



California State Board of Pharmacy

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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
MEETING MINUTES**

DATE: February 18, 2014

LOCATION: Department of Consumer Affairs
Headquarters Building Two
1747 N. Market Boulevard Room 186
Sacramento, CA 95834

**COMMITTEE MEMBERS
PRESENT:** Ramon Castellblanch, PhD, Chairperson
Amarylis Gutierrez, PharmD
Darlene, Fujimoto, PharmD, Volunteer

**COMMITTEE MEMBERS
NOT PRESENT:** Rosalyn Hackworth, Public Member

**STAFF
PRESENT:** Virginia Herold, Executive Officer
Joyia Emard, Staff Analyst
Laura Hendricks, Staff Analyst

Call to order: Chairperson Castellblanch called the meeting to order at 9:39 a.m. and conducted a roll call. Subcommittee members present: Ramon Castellblanch, Dr. Amarylis Gutierrez and Dr. Darlene Fujimoto. Subcommittee members not present: Rosalyn Hackworth.

1. Mission Statement for the Subcommittee

Subcommittee Discussion

Chairperson Castellblanch reported that the subcommittee mission statement was approved at the last board meeting.

Approved Mission Statement: 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.

2. Presentation by the Placer County Task Force to Educate Parents, Teens, Educators, Law Enforcement, Medical and Pharmacy Professionals About Prescription Drug Abuse

Background

A task force from Placer County was invited to the meeting to report on what they are doing to combat prescription drug abuse in their community.

Subcommittee Discussion

Shari Crow, from the Placer County Department of Health and Human Services, discussed the task force's work toward educating the community about the dangers of prescription drug abuse. Ms. Crow reported that 16 percent of 11th graders in Placer county report taking prescription drugs without a prescription and said they feel prescription drugs are safer than other illicit drugs. Ms. Crow stated that they are seeing an increase in the abuse of Adderall and Ritalin at the high school level. The task force has found that teens know when you go to the dentist to get teeth pulled you will automatically get 30 Vicodin, which will then be given or sold to other students. Ms. Crow reported prescription drug abuse often leads to the abuse of other drugs, for example in the last 6 months Placer County has had five fatal heroin overdoses and six near- fatal heroin over doses.

Ms. Crow provided that their task force has three main goals. The first goal is to educate the community and medical professionals. The second goal is to educate the public on the safe storage and proper disposal of prescription drugs. The third goal is to work towards getting permanent disposal sites in local pharmacies. As part of their research, the task force sent out surveys to all 70 pharmacies in Placer County. Unfortunately, they only received responses from five pharmacies, which was not a significant enough of a response to use in their research.

Ms. Crow asked the subcommittee to consider requiring pharmacies to sell locking prescription storage devices, finalizing a permanent plan for the disposal of prescription drugs, working with the DOJ to make CURES more user-friendly and having pharmacists give a one-sentence warning about the addictive nature of a medication during consultation.

Dr. Gutierrez asked if the locking prescription bottle is commercially available and noted that someone could still get the drugs out of the container if they really wanted to. Ms. Crow responded that the container is commercially available and the goal of the container is to make it harder to get the drugs.

Dr. Fujimoto commented that pharmacies cannot currently take back unused prescriptions and asked if the task force is working with the DEA. Ms. Crow confirmed that they are working with the DEA and hope to see the law change.

Chairperson Castellblanch commended the task force on their work.

Ms. Herold asked if there was anything that the subcommittee could do to help the task force with their work. Ms. Crow responded that any help the subcommittee could offer in regards to the three goals that she listed earlier. Ms. Herold commented that unfortunate the board is waiting for the DEA to finalize drug disposal guidelines. Ms. Herold added that one of the main goals of the subcommittee it to educate the public and licensees on prescription drug abuse and the board has always placed high importance on pharmacist consultation.

Dr. Fujimoto stated that the board must continue to work with prescribers on appropriate pain management.

Deborah Berardo, RPh from the University of Santa Cruz, asked Ms. Crow why she thought they only received five responses to their survey of 70 area pharmacies. Ms. Crow responded that pharmacists are very busy and they work a corporate structure which makes it hard for them to provide their opinion (all five of the responses they received were from independent pharmacies). Ms. Berardo commented that she felt pharmacies didn't respond because they really don't know how bad the drug abuse problem is.

Pierre Del Prato, pharmacist, commented that education needs to be focused on junior high aged children and agreed that pharmacists should be warning patients on the potential for addiction during consultation.

3. Next DEA-Sponsored Prescription Drug Disposal Day Scheduled for April 26, 2014

Subcommittee Discussion

Ms. Herold announced that there will be a DEA drug take back day on April 26, 2014. There will be locations all over California and they will be accepting controlled substances. Ms. Herold added that the board would have a link on its website so people could learn more about the event and find local take-back locations.

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

Background

As part of the budget for 2013/14 and 2014/15, the healing arts boards in the department that regulate prescribers or dispensers are contributing funds to build a new computer system for CURES. The board's contribution this year is \$215,000 (plus the \$92,000 the board has been contributing for support of CURES for some time). In April 2014, all pharmacists, pharmacies, clinics and wholesalers will begin paying \$6 per year as part of their renewals to provide ongoing support for CURES.

Subcommittee Discussion

Ms. Herold reported that currently the DOJ is doing a feasibility study to create a new, more user friendly prescription drug monitoring system which will be funded by hearing arts boards and licensees (via a \$6 per year fee). Ms. Herold provided that starting January 1, 2016 all licensees will be required to register for CURES, something that the current system could not handle.

Ms. Herold directed the subcommittee's attention to an article (provided in the meeting materials) which illustrated that New York's requirement to check their monitoring system prior to dispensing has decreased doctor shoppers by 75 percent. Dr. Castellblanch commented he was unsure if the use of the monitoring program in New York actually led to a decrease in doctor shoppers or if it is just slowing down the prescribing process, thus allowing pharmacists to really take time to consider who they are dispensing drugs to.

5. Discussion with Mike Small, California Department of Justice, Regarding Processes to Facilitate the Enrollment of Pharmacists in CURES

Background

The subcommittee invited Mike Small, who is currently managing CURES, to attend the meeting so that he could provide an update on the system.

Subcommittee Discussion

Mr. Small commented that in 2010 and 2012 CURES received grants that he has been encumbering for the development of the new system and registration outreach efforts.

The subcommittee expressed their concern that California is not using the NABP hub which is currently used by 23 other states to enable information sharing between states. Mr. Small responded that California will use the PMIX Solution because, unlike the NABP system, the DOJ is able to control the system and ensure its security.

Dr. Gutierrez and Dr. Fujimoto asked when Mr. Small expected the PMIX system would be functional. Mr. Small responded that at this time he could not say when it would be live, however they have secured a vendor.

Dr. Castellblanch asked how the PMIX system would be funded. Mr. Small responded that he believes initially it would be supported by grants.

Dr. Gutierrez asked if the current CURES system was interoperable with other state systems and if the PMIX system would be interoperable. Mr. Small confirmed that PMIX would be interoperable with other states, however the current CURES system is not.

The subcommittee asked for an update on the funding of CURES. Ms. Herold and Mr. Small reported that staffing remains the biggest issue as they did not receive approval to hire any staff until July 1, 2015.

The subcommittee expressed their concern with the difficulty of registering in the current CURES system.

Dr. Gutierrez noted that the board is holding pharmacists responsible for not checking the CURES system before dispensing a controlled substance, however many pharmacists are unable to even get access to the system. She asked if there was anything the board could do to help facilitate registration.

Mr. Small responded that unfortunately there is no money to improve the current system and there is no staff to input registration data. Mr. Small added that he would like the new system to leverage the DCA database so he can get the licensing information to automatically enroll people. However, an obstacle to this potential automatic enrollment process is the fact that DCA does not collect email addresses for licensees. Ms. Herold provided that she is willing to work with Mr. Small on potentially leveraging the board's subscriber alter email list.

Dr. Gutierrez what can the board can do right now to help the DOJ get pharmacists registered in a timely manner? Mr. Small reminded the subcommittee that CURES technically does not exist: it was defunded in December, 2011. Mr. Small added he is willing to allow the board to accept applications and verify the identity of the applicants on behalf of the DOJ. Dr. Gutierrez responded that it doesn't seem to be collecting the application that is holding up the process, it is in putting the data in the system. She asked if the board could input the data into the CURES system for the DOJ. Mr. Small and Ms. Herold stated that the board cannot input data into CURES.

Dr. Castellblanch asked if board members could participate in the workgroup meetings to developing the system. Mr. Small indicated that board staff has been attending the meetings on behalf of the board and added that he would be open to board members attending. Ms. Herold commented that there has only been one workgroup meeting so far, and the attendees were various CURES stakeholders.

Dr. Fujimoto asked what pharmacists are attending the workgroup meetings. Mr. Small responded that the pharmacists attending the workgroup meetings were involved in the development of SB 809.

Dr. Fujimoto recommended that rather than attending the workgroup meetings, board members should meet higher level DOJ staff.

Dr. Fujimoto commented that pharmacists who are currently registered in CURES do not use it because of the slow response time and out of date information. Mr. Small responded that his goal for CURES 2.0 is for the data to be so readily available that checking CURES will become a standard of care.

Jonathan Nelson, from California Society of Health System Pharmacists, commented we need to get as many people registered in CURES as possible and offered to help Mr. Small in any way possible.

Komo Patel, pharmacist, commented that she would like to see the CURES system work with existing pharmacy software.

Motion: Direct staff to work with Mike Small to facilitate increasing pharmacists' enrollment in the current CURES system until the new system is implemented.

M/S: Gutierrez/Fujimoto

Support: 3 Oppose: 0 Abstain: 0

6. Pharmacy and Medical Board Future Joint Forum on Appropriate Prescribing and Dispensing

Subcommittee Discussion

Ms. Herold reported that the Medical Board is currently revising their pain guidelines and are hoping to have the guidelines finalized by later this year. After the guidelines are updated another Medical Board and Board of Pharmacy Joint Forum will be held to educate licensees.

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

Subcommittee Discussion

Dr. Castellblanch reported that his goal is to provide pharmacists and the public with independent, high-quality, academic research on chronic non-cancer pain management. He stated that the board can use its website and continuing education programs to disseminate the information. Dr. Castellblanch noted that due to the diversity of California he would like to see the information provided in Spanish and other major languages.

Dr. Fujimoto and Dr. Gutierrez commented that in addition to education they would like to look at other ways to approach the drug abuse epidemic, such as more proactive regulation by the board. Dr. Castellblanch responded that at the next meeting they could agendaize additional ways to reduce the opioid epidemic.

Deborah Berardo, RPh from the University of Santa Cruz, commented that she supported the board's efforts to educate licensees and the public on prescription drug abuse.

Dr. Castellblanch asked that the subcommittee and Ms. Herold invite subject matter experts to present at the next meeting.

Dr. Gutierrez asked if the goal of the educational materials is to educate pharmacists or the public. Dr. Castellblanch responded that the goal is to educate both groups.

8. Pharmacists' Scope of Practice and Consultations for Opioid Dispensing

A pharmacist has a major opportunity to advise patients when dispensing medication about precautions and appropriate use of opioids, related issues of prescription drug abuse, control and storage of the medication, and appropriate disposal of the medication.

Regarding scope of practice, the Advanced Practice Pharmacist licensure provisions enacted last year as part of SB 493 could provide a means to encourage the development and recognition of pharmacists with this specialty practice. The Board of Pharmacy Specialties has a category under review, but no program yet in place.

Subcommittee Discussion

Dr. Castellblanch asked if a pharmacist's scope of practice allows them to advise patients on the appropriate use of pain medications. Ms. Herold responded that a pharmacist has a major opportunity and responsibility to advise patients when dispensing medication about precautions and appropriate use of opioids, related issues of prescription drug abuse, control and storage of the medication and appropriate disposal of the medication. Dr. Fujimoto added that a pharmacist really is not limited in what they say to patients and the board needs to be more proactive in ensuring that pharmacists are consulting their patients.

Dr. Castellblanch noted that there has been push-back from doctors when they received calls from pharmacists questioning their prescriptions. Dr. Fujimoto confirmed that this was the overall attitude of doctors, however at joint meeting between the Medical Board and Board of Pharmacy they have been working towards fostering the understanding that pharmacists and doctors need to work collaboratively.

Dr. Gutierrez asked if there had been any articles in The Script regarding patient consultation. Ms. Herold responded that an updated article could be created for a future issue. Dr. Fujimoto noted that in the article it may be helpful to provide some sample consultation scenarios.

Pierre Del Prato, pharmacist, agreed that pharmacists are in the perfect position to educate patients on the dangers of addiction to their medications.

Dr. Fujimoto commented that the subcommittee should ask an addictionologist to attend a future subcommittee meeting to provide a presentation on addiction.

Komo Patel, pharmacist, agreed that the board should put out information on the importance of consultation. She added that in many chain stores pharmacists are forced to rush through consultations.

9. Activities to Promote March 2014 as Prescription Drug Abuse Awareness Month, Pursuant to SCR 8 (DeSaulnier, Chapter 26, Statutes of 2013)

Subcommittee Discussion

Ms. Herold reported that the board has created three PSAs on prescription drug abuse. The goal is to use them on the radio and the board's website. Ms. Herold added that October is also "talk to your pharmacist month" so the board will have more opportunities

The subcommittee asked that staff report on the results of the Drug Abuse Awareness month at the next meeting.

10. Review of Public Outreach Materials Developed and Shared by Southern California Community Groups at the December 4, 2013 Committee Meeting

Subcommittee Discussion

Ms. Herold reported that at the December meeting, the committee heard presentations from various community groups. However, the committee did not have time to review the presentation materials during the meeting so they have been provided again materials have again been provided at this meeting for further discussion. Ms. Herold added that there is so much information already available she feels that the subcommittee could seek permission to use it rather than creating new resources.

Dr. Castellblanch commented that it is a statistical fact that the opioid epidemic is most prevalent in middle aged men. Dr. Castellblanch stated that he wanted to be sure that the subcommittee does not ignore this important age group when considering educational materials.

Deborah Berardo, RPh from the University of Santa Cruz, stated that another educational resource the subcommittee could look at is the National Coalition Against Prescription Drug Abuse. Ms. Berardo added that in her studies she has seen that the epidemic is a huge problem among teenagers. Dr. Castellblanch responded that the Center for Disease Control compiled data from death certificates that illustrates that death from prescription drug overdose is highest among males between the ages of 45-54 years old.

The subcommittee recessed for a break at 12:00 p.m. and resumed at 12:18 p.m.

11. Review of Industry-Produced Educational Materials for the Public and Licensees

Subcommittee Discussion

Kristi R. Dover, PharmD Sr. Dir., Medical Science Liaisons for Purdue Pharma, provided a presentation to the subcommittee on the multiple educational materials that Purdue Pharma offers.

The subcommittee asked if the materials were only available to Purdue Pharma customers. Dr. Dover responded that some of the materials were only available to customers. Ms. Herold noted that staff is working with Dr. Dover on reviewing the materials that are available to the public and looking at the possibility of using it on the board's website.

12. Articles Documenting Issues of Prescription Medication Drug Abuse

Subcommittee Discussion

Dr. Castellblanch briefly reviewed the articles provided in the meeting materials regarding prescription medication abuse. He noted that in Vermont prescription drug abuse has reached such an epidemic level that the governor dedicated his state of the state address to the subject. Dr. Castellblanch added that the subcommittee may want to look at how Vermont is handling the epidemic.

13. Public Outreach to Address Prescription Drug Abuse

Subcommittee Discussion

Ms. Herold reported that the board held two day-long presentations on prescription drug abuse and corresponding responsibility in January. The two sessions were provided in Orange County on January 22, 2014 and in Sacramento on January 31, 2014. Six hours of CE was awarded for this training, which is well attended and receives high evaluation scores.

The subcommittee determined that the next meeting would be held in May of 2014. Dr. Castellblanch asked staff to determine a date that would work for the subcommittee members as well as the expert that he had asked to present at the meeting.

Dr. Castellblanch adjourned the meeting at 12:58 p.m.