Opioid Abuse Puts Physicians between a Rock and a Hard Place
But Resources Can Help Them Lead the Debate on How to Rein It In

By Stacy Sellek

The July/August 2013 Michigan Medicine contained articles about the importance of using the Michigan Automated Prescription System to track prescriptions and the problem of opioid use on the rise. This final installment reports the risks of opioid over- and misprescribing, and ways physicians can protect their practices and their patients.

Prescription drug overdoses are named as the second leading cause of accidental death behind traffic crashes, and painkillers as the top narcotic contributing to death. A recent National Drug Assessment study shows that prescription narcotics are the second most abused drug (behind marijuana), surpassing cocaine, heroin, meth and crack.

Physicians want to do the right thing when it comes to treating patients suffering from chronic pain. After all, the Hippocratic Oath begins, “First, do no harm….”

But most physicians don’t go to medical school to wind up policing their patients, enforcing rules or doling out punishment. Neither do they become physicians to launch drug empires.

Yet, when it comes to our nation’s and our state’s efforts to curb the growing abuse of prescription painkillers, they are in the unique and unenviable position of being stuck in the middle of these extremes – unless they arm themselves with information and step up to lead the debate about how to wrap our collective arms around this complex issue.

Breaking Bad
There’s no denying that prescription drug abuse is the fastest growing drug problem in the nation, and is growing problem in Michigan. In Michigan, the number of hospitalizations involving opioids increased 120 percent between 2000 and 2011 – from 9,157 to 20,191 hospitalizations – according to the Michigan Department of Community Health (MDCH).

The White House Office on National Drug Control Policy (ONDCP) conducts comprehensive reporting and strategy for each state. The Office’s plan called “Epidemic: Responding to America’s Prescription Drug Abuse Crisis” provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs (such as the Michigan Automated Prescription System); recommending secure, convenient and environmentally responsible disposal methods for unneeded medications; supporting education for patients and physicians; and reducing the prevalence of “pill mills” and doctor shopping through enforcement efforts.

From a law enforcement perspective, the ONDCP operates a High Intensity Drug Trafficking Areas (HIDTA) program in Michigan, which brings together drug control efforts of local, state, and federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its consequences in critical regions of the US. HIDTA counties in Michigan include Wayne, Oakland, Macomb, Washtenaw, Genesee, Kent, Kalamazoo, Allegan, Saginaw, and Van Buren.

Through interagency cooperation and consolidation of strategic and tactical information, the Michigan HIDTA fosters a comprehensive response to illicit drug activity
by bringing together all available law enforcement resources in a united effort. The Michigan HIDTA feeds federal funding and investigative support services to 27 task forces throughout the state. In addition, 25 drug courts operate in Michigan to deal with offenders.

On the legislative side, nine states have passed some kind of law targeting “pill mills” (see sidebar): Georgia, Kentucky, Ohio, Tennessee, West Virginia, Texas, Louisiana, Florida and Mississippi. Currently, there is no pending legislation in Michigan.

**Marshaling Resources**

According to the MDCH 2012 Annual Survey of Physicians, about 61 percent of active physicians agree with the statement, “Almost all chronic pain can be relieved with treatment.” However, only three percent of those physicians say they are formally certified in pain management.

Medical schools do not typically offer pain management curriculum, so depending on their specialty, many physicians are left to pick up whatever they can in residency or through independent courses.

Since 2009, when MDCH started reporting on pain management, a majority of physicians have reported receiving a “little” or “some” training in managing pain. In 2012, more than half (54 percent) say they have had some training. About 34 percent of active physicians report having had little (24 percent) or no training (10 percent) in managing pain.

These statistics beg the question: where can physicians turn for education about chronic pain management and prescription drug abuse? The Michigan Department of Licensing & Regulatory Affairs (LARA) offers an abundance of resources, including a list of educational opportunities for physicians about pain management.

Beyond seeking education, reporting is another important way physicians can help stem prescription drug abuse. States can launch their own Prescription Drug Monitoring Programs (PDMP) through the federal government to track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Thirty-five states, including Michigan, have operational PDMP programs established by state legislation and funded by a combination of state and federal funds.

The Michigan Automated Prescription System (MAPS) collects prescription information on Schedule II-V controlled substances and allows physicians, dentists, pharmacists, nurse practitioners, physician’s assistants, podiatrists, and veterinarians to query the data for patient-specific reports. This enables practitioners to determine if patients are receiving controlled substances from other providers and to help prevent prescription drug abuse. Prescription data collected by pharmacies and substances from other providers and to help prevent prescription abuse through programs, including PADS and PADS II, physician education, and research activities and efforts to assist state medical societies in developing proactive programs; and (3) encourages further research into development of reliable outcome indicators for assessing the effectiveness of measures proposed to reduce prescription drug abuse.

**An Ounce of Prevention**

As for what physicians can do help prevent and reduce prescription drug abuse overdose in Michigan, MDCH offers tips about the effectiveness of measures proposed to reduce prescription drug abuse.

**Web Page – www.msms.org/pain** – Think of this as a “one-stop-shop” for all things related to pain management and prescription issues. It includes a host of links to regulatory agencies, educational resources, statistics and reports, and much more.

**Educational Courses** – FREE clinical pain management course at the 148th Annual Scientific Meeting in Troy. The course, “ER/LA Opioid REMS: Achieving Safe use While Improving Patient Care,” will be offered at two times: Thursday, October 24, from 5:45 to 8:15 p.m.; and Friday, October 25, from 8:30 a.m. to 12:00 p.m.

Register online at www.msms.org/eo.

**Legal Alerts** – MSMS Legal Counsel has authored alerts on several related topics, including Electronic Prescribing for Controlled Substances, Terminating a Physician-Patient Relationship, and The Illegality of Importing and Reimporting Drugs. Visit www.msms.org/legal.

**Policy on Prescription Drug Abuse** – MSMS supports the following AMA position on “Curtailing Prescription Drug Abuse While Preserving Therapeutic Use – Recommendations for Drug Control Policy:” “The AMA (1) opposes expansion of multiple-copy prescription programs to additional states or classes of drugs because of their documented ineffectiveness in reducing prescription drug abuse, and their adverse effect on the availability of prescription medications for therapeutic use; (2) supports continued efforts to address the problems of prescription drug diversion and abuse through programs, including PADS and PADS II, physician education, and research activities and efforts to assist state medical societies in developing proactive programs; and (3) encourages further research into development of reliable outcome indicators for assessing the effectiveness of measures proposed to reduce prescription drug abuse.

through a 2013 report from the Injury and Violence Prevention Section, and Bureau of Substance Abuse and Addiction Services:

- Dispel the perception that prescription medications are safer to abuse, and result in less shame if caught, than illegal drugs.
- Encourage the proper disposal of unused medications (e.g., through community drug take-back programs). Drug take-back programs are comprehensive plans to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. States are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.
- Promote involvement in local efforts to address this important health issue. The ONDCP’s Drug-Free Communities (DFC) Program mobilizes communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the

**State Entities & Their Roles**

- **Controlled Substances Advisory Commission** – Monitors indicators of controlled substance abuse and diversion and to recommend actions to address identified problems of abuse and diversion.

- **Advisory Committee on Pain & Symptom Management** – The committee was charged with addressing issues pertaining to pain and symptom management, holding a public hearing to gather information from the general public and making recommendations to the legislature.

- **The Michigan Board of Medicine and Michigan Board of Osteopathic Medicine & Surgery** – Respond to complaints about inappropriate prescribing when it is identified. If a complaint is brought, an investigation is made, and it is confirmed that inappropriate prescribing has occurred, the Board can take action against the physician’s license or impose discipline of some kind. Often the DEA has already taken action, such as revoking the DEA license. Sometimes the US Attorney’s office has taken action as well, if fraud is involved.

- **The Michigan Board of Pharmacy** – Communicate what the Board considers to be minimum standards of practice for pharmacists caring for patients requiring pain control and presenting with prescriptions for controlled substances.

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**What’s a ‘Pill Mill’?**

“Pill mill” is a term used primarily by law enforcement entities to describe a physician, clinic, or pharmacy that is prescribing or dispensing powerful narcotics inappropriately or for non-medical reasons. “Pill mill” clinics come in all shapes and sizes, but investigators say more and more are being disguised as independent pain management centers. They tend to open and shut down quickly in order to evade law enforcement.

**TELLTALE SIGNS:**

- Accept cash only
- No physical exam is given
- No medical records or x-rays are needed
- You get to pick your own medicine, no questions asked
- You are directed to “their” pharmacy
- They treat pain with pills only
- You get a set number of pills and they tell you a specific date to come back for more
- They have security guards
- There may be uncommonly large crowds of people waiting to see the doctor

It is against federal law for a physician to prescribe pain medication without a legitimate medical purpose or outside the usual course of medical practice. If a prescription is deemed as not valid, a doctor could be charged with drug trafficking. This is a felony with the possibility of up to life in prison.
DFC grants. In FY 2011, the following Michigan coalitions received grants from ONDCP:

- Allegan County Community Mental Health Services
- Barry County Substance Abuse Task Force
- Birmingham Bloomfield Community Coalition
- Chippewa Valley Coalition for Youth and Families
- Drug Free Montcalm
- Eaton County Substance Abuse Advisory Group
- Garden City Community Coalition
- Grand Valley State University/AOD Partnership for Healthy Communities
- Greater West Bloomfield Community Coalition for Youth
- Healthy Youth Coalition of Marinette and Menominee Counties
- Holly Area Youth Coalition
- Ingham Substance Abuse Prevention Coalition, c/o Cristo Rey Community Center
- Jackson County Substance Abuse Prevention Coalition
- Kalamazoo County Substance Abuse Task Force
- Madison Heights Community Family Coalition
- Monroe County Substance Abuse Coalition
- Muskegon Community Health Project, Inc./Toward a Drug-Free Muskegon Community
- North Oakland Community Coalition
- Ottawa Substance Abuse Prevention Coalition (OSAP)
- Royal Oak Prevention Coalition
- Southeast Oakland Coalition
- SRSLY (Chelsea)
- Sterling Area Health Center
- The Detroit Recovery Project Coalition
- The Healthy, Safe and Drug-Free Schools and Communities Coalition (Grand Rapids)
- Tri-Community Coalition

Advise patients to use prescription painkillers only as directed by a health care provider. Never sell or share unused medications with others.

Prescribe painkillers only for the expected length of pain. Screen patients for potential substance abuse problems.

Use the Michigan Automated Prescription System to identify improper prescribing of painkillers.

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October is National Substance Abuse Prevention Month

Visit the Substance Abuse & Mental Health Services Administration website for resources and information: www.samhsa.gov