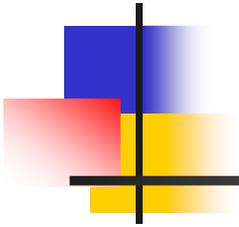


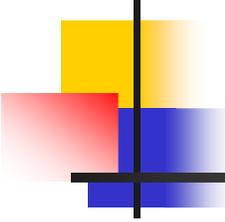
Prescription Medication Abuse: Skills for Prevention and Intervention

iCARE Partnership
www.icarenc.org



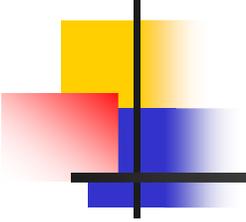
James Finch, MD

North Carolina Society of Addiction Medicine
NC Governor's Institute on Alcohol and Substance Abuse
Changes by Choice, PLLC



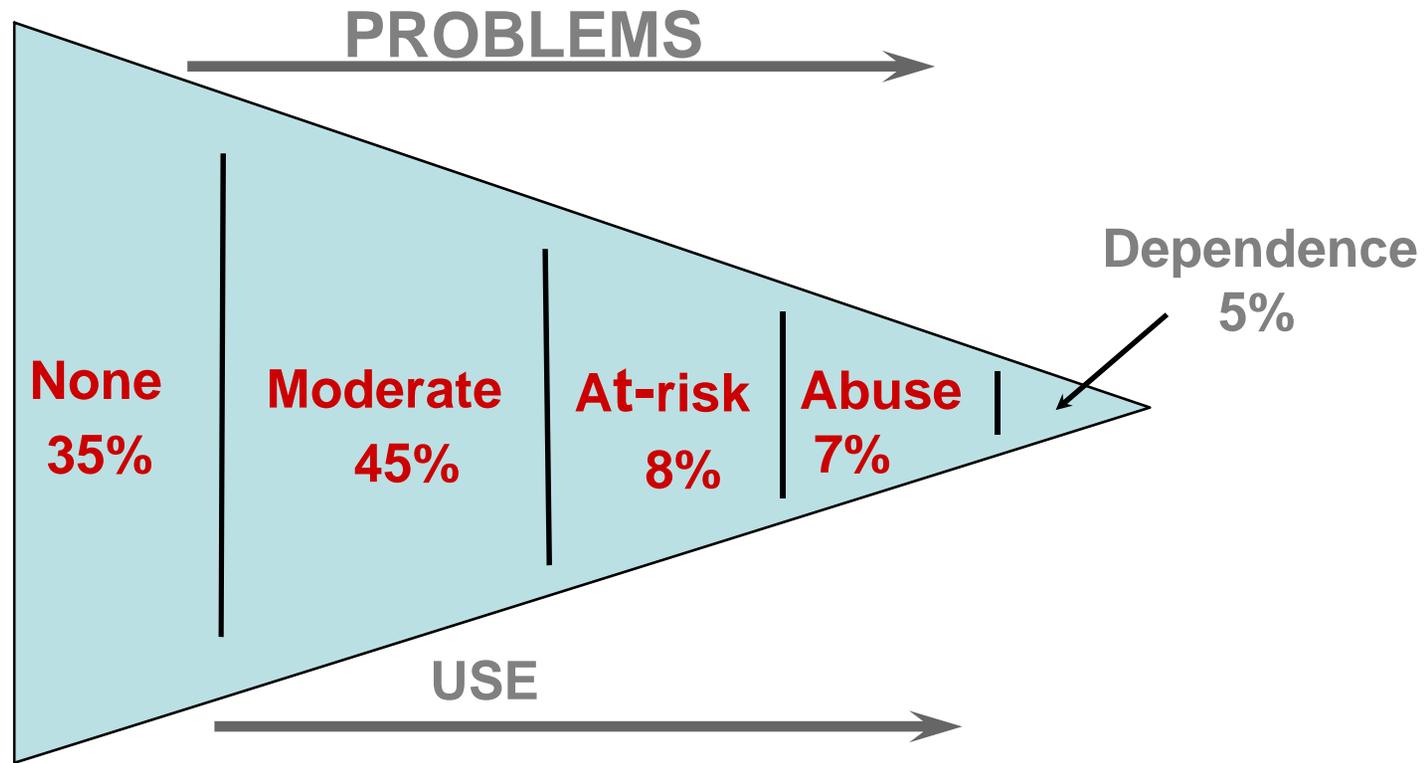
Common prescription drugs of abuse

- Opioid analgesics
 - Oxycodone (Percocet, Oxycontin)
 - Hydrocodone (Vicodin)
 - Methadone
- Benzodiazepines
 - Alprazolam (Xanax)
 - Clonazepam (Klonopin)
- Stimulants
 - Amphetamine (Adderal)
 - Methylphenidate (Ritalin)

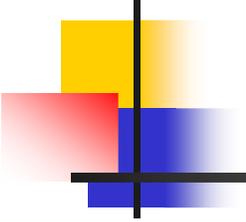


Prescription Abuse Continuum

- Appropriate use
- Inappropriate use/misuse
- Drug seeking behavior
- Aberrant drug taking behavior
- Abuse
- Dependence



Alcohol use in primary care patients \geq 18 years old

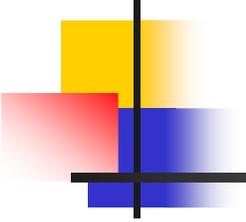


Appropriate Use

- Use of medication as prescribed.
- Use only for the condition indicated.
- Use only for the duration needed.

Most meds are **not** abused: Estimates of addiction within setting of chronic pain management: 3 to 19% (higher in training settings).

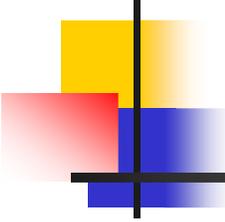
Weaver M and Schnoll S, J Addiction Medicine, 2007



Abuse and Dependence

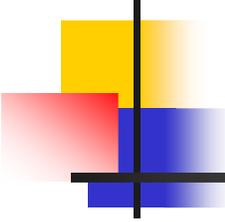
- Use of a medication outside the normally accepted standard for that drug.
- Recurrent problems in multiple life areas.
- Continued use in spite of negative consequences.
- Preoccupation with the drug, drug seeking behavior, loss of control of use.
- Tolerance or physical dependence may or may not be present.

Adapted from DSM IV, APA,1994.



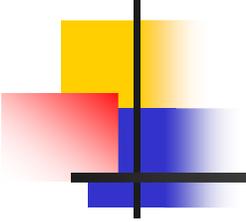
Physical Dependence

- Withdrawal syndrome when the drug is withdrawn acutely.
- May or may not be associated with increasing doses and increasing tolerance to the drug.
- May or may not be associated with abuse of the drug.



Aberrant Medication Taking Behavior

- Intentional misuse/"recreational use"
- Illegal use/diversion
- Misuse and "Pseudo-addiction"
- "Chemical coping"

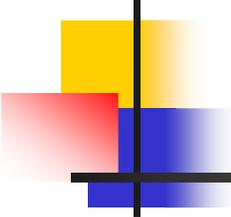


A Preventative Approach to Prescribing Medications with Abuse Potential

- **Identify patients at increased risk:**
“drug allergies model”
- **Use rational prescribing practice:**
“universal precautions model”

Finch JW. Primary Care Clinics of N America, 1993.

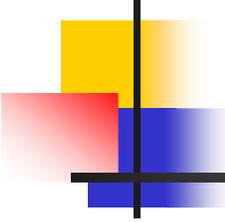
Gourlay DL, Heit HA, Almahrezi A. Pain Medicine, 2005.



Preventative Approach: Identify Patients at Increased Risk

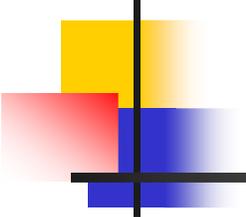
Prior to prescribing controlled meds, ask about:

- Current or prior history of substance abuse/dependence
 - alcohol
 - illicit drugs
- Family history of substance abuse
- Prior problems with prescription medication
- Other risks:
 - younger age
 - psychiatric diagnosis
 - history of sexual abuse
 - history of legal problems



Screening Tools to Assess Risk

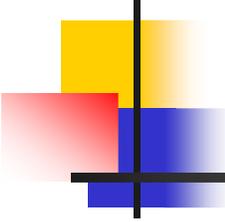
- CAGE Adapted to Include Drugs (CAGE-AID)
- Opioid Risk Tool (ORT)
- Pain Medication Questionnaire (PMQ)
- Screener and Opioid Assessment for Patients with Pain (SOAPP)



NC Controlled Substances Reporting System

- Maintained by NC Dept of HHS
- Pharmacies required to log all dispensed controlled medications into centralized database.
- May be accessed by “persons authorized to prescribe or dispense controlled substances” as well as by agents of NC SBI.
- Requires registration.
- For information:

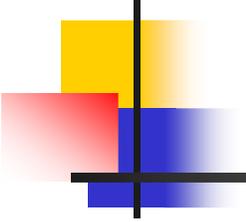
www.ncdhhs.gov/mhddsas/controlledsubstance



Rational Prescribing Practices

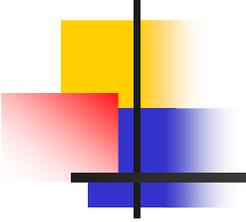
Steps specific to prescribing drugs with abuse potential but consistent with good clinical standard:

- Have clear clinical indication
- Do a proper risk assessment
- Establish therapeutic agreement
- Monitor and assess regularly
- Document appropriately
- Be willing to intervene



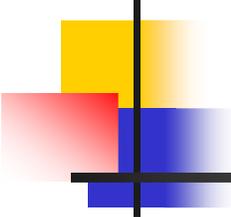
Clear Clinical Indication: Anxiety Disorders

- Anxiety disorder vs. “anxiety” or “stress”
- Identified syndromes:
 - Depression with anxiety
 - Panic disorder
 - Obsessive Compulsive Disorder
 - Post Traumatic Stress Disorder
 - Phobias
 - Generalized anxiety disorder
 - Anxiety associated with medical condition
- Minimize role on long term benzodiazepines
- Recognize utility of behavioral interventions



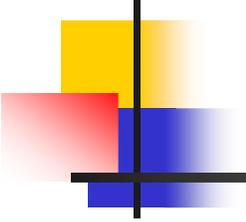
Clear Clinical Indication: Opioid Pain Management

- Acute pain syndromes
- Chronic malignant pain
- Chronic non-malignant pain (CNMP)
 - Neuropathic
 - Osteoarthritis/DJD
 - Failed back surgery syndrome
- Part of multi-modal treatment approach: not the first or the only or the best treatment for all pain



Treatment Agreement: Usual Elements

- Only one doctor/clinician prescribes
- Patient uses only one pharmacy
- Patient does not change dose without prior discussion with doctor/clinician
- States clear policy on refills
- Patient agrees to consultations as needed
- Patient does not use illegal drugs
- Patient agrees to urine drug testing and/or pill counts
- Patient agrees to regular monitoring of CSRS



Ongoing Clinical Monitoring: Response and Behavior

Regularly assess the **4 A's**:

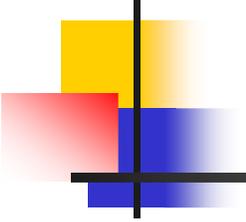
Analgesia/Anxiety

Activity/function

Adverse effects

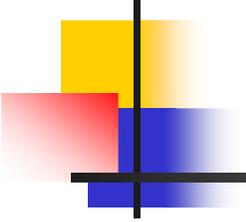
Aberrant behaviors

Document and respond as needed.



Monitoring: “Drug Seeking Behaviors”

- Pattern of calling for refills after hours
- Prescriptions from multiple providers
- Frequent visits to the Emergency Room
- Strong preference for specific drug
 (“allergic to everything but...”)
- Repeatedly needing early refills



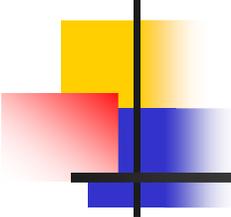
“Drug Seeking”: What the Clinician Hears:

Excuses:

- “I lost the prescription. I left it on the plane”
- “It was stolen out of my car/purse/bedroom.”
- “The dog ate the prescription.”
- “I spilled the bottle in the toilet.”

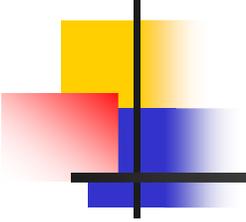
Fears/Complaints:

- “That dose doesn’t work anymore. I used a few of my mom’s”
- “I can’t sleep without it. I need it for my nerves”
- “I can’t get through the day without it.”



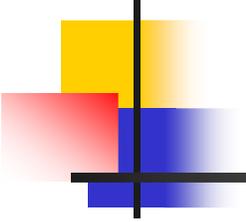
Limits of the Term: “Drug Seeking”

- Non-specific and potentially stigmatizing
- Important as a “**red flag**” needing further assessment
- Assess for:
 - Pseudo-addiction: inadequate management
 - Tolerance/hyperanalgesia
 - Chemical coping
 - Characterologic or emotional issues
 - Abuse/dependence
 - Diversion/illegal activity



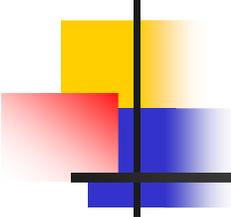
Aberrant Drug Use: Intervene Based on Assessment

- Diversion or forgery
- Misuse not abuse
- Pseudo-addiction
- Chemical coping
- Abuse/Dependence:
 - If responds to intervention
 - If unwilling/unable to comply



Intervening with Aberrant Drug Use: When Abuse is **Suspected**

- Express your behavior specific concerns
- Question further about drug use (how much, how often, increasing doses, need to supplement, symptoms of withdrawal)
- Question about other drug or alcohol abuse
- Urine drug screening and/or pill counts
- Include family members if available
- Check or re-check CSRS

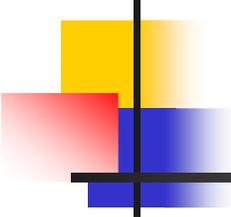


Intervening with Aberrant Drug Use: Abuse/Dependence

- Express your specific concerns in terms of patient's well-being
- Weigh risks of continuing therapy with controlled meds

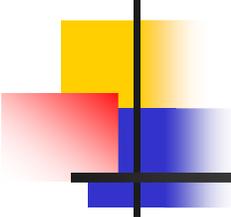
“I know that you have a problem with pain/anxiety...I believe you also have a problem with how you are using your medication. These are the things I've noticed that worry me....”

“Do you agree that this is a problem for you?”



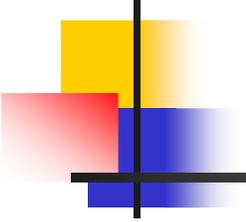
Intervening with Aberrant Drug Use: Abuse/Dependence (continued)

- Mandate referral for addiction evaluation and treatment
- Restructure treatment agreement:
 - Closer monitoring/regular CSRS
 - More tightly managed prescriptions
 - Urine drug screening
 - Pill counts
- Consider need for referral for inpatient treatment
- If opioid dependent: consider referral for substitution/agonist treatment (methadone or buprenorphine)



Intervening With Abuse/Dependence: Unwilling/Unable to Comply

- Express your concern in terms of patient's well-being
- State that the particular medication is no longer safe or indicated and you will not continue to prescribe it (arrange taper if not emergent or refer)
- Explore other non-controlled therapeutic options
- Assess for withdrawal risk
- Refer for SA treatment :
 - Inpatient detox and ongoing treatment
 - Substitution or agonist therapy for opioids



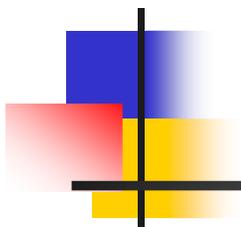
Summary

- Abuse of prescription medications is uncommon overall but is a serious problem for clinicians and society as a whole.
- When prescribing medications with potential for abuse, it is necessary to balance the need for help with the potential for harm within each unique clinical situation.
- Risk of abuse can be minimized by using appropriate screening, rational prescribing and appropriate monitoring.
- Intervention for prescription abuse requires thoughtful assessment, a non-stigmatizing and caring response and at times, assertive behavior by the clinician.



**You can't always get
what you want...**
But if you try sometimes,
You just might find...
You get what you need.

Mick Jagger,
The Rolling Stones,
1969



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