RX Abuse from a Pharmacist Perspective

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Epidemiology of Prescription Drug Misuse and Abuse

- National
  - Nearly 1 in 5 teens (19% or 4.5 million) have used prescription drugs to get high.
  - 1 in 10 teens (10% or 2.4 million) reported using cough medicine to get high.
  - 7 of the top 10 drugs abused by 12th graders are prescription drugs or OTC medications.
  - 2007 MTF – 1 in 10 high school seniors used Vicodin and over 5% used OxyContin

- California
  - Prescription drug use is accelerating
  - Prescription drug use exceed all other drugs other than marijuana
## Non-medical Use: National Survey on Drug-Use and Health (in thousands)

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<thead>
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<tbody>
<tr>
<td>Nonmedical Use of Psychotherapeutics</td>
<td>50,965</td>
<td>50,412</td>
<td>16,482</td>
<td>16,280</td>
<td>7,095</td>
<td>6,895</td>
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<td>Pain Relievers</td>
<td>33,472</td>
<td>33,060</td>
<td>12,649</td>
<td>12,466</td>
<td>5,220</td>
<td>5,174</td>
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<tr>
<td>OxyContin®</td>
<td>4,098</td>
<td>4,354</td>
<td>1,323</td>
<td>1,422</td>
<td>276</td>
<td>369</td>
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<td>Tranquilizers</td>
<td>21,303</td>
<td>20,208</td>
<td>5,058</td>
<td>5,282</td>
<td>1,766</td>
<td>1,835</td>
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<td>Stimulants</td>
<td>22,468</td>
<td>21,654</td>
<td>3,761</td>
<td>2,998</td>
<td>1,385</td>
<td>1,053</td>
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<td>Methamphetamine</td>
<td>14,206</td>
<td>13,065</td>
<td>1,889</td>
<td>1,343</td>
<td>731</td>
<td>529</td>
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<td>Sedatives</td>
<td>8,822</td>
<td>8,396</td>
<td>926</td>
<td>864</td>
<td>385</td>
<td>346</td>
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Prescription Drug Overdose

MMWR. 1/2012. 61(1).
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6101a3.htm?s_cid=mm6101a3_w
San Diego County Rate of Pills Prescribed, 2008-2012

Benzodiazepines

All Opioids

Stimulants
San Diego County Total Pills per Prescription, 2008-2012
## San Diego County Report Card

### Prescription Drug (Rx) Abuse 2013 Report Card

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2008</th>
<th>2009</th>
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<th>2011</th>
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<td><strong>Unintentional Rx-Related Deaths</strong></td>
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<tr>
<td>• Number</td>
<td>220</td>
<td>238</td>
<td>228</td>
<td>267</td>
<td>268</td>
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<tr>
<td>• Rate per 100,000 residents&lt;sup&gt;1&lt;/sup&gt;</td>
<td>(8.4)</td>
<td>(8.9)</td>
<td>(8.5)</td>
<td>(9.8)</td>
<td>(9.8)</td>
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<tr>
<td><strong>Emergency Room Painkiller-related Discharges</strong></td>
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</tr>
<tr>
<td>• Number</td>
<td>2040</td>
<td>2231</td>
<td>2931</td>
<td>3,278</td>
<td>Not Available</td>
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<tr>
<td>• Rate per 100,000 residents</td>
<td>(64.8)</td>
<td>(70.3)</td>
<td>(91.1)</td>
<td>(105.2)</td>
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<tr>
<td><strong>Student Self Report Rx Misuse</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>19.5%</td>
<td>19.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Adult Treatment Admissions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Percentage of Prescription Painkillers</td>
<td>3.9%</td>
<td>3.9%</td>
<td>4.1%</td>
<td>4.2%</td>
<td>4.7%</td>
</tr>
<tr>
<td>• Percentage of Heroin</td>
<td>18.5%</td>
<td>19.4%</td>
<td>21.4%</td>
<td>22.0%</td>
<td>23.1%</td>
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<tr>
<td><strong>Arrestees Self Report of Rx Misuse</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Adult</td>
<td>36%</td>
<td>41%</td>
<td>40%</td>
<td>41%</td>
<td>38%</td>
</tr>
<tr>
<td>• Juvenile</td>
<td>25%</td>
<td>28%</td>
<td>31%</td>
<td>37%</td>
<td>40%</td>
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<td><strong>Rx Prosecutions</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Rx-specific Fraud Charge</td>
<td>112</td>
<td>123</td>
<td>84</td>
<td>125</td>
<td>117</td>
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<tr>
<td>• Other Charges with Rx-involved</td>
<td>713</td>
<td>1,090</td>
<td>1,341</td>
<td>1,288</td>
<td>1,311</td>
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<tr>
<td><strong>Pharmacy Robberies/Burglaries</strong></td>
<td>9</td>
<td>15</td>
<td>14</td>
<td>26</td>
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<td><strong>Pounds of Safely Disposed Medications</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>• Take Back Events</td>
<td></td>
<td></td>
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<td>7,446</td>
<td></td>
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<tr>
<td>• Sheriff Dept. Collection Boxes</td>
<td></td>
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<td>3,400</td>
<td>13,008</td>
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<td>• Disposal activity began in 2010</td>
<td></td>
<td></td>
<td>5,128</td>
<td>16,707</td>
<td></td>
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<tr>
<td>• 9,902</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Prescription Pills Per County Resident</strong></td>
<td></td>
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<td></td>
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<tr>
<td>• Painkillers&lt;sup&gt;2&lt;/sup&gt;</td>
<td>30.0</td>
<td>29.9</td>
<td>33.4</td>
<td>35.9</td>
<td>37.8</td>
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<tr>
<td>• Anti-anxiety</td>
<td>11.4</td>
<td>10.9</td>
<td>13.0</td>
<td>13.4</td>
<td>13.8</td>
</tr>
<tr>
<td>• Stimulants</td>
<td>3.8</td>
<td>3.6</td>
<td>4.3</td>
<td>4.5</td>
<td>4.7</td>
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</table>
Epidemiology of Prescription Drug Misuse and Abuse

• It is generally believed that the broad availability of prescription drugs and misperceptions about their safety make prescription medications particularly prone to abuse.

• Among those who abuse prescription drugs, high rates of other risky behaviors, including abuse of other drugs and alcohol, have also been reported
  • Urine tox screens
Substance Abuse and Mental Health Services Administration Survey 2009-2010

- The homes of relatives or friends as key sources for people to start misusing powerful painkillers
- Drugs left in home medicine cabinets are prime targets for prescription drug abuse
- Among first-time or occasional users of prescription painkillers, most received them from family or friends
- Among chronic abusers of pain relievers,
  - 41% obtained pills for free or without asking from friends or relatives
  - 26% got a prescription
Pharmacy News

- CVS faces as much as $29 million in fines associated with 37,000 prescription painkillers that are missing from four of its California stores
- Walgreens agreed to pay a record $80 million penalty to resolve the DEA's investigation into its dispensing practices in Florida
  - Created the Good Faith Dispensing checklist
CURES

• Controlled Substance Utilization Review and Evaluation System
  • California’s Prescription Drug Monitoring Program (PDMP)
• SB 809 funds CURES and calls for a system upgrade
  • License and certification fees
  • Wholesaler fees
• Separate CURES funding from the general account
Prescription Drug Transaction Details:

<table>
<thead>
<tr>
<th>Date Filled</th>
<th>First Name</th>
<th>Last Name</th>
<th>DOB</th>
<th>Address</th>
<th>Drug Name</th>
<th>Form</th>
<th>Str</th>
<th>Qt</th>
<th>PHYS Name</th>
<th>PHYS W</th>
<th>Dr.'s DEA #</th>
<th>Dr.'s Name</th>
<th>RX #</th>
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<tbody>
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<tr>
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<td>02/08/2013</td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>02/13/2013</td>
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<td></td>
<td>HYDROCODONE</td>
<td>TAB</td>
<td>32.5</td>
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<tr>
<td>02/25/2013</td>
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<td>CARISOPRODOL</td>
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<td>80</td>
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</tbody>
</table>

The Patient Activity Report (PAR) is compiled from information maintained in the Department of Justice's Controlled Substance Utilization Review and Evaluation System (CURES). The CURES maintains Schedule II, Schedule III, and Schedule V prescription information that is received from California Pharmacies and is therefore only as accurate as the information provided by the Pharmacies. If data was submitted with an asterisk (*) next to it, it will not be displayed within the report.
Legitimate Medical Purpose

- A prescriber’s prescription pattern is different from that of other prescribers in the area
- Prescriber writes for antagonistic drugs
- Patient returns to the pharmacy more frequently than expected
- Patient presents multiple prescriptions for the same drug written for different people
- A number of people appear within a short time period for the same controlled drug from the same physician, or a large number of previously unknown patrons show up with prescriptions from the same physician
- The patron presents a prescription that shows evidence of possible forgery

Unmet Need

• Only 29% of pharmacists “strongly agreed” that their knowledge of relevant controlled-substance regulation was adequate

• Pharmacists and physicians believe that there are gaps in their education with respect to drug abuse
  - > 67% of pharmacists reported that they received 2 hours or less of addiction and substance abuse education in pharmacy school
  - Almost 30% received no addiction education

• Many pharmacists are also unaware of the important distinctions among addiction, physical dependence, and tolerance.

• >50% had never referred a patient to a drug treatment program.

Corresponding Responsibility

- Pharmacist must evaluate patients to ensure the appropriateness of any controlled substance prescription
- California Board of Pharmacy:
  - If a pharmacist believes that a prescription may not have been written for a legitimate medical purpose, the pharmacist must inquire
  - When the results of a reasonable inquiry do not overcome the pharmacist's concern about a prescription being written for a legitimate medical purpose, the pharmacist must not fill the prescription.
Red Flags

• Irregularities on the face of the prescription itself
• Nervous patient demeanor
• Age or presentation of patient
• Multiple patients at the same address(es)
• Cash payments
• Requests for early refills of prescriptions
• Prescriptions written for an unusually large quantity of drugs
• Prescriptions written for potentially duplicative drugs
• The same combinations of drugs prescribed for multiple patients
More Red Flags

- Initial prescriptions written for stronger opiates
- Long distances traveled from the patient's home to the prescriber's office or pharmacy
- Irregularities in the prescriber's qualifications in relation to the medication(s) prescribed
- Prescriptions that are written outside of the prescriber's medical specialty
- Prescriptions for medications with no logical connection to diagnosis or treatment
Other Aberrant Medication Taking Behavior

- Deterioration in functioning at work or socially
- Illegal activities – selling, forging, buying from nonmedical sources
- Injection or snorting medication
- Multiple episodes of “lost” or “stolen” scripts
- Resistance to change therapy despite adverse effects
- Refusal to comply with random drug screens
- Concurrent abuse of alcohol or illicit drugs
- Use of multiple physicians and pharmacies

UC San Diego
Skaggs School of Pharmacy and Pharmaceutical Sciences
Aberrant Medication-Taking Behavior

• Complaints about need for more medication
• Drug hoarding
• Requesting specific pain medications
• Openly acquiring similar medications from other providers
• Occasional unsanctioned dose escalation
• Nonadherence to other recommendations for pain therapy
Too Far?

• Has the patient previously received the same medication from Walgreens
• Is the prescription written for the same medication and from the same doctor as the previous fill
• Are the patient and doctor listed on the prescription within close geographical proximity to the drug store
• Is the prescription being filled on time
• Is the patient paying for the prescription using insurance
• Is the quantity of pills prescribed considered excessive
• Has the patient been taking the same medication and dosage for a long time
Communication

• Self confidence to:
  • detect RX abuse
  • discuss RX abuse with patients
  • discuss legitimacy of controlled RX with prescriber
• 25% pharmacist fear damaging pharmacist-prescriber relationship
• Communication between the pharmacist and provider would serve to deter prescription drug abuse

Conclusion

• Prescription drug abuse/misuse is a significant public health issue
• Pharmacists have an ethical duty, backed by both federal and state law, to ensure that a prescription for a controlled substance is appropriate
• Pharmacists have the tools to be part of the solution
QUESTIONS?

• DEA Drug Take Back Initiative
  • http://www.deadiversion.usdoj.gov/drug_disposal/takeback/

• CURES
  • http://ag.ca.gov/bne/cures.php