Pharmaceutical Drug Abuse & Trafficking Trends

Alaska Pharmacist Association
Annual Meeting

February 15, 2015
Sheraton Hotel
Anchorage, Alaska
Disclosure Statement

I have no financial relationships to disclose and

I will not discuss off-label use and/or investigational drug use in my presentation.
1. What is the most commonly prescribed controlled substance in the U.S.?
   a. Oxycodone
   b. Methylphenidate
   c. Hydrocodone/APAP
   d. Alprazolam
PRE-TEST

4. What combination of drugs is referred to as the “trinity”?

A) Hydrocodone, alprazolam, and carisoprodol
B) Promethazine with codeine, methylphenidate and carisoprodol
C) Hydromorphone, carisoprodol and buprenorphine
D) Methadone, diazepam and tramadol
4. What combination of drugs is referred to as the “holy trinity”?

A) Hydrocodone, alprazolam, and carisoprodol
B) Promethazine with codeine, methylphenidate and carisoprodol
C) Oxycodone, alprazolam, carisoprodol
D) Methadone, diazepam and tramadol
More Americans abuse prescription drugs than the number of:

Cocaine, Hallucinogen, Heroin, and Inhalant abusers

COMBINED!!!
Drug Overdose Mortality Rates per 100,000 People 1999

Drug Overdose Mortality Rates per 100,000 People 2010

The U.S. Population Grows at a Rate of Less Than 1% Per Year!
Why are these statistics outpacing population growth?

We all want to feel good and prescription drug use/abuse is an accepted method of curing whatever ails you. There is a pill for everything and medication use is encouraged in society. Our children are following our lead.
Prescription drug epidemic? How did we get to this point?
Laudanum is no more dangerous than many of the preparations sold as soothing syrups; it has the saving grace of the "poison" label. (By courtesy of the Committee on Interstate and Foreign Commerce.)
BAYER
PHARMACEUTICAL
PRODUCTS

Send for samples
and Literature to

ASPIRIN
The substitute for the salicylates

PROTARGOL
Aristol
The antiseptic
protargol

HEROIN
The sedative for coughs

LYCETOL
The uric acid solvent

HEMICHROME
The specific for jaundice

FERRASURATON
The specific for croup

SULFONAL
The specific for dysentery

SYCOSIS
The specific for sores

EUROPHEN
The ointment for burns

ARISTOL
The antiseptic

SALOPHEN
The antirheumatic and antiseptic

HEROIN-HYDROCOL
The ointment for coughs

40 STONE STREET,
NEW YORK.

FARBENFABRIKZEN OF
ELBERFELD CO.

For Body and Brain
Since 30 Years all Eminent Physicians recommend VIN MARIANI

Over 7,000 written
recommendations
from prominent
Physicians in Europe and America

Nourishes
Fortifies
Refreshes
Strenthenes the
Entire System

The most Agreeable, Effective and Lasting Tonic

Ask for Vin Mariani at Druggists and Fancy Grocers

Every Test, strictly
proves its
exceptional
quality

Free Offer! We will mail, gratis, 75 Portraits, Sketches, Biographical Notes and Autographs of Celebrities, of "Vin Mariani"

Vin MARIANI
Coca of Perú

Mariani & Co.
38 W. 14th St., New York

For sale by all Druggists.

COCAINETOOTHACHE DROPS
Instantaneous Cure!
PRICE 15 CENTS.
Prepared by the
LLOYD MANUFACTURING CO.
216 HUDSON AVE., ALBANY, N.Y.
For sale by all Druggists.

(Registered March 28th.)
No other at 50.

Name gesundheit.
Vin MARIANI

 paris: 4 Boulevard Hausmann
london: 790 Oxford Street

Free Offer! 75 Postcards, Portraits, Sketches, Autographs, Biographical Notes and Novelty Items relating to the MARIANI story.

We will mail, gratis, 75 Postcards, Portraits, Sketches, Autographs, Biographical Notes and Novelty Items relating to the MARIANI story.

Farbenfabriken F. BAYER & Co. ELBERFELD.
The 1960s/70s/80s

Uppers - Amphetamines

Downers - Barbiturates

Quaalude

Hydromorphone

Meprobamate

Oxycodone/APAP

"Ts and Blues"

"Fours and Doors"
The 1990s

OxyContin® Tablets
(oxycodone hydrochloride controlled-release)
Inadequate Pain Control
We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.
The Fifth Vital Sign?

1. Temperature
2. Heart Rate
3. Blood Pressure
4. Respiration
5. Pain?
Wong-Baker FACES Pain Rating Scale

0: No Pain
1: Mild Pain
2: Moderate Pain
3: Severe Pain

1: Hurts Little Bit
2: Hurts Little More
3: Hurts Even More
4: Hurts Whole Lot
5: Hurts Worst

No Pain
- English
- Spanish
- Vietnamese
- Hmong
- Russian

Sin dolor
- English

Không Đau
- Spanish

Tsis Mob
- Vietnamese

Отсутствие боли
- Hmong

Không Đau
- Russian

Hỏi Đau
- Russian

Mob Me Ntsis
- Russian

Đau Vira Phải
- Russian

Mob Hauj Sim
- Russian

Severe Pain
- Russian
Commonly Abused Controlled Pharmaceuticals

- Carisoprodol
- Oxycodone 30 mg
- Oxycodone HCL ER
- OxyContin 80 mg
- Cyclobenzaprine (Flexeril)
- Oxymorphone
- Hydrocodone
- Alprazolam
The Holy Trinity

Oxydodone

Carisoprodol
Muscle Relaxant
C-IV as of 1/11/2012

Alprazolam
Benzodiazepine

Hydcodeone
Opiate

U.S. Drug Enforcement Administration
Office of Diversion Control
2014 Updates
The Medicine Cabinet and the Problem of Pharmaceutical Controlled Substance Disposal
The Problem: Easy Access
More than half of teens (73%) indicate that it’s easy to get prescription drugs from their parent’s medicine cabinet.

Half of parents (55%) say anyone can access their medicine cabinet.

Almost four in 10 teens (38%) who have misused or abused a prescription drug obtained it from their parent’s medicine cabinet.

Date Prepared/ Source: 2013 Partnership Attitude Tracking Study, published 7/23/14
Got Drugs?

Turn in your unused or expired medication for safe disposal Saturday, Sept. 25th

Click here for a collection site near you.
First Eight DEA Take Back Days (Combined)

Collection of 2,100+ tons

September 27, 2014

Ninth (Final) DEA Take Back Day, approximately 309 tons
Secure and Responsible Drug Disposal Act of 2010

• Disposal rule eliminated existing 21 CFR 1307.12 and 1307.21

• New part 1317 contains the requirements on:
  – disposal procedures;
  – collection of pharmaceutical controlled substances from ultimate users;
  – return and recall; and
  – destruction of controlled substances
Secure and Responsible Drug Disposal Act of 2010

- Regulations do not limit the ways that ultimate users may dispose of pharmaceutical controlled substances—they expand them.

- Any method of pharmaceutical disposal that was valid prior to these regulations continues to be valid.
Participation is voluntary.

DEA may not require any person to establish or operate a disposal program.

21 USC §§ 822(g)(2)
Collection

Collection means to receive a controlled substance for the purpose of destruction from an:

- Ultimate user,
- Person lawfully entitled to dispose of an ultimate user decedent’s property, or
- and (54)
- LTCF on behalf of an ultimate user who resides or has resided at the facility.

21 USC §§ 822(g)(3) and (4)
21 CFR § 1300.01(b)
Following persons are authorized to collect from ultimate user and other non-registrants for destruction:

- Any DEA registrant authorized pursuant to § 1317.40

- Federal, State, tribal, or local law enforcement when in the course of official duties and pursuant to § 1317.35

21 CFR § 1317.30
Authorized to Collect

Registrants authorized to collect:

- Manufacturers
- Distributors
- Reverse Distributors
- Narcotic Treatment Programs
- Hospitals/clinics with an on-site pharmacy
- Retail Pharmacies

21 CFR § 1317.40
How does a registrant become a collector?

- Authorized registrant must be registered to handle schedule II controlled substances
- Request a modification in writing to the DEA or on-line at www.DEAdiversion.usdoj.gov
- Request must contain:
  - Registrant’s name, address, and DEA number
  - The method(s) of collection:
    - Collection receptacle and/or mail-back program
  - Authorized signature per § 1301.13(j)
- No fee is required for this modification request

21 CFR §§ 1301.51(b) and (c)
What about authorization to collect at LTCF?

• A registered hospital/clinic with an on-site pharmacy or a registered retail pharmacy may request modification of their registration to become an authorized collector to maintain a collection receptacle at a LTCF (§ 1317.80).

• Request must include:

  – Name and physical location of each LTCF at which a collection receptacle will be operated

• No fee is required for this modification request.

21 CFR §§ 1301.51(b)(2) and (c)
Collection Receptacles
Collection Receptacles

Collection receptacle

- Any authorized collector may operate a collection receptacle at their registered location

- Retail pharmacies and hospitals/clinics with an on-site pharmacy may manage collection receptacles at LTCFs

21 CFR §§ 1317.75 and 1317.80
Collection Receptacles

• Only ultimate users *shall* put the controlled substances directly into the collection receptacle.

• Controlled and non-controlled substances may be comingled.

• Collected substances shall not be counted, sorted, inventoried, or otherwise individually handled.

• Registrants shall not dispose of stock/inventory in collection receptacles.

21 CFR § 1317.75(b) and (c)
Design of Collection Receptacle
Design of Collection Receptacle

- Securely fastened to a permanent structure.
- Securely locked, substantially constructed container with permanent outer container and removable inner liner.
- Outer container must have small opening that allows for contents to be added, but does not allow for removal of contents.

21 CFR § 1317.75(e)
Design of Collection Receptacle

• Outer container must display a sign stating only Schedule II-V and non-controlled substances are acceptable substances.

• Substances Not Permitted to be collected:
  • Schedule I controlled substances,
  • Controlled substances that were not lawfully possessed by the ultimate user, and
  • All other illicit substances (including marijuana in states like CO and WA)

21 CFR § 1317.75(e)
Collection Receptacle Location

• Must be securely placed and maintained:
  • Inside collector’s registered location
  • Inside law enforcement’s physical location, or
  • Inside an authorized LTCF
Collection Receptacle Location

- **Registered location** – immediate proximity of designated area where controlled substances are stored and at which an employee is present.

- **LTCF** – located in secure area regularly monitored by LTCF employees.

- **Hospital/clinic** – located in an area regularly monitored by employees---**not** in proximity of where emergency or urgent care is provided.

- **NTP** – located in a room that does not contain any other controlled substances and is securely locked with controlled access.

21 CFR § 1317.75(d)
Collection Receptacle Inner Liner

- Waterproof, tamper-evident, and tear-resistant.
- Removable and sealable upon removal without emptying or touching contents.
- Contents shall not be viewable from the outside when sealed (i.e., can’t be transparent).
- Size shall be clearly marked on the outside of the liner (e.g., 5-gallon, 10-gallon, etc.).
- Outside of liner shall have permanent, unique ID number.

21 CFR § 1317.60(a)
Access & Handling Sealed Inner Liners

• Only employees of the collector may access the inner liners.

• The inner liner shall be sealed by two employees immediately upon removal from the permanent outer container.

• Sealed inner liner shall not be opened, x-rayed, analyzed, or otherwise penetrated.

• Practitioners cannot transport collected controlled substances.

21 CFR §§ 1317.60(b) and (c), 1317.05(c)
Recently Controlled Substances

➢ **Analgesic:**
  – Tramadol (Ultram®, Ultracet®)
  – Schedule IV in CSA as of August 18, 2014
Tramadol Total U.S. Dispensed Prescriptions

Source: IMS Health National Prescription Audit Plus downloaded 7/1/2014
Most Commonly Prescribed Controlled Substance?

Hydrocodone/acetaminophen
October 6, 2014

Hydrocodone combination products
placed into schedule II of the CSA

79FR49661 dated August 22, 2014
Worldwide Hydrocodone Use

- **67 countries** reported an estimated hydrocodone need to the International Narcotics Control Board

- **20 countries** – 1 kilogram or greater
- **4 countries** – 500-999 grams
- **10 countries** – 100-499 grams
- **6 countries** – 25-99 grams
- **27 countries** – Less than 25 grams

Worldwide Hydrocodone Use

20 Countries (1 kilogram or greater)

- 8 countries – 1-5 kilograms
- 4 countries – 5-10 kilograms
- 8 countries – 10 kilograms or greater

Top 10 List

- 10 Guatemala 10 kilograms
- 09 India 10 kilograms
- 08 Vietnam 20 kilograms
- 07 China 20 kilograms
- 06 Denmark 25.5 kilograms
- 05 Columbia 30 kilograms
- 04 Syrian Republic 50 kilograms
- 03 Canada 115.5 kilograms
- 02 United Kingdom 200 kilograms
- 01 United States 79,700 kilograms 99.3%

INCB: Availability of opioids* for pain management (2010-2012 average)

(Consumption in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day)

*Codeine, дехтровродофурпене, dihydrocodeine, fentanyl, hydromorphone, ketobemidone, morphine, oxycodone, pethidine, tilidine and tramperidine.
Drugs of Concern
Oxymorphone Extended Release
Opana ER® (Schedule II)

- **Opana ER®** - (Schedule II)
  - Treats constant, around the clock, moderate-severe pain
  - Becoming popular
  - Abused in similar fashion to oxycodone; August 2010 (Los Angeles FD TDS)
  - Slang: Blues, Mrs. O, Octagons, Stop Signs, Panda Bears
  - Street: $10.00 – $80.00
Hydromorphone

Abbott Laboratories

2 mg  4 mg  8 mg

†Dilaudid®
(hydromorphone hydrochloride tablets)

U.S. Drug Enforcement Administration
Office of Diversion Control
Benzodiazepines

- Alprazolam
- Clonazepam
- Diazepam
- Lorazepam
- Triazolam
- Temazepam
- Flunitrazepam
- Midazolam
Stimulants

Amphetamine Salts C-II
- Adderall® C-II

Methylphenidate C-II
- Ritalin®
- Concerta®
ADHD Medication

✓ 1 in 8 teens (2.7 million) misuse or abuse

✓ 1 in 4 teens believe these drugs can be used as a study aid

2012 Partnership Attitude Tracking Study: April 23, 2013
Teen Attitudes

✓ **31%** believe prescription drugs (Ritalin or Adderall) can be used as study aids.

✓ **29%** believe taking a larger dose than prescribed to them is okay as long as they are not getting high.
Teen OTC Cough Medicine Misuse and Abuse

Prevalence of Teen OTC Cough Medicine Abuse
% Used at Least Once (n=3705)

- Lifetime
- Annual
- Monthly

```
Annual:
2009 (A): 8%
2010 (B): 11% CDE
2011 (C): 7%
2012 (D): 7%
2013 (E): 7%

Monthly:
2009 (A): 5%
2010 (B): 6%
2011 (C): 5%
2012 (D): 4%
2013 (E): 5%
```

17% ACD

"(In your lifetime, in the past 12 months, in the past 30 days), how many times have you taken a non-prescription cough or cold medicine to get high?"

A-E indicates a significant difference at the 95% confidence level.

2013 Partnership Attitude Tracking Study: July 23, 2014
Dextromethorphan (DXM)

- Cough suppressant in over 125 OTC medications (e.g. Robitussin and Coricidin)
- Bulk form on the Internet
- At high doses, has Ketamine - and PCP-like effects
- Produces physical and psychological dependence
- Deaths associated with DXM abuse
Cough Syrup Cocktails

- “Syrup and Soda”
- “Seven and Syrup”
- “Purple Drank”
### Prescription Requirements

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<th>Schedule II</th>
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<td><strong>Oral</strong></td>
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<td>Emergency Only*</td>
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<td><strong>Partial Fills</strong></td>
<td>Yes***</td>
<td>Yes</td>
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</table>

* Must be reduced in writing, and followed by sign, hard copy of the prescription.
** A signed, hard copy of the prescription must be presented before the medication is dispensed.
*** 72 hour time limitation.
# With medical authorization, up to 5 in 6 months.
Treatment of Narcotic Addiction
Other FDA Approved Drugs for Narcotic Addiction Treatment

- **Schedule III**
  - Buprenorphine – Drug Code 9064
    - Subutex (sublingual, single entity tablet)
    - Suboxone (sublingual, buprenorphine/naloxone tablet)
Current DATA-Waived (DW) Practitioners and Narcotic Treatment Programs (NTP), by State

Key: 1st number = DW 30 (17,333)  
2nd number = DW 100 (7,169)  
3rd number = NTP (1,344)

Source: RICS, 02/07/2014
Buprenorphine
Federal, State and Local Laboratory Exhibits
(Sources: NFLIS and STRIDE)
Buprenorphine Rx
Calendar Years 2004 – 2013

Source: IMS, National Prescription Audit, retrieved 08-22-2014
The Controlled Substances Act

Checks and Balances
Cutting off the Source of Supply
Mission

The mission of the Office of Diversion Control is to **prevent, detect, and investigate** the diversion of pharmaceutical controlled substances and listed chemicals from legitimate channels of distribution **while** …

ensuring an adequate and uninterrupted supply of controlled substances to meet **legitimate medical, commercial, and scientific needs**
Closed System of Distribution

- Foreign Mfr
- Importer
- Manufacturer
- Distributor
- Practitioner
- Pharmacy
- Hospital
- Clinic

1,540,386 (10/17/2014)

- Practitioners: 1,188,575
- Retail Pharmacies: 70,258
- Hospital/Clinics: 16,057
Closed System of Distribution

- Cyclic Investigations
- Established Schedules
- Record Keeping Requirements
- Registration
- Security Requirements
- Established Quotas
- ARCOS
Closed System of Distribution

The DEA is responsible for:

- the **oversight** of the system
- the **integrity** of the system
- the **protection** of the public health and safety
DEA Registrant Initiatives

Distributor Initiative Briefings

- Due Diligence Responsibilities
- Suspicious Order Monitoring System
- Review of ARCOS data
- National Rx Abuse Trends

August 2005 – Present:

- Briefings to 83 firms with 276 registrations
Distributors of controlled substances

“The registrant shall design and operate a system to disclose to the registrant suspicious orders of controlled substances...Suspicious orders include orders of unusual size, orders deviating substantially from a normal pattern, and orders of unusual frequency.” (21 CFR § 1301.74)
Pharmacy Diversion Awareness Conference

- Designed to educate pharmacy staff on ways to address and respond to potential diversion activity
**Completed PDACs**

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<th>Year</th>
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**Proposed FY-2015 PDACs**

- **22-Las Vegas, NV** February 7-8, 2015
- **23-Birmingham, AL** March 28-29, 2015
- **24-Rapid City, SD** May 16-17, 2015
- **25-Norfolk, VA** May 30-31, 2015
- **26-Okaloosa City, OK** June 27-28, 2015
- **27-Milwaukee, WI** July 25-26, 2015
- **28-Seattle, WA** August 8-9, 2015
- **29-Portland, ME** September 12-13, 2015
Checks and Balances
Under the CSA

• Practitioners

“A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of professional practice.” (21 CFR § 1306.04(a))

United States v Moore 423 US 122 (1975)
21 U.S.C. § 841 (a) Unlawful acts:

Except as authorized by this subchapter, it shall be unlawful for any person to knowingly or intentionally

(1) to manufacture, distribute or dispense, or possess with intent to manufacture, distribute or dispense, a controlled substance; or
Perfunctory initial physical exam...return visits no exam

Physical exam included needle mark checks...some were simulated

Patient received quantity of drugs requested...were charged based on quantity

Unsupervised urinalysis – results did not matter

Accurate records not kept – quantity dispensed not recorded

Practitioner not authorized to conduct methadone maintenance;

Patient directed prescribing;
Rosen was a 68 yo physician who had a practice that was focused on obesity. He dispensed large quantities of stimulants to undercover officers outside the scope and not for a legitimate purpose.

The 5th circuit had to address whether the medication was dispensed “for a legitimate medical purpose and in the course of the doctors professional practice.” In its analysis, the court stated, “We are however, able to glean from reported cases, certain recurring concomitance of condemned behavior, examples of which include the following:

An inordinately large quantity of controlled substances prescribed

Large numbers of prescription were issued

No physical exam given

The physician warned the patient to fill prescriptions at different drug stores

US v. Rosen 582 F.2d 1032 (5th Cir. 1978)
The physician issued prescriptions to a patient known to be delivering the drugs to others.

The physician prescribed controlled drugs at intervals inconsistent with legitimate medical treatment.

The physician involved used street slang rather than medical terminology for the drugs prescribed.

There was no logical relationship between the drug prescribed and treatment of the condition allegedly existing.

The physician wrote more than one prescription on occasions in order to spread them out.
Other Factors (not all-inclusive)

Patients receiving the same combination of prescriptions; cocktail

Patients receiving the same strength of controlled substances; no individualized dosing: multiple prescriptions for the strongest dose

Majority of patients paying cash for their prescriptions

Patient asking for drugs in street slang

Patient directed prescribing

Early refills

No specialized training in pain management;

Individuals driving long distances to visit physicians and/or to fill prescriptions

No records/patient contracts/ urinalysis
Pharmacists have a responsibility to protect patients, as well as the public, from the abuse, misuse and diversion of prescription drugs.

2014 AACP Program Material
Pharmacist's professional judgment; honoring and refusal to honor prescriptions; immunity

Sec. 16. (a) A pharmacist shall exercise his professional judgment in the best interest of the patient's health when engaging in the practice of pharmacy.

(b) A pharmacist has a duty to honor all prescriptions from a practitioner or from a physician, podiatrist, dentist, or veterinarian licensed under the laws of another state. Before honoring a prescription, the pharmacist shall take reasonable steps to determine whether the prescription has been issued in compliance with the laws of the state where it originated. The pharmacist is immune from criminal prosecution or civil liability if he, in good faith, refuses to honor a prescription because, in his professional judgment, the honoring of the prescription would:

1. be contrary to law;
2. be against the best interest of the patient;
3. aid or abet an addiction or habit; or
4. be contrary to the health and safety of the patient.

Pharmacists – The Last Line of Defense

“The responsibility for the proper prescribing and dispensing of controlled substances is upon the practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription.”

(21 CFR § 1306.04(a))

U.S v. Hayes 595 F. 2d 258 (5th Cir 1979)
U.S. v. Leal 75 F. 3d 219 (6th Cir 1996)
U.S. v. Birbragher 603 F. 3d 478 (8th Cir 2010)
East Main Street Pharmacy 75 Fed. Reg. 66149 (Oct. 27, 2010)
Pharmacists – The Last Line of Defense

“An order purporting to be a prescription issued not in the course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the act (21 USC 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.” (21 CFR § 1306.04(a))

U.S v. Hayes 595 F. 2d 258 (5th Cir 1979)
U.S. v. Leal 75 F. 3d 219 (6th Cir 1996)
U.S. v. Birbragher 603 F. 3d 478 (8th Cir 2010)
East Main Street Pharmacy 75 Fed. Reg. 66149 (Oct. 27, 2010)
When prescriptions are clearly not issued for legitimate medical purposes, a pharmacist may not intentionally close his eyes and thereby avoid [actual] knowledge of the real purpose of the prescriptions.

(Ralph J. Bertolino, 55 FR 4729, 4730 (1990)),
Corresponding Responsibility Cases

East Main Street Pharmacy; Affirmance of Suspension Order
[Federal Register (Volume 75, Number 207 ) October 27, 2010
pages 66149-66165] ; see also Paul H. Volkman  73 FR 30630, 30642 (2008)

Holiday CVS, L.L.C, d/b/a CVS/Pharmacy Nos. 219 and 5195;
Decision and order
[Federal Register Volume 77, Number 198 (Friday October 12, 2012) pages 62315-62346]
Potential Red Flags

Many customers receiving the same combination of prescriptions; cocktail

Many customers receiving the same strength of controlled substances; no individualized dosing: multiple prescriptions for the strongest dose

Many customers paying cash for their prescriptions

Early refills

Many customers with the same diagnosis codes written on their prescriptions;

Individuals driving long distances to visit physicians and/or to fill prescriptions;
Customers coming into the pharmacy in groups, each with the same prescriptions issued by the same physician; and

Customers with prescriptions for controlled substances written by physicians not associated with pain management (i.e., pediatricians, gynecologists, ophthalmologists, etc.).

Overwhelming proportion of prescriptions filled by pharmacy are controlled substances

Pharmacist did not reach out to other pharmacists to determine why they were not filling a particular doctor’s prescription

Verification of legitimacy not satisfied by a call to the doctors office
Red Flag?

What happens next?

You attempt to resolve...
Resolution is comprised of many factors

- Verification of a valid practitioner DEA number is required! It is not, however, the end of the pharmacist’s duty. Invalid DEA number = Invalid RX
- Resolution cannot be based solely on patient ID and prescriber verification.
- You must use your professional judgment, training and experience...we all make mistakes
- Knowledge and history with the patient
- Circumstances of prescription presentation
- Experience with the prescribing practitioner
- It does not require a call to the practitioner for every CS RX
- This is not an all-inclusive list...
Practical Application of the Controlled Substances Act

Florida Pain Practitioners, Pharmacies
Practitioner MD
Lake Murray, FL
Registration Revoked 01/18/2011
Filled CS RXs until 09/2011
5 Miles

Practitioner MD
Winter Springs, FL
Registration Expired 05/31/2011
CVS 219: 38 CS RXs June–July 2011, oxycodone 30 mg
CVS 5195: 17 CS RXs June–July 2011, oxycodone 30 mg
10 Miles

Practitioner MD
Sanford, FL
Store #219
Store #5195

Practitioner DO
Pompano Beach, FL
216 Miles

U.S. Drug Enforcement Administration
Office of Diversion Control
DEA Web-Based Resources

Office of Diversion Control
www.deadiversion.usdoj.gov
DEA Web-Based Resources

www.DEA.gov
THINK YOU KNOW WHAT METHAMPHETAMINE IS MADE OF?

Maybe you've heard it's made of the stuff as cold medicine. Well, that's not all. Some of the ingredients used to make meth include battery acid, gasoline, and drain cleaner.

GET THE FACTS ABOUT METHAMPHETAMINE »

MARIJUANA  COCAINE  METH

Did You Know? Combine toxic chemicals with neglected hygiene, and you get a condition called "meth mouth"—rotten and decaying teeth.

IT'S TIME TO SHATTER THE MYTHS ABOUT DRUGS AND DRUG ABUSE

Facts & Fiction

Get the Facts

TEENS TO TEENS

Advice from teens on the D.A.R.E. Youth Advisory Board

READ MORE »
1. What is the most commonly prescribed controlled substance in the U.S.?
   a. Oxycodone
   b. Methylphenidate
   c. Hydrocodone/APAP
   d. Alprazolam
4. What combination of drugs is referred to as the “trinity”?

A) Hydrocodone, alprazolam, and carisoprodol
B) Promethazine with codeine, methylphenidate and carisoprodol
C) Hydromorphone, carisoprodol and buprenorphine
D) Methadone, diazepam and tramadol
POST-TEST

4. What combination of drugs is referred to as the “holy trinity”?

A) Hydrocodone, alprazolam, and carisoprodol
B) Promethazine with codeine, methylphenidate and carisoprodol
C) Oxycodone, alprazolam, and carisoprodol
D) Methadone, diazepam and tramadol
Thank you