

PRESCRIPTION DRUG ABUSE MEDICAL TASK FORCE

OCTOBER 2014: Summarizing the September 12, 2014 Meeting Discussion.

SAFE PRESCRIBING UPDATE

The San Diego Safe Prescribing Project for the emergency department has received the National Association of Counties Award. California ACEP, the California Medical Association, and the California Hospital Association have adopted the guidelines. Los Angeles County has adopted the program for their 77 emergency departments. Other counties around California are following. The emergency departments are in the process of surveying the success of this program. Although the guidelines are for the emergency department, all the medical community should support the principles outlined that state that all controlled medications should be prescribed by only ONE doctor and ONE pharmacy. Therefore the emergency department should not be refilling prescriptions.

Next Meeting: December 12 at 12:00 noon, San Diego County Medical Society, 5575 Ruffin Road, San Diego

LAW ENFORCEMENT UPDATE

The San Diego DEA office includes the Tactical Diversion Squad, devoted to prescription drug related crimes. In past years, the TDS has averaged 55-60 arrests per year; a large increase is seen with 105 arrests to date, most cases on fake and stolen prescriptions. The DEA has identified criminal organizations traveling from Ventura County to the Mexican border and go to multiple pharmacies with fake counterfeit prescriptions. One local case exposed a Tijuana-based smuggling ring in which 22,000 dosage units of controlled medications was seized. Previous smuggling cases typically resulted in the seizure of 4-5,000 dosage units at a time.

In October, FDA will change Hydrocodone from a Schedule III to a Schedule II controlled drug. This means you will no longer be able to call in prescriptions for any hydrocodone product. The TDS arrests a variety of individuals employed in the medical field for prescription-related crime, approximately 20-25 percent of those arrested each year are affiliated with the medical field. Three dentists were arrested in separate cases where they were using with their office-dispensed medications to feed their personal addiction. One doctor pleaded guilty and will receive a 5-year sentence for selling prescriptions at \$500 per script.

Mail Order: Agent Lenox has since clarified that a mail order is no different than a brick & mortar pharmacy when it comes to filling scripts for controlled substances. Both have to be licensed in California and both can fill a 3-month supply as written by the doctor in accordance with the regulations. All prescriptions must be dated the date of the visit. Providers are able to write for a 90 day supply by writing on the prescription what day the prescription should be filled. For example, a doctor can see the patient in January and write out 3 separate prescriptions all dated with the January visit date, however one Rx will state fill January, the other fill February, and the 3rd fill March. Very rarely would you want to allow a patient to fill 90 days of controlled medication all at once, as this can be a red flag to the provider. If you have any questions, don't hesitate to email Agent Lenox at Thomas.P.Lenox@usdoj.gov.

News from Public Health

Dr. Eric McDonald, Deputy Public Health Officer, reported that some local nutrition product stores are selling "Mexican aspirin" or Dipyron, which is banned in the United States. The product can cause aplastic anemia. These are not pharmacies and obtain their drugs from India, Mexico and Russia.

SAN DIEGO COUNTY CURES REPORT

POST OPERATIVE PRESCRIBING

The task force noted a need to educate the surgical community that high numbers of pills for procedures are not always necessary. 40 pills after an I&D and 100 pills after back surgery can be excessive. Physicians often hear the complaints of patients who are angry about not getting medications, but don't hear the large number who complain about the excessive prescribing.

URGENT CARES

Thank you to CJ Robertson, intern at San Diego Public Health Department, and Ariella Lee, Roneet Lev's daughter, who have created a list of urgent cares in San Diego and made phone calls to get contact information and outreach about safe prescribing. The urgent cares report that they are aware of the guidelines. Most do not use CURES. Several urgent cares have adopted the Safe Prescribing guidelines similar to the emergency departments. The task force will be conducting a survey of the urgent cares using this contact list developed by our volunteers.

CURES REGISTRATION

CURES registration will be mandatory in 2016. Physicians who belong to the San Diego Medical Society can obtain a free notary for their CURES application. San Diego Public Health is developing a mechanism to assist with CURES registry. Check with your affiliated medical facility so see if they offer notary services so that your colleagues can obtain a CURES account. Do you have a broken CURES account? Forgot username? Cannot log in? Email: Tina.Farales@doj.ca.gov

MEDICATION AGREEMENTS

The task force discussed the pro and con of medication agreements. It was clear that some patients and providers see medication agreement as a free "ticket" for indefinite prescriptions. This certainly should not be the case. The goal of pain management for the majority of patients is to reduce the requirement of prescriptions and not create a life time habit. The benefits of the agreements are that it provides some legal protection to the provider in defining the risks and responsibility of these medications. The task force promotes the use of the Medication Agreements at month 3 of using controlled medication. However it must be understood that this agreement is not an automatic refill policy.

A DEATH DIARY

Roneet Lev is working on a research project examining 254 San Diego prescription related deaths in 2013 and making correlations with CURES report. Of the 254 patients, 186 had CURES report with 713 providers and 275 pharmacies involved. The CURES report of one such patient was shared with the group. The report shows a 12-month growing addiction with multiple opportunities for intervention: different doctors, different pharmacies, and a health plan that may be paying for all this. This patient was on opioids and benzodiazepine a combination know to be dangerous, as well as the holy trinity of soma, benzo, plus opioid. The providers and pharmacist in the group expressed a strong request to obtain data from the ME office if one of their patients died.

The San Diego Prescription Drug Abuse Task Force works closely with the state CURES office to obtain local data on prescribing patterns. The report shows that the rate of prescribing for opioids, benzodiazepines, and stimulants has increased each year from 2008 to 2012. In 2012, the CURES data shows that each of the 3 million San Diego County residents receive 38 pain pills; 14 pills of benzodiazepines, and 4.7 pills of stimulants. The number of pills per prescription written is 72 (opioids), 55 (benzodiazepines), and 49 (stimulants). Hydrocodone is the most common prescription written. The total morphine equivalents prescribed increase 30% from 2008 to 2012. The zip code data shows that East County has a higher rate per capita for all categories of controlled prescriptions.

Dr. Steven Green noted that in his practice of going to offices around San Diego there is a noticeable difference of a higher percentage of patients on chronic opioid prescriptions in East County. Kaiser reported a similar finding. It was noted that disability claims follow the same pattern, and may be socioeconomically linked. The full report is published on our web site: SanDiegoSafePrescribing.org.

CURES 2.0: New and Improved

The California Department of Justice is scheduled to release CURES 2.0, an improved version of the CURES program in 2016. There will be an advisory committee to discuss the technical aspects and user community requests. Roneet Lev has submitted names from the Medical Task Force to serve on this advisory committee.

The CURES system should be viewed by the Medical Community as a way to be a better provider. It is not just to look for doctor shopping, but to prevent addiction, drug interactions, and promote safe dosing.

The following are recommendations that will be given for the new CURES system

1. A method of seeing morphine equivalents per day with a warning such a change in color if morphine equivalents are > 100 per day. This should be an unobtrusive informational item.

2. Provider Communication is a strong request. Providers want to be able to communicate with others who may be treating the patient.

3. The Date Range of CURES data needs to go back past 12 months for the purpose of law enforcement and medical examiner information.

4. An alert is requested for patients getting opioids and benzodiazepines with a link to an education resource on the dangers of this combination.

5. There should be ability to click on provider DEA and find location of practice to see if patients are going to different providers within the same practice or doctor shopping.

NALOXONE

California enacted AB635 that increases the availability of naloxone. Governor Brown also signed AB 1535 that allows pharmacies to dispense naloxone without a prescription. Dr. McDonald and CJ Robertson handed draft copies of Naloxone education for patients and providers. The task force is asked to review and comment for adoption at next meeting. Naloxone is available in auto injectable and intranasal form. The Santee Sheriff station has started a program of using intranasal naloxone for first responders and has administered it 5-6 times since the pilot began in July.

PEDIATRICIAN INVOLVEMENT

The task force is looking to include pediatrician involvement, as they have a unique opportunity to prevent addiction when children present for their mandatory immunizations before high school. Similar to education about choking on small object for children who start to crawl, there is opportunity for education to parents and kids about locking up medications and the dangers of prescription drugs.

PHARMACY RED FLAGS

The California State Board of Pharmacy has published a document on detecting red flags for potential doctor shoppers. Pharmacists have a duty to dispense, but they also have a corresponding responsibility. Pharmacists are told, "Just say No" as a last line of defense in prescription drug abuse.

The document is based on the Pharmacy Board decision to revoke the license of a Huntington Beach pharmacy and pharmacist. A neighbor of the pharmacy, who observed unusual traffic by young people who appeared to be exchanging cash for pills, prompted the investigation. Four patients died as result of these prescriptions. The Corresponding Responsibility Brochure can be found on this link:

http://www.pharmacy.ca.gov/publications/corresponding_responsibility.pdf

The Legal Decision can be found on this link.

<http://www.pharmacy.ca.gov/enforcement/fy1011/ac103802.pdf>

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