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August 24, 2016

TO: Each Supervisor

FROM: Cynthia A. Harding, M.P.H.
Interim Director

SUBJECT: **ILLEGAL TRAFFICKING OF PRESCRIPTION OPIOIDS**

On July 12, 2016, your Board instructed the Department of Public Health to report back on the current impacts of opioids and prescriptions of such opioids in Los Angeles County, including an analysis of how physicians and pharmacies in Los Angeles County are being regulated at the federal and state levels, and whether any actions regarding the volume of prescriptions of opioids being prescribed is needed. In addition, your Board requested information on the use of a hotline.

Background

Prescription and over-the-counter drugs, such as opioids, sedatives, and stimulants, are among the top three most commonly abused substances by Americans 14 and older. An estimated 2.1 million people in the United States suffer from substance use disorders (SUD) related to prescription opioid pain relievers. The number of overdose deaths from prescription pain relievers has quadrupled since 1999. According to the Los Angeles County (LAC) Coroner's office, approximately 400 deaths in LAC each year tested positive for prescription opioids at death. These substances were also involved in about 60 percent of all drug-related deaths from 2006-2012. According to the Office of Statewide Health Planning and Development (OSHPD), between 2005 and 2013, there were 120,705 emergency department visits in LAC that listed prescription drug abuse or dependence as a diagnosis or an external cause of injury or poisoning. Furthermore, there were a total of 193,417 prescription drug related hospitalizations during this same time period.

There is growing evidence of correlation between non-medical use of opioids and heroin abuse in the United States, contributing to the increasing number of opioid and heroin deaths. About one in five individuals aged 12 or older who reported using illicit drugs in the past year stated that their first drug used was a prescription opioid.

Among individuals who misused or abused prescription drugs in the past year, 67.6 percent had obtained them from a friend or relative, 23.6 percent were prescribed from one or more doctors, and 4.3 percent bought them from a drug dealer or stranger. Such data reveals that while errant doctors and organized drug rings often make media headlines, most prescription drugs that are diverted and/or misused come from the medicine cabinets of one's friends and families. As the

National Institute on Drug Abuse reported, there is a broad environmental availability of prescription medication and opioids, created by increases in the number of prescriptions written dispensed, as well as other factors such as marketing and social acceptability. Accordingly, many federal, state, and county efforts to reduce the diversion and abuse of these substances focus on influencing common prescribing practices by physicians and pharmacists, developing pain management guidelines, and changing personal drug use, storage, and disposal practices to reduce the number of available drugs for diversion.

Federal Responses

On July 22, 2016, President Obama signed S.524, the Comprehensive Addiction and Recovery Act of 2016 (CARA), which establishes enhanced grant programs to promote treatment of opioids and expand prevention and education efforts. CARA will expand the prescription drug monitoring program to allow doctors to see a patient's prescription history, and launch an evidence-based opioid treatment and intervention program. Furthermore, CARA expands the availability of naloxone to law enforcement agencies and other first responders to help in the reversal of overdoses to save lives, and expands disposal sites for unwanted prescription medications.

However, S.524 did not include appropriations to implement many of the proposed grant programs and strategies. Efforts to include $920 million in treatment funding in the bill were ultimately unsuccessful. Without new funding through the congressional appropriation process it's unclear if the expansion of prevention and education programs will be implemented.

On July 6, 2016, Department of Health and Human Services (HHS) announced new actions to combat the opioid epidemic, which included, without limitation, steps to increase research on opioid misuse and pain treatment, and eliminate financial incentives for doctors to prescribe opioids. These strategies build on the March 2015 HHS Opioid Initiative, which focused on improving opioid prescribing practices and expanding access to medication-assisted treatment (MAT) and naloxone. The Substance Abuse and Mental Health Services Administration (SAMHSA) also reported that they will be releasing a new $11 million funding opportunity for States to purchase and distribute naloxone and to train first responders and others on its use along with other overdose prevention strategies.

Additionally, the Centers for Disease Control and Prevention (CDC) released Guidelines for Prescribing Opioids for Chronic Pain, recommendations for the prescribing of opioid pain medication for patients 18 and older in primary care settings. Primary care providers account for nearly half of all dispensed opioids and their prescribing rates have increased at a far greater rate than other specialties. While these guidelines are voluntary recommendations, they nonetheless influence practitioners because of malpractice and liability concerns.

State Responses

Centralized Prescription Database
Many states are instituting a centralized database to track the prescription of controlled substances, enabling physicians, pharmacists and other prescribers to check a patient's prescription history before writing a prescription. While in many states, the use of such databases is only recommended and not required for prescribers, states that have succeeded in establishing a meaningful mandate have demonstrated positive results. For example, in Kentucky there was a decline in the number of

prescriptions for commonly abused medications, a greater than 50 percent reduction in doctor-shopping, an increase in treatment for prescription drug addiction, and a drop in overdose-related deaths for the first time in six years. In Tennessee, 41 percent of prescribers reported that they are less likely to prescribe controlled substances after checking the database, and 34 percent were more likely to refer a patient to substance abuse treatment. Drug monitoring and tracking programs in Ohio and New York have likewise reported drops in doctor-shopping patients.

California is also attempting to centralize and expand the use of a monitoring system that tracks the dispensing of controlled substances. The Controlled Substance Utilization Review and Evaluation System (CURES), stores Schedule II, III, and IV controlled substance prescription information reported as dispensed in California, including patient, prescriber, and pharmacy information. Currently, prescribers may access CURES data for patient care purposes, and it is available to appropriate state, local, and federal public agencies, law enforcement, and regulatory boards for disciplinary, civil, or criminal purposes. While registration for CURES is required as of July 1, 2016, the utilization of CURES by prescribers and dispensers is voluntary, and historically only a minority of prescribers and dispensers have routinely accessed this tool.

Critics of CURES often cite the system's incompatibility with existing computer systems. CURES does not work with many legacy versions of web browsers, or with preexisting electronic records. While there has been some legislative effort to make the utilization of CURES a requirement for prescribers, complaints about the compatibility and accessibility of CURES has deterred the passing of such legislation. For example, California Senate Bill 482 by Ricardo Lara (D. Bell Gardens), which requires the use of CURES before prescribing certain drugs, has faced opposition because of concerns about technological difficulties and the frequency of reporting of prescription information. The bill is awaiting passage by the Assembly.

Safe Prescribing Practices and Enforcement
In addition to databases, other efforts are focused on training health care professionals on safe prescribing practices and identifying prescription drug misuse through screenings. For example, Washington State passed a bill in 2010 requiring medical boards and commissions to adopt rules concerning management of chronic non-cancer pain. Some key points of the rules included: a dosing threshold trigger for consultation with a pain specialist, elements for a patient evaluation, periodic review of a patient's course of treatment, and continuing education. Washington prescribing laws are some of the strictest in the nation. They hold doctors accountable for tracking patient behavior and administering random urine tests, and require a prescribing doctor to get a special evaluation from a pain specialist when prescribing above a certain threshold.

In 1999 California Assembly Bill 791 added pain management training, assessment, and education requirements for health care practitioners. Nonetheless, there is a need to update best practices, which incorporate the use of more recent research and the CURES database. Further, any such guidelines or requirements for safe prescribing practices need to be accompanied by effective enforcement. Many doctors sanctioned for abusing their prescribing powers continue practicing and prescribing pain medication.

Legislative and regulatory approaches, must balance prevention efforts with the need to avoid overly restrictive guidelines that may inadvertently deprive pain relief from those suffering. In the United States, researchers have found that roughly a third of cancer patients are undertreated for pain. This corresponds with a 2011 report by Human Rights Watch, which has called access to

pain medication a fundamental human right. This report further stated that burdensome restrictions on pain management have a ripple effect that leads doctors to withhold medication out of fear of prosecution or censure, even when that fear is unfounded.

It is essential to support tougher prescription regulations with greater access to pain consultations and pain management resources to prevent undesired impact on patients living with pain. Adequate resources are needed to provide pain relief, while minimizing the risks of diversion and abuse of prescription drugs. Prescribers must be given best practice tools, clear dosing guidance, and community resources to deal with patients receiving long-term opioid therapy and those who live with chronic pain. Furthermore, continued research is needed to better understand opioid abuse and addiction, and better utilize prescription pain medication in a way that minimizes its susceptibility for abuse and addiction.

Additionally, policies that promote a wider use of abuse-deterrent prescription drugs must be supported. While manufacturers sometimes create versions of prescription drugs with abuse-deterrent properties that make it hard to grind up, snort, inject, or otherwise abuse, insurers often do not provide coverage for these versions due to their higher cost. These formulary designs in turn dissuade use, maintain high costs, and discourage development of additional medications with abuse-deterrent properties. The growing epidemic of opioid drug abuse and fatalities warrants a need to encourage policies that support the broader use of such prescription drugs.

Los Angeles County Response

Safe Med LA
Safe Med LA is a countywide coalition of Los Angeles County departments, health plans, healthcare providers, healthcare organizations, and other stakeholders. Under the leadership of the Department of Public Health (DPH), Safe Med LA is pursuing a multi-pronged approach to address the complex issue of prescription drug abuse. Action teams focused on six priority areas: 1) education and training; 2) treatment and overdose prevention; 3) tracking, monitoring, and data exchange; 4) safe drug disposal; 5) enforcement; and 6) community trends and policy.

Along with other patient and community-based efforts, Safe Med LA is working to educate and train health care professionals on best-practice guidelines for safe prescribing. Efforts address emergency departments, urgent care clinics, community clinics, health plans, and County agencies. As of July 2016, Safe Med LA has been successful in implementing safe prescribing guidelines at all 76 emergency departments, as well as 80 urgent care clinics throughout LAC. Efforts to expand these practices to the remaining 180 urgent care clinics in the County are underway. Additionally, the coalition hosted a Pain Management Conference in August for medical professionals.
In instances of misuse and abuse of prescription drugs, Safe Med LA is working to ensure access to necessary addiction treatment in the form of medication-assisted treatment, as well as access to naloxone, in order to reduce the climbing number of opioid-related deaths within LAC. Safe Med LA is also promoting increased utilization of CURES by identifying opportunities to increase CURES utilization in County departments, health plans, and other large provider groups and exploring opportunities to facilitate sharing of data related to prescription drug abuse for care coordination and reduction of over-prescription, misuse, and diversion.

Further, Safe Med LA is working to increase overall data collection and information sharing across organizations outside of the CURES database. Going forward, the coalition will collaborate with

law enforcement to identify and address improper practices, such as indiscriminate prescribing by "pill mills" and "doctor shopping" to obtain prescription drugs. It will increase information sharing to identify problematic behavior, continue aggressive enforcement actions against those engaging in illegitimate prescribing practices, and notify prescribers, pharmacies, and insurance providers of identified individuals engaging in "doctor shopping."

Hotline
Individuals seeking treatment for opioid addition may contact DPH Substance Abuse Prevention and Control at (888) 742-7900. Once the Drug Medi-Cal Organized Delivery System is implemented in LAC, individuals seeking admission to substance use disorder services can access them by contacting the toll-free Beneficiary Access Line. Individuals seeking to report illegal sales or distribution of opioids, including over-prescription of opioids by physicians, may contact local law enforcement and provide information the Drug Enforcement Administration through their website at http://www.deadiversion.usdoj.gov/tips_online.htm.

Recommendations

The following recommendations encompass comprehensive efforts to address prescription drug abuse within Los Angeles County.

1. Support efforts to expand and mandate use of the CURES database for prescribers and dispensers of controlled substances to dissuade "doctor shopping" and identify problematic prescriber behavior.
2. Support development and implementation of best practices for safe prescribing for relevant health care professionals, including physicians, pharmacists, and dentists.
3. Support increased collaboration of health care professionals and law enforcement to ensure data sharing in order to identify "pill mills".
4. Ensure that law enforcement agencies – as first responders – have access to naloxone to effectively respond in instances of opioid overdoses.
5. Support expansion of medication-assisted addiction treatment and ensure that these medications are available via all available drug formularies to increase their accessibility.
6. Support efforts to ensure a spectrum of safe drug disposal options for the general public to decrease the volume of unused prescription drugs available in communities.
7. Support community outreach and engagement efforts to increase public awareness of prescription drug abuse, safe use/storage/disposal, and how to access available treatment and overdose prevention interventions.
8. Support adequate funding appropriation for Substance abuse treatment and prevention services, to ensure that federal, state, and local strategies can be implemented and enforced.
9. Support policies that encourage the development of and broader access to medications with abuse-deterrent properties.

If you have any questions or need additional information, please let me know.

CAH:wlf

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors