

New rules aim to stem prescription overdoses

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You're more likely to die of a prescription drug overdose than an auto accident in Utah.

But new guidelines released Thursday by the Utah Department of Health are designed to help reduce those drug deaths.

Prescriptions written for opioid medications such as hydrocodone, oxycodone and methadone increased six-fold from 1997 to 2002 in the Beehive State, as doctors moved forward with a nationwide trend to better control and treat pain. Dr. Robert Rolfs, state epidemiologist, said there is evidence that both acute (short-term) pain, and chronic (long-term) pain had been under-treated before the turn of the century.

Aggressive marketing by pharmaceutical companies has also contributed to the point that "the norm in terms of how (such medications) are used has dramatically shifted," he said. As the rate of usage has risen, so have the number of local deaths tied to the medications.

The health department developed the new guidelines for doctors in conjunction with two multi-disciplinary physician groups, with the goal to reduce the number of unintentional overdoses in Utah by 15 percent.

"It's important for physicians and the public to be aware that these guidelines are recommendations, they are not requirements and they are not laws," said Dr. David Sundwall, executive director of the state health department. "However, it's also important to recognize prescription pain medication overdose deaths have reached epidemic proportions in Utah and health-care providers bear some responsibility in combating the problem."

Rolfs said part of the reason more Utahns are dying is "a fairly large increase in people using them non-medically, abusing them in one way or another." While the health department doesn't have hard numbers, he said anecdotal evidence suggests that about one-third of people taking the drugs are doing so as prescribed for a real medical problem; one third are probably abusing the drugs; and another third "is probably a mix of the two."

Many people who have same-day surgical procedures or even dental work get a prescription from their physician for one of the opioids, often for a much larger number of pills than they actually need for pain. "When you get 30 and you take two, how many does that leave in the medicine cabinet where a teenager or family friend finds them" and decides either to take them personally or to sell them on the street?

Even if there is no theft, "it's not uncommon for people to just give them to someone else, and people don't realize that's technically a felony," Rolfs said. Even if physicians are prescribing more of a drug than is necessary, patients have a responsibility to "take it only if you need it, in the amount you need, store it safely and dispose of it properly," he said.

Some of the key recommendations for medical providers include:

Give alternatives to opioids before prescribing them; start with something less potent first, particularly for acute pain.

Screen for risk of abuse or addiction before initiating prescription opioids.

Use methadone rarely, if ever, to treat acute pain. Also, it should only be prescribed by those who know the risks and are prepared to carefully monitor patients who take it.

Tools for doctors to use in implementing the recommendations are included, including monitoring and screening mechanisms, sample treatment plans and dosing guidelines.

Questions still remain about whether people with chronic pain are better off a year or two after using such drugs; 5 to 10 percent of the population is prone to become addicted to them, or to have problems related to an addiction, Rolfs said. Unfortunately, "we often don't have great options when treating someone with chronic pain," particularly those dealing with terminal illness.

State officials don't now have a good handle on how many prescription drug overdose deaths are actually suicides and how many are accidental, he said, though a study is under way to learn more about "what is going on in their heads" when an overdose occurs.

He has had patients who have had non-fatal overdose episodes who describe myriad factors that play into their mental state "and it's very complicated."