COMMUNICATION AND PUBLIC EDUCATION COMMITTEE

Ricardo Sanchez, Public Member, Chairperson
Deborah Veale, Licensee Member, Vice Chairperson
Ryan Brooks, Public Member
Amjad Khan, Public Member
Victor Law, Licensee Member

Report of the Communication and Public Education Committee held September 20, 2017. A copy of the meeting minutes is in Attachment 1.

a. Discussion and Consideration of a Proposal by Chapman University School of Pharmacy Group to Require a Warning Label on Prescription Containers for Chemotherapy Medications

Background
At the March 2017 Communication and Public Education Committee Meeting, the committee heard a presentation from a group of Chapman University pharmacy students on the safe and proper disposal of oral chemotherapy drugs. The group proposed a standardized hazard symbol be placed on prescription labels for NIO SH-designated hazardous drugs. The committee supported the students’ efforts to educate pharmacists on the topic and advised the group to draft an article for publication in the board’s newsletter regarding the topic.

Committee Discussion and Action
Chapman University School of Pharmacy Professors Dr. Siu Fun Wong and Dr. Coco Sun Yang presented an update to the committee regarding the students’ progress. Dr. Wong and Yang also provided the committee with information about a survey of health care professionals about the use and handling of oral chemotherapy drugs and has received six responses so far – four from pharmacists and two from physicians. Key findings included:

- Five of six respondents reported they do not teach patients how to handle or dispose of oral chemotherapy.
- Half of the respondents reported they feel oral chemotherapy can be placed in a patient’s pill box with other medications.
- Half said they feel empty oral chemotherapy containers can be placed in regular trash to be disposed of and do not recognize that contamination can occur beyond injection sites, such as through skin or inhalation routes.
- Two of the four pharmacists said they sometimes or never attach an auxiliary label to the drug container to alert the patient that the drug is biohazardous.
Dr. Wong and Dr. Yang reported to the committee the Chapman group is working to educate pharmacies, drug manufacturers and other stakeholders about safe handling and disposal of oral chemotherapy. At the same time, the group is proposing that the Board of Pharmacy require a standardized hazardous symbol to be placed outside the patient-centered area of prescription labels for NIOSH-designated hazardous drugs.

Dr. Wong they have met resistance from drug manufacturers and the board’s support would increase stakeholders’ interest. She said the Chapman group would like to work with the board to develop published guidelines on proper handling and disposal of oral chemotherapy. A copy of their presentation is in Attachment 2.

The committee thanked professors Wong and Yang for the presentation and expressed interest in learning more as additional surveys of health care providers and patients are completed. Members noted that pharmacies already can attach biohazard symbols to oral chemotherapy drug labels without the need for a new law.

Committee members suggested that before adopting any mandate, the board could use subscriber alerts to remind pharmacists to provide patient consultation for oral chemotherapy drugs. In addition, The Script article could be used as an education resource for pharmacists, and materials aimed at educating consumers also could be developed.

Recent Update
The article submitted by the Chapman group published in the October 2017 issue of The Script. Board staff will be developing a subscriber alert to send to licensees providing a reminder on this topic as well as access to the article in The Script.

b. Discussion and Consideration of a Proposal for a Public Service Billboard Message and Related Communication Materials on Drug Abuse

Background
At the October 2016 board meeting, the board approved a billboard message – “Unattended Prescription Drugs are the Leading Killer of Kids” – that was donated by committee member Ryan Brooks’ firm, Outfront Media. Since the October 2016 board meeting, the executive officer and public information officer have been concurrently working with a task force of state agencies on opioid abuse prevention.

Committee Discussion and Action
At the September 2017 Communication and Public Education Committee meeting, staff advised the committee, Outfront has agreed to donate printing of five billboards in various locations – most likely two in Los Angeles, two in Northern California and one in the Central Valley.

The committee also was advised of possible concerns with the proposed billboard message, based on information obtained by staff working with the state-wide task force. Specifically,
staff noted that message is not factual. Additionally, staff presented samples of successful state-sponsored public service messages used on billboards, posters and other media in other states. The samples reflected key elements of effective messages – including a positive or pro-active tone, specific directions to consumers (such as “Lock your meds” or “Don’t share”), and wording or images that connect to viewers on a personal level. Copies of the billboard approved by the board and the samples from other states are in Attachment 3.

Committee members thanked Mr. Brooks and Outfront Media for their work and generous contribution to the board. The committee agreed to move forward with a new billboard message that is accurate. Members also expressed interest in possible wording based on one of the samples: “Be Aware. Don’t Share. Lock Your Meds.”

**Committee recommendation:** Move forward with a new campaign for the billboard project; develop a theme similar to the “Be aware, don’t share, lock your meds” sample provided with the board’s website added; authorize the committee chairperson and executive officer to work with Outfront Media; and present the new campaign at the board meeting in November 2017.

**Recent Update**
After the committee meeting, staff developed several variations of a possible billboard message with wording that incorporates the board’s slogan “Be Aware and Take Care: Talk to Your Pharmacist!” The board’s name, website and trademark mortar and pestle symbol also would appear on the billboard. An update on this project will be provided at the board meeting.

c. **Discussion and Consideration of Safe Medication Transitions for Patients upon Discharge from Health Care Facilities, Consumer and Pharmacist Educational Opportunities, and Any Necessary Statutory or Regulatory Changes**

**Background**
At the July 2017 board meeting, the board heard a presentation by Dr. Rita Shane titled “Safe Medication Transitions: Evidence-Based Solutions.” The board directed the committee to discuss materials and tools that could be developed to educate both consumers and pharmacists about the importance of maintaining and conveying a medication history to health care providers during hospital admission. A copy of Dr. Shane’s presentation is in Attachment 4.

**Committee Discussion and Action**
The committee considered the possibility of a smartphone app to store medication history but also acknowledged that some consumers don’t use smartphones. Members also noted
that many hospitals are working on similar discharge medication programs. Staff pointed out that the board currently provides small cards that consumers can use to write and carry a list of their medications. The committee directed staff to research existing phone apps and hard forms that could be used and report back to the committee.

d. **Discussion and Consideration of Educational Materials Regarding Drug Take-Back Collection Receptacles and Providing Public Access to Such Information**

**Background**

At the July 2017 board meeting, the received a summary of an audit by the State Auditor Agency on home-generated sharps and pharmaceutical waste services. The committee was directed by the board to discuss possible materials and tools to educate consumers about how to access drug take-back programs to dispose of unused medications. A copy of the audit summary is in **Attachment 5**.

**Committee Discussion and Action**

Staff updated the committee that online forms are being developed to allow pharmacies to register collection receptacles with the board. Addresses of collection receptacles will be posted on the board’s website in a format that consumers can search by ZIP code. Staff also is developing wallet-size information cards for consumers explaining how to dispose of unused drugs safely and how to access take-back programs.

Committee members requested that printed materials be translated into multiple languages for consumers and that online information be easy to find on the board’s website. The committee also directed staff to return with recommendations on how to help consumers better navigate the board’s website.

e. **Discussion and Consideration of Requests to Use Non-Board Versions of Naloxone Fact Sheet and Notice to Consumers**

**Relevant Law**

California Code of Regulations (CCR) section 1707.6(a) specifies the requirements for the Notice to Consumers (NTC) that is to be posted in pharmacies. The section also specifies a pharmacy may request display of the NTC in another format if prior approval has been received by the board. The section further clarifies the board may delegate the authority to approve to a committee or the executive officer.

CCR section 1746.3 (c)(6) clarifies the requirements for the current naloxone fact sheet to be approved by the board.

**Background**

At the March 2017 committee meeting, staff presented a request from a pharmacy to use its own version of the naloxone fact sheet. Additionally, the executive officer received a pharmacy request to use its own version of the Notice to Consumers.
Copies of the board’s and nonboard versions of the naloxone fact sheet and Notice to Consumers are in Attachment 6.

Committee Discussion and Action
At the September 2017 committee meeting, Ms. Herold informed the committee that she had invited a group of public information officers to review and compare the effectiveness and readability of the board and nonboard versions of both the naloxone fact sheet and the Notice to Consumers. She said the group recommended not approving the nonboard versions for use.

Specifically, the group found the nonboard version of the naloxone fact sheet was too dense and the print was too small and difficult to read. They also said the format made it hard to read in an emergency.

The group noted that the non-board version of the NTC does not follow the wording of the board’s version, and it uses the board’s logo on nonboard material. The group also preferred the yellow and red coloring of the board’s version to the light blue of the nonboard version and expressed concern that the nonboard version merged the NTC information with the point-to-your-language information.

Ms. Herold indicated her recommendation would be to not approve the nonboard versions of the naloxone fact sheet nor the NTC for use. The committee agreed. In addition, members recommended changing CCR section 1707.6(a) and (c) to authorize the executive officer or the committee to approve substantially similar versions of the Notice to Consumer text for use by individual pharmacies.

Committee recommendation: Based on the executive officer’s recommendation and review of the samples, the committee does not recommend approving the use of the non-board versions of the naloxone fact sheet or the Notice to Consumers.

Committee recommendation: Change CCR 1707.6 (a) and (c) to authorize the executive officer or the committee to approve substantially similar Notice to Consumers text for individual pharmacies.
f. **Discussion and Consideration of the National Association of Boards of Pharmacy (NABP) Report on Internet Drug Outlet Identification Program Progress Report for State and Federal Regulators: August 2017**

**Background**
For the committee’s information, staff provided a report issued by the National Association of Boards of Pharmacy that investigated 108 so-called “Canadian” pharmacy websites. NABP found that 74 percent obtained their drugs from outside Canada, and half of the websites got the medications from India or other countries. In addition, none of the websites required consumers to submit a valid prescription. A copy of the report is in **Attachment 7**.

**Committee Discussion and Action**
The committee discussed the board’s active participation in the creation and development of .Pharmacy as a top-level domain operated by NABP for use by approved pharmacy websites. The committee agreed this is very important information because many consumers fall victim to false internet pharmacies.

g. **Update and Discussion of Communication and Public Education Activities by Board Staff**

Staff updated the committee on the media and outreach activities performed according to a communication plan for consumers and licensees. The committee originally approved the plan at its March 2017 meeting. A copy of the updated plan as well as a list of all of the media and outreach activities are provided and updated for the board meeting in **Attachment 8**.

h. **Future Meeting Dates**

- Jan. 31, 2018
- April 25, 2018
- July 11, 2018
- Oct. 11, 2018
Attachment 1
COMMUNICATION AND PUBLIC EDUCATION COMMITTEE
DRAFT MEETING MINUTES

Date: September 20, 2017

Location: Department of Consumer Affairs
DCA Headquarters Building Two
1747 N. Market Blvd., Room 186
Sacramento, CA 95834

Committee Members Present:
Ricardo Sanchez, Public Member, Chairperson
Debbie Veale, Licensee Member, Vice Chairperson
Ryan Brooks, Public Member
Victor Law, Licensee Member

Committee Members Not Present:
Amjad Khan, Public Member

Staff Present:
Virginia Herold, Executive Officer
Anne Sodergren, Assistant Executive Officer
Laura Freedman, DCA Staff Counsel
Debbie Damoth, Staff Services Manager
Bob Dávila, Public Information Officer

1. Call to Order and Establishment of Quorum

Chairperson Sanchez called the meeting to order at 9:06 a.m. Roll call was taken, and a quorum was established. Mr. Brooks arrived at 9:11 a.m.

2. Public Comment for Items Not on the Agenda, Matters for Future Meetings

Chairman Sanchez announced that the Communication and Public Education Committee’s goal is to educate consumers, licensees and stakeholders about the practice and regulations of the pharmacy profession. There was no public comment.
3. **Discussion and Consideration of a Proposal by a Group from Chapman University School of Pharmacy to Require a Warning Label on Prescription Containers for Chemotherapy Medications**

Chairperson Sanchez informed the committee that at its March 2017 meeting, a group of students and faculty from Chapman University School of Pharmacy presented research and findings about safe handling and proper disposal of oral chemotherapy medications. The group proposed requiring a standardized hazard symbol on prescription labels for NIOSH-designated hazardous drugs.

Chairperson Sanchez reported the students were working to educate and promote their proposal among pharmacies, drug manufacturers and other stakeholders. He said the students had submitted an article about their research and proposal for *The Script*.

Chairperson Sanchez then welcomed Professor Siu Fun Wong, PharmD, and Assistant Professor Coco Sun Yang, PhD, of Chapman University School of Pharmacy. Dr. Wong informed the committee that the Chapman group is proposing a statutory or regulatory change to prescription labeling. She noted the board previously has adopted regulations requiring written labels to be placed on containers for specific drugs that may impair a person’s ability to operate a vehicle or vessel and for specific drugs that may pose a risk when taken with alcohol.

Dr. Wong reported the group is awaiting Institutional Review Board (IRB) approval of a planned patient survey on the use and handling of oral chemotherapy drugs. Meanwhile, the group has begun surveying health care professionals and received six responses so far – four from pharmacists and two from physicians. She said 50 percent of the respondents were oncology trained; 50 percent had more than 10 years of practice experience; and all the respondents were from nonacademic sites – reflecting the statistic that 80 percent of oncology practice in the United States occurs in nonacademic centers.

Other findings from the survey included to date:
- Five of six respondents reported they do not teach patients how to handle or dispose of their oral chemotherapy.
- Half of the respondents reported they feel oral chemotherapy can be placed in the patient’s pill box with other medications.
- Half said they feel empty oral chemotherapy containers can be placed in regular trash to be disposed of and do not recognize that contamination can occur beyond injection sites, such as through skin or inhalation route.
- Respondents indicated they do not have enough resources to do more patient education.

Dr. Wong also reported findings from the pharmacists, including:
• Fifty percent (two out of four) of the pharmacists responded they sometimes or never attach the auxiliary label to alert the patient that the drug is biohazardous.

• One pharmacist indicated that oral chemotherapy drugs can be placed in automated counting machines.

Dr. Wong said the Chapman group would continue collecting survey data but felt that the information collected so far was concerning enough to warrant sharing with the Communication and Public Education Committee. She reiterated the group proposal that the board include a standardized hazardous symbol outside the patient-centered area of the label for NIOSH-designated hazardous drugs. She showed an image of the proposed symbol on sample labels in the slideshow and said the symbol already is being used in inpatient settings when intravenous chemotherapy is dispensed. A copy of the slideshow may be found directly after these minutes.

Committee members thanked Dr. Wong and Dr. Yang and expressed strong interest in the survey findings. Dr. Wong reiterated the findings were preliminary and that more data would be collected.

Ms. Veale said pharmacists might be exercising professional judgment in deciding not to attach a biohazard auxiliary label to a prescription bottle. She said most pharmacy computer systems print out and suggest auxiliary labels to provide on bottles. Dr. Wong said that in her experience she has not seen automatically printed biohazard auxiliary labels on her patients’ chemotherapy bottles.

In response to a question from Ms. Veale, Dr. Wong said she was not aware that any state has enacted legislation mandating this type of label. She reported the Chapman group has presented information about its proposal and received a lot of interest from the National Association of Boards of Pharmacy. She added that the proponents would reach out to oncology patient advocacy groups for help in improving awareness and education about the biohazard symbol among consumers.

Ms. Veale noted that pharmacies already can attach biohazard symbols to oral chemotherapy without the need for a change in the law. Dr. Wong said support from the board would increase stakeholders’ interest in the proposal and added that proponents have encountered resistance from drug manufacturers. She said proponents hope their surveys of health care providers and patient caregivers will increase awareness and help develop an efficient education program.

Mr. Law asked about auxiliary biohazard symbol labels that could be attached to prescription bottles. Dr. Yang and Dr. Wong said attachable labels are available but they are promoting automated printing and attachment of labels. They added that label software vendors would provide a biohazard symbol label for free if it is required by law but would charge if the label is not required by law. Ms. Veale asked to see samples.
from label vendors to ensure the symbol placement and appearance comply with the board’s patient-centered labeling regulation.

Ms. Herold asked why a pharmacist would choose not to advise a consumer about the need to handle oral chemotherapy drugs differently from other drugs as a part of patient consultation. Dr. Yang said pharmacists reported insufficient resources and training. Dr. Wong added that there is no official guideline for pharmacists to discuss safe handling and disposal.

Dr. Wong said more education and awareness are needed, and she added that the board’s support would be instrumental in that effort. In addition, she said, efforts to educate the public about safe handling and disposal of chemotherapy drugs must be backed up by having adequate take-back programs and sites available to accept chemotherapy drugs for disposal. She noted that current regulations and take-back sites exclude biohazardous drugs for disposal.

Mr. Law suggested that before adopting a mandate, the board could use subscriber alerts to remind pharmacists to provide patient consultation for oral chemotherapy drugs unless the board receives complaints that pharmacists are not doing so. Ms. Veale said The Script article by the Chapman group could be used as an education resource and that materials aimed at educating consumers also could be developed.

Dr. Wong said the Chapman group would like to work with the board to develop published guidelines on proper handling and disposal of oral chemotherapy. Committee members urged Dr. Wong to provide results from both the patient and health care provider surveys being conducted by Chapman. Chairman Sanchez said the findings would be helpful in making any formal committee recommendation to the board.

There was no public comment.

4. Discussion and Consideration of a Proposal for a Public Service Billboard Message and Related Communications Materials on Drug Abuse

Chairperson Sanchez reminded the committee at the September 2016 committee meeting, members reviewed proposed concepts for a bulletin board message developed and provided by Mr. Brooks’ firm, Outfront Media, to encourage parents to talk to their children about prescription drug abuse. The committee recommended that the board proceed with a proposal featuring drawings of pills around the message “Unattended Drugs are the Leading Killer of Kids.” At the October 2016 board meeting, the board agreed with the committee’s recommendation and voted to approve the billboard message. Outfront Media has advised the board that it will donate the printing of five billboards in various locations around California – mostly likely two in Los Angeles, two in Northern California and one in the Central Valley.
Mr. Sanchez reported board staff concurrently was actively involved with a task force of state agencies working to develop an effective communication campaign to reduce prescription drug abuse in California. Staff has received information regarding key factors in successful state-sponsored billboard campaigns as a result of participating in this task force and would like to address this with the committee.

Public Information Officer Bob Dávila provided an overview of staff activities on the anti-opioid statewide task force. Mr. Dávila reviewed the current board approved billboard and several samples that demonstrated key factors in successful billboard campaigns, including a more positive message, constructive instructions, and messaging that relates to the consumer on a personal level.

The committee discussed the intent of the billboard for the board versus the intent of the statewide task force. Some members voiced an interest in joining the statewide campaign, while others expressed concern about the time it would take and recommended the board present its own message independent of the statewide campaign. Mr. Law expressed appreciation for the generosity of Mr. Brooks and his firm to assist in conveying the board’s message.

The committee discussed using the initial framework of the previously approved billboard and adjusting the verbiage to ensure accuracy.

**Committee recommendation:** Move forward with a new campaign for the billboard project; develop a theme similar to the “Be aware, don’t share, lock your meds” sample provided with the board’s website added; authorize the committee chairperson and executive officer to work with Outfront Media; and present the new campaign at the board meeting in November 2017.

M/S: Veale/Law

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Danny Martinez of CPhA expressed concern for the use of billboards and recommended locking medications with locking pill bottles to assist with the opioid crisis.

Dr. Sui Fun Wong recommended adding, “Your Board of Pharmacy Cares.”
5. **Discussion and Consideration of Safe Medication Transitions for Patients upon Discharge from Health Care Facilities, Consumer and Pharmacist Educational Opportunities, and Any Necessary Statutory or Regulatory Changes**

Chairperson Sanchez reminded the committee that at the July 2017 Board Meeting, Dr. Rita Shane summarized a presentation on The Safe Medication Transitions: Evidence-Based Solutions. Dr. Shane shared her recommendations for pharmacy staff to ensure the accuracy of medication lists at admission and discharge for high-risk patients. A copy of Dr. Shane’s presentation was included in the meeting materials.

Mr. Sanchez said the board adopted a recommendation from the Enforcement and Compounding Committee to refer the matter to the Communication and Public Education Committee to develop education materials for both consumers and pharmacists highlighting the importance of maintaining and conveying a medication history to health care providers in the hospital and understanding how medication lists may change at discharge.

The committee discussed the options of developing a smart phone application (app) but also considered consumers who don’t use smart phones. The board may want to focus on consumer education rather than *Script* articles unless it is an article on supporting efforts for consumers. Many hospitals are working on similar discharge medication programs. The committee agreed consumers need to have a list of medications taken for emergencies or when they go to the hospital. The board currently has a medication card available for consumers.

The committee determined board staff should research what app and hard forms are available and bring the information back to the committee.

Lori Ann DeMartini of CSHP suggested looking at what is out there and what are the regulatory requirements for hospitals and nursing homes in 42 CFR and Title 22 regarding topics such as medication review, discharge planning, meds-to-beds programs, and corresponding pharmacy requirements.

Danny Martinez of CPhA recommend researching before developing a new app.

The committee took a break from 10:40 am to 10:53 am.

6. **Discussion and Consideration of Educational Materials Regarding Drug Take-Back Collection Receptacle and Providing Public Access to Such Information**

Mr. Sanchez reminded the committee that at the July 2017 Board Meeting, staff reported for the board’s information the summary of an audit by the State Auditor Agency on home-generated sharps and pharmaceutical waste services. The board directed the Communication and Public Education Committee to develop information...
for consumers about how to access drug take-back programs. A copy of the audit summary is included in the meeting materials.

Mr. Sanchez said staff is developing online forms that pharmacies can use to register collection receptacles with the board. Once they have been registered, addresses of receptacle locations will be posted on the website in a format that consumers can search by ZIP code. He said the website also contains links to the DEA’s database of collection locations as well as information about DEA National Drug Take-Back Day events. Staff is also developing a wallet-size information card explaining how consumers can access drug take-back programs.

Mr. Law said it was a good idea to have standardized materials in multiple languages and requested there be a timeline for consumer publications to be translated into multiple languages. Ms. Herold explained the Mr. Dávila’s priority is the take-back materials and then he can work on translations.

Ms. Veale wanted to make sure the board’s webpage is easy to navigate for consumers with buttons. Ms. Veale recommended the committee review the webpage content on a regular basis.

The committee directed board staff to bring recommendations to the committee to help consumers navigate the board’s website.

7. **Discussion and Consideration of Requests to Use Non-Board Versions of Naloxone Fact Sheet and Notice to Consumers**

Mr. Sanchez provided to the committee at the March 2017 committee meeting, the committee reviewed a request from a pharmacy to use its own version of a fact sheet for patients receiving naloxone instead of the board’s version. CCR section 1746.3(c)(6) requires pharmacists to use “a copy of the current naloxone fact sheet approved by the Board of Pharmacy.” Communication and Public Education Committee – Sept. 20, 2017 Page 4 of 8 The committee approved a recommendation to the board to change CCR section 1746.3(c)(6) to authorize the executive officer to approve substantially similar naloxone fact sheets for use by individual pharmacies. At its May 2017 meeting, the board adopted the committee’s recommendation.

The executive officer received a request in June 2017 to allow a pharmacy to use its own version of the Notice to Consumers instead of the board’s version. CCR section 1707.6(a) requires pharmacies to use “the standardized poster sized notice provided or made available to the board, unless the pharmacy has received prior approval of another format or display methodology from the board. The board may delegate authority to a committee or to the Executive Officer to give the approval.”
Staff has drafted a rulemaking to amend CCR section 1746.3(c)(6) to authorize the executive officer to approve substantially similar naloxone fact sheets. The rulemaking is undergoing pre-review by the Department of Consumer Affairs.

The executive officer has invited an informal committee of public information officers to compare the board’s versions and the non-board versions of the naloxone fact sheet and the Notice to Consumers side by side, and to advise the executive officer on the effectiveness and readability of the non-board versions.

Ms. Herold reported that the informal committee recommended not approving for use the non-board versions of the naloxone fact sheet and notice to consumers. The informal committee found the non-board version of the naloxone fact sheet had information that was too dense; the print was too small and difficult to read; and the format was not conducive for use in an emergency, which is the intent of the fact sheet.

The same committee found the non-board version of the Notice to Consumers does not follow the wording of the board’s notice to consumer as required; the use of the board’s logo is a problem because it is not our version; the yellow and red coloring of the board’s version is preferred to the light blue of the non-version; the branding of the board is missed; and the information was merged with point-to-your-language information and missed the point of the notice to consumers. Ms. Herold indicated her recommendation to the board would be to not approve for use the non-board versions of the naloxone fact sheet and Notice to Consumers.

Committee recommendation: Based on the executive officer’s recommendation and review of the samples, the committee does not recommend approving the use of the non-board versions of the naloxone fact sheet or the Notice to Consumers.

M/S: Law/Brooks

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Committee recommendation: Change CCR 1707.6 (a) and (c) to authorize the executive officer or the committee to approve substantially similar Notice to Consumers text for individual pharmacies.

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Chairperson Sanchez updated the committee that there was a review by the National Association of Boards of Pharmacy (NABP) of 108 so-called “Canadian” pharmacy websites found that 74 percent of them get their drugs from outside Canada. Half of the websites got their drugs from India or a combination of other countries where counterfeit products are known to originate. In addition, none of the websites required consumers to submit a valid prescription.

Mr. Sanchez continued since 2014, NABP has partnered with Canadian regulators to verify online pharmacies located or doing business in Canada as part of NABP’s .Pharmacy Verified Websites Program, which helps consumers identify safe and lawful internet pharmacies. The California State Board of Pharmacy has been an active participant in the creation and development of .Pharmacy as a top-level domain operated by NABP for use by approved pharmacy websites. A copy of the report is included in the meeting materials.

Mr. Law indicated this is very important information because many consumers fall victim to false internet pharmacies.

9. **Update and Discussion of Communications and Public Education Activities by Board Staff**

a. **Communication Plan for Consumers and Licensees**

Mr. Sanchez reminded the committee at the March 2017 committee meeting, the committee approved a communication plan in accordance with the board’s strategic plan. A copy of the updated communication plan was included in the meeting materials. Mr. Sanchez reviewed the accomplishments:

- Created a calendar on the website homepage and meeting page listing board and committee meetings and training events.
• Redesigned The Script with a clean, modern look.
• Established an easy online process for licensees to register their email addresses with the board.
• Sponsored major training events for pharmacists in partnership with the DEA in San Diego, Sacramento and Claremont.
• Established online list of authorized distributors of nonprescription diabetes test devices, as required by AB 602.
• Wrote articles for The Script, subscriber alerts and online announcements about important new regulations, including drug take-back programs, self-assessment forms, new fees, travel medications, and prescription labels
• Emailed alerts reminding licensees about the board’s naloxone protocol.
• Posted online announcements and subscriber alerts about vaccination regulations and changes to the California Immunization Registry (CAIR).

b. The Script

Chairperson Sanchez reported staff is finalizing review of articles for the next issue of the newsletter, which is planned for publication in late September or early October.

c. News Media

Chairperson Sanchez reported the board’s executive officer and public information officer participated in interviews or provided background information in response to the following media inquiries as outlined in the committee chair report.

d. Public Outreach

Chairperson Sanchez reported the board’s past and future public outreach events as outlined in the committee chair report.

10. Review and Discussion of News or Journal Articles

Chairperson Sanchez reported on the summaries of articles provided in the committee chair report.

11. Future Meeting Dates

Chairperson Sanchez reminded the committee of the future meetings scheduled for 2017 and 2018:
• Dec. 13, 2017
• Jan. 31, 2018
• April 25, 2018
• July 11, 2018
• Oct. 11, 2018

The meeting adjourned at 11:33 am.
Attachment 2
Title 16
Oral Anticancer Chemotherapy Prescription Labeling Proposal

Chapman University School of Pharmacy (CUSP)

PharmD Candidates 2018: Michael Phan, Thien Huynh, Esther Shin, and Ani Haroutunyan
PharmD Candidates 2019: Priya Patel and Alexandra Corcoran
Background

- CUSP students presented letter to the Board of Pharmacy 10/2016.
- CUSP student advocacy group presented to committee 3/2017 on “Title 16: Oral Anticancer Chemotherapy Prescription Labeling Proposal”.
- Objective today is to present a formal proposal for either a statutory or regulatory change of prescription labeling.
Section 1744, Article 5, Division 17, Title 16

Written Labeling for:

1. Drugs that may impair a patient’s ability to operate a vehicle
2. Drugs that pose a substantial risk when taken with alcohol

- Specific List of Drug Classes is mentioned
- Pharmacist’s professional judgement can be exercised
“......the importance of reducing medication-related errors and increasing health care literacy regarding prescription drugs and prescription container labeling-which could increase consumer protection and improve the health, safety and well-being of consumers.”
Section 1707.5, Article 2, Division 17, Title 16

New Regulation on Patient-Centered Labels For Generic Prescriptions:

❖ To include the brand name on prescription labels
  ❖ Took effects July 1, 2017
  ❖ Patient-centered area
Oral Chemotherapy Survey Updates

• Patient survey
  – Pending IRB approval
  – Developed online survey using Qualtrics
• Healthcare provider survey
  – Pilot study
• Submitted manuscript to The Script Newsletter
We Propose:

The California Board of Pharmacy to include a standardized hazardous symbol outside the patient-centered area of the label for the NIOSH designated hazardous drugs.

For Example:
How can our hazardous labeling proposal help?

- Easy Identification of Hazardous Drugs
- Remind Patients and Caregivers
- Promote Proper and Timely Education
California State Board of Pharmacy
Prescription Label Survey (2009)

• “Make warning labels easier to read or print directly on label instead of auxiliary”
  – 19/568 responses
• “.......use symbols as warnings”
  – 3/134 responses
Labeling samples
Questions, Concerns, or Suggestions

Thank You !!
Attachment 3
Unattended
PRESCRIPTION DRUGS
ARE THE LEADING
KILLER OF KIDS
Take Back Your Meds (WA)
Lock Your Meds Idaho

She gets her hair from her mom.
Her eyes from her dad.
And her drugs from her grandma’s medicine cabinet.

BE AWARE. DON’T SHARE.
BE AWARE.
DON'T SHARE.®
LOCK YOUR MEDS.®
www.lockyourmeds.org/nc

Supported by the NC DHHS, OmhDAAS, with funding from SAMHSA, SPK-IF5 (Grant #SP00163).
Look. Monitor. Take Back. (ND)
Hope is Here (DE)

Prevention matters. Recovery is possible. Treatment works.

Get help now.

How has your life changed since recovery?
Attachment 4
Safe Medication Transitions: Evidence-Based Solutions

1.3 million people injured by medication errors¹

- 1 in 5 hospitalizations result from treatment complications, of which, 1/2 are medication-related⁴
- 7.4 errors per medication list⁵
- 5.3% of patients have accurate medication histories

Problem: Admission

Evidence:
- 20.3% of pharmacist medication histories had at least 1 postoperative medication discrepancy related to home medications compared to 40.2% of the nurse-conducted medication histories⁹
- Pharmacist-conducted medication reconciliations resulted in 16% reduction in all visits to the hospital and a 47% reduction in visits to the emergency department. Drug-related readmissions were reduced by 80%¹⁴

Problem: Inpatient

Evidence:
- Clinical pharmacy services reduced prevalence of discrepancies by 40% compared to usual care.¹⁵
- For patients on complex medication regimens, i.e., 10 medications per day or 5 new medications started, pharmacists reduced number of medications by 12% and number of doses by 19.²⁵

Problem: Discharge

Evidence:
- # of medications at discharge results in a statistically higher rate of readmissions; >6 discharge medications predicts 30-day readmissions
- 80% of patients have at least 1 medication discrepancy at discharge.⁹

Problem: Post-DischARGE

Evidence:
- Post-discharge adverse drug events occur in up to 11% of patients, of which 1/3 are preventable¹⁰
- 52% of patients had > 1 clinically important error
- Up to 90% of hospital-to-SNF discharge summaries contained one or more DRPs¹¹,¹²,¹³

Evidence:
- Pharmacists identified discrepancies in 49% of pts at discharge; preventable ADEs occurred in 1% of patients who received discharge education and follow up compared vs 11% of patients who received usual care¹⁶
- Discharge medication lists completed by pharmacists resulted in an absolute risk reduction of 46.5% when compared to usual care.¹⁷

Evidence:
- Post-discharge pharmacist follow up with discharge education reduced readmissions and ED visits vs usual care (39% to 24.8%).¹⁸
- Post-discharge pharmacist reconciliation and education reduced readmissions and ED visits vs usual care (0% vs 40.5%).¹⁹
Safe Medication Transitions: Evidence-Based Solutions

Medication discrepancies or errors occur in up to 70% of patients at admission or discharge contributing to adverse drug events, ED visits and readmissions. Evidence supports that pharmacists and trained technicians reduce these errors and adverse outcomes.

Pharmacist

- A study comparing medication reconciliation performed by pharmacists to ED providers found that pharmacists identified 1096 home medications compared with 817 home medications identified by ED providers. 78% of medications documented by ED providers were incomplete and were supplemented with information by the pharmacists.21
- Patients who received pharmacist medication reconciliation and counseling had a readmission rate of 16.8% vs the usual care arm of 26% (p=0.006).24
- In a randomized trial, pharmacists provided medication counseling, reconciliation at admission and discharge, and a follow up phone call after discharge as part of a care coordination bundle. Patients in the intervention arm had a reduction in 30 day readmissions (10% vs 38.1%, p=0.04) and time to first readmission or ED visit (36.2 days vs 15.7 days, p=0.05).27
- Another study found that patients who received discharge medications and follow up phone calls by pharmacists had nearly half the risk of readmission as those who did not receive a pharmacist phone call (5.0% vs 9.5%, p<0.05).25
- Post-discharge pharmacist follow up can reduce readmission from skilled nursing facilities by 25%.20

Pharmacy Technician

- In the ED, a pre-post study found that pharmacy technicians created an accurate medication history 88% of the time compared to 57% of the time when nurses completed the history (p<0.0001).22 Nurses were 7.5 times as likely to make an error than pharmacy technicians (p<0.0001).
- Another study found that nurses created an accurate medication list only 14% of the time compared to pharmacy technicians who created an accurate list 94.4% of the time (p<0.0001).23
- A randomized controlled study to evaluate the accuracy of admitting medication histories performed by pharmacists, pharmacist-supervised pharmacy technicians (PSPTs) and usual care (nurses, physicians) demonstrated a statistically significant reduction in admitting medication history errors performed by pharmacists and PSPTs vs usual care(p<0.0001). There was also a significant reduction in the severity of errors intercepted (p<0.0001).5

Recommendation: For high risk patients, pharmacy staff will ensure the accuracy of the medication list at admission and discharge.
References-pending updates


Safe Medication Transitions: Improving Safety of Medication Lists Using Evidence-Based Solutions

Rita Shane, Pharm.D., FASHP, FCSHP
Chief Pharmacy Officer
Cedars-Sinai Medical Center, Los Angeles
Assistant Dean, Clinical Pharmacy
UCSF School of Pharmacy
Medication discrepancies occur in up to 70% of patients at hospital admission or discharge. (Leapfrog Hospital Survey Fact Sheet 3/17)

Medication histories or lists are entered into electronic health records (EHR) by a variety of individuals with varying knowledge about medications across different healthcare settings.

These lists are used to create hospital medication orders and discharge prescriptions resulting in continuation of inaccurate and/or incorrect medications.

Medication reconciliation cannot be accurate if medication lists are inaccurate.

Medication reconciliation is required by The Joint Commission and the Center for Medicare/Medicaid Services as part of Meaningful Use.
75% of hospital executives concerned patient medication data are incomplete, inaccurate (Becker’s Hospital Review, 6/22/17)*

Top 3 concerns

- Inconsistent practices across departments, disciplines and shifts (59.7%)
- Patients being discharged with an incorrect medication list (47.9%)
- Difficulty importing external medication history, including home medications (46.2%)

*Survey of 120 administrators
CURRENT SITUATION

- Absence of designated “owner” to ensure accuracy of lists results in redundant work and rework by nurses, physicians and pharmacists
- Nurses indicate that obtaining a medication list for a complex patient can take an hour
- Physicians don’t have sufficient time to obtain an accurate list and order based on previous medications listed
- Lack of defined process puts patient at risk for significant harm during hospitalization and at discharge
Sources of Medication Lists

Errors introduced in any of these settings can become “hardwired” into the pt record.

**Home**
- Pt
- Family members
- Caregivers
- Home Health nurses

**Outpatient Settings**
- Certified medical assistants
- Physicians
- Community pharmacies
- Patients

**ED/Hospital**
- Nurses
- Physicians
- Pharmacists
- Pharmacy technicians
- Pharmacy residents, students

**Skilled Nursing Facility**
- Nurses
- Physicians
Medications Reconciled

<table>
<thead>
<tr>
<th>Medications prior to Admission</th>
<th>Discharge Medications</th>
<th>Change</th>
<th>Reason/Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin (Ethics Enteric Coated Aspirin) 100mg Enteric coated Tablets</td>
<td>–</td>
<td>Stopped</td>
<td>Patient now on warfarin</td>
</tr>
<tr>
<td>Dipyridamole (Pytazen SR) 150mg Sustained Release Tablets twice daily</td>
<td>–</td>
<td>Stopped</td>
<td>Pt now on warfarin</td>
</tr>
<tr>
<td>Simvastatin (Arrow Simva) 20mg Tablets at night</td>
<td>Simvastatin (Arrow Simva) 40mg Tablets at night 1 month, cc monthly (Script)</td>
<td>Changed</td>
<td>Optimise cholesterol lowering</td>
</tr>
<tr>
<td>Felodipine (Felo ER) 10mg Extended Release Tablets mane</td>
<td>Felodipine (Felo ER) 5mg Extended Release Tablets mane 1 month, cc monthly (Script)</td>
<td>Changed</td>
<td>BP drop during admission</td>
</tr>
<tr>
<td>Allopurinol (Apo-Allopurinol) 100mg Tablets once daily</td>
<td>Allopurinol (Apo-Allopurinol) 100mg Tablets once daily 1 month, cc monthly (Script)</td>
<td>Continued</td>
<td></td>
</tr>
<tr>
<td>Metoprolol succinate (AFT-Metoprolol CR) 23.75mg Controlled Release Tablets PO OD 1 month, cc monthly (Script)</td>
<td>Started</td>
<td>Regular med</td>
<td></td>
</tr>
<tr>
<td>Warfarin sodium (Marevan) 1mg Tablets As per INR 1 month (Script)</td>
<td>Started</td>
<td>AF</td>
<td></td>
</tr>
</tbody>
</table>

CMS 2012-MEANINGFUL USE

- Any licensed healthcare professional and *credentialed medical assistants*, can enter orders into the medical record

- Credentialed medical assistants are:
  - Certified medical assistants-graduates of an accredited medical assisting program
    - Training requirements: 2-6 units of pharmacology training. (based on 4 California programs)
    - 2 yr experience
  - Medical assistants (who are not certified) who have completed a required order entry course

MEDICAL ASSISTANTS
Requirements for Order Entry into Electronic Health Records

- 2 yr recent experience in a health care facility under the supervision of a licensed health care provider (LHP)
- Application signed by supervising LHP attesting proficiency in areas including pharmacology
- Completion of Assessment-Based Recognition in Order Entry (ABR-OE) Qualifying Courses-5 courses
  - Foundation of Order Entry in Health Care
  - How Medical Assistants Can Meet CMS Requirements
  - Medical Records: The Legal Document
  - Clinical Laboratory: Keeping Up With CLIA
  - Anatomy, Physiology and Disease Screenings

ADMISSION

Problem

- 82% of patients >65 years old have at least 1 discrepancy on their medication list
- 7.4 errors per medication list in high risk patients
- 5.3% of patients on >5 medications have accurate lists

1.3 million people injured by medication errors annually
Minimizing Errors in Medication Histories Obtained at Hospital Admission

Randomized Controlled Trial

Usual Care: MD or RN

Pharmacist

Trained Technician

- High Risk Patients* admitted via Emergency Dept
- 300 pt enrolled; 283 in final analysis
- Median age: ~76 (range: 50-83)
- Median # of meds” 14 (range; 10-19)

*High risk: ≥ 10 chronic meds, Acute MI, CHF, admitted from SNF, on anticoagulants, insulin, narrow therapeutic drugs, history of transplant

Pevnick JM NC, Jackevicius CA, Palmer KA, et al. Minimizing Medication Histories Errors for Patients Admitted to the Hospital Through the Emergency Department: A Three Arm Pragmatic Randomized Controlled Trial of Adding Admission Medication History Interviews by Pharmacists or Pharmacist-Supervised Pharmacy Technicians to Usual Care. J Patient-Centered Res Rev 2015;2:93. Research was supported by NIH/National Center for Advancing Translational Science UCLA CTSI Grant Number KL2TR000122.
Minimizing Errors in Medication Histories Obtained at Hospital Admission

*Randomized Controlled Trial*

- Pt histories independently evaluated within 24 hr by gold standard pharmacist (proven study methodology)
- Gold standard pharmacist took patient history, compared with history taken, determined # errors and severity of errors:
  - Low capacity for harm: vitamin, laxative
  - Serious: beta blocker for hypertension
  - Life Threatening: transplant drug
Results: **Number** of Errors

- Usual care: 7.4 errors per patient
- Usual Care + Pharmacist: 1.4 errors per patient
- Usual Care + Pharmacy Technician: 1.5 errors per patient

81% reduction in Medication History Errors
↓ 6 errors per patient, p < 0.0001
Results: **Severity** of Errors

82% reduction in severity of medication history errors
↓17/per patient, p <0.0001
• 2 Life Threatening Errors or
• 4 Serious Errors or
• 17 Low-Capacity for Harm
<table>
<thead>
<tr>
<th>Admission Med List</th>
<th>Drug-Related Problem Identified and Resolved</th>
<th>DRP Type</th>
<th>Capacity for Harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methotrexate</td>
<td>DRP: Ordered as 10 mg daily</td>
<td>Wrong frequency</td>
<td>Life-threatening Pancytopenia</td>
</tr>
<tr>
<td></td>
<td>Finding: Order was weekly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keppra®</td>
<td>DRP: Ordered as 100mg po BID</td>
<td>Wrong Dose</td>
<td>Significant Seizures</td>
</tr>
<tr>
<td></td>
<td>Finding: Pt reports taking 1000mg mg BID.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amlodipine</td>
<td>DRP: amlodipine 10mg daily</td>
<td>Allergy</td>
<td>Life-threatening- Significant Anaphylaxis</td>
</tr>
<tr>
<td></td>
<td>Finding: MD reordered. Family indicated pt stopped taking due to swelling-allergic reaction</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
20.3% of pharmacist medication histories had at least 1 postoperative medication discrepancy related to home medications compared to 40.2% of the nurse-conducted medication histories.

Pharmacist-conducted medication reconciliations resulted in 16% reduction in all visits to the hospital and a 47% reduction in visits to the emergency department. Drug–related readmissions were reduced by 80%.
During hospitalization, medication errors occur in up to 50% of adult and 75% of pediatric patients.

Over 1/3 of hospitalized patients had medication order errors - 85% originated with the medication history.

Up to 59% of medication history errors can cause harm.
Hospital pharmacists reduce medication errors (“How To Make Hospitals Less Deadly”)*.
Clinical pharmacists intercept the majority of errors originating from inaccurate medication lists.
At discharge, uncorrected errors lead to errors in discharge prescriptions.

Up to 80% of patients have at least one medication list discrepancy upon leaving the hospital.

The number of medications at discharge results in a statistically higher rate of readmissions.

More than 6 medications at discharge is independently associated with a 30-day readmission rate, indicating a 26% higher likelihood.
Pharmacists identified preventable ADEs in 1% of patients who received discharge education and follow up compared with 11% of patients who did not receive these benefits.

Discharge medication lists completed by pharmacists resulted in an absolute risk reduction of 46.5% when compared to usual care.
Post-discharge adverse drug events occur in up to 19% of patients, of which 1/3 to 2/3 are preventable.

Up to 90% of hospital-to-SNF discharge summaries contained one or more DRPs.
**EVIDENCE**

- Post-discharge pharmacist follow up with discharge education reduced readmissions and ED visits vs usual care (39% to 24.8%).

- Post-discharge pharmacist reconciliation and education reduced readmissions and ED visits vs usual care (0% vs 40.5%).

- Post-discharge pharmacist follow up can reduce readmission from skilled nursing facility by 25%.
In the ED, a pre-post study found that pharmacy technicians created an accurate medication history 88% of the time compared to 57% of the time when nurses completed the history (p<0.0001).

- Nurses were 7.5 times as likely to make an error than pharmacy technicians (p<0.0001).

- Nurses created an accurate medication list only 14% of the time compared to pharmacy technicians who created an accurate list 94.4% of the time (p<0.0001).
Pharmacists identified 1096 home medications compared with 817 home medications identified by ED providers. 78% of medications documented by ED providers were incomplete.

Pharmacists involved in transitions of care roles significantly reduce readmissions compared to usual care.

Medication histories, discharge counseling, review of discharge medication lists and post-discharge follow up.

Results

- Readmission rate 16.8% vs the usual care arm of 26% (p=0.006).
- Reduction in 30 day readmissions (10% vs 38.1%, p=0.04) and time to first readmission or ED visit (36.2 days vs 15.7 days, p=0.05).
- Reduction in 30-day readmissions (5.0% vs 9.5%, p<0.05).
Medication discrepancies or errors in medication lists occur in up to 70% of patients at admission or discharge contributing to adverse drug events, ED visits and readmissions.

High risk patients are the most vulnerable for harm.

Evidence supports that pharmacists and trained technicians reduce these errors and adverse outcomes.

Having pharmacy staff perform medication histories supports the health care team by allowing nurses and physicians to focus on acute patient care needs.
Recommendation: For high risk patients, pharmacy staff will ensure the accuracy of the medication list at admission and discharge.
Attachment 5
Summary

HIGHLIGHTS

Our review concerning home-generated sharps and pharmaceutical waste highlighted the following:

- The State has not assigned oversight responsibility to a specific state agency for the disposal of home-generated sharps and pharmaceutical waste.
- Consumers receive conflicting guidance regarding the proper disposal of sharps and pharmaceutical waste.
- The State does not maintain an accurate and accessible list of collection sites for sharps and pharmaceutical waste disposal.
- Because it already provides oversight for all state-managed solid waste-handling programs, CalRecycle may be best-positioned to oversee household pharmaceutical and sharps waste.
- California could improve its collection and disposal of home-generated sharps and pharmaceutical waste by adopting programs and practices that other states and countries use.

Results in Brief

When consumers improperly dispose of home-generated sharps and pharmaceutical waste, the waste can pose an unnecessary risk to others and to the environment. Sharps waste—which consists of used needles, lancets, and other medical devices with sharp points or edges—can potentially result in disease transmission. On the other hand, pharmaceutical waste—which consists of prescription and over-the-counter medications—can harm water quality or be misused. Agencies that provide advice offer consumers different, and sometimes conflicting, guidance about how and where to dispose of these types of waste. For example, some agencies recommend that consumers use official collection programs to dispose of pharmaceutical waste, but others recommend placing it in the trash or flushing it down the toilet. Similarly, state agencies generally recommend that consumers dispose of home-generated sharps waste in approved disposal containers, but some federal agencies recommend putting this waste in heavy plastic containers, making it illegal to transport in California if the local enforcement agency has not approved the container. These inconsistencies may confuse
consumers, increasing the likelihood that they will dispose of home-generated sharps and pharmaceutical waste in unsafe or environmentally harmful ways.

Conflicting guidance regarding the disposal of sharps and pharmaceutical waste is in part the result of the fact that the State has not assigned oversight of this issue to a specific state agency. Rather, a number of different agencies have related responsibilities depending on how the waste is collected and processed. Specifically, the California Department of Resources Recycling and Recovery (CalRecycle), the California Department of Public Health (Public Health), the California State Board of Pharmacy, and the Department of Toxic Substances Control all play roles related to the processing of this waste. By placing oversight responsibility with a single agency, the State could ensure the creation of a unified educational campaign promoting consistent and proper disposal methods. We believe CalRecycle may be best-positioned to oversee household pharmaceutical and sharps waste because it already provides oversight for all state-managed solid waste-handling programs.

If the State assigned responsibility to a single agency, that agency could also help to ensure that all Californians have access to and awareness of collection sites and other means of sharps and pharmaceutical waste disposal. Although our analysis suggests that about 89 percent of consumers live within a 20-minute drive of sites for proper disposal, these consumers may not be aware of this access because no state agency maintains an accurate and comprehensive list of such sites. Both Public Health and CalRecycle maintain lists of collection sites; however, these lists are difficult to access and contain numerous errors. Further, our analysis suggests that about four million Californians may not live within 20 minutes of collection sites. An oversight entity could ensure that the State implements options to help these consumers, which might include subsidizing the use of mail-back containers to dispose of sharps and pharmaceutical waste.

California has more than sufficient capacity to process all of the State’s home-generated sharps and pharmaceutical waste; however, laws and regulations discourage processing pharmaceutical waste within the State. In California, sharps are generally sterilized at one of the State’s 18 medical waste facilities and then deposited in landfills. Home-generated sharps waste represents less than 1 percent of the available capacity of these facilities. If pharmaceutical waste includes controlled substances, the DEA requires collectors to ensure that such waste is rendered irretrievable, which usually means some form of incineration. Although three incinerators operate in the State that could dispose of pharmaceutical waste, government recommendations and legal requirements discourage these in-state incinerators from accepting pharmaceutical waste. Consequently, collection programs dispose of pharmaceutical waste by hauling it to out-of-state incinerators. Both the out-of-state and in-state incinerators have more than sufficient capacity to handle any future increases in the amount of the State’s home-generated pharmaceutical waste.

California could improve its collection and disposal of home-generated sharps and pharmaceutical waste by adopting programs and practices that other states and countries use. For example, the state of New York requires all pharmacies to display that state’s approved pharmaceutical disposal methods and requires all hospitals to accept household sharps for disposal. Canada uses extended producer responsibility programs (EPR programs) to assign the cost for disposal of pharmaceutical and sharps waste to the producers or manufacturers of the products, although in California these costs could ultimately be transferred to consumers through price increases. Several California counties have also begun implementing EPR
programs but have encountered delays, mainly due to the resistance of the sharps and pharmaceutical industries.

In addition, at the Legislature’s request, in 2010 CalRecycle provided options for statewide pharmaceutical waste collection programs. Although we have concerns about three of the four options CalRecycle outlined, one of its proposed models generally aligns with our audit recommendations. Specifically, this option focuses on the Legislature’s assigning oversight responsibility to a single state agency, which could then adopt regulations that might increase consumers’ proper disposal of pharmaceutical waste.

**Summary of Recommendations**

To foster consumers’ proper disposal of sharps and pharmaceutical waste, the Legislature should provide CalRecycle statutory oversight responsibility for home-generated sharps and pharmaceutical waste disposal and provide CalRecycle additional resources to the extent it can justify the need. This responsibility should include the following activities:

- Developing and implementing a public education campaign about home-generated sharps and pharmaceutical waste. CalRecycle should coordinate this campaign with local, state, and, to the extent possible, federal agencies to ensure consumers receive consistent guidance regarding proper disposal methods.
- Maintaining an up-to-date, well-publicized, and accessible statewide list of free sharps and pharmaceutical waste collection sites.
- Increasing consumer access to proper disposal sites in underserved areas.

To increase in-state options for processing California’s home-generated pharmaceutical waste, the Legislature should consider expressly authorizing municipal solid waste incinerators to burn limited quantities of home-generated pharmaceutical waste, but only after considering environmental impacts.

To ensure consistency throughout the State, the Legislature should adopt standard requirements for counties to follow when implementing EPR programs. These requirements should limit any additional costs the programs may impose on consumers.

**Agency Comments**

Although we only have recommendations directed to the Legislature, we provided a draft redacted copy of our report to CalRecycle for review and comment because we are recommending that it become the lead state agency over the disposal of sharps and pharmaceutical waste. In its response, CalRecycle took issue with certain information in our report and it also expressed significant reluctance in taking on this leadership role.
Attachment 6
What is an opioid overdose?

Opioids can cause bad reactions that make your breathing slow or even stop. This can happen if your body can’t handle the opioids that you take that day.

**TO AVOID AN ACCIDENTAL OPIOID OVERDOSE:**

- Try not to mix your opioids with alcohol, benzodiazepines (Xanax, Ativan, Klonopin, Valium), or medicines that make you sleepy.
- Be extra careful if you miss or change doses, feel ill, or start new medications.

Now that you have naloxone...

Tell someone where it is and how to use it.

**Common opioids include:**

<table>
<thead>
<tr>
<th>GENERIC</th>
<th>BRAND NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocodone</td>
<td>Vicodin, Lorcel, Lortab, Norco, Zohydro</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>Percocet, OxyContin, Roxicodone, Percodan</td>
</tr>
<tr>
<td>Morphine</td>
<td>MSContin, Kadian, Embeda, Avinza</td>
</tr>
<tr>
<td>Codeine</td>
<td>Tylenol with Codeine, TyCo, Tylenol #3</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>Duragesic, Actiq</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>Dilauid</td>
</tr>
<tr>
<td>Oxymorphone</td>
<td>Opana</td>
</tr>
<tr>
<td>Meperidine</td>
<td>Demerol</td>
</tr>
<tr>
<td>Methadone</td>
<td>Dolophine, Methadose</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>Suboxone, Subutex, Zuboxol, Bunavail, Butrans</td>
</tr>
</tbody>
</table>

* Heroin is also an opioid.

For patient education, videos and additional materials, please visit [www.prescribetoprevent.org](http://www.prescribetoprevent.org)

A GUIDE FOR PATIENTS AND CAREGIVERS

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

2016
In case of overdose:

1. **Check responsiveness**
   - Look for any of the following:
     - No response even if you shake them or say their name
     - Breathing slows or stops
     - Lips and fingernails turn blue or gray
     - Skin gets pale or clammy

2. **Call 911 and give naloxone**
   - If no reaction in 3 minutes, give second naloxone dose

3. **Do rescue breathing and/or chest compressions**
   - Follow 911 dispatcher instructions

   >> STAY WITH PERSON UNTIL HELP ARRIVES.

---

**How to give naloxone:**
There are 4 common naloxone products. Follow the instructions for the type you have.

### Nasal spray

This nasal spray needs no assembly and can be sprayed up one nostril by pushing the plunger.

1. Take off yellow caps.
2. Screw on white cone.
3. Take purple cap off capsule of naloxone.
4. Gently screw capsule of naloxone into barrel of syringe.
5. Insert white cone into nostril; give a short, strong push on end of capsule to spray naloxone into nose: **ONE HALF OF THE CAPSULE INTO EACH NOSTRIL.**
6. Push to spray.
7. If no reaction in 3 minutes, give second dose.

### Auto-injector

The naloxone auto-injector needs no assembly and can be injected into the outer thigh, even through clothing. It contains a speaker that provides step-by-step instructions.

1. Remove cap from naloxone vial and uncover the needle.
2. Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml.
3. Inject 1 ml of naloxone into an upper arm or thigh muscle.
4. If no reaction in 3 minutes, give second dose.

### Nasal spray with assembly

This requires assembly. Follow the instructions below.

1. Take off yellow caps.
2. Screw on white cone.
3. Take purple cap off capsule of naloxone.
4. Gently screw capsule of naloxone into barrel of syringe.
5. Insert white cone into nostril; give a short, strong push on end of capsule to spray naloxone into nose: **ONE HALF OF THE CAPSULE INTO EACH NOSTRIL.**
6. Push to spray.
7. If no reaction in 3 minutes, give second dose.

### Injectable naloxone

This requires assembly. Follow the instructions below.

1. Remove cap from naloxone vial and uncover the needle.
2. Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml.
3. Inject 1 ml of naloxone into an upper arm or thigh muscle.
4. If no reaction in 3 minutes, give second dose.
The information provided below outlines how to recognize an opioid overdose and what to do if it ever occurs. It is important for you to share this with your family and friends. Create a plan of action so everyone knows the steps to follow in case of an emergency overdose situation. Notify family and friends where you plan to store naloxone so they can easily access the kit in case of an emergency.

<table>
<thead>
<tr>
<th>What are opioids?</th>
<th>What is naloxone?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids are generally prescribed to treat pain. When opioids are taken in high doses or abused, they can cause feelings of euphoria, relaxation, drowsiness, and warmth. If the individual takes too many opioids or combines them with other drugs or alcohol, this may cause problems such as difficulty breathing, loss of consciousness, cardiac arrest and even death.</td>
<td>Naloxone is an antidote for opioid overdose and reverses the effects of opioids. Naloxone only works if there are opioids present in the body and has no effect on other drugs or alcohol. It usually takes 3-5 minutes for the medicine to work and lasts 30-90 minutes. It is available for use during opioid emergency situations.</td>
</tr>
</tbody>
</table>

### Risk Factors for Overdose
Anyone who uses prescription opioids or heroin are at risk for overdose. Other factors that may increase a person’s risk include: switching between opioids, having a history of substance abuse or mental illness, mixing opioids with certain medications, taking opioids or heroin alone, recent emergency medical care after opioid intoxication, or having decreased tolerance but a high risk of relapse (i.e. recently completing a mandatory opioid detoxification or having abstained from use for a long period of time).

### How to Avoid an Accidental Overdose:
- Do not adjust your own dose, skip doses, or take any extra doses.
- Do not abuse prescription opioids.
- Do not mix with other drugs and/or alcohol. For Example: anti-anxiety drugs like Xanax, Ambien, Ativan, Klonopin; anti-depressants; or cocaine.

### STEPS to respond to an Overdose:

**ACT IMMEDIATELY!**
1. Recognize overdose
2. Call 9-1-1
3. Rescue breathing
4. Administer naloxone
5. Stay with person and continue rescue breathing until medical personnel arrive.

### How to Identify an Opioid Overdose:
- Difficulty breathing, struggling to breathe, gurgling for breath, making deep snoring sounds
- Bluish lips and/or fingertips
- Pale, clammy skin
- Awake but unable to talk
- Small pupils
- Body very limp

### Common opioids include:

<table>
<thead>
<tr>
<th>Buprenorphine</th>
<th>Suboxone, Subutex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codeine</td>
<td>Tylenol #3</td>
</tr>
<tr>
<td>Fentanyl patch</td>
<td>Actiq, Duragesic</td>
</tr>
<tr>
<td>Hydrocodone</td>
<td>Vicodin, Norco</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>Dilaudid</td>
</tr>
<tr>
<td>Meperidine</td>
<td>Demerol</td>
</tr>
<tr>
<td>Methadone</td>
<td>Methadose</td>
</tr>
<tr>
<td>Morphine</td>
<td>MS Contin</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>Oxycontin, Percocet</td>
</tr>
<tr>
<td>Oxymorphone</td>
<td>Opana</td>
</tr>
</tbody>
</table>

*Heroin is also an opioid.*

### STEPS to 9-1-1

**When calling 9-1-1, it is important to share the following information:**
1. Individual’s breathing has stopped and they are unresponsive.
2. Exact location of the individual.
3. Whether or not naloxone has been given to the individual and if that helped.

### STEP 1. Recognizing an Opioid Overdose
When an individual takes too many opioids the drug may block their ability to breathe, which may lead to coma or death.

1. Shout to see if the victim responds and gently shake their shoulder.
2. Rub your knuckles on their upper lip or up and down the front of their rib cage (sternal rub).
3. If patient is unresponsive, **CALL 9-1-1.**

### STEP 2. Calling 9-1-1
When calling 9-1-1, it is important to share the following information:
1. Individual’s breathing has stopped and they are unresponsive.
2. Exact location of the individual.
3. Whether or not naloxone has been given to the individual and if that helped.

### STEP 3. Rescue Breathing
1. Place the individual on their back. Place one hand on their forehead and the other under their chin.
2. Tilt their chin up gently to open the airway.
3. Check to see if there is anything in their mouth blocking their airway, such as gum, toothpick, undissolved pills, syringe cap, fentanyl patch, etc. If so, remove it.
4. Pinch their nose with one hand and keep chin tilted up with the other hand. Create an airtight mouth-to-mouth seal and give 2 even, regular-sized breaths. Blow enough air into their lungs to make their chest rise. If the chest does not rise, make sure you pinch their nose and tilt their head back with each breath.
5. Give one breath every 5 seconds.

### STEP 4. Administer Naloxone
- Follow the directions below to give either nasal spray naloxone or injectable naloxone.
- **Caution:** The naloxone medicine vial is glass so use hands to gently pry cap off.
- **Nasal naloxone note:** When twisting the glass medicine vial into bottom of plastic syringe, stop when you feel slight resistance. Naloxone will start to spray out the top of the white spray top. **STOP!**
- Remember to continue to give rescue breaths until emergency medical personnel arrive.
- Naloxone lasts for 30-90 minutes. Naloxone may wear off before the effects of the opioids are gone. The individual may experience overdose symptoms again if this happens.
Narcan® Nasal spray

1. **Remove** Narcan nasal spray from the box. Peel back the tab with the circle to open the Narcan nasal spray.

2. **Hold** the Narcan nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

3. **Gently insert the tip of the nozzle into either nostril.** Tilt the person’s head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person’s nose.

4. **Press the plunger firmly** to give the dose of Narcan nasal spray. Remove the Narcan nasal spray from the nostril after giving the dose.

---

**Nasal spray naloxone with atomizer**

1. **PLASTIC SYRINGE** Pull off 2 yellow caps from plastic syringe.

2. **Naloxone** Pry off Red or Purple Cap.

3. **Grip plastic wings** Screw white spray top on the top of plastic syringe.

4. **Twist about 3 turns until slight resistance** Gently screw the glass medicine vial into bottom of plastic syringe.

5. **Switch to the nozzle and push the remaining liquid to give second half of the dose.**

6. **Push to spray**

---

**Injectable naloxone**

1. **Remove caps from naloxone vial and needle.**

2. **Insert needle through rubber plug with vial upside down; pull back on plunger and take up entire contents.**

3. **Inject whole vial into upper arm or thigh muscle.**

4. **If no response in three minutes, give second dose**

---

**Administering a second dose:**
- If the naloxone did not work after you waited 2-5 minutes, you may give a second dose of medication.
  - **Narcan Nasal Spray:** repeat step 2 every 2-3 minutes until the person responds or emergency medical help is received.
  - **Intranasal with atomizer:** if there is no change in 3-5 minutes, remove the second naloxone medication from a new box and a new white spray top and repeat steps 1-4 to assemble. Then give the victim a second dose by giving one half of the dose in each nostril following steps 5-6.
  - **Injectable naloxone:** if there is no change in 2-3 minutes, repeat steps 1-4 to administer a second dose.

---

**Recovery Position**
If you have to leave the individual, even for a moment to call for help or to get naloxone, make sure to roll the individual over on their side with their top leg and arm crossed over their body. This position will help maintain an open airway. If they happen to vomit, this position will lessen the risk that they choke on their vomit.

**Naloxone Storage** Naloxone should be stored at room temperature and protected from light.

---

**Important Resources:**
- Poison Control: 800-222-1222
- Walgreens Pharmacy: 1-800-WALGREENS (800-925-4733)
- www.prescribetoprevent.org
- Information on local drug addiction treatment programs can be found by calling 877-SAMHSA-7 or by logging into: https://findtreatment.samhsa.gov/

---

**References:**
1.) Massachusetts Department of Public Health. Opioid Overdose Education and Naloxone Distribution.
2.) Harm Reduction Coalition. Chicago Recovery Alliance. 3.) San Francisco Department of Public Health. Opioid Safety and How to Use Naloxone.

---

**Auto-injector:**
The naloxone auto-injector, Evzio, is FDA approved for use in opioid emergencies. It comes with visual and voice instructions for injection into the thigh through clothing if necessary. The kit comes as a twin pack with 2 auto-injectors if a second dose is needed.

---

**Signs of Withdrawal**
If the naloxone is successful in overdose reversal the patient may experience withdrawal symptoms. Comfort the individual and keep them calm. An individual may experience withdrawal symptoms if the naloxone works to block the opioid in their system.

---

**How to recognize Opioid Withdrawal:**
- Dilated pupils
- Nausea, vomiting
- Agitation and anxiety
- Sweating
You have the right to ask the pharmacist for:

**Easy-to-read type**
You have the right to ask for and receive from any pharmacy prescription drug labels in 12-point font.

**Interpreter services**
Interpreter services are available to you upon request at no cost.

**Drug pricing**
You may ask this pharmacy for information on drug pricing and use of generic drugs.

Ask Your Pharmacist!

California law requires a pharmacist to speak with you every time you get a new prescription.

Before taking your medicine, be sure you know:
1. The name of the medicine and what it does.
2. How and when to take it, for how long, and what to do if you miss a dose.
3. Possible side effects and what you should do if they occur.
4. Whether the new medicine will work safely with other medicines or supplements.
5. What foods, drinks, or activities should be avoided while taking the medicine.

Ask the pharmacist if you have any questions.

This pharmacy must provide any medicine or device legally prescribed for you, unless:
- It is not covered by your insurance;
- You are unable to pay the cost of a copayment;
- The pharmacist determines doing so would be against the law or potentially harmful to health.

If a medicine or device is not immediately available, the pharmacy will work with you to help you get your medicine or device in a timely manner.
Ask your pharmacist

California law requires a pharmacist to speak with you every time you get a new prescription.

Before taking your medicine, be sure you know:
- The name of the medicine and what it does
- How and when to take it, for how long, and what to do if you miss a dose
- Possible side effects and what you should do if they occur
- Whether the new medicine will work safely with other medicines or supplements
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- It is not covered by your insurance
- You are unable to pay the cost of a copayment
- The pharmacist determines doing so would be against the law or potentially harmful to your health
If a medicine or device is not immediately available, the pharmacy will work with you to help you get your medicine or device in a timely manner.

You have the right to ask the pharmacist for:
- Easy-to-read pharmacy prescription drug label in 12-point font
- Information on drug pricing and the use of generic drugs
- Interpreter services at no cost—just point to your language

<table>
<thead>
<tr>
<th>Arabic</th>
<th>Armenian</th>
<th>Cambodian</th>
<th>Cantonese</th>
</tr>
</thead>
<tbody>
<tr>
<td>اختار لتك.</td>
<td>Կոչեք դեր գործադիր:</td>
<td>համարվողուկ երկրի համար.</td>
<td>指向您的語言。</td>
</tr>
<tr>
<td>يتم تقديم خدمات الترجمة الفورية لك عدد الطب وفقاً.</td>
<td>Բրումինային բաքսերանացի անդամակիր ձեռնարկության ձայն սպան</td>
<td>將根據您的要求免費為您提供翻譯服務。</td>
<td></td>
</tr>
<tr>
<td>زبان خود را مشخص کنید.</td>
<td>تا چاپ کلمه یام لاس.</td>
<td>گویندگی لغتی یادداشت.</td>
<td>指向您的語言。</td>
</tr>
<tr>
<td>خدمات ترجمه شفاهی بر حسب درخواست</td>
<td>کیو یاب کو یام لاس.</td>
<td>요청 시 통역 서비스를 무료로 제공해 드립니다.</td>
<td></td>
</tr>
<tr>
<td>شما به صورت رایگان خواهد شد.</td>
<td>ما که پهلی می‌گاس.</td>
<td>요청 시 통역 서비스를 무료로 제공해 드립니다.</td>
<td></td>
</tr>
<tr>
<td>Russian</td>
<td>Spanish</td>
<td>Tagalog</td>
<td>Vietnamese</td>
</tr>
<tr>
<td>Указать на ваш язык.</td>
<td>Indique su idioma.</td>
<td>Ituro ang iyong wika.</td>
<td>Xin hãy chỉ vào ngôn ngữ của quý vị.</td>
</tr>
<tr>
<td>Услуги переводчика будут бесплатно предоставлены Вам по требованию.</td>
<td>Se le proporcionarán servicios de intérprete sin costo si lo solicita.</td>
<td>Ang serbisyo ng interpreter ay ibibigay sa iyo kapag hihilingin nang walang bayad.</td>
<td>Dịch vụ thông dịch sẽ được cung cấp cho quý vị miễn phí theo yêu cầu.</td>
</tr>
</tbody>
</table>
Attachment 7
So-Called "Canadian" Pharmacies are a Danger to Consumers, NABP Reports

August 21, 2017

Topics: Internet Pharmacies (https://nabp.pharmacy/category/internet-pharmacies/), NABP Program (https://nabp.pharmacy/category/nabp-program/)


In a recent study, NABP reviewed more than 100 pharmacy websites that used "Canada" or "Canadian" in their name or URL, or posted a Canadian contact address, and found that 74% source drugs from countries outside of Canada. None of the 108 websites included in the study require a valid prescription, which can pose a serious health risk for patients.

Half of the so-called "Canadian" websites source drugs from India or a combination of countries where counterfeit products are known to originate. Another 20% dispense drugs from unspecified foreign locations.

Sourcing medications from countries without stringent regulation and oversight exposes patients to medications that are not approved by Food and Drug Administration or Health Canada. The risk that these imported drugs are counterfeit, contaminated, or subpotent is high; and quality assurance is a major concern.
Canada would continue to be an intermediate shipment point for unapproved medications. Neither Canada nor the US are in a position to set up the appropriate inspection programs, as stated in the report.

In 2016, NABP partnered with Canada’s National Association of Pharmacy Regulatory Authorities to verify online pharmacies located or doing business in Canada. The agreement was formed as part of the Pharmacy Verified Websites Program, which exists to help consumers identify safe and lawful internet pharmacies.

The “Canadian” websites in this study are among the nearly 11,700 websites selling prescription medicines that NABP has reviewed in the last nine years. Of those websites, 96% were found to be operating illegally. A list of safe online pharmacies can be found on the Buying Safely (https://www.safe.pharmacy/buying-safely/#CanadianPharmacies) page of www.safe.pharmacy (http://www.safe.pharmacy).

Read the full report and learn more about Canadian internet drug outlets and their impact on the US consumer by visiting the Program and Committee Reports page in the Publications and Reports section of www.nabp.pharmacy (http://www.nabp.pharmacy).

NABP is the independent, international, and impartial Association that assists its state member boards and jurisdictions for the purpose of protecting the public health.

**RECENT NEWS**

**NABP Earns Better Business Bureau Accreditation** (https://nabp.pharmacy/nabp-earns-better-business-bureau-accreditation/)
August 14, 2017

**NABP’s PMP InterConnect Forges New Partnership with St Louis County** (https://nabp.pharmacy/nabps-pmp-interconnect-forges-new-partnership-st-louis-county/)
July 12, 2017

**Forty-Two States Now Participating in NABP PMP InterConnect** (https://nabp.pharmacy/forty-two-states-now-participating-nabp-pmp-interconnect/)
Internet Drug Outlet
Identification Program

Progress Report for State and Federal
Regulators: August 2017

Prepared By

The National Association of Boards of Pharmacy
# Table of Contents

**Introduction** .................................................................................................................. 3

**Results** .......................................................................................................................... 4
  A. Findings of Site Reviews to Date .................................................................................... 4
  B. Recommended Internet Pharmacies ............................................................................... 7
  C. Pharmacy Program ....................................................................................................... 7

**So-Called Canadian Internet Pharmacies Selling Not-So-Canadian Drugs** ................. 8
  A. NABP Study Findings .................................................................................................... 9
  B. Proposed Legislation Raises Concerns ......................................................................... 11

**Discussion** ..................................................................................................................... 11

**Appendix: Internet Drug Outlet Identification Program Standards** ......................... 13
Internet Drug Outlet Identification Program
Progress Report: August 2017

Introduction

Many online drug sellers display the Canadian maple leaf as a symbol of the safety and reliability of medications approved for sale in Canada. The drugs they sell to customers outside of Canada, however, are often something altogether different. Since the subject of importing prescription medicine from Canada has made a reappearance in the halls of Congress in recent months, many health care regulators and patient safety advocates have voiced their opposition to importation, stating that such policy would open the floodgates for unapproved and counterfeit medications of unknown origins to enter the United States medication supply chain.

The National Association of Boards of Pharmacy® (NABP®) expressed this concern in a letter to Congress earlier this year. “In NABP’s nearly 20 years of experience in verifying internet pharmacies, US consumers buying medications from Canadian online pharmacies rarely, if ever, receive the Health Canada-approved products afforded to Canadian customers,” NABP wrote. “Instead, these Canadian pharmacy websites sell US patients medicines manufactured in places where buyers would not even drink the water, eg, India, Turkey, or Southeast Asia.” According to the US Food and Drug Administration (FDA) article, “Imported Drugs Raise Safety Concerns,” “Drugs coming to the United States from Canada may be coming from some other country and simply passing through Canada. The drugs could also be counterfeit, contaminated, or subpotent, among other things.”

To substantiate these concerns, NABP recently reviewed more than 100 websites with “Canada” or “Canadian” in their name or URL, or posting a Canadian address on their websites to see how many of them dispensed prescription medicine from outside of Canada. These sites are among the nearly 11,700 websites selling prescription medications that NABP has reviewed since 2008. In all, NABP has found nearly 96% of these sites to be operating illegally, out of compliance with state and federal laws and/or NABP patient safety and pharmacy practice
standards. These findings are described in the Results section below. In many instances, these sites are foreign drug sellers masquerading as Canadian online pharmacies but actually dispensing medications that are approved by neither FDA nor Health Canada. In fact, nearly three-quarters (74%) of the so-called Canadian sites NABP reviewed from July 1, 2016, through June 30, 2017, state on their websites that they source their drugs from countries outside of Canada. These findings are described on pages 9 and 10 of this report. Such products are not approved by Health Canada and would be illegal to sell in that country. Yet, online drug sellers routinely dispense these products to patients in the US, in contravention of US federal law and endangering patient health.

Results

A. Findings of Site Reviews to Date:

As of June 30, 2017, NABP has reviewed 11,688 internet drug outlets selling prescription medications to US patients. Of these, 11,142 (95.8%) were found to be operating out of compliance with state and federal laws and/or NABP patient safety and pharmacy practice standards. These sites are listed as Not Recommended in the Initiatives section of the NABP website, www.nabp.pharmacy. Of the websites identified by NABP as Not Recommended, the majority were found to be dispensing prescription drugs without a valid prescription. These findings include sites dispensing drugs based solely on an online questionnaire, as well as those requiring no prescription at all. Many also offer foreign and unapproved drugs that may be substandard or counterfeit. The 11,142 internet drug outlets
currently listed as Not Recommended on the NABP website are characterized in the table below.¹

### Not Recommended Sites

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Location:</td>
<td>• 2,576 (23.1%) outside US</td>
</tr>
<tr>
<td></td>
<td>• 1,562 (14%) inside US</td>
</tr>
<tr>
<td></td>
<td>• 6,957 (62.4%) no location posted on website</td>
</tr>
<tr>
<td>Prescription Requirements:</td>
<td>• 9,908 (88.9%) do not require valid prescription</td>
</tr>
<tr>
<td></td>
<td>• 6,257 (56.2%) issue prescriptions per online</td>
</tr>
<tr>
<td></td>
<td>consultations or questionnaires only</td>
</tr>
<tr>
<td>Medications:</td>
<td>• 5,744 (51.6%) offer foreign or non-FDA-approved medications</td>
</tr>
<tr>
<td></td>
<td>• 1,440 (12.9%) dispense controlled substances</td>
</tr>
<tr>
<td>Encryption:</td>
<td>• 1,892 (17%) do not have secure sites, exposing</td>
</tr>
<tr>
<td></td>
<td>customers to financial fraud and identity theft</td>
</tr>
<tr>
<td>Server Location:</td>
<td>• 4,762 (42.7%) outside US</td>
</tr>
<tr>
<td></td>
<td>• 5,903 (53%) inside US</td>
</tr>
<tr>
<td></td>
<td>• 464 (4.2%) have unknown server locations</td>
</tr>
<tr>
<td>Affiliations:</td>
<td>• 9,681 (86.9%) appear to have affiliations with</td>
</tr>
<tr>
<td></td>
<td>rogue networks of internet drug outlets</td>
</tr>
</tbody>
</table>

The table above, as well as the bar graph on page 6 of this report, shows the characteristics of drug sites listed as Not Recommended on the NABP website as of June 30, 2017. More than half sell foreign or non-FDA-approved medications to US patients, and 85.5% are either based outside of the US or, as in most cases, do not post any physical address on the website.

¹ It should be noted that the research findings NABP reports herein and on the Not Recommended list include the total number of websites selling prescription drugs to US patients that NABP staff has reviewed and found to be out of compliance with program standards, including those sites that were found to be noncompliant at the time of review but may since have been deactivated. It should also be noted that the numbers reported here do not represent the entire universe of websites selling prescription drugs illegally, but rather, a representative sampling of the online environment over the last nine years.
The standards against which NABP evaluates internet drug outlets are provided in the Appendix of this report.

Two hundred sixty-two (2.3%) of the 11,688 sites selling prescription medications to US patients were designated as reviewed. These sites lack any egregious violations that would cause them to be ranked as Not Recommended but have not satisfied the requirements of NABP’s Verified Internet Pharmacy Practice Sites® (VIPPS®), Veterinary-Verified Internet Pharmacy Practice Sites® (Vet-VIPPS®), e-Advertiser Approval™ Program, or .Pharmacy Verified Websites Program. Two hundred twenty-six (1.9%) of the 11,688 sites selling prescription medications or offering resources to US patients were accredited through the VIPPS or Vet-VIPPS programs or were approved through the e-Advertiser Approval or .Pharmacy programs.
B. Recommended Internet Pharmacies: NABP, along with many patient safety advocates, continues to recommend that patients use internet pharmacies that have been reviewed and approved by NABP. These sites include entities granted VIPPS or Vet-VIPPS accreditation, Approved e-Adviser status, or a .pharmacy domain name. These sites have been evaluated and found to be in compliance with pharmacy laws and meet high standards for pharmacy practice and patient safety. As of June 30, 2017, 80 pharmacies were listed on the NABP website as VIPPS or Vet-VIPPS accredited, and 111 entities were listed as Approved e-Advisers. While the VIPPS program will continue to operate, NABP is no longer accepting applications for the Vet-VIPPS and e-Adviser Approval programs, as these programs are being streamlined into the .Pharmacy Program. Several applications for VIPPS accreditation are in progress. Including all types of .pharmacy-registered entities – pharmacy, board of pharmacy and regulatory agency, resource and referral, association and consumer advocacy, professional, pharmaceutical manufacturer, and school and college of pharmacy – 132 .pharmacy registered entities are listed on the Buying Safely page of the .Pharmacy Program website, www.safe.pharmacy. Over 100 .pharmacy applications are in progress.

C. .Pharmacy Program: NABP believes strongly that its .Pharmacy Program is the future of safe pharmacy and pharmacy-related services provided online, offering a superior means of displaying approval to consumers and other entities. It is no longer enough to have a seal of approval that can be copied and pasted and displayed fraudulently to dupe patients into thinking they are visiting a safe website. The .pharmacy domain name identifies legitimately operating pharmacies and pharmacy-related entities for consumers, advertisers, and search engine companies by incorporating the “seal of approval” into the domain name. With .pharmacy, patients know they are visiting a safe website.

NABP has, as of July 19, 2017, granted approval for 576 domain names, and 353 .pharmacy domain names have been registered (up from 310 at the close of first quarter 2017). Of these, 261 were registered to pharmacies, 12 were registered to professional sites, 41 were
registered to boards of pharmacy or regulatory agencies, 18 were registered to associations
and consumer advocacy sites, 16 were registered to resource and referral sites, 3 were
registered to manufacturers, and 2 were registered to schools or colleges of pharmacy.

Of the 353 .pharmacy domain names registered, 192 are in use, while the remaining
registered domain names are parked. Of those that are in use, 124 are registered to
pharmacies, 31 are registered to boards of pharmacy or regulatory agencies, 16 are
registered to associations and consumer advocacy sites, 14 are registered to resource and
referral sites, 5 are registered to professional sites, and 2 are registered to schools or
colleges of pharmacy. Of the domain names in use, 25 are being used as the registrant’s
primary web address, 156 are redirecting to another domain name, and 11 are masking
another domain name with the .pharmacy name.

.pharmacy is a verified Top-Level Domain, meaning that applicants are evaluated for
compliance with registry standards prior to being allowed to use a .pharmacy domain name.
NABP grants use of the .pharmacy domain only to legitimate website operators that adhere
to pharmacy laws in the jurisdictions in which they are based and in which their patients and
customers reside. As such, pharmacies licensed in Canada and dispensing medicine only to
patients residing in Canada are eligible for a .pharmacy domain name, provided they meet all
other program standards.

So-Called Canadian Internet Pharmacies Selling Not-So-Canadian Drugs

The regulations in Canada that ensure medication safety and
efficacy – such as those prohibiting the importation of
unapproved foreign medications into the country – do not protect
US patients buying medicine from so-called Canadian online
pharmacies. These drug sellers generally source the medications
they sell to the US from all over the world – often from third-
world countries where regulations and oversight are not as
stringent or effective as they are in the US and Canada. Sourcing
medications from outside of a tightly regulated supply chain also

Nearly three-quarters (80, or 74%) of the
108 so-called
Canadian online
pharmacies that
NABP reviewed state
on their websites that
they source the
medications they sell
from outside of
Canada.
greatly increases the chances of counterfeit medicines finding their way to consumers.

The pie chart on page 10 of this report shows the results of a year-long study NABP performed and is based on information provided on over 100 websites. All sites reviewed in this study use “Canada” or “Canadian” in their web business name or URL, or post an address in Canada, and offer to sell medications to customers in the US.

A. **NABP Study Findings:** From July 1, 2016, to June 30, 2017, NABP identified 108 websites using “Canada” or “Canadian” in their web business name or URL, or posting an address in Canada, all of which were offering to sell medications to customers in the US. Nearly three-quarters of them (80, or 74%) stated on the website that they sourced their medications from outside of Canada. These medications are not approved by Health Canada, nor are they legal to sell in Canada. The remaining 28 sites did not indicate the locations from which they source the medications they sell.

Half (54) of the 108 so-called Canadian pharmacies that NABP reviewed source the medications they sell from India, or from a combination of various countries including India, Hong Kong, and Singapore. The likelihood of receiving substandard or counterfeit medicine from these countries is considerable. According to the 2017 Special 301 Report issued by the Office of the US Trade Representative (USTR), “studies have suggested that up to 20% of drugs sold in the Indian market are counterfeit and could represent a serious threat to patient health and safety.” USTR also reports, “Ninety percent of all counterfeit pharmaceuticals seized at the US border in Fiscal Year 2016 were shipped from or transshipped through four economies: China, Hong Kong, India, and Singapore.”

While India was the most common source for medications sold online from so-called Canadian pharmacies, 20% (22) of the 108 source the medications from unspecified foreign locations, and 26% (28) do not say where they get the medications they sell. Only 14% (15) post a physical address for the pharmacy. None of the 108 sites require a valid prescription, and 27% (29) dispense controlled substances.
From Where Do So-Called Canadian Internet Pharmacies Source Their Drugs?

- 74% (80) of the 108 so-called Canadian pharmacy sites NABP reviewed source the medications they sell from outside of Canada.
- Half (54) of them source the drugs they sell from India, or India and some combination of other countries.
- 20% (22) source them from unspecified foreign locations.
- 26% (28) do not say where they get the drugs they sell.
- Only 14% (15) post a physical address for the pharmacy.
- None of them require a valid prescription.
- 27% (29) dispense controlled substances.

- Mauritius, New Zealand, Singapore, Turkey, UK, and India
- Unspecified international locations
- US and India
- India
- US, UK, Hong Kong, India, etc
- Turkey
- New Zealand
- India, Singapore, Hong Kong, Germany, and Great Britain
- Canada, India, Mauritius, New Zealand, Singapore, Turkey, UK, and US
- Singapore, UK, New Zealand, Turkey, Mauritius, India, Australia, and US
- Hong Kong, India, and Pakistan
- Canada, UK, Australia, and New Zealand
- Does not say
B. Proposed Importation Legislation Raises Concerns

These findings underscore the concerns that NABP and others have raised about proposed legislation that would allow US consumers to import prescription medications from Canada. “NABP and many other patient safety advocates have found that the dangers of drugs dispensed outside of FDA’s or Health Canada’s drug approval process are significant,” NABP wrote to Congress. “Outside these closed and tightly regulated drug supply chains, the safeguards put in place to ensure the identity, efficacy, and safety of prescription medications no longer apply.” FDA cites quality assurance concerns among the potential health risks with imported drugs: “Medications that have not been approved for sale in the United States may not have been manufactured under quality assurance procedures designed to produce a safe and effective product.”

Among those raising such concerns is Leona Aglukkaq, who served as Canada’s minister of health from 2008 until 2013. Under proposed plans to allow importation, “Canada would simply serve as an intermediate transshipment point for unapproved drugs heading to the United States,” Aglukkaq said in an opinion column appearing in the May 12, 2017 Washington Post. “Canadian authorities do not inspect every shipment of products headed for the U.S. marketplace to ensure that packages don’t contain adulterated, counterfeit or illegal drugs. Canada does not have the resources to undertake such comprehensive searches, and the Canadian and U.S. governments are not currently set up to facilitate such a program.”

The Alliance for Safe Online Pharmacies (ASOP Global) dedicates a section of its website to educating the public about Canadian internet pharmacies selling to US residents. “In short,” ASOP Global states in its FAQs, “the drugs U.S. residents get from a site that claims to be a Canadian online pharmacy are not Health Canada-approved and are not the same quality drugs that a Canadian resident would receive either from the same Canadian online or brick and mortar pharmacy.”

Discussion

Buying prescription medications from a Canadian online pharmacy seems like a great deal, until consumers realize that what they are getting is not what they bargained for. Given that online
drug sellers presenting themselves as Canadian pharmacies rarely, if ever, sell Health Canada-approved medicine to US consumers, and until such time as a safe and tightly regulated international supply chain can be established, importing medication from Canada presents a considerable public health threat. Any US policy that would allow US patients to buy medications from so-called Canadian online pharmacies is considered by many to be irresponsible. Such action would put patients in this country at risk of harm from counterfeit or adulterated medicines.

In keeping with its mission to assist its member boards and jurisdictions in protecting the public health, NABP remains committed to upholding the integrity of the practice of pharmacy – in any practice setting or location – and ensuring that patients worldwide have access to safe and effective prescription medications. For further information, please contact Melissa Madigan, policy and communications director, via email at mmadigan@nabp.pharmacy.
Appendix

Internet Drug Outlet Identification Program Standards

1. **Pharmacy licensure.** The pharmacy must be licensed or registered in good standing to operate a pharmacy or engage in the practice of pharmacy in all required jurisdictions.

2. **DEA registration.** The pharmacy, if dispensing controlled substances, must be registered with the US Drug Enforcement Administration (DEA).

3. **Prior discipline.** The pharmacy and its pharmacist-in-charge must not have been subject to significant recent and/or repeated disciplinary sanctions.

4. **Pharmacy location.** The pharmacy must be domiciled in the United States.

5. **Validity of prescription.** The pharmacy shall dispense or offer to dispense prescription drugs only upon receipt of a valid prescription, as defined below, issued by a person authorized to prescribe under state law and, as applicable, federal law. The pharmacy must not distribute or offer to distribute prescriptions or prescription drugs solely on the basis of an online questionnaire or consultation without a preexisting patient-prescriber relationship that has included a face-to-face physical examination, except as explicitly permitted under state telemedicine laws or regulations.

**Definition.** A valid prescription is one issued pursuant to a legitimate patient-prescriber relationship, which requires the following to have been established: a) The patient has a legitimate medical complaint; b) A face-to-face physical examination adequate to establish the legitimacy of the medical complaint has been performed by the prescribing practitioner, or through a telemedicine practice approved by the appropriate practitioner board; and c) A logical connection exists between the medical complaint, the medical history, and the physical examination and the drug prescribed.

6. **Legal compliance.** The pharmacy must comply with all provisions of federal and state law, including but not limited to the Federal Food, Drug, and Cosmetic Act and the Federal Controlled Substances Act (including the provisions of the Ryan Haight Online Pharmacy Consumer Protection Act, upon the effective date). The pharmacy must **not**
dispense or offer to dispense medications that have not been approved by the US Food and Drug Administration.

7. **Privacy.** If the pharmacy website transmits information that would be considered Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45 CRF 164), the information must be transmitted in accordance with HIPAA requirements, including the use of Secure-Socket Layer or equivalent technology for the transmission of PHI, and the pharmacy must display its privacy policy that accords with the requirements of the HIPAA Privacy Rule.

8. **Patient services.** The pharmacy must provide on the website an accurate US street address of the dispensing pharmacy or corporate headquarters. The pharmacy must provide on the website an accurate, readily accessible and responsive phone number or secure mechanism via the website, allowing patients to contact or consult with a pharmacist regarding complaints or concerns or in the event of a possible adverse event involving their medication.

9. **Website transparency.** The pharmacy must not engage in practices or extend offers on its website that may deceive or defraud patients as to any material detail regarding the pharmacy, pharmacy staff, prescription drugs, or financial transactions.

10. **Domain name registration.** The domain name registration information of the pharmacy must be accurate, and the domain name registrant must have a logical nexus to the dispensing pharmacy. Absent extenuating circumstances, pharmacy websites utilizing anonymous domain name registration services will not be eligible for approval.

11. **Affiliated websites.** The pharmacy, website, pharmacy staff, domain name registrants, and any person or entity that exercises control over, or participates in, the pharmacy business must not be affiliated with or control any other website that violates these standards.
Attachment 8
To: Board Members
Subject: Communication and Public Education Committee Chair Report:
Update and Discussion of Communication and Public Education Activities
by Board Staff

Communication Plan for Consumers and Licensees

Staff updated the committee on work performed according to a communication plan for
consumers and licensees. The committee originally approved the plan at its March 2017
meeting. A copy of the plan is following this memorandum update.

Recent accomplishments included:
- Created a calendar on the website homepage and meeting page listing board
  and committee meetings and training events.
- Redesigned The Script with a clean, modern look.
- Established an easy online process for licensees to register their email addresses
  with the board.
- Sponsored major training events for pharmacists in partnership with the DEA in
  San Diego, Sacramento and Claremont.
- Established an online list of authorized distributors of nonprescription diabetes
test devices, as required by AB 602.
- Wrote articles for The Script, subscriber alerts and online announcements about
  important new regulations, including drug take-back programs, self-assessment
  forms, new fees, travel medications, and prescription labels
- Emailed alerts reminding licensees about the board’s naloxone protocol.
- Posted online announcements and subscriber alerts about vaccination
  regulations and changes to the California Immunization Registry (CAIR).

The Script

Staff updated the committee on publication of The Script newsletter, which was
published the second week of October. The newsletter can be viewed online [here](http://www.pharmacy.ca.gov/publications/17_oct_script.pdf) or at
News Media

The executive officer and public information officer participated in interviews or provided background information in response to the following media requests:

- **ABC News**, March 13: Gerry Wagschal, individuals selling unused fertility drugs.
- **LA Times**, March 16: Kim Christensen, UCLA Medical Center compounding pharmacy.
- **KVIE**, April 20: Scott Syphax, the opioid epidemic in America.
- **Modesto Bee**, May 4: Erin Tracy, investigation of pharmacy technician Mona Chavarin.
- **KPCC**, May 11: Rebecca Plavin, IV turmeric and hydrogen peroxide medications.
- **Valley Mirror**, Aug. 7: Tim Crews, consumer complaint against Walmart pharmacy technician in Willows.
- **KOVR**, Aug. 8: Tamara Christian, consumer complaint against Kaiser for requiring safety caps on mail order prescription bottles.
- **California Health Reports**, Aug. 14: Jessica Portner, impact of prescription label translation requirements in the Chinese community.
- **ABC 7 (San Francisco)**, Aug. 29: Michael Finney, Costco pharmacies refusing prescriptions from non-Costco members.
- **Point Reyes Light**, Sept. 6: Silas Valentino, pharmacist duty to consult.
- **UCSF School of Pharmacy**, Sept. 7: Grant Burningham, implementation of advanced practice pharmacist licensing.
- **Los Angeles Times**, Sept. 11: Kim Christensen, accusation against UCLA compounding pharmacy.
- **Bloomberg News**, Sept. 22: David McAfee, accusation against UCLA compounding pharmacy.
• **ABC 10**, Sept. 26: Anthony Cave, nonprescription diabetes test devices.
• **Los Angeles Times**, Oct. 16: Soumya Karlamangla, filling prescriptions during wildfire state of emergency.

**Public Outreach**

Staff reported the following public outreach activities by staff:

• April 3: Supervising Inspector Christine Acosta presented compounding regulations at Adventist Health in Roseville.
• April 20: Executive Officer Virginia Herold was interviewed about the opioid epidemic in America for the Studio Sacramento program on KVIE Channel 6.
• April 21: Supervising Inspector Christine Acosta presented on licensing and structural guidance for sterile compounding for a webinar at Western University.
• May 3: Supervising Inspector Christine Acosta presented compounding regulations for a Western University elective series.
• March 16: Executive Officer Virginia Herold spoke about SB 493 and upcoming pharmacy legislation at the annual legislative dinner of the Student Pharmacist Advocacy Coalition at University of the Pacific.
• April 3: Supervising Inspector Christina Acosta presented on sterile compounding regulations to about 30 to 40 management and pharmacists-in-charge at Adventist Health.
• April 21: Inspector Suzy Patell presented on sterile compounding regulations to about 60 in-patient pharmacy directors, oncology managers and others at South Bay-Long Beach Society of Health-System Pharmacists.
• April 21: Supervising Inspector Christine Acosta presented on planning, construction and compliance with sterile compounding regulations for a webinar by California Hospital Association.
• May 3: Supervising Inspector Christina Acosta presented on the Board of Pharmacy for first- and second-year pharmacy students at Western University.
• May 31: Executive Officer Virginia Herold presented on the Board of Pharmacy to about 80 pharmacy management students at University of the Pacific.
• June 28: Inspector Anna Kalantar presented on sterile compounding regulations for San Gabriel Valley chapter of CSHP.
• Aug. 8: Supervising inspectors Anne Hunt and De’Bora White presented 2017 New Pharmacy Laws at the Competency Committee meeting.
• Aug. 24: Inspector Anna Kalantar presented on sterile compounding regulations for the San Gabriel Valley chapter of CSHP.
• Aug. 25: Executive Officer Virginia Herold presented on the Board of Pharmacy and its consumer protection activities to the California Health Advocates Senior Medication Patrol.
• Aug. 26: Executive Officer Virginia Herold presented on the new drug take-back regulations at California Northstate University.
• Aug. 26: Chief of Enforcement Tom Lenox presented on preventing pharmacy burglaries and robberies at California Northstate University.
• Aug. 26: Supervising Inspector Antony Ngondara presented on loss prevention in pharmacies and how to prepare for inspection by the Board of Pharmacy at California Northstate University.
• Sept. 27: Supervising Inspector Antony Ngondara speaking about the opioid crisis in rural California at annual meeting of the Rural County Representatives of California in South Lake Tahoe.

Future Outreach Activities
• Oct. 21: Executive Officer Virginia Herold, Chief of Enforcement Tom Lenox and Supervising Inspector Antony Ngondara scheduled to present at board/DEA training on CURES, prescription drug abuse and drug diversion at Keck Graduate Institute in Claremont.
• Oct. 27: Supervising Inspector Christine Acosta scheduled to present an overview of compounding regulations at California Society of Health-System Pharmacists meeting.
• Nov. 6: Supervising Inspector William Young scheduled to be guest speaker at Keck Graduate Institute School of Pharmacy.
• Nov. 7: Supervising Inspector Antony Ngondara scheduled to present on corresponding responsibility and opioid dispensing at the California Opioid Policy Summit in San Diego.
Communication and Public Education Communication Plan

The board educates consumers, licensees and stakeholders about the practice and regulation of the profession.

2017-2021

4.1 Develop and implement a communication plan for licensees and consumers to improve communication and keep these stakeholders better informed.

<table>
<thead>
<tr>
<th>Task</th>
<th>Audience</th>
<th>Content/Methods</th>
<th>Purpose</th>
<th>Responsible Parties</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Develop plan and bring to committee for approval</td>
<td>Licensees and Consumers</td>
<td>List of tasks with corresponding: audiences, content/method, purpose, responsible parties and timing</td>
<td>To improve communication and keep stakeholders better informed</td>
<td>Staff, C&amp;PE Committee</td>
<td>Completed September 2016</td>
</tr>
<tr>
<td>b. Provide direction and new assignments</td>
<td>Staff</td>
<td>Board, committee requests at meetings</td>
<td>To carry out board, committee requests to communicate with licensees, public</td>
<td>Board, C&amp;PE Committee, Staff</td>
<td>Ongoing</td>
</tr>
<tr>
<td>c. Explore ways to engage more directly with licenses</td>
<td>Licensees</td>
<td>Solicit pharmacist input at board meetings, events</td>
<td>Foster dialogue, communication between licensees and board</td>
<td>Board, C&amp;PE Committee, Staff</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
Communication and Public Education Communication Plan
The board educates consumers, licensees and stakeholders about the practice and regulation of the profession.

2017-2021

4.2 Identify and use additional resources for public and licensee outreach services to implement a communication plan.

<table>
<thead>
<tr>
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<th>Content/Methods</th>
<th>Purpose</th>
<th>Responsible Parties</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Website</td>
<td>Licensees and Consumers</td>
<td>Post news, announcements online</td>
<td>Communicate immediate information to licensees, public</td>
<td>Staff</td>
<td>Ongoing</td>
</tr>
<tr>
<td>b. Newsletter</td>
<td>Licensees and Consumers</td>
<td>Publish news, announcements in formatted publication</td>
<td>Communicate to licensees, public</td>
<td>Staff</td>
<td>Quarterly</td>
</tr>
<tr>
<td>c. Subscriber alerts</td>
<td>Licensees and Consumers</td>
<td>Notices of recalls, regulations, news, important information</td>
<td>Communicate instantly to licensee, public</td>
<td>Staff</td>
<td>Ongoing</td>
</tr>
<tr>
<td>d. News archive</td>
<td>Licensees, Consumers</td>
<td>Website announcements, Script articles</td>
<td>Permanently archive web announcements in easy-to-find place</td>
<td>Staff</td>
<td>Completed January 2017</td>
</tr>
<tr>
<td>e. Topic pages</td>
<td>Licensees</td>
<td>Important information for licensees</td>
<td>Organize information by topic on easy-to-find webpages</td>
<td>Staff</td>
<td>Completed February 2017</td>
</tr>
</tbody>
</table>
Communication and Public Education Communication Plan

The board educates consumers, licensees and stakeholders about the practice and regulation of the profession.

2017-2021

4.3 Establish a process to collect email addresses and mobile numbers for text messaging, from all licensees for better ability to improve communications.

<table>
<thead>
<tr>
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<th>Responsible Parties</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Research means to</td>
<td>Mechanism to collect email addresses</td>
<td>To distribute information to licensees</td>
<td>Board staff</td>
<td>Completed spring 2017</td>
</tr>
<tr>
<td></td>
<td>collect email</td>
<td></td>
<td></td>
<td>C&amp;PE Committee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>addresses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Research means to</td>
<td>Mechanism to collect mobile telephone numbers</td>
<td>To distribute information to licensees</td>
<td>Board staff</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td>collect mobile</td>
<td></td>
<td></td>
<td>C&amp;PE Committee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>telephone numbers</td>
<td></td>
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</table>

4.4 Educate licensees about the board’s regulations by publishing summaries of all newly issued regulations and explain implementation tactics.

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Inform licensees</td>
<td>Website Subscriber alert newsletter</td>
<td>Disseminate information about new regulations</td>
<td>Board staff</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td>of new regulations</td>
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<tr>
<td>b.</td>
<td>Cohost training forum on drug abuse topics</td>
<td>Training at live event</td>
<td>CE for licensees</td>
<td>Staff, DEA, UCSD School of Pharmacy</td>
<td>March, August, October, November 2017</td>
</tr>
<tr>
<td>c.</td>
<td>Produce CE courses</td>
<td>Live sessions, webinar</td>
<td>Educate licensees on Pharmacy Law</td>
<td>Staff</td>
<td>2017</td>
</tr>
</tbody>
</table>
4.5 Inspect pharmacies at least once every four years to provide a forum for licensee-inspector communication and education in practice settings.

<table>
<thead>
<tr>
<th>Task</th>
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<th>Responsible Parties</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Inspect pharmacies at least once every four years</td>
<td>Licensee – pharmacies</td>
<td>Inspection</td>
<td>Forum for licensee-inspector interaction</td>
<td>Inspectors, Board staff</td>
<td>TBD</td>
</tr>
</tbody>
</table>

4.6 Communicate the availability of new or specified pharmacy services and locations so that the public is aware of pharmacies that can meet their needs.

<table>
<thead>
<tr>
<th>Task</th>
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<th>Responsible Parties</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Naloxone availability at pharmacies</td>
<td>Consumers</td>
<td>Website</td>
<td>Inform the public</td>
<td>Board staff</td>
<td>TBD</td>
</tr>
</tbody>
</table>

4.7 Revise consumer-facing materials (e.g., posters, point-to-your-language notices, television messages) to achieve better consumer understanding of their rights and optimal use of medications.

<table>
<thead>
<tr>
<th>Task</th>
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<th>Responsible Parties</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Notice to Consumers</td>
<td>Consumers</td>
<td>Update regulation language</td>
<td>Inform consumers of rights</td>
<td>Board staff, C&amp;PE Committee</td>
<td>TBD</td>
</tr>
<tr>
<td>b. Point-to-your-language notice</td>
<td>Consumer</td>
<td>Update regulation language</td>
<td>Inform consumers of rights</td>
<td>Board staff, C&amp;PE Committee</td>
<td>TBD</td>
</tr>
</tbody>
</table>