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PREVENTION OPPORTUNITIES UNDER THE BIG SKY

Unintentional Poisoning Due to Use and Misuse of Opioid Prescription Medication

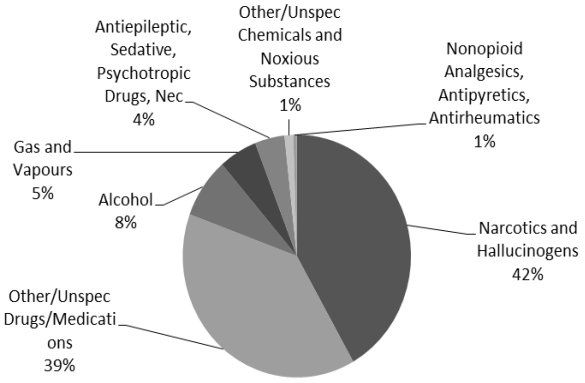
The rate of death due to prescription painkillers has been increasing in the US and in Montana.[1,2] It has been suggested that this increase is due to an increase in the prescription and use of opioid medications.[3] Although opioid drugs are an important resource for pain management, misuse of prescription opioid medication has been documented to be a growing problem as these medications are widely diverted and used for reasons other than their intended purpose.[3 - 5]

There are risks associated with the use of opiate pain medication. First, some opioid medications are long-acting and without proper dosing and administration, overdose can occur. Second, unused medication may not be disposed properly and subsequently misused. Finally, many of these medications are addictive and may lead to dangerous behaviors such as stealing, dealing on the street, or "doctor shopping" to get and misuse these medications.

This issue of *Montana Public Health* presents mortality data for unintentional poisonings using data from the Office of Vital Statistics (OVS), 2000-2011; and self-reported use and misuse of opioid medication from the 2011 Behavioral Risk Factor Surveillance System (BRFSS). In addition, recommendations for reducing prescription opiate overdose are provided.

Unintentional Poisoning Deaths Forty-two percent (n=337) of the unintentional poisoning deaths that occurred in Montana in 2000 to 2011 were attributed to narcotics and hallucinogens (Figure) and 91% of those deaths included use of an opioid, (including methadone, morphine, codeine, and other synthetic narcotics). 2% of narcotic & hallucinogen deaths included use of heroin.

Figure. Percent of unintentional poisoning deaths by underlying cause, OVS, Montana, 2000-2011



Opioid Use in Montana In 2011 one of five Montana adults reported taking an opioid pain medication in the last "12 months".[6] (Table 1). A higher prevalence of prescription opioid use was reported by American Indians than by whites and by persons reporting fair or poor health than by those reporting good or excellent health. People aged 18-34 years reported a higher prevalence of opioid pain medication use than did people aged over 55 years.

Misuse of Opioid Pain Medication Misuse is defined as using the medication differently than prescribed, including taking the medication at higher doses, administering it alternatively, or taking the medication in conjunction with other substances (such as other medications or alcohol).

Having leftover medication is a potential risk for misuse or providing the medication to others. Of people to whom opioid pain medication was prescribed in the last year, 61.1% had leftover medication and of those, 69.7% stated they kept the leftover drug. (Table 2)

In 2011, an estimated 25,900 Montana adults (3.8%) reported using an opioid medication that was not prescribed to them. (Table 2) One in six of those reported that they took the drug recreationally.

Table 1. Characteristics of Montana adults who reported using prescription opioid pain medications in the last 12 months, Montana, BRFSS, 2011

		Percent	95% CI
	Total	20.2	19.0-21.4
Race	White	19.8	18.5-21.0
	American Indian	27.3	22.1-32.6
Sex	Male	18.7	16.9-20.4
	Female	21.6	20.0-23.3
Age	18-34	22.4	19.6-25.1
	35-54	20.7	18.6-22.9
	55+	18.0	16.6-19.4
Health Status	Good/Excellent	17.1	15.9-18.4
	Fair/Poor	34.8	31.3-38.4

Table 2. Self-reported use and misuse of opioid medication, Montana, BRFSS, 2011

	Percent	95% CI
Had leftover medication	61.1	57.7-64.4
Kept the leftover medication	69.7	65.8-73.6
Used opioid not prescribed to them	3.8	3.1-4.4
Took for pain other than prescribed	73.2	63.7-82.7
Took recreationally	16.2	7.7-24.7

The Montana Prescription Drug Registry

Prescription drug registries (PDR) are a tool for monitoring the distribution of controlled substances. PDRs allow health care providers and pharmacists to protect their patients by determining if other controlled substance prescriptions from other prescribers have been filled. The program aims to identify persons with drug seeking behaviors who may be in need of counseling as well as to decrease the amount of controlled substances available for illegal use.

In 2011 legislation passed to establish a PDR in Montana; and in October 2012 Montana joined 47 other states with a PDR.

The U.S. Food and Drug Administration (FDA) has developed a Risk Evaluation and Mitigation Strategy (REMS) to assist prescribers to balance the benefits and risks of opioid analgesics.

Recommendations for providers to reduce prescription opiate misuse

Before prescribing an opioid medication, use the following checklist[7]

- Discuss proper opioid use with your patients including possible drug interactions and consequences of misuse
- Inform patients of drug disposal locations in your area.

- Evaluate the patient for known predictors of opioid abuse and dependence including a history of substance dependence and/or significant psychiatric illness.
- Obtain written agreement from patient that s/he will obtain medications from only one physician and will fill prescriptions at only one pharmacy.
- Consult the Montana Prescription Drug Registry and register any newly prescribed patient into the program.
- Obtain an oral history of the patient's recent medication use, then obtain and analyze a urine drug screen. Discrepant results should be a cause for additional caution before prescribing.
- Instruct the patient and obtain his/her consent to follow safe usage and storage procedures for the prescribed medications.

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