The Prescription Drug Epidemic: What You Need to Know

May 15, 2013
Randeep Kahlon, MD

The Prescription Drug Epidemic in Delaware: What You Need to Know
Randeep Kahlon, MD, FACS
Vice-Chair
Prescription Drug Action Committee (PDAC)

BACKGROUND
How did we get here?

IDEAL GOAL is
NO Delawarean should be in Pain

Trends: Treating Pain increased the usage of Prescription Drugs
Under treatment of pain
Pain scale
Pain as a vital sign
Increasing availability of opioid analgesics
Increase in abuse of prescription opioids

Rates of Opioid Overdose Deaths, Sales, and Treatment Admissions, United States, 1999–2010

PRESCRIPTION DRUG DIVERSION
Percent of 2008 unintentional poisoning decedents1 with prescription opioids on death certificate and no opioid prescription filled from 2006 to 2008 by age and gender2

1. Source: CDC/Office of Vital Statistics
2. Source: NDCSS (National Drug Control Strategies Office); Drug Enforcement Administration; surveillance, 18 August 2009;
3. Drug overdose death certificates in those states with
4. Prescription Drug Action Committee (PDAC)
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The Prescription Drug Abuse Problem

- 478 million prescriptions for controlled substances dispensed in U.S. in 2010
- 7 million Americans reported current non-medical use of prescription drugs in 2010
- 25% of first-time drug users begin by using a prescription drug non-medically (2010)
- 6 of top 10 abused substances among high school seniors are prescription drugs
- 28,000 unintentional overdose deaths in 2007 – driven by prescription opioids

Emergency Department Visits

Unintentional Drug Overdose Deaths

Public Health Impact of Opioid Analgesic Use

For every 1 overdose death in 2007, there were

- 7 abuse treatment admissions
- 29 ED visits for misuse or abuse
- 148 people with abuse/dependence
- 450 nonmedical users
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Economic Costs

- Illicit drug use in the United States is estimated to have cost the U.S. economy more than $193 billion in 2007.
- $55.7 billion in costs for prescription drug abuse in 2007
- $24.7 billion in direct healthcare costs
- Opioid abusers generate, on average, annual direct health care costs 8.7 times higher than nonabusers


Overdose Mortality in Delaware - Epidemic

- Delaware Public Health tracks deaths and hospitalizations due to poisonings and overdose
- Three-quarters of drug overdose deaths were unintentional, with the remaining 25% between self inflicted (suicide) and undetermined poisonings.
- Has surpassed MVA mortality and equaled MVA hospitalization


Drug Overdose Death Rate, 2008, and Opioid Pain Reliever Sales Rate, 2010


Poisonings Now Kill More Americans Than Car Crashes

Motor vehicle traffic, poisoning, and drug poisoning death rates of all intents, U.S., 1980-2009


Poisonings Now Kill More Delawareans Than Car Crashes

Motor vehicle traffic vs accidental poisoning by & exposure to drugs, Delaware, 1990-2009


Problem

Misuse: 40%
Abuse: 20%
Addiction: 2% to 5%

Total Pain Population
Assumptions

- Prescription drug abuse and its consequences are the fastest growing drug problem in the U.S.
- No single solution
- We all have a role to play
- Success will come from coordination and collaboration at the Federal, state, local and hospital levels

The Prescription Drug Abuse Epidemic

EVERYONE
is either part of the solution or part of the problem

EVERYONE
Needs to help bend the curve
All Hands On Deck

THE RESPONSE

Professional Societies
DEA
FDA
State Attorney General
Medical Board
Pharmacy Board
Medicaid
Federal Government
Hospitals
Public Health

Prescription Drug Abuse Prevention Plan

- Coordinated effort across the Federal government
- 4 focus areas
  - Education
  - Prescription Drug Monitoring Programs
  - Proper Medication Disposal
  - Enforcement

Safe Opioid Prescribing: Reversing the Trends

S A F E
OPIOID
PRESCRIBING
INITIATIVE

Reversing the Trend: A National Health Priority
February 25-26, 2012
American Academy of Pain Medicine Annual Meeting
Palm Springs, California
www.painmed.org
A Coordinated Approach to Action - The Prescription Drug Action Committee (PDAC)

**History**
- Established in February 2012
- Focused on coordinating public, private and community efforts under the leadership of the Division of Public Health and the Medical Society of Delaware
- Broad and diverse membership
- As of April 2013, has conducted over 16 full committee public meetings and over 36 sub-committee meetings
- Developing a comprehensive set of recommendations to combat drug abuse, misuse and diversion statewide. Efforts will be ongoing during implementation
- Our website address is http://dhss.delaware.gov/dhss/dph/pdachome.html

Goal, Approach and Guiding Principles

- **Goal:** Reduce abuse, misuse, diversion and overdose of opioids and other controlled prescription drugs while ensuring consumers with pain and drug addiction are safely and effectively treated.
- **Approach**
  - Define the problem
  - Identify drivers, risk and protective factors
  - Develop, implement, test and measure strategies
  - Ensure widespread adoption
- **Guiding principles for recommendations and actions**
  - A coordinated public health, public safety and healthcare approach is essential
  - PDAC’s recommendations complement federal response focus areas to include: Education, Monitoring, Disposal and Enforcement

Recommendations to Address Epidemic

Data Tracking & Impact Subcommittee

- Develop a **robust surveillance system** within the Department of Public Health
- PMP is for law enforcement and clinical use; **add analytic support** in the PMP for population health
- **Incorporate quality improvement and evaluation into all proposed interventions** to assure appropriate execution.
- **Interface PMP with the DHIN** (Prescription Monitoring Program should be linked to the Delaware Health Information Network (DHIN)).

Public Education

- **Launch a statewide public education and outreach campaign.**
  - Targeted approach to focus on specific populations to include: those at high risk for abuse, misuse and overdose; youth and teenagers, injured workers.
  - Outreach will mirror learning and success of other Public Health marketing campaigns i.e. smoking cessation, cancer.
- **Increase support and collaboration with community coalitions and other partners that focus on prevention.**
  - Build capacity of community based organizations to lead grassroots efforts.
Recommendations to Address Epidemic
Best Practices Subcommittee

- Implement E-Prescribing for Controlled Substances.
  - Phased in approach. Require over time. New York is most recent state to mandate.
- Establish an ongoing, community-based drug take back program.
  - Better understand what types of drugs are being returned.
  - Federal DEA Final Rules are in process.

Potential Policy Recommendations:
- See below

Recommendations to Address Epidemic
Access to Treatment

- Increase access to multi-specialty pain management and substance abuse system which includes outpatient, inpatient and community services and research.
  - Short term - 1 year
    - Inventory and public pain management and substance abuse resources and provide information for everyone to access. Provide website and call center access (211).
    - Leverage telehealth to access expert pain management support for provider education to support inpatient/outpatient treatment.
  - Long term - 3-5 years
    - Develop a pain management center of excellence that provides statewide pain management services, consultation and research.

Potential Policy Recommendations:
- See below

Recommendations to Address Epidemic
Provider Education

- Increase knowledge base of Delaware health providers regarding pain management and opioid prescribing.
- Support public education by reinforcing messaging during patient consultations.
- Launch a statewide, provider education and outreach campaign.
  - Targeted approach to focus on populations to include: high prescribers, workers compensation providers.
  - Academic detailing to focus on clinical guidelines, e-prescribing, community resources, EHR, and DHIN.

Recommended

1. Develop a one-hour CME specific to Delaware prescription drug abuse and pain management. Must include information about Regulation 31, the Prescription Monitoring Program and other Delaware specific programs and policies. This CME is a one-time requirement.
2. Require attestation statement for two hours of CME on safe and effective controlled substances prescribing.
3. Allow Basic Life Support responders the authority to administer Narcan when properly trained.
4. Require Emergency Department data reporting similar to current requirement for Hospital Discharge reporting.
5. If not otherwise provided by pending federal policy, permit a drug take back pilot program.
6. Require hospice agencies to implement a uniform procedure to dispose of controlled substances after patient expiration.
7. Provide immunity from prosecution for drug impairment for those reporting overdose as well as for good Samaritan reporting.
8. PMP Recommendations
   - Require substance abuse treatment centers to use PMP to evaluate patient risk of abuse.
   - Enable provider clinical support staff have delegate access to PMP via own login identification and password.
   - Require practitioners with controlled substance license to register for access to the PMP.

Recommended

- Support incentives and reimbursement for proper pain management of patients.
- Better understand effective but uncompensated pain management services.

PMP Recommendations

- Require substance abuse treatment centers to use PMP to evaluate patient risk of abuse.
- Enable provider clinical support staff have delegate access to PMP via own login identification and password.
- Require practitioners with controlled substance license to register for access to the PMP.

Education

- Got Drugs?
- Disposal
- DEA

<table>
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<tr>
<th>% Eligible Prescriptions Routed Electronically</th>
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<td>2010: 24%</td>
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Source: Surpluslife Data
Public Education

- Education Goals for parents and patients
  - Increase awareness about prescription drug abuse
  - Patients and parents understand how to safely store, use, and dispose (sUDS) of medications
- Evidence-based public education campaign partnering with local anti-drug coalitions, and other organizations (chain pharmacies, community boards of medicine)

Provider Education

- CME (proposed)
  - 1-time 1 hr Delaware specific
  - Biennial 2 hr CME attestation
- Core Curriculum to be defined by the Secretary of State (Div of Prof Regulation and Board of Medical Licensure & Discipline)
- MSD already developing education
- Required by July 1, 2014
  - 2 hrs is 'on your own' - many resources available

MSD Guidelines for Controlled Substances

- Provides for practice type
- Provides for specialty specific guidelines
- Incorporate regulations/rules/legislation
- Regulation 31
- Delaware Code
- Enhance best practices
- Enable access to care

Due to physician fear of prosecution, ED visits increased by ~200 patients/week in spring of 2012 when Regulation 31 first enacted

Monitoring

- PMP
- e-Prescribing

Prescription Drug Monitoring Programs

Status of Prescription Drug Monitoring Programs (PDMPs)
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Goals of the PMP
- Reduce Substance abuse
- Reduce “Doctor Shopping”
- Reduce Prescription Fraud
- Reduce Other illegal activity related to Pharmaceutical Drug Diversion
- Provide an additional evaluation tool for Medical Professionals

Delaware PMP
- Live May 2012
- Pharmacies: required to report every 24 hrs
- Prescribers:
  - Encouraged to use PMP as clinical tool
  - Required to use PMP when suspect diversion/abuse
- Law Enforcement: can only query PMP for active investigation
- Public Health: no funding for data analytics

- Only Delaware data currently
  - Working with the DHIN
  - Already interfaced with national PMP – just need surrounding states to join
- New (proposed): all prescribers will be required to register (for access)

- 30% of Medical Professionals are registered for the Prescription Monitoring Program (PMP)
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**E-Prescribing**
2012 e-Rx: Delaware ranks #1 in the nation

**E-Prescribing Controlled Substances (EPCS)** is very different:
- Because of difficulty, some states are rolling out state-wide programs (New York) and making it mandatory

**Drug Disposal**

- **Drug Take Back**
  - Drug Take Back Day
  - Sat April 27, MAP II, 10am - 2pm

- **Major public education issue**
  - IF so dangerous, why not easy to turn in (like car oil, electronics recycling, etc)

**Proper Medication Disposal**

- **Goals:**
  - Easily accessible, environmentally friendly method of drug disposal
  - Reduces the amount of prescription drugs available for diversion and abuse
  - Limited by DEA rules

- **Limitations:**
  - “Strive to educate users, parents, and patients about the proper way to dispose of prescription drugs”
  - DEA - 5 take back events since 2010
  - After Final Regulations are in place, promote proper medication disposal programs

**Drop Boxes for Safe Disposal of Prescription Drugs**

- **Drop boxes** - only in a few states through law enforcement
- Old, expired medications left in the home can be targeted by users.
- Teenagers also target their parent’s current or expired prescription drugs to abuse, trade or sell in order to obtain alcohol, marijuana or other drugs.
How to Dispose of Unused Medicines

If a medicine call has filled with unused drugs or medicines given longer than 6 months, you dispose of them:

1. Put the medications in several plastic bags or containers.
2. Seal the plastic bags or containers.
3. Take the plastic bags or containers to a nearby pharmacy.

Drug Take Back Network
Information on permanent and regularly recurring drug take-back events:
www.takebacknetwork.com/local_events.html

SMART Disposal
http://www.smarxtdisposal.net/

Safeguard My Meds
http://www.safeguardmymeds.org/

Enforcement

Goals:
- Assist states in addressing "pill mills" and doctor shopping
- In Delaware, BMLD is active on this issue

Main Actions:
- AG looking at pill mill bill law
- Mandatory training for law enforcement
- See policy recommendations above

Problem

Drug Overdose Death Rate, 2008, and Opioid Pain Reliever Sales Rate, 2010

Poisonings Now Kill More Delawareans Than Car Crashes
Motor vehicle traffic vs accidental poisoning by & exposure to drugs
Delaware, 1990-2009

Poisonings > MVA by 10% (Mortality 2010)
Poisoning Mortality in DE up by 300% (since 2000)

PDAC Prescription Drug Action Committee
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E-Prescribing

2012 e-Rx: Delaware ranks #1 in the nation

Delaware Response: PDAC

- MSD & DPH discussion September 2011
- Gov Markell on board December 2011
- PDAC
  - Coordinated state-wide response
  - Multi-stakeholder (BIG tent)
  - Initial meeting February 2012

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