

PRESCRIPTION DRUG ABUSE MEDICAL TASK FORCE

MARCH 2017: Summarizing the February 10, 2017 Meeting Discussion.

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Next Meeting:

April 14, 2017 at noon
San Diego County Medical Society, 5575 Ruffin Road, San Diego.

California Department of Public Health Grant Award

The Prescription Drug Abuse Task Force and San Diego Medical Society have successfully applied to the California Department of Public Health for a grant to expand opioid abuse prevention. The grant is for \$52,000 over 21 months. Dr. Roneet Lev described the three main objectives of the San Diego proposal: 1) promote Medication Assisted Treatment (MAT) via an inventory and possible expansion of current MAT resources; 2) Promote Naloxone distribution, and 3) Use academic detailing among pharmacists and doctors with high-risk patterns. The task force will schedule a working meeting in April to be sure to involve key stakeholders in project design. Grand funding starts in June.

Ideas on the specifics of the grant were discussed. MAT resources can be compiled from clinics, the county's behavioral health resources, and the Medical Society. Naloxone distribution can be promoted at high zip code pharmacies, physicians, and even methadone clinics. Measuring success can be done via pharmacy inventory and number of prescriptions given.

How to Write for Naloxone?

Confusion remains on how to write a prescription for naloxone. Some insurance companies cover nasal, some cover injection, and it is difficult to keep up with the multiple formularies. The pharmacists on the task force suggested that the prescription should include instructions for any formulary and a note to call 911 after use.

San Diego County Case Management Coordination

Dr. Lev is organizing a countywide Emergency Medicine care management meeting, March 10th, to develop a unified approach to super user patients and select patients. The meeting will include presentations by Emergency Department Information Exchange and San Diego Health Connect. While the focus of collaboration is on the emergency departments, many

community stakeholders will be involved and benefit from clinical collaboration, including

behavioral health, community clinics, and health plans.

Medication Assisted Treatment (MAT) Update from Vista

Dr. Stenzel noted the MAT is coming along going at her clinic. The initial focus was planned for patients with chronic pain who also showed addiction tendencies. Now they are mostly seeing straight addiction patients. The clinic sees about 55-65,000 patients per year, so this is a relatively small program as part of the whole clinic services. They have induction slots available each day. Terri observed that at Kaiser, in the addiction services, only abstinence models are used.

Statewide Opioid Policy Summit

The PDATF, California Healthcare Foundation and California Dept. of Public Health are planning a statewide 2-day Opioid Policy Summit for early November. A Save the Date flyer and details will be released soon.

Can A Pain Doctor Tell Her Patient That the Medications She Prescribes Are Dangerous?

Imagine being a pain specialist or any physician really, and writing at prescription for a high dose opioid. At the same time, you should warn the patient "this medication can kill you." Our patients have all the answers "I have taken this for years," "I know my body," "I promise it won't happen to me." Dr. Bianca Tribuzio, pain specialist at Sharp, has a nice spiel she tells patients. Here is what she says.

Physicians have new evidence and guidelines that are improving the safety and management of opioids, and it's very important to discuss the risks, benefits, and alternatives of the medications with patients. With the risks and side effects of opioids, including respiratory depression and overdose, I find it necessary to also discuss naloxone. As we know, naloxone is recommended for patients with risk factors for overdose, but some are also recommending co-prescribing along with all opioid prescriptions. I like to provide a variety of situations to relate my patients where inadvertent or accidental overdoses can occur. For example: "If a new medication is prescribed by a different physician, such as a sleeping pill or anxiety medicine, it can slow breathing when taken in combination with opioids"; "if you have a flare in your COPD, develop pneumonia, or have sleep apnea and stop using your CPAP while taking opioids, then it can affect your respiratory drive and slow your breathing"; "if you drop your medicine on the ground and your child or grandchild picks up the medicine and puts it in their mouth, then it could cause an overdose." I often compare naloxone as a precaution to prevent opioid overdoses to having an Epipen to prevent anaphylactic shock. I stress to my patients that I am recommending naloxone as a safety measure. Although opioid medications can be very beneficial for some patients, they have real risks, and naloxone can prevent fatal adverse events.

Dr. Bianca Tribuzio

Fox News Reporter Special Edition on Opioid Epidemic

Jenn Karlman is a news reporter for Fox. She dated Aaron Rubin at Poway High School before his debilitating OxyContin overdose. She did a “web only” story about the timeline of how America got to this point and Dr. Lev is interviewed in this piece. Her first story aired Feb 28th about Fentanyl with Agent Tom Lenox and San Diego Police Department Narcotics division. A story on a different topic will air every Thursday at 5pm until mid-March.

Jenn would love you to share her story on social media.

<http://fox5sandiego.com/2017/02/16/timeline-of-how-prescription-drugs-became-national-crisis>



Fresno Country Invites San Diego To Share About Safe Prescribing

Dr. Roneet Lev was invited to Fresno to give a talk about Safe Prescribing and the experiences from San Diego. The following is a media link about the Valley's approach to Opioid Overdose Prevention that includes Dr. Lev's interview.

<http://kvpr.org/post/treat-educate-and-revive-valley-s-three-pronged-approach-opioid-overdose-prevention>

Death Diaries Letter

Several hundred physician, nurse practitioners, and physician assistants received a letter this month from the medical examiner (ME). It may have been shocking. A patient they prescribed to died from a prescription drug overdose. The communication is private between the ME office and the provider. The public and patient family does not have access to the letter. The letter is informational and not accusatory. The purpose is to provide information and direct providers to the SanDiegoSafePrescribing.org web site that has educational tips. Dr. Lev mentions that providers must follow their "Patient Satisfaction" Scores, and now they can also get their "Death scores." The letters are currently a one-time event. The ME office will need additional funding in order to continue this important project into 2017. Ideally this would be a state-wide feedback project.

Free On-Line Training for Pharmacists

The Last Line of Defense in the Healthcare Team is a free 1-hour CME course for California Pharmacists that was written by Quality Healthcare Concepts with a grant from CHCF. Roneet Lev was one of the contributors to the course. The course is intended for pharmacists, but physicians may enjoy clicking through the power point to find out how pharmacists are trained to deal with potentially unsafe prescriptions.

<http://www.californiapharmacistsopioidsafetytraining.com/>

Pharmacy Training at UCSD

The PDATF Pharmacy Committee, UCSD, DEA and the California Board of Pharmacy are sponsoring a full day free training on prescription drug misuse and abuse on March 11th. Spots for 250 participants were filled within 2 weeks of the announcement, showing the hunger for training on this issue.

San Diego Needle Exchange

Mikeal Langner, MD, gave an overview on the history of needle exchange in San Diego County. The National Institute on Drug Abuse estimates that 1% of the population, or for San Diego, 26,000 people, use intravenous drugs. The medical community typically uses the term IVDA (intravenous drug abuse) and the politically correct terminology is PWID (people who inject drugs). It is estimated that San Diego has 50,000 people with Hepatitis C, and dirty needles is the number one cause for Hepatitis C.

In 2002, Dr. Brent Whitaker developed the first needle exchange program using a pickup truck and distributed 7,000 needles a week to 750 clients with no limit on number of needles. The estimated drug use is 3 injections a day, and the harm reduction philosophy is to give an oversupply so clean needles can be shared with other users. In 2004, San Diego developed a pilot program doing syringe exchange from a RV for 573 clients and a limit of 50 syringes per day. In 2008, Family Health Centers developed a program that now has 859 clients. They use a mobile unit that is in Downtown on Thursday evenings and at North Park on Friday mornings.

Dr. Langner's goal is to have a mobile unit for North County by 2017. Mobile units can provide minimal service such as collecting dirty needles and providing clean ones. There are units in other counties that also provide social services, referral for addiction, naloxone, and I&D (incision and drainage) treatment for abscesses. Langer reminded the audience that although needle exchange has been controversial, the program does not promote drug use and allows for cleaner needle free parks wherever the mobile unit is present.

Cannabis Hyperemesis Syndrome

With legalization of marijuana in California, the emergency departments have seen an increase amount of marijuana poisoning and cannabis hyperemesis syndrome --also known as cyclical vomiting syndrome. The San Diego Emergency Medicine Oversight Committee, San Diego Public Health, and the Kaiser Toxicology Department wrote a treatment guideline for cannabis hyperemesis syndrome. The goal is to prevent opioid prescribing, unnecessary radiation, and unnecessary procedures to patients with this diagnosis. The doctors at Kaiser state in jest that they are a "Level I Cannabis Hyperemesis Syndrome Center", but do not accept transfers. They avoid intravenous medication treatment in many patients by using capsaicin cream to the abdomen. The guidelines are undergoing formal approval and will be posted on the San Diego County Medical Society website under EMOC and SanDiegoSafePrescribing.org.

Can Opioids Be Prescribed to Chronic Cannabis Users?

Dr. Bianca Tribuzio is seeing more chronic pain patients who are using marijuana. Physicians in California will battle the question of whether to co-prescribe opioids for chronic pain to people who regularly use cannabis. Like opioids and benzodiazepines, THC is also a central nervous system depressant that has additive effects. Many pain physicians are not willing to take the added risk, so they ask patients to choose between opioids and marijuana for pain management. There are some physicians who tolerate marijuana with opioids.

Remember that no physician can write a prescription for marijuana like you would for hydrocodone. Marijuana is remains schedule I and federally illegal. There is no real dosing like what you get at a pharmacy. You literally have no idea what you are eating or smoking.

Dr. Lev mentioned a patient who presented with syncope and a large scalp laceration after eating a marijuana gummy bear. This 45-year-old lady suffered from fibromyalgia and used edibles for her migraines. She left the emergency department with a larger headache than before the gummy bear.

Dr. Loretta Stenzel noted that marijuana use carries a lung disease and cancer risk. Everyone agreed that all patients who are new starts on chronic opioid treatment should not have the added risk of co-use of marijuana.

One San Diego

The One San Diego vision for safe prescribing practicing, promotes a unified approach to prescribing, whether you are an emergency physician, primary care, pain specialist, surgeon, dentist, psychiatrist, pharmacist, or health plan.



MTF MEETING SCHEDULE

SAN DIEGO COUNTY MEDICAL SOCIETY AT 5575 RUFFIN ROAD

Meeting Quarterly on Second Fridays at 12 noon

- February 10, 2017
- April 14, 2017
- August 11, 2017
- November 10, 2017

CONTACT INFORMATION

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[HTTP://WWW.SANDIEGOSAFEPRESCRIBING.ORG](http://www.sandiegosafeprescribing.org)

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