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## Opioid Addiction in Our Community

Last week, a large oxycodone "pill mill" was broken up leading to the arrest of nine individuals, including a Reno medical doctor. Due to this physician's arrest, many of his patients will be left without a medical provider. A significant number of these patients received prescriptions for oxycodone and may be looking for another source. Some of these patients will have legitimate pain management needs. Some may not. It is believed that we will begin to see a ripple effect across Washoe County in various forms. It is believed that many of the physician's patients are working professionals that will now not have a source for prescription medications that will satisfy their addiction. It is expected that other physicians in the area may become more cautious in prescribing these narcotics making it hard for other patients who may have become addicted to seek and obtain these drugs.

Multiple outcomes are possible. We believe that many of the current patients will attempt to find access to prescription narcotics through other care providers, emergency departments, urgent cares, etc. When they are unsuccessful, there is concern that they will end up in one of three, undesirable situations: 1.) The patient may seek different narcotics including illegal substances such as heroin to fill the void. 2.) They may attempt to obtain medications through illegal means such as stealing from pharmacies, medical professionals, or EMS providers. 3.) They may suffer from withdrawal symptoms when their access to prescription narcotics ends. All three of these possibilities have potential impacts on our medical community.

Listed below are some of the characteristics and behaviors you may observe among individuals seeking out a source for prescription pain medication.

### Common Characteristics of the Drug Abuser<sub>1</sub>:

- Unusual behavior in the waiting room;
- Assertive personality, often demanding immediate action;
- Unusual appearance - extremes of either slovenliness or being over-dressed;
- May show unusual knowledge of controlled substances and/or gives medical history with textbook symptoms **OR** gives evasive or vague answers to questions regarding medical history;
- Reluctant or unwilling to provide reference information. Usually has no regular doctor and often no health insurance;
- Will often request a specific controlled drug and is reluctant to try a different drug;
- Generally has no interest in diagnosis - fails to keep appointments for further diagnostic tests or refuses to see another practitioner for consultation;
- May exaggerate medical problems and/or simulate symptoms;
- May exhibit mood disturbances, suicidal thoughts, lack of impulse control, thought disorders, and/or sexual dysfunction;
- May show cutaneous signs of drug abuse - skin tracks and related scars on the neck, axilla, forearm, wrist, foot and ankle. Such marks are usually multiple, hyper-pigmented and linear. New lesions may be inflamed. Shows signs of "pop" scars from subcutaneous injections.

### Behaviors Often Exhibited by the Drug-Seeking Patient Include:

- Must be seen right away;
- Wants an appointment toward the end of office hours;
- Calls or comes in after regular hours;
- States he/she is traveling through town, visiting friends or relatives (not a permanent resident);
- Feigns physical problems, such as abdominal or back pain, kidney stone, or migraine headache in an effort to obtain narcotic drugs;
- Feigns psychological problems, such as anxiety, insomnia, fatigue or depression in an effort to obtain stimulants or depressants;
- States that specific non-narcotic analgesics do not work or that he/she is allergic to them;

- Claims to be a patient of a practitioner who is currently unavailable or will not give the name of a primary or reference physician;
- States that a prescription has been lost or stolen and needs to be replaced;
- Deceives the practitioner, such as by requesting refills more often than originally prescribed;
- Pressures the practitioner by eliciting sympathy or guilt or by direct threats;
- Utilizes a child or an elderly person when seeking pain medication.

### **What You Should Do When Confronted by a Suspected Drug Abuser**

#### **DO:**

- Perform a thorough examination appropriate to the condition.
- Document examination results and questions you asked the patient.
- Request picture I.D., or other I.D. and Social Security number. Photocopy these documents and include them in the patient record.
- Call a previous practitioner, pharmacist or hospital to confirm the patient's story.
- Confirm a telephone number, if provided by the patient.
- Confirm the current address at each visit.
- When writing prescriptions, make them for limited quantities.

#### **DON'T:**

- "Take their word for it" when you are suspicious.
- Dispense drugs just to get rid of drug-seeking patients.
- Prescribe, dispense or administer controlled substances outside the scope of your professional practice or in the absence of a formal practitioner-patient relationship.

### **Opioid Withdrawal Symptoms<sub>2</sub>**

It is expected that area physicians will also find individuals experiencing withdrawal symptoms from opioids. While symptoms may be unpleasant, they are not typically life-threatening. Below are symptoms that a person in withdrawal may experience.

Early symptoms of withdrawal include:

- Agitation
- Anxiety
- Muscle aches
- Increased tearing
- Insomnia
- Runny nose
- Sweating
- Yawning

Late symptoms of withdrawal include:

- Abdominal cramping
- Diarrhea
- Dilated pupils
- Goose bumps
- Nausea
- Vomiting

Complications of opioid withdrawal include the risk of aspiration with vomiting, and dehydration and electrolyte imbalances from severe vomiting and diarrhea. The biggest complication is return to drug use. Most opiate overdose deaths occur in persons who have just withdrawn or detoxed. Because withdrawal reduces the body's tolerance to the drug, persons who have just gone through withdrawal can overdose on a much smaller dose than they used to take.

### **Treatment**

For those patients seeking treatment for opioid addiction, Washoe County has a number of drug treatment programs available. Visit [www.washoecounty.us/health/](http://www.washoecounty.us/health/) or [www.jtnn.org](http://www.jtnn.org) for local programs and resources.

### **Below are links to drug addiction resources for healthcare providers.**

[www.drugabuse.gov/nidamed-medical-health-professionals](http://www.drugabuse.gov/nidamed-medical-health-professionals)

[www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/opioid-prescribing-resources](http://www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/opioid-prescribing-resources)

[www.cdc.gov/primarycare/materials/opoidabuse/index.html](http://www.cdc.gov/primarycare/materials/opoidabuse/index.html)

[www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html)

### **Sources**

1. "Don't Be Scammed By A Drug Abuser." *Informational Brochures* -. US DOJ-Drug Enforcement Agency, Dec. 1999. Web. 03 May 2016.
2. Opiate Withdrawal: MedlinePlus Medical Encyclopedia." *U.S National Library of Medicine*. U.S. National Library of Medicine, n.d. Web. 03 May 2016.