

IDENTIFYING THE WARNING SIGNS OF NON-COMPLIANT AND ABUSIVE PATIENTS

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- **Drug Education Consulting Group**
 - Educate corporate/private groups on drug trafficking and its impact on society
- **25 years as Special Agent with the DEA (Retired in 2008)**
 - Served Assignments in Atlanta, Denver, El Paso, Los Angeles and Thailand
 - Investigated global drug trafficking organizations
 - Served in Washington, D.C. as Chief of DEA's International Intelligence Program
- **10 Years as a Police Officer in Cobb County, Georgia**
 - Served on multi-agency narcotics unit investigating regional and local narcotics issues, including diversion of prescription drugs
 - Conducted numerous undercover assignments; taught undercover techniques at police academies.

KEY TOPICS

- Understanding prescription drug abuse and non-compliance
- Recognizing aberrant patient behaviors and how these behaviors may be symptomatic of non-compliance
- Methods for detecting non-compliant patient behavior
- Monitoring patient adherence to a prescription regimen
- Key government initiatives aimed at prescription abuse

WHAT IS YOUR RESPONSIBILITY?

Practices have a responsibility to:

- Assure patients are using medications properly.
- If aberrant behavior is observed, noted in testing or received via a complaint to the practice ...

... Do not ignore it.

TWO DIMENSIONS OF THE PROBLEM

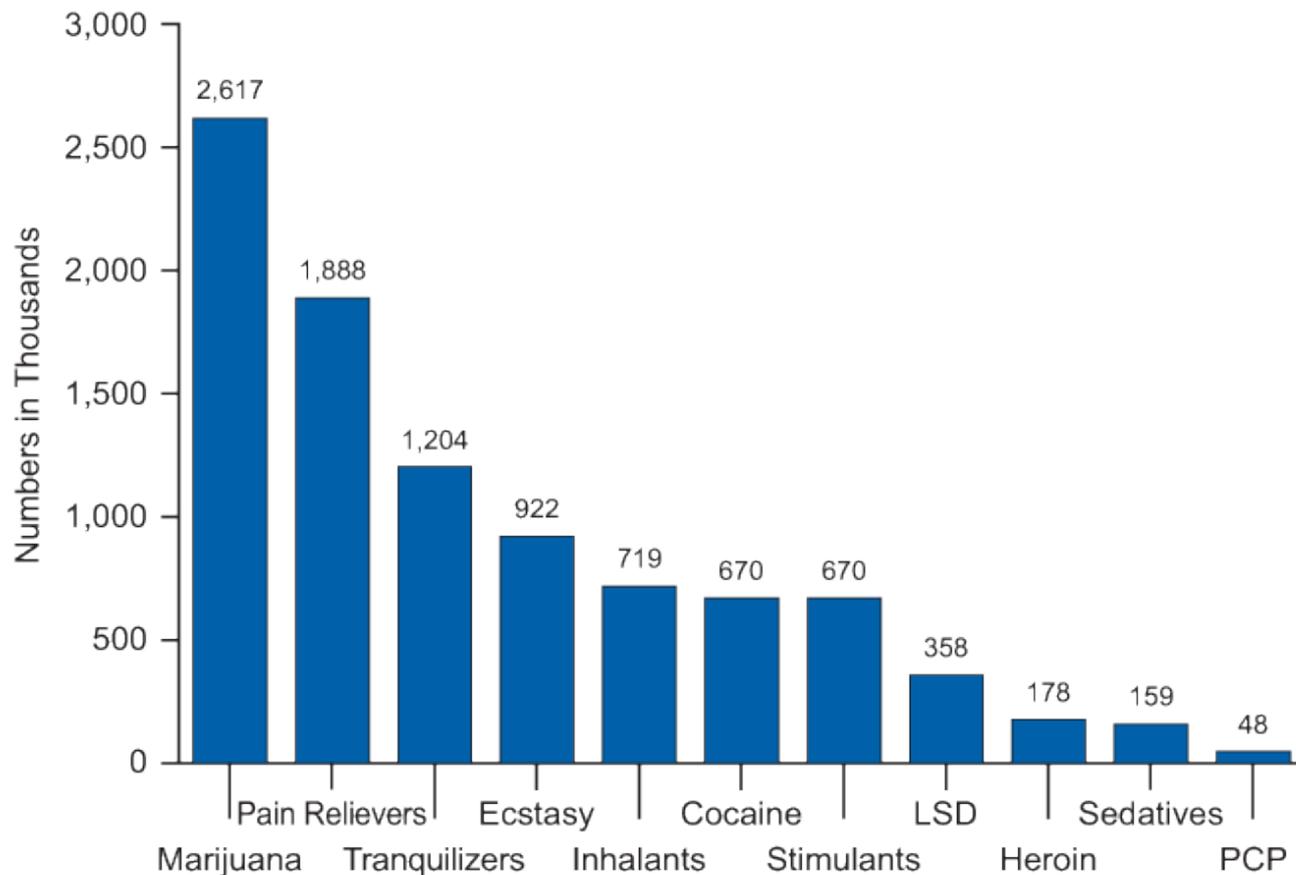
1. Illicit use or abuse of prescription medications
2. Non-compliance with prescription regimens

Illicit Use Of Prescription Medications

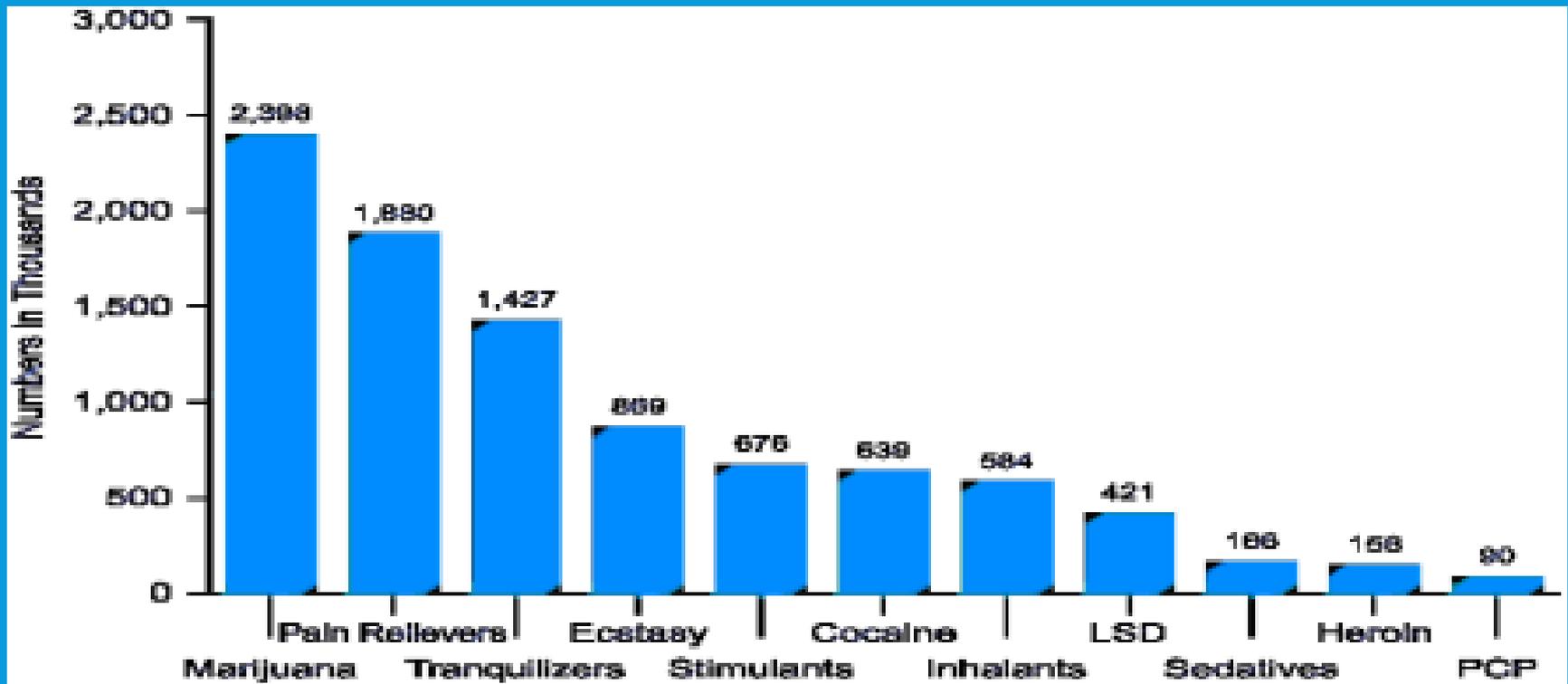
A large and growing problem

PAST YEAR INITIATES OF SPECIFIC ILLICIT DRUGS AMONG PERSONS AGED 12 OR OLDER:

2011



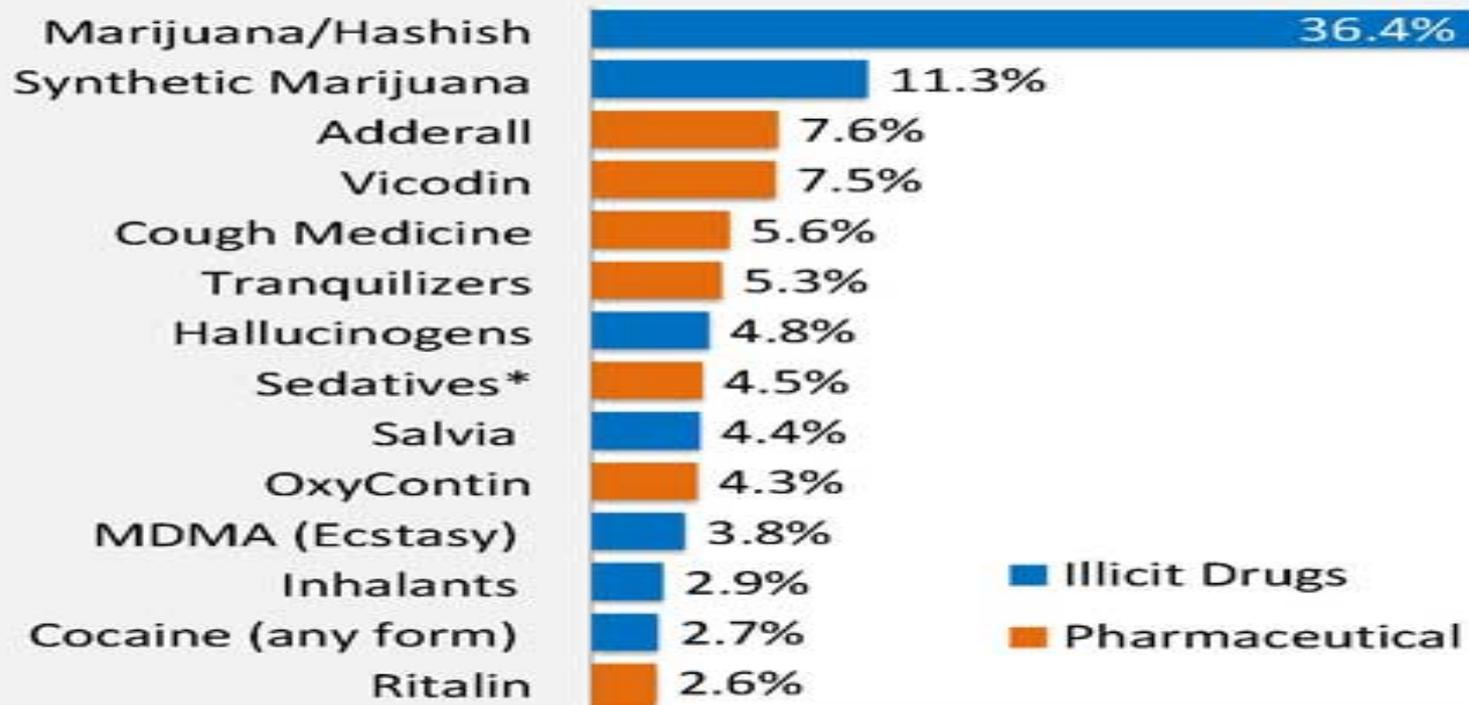
PAST YEAR INITIATES OF SPECIFIC ILLICIT DRUGS AMONG PERSONS AGED 12 OR OLDER: 2012



<http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.htm#fig5.1>

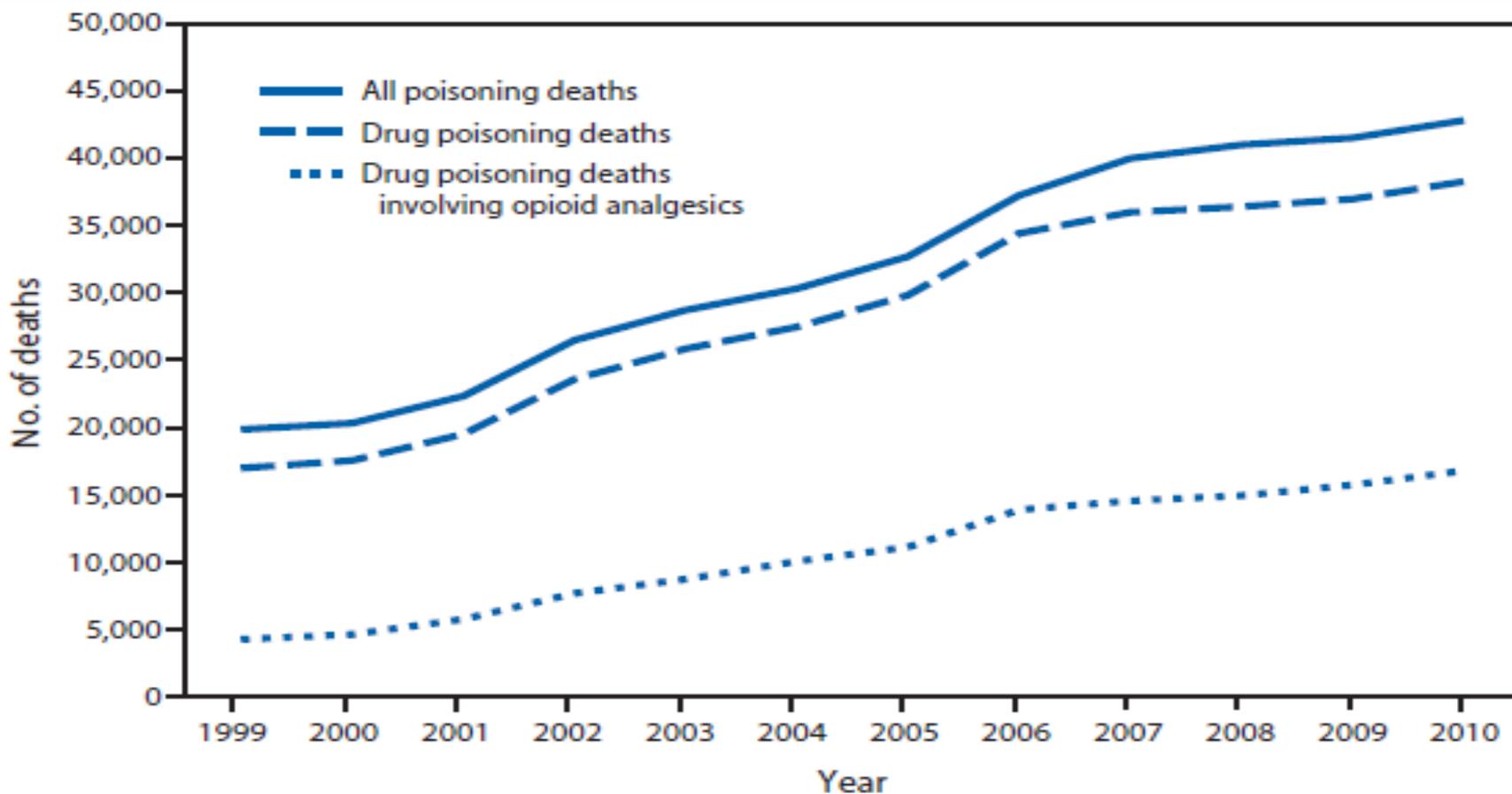
PAST-YEAR USE OF ILLICIT DRUGS AND PHARMACEUTICALS AMONG 12TH GRADERS

Past-Year Use of Illicit Drugs and Pharmaceuticals among 12th Graders



SOURCE: University of Michigan, 2012 Monitoring the Future Study

NUMBER OF DEATHS FROM POISONING, DRUG POISONING, AND DRUG POISONING INVOLVING OPIOID ANALGESICS — 1999-2010

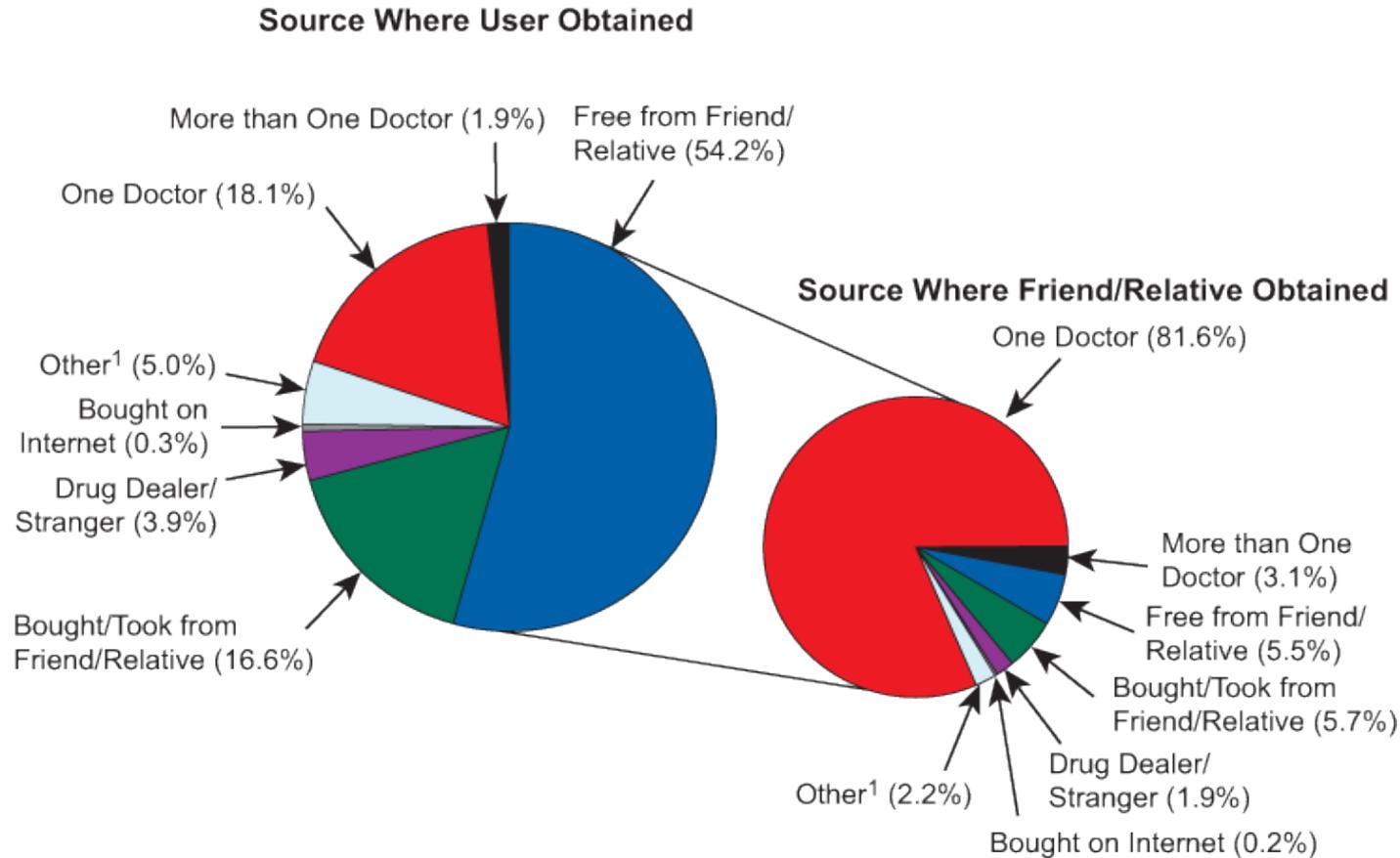


MOST-ABUSED PRESCRIPTION DRUGS AND THEIR NATIONALLY AVERAGED ILLICIT PRICES

- Pain Relievers
 - Oxycodone: \$.50–\$1.00/ mg
 - Oxycodone (ED): \$0.50–\$1/mg
 - Hydrocodone: \$1-\$10.00/ 10 mg tablet
 - Methadone: \$10–\$20/ 10 mg
- Depressants
 - Alprazolam: \$.80 - \$1.50/ mg
 - Diazepam: .20 to .50/ mg
- Stimulants
 - Methylphenidate: .50-\$ 1.00/ mg

National Drug Intelligence Center *National Prescription Drug Threat Assessment 2009*

Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older:



NOTE: THE PERCENTAGES DO NOT ADD TO 100 PERCENT DUE TO ROUNDING.

¹ THE OTHER CATEGORY INCLUDES THE SOURCES "WROTE FAKE PRESCRIPTION," "STOLE FROM DOCTOR'S OFFICE/CLINIC/HOSPITAL/PHARMACY," AND "SOME OTHER WAY."

AMONG PERSONS AGED 12 OR OLDER IN 2010-2011 WHO USED PAIN RELIEVERS NONMEDICALLY IN THE PAST YEAR AND INDICATED THAT THEY MOST RECENTLY OBTAINED THE DRUGS FROM A FRIEND OR RELATIVE IN THE PAST YEAR, 81.6 PERCENT OF THE FRIENDS OR RELATIVES OBTAINED THE DRUGS FROM JUST ONE DOCTOR. ABOUT 1 IN 20 OF THESE PAST YEAR NONMEDICAL USERS OF PAIN RELIEVERS (5.5 PERCENT) REPORTED THAT THE FRIEND OR RELATIVE GOT THE PAIN RELIEVERS FROM ANOTHER FRIEND OR RELATIVE FOR FREE, 3.9 PERCENT REPORTED THAT THE FRIEND OR RELATIVE BOUGHT THE DRUGS FROM A FRIEND OR RELATIVE, 1.9 PERCENT REPORTED THAT THE FRIEND OR RELATIVE BOUGHT THE DRUGS FROM A DRUG DEALER OR OTHER STRANGER, AND 1.8 PERCENT REPORTED THAT THE FRIEND OR RELATIVE TOOK THE DRUGS FROM ANOTHER FRIEND OR RELATIVE WITHOUT ASKING.

THE PRESCRIPTION DRUG ABUSER, SOME COMMON CHARACTERISTICS (BUT NOT LIMITED TO)

- Unusual behavior in the waiting room
- Assertive personality
 - Often demanding immediate action
- Unusual appearance
 - Extremes of slovenliness or being overdressed
- Unusual knowledge of controlled substances
- Recites medical history with textbook symptoms
- Evasive or vague answers to questions regarding medical history

THE PRESCRIPTION DRUG ABUSER, SOME COMMON CHARACTERISTICS (BUT NOT LIMITED TO)

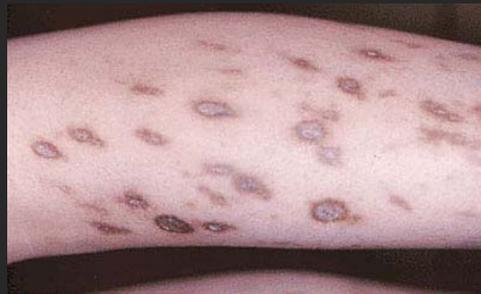
- Reluctant or unwilling to provide reference information
 - Often has no regular doctor or health insurance
- May request a specific medication and may be reluctant to try a different drug
- May appear to have no interest in diagnosis
 - Fails to keep appointments for further diagnostic tests; refuses to see another practitioner for consultation

RECOGNIZING THE PHYSICAL SIGNS OF PRESCRIPTION DRUG ABUSE

Abusers of prescription drugs may use or ingest prescription medication in the same manner as abusers of illicit drugs, yielding the same signs of illicit use.

Signs of illicit use:

- **Inflammation in nasal cavity**
- **Gum disease and infection**
- **Signs of subcutaneous use**
 - **Between toes**
 - **Under tongue**
 - **Behind knees**
 - **Genitalia**
 - **Arms**



OTHER EVIDENCE OF POSSIBLE PRESCRIPTION DRUG ABUSE

- Information gained from the urine screen
- Information received from sources other than the patient:
 - Other practices or pharmacies
 - Friends or family
 - Anonymous sources

Non-compliance With Prescription Regimens



Not all non-compliant patients are abusers

POSSIBLE NON-COMPLIANCE SCENARIOS

- Is the patient taking drugs as prescribed?
- Is the patient sharing his or her medications with others?
- Does the patient take a smaller than prescribed dose?
- Is the patient hoarding medication?

POSSIBLE NON-COMPLIANCE SCENARIOS

Is the patient being taken advantage of?

- Medications can be diverted by caregivers or family members.
- The patient may not want to admit or be aware that he or she is being victimized.

One 82-year-old patient's medications were being sold by a granddaughter acting as an approved guardian.

POSSIBLE NON-COMPLIANCE SCENARIOS

Is the patient hiding information?

- Is the patient using an illicit drug?

Following a urine screen, one 91-year-old patient was discovered to be a regular cocaine user.

MONITORING FOR ABUSE AND NON-COMPLIANCE

- Practices should periodically assess all patients using controlled substances for a prolonged period of time.
- Assessment approaches can include:
 - **Assessment of patient progress toward achieving therapeutic goals**
 - **Presence of adverse events**
 - **When indicated because a patient is high risk or is known to have engaged in aberrant behavior, results of urine drug screen**
- Adherence to prescribed therapies
- Standardized screening tools to assess for:
 - **Aberrant drug-related behaviors**
 - **Substance abuse**
 - **Psychological issues**

SUGGESTED PATIENT ASSESSMENT QUESTIONS

- Has the patient ever sought treatment for drug abuse?
- Is the patient seeing more than one physician?
- Is the patient comfortable with a detailed pain management agreement if they are using controlled substances for a prolonged period of time?
- Is the patient comfortable with periodic urine drug screens?
- Is the patient using illicit drug(s)?
 - Does the patient have physical signs of drug abuse?

The initial interview can set the tone for further discussion and use of risk management tools.

PATIENT PRE-SCREENING TOOLS

Self-administered tools

- Screener and Opioid Assessment for Patients with Pain (SOAPP®)¹
- Opioid Risk Tool (ORT)²
Brief validated questionnaire that assigns a gender-specific score to patients based on 5 general risk factors for future aberrant behaviors.²

Clinician-administered tool

- Diagnosis, Intractability, Risk Efficacy (DIRE) Score³
Designed to assess potential efficacy of opioid therapy and adherence with long-term opioid analgesia.

1. <http://www.painedu.org/soapp.asp>

2. Copyright © Lynn R. Webster, MD. Webster LR. Addiction Liability Assessment. Abstract presented at: 4th International Conference of Pain & Chemical Dependency; December 7-9, 2000; Washington, DC.

3. J Pain. 2006 Sept;7(9):671-81. The DIRE Score: Predicting Outcomes of Opioid Prescribing for Chronic Pain. Belgrade MJ, Schamber CD, Lindgren BR.

URINE DRUG TESTING

Point of Care Testing (POCT)

- Screen for the presence of substances using immunoassay technology.
- Does not include a confirmation test.

Screening and Confirmatory Urine Drug Tests

- Screens for and confirms the presence of specific agents using a two-step process:
 - Immunoassay technology
 - Gas chromatography/mass spectrometry to confirm presence of opioids.

RISK ASSESSMENT: *AN ONGOING PROCESS*

- Be aware of pill counts
- Consider caregivers, friends and family for potential of diverting or misusing medications
- Have a medication agreement with the patient that includes expectations of the treatment plan
- Use of a prescription monitoring solution, as a tool to assist the physician, in assessment of patient adherence to prescribed regimens

THE MORE YOU KNOW, THE BETTER

- Whether patients are likely to be taking their medications in a manner consistent with the dose and frequency prescribed?
- Is a patient taking illicit drugs?
- Is a pain medication present at high concentrations, which could indicate abuse?
 - Can those levels be shown in a prescription monitoring report?
- Is the prescribed medication not present?
 - Could indicate non-compliance or possible diversion.

HOW SHOULD YOU RESPOND TO ABERRANT BEHAVIOR?

- Information indicating aberrant behavior must be addressed with the patient, noted in the chart and dealt with appropriately.
- Practices and pharmacies have a responsibility to ensure medications are not being diverted for illicit use.

Remember: *The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pub. L. 104-191, as amended, and its implementing regulations, protects the privacy and security of individually identifiable health information and limits the use and disclosure of such information by covered entities (e.g., physicians, physician practices). Under 45 C.F.R. 164.512(a), covered entities may use and disclose protected health information without individual authorization as required by law (including by statute, regulation, or court orders). However, before making a disclosure, even to law enforcement or regulators, covered entities should carefully review HIPAA guidance to ensure the disclosure is permitted.*

See 45 CFR 164 for entire list of waivers.

WHO CAN DISPOSE OF CONTROLLED SUBSTANCES?

- If a practice takes controlled substances from a patient that they are required or desiring to dispose of, the practice should contact the local DEA office Special Agent in Charge for authority and instructions for proper disposal and recordkeeping to document the disposal of the controlled substances.¹
- If a patient brings in medication, ensure they witness and are present for medication destruction and it is noted in the patient chart.

PROPER DISPOSAL OF CONTROLLED SUBSTANCES

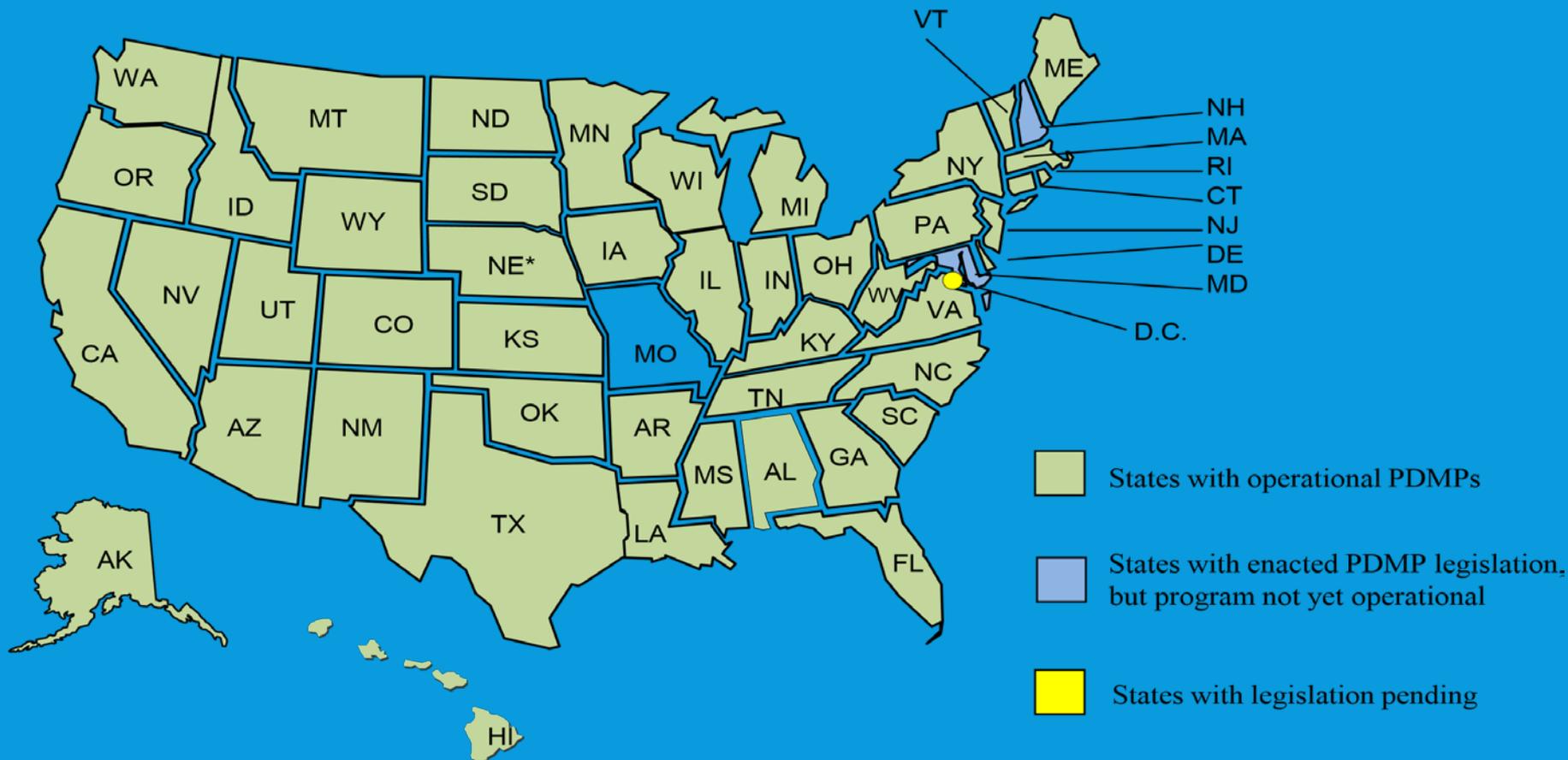
If a drug take-back or collection program is not available:

- 1. Take prescription drugs out of their original containers.**
- 2. Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.**
- 3. Put the mixture into a disposable container with a lid, such as an empty margarine tub, or into a sealable bag.**
- 4. Conceal or remove any personal information, including Rx number, on the empty containers by covering it with black permanent marker or duct tape, or by scratching it off.**
- 5. Place the sealed container with the mixture, and the empty drug containers, in the trash.**

PRESCRIPTION DRUG MONITORING PROGRAMS (PDMP)

- A tool used by states to address prescription drug abuse, addiction and diversion by distributing data to individuals who are authorized under state law to receive the information for purposes of their profession.
- Statewide electronic databases that collect certain data on substances dispensed in that state. Each state with a PDMP operates its own program through a designated state agency or law enforcement agency.
- Federal grant funding is available to states to implement PDMPs through the National All Schedules Prescription Electronic Reporting Act (NASPER), Pub. L. 109-60, among other sources.
- 43 states have operational PDMPs. Six states have pending legislation.
- Lack of universal adoption creates vulnerabilities

STATUS OF STATE PRESCRIPTION DRUG MONITORING PROGRAMS



© 2013 The National Alliance for Model State Drug Laws (NAMSDL). Headquarters Office: 215 Lincoln Ave. Suite 201, Santa Fe, NM. 87501 This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives.

RESOURCES

DEA Office of Diversion

www.dea diversion.usdoj.gov



Office of National Drug Control Policy

www.WhiteHouseDrugPolicy.gov



National Association of Drug Diversion Investigators -
NADDI

<http://www.naddi.org>



ILLICIT USE PEER REVIEW WEBSITES

Opiophile.org



<http://www.bluelight.ru>



- Peer Reports on the use of various opiates
- Non-scientific data on uses of various opiates
- Data from the “user” perspective

PROTECTING PRESCRIBING PRACTICES

- This program is NOT intended to discourage the prescribing or dispensing of appropriate medication for legitimate medical purposes.
- **Physicians and other authorized prescribers should not allow those who divert or misuse prescription drugs to influence the legitimate prescribing and dispensing of controlled substances.**

SUMMARY

- Prescription drug abuse and non-compliance should be a critical concern for all practices.
- Be aware of aberrant patient behaviors.
- Monitoring for non-compliance and controlled substance abuse is a continuous, ongoing process—increasingly required by authorities.
- Ensuring adherence to a prescription regimen is crucial for protecting patient safety and society at large.

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