

**Prescription Controlled Substance Use in Vermont:
Scope of the Problem
and
Early Lessons from the VT Prescription Monitoring
Program**

2009 International Symposium on
Pharmaceuticals in the Home and Environment

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Background

Prescription Drug Abuse in Vermont

- Medical Examiner and Poison Control Reports
- Methadone Related Deaths
- Treatment requests
- How meds are obtained for abuse
- Vermont's responses
 - The Franklin-Grand Isle Chronic Pain/Narcotics Community Forum
 - Grand Rounds Series
 - VT Doc query
 - Pocket, on line and face to face trainings
 - Disposal programs

Vermont Medical Examiner's Report

January 2, 2009 through April 30, 2009

- **23 Drug Related Deaths** (medication or substance on board)
- Cause of death:
 - Undetermined: 4
 - » Shot self but had narcotics on board: 1
 - Suicide: 2
 - » Overdose of prescribed and OTC meds: 1
 - Accidents:
 - » Head trauma with coumadin on board: 5
 - » Head trauma/fall reaction to narcotics: 1

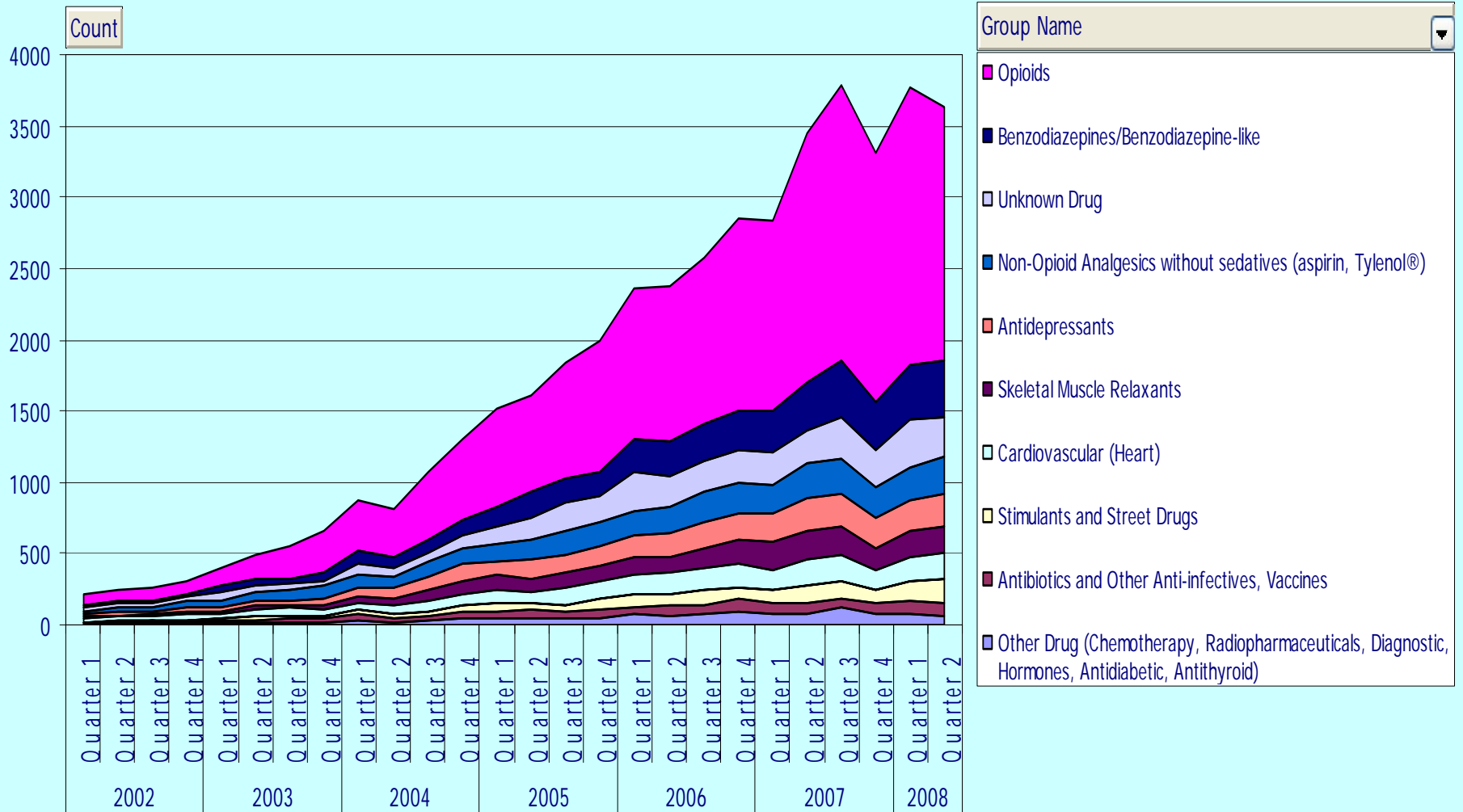
Vermont Medical Examiner's Report January 2, 2009 through April 30, 2009

– Accidents con't

- Abuse/OD on prescription meds +/- ETOH, OTC meds: 6
- Abuse of non-prescribed medications: 2
- Abuse of both prescribed and non-prescribed: 2
- Heroin: 1

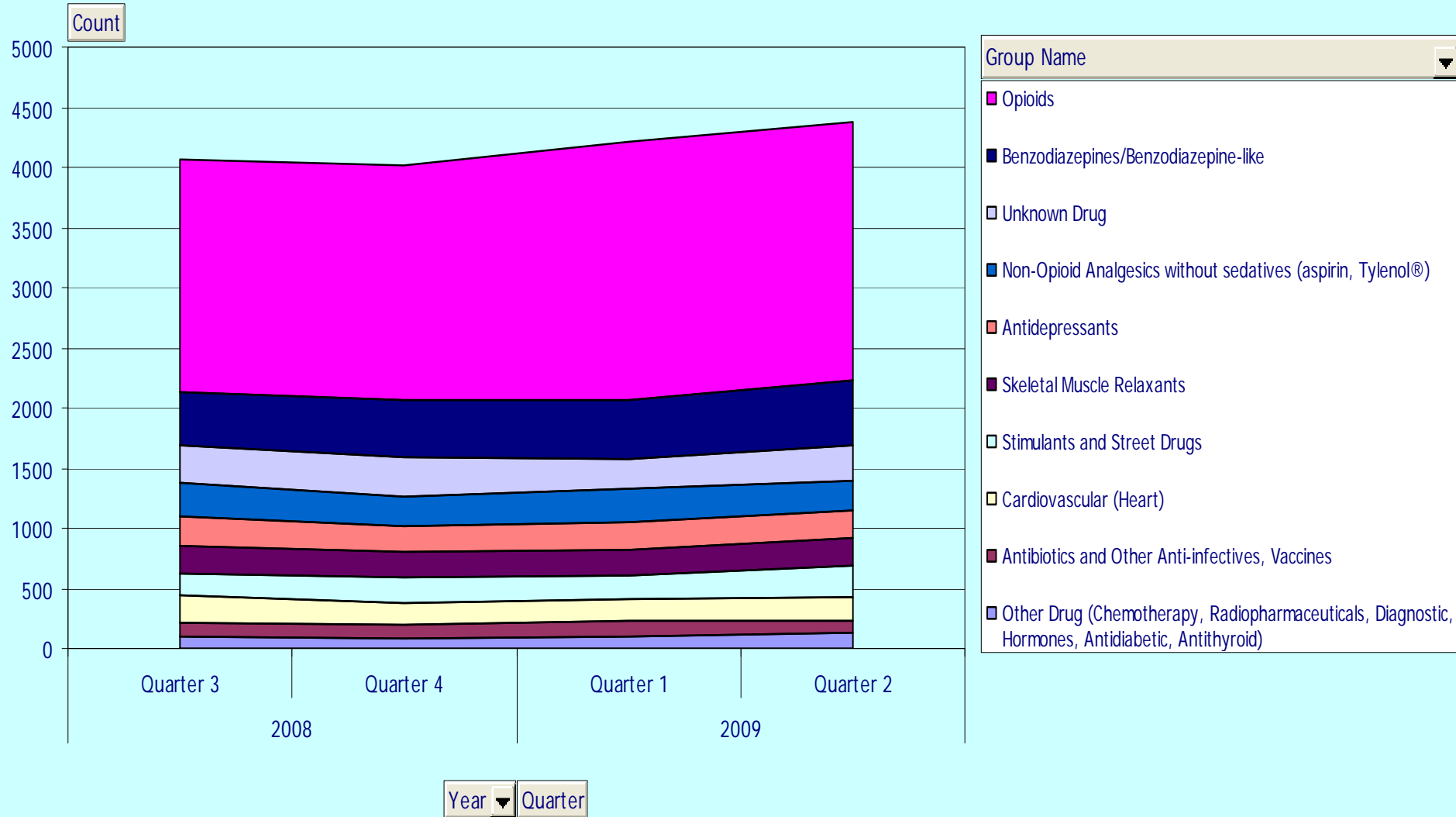
Substance Abuse-Related Questions Vermont - All Questions (Top 10)

Northern New England Poison Center's SASRS Database



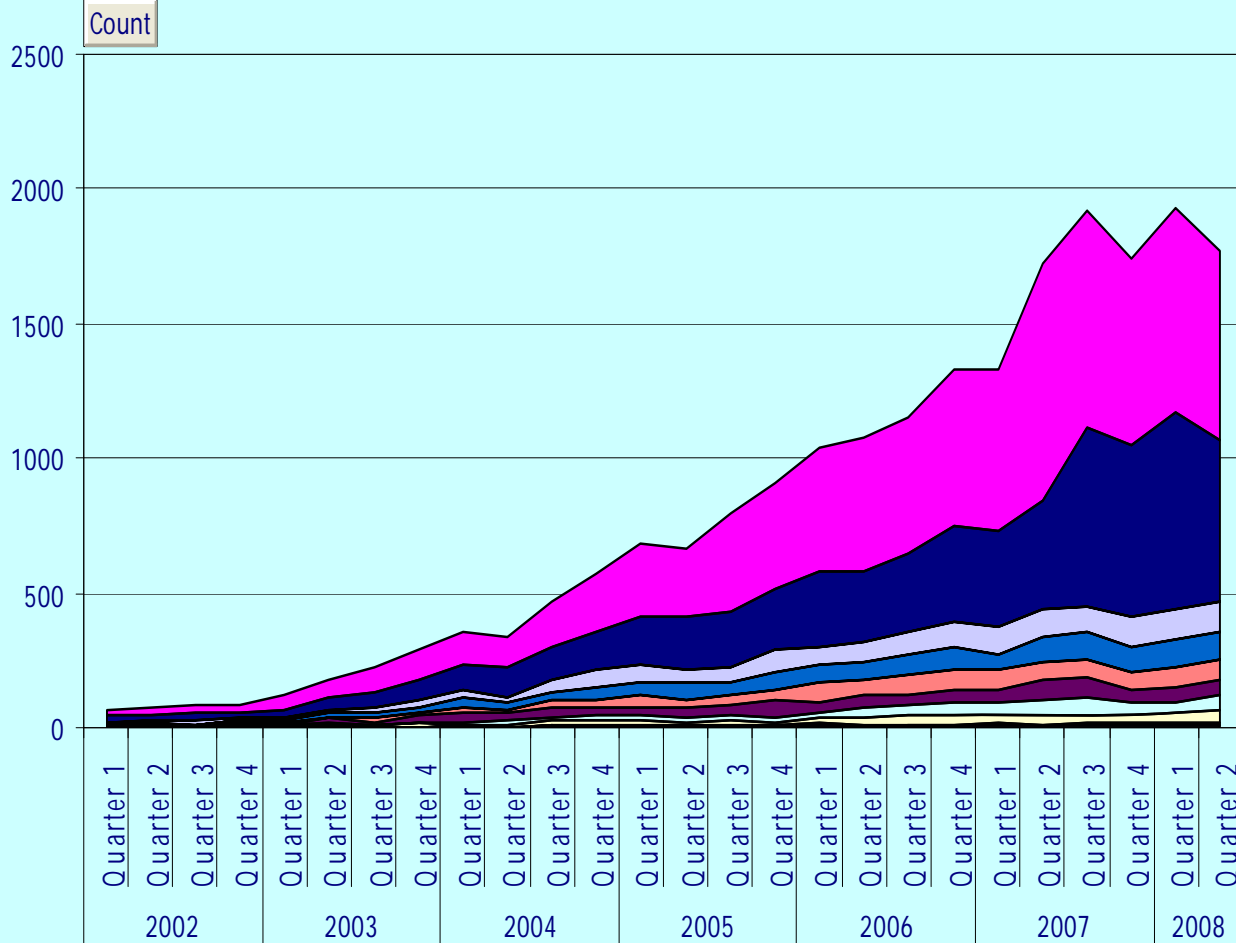
Substance Abuse-Related Questions Top 10 Substance Categories - Vermont

Northern New England Poison Center's SASRS Database



Substance Abuse-Related Questions Vermont - Opioids

Northern New England Poison Center's SASRS Database



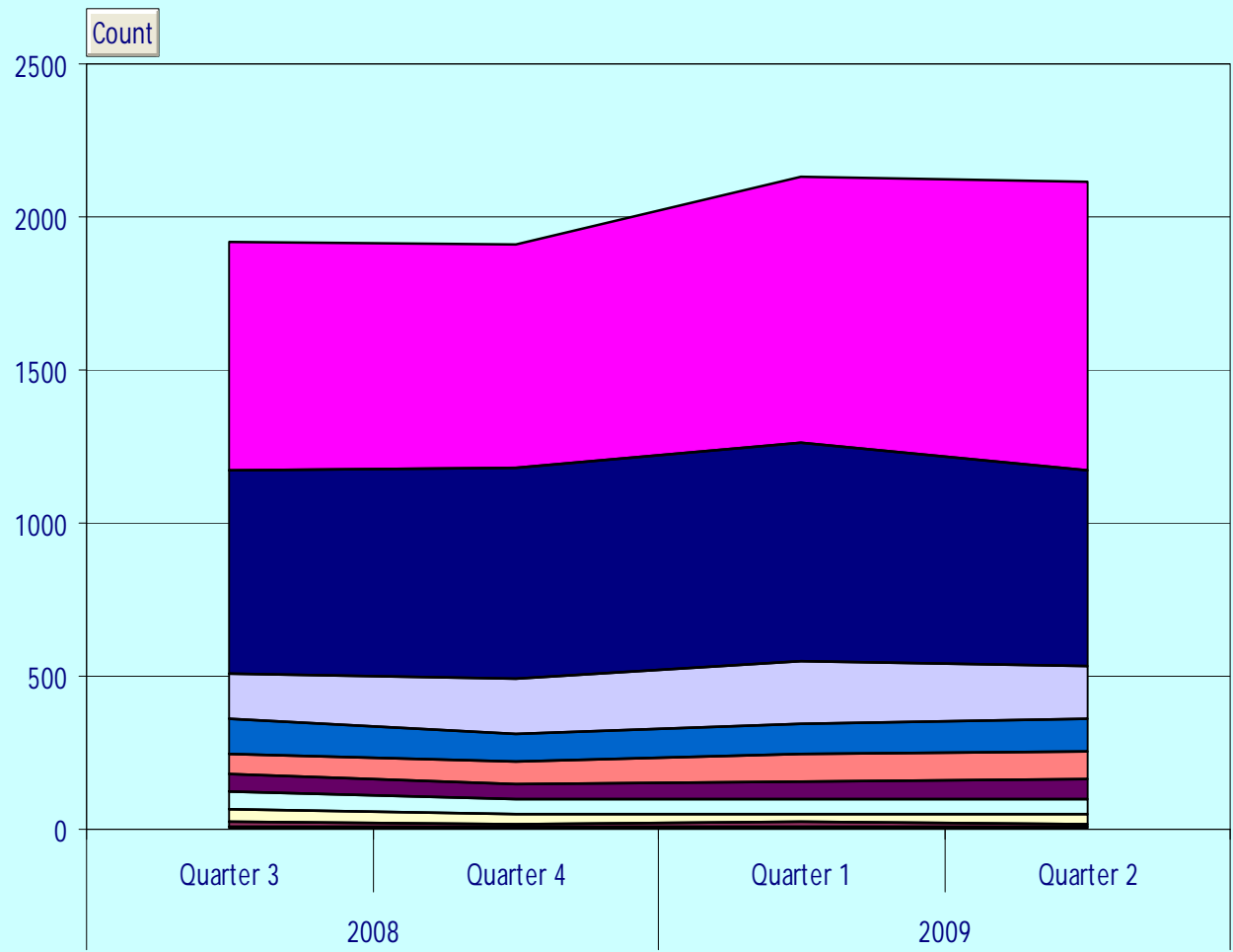
Group Name

Sub Group Name

- Opioids - Oxycodone (OxyContin®, Percocet®)
- Opioids - Hydrocodone (Lortab®, Tussionex®, Vicodin®)
- Opioids - Morphine (Avinza™, Kadian®, MS Contin®, Oramorph®)
- Opioids - Tramadol (Ultram®)
- Opioids - Methadone (Dolophine®, Methadose®)
- Opioids - Propoxyphene (Darvocet®, Darvon®)
- Opioids - Hydromorphone (Dilaudid®, Palladone™)
- Opioids - Codeine (Tylenol®, Fiorinal® or Soma® with codeine)
- Opioids - Buprenorphine (Suboxone®)
- Opioids - Stomach Opioids (Loperamide, Diphenoxylate)

Substance Abuse-Related Questions Top 10 Substance Opioids - Vermont

Northern New England Poison Center's SASRS Database



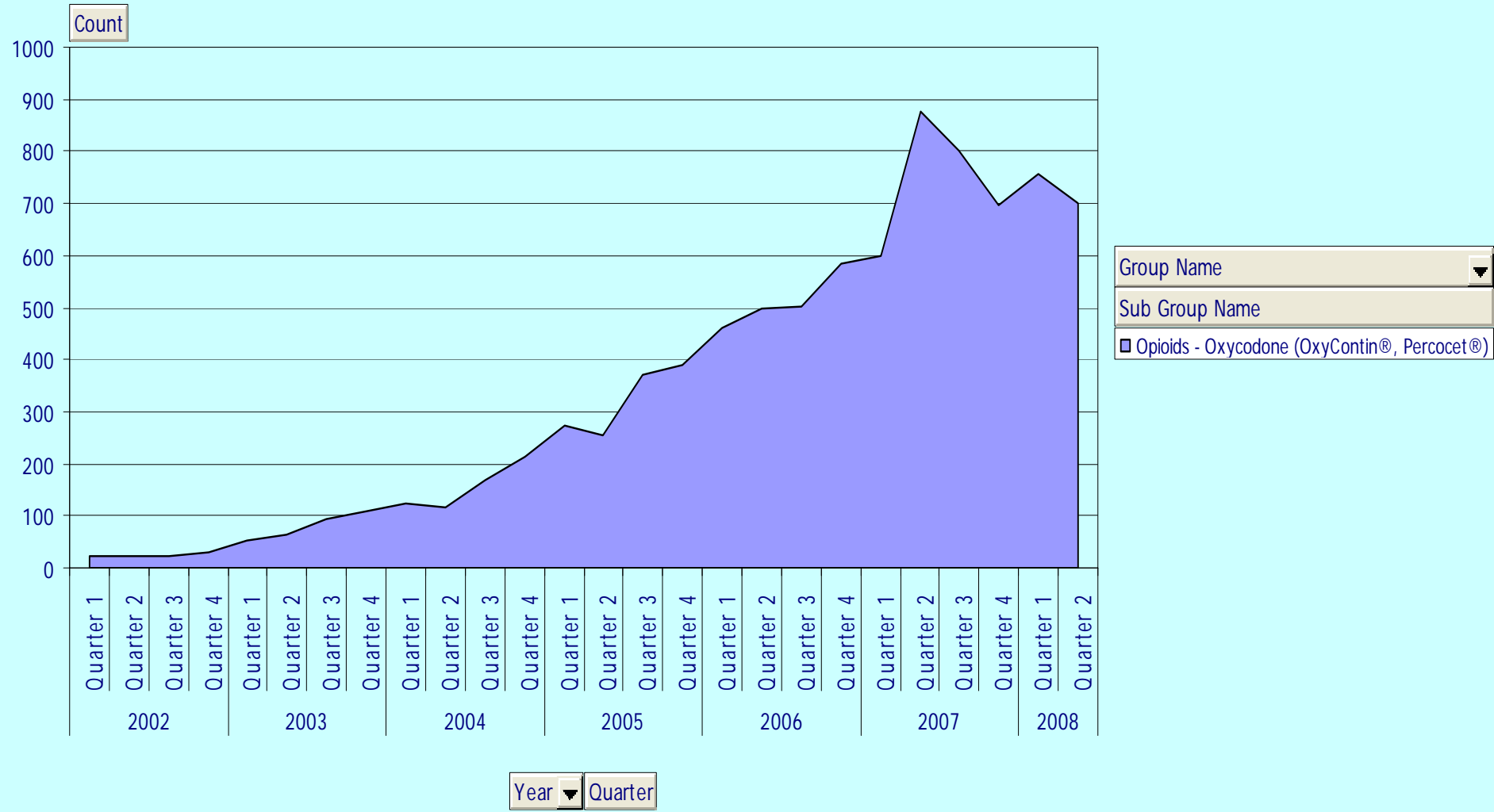
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Substance Abuse-Related Questions Vermont - Oxycodone

Northern New England Poison Center's SASRS Database



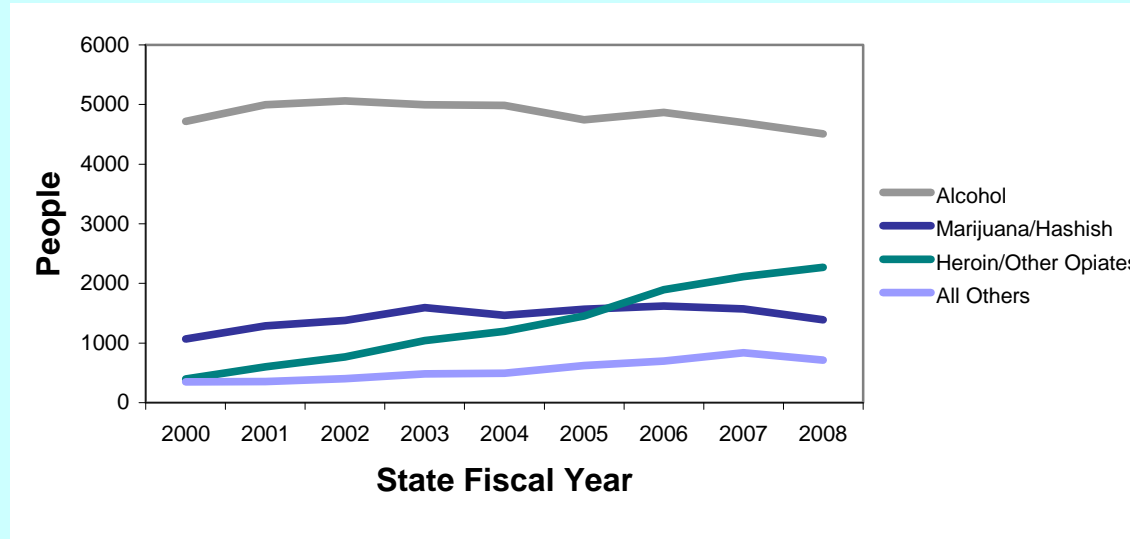
Requests for Treatment

Prescription drug abuse > heroin

ETOH is still the leader!



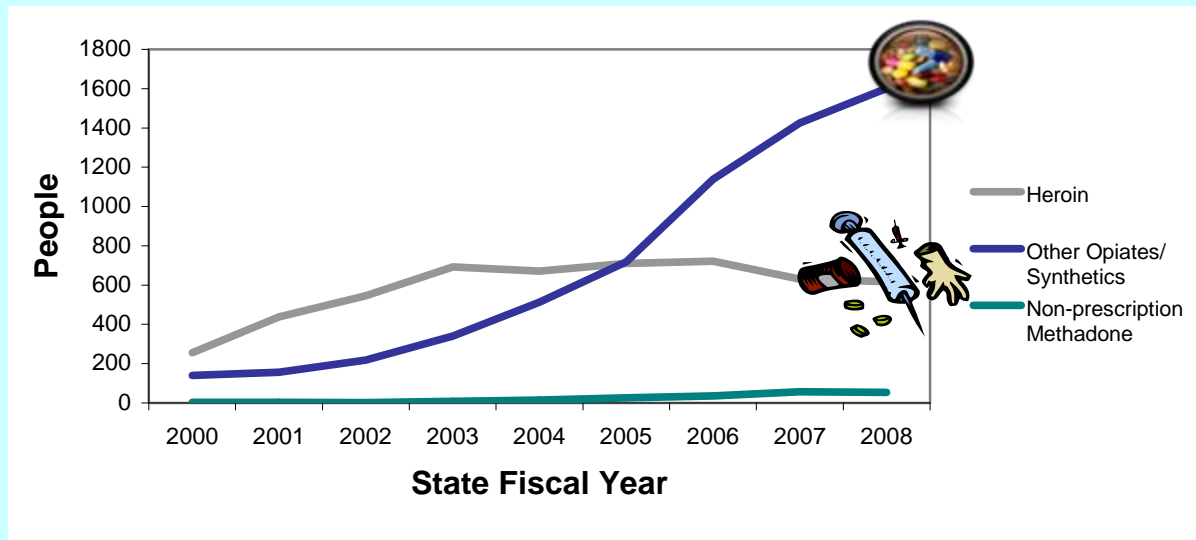
People Treated by Primary Substance of Abuse and Fiscal Year



Substance	2000	2001	2002	2003	2004	2005	2006	2007	2008
Alcohol	4715	4997	5063	4997	4987	4743	4866	4696	4510
Marijuana/Hashish	1066	1286	1377	1596	1466	1567	1623	1571	1388
Heroin/Other Opiates	399	599	767	1041	1199	1455	1897	2113	2272
All Others	351	353	402	482	495	624	699	835	713
Total	6531	7235	7609	8116	8147	8389	9085	9215	8883

Data Source: Vermont Substance Abuse Treatment Information System (SATIS)
 This reflects only people receiving treatment at state-funded treatment facilities.

People Treated for Opiate Use in Vermont by Fiscal Year



Substance	2000	2001	2002	2003	2004	2005	2006	2007	2008
Heroin	256	439	546	693	671	710	722	631	617
Other Opiates/ Synthetics	140	156	219	340	513	719	1139	1425	1602
Non-prescription Methadone	3	4	2	8	15	26	36	57	53

Data Source: Vermont Substance Abuse Treatment Information System (SATIS)
 This reflects only people receiving treatment at state-funded treatment facilities.

Patient Admissions to OTPs (1968 - 2006) (000s)

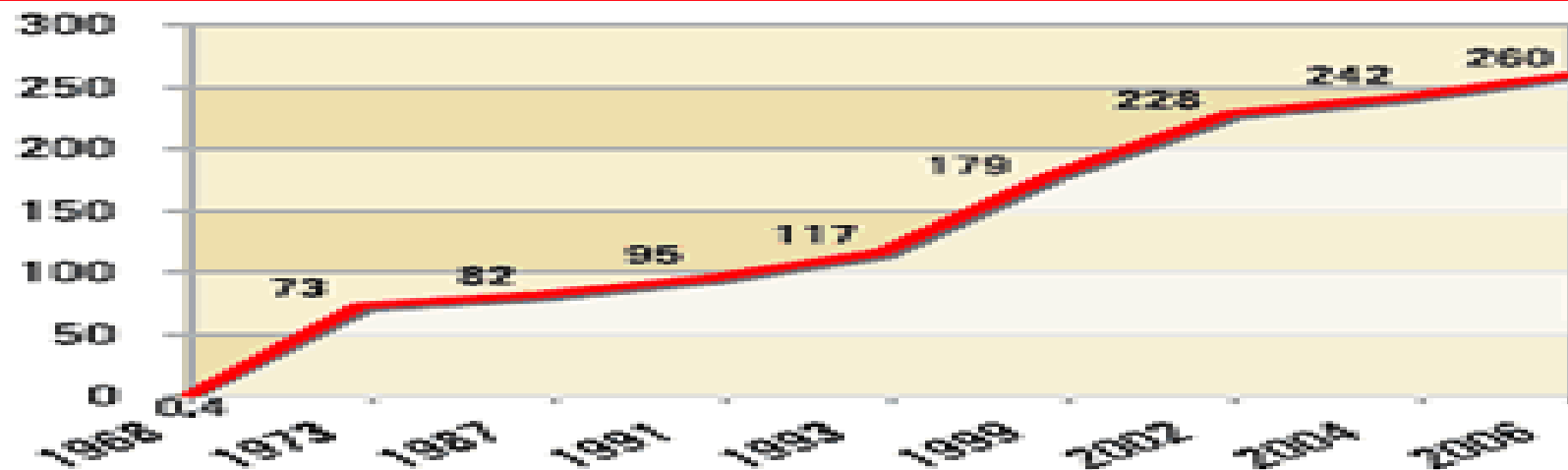


Figure 1 – Source: N-SSATS and AT Forum data on file

% Patient Admissions for Heroin and Prescription Opioids (1996 - 2006)

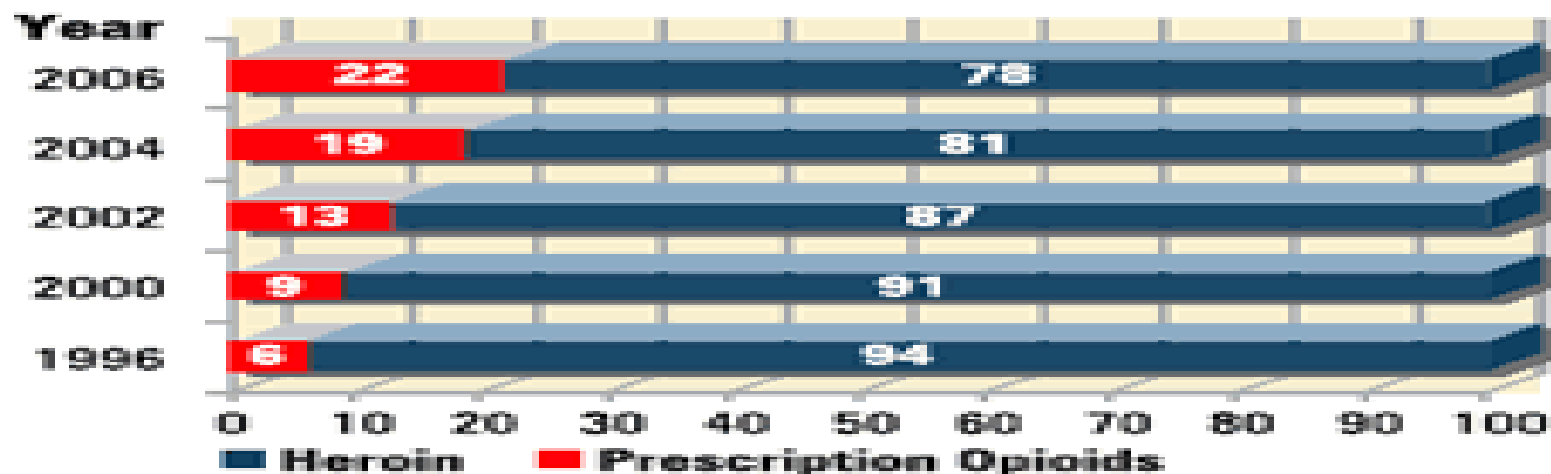


Figure 2 – Source: TEDS 1996-2006

How medications are obtained

Diversion of prescriptions especially from
pain clinics vs methadone programs

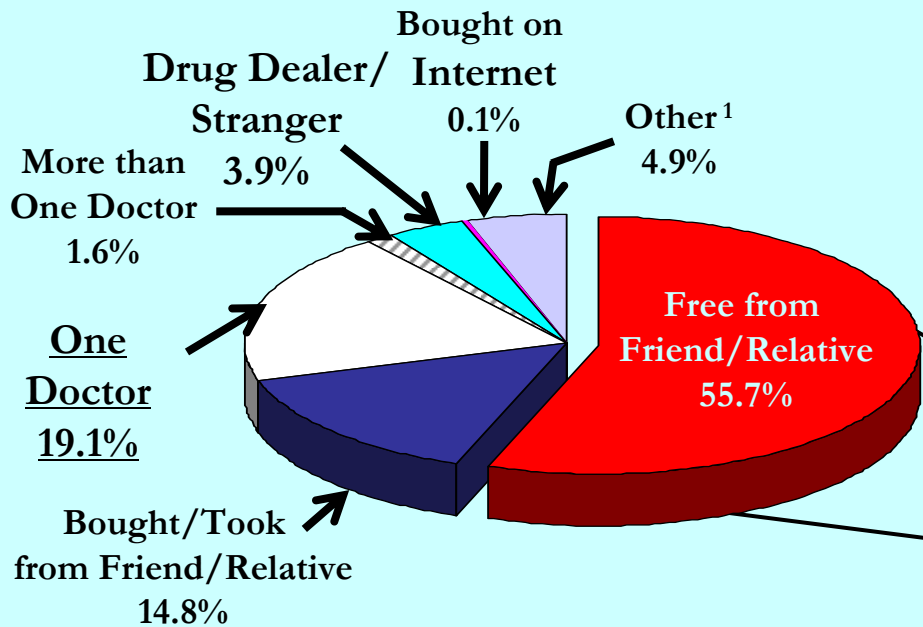
“Doctor shopping”

Our own medicine chests!

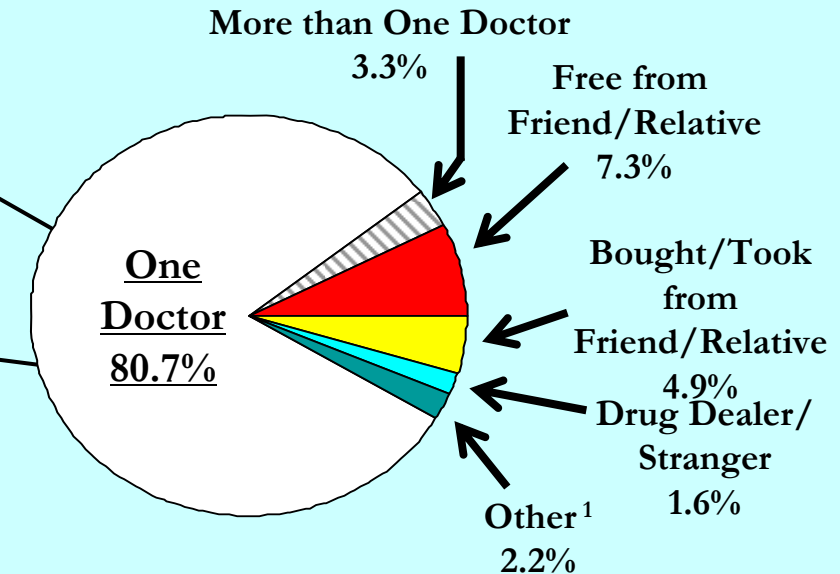


Source Where Pain Relievers Were Obtained for Most Recent Nonmedical Use among Past Year Users Aged 12 or Older (NSDUH 2006)

Source Where Respondent Obtained



Source Where Friend/Relative Obtained



Note: Totals may not sum to 100% because of rounding or because suppressed estimates are not shown.

¹ The Other category includes the sources: "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."

Vermont's Responses

Grand Rounds Series

Managing Patients Requesting Opiates (part 1)

Prescription Drug Abuse in Vermont (part 2)

Part 3 to be scheduled

VT Doc Query

Number ONE concern identified by Vermont Physicians

Pain and Addictions Management

Pocket Guide

Federation of State Medical Boards:

Responsible Opioid Prescribing: A
physician's guide. Scott Fishman, MD

Online training:

Hosted by the Vermont Medical Society

<http://www.vtmd.org>

From the home page, click on Education, then on
Opioid Dependence, Information and Links. That will bring
you to Opioid Therapies for Patients with Chronic Pain (2008)

Disposal Proposals: take backs, lock ups and disposal

Disposal: avoidance of flushing ie kitty litter or coffee grounds

Take back program exploration

Education re: what is a really secure way of storing medications

Proper Disposal of Prescription and Over-the-Counter Medicines

What medicines need proper disposal?

Proper disposal should be used for all medicines (for both humans and animals) obtained by a prescription. This includes prescription and over-the-counter medicines in pill, liquid or transdermal patch form.

Why do medicines need proper disposal?

- Medications that are flushed or poured down the drain have found their way into our nation's lakes, rivers and streams. Most water treatment plants or septic tanks have not been designed to remove the chemicals contained in medications. There is limited information available on the potential health effects to humans, animals or aquatic ecosystems if large amounts of these chemicals get into the nation's water supply.
- Medications that are thrown away in their original containers or in their original format can be attractive to prescription drug dealers and addicts. Similarly, they might be attractive to children and youth and could easily cause a health problem if used by someone other than the intended user.

Disposal Guidelines

Prescription medications *should not* be flushed down the toilet or poured down the drain. To properly dispose of prescription medications, use the following guidelines:

- **Take unused, unneeded or expired prescription and over-the-counter drugs out of their original containers.**
- **Mix the prescription drugs with an undesirable substance (for example, used kitty litter, coffee grounds, bacon fat, soil), place the mixture into a sealable plastic bag or container, and place it into the trash.**
- **When discarding a transdermal patch, fold the patch into itself and then place it in the undesirable mixture.**

More information about prescription drugs is located on the Vermont Department of Health website: <http://healthvermont.gov/adap/adap.aspx>. Information about the environment and hazardous waste can be found on the Vermont Department of Environmental Conservation website: <http://www.anr.state.vt.us/dec/dec.htm>. More information about animal health is located on the Vermont Veterinary Medical Association website: <http://www.vtvets.org/>.



**DEPARTMENT
OF HEALTH**

108 Cherry Street
PO Box 70
Burlington, VT
05402-0070
healthvermont.gov

Drug Take-Back Programs

- Burlington Police Department (Michael E. Schirling, Chief of Police)
- Barre Police Station (Barre City Police Chief Tim Bombardier)
- St Albans (Capt Gary Taylor)

> 100,000 pills collected thus far!

Vermont Prescription Monitoring System

Background

Data Collection

Current Enrollment

Access

VPMS: Real Time

Challenges

Background

Legislation passed in 2006

Collects Schedules II, III, IV Controlled Substances prescriptions from VT licensed pharmacies

- A controlled substances is a drug identified by the DEA and the FDA as having several characteristics, including its potential for abuse and addiction, which requires providers to exercise special care in its prescription and dispensing, in order to protect the health and safety of the individual patient and the public.

Background con't

The VPMS collects all schedule II, III and IV controlled substances dispensed from pharmacies licensed by Vermont, both in and out-of-state pharmacies.

Dispensers are required to report their data at least every seven (7) days

The VPMS database contains prescriptions dispensed on or after July 1, 2008.

Current Enrollment

Vermont has ~400 pharmacies

in-state (140)

out-of-state (260)

Current pharmacy enrollment:

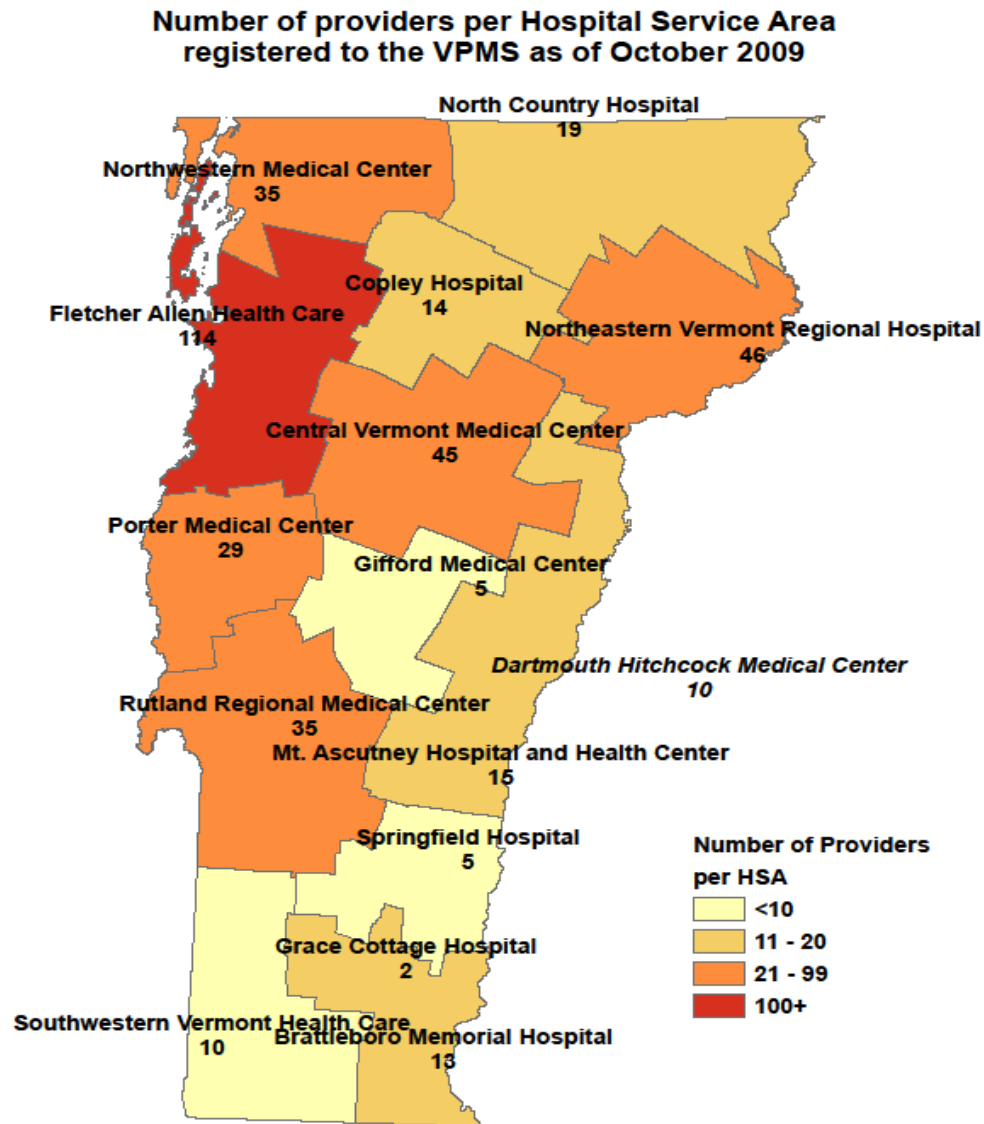
91% of in-state pharmacies

40% of out-of-state pharmacies.

Current Individual Registrants

- Physicians - 217
- Dentists - 23
- Nurse Practitioners - 32
- Physician Assistant - 31
- Pharmacist - 16

Geographic distribution clusters around local hospitals



Source: VPMS Registry Count, Vermont Department of Health, October 2009.

Queries to system since 6/1/2009

Prescribers: 111 prescribers made 2108 queries

(Range 1-488 queries)

Pharmacists: 12 pharmacists made 196 queries

Access to VPMS

Vermont health care provider or dispenser as define in the VPMS Statute, with a current Vermont license, relating to a current patient

Individually designated staff by authorization of provider/dispenser

Patients can request a copy of their VPMS report through the VPMS office. (Patients do not have direct access to the system)

Professional Licensure Boards may request a copy of the VPMS report pursuant to a physician under active investigation. (Patient information is de-identified in these reports to protect confidentiality)

Public Safety Does not have direct access

VPMS in Real-Time

Prescriber Feedback :

Prescribing Trends

Automatic alerts for prescriptions exceeding pre-determined threshold levels

Patient Treatment Adherence

Patient information:

History and current use of controlled substances

Historical and current providers of controlled substances

Pharmacy utilization by patient

Clinical Benefits

Identification and management of patients who might benefit from early assessment, treatment, and rehabilitation for drug abuse and addiction

Facilitate coordination of care between health care providers

Encourage collaborative provider/pharmacist relationships

Privacy Issues

All healthcare providers are covered entities under HIPAA (Health Insurance Portability & Accountability Act) and may disclose protected health information to other health care providers in order to provide treatment.

Releases of information from patients:

Not required for querying the VPMS system

or

Sharing information obtained with other providers in the service of patient care

<http://www.leg.state.vt.us/statutes/fullchapter.cfm?Title=18&Chapter=084A>

Challenges Prior to Activation Award

- Identification of who has access to the system
- Necessary changes in pharmacy software

Vendor Selection and Contract

Post Activation Challenges

Registration/Recruitment

- Resistance “practice too busy”/designation

Response to information

- Clinical/Legal (crime on premises)*

- Threat to community*

- Sharing reports and/or information obtained*

- Responses to threshold reports