

Data-Driven Responses to Prescription Drug Misuse in Kentucky

Comprehensive Opioid Abuse Site-based Program
2017-PM-BX-K026

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Harold Rogers Prescription Drug Monitoring Program



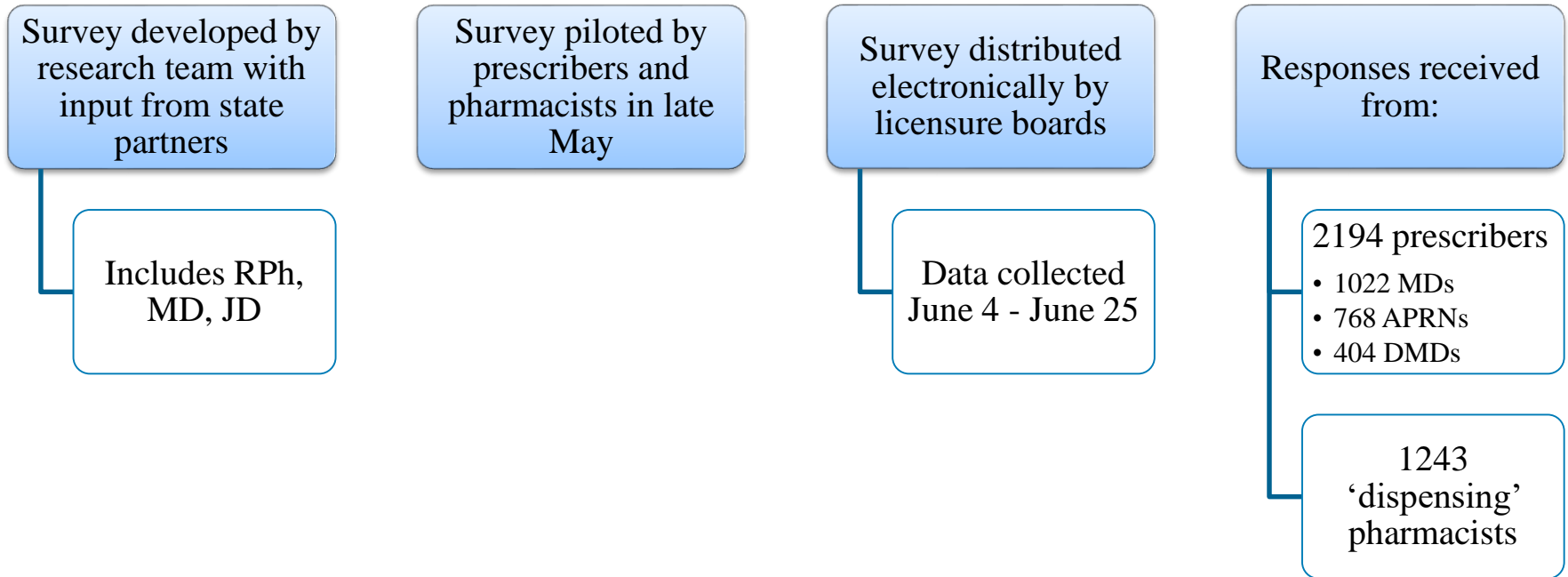
Data-Driven Responses to Prescription Drug Misuse in Kentucky

- Continues ongoing work relative to analyses of KASPER and other data
- Provides funding for research in two new areas as a result of legislative and regulatory changes in 2017
 - Drug conviction data available in KASPER (SB 32)
 - Scheduling of gabapentin (902 KAR 55:035)

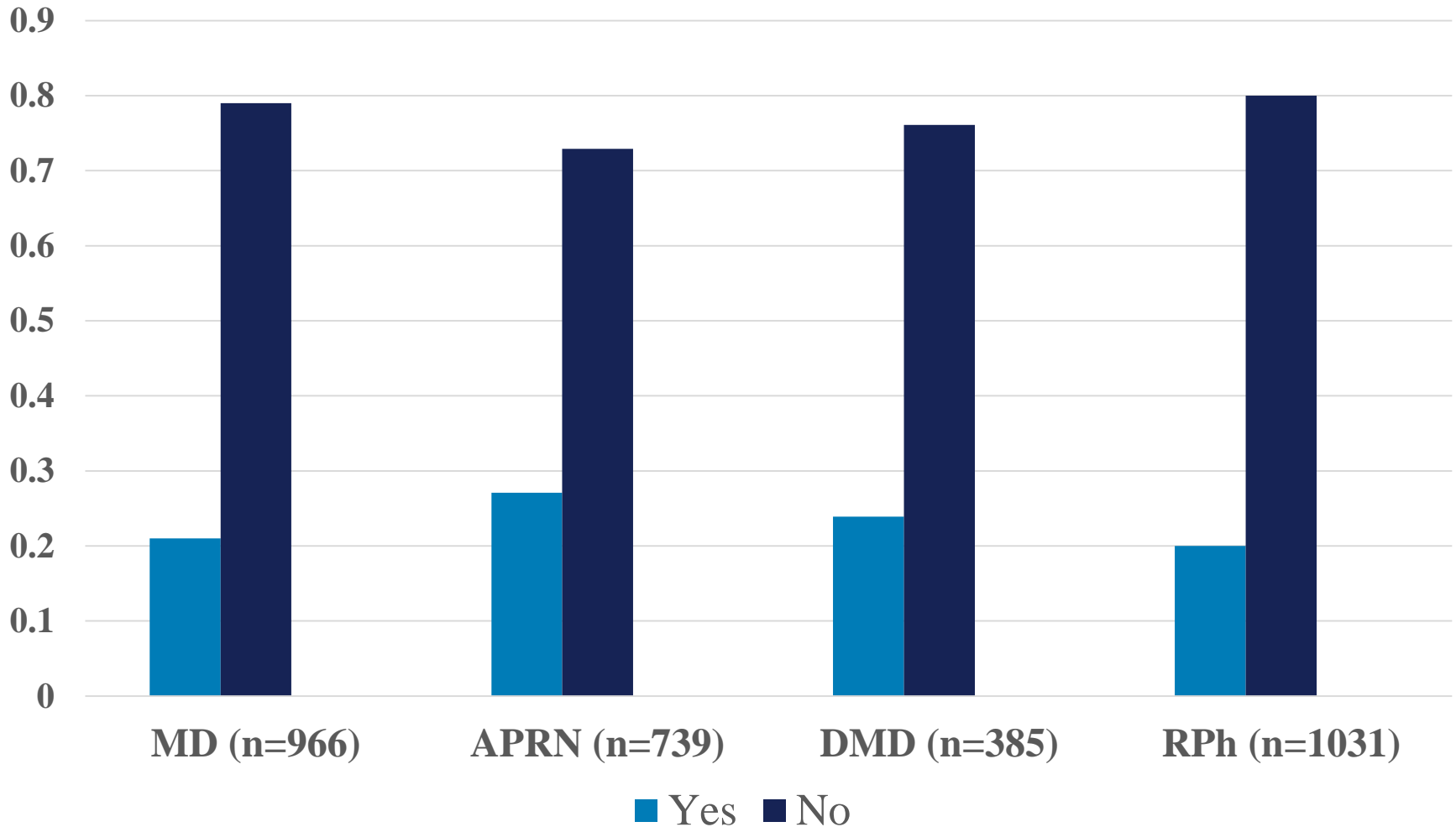
SB 32 (2017)

- Amended KRS 218A.202 to require the Administrative Office of the Courts to forward drug conviction data to KASPER
 - Includes felony or Class A misdemeanor conviction for the previous five (5) calendar years
 - Query by patient name shall indicate any prior drug conviction
 - Effective July 1, 2018

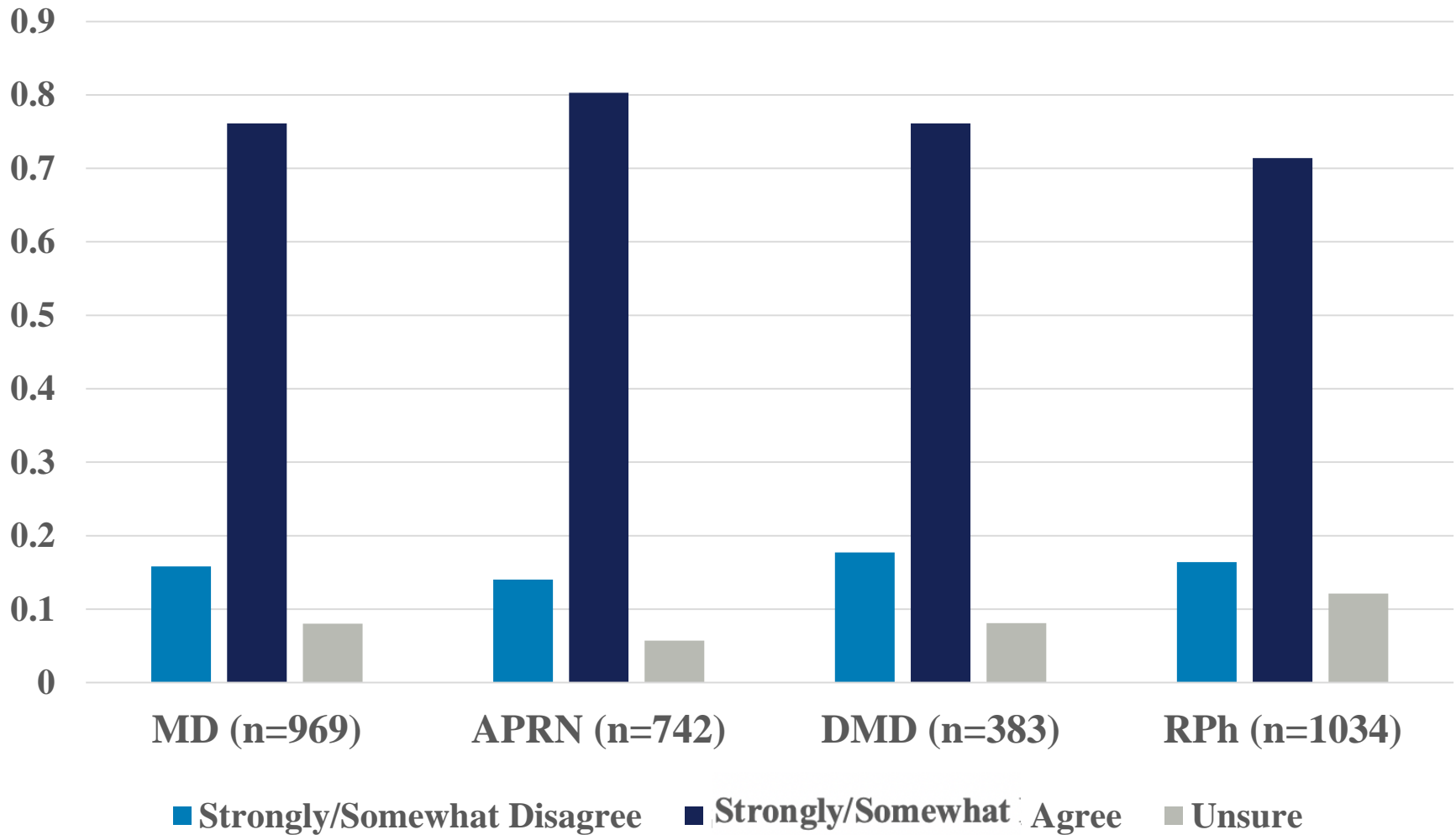
SB 32 Survey Methodology



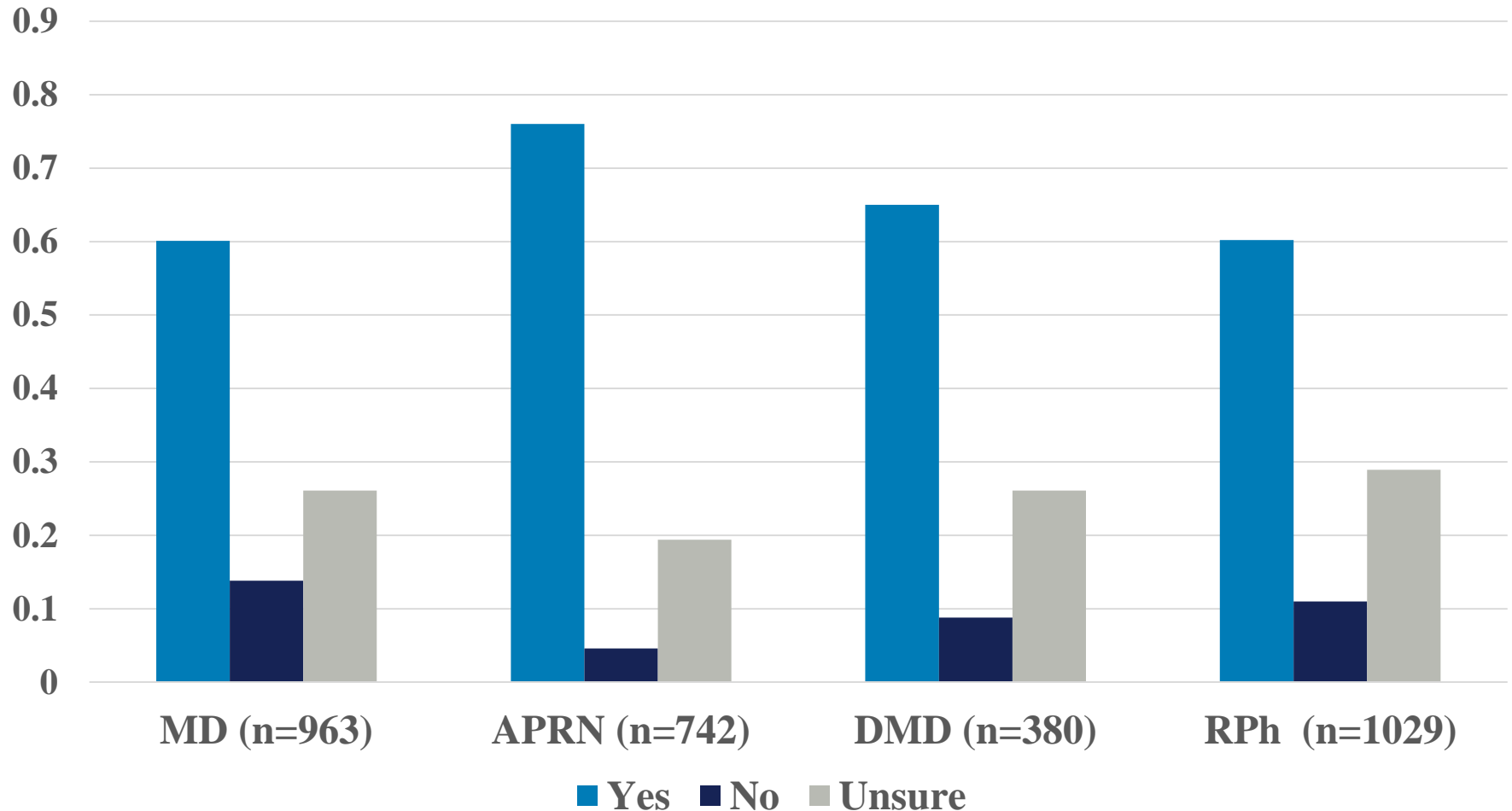
Prior to taking this survey, I was aware that drug conviction data will be available in KASPER



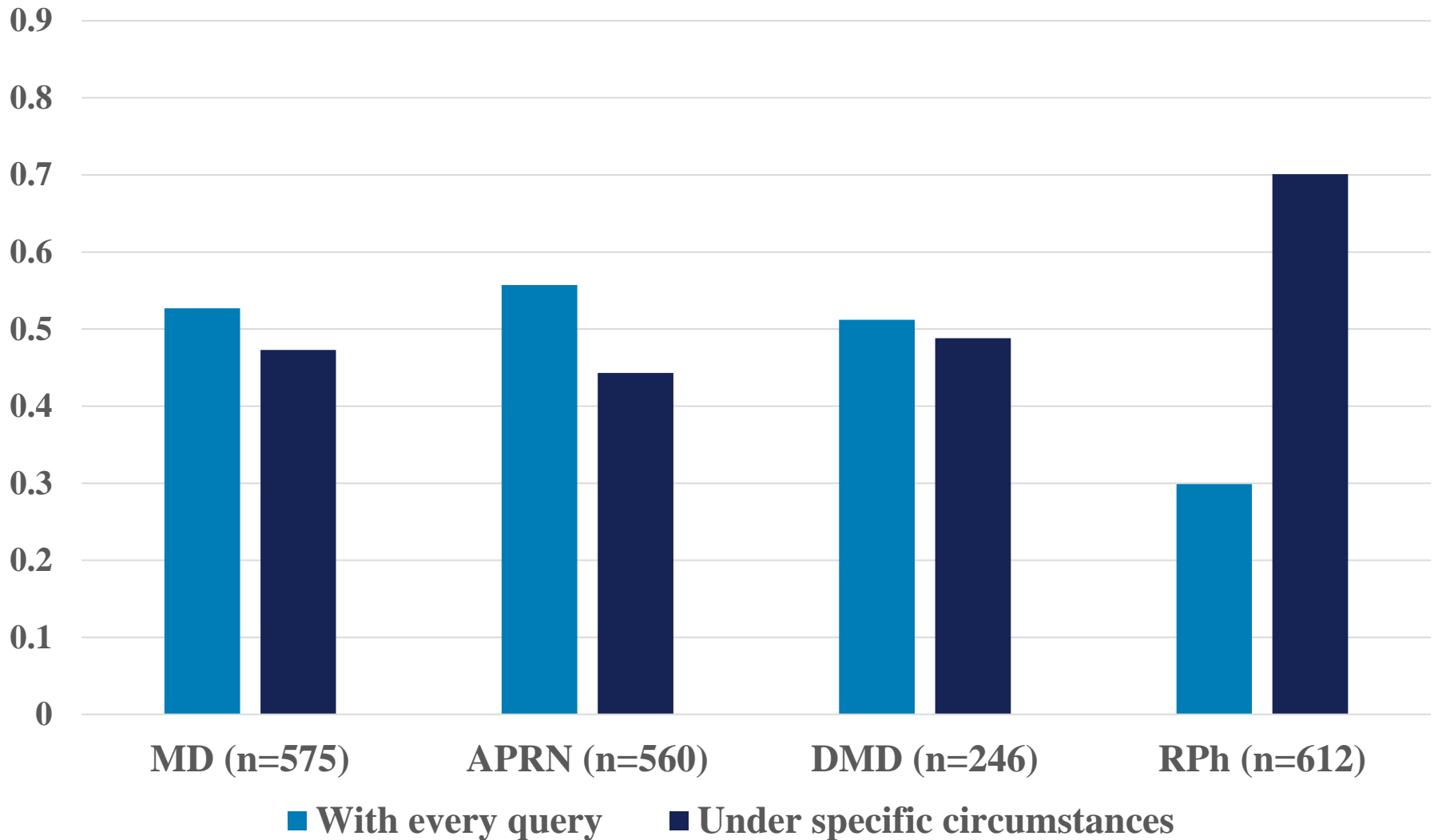
Having access to drug conviction data in KASPER will assist in making CS prescribing/dispensing decisions



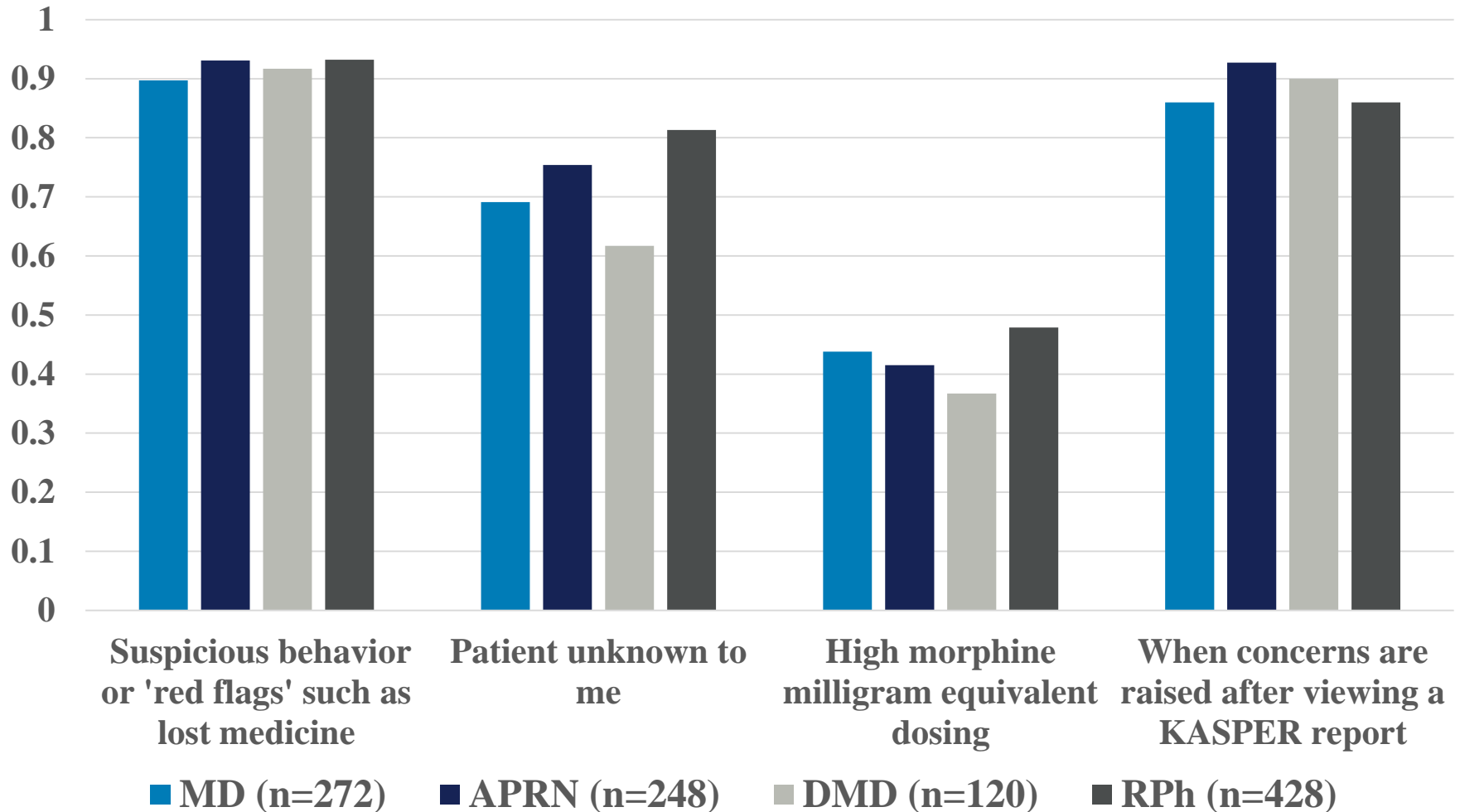
After July 1, 2018, do you intend to request drug conviction data to use in your treatment decisions?



When do you intend to request drug conviction data with your KASPER queries?



Under what circumstances do you anticipate using KASPER's drug conviction data retrieval feature?



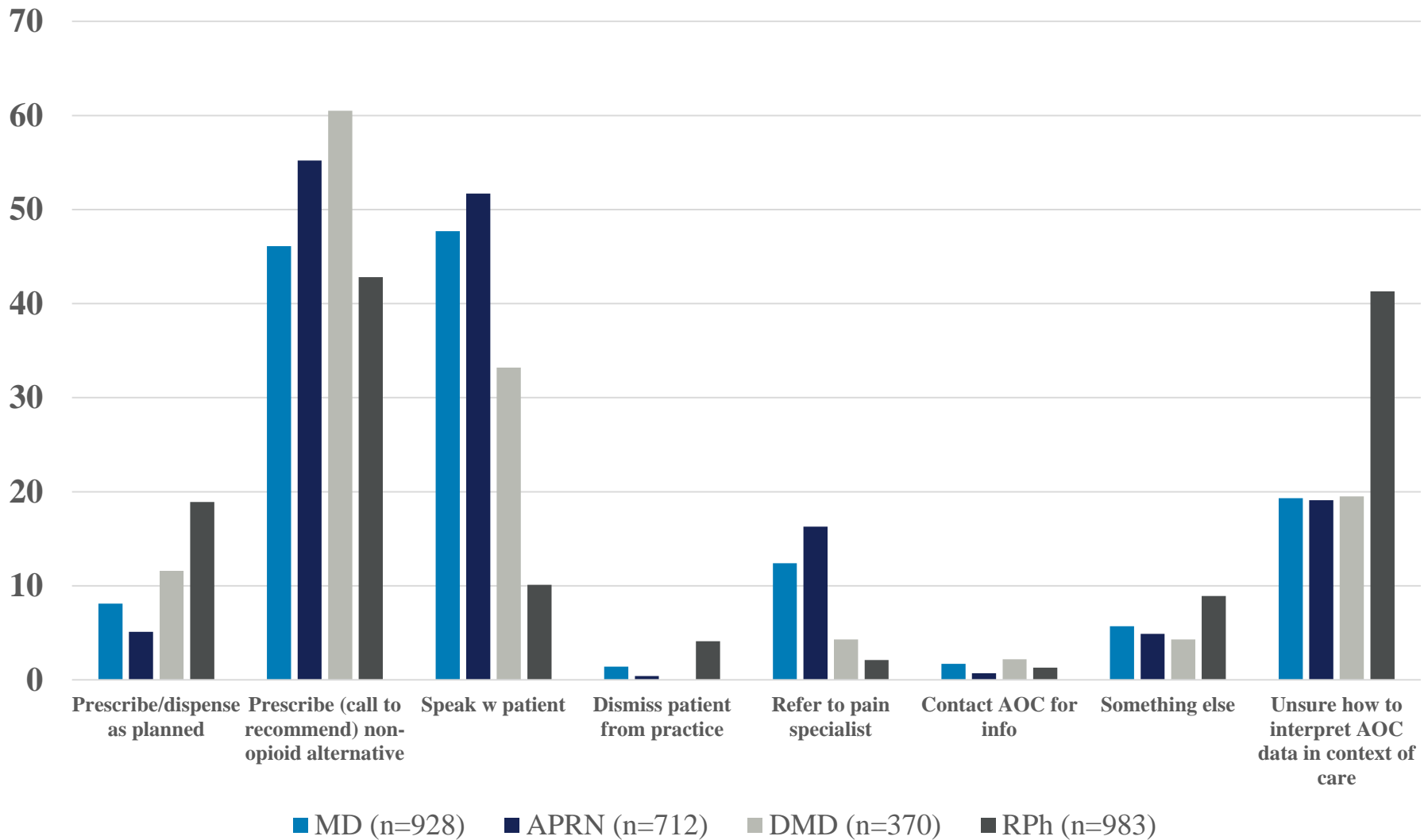
Practice Vignette

- You are planning to prescribe a Schedule II opioid analgesic for acute pain in a patient new to your practice.
- As part of your routine procedures, you request a KASPER report and the returned prescription history raised no concerns.
- However, you also clicked the button to receive any drug conviction data for the past 5 years from the AOC and in response to your query, the following information is returned

- Date of KASPER Query: 05/14/18
- Case number: 13-CR-00074
- Charge Disposition Date: 07/14/2013
- Charge County: Boyle
- Charge disposition type code description: Guilty
- UOR Description: Possession Schedule II opioid with intent to sell, 1st offense

Based on the above information, what course(s) of action would you take?

Course of action following review of drug conviction data?



KASPER/AOC Report Requests

	June 27,2018 - May 31,2019	
Total eKASPER Report Requests	13,317,639	
Total eKASPER Report Requests where the AOC Data was Requested	1,047,561	7.9%
Total Requests for AOC Data where Patient Information was Found	11,635	1.1%
Total Requests for AOC Data where Patient Information was NOT Found	1,034,502	98.8%
Total Requests for AOC Data where Unable to Connect to AOC	1,424	0.1%

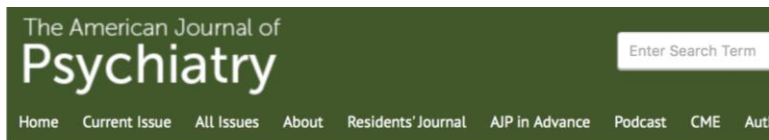
Next Steps

- Online CE program for prescribers and pharmacists to assist with understanding the content and interpretation of drug conviction data in KASPER

Scheduling of gabapentin

902 KAR 55:035

Gabapentin Misuse and Abuse



Previous Article Next Article
Volume 172, Issue 5, May 01, 2015, pp. 487-488

Communications and Updates
Abuse and Diversion of Gabapentin Among Nonmedical Prescription Opioid Users in Appalachian Kentucky

Rachel V. Smith, M.P.H., Michelle R. Lofwall, M.D., Jennifer R. Havens, Ph.D., M.P.H.

Accepted: December 01, 2014
Published online: April 30, 2015 | <https://doi.org/10.1176/appi.ajp.2014.14101272>



Drug and Alcohol Dependence
Volume 186, 1 May 2018, Pages 80-85

Full length article

Prevalence of gabapentin in drug overdose postmortem toxicology testing results

Svetla Slavova^{a, b, c, ✉}, Alison Miller^{a, c}, Terry L. Bunn^{a, b}, Jessica R. White^{a, d}, David Kirschke^{a, e}, Tom Light^{a, f}, Daniel Christy^{a, f}, Gary Thompson^{a, f}, Ruth Winecker^{a, g}



HHS Public Access

Author manuscript

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Addiction. 2016 July ; 111(7): 1160–1174. doi:10.1111/add.13324.

Gabapentin misuse, abuse, and diversion: A systematic review

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DOI: 10.1002/pds.4230

WILEY

BRIEF REPORT

Law enforcement-derived data on gabapentin diversion and misuse, 2002-2015: diversion rates and qualitative research findings

Mance E. Buttram¹ | Steven P. Kurtz¹ | Richard C. Dart² | Zachary R. Margolin²



Regulating Gabapentin as a Drug of Abuse: A Survey Study of Kentucky Community Pharmacists

James Blackmer, PharmD, MPA, Eric Lindahl, PharmD Candidate, Audra Strahl, MS, MBA, Aric Schadler, MS, Patricia Freeman, BSPHarm, PhD

DOI: <https://doi.org/10.1016/j.japh.2018.12.018>



Article Info

Kentucky Pharmacists' Experiences

Table 2

Kentucky community pharmacists' experiences with gabapentin (n=1307)

Experience	n (%)
Policies that restrict early refills	
No	97 (7.4%)
Yes	1156 (88.5%)
Abuse and diversion of gabapentin is a problem in my community	
Strongly agree	749 (57.3%)
Agree	346 (26.5%)
Disagree	78 (6.0%)
Strongly disagree	64 (4.9%)
Extent that making gabapentin a controlled substance would reduce its abuse and diversion	
Very effective	381 (29.2%)
Effective	422 (32.3%)
Somewhat effective	366 (28.0%)
Not effective	76 (5.8%)

Research Question and Aims

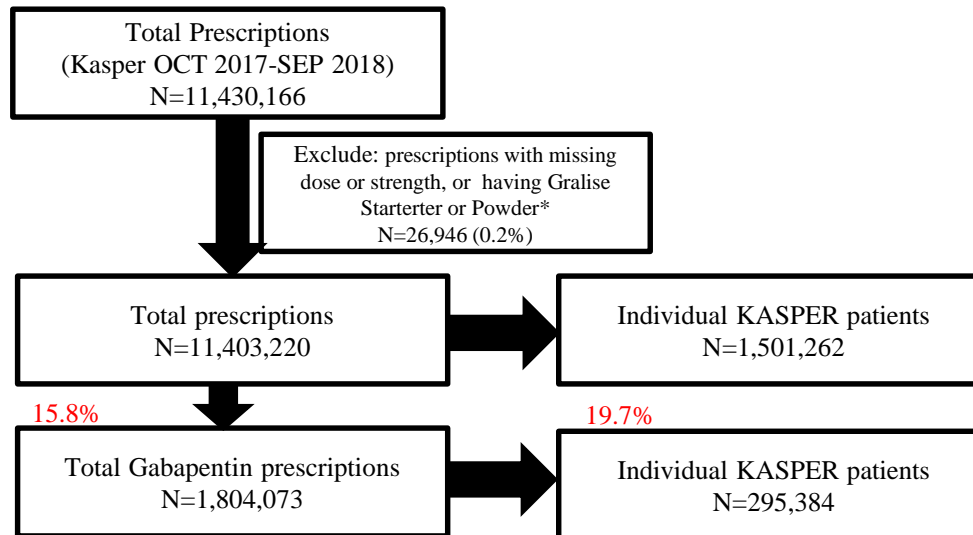
Research Question

What are the characteristics of gabapentin use in Kentucky?

Aims

- Examine the characteristics of gabapentin use (prescription level and patient level)
- Examine the regional variations in county-level gabapentin use
- Examine the prevalence of concurrent use of gabapentin with other controlled substances (e.g. opioids and benzodiazepines)

Gabapentin Prescriptions Dispensed in KY



	Total prescriptions	Gabapentin prescriptions	Rate (%)
2017 Q4	2,897,026	459,755	15.7
2018 Q1	2,893,937	453,034	15.9
2018 Q2	2,856,348	452,713	15.9
2018 Q3	2,755,909	438,571	15.9

Rate of Gabapentin Use in KY, 2017-2018

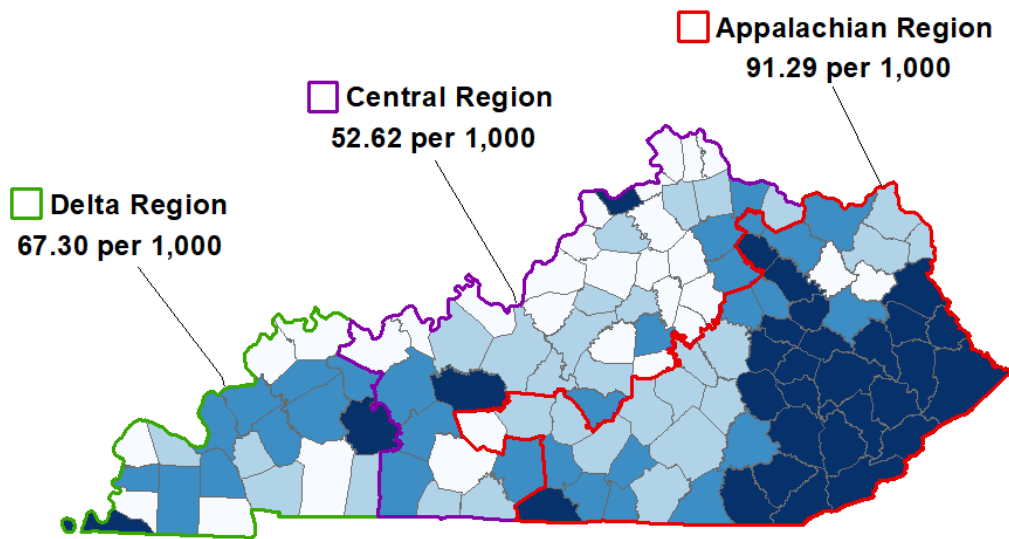
	Rate (# of patients with gabapentin/1,000 residents)	Rate Ratio (95% confidence interval)
Total	66.3	-
Age		
≤ 17	2.94	Ref
18-24	7.59	2.58 (2.45, 2.71)
25-34	28.35	9.64 (9.27, 10.03)
35-44	68.86	23.44 (22.56, 24.31)
45-54	107.25	36.50 (35.19, 37.85)
55-64	133.40	45.40 (43.74, 47.07)
65+	130.02	44.26 (42.64, 45.87)
Sex		
Male	53.40	Ref
Female	78.50	1.47 (1.45, 1.48)
Region		
Central	52.62	Ref
Delta	67.30	1.28 (1.26, 1.29)
Appalachian	91.29	1.73 (1.72, 1.75)

Rates of Concurrent Use of Gabapentin with Other Controlled Substances in KY, 2017-2018

	Opioids	Benzodiazepines	Pregabalin
Total Rates			
per 1,000 residents	29.59	12.93	1.16
per 100 gabapentin users	44.62	19.50	1.76
Rates by Age (per 1,000 residents)			
≤ 17	0.40	0.14	0.002
18-24	1.15	0.60	0.053
25-34	7.51	4.10	0.38
35-44	26.97	12.65	1.23
45-54	51.19	21.57	2.21
55-64	67.60	28.01	2.56
65+	58.21	26.04	2.03
Rates by Sex (per 1,000 residents)			
Male	24.56	8.53	0.89
Female	34.41	17.19	1.43
Rates by Region (per 1,000 residents)			
Central	21.85	9.19	0.97
Delta	31.66	14.31	1.46
Appalachian	45.27	20.08	1.44

Rate of gabapentin patients (per 1,000)

(# of gabapentin patients in county/# of estimated residents in county)



Rate of patients with gabapentin per 1,000 residents



County	Total # Residents	# of Gabapentin Users	Rate (per 1000)
OWSLEY	4,435	768	173.2
PERRY	26,553	4020	151.4
WHITLEY	36,214	5479	151.3
CLAY	20,366	3030	148.8
MAGOFFIN	12,538	1736	138.5
FLOYD	36,271	4896	135.0
LEE	6,570	878	133.6
LETCHER	22,339	2881	129.0
POWELL	12374	1590	128.5
KNOTT	15,291	1904	124.5

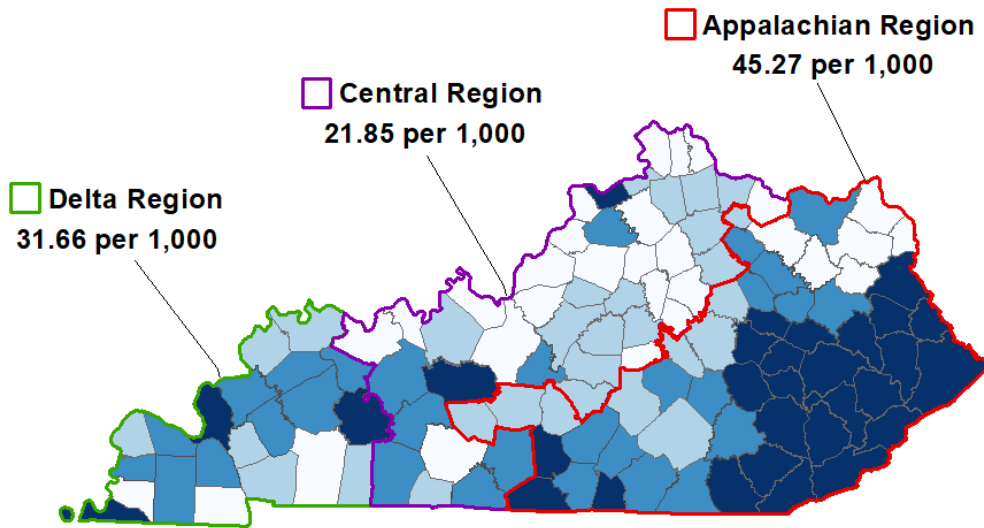
Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017

Source: U.S. Census Bureau, Population Division

Release Dates: For the United States, regions, divisions, states, and Puerto Rico Commonwealth, December 2017. For counties, municipios, metropolitan statistical areas, micropolitan statistical areas, metropolitan divisions, and combined statistical areas, March 2018. For cities and towns (incorporated places and minor civil divisions), May 2018.

Rate of gabapentin and opioid concurrent patients (per 1,000)

(# of gabapentin and opioid 7+ days overlapping patients in county/# of estimated residents in county)



Rate of patients with gabapentin per 1,000 residents



County	Total # Residents	# of Gabapentin users	Rate (per 1000)
CLAY	20,366	1927	94.6
OWSLEY	4,435	418	94.3
FLOYD	36,271	3021	83.3
PERRY	26,553	2176	82.0
MAGOFFIN	12,538	1022	81.5
KNOTT	15,291	1161	75.9
BELL	26,894	1989	74.0
WHITLEY	36,214	2556	70.6
MARTIN	11,452	774	67.6
LEE	6,570	441	67.1

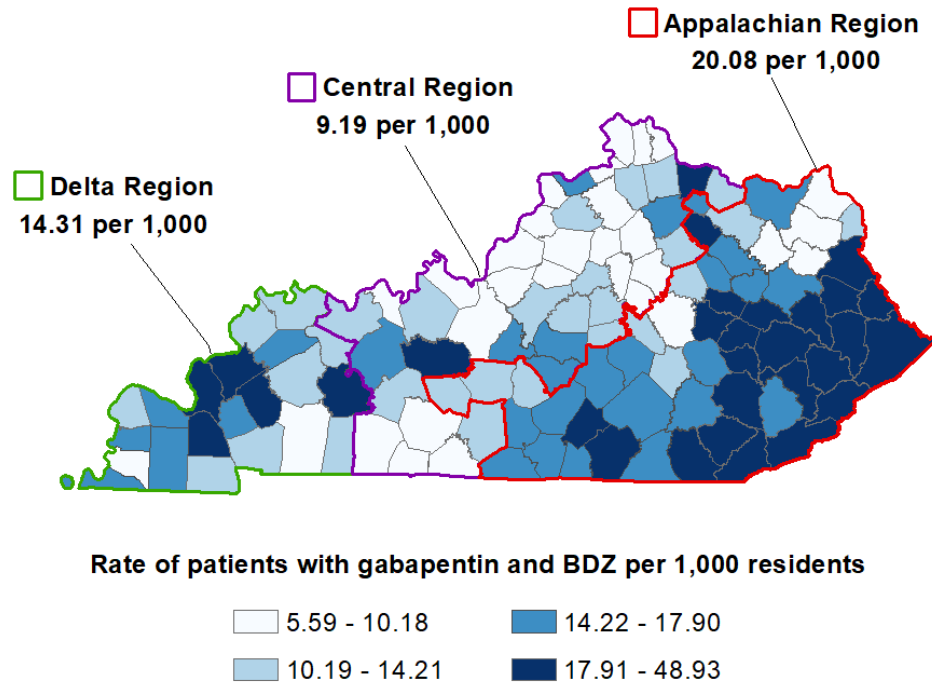
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Rate of gabapentin and BDZ concurrent patients (per 1,000)

(# of gabapentin and BDZ 7+ days overlapping patients in county/# of estimated residents in county)



County	Total # Residents	# of Gabapentin users	Rate (per 1000)
OWSLEY	4,435	217	48.9
BELL	26,894	1190	44.3
MAGOFFIN	12,538	507	40.4
MARTIN	11,452	455	39.7
CLAY	20,366	795	39.0
FLOYD	36,271	1347	37.1
WHITLEY	36,214	1325	36.6
LEE	6,570	236	35.9
KNOX	31,227	1028	32.9
JOHNSON	22,594	737	32.6

Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017

Source: U.S. Census Bureau, Population Division

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Next Steps

- Population-based gabapentin surveillance in Kentucky
- Linkages between death certificate and PDMP data to allow estimation of gabapentin diversion

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Research Team

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