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The Opioid Epidemic: Part VII
Public Health and Opioids
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Your Life Your Health
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The first six installments of this series have dealt with the opioid epidemic in relationship to the legal prescribing of these medications or "drugs" by legitimate, mainstream healthcare providers. They have addressed the principles and tools which will aid healthcare providers in the appropriate use of these drugs.

Now we turn our attention to the opioid epidemic in regard to the reality that very often when people can no longer afford prescription medicine, they resort to other forms of opioids such as heroin, which generally is cheaper.

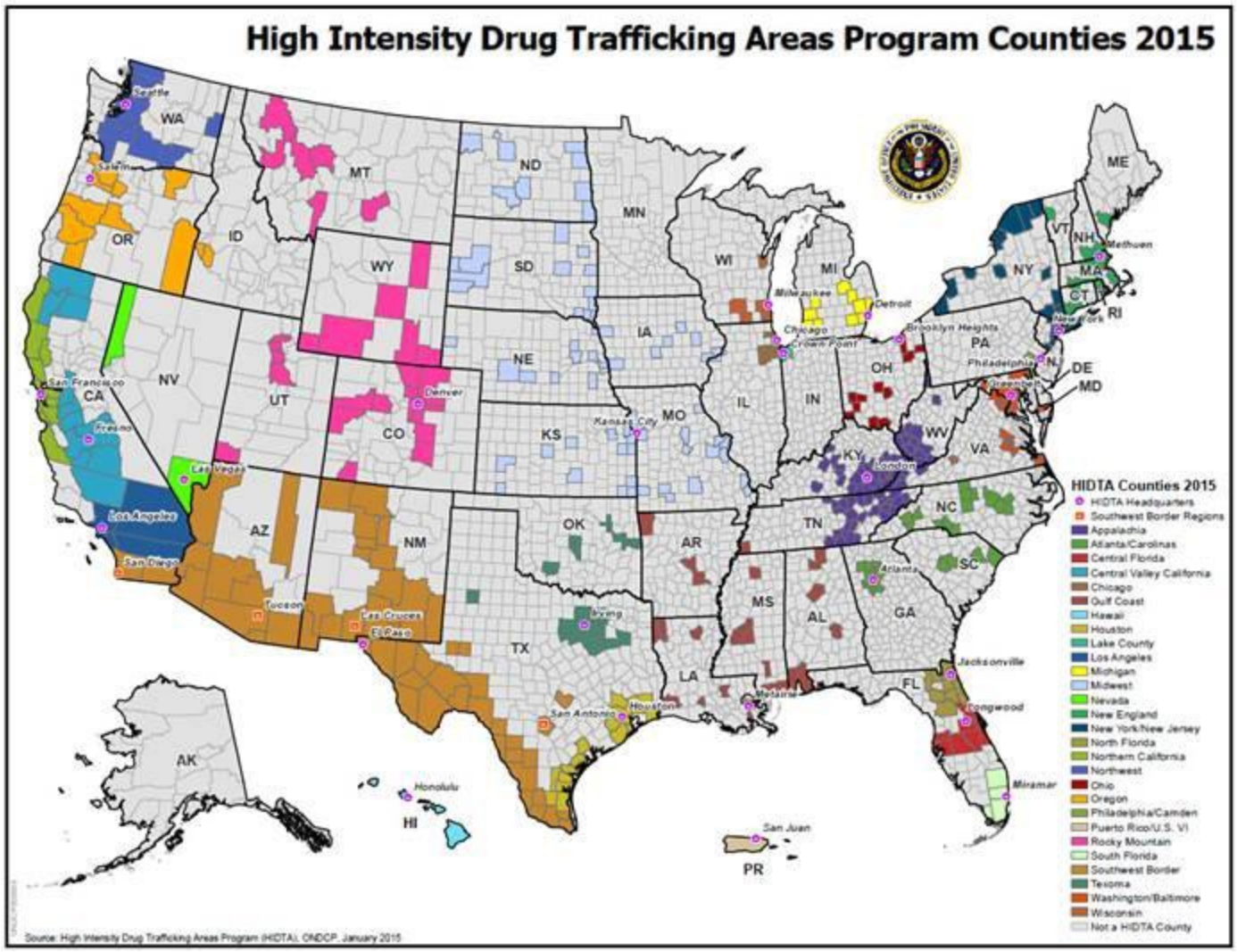
ePCS Only One Part of Solution

Making e-prescribing of controlled substances (EPCS) legal nationwide, while a critical step, is only one part of solving the problem of prescription painkiller abuse. The next step is for physicians in every state to adopt and use the technology. To support this goal, Surescripts is leading an online effort to educate physicians on the steps they need to take to begin using EPCS. The website (www.getEPCS.com) outlines the actions that physicians must take, offering easy to follow guidance on assessing the certification status of electronic health records software, obtaining identity proofing and signing credentials, and setting access controls.

All of these efforts are beginning to pay off. In just the first half of 2015, Surescripts processed 4 million electronic prescriptions for controlled substances, a significant increase over the 1.6 million processed in all of 2014. More will be said about the power of e-prescribing of controlled substances in next week's article.

High Intensity Drug Trafficking Areas Program Counties 2015

This Federal program is important to all Americans but is of particular concern to Southeast Texas healthcare providers because our area is identified as a high intensive drug trafficking area.



The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, provides assistance to Federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States.

The purpose of the program is to reduce drug trafficking and production in the United States by:

- Facilitating cooperation among Federal, state, local, and tribal law enforcement agencies to share information and implement coordinated enforcement activities;
- Enhancing law enforcement intelligence sharing among Federal, state, local, and tribal law enforcement agencies;
- Providing reliable law enforcement intelligence to law enforcement agencies needed to design effective enforcement strategies and operations; and
- Supporting coordinated law enforcement strategies which maximize use of available resources to reduce the supply of illegal drugs in designated areas and in the United States as a whole.

There are currently 28 HIDTA's, which include approximately 17.2 percent of all counties in the United States and a little over 60 percent of the U.S. population. HIDTA-designated counties are located in 48 states, as well as in Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. View a map of the HIDTAs here.

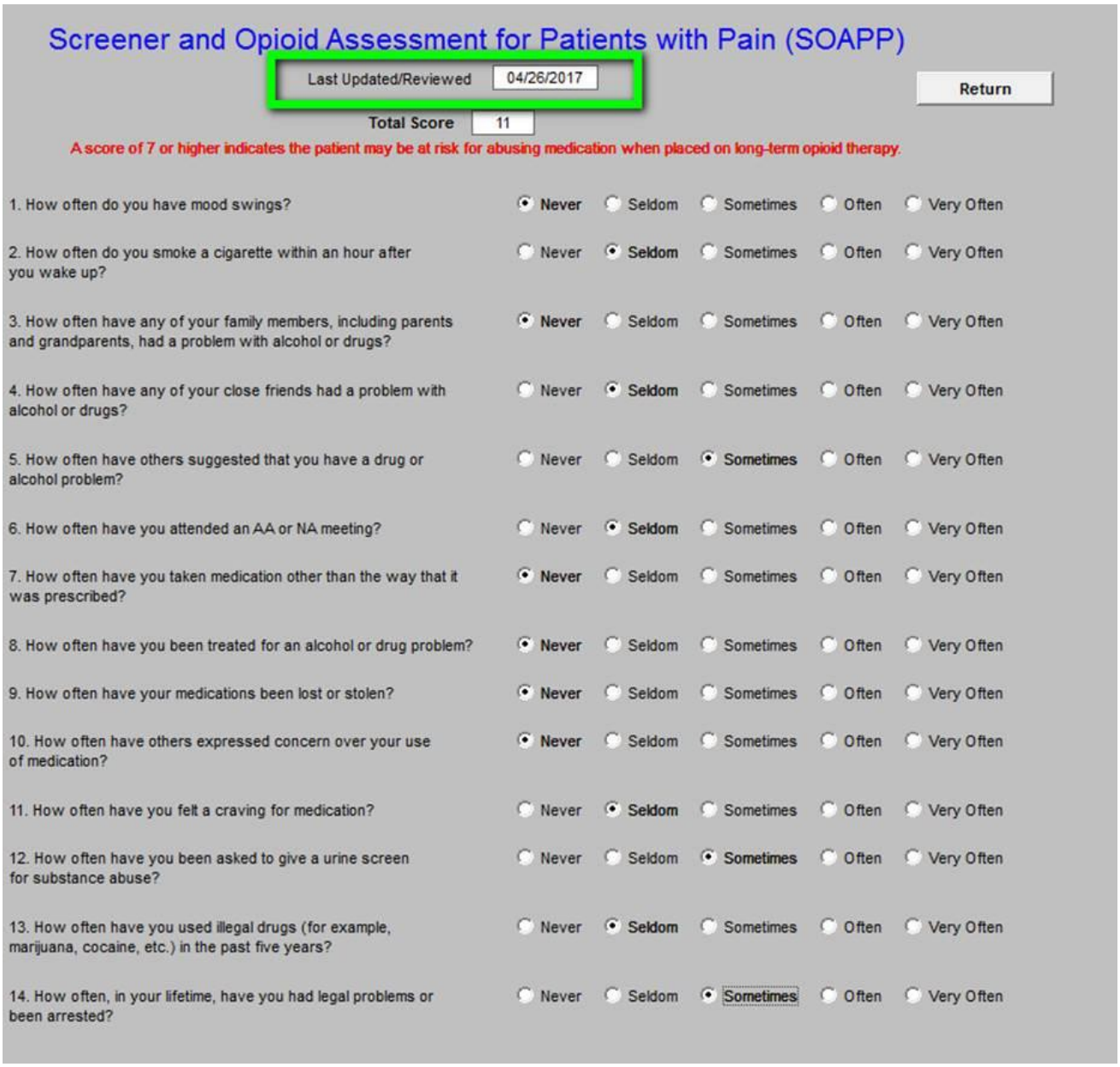
Each HIDTA assesses the drug trafficking threat in its defined area for the upcoming year, develops a strategy to address that threat, designs initiatives to implement the strategy, proposes funding needed to carry out the initiatives, and prepares an annual report describing its performance the previous year. A central feature of the HIDTA program is the discretion granted to the Executive Boards to design and implement initiatives that confront drug trafficking threats in each HIDTA. The program's 59 Intelligence and Investigative Support Centers help HIDTA's identify new targets and trends, develop threat assessments, de-conflict targets and events, and manage cases.

Alert

Healthcare providers should be alert to the potential for drug dependent patients to convert to heroin use. This can be detected by questioning patients and by urine testing for drug use.

It is also important for providers who are prescribing opioids to be aware of patients who are at a high potential for abusing prescription and non-prescription medications.

Documentation of the use of a screening tool for patients who are high risk for abusing pain medications, such as the 'Screener and Opioid Assessment For Patients with Pain," which is the tool which SETMA uses. This screen shot gives the questions contained in this tool which tells you the conditions which increase risk of abuse.



Screener and Opioid Assessment for Patients with Pain (SOAPP)

Last Updated/Reviewed: 04/26/2017

Return

Total Score: 11

A score of 7 or higher indicates the patient may be at risk for abusing medication when placed on long-term opioid therapy.

	Never	Seldom	Sometimes	Often	Very Often
1. How often do you have mood swings?	●	○	○	○	○
2. How often do you smoke a cigarette within an hour after you wake up?	○	●	○	○	○
3. How often have any of your family members, including parents and grandparents, had a problem with alcohol or drugs?	●	○	○	○	○
4. How often have any of your close friends had a problem with alcohol or drugs?	○	●	○	○	○
5. How often have others suggested that you have a drug or alcohol problem?	○	○	●	○	○
6. How often have you attended an AA or NA meeting?	○	●	○	○	○
7. How often have you taken medication other than the way that it was prescribed?	●	○	○	○	○
8. How often have you been treated for an alcohol or drug problem?	●	○	○	○	○
9. How often have your medications been lost or stolen?	●	○	○	○	○
10. How often have others expressed concern over your use of medication?	●	○	○	○	○
11. How often have you felt a craving for medication?	○	●	○	○	○
12. How often have you been asked to give a urine screen for substance abuse?	○	○	●	○	○
13. How often have you used illegal drugs (for example, marijuana, cocaine, etc.) in the past five years?	○	●	○	○	○
14. How often, in your lifetime, have you had legal problems or been arrested?	○	○	●	○	○

The following link can be accessed to review this tool in detail: Tutorial for Individual Provider Assessing Patients Screener and Opioid Assessment for Patients with Pain (SOAPP)

Some of the principles about the use of opioids which should be kept in mind are that these medications are:

1. A part of the routine practice of medicine.
2. Cannot be automatically excluded from patient care.
3. Used appropriately they should be as easy to obtain as any medication.

4. The construction of artificial barriers to make it difficult to obtain these medications is not a legitimate part of a treatment plan.
5. If a patient does not need these medications, they should not be prescribed. It is often amazing how easily a patient accepts the refusal to refill these medications which they issues are explained to them.
6. Typically, they should be used for very short periods of time.
7. When prescribed, it must be with the warning that even people who are not subject to addiction can become dependent upon these medications.
8. These medications should only be taken when pain is present and must not be taken in anticipation of pain or routinely by the clock.

Next week, we will conclude this series with a description of how SETMA recommends that a combined action by pharmacies, physicians, patients and regulatory agencies work to solve this epidemic.