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Recovering Prescription Narcotics Addict

Southwest Virginia Drug Summit

November 13, 2012

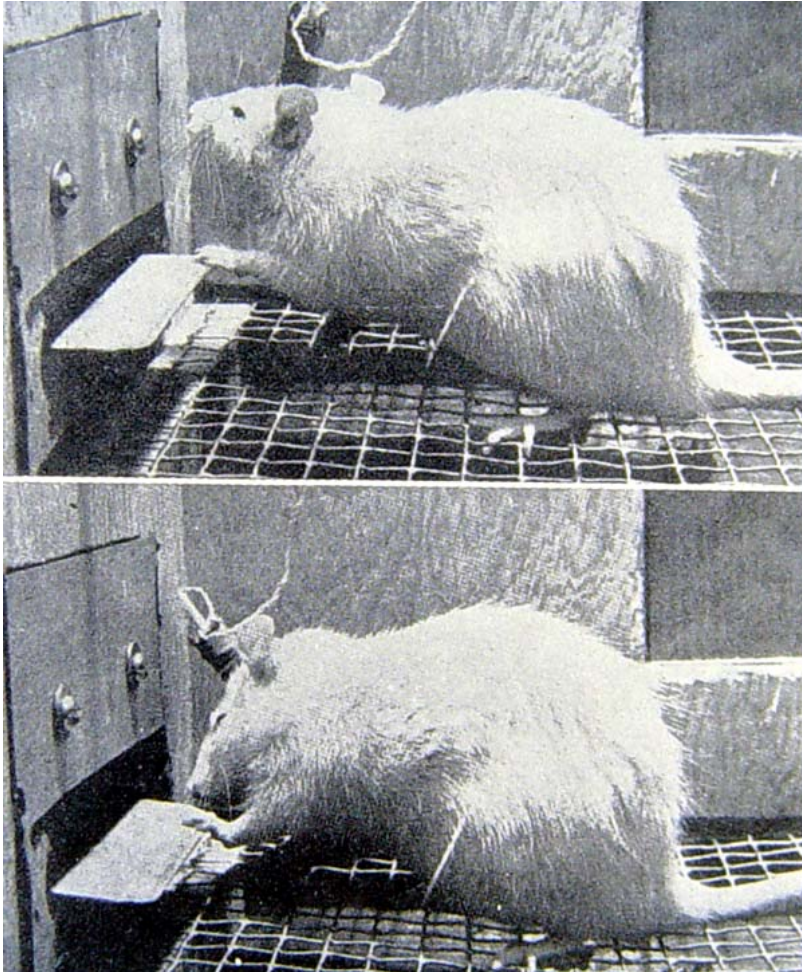
P. J. O'Rourke

- “There is only one basic human right, the right to do as you damn well please. And with it comes the only basic human duty, the duty to take the consequences.”

Learning Objectives

- Identify signs and symptoms of acute opiate withdrawal
- Broad overview of biological addiction / brain neurochemistry
- Identify physical exam findings of a substance abuser
- Understand impact of narcotics addiction (strain on healthcare and corrections system)
- Identify risky prescribing practices of controlled substances
- Identify drug seeking behavior and screen for chemical dependency
- Identify strategies to avoid being cited for over prescribing narcotics
- Work through an actual case

Skinner Box



- Rats pressed a lever
- 1 lever would be reinforcing= food/water
- 1 lever would be a punishing stimulus= an electrical shock
- The rats learned very quickly to press the reinforcing lever

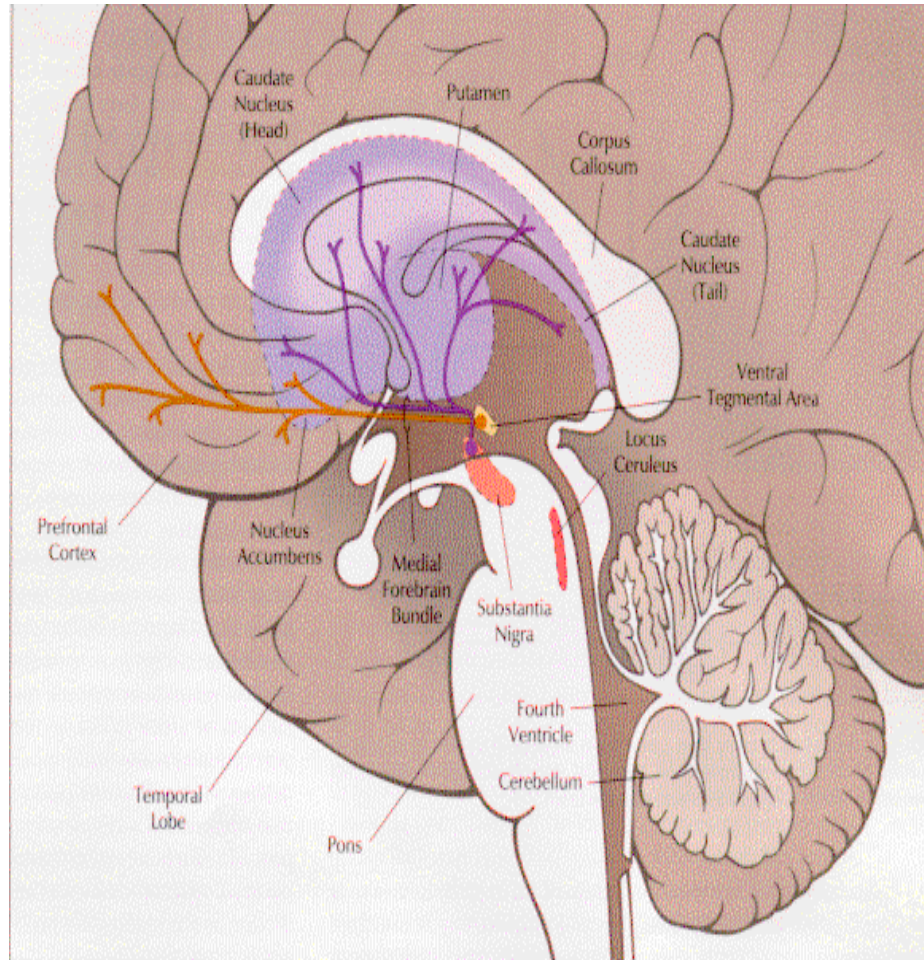
Powerful??

- Rats would press the lever 7,000!! times per hour to stimulate the pleasure center
- Rats preferred the stimulus more than any naturally occurring stimulus
- Preferred over food- even when hungry!
- Preferred over water- even when thirsty!
- Females would abandon newborn nursing in order to press the lever
- Males would ignore females in heat in order to press the lever!!!!!!

Now for the “Sometimes”

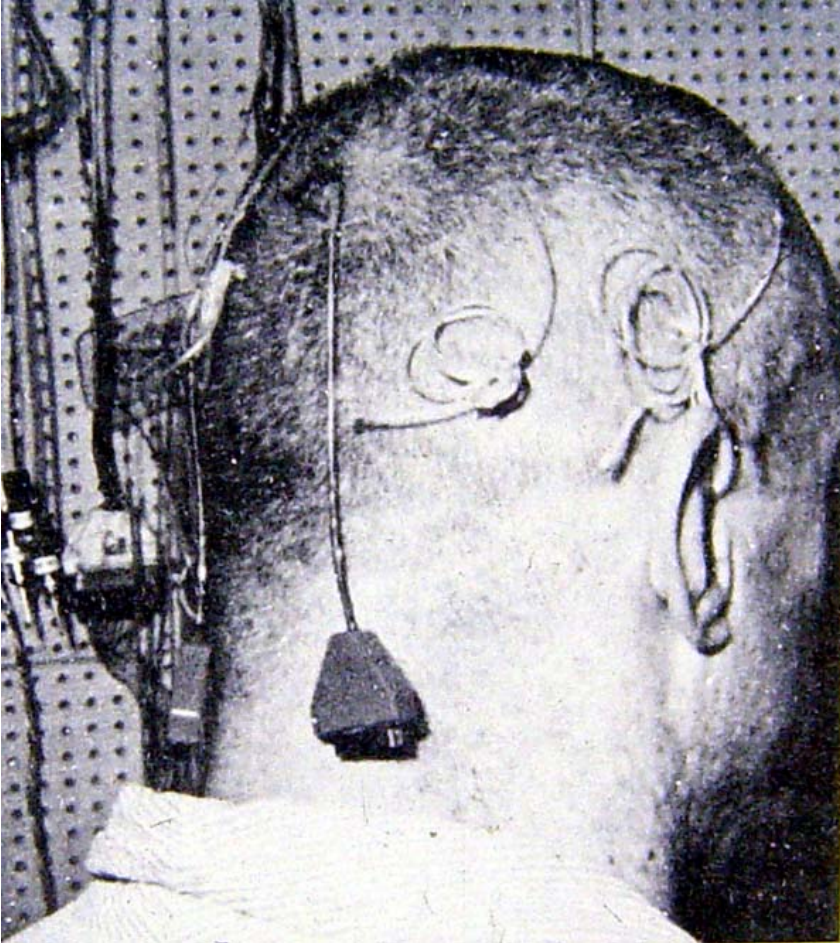
- The rats had to be unhooked from the stimulation to prevent death from self-starvation
- Pressing the lever became their entire world-sound familiar?

Reward Center



- Midline of the brain
- Ventral tegmental area
- Nucleus accumbens
- Medial forebrain bundle
- Septum
- Thalamus
- Hypothalamus

B-19



- Stimulated the reward center in order to “cure homosexuality”
- Showed male/female porn pre-stimulation and during stimulation
- When allowed free access to stimulation-pressed the lever like a teenager playing *Space Invaders!*

Yeah, but what about women?

- Same thing
- Produced an intense pleasurable and sexual feeling
- She “stimulated” throughout the day
- Neglected hygiene and family responsibilities
- Ulcers developed on her finger from pressing the lever
- Vigorously protested when disconnected from the “stimulus”

How do you let this happen?



Rats Ignoring Food and Hygiene?

The Face of a Meth User – 10 years



age 28



age 29



age 30



age 31



age 32



age 33



age 34



age 35



age 36

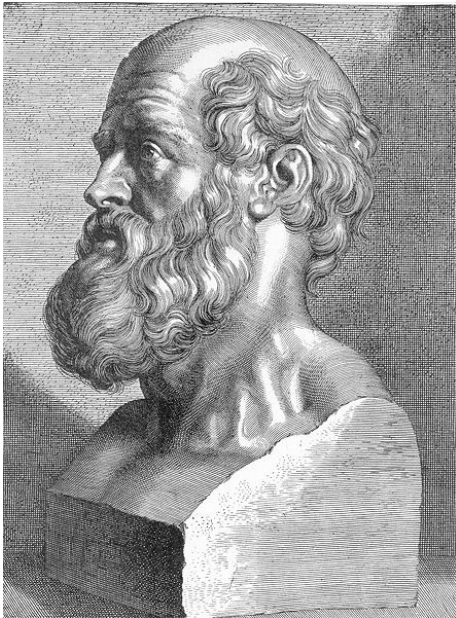


age 37

Dead at age 38

First - Do No Harm!!!

Prescription Drug Abuse and Addiction and the Role of the Physician





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Addiction and Substance Abuse
at Columbia University

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**Under the Counter: The Divergent
Abuse of Controlled Prescription Drugs**

July 2005

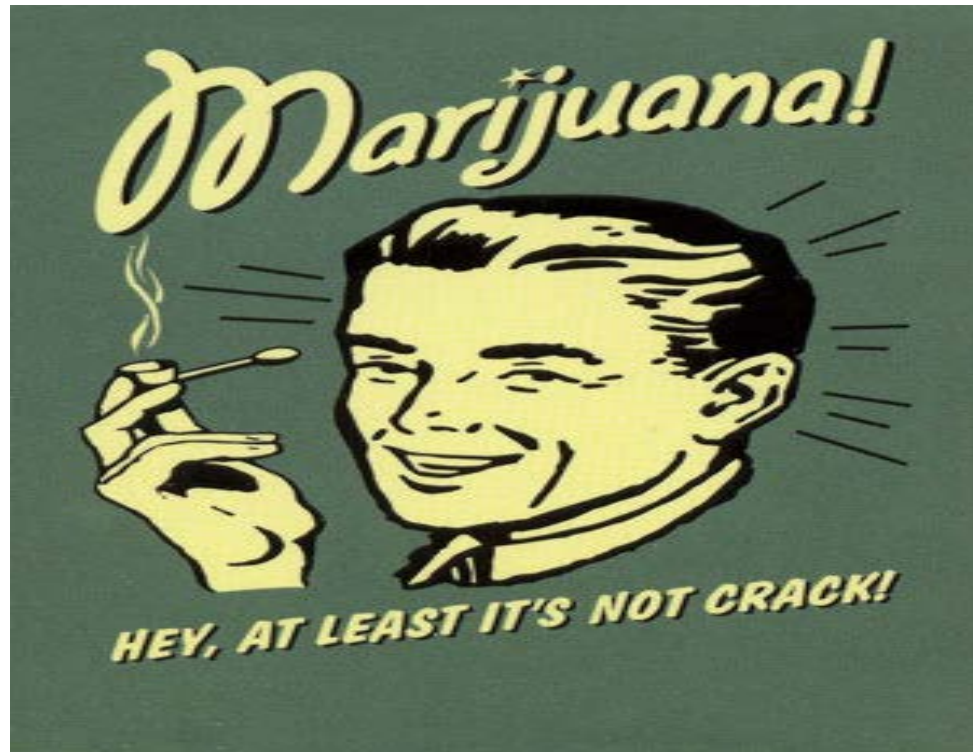
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***“The bottom
line: our nation
is in the throes
of an epidemic
of controlled
prescription
drug abuse and
addiction.”***

Substance Abuse

The Nation's Number 1 Health Problem
*(Robert Wood Johnson Foundation)



Opiate Withdrawal (at least 3 of these)

- Insomnia
- Nausea and vomiting
- Fever
- Depressed mood
- Muscle aches
- Diarrhea
- Abdominal pain ("Jones")
- Yawning
- Rhinorrhea
- Sweating (or piloerection or mydriasis)

Disease Concept

- Substance abuse is a chronic, relapsing health condition
- Substance abusers may be in treatment multiple times - or make repeated attempts to quit on their own - before they are successful
- The improvement rate of people completing substance abuse treatment is comparable to that of people treated for asthma and other chronic, relapsing health conditions

Biopsychosocial Model



Associated Mortality

- Alcohol Direct Deaths = 19,600
- Narcotic Direct Deaths= 16,000
- As of 1997, excludes deaths from associated diseases such as AIDS, hepatitis, and T.B. Also excludes homicides, suicides, falls and MVA's

Motor Vehicle Accidents

- 33% of fatal MVA's with known drug test results tested positive for drugs



- *2009 National Highway Safety Administration Fatal Accident Reporting*

Emergency Department Visits

- Alcohol-in-combination 185,000
- Cocaine 172,000
- Heroin/Morphine 77,600
- Marijuana/Hashish 76,900



Healthcare Costs Top \$114 Billion



- Smoking \$80 Billion
- Alcohol Abuse \$22.5 Billion
- Drug Abuse \$11.9 Billion

Street Value

Generic Name	Brand Name	Brand Cost/100	Street Value Per 100
Acetaminophen w/Codeine 30 mg	Tylenol #3	\$56.49	\$800.00
Diazepam 10 mg	Valium 10 mg	\$298.04	\$1,000.00
Hydromorphone	Dilaudid 4 mg	\$88.94	\$10,000.00
Methylphenidate	Ritalin	\$88.24	\$1,500.00
Oxycodone	OxyContin 80 mg	\$1,081.36	\$8,000.00

Source: Kentucky All Schedule Prescription Electronic Reporting (KASPER). A Comprehensive Report on Kentucky's Prescription Monitoring Program Prepared by the Cabinet for Health and Family Services Office of the Inspector General, Version 1 – 3/29/2006

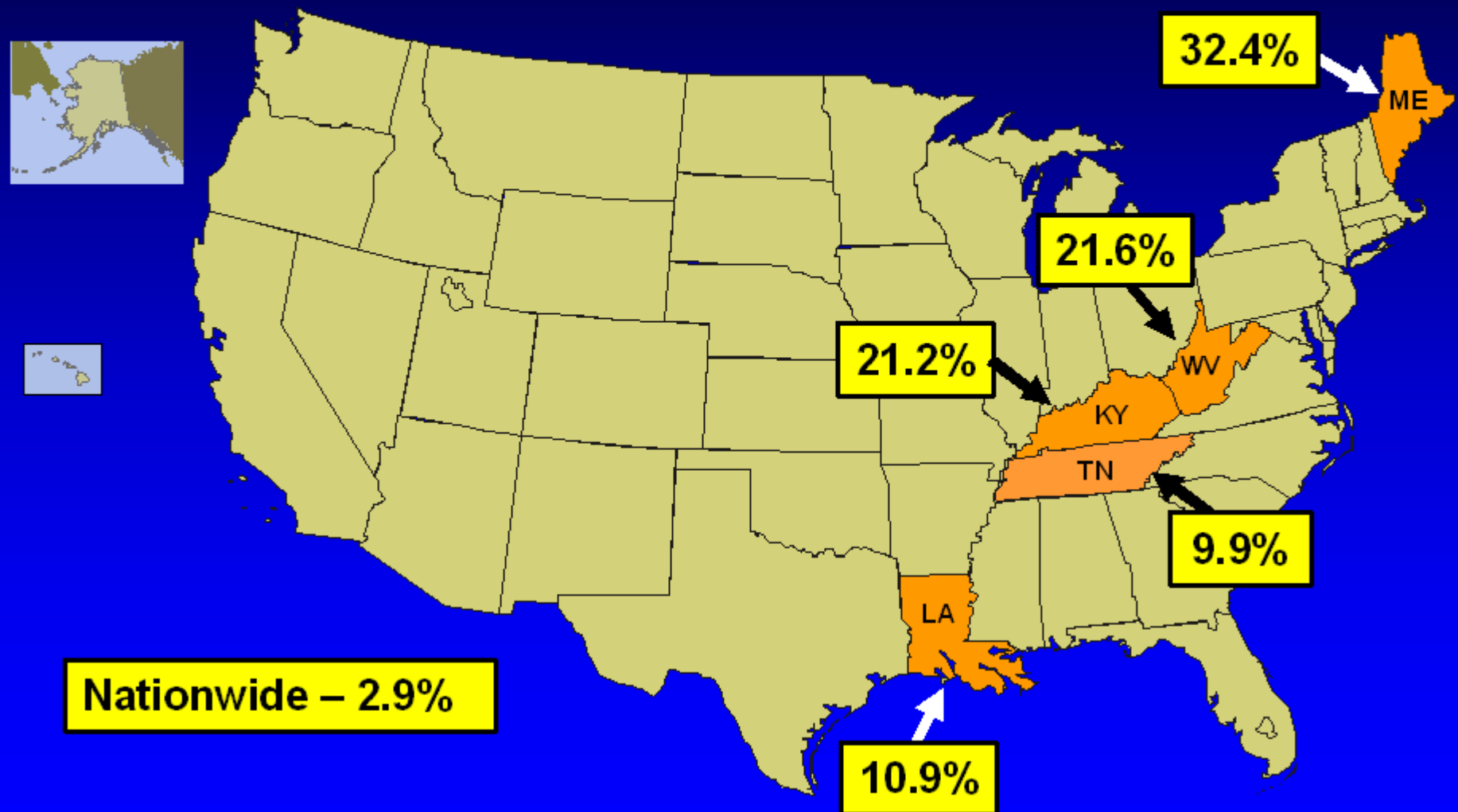
12th Graders

- 8% of seniors reported Vicodin abuse
- 5.1% of seniors reported Oxycontin abuse
- 6 of the top 10 drugs abuse by seniors were prescribed!
 - Sources: friends, family, street
- 2010 *Monitoring the Future Survey*, University of Michigan

Burden on Criminal Justice System



States Where Pharmaceuticals Contribute Most to Property Crime

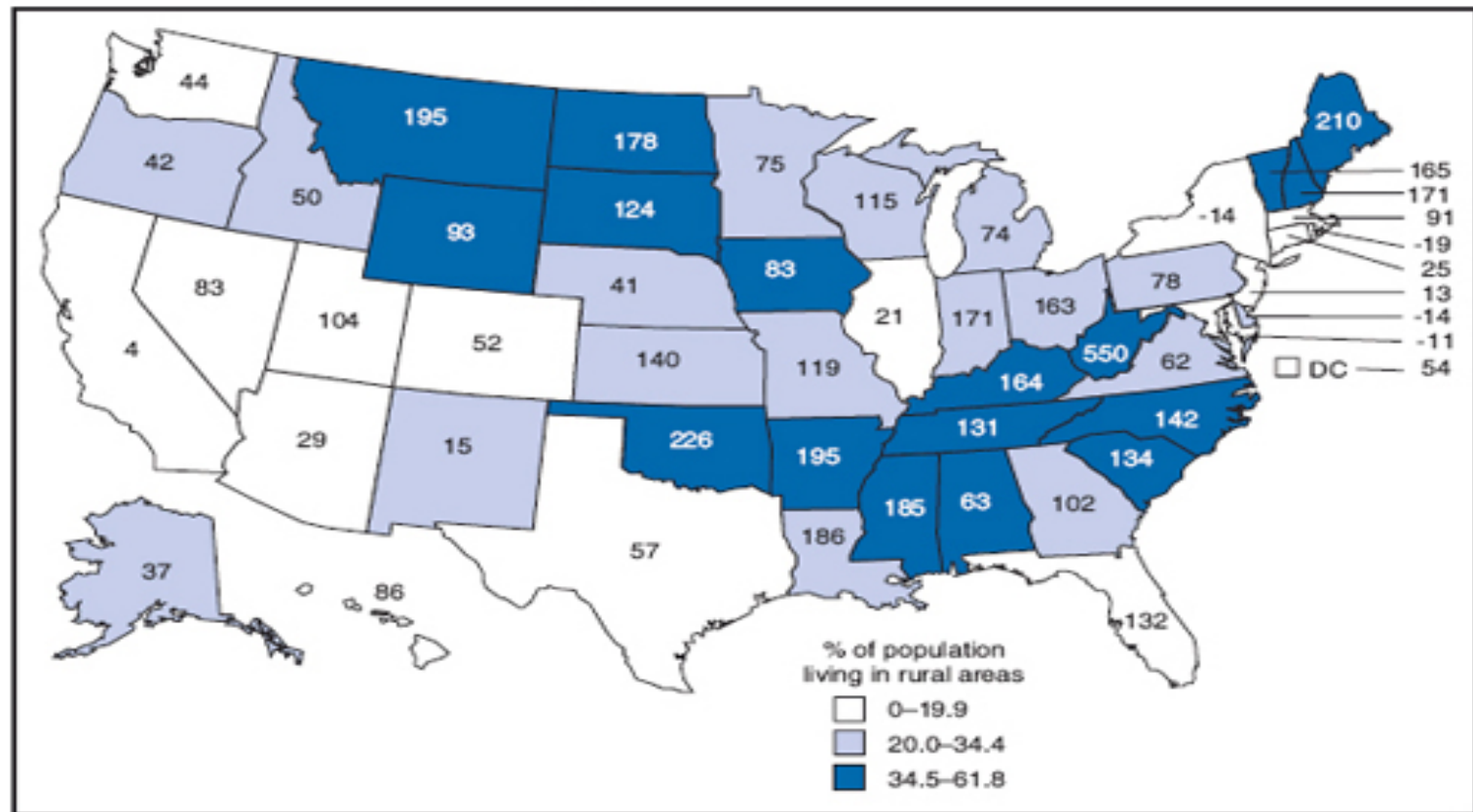




- 1/2 of arrests for major crimes- including homicide, theft, assault- tested positive for drugs at the time of their arrest
- Among those convicted of violent crimes, 50% of state and federal prisoners had been drinking or taking drugs at the time of their offense

Accidental Overdoses

FIGURE. Percentage change in unintentional poisoning mortality rates,* by rural status of state† — United States, 1999–2004



* Age-adjusted rates per 100,000 population.

† Defined as the percentage of the population living in census blocks below a certain population density, based on U.S. Census data for 2000 (4).

We're Number Two!!!



- Tennessee is second in the nation in prescriptions for Schedule II (oxycodone) & Schedule III (hydrocodone) narcotics.

Tennessee Poison Control 2006 data

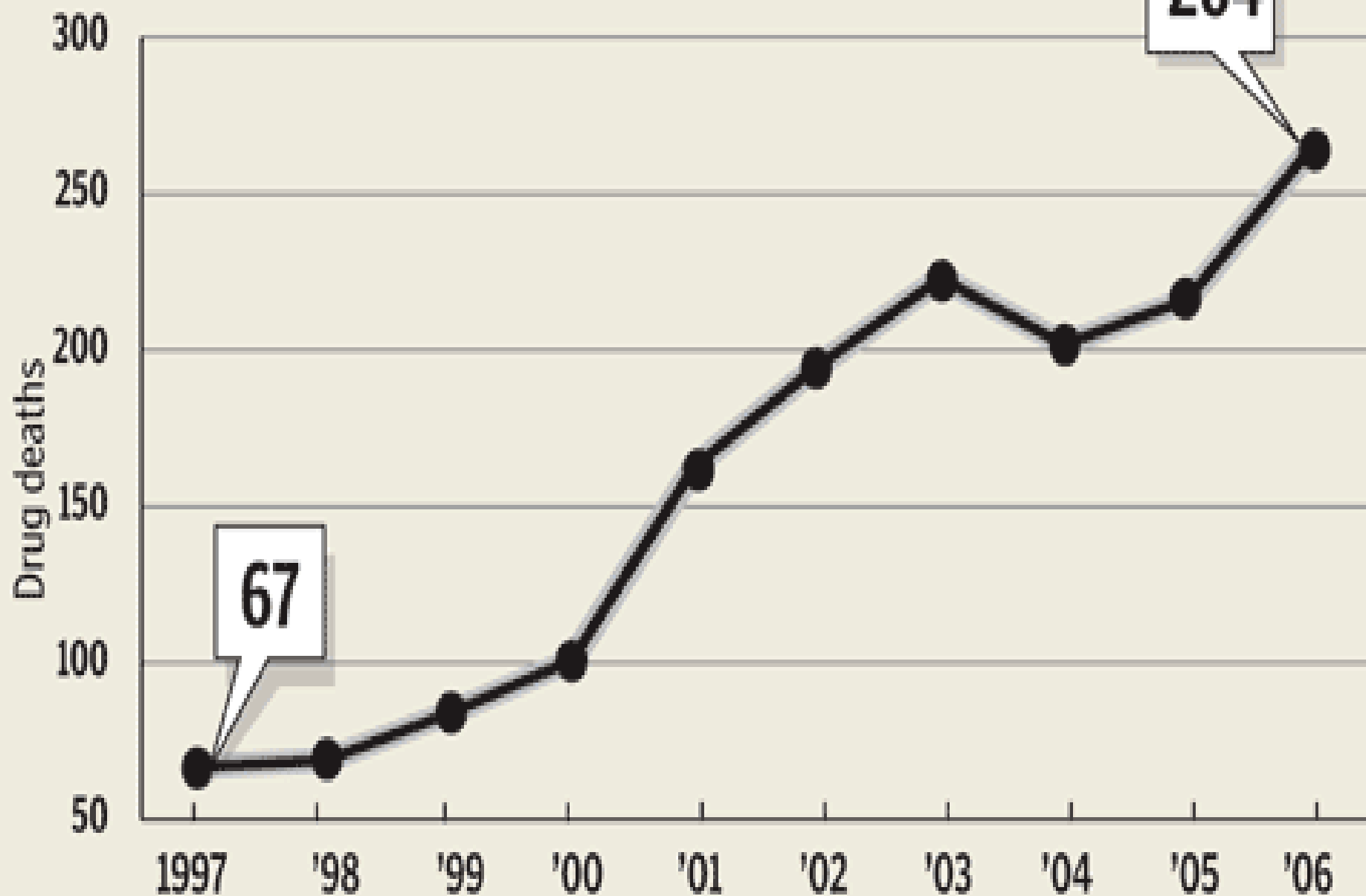
	#	%
1 Opioids	724	25%
2 Benzodiazepines	491	17%
3 Non-opioid analgesics	317	11%
4 Antidepressants	245	8%
5 Antiinfectives	140	5%
6 Muscle relaxants	132	4%
7 Stimulants and street drugs	121	4%
8 Cardiac (including diuretics)	117	4%
9 Non-benzodiazepine sedatives/antipsychotics	110	4%
10 Antihistamines	94	3%
Total	2,491	85%

Mi-Wow!!!!!!!!!!!!!!!

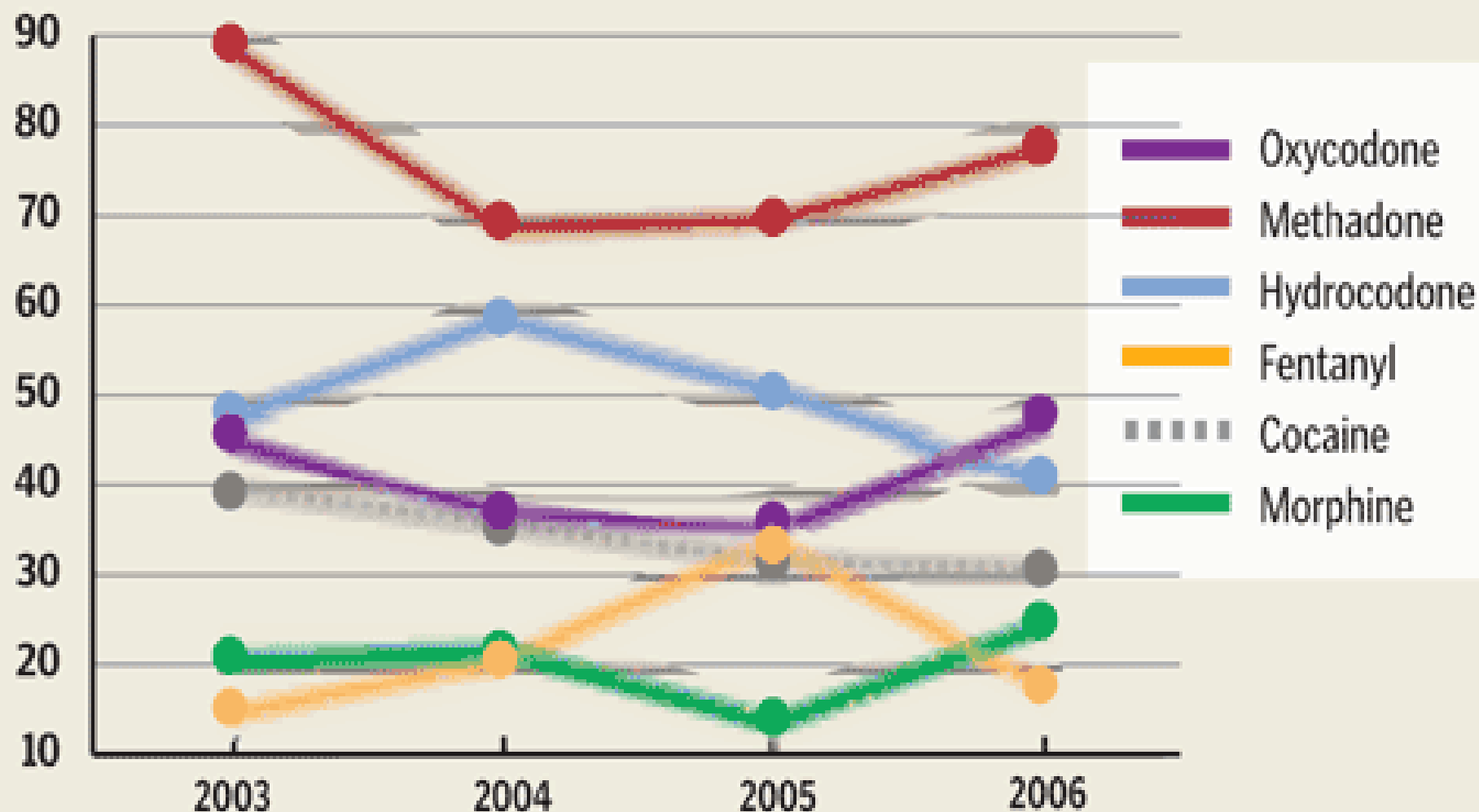


- 80% of adults in select counties in Tennessee are on LONG TERM benzodiazepines. (Studies show about 7% of patients with anxiety benefit from SHORT TERM benzodiazepines.)

Drug deaths since 1997 (all drugs)



Drug deaths in past four years (by individual drug)



Number of deaths from individual drugs does not match total overall drug deaths because in some cases more than one drug was involved.

Why our region ???



- Whiskey Rebellion

Franz Kafka - A Country Doctor, 1919

- “To write a prescription is easy, but to come to an understanding with people is hard.”



Theories of Why Physicians Misprescribe Substances

- Core personality
- Patient types
- Pharmacological knowledge (oxycontin)
- Professional practice system



Categories Of Misprescribing Physicians

- **DATED** - fails to keep current
- **DISABLED** - failed judgment due to impairment
- **DUPED** - fails to detect “deception” due to time constraints
- **DYSFUNCTIONAL** - finds it hard to say “no”

Patterns of Prescribing Abuse

- Excessive number and frequency of prescriptions for Schedule II drugs
- Crescendo pattern
- Excessive dispensing
- Progression to multiple drugs
- Inadequate records
- Prescribing for family members

Specialty Demographics

- Surgery 7%
- Family Practice/GIM 65%
- Psychiatry 7%
- ER 3%
- Others 19%

Suspect Drug-Seeking Behavior in the Patient who....



Red Flags!!

- Feigns physical or psychological problems
- Pressures the physician for a particular drug or multiple refills of a prescription
- Presents a dramatic and compelling but vague complaint
- Allergy to Toradol

High Suspicion Index

- Presents symptoms that contradict clinical observation (chronic pain syndromes)
- Asks for a specific drug
- Has no interest in diagnosis
- Rejects all forms of treatment that do not involve narcotics

CAGE

- **C**=Have you ever tried to Cut down on your drinking?
- **A**=Have people Annoyed you by criticism of your drinking?
- **G**=Have you ever felt Guilty about your drinking?
- **E**=Have you ever taken a morning Eye opener to steady your nerves or to get rid of a hangover?

Identify the Abusing Patient

- Be alert for A/D problems in history (CAGE), physical exam, lab tests
- Limit new patient prescribing
- No telephone prescriptions of Schedule II
- Record keeping by one physician (5 o'clock phone calls)
- Protect prescription pads
- Consultation by addiction specialist
- Check with pharmacist
- Beware of medical personnel

Practice Procedures to Avoid Being Cited for Over-Prescribing



Good Practices

- Require all patients to sign a “patient informed consent agreement”
- Require urine drug screens
- Keep meticulous records
- Know the pharmacist / Prescription Monitoring System
- Require patient to use one pharmacy

Common Sense

- Protect prescription pads
- Manage the practice with nurses and office managers who recognize the drug seeking patient
- Do not prescribe narcotics for family members

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

Continued

- 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

Clinical Course

- 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"

Diversion????

- 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 \$1.00/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 its 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.

Resources

- DEA Office of Diversion Control
<http://www.deaiversion.usdoj.gov/>
- National Association of Drug Diversion Investigators <http://www.naddi.org/>
- DEA Practitioner Manual
http://www.deaiversion.usdoj.gov/pubs/manuals/pract/pract_manualo125o8.pdf



A New Life



Impact?



The King RIP age 42

