Prescription Drug Abuse: It’s Not What the Doctor Ordered

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Funded by
the Georgia Department of Behavioral Health
and Developmental Disabilities
Division of Addictive Diseases
Office of Prevention Services and Programs
Introduction to the
Georgia Prescription Drug Abuse
Prevention Initiative

The GOAL: To prevent and reduce prescription drug abuse in Georgia

4 priority areas to help achieve this goal

- Secure Storage & Safe Disposal of Drugs
- Monitoring
- Education
- Enforcement
What Is the Problem?

1. Definition and Examples of a Controlled Substance
2. How Addiction Develops From Using Prescription Drugs
3. Explanation of Drug-Seeking Behaviors
4. Commonly Abused Prescription Drugs in Georgia
5. The Patient’s Role in Prescription Drug Abuse Prevention
6. The Role of Healthcare Providers in Prescription Drug Abuse Prevention

7. Prescription Drug Abuse Statistics in Georgia

8. Legal Risks and Consequences Associated with Prescription Drug Abuse in Georgia

9. Discussion of Latest Trends and Obstacles in Preventing Prescription Drug Abuse in Georgia

10. The Four Goals of the GA Rx Drug Abuse Prevention Initiative & How You Can Be Involved
What Is the Problem?

BILL CLINTON, FORMER U.S. PRESIDENT:

“This is crazy. Not a single solitary one of these people has to die.”

DR. ALEX KAHANA,
CHIEF OF PAIN MEDICINE, UNIVERSITY OF WASHINGTON:

“As we speak, someone is dying, right now.”
What Is the Problem?

SANJAY GUPTA CNN Medical Advisor:

“And over the next hour, three people will die.”

In fact, the most recent data shows 37,000 drug overdose deaths in one year, mostly accidental. About 21,000 of those deaths involved prescription drugs. And of those 75 percent were pain killers.

From transcripts of CNN’s Program:
Deadly Dose: Aired 12/1/12
Controlled Substances and Drug Abuse

1. Definition and examples of a controlled substance

2. How prescription drugs can cause addiction

3. Explanation of drug-seeking behaviors

4. Commonly abused Rx drugs in Georgia
Definition of a “Controlled Substance”

A substance or chemical whose manufacture, possession, and use are regulated by the government.

Examples include:
Xanax, Oxycodone, and Marijuana
Prescription Drugs Can Cause Addiction

Prescription drugs that are controlled substances can cause patients to experience euphoria, and this can cause the patient to want to continue to take the drug for a long time and take more of the drug than was prescribed.
Psychoactive Chemical Dependence (Addiction) is a Complex Illness

...with biological, sociological and psychological components
Definition of a “Psychoactive Drug”

Any chemical substance that affects mood, perception or consciousness as a result of changes in the functioning of the nervous system (brain and spinal cord).
Definitions of Psychoactive Drug Use, Abuse and Addiction
Psychoactive Drug Use

• Usually a single episode
  (as compared to abuse which is multi-episodic)

• May have consequences depending on amount of drug taken:
  1. Physical - allergic reactions to the drug, similar to a penicillin like reaction;
  2. Emotional – may cause depression or over-excitation, depending on the drug classification;
  3. Social/Legal: violence, fights or DUls
Drug Abuse

1. Drug abuse (includes alcohol abuse) is a patterned use of a substance (drug) in which the user consumes the substance in amounts or with methods neither approved nor supervised by medical professionals.

2. Substance abuse/drug abuse is not limited to mood-altering or psychoactive drugs.

3. If an activity is performed using a drug against rules and policies in place (as in the use of steroids for performance enhancement in sports) it is also called “drug abuse”.
Psychoactive Drugs

Drug Abuse  (continued)

Therefore, mood-altering and psychoactive substances are not the only types of drugs abused.

• There is a wanting to use the drug again;

• A physical withdrawal syndrome may occur;

• May have consequences similar to drug use depending on amount of drug taken.
Drug Addiction

An authoritative definition of drug addiction is that propounded by the World Health Organization: "Drug addiction is a state of periodic and chronic intoxication detrimental to the individual and to society, produced by the repeated consumption of a drug (natural or synthetic)."
Drug Addiction

Its characteristics include:

1. An overpowering desire or need (obsession) to continue taking the drug and to obtain it by any means;

2. A tendency to increase the dose;

3. A psychological and sometimes a physical dependence on the effects of the drug.
Psychoactive Drugs

Midbrain

addiction

Physical Addiction

addiction

Physical and Psychological Induced Disorder
Substance Use Disorder - A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by 2 (or more) of the following, occurring within a 12-month period:
1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)

2. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
3. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

4. Tolerance, as defined by either of the following:
   a. Need for markedly increased amounts of the substance to achieve intoxication or desired
5. Withdrawal

6. Preoccupation

7. Can’t stay stopped or control use

b. Markedly diminished effect with continued use of the same amount of the substance (Note: Tolerance is not counted for those taking medications under medical supervision such as analgesics, antidepressants, anti-anxiety medications or beta-blockers.)
8. Spend lots of time obtaining the substance, using the substance, or recovering from its effects.

9. Important social, occupational, or recreational activities are given up or reduced because of substance use.

10. The substance use is continued despite knowing you have a serious physical or psychological problem that is likely to have been caused or made worse by the substance.
11. Craving or a strong desire or urge to use a specific substance.
DSM V Addiction Severity Levels

Depending on how many of the 11 criteria a person meets their level of addiction is diagnosed accordingly:

• Mild Addiction: Meets 2-3 Criteria
• Moderate Addiction: Meets 4-5 Criteria
• Severe Addiction: Meets 6 or More Criteria
Addiction

Biology/Genes

Biology/Environment Interactions

Environment

5/21/2013 Georgia Prescription Drug Abuse Prevention Initiative Training
Addictive drugs can stimulate the reward pathway in the brain which triggers the release of dopamine.

The release of dopamine will cause the person to crave the drug more.

All of these brain regions must be considered in developing strategies to effectively treat addiction.

Addiction

Prescription Drugs Can Cause Addiction

Circuits Involved in Drug Abuse and Addiction

5/21/2013

Georgia Prescription Drug Abuse Prevention Initiative Training 29
Prescription Drugs Can Cause Addiction

After a certain amount of time of taking an addictive drug, the brain can no longer make dopamine on its own. Without the drug the patient will feel worse and possibly depressed and will need the drug just to feel normal.
What happens in the brain

1. We feel good when neurons in the reward pathway release a neurotransmitter called dopamine into the nucleus accumbens and other brain areas.

2. Neurons in the reward pathway communicate by sending electrical signals down their axons. The signal is passed to the next neuron across a small gap called the synapse.
What happens in the brain

3. Dopamine is released into the synapse, crosses to the next neuron and binds to receptors, providing a jolt of pleasure. Excess dopamine is taken back up by the sending cell. Other nerve cells release GABA, an inhibitory neurotransmitter that works to prevent the receptor nerve from being over-stimulated.
Addictive substances increase the amount of dopamine in the synapse, heightening the feeling of pleasure. Addiction occurs when repeated drug use disrupts the normal balance of brain circuits that control rewards, memory and cognition, ultimately leading to compulsive drug taking.

Source: National Institute on Drug Abuse NIH • TIME Diagram by Kristina Dell, Meg Massey and Joe Lertola
Brain Reward Pathways

- Prefrontal cortex
- Nucleus accumbens
- VTA
Activation of Reward

Activation of the reward pathway by addictive drugs

- alcohol
- cocaine
- heroin
- nicotine
- heroin
Drugs Are Taking Over Brain Circuits and Motivational Priorities
“I want a beer”

“Miller Lite”

“It makes me feel gooood”

Slide used with permission from DVD series
“From DisGrace To Grace: The Hijacking of the Brain”
By Dr. Merrill Norton, Pharm.D., D.Ph., ICCDP-D,
University of Georgia, College of Pharmacy
Athens, Georgia
Explanation of Drug Seeking Behaviors

- Repeated drug exposure results in synaptic changes in the brain.

- Synapses in the brain are where brain cells or neurons signal to each other by releasing and receiving neurotransmitters, like dopamine.
Explanation of Drug Seeking Behaviors
(continued)

• These synaptic changes cause the drug user to rely on the drug to the point where if they do not take the drug they will experience withdrawal symptoms and cravings.

• Using an addictive drug for an extended period of time can cause cravings that may last for years and often results in people having drug seeking behavior after they have made attempts to become clean.
Top 15 Abused Drugs In Georgia

1. Nicotine
2. Alcohol
3. Marijuana/hashish (cannabinoids)
4. Vicodin (hydrocodone) (opioid) Rx Drug
5. Cough medicine (hydrocodone, Codeine) Rx Drug
6. Adderall (stimulant for ADHD) Rx Drug
7. Tranquilizers (Ativan, Xanax) Rx Drug
Top 15 Abused Drugs In Georgia (continued)

8. Salvia (dissociative – “out of body experiences” drug)
9. Hallucinogens (Spice, K-2, LSD)
10. OxyContin (oxycodone) (opioid) Rx Drug
11. Sedatives (Ambien, Sonata, Lunesta) Rx Drugs
12. Ecstasy (club drug)
13. Inhalants (solvents, aerosol propellants, nitrites, etc.)
14. Cocaine (stimulant)
15. Ritalin (stimulant - for ADHD) Rx Drug
The Patient’s Role in Prescription Drug Abuse Prevention

- Patients should see only one primary physician, and only use one pharmacy whenever possible.

- If they think they may be, or know they are experiencing drug abuse or drug addiction they should seek help.
The Patient’s Role in Prescription Drug Abuse Prevention (continued)

- They should not share or sell their medication.

- They should follow the directions and dosage provided by their physician.

- Properly conceal and dispose of their medications using recommended methods of secure storage and safe disposal.
The Patient’s Role in Prescription Drug Abuse Prevention (continued)

• Ask friends and family to safeguard their medicine and keep it out of the hands of children, teens and any susceptible individuals.

• Report any individuals who are selling drugs or forging prescriptions to the police.

• Susceptible individuals should avoid situations where they may be tempted to abuse drugs or buy them.
The Role of Healthcare Providers in Prescription Drug Abuse Prevention

- Prescribers should be educated about the appropriate use, proper storage, and disposal of prescription drugs.
The Role of Healthcare Providers in Prescription Drug Abuse Prevention (continued)

- Pharmacists should use their best judgment and not fill prescriptions for controlled drugs that look suspicious and may have come from a “pill mill”.

- Support individuals in recovery from drug addiction.
• Share with other healthcare providers if they are suspicious about a certain provider or patient.

• Educate patients in their practice and community about the consequences of drug abuse.
Prescription Drug Abuse Statistics Nationally

- In 2009, there were 7 million Americans aged 12 years and older who abused prescription drugs for non-medical purposes, up from 6.2 million in 2008. This represents a 13 percent increase in just one year.

Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Substance Abuse and Mental Health Services Administration Center for Behavioral Health Statistics and Quality
Prescription Drug Abuse Statistics Nationally

- In 2009, on average, 6,027 persons per day abused prescription pain relievers for the first time. The total number of individuals that initiated drug use with prescription drugs exceeds the number of individuals that initiated drug use with marijuana.

Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Substance Abuse and Mental Health Services Administration Center for Behavioral Health Statistics and Quality
Prescription Drug Abuse Statistics Nationally

- Every day, on average, 2,500 teens use prescription drugs to get high for the first time.
- Fifty-six percent of teens believe that prescription drugs are easier to get than illicit drugs.

U.S. Drug Enforcement Administration (DEA) May 2009
Prescription Drug Abuse Statistics Nationally

- 1 in 7 teens admit to abusing prescription drugs to get high in the past year.
- In 2010, 2 million people reported using prescription pain killers non-medically for the first time.

U.S. Drug Enforcement Administration (DEA) May 2009
People who abuse prescription painkillers get drugs from a variety of sources.
Prescription Drug Abuse Statistics Nationally

- 2 out of 5 teens believe that prescription drugs are “much safer” than illegal drugs.

- 3 out of 10 teens believe that prescription pain relievers are not addictive.

U.S. Drug Enforcement Administration (DEA) May 2009
Prescription Drug Abuse Statistics Nationally

- 63% of teens believe that prescription drugs are easy to get from friends’ and family’s medicine cabinets.
- According to the CDC, prescription drugs including opioids and antidepressants are responsible for more overdose deaths than “street drugs” such as cocaine, heroin, and amphetamines.

U.S. Drug Enforcement Administration (DEA) May 2009
Prescription Drug Abuse Statistics Nationally

- The number of emergency room visits attributable to pharmaceuticals alone rose by 97% between 2004 and 2008.

- The number of persons seeking treatment for pain reliever abuse is up more than four fold between 1998 and 2008.

U.S. Drug Enforcement Administration (DEA) May 2009
Prescription Drug Abuse Statistics Nationally

Drug overdose death rates in the US have more than tripled since 1990.5

U.S. Drug Enforcement Administration (DEA) May 2009
Prescription Drug Abuse Statistics in Georgia

• Note: The following slides on Georgia’s statistics do NOT include autopsies performed by medical examiners in Fulton, Cobb, Gwinnett, DeKalb, Henry, Hall or Rockdale Counties.

• From 2009 to 2010 there was a 10% increase in the number of prescription overdose deaths (152 counties).
## Deaths Related to Rx Drug Overdoses Continue to Rise in GA

<table>
<thead>
<tr>
<th>Deaths from:</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rx Only</strong></td>
<td>496</td>
<td>508</td>
<td>560</td>
</tr>
<tr>
<td><strong>Illicit Drugs Only</strong></td>
<td>95</td>
<td>86</td>
<td>101</td>
</tr>
<tr>
<td><strong>Combination of RX and Illicit</strong></td>
<td>47</td>
<td>76</td>
<td>68</td>
</tr>
<tr>
<td><strong>Total Overdose Deaths</strong></td>
<td>638</td>
<td>670</td>
<td>729</td>
</tr>
</tbody>
</table>

Georgia Bureau of Investigation 7-21-2011
Georgia’s Overdose Drug Deaths in 2010—
Drugs Found Through Toxicology Tests in
The Highest Numbers Were as Follows:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alprazolam (For anxiety, Xanax)</td>
<td>231</td>
</tr>
<tr>
<td>Oxycodone (Narcotic Pain Reliever)</td>
<td>171</td>
</tr>
<tr>
<td>Methadone (Narcotic Pain Reliever)</td>
<td>151</td>
</tr>
<tr>
<td>Hydrocodone (Narcotic Pain Reliever)</td>
<td>145</td>
</tr>
<tr>
<td>Cocaine (Stimulant, Illicit)</td>
<td>96</td>
</tr>
<tr>
<td>Morphine (Narcotic Pain Reliever)</td>
<td>87</td>
</tr>
<tr>
<td>Fentanyl (Narcotic Pain Reliever)</td>
<td>78</td>
</tr>
<tr>
<td>Methamphetamine (Stimulant, Illicit)</td>
<td>65</td>
</tr>
<tr>
<td>Diazepam (For anxiety, Valium)</td>
<td>55</td>
</tr>
<tr>
<td>Diphenhydramine (Antihistamine, Benadryl)</td>
<td>55</td>
</tr>
</tbody>
</table>
Prescription Drug Abuse Statistics in Georgia

For all drug deaths, the numbers per age range in 2010

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 or younger</td>
<td>5</td>
</tr>
<tr>
<td>16 – 24</td>
<td>80</td>
</tr>
<tr>
<td>25 – 34</td>
<td>115</td>
</tr>
<tr>
<td>35 – 44</td>
<td>180</td>
</tr>
<tr>
<td>45 – 54</td>
<td>226</td>
</tr>
<tr>
<td>55 – 64</td>
<td>106</td>
</tr>
<tr>
<td>64 or older</td>
<td>17</td>
</tr>
</tbody>
</table>

Georgia Bureau of Investigation 7-21-2011
Prescription Drug Abuse Statistics in Georgia (continued)

A breakdown by race and sex for 2010 for all drug overdose deaths:

<table>
<thead>
<tr>
<th>Race</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>658</td>
<td>90.26%</td>
</tr>
<tr>
<td>Black</td>
<td>64</td>
<td>8.78%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>7</td>
<td>0.96%</td>
</tr>
<tr>
<td>Females</td>
<td>302</td>
<td>41.43%</td>
</tr>
<tr>
<td>Males</td>
<td>427</td>
<td>58.57%</td>
</tr>
</tbody>
</table>

Georgia Bureau of Investigation 7-21-2011
Legal Risks & Consequences Associated With Prescription Drug Abuse in Georgia
Legal Risks & Consequences Associated With Prescription Drug Abuse in Georgia

• A person who is charged for prescription drug abuse is presumed innocent until proven guilty beyond a reasonable doubt in a court of law.

• Sometimes a person can be arrested and convicted just by being around drugs, even if you are not using drugs and the drugs aren’t yours.

• Drug paraphernalia may be cause for arrest.
Legal Risks & Consequences Associated With Prescription Drug Abuse in Georgia

Consequences

- You may lose your college loans.
- You may be unable to join the military.
Legal Risks & Consequences Associated With Prescription Drug Abuse in Georgia

Consequences

• You may not be able to get the job you want.

• You may face one of the biggest consequences of all: Being sentenced to time in prison.
Prescription Forgery in Georgia

- Many people do not realize how serious altering or forging a prescription can be.
- Prescription fraud is treated as forgery of the first degree which is a felony in Georgia.
- If you are convicted of forging a prescription in Georgia, you are looking at 1-10 years in prison.
Drugs Not in Original Container

Under Georgia state and U.S. federal law

• It is an offense for a person to possess or have under his control any narcotic drug, except as authorized by some applicable exception, that was not prescribed for him/her.

• A person possessing a narcotic prescribed by a physician must possess it only in the container in which it was delivered to him by the person selling or dispensing it.
Drugs Not in Original Container
(continued)

- The penalties attached to these crimes are very serious. If you are a doctor, pharmacist or nurse, you may be in jeopardy of losing your professional license which can destroy your career.
Legal Risks & Consequences Associated With Prescription Drug Abuse in Georgia

- Conspiring to possess a controlled substance, such as oxycodone, with the intent to distribute in Georgia could lead to a maximum sentence of 20 years in prison and a fine of up to $1,000,000.
Discussion of Latest Trends and Obstacles in Preventing Prescription Drug Abuse in Georgia
Discussion of Latest Trends and Obstacles in Preventing Prescription Drug Abuse in Georgia

TREND:
Georgia’s Prescription Drug Monitoring Program (PDMP) is one of the latest trends in managing prescription drug abuse.

PDMP consists of:
- Physicians and pharmacists access to a state monitoring program.
- Monitoring of Controlled Prescription Drugs.
Discussion of Latest Trends and Obstacles in Preventing Prescription Drug Abuse in Georgia

TREND:
Opiate overdoses, once almost always due to heroin use, are now increasingly due to abuse of prescription painkillers.
Discussion of Latest Trends and Obstacles in Preventing Prescription Drug Abuse in Georgia

OBSTACLE:
It is a challenge to provide law enforcement agencies with the support and tools they need to shut down “pill mills” and “doctor shoppers” who contribute to prescription drug trafficking.
Discussion of Latest Trends and Obstacles in Preventing Prescription Drug Abuse in Georgia

OBSTACLE:
It is very important for the public and healthcare providers to have an increased awareness about the dangers of prescription drug abuse and ways to appropriately dispense, store, and dispose of controlled substance medications.
Discussion of Latest Trends and Obstacles in Preventing Prescription Drug Abuse in Georgia

OBSTACLE:
The number of prescriptions filled for opioid pain relievers has increased dramatically in recent years causing an enormous obstacle in managing prescription drug abuse in Georgia.

Utilization of prescription drug monitoring programs to help detect therapeutic duplication and drug-drug interactions.
The Four Goals of the Georgia Drug Abuse Prevention Initiative & How You Can Be Involved

1. Safe Storage and Secure Disposal
2. Monitoring
3. Education
4. Enforcement
Safe Storage

- If you or someone you know has a gun(s) or other dangerous weapons in the home, where & how do you or they store those weapons?

- What about the Rx & OTC drugs; should they be treated with the same care & caution? How are they stored?
Safe Storage

- If someone was looking for or took Rx drugs from your home would you know?

- Why not be sure that your Rx & OTC drugs stay where they are supposed to be?
Safe Storage

Lock them Up!

In a Rx & OTC Drug Safe secured to the back of your cabinet with a lock!
Secure Disposal of Drugs

Provide, promote, & use convenient, secure & environmentally responsible prescription (Rx) & over the counter (OTC) drug disposal programs to help decrease the supply of unused or out of date drugs in the home and on the street.
Secure Disposal of Drugs

(continued)

Convenient/Environmentally Safe Drug Disposal

Four methods of Disposal

- Drug Collection Unit
- DEA National Take Back Initiative
- Envelope Mail back
- FDA Disposal
Drug Collection Unit

- Secure
- Discretion of Law Enforcement
- Safe and effective
- Effective controls against diversion

[Secure and Responsible Drug Disposal Act of 2010].
Proper Drug Disposal

- Scratch out all identifying information
- No friendly favors
- Environmentally safe
DEA National Take Back Initiative

- Central Location
- The DEA sponsors the National Take Back Days
- For more information visit: www.deadiversion.usdoj.gov
GOAL 1

Storage and Disposal

Envelope
Mail Back
GOAL 1

Storage and Disposal

FDA Disposal in Household Trash

NO Drug Disposal?

Follow these steps:

1. Mix drugs with kitty litter or used coffee grounds in a zip lock bag (no crushing of tablets or capsules)

2. Seal plastic bag

3. Place in the trash

Go to www.fda.gov
Monitoring

If Physicians and Pharmacists will effectively utilize Georgia’s Prescription Drug Monitoring Program (PDMP) they can reduce the amount of prescription drug abuse.
Why Monitor?

• Currently patients/customers are able to obtain similar controlled prescription medications from different doctors and pharmacies without the knowledge of these pharmacists and physicians.

• This leads to abuse of these medications and ultimately can result in patients overdosing.

• In addition, this leads to these controlled medications getting into the hands of children and teenagers, which then often leads to a lifetime of drug abuse and addiction.
Legislation entitled the “Georgia Patient Safety Act” which passed in Georgia in 2011 to help prevent the widespread abuse of prescription drugs.
The Georgia Patient Safety Act

- The centerpiece of this legislation is the Prescription Drug Monitoring Program (PDMP).
- The centerpiece of the PDMP is a central, computerized database of all transactions of controlled substances dispensed in Georgia.
Each time a pharmacist or physician dispenses medications containing Schedule II, III, IV, or V drugs (controlled substances) they will be required by law to enter information about such prescriptions in the Database.
The Georgia Patient Safety Act (continued)

COMPUTERIZED, CENTRAL DATABASE CONTAINING PATIENT OR CUSTOMER INFORMATION AND A RECORD OF SCHEDULE II-V MEDICATIONS THEY HAVE RECEIVED

Dispensing physician enters patient prescription data

Dispensing pharmacist enters patient prescription data

Physician about to prescribe or dispense can check patient records

Pharmacist about to dispense can check patient records

Law Enforcement access via search warrant from Judge
The Georgia Patient Safety Act (continued)

- Georgia’s Prescription Drug Monitoring Program (PDMP) currently allows dispensers to share data with other states to enhance patient safety, but not Georgia prescribers.

- In 2013, the Georgia Drugs and Narcotics Agency (GDNA) contracted with a company to design the Database.

- GDNA has been maintaining the Database since it went online in May, 2013.
Status of Prescription Drug Monitoring Programs (PDMPs)
The Georgia Patient Safety Act (continued)

DATABASE PRIVACY

- The PDMP is in compliance with all HIPAA regulations.
- The database will only be accessible by doctors and pharmacists who will have to use a secure password.
- Law enforcement will need a search warrant from a judge to access the database.
The Georgia Patient Safety Act (continued)

- The PDMP gives physicians and pharmacists the ability to know if their patients are obtaining similar prescriptions from other doctors and/or pharmacists.

- Patients that pursue multiple prescriptions for similar medications from different doctors are at risk of an overdose and putting themselves and others in life-threatening situations.

- In addition, some people will then sell the drugs on the street to children and adults for huge profits.
The Georgia Patient Safety Act (continued)

THE MAIN ISSUES

1. Amending the Patient Safety Act to include:
Sharing data with prescribers (mainly physicians) in other states. This is a must to ensure continued Federal funding in 2014.

Currently data can only be shared with dispensers (mainly pharmacists) in other states.
The Georgia Patient Safety Act (continued)

THE MAIN ISSUES

2. Since Federal funding could disappear, funding from the State of Georgia is needed to:

- Ensure the existence of the PDMP
- Ensure a PDMP that is functioning on more than a minimal level
The Georgia Patient Safety Act (continued)

LEGAL RISKS AND CONSEQUENCES ASSOCIATED WITH UNAUTHORIZED USE OF THE PDMP DATABASE

An individual authorized to access electronic database prescription information pursuant to this part who negligently uses, releases, or discloses such information in a manner or for a purpose in violation of the Patient Safety Act shall be guilty of a misdemeanor.
LEGAL RISKS AND CONSEQUENCES ASSOCIATED WITH UNAUTHORIZED USE OF THE PDMP DATABASE (continued)

Any person who is convicted of negligently using, releasing, or disclosing such information in violation of this part shall, upon the second or subsequent conviction, be guilty of a felony.
LEGAL RISKS AND CONSEQUENCES ASSOCIATED WITH UNAUTHORIZED USE OF THE PDMP DATABASE (continued)

A dispenser who knowingly and intentionally fails to submit prescription information to the agency as required or knowingly and intentionally submits incorrect prescription information:

- shall be guilty of a felony and, upon conviction thereof, shall be punished for each such offense by imprisonment for
  - not less than one year nor more than five years,
  - a fine not to exceed $50,000.00, or both,
- and such actions shall be reported to the licensing board.
Education

- Educate parents, teenagers, and patients about proper storage of prescription & OTC drugs, the need for secure disposal, and the dangers of prescription drug abuse.

- Educate healthcare providers about the safe use, proper storage, need for monitoring, and secure disposal of prescription & OTC drugs.
Training Modules being developed for:

- Physicians (by MAGF)
- Pharmacists
- General Audience
- Youth in collaboration with the GA DoE
Three Social Norms

• Unwritten “Rules” by which our society functions which can lead to prescription drug abuse

1. If it’s Legal it must be Safe
   (the 3 drugs that kill the most people are all legal: tobacco, alcohol and prescription drugs)

2. Don’t deal with your Suffering or Pain directly, because it will overwhelm you

3. Pills are the Answer to Human Suffering & Confusion
Very Important!

Prescription drugs are useful in improving many conditions when used exactly as directed by a knowledgeable physician.

**DO NOT** stop taking any prescription medication without first consulting with your physician.
GOAL
3

Education

Media Campaign

It’s NOT What the Doctor Ordered

RX

5/21/2013 Georgia Prescription Drug Abuse Prevention Initiative Training
www.StopRxAbuseInGA.org
Enforcement

Collaborate with law enforcement in Georgia to help provide it with the tools necessary to eliminate improper prescribing practices, stop “pill mills,” “doctor shopping” and other drug-seeking behavior.
“Pill Mills”

THE SIGNS OF A “PILL MILL”

- No physical exam
- No medical records required
- Medical equipment may be limited or non-existent
- Pain is treated by pills alone; no alternative TX's
- Often the pharmacy is on-site
“Pill Mills” (continued)

- You can select your own medicines
- Large volumes of medications are dispensed
- Medications are dispensed that, when taken together, can cause serious problems or overdose
- Giant crowds
- Many patients are from out-of-state or have otherwise traveled great distances
- Cash only
The Georgia Pain Management Clinic Act, which went into effect on July 1, 2013, will:

- Require Pain Management Clinics to be licensed
- Close down Pill Mills
“Doctor Shoppers”

People who doctor shop have multiple clinicians who prescribe controlled substances for them. Often each clinician is unaware that their patient receives additional prescriptions from other clinicians.
To Follow Up

www.StopRxAbuseinGa.org

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