

Preventing and Detecting Diversion



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Executive Director
Arkansas State Board of Pharmacy

Disclosure

- I do not have any financial interests or other disclosures of conflict for this program.



Objectives

- Identify practice changes to protect your controlled substance inventory.
- Demonstrate how Shrink Reports and Audits are performed.
- Provide tools for internal audits to be used by pharmacies and pharmacists.

About the Board of Pharmacy

- The Board licenses:
 - Individuals
 - Businesses
- The Board tracks over 21 different license configurations / types
- We have a 3 member administrative team
- We are always busy
- Please remember to be patient and polite...
- Employment change notifications are *required*

State Board of Pharmacy

pharmacyboard.arkansas.gov

www.arkansas.gov/asbp

- Board News & Events
- Licensee Information - Newsletters
- Forms & Instructions
- Pharmacy Lawbook – Regulation Changes
- Complete – Up-to-Date Lawbook

Pharmacy Prescription Drug Losses 106 Totals for Arkansas

Drug	2010	2011	2012	2013	2014	2015
Alprazolam (Xanax)	73,633	42,953	9,844	8,323	24,935	29,986
Hydrocodone	459,276	213,639	103,988	128,864	196,027	131,870
Oxycodone	16,538	32,422	18,448	28,336	65,163	74,555
Codeine	4,005	8,878	3,726	44,878	16,345	7,485 tabs 104,317ml

How to Track Inventory Effectively

- Check on hand quantities
- Store controls correctly
Lock up all controls, only CII's or disperse in inventory
- Limit access to controlled substances
Interviewing potential employees – Verify Licensure
- Perpetual inventory -- Must be checked to actually work
- Invest or buy?
Security systems – Return on Investment

Reporting

Reports to professional licensing boards

Arkansas Dept. of Health

DEA Notification (Form 106)

Consideration of theft/criminal prosecution

Involvement of local law enforcement

Upon Discovery of Theft

- Arkansas State Board of Pharmacy Regulation 07-04-0006 requires that any holder of a pharmacy permit that suffers a theft or loss of controlled substances shall:
 - (a) Notify Arkansas Department of Health Division of Pharmacy Services and Drug Control, the nearest Drug Enforcement Administration Diversion Field Office, and the Arkansas State Board of Pharmacy immediately upon discovery by phone or fax, and
 - (b) Deliver a completed DEA Form-106 to each of the agencies listed in (a) within 7 days of the occurrence of said loss or the discovery of said loss.

*According to 21 CFR part 1301 Sec. 1301.74 (c) The registrant shall notify the Field Division Office of the Administration in his area, in writing, of any theft or significant loss of any controlled substances within one business day of discovery of the theft or loss. This written notice should be faxed to 501-217-6597.

Upon Discovery of Theft

- Arkansas State Board of Pharmacy
322 South Main Street, Ste 600
Little Rock, AR 72201
Phone: (501) 682-0190
Fax: 501-682-0195
- Arkansas Department of Health
Pharmacy Services and Drug Control
4815 W. Markham
Slot #H-25
Little Rock, AR 72205-3867
501-661-2325 fax 501-661-2769
- DEA – Submit online
501-217-6500 fax 501-217-6597
 - For additional information, please see regulation 07-04-0006

What is Missing?

- Do a Controlled Substance inventory!
- Count everything
- Be sure you are up to date on your biennial inventory
- Get a police record of the theft
- Notify authorities if you notice something else is missing

DEA 106 Forms

- Must be filled out completely & correctly
- Must be sent within 7 days
- Must be signed
- www.dea diversion.usdoj.gov/21cfr_reports/theft/index.html
- www.pharmacyboard.arkansas.gov à FAQ

140 CHARGED IN ARKANSAS AS PART OF
NATIONAL PRESCRIPTION DRUG INITIATIVE

“OPERATION PILLUTED” CULMINATES
WITH ANNOUNCEMENT OF TWO
FEDERAL PRESCRIPTION DRUG
DISTRIBUTION INDICTMENTS CHARGING
46 DEFENDANTS IN REGIONAL
OPERATION

May 20, 2015

LITTLE ROCK – Christopher R. Thyer, United States Attorney for the Eastern District of Arkansas, and David Downing, Assistant Special Agent in Charge of the Little Rock District Office of the Drug Enforcement Administration (DEA), were joined today by DEA New Orleans Division Special Agent in Charge Keith Brown in announcing the charging and arrests of multiple individuals in several federal indictments presented as part of a DEA national initiative.

Charges for Pharmacists

- Conspiracy to Distribute Schedule II, III and IV controlled substances
- Possession with Intent to Distribute and Distribution of Hydrocodone/Oxycodone
- Conspiracy to Obtain Prescription Narcotics by Fraud, and Obtaining Prescription Narcotics by Fraud
- Drug User/Addict in Possession of a Firearm
- **Misprision of a Felony**
- Healthcare Fraud

STATUTORY SENTENCES

- Conspiracy to Possess with Intent to Distribute a Schedule II controlled substance is punishable by not more than 20 years' incarceration in the Bureau of Prisons with a possible fine of up to \$1,000,000, and not less than 3 years supervised release.
- Conspiracy to Possess with Intent to Distribute a Schedule III controlled substance is punishable by not more than 10 years' incarceration in the Bureau of Prisons with a possible fine of up to \$250,000, and 2 years supervised release.
- Conspiracy to Possess with Intent to Distribute a Schedule IV controlled substance is punishable by not more than 5 years' incarceration in the Bureau of Prisons with a possible fine of up to \$250,000, and 1 year supervised release.
- Possession with Intent to Distribute and Distribution of Hydrocodone and Oxycodone, Schedule II controlled substances, is punishable by not more than 20 years' incarceration in the Bureau of Prisons with a possible fine of up to \$1,000,000, and not less than 3 years supervised release.
- Possession with Intent to Distribute and Distribution of Hydrocodone, a Schedule III controlled substance is punishable by not more than 10 years' incarceration in the Bureau of Prisons with a possible fine of up to \$250,000, and 2 years supervised release.
- Conspiracy to Obtain a Controlled Substance by Fraud and Obtaining a Controlled Substance by Fraud are punishable by not more than 4 years' incarceration in the Bureau of Prisons with a possible fine of up to \$250,000, and not more than 3 years supervised release.
- Felon or Drug User/Addict in Possession of a Firearm are punishable by not more than 10 years' incarceration in the Bureau of Prisons with a possible file of up to \$250,000, and not more than 3 years supervised release.
- **Misprision of a Felony is punishable by not more than 3 years' incarceration in the Bureau of Prisons with a possible file of up to \$250,000, and not more than 1 year supervised release.**
- Health Care Fraud is punishable by not more than 10 years' incarceration in the Bureau of Prisons with a possible file of up to \$250,000, and not more than 1 year supervised release.

Corresponding Responsibility

21 C.F.R. § 1306.04

(a) 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 his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual 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 U.S.C. 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.

(b) A prescription may not be issued in order for an individual practitioner to obtain controlled substances for supplying the individual practitioner for the purpose of general dispensing to patients.

(c) A prescription may not be issued for "detoxification treatment" or "maintenance treatment," unless the prescription is for a Schedule III, IV, or V narcotic drug approved by the Food and Drug Administration specifically for use in maintenance or detoxification treatment and the practitioner is in compliance with requirements in [§1301.28](#) of this chapter.

- [36 FR 7799, Apr. 24, 1971. Redesignated at 38 FR 26609, Sept. 24, 1973, and amended at 39 FR 37986, Oct. 25, 1974; 70 FR 36343, June 23, 2005]

Corresponding Responsibility

Discussions of common red flags can be found in Final Orders issued by the DEA in administrative proceedings and in presentations given by the Agency in public forums. Red flags may include:

- “Pattern prescribing” – prescriptions for the same drugs and the same quantities coming from the same doctor;
- Prescribing combinations or “cocktails” of frequently abused controlled substances;
- Geographic anomalies;
- Shared addresses by customers presenting on the same day;
- The prescribing of controlled substances in general;
- Quantity and strength;
- Paying cash;
- Customers with the same diagnosis code from the same doctor;
- Prescriptions written by doctors for infirmaries not consistent with their area of specialty;
- Fraudulent prescriptions.

Where are the Defendants
getting these drugs?

Pharmacy Robberies

Pharmacy Burglaries

Pharmacy Employee Diversion

Doctor Shopping

Fraud

Burglaries / Robberies in Arkansas?

- n 2015 – 5 Robberies, 56 Night Break Ins
- n 2014 - 5 Robberies, 33 Night Break Ins
- n 2013 – 7 Robberies, 48 Night Break Ins
- n 2012 – 8 Robberies, 38 Night Break Ins
- n 2011 – 6 Robberies, 39 Night Break Ins
- n 2010 – 9 Robberies, 44 Night Break Ins
- n 2009 – 3 Robberies, 59 Night Break Ins
- n 61 Night Break Ins in 2006

n **TALK TO YOUR STAFF ABOUT THIS**

Burglaries / Robberies in Arkansas?

- n **TALK TO YOUR STAFF ABOUT THIS**
- n HAVE A DISCUSSION
- n HAVE A PLAN
- n Give them what they want
- n Don't ask to see the weapon
- n Don't go anywhere with the criminal

Audit and Shrink Reports

TOOLS?

Board of Pharmacy Site

FAQs

Shrink Report Tool

<http://pharmacyboard.arkansas.gov/faqs/Pages/default.aspx>

Street Values

Alprazolam (Xanax) - \$1.00 to \$20.00

Zolpidem (Ambien) - \$2.00 to \$15.00

Promethazine with Codeine Syrup – 1 pint - \$200.00 to \$400.00 to \$1000

Hydromorphone (Dilaudid) - \$25.00 to \$50.00

Fentanyl Patch - \$20.00 to \$70.00

Hydrocodone - \$.75 to \$25.00

Methadone - \$8.00 to \$50.00

Morphine - \$30.00 to \$50.00

Oxycodone - \$10.00 to \$80.00

Tussionex - \$5.00 to \$40.00

Audit and Shrink Reports

Who already does this?

In and Out Reports

Shrink Reports

Monthly Review

Inventory Management

How difficult is it?

How easy is it?

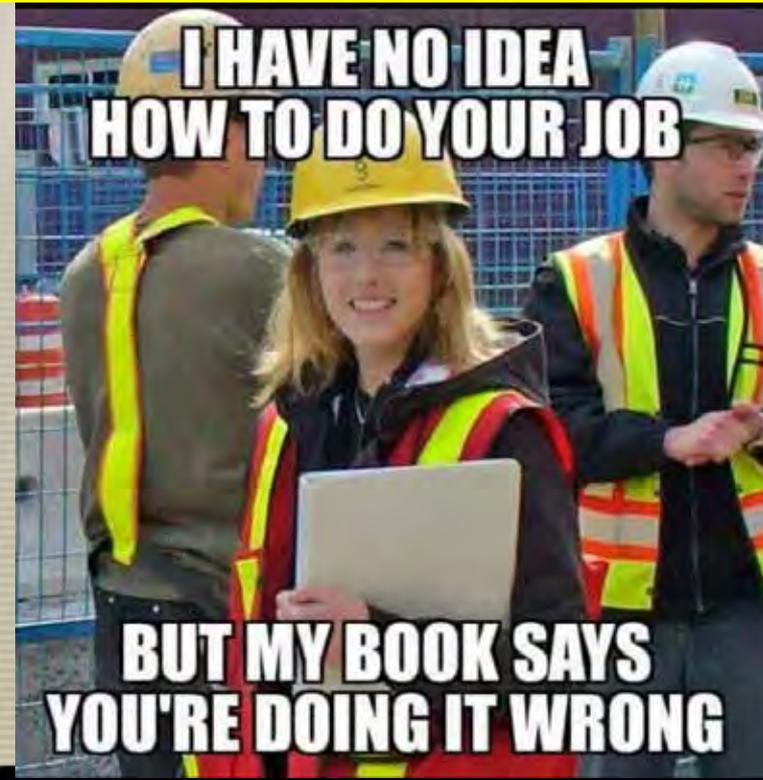
How long does it take?

What special tools do I need?

157 Notifications in 2015

56 Burglaries

5 Armed Robberies



Shrink Report Tool Monthly

Drug Example 1		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL FOR SHEET	
Purchased	Example Alprazolam 2mg	1500	0	1000	2000	3000	5000	3000	4500	6000	5000	3500	3000	37500	
Dispensed	Example Alprazolam 2mg	541	651	510	391	421	540	571	452	485	546	484	664	6256	
Credits	credits Line here or subtract from Purchases	500												500	
Montly Totals		459	-651	490	1609	2579	4460	2429	4048	5515	4454	3016	2336	30744	Ordered more than dispensed or - dispensed more than ordered
Drug Example 2		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL FOR SHEET	
Purchased	Example Hydrocodone 10/650	1500	1000	1000	1500	500	100	1000	2000	2000	2000	500	200	13300	
Dispensed	Example Hydrocodone 10/650	1541	1651	1510	1391	421	1540	1571	1452	1485	1546	1484	1664	17256	
Credits	credits Line here or subtract from Purchases	500												500	
Montly Totals		-541	-651	-510	109	79	-1440	-571	548	515	454	-984	-1464	-4456	Ordered more than dispensed or - dispensed more than ordered
Drug Example 3		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL FOR SHEET	
Purchased	Example Hydrocodone 10/325	1500	0	1000	2000	3000	5000	0	0	0	0	0	0	12500	
Dispensed	Example Hydrocodone 10/325	541	651	510	391	421	540	0	0	0	0	0	0	3054	
Credits	credits Line here or subtract from Purchases													0	
Montly Totals		959	-651	490	1609	2579	4460	0	0	0	0	0	0	9446	Ordered more than dispensed or - dispensed more than ordered
Drug #	METHADONE 10	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL FOR SHEET	
Purchased	Drug Bought	2300	2200	1800	2600	2300								11200	
Dispensed	Drug Sold	3035	1970	1880	2320	2388								11593	
Credits	credits													0	
Montly Totals		-735	230	-80	280	-88	0	0	0	0	0	0	0	-393	

Full Audit Sheet

AUDIT DATE:		PHARMACY:							
		ADDRESS:							
1	2	3	4	5	6	7	8		
DRUG & STRENGTH	Starting Inventory	Total Purchases	Total Accountable For:	Closing Inventory	Should Have Disposition Records For	Have Disposition Records For:	Number (+) Over or (-) Short:	% Different	
	<i>Date:</i>		<i>(2+3)</i>	<i>Date:</i>	<i>(4-5)</i>		<i>(6-7)</i>	<i>(8/6)</i>	
Example Drug	123	5000	5123	149	4974	1587	-3387	-68%	
			0		0		0	#DIV/0!	
			0		0		0	#DIV/0!	
			0		0		0	#DIV/0!	
			0		0		0	#DIV/0!	
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			0		0		0	#DIV/0!	

Arkansas Pharmacy Loss

- Totals reported on a SINGLE DEA 106

Hydrocodone/APAP 7.5/650	101,212 tablets
Hydrocodone/APAP 10/650	128,743 tablets
<u>Alprazolam 2 mg</u>	<u>32,485 tablets</u>
Total	262,440 tablets

Dispensed _____

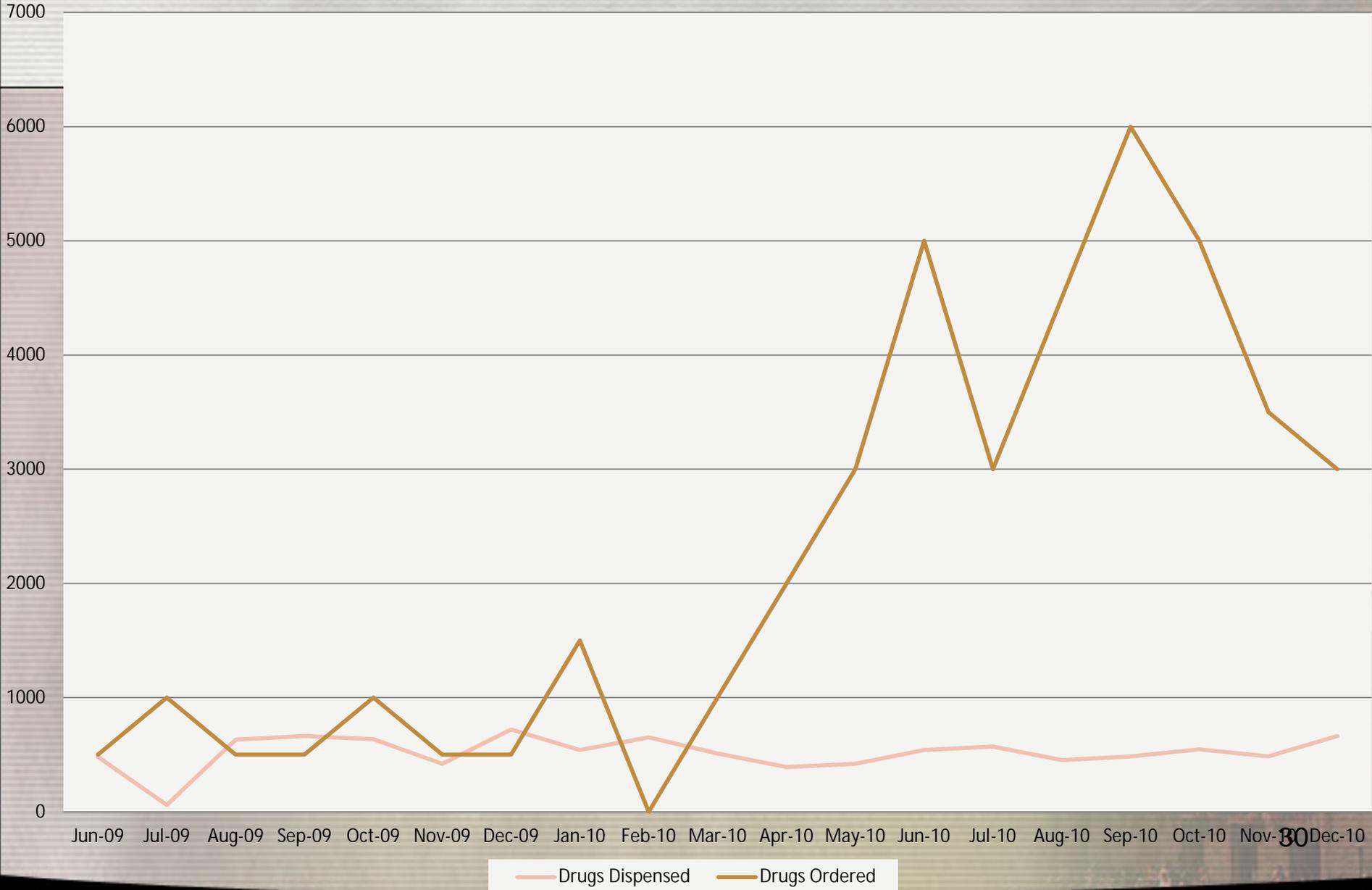
Ordered _____

	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
Alprazolam 2mg	480	60	631	663	636	421	721	541	651	510	391	421	540	571	452	485	546	484	664
Alprazolam 2mg credits	500	1000	500	500	1000	500	500	1500	0	1000	2000	3000	5000	3000	4500	6000	5000	3500	3000
	-4500																		

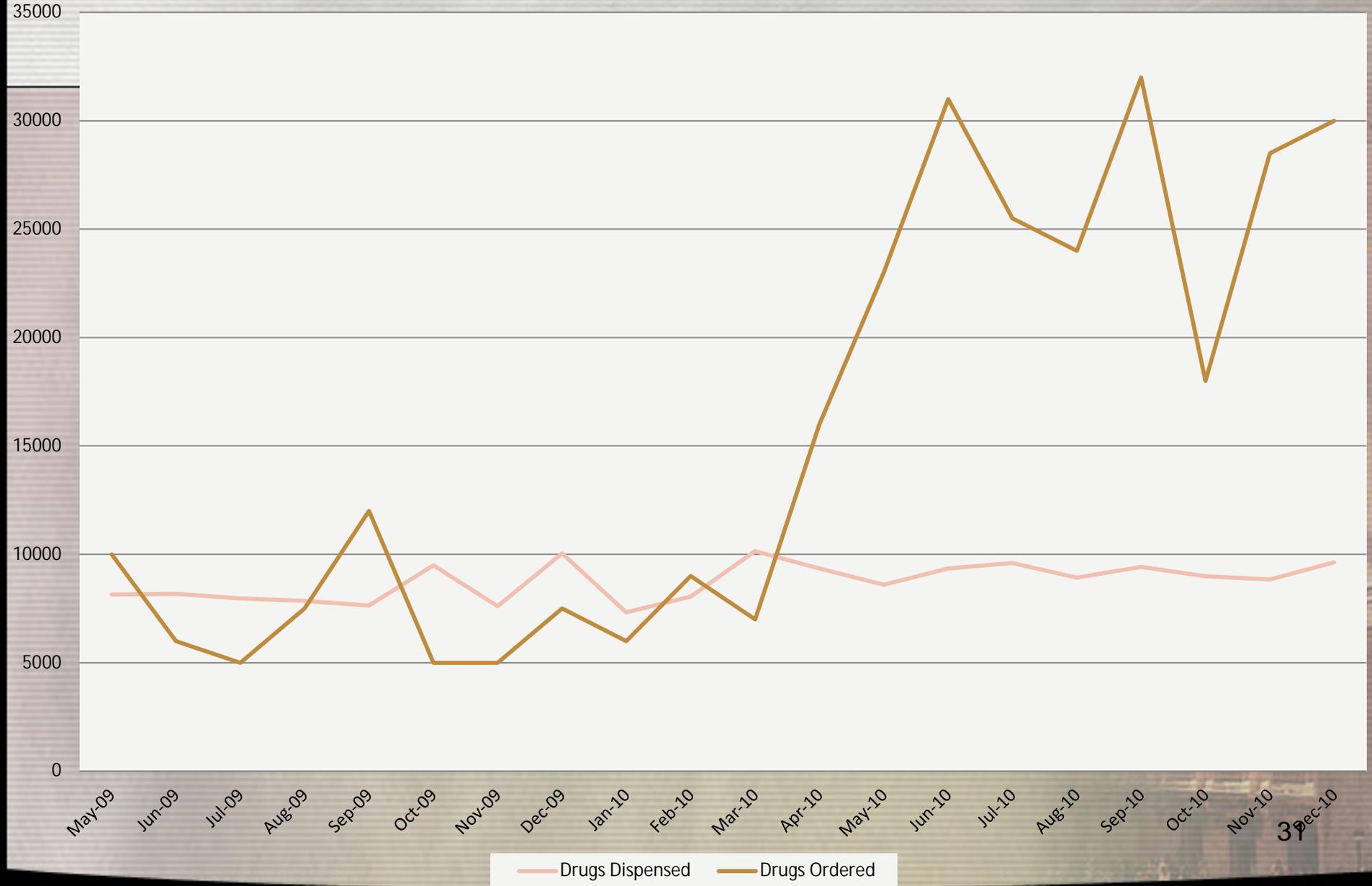
Drug and Strength

Hydrocodone 10/650	8181	7966	7851	7644	9491	7610	10048	7321	8050	10152	9348	8596	9345	9601	8929	9426	8992	8846	9636
Hydrocodone 10/650	6000	5000	7500	12000	5000	5000	7500	6000	9000	7000	16000	23000	31000	25500	24000	32000	18000	28500	30000
Hydrocodone 7.5/650	1228	2166	2041	74	2215	2082	2548	2418	2524	344	2200	2086	2391	2380	2064	2104	1916	2070	2083
Hydrocodone 7.5/650	0	0	0	5000	0	5000	0	4000	6000	0	6000	17500	21000	18000	15000	10000	10000	17000	15000

Alprazolam 2mg



Hydrocodone 10/650

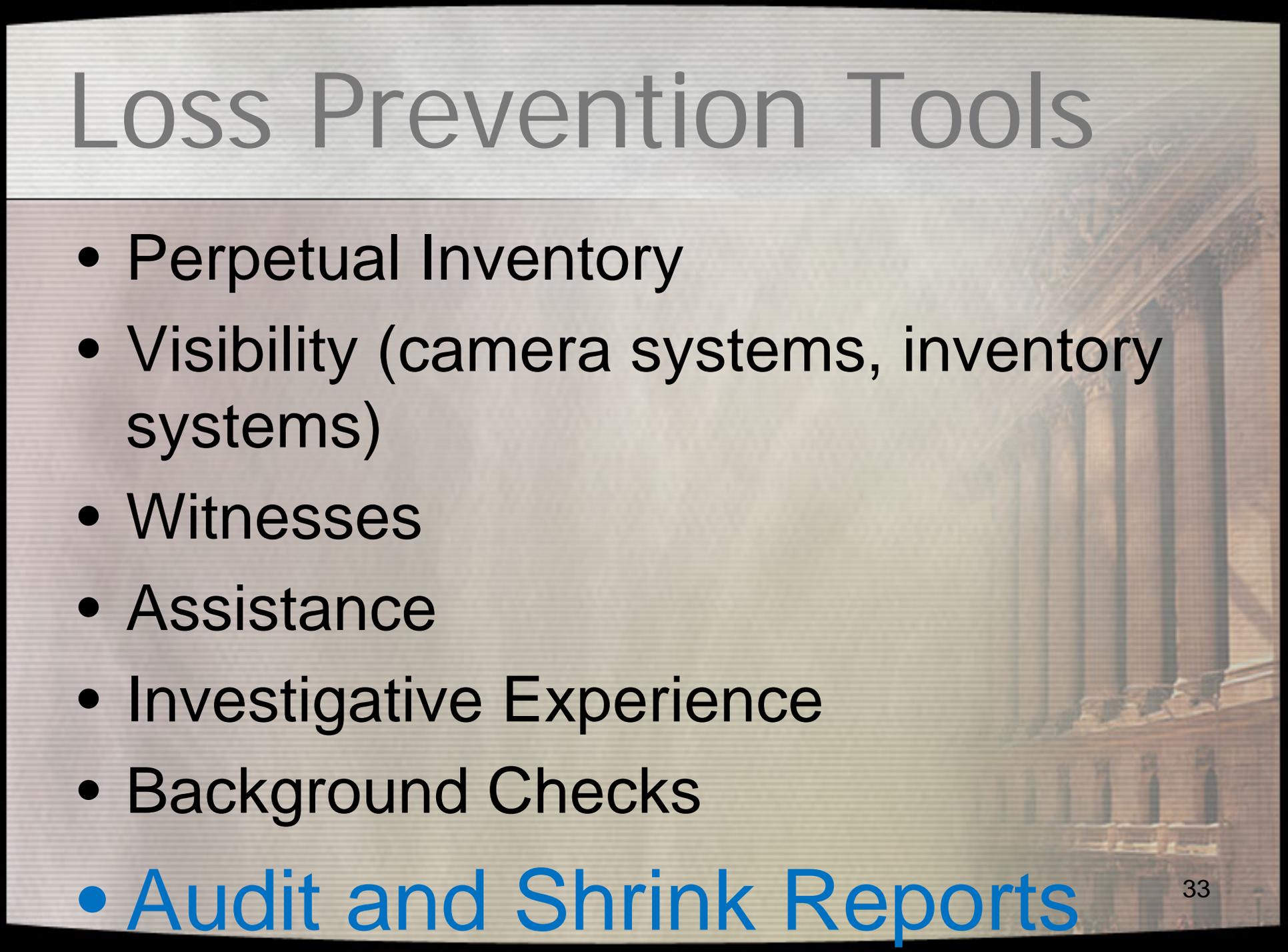


How can this happen?

- Pharmacists like most businesses worry about money
- High dollar stress vs low dollar stress
- 250 bottles of Prometh/Codeine syrup
 - \$1,500 over 2 years
 - Street Value?

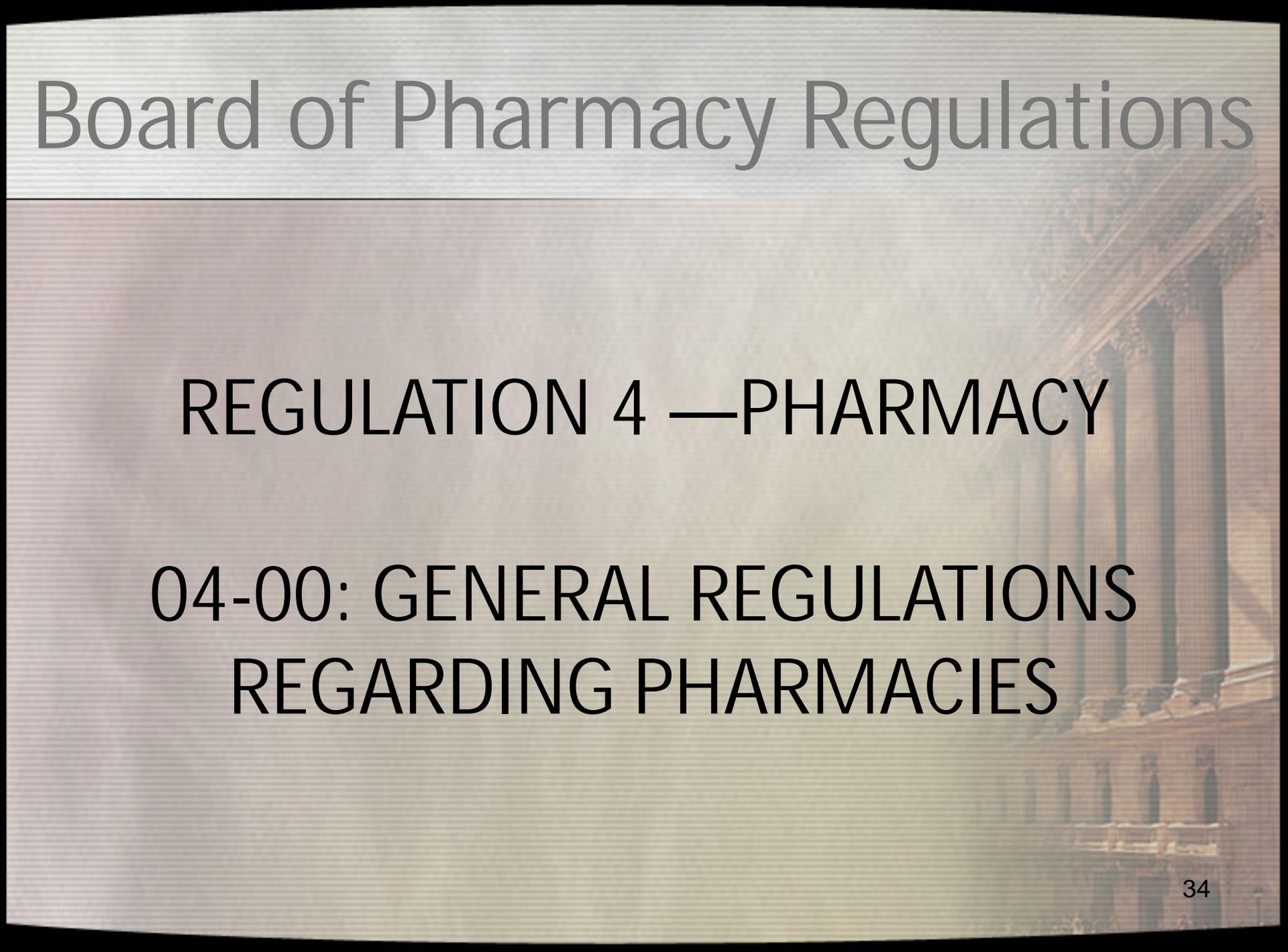


Loss Prevention Tools

The background of the slide features a faded, sepia-toned photograph of a grand classical building with a series of tall, fluted columns and a decorative pediment. The image is slightly out of focus and serves as a backdrop for the text.

- Perpetual Inventory
- Visibility (camera systems, inventory systems)
- Witnesses
- Assistance
- Investigative Experience
- Background Checks
- **Audit and Shrink Reports**

Board of Pharmacy Regulations

The background of the slide is a faded, sepia-toned photograph of a grand, classical building. The building features a series of tall, fluted columns supporting a heavy entablature. The perspective is from a low angle, looking up at the structure, which is partially obscured by a horizontal line near the top of the slide.

REGULATION 4 —PHARMACY

04-00: GENERAL REGULATIONS REGARDING PHARMACIES

REGULATION 4 — PHARMACY

- Permit holder and the pharmacist in charge are jointly responsible for the security and accountability of all controlled drugs stored in and/or ordered by a pharmacy
- Permit holder shall provide diversion prevention and detection tools appropriate for the particular pharmacy setting and the pharmacist in charge shall implement and monitor the diversion control and detection tools provided by the permit holder
- Pharmacist in charge and the permit holder shall also develop policies and procedures to prevent and detect diversion and the pharmacist in charge shall ensure that pharmacy staff is trained to follow the policies and procedures
- Pharmacists, pharmacy interns and pharmacy technicians shall implement the tools provided by the permit holder and follow the pharmacy's policies and procedures as instructed by the pharmacist in charge.

Audit and Shrink Reports

- Contact wholesaler-request report by NDC of purchases (can be sent in excel format for specific date range or printed at store from wholesaler system and saved in excel format)
- Run a drug usage report from pharmacy system for same date range as above (save in excel format)
- Copy and paste to a new spreadsheet with purchases minus dispensed quantity—should be very close to 1 or 2 bottles of whatever package size you carry
- Check shelves for any drugs that the report indicates you should have a large quantity on hand
- Do an additional report using biennial inventory to compare those drugs that look suspicious (on hand on date of biennial plus drugs ordered from biennial date to date of audit minus drugs dispensed=what you should have on hand)
- Verify on hand quantity on shelf
- Report any losses

Pharmacy Board Applications

- Review applications with employees
- Criminal Background Checks
- Board of Pharmacy Website à
 - Forms and Instructions
- <http://pharmacyboard.arkansas.gov/licenseeInfo/Documents/formsInstructions/PharmacyTechnicianApplicationWeb2016.pdf>
- When can you perform defined duties?
 - When you have a permit issued and it is posted in a conspicuous place in a pharmacy you have notified the Board of Pharmacy you are working

Technician Duties

- Scanning Prescriptions
- Counting Prescriptions
- Labeling Prescriptions
- Inputting Prescriptions
- Pulling stock to fill prescriptions
- Preparing patient bingo cards

Performing Duties without a Permit?

- Pharmacist can face action
- Pharmacy can face action
- Prospective tech can face action
- Criminal action can also be pursued against the individual performing technician duties

Legislative Issues

- Act 411 of 2015 - TO CREATE THE SUBSTANCE ABUSE REPORTING ACT.
- By: Representatives Boyd, Bentley, G. Hodges, Scott, Baine, C. Fite, C. Douglas, Vaught, Senator Irvin
- Act 411 of 2015 would commonly be referred to as an Affirmative Duty to Report the Diversion, Misuse or Abuse of Prescription Drugs. This bill lays out language to require the following:

Act 411 of 2015

- 1) When a healthcare employer takes action against a healthcare professional employee or that employee voluntarily resigns with pending disciplinary action for the diversion, misuse or abuse of illicit drugs or controlled substances, this action must be reported to the appropriate licensing authority for the healthcare professional.
- 2) If the licensing authority determines after investigation and due process that the healthcare professional may have acted criminally by diverting controlled substances to a third party then this must be reported to the local DEA office.
- 3) Whenever a healthcare employer takes action against any other employee that is not a healthcare professional due to the diversion of controlled substances to a third party, this must be reported to the appropriate law enforcement agency.
- 4) Required reporters in this act shall not be liable to any person and are immune from civil liability for filing a required report.

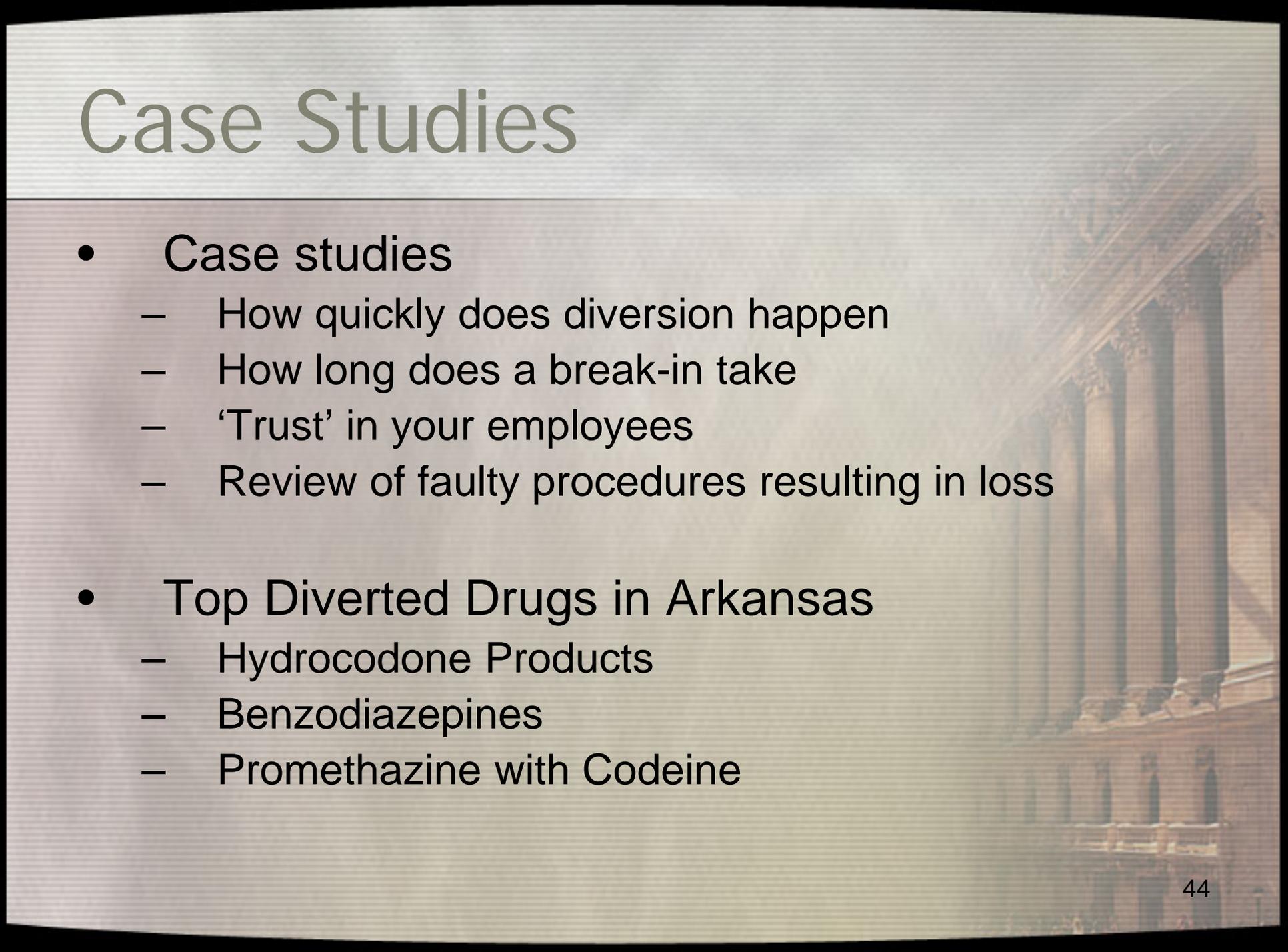
Act 411 of 2015

- In essence, this will help to require reporting for healthcare professionals that are impaired while working so that licensure boards can ensure that they are safe to practice and help our licensure boards to help further protect the public health and welfare (many of the healthcare licensure boards have recovery programs that allow professionals to return to work with proven sobriety). Furthermore, this act also requires further reporting to law enforcement any time that drugs are diverted or stolen to be provided to a third party.
- This act targets drug abuse and addiction to get help and targets drug trafficking for potential criminal investigation.

Board Issues

- Violations of Controlled Substance Laws
 - Diversion for Personal Use
 - Diversion for Distribution
 - Chemical Addictions
- Arkansas Pharmacy Support Group
 - The Arkansas Pharmacy Support Group helps pharmacy professionals who are fighting addiction. We know how to help, because we've been there. If you or someone you know has a problem, call:
 - The Arkansas Pharmacy Support Group HELP LINE (870) 636-0923 or <http://www.arpsg.org/>

Case Studies



- Case studies
 - How quickly does diversion happen
 - How long does a break-in take
 - ‘Trust’ in your employees
 - Review of faulty procedures resulting in loss
- Top Diverted Drugs in Arkansas
 - Hydrocodone Products
 - Benzodiazepines
 - Promethazine with Codeine

DRUG DIVERSION:

"Any criminal act involving a prescription drug"

DEA

The diverting of legitimate controlled substances (or chemicals) into the Black Market

How do you perform an inventory?

DEA Pharmacist's Manual SECTION VII – INVENTORY REQUIREMENTS

An “inventory” is a **complete and accurate list** of all stocks and forms of controlled substances in the possession of the registrant as determined by an actual physical count for schedule II controlled substances and an **estimated count or measure** of the contents of a schedule III, IV, or V controlled substance (unless the container holds more than 1,000 tablets or capsules in which case an exact count of the contents must be made). The CSA also requires that all inventory records be maintained at the registered location in a readily retrievable manner for at least two years for copying and inspection. In addition, the inventory records of schedule II controlled substances must be kept separate from all other controlled substances.

Inventory Requirements

The C.F.R. requires that the inventory include:

1. The date of the inventory,
2. Whether the inventory was taken at the beginning or close of business,
3. The name of each controlled substance inventoried,
4. The finished form of each of the substances (e.g., 10 milligram tablet),
5. The number of dosage units of each finished form in the commercial container (e.g., 100 tablet bottle),
6. The number of commercial containers of each finished form (e.g., four 100 tablet bottles), and
7. A count of the substance - if the substance is listed in schedule II, an exact count or measure of the contents or if the substance is listed in schedules III, IV, or V, an estimated count or measure of the contents, unless the container holds more than 1,000 tablets or capsules in which case, an exact count of the contents is required.

Idiocy and Idiosyncrasies

The Permit Holder and PIC will share responsibility for any inventory and resultant inconsistencies with the inventory.

“DEA recommends, but does not require, an inventory record include the name, address, and DEA registration number of the registrant, and the signature of the person or persons responsible for taking the inventory.”

DO NOT SPREAD THIS OVER SEVERAL DAYS! Must be done in one day!
KEEP A SECOND COPY OR SCAN – You must be able to produce a copy of this inventory

MUST INCLUDE OUT OF DATE DRUGS OR ANY OTHER DRUGS PULLED FROM INVENTORY

- Expired or unused drugs returned to pharmacy
NO CONTROLS!
- In Clinical Settings – On site waste with minimum of two licensed witnesses – **MUST BE WITNESSED – NOT IN RETAIL**
- Use of Reverse Distributor (DEA 222)
- Are returns actually checked for potential tampering? If not, how do you know your documentation is accurate?
- Random audit of returns

Employees

- Clear policy on diversion/impairment
- Drug testing policy
 - Screen on hire?
 - For cause?
 - Random?
- Background checks
- Controlled Access to Pharmacy
- Establish an audit process for controlled substance transactions
- Monthly Audit and Shrink Reports for control and accountability

"Red Flags"

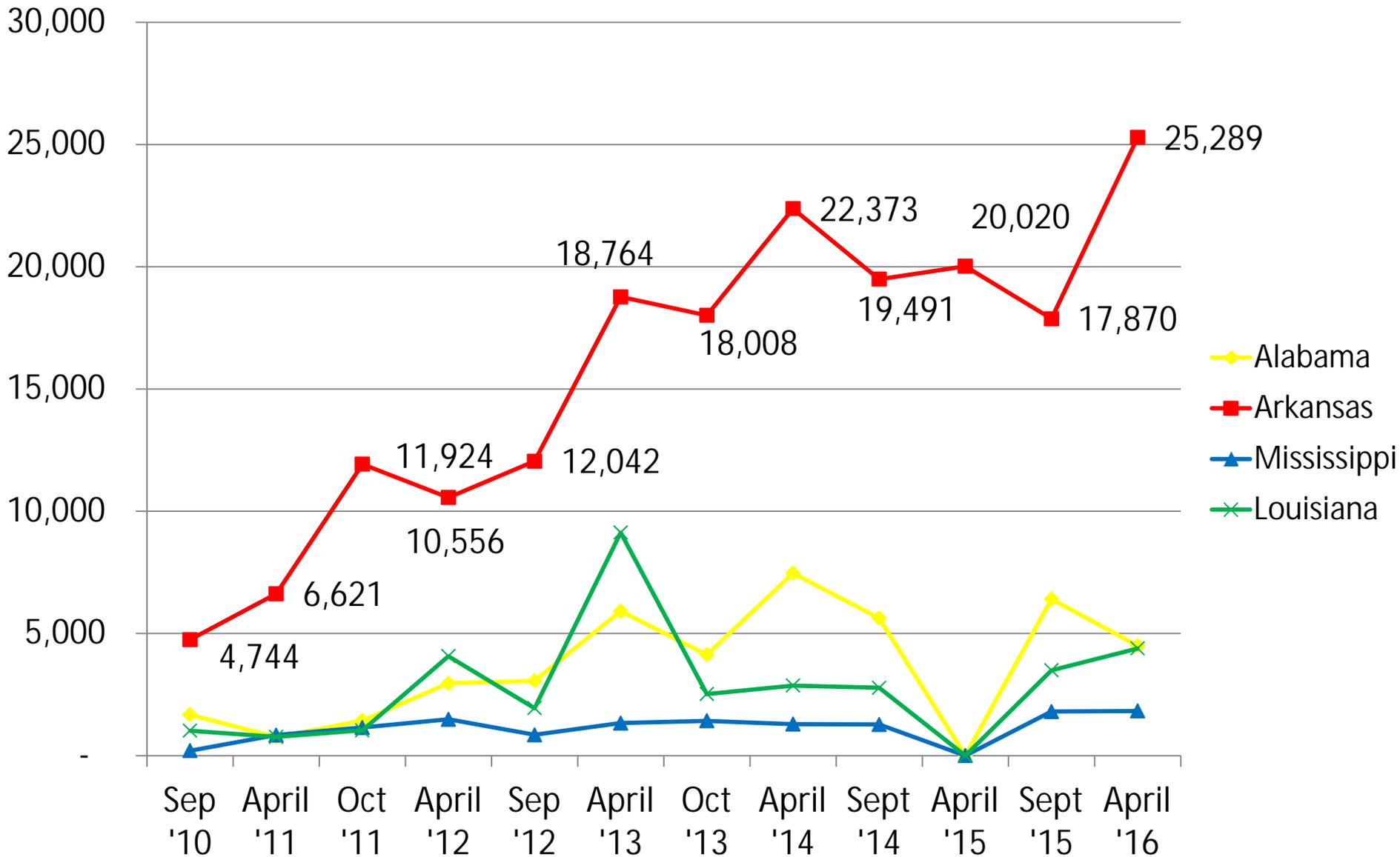
- Changes in work habits, behavior, physical appearance
- Major change or chaos in personal life
- Change in Controlled Substance usage patterns
- Unexplained absences on a regular basis during work
- Excessive "accidents" broken vials, spills etc.
- Patient's complaints due to being consistently short on tablets
- Personnel "in the wrong place" without good reasons
- Personnel at work early or stays late on a regular basis

Take BACK

APRIL 2016 Take BACK

25,289 Pounds

Drug Take Back – Quantity?



Monitor, Secure and Dispose

Patients should

- Know what they are taking and how much they have
- Secure their prescription medications
- Properly dispose of prescription drugs

– www.smarxtdisposal.net

– www.ioit2me.com

– www.artakeback.org



What Else are We Doing?

Home / FAQs / Collection Site Search



ARKANSAS TAKE BACK



DEA NATIONAL TAKEBACK INITIATIVE

HOME

Start Here

ABOUT US

Learn More

LEARN MORE ▾

FAQ's, Facts, Info

RESOURCES ▾

News, Video, Links

COLLECTION SITES

Drop Off Locations

CONTACT

Get In Touch



Locate a [Collection Site](#) Near You

Arkansas Take Back has over 100 collection sites around the state, chances are there is one close to you

[Find a Site](#)

www.artakeback.org

• Updated Website with New Info



Resources/News

Make sure you check out the resources section of our website for helpful and educational information about the growing problem in our state.



FAQ's

Our FAQ section of the website has answers to common questions you may have. Keep checking back, we update them regularly!



Myths & Facts

What are some of the common disposal myths? Find out the facts here.



Partners

Businesses and Organizations that have partnered with us on this initiative.



Helpful Links

Helpful links to other websites and information. Keep checking back, we are adding more links on a regular basis.



Media & Videos

Commercials, PSA's, and more about the Take-Back can be found here.

Latest from the ARTake back



Take-Back this Saturday

📅 24-Apr-2013

Arkansas's next prescription drug take back will be held Saturday, April 27, 2013, from 10 AM until 2 PM.



We have a problem in Arkansas

📅 24-Apr-2013

Our teenagers are dying from recreational prescription drug abuse

Ad Deir
In Petra
Jordan
1st
century
BC







Last Points

Prescription Drugs are Worth More
Once they are Stolen or Diverted

Circle of Addiction shows that as
we do a better job with
Prescription Drug Abuse, Issues
with Heroin will increase

Questions?

Please do not hesitate to call us with regulatory or practice questions. If you are a licensed pharmacist in Arkansas, you should be asking us what our regulations mean and how to follow appropriate procedures to maintain your license.

Post Test Questions

1. What are potential steps you can take to protect your controlled substance inventory?
 - A. Limit Access to Controls by Authorized Personnel only
 - B. Limit Access to Inventory Adjustments and Ordering for Controlled Substances
 - C. Do Shrink Reports for Controlled Substances
 - D. Perpetual Inventory
 - E. Surveillance systems with a Public View Monitor
 - F. All of the Above plus several other steps.

Post Test Questions

2. When a healthcare employer takes action against a healthcare professional employee or that employee voluntarily resigns with pending disciplinary action for the diversion, misuse or abuse of illicit drugs or controlled substances, this action must be reported to the appropriate licensing authority for the healthcare professional.

- A. True
- B. False

Post Test Questions

3. A biennial inventory is sufficient to detect diversion of drugs in a pharmacy?

A. True

B. False

Post Test Questions

4. When taking a pharmacy inventory, a best practice would be to estimate schedule III, IV and V medications in containers less than 1,000 pills?
- A. True
 - B. False

Future Questions?

Arkansas State Board of
Pharmacy

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