



LARA Training Requirement

James Hudson, MD

Eva Quirion, NP, PhD

LARA requirement

R 338.3135 requires all controlled substances licensees who prescribe or dispense controlled substances, and delegates who prescribe, administer, or dispense on behalf of a licensee, to complete a one-time training in opioid and other controlled substances awareness.

This requirement took effect **September 1, 2019**, for initial licenses and the first renewal cycle after the promulgation of this rule for controlled substance license renewals.



Training requirements cover the following:

- Use of opioids and other controlled substances
- Integration of treatments
- Alternative of treatments for pain management
- Counseling patients on the effects and risks associated with using opioids and other controlled substances
- The stigma of addiction
- Utilizing the Michigan Automated Prescription system
- State and federal laws regarding prescribing and dispensing controlled substances
- Security features and proper disposal requirements for prescriptions.

Use of Opioids and Other Controlled Substances Labeled Uses

Schedule I Controlled Substances

- Substances in this schedule have no currently accepted medical use in the United States, a lack of accepted safety for use under medical supervision, and a high potential for abuse
- Some examples of substances listed in Schedule I are: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), peyote, methaqualone, and 3,4-methylenedioxymethamphetamine ("Ecstasy")

General substances

- Opium Derivatives
- Particularly Fentanyl derivatives
- Hallucinogens
- LSD, Marijuana and others
- Depressants
- GHB, Methaqualone et al.
- Stimulants
- Cannabimetic Agents
- Others

Schedule II/IIN Controlled Substances (2/2N)

Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence.

- Examples of Schedule II narcotics include:
 - Hydromorphone (Dilaudid®),
 - Methadone (Dolophine®),
 - Meperidine (Demerol®),
 - Oxycodone (OxyContin®, Percocet®), and
 - Fentanyl (Sublimaze®, Duragesic®)
 - Other Schedule II narcotics include: morphine, opium, codeine, and hydrocodone.
- Examples of Schedule IIN stimulants include:
 - Amphetamine (Dexedrine®, Adderall®),
 - Methamphetamine (Desoxyn®), and
 - Methylphenidate (Ritalin®).

Other Schedule II substances include: amobarbital, glutethimide, and pentobarbital.

https://www.deadiversion.usdoj.gov/21cfr/cfr/1308/1308_12.htm

Schedule III/IIIN Controlled Substances (3/3N)

Substances in this schedule have a potential for abuse less than substances in Schedules I or II and abuse may lead to moderate or low physical dependence or high psychological dependence.

- Examples of Schedule III narcotics include:
 - Products containing not more than 90 milligrams of codeine per dosage unit (Tylenol with Codeine®),
 - Buprenorphine (Suboxone®).
- Examples of Schedule IIIN non-narcotics include:
 - Benzphetamine (Didrex®),
 - Phendimetrazine,
 - Ketamine, and
 - Anabolic steroids such as Depo®-Testosterone
- https://www.dea.gov/diversion/usdoj.gov/21cfr/cfr/1308/1308_13.htm

Schedule IV Controlled Substances

Substances in this schedule have a low potential for abuse relative to substances in Schedule III

- Examples of Schedule IV substances include:
 - Alprazolam (Xanax®)
 - Carisoprodol (Soma®)
 - Clonazepam (Klonopin®)
 - Clorazepate (Tranxene®)
 - Diazepam (Valium®)
 - Lorazepam (Ativan®)
 - Midazolam (Versed®)
 - Temazepam (Restoril®)
 - Triazolam (Halcion®)
 - Tramadol/Tramadol

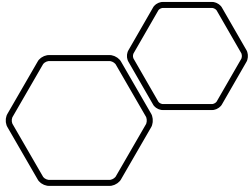
https://www.deadiversion.usdoj.gov/21cfr/cfr/1308/1308_14.htm

Schedule V Controlled Substances

Substances in this schedule have a low potential for abuse relative to substances listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotics

- Examples of Schedule V substances include:
 - Cough preparations containing not more than 200 milligrams of codeine per 100 milliliters
 - Or per 100 grams (Robitussin AC[®], Phenergan with Codeine[®]), and ezogabine.

https://www.deadiversion.usdoj.gov/21cfr/cfr/1308/1308_15.htm



Integration of treatments:

CDC recommendations for treatment of acute pain and Chronic Non-Cancer Pain are:

- Start with non-pharmacologic and non-opioid treatments for pain

If these are inadequate:

- Opioids at lowest effective dose for the shortest amount of time be added to (or integrated with) non-pharmacological and non-opioid medications





Reports/Metrics



Integrations



Resources



MAPS Users



Laws/Regulations



Data Submitter

Michigan Automated Prescription Systems (MAPS)

MAPS users select the appropriate icons to

- **learn more about submitting data**
- **reporting requirements and**
- **integrating their current Electronic Health Records with the new system.**

Annual reports, media releases and resources are also available below.

MAPS USERS

MAPS software was replaced with Appriss Health's PMP AWARxE software, effective April 4, 2017.

- Appriss Health provides the nation's most comprehensive platform for early identification, prevention and management of substance use disorders.
- [PMP AWARxE](#) is a prescription monitoring solution that provides state government agencies with accurate, real-time data, compliant with their regulations. Active in 43 states and territories, Appriss Health's prescription monitoring solutions lead the nation in prescription data monitoring.
- Michigan's new [PMP AWARExE site](#) allows licensed professionals (and their delegates) to access data. This is the same site that law enforcement and benefit plan managers use to request data from MAPS.
- If you require technical support with the new site, contact the Appriss Health Customer First Center at 1-844-364-4767.

PRACTITIONERS, PHARMACISTS AND DELEGATE USERS

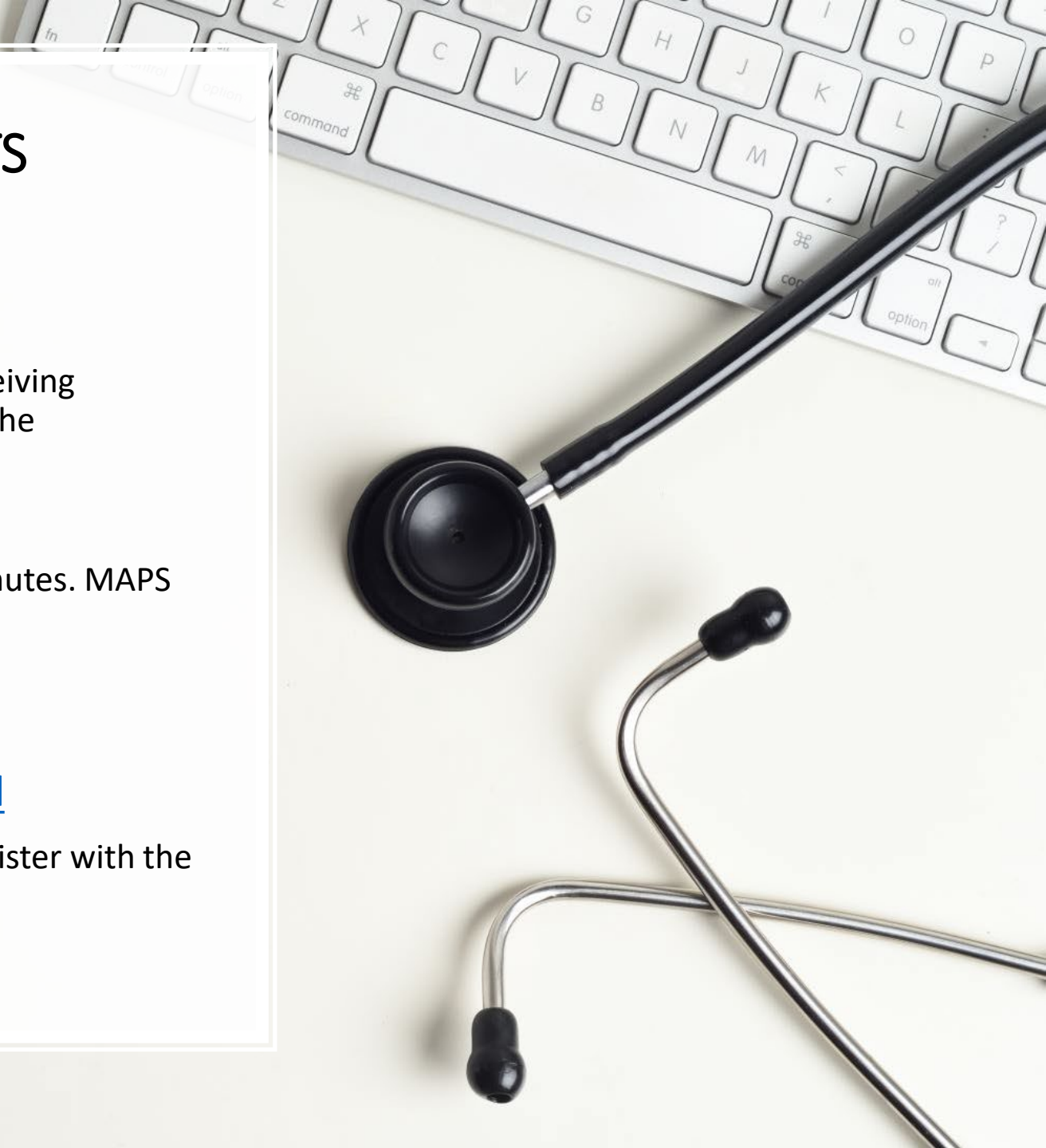
MAPS enables practitioners to determine if patients are receiving controlled substances from other providers and to assist in the prevention of prescription drug abuse.

Registration to MAPS online is easy and only takes a few minutes. MAPS online is available 24/7 to request MAPS reports.

REGISTER INFORMATION CAN BE FOUND AT

- https://www.michigan.gov/lara/0,4601,7-154-89334_72600_72603_55478_85993---,00.html

Watch the video at this site for a step-by-step tutorial to register with the new MAPS.



Federal Laws for prescribing and dispensing Controlled substances

Prescribing requirements:

- <https://www.deadiversion.usdoj.gov/pubs/manuals/pract/section5.htm>

Dispensing requirements:

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3971109/>



Security Features

Proper Disposal Requirements of Prescriptions Controlled Substances

Security Manual

- Security Features primarily relates to Handling and distribution of controlled substances but also includes:
 - Security of Prescription Blanks
 - Hiring and screening of employees with access to controlled substances or prescription blanks.
- <https://www.deadiversion.usdoj.gov/pubs/manuals/sec/index.html>

Disposal:

https://www.michigan.gov/egle/0,9429,7-135-3312_4118_74618---,00.html

Informed Consent for Controlled Drugs

- Methylphenidate (Ritalin, Metadate, Aptensio, Daytrana, Methylin, Quillivant, Concerta)
- Dexmethylphenidate (Focalin)
- Dextroamphetamine (Dexedrine, ProCentra, Zenzedi)
- Dextroamphetamine and amphetamine mixed salts (Adderall)
- Lisdexamfetamine (Vyvanse)

Stimulants



- lorazepam or Ativan
- diazepam or Valium
- clonazepam or Klonopin
- alprazolam or Xanax

Benzodiazepines



- methadone
- hydromorphone
- oxycodone
- fentanyl
- morphine
- hydrocodone
- tramadol

Opioids



Stimulants

Why

- Improve hyperactivity
- Improve impulsivity
- Improve attention

Other Tx.

- Atomoxetine
- Behavioral Therapy
- Clonidine or Guanfacine
- Bupropion

Risks

- Headache, insomnia, changes in behavior or mood, anxiety or panic
- Seizures, hypertension, tachycardia, abnormal movements
- Loss of appetite, dependence, addiction
- Increased risk of being the victim of a crime

Benzodiazepines

Why

- Improved function
- Lower levels of anxiety

Other Tx.

- SSRIs/SNRIs
- Cognitive Behavioral Therapy/Counseling

Risks

- Slowed thinking, poor focus, confusion
- Memory issues, disinhibition, weakness
- Falls, MVA, respiratory depression, dependence/addiction
- Accidental overdose, risk of being the victim of a crime

Opioids

Why

- Improved function

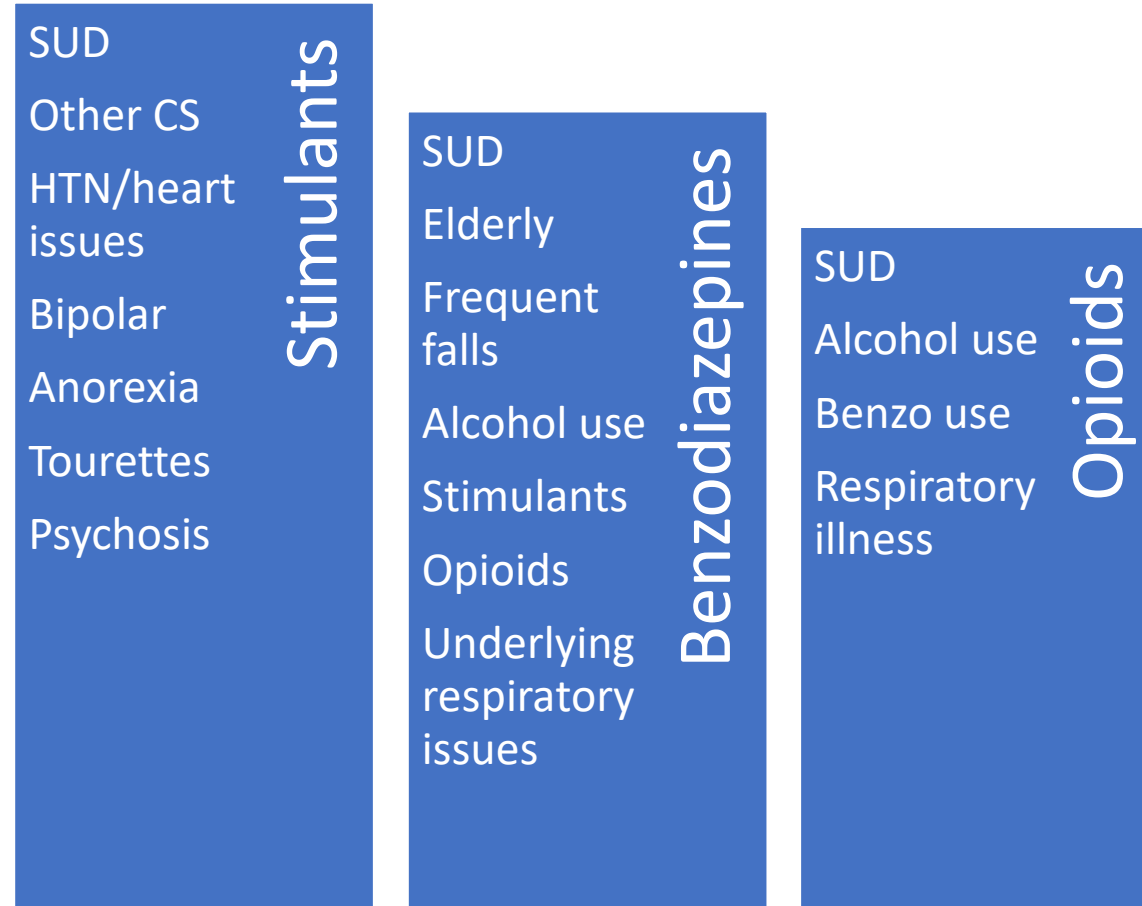
Other Tx.

- Many options covered by Dr. Williams

Risks

- Ineffectiveness
- Risk of crime
- Addiction
- Respiratory depression
- Accidental overdose
- Constipation
- Decreased sex hormones

Contraindications (Absolute and Relative)



The Stigma of Addiction



SAY THIS	NOT THAT
Person with a substance use disorder	Addict, junkie, druggie
Person living in recovery	Ex-addict
Person living with an addiction	Battling/suffering from an addiction
Person arrested for drug violation	Drug offender
Chooses not to at this point	Non-compliant/bombed out
Medication is a treatment tool	Medication is a crutch
Had a setback	Relapsed
Maintained recovery	Stayed clean
Positive drug screen	Dirty drug screen

What does recovery mean?

- This means different things for different people
- As providers, it is our JOB to meet people where they are
- People in recovery may have a DIFFERENT view of recovery than YOU. That does not make them wrong, it does not make you wrong.
- People in recovery are more likely to vote
- People in recovery are more likely to work
- People in recovery are more likely to further their education
- People in recovery make excellent citizens

Who here has addiction?



Check in with yourself

- Where do you stand?
- What are your preconceived notions of people with addiction?
- Addiction is a killer, it is right outside your door
- Why are we (healthcare providers) just standing there waiting for someone to fix this?
- SUD is simply a chronic disease with clear treatment

