



## Report of the Task Force on Prescription Drug Abuse

**NOTE: The NABP Executive Committee accepted all the recommendations of this task force with the following exception:**

- **Recommendation 4 – The Executive Committee recognizes that use of Prescription Monitoring Programs (PMPs) impacts patient care significantly. Although numerous state initiatives to increase voluntary use of PMPs have not achieved desired use objectives, the Executive Committee does not support a “mandate” of the review of PMP data for dispensing controlled substances at this time. The Executive Committee recommends instead that Boards of Pharmacy encourage pharmacists to exercise professional judgment and make reasonable use of patient information that is available to them through PMPs. Boards should expect pharmacists who dispense controlled substances or provide pharmacy services to patients who are treated with controlled substances to obtain PMP data access and use the information available to them in an appropriate, professional manner.**
- **Recommendations 10 and 11 – While the Executive Committee agreed that the “Red Flags” additions were important, it was agreed they better exemplified the recommendations set forth in the Task Force for Preventing and Reacting to Pharmacy Robberies and Thefts and as such, should be incorporated into that report.**

### **Members Present:**

John Foust (OK), *chair*; Tom Bender (NJ); Christopher Dembny (TX); Patty Gollner (NE); Edith Goodmaster (CT); Diane Halvorson (ND); Janet Hart (PA); Richard Indovina (LA); Brandon Robinson (AR), Phyllis Stine (TX).

### **Others Present:**

Jeanne Waggener, *Executive Committee liaison*; Bill Winsley, *NABP Past-President*; Scott Harrington, *guest*; Melissa Madigan, Maureen Schanck, Emily Shaffer, Cameron Orr, *NABP staff*.

### **Introduction:**

The Task Force on Prescription Drug Abuse met September 9-10, 2014, at NABP Headquarters. This task force was established in response to the Executive Committee’s recommendation to explore the epidemic of prescription drug abuse and actions that pharmacist can take to curtail this problem.

### **Review of the Task Force Charge:**

Task force members reviewed their charge and accepted it as follows:

1. Review the Stakeholders' on the Prescribing and Dispensing of Controlled Substances challenges and identified warning flags for practitioners consensus documents.
2. Identify actions pharmacists might take in their efforts to determine whether a questionable prescription has been written for a legitimate medical purpose.
3. Review Stakeholders' actions document intended to improve interprofessional dialogue in addressing warning flags and delivering the most appropriate patient care.
4. Recommend further actions to combat prescription drug abuse.

**Recommendation 1: NABP Continue to Support the Education of Pharmacists on Topics Related to Controlled Substance Dispensing and their Corresponding Responsibility.**

The task force recommends that NABP continue to support the education of pharmacists on topics related to controlled substance dispensing and corresponding responsibility to empower pharmacists to take appropriate action.

**Background:**

The task force members agreed that NABP should consider establishing a traveling speaker's bureau to provide information to pharmacists at various professional meetings through an expert panel of practitioners and law enforcement representatives. The education should encompass identification of "red flags," any new information or misinformation about the controlled substances themselves, and any emerging trends in prescription drug abuse/misuse. The task force members stressed the importance of teaching good communication skills to pharmacists so they can effectively communicate with patients and prescribers about "sensitive" issues related to controlled substance dispensing. Due to limited state financial resources, NABP may wish to consider funding such programs and disseminating the information through mediums such as the Internet or DVDs.

**Recommendation 2: NABP Encourage Pharmacy Schools to Further Educate Students on Topics Related to Controlled Substance Dispensing and Corresponding Responsibility.**

The task force recommends that NABP encourage pharmacy schools to further educate students on topics related to controlled substance dispensing and corresponding responsibility, as new graduates are often ill-prepared for the challenges associated with controlled substance dispensing.

**Background:**

The task force discussed the importance of ensuring that pharmacy students graduate with a clear understanding of their corresponding responsibility when it comes to dispensing controlled substances before they are faced with controlled substance issues for the first time while practicing. Members stressed that new pharmacists should be empowered to decipher questionable controlled substance prescriptions and have the communication skills necessary to successfully address the patient and the prescriber accordingly. Members agreed that many new pharmacists do not fully understand their responsibility before working as pharmacists, especially if taking on the responsibility of pharmacist-in-charge (PIC). The task force suggested that NABP could possibly keep pharmacy school deans abreast with information about

challenges faced by new graduates, and that state boards of pharmacy should consider inviting students to board meetings in order to expose them to current pharmacy practice issues.

**Recommendation 3: NABP Encourage the Education of Prescribers and Patients Regarding the Ease of Access to Controlled Substances.**

The task force recommends that NABP encourage the education of prescribers and patients regarding the ease of access to controlled substances in order to quell the proliferation of prescription drug abuse.

**Background:**

The task force members discussed how the overprescribing of controlled substances can often leave patients with a large controlled substance surplus that is vulnerable to diversion. They decided that NABP should work collaboratively with organizations like Federation of State Medical Boards and other stakeholders on prescribing guidelines and continuing education to curtail the risk for overdose and diversion. Furthermore, the task force members also determined that it would be very helpful for NABP to continue educating the public through its AWA<sub>R</sub>x<sub>E</sub><sup>®</sup> Prescription Drug Safety Program by use of social media and online or print articles to spread the message to parents and grandparents that they should secure their medication from easy access by children and teenagers who may wish to experiment with their drugs.

**Recommendation 4: NABP Encourage States to Mandate that Prescribers and Dispensers Review PMP Data Prior to Issuing or Dispensing Prescriptions for Controlled Substances.**

The task force recommends that NABP encourage states to mandate that prescribers and dispensers review prescription monitoring program (PMP) data prior to issuing or dispensing prescriptions for controlled substances, as it has been shown that regular use of PMPs is key to tapering the drug abuse and diversion epidemic.<sup>1</sup>

**Background:**

The task force members agreed that NABP should encourage states to adopt mandatory use laws for prescribers and pharmacists. Members discussed how legislation could mandate the use of the PMP data and eventually curb the drug abuse problem. The task force noted that it is important to make state PMP programs user friendly and that NAR<sub>x</sub>CHECK<sup>®</sup> can make the controlled substance prescribing decision easier by incorporating another review for appropriateness into the workflow. In addition to the PMP data, it was discussed that giving pharmacists access to a patient's medical history and information about the existence of a patient-physician contract would be very beneficial.

**Recommendation 5: NABP Continue to Encourage Electronic Prescribing of Controlled Substances.**

The task force recommends that NABP continue to encourage electronic prescribing of controlled substances to enhance controlled substance security.

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<sup>1</sup> Prescription Monitoring Program Center of Excellence. Prescription Monitoring Programs: An Effective Tool in Curbing the Prescription Drug Abuse Epidemic. [www.pdmpexcellence.org/sites/all/pdfs/pmp\\_effectiveness\\_brief\\_revised\\_3\\_29\\_12.pdf](http://www.pdmpexcellence.org/sites/all/pdfs/pmp_effectiveness_brief_revised_3_29_12.pdf). Accessed 10/13/14.

**Background:**

The task force members determined that, since e-prescribing is far more secure than paper or phone-in prescriptions, NABP should encourage and support the increased use of e-prescribing mechanisms, which offer an extra layer of security.

**Recommendation 6: NABP Continue to Encourage the Use of Controlled Substance “Take-Back” Programs and Locations.**

The task force recommends that NABP continue to encourage the use of controlled substance “Take-Back” programs and locations in order to remove excess controlled substances from the public domain.

**Background:**

Since NABP has been a resource for consumers to learn about Drug Enforcement Administration (DEA) National Prescription Drug Take-Back Days and community locations where unused controlled substances can be turned in, the task force agreed that NABP should continue to inform the public about proper disposal of medication. With the new DEA rule allowing for pharmacies to serve as authorized locations for drug return and disposal, the task force agreed that NABP should inform the pharmacy community about how best to comply with this new rule and means of proper drug return.

**Recommendation 7: NABP Work With Appropriate Organizations to Develop a Pharmacist Certification Program on Pain Management that Includes the Pharmacist Working Collaboratively with Prescribers.**

The task force recommends that NABP work with appropriate organizations to develop a pharmacist certification program on pain management that includes the pharmacist working collaboratively with prescribers to offer the best care for patients seeking pain management.

**Background:**

Task force members discussed the issue of how pain management patients are often shuffled between pain management specialist and primary care providers. It was discussed how a pain management pharmacist could bridge the patient between two or more treatment settings. Members thought that a pain management pharmacist could routinely monitor PMP data and verify legitimacy using services like NAR<sub>x</sub>CHECK. The specialty pharmacist could also ensure that the patient is adhering to any contract guidelines established between the patient and the prescriber.

**Recommendation 8: NABP Continue to Work Towards Raising the Standards for Technician Education by Supporting Accreditation of Pharmacy Technician Training Programs and Technician Certification, Requiring Continuing Education (Focused on Drug Diversion) For Technicians, and Ensuring that Educational Programs Do Not Admit Students with Backgrounds that Would Disqualify Them from Registration or Licensure.**

The task force recommends that NABP continue to work toward addressing the standards for pharmacy technician education by supporting accreditation of pharmacy technician training programs and pharmacy technician certification, including requiring continuing education

(focused on drug diversion) for technicians, and ensuring that educational programs do not admit students with backgrounds that would disqualify them from registration or licensure.

**Background:**

The task force agreed that NABP should support actions that would increase the caliber of the pharmacy technicians working alongside pharmacists who are trying to make determinations about appropriate dispensing of controlled substances. Members agreed on the importance of certifying pharmacy technician training programs. The group also agreed that NABP should support pharmacy technician continuing education on drug abuse/misuse in order to help pharmacists identify questionable controlled substance prescriptions as quickly as possible.

Although the task force members all agreed that pharmacy technicians can be invaluable to pharmacists, they also discussed how pharmacy technicians are also a major source of controlled substance diversion from pharmacies. Therefore, the task force members suggested that NABP support background checks to be utilized to identify a potential drug seeker before allowing him or her to be employed by a pharmacy. It was also noted that background checks could also be utilized to prevent unsuitable candidates from initially entering a pharmacy technician training program.

**Recommendation 9: NABP Communicate With The Joint Commission and Centers for Medicare and Medicaid Services to Express Concerns with Customer Satisfaction Evaluation Reviews (Press Ganey Scores) and Their Possible Influence on Physician Prescribing.**

The task force recommends that NABP communicate with The Joint Commission and Centers for Medicare and Medicaid Services to express concerns with customer satisfaction evaluation reviews (Press Ganey scores) and their possible influence on physician prescribing in order to address overprescribing of controlled substances.

**Background:**

The task force members questioned the value of Press Ganey scores, since a recently published study concluded that higher patient satisfaction was associated with greater health care cost (including costs for prescription drugs) and increased mortality.<sup>2</sup> The task force members expressed concern as to how these patient evaluation/scores influence prescribing practices, since they may impact physician salaries, bonuses, and job retention.

**Recommendation 10: NABP Amend the Pharmacist Section of the Stakeholders' Challenges and Red Flag Warning Signs Related to the Prescribing and Dispensing Controlled Substances Document to Add the Following "Red Flags."**

The task force recommends that NABP amend the pharmacist section of the Stakeholders' Challenges and Red Flag Warning Signs Related to the Prescribing and Dispensing Controlled Substances document to add the following "red flags" and disseminate them to stakeholders.

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<sup>2</sup> Fenton JJ, Jerant AF, Bertakis KD, Franks P. The Cost of Satisfaction: A National Study of Patient Satisfaction, Health Care Utilization, Expenditures, and Mortality. *Arch Intern Med.* 2012;172(5):405-411. <http://archinte.jamanetwork.com/article.aspx?articleid=1108766>

- Phoned-in prescriptions received at unusual times – pharmacist should follow up as soon as possible after prescriber’s office opens.
- Use caution with phone numbers that are printed on paper prescriptions. There are anecdotal accounts that pharmacy technicians are being paid by criminals to change the prescriber’s phone number in the pharmacy computer system to match the number on the fraudulent prescription.
- Use caution when continuously receiving prescriptions for long-acting and immediate-acting opiates for the same patients over an extended period of time. Consider consulting the prescriber if a patient’s pain management reflects a nontraditional treatment regimen.
- Include the hours between 2 and 5 PM on Fridays as “after hours” in terms of being presented with controlled substance prescriptions.
- Use caution with a patient requesting a partial fill of an opiate in the morning, then filling the remaining quantity later in the day. This could indicate that the patient sold the amount filled in the morning to obtain money to purchase the remainder of the prescription.
- Use caution when a patient requests to fill only one or two doses of Suboxone<sup>®</sup> because patient may be selling it for cash.
- A parent of a child prescribed attention deficit hyperactivity disorder medication fills the medication inconsistently or obtains it from more than one pharmacy.

**Background:**

Members discussed at length the many opportunities for pharmacists to identify warning signs when presented with a controlled substance prescription and determined that those listed above were appropriate to add to the document.

**Recommendation 11: NABP Amend the Pharmacist Section of the Stakeholders’ Challenges and Red Flag Warning Signs Related to the Prescribing and Dispensing Controlled Substances Document to include “Red Flags” that Address Signs of Internal Diversion.**

The task force recommends that NABP amend the pharmacist section of the Stakeholders’ Challenges and Red Flag Warning Signs Related to the Prescribing and Dispensing Controlled Substances document to include “red flags” that address signs of internal diversion in order to identify theft as soon as possible.

- Employee’s boyfriend/girlfriend visits often (pharmacy technician being threatened or coerced into diversion).
- Employee leaves the pharmacy several times during his or her shift.
- Drug inventory discrepancies exist.
- Employee exhibits excessive or unusual cell phone usage while working in the pharmacy.
- Employee offers to take out the garbage.
- Employee enters the pharmacy with large bags/backpacks and or does not follow rules about personal belongings.
- Employee repeatedly offers to help “off the clock” or work on holidays and weekends by himself/herself or when there is a skeleton crew.

- Evidence of changes in family dynamics that might indicate that employee is threatened by domestic partner.
- Employee exhibits changes in lifestyle – large, expensive purchases beyond normal means.
- Employee has key to CII cabinet.
- Employee notifies pharmacist that another employee is stealing drugs.
- Non-pharmacy employee who is servicing the pharmacy arrives at unusual times or goes back and forth to vehicle.

**Background:**

The task force group stressed that pharmacists should recognize that employee diversion occurs in varying degrees in almost all settings. Therefore, they determined that it was important that NABP also disseminate warning signs of internal diversion and add these “red flags” warning signs to the Stakeholders’ document as well.

**Recommendation 12: NABP Consider the Dissemination of “Red Flags” Information in the National News Section of the NABP State Newsletters, as well as Develop Model Policies and Procedures Addressing Diversion Prevention.**

The task force recommends that NABP consider the dissemination of the “red flags” information in the *National Pharmacy Compliance News* of the NABP state newsletters as well as develop model policies and procedures addressing diversion prevention measures that might contain the following:

- Implementing a perpetual inventory record-keeping system for all opiates and other frequently diverted drugs.
- Incorporating caller ID into the phone systems.
- Recognizing that non-controlled substances may also be diverted and therefore should also be addressed in the model policies and procedures.
- Instituting random drug testing at place of employment (must consider any state laws that may prohibit this).
- Separating drug ordering and receiving functions amongst more than one employee in order to have checks and balances in inventory control measures.
- Implementing computer software systems that are enhanced with security functions that detect or prevent manipulation of drug inventory.

**Background:**

Members discussed what information might be included in model policies and procedures addressing internal diversion control measures, and suggested that the aforementioned suggestions would be appropriate to include.

**Recommendation 13: NABP Continue to Support the Recommendations of the 2011-2012 Task Force on the Control and Accountability of Prescription Medications, Particularly Those that Focused on Pharmacist-in-Charge Issues and Work Towards Disseminating this Information at National Pharmacy Association Meetings.**

The task force recommends that NABP continue to support the recommendations of the Task Force on the Control and Accountability of Prescription Medications, which met in 2011, particularly those that focused on PIC issues and work towards disseminating this information at national pharmacy association meetings.

**Background:**

Task force members agreed that NABP should consider providing educational speaker sessions at national meetings (ie, American Society of Health-System Pharmacists (ASHP)) where state board of pharmacy staff can work with NABP to provide this information to pharmacists. It was the consensus of the task force that the PIC should be empowered with information to best secure his or her pharmacy from internal diversion. NABP may also consider working with national organizations, such as ASHP, American Pharmacists Association, National Community Pharmacists Association, and American Society of Consultant Pharmacists to develop educational programs addressing the issues discussed by this task force, particularly the PIC issues and the model policies and procedures addressing diversion prevention.

**Recommendation 14: NABP Work with National Groups to Hold Break-Out Sessions for Board of Pharmacy Members and Executive Directors Attending National Meetings.**

The task force recommends that NABP work with national groups to hold break-out sessions for board of pharmacy members and executive directors attending national meetings in order to encourage dialogue amongst various state members and the sharing of information.

**Background:**

Task force members determined that it is very important for state boards of pharmacy members to learn about emerging issues occurring in nearby states and across the country. Thus, each board can be equipped to minimize or prevent problems that have occurred elsewhere. The task force members also discussed the value of meetings held specifically for executive directors of pharmacy boards to foster an exchange of information. Members also suggested NABP may further support newly appointed executive directors through an academy or training program.