

Prescription **DRUG ABUSE**

*A Call to Action for All San Diego
Healthcare Prescribers* **By Roneet Lev, MD**

P**RESCRIPTION DRUG ABUSE** has been declared a national epidemic by the Centers for Disease Control and Prevention, and we in San Diego are making a stand to bring solutions to our community. As you've probably read, prescription-drug-related overdose deaths have outpaced motor vehicle crashes, suicides, and homicides as the leading cause of unintentional death. In San Diego County in 2011, there were nearly 500 unintentional deaths involving alcohol, street drugs, and prescription medications, up 80% since 2000. More than 56% of those nearly 500 deaths were from prescriptions drugs.

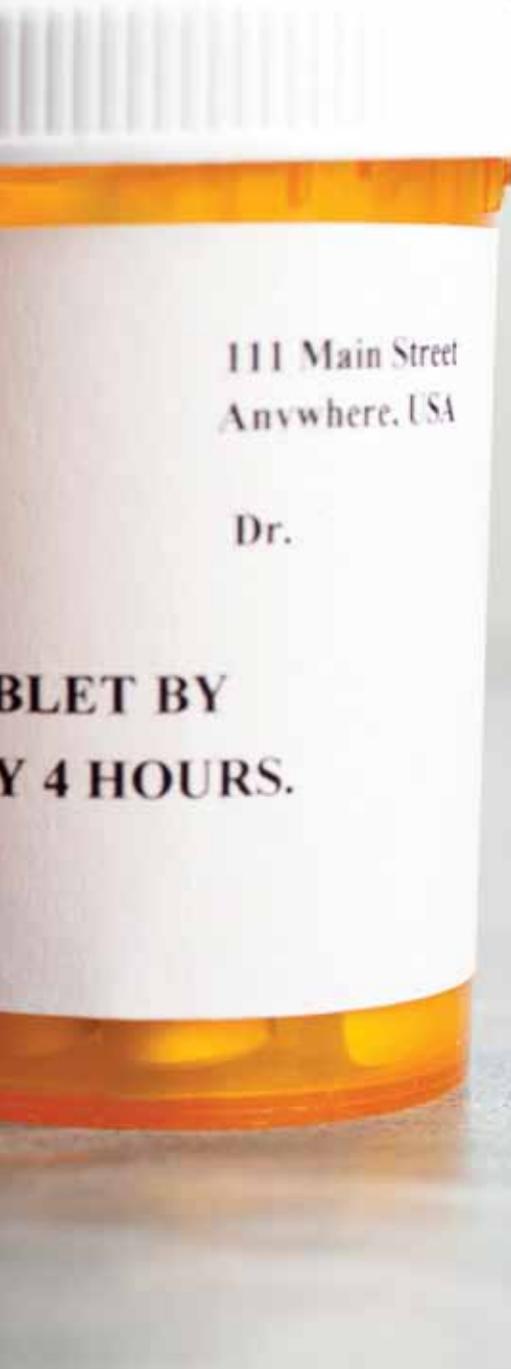
San Diego established a Prescription Drug Abuse Task Force (PDA TF) in 2008 with support from the County Board of Supervisors and a collaboration of law en-

forcement, education, addiction treatment, and public health. The PDA TF publishes a Prescription Drug Abuse Report Card and organizes take-back of unused controlled medications. This year the Task Force added the medical community as an important link in fighting prescription drug abuse and addiction.

What does this mean for doctors? We are often caught between the requirement to treat pain, the responsibility to avoid addiction, and the risks of accidental death and morbidity. Chronic pain patients can be a difficult population, and physicians need the tools and education to appropriately balance the risks and benefits of prescribing pain medications.

Under the umbrella of the San Diego County Medical Society, a new Prescrip-

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Sign up for CURES and use it before prescribing controlled substances. It takes only a few seconds to look up potential life-saving information.

increased tenfold in the past decade. The increased number of pills directly correlated to the increased number of deaths. We want to see both these numbers go down.

In January the Medical Task Force adopted two tools: (1) the “Safe Pain Medication Prescribing Guidelines,” and (2) the “Patient Pain Medication Agreement and Consent.” The guidelines recommend that any patient who requires long-acting opioids or more than three months of opioids sign a medication agreement. The guidelines also include recommendations for acute and chronic treatment, dosages, side-effects, drug combinations to avoid (including not mixing opioids and tranquilizers), drug testing, using CURES (the state prescription drug monitoring program), and working with the DEA. It also includes several educational references.

The Patient Pain Medication Agreement and Consent includes the patient’s responsibilities and the risk in taking the medications. All controlled substances should be obtained from a single prescriber or clinic and filled at a single pharmacy.

The two documents are guidelines, not an obligation, but we hope they become widely used throughout the county. With a uniform medication agreement, all health-care providers and patients will be on the same page regarding prescribing and using controlled substances.

The Emergency Medicine Oversight Commission (EMOC), under the umbrella of the San Diego County Medical Society, organized a historic meeting in February, bringing together leaders of every emergency department in San Diego and Imperial counties. In this meeting the emergency departments agreed upon the “Safe Opioid ED Guidelines of San Diego.” This guideline is based on the Washington State model of an “Oxy Free” emergency department. This means that patients with

chronic pain will not get refills for opioids from the emergency department. The EDs will not write for any long-acting opioids, such as fentanyl, dilaudid, morphine, or methadone. The ED will not give regular IM medication for chronic pain. A photo ID or photograph may be requested before writing for controlled prescriptions. The guidelines will be transparent to patients before they see a physician with the hope of having a uniform standard for all emergency prescribers and clear expectations from patients.

The purpose of the guidelines is to promote safe prescribing. It is often difficult to say no to a patient begging for opioid medications and creating a scene in the middle of the department. It is much easier and faster to write for just a few pills. But it is not just a few pills. We have had more than one patient in San Diego leave an emergency department with only six methadone tablets or 20 Percocet and end up dead from these prescriptions.

We want you to be a SAFE OPIOID PRESCRIBER. Explain to your patients that your office follows the San Diego recommended guidelines for safe opioid prescribing. Please read the Safe Pain Medication Prescribing Guidelines and start using the Patient Pain Medication Agreement and Consent. To access these documents along with additional informational and educational materials on prescription drug abuse, email Editor@SDCMS.org with “Safe Opioid Prescriber” as the subject line. **SDP**

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tion Drug Abuse Medical Task Force began last October with the goal of activating the medical community as a force to prevent prescription drug misuse, addiction, and death in San Diego County, and to ensure appropriate prescribing of controlled substances in the community. The Medical Task Force includes primary care physicians, pain specialists, emergency physicians, dentists, pharmacists, and psychiatrists. It has broad representation from our medical community and includes the County of San Diego Public Health Services, the Hospital Association of San Diego and Imperial Counties, Scripps Health, Sharp HealthCare, Kaiser Permanente, the UC San Diego Health System, Palomar Health, and the community clinics.

The number of prescribed opioid pills