Opioid Misuse and Diversion: The Big Picture

A Guide for Practice Change

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THE NEED FOR CHANGE

More than 30 percent of Americans have some form of acute or chronic pain. Among older adults, the prevalence of chronic pain is more than 40 percent. Primary care physicians provide the majority of acute and chronic pain management. Prescriptions for opioid pain relievers have quadrupled since 1999. The greatest increases in rates of opioid prescribing have been in internal medicine, family practice and general medicine. In March 2016, the CDC estimated that 20 percent of patients seen in physician offices with non-cancer pain and/or pain-related diagnoses receive prescriptions for opioids. Therefore, it is not surprising that opioid analgesics today are the most commonly prescribed class of medications in the United States.

Clinicians differ on the appropriate use of opioid drugs in pain management. Large variations in prescribing patterns across and within states cannot be explained by population health status alone. Many physicians admit they are not confident about how to prescribe opioids safely, how to detect abuse or emerging addiction, or even how to discuss these issues with their patients. In spite of a questionable benefit when prescribed for chronic pain, 4 to 5 percent of the adult U.S. population received long-term opioid therapy in 2009. More alarmingly, the widespread use of opioids has resulted in a national epidemic of overdose deaths and addiction.

Alarming Statistics

The rate of opioid overdoses tripled between 2000 and 2014, with nearly half a million people in the United States dying from drug overdoses. In 2013, 37 percent of reported drug-overdose deaths were attributable to pharmaceutical opioids. Heroin accounted for an additional 19 percent. In 2014, opioids were involved in 28,647 deaths or 61 percent of the 47,055 reported drug overdose deaths in the United States. There has been a parallel increase in the rate of opioid addiction, affecting approximately 4.5 million adults in the United States in 2014.

The epicenter of this epidemic is West Virginia. In 2014, West Virginia had the highest rate of drug overdose deaths in the United States at 35.5 per 100,000 residents. The rates in Pennsylvania, Delaware, Louisiana, and New Jersey were 21.9, 21.0, 16.9 and 14.0 per 100,000, respectively. With concern growing over the misuse and diversion of opioid drugs, federal agencies, state agencies, healthcare providers, the pharmaceutical industry, patients and their families have begun working together to address this unfolding public health crisis.
GUIDELINES TO IMPROVE PATIENT OUTCOMES

The implementation of changes in opioid prescribing is likely to lead to difficult or uncomfortable discussions. The Centers for Disease Control and Prevention (CDC) recently published the *CDC Guideline for Prescribing Opioids for Chronic Pain*. This tool may be helpful in preparing for those difficult discussions. The guideline provides recommendations for primary care clinicians who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care and end-of-life care. It addresses the following:

- When to initiate or continue opioids for chronic pain
- Opioid selection, dosage, duration, follow-up, and discontinuation
- Assessing risk and addressing harms of opioid use

The guideline is designed to improve patient outcomes, such as pain reduction and improved function. The guideline is based on emerging evidence, including observational studies and randomized clinical trials. The guideline is voluntary - not a prescriptive standard - and is designed to improve communication between clinicians and patients about the risks and benefits of opioid therapy for chronic pain.

Useful Resources

- CDC: Guideline for Prescribing Opioids for Chronic Pain ([https://www.cdc.gov/drugoverdose/prescribing/guideline.html](https://www.cdc.gov/drugoverdose/prescribing/guideline.html))
- CDC Fact Sheet: Guideline for Prescribing Opioids for Chronic Pain *(Appendix A)*
- CDC: Why Guidelines for Primary Care Providers? *(Appendix B)*

Opioid Management Mandates for Your State

You are encouraged to visit the Board of Medicine website for your state to read specific regulations on opioid management mandated by your state.

Useful Resources

- New Jersey State Board of Medical Examiners: ([http://www.njconsumeraffairs.gov/bme](http://www.njconsumeraffairs.gov/bme))
- West Virginia Board of Medicine: ([https://wvbom.wv.gov/](https://wvbom.wv.gov/))
State-Specific Storage and Disposal Programs

Each state put in place helpful programs to help with safe disposal of prescription medicines. This can help reduce the risk of diversion when medications are disposed of after they are discontinued.

Useful Resources

Delaware
- Delaware Healthy Homes Prescription Drug Disposal:  
  (http://bit.ly/QI_DERxDrugTakeBack)

Louisiana
- See “Multi-State” section below.

New Jersey
- New Jersey Division of Consumer Affairs - Project Medicine Drop:  
  (http://www.njconsumeraffairs.gov/meddrop)

Pennsylvania
- Prescription Drug Take-Back Program Locations:  

West Virginia
- Kanawha County Sheriff’s Office – Prescription Drug Take-Back:  

Multi-State
- MyOldMeds: (https://myoldmeds.com/in-your-state/)
- US Department of Justice Drug Enforcement Administration – Diversion Control Division - Controlled Substance Public Disposal Locations:  
- US Drug and Food Administration: How to Dispose of Unused Medications - Drug Disposal Guidelines and Locations:  
- Product Stewardship Institute – What To Do with Leftover Medicines:  
- Dispose My Meds Locator:  
  (http://disposemymeds.org/medicine-disposal-locator/)
USING A MULTIDISCIPLINARY TEAM

Systemic reviews of randomized trials have provided strong evidence that the superior medical treatment standard for chronic pain involves using a multidisciplinary team. Multidisciplinary treatments to consider include:

- Patient education
- Exercise
- Meditation/relaxation
- Physiotherapy
- Cognitive behavior therapy

Considering the whole person in the treatment plan is important. Chronic pain is associated with multiple problems which may not only be physical, but also social. These factors could include:

- Depression
- Post-traumatic stress disorder (PTSD)
- Socioeconomic disadvantages
- Mental health conditions
- High rates of suicide

It is important for the physician and patient to work on a self-management program that will help promote a sense of balance and hope.

Useful Resources

LOOKING AT THE BIG PICTURE TO HELP PATIENTS MANAGE PAIN

A patient’s pain is much more than a number on a scale of one to 10. When helping patients manage their pain, it’s important to look at the ways we can best assess levels of pain, determine proper treatment options, and monitor progress to help improve patient quality of life.

Tools for Pain Assessment

Use the following tools to help discuss your patients’ pain and its effect on their quality of life.

Useful Resources

- ACPA: Daily Activity Checklist (created for Fibromyalgia patients, but applicable to those who suffer from chronic pain as a result of other illnesses) (Appendix C)
- ACPA: Quality of Life Scale (Appendix C)
- myTOPCare: PEG Pain Screening Tool (http://bit.ly/QI_MyTopCarePEGPainScreeningTool)

Alternative Therapies

Everyone’s pain is different. Therefore, alternative therapies can be effective for pain relief for some patients. Consider the following resources for ideas about alternative therapies.

Useful Resources

- ACPA: The Art of Pain Management (Appendix C)
- ACPA: Music to Help You Relax (Appendix C)
- ACPA: Living with Pain: Purposeful Activities (Appendix C)
Non-Opioid Treatment

Before starting opioid treatment, consider the following as options for non-opioid treatment.

✓ Useful Resources

- CDC: Non-Opioid Treatments for Chronic Pain *(Appendix D)*

Opioid Treatment

The following resources are helpful guides when prescribing opioid therapy for pain management.

✓ Useful Resources

- CDC: Checklist for Prescribing Opioids for Chronic Pain *(Appendix E)*
- CDC: Assessing Benefits and Harms of Opioid Therapy *(Appendix F)*
- CDC: Calculating Total Daily Dose of Opioids for Safer Dosage *(Appendix G)*
- CDC: Prescribing Opioids for Chronic Pain - “Turn the Tide” Pocket Guide *(Appendix H)*
- WV Expert Pain Mgmt. Panel: Morphine Milligram Equivalents (MME) *(Appendix I)*
Contracts

Patient accountability is important. Before beginning opioid treatment, you and your patients should discuss the risks of such therapy. Your patients should commit via signed contract to utilizing their medication as prescribed.

Useful Resources


Monitoring Treatment of Chronic Pain

Continually checking in on your patients during opioid treatment is important. The following resources can help with monitoring patients’ chronic pain.

Useful Resources


Discontinuation

When opioid treatment should be discontinued, consider using the following resources to guide your process.

Useful Resources

- WV Expert Pain Management Panel: Opioid Tapering Tool (*Appendix K*)
- CDC Pocket Guide: Tapering Opioids for Chronic Pain (*Appendix L*)
Prescription Drug Monitoring Programs (PDMPs)

Prescription Drug Monitoring Programs (PDMPs) are state-run electronic databases that track prescribing and dispensing of controlled prescription substances, including opioids. PDMPs allow healthcare providers, pharmacists, health officials and others to track the dispensing of Schedule II opioids in a coordinated fashion in order to eliminate overprescribing and unintentional co-prescribing (i.e., prescriptions from multiple providers). The database can present the prescriber and pharmacist with the patient’s prescription history, helping to identify those who may be diverting or misusing opioids. A 2015 CDC study in a sample of states that do not mandate PDMP queries prior to prescribing opioids revealed that only 14 percent of the providers queried the database before prescribing or filling an opioid prescription. Below you will find links for reference guides for your state’s PDMP.

State-Specific PDMP Guides

Delaware


Louisiana

- Louisiana Board of Pharmacy Prescription Monitoring Program - AWARxE* Login (https://louisiana.pmpaware.net/login/)

*Please see Pennsylvania section below for additional assistance with AWARxE.

New Jersey

- New Jersey Prescription Monitoring Program AWARxE** Login (https://newjersey.pmpaware.net/login)

**Please see Pennsylvania section for additional assistance with AWARxE.
Pennsylvania

- Pennsylvania Department of Health Prescription Monitoring Program AWARE Login (https://pennsylvania.pmpaware.net/login)

West Virginia

- West Virginia Board of Pharmacy Controlled Substance Monitoring Program RxDataTrack CSAPP Login (http://bit.ly/QI_WVCSAPPLogin)
- West Virginia Board of Pharmacy: Prescriber’s Guide (Appendix M)
- West Virginia Board of Pharmacy: Procedures Guide for Dispensers and Dispensing Prescribers (Appendix N)

Useful Resources

- CDC Fact Sheet: Prescription Drug Monitoring Programs (PDMPs) (Appendix O)
- WV Expert Pain Management Panel: WV Prescription Drug Monitoring Programs (PDMPs) or Controlled Substance Monitoring Program (Appendix P)

Patient Tools

Often, patients express difficulty describing their pain and the effects it has on their quality of life. The following tools can help your patients discuss their pain as well as become more engaged in their pain management care plan.

Useful Resources

- Action on Pain: Box of Tricks (http://www.action-on-pain.co.uk/support-and-advice/box-of-tricks/)
REFERENCES*

*In alphabetical order

**Action on Pain** ([http://www.action-on-pain.co.uk/](http://www.action-on-pain.co.uk/))
- Box of Tricks ([http://www.action-on-pain.co.uk/support-and-advice/box-of-tricks/](http://www.action-on-pain.co.uk/support-and-advice/box-of-tricks/))

**American Chronic Pain Association (ACPA)** ([https://theacpa.org/](https://theacpa.org/))
- Music to Help You Relax ([https://theacpa.org/music-to-relax](https://theacpa.org/music-to-relax))


**Centers for Disease Control and Prevention (CDC)** ([http://www.cdc.gov](http://www.cdc.gov))
- Guideline for Prescribing Opioids for Chronic Pain ([https://www.cdc.gov/drugoverdose/prescribing/guideline.html](https://www.cdc.gov/drugoverdose/prescribing/guideline.html))
• Prescribing Opioids for Chronic Pain – “Turn the Tide” Pocket Guide
  (http://www.cdc.gov/drugoverdose/pdf/turnthetide_pocketguide-a.pdf)
• Why Guidelines for Primary Care Providers?

Community Anti-Drug Coalitions of America (CADCA)
• Opioid Risk Tool

Delaware-Specific Resources
• Delaware Board of Medical Licensure and Discipline
• Delaware Division of Professional Regulation Prescription Monitoring Program: Training Guide for Practitioners and Pharmacists
• Delaware Healthy Homes Prescription Drug Disposal
  (http://bit.ly/QI_DERxDrugTakeBack)
• State of Delaware Prescription Monitoring Program Portal

Louisiana-Specific Resources
• Louisiana State Board of Medical Examiners
  (http://www.lsbme.la.gov/)
• Louisiana Board of Pharmacy Prescription Monitoring Program - AWARxE* Login
  (https://louisiana.pmpaware.net/login/)

myTOPCare (http://mytopcare.org/)
• PEG Pain Screening Tool
  (http://bit.ly/QI_MyTopCarePEGPainScreeningTool)

Multi-State Resources
• Dispose My Meds Locator
  (http://disposemymeds.org/medicine-disposal-locator/)
• MedReturn Drug Collection Unit – Locations
• MyOldMeds
  (https://myoldmeds.com/in-your-state/)
• Product Stewardship Institute – What To Do with Leftover Medicines
• US Department of Justice Drug Enforcement Administration – Diversion Control Division – Controlled Substance Public Disposal Locations

National Institute on Drug Abuse
• Clinical Opiate Withdrawal Scale (http://bit.ly/QI_COWS)

New Jersey-Specific Resources
• New Jersey State Board of Medical Examiners (http://www.njconsumeraffairs.gov/bme)
• New Jersey Division of Consumer Affairs - Project Medicine Drop (http://www.njconsumeraffairs.gov/meddrop)
• New Jersey Prescription Monitoring Program AWARxE** Login (https://newjersey.pmpaware.net/login)

NPS MedicineWise (http://www.nps.org.au/)
• Biopsychosocial Management of Chronic Pain (http://bit.ly/QI_NPSBiopsychMgmt)
• Opioid Prescribing Decision Aid (http://bit.ly/QI_NPSDecisionAid)


• The 5 A’s: An Opioid Therapy Monitoring Tool (http://bit.ly/QI_5AMonitoringTool)
Pennsylvania-Specific Resources

- Pennsylvania Board of Medicine (http://bit.ly/QI_PABoardofMedicine)
- Pennsylvania Department of Drug and Alcohol Programs – Prescription Drug Take-Back Program (http://bit.ly/QI_PARxDrugTakeBack)
- Pennsylvania Department of Health Prescription Monitoring Program AWARxE Login (https://pennsylvania.pmpaware.net/login)

U.S. Department of Veterans Affairs (https://www.healthquality.va.gov/)

- Tapering and Discontinuing Opioids Fact Sheet (http://bit.ly/QI_VATaperingDiscontOpioids)

Victoria State Government (https://www2.health.vic.gov.au/)


Washington State Dept. of Labor & Industries (http://www.lni.wa.gov/)

- Sample Opioid Treatment Agreement (http://www.lni.wa.gov/ClaimsIns/Files/OMD/agreement.pdf)

West Virginia Board of Pharmacy (http://www.wvbop.com/)

- West Virginia Board of Pharmacy Controlled Substance Monitoring Program RxDataTrack CSAPP Login (http://bit.ly/QI_WVCSPPLLogin)
- Prescriber’s Guide (Not Available Online – See Appendix M)
- Procedures Guide for Dispensers and Dispensing Prescribers (Not Available Online – See Appendix N)

West Virginia-Specific Resources

- West Virginia Board of Medicine (https://wvbom.wv.gov/)

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