

# Prescription Drug Abuse

A Coroner's Initiative

# Medicolegal Death Investigation

- ▶ “If we always do what we have always done, we will get what we’ve always got.” – Adam Urbanski
- ▶ S.C., we have a problem with prescription drugs and illicit drug abuse. The problem has been growing for years, and you will see the efforts made to aid in the problem.

# Why are we looking at this now?

- ▶ In November 2011, the National Center for Disease Control and Prevention classified prescription drug abuse as a national epidemic
- ▶ In May 2013, the S.C. Inspector General published a report in May 2013 entitled “ S.C. lacks a Statewide Drug abuse strategy
- ▶ S.C. ranked 23<sup>rd</sup> nationally in 2011 in opioid painkiller prescriptions and in overdose deaths.
- ▶ In the same year, S.C. experienced 225 prescription overdose deaths

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- ▶ The prescription drug problem has a significant financial and emotional impact on South Carolina families in the negative economic impact on the state.
- ▶ Rising healthcare costs for opioid use in pregnant women and drug/dependant infants and rising emergency room and rehab cost, with an estimated 30% of South Carolina Medicaid recipients receiving an opioid prescription in 2010 at a cost of \$24 million




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- ▶ Other states have begun to address prescription drug abuse and committed to protecting and improving the lives of their residence.
- ▶ South Carolina should not be different!


# Coroner Involvement

- ▶ The Gov.'s office decided in July 2014 to appoint a coroner to the prescription drug abuse counsel.
- ▶ I was chosen for the task and gave an insight to the Council on a coroner's ability to assist in the fight against this epidemic.

# What state agencies are represented?

- ▶ A representative of South Carolina law enforcement division
  - ▶ South Carolina Department of Health and environmental control
  - ▶ South Carolina Department of labor
  - ▶ Licensing and regulation
  - ▶ South Carolina Board of dentistry
  - ▶ South Carolina Board of medical examiners
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- ▶ South Carolina Board of nursing
  - ▶ South Carolina Board of pharmacy
  - ▶ A representative of a South Carolina solicitor's office
  - ▶ South Carolina Department of Health and human services
  - ▶ South Carolina Department of alcohol and other drug abuse services
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- ▶ A representative of South Carolina Coroners Association


# What were we tasked to do?

- ▶ To develop a comprehensive state plan to proactively combat and prevent Prescription drug abuse in South Carolina.
- ▶ Invite participation from legislators, professional associations, and other state agencies and other entities to enhance the develop an implementation of a comprehensive state plan

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- ▶ Integrate data from state and federal agencies, overdose death records, state narcotics units, and other sources as necessary to evaluate and identify the strength of prescription drug abuse in our state
  - ▶ Identify the extent of prescription drug abuse in South Carolina, track and report such data in the final state plan, and continue to report such data at least annually to the governor.
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- ▶ Assist and encourage local communities to engage existing community coalitions or establish new coalitions at the local level, recognizing that prescription drug abuse is as much a local issue as a state issue.
  - ▶ Provide an interim report to the governor and state Inspector General on status of the Council's work.
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# How are Coroners responsible?

- ▶ Statistics generated by Police and Coroners are leading the fight against drug abuse trends.
  - ▶ Info compiled from death certificates shows if the drugs were synergistic, therapeutic, toxic or lethal.
  - ▶ Info from D/C's are also listing the type drug in the decedents body at the time of death.
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# How do we aid the effort to curb the abuse problem?

- ▶ **FDA commissioner lays out plan to address opioid abuse epidemic**
- ▶ The [AP](#) (3/1, Perrone) reports new FDA commissioner Dr. Robert Califf told a panel of FDA advisers on Tuesday that while the FDA cannot solve the prescription drug abuse crisis on its own, he will do “everything possible under [the agency’s] authority to prevent abuse, save lives and treat dependence.” Califf also “laid out his strategy for addressing the epidemic of abuse tied to opioids, which include both legal pain drugs and illegal narcotics like heroin.” Califf said, “What we can do is work with prescribers, professional associations, patient advocates and **state and local partners** – essentially the entire country – to encourage safe use and disposal of opioid medications.” Califf acknowledged that new abuse-deterrent drugs “are not full-proof solutions,” but expressed support for those efforts.
- ▶ [Modern Healthcare](#) (3/1, Johnson, Subscription Publication) reports Califf “said the agency would fully back efforts to develop harder-to-abuse” pain medications as “part of a sweeping government drive to stop the overdose epidemic.” At the FDA’s Science Board hearing, University of Michigan School of Medicine professor Dr. Daniel Clauw said the challenge of assessing pain, due to its subjectivity, has “hindered development of new therapies, requiring providers to use standard treatments that have limited effect and put a patient at risk of addiction.” The article cites criticism of the FDA by patient advocates who oppose recent approval of pain medications they say carry the risk of addiction, such as Zohydro, which was approved in Oct. 2013.


# Training for Physicians

- ▶ Tuesday, September 30, 2014 | 12 noon–1 p.m. Eastern Time
- ▶ This free webinar, presented by Office of National Drug Control Policy (ONDCP) Acting Director Michael Botticelli and SAMHSA Chief Medical Officer Elinore McCance-Katz, M.D., Ph.D., reviewed Federal policy related to opioid misuse, abuse, and overdose and will provide an overview of the SAMHSA Opioid Overdose Prevention Toolkit. The etiology of opioid abuse and clinician interventions that can reduce the risk of misuse were addressed.
- ▶ The SAMHSA Opioid Overdose Prevention Toolkit provides information on clinical approaches to safe opioid prescribing, risk assessment for overdose, symptoms of overdose, and emergent care in the clinical situation of opioid overdose, including the use of the naloxone antidote.
- ▶ Continuing medical education is available

# Presidential Assistance

- ▶ • The FY 2016 Budget included \$13 million in new resources for SAMHSA to expand or enhance MAT and other clinically appropriate services for persons with opioid use disorders through grants to states. This program will fund technical assistance and treatment services to communities with the greatest need.
- ▶ • The Budget included \$5 million in new funding for HHS's Agency for Healthcare Research and Quality to conduct a robust review of evidence and evaluation regarding MAT in primary care settings as well as grants to develop and test new methods, processes, and tools for better implementing these treatment strategies.

# How do we help?

- ▶ Complete INVESTIGATIONS!
  - ▶ Get a true ruling on the cause of death! Check the area for prescriptions, paraphernalia, interview witnesses etc..
  - ▶ Webdeath was changed in 2014 to query the drug associated with the death if listed in the cause of death.
  - ▶ Don't just hit UNKNOWN on the Death Certification.
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# How can medical providers help?

- ▶ Admission blood is a great tool for my office with a death that occurs in the treatment facility.
- ▶ Untested samples are held for 72 hours on patients. If they pass within 72 hours, we retrieve the samples and test them forensically if there was an indication that the death may be attributed to drugs or other foreign substances.

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- ▶ Fentanyl is currently a huge concern because it does not show on expanded or basic panels.
- ▶ We are currently testing for 15 difference analogues of Fentanyl in our cases.



# Documentation





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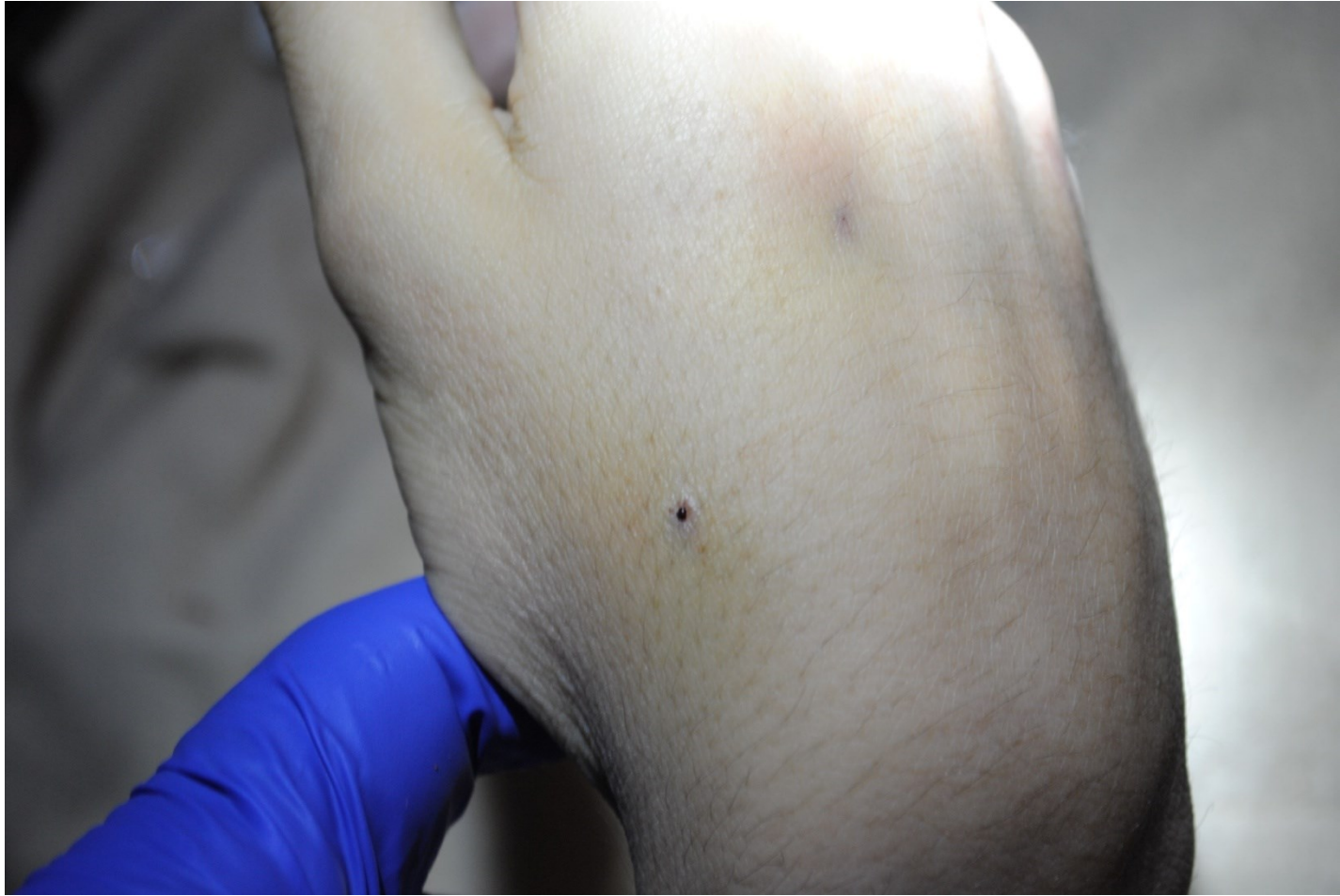


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# Document



# Field Interviews







































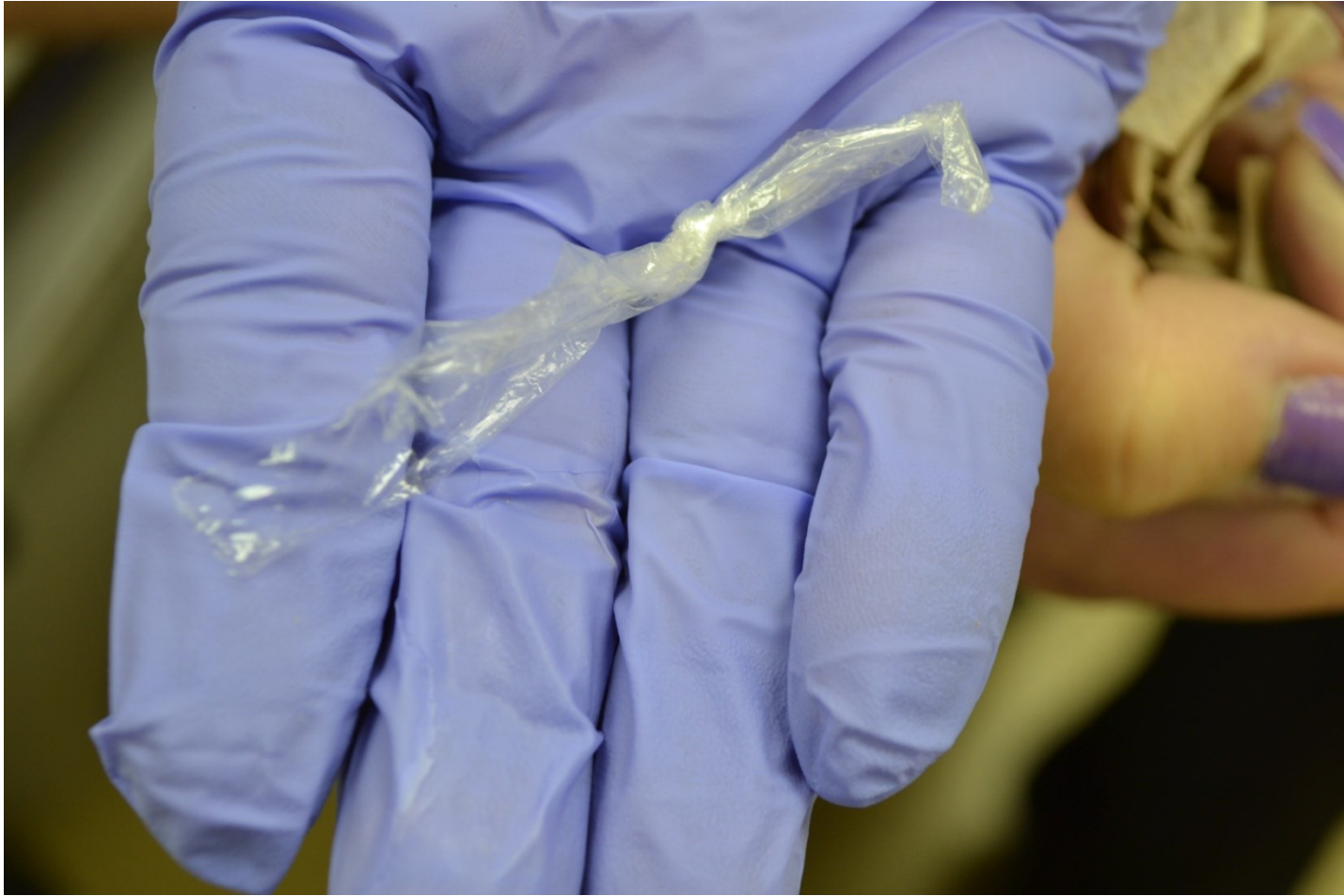

















# Patient Care

- ▶ From E.M.T.'s to Coroners, efforts are being made to help people with problems.
- ▶ Addictions are made from availability and misuse of the drugs. Many addictions are made from mom, dad or grandparents medicine chest. Others from traumatic injuries that some can't stop medicating themselves. No-one wants to meddle into the treatment of a physician and their patient. Being vigilant and discerning in the prescription of the opioids will be the key.

# What are we seeing?

- ▶ U-47700 pills (at least 2 cases.)
  - ▶ Powder Fentanyl and Heroin.
  - ▶ Powder Fentanyl and cocaine.
  - ▶ Straight Powder Fentanyl.
  - ▶ Prescription C.N.S. Depressants.
  - ▶ Alcohol and Prescription drugs.
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# How is it delivered?

- ▶ Mostly intravenous.
  - ▶ Crushed and snorted or snorted.
  - ▶ Swallowed
  - ▶ Introduced anally
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