Ending the Opioid Epidemic
The Opioid Addiction Pipeline

Types of Patients Seeking Buprenorphine Prescriptions
- Addiction Recovery Patient
  Successfully completes treatment and manages addiction.
- Prescription Shopper (Addicted)
  Visits multiple doctors to obtain multiple buprenorphine prescriptions.
- Recreational Drug User
  Takes buprenorphine for leisure purposes without medical need.
- Illegal Drug Dealer Patient
  Acquires and sells buprenorphine prescription drugs.

Addiction Treatment Doctors
- Experienced, Well-Intentioned Doctor
  Formal training, education and experience with opioid addiction. May provide MAT.
- Well-Intentioned Doctor
  Limited experience and training. Inexperienced with buprenorphine addiction. May prescribe too much or wrong type for patient.
- Ill-Intended Doctor
  Knowingly prescribes buprenorphine to all patient types regardless of need.

Types of Doctors
- Experienced, Well-Intentioned Doctor
  Formal training, education and experience with pain management patients and prescribing. Understands the opioid crisis.
  Diagnoses legitimate medical condition.
  Confirms no pattern of prescription shopping or addiction.
  Prescribes proper opioid dose, strength and duration.
- Less Experienced, Well-Intentioned Doctor
  Lack of formal training, education and/or experience with pain management patients and prescribing. Limited understanding of the opioid crisis.
  Does not identify patterns of drug shopping or addiction.
  Prescribes too much for condition.
  Uses an opioid first, instead of last line of defense.
- Ill-Intentioned Doctor
  Knowingly prescribes opioids to all patient types regardless of need.
  Drug shoppers
  Illegal drug dealers
  Doesn’t check PMP and co-prescribes other medications without legitimate medical need.

Types of Patients Seeking Prescriptions
- Pain Patient
  Takes opioids as prescribed for legitimate acute, chronic or severe pain.
- Prescription Shopper (Addicted)
  Patient Visits multiple doctors to obtain multiple opioid prescriptions for self-use.
- Recreational Drug User
  Takes opioid prescription drugs for leisure purposes without medical need.
- Illegal Drug Dealer Patient
  Acquires and sells opioid prescription drugs. May pose as pain patient.

Patients’ Outcomes
- Chronic Pain is Managed
  Given proper diagnosis, opioid prescription and pain management plan.
  Patient may have legitimate medical need for long-term use/high dose of opioid.
  Tolerance may develop over long-term treatment.
- Pain is Resolved
  Given proper diagnosis, opioid prescription and pain management plan.
  Condition successfully treated without long-term opioids.
  Low-to-no risk of becoming addicted.

Opioid Addiction
- Physically and psychologically dependent
- Cycle of addiction begins
- Illegal behaviors to acquire opioids

Treatment of Addiction
- Patient received Medication Assisted Treatment (MAT). Has Medicaid or private insurance to cover.

Illlicit Drug Use Occurs
- No access to addiction treatment
- Prescription stopped by doctor

Types of Patients
- Pain Patient
- Recreational Drug User
- Illegal Drug Dealer Patient

Addiction
- Physically and psychologically dependent
- Cycle of addiction begins

Results
- Overdose
- Adverse drug reactions
- Infectious diseases spread by needle sharing
- Accidents and negligence while under the influence
- Unsafe environments and persons while acquiring drugs
### Ending the Opioid Epidemic

<table>
<thead>
<tr>
<th>Intent</th>
<th>Action Taken</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>Improve education</td>
<td>Prescribers must take continuing medical education on pain management/addiction</td>
<td>July 2016</td>
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<tr>
<td>Stop pill mills</td>
<td>Board of Medicine will review, investigate and appropriately sanction unusual prescribers</td>
<td>July 2016</td>
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<tr>
<td>Recognizing addiction and stopping diversion</td>
<td>Prescribers are now automatically registered to use PMP</td>
<td>July 2015</td>
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<td>Prior to writing a two week prescription, prescribers must check patient’s PMP record</td>
<td>July 2016</td>
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<td>Additional staff can check the patient’s PMP record</td>
<td>July 2016</td>
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<td>Prevent overdose deaths</td>
<td>Statewide standing order allows anyone to buy naloxone</td>
<td>November 2016</td>
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<td>Improve public awareness</td>
<td>Public Health Emergency declared</td>
<td>November 2016</td>
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<td>Remove barriers for doctors to prescribe non-opioids</td>
<td>Medicaid now requires all plans to make accessible; commercial plans encouraged to adopt similar coverage</td>
<td>December 2016</td>
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<tr>
<td>Improve prescribing</td>
<td>Board of Medicine is creating opioid and buprenorphine prescribing guidelines</td>
<td>January 2017</td>
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<tr>
<td>Improve treatment</td>
<td>Provide coverage for addiction treatment for Medicaid population (ARTS/SUD)</td>
<td>April 2017</td>
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#### 2017 Requests

- Empower Board of Medicine to develop enforceable prescribing guidelines and regulations
- Support pilot to integrate PMP with Electronic Health Records
- Maintain Medicaid ARTS/SUD Funding
- Improve coverage of non-opioids by commercial health plans
- Support study for PMP funding
- Support Comprehensive Harm Reduction to prevent spread of infectious disease
The Medical Society of Virginia is searching for heroes like you. People who believe in preserving the practice of medicine the way it was always intended—with the physicians’ and patients’ best interests in mind. Join us as we continue to work together to make a difference in the rapidly changing health care environment.

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