

IDENTIFYING THE WARNING SIGNS OF NON-COMPLIANT AND ABUSIVE PATIENTS

Richard A. Tucker

Drug Education Consulting Group

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RICHARD A. TUCKER

- **Drug Education Consulting Group**
 - Educate corporate/private groups on drug trafficking and its impact on society
- **25 years as Special Agent with the DEA (Retired in 2008)**
 - Served Assignments in Atlanta, Denver, El Paso, Los Angeles and Thailand
 - Investigated global drug trafficking organizations
 - Served in Washington, D.C. as Chief of DEA's International Intelligence Program
- **10 Years as a Police Officer in Cobb County, Georgia**
 - Served on multi-agency narcotics unit investigating regional and local narcotics issues, including diversion of prescription drugs
 - Conducted numerous undercover assignments; taught undercover techniques at police academies.

KEY TOPICS

- Understanding prescription drug abuse and non-compliance
- Recognizing aberrant patient behaviors and how these behaviors may be symptomatic of non-compliance
- Methods for detecting non-compliant patient behavior
- Monitoring patient adherence to a prescription regimen
- Key government initiatives aimed at prescription abuse

WHAT IS YOUR RESPONSIBILITY?

Practices have a responsibility to:

- Assure patients are using medications properly.
- If aberrant behavior is observed, noted in testing or received via a complaint to the practice ...

... Do not ignore it.

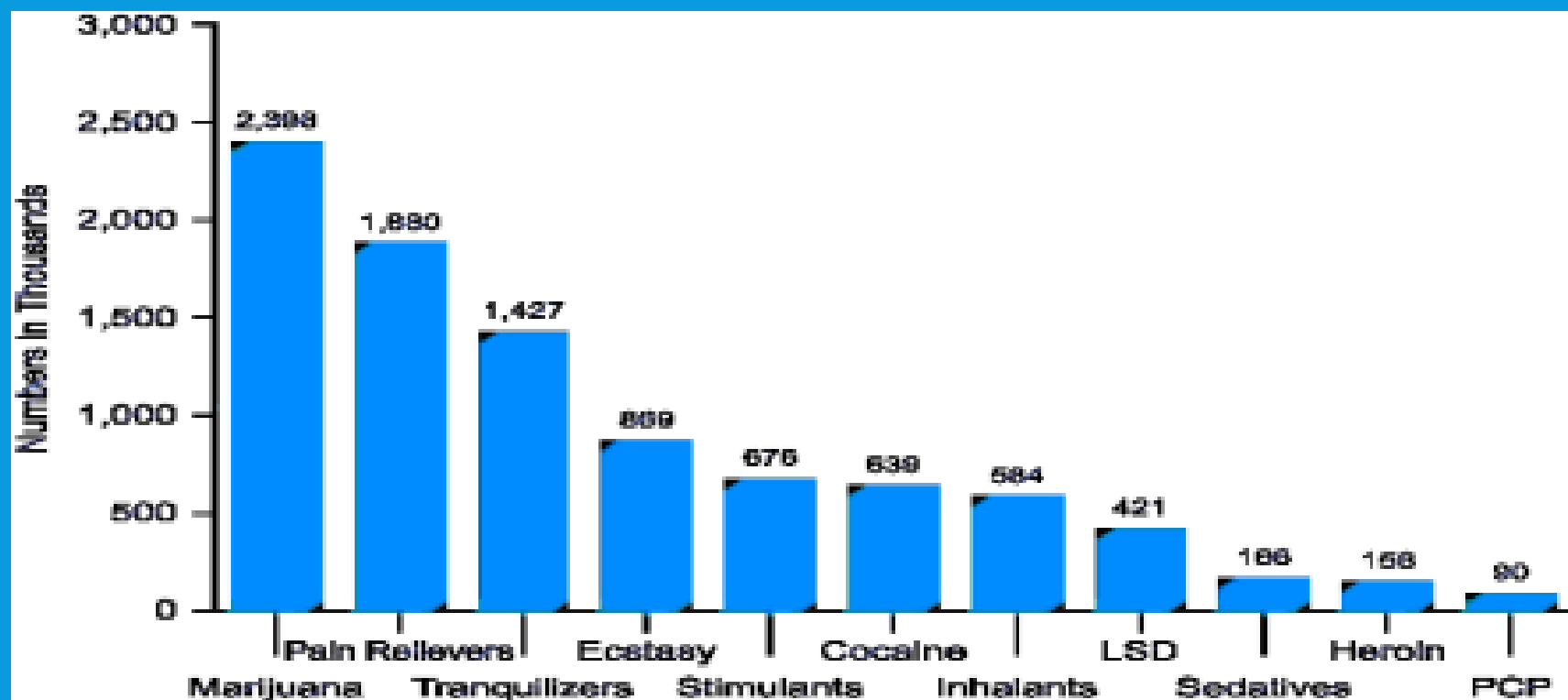
TWO DIMENSIONS OF THE PROBLEM

1. Illicit use or abuse of prescription medications
2. Non-compliance with prescription regimens

Illicit Use Of Prescription Medications

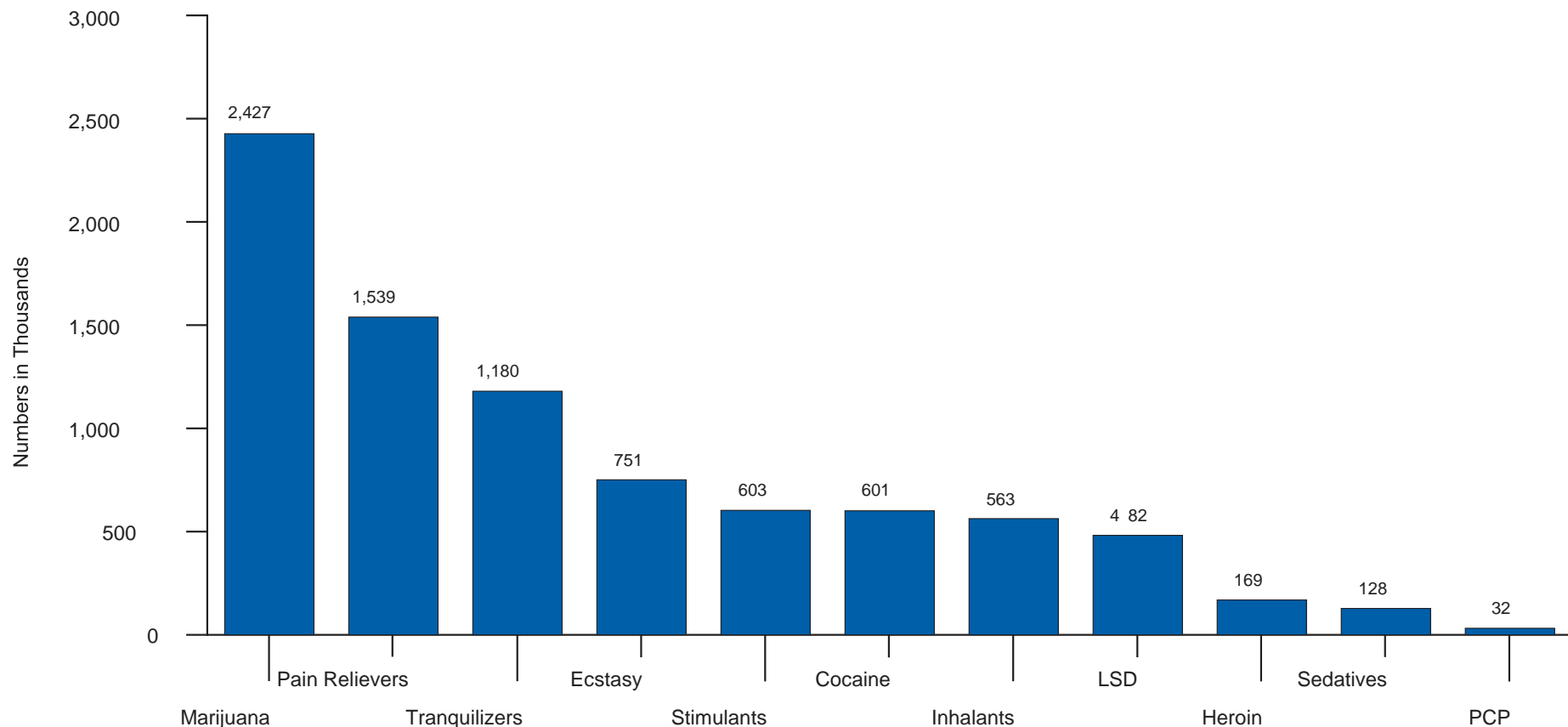
A large and growing problem

PAST YEAR INITIATES OF SPECIFIC ILLICIT DRUGS AMONG PERSONS AGED 12 OR OLDER: 2012



<http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.htm#fig5.1>

PAST YEAR INITIATES OF SPECIFIC ILLICIT DRUGS AMONG PERSONS AGED 12 OR OLDER: 2013

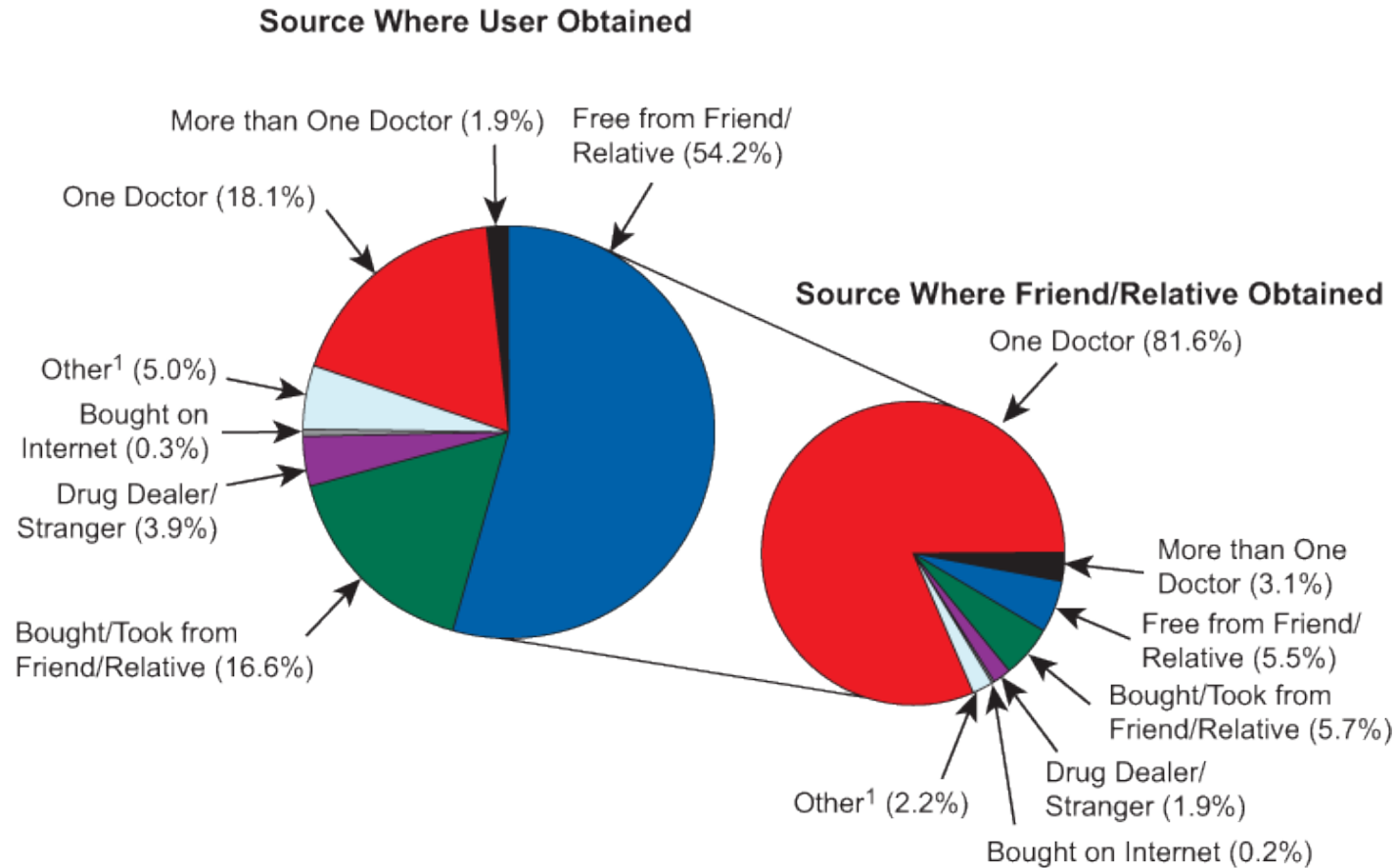


MOST-ABUSED PRESCRIPTION DRUGS AND THEIR NATIONALLY AVERAGED ILLICIT PRICES

- Pain Relievers
 - Oxycodone: \$.50–\$1.00/ mg
 - Oxycodone (ED): \$0.50–\$1/mg
 - Hydrocodone: \$1-\$10.00/ 10 mg tablet
 - Methadone: \$10–\$20/ 10 mg
- Depressants
 - Alprazolam: \$.80 - \$1.50/ mg
 - Diazepam: .20 to .50/ mg
- Stimulants
 - Methylphenidate: .50-\$ 1.00/ mg

National Drug Intelligence Center *National Prescription Drug Threat Assessment 2009*

Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older:



NOTE: THE PERCENTAGES DO NOT ADD TO 100 PERCENT DUE TO ROUNDING.

¹ THE OTHER CATEGORY INCLUDES THE SOURCES "WROTE FAKE PRESCRIPTION," "STOLE FROM DOCTOR'S OFFICE/CLINIC/HOSPITAL/PHARMACY," AND "SOME OTHER WAY."

AMONG PERSONS AGED 12 OR OLDER IN 2010-2011 WHO USED PAIN RELIEVERS NONMEDICALLY IN THE PAST YEAR AND INDICATED THAT THEY MOST RECENTLY OBTAINED THE DRUGS FROM A FRIEND OR RELATIVE FOR FREE IN THE PAST YEAR, 81.6 PERCENT OF THE FRIENDS OR RELATIVES OBTAINED THE DRUGS FROM JUST ONE DOCTOR. ABOUT 1 IN 20 OF THESE PAST YEAR NONMEDICAL USERS OF PAIN RELIEVERS (5.5 PERCENT) REPORTED THAT THE FRIEND OR RELATIVE GOT THE PAIN RELIEVERS FROM ANOTHER FRIEND OR RELATIVE FOR FREE, 3.9 PERCENT REPORTED THAT THE FRIEND OR RELATIVE BOUGHT THE DRUGS FROM A FRIEND OR RELATIVE, 1.9 PERCENT REPORTED THAT THE FRIEND OR RELATIVE BOUGHT THE DRUGS FROM A DRUG DEALER OR OTHER STRANGER, AND 1.8 PERCENT REPORTED THAT THE FRIEND OR RELATIVE TOOK THE DRUGS FROM ANOTHER FRIEND OR RELATIVE WITHOUT ASKING.

THE PRESCRIPTION DRUG ABUSER, SOME COMMON CHARACTERISTICS (BUT NOT LIMITED TO)

- Unusual behavior in the waiting room
- Assertive personality
 - Often demanding immediate action
- Unusual appearance
 - Extremes of slovenliness or being overdressed
- Unusual knowledge of controlled substances
- Recites medical history with textbook symptoms
- Evasive or vague answers to questions regarding medical history

THE PRESCRIPTION DRUG ABUSER, SOME COMMON CHARACTERISTICS (BUT NOT LIMITED TO)

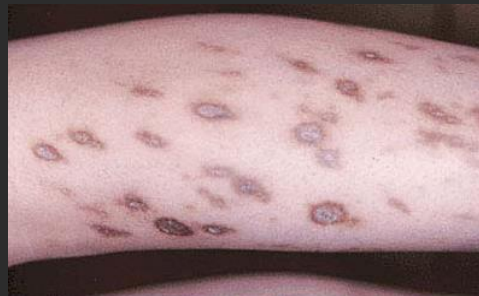
- Reluctant or unwilling to provide reference information
 - Often has no regular doctor or health insurance
- May request a specific medication and may be reluctant to try a different drug
- May appear to have no interest in diagnosis
 - Fails to keep appointments for further diagnostic tests; refuses to see another practitioner for consultation

RECOGNIZING THE PHYSICAL SIGNS OF PRESCRIPTION DRUG ABUSE

Abusers of prescription drugs may use or ingest prescription medication in the same manner as abusers of illicit drugs, yielding the same signs of illicit use.

Signs of illicit use:

- **Inflammation in nasal cavity**
- **Gum disease and infection**
- **Signs of subcutaneous use**
 - **Between toes**
 - **Under tongue**
 - **Behind knees**
 - **Genitalia**
 - **Arms**



OPIATE ABUSERS 19 TIMES MORE LIKELY TO ABUSE HEROIN

A 2013 report by the Substance Abuse and Mental Health Services Administration (SAMHSA) shows that people aged 12 to 49 who had used prescription pain relievers non-medically were 19 times more likely to have initiated heroin use recently (within the past 12 months of being interviewed) than others in that age group (0.39 percent versus 0.02 percent). The report also shows that four out of five recent heroin initiates (79.5 percent) had previously used prescription pain relievers non-medically.

<http://www.samhsa.gov/newsroom/advisories/1308215815.aspx>

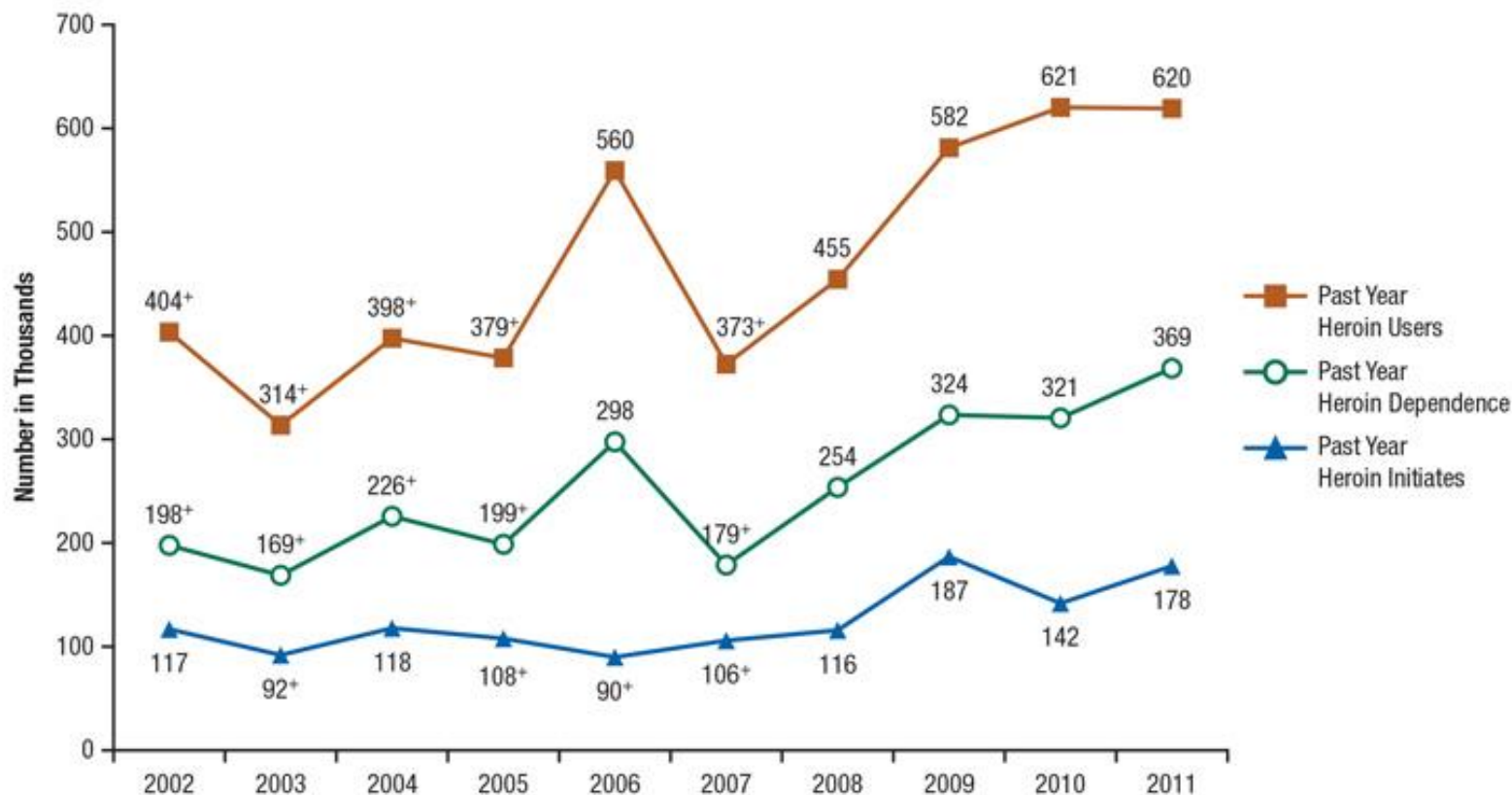
DEA REPORTS INCREASE AVAILABILITY OF HEROIN

DEA intelligence indicates that South American and Mexican drug trafficking organizations have exploited this increased demand by producing heroin with increased purity that is not only more readily available, but also cheaper. That product enters the United States primarily across our southwest border and, not surprisingly, the amount of heroin seized there has increased nearly 300 percent from 2008 to 2013. During roughly the same time period (2008 to 2010), heroin-related overdose deaths have increased by 45 percent. This disturbing increase may be attributable to increased purity and a younger, less experienced user population. **As the Administration takes a multifaceted approach to curb the availability of prescription-based painkillers on the illicit market, those addicted to opioids who are not seeking medication-assisted therapy may increasingly turn to cheaper or more easily-obtained alternatives, such as heroin.**

Centers for Disease Control and Prevention, National Center for Health Statistics (accessed February 11, 2013)
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5729a1.htm>

<http://www.justice.gov/dea/pr/speeches-testimony/2014t/043014t.pdf>

PAST YEAR HEROIN USERS, HEROIN DEPENDENCE, AND HEROIN INITIATES AMONG PERSONS AGED 12 OR OLDER: 2002-2011



* Difference between this estimate and the 2011 estimate is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2004, 2005-2010 (revised March 2012), and 2011.

CDC REPORTS LINKS BETWEEN HEROIN USE AND PRESCRIPTION DRUG ABUSE USED IN DEA ADMINISTRATOR'S 2014 CONGRESSIONAL TESTIMONY

Recently, the Centers for Disease Control and Prevention (CDC) reported that 38,329 people died from a drug overdose in the United States in 2010, the most recent year for which information is available. Nearly 60 percent of those drug overdose deaths (22,134) involved prescription drugs. And of those deaths, 75 percent (16,651) involved an opioid analgesic, also known as prescription painkillers. These deaths represent not just a statistic, but our family members, friends, neighbors, and colleagues. Years of over prescribing prescription painkillers and decreased perception of risk associated with drug use, particularly opiate abuse, has created too many new addicts. The rates are alarming: in 2011, 2.1 million Americans abused or were dependent to opioid pain relievers and 438,000 were addicted to heroin.

Drug Overdose in the United States: Fact Sheet. www.cdc.gov/homeandrecreationalsafety/overdose/facts.html (accessed March. 18, 2014).

Muhuri, et al. Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the US. Center for behavioral Health Statistics and QualityData Review. SAMHSA (2013). 2013.

<http://www.justice.gov/dea/pr/speeches-testimony/2014t/043014t.pdf>

OTHER EVIDENCE OF POSSIBLE PRESCRIPTION DRUG ABUSE

- Information gained from the urine screen
- Information received from sources other than the patient:
 - Other practices or pharmacies
 - Friends or family
 - Anonymous sources

Non-compliance With Prescription Regimens



Not all non-compliant patients are abusers

POSSIBLE NON-COMPLIANCE SCENARIOS

- Is the patient taking drugs as prescribed?
- Is the patient sharing his or her medications with others?
- Does the patient take a smaller than prescribed dose?
- Is the patient hoarding medication?

MONITORING FOR ABUSE AND NON-COMPLIANCE

- Practices should periodically assess all patients using controlled substances for a prolonged period of time.
- Assessment approaches can include:
 - **Assessment of patient progress toward achieving therapeutic goals**
 - **Presence of adverse events**
 - When indicated because a patient is high risk or is known to have engaged in aberrant behavior, results of urine drug screen
- Adherence to prescribed therapies
- Standardized screening tools to assess for:
 - **Aberrant drug-related behaviors**
 - **Substance abuse**
 - **Psychological issues**

SUGGESTED PATIENT ASSESSMENT QUESTIONS

- Has the patient ever sought treatment for drug abuse?
- Is the patient seeing more than one physician?
- Is the patient comfortable with a detailed pain management agreement if they are using controlled substances for a prolonged period of time?
- Is the patient comfortable with periodic urine drug screens?
- Is the patient using illicit drug(s)?
 - Does the patient have physical signs of drug abuse?

The initial interview can set the tone for further discussion and use of risk management tools.

URINE DRUG TESTING

Point of Care Testing (POCT)

- Screen for the presence of substances using immunoassay technology.
- Does not include a confirmation test.

Screening and Confirmatory Urine Drug Tests

- Screens for and confirms the presence of specific agents using a two-step process:
 - Immunoassay technology
 - Gas chromatography/mass spectrometry to confirm presence of opioids.

RISK ASSESSMENT: *AN ONGOING PROCESS*

- Be aware of pill counts
- Consider caregivers, friends and family for potential of diverting or misusing medications
- Have a medication agreement with the patient that includes expectations of the treatment plan
- Use of a prescription monitoring solution, as a tool to assist the physician, in assessment of patient adherence to prescribed regimens

THE MORE YOU KNOW, THE BETTER

- Whether patients are likely to be taking their medications in a manner consistent with the dose and frequency prescribed?
- Is a patient taking illicit drugs?
- Is a pain medication present at high concentrations, which could indicate abuse?
 - Can those levels be shown in a prescription monitoring report?
- Is the prescribed medication not present?
 - Could indicate non-compliance or possible diversion.

Map of the United States showing the status of PDMP legislation by state. The legend indicates:

- States with operational PDMPs (light green)
- States with enacted PDMP legislation, but program not yet operational (light blue)
- States with legislation pending (yellow)

States with operational PDMPs include: WA, OR, ID, MT, ND, MN, WI, MI, NY, PA, WV, VA, NC, SC, GA, FL, TX, NM, AZ, NV, UT, CO, KS, OK, AR, LA, MS, AL, TN, KY, OH, IN, IL, IA, MO, NE*, SD, WY, and HI.

States with enacted PDMP legislation, but program not yet operational include: VT, ME, NH, MA, RI, CT, NJ, DE, and MD.

States with legislation pending include: AK.

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RESOURCES

DEA Office of Diversion

www.deaiversion.usdoj.gov



Office of National Drug Control Policy

www.WhiteHouseDrugPolicy.gov



National Association of Drug Diversion Investigators -
NADDI

<http://www.naddi.org>



ILLICIT USE PEER REVIEW WEBSITES

Opiophile.org



<http://www.bluelight.ru>



- ❑ Peer Reports on the use of various opiates
- ❑ Non-scientific data on uses of various opiates
- ❑ Data from the "user" perspective

PROTECTING PRESCRIBING PRACTICES

- This program is NOT intended to discourage the prescribing or dispensing of appropriate medication for legitimate medical purposes.
- **Physicians and other authorized prescribers should not allow those who divert or misuse prescription drugs to influence the legitimate prescribing and dispensing of controlled substances.**

SUMMARY

- Prescription drug abuse and non-compliance should be a critical concern for all practices.
- Be aware of aberrant patient behaviors.
- Monitoring for non-compliance and controlled substance abuse is a continuous, ongoing process—increasingly required by authorities.
- Ensuring adherence to a prescription regimen is crucial for protecting patient safety and society at large.

DISCLAIMER

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CONTACT INFORMATION

The Drug Education Consulting Group

Richard A. Tucker

FAX : 630-206-0368

Cell: 630-809-0770

Email: richard.tucker@drugeducationgroup.com