

WEBINAR

PATTERNS OF DRUG MISUSE IN THE US

REDUCING RISK WITH A DRUG MONITORING PROTOCOL

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Jack Kain, PharmD
QUEST DIAGNOSTICS
Director, Medical Science Liaison,
Prescription Drug Monitoring & Toxicology

Objectives

- 1 Assess the current **drug misuse trends**, including who is misusing and which drugs are increasingly prevalent
- 2 Learn about the **benefits of clinical drug testing** as an objective tool to help reduce risks associated with chronic use of controlled substances
- 3 Identify the elements to consider when **implementing a responsible organization-wide drug monitoring protocol**

Agenda

Drug Misuse Trends

Benefits of Clinical Drug Testing

Implementing a Responsible Drug Monitoring Protocol

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Drug Misuse Trends

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Community health centers are at the forefront of responding to the drug misuse epidemic

28%

CHCs providing SUD services in 2016 vs. 20% in 2010

43%

Increase in patients receiving SUD services in CHCs from 2010 to 2016

36%

Increase in full-time CHC staff providing SUD services from 2010 to 2016

Insurance & affordability are the #1 reasons for not receiving SUD treatment



CHCs offer services to all, regardless of insurance status or ability to pay

Patients in rural areas often must travel far to receive care



CHCs serve 1 in 6 Americans in rural communities where the opioid crisis has hit the hardest

It can be hard to attract SUD specialists in underpopulated rural areas



Providers from more than 175 CHCs are undergoing in-depth opioid addiction treatment training

Many patients experience barriers to care outside of the 4 walls of the health center



CHCs offer enabling services that span the range of care needed to manage, treat, and prevent addiction

SUD often leads to or co-exists with other social, psychiatric, and medical conditions



CHCs offer integrated, comprehensive care across the care continuum

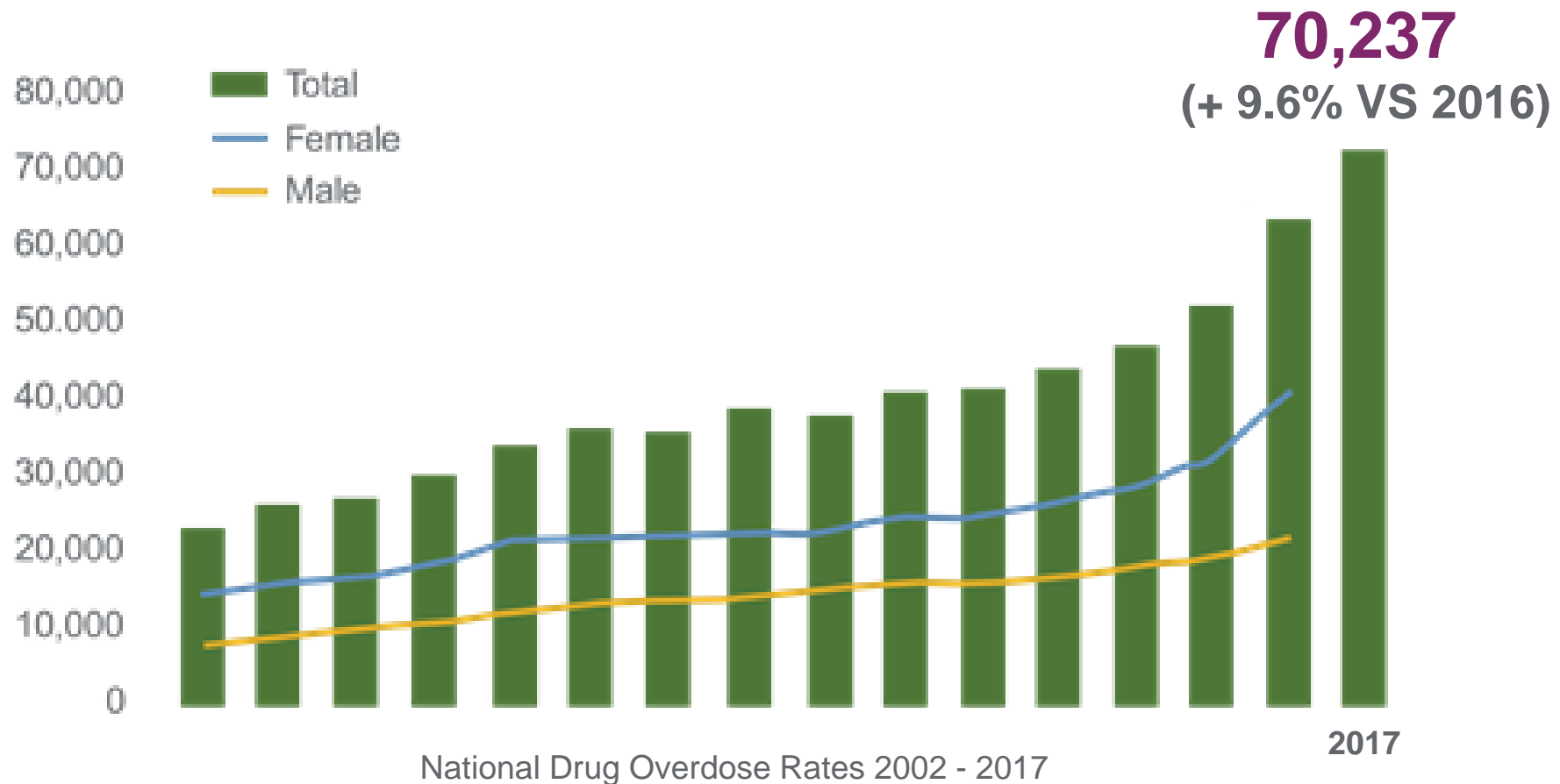
Over-prescription of opioids has been a major contributor to the opioid crisis



CHCs integrate behavioral health with primary care and offer chronic pain management programs

In 2017, drug overdoses killed more than 72,000 Americans

This American tragedy **spans across all ages, gender, and geography**. Recent reports suggest that this number may be underestimated



The nature of the drug misuse trend is shifting

“Drug Misuse in America 2018”, a Quest Diagnostics Health Trends™ Report

- Analyzed 3.9 million drug monitoring tests* performed between 2011 and 2017; largest known analysis of objective prescription drug monitoring lab data
- All ages and every U.S. state and D.C.



*Quest analysis is based on aggregate de-identified data and compliant with HIPAA and other pertinent regulations.

Insights into changing drug misuse trends

Drug monitoring is an objective tool that can identify if prescribed drug or drugs found match those prescribed by the clinician

What is misuse?

Quest defines 'misuse' as a result that is inconsistent with prescription information from the ordering provider. An inconsistent result – suggesting possible misuse – occurs when:



Additional drugs are found: all prescribed drugs are detected, but at least one other drug, non-prescribed or illicit, is also detected.



Different drugs are found: at least one prescribed drug is not detected, and at least one other drug, non-prescribed or illicit, is detected.



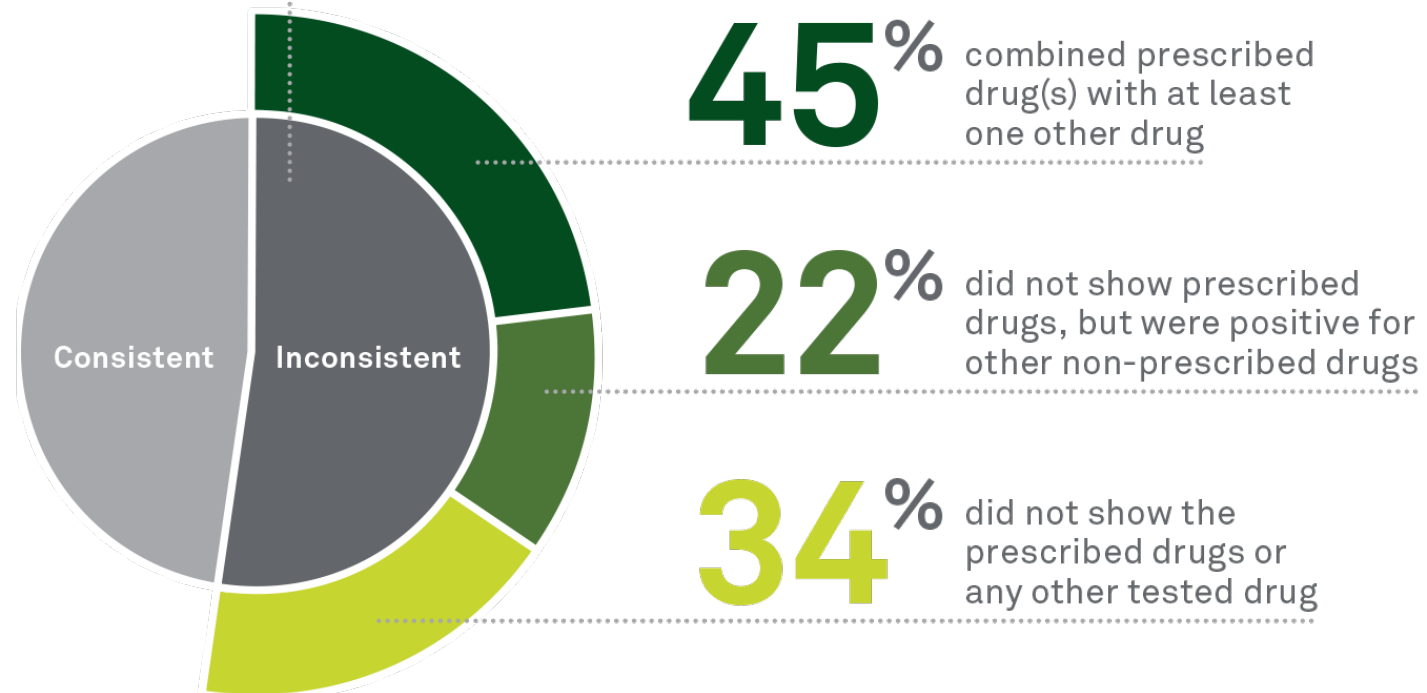
No drugs are found: at least one prescribed drug was not detected, and non-prescribed or illicit drug(s) were also not detected.

Patients do not follow clinician instructions

PDMPs alone do not identify actual use of prescribed and nonprescribed drugs

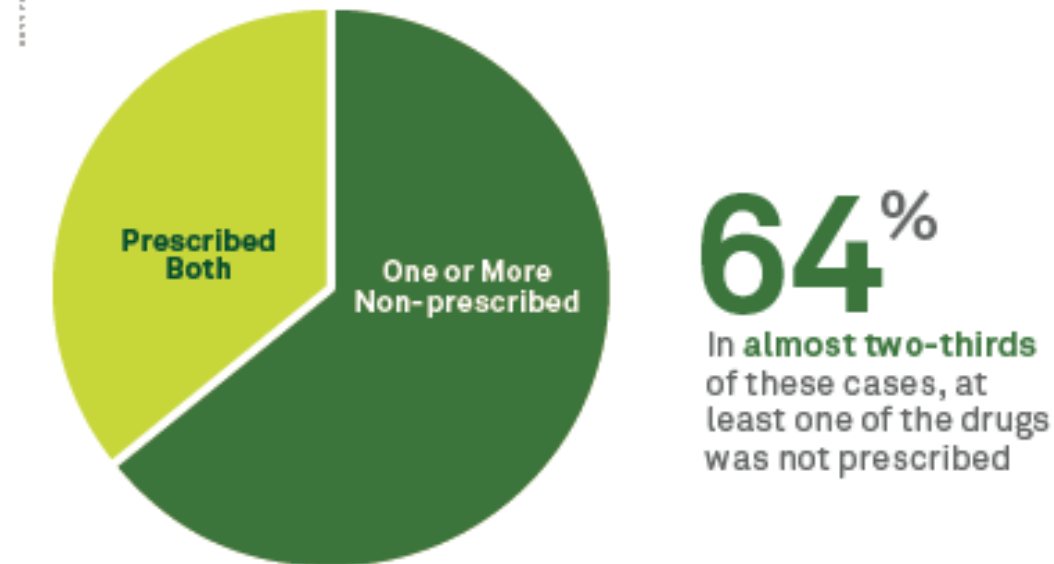
More than half of patients misuse their medications

52% of drug monitoring tests performed by Quest in 2017 showed signs of misuse



Drug mixing is most common form of misuse

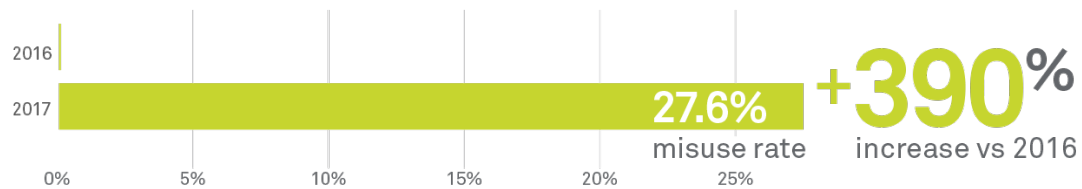
Dangerous combination of benzodiazepines and opioids is twice the rate as in the previous year



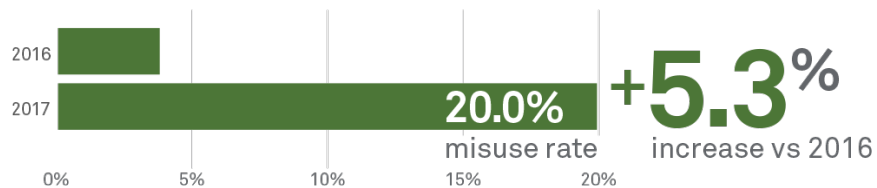
Misuse rates surged across most drug classes

Nonprescribed fentanyl and gabapentin saw significant increases, while cocaine misuse declined among patients in substance use disorder (SUD) settings.

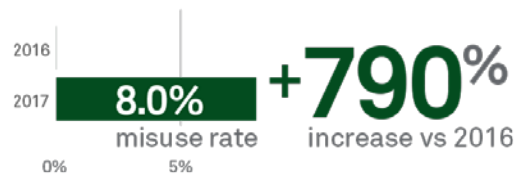
Fentanyl



Benzodiazepines



Gabapentin



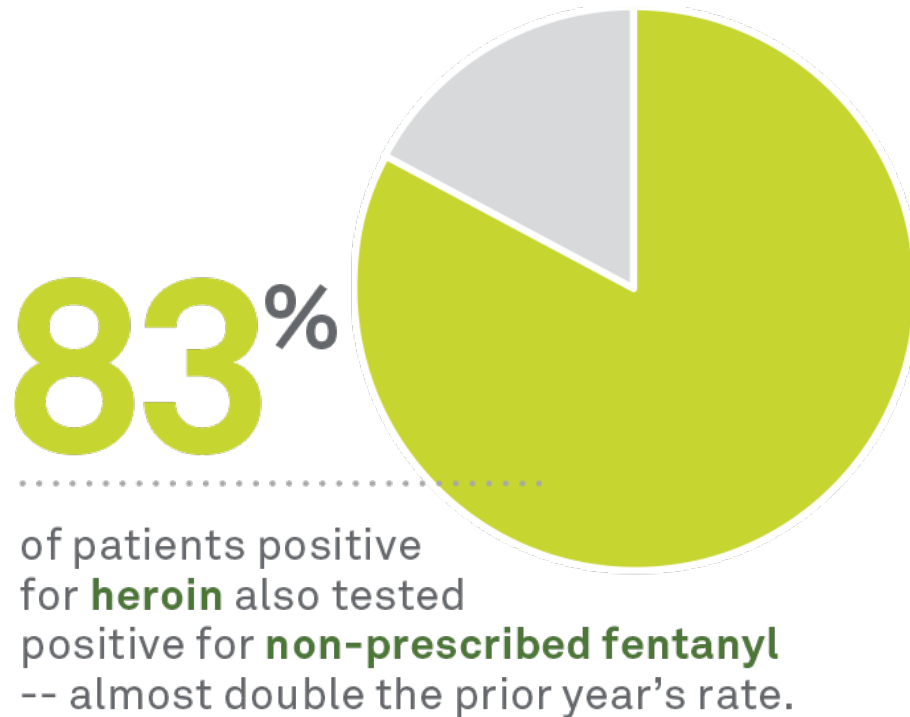
Increased risk of overdose death in those taking Gabapentin and Opioids

Cocaine



Heroin and fentanyl use increased sharply

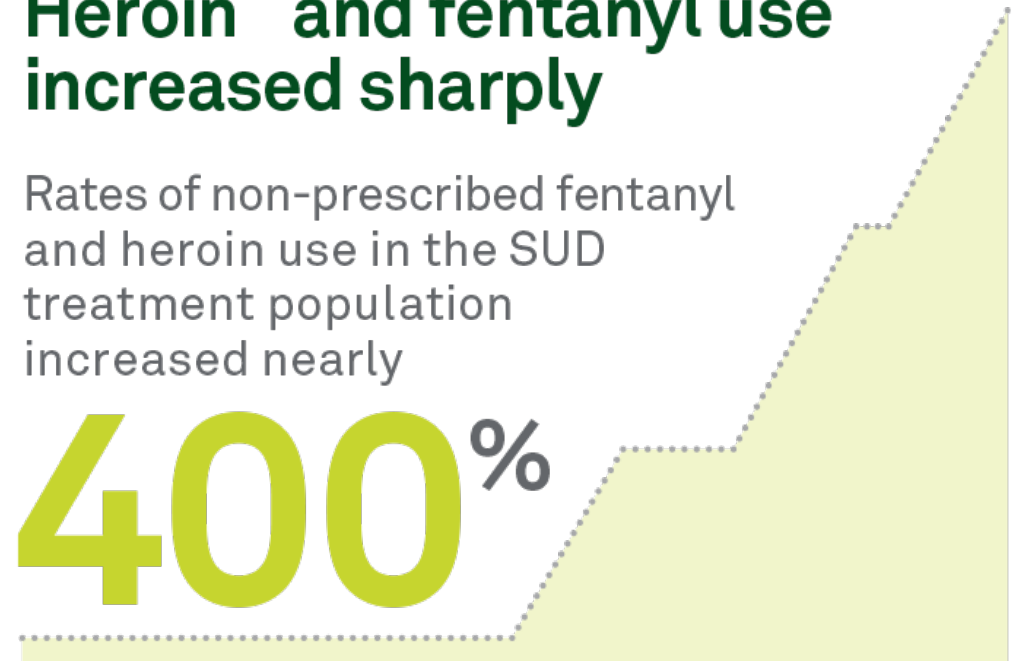
Heroin and fentanyl are deadly because they lead to respiratory depression



Heroin and fentanyl use increased sharply

Rates of non-prescribed fentanyl and heroin use in the SUD treatment population increased nearly

400%



Anyone is at risk!

Rates of misuse were **virtually identical for males and females**



Misuse rates were higher for men and women of reproductive age (15-45); opioid and benzodiazepine use may decrease male fertility and increase risk of birth defects



Misuse rates were high among all age groups, including **children under 10 and adults over 65**



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Drug Misuse Trends

Benefits of Clinical Drug Testing

Implementing a Responsible Drug Monitoring Protocol

Clinical drug testing is an **objective clinical decision-support tool** that is meant to yield information which leads to **interventions that improve patient outcomes.**

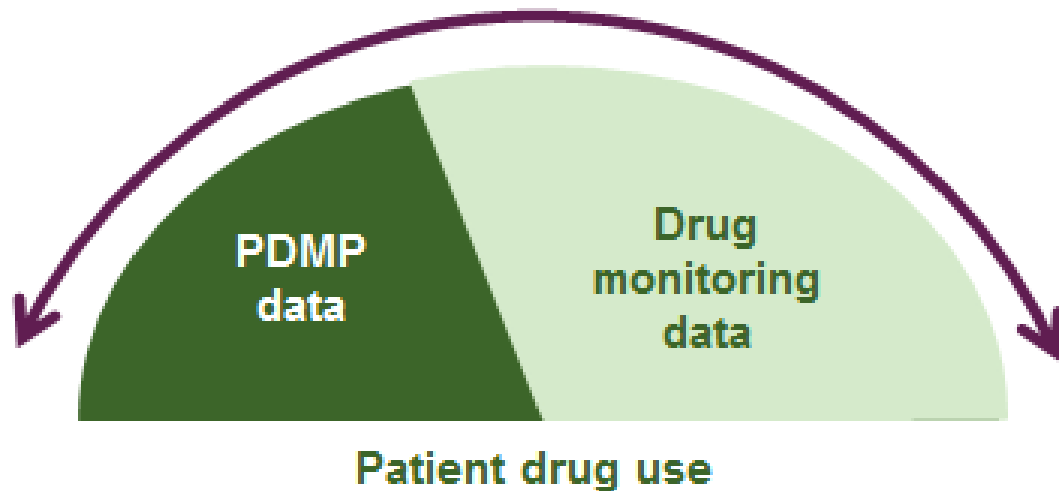
Drug monitoring is an underutilized tool in combating drug misuse

Drug Testing Can:

- Identify prescription drug use or non-use
- Detect use of illicit substances
- Identify potential drug-drug interactions
- Complement PDMPs to provide a fuller picture
- Comply with CDC Guideline for prescribing opioids for chronic pain
- Help maintain patient access to prescription therapies
- Help keep patients safe

Drug monitoring complements PDMPs to provide a fuller picture

PDMPs alone do not identify actual use of prescribed and nonprescribed drugs



Analysis of prescription drug

- 9.6% of individuals were prescribed both opioids and benzodiazepines

Quest analysis of prescription data and drug monitoring data

- 25.8% of individuals tested positive for combined use of opioids and benzodiazepines
- 64% of the combined drug users: one or more of the drugs were not prescribed

...but complementing it with drug monitoring can show a fuller picture

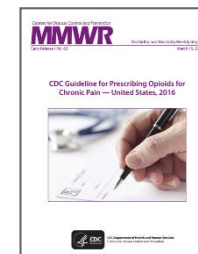
CDC Guideline for Prescribing Opioids for Chronic Pain

First national guideline on opioid prescribing

- Released by CDC in March 2016
- 12 recommendations targeted to primary care providers
- Primary care providers account for about 50% of prescription opioids dispensed
- Excludes pain treatments for cancer pain, terminal illness, and end-of-life care

“ When prescribing opioids for chronic pain, clinicians should use urine drug testing **before starting opioid therapy** and consider urine drug testing **at least annually** to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.”

CDC Guideline Recommendation, 2016



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Considerations for implementing a responsible drug monitoring protocol across your organization

Drug monitoring protocol should be **patient-centric and tailored** to meet the needs of individual **patients' risk and clinical situation** and should identify the following

- Whom to test?
- What to test for and method of testing?
- How often to test?

Who to test?

Drug monitoring programs are designed around **three groups of at-risk patients**

Chronic Opioid Therapy (COT)

- **Monitor for medication compliance and/or abstinence** from non-prescribed or illicit drug use.
- Enables clinicians to detect medications or substances that could suggest a SUD or lead to a drug-drug interaction

Substance Use Disorder (SUD)

- **Monitor for therapeutic drug compliance and/or abstinence** from non-prescribed or illicit drug use.
- A valuable component of diagnosis and treatment
- Results may influence treatment and level-of-care decisions and warn providers of potential drug-drug interactions.

Emergent Care

- **Test patients who present with signs or symptoms of coma, overdose, or substance use toxicity.**
- UDT may help to determine the cause(s) of the presentation and to create a treatment plan.

How often to test?

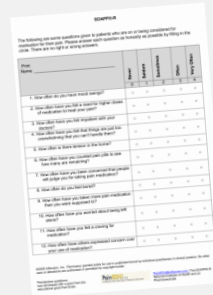
Drug monitoring frequency should be based on

- Validated risk assessment and stratification
- Clinician’s documented medical necessity
- Patient history, clinical presentation, and/or community usage

Risk Stratification and Monitoring

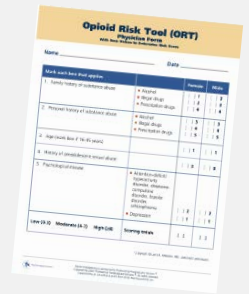
Identify patients at high risk for opioid abuse, misuse, or diversion for whom more intensive monitoring may be appropriate

Examples of validated screening instruments for risk stratification



- **Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP-R)**

- **Opioid Risk Tool (ORT).** The ORT assigns each factor a point value, with higher total scores indicating greater risk



How often to test?

A Centers for Medicare and Medicaid Services (CMS) Local Coverage Determination, developed by the Palmetto GBA, defines appropriate indications and frequency of definitive urine drug test (UDT) after the initial presumptive testing

UDT frequency for **patients on COT** based on validated risk assessment and stratification

Testing for prescribed medications, non-prescribed medications that may interact, and illicit substances based on patient history, clinical presentation, and/or community usage.

| Risk Group | Baseline | Frequency |
|------------|----------------------------|------------------------------------------------------|
| Low Risk | Prior to Initiation of COT | Random testing 1 to 2 times every 12 months |
| Moderate | Prior to Initiation of COT | Random testing 1 to 2 times every 6 months |
| High Risk | Prior to Initiation of COT | Random testing performed 1 to 3 times every 3 months |

UDT frequency for **patients with substance use disorder (SUD)**

Testing for prescribed and non-prescribed medications and illicit substances based on consecutive days of abstinence

| Consecutive Days of Patient Compliance with Treatment | Frequency of Presumptive Tests | Frequency of Definitive Tests |
|-------------------------------------------------------|--------------------------------|-------------------------------|
| 0 to 30 | 1 to 3 tests per week | 1 test per week |
| 31 to 90 | 1 to 3 tests per week | 1 to 3 per month |
| > 90 | 1 to 3 tests per month | 1 to 3 per 3 months |

Key Points

1

The face of the drug overdose epidemic is changing

2

Drug testing is an objective tool to know which drugs patients are actually taking

3

Implementing an organization-wide drug monitoring protocol can be an important step in combating drug misuse

Q & A