

Opioid Prescribing Task Force Issues Matrix – Security and Disposal

Date/Location:

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Tech Experts:

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AMDG/CDC Recommendations:

AMDG—

- Provide patient education on safekeeping of opioids, benzodiazepines, and other controlled substances.

1. What issues are there?	2. How can we address these issues?
2013 research indicates 3 of 4 heroin users in the prior year misused prescription opioids first.	<ul style="list-style-type: none"> • Take steps to limit excessive supply of prescription opioids available after an acute pain episode has ended.
According to 2016 SAMHSA data, 53% of misused opioids come not from a patient’s prescription, but from a family member or friend, either for free (40.4%) paid for (8.9%) or without asking (3.7%).	<ul style="list-style-type: none"> • Attempt to ensure that opioids are consumed only by the intended patient for the intended purpose and not susceptible to sharing with others.
How do we encourage proper security and disposal measures when B/C authority is only over individual prescriber licenses? What security and disposal measures can be required by rule?	<ul style="list-style-type: none"> • Limit consideration of security and disposal measures to prescribers’ prescribing and relationship between prescriber and patient (e.g. written agreement include security and disposal requirements).
The availability and accessibility of prescription take-back programs.	Recommendation to state legislature
Take back opportunities	Informed consent and signed patient agreement to return unused portion See adding a line to patient agreement
Responsibility for safety and enforcement	Language from uniform agreement
Co-prescribing narcan	

Provider writing opioid prescription shares responsibility of security (mail-in bag for take back)	Lots of problems; increases dis-incentive to prescribe; suggestion to clinics that want to
Mail order being stolen; lack of security	Locking mail box in agreement Requiring delivery receipt for mailed prescriptions No replacement of lost or stolen medications (consideration for clinical judgment; police report)

3. What concerns/ impacts are there?	4. How might we mitigate these concerns?
Could the Task Force's efforts run counter to similar efforts at the state and federal level? How do we ensure that any rules are consistent with other regulation, especially at the federal level?	<ul style="list-style-type: none"> • Consultation with legal and policy experts in the area of drug take-back programs.

5. What further information do we need?
AMDG Guidelines "Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health"; SAMHSA; 2017. House Bill 1047

6. What is this group's recommendation?