Prescription Drug Abuse

Kyle M. Kampman MD
University of Pennsylvania
kampman_k@mail.trc.upenn.edu

Outline

- Sedative abuse
- Sleepers
- Stimulant abuse
- Oral pain reliever abuse

Teaching Points

- The ability to competently manage prescription drug abuse in clinical practice is rare
- Major issue learning when to prescribe, what drug at what dose – and when <u>not</u> to, i.e., the management of substance abuse/addiction
- This lecture is focused on getting across the basics of management of: 1) sedative abuse, 2) use of sleeping medication, 3) stimulant abuse, and 4) oral pain reliever medication

The mechanism of action of benzodiazepine:

- a. Inhibits Gaba A
- b. Potentiates Gaba A
- c. Inhibits SER
- d. Stimulates Alpha 1
- e. A and D

Stimulant drugs can be effective for:

- a. ADHD
- b. ADD
- c. Schizophrenia
- d. Weight reduction
- e. Narcolepsy

Physical dependence is:

- a. A normal response
- b. An abnormal response
- Does not cause tolerance
- d. Does not cause dependence
- e. Is all of the above

Writing prescriptions for pain medication involves all but:

- a. Write like a check
- b. Specify pharmacy name
- c. Get to know pharmacist
- d. Usually no refills
- e. Avoiding contact with family

Benzodiazepines

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High potency
short half life
alprazolam (Xanax)
lorazepam (Ativan)
triazolam (Halcion)
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long half-life clonazepam (Klonopin)

Benzodiazepines Low potency

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short half-life
oxazepam (serax)
temazepam (Restoril)
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long half-life
chlordiazepoxide (Librium)
Chlorazepate (Tranxene)
diazepam (Valium)
flurazepam (Dalmane)
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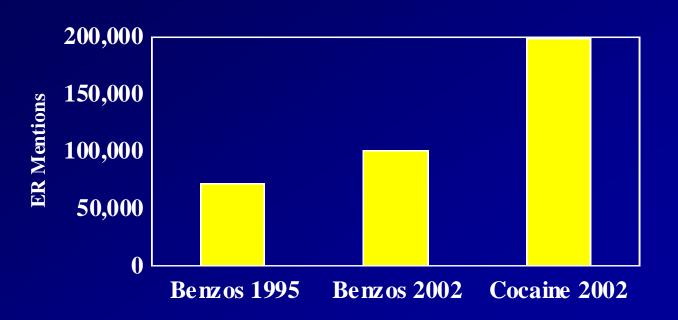
Benzodiazepines

- Mechanism of action
 - –Potentiate GABA A receptor activity
 - -Similar mechanism of action
 - Barbiturates
 - Alcohol
 - -Tolerance
 - -Withdrawal

BZ Withdrawal

- Anxiety
- Agitation
- Increased sensitivity to lights, sound
- Paresthesias, strange sensations
- Muscle cramps
- Myocolonic jerks
- Insomnia
- Dizziness
- Seizures, delirium

E R Mentions of Benzodiazepines



Rationale Benzodiazepine Use

- Consider other alternatives
- Avoid benzos for drug abusers
- Avoid writing large scripts
- Avoid refills
- Avoid the most abusable

Treating Insomnia

- Look for an underlying cause
- Start with sleep hygiene
- Medication options
 - Antihistamine
 - Non benzodiazepine hypnotic
 - Sedating antidepressant
 - benzodiazepine

Stimulant drugs

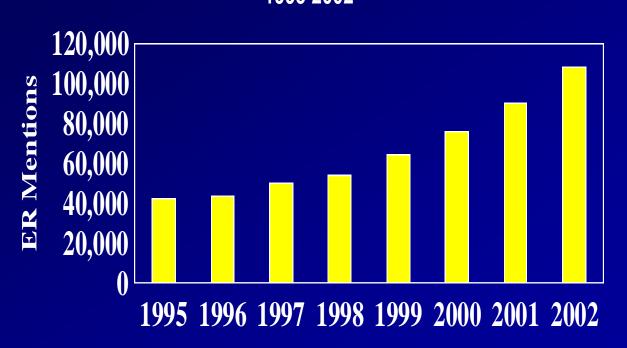
- Amphetamines
 - Dextroamphetamine (Dexadrine)
 - Mixed (Adderall)
- Diet Pills Phentermine et al.
- Methylphenidate (Ritalin)

Stimulant drug abuse

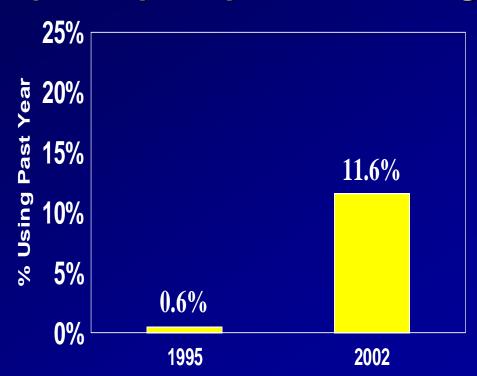


Lifetime nonmedical use (millions)

Drug abuse related ED visits involving narcotic analgesics 1995-2002



Use of prescription pain relievers ages 12-17



Favorite Narcotics

- Hydrocodone
- Oxycontin
- Combo meds are schedule III
- Oxycontin can be snorted or chewed

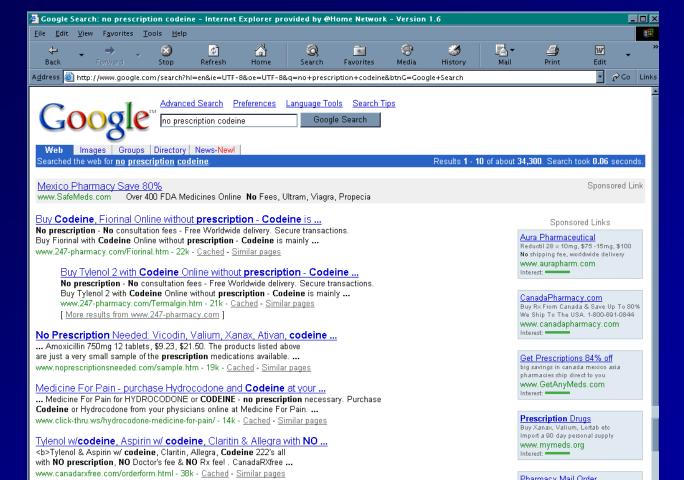
Sources of Narcotics

- Deceived physicians
- Dishonest physicians
- Genuine pain patients
- Thefts or diversion from pharmacies
- Internet

The Availability of Opiates over the Internet

Robert F. Forman,
Ph.D
Treatment
Research Institute
University of
Pennsylvania





2daymeds.com

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Qty	Product Name	Formula	Shape	Price
	Ambien	Zolpidem	10mg x 30Tabs	\$ 115.00
	Asenlix	Asenlix	60⊂aps	\$ 65.00
	Ativan	Lorazepam	2mg x 80Tabs	\$ 85.00
	Ativan	Lorazepam	1mg x 80Tabs	\$ 60.00
	Butalbital	Butalbital	500Tabs	\$ 260.00
	Darvon	Propoxyphene	65mg x 20Tabs	\$ 25.00
	Halcion	Triazolam	0.25mg x 30Tabs	\$ 60.00
	Neo-Percodan	Dextropropoxyphene	10 Tabs	\$ 20.00
	Nubain	Nalbuphine	Amp 10ml	\$ 70.00
	Oxycodone Out of Stock!!!	Oxycodone	20mg x 30Tabs	\$ 300.00
	Phentermine	Phentermine	30mg x 30Tabs	\$ 40.00
	Ritalin	Methylphenidate	10mg x 60Tabs	\$ 99.00
	Rivotril	Rivotril	20mg x 100Tabs	\$ 90.00
	Rohypnol Out of Stock!!!	Rohypnol	1mg x 30Tabs	\$ 50.00
	Soma	Carisoprodol	350mg x 500Tabs	\$ 180.00
	Temgesic Inj	Temgesic	6 Amps	\$ 55.00
	Tulox CD (Tulopol #2)	Tyley (Tylepel 2)	20ma v 20Tabe	# 70.00

Narcotic Analgesics – For Surgery and Obstetrics Alfentanil Buprenorphine Butorphanol Fentanyl

Meperidine
Morphine
Nalbuphine
Remifentanil
Sufentanil

Alfenta Astramorph Buprenex

Demerol Duramorph

Nubain Stadol

Sublimaze Sufenta Ultiva

Alfenta Demerol

Epimorph

Nubain Stadol

Sufenta Ultiva

WILL YOU NEED A PRESCRIPTION?

This depends on a number of factors. There are sites that will refill prescriptions, and you should have no problem using those at all. However, there are some medications that will require a prescription. To fill this problem we have resources within our site that will connect you with a pharmacy or physician that can aid you in getting a prescription. Often is the case where you will deal with a physician over the phone for a evaluation. This can be a area of discouragement for many, as some just assume it is going to be challenging, in most all of our user feedback reports, we have found this to be the exact opposite. However, we would like to offer a word of caution. Research, It is imperative that you know and understand what the medications are that you order, and all the repercussions of the medications. If you have been previously prescribed a medication, and are merely looking for a way to get your medication at a cheaper and more convenient alternative, then you are a ideal candidate. However, if you are experimenting, we highly suggest you gather as much information as you can about whatever medication you are considering. There is a wealth of information within the private areas of the site that can help you in this area. And finally, if you are a recreational user, so be it, it is your personal right to do what you want in the privacy of your own home. Online-Drug-Source.com is here to provide a faster way for you to accomplish your goals, whatever your goals are. Online-Drug-Source.com can take no responsibility for the decisions vou make.

WHAT MAKES Online-Drug-Source.com REALLY STAND OUT FROM THE REST OF ITS COMPETITORS?

First and foremost, we are not a scam! We have found sites that pretend to be free, and in fact only link you to a myriad of other sites that are all what we again call "Deceptive Drug Sources". We simply do not tolerate this, and would never take part in such practices.

Second, as far as we know, we are the only site offering the "Fraud Watch" feature. This is one of our most valuable tools to you as a user. As we stated before, we do in fact spend a lot of time and money trying to keep the "Fraud Watch" system up to date, but by and far, it is the

Pain and Addiction

- •Can the treatment of pain cause addiction?
- •How is pain managed in the addicted?

Inadequate treatment of cancer pain

- 40-60% oncology patients--inadequate medication
- Minorities -3 times more likely
- Women
- Elderly
- Fears: respiratory depression, tolerance, addiction
- Confusion between "Dependence" and "Addiction"

Physical Dependence (Normal response)

- Tolerance reduced effect from level dose, may begin with 1st dose
- Withdrawal Characteristic symptoms when drug abruptly stopped, may continue for days, weeks, months

Dependence (Addiction)

DSM-IV

- Tolerance
- Withdrawal
- More use than intended
- Unsuccessful efforts to cut down
- Spends excessive time in acquisition
- Activities given up because of use
- Uses despite negative effects

Pseudo-addiction

- Focus on obtaining opioids for pain relief
- Looks like addiction
 - manipulation,
 - doctor shopping,
 - multiple ED visits
- But it disappears with adequate meds

Pseudo-addiction

Opioid Renewal Clinic at PVAMC

- 170 consecutive chronic pain patients
 - Referred by primary care providers
 - All identified with "aberrant behavior"
- Followed in special clinic (ORC)
 - Nurse practitioner, pharmacist
 - Clinical algorhythms, treatment agreements
 - Close follow up and monitoring
- 58 patients (34%) behavior resolved
- 22 patients (13%) addicted

Chronic pain

- Headache (various types)
- Backache (various etiologies)
- Reflex sympathetic dystrophy
- Diabetic Neuropathy
- Fibromyalgia
- Tic douloureux
- Post-herpetic (Shingles)
- Ulcerative colitis

Chronic Pain and Addiction

- Few trials conducted
- Some say addiction not increased
- Others show high rates drug abuse
- Often addiction precedes pain

Multi-disciplinary treatment approach

- Diagnosis of pain etiology
- Psychological evaluation
- Multimodal treatment

Non- opiate options

- Acetominophen
- Ibuprophen
- Aspirin
- Combinations caffeine adjuvant
- Tramadol (low opiate receptor activity)
- Carbamazepine, Gabapentin
- Anti-depressants (amitryptiline et al)

Non medication strategies

- Biofeedback
- Hypnosis
- Group and individual psychotherapy
- Cognitive therapy
- Family therapy
- Exercise
- Acupuncture
- TENS and related stimulation
- Nerve blocks

Patients with substance abuse history

- Substance abuse may be a risk factor
- Extra care is necessary
- Specialty trained clinician
- Signed contract
- Close monitoring

Careful with prescriptions

- One prescriber only
- Write like a check
- No pre-printed DEA no.
- Specify pharmacy name
- Get to know pharmacist
- Usually no refills
- Stay in touch with family

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Post-Lecture Exam Question 1

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Answers to Pre and Post Lecture Exams

- 1. B
- 2. D
- 3. A
- 4. E