

Summit on Opiate Addiction

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Topics

- Differences between Schedule I and Schedule II drugs
- Similarities to heroin and how this contributes to the problem
- Trends in OARRS data
- HB 93
- Characteristics of a “Pill Mill”

Controlled Substances

■ C-I

- No currently accepted medical use in treatment in US
- High Potential for abuse

■ C-II -V

- currently accepted medical use in treatment in US.
- C-II High potential for abuse
- C-V Lowest potential for abuse

Controlled Substances

- **C-I** No legal use in US e.g. heroin, LSD, ecstasy, K2, marijuana
- **C-II** includes Percocet®, OxyContin®, Roxicodone®, methadone, morphine, codeine, hydrocodone, oxycodone, Ritalin®, Adderall®
- **C-III** includes hydrocodone/acetaminophen, Vicodin®, Lortab®, Suboxone®, Tylenol with Codeine®, Tussionex®, Hycodan®
- **C-IV** includes Xanax®, Valium®, phentermine
- **C-V** includes Phenergan® with Codeine, Lyrica®

Opium to Morphine to Heroin

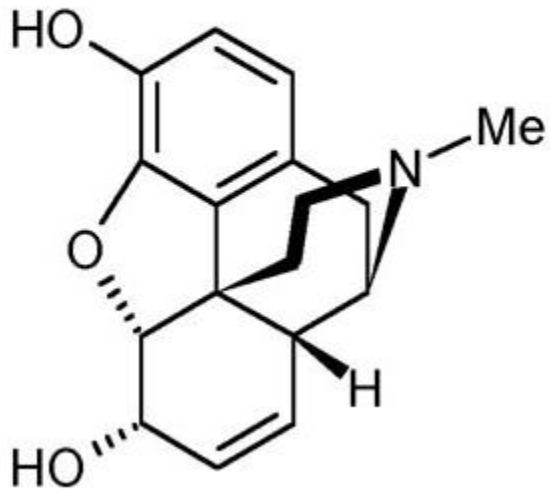
- **4,000 BC Opium used for pain relief**
- **1500's Laudanum (brandy extract of opium) developed.**
- **1818 Morphine (extracted from opium) recognized for pain relief and later used as cure for opium addiction and alcohol addiction.**
- **1898 Heroin manufactured commercially as non-addictive alternative to morphine.**

Methadone

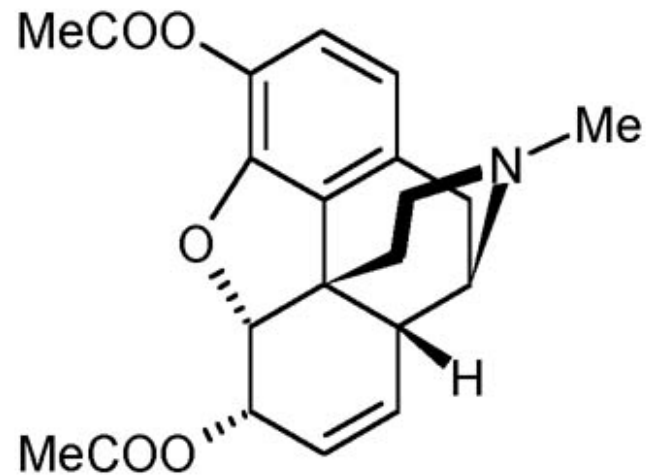
- **1939 Methadone discovered. Used as analgesic after WWII and in 1950's for heroin withdrawal.**
- **1968 methadone maintenance treatment developed.**
- **1976 APhA sued for right to use methadone as analgesic.**

Narcotic molecules

Morphine

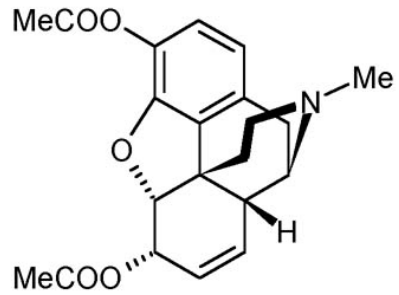


Diacetylmorphine

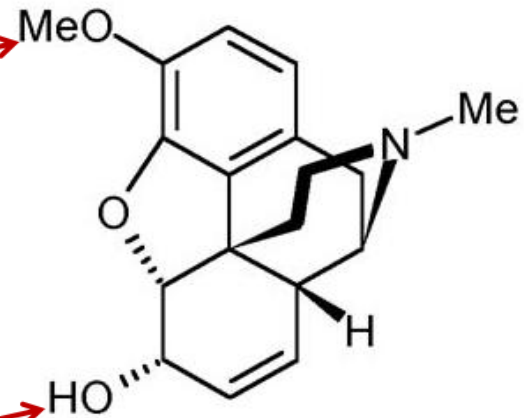


aka Heroin

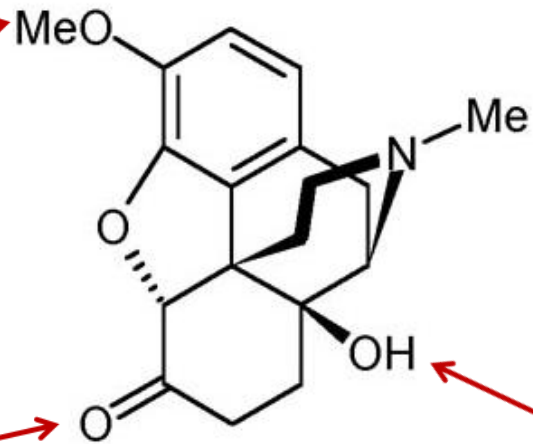
Diacetylmorphine



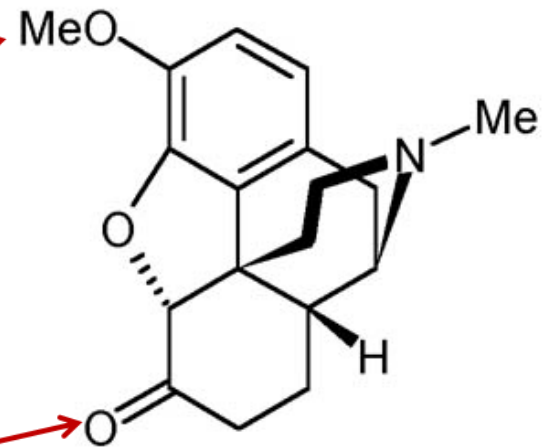
Codeine



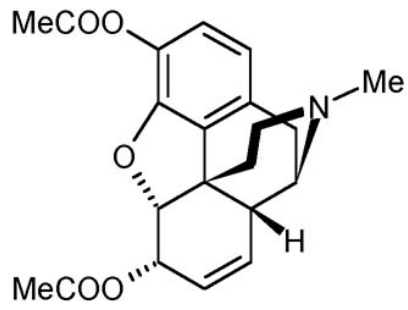
Oxycodone



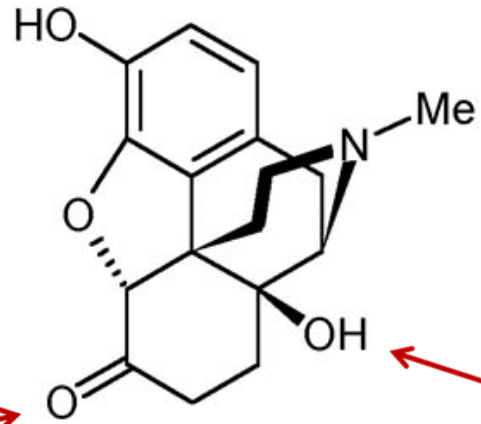
Hydrocodone



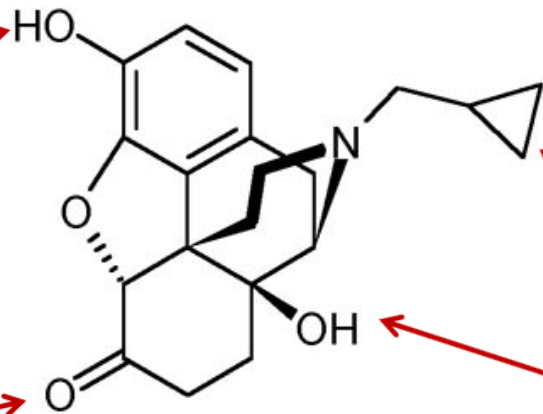
Diacetylmorphine



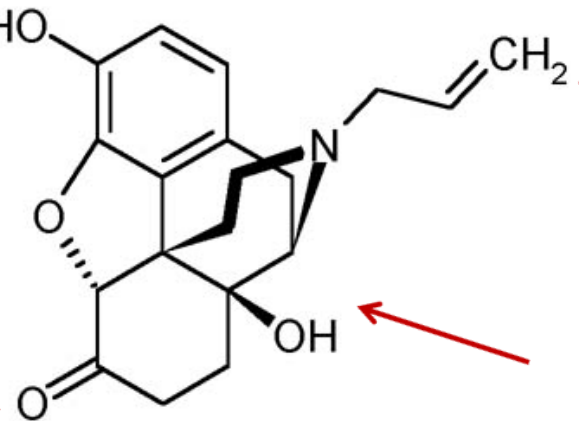
Oxymorphone



Naltrexone

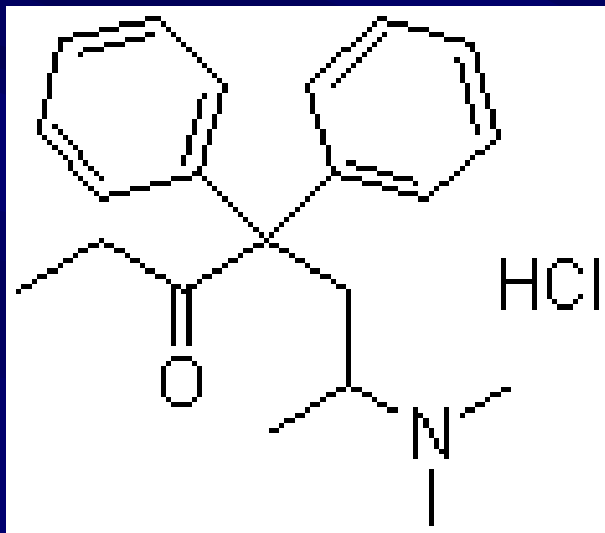


Naloxone

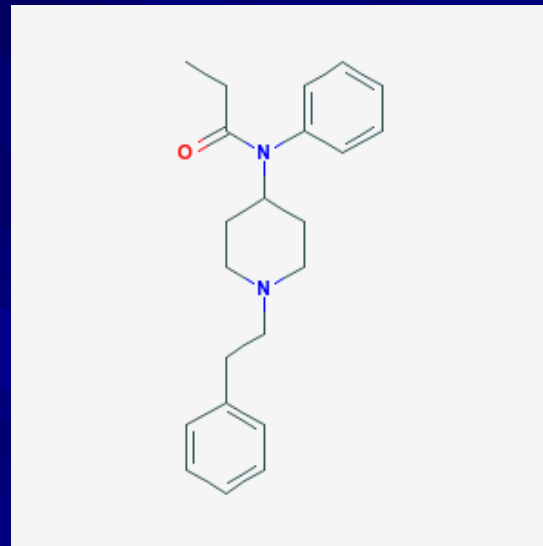


Dissimilar Narcotics

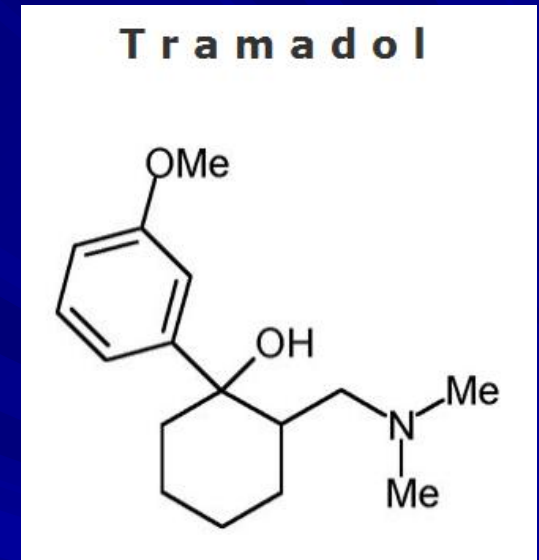
Methadone



Fentanyl



Tramadol



A Tool for Prescribers

Ohio Automated Rx Reporting System (OARRS)

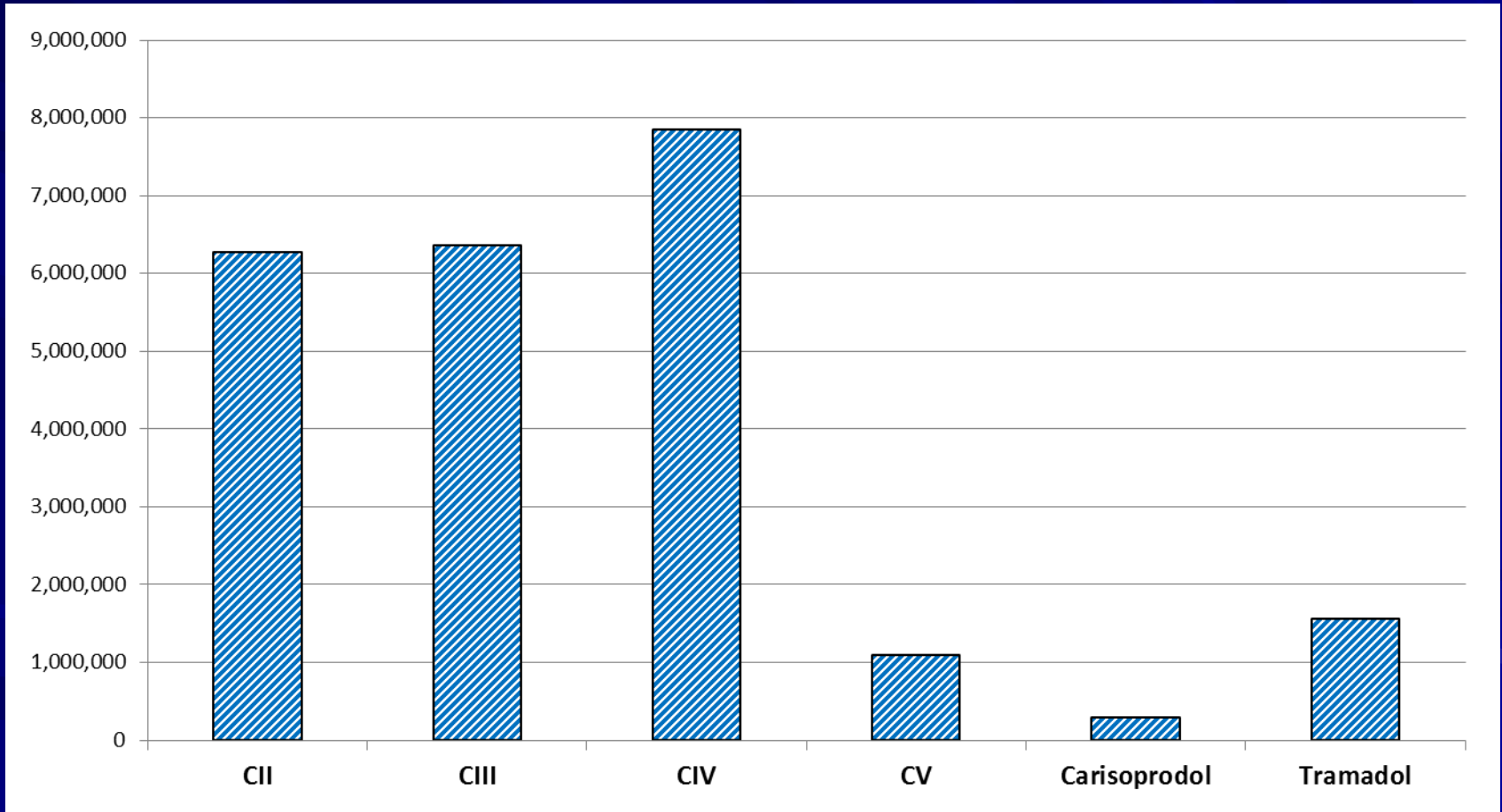
- **Collects prescription data from pharmacies**
- **Provides patient specific reports**
 - **To Prescribers**
 - **To Pharmacists**

Statistics

- **Ohio Population**
 - 11.5 million
- **Number of Prescription in OARRS**
 - 46.9 million
- **Number of Patients in OARRS**
 - 5.7 million

23.4 Million Prescriptions in 2010

[1.4 Million more than 2009]



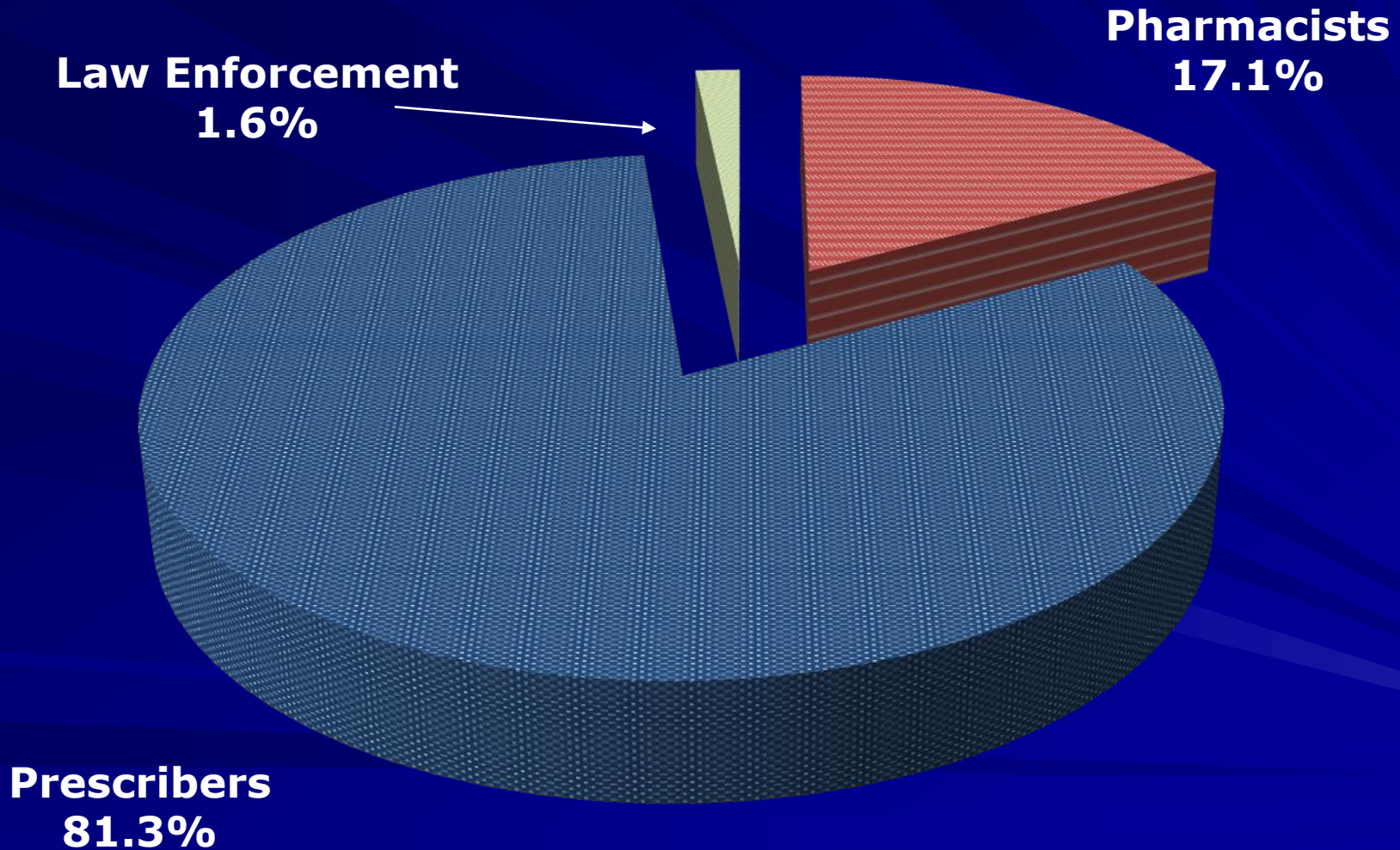
OARRS drugs

- **Controlled substances C-II, III, IV, and V**
- **Carisoprodol (Soma®)**
- **Tramadol (Ultram®)**

Top Ten Drugs in OARRS

Hydrocodone & Comb.	652,840,005
Oxycodone & Comb.	530,924,800
Tramadol	289,036,653
Alprazolam	285,237,030
Lorazepam	160,135,191
Clonazepam	132,411,237
Propoxyphene & Comb	130,185,280
Zolpidem	100,079,487
Pregabalin	87,124,142
Diazepam	81,737,255

Requests Received



Feb 2011

Average number of requests Jan 2011 (per weekday)

January 2011: 3,852

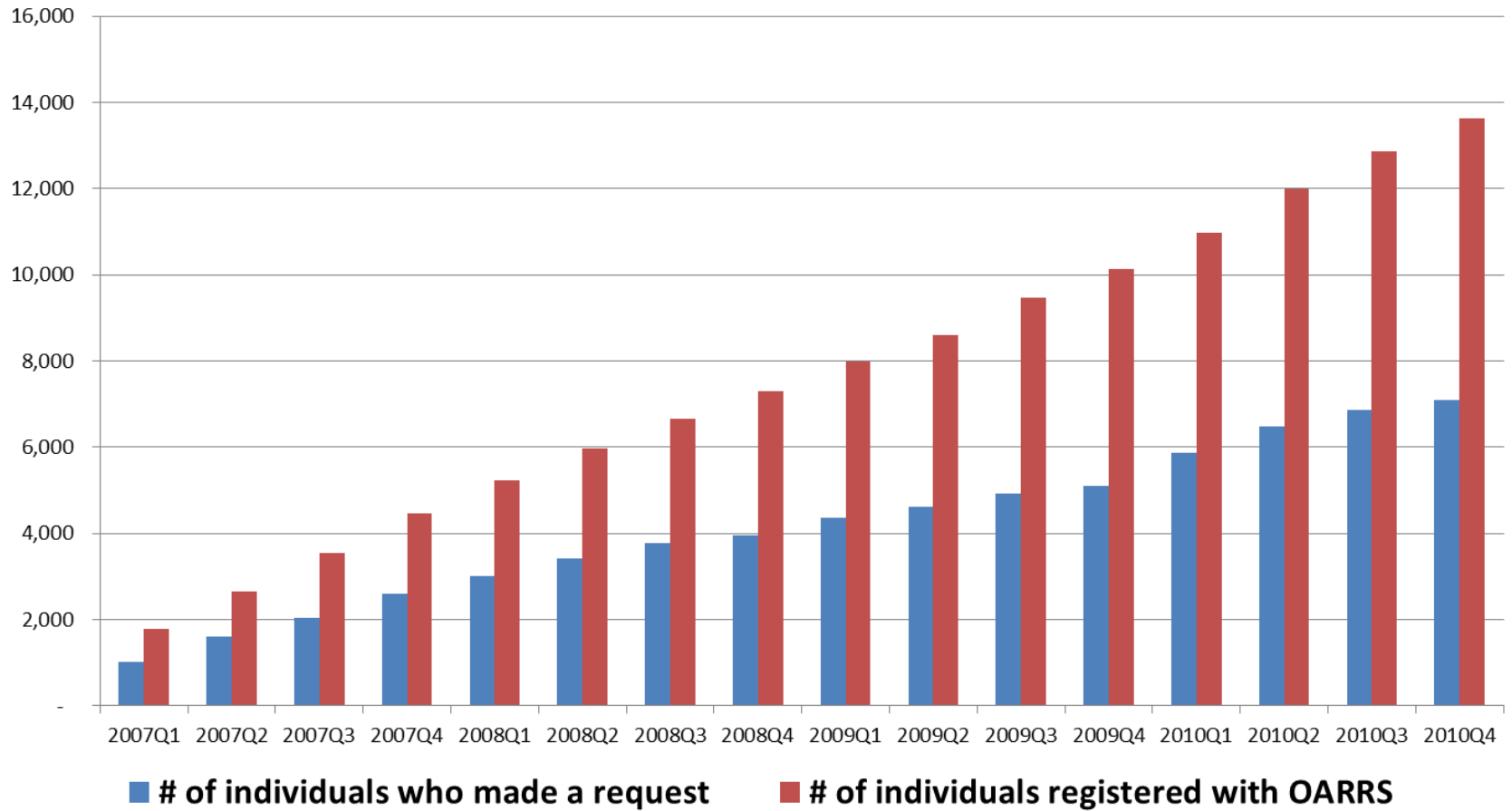
January 2010: 2,485

January 2009: 1,401

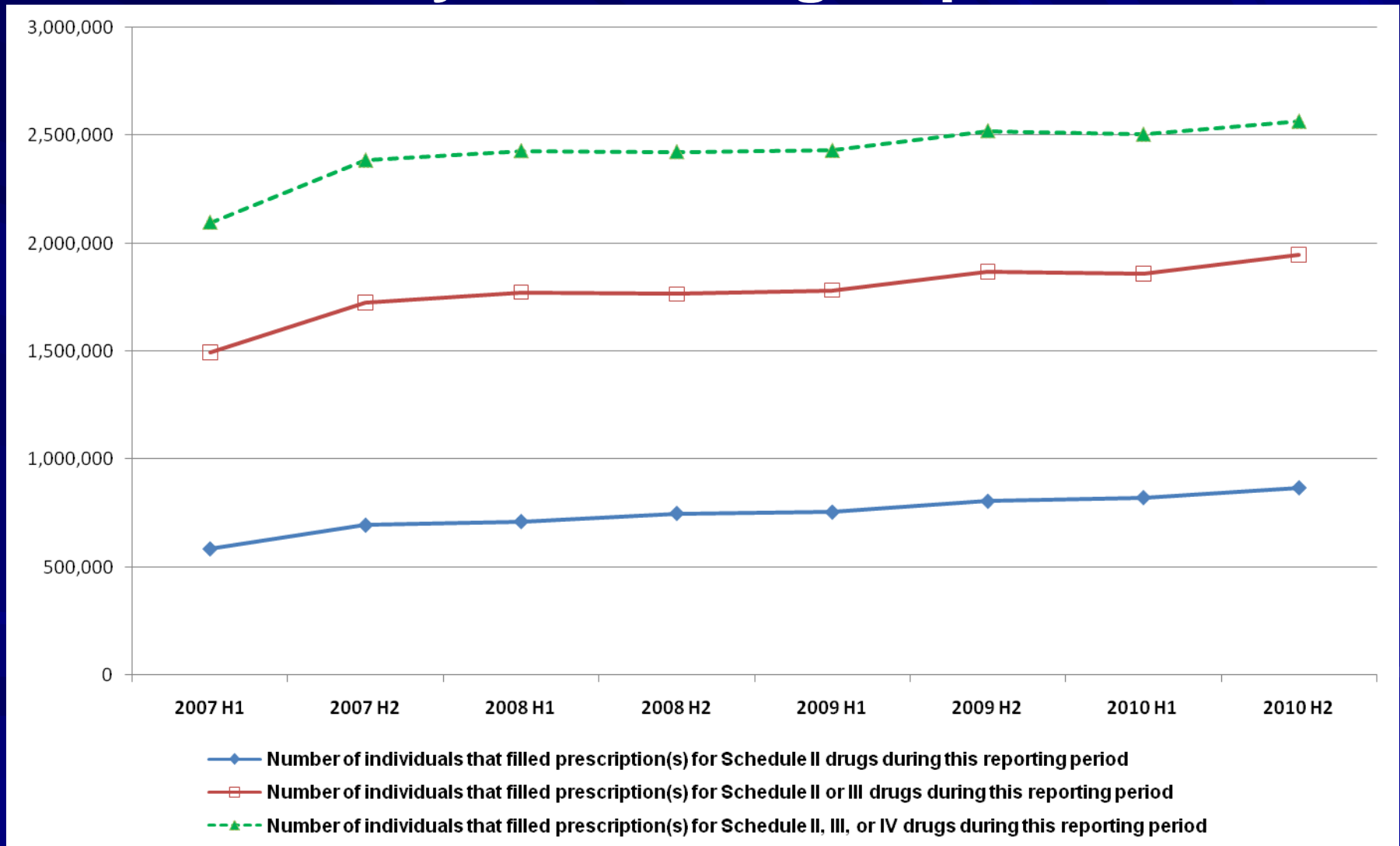
January 2008: 975

January 2007: 264

OARRS Usage

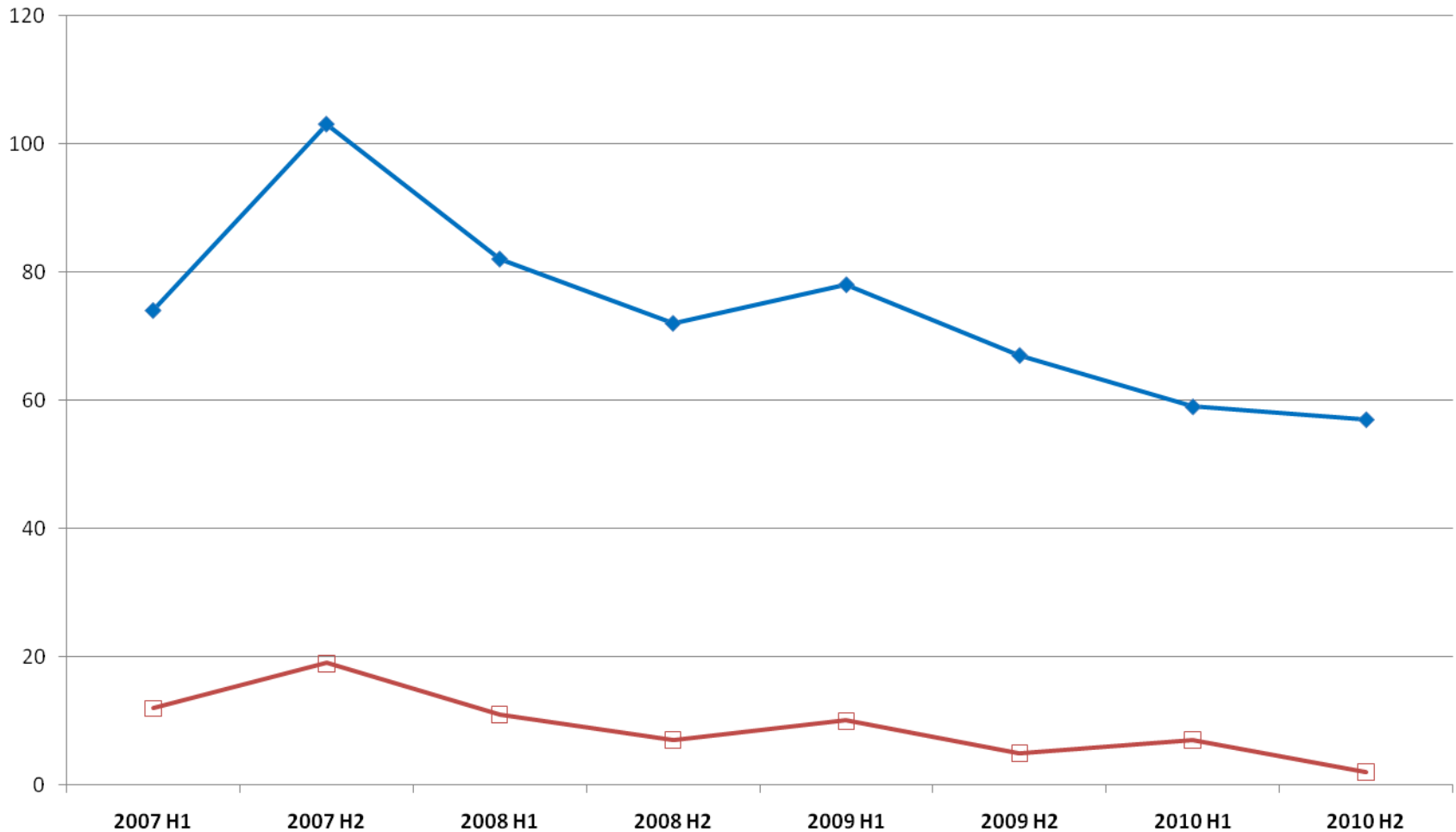


Number of Patients by schedule groups



Doctor Shopping Trends

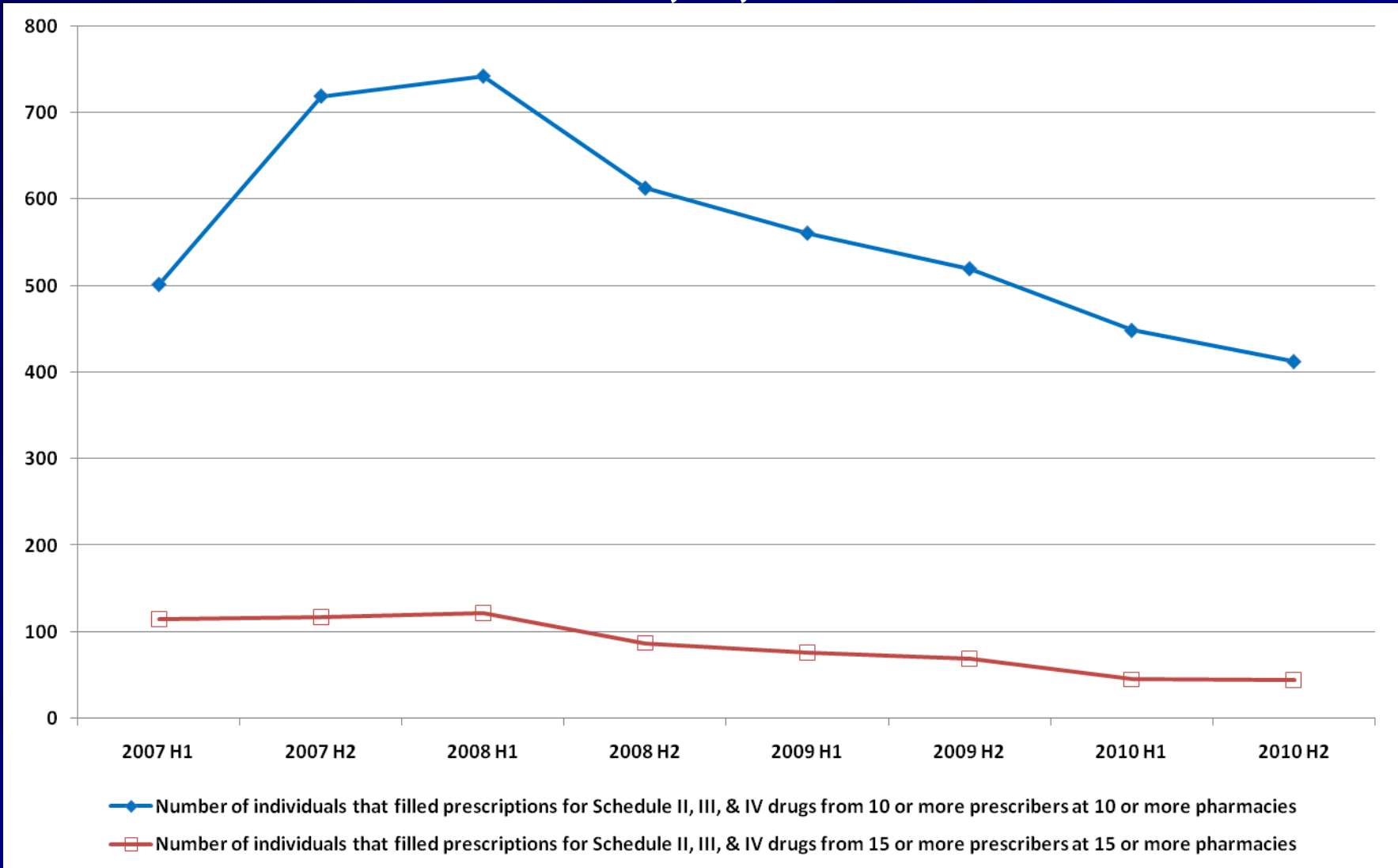
C-II only



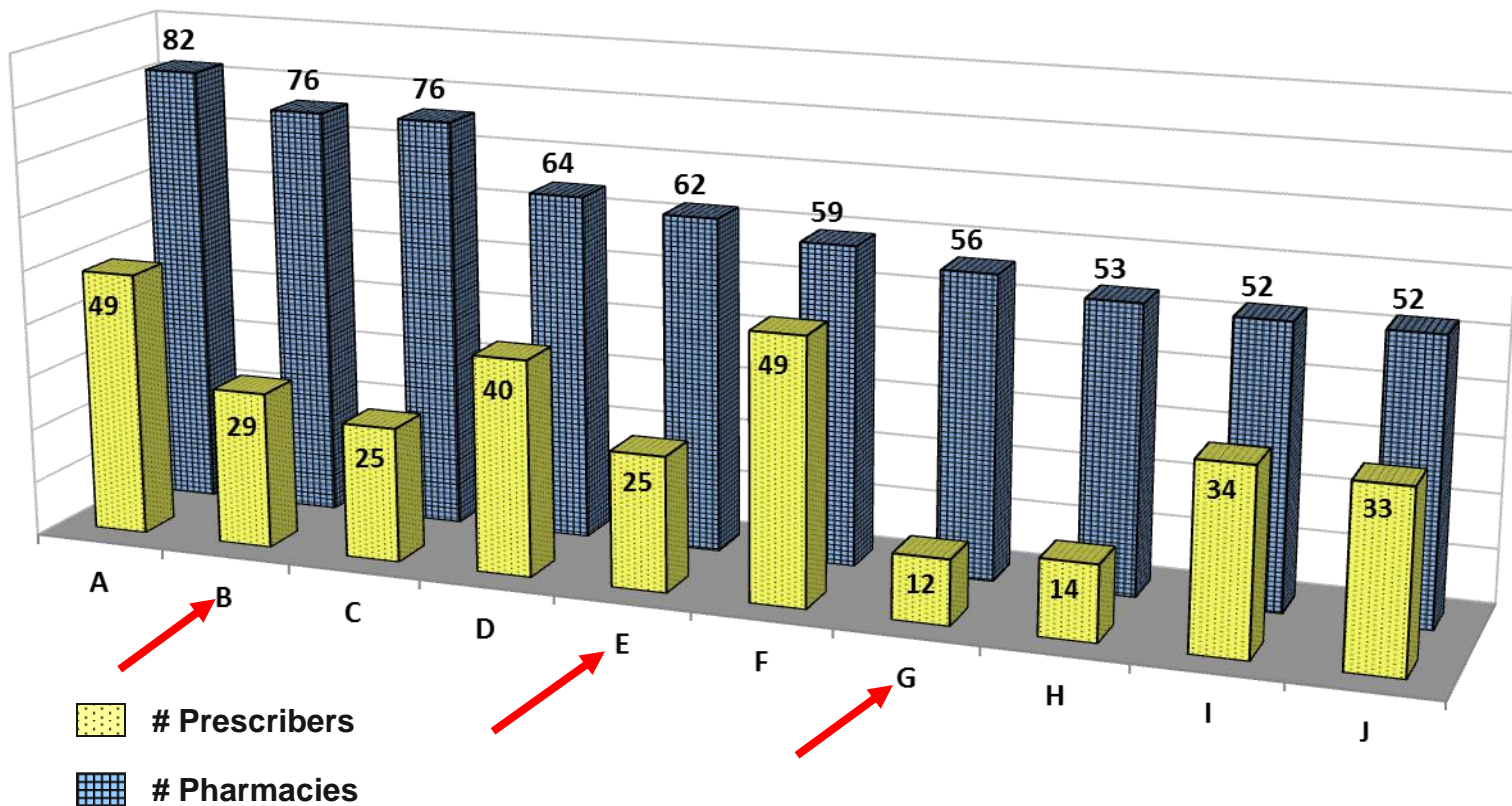
◆ Number of individuals that filled prescriptions for Schedule II drugs from 10 or more prescribers at 10 or more pharmacies
□ Number of individuals that filled prescriptions for Schedule II drugs from 15 or more prescribers at 15 or more pharmacies

Doctor Shopping Trends

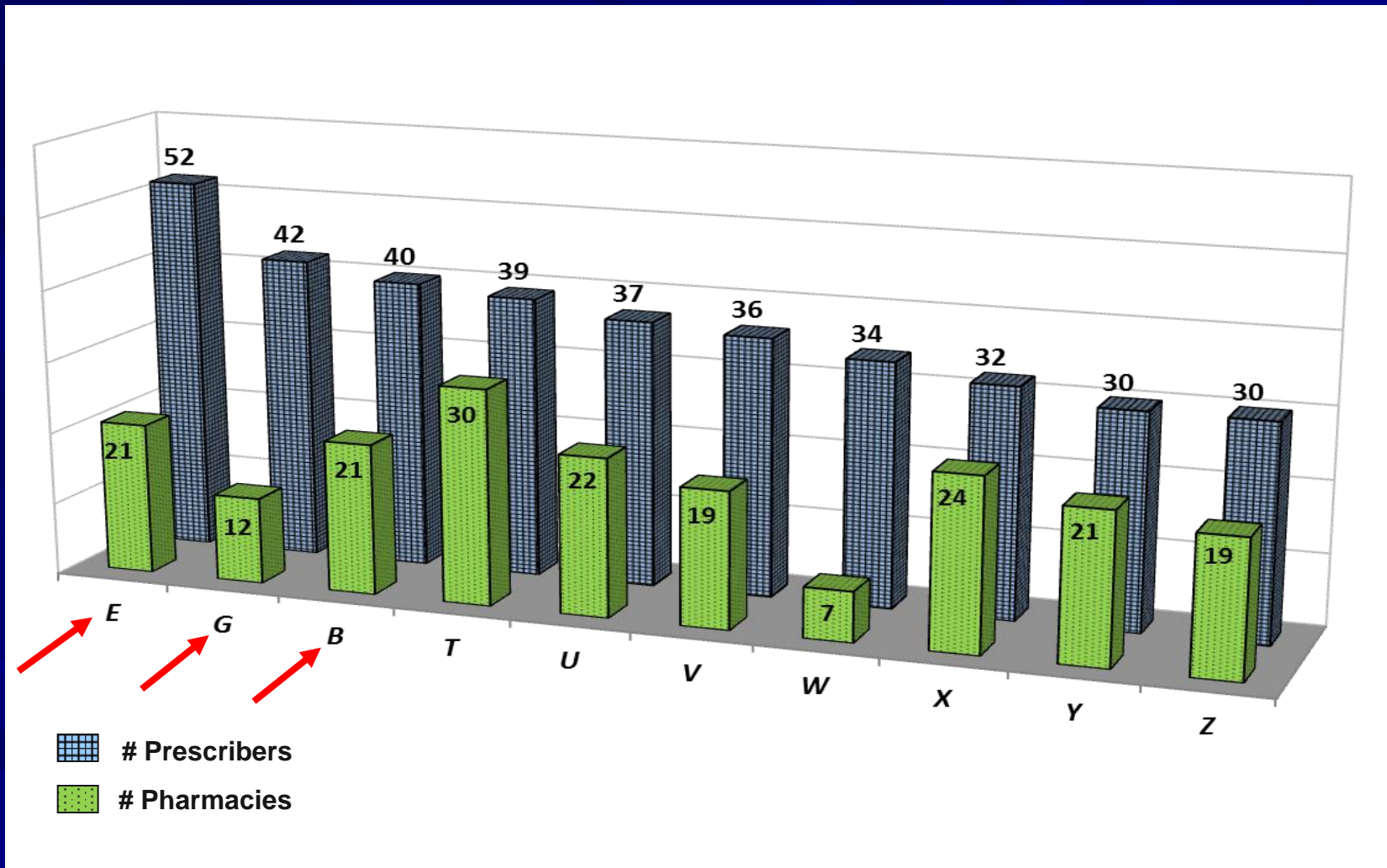
C-II, III, IV



Top Ten Doctor Shoppers 2010



Top Ten Doctor Shoppers 2010 – CII ONLY



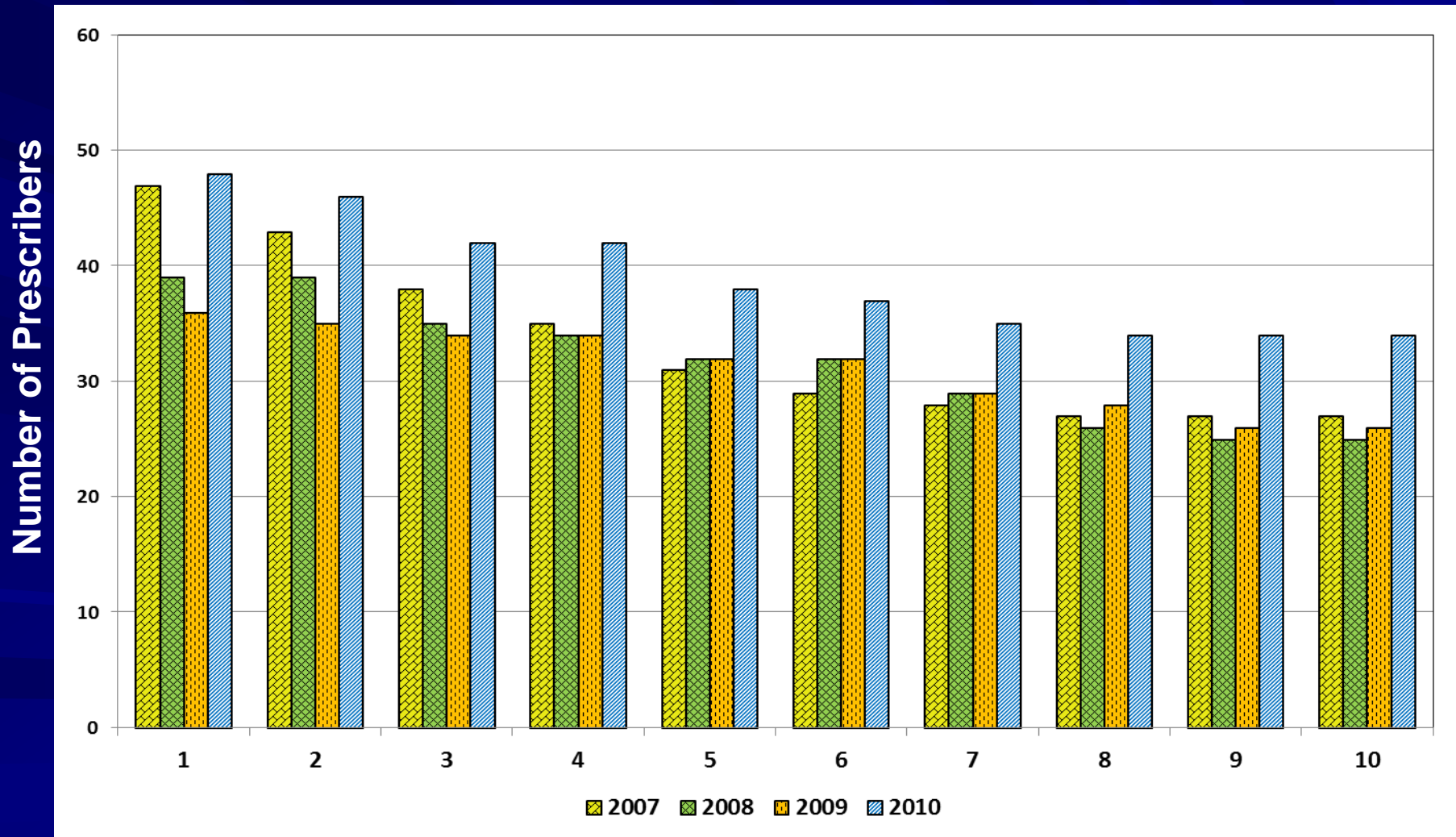
Which of the following statements is NOT true.

- A. A prescriber can avoid contributing to drug abuse or diversion by prescribing tramadol for pain.**
- B. A prescriber or pharmacist should consult OARRS while evaluating the patient's complaint or prescription.**
- C. A prescriber may refuse to comply with a patient's request for a specific controlled substance.**
- D. A prescriber or pharmacist can be liable for information that he/she could reasonably obtain.**

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Top Ten Patients with Multiple Prescribers for Tramadol: 2007 – 2010



Ohio House Bill 93

- **Pain Management Clinic will require licensure from Pharmacy Board**
- **Dispensing practitioners will be required to report to OARRS**
- **Adds penalties for misuse of OARRS information and for obtaining or attempting to obtain OARRS information in an inappropriate manner**

Ohio House Bill 93

- **Requires Medical Board to adopt rules specifying when a report must be requested from OARRS by a prescriber**
- **Requires Pharmacy Board to adopt rules specifying when a report must be requested from OARRS by a pharmacist**
- **Allows prescribers to have delegates (licensed and non-licensed)**

What does a pill mill look like?

Is your practice “Cash Only”?

**Patients drive 1-4 hours
to see you?**

Do you need a security company or guard to screen your patients?

Bouncer in waiting room?

Beer in the waiting room?

Tail gating in parking lot?

Traffic cop in parking lot?

**Your waiting room looks and smells like
a Woodstock reunion with or without
the music?**

QUESTIONS?