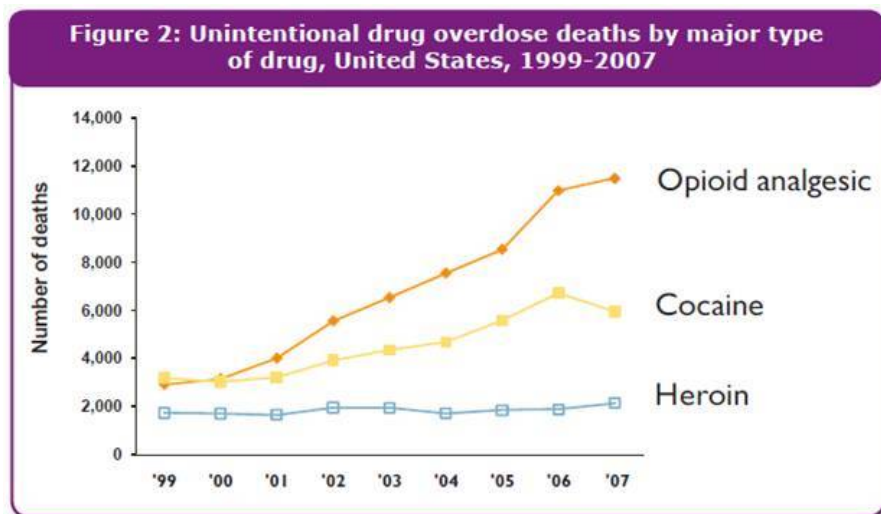


Managing Opioid Drug Abuse: There's No Magic Pill

The headlines seem to be everywhere. The U.S. is suffering an epidemic of Opioid use and abuse. The death rate for unintentional drug overdoses relating to Opioid drugs is alarming. According to the [LA Times](#), 2009 was the first year since 1979 (when they started tracking that information) that drugs exceeded motor vehicle accidents as a cause of death. The most common drugs attributing to those numbers are Heroin, Cocaine and Opioids. Opioids are synthetic versions of opium. As shown on the following graph from the [U.S. Centers for Disease Control and Prevention](#), the number of deaths related to opioids alone is more than the combined totals of Cocaine and Heroin for the same period. Examples of opioids are oxycodone (OxyContin®), hydrocodone (Vicodin®), and methadone.



[Source: CDC](#)

Opioids are considered a Schedule II Substance. That classification comes from the [U.S. DEA Controlled Substances Act](#) Schedules of Controlled Substances. There are five schedules of controlled substances known as schedules I, II, III, IV, and V. Schedule II substances are described as follows:

- (A) The drug or other substance has a high potential for abuse.
- (B) The drug or substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions.
- (C) Abuse of the drug or other substances may lead to severe psychological or physical dependence.

The obvious inherent potential for the abuse of these substances does not explain the spike in the number of unintentional deaths from their use in the past ten years. Robyn Satterfield, Pharm.D, Director of Clinical Pharmacy Services for Modern Medical, Inc., said the numbers correspond to a late 1990s movement that said patients were being undertreated. Satterfield added, "Physicians became more lenient in what they were prescribing."

[Business Insurance](#) asserts that it was during this movement toward relaxing laws with regard to treating chronic, non-cancer pain with prescription pain medications that the opioid problem began. It was not long after those laws were relaxed that cases of unintentional deaths in workers' comp cases

started to increase. A correlation between the two was becoming apparent. The increased availability of these drugs was also increasing the potential for abuse and the sheer increase in the number of prescriptions written during that period bears that out. A [Risk and Insurance](#) article shows that in 1991, there were 40 million prescriptions written for opioids. By 2007, that number skyrocketed to 180 million. When it comes to relating the cost of this directly to workers' comp, depending on the payer, opioids can comprise anywhere from 30 to 45 percent of the total annual prescription drug cost.

Multiple states are passing measures to help stem the abuse of Opioid drugs from a regulatory perspective. [Prescription Drug Monitoring Programs](#) are a major tool being used by states to address prescription drug abuse, addiction and diversion. Such programs are commonly referred to as PMPs. There are currently 48 states that authorize the establishment of PMPs. Of those 48 states, 36 states have systems that are operational. Operational implies that the state systems are collecting data and distributing it to one or more authorized users. [INSPECT](#) is Indiana's PMP system.

A PMP may serve multiple purposes. These include:

- To support access to legitimate medical use of controlled substances
- To help identify and deter or prevent drug abuse and diversion
- To facilitate and encourage the identification, intervention with and treatment of persons addicted to prescription drugs
- To help inform public health initiatives through outlining of use and abuse trends
- To help educate individuals about PMPs and the use, abuse and diversion of and addiction to prescription drugs.

Source: [NAMSDL](#)

The presence of a PDMP (prescription drug monitoring program) reduces the per capita supply of prescription pain relievers and stimulants and this in turn reduces the probability of abuse for these drugs. That being said, the use of PMP information is encouraged, but it is not mandatory. As a matter of fact, the PMP acts of 18 states specifically state that the prescribers are not obligated or required to utilize the information. Even so, Satterfield said she has seen increased focus on the scrutiny of monitoring on a state level. She noted, "Kentucky was the first to put their prescription drug monitoring system in place in 1999. Now we have 36 states with them (PMPs) it tells you the importance that has been placed on this. We even have President Obama stating that prescription drug abuse is an epidemic."

This increased scrutiny, in addition to addressing the disturbing increase in opioid drug related deaths mentioned earlier, is important from a worker's comp perspective. Prescription opioid drug use has been linked to increased disability and treatment cost. However, this increased scrutiny is a mix bag. Satterfield pointed out that as a result of this increased scrutiny, however beneficial, there may be some patients, who are in pain, who will not get the drugs they need. It's a delicate balance to say the least. Prescription Drug Monitoring Systems designed to track opioid drug prescriptions, and the multiple private companies that provide services like Drug Utilization Reviews and Independent Pharmaceutical evaluations, are a great start to turning the tide on the abuse. But they are just the tip of a very large iceberg.