Decreasing the Harms from Prescription Drug Misuse: *A Case for Pharmacists and Prescription Monitoring Programs*

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Learning Objectives

By the end of this presentation, participants will be able to:

1. Delineate the contributions pharmacists can make in practice to help prevent and manage prescription drug misuse.
2. Describe the features of prescription monitoring programs and their role in addressing prescription drug misuse.

National Strategy

- 58 recommendations
  - Treatment
  - Prevention
  - Enforcement
  - Professional Education
  - Monitoring & Surveillance
    - Prescription Monitoring Programs

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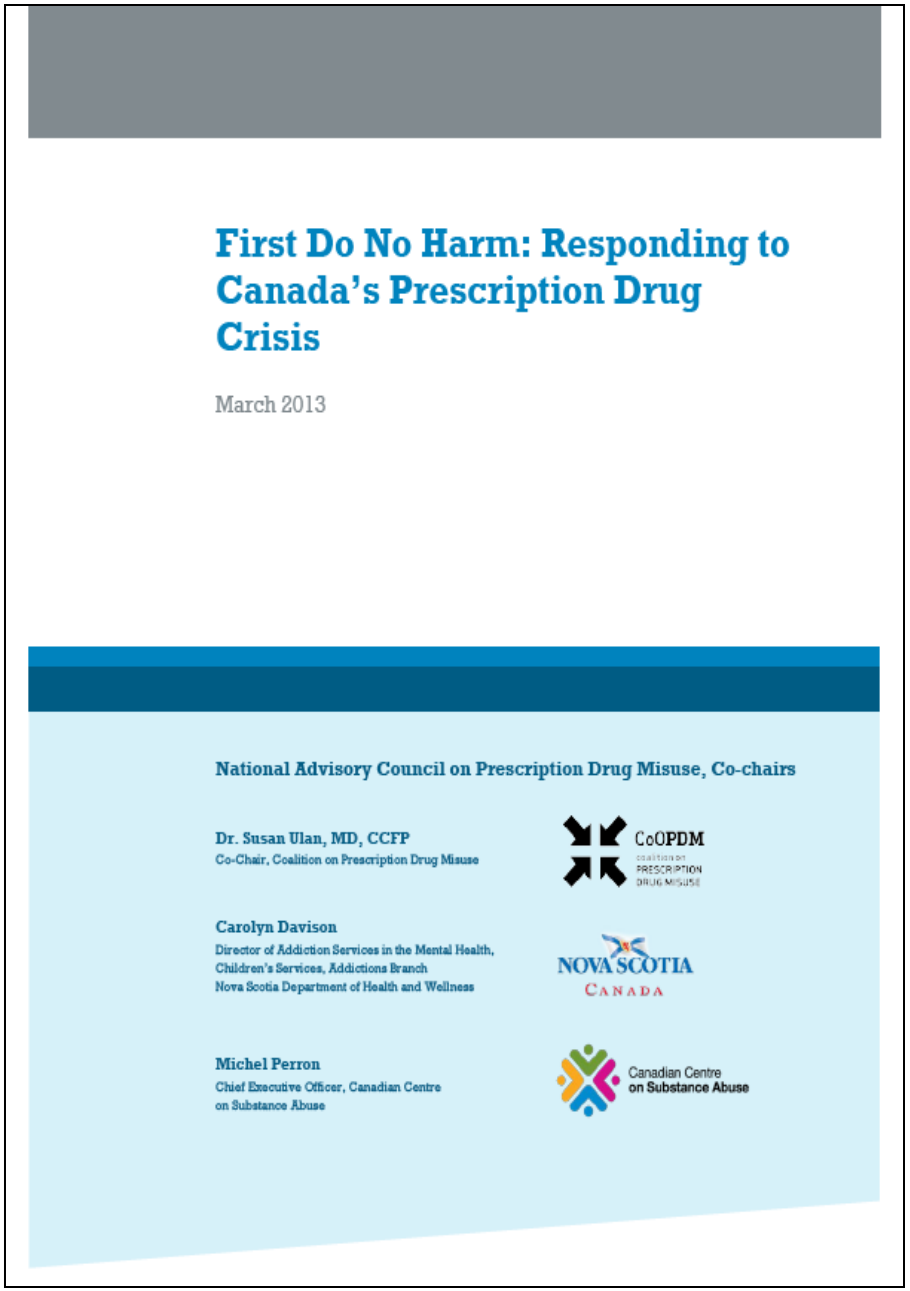


Pharmacists

- Responsible for the safe and effective use of medications
  - safe clinical use
  - safe medication distribution systems
- Medication management

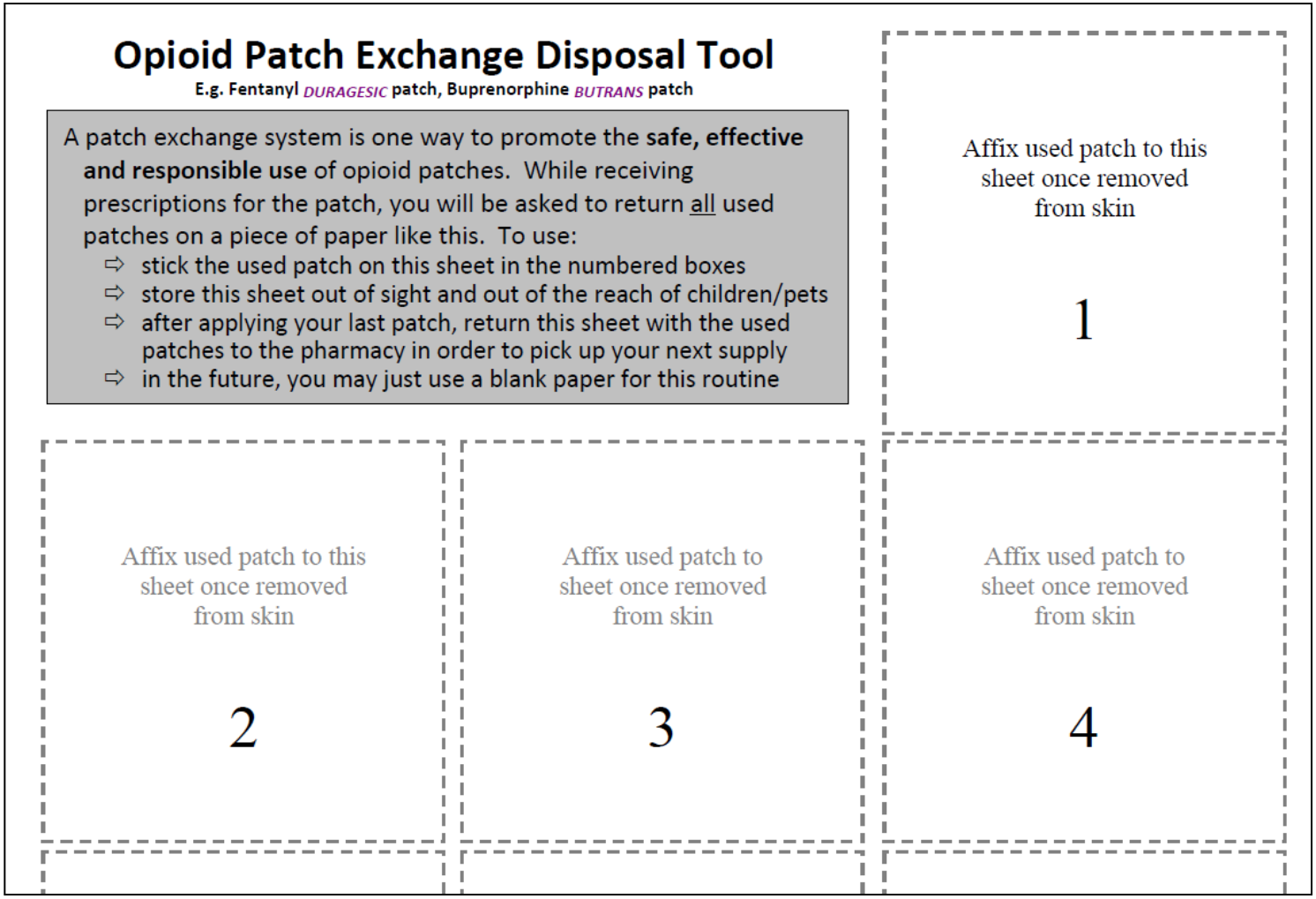
Pharmacists - Treatment

- Assessment
  - medication reviews – indication, efficacy, safety, adherence
  - identification of drug therapy problems
- Care Plan
  - goals of therapy
  - medication changes
- Follow-up
  - monitoring

Care Plans

- Assist in designing plans to promote safe and effective use
- Managing drug interactions
- Structured Therapy
  - Restrictions on amounts
  - Observed administration
  - Returns/pill counts

Patch Returns



www.rxfiles.ca

Monitoring and Communication

- Frequent contact with patients
- Communicate clinical observations and interactions with patients
  - refill patterns
  - missed methadone/buprenorphine doses
  - intoxication
- Concomitant medications

Practice Tool

BOX 1 SAFER-OPIOIDS mnemonic tool

Side effects

Aberrant behaviours

Function

Effect on pain

Collaborative **R**elationship with physician

Over the watchful dose of 200 mg morphine equivalents

Pill count

Interactions

Opioid treatment agreement

Indication

Psychiatric **D**iagnosis

Substance use

"SAFER-OPIOIDS : A structured approach to identifying key information and drug therapy problems in chronic noncancer pain patients using opioid therapy." Murphy et.al., Canadian Pharmacists Journal / Revue des Pharmaciens du Canada 2013 146: 26.

Pharmacists - Prevention

- promote safe use
- promote safe storage
- facilitate the return of unused medication

Safe Storage Messaging

Table 2. Sources of diverted prescription pain medication among Ontario students in grades 7 to 12 who used opioids nonmedically in the past year: *N* – 624.

SOURCE	%
From home	72.4
From a friend	6.0
From someone I know	2.9
From the "street"	<0.5
Other sources not listed	8.8
Do not remember	9.7

(Brands 2010)

(Peterborough County - City Health Unit)

Pharmacists - Enforcement

- Methods of Diversion
  - Thefts
  - Deception to obtain illegitimate prescriptions
  - Forged prescriptions

Minimizing Diversion

- Strategies for pharmacists
  - Examine the prescription to ensure its authenticity
  - Contact prescriber directly to verify the prescription
  - Identify the patient
  - Observe for signs of drug intoxication and drug withdrawal
  - Provide adequate storage security and limit access
  - Keep records of all receipts and disbursements and check inventory regularly

(Abuse and Diversion of Controlled Substances: A Guide for Health Professionals, Health Canada, 2006)

Pharmacists - Education

Examples:

- Leslie Dan Faculty of Pharmacy - PharmD
  - incorporated into core curriculum
  - CAMH - experiential rotations
- CAMH - Practice Support
  - Safe prescribing courses
  - Opioid dependence treatment courses
  - Mentoring program

camh PMAP
Pharmacist Mentoring for Addiction and Pain

Monitoring & Surveillance

First Do No Harm Strategy Recommendations

- Develop a coordinated national surveillance system monitoring key outcomes related to misuse, abuse and harms
- Promote Prescription Monitoring Programs (PMPs)

PMPs - Purpose

- Common themes:
  - To enhance patient care by providing prescription monitoring information to assist in the safe use of controlled prescription drugs.
  - To help reduce the harms resulting from the use of controlled prescription drugs.
  - To assist in reducing the diversion of controlled prescription drugs.

Core Features of Prescription Monitoring Programs

- Program Administrators
- Prescription data collection
  - Selection of drugs to be monitored
  - Collection method
- Interventions
  - Clinician
  - Program
- Program Evaluation

Program Administrators

Most commonly:

- government
- physician or pharmacy regulatory/licensing authorities

Less commonly:

- law enforcement agencies
- substance abuse agencies
- consumer protection agencies

Prescription Data

- Selection of drugs to be monitored
  - Often based on Controlled Drug and Substances Act (CDSA) schedules
    - Opioids, barbiturates, stimulants
  - More variable inclusions:
    - Codeine, tramadol
    - Benzodiazepines, zopiclone
    - Anabolic steroids
    - Cannabinoids

Prescription Data

- US Schedules II – IV
- unpublished report - US states collecting data on all classes of controlled substances had lower rates of doctor shopping (Clark 2012)
- New York State benzodiazepine triplicate prescription program implementation
  - dramatic decline in benzodiazepine prescribing,
  - increase in other less safe drugs – e.g., meprobamate and chloral hydrate.

  (Weintraub 1991, Zullich 1992)

Prescription Data

- Collection method
  - Multiple copy/serialized prescription pads
  - Electronic submission from pharmacies
- Access
  - clinicians
  - licensing regulatory bodies, law enforcement
  - cross jurisdictional

- National Association of Boards of Pharmacy (US) (NABP) InterConnect
- designed to facilitate interoperability and interstate data sharing between PMPs
- At least 26 states with MOUs – PMPs maintain control and autonomy of their data
- Requests for patient information from other state's PMP routed through InterConnect

- www.nabp.net

Interventions - Clinicians

- Point of care access to patient information
- Increased use with electronic access (Fleming 2013, Green 2012)
- PMP data changed ER prescribing in ~ 10% patients (Weiner 2013)
- 5 states passed legislation making consulting the PMP databases mandatory

Interventions - Program

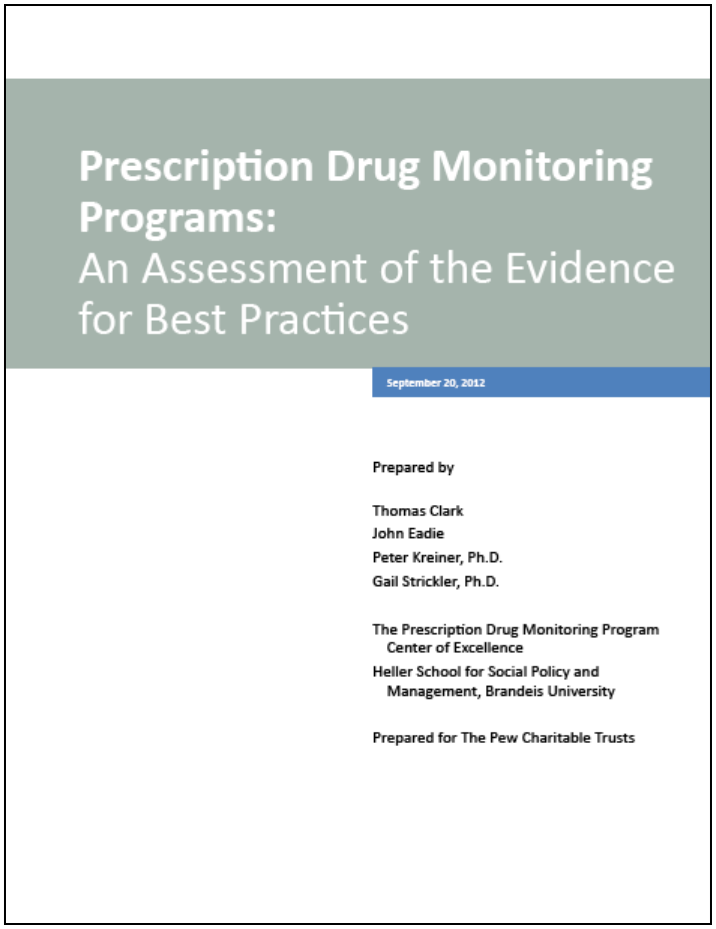
- notifications to prescribers, pharmacists, patients
- educational or punative purpose
- US – requirement to provide unsolicited reports to prescribers to receive funding
- providing a generic letter to prescribers regarding a patient reduced # prescribers and # prescriptions. (Gonzalez 2012)

Interventions - Program

- Questionable activity criteria:
  - number of prescribers, pharmacies, prescriptions
  - early refills, overlapping prescriptions
  - escalating doses, high dose
  - gender, age
  - type of monitored drug

Do these programs work?

- Very little data
- Is there ‘improved’ prescribing practices after regulatory intervention?
- Which program features are most effective?
  - Validity of criteria for questionable activity?
  - Alerts?
  - Real-time access?
- Is reduced prescribing the goal?
- Are these programs associated with reduced prevalence of abuse, addiction, overdose?
- Reduced diversion?



Prescription Drug Monitoring Programs:
An Assessment of the Evidence for Best Practices

September 20, 2012

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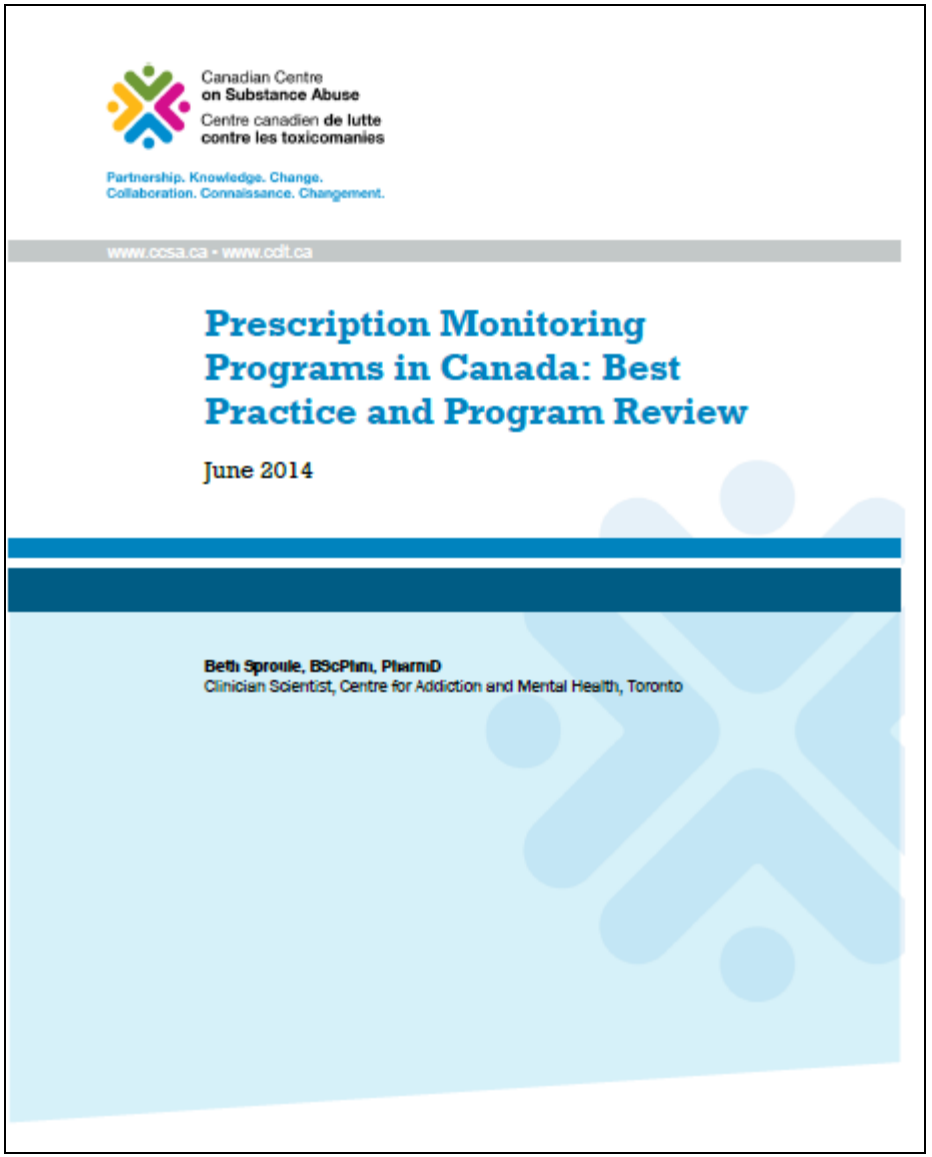
http://www.pdmpexcellence.org/sites/all/pdfs/Brandeis_PDMP_Report.pdf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Prescription Monitoring Programs in Canada: Best Practice and Program Review
June 2014
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PMP Research

- CIHR Population Health Intervention Research
  - Early evaluation of the Ontario Narcotics Monitoring System
- CIHR Canadian Research Initiative in Substance Misuse (CRISM)
  - Development of a Canadian PMP Research Network

Summary

- Pharmacists can and should contribute to reducing the harms and promoting safe use of prescription drugs associated with abuse/addiction
- Collaborate, communicate, develop relationships
- PMPs one important strategy to reduce prescription drug abuse
  - Monitoring
  - Intervention
- Evaluations needed
  - effectiveness on appropriate outcome measures
  - features of PMPs that contribute to effectiveness

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