Addressing Drug Diversion
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Webinar Objectives
At the completion of this Webinar, participants will be able to:
• Identify tools and strategies to minimize drug diversion in the practice of hospice and palliative care
• Discuss electronic tools used in prescribing controlled substances in hospice and palliative care
• Discuss strategies to identify and address both patient and family drug diversion

CDC
“PRESCRIPTION PAIN KILLER OVERDOSES AT EPIDEMIC LEVELS” CDC press release November 1, 2011

“Overdoses involving prescription painkillers are at epidemic levels and now kill more Americans than heroin and cocaine combined,” CDC Director Thomas Frieden, M.D., M.P.H.

Prescriber Education
• The SCOPE of PAIN
  – Safe and Competent Opioid Prescriber Education
    • Boston University
  • COPE
    – Collaborative Opioid Prescribing Education
      • Substance Abuse and Mental Health Services Administration
    • American Academy of Addiction Psychiatry

The 10 Steps of Universal Precautions in Pain Medicine
1. Make a Diagnosis With Appropriate Differential
2. Psychological Assessment, Including Risk of Addictive Disorders
3. Informed Consent
4. Treatment Agreement
5. Pre- or Post Intervention Assessment of Pain Level and Function

The 10 Steps of Universal Precautions in Pain Medicine
6. Appropriate Trial of Opioid Therapy With or Without Adjunctive Medication
7. Reassessment of Pain Score and Level of Function
8. Regularly Assess the “4 A’s” of Pain Medicine
9. Periodically Review Pain Diagnosis and Comorbid Conditions, Including Addictive Disorders
10. Documentation

Opioid Risk Assessments Tools: prior to initiating long term therapy
• ORT (Opioid Risk Tool)
• SOAPP-R (The Screener and Opioid Assessment for Patients with Pain-Revised )
• SISAP (Screening Instrument for Substance Abuse Potential)
• DIRE (The Diagnosis, Intractability, Risk, Efficacy) tool

Opioid Risk Assessments Tools: monitoring for signs of opioid misuse in patients receiving long term opioid therapy
• PDUQ-p (Prescription Drug Use Questionnaire-patient version)
• COMM (Current Opioid Misuse Measure)
• PMQ (Patient Medication Questionnaire)

Opioid Risk Assessments Tools: monitoring for signs of opioid misuse in patients receiving long term opioid therapy
• PADT (Pain Assessment and Documentation Tool)
• ABC (Action Behavior Checklist)

Patient Provider Agreement
• Include as part of informed consent
• Incorporate drug disposal guidelines and expectations
• Inclusion of caregivers in agreement and accountability

the "4 A's" of Pain Medicine
• Analgesia
• Activity
• Adverse effects
• Aberrant behaviors

Pharmacologic Advances
Abuse Deterrent Preparations

Kenneth L. Kirsh, PhD; Steven D. Passik, PhD. Managing Drug Abuse, Addiction, and Diversion in Chronic Pain: The 4 A's for Ongoing Monitoring Medscape Neurology. 2005;7(2) © 2005 Medscape
Electronic Tools

- Electronic Prescribing
- Prescription Drug Monitoring Programs

Organizational Processes

- Pill counts at every visit
- Providing lock boxes
- Random urine drug screen

Medicines recommended for disposal by flushing: medicine and active ingredient

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<tr>
<th>Daytrans</th>
<th>Methylphenidate</th>
<th>Fentanyl</th>
<th>Fentanyl Citrate</th>
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https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm#recommend
Challenges: Whose drugs are they?

“In most states, hospices have little control over the pills after a patient dies. The U.S. Drug Enforcement Administration encourages hospice staff to help families destroy leftover medications, but the agency **forbids those staff members from destroying the meds themselves unless that is allowed by state law. Leftover pills belong to the family, which has no legal obligation to destroy them or give them up.”


NHPCO on the Frontline: Supporting a National Policy and Uniform Set of Practices

“NHPCO has already drafted legislation and has been working with Congress to expand the ability of hospice professionals to take a more active role in helping families dispose of these drugs.”

NHPCO Response to KHN/Post. Edo Banach Responds to Kaiser Health News
August 22, 2017

Getting Legislative Help

Ohio
Delaware
New Jersey
South Carolina

These states have passed laws giving hospice staff authority to destroy unused drugs after patients die.

Documentation

• Patient assessment

• Pain assessment

• The 4 A’s of pain medicine

• Review of medication safety guidelines

QUESTIONS

References

• Garden, Clare; Gott, Merry; Ingleton, Christine; Hughes, Philippa; Winslow, Michelle; Bennett, Michael. Attitudes of Health Care Professionals to Opioid Prescribing in End-of-Life Care: A Qualitative Focus Group Study. Journal of Pain and Symptom Management. Vol. 44 No. 2 August 2012


References

• Common Elements in Guidelines for Prescribing Opioids for Chronic Pain. CDC. National Center for Injury Prevention and Control Division of Unintentional Injury Prevention


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• Kennedy L. Kish, PhD; Steven D. Passik, PhD. Managing Drug Abuse, Addiction, and Diversion in Chronic Pain: The 4 A’s for Ongoing Monitoring Medscape Neurology. 2005;7(2) © 2005 Medscape

• Dmitriy M. Arbuck, MD, Timothy J. Atkinson, PharmD, BCPS, Martin D. Cheekes, PhD; Amber Pimental, PsyD, HPS; Gary W. Jay, MD, Lee Ekl, PharmD, Amanda Maxwell, MS, Jordan L. Newman, MD, Carolyn O’Connell, MD, KPS; James A.O. Ols, MD, MD, Tracye L. Perkins, RN, MSN, FNP-C, Jennifer H. Syrigos, RN, MSN, ANP, WC, MS, Thornhill, Deborah N. MA, French, Tammy, MD, RN, CNS; Bob Ventimiglia, PhD. Opioid Prescribing and Monitoring: How to Combat Opioid Abuse and Misuse Responsibly.
References