challenges are many (e.g., pressure to treat, believing pain is real, suspicion)
  - Benefits are many (e.g., respect, responsibilities)

Monitoring Patients on Chronic Opioid Therapy

- Key Components
  - Reassessment
    - Pain
    - Function
    - Progress towards mutually defined goals
    - Adverse events
    - The patient’s “experience”
  - Tools
    - PADT, COMM
    - Pill, patch counts
    - Urine drug screens
    - Prescription monitoring programs

Identifying Aberrant Drug-related Behavior

- Differential diagnosis
  - Understand the terminology
- Know how you will approach the situation
  - Exit strategy
- Discuss concerns with the patient
  - Addiction
  - Long-term plan
  - Safe medicine practices (e.g., storage, disposal, sharing)
Identifying Aberrant Drug-related Behavior

- **Terminology**
  - **Misuse** - Use of a medication (for a medical purpose) other than as directed or as indicated, whether willful or unintentional, and whether harm results or not.
  - **Abuse** - The intentional self-administration of a medication for a nonmedical purpose such as altering one’s state of consciousness, e.g., getting “high”.

Terminology (cont’d)

- **Dependence** - The *state of adaptation* that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and administration of an antagonist.
- **Tolerance** - The *state of adaptation* in which exposure to a given dose of a drug induces biologic changes that result in diminution of one or more of the drug’s effects over time. Alternatively, escalating doses of a drug are required over time to maintain a given level of effect.

Terminology (cont’d)

- **Addiction** - A primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations.
  - Behavioral characteristics include one or more of the following:
    - Impaired control over drug use
    - Compulsive use
    - *Continued use despite harm*
    - Craving
Terminology (cont’d)

- **Pseudoaddiction** - Syndrome of abnormal behavior resulting from under-treatment of pain that is misidentified by the clinician as inappropriate drug-seeking behavior
  - Behavior ceases when adequate pain relief is provided
  - Not a diagnosis; rather, a description of a clinical interaction

Terminology (cont’d)

- **Diversion** - The intentional removal of a medication from legitimate distribution and dispensing channels
Protecting Your Practice

- Know the treatment population and the geographic risk
- Consider adjunctive treatments to reduce total opioid use
- Collaborate with colleagues regularly
  - Education
  - Know your limitations, utilize referrals
  - Utilize a “universal precautions” approach

Protecting Your Practice

- Employ sensible verification methods of proper medication use
- Opening the doctor-patient relationship to include concerned family or friends
- Using psycho-social indicators of good functioning
- Reappraise the success of treatment at appropriate intervals
- Documentation