Drug Diversion

Provider Presentation

South Carolina Department of Health and Environmental Control
Preventing and Protecting the Health of the Public and the Environment

Controlled Substance Prescribing and Diversion

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Presentation Objective

Role of DHEC Drug Control
Requirements of a valid controlled substance prescription
Practitioner inspections and common concerns
Controlled Substance Laws
Common methods of diversion
Role of DHEC Drug Control

SC Controlled Substance Act tasks DHEC with maintaining accountability of controlled substances in possession of those persons legally authorized to possess them. SC Code Sec 44-53-480(b)

Our goal is to achieve and maintain compliance with applicable laws and regulations through education.

DHEC Drug Control Inspectors

Inspectors are licensed Pharmacists in SC
Inspectors have a minimum of one year working experience in pharmacy practice
Inspectors attend the SCCJA and are commissioned law enforcement officers

Duties of an Inspector

Regulatory Duties
Registrant inspections
Accountability audits
Education
Law Enforcement Duties
Investigate and arrest for violations of SC Controlled Substance Act
DHEC is a regulatory agency

The Bureau of Drug Control regulates the dispensing and administration of controlled substances. This is done through:

1. Inspections
2. Audits
3. Investigations
4. Educational Programs

In 2010, approximately 38,329 unintentional drug overdose deaths occurred in the United States, **one death every 14 minutes**.

Of this number, 22,134 (58%) of the deaths were attributed to prescription drugs. (75.2%) 16,651 were attributed to opioid overdoses. Prescription drug abuse is the fastest growing drug problem in the United States.
Poisoning Deaths: Opioid Analgesics

Source: CDC/NCHS, National Vital Statistics System

ED Admissions
Due to Non-medical use of Pharmaceuticals
SAMHSA 2011 Data

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<tr>
<th></th>
<th>2004</th>
<th>2011</th>
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<tbody>
<tr>
<td>Total</td>
<td>535,477</td>
<td>1,244,872</td>
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<tr>
<td>Adderall</td>
<td>2,303</td>
<td>17,272</td>
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<td>Hydrocodone</td>
<td>39,846</td>
<td>82,480</td>
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<td>Oxycodone</td>
<td>41,701</td>
<td>151,218</td>
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<tr>
<td>Alprazolam</td>
<td>46,528</td>
<td>123,744</td>
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Drug-Induced Deaths vs. Other Injury Deaths (1999–2009)

“Parallel to opioid supply and nonmedical prescription drug use, the epidemic of medical drug use is also escalating with Americans using 80% of world’s supply of all opioids and 99% of Hydrocodone.”

The population of the United States comprises 4% of the world’s population.

Requirements of a Valid Controlled Substance Prescription

(1) Valid practitioner-patient relationship
(2) Treatment of a legitimate medical condition
(3) Practitioner acting in the usual course of professional practice
(4) Properly licensed and registered practitioner-LLR license, prescriptive authority, DHEC and DEA controlled substance registrations

Controlled Substance Prescriptions

SC 44-53-360. Prescriptions
(c) No controlled substances included in any schedule may be distributed or dispensed for other than a medical purpose. … No practitioner may dispense a controlled substance outside of a bona fide practitioner-patient relationship.

Valid controlled substance prescriptions (cont.)
SC 44-53-360. Prescriptions
(h) A prescription, in order to be effective in legalizing the possession of a controlled substance and eliminating the need for registration of the recipient, must be issued for legitimate medical purposes. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner.
Usual Course of Professional Practice
Reg. 61-4 Section 1002
(a) A prescription for a controlled substance to be effective shall be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice.

Usual Course of Practice
Reg. 61-4 Section 1002
(c) A prescription may not be issued for the dispensing of narcotic drugs listed in any schedule to a narcotic drug dependent person for the purpose of continuing his or her dependence upon such drugs...

Prescribing for Family Members
Reg. 61-4 Section 1204
...A practitioner cannot usually acquire a valid practitioner-patient relationship...with a member of his or her immediate family due to the likelihood of the loss or vitiation of the objectivity required in making the necessary medical decisions in order to properly prescribe controlled substances...(fiancé, close personal friend, paramour, etc)
Prescribing for Family Members

Reg. 61-4 Section 1204

...in the event of a *bona fide emergency situation*, where great detriment to the health or safety of a patient may be involved, a practitioner may administer, dispense, or prescribe limited amounts of controlled substances to any person...until such time as another objective practitioner can be contacted.

Prescribing for Family Members

SC Medical Board *Examiner* (Winter 1999)

“The board feels that prescribing controlled substances for family members is outside the scope of good medical practice in South Carolina, except for a bona fide emergency situation where the health and safety of an individual may be at great detriment."

DHEC RECORDKEEPING REQUIREMENTS:

- May 1st Inventory for all controlled substances
- Purchase Records with quantity and date received
- Administration Records (who got what and how much)
  - *Separate from the patient’s chart*
- Dispensing Records (meds going home with the patient)
  - *Separate from the patient’s chart*
- Security
**Controlled Substance Inventory**

- Must be conducted on **May 1** of each year and indicate time of day
- Must be readily retrievable for 2 years
- Must have the name, address, and DEA number of the registrant
- Must be maintained at the registered location
- Must include all controlled substances on hand, including samples

**Receipt Records**

- Must be noted with date received
- Must be readily retrievable for 2 years
- Controlled substance records must be kept separate from non-controlled substance records, and CII records should be separated from CIII, CIV, and CV records

**Administration Records**

- Patient Name / Address
- Drug Strength / Quantity Administered
- Date Administered
- Person Administering Manually Indicated
  - * Initials
- Practitioner Present / Authorizing
  - *Initials
Dispensing Records

Controlled substance dispensing records must be kept separate from patient chart.
Record must include the following information:
- Drug name and strength
- Date dispensed or administered
- Patient name and address
- Quantity dispensed or administered
- RN or dispenser’s signature or initials
- Practitioner’s initials
Must report dispensations to SC Prescription Monitoring Program.

Security

Controlled substances should be stored in a securely locked and substantially constructed cabinet.
Controlled substances should be double locked.
Registrants should report any theft to DHEC Bureau of Drug Control and complete DEA 106.

Suggestions:
- Limit access to the locked cabinet
- Do a weekly count and denote on dispensing log
- Have a witness to all wastage and have both persons sign
Additional Key Items

- Keep all prescription blanks in a secure place
- Power of attorney
- Documentation of all authorized controlled substance prescriptions in patient's medical record

Common Diversion Methods

- Legally obtaining drugs for medical condition
- Stealing drugs from sick family members or befriending a patient who gets lots of C/S
- Lying to physicians regarding pain level
- Calling physicians after-hours and claiming to be a patient of his/her partner
- Going to multiple practitioners and/or different pharmacies
- Altering prescriptions that were legally issued

Common Diversion Methods (cont’d.)

- Using stolen prescription blanks
- Generating Rx blanks on computer or making photocopies
- Calling in their own prescriptions for controlled substances
- Diversions by employees or pharmacists (for personal use/profit) [Reg 61-4-410]
- Armed robberies and/or break-ins of pharmacies, drug wholesalers or physicians’ offices
Suggestions: patients requesting controlled substances

Don’t call in controlled substance unless you have valid practitioner-patient relationship and can verify legitimate medical need

Ask the patient to come to office for evaluation

Contact the pharmacy

Advise the patient that state law requires pharmacy to document picture identification before dispensing.

Fraudulent Call in Prescription

Ask direct questions about other health care providers that patient may be seeing and other medications patient is receiving; document responses.

Written “sole-provider” contracts can be very useful in most settings.

Use resources that are available (PMP)
Prescription Forgery

Commonly due to stolen or photocopied prescription blanks.
Increase in scanned or computer-generated forgeries.
Large number of fraudulent telephoned prescriptions for C-III and C-IV, especially alprazolam.
Suggestions to prevent forgeries

Use prescription blanks that are difficult to photocopy or scan into computer.
Always secure prescription pads/paper.
Do not leave prescription blanks in exam rooms.
Never sign blank prescriptions!

Altered Prescriptions

- Altered quantity
- Altered refills
- Altered dates
- Altered medication strengths
- Medications added at bottom of prescription
Suggestions to prevent prescription alteration

Write out quantity in numerals and spell out alphabetically.
Line or zero out refills if none authorized.
Line out unused portions of prescription or write total number of rx on script.

Diversion of Controlled Substances by an Employee

Do not say anything to the employee; obtain as much information as possible without causing any suspicion
Contact your local law enforcement agency or SC DHEC Bureau of Drug Control
Reg 61-4-406(a) - prohibits any registrant from employing a person with a felony record related to controlled substances to have access to controlled substances

When to Contact Drug Control

• Suspicion of forged, altered, or fraudulent controlled substance prescriptions
• Deception or misrepresentation made by patients to obtain controls
• Suspected “doctor-shopping” activity
Doctor Shopping

SCRIPTS

South Carolina Reporting & Identification Prescription Tracking System

Requires pharmacist or practitioner dispensers to electronically or manually (waiver) submit information regarding each controlled substance (CII, CIII & CIV) prescription dispensed.

A SCRIPTS report provides information for scheduled prescriptions a patient has had filled for the specified time period, as well as the prescriber who prescribed them and the dispenser who dispensed them. The report should be used to supplement a patient evaluation, to confirm a patient’s drug history or document compliance with a therapeutic regimen.

- SCRIPTS is updated daily - dispensers must submit data daily
- SCRIPTS information should be verified, it is RAW data.
- SCRIPTS includes CII, CIII, & CIV Rxs
“Dispenser” does not include:

- Hospital pharmacies that distribute controlled substances for inpatients, or dispenses controlled substances at time of discharge; however, hospital outpatient pharmacies must report.
- Hospital emergency rooms/departments (less than a 48-hour supply)
- Practitioners who administer controlled substances
- VA inpatient or outpatient pharmacies
- Most long-term care and assisted living dispensers
- Wholesale distributors

PMP REPORTS - Who may receive them?

- A practitioner or pharmacist for providing treatment to a bona fide patient
- A state, federal, or local law enforcement, or prosecutorial official for a specific drug related investigation involving a designated person
- LLR Boards
- DHHS regarding a Medicaid recipient
- Subpoena by a grand jury

**REMINDER:** Reports cannot be shared with anyone (raw data).

Violation

**SC 44-53-380 Prohibited acts B; penalties**

**(A)** It shall be unlawful for any person:

1. Who is subject to the requirements of Sections 44-53-280 to 44-53-360 to distribute or dispense a controlled substance in violation of Section 44-53-360;
Penalty

SC 44-53-380 cont.

(b) Any person who violates this section is punishable by a civil fine of not more than one thousand dollars; provided that, if the violation is prosecuted by an information or indictment which alleges the violation was committed knowingly or intentionally, such a person shall be deemed guilty of a felony and, upon conviction, shall be imprisoned for not more than five years, or fined not more than ten thousand dollars...

SC DHEC Bureau of Drug Control

Contact Information
2600 Bull St. Columbia, SC 29201
843-896-0636

References:

SC Code of Laws
Title 44 (Health), Chapter 53 (Poisons, Drugs, and Other Controlled Substances)
44-53-***

SC Code of Regulations
Chapter 61-4 (Controlled Substances)