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CEDAR RECOVERY
addiction treatment that works®

Proper Prescribing of Controlled Substances

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Big 3

- Screen for increased risk of misusing prescribed controlled substances
- Query the Controlled Substances Monitoring Databank (CSMD)
- Initial prescription is for no longer than seven days

Drug Enforcement Agency

Common Improperly Prescribed Medications

- Opioid pain medications (hydrocodone, oxycodone, fentanyl, oxymorphone, hydromorphone)
- Benzodiazepines (alprazolam, diazepam, clonazepam, chlordiazepoxide)
- Meprobamates (carisoprodol)
- Neuroleptics (gabapentin, pregabalin)

Balancing Risks and Benefits of Benzodiazepines (*JAMA* Jan 2021 Vol 325 Num 4)

- Indications
  - Anxiety disorder
  - Panic attacks
  - Social phobia
  - Insomnia
  - Seizure prophylaxis and rescue

New Prescribing Information

- Warn patients of the risks of benzodiazepines
- Assess patient's risk of abuse, misuse and addiction
- Use caution when co-prescribing with opioids
- Seek the lowest effective dose for the shortest treatment duration
- Taper off benzodiazepines slowly

Benzodiazepine Factoids

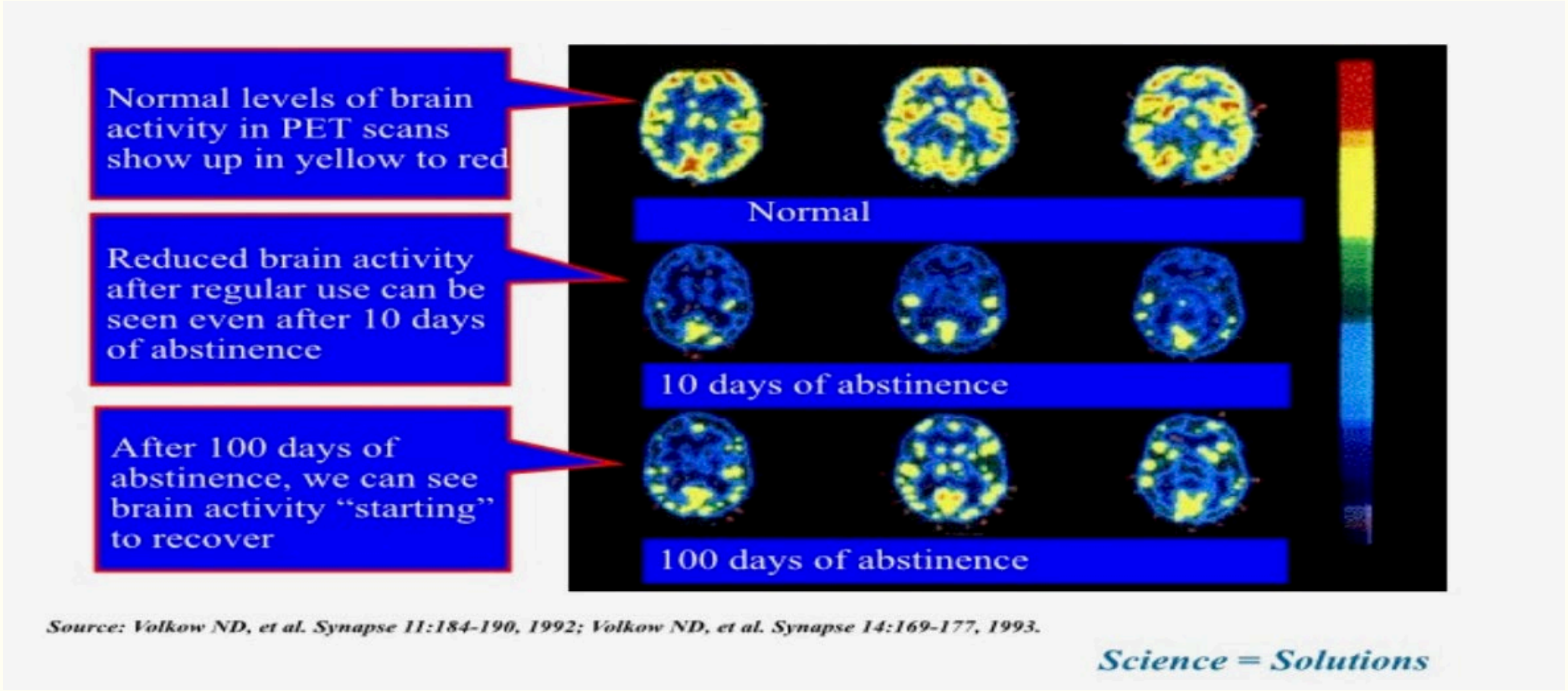
- Fewer benzodiazepine prescriptions are needed
- 2015-16: 30.6 million Americans reported past year use of benzodiazepines, 17% of whom reported benzodiazepine misuse
- 1993-2004: National rate per 100,000 outpatient visits included combined use of benzos and opioids increased from 9.8 -> 62.5
- 2019 alone: 92 million benzo scripts filled, 50% of patients who filled a benzo script took medication for 2 or more months

Rational Use of Benzodiazepines

- Patients should be carefully screened for risk factors:
  - Substance use disorder
  - History of misuse of prescribed medications
  - Cognitive impairment
  - Older age and risk of falls
  - Concomitant use of opioids
- Providers should consider alternative pharmacological and behavioral strategies before prescribing benzodiazepines
  - Aim for the lowest effective dose
  - Offer a gradual taper plan while monitoring for recurrent symptoms and withdrawal

Slot Machine

Brain Healing Takes Time



Source: Volkow ND, et al. Synapse 11:184-190, 1992; Volkow ND, et al. Synapse 14:169-177, 1993.

Science = Solutions

Case

- 9/06- 26-year-old female presents to a Family Medicine Clinic
- Previously seen in another city, where she lives, for a diagnosis of *chronic pyelonephritis*
- Chief Complaint: “My back hurts”
- PE: RLQ, LLQ and suprapubic pain
- No urine drug screen was ordered

Case

- Past Medical History: acute pyelonephritis
- Social History: married with multiple marital problems
  - Husband beat her
  - Now separated, single mom with 2 children, 6 & 8
  - Husband skipping child support
- Employment History: CNA, pharmacy tech
- Previous Imaging: U/S kidneys- normal
- Current meds: oxycontin 40mg TID, Percocet 10 mg QID, Roxicet 30 mg QID

Case

- Multiple requests for increases in pain meds
- Requested meds by name- oxycontin/percocet
- April- she reports increasing anxiety
- Neck pain- 10/10, no imaging ordered
  - 1 month later- neck pain worse??
- July- crying daily, “life is in complete disarray”

Case

- Same July- UDS was negative for hydromorphone (Dilaudid)
- She was prescribed dilaudid 8 mg, #370 per month, 12 pills per day
- Detection time for lab- 2-4 days for hydromorphone
- She had to have skipped 24-48 pills
- Her prescriptions continued monthly without investigation for possible diversion

Prescription at the Time- Monthly!!

- Ambien 10 mg #30
- SOMA 350mg #60
- Oxycontin 80 mg #300
- Roxicodone 30mg #400
- Dilaudid 8mg #370
- Xanax 2mg #120
- Mepergan fortis (Demerol) #60 (with a note that says: “try not to use”)
  - 1340 pills/month, 44 pills/day

Street Value

- Oxycontin 80 mg #300 $24,000.00
- Roxicodone 30 mg #400 $12,000.00
- Dilaudid 8 mg #370 $37,000.00
- Demerol 25 mg #60 $1,500.00
- Xanax 2 mg #120 $240.00
- Assuming $1.oo/mg- conservative street value= ***$74,740.00/month***

Case Continued

- May and June 1 year later- pill counts came up short

- July- office could not reach patient for a pill count and when they did reach her, she was on her way to Florida and couldn’t come in. (all of these were in violation of the informed consent that she had signed)

What a long strange trip it's been

- June, 1 year later- Office Note: "Her appearance was very strange today. Wearing blonde wig with her natural hair sticking out everywhere. Wearing dark sunglasses. Wearing a long men's shirt with tears in it and doesn't appear to have on anything under it." "Her pill count came up short today." ***Really?!!??!! Shocker!!!***

- ***How does the doctor's office respond?***

Hard to fathom

- Oxycontin 80 mg #360
- Roxicodone 30 mg #450
- Xanax 2 mg #120
- Demerol 100 mg #40
- 970 pills of high potency narcotics

- ***No UDS***

Red Flags

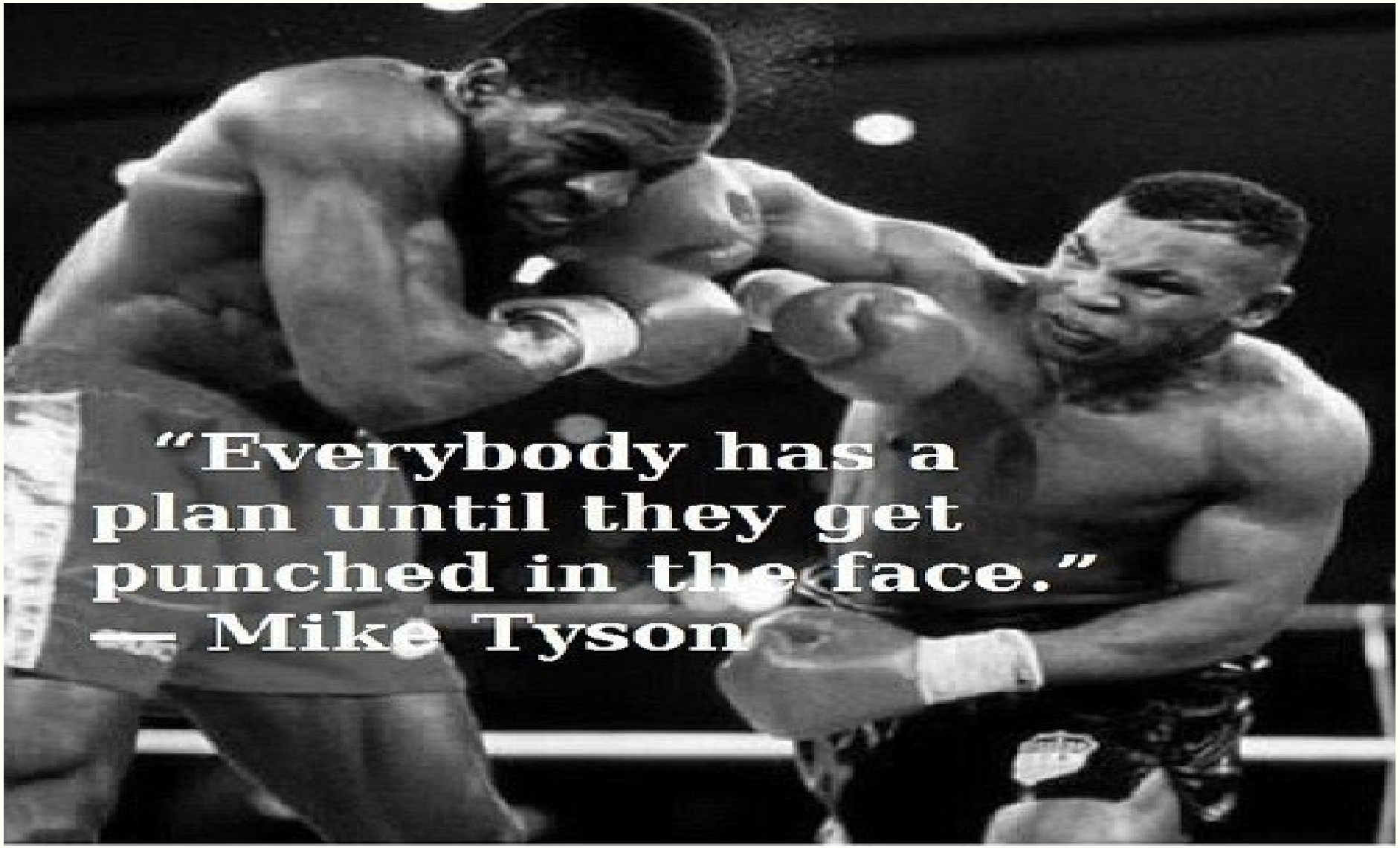
- Prescribed controlled substances in quantities and frequency inappropriate for her complaint or illness
- Hard to determine what her source of pain was
- She had obvious behavioral problems
- She was being abused
- She had a dramatic and compelling but vague complaint (10/10 pain)

Red Flags

- Pressured her doctor for increases in her medication
- She had a crescendo pattern of drug use with progression to multiple drugs
- She asked for drugs by name
- She worked in healthcare (CNA, pharm tech)
- UDS’s were inconsistent
- Pill counts were short- either selling them or taking more than prescribed

Conclusion

- The controlled substances prescribed in this case were outside the scope of accepted medical practice and were not for a legitimate medical purpose.


"Everybody has a plan until they get punched in the face."
— Mike Tyson


PERCOCET
1
CENTIMETE


10/325
1
2
CENTIMETERS

My girls

My boy