



Combating the US Prescription Opiate Epidemic: Applying Principles of SBIRT to the Prescribers of Controlled Drugs

Brief Power Point #1

Controlled Drugs and Substance Use disorders

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Application of SBIRT to C Rx

- High risk RX to High Risk Patients:
 - SA Tx Programs can do Utox + PMP
 - ID who RX and who fills RX for High Risk Pt
(SCREENING)
- Can contact prescriber and pharmacy
(BREIF INTERVENTION)
- If continued prescribing ...
 - Can assess readiness / diagnose deficits / refer for treatment (credentialing / licensing agency)

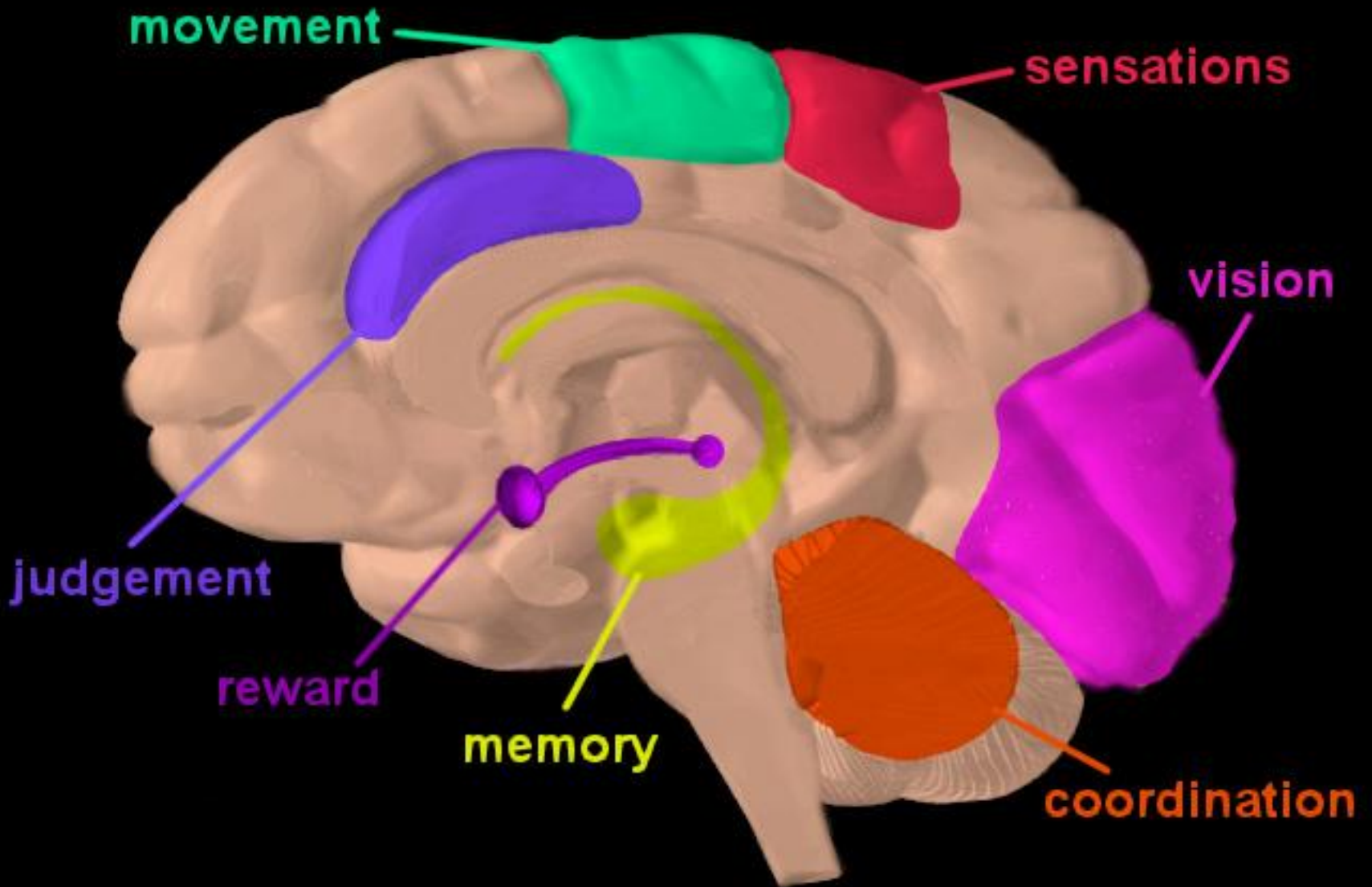


Euphoria Producing Drugs =
High Risk Drugs



Euphoria Producing Drugs = EPD's

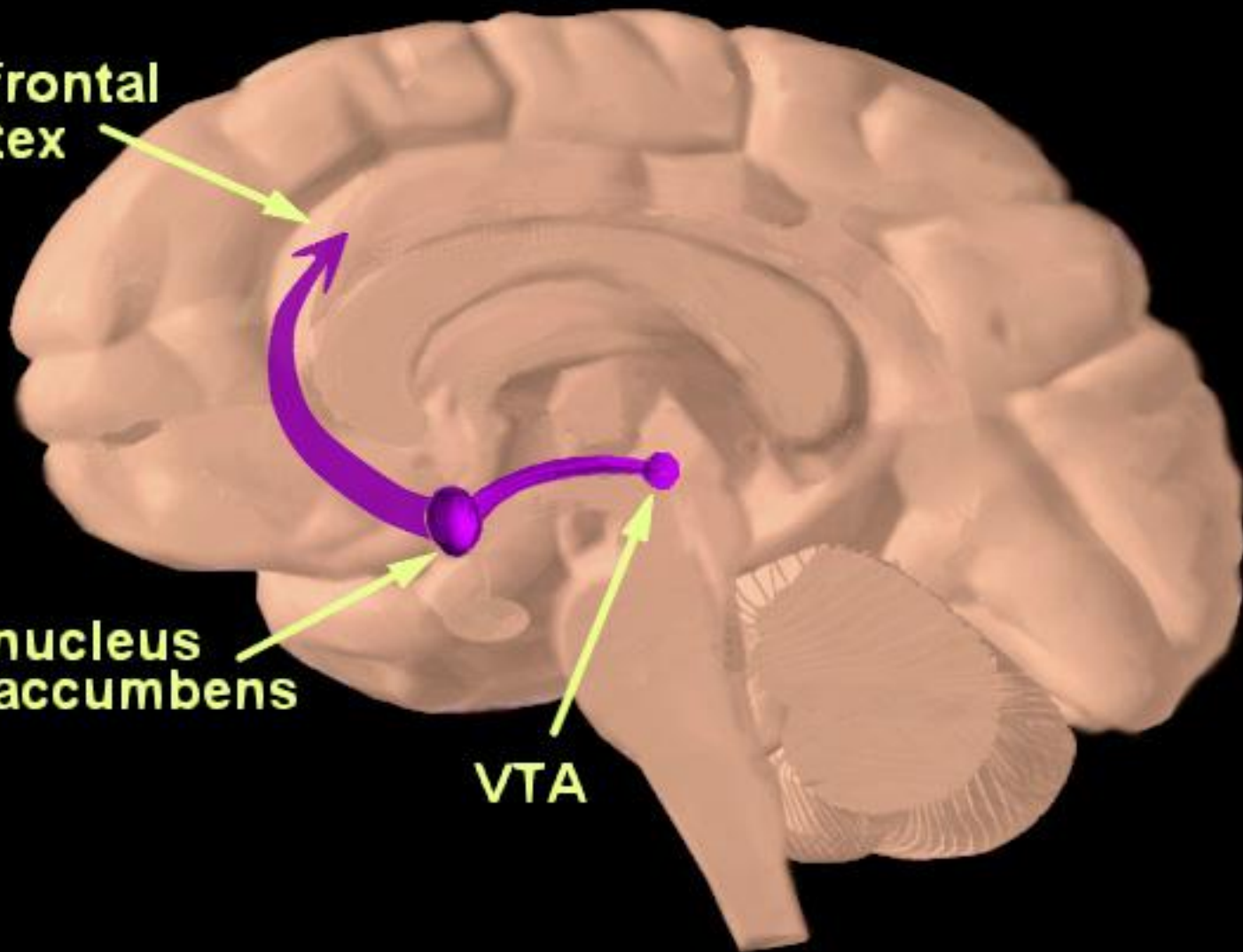
- EPD's include: opioids, stimulants, sedative-hypnotics, cannabinoids, and phencyclidine
- Very different substances
- Totally different primary brain effects
- ALL produce and acute surge of dopamine from the mid brain to the fore-brain
- Dopamine surges mediate addictive disease



prefrontal cortex

nucleus accumbens

VTA





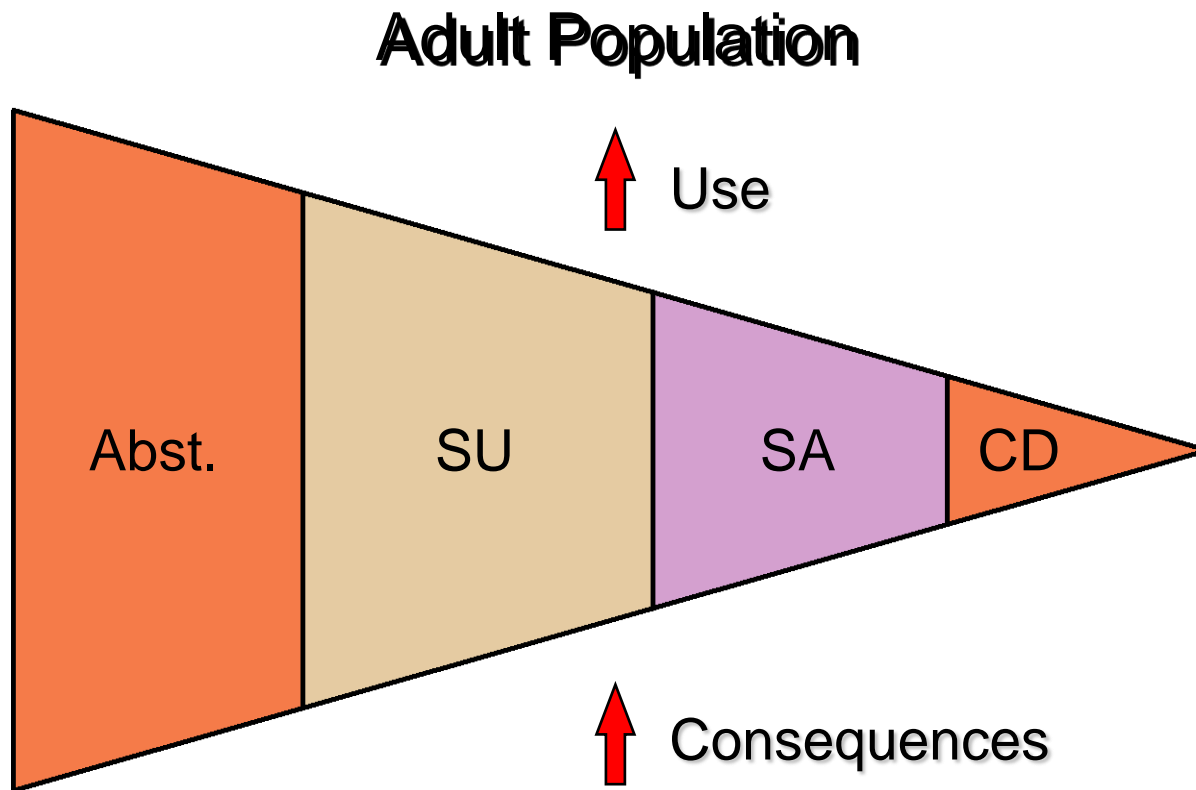
Controlled drugs ARE Euphoria Producing Drugs: CRx = EPD's

- EPD's include: opioids, stimulants, sedative-hypnotics, cannabinoids, and phencyclidine
- Very different substances
- Totally different primary brain effects
- **ALL** produce an ***acute surge*** of **dopamine** from the mid brain to the fore-brain
- Dopamine surges dictate *controlled drug designation!*
(and mediate substance use disorders)



Substance abusing or addictive
brains = High Risk Brains

The Continuum of Substance Use Disorders





SBI and DSM IV v. Substance Use Disorder Mild / Moderate / Severe in DSM V

- Risky Use = SUD MILD
- Substance Abuse = SUD MILD
- Hazardous Use = SUD MILD or Moderate
- Severe substance abuse = SUD Moderate
- Chemical dependence = SUD Mod / Severe
- Addictive disease = SUD Mod / Severe



SUD Moderate-Severe: A Brain Disease!!!

- Brain functions:
 - Movement
 - Intelligence
 - **Behavior**
- Diseases of the brain in each area of function:
 - Parkinson's, M.S., Seizures
 - Mental retardation, Dementia
 - **Addiction, Schizophrenia, Bipolar**



Chemical Dependence: Natural History (Its Brain Disease)

- Diseases of the brain that effect Behavior Control Centers:
 - Addiction, Schizophrenia, Bipolar
- Sns/Sx of the biologic disease of addiction:
 - Behavioral, Behavioral, Behavioral ...
- Not a psychological disease, just behavioral sx



Chemical Dependence

natural history

- Increased dysfunction and disability in the following domains:
 - Self image
 - Interpersonal
 - Social
 - Financial
 - Legal
 - Work
 - Physical

CRx Prescribing Decisions:

Avoid High Risk Drugs with High Risk Brains

- Any prescribing decision involves:
 - Indications – establishing the reason to RX
 - Contraindication – screening for reasons not to RX
- Contraindication screening requires K,A,S.
 - K=clinically understanding contraindications
 - A=respecting the gravity of contraindications
 - S=using screening tools to ID contraindications
- K,A,S are **ALL** needed for safe CRx prescribing



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Power Point #2 Perpetuation of status quo

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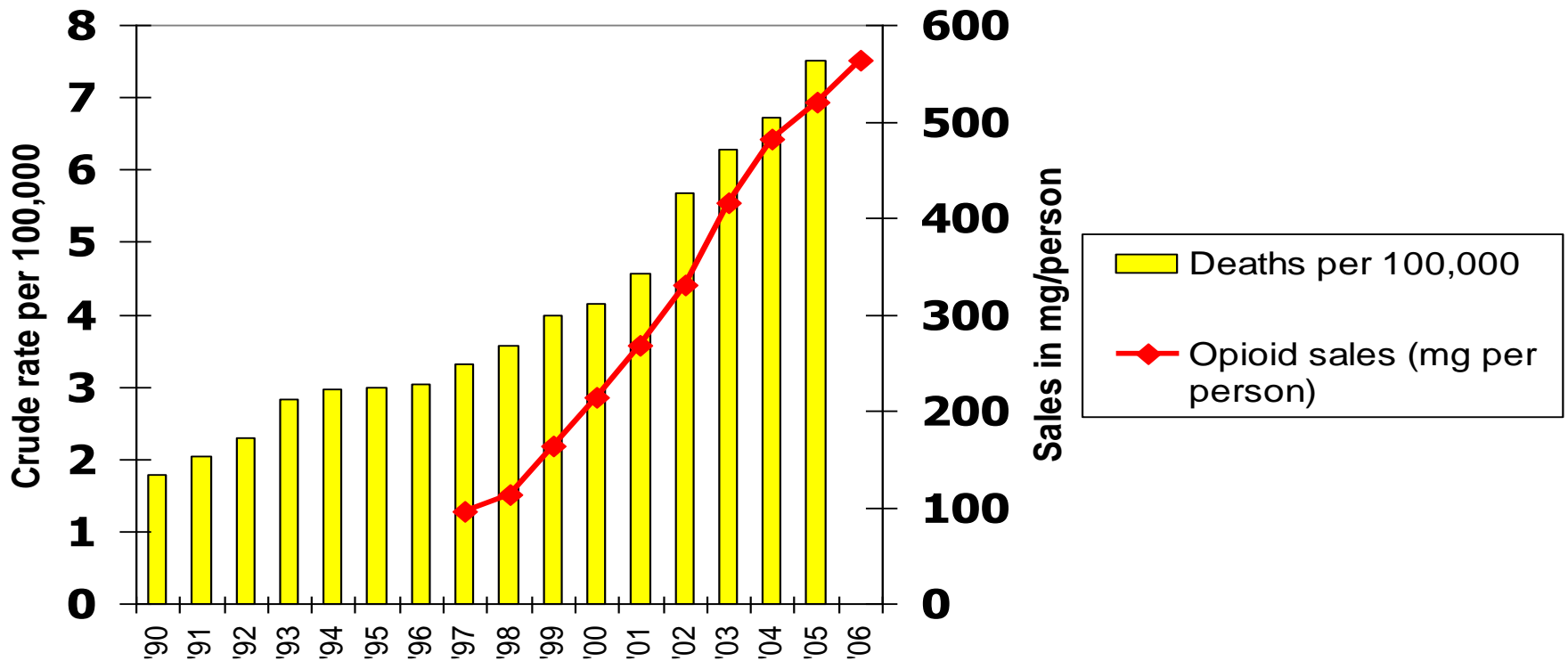


What is the status quo?

- An imbalance in prescribing

Deaths per 100,000 related to unintentional overdose and annual sales of prescription opioids by year, 1990 - 2006

Source: Paulozzi, CDC, Congressional testimony, 2007



In 2009

39,147 Americans
DIED FROM DRUG POISONINGS

Nearly 14,800
deaths involved
prescription opioids

For every 1 death there are:



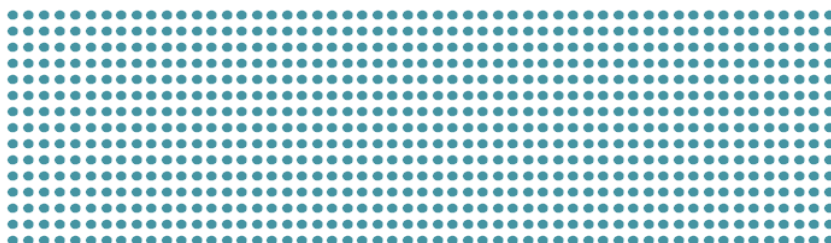
10 treatment admissions for abuse



32 ED visits for misuse or abuse



130 people who abuse or are addicted



825 nonmedical users

Kochanek KD, et al. *National Vital Statistics Report* 2011;60:1-117. CDC Vital Signs. *Prescription Painkiller Overdoses. Use and abuse of methadone as a painkiller.* 2012.
Warner M, et al. *Drug poisoning deaths in the United States, 1980-2008.* NCHS data brief, no 81. Hyattsville, MD: National Center for Health Statistics. 2011. National Center for Injury Prevention and Control. Division of Unintentional Injury Prevention. *Policy Impact. Prescription Painkiller Overdoses.* Nov 2011.

Chronic OPT Prescribing of Controlled Drugs

Who **TO** prescribe to?

- **Presence** of **Indications** – patient specific and disease specific

AND

- **Lack** of **Contraindications**

■ Who **NOT TO** prescribe to?

- Lack of **indications**

OR

- Presence of **contraindications**

Contraindications to chronic C RX TX

- High Risk Brains (HRB)***:
 - ~~Current addictive disease = strong~~
 - Past addictive disease = strong
 - History of diversion = strong
- Risky Brains (SUD MILD) = relative
- Significant nonadherence = relative
- Substantial psychiatric co-morbidity = relative
- COPD &/or Obst Sleep Apnea = relative

***** Prescribe chronic C RX to HRB's only with expert advice and support (i.e. a methadone or buprenorphine clinic)**

Even things that should be obvious ...
are not!



- *Almost all patients continue to receive prescription opioids **after** an overdose.*

- **AND**

- Opioid discontinuation after overdose is associated with lower risk for repeated overdose.



Perpetuation of status quo

- High risk brains want high risk drugs
 - Relationship / communication challenge
- Screening for HRB poorly done
 - Poor screens
 - Incompletely used
- Under appreciated contraindications
- Blurring of basic ethical tenants
 - Above all, first do no harm



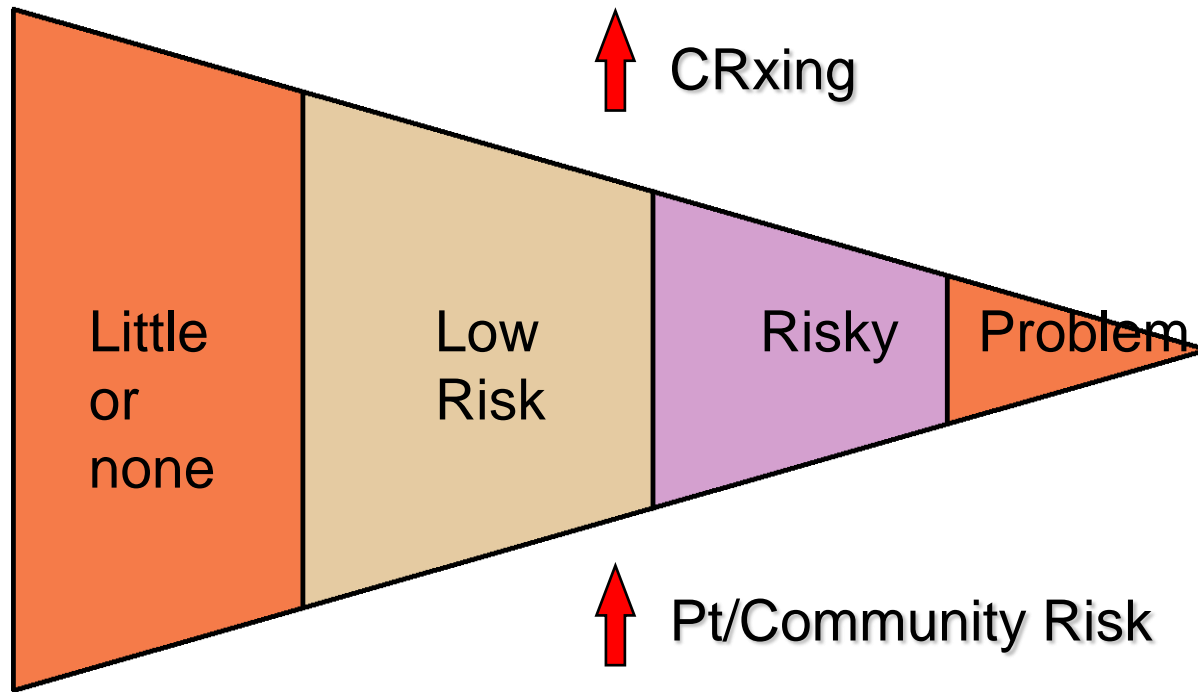
Prescribing Controlled Drugs

Mechanisms of Involvement of CRxDA

- AMA mechanisms re: RxDA – “the 6-D’s”
 - Dated
 - Duped
 - Disabled
 - Dishonest
 - Defiant
 - Distracted
- Medication Mania / Confrontation Phobia / Hypertrophied Enabling

The Continuum C Rx Prescribers

All Prescribers





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Power Point #3

Use of PMP to apply SBIRT to CRx

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Prescribing Controlled Drugs

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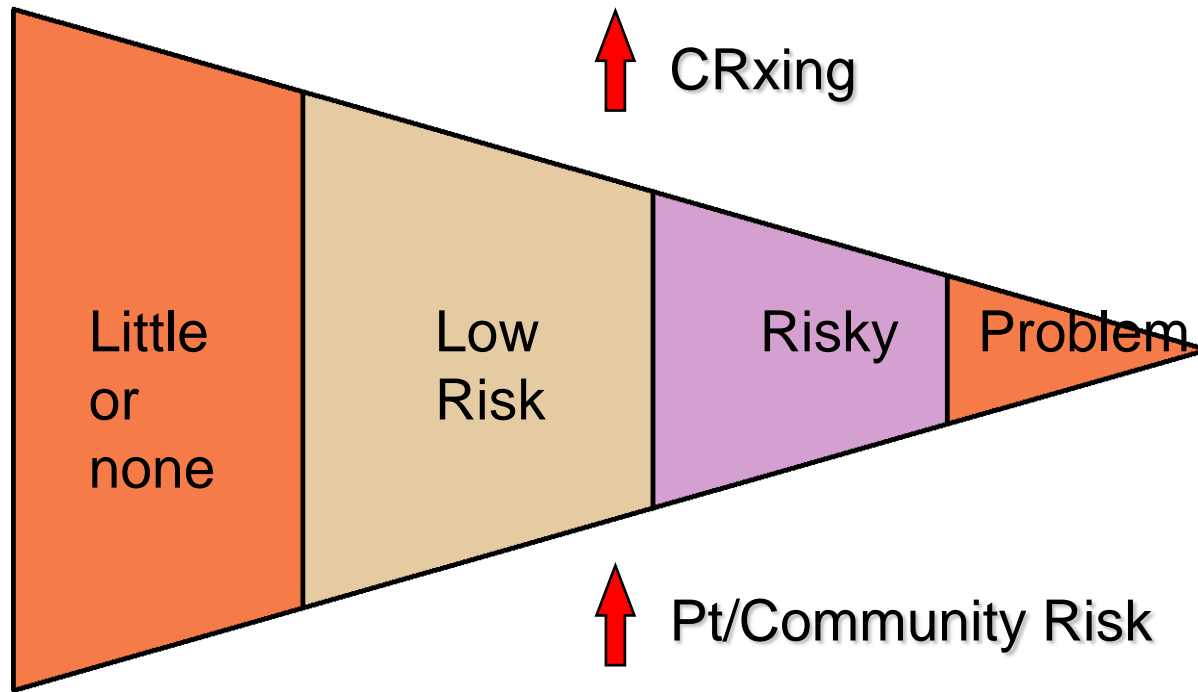


What is a PMP

- Prescription Monitoring Program
- All C Rx filled / patient / year
 - What filled
 - Where
 - How paid
 - Rx by who
 - Contact info for Where and Who

The Continuum C Rx Prescribers

All Prescribers





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