



Prescription Medication Abuse Subcommittee

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Report of the Subcommittee Meeting held December 4, 2013.

a. FOR POSSIBLE ACTION: Proposed Mission Statement for the Subcommittee

During the December meeting, the subcommittee refined the draft of its mission statement during this meeting.

As a reminder: this subcommittee was specifically formed to continue to explore ways to address the misuse and abuse of prescription medication, particularly of controlled substances.

The subcommittee has various issue areas:

- Educate the public and licensees about the dangers of prescription drug abuse
- Collaborate with prescribing boards to promote strengthen the sharing of information among practitioners (prescribers and dispensers)
- Promote the use of CURES by practitioners
- Continue to work with the Medical Board and other prescribing boards on topics in this area

Motion: Prescription Drug Abuse Subcommittee: Recommend to the board to adopt as the mission statement of the subcommittee:

The mission of the Prescription Drug Abuse Subcommittee is to promote the prevention and treatment of prescription drug abuse, particularly the abuse of controlled substances; provide education to practitioners and the public regarding prescription drug misuse; and optimize the widespread use of tools such as CURES.

b. FOR DISCUSSION: Review and Discussion of Statistics Documenting the Issues of Prescription Medication Abuse in California

The subcommittee reviewed statistics on the prevalence of prescription drug abuse in California and in the US. Some statistics and additional background can be found in **Attachment 1**.

Statistics gathered from CURES about the number of controlled drugs dispensed to patients in California indicate that:

From the CURES System: 7/1/12 – 6/30/13

	Number of Prescriptions Filled	Total Quantity	Pills Prescribed Per Prescription	Pills Per Californian
Oxycodone & Combinations	3,164,677	286,706,709	90.6	8.2
Hydrocodone & Combinations	15,950,799	1,061,658,195	66.5	30.36
Alprazolam	3,646,130	205,983,740	56.5	5.89
Codeine Cough syrups	385,269	80,576,572	209 mL Per Rx	2.4 mL

c. FOR DISCUSSION: Review and Discussion of the Medical Board of California’s Guidelines for Prescribing Controlled Substances for Pain

Attachment 2

The Medical Board of California has *Guidelines for Prescribing Controlled Substances for Pain*. This document was developed in 1994 and revised in 2007.

According to Interim Executive Officer Kimberly Kirchmeyer, the Medical Board plans on another modification to these guidelines later in 2014, and will begin this process in late February at its next Prescription Drug Task Force Meeting.

The current guidelines are provided in **Attachment 2**. An excerpt from their current guidelines is provided below:

Preamble

In 1994, the Medical Board of California formally adopted a policy statement titled, "Prescribing Controlled Substances for Pain." The statement outlined the board's proactive approach to improving appropriate prescribing for effective pain management in California, while preventing drug diversion and abuse. The policy statement was the product of a year of research, hearings and discussions. California physicians and surgeons are encouraged to consult this policy statement and the guidelines below.

In May 2002, as a result of AB 487, a task force was established to review the 1994 Guidelines and to assist the Division of Medical Quality to "develop standards to assure the competent review in cases concerning the management, including, but not limited to, the under treatment, under medication, and over medication of a

patient's pain." The task force expanded the scope of the Guidelines from intractable pain patients to all patients with pain.

Under past law, both Business and Professions Code section 2241 and Health and Safety Code section 11156 made it unprofessional conduct for a practitioner to prescribe to an addict. However, the standard of care has evolved over the past several years such that a practitioner may, under certain circumstances, appropriately prescribe to an addict. AB 2198, which became law on January 1, 2007, sought to align existing law with the current standard of care. Accordingly, a physician is permitted to prescribe, dispense, or administer prescription drugs, including prescription controlled substances, to an addict under his or her treatment for a purpose other than maintenance on, or detoxification from, prescription drugs or controlled substances. The law, Business and Professions Code section 2241, also set forth the conditions under which such prescribing may occur. Further, Business and Professions Code 2241.5 now permits a physician to prescribe for or dispense or administer to a person under his or her treatment of pain or a condition causing pain, including, but not limited to, intractable pain.

Inappropriate prescribing of controlled substances, including opioids, can lead to drug abuse or diversion and can also lead to ineffective management of pain, unnecessary suffering of patients and increased health costs. The Medical Board recognized that some physicians do not treat pain appropriately due to a lack of knowledge or concern about pain, and others may fail to treat pain properly due to fear of discipline by the board. These Guidelines are intended to improve effective pain management in California, by avoiding under treatment, over treatment, or other inappropriate treatment of a patient's pain and by clarifying the principles of professional practice that are endorsed by the Medical Board so that physicians have a higher level of comfort in using controlled substances, including opioids, in the treatment of pain. These Guidelines are intended to promote improved pain management for all forms of pain and for all patients in pain.

At the December subcommittee meeting, Renee Threadgill, Medical Board Chief of Enforcement, commented that the Medical Board is currently in the process of convening its second Prescription Drug Task Force meeting. One of the items that will be covered is updating the guidelines. Threadgill noted that the pendulum for prescribing controlled substances has swung from under prescribing to over prescribing.

President Weisser noted that the Board of Pharmacy is planning to continue its collaboration with the Medical Board by attending their task force meetings. Dr. Fujimoto added that other prescribing boards and consumers were present at the Medical Board's first task force meeting.

Updating these guidelines will be a collaborative effort, possibly involving the national Federation of Medical Boards as well as other prescribing boards, professional associations, law enforcement and the public.

d. **FOR INFORMATION: Report on a Presentation by the National Association of Boards of Pharmacy (NABP) regarding the Parameters of the National Prescription Drug Monitoring Program Currently in Use**

Attachment 3

Note: During the Prescription Drug Abuse Subcommittee, Executive Officer Herold provided an update on the California's prescription monitoring program CURES -- the Controlled Substance Utilization Review and Evaluation System. This electronic tracking program tracks all pharmacy (and specified types of prescriber) dispensing of controlled drugs in Schedules II, III, and IV by drug name, quantity, prescriber, patient, and pharmacy. There is also a second component, a prescription drug monitoring program that is accessible by preapproved prescribers and dispensers to review the controlled substances dispensed to a specific patient. There were important changes made to CURES during 2013 regarding funding. Minutes of the subcommittee meeting contain this discussion. However, President Weisser has asked that CURES be discussed later during this board meeting during the Executive Officer's Report.

At the subcommittee meeting, the subcommittee heard a presentation by Scotti Russell from the National Association of Boards of Pharmacy regarding its prescription monitoring program for controlled substances that shares data across state lines called PMP InterConnect. This program provides another piece of the monitoring program for state regulators, prescribers and dispensers about what controlled substances patients may be receiving across state states.

Information from the NABP's website is provided in **Attachment 3**. Below is an excerpt of this information:

The NABP PMP's InterConnect facilitates the transfer of prescription monitoring program (PMP) data across state lines to authorized users. It allows participating state PMPs across the United States to be linked, providing a more effective means of combating drug diversion and drug abuse nationwide.

The NABP InterConnect is now fully operational and allows users of PMPs in Arizona, Arkansas, Colorado, Connecticut, Delaware, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, New Mexico, North Dakota, Ohio, South Carolina, South Dakota, Tennessee, Virginia, and Wisconsin to securely exchange prescription data between the 21 participating states.

NABP continues to work with other state PMPs to facilitate their participation in the NABP InterConnect. It is anticipated that approximately 30 states will be sharing data or in an MOU to share data using NABP InterConnect in 2013.

Ms. Russell provided a presentation that is included at the back of the minutes of the meeting. She described that matching of patient data is made typically by use of patient name, date of birth, and address (can be part of the address). Ms.

Russell added that there are data matching techniques that allow the system to pull the patient even if there are slight variations (example: St. vs. Street).

There was a lengthy discussion about the system that is detailed in the meeting minutes. Included in the discussion was a comparison of the data in the Surescripts System vs. NABP system. Ms. Russell responded that Surescripts has a lot of data, however it does not show cash transactions like the NABP system does. Ms. Russell added that the Surescripts system does include more than just controlled substances. Cash is a big issue when looking at red flags for potential drug abuse.

Ms. Russell said that about half of the states collect Schedules II through IV medications in their prescription monitoring programs, but there has been a move to collect Schedules II through V medications.

Chairperson Castellblanch asked if NABP had shown their system to California. Ms. Russell responded that NABP has talked to representatives from California multiple times, however right now the CURES system is so outdated that it cannot work with the NABP system.

Ms. Russell concluded the presentation by stating that the bottom line is NABP will work with any state that is willing to share data with other states through this program.

e. **FOR DISCUSSION: Summary of the Discussion Surrounding Effective Ways to Educate Pharmacists About Prescription Drug Abuse and Corresponding Responsibility**

- **Corresponding Responsibility:**

At the July Board Meeting, the board voted to make its decision in Pacifica Pharmacy a precedential decision regarding a pharmacist's corresponding responsibility. This decision is now posted on the board's website as a precedential decision, has been the subject of a subscriber alert, and was discussed recently at the October Board Meeting.

The board will highlight this decision in its next newsletter, *The Script*. A PowerPoint presentation has been specifically developed on corresponding responsibility to educate pharmacists about this concept. This program runs 1.5 -2 hours, for which continuing education credit is available.

Staff will also add this decision as a topic in prescription drug abuse presentations made to the public, and specifically call it to the attention of prosecuting DAGs when seeking discipline for a licensee's failure to adhere to corresponding responsibility.

- **Continuing Education Credit Awarded for Courses in this Subject Area:**

Another approach to educate pharmacists about prescription drug abuse is to foster the development of continuing education courses in this area.

The board currently provides training, jointly with the DEA, in this area periodically (this is in addition to the corresponding responsibility materials discussed above). A joint presentation with the DEA was provided January 22 in Orange County. Staff is also working on a similar program in Sacramento for January 31. These joint presentations provide 6 units of CE to pharmacists.

The board also is proposing changes in its continuing education requirements in regulation to mandate CE in specific topics. The text of this approved modification is provided below:

Amend § 1732.5 in Article 4 of Division 17 of Title 16 of the California Code of Regulations § 1732.5. Renewal Requirements for Pharmacist.

(a) Except as provided in Section 4234 of the Business and Professions Code and Section 1732.6 of this Division, each applicant for renewal of a pharmacist license shall submit proof satisfactory to the board, that the applicant has completed 30 hours of continuing education in the prior 24 months.

(b) At least six of the 30 units required for pharmacist license renewal shall be completed in one or more of the following subject areas:

1. Emergency/Disaster Response

2. Patient Consultation

3. Maintaining Control of a Pharmacy's Drug Inventory

4. Ethics

5. Substance Abuse

Pharmacists renewing their licenses which expire on or after July 1, 2015, shall be subject to the requirements of this subdivision.

~~(b)~~ (c) All pharmacists shall retain their certificates of completion for four years following completion of a continuing education course.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4231 and 4232, Business and Professions Code.

The subcommittee discussed if continuing education should be required not only for "substance abuse" but also for corresponding responsibility or specifically *prescription* drug abuse. The subcommittee will discuss continuing education topics on prescription drug abuse be placed on the next meeting's agenda.

- **Health Notes on Pain Management**

In the mid 1990s and ending in the early 2000s, this board published a series of eight monographs for pharmacists whereby the board could ensure the consistency of education being available on specific topics, and for which a pharmacist could earn continuing education credit by completing and passing an exam on the materials' content. The board generally subcontracted with pharmacist experts in the field, and relied on academic editors to develop the articles. Each issue was attractive, but development of each issue was expensive and time consuming.

The first issue was on treating pain, including appropriate pain management, and other topics. This was developed following the then Administration's work in addressing under-treatment of pain. The policies advanced in this issue are now longer current with the board's thinking, and this issue has been removed from the board's website.

The subcommittee will discuss at a future meeting possible replacement materials.

f. **FOR INFORMATION: Summary of Presentations Made by the San Diego Task Force to Educate Parents, Teens Educators, Law Enforcement, Medical and Pharmacy Professionals About Prescription Drug Abuse**

Attachment 4

At the last meeting of this subcommittee, Subcommittee Member Dr. Fujimoto commented there are multiple educational groups who are looking for venues to put on workshops about prescription drug abuse, and suggested that the board consider reviewing and perhaps partnering with some of them. She serves on a multidisciplinary task force whose goal is to educate parents, teens, educators and others about prescription drug abuse. This task force has been operating in San Diego for a while. Chairperson Castellblanch asked that this group be asked to provide information at a future subcommittee meeting.

At the December meeting, very comprehensive and moving presentations were made by members of the San Diego task force. A brochure developed to promote a recent project of this task force is provided as **Attachment 4**. The following individuals traveled to the meeting and provided presentations:

- Tom Lenox Supervisory Special Agent, Tactical Diversion Squad, DEA San Diego Field Division
- Nathan Painter, PharmD, CDE, Health Sciences Associate Clinical Professor, UCSD , Skaggs School of Pharmacy and Pharmaceutical Science
- Sherrie Rubin, Parent Advocate and founder of Heroin, OxyContin, Prescription Education (HOPE)

A substantial portion of the meeting was focused around this well-developed group and the type of information they provide to Southern Californians.

- Mr. Lenox of the DEA provided highlights of how the program has developed over the last several years, and the type of data they share during the various events.
- Dr. Painter described how UCSD School of Pharmacy students are working with high school students on issues related to prescription drug abuse, and other projects involving health care providers. Dr. Painter shared additional information about his work with prescription drug abuse.
- Sherry Rubin provided moving information about her son who was seriously injured by prescription drugs and the dramatic effect Aaron has on high schools students when he is able to present to them

Meeting attendees were highly interested in the presentations. The subcommittee will consider the work of this group in the development of a statewide response to their efforts to develop materials on prescription drug abuse. Copies of the presentations have been provided in **Attachment 4**.

g. FOR INFORMATION: Presentation by the County of Orange Health Care Agency on Its Public Education Program about Prescription Drug Abuse

Attachment 5

At the October Board Meeting, a brief presentation was made by a representative of the County of Orange Health Care Agency on their public education campaign for prescription drug abuse. This group was invited to provide more information at this subcommittee meeting.

Della Lisi Kerr, Prevention Specialist from Orange County Health Care Agency, provided a presentation on their public education campaign for prescription drug abuse. The presentation has numerous elements and Ms. Kerr encouraged the board to collaborate with them on sharing the information. This review will occur in the future at a subsequent meeting.

The subcommittee greatly benefited from the work and enthusiasm of the two presentations provided at this meeting. **Attachment 5** contains a copy of the presentation.

h. FOR INFORMATION AND POSSIBLE ACTION: Report on Public Outreach to Address Prescription Drug Abuse

Attachment 6

During the April Board Meeting there was discussion on the success of the February 2013 Joint Forum on Appropriate Prescribing and Dispensing with the Medical Board. The need

for greater public activity with respect to prescription drug abuse led the board to form this subcommittee.

The Medical Board of California has expressed interest in cohosting another forum with this board on appropriate prescribing and dispensing practices. Such an event is tentatively focused at the late spring or summer 2014. Planning has not yet begun on this subsequent event by the staff of the two boards. However, it would seem logical to convene such a conference following the development by the Medical Board of new pain treatment guidelines.

Meanwhile, the US Department of Justice is interested in duplicating and hosting its own version of the Pharmacy Board/Medical Board Forum perhaps in March 2014 in the Bay Area. We have no other information about this conference.

Some of the items suggested following the February forum include creation of a brochure for pharmacists on corresponding responsibility, sharing information on improving opioid use in hospitals, and possible curriculum development for use in schools to advise students and parents of the dangers of prescription drug abuse and the attraction such drugs hold for youth.

The DEA has developed such a curriculum and we plan to secure a presentation on this at this board meeting.

Over the last two years, the board has hosted several highly popular one-day seminars for pharmacists and other interested parties on drug diversion, prescription drug abuse and corresponding responsibility for pharmacists. The board's partner in this has been the Los Angeles Office of the Drug Enforcement Administration. Six hours of CE is awarded for this training, which is well attended and receives high evaluation scores.

Two such sessions were provided in June and July 2013. Another training was provided in Orange County on January 22, 2014, and another in Sacramento will be provided on January 31. Agendas for these two presentations are provided in **Attachment 6**.

Action Requested by Staff:

Over a year ago, the board approved the provision of board-approved CE for these presentations. Since it has been over one year, staff requests the board's reconsideration of this CE, and reward the six units if still appropriate.

Attachment 7 includes the draft minutes from the December 4, 2013 subcommittee meeting.

Attachment 1

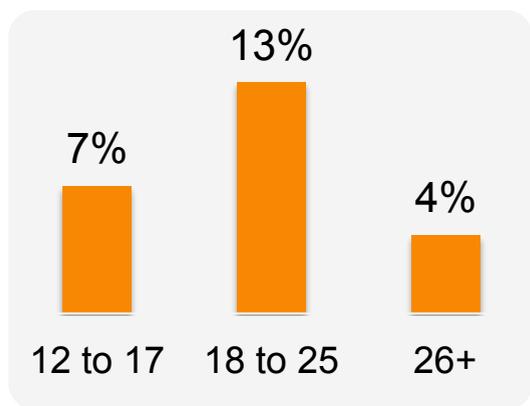
Abuse of Prescription (Rx) Drugs

Affects Young Adults Most

Young adults (age 18 to 25) are the biggest abusers of prescription (Rx) opioid pain relievers, ADHD stimulants, and anti-anxiety drugs. They do it for all kinds of reasons, including to get high, or because they think Rx stimulants will help them study better. But Rx abuse is dangerous: In 2010, almost 3,000 young adults died from prescription drug (mainly opioid) overdoses—more than died from overdoses of any other drug, including heroin and cocaine combined—and many more needed emergency treatment.



PAST YEAR USE



The nonmedical use of prescription drugs is highest among young adults.¹

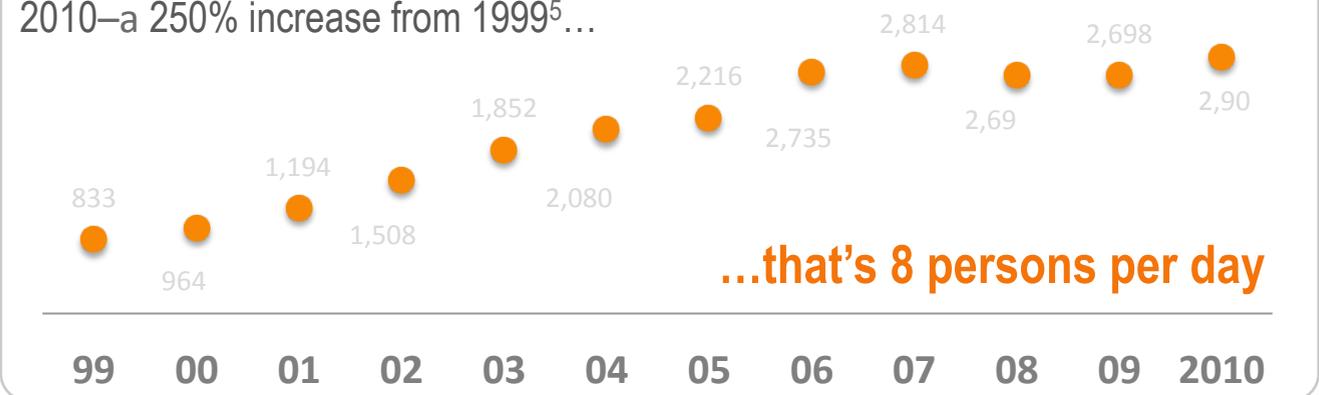
MOTIVATIONS FOR USE

Most young adults say they use Rx drugs to^{2,3,4}



CONSEQUENCES

3,000 young adults died from Rx drug overdose in 2010—a 250% increase from 1999⁵...

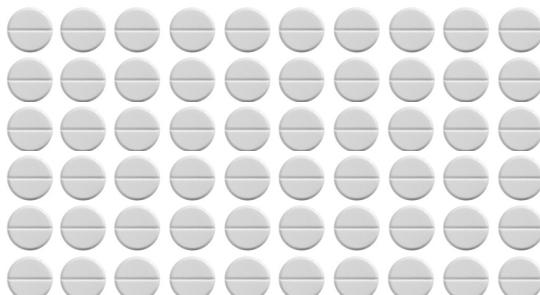


Among young adults, for every death due to Rx drug overdose, there were



17

Treatment Admissions⁶



66

Emergency Room Visits

¹ SAMHSA, NSDUH; ² Rabiner et al 2009; ³ McCabe et al 2007; ⁴ Lord et al 2011; ⁵ CDC Wonder; ⁶ SAMHSA, TEDS; ⁷ SAMHSA, DAWN

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Fatal drug overdoses in U.S. increase for 11th consecutive year

February 19, 2013 | By Joseph Serna

Fatal drug overdoses have increased for the 11th consecutive year in the United States, new data show.

According to a research letter published Tuesday from the National Center for Health Statistics, 38,329 people died of drug overdoses in the United States in 2010, an uptick from the previous year and the latest sign of a deadly trend involving prescription painkillers.

In 2010, 57% of overdoses, or more than 22,000, involved known prescription drugs. Three-quarters of those involved painkillers like Oxycontin and Percocet while another 9,400 involved some unidentified drug cocktail.

More than 74% of all prescription drug deaths were accidental, statistics show. Only 17% of overdoses were suicides. The numbers show how drugs in the opioid family, like Oxycontin, methadone and codeine, were often implicated in fatal drug cocktails.

An opioid was found in 77% of overdoses that involved benzodiazepine, a central nervous system depressant like Valium, Xanax or Ativan. The addictive narcotic was also involved in 65% of overdoses with antiepileptic or anti-Parkinsonian drugs; 57% of overdoses with antidepressants; and 56% of overdoses with anti-inflammatory and fever-reducing drugs.

The paper buttresses a Times investigation last year that showed a surge in painkiller prescriptions in California and across the nation has had fatal consequences.

Fatal prescription drug overdoses over the last decade have outnumbered deaths from heroin and cocaine combined, The Times reported. In nearly half of all accidental prescription drug deaths in Southern California, the deceased had a prescription for at least one of the drugs involved in the overdose.

The study was published in the American Medical Assn. journal and was written by scientists from the Centers for Disease Control and Prevention, which funded the study.

[Return to Booster Shots blog.](#)

ALCOHOL AND DRUG PROGRAMS ADP EN ESPAÑOL

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Prescription Drugs

In the 147 narcotic treatment programs licensed by ADP, the number of people admitted for addiction to pain relievers increased by more than 80 percent from 2006 to 2009. The misuse and abuse of prescription drugs is the fastest growing drug problem in California. You can help prevent prescription drugs from being diverted to misuse by others by disposing of them properly.

Last September, for the first Prescription Drug Take-Back Day, more than 242,000 pounds —121 tons — of prescription drugs were collected at nearly 4,100 sites across the country.

If someone in your house is prescribed a prescription painkiller, keep it locked up and dispose of any extra pills when you no longer need them. The effort could prevent a tragedy in your own family. For more information on prescription drug abuse prevention and how you can help prevent prescription drug diversion and abuse in your community, visit the website for the [Office of National Drug Control Policy](#).

WHAT ARE THEY?

Prescription drugs are medicines that are prescribed to a patient by a doctor to manage pain, treat or cure a health condition such as pain, mental disease, diabetes, cancer, or common infections. These drugs are regulated by the Food and Drug Administration (FDA) and are shown to have medical benefits when prescribed and taken exactly as directed by a health provider. For people who are suffering, these drugs allow them to control their symptoms, cure or treat their diseases, control pain, or fight an infection. **However, these medicines are only safe when taken exactly as directed by a doctor, healthcare provider, or as indicated on the packaging. This includes following directions on dosages, how often to take these drugs, and never taking any drug that is not prescribed for you.**

Taking prescription drugs that are not prescribed to you - or taking them in any way other than directed by a doctor — is considered non-medical use or abuse and can be as dangerous as taking an illegal drug, such as cocaine or heroin. "Misuse" of a prescription drug is taking it to treat a medical condition but not as directed by a doctor or packaging; "abuse" is taking prescription drugs with the sole intention of getting high. **When misused or abused, many prescription drugs can be as dangerous and as addictive as "street" drugs.** In recent years, there has been a dramatic increase in the number of poisonings and even deaths associated with the abuse and misuse of prescription drugs, including prescription painkillers and anti-depressants.⁶¹

In other words, **even if a medication is prescribed to you, taking larger doses than prescribed, taking it more often than directed, or using it in a way that it is not intended, is abuse** and can also lead to severe health consequences and addiction. Between 1995 and 2005, treatment admissions for dependence on prescription pain relievers such as oxycodone (OxyContin) and hydrocodone/acetaminophen (Vicodin) grew more than 300 percent.⁶²

Taking prescription drugs without a prescription, not taking them as directed, or mixing them with alcohol are all unsafe and potentially deadly. A 2008 study based on 224,355 U.S. death certificates for which people died from medication errors showed that there was a 3,196 percent increase between 1983 and 2004 in deaths at home from combining prescription drugs with alcohol and/or street drugs.⁶³

It's Illegal

Additionally, getting prescription drugs without a prescription, called "diversion" is illegal and may put you at risk for arrest and prosecution. Regardless of how you acquire a prescription medication, using these types of drugs without a valid prescription — written for you — is unsafe and illegal.

WHAT'S THE PROBLEM?

Teens are abusing some prescription and over-the-counter (OTC) drugs to get high. This includes **painkillers**, such as those drugs prescribed after surgery; **depressants**, such as sleeping pills or anti-anxiety drugs; and **stimulants**, such as those drugs prescribed for attention deficit hyperactivity disorder (ADHD). Teens are also abusing OTC drugs, such as cough and cold remedies.

Every day 2,500 youth age 12 to 17 abuse a pain reliever for the very first time. More teens abuse prescription drugs than any illicit drug except marijuana. In 2006, more than 2.1 million teens ages 12 to 17 reported abusing prescription drugs.¹ Among 12- and 13-year-olds, prescription drugs are the drug of choice.²

Because these drugs are so readily available, and many teens believe they are a safe way to get high, teens who wouldn't otherwise touch illicit drugs might abuse prescription drugs.

WHAT ARE THE DANGERS?

There are serious health risks related to abuse of prescription drugs. A single large dose of prescription or OTC painkillers or depressants can cause breathing difficulty that can lead to death. Stimulant abuse can lead to hostility or paranoia, or the potential for heart system failure or fatal seizures. Even in small doses, depressants and painkillers have subtle effects on motor skills, judgment, and ability to learn.

The abuse of OTC cough and cold remedies can cause blurred vision, nausea, vomiting, dizziness, coma, and even death. Many teens report mixing prescription drugs, OTC drugs, and alcohol. Using these drugs in combination can cause respiratory failure and death.

Prescription and OTC drug abuse is addictive. Between 1995 and 2005, treatment admissions for prescription painkillers increased more than 300 percent.⁴

1. Substance Abuse and Mental Health Services Administration [SAMHSA]. (2007). National Survey on Drug Use and Health, 2006, Table 1.5A. 2. Substance Abuse and Mental Health Services Administration [SAMHSA]. (2007). National Survey on Drug Use and Health, 2006. Office of Applied Studies 4. Treatment Episode Data Set [TEDS]. (2006). Substance abuse treatment admissions by primary substance of abuse according to sex, age group, race and ethnicity, 2004. Substance Abuse and Mental Health Services Administration.

OTHER RELATED DRUGS

[Painkillers](#) | [Depressants](#) | [Stimulants](#) | [Ritalin](#)



January 8, 2013

State Estimates of Nonmedical Use of Prescription Pain Relievers

In Brief

- Combined 2010 and 2011 data indicate that the rate of past year nonmedical use of prescription pain relievers among those aged 12 or older was 4.6 percent nationally and ranged from 3.6 percent in Iowa to 6.4 percent in Oregon
- Of the 10 States with the highest rates of past year nonmedical use of prescription pain relievers in 2010 and 2011, 7 were in the West region; of the 10 States with the lowest rates, 4 were in the Midwest region, and 4 were in the Southern region
- Comparisons of combined 2009 and 2010 data with combined 2010 and 2011 data showed that past year nonmedical use of prescription pain relievers among persons aged 12 or older decreased in 10 States (Kentucky, Louisiana, Massachusetts, Mississippi, New Hampshire, New York, Ohio, Oklahoma, Rhode Island, and West Virginia), and did not increase in any State

Misuse of prescription drugs is second only to marijuana as the Nation's most prevalent illicit drug problem¹ and is a public health concern, with approximately 22 million persons initiating nonmedical pain reliever use since 2002.² Data on geographic variation in the nonmedical use of pain relievers (as well as other drugs) are important for developing targeted prevention and treatment programs. This issue of *The NSDUH Report* highlights State estimates of the nonmedical use (i.e., misuse) of prescription pain relievers.

The National Survey on Drug Use and Health (NSDUH) asks persons aged 12 or older questions related to their nonmedical use of prescription pain relievers during the past year. Nonmedical use of prescription pain relievers is defined as use of these drugs without a prescription or use that occurred simply for the experience or feeling the drug caused; over-the-counter (OTC) use and legitimate use of prescription pain relievers are not included.³ Estimates of past year nonmedical use of pain relievers among persons aged 12 or older in each of the 50 States and the District of Columbia are included in this issue of *The NSDUH Report*. Model-based State estimates using the combined 2010 and 2011 NSDUHs are presented.⁴ This small area estimation methodology provides more precise estimates at the State level than standard direct estimation methods.

The results for pain relievers were extracted from a set of tables covering a variety of measures of substance use and mental disorders.⁵ Estimates are displayed in two tables. The first table shows estimates for persons aged 12 or older and lists States in rank order from highest to lowest and divided into quintiles (fifths).⁶ In the second table, estimates for three age groups are included along with estimates for persons aged 12 or older; States are listed alphabetically for easy reference.

State Estimates of Nonmedical Use of Prescription Pain Relievers

Combined 2010 and 2011 (hereafter "2010-2011") data indicate that about 1 in 22 (4.6 percent) persons aged 12 or older nationwide reported having used pain relievers nonmedically in the past year, which was lower than the rate using combined 2009 and 2010 (hereafter "2009-2010") data (4.9 percent). The 2010-2011 rates of nonmedical pain reliever use ranged from 3.6 percent in Iowa to 6.4 percent in Oregon (Table 1). Arkansas, Colorado, Oregon, and Washington were ranked in the top fifth of States for this measure in age groups 12 to 17, 18 to 25, and 26 or older, as well as for the total population aged 12 or older. Georgia was ranked in the lowest fifth in each of these age groups (Table 2).

Quintile and State	Percent	95% Confidence Interval
States with Rates between 5.33 and 6.37		
Oregon	6.37%	5.25-7.71
Colorado	6.00%	4.96-7.24
Washington	5.75%	4.76-6.92
Idaho	5.73%	4.74-6.91

Indiana	5.68%	4.68-6.89
Arizona	5.66%	4.60-6.94
Nevada	5.62%	4.57-6.89
Delaware	5.61%	4.61-6.82
Arkansas	5.55%	4.60-6.68
New Mexico	5.45%	4.47-6.64
States with Rates between 4.80 and 5.32		
Alaska	5.32%	4.41-6.42
Oklahoma	5.19%	4.26-6.30
Rhode Island	5.18%	4.26-6.27
Vermont	5.13%	4.24-6.19
Michigan	5.11%	4.57-5.72
Ohio	5.00%	4.49-5.56
Tennessee	5.00%	4.14-6.02
Louisiana	4.87%	4.09-5.80
Montana	4.84%	4.02-5.80
Missouri	4.83%	4.03-5.78
States with Rates between 4.46 and 4.79		
West Virginia	4.79%	3.97-5.75
California	4.68%	4.13-5.30
District of Columbia	4.68%	3.79-5.76
Wyoming	4.68%	3.85-5.68
South Carolina	4.62%	3.81-5.59
Virginia	4.60%	3.79-5.58
Minnesota	4.57%	3.79-5.49
New Hampshire	4.57%	3.77-5.53
Kansas	4.56%	3.77-5.50
Wisconsin	4.51%	3.68-5.52
Kentucky	4.48%	3.70-5.41
States with Rates between 4.08 and 4.45		
Mississippi	4.45%	3.67-5.39
Alabama	4.43%	3.64-5.39
Connecticut	4.38%	3.52-5.45
Texas	4.33%	3.84-4.89
Utah	4.33%	3.55-5.27
Massachusetts	4.27%	3.51-5.19
Pennsylvania	4.20%	3.72-4.74
Nebraska	4.18%	3.42-5.10
Maine	4.15%	3.37-5.11
New Jersey	4.14%	3.39-5.06
States with Rates between 3.62 and 4.07		
Illinois	4.07%	3.58-4.62
Florida	4.05%	3.57-4.59
North Carolina	4.00%	3.23-4.93
New York	3.98%	3.48-4.56
Hawaii	3.90%	3.09-4.90
Maryland	3.89%	3.14-4.81
North Dakota	3.84%	3.11-4.73
Georgia	3.79%	3.10-4.64
South Dakota	3.69%	2.92-4.65
Iowa	3.62%	2.92-4.49

NOTE: Estimates are shown in rank order so that the distribution and range of estimates can be more easily seen both within and across quintiles. Caution is advised against making statements such as "Oregon's rate is higher than Colorado's rate" or other similar statements as the difference between the rates may not be statistically significant. No significance tests were conducted between any two States.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 (Revised March 2012) and 2011.

Table 2. Nonmedical Use of Prescription Pain Relievers in the Past Year among Persons Aged 12 or Older, by Age Group and State: 2009-2010 and 2010-2011

	12 or Older	12 to 17	18 to 25	26 or Older
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State	2009-2010	2010-2011	2009-2010	2010-2011	2009-2010	2010-2011	2009-2010	2010-2011
Total United States	4.89^a	4.57	6.43^a	6.09	11.54^a	10.43	3.53	3.37
Alabama	4.62	4.43	7.29	6.56	11.08	10.09	3.18	3.18
Alaska	5.41	5.32	6.71	6.89	11.36	10.69	4.05	4.06
Arizona	6.31 ^b	5.66	7.58	8.04	12.68	11.49	5.07	4.36
Arkansas	5.51	5.55	7.48	7.81	12.39	12.89	4.13	4.02
California	4.95	4.68	6.61	6.06	9.68	9.35	3.82	3.62
Colorado	6.23	6.00	7.23	7.40	13.51	14.01	4.86	4.44
Connecticut	4.12	4.38	5.00	4.70	11.08	10.73	2.88	3.32
Delaware	5.56	5.61	6.19	5.95	13.70	14.26	4.14	4.13
District of Columbia	4.29	4.68	4.67	4.23	8.23	8.35	3.39	3.88
Florida	4.37	4.05	6.00	5.50	9.76 ^a	8.59	3.38	3.21
Georgia	4.27 ^b	3.79	6.04	5.37	10.47 ^b	8.76	2.95	2.70
Hawaii	4.22	3.90	5.35	5.69	9.25	8.19	3.30	3.04
Idaho	6.09	5.73	7.52	7.15	13.20	11.98	4.59	4.37
Illinois	3.94	4.07	5.47	5.16	10.04	10.19	2.64	2.86
Indiana	5.73	5.68	7.57	6.97	14.75	14.41	3.93	3.97
Iowa	3.69	3.62	6.41	5.81	9.10	9.12	2.39	2.37
Kansas	4.71	4.56	6.81	6.23	11.15	10.25	3.20	3.26
Kentucky	5.36 ^a	4.48	7.54	6.67	13.67 ^a	10.82	3.78 ^b	3.17
Louisiana	5.67 ^a	4.87	6.39	6.46	13.93 ^a	11.60	4.00	3.40
Maine	4.51	4.15	6.01	5.72	13.81 ^a	11.29	3.03	2.96
Maryland	4.23	3.89	5.80 ^a	4.63	10.17	9.13	3.03	2.93
Massachusetts	5.07 ^a	4.27	5.61	4.94	13.12 ^a	10.65	3.58	3.07
Michigan	5.53 ^b	5.11	6.40	6.35	13.41 ^a	11.74	4.06	3.81
Minnesota	4.09	4.57	5.73	6.20	10.79	11.34	2.74	3.23
Mississippi	5.10 ^a	4.45	8.52 ^a	6.86	11.06	9.59	3.51	3.16
Missouri	5.13	4.83	6.77	6.77	13.22	11.74	3.57	3.41
Montana	5.07	4.84	7.09	7.62	12.31 ^b	10.68	3.58	3.51
Nebraska	3.91	4.18	5.61	5.11	9.38	9.24	2.64	3.12
Nevada	5.96	5.62	7.74	7.79	13.22	11.94	4.62	4.34
New Hampshire	5.38 ^a	4.57	6.20	6.11	14.90 ^a	12.31	3.78	3.16
New Jersey	4.15	4.14	4.95	5.14	11.97	11.00	2.85	2.98
New Mexico	5.78	5.45	8.29	8.60	11.17	11.22	4.47	4.02
New York	4.45 ^a	3.98	5.26	4.70	11.55 ^a	8.90	3.09	3.04
North Carolina	4.54 ^b	4.00	6.89	6.28	10.58 ^b	8.96	3.25	2.89
North Dakota	4.11	3.84	6.66 ^b	5.54	9.05	7.84	2.66	2.74
Ohio	5.48 ^a	5.00	7.62	7.12	13.59 ^a	11.84	3.89	3.61
Oklahoma	7.01 ^a	5.19	7.94	7.04	15.65 ^a	11.11	5.30 ^a	3.86
Oregon	6.68	6.37	7.86	7.36	14.71	15.00	5.26	4.86
Pennsylvania	4.40	4.20	5.75	6.00	11.55	10.80	3.07	2.90
Rhode Island	5.93 ^a	5.18	6.29	5.33	14.64 ^a	12.30	4.24	3.80
South Carolina	5.06	4.62	6.06	5.94	12.30 ^b	10.67	3.74	3.44
South Dakota	3.64	3.69	6.08	5.55	8.48	7.78	2.45	2.72
Tennessee	4.44 ^b	5.00	6.19	6.94	11.90	13.07	3.05	3.46
Texas	4.62	4.33	6.10	6.03	10.60 ^a	9.21	3.26	3.16
Utah	4.92 ^b	4.33	6.57	5.62	10.31 ^a	8.23	3.31	3.18
Vermont	4.85	5.13	6.00	6.47	13.34	13.00	3.26	3.59
Virginia	5.13 ^b	4.60	6.97	5.95	12.48	11.39	3.62	3.25
Washington	6.20	5.75	7.48	7.44	14.44	13.40	4.70	4.28
West Virginia	5.61 ^a	4.79	7.25	7.21	14.39 ^a	12.35	4.11 ^b	3.38
Wisconsin	4.56	4.51	7.12	6.09	11.64	10.55	3.01	3.27
Wyoming	4.56	4.68	7.05	6.60	10.61	9.89	3.15	3.51

^a Difference between the 2009-2010 estimate and the 2010-2011 estimate is statistically significant at the .05 level.
^b Difference between the 2009-2010 estimate and the 2010-2011 estimate is statistically significant at the .10 level.
 Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009, 2010 (Revised March 2012), and 2011.

Of the 10 States with the highest rates of past year nonmedical pain reliever use within the total population aged 12 or older, 7 were in the West region (Arizona, Colorado, Idaho, Nevada, New Mexico, Oregon, and Washington), 2 were in the South (Arkansas and Delaware), and 1 was in the Midwest (Indiana).² Of the States with the lowest rates of past year nonmedical pain reliever, 4 were in the Midwest region (Illinois, Iowa, North

Dakota, and South Dakota), 1 was in the Northeast (New York), 4 were in the South (Florida, Georgia, Maryland, and North Carolina), and 1 was in the West (Hawaii).

Changes over Time

The national rate for the total population declined between 2009-2010 and 2010-2011 (from 4.9 to 4.6 percent).⁸ This rate also decreased nationally among persons aged 12 to 17 (from 6.4 to 6.1 percent), and among those 18 to 25 (from 11.5 to 10.4 percent); however, the rate remained unchanged for persons aged 26 or older. Between 2009-2010 and 2010-2011, past year nonmedical use of pain relievers among persons aged 12 or older decreased in Kentucky, Louisiana, Massachusetts, Mississippi, New Hampshire, New York, Ohio, Oklahoma, Rhode Island, and West Virginia. Among 12 to 17 year olds, Maryland's and Mississippi's rates decreased between these time periods (from 5.8 to 4.6 percent and from 8.5 to 6.9 percent, respectively). Among persons aged 18 to 25, the rates of past year nonmedical use of pain relievers declined in 14 States (Florida, Kentucky, Louisiana, Maine, Massachusetts, Michigan, New Hampshire, New York, Ohio, Oklahoma, Rhode Island, Texas, Utah, and West Virginia). Among persons aged 26 or older, Oklahoma's rate decreased from 5.3 to 3.9 percent. There were no other changes at the State level in any of the age groups.

Availability of Additional Tables and Information

Complete 2010-2011 NSDUH State results will be available online at <http://www.samhsa.gov/data/NSDUH/2k11State/NSDUHsae2011/Index.aspx>. In addition to nonmedical use of pain relievers included in this short report, estimates for 24 other measures of substance use and mental health problems will be available, including use of illicit drugs, alcohol, and tobacco; substance dependence or abuse; serious mental illness; depression; and suicidal thoughts. National maps for all 25 measures and detailed tables including percentages for each State, census region, and the Nation by age will also be provided. In 2013, additional detailed tables for the 25 measures will be released, including comparisons of the 2009-2010 and the 2002-2003 State estimates to the 2010-2011 estimates by age for each State, census region, and the Nation.

Discussion

Nonmedical use of prescription pain relievers is a health concern for the citizens of every State and the District of Columbia. Data in this issue of *The NSDUH Report* highlight that use of these substances varies between States. These findings suggest that efforts to reduce the nonmedical use of pain relievers have resulted in some progress, although this progress has not been uniform across all States. Highlighting the prevalence of the nonmedical use of pain relievers in each State, as well as monitoring changes, will help State and Federal policymakers to refine and focus substance abuse prevention and treatment strategies designed to reduce the burden of pain reliever misuse on the Nation's health and health care system.

End Notes

¹ National Drug Intelligence Center. (2011, August). *National drug threat assessment 2011* (Product No. 2011-Q0317-001). Johnstown, PA: Author. Retrieved from <http://www.justice.gov/archive/ndic/>

² Center for Behavioral Health Statistics and Quality. (2012). *Results from the 2011 National Survey on Drug Use and Health: Summary of national findings* (NSDUH Series H-44, HHS Publication No. SMA 12-4713). Rockville, MD: Substance Abuse and Mental Health Services Administration. The approximate number of persons (22 million) initiating nonmedical pain reliever use since 2002 can be determined directly from the Table 7.36A in the detailed tables supporting the 2011 summary of national findings (<http://www.samhsa.gov/data/NSDUH/2011SummNatFindDetTables/NSDUH-DetTabsPDFWHTML2011/2k11DetailedTabs/Web/HTML/NSDUH-DetTabsSect7peTabs1to45-2011.htm#Tab7.36A>).

³ Respondents were shown a "pill card" displaying the names and color photographs of specific pain relievers and asked to indicate which, if any, they had ever used without a doctor's prescription or simply for the feeling of experience the drug caused. The following drugs were listed on the pain relievers pill card: (1) Darvocet-N®, Darvon®, or Tyleno® with codeine; (2) Percocet®, Percodan®, or Tylox®; and (3) Vicodin®, Lortab®, or Lorcet®/Lorcet Plus®. Additional drugs were (4) codeine; (5) Demerol®; (6) Dilaudid®; (7) Fioricet®; (8) Fiorinal®; (9) hydrocodone; (10) methadone; (11) morphine; (12) OxyContin®; (13) Phenaphen® with codeine; (14) propoxyphene; (15) SK-65®; (16) Stadol® (no picture); (17) Talacen®; (18) Talwin®; (19) Talwin® NX; (20) tramadol; and (21) Ultram®. The "pill card" used is at <http://www.samhsa.gov/data/2k12/NSDUH2009MRB/Volume%201/2k9Pillcards.pdf>. Respondents also were asked about their nonmedical use of any other pain relievers not included in this list and were asked to specify the names of the drugs that they used nonmedically.

⁴ All estimates in this report are based on a small area estimation (SAE) methodology in which State-level NSDUH data are combined with local-area county and census block group/tract-level data from the State. This model-based methodology provides more precise estimates of substance use and mental disorders at the State level than those based solely on the sample, particularly for smaller States. The precision of the SAE estimates, particularly for States with smaller sample sizes, can be improved significantly by combining data across 2 years (i.e., 2010 to 2011).

⁵ The data for this report along with other measures of substance use and mental disorders will be available at <http://www.samhsa.gov/data/NSDUH/2k11State/NSDUHsae2011/Index.aspx>. Additional tables, including those comparing 2009-2010 with 2010-2011 estimates, will be posted to this Web page in early 2013.

⁶ Estimates were divided into quintiles for ease of presentation and discussion, but differences between States and quintiles were not tested for statistical significance. In some instances, more than 10 or fewer than 10 States were assigned to each quintile because of ties in the estimated prevalence rates.

⁷ The West has 13 States: AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY. The South has 16 States plus the District of Columbia: AL, AR, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. The Northeast has 9 States: CT, MA, ME, NH, NJ, NY, PA, RI, and VT. The Midwest has 12 States: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI.

⁸ All changes discussed in this report are statistically significant at the .05 level. Table 2 also show changes that are statistically significant at the .10 level (defined here as a level greater than .05 but less than or equal to .10) to highlight other possible changes that may be of interest despite not quite reaching statistical significance.

Suggested Citation

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The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by the Center for Behavioral Health Statistics and Quality (CBHSQ), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following publication:

Center for Behavioral Health Statistics and Quality. (2012). *Results from the 2011 National Survey on Drug Use and Health: Summary of national findings* (HHS Publication No. SMA 12-4713, NSDUH Series H-44). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://www.samhsa.gov/data/NSDUH.aspx>.

NSDUH_115

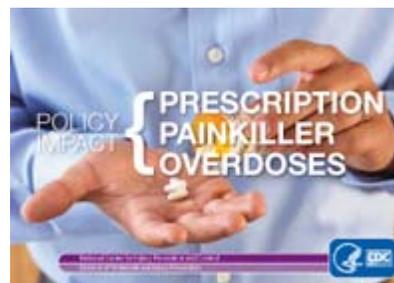
This page was last updated on October 1, 2012.

Policy Impact: Prescription Painkiller Overdoses

What's the Issue?

In a period of nine months, a tiny Kentucky county of fewer than 12,000 people sees a 53-year-old mother, her 35-year-old son, and seven others die by overdosing on pain medications obtained from pain clinics in Florida.¹ In Utah, a 13-year-old fatally overdoses on oxycodone pills taken from a friend's grandmother.² A 20-year-old Boston man dies from an overdose of methadone, only a year after his friend also died from a prescription drug overdose.³

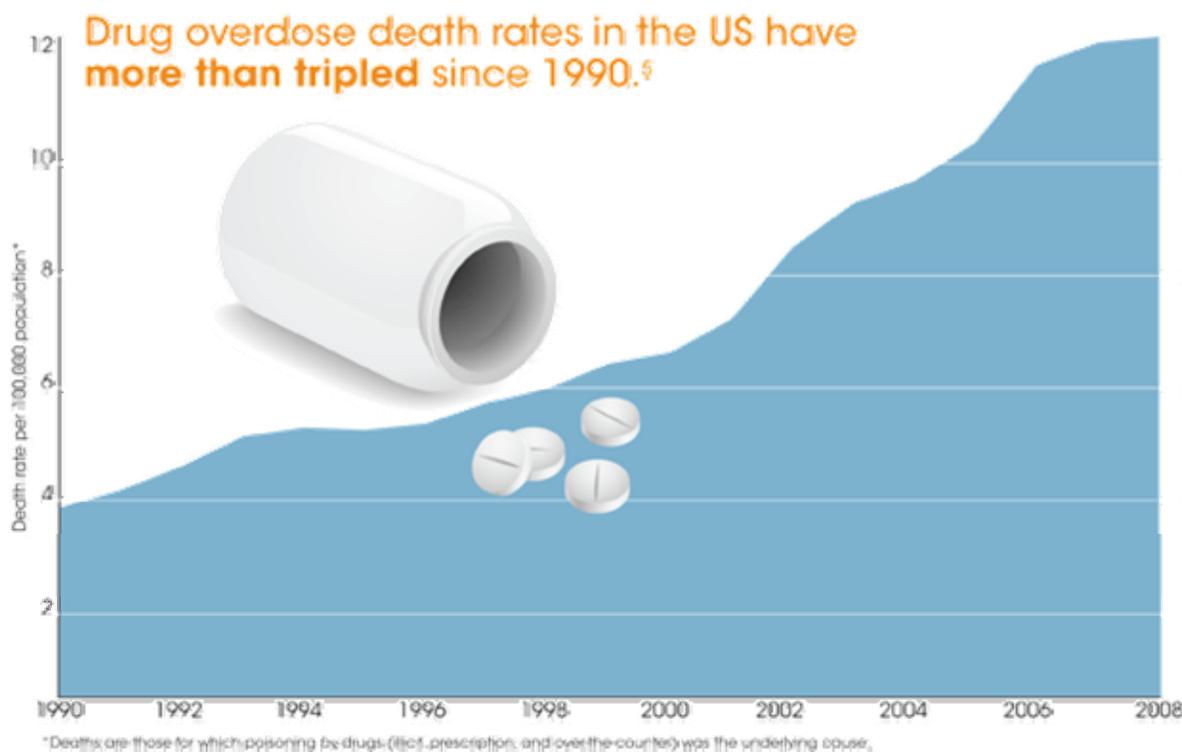
These are not isolated events. Drug overdose death rates in the United States have more than tripled since 1990 and have never been higher. In 2008, more than 36,000 people died from drug overdoses, and most of these deaths were caused by prescription drugs.⁴



Policy Impact:
Prescription Painkiller Overdoses 
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100 people die from drug overdoses every day in the United States.⁴



Attachment 2

Adopted Unanimously by the Board in 1994 and revised in 2007

"No physician and surgeon shall be subject to disciplinary action by the board for prescribing or administering controlled substances in the course of treatment of a person for intractable pain."

Business and Professions Code section 2241.5(c)

Preamble

In 1994, the Medical Board of California formally adopted a policy statement titled, "Prescribing Controlled Substances for Pain." The statement outlined the board's proactive approach to improving appropriate prescribing for effective pain management in California, while preventing drug diversion and abuse. The policy statement was the product of a year of research, hearings and discussions. California physicians and surgeons are encouraged to consult this policy statement and the guidelines below.

In May 2002, as a result of AB 487, a task force was established to review the 1994 Guidelines and to assist the Division of Medical Quality to "develop standards to assure the competent review in cases concerning the management, including, but not limited to, the under treatment, under medication, and over medication of a patient's pain." The task force expanded the scope of the Guidelines from intractable pain patients to all patients with pain.

Under past law, both Business and Professions Code section 2241 and Health and Safety Code section 11156 made it unprofessional conduct for a practitioner to prescribe to an addict. However, the standard of care has evolved over the past several years such that a practitioner may, under certain circumstances, appropriately prescribe to an addict. AB 2198, which became law on January 1, 2007, sought to align existing law with the current standard of care. Accordingly, a physician is permitted to prescribe, dispense, or administer prescription drugs, including prescription controlled substances, to an addict under his or her treatment for a purpose other than maintenance on, or detoxification from, prescription drugs or controlled substances. The law, Business and Professions Code section 2241, also set forth the conditions under which such prescribing may occur. Further, Business and Professions Code 2241.5 now permits a physician to prescribe for or dispense or administer to a person under his or her treatment of pain or a condition causing pain, including, but not limited to, intractable pain.

Inappropriate prescribing of controlled substances, including opioids, can lead to drug abuse or diversion and can also lead to ineffective management of pain, unnecessary suffering of patients, and increased health costs. The Medical Board recognized that some physicians do not treat pain appropriately due to a lack of knowledge or concern about pain, and others may fail to treat pain properly due to fear of discipline by the board. These Guidelines are intended to improve effective pain management in California, by avoiding under treatment, over treatment, or other inappropriate treatment of a patient's pain and by clarifying the principles of professional practice that are endorsed by the Medical Board so that physicians have a higher level of comfort in using controlled substances, including opioids, in the treatment of pain. These Guidelines are intended to promote improved pain management for all forms of pain and for all patients in pain.

A High Priority

The board strongly urges physicians and surgeons to view effective pain management as a high priority in all patients, including children, the elderly, and patients who are terminally ill. Pain should be assessed and treated promptly, effectively and for as long as pain persists. The medical management of pain should be based on up-to-date knowledge about pain, pain assessment and pain treatment. Pain treatment may involve the use of several medications and non-pharmacological treatment modalities, often in combination. For some types of pain, the use of medications is emphasized and should be pursued vigorously; for other types, the use of medications is better de-emphasized in favor of other therapeutic modalities. Physicians and surgeons should have sufficient knowledge or utilize consultations to make such judgments for their patients.

Medications, in particular opioid analgesics, are considered the cornerstone of treatment for pain associated with trauma, surgery, medical procedures, or cancer. A number of [medical organizations](#) have developed guidelines for acute and chronic pain management.

The prescribing of opioid analgesics for patients with pain may also be beneficial, especially when efforts to alleviate the pain with other modalities have been unsuccessful.

Business and Professions Code section 2241.5 provides in part: "(a) A physician and surgeon may prescribe for, or dispense or administer to, a person under his or her treatment for a medical condition dangerous drugs or prescription controlled substances for the treatment of pain or a condition causing pain, including, but not limited to, intractable pain. (b) No physician and surgeon shall be subject to disciplinary action for prescribing, dispensing, or administering dangerous drugs or prescription controlled substances in accordance with this section."

However, this section does not affect the power of the board to discipline a physician and surgeon for any act that violates the law, including gross negligence, repeated negligent acts, or incompetence; violation of section 2241 regarding treatment of an addict; violation of section 2242 regarding performing an appropriate prior examination and the existence of a medical indication for prescribing, dispensing, or furnishing dangerous drugs; violation of section 2242.1 regarding prescribing on the Internet; failure to keep complete and accurate records of purchases and disposals of controlled substances; writing false or fictitious prescriptions for controlled substances; or prescribing, administering, or dispensing in violation of the pertinent sections of the Health and Safety Code.

The Medical Board expects physicians and surgeons to follow the standard of care in managing pain patients.

Guidelines

History/Physical Examination

A medical history and physical examination must be accomplished. This includes an assessment of the pain, physical and psychological function; a substance abuse history; history of prior pain treatment; an assessment of underlying or coexisting diseases or conditions; and documentation of the presence of a recognized medical indication for the use of a controlled substance.

- *Annotation One:* The prescribing of controlled substances for pain may require referral to one or more consulting physicians.

- *Annotation Two:* The complexity of the history and physical examination may vary based on the practice location. In the emergency department, the operating room, at night or on the weekends, the physician and surgeon may not always be able to verify the patient's history and past medical treatment. In continuing care situations for chronic pain management, the physician and surgeon should have a more extensive evaluation of the history, past treatment, diagnostic tests and physical exam.

Treatment Plan, Objectives

The treatment plan should state objectives by which the treatment plan can be evaluated, such as pain relief and/or improved physical and psychosocial function, and indicate if any further diagnostic evaluations or other treatments are planned. The physician and surgeon should tailor pharmacological therapy to the individual medical needs of each patient. Multiple treatment modalities and/or a rehabilitation program may be necessary if the pain is complex or is associated with physical and psychosocial impairment.

- *Annotation One:* Physicians and surgeons may use control of pain, increase in function, and improved quality of life as criteria to evaluate the treatment plan.
- *Annotation Two:* When the patient is requesting opioid medications for their pain and inconsistencies are identified in the history, presentation, behaviors to physical findings, physicians and surgeons who make a clinical decision to withhold opioid medications should document the basis for their decision.

Informed Consent

The physician and surgeon should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver or guardian.

- *Annotation:* A written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. Patient, guardian, and caregiver attitudes about medicines may influence the patient's use of medications for relief from pain.

Periodic Review

The physician and surgeon should periodically review the course of pain treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of controlled substances for pain management therapy depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician and surgeon should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

- *Annotation One:* Patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually as required by the standard of care.
- *Annotation Two:* Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family

members or other caregivers should be considered in determining the patient's response to treatment.

Consultation

The physician and surgeon should consider referring the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Complex pain problems may require consultation with a pain medicine specialist.

In addition, physicians should give special attention to those pain patients who are at risk for misusing their medications including those whose living arrangements pose a risk for medication misuse or diversion.

- *Annotation One:* Coordination of care in prescribing chronic analgesics is of paramount importance.
- *Annotation Two:* In situations where there is dual diagnosis of opioid dependence and intractable pain, both of which are being treated with controlled substances, protections apply to physicians and surgeons who prescribe controlled substances for intractable pain provided the physician complies with the requirements of the general standard of care and California Business and Professions Code sections 2241 and 2241.5.

Records

The physician and surgeon should keep accurate and complete records according to items above, including the medical history and physical examination, other evaluations and consultations, treatment plan objectives, informed consent, treatments, medications, rationale for changes in the treatment plan or medications, agreements with the patient, and periodic reviews of the treatment plan.

- *Annotation One:* Documentation of the periodic reviews should be done at least annually or more frequently as warranted.
- *Annotation Two:* Pain levels, levels of function, and quality of life should be documented. Medical documentation should include both subjective complaints of patient and caregiver, and objective findings by the physician.

Compliance with Controlled Substances Laws and Regulations

To prescribe controlled substances, the physician and surgeon must be appropriately licensed in California, have a valid controlled substances registration and comply with federal and state regulations for issuing controlled substances prescriptions. Physicians and surgeons are referred to the Physicians Manual of the U.S. Drug Enforcement Administration and the Medical Board's Guidebook to Laws Governing the Practice of Medicine by Physicians and Surgeons for specific rules governing issuance of controlled substances prescriptions.

- *Annotation One:* There is not a minimum or maximum number of medications which can be prescribed to the patient under either federal or California law.
- *Annotation Two:* Physicians and surgeons who supervise Physician Assistants (PA's) or Nurse Practitioners (NP's) should carefully review the respective supervision requirements.

Additional information on PA supervision requirements is available at www.pac.ca.gov.

PA's are able to obtain their own DEA number to use when writing prescriptions for drug orders for controlled substances. Current law permits physician assistants to write and sign prescription drug orders when authorized to do so by their supervising physician for Schedule II-IV. Further, a PA may only administer, provide or transmit a drug order for Schedule II through V controlled substances with the advanced approval by a supervising physician for a specific patient unless a physician assistant completes an approved education course in controlled substances and if delegated by the supervising physician. To ensure that a PA's actions involving the prescribing, administration, or dispensing of drugs is in strict accordance with the directions of the physician, every time a PA administers or dispenses a drug or transmits a drug order, the physician supervisor must sign and date the patient's medical record or drug chart within seven days. (Section 1399.545(f) of Title 16, California Code of Regulations)

NP's are allowed to furnish Schedule III-V controlled substances under written protocols.

Postscript

While it is lawful under both federal and California law to prescribe controlled substances for the treatment of pain - including intractable pain - there are limitations on the prescribing of controlled substances to or for patients for the treatment of chemical dependency (see Sections 11215-11222 of the California Health and Safety Code). In summary, a physician and surgeon must follow the same standard of care when prescribing and/or administering a narcotic controlled substance to a "known addict" patient as he or she would for any other patient.

The physician and surgeon must:

- perform an appropriate prior medical examination;
- identify a medical indication;
- keep accurate and complete medical records, including treatments, medications, periodic reviews of treatment plans, etc;
- provide ongoing and follow-up medical care as appropriate and necessary.

The Medical Board emphasizes the above issues, both to ensure physicians and surgeons know that a patient in pain who is also chemically dependent should not be deprived of appropriate pain relief, and to recognize the special issues and difficulties associated with patients who suffer both from drug addiction and pain. The Medical Board expects that the acute pain from trauma or surgery will be addressed regardless of the patient's current or prior history of substance abuse. This postscript should not be interpreted as a deterrent for appropriate treatment of pain.

Source: The Medical Board of California: http://www.mbc.ca.gov/pain_guidelines.html

Attachment 3

NABP'S INTERCONNECT

The NABP PMP InterConnect facilitates the transfer of prescription monitoring program (PMP) data across state lines to authorized users. It allows participating state PMPs across the United States to be linked, providing a more effective means of combating drug diversion and drug abuse nationwide.

PMPs are Connecting

The NABP InterConnect is now fully operational and allows users of PMPs in Arizona, Arkansas, Colorado, Connecticut, Delaware, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, New Mexico, North Dakota, Ohio, South Carolina, South Dakota, Tennessee, Virginia, and Wisconsin to securely exchange prescription data between the 21 participating states.

NABP continues to work with other state PMPs to facilitate their participation in the NABP InterConnect. It is anticipated that approximately 30 states will be sharing data or in an MOU to share data using NABP InterConnect in 2013.

Which states have signed on? See the [NABP PMP InterConnect map](#) (PDF).

Protecting Public Health via Nationwide Platform for Tracking Drug Diversion

The NABP InterConnect enhances the benefits of state PMPs by providing the means for physicians and pharmacists to more easily identify patients with prescription drug abuse and misuse problems, especially if those patients are crossing state lines to obtain drugs. The lack of interoperability between current systems and difficulty of data sharing among states makes it easier for doctor shoppers to avoid detection. The program's connected web of information allows appropriate intervention and aid in the prevention of substance abuse and diversion of controlled substances.

Secure System to Enable Data Sharing Across State Lines

The NABP InterConnect is a highly secure communications exchange platform that facilitates the transmission of PMP data across state lines to authorized requestors, while ensuring that each state's data-access rules are enforced. The NABP InterConnect does not house any data and the system will not inhibit the legitimate prescribing or dispensing of prescription drugs.

Learn More

For additional information on the NABP PMP InterConnect, please contact NABP Government Affairs staff at governmentaffairs@nabp.net.

The [Fact Sheet](#) (PDF) provides an overview of the InterConnect's development, function, partners, security, and funding

Attachment 4



Save The Date!

You are invited to the West Coast Screening of

OUT OF REACH

a film for parents

(This film is **NOT** suggested for young adults)

(Invitation to follow)

A short-film documentary about a rising high school senior who sets out to uncover the growing problem of teens abusing prescription medicine in his hometown.

The documentary will be followed by a panel discussion

Hosted by US Attorney Laura Duffy

and

The Partnership at Drugfree.org

OLD MEDICINE IS NOT FORGOTTEN

OUT OF REACH

DATE: Wednesday, November 20, 2013 TIME: 5:30 - 6:30 PM

LOCATION: Junipero Serra High School- 5156 Santo Road San Diego 92124

1 IN 4 TEENS report having misused or abused a prescription drug at least once in their life time - a 33% increase over a five year period - that translates to

5 MILLION TEENS!



NABP PMP InterConnect®

Scotti Russell
Government Affairs Manager



Prescription Monitoring Programs: National Landscape

- 47 states/jurisdictions have functional PMPs or are at least collecting data
- 2: MD, NH – gearing up to implement
- 2: DC and MO – no authorizing legislation (DC expected 2014)
- Where the PMPs are housed:
 - 18 Health/Substance Abuse/Consumer Protection
 - 26 Board of Pharmacy/Professional Licensing agency
 - 7 Law Enforcement

Problems with PMPs:

- Persons engaging in doctor shopping don't stay in one state, particularly areas that border other states
- Querying the state PMP may not give a complete picture to a physician or pharmacist of the controlled substances a person is obtaining
- Low Utilization/Lack of Integration
- PMPs lack function and Analytical Tools
 - Older systems can't handle increased traffic from interstate requests and integration

Background on NABP Involvement

- NABP’s mission is to support boards of pharmacy and assist other regulators to protect the public health
- Fall 2010, NABP was approached by several members
- Requested a lost cost, easy to implement, highly enhanced solution for interstate data sharing





- Creates interoperability for individual state PMPs via a hub system
- Physicians and pharmacists log into their own state PMP and check boxes for other participating states from which they want data
- The hub routes the requests to the various states and the information back to home PMP for delivery to the physician or pharmacist in one collated report



- Built using open standards
- Cost effective
- Easy to implement
- Low maintenance
- Supports states' autonomy over PMP data exchanges

Access to PMP Data – Traditional Method

INDIANA PRESCRIPTION MONITORING PROGRAM

Welcome to INSPECT PMP, Please Login to Continue



Username

Password

[Forgot Password?](#)

Not a member? [Register](#)

VISIT INSPECT'S HOMEPAGE AVAILABLE AT: www.in.gov/inspect
[New training videos](#), [registration information](#) and [user instruction guides](#) are all available now!

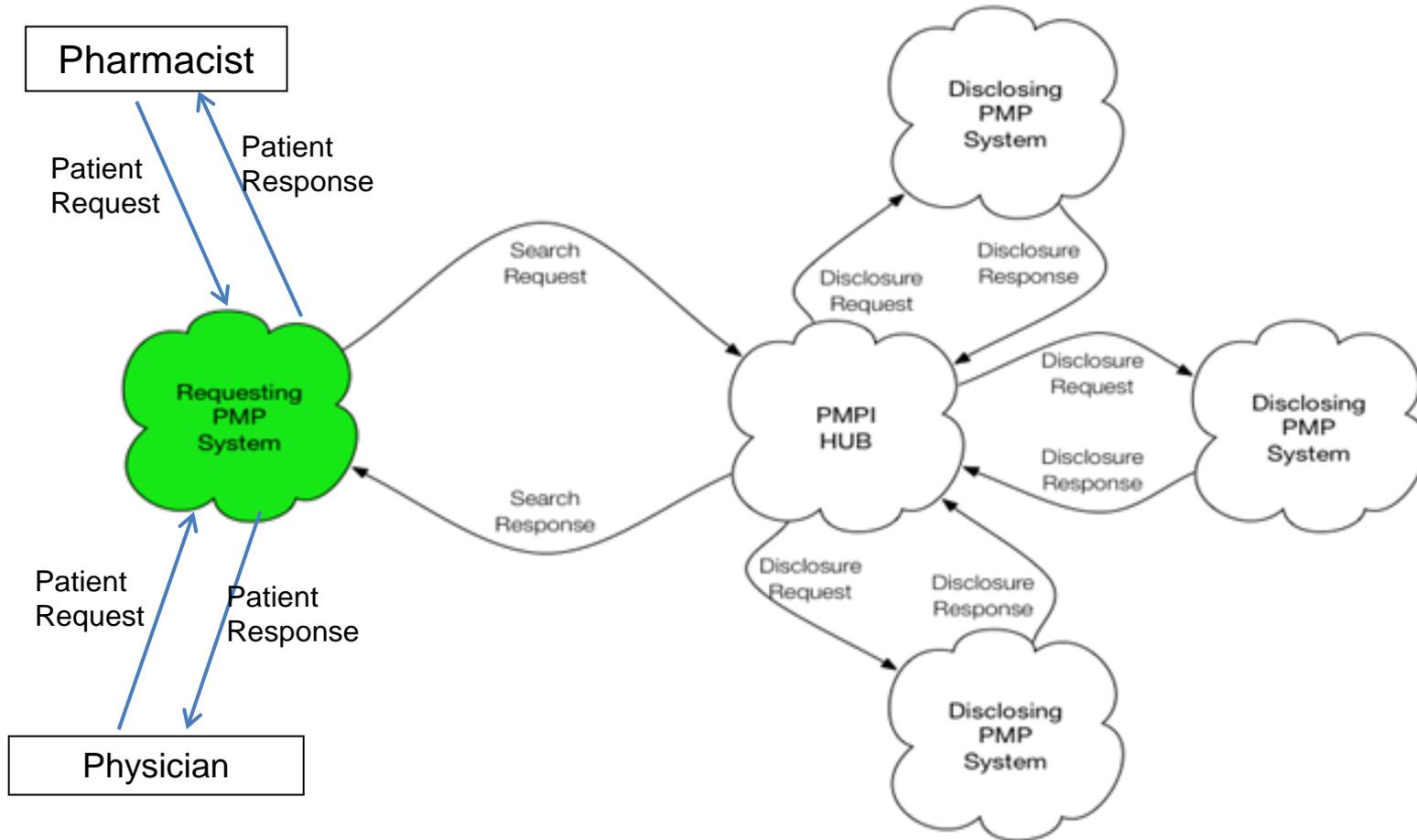
[HELPDESK](#)

Please use INSPECT's HelpDesk ticket above to receive assistance with all requests. This includes password resets, upload or technical problems, requests for presentations or trainings, and all general program questions.

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How NABP PMP InterConnect Works

Traditional Model



Current PMP InterConnect[®] Process via Home PMP

INDIANA PRESCRIPTION MONITORING PROGRAM

Welcome, John Finnell [MY ACCOUNT](#) [LOGOUT](#)

Request Alert Help

Home > Request > New Request

Request Patient

Patient Details

Last Name: * First Name: * Middle Name:

Birth Date: Gender:

Contact Details

Street: City: State: Zip:

Aliases [Add](#)

Prescription Range

Set default to last 12 months date range Date Filled From: * Date Filled To: *

Request To State(s)

Arizona Connecticut Illinois Kansas Michigan North Dakota OHIO VIRGINIA

The interstate request may take longer for response

I certify that the information I have entered above is accurate. *

[Create](#)

Prescription Monitoring Program

State Pharmacy Board
123 High St
Anytown USA

Phone (123) 123-4567
E-mail Info @ PMP

Fax (123)123-5678

John Doe (This is a fictitious patient name)

DATE: 1/11/10
Page 1 of 2

Fill Date	Drug Product, Strength, Form	Qty	Days	Patient	Prescriber	Written	RX#	N/R	Pharmacy	Pay	
12/25/2010	PERCOCET 325 MG-5 MG TAB	90	30	4055	J Smith	12/25/2009	204075	N	K-Mart	Cash	OH
11/20/2010	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	G Green	11/20/2009	4432344	N	Sams Club	Cash	IN
10/15/2010	HYDROCODONE/ APAP 10-500 TAB	90	30	7137	C Gardner	10/15/2009	6010985	N	Walgreens	Cash	OH
9/5/2010	HYDROCODONE/ APAP 5-325 TAB	20	5	7817	Saint P	9/5/2009	254464	N	Target	WC	OH
8/1/2010	OXYCODONE/APAP 7.5-325 TAB	240	30	0938	M Black	8/1/2009	0166311	N	Wal-Mart	Ins	OH
7/10/2010	HYDROCODONE/ APAP 5-325 TAB	50	6	3323	D White	7/10/2009	254513	N	CVS1234	Cash	OH
6/20/2010	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	G Green	11/20/2009	6012076	N	Walgreens	Cash	OH
5/29/2009	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	J Smith	11/20/2009	4427156	N	Sams Club	Cash	IN
5/12/2009	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	M Black	11/20/2009	253109	N	Target	Cash	OH
4/30/2009	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	G Green	11/20/2009	201678	N	K-Mart	Cash	OH
4/20/2009	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	Saint P	11/20/2009	6010535	N	Walgreens	Cash	OH

N/R N=New R=Refill
Pay Ins=Insurance WC=Workers Comp

Prescribers for prescriptions listed (These are fictitious practitioners)

C Gardner Charles Gardener, 2139 Auburn Ave, Another town USA
D White David White, DO; Family Medicine Group, 8787 Medicine Ave, Sometown
G Green George Green, MD, 672 Main St, Anytown USA
J Smith Joseph Smith, MD; Health Care Office, 3123 Brown Drive, Anytown USA
M Black Michael Black, MD; 672 Main St, Anytown USA
Saint P St Paul Hospital, 987 Market St, Sometown

Pharmacies that dispensed prescriptions listed (These are fictitious pharmacies)

CVS1234 CVS/PHARMACY #1234, 11611 Medicine Ave, Sometown, OH; Pharmacy phone number
K-Mart K MART PHARMACY #153; 1217 Brown Dr., Anytown, OH; Pharmacy phone number
Sams Club Sams Club Pharmacy #123; Anytown, IN
Target Target Pharmacy, 4321 Fifth St, Sometown, OH; Pharmacy phone number
Walgreens Walgreen Co #22; 9775 Auburn Ave, Another town, OH; Pharmacy phone number
Wal-Mart Wal-Mart Pharmacy #432, 128 Main St, Anytown, OH; Pharmacy phone number





- All protected health information is encrypted and not visible to the hub, secure, and HIPAA compliant
 - No protected health information stored by the hub, just a pass through from one state to the authorized requestor in another state
- Easy for states
 - Only sign one memorandum of understanding (MOU)/contract with NABP – do not have to sign one for every other state to exchange data
 - Each state's rules about access are enforced automatically by the hub
- July 2011 went live and today...since launch, NABP PMP InterConnect® has processed over 3 million requests in an average of 7.5 seconds to process a request.



- 21 PMPs – Arizona, Arkansas, Colorado, Connecticut, Delaware, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, New Mexico, North Dakota, Ohio, South Carolina, South Dakota, Tennessee, Virginia and Wisconsin are actively sharing data.
- 4 additional states have signed MOUs and several more are in some stage of reviewing the MOU to participate
- Anticipate that by year end we will have 24-25 PMPs exchanging data. (NV, WV, UT testing,

Cost for States to Participate

- \$0 participation costs through 6/30/2016, although states may incur some costs from their own PMP software vendors
- NABP is paying from its own revenues (exams/accreditations):
 - All development and implementation costs for the program
 - Annual maintenance fee to the contractor to house the hub
 - Annual participation fees for states that cannot accept funding from pharmaceutical manufacturers, e.g., FL
- NABP is using unrestricted grants from third parties
 - To date, Purdue Pharma L.P. and Pfizer have provided grants
 - To assist states with developing needed software to connect to the hub and other costs for participation for states that can accept these funds

Next Steps to Increase Utilization

- Continue to onboard states into PMP InterConnect
- Assist states with legislation to allow interstate sharing
- Integrate PMP InterConnect into health information exchanges
- Integrate PMP requests into workflow processes such as pharmacy software systems and hospital system emergency departments
- Provide access to analytical tools to automate analysis of PMP reports to increase efficiencies, eg, NARxCHECK™
- Develop software that works seamlessly with PMP InterConnect as well as meets the day-to-day needs of administrators, requestors, and data submitters

Integration Projects

- Leveraging our growing “national network”
- Guided by PMP InterConnect Steering Committee
- Working with Office of National Coordinator for Health IT Pilots (ONC)
- 3rd Party Inquiries
 - Networks
 - Electronic Medical Records
 - Pharmacy
 - Health Information Exchanges

The Future of PMP Integration

- Pharmacy Practices
 - Allows pharmacies to meaningfully participate in efforts to reduce the misuse of CS in an economically efficient way
 - Reduces confirmatory communications with providers to only those where behaviors indicate risk of misuse; more cooperation with doctors

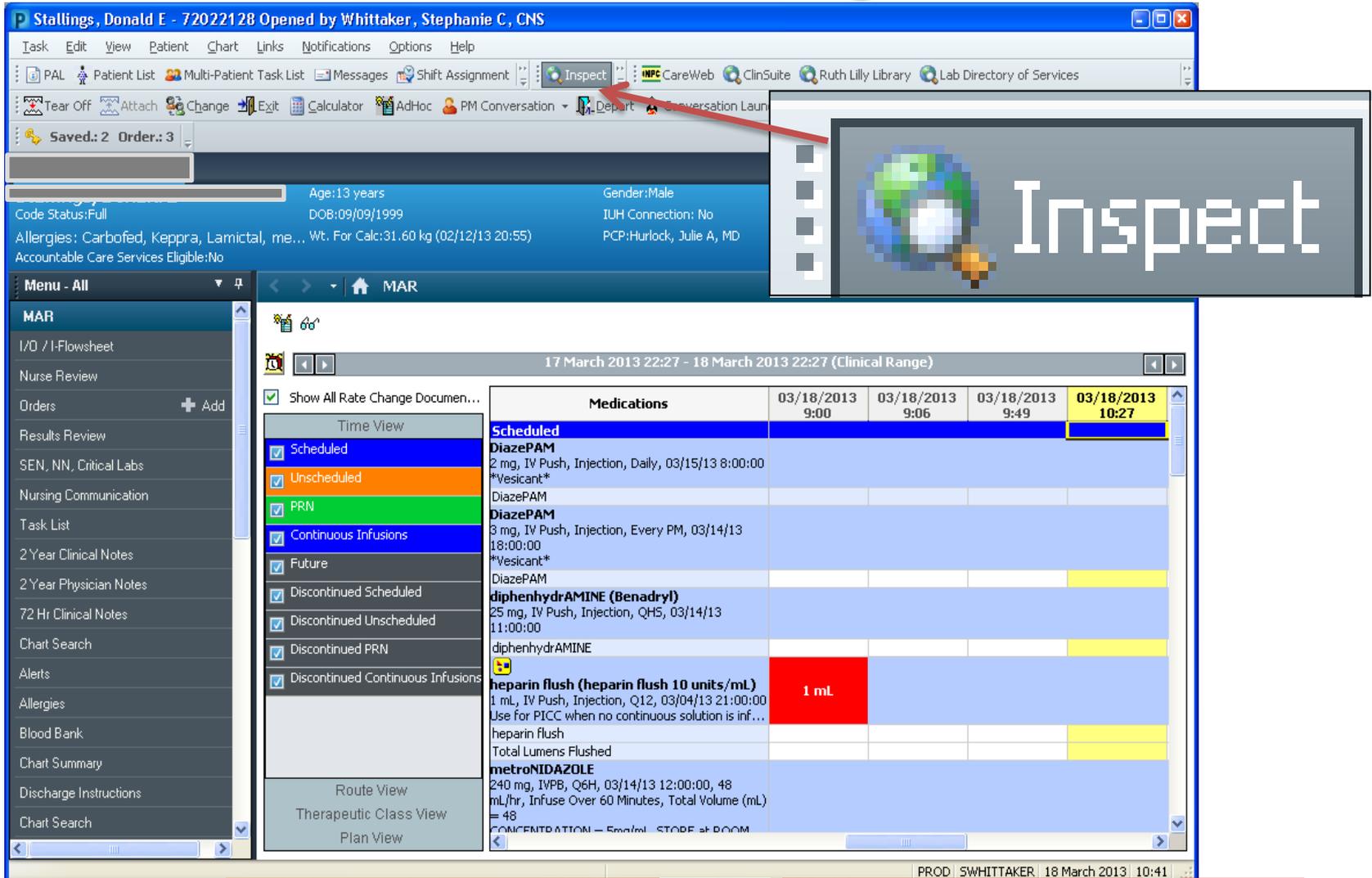
The Future of PMP Integration

- Pharmacy Practices
 - Insight into patient's access to CS from PMP records from other pharmacies.
 - Information on patient behavior patterns with multiple providers, who may be unaware of this fact today
 - Identifies patients with behavior patterns that may be indicative of misuse, allowing further interaction with the patient and/or practitioners regarding the situation, prior to dispensing

Workflow Data Integration

- No registration-some states
- No user name/ password
- No data entry
- No added steps
- No delay

Access to PMP Data – Integration Method



Stallings, Donald E - 72022128 Opened by Whittaker, Stephanie C, CNS

Task Edit View Patient Chart Links Notifications Options Help

PAL Patient List Multi-Patient Task List Messages Shift Assignment **Inspect** CareWeb ClinSuite Ruth Lilly Library Lab Directory of Services

Tear Off Attach Change Exit Calculator AdHoc PM Conversation Conversation Launch

Saved: 2 Order: 3

Age: 13 years Gender: Male
Code Status: Full DOB: 09/09/1999 IUH Connection: No
Allergies: Carbofed, Keppra, Lamictal, me... Wt. For Calc: 31.60 kg (02/12/13 20:55) PCP: Hurlock, Julie A, MD
Accountable Care Services Eligible: No

Menu - All

- MAR
- I/O / I-Flowsheet
- Nurse Review
- Orders + Add
- Results Review
- SEN, NN, Critical Labs
- Nursing Communication
- Task List
- 2 Year Clinical Notes
- 2 Year Physician Notes
- 72 Hr Clinical Notes
- Chart Search
- Alerts
- Allergies
- Blood Bank
- Chart Summary
- Discharge Instructions
- Chart Search

17 March 2013 22:27 - 18 March 2013 22:27 (Clinical Range)

Show All Rate Change Document...

Medications	03/18/2013 9:00	03/18/2013 9:06	03/18/2013 9:49	03/18/2013 10:27
Scheduled				
DiazePAM 2 mg, IV Push, Injection, Daily, 03/15/13 8:00:00 *Vesicant* DiazePAM				
DiazePAM 3 mg, IV Push, Injection, Every PM, 03/14/13 18:00:00 *Vesicant* DiazePAM				
diphenhydramine (Benadryl) 25 mg, IV Push, Injection, QH5, 03/14/13 11:00:00 diphenhydramine				
heparin flush (heparin flush 10 units/mL) 1 mL, IV Push, Injection, Q12, 03/04/13 21:00:00 Use for PICC when no continuous solution is inf... heparin flush Total Lumens Flushed	1 mL			
metroNIDAZOLE 240 mg, IVPB, Q6H, 03/14/13 12:00:00, 48 mL/hr, Infuse Over 60 Minutes, Total Volume (mL) = 48 CONCENTRATION – 5mg/mL STORE at ROOM				

PROD | SWHITTAKER | 18 March 2013 | 10:41

Access to PMP Data – Integration Method

51 years [CLARIAN] **WHITTAKER,STEPHANIE**

Select Patient | Browse Patient Record | Other | Browse Patient Record » All Results

Hide Menu | First page | Previous page | Next page | Sort by posting date | Sort by observation date | Logout | InpcHelp | Print

Chronologic Results - Page: 1 (Underline indicates changed Result)

Date	Description	Elapsed	Results	Status/Priority	ORD#/Normals	Links
<u>21-Feb-13</u> 16:02	Hosp ICD9 Dx	4 Days	Hosp ICD9 DX Updated: 25-Feb-13 12:02 530 81 ESOPHAGEAL REFLUX 555 9 REGIONAL ENTERITIS NOS (a) <small>(a) From IUHealth Coding (ClinTrac), 37704030 COY,CATHERINE L</small>			
<u>21-Feb-13</u> 14:55	Glucose Bld Qn (POC)		82 mg/dL Updated: 21-Feb-13 15:24 Test performed at: IU Health University Hospital 550 N. University Blvd. Indianapolis, IN 46202 Note: New Reference Range Testing performed at the point of care. (a) <small>(a) From IUHealth (Cerner) Lab, (SO RALS POC 37704030 COY,CATHERINE L)</small>	Final	13-052-11765_686128 (70-99)	
<u>21-Feb-13</u> 13:29	Colonoscopy		Updated: 21-Feb-13 14:47 REFERRING MD: Daniel Vlahovich, DO, Man Abdullah, MD IMPRESSION - Multiple ulcers in the neo-terminal ileum consistent with moderately active Crohn's ileitis. This was biopsied. - Patent side-to-side ileo-colonic anastomosis. - Pseudopolyps in the sigmoid colon suggestive of history of ileosigmoid fistula - inactive. (a) <small>(a) From IUHealth Coding (ClinTrac), 37704030 COY,CATHERINE L</small>	Final	50885877	
<u>30-Jan-13</u> 23:59	Hosp ICD9 Dx		Hosp ICD9 DX Updated: 03-Feb-13 17:09 555 9 REGIONAL ENTERITIS NOS 578 1 BLOOD IN STOOL 787 91 DIARRHEA 789 07 ABDOMINAL PAIN GENERALIZED (a) <small>(a) From IUHealth Coding (ClinTrac), 37704030 COY,CATHERINE L</small>			
<u>30-Jan-13</u> 17:45	Vitamin D 25 Hydroxy Ser Panel		Updated: 01-Feb-13 02:33	Final	13-030-12744_1039378	

RESULTS | All Results | Lab Results | Choose Results | Flowsheet | Clinical Synopsis | REPORT SECTIONS | ALL REPORTS | Admission/Discharge | Cardiology | Operative | Pathology | Radiology | Visit/Procedure/Progress | GI Procedures | Critical Care | Primary Care Management | Face Sheet | ENCOUNTERS | Brief | Detailed | **INSPECT Drug Report**

Done | Internet | 100%

Direct integration of PMP data through one-click access

MAPS/Electronic Prescribing Software

Pending Prescriptions for this Patient

[\[Select All\]](#) [\[Select None\]](#) [\[Delete Selected\]](#)

Prescriptions 11 - 20 of 35 [\[Prev\]](#) [\[Next\]](#)

Signature Password:

[Add to Meds](#) [Print Pharmacy](#)

Serial#	Dr/Staff	Name	Date	Status	Drug	Sig	Qty	Rfl(s)	Action
<input type="checkbox"/> DEV-966046	FL	Hello Kitty Test	06/14/2012	pending WARNING	Lunesta (eszopiclone) 1 mg Tablet	Take 2 tablet by mouth every four to six hours while awake after meals -- kjkjnk	3	1	Modify Delete Favor



MAPS/Electronic Prescribing Software



Select Patient
Manage Medications
Manage Allergies

Prescription Report
Additional Options
Members Area

Log Out
Help / Contact Us
Refresh / Clear

Practice Information

Practice: New Jersey

User: First Last

[\[Schedule\]](#) [\[Messages\]](#)

Patient Demographic Information

Patient: Hello Kitty Test [\[Prescribe\]](#) [\[Change Demographics\]](#)

DOB: 01/01/1982 Gender: Female Height:

Phone: (555) 555-5555 (home) , (888) 555-1212 (work)

LOV: No last office visit [\[Visit Today\]](#) [\[Show Patient Visits\]](#)

Pharmacy: RITE AID-636 WHITE HORSE PIKE (C) (R) (E) (636 WHITE HORSE PIKE ABSECON NJ) [\[View\]](#)

Formulary: Not entered

Confirm Prescription Despite Warning

The medication(s) you have prescribed may not be appropriate given this patient's information.

DUPLICATE THERAPY ALERT! Hello Kitty Test (01/01/1982) already has a pending prescription for Lunesta (eszopiclone), which is in the same therapeutic category (Hypnotics) as the drug you have just prescribed, Lunesta (eszopiclone).





QUESTIONS?

THANK YOU!



PHARMACEUTICAL DRUG ABUSE

A Community Collaborative Approach

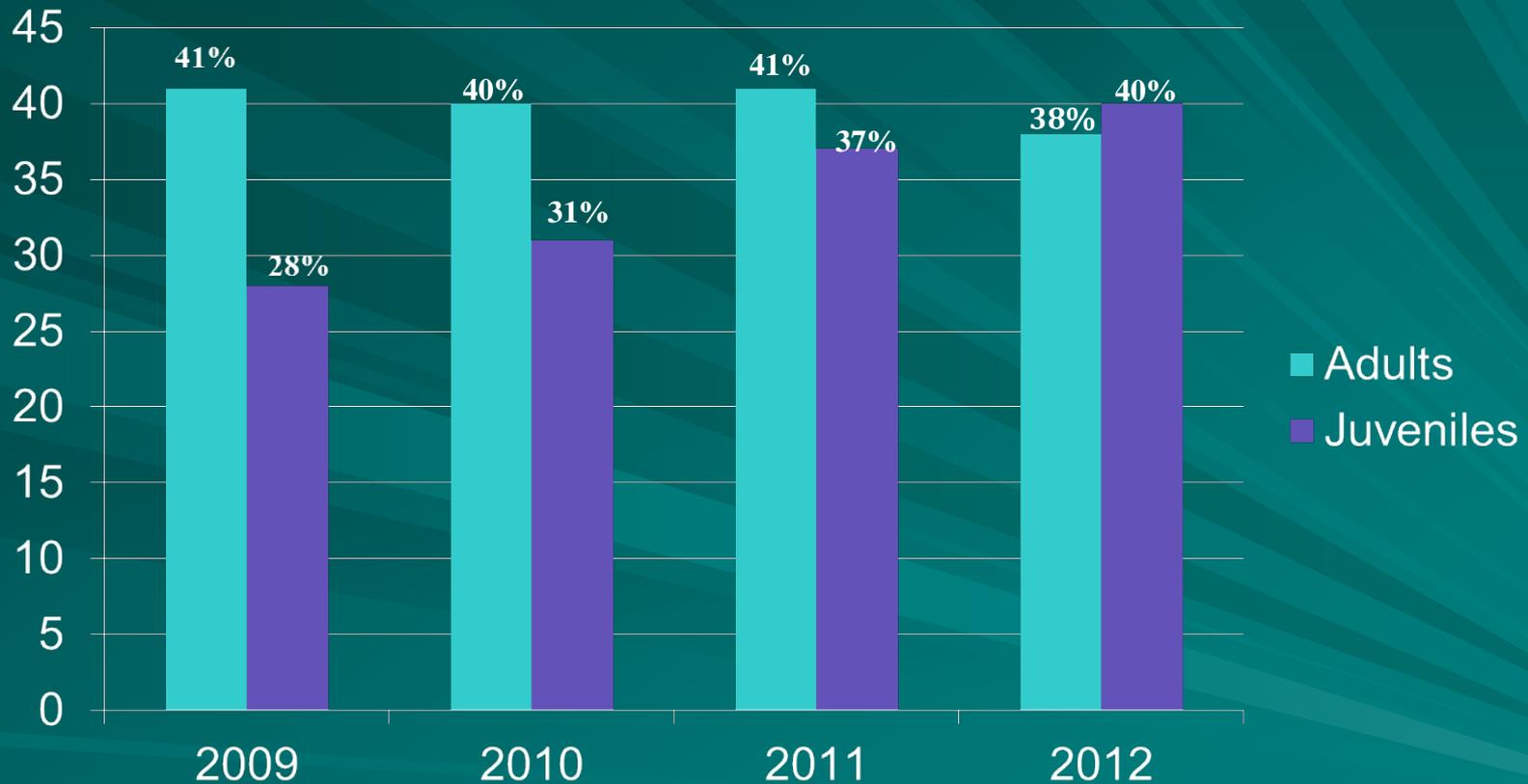


Supervisory Special Agent Thomas
DEA San Diego Field Division
Tactical Diversion Squad
December 04, 2013

The Pharmaceutical Drug Problem in your Community

- *Define The Problem*
- *Identify Partners*
- *Establish a Plan/Strategy*
- *Mistakes*

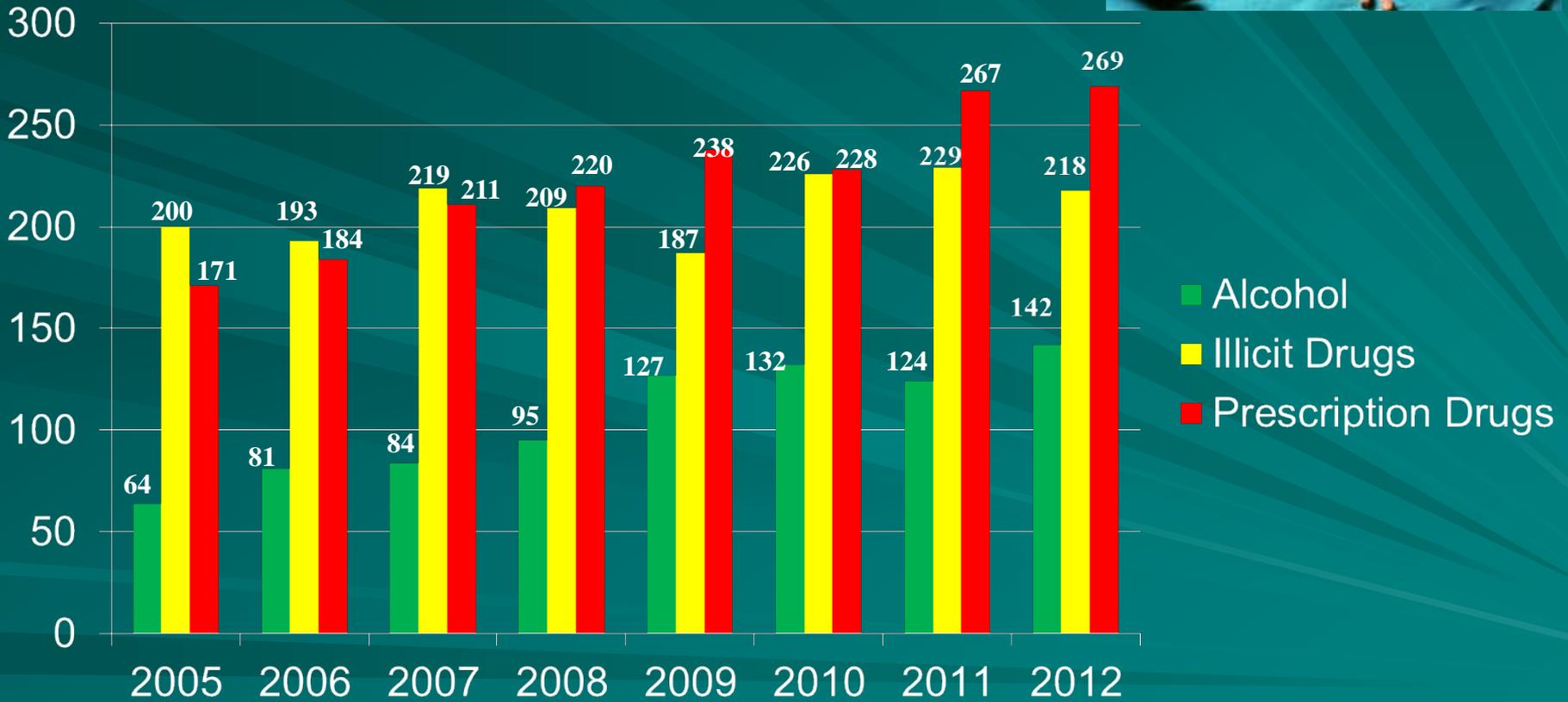
ARRESTEES REPORT MISUSE of PRESCRIPTION DRUGS



SOURCE: SANDAG – Substance Abuse Monitoring Program



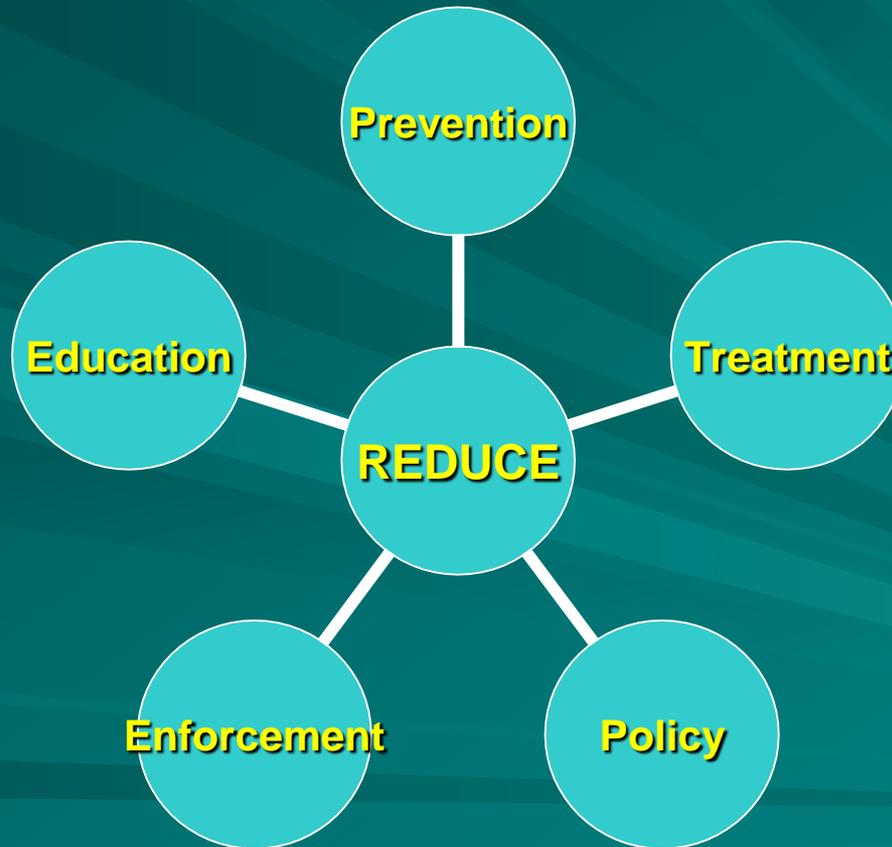
RX DRUG RELATED DEATHS



THE TASK FORCE CONCEPT

- **A Community Collaborative Approach**
 - **It works- Meth Strike Force**
 - **It starts at the top!!!**
 - **Full Support**
- **Passion to solve the Problem**
 - **Volunteer vs. Your assignment/Job**
- **Balance**

THE TASK FORCE CONCEPT



PRESCRIPTION DRUG ABUSE TASK FORCE Of SAN DIEGO COUNTY



Rx Drug Abuse TF

In the Beginning

- **Prescription Drug Problem identified as a county-wide problem by District Attorney's Office/Law enforcement**
- **Partnerships created; Task Force formed**
 - **Executive Committee established**
 - **District Attorney's Office**
 - **Sheriff's Department**
 - **County Board of Supervisors**
 - **Prevention**
 - **DEA**
- **Meetings were every two months**

RX DRUG ABUSE TASK FORCE

Comprised of various State, Local & Federal Law Enforcement Agencies, Prevention, Treatment, Education, Parents, local Legislative members and Government agencies.

- San Diego Sheriff's Department
- DEA
- ICE
- CA Consumer Affairs
- CA DOJ
- San Diego State Police
- District Attorney's Office
- U.S. Attorney's Office
- Poison Control
- Board of Registered Nursing
- San Diego County Health & Human Services
 - Alcohol and Drug Abuse
 - Prevention Coalitions
- San Diego County Probation
- SD County Board of Supervisors
- SD County Board of Education
- SD County Medical Examiner's Office
- SANDAG-San Diego Assoc. of Governments
- CBAG-CA Border Alliance Group
- EMOC-Emergency Medicine Oversight Comm.
- UCSD School of Pharmacy-Generation RX
- Phoenix House
- CRC
- McAllister Institute

Rx Drug Abuse TF 2009

- **Formal Establishment of OxyContin Task Force of San Diego**
- **Regional Law Enforcement Rx Drug Seminar**
- **Regional Pharmacy RX Drug Abuse Awareness Conference**
- **Development of POST Certified Law Enforcement Training Course on Rx Drug Trends and Investigations**
- **San Diego County Rx Take Back Day**
- **Major Media Conference on Creation of Oxy Task Force**
- **Public Service Announcements**
- **Facebook Page**



OXYCONTIN ABUSE AND TRENDS

DATE:
Thursday, May 21, 2009
0800 - 1700 Hours

LOCATION:
Martin Luther King Center
140 E 12th Street
National City, CA

Oxycontin has become the current drug of choice among San Diego County teenagers and young adults, age 14 to 25. Currently, there are investigations by local, state and federal law enforcement targeting organizations from the dealer to the users, which are being coordinated and prosecuted by the San Diego County DA's Office.

INSTRUCTORS:

DEA: Learn about smoking Oxy from chemists who reproduced the smoking process.

Learn about the legitimate prescribed uses for Oxycontin and the effects of its abuse from a local San Diego physician.

San Diego Sheriff's: Learn about current street trends, prices, distribution, methods of use, investigative techniques, and more from San Diego SO investigators.

OXYCONTIN - RESERVATIONS:

Email to: cnoa4reservations@gmail.com ****NEW****

Mail to: CNOA Region IV - P.O. Box 370024 San Diego, CA 92137

First Name: _____ Last Name: _____

Agency: _____ Phone: _____

Cost: FREE FOR ALL

Go to www.cnoa4.org for more CNOA Region 4 training information.

"FOR BETTER NARCOTIC ENFORCEMENT"

Training

Training; as to the problem, what to look for, and current trends



Doctors and Pharmacies – Their responsibility in prescribing/dispensing, trends/red flags on recognizing abusers, securing script pads and drugs.



U. S. Department of Justice
Drug Enforcement Administration
San Diego Field Division
4560 Viewridge Avenue
San Diego, CA 92123
(858) 616-4100

www.dea.gov

Dear Registrant:

FEB 6 2009

NOTICE

The Drug Enforcement Administration (DEA), San Diego Field Division and numerous state/local law enforcement authorities throughout San Diego County have noted an alarming trend involving the illicit use of Oxycontin. We are asking all pharmacies engaged in the sale and dispensing Oxycontin to be aware of the illicit use of Oxycontin.

This notice is being provided to:

1. Make you aware that Oxycontin is being used in a manner not intended to be consumed by the manufacturer. Oxycontin is being smoked and the fumes are being inhaled by young adults.
2. Encourage all pharmacies engaged in the sale or dispensing of Oxycontin to know their customer and prescribing physician before they unwittingly become a supplier in the illicit use of Oxycontin.
3. Notify you that counterfeit Schedule II controlled substance prescriptions are being produced and passed to San Diego area pharmacies.
4. Remind you of Title 21, Code of Federal Regulations, Section 1306.04 (a) which states, 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, and
5. Report all suspicious activity to your closest law enforcement agency.

The DEA and other law enforcement authorities are asking for your assistance and cooperation in this matter.

Sincerely,

Ralph W. Partridge
Special Agent in Charge





Prescription Drug Take Back Day

Toll Free Hotline: (877) 662-6384 Facebook.com search "Oxy Task Force"

**Saturday, October 24th
9am—1pm**

**Drop off your unused
prescription medications**

MEET PREVENTION & TREATMENT PROVIDERS

GAIN VALUABLE INSIGHT THAT CAN
HELP YOUR FAMILY AND COMMUNITY



5 COUNTY-WIDE LOCATIONS:

County Administration Complex
1600 Pacific Hwy, San Diego 92101

County Courthouses

- North County — 325 S. Melrose, Vista 92083
- East County — 250 E. Main Street, El Cajon 92020
- South Bay — 500 3rd Ave, Chula Vista 91910

Del Mar Fairgrounds (Solana Beach Gate)
On Via De La Valle (between Jimmy Durante Blvd and Coast Hwy)

Help reduce youth access to drugs



Prescription Drug Take Back Day



Toll Free Hotline: (877) 662-6384 Facebook.com search "Oxy Task Force"

**Saturday, April 17, 2010
9am—1pm**

MEET PREVENTION &
TREATMENT PROVIDERS

GAIN VALUABLE INSIGHT
THAT CAN HELP YOUR
FAMILY AND COMMUNITY

**Drop Off
Your Unused
Prescription Drugs
No Questions Asked**

6 COUNTY-WIDE LOCATIONS:

SAN DIEGO

County Administration Center, 1600 Pacific Hwy, San Diego

NORTH COUNTY

- Oceanside—Tri-City Medical Center, 4002 W. Vista Way
- Poway—Poway Sheriff's Station, 13100 Bowron Road
- Encinitas—Scripps Memorial Hospital Encinitas, 354 Santa Fe Drive

EAST COUNTY

El Cajon—El Cajon Courthouse, 250 E. Main Street

SOUTH COUNTY

Chula Vista- South Bay Courthouse, 500 Third Avenue

Help reduce youth access to drugs

Prevention

- RX Drug Turn in Days
- Develop a Brochure about OxyContin
- Establishment of an Abuse Hotline number
- Media Exposure to educate Public
- Encourage and support community prescription drug-specific treatment programs

**PRESCRIPTION
ABUSE HOTLINE
1-877-662-6384**



Facts & Information
OxyContin Abuse

OxyContin® 20 mg
(oxycodone hydrochloride controlled-release) tablets
Rx Only
100 Tablets

Drug Enforcement Administration
San Diego Field Division
HOTLINE ABUSE 1-877-662-6384

DEA-09011



Suggest to friends

Subscribe via SMS

The Rx Task Force is a multi-agency group created to fight prescription drug abuse in San Diego County. Goal: Reduce access & increase awareness through policy, education, health and enforcement.

MEDIA: Erica Holloway (619) 531-553

Information

Location: San Diego, CA

Phone: (877) 662-6384

235 people like this

Oxy Task Force

- Wall
- Info
- Photos
- Discussions
- Boxes
- Notes
- >>

Write something...

Share

Oxy Task Force + others **Just Oxy Task Force** Just others



Oxy Task Force #SDUT: Rx Drug Summit Addresses Rise in Overdose Deaths



Prescription drug summit addresses rise in overdose deaths - SignOnSanDiego.com

www.signonsandiego.com

San Diego County held a summit Friday to address the rising number of overdose deaths. In the county, prescription drug deaths rose by 60 percent from 2005 to 2009, according to data from the Medical Examiner's Office.

📅 17 August at 12:10 · Comment · Like · Share · Flag

👍 2 people like this.



Ali Little Will we see you at the International Symposium on Safe Medicine in Portland, Maine in October?

17 August at 17:55 · Like · Flag



Lorraine Chamberlain Snow People need to read this article on sign on san diego. Its scary. In addition, even when you notify the emergency rooms, etc...of someone who overdosed and survived they still don't do nothing. Shame on the hospitals not taking the time to...

See more

21 August at 10:09 · Like · Flag

Write a comment...



Oxy Task Force President Obama Appointee David Mineta Deputy

Rx Drug Abuse TF

2010

- **Rx Drug Abuse Summit**
- **San Diego Rx Take Back Day**
- **National Rx Take Back Day**
- **Law Enforcement Rx Drug Trends & Investigations Training**
- **Two Hour Prime Time (commercial free) Special on Prescription Drug Abuse**
- **Adoption of County of San Diego Prescription Drug Abuse Plan**
- **Installation of Rx Drug Collection Boxes**
- **Include in the HIDTA Prevention Initiative**

Prescription Drug Abuse Epidemic Training



- Pharmaceuticals 101 – Use and Abuse
- Diversion Investigative Techniques
- Health Care Fraud
- Local, State and Federal Judicial Issues
- Patient Physicians Relationships 101
- Case Investigative Practical Exercises
- Current State/Local Case Experiences
- And more...

March 31- April 1, 2010
San Diego Hilton Bayfront
San Diego, CA

Please register at www.cbahidta.org. Questions?
Contact NMPI Administrative Officer



County of San Diego Prescription Drug Abuse Plan

December 7, 2010

Most Recent

NEWS HOME WATCHDOG

Prescription drug summit addresses rise in overdose deaths

BY KRISTINA DAVIS

FRIDAY, AUGUST 13, 2010 AT 8:13 P.M.

The effects of

Authorities c
problem's gro

"Prescription
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enforcement, e

David Mineta of

Prescription drug
according to the



Save the Date!
A Community Problem: A Community Solution
Prescription Drug Abuse Prevention Summit
 San Diego, CA
August 13, 2010
 Registration/Check-in: 8:00 a.m. to 8:30 a.m.
 Program: 8:30 a.m. – 3:30 p.m.

Event Overview:
 The Prevention Summit will provide an overview of the Prescription Drug Abuse problem throughout San Diego, including specific information related to the issue within the college campus system, the aging community, adolescents, and law enforcement.

Participants will spend the afternoon developing regional plans to address the issues through a multi-disciplinary approach incorporating the expertise from various sectors, including parents, educators, prevention specialists, youth community organizations, and the faith community among others.

Keynote Speaker
David Mineta
 Deputy Director of Demand Reduction
 White House Office of
 National Drug Control Policy

Who Should Attend:
 Representatives from youth organizations, parent-teacher associations, schools, faith organizations, healthcare agencies, community treatment and prevention entities.

CEU Credits Available:
 Yes. 2 CE units for Nurses through BRN, MFTs/LCSWs through BBS, and Substance Abuse Counselors through CAADAC.

Cost: \$20.00. Includes boxed lunch. (No refunds available.)

Deadline to Register:
August 6, 2010
 (Event limited to 250 participants!)

To register, or for more information, call 800.625.2880 or visit [www.hhsa.org](#) and click on "Classes & Events" and "Prescription Drug Abuse Prevention Summit."





OXY: What Your Kids Aren't Telling You!
Tuesday, November 16th
8 pm – 10 pm

Oxycontin is a powerful prescription pain medication that you may have in your medicine cabinet.

Kids are getting their hands on this drug and it is starting them on the road to deadlier drugs like heroin. Some children are experimenting with "Oxy" as young as 12 years of age; the addiction takes control of them quickly and follows them into adulthood. Many never shake it. Others die trying.

Parents have no idea their kids are hooked until it's too late!

"This stuff is out in the open. Kids find it in your medicine cabinet, your travel bag, etc... They crush it up, snort it and/or smoke it.

They believe it is okay because it was a prescription mom and dad were taking. WRONG!

When I found out about this problem, I decided that KUSI NEWS would lead an effort to create a public awareness campaign about this deadly epidemic that is growing in our community."

...Mike McInnon
President & General Manager, KUSI NEWS

Don't miss this one-time only, must-see television event with a direct impact on you and your family's health and safety.

Please gather your family close and commit to watching "OXY: What Your Kids Aren't Telling You" on KUSI, Tuesday, November 16th, from 8 to 10pm.

Oxycontin Slang:

**OXY - OC - OXYCOTTON - OXY OP - O - 30'S - 40'S - 80'S - BIG BOYS
BIG WHEELS - HILLBILLY HEROIN - BEANS - ORANGE CRAYONS**

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4775 La Jolla Village Drive, San Diego, CA 92122 | 619-594-5300 | Fax: 619-594-5301 | KUSI-TV.com

TV-14 (L)

**Media's
role is
Critical!**



Rx Drug Collection Boxes



23



4



1



1



Rx Drug Abuse TF

2011

- **Operation Trail Mix**
 - San Diego County Probation, SD Sheriff's, SDPD, CA Dept. Of Health Care Services, and DEA- 24 arrests & Seizure of cocaine, heroin, marijuana, hydrocodone and Xanax
- **Two National Rx Take Back Day**
- **Expansion of RX drug Collection boxes**
- **Facilitator position added**
- **Regional Law Enforcement Rx Drug Seminar**
- **Expansion of PDATF Executive Cmte.**
 - Creation of Data Sub Committee
- **Parent/Student Education**
 - Partnership with Parent/DA's Office/Law Enforcement

Rx Drug Abuse TF

2012

- **Establishment of the HIDTA San Diego Prescription Drug Initiative (DEA & CA DOJ Units)**
- **Two National Rx Take Back Day**
- **Release of Rx Drug Abuse TF Annual Rx Report Card**
- **Co-sponsored the *Rx, Meth & Emerging Drugs Conference***
- **Establishment of San Diego County Medical Society Medical Task Force**

Rx Report Card 2007-2011

Save the Date!

Rx, METH & EMERGING DRUGS

WHAT'S GOING ON? WHAT TO DO?



No Cost, Free Conference

August 30, 2012

Geared for Law Enforcement,
Prevention, Treatment, Education and
Health Partners

Look at www.no2meth.org for
registration and details coming soon



Content Highlights

ONDCP Plenary Speaker on Drug Trends & Effective Strategies
Breakout Sessions: School/Community Partnerships On and Beyond
Campus / Rx Addiction and Treatment / Safe Communities: Crime
Prevention / First Responders / Engaging Youth as Partners

Conference Funding Supported by
DEA, HIDTA or CBAG logos +



Conference Organized by



County of San Diego
METHAMPHETAMINE STRIKE FORCE



Tri-City Medical Center

4002 Vista Way Oceanside, CA 92056

CME CONFERENCE

TOPIC: Prescription Fraud & Abuse Trends

SPEAKER: Thomas Lenox, DEA

OBJECTIVES:

At the conclusion of this educational activity, participants will be able to:

1. Outline the role of DEA and its responsibilities with relation to the medical community.
2. Analyze the California Controlled Substance Utilization Review and Evaluation System, C.U.R.E.S., its functions, and how it can be used to identify fraud and abuse of a practitioner's DEA registration.
3. Examine and discuss the trends with prescription fraud and how it impacts those who prescribe controlled substances.
4. Identify methods to protect against prescription fraud and stolen prescriptions.

REVIEW: "This CME Presentation was EXCELLENT!"

Cary Nellis, M.D.

TCCM Emergency Department Chair,
July 2012 Emergency Dept. Grand Rounds

SEATING SPACE IS LIMITED

DATE: Tuesday, October 16, 2012

TIME: 5 p.m.— 6 p.m.

LOCATION: Assembly Room 1

RSVP (760) 940-7156

CME Coordinator: Shirlene Taylor

Tri-City Medical Center is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. Tri-City Medical Center takes responsibility for the content, quality and scientific integrity of this CME activity.

Tri-City Medical Center designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This credit may also be applied to the CME Certification in Continuing Medical Education.



The presentational method for these conferences will be didactic with Q&A period (unless otherwise noted) and will be evaluated by each participant at the conclusion of the activity. The activity content will be of interest to all Physicians.
Nurses and other healthcare professionals are welcome.



San Diego Emergency Departments

- Emergency Medicine Oversight Commission, EMOC

■ NARCOTIC TREATMENT GUIDELINES

- 1. Patients who have established chronic pain conditions and have a medical home should not receive narcotic prescriptions from the emergency department and are encouraged to obtain any new prescriptions or refills by their physician or clinic.
-
- 2. Patient who received a recent prescription for narcotics as determined by the hospital's medical records, health plan records, or by CURES database should not receive repeat narcotic prescription from the emergency department for the same medical condition. Repeat prescriptions should be obtained by their medical follow up physician or clinic.

- Indicators for Abuse and Fraud
- What to do for patients with frequent ED visits
- Reporting suspect abuse
- Accessing CURES

Rx Drug Abuse TF 2013

- **Medical Task Force**
 - Adoption of Patient Pain Agreement
 - Adoption of County-wide Pain Prescribing Guidelines
 - Creation of a *Safe Pain Prescribing in EDs* brochure
- **CA PDMP - CURES Sign-up**
Pharmacists 130, Practitioners 326, LEAs 9 = 465
- **6th National Rx Take Back Day**
Second Take Back day October 26
- **County Board of Supervisor**
 - **Support of SB 809**
(Funding for the PDMP)

SAFE PAIN MEDICINE PRESCRIBING IN EMERGENCY DEPARTMENTS

We care about you. We are committed to treating you safely and in the right way.

Pain relief treatment can be complicated. Mistakes or abuse of pain medicine can cause serious health problems and death.

Our emergency department will only provide pain relief options that are safe and correct.

For your SAFETY, we follow these rules when helping you with your pain.

1. We look for and treat emergencies. We use our best judgment when treating pain. These recommendations follow legal and ethical advice.
2. You should have only ONE provider and ONE pharmacy helping you with pain. We do not usually prescribe pain medication if you already receive pain medicine from another health care provider.
3. If pain prescriptions are needed for pain, we can only give you a small amount.
4. We do not refill stolen prescriptions. We do not refill lost prescriptions. If your prescription is stolen, please contact the police.
5. We do not prescribe long acting pain medicines: OxyContin, MSContin, Dilaudid, Fentanyl (Duragesic), Methadone, Opana ER, Exalgo, and others.
6. We do not provide missing doses of Subutex, Suboxone, or Methadone.
7. We do not usually give shots for flare-ups of chronic pain. Medicines taken by mouth may be offered instead.
8. Health care laws, including HIPAA, allow us to ask for your medical records. These laws allow us to share information with other health providers who are treating you.
9. We may ask you to show a photo ID when you receive a prescription for pain medicines.
10. We use the California Prescription Drug Monitoring Program called CURES. This statewide computer system tracks narcotic and other controlled substance prescriptions.



If you need help with substance abuse or addiction, please call
1-888-724-7240
for confidential referral and treatment.

All the emergency departments in San Diego & Imperial Counties have agreed to participate in this important program.

COUNTY OF SAN DIEGO
HHSa
HEALTH AND HUMAN SERVICES AGENCY

**LIVE WELL
SAN DIEGO**



**HOSPITAL ASSOCIATION
of San Diego and Imperial Counties**

San Diego County Medical Society
Promoting Quality and a Healthy Community

Rx Report Card 2008-2012

Rx Drug Abuse TF

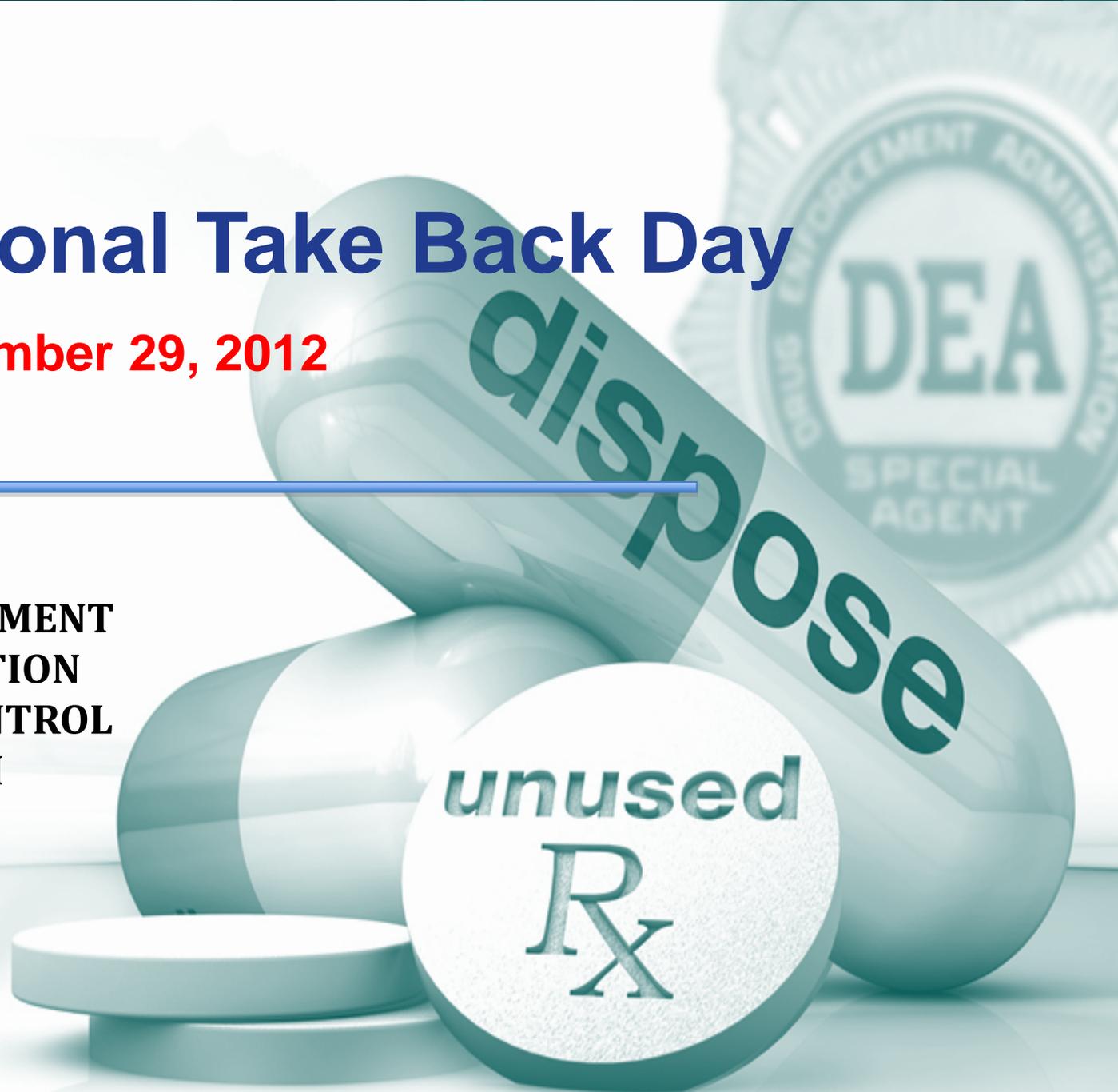
Today

- Prescription Drug problem is recognized as a priority among the San Diego County Community
- Strategy, Mission & Goals formally established
- Current Executive Committee members
 - District Attorney's Office
 - Sheriff's Department
 - County Board of Supervisors
 - San Diego County HHS
 - DEA
 - SD County ME's Office
 - Scripps Physician
 - Parent Advocate
- Formalized Quarterly Executive & General meetings

National Take Back Day

September 29, 2012

**DRUG ENFORCEMENT
ADMINISTRATION
DIVERSION CONTROL
PROGRAM**



MEDIA

- Web sites – Facebook, Links from DA, Sheriff's, County and DEA websites.
- Print and Television Warnings & Public Service Announcements
- Involvement of Local Media as Enforcement Operations conclude
- Coordinate stories with PDATF member agencies

DEL MAR TIMES

New task force targets addiction to painkillers

Thursday, October 22, 2009

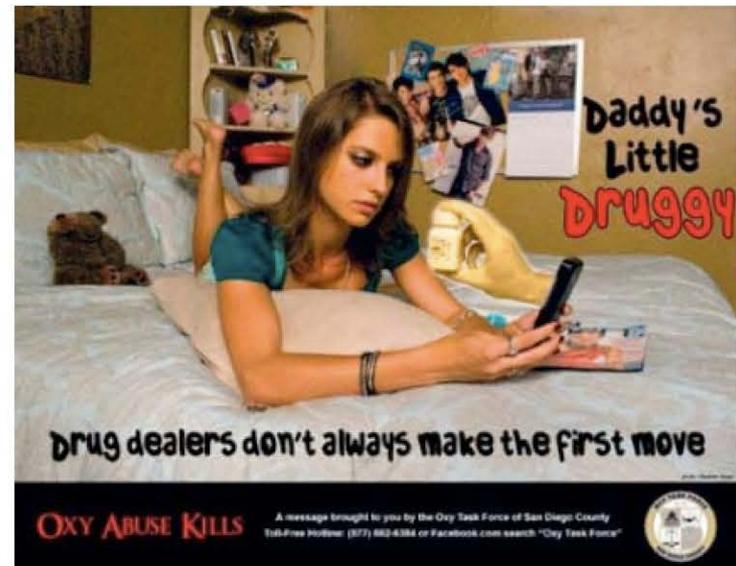
By **NICOLE LOZARE**

City News Service

A newly formed multi-agency task force will fight the growing problem of painkiller addiction - specifically Oxycontin - among children and teens across San Diego, officials announced Monday.

"We're seeing users as young as 12," District Attorney Bonnie Dumanis said. "The main goal of this task force is to stop this runaway train."

Dumanis, who called the growing problem an "epidemic," said the district attorney's office prosecuted 34 Oxycontin-related cases in 2007.



A poster relays the message of the Oxy Task Force.

Since last November, there have been nearly 200 Oxycontin related arrests in the region.

DEA, parents urge residents to turn in old prescriptions

Prescription Drug Take Back Day is Saturday, with locations throughout the county

BY KRISTINA DAVIS

TUESDAY, SEPTEMBER 21, 2010 AT 6:47 P.M.

Every second counted for Aaron Rubin as he lay on the floor, the potent mix of prescription drugs shutting down his body and starving his brain of oxygen.

Rather than call 911, his friends threw ice on him, pounded on his chest and called the Tijuana pharmacy that sold them the drugs. Forty-five minutes later, they drove the 210-pound one-time high school football player to a hospital emergency room.

"You are going to lose your son today," his mother, Sherrie, was told the next morning.

Five years later, Aaron is still alive but as a 28-year-old paraplegic in a wheelchair who can only communicate using his fingers — one for "yes," two for "no."

"This prescription drug epidemic is real," Sherrie Rubin said Tuesday.

The Escondido mother and son now devote their lives to preventing the same from happening to San Diego County's youth. As members of the region's Prescription Drug Task Force, they give talks at schools and support efforts to keep prescription pills out of the wrong hands.

From 10 a.m. to 2 p.m. Saturday, residents can purge their medicine cabinets of old and unused prescription drugs. The event is part of a nationwide Prescription Drug Take Back Day, with 3,400 drop-off sites, including 21 in San Diego County and three for the military on Camp Pendleton.

People concerned about privacy can rip off or black-out prescription labels before handing bottles over, or they can dump out the pills and keep the bottles.

"We are not going to be looking at that information," assured Ralph Partridge, the U.S. Drug Enforcement Administration's special agent-in-charge for San Diego. "We're not going to challenge anyone. No questions asked."

The DEA will destroy the drugs, which is safer for the environment than flushing them down the toilet or throwing them in the trash.

"About 2,500 kids a day try a prescription drug for the first time, that's how prevalent this is," Partridge said. "Most think because it's a prescription drug, it's safe. That's the mind-set that we have to get across, that it's not OK."

The majority of young users claim they can easily obtain the drugs from friends or family, underscoring the dangers of keeping fully-stocked medicine cabinets.

Jodi Frantz, a Del Mar attorney who lost her 20-year-old son to a drug overdose in May, said prescription drug education needs to be happening at younger ages. Her son Patrick started with *OxyContin* and other substances before moving to heroin — a cheaper but similar high.

"We need to let them know that one time can be all it takes to change your life forever," Frantz said.

kristina.davis@uniontrib.com • (619) 542-4591 • Twitter @kristinadavis



DAVID BROOKS

Sherrie Rubin talks to her son Aaron, 28, who had an overdose after abusing prescription drugs. Aaron suffered brain damage and now requires a wheelchair and the help of a caregiver for his day to day needs. Sherrie Rubin is committed to warning others of the dangers of prescription drug abuse and uses her personal experience to make the point.

Prescription drug drop-off locations

SOUTH COUNTY

Chula Vista: Scripps Mercy Hospital, 435 H St.

Imperial Beach: Sheriff's Station, 845 Imperial Beach Blvd.

National City: Police Department, 1200 National City Blvd.

Coronado: Police Department, 700 Orange Ave.

EAST COUNTY

Santee: Walgreen's, 10512 Mission Gorge Road

Alpine: Albertsons, 2955 Alpine Blvd.

El Cajon: [Kaiser Permanente](#), 250 [Travelodge](#) Drive; Sycuan Tribal Police Station, 5459 Sycuan Road

NORTH COUNTY

Encinitas: Scripps Memorial Hospital, 354 Santa Fe Drive

Carlsbad: Scripps Coastal Medical Center, 2176 Salk Ave.

Fallbrook: Sheriff's Station, 388 E. Alvarado St.

Oceanside: Tri-City Medical Center, 4002 Vista Way

Escondido: Police Department, 1163 N. Centre City Parkway.

Ramona High School: 1401 Hanson Lane

Poway: Sheriff's Station, 13100 Bowron Road

Valley Center: Sheriff's Station, 28201 N. Lake Wohlford Road

SAN DIEGO

Scripps Green Hospital: 10666 N. Torrey Pines Road

UCSD: Genesee Avenue and Campus Point Drive, Lot 705

Police Departments: 9225 Aero Drive; 7222 Skyline Drive; 12592 El Camino Real

Other resources

- For more information about drop-off locations, go to dea.gov or call the San Diego DEA office at (858) 616-4100.

- To learn more about prescription drug abuse, go to getsmartaboutdrugs.com for parents and justthinktwice.com for youth.

Collective Effort Can Make a Difference Since 2008

■ 60+ Agencies

- Multiple Disciplines of Medical, Prevention, Education, Drug Treatment and Law Enforcement

■ Individual Contributions plus Task Force roles of:

- Data Collection
- Media Advocacy
- Organizing
- Policy Development

PDATF SURVEY

- Survey provides snapshot of the scale/scope of PDATF members' agencies activities from January-June, 2013
- Survey completed online between 09/30 – 10/25
- N=30

Primary Sectors Represented

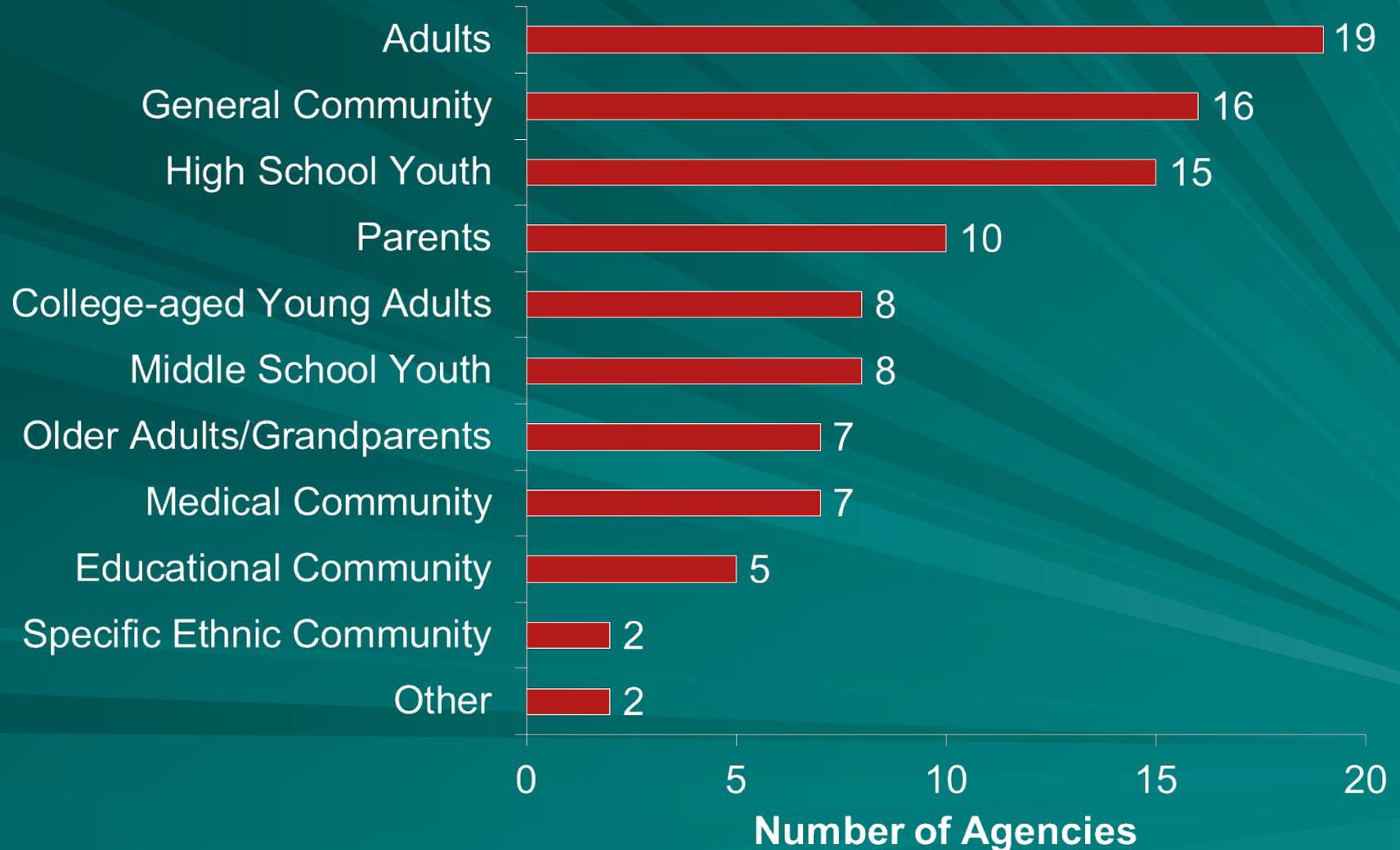
Key Findings

*Knowledge,
Education, and/or
Outreach*

Where Agencies Conducted their Rx-related Activities by Region



Primary Audiences of Agencies Rx-related Activities



Primary Audiences of Agencies Rx- related Activities

Agency Rx-Related Presentations from January to June 2013

- Nearly 70% of agencies conducted Rx-related presentations.
- In all, 78 presentations were conducted (1 agency, alone, conducted 24).
- Across all other agencies, the number of presentations ranged between 1 and 13, with an average of 4.
- Attendance ranged from 13 to 200, with an overall average of about 50 per presentation.
- The majority of presentations focused on general overview of Rx misuse and abuse problems, and negative consequences.
- About half focused on safe disposal and secure storage of Rx meds.

Thank You!



CONTACT INFORMATION

QUESTIONS?

GS Tom Lenox

thomas.p.lenox@usdoj.gov

(858) 616-4365



HOPE2GETHER
— FOUNDATION —

California State Pharmacy Board
December 4th, 2013

HOPE2GETHER FOUNDATION HISTORY

I became a parent advocate in 2005 when my son Aaron overdosed on OxyContin. He was in a coma for 3 1/2 weeks, but survived. Today Aaron is a quadriplegic and is a partner in our work to educate youth and families about the dangers of prescription drug abuse.

We began giving presentations in 2008. In 2009, I was a founding member of the San Diego County Prescription Drug Abuse Task Force, a collaboration of health, enforcement, education and other agencies. To date Aaron and I have given 335+ presentations in Southern California and across the country.

HOPE2GETHER FOUNDATION HISTORY

We have appeared in a multitude of television, “Celebrity Rehab” on VH1 and “Teen Trouble” on the Lifetime Network and the KUSI 2 hour prime time special “Oxy,” “What your kids aren’t telling you” to name a few, as well as radio and print stories at local and national levels. In addition, our family has been featured in several documentaries for The Partnership for Drug Free, and in the Los Angeles Times series called “Dying for Relief”, “Behind The Orange Curtain”, “Overtaken” and a Canadian documentary by Tricord Media about the prescription drug epidemic scheduled for release in 2014.



HOPE2GETHER FOUNDATION HISTORY

In 2010 I founded The HOPE2GETHER FOUNDATION, a non-profit organization whose mission is to prevent misuse and addiction to prescription and other drugs among San Diego County youth and young adults.

We have received recognition from:

- **“ Civilian Commendation ”**
The San Diego Sheriff’s Department
- **“ County Proclamation ”**
San Diego County Board of Supervisors
- **“ Outstanding Prevention Program Award ”**
State of California Senate
- **“ Prevention Program Award ”**
State of California Legislature Assembly,
- **“ Honorary Service Award ”**
California State PTA
- **“ Outstanding Prevention Program Award ”**
The San Diego County Drug Free Communities Coalitions



HOPE2GETHER FOUNDATION

- A Short Video of What We Do -

QuickTime™ and a
h264 decompressor
are needed to see this picture.

Mission Statement

The mission of the Hope2gether Foundation is to prevent misuse and addiction to prescription and other drugs among San Diego County youth and young adults. The mission of The Hope2gether Foundation is to prevent misuse and addiction to prescription and other drugs among San Diego County youth and young adults.

* The primary target area of the HOPE2GETHER FOUNDATION is San Diego County, however the foundation travels through out California and the United States in collaborative efforts for advocacy and education regarding the real consequences of abusing prescription medication, drugs and alcohol.

HOPE2GETHER FOUNDATION GOALS

The Goals of the HOPE2GETHER FOUNDATION are as follows:

- **Increase knowledge of the true consequences of prescription and other drug misuse among youth parents and the broader community.**
- **Increase access to resources and referrals for support for individuals, parents and families.**
- **Increase knowledge of available resources and how to use them.**
- **Collaborate and support partner efforts to reduce access to prescription medications for use other than prescribed.**
- **Reduce the stigma and shame associated with the disease of addiction.**
- **Increase both, parent and peer communication on the consequences of prescription medication, drug and alcohol abuse.**



ADVOCACY PROJECTS

THE HOPE2GETHER FOUNDATION WAS A SPONSOR,
COMMITTEE MEMBER AND SPEAKER FOR
THE FED RALLY IN WASHINGTON D.C.



U.S. Congressman Hal Rodgers of Kentucky
U.S. Senator Charles Schumer of New York
U.S. Senator Joe Manchin of West Virginia
U.S. Senator Nick Rahal of Kentucky
U.S. Congressmen Brain Higgins of New York
U.S. Congressmen Michael Grimm of New York
Sherrie Rubin Founder and Director of The
Hope2gether Foundation

QuickTime™ and a
decompressor
are needed to see this picture.

OCTOBER 1ST 2013
Rally was organized in 12 weeks
22 Organizations sponsored the rally
700 attended the rally
some speakers included:



ADVOCACY PROJECTS

STATE CAPITOL OF CALIFORNIA
TESTIFYING AT THE SUNSET REVIEW IN SACRAMENTO
REGARDING THE MEDICAL BOARDS LACK OF ACTION TAKEN ON
DOCTORS OVER PRESCRIBING LEADING TO DEATHS.



URBAN OUTFITTERS
MEDIA AND SOCIAL MEDIA CAMPAIGN TO
URGE THEM TO STOP SELLING
PRESCRIPTION DRUG NOVELTY SHOT
GLASSES, AND OTHER ITEMS SOCIALLY
IRRESPONSIBLE.



PUBLIC SAFETY ISSUE - OVERDOSE DEATHS
PUBLIC TELEVISION MEDIA CAMPAIGN TO HELP PUSH THROUGH
THE CALIFORNIA STATE GOOD SAMARITAN LAW



NATIONAL PRESCRIPTION TAKE BACK DAY OCTOBER 26, 2013



*County Board of Supervisor
Dave Roberts - lends a hand at take back site*

September - November Print, Radio and Television Media

- September 16th, 6CW “Alarming Trend Shows Heroin Use Up In San Diego”
- October 10th, Pomerado News Group” Local Mom joins “FED UP” rally”
- October 11th, Radio Interview - Reality Check Missouri “Generation Rx”
- October 24th, Newport Beach - Corona Del Mar - Patch “Mans Overdose Story Sheds Light For High Schoolers”
- October 25th, Front Page, Newport Beach Daily Pilot “Students get a dose of reality”
- November 4th, 10NEWS, NBC, KPBS- 3 Television Interviews “Prescription Drug Abuse Report Card”

Media Awareness =



**HOPE2GETHER
FOUNDATION**

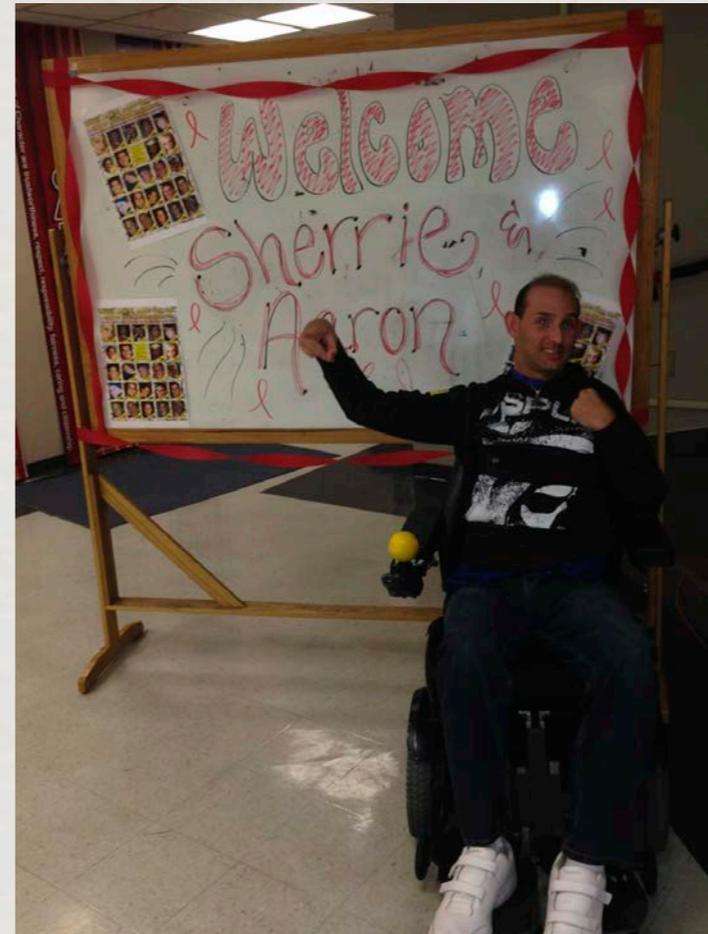
PRESCRIPTION MEDICATION AND DRUG EDUCATION PRESENTATIONS PRESENTATIONS



September & October - A total of **12** presentations = **5,535** students
3 presentations with the DEA, Agent Rockwell Herron)









HOPE2GETHER
— FOUNDATION —

WWW.HOPE2GETHER.ORG

SHERRIE RUBIN

858.205.7178

858.943.1697

Sherrierubin@hope2gether.org



Documentaries / Films

- Prescription Drug Documentary Tricord Media - Canada
- **October 1st, Tricord Media attended the FED UP RALLY - Sherrie Rubin and others interviewed (I suggested they interview - film our task force as well as Agent Lenox)**
- **October 22nd, Tricord Media visited our home, Michael, Aaron and Sherrie were interviewed -**
- **October 23rd, Tricord Media interviewed Agent Thomas Lenox**
- **The Film is scheduled for release mid 2014**





UCSD Generation RX

Nathan A. Painter, PharmD, CDE
Associate Clinical Professor
University of California, San Diego
Skaggs School of Pharmacy and Pharmaceutical Sciences

UC San Diego
SKAGGS SCHOOL OF PHARMACY
AND PHARMACEUTICAL SCIENCES

Generation Rx

- The Ohio State University School of Pharmacy
- American Pharmacist Association (APhA)
- Education program that increases public awareness of prescription medication abuse and encourage public to work actively to prevent abuse.
- UCSD Student Pharmacists & Resident Pharmacists
 - 25 student pharmacist and 15 pharmacy residents
- Presented to **high school, middle school, and UCSD undergraduate campus**

High School & Middle School

- Comprehensive training on the content & effective presentation methods
- A video that grabbed the students attention
- Small group discussion
- Skit presentation
- Q&A



What Did We Do Differently?

- USCD pharmacy residents
- Maximize effectiveness by presenting in many classroom simultaneously
 - Allowing for presentations to up to 360 students at once, but in small groups of ~25 student to 2 facilitators
- Revamped the curriculum to involve real-time voting in the classroom

Inclusion of Residents

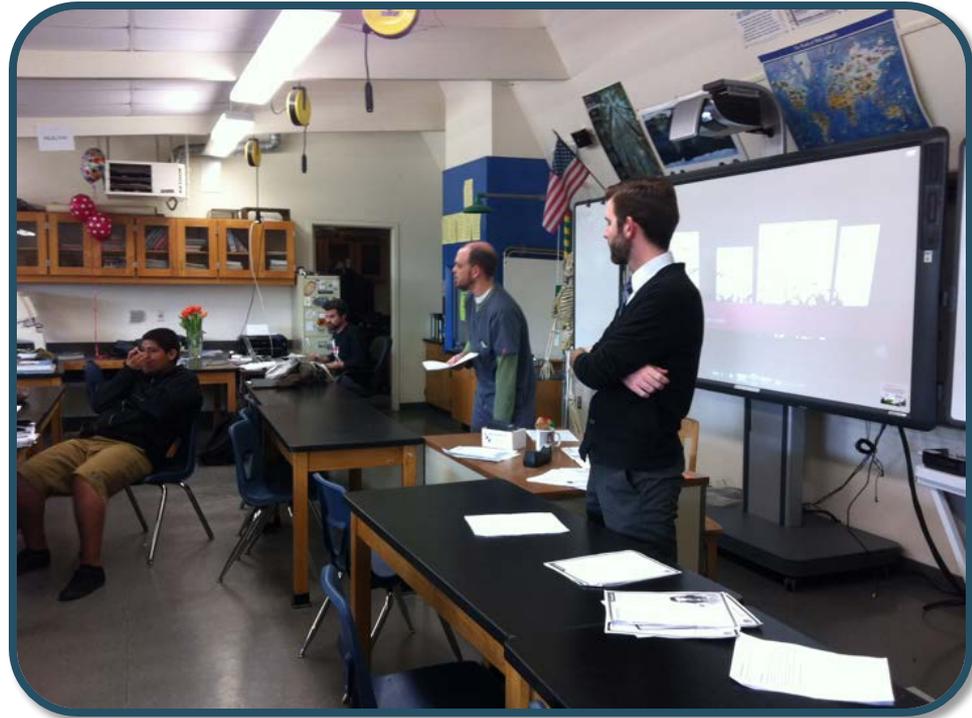


Interactive Presentation

- Small group discussion
 - Why might teens abuse prescription and OTC medications?
 - What types of prescription medications are most prone to abuse?
 - What are some possible health consequences?
 - Besides health concerns, what are some other consequences?

Interactive Presentation

- Scene 2
 - Different scene scenarios
 - Stimulant
 - Sedative
 - Opiate
- Share a personal story



Real-time Voting



Poll Everywhere

UC San Diego
SKAGGS SCHOOL OF PHARMACY
AND PHARMACEUTICAL SCIENCES

Community Impact

- Presented to more than 1000 students in 2012-2013
- Westop High School Conference
- Clairemont High School
- Mira Mesa High School
- Kearny High School
- San Dieguito Academy
- Olympian High School
- Memorial Prep Middle School

Other Impact and Recognition

- Spring Jam
 - Collaboration with San Diego County School District
- Legislative Day in Sacramento
- Presentation to members of the Apache tribe in Arizona
- Transfer students
- California Pharmacist Association Generation RX Champion
- APhA Region 8 Award of Excellence
- Q and A sessions on careers in pharmacy



New Partnerships

- UCSD APhA Chapter
- Paul Ambrose Scholars Program
- UCSD Student Health
- UCSD Student Legal



UCSD Rx Drug Task Force

- **UCSD undergraduate**
- Jeopardy based game
 - UCSD Student Health Advocates (SHA)
 - Student group on campus
 - Self-supporting
- New college student outreach video
- New project chair working to collaborate with the SHA on future events to maximize impact

2013-2014 UCSD Generation RX Team

Pharmaceutical Sciences



Questions?

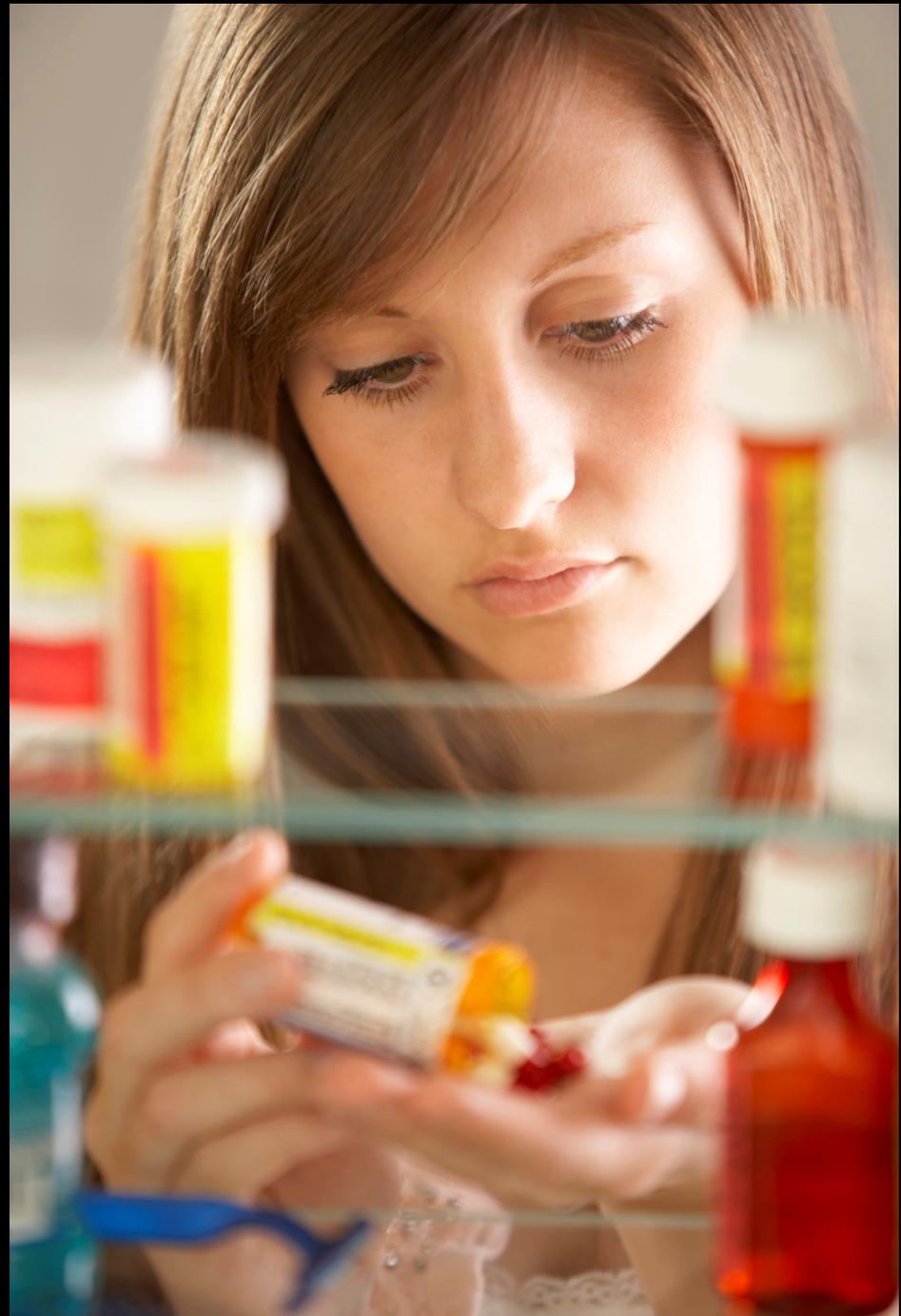
- Generation RX intro video
 - <http://www.youtube.com/watch?v=KRw5Q11lhLs>
- UCSD Undergrad video
 - <http://youtu.be/qQ75HE9u-pw>
- Special thanks to student pharmacists Greg Estep, Francis Wang, and Deborah Kim

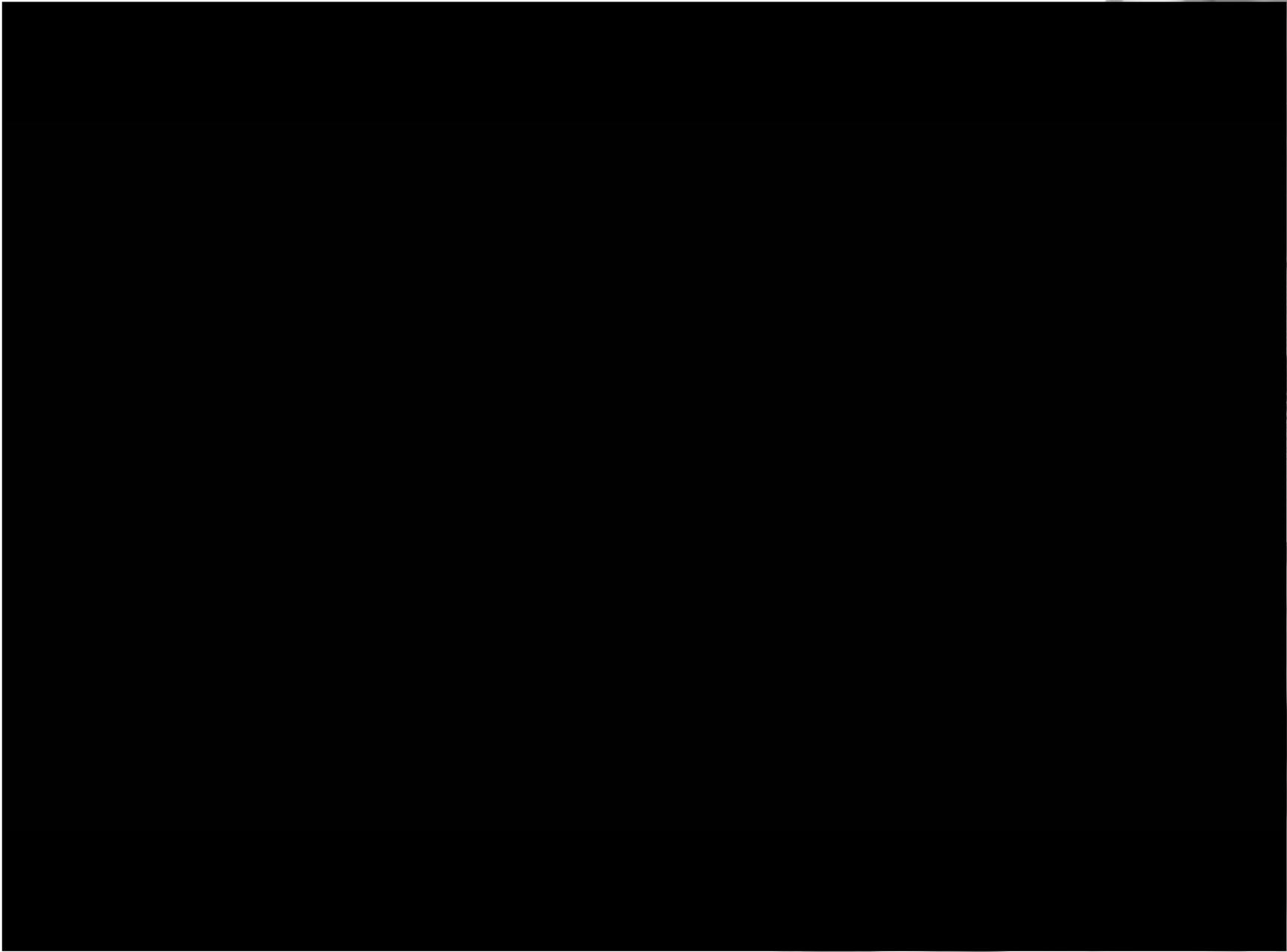
Orange County and the Rx and OTC Abuse Issue



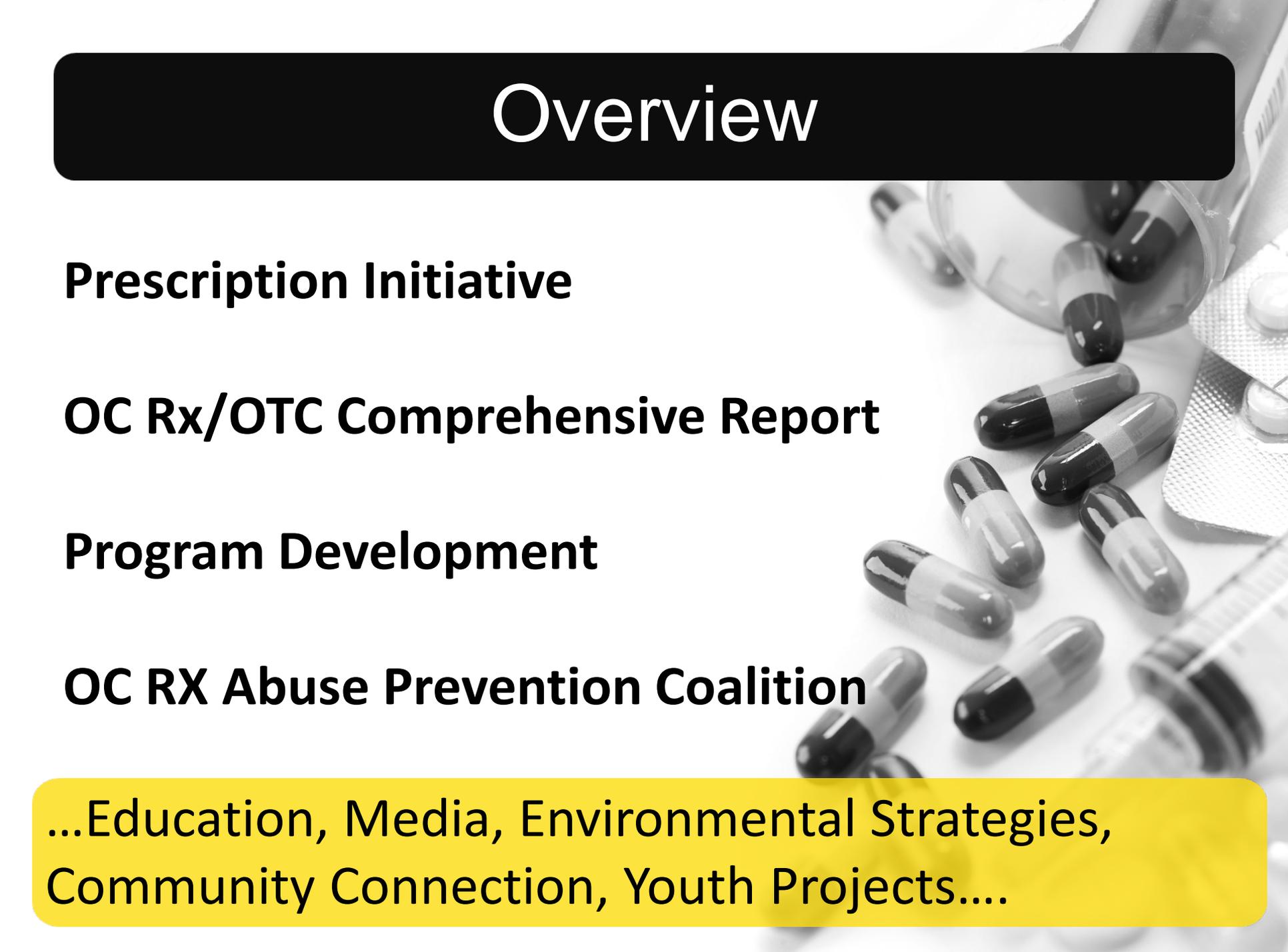
Orange County Prescription and Over the Counter Abuse Prevention Coalition

Alcohol & Drug Education & Prevention Team
Orange County Health Care Agency





Overview



Prescription Initiative

OC Rx/OTC Comprehensive Report

Program Development

OC RX Abuse Prevention Coalition

**...Education, Media, Environmental Strategies,
Community Connection, Youth Projects....**

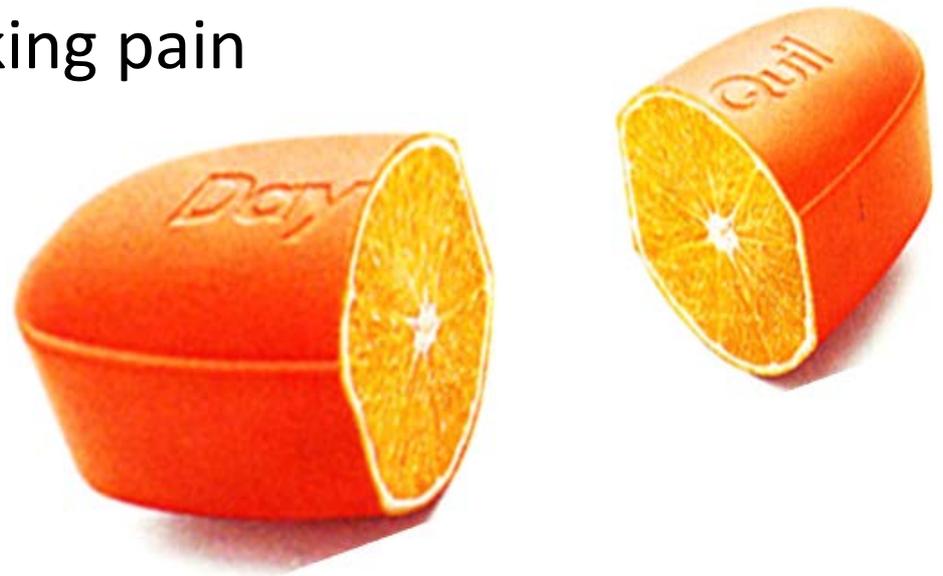
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 - 130 people who abuse or are dependent
 - 825 people who take Rx painkillers for nonmedical use
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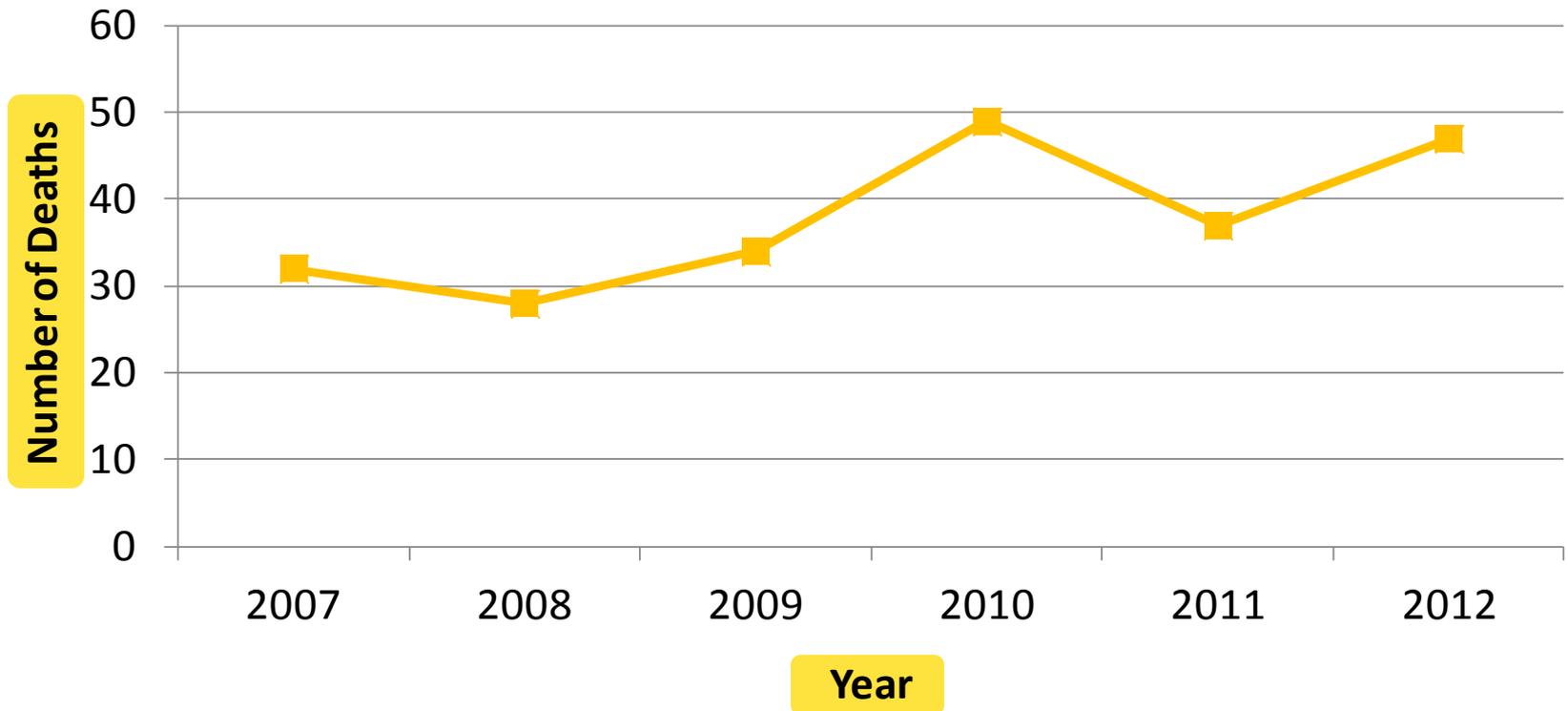
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- ✓ **Identified populations and cities at risk**
- ✓ **Experts from many fields**
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Prescription and Over-the-Counter Drug Abuse

Orange County Comprehensive Report



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- Agency connections: OCPPhA, OCMA, DEA, LEA, OCDE
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Orange County Prescription Abuse Prevention Coalition



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November 21, 2013
3:00 pm to 5:00 pm

MISSION: To reduce risk factor that contributes to prescription and over-the-counter drug abuse in Orange County through a multi-disciplinary collaboration.

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Fullerton, CA 92831

Information: Della Lisi Kerr
714-834-2192
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County of Orange Health Care Agency • Public Health Services • Health Promotion Division
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IV. Featured Speakers

*Mark D. Nomady and Erin Grove
Special Agents- Tactical Diversion Squad
Diversion Strategies in Orange County*



Monitor, Secure, Destroy

Education and Training

Risk FACTOR_x - adults, parent, school staff

Protective FACTOR_x - health professionals

Prescription 360- community

Capacity Building

National Take Back Events

OC Rx Coalition

Technical Assistance

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Rx Drug Abuse Prevention Tools

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1. Pour unwanted/expired medications out of their original containers into a zip baggie
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These steps are intended for Orange County, CA residents.

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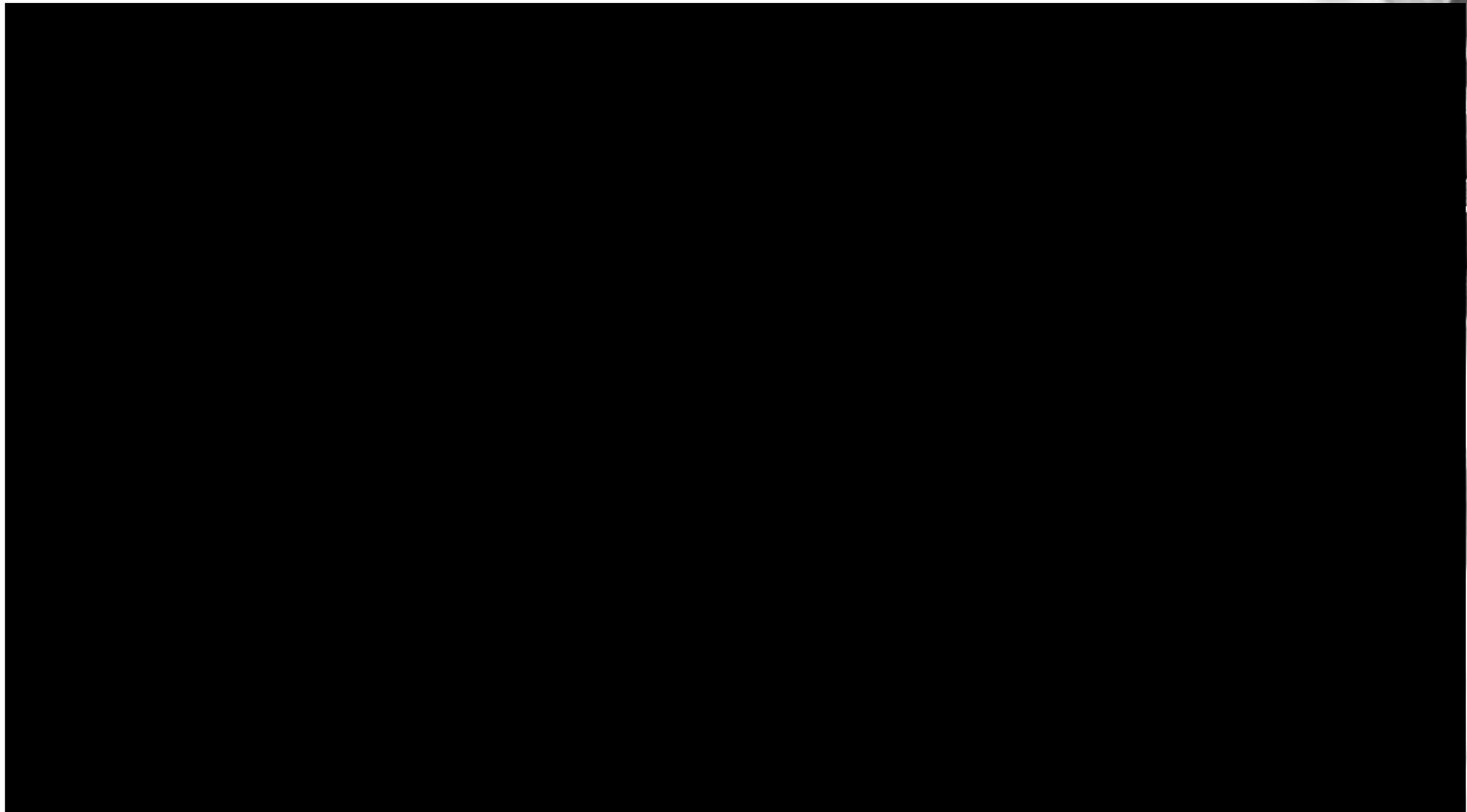
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DESTROY

- Remove unwanted meds from the home



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Targeted Population Education

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- Ingesting excessive amounts
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- “Sizzurp” / “Purple Drank” /
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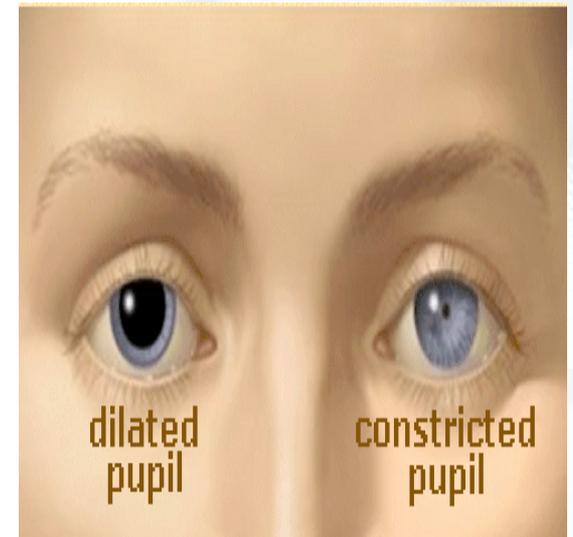
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- Constipation, agitation, grinds teeth

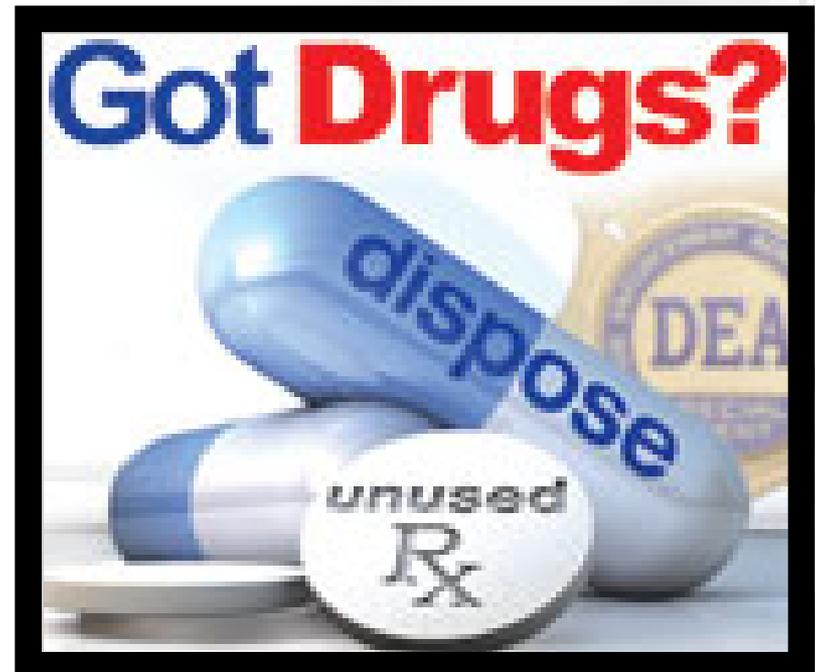
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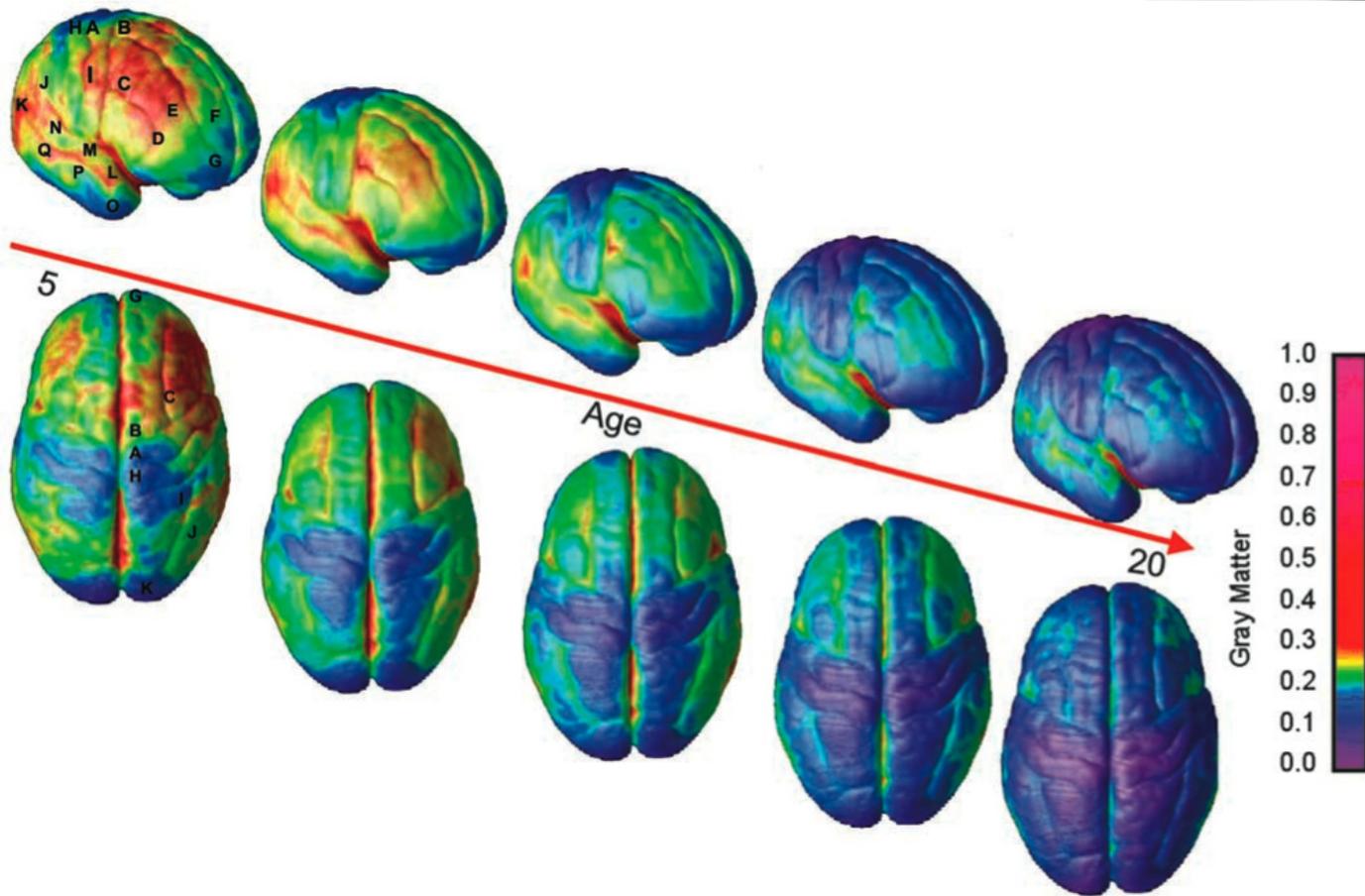


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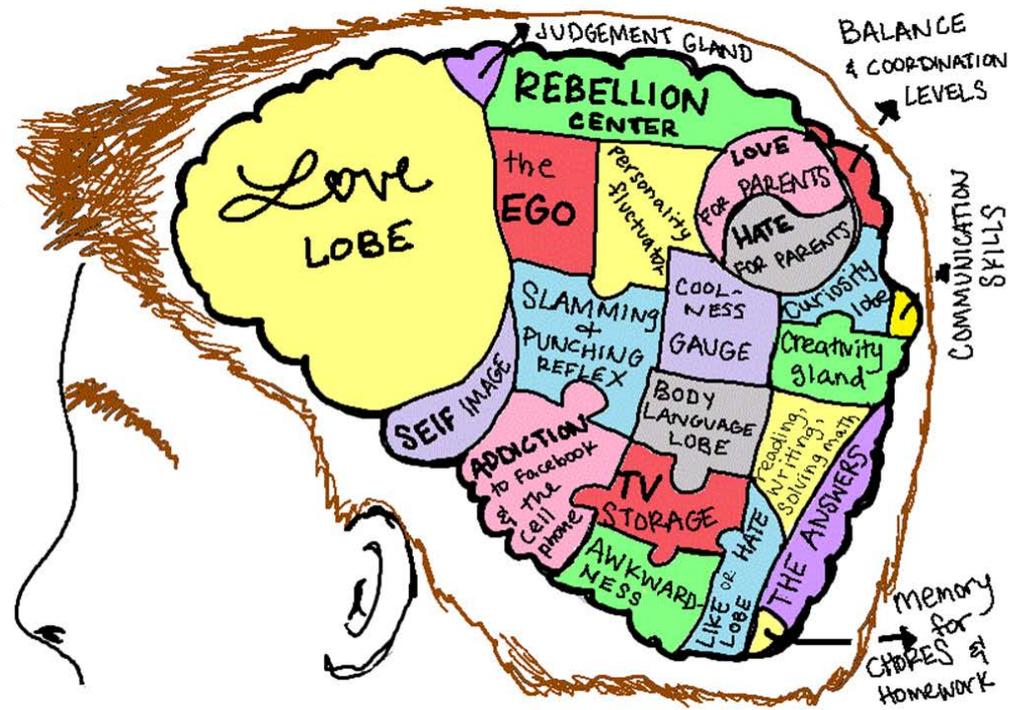


Parent Education



Parent Education

THE AVERAGE TEENAGE BRAIN



Health Professional Education

Rx/OTC Abuse Prevention for Health Professionals

July 25 and July 30, 2013
12:00 p.m. – 1:00 p.m.
Mission Hospital Conference Center

For: Mission Hospital Nurses
Mission Hospital Conference Center, Conference Room A

Location: This activity has been planned and implemented in accordance with the Essential Areas and policies of the Institute for Medical Quality/California Medical Association (IMG/CMA) through the joint sponsorship of the Orange County Health Care Agency, Orange County RX & OTC Coalition, and Community Service Programs (CSP) Inc. — Project PATH. The Orange County Health Care Agency is accredited by the Institute for Medical Quality/California Medical Association (IMG/CMA) to provide continuing medical education for physicians.

Accreditation Statement: The Orange County Health Care Agency designates this live activity for a maximum of 7 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.

Credit Designation Statement: The workshop will educate health professionals on the problem of prescription (Rx) and over-the-counter (OTC) drug abuse among youth, and provide effective and practical strategies to prevent drug misuse and diversion.

Description: At the conclusion of the workshop, participants will be able to:

- Identify adverse consequences, trends, and signs associated with Rx and OTC drug abuse.
- Identify strategies to prevent Rx and OTC drug misuse and diversion.
- List the benefits of using the California Prescription Drug Monitoring Program.

Objectives: For more information, special assistance or to have a workshop on another date, please contact: Ronann Reeves, Health Educator at (714) 441-0807 or rreeves@cspinc.org.

Community Service Programs (CSP) Inc. — Project PATH
1301 S. Orangeforge Ave., #120, Fullerton, CA 92831 | Ph: (714) 441-0807 | F: (714) 875-8031 | www.cspinc.org
Funded by the County of Orange Health Care Agency - Alcohol and Drug Education and Prevention Team.



Protective FACTOR_{Rx}: November 1, 2013 Pharmacy Training 6:30 pm to 7:30 pm

Recognizing and Preventing Prescription Drug Abuse **FREE**

For: Pharmacy staff who work directly with the public

Location: Garden Grove Medical Center
12555 Garden Grove Boulevard, Garden Grove, CA 92843

Continuing Education: CME application submitted (pharmacists, physicians, nurses)

Register: By Monday 10/22/12 by email to Della Lisi Kerr at dllisi@ochca.com; include your name, institution, title, phone number and email

Don't miss this great opportunity to prevent prescription drug abuse issues in your pharmacy and your community.

Trainer
Mrs. Kerr is a Health Scientist with the Orange County Health Care Agency and Prevention Specialist for the Prescription Initiative program. She is also Chairperson of the Orange County Prescription Abuse Prevention Coalition at Fountain Valley Regional Hospital.

Risk Factors: Increases awareness of the prescription drug abuse issue and provides effective and practical strategies to prevent drug misuse and diversion. It is an approved, drug compatible Substance Abuse and Mental Health Services Administration (SAMHSA) [model program](#).

Objectives
At the conclusion of the training, participants will be able to:

- Describe the demographics of prescription drug abuse
- Identify the dangers associated with the nonmedical use of prescription drugs
- Define the patient characteristics and techniques that may suggest diversion
- Implement strategies to reduce diversion and prevent abuse

Sponsored by Orange County Health Care Agency, Health Promotion Division, and Provider No. C00085, a designated provider of continuing education contact hours. Pending approval, this program will be designated for Continuing Education Units to receive up to 12 total Category I continuing education contact hours. Maximum advanced-level continuing education contact hours available are 12.

County of Orange Health Care Agency • Public Health Services • Health Promotion Division
Alcohol & Drug Education & Prevention Team • 714-834-4038 • ochca@info.com/edact

Health Professional Education (Pharmacy)

Controlled Substance

Utilization

Review and

Evaluation

System



Health Professional (Pharmacy)

To report suspected drug abuse or fraud, contact:

Illicit Pharmaceutical Activities

1-877-RX-ABUSE



Medi-Cal Fraud

1-800-822-6222

or

stopmedicalfraud@dhcs.ca.gov



Health Professional (Medical Staff)

OPEN ACCESS Freely available online



Estimating the Prevalence of Opioid Diversion by "Doctor Shoppers" in the United States

Douglas C. McDonald*, Kenneth E. Carlson

US Health Division, Abt Associates Inc., Cambridge, Massachusetts, United States of America

Abstract

Background: Abuse of prescription opioid analgesics is a serious threat to public health, resulting in rising numbers of overdose deaths and admissions to emergency departments and treatment facilities. Absent adequate patient information systems, "doctor shopping" patients can obtain multiple opioid prescriptions for nonmedical use from different unknowing physicians. Our study estimates the prevalence of doctor shopping in the US and the amounts and types of opioids involved.

Methods and Findings: The sample included records for 146.1 million opioid prescriptions dispensed during 2008 by 76% of US retail pharmacies. Prescriptions were linked to unique patients and weighted to estimate all prescriptions and patients in the nation. Finite mixture models were used to estimate different latent patient populations having different patterns of using prescribers. On average, patients in the extreme outlying population (0.7% of purchasers), presumed to be doctor shoppers, obtained 32 opioid prescriptions from 10 different prescribers. They bought 1.9% of all opioid prescriptions, constituting 4% of weighed amounts dispensed.

Conclusions: Our data did not provide information to make a clinical diagnosis of individuals. Very few of these patients can be classified with certainty as diverting drugs for nonmedical purposes. However, even patients with legitimate medical need for opioids who use large numbers of prescribers may signal dangerously uncoordinated care. To close the information gap that makes doctor shopping and uncoordinated care possible, states have created prescription drug monitoring programs to collect records of scheduled drugs dispensed, but the majority of physicians do not access this information. To facilitate use by busy practitioners, most monitoring programs should improve access and response time, scan prescription data to flag suspicious purchasing patterns and alert physicians and pharmacists. Physicians could also prevent doctor shopping by adopting procedures to screen new patients for their risk of abuse and to monitor patients' adherence to prescribed treatments.

Citation: McDonald DC, Carlson KE (2013) Estimating the Prevalence of Opioid Diversion by "Doctor Shoppers" in the United States. PLoS ONE 8(7): e69241. doi:10.1371/journal.pone.0069241

Editor: Laxmaiah Manchikanti, University of Louisville, United States of America

Received: April 2, 2013; **Accepted:** June 12, 2013; **Published:** July 17, 2013

Copyright: © 2013 McDonald, Carlson. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Funding: This study was supported by grant RC2 DA028920 awarded to Abt Associates Inc. by the Office of the Director, National Institutes of Health, National Institute on Drug Abuse (<http://www.drugabuse.gov>). Prescription LRx Data, 2008 was obtained by Abt Associates under license from IMS Health Incorporated; all rights reserved. County location of prescribers' offices obtained from Physician Professional Data, 2008, American Medical Association; all rights reserved. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

Competing Interests: Prescription LRx Data, 2008 was obtained by Abt Associates under license from IMS Health Incorporated; all rights reserved. Both authors are employed by Abt Associates Inc. There are no further patents, products in development or marketed products to declare. This does not alter the authors' adherence to all the PLOS ONE policies on sharing data and materials, as detailed online in the guide for authors.

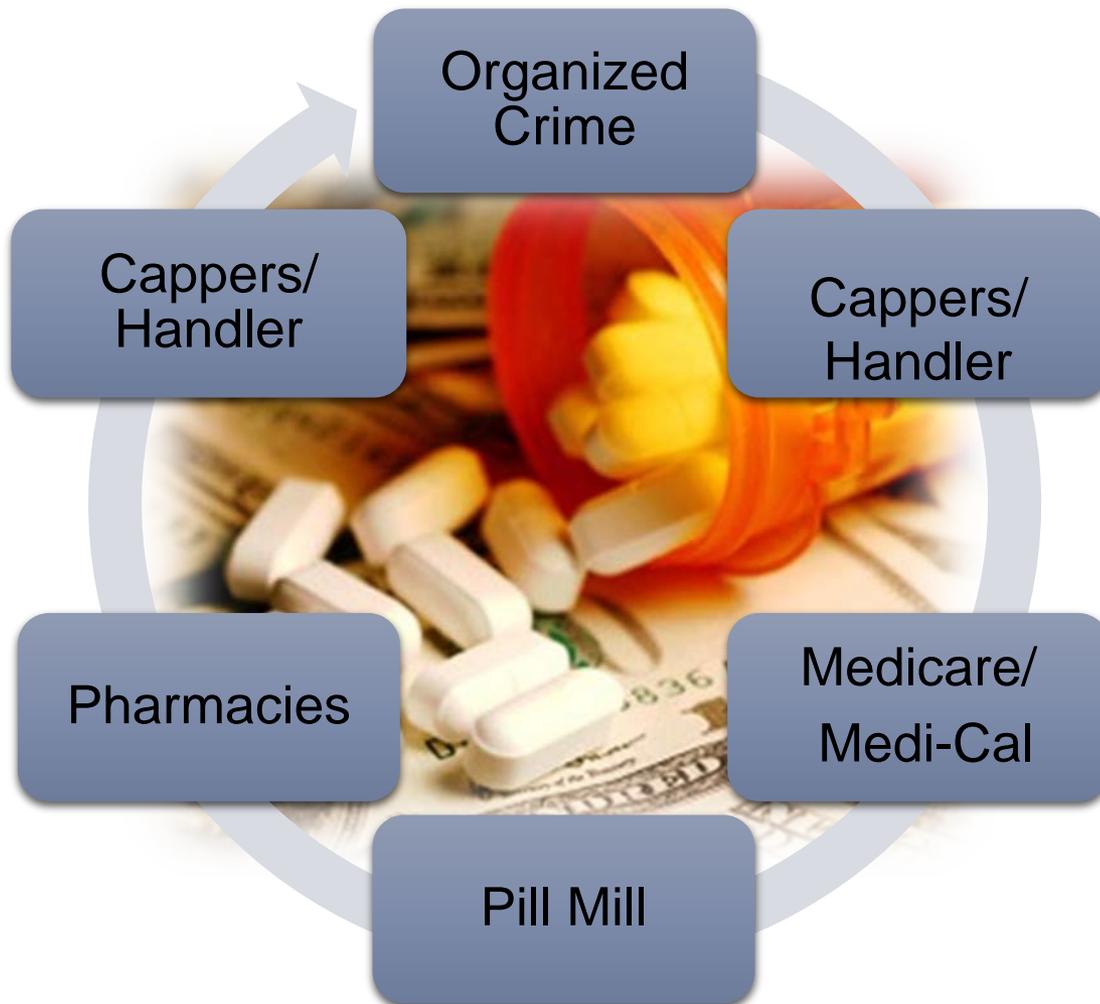
* E-mail: doug_mcdonald@abtassoc.com

Sample included records from
146.1 million opioid prescriptions
dispensed during 2008 in the
United States

The average "doctor shopper"
obtained 32 opioid prescriptions
from 10 different prescribers

The average "doctor shopper"
paid in cash and was in their mid
to late 20s

Health Professional (Medical Staff)



Health Professional (Medical Staff)

Applies to patients with patterns of inappropriate use of controlled Rx drugs

- 1 prescriber and 1 pharmacy for controlled substances
- Improve coordination of care and ensure appropriate access for patients at high risk for overdose
- Evaluations show cost savings as well as reductions in ED visits and numbers of providers and pharmacies

Health Professional (Medical Staff)

Questions to Help Identify At-Risk Patients

1. Have you ever felt the need to **cut down** on your use of prescription drugs?
2. Have you ever felt **annoyed by remarks** your friends or loved ones made about your use of prescription drugs?
3. Have you ever felt **guilty or remorseful** about your use of prescription drugs?
4. Have you ever used prescription drugs as an **eye opener** to "get going" or to "calm down?"

Educating Patients

- Remind patients that Rx and OTC medications pose risks for abuse and addiction
- Emphasize the importance of using medications only as directed
- Encourage patients to know what their medications do
- Remind patients not to share medications with others

Educating Patients

- Remind patients not to order prescriptions online unless they are from a trustworthy site (VIPPS certified)
- Encourage parents to safeguard their medications and properly destroy unwanted or expired meds
- Make Rx/OTC prevention resources available in the office for patients
- Remind patients to check in with you if they have any questions or concerns

Pharmacy Youth Project



Alcohol & Drug Education & Prevention Team
Orange County Health Care Agency



Resources

Referral and Treatment

ANAHEIM AOD CLINIC (NORTH ORANGE COUNTY)

2035 E. Ball Road Suite 100A
Anaheim, CA 92805
Phone: (714) 517-6140
TDD (714) 517-6148

SANTA ANA AOD CLINIC (EAST ORANGE COUNTY)

1200 N. Main Street, Suite 301
Santa Ana, CA 92701
Phone: (714) 480-6660
TDD (714) 480-6749

WESTMINSTER AOD CLINIC (WEST ORANGE COUNTY)

14140 Beach Blvd, Suite 120
Westminster, CA 92683
Phone: (714) 934-4600
TDD (714) 896-7512

ALISO VIEJO AOD CLINIC (SOUTH ORANGE COUNTY)

5 Mareblu, Suite 100,
Aliso Viejo, CA 92656
Phone:(949) 643-6930
TDD (949) 643-6945

Resources

National Institute on Drug Abuse

www.nida.nih.gov

Centers for Disease Control and
Prevention – Vital Signs

<http://www.cdc.gov/vitalsigns>

California Security Prescription
Program

securityprinter@doj.ca.gov

Guidelines for Combating Rx Drug
Abuse and Fraud

<https://pmp.doj.ca.gov/pdmp/index.do>

Aware Get Informed

<http://www.awarerx.org/>

P.R.O.P. – Physicians for Responsible
Opioid Prescribing

<http://www.supportprop.org/>

The Partnership for Safemedicine.org

<http://www.safemedicines.org/>

PainEDU.org – Improving Pain
Treatment through Education

<https://painedu.org/index.asp>

More Information

Della Lisi Kerr
Prevention Specialist
714-834-2192
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ORANGE COUNTY
RX & OTC
COALITION

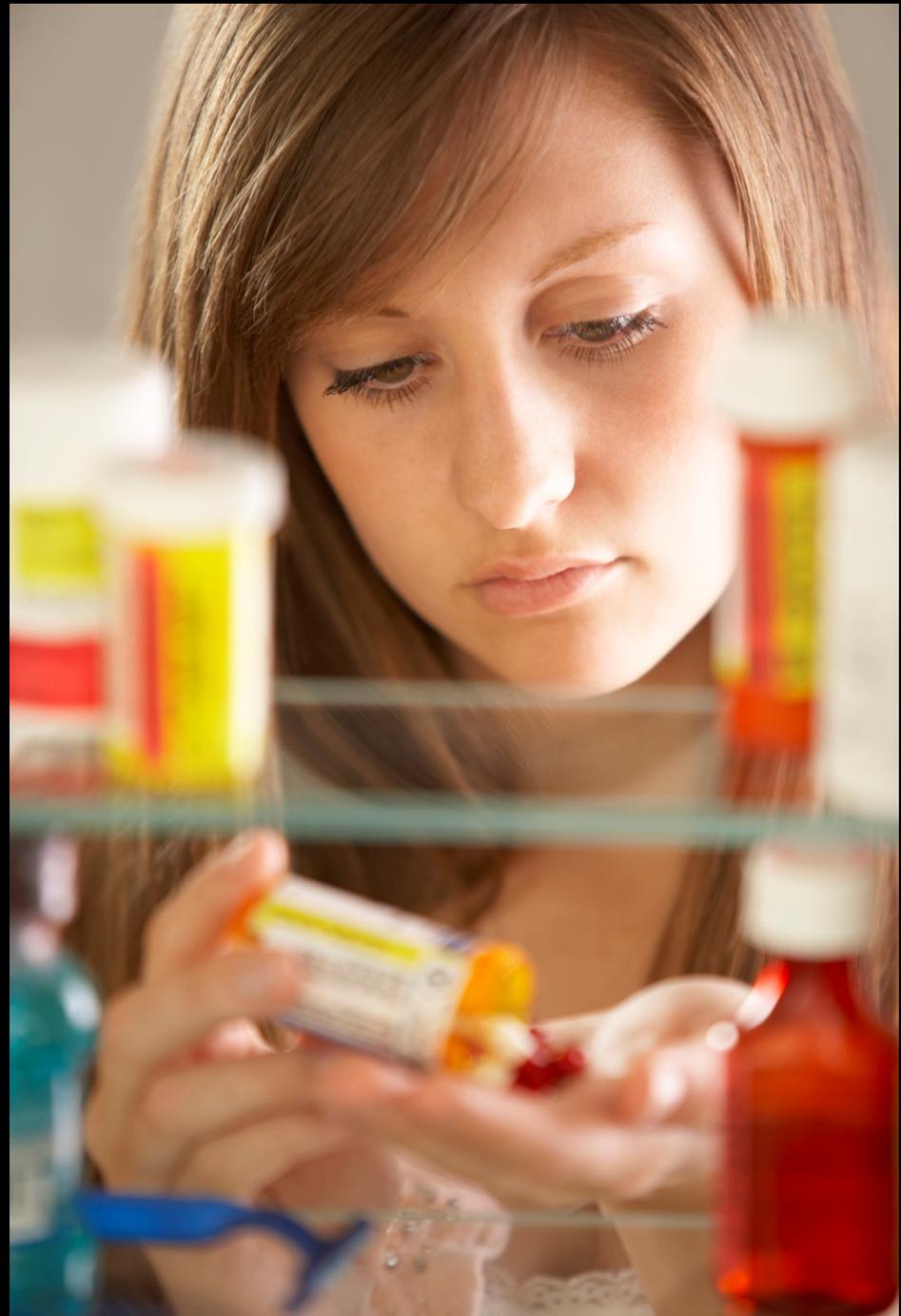
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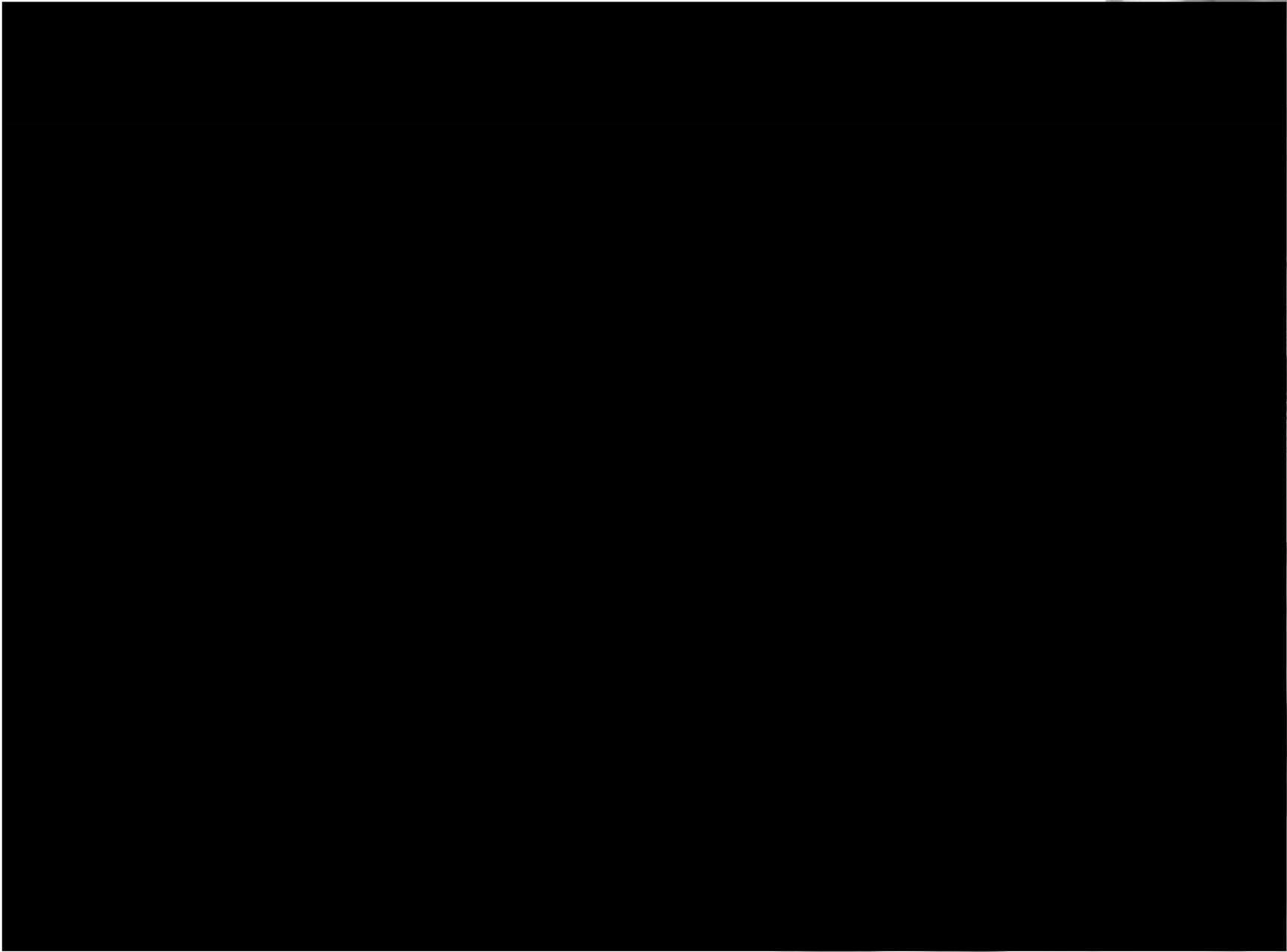
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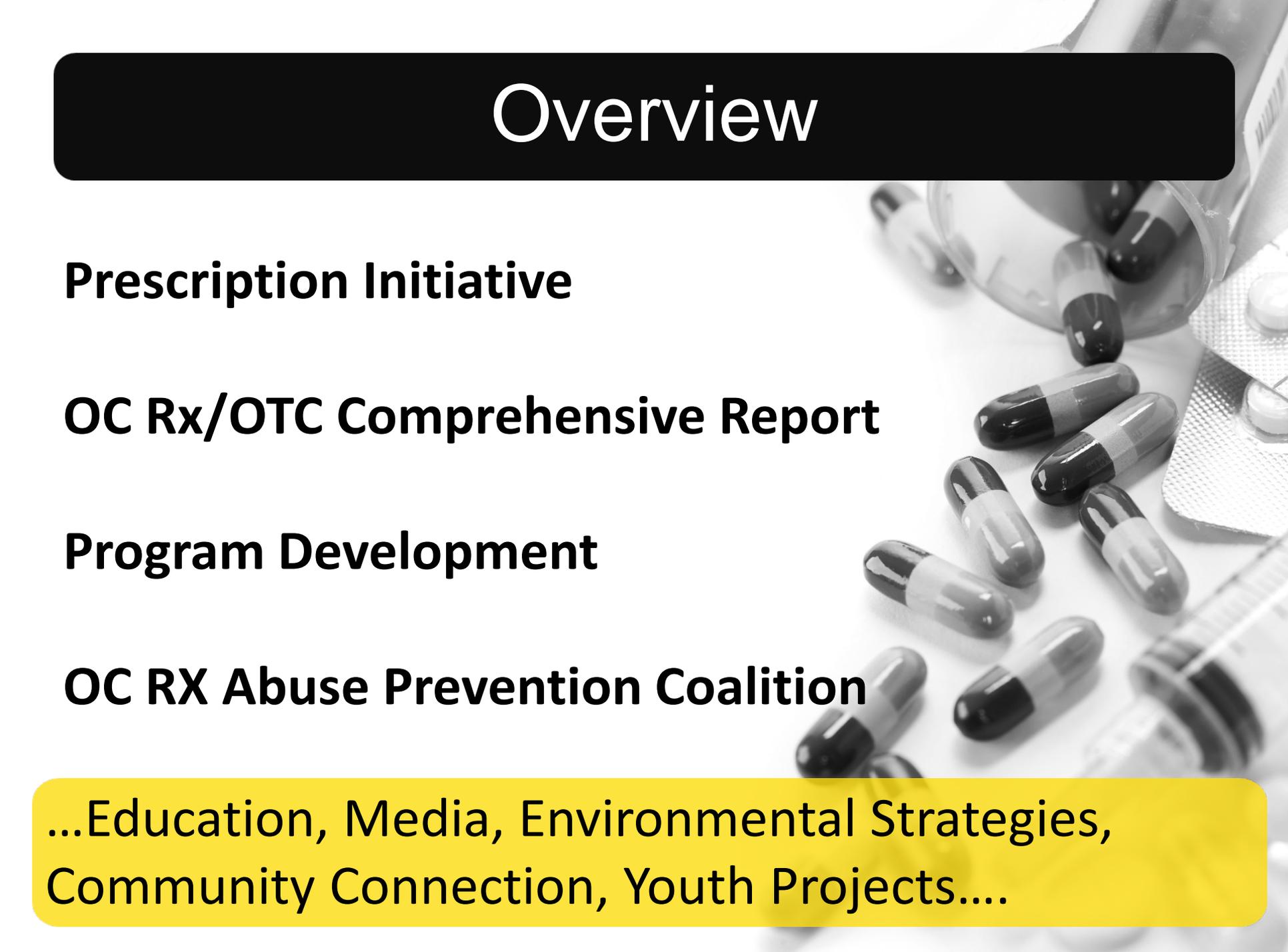
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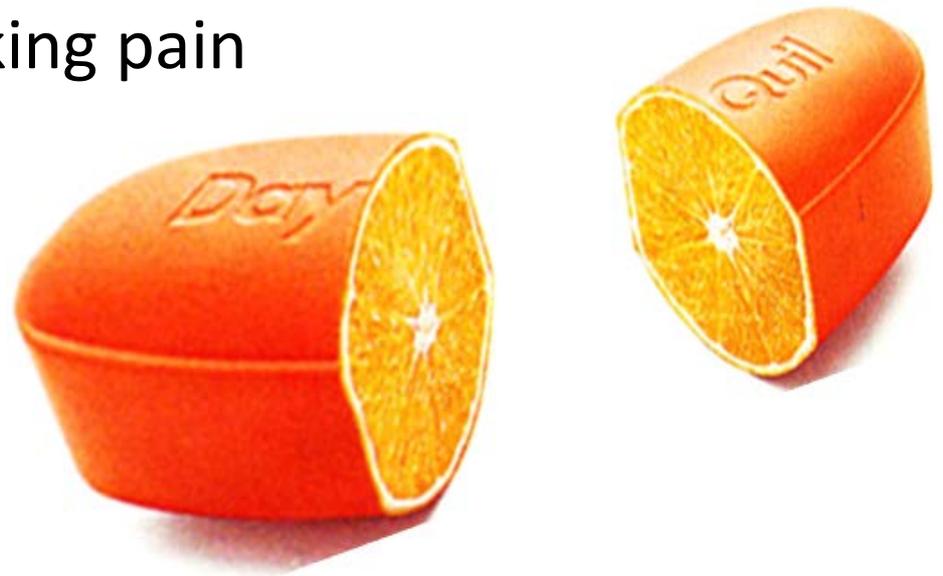
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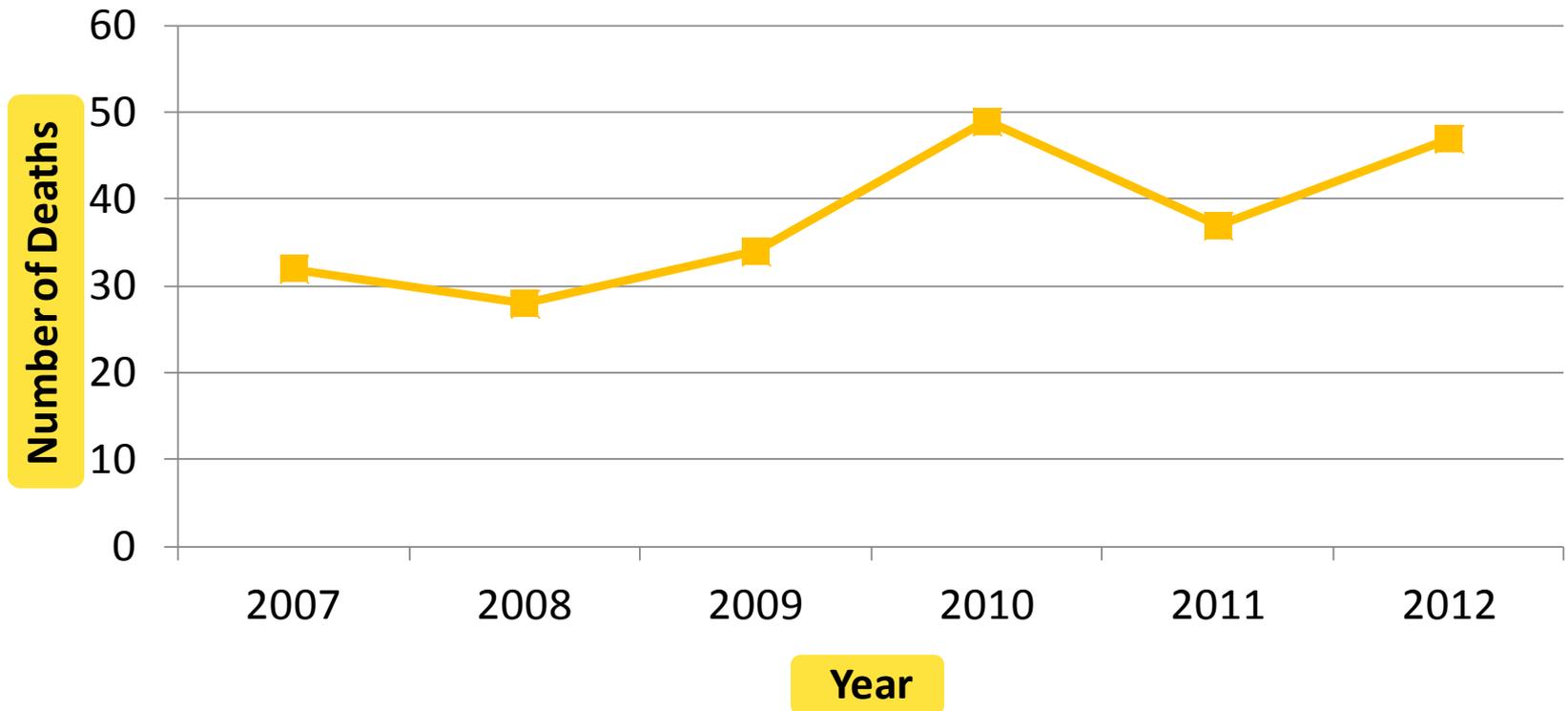
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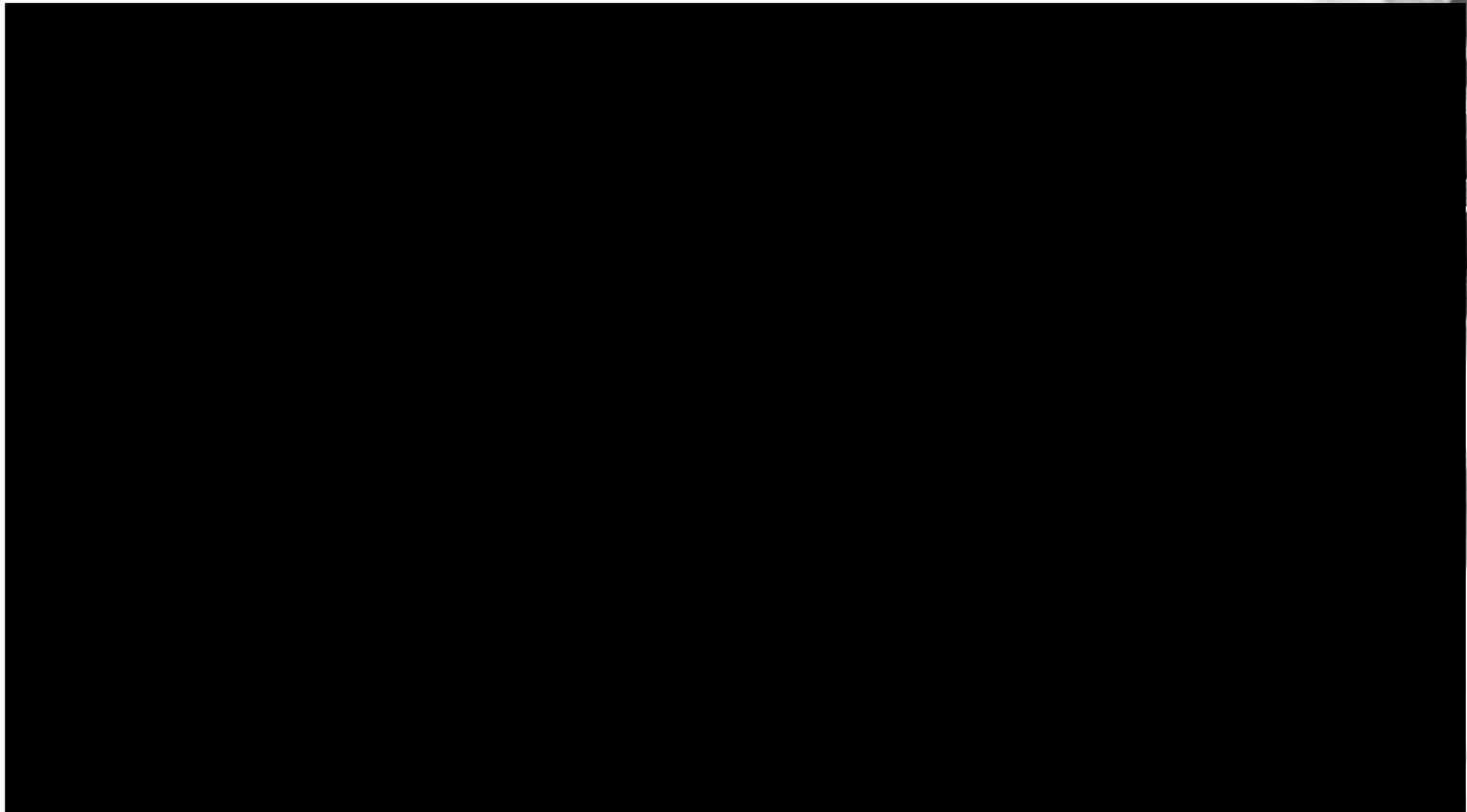
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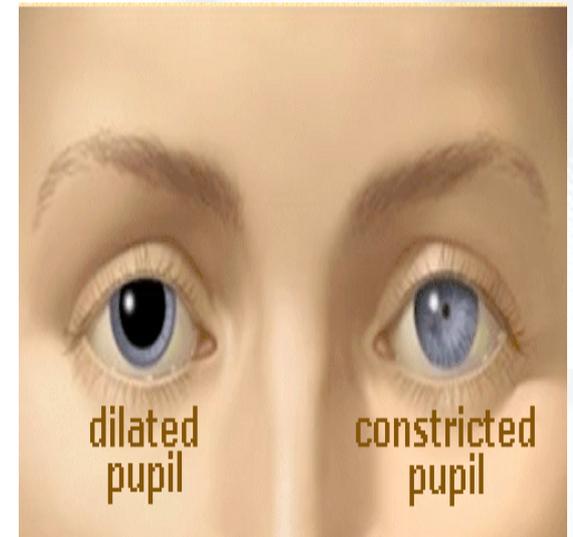
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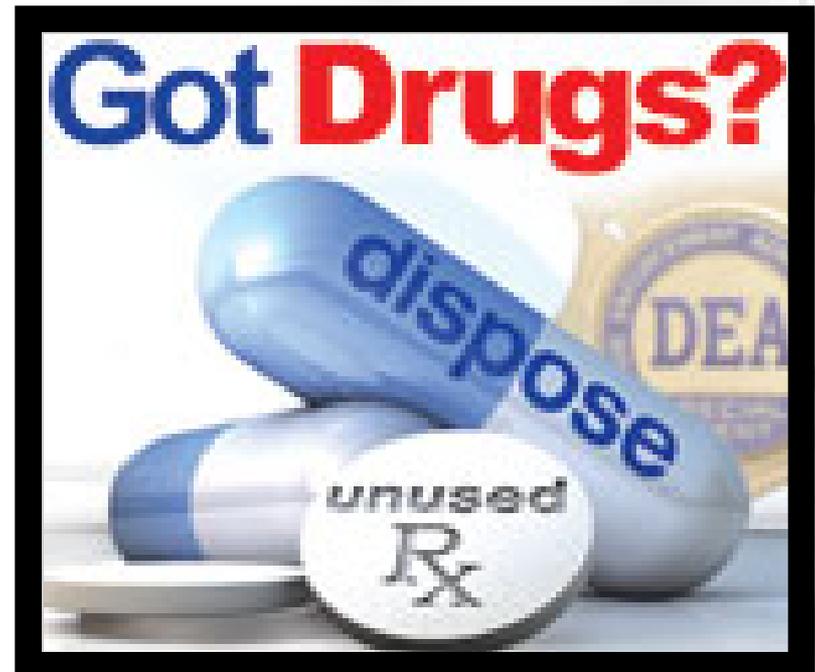
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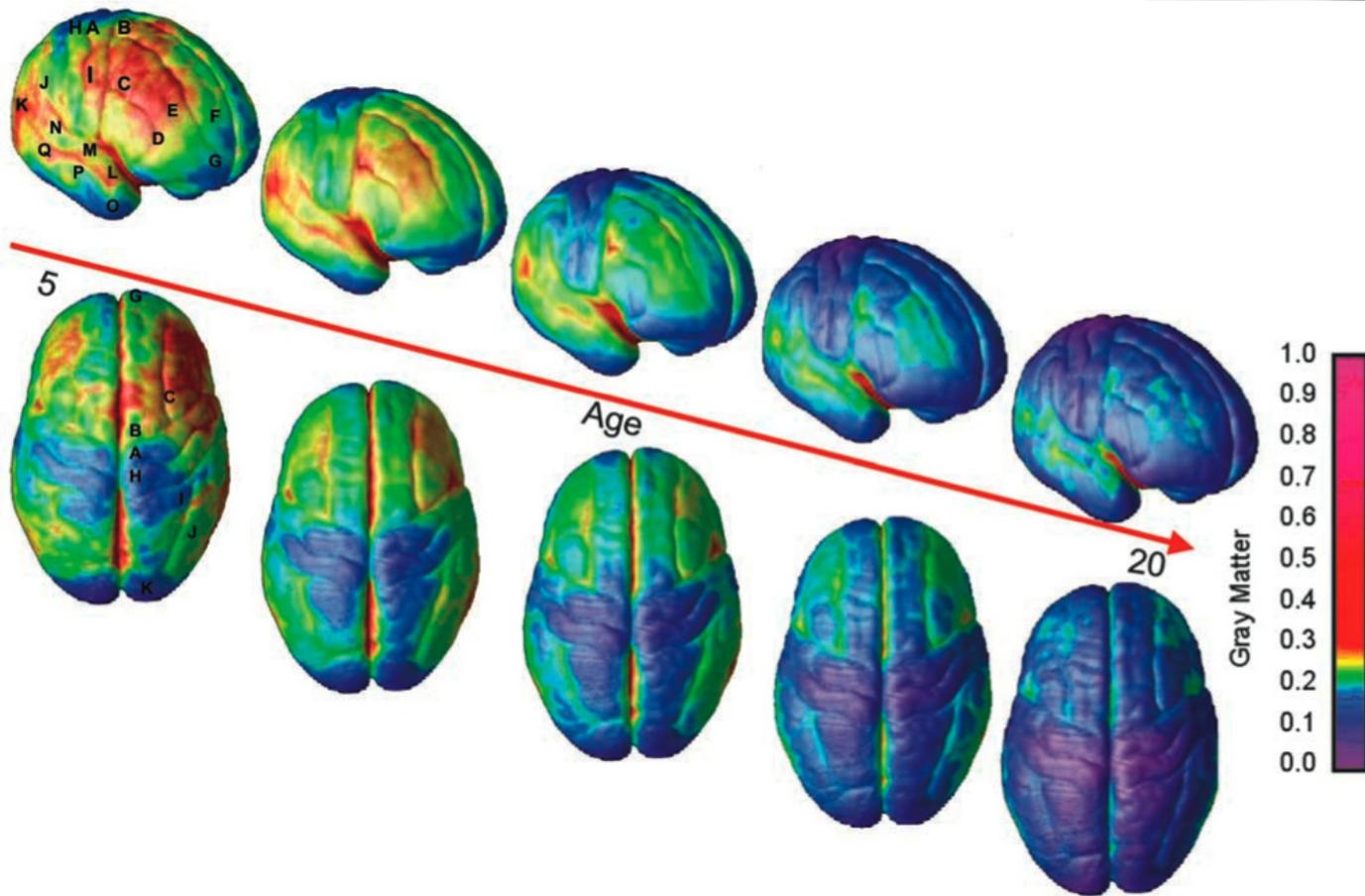


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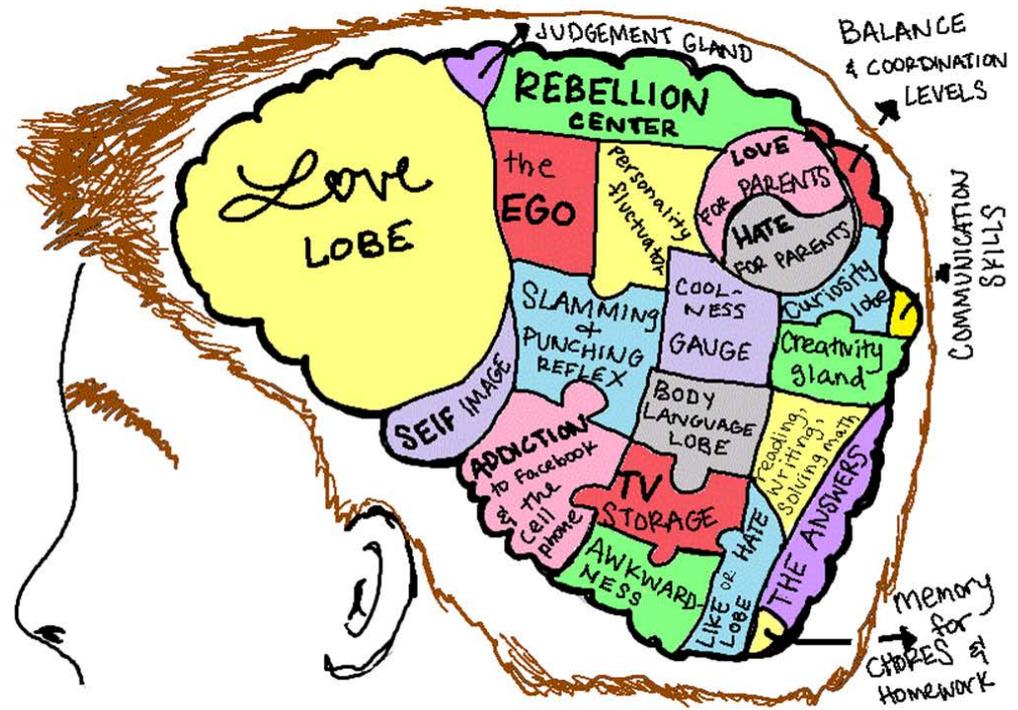


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Mission Hospital Conference Center, Conference Room A

Location: This activity has been planned and implemented in accordance with the Essential Areas and policies of the Institute for Medical Quality/California Medical Association (IMG/CMA) through the joint sponsorship of the Orange County Health Care Agency, Orange County RX & OTC Coalition, and Community Service Programs (CSP) Inc. — Project PATH. The Orange County Health Care Agency is accredited by the Institute for Medical Quality/California Medical Association (IMG/CMA) to provide continuing medical education for physicians.

Accreditation Statement: The Orange County Health Care Agency designates this live activity for a maximum of 7 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.

Credit Designation Statement: The workshop will educate health professionals on the problem of prescription (Rx) and over-the-counter (OTC) drug abuse among youth, and provide effective and practical strategies to prevent drug misuse and diversion.

Description: At the conclusion of the workshop, participants will be able to:

- Identify adverse consequences, trends, and signs associated with Rx and OTC drug abuse.
- Identify strategies to prevent Rx and OTC drug misuse and diversion.
- List the benefits of using the California Prescription Drug Monitoring Program.

Objectives: For more information, special assistance or to have a workshop on another date, please contact: Ronann Reeves, Health Educator at (714) 441-0807 or rreeves@cspinc.org.

Community Service Programs (CSP) Inc. — Project PATH
1301 S. Orangeforge Ave., #120, Fullerton, CA 92831 | Ph: (714) 441-0807 | F: (714) 875-8031 | www.cspinc.org
Funded by the County of Orange Health Care Agency - Alcohol and Drug Education and Prevention Team.



Protective FACTOR_{Rx}: November 1, 2013 Pharmacy Training 6:30 pm to 7:30 pm

Recognizing and Preventing Prescription Drug Abuse **FREE**

For: Pharmacy staff who work directly with the public

Location: Garden Grove Medical Center
12555 Garden Grove Boulevard, Garden Grove, CA 92843

Continuing Education: CME application submitted (pharmacists, physicians, nurses)

Register: By Monday 10/22/12 by email to Della Lisi Kerr at dllisi@ochca.com; include your name, institution, title, phone number and email

Don't miss this great opportunity to prevent prescription drug abuse issues in your pharmacy and your community.

Trainer
Mrs. Kerr is a Health Scientist with the Orange County Health Care Agency and Prevention Specialist for the Prescription Initiative program. She is also Chairperson of the Orange County Prescription Abuse Prevention Coalition at Fountain Valley Regional Hospital.

Risk Factors: Increases awareness of the prescription drug abuse issue and provides effective and practical strategies to prevent drug misuse and diversion. It is an approved, drug compatible Substance Abuse and Mental Health Services Administration (SAMHSA) [model program](#).

Objectives
At the conclusion of the training, participants will be able to:

- Describe the demographics of prescription drug abuse
- Identify the dangers associated with the nonmedical use of prescription drugs
- Define the patient characteristics and techniques that may suggest diversion
- Implement strategies to reduce diversion and prevent abuse

Sponsored by Orange County Health Care Agency, Health Promotion Division, and Provider No. C00085, a designated provider of continuing education contact hours. Pending approval, this program will be designated for Continuing Education Units to receive up to 12 total Category I continuing education contact hours. Maximum advanced-level continuing education contact hours available are 12.

County of Orange Health Care Agency • Public Health Services • Health Promotion Division
Alcohol & Drug Education & Prevention Team • 714-834-4038 • ochca.info/adapt

Health Professional Education (Pharmacy)

Controlled Substance

Utilization

Review and

Evaluation

System



Health Professional (Pharmacy)

To report suspected drug abuse or fraud, contact:

Illicit Pharmaceutical Activities

1-877-RX-ABUSE



Medi-Cal Fraud

1-800-822-6222

or

stopmedicalfraud@dhcs.ca.gov



Health Professional (Medical Staff)

OPEN ACCESS Freely available online



Estimating the Prevalence of Opioid Diversion by "Doctor Shoppers" in the United States

Douglas C. McDonald*, Kenneth E. Carlson

US Health Division, Abt Associates Inc., Cambridge, Massachusetts, United States of America

Abstract

Background: Abuse of prescription opioid analgesics is a serious threat to public health, resulting in rising numbers of overdose deaths and admissions to emergency departments and treatment facilities. Absent adequate patient information systems, "doctor shopping" patients can obtain multiple opioid prescriptions for nonmedical use from different unknowing physicians. Our study estimates the prevalence of doctor shopping in the US and the amounts and types of opioids involved.

Methods and Findings: The sample included records for 146.1 million opioid prescriptions dispensed during 2008 by 76% of US retail pharmacies. Prescriptions were linked to unique patients and weighted to estimate all prescriptions and patients in the nation. Finite mixture models were used to estimate different latent patient populations having different patterns of using prescribers. On average, patients in the extreme outlying population (0.7% of purchasers), presumed to be doctor shoppers, obtained 32 opioid prescriptions from 10 different prescribers. They bought 1.9% of all opioid prescriptions, constituting 4% of weighed amounts dispensed.

Conclusions: Our data did not provide information to make a clinical diagnosis of individuals. Very few of these patients can be classified with certainty as diverting drugs for nonmedical purposes. However, even patients with legitimate medical need for opioids who use large numbers of prescribers may signal dangerously uncoordinated care. To close the information gap that makes doctor shopping and uncoordinated care possible, states have created prescription drug monitoring programs to collect records of scheduled drugs dispensed, but the majority of physicians do not access this information. To facilitate use by busy practitioners, most monitoring programs should improve access and response time, scan prescription data to flag suspicious purchasing patterns and alert physicians and pharmacists. Physicians could also prevent doctor shopping by adopting procedures to screen new patients for their risk of abuse and to monitor patients' adherence to prescribed treatments.

Citation: McDonald DC, Carlson KE (2013) Estimating the Prevalence of Opioid Diversion by "Doctor Shoppers" in the United States. PLoS ONE 8(7): e69241. doi:10.1371/journal.pone.0069241

Editor: Laxmaiah Manchikanti, University of Louisville, United States of America

Received: April 2, 2013; **Accepted:** June 12, 2013; **Published:** July 17, 2013

Copyright: © 2013 McDonald, Carlson. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Funding: This study was supported by grant RC2 DA028920 awarded to Abt Associates Inc. by the Office of the Director, National Institutes of Health, National Institute on Drug Abuse (<http://www.drugabuse.gov>). Prescription LRx Data, 2008 was obtained by Abt Associates under license from IMS Health Incorporated; all rights reserved. County location of prescribers' offices obtained from Physician Professional Data, 2008, American Medical Association; all rights reserved. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

Competing Interests: Prescription LRx Data, 2008 was obtained by Abt Associates under license from IMS Health Incorporated; all rights reserved. Both authors are employed by Abt Associates Inc. There are no further patents, products in development or marketed products to declare. This does not alter the authors' adherence to all the PLOS ONE policies on sharing data and materials, as detailed online in the guide for authors.

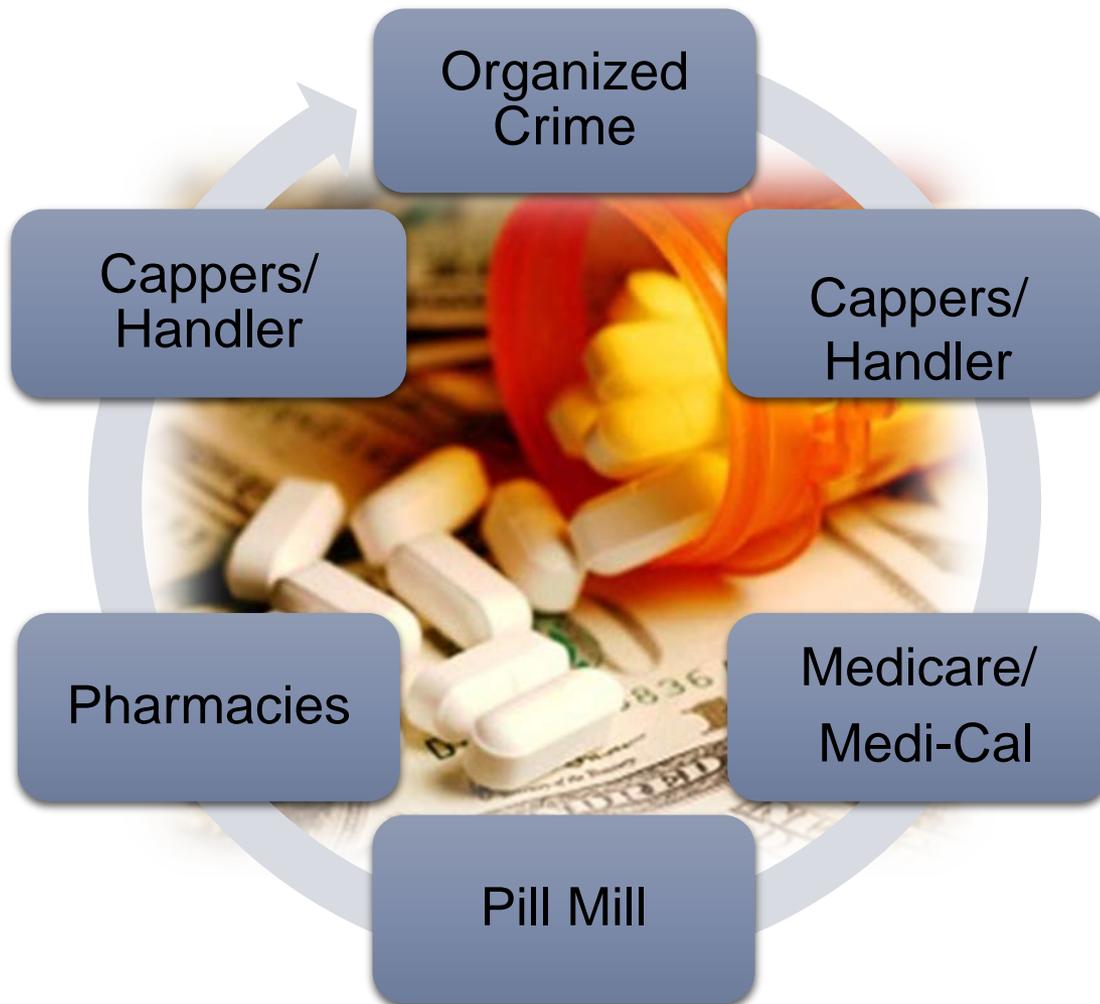
* E-mail: doug_mcdonald@abtassoc.com

Sample included records from
146.1 million opioid prescriptions
dispensed during 2008 in the
United States

The average "doctor shopper"
obtained 32 opioid prescriptions
from 10 different prescribers

The average "doctor shopper"
paid in cash and was in their mid
to late 20s

Health Professional (Medical Staff)



Health Professional (Medical Staff)

Applies to patients with patterns of inappropriate use of controlled Rx drugs

- 1 prescriber and 1 pharmacy for controlled substances
- Improve coordination of care and ensure appropriate access for patients at high risk for overdose
- Evaluations show cost savings as well as reductions in ED visits and numbers of providers and pharmacies

Health Professional (Medical Staff)

Questions to Help Identify At-Risk Patients

1. Have you ever felt the need to **cut down** on your use of prescription drugs?
2. Have you ever felt **annoyed by remarks** your friends or loved ones made about your use of prescription drugs?
3. Have you ever felt **guilty or remorseful** about your use of prescription drugs?
4. Have you ever used prescription drugs as an **eye opener** to "get going" or to "calm down?"

Educating Patients

- Remind patients that Rx and OTC medications pose risks for abuse and addiction
- Emphasize the importance of using medications only as directed
- Encourage patients to know what their medications do
- Remind patients not to share medications with others

Educating Patients

- Remind patients not to order prescriptions online unless they are from a trustworthy site (VIPPS certified)
- Encourage parents to safeguard their medications and properly destroy unwanted or expired meds
- Make Rx/OTC prevention resources available in the office for patients
- Remind patients to check in with you if they have any questions or concerns

Pharmacy Youth Project



Alcohol & Drug Education & Prevention Team
Orange County Health Care Agency



Resources

Referral and Treatment

ANAHEIM AOD CLINIC (NORTH ORANGE COUNTY)

2035 E. Ball Road Suite 100A
Anaheim, CA 92805
Phone: (714) 517-6140
TDD (714) 517-6148

SANTA ANA AOD CLINIC (EAST ORANGE COUNTY)

1200 N. Main Street, Suite 301
Santa Ana, CA 92701
Phone: (714) 480-6660
TDD (714) 480-6749

WESTMINSTER AOD CLINIC (WEST ORANGE COUNTY)

14140 Beach Blvd, Suite 120
Westminster, CA 92683
Phone: (714) 934-4600
TDD (714) 896-7512

ALISO VIEJO AOD CLINIC (SOUTH ORANGE COUNTY)

5 Mareblu, Suite 100,
Aliso Viejo, CA 92656
Phone:(949) 643-6930
TDD (949) 643-6945

Resources

National Institute on Drug Abuse

www.nida.nih.gov

Centers for Disease Control and
Prevention – Vital Signs

<http://www.cdc.gov/vitalsigns>

California Security Prescription
Program

securityprinter@doj.ca.gov

Guidelines for Combating Rx Drug
Abuse and Fraud

<https://pmp.doj.ca.gov/pdmp/index.do>

Aware Get Informed

<http://www.awarerx.org/>

P.R.O.P. – Physicians for Responsible
Opioid Prescribing

<http://www.supportprop.org/>

The Partnership for Safemedicine.org

<http://www.safemedicines.org/>

PainEDU.org – Improving Pain
Treatment through Education

<https://painedu.org/index.asp>

More Information

Della Lisi Kerr
Prevention Specialist
714-834-2192
dlisi@ochca.com



ORANGE COUNTY
RX & OTC
COALITION

Attachment 6

Joint Training by the California State Board of Pharmacy and the Office of Diversion Control of the US Drug Enforcement Administration

Prescription Abuse, Diversion of Controlled Substances, Pharmacist's Responsibility, and California's CURES Program



BE AWARE AND TAKE CARE:
Talk to your pharmacist!
CALIFORNIA STATE BOARD OF PHARMACY



January 31, 2014
California Department of Public Health
1501 Capitol Mall, First Floor Conference Room,
Sacramento, CA 95814

Pharmacists and pharmacy technicians will be awarded 6 hours CE credit for attending the full session. Space is limited pre-registration is strongly encouraged. Registration instructions are available online at <http://www.pharmacy.ca.gov/meetings/registration.shtml>. If you have questions please contact Laura Hendricks at laura.hendricks@dca.ca.gov or (916) 574-7918.

Pharmacy Diversion Awareness Conference



AGENDA

Space is Limited, Pre-Registration is Strongly Encouraged

Location: California Department of Public Health
1501 Capitol Mall, First Floor Conference Room,
Sacramento, CA 95814

California State



Board of Pharmacy

Co-sponsored by the DEA and California State Board of Pharmacy

January 31, 2014

- | | |
|-------------------------|---|
| 9:00 a.m. – 10:15 a.m. | Prescription Drug Abuse
Joseph Rannazzisi, Deputy Assistant Administrator
Office of Diversion Control, US Drug Enforcement Administration |
| 10:15 a.m. – 10:30 a.m. | Break |
| 10:30 a.m. – 11:30 a.m. | Prescription Drug Abuse
Joseph Rannazzisi, Deputy Assistant Administrator
Office of Diversion Control, US Drug Enforcement Administration |
| 11:30 a.m. – 12:00 p.m. | California's Prescription Drug Monitoring Program -- CURES
Mike Small, Program Administrator
California Department of Justice |
| 12:00 p.m. – 1:00 p.m. | Lunch |
| 1:00 p.m. – 2:30 p.m. | California's Controlled Substances Diversion Issues, and a
Pharmacist's Corresponding Responsibility
Virginia Herold, Executive Officer
California State Board of Pharmacy |
| 2:30 p.m. – 2:45 p.m. | Break |
| 2:45 p.m. – 3:45 p.m. | Prescription Drug Abuse
Joseph Rannazzisi, Deputy Assistant Administrator
Office of Diversion Control, US Drug Enforcement Administration |
| 3:45 p.m. – 4:30 p.m. | Questions and Answers |
| 4:30 p.m. | Adjournment |

Pharmacists and pharmacy technicians will be awarded 6 hours CE credit for attending the full session.

Meeting location provided by California Department of Public Health

What Every Health Professional Should Know about Prescription Drug Abuse

Joint Training by the California Board of Pharmacy and the Los Angeles Field Division of the Drug Enforcement Administration

Hosted by Community Service Programs, Inc. (CSP) — Project PATH

REGISTRATION NOTE: Due to the overwhelming number of responses, registration is now limited only to professionals who practice in Orange County. Registration will be closed at 200 participants.

Wednesday, January 22, 2014

8:30 a.m. to 3:30 p.m.

Brea Community Center

695 Madison Way, Brea, California 92821

California Board of Pharmacy CE: Six hours of Continuing Education (CE) are available.

CURES: Register at the conference, notary fees waived.

Register: Visit www.cspinc.org/RX or fill out the attached Registration Form.

At the conclusion of the conference, participants will be able to:

- **Identify** adverse consequences, trends, and signs associated with prescription drug abuse.
- **Identify** strategies to prevent prescription drug misuse and diversion.
- **List** the benefits of using the California Prescription Drug Monitoring Program.



Community Service Programs (CSP) Inc. — Project PATH

1501 E. Orangethorpe Ave. #120, Fullerton, CA 92831 | Ph: (714) 441-0807 | F: (714) 871-6031 | www.cspinc.org/RX
Funded by the County of Orange Health Care Agency - Alcohol and Drug Education and Prevention Team

What Every Health Professional Should Know about Prescription Drug Abuse Conference Registration Form

Please fill out the following *completely* and email to rreeves@cspinc.org or fax to (714) 871-6031.

REGISTRATION NOTE: Due to the overwhelming number of responses, registration is **now limited only to professionals who practice in Orange County**. Registration will be closed at 200 participants.

Name: _____

Title: _____

Organization: _____

Address: _____

Email: _____

Phone: _____

CURES Registration

CURES is California's Prescription Drug Monitoring Program. Registration for CURES at the Conference takes 5-10 minutes. Notary fees are waived.

Would you like to sign up for CURES at the Conference ? Yes No

Please check the category that best describes you.

Doctor Nurse Pharmacist Student Other: _____

Program: _____

Year in Program: _____

Light breakfast and lunch will be provided.

Please make your lunch selection.

Turkey Roast Beef Veggie

Attachment 7

Note: All presentations listed in the meeting minutes have been provided in Attachment 4 and 5. To avoid duplication they are not provided again after the meeting minutes



California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834

Phone: (916) 574-7900

Fax: (916) 574-8618

www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

**STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
PRESCRIPTION MEDICATION ABUSE SUBCOMMITTEE
MINUTES**

DATE: December 4, 2013

LOCATION: Radisson Hotel Los Angeles Airport
6225 W Century Blvd.
Los Angeles, CA 90045

COMMITTEE MEMBERS

PRESENT: Ramón Castellblanch, PhD, Chair
Stanley C. Weisser, RPh
Amy Gutierrez, PharmD
Darlene Fujimoto, PharmD, Volunteer

BOARD MEMBERS

NOT PRESENT: Rosalyn Hackworth, Public Member

STAFF

PRESENT: Virginia Herold, Executive Officer
Laura Hendricks, Staff Analyst
Kristy Shellans, DCA Staff Counsel
Michael Santiago, DCA Staff Counsel

Call to Order

Chairperson Castellblanch called the meeting to order at 10:04 a.m. and conducted a roll call. Subcommittee members in attendance: Dr. Ramon Castellblanch, Stanley Weisser, Dr. Amy Gutierrez and Dr. Darlene Fujimoto. Subcommittee members not present: Rosalyn Hackworth.

Chairperson Castellblanch noted that former board member Holly Strom was in attendance.

1. FOR DISCUSSION: Development of Proposed Mission Statement for the Subcommittee

Background:

At the October 7, 2013 meeting, the subcommittee worked on ideas for a mission statement for the subcommittee.

As a reminder: this subcommittee was specifically formed to continue to explore ways to address the misuse and abuse of prescription medication, particularly of controlled substances. The subcommittee has various issue areas:

- Educate the public and licensees about the dangers of prescription drug abuse
- Collaborate with prescribing boards to promote strengthen the sharing of information among practitioners (prescribers and dispensers)
- Promote the use of CURES by practitioners
- Continue to work with the Medical Board and other prescribing boards on topics in this area

The board has one mission:

The Board of Pharmacy protects and promotes the health and safety of Californians by pursuing the highest quality of pharmacists care and the appropriate use of pharmaceuticals through education, communication, licensing, legislation, regulation and enforcement.

At the October subcommittee meeting, members discussed components for a mission statement and directed staff to wordsmith it.

The following is the proposed mission statement for the subcommittee was provided to the committee members to finalize at the December 4, 2013 meeting:

Promote the prevention and treatment of prescription drug abuse, particularly the abuse of controlled substances. Provide education to practitioners and the public regarding prescription drug misuse, and optimize the widespread use of tools such as CURES.

Subcommittee Discussion

Dr. Gutierrez commented that she felt that “tools such as CURES” was too vague and voiced her concerns with the CURES system being capable of handling the influx of new users. Ms. Herold responded that SB 809 requires pharmacists to register for CURES.

Dr. Fujimoto commented that the mission statement should be short and memorable. Dr. Fujimoto recommended taking out “and treatment” as she did not feel this was in the subcommittee’s scope.

The subcommittee made the following motions to edit the proposed mission statement:

Motion: Add “and provide advice to”

Promote the prevention and treatment of prescription drug abuse, particularly the abuse of controlled substances. Provide education to practitioners and the public regarding prescription drug misuse, and provide advice to optimize the widespread use of tools such as CURES.

M/S: Gutierrez/Weisser

Support: 4 Oppose: 0 Abstain: 0

Motion: Add “recognition and.” Strike “and treatment.”

Promote the recognition and prevention ~~and treatment~~ of prescription drug abuse, particularly the abuse of controlled substances. Provide education to practitioners and the public regarding prescription drug misuse, and provide advice to optimize the widespread use of tools such as CURES.

M/S: Gutierrez/Weisser

Support: 4 Oppose: 0 Abstain: 0

Motion: Strike “particularly the abuse of controlled substances”

Promote the recognition and prevention of prescription drug abuse. ~~particularly the abuse of controlled substances.~~ Provide education to practitioners and the public regarding prescription drug misuse, and provide advice to optimize the widespread use of tools such as CURES.

M/S: Gutierrez/Weisser

Support: 4 Oppose: 0 Abstain: 0

Motion: Strike “tools such as CURES” and replace it with “prescription drug monitoring programs such as CURES.”

Promote the recognition and prevention of prescription drug abuse. Provide education to practitioners and the public regarding prescription drug misuse, and provide advice to optimize the widespread use of ~~tools such as CURES.~~ prescription drug monitoring programs such as CURES.

M/S: Gutierrez/Weisser

Support: 4 Oppose: 0 Abstain: 0

Motion: Finalize the mission statement as follows:

Promote the recognition and prevention of prescription drug abuse. Provide education to practitioners and the public regarding prescription drug misuse, and provide advice to optimize the widespread use of prescription drug monitoring programs such as CURES.

M/S: Gutierrez/ Fujimoto

Support: 4 Oppose: 0 Abstain: 0

2. Review and Discussion of Statistics Documenting the Issues of Prescription Medication Abuse in California

Background

At the October 7, 2013 meeting of the subcommittee, members reviewed national statistics on the prevalence of prescription drug abuse. Staff was directed to research California statistics on prescription drug abuse. Some statistics and additional background were provided in the meeting materials.

These statistics gathered from CURES about the number of controlled drugs dispensed to patients in California indicate that:

From the CURES System: 7/1/12 – 6/30/13

	Number of Prescriptions Filled	Total Quantity	Pills Prescribed Per Prescription	Pills Per Californian
Oxycodone & Combinations	3,164,677	286,706,709	90.6	8.2
Hydrocodone & Combinations	15,950,799	1,061,658,195	66.5	30.36
Alprazolam	3,646,130	205,983,740	56.5	5.89
Codeine Cough syrups	385,269	80,576,572	209 mL Per Rx	2.4 mL Per RX

Subcommittee Discussion

Chairperson Castellblanch directed the subcommittee members and the audience to Attachment 1 in the meeting materials to view statistics specific to California.

Chairperson Castellblanch commented that it is safe to say that prescription drug abuse is an epidemic, noting that the number of deaths has soared over the past decade as illustrated in the statistics. Chairperson Castellblanch added that the committee's task is quite serious for the protection of the public.

Dr. Gutierrez and President Weisser commented that the numbers in the CURES chart (above) are quite shocking.

Ms. Herold noted that the CURES chart contains data pulled directly from the CURES system.

Chairperson Castellblanch reported that the Center for Disease Control numbers show that middle aged men are more likely to overdose on prescription medication than any other age group.

3. Review and Discussion of the Medical Board of California's Guidelines for Prescribing Controlled Substances for Pain

Background

The Medical Board of California has *Guidelines for Prescribing Controlled Substances for Pain*. This document was developed in 1994 and revised in 2007.

According to Interim Executive Officer Kimberly Kirchmeyer, the Medical Board plans on another modification to these guidelines later in 2014, and will begin this process in late February at its next Prescription Drug Task Force Meeting.

The current guidelines were provided in the meeting materials.

Subcommittee Discussion

Renee Threadgill, Medical Board Chief of Enforcement, commented that the Medical Board is currently in the process of convening its second Prescription Drug Task Force meeting -- they hope to have it in late January or February. Ms. Threadgill added that one of the items that will be covered is updating the guidelines, which has not been done in many years. Ms. Threadgill also noted that the pendulum for prescribing controlled substances has swung from under prescribing to over prescribing.

Dr. Gutierrez asked how the Board of Pharmacy is involved in the development of the guidelines. President Weisser noted that the Board of Pharmacy is working with the Medical Board at their task force meetings. Dr. Fujimoto added that other prescribing boards and consumers were present at the first task force meeting and were able to provide feedback.

Ms. Herold commented that updating these guidelines is a collaborative effort and other prescribing boards are also involved in the project. Ms. Herold added that the Medical Board and the Board of Pharmacy are working very hard to improve collaboration and regularly attend each other's meetings to provide updates.

Holly Strom, former board member, commented it is important for the subcommittee to remember that are still patients being undertreated for pain. Ms. Strom stated that

collaboration among prescribing boards is very important and added that it is critical for pharmacists to be able to call a prescriber if they have questions about a prescription.

4. Discussion on the Implementation Schedule for the New CURES System and Impediments of the Current System

Background:

In California, the Controlled Substance Utilization Review and Evaluation System (CURES) is an electronic tracking program that tracks all pharmacy (and specified types of prescriber) dispensing of controlled drugs in Schedules II, III, and IV by drug name, quantity, prescriber, patient, and pharmacy. There is also a second component, a prescription drug monitoring program that is accessible by preapproved prescribers and dispensers to review the controlled substances dispensed to a specific patient.

Data from CURES aids this board in efforts to identify, prosecute and reduce prescription drug diversion. CURES provides invaluable information that offers the ability to identify if a person is “doctor shopping” (when a prescription drug addict visits multiple doctors to obtain multiple prescriptions for drugs, or uses multiple pharmacies to obtain prescription drugs). Information tracked in the system contains the patient name, prescriber name, pharmacy name, drug name, amount and dosage, and is available to law enforcement agencies, regulatory bodies and qualified researchers. The system can also report on the top drugs prescribed for a specific time period, drugs prescribed in a particular county, doctor prescribing data, pharmacy dispensing data and is a critical tool for assessing whether multiple prescriptions for the same patient may exist.

In 2013, the CURES Program received additional funding to rebuild and replace its aging computer system and provide minimal but essential staffing to support the program in the future. This support was needed because CURES had been housed in the DOJ’s Bureau of Narcotic Enforcement, a unit that was totally defunded several years ago in response to General Fund budget cuts made by Governor Brown in response to the state’s fiscal crisis.

The new CURES funding source is now the regulatory boards in the Department of Consumer Affairs that license prescribers and dispensers. Beginning in April 2014, every practitioner eligible to prescribe (e.g., physicians, nurse practitioners, optometrists, veterinarians, dentists) or dispense (pharmacists, pharmacies), wholesalers and clinics will pay an ongoing fee of \$6 per year fee as part of their renewal. Additionally before January 1, 2016, every pharmacist (and each of the prescriber classifications) will be required to submit an application to obtain approval to access CURES data. This process is intended to ensure widespread eligibility for prescribers and pharmacists to access CURES data on an individual patient -- when the practitioners so choose -- at the time of prescribing or dispensing.

Additionally, due to a trailer bill to the 2013/14 California State Budget, the board is funding for two years (2013/14 and 2014/15) an additional \$215,000 (in addition to ongoing annual

funding of \$92,000 that we have been providing for approximately 10 years) that will be used to replace the aging CURES computer and replace it with a more robust system, capable of providing better access to the state's prescribers and dispensers who are checking the controlled substances dispensed to specific patients as part of the prescription drug monitoring program (PDMP). The dispenser boards are also contributing sizeable amounts to secure a new computer system.

Specifically, SB 809 provides the following goals for this computer system:

- (1) Upgrading the CURES PDMP so that it is capable of accepting real-time updates and is accessible in real-time, 24 hours a day, seven days a week.
- (2) Upgrading the CURES PDMP in California so that it is capable of operating in conjunction with all national prescription drug monitoring programs.
- (3) Providing subscribers to prescription drug monitoring programs access to information relating to controlled substances dispensed in California, including those dispensed through the United States Department of Veterans Affairs, the Indian Health Service, the Department of Defense, and any other entity with authority to dispense controlled substances in California.
- (4) Upgrading the CURES PDMP so that it is capable of accepting the reporting of electronic prescription data, thereby enabling more reliable, complete, and timely prescription monitoring.

Currently the DCA health care boards are working with the DOJ to develop the parameters for the new system. At this time there is nothing more that is available to be reported with respect to the implementation.

There is one additional item in SB 809: Section 2196.8 of the Business and Professions Code was amended to direct the Medical Board to “. . . periodically develop and disseminate information and educational material regarding assessing a patient's risk of abusing or diverting controlled substances and information relating to the Controlled Substance Utilization Review and Evaluation System (CURES), described in Section 11165 of the Health and Safety Code, to each licensed physician and surgeon and to each general acute care hospital in this state. The board shall consult with the State Department of Public Health, the boards and committees...”

Subcommittee Discussion

Dr. Gutierrez commented that the board is currently giving money to CURES and asked what we are getting in return for the funding. Ms. Herold responded that the board is working with DOJ to make the system more user friendly. Ms. Herold added that we and other DCA entities involved in CURES are still working on learning to work with DOJ.

Ms. Herold reported that a meeting is being held today (December 4, 2013) to discuss CURES and to decide what kind of computer system is needed before it goes out to bid.

Dr. Gutierrez asked if the board really has input in the process. Ms. Herold answered that the board is just one voice out of the many involved in the project. Ms. Herold added that DOJ is

more focused on using CURES for retroactive law enforcement, while the board wants to solve the problem while the patient is right in front of the pharmacist at the pharmacy counter.

Dr. Fujimoto asked if the board had received any benchmarks for the project. Ms. Herold replied that she expects to see deliverables in the next 6 months and added that the board has not transferred any money yet.

Chairperson Castellblanch commented that adequate staffing for the CURES program is still a major concern. Chairperson Castellblanch asked how the board can convey to DOJ how important the staffing of CURES is to the board. Ms. Herold responded that the board is working with the DOJ and is sharing its concerns.

The subcommittee members expressed their desire to further discuss ways that the subcommittee can proactively be a part of the implementation of the new CURES system so that they can make recommendations to the full board. Ms. Herold commented that much of the work for the project would be done by high level board and department staff. Staff would provide reports to the board on the status of the project so that the board could provide feedback and guidance if necessary.

Ms. Holly Strom, former board member, commented that many pharmacy computers do not allow the use of the internet to look at CURES. Ms. Herold commented that that major chains are now starting to provide internet for pharmacy computers so that they can use CURES.

A member of the public commented that Walgreens pharmacists do have the ability to use CURES and asked if the new system would be real time. Ms. Herold answered that the goal is to have the data reported directly into the system, however the law only requires the data to be submitted weekly.

Chairperson Castellblanch asked if the Veterans Affairs will be part of the new CURES system. Ms. Herold answered that they are allowed to use the system but are not required to.

The subcommittee recessed for a break at 11:20 a.m. and resumed at 11:31 a.m.

5. Presentation by the National Association of Boards of Pharmacy (NABP) regarding the Parameters of the National Prescription Drug Monitoring Program Currently in Use

Background

The subcommittee heard a presentation by Scotti Russell from the National Association of Boards of Pharmacy regarding its prescription monitoring program for controlled across state lines called InterConnect. This program provides another piece of the monitoring program for state regulators, prescribers and dispensers about what controlled substances patients may be receiving across state states.

Information from the NABP's website was provided in the meeting material. Below is an excerpt of this information:

The NABP PMP's InterConnect facilitates the transfer of prescription monitoring program (PMP) data across state lines to authorized users. It allows participating state PMPs across the United States to be linked, providing a more effective means of combating drug diversion and drug abuse nationwide.

The NABP InterConnect is now fully operational and allows users of PMPs in Arizona, Arkansas, Colorado, Connecticut, Delaware, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, New Mexico, North Dakota, Ohio, South Carolina, South Dakota, Tennessee, Virginia, and Wisconsin to securely exchange prescription data between the 21 participating states.

NABP continues to work with other state PMPs to facilitate their participation in the NABP InterConnect. It is anticipated that approximately 30 states will be sharing data or in an MOU to share data using NABP InterConnect in 2013.

Subcommittee Discussion

A copy of the PowerPoint presentation provided by Scotti Russell, NABP Government Affairs Manager, has been provided immediately following the meeting minutes.

Ms. Herold asked how the system matches patients across state lines. Ms. Russell responded that it typically uses patient name, date of birth, and address (can be part of the address). Ms. Russell added that there are data matching techniques that allow the system to pull the patient even if there are slight variations (example: St. vs. Street).

Dr. Gutierrez asked if there has been a comparison of the Surescripts vs. NABP system. Ms. Russell responded that Surescripts does have a lot of data, however it does not show cash transactions like the NABP system does. Ms. Russell added that the Surescripts system does include more than just controlled substances. President Weisser noted that cash is a big issue when looking at red flags for potential drug abuse.

Dr. Fujimoto asked if many states collect data on Schedule II through V medications. Ms. Russell answered that about half of the states collect Schedule II through IV drugs, but there has been a move to collect Schedule II through V drugs in state PMP programs.

Chairperson Castellblanch asked if NABP had shown their system to California. Ms. Russell responded that NABP has talked to representatives from California multiple times, however right now the CURES system is so outdated that it cannot work with the NABP system.

Dr. Gutierrez asked if the new software for CURES be compatible with the NABP system. Ms. Herold answered that right now DOJ is looking at using another vendor.

The subcommittee asked if Ms. Russell could provide a ballpark participation cost per state for the NABP system. Ms. Russell responded that she would need to research this and provide the figures to the subcommittee at a later time.

Note: Since the meeting Ms. Russell provided Ms. Herold with the following information: currently the participation fee per state is \$12,000 a year, NABP covers this cost for the first 5 years.

Ms. Russell concluded the presentation by stating that the bottom line is NABP will work with any state that is willing to share data.

6. Discussion and Identification of Effective Ways to Educate Pharmacists About Prescription Drug Abuse and Corresponding Responsibility

Background

Corresponding Responsibility:

At the July Board Meeting, the board voted to make its decision in Pacifica Pharmacy a precedential decision regarding a pharmacist's corresponding responsibility. This decision is now posted on the board's website as a precedential decision, has been the subject of a subscriber alert, and was discussed recently at the October Board Meeting.

The board will highlight this decision in its next newsletter, *The Script*. A PowerPoint presentation has been specifically developed on corresponding responsibility to educate pharmacists about this concept. This program runs 1.5 -2 hours, for which continuing education credit is available.

Staff will also add this decision as a topic in prescription drug abuse presentations made to the public, and specifically call it to the attention of prosecuting DAGs when seeking discipline for a licensee's failure to adhere to corresponding responsibility.

Continuing Education Credit Awarded for Courses in this Subject Area:

Another approach to educate pharmacists about prescription drug abuse is to foster the development of continuing education courses in this area. The board currently provides training, jointly with the DEA, in this area periodically (this is in addition to the corresponding responsibility materials discussed above). The next scheduled joint presentation with the DEA is set for January 22 in Orange County. Staff is also working on a similar program in Sacramento for January 28. These joint presentations provide 6 units of CE to pharmacists.

The board also is proposing changes in its continuing education requirements in regulation to mandate CE in specific topics. The text of this approved modification is provided below:

Amend § 1732.5 in Article 4 of Division 17 of Title 16 of the California Code of Regulations § 1732.5. Renewal Requirements for Pharmacist.

- (a) Except as provided in Section 4234 of the Business and Professions Code and Section 1732.6 of this Division, each applicant for renewal of a pharmacist license shall

submit proof satisfactory to the board, that the applicant has completed 30 hours of continuing education in the prior 24 months.

(b) At least six of the 30 units required for pharmacist license renewal shall be completed in one or more of the following subject areas:

1. Emergency/Disaster Response

2. Patient Consultation

3. Maintaining Control of a Pharmacy's Drug Inventory

4. Ethics

5. Substance Abuse

Pharmacists renewing their licenses which expire on or after July 1, 2015, shall be subject to the requirements of this subdivision.

~~(b)~~ (c) All pharmacists shall retain their certificates of completion for four years following completion of a continuing education course.

Note: Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4231 and 4232, Business and Professions Code.

Health Notes on Pain Management:

In the mid-1990s and ending in the early 2000s, this board published a series of eight monographs for pharmacists whereby the board could ensure the consistency of education being available on specific topics, and for which a pharmacist could earn continuing education credit by completing and passing an exam on the materials' content. The board generally subcontracted with pharmacist experts in the field, and relied on academic editors to develop the articles. Each issue was attractive, but development of each issue was expensive and time consuming.

The first issue was on treating pain, including appropriate pain management, and other topics. This was developed following the then Administration's work in addressing under-treatment of pain. The policies advanced in this issue are now longer current with the board's thinking, and this issue has been removed from the board's website.

Subcommittee Discussion

Dr. Gutierrez asked if the board could put on a webinar using the slides from the presentation that Ms. Herold gave at the November 14, 2013 board meeting. Ms. Herold answered that creating webinars is something that the subcommittee could consider.

Chairperson Castellblanch reported that the board is working on a regulation to require 6 units of continuing education to be in specific subject areas, one of which is substance abuse.

Chairperson Castellblanch reported that the outdated *Health Notes* have been removed from the board's website. Chairperson Castellblanch requested that finding materials to replace the *Health Notes* be placed on the next meeting agenda.

The subcommittee discussed if continuing education should be required not only for "substance abuse" but also for corresponding responsibility or specifically *prescription* drug abuse.

Chairperson Castellblanch asked that a discussion on continuing education topics be placed on the next meeting's agenda.

The subcommittee recessed for a break at 12:30 p.m. and resumed at 1:11 p.m.

7. Presentations by the San Diego Task Force to Educate Parents, Teens Educators, Law Enforcement, Medical and Pharmacy Professionals About Prescription Drug Abuse

Background

At the last meeting of this subcommittee, Subcommittee Member Dr. Fujimoto commented that there are multiple educational groups who are looking for venues to put on workshops about prescription drug abuse, and suggested that the board consider reviewing and perhaps partnering with some of them.

Dr. Fujimoto also stated that she serves on a multidisciplinary task force whose goal is to educate parents, teens, educators and others about prescription drug abuse. This task force has been operating in San Diego for a while. Chairperson Castellblanch asked that this group be asked to provide information at a future subcommittee meeting.

Subcommittee Discussion

At the December 4, 2013 meeting, the individuals listed below from the San Diego task force provided presentations. Each of their presentations has been provided following the meeting minutes.

- Tom Lenox Supervisory Special Agent, Tactical Diversion Squad, DEA San Diego Field Division
 - At the beginning of his presentation Mr. Lenox introduced Derrick Jones and John Goldberg from the Los Angeles DEA office.
- Sherrie Rubin, Parent Advocate and founder of Heroin, OxyContin, Prescription Education (HOPE)
- Nathan Painter, PharmD, CDE, Health Sciences Associate Clinical Professor, UCSD , Skaggs School of Pharmacy and Pharmaceutical Science
 - During Mr. Painter's presentation Chairperson Castellblanch asked if the same presentations were going to be given to the Medical Board. Mr. Painter responded that there seems to be some hesitation from doctors when pharmacists try to "educate" them. Ms. Herold offered to contact the Medical Board and let them know about the presentations.

Note: President Weisser left the meeting at 2:35 p.m.

8. Presentation by the County of Orange Health Care Agency on Its Public Education Program about Prescription Drug Abuse

Background

At the October Board Meeting, a brief presentation was made by a representative of the County of Orange Health Care Agency on their public education campaign for prescription drug abuse. This group was invited to provide more information at a future subcommittee meeting. At this meeting, the agency will provide a fuller description of their program.

Subcommittee Discussion

Della Lisi Kerr, Prevention Specialist from Orange County Health Care Agency, provided a presentation on their public education campaign for prescription drug abuse. The presentation has been provided following the meeting minutes.

No comments from the public or from the subcommittee.

9. Discussion on the DEA's Proposed Rule to Add Tramadol to Schedule IV of the Federal Controlled Substances Schedules

Background

Prescription drugs that have a high potential for abuse and misuse are scheduled into the controlled substances schedules so they can be more closely tracked and monitored. Controlled drugs have restrictions on how they can be prescribed, dispensed and refilled. Prescribing and dispensing such drugs requires federal DEA registration. For the California Board of Pharmacy, there are actually two controlled substances schedules, one at the federal level and the other is in state law. While the two schedules are generally consistent, the federal schedule is a bit broader and is amended more frequently than the California schedule. To amend the California schedules, which are in the California Health and Safety Code, legislation is needed. The federal schedules can be amended by rulemaking action of the DEA.

Regulators, law enforcement and health care providers periodically observe that certain nonscheduled drugs are susceptible to the abuse typically associated with scheduled drugs. In such cases sometimes there is action to schedule such drugs into one of the controlled substances schedules.

For a number of years, Tramadol, which is a medication prescribed for pain, has been linked to drug abuse and misuse. As one example, in 2010, the federal Ryan Haight Act substantially eliminated the number of Internet drug operators offering controlled substance pain medications online because of the law's sanctions. Instead these operators shifted to selling Tramadol. The board observed this in its investigations of pharmacies filling prescriptions illegally generated via the Internet.

At least 10 states have already scheduled Tramadol as a controlled substance, and at least four citizen petitions to reschedule Tramadol have been pending at DEA since approximately 2005.

In early November, after discussions for a number of years, the DEA initiated action to reclassify Tramadol into Schedule IV of the federal schedule of controlled drugs. The Federal Notice to

solicit these comments was provided in the meeting materials. Comments were due January 3, 2014.

Subcommittee Discussion

Ms. Herold reported that since Tramadol was created many have questioned if it should be a controlled substance. Currently the DEA proposes to make it a schedule 4 drug. A letter of support will be sent out with President Weisser's signature.

10. Public Outreach to Address Prescription Drug Abuse

Background

During the April Board Meeting there was discussion on the success of the February 2013 Joint Forum on Appropriate Prescribing and Dispensing with the Medical Board. The need for greater public activity with respect to prescription drug abuse led the board to form this subcommittee.

The Medical Board of California has expressed interest in cohosting another forum with this board on appropriate prescribing and dispensing practices. Such an event is tentatively focused at the late spring or summer 2014. Planning has not yet begun on this subsequent event by the staff of the two boards.

Meanwhile, the US Department of Justice is interested in duplicating and hosting its own version of the Pharmacy Board/Medical Board Forum perhaps in March 2014 in the Bay Area. We have no other information about this conference.

Some of the items suggested following the February forum include creation of a brochure for pharmacists on corresponding responsibility, sharing information on improving opioid use in hospitals, and possible curriculum development for use in schools to advise students and parents of the dangers of prescription drug abuse and the attraction such drugs hold for youth.

The DEA has developed such a curriculum and we hope to secure a presentation on this at the January 2014 Board Meeting.

Over the last two years, the board has hosted several highly popular one-day seminars for pharmacists and other interested parties on drug diversion, prescription drug abuse and corresponding responsibility for pharmacists. The board's partner in this has been the Los Angeles Office of the Drug Enforcement Administration. Six hours of CE is awarded for this training, which is well attended and receives high evaluation scores. Two such sessions were provided in June and July 2013. As stated earlier we plan to host another such training in Orange County on January 22, 2014.

Also in mid-August 2013, this board joined with the Washington, DC headquarters office of the DEA to co-host with them four, one-day seminars for pharmacists in California on controlled substances issues, prescription drug abuse, corresponding responsibility and other matters related to curtail drug diversion. Two were held in San Diego, and two held in San Jose. At

least 300 pharmacists have attended each of these presentations. We hope to convene such training on January 29, 2014.

Subcommittee Discussion

No comments from the subcommittee or from the public.

11. Discussion on Senate Bill 493 (Hernandez, Statutes of 2013) and Potential Changes of Pharmacists' Roles in Preventing Prescription Drug Abuse

Governor Brown signed legislation in October to authorize the creation of a specialty class of pharmacists, who once licensed may offer expanded patient care services. The board is initiating creation of the specific requirements for qualification as an advanced practice pharmacist.

Qualifications: possess 2 of the 3 below:

1. Earn certification in relevant area of practice (ambulatory care, critical care, geriatric, nuclear, nutrition support, oncology, pediatric, pharmacotherapy, psychiatric practice recognized by ACPE or another entity recognized by the board)
2. Complete postgraduate residency in accredited postgraduate institution where 50 percent of experience includes direct patient care with interdisciplinary teams
3. Have provided clinical services to patients for at least one year under a collaborative practice agreement or protocol with a physician, APP, a pharmacist practicing collaborative drug therapy management, or health system

Subcommittee Discussion

Chairperson Castellblanch commented that this bill will increase a pharmacist's involvement in patient care. Chairperson Castellblanch requested that a discussion on a pharmacist's roll in dispensing and consulting in regards to pain management be placed on the next agenda.

Chairperson Castellblanch asked that the next subcommittee meeting be scheduled for February.

Chairperson Castellblanch asked for any comments on items not on the agenda. There were no further comments from the subcommittee or from the public.

ADJOURNMENT

3:23 p.m.