**Law: Connecting the Opioid Dots: Prescriptions Down, Fatalities Up**

After completing this activity, the participant should be able to:

1. DESCRIBE the historical and recent trends in the abuse of controlled substances
2. IDENTIFY the types of drugs and patterns of use which increase the risk of overdose fatalities.
3. COMPARE regulatory and public policy efforts to reduce misuse and dangers from prescription and illicit controlled substances.
4. DESCRIBE the role of the pharmacist and other health professions in reducing overdose risks.

**1. The drug currently most responsible for overdose deaths is:**

1. Heroin
2. Prescription opioids
3. Fentanyl and its analogs
4. Cocaine

**2. Approximately how many people in the U.S. died as a result of a drug overdose in 2017?**

1. 19,000
2. 33,000
3. 45,000
4. 70,000

**3. Opioids account for approximately what percentage of overdose deaths?**

1. 33%
2. 50%
3. 67%
4. 90%

**4. The following describe recent trends in abuse EXCEPT:**

1. The demographic which has the greatest rate of increase in overdose deaths is adults aged 18-25
2. Overdose deaths increased approximately 10% in 2017
3. U.S. life expectancy declined in 2017 in part due to the increase in overdoses
4. Most of the individuals who became addicted to opioids did not obtain their drugs as part of legitimate pain management

**5. The fastest growing cause of drug overdose deaths (greatest rate of increase) is:**

1. Prescription opioids
2. Benzodiazepines
3. CNS stimulants
4. Tramadol

**6. The cause of death from opiate overdose is:**

1. Seizures
2. Respiratory failure
3. Cardiac failure
4. GI spasm

**7. The first opioid crisis in the mid-1860’s was exacerbated by the following events EXCEPT:**

1. There were few alternatives available for treating pain
2. There was a high frequency of use in soldiers during the Civil War
3. Opioids could be purchased without a prescription in drug stores
4. Oral dosage forms of morphine became available

**8. Prescribing of opioids for pain markedly increased in the 1980’s and 1990’s due to factors including the following EXCEPT:**

1. The perception that pain was not being adequately treated
2. The DEA did not yet exist to enforce restraints on prescribing
3. Manufacturers heavily promoted oral dosage forms like oxycodone
4. There was a perception that addiction to pain pills was rare

**9. The CDC pain management guidelines recommend avoiding prescribing opioids above:**

1. 25 MME/day
2. 50 MME/day
3. 90 MME/day
4. 125 MME/day

**10. What do most professional organizations and CDC guidelines recommend as a first line treatment for acute pain?**

1. Long acting opioids
2. Short acting opioids
3. Non-opioids
4. Less than 20 MME/day

**11. A patient has in the past filled prescriptions for Class II narcotics too frequently. Subsequently, her insurance took action and refuses to pay for any opioids or benzodiazepines. She is flagged in your state’s prescription monitoring database. She comes to the pharmacy with a new prescription for one of the following medications. Which of the following drugs might be risky for her and be an indicator that you should monitor carefully?**

a.       Gabapentin

b.       Fluoxetine

c.       Docusate

d.       Cephalosporin

**12. The most common opioid prescribing limit in days’ supply enacted by states is:**

1. 3 days
2. 7 days
3. 14 days
4. 30 days

**13. State laws limiting prescribing of opioids usually have exceptions for the following EXCEPT:**

1. Cancer pain
2. Hospice care
3. Schedule III combination products written by dentists
4. Treatment of substance use disorder

**14. Prescriptions written for opioid drugs have been declining since:**

1. 2005
2. 2010
3. 2014 following the up-scheduling of hydrocodone combination products
4. None of these; they are continuing to rise

**15. Patient factors that increase the risk of becoming addicted to opioids include the following EXCEPT:**

1. A history of substance use disorder
2. Major depression
3. Younger age
4. Lower economic status

**16. Heroin surpassed prescription opioids as a leading cause of overdose deaths because of the following EXCEPT:**

1. Heroin has become cheaper in the last two decades
2. Heroin has become available in purer forms
3. Heroin has become easier to find
4. Heroin is easier (compared to manufactured products) to dissolve to the preferred IV injection

**17. Fentanyls pose a very high risk because of all the following factors EXCEPT:**

1. They are highly potent
2. They are often added to other drugs without the user’s knowledge
3. There has been a surge in fentanyl prescriptions written as a replacement for hydrocodone which are easily diverted
4. They can be absorbed through non-oral routes

**18. A fentanyl analog that is 10,000 times as potent as morphine and is being detected in overdose victims is:**

1. Sufentanil
2. Carfentanil
3. Sufentanil, but this is a therapeutic drug and has not been detected in overdose victims
4. There is no drug with kind of potency

**19. A patient who has received prescriptions for opioids for six months for chronic back pain comes to the pharmacy with a new prescription for a benzodiazepine (diazepam 5 mg TID, #60). You practiced in Connecticut for years, but recently, you relocated to Hawaii (Lucky you, and ALOHA!). Since you recently passed the law exam, you know that:**

1. You cannot dispense the full amount of diazepam for this patient because Hawaii limits quantities if benzodiazepines are prescribed with opioids.
2. You can dispense, but you must warn the patient about seizure risk
3. You can dispense; the CDC recommends opioids+ benzodiazepines to reduce anxiety associated with pain

**20. A pharmacist receives a highly questionable prescription for an opioid drug. Which of the following is correct according to DEA guidelines?**

1. The pharmacist should fill the prescription as written
2. The pharmacist should advise the patient of the risks before dispensing the prescription
3. The pharmacist should check with the prescriber to make sure it is not fraudulent
4. The pharmacist can use his/her professional judgment to decide whether to fill the prescription.