RANDY EASTERLING, MD

- **PRIVATE PRACTICE**
  FAMILY MEDICINE & ADDICTION MEDICINE
  VICKSBURG, MS

- **MEDICAL DIRECTOR**
  MARION HILL CHEMICAL DEPENDENCY UNIT
  RIVER REGION HEALTH SYSTEM, VICKSBURG, MS

- **MEMBER**
  MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
TODAY’S SPEAKER HAS NO DISCLOSURE TO REPORT OF REAL OR APPARENT CONFLICT RELATED TO THE CONTENT OF THIS PRESENTATION
Doctor or Dealer?

IF THE SHOE FITS ....
CHRISTMAS STORY
WHY ALL THE FUSS?

- DRUG OVERDOSED DEATHS INCREASED FOR THE 12TH CONSECUTIVE YEAR IN 2011.

- LEADING DRUGS RESPONSIBLE FOR FATALITIES ARE PRESCRIPTION MEDS, MOST OF WHICH ARE OPIOID ANALGESICS.
WHY ALL THE FUSS?

- THE CENTERS FOR DISEASE CONTROL AND PREVENTION FOUND THAT 38,329 DIED FROM DRUG OVERDOSE IN 2010.

- THAT'S UP FROM 37,004 DEATHS IN 2009, AND 16,849 DEATHS IN 1999.
WHY ALL THE FUSS?

- NEARLY 60% OF THE OVERDOSE DEATHS IN 2010 INVOLVED PHARMACEUTICAL DRUGS.
- OPIOIDS ACCOUNT FOR 75% OF THESE DEATHS.
WHY ALL THE FUSS?

• IN 2009 ACCIDENTAL OPIOID OVERDOSE BECAME THE #1 LEADING CAUSE OF ACCIDENTAL DEATH IN THE U.S.

• ACCIDENTAL DRUG OVERDOSE EXCEEDED TRAFFIC ACCIDENTS & GUNSHOT WOUNDS COMBINED.
WHY ALL THE FUSS?

- MORE THAN **16,000** AMERICANS DIED LAST YEAR IN THE UNITED STATES FROM ACCIDENTAL OPIOID OVERDOSE.

- U.S. HAS 5% OF THE WORLD POPULATION.

- USE **90-95%** OF THE HYDROCODONE PRODUCED IN THE WORLD.
WHY ALL THE FUSS?

- ENOUGH HYDROCODONE WRITTEN EACH YEAR IN THE U.S. TO GIVE EVERY MAN, WOMAN, AND CHILD IN THIS COUNTRY 5 MG EVERY 4 HOURS FOR 30 DAYS.
WHY ALL THE FUSS?

- IF YOU GIVE A PATIENT HYDROCODONE FOR 90 DAYS – REGARDLESS OF THE REASON …..

- 66% OF THOSE PATIENTS WILL BE TAKING HYDROCODONE DAILY 5 YEARS LATER.
WHY ALL THE FUSS?

- **VICODAN** is now the most widely prescribed medication in the United States …

- Followed by **Lisinopril** …

- Then, **Zocor**.
WHY ALL THE FUSS?

- **7 MILLION AMERICANS ADDICTED TO PRESCRIPTION OPIOIDS IN THE U.S.**

- **TAKING PRESCRIPTION PAIN KILLERS WITHOUT MEDICAL NEED INCREASED 75% FROM 2002 TO 2010.**
WHY ALL THE FUSS?

- IN 2010, **12 MILLION** AMERICANS AGE 12 AND OLDER REPORTED NON-MEDICAL USE OF PRESCRIPTION PAIN KILLERS IN THE PAST YEAR.

- NEARLY **½ MILLION** EMERGENCY DEPARTMENT VISITS IN 2009 WERE DUE TO PEOPLE MIS-USING OR ABUSING PRESCRIPTION PAIN KILLERS.
WHY ALL THE FUSS?

- NON-MEDICAL USE OF PRESCRIPTION PAIN KILLERS COSTS HEALTH INSURORS UP TO $72.5 BILLION ANNUALLY FOR DIRECT HEALTH CARE.

- EVERY UNINTENTIONAL OPIOID ANALGESIC OVERDOSE DEATH:
  - 9 PERSONS ARE ADMITTED FOR SUBSTANCE ABUSE TREATMENT
  - 35 VISIT EMERGENCY ROOM
  - 161 REPORT DRUG ABUSE OR DEPENDENCE
  - 461 REPORT USING OPIOIDS FOR NON-MEDICAL REASONS
NEONATAL ABSTINENCE SYNDROME
Number of drug addicted babies climbs in Tennessee

by Kate Harrison Belz

Tennessee's addiction to prescription painkillers has reached the womb. The majority of drug-addicted babies in the state's hospitals these days are not crack babies. They are babies dependent on drugs like oxycodone, hydrocodone, morphine and methadone. And withdrawal from these drugs can be excruciating for the infants. The babies cry inconsolably. They may be wracked by tremors, cramps and seizures. They don't eat, or they eat too fast. They vomit, and they have diarrhea. "They just don't make eye-to-eye contact with caregivers the way sweet little babies usually do," said Dr. Gary Bell, a neonatologist in Erlanger hospital's Neonatal Intensive Care Unit. "They sweat. They get red marks from writhing around. It's heartbreaking."

Through the first nine months of this year, the number of Tennessee babies born with drug dependencies outnumbers those born addicted in all of 2011. By the first week of October, 643 babies had been born dependent, compared with 629 for all of 2011, a report released this week by the Tennessee Department of Health showed. The agency projects that the number of babies born dependent will top 800 by the end of the year.
2004-2014 IN TENNESSEE: NUMBER OF DRUG DEPENDENT NEWBORNS HAS INCREASED 10 X

AVERAGE COST TO TREAT:
- $62,000 DRUG DEPENDENT BABY
- $4,700 FOR A HEALTHY BABY.
Blackburn bill on prescription drug abuse advances
Paul C. Barton, Tennessean Washington Bureau; 5:13 p.m. CDT May 28, 2014

WASHINGTON – A bill pushed by Rep. Marsha Blackburn to curb prescription drug abuse cleared a House panel Wednesday. By voice vote, the health subcommittee of the House Energy and Commerce Committee approved the measure, which aims to balance the need to keep drugs away from abusers while ensuring continued access to patients who need them.

The Ensuring Patient Access and Effective Drug Enforcement Act was introduced this year by Rep. Tom Marino, R-Pa. Blackburn, R-Brentwood, is an original co-sponsor with two Democrats, Reps. Peter Welch of Vermont and Judy Chu of California. Blackburn goes to the full Energy and Commerce Committee, where Blackburn is vice chair.

A key part of the proposed legislation clarifies the Controlled Substances Act, making it easier for the Drug Enforcement Administration to suspend narcotics licenses of drug suppliers whose actions have shown they pose an "imminent danger" to public health.

The act also would establish a working group of industry officials, pharmacists and representatives of federal and state enforcement agencies to develop strategies for reducing drug diversion and abuse.

According to the Centers for Disease Control and Prevention, about half of drug-overdose deaths are related to prescription painkillers. Studies also have found that abuse of prescription pain drugs is contributing to a resurgence in heroin addiction. "Prescription drug abuse is an epidemic that's greatly in need of a solution," Blackburn said in a statement. "There needs to be a clear distinction between the legitimate pharmaceutical supply chain that directly serves patients and the criminals who are diverting and selling illegal drugs. Supply chain stakeholders need further guidance on how to collaborate more effectively with law enforcement."
WHAT ABOUT THE BIBLE BELT?

... SAY IT AIN’T SO.
## Prescribing rates per 100 persons, by state and drug type

— IMS Health, United States, 2012

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<th>State</th>
<th>Opioid pain relievers</th>
<th>Rank</th>
<th>Long-acting/extended-release opioid pain relievers</th>
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Doctor accused of running prescription pill ring in Biloxi

UPDATED 11:30 AM CDT Aug 21, 2014
GULFPORT, Miss. — A federal judge has postponed the trial of a doctor accused of running a prescription pill ring with casino workers in Biloxi. At a pre-trial hearing Wednesday, The Sun Herald reported that J.S. District Judge Sul Ozerden agreed to delay the trial of Dr. Sanjay Sinha, scheduled on a court calendar that starts Sept. 8. Ozerden set the trial to start Dec. 8. Court records show it is expected to last a week. Sinha's attorney had asked the trial be moved to February. The judge set a hearing for Sept. 4 on a motion to suppress statements Sinha made to federal drug agents after his arrest.
Wiggins, Miss. What began as a plane crash has turned into a drug investigation after Stone County investigators found thousands in cash and numerous bottles of prescription pills in the wreckage. Authorities tell the Sun Herald the arrested Jeff Franklin, a 43-year-old resident of Sherman, Texas, on a charge of possession of hydrocodone. Franklin was a passenger on a single-engine Cessna 602 that crashed in Wiggins Thursday. Franklin and another passenger, 66-year-old Joe Paul Mentesara of Dallas, were treated at Forrest County General Hospital in Hattiesburg and released.

Jeff Bramblett, a 62-year-old resident of Mesquite, was hospitalized with head, arm and other injuries. Investigators say the men told stories that raised suspicion, prompting authorities to bring in a drug-sniffing dog that found pills in luggage and on the ground.
HOW DID WE GET HERE FROM THERE?

• EVOLVED INTO A SOCIETY THAT BELIEVES WE ARE SUPPOSED TO FEEL GOOD ALL THE TIME.

• PAIN AND DISCOMFORT ARE BAD.
CHEMICAL COPING

- PHYSICIANS ARE EXPECTED TO ALLEVIATE ALL UNPLEASANTNESS.
• PRESCRIPTION OPIOIDS ARE PLENTIFUL AND VERY INEXPENSIVE.
STREET PRICES

- 10 MG HYDROCODONE ... $6 - $8.
- OXYCODONE ... $10 - $20
- 4 MG DILAUDID ... $60
- ADDERALL ... $1 MG
STREET PRICES

- BENZODIAZEPINE $1 - $2 MG
- RITALIN $10 - $20
- SOMA – $3

RISING PRICES HAVE LEAD TO RESURGENCE OF STREET HEROIN.
MOBILITY

- Hit 2 or 3 doctors' offices plus several emergency rooms in 12 hours.
A BEAST THAT CAN’T BE FED

THERE IS A NEVER ENDING NEED FOR THE DRUG.
HYDROCODONE IS EASILY COMBINED WITH OTHER MOOD-ALTERING DRUGS.

HYDROCODONE, XANAX AND SOMA ARE THE HOLY TRINITY.
ADD A LITTLE BIT OF JACK DANIELS AND YOU HAVE THE WHITNEY HOUSTON COCKTAIL.
LAW ENFORCEMENT

- VERY DIFFICULT TO STAY ON TOP OF THIS EPIDEMIC.
- LAW ENFORCEMENT IS OUT-NUMBERED AND OUT-FINANCED.
LAW ENFORCEMENT

- Drug dealers usually do not suffer from the same budget constraints as law enforcement.
- Cannot “arrest our way out of this problem.”
EPIDEMIC PROPORTIONS

• THIS EPIDEMIC HAS ENGULFED OUR COUNTRY, OUR PRACTICES, OUR SOCIETY, AND OUR LIVELIHOODS.

• 2013 CDC REPORT:
  o OPIOID ADDICTION IS NUMBER 1 HEALTH PROBLEM IN AMERICA.
QUESTION:
- WHAT TYPE OF DOCTOR PRESCRIBES EXCESSIVE AMOUNTS OF OPIOIDS?

ANSWER:
- GOOD CLINICIAN
PHYSICIAN PROFILE

- TYPICALLY, WELL TRAINED PAIN MANAGEMENT PHYSICIANS.
- PROCEDURELESS
- OFTEN WRITE LARGE VOLUMES OF PAIN MEDICATION.
PHYSICIAN PROFILE

- WELL-INTENTIONED PHYSICIANS WHO BELIEVE PEOPLE ARE NOT SUPPOSED TO HURT.
- DO NOT PRACTICE EVIDENCE BASED MEDICINE.
- WRITE LARGE QUANTITIES OF OPIOIDS WITH REFILLS.
TYPICAL PRESCRIPTION:

- LORCET PLUS #90 OR #120
- ONE P.O. T.I.D. OR ...
- ONE P.O. Q.I.D. WITH 5 REFILLS.
THE FINAL RULE WILL TAKE EFFECT ON OCTOBER 6, 2014.

DEA tightens controls on hydrocodone painkiller drugs

Hydrocodone combination painkillers such as Vicodin, shown here, will soon become Schedule II drugs, as tightly regulated as such frequently abused painkillers as methadone and fentanyl. (Glenn Asakawa / Denver Post)

By LISA GIRION. DEA says hydrocodone painkillers (Vicodin) will soon become Schedule II drugs, as tightly controlled as OxyContin. Hydrocodone painkillers contribute to 10 deaths a year, more than heroin and cocaine combined. Americans consume more hydrocodone painkillers (Vicodin, Norco) produced worldwide than any other painkiller. The U.S. Drug Enforcement Administration is putting tighter controls on the nation's most widely prescribed painkiller in a move to stem an epidemic of addiction, overdose and death.

The agency said it would publish a rule Friday to place hydrocodone combinations, such as Vicodin and Norco, in the same category as other frequently abused medications, including OxyContin and fentanyl. Almost 7 million Americans abuse controlled substance prescription medications, including opioid painkillers. - DEA Administrator Michele Leonhart
WHEN MONEY DRIVES MEDICINE

- CRIMINALS WITH A MEDICAL DEGREE AND LICENSE TO PRACTICE MEDICINE
- STATE BOARD OF MEDICAL LICENSURE
- SMALL COHORT OF PHYSICIANS
MONITORING PRESCRIBING PATTERNS

HOW DO YOU IDENTIFY PHYSICIANS WHO WRITE TOO MANY OPIOIDS?
MONITORING PRESCRIBING PATTERNS

PHARMACISTS

- EXCELLENT SOURCE OF INFORMATION.

- KNOW WHICH DOCTORS HAVE A LOOSE PEN.

- KNOW THE PRESCRIBING HABITS OF EACH PROVIDER IN THEIR COMMUNITY.
PRESCRIPTION MONITORING PROGRAM

- CAN BE RUN ON INDIVIDUAL PATIENTS AND INDIVIDUAL PRESCRIBERS.

- EXCELLENT TOOL FOR IDENTIFYING DRUG SEEKING PATIENTS AND PRESCRIBERS WHO WRITE TOO MANY SCHEDULED DRUGS.
PRESCRIPTION MONITORING PROGRAM

DRAWBACKS

- NOT REAL TIME
- NOT INTERSTATE
- LACK OF FUNDING
ZIP CODE CHECK
CAR TAG CHECK
PHYSICIAN DRIFT

- OUT-OF-SPECIALTLY PHYSICIANS PRACTICING IN PAIN CLINICS
BUSINESS OF MEDICINE

- PAIN CLINICS OWNED BY NON-PHYSICIANS AS BUSINESS VENTURES.
- EMPLOY PHYSICIANS
- CASH ONLY PILL MILLS
DEFINITION OF A PAIN CLINIC

- PUBLIC OR PRIVATELY OWNED FACILITY.
- PAIN MANAGEMENT SERVICES TO PATIENTS.
- MAJORITY OF PATIENTS GET A PRESCRIPTION OR DISPENSED MEDICATION
  - OPIOIDS, BARBITUATES, BENAODIAZAPAN, TRAMADOL, CARISOPRODOL, BUTAPITAL COMPOUNDS
- 180 DAYS+ IN A 12-MONTH PERIOD
BUSINESS OF MEDICINE

- RETIRED OR OLDER PHYSICIANS
- LIKES PRACTICING MEDICINE AGAIN
- RESIDENTS WHO MOONLIGHT
- UNUSUAL PRESCRIBING PATTERN
HOW SBML DEALS WITH PROBLEM

- MONITOR PAIN MANAGEMENT PHYSICIANS
- EDUCATE & REHABILITATE PHYSICIANS
- ASSIST LAW ENFORCEMENT
- ARREST CRIMINAL WITH A MEDICAL LICENSE
LICENSURE BOARD EXPECTATIONS

- DEA REGISTRATION REQUIRED
- FORM 22
- IF YOU DISPENSE CONTROLLED SUBSTANCE YOU MUST REPORT TO THE PMP OF THE PHARMACY BOARD
LICENSURE BOARD EXPECTATIONS

- INVENTORY EVERY 2 YEARS.
- SCHEDULE 1 & 2 IN INVENTORY.
- KEPT SEPARATE.
- CONTROL SUBSTANCE SAMPLES SECURED.
LICENSURE BOARD EXPECTATIONS

- PATIENT RECORD
- GOOD FAITH EXAM
- APPROPRIATE MEDICAL HISTORY
LICENSURE BOARD EXPECTATIONS

• APPROPRIATE PHYSICAL EXAM

• RECORD THE RESULTS

• MEDICAL INDICATIONS FOR PRESCRIPTIONS
LICENSURE BOARD EXPECTATIONS

- CHRONIC PAIN
- PAIN MANAGEMENT CONTRACT
- ONLY ONE PHARMACY, ONLY ONE PRESCRIBER
LICENSURE BOARD EXPECTATIONS

- NO REQUEST FOR EARLY REFILLS
- URINE DRUG SCREENS
- PERIODIC REVIEW OF TREATMENT PLAN
- NO DETOX / MAINTENANCE UNLESS REGISTERED
NEW CME REQUIREMENT

• EVERY LICENSEE

• 40 HOURS IN A 2-YEAR CYCLE

• 5 HOURS RELATED TO “PRESCRIBING MEDICATIONS”

• EMPHASIS ON CONTROLLED SUBSTANCES
NEW CME REQUIREMENT

- AUGUST 1, 2014 BEGINS NEW 2-YEAR CYCLE.

- EXCESS HOURS MAY NOT BE CARRIED OVER TO NEXT 2-YEAR CYCLE.
THE SCIENCE OF OPIOIDS

- PROVEN EFFICACY FOR USE OF OPIOIDS FOR SHORT TERM NON-CANCER PAIN.

- VERY LITTLE SCIENTIFIC EVIDENCE THAT LONGTERM USE OF OPIOIDS FOR NON-CANCER PAIN IS EFFECTIVE.
THE SCIENCE OF OPIOIDS

- SIGNIFICANT EVIDENCE THAT LONG TERM OPIOID USE FOR NON-CANCER PAIN WILL RESULT IN OPIOID HYPERALGESIA SYNDROME.
QUESTIONS?

- ANSWERS … $5
- CORRECT ANSWERS … $10
- CORRECT ANSWERS YOU CAN UNDERSTAND … $25