



**California State Board of Pharmacy**

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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

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

**DATE:** December 4, 2013

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

**COMMITTEE MEMBERS**

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

**BOARD MEMBERS**

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

**STAFF**

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

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**Call to Order**

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

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

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

### **Background:**

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

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

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

The board has one mission:

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

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

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

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

### **Subcommittee Discussion**

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

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

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

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**Motion:** Add “and provide advice to”

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

M/S: Gutierrez/Weisser

Support: 4    Oppose: 0    Abstain: 0

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

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

M/S: Gutierrez/Weisser

Support: 4    Oppose: 0    Abstain: 0

**Motion:** Strike “particularly the abuse of controlled substances”

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

M/S: Gutierrez/Weisser

Support: 4    Oppose: 0    Abstain: 0

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

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

M/S: Gutierrez/Weisser

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Support: 4    Oppose: 0    Abstain: 0

**Motion:** Finalize the mission statement as follows:

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

M/S: Gutierrez/ Fujimoto

Support: 4    Oppose: 0    Abstain: 0

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

### **Background**

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

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

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

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

### **Subcommittee Discussion**

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

Chairperson Castellblanch commented that it is safe to say that prescription drug abuse is an epidemic, noting that the number of deaths has soared over the past decade as illustrated in the statistics.

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Chairperson Castellblanch added that the committee's task is quite serious for the protection of the public.

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

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

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

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

#### **Background**

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

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

The current guidelines were provided in the meeting materials.

#### **Subcommittee Discussion**

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

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

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

Holly Strom, former board member, commented it is important for the subcommittee to remember that are still patients being undertreated for pain. Ms. Strom stated that collaboration among prescribing boards is very important and added that it is critical for pharmacists to be able to call a prescriber if they have questions about a prescription.

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

##### **Background:**

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

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

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

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

Additionally, due to a trailer bill to the 2013/14 California State Budget, the board is funding for two years (2013/14 and 2014/15) an additional \$215,000 (in addition to ongoing annual funding of \$92,000 that we have been providing for approximately 10 years) that will be used to replace the aging CURES computer and replace it with a more robust system, capable of providing better access to the state’s prescribers and dispensers who are checking the

controlled substances dispensed to specific patients as part of the prescription drug monitoring program (PDMP). The dispenser boards are also contributing sizeable amounts to secure a new computer system.

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

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

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

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

#### **Subcommittee Discussion**

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

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

Dr. Gutierrez asked if the board really has input in the process. Ms. Herold answered that the board is just one voice out of the many involved in the project. Ms. Herold added that DOJ is more focused on using CURES for retroactive law enforcement, while the board wants to solve the problem while the patient is right in front of the pharmacist at the pharmacy counter.

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

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

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

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

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

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

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

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

### **Background**

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

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

The NABP PMP's InterConnect facilitates the transfer of prescription monitoring program (PMP) data across state lines to authorized users. It allows participating state PMPs across the United States to be linked,



providing a more effective means of combating drug diversion and drug abuse nationwide.

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

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

### **Subcommittee Discussion**

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

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

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

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

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

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

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

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

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

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

### **Background**

#### **Corresponding Responsibility:**

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

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

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

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

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

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

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

- (a) Except as provided in Section 4234 of the Business and Professions Code and Section 1732.6 of this Division, each applicant for renewal of a pharmacist license shall submit proof satisfactory to the board, that the applicant has completed 30 hours of continuing education in the prior 24 months.
- [\(b\) At least six of the 30 units required for pharmacist license renewal shall be completed in one or more of the following subject areas:](#)

- [1. Emergency/Disaster Response](#)
- [2. Patient Consultation](#)
- [3. Maintaining Control of a Pharmacy's Drug Inventory](#)
- [4. Ethics](#)
- [5. Substance Abuse](#)

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

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

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

*Health Notes on Pain Management:*

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

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

**Subcommittee Discussion**

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

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

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

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

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

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

### **Background**

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

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

### **Subcommittee Discussion**

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

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

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

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

### **Background**

At the October Board Meeting, a brief presentation was made by a representative of the County of Orange Health Care Agency on their public education campaign for prescription drug

abuse. This group was invited to provide more information at a future subcommittee meeting. At this meeting, the agency will provide a fuller description of their program.

### **Subcommittee Discussion**

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

No comments from the public or from the subcommittee.

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

### **Background**

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

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

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

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

In early November, after discussions for a number of years, the DEA initiated action to reclassify Tramadol into Schedule IV of the federal schedule of controlled drugs. The Federal Notice to solicit these comments was provided in the meeting materials. Comments were due January 3, 2014.

### **Subcommittee Discussion**

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

## **10. Public Outreach to Address Prescription Drug Abuse**

### **Background**

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

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

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

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

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

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

Also in mid-August 2013, this board joined with the Washington, DC headquarters office of the DEA to co-host with them four, one-day seminars for pharmacists in California on controlled substances issues, prescription drug abuse, corresponding responsibility and other matters related to curtail drug diversion. Two were held in San Diego, and two held in San Jose. At least 300 pharmacists have attended each of these presentations. We hope to convene such training on January 29, 2014.

### **Subcommittee Discussion**

No comments from the subcommittee or from the public.

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

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

Qualifications: possess 2 of the 3 below:

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

### **Subcommittee Discussion**

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

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

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

**ADJOURNMENT**

**3:23 p.m.**